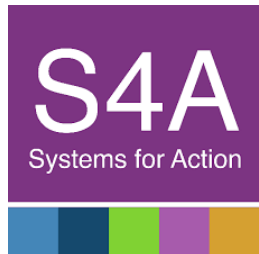


Multisector Service Delivery Integration for Behavioral Health Disorders and First Responders

*Strategies to Achieve Alignment, Collaboration, and Synergy
Across Delivery and Financing Systems*



Research-In-Progress Webinar
April 1, 2020
12- 1pm ET

colorado school of
public health

Welcome: Chris Lyttle, JD

Deputy Director for Systems for Action

Presenters: William Riley, Ph.D

*School for the Science of Health Care Delivery,
Arizona State University*

Commentary: Detective Sabrina Taylor

Phoenix Police Department

Q&A: Moderated by Chris Lyttle, JD



Dr. William Riley is professor for the Science of Health Care Delivery in the College of Health Solutions at Arizona State University (ASU). Riley is a leading authority in health care finance and serves as the director of the National Safety Net Advancement Center, which assists safety net organizations respond to health care payment reform. Riley is also a national and international expert in quality improvement methods, techniques, and implementation. He leads translational research projects in international settings, oral health value-based care, and multisector alignment to achieve a culture of health. Riley has more than 20 years' executive experience as a former president and chief executive officer (CEO) of several health care organizations, including a Blue Cross Blue Shield of Minnesota subsidiary, a large multispecialty medical group, and an integrated delivery system. Prior to joining ASU, he was the associate dean for the School of Public Health at the University of Minnesota.



Detective Sabrina Taylor has been a police officer for 17 years. She served 5 years on the Los Angeles Police Department and 12 years with the Phoenix Police Department. Sabrina has been a Crisis Intervention Team (CIT) certified officer for 10 years and is currently assigned to the Phoenix Police CIT Squad as the coordinator. She is also a board member of CIT International and assists other agencies with their CIT programs.

- The care fragmentation for BHDs is a striking example of overlapping financing mechanisms, conflicting policies and an institutionalization bias in our health care system
- Care for individuals with BHDs in this country is characterized by profound inequity, significant fragmentation, wasteful duplication, and a severe lack of coordination

Multisector Partners

Health	Public Safety	Local Government
The State Medicaid Program (AHCCCS)	Phoenix Police Department	Maricopa County Managers Office
Managed Care Organizations (Mercy Care, etc.)	Phoenix Fire Department Maricopa County Sheriff's Department	Maricopa County Office of Public Health
Crisis Line and Referral Services (Crisis Response Network)	Maricopa County Correctional Health Department	Maricopa County Association of Government
Mobile Teams (Terros and EMPACT)	Maricopa County Adult Probation Maricopa County Court System	
Providers		
Advocacy Programs		
Hospital Emergency Departments		

Framework for Multisector Stakeholder Alignment & Goal Attainment

Alignment Problems

Funding Silos

Siloed Reporting Requirements

Siloed Information & Communication Systems

Alignment Mechanisms

Multisector Engagement

Integrate and Link Multisector Databases

Multimethod Multisector Data Analytics

Goal Attainment

Improved Multisector Collaboration

Identification of Multisector Solutions

Alignment of Multisector Services

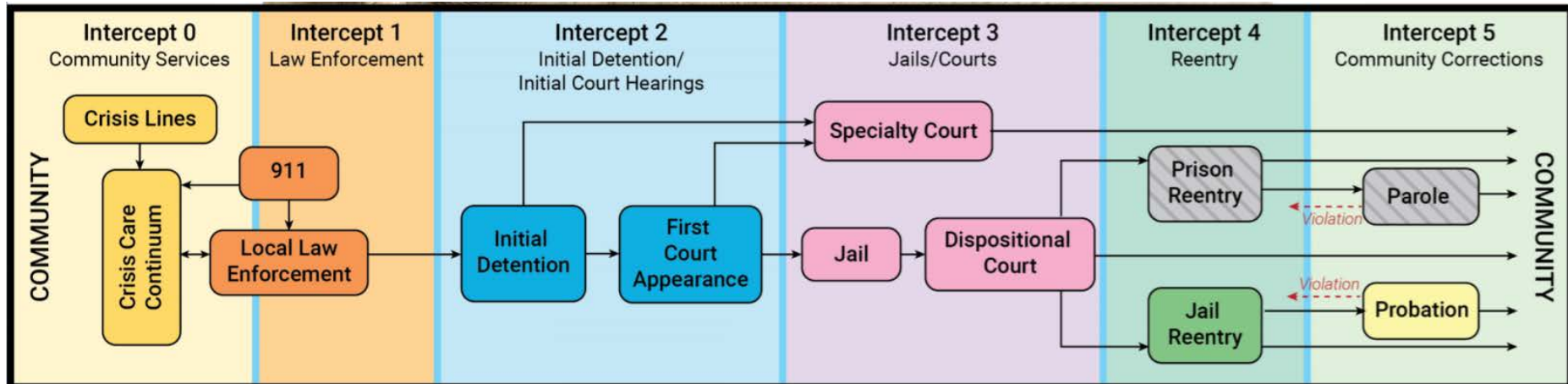
Total 911 Calls | City of Phoenix 2017

Type of Call	Number of 911 Calls	Percent
Phoenix Police Department (PPD)	2,155,000	91%
Phoenix Fire Department (PFD)	215,178	9%
Total	2,370,178	100%

A Tale of One City: Phoenix Fire Department (PFD) & Phoenix Police Department (PPD)

- A substantial portion of the 2.4 million annual calls to 911 for both PFD and PPD are behavioral health related.
- There is a strong stakeholder consensus that the current multisector system is poorly aligned to serve these patients appropriately, with poor care coordination, and inefficient use of limited public safety resources.

Sequential Intercept Model



Intercept 0

Mobile crisis outreach teams and co-responders. Behavioral health practitioners who can respond to people experiencing a behavioral health crisis or co-respond to a police encounter.

Emergency Department diversion. Emergency Department (ED) diversion can consist of a triage service, embedded mobile crisis, or a peer specialist who provides support to people in crisis.

Police-friendly crisis services. Police officers can bring people in crisis to locations other than jail or the ED, such as stabilization units, walk-in services, or respite.

Intercept 1

Dispatcher training. Dispatchers can identify behavioral health crisis situations and pass that information along so that Crisis Intervention Team officers can respond to the call.

Specialized police responses. Police officers can learn how to interact with individuals experiencing a behavioral health crisis and build partnerships between law enforcement and the community.

Intervening with super-utilizers and providing follow-up after the crisis. Police officers, crisis services, and hospitals can reduce super-utilizers of 911 and ED services through specialized responses.

Two Best Practices Across Intercepts



Cross-systems collaboration and coordination of initiatives.

Coordinating bodies improve outcomes through the development of community buy-in, identification of priorities and funding streams, and as an accountability mechanism.



Access to treatment for mental and substance use disorders. Justice-involved people with mental and substance use disorders should have access to individualized behavioral health services, including integrated treatment for co-occurring disorders and cognitive behavioral therapies addressing criminogenic risk factors.

Total PFD Calls

Type of Call	Number of 911 Calls	Percent
PFD Calls	21,730	10.1%
Other Calls	7,315	3.4%
EMS Calls	186,133	86.5%
Total	215,178	100%

- ED Diversion
- Developed mobile application
- Developed a fire direct crisis line
- Convene stakeholders
 - Multisector Interagency Process Improvement Team (IPIT) consisting of primary organizations

- Focus is on Intercept 0 and Intercept 1
- Developed a Co-Location Pilot Project
 - Behavioral health expert located in the 911 dispatch center
 - Optimize diversion through more effective triage

Use of Crisis Response Network (CRN) by 911 Dispatch System

- A substantial number of the 2 million annual calls to 911 are behavioral health related. Police department leadership has committed to multisector integration
 - The 911 Dispatch Center contacted the CRN approximately 2700 times in 2019
 - Focus group study identified factors associated with low 911 and frontline officer use of CRN services

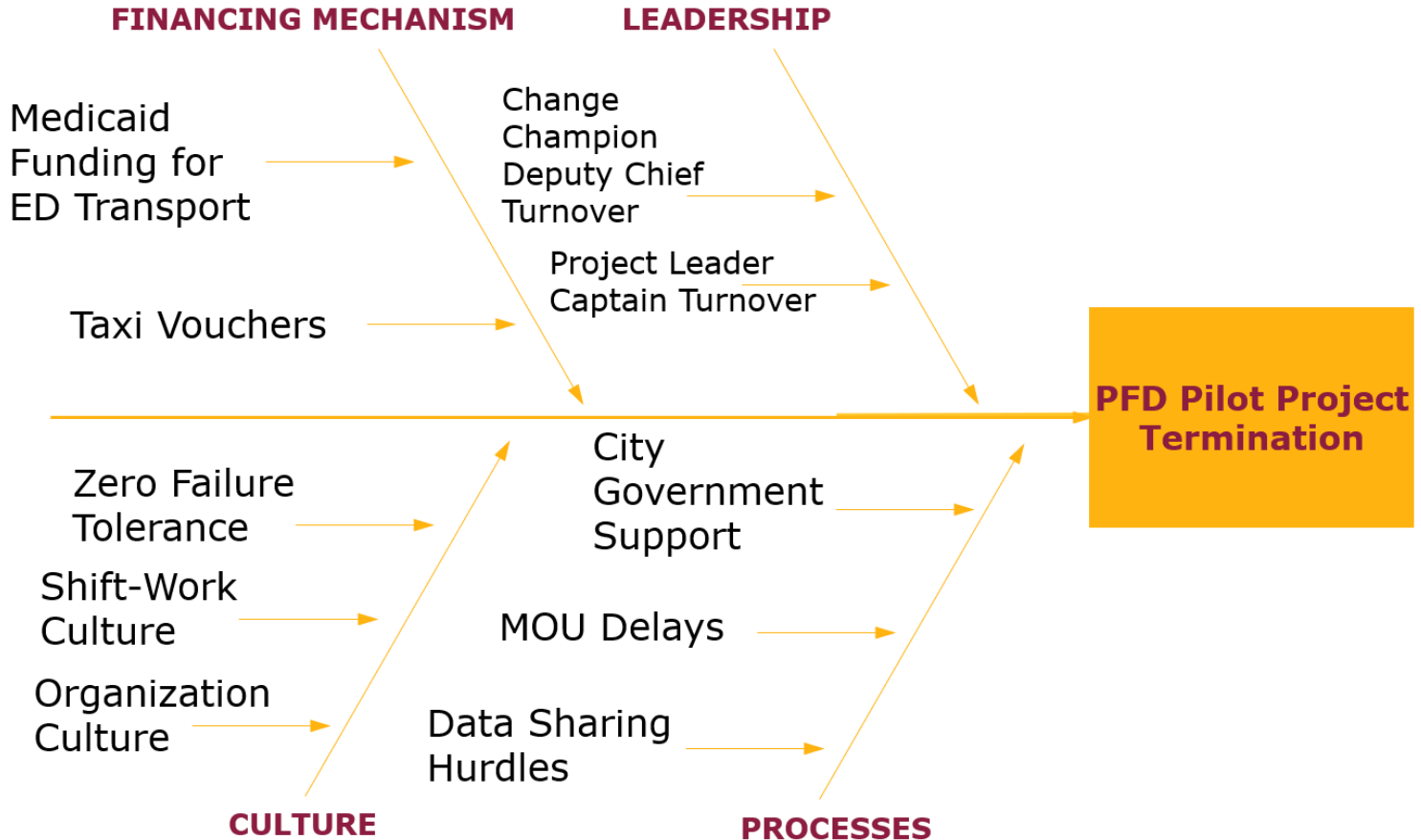
A Tale of One City: Illustrative Comparison

	Phoenix Fire Department	Phoenix Police Department
Leadership	Occasional attendance at meetings	Multiple leaders at all meetings
Champion	Turnover of key champions	Consistent champions
Multisector Collaboration	History of stalled initiatives	Multiple successful community partnerships and project
Front-Line Engagement	Inconsistent engagement, resistant to new processes	911 staff welcoming, engaged, and interested in development initiatives
Follow Through	Sporadic	Consistent

- PPD characterized by positive deviance
- PFD characterized by failure modes

- Financing Mechanism
- Leadership Turnover
- Organizational Culture
- Organizational Processes

Cause & Effect Diagram

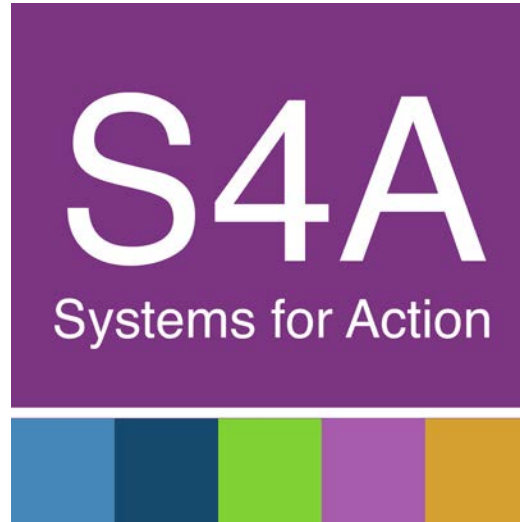


Detective Sabrina Taylor

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Thank you!

Questions?



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April 15 | 12 pm ET

Optimizing Governmental Health and Social Spending Interactions

Systems for Action Individual Research Project

*Beth Resnick, DrPH, MPH, & David Bishai, MD, MPH, PhD, Johns Hopkins
Bloomberg School of Public Health*

April 29 | 12 pm ET

Integrating Cross-Sectoral Health and Social Services for the Homeless

Systems for Action Individual Research Project

*Jesus Valero, PhD, Assistant Professor, Political Science, University of Utah, and
Hee Soun Jang, PhD, Associate Professor, Public Administration, University of North
Texas*

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