

Overview

In 2014, a group of stakeholders in Kansas City – including representatives from law enforcement, hospitals, courts, city government, mental health, and homeless shelters – started convening monthly to determine how to provide appropriate help to individuals with behavioral health issues who don't require inpatient treatment but, because of their behavior, often end up at the emergency department (ED) – or in jail. Without any initial funding behind them, the group researched, discussed, and brainstormed, eventually developing a unique solution. After two years, the group received funding from St. Louis-based Ascension, the City of Kansas City, area hospitals, and the Missouri Department of Mental Health, and opened the Kansas City Assessment and Triage Center (KC-ATC) in October 2016.

Individuals with mental health and substance use disorders – who don't meet inpatient criteria – are referred by approved EDs and Kansas City police officers to the KC-ATC, where they can be triaged and assessed. Individuals must remain at the center voluntarily, and no walk-ins are allowed. Housed in a 14,000-square-foot building, the KC-ATC is staffed by a multidisciplinary team that includes registered nurses (RNs), caseworkers, mental health technicians, licensed social workers, and advanced nurse practitioners, who collaborate with a psychiatrist. Currently, 18 slots are available at the center – 9 in the Sobering Unit for those currently under the influence of a substance and 9 in the Stabilization Unit for those with a primary mental health issue.

"The KC-ATC has already had a significant impact for the citizens of Kansas City with acute mental health or substance abuse problems," says Kevin O'Rourke, M.D., director of clinical operations, Emergency Department, Truman Medical Centers. "It is an important resource where local EDs can refer patients



Individuals with mental health and substance use disorders are referred to the Kansas City Assessment and Triage Center by approved area emergency departments and Kansas City police officers.

that do not need inpatient treatment, but need linkage to outpatient services. This helps increase area ED capacity and ability to treat more patients, those who need inpatient behavioral health services and those who need other inpatient medical care, as well as improves the efficiency of ED operations."

Here's how the protocol works for an ED referral:

1. The ED calls KC-ATC and provides client details to the registered nurse or qualified mental health professional.
2. KC-ATC determines space is available.
3. The ED faxes a discharge summary/medical assessment summary to KC-ATC prior to transport.
4. The ED determines and arranges the transport method.
5. If there are no slots available at the time, the RN provides a timeline for the ED to call back or sends a case manager (if available) to the ED to assess the patient and provide resources.

Police officers bring individuals directly to Intake

at the center, which is open 24 hours a day, 365 days a year. The officer completes an officer drop-off form and leaves a copy with a qualified mental health professional or RN, who has the individual sign a consent form before the officer leaves.

When a person is referred to the KC-ATC by ED staff or Kansas City police officers, a nurse and licensed team leader immediately triage each individual. This includes giving clients a comprehensive mental health assessment, a shower, a change of clothes, and a meal. Clients are able to stabilize for up to 23 hours in an observation room, where they engage with a licensed social worker and case manager to create a successful discharge plan that includes medication management. If needed, they are then referred to behavioral health outpatient or residential services for ongoing treatment.

Case managers continue to follow clients for months after they leave the facility to ensure that they are linked with appropriate services, are following through with appointments, and are progressing through the necessary outpatient levels of care.

“The KC-ATC isn’t just a crisis facility. It’s about a system change,” says Lauren Moyer, LCSW, LCSW, vice president of clinical services for ReDiscover, the nonprofit community behavioral health agency that operates the center. “Our throughput is what makes us so unique. Many other centers function like a revolving door for clients who never really get on the right path. But we are focusing on forging a true connection.”

Participating hospitals, which all have provided funding to become referral sources, currently include Research Medical Center, Research Psychiatric Center, Saint Luke’s Hospital – Plaza and East, Truman Medical Center Hospital Hill and Lakewood, North Kansas City Hospital, St. Joseph Medical Center, Centerpointe, Lee’s Summit Medical Center, Research Belton, and Liberty Hospital.

To ensure that only individuals not needing medical attention are referred to KC-ATC, exclusion criteria were developed. These include: under 18 years of age; blood pressure above 190; heart rate above 120 or below 45; blood glucose below 60 mg/dL or above 250 mg/dL; acute or traumatic medical needs such as bleeding, unconsciousness, seizures;

combative and requiring restraint or field sedation; adaptive equipment (IV, catheter, oxygen tanks); and inability to self-transfer (the patient requires carrying). If it is determined by KC-ATC staff that an individual brought to the center by a police officer meets any of the exclusion criteria, center staff make arrangements for the individual to be transferred to a hospital ED if necessary.

“The KC-ATC will call our charge nurse if they are concerned about someone and are sending them to the ED,” says O’Rourke. “We are happy to evaluate their medical needs and we can usually send them back to the KC-ATC once we have medically stabilized them.”

Impact

During the first year that the ReDiscover KC-ATC was opened, 4,192 patients were referred to the facility; of those, 64 percent came from area EDs and 34 percent came from law enforcement. Fifty-five percent of individuals arrived at the center under the influence of alcohol or other substances, and 68 percent were homeless. Seventy-one percent of individuals referred to the facility were male and 77 percent were between the ages of 25 and 54 years. The average length of stay for a client is 16 hours.

“The benefit of the KC-ATC is that it provides the right care for the patient at the right location,” says O’Rourke. “This benefits the patients by getting them the appropriate services and benefits the hospitals with cost savings.”

Moyer and her team performed a cost-savings analysis, looking only at those individuals referred to the KC-ATC by Kansas City police. Based on that number alone, they have estimated a \$2.3 million cost savings from police bringing people to the center instead of EDs. In addition to the financial benefit KC-ATC’s program has provided, the anecdotal evidence overwhelmingly supports the positive impact the KC-ATC has had on the Kansas City community. For example, Moyer describes a client who had spent 10 years in and out of jail. When he arrived at KC-ATC, he had lost connections to family and loved ones – and he had lost all hope.

“This individual wanted to end his life,” says Moyer. “He had struggled with bipolar disorder and

dabbled in drugs such as heroin to stabilize his mood swings. Once we were able to put him on a medication regimen and find transitional housing for him, his KC-ATC case manager continued to follow him and, through conversations, learned that he had been a cook at one point in his life.”

With this information, the case manager helped the man enroll in a culinary educational program, which led him to a job as a sous chef in a Kansas City hotel making \$60,000 annually – all within just seven months of his first visit to the KC-ATC.

Lessons Learned

Although the ReDiscover KC-ATC is changing the system of care that directly impacts behavioral health patients in EDs and jail, its leaders recognize that there is still a long wait for clients to be connected with outpatient care.

“When someone is ready to change, they need help immediately, in that moment, not in two weeks when a time slot is available,” says Moyer.

Further, advanced practice RNs at the crisis center are permitted to prescribe medication one time only to clients, with the understanding that refills can be obtained at an outpatient appointment.

“But to keep the most vulnerable engaged, refills are often needed before the client can be seen at an outpatient facility for medication management,” says Moyer. “This is an issue that we continue to work on with our community mental health centers.”

Another issue KC-ATC has faced is raising awareness among first responders, including emergency medical staff, so that KC-ATC is viewed as a viable option for receiving potential patients, rather than a hospital ED.

“We’ve also found that if police officers are closer to a hospital than to our facility, they understandably will take the client to the ED,” says Moyer. “We’re trying to spread the word that even if the ED is closer, the officer may spend anywhere from 45 minutes to an hour-and-a-half with the patient at the hospital, whereas at KC-ATC, our goal is to keep the officer at the center for 10 minutes or less.”

Ultimately, individuals receive care faster if police take them to the center instead of an ED.

“As ED physicians, the biggest thing that we have learned is which patients would benefit from going to the KC-ATC and we try to utilize their services as much as possible,” says O’Rourke.

Future Goals

With the KC-ATC’s capacity currently capped at 18 patients, the center’s leaders hope to increase that number, or even better, open a second facility.

“Funding is obviously an issue with that,” says Moyer. “Our target population is heavily uninsured, but many of them are eligible for Medicaid, so one of our goals is to connect them more efficiently with that.”


Although funding and capacity issues are challenging, the center is making a difference.

“KC-ATC is truly providing a unique experience for people suffering through a behavioral health crisis,” says Moyer. “When clients come in, our goal for them might not necessarily be *their* goal for them. But we have proved over and over that we can help people realize and live their happiest lives.”

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