

Mississippi Mobile Crisis Teams
Connecting Care Through Crisis
Intervention

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Areas of Focus

- Define connected care?
- Explore connected care within the context of mobile crisis teams, law enforcement and acute care hospitals.
- Identify barriers to connected care within the context of crisis intervention
- Explore best practice examples which address connected care for persons in mental/behavioral health crisis
- Define roles of physicians and behavioral health providers in connected care
- Examine use of technological tools to facilitate connected care

<https://www.youtube.com/watch?v=HTY2G1tmk0w>

What is Connected Care?



The term connected care has been used in several capacities to describe the systematic process of coordinating/connecting consumer services from point A to point B

Other Related Terms

- Transitional Care
- Continuum of care,
- Wrap around services

All have the goal of creating a seamless process for meeting the needs of consumers

Connected care can occur among multiple professionals across settings working as a team to maintain care for someone with a mental illness



Connected Care During Crisis Intervention

CIT Officer



Mobile Crisis Team



Medical Receiving/CSU



Why is connected care important in Crisis Intervention?



Why Connect Care for Individuals in Mental Health Crisis?

- Increase in the number of people in crisis
- Movement from point A to point B has not been seamlessly (lost in the system)
- The period of time following a crisis. Timely care is critical
- Introduces connection to more long term help (Crisis is time limited)
- Reduces need for future crisis response
- Reduces need and associated cost with hospital admission & re-admissions
- Reduces unnecessary encounters with the criminal justice system
- Bridges gaps in services and creates warm hand offs which keeps people in needed services

Multiple Partners in Connected Care

- Mississippi Department of Mental Health
- **Community Mental Health Center**
 - Mobile Crisis Team*
 - Crisis Stabilization Unit
 - MAP
 - AOT
 - PACT
 - The Bridge
- **Local hospitals/Receiving Facility**
 - Merit Health Central
 - St. Dominic Behavioral Health
- **Law Enforcement agencies (CIT Ofc)**
 - Jackson Police Department
 - Hinds County Sheriff's office
 - Byram Police Department
- American Medical Response
- Mississippi Attorney General Mental Health Task Force
- NAMI (National Alliance on Mental Illness)

Mississippi Mobile Crisis Response Teams

- Grant funded (Mississippi Department of Mental Health)
- 2014
- All 14 of the state's regional mental health centers
- Solution focused/Recovery oriented
- Intervention and assessment performed in the location of the crisis
- Avoid unnecessary hospitalization
- Connect to needed services

Mobile Crisis Teams (HBHS)

- Staffed by:

2 Master's level clinicians

4 Community Support Specialist, 2 Peer Support Specialist

1 M-Cert Coordinator

- Available 24 hours a day 7 days a week
- 1 hour response time (urban) 2 hours (Rural)
- On-site, solution focused intervention, de-escalation, assessment & intake
- Triage with medical staff at CSU/Receiving Facility
- Follow up Follow up FOLLOW UP!!!!

History of CIT

The Memphis Model





What is a CIT Officer?



- Crisis Intervention Team (CIT) officer means a **law enforcement officer** who is **authorized to make arrests** under section 99-3-1 and who is **trained and certified in crisis intervention** and who is **working for a law enforcement agency that is a participating partner in a Crisis Intervention Team** (MS Code 41-21-131) (2017)
- 40 hours of intense training (Voluntary)
 - MH Didactics, role play, and de-escalation training
 - Assists mobile crisis team with mental health calls in the community

Crisis Receiving Facilities

- Crisis Stabilization Unit
- St. Dominic Hospital
- Merit Health Central



Connected Care Models and Interventions

- Limited published models and interventions specifically targeting individuals in a mental health crisis
- Most geared toward general medical population
- From inpatient to home model
- Components of existing models can be successfully adapted and tailored to address this gap

Models and Interventions in Connected Care

- **RARE**: Reducing Avoidable Hospital Admissions (5 evidence-based areas)
- **BOOT**: Better Outcomes for older adults
- **RED** –Re-Engineered Discharge (virtual patient advocates)
- The **Bridge Model** –short term 30 day post hospitalization
- **EFC** Model (Engagement Focused Care)*
- **ARC** Model (Availability, Responsiveness, and Continuity) *



Engagement Focused Care Model (EFC)

- Department of Psychiatry University of Texas Health Science Center
- University ran Transitional Care Clinic (TCC)
- Looked at SC vs EFC for individuals with SMI discharged from hospital/ED
- Designed to address provider shortage
- Provides services and follow along for 90 days (Time limited)
- Inpatient and ER referrals

Features of EFC Model

- Designed to offer more rapid intake and access to care for SMI
- Access group intake process (Prioritization of needs)*
- Shared decision making (Person Centered Care)*
- Treatment end with warm-hand off to appropriate level of care

ARC Model

“Change Agents”

- Personal relationships
- Network development
- Team Building
- Information and assessment
- Feedback
- Participatory Decision-making
- Conflict Resolution
- Continuous Improvement
- Job-redesign
- Self-regulation

Case Study

CIT

Psychosocial
Rehab/
education
Warm hand off

Mobile Crisis
response
team

Family
Engagement
and support



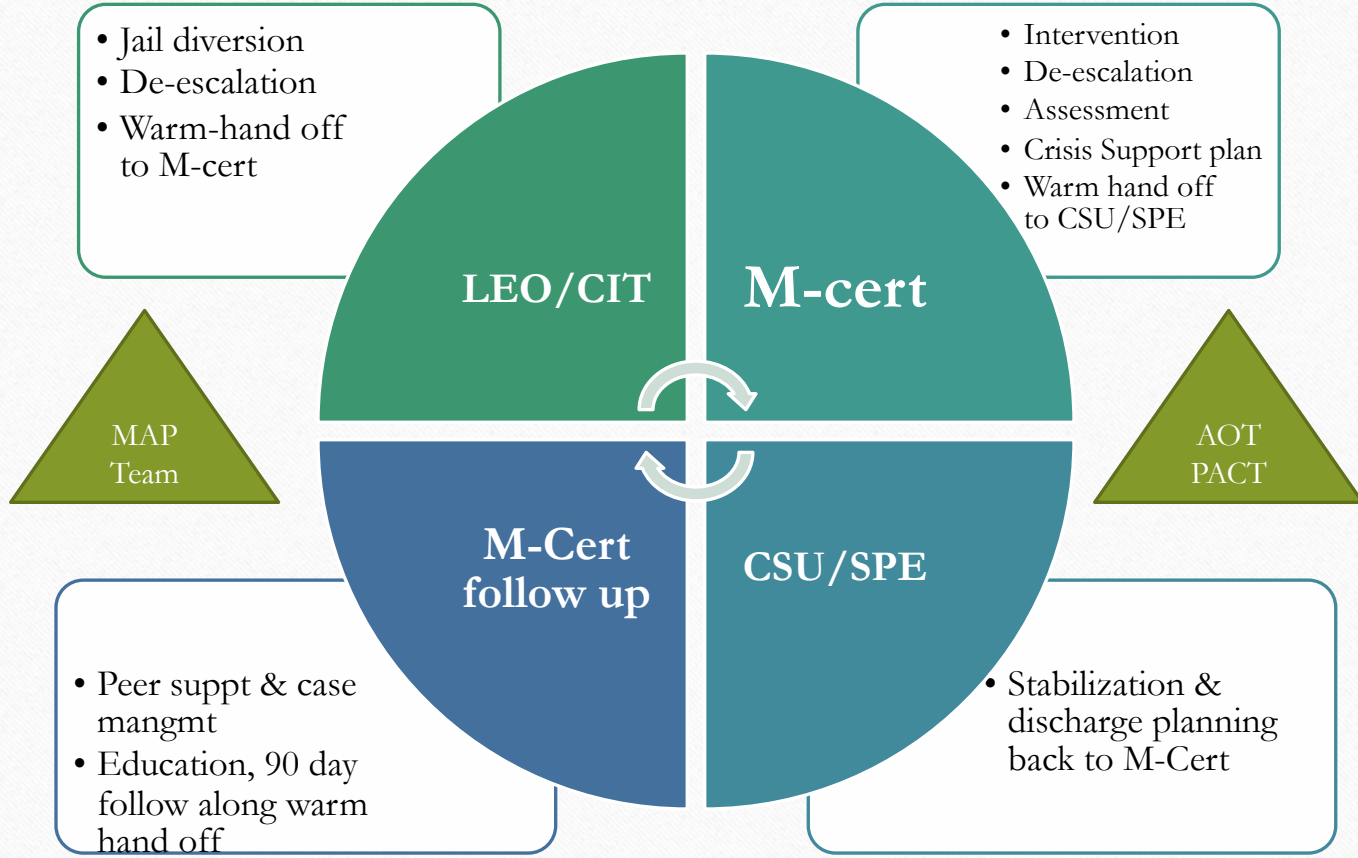
CIT safe
transport

MAP Team
Patient
Assistance

Receiving facility

Peer support
& Case
management

Intake
Psych Eval
PCP



Barriers to Connected Care within Crisis Intervention

- Lack of EARLY engagement and consumer involvement
- Poor treatment follow through (severe consequences)
- Not addressing the root cause that lead to the crisis
- Current culture (Silos)
- Poor interagency relationships and communication
- Lack of strategic planning and written processes (MOU)
- Poor systematic coordination/discharge planning
- Information sharing
- Interagency policies that conflict with one another

Roles of Physicians and Behavioral Health Providers

- Treatment follow through after crisis
- **Engagement**, client **Inclusion**, and **Education**
- Appropriate referrals/warm hand off
- Establish effective referral/transition procedures
- Person centered care/treatment plans
- Recognize frequent users of crisis services and ED (High risk individuals)



Technology and Connected Care: Telehealth

- Support long distance clinical and non-clinical mental health care
- Supports connected care by providing support, education, clinical services and even crisis intervention through mediums such as video conference
- Addresses transportation barriers
- Assist rural providers with delivery of better health care by connecting rural providers and consumers to services at distant sites and promoting patient centered care.

Core Concepts

Client/Family Involvement

Psychoeducation

Care Coordinator/Navigator/Coach

Systematic protocols & communication procedures

Relationships & shared Responsibility

Follow up & follow through

Coordination of care across domains



HBHS Mobile Crisis Team

Connecting Care



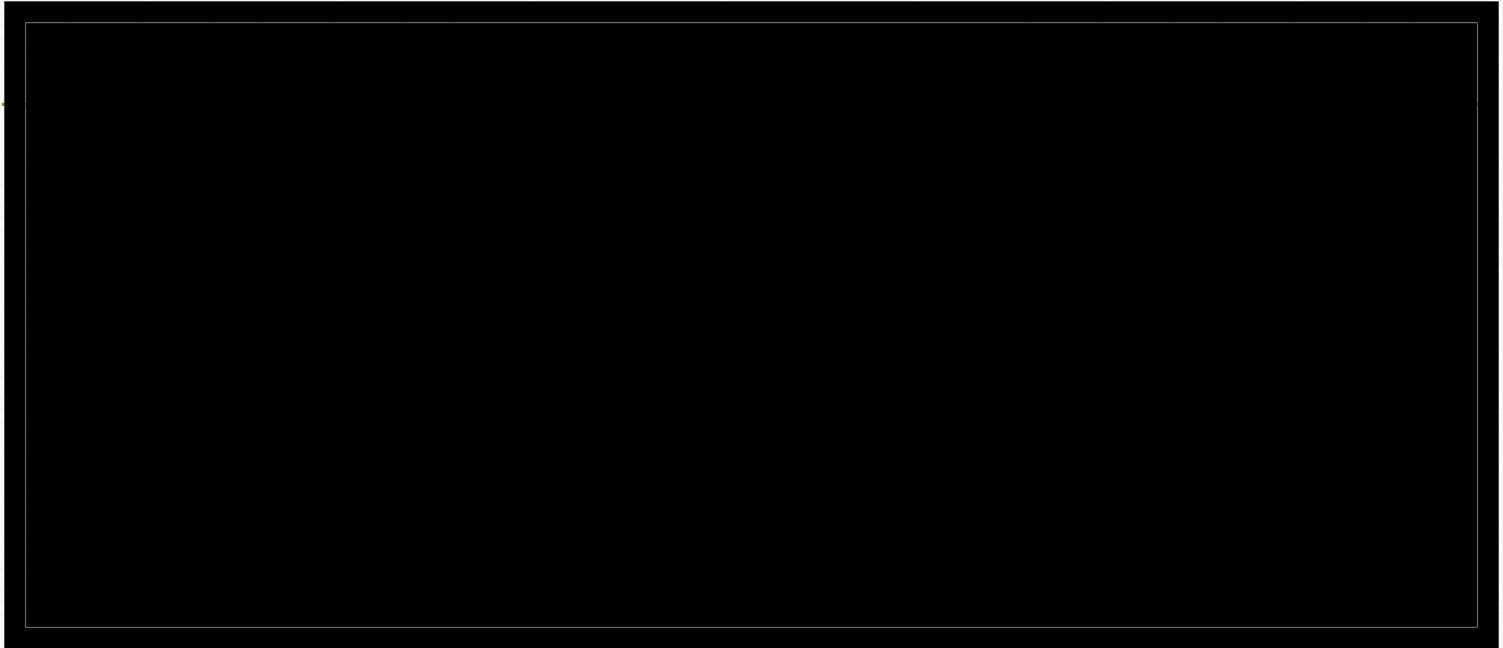
2018 Crisis Intervention Team Connecting Care



2019 Crisis Intervention Team Connecting Care



Crisis Intervention Team Collaboration



Community Resources for Persons with Mental Illness

Community Mental Health/Intellectual Disability Center Service Areas



Thanks!

Any questions?

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