



988 & How to Access the Arizona Crisis System

A Virtual Webinar Tuesday, November 1, 2022 6:00 PM – 7:30 PM

Larry Mecham

President Arizona Psychiatric Society

Margie Balfour

Chief of Quality & Clinical Innovation Connections Health Solutions

CJ Loiselle

Crisis Administrator AHCCCS

Andrew Erwin

Chief Operating Officer
Solari Crisis & Human Services

Tenasha Hildebrand

Crisis & Veterans Services Administrator Mercy Care

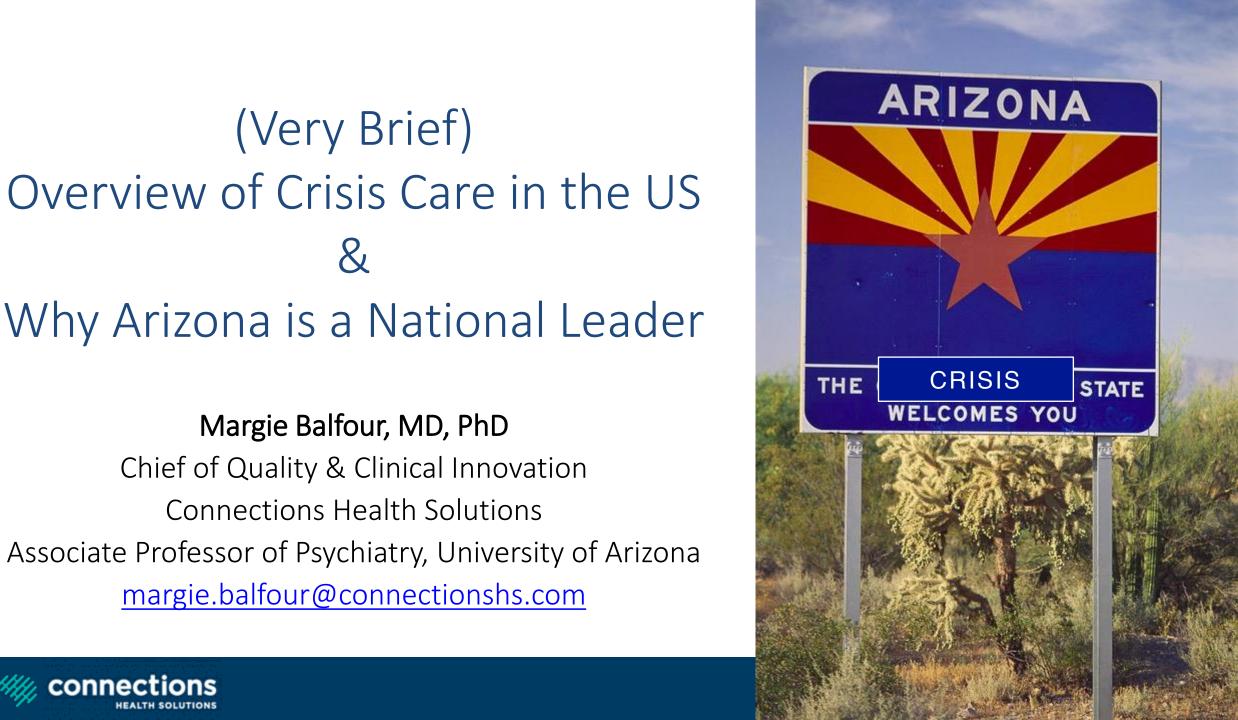
Johnnie Gasper

Director, Justice & Crisis Systems AZ Complete Health / Care 1st

Agenda Agenda		
Welcome and Introductions	Stephen (Larry) Mecham, DO President, Arizona Psychiatric Society	5 min
Overview of crisis care and why Arizona is a national leader	Margie Balfour, MD, PhD, DFAPA Chief of Quality & Clinical Innovation Connections Health Solutions	10 min
The Arizona Crisis System	C. J. Loiselle Crisis Administrator Arizona Health Care Cost Containment System	15 min
Statewide Crisis Line: 988, 911 Integration, Mobile Team Dispatch	Andrew Erwin Chief Operating Officer Solari Crisis & Human Services	15 min
Central RBHA Overview: Crisis Services, Local Details – Mobile Teams, Crisis Facilities, Second Responders, Law Enforcement	Tenasha Hildebrand Crisis & Veteran Services Administrator Mercy Care	15 min
North & Southern RBHA Overview: Crisis Services, Local Details – Mobile Teams, Crisis Facilities, Second Responders, Law Enforcement	Johnnie Gasper Director, Justice & Crisis Systems Arizona Complete Health / Care 1st	15 min
Discussion / Q&A	All	15 min

(Very Brief) Overview of Crisis Care in the US

Margie Balfour, MD, PhD Chief of Quality & Clinical Innovation **Connections Health Solutions** Associate Professor of Psychiatry, University of Arizona margie.balfour@connectionshs.com

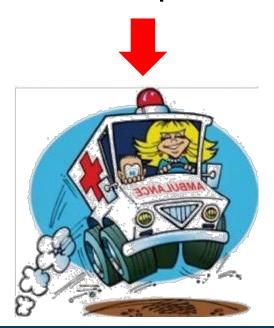




Every day in America...



"I'm having chest pain."



"I'm having suicidal thoughts."



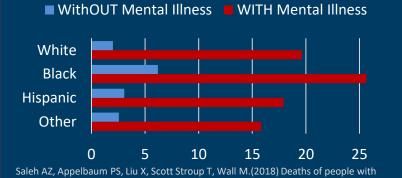


911: What happens after the call?

Police-Involved Deaths

- One Quarter of police involved shooting deaths involve mental illness
- Half occur in the person's home
- Black Americans with Mental Illness have the highest rates of death
- ...and are less likely to call 911 for help with a mental health emergency

US Death Rate by Police per million



mental illness during interactions with law enforcement. Int J Law Psychiatry 58:110-6

Jails: The New Asylums

- The "Divert to What?" Question
- Prevalence of mental illness in our jails & prisons is 3-4x that of the US population
- Inmates with mental illness
 - Often do not get needed treatment
 - Incarcerated 2x as long at 2x the cost
 - 3x more likely to be sexually assaulted in jail
 - More likely to be homeless, unemployed, re-arrested upon release



ED Boarding

- 62% of EDs report they have no psychiatric services available
- Without treatment, inpatient is the default disposition, and people wait for hours for transfer to a psych hospital
- Increased risk:
 Assaults, injuries,
 self-harm
- Increased cost:\$2300/day
- Poor patient
 experience:
 Nontherapeutic
 environment with
 untrained staff



- Nordstrom K et al.. West J Emergency Med. 2019 Jul 22;20(5):690-695.
- http://doi.org/10.5811/westjem.2019.6.42422

"I'm having

"I'm having chest pain." suicidal thoughts."







SAMHSA's Vision

"Someone to call"





"Someone to respond" (mobile crisis)



"A safe place to go" (crisis facilities)



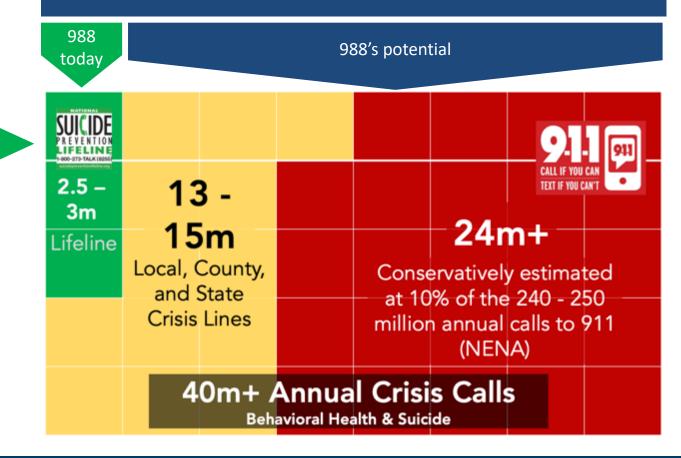


988 is the new nationwide 3-digit number for BH emergencies

- Launched July 2022!
- Connects to the National Suicide Prevention Lifeline (currently 1-800-273-TALK)
- Network of nearly 200 call centers with call-takers trained in suicide/crisis intervention
- 24/7 call, text, or chat (<u>988lifeline.org</u>)
- National standards
 - SAMHSA oversight
 - single national administrator
 Vibrant Emotional Health: <u>www.vibrant.org</u>
- More info at <u>samhsa.gov/988</u>

Today, we can't imagine 911 without thinking of the response system that goes with it (EMS, fire, ERs, trauma centers, etc.)

988 is the first step towards a comparable system for behavioral health emergencies.





What happens after the 988 call? It depends on where you live.

For the ideal outcome, 988 callers need to

- Be routed to a **local call center**
- Connect to local crisis services (someone to respond, a safe place to go)

Challenges:

- Calls are routed based on the area code of the caller's phone, not their geologation
- Variable call center performance across states
- Inconsistent access to crisis services across communities



The time is right for an unprecedented nationwide expansion in crisis care...



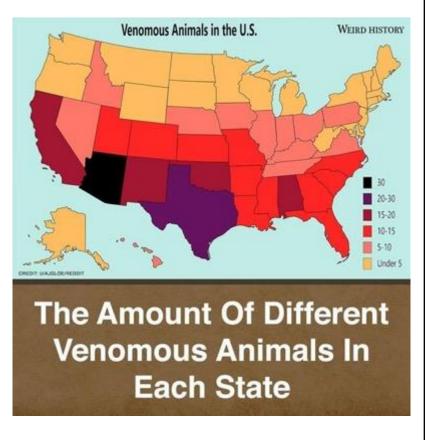


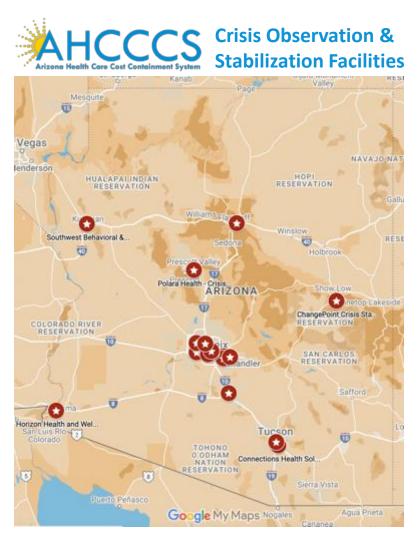
for Menta

...and the Arizona Crisis System is often cited as a model to emulate.



What's so special about Arizona?





Arizona has been developing its crisis system for 30 years.

It has evolved into a coordinated system aligned towards common goals that are both clinically and fiscally responsible:

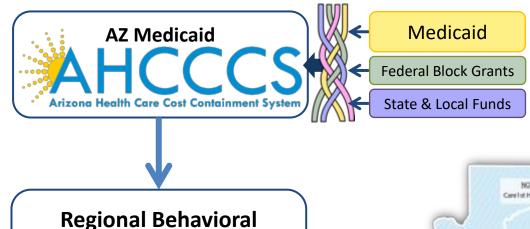
- Decrease
 use of ED, hospital, jail
- Increase
 community stabilization

Arizona Crisis System Financing & Governance Structure creates the foundation for an organized, coordinated, & sustainable system

- A "braided" funding model maximizes the impact of multiple funding streams, creating a sustainable system that can serve everyone regardless of payer.
- A single "accountable entity" creates the structure for strategic planning and oversight.

Contracted services are aligned towards common goals that are both clinically desirable & fiscally responsible:

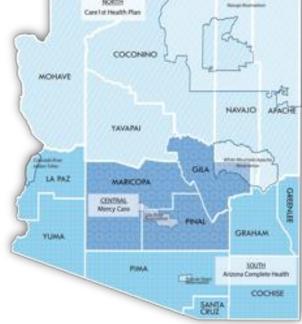
- DECREASE use of ER, Hospital, Jail
- INCREASE community stabilization.



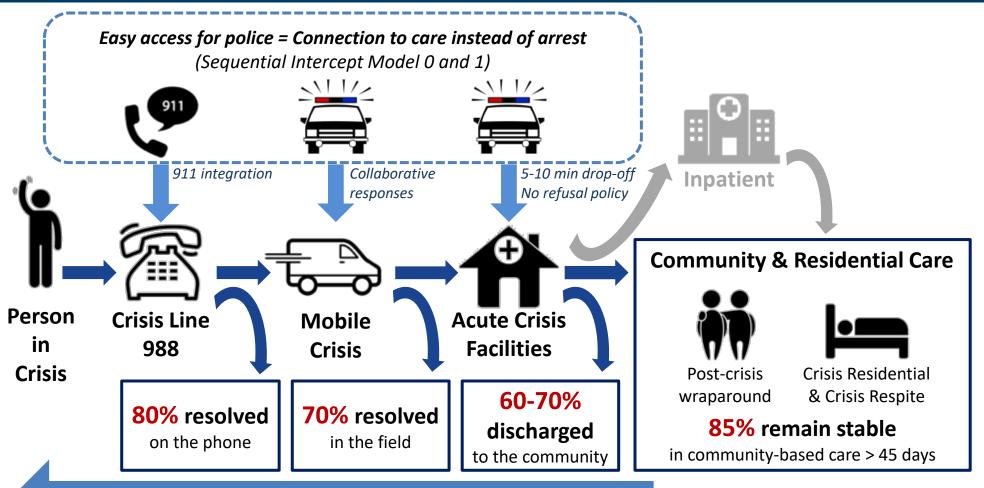


Health Authorities

(RBHAs)



Alignment of crisis services toward common goals care in the least restrictive (and least costly) setting



Result: Decreased Use of jail, ER, hospital

LEAST Restrictive = LEAST Costly

Services are easily accessible with a no-wrong door culture across the continuum, e.g., walk-ins at crisis facilities, police or mobile drops-offs to crisis residential, etc.

Police + BH System Collaboration Model for Crisis Response

Breaking the Crisis Cycle

Outreach & follow-up can "break the cycle" by ensuring that the person is connected to the care they need to stay well in the community.

Community-based

peers and/or clinicians

work with LE to help

with engagement and

navigating the mental

health system.

Safety Risk

Prevention

- Outreach
- Follow-up
- Multiple touches
- Lower urgency



Response

- De-escalation
- Intervention
- Discrete event
- Higher urgency

Acute Response

Collaborative

Health-First Response

With 911/crisis line integration, calls are triaged to a clinicianonly response as early and often as possible, with law enforcement involvement reserved for cases with higher safety risk or criminal nexus. Responding officers are CIT-trained and can request additional

assistance if needed.

Outreach & Follow-up

Collaborative

Dedicated LE specialty teams working with community-based peers

- Follow-ups after OD or SUD deflection
- Public safety risks: investigations & f/u
- Homeless outreach

CIT Trained Officer + assistance from

the crisis system to fit the situation

- CIT officer transport to crisis facility
- Mobile crisis assist at suicidal barricades

Clinician-Only

BH System is responsible

- "Second responders"
- Case management
- Timely access to needed care

Clinician-Only

BH System is responsible

- Crisis Line/988
- Mobile Crisis Teams
- Transport to crisis facility

















Arizona Crisis Services and 988 Integration

CJ Loiselle, Deputy Assistant Director, Division of Grants Administration

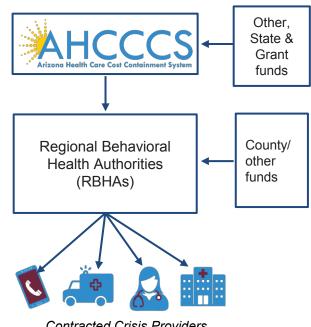
Arizona Health Care Cost Containments System (AHCCCS)



AHCCCS Crisis System Responsibility

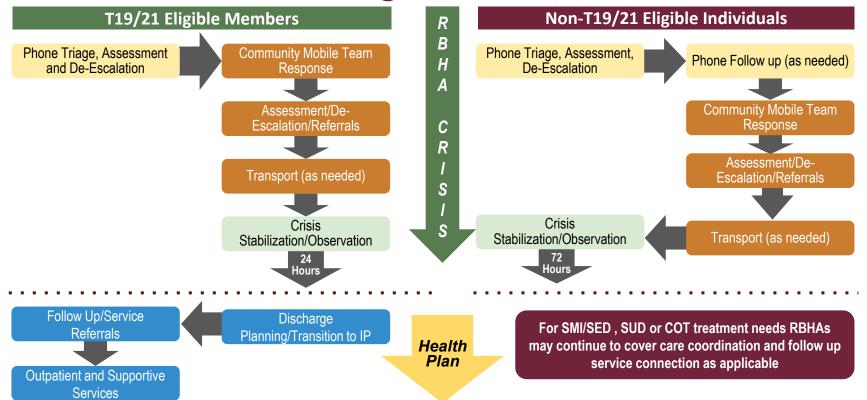
Regional Behavioral Health Authorities (RBHAs):

- North (Care1st)
- Central (Mercy Care)
- South (Arizona Complete Health)



Contracted Crisis Providers

AZ RBHA Crisis Coverage vs. Health Plan of Enrollment





Arizona Crisis Hotlines

STATEWIDE: Call 1-844-534-HOPE (4673), or Text 4HOPE (44673)

Maricopa, Pinal, Gila Counties

Mercy Care: 1-800-631-1314 or 602-222-9444

Cochise, Graham, Greenlee, La Paz, Pima, Santa Cruz and Yuma Counties

Arizona Complete Health: 1-866-495-6735

Apache, Coconino, Mohave, Navajo and Yavapai Counties

Care1st: 1-877-756-4090

Gila River and Ak-Chin Indian Communities: 1-800-259-3449

Especially for Teens

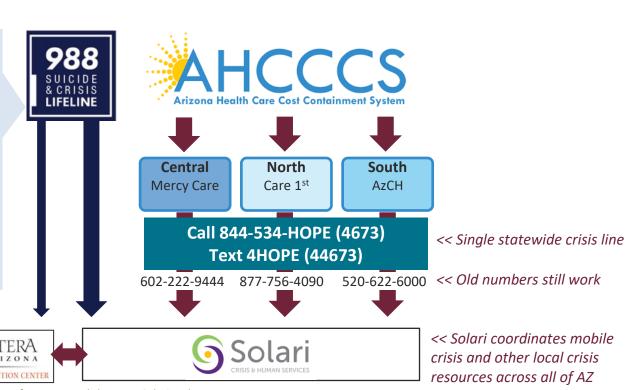
Teen Lifeline phone or text: 602-248-TEEN (8336)





How 988 flows into the Arizona Crisis System of Care

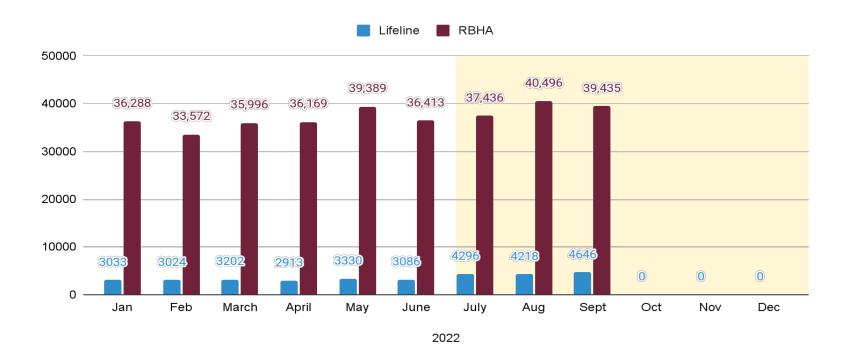
- 988 calls are routed into the AZ Crisis System to ensure seamless connection to crisis mobile teams and other local resources
- 988 calls represent about 10% of AZ Crisis calls



Coordination of care protocols between Solari and LaFrontera



2022 Lifeline (988) vs. AZ Local Crisis lines





Arizona Counties, Tribes and Population

15 Counties

22 Tribal Nations

Population: 7.2 million (AHCCCS enrolled 2.4m)

Contract year 2021:

Total Calls Received Through AHCCCS/RBHA

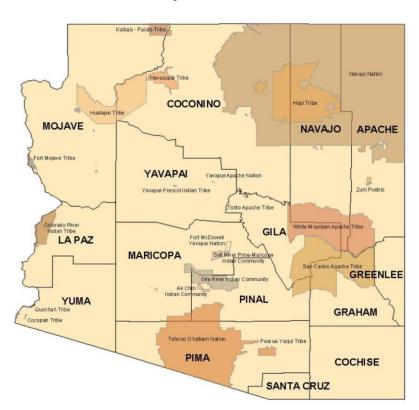
Lines: 428,214

Total Arizona Residents Served By Crisis

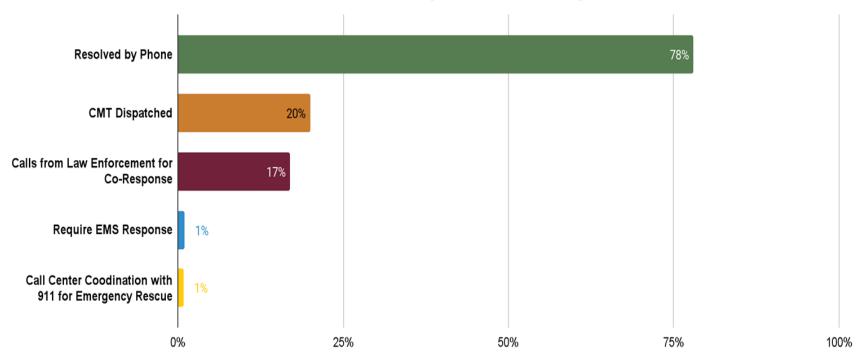
Mobile Teams: 46,746

Total Arizona Residents Served by Crisis

Stabilization Facilities: 53,219



AZ 2021Crisis Call Disposition Percentages





Arizona 988 Marketing ADHS/AHCCCS

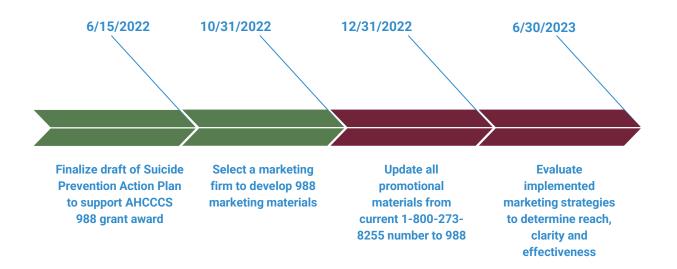
The Federal Government is not providing states with funding to advertise the new 988 number. ADHS will seek to fill this gap by using existing suicide prevention funding to mount a statewide, multi-modal advertising campaign. The 988 national crisis line rollout will be the most significant initiative for the ADHS 2022-2023 Arizona Suicide Prevention Action Plan.

Planning priorities:

- Increasing awareness of the new, dial-anywhere number will allow an Arizonan in crisis to connect to help no matter where they are.
- Creating messaging and coordinating for an exhaustive awareness campaign.



988 ADHS Advertising Timeline





Resources

- AHCCCS Crisis Services Website:
 azahcccs.gov/BehavioralHealth/crisis.html
- AHCCCS Crisis Services FAQs: https://www.azahcccs.gov/BehavioralHealth/CrisisFAQ.html
- 988 Fact Sheet: https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf
- Arizona Suicide Prevention website: <u>azhealth.gov/suicide</u>
- Arizona Department Of Administration 911 Program:
 https://az911.gov/about/current-training-opportunities/9-8-8





988 & Accessing the Crisis System

November 1, 2022



Inspiring

- Providing crisis line services since 2007
- Nationally accredited
- 988 and statewide crisis lines in Arizona and Oklahoma
- Solari's Arizona crisis call center is the largest by volume in the country – taking 30,000 calls per month



Best Practice Expectations



Incorporate Caller ID functioning



Implement GPS-enabled technology in collaboration with partner crisis mobile teams to more efficiently dispatch care to those in need



Utilize real-time regional bed registry technology to support efficient connection to needed resources



Schedule outpatient follow-up appointments with a warm handoff to support ongoing care following a crisis episode





Minimum Expectations

Operate every moment of every day (24/7/365)

Staffed with clinicians overseeing clinical triage and other trained team members to respond to all calls

Answer every call or coordinate overflow coverage with a resource that also meets all crisis call center expectations

Assess risk of suicide in a manner that meets national suicide prevention lifeline standards and danger to others on every call

Coordinate connections to crisis mobile team services in the region

Connect individuals to facility-based care through warm hand-offs and coordination of transportation as needed















The 988 Suicide & Crisis Lifeline, formerly known as the National Suicide Prevention Lifeline, provides 24/7, free and confidential support to people in mental health-related distress or suicidal crises.













RBHA's











National

- Routed by area code
- You will first hear a recording, "Press 1 for veterans, press 2 for Spanish..."
- Call is then routed by area code
- A person will answer and if needed can dispatch mobile crisis teams if the responding center is local

Local

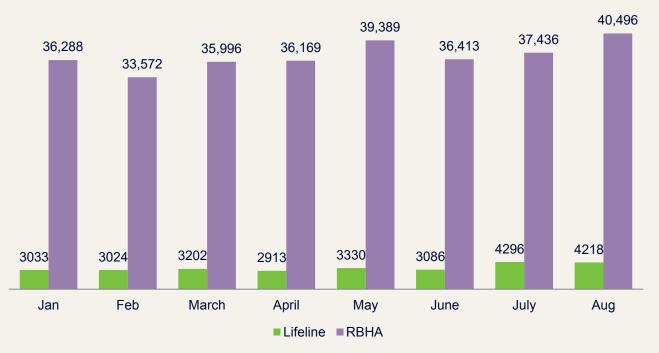
- Routes directly to Solari
- A person will answer
- Ability to dispatch mobile crisis teams

Because Solari is the 988 and Statewide provider, Arizonans can expect a consistent response, regardless of what number you call





988 vs AZ Lifeline Call Volume







Reasons for Calling







What to Expect

Calls/texts are answered quickly by a real person

We will ask for name, birthdate, and phone number

We will also ask if you are thinking about suicide or harming anyone else

You can remain anonymous

Information provided is private and confidential

Don't wait for a crisis, call early to help prevent a crisis

Call as a third party to get information or resources for another person





911 Diversion Components

Collaboration

Building relationships and establishing trust

Policy Refinement

Align policies to establish clear guidelines between PD and crisis

Training

Provide information on the crisis system capabilities

Co-Location

Integration of programs and real-time collaboration





911 Diversion Workflow

911 operator determines if there is a mental health/crisis component If officer is needed, a mobile team is dispatched, or client is taken to a CSU if needed

Caller dials 911









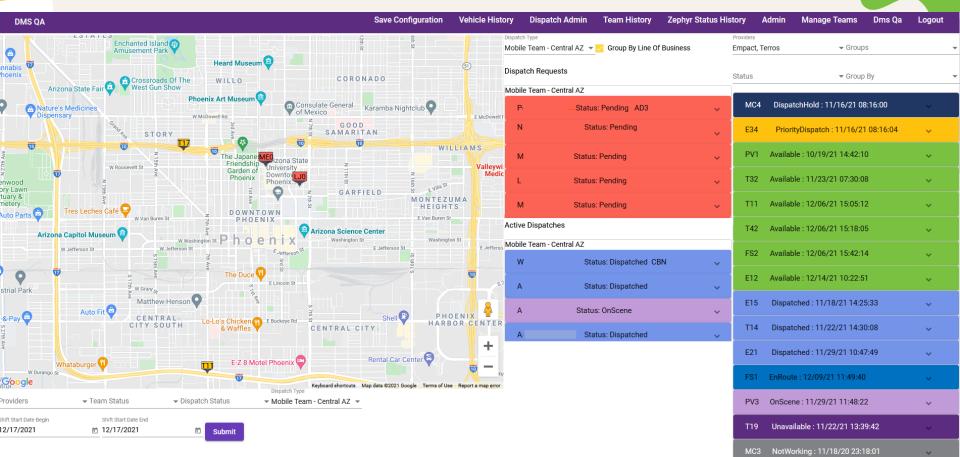


911 determines if there is immediate safety risk 911 operator decides if officer is needed. If officer is not, they transfer call to crisis line





Dispatch Management





 Health and human services information such as utility assistance, food box, non-emergent transportation, employment support.

211



 Mental health related crisis line. Can assist with suicide prevention, substance use and other mental health challenges.

988



 Emergency services when someone's life is at imminent risk.

911





Local Helplines

Teen Lifeline

2-1-1 Arizona

Crisis Line

602-248-TEEN

2-1-1

988 or 844-534-HOPE

3 PM - 9 PM

24/7

24/7

Teens supporting teens for non-crisis situations.
Supervised by a licensed professional

Information and referral for health and human services.

Crisis and suicide prevention support.
Access to mobile crisis teams and crisis transportation.









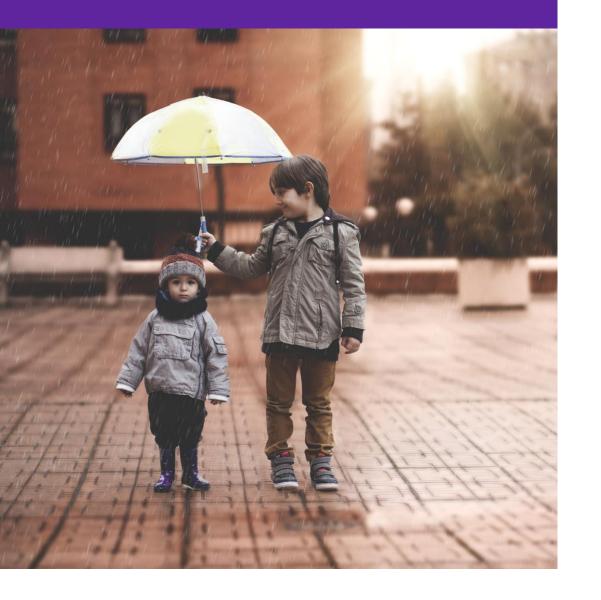
Do you have any questions?

Andrew Erwin, Esq.
Chief Operating Officer
Andrew.Erwin@solari-inc.org











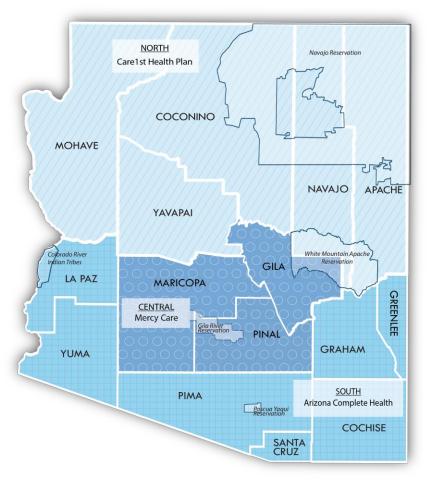


988 and How to Access the Arizona Crisis System Central GSA

Tenasha Hildebrand Crisis and Veteran Services Administrator

Arizona Geographic Service Areas

ACC-RBHA/TRBHA Map Effective October 1, 2022



Note: Zip codes 85542, 85192, 85550 representing San Carlos Tribal area are included in the South GSA.





Crisis Services



Crisis phone line
Warm line, texting,
coordination and referrals



Crisis mobile teams

Assessment, intervention, support, follow up, and transport to higher level of care



Crisis facilities

Facility-based short-term observation and stabilization to include detox, access to MAT





Crisis Mobile Teams

Operated by Terros Health, La Frontera- EMPACT, Spectrum, Horizon Health and Wellness, and CBI

- Two-person teams delivering face to face crisis intervention
- Assess the individual's needs and risk, and provide crisis stabilization and intervention
- Provide community resource referrals to individuals and their caregivers, family members, and/or other natural supports.
 Coordinate care with connected providers
- Community stabilization is the goal, but they can transport to a higher level of care if need be
- Provide follow up the next day to ensure needs are met
- Children and adults served
- Crisis mobile teams are dispatched through the crisis line
- At times, law enforcement may be called along with a mobile team due to safety concerns at the location. Crisis mobile teams may also be requested by 911 call takers/dispatchers to respond alongside law enforcement for a warm handoff







Crisis Facilities

 Facility-based crisis intervention services to prevent harm, provide short-term observation and stabilization, adhere to a no wrong door approach to serve all individuals, address minor physical health needs, swift hand off from law enforcement and other public safety personnel, coordinate with providers and natural supports, develop discharge plans with connection to outpatient support, and ensure coordination to a higher level of care when clinically necessary and appropriate







Voluntary Adult Facilities

Community Bridges

- Central City Addiction Recovery Center (CCARC)- Phoenix
- East Valley Addiction Recovery Center (EVARC)- Mesa

RI International

• Respite-Peoria





Crisis Facilities-Adult Involuntary & Voluntary

CBI Casa Grande

- Operated by Community Bridges (CBI)
- Casa Grande

Community Psychiatric Emergency Center (CPEC)

- Operated by Community Bridges (CBI)
- Mesa

Urgent Psychiatric Center (UPC)

- Operated by Connections Health Solutions
- Phoenix

West Valley Access Point (WVAP)

- Operated by Community Bridges (CBI)
- Avondale

Recovery Response Center (RRC)

- Operated by RI International
- Peoria





Children's Crisis Facilities

Operated by Mind 24/7

Thomas
Phoenix

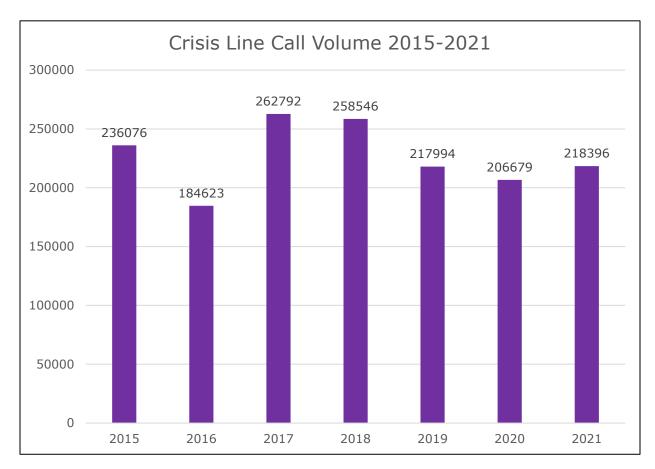
Metro Phoenix <u>Higley</u> Mesa

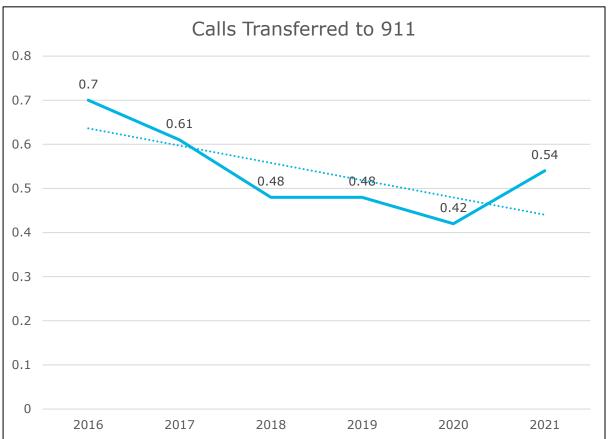






Crisis Line Data

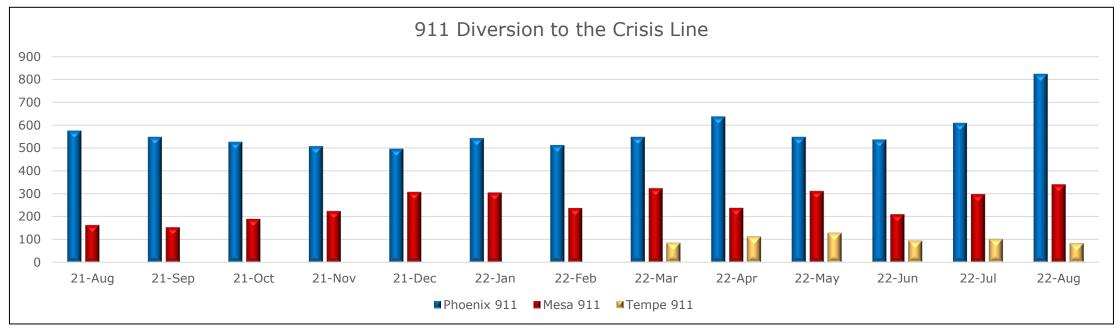


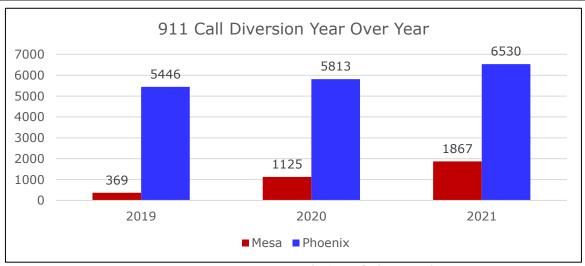






911 Call Diversion

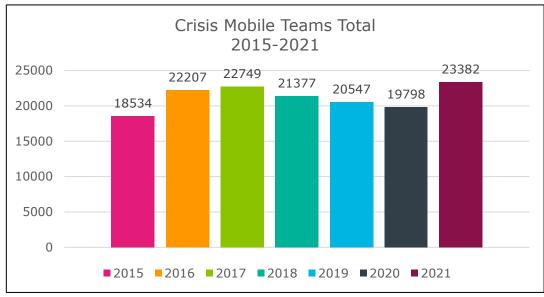


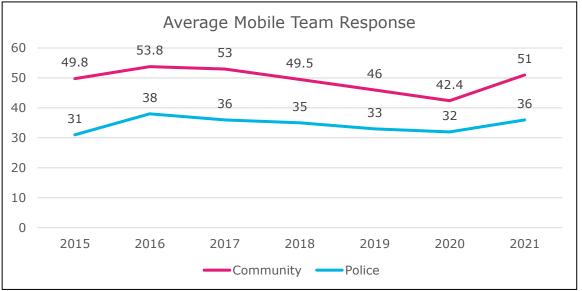


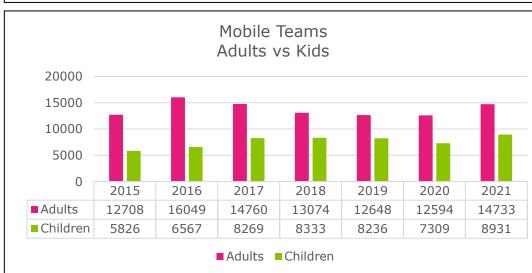


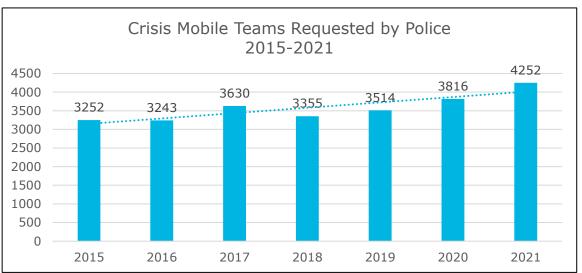


Crisis Mobile Team Data





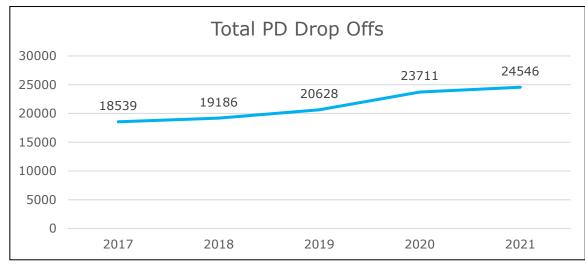


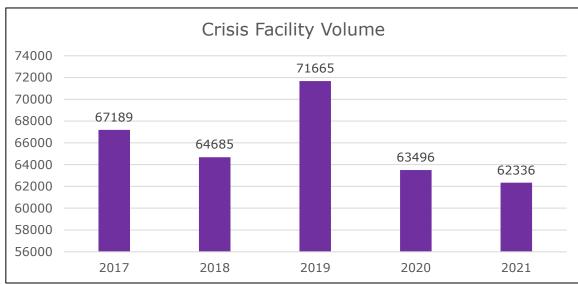


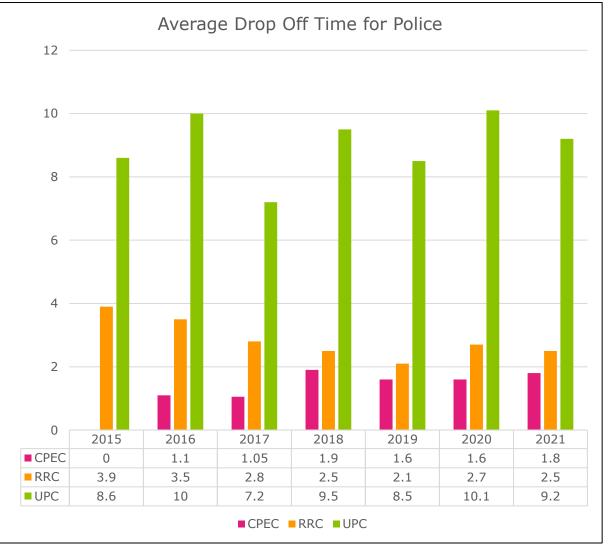




Crisis Facility Data



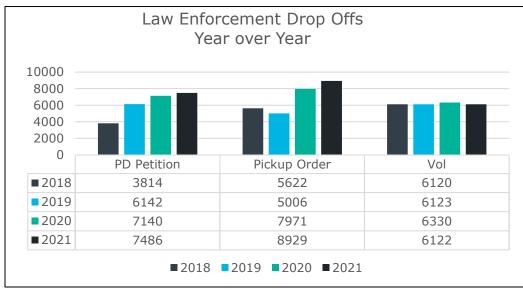


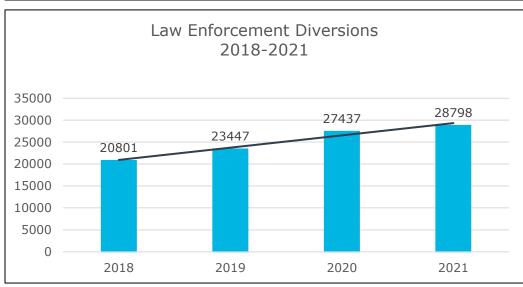


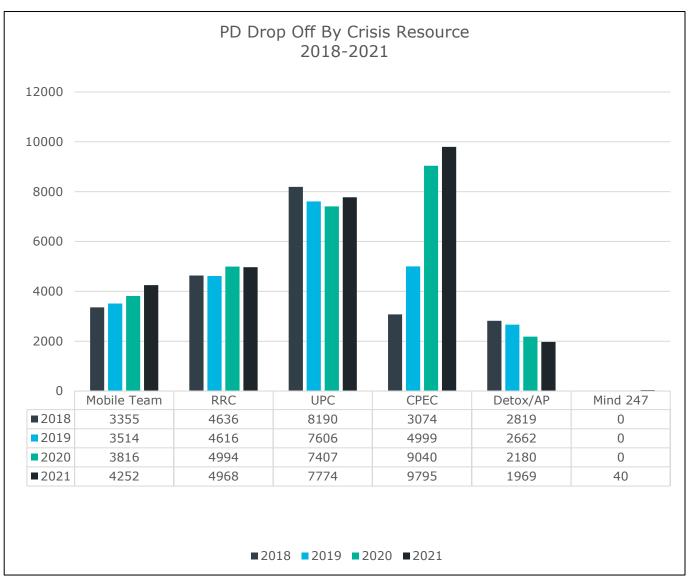




Law Enforcement Data











Commitment to Public Safety



LET US KNOW WHEN ISSUES COME UP



"NO WRONG DOOR" PHILOSOPHY



LAW
ENFORCEMENT
AS LAST RESORT



CONTINUED AND
COLLABORATIVE
PARTNERSHIP WITH
COMMUNITY- PART
OF THE 5-LEGGED
STOOL WITH CIT



RESOURCES AND RELATIONSHIPS-WITHOUT BOTH, YOU JUST HAVE GREAT TRAINING!





Collaboration with First Responders and other Public Safety Personnel

- Over 1,700 law enforcement officers trained in Crisis Intervention Team (CIT) (Memphis Model) since 2014 with participation from all local, county, state, tribal, and federal law enforcement agencies.
- Collaboration with CIT Coordinators and other public safety representatives
 across the central region to identify and problem solve issues when they arise,
 enhance the relationships between law enforcement and behavioral health crisis
 providers, and connect individuals to behavioral health resources
- Participation in and support of community events sponsored by public safety, including mental health fairs, homeless outreach events, and Veteran Standdowns





Follow us @MercyCareAZ











Thank you













Accessing the System

Johnnie Gasper

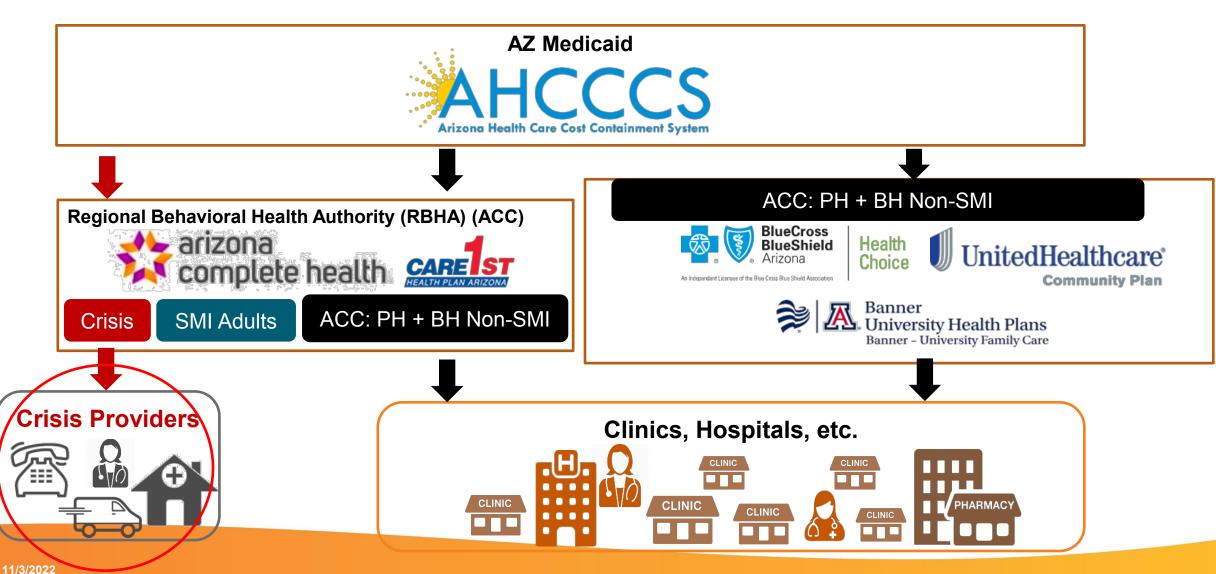
Director, Crisis & Justice System

11/3/2022

Crisis System Structure (as of 10/01/22)







AHCCCS RBHA/TRBHA Map

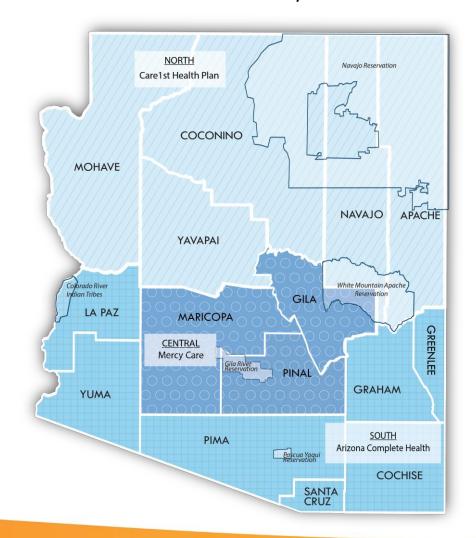




ACC-RBHA/TRBHA Map Effective October 1, 2022

No matter where you are you will receive support from the crisis line

- Southern Arizona has established MOU's with Tribal Nations
- Northern Arizona is actively supporting tribal nations (Hopi, Fort Mojave) and establishing MOU's/Shared Service Aggreements for Navajo and White Mountain Apache



Crisis Services: Our Approach





EVERYONE is eligible for crisis services, regardless of insurance status

Crisis Defined

Anything outside a person's ability to cope

No Wrong Door

- 24/7 Crisis Line, Crisis Mobile Teams and Crisis Stabilization Units (23-hr Obs).
- Crisis <u>never</u> refuses

Community Stabilization

A philosophy of care where crisis intervention is done in the community versus removing a
person from the community to address their crisis.

Real Time Escalation

24/7 supervisor escalation support accessed via Crisis Line. AzCH-CCP Crisis On Call support.

First Responder Liaisons



Staff dedicated to facilitating between the Crisis System and all first responder agencies and system partners within each of their assigned counties.

Coconino & Yavapai:

Bill Mitchell

In Training

Cochise, Pinal & Santa Cruz:

Kelly Boyer

KBoyer@AZCompleteHealth.com

c: (520) 247-4382

Navajo & Apache:

Allison Hephner

Allison.Hephner@azcompletehealth.com

c: (928) 651-2786

Yuma, La Paz & Mohave:

Cambi Cogburn

Cambi.Cogburn@azcompletehealth.com

c: (928) 750-2996

Pima, Graham & Greenlee:

Maria Stengel

Maria.B.Stengel@azcompletehealth.com

c: (520) 235-9356

The Crisis System Goals





The Crisis System is designed for early intervention and assistance

- not just when someone is a danger to themselves or others.

REDUCE:



- Unnecessary detentions, use of hospital emergency departments and involuntary psychiatric commitments
- "Revolving door" usage of 9-1-1 and Emergency Services

INCREASE:



- Use of Crisis Services: Crisis Line, Crisis Mobile Teams and Crisis Centers "No Wrong Door"
- Communication and collaboration between first responders, crisis services providers, outpatient & inpatient providers, EDs, system partners, County Attorney's Office, etc.
 - Crisis Protocols- Reference guide to crisis services in each county. Updated annually.
 - Crisis System Meetings- Quarterly county-specific venue for collaboration.
 - Crisis Materials- Crisis cards/flyers, LE Guide to Crisis

Who Provides Crisis Services?





As the RBHA, AzCH/Care1st contracts with various crisis service providers and monitors their performance. **EVERYONE** is eligible for crisis services, regardless of insurance status.

Crisis Line provider:

Solari "The Crisis Line"

844-534-4673 (HOPE)

Or the old # 877-756-4090 or 520-622-6000

23-hour Observation Units:

Mohave- SWBH Yavapai- Polara Coconino- Guidance Center Navajo- CBI, Change Point Pima – CRC, CBI Yuma - HHW



Crisis Mobile Team (CMT) providers:

Mohave- CHA, Terros, CBI Yavapai- Spectrum Coconino- Terros, CBI, Spectrum Navajo & Apache- CBI All of Southern Az – CBI and CHA

Behavioral Health Inpatient Facilities (BHIFs):

Polara, Sonora, Palo Verde, Flagstaff Medical, etc.

System In Practice (Southern AZ)





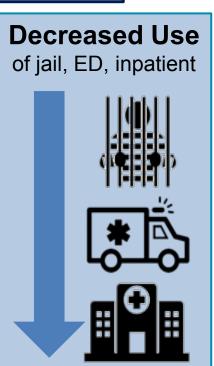


88% remain stable in community-based care

Wraparound

Easy access for law enforcement = connection to treatment instead of arrest

LEAST Restrictive = Most Clinically Appropriate



Person

in Crisis

The Crisis Line & CMTs

BHRF





Crisis Bed Connect					<u>Log In</u>		
Member Placement Needs							
Gender (i)	Age Range ①	Program (Facility	Placement Type (i)	Member Needs ①			
☐ Female	☐ Youth (2-12)	Level) (i)	4				
☐ Male	Adolescent (13-17)	☐ Inpatient					
Other	Adult (18+)	BIP	COE Revocation	SUD Medical			
	Geriatric (65+)	☐ AIC					

*	Facility	Contact	Status	Last Updated ↓
~	CBI: Tucson (BIP/BHRF)	(480) 510-8505	Open	4h ago
~	CBI: Renaissance (BHRF)	(480) 510-8505	Open	4h ago
~	CBI: Lighthouse (BIP/BHRF)	(480) 510-8505	Open	4h ago
~	CBI: Dodge (BHRF)	(520) 327-9863	Open	4h ago
~	CBI: Benson II (BIP/BHRF)	(480) 510-8505	Open	4h ago
~	Lateef: 7th Dr (BHRF)	(602) 384-8877	Full	5h ago
~	Lateef: Minton St (BHRF)	(602) 384-8877	Full	5h ago
~	Tender Loving Care Home, LLC: Seneca St (BHRF)	(520) 250-7898	Full	6h ago
~	Tender Loving Care Home, LLC: S Staunton Dr (BHRF)	(520) 250-7898	Full	6h ago
~	Tender Loving Care Home, LLC: Montecito Dr (BHRF)	(520) 250-7898	Open	6h ago
~	CODAC: Gila (BIP/BHRF)	(520) 327-4505 ext. 5433	Open	7h ago

Crisis Mobile Teams (CMTs)

- 24/7 availability
- 1-2 Behavioral Health Techs/Professionals
- Respond, assess, coordinate, transport (transport voluntary only)
- GPS on the horizon for North & cell dispatched
- Response within:

 60 min. metro & 90 min. rural
 Current response time (10/1-10/26

 37 minutes
- Co-locations for faster response
- CISM Critical Incident Stress Management
- Peer Response/Crisis Aftercare

Crisis Observation Units





Also known as 23-hr Obs

- Mohave: Southwest Behavioral Health
- Coconino: The Guidance Center
- Navajo: Change Point
- Navajo: CBI Winslow (licensed chairs)
- Yavapai: Polara
- Pima: Connections Crisis Response Center (CRC)
- Pima: CBI Toole
- Yuma: Horizon Yuma

Voluntary & Involuntary Adults

- No wrong door policy
- Mental health crisis and substance use stabilization
- Inpatient psychiatric treatment needs will be assessed
- Accept walk-ins & First Responder drop offs
- Urgent Engagements Providers will respond in 1hr to assist with enrollment/coordination
- My Health Direct Online scheduling portal coming back online in Northern and Southern Arizona this month

Crisis Trainings





Crisis System Overview

 Covers what to expect from the Crisis System, how to access services, and what to do when issues arise

Resiliency

- Resiliency 101- Stress, PTSD & suicide risks, and resiliency
- Resiliency: 5 Skills: Develop and practice 5 key skills: Belief, Strength, Persistence, Trust, Adaptability (OTLI) Instructor Cert Dec 5-7

Trauma-Informed Care

- Increase understanding of trauma, awareness of impact of trauma on behavior and develop trauma-informed responses
- 4-hour class for Criminal Justice Professionals

Mental Health First Aid

- Adult, Youth, Public Safety, Fire/EMS & Veteran modules
- AzCH covers the cost of instructors and books for any first responder agency in Southern Arizona
- All First Responder Services Team Members are MHFA instructors
- One Mind campaign (MHFA & CIT Intl.)

<u>CIT</u>

- Contributor Pima/Tucson CIT
- Committed to assisting any N or S Arizona
 County/City interested in initiating additional
 CIT programs

If you Encounter a Problem...





- If your call to the Crisis Line doesn't go as described, ask for the <u>LEAD</u> (Supervisor)
- Still having troubles? Ask for the <u>AzCH/Care1st Crisis On-Call</u>
 - Real-time
 - Critical incident support/notification
- If your issue is <u>NOT</u> an emergency but you would like to have it addressed, please notify your leadership/chain of command and email your community Liaison the following:
 - Date/Time of incident
 - Individual name/DOB
 - A brief incident summary

We will research the issue and follow up with you!

Thank you!





Questions?