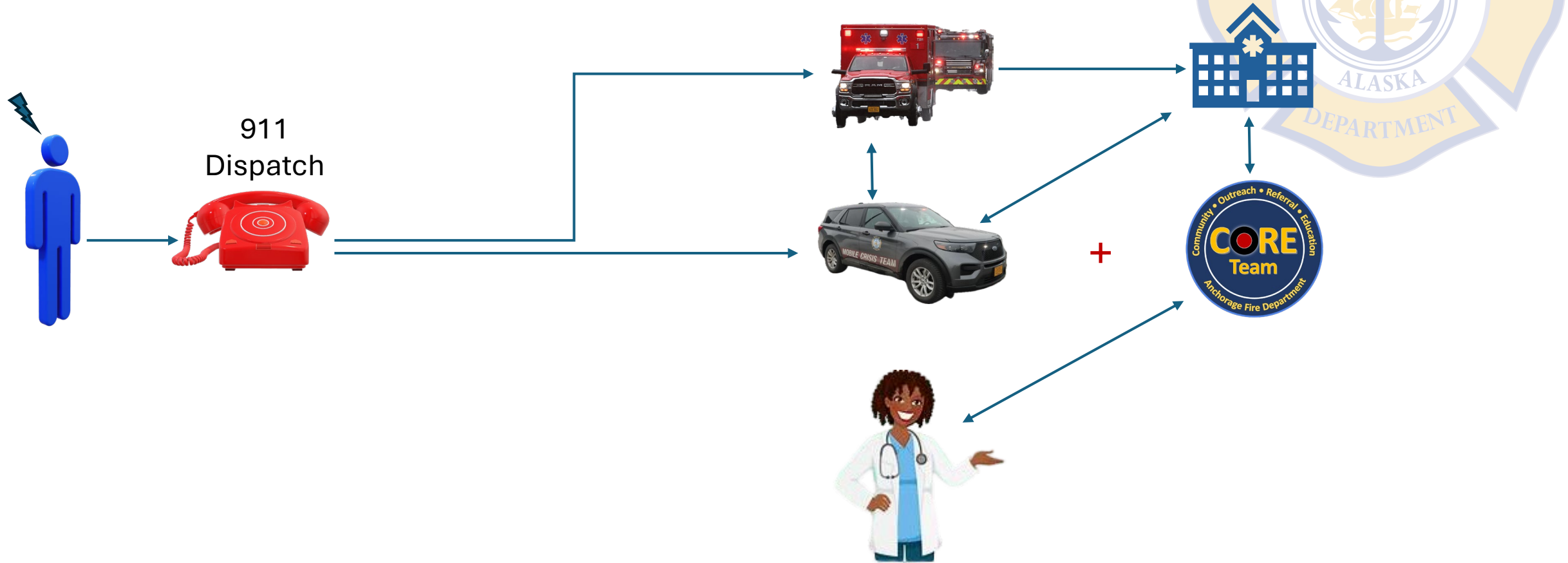


Mobile Integrated Health (MIH)

*Being the Right Resource:
Delivering the Right Care, in the Right Setting, for the Right Patient*



Mobile Crisis Team 24-hour Pilot Program

Results



246 crisis calls and 6 follow ups over 41 Night Shifts



Averaged 6 calls per night shift



84% individuals stayed in the community



15% transported by EMS to a hospital



1% transported by APD



Successful integration into a fire station

Needs

- Hire 4 additional Master's level mental health clinicians to expand 24/7
- Station office space
- Work towards billing for MCT services



Community Outreach Referral & Education



Right patient, Right place, Right care

High Utilizer

- Previous pilot program demonstrated positive results.
 - Cost savings
 - Time frame
- 3 or more transports in a 30-day period.

Opioid Response

- AFD responds to approx. 4 calls per day in which Narcan was admin.
- CORE facilitates connection to recovery resources via mobile response, including medication assisted treatment and follow-up with clients.

Vulnerable Persons

- Elder care (e.g., falls at home)
- Victims of neglect
- Timely follow-up on EMS or APD related concerns for safety and wellness.
- Coordinate with hospitals on post discharge care.

Advanced Practice Provider

Right patient, Right place, Right care



Current model

- 2023: Over 13,000 responses w/o transport
- Emergency department overloading (diversion)
- Common to transport patients to the emergency department with low acuity complaints.
- Limited access to primary care.

Proposed Model

- Treat and Release
- Linkage to appropriate care
- Telemedicine
- Tailored and flexible
- Potentially billable