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# MEMORANDUM

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Date: September 23, 2013

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

From: C.H. Huckelberry  
County Administrator 

Re: **Second Year Status Report for the Behavioral Health Pavilion and Crisis Response Center**

On August 26, 2013, the Behavioral Health Pavilion (BHP) and Crisis Response Center (CRC) celebrated two years of operations in Pima County. These facilities were built with bonds approved by the citizens of Pima County in 2006, and the programs operating in those facilities were intended to significantly expand the capacity and timeliness of behavioral health services. I am pleased to report this has been accomplished.

As part of the planning process that led to the design of the BHP and CRC, Pima County established tenets framing guiding principles to ensure that operators of the facilities remain focused on integrated behavioral and medical care in a manner that is cost effective, while producing the highest quality of services for the citizens of Pima County. During the several-year development process, what is now known as The University of Arizona Medical Center South-Campus (UAMC-SC) was designated as the operator of the BHP. The Community Partnership of Southern Arizona, through its contractee, the Crisis Response Network of Southern Arizona, was selected to be the operator of the CRC.

The goals of the BHP and CRC were and continue to be:

- To decrease pressure on overcrowded area Emergency Departments (EDs);
- decrease the time spent by law enforcement dealing with those in crisis;
- improve communication between area hospitals and offer more focused service to those in crisis to reduce recidivism at the jail and area hospitals; and
- offer quality behavioral health services to those most vulnerable in our community. The BHP and CRC provide our community with a centralized crisis center available 24 hours a day, seven days a week, 365 days a year to achieve these goals by responding to anyone experiencing behavioral health issues.

The Honorable Chairman and Members, Pima County Board of Supervisors  
Re: **Second Year Status Report for the BHP and CHC**  
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It is important to note that prior to the opening of these facilities, local area hospitals and EDs were overcrowded with patients seeking behavioral health services. A survey of local EDs indicates that the BHP and CRC have, in fact, decreased the pressure felt by overcrowded emergency rooms.

It is also important to remember that the impact on our law enforcement and first responder communities was a critical community concern when the facilities were first proposed. That issue has been directly addressed by the opening of these facilities. Since the CRC opened in 2011, law enforcement has seen a dramatic reduction in the time it takes to drop off individuals who are in acute psychiatric crisis. What used to delay law enforcement officers for hours now takes, on average, about 15 minutes, allowing for a quick return to duty.

The attached report from the Pima County Behavioral Health Division analyzes the impact of the BHP and CRC on the community and explores the challenges and goals that remain as we enter the third year of operations.

CHH/mjk

Attachment

c: Jan Leshar, Deputy County Administrator for Medical and Health Services  
Danna Whiting, Behavioral Health Administrator  
Honey Pivrotto, Assistant County Administrator, Health Policy  
Jeff Nordensson, Director, Communications Office  
Neal Cash, President and CEO, Community Partnership of Southern Arizona  
Sarah Frost, Administrator, UAMC-South Campus  
Patricia Harrison-Monroe, Chief of Behavioral Health Services, UAMC-South Campus



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# MEMORANDUM

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Date: September 18, 2013

To: C.H. Huckelberry  
County Administrator

From: Danna Whiting, M.S.  
Behavioral Health Administrator

Via: Janet K. Leshner   
Deputy County Administrator  
Medical and Health Services

**Re: Second Year Report on the Behavioral Health Pavilion and Crisis Response Center**

This memo is in response to the attached memorandum dated June 7, 2013, whereby you requested a report from our team that analyzes whether Pima County is better off than before the Behavioral Health Pavilion (BHP) and Crisis Response Center (CRC) began operation. You included a list of items that should be included in the report. This memorandum will address those specific items. Now that we have reached the two year anniversary, this report will also analyze the impact on the community and will explore what, if any, challenges or goals remain as we enter the third year of operations.

## **History of the Provision of Behavioral Health Services in Pima County**

In 1995, the Community Partnership of Southern Arizona (CPSA) became one of several Regional Behavioral Health Authorities (RBHA's) in Arizona. CPSA is the RBHA for Pima County. The Arizona Department of Health Services (ADHS), Division of Behavioral Health Services (DBHS), contracts with RBHA's to distribute funds from Medicaid dollars via a contract with the Arizona Health Care Cost Containment System (AHCCCS) health plan. The RBHA then contracts with community organizations to deliver behavioral health services to youths and adults including substance abuse and mental health treatment. CPSA has been the RBHA since that time, coordinating and managing publicly funded behavioral health services in Pima County. They currently contract with multiple community organizations including, among others, COPE, CODAC, Casa de los Niño's, La Frontera, Marana Health Center, Pantano Behavioral Health, and Providence Service Corporation, who provide adult and/or children's services.

As the need for behavioral health services has grown with Tucson's population, and a better awareness of available treatment options, the need for a streamlined and focused crisis services continuum became clear to both the behavioral health community and Pima County. Planning and collaboration between stakeholders began in 2004 and would ultimately lead to the psychiatric crisis and inpatient units on the Kino Campus. The University of Arizona Medical Center South Campus (UAMC-SC) would become the operator of the planned BHP, and the Crisis Response Network of Southern Arizona (CRN), via a contract with CPSA, would become the operator of the CRC. These parties, along with leadership in Pima County, designed and oversaw the planning and construction phases of these two projects.

## **Background and History of the BHP and the CRC**

The BHP and CRC at the Kino Campus were built with 2004 and 2006 bond funds. Construction began in 2009 and these buildings were completed as scheduled in the summer of 2011 when they opened their doors to the community in August of that year. The original intent behind the construction of the facilities and services offered was to appreciably expand the availability of and opportunity for crisis services for individuals in Pima County experiencing a behavioral health crisis.

The goals were to decrease pressure off of overcrowded area Emergency Departments (EDs), decrease the time spent by law enforcement dealing with those in crisis, improve communication between area hospitals, offer more focused services to those in crisis to reduce recidivism at the jail and area hospitals, and offer quality behavioral health services to those most vulnerable in our community. These facilities operate twenty-four hours a day, seven days a week, three-hundred and sixty-five days per year.

As part of the planning process, Pima County established three tenets framing 12 guiding principles to ensure that the operators of the CRC and BHP facilities would remain focused on integrated behavioral and medical care that would be both cost effective and produce the highest quality of services for the citizens of Pima County. The three tenets and 12 guiding principles are as follows:

- I. Efficient and Effective Service Delivery and Training of the Healthcare Workforce
  1. Best practices model of care
  2. No wrong door philosophy by all personnel working on the campus
  3. Urgent crisis care capable of providing evaluation statutorily described in (ARS) Title 36, Chapter 5, COE process
  4. Call center/Mobile Acute Crisis team dispatch and operations
  5. Graduate Medical Education/Workforce
  6. Reduced use of other Emergency Departments
- II. Financial Viability and Sustainability
  7. Optimize payers for services
  8. Assist individuals with enrollment in RBHA system and AHCCCS system
  9. Completion of payer contracts for all services to reduce uncompensated care and financial reliance on the County
- III. Public Safety
  10. One stop crisis system 24/7
  11. First responders return to duty
  12. Collaboration with the County, Courts, and detention centers to reduce housing of adults and children suffering from mental illness

A list of approximately 30 questions that inquired as to the status and/or progress of accomplishing the goals of the tenets and principles were sent to the leadership at CPSA and the BHP. Similar questions were sent last year by the previous Behavioral Health Administrator. This year, the BHP leadership answered the questions and also met with county staff to provide comprehensive information which is included in this report. CPSA provided written information which is included in this report.

### **Best Practices – Integrating Medical and Behavioral Health Issues**

The first two questions centered on integrated best practices. The BHP reports that in the last year they have continued their practice of having dedicated Family Community Medicine Nurse Practitioners providing services to the psychiatric units which includes physical examinations, testing for STDs, emergent and non-emergent medical services present at the time of intake and consultation and follow-up for non-emergent health needs. When asked about the collaboration between the BHP and the CRC that focuses on the timely transfer of patients to and from the CRC and other area facilities, the BHP reports that the BHP and CRC continue to discuss ways to improve communication and avoid inappropriate transfers which can cause additional stress to the patient. They state that transfer agreements are in place between UAMC-SC and the CRC allowing patients to be transferred to the ED when necessary to receive medical clearance. The BHP staff state they have “made several suggestions to CRN pertaining to lab test equipment so that patients do not need to be transferred solely for labs.” CPSA states they have not been made aware of any such practice and noted that they do contract for laboratory services at the CRC.

CPSA is working with the UA Department of Psychiatry and Department of Family and Community Medicine to expand physical healthcare services offered at the CRC. CPSA will fund this expansion using \$185,000 from its reserves, as ADHS/DBHS funds may not be used to pay for physical health care.

CRC utilizes the services of HOPE, Inc., a not-for-profit peer mentor organization. HOPE staff persons are stationed at the CRC and they provide assistance to adults who present at the CRC for services to help them navigate the complex behavioral health system, as well as offer peer support and aftercare options. Peer support and peer navigators are considered an evidenced based best practice.

### **No Wrong Door – Continuum of Care Regardless of Campus Point of Entry**

The philosophy of the “No Wrong Door” is integral to overall success of these facilities. The County views this as such an important principle that it was included in both operators’ lease agreements. This office has heard from law enforcement and staff from the Pima County Sheriff’s Department that there are times that the sally port is accessed, but they are informed they need to go around the building to the ED. According to the information my office receives, this seems to happen rarely. The BHP staffs’ feedback is that the staff at the CRC is supposed to notify them and the ED when they are on “hospital hold status”. The BHP leadership reports that notifications are inconsistent. CPSA states that the CRC is rarely on a hospital hold and, when that is necessary, individuals still are admitted through the sally port and as walk-ins. Although CPSA reports that individuals and/or law enforcement officers are never turned away from the CRC, this office receives anecdotal information from law enforcement that they are occasionally told to take people to the ED when the CRC is at capacity. Overall, it seems the CRC staff is expedient and very helpful to law enforcement.

One of the major accomplishments of these facilities includes the infrastructure built around access by law enforcement, as well as the processes created by the CRC staff that allows law enforcement to bring individuals with a mental illness or substance-abuse crisis through the secure sally port where they are safely and quickly transferred to behavioral health staff. Prior to the opening of the CRC, law enforcement routinely spent several hours sitting in EDs waiting for patients to be triaged and moved to a secure setting. The CRC provides both, and allows law enforcement officers to return to duty in less than 15 minutes on average for adults, and less than one hour for children. Prior information indicated

that the timeframe was less than 10 minutes on average, so it appears that the average time has increased slightly. This is still a major accomplishment for the crisis system and one of the major successes of the facility.

### **Call Center – Mobile Acute Crisis (MAC) Teams**

Law enforcement has given consistent feedback that they would like to see more use of the MAC Teams for transporting voluntary patients to the CRC, which would further free up law enforcement time spent off the street. CPSA reports that over the past year, MAC Teams have provided transportation to the CRC for 518 voluntary persons. Also, CPSA contracted with a provider for transporting voluntary patients. This service is available to any person in the community travelling to the CRC and is also available for transportation from the CRC. Over the past year, an average of 407 transports was provided every month.

Per CPSA, the CRC dispatched MAC Teams to assist law enforcement 1,306 times from August 1, 2012, through July 31, 2013. Response time is an average of 30 minutes or less. More than 100 MAC responses per month are focused on law enforcement calls to the crisis line.

### **Graduate Medical Education (GME) Workforce**

Healthcare workforce development is critical to meet the healthcare needs of Pima County's growing population, particularly in behavioral health. All of Pima County is designated a Behavioral Health Professional Shortage Area for low-income individuals by the US Department of Health and Human Services Health Resources and Services Administration. ADHS indicates that to alleviate the behavioral health physician shortage statewide, Arizona would need to add 130 psychiatrists. There is not only a shortage in psychiatrists but also in the people to fill positions needed across the entire behavioral health care workforce and service continuum, including nurses, counselors, social workers and behavioral health technicians.

UAMC-SC serves as a training site for an array of healthcare professionals through its accredited Graduate Medical Education (GME) program. The BHP and CRC provide an opportunity to train behavioral healthcare professionals to alleviate current and future shortages in psychiatrists. The BHP serves as a rotation site for 24 physicians training in psychiatry. In addition to the physicians, the BHP provides a training site for psychologists, nurses, pharmacists, and social workers. The BHP has partnered with Pima Community College, the Tucson Indian Center, Pima County One Stop and community providers to establish a career pathway for behavioral health technicians.

The leadership of the BHP also has plans for future workforce development training opportunities. They are working with the University Of Arizona College Of Nursing to establish the BHP as a training site for nurse practitioners in the doctoral program. Resident rotations include opportunities to work in the adult jail and juvenile detention facilities and the County continues to develop partnerships with UAMC-SC for new opportunities for residency and internship programs.

The CRC is a major training site for residents, child fellows and medical students, and they currently have a contract with UAMC-SC for psychiatric services at the CRC. This means that the same psychiatrists and psychiatric nurse practitioners work at the BHP and the CRC, which creates better continuity of care for the individuals receiving treatment as well as strengthens the working relationship between the two operators.

### **Payers for Services**

The questions posed to the operators for this area included a request for detailed lists of payer contracts reimbursing the CRC for crisis and observation services and those reimbursing the short term sub-acute inpatient services including Medicare Advantage plans, AHCCCS Acute plans and commercial payers. CPSA uses braided funding to support its crisis network, including the CRC. Funding streams comprise Medicaid Title XIX and Title XXI, state crisis, Pima County Intergovernmental Agreement (IGA), block grant funds and CPSA net assets. Another question asked what process is used to verify third party coverage when a person is admitted to the CRC or BHP. The BHP responded that at the point of admission they check the AHCCCS website and Emdeon, which is the largest financial and administrative information exchange in the United States and provides revenue management and clinical information exchange solutions to connect payers, providers and patients. CRC staff persons screen individuals at the CRC for AHCCCS eligibility and other potential payment sources. RBHA enrollment and/or eligibility are verified at time of arrival at the CRC, and staff also verifies if the individual has insurance through a commercial carrier. Services provided to patients at the BHP and the CRC are billed to the appropriate insurance companies for reimbursement. CRN is a Medicare provider, and has a contract with Blue Cross and is working to obtain additional contracts..

Another area we are interested in learning about is whether the operators are actively seeking grant funding for programs or services or special initiatives identified by their respective strategic plans as a way to offset costs and increase available services for patients, the BHP, CRC, CPSA and the County. Also, it is important to know if the operators have identified community partners for collaboration on special grant initiatives. BHP leadership have requested letters of support from Pima County Behavioral Health several times over the last year as they have continuously sought out and applied for grants. They report that "the qualities we seek in community partners with whom we collaborate are a shared vision re the proposed services, proven track record in providing or supporting such services and the ability to commit to continued collaboration beyond the grant period as indicated." CPSA reports that they partnered with UAHN on a recent proposal to the Centers for Medicare and Medicaid Services.

### **Assistance with Enrollment**

Just as important as screening for existing services, both operators assist individuals with enrolling for benefits, as needed. The BHP reports that all uninsured individuals are screened for AHCCCS and that a financial eligibility specialist and Arizona Department of Economic Security staff work with individuals to apply for assistance for which they are eligible. Screening for other public assistance such as the Supplemental Nutritional Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) is also available and is determined during the psychosocial assessment completed by the inpatient social worker. Per CPSA, CRC staff both screens individuals for AHCCCS and provides referrals for care before the individual leaves the CRC. In addition, CPSA has contracted with HOPE, Inc., to help individuals at the CRC apply for other public benefits. With the expansion of Medicaid coverage in January 2014, CPSA states that the CRC will increase its focus on ensuring individuals are helped to apply for these benefits.

### **All Contracts in Place for Billing Full Spectrum of Payers**

The BHP, as part of the University of Arizona Health Network (UAHN), is contracted with all major insurance companies, AHCCCS (with the exception of MercyCare), and Medicare. The lack of a UAHN

contract with MercyCare, one of the two health plans in Pima County holding the contract with AHCCCS to serve the members of the Arizona Long Term Care System (ALTCS), could result in a shift of care for the elderly and disabled population to other hospitals which are contracted with MercyCare, putting an additional burden on the crisis system. Historically, hospitals will not accept patients if they do not hold a contract with the payer and conversely the payer will not authorize a transfer of their members to hospitals with which they are not contracted. The BHP reports that they have added United Health Care to their payer contracts in the last year.

CPSA reports that CRN has obtained a contract with Blue Cross, has an existing contract with Medicare and receives state and federal funding for crisis services in Pima County. The CRC staff will continue to seek out other commercial payer contracts.

### **Electronic Medical Record and Participation in the Health Information Exchange**

The meaningful use of Electronic Medical Records (EMR) is dictated by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). Within this legislation is the mandate of Electronic Health Records (EHR) by 2014. Both the CRC and BHP utilize some form of EHR, but they currently do not use the same system, which may lead to some challenges including the need to cross train psychiatrists who work for UAMC-SC, but provide services to the CRC through a contract.

UAHN has made a significant investment in upgrading the Electronic Health Record (EHR) system for its two hospitals and nearly 900 physician/provider services. UAHN has contracted with the award-winning EpicCare EMR, known for being fast and physician-friendly. Implementation is scheduled to begin on November 1, 2013. The BHP will be utilizing this system. The version of Epic being implemented is certified to the 2014 standards established by the Office of the National Coordinator for Health Information Technology (ONC), positioning the system to rapidly interface with the statewide HIE, known as the Health Information Network of Arizona (HINAZ). The timeline for initiating participation is not clear. At this time it appears resources are focused on the implementation of Epic throughout this sizeable system.

UAHN is a paying member of HINAZ but is not actively participating as a data sender or receiver. Neither the BHP nor CRC are using the viewer option available through HINAZ to screen for current medications upon admission or intake of the patient

The CRC uses Credible EHR as part of its clinical practice. Over the past year, significant enhancements were made to the EHR, including hiring of a dedicated EHR Administrator to support credible enhancements, increased data collection and system maintenance. Those included adding fields to the EHRs for more detailed and extensive records; adding, modifying and combining forms, including a streamlined Brief Crisis Assessment and creating automatic notifications to management and behavioral health medical practitioners. They are not currently participating with HINAZ, but the behavioral health providers state-wide, including CPSA, have begun to create a health information exchange that is specific to behavioral health information.

### **One Stop Crisis System**

The questions posed in this section include the percentage increase that has been achieved in the utilization of children's crisis services at the CRC, and what steps have been taken to inform the public

on the availability of children's services at the CRC. The BHP does not currently provide inpatient services to minors. CPSA reports that the CRC provided services to 1,743 children and youth in its second year, a 14 percent increase from its first year. CRN employs a staff person to continue to educate the public about the services available to children. In addition, CPSA has conducted extensive outreach to educators and other community members to advise them of available resources including the CRC.

### **Impact of the Affordable Care Act**

The Affordable Care Act (ACA) may profoundly impact the behavioral health system. Both the BHP and CRC have an opportunity to radically improve the impact the uninsured have on their facilities with uncompensated care by taking a proactive approach to educating, engaging and assisting patients with enrollment in either an AHCCCS plan or a Qualified Health Plan through the Federal Marketplace. The enrollment period begins October 1, 2013 with coverage beginning January 1, 2014.

The challenge for the BHP and the CRC is to develop and implement timely and effective strategies to identify and assist the uninsured at the point of service, and involve family who can assist by securing the information for the applications. With the expansion of Medicaid and the ACA, CPSA anticipates that a number of persons, primarily childless adults, will now be eligible for healthcare coverage. CPSA reports they will work with the CRC to ensure a process is in place to fully screen individuals for all types of benefits.

The goal would be to assure the uninsured person is enrolled and has insurance so they have the ability to access care and medications upon discharge from the BHP or CRC. This type of engagement and assistance is particularly important for individuals with behavioral health conditions who may have a more difficult time navigating through the system. CPSA has worked with HOPE, Inc., to establish a peer-navigation program at the CRC that assists individuals with navigating the system and accessing follow-up care.

### **First Responders Return to Duty**

Since the CRC opened in 2011, law enforcement has seen a dramatic reduction in the time it takes to drop off individuals who are in acute psychiatric crisis. What used to delay law enforcement officers for hours in EDs now takes, on average, about 15 minutes through the use of the crisis line and secure sally port. The CRC has successfully streamlined the process for law enforcement officers to ensure individuals are appropriately triaged and admitted for care. Since the time has increased slightly over prior reports, we will look to next year's data to see if the time remains steady at 15 minutes or less for adult drop offs as a measurable indicator of the efficiency of the drop off process.

Drop-offs for children by law enforcement take more time, largely due to custody issues. Law enforcement cannot leave a juvenile at the CRC without the permission of the parent, guardian or Child Protective Services. Sometimes it takes time for the CRC to track down and resolve issues related to custody. The staff at the CRC report that drop offs for children take about 40 minutes on average. This is a decrease from the prior year where it was reported that it took as much as one and a half to two hours. This is a great improvement.

### **Operating an Urgent Care Crisis Program Capable of Initiating Involuntary Commitment**

An important part of the design of the CRC was to serve as a portal for the community, treatment agencies, and law enforcement to refer individuals experiencing behavioral health crisis. From the CRC portal, individuals in crisis can be assessed, counseled, released, or safely discharged home, to family members or transferred to other providers. They can also be screened for referral, as a last resort, to the involuntary commitment process. CRC staff is well acquainted with the involuntary commitment requirements and limitations, and exhaust all other options for those in crisis before referral to the involuntary commitment process. Once that process has been initiated, however, the CRC discharges the proposed patient to the Behavioral Health Pavilion or other area hospitals for inpatient evaluation and treatment pursuant to the involuntary commitment process.

In the CRC's second year of operation, 69 percent of individuals arriving under an involuntary Application for Emergency Admission for Evaluation – 1,208 people – instead agreed to voluntarily enter treatment after they were seen at the CRC. These individuals were diverted to community services or voluntary services in a Level I facility.

### **Collaborating with the Courts**

There are two aspects of court collaboration. One is the collaborative efforts between CPSA, the CRC, and the BHP in relation to the Superior Court, Probate Division which oversees Arizona Revised Statutes, Title 36, Chapter 5 as it relates to civil commitment. Both operators provide services for Pima County residents by providing psychiatric crisis services and evaluation mandated by the statutes. While the CRC is not an evaluating hospital, they provide the initial entry point for those under Application for Emergency Admission for Evaluation so individuals can be triaged and assessed for admission to the appropriate level of care in the crisis system. The BHP is an evaluation agency as defined by statute. Aside from evaluations, the BHP staff provides required testimony at civil commitment hearings as well as providing the necessary paperwork and timely filings required to keep someone in need of court-ordered services in the process until their ultimate discharge.

A total of 1,255 individuals entered the court-ordered evaluation process at UAMC-SC. UAMC-SC dropped 24 percent of petitions because the individual agreed to receive services voluntarily. The Court ordered treatment 91 percent of the time for individuals who went before it from UAMC-SC.

The second area of collaboration is with the Superior Court Specialty Court (mental health court). Currently, Judge Deborah Bernini oversees Specialty Court and Pima County Adult Probation oversees defendants in the community and reports to her on those cases. CPSA, COPE, CODAC, La Frontera, HOPE, and the Veteran's Administration all participate in this Court collaboration. One of the needs of the Court has been the timely notification of when a person who is on their active list of participants goes into an inpatient facility. Since many are seen first at the CRC, the Court has repeatedly asked that the CRC and BHP notify them of such admissions. HIPAA precludes the general sharing of information, and both the CRC and BHP have maintained that they are prohibited from such disclosures. The Court has repeatedly argued that HIPAA does not necessarily apply to criminal justice and Judge Bernini has offered to issue orders to both operators to further protect them from liability. Both operators have expressed concerns and resistance and report to the County that their respective legal departments have taken the matter under advisement.

The Superior Court has experienced the need to issue arrest warrants, as well as taking individuals into custody due to their absence at required court hearings, and other infractions of their release conditions, only to find out later that the person was at the CRC and/or BHP during that time. Both the BHP and CRC leadership have expressed a desire to work with the Court to resolve the issue, and Pima County Behavioral Health has hosted meetings to further conversations about the issue, but to date no resolution has been found.

### **Reducing the use of Emergency Departments (ED) for Behavioral Health Crises**

To prepare for this report, Pima County staff created a survey tool and distributed it to all local EDs. Several questions in the survey requested information on the operational effectiveness of the CRC. While not all of the hospitals had data on how long on average it took the CRC to respond to their request for a transfer of the ED patients in behavioral crisis, those that did respond indicated the response was dependent on bed availability at the level I psychiatric hospitals in town. In particular, the delay was commonly due to the lack of specialty beds such as geriatric and adolescent psychiatric beds.

UAMC-SC reported that the CRC has had a positive impact on the flow of behavioral health involved patients overall. Due to the increased need for geriatric beds, in late April 2013, UAMC-South expanded its geriatric psych unit by 4 beds from 14 beds to a total of 18 beds in an effort to alleviate the backlog of elderly in their ED.

The difficulties in placing adolescents and the elderly have been an ongoing problem in Pima County and are not anticipated to improve without dramatic system change. Services for children and adolescents are limited due to insufficient payment mechanisms and the availability of behavioral health professionals who specialize in these age groups. The elderly present a different challenge, in that many of those that present in crisis are experiencing multiple medical issues including dementia, not psychiatric conditions. This problem will only be exacerbated in the future as the population age 60 and older is anticipated to grow 33 percent by 2020 and the population over 85 and older is expected to grow 30 percent in the same period. The demographics clearly predict increasing demands on an already overburdened system of care that historically has relied on costly inpatient psychiatric beds to meet the needs of individuals in crisis and to house those who proceed through involuntary psychiatric civil commitments.

### **Conclusion and Recommendations**

As we approach the two year anniversary of the opening of the CRC, BHP and UAMC-SC ED, we once again need to analyze whether these facilities continue to be on track to meet the original goals set forth by the County, community and stakeholders as well as determine what modifications or improvements are still necessary.

Overall, the entire continuum of services available at or near the CRC is optimal for assessing and addressing the spectrum of behavioral health crises. . With the substance abuse detox services available at Desert Hope across the street, to the CRC which receives individuals for de-escalation of behavioral health crisis or initiation of the involuntary commitment process, to inpatient evaluation and treatment at the BHP, this campus is well-equipped to accommodate the vast majority of behavioral health issues and needs our community requires.

It does appear that the CRC and BHP have decreased pressure felt by overcrowded emergency room personnel. UAMC-SC sees a higher number of people presenting for psychiatric issues largely due to its proximity to the CRC and because the CRC refers those with acute medical issues to the ED for assessment and stabilization. Even though this may create a bigger burden on the UAMC-SC ED, it does support the idea of a "no wrong door" approach to care on the Kino campus.

The secure sally port between the CRC and BHP has served to dramatically decrease the time spent by law enforcement officers who transport those in behavioral health crisis to the CRC. This is due to the protocols and procedures in place at the CRC. What used to take hours, now takes an average of 15 minutes. This accomplishment cannot be understated. The ability for officers to quickly return to duty and be available for calls for service is paramount to a safe community. . This year it appears the amount of time has increased slightly since last year. The average time should be considered yearly as a measurable indicator of the efficiency of the CRC's ability to receive individuals from law enforcement.

The CRC has successfully increased diversion of mentally ill adults from the already overcrowded Pima County Adult Detention Complex into a behavioral health setting since they can now quickly drop off individuals and cite and release them for their criminal charges. The availability of focused behavioral health services is likely reducing recidivism in area EDs and the jail.

It is clear that while progress continues to be made by both the CRC and BHP in the area of integrated medical and behavioral health care, the ideal situation has not been achieved whereby patients would receive medical clearance at the CRC and emergent cases could be easily handled through cooperation between CRC and ED staff. There have still been cases where the CRC calls 9-1-1 in a medical emergency to have patients transported to the ED next door. Precious time can be lost in such situations and having the operators find a way to work together to resolve medical emergencies should continue to be the goal for both the BHP and CRC.

Based on this year's assessment, Pima County Behavioral Health does recommend that:

- CPISA and CRN leadership increase communication and collaboration with Pima County Behavioral Health for the purposes of continuing to enhance the services offered to the community and to ensure that the original intent of the voters is honored.
- CRC and BHP continue efforts to improve communication and explore strategies to integrate care more seamlessly to significantly reduce, and eventually eliminate the need to call 9-1-1 to transport patients from the CRC to the UAMC-SC ED.
- CRC and BHP leadership find ways to respond appropriately to requests from Pima County Superior Court that will allow for information sharing and collaboration to reduce unnecessary arrests and ensure successful outcomes.
- CPISA and UAHN observe and analyze the effects and impact on the crisis system from the expansion of AHCCCS and the implementation of the ACA, including how behavioral health services will be impacted when a greater number of people should have a payer.
- CRC continues to educate about the resources for children at the CRC that includes schools, pediatricians, the faith-based community, as well as neighborhood organizations..
- UAHN/BHP obtains a contract with Mercy Care for geriatric services under the ALTCS program.

The use of County bond funds to build these two facilities has meant significant improvements to the delivery of services, availability of services, and has reduced the time spent and resources expended by first responders and emergency departments in Pima County. The CRC and BHP serve a pressing need in the community for acute behavioral health crisis services. Although more progress can be achieved and the above recommendations should be pursued, Pima County Behavioral Health has concluded that these facilities have left the community better off than before they were built.

DW:aa

Attachment

- c: Neal Cash, President and CEO, Community Partnership of Southern Arizona
- Sarah Frost, Administrator, UAMC-South Campus
- Patricia Harrison-Monroe, Chief of Behavioral Health Services, UAMC-South Campus
- Honey Pivrotto, Assistant County Administrator, Health Policy
- Francisco Garcia, MD, Director, Pima County Health Department
- Jeff Nordensson, Director, Pima County Communications



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# MEMORANDUM

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Date: June 7, 2013

To: Danna Whiting  
Behavioral Health Administrator

From: Janet K. Leshner  
Deputy County Administrator  
Medical and Health Services

Re: Second Year Report on the Behavioral Health Pavilion and Crisis Response Center

On August 26, 2013, the Behavioral Health Pavilion (BHP) and Crisis Response Center (CRC) will celebrate two years of operations in Pima County. In recognition of and in conjunction with that anniversary I would like for our team to prepare a report that tells the Board of Supervisors and the community if the service enhancement envisioned by Pima County leadership and the community is being realized and whether the community is better off than it was before the BHP and CRC began operation.

The report should summarize the following.

1. The history of the provision of behavioral health services in Pima County.
2. The background and history of the development of the BHP and CRC, which was the result of voter approval in the May 2006 bond election.
3. Pima County's guiding tenets and UAHN and CPSA's response to key questions established by the tenets. These include:
  - a. Provide efficient and effective service delivery while maximizing opportunities for training a healthcare workforce.
    - Integrating medical and behavioral health issues.
    - Establishing a "no wrong door" approach.
    - Reducing the use of Emergency Departments for Behavioral Health Crises.
    - Operating an Urgent Care Crisis Program capable of initiating involuntary commitment.
    - Training a healthcare workforce.
  - b. Enhance public safety.
    - Establishing a One Stop Crisis Center.
    - Supporting Law Enforcement and First Responders.
    - Collaborating with the Courts.

Danna Whiting

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- c. **Maintain financial viability and sustainability while minimizing reliance on funding by the County.**
  - **Optimizing funding and financing (payer) opportunities.**
  - **Providing assistance with enrollment.**
  - **Fully utilizing electronic health records (EHR) and Health Information Exchange (HIE) systems.**
4. **Response to the Opportunities for Improvement noted in the June 2012 Status Update.**
  - a. **Fully implement across the continuum of services the "No Wrong Door" philosophy.**
  - b. **Break down barriers to integration of medical and behavioral care.**
  - c. **Assure medical clearance.**
  - d. **Enhance protocols for the operations of the sally port.**
  - e. **Incorporate law enforcement feedback on revisions to protocols.**
5. **Recommendations, if any, for short and long term enhancements or modifications.**

I suggest that the report include information through June 30, 2013 and that it should be finalized for distribution on or about August 26, 2013. Please prepare a work plan that delineates key deadlines and identifies others who may assist with the effort.

Please don't hesitate to contact me if you have questions or need additional information.

JKL:slg

cc: Neal Cash, President and CEO, Community Partnership of Southern Arizona  
Sarah Frost, Administrator, UAMC-South Campus  
Patricia Harrison-Monroe, Chief of Behavioral Health Services, UAMC-South Campus  
Honey Pivrotto, Assistant County Administrator, Health  
Francisco Garcia, MD, Director, Pima County Health Department  
Jeff Nordensson, Director, Pima County Communications