

## Expanded Mobile Crisis Outreach Team

Integral Care’s Expanded Mobile Crisis Outreach Team (EMCOT) serves people in psychiatric crisis. Austin-Travis County Emergency Medical Services (EMS), Austin Police Department (APD), and Travis County Sheriff’s Office (TCSO), as well as other law enforcement agencies, can request EMCOT through the 911 call center for real-time co-response for psychiatric crises. EMCOT connects people to treatment appropriate for psychiatric crises, diverting them from emergency rooms and jails. This improves health outcomes and ensures first responders can return to what they do best – responding to medical emergencies and public safety issues.

### What are the services and impacts?

EMCOT works to connect individuals, on a voluntary basis, to community based, residential or inpatient services depending on the need and can provide follow-up services for up to 90 days. EMCOT provides the following services:

- Assessments
- Screening and Triage
- Case management
- Medication Management
- Crisis Services
- Counseling
- Psychosocial Rehabilitation
- Rehabilitation Skills Training

Since inception in 2013, EMCOT has effectively served 6,859 individuals and successfully diverted individuals from emergency rooms, jail, and involuntary commitments to psychiatric facilities. When EMCOT co-responds with law enforcement, they are able to not only avoid an arrest but also an involuntary commitment in the majority of cases.

A review of FY2017 data offers the opportunity to delve into more detail on the program. EMCOT was dispatched 3,244 times with an average of 9 times per day with a high of 42 dispatches/day and low of 1 dispatch/day during the year.

#### EMCOT Dispatches by 911 and Diversion Rates FY2017

911 Call Center Referrals	Diversion	% of Referrals	Diversion Rate
Law Enforcement	Arrest	44.6%	98.7%
Law Enforcement	Involuntary Placement	44.6%	93.3%
EMS	Emergency Dept. Transfer/Admission	30.30%	75.1%
Central Booking/Travis County Corrections	See explanation below	25.54%	

Law Enforcement includes: APD & Pflugerville PD, TCSO, Capitol DPS, ACC District Police.

EMCOT was dispatched to cases involving 2,695 distinct individuals with services being delivered to 2,298 individuals (85%). Of those individuals served, on average a person was served for 21 days per crisis episode and received an average of 2.8 services. The maximum number of services provided was 46 in an episode and the minimum was 1. An individual may have more than one episode of care in a given year. To better understand the impact of EMCOT, an analysis of the total episodes of care – 3,138 in FY17 – showed the following.

- 29% of individuals were already open to Integral Care services when crisis episode occurred
- Of individuals not already open to Integral Care:
  - ~27% were connected to ongoing outpatient services
  - ~13% were connected to non-hospital residential services
  - ~12% were connected to inpatient hospital services

EMCOT also receives referrals from Central Booking Counseling Staff and Travis County Correctional Complex (TCCC) to connect individuals post – release to services in order to prevent future engagement with the criminal justice system. The following information shows the Disposition after referral from Booking/TCCC:

<ul style="list-style-type: none"> <li>• Emergency detention to inpatient hospitalization: 8 %</li> </ul>	<ul style="list-style-type: none"> <li>• Linkage to community services: 43%</li> </ul>
<ul style="list-style-type: none"> <li>• Psychiatric Inpatient Hospitalization: 3 %</li> </ul>	<ul style="list-style-type: none"> <li>• Linkage to Integral Care services: 13 %</li> </ul>
<ul style="list-style-type: none"> <li>• Emergency Department Admission: 2 %</li> </ul>	<ul style="list-style-type: none"> <li>• Screened and assessed, no indication for higher level of service, referrals provided: 23%</li> </ul>
<ul style="list-style-type: none"> <li>• Admission to Crisis Residential or Respite: 8 %</li> </ul>	

In the future, the goal is to divert individuals before they are booked when the predominant issue is mental health related and the person is not a threat to the community.

Lastly, EMCOT staff play an important role in providing training to staff from law enforcement agencies, EMS and others. Through this training, officers, deputies and EMTs are better able to identify and respond to individuals experiencing a mental health crisis or using drugs or alcohol.

## Future of EMCOT Funding

EMCOT was established through Integral Care’s Delivery System Reform Incentive Payments (DSRIP) program through the 1115 Medicaid Transformation Waiver. The DSRIP program’s initial six year demonstration period ended December 2017. Due to changes in the Waiver, future DSRIP funding will be allocated differently in order to meet the requirements of the new Waiver. Dollars previously allocated to individual projects such as EMCOT will now be focused on addressing the health needs of our population in services. Crisis services and outcomes are not part of the reportable measures in the new Waiver.

This means that this important service is at risk of being discontinued. The budget for EMCOT for FY2018 is \$1.4 million with just over 23 FTEs. However this is a reduction in service from when the project was

fully operational at \$1.8 million. Integral Care has funded the reduced project for FY18.

## What is at stake due to funding change?

Beginning in FY19, Integral Care will no longer be able to fund EMCOT due to the changes in the Waiver. The loss of EMCOT would be a setback for our community. As indicated, EMCOT has:

- diverted individuals from emergency rooms and jails and connected them to appropriate, more effective systems;
- saved significant time in the field for responding law enforcement officers and emergency medical technicians; and
- increased the availability of training for law enforcement, EMS and others.

Individuals in crisis recover more quickly when they are connected to appropriate services rather than ending up in emergency rooms or jails. EMCOT is an important tool for our community to support diversion to appropriate care.

## How has DSRIP Changed?

Texas received an 1115 Medicaid Waiver that allowed communities to develop and implement transformational projects (DSRIP) across the state. The original Waiver is changing from a project focus to a system focus which impacts the future of the projects implemented in Travis County. Below is a chart that explains how the Waiver changes over the next 4 years, beginning January 2018.

Original DSRIP vs. DSRIP 2.0		
Time Period	DSRIP YEAR 1- 6 2012 - 2017	DSRIP YEAR 7 - 10 2018 - 2022
Menu of Options	Providers choose projects to pilot innovative services or address the needs of underserved populations (e.g. meet individuals where they are to reduce the inappropriate use of hospitals and jails.)	Providers choose measures, set by national standards such as Certified Community Behavioral Health Clinic guidelines, to improve the health outcomes of individuals in care (e.g. increase routine screenings to identify and treat conditions such as obesity).
Use of DSRIP Funds	Providers invest in activities that increase project participation such as project staffing and project outreach.	Providers invest in activities that achieve population health outcomes such as care coordination for individuals with co-occurring issues.
Achievement of Funds	Achievement is linked to increasing the number of people served.	Achievement is linked to improvement of health outcomes for a defined population in services.