

# The Friendly Front Door: An Effective, Community-Based Crisis Service System

**Neal Cash**

CEO

Community Partnership of Southern Arizona



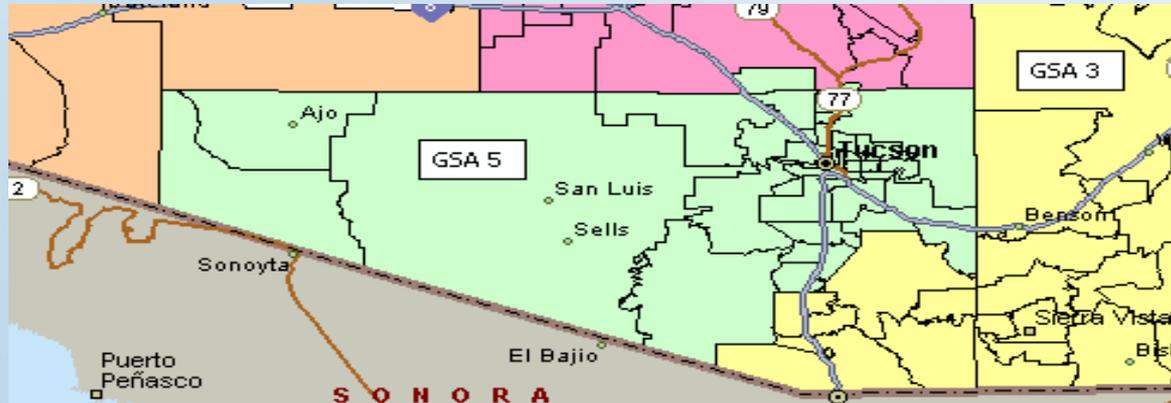
**COMMUNITY**  
PARTNERS, INC.

# Neal Cash

- 35 years of experience in behavioral health in southern Arizona
- President and CEO of Community Partnership of Southern Arizona (CPSA) and Community Partners, Inc. (CPI)
- Member of the National Leadership Forum on Behavioral Health/Criminal Justice Services of the National GAINS Center
- Tenured board member of the National Council for Community Behavioral Healthcare



# What is Community Partnership of Southern Arizona (CPSA)?



CPSA is a community-based 501(c)(3)

Regional Behavioral Health Authority for Pima County (GSA 5) since 1995

CPSA administers public behavioral health care in Pima County

54,862 members served in FY12-13

+221% since FY95-96 (Includes both continuous care and crisis)

Funded through the Arizona Department of Health Services/Division of Behavioral Health Services, Arizona Health Care Cost Containment System and SAMHSA

# Systemic Approach to Managing a System of Care

- Network Sufficiency
- Quality Oversight
- Fiscal Integrity
- Comparability of Care
- Strategic Planning
- System Initiatives
  - Child/Family Team
  - Adult Recovery Team
  - Criminal Justice Liaisons and Team

# System Transformation

**New Freedom Commission Report – Goals  
(July 2003)**

- Americans Understand Mental Health Essential to Overall Health
- Mental Health Care Consumer/Family Driven
- Eliminate Disparities in Mental Health Services
- Early Mental Health Screening
- Excellent Mental Health Care Delivered and Research Accelerated
- Technology Used to Access Mental Health Care

**Framework for moving forward with a  
Crisis Service Network**

# Building the Crisis Response Center (CRC)



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# Crisis System Timeline

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# Crisis System Timeline

## 2005

- Economy booming
- Tucson growing
- Economic development
- More businesses being developed
- Lack of mental health infrastructure

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# Crisis System Timeline

## 2005

- Gaps in mental health crisis system
- Issues around inadequate funding
- Dramatic increase in the use of crystal meth/  
polydrug use
- Higher activity and greater complexity of cases
- Greater awareness of the intersection of mental  
illness/substance abuse and the justice system.

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# Critical Incident as a Catalyst

“... the effects of Aaron Swyers' paranoid schizophrenia grew stronger and more terrifying as Wednesday wore on, leading to a tragic accident that claimed his life and the lives of Pima County Sheriff's Deputy Timothy Graham and taxi driver Dawud Isa Abusida.”

- *Arizona Daily Star*, 8/13/2005

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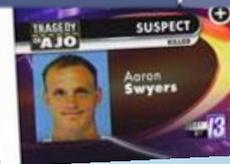
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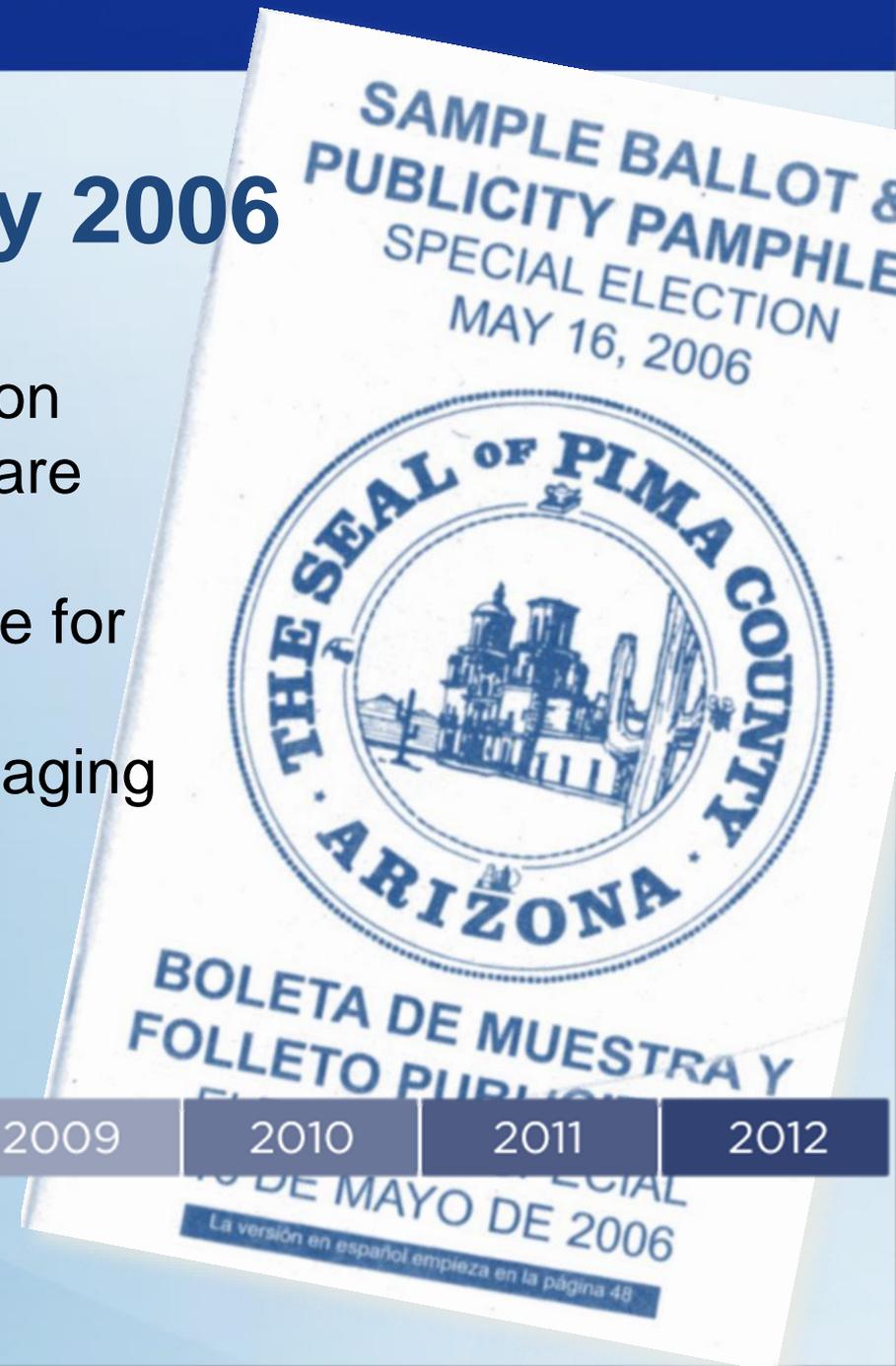
The suspect was 23 year old Aaron Swyers. Investigators say a disturbance call came from the Circle K store near the intersection. Deputy Graham responded. He apparently had Swyers in one handcuff when



subdue Swyers. The sheriff's office says the men rolled into fast-moving traffic headed west on Ajo. A full size pickup truck hit and killed all three. Investigators have not released the name of the pickup driver. He also is considered a victim, and will not be charged.

# Bond Election - May 2006

- How could we focus attention on creating a psychiatric urgent care center?
- Developing better infrastructure for crisis services
- Creating better strategies managing community risks



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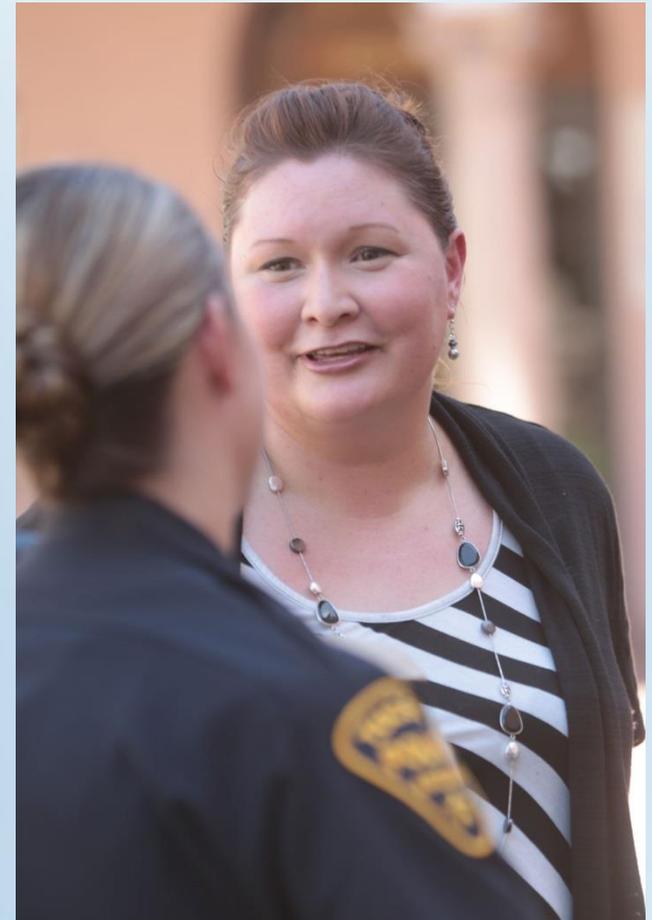
# Convening a Process Improvement Initiative

Importance of cross-system collaboration between criminal justice and behavioral health

Implementing philosophical/mindset change in both behavioral health & criminal justice

Developing a criminal justice team

Cross-training the overall behavioral health workforce



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# Key System Partners

- Community based service providers
- Hospital Emergency Rooms
- Law Enforcement (police and jail)
- Courts
- Fire Departments
- Primary Care and Health Plans
- Social services, including homeless resources
- Schools
- Child-serving agencies (DCS, etc.)
- Military and Veterans Administration
- Consumers and families

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# Crisis System Assessment

- Interview the stakeholders
- Interview the community
- Pull crisis system data
- Conduct a literature review on crisis systems
- Perform site surveys within the behavioral health system and the crisis system

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# “The Commitment”

- Decompress hospital Emergency Departments
- Safe and quick ‘drop off’ for law enforcement (diversion from jail)
- Alternative to juvenile detention
- Quick crisis mediation and return to community with service plan

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# Critical Components of a Crisis System

- 24-hour crisis telephone line (call and command center)
- Warmlines (pre- and post-crisis intervention)
- Community mobile response
- Walk-in crisis services (urgent care)
- Crisis stabilization (23-hour stabilization)
- Short term sub-acute (few days)
- Transportation
- Peer support and advocacy services
- Transition back into communities

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# Overarching Goals

Improve outcomes  
for CPSA members and  
their families

Improve public safety

Save taxpayer dollars



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# Crisis System Timeline

## 2006

- Ballot initiatives and bonds
- Funding for Psychiatric Urgent Care Facilities
- Funding for Psychiatric Inpatient Hospital Facilities
- Competing initiatives  
(Regional Transportation Authority concerns with sharing a ballot initiative with behavioral health)
- Board of Supervisors approval

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# Crisis System Timeline

## 2006

- Both bonds passed
- Steering committee formed
- Outreach to community partners

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# Initial Challenges

## 2007

- Challenge with turnover of key stakeholders
- Change management
- Alignment, realignment
- Building design

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# The Great Recession

- The economy crashes
- Budget cuts
- Benefit redesign

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# Impact of Recession

## 2009-2010

- Crisis System plans on hold
- Bond money unavailable due to unknown state budget
- When budget was set, the cuts added to the difficulty of building the CRC

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# Increased Demand, Fewer Resources

Due to the state of the economy, easily accessible crisis services became more necessary. Also due the state of the economy, the CRC became more difficult to build.

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# Shovel Ready

Groundbreaking occurred in  
October 2009

Partnership collaborated on:

- Construction
- Vendor selection
- Economic challenges



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# Events of January 2011



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# CPSA's Role

## Implementation of Disaster Plan

**Alerted** the crisis telephone response provider

**Established** Emergency Operations Center (EOC) Linked with County Administrator and Sherriff's Department

**Convened** key behavioral health leaders

**Collaborated** with local, state, and national partners

# CPSA's Strategy

- To provide continuity of care for existing members
- To coordinate a response to tragedy-related mental health needs of the community
- Media messaging



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# Detox Component of Crisis Service Network

**Opened Desert Hope**

**Streamlining Referrals -  
Aligning Procedure**

- Land acquisition 2010
- Construction
- Opening and operation  
January 2011



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# Crisis Response Center (CRC) Grand Opening

- BHP completion
- CRC completion
- Move Community-wide Crisis line into CRC
- Sally Port collaboration with Law Enforcement
- CSP co-located staff

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# Crisis Response Center (CRC)

- Operates 24/7/365
- Adult 23-Hour Observation Chairs
- Juvenile 23-Hour Observation Chairs
- Adult Sub-acute wing
- Law enforcement sallyport
- Call Center Line is housed here

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# Crisis System and CIT

- Recovery starts at the crisis scene with the CIT officer
- Police transport is a vital first step
- Officers must:
  - Be reassuring
  - Reduce trauma
  - De-escalate the crisis

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## Criminal Justice Team (CJT) Outputs

### CPSA's Criminal Justice Team:

**Monitors** approximately **590** CPSA members in court-ordered treatment.

**Facilitates** almost **3,000** diversions from the justice system into treatment, avoiding more than 26,000 days in jail.

**Provides** Crisis Intervention Training to more than **150** law enforcement and corrections officers from **11** jurisdictions in Pima County. Excluding Tribal law enforcement, local agencies employ roughly 1,980 officers. For 2014, CPSA is on track to train more than **200** officers, or 10% of their workforce.

# Arizona E/R Wait Time vs. CRC Wait Time

(April 2012 – April 2013)

**Oro Valley:** 169 minutes

**St. Mary's:** 214 minutes

**Tucson Medical Center:** 211 minutes

**Northwest Medical Center:** 207 minutes

**St. Joseph's:** 263 minutes

**University of Arizona Medical Center:** 309 minutes

**University of Arizona Medical Center –  
South Campus:** 357 minutes

**Average:** 246 minutes, or 3.06 hours

***Average CRC wait time – 15 minutes***

# CRC Data

(FY 2014)

***Number of crisis calls – 119,180***

***Total individuals served (face-to-face) – 13,852***

***Law enforcement transfers – 1,355***

***Emergency Department transfers - 600***



# **CRC Data**

## **Number of Adults Accessing Care**

(October 2013 – August 2014)

***Adult Crisis Intervention Unit – 9,219***

***Adult Crisis Stabilization Unit – 4,751***

***Adult Short-term Inpatient Unit – 1,258***

The Adult CIC is the clinic where clients are first assessed. They can either be discharged from the CIC or sent to the CSU.

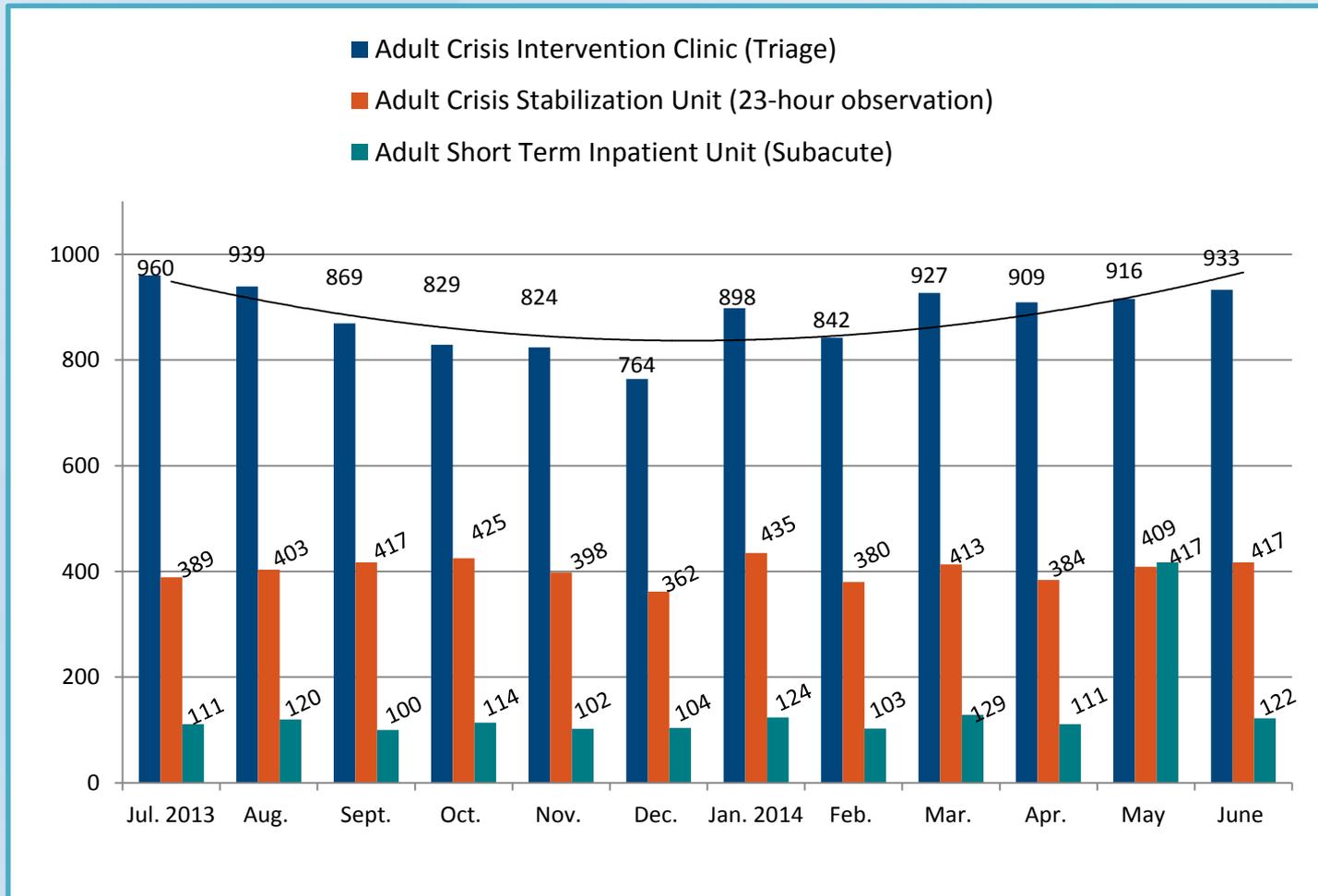
The Crisis Stabilization Unit is the 23-hour observation unit.

The Short-term Inpatient unit treats clients for over 24 hours, but usually only for a few days.

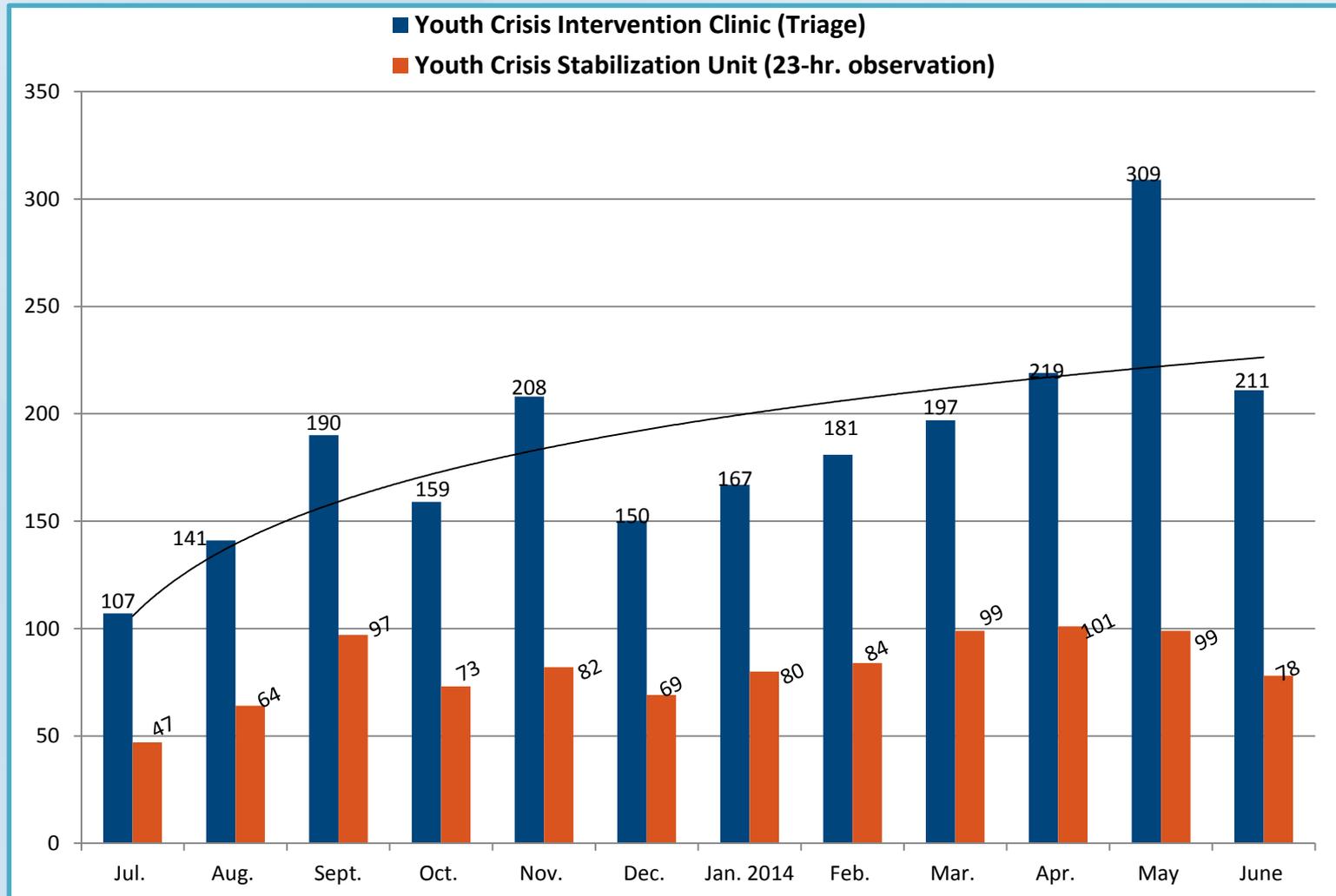
## Two-year Comparison of Individuals Seen & Services Delivered by the CRC

		2012-13	2013-14	% increase	2012-13	2013-14	% increase
Item		Totals for year			Monthly averages		
Received care at the CRC	Adults	10,719	11,523	7.5%	893	960	7.5%
	Children and youth	1,743	2,329	34%	145	194	34%
<b>Crisis line calls</b>							
		119,746	119,180	-0.5%	9,979	9,932	-0.5%
<b>MAC Team dispatches</b>							
MAC Team dispatches	All	3,819	4,044	6%	318	337	6%
	For law enforcement	1,306	1,573	20%	109	131	20%
<b>Transports from the CRC</b>							
		4,997	6,508	30%	416	542	30%

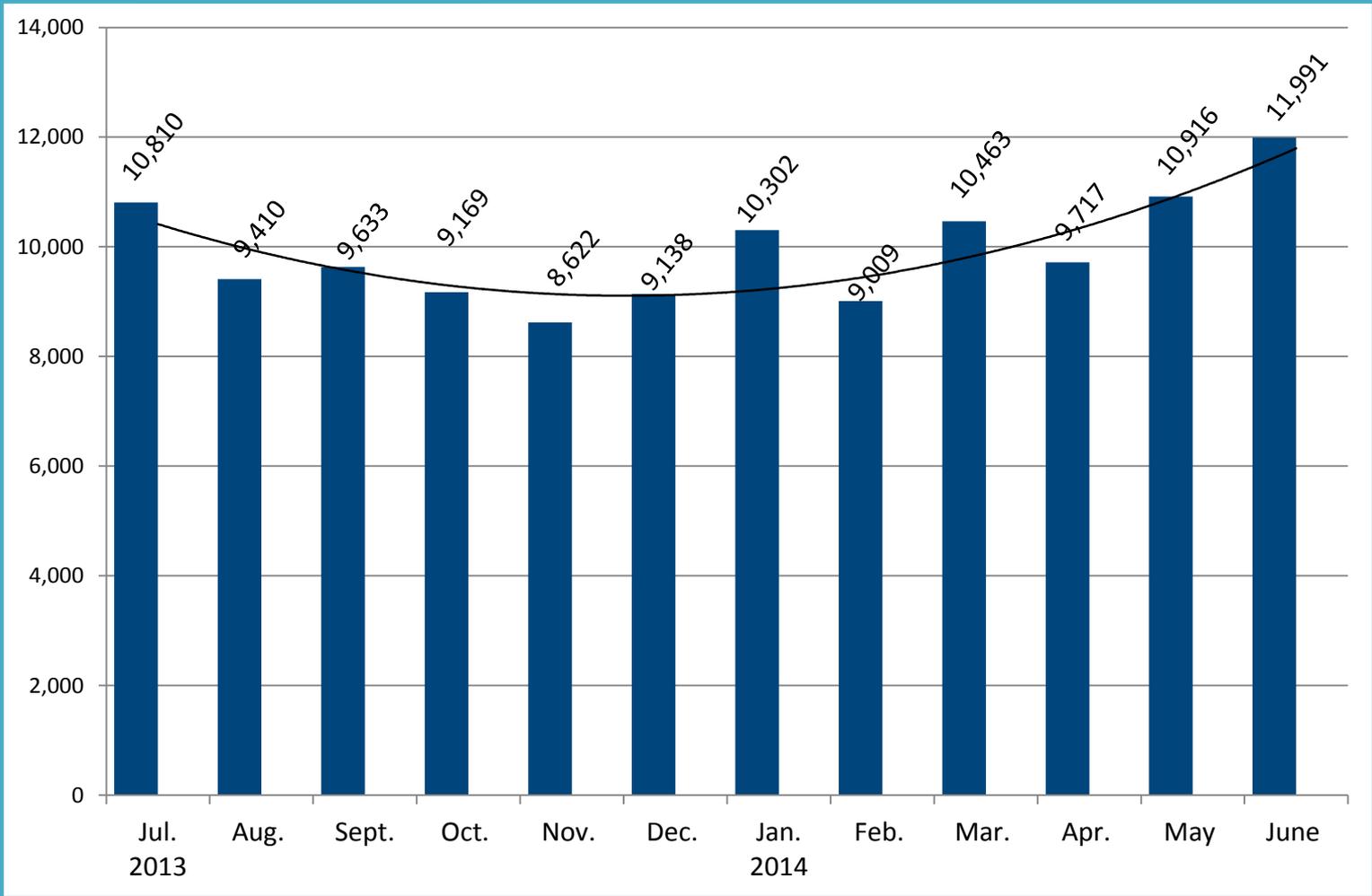
# Adults Receiving Care at the CRC (July 2013 – June 2014)



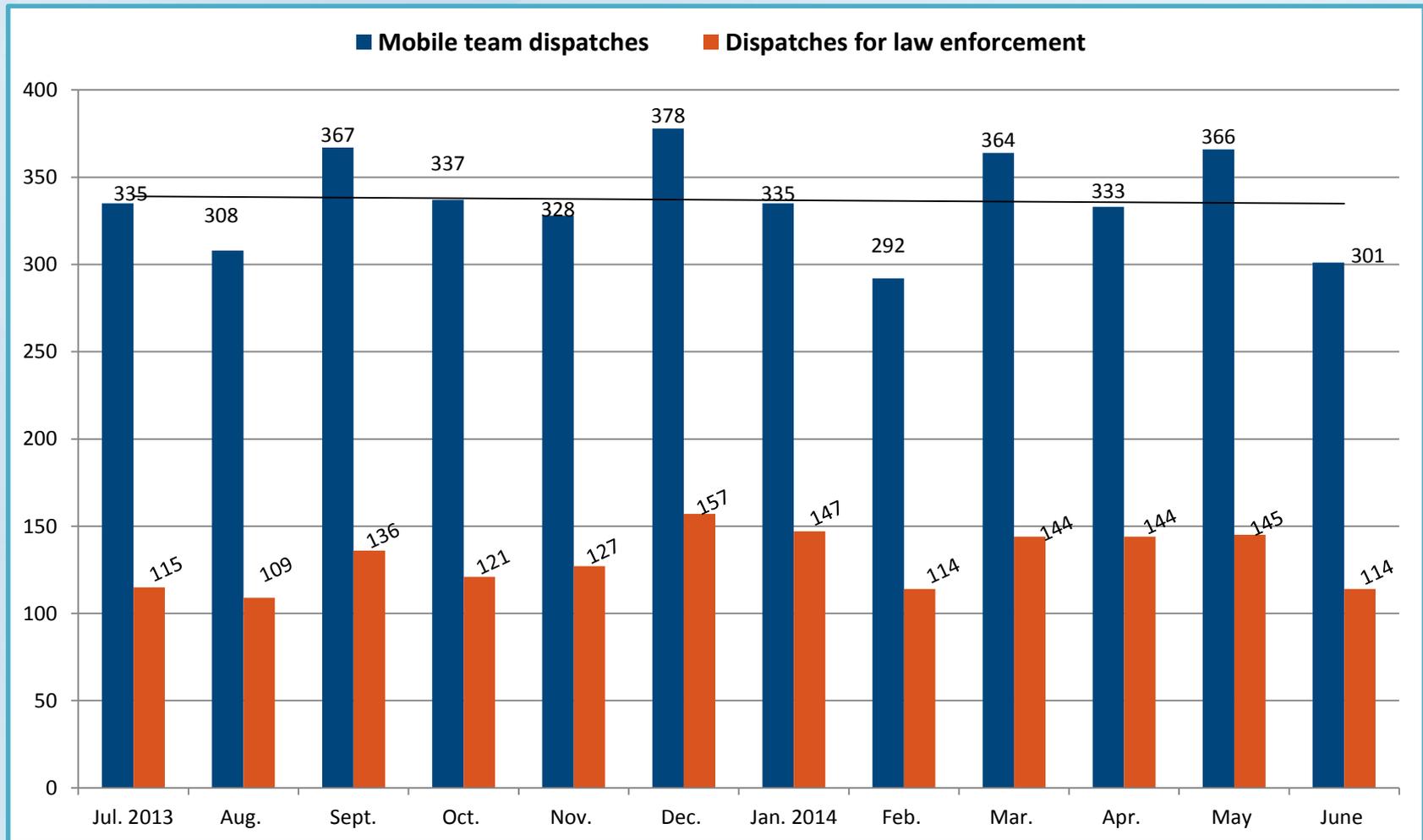
# Children and Youth Receiving Care at the CRC (July 2013 – June 2014)



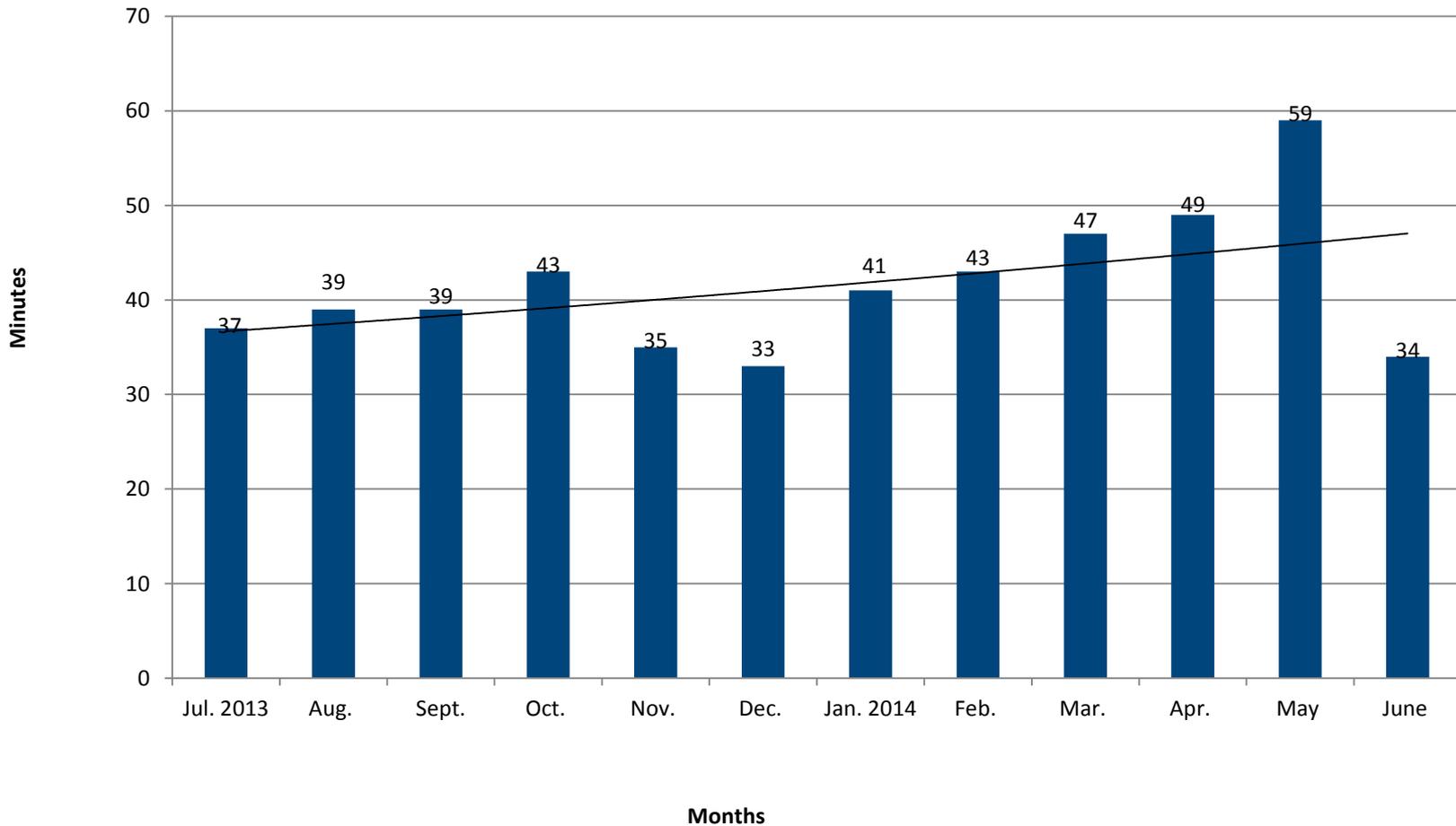
# Calls to the Community-Wide Crisis Line (July 2013 – June 2014)



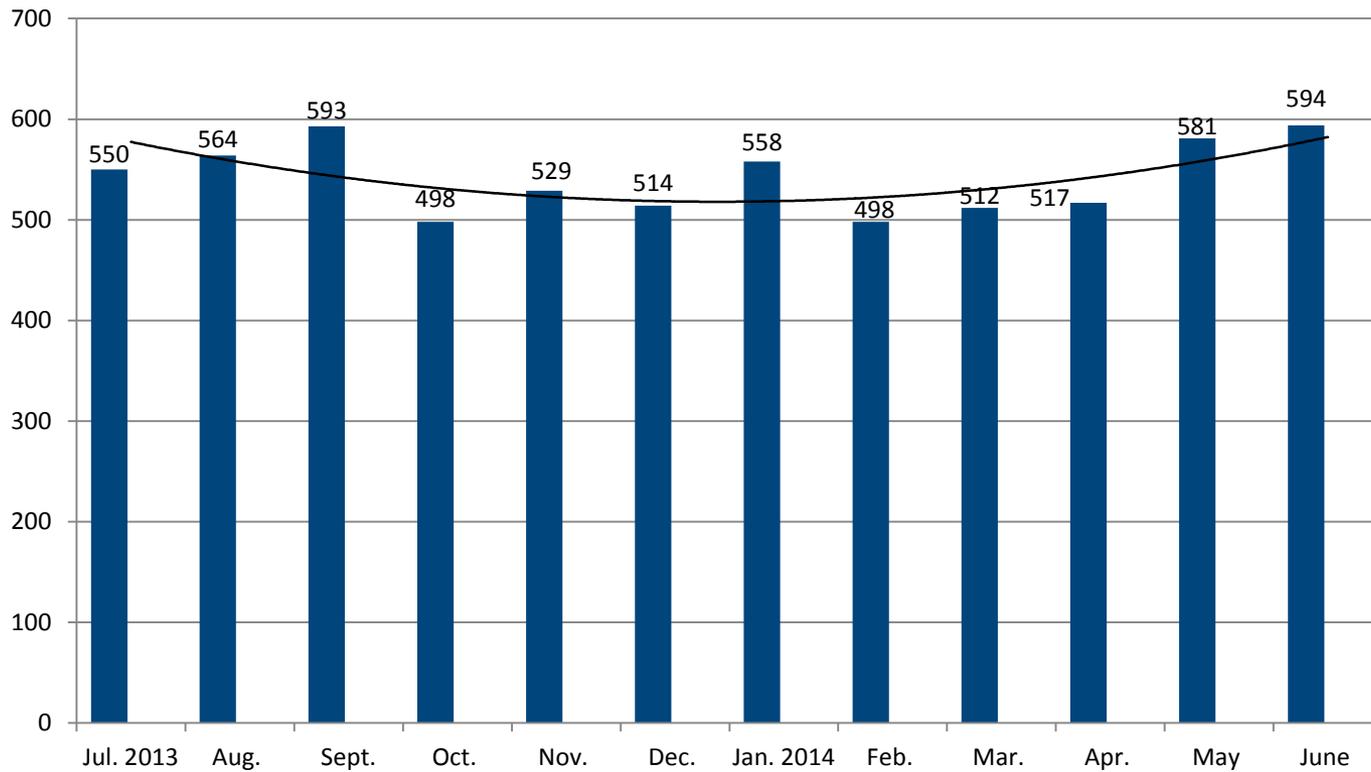
# Mobile Acute Crisis (MAC) Team Dispatches (July 2013 – June 2014)



# Average MAC Team Response Times (July 2013 – June 2014)



# Non-emergency CRC Transports (July 2013 – June 2014)



## CRC 2013 Average Cost Savings

- Law enforcement officers would have spent approximately 13,200 hours in ED wait-time vs. 660 hours in CRC drop-off time, **saving 12,540 hours of law enforcement time.**
- The average cost to an ED to board a psychiatric patient has been estimated at \$2,264 for the first day. **Diverting 600 cases from the ED saves an estimated \$1,358,400.**
- An average day in jail costs **\$80. CRC services avoided 26,000 jail days, saving \$2,080,000.**

# Essential Elements for Creating an Effective, Community-Based Crisis Service System

- Shared Values
- Political Will
- Culture of Collaboration
- Leadership
- Community Inclusion
- Accountability

**Questions?**

