



MEMORANDUM

Date: March 16, 2018

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

From: C.H. Huckelberry
County Administrator

A handwritten signature in black ink, appearing to be "CHH", is written over the printed name "C.H. Huckelberry".

Re: **The Role of Pima County in the Behavioral Health Crisis Response System**

The recent highly publicized shootings in schools and other public venues have yet again focused attention on the unmet crisis and long-term behavioral health needs of communities and how these deficits public safety.

Pima County has a unique role in the behavioral health crisis system providing resources and infrastructure, and serving as a liaison to law-enforcement. This involvement positions the County as a facilitator working with multiple diverse community partners to respond to those in behavioral health crisis and to their families. The attached Memorandum from the Director of Behavioral Health, summarizes the role of the County in this process and highlights the flagship of our local crisis system is the Crisis Response Center which was built with Bond resources.

It should be noted that the overwhelming majority of individuals with a behavioral health diagnosis will never commit an act of violence and yet the stigma associated with a mental health diagnosis becomes a barrier to individuals who need services. Pima County is committed to supporting our community by decreasing barriers and affirmatively facilitating access to these important behavioral resources for individuals and families in need.

CHH/mp

Attachment

c: Jan Leshar, Chief Deputy County Administrator
Dr. Francisco Garcia, Assistant County Administrator for Community and Health
Services
Danna Whiting, Behavioral Health Administrator



MEMORANDUM

Date: March 16, 2018

To: C. H. Huckelberry
County Administrator

From: Danna Whiting, MS *DW/PB*
Behavioral Health Administrator

Via: Jan Leshner *JL*
Chief Deputy County Administrator

Via: Francisco García, MD, MPH *FG*
Assistant County Administrator

Re: Pima County Behavioral Health Services

Pima County has long recognized the importance of serving individuals with behavioral health needs. In 2004 and 2006, Pima County voters overwhelmingly approved bond initiatives to support the construction of critical infrastructure to meet these needs, namely the Crisis Response Center and the Behavioral Health Pavilion. The vision of the Board of Supervisors for this \$60 million project was to develop a site to house a holistic, integrated model of care based on nationally recognized best practices.

Recent mass shootings in Nevada and Florida have prompted renewed community concerns about the behavioral health safety net as well as how it responds to individuals in crisis. This memorandum describes behavioral health resources available to Pima County residents and the critical role that Pima County Behavioral Health Department (PCBH) places in meeting the needs of our community.

The System for People in Behavioral Crisis

Pima County is involved directly and indirectly in the oversight of the behavioral health crisis system, and local resources and infrastructure. It serves as a liaison to law enforcement for behavioral health crisis issues and resources. This involvement facilitates the timely flow of information between stakeholders to develop a coordinated and integrated response to those in behavioral health crisis.

The Crisis Response Center (CRC) is Pima County's psychiatric urgent care facility and the flagship of our local crisis system. It is unlike anything else in the nation and continues to enjoy broad recognition since opening its doors in 2011. What makes the CRC unique are the guiding principles and philosophy envisioned by the Pima County Board of Supervisors from its inception. These include a "no-wrong-door" approach to access, de-escalation of crisis, and expedient "warm hand-offs" from law enforcement through a secure sally port. Due to this commitment and the safe infrastructure, law enforcement has come to rely on the CRC.

Approximately 50 percent of all law enforcement drop-offs are for voluntary patients. This means that local law enforcement agencies (police officers and sheriff's deputies) and the community have developed a level of familiarity and trust with the CRC. The result is that local law enforcement can offer the CRC as an option to people in mental health crisis so that community members are transported safely to the CRC for treatment instead of local emergency departments or the local jail.

The design of the CRC creates an easy access point and central drop off for most people in psychiatric emergency or those who need urgent intervention—whether against their will or voluntarily. Other area hospitals, local behavioral health providers, family members, law enforcement and anyone seeking urgent behavioral health services will find help at the CRC. No one is turned away based on insurance coverage or lack thereof. The CRC triages everyone who comes through the front door as a walk-in, or via the sally-port entrance, for law enforcement and ensures that every patient receives the needed help. This is a powerful tool for the crisis system and serves as the starting point for most crisis de-escalation in our community.

Our local Pima County Crisis Line telephone number is the same as it has been for decades—622-6000—and allows for continuity across the system in educating people on where to call for help.

The Role of 911

When members of the community are experiencing a life-threatening emergency, they call 9-1-1 for medical help or the police. What many do not know, is that 9-1-1 can also bring emergent behavioral health services. The 9-1-1 operators identify calls requiring a behavioral health response. Many of these calls will result in a law enforcement officer or deputy responding with a crisis mobile team. This team is comprised of master's level clinicians with immediate access to a psychiatrist who can evaluate a person for Court-Ordered Evaluation (COE) services or other referrals. Many law enforcement officers and deputies are Crisis Intervention Team (CIT) trained—the national best practice model for crisis de-escalation of the mentally ill.

The 9-1-1 operators also have the ability to transfer less-urgent calls directly to the local crisis call center where a behavioral health expert can triage the call and supply information or resources, including dispatching a crisis mobile team without law enforcement involvement. Crisis mobile teams serve as a valuable resource to the crisis community by centralizing teams in the community, available to respond at a moment's notice 24 hours per day, 7 days a week, 365 days per year.

The Court Ordered Evaluation Process

The state of Arizona has the ability to compel people to undergo psychiatric evaluation and treatment (involuntary commitment) when certain criteria are met. The COE is a statutory responsibility of the county. The PCBH oversees COE services as part of the larger crisis

system. This process, set forth in Arizona Revised Statutes, Title 36, Chapter 5, creates a path to involuntary hospitalization of patients for psychiatric treatment against their will when a person is a danger to self, a danger to others or has an urgent acute disability caused by a mental illness that severely interferes with a person's ability to care for themselves.

The PCBH contracts with three area hospitals to provide the COE. These facilities—Banner University Medical Center-South Campus (BUMC-SC), Sonora Hospital, and Palo Verde Hospital—are geographically located throughout Pima County. The system is designed so any emergency department can send patients to one of these hospitals or the CRC. Citizens need not understand the complexities of the system. Patients and families can access these services through many entry points, including law enforcement contact, emergency rooms, local behavioral health facilities, and through the CRC.

The COE also provides a route for people who may not meet the criteria for emergency intervention but still need an evaluation. This process, known as non-emergent COE, can be initiated through Community Bridges, Inc. This company, formerly Pasadera, is the agency that provides all pre-petition screening services for those who do not meet criteria for emergency admission but meet lesser criteria as described above. Most states do not offer a non-emergent process, meaning the only way to get a person into a psychiatric hospital against their will is if their behavior is a danger to self or others. Our state is unique in that we have an additional tool to engage someone into treatment—even if it originates as involuntary.

General Behavioral Health Services

The state of Arizona manages indigent behavioral services through the Arizona Health Care Cost Containment System (AHCCCS), which contracts with three Regional Behavioral Health Authorities (RBHA). Cenpatico is the RBHA for southern Arizona and a key partner for both crisis services and general services in the community. The PCBH works closely with Cenpatico and its contracted behavioral health services providers to support access to services for community members who suffer from mental illness so they receive the care needed to maintain stability. This is no easy task given the magnitude of need and the geography of our county. The PCBH collaborates with the RBHA on many initiatives around crisis services, COE, substance misuse and wrap-around services.

One such service area is with the justice-involved populations. Specifically, Pima County Behavioral Health, the Health Department, Cenpatico and various community partners are working to resource individuals with mental health needs as they enter and exit our jail. One notable innovation that has been supported by Sheriff's Department leadership has permitted the development and successful implementation of a Medically Assisted Treatment program for opioid involved pregnant detainees.

Cenpatico and Pima County also collaborates with partners to develop multiple entry points for enrollment into AHCCCS. With Medicaid expansion, many people are able to receive treatment and services to help them maintain stability in the community. For those who do not meet criteria for AHCCCS, there are other programs to help people find insurance through

the marketplace created by the Affordable Care Act. Those with private insurance have varying mental health benefits that are variably accessed by contacting their respective insurance member services department.

Conclusion

Behavioral health disease entities can have a broad range of clinical presentations. However, the overwhelming majority of people with a behavioral health diagnosis will never commit an act of violence. They are, in fact, far more likely to be victims of violence. Media reports often magnify the stigma associated with a mental health diagnosis, causing shame and fear that further prevents people from seeking treatment. We cannot let these incidents create unnecessary obstacles for individuals and families who need assistance and support from coming forward.

Pima County is committed to creating pathways that facilitate access to these important behavioral health resources for everyone in our community. Behavioral Health continues to create awareness around mental health stigma issues, access to care as well as education efforts in the community.

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