CIT Dispatched-Crisis Resolved; Now What?

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I. Introductions

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III. More than Just “Window Dressing”

IV. CIT Program Overview

V. System Outcomes
   a. Psychiatric drop-off center
   b. Rich array of crisis services
   c. Data sharing
   d. Community education
   e. Jail diversion

VI. Crisis Task Force

VII. Crisis TransitionNavigators
Learning Objectives

1. Identify key tenets critical to successful interaction between law enforcement agencies and the behavioral health system

2. Describe the inter-relationship between the revolving door to the jail and the revolving door to the crisis system and its effect on recovery

3. Learn the benefit of adopting a peer-based Crisis-Transition Navigation program linking individuals to long-term community treatment during the critical post-crisis period
More Than Just Window Dressing
The dilemma in taking CIT to the next level, outside the classroom, is usually NOT about getting “buy-in” from law enforcement, but in getting your region’s behavioral health system to become genuinely responsive to law enforcement’s needs.

Without true responsiveness, jail-diversion does not become a viable outcome but ends up being merely “window dressing.”

CIT is effective at reducing injuries and incarceration...but is that really all we want to achieve?
Barriers to Success

- The behavioral health (BH) system oftentimes truly doesn’t understand “our” culture, roles and deeds — Not necessarily “intentional” actions
  - BH system often really doesn’t “get us” and what’s “reasonable”
  - Focused on BH system’s delivery model, frequently not on the needs of law enforcement
  - Long history/perception of misuse of law enforcement by BH system
Bridging that Gap

- KEY: Law-enforcement has its own distinct culture
  - BH system must become just as sensitive to “cop culture” as we are asking law enforcement to become sensitive to mental illness/behavioral health culture

- Once both sides understand each other’s abilities/challenges, they can start to improve outcomes for individuals
Partnership between *Magellan Health Services* and Phoenix/Mesa Police Departments
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& Several others...
CIT - The Basics

- 40-hour classroom training
- Mental health issues and understanding the Illness
- Resources within the Valley for assistance to officers and consumers
- Presentations by consumers and family members
- Situational role play and communication development
- Increased understanding/empathy
- Increased safety and reduced injuries
- When appropriate, diversion from county jail to BH system
- Improved navigation and avoidance of barriers within the mental health system
Crisis Intervention Training (CIT)

Key Components – “More than just training...”

- Training
  - Partnership with service providers
  - Provider commitment (leadership to front line staff)

- Comprehensive, responsive behavioral health system
  - Not just “window dressing”
  - No “wrong door”
  - Expeditious
Magellan’s Philosophy

- Law enforcement is viewed as key community partner
  - Magellan is committed to providing quality service and responsiveness to community/first responder needs

- Law enforcement is a critical partner to improving the well-being and safety of some of the most vulnerable segments of the population and community in general

- Keys to increasing opportunities for recovery are:
  - Engaging individuals who may be experiencing a crisis as early as possible
  - Reducing unnecessary incarceration and the burden on law enforcement

TRUE JAIL DIVERSION & IMPROVED RECOVERY OUTCOMES
Magellan implemented a community governance model, which has given law enforcement a direct voice in shaping the behavioral health system.

CIT law enforcement representatives are directly involved in a number of committees, workgroups and advisory groups.

Not just training law enforcement...also behavioral health practitioners, consumers and recipients:
- “Cop Culture 101” training
- How to “ask” things in win/win fashion
- Ride-alongs
System Outcomes
Psychiatric Drop-Off Center

- Video
Psychiatric Drop-Off Center

Drop off time (minutes)

- 2007
- 2008
- 2009
- 2010
Data Sharing

- BH providers share variety of data reports
- Allows for ability to gauge utilization and Customer Service Levels
- Analyze - Aid in jointly identifying potential problems/opportunities for improvements and problem solving
- Proactive action
- Monitor and revisit - Critical
A two person counseling team that travels to meet the individual in crisis where they are within the community and provides crisis risk assessment/analysis and de-escalation, crisis counseling, critical incident debriefing and consultation, resource linkage and when clinically necessary, transitions to an appropriate level of behavioral health and psychiatric services.
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Through the improved communication, services and customer service with a variety of behavioral-health-related crisis services, Phoenix Metropolitan law-enforcement officers now access diversion facilities/services approximately 12,000 times per year.

This new access and utilization resulted in countless reductions in incarceration, linkages to critical long-term treatment opportunities and criminal justice cost savings.
Monthly Police Handoffs to the Behavioral Health System

Average per Month

- 300
- 250
- 450
- 1000
Take Aways

- Reducing barriers
- ‘No wrong door’
- Quick and efficient

= True Jail Diversion & Improved Recovery Outcomes
Crisis Task Force
“Revolving Door” to the Crisis System

- CIT &/or community MAY get them to the crisis system’s front door...then what?
  - CIT Programs seek to divert folks to long-term community treatment, but how often is that really the case?
  - Frequently after crisis treatment component is completed, folks aren’t truly connected to those resources in meaningful ways
  - Are CIT “encounters” often just a “peaceful” resolution and “get out of jail card” with little more to show for it?
  - Should CIT officers really be doing “preventive” well-checks, coordination, etc.?
“Unofficial” Needs Assessment

- Rich array of services
- Excellent providers
- But...some common views re: the system
  - Tends to put “Band-Aids” on crises
  - Often works in silos
  - **EACH AGENCY IS DOING THEIR PART, BUT NOT NECESSARILY LEADING TO AN END OF THE “CRISIS”**
    - View that the crisis system’s goal is necessarily to address the “root crisis” but rather on getting someone to the next level of care
- Folks need an Individualized Crisis Transition Plan with someone to help “carry the story” as they progress through services and providers
- BH system and overall community services/partners are needed to help address the “whole” person
- Sample – “A guy on a bus...”
Magellan Governance Board convened The “Crisis Integration Taskforce”

More than 85 representatives from throughout the community participated in dozens of meetings

This research indicated numerous improvements, needs, barriers and integration points, which are the basis for the majority of this summary’s recommendations that are included in this benefit redesign
Magellan’s Crisis Integration Taskforce

- **Purpose**
  - Improvements
  - Identify needs and barriers
  - Identify integration points

- **Dozens of committee/sub-committee meetings**

- **Lasted approximately four months**

- **Developed 18-page report of recommendations and observations**

- **Concept of “Community Web”**

- **More than 85 representatives from community**
  - Front line and supervisory level
  - Crisis providers
  - Magellan staff
  - Police
  - Fire
  - Courts/judges
  - Service recipients
  - Family
  - Variety of municipal, county & state government agencies
  - Community stakeholders
Seamless Access to a crisis system designed to ensure a cohesive continuity of care

✓ Someone to help “connect the dots”
24/7 Crisis Line (19,000 calls per month)

Mobile Crisis Intervention (1,250 dispatches per month)

23-hour Crisis Stabilization – 71 beds
  - UPC, PRC-W, CCARC & EVARC

Crisis Inpatient Services – 93 block purchase beds
  - UPC, PRC-W, CCARC, EVARC, CRU I & CRU II

E. Valley and W. Valley Access Point and Transition Point

Children’s Facility-Based Crisis (23-hr. and Inpatient)
  - St. Luke’s Behavioral Health

Crisis Navigator Program (Valle del Sol, NOVA, Empact, Community Bridges)
  - 14-day peer-support-based benefit

Inpatient Hospital Services (Title 19 only)
  - MIHS Desert Vista and Maricopa Annex, St. Luke’s BH, Aurora BH, Banner BH

Hospital Rapid Response (Title 19 and all SMI only) (700 dispatches per month)

CPS Rapid Response (Title 19/CMDP only)

CPS Stabilization (Title 19/CMDP only)

Peer-Operated Warm Line (4,000 calls per month)
Persons who present in crisis in Maricopa County should experience No Wrong Door. Each service should be available to each person until the point that they no longer perceive themselves to be in crisis and it is unlikely that they will present again to the system in need of crisis services. These are the services available in the crisis continuum.
1. When there is an anticipated or imminent acute or dangerous behavioral health condition, episode or behavior; which, without intervention, will result in a crisis or emergency situation.

2. When an individual no longer meets medical necessity for Level I services, but needs additional support or has a high probability of having a crisis incident within a short duration.
There is a systemic gap between routine care, inpatient and crisis services.

Diagram showing:
- High Acuity Services: Inpatient Hospital, Level I Sub-Acute, 23-hr Crisis Stabilization, Mobile Crisis Team.
- Low Acuity Services: ACT Tx Teams, Routine Clinical Team, Drop-In Centers, Community Support Services, Natural Supports.
- GAP between Mobile Crisis Team and ACT Tx Teams.
There is a systemic gap between routine care, inpatient and crisis services.
Navigating the behavioral health system can be confusing and frustrating under any circumstance, especially after a crisis episode.
A **tour guide** is more effective and more personable than a **guide book**.
Crisis Transition Navigator

- Kicked off January 26, 2010
  - Community Bridges, Empact/La Frontera, NOVA & Valle del Sol

- 14-day peer-staffed and community-based support service program

- Developed for members of the community who have multiple interactions with the crisis system
  - Psychiatric and detox urgent care, mobile team, crisis line, police

- Expanded to engage individuals who have frequent inpatient admissions
To date: more than 5,000 CTN referrals
- 300 are individuals discharging from Level I Psychiatric Hospitals

68% of NTXIX Referrals become TXIX eligible or enrolled

Requests for roughly 22,000 areas of need
- Benefits
- Housing
- Behavioral health service connection
- Employment/vocational services
- Community Resources (e.g., food boxes, rent assistance)
- Legal documentation (e.g., IDs, birth certificates)
- Transportation
Crisis Transition Navigator Data

Reason for Referral - Total Number by Category
January 2010 to May 2011

- Community Resources: 3,126
- Behavioral Health: 2,811
- Psychiatric: 2,792
- AHCCCS Assistance: 2,635
- Substance Use: 2,397
- Employment/Vocational: 2,292
- Transportation: 2,187
- Housing: 2,023
- Medical: 1,487
Crisis Transition Navigator Data

Navigator Behavioral Health Recipients
by AHCCCS Eligibility Type, Time of Referral and Time of Discharge
January 2010 to May 2011

AHCCCS Status at Time of Referral
AHCCCS Status at Time of Discharge

68% Conversion Rate!
Inpatient Admissions and Readmissions

- Admissions:
  - 6-mos Before Referral: 370
  - 6-mos After Referral: 273
  - 26% Decrease

- Readmissions:
  - 6-mos Before Referral: 176
  - 6-mos After Referral: 93
  - 47% Decrease
Total Inpatient Bed Days

Inpt Bed Days Before Referral: 2140
Inpt Bed Days After Referral: 1807

16% Reduction in Bed Days
Kept Follow-Up Appointment

- Kept Follow-Up Appt Before Referral: 30%
- Kept Follow-Up Appt After Referral: 42%
Making a difference...

Personal Stories
What is the #1 Benefit of the Crisis Transition Navigator Program?

- A peer-integrated crisis workforce!
“I take great satisfaction in knowing that I was able to help a person who was in the same boat I was a long time ago.”

“I was able to share my experience with him and give him hope.”

“Cases like this make all of the challenging cases worth it because this woman has a shot to succeed due to the CTN program. One less person off the streets!”

“It is a wonderful feeling being able to help our recipients in any situation, and I found something I love to do in the process!!!!!!”

“She still calls me regularly to tell me how great she is doing.”

“I can honestly say ‘I Love My Job!’”
“The first thing I noticed is that they cared”

“I can truly say that God was watching out for me by putting the people at [CTN Provider] in my life. If not for them, the road I would have taken is one on which I would not have lasted long.”

“[CTN provider] went above and beyond what they had to do, and they were my lifeline when I was at my lowest.”

“Thank you so much. You were my first friend in AZ; without you I don’t know where I would be!”
Thank you!