Safer PDX: Implementation of the Bazelon Center Performance Improvement Project

One resident’s experience of a multi-site project examining the interface between mental health & criminal justice

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Presentation Objectives

- Bazelon Center for Mental Health Law
- Project methodology (RCA; adjunct quant/qual)
- Presentation of Year-1 results
- Introduction to Year-2 proposed actions
- Questions
Bazelon Center for Mental Health Law

Four-decade advocacy national leader
Advocacy through litigation and policy
Pragmatic solutions to unnecessary police contact for people with mental health needs
National Performance Improvement Project (PIP) understand & advance local/national policy/programs/practice
Program Design

+ 3 Leadership Groups
  Advisory Board
  Steering Committee
  Performance (Data) Team

+ Common methodology
  Root-cause analysis

+ Local/state outcomes
  Aggregate challenges and results
MENTAL HEALTH CRISIS MAP

Year 1 Project Definition of Current Practice

Cross-cutting issues: Information sharing, housing, substance abuse, systemic health/MH changes
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Root-Cause Analysis (RCA)

- Set evidence-based methods (systematic why)
- Culture and quality changes (seclusion-restraint)
- Define decisions of (un)intended outcomes
Root cause analysis as EBM

To be effective RCA must:

✓ analyze cause-effect relationships **sequentially**
✓ systematic causes/conclusions based only on **documented evidence**
✓ experts **frontline service/leadership** each key organization/system
  - one **a priori target** improvement

To be credible RCA must:

✓ Use **demonstrated effective analyses** method(s) or verified in relevant field
✓ Be internally **consistent** and as objective as possible
✓ Incorporate **current and relevant** literature
✓ Identify observations, areas of future investigation, and recommendations **only demonstrated by analysis**

American Society for Quality (http://www.asq.org/)
Institute for Health Care Improvement (http://www.ihi.org)
RCA preparation

- All police contact during mental health crisis
- Cases chosen by leaders in Portland Police Bureau (PPB) and Project Respond (PR)
- Case reports created from PPB and PR data/information in their separate databases
- 3 cases reviewed by Data Team (PIT) q2 weeks
Case Selection and Preparation for PIT RCA

- **ID:** RCA composite case example is of a Caucasian woman born 01/70 engaged with c. 02/04 with Project Respond following family request in 2004 for welfare check in setting of multiple stressors.

- **Psychiatric History:** Listed diagnoses of bipolar disorder. Hospitalizations undocumented. *(Prior notes indicate multiple hospitalizations including 09/04, 12/07 and 09/10.)* Outpatient treatment with LMP x 10 years concluded 11/10. Medication history not documented. *(Geodon, Effexor, Trileptal previously noted).*

- **Medical History:** No documented cardiovascular, endocrine, neoplastic, or neurologic conditions/treatment.

- **Social:** Lives at home with several cats. Income not identified. Development and Family experience unknown. *(Prior notes indicate client is close with elderly mother who lives within walking distance).* Education not noted. Abuse history unknown. Legal and family histories not documented.

- **Substance use:** No identified use of alcohol, marijuana, methamphetamine, prescription drug abuse, cocaine or IVDA. Unknown tobacco or caffeine use. No known substance abuse treatment.

- **RCA event summary/proceeding history:** RCA event date 11/10/2010 follows Project Respond (PR) presenting to client's apartment to perform welfare check after several recent contacts between PR, Multnomah County Call Center (MCCC), Adult Protective Services (APS), client's nurse practitioner (PMHNP) and multiple phone checks with the client. Initially, client's PMHNP called MCCC after client made vague suicidal statements after termination of their treatment together.

  On 11/6/10 PR attempted a welfare check but client did not answer the door. Soon thereafter, client returned a call to PR via MCCC, reporting that her PMHNP ended treatment with her and that she was feeling sad and abandoned. PR made several calls to follow up and while reviewing client's notes in Raintree noted that new calls had been placed to MCCC by the client's friends. On 11/7/10 friends called MCCC to report client posting comments on her Twitter page indicating that she intended to commit suicide. PR and police met with the client at her home on the same day. At that time, she denied active suicidal ideation and acknowledged making statements on Twitter, MySpace, and Jdate pages "to let everyone know I'm suffering...but I'm not going to do anything... it has been worse in the past and (she) know(s) when sadness gets dangerous..." She stated difficulty finding intake assessment with another provider and stated "I'll just die if I don't get another doctor." She described a safety plan developed with a friend and revealed plans to help her mother go grocery shopping and try to find a new doctor.

  On RCA date, a friend called 911 reporting that client was making statements about killing herself and "[taking] her [90 year-old] mother with [her]." PR spoke to patient's PMHNP who stated he had given client a 30 day notice of termination, effective after she had left the hospital against medical advice during last hospitalization, missed several appointments but continued to call him in crisis. He also stated that an unknown "advocate” had been calling his office at 10:30 each night. The “advocate” informed him that this was the last call he/she would make as the client was planning to kill herself soon. The PMHNP recommended inpatient psychiatric hospitalization. On RCA event date PR presented to client's home with Portland police. Client reported that she had been calling local providers to see if they would accept her insurance, but had been unsuccessful. She stated that she felt that she needed to go to the hospital to ensure her safety. She was placed on a DCH and was transported to Adventist ED.
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**RCA Case Demographics**

### Primary Demographic

<table>
<thead>
<tr>
<th>Cases</th>
<th>40 analyzed by PIT; 12 deferred <em>(incongruent data)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Range: 17.8 - 68.4  Mean: 39.1  &lt;30 =18;  &gt;50 =14</td>
</tr>
<tr>
<td>Gender</td>
<td>Female: 18  Male: 22  No transgendner</td>
</tr>
<tr>
<td>Race</td>
<td>Caucasian: 29[(Russian 1)]  AA: 10  NA: 1</td>
</tr>
</tbody>
</table>

### Secondary Demographic

| Housing      | Homeless 13/40  Residential 8/40  Other 19/40       |
|--------------|-----------------|-----------------|-------------|
| Sub Ab       | Active 29/40    MJ > alc > poly > rx > meth > hash |

**Consistent with PR; PPB demographics not available.**
Root-causes
Divergent Point

Gap Analysis

Phase II (Fall 2010) Organizational Consult
PPB + Project Respond = 20% PPB contacts for 38 people

Year 1 RCA Total Contacts (1 Jan 2006 - 1 Jan 2011)
Why Organization Consults?

✓ Define policy, program, payment, and outcomes at essential locations within current system(s)

✓ Deconstruct diffuse decision making processes

✓ Model definition of internal locus of control
  ○ Avoid ‘system problem’ that ‘other people should improve’ phenomena
  ○ Establish quality as shared implicit organizational value

**Methods: survey, focus group, interviews**
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Organizational Consult Results

- **Project Respond (PR):** mobile crisis team (5+1 CBHC programs)
  - ✓ 32 FTE staff (50 total); 250-300 case/mo; 1 day - >3 month engage

- **Portland Police (PPB): 100% CIT trained**
  - ✓ >1200 (500-600 sworn); 5 ‘MH programs’; >400k calls, CIT skills used for each

- **Bureau Emergency Communications (BOEC/911)**
  - ✓ 108 staff; MH programs q2yrs vol; 900k-1m calls/yr; 45 sec per call (nobody waits)

- **Multnomah County Crisis Call Center: hub pub MH system**
  - ✓ 14 staff (temp mngr); 65 > 49k calls/yr; increase engagement planned with partners
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Year I Safer PDX Root-Causes of Unnecessary Police Contact

I. Information sharing limitations

II. Complexity coordinating mental health & recovery (prior, during, & after crisis)

III. Police used as secure transport

**CONCLUSION:** Based on 40 cases, root-cause analysis *can* drive local policy & program improvements and national efforts during final two years of this effort.
Year 2 Initial Plans

- Mobile Crisis Unit (MCU: PR+PPB) identified as “learning vehicle”
  - Narrower, deeper RCA; real-time analysis
- One-Day System Definition- July 2011
  - Workflow, outputs, funding, outcomes
- Advocacy/Peer Event(s) - Aug 2011
- Advance Collegial Projects & Relationships
Conclusions

- Gratitude
  - Maggie Bennington-Davis, MD, MMM (PI)
  - OHSU Residency Program
  - Allison Dark, MD & Jill Glazewski, MD
  - Safer PDX SC, PIT, and Advisory Board
  - You for considering this work

- Questions?