



Operationalizing Civil Commitment The Arizona Experience

Expert Panel on Civil Commitment

**Substance Use and Mental Health
Services Administration
Interdepartmental Serious Mental Illness
Coordinating Committee
*Rockville, MD -- March 14, 2018***

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Civil Commitment in AZ: A Balancing Act



The Good

- County funding pays for the initial commitment and evaluation process, regardless of payer
- AOT (called COT in AZ) is widely available and used
- *Arnold vs. Sarn* lawsuit created benefits for SMI individuals
- Medicaid expansion supports the ongoing care needed for AOT (Prop 204 in 2000 then ACA in 2008)

Concerns

- *Too easy?*
- Default to AOT instead of engaging/assertive clinical care services like ACT?
- Revocation vs. outreach?
- Patients asking to be on AOT – why?
- Processes and oversight **vary widely** between counties and subject to local politics
- No standard outcome measures or comparisons across counties

Two stories

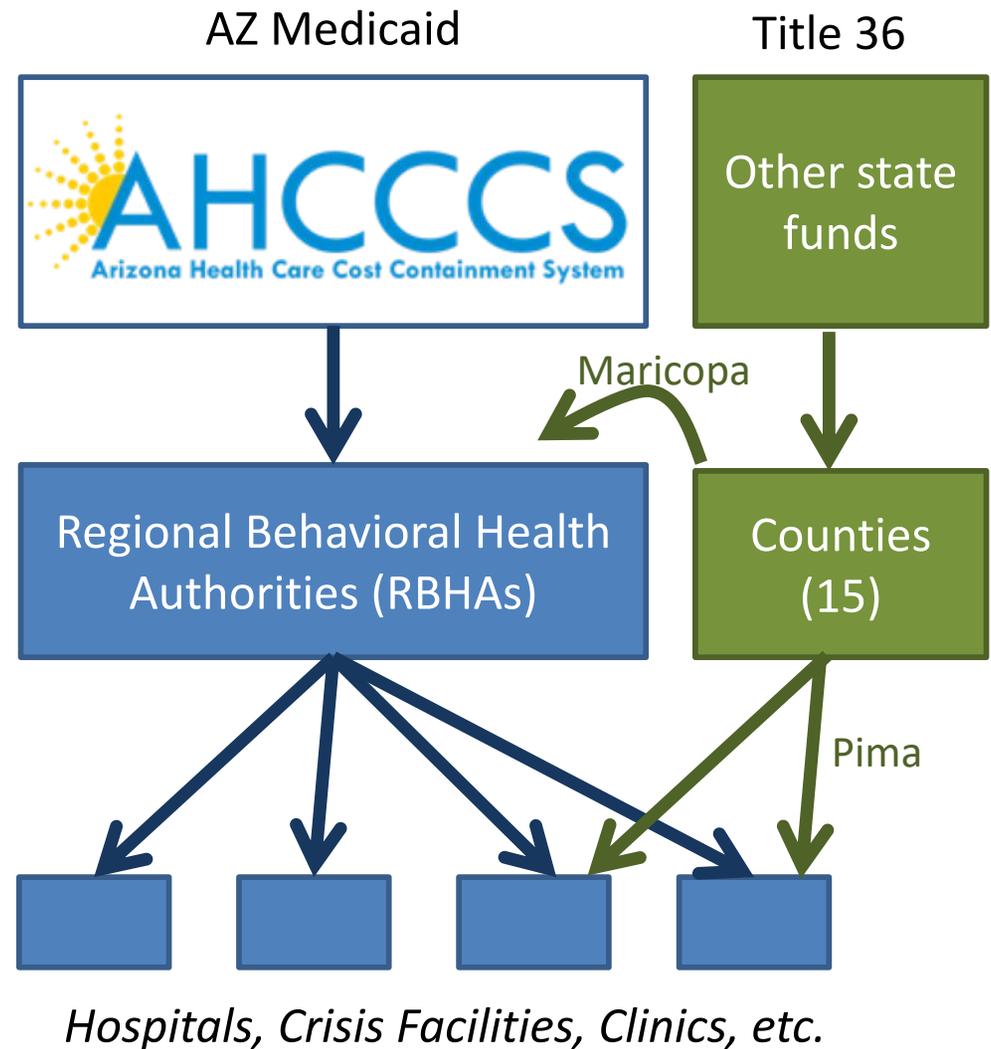
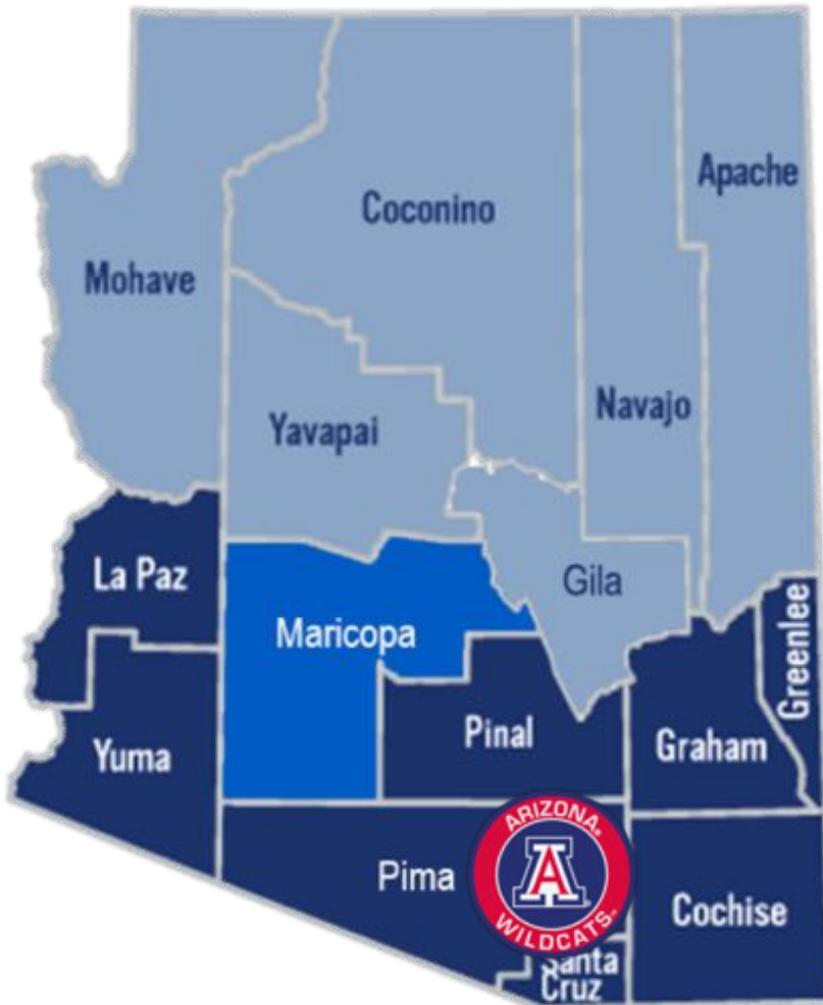


Potential mass casualty event averted!
Civil commitment and treatment instead of
incarceration.

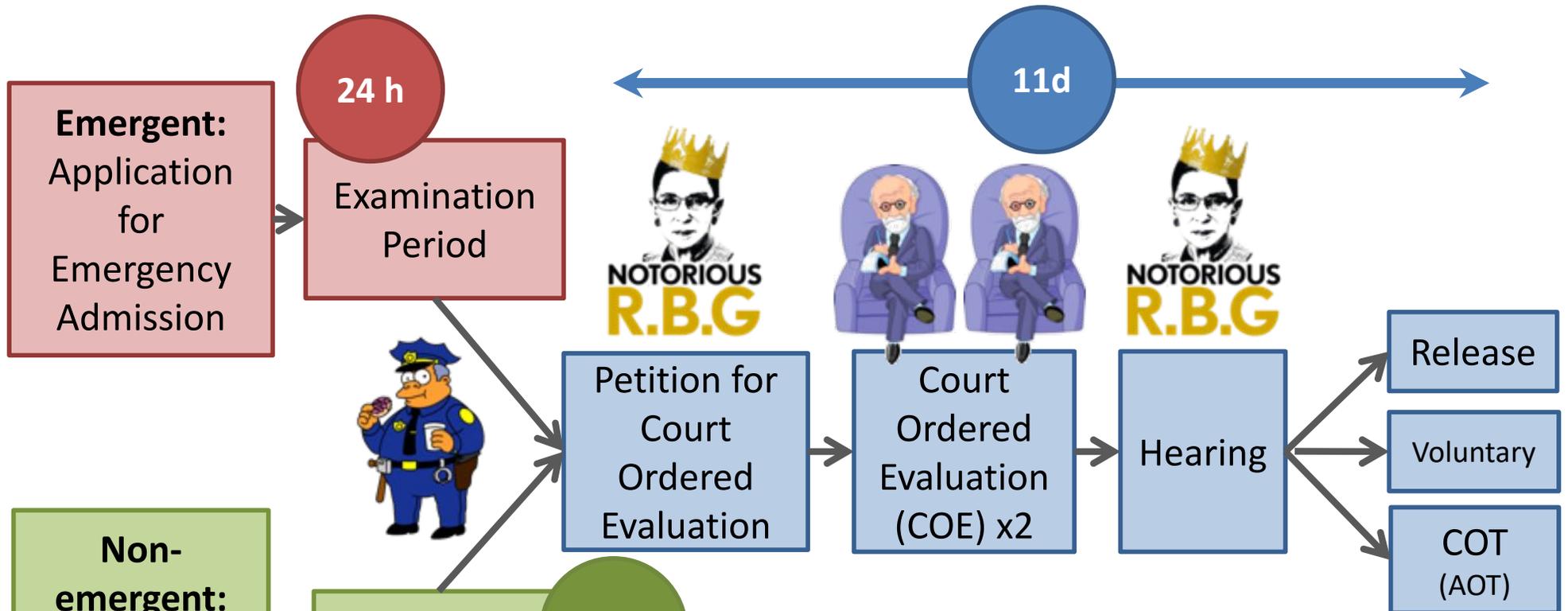


Did she really need to be removed from
her home? How to balance autonomy
and dignity vs. what we think is best?

Arizona BH System Structure



Arizona Title 36 Process



- Adults only
- The person, as a result of a mental disorder, meets at least one of the following four criteria:
 - danger to him/herself
 - danger to others
 - persistently or acutely disabled
 - gravely disabled

Numbers

(75% of AZ lives in Maricopa or Pima County)

Maricopa County (60%)	
Total Population	4,221,684
SMI	21,384
COT	2200
% COE on COT	38%
Rate per 1000	
pop that is SMI	5.1
pop that is on COT	0.52
SMI pop on COT	103

Pima County (15%)	
Total Population	1,026,099
SMI	10,074
COT	600
% COE on COT	18%
Rate per 1000	
pop that is SMI	9.8
pop that is on COT	0.6
SMI pop on COT	60

**What do these numbers mean?
What should the targets be?**



Tucson & Pima County

- Nationally recognized mental health & justice collaborations
- Goal is to safely reduce avoidable court involvement (criminal AND civil)
- And we love data 😊



Supported by the John D. and Catherine T. MacArthur Foundation

Pima County is part of a network of jurisdictions selected to receive support in their efforts to rethink justice systems.

Expansion of the National Law Enforcement-Mental Health Learning Site Program



TPD's designation as a Learning Site provides funds federal for other jurisdictions to visit and experience our collaborative system firsthand.



National Council for Behavioral Health Awards of Excellence

2018 Mental Health First Aid Community Impact



Doctor of the Year

2017

Margie Balfour, MD, PhD



2018

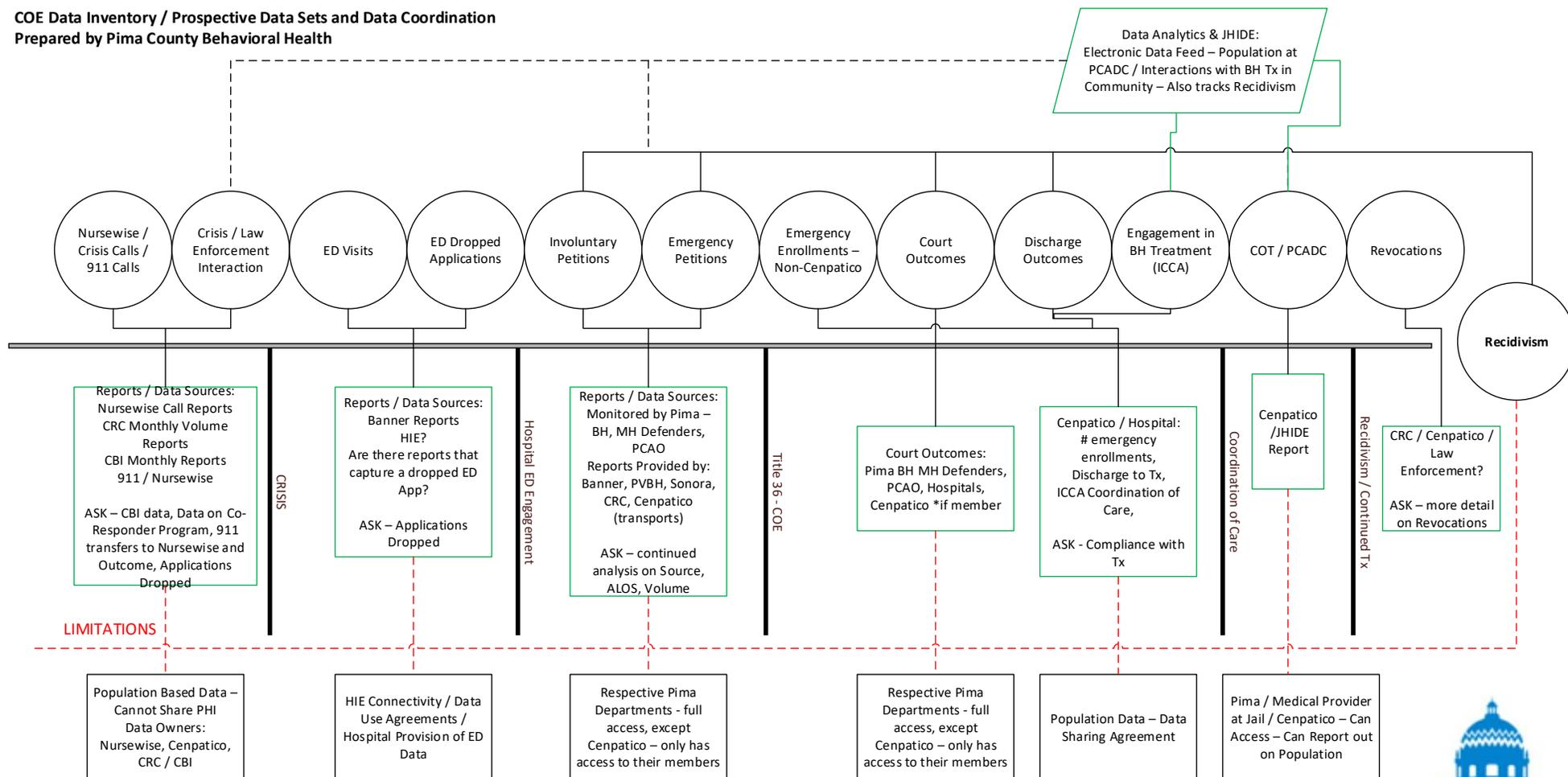
Christian Moher, MD



Pima Title 36 Workgroup: Data Map

All of the points a patient encounters along the T36 path.
What metrics should we be looking at and who has the data?

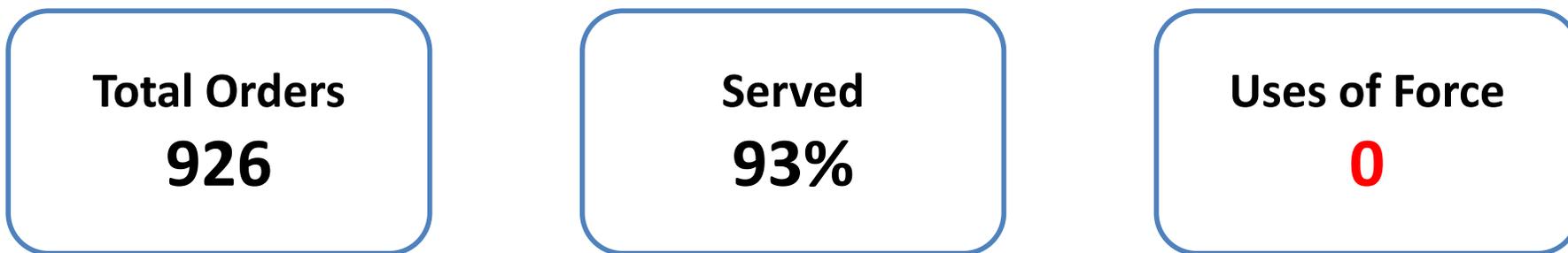
COE Data Inventory / Prospective Data Sets and Data Coordination
 Prepared by Pima County Behavioral Health



Aligning financial incentives and desired outcomes

- **Law Enforcement:** Often first point of contact, has to pick people up for involuntary evaluation and revocation/amendments
- **The County:** Payer for the Court-Ordered Evaluation (COE) period
- **The RBHA:** Payer for Crisis Services (examination period), BH services during COT period

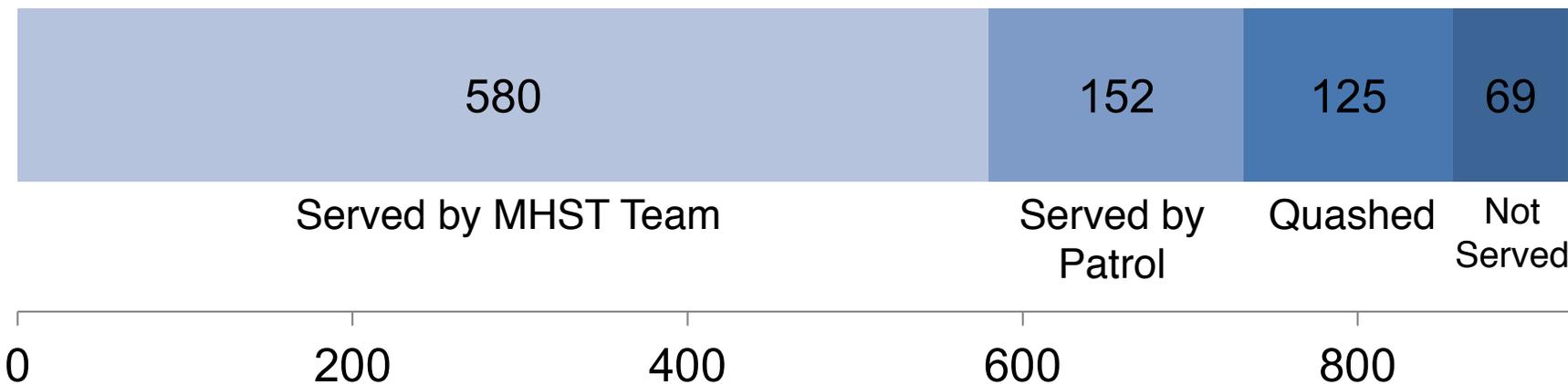
Tucson PD Mental Health Support Team Civil Commitment Pickup Orders 2014-2016



The served rate for 2016 was 98%

Prior to MHST:

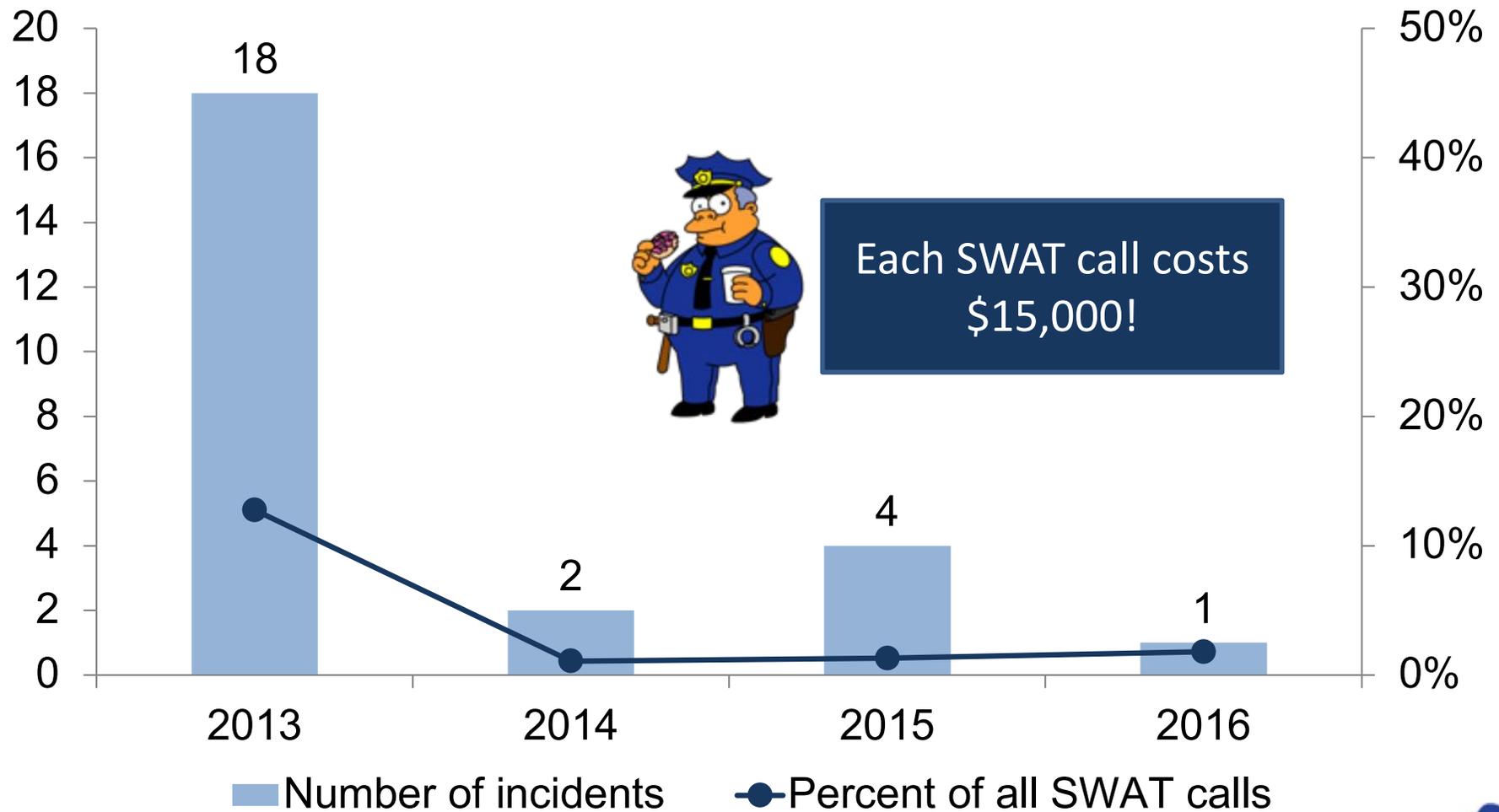
Only 30% of these orders were served before they expired = people falling through the cracks.



Balfour ME, Winsky JM and Isely JM; *Psychiatric Services*. 2017;68(2):211-212.
<https://doi.org/10.1176/appi.ps.68203>



Tucson Police Dept. SWAT calls for Suicidal Barricade

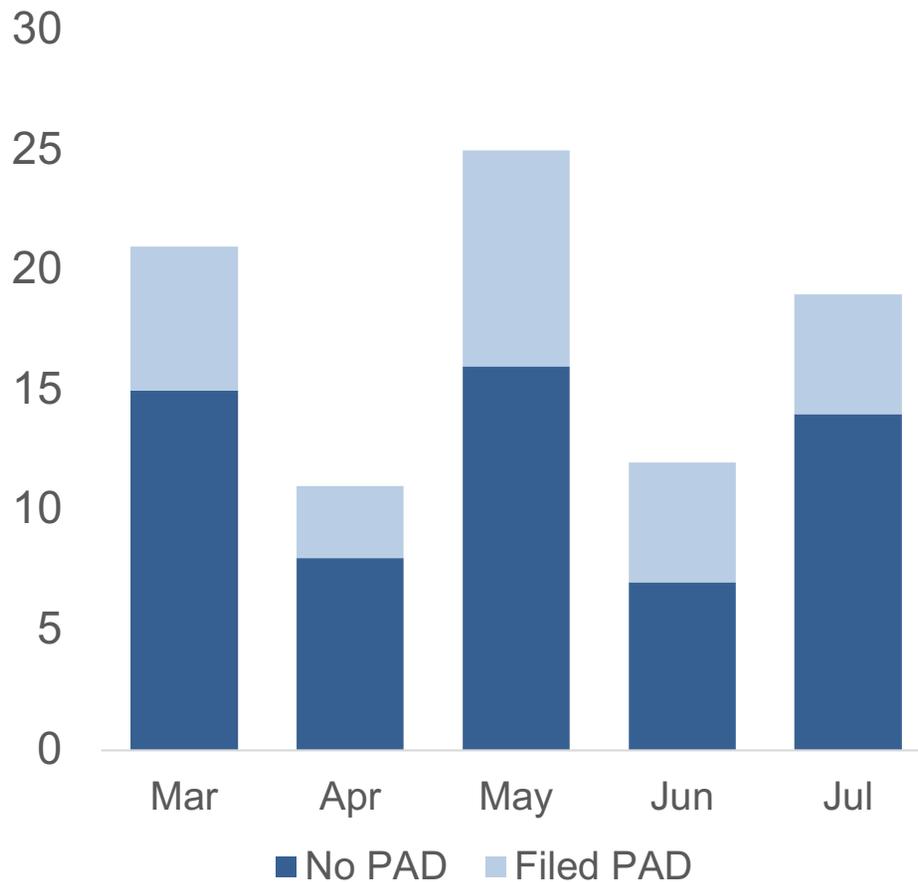


Balfour ME, Winsky JM and Isely JM; The Tucson Mental Health Investigative Support Team (MHIST) Model: A prevention focused approach to crisis and public safety. Psychiatric Services. 2017;68(2):211-212. PMID: 28142392; DOI: 10.1176/appi.ps.68203



TPD MHST Supports Community Stabilization

Civil Commitment Outcomes



One MHST Detective

5 months

88 calls

28 Civil Commitment Apps Filed

68% were resolved in the least restrictive setting

- WITHOUT civil commitment
- BEFORE a crisis escalated

Update: 85% since adding a clinical co-responder

A "PAD" is a non-emergent application for court-ordered evaluation for the criteria "persistently and acutely disabled" under Arizona's Title 36 Statute.



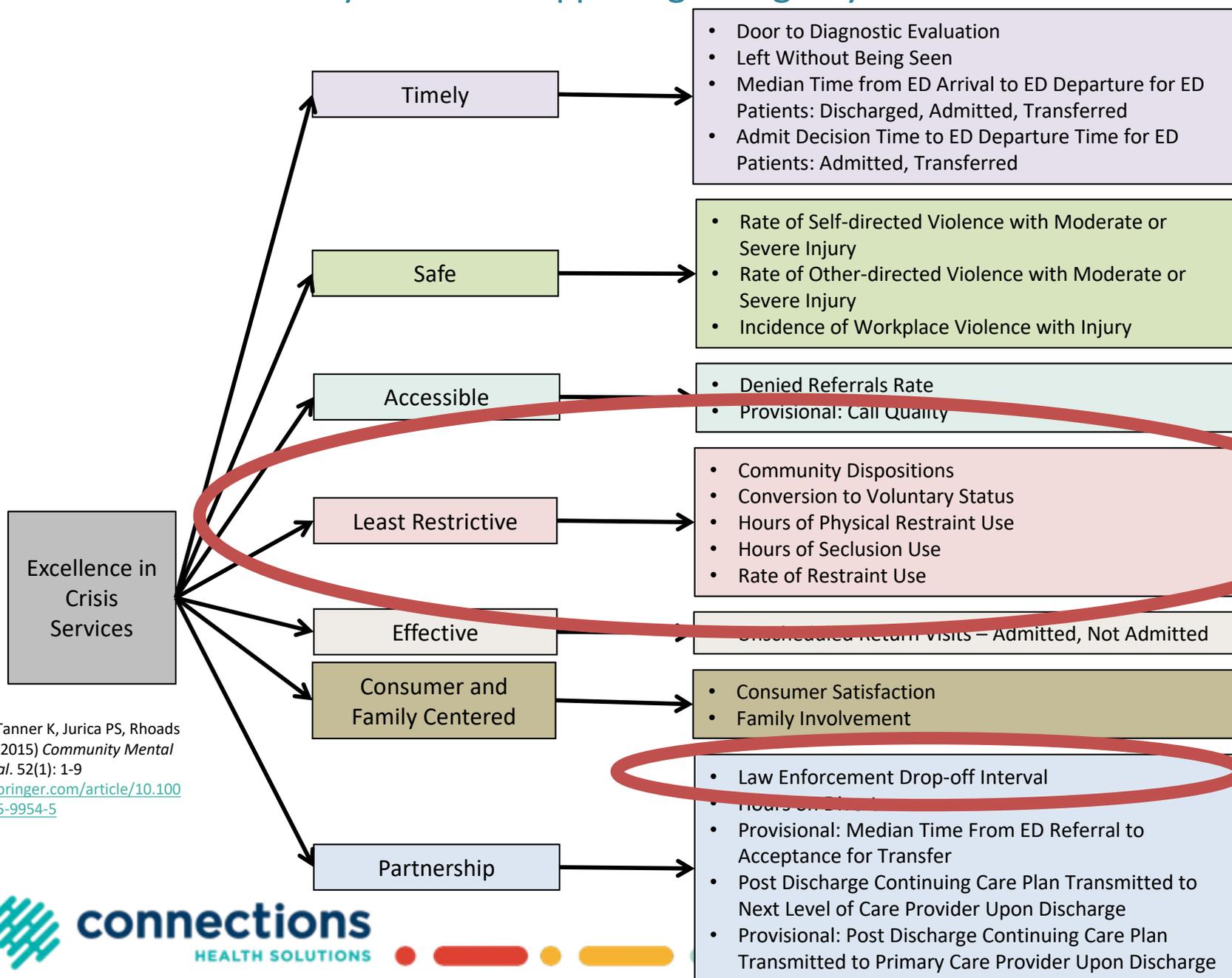
The Crisis Response Center

- Built with Pima County bond funds in 2011 to provide an alternative to jail, ED, hospitals
 - 12,000 adults + 2,400 youth each year
- **Law enforcement receiving center with NO WRONG DOOR**
(no exclusions for acuity, agitation, intoxication, payer, etc.)
- 24/7 urgent care, 23 hour observation, and short-term inpatient
- Space for community clinic staff
- Adjacent to
 - Crisis call center
 - Inpatient psych hospital for Court Ordered Evaluations
 - Mental health court
 - Emergency Department (ED)
- Managed by Connections since 2014



Values-Based Outcome Metrics for Crisis

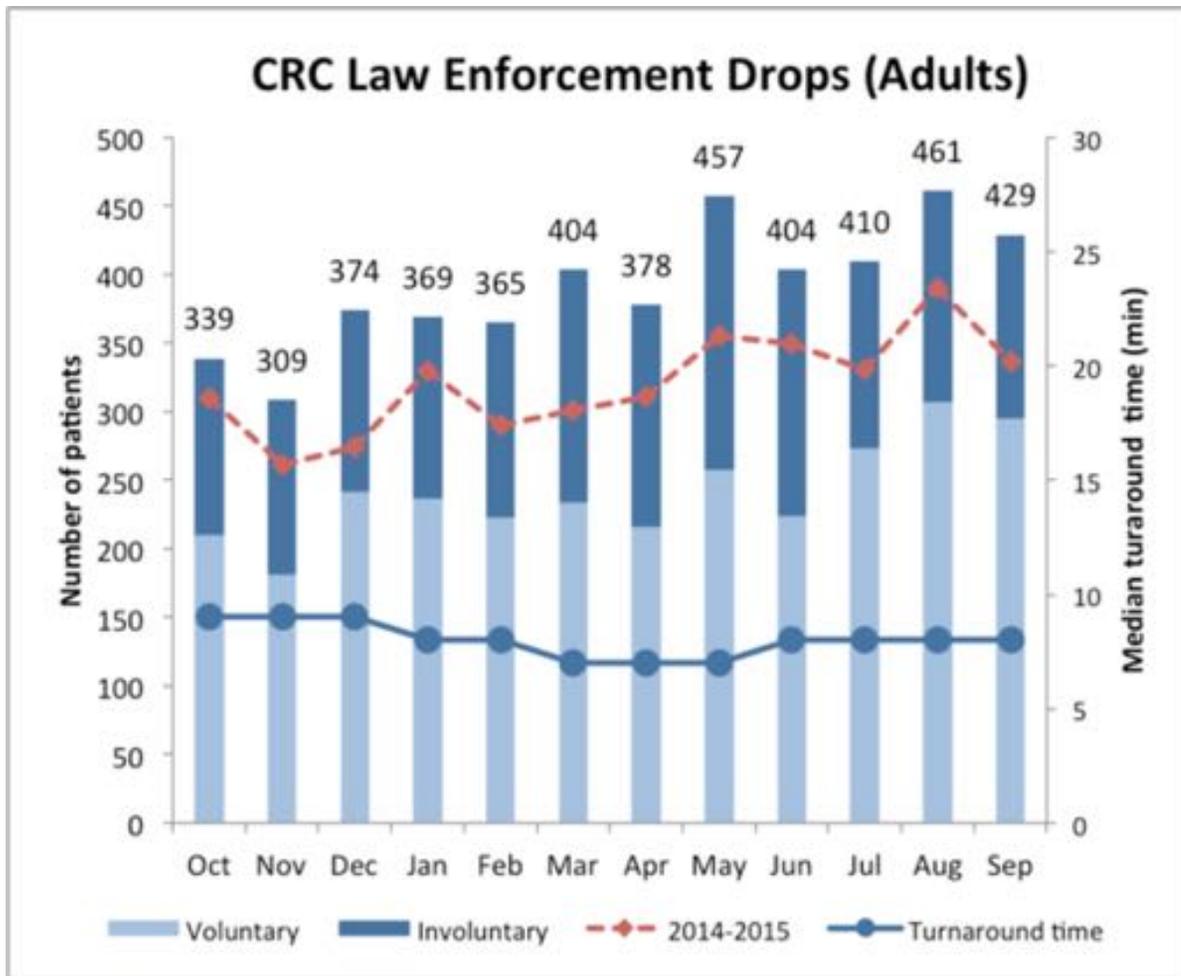
CRISES: Crisis Reliability Indicators Supporting Emergency Services



Balfour ME, Tanner K, Jurica PS, Rhoads R, Carson C. (2015) *Community Mental Health Journal*. 52(1): 1-9
<http://link.springer.com/article/10.1007/s10597-015-9954-5>

CRC Law Enforcement Drop-Off Time

(jail booking takes 20 min, so we must be faster)

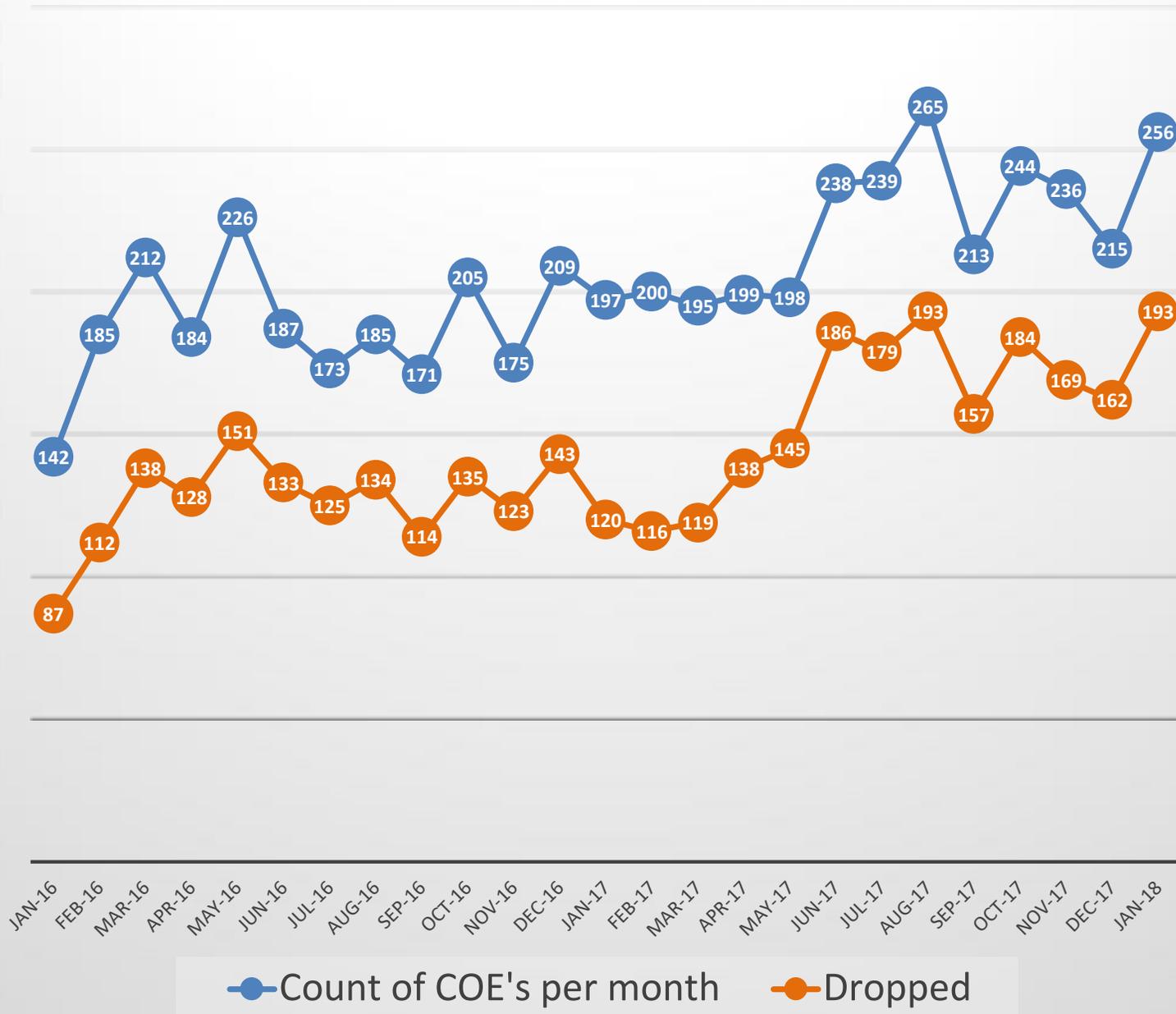


- Law enforcement is an important customer.
- Half of our patients arrive via law enforcement.
- Many of these people would otherwise be taken to jail (or an ED).
- Quick turnaround time (faster than a jail booking) is critical to providing a viable alternative to jail.

Our Phoenix facility achieves similar results with twice the volume.



Total Requests for COE vs dropped



Emergency Apps
220 per month

Dropped:
154 per month

Conversion to Voluntary Rate:
70%

Not shown:
COT Revocations
Conversion Rate
35%

● Count of COE's per month ● Dropped

Are the right people held until the hearing?

Involuntary Evaluation Outcomes

Pima County uses aggressive Utilization Management to drive desired outcomes. For example, in order to be paid, hospitals must document every day why the patient cannot or will not convert to voluntary treatment.



- Most COEs are **dropped** because the person no longer meets criteria (e.g. clinical improvement, dx not eligible for COE such as dementia, etc.)
- Or the person accepts **voluntary treatment**
- Of those that DO **go to hearing**, 92% are placed on COT
- ALOS to hearing: 11 days. Overall ALOS 6 days.

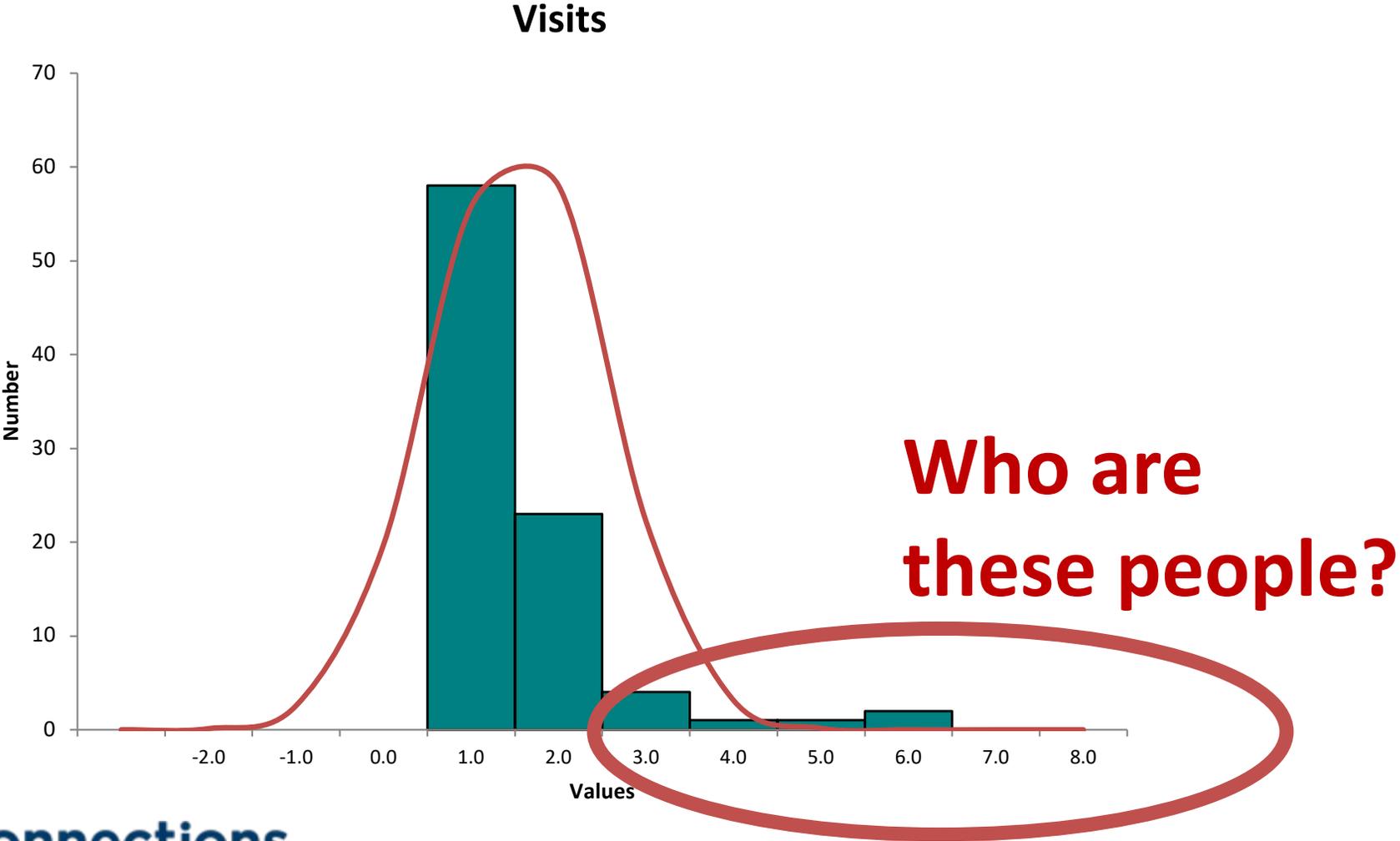
92% on COT

Is COT working?

			
February 2018 Revocations			
County	# of Court Orders	# of Revocations	Percentage
Cochise	56	4	7%
Graham	10	0	0%
Greenlee	0	0	0%
La Paz	3	0	0%
Pima	612	95	15%
Pinal	76	10	13%
Santa Cruz	8	0	0%
Yuma	143	21	15%
Total	908	130	14%

Revocation (Amended COT) = patient taken to hospital or crisis center due to treatment nonadherence or clinical deterioration

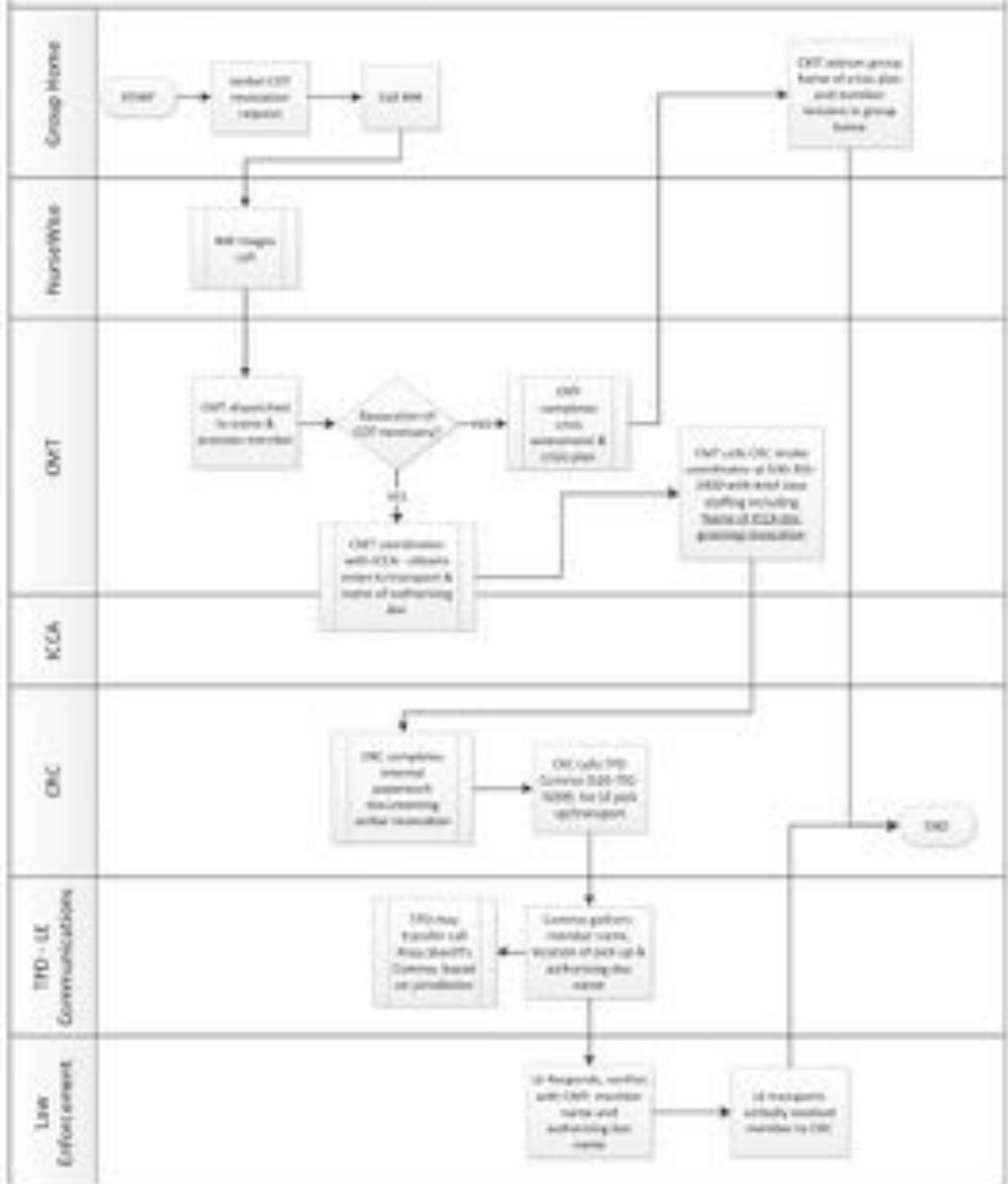
Repeat COT emergency revocations to the CRC



Multiagency QI Process to reduce emergency revocations

Verbal Revocation of COT – Pima County

Advised 06/05/2016 v 1.11 DRAFT



The
“Group
Home
Guy”

Group Home

Crisis Line

Mobile Crisis Team

Outpatient Clinic

Crisis Response Center

911 Dispatch

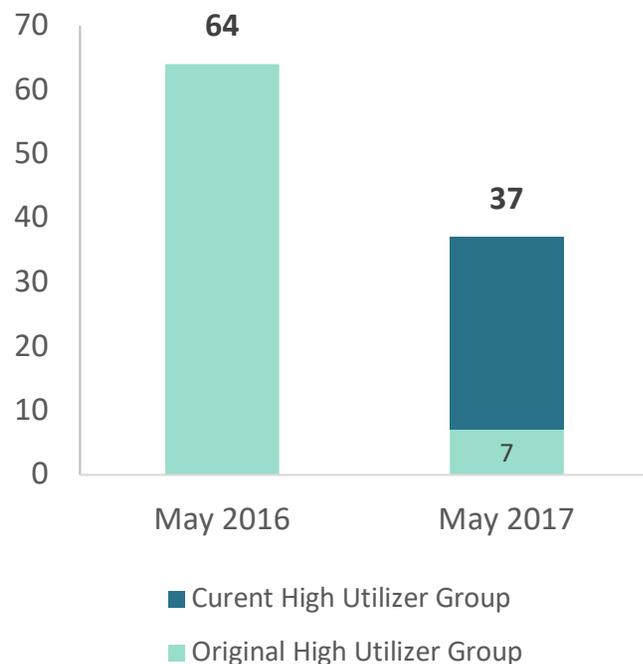
Law Enforcement

A successful project for high utilizers that we are replicating for repeat revocations.

“Familiar Faces”

There were 64 individuals on the original list of high utilizers*. One year later, only 7 of the original 64 remain high utilizers, and only 37 meet the high utilizer definition.

CRC Adult High Utilizers



*A high utilizer is defined as 4 more visits in the preceding 4 months.

Case Example: Ms. X becomes lonely during the weekend, which is a trigger for feeling suicidal and CRC visits. She has a partner who is also enrolled in services.

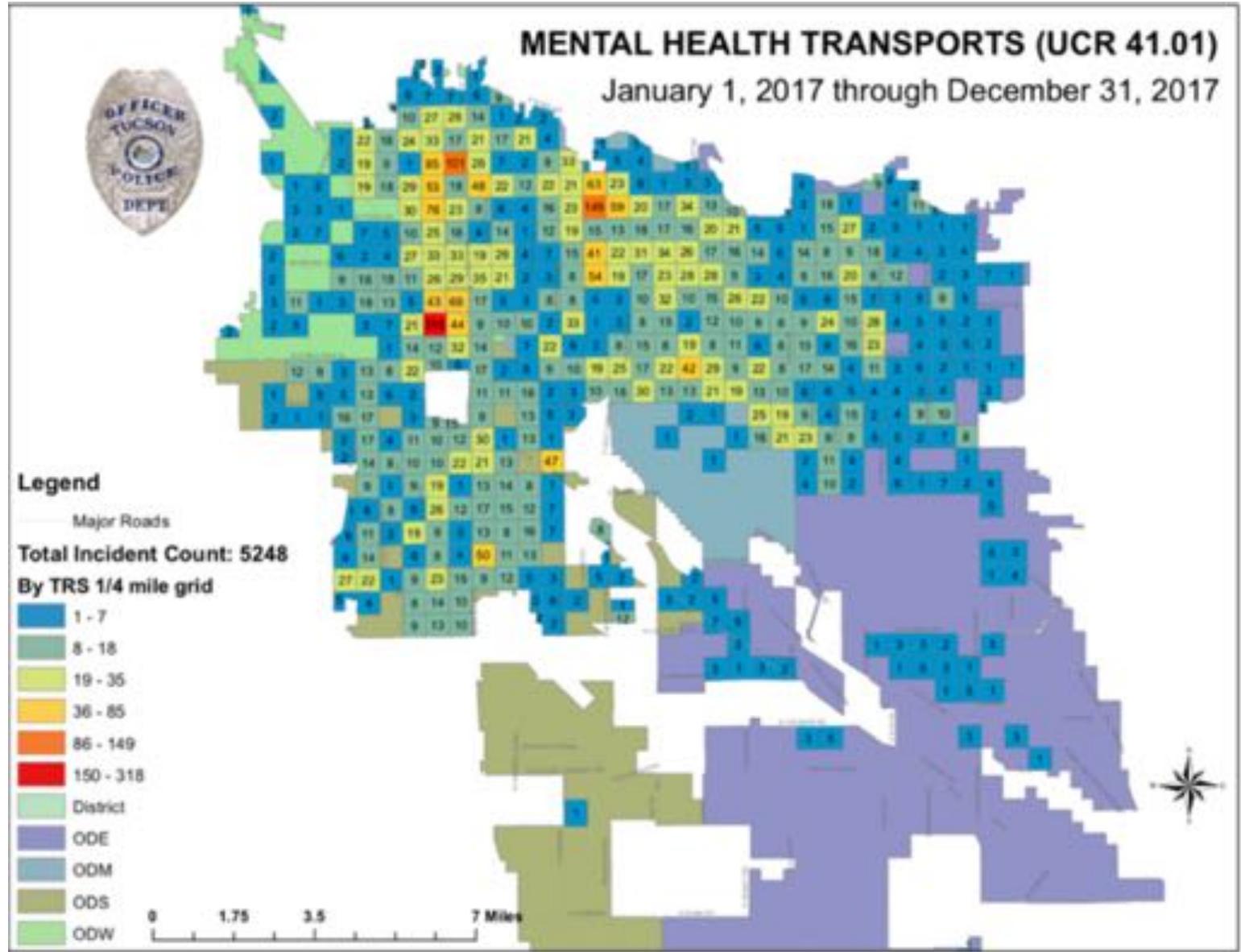
PLAN:

- The outpatient provider will do welfare checks on nights and weekends to help plan for boredom and other triggers that historically result in CRC visits.
- The team will explore working with her partner’s team (if they consent) in order to assist both in recovery together.
- The CRC will call her case manager and Peer Support Specialist immediately upon arrival to reinforce the relationship with her outpatient team and help connect her more quickly with outpatient support.

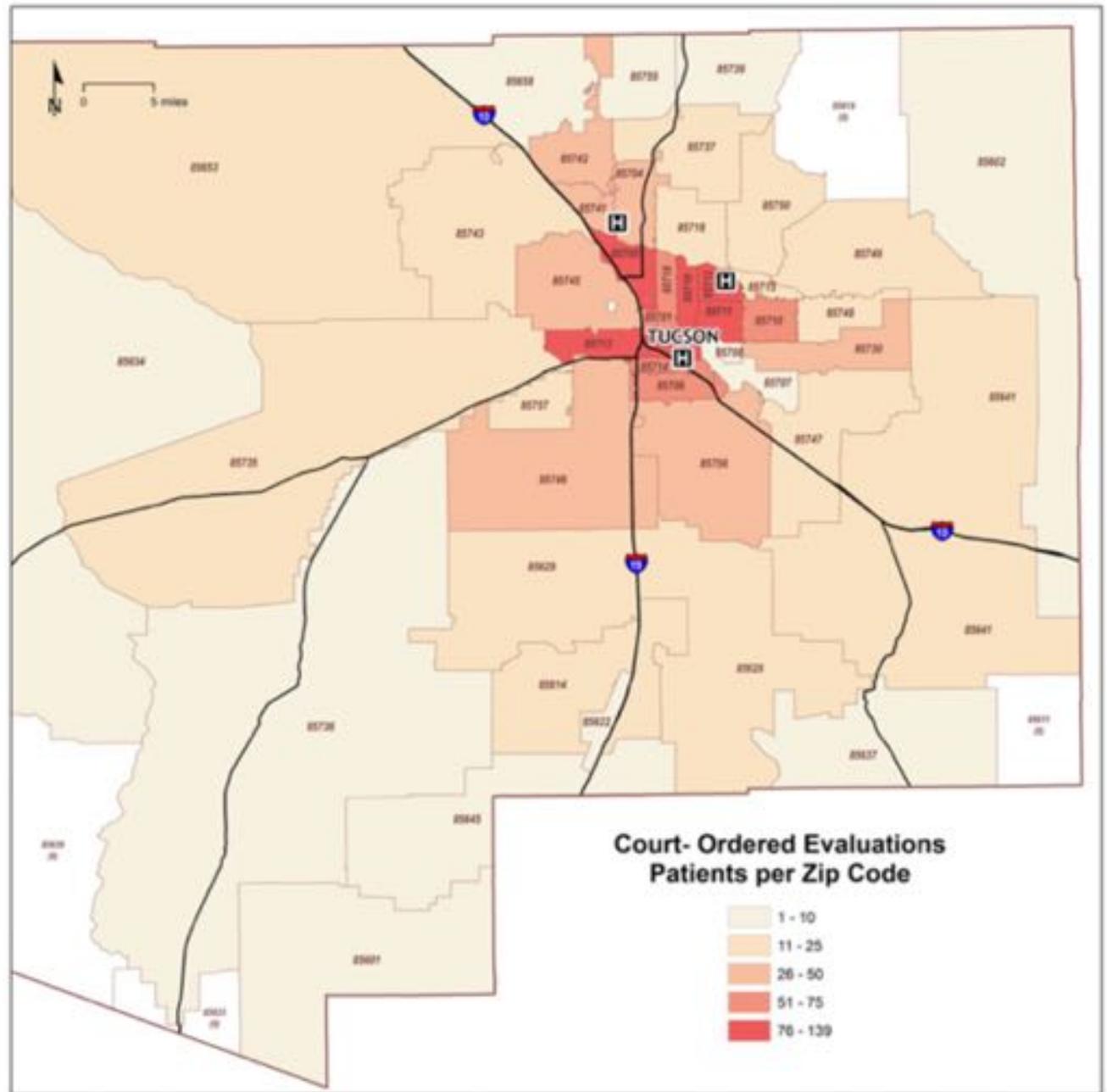
Result: Ms. X is no longer a high utilizer. She had only 1 CRC visit in the first quarter of 2017 compared to 14 during the same time frame in 2016.

Where are these patients coming from?

Can we target interventions to prevent the need for involuntary pickups?



Are evaluating hospitals located near the patients who need these services?





Jason Winsky added 2 new photos — with Corey Doggett and 4 others.

21 mins · 🌐

I don't often post about my job, but I can't resist sharing this story. Yesterday, my team received a judge's order to transport a 67 year old woman to a local mental health facility. We discovered that the woman was living in her car (which doesn't run) in a church parking lot for the last ten years. Every day, she works in the church garden and is generally self sufficient. When we met with her, my team was somewhat confused as to why this woman needed to be transported to a mental hospital, but with a judge's order, our hands were tied.

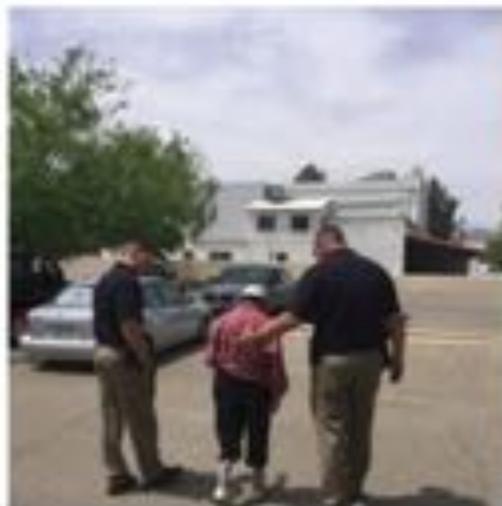
When we told the woman she had to go with us, she became very upset. Pointing to her car, she told us "my whole life is in that car." She just wouldn't leave her car, and we didn't blame her. We knew that she would likely stay in the hospital overnight, leaving her car vulnerable. After trying many other options, suddenly I realized: let's just bring her car with her to the hospital. Easier said than done, since the car didn't run and she had no money for a tow.

With a few phone calls, the Tucson community I love so much rallied to support this woman. **Andrew Cooper** and **Shaun McClusky** pointed me to Barnett's towing, who referred me to Gavin Mehrhoff, owner and operator of East Side towing. I talked to Gavin,

and he quickly agreed, at NO cost, to tow the woman's car to the hospital, and when she's done there, tow it back to the church.

But the kindness didn't stop there. Working with the always awesome Doctor **Margaret Balfour** and the folks at **ConnectionsAZ** was amazing, not only did their hospital security team agree to watch the woman's car, they even promised to help find a room at the hospital where she could SEE her car.

When the woman saw what we had done, the relief in her face was obvious and she agreed to go with us to the hospital. I want to thank my team, especially **Darrell Hussman** and Todd for being so patient and compassionate, **Margaret Balfour** who runs the best crisis center in the country, and Gavin at East Side towing for making a small but critical difference in this woman's life. I love my job!



The Newest MHST team member 😊



Pima County Sheriff's Department added 3 new photos. ...

August 23 at 3:31pm · 🌐

We are excited to announce the addition of the newest member of the Pima County Sheriff's Department, our Crisis Response Canine. We've yet to decide on a name for this little guy, but he will be assigned to our Mental Health Support Team (MHST).

Just like any department member he will have to undergo rigorous training before he can start his new job. In addition to basic obedience, he will learn the ins and outs of being a therapy dog and will learn how to be a first responder. If all goes as planned, his first day on the job will be sometime in the fall with his handler Deputy Shawn Degan.

His main mission will be to encourage decompression from traumatic events and promote calming interactions during abnormal situations. MHST believes that he will be particularly helpful in circumstances where vulnerable victims or witnesses are having a difficult time opening up or coping with what they have been through. It is our hope that he can provide comfort, distraction and even a measure of relief at incidents involving injury or loss.

Very few law enforcement agencies in the United States have a program like this and we are excited to once again be in the position to provide groundbreaking mental health services to our community. The Crisis Response Canine will be joining our Mental Health Support Team thanks to a generous gift from [Cenpatico Integrated Care](#).



Love



Comment



Share



Maricopa County Data



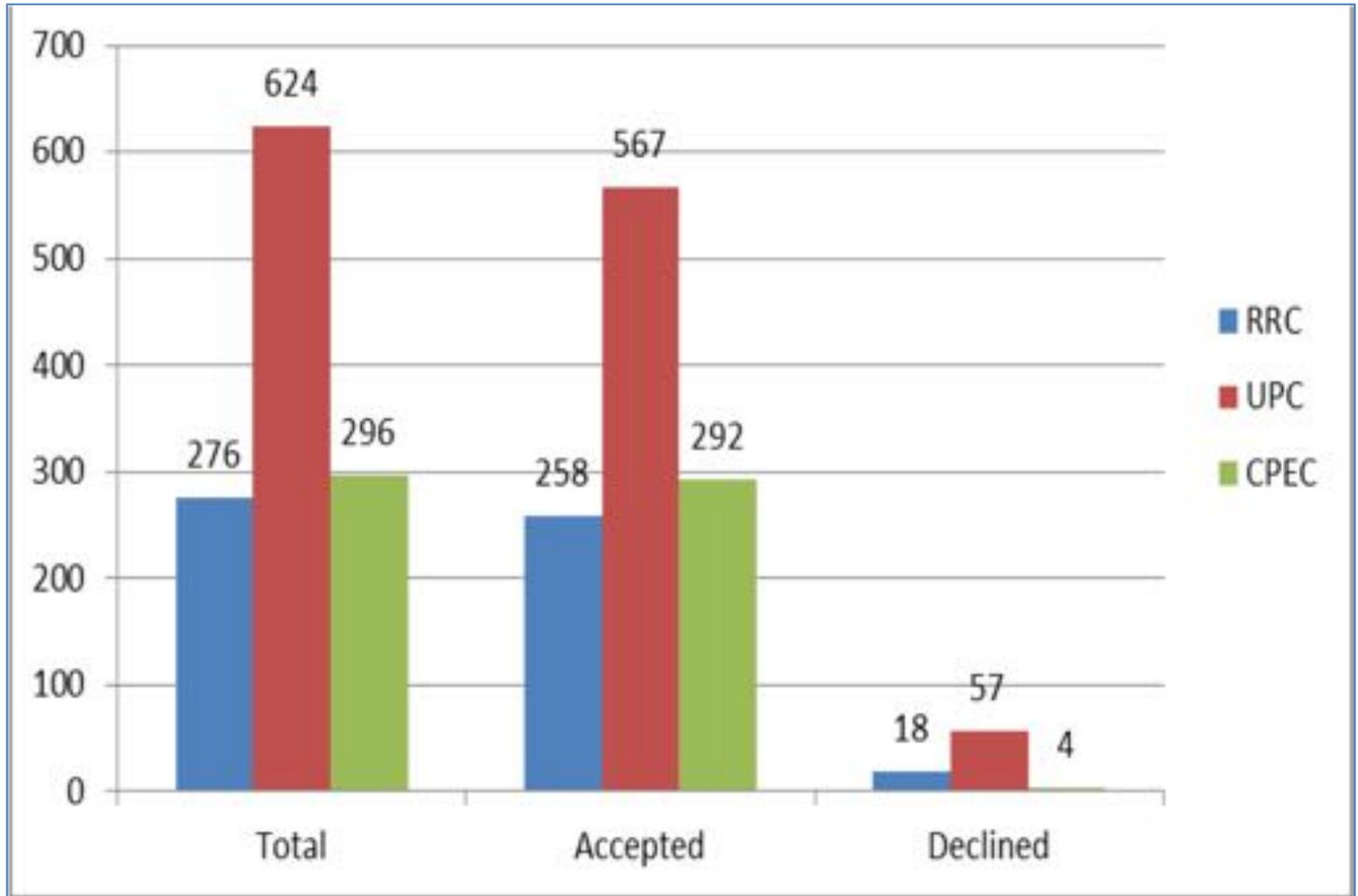
Applications for 24hr Emergency Psychiatric Admissions for Evaluation Maricopa County AZ

Total number of applications for emergency admission for evaluation submitted/total number accepted – December 2017

3 different evaluating agencies for emergency apps

Spread across the county, which is the size of New Hampshire with a population > Oregon

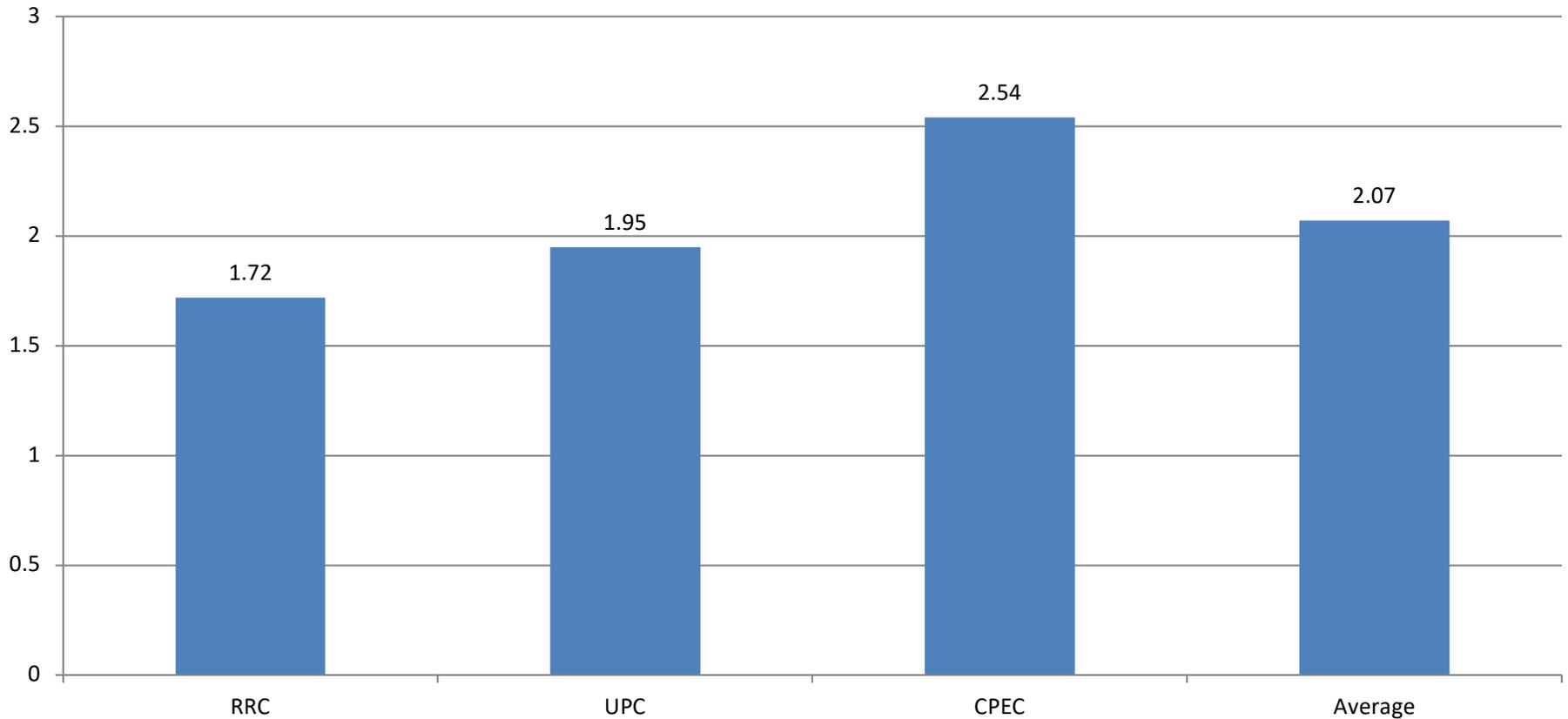
UPC managed by Connections



Average time Application for Emergency Admission received from a hospital/ED to decision (accept/decline) rendered.

Maricopa County AZ

Decision Time in Hours
December 2017



Petition for Court Ordered Evaluation COE filed in Maricopa County Superior Court (f-form filed and MH# assigned)

Includes PAD/GD from community

Monthly Average of COEs by Year

- 2014 = 296 COE Per Month
- 2015 = 359 COE Per Month
- 2016 = 505 COE Per Month
- 2017 = 647 COE Per Month

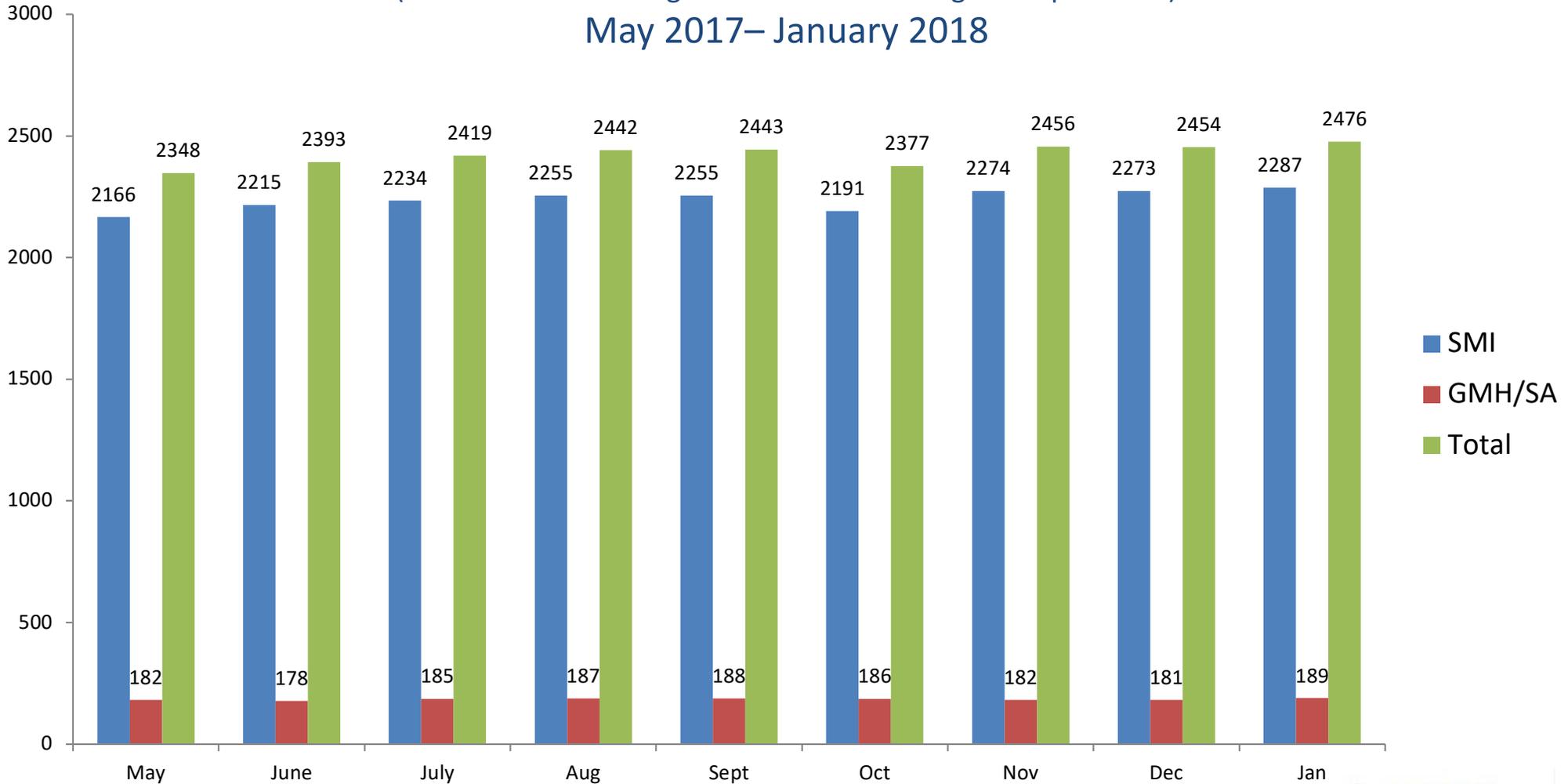


Title 36 Court Ordered Treatment (COT) Population with combined inpatient/outpatient

Maricopa County AZ

Regional Behavioral Health Authority (RBHA) Population
(does not include Long Term Care or Dual Eligible Populations)

May 2017– January 2018



Court Ordered Evaluations (COE) after finding of Not Competent & Not Restorable in Felony

Criminal Matter (Rule 11)

Maricopa County Jan 2017- Dec 2017

- Total orders for Evaluation = 103
- Total orders for Treatment = 69/103
 - 63 orders included inpatient & outpatient treatment
 - 6 orders were inpatient only

COT Amendments filed with Court

Combined numbers for Forced Administration of Medication as well as order to Re-admit to inpatient

Maricopa County AZ - January 2018

	# amended	% amended
Assurance	0/35	0%
CBI	16/99	16%
CPLC	12/68	18%
EMPACT	60/322	19%
LIFEWELL	17/247	7%
JFCS	0/1	0%
MIHS	10/83	12%
PIR	34/430	8%
PSA	1/3	33%
SWN	73/729	10%
TERROS	52/432	12%
Valle del Sol	4/32	12%
ALL	279/2476	11%

Dec 2017 – 265 (11%) Nov 2017 – 288 (12%) Oct 2017 - 265 (11%) Sept 2017 – 248 (10%)
 Aug 2017 - 270 (12%) Jul 2017 – 274 (11%) Jun 2017 – 292 (12%) May 2017 – 290 (12%)

IN SUMMARY:

Take Home Recommendations

- We have **50 experiments** in civil commitment going on across the US (x all of the counties in each state)
- We need
 - common values and goals
 - standard measures that reflect those values and goals
- Then compare and identify the best practices
- Promote best practices via
 - Governance/accountability
 - Statute
 - Financial/payment incentives



Questions?

Margie Balfour margie.balfour@connectionshs.com



Thanks to the following for providing data:

Pima County Dept. of Behavioral Health

Cenpatico Integrated Care

Tucson Police Department

Mercy Maricopa Integrated Care