

Doña Ana County Crisis Triage Center

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Doña Ana County CTC

- Designed as a no longer than 23-hour, safe environment for people experiencing a behavioral health crisis
- Provides evaluation, stabilization, and transitional services



Crisis Triage Services

- “No Wrong Door”
 - Voluntary and Involuntary
 - Intoxicated and Sober
 - Aggressive and Non-Aggressive
- Foci
 - De-escalation
 - Meaningful engagement
 - Stabilization
 - “Warm transfer” referrals



Crisis Now Model/988 Alignment

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES



HIGH-TECH CRISIS CALL CENTERS

These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.



24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.



CRISIS STABILIZATION PROGRAMS

These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.



ESSENTIAL PRINCIPLES & PRACTICES

These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

Accomplishments

- Licensed by NM DOH
- Established reimbursement rate for Medicaid
- Hired and trained staff
- Serving guests 24/7, 365

Staffing

- 9.5 Peer Support Workers
- 3 Registered Nurses
- 1 Nurse Manager
- 5 Licensed Behavioral Health Clinicians
- 4 Administrative Support

Training

- Trauma Informed Care
- Recovery orientated language
- Person centered & strength based approaches
- Reflective listening & active communication
- Self-care
- Zero suicide/safer care

Services to Date (June 24 – September 12)

- 40 guest admissions
 - Referral type and number
 - Self: 13
 - Family/Friend: 10
 - Law Enforcement: 10
 - Community Organization: 2
 - Group Home: 3
 - Outpatient Provider: 2
- Average length of guest stay - 6 Hours
- Average length of LEO on-site – 2.8 mins

Discharges

- Outpatient care referrals with appointments - 17
- No referrals provided/ declined after care - 5
- Inpatient psychiatric hospital - 7
- Appointment with guest's current provider - 3
- Medical hospital - 2
- Assertive Community-based treatment - 2
- Involuntary admission to inpatient - 1
- Discharged to family - 1

Follow up

- **72 Hour Post Care**

74% of discharged guests were able to be reached for a follow up

26% were unable to be reached

- **Source of information**

61% was provided by collateral source (family/provider)

39% was provided by the guest

Guests' Stories

- **Guest #1**

- *Arrived with police*
- *Experiencing heightened state of arousal and incoherency post release from detention center*
- *Needed stabilization and next steps to recovery and overall care*
- *Service provided crisis stabilization, engagement and transfer to higher level of care*

- **Guest #2**

- *Arrived with family member*
- *Shared experience about addiction and risky behaviors that led to crisis. Peer's shared of experience of being a stepfather to guest's experience of being a first time father. Peer's encouragement of self care in recovery.*
- *Service provided included drawing together served as a bridge to having a conversation around guest's goals and emotional ties as motivators.*

CTC Business Plan

- CTC revenue is based on the assumption that of 80% of admissions will have Medicaid coverage.
- 20% of revenue will be generated from non-Medicaid payment sources, such as county indigent and state/federal funds.
- Commercial health insurance and Medicare do not include CTC coverage. (Need parity)

Voluntary and Involuntary

- License does not allow involuntary
 - Law enforcement use
 - No wrong door approach
 - Least restrictive environment
 - Most effective service
- Need legislative change

Questions

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