

ORANGE COUNTY CRISIS/DIVERSION FACILITY PROJECT

CARRBORO TOWN COUNCIL PRESENTATION

CRISIS-DIVERSION FACILITY SUBCOMMITTEE

DATE: MARCH 2024

TOPICS

- Background.
- The Need.
- Stakeholders.
- The Project.
- Benefits.
- Implementation Status.
- Exhibits A – C.

BACKGROUND

2015 - 2018

BOCC pass resolution to reduce number of people with mental illness in jails (2015).
Sherriff Blackwood puts forth idea of a diversion unit in new OC Detention Center – workgroup established but plans not completed in time to add diversion unit (2018).

2019 - 2021

NCDHHS and Orange County hold SIM Workshop (April 2019) and Workshop participants examined: 1) gaps in crisis services and 2) action plan.
BHTF Crisis Diversion Facility Subcommittee established (November 2019).
Recommendations for Crisis-Diversion Facility approved by BOCC (April 2021).

2022 -2023

Orange County forms team to oversee facility design, facility operations, site location, and estimating preliminary costs (Fall 2022).
BOCC approves contract with architect team (CPL/RHA) for preliminary physical/operational design of facility (December 5, 2022) and work begins in January 2023.

THE NEED

- In 2019 Orange County held *Sequential Intercept Mapping* and *Taking Action for Change* Workshops (referred collectively to as SIM Workshop).
- SIM Workshop participants included community stakeholders who routinely respond to Behavioral Health (BH) crises. BH includes mental health, serious and persistent mental illness, and substance use disorders.
- Workshop participants identified gaps in our BH Crisis Continuum of Care and developed an action plan to address these gaps.
- Action plan includes high priority need for a 24/7/365 Crisis-Diversion Center for walk-ins and diversions from emergency room and Detention Center.

Exhibit A:

- Describes the Sequential Intercept Mapping Framework and mapping for Orange County.
- Summarizes the gaps in programs and resources identified by participants during the workshop.

THE NEED: IDENTIFIED GAPS

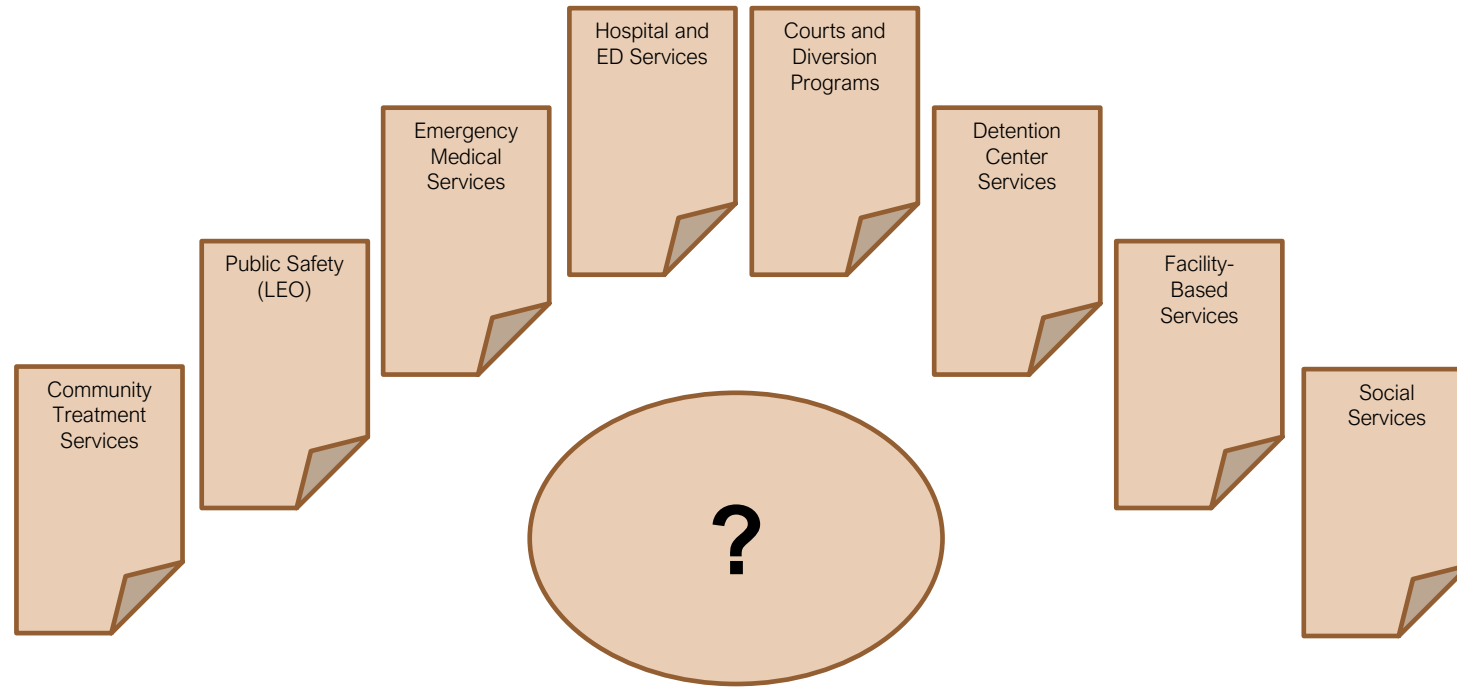
A stakeholder analysis supplemented the SIM Workshop assessment. Together these assessments show that existing services in Orange County's crisis system are limited by one or more of the following:

- Do not provide a default no wrong door option for law enforcement or emergency services.
- Do not integrate well with CJ diversion programs.
- Do not serve anyone: limit access do to extensive exclusionary criteria.
- Do not provide an appropriate setting for BH crisis care (not the least restrictive setting).
- Do not have the capacity to provide readily-available clinical services for CJ proceedings.
- Do not serve incarcerated individuals due to various restrictions and limited services.
- Do not always provide adequate discharge planning with peer support for follow up.
- Do not offer immediate access to MAT.
- Do not facilitate warm handoff to community treatment and/or social services.
- Do not have the capacity to facilitate holistic support (recognize all determinants of health).
- Only Freedom House and the UNC ED allow access by the public on a 24/7/365 basis, and services are often at or over capacity.

STAKEHOLDERS

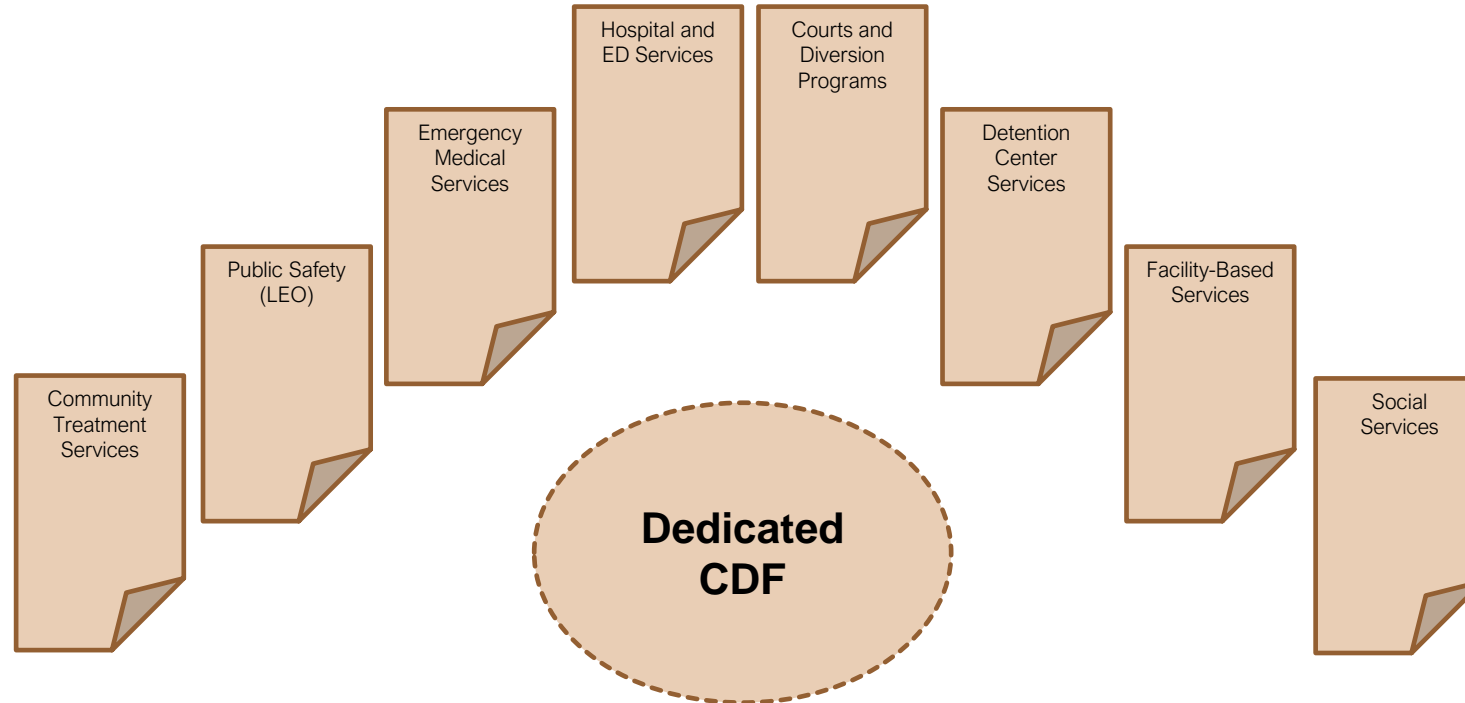
- Over the last four plus years, stakeholders across the county have been working to design a facility that will fulfill the community's needs by sharing expertise and joining in a commitment to collaboration.
- This effort has included participation from a wide array of community stakeholders
 - Law enforcement community
 - Criminal justice community
 - Orange County Sheriff's Office
 - Orange County courts
 - Public schools
 - Social services
 - Behavioral health experts and community members
 - Alliance Health
 - Orange County Emergency Medical Services
 - UNC Health
 - Orange County municipalities
 - Orange County Board of County Commissioners

THE PROJECT



- *Multi-year series of actions from 2015 to present.*
- *SIM Workshop* gap assessment: intersection of BH and criminal justice.
- Stakeholder Analysis: local needs identified by those engaged in BH clinical services and criminal justice.

THE PROJECT: DEDICATED BH CRISIS-DIVERSION FACILITY (CDF)



Orange County is planning a dedicated Crisis-Diversion Facility to enhance its crisis system.

Basis (See Exhibit B):

- Best Practices: literature review and review of existing U.S. and N.C. programs and facilities.
- Local Stakeholders: assessment of gaps and needed services.

THE PROJECT: DESCRIPTION: SCOPE AND FUNCTION

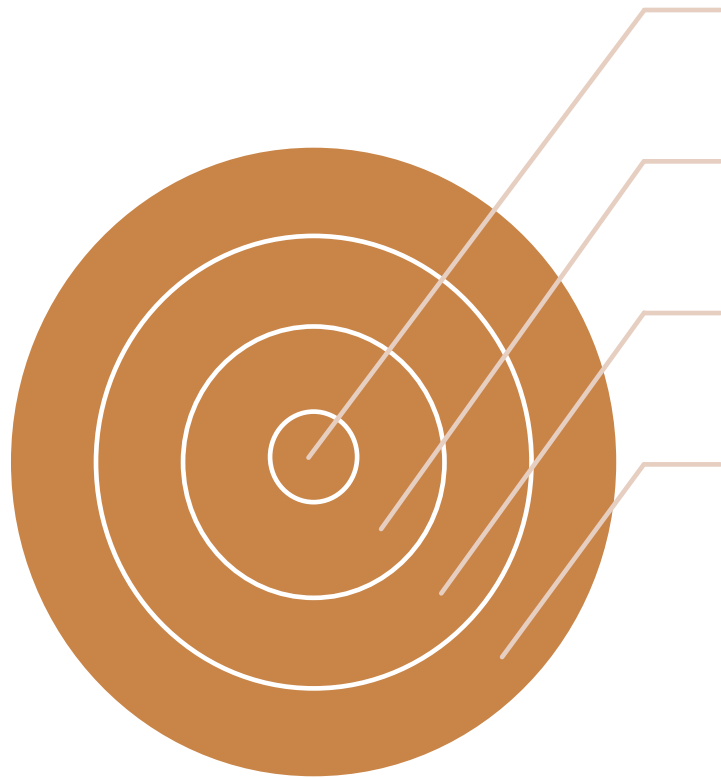
- Some 50 items define scope/function of the CDF (see Exhibit C).
- In summary:
 - **Behavioral Health Urgent Care** (Tier 4) unit for individuals four years and older.
 - **Facility Based Crisis** unit for adults needing more than 23 hours of care.
 - **Peer living room** to support discharge and navigation of ongoing treatment resources and social services.
 - **Resource Center** to guide individuals/families through the complexities of behavioral health care and services.
- The CDF will be housed in a new facility that Orange County will own.
- Orange County will contract with providers for clinical and medical services.
- Peer support embedded in the facility and holistic discharge planning are critical components.

BENEFITS

- Divert individuals experiencing a BH crisis from the emergency department, the court system or the detention center and to immediate specialized services at substantially lower cost.
- Enable stakeholders, especially law enforcement, emergency medical services, and criminal justice, who respond to BH crises every day, to provide a more appropriate and efficient response and often at lower cost.
- Substantially lower overall health care costs as compared to sole reliance on emergency departments and inpatient hospital-based services.
- Provide individuals and families with access to information, clinical care, support services, and assistance to navigate the complexities of BH challenges thus reducing costs and mitigating risk of repeat crisis episodes.
- Serve anyone in Orange County/surrounding communities.

BENEFITS

- The CDF will result in an important benefits that will accrue to a broad cross-section of Orange County.



Consumers and Families.

- Approximately 365 visits per month could be diverted to the recommended facility.
- Immediate access to appropriate care in appropriate setting 24/7/365.

Law Enforcement and Emergency Medical Services.

- Answers question of divert to where?
- Provides alternative to ED or Jail and reduces burden on LE and EMS.

Criminal Justice System Stakeholders.

- Services for CJ proceedings to facilitate diversions.
- Enhanced services and provide more appropriate facilities for justice-involve individuals.

Hospital-based ED and Inpatient Care.

- Reduced use of ED thus avoiding overcrowding and higher costs.
- Reduced reliance on inpatient beds and associated higher costs.

PROJECT STATUS AND NEXT STEPS

2019 - 2021

NCDHHS and Orange County held SIM Workshop (April 2019) and Workshop participants examined: 1) gaps in crisis services and 2) action plan.

BHTF Crisis Diversion Facility Subcommittee established (November 2019).

Recommendations for Crisis-Diversion Facility approved by BOCC (April 2021).

2022 -2023

Orange County formed team to oversee facility design, facility operations, site location, and estimate preliminary costs (Fall 2022).

Design team (CPL/RHA) completed preliminary physical/operational design and cost estimates for facility (April 2023).

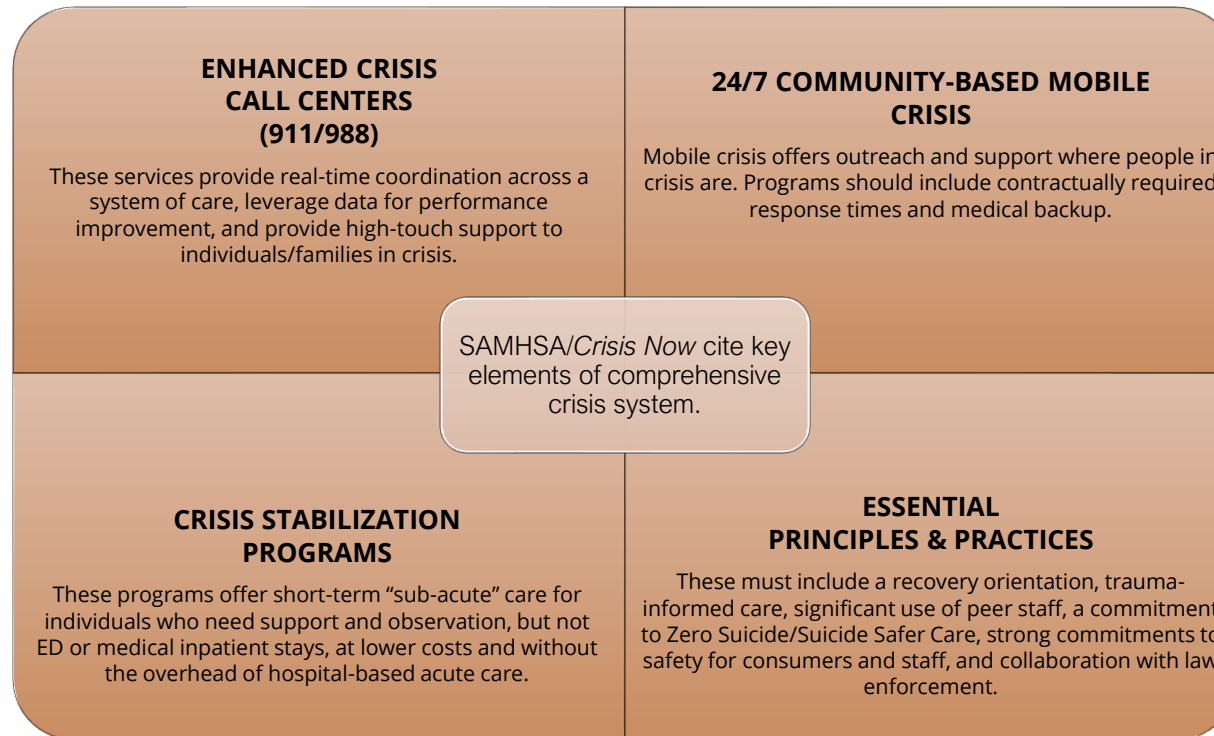
2024 – 2025

Complete due diligence on the selected site, complete revisions to facility design and develop site plan (March – May 2024).

Approve capital construction budget (June 2024) and complete operating plan to ensure operating expenses secured (2024 – 2025).

Secure contractors for facility construction (FY25).

PUTTING ALL THE PIECES TOGETHER



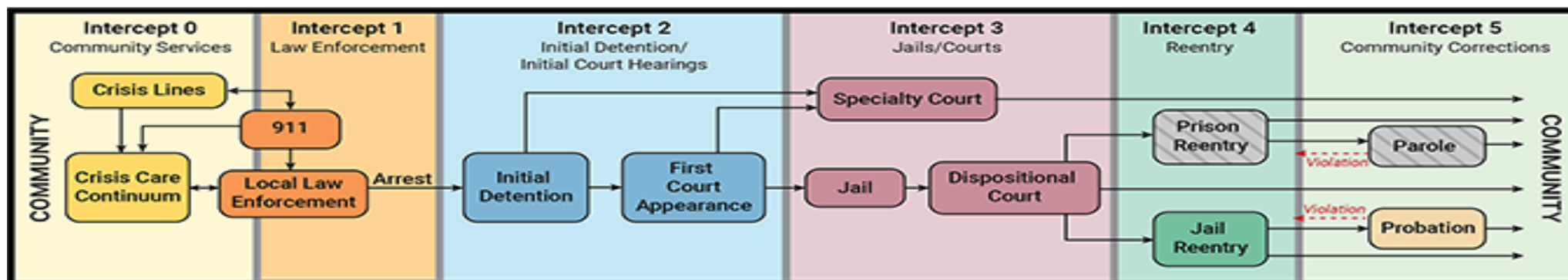
There are other elements of a crisis system that are being put into place in conjunction with creation of a Crisis-Diversion Facility. Together they complete a continuum of crisis care that is widely recognized as best practice.

(Re. SAMHSA 2020 and Crisis Now).

ADDITIONAL INFORMATION

- Additional information is included in the Subcommittee report submitted to the BOCC in April 2021. Excerpts from the April 2021 report are provided in the following pages.
 - Exhibit A. SIM Workshop.
 - Exhibit B. Best Practices.
 - Exhibit C. Facility Specifications.
- Additional information is available on the Orange County Web Site at:
<https://www.orangecountync.gov/3168/Crisis-Diversion-Facility>

EXHIBIT A. SIM WORKSHOP: FRAMEWORK



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- The Sequential Intercept Mapping Framework (Griffin, et. al.) is organized as illustrated above. Workshop output is organized according to these intercepts. Orange County map completed during the workshop is presented on next page.
- The workshop participants noted that Orange County is fortunate to have a number of existing programs and services that provide a solid basis upon which to build. These are summarized in the following pages and are organized by Intercept.
- The main body of this report summarizes the gaps identified by Workshop participants. Filling these gaps both creates new services that do not exist currently and leverages existing services to achieve better outcomes for individuals in crisis and for stakeholders engaged in providing public safety/emergency, clinical, and criminal justice services.

Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., & Schubert, C.A. (Eds.). (2015). The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness. New York: Oxford University Press. DOI: 10.1093/med:psy ch/9780199826759.001.0001

EXHIBIT A. SIM WORKSHOP: ORANGE COUNTY MAP

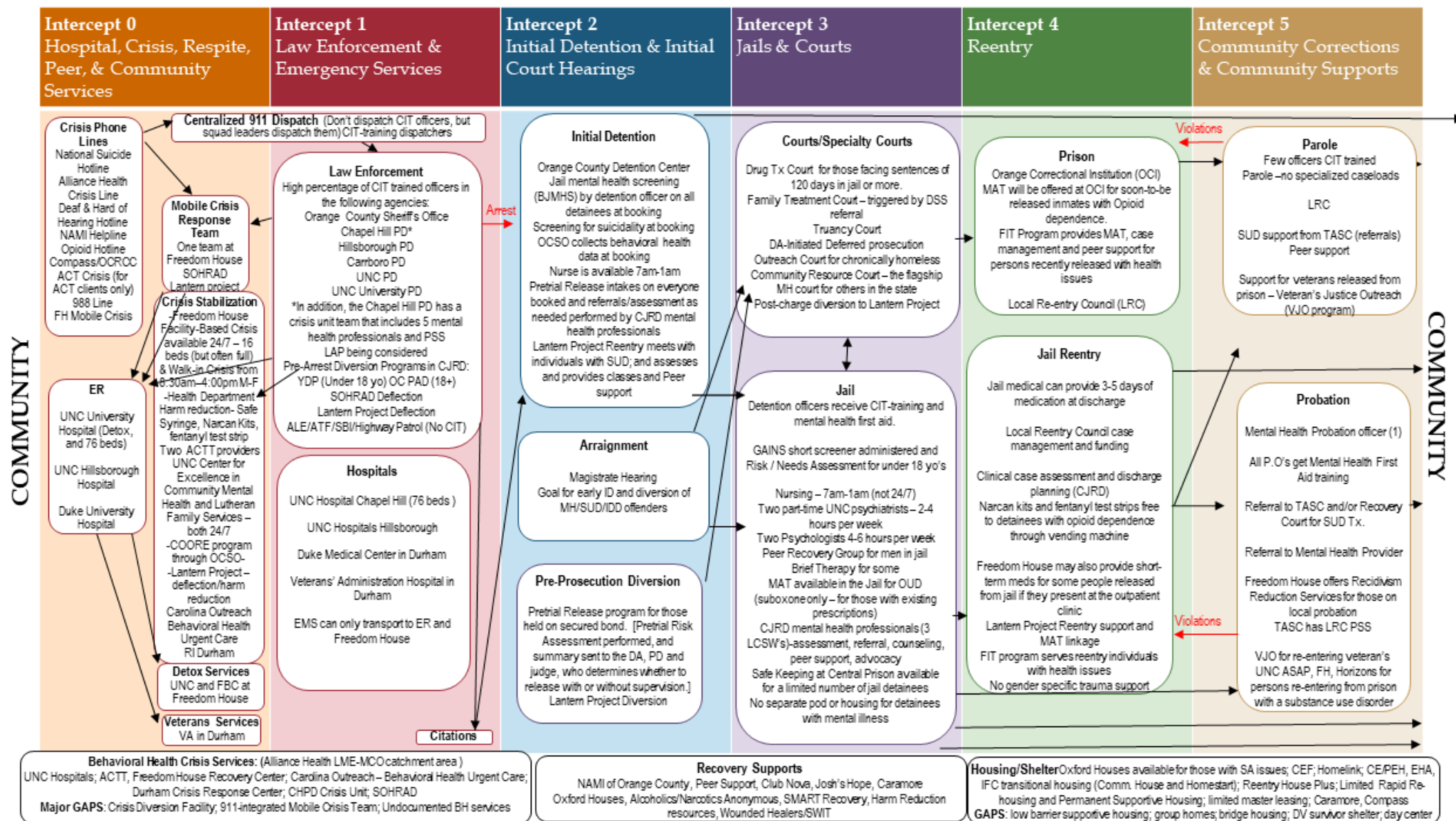


EXHIBIT A: SIM WORKSHOP: GAP ANALYSIS

Gaps identified by participants during the SIM Workshop are organized according to Intercepts as defined by the Sequential Intercept Mapping framework.

- **Intercept 0: Community-Based Crisis Services.** Existing crisis services have limited access due to exclusionary eligibility criteria, limited hours of operation, long wait times/waitlists due to being at capacity, and/or offer limited discharge planning and support.
- **Intercept I: Law Enforcement/Emergency Services.** There are limited options and support for law enforcement officers and other emergency service providers for diverting individuals from CJ or the hospital-based ED. The key issue at this intercept is: Divert to Where?
- **Intercept II: Initial Detention/Initial Court Hearing.** There are insufficient clinical services in the Detention Center to treat someone experiencing a mental health crisis, screening tools not fully consistent with best practices, and jail setting can exacerbate mental health symptoms.

EXHIBIT A: SIM WORKSHOP: GAP ANALYSIS (CONTINUED)

- **Intercept III: Jails/Courts (See Note).** There is limited physical space in the Detention Center for additional programming, and no designated housing for persons with mental illness and/or substance use diagnoses. There is potential to increase referrals and clinical support for Outreach Court and Community Resource Court and thereby allow for more individuals to receive assistance.
- **Other Considerations:** There is a need to increase availability of Medication Assisted Treatment (MAT) for persons released from CJ involvement; ensure a cross-systems endeavor (e.g., BH, jail/prison, homeless services, courts, police, social services, consumers, family members, advocates); expand peer support to promote recovery; and facilitate transition to appropriate services in the community.

Note: New Orange County Detention Center and associated programs address Detention Center gaps identified during the April 2019 Workshop.

EXHIBIT B. BEST PRACTICES

Literature and Existing Facilities Review

- While there are no national standards for crisis services as there are in other areas (e.g., EMS), there is a large body of literature.
- The literature points to evidence-based practices that can be adopted and tailored to Orange County.
 - *The Sequential Intercept Model (2015).*
 - *National Guidelines for Crisis Care: A Best Practice Toolkit (SAMHSA 2020).*
 - *Roadmap To The Ideal Crisis System (National Council for Behavioral Health 2021).*
- There are many existing facilities in the U.S. and they vary widely (**Exhibit B**).

Elements of Current Best Practices

- Embrace Clear Objective.
 - Embrace the objective of diverting individuals in crisis away from traditional ED and jails.
 - Support this objective with dedicated facilities and programs.
- Anyone, Anytime, Anywhere.
- Calming Environment.
- Network with Community Treatment Providers.
- Warm Handoffs with support of Case Managers/Peer Support Specialists.
- Community-wide Collaboration.
- Holistic Wrap Around.
- Continuous Improvement.

EXHIBIT B. BEST PRACTICES – U.S. PROGRAMS AND FACILITIES

- The literature review is supplemented by direct interviews conducted by subcommittee members with representatives of operational and planned facilities.
- Selected programs in NC and elsewhere in U.S where researched and provide:
 - point of reference for the types of services that can be included in a crisis/diversion facility.
 - more complete understanding about how such facilities are integrated with a community's emergency and social services.

| Name of Facility or Program | Area Served |
|---|-------------------------------------|
| Alamance County Diversion Program (RHA Health Services) - Proposed | Alamance County, NC (Burlington) |
| C3 356 Comprehensive Care Center | Buncombe County, NC (Asheville) |
| Roberto L. Jimenez, M.D. Restoration Center (Division of Center for Health Care Services) | Bexar County, Tx (San Antonio) |
| Miami-Dade Criminal Mental Health Project (Miami Center for Mental Health and Recovery) | Dade County, FL (Miami) |
| Helen Ross McNabb Center, Diversion Program | Knoxville, TN |
| Freedom House and Freedom House-type Facility | Orange County NC; Forsyth County NC |
| Crisis Assistance Helping Out On The Street (CAHOOTS) | Eugene, OR |
| Connections Health Solutions - Crisis Response Centers | Phoenix and Tucson, AZ |
| RI International (replace Wakebrook) | Wake County, NC |

EXHIBIT B. BEST PRACTICES: EXISTING FACILITIES IN U.S.

- Crisis/diversion facilities and programs have been or are being developed in large and small communities and are geographically dispersed across the U.S.
- Among the facilities and programs included in our study, there are widely differing models; however, they share a common objective: divert individuals with MH and/or SUDS concerns from either a typical ED or jail.
- Figure to the right illustrates the variety in crisis/diversion facilities and programs across six dimensions.
- Each facility/program reflects the unique needs and priorities of the local community.

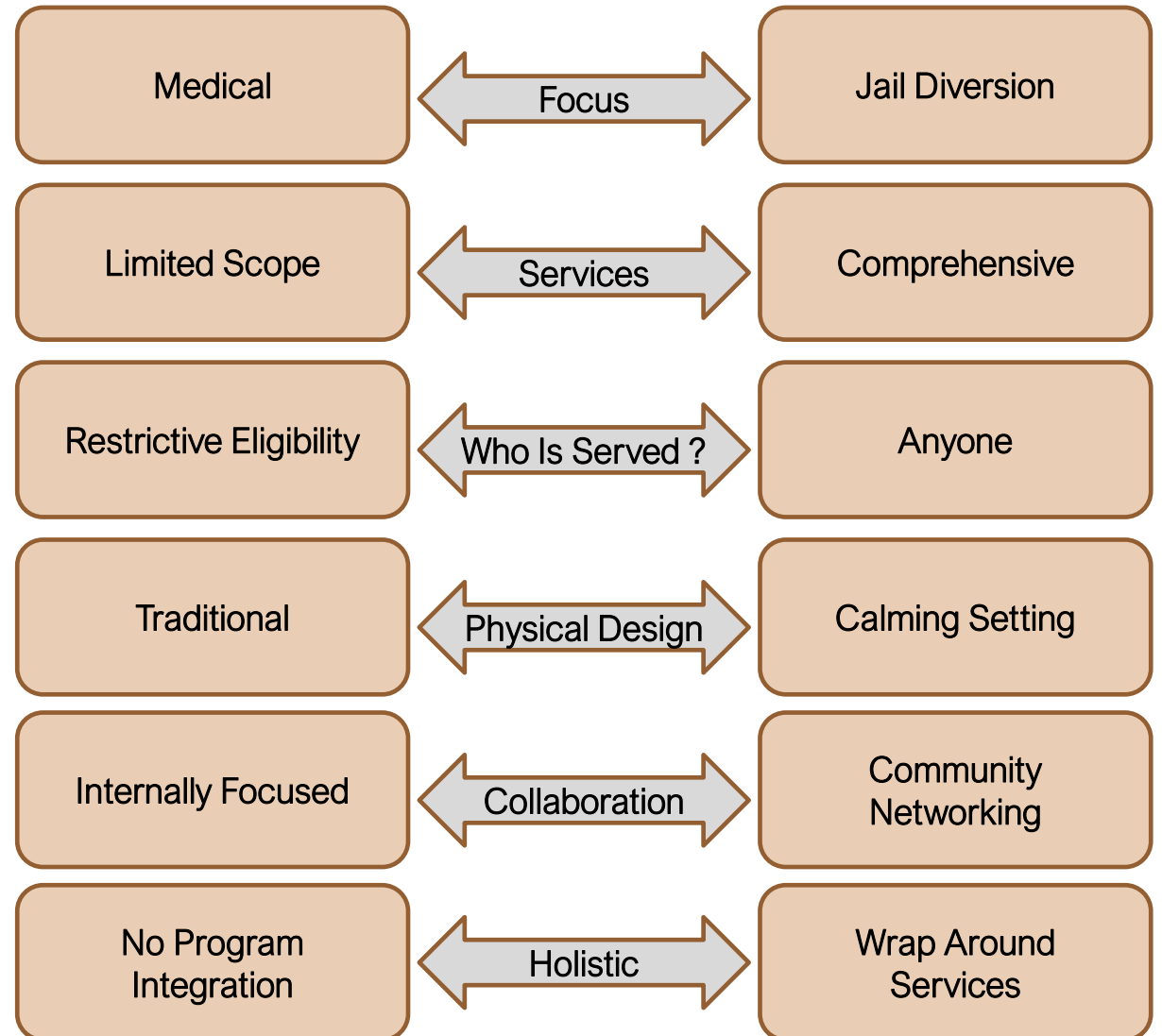


EXHIBIT C. FACILITY SPECIFICATIONS: CLINICAL SERVICES

- BH urgent care (BHUC-4), 24 stabilization chairs.
- Facility Based Crisis (FBC) for adults (16 beds).
- Serve short-term IVC patients.
- Emergency SUD treatment services (24/7).
- Non-hospitalization detoxification services.
- Urgent Medical Care Services for individuals in crisis (allow treatment of non-life-threatening conditions).
- Point of Care Testing (quick turnaround laboratory services). Serve patients in Facility.
- Capacity to manage individuals who are agitated, but do not require secured space and restraints.
- Referral and transportation to hospital and other treatment facilities (after dropping off by LE/EMS).
- Serve individuals with special needs (e.g., IDD).
- Clinical and forensic assessments.
- Peer support specialists.
- Multi-day temporary boarding while waiting for transfers or as a bridge between crisis care and community treatment.
- On-site pharmacy services to serve patients in Facility and allow patient to be discharged with medication.
- Third-party laboratory with available, expedited courier service. Serve patients in Facility.
- Clinical services for minors ages 4 – 17 in BHUC.
- Walk-in Services for general public (24/7/365).
- Short-term ambulatory treatment services (e.g., non-medical detox) to facilitate stabilization prior to discharge.
- Initiate MAT treatment in anticipation of transfer to community treatment provider.
- Sobering services.

EXHIBIT C. FACILITY SPECIFICATIONS: CJ DIVERSION-DEFLECTION

- On-site CIT and MHFA-trained LE personnel to maintain facility security.
- Locked, secure facility space available, if needed.
- On-site security personnel and peer support specialists to maintain calm and safe environment and to provide readily available transportation for patients in custody, as needed for IVC transportation, and to provide court paperwork to and from Facility.
- On-site space (and video conference link) for criminal justice stakeholders (e.g., Magistrate, District Attorney, Public Defender, courts/judges, CJRD personnel, clinicians).
- On-site security to provide warm hand-off for patients who are in custody (e.g., transfers from jail).
- FIT (Formally Incarcerated Transitions) program liaison.
- Readily available medical and LE transportation for IVC patients.
- Forensic assessment services for court processes.
- Clinical services for individuals who are in custody (temporary transfers from detention facility) or awaiting court processing/hearings.
- No refusal admission for law enforcement and emergency medical services (24/7/365) including individuals who are agitated or under an IVC order except where there is a serious security concern and/or acute medical needs.

EXHIBIT C. FACILITY SPECIFICATIONS: NETWORKING

Community Treatment Services Networking

- Serve as community resource providing information about available treatment services (for all conditions) where Facility is well integrated with community providers.
- Referral to out-patient/in-patient BH treatment services.
- Referral to out-patient/in-patient SUD treatment services (e.g., MAT, ADATC).
- UNC Hospital referral liaison (facilitate transfer of patients needing higher level of care without involvement of LE or EMS who may have brought patient to Facility).
- Patient transfer to other treatment facilities (e.g., UNC Hospitals, detox facilities).
- LME/MCO liaison.
- Warm handoff to community treatment services with support from peer specialist and/or case manager.

Social Services Networking

- OC Partnership to End Homelessness Access.
- Liaison for NAMI programs.
- Health insurance enrollment liaison including legal representation.
- Warm handoff regarding referrals to social services/peer specialist.
- Transportation assistance.

EXHIBIT C. FACILITY SPECIFICATIONS: FACILITY ATTRIBUTES

- Dual entry (dedicated entry) for LE and EMS.
- Calming area or setting.
- Rooms/beds for agitated patients.
- Space for law enforcement and emergency medical personnel.
- Video conference facility to provide access to magistrate.
- Video conference room for robust link between Facility and Magistrate, Courts, District Attorney.
- On-site criminal justice space to support criminal justice stakeholders.
- Short-term boarding for patients awaiting transfer to third party community service.
- Dedicated space/rooms for patients housed in Facility in lieu of jail.
- Short-term boarding for patients awaiting IVC or other hearing.
- Clinical space for minors (4 years old and older).
- Call center coordination including 911/988, EMS, LE/Crisis Units, Hospitals.
- Resource Center providing information by phone or in-person to members of the community about available treatment services (for all conditions) and supportive social services.