



MEMORANDUM

Date: February 26, 2013

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator 

Re: **Crisis Response Center Annual Report**

When Pima County asked voters to approve bond packages in 2004 and 2006, we recognized that the resultant construction of a new psychiatric hospital and crisis center at the Kino Campus would create a place for a more integrated crisis, behavioral health and medical system. The system was envisioned to offer a "one-stop," easily accessible center committed to meeting the medical and behavioral healthcare needs of our community. Through partnerships and lease agreements, Pima County has ensured the successful operations of these facilities for the people of Pima County.

Section 8.3 of the lease between the Community Partnership of Southern Arizona, Inc. (CPSA) and Pima County, which enables CPSA to operate the Crisis Response Center (CRC) on the Kino Health Campus, specifies requirements for an Annual Report. This Section states that a written report shall be submitted to the County Administrator and members of the Board of Supervisors regarding the status of the CRC, including its financial condition, the services being offered, and any significant events or accomplishments since the previous report. In addition, CPSA is to outline the economic benefit that can reasonably be expected to accrue to individuals residing in the surrounding community as a result of the CRC's operations.

Attached is the first Annual Report, which describes the operations of the facility from opening day in August 2011 through September 2012. Key findings of the Annual Report indicate the following:

- The CRC is financially solvent.
- Crisis behavioral health services for adults and children are achieving the goals envisioned for the facility, which are to reduce incarceration of individuals with mental illness and/or substance use issues, reduce Emergency Department visits and psychiatric hospitalizations, reduce disruption of children/youth from home/community, improve client outcomes and reduce recidivism.
- Required program service components, such as the call center, mobile acute crisis teams, crisis stabilization services, sub-acute inpatient care for adults, secure and rapid law enforcement/first responder transfers, nonemergency crisis transportation

The Honorable Chairman and Members, Pima County Board of Supervisors
Re: **Crisis Response Center Annual Report**
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- services and peer support are successfully operating.
- The CRC received full accreditation from the Joint Commission on Accreditation of Healthcare Organizations.
- Individuals have access to integrated medical and behavioral healthcare through collaboration between CPSA and The University of Arizona's Department of Family and Community Medicine.

Pima County's goal to identify operators of services who will deliver the highest standard of integrated care is clearly fulfilled. As demonstrated in the attached Annual Report, in a very short period of time, the CRC has become a national model for crisis care.

CHH/mjk

Attachment

- c: Janet Leshner, Deputy Pima County Administrator, Medical and Health Services
Danna Whiting, Pima County Behavioral Health Administrator
Neal Cash, President and Chief Executive Officer, Community Partnership for Southern Arizona



Crisis Response Center

Annual Report to the Pima County
Administrator and Board of Supervisors

2012

With Community Partnership of Southern Arizona's new Crisis Response Center, the nearby Desert Hope detox center, and the Behavioral Health Pavilion, operated by the University of Arizona Health Network, Pima County now has the most comprehensive, coordinated and accessible crisis-care system in the U.S.

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1. Introduction

Community Partnership of Southern Arizona (CPSA) is dedicated to meeting the behavioral health crisis care needs in Pima County. This annual report will demonstrate how the Crisis Response Center has become an important resource, not just for individuals experiencing a behavioral health crisis and their families, but for local law enforcement and hospital emergency departments (EDs). The report covers the period from Aug. 15, 2011, when the facility opened, through Sept. 30, 2012.

Individuals in crisis because of mental illness and/or substance use need no longer end up in jail or EDs, but instead are linked with the public behavioral health system through the CRC.

The CRC opened its doors at a critical time for Pima County and its citizens. The tragedy of January 8, 2011, was fresh in everyone's mind, and local news was focused intensely on the community's mental health safety net. At the same time, tens of thousands of individuals, including many with a serious mental illness, lost ongoing treatment and support services because of state budget cuts, increasing their chances of experiencing a behavioral health crisis.

Thanks to ongoing collaboration with Pima County administration, the University of Arizona Health Network (UAHN), the UA College of Medicine, law enforcement, courts, CPSA members and their families, and other stakeholders, the CRC is now the center of a comprehensive crisis care system that is drawing attention across the U.S.

The CRC's role includes:

- Triaging individuals in crisis and "directing traffic" to the most appropriate facility in the community;
- Diverting non-violent mentally ill adult or youth offenders from jail or detention into the public behavioral health system;
- Diverting persons in crisis from already crowded hospital EDs when behavioral health services are a more appropriate option for the individual;
- Integrating care when medical complications are involved, by linking with the nearby UA Medical Center – South Campus (UAMC-SC) hospital and ED; and
- Mobilizing resources and ensuring coordination after discharge through co-location of community services and on-site personnel responsible for discharge planning.

From its opening in August 2011 through September 2012, the CRC:

- Provided crisis stabilization services to almost 13,000 individuals in Pima County,
- Significantly decreased law enforcement's custody transfer time and
- Facilitated 2,728 transfers from hospital EDs to the CRC. (Given the media attention about the CRC, it's likely that many more individuals bypassed EDs entirely to come directly to the CRC.)

These and other accomplishments detailed in this report demonstrate the significant impact of this facility, both for individuals receiving services and the community at large.

"The Crisis Response Center is the product not only of great design and execution, but of one community's efforts to do the right thing and do it well."

– Behavioral Healthcare Magazine,
July/August 2012

2. Background

CPSA is the state-contracted Regional Behavioral Health Authority that since 1995 has administered publicly funded mental health and substance use services for children, adults and their families in Pima County. Founded and based in Tucson, CPSA contracts with Comprehensive Service Providers (CSPs) to provide ongoing care to approximately 30,000 adults and children at any given time.

As part of its state contract, CPSA is charged with providing stabilizing care to anyone in Pima County experiencing a behavioral health crisis, regardless of their income or ability to pay. Since July 2010, CPSA also holds the contract to provide court-ordered evaluations for Pima County.

In 2005, members of the behavioral health, medical and criminal justice communities, in conjunction with local government, recognized the need for expanded and coordinated psychiatric crisis services in fast-growing Pima

County. Subsequent increased demand on the public health care system and reductions in the state's behavioral health funding made the need for a cost-effective, responsive crisis care system even more critical.

The vision for the crisis facility was developed in response to the strain on Pima County's health care and law enforcement systems from the increasing numbers of individuals with mental illness and/or substance use disorders. Many people in crisis were routinely taken to hospital EDs or jail by law enforcement, due to a lack of facilities designed specifically for behavioral health crises and/or lack of awareness about alternatives. In addition, the presence of behavioral health patients and patients with immediate medical needs in EDs disrupted care for both groups and further taxed the emergency health care system. A similar situation existed in the Pima County jail.

CPSA's collaboration with Pima County officials, UAHN and the UA College of Medicine facilitated creation of two new behavioral health care facilities, the CRC and UAHN's Behavioral Health Pavilion (BHP). These state-of-the-art facilities were created with input from behavioral health and medical care systems, law enforcement, families and potential consumers to ensure they best met the community's needs.

In 2006, bond packages totaling \$54 million for the new facilities were approved by more than 60 percent of Pima County voters. The CRC and BHP opened in August 2011.

With availability of these new resources, CPSA initiated a reorganization of its crisis care system to provide coordinated, cost-effective and comprehensive behavioral health crisis services in accessible and strategically located facilities. Facilities include the CRC, operated for CPSA by the Crisis Response Network of Southern Arizona (CRN/SA); Southern Arizona

"The new psychiatric facilities, set in motion by wise Pima County voters, have great potential to reinforce and secure the safety net that thousands in our community need."
– Arizona Daily Star editorial, May 11, 2011

"I am very supportive of the work done by the Community Partnership of Southern Arizona in terms of addressing addiction and other mental health issues from a systemic perspective. The services for people battling addiction and mental health crises are heading in a positive direction for all people within Pima County."
– Clarence Dupnik, Pima County Sheriff
"The Community Connection" newsletter, Fall 2011

Mental Health Center’s (SAMHC) walk-in crisis care center in midtown Tucson; and Compass Health Care’s Desert Hope detoxification center near the CRC. Facilities specifically for children/youths include Sendero de Sonora for short-term crisis stabilization and Intermountain Centers for Human Development for crisis respite and intensive, longer term services.

3. Status of the Crisis Response Center

3a. Financial condition

CPSA requires in its contract that CRN/SA, as the provider operating the CRC, provide a monthly financial statement related to its financial status, as well as an annual agency financial audit. Details on CRN/SA’s annual audit may be found in Attachment A.

The financial statement from CRN/SA notes its ability to meet current and future financial and service obligations. CPSA reviewed the audit and several ratios related to financial status, as detailed in Figure 1 below.

In Figure 1, “current ratio” measures a company’s ability to pay short-term obligations with its short-term assets; CPSA’s standard requirement is 1:1. “Defensive interval” measures how many days a company can operate in the absence of cash flow; CPSA’s standard requirement is 30 days. CRN/SA meets both these ratios for compliance with its CPSA contract.

Figure 1. Summary of financial information from the CRN/SA audit

CRN/SA Financial Summary	Audit
As-of date	06/30/12
Statement of financial position	
Cash equivalents	\$3,549,005
Current assets	\$3,572,517
Total assets	\$3,754,409
Current liabilities	\$3,101,174
Total liabilities	\$3,101,174
Total net assets	\$653,235
Statement of activities	
Total revenue	\$16,330,869
Total expense	\$15,677,634
Change in net assets	\$653,235
Depreciation	\$78,953
Analysis	
Current ratio	1.15
Defensive interval	83 days
Change in net assets to revenue	4%

As described throughout this report, the CRC provides a robust array of services, focused on resolving the crisis in the most clinically appropriate and cost-effective manner. The CRC is a 24/7/365 facility that must deliver services to anyone presenting in crisis. CRN/SA is demonstrating its ability to meet operational standards for providing this service, for both clinical/program and financial requirements. As described above and in the audited financials, CRN/SA is currently meeting the financial obligations to provide each of its contracted service delivery components as described in Section 3b. "Services offered." The service delivery data reports in Section 3c. "Accomplishments and significant events" further demonstrate CRN/SA's ability to meet these obligations.

3b. Services offered

The overarching goal for the CRC is to provide a safe, accessible, healing environment that promotes the recovery and well-being of individuals experiencing a behavioral health crisis and their families.

In designing the CRC and its services, CPSA and its stakeholders held to the vision of providing a full spectrum of crisis care and related services in an environment as home-like and supportive as possible, to make an often distressing and confusing situation a little less so for the individual and family. All services are delivered from a philosophy of recovery and resiliency rather than focusing only on what's "wrong" with the person.

CPSA and its stakeholders held to the vision of providing a full spectrum of crisis care and related services in an environment as home-like and supportive as possible.

The CRC focuses on crisis behavioral health services for adults and children/youth to:

- Reduce incarceration of individuals with mental illness and/or substance use issues;
- Reduce ED visits and psychiatric hospitalizations by preventing further progression of a crisis situation;
- Reduce disruption of children/youth from home/community;
- Improve client outcomes; and
- Reduce recidivism.

The CRC provides assessment, stabilization and treatment to individuals in crisis who do not require emergency medical nor acute psychiatric care. To best integrate care, the CRC is staffed with UAMC-SC medical personnel and professional staff from CRN/SA. Community partners including consumer-run and advocacy agencies are co-located in the two-story center to facilitate access to community resources, expedite discharge and help individuals transition back to the community.

"Pima County's new innovative mental health center is destined to change the practice of behavioral healthcare."
– Behavioral Healthcare magazine,
May/June 2011

Program service components at or through the CRC include:

CRC call center: Managed by CRN/SA and staffed with trained crisis staff, the call center serves as the first contact for the majority of individuals in crisis and coordinates crisis services throughout the community. Individuals, family members, community members and first responders may utilize the call center 24/7/365 from anywhere in Pima County, via local and toll-free numbers.

The call center tracks availability of resources such as hospital beds, triaging calls to appropriate resources within CPSA's crisis response system or to other providers, depending on the needs of the individual. In addition, the call center dispatches Mobile Acute Crisis (MAC) Teams and non-emergency transportation, and coordinates services for persons in need of detoxification.

MAC Teams: When call center staff members determine assistance is needed at the site of the crisis, they dispatch a MAC Team to provide assessment and triage. Within one hour of dispatch these two-person teams respond to the individual's home or other community setting and provide on-site crisis stabilization services. Many times these teams can meet the individual's needs, avoiding use of the CRC and/or ED.

SAMHC provides MAC services via five teams of master's-level behavioral health specialists available 24/7/365. MAC Teams respond to about 200 calls each month, almost half in support of law enforcement.

Crisis-stabilization services for adults: The CRC's crisis stabilization and observation services, offered 24/7/365, are designed to restore the individual's level of functioning and enable a return to the community. While in the crisis stabilization unit, the individual is continually assessed to determine progress. Based on these assessments, staff completes a treatment plan with the adult to address the current crisis. Crisis-stabilization services are available for up to 23 hours.

Care provided in this unit may include medication services with a behavioral health medical provider, crisis intervention and stabilization, peer and family support, coordination with co-located CSP staff, and/or referrals to community resources.

Most individuals are able to resolve their crisis in 23 hours or less in the crisis stabilization unit.

At discharge, each individual has pre-arranged follow-up care either through the CSP, peer-support agencies or other community resources.

Subacute inpatient care for adults: The subacute unit provides 15 beds for adults who require more time and assistance to get through their crisis, for stays of one to five days.

Services provided in this secure treatment program include 24-hour nursing supervision, on-site/on-call medical services and an intensive behavioral health treatment program. Treatment services focus on the crisis that brought the person to the CRC, development of follow-up services and identification of additional coping mechanisms to prevent further crises. Coordination of care with co-located CSP staff and/or linkage to community resources are also part of the services.

Crisis stabilization services for children/youths: CPSA was committed to ensuring that crisis services for children/youths would be included in development of the CRC. Before the opening of this facility, many children/youths experiencing a behavioral health crisis were sent to hospitals or juvenile detention.

An array of intensive therapeutic services focused on children and their families are now available at the CRC, provided by trained crisis staff – professional, medical and/or peer/family – with expertise in working with youths in crisis. The focus is on stabilizing the child/youth, diverting him or her from detention and/or avoiding the need for a higher level of care such as inpatient hospitalization.

Children/youths can stay at the CRC up to 23 hours, after which they are discharged to home, a community placement or, when necessary, a higher level of care. As described in Section 2. “Background,” the additions of enhanced child/youth-focused services has proven beneficial for this population.

Law enforcement/first responder transfers: Secure and rapid transfer of custody for law enforcement and first responders was a primary goal for the CRC.

A special sally port was integrated into the building design to facilitate transfers, with officers or first responders able to drive into a secure-access area to safely and quickly transfer persons needing crisis services. The CRC also provides work areas where these personnel can complete paperwork and make phone calls as needed.



The secure sally point at the CRC has reduced custody-transfer time from hours to minutes.

The response to this resource from all area law enforcement has been extremely positive. CPSA maintains regular communication with law enforcement to ensure any issues are immediately resolved.

Non-emergency crisis transportation services: Individuals who do not require use of an ambulance can obtain non-emergency transportation to the CRC or, when discharged, from the CRC to a higher-level facility, specialized care or their home or residence. This service, available 24/7/365, is crucial for persons needing crisis services. Many times individuals need transportation assistance to go back to their homes.

One component implemented as a CRC service was two-person crisis transportation through a contracted provider, rather than relying on more costly ambulance services meant for a higher level of need.

Supportive Peers Assisting as Navigators (SPAN): Beginning in July 2012, CPSA contracted with the peer-run agency Helping Ourselves Pursue Enrichment, Inc. (HOPE, Inc.) to provide 24/7/365 recovery-oriented peer support and community navigation services for Pima County residents at the CRC.

HOPE staff focuses on supporting individuals and their families, including visiting participants while they access crisis services. HOPE staff is able to work with all individuals, including those who are not already connected to a CSP, and ensure a smooth transition for the individual after discharge from the CRC.

SPAN staff provides peer support throughout recovery, relapse episodes and during discharge/transition planning. SPAN staff collaborates and coordinates with crisis services staff

for release/discharge planning, which includes providing information to individuals on guidelines for obtaining entitlements and ways to build an individualized, community-based support system and recovery action plan.

Co-located CSP staff: Each of CPSA's adult serving CSPs has staff co-located at the CRC 24/7/365. As detailed in Section 4b. "Access to broader health-care services," CSP staff provides real-time clinical information on individuals already enrolled in the CPSA care system. This information is critical for a complete and thorough crisis assessment, and includes information on medications, services and prior crisis planning. Co-located CSP staff meets with the enrolled member and the family, providing a familiar link to the outpatient service provider. CSP staff works with the CRC, the individual and the family for a successful transition back to the community.

The volume of CPSA-enrolled children/youths presenting in crisis at the CRC does not require 24/7/365 co-located CSP staff. Alternatively, each children's CSP is required to have someone on-call 24/7/365 to respond to calls from the CRC. Staff members are required to be on-site within one hour when needed.

Many of these youths have complex behavioral health crisis needs. They also may be involved with other systems, such as Child Protective Services (CPS), the Division of Developmental Disabilities and/or the Pima County Juvenile Court Center. On-call CSP staff electronically and securely sends in clinical information on the youth. These staff members also are involved with discharge planning on-site at the CRC.

The presence of fulltime clinical provider staff at the CRC and the ability to have on-site children's staff is another example of the CRC's unique and comprehensive service model.

Co-location of HOPE Warm Line: HOPE, Inc., has operated a phone "warm line" for many years, for individuals not in crisis but in need of support and information. In March 2012, HOPE's warm-line staff re-located to the CRC call center, allowing a seamless interface with crisis line staff. When individuals call the crisis line and are determined to need only non-crisis support, call center staff makes a "warm transfer" to one of HOPE's warm-line staff. (A warm transfer involves the crisis call staff transferring the caller to HOPE warm-line staff and making certain the connection is made.)

The goal of HOPE's warm-line team is to connect individuals to community resources and help them identify and nurture natural supports. As peers, warm-line staff members also are able to support personal advocacy and recovery goals, based on their own successes and struggles.

The integration of clinical staff from CPSA's Comprehensive Service Providers, peer-support staff from HOPE, Inc., and advocates from NAMI Southern Arizona are examples of the CRC's unique and comprehensive service model.

Co-location of National Alliance on Mental Illness (NAMI) Southern Arizona: In developing the CRC, a primary goal was to ensure the facility was firmly oriented toward recovery, advocacy and support. NAMI Southern Arizona has a long history of providing family advocacy and support to both adults with mental illness and children/youth with behavioral health conditions. NAMI Southern Arizona staff is co-located at the CRC and available to meet with families, provide information on community resources and the services offered by NAMI and – most importantly – listen to their needs and concerns. This service, too, is unique for a crisis care facility.

Court-ordered evaluations for civil commitment: In July 2010, CPSA became the contract administrator for the Countywide Behavioral Health Crisis System Administration contract. CPSA's primary responsibility under this contract is to provide administration and oversight of Pima County's statutory responsibilities for court-ordered evaluations.

In October 2010, CPSA implemented a new diversion and transfer process for persons under an Application for Emergency Admission for Evaluation. This new process benefited all County residents by improving services and easing demand on other community resources such as EDs.

When the CRC opened, it became an integral part of this process. Because its licensure includes the authority to provide court-ordered evaluation and treatment services, the CRC gave law enforcement a single, secure and time-effective way to transfer persons in need of Emergency Admission for Evaluation.

Co-location of CSP staff at the CRC significantly benefits CPSA-enrolled individuals early in the involuntary evaluation process. CRC staff coordinates care with the person's CSP upon admission and discharge. If the individual is not enrolled with CPSA, CRC staff coordinates discharge planning with SPAN, to help individuals and their families receiving crisis services after discharge at the CRC, UAMC-SC, Palo Verde Hospital and other Level I facilities.

When a person does require court-ordered evaluation, CPSA's transfer process enables the CRC, hospital EDs and medical units to transfer the individual to the appropriate evaluation agency by working with call center staff members, who coordinate information required for the transfer.

The CRC also serves approximately 20-25 persons each month whose outpatient court-ordered treatment plan has been revoked to inpatient status. In those cases, CRC staff determines whether admission to a Level I facility is warranted and coordinates care with the person's CSP upon admission and discharge.

3c. Accomplishments and significant events

The CRC has experienced a great deal of success since opening in August 2011 – in its operations and partnerships, in the number of people accessing crisis services and diverted from EDs and jail, in the national attention it has drawn, and in the community and news-media interest in this new resource.

As of September 2012, the CRC had served 12,840 adults and children – an average of 917 individuals a month.

From August 2011 through September 2012, the CRC served 12,840 adults and children – an average of 917 individuals a month.

The number of individuals accessing crisis services in the CPSA network dramatically increased during the CRC's first year of operation. Some examples from this reporting period:

- Calls to the Community-Wide Crisis Line housed at the CRC increased from 8,113 in August 2011 to 10,633 in September 2012. In August 2012, call volume reached a high for this period of 11,347.

- The number of adults accessing services at the CRC increased from 493 in its first full month of operation, September 2011, to 855 in September 2012. Utilization reached a high point of 985 adults in July 2012.
- The number of youth seen at the CRC increased from 72 in September 2011 to 170 in September 2012. A total of 201 youth were seen in May 2012, the highest number in this reporting period.

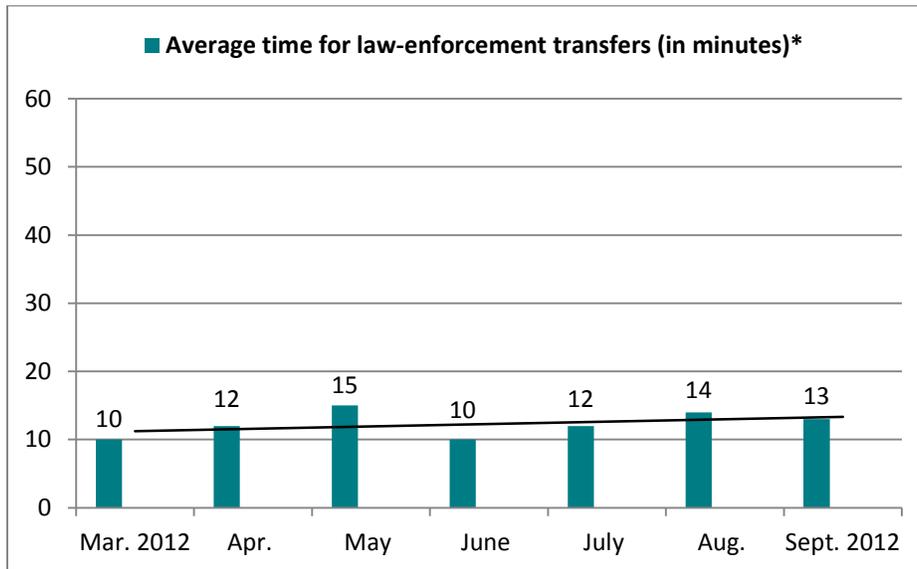
The information below gives details about the CRC’s accomplishments in providing a range of crisis services, demonstrating how it meets the need for crisis care in Pima County.

Impact on law enforcement: Custody transfers to the CRC have consistently been completed within the targeted 15-minute monthly average. In March and June 2012, the average time dropped to 10 minutes. Previously, law enforcement officers described spending hours in EDs waiting for patients to be cleared.

Law enforcement has made 4,863 custody transfers since the CRC’s opening. These individuals otherwise would have gone to the jail or ED.

Since August 2011, there have been 4,863 law enforcement transports to the CRC. These individuals otherwise would have gone to the jail or ED.

Figure 2. Average time in minutes for law-enforcement custody transfers



* Data for previous months not available

Court-ordered evaluations: The CRC served 1,666 individuals under Application for Emergency Admission for Evaluation in this reporting period. Without the CRC, these individuals would have begun the involuntary evaluation process in EDs.

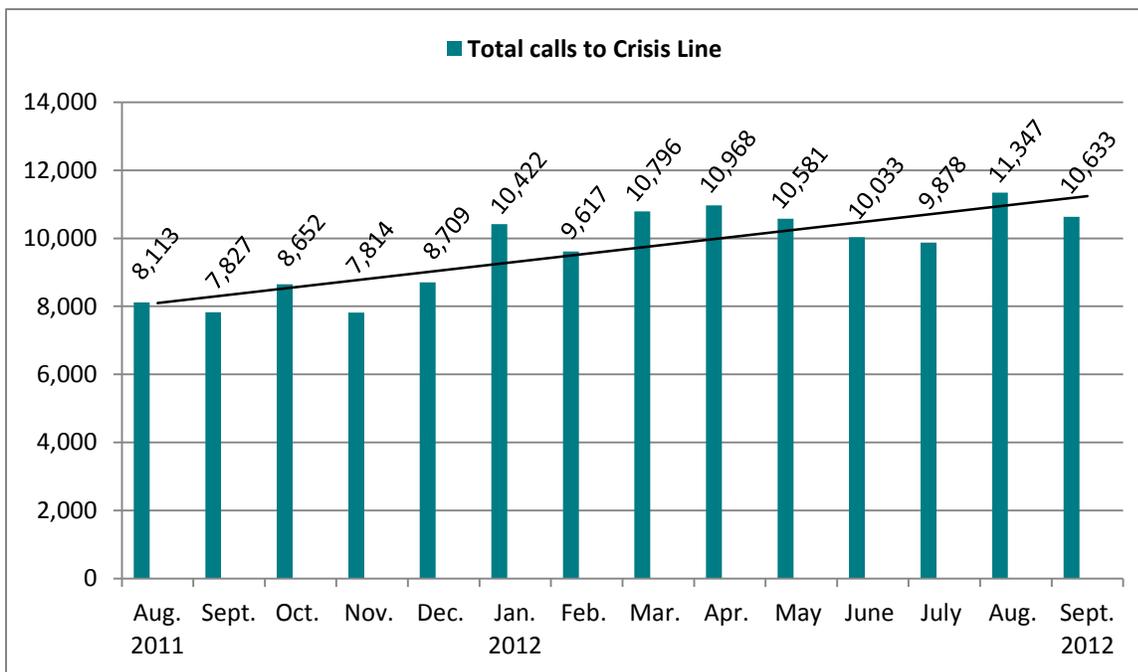
CPSA met its objective to divert persons under an Application for Emergency Admission for Evaluation to appropriate, clinically indicated crisis services at the CRC. Doing so reduced the number of people admitted for court-ordered evaluation when less-intense and -restrictive services could meet the individual’s needs.

In this reporting period, 56 percent of those arriving at the CRC under an Emergency Application for Admission – 936 people – did not need court-ordered evaluation after receiving crisis services at the CRC. Instead, individuals were diverted to community services or voluntary services in a Level I facility, resulting in a significant cost savings for Pima County.

Services at the CRC helped divert 56 percent of individuals under Emergency Application for Submission to community services or voluntary care, resulting in a significant cost savings for Pima County.

Community-Wide Crisis Line and call center. The increase in crisis line calls noted above is partly because many individuals lost access to comprehensive health care after the state cut services. Other factors in the increase were enhanced communication and coordination with first responders and other community providers, and the heightened awareness from the many news reports including crisis-line information.

Figure 3. Number of calls to CPSPA’s Community-Wide Crisis Line



Without the CRC call center, more than 10,000 additional calls would have gone to 911 operators and hospital switchboards. In addition, these calls are answered by people with the specialized knowledge, training and ability to respond to callers’ behavioral health needs.

As demonstrated above, the crisis line took a total of 135,390 calls in this reporting period. At least 95 percent of all crisis calls were stabilized in the community rather than using more intense and costly resources such as a psychiatric facility.

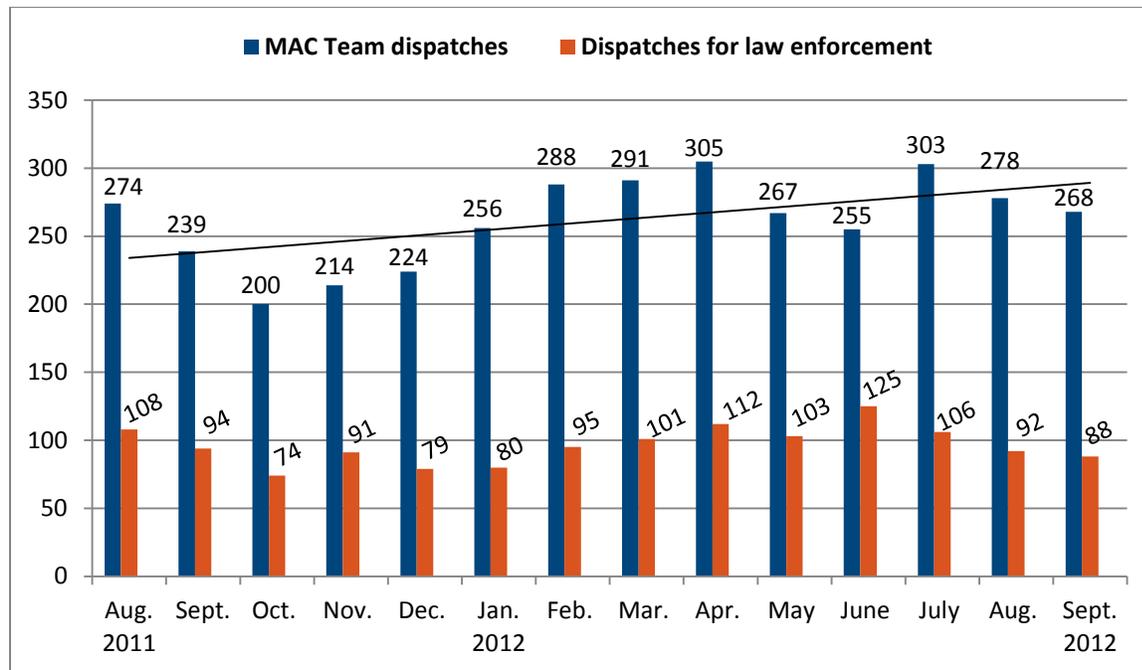
The professionals at the Community-Wide Crisis Line were able to resolve at least 95 percent of calls via phone counseling, avoiding the need for more costly face-to-face care.

MAC Teams: MAC Teams responded to at least 200 incidents each month – as many as 305 in April 2012 – for a total of 3,662 dispatches in this reporting period.

Law enforcement informed CPSA they felt MAC Teams were not always responsive to their needs, in part due to response time in arriving at the crisis location, and their confidence that the MAC Team could meet the person's needs, allowing the officer to depart to respond to other calls.

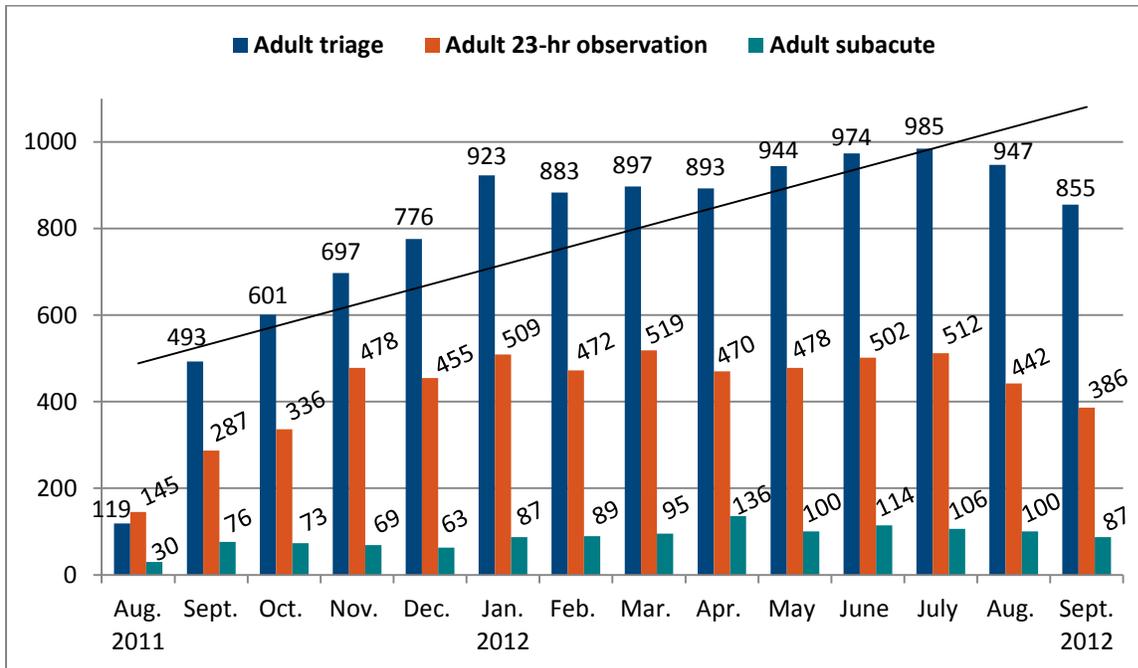
As a result, CPSA increased the number of MAC Teams from one to five dedicated teams available for crisis response 24/7/365. Through communication with CPSA, CRN/SA and SAMHC, MAC Team dispatches for law enforcement now average almost 100 per month. MAC Teams were dispatched for law enforcement more than 1,348 times in this reporting period.

Figure 4. Number of Mobile Acute Crisis Team dispatches



Adults receiving services at the CRC: More than 11,000 adults were seen at the CRC during this reporting period. As the data show, the number of adults presenting at the CRC between August 2011 and September 2012 (shown as “adult triage” in Figure 5) indicates a steep upward trend.

Figure 5. Number of adults receiving services at the CRC



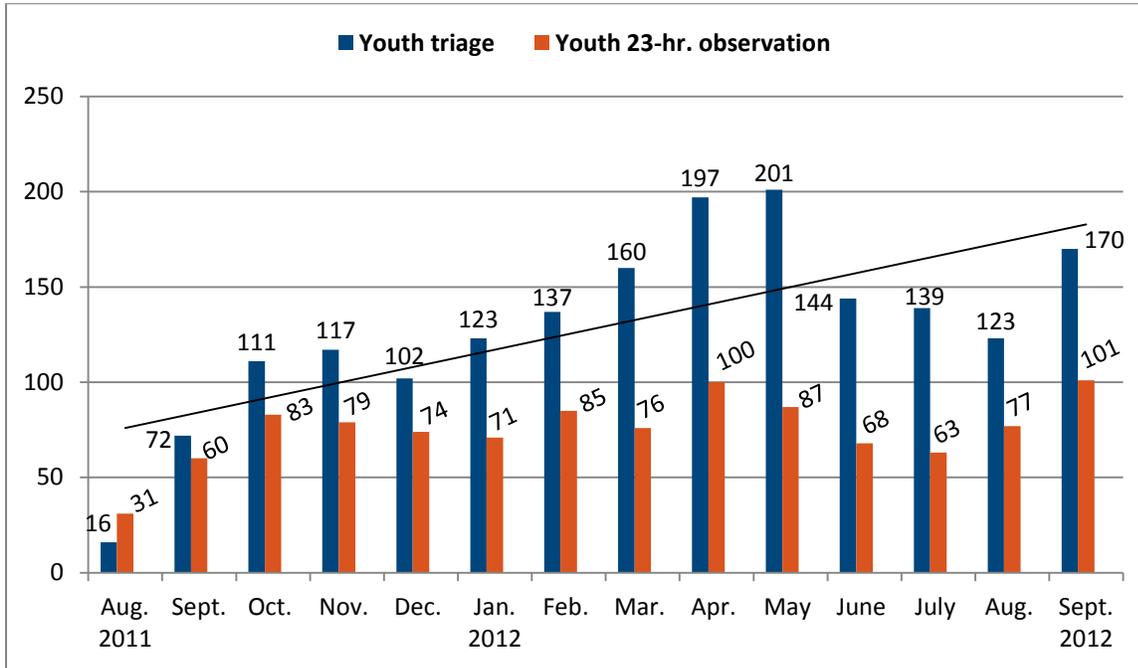
As the data above demonstrate, the majority of adult crises were resolved without the need for 23-hour crisis-stabilization services. The number of people requiring additional subacute services comprised only a small percentage of the overall total. This indicates most individuals worked with CRC staff to resolve their crisis in the least restrictive and most recovery-focused level.

Another indication is that the percentage of adults able to return to the community after crisis stabilization (vs. proceeding to more intensive and costly services) increased from 68 percent in August 2011 to 80 percent in September 2012.

The percentage of adults able to return to the community, rather than needing more intensive and costly services, increased from 68 percent in August 2011 to 80 percent in September 2012.

Children/youths receiving services at the CRC: More than 1,800 children/youths accessed services at the CRC in this reporting period, as shown in Figure 6. The number of youths receiving crisis services increased in most months.

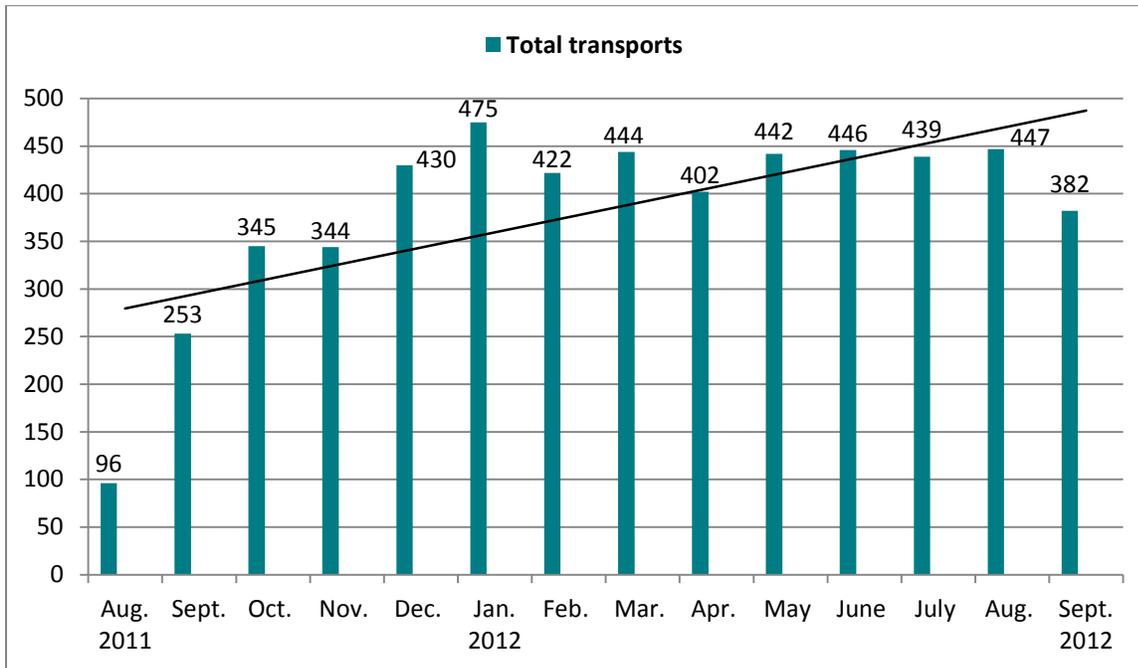
Figure 6. Number of children/youths receiving services at the CRC



Due, in part, to the complex needs of most children/youths accessing crisis services, the trend for individuals needing up to 23 hours of crisis stabilization increased. A contributing factor is the increased number of children/youths removed from home by CPS. These children/youths lack family support and living arrangements that could help them resolve their crises more effectively. Even with those types of situations, the percentage of children/youths able to safely return to the community increased, avoiding the need for more intensive and costly services.

Non-emergency transportation is available 24/7/365 through CPSA’s Community-Wide Crisis Line and, as shown in Figure 7, is widely used. This is a less costly mode of transportation than ambulances for individuals in the crisis system.

Figure 7. Number of non-emergency transports



Other accomplishments

While meeting the ongoing demands of individuals in crisis, there have been several other noteworthy accomplishments involving the CRC. These are detailed below.

Joint Commission Accreditation received: On Dec. 19, 2011, the CRC received full accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a first-time applicant. This involved developing complete policies and procedures, instituting environment-of-care standards, and training staff. It’s unusual for a healthcare facility to gain accreditation on the first attempt and so quickly.

Integration of Family and Community Medicine practitioners in Level I subacute services: CPSA understands that, to be successful, treatment must focus on the whole person, including their medical and behavioral health needs.

Many individuals presenting at the CRC have comorbid medical and behavioral health needs. Some may be homeless and/or not in touch with their health care provider. CPSA ensures those individuals have access to both medical and behavioral health care through collaboration with

CPSA ensures that individuals with comorbid medical and behavioral-health needs have access to integrated medical and behavioral health care through collaboration with the UA’s Department of Family and Community Medicine.

the UA's Department of Family and Community Medicine.

Individuals seen at the CRC are evaluated for medical stability and appropriateness for the facility. Medical staff at the CRC is supported by medical professionals from Family and Community Medicine, who are able to do physical examinations on the CRC subacute unit and consult on complex medical situations.

In addition, the CRC has established a collaborative partnership with both the UA Department of Psychiatry and with Family and Community Medicine to provide expanded educational opportunities for psychiatric residents, student interns and family practitioners.

Fully operational hospital protocols between CRN/SA and UAMC-SC: The CRC and UAMC-SC successfully implemented a jointly developed protocol ensuring individuals are transferred to the UAMC-SC ED if an acute or complex medical situation is beyond the ability of the CRC to stabilize. Additionally, the CRC and UAMC-SC agreed on a protocol for "medical clearance," facilitating transfer of patients from the CRC directly to the BHP without further medical clearance in the UAMC-SC ED.

CPSA is facilitating implementation of this same protocol between the CRC and other area hospitals.

Integration of Trauma-Informed Care practice: The Arizona Department of Health Services' Division of Behavioral Health Services and CPSA adopted the Trauma Informed Care (TIC) "best practice" for all services provided under ADHS/DBHS contract. This model is used across the country to support treatment for persons with mental illness or substance use disorders.

As defined by the Substance Abuse and Mental Health Services Administration, "Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives." According to SAMHSA, most individuals in the public behavioral health system have experienced physical and/or sexual abuse and other events that can contribute to development of behavioral health disorders.

This evidence-based practice has been adopted throughout the CPSA system, including the CRC and the Community-Wide Crisis Line. The CRC brought in national TIC experts to work with staff on implementing the practice.

Expanded on-site peer support: CPSA and HOPE, Inc., agreed that support from other individuals in recovery from mental illness and/or a substance use disorder – referred to as "peers" – should be a crucial component of crisis care. As a result, peer support was incorporated in the CRC's daily operations.

At CPSA's request, HOPE developed the SPAN program to offer support and navigation help to individuals and their families receiving crisis services after discharge at the CRC, UAMC-SC, Palo Verde Hospital and other Level I facilities. The program began in July 2012 and provided services for more than 400 individuals through Sept. 30, 2012.

A national model for crisis care

The CRC has stirred great interest in the behavioral health industry. As Mental Health Weekly noted, the CRC "has fast become a magnet of attention for officials elsewhere who grapple with how to keep jails and hospital emergency rooms from essentially becoming a community's mental health centers."

In July 2012, CPSA gave a three-hour joint presentation about the new crisis facilities with Pima County's behavioral health administrator and representatives of UAHN and CRN/SA, for the annual Arizona Summer Institute. The event, organized by the Arizona State University Center for Applied Behavioral Health Policy, was attended by policy makers, behavioral health administrators and treatment professionals from all over the state.

Accolades for the CRC and CPSA's crisis-care system

- In 2009, Behavioral Healthcare magazine, a national industry publication, looked ahead to creation of the CRC and the BHP in a special section on facility design. The magazine predicted the two new facilities would "change the practice of behavioral healthcare" with an "integrated facility to serve multiple facets of behavioral medicine and fulfill the master plan's vision for a holistic healing campus."
- Two years later, Cannon Design's plans for the CRC and BHP were honored by the same magazine with its 2011 Design Showcase Citation of Merit for innovative design. Judges lauded the facilities' use of natural light and outside views, environmentally sensitive design and welcoming feel, as well as the "subtle but thorough incorporation of safety and security features throughout the facility."
- Under the headline "Tucson works together, gets crisis center and care system right," Behavioral Healthcare magazine devoted six pages of its July/August 2012 issue to the new facilities. The article documented the process through which they were created, the community priorities they addressed and the unique features that are models for other such centers. The magazine also included photographs and floor plans to demonstrate how the facilities support patient flow. (See Attachment B for the full article.)
- Mental Health News, another nationwide industry publication, in May published a front-page story on the CRC, stating that "Pima County's Crisis Response Center is easing the burden on jails and hospital emergency rooms that have become default mental health centers in many communities."

Other states look to Pima County: Based on the CRC's success, CPSA has received requests for consultation from behavioral health care administrators and providers from other parts of the country who also are grappling with how to move individuals with mental illness and/or substance use disorders out of jails and EDs and into treatment. They have toured the CRC and met with CPSA and CRN/SA staff to discuss the process of creating and operating the facility.

For example, the city of Tulsa, Oklahoma, was awarded a grant to open an urgent care center. In the beginning stages of its development, key staff came to Tucson to discuss with CPSA how the CRC was envisioned and how CPSA partnered with Pima County, UAMC-SC and others in the community to develop the facility.

Requests from around the country continue to come in. CPSA now is working with a behavioral health service provider in Tennessee. They plan to visit Tucson this spring to learn more to help build their crisis care system.

News-media interest: The tragedy of Jan. 8, 2011, focused news-media attention on mental health just as the CRC and BHP were being completed. In dozens of interviews related to the tragedy and to the April 2011 Schorr Family Award Community Forum, CPSA staff called attention to the new facilities. Every major news outlet in Pima County has run at least one story on the CRC and/or the BHP.

Some highlights:

- The Arizona Daily Star (Star) published several articles about the CRC and BHP as part of its year-long focus on mental health after the tragedy, including a front-page photo and story on Aug. 12, 2011. The Star also published a series of stories and mental health resource guide that won a national community service award.

In a May 2011 editorial, the Star noted that “the new psychiatric facilities, set in motion by wise Pima County voters, have great potential to reinforce and secure the safety net that thousands in our community need.”

“Pima County’s Crisis Response Center is easing the burden on jails and hospital emergency rooms that have become default mental health centers in many communities.”

– Mental Health Weekly, May 7, 2012

- TV stations KOLD and KMSB aired prominent features on the CRC and BHP in the week leading up to its opening. KVOA ran a story on the CRC in December 2012, as part of its coverage of the Newtown shooting rampage.
- In July 2011, the Tucson Weekly published an article looking forward to these new community resources.
- In October 2012, the online Tucson Sentinel published a series of articles on mental illness, including one that focused on the CRC and Community-Wide Crisis Line.

CPSA also has marketed the CRC and crisis system through local publications, including:

- Helping the Star compile its mental health resource guide and ensuring information on crisis services was given prominent play in the April 2011 special section. The Star ran crisis services information with the vast majority of its mental health stories throughout 2011, and continues to publish the information as events occur such as the mass shooting in Newtown.

The CRC “has fast become a magnet of attention for officials elsewhere who grapple with how to keep jails and hospital emergency rooms from essentially becoming a community’s mental health centers.”

– Mental Health Weekly, May 7, 2012

- A guest column on CPSA’s crisis care resources, including the CRC, published Oct. 27, 2011, in the Arizona Daily Star.
- A column from CPSA and ADHS published in the Arizona Republic on Jan. 1, 2012, marking the anniversary of the Tucson tragedy. The column included information about the CRC and crisis line.

Significant event

During this report period, the CRC received an unplanned site visit from the Office of Behavioral Health Licensure (OBHL). OBHL went on-site at the CRC and completed a full review. Based on the review, five areas of deficiencies were noted, and the CRC was placed on a corrective action plan (CAP).

Of the five areas, all but one has now been found to show significant improvement. The one remaining area in need of improvement is medication education with individuals. This is a process in which medical staff discusses the medications being prescribed to an individual and the medications’ possible side effects. The individual is then required to give informed consent to taking the medications. CRC staff has involved their medical and nursing staff to ensure oversight and follow-through on this process. This CAP will be closed by the next reporting period.

4. Economic benefits

4a. Cost savings produced by CPSA’s crisis system

The opening of the CRC triggered a major shift in what happens to people experiencing a mental health or substance use crisis in Pima County, diverting them from jail, detention and EDs and into the public behavioral health system.

The CRC and other CPSA crisis system improvements already have met the goal of easing demand on the County jail, EDs and the justice system – just as CPSA promised when the Pima County Board of Supervisors approved an election on the bond package for the CRC and BHP in 2006. In addition, the drastically improved transfer process for law enforcement and other first responders results in cost savings that are, in effect, like putting more personnel on the street.

It’s difficult to put an exact dollar figure on economic benefits resulting from the addition of the CRC to the community. However, the savings to the criminal justice system can be estimated.

Rutgers University’s Joseph C. Cornwall Center for Metropolitan Studies found that every \$1 invested in behavioral health care saves approximately \$4 to \$7 in criminal justice costs. By this measure, the CRC has saved the community an estimated \$43 million to \$75 million.

The CRC saved Pima County an estimated \$43 million to \$75 million in criminal-justice costs alone.

Figure 8 shows how the CRC reduced demand on other sectors of the community.

Figure 8. Impact of the CRC on community resources

Sector/ service	Impact
911 and other call systems	<p>CPSA’s Community-Wide Crisis Line answered 135,390 calls in this reporting period. Without this resource, those calls would add to the burden on the community’s 911 system or hospital switchboards.</p> <p>At least 95% of crises are resolved over the phone, avoiding the need for</p>

Sector/ service	Impact
	further assistance from 911 staff.
Pima County Jail and law enforcement	CPSA’s MAC teams responded to 1,348 calls from law enforcement in this reporting period. This expedited officers’ ability to transfer individuals to behavioral health staff and respond to other calls.
	Law enforcement officers save time and resources by transporting persons needing crisis services to the CRC instead of to EDs, jail or detention. The secure sally point at the CRC has reduced custody transfer time from hours to minutes.
	Law enforcement now has immediate access to Desert Hope for individuals in need of substance use treatment/detoxification services. With a special entrance designed for law enforcement and other first responders, this facility also reduces the time needed for transfers.
	At least 95% of crises are resolved over the phone by crisis line staff, avoiding the need for law enforcement involvement.
EDs/hospitals	There were 2,728 transfers from EDs to the CRC in this period, freeing up hospital resources for individuals with medical needs.

New opportunities for employment and education: CPSA is aware that unemployment continues to be a great concern in Pima County. The opening of the CRC provided new employment for more than 200 individuals. These staff positions were at all levels, including professional behavioral health, business operations, nursing, peer and family staff.

Because the CRC provides services 24/7/365, employment opportunities are available for persons unable to work a typical day shift. Staff who works nights and weekends receive a higher rate of pay. Ongoing educational opportunities are made available to CRC staff through tuition reimbursement.

4b. Access to a broader range of behavioral health care services

People require behavioral health crisis services for many reasons. They may be on the verge of a crisis, they may be experiencing a mental health episode, or they may find themselves faced with a family member or friend in need of crisis services. Having an accessible resource to prevent escalation of the crisis, provide stabilization and focus on recovery and return to daily activities is a benefit to the individual and the community as a whole, and is the primary goal of CPSA’s crisis-response system.

CPSA developed the CRC to be the “command and control center” and hub of its crisis care system. Whether the individual accesses the system by phone or in person, the CRC opens the door to a broad range of behavioral health care services in the CPSA system.

In the past few years, CPSA reorganized its crisis services and strategically placed its facilities to increase coordination, accessibility and cost-effectiveness. In addition to the CRC, those crisis facilities include:

- SAMHC, a longtime crisis services provider with a facility in midtown Tucson; and
- Desert Hope, a new detoxification and substance use treatment center near the CRC, geared to law enforcement transfers as well as walk-ins.

SAMHC continues to serve as CPSA's centrally located crisis facility, now focusing on delivery of face-to-face crisis services for walk-ins and providing five MAC Teams. SAMHC provides an alternative for persons residing in midtown or northern Pima County for whom the CRC is not convenient. To ensure availability of walk-in crisis services throughout Pima County, SAMHC offers these services from 8 a.m. to 8 p.m. every day. As described in Section 3b. "Services offered," MAC Teams are dispatched by the CRC call center to a caller's location when it's determined to be the best response to the crisis situation.

Desert Hope, another partnership with Pima County, moved to its new location on County property across from the CRC and opened July 1, 2011. Operated by Compass Health Care, Desert Hope provides services to adults under the influence of alcohol and/or other drugs, with a new focus on rapid response and custody transfer for individuals transported by law enforcement or other first responders. Requests for services are coordinated by the CRC call center, which tracks bed availability at Desert Hope and other CPSA-contracted providers. This ensures smooth patient flow and efficient use of resources within the larger crisis services system.

CPSA's CSPs are closely involved with the crisis system, ensuring care coordination for their members as they prepare for discharge from the CRC or other parts of CPSA's crisis system.

Additional services for adults and children/youths: Adult CSP staff members are on-site at the CRC 24/7/365, and children's CSP staff is available for one-hour response around the clock. In addition to providing the individual's behavioral health information to CRC staff, they bring the following benefits:

- Knowledge of and access to resources such as crisis respite care, psychiatric health facilities and peer-support services, depending on individual need, for members after discharge from 23-hour crisis stabilization.
- Active involvement in discharge after a member needs a longer stay at the CRC, including coordinating the transition of care.

Additional services for children/youths: Pima County is the only place in Arizona where a young person can receive a full array of crisis behavioral health services in one facility, regardless of insurance or ability to pay.

The CRC can serve children/youths for up to 23 hours. At times, additional time is needed to resolve the crisis. In those cases, children/youths not enrolled in the CPSA system can obtain crisis respite services. This is particularly

helpful when the family has no insurance or when there is a wait for services through the family's insurance provider. Once the initial crisis is resolved, the child/youth can stay for up to

Pima County is the only place in Arizona where a young person can receive a full array of crisis behavioral health services in one facility.

three days in a therapeutic setting, allowing family members to prepare for the successful transition of the child/youth at home.

In addition, children and youths now have increased access to facilities including Sendero de Sonora for short-term crisis stabilization and Intermountain Centers for Human Development for crisis respite and intensive, longer-term services.

AHCCCS screening: When individuals not already on AHCCCS present at the CRC, CRN/SA staff is required to screen for AHCCCS eligibility. If the individual could qualify for AHCCCS and has the required paperwork, CRN/SA can submit the application through the Health-e-Arizona web portal. When individuals may qualify for AHCCCS but do not have the required paperwork, CRN/SA can begin the application process and then refer the individual to the SPAN program for help after discharge to complete the AHCCCS application.

5. Conclusion/summary

Many communities are facing the challenge of how to channel people with mental illness and/or substance use disorders from jails and EDs and into treatment. Pima County's forward thinking and vision has put it in the vanguard of addressing the issue and made its crisis network a national model.

The CRC already has fulfilled community expectations, becoming the hub of a comprehensive, cost-effective and collaborative crisis care system available to anyone in the County regardless of insurance or ability to pay.

Thousands of Pima County residents received services at the CRC in its first year, in a recovery-oriented environment incorporating treatment, support and advocacy for them and their families, and ensuring successful transitions back into the community.

The CRC also has indirectly benefitted overall health care and other services in the County during this reporting period, by resolving more than 95 percent of the 135,390 crisis calls via phone or other community services, and diverting thousands of adults and youths from EDs, jail or detention and into the public behavioral health system.

CPSA continues to work with stakeholders to improve services and meet newly identified needs in its crisis care system, such as the SPAN peer-support program for individuals not eligible for AHCCCS.

In the coming year, CPSA plans to:

- Examine the need for additional youth/children's crisis services and explore ways to address the issue;
- Maintain regular communication with law enforcement and other first responders to ensure that any issues related to custody transfer are promptly addressed; and
- Develop a more robust outcomes measurement system to track successes and areas for improvement.

With the ongoing support of Pima County and other stakeholders, CPSA is committed to continued improvement of its crisis care services, creating a community that clearly demonstrates its commitment to and caring for its most vulnerable residents.

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CPSA
Crisis Response Center

**Crisis Response Network
of Southern Arizona, Inc.**

**Financial Statements
and
Independent Auditor's Report**

June 30, 2012

Crisis Response Network, Inc.

June 30, 2012

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Mark L. Landy, CPA
Stephen T. Harris, CPA
Thomas L. Friend, CPA

Robert L. Miller, CPA
(1931 - 1992)

Independent Auditor's Report

Board of Directors
Crisis Response Network of Southern Arizona, Inc.

We have audited the accompanying statement of financial position of Crisis Response Network of Southern Arizona, Inc. (a nonprofit organization) as of June 30, 2012, and the related statements of activities, functional expenses, and cash flows for the period from inception, May 1, 2011 to June 30, 2012. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Crisis Response Network of Southern Arizona, Inc. as of June 30, 2012, and the changes in its net assets and its cash flows for the period from inception, May 1, 2011 to June 30, 2012 in conformity with accounting principles generally accepted in the United States of America.

October 27, 2012

CPSA Crisis Response Center Annual Report
Attachment A

Crisis Response Network of Southern Arizona, Inc.
Statement of Financial Position
June 30, 2012

Assets	
Current assets:	
Cash	\$ 3,549,005
Accounts receivable	10,000
Prepaid expenses	<u>13,512</u>
Total current assets	3,572,517
Property and equipment, net	<u>181,892</u>
Total assets	<u><u>\$ 3,754,409</u></u>
 Liabilities and Net Assets	
Current liabilities:	
Accounts payable	\$ 1,906,628
Due to related party	153,092
Accrued expenses	368,557
Contracts payable	<u>672,897</u>
Total current liabilities	3,101,174
Net assets:	
Unrestricted	<u>653,235</u>
Total liabilities and net assets	<u><u>\$ 3,754,409</u></u>

See accompanying notes to financial statements.

CPSA Crisis Response Center Annual Report
Attachment A

Crisis Response Network of Southern Arizona, Inc.
Statement of Activities
For the Period From Inception, May 1, 2011, to June 30, 2012

Revenue:	
Community Partnership of Southern Arizona	\$ 16,229,036
Other	<u>101,833</u>
Total revenue	<u>16,330,869</u>
Expenses:	
Program services:	
Facility Based Crisis Services	12,266,086
Call center	<u>1,978,648</u>
Total program services	<u>14,244,734</u>
Support services:	
Management and general	<u>1,432,900</u>
Total expenses	<u>15,677,634</u>
Increase in unrestricted net assets	653,235
Unrestricted net assets, beginning of year	<u>-</u>
Unrestricted net assets, end of year	<u>\$ 653,235</u>

See accompanying notes to financial statements.

Crisis Response Network of Southern Arizona, Inc.
Statement of Functional Expenses
For the Period From Inception, May 1, 2011, to June 30, 2012

	Program Services			Total Program Services	Support Services		Total Expenses
	Facility Based Crisis Services	Call Center			Management and General		
Salaries and wages	\$ 6,580,999	\$ 1,352,580	\$ 7,933,579	\$ 233,047	\$ 8,166,626		
Payroll taxes	476,834	97,325	574,159	16,497	590,656		
Employee related expenses	744,391	154,012	898,403	2,387	900,790		
Background checks and lab fees	117,805	2,397	120,202	9,341	129,543		
Payroll processing fees	5,071	918	5,989	30,483	36,472		
Training	37,657	821	38,478	-	38,478		
Travel	53,140	3,354	56,494	27,360	83,854		
Advertising	33,636	8,209	41,845	-	41,845		
Occupancy	1,022,818	177,288	1,200,106	163,651	1,363,757		
Property and liability insurance	68,654	15,680	84,334	-	84,334		
Professional and consulting services	1,675,146	33,534	1,708,680	895,280	2,603,960		
Minor equipment and technology purchases	412,729	3,187	415,916	3,361	419,277		
Program supplies	567,983	2,029	570,012	-	570,012		
Printing and postage	33,119	2,596	35,715	13,110	48,825		
Equipment repairs and maintenance	34,475	1,500	35,975	-	35,975		
Dues and subscriptions	41,397	1,895	43,292	43	43,335		
Office supplies	50,909	856	51,765	15,514	67,279		
Communications	129,994	61,895	191,889	12,353	204,242		
Meetings	9,723	35,993	45,716	-	45,716		
Other	116,918	6,159	123,077	628	123,705		
Depreciation	52,688	16,420	69,108	9,845	78,953		
Total expenses	\$ 12,266,086	\$ 1,978,648	\$ 14,244,734	\$ 1,432,900	\$ 15,677,634		

See accompanying notes to financial statements.

Crisis Response Network of Southern Arizona, Inc.
Statement of Cash Flows
For the Period From Inception, May 1, 2011, to June 30, 2012

Cash flows from operating activities:	
Increase in net assets	\$ 653,235
Adjustments to reconcile change in net assets to net cash provided by operating activities:	
Depreciation	78,953
Effects of changes in operating assets and liabilities:	
Increase in accounts receivable	(10,000)
Increase in prepaid expenses	(13,512)
Increase in accounts payable	1,906,628
Increase in due to related party	93,611
Increase in accrued payroll and related benefits	368,557
Increase in contracts payable	672,897
Net cash provided by operating activities	<u>3,750,369</u>
Cash flows from investing activities:	
Purchase of property and equipment	<u>(201,364)</u>
Net cash used for investing activities	<u>(201,364)</u>
Net increase in cash	3,549,005
Cash, beginning balance	<u>-</u>
Cash, ending balance	<u>\$ 3,549,005</u>
Supplemental schedule of noncash investing activities	
Net book value of equipment transferred from the Crisis Response Network, Inc.	<u>\$ 59,481</u>

See accompanying notes to financial statements.

Crisis Response Network of Southern Arizona, Inc.
Notes to Financial Statements
June 30, 2012

Note 1 - Nature of the Organization

Crisis Response Network of Southern Arizona, Inc. (CRNSA) began operations May 1, 2011 as a not-for-profit corporation to provide crisis intervention and related services to Southern Arizona. CRNSA operates a 24 hour-a-day crisis call center and facility based crisis services that provide services to both children and adults. CRNSA receives the majority of its revenue through a contract with Community Partnership of Southern Arizona to provide these services. The sole member of CRNSA is Crisis Response Network, Inc., an Arizona non-profit corporation.

Note 2 - Summary of Significant Accounting Policies

The accounting policies of CRNSA conform to U.S. generally accepted accounting principles as applicable to nonprofit organizations.

The more significant accounting policies of CRNSA are described below.

Basis of Accounting – The financial statements of CRN have been prepared on the accrual basis of accounting and accordingly reflect all significant receivables, payables, and other liabilities.

Basis of Presentation – The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 958-205, Presentation of Financial Statements*. Under FASB ASC 958-205, CRNSA is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. CRNSA did not have temporarily or permanently restricted net assets at June 30, 2012.

Contributions – CRNSA recognizes contributions in accordance with FASB ASC 958-605, *Revenue Recognition*. Under FASB ASC 958-605, contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence or nature of donor restrictions, if any.

Estimates – The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents – For purposes of the statement of cash flows, CRNSA considers all cash and other liquid investments with a remaining maturity of three months or less at the time of purchase to be cash equivalents.

Crisis Response Network of Southern Arizona, Inc.
Notes to Financial Statements
June 30, 2012

Property and Equipment – CRNSA capitalizes all purchases of property and equipment in excess of \$5,000. Depreciation is computed on a straight-line basis over the estimated useful lives of the assets generally as follows.

Furniture, Fixtures and Equipment 3 – 20 years

Income Taxes – CRNSA qualifies as a tax exempt organization under Section 501(c)(3) of Internal Revenue Code. CRNSA is exempt from federal and state income taxes. CRNSA is not classified as a private foundation.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by CRNSA and recognize a tax liability if CRNSA has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed the tax positions taken by CRNSA and has concluded that as of June 30, 2012 there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements.

Fair Value of Financial Statements – Unless otherwise indicated, the fair value of all reported assets and liabilities which represent financial instruments (none of which are held for trading purposes) approximate the carrying values of such amounts.

Functional Expenses – The costs of providing various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the program and supporting services benefited. Management and General include those expenses that are not directly identifiable with any specific program, but provide for the overall support and direction of CRNSA.

Subsequent Events – CRNSA has evaluated subsequent events through October 27, 2012, the date the financial statements were available to be issued.

Note 3 - Concentration of Credit Risk

CRNSA maintains all of its cash accounts with one financial institution and the balance was entirely insured by the Federal Deposit Insurance Corporation at June 30, 2012.

Note 4 - Economic Dependency

CRNSA receives substantially all of its revenue from Community Partnership of Southern Arizona. A significant reduction in the level of revenue from this source may have a material effect on CRNSA's continuing operations. Management does not anticipate any significant reduction of future funding.

Crisis Response Network of Southern Arizona, Inc.
Notes to Financial Statements
June 30, 2012

Note 5 - Related Party Transactions

CRNSA receives administrative services from the Crisis Response Network, Inc. (CRN) for back office support. The total support received for the period from inception, May 1, 2011 to June 30, 2012 was \$407,114. Also, certain expenses were paid by CRN for CRNSA. At June 30, 2012, CRNSA has a payable to CRN in the amount of \$153,092.

Note 6 - Contracts Payable

At June 30, 2012, contracts payable of \$672,897 is related to CRNSA's contract with Community Partnership of Southern Arizona.

Note 7 - Operating Lease Commitments

CRNSA leases equipment and a facility under non-cancelable operating agreements. Minimum future obligations from those operating lease agreements at June 30, 2012 are as follows:

Year ended June 30,	
2013	<u>\$ 1,271,265</u>
Total minimum lease payments	<u>\$ 1,271,265</u>

Note 8 - Pension Plan

Crisis Response Network, Inc. sponsors a 401(k) retirement plan, in which CRNSA participates. The plan provides for a discretionary match by CRNSA. The matching contribution equals 100% of the first 3% of participant compensation and 50% on the next 2% of participant compensation, maxing out at 4% of total participant compensation. For the period from inception, May 1, 2011 to June 30, 2012, total employer contributions to the 401(k) retirement plan was \$132,546.

Tucson works together, gets crisis center and care system right

Fast-growing city “raises the bar on quality of life” with new Crisis Response Center

BY DENNIS GRANTHAM, EDITOR IN CHIEF



My involvement with the annual *Behavioral Healthcare Design Showcase*—and a trip earlier this year—gave me an opportunity to visit the CPSA/Pima County Crisis Response Center in Tucson, a design that won top honors in the 2011 Design Showcase (May/June 2011 issue). And, while our annual Showcase honors the work of architects and designers in our field, we all know that great design is but one element of a successful treatment facility.

The Crisis Response Center is the product not only of great design and execution, but of one community's efforts to do the right thing and do it well. Plans for the \$18 million CRC and the neighboring \$36 million Behavioral Health Pavilion at University Physicians Hospital in southern Tucson were funded through two voter-approved bond issues that joined a local

transportation bond issue on the ballot for the county's special election in May 2006.

2005: Problems in search of a solution

By 2005, years of rapid growth had pushed Tucson toward a significant milestone: a population nearing one million citizens and recognition as a major US city. But with growth came challenges: an overtaxed road and transport network; increasing rates of crime, arrests, and incarcerations; a growing problem with methamphetamine and street drugs; and an overstressed hospital system considering how to keep pace with local growth. One hospital system in particular,



Neal Cash, CEO, Community Partnership of Southern Arizona (CPSA)



Vanessa Seaney, MSW, LCSW, CPHQ, Chief Clinical Officer, CPSA

University Physicians Hospital (UPH) was considering plans to address a regional shortage of inpatient psychiatric beds.

As CEO of CPSA, the Community Partnership of Southern Arizona—the managed behavioral health organization contracted with the Arizona Department of Health Services to administer behavioral healthcare in the Pima County area—Neal Cash had shared his views on the region's challenges with local officials for years. But in 2005, he sensed that local officials—county supervisors, the county administrators, the county bond committee—were open to ideas on a new scale: the city was gaining more national



Figure 1. Exterior of Pima County's Crisis Response Center (foreground, left) and the adjacent Behavioral Health Pavilion (background, right), which is part of University Physicians' Healthcare Hospital. (Photo: Steven Meckler)

attention almost every day.

So, he asked them some big questions: "Are we big enough now to warrant a psychiatric crisis care center?" "Would you be open to CPSA leading an effort to develop concepts for a center?" When they agreed, he then asked if they would consider placing an additional bond issue before voters, on a May 2006 ballot, to fund it.

"Amazingly, they agreed. I got a very positive response. They encouraged me to pursue the concept for a facility," he recalls. The facility would have to meet a range of needs:

- divert many psychiatric emergency or crisis cases from emergency departments at hospitals
- divert adults from jails and juveniles from the detention system into care
- combine multiple medical disciplines

- engage consumers and families as part of the workforce
- engage people at the point of crisis—people with or without other medical benefits—to get them crisis psychiatric care
- reintroduce them to the community—return them their lives, families, work, and relationships in a more integrated and effective way.

After a proposal was developed, there was a public hearing to consider whether the crisis center concept should be placed on the ballot. The response was overwhelming; over 500 citizens attended that meeting. County supervisors voted the bond-issue measure for construction of the Pima County Crisis Response Center onto the ballot unanimously. At the same time, they approved placing another bond issue measure before voters that would support UPH's expansion plans. This would support

a UPH project that would become known as the Behavioral Health Pavilion.

After both of these bond issues were approved by strong margins in the May 2006 election, Cash and his CPSA team headed into the project's toughest phase, which was "staying on track with the vision we had for what this facility should look like between the time the bonds passed and the time that we broke ground in September 2010. While we (CPSA) were involved in every phase, there were a lot of other entities involved as well. And, when a project is publicly funded, there is a lot of scrutiny, too."

Thankfully, project plans and finances were well advanced when the nationwide recession hit in 2008. The recession had two major impacts: On one hand, the recession-driven slowdown in construction led to lower bids and lower-than-anticipated construction costs for the project, which broke

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ground in September 2010. On the other hand, Cash said that the recession caused “an erosion in funding—particularly for continuous care—along with a greater demand for services in the community.”

Why voters went along

How, one wonders, were local voters convinced to support the center?

Cash explains. “I was speaking throughout the community—at hospitals, Kiwanis clubs, with law enforcement, all sorts of people. Through those conversations, I could see that there were a few things that really appealed to local people.”

1) Mentally ill people shouldn't be in jail.

“People understand that those who are mentally ill don't belong in jail and that it makes sense to get people care in the right setting. They realized that this would save precious law enforcement resources for where they were really needed.”

2) Those in psychiatric crisis shouldn't be in hospital ERs, either.

“I presented to local hospital officials and suggested that if there were a more appropriate place to provide care for people in psychiatric crisis, their ERs wouldn't be so crowded with people who shouldn't really be there,” Cash recalls. He adds that “since a significant number of the mentally ill are also uninsured or homeless, caring for them in a crisis response center could cut hospital expenses for uncompensated care. And, that is a problem in nearly every community.”

3) Our community can do better—and it should.

Cash also found that, “there was a feeling that, as a community, [having this center] would really raise the bar on the quality of life in Tucson,” he recalled. “It was not at all a partisan issue.”

The CRC site

Even then, it took a while to really convince many local leaders that the CRC would make sense for Tucson. “For some of them, it was ‘We've heard all this before. We'll believe it when we see it,’” he says.

The location of the new Crisis Response Center was found in the course of talks with local hospital officials, who suggested that the CRC be sited next to UPH's proposed

Behavioral Health Pavilion (see Figure 2). The new Behavioral Health Pavilion would be added to the UPH facility in southern Tucson, while the CRC would be built adjacent to the Pavilion.

Between the two buildings, which were linked by a secure, enclosed walkway, would be an emergency transport area. On one side, civilian ambulances would arrive at the entrance to the UPH emergency room, which was built onto the side of the new Pavilion. On the other side, reached by driving around the CRC

building, was a secure “sally port” for use by police vehicles transporting detainees.

The sally port area, which consists of a parking area enclosed by structure on three sides and a movable fence/gate on the fourth (see Figure 3), opens into secure check-in spaces at the back of the CRC, and into a secure entrance at the branch office of the Pima County Court. At the court, a judge can hear mental health court, drug court, and competency cases involving individuals being treated at the CRC.

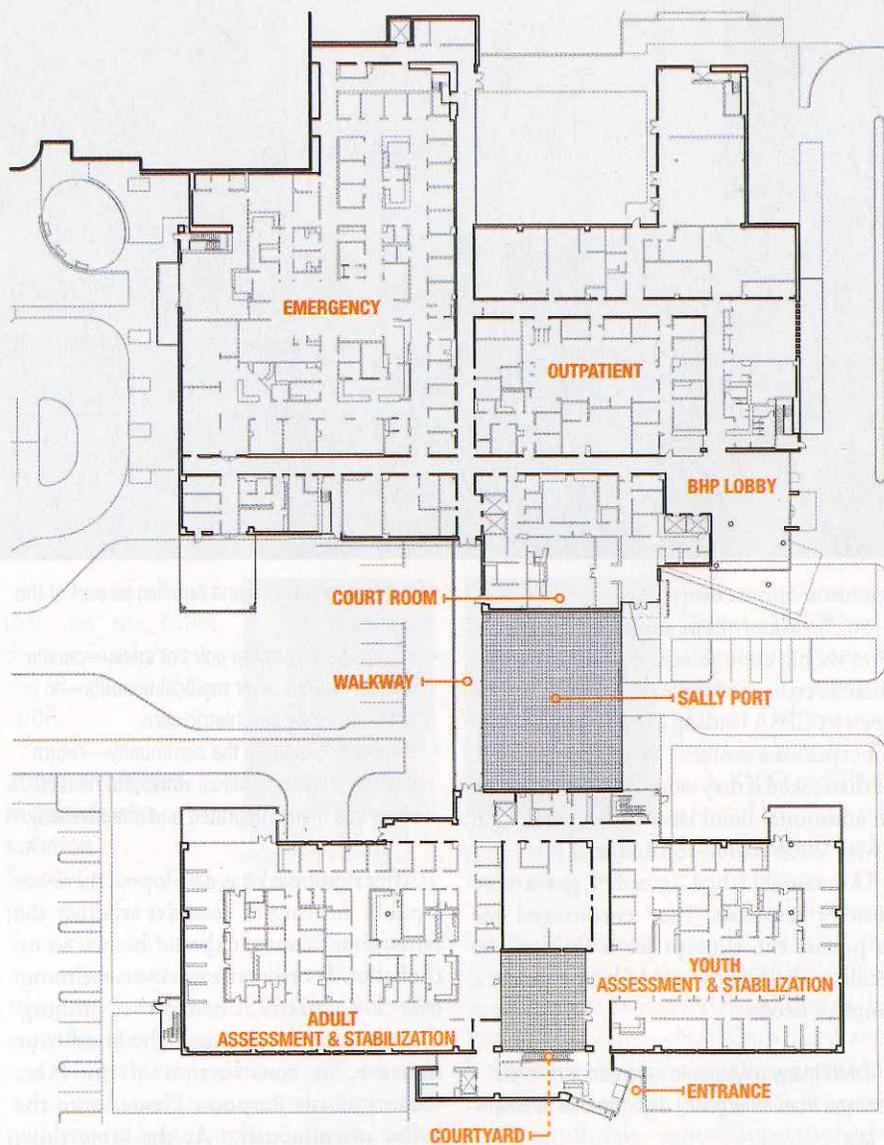


Figure 2. This site plan shows the layout of the Pima County Crisis Response Center (below); the enclosed walkway dividing the entrances to the emergency department (left, center) and “sally port” (right, center); and the court offices, lobby, and outpatient treatment areas in UPH's Behavioral Health Pavilion (above).

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Figure 3. Secure gate at entrance to sally port at rear of the CRC. Note location of Pima County Court in the Behavioral Health Pavilion at right. (Courtesy Arizona Daily Star)

Key elements of the CRC design

1) **Two points of entry.** The CRC offers two points of entry, the public “front door” and the secure “sally port” for individuals who have been detained by law enforcement yet who require care. To meet accreditation requirements, the walk-in “front door” traffic is separated at the reception desk, with adults flowing into a nearby waiting area linked to the adult treatment side of the facility (see Figure 4), and young people (children, juveniles, and families) directed into a separate waiting area linked to the youth wing of the facility.

A similar pattern is used for individuals entering via the sally port. Each detainee is checked through a secure waiting room, then directed to a secure evaluation room. After evaluation, these individuals then flow into their respective “23-hour” treatment areas.

2) **23-hour assessment/stabilization areas.** Both the adult and youth areas are configured in a very flexible manner to allow for wide swings in the levels of consumer traffic, which tends to peak on weekends. 23-hour patient couches, separated by curtains, are arranged as needed in the



Figure 4. The CRC lobby, facing the interior courtyard and the adult treatment area. (Courtesy Arizona Daily Star)

open areas opposite the nurses’ stations (see Figure 5). Family and small group meeting rooms are available along the hallways to allow for private evaluations or visits.

3) **Short-term adult residential treatment.** Adults who need care beyond 23

hours proceed to a 15-bed adult short-term sub-acute treatment area, which is located directly upstairs. This area offers more intensive treatment for periods of three to five days.

The short-term sub-acute treatment area

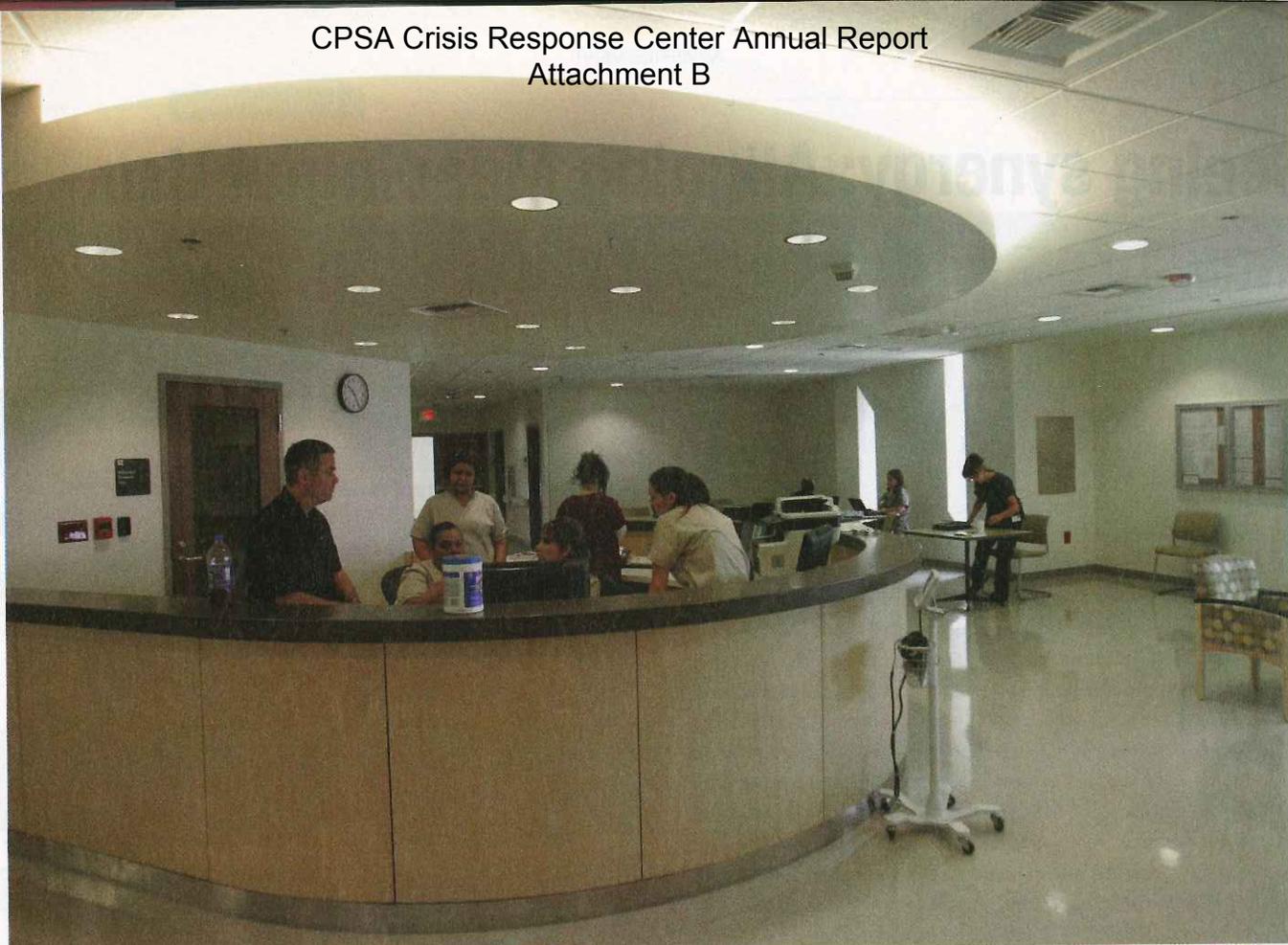


Figure 5. Nurses' station in adult treatment area at the CRC. (Courtesy Arizona Daily Star)



Figure 6. Patient room in adult sub-acute treatment area at the CRC. (Courtesy Arizona Daily Star)

features a day room, a nurses' station with floor-wide visibility, 15 patient rooms, and a screened, open-air deck. The inpatient rooms are compact and plainly equipped; one cost-saving safety measure is that each contains a small half-bathroom (lavatory and toilet only), separated from the patient room by a curtain (see Figure 6). Patients who want a shower must use a separate shower room located on the main hallway.

The CRC does not offer short-term sub-acute beds for youth. When the CRC was designed, the original plan was to refer these young people out to available inpatient beds in the surrounding community. However, in light of the closure of some of these beds since 2008 and longer than expected stays to

stabilize some young people, Cash says that this decision is being reconsidered.

4) **Telecommunications center.** A call center, located on the second floor, atop the youth assessment area, was always envisioned as a kind of community resource, says Cash. The space, which is equipped with 48 computer and telephone equipped cubicles and a number of overhead display screens, offers great flexibility (see Figure 7). Daily, only a few of the cubicles are required for network dispatchers to handle telecommunications within the care network: each call that is triaged receives a recommended disposition.

To meet other needs, however, the call center can be configured to house everything from safety forces coordinating the response to a community emergency, to the staff of a regional or statewide suicide hotline, to a group of mental health peers manning a regional peer-support center where local consumers can call in to talk. The latter, says Cash, "we see as a preventive service to help those who are not yet in crisis, but who need to speak with a peer."

5) **Administrative, staff, and provider spaces.** Adjacent to the call center on the second floor are offices for CRC managers and staff, as well as spaces to allow for co-

location of staff from various community providers and agencies.

6) **A nearby sobering/detox facility.** "One thing we didn't want was to see our CRC services overwhelmed by law-enforcement referrals or self-referrals of intoxicated people," Cash explains. "So, we opened the detox facility even prior to opening the CRC. The goal was to create a safe place for them to detox and then, hopefully, to get into longer-term treatment." Like the CRC, the detox facility offers a fast, secure law-enforcement drop-off area.

Performance vs. projections

Because facilities like Pima County's Crisis Response Center are unique, there's no instruction manual for building them. Thus, the estimates of adult and youth patient traffic, in particular, were just that, says Cash who notes, "The only way to get a feel for the flow—the quiet versus the busy times—is to actually operate for a while."

While six-month patient traffic for the youth treatment area has been lower than anticipated so far, "the results on the adult side have been amazing," Cash reports. "Once the community realized that there

was a single number to call for help—even if the help needed fell short of a crisis—things really took off.”

On average, in its first six months of operation, the CRC has been busy:

- Crisis line calls received – 61,154 total; 8,736 monthly average
- Adults served to date – 4,918 total; 703 monthly average
- Youth served to date – 776 total; 111 monthly average

While traffic in the youth space has been lower than initial projections, Cash says that “We’re in dialogue with the juvenile justice system, considering ways that we can route kids away from detention, get them into treatment here, mediate their crisis, and get them back home or back to school. While the legal folks have the final call, they do agree that a lot of kids just don’t need to be in detention and could benefit from a healthcare model like this one.”

Because the staff required to operate the CRC can be costly, Cash says that CRC



Figure 7. Telecommunications center at Pima County’s CRC. ((Courtesy Arizona Daily Star)

managers and staff have coordinated to reduce costs by being flexible, responding to fluctuations in census by shifting staff resources throughout the CRC as needed. Another important strategy is full inclusion of some of the area’s 200 trained peers, who work as recovery support staff. “These are the people, working at all levels as mentors, coaches, case managers, and in other roles,

that make the CRC much more than a psychiatric urgent care center,” says Cash.

He adds that peers engage and support consumers during treatment, then reconnect after treatment to follow up and help consumers navigate the care system. They can also offer support and help to frequent users of the system by engaging them in methods for avoiding future crisis episodes. ■

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