Where Addiction, Recovery and Crisis Services Meet Together

COMMUNITY BRIDGES, INC.
CELEBRATE BELIEVE INSPIRE
CBI’s Statewide System of Care

- 750 Employees, 30 Locations
- Peer Support & Outreach (300 Peers)
- Access Point / Transition Point (x2) (Crisis Entry Point)
- Crisis Stabilization & Medical Detoxification (x3)
- Residential Treatment (x3)
- Rural Stabilization & Recovery Units (SRU’s) (x6)
- Psychiatric Services (Telemed to all locations)
- Medically Supervised Treatment
- Tele–med Statewide (Hard–wired at each location)
- Housing the Homeless (300 units available)
- Veterans Outreach (3 programs)
- Outpatient Behavioral Health Programs (11 locations)
- Outpatient Opioid Medical Detox (including Prescription Medication)
- Permanent Supportive Housing for Women (3 fourplexes; 13 various locations)
- Women’s and Children’s Programs (56–bed Residential; 80 member OP)
- Prevention & Community Education
* **Central City (CCARC)**
  32 crisis beds – 17,162 entries FY14
  16 detox beds – 1,805 entries FY14

* **East Valley (EVARC)**
  11 crisis beds – 6,902 entries FY14
  16 detox beds – 1,568 entries FY14

* **Arizona Bridge to Recovery (ABR)**
  4 crisis beds – 1,091 entries FY14
  14 detox beds – 804 entries FY14

**TOTAL:**
* 47 Crisis Beds
* 46 Detox Beds
Front Door of Crisis System

Access Point
- Urgent Psych / Substance Abuse
- 24/7 Assessment, Stabilization, Triage
- Medical Management
- Outpatient Opiate Detoxification
- Connection to Community Resources

Transition Point
- Longer Psych/Substance Triage (2–3 days)
- Medical Monitoring and Stabilization
- Connection to Community Resources
INCOMING FROM:

- Family/Friends – 10,670
- CRN – 6,124
- Hospital/ER – 4,122
- Police Department – 5,418
- Access To Care – 2,277
- Fire Department – 2,827
- Recovery Homes – 1,873
- PNO – 1,675
- Community-based – 2,740
- Mobile Teams – 2,101
- CASS/DRC – 1,511
- UPC & RRC – 1,297
- Probation/Parole – 177
- Shelter – 483
- PCP – 226
- Level I Psych - 105

TOTAL: 44,625

SERVICES DELIVERED FY13/14

- EAST VALLEY
  - Level I
    - Crisis- 6,902
    - Detox- 1,568
  - CBI Transport (In/Out)
  - Telemed Sites
    - MDs/NPs/RNs
    - 33,580 annually

- CENTRAL CITY
  - Level I
    - Crisis- 17,162
    - Detox- 1,805
  - OP Programs
    - 1,481
  - ABR
    - Level I
      - Crisis- 1,091
      - Detox- 804
  - EV AP/TP
    - OP/Level 3
      - Crisis- 8,617
      - Residential- 1,640
  - WV AP/TP
    - OP/Level 3
      - Crisis- 9,372
      - Residential- 1,619
  - Access To Care Crisis Intervention/Warm Line
    - 600 - 700 calls/day
    - Navigators Outreach

OUTCOMES:

- CASS Housing First Apts Now
- Recovery Homes 8,805
- CASS / DRC Shelters 2,227
- Family 9,959
- CBI Aftercare 2,547
- Recovery Community 6,988
- UPC/PRCW 321
- Med Plans HCH PCP
- GMH/SA Enrolled Provider 7,427
- Faith-based 2,634
- PNO SMI 3,717

TOTAL: 44,625
Community-based Outreach Teams

YTD FY14

- Transports from First Responders & Hospitals (9,967)
  - Hospital: 3,799
  - PD: 2,132
  - Fire: 2,765
  - UPC: 1,019
  - PRC-W: 252

- CBI EMT & PSS

- Relief in the Field for Brief Medical/Behavioral Health Assessment & Support Services
  - Review with Triage RN
## Direct Community Support

**2014**

### Diverted from Hospitals

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Integrated Care Model

- Substance
- Psychiatric
- Medical

Interdisciplinary Team Approach:
  - Psychiatrists/MDs
  - NP
  - Nurses
  - LCSW/BHC
  - EMTS, MA, BHT and BHPP
  - Tele-med as needed
Continuum of Services

Substance:
- Medical Detox
- Ambulatory
- Social Detox
- Suboxone
- Group/Support & IOP

Medical
- GP, NP, RN, EMT/MA
- RX & Bridge Script
- Vaccinations
- Follow-up care/(OP)
- Coordination w/ non-affiliated PCPs
Psychiatric:
- Crisis Stabilization
- Crisis Residential
- Tele-med
- Counseling/Group
- Assessments
- Coordination with Outpatient
- Coordination with non-affiliated Outpatient
- Bridge Scripts
Effective Crisis Response
From the Law Enforcement Perspective

- Goal – Diversion from CJ to BH System when appropriate
- Early Intercepts are key to healthy communities, reducing suicide, reducing use jail, ER, crime, etc.
- Not just “Quality” Services but key Concept “Accessibility”
Anytime the police are diverting to Behavioral Health System – Positive Sign

• Common concerns/questions
  ✓ Time want us to stay - “gotta go”
  ✓ Getting the “hot-potato”

• Law-Enforcement’s Perception of Behavioral Health’s Role in the Interaction
  ✓ You’re the helping people/experts
Effective Crisis Response

Remove the Barriers!

3 Main Elements – Services & Accessibility based on “Customer Service” as defined by the Needs of the Cops

1. No Wrong Door Philosophy (they can enter anywhere, and BH can move amongst their system)
2. Expedient – Quick Turn Around
3. If Mobile Response – Quick & Certain Responses (not “triage”)
What are the “Barriers” that Police perceive & Potential Impact?

1. Debating if appropriate setting
2. Too/Not Drunk enough…
3. Medical Clearance
4. Calling to come Back
5. Impact:

- Jails
- Missed Opportunities
- ED’s
- Curbs
- Tenor
- TIC
Effective Crisis Response

- Needs to be faster & easier than jail
- Long-Term positive or implications
  - Police are not “required” to do this
  - You have the power to reinforce or undo – “No UM” Please 😊
  - 2001 Experience
  - Path of least resistance – sidewalks, etc.
- Different “barriers” in Rural than Urban due to density, etc., but the same “culture” should apply regardless of demographics, etc.
  - Blended Funding
  - Achieving Trip Aim Outcomes
    - Patient Experience, Improved Outcomes. Cost Savings
The Power of Peers during Crisis

- Evolution of our Peer Support Program
  - One Peer in Detox Crisis
    - Shared responsibility for pilot outreach
- Filling critical community gap
- Integrating Peers throughout Programs
- Integrating Peers throughout our Community
Peer Support Programs

CBI Peers help to navigate the “Recovery Journey”

Crisis Peers transform despair into hope...
Vital Role of Peers in Crisis Delivery

- Peer Support are Integral to every stage
- Serve as a guide during intervention
- Critical role reducing anxiety and building “therapeutic alliance”
- Advocacy
- Discharge Planning & Coordination of Care
The Creation of Levels of Peer Support Positions

- Entry-Level Peer Support Positions
  - Crisis Peers (Crisis, Detox, Access Points & Transition Point)
  - Continuing Care Peers

- Community Stabilization Peer Support
  - Crisis Outreach Peer
  - Crisis Response Team Peer
  - Outpatient Peer Support
  - Blue Print to Life Peer Support

- Crisis Navigator Peers
  - Crisis Transition Navigators
  - Court Based Navigators
  - Supportive Housing Peers
  - Chronic/Super–Utilizer Peers (reduced recidivism by 82%)

- Veteran Navigators
  - H3 Vets Navigators (13 Peers, 285 Clients Housed, 90%+ retention)
  - Transition in Place Navigators

- Long-Term Housing First Navigators (Forensic)
  - Project H3 (2 Peers, 40 Housed Clients)
  - MOS H3 Project (3 Peers, Housed 48 in 45 days, 100% Retention to date)
  - MMIC Supportive Housing Services (12 Peers)
Our mission

To maintain the dignity of human life
THANK YOU
Dr. Frank Scarpati, President/CEO
Community Bridges Inc.

Vicki Helland, Community Bridges Inc.
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Nick Margiotta, Phoenix Police Department
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