

ORANGE COUNTY CRISIS/DIVERSION FACILITY

Findings and Recommendations

REPORT BY THE ORANGE COUNTY BEHAVIORAL HEALTH TASK FORCE

DATE: MAY 11, 2021

TOPICS

- Introduction
- Current Status.
- Recommendation.
- Potential Benefits.
- Related Considerations.
- Next Steps.

INTRODUCTION: BACKGROUND

- 2015. BOCC Resolution: Stepping Up Initiative to Reduce the Number of People with Mental Illness in Jails.
- 2018. Planning for the new Orange County Detention Center.
 - Sheriff Blackwood raised the idea of including diversion unit for law enforcement in the facility.
 - Jail Mental Health Work Group stakeholders toured NC facilities that are providing services that might be a model for an Orange County, but work not completed in time for implementation of diversion unit.
- 2019. On April 25-26, NC DHHS and Orange County held a series of workshops Sequential Intercept Mapping and Taking Action for Change (SIM Workshop); 32 local representatives of organizations. The SIM Workshop identified gaps in current system and put forth recommended actions
- 2019. In November 2019, responsibility for addressing one high priority action item recommended by SIM Workshop participants, a crisis center for Orange County, was assigned to BHTF.
- 2020. In December, the Governor's Task Force for Racial Equity in Criminal Justice reported its findings and recommendations: recommendations relate directly to situations involving BH and criminal justice diversion.

INTRODUCTION: SUBCOMMITTEE'S CHARGE

- The findings presented in this report are based on the work of BHTF subcommittee.
- Mission/Goals: Formulate recommendations for Orange County crisis services that would facilitate diversion of individuals experiencing a BH crisis (MH and SUD) from either:
 - hospital-based emergency department or
 - criminal justice system.

Subcommittee Members	
Tony Marimpietri Chair	NAMI-Orange County
Caitlin Fenhagen Sponsor	OC Criminal Justice Resource Department (CJRD)
Barbara-Ann Bybel, Sponsor	UNC Health Care
Jamezetta Bedford	OC Board of County Commissioner
Heather Griffin-Dolciney	Freedom House
Megan Johnson	CHPD Crisis Unit
Angela Strain	UNC Health Care
Pamela Weiden	District Court Judge's Office
Kim Woodward	Orange County EMS
Allison Zirkel	Orange County CJRD

CURRENT STATUS: SIM WORKSHOP GAP ANALYSIS

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

- Intercept 0. Community-Based Crisis Services. Limited access due to exclusionary eligibility criteria, limited hours, and long wait times/waitlists, and/or offer limited discharge planning/support.
- Intercept I: Law Enforcement / Emergency Services. Limited options/support for LEO and EMS/others for diverting individuals from CJ or ED. Issue at this Intercept is: Divert to Where?
- Intercept II: Initial Detention/Initial Court Hearing. Insufficient clinical services in Detention Center to treat someone experiencing BH crisis, screening tools limited, and jail setting can exacerbate mental health symptoms.

- Intercept III: Jails/Courts. There is limited physical space in the Detention Center for additional programming, and no designated housing for persons with BH diagnoses. Note: New Detention Center address many of these gaps.
- Other Considerations. Limited availability of affordable Medication Assisted Treatment (MAT); ensure a cross-systems endeavor; expand peer support to promote recovery; and facilitate transition to appropriate services in the community.
- Exhibit A presents mapping of Orange County services in SIM framework.

CURRENT STATUS: LOCAL STAKEHOLDER (GAPS)

- Working with stakeholder representatives, we examined crisis situations that arise in Orange County and used these to further identify the services and facility attributes that are absent and that if they existed would:
 - Enhance crisis response to better serve individuals by providing quality care in the most appropriate setting
 - Benefit stakeholders who engage individuals in crisis on a daily basis in Orange County by facilitating
 alternative responses that save these stakeholders time and dollars and result in better outcomes for all
 involved.
- This stakeholder input enriches our understanding of the gaps that exist in existing crisis services thus augmenting the findings of the SIM Workshops.

CURRENT STATUS: LOCAL STAKEHOLDER (GAPS)

Stakeholder analysis shows that existing services in Orange County's crisis system are limited by one or more of the following:

- Do not provide a no refusal intake for law enforcement or emergency services.
- Do not integrate well with CJ diversion programs.
- Do not meet all needs due 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 billing restrictions.

- Do not always provide peer support or case management follow up.
- Do not offer immediate access to MAT.
- Do not always provide adequate discharge planning (fail to 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.
- Limited services for indigent and uninsured.

CURRENT STATUS: BEST PRACTICES

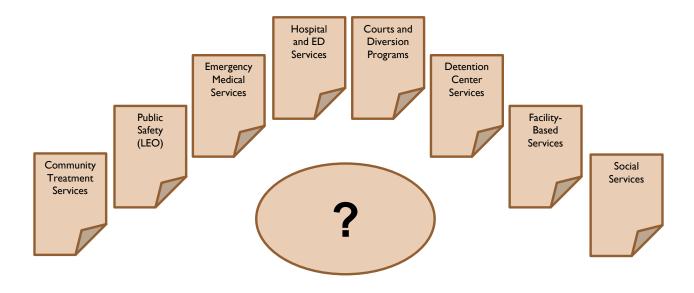
Literature and Existing Facilities Review

- Currently there are no national standards for crisis services such as those existing for medical services (e.g., EMS).
- There is a large body of literature that points to evidence-based practices that can be adopted and tailored to Orange County.
- Two references are key to our work are:
 - The Sequential Intercept Model.
 - National Guidelines for Crisis Care: A Best Practice Toolkit (SAMHSA 2020).
- There are many existing facilities in the U.S. and they vary widely (Exhibit B)

Elements of Current Best Practices

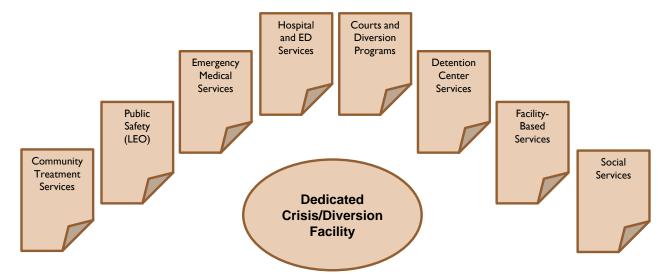
- Embrace Clear Objective.
 - Embrace the objective of diverting individuals in crisis away from traditional ED and jails
 - Support this objective with <u>dedicated facilities</u> and programs.
- Anyone, Anytime, Anywhere.
- Calming Environment.
- Network with Community Treatment Providers.
- Warm Handoffs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

RECOMMENDATION: FOCUSING ON THE NEED



- Multi-year series of actions from 2015 to 2020.
- 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.
- Best Practices: literature review.
- Best Practices: review of existing U.S. and N.C. programs and facilities.

RECOMMENDATION: DEDICATED CRISIS/DIVERSION FACILITY



We recommend Orange County enhance its crisis system by establishing a <u>dedicated</u> Crisis/Diversion Facility.

- Facility to provide clinical and criminal justice-related services and network with existing programs/services.
- Facility will fill in missing pieces in our existing crisis system, build on current capacity and strengths.
- It will not duplicate or replace existing services and programs.

RECOMMENDATION: SCOPE AND FUNCTION

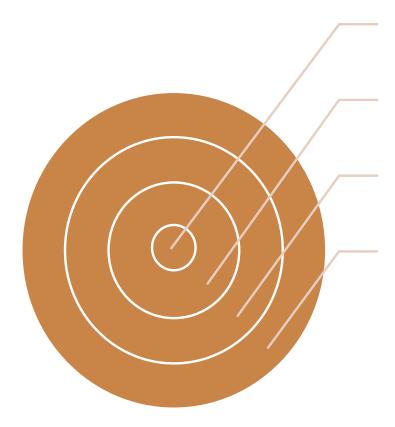
- We detailed some 50 items to define scope/function of the recommended Facility (see **Exhibit C**). In summary:
 - Provide law enforcement and emergency medical services with a default no wrong door destination. Answer the question: Divert to Where?
 - Offer immediate clinical services for assessment, stabilization, and treatment for patients experiencing BH crisis:
 mental illness and substance use disorders.
 - Provide BH crisis services to walk-in patients on a 24/7/365 basis: access assistance before crisis escalates to level requiring emergency services.
 - Make referrals to community treatment and social services with warm handoff supported by case manager and/or Peer Specialist. Facilitate transitioning individuals to from crisis care to community-based treatment.
 - Provide criminal justice stakeholders with clinical assessment services and a facility to offer the most appropriate care for justice-involved individuals in the least restrictive setting possible.
 - Provide information about community treatment services available to Orange County residents for a wide variety of BH problems. Cut though the fog of obtaining BH services so often experienced by individuals, families, and friends trying to get help.

POTENTIAL BENEFITS: ADDRESSES CURRENT NEEDS

- Fills Identified Gaps. Fills identified gaps in existing crisis response capabilities.
- Public Safety and Social Justice. Supports current public safety reform and social justice objectives.
- **No Wrong Door.** Operates with a *no wrong door* approach: remove restrictive entry or exclusion criteria (e.g., under the influence, IVC, agitated, suicidal) and provides access by general public.
- Aligns with Criminal Justice Diversion and Orange County Stepping Up Milestones. Is fully integrated
 with criminal justice system stakeholders and aligns with Orange County Detention Center Stepping Up
 milestones by treating individual outside of jail setting.
- Least Restrictive Setting. Offers the least restrictive setting for crisis care in a calming environment with case managers and peer specialists that can safely engage the individual in crisis.
- Facilitate Collaboration. Is well integrated into the existing network of community treatment services and social services thus multiplying the Facility's impact and avoid a silo effect.
- **High Potential for Reducing Costs.** Reduces burden and costs for law enforcement, emergency services, hospital-based services (ED and inpatient beds), jail, and effective services for courts and diversion programs. Improves outcomes for all involved.

POTENTIAL BENEFITS

 The recommended Facility will result in an important set of benefits that will accrue to a broad cross-section of Orange County. These benefits fall into four categories.



Consumers and Families.

- Approximately 300 episodes 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 CI proceedings to facilitate diversions.
- Enhanced services and 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.

RELATED CONSIDERATIONS.

ENHANCED CRISIS CALL CENTERS (911/988)

These services provide real-time coordination across a system of care, leverage data for performance improvement, and provide high-touch support to individuals/families in crisis.

24/7 COMMUNITY-BASED MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.

SAMHSA/*Crisis Now* cite key elements of comprehensive crisis system.

CRISIS STABILIZATION PROGRAMS

These programs offer short-term "sub-acute" care for individuals who need support and observation, but not ED or medical inpatient stays, at lower costs and without the overhead of hospital-based acute care.

ESSENTIAL PRINCIPLES & PRACTICES

These must include a recovery orientation, traumainformed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

There are other elements of a crisis system that deserve consideration in conjunction with creation of a Crisis/Diversion Facility (Re. SAMHSA 2020 and Crisis Now). Subcommittee addresses bottom two.

- Some components of a comprehensive crisis system are outside the scope of the subcommittee; however, they appear in the best practices literature.
 - Enhanced Call Center: Coordinate crisis hot lines including 911/988, provide for an on-line engagement and response, and guide crisis response assets.
 - Enhanced Crisis Response: Create a 24/7/365 community-based mobile crisis response units that operates throughout Orange County and respond in lieu of law enforcement, where appropriate and ensure LE have trained mental health teams or crisis units.

NEXT STEPS.

These findings and recommendations have been presented to the following:

- Behavioral Health Task Force (January 20, 2021).
- Justice Advisory Council (February 12, 2012).
- Municipal Police Chiefs and Sheriff Blackwood (March 24, 2021).
- Board of County Commissioners (April 22, 2012).

Steps Toward Implementation

- Design. Conduct a preliminary design of Facility space to provide a proper basis for a financial assessment. This will include identifying and assessing potential locations for the Facility.
- Other Items include:
 - Licensing and Staff Planning.
 - Governance (ownership and operations).
 - Policy/Procedures.
 - Projected Savings.
 - Sources and Uses of Funds.

Questions and Discussion

Exhibits

EXHIBIT A. SIM WORKSHOP: ORANGE COUNTY SIM MAP

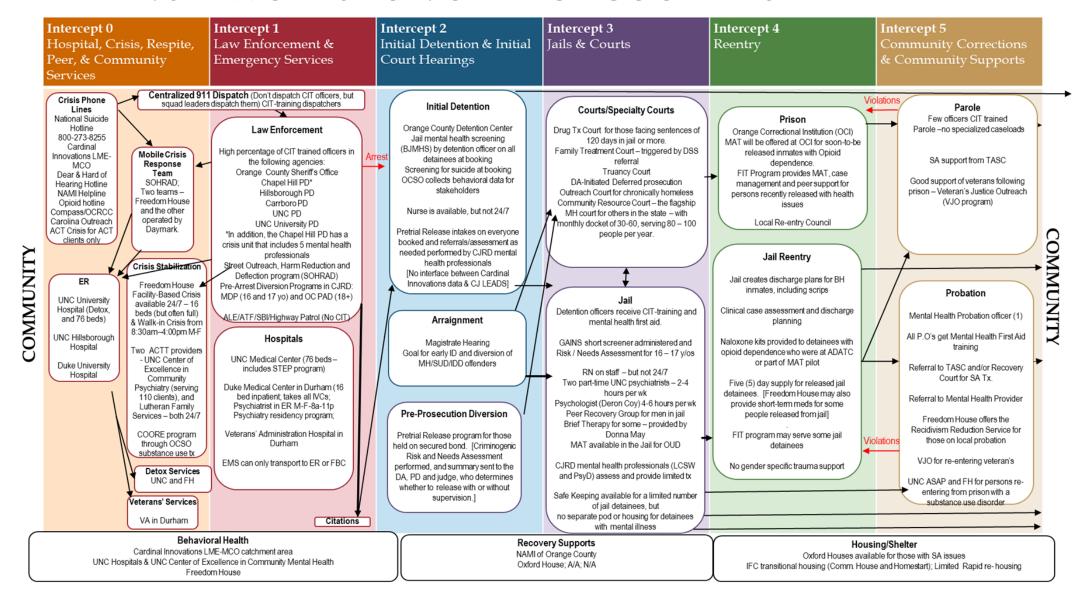


EXHIBIT B. BEST PRACTICES: EXISTING FACILITIES IN U.S.

- We researched existing programs and facilities.
- There are scores of existing programs and facilities across the U.S.
- Subcommittee members interviewed representatives of a dozen operating and planned facilities.
- This review includes two important N.C. facilities:
 - Wakebrook (Wake County, Raleigh).
 - C3 356 Comprehensive Care Center (Buncombe County, Asheville).

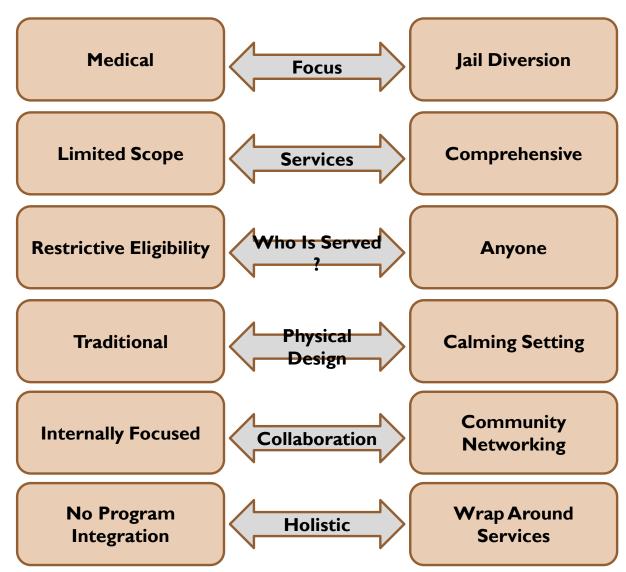


EXHIBIT C. FACILITY SPECIFICATIONS: CLINICAL SERVICES

- BH urgent care (24/7).
- Serve short-term IVC patients.
- Emergency SUD treatment services (24/7).
- Non-hospitalization detoxification services.
- Urgent Medical Care Services (to allow non-lifethreatening conditions to be treated at Facility)
- On-site pharmacy services to support stabilization and initial treatment. Serve patients in Facility.
- 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).

- Peer support specialists.
- Multi-day temporary boarding while waiting for transfers: that is, a bridge between crisis management and community treatment.
- On-site pharmacy services to allow patient to be discharged with medication.
- Third-party laboratory with available, expedited courier service. Serve patients in Facility.
- Services for adolescent patients (16- and 17-year-old).
- Walk-in Services for general public (24/7/365).
- Short-term ambulatory treatment services (e.g., nonmedical detox) to facilitate stabilization prior to discharge.
- Initiate MAT treatment in anticipation of transfer to community treatment provider.

EXHIBIT C. FACILITY SPECIFICATIONS: CRIMINAL JUSTICE

- On-site LE personnel to maintain facility security.
- Locked, secure facility space.
- On-site security personnel to maintain safe environment and provide readily available transportation for patients in custody, act
 as courier for IVC and other court paperwork to and from Facility.
- On-site presence (or video conference link) for criminal justice stakeholder (e.g., Magistrate, District Attorney, public defender, courts/judges, forensic social worker).
- On-site security to temporarily board patients who are in custody (e.g., transfers from jail).
- FIT (Formally Incarcerated Transitions) program liaison.
- Readily available transportation for IVC patients.
- Forensic assessment services for Magistrate & court processes.
- Clinical services for individuals who are in custody (temporary transfers from detention facility) or awaiting other court processing/hearing.
- No refusal admission for law enforcement and emergency medical services (24/7/365) including individuals who are agitated or under an IVC order.

EXHIBIT C. FACILITY SPECIFICATIONS: NETWORKING

Community Treatment Services Networking

- Serve as community hub with information about all community 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 (via OC Connect).
- 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 living room 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.
- Adolescent (16- and 17-year-old) clinical space.
- Call center coordination including 911, EMS, LE/Crisis Units, Hospitals.