

# Filling the Gaps in the Community- how can community collaboration impact those in crisis?

Kansas City Assessment and Triage Center  
2600 E. 12<sup>th</sup> Street  
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# Behavioral Health Crisis and CIT/Law Enforcement Contact



- Behavioral Health issues have increased over the last 40 years, inpatient treatment has decreased
- Law Enforcement are first responders to behavioral health crisis everyday.
- Crisis Intervention Training
- Where to go after contact? What's Next?



# Municipal Jail Data-2014

- 83% Male/17% Female
- 19-65 years old, average 38
- 49.6% dropped out of school
- 44% HS Diploma or GED/6% College
- 45% Report Mental Health
- 23% Inpatient MH History
- 33% On Meds for MH
- 17% Attempted to harm or kill themselves
- 60% Report Substance Use



# Closer look-Public Safety



- KCPD receives 30 CIT calls per day at the rate of \$154 per hour; total \$1,686,300 per year.
- 25 Parties Down calls per DAY--\$4,420 per call for police, ambulance, hospital, court, jail. Annually reaching over \$40 Million.
- Quick drop off at Crisis Center. Officers out in 7-10 minutes.
- Connecting people to treatment, housing and services—reducing recidivism and future law enforcement contact.

# Closer Look-Emergency Services

- 115 high end ambulance users had 3,546 ambulance runs costing a total of \$2.4 million/yr.
- Top 50 Ambulance Users had 27-127 ambulance runs/yr.
  - 74% of those users also had contact with Municipal Court/KC Police Dept.
- Area Hospitals spending over \$100 million/yr on behavioral health crisis in Emergency Departments.
  - 9,500 people with Mental Illness
  - 8,600 people with Substance Use.



**EMERGENCY**



# Community Collaboration

- **Data** –collect data from multiple points
  - Police, ED, Courts, Community MH, Substance Use Providers
- **Problem/Gap**
  - Determine the community problem or gap
- **Stakeholders**
  - Determine who to invite to the table
- **Solutions**
  - Work as a community to identify possible solutions

# Kansas City Timeline...How did we get there?

- 2009-Homelessness Task Force Established
- Aug. 2012-SAMHSA GAINS CENTER- Sequential Intercept Model Completed
- Nov. 2014-Judge Locascio asked a group of stakeholders to discuss idea of a Crisis Center
  - Crisis Center Work Group Formed and started meeting monthly for over 2 years.



# KC Timeline Continued...

- Fall 2015-Ascension Health purchased 2 Non Profit Hospitals-\$20 million profit.
- City of KC MO issued RFP for provider for KCATC-ReDiscover was selected.
- Spring 2016-Renovation began on an existing building.
- Fall 2016-Kansas City Assessment and Triage Center Opened.



# Why an Assessment and Triage Center for Kansas City?

- Previous data shared from Police and ED's drove the group to a Crisis Center
- Behavioral Health Emergency Room Closed
- Needed a new door for officers that was quick
- Close the gap for people leaving ED's
- Access to Medications Immediately

# What is the Kansas City Assessment and Triage Center-(KC-ATC)?

An assessment and triage center for persons who are experiencing a mental health or substance use crisis that come into contact with Kansas City Missouri Police Department (KCPD) or an Approved Emergency Department (ED).

- All Voluntary
- NO WALK-IN's
- ONLY Open to KCPD and Approved Emergency Departments

# Participating Hospitals-Year One

- Research Medical Center
- Research Psychiatric Center
- Saint Luke's Hospital -- Kansas City, Barry Rd and Smithville
- Truman Medical Center, Hospital Hill
- North Kansas City Hospital
- St. Joseph Medical Center
- Liberty Hospital

# Public Private Partnership-Funding Sources

<b>Entity</b>	<b>Amount</b>
Ascension Health	\$2 million annually for 10 years- Operating
Participating Area Hospitals	\$1 million annually/ for 2 years- Operating
City of Kansas City, MO	\$2.5 million-Renovation
Missouri Department of Mental Health	\$1.25 million for follow up services

# KC-ATC OPEN



# 2 Units with a total of 18 Slots Available

- 9 Slots-Sobering Unit
  - Primary presenting issue is substance use
- 9 Slots-Stabilization Unit
  - Primary presenting issue is mental health

How long do clients  
stay?

Up to 23  
Hours

# Exclusion Criteria

- Under 18
- BP over 190
- Heart Rate over 120 or less than 45
- Blood Glucose under 60 mg/dL or over 250 mg/dL
- Acute or Traumatic Medical Needs--bleeding, unconscious, seizures
- **Combative and requiring restraint** or field sedation
- Adaptive equipment—IV, catheter, oxygen tanks
- In-ability to self-transfer



# KCPD Protocol

- Officer drops off at intake/triage.
- Officer completes CIT Report and leaves a copy

**Officer in and out in 10-15 minutes**

# Approved ED Protocol

- ED will call KC-ATC and provide details to the RN or Licensed Team Leader.
- KC-ATC will determine approval.
- ED will fax a discharge summary/medical assessment summary to KC-ATC prior to transport.
- ED will determine and arrange transport method.
- If there are no slots available at the time, KC-ATC will provide a timeline for ED to call back or staff will offer resources over the phone.

# What Happens While at KC-ATC?

- Immediate triage and assessment – Licensed Team Leader gathers collateral information and assesses suicide risk
- RN will complete health/nursing assessment
- Counselor Techs will monitor clients on units at all times, conduct vitals and regular checks
- Rapport Building with Clients
- Outreach Case Management
- Psychiatric Evaluation
- Bridge Medications

# What Happens at Discharge?

- Linkage back to home/family or friends
- Linkage into or back to CMHC's
- Follow Up and Warm Hand Off's to placement
- Bridge Case Management/Medications
- Emergency Housing until Permanent Housing is available
- Collaborative Development of a Crisis Plan

# Follow Up Funds

- There are \$1.25 Million in the DMH Budget for KC-ATC Follow Up Funds.
- Follow up funds can be used for core services or flex funds—residential or outpatient treatment, detox, housing, respite, RCF, start-up funds, utility support, food, clothing, dentures, medications, hygiene items, transportation, labs, dental and physical health
- Wrap around funds for those on Medicaid for Non-Medicaid services

# Crisis Respite/ Thrive Center

- 24/7 crisis residential that provides crisis stabilization and transitional living for adults (18+) suffering with substance use and mental health
- Goal is to address immediate crisis needs and transition back to stable and safe housing, as well as connection to outpatient care and follow-up
- Average length of stay at this time is 10 days

# Outreach Case Management...Why?

- Ensure people don't fall thru the cracks at discharge
- Work on applying for additional benefits
- Housing
- Assist in connection to ongoing support/services/treatment
- Working on all issues or barriers

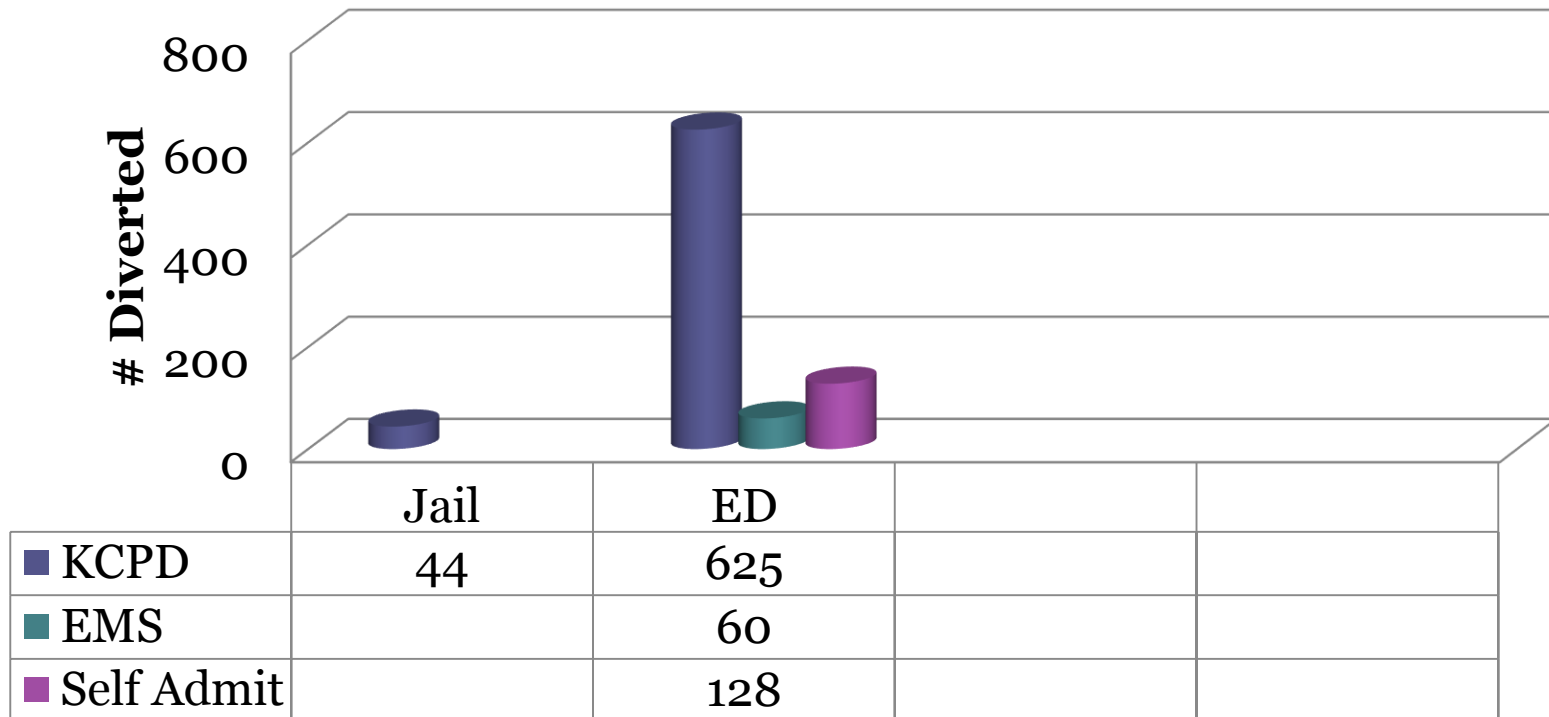
# KC-ATC Referrals Oct.31-August 31

- 2,157 Referrals
  - (1,344 ED + 625 LAW + 60 EMS + 126 Self Admits + 2 RSI)
- 1,344 Unduplicated (62%)
- 72% Male/28% Female
- 67% Homeless
- 13% Unstable Housing
- 20% Stable Housing

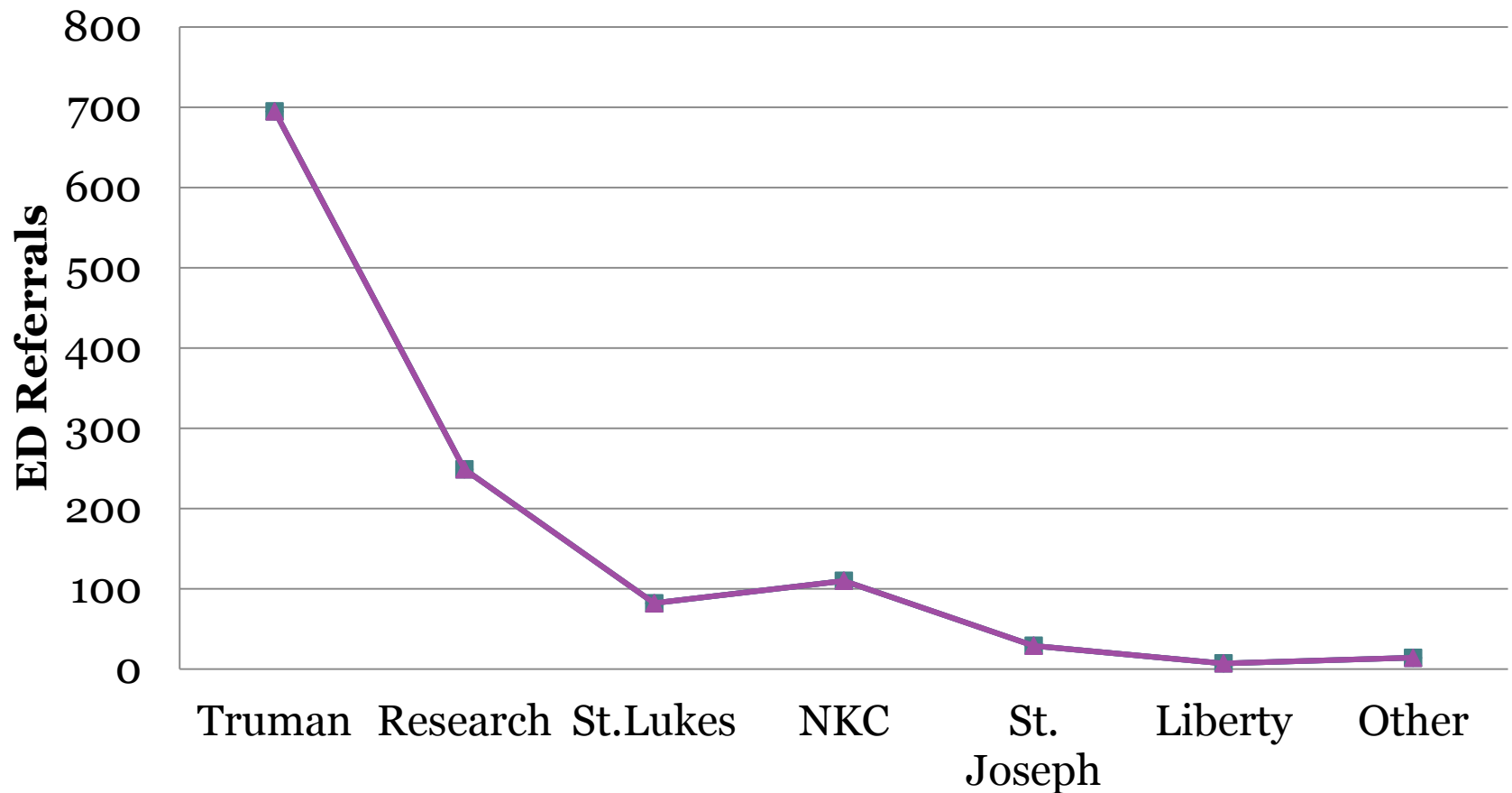


# Diverted From

## Diversion of Clients



# ED Referrals- 1,344



# KC-ATC Cost Savings to ED's

Diverted from Emergency Rooms in KC  
KCPD-625  
EMS-60  
Self Admit-128

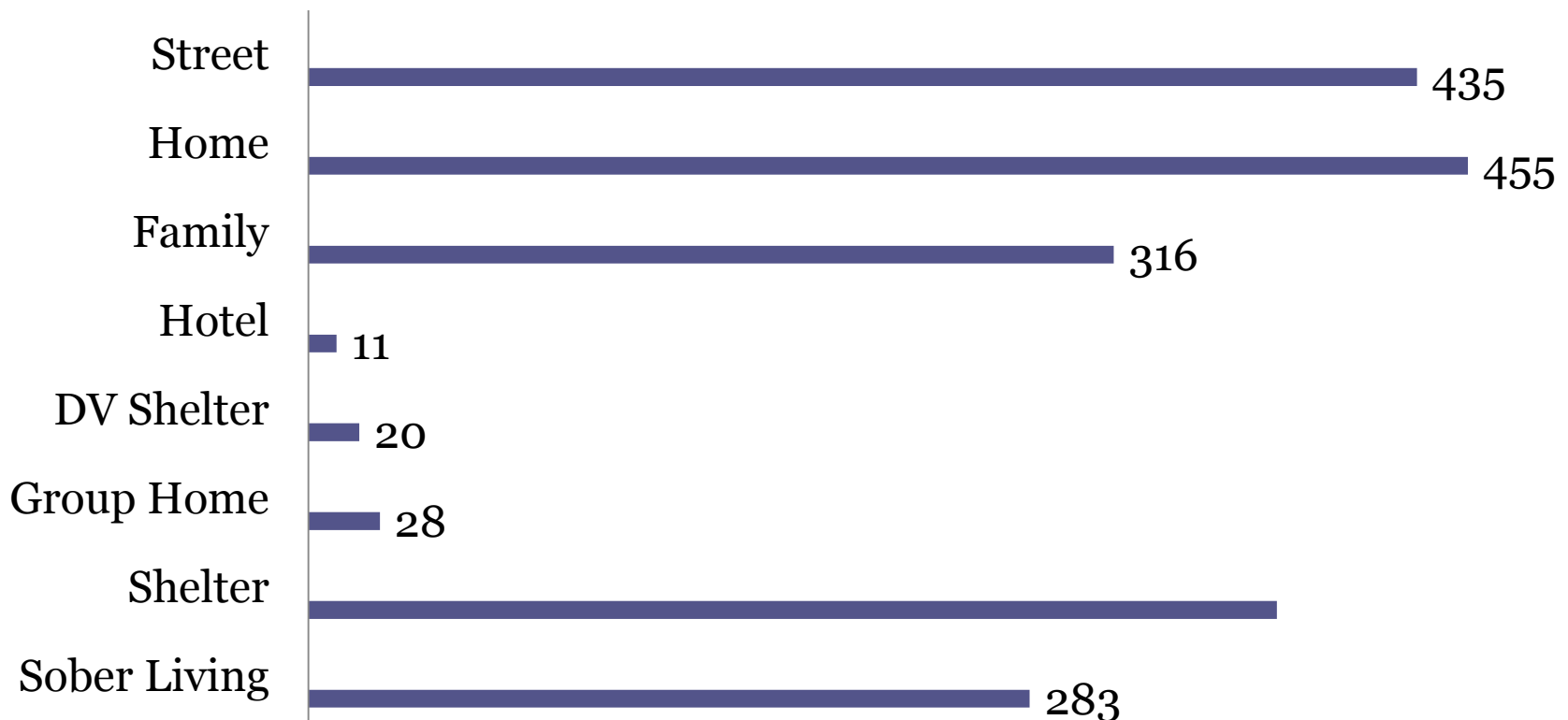


Total: 813 People Diverted from ED

**Cost Diverted from Emergency  
Departments \$1,840,226**

# KC-ATC Discharges

## Housing Discharges



# What are the Clients Saying.....

- “It Saved My Life”
- “Welcomed In”
- “Open Arms”
- “Made Sure I was OK”
- “Quality Service”
- “Crisis Center put me on a path”
- “Feels a weight off my shoulders”
- “Showed the better side of me”
- “Level of trust with the process”
- “If it wasn’t for them I would have re-used”
- “Got me back on the correct medications”
- “Without the Crisis Center is it trial and error”
- “Good to have another option other than jail”
- “Never had a desire before, but this time was different”
- “You tell them the direction you want to go”
- “With the correct medications, my head is situated and working right instead of running around”

# Resources

- The Police-Mental Health Collaboration (PMHC) Toolkit produced by Bureau of Justice Assistance
- SAMHSA GAINS CENTER-Sequential Intercept Model-Request in December
- The Council of State Governments Justice Center
- International Association of Chiefs of Police

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# KC-ATC Factsheet

## Through August 31, 2017; Update

### From Access Database:

2157 Referrals (1344 ED + 625 LAW + 60 EMS + 126 Self Admits + 2 RSI)

164 Unduplicated Clients Served in August, 2017

August Client Visits: 1 Client with 4 visits, 4 Clients with 3 visits, 27 Clients with 2 visits, 48 Clients with 1 visit

**Gender** (n=2157): Female = 27.5%; Male = 72.1%; Missing = 0.4%

**Housing** (n=2157): Doubled Up = 1%; Homeless = 66%; Stable Housing = 20%; Unstable Housing = 7%; Missing = 5%

**Employment** (n=2157): Disability = 17%; Full Time = 5%; Part Time = 3%; Unemployed = 65%; Missing = 9%

**Age** (n=1945): 13-17 = 0%; 18-24 = 10%; 25-35 = 28%; 36-44 = 23%; 45-60 = 34%; 60+ = 5%

### Referrals by Month (n=2157)

	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug
Law (n=625)	4	70	85	57	46	72	79	61	60	46	45
ED (n=1344)	0	3	74	152	143	141	174	195	142	158	156
RSI (2)	0	0	0	0	0	0	0	0	0	0	2
EMS (n=60)	0	0	0	0	0	4	21	18	4	6	7
Self Admits (n=126)	0	4	13	4	2	2	10	35	25	23	8

### ED Patients to KC-ATC (n=1344)

Liberty	7	0.5%
North Kansas City	132	9.9%
Research	265	19.8%
Research Psychiatric	13	1.0%
St. Joseph	31	2.3%
St. Luke's Barry Rd.	13	1.0%
St. Luke's Plaza	84	6.3%
Truman	784	58.6%
Other	15	0.7%

### Transport to KC-ATC (n=1344)\*

Cab	1214	90%
EMS	25	2%
KC-ATC Case Manager	2	0%
Other	68	5%
Private	35	3%

\* Missing values are distributed proportionally

### KCPD Clients to KC-ATC (n=612)

Central	300	49%
East	146	24%
Metro	87	14%
North	13	2%
South	20	3%
Shoal Creek	12	2%
Other	33	5%

\* Missing values distributed proportionally

\* May not sum to 100% due to rounding..

### KCPD Clients Diverted (n=612)\*

Jail	44	7%
North Kansas City	15	2%
Research	40	7%
Research Psychiatric	9	2%
St. Luke's Barry Rd.	1	0.2%
St. Luke's Plaza	11	2%
Truman Lakewood	3	0.4%
Truman Medical Center	438	72%
Other	51	8%

\*Missing values are distributed proportionally.

**Cost Savings of \$1,840,226** for 813 clients diverted from EDs (Law, EMS, Self-Admit) computed at preliminary rates from 2014 of \$2263.50 per visit.

Evaluation administered by Resource Development Institute.

Contact Nancy Twillman, Project Director, for additional information or questions.  
RDI | P.O. Box 10163, Kansas City, MO 64171 | 816.221.5000 | RDIKC.org





# KC-ATC Factsheet

## Through August 31, 2017; Update

### Length of Stay (Hours: Minutes)\* Through July

	All Clients (n=1233)	MH = Reported Concern (n=122)	SA = Reported Concern (n=170)	MH&SA = Reported Concerns (n=96)	No Reported Concern (n=845)
<b>Median</b>	16:16	17:49	16:15	<b>18:17</b>	15:55
<b>Minimum</b>	0:10	0:43	0:58	0:30	0:10
<b>Maximum</b>	71:40	71:38	66:55	69:59	71:40

\* Cases with stays over 72 hours removed as outliers.

### Length of Stay Through 32 Hours, by Concern

	All Clients (n=971)	MH = Reported Concern (n=96)	SA = Reported Concern (n=138)	MH&SA = Reported Concern (n=71)	No Reported Concern (n=666)
<b>Median</b>	13:01	15:15	14:25	12:11	12:50
<b>Minimum</b>	0:10	0:43	0:58	0:30	0:10
<b>Maximum</b>	32:00	31:55	32:00	30:45	31:52

### Length of Stay 32+ Hours to 72 Hours, by Concern

	All Clients (n=262)	MH = Reported Concern (n=26)	SA = Reported Concern (n=32)	MH&SA = Reported Concerns (n=25)	No Reported Concern (n=179)
<b>Median</b>	43:20	41:27	42:34	47:48	42:55
<b>Minimum</b>	32:07	32:10	32:07	32:10	32:45
<b>Maximum</b>	71:40	71:38	66:55	69:15	71:40

### New Case Management, by Month\*

	Oct/Nov	Dec	Jan	Q1	Feb	Mar	Apr	Q2	May	Jun	Jul	Q3	Total
<b>New Case Mgmt</b>	39	40	47	126	55	50	67	172	58	65	59	182	480

\*Does not include on-going case management.

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# KC-ATC Factsheet

## Through August 31, 2017; Update

	Oct/Nov	Dec	Jan	Q1	Feb	Mar	Apr	Q2	May	Jun	Jul	Q3	Total
Medications	34	132	95	261	302	220	81	603	98	109	77	284	1,148
Housing	9	62	81	152	143	130	107	380	220	238	47	536	1,068
Housing (MARC)	-	-	-	-	-	-	-	-	-	-	31		
Transportation	8	10	11	29	27	19	18	64	34	35	24	93	186
<b>Total</b>	<b>51</b>	<b>204</b>	<b>187</b>	<b>442</b>	<b>472</b>	<b>369</b>	<b>206</b>	<b>1047</b>	<b>352</b>	<b>382</b>	<b>179</b>	<b>913</b>	<b>2,402</b>

\*Not Including Case Management

	Oct Nov	Dec	Jan	Q1	Feb	Mar	Apr	Q2	May	Jun	Jul	Q3	Total
<b>Group Living</b>	32	71	70	173 37%	63	86	88	237 34%	97	105	98	300 39%	710 37%
Domestic Violence Shelter	4	2	0	6	2	2	6	10	0	2	2	4	20
Group Home	0	0	0	0	0	0	0	0	0	15	13	28	28
Shelter	9	37	33	79	42	56	68	166	70	35	29	134	380
Transitional/ Sober Living	19	32	37	88	19	28	14	61	27	53	54	134	283
Hotel	0	0	0	0	0	0	0	0	2	0	8	10 1%	10 1%
Returned to Family	14	37	44	95 20%	46	26	47	119 17%	43	30	29	102 13%	316 16%
Returned to Home	22	37	63	122 26%	65	75	62	202 29%	62	33	36	131 17%	455 24%
Returned to Street (Client Request)	9	27	40	76 16%	16	30	91	137 20%	99	65	58	222 29%	435 23%
<b>Total</b>	<b>77</b>	<b>172</b>	<b>217</b>	<b>466</b>	<b>190</b>	<b>217</b>	<b>288</b>	<b>685</b>	<b>303</b>	<b>233</b>	<b>229</b>	<b>765</b>	<b>1,926</b>

\* Unknown data are distributed proportionally.

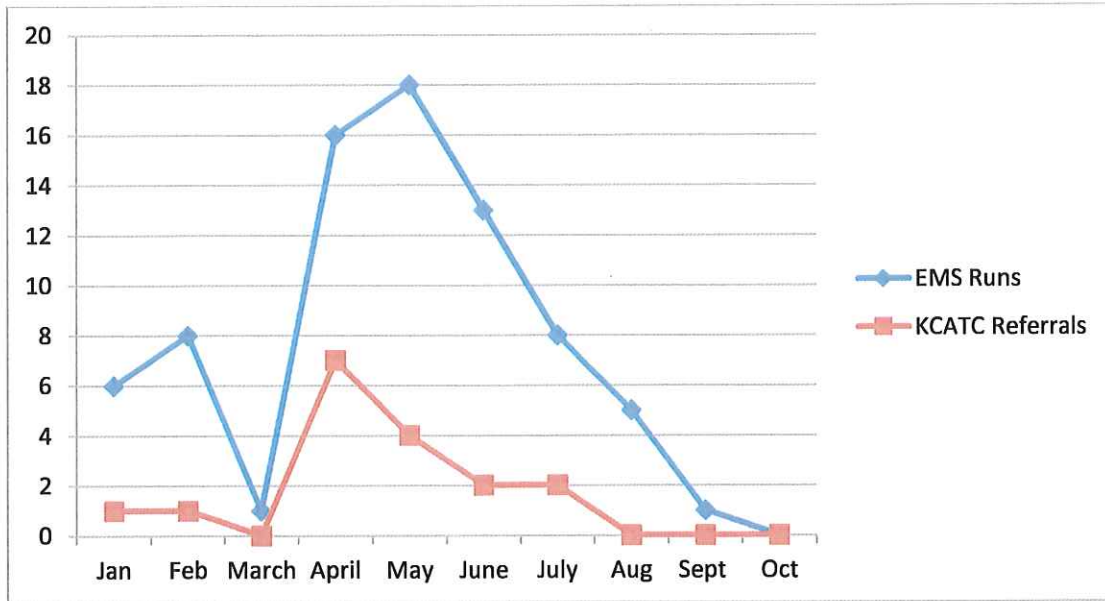
Source	Percent of Clients	Source	Percent of Clients
Commercial Insurance	3%	Private Pay	6%
Medicaid	13%	Uninsured	77%
Medicare	1%		

Evaluation administered by Resource Development Institute.

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# KC-ATC Client Examples



73 Total EMS Runs--6 Days Twice per Day--1 Day 3 Times

Sept 11<sup>th</sup> was the last EMS Run!

