



**ARIZONA
PSYCHIATRIC
SOCIETY**



988 & How to Access the Arizona Crisis System

A Virtual Webinar
Tuesday, November 1, 2022
6:00 PM – 7:30 PM

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Chief Operating Officer
Solari Crisis & Human Services

Johnnie Gasper

Director, Justice & Crisis Systems
AZ Complete Health / Care 1st

Agenda

Welcome and Introductions	Stephen (Larry) Mecham, DO President, Arizona Psychiatric Society	5 min
Overview of crisis care and why Arizona is a national leader	Margie Balfour, MD, PhD, DFAPA Chief of Quality & Clinical Innovation Connections Health Solutions	10 min
The Arizona Crisis System	C. J. Loiselle Crisis Administrator Arizona Health Care Cost Containment System	15 min
Statewide Crisis Line: 988, 911 Integration, Mobile Team Dispatch	Andrew Erwin Chief Operating Officer Solari Crisis & Human Services	15 min
Central RBHA Overview: Crisis Services, Local Details – Mobile Teams, Crisis Facilities, Second Responders, Law Enforcement	Tenasha Hildebrand Crisis & Veteran Services Administrator Mercy Care	15 min
North & Southern RBHA Overview: Crisis Services, Local Details – Mobile Teams, Crisis Facilities, Second Responders, Law Enforcement	Johnnie Gasper Director, Justice & Crisis Systems Arizona Complete Health / Care 1st	15 min
Discussion / Q&A	All	15 min

The speakers have no financial relationships to disclose.

(Very Brief)
Overview of Crisis Care in the US
&
Why Arizona is a National Leader

Margie Balfour, MD, PhD

Chief of Quality & Clinical Innovation

Connections Health Solutions

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Every day in America...

911 • WHAT'S YOUR ? EMERGENCY!

“I’m having chest pain.”



“I’m having suicidal thoughts.”



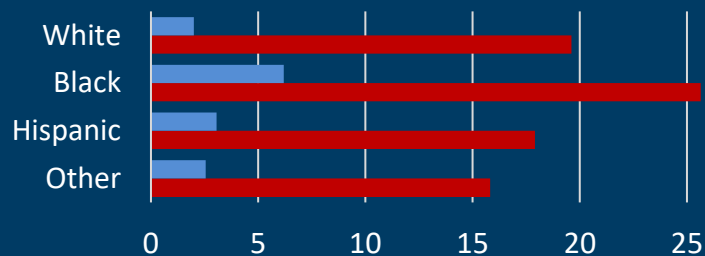
911: What happens after the call?

Police-Involved Deaths

- **One Quarter** of police involved shooting deaths involve mental illness
- Half occur in the person's home
- Black Americans with Mental Illness have the highest rates of death
- ...and are less likely to call 911 for help with a mental health emergency

US Death Rate by Police per million

■ WithOUT Mental Illness ■ WITH Mental Illness



Saleh AZ, Appelbaum PS, Liu X, Scott Stroup T, Wall M. (2018) Deaths of people with mental illness during interactions with law enforcement. *Int J Law Psychiatry* 58:110-6

Jails: The New Asylums

- The “Divert to What?” Question
- **Prevalence of mental illness in our jails & prisons is 3-4x that of the US population**
- Inmates with mental illness
 - Often do not get needed treatment
 - Incarcerated 2x as long at 2x the cost
 - 3x more likely to be sexually assaulted in jail
 - More likely to be homeless, unemployed, re-arrested upon release



ED Boarding

- **62% of EDs report they have no psychiatric services available**
- Without treatment, inpatient is the default disposition, and people wait for hours for transfer to a psych hospital
 - *Increased risk:* Assaults, injuries, self-harm
 - *Increased cost:* \$2300/day
 - *Poor patient experience:* Nontherapeutic environment with untrained staff



- Nordstrom K et al. *West J Emergency Med.* 2019 Jul 22;20(5):690-695. <http://doi.org/10.5811/westjem.2019.6.42422>

911 • WHAT'S YOUR? EMERGENCY?

“I’m having chest pain.”

“I’m having suicidal thoughts.”



SAMHSA’s Vision

“Someone to call”



*“Someone to respond”
(mobile crisis)*



*“A safe place to go”
(crisis facilities)*

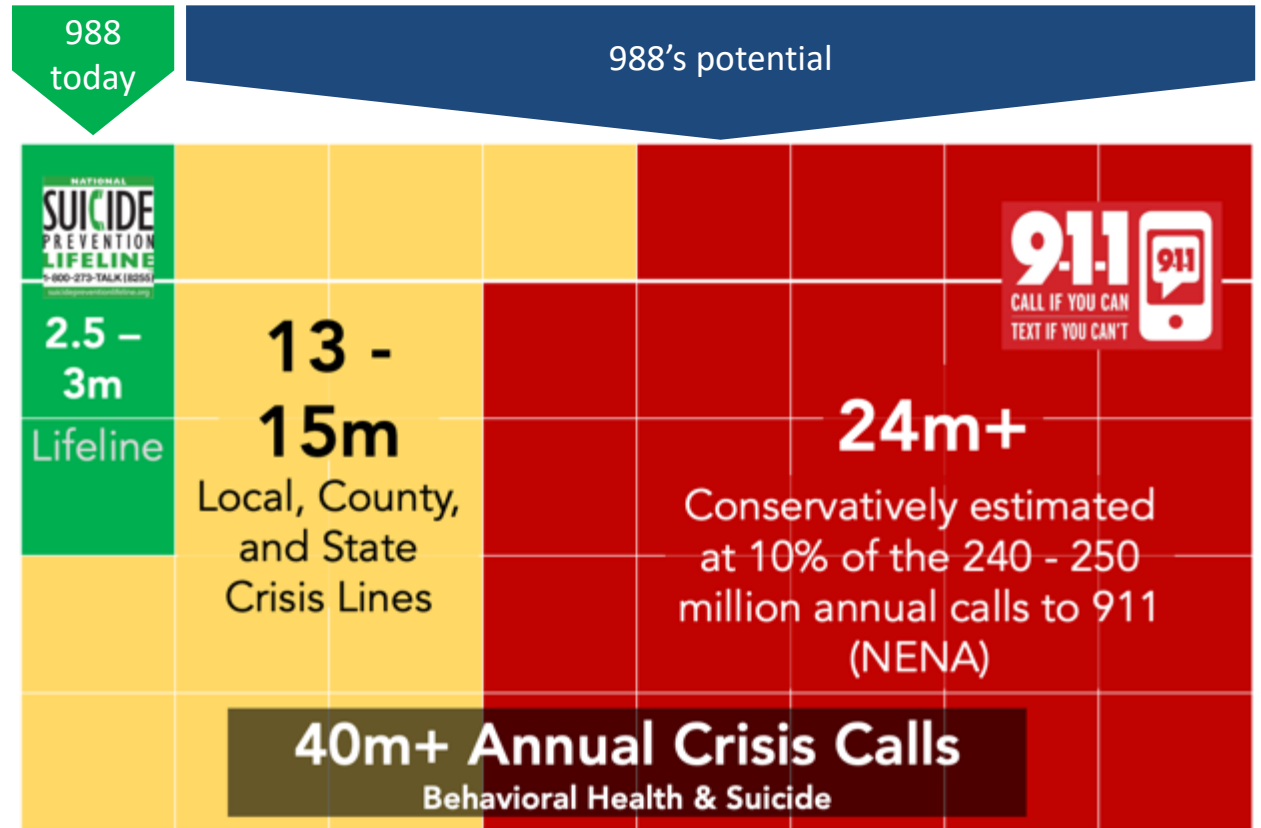


988 is the new nationwide 3-digit number for BH emergencies

- Launched July 2022!
- **Connects to the National Suicide Prevention Lifeline (currently 1-800-273-TALK)** →
- Network of nearly 200 call centers with call-takers trained in suicide/crisis intervention
- 24/7 call, text, or chat (988lifeline.org)
- National standards
 - SAMHSA oversight
 - single national administrator
 Vibrant Emotional Health: www.vibrant.org
- More info at samhsa.gov/988

Today, we can't imagine 911 without thinking of the response system that goes with it (EMS, fire, ERs, trauma centers, etc.)

988 is the first step towards a comparable system for behavioral health emergencies.



What happens after the 988 call? It depends on where you live.

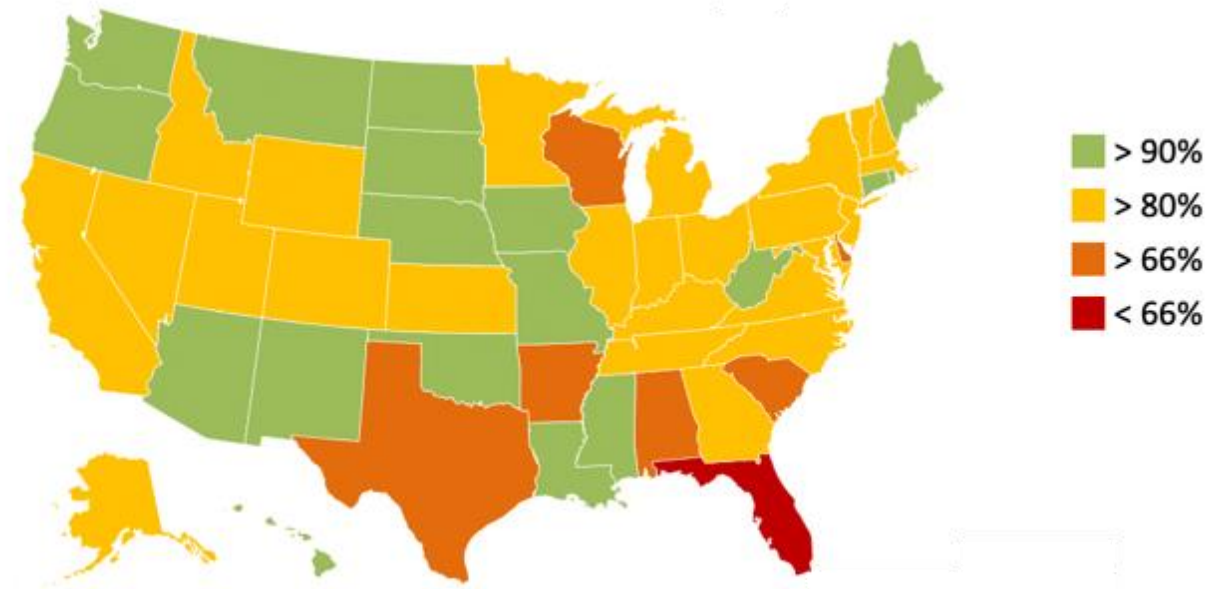
For the ideal outcome, 988 callers need to

- Be routed to a local call center
- Connect to local crisis services (*someone to respond, a safe place to go*)

Challenges:

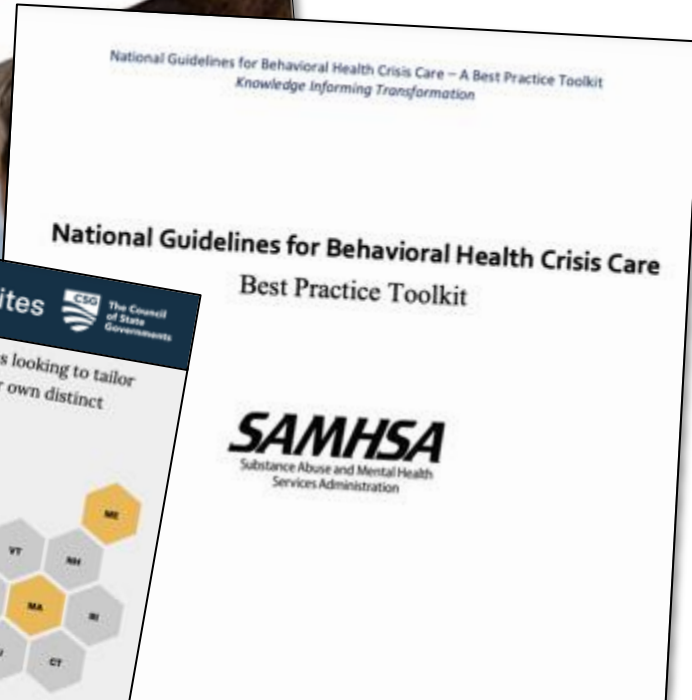
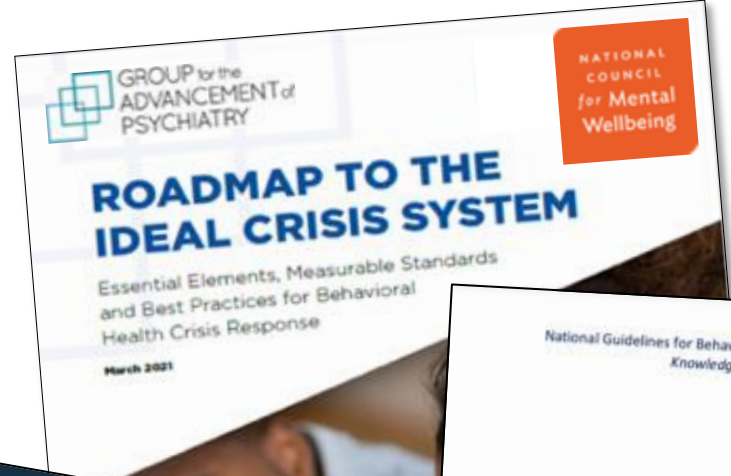
- Calls are routed based on the area code of the caller's phone, not their geolocation
- Variable call center performance across states
- Inconsistent access to crisis services across communities

988 In-State Answer Rate



Aug 2022 (first full month of 988 data) from <https://988lifeline.org/our-network/#>

The time is right for an unprecedented nationwide expansion in crisis care...



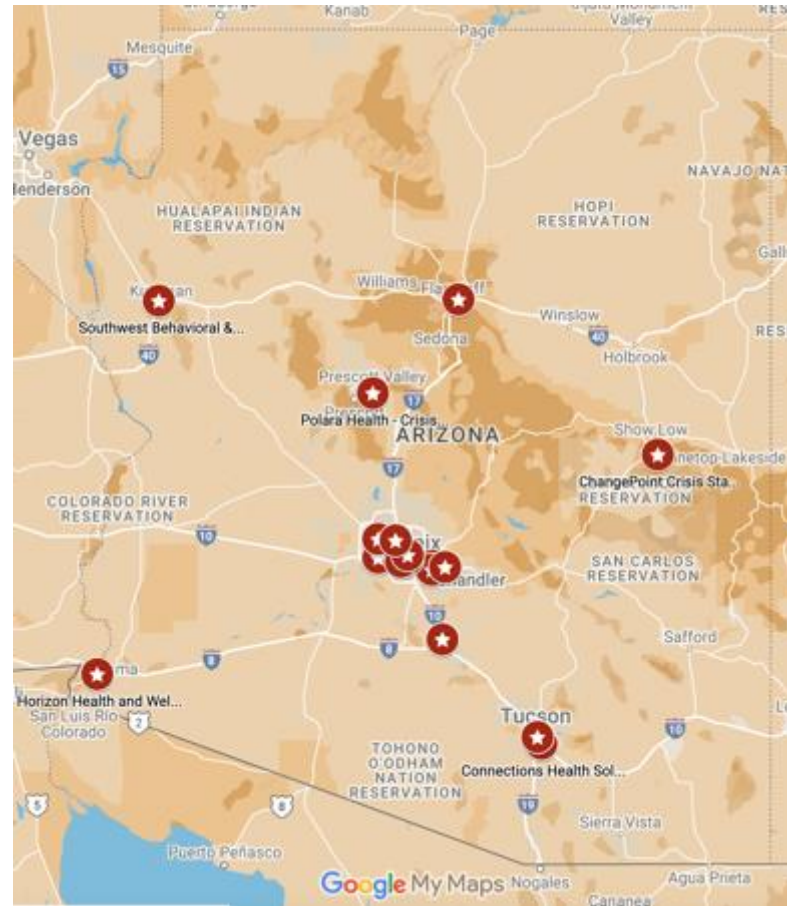
...and the Arizona Crisis System is often cited as a model to emulate.

What's so special about Arizona?



The Amount Of Different
Venomous Animals In
Each State

AHCCCS Crisis Observation &
Stabilization Facilities
Arizona Health Care Cost Containment System



**Arizona
has been developing
its crisis system
for 30 years.**

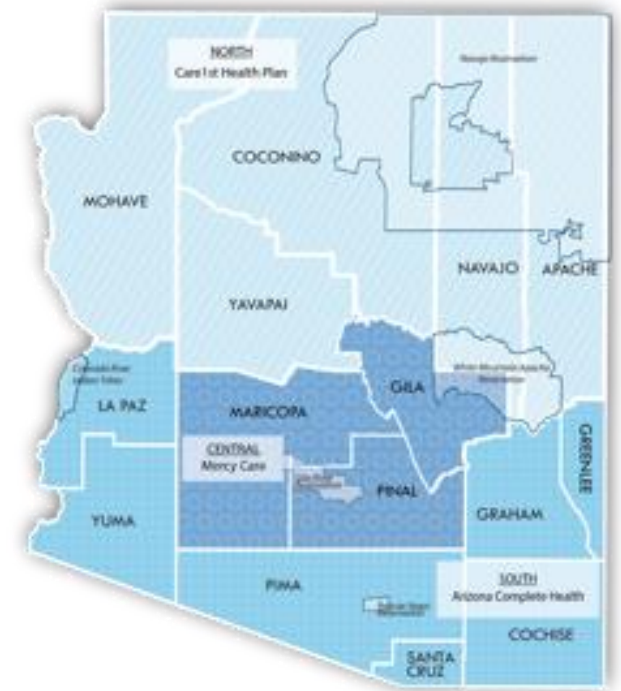
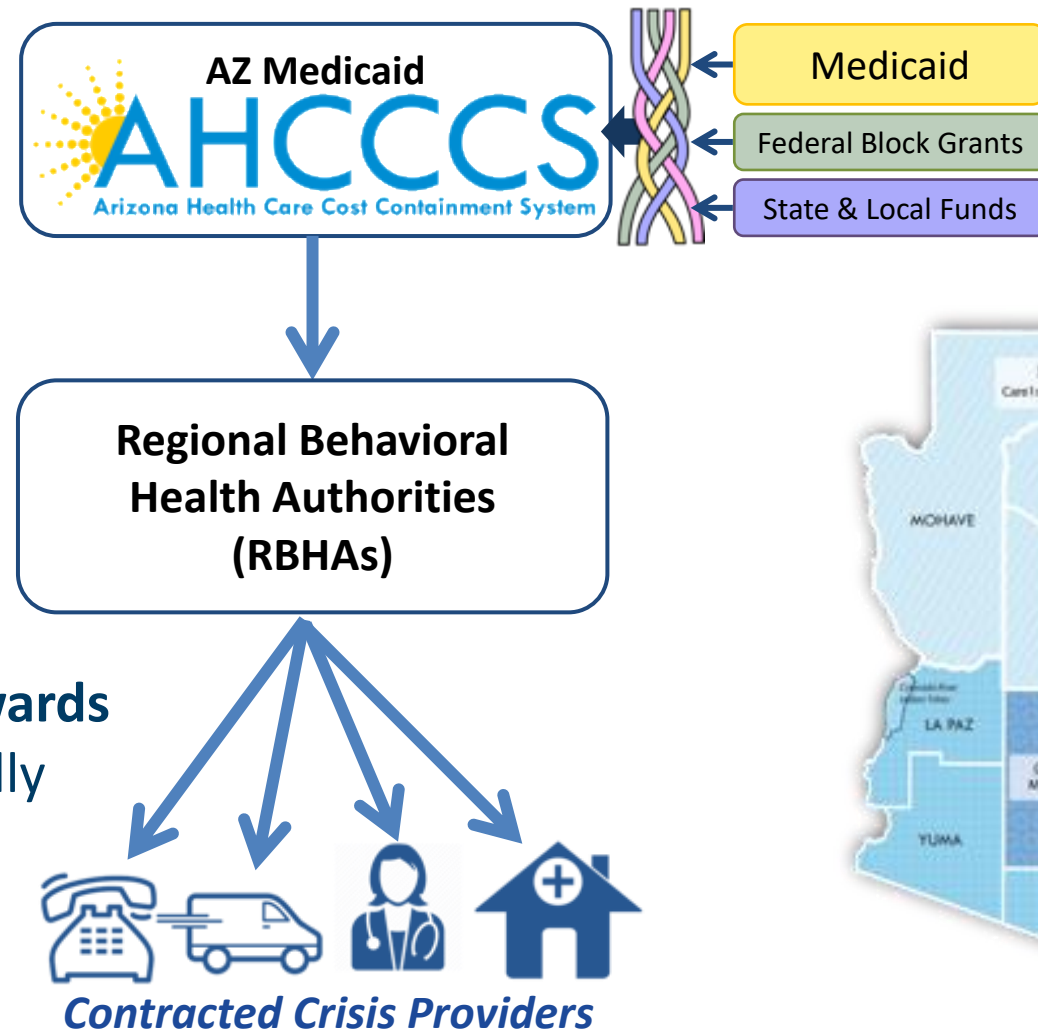
It has evolved into a coordinated system aligned towards common goals that are both clinically and fiscally responsible:

- **Decrease**
use of ED, hospital, jail
- **Increase**
community stabilization

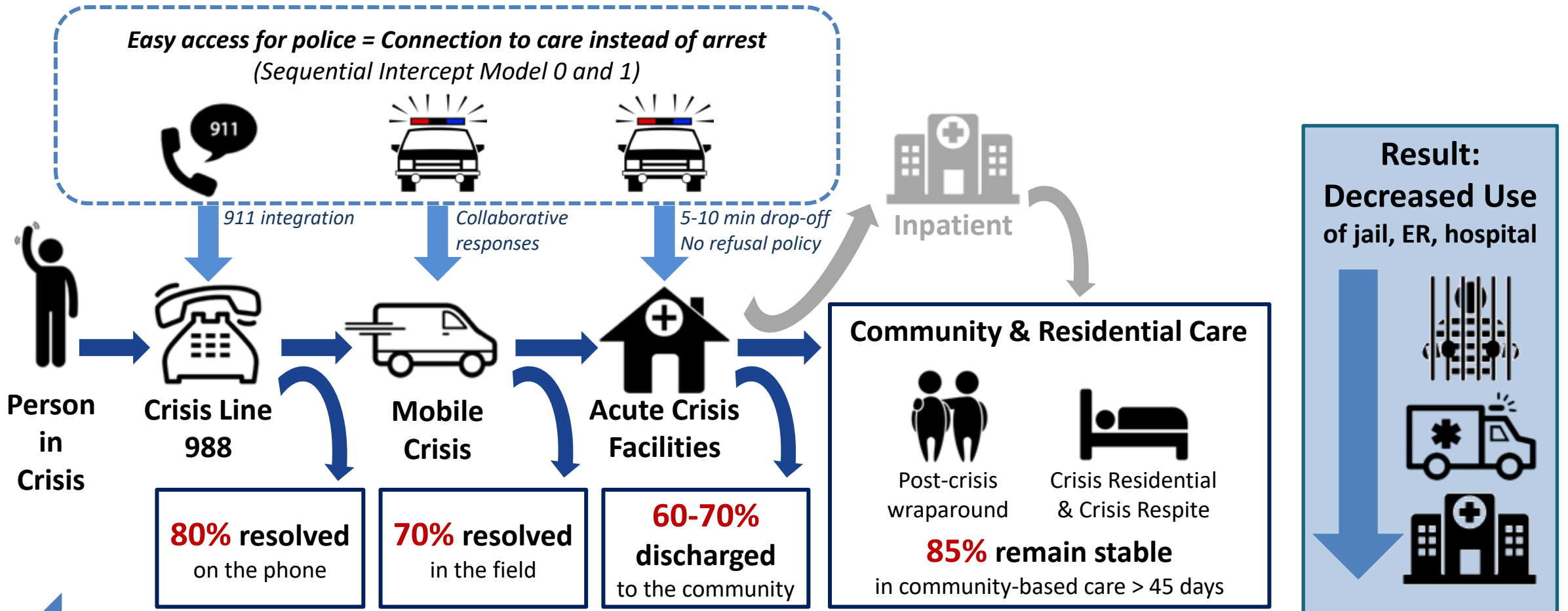
Arizona Crisis System Financing & Governance Structure

creates the foundation for an organized, coordinated, & sustainable system

- A “**braided**” funding model maximizes the impact of multiple funding streams, creating a sustainable system that can serve everyone regardless of payer.
- A single “**accountable entity**” creates the structure for strategic planning and oversight.
- Contracted services are **aligned towards common goals** that are both clinically desirable & fiscally responsible:
 - *DECREASE use of ER, Hospital, Jail*
 - *INCREASE community stabilization.*



Alignment of crisis services toward common goals *care in the least restrictive (and least costly) setting*



← LEAST Restrictive = LEAST Costly

Services are easily accessible with a no-wrong door culture across the continuum, e.g., walk-ins at crisis facilities, police or mobile drops-offs to crisis residential, etc.

Police + BH System Collaboration Model for Crisis Response

Breaking the Crisis Cycle

Outreach & follow-up can “break the cycle” by ensuring that the person is connected to the care they need to stay well in the community. Community-based peers and/or clinicians work with LE to help with engagement and navigating the mental health system.

Prevention

- Outreach
- Follow-up
- Multiple touches
- Lower urgency



Response

- De-escalation
- Intervention
- Discrete event
- Higher urgency

Health-First Response

With 911/crisis line integration, calls are **triaged to a clinician-only response as early and often as possible**, with law enforcement involvement reserved for cases with higher safety risk or criminal nexus. Responding officers are CIT-trained and can request additional assistance if needed.

Safety Risk	Outreach & Follow-up	Acute Response
	Collaborative	Collaborative
	<i>Dedicated LE specialty teams working with community-based peers</i>	<i>CIT Trained Officer + assistance from the crisis system to fit the situation</i>
	<ul style="list-style-type: none"> ▪ Follow-ups after OD or SUD deflection ▪ Public safety risks: investigations & f/u ▪ Homeless outreach 	<ul style="list-style-type: none"> ▪ CIT officer transport to crisis facility ▪ Mobile crisis assist at suicidal barricades
	Clinician-Only	Clinician-Only
	<i>BH System is responsible</i>	<i>BH System is responsible</i>
	<ul style="list-style-type: none"> ▪ “Second responders” ▪ Case management ▪ Timely access to needed care 	<ul style="list-style-type: none"> ▪ Crisis Line/988 ▪ Mobile Crisis Teams ▪ Transport to crisis facility
	Urgency	

