

Policy, Systems and Environmental Change: The Cliff Analogy



Programs for Individual Behavior Change versus Policy, Systems, and Environmental (PSE) Change

- Programs are:
 - Active/liter, individual or group instruction, curricula, counselling, and training
 - Services targeted to individuals that teach behavioral skills
- Personal choices are made in context of larger environment
- Many health and social problems are related to conditions outside the individual's control
- Recently there is a growing sense of importance of broader societal trends and policies that affect behaviors
- While programs can lead to behavior changes in individuals and/or communities during course of programs, unless scaled up and instituted through formal and informal PSE changes, programs may not be sustainable

Events and Programs vs. Policy, Systems and Environmental Change

Characteristics of Events and Programs

- One time
- Additive: often results in only short-term behavior
- Individual level
- Not part of ongoing plan
- Short term
- Non-sustaining

Characteristics of PSE Change Programs

- Ongoing
- Foundational: often produces behavior change over time
- Policy level
- Part of an ongoing plan
- Long term
- Sustaining

Examples

Programs/Events	Policy, Systems and Environmental Changes
Celebrate National Substance Abuse Prevention Month	Train health care providers to provide early interventions and referral when substance abuse is detected
Hold a community drop-off day for prescription drugs	Engage dental and health care providers in participating in the Idaho Prescription Monitoring Program
Conduct a community media campaign for drug prevention [i.e. IUII Say No]	Embed Life Skills Training into a community through the schools, community organization and social support agencies while establishing after school programming
Mental Health Awareness Fun Run	Provide tele-mental health services in rural areas
Hold a one-time dental clinic for homeless adults	Utilize funds for supportive housing and employment services
Secure grants for time-limited services	Advocate for statewide Medicaid Expansion to include adequate mental health services

The Cliff Analogy



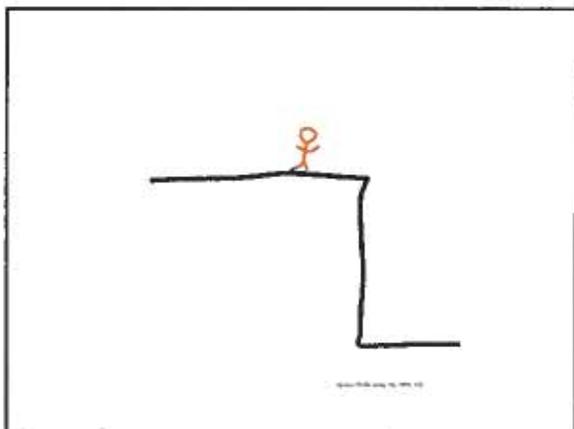
...wrong Cliff!

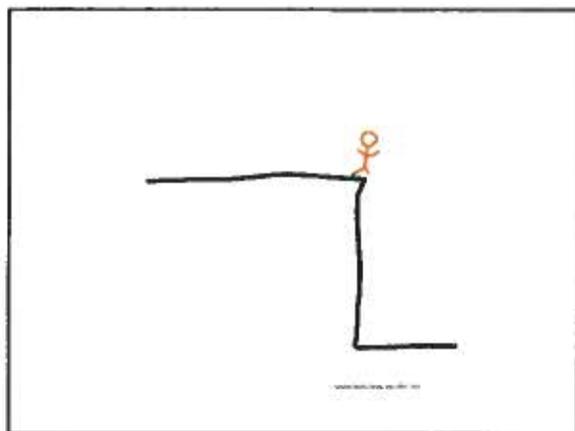
Falling off the cliff of good health: origins of The Cliff Analogy

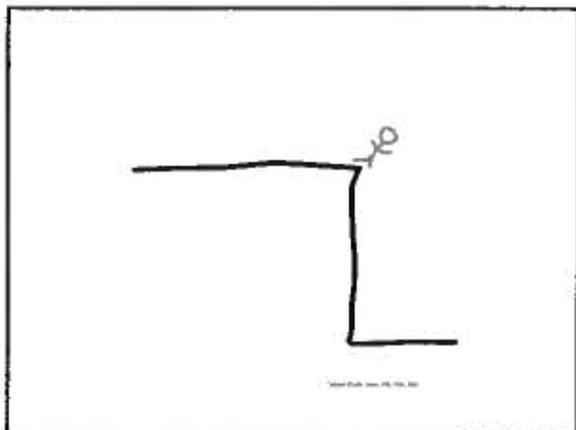
Developed by Camara Phyllis Jones at CDC

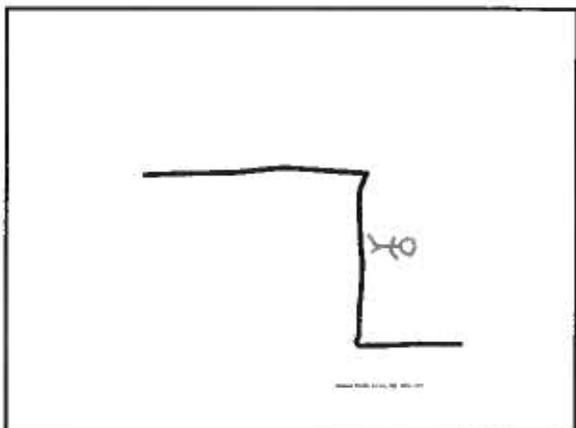
To emphasize fact that non-health sector
interventions are needed to improve health
outcomes and achieve health equity

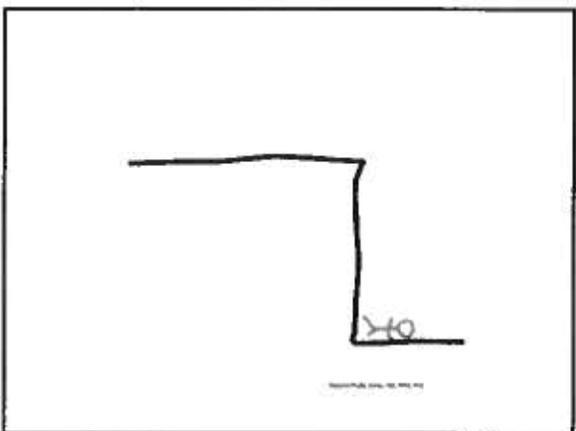




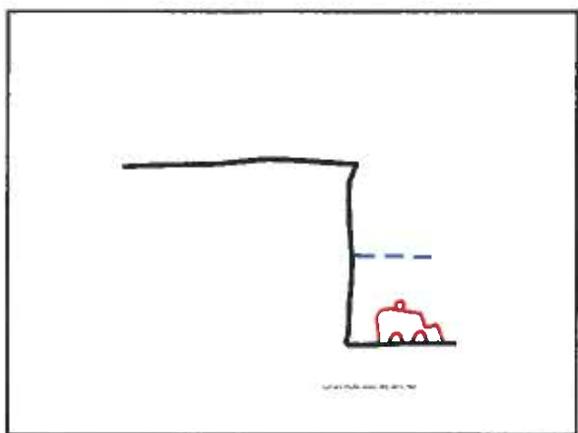


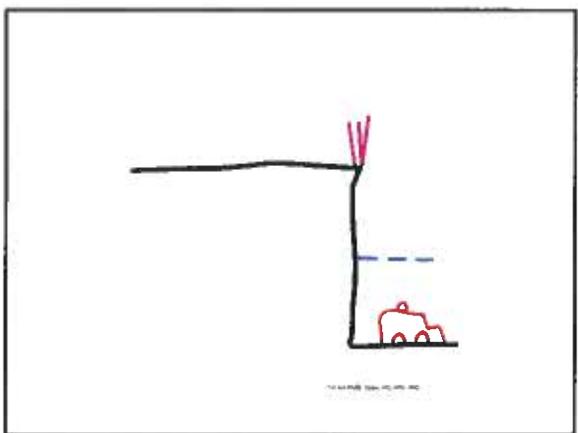


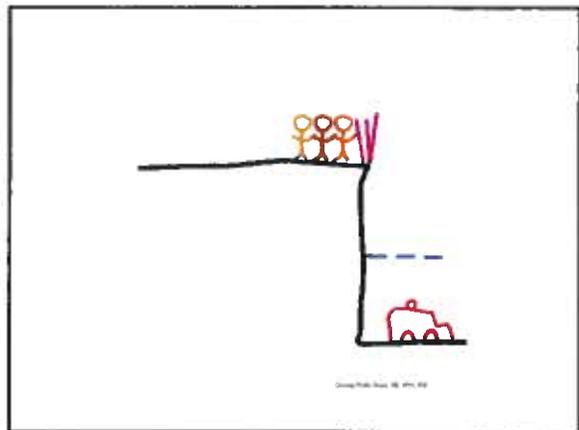


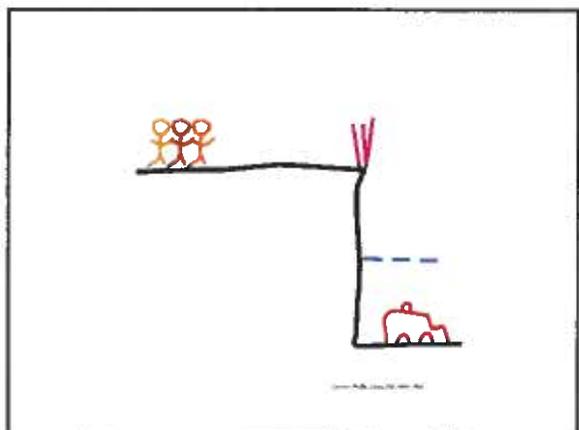


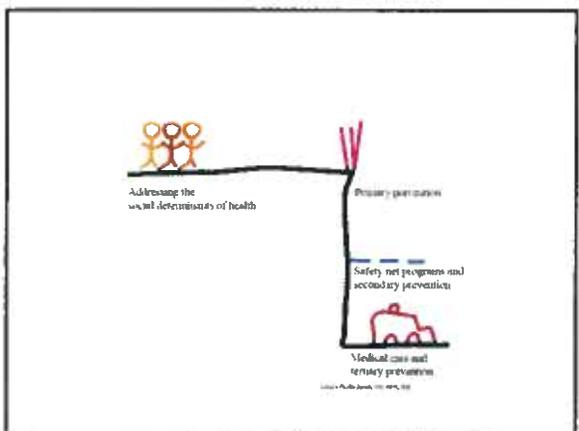


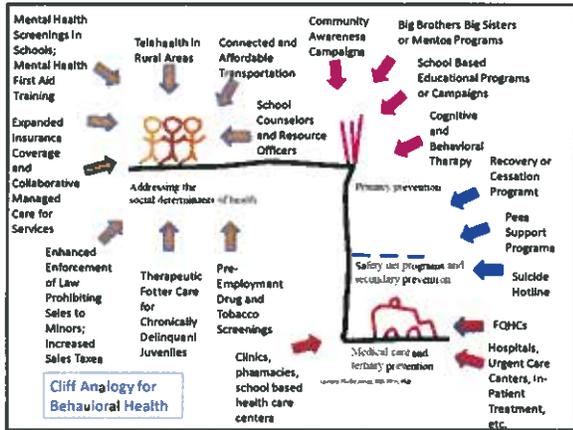




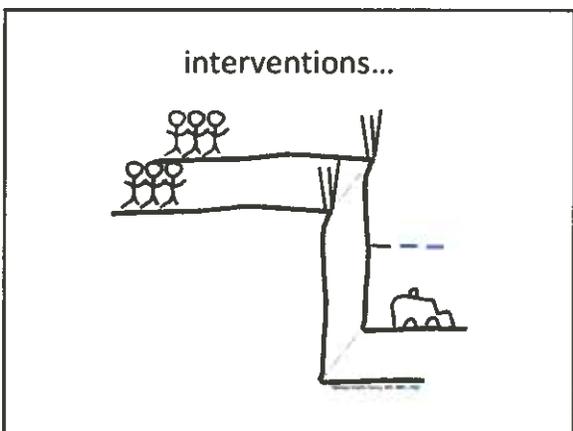


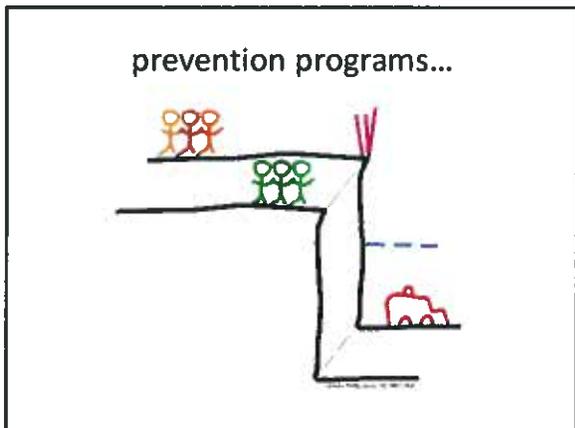














Fence or Ambulance?

"'Twas a dangerous cliff, as they freely confessed,
 Though to walk near, its crest wet so pleasant;
 But o'er, its terrible edge there had tipped
 A duke, and full many a peasant;
 So the people said something would have to be done,
 But their projects did not at all tally.
 Some said: "Put a fence around the edge of the cliff";
 Some, "An ambulance down in the valley."



It closes:
 Better guide well the young than reclaim them when old,
 For the voice of true wisdom is calling;
 To rescue the fallen is good, but 'tis best
 To prevent other people from falling;
 Better close up the source of temptation and crime
 Than deliver from dungeon or galley;
 Better put a strong fence 'round the top of the cliff,
 Than an ambulance down in the valley.

Joseph Mallat, 1919 Bulletin of the North Carolina State Board of Health

Questions?

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Psychiatric Emergency Treatment (PET) Team

What is involved in the PET Team?

1. Coordinated team response to mental health crisis in the field
 - a. Community Paramedic
 - b. Mobile Crisis Clinician
 - c. Law Enforcement Officer
2. Per Idaho Code, LE officer determines need for mental hold
 - a. MCU offers mental health consultation
 - b. Team attempts to divert hold completely through safety planning, voluntary treatment, etc.
 - c. If hold is enacted, paramedics perform screening to determine whether client can be medically cleared to bypass ED
 - i. If cleared, MCU arranges direct psychiatric admission. Client is transported to psych unit.
 - d. If not medically cleared, team coordinates with ED. Client is transported to ED.
3. Team also provides support for family and loved ones.

What is different? Until this phase of the pilot,

...ALL clients placed on mental holds were taken directly to the ED for medical clearance, medical condition notwithstanding. This is expensive and time consuming.

...Holds were almost always enacted by law enforcement without benefit of consultation from MCU clinicians, who are mental health experts and specifically experts on commitment criteria and diversion alternatives.

...Medical needs were not addressed until arrival at the ED unless needs were readily apparent and emergency paramedics were activated.

Non-financial benefits:

1. Community paramedics, law enforcement agencies, and MCU have all reported an increased and improved working relationship.
2. The team has received various compliments from families and clients regarding the client-centered focus of the team.
3. Involved hospitals (all hospitals in Ada County) have all reported positive anecdotal experiences.

Data (preliminary, not yet analyzed by experts):

- Phase 2 began 9/8/14 and this data includes all calls up through 8/10/15
- 56 hours per week at first (daily), 40 hrs currently (weekdays only)
- 471 PET cases – most were canceled due to officer determining a hold was not necessary
- 32 clients placed on holds were medically cleared and directly admitted, bypassing the ED
- 111 holds were diverted (diversion= officer expected to enact hold, but hold was diverted with help of PET team)
 - 55 voluntary admissions
 - 3 medical admissions
 - 53 were diverted from hospitalization
- On average, an ED medical clearance costs the patient, insurer, and/or County \$2500
 - $\$2500 \times 32 = \$80,000$
- Estimate of the average cost of psychiatric hospitalization is \$5000
 - $\$5000 \times 53 = \$265,000$
- We do not yet have estimates of money saved as a result of avoiding court, state hospital, nor of impacts regarding reduction in job loss, housing loss, and so forth.

Total estimated savings over 11 months: 345,000

Per month savings average: ~ \$31,364.

Annual gross savings projection based upon these numbers: ~ \$376,364

Sustainability at 40 hours/wk (and ability to expand back to 7 days/week) with addition of minimum 1.5 FTE paramedic positions (\$120,000) and 1.0 MCU position (\$75,000) = (\$195,000).