Today’s Agenda

- Welcome and Introduction
- Regional Behavioral Health Authority (RBHA)
- Workgroup Updates
- Community Resource Interactive Session
- Future of Behavioral Health Summits
- Meeting Feedback and Evaluations
Have any questions or topics you would like to discuss?

Let’s put them in the parking lot!
Who Is at Our Table?
Evaluations Feedback

- Goal is 85%

Behavioral Health Summit Evaluation Completion Rate

- February: 81%
- March: 93%
- August: Goal

Goal: 100%

2016 Behavior Health Summit Evaluation Completion Rate
Regional Behavioral Health Authority

Frank O’Halloran
Crisis Service Liaison
Mercy Maricopa Integrated Care
Emergency Department (ED) Diversion Tactic Workgroup

Miriam Davis, BA, BSN, RN
Director of Case Management
Abrazo Health

Jenna Burke, BS, CHES
Quality Improvement Specialist
Health Services Advisory Group
Thank You to Our Workgroup Members!

- Miriam Davis, Abrazo Health
- Judy Butler, Abrazo West
- Pam Baca, Abrazo Health
- Sandra Rippey, Abrazo West
- Phil Sheridan, Copper Springs
- Bianca Brems, Remuda Ranch
- Dennette Janus, Crisis Preparation and Recovery
- Michele Wiest, St. Joseph’s West Gate
Co-Chair: Miriam Davis, BA, BSN, RN, Director of Case Management, Abrazo West Campus and Abrazo Maryvale Campus

**Scope:** Hospitals indicate that behavioral health patients who are waiting for inpatient placement are often in “holding” in the ED for days while a bed is being secured. The needs of these patients are unique; to prevent escalation of their symptoms, diversion tactics are often needed. This workgroup will compile a toolkit that provides practical diversion techniques that can be used by healthcare providers in the ED environment.
ED Diversion Tactic Workgroup

<table>
<thead>
<tr>
<th>What</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Diversion Tactics Workgroup meeting to discuss West Valley Audit Results</td>
<td>July 7, 10–11:30 a.m.</td>
</tr>
<tr>
<td>ED Diversion Tactic Workgroup meeting to discuss final data review and determine future strategies</td>
<td>August 2, 10:30–12 noon</td>
</tr>
</tbody>
</table>
Literature Review—What We Learned

Research highlights that the most effective de-escalation techniques differ depending on the type of population.

Three general categories:

1. General strategies for preventing aggressive behaviors
2. Disease specific strategies for preventing aggressive behavior
3. Managing aggression after it has already occurred

#1 Does not require diversion tactics

Our focus

#3 Can only medicate until calm, so diversion tactic not appropriate
Questions We Asked Ourselves

- Who are the behavioral patients that end up in the ED?
  - Age, gender, voluntary, petition
- What is the primary diagnosis of patients held in ED?
- How long do they actually stay in the ED?
- How many patients are restrained, and for how long?
We Needed More Data

• 49 behavioral health patient audits
  – Entered through the ED
  – Patients from 2016 Abrazo West Campus
• 11 data collection points
  – Age
  – Length of stay
  – Diagnosis code 1, 2, and 3
  – Discharge disposition
  – Restraints used and, if used, for how long
  – Voluntary or petition
  – Return to ED within 30 days
  – Return to inpatient within 30 days
Of Those 49 Patients:

- 33% Petitioned
- 67% Voluntary
- 86% Restraints not used
- 14% Required restraints

Source: Chart Audit of 49 Behavioral Health Patients in the ED, 2016, Abrazo West Campus Hospital
Discharge Disposition

Source: Chart Audit of 49 Behavioral Health Patients in the ED, 2016, Abrazo West Campus Hospital
### Age Breakdown and Readmissions

<table>
<thead>
<tr>
<th>Age Category</th>
<th># of Total Patients</th>
<th># of Readmission to ED</th>
<th># of Readmission to Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18 years</td>
<td>4/49 = 8%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19 to 30 years</td>
<td>19/49 = 39%</td>
<td>6/19 = 32%</td>
<td>1/19 = 5%</td>
</tr>
<tr>
<td>31 to 55 years</td>
<td>18/49 = 37%</td>
<td>5/18 = 28%</td>
<td>0</td>
</tr>
<tr>
<td>56 to 65 years</td>
<td>5/49 = 10%</td>
<td>2/5 = 40%</td>
<td>1/5 = 20%</td>
</tr>
<tr>
<td>65 years and older</td>
<td>2/49 = 4%</td>
<td>1/2 = 50%</td>
<td>0</td>
</tr>
</tbody>
</table>

*Readmission to same facility since this was a medical record chart audit and not claims audit*

Source: Chart Audit of 49 Behavioral Health Patients in the ED, 2016, Abrazo West Campus Hospital
Length of Stay in the ED: Voluntary Patients

Source: Chart Audit of 49 Behavioral Health Patients in the ED, 2016, Abrazo West Campus Hospital
Length of Stay in ED: Petitioned Patients

- 12 hours or less: 0
- 13 to 24 hours: 1
- 25 to 36 hours: 1
- 37 to 48 hours: 2
- 49 to 72 hours: 1
- 73 to 96 hours: 4
- 97 hours or more: 8

Source: Chart Audit of 49 Behavioral Health Patients in the ED, 2016, Abrazo West Campus Hospital
Length of Stay: Petition vs. Voluntary

<table>
<thead>
<tr>
<th>Length of Stay</th>
<th>Voluntary</th>
<th>Petitioned</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 hours or less</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>13 to 24 hours</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>25 to 36 hours</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>37 to 48 hours</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>49 to 72 hours</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>73 to 96 hours</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>97 hours or more</td>
<td>8</td>
<td>2</td>
</tr>
</tbody>
</table>
### Primary Diagnosis in the ED

<table>
<thead>
<tr>
<th>Top Primary Diagnosis</th>
<th>Top Secondary Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Suicidal intent</td>
<td>#1 Suicidal intent</td>
</tr>
<tr>
<td>#2 Anxiety</td>
<td>#2 Depression</td>
</tr>
<tr>
<td>#2 Depression</td>
<td>#3 Meth-related diagnosis</td>
</tr>
<tr>
<td>#2 Overdose</td>
<td>#3 Alcohol-related diagnosis</td>
</tr>
<tr>
<td>#3 Alcohol-related diagnosis</td>
<td></td>
</tr>
</tbody>
</table>

Source: Chart Audit of 49 Behavioral Health Patients in the ED, 2016, Abrazo West Campus Hospital
Data Findings Lead to a Secondary Review

• Conduct a 23-chart audit of the patients transferred to behavioral health facility within 24 hours of ED admission.
• Behavioral health medical director will perform the audit.
• Can the patient’s medical condition be safely and effectively treated at the behavioral health facility?
• Can the emergency medical services (EMS) system transport directly to behavioral health instead of medical hospital without compromising care?
Voluntary Patient Road Map

1. **9-1-1 Call**
2. **Home**
3. **Hospital**
4. **Physical Assessment**
5. **Psychiatric Evaluation**
6. **Treatment Accepted**
   - YES or NO
7. **Medically Stable for Transport**
   - YES or NO
8. **Transport to IPF**
9. **Remains in Hospital**
10. **Petitioned**
11. **Home**

*IPF=Inpatient Psychiatric Facility*
New Strategy

1. Redefine what divert means.
2. Focus efforts on current interventions to divert patients before they arrive in ED.
3. Divert to a behavioral health facility before arriving at the ED, so the patient receives best care without delay.
The Road We Want to Drive

9-1-1 Call

Communication between first responders and behavioral health facility

Home

Behavioral Health Hospital

Hospital
Workgroup Redefined

- Create an intervention to test the function of divert admission to behavioral health facilities from EMS.
- Looking to pilot the intervention at one hospital (Abrazo West Campus) and one behavioral health hospital (Copper Springs).
- Future discussions need to happen to determine future of workgroup.
Thank You to Our Workgroup Members!

• Lori Milus, Aurora Behavioral Health
• Dennette Janus, Crisis Preparation and Recovery
• Jesus Rivera, Surprise Fire Department
• Honor Health, Ashley Bevier
• Steve Richter, Scottsdale Fire Department
• Bianca Brems, Remuda Ranch
• Mirela Borsan, Avondale Police Department
• Molly Scott-Pantoja, Bella Vita Health and Rehabilitation Center
• Dana Barton, Abrazo West
Co-Chair: Lori Milus, MSN, RN, Director of Nursing, Aurora Behavioral Health System

**Scope:** To develop a 12-month calendar of educational programs specific to behavioral health topics. The audience includes healthcare providers and first responders. An education needs assessment will be conducted to determine topics of interest. Education will be provided via webinar and recorded or in person depending on the topic. This committee’s scope includes securing presenters and providing a description and learning objectives for each session.
### Educational Committee Workgroup

<table>
<thead>
<tr>
<th>What</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Committee Workgroup kick-off event&lt;br&gt;Determined what we want to learn from needs assessment</td>
<td>May 18, 2016  ✓</td>
</tr>
<tr>
<td>Educational Committee Workgroup meeting to develop and finalize needs assessment before distributions</td>
<td>June 7, 9–10:30 a.m. ✓</td>
</tr>
<tr>
<td>Educational Committee Workgroup meeting to review need assessment results and determine topics for webinar series</td>
<td>July 26, 9–10:30 a.m. ✓</td>
</tr>
</tbody>
</table>
Needs Assessment

Needs assessment distributed for 3 weeks

- Friday, July 1–Friday, July 22
- Total of 10 questions
- Received a total of 80 Responses
Results Q#2: What Type of Organization Do You Work For?

- **6** Hospital staff
- **44** Fire department
- **17** Police department
- **7** Behavioral health organization
- **3** Community-based organization
- **3** Other: Senior center, senior community living center, and public college

Results Q#3: Describe How You Are Involved With Behavioral Health

9 Crisis Intervention Team (CIT) role
8 Crisis response role
17 Treat and transport role
8 9-1-1 calls
7 Determine level of care
5 Provide medical care

Other
• Oversee social workers, fire department crews, patients in ED
• Develop bulletins and behavioral health materials
• Program and policy development
• Law involvement assisting with involuntary and voluntary patients
• Facilitate behavioral health trainings

Results Q#4: What Age Bracket Do You Encounter Most Frequently?

- Under 18: 24 (30%)
- 18-30: 53 (67%)
- 31-50: 53 (67%)
- 51-64: 27 (34%)
- 65+: 23 (29%)

Total Responses: 79

Definitions of Mental Health Conditions

• Alcoholics

• **Anxiety Disorders**: Anxiety disorders include obsessive-compulsive disorder, panic disorders, phobias, and Post-Traumatic Stress Disorder (PTSD).

• **Behavioral Disorders**: Behavioral disorders involve a pattern of disruptive behaviors that last for at least 6 months and cause problems in school, at home, and in social situations. An example of a behavioral disorder is Attention Deficit Hyperactivity Disorder (ADHD).

• **Eating Disorders**: Eating disorders involve extreme emotions, attitudes, and behaviors regarding weight and food. Eating disorders can include anorexia, bulimia, and binge eating.

• **Hoarding Disorders**: This type of disorder is a persistent difficulty discarding or parting with possessions because of a perceived need to save them. A person with hoarding disorder experiences distress at the thought of getting rid of the items. Excessive accumulation of items, regardless of actual value, occurs. (MayoClinic.org)
• **Mood Disorders**: Mood disorders involve persistent feelings of sadness or periods of feeling overly happy, or fluctuating between extreme happiness and extreme sadness. Mood disorders can include depression, bipolar disorder, Seasonal Affective Disorder (SAD), and self-harm.

• **Personality Disorders**: People with personality disorders have extreme and inflexible personality traits that are distressing to the person and may cause problems in work, school, or social relationships. Personality disorders can include antisocial personality disorder and borderline personality disorder.

• **Psychotic Disorders**: People with psychotic disorders experience a range of symptoms, including hallucinations and delusions. An example of a psychotic disorder is schizophrenia.

• **Substance Abuse Disorders**

• **Suicidal Behaviors**
Results Q#5: What Mental Health Conditions or Situations Do You Encounter Most Frequently?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal Behaviors</td>
<td>68%</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>60%</td>
</tr>
<tr>
<td>Substance Abuse Disorders</td>
<td>59%</td>
</tr>
<tr>
<td>Mood Disorders</td>
<td>50%</td>
</tr>
<tr>
<td>Psychotic Disorders</td>
<td>45%</td>
</tr>
<tr>
<td>Behavioral Disorders</td>
<td>41%</td>
</tr>
<tr>
<td>Alcoholics</td>
<td>41%</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>30%</td>
</tr>
<tr>
<td>Hoarding Disorders</td>
<td>15%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>3%</td>
</tr>
<tr>
<td>Suicidal Behaviors: 54</td>
<td></td>
</tr>
<tr>
<td>Anxiety Disorders: 48</td>
<td></td>
</tr>
<tr>
<td>Substance Abuse Disorders: 47</td>
<td></td>
</tr>
<tr>
<td>Mood Disorders: 40</td>
<td></td>
</tr>
<tr>
<td>Psychotic Disorders: 36</td>
<td></td>
</tr>
<tr>
<td>Behavioral Disorders: 36</td>
<td></td>
</tr>
<tr>
<td>Alcoholics: 33</td>
<td></td>
</tr>
<tr>
<td>Personality Disorders: 24</td>
<td></td>
</tr>
<tr>
<td>Hoarding Disorders: 12</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders: 2</td>
<td></td>
</tr>
</tbody>
</table>

Results Q#6: From These Conditions, Which Ones Do You Feel Least Confident in Managing?

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Confidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotic Disorders</td>
<td>38%</td>
</tr>
<tr>
<td>Hoarding Disorders</td>
<td>31%</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>23%</td>
</tr>
<tr>
<td>Suicidal Behaviors</td>
<td>23%</td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>22%</td>
</tr>
<tr>
<td>Substance Abuse Disorders</td>
<td>17%</td>
</tr>
<tr>
<td>Behavioral Disorders</td>
<td>15%</td>
</tr>
<tr>
<td>Alcoholics</td>
<td>15%</td>
</tr>
<tr>
<td>Anxiety Disorders</td>
<td>9%</td>
</tr>
<tr>
<td>Mood Disorders</td>
<td>9%</td>
</tr>
</tbody>
</table>

Results Q#6: From These Conditions, Which Ones Do You Feel Least Confident in Managing? (cont.)

Top 4 Conditions Least Comfortable Managing

- Psychotic Disorders: 38%
- Hoarding Disorders: 31%
- Personality Disorders: 23%
- Suicidal Behaviors: 23%

Correlation Between Conditions Least Comfortable Managing and Frequency of Encounters

<table>
<thead>
<tr>
<th>Conditions Encountered the Most</th>
<th>Conditions Least Confident Managing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotic Disorders</td>
<td>38%</td>
</tr>
<tr>
<td>Hoarding Disorders</td>
<td>31%</td>
</tr>
<tr>
<td>Personality Disorders</td>
<td>15%</td>
</tr>
<tr>
<td>Suicidal Behaviors</td>
<td>23%</td>
</tr>
</tbody>
</table>

Results Q#7: Which Challenges Have You Experienced in Your Field in Regard to Working With Behavioral Health?

- Intrusive family members or caregivers: 19%
- Attacked by patient: 20%
- Not enough supervision for the patient: 25%
- Guardianship and legal status issues: 29%
- Lack of knowledge of how to access resources: 29%
- Staff members have not received adequate training: 33%
- Providers do not know who to call in behavioral health crisis: 33%
- Lack of transportation services: 34%
- Patient runs out of medications: 39%
- No financial resources: 43%
- Working with involuntary patients: 54%
- Combative patients: 59%
- Not having a place for placement for the patient: 63%

Results Q#8: Have You Experienced Other Challenges not Mentioned in the Assessment?

Yes: 20%

No: 80%

Results Q#8: Other Challenges Listed

- Housing for homeless and domestic violence (2)
- Getting information from providers when people are in crisis
- Inappropriate use of petition process
- Lack of follow up by patients
- Case management is minimal
- Assisting youth who do not have capacity to hold a job and are not prepared to enroll in college
- Assessing capacity of elderly patients in the field
- Timeliness of response teams and updates regarding progress of placement of patients
- Patients looking for attention
- Patients and caregivers not knowing who to call during crisis instead of calling 9-1-1

Results Q#9: Rank Topics to Discuss in a Webinar (1=Least Preferred, 5=Most Preferred)

- Accessing Behavioral Health Resources: 4.12
- How to Facilitate Resources for Behavioral...: 4.06
- De-escalation training: 4.04
- Petition Education and Training: 3.92
- General Education on Specific Mental Health...: 3.62
- How to Improve Patient Engagement: 3.61
- Mental Health First Aid Training: 3.6
- Behavioral Health Language and Terminology: 3.58
- Compassion Fatigue/Vicarious Trauma Education: 3.32
- Empathy Training: 3.26

Only 1 point difference between most preferred topic and least preferred topic.

### Results Q#9: “Most Preferred” and “Somewhat Preferred” Responses Combined

<table>
<thead>
<tr>
<th>Training Area</th>
<th>Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>De-escalation Training</td>
<td>61</td>
</tr>
<tr>
<td>Accessing Behavioral Health Resources</td>
<td>59</td>
</tr>
<tr>
<td>How to Facilitate Behavioral Health Services</td>
<td>59</td>
</tr>
<tr>
<td>Petition and Education Training</td>
<td>51</td>
</tr>
<tr>
<td>How to Improve Patient Engagement</td>
<td>48</td>
</tr>
<tr>
<td>Information Session on Specific Mental Health Conditions</td>
<td>44</td>
</tr>
<tr>
<td>General Education on Behavioral Health Diagnoses</td>
<td>42</td>
</tr>
<tr>
<td>Mental Health First Aid Training</td>
<td>41</td>
</tr>
<tr>
<td>Behavioral Health Language and Terminology</td>
<td>35</td>
</tr>
<tr>
<td>Compassion Fatigue/Vicarious Trauma Training</td>
<td>32</td>
</tr>
<tr>
<td>Empathy Training</td>
<td>26</td>
</tr>
</tbody>
</table>

Results Q#9: Top 6 Topics

1. De-Escalation Training = 61
2. How to Facilitate Resources for Behavioral Health Services = 59
3. Accessing Behavioral Health Resources = 59
4. Petition Education and Training = 51
5. How to Improve Patient Engagement = 48
6. Information Sessions on Specific Mental Health Conditions = 44

Results Q#10: What Two Additional Topics Would You Like Covered in the Webinar Series?

- Interaction with behavioral health patients (3)
- Step-by-step instructions on non-emergent PAG petition process
- How to approach someone in crisis
- Earlier involvement at discharge
- Suicide and older adults
- Medical/legal considerations (rights of patients and providers) (5)
- How different psychiatric medications affect different patients
- How to recognize mental health problems
- How to work with first responders to divert ED calls
- Geriatric specific behavioral training
- Family counseling
- Information regarding what patient may experience at rehab center to better educate and answer questions
- Substance abuse and older adults
- Coping mechanisms for anxiety patients

Next Steps

• Develop a webinar calendar for 2017
• Total of 6 webinars (one every other month)
• Identify speakers
• Please write your response on evaluation to help us determine best time and day to provide webinars
  – Before 10 a.m., Lunch time (11 a.m.–1 p.m.), mid-afternoon (2–4 p.m.)
  – Best day
Data Overlap: Across Settings

<table>
<thead>
<tr>
<th>Hospital Audits</th>
<th>Community Needs Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>76% of patients 19–55 years old</td>
<td>67% of patients 18–55 years old</td>
</tr>
<tr>
<td>Top 2 diagnosis: Suicidal intent and anxiety</td>
<td>2 most frequently encountered conditions: Suicidal behaviors and anxiety disorders</td>
</tr>
</tbody>
</table>
West Valley Care Coordination Coalition

Community Resource Guide Workgroup

Dennette Janus, MA, LPC  
Director Fire Department  
Crisis Services

Jenna Burke, BS, CHES  
Quality Improvement Specialist  
Health Services Advisory Group
Thank You to Our Workgroup Members!

- Dennette Janus, Crisis Preparation and Recovery
- Miriam Davis, Abrazo Health
- Jesus Rivera, Surprise Fire Department
- Jerry Kaster, In Home Care Alliance
- Greta Mang, Crisis Response Network
- Kristina Bunch, Goodyear Police Department
- Chuck Dorman, AZ Health-e Connection
- Beth Scully, AZ Health-e Connection
- Jayme Pina, AZ Health-e Connection
Co-Chair: Dennette Janus, MA, LPC, Director, Fire Department Crisis Services, Crisis Preparation and Recovery, Inc.

**Scope:** To develop a catalog of resources that guides healthcare providers and first responders to the behavioral/mental health resources that are available. This committee will determine: table of contents; categories of services; conduct internet searches, interviews, and assessments to learn of existing resources available, and format that information into a user-friendly resource.
# Community Resource Guide Workgroup

<table>
<thead>
<tr>
<th>What</th>
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<tbody>
<tr>
<td>Community Resource Guide Workgroup kick-off event</td>
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<td>Community Resource Guide Workgroup meeting</td>
<td>July 26, 9–10:30 a.m. ✓</td>
</tr>
</tbody>
</table>
What We Found

• Many resource guides already available
• Finding resources takes time
• Issues:
  – Lack of awareness of current resources
  – Lack of knowledge about content and/or how to use the existing resource guide
  – No one singular pathway to find resources
Disclaimer

Health Services Advisory Group (HSAG) does not endorse or recommend any products, processes, or services. HSAG is providing links and sharing resources only for the convenience of the community and providers. HSAG is not responsible for the availability or content of these external sites, nor does HSAG endorse, warrant, or guarantee the products, services, or information described or offered at these other sites.
www.211arizona.org

Arizona 2-1-1 Community Information and Referral Services. Statewide resources for all populations

- Caregiver
- Family services
- Health and dental care
- Food/meals
- Housing services
- Mental health/counseling
- Senior services
- Support groups
www.findhelpphx.org

Resources in Maricopa County for all populations

• Mental health/addictions
• Healthcare
• Food/clothing
• Senior services
• Transportation
Substance Abuse and Mental Health Services Administration (SAMHSA)—find treatment tool

• Online tool that provides a list of mental health facilities in your area as well as a brief summary of the type of services and insurance accepted for each facility

• Search by ZIP code, county, type of service, or distance
Provider Tool

https://therapists.psychologytoday.com/rms/state/Arizona.html

Psychology Today

• Online tool to find mental health providers and their contact information in your area

• Search by specialty, city, insurance, age, sexuality, language, faith, or treatment orientation
• Mercy Maricopa Integrated Care—Regional Behavioral Health Authority for Maricopa County and parts of Pinal County

• Services: Wide network of providers that offer behavioral and physical health care, peer support, family-run services, crisis intervention, substance abuse, and suicide prevention.

• Population:
  – Adults and children with behavioral health or substance abuse issues who qualify for Arizona Health Care Cost Containment System (AHCCCS)
  – Adults with serious mental illness (SMI) determination, regardless of whether they qualify for AHCCCS
  – Anyone in Maricopa County who is experiencing a behavioral health crisis
https://www.mercymaricopa.org/community-guide

- Community Guide (PDF format) includes topics such as:
  - Aging and disability
  - Arizona Department of Health Services
  - Arizona Behavioral Health Corporation
Area Agency on Aging (AAA), Region 1 is a nonprofit organization that offers a large variety of programs and services that enhance the quality of life for residents of Maricopa County.

Target population:
- Adults 60 years of age and older
- Adults aged 50 and older with special needs
- Adults aged 18 and older with disabilities and long-term care needs
- Persons of all ages who have a diagnosis of HIV/AIDS
Arizona Self Help

www.ArizonaSelfHelp.org

- Website for community members to use to see if they qualify to receive help from 40 different health and human services programs.

- One stop access to:
  - Program list and descriptions
  - Contact information
  - List of items you may need to bring to an eligibility interview
  - Program applications
Arizona Community Action Association

• Arizona Community Action Association is a nonprofit agency that unites communities throughout the state to end poverty through community-based initiatives and solutions

  – Helps individuals and families move toward financial independence by providing access to programs that encourage self-sufficiency and help people move out of poverty

• Community guide (PDF)
Additional Websites with Resources

1. Arizona Department of Economic Security
   www.des.az.gov
2. The Judicial Branch of Arizona
   www.superiorcourt.Maricopa.gov
3. National Alliance of Mental Illness
   www.namivalleyofthesun.org
4. American Psychiatric Association
   www.healthyminds.org
5. Mental Health of America of Arizona
   www.mhaarizona.org
6. National Mental Health Association
   www.nmha.org
Community Resource Interactive Session

1. Each team has been assigned a scenario and a resource guide
2. Review the scenario provided at your table with entire group
3. As a team, use the resource guide assigned to your table to find the resources that will address the need of your scenario
During Your Table Assignment, Answer These Items:

• Before this meeting, did you know this community resource guide was available?

• Were you able to find the resources needed for your scenario? If so, what resource did you select?

• Before this meeting, did you know these resources within that specific resource guide were there?
Community Guide Scenario

• 27-year-old male Marine combat veteran with post-traumatic stress disorder (PTSD) and substance abuse concerns who shot his gun off in his apartment when considering shooting himself today—no one was hurt.

• He is willing to go to inpatient care for safety, support, and stabilization, as he has before.

• He has a certified service dog that he is allowed to take inpatient to some facilities, but also has a childhood non-service dog he will not leave at home alone.

• He is from New Mexico and has had family/friends take care of his dog in the past. He has no local supports to take the dog for him while he is an inpatient and the patient cannot be left at home with existing risk factors/today's behavior.

• You do NOT want to petition him if it is avoidable.

• Need: a safe low-cost place for his dog to be taken care of until his release from inpatient.
Community Resource Guide Findings

• Four Primary Guides
  1. 211Arizona.com
  2. Findhelpphx.com
  3. Mercy Maricopa Community Guide
  4. Arizona Community Action Association
     People’s Information Guide

• Online resources are the most efficient way to keep information current

• Continuing to look for additional resources and guides to help make finding resources less daunting
We Do Not Have all the Answers

• Behavioral health is new (to HSAG), is changing, still learning new best practices to treat and manage conditions
• Requires creative brainstorming
• Requires system and policy change
Overall National Ranking—Arizona is 51 of 51

Ranking based on prevalence of mental illness and access to care

- Yellow states—lowest prevalence of mental illness and higher rates of access to care
- Purple states—higher prevalence of mental illness and lower rates of access to care
- States with the highest prevalence of mental illness and lowest rates of access to care:
  - Arizona (ranked 51/51)
  - Mississippi (50/51)
  - Nevada (49/51)
  - Washington (48/51)
  - Louisiana (47/51)

Source: Parity or Disparity: The State of Mental Health in America, 2015, MHA.
National Ranking: Need vs. Access

Need
AZ ranked 40th

Access
AZ ranked 46th

Source: Parity or Disparity: The State of Mental Health in America, 2015, Mental Health America (MHA), formerly the National Mental Health Association
Successes to celebrate:

- Community structured developed through Behavioral Health Summit
- Paradigm shift toward integrated care
- Raising awareness about the community impact that behavioral health is having
- Providing education through summit presentations sharing data and resources
- Breaking the silos between all providers (first responders, medical hospitals, behavioral health hospitals, community organizations)
Next Steps

• 2017 Education Calendar—will be developed with flyer sent to participants

• Resource Guide slides will be distributed to participants so online links will be accessible. Slides will also be available at: www.hsag.com/wvccc-bh-summit/

• Diversion Workgroup will develop pilot program, implement, and evaluate results
Next Steps (cont.)

• Behavioral Health Steering Committee will meet this fall to discuss ongoing 2017 Behavioral Health Meetings

• Identify possible hand-off organization since there is not a large Medicare population (HSAG is solely funded by Medicare)
Evaluations Feedback

- Goal is 85%

![Behavioral Health Summit Evaluation Completion Rate](image)

- Completion Rate:
  - February: 81%
  - March: 93%
  - August: Goal

- 2016 Behavior Health Summit Evaluation Completion Rate
Thank you!

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This material was prepared by Health Services Advisory Group, the Medicare Quality Improvement Organization for Arizona, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication No. AZ-11SOW-C.3-08152016-01