



KCMHC

American Hospital Association
Section for Metropolitan Hospitals
Metro Hospital Executive Education Series

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

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

☐	MDC-20-☐ (Substance-Abuse)☐			MDC-19-☐ (Serious-Mental-Illness)☐		
	2012☐	2013☐	2014☐	2012☐	2013☐	2014☐
Number-of-ED-Visits☐	8,408☐	8,615☐	8,194☐	9,731☐	9,582☐	9,174☐
Number-of-Unique-ED-Patients☐	4,570☐	4,893☐	4,517☐	8,436☐	8,191☐	7,754☐
Percent-of-Unique-ED-Patients☐	54%☐	57%☐	55%☐	87%☐	85%☐	84%☐
High-Utilizers☐	☐	☐	☐	☐	☐	☐
•→1-visit☐	3,278☐	3,319☐	3,115☐	5,839☐	5,410☐	5,235☐
•→2-5-visits☐	1,727☐	1,981☐	1,837☐	2,201☐	2,291☐	2,150☐
•→6-10-visits☐	502☐	686☐	564☐	☐286☐	☐329☐	☐234☐
•→11-25-visits☐	504☐	613☐	575☐	☐100☐	☐126☐	☐104☐
•→26-50-visits☐	186☐	269☐	190☐	☐☐10☐	☐☐35☐	☐☐31☐
•→51-100-visits☐	295☐	137☐	237☐	☐☐☐	☐☐☐	☐☐☐
<u>Payor-Mix:</u> ☐	☐	☐	☐	☐	☐	☐
•→Commercial☐	14%☐	14%☐	14%☐	24%☐	25%☐	25%☐
•→Medicaid☐	20%☐	17%☐	17%☐	23%☐	22%☐	22%☐
•→Medicare☐	13%☐	12%☐	14%☐	23%☐	23%☐	22%☐
•→Other/Self-pay☐	52%☐	56%☐	56%☐	30%☐	30%☐	31%☐

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

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

KC-ATC Model (cont.)

- 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

KC-ATC Model (cont.)

- 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

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

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

Protocols for Admission to KC-ATC

- 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

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

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)

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**



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