COVID-19 Behavioral Health Task Force

January 29, 2021
Behavioral Health Task Force Agenda

- Housekeeping: Lauren Prole
- Welcome: Dr. Sara Salek
- AHCCCS Update: Dr. Sara Salek
- ADHS Update: Teresa Ehnert
- Social Connectedness Campaign: Wayne Tormala
- Northern Arizona Update: Dr. Aaron Goldman & Bryan Gest
- CCP Update: Justin Chase
- Questions, Open Discussion & Wrap-Up: All
AHCCCS Update
(Naloxone Efforts, COVID-19 vaccine strategies for Medicaid)

Dr. Sara Salek
Chief Medical Officer
AHCCCS
ADHS Update

Teresa Ehnert
Bureau Chief, Public Health Emergency Preparedness
Health Emergency Operation Center/ ESF8
PHEP/HPP Director, Arizona
Social Connectedness Partnership Program

Wayne Tormala, Chief
Arizona Department of Health Services
Bureau of Chronic Disease & Health Promotions
Wayne.tormala@azdhs.gov
Health Choice of Arizona
Updates

January 29, 2021

Aaron Goldman MD
Behavioral Health Medical Director
Northern AZ Inpatient Coalition

• Meetings began at start of pandemic
• Included all behavioral health inpatient facilities in our network
• Expanded to FFS behavioral health inpatient facilities
• Goals
  • Assess need for PPE, testing, and to increase capacity for accept Covid positive members
  • Consolidate protocols used by inpatient facilities in regards to quarantine procedures, other Covid related items
  • Share innovations
Shared Innovations

• Innovations included:
  • Use of tablets for participation in milieu,
  • Increase airflow for those facilities that allowed it
  • Testing on all admissions, then weekly in some facilities
  • Purchasing their own testing from Quidel,
  • Increased collaboration with counties and TGen.
  • One facility retrofitting a hydroponic growing tent in order to have nursing stationed for admission testing — saved PPE
  • Swimming goggles were purchased for eye protection.
Outcomes

• This meeting supports collaborative planning, response, and interventions
  o All inpatient facilities are now accepting patients who are COVID+, save one
  o Bed prioritization for Title 36 patients is key
  o Good access to PPE and use of masking by patients was accomplished
  o Some challenges continue related to quarantining in some facilities (i.e. space difficulties), access to rapid testing, capability for police transport of COVID+ people, and financial burdens
  o All staff are eligible for & encouraged to receive vaccine

• **Note:** Good collaboration continues across the network – and it is greatly appreciated
In response to COVID-19, we have developed processes and protocols for the delivery of mobile crisis services via telehealth. This opportunity has been introduced and implemented throughout northern Arizona.
Bryan Gest, MA, LPC
Director of Northern Arizona Crisis Services
Who We Are

We are a healthcare company focusing on the **WHOLE PERSON**, providing primary care and specializing in mental health and substance use treatment for over 50 years.

We save lives every day!
Our Purpose

Inspiring Change for Life

Our Core Values

Integrity, Compassion, Empowerment

with Diversity Woven Throughout
Our Vision

Extraordinary Care
Empowered People
Exceptional Outcomes
Integrated Health Care Company

15 Sites Across Arizona

- 8 Integrated Primary Care Sites
- 4 Federally Qualified Health Centers
- 4 Mobile Crisis Regions
- $79 Million in Revenue

900 Employees
Northern Arizona Crisis Services
Areas We Serve:

Coconino County since November 2015
Western Yavapai County since May 2017
Mohave County since October 2017
Tribal Lands including Havasupai, Hualapai, and Fort Mojave

Modes of transportation:
1) By van
2) By foot
3) By helicopter
4) By horseback
Guided by SAMHSA best practices, we have taken Terros Health’s 50+ years of success in mobile crisis in Maricopa County and adapted it to rural Northern Arizona

✔ Part of Health Choice Arizona’s crisis system, along with the Crisis Response Network’s call center

✔ Close partnerships with local community partners and stakeholders

✔ Based on 2-person response but with 1-person option to increase efficiency and responsiveness

✔ Assessment and de-escalation with the aim of stabilizing the client in their natural environment when possible
• Protocols dictated that law enforcement and/or EMS be dispatched for every behavioral health call for service

• Not ideally suited to assess and intervene in behavioral health crisis situations

• Increased emergency department usage, arrests, and T36 petitions
Community member calls 911

Dispatcher transfers caller to CRN crisis line

CRN conducts phone crisis intervention, determines if an in-person crisis response is needed

Terros Health receives dispatch from CRN

Terros Health crisis staff travel to the location of the client to provide crisis intervention

Assessment

De-escalation

Coordination of care

Referral to resources

Safety Planning

Follow-up
Coconino County Outcomes
2019-2020

- Community Stabilized, 70.1%
- Voluntary Psychiatric HLOC, 23.8%
- Title 36 Petition, 4.1%
- Arrested, 0.1%
- Other, 0.2%
- Medical, 1.7%
Questions? Comments?

Please feel free to reach out!

Bryan Gest, MA, LPC
bryan.gest@terroshealth.org
COVID-19 Hotline & Crisis Line Updates

Justin Chase, LMSW, CPHQ, FACHE
Chief Executive Officer
Crisis Response Network
RESILIENT Arizona
CRISIS COUNSELING PROGRAM

Visit www.resilientarizona.org
<table>
<thead>
<tr>
<th>Primary Service</th>
<th>Number Served ISP</th>
<th>Number Served RSP</th>
<th>TOTAL</th>
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<tbody>
<tr>
<td>Unique Referrals</td>
<td>1,759</td>
<td>2,585</td>
<td>4,344</td>
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<tr>
<td>Individual Crisis Counseling</td>
<td>571</td>
<td>782</td>
<td>1,353</td>
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<tr>
<td>Group Counseling/Public Education</td>
<td>557</td>
<td>1,510</td>
<td>2,067</td>
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<td>Brief Educational/Supportive Contact</td>
<td>1,414</td>
<td>2,053</td>
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<tr>
<td>Total Unique Interactions</td>
<td>2,542</td>
<td>4,345</td>
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*Through January 25, 2021*
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<tr>
<th>Other Contacts/Materials Distributed</th>
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<tr>
<td>Hotline/helpline/lifeline contact</td>
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<tr>
<td>Telephone contact</td>
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<td>E-mail contact</td>
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<td>Community networking and coalition building</td>
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<td>Material handed to people</td>
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<td>Material mailed to people</td>
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<td>Material left in public places</td>
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<td>Mass media</td>
<td>279</td>
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<td>Social networking messages</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>35,240</strong></td>
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Questions, Open Discussion & Wrap Up

Next Meeting - February 12th
Thank You.

See the Behavioral Health Task Force web page for meeting past meeting presentations -
https://www.azahcccs.gov/AHCCCS/CommitteesAndWorkgroups/BehavioralHealthTaskForce.html

Send future topics you want to discuss to lauren.prole@azahcccs.gov