Kansas City Mental Health Assessment & Triage Center

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What You Need to Know

- Existing Sobering Center Serving Kansas City, Kansas
- Hospitals explored KCMO Missouri solutions
- Champion – KCMO Presiding Judge Joseph Locascio
- Data driven solution
- State MoDMH loaned us a consultant (Keith Schaefer)
- Model – Short-term Assessment/Triage Center
- Unique Component – State funded backdoor community mental health, drug, alcohol and medical detox services
- CIT trained police offer individuals the option of going to jail or KC-ATC
- Public Private Partnership
- Two year pilot project

KCMHC
Kansas City, KS Solution

- KS Governor Sam Brownback funded a center to serve substance abuse and mentally ill patients from Johnson and Wyandotte Counties
- Center located at old Rainbow Mental Health Hospital campus (near KU Hospital)
- $3.5 million annually for 3 years
- Sobering Center – 23 hours
- Crisis Center – 72 hours
- Other mental health services/continuum of care
- Light/moderate utilization due to tight restrictions
- Limited to Kansas residents
Background – KCMO Hospital EDs

- EDs clogged with Substance Abuse (SA) and Serious Mental Illness (SMI) patients
- Police using ED as drop off place
- Lack of access to inpatient behavioral beds
- Extended boarding of SA/SMI patients in ED
- Problem compounded by frequent flyers
- KCMHC formed a committee to study the problem and evaluate alternatives
Background – KCMO Court System

- Overcrowded court system with SA & SMI patients
- Overwhelmed CIT trained police officers
- Repeat chronic offenders
- Simultaneously but separate from the hospital workgroup, City of Kansas City formed a community-wide stakeholder group to study the problem
KCMO Presiding Judge Joseph Locascio

- Judge had first hand experience with SA/SMI
- Vocal advocate for mentally ill, especially the need for housing alternatives
- Frequently quoted in media – need community solution
- Formed a multi-stakeholder group
- Parallel process with KCMHC
- KCMHC disbanded our group in order to support Judge Locascio
Initial Community Stakeholders Vision
Comprehensive Model

- Broad stakeholder group (community mental health centers, drug/alcohol and detox centers, police, EMS, court system, advocacy groups and hospitals)
- Researched several metro models
- Traveled to and focused on San Antonio operations
- Released KCMO white paper (comprehensive model with sobering, crisis center and respite care with housing)
- Expensive – $5 to 6 million annual price tag
MoDMH Consultant (Keith Schaefer)

- Keith Schaefer (former MoDMH Director/retired)
- On loan by the State MoDMH
- Charge, work with Judge Locascio’s community-wide stakeholder group to:
  - evaluate and right size the proposed model
  - identify funding sources
  - develop a sustainable, financially sound model
- Focused on Alameda County model
  - assessment/stabilization unit with short LOS
  - warm handoff to community mental health centers
  - coordination of care
## KCMO Regional ED Utilization Data Trends

<table>
<thead>
<tr>
<th></th>
<th>MDC-20</th>
<th>MDC-19</th>
<th>MDC-19</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(SA)</td>
<td>(SMMI)</td>
<td>(SMMI)</td>
</tr>
<tr>
<td><strong>Number of ED Visits</strong></td>
<td>8,408</td>
<td>8,615</td>
<td>8,194</td>
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<tr>
<td><strong>Number of Unique ED Patients</strong></td>
<td>4,570</td>
<td>4,893</td>
<td>4,517</td>
</tr>
<tr>
<td><strong>Percent of Unique ED Patients</strong></td>
<td>54%</td>
<td>57%</td>
<td>55%</td>
</tr>
<tr>
<td><strong>High Utilizers</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 1-visit</td>
<td>3,278</td>
<td>3,319</td>
<td>3,115</td>
</tr>
<tr>
<td>• 2-5 visits</td>
<td>1,727</td>
<td>1,981</td>
<td>1,837</td>
</tr>
<tr>
<td>• 6-10 visits</td>
<td>502</td>
<td>686</td>
<td>564</td>
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<tr>
<td>• 11-25 visits</td>
<td>504</td>
<td>613</td>
<td>575</td>
</tr>
<tr>
<td>• 26-50 visits</td>
<td>186</td>
<td>269</td>
<td>190</td>
</tr>
<tr>
<td>• 51-100 visits</td>
<td>295</td>
<td>137</td>
<td>237</td>
</tr>
<tr>
<td><strong>Payer Mix</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Commercial</td>
<td>14%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>• Medicaid</td>
<td>20%</td>
<td>17%</td>
<td>17%</td>
</tr>
<tr>
<td>• Medicare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other/Self-pay</td>
<td>13%</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>52%</td>
<td>56%</td>
<td>56%</td>
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KC-ATC Model

- Operate a 16-unit assessment and triage center for the urban core
- 8 units for SA and a separate 8 units for SMI
- Up to 23 hours of non-life threatening triage and assessment for patients who are experiencing a substance abuse or mental health crisis
- Locate KC-ATC close to main interstate/highway for easy access for police
- State owned building (12th & Prospect)
- Two year pilot

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KC-ATC Model (cont.)

• First year service area will focus on the urban core comprised of Kansas City, Missouri, North Kansas City and Liberty (75% of ED discharges)
• Plans call for expanding service to Blue Springs, Independence, Lee’s Summit, Raymore and Belton in year-two (25% of ED discharges)
• Target population is substance abuse/serial inebriates and serious mentally ill patients who frequent the criminal justice system and hospital EDs

KCMHC
Priority admissions into KC-ATC limited to KCPD

Plus, medically stable ED patients from select hospital EDs on a space available basis

CIT trained KCPD offer offenders a voluntary choice between jail or going to the KC-ATC

There are no walk-ins, no inpatient referrals and only voluntary admissions (no involuntary commitments)

Strict admission and exclusion criteria

Intensive case management/care coordination

KCMHC
Individuals admitted and released from KC-ATC have access to state funded Department of Mental Health, backdoor mental health and substance use services/treatment for drug, alcohol, medical detox, etc.

Follow up funds can be used for core services or flex funds for housing, medications, food, clothing, etc.

Voucher system allows clients to go to the head of the “waiting list” line for the community mental health services.

Formal evaluator through outside entity

Collecting and tracking outcome measurements
Right Sizing the Model

- Revised original model – $3 million annually to operate the KC-ATC
- Contract with ReDiscover (local community mental health center) to oversee and manage the KC-ATC
- Key to Success – secure additional $2.5 million in state appropriations for backdoor mental health services for alcohol, drug, rehab services and medical detox
# Public Private Partnership Funding Sources

<table>
<thead>
<tr>
<th>ENTITY</th>
<th>AMOUNT</th>
<th>PURPOSE</th>
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<tbody>
<tr>
<td>City of Kansas City</td>
<td>$2.5 million</td>
<td>Renovation costs</td>
</tr>
<tr>
<td>Ascension Health</td>
<td>$2 million annually for 10 years</td>
<td>Operating expenses</td>
</tr>
<tr>
<td>Area Hospitals</td>
<td>$1 million annually during 2-year pilot</td>
<td>Operating expenses</td>
</tr>
<tr>
<td>Missouri Department of Mental Health</td>
<td>Use of state owned property for KC-ATC $2.5 million annual appropriation for backdoor mental health</td>
<td>Dedicated DMH funds (vouchers) for discharged client services such as drug, alcohol, detox, transportation, medications, housing, etc.</td>
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Oversight of KC-ATC Policy Board

- City of Kansas City oversees the KC-ATC
- 11 member Policy Board (four hospital slots)
- Co-chaired by Mayor Pro Tem & Judge Locascio
- Advisory Committee comprised of community partners/providers
- KC-ATC and KCMHC staff support
Key Stakeholders

- Ascension Health
- KCMO Municipal Court
- KCMO Police Department
- State of Missouri Department of Mental Health
- HCA Midwest Health System
  - Research Medical Center
  - Research Psychiatric Center
  - Lee’s Summit Medical Center
  - Centerpoint Medical Center
  - Belton Regional Medical Center
- Liberty Hospital
- North Kansas City Hospital
Key Stakeholders (cont.)

• Prime Healthcare
  ➢ St. Joseph Medical Center
  ➢ St. Mary’s Medical Center
• Saint Luke’s Health System
  ➢ Saint Luke’s Hospital of Kansas City
  ➢ Saint Luke’s East Hospital
  ➢ Saint Luke’s North Hospital – Barry Road
  ➢ Saint Luke’s North Hospital – Smithville
  ➢ Research Psychiatric Center
• Truman Medical Centers, Inc.
  ➢ Truman Medical Center, Hospital Hill
  ➢ Truman Medical Center, Lakewood
• ReDiscover

KCMHC
During the two year pilot program, there are only two ways to be admitted into the KC-ATC:

- KCMO Police Department (priority)
- Select hospital EDs (space available basis)

No inpatient hospital discharges
Exclusion Criteria (Not Allowed)

- Under 18 years of age
- BP over 190
- Heart rate over 120 or less than 45
- Blood glucose < 60 mg/dL or > 250 mg/dL
- Acute or traumatic medical needs (bleeding, unconscious, seizures)
- Combative and requiring restraint or field sedation
- Adaptive equipment - IV, catheter, oxygen tanks
- Inability to self-transfer

KCMHC
Admission into KC-ATC
Hospital ED Protocols

• ED will call KC-ATC and talk to the RN or licensed social worker
• Provide details on the client to determine if the referral is appropriate and if there is space available
• Discharge summary/medical assessment summary will need to be faxed to KC-ATC prior to transport
• Hospital will determine and arrange transport method
• If there are no slots available at the time, RN will provide a timeline for ED to call back or send a Case Manager (if available) to ED to assess/provide resources
Hospital ED Patients Going to KC-ATC Transportation Options

- Cab
- Ambulance
- Kar Woo – Artists Helping the Homeless
- Private Transport
- City of Kansas City is evaluating development of a non-emergent transportation service

KCMHC
Grand Opening

- Phased Rollout
- Kansas City Police Dept (October 31, 2016)
  - Week 1-KCPD CIT Officers
  - Week 2-KCPD-CIT/East and Center Zone
  - Week 3 and 4-ALL KCPD
- Open up to ED Admissions (30 days later)
Importance of Housing

• Significant number of clients have temporary or permanent housing needs
• Limited temporary/permanent housing options
• KC-ATC campus has a state-owned apartment complex that in April, the KC-ATC will take over for temporary monitored housing
• 16 short-term housing units on the same location as the KC-ATC with clinical and oversight staff (billable services)

KCMHC
Current Challenges

• Governor Nixon restricted part of $2.5 million year-one appropriations for backdoor DMH funds, resulting in $500,000 reduction
• Governor Greitens restricted another $385,000 when he took office
• Funding source for year-two suburban satellite facility; plans are underway to use the urban core site to serve suburban communities during year two of the pilot
• Due to ongoing state budget concerns, Governor Greitens cut year-two appropriations by one-half resulting in only $1,250,000 for next budget year
Year to Date Key Facts

- Almost 2000 referrals to KC-ATC since Nov 2016
- 70 percent of clients are unduplicated
- Over 70 percent of referrals are male
- 60 percent of referrals come from area hospitals (expected to decrease over time as more police districts utilize the KC-ATC)
- 65 percent of referrals are homeless individuals
- Over 100 individuals were discharged from KC-ATC to a hospital ED for additional medical care/follow up
- Average daily census is 18 and growing
- Average length of stay is between 16-20 hours
Discussion

Questions and Comments
American Hospital Association