988 & How to Access the Arizona Crisis System

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

Larry Mecham
President
Arizona Psychiatric Society

Margie Balfour
Chief of Quality & Clinical Innovation
Connections Health Solutions

CJ Loiselle
Crisis Administrator
AHCCCS

Andrew Erwin
Chief Operating Officer
Solari Crisis & Human Services

Tenasha Hildebrand
Crisis & Veterans Services Administrator
Mercy Care

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

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
Associate Professor of Psychiatry, University of Arizona
margie.balfour@connectionshs.com
Every day in America...

911: WHAT'S YOUR EMERGENCY?

“I’m having chest pain.”

“I’m having suicidal thoughts.”

connections
HEALTH SOLUTIONS
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**

<table>
<thead>
<tr>
<th>Race</th>
<th>WithOUT Mental Illness</th>
<th>WITH Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Black</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Hispanic</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>30</td>
</tr>
</tbody>
</table>

**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

**This is not a mental health treatment facility**


Office of National Drug Control Policy
“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/#](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.
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
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

Person in Crisis
- Crisis Line 988: 80% resolved on the phone
- Mobile Crisis: 70% resolved in the field
- Acute Crisis Facilities: 60-70% discharged to the community

LEAST Restrictive = LEAST Costly

Result: Decreased Use of jail, ER, hospital

Community & Residential Care
- Post-crisis wraparound
- Crisis Residential & Crisis Respite
- 85% remain stable in community-based care > 45 days

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.

Easy access for police = Connection to care instead of arrest
(Sequential Intercept Model 0 and 1)

911 integration
- Collaborative responses
- 5-10 min drop-off No refusal policy

(Community stabilization rates are based on FY2019 data from the Southern Arizona region and were provided courtesy of Johnnie Gaster at Arizona Complete Health/Centene)
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.

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.