

Crisis Care Services for Counties:

**Preventing Individuals with
Mental Illnesses from Entering
Local Corrections Systems**



Produced by the Community
Services Division of the County
Services Department

June 2010



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The National Association of Counties (NACO) is the only national organization that represents county governments in the United States. Founded in 1935, NACO provides essential services to the nation’s 3,068 counties. NACO advances issues with a unified voice before the federal government, improves the public’s understanding of county government, assists counties in finding and sharing innovative solutions through education and research, and provides value-added services to save counties and taxpayers money. For more information about NACO, visit www.naco.org.

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Introduction

Almost fifteen percent of men and thirty- one percent of women recently booked in jail have a serious mental illness.¹ At present, there are three times more individuals with mental illness in jails and prisons than in hospitals.² Many jails are now de facto mental health hospitals, even though community services are more ideal for individuals with mental illness rather than jails or hospitals.

Individuals with mental illness tend to experience more frequent contact with the justice system. For example, in Los Angeles County Jail, ninety percent of inmates with mental illness are repeat offenders, with thirty- one percent incarcerated ten or more times. A multitude of issues arise when housing individuals with serious mental illnesses in jails. Individuals with mental illness in jails experience increased risk for abuse, suicide, and stay longer and have higher costs.³

The detrimental consequences of imprisoning individuals with mental illness are not exclusive to adults. Youth with mental health disorders are more likely to serve time in a facility and for an increased amount of time compared to youth without mental health disorders. This may be due to unnecessary detention; sixty- six percent of juvenile detention facilities reported holding youths who do not need to be in detention as they wait for mental health services in the community.⁴

Allowing youth and adults with mental illness to enter the justice system contributes to large corrections costs. Many individuals with mental illness commit minor public disturbances that lead to arrests. Focusing on alternative justice strategies can help save counties money. For each non-violent offender in jail moved to probation or parole, local government corrections systems could save almost \$25,000. Moving fifty percent of current non-violent inmates to probation or parole from jail could save local governments \$7.2 billion per year, even after factoring in additional probation and parole costs.⁵

Promising solutions for individuals with mental illness often involve counties offering mental health resources in the community prior to arrest. One study found that “the availability of alternative, less costly treatments may be critical in controlling the costs of pre-booking jail diversion.”⁶ For youth, the most effective programs at reducing recidivism exist in the community rather than in the criminal or juvenile justice systems.⁷

A productive way to facilitate reaching individuals with mental illness locally is through the implementation and effective use of crisis care services. Crisis care services aim to quickly address psychiatric emergencies in the community. Ideally this diverts people from being involved in the justice system or unnecessary emergency room visits. A psychiatric crisis can be defined as the following:

A psychiatric emergency (crisis) is a sudden serious psychological disturbance or change that affects behavior or functioning. If not responded to, it may result in life-threatening and unsafe consequences. Characteristics include a sense of urgency, sense of being overwhelmed, lack of coping abilities and the recognition of need for assistance from others to manage and alleviate distress. It often includes life threatening, life disrupting and life impairing behaviors.⁸

Crisis care services vary in form. Mobile crisis units are a great way of reaching people in their homes and allowing them to stay in the community. Crisis hotlines are avenues for directing people to the help they need. Crisis care centers offer a place for individuals to receive necessary services.

Regardless of the type of crisis care services, they ultimately have the same goal – to provide crisis assessment, intervention and linkages to community resources for stability. Counties need to assess their population, resources and geographic needs. Coordination and collaboration with many different organizations and agencies is essential for the development, success and sustainability of crisis care services. This best serves the individual by providing the help they need quickly. Counties benefit by ensuring needed services for residents. They also save money by preventing involvement in more costly systems such as jails and hospitals.

Law enforcement can play a vital role in linking individuals with mental illness to crisis care services. Often, people

1 Steadman, Osher, Robbins, Case & Samuels, “Prevalence of Serious Mental Illness Among Jail Inmates,” *Psychiatric Services* 60 (2009).

2 Treatment Advocacy Center & National Sheriff’s Association, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* (2010).

3 Treatment Advocacy Center & National Sheriff’s Association, *More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States* (2010).

4 U.S. House of Representatives Committee on Government Reform – Minority Staff Special Investigations Division, *Incarceration of Youth who are Waiting for Community Mental Health Services in the United States* (2004)

5 Center for Economic and Policy Research, *The High Budgetary Cost of Incarceration* (2010).

6 Cowell, Broner & Dupont, “The Cost- Effectiveness of Criminal Justice Diversion Programs for People with Serious Mental Illness Co-Occurring with Substance Abuse,” *Journal of Contemporary Criminal Justice* 20 (2004).

7 Justice Policy Institute, *The Costs of Confinement: Why Good Juvenile Justice Policies Make Good Fiscal Sense* (2009).

8 Human Services and Public Health Department, Hennepin County, Minnesota. Community Outreach for Psychiatric Emergencies Power Point presentation, June 3, 2010.

are not aware of available crisis care services and will instead contact law enforcement. Without equipping law enforcement with the tools to recognize an opportunity for diversion, encounters with law enforcement may lead to unnecessary arrest or an over reliance on emergency departments. Crisis care services aim to work together with law enforcement to increase awareness of alternatives for individuals experiencing a mental health crisis. It takes a close partnership with law enforcement to divert individuals with mental illness from arrests, costly jail bookings, and unnecessary emergency room visits.

As managers of local corrections and social services budgets, county officials have a critical responsibility to understand available services for individuals with mental health issues. The indirect costs of mental illness, such as lost productivity in usual activities due to illness, can be as high as \$79 billion per year.⁹ Investing in these services provides residents with critical resources, allows counties to save money and offers options for law enforcement so they can focus on public safety.

The following county examples illustrate the various forms of crisis care services. Although each county differs in population size, demographic, location and resources, all commit to providing crisis care services to county residents. County commissioners in each site provide crucial leadership, support and input that lead to the success of crisis care services. Each county demonstrates collaboration and partnership with law enforcement to help divert individuals with mental illnesses from the justice system and into the services they most need, allowing counties to use resources more effectively.

Featured Counties

● Bexar County, Texas¹⁰

Population: 1,622,899¹¹

Highlight: Collaborating with law enforcement to reduce arrests and improper emergency department use for substantial cost- savings.

State, county and city funds contribute to the Center for Health Care Services (CHCS) to provide comprehensive crisis services for residents of Bexar County. One of the key services CHCS provides for crisis care is the Adult Crisis Care Center (ACCC). In September 2005, the adult crisis care unit developed and co-located with medical services. For individuals with mental illness at crisis care, the Center can offer minor medical clearance. This stabilizes the individual and allows for subsequent treatment of the behavioral health issue. Minor medical clearance can avoid costs as it takes place on site at the Center rather than in an emergency department (ED).

The Adult Crisis Care Center, open twenty- four hours per day, seven days per week, consists of an eight chair observation room and a twenty- three hour galley. Average length of stay is ten hours, although people may stay up to twenty- three hours. The Adult Crisis Care Center sees people eighteen and over, but the mobile crisis unit serves all ages. A separate child's crisis care center exists for those below eighteen years of age. The ACCC receives people via warrant, law enforcement drop-off and walk-in. The ACCC sees four- hundred to five- hundred people per month, with one- hundred to one- hundred and fifty from involuntary commitment. CHCS serves individuals regardless of access to insurance.

The Adult Crisis Care Center enjoys many options for stabilization and continued treatment of an individual who is in crisis, including partnerships and linkages to community services. Bexar County has a substance abuse treatment program, Seeking Safety, with a focus on trauma. A sobering unit with six to eight beds is available and solely used for law enforcement drop-off. A walk- in detox unit with twenty- seven beds is available for the homeless and indigent. A twenty- four hour crisis hotline assists residents.

⁹ United States Department of Health and Human Services, Surgeon General's Report on Mental Health (1999). Available online at: <http://www.surgeongeneral.gov/library/mentalhealth/toc.html>, accessed June 15, 2010.

¹⁰ Except where noted, all information is based on personal communication with Gilbert Gonzales and Jeanie Paradise, January 2010 through June 2010.

¹¹ U.S. Census Bureau, Population Division (2008).

For additional stabilization there is a sixteen bed voluntary crisis residential unit. Bexar County also utilizes a mobile crisis outreach team that is able to go with law enforcement on a call and conduct clinical evaluations in the community.

Following treatment at the Adult Crisis Care Center, individuals with mental illness can receive an out-patient appointment, see a physician, receive medications or get hospitalization if necessary. Follow-up care and linkages to various community partners through a discharge plan prevents future incidents.

One of the most rewarding partnerships CHCS experiences is with law enforcement. The Bexar County Sheriff spearheaded the effort of collaboration between law enforcement and crisis care. Prior to the development of the Adult Crisis Care Center, there were limited resources for officers when they received a call for a person with mental health issues. Choices before the Center were to take people to the jail or the emergency department. This process reflected additional costs due to the improper use of the ED and unnecessary bookings in the jail. Most importantly, people did not receive the help they desperately needed. Law enforcement now has options for those who need help rather than jail time.

Results of this collaboration include a process which allows for greater utilization of the ACCC by law enforcement. When law enforcement arrives at the ACCC to drop off a person with a psychiatric emergency, the process takes five to fifteen minutes. The quick drop-off process allows the

officer to return to duty quickly to concentrate on public safety, rather than wait at an ED. Law enforcement officers are more likely to utilize the crisis care center when they are aware of the short drop-off time.

To date, nineteen percent of Bexar County's police force participated in Crisis Intervention Team training (CIT). Along with the usual CIT training involving role- playing, they now include training on police officer suicide and hold an eight hour refresher class every three years. Bexar County also provides a children's CIT class for school police and administrators once a year. All of the CIT trainings include education regarding alternatives to arrest, including the detox unit and Adult Crisis Care Center. In order to facilitate the continued collaboration with police, monthly CIT meetings occur between CIT officers, the hospital, ACCC, other law enforcement and the local chapter of the National Alliance on Mental Illness (NAMI).

Bexar County's comprehensive care developed due to a confluence of factors, including political will, funds dedicated to these services, and a forward- thinking sheriff. County Commissioners appointed five of the nine Adult Crisis Care Center Board members, which allows the County intricate involvement in the services available for residents. These factors led to the services Bexar County currently offers for crisis care and community linkages to stabilization and follow-up care. The co-location of services enables the coordination of services and negates patient anxiety over navigating multiple systems of care.

Electronic records and data are useful for assessing ef-

Results of Efforts to Address Mental Illness, Substance Abuse and Homelessness In San Antonio & Bexar County

Documented and Immediate Cost Avoidance

April 16, 2008 – March 31, 2009

Cost Category	City of San Antonio	Bexar County	Direct Cost Avoidance
Public Inebriates Diverted from Detention Facility	\$435,435	\$1,983,574	\$2,419,009
Injured Prisoner Diverted from UHS ER	\$528,000	\$1,267,200	\$1,795,200
Mentally Ill Diverted from UHS ER Cost	\$322,500	\$774,000	\$1,096,500
Mentally Ill Diverted from Magistration Facility	\$208,159	\$371,350	\$579,509
Reduction in Competency Restoration Wait Time in Jail for Hosp Admission 5/08-3/09	0	\$255,055	\$255,055
Reduction in Wait Time in Jail for Outpatient Competence/Wait Time for Restoration compared to Inpatient	0	\$137,898	\$137,898
Reduction in Jail Time for Competency Restoration on Bond and on Return	0	\$385,522	\$385,522
Total	\$1,494,094	\$5,174,599	\$6,668,693

Provide by the Center for Health Care Services

iciency. Through the Adult Crisis Care Center and comprehensive services, Bexar County diverts individuals with mental illness from the ED and continues to avoid building a new jail. According to data from Bexar County between April 16, 2008 and March 31, 2009, the direct cost-avoidance for diverting individuals who are mentally ill from the ED is almost \$800,000. Individuals with mental illness diverted from the Magistration Facility due to CHCS's services provided a cost-avoidance of over \$350,000. For injured prisoners treated for minor medical issues at CHCS rather than the ED, the cost-avoidance was about \$1.3 million dollars.^{12 13} The data allow decision-makers to see the value of investing in crisis services rather than a new jail facility.

Bexar County possesses comprehensive services and community partnerships. The demonstrated coordination of resources leads to the efficient functioning of all players involved. The services the ACCC provides result in significant cost-avoidance and allow people to receive the treatment they need rather than punishment. Close relationships with law enforcement allow the ACCC to successfully function as a viable alternative to arrests and jail.

12 Center for Health Care Services, *The Results of Efforts to Address Mental Illness, Substance Abuse and Homelessness in San Antonio & Bexar County, April 2008 through March 2009* (2009).

13 Center for Health Care Services, *The Results of Efforts to Address Mental Illness, Substance Abuse and Homelessness in San Antonio & Bexar County, Documented and Immediate Cost Avoidance, April 2008 through March 2009* (2009).

● Buncombe County, North Carolina

Population: 229,047¹⁴

Highlight: Innovative Crisis Intervention Team (CIT) and creating and sustaining crisis services with little grant money.

In 2003, North Carolina created a local management entity (LME) system to provide behavioral health services to counties on a regional basis. Western Highlands (WH) is the LME currently providing behavioral health services to eight counties, including Buncombe. Buncombe County provides \$600,000 per year to Western Highlands to assist with behavioral health services for its residents. The County also invests an additional \$600,000 annually from a mental health trust fund.¹⁵

Western Highlands has partnerships with numerous community entities to provide a continuum of care for Buncombe County residents. One of these partnerships is with Mission Hospital, which operates the Psychiatric Evaluation Area (PEA). PEA is part of the Emergency Department (ED) at Mission Hospital and is open twenty-four hours per day, seven days per week. Mission Hospital's ED sees around

14 U.S. Census Bureau, Population Division (2008).

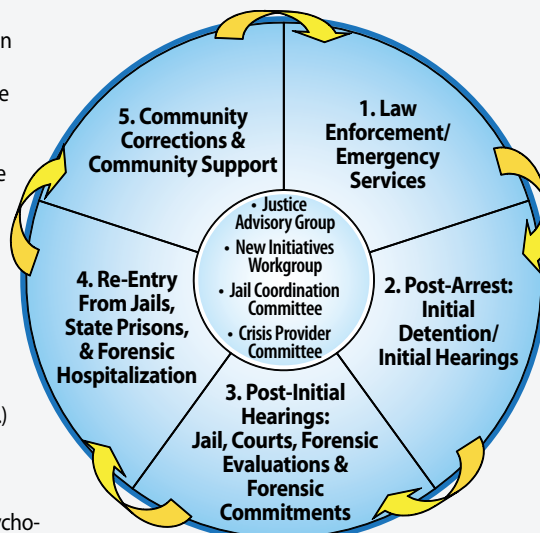
15 Buncombe County Public Safety Performance Program, *FY 2010 Buncombe County Behavioral Health Budget* (2009).

Sequential Intercept Model in Buncombe County

December 2009

- Probation/parole
- Day Reporting Center
- TASC case management for persons on probation
- Western Carolinians for Criminal Justice
- Federally Qualified Health Center—WNCCHS
- Access to mental health and substance abuse service—Western Highlands
- Pisgah Legal Services SOAR disability program

- Jail programs (chaplain, Alcoholics Anonymous, Narcotics Anonymous, etc.)
- Jail health services
- Mental health case management
- Substance abuse case management
- Mental health and substance abuse psycho-educational groups



- Family Treatment Court
- Drug Treatment Court
- Nuisance Court

- Crisis Intervention Team (CIT)
- Emergency Department (ED) at Mission Hospital
- Psychiatric Evaluation Area (PEA) at Mission Hospital
- Mobile Crisis Team
- WNCCHS Urgent Psychiatric Walk-in Clinic
- Neil Dobbins Detox/Crisis Stabilization Unit
- WCRM Wet Shelter
- Helpmate Domestic Violence Shelter
- Trinity Place Youth Shelter

- Jail Assessment Unit
- Pretrial Services
- JUST Jail Diversion Project*

* In the literature, this is referred to as a Non-Specialty First Appearance Court Model for Diverting Persons with Mental Illness

Munetz & Griffin, "Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness," *Psychiatric Services* 57 (2006):544. Modifications and information added by Buncombe County.

100,000 visits per year and serves neighboring counties that lack hospitals.¹⁶ PEA can assess and then discharge with planning, recommend in-patient beds at facility, or recommend state hospital care. Law enforcement has the option of utilizing the PEA within the emergency department if they determine an individual may be in crisis.

Those in crisis can also benefit from the Mobile Crisis Unit (MCU). Mobile crisis services are available through a partnership between WH and a local provider named Families Together. Buncombe residents can access mobile crisis services twenty-four hours per day regardless of insurance. Calling mobile crisis instead of 911 is a viable option that allows law enforcement to remain focused on public safety calls and diverts individuals from the ED.

The MCU completes crisis treatment and follow-up care, including transport to other services if necessary. Mobile units are able to reach both children and adults to serve them in their own communities. MCU receives ninety calls per month; of these, ninety-three percent do not go to state hospitals. For follow-up services, mobile crisis can refer to detox, domestic violence shelters, the Crisis Stabilization Unit, a federally qualified health center, make appointments with providers and provide transport.

Western North Carolina Community Health Services (WNCCHS) is a designated Federally Qualified Health Center (FQHC).¹⁷ A Federally Qualified Health Center has many benefits, including enhanced Medicare and Medicaid reimbursement; medical malpractice coverage; eligibility to purchase prescription and non-prescription medications for outpatients at reduced cost and funding for new starts, among other benefits.¹⁸ The County Commissioners engaged in this partnership because of a historical commitment to respond to community needs. The FQHC increases capacity and addresses a gap in services to community residents while allowing the county to save money.¹⁹

The FQHC in Buncombe County opened in 1993 as an HIV clinic. Today it offers medical, urgent, chronic, and behavioral health care. Four hundred to five hundred mostly uninsured people per month appear through appointments and adult crisis walk-in. Western Highlands partners with the FQHC to provide urgent psychiatric walk-in care, and the County funds services for those released from jail. This

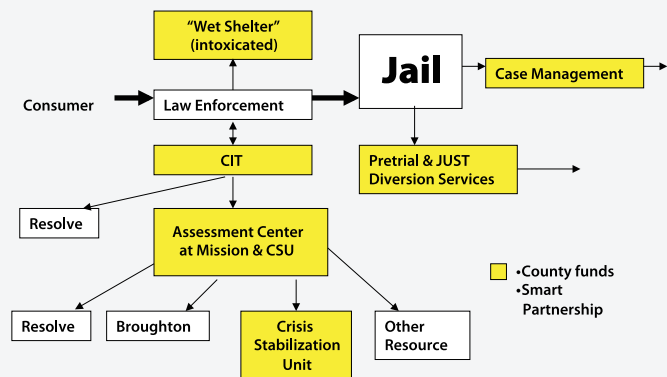
¹⁶ Personal communication with Dr. Ted Schiffman, Director of Behavioral Health Services, Mission Hospital, May 12, 2010.

¹⁷ Buncombe County Government letter from Assistant County Manager Amanda Stone. Available online at: https://www.bcmsonline.org/main/files/2009_mandy_stone_ltr.pdf. Accessed June 7, 2010.

¹⁸ Rural Action Center, FQHC Frequently Asked Questions. Available online at: http://www.raconline.org/info_guides/clinics/fqhc-faq.php#whatis. Accessed June 7, 2010.

¹⁹ Personal communication with Amanda Stone, Assistant County Manager, May 12, 2010.

Criminal Justice Diversion for Consumers of Mental Health & Substance Dependence Services



Crisis Intervention Team (CIT)

Provided by Buncombe County CIT Collaborative

system bridges care and allows those reentering from jail or other persons without a provider to remain stabilized until an appointment with a provider is available.

The Crisis Stabilization Unit (CSU) is another option for diverting individuals with mental illness from arrest. The CSU is a twenty-four hour per day seven day per week facility. It has sixteen beds, five for substance abuse detox, five for crisis stabilization and six beds which may be used for either detox or crisis stabilization. The CSU opened in April 2008 and carries out medical stabilization and assessment. Walk-ins, voluntary commitments, involuntary commitments, people from mobile crisis and drop-offs from law enforcement are all accepted.

Law enforcement can utilize the CSU as a drop-off center after consulting with Western Highlands via telephone. This diverts individuals with mental illness from arrest and over-using the ED and allows officers to return to public safety duties quickly. When law enforcement drops off a person in crisis, the CSU is able to treat, stabilize and connect to other community services for long term well-being.²⁰

Officers are aware of the drop-off options at the CSU and ED due to Buncombe County's commitment to Crisis Intervention Team (CIT) training. Since the first class in April 2008, the Buncombe County Sheriff's department has trained twenty percent of staff and the Asheville Police Department has trained ten percent. Many officers were not aware of community resources and alternatives to arrest prior to attending training.²¹

²⁰ Personal communication with Charlie Schoenheit and ARP-Phoenix staff, May 12, 2010.

²¹ Personal communication with Mona Cornwell, Asheville- Buncombe Technical Community College, May 12, 2010.

CIT training consists of a one- week forty- hour course that includes mental health information and role- playing exercises, among other sessions. The local community college provides training in partnership with Buncombe County Sheriffs' department, Asheville Police Department, the local chapter of the National Alliance on Mental Illness (NAMI), Western Highlands, Mission Hospital, Buncombe County and the City of Asheville.²²

Law enforcement officers learn skills for calls involving someone in crisis and discover community options for alternatives to arrest (Appendix A). Buncombe County Sheriffs' Office and Asheville Police Department allow officers full discretion regarding whether or not to arrest for a misdemeanor crime in which the officer suspects mental illness or substance abuse is a contributing factor.²³ The CIT

training and use of drop-off at the Mission Hospital ED and CSU is projected to create two- hundred sixty diversions from jail per year.²⁴ This represents significant cost avoidance by reducing arrests, jail booking costs, and potential unnecessary ED visits.

Many other entities have expressed interest in CIT training, including dispatchers, Fire-Rescue, EMS, jail staff, court officials, human services staff, school staff, probation, Mall Security and VA Hospital Security.²⁵ These groups often find it difficult to take time to attend a forty hour training class, and may find training more accessible if available in an adapted format. Therefore, Buncombe County plans to create an online CIT training module in partnership with the local community college. The online training module will include simulated role playing exercises. An online

22 Buncombe County Public Safety Performance Program, Buncombe County CIT Collaborative, *Memorandum of Agreement* (2007).

23 Buncombe County Public Safety Performance Program, Buncombe County CIT Collaborative, *Buncombe County Behavioral Health Crisis Continuum: A Guide for Law Enforcement* (2010).

24 Buncombe County Public Safety Performance Program, *Analysis of Major Diversion Programs* (2010).

25 Buncombe County Public Safety Performance Program, Buncombe County CIT Collaborative, *Crisis Intervention Training Online Module Overview* (2010).

Yellowstone County, Montana

In 2006, the Community Crisis Center (CCC) was formed with start-up funding through a federal grant. As a collaborative effort, four Yellowstone County agencies; Billings Clinic, St. Vincent Healthcare, South Central Mental Health Center and Riverstone Healthcare coordinated to become sponsoring agencies of this initiative. The two local hospitals, Billings Clinic and St. Vincent Healthcare, had been considering the concept for many years, as they were seeing an increase in the number of persons presenting to the local emergency rooms for mental health, substance abuse and social services care.

The CCC is a licensed Community Mental Health Stabilization Center and provides crisis services for individuals eighteen and over. With a staff of twenty- four, the center takes a team approach to decisions and has a no wrong door philosophy. Individuals are able remain with the CCC for twenty- three hours, fifty- nine minutes during which time the team sets up appropriate follow up and plans of care with the individual. The local mental health center provides case managers to assist individuals with their plan and the HUB, a part of the mental health center, provides a drop in day center offering a range of services and also works with individuals to find permanent housing. The Mental Health Center/HUB donates the case management and Riverstone Health provides the Board Chair and Medical Director.

After initial grant funding expired, the two local hospitals shared the total operational costs of the CCC. Additionally,

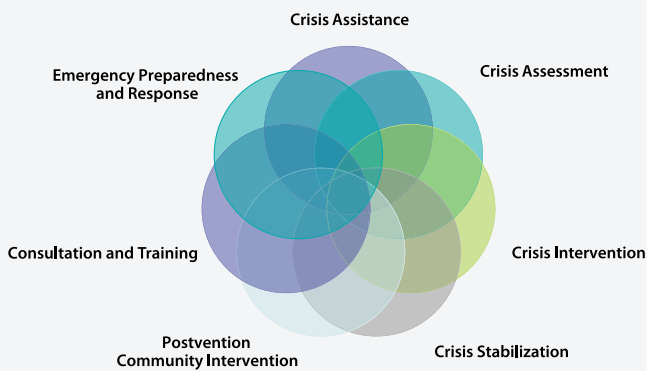
during FY 2009, the state of Montana, through a crisis services grant to eleven counties, provided \$294,000 towards the operation of the CCC. The remainder of the funding came from private donations, Medicaid reimbursements, mental health service plan funding and seventy- two hour presumptive eligibility reimbursements.

Since the inception of the CCC, the Yellowstone County Detention Facility and the local ERs have seen a significant decrease in numbers of persons admitted to their facilities due to mental illness/substance abuse. This is directly attributable to the efforts of law enforcement in diverting persons with mental illness to the CCC for more appropriate care.

CIT training is facilitated through this entity and has trained approximately one- hundred seventy- three officers, deputies and EMT in the region. Law enforcement has been supportive of these efforts and encouraged to utilize the center, when appropriate. Since the inception of the CCC, ED visits, jail populations and state hospital admissions have all been reduced.

On June 8th, 2010, the Yellowstone County Voters passed a mill levy which will contribute a significant base of sustainable funding for the CCC and the HUB. The levy was started through the support and hard work of County Commissioner Bill Kennedy. While the levy will be helpful with sustainability, the CCC and the HUB will still rely on the remainder of their total funding to be made from donations, the healthcare community, Medicaid-mental health service plan- and seventy- two hour presumptive eligibility funding from the state.

Child Crisis Services Available to Law Enforcement



Provided by Hennepin County Child Crisis

modified CIT training option may be the best way to reach programs that will not otherwise receive training, and can potentially increase diversions from jail and the ED. For example, EMS actually receives more calls than law enforcement requesting help with persons in a psychiatric crisis.

The County Commissioners have long supported these types of crisis services. Providing services to residents is a priority for the Commissioners, although cost remains an issue for a relatively small county. With privatization of some services and partnering with Western Highlands and the FQHC, Buncombe County residents are receiving high quality crisis services without further straining county budgets.

Self-sustainability is the ultimate goal as Buncombe County aims to avoid short-term grant money and opts to rely on data to guide smart long-term investments.²⁶ All of the investments thus far led to a system of care focused on alternatives to arrest and community care. The Commissioners planned to discuss the need for an addition to the county jail in 2010 but it has been postponed due to the efforts of crisis care and law enforcement to divert individuals with mental illness from less effective care and more costly systems.²⁷

²⁶ Personal Communication with Amanda Stone, Assistant County Manager, and Rich Munger, Planner/ Evaluator, May 12, 2010.

²⁷ Personal communication with Amanda Stone, Assistant County Manager, May 12, 2010.

● Hennepin County, MN²⁸

Population: 1,140,988²⁹

Highlight: Serving juveniles and adults in an increasingly diverse and growing population, and training 911 dispatch to call mobile crisis instead of law enforcement.

Since 2005 Hennepin County provides both juvenile and adult crisis services to residents through Child Crisis and Community Outreach for Psychiatric Emergencies (COPE). Both youth and adults in Hennepin County can access crisis assessment, intervention and stabilization services.

Child Crisis receives money from property tax revenue, 92% of which is county funding.³⁰ Services are available twenty-four hours per day, seven days per week and are provided in client homes, schools, hospitals and juvenile detention facilities. All of these services are in partnership with parents, schools, hospitals, community and faith based organizations and law enforcement.

Child Crisis partners with law enforcement and corrections in many ways, such as participating in Police Academy presentations, roll calls, developing statewide CIT and dispatch training. As standard CIT training does not include lessons specific to youth, Child Crisis and NAMI Minnesota are partnering to hold youth-specific CIT training for law enforcement.³¹ Child Crisis carries out interventions at school, assesses youth in detention and assists law enforcement on calls. All of these activities with law enforcement ultimately provide youth with additional alternatives to arrest or hospitalization.

Stabilization services are available to youth following a crisis intervention. Services include access within twenty-four hours to diagnostic assessment, therapy, and rapid access psychiatry appointments. As most community psychiatrist appointments are not available for twelve weeks, rapid access appointments allow children the opportunity for stabilization by connecting them quickly to follow-up appointments. Child Crisis provides transports to these appointments if necessary.

COPE manages the adult mobile crisis services. The County provides seventy-two percent of the property tax

²⁸ Unless otherwise noted, information is based on personal communication with Dr. Kay Pitkin, Manager of Child Crisis, and Carmen Castaneda, Human Services Program Manager for Community Outreach for Psychiatric Emergencies, January 2010- June 2010.

²⁹ U.S. Census Bureau, Population Division (2008).

³⁰ Human Services and Public Health Department, Hennepin County, Minnesota. Child Crisis Power Point presentation, June 3, 2010.

³¹ Personal communication with Suzette Scheele, Director of Children's Programs, National Alliance for Mental Illness, June 3, 2010.

revenue that COPE receives.³² The twenty-four hour seven days per week mobile unit allows individuals with mental illness to receive community interventions and treatment. These services facilitate diverting people from arrests, jail, and unnecessary emergency department (ED) visits.³³

Once COPE sees a consumer, there are many follow-up treatment services available if necessary. COPE offers counseling, medication, evaluation and treatment. While most appointments with a psychiatrist can take up to twelve weeks, rapid access appointments allow those in

immediate need to connect to assistance quickly. COPE can also connect with health insurance assistance, case management, community supports, medical services and crisis residential treatment for follow-up support. One residential treatment option is Nancy Page, which is a crisis stabilization short-term care residence for adults eighteen and over. Nancy Page aims to help those with serious and persistent mental illness and offers an option for avoiding psychiatric hospitalization.

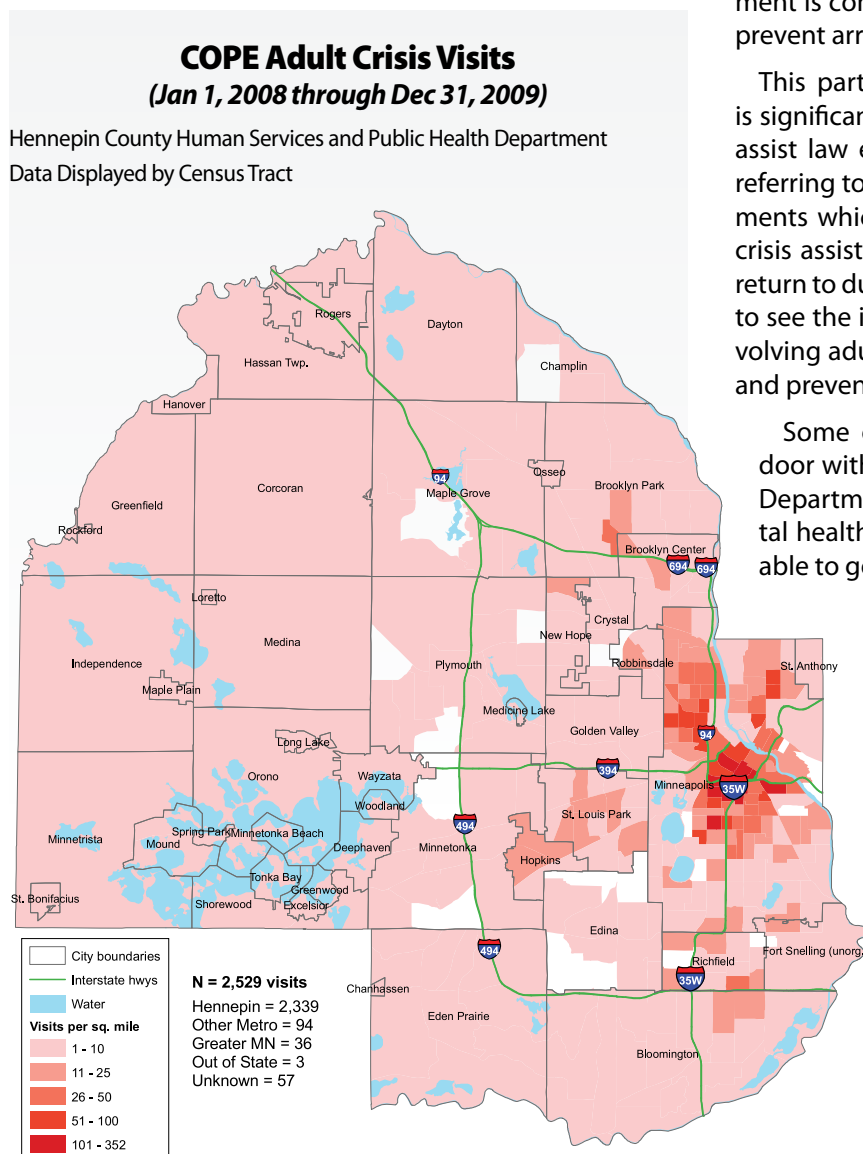
The partnership between COPE and law enforcement is very important. Ninety percent of all adult mobile crisis calls result in the individual remaining in the community. Twelve percent of calls involve a law enforcement presence. In order to foster this partnership, COPE engages in training and outreach at CIT trainings, new recruit trainings at the police academy, roll call presentations, and training for dispatchers and probation officers. About one-half of all calls to COPE come from the consumer, but law enforcement is continuing to grow as a referral source in order to prevent arrests.

This partnership between COPE and law enforcement is significant for individuals with mental illness. COPE can assist law enforcement by identifying existing providers, referring to support services, and providing clinical assessments which can increase safety for all involved. Mobile crisis assists in diverting from the ED; allowing officers to return to duty quickly, rather than wait in an ED for a doctor to see the individual. Arrests are minimal as a result of involving adult mobile crisis, which is best for the individual and prevents additional costly jail bookings.

Some officers believe the jail would be a revolving door without COPE and Child Crisis. Minneapolis Police Department received 11,000 calls in 2009 involving mental health issues. They observe that of the calls COPE is able to go on, eighty percent do not call back again with another mental health crisis. COPE compliments the CIT training that a little over seventeen percent of Minneapolis PD has received.³⁴ Law enforcement officers can also take individuals experiencing a mental health crisis to Acute Psychiatric Services, part of Hennepin County Medical Center. The drop-off process for law-enforcement takes five to fifteen minutes.³⁵ This quick, secure exchange allows officers to return to the road quickly to focus on public safety.

32 Human Services and Public Health Department, Hennepin County, Minnesota. Child Crisis Power Point presentation, June 3, 2010.

33 Human Services and Public Health Department, Hennepin County, Minnesota. Community Outreach for Psychiatric Emergencies Power Point presentation, June 3, 2010.



Source: Hennepin County HSPHD - Adult Behavioral Health, 1/26/2010
Prepared by: Hennepin County HSPHD - GIS, 2/26/2010

34 Personal communication with Officers Gentz and Grobove, Minneapolis Police Department, June 3, 2010.

35 Personal communication with Karen Leaman, Director, Acute Psychiatric Services, Hennepin County Medical Center, June 3, 2010.

One option Hennepin County is implementing to decrease arrests for individuals with mental illness is through 911 operators. There is a new Minnesota statute permitting dispatchers to transfer suitable calls directly to mental health crisis teams rather than law enforcement.³⁶ For Hennepin County, this means dispatchers can transfer 911 calls to Child Crisis and COPE if appropriate. This allows law enforcement officers to continue to focus on public safety issues and let mental health professionals treat mental health 911 calls instead. Executing the new statute is an on-going training and implementation process.

The County Board supports all of the youth and adult crisis services in Hennepin County. They believe the youth and adult mobile crisis units are essential for helping individuals with mental illness navigate a fragmented system and identify available community services. The Board aims to serve the community with robust crisis services to avoid involvement in more costly systems such as jail and the ED. Hennepin County built a new jail twelve years ago and has not considered expanding the jail since. The focus has shifted to increasing preventative services such as crisis care to offer treatment rather than punishment for mental health issues.³⁷

● Multi-County Partnership: Aitkin, Cass, Crow Wing, Morrison, Todd and Wadena Counties

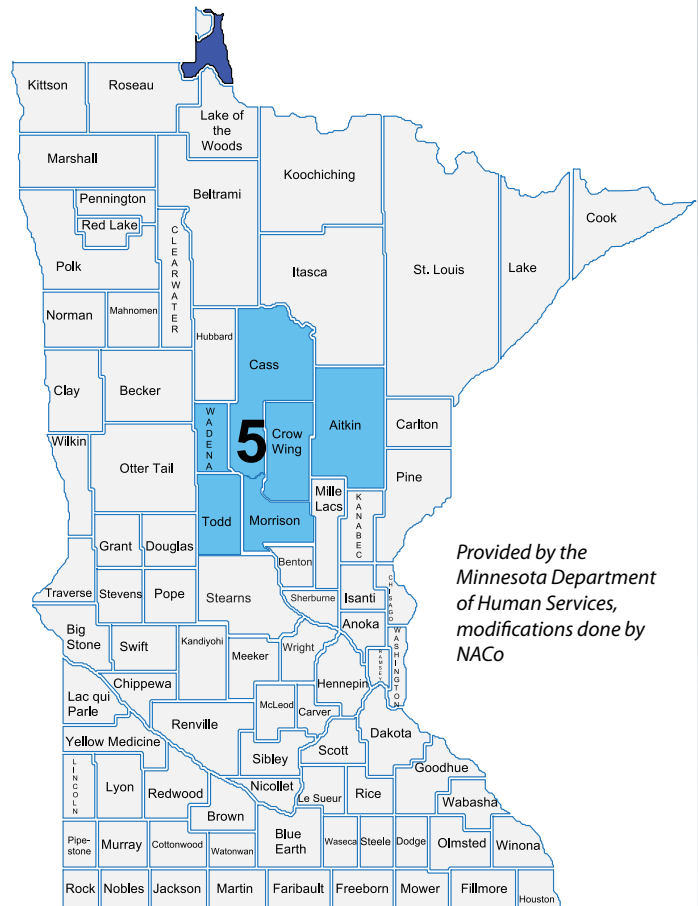
Population:³⁸ Aitkin County: 15,736
Cass County: 28,732
Crow Wing County: 62,172
Morrison County: 32,893
Todd County: 23,917
Wadena County: 13,311

Highlight: Coordinating a multi-county partnership to provide timely services that best accommodate the needs of a rural population in a vast geographic landscape.

In 1995, Minnesota began to downsize state mental health hospitals via the Minnesota Mental Health Initiative. Resources became available for localities to mitigate the impact of closing state hospitals. Counties received the chance to voluntarily form relationships with each other and apply for state grants to address crisis services.³⁹

38 U.S. Census Bureau, Population Division (2008).

39 Personal communication with Mark Bublitz, Mobile Crisis Outreach Services, Northern Pines Mental Health Center, June 4, 2010.



36 Minnesota bills HF0448 and SF707, passed on March 16, 2009 and April 27, 2009 respectively, amended Minnesota Statutes 2008, section 403.03.

37 Personal communication with Gail Dorfman, Hennepin County Commissioner, June 3, 2010.

The six central Minnesota counties of Aitkin, Cass, Crow Wing, Morrison, Todd and Wadena formed a regional partnership. In 2008, Northern Pines Mental Health Center accepted the contract to provide mobile behavioral health services throughout the six-county region. County Commissioners are intimately involved with Northern Pines; there are six county commissioners representing three counties on the Northern Pines Board. This allows for county input on comprehensive crisis services for its residents.

The crisis response begins when a person calls Crisis Line, a non-profit partnering with Northern Pines to provide a crisis hotline. Crisis Line takes calls twenty-four hours per day, seven days per week. Calls for both adults and children come through on this line, streamlining the process for residents. Trained volunteers receive calls and refer accordingly to many community resources. Volunteers often simply handle calls over the phone by suggesting community resources and follow-up. If it is determined that an in-person intervention may work best, Crisis Line will reach out to Mobile Crisis Outreach (MCO). Mobile Crisis Outreach is available twenty-four hours per day, seven days per week. The Crisis Line at year end in 2009 received 2942 calls; of these, MCO received a majority of the referrals to other services.⁴⁰

Mobile Crisis Outreach has an average response time of thirty-two minutes, while the average in-person intervention from start to finish lasts four hours.⁴¹ Once staff from MCO arrives, they can treat the crisis on site and suggest community stabilization services. As the wait time for a psychiatric appointment in the community can be up to six months, Northern Pines has developed a system for providing follow-up appointments in a timely manner called Rapid Access Psychiatry (RAP). This system allows Northern Pines to set up an appointment with a psychiatrist within twenty-four hours of the crisis. RAP appointments allow individuals with mental illness to connect with a mental health professional quickly in order to prevent future crises.

MCO serves all people in the county, regardless of access to insurance. Some counties in the six-county region provide funds to cover crisis services for uninsured individuals. Fortunately, there are few who do not. According to Health Care State Rankings of 2009, Minnesota ranked as the healthiest state in the United States, in part due to having the third highest population covered by health insurance.⁴²

40 Data provided by Mary Marana, Executive Director, Crisis Line, June 4, 2010.

41 Mobile Crisis Outreach Quarter to Quarter Comparison (2009). Provided by Mark Bublitz, June 4, 2010.

42 Morgan & Morgan, *Health Care State Rankings 2009* (CQ Press, 2009).

Northern Pines has reached out to police forces in all of the counties to provide education regarding Crisis Line and Mobile Crisis Outreach. Police use this training to recognize the need for MCO during a police contact. Most law enforcement have not received formal Crisis Intervention Team training (CIT) which develops skills for alternatives to arrest positive outcomes of a police contact involving a person in a mental health crisis. The police forces in the six-county region are too small to commit resources to a forty-hour training class. Although the training is free to attend, the participating officer's shift needs to be covered. With a police force of five to thirteen people, the

King County, Washington

In 2006 the King County Council asked the County Executive to develop a plan to reduce chronic homelessness and unnecessary involvement in the criminal and emergency systems through a continuum of community care. The plan that resulted after eighteen months of collaboration, research and site visits is the Mental Illness and Drug Dependency Action Plan (MIDD). To pay for the services developed in this plan, the County Council passed an ordinance authorizing a portion of sales tax to implement MIDD. This sales tax provides between \$40 and \$50 million dollars per year. One of the programs developed by the MIDD is a crisis diversion program.

The objective of the crisis diversion program is to provide community alternatives to adults who are in crisis. The intent is to avoid involvement in more costly systems such as jails and hospitals. The plan also includes a crisis diversion facility which police and other first responders can bring people to who are in crisis. In addition, there is a crisis interim facility which provides further stabilization and linkages to housing and community services for homeless individuals leaving the crisis diversion facility. Also included in the plan is a Mobile Crisis Team to reach those in crisis in the community.

The planning process for MIDD lasted eighteen months and included consultations with mental health diversion experts, community stakeholder meetings, workgroups, site visits to other crisis diversion facilities and research. Input from the King County Sheriff, city police and the county prosecuting attorney were essential for the development of MIDD. The crisis diversion program is set to open at the end of 2010. Look for more information on crisis diversion efforts from King County, Washington, in the future.

barriers to training a rural police force can be difficult to overcome. Northern Pines recognizes this and conducts outreach to police forces to educate them on the benefits of contacting MCO to assist, such as consumer safety and officer safety. In 2009, MCO received sixty referrals from police;⁴³ they expect this number to continue to rise as police become more familiar with MCO and its services.

Once MCO receives a call and arrives on scene, it takes care of the crisis at the home, or takes care of transport to the ED if necessary. At the ED, MCO will wait with the consumer until he or she sees a doctor; this frees the police to return to their shifts. The ED often calls MCO directly as individuals with mental illness and families walk in, not knowing who else to contact.⁴⁴ Northern Pines conducts outreach to individuals with mental illness and family members to educate regarding Crisis Line and Mobile Crisis Outreach. The goal is fewer 911 calls and emergency room visits.

One challenge Northern Pines faces in delivering crisis services is the small population and large geographic area of the six-county region. Taking this into consideration, a crisis center that takes walk-ins would not best suit the demographic. The small population spreads out among a large geographic area, making it difficult to place a crisis care center in a convenient location. Due to this and many additional reasons, Northern Pines decided that continuing and developing a mobile crisis unit would be the best way to serve this rural population. MCO treats people in their homes so they can remain in their communities with little disruption.

The most common outcome of a mobile crisis contact is the person is able stay in the community; seventy-five percent of calls to MCO are resolved this way.⁴⁵ Mobile Crisis Outreach serves individuals in a timely manner throughout the region and reduces the number of hospitalizations and treatments in the ED. For police, Mobile Crisis Outreach offers a resource for calls involving individuals with mental health issues, and allows them to concentrate on public safety issues. MCO is an alternative to police involvement, police arrest, jail population increase, and inappropriate use of the ED.

The region is so pleased with the crisis care services provided in the counties that Crow Wing County has not given any thought to expanding the jails. Commissioners can best offer their support to these services by developing, supporting and sustaining crisis services. Commissioner

Franzen of Crow Wing County notes “Counties need to make smart investments, and for us, mobile crisis is a great way to give the people the treatment they need. It also allows us to spend less money at the front end of the system rather than having someone move further into various other systems with more costly consequences.”⁴⁶

Conclusion

These county examples demonstrate a variety of crisis care services that serve as an essential tool for providing crisis mental health care. Crisis care services act as an alternative to arrest for law enforcement, allowing officers to link individuals with mental illnesses to much needed services and focus on more urgent public safety matters. Law enforcement partnerships are imperative for enhancing crisis services as alternatives to arrest. Their partnership can help reduce the revolving door effect of individuals with mental health issues in local corrections systems. This is not only good for individuals with mental illness and families, but potentially helps with jail population management issues. Crisis care services also facilitate diverting individuals with mental illness from unnecessary emergency department visits. Ensuring county residents have access to the crisis care services they need before moving into more costly systems is the right thing to do both for individuals with mental illness and counties.

County officials are a key piece to the success and sustainability of crisis care services. They can help facilitate collaboration, bring various stakeholders together, and provide leadership by placing a priority on these services for the county. County officials are in charge of local corrections and social services budgets and are responsible for investing scarce resources carefully. Crisis services represent an investment in individuals with mental health disorders to get them connected to community resources. “In the end, the cost of doing nothing is greater than the cost of crisis services. Devoting funds to crisis care to save money down the line is a big fiscal pay off for counties. It is economical and most importantly, it is the right thing to do.”⁴⁷

43 Mobile Crisis Outreach Law Enforcement Referrals (2009). Provided by Mark Bublitz, June 4, 2010.

44 Mobile Crisis Outreach Quarter to Quarter Comparison (2009). Provided by Mark Bublitz, June 4, 2010.

45 Personal communication with Mark Bublitz, Mobile Crisis Outreach Services, Northern Pines Mental Health Center, June 4, 2010.

46 Personal communication with Commissioner Franzen, Crow Wing County, June 4, 2010.

47 Personal communication with Dennis O. Johnson, Region V+ Adult Mental Health Initiative Coordinator, Minnesota, June 4, 2010.

● Appendix A

Buncombe County Behavioral Health Crisis Continuum: A Guide for Law Enforcement

What is departmental policy on arresting someone with mental illness or substance dependence who has committed a crime?

Both the Buncombe County Sheriff's Department and the Asheville Police Department give an officer/deputy full discretion whether to arrest a person who has committed a misdemeanor crime in which his or her mental illness or substance dependence is a contributing factor. The officer/deputy MAY choose to attempt to engage the person in treatment in lieu of arrest or press charges for the misdemeanor offense after treatment is sought. Crisis treatment resources are outlined below.

If the person has not committed a crime, the officer/deputy may try to engage the person in treatment as well.

Decision Question	Service	Provider	Contact & Location	Issues
Does the person already have a mental health provider?	Mental health first responders	Current mental health providers	Client may have the agency phone number or you may call Western Highlands to find out.	If you encounter a person in a psychiatric or substance dependence crisis, ask the person if he/she is receiving services already. If so, ask the person if he/she knows how to contact their case manager or agency. If he/she has a phone number, call and ask for the "mental health first responder." That person may consult with you on the phone or come to the scene to assist. If the client does not know his/her case manager's phone number, you may call Western Highlands at 225-2800 and they may be able to tell you how to contact the client's case manager.
Is the person homeless?	Homeless case outreach (PATH & A HOPE)	Homeward Bound	<u>PATH</u> Angela Denio 768-4655 Anthony Glenn 768-2458 <u>A Hope</u> Asia James 252-8883	Homeward Bound has fulltime case managers to provide outreach to homeless persons. If the person does not have a current mental health or substance dependence provider, the <u>PATH</u> case managers can come on-site and link the person to services. If the person has a current provider, the <u>A Hope</u> case manager can re-establish the linkage to services.
Not sure what to do?	Mobile Crisis Team	Families Together	Access Mobile Crisis Team by calling Western Highlands: 225-2800	Mobile Crisis Team will come <u>anywhere</u> on-site to evaluate someone with a mental health or substance dependence crisis. Typical response time is 30 minutes or less. They will consult with you on the phone and advise you when they can be on-site.
Is the person intoxicated and needs to dry out overnight?	Wet shelter (2 men & 1 women's bed)	Neil Dobbins Detox Center Western Carolina Rescue Ministries-WCRM	253-6306 277 Biltmore Ave. (Medical stability screening) 254-0471 225 Patton Ave (3 "wet" beds)	If you encounter someone who is intoxicated and has no place to go to "dry out," as an alternative to taking the person to the Detention Facility, you may transport the person to the Neil Dobbins Detox Center. The person will be examined (takes 10 minutes) and if medically cleared you may transport the person to the wet shelter at WCRM. Call the wet shelter before leaving Neil Dobbins to be sure a bed is available.

Decision Question	Service	Provider	Contact & Location	Issues
Is the person obviously in need of physical medical treatment?	Mission Hospital Emergency Department (ED)	Mission Hospital	Mission campus Biltmore Ave.	If someone appears to need physical medical treatment, you should transport to the Mission ED.
Is the person a veteran?	Veteran's Administration Hospital ED	VA	298-7911 1100 Tunnel Road	If you encounter someone in a psychiatric or substance dependence crisis, you may transport the person to the 24-hour VA Hospital ED if the person is veteran who is already enrolled in the VA Hospital system. Call ahead so security knows you are coming and you may drop off the person at the ED and leave.
Is the person under psychiatric commitment papers, or if the person needs a psychiatric evaluation—will he go voluntarily?	Mission Hospital Emergency Department Neill Dobbins Crisis Stabilization Unit	Mission Hospital ARP-Phoenix/RHA Health Services	Mission ED Biltmore Ave. 277 Biltmore Ave	If someone requires psychiatric evaluation, law enforcement may "drop off" at the Mission ED or Neil Dobbins Crisis Stabilization Unit. You will sign-over custody/supervision to the Buncombe County Sheriff's deputy onsite. You must call Western Highlands (225-2800) first, and ask them which facility to transport to. Western Highlands may have information about the client to help you judge safety risk. In rare instances, if the ED or CSU is very busy with psychiatric patients, the onsite deputy may ask you to remain until he/she feels comfortable with being able to supervise all patients or ask you to transport to the other facility (ED to CSU or CSU to ED).
Does the person need detoxification and will go voluntarily?	Neil Dobbins Detox & psychiatric crisis stabilization unit (CSU)	ARP-Phoenix/RHA Health Services	253-6306 277 Biltmore Ave	If someone requires detoxification, you may transport directly to the Neil Dobbins Center between the hours 8am and 6pm.
Has the person run out of medication?	Western North Carolina Community Health Services-WNCCHS urgent psychiatric "walk-in" clinic	WNCCHS	10 Ridgelawn Rd.	WNCCHS offers a walk-in clinic, during business hours, for persons who have an urgent need for a psychiatric medication evaluation. Typically, these clients do not have a mental health provider and have run out of medication. Clients or law enforcement must access this service through Western Highlands: 225-2800
Is a minor a runaway or needs immediate placement because of family a crisis?	Trinity Place shelter	Caring for Children	12 Ravenscroft 253-7233	Temporary residential placement for runaways or minors with family crises
Is a woman in crisis because of domestic violence?	Helpmate shelter	Helpmate	254-2968	Temporary residential placement for women in domestic violence situations

Provided by Buncombe County CIT Collaborative