



mercy maricopa  
integrated care

# Delivering Crisis Services within an Integrated Care Model in Maricopa County, Arizona

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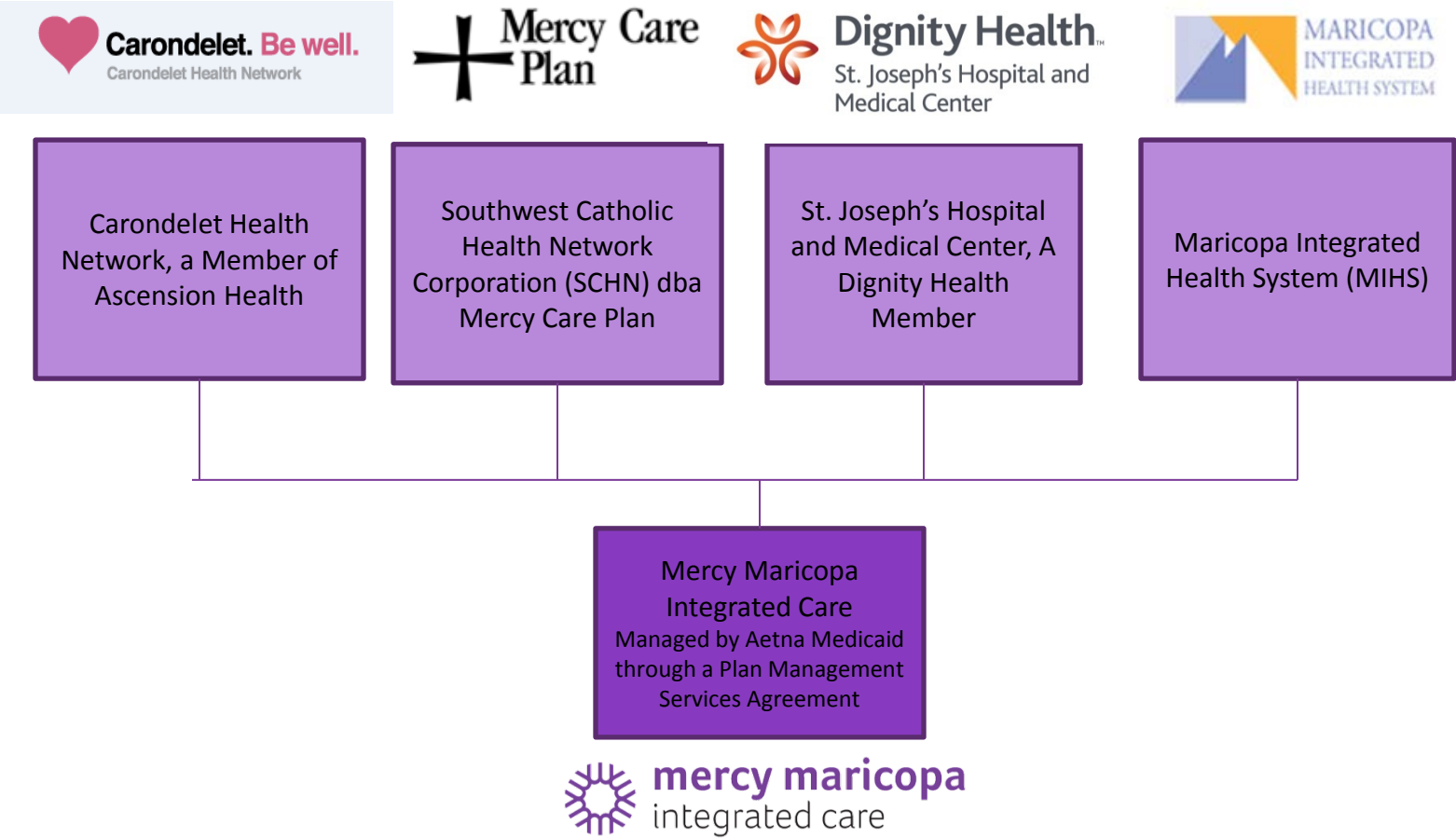
# Presentation Goals

1. Describe the integrated Regional Behavioral Health Authority (RBHA) model in Maricopa County, Arizona and its impact on provision of care for members
2. Discuss results from the comprehensive Crisis 360 Evaluation conducted in 2014
3. Examine lessons learned and potential strategies to incorporate evidence-based practices to promote member outcomes and system efficiencies

# Mercy Maricopa Integrated Care



# Mercy Maricopa Sponsorship



# Regional Behavioral Health Authority in GSA 6

- Mercy Maricopa was awarded contract to manage the integrated Regional Behavioral Health Authority (RBHA) program in Maricopa County, Arizona
- One of the largest public behavioral health systems in the United States
- Contract began April 2014
- Redesigning and enhancing the behavioral health system to support integrated care delivery

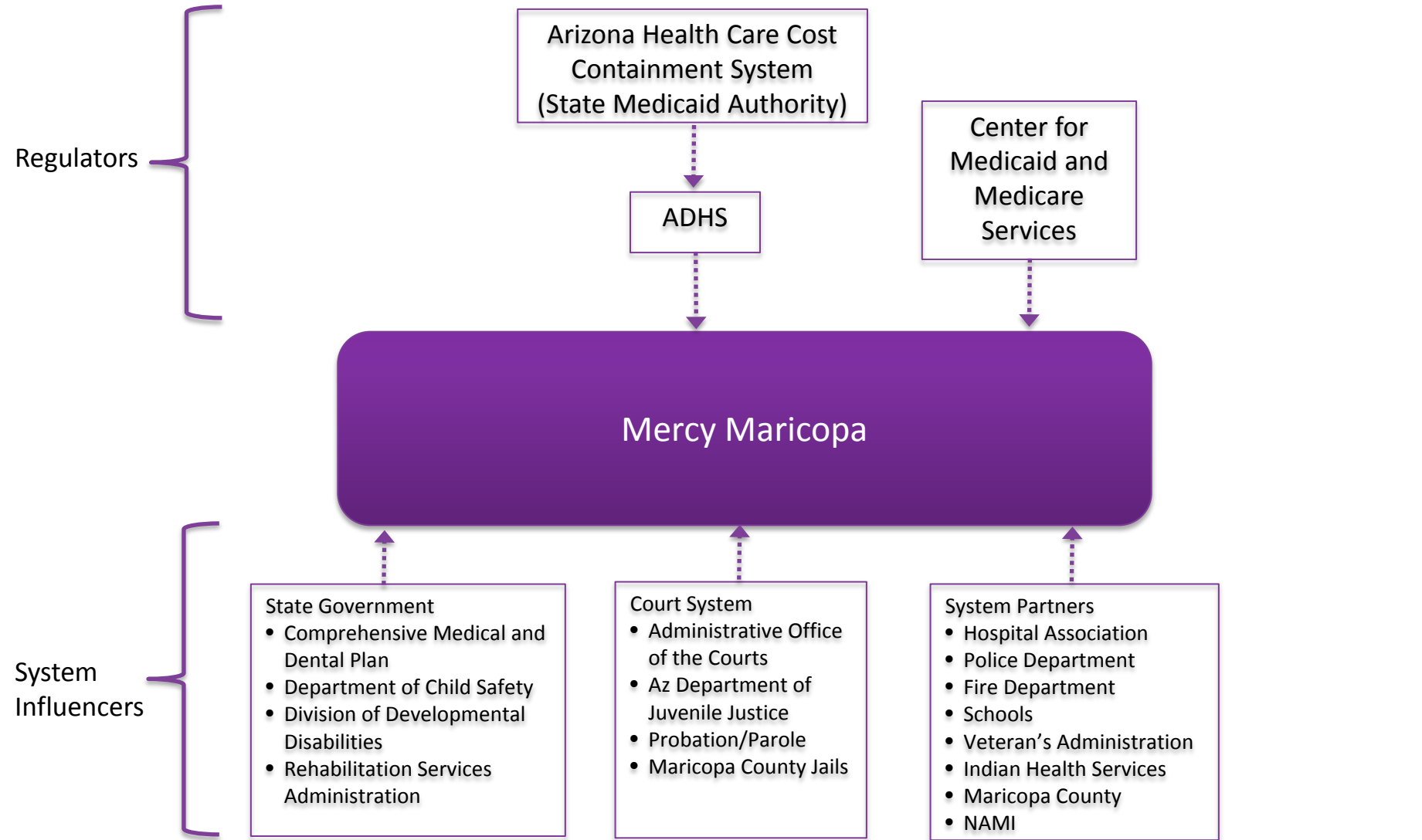


# Populations Served

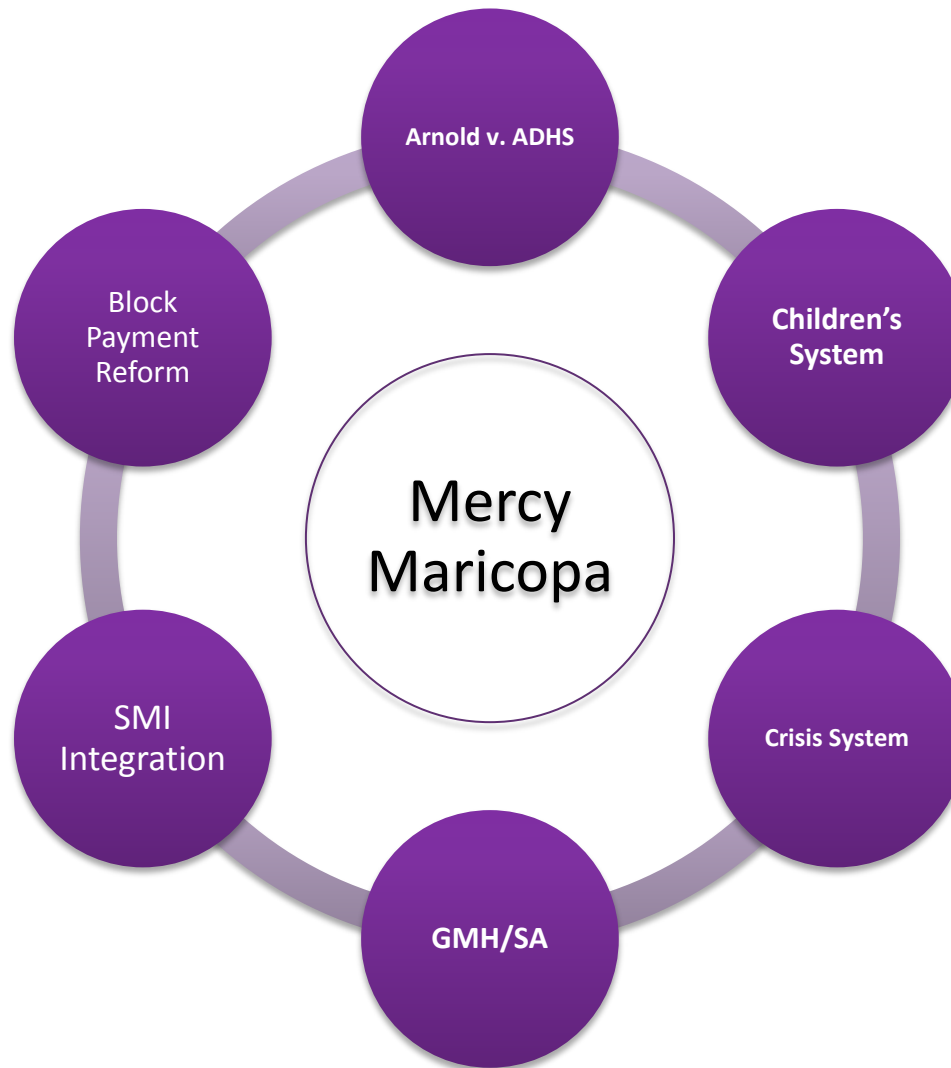
| Population  | Programs  | Eligibles      |
|---|---|----------------|
| Medicaid eligible individuals with a Serious Mental Illness               | Integrated physical, behavioral health, and substance abuse services                    | 15,456         |
| Medicare-Medicaid eligible individuals with a Serious Mental Illness      | Integrated physical, behavioral health, and substance abuse services                    | 1,532          |
| Medicaid eligible adults with general mental health/substance abuse needs | Behavioral health and substance abuse services  | 365,594        |
| Medicaid eligible children  | Behavioral health and substance abuse services, case management for high needs children | 396,475        |
| <b>Total Medicaid Eligible Members</b>                                    |   | <b>779,057</b> |
| Non-Medicaid eligible individuals with a Serious Mental Illness           | Behavioral health and substance abuse services, housing, and supported employment       | 4,339          |
| Non-Medicaid eligible children and adults                                 | Crisis services   | *4,000,000     |

*\* All residents of Maricopa County*

# Regulators and System Influencers



# Mercy Maricopa: Six Business Priority Areas





# Six Business Priority Areas

- **Arnold v. ADHS**

- Fully implement a system of care for members determined to have a serious mental illness that supports the member in achieving their recovery goals, is consistent with evidence-based practices, and adheres to the Arnold v. ADHS agreement.

- **Children's system**

- Transform the children's system in a way that actively engages families and system influencers in the process and promotes member and family choice in where, how, and from whom they receive their services.

- **Crisis system**

- Collaborate with system partners to enhance the current crisis system to maximize and align resources, and connect individuals to the services and supports they need to achieve their recovery goals and promote resiliency.
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# Six Business Priority Areas (cont'd)

- **General mental health/substance abuse (GMH/SA)**
  - Implement an integrated and coordinated model of care for members with general mental health and substance abuse needs.
- **Integrated care for members with a serious mental illness (SMI)**
  - Transform the service delivery system for members determined to have a serious mental illness into a fully integrated care model that delivers high-quality medical and behavioral health services.
- **Block payment reform**
  - Align payment processes and incentives to purchase high-quality, cost-effective services that improve member outcomes and increase accessibility.

# Critical Elements for Success

- Integration of physical and behavioral health services
- Coordination across system partners (e.g., county, state agencies, Medicaid, behavioral and physical health providers)
- Comprehensive and accessible covered services
- Peer and family members as part of the service delivery system
- Member choice in providers
- Provider training and support
- Information-sharing technology
- Clinical decision support (evidence-based practices, clinical practice guidelines)

# Vision and Priorities for the Maricopa County Crisis System



# Establishing Priorities

## **Our approach has been:**

- Member-centric
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# Setting the Vision for the Crisis System

## Goals:

1. Enhance the member experience
  2. Address the needs of the entire community
  3. Leverage available local, county, state, and federal resources to meet the community's needs
  4. Maximize funding streams
  5. Reduce duplicative services
  6. Take a systematic, data-driven approach to improve the responsiveness and effectiveness of the crisis system
  7. Provide all community members access to a full continuum of crisis services
  8. Facilitate access to appropriate, community-based services and reduce inappropriate facility-based admissions
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# Crisis 360 Evaluation

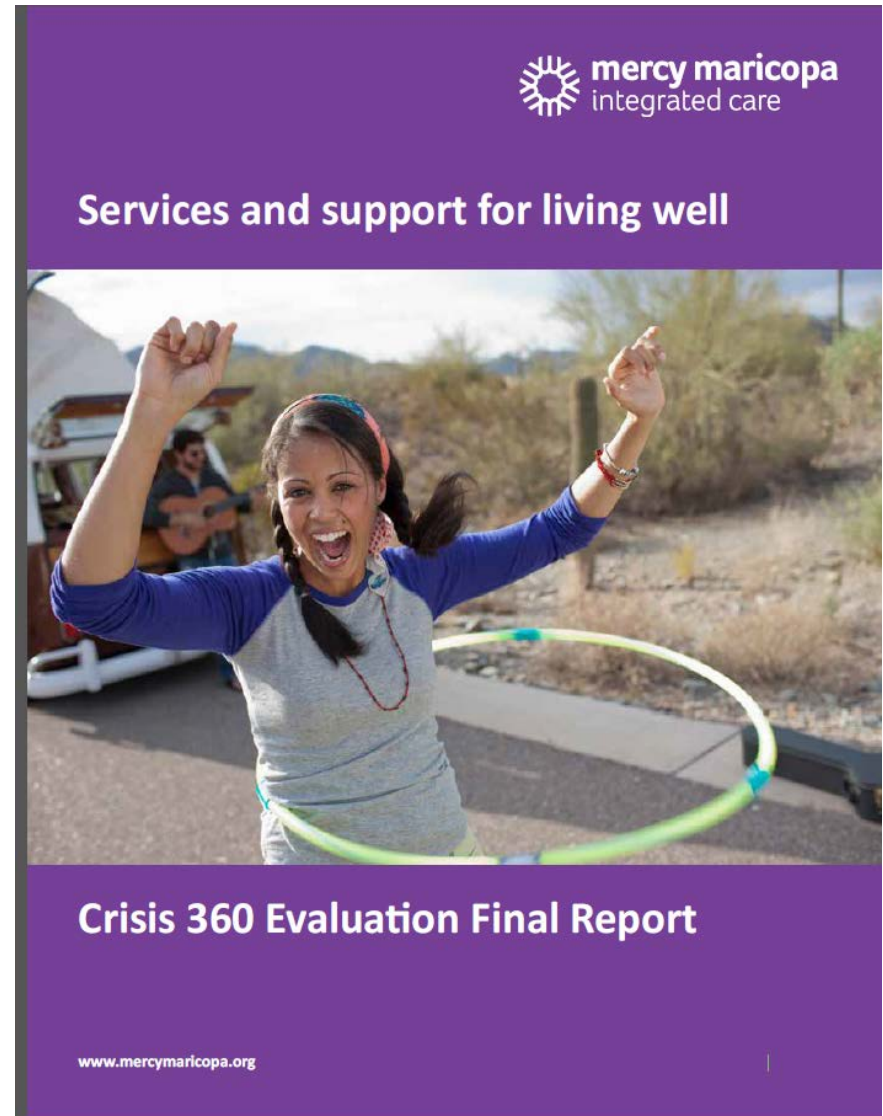




# Crisis 360 Evaluation Overview

- Activities conducted from April 2014 – August 2014
- Utilized a member-centered approach
- Engaged community stakeholders
- Final report completed and published online

<http://mercymaricopa.org/assets/pdf/get-involved/Crisis-360-Evaluation-Final-Report.pdf>



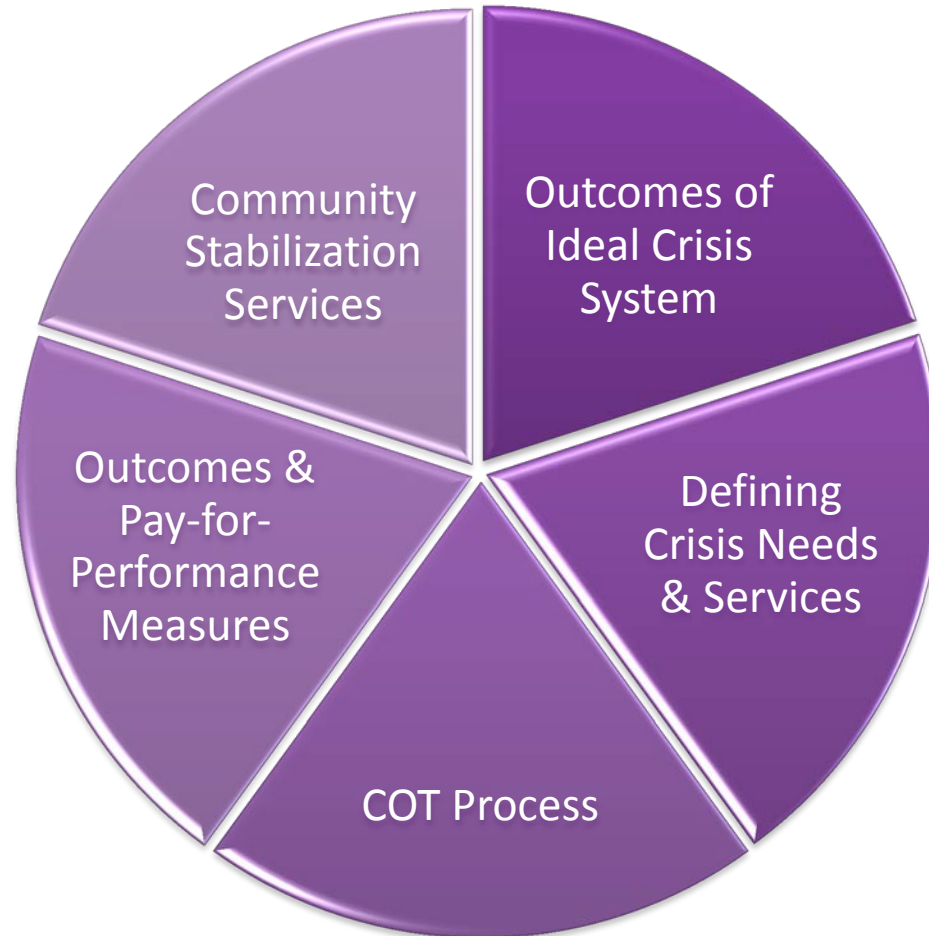


# Crisis 360 Evaluation Process

- Engaged stakeholders (over 40 persons participated)
  - Members
  - Families
  - Providers
  - Crisis service providers
  - First responders
  - Hospitals
- Collected and reviewed quantitative and qualitative data
  - Literature review of best practices and empirical evidence
  - Focus groups
  - Online surveys
  - Reviews of existing data
  - Workgroups

# Workgroup Focus Areas

Convened workgroups of subject matter experts in key areas:



# Overview of Findings from Crisis 360 Evaluation

## For all populations

- Prevent members from going into crisis
- Intervene as quickly as possible

## For adults

- Support self-determination
- Improve functioning
- Provide effective coordination of care

## For children, youth, and families

- Increase stability
- Promote security
- Enhance capacity of the system to better meet this population's needs



# Member and Family Outcome Domains

| Adults   | Children and Youth   |
|--|--|
| Reduce reliance on crisis system                             | Provide the right service, right time, right dosage                                      |
| Increase engagement in services                              | Support and therapeutic intervention   |
| Accessibility (on-demand responsiveness)                     | Reduce out-of-home placements  |
| Keep members safe and alive                                  | Culturally competent and responsive to the needs of the family                           |
| Create positive member experiences/heightened satisfaction   | Educate foster care providers (early identification and intervention of crisis symptoms) |
| Increase in voluntary access                                 | Reduce number of days in EDs   |
| Crisis prevention  | Create awareness and accessibility   |
| Cultural competency in care                                  | Reduce disruptions   |
| Improve health (physical, mental)                            |  |
| Intervene in the least restrictive environment               |  |
| Awareness of mental health crisis and how to access services |  |

# System Outcome Domains

## System Outcome Domains

Keep crisis utilization under defined benchmarks

Connect individuals who are using the crisis system for the first time to services

Decrease hospital admission and readmission

Reduce/no hospital holds

Decrease ED utilization for individuals with psych axis 1 diagnosis

Decrease bed days and length of stay

Decrease court-ordered evaluation (COE) and court-ordered treatment (COT)

Reduce suicide rates

Increase capacity to serve individuals with co-morbid physical conditions

Reduce incarceration

# Crisis 360 Evaluation: Recommendations



# Recommendations

- Based on analysis of data gathered through the Crisis 360 evaluation process, six key recommendations were identified:
  1. Incentivized performance measures
  2. Contract adjustments
  3. Service development
  4. Supporting individuals not previously connected to services
  5. System partnerships
  6. Additional recommendations
- Plans developed to implement recommendations over the next three years

# Incentivized Performance Measures

## Recommendation

- Align payment and incentives to achieve identified system outcomes

## Outcomes to Target

- Improve the experience of care for members and families
- Decrease in hospital holds percentage (<10%)
- Decrease in ED utilization for BH needs for connected members
- Contact with outpatient provider within 24 hours of crisis episode
- Decrease in avoidable inpatient admissions; decrease in readmission rate for connected members



# Contract Adjustments

## Recommendation

- Modify existing service provider contracts to support members and families in achieving recovery and to promote resiliency

## Outcomes to Target

- Engage the following service providers in this process:
  - SMI clinics
  - Outpatient providers
  - Hospital rapid response
  - Connect to Care (to provide warm hand off)
  - Transition support
  - Parent assistance center
  - Court-ordered evaluation/court-ordered treatment
  - Mobile teams

# Service Development

## Recommendation

- Need to develop additional services and/or expand existing services to meet the needs of members and families

## Outcomes to Target

- Possible services to consider include:
    - Community stabilization
    - Crisis respite
    - Home care training to home care client ((HCTC)
    - Secure transportation
    - Mental health first aid and crisis system awareness
    - Crisis management services
    - Short-term stabilization housing
    - Short-term stabilization for specialty populations (DD, dementia, autism)
    - Psychiatry consult line
    - Medication access clinic
-

# Support Individuals Not Previously Connected to Services

## Recommendation

- Provide information and support to individuals and families regarding availability of BH services prior to crisis

## Outcomes to Target

- Develop clinical pathways specific for members experiencing first episode of psychosis
- Provide Mental Health First Aid training throughout the community (e.g., neighbor-to-neighbor programs, community centers, schools)
- Require and incentivize follow-up care
- Consider new members that have accessed crisis services as priority for intake appointments – emergent timeframes
- Warm transfer individuals to ongoing supports (e.g., Crisis Navigator, community stabilization)
- Continue Crisis Intervention Training
- Partner with community information and referral organizations

# System Partnerships

## Recommendation

- Develop and maintain system partnerships to coordinate services within all systems in which individuals and families participate to effectively and efficiently meet their needs

## Outcomes to Target

- Possible opportunities to expand system partnerships to coordinate service delivery include:
  - Health plans
  - Arizona Long Term Care System (ALTCS)
  - Department of Child Safety
  - Schools
  - Workforce connection
  - Hospital association
  - Department of Developmental Disabilities
  - Indian Health Services
  - Housing providers
  - COE courts
  - Veterans Administration
  - Universities
  - Public health
  - Community prevention coalitions
  - Police and Fire department(s)
  - Dept. of Juvenile Corrections

# Additional Recommendations

## Recommendation

- Identify opportunities to maximize funding and resources to increase the accessibility of services, and improve the member and family experience

## Outcomes to Target

- Increase monitoring and auditing of engagement efforts for members on COT
- Create process to expedite admission to residential care for members in crisis/inpatient care
- Assess system capacity to determine the need for additional sub-acute/crisis facilities
- Teach providers how to pursue TPL and other funding streams
- Enhance clinical practice
  - Use national standards of care
  - Incorporate crisis services into At-Risk Crisis Plans – should build upon each other
  - Improve the use of psychiatric evaluations prior to inpatient admission
  - Mercy Maricopa will continue to engage stakeholders (e.g., members, families, community members, system partners) throughout implementation process

# Next Steps and New Opportunities for the Crisis System



# Next Steps and New Opportunities

*Redesigning and enhancing the behavioral health system to support integrated care delivery is vital to supporting the whole health of members and families*

To address this need and lead this change process, Mercy Maricopa will:

- Continue to engage stakeholders (e.g., members, families, community members, system partners) throughout the implementation process
- Incorporate evidence-based practices to increase the quality and range of services for members and their families
- Identify innovative and proactive methods to reduce crisis service needs of members and families

# THANK YOU



Services and support for living well



Crisis 360 Evaluation Final Report

[www.mercymaricopa.org](http://www.mercymaricopa.org)