

Innovations in Telemedicine Platforms to assist the treatment and recovery of people with Serious Mental Illness (SMI)

Wayne Young

Harris Center for Mental Health and IDD, Chief Executive Officer

Frank Webb

Harris County Sheriff's Office, Project Manager

Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

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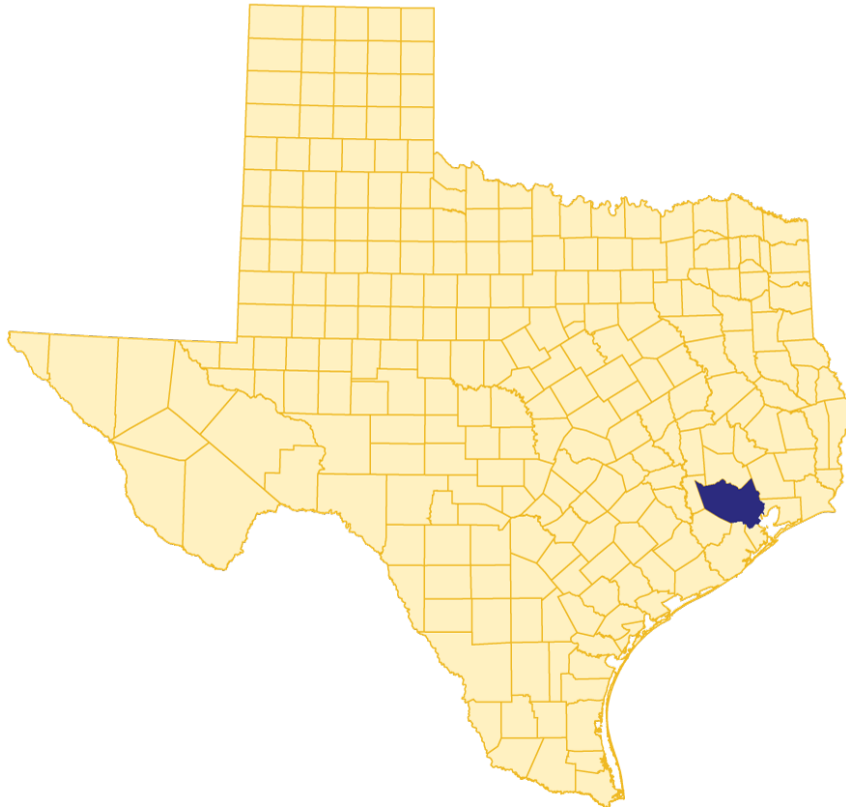


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Disclaimer

- This webinar was developed [in part] under contract number HHSS283201200021I/HHS28342003T from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

Harris County



- Our population is greater than 24 states
- Harris County includes the City of Houston, the fourth largest city in the US
- If it were a city, the unincorporated area of Harris County would be 5th largest in the US

The Harris Center - The People We Serve

18.5K Adult
Mental Health

5K Children/Adolescent
Mental Health

21K IDD
& Autism

15K Psychiatric
Crisis

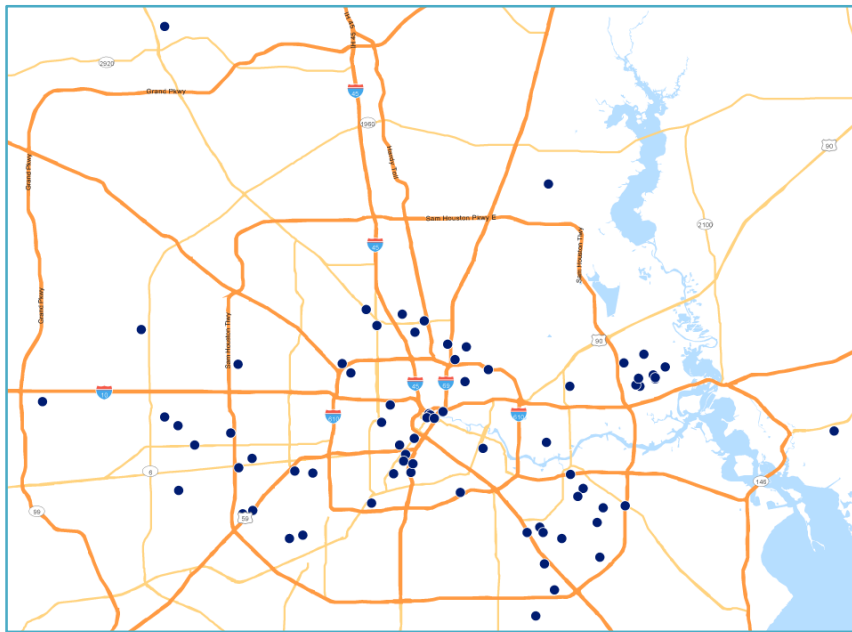
5K Forensic
Mental Health

21K Harris County
Jail

254K+ Prescriptions
Filled

130K Crisis Line
Calls

61K Hurricane Harvey
Crisis Sessions



- We have 2,400 team members who provide care in 76 locations throughout Harris County
- 30% of our services are delivered where people live, work and go to school

 **The
HARRIS
CENTER** for
Mental Health and IDD

Transforming Lives

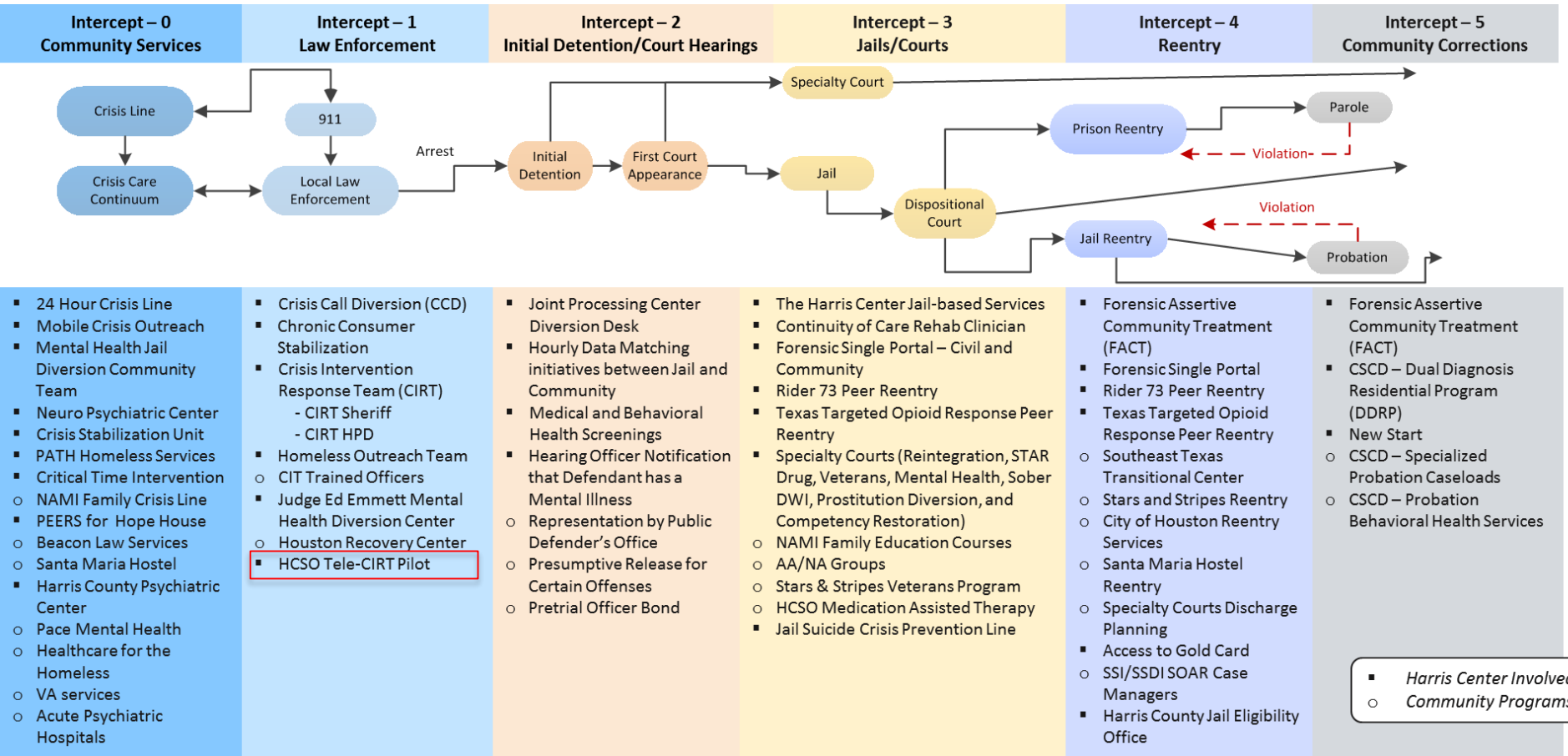
SAMHSA
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Harris County Sheriff Office



- The Harris County Sheriff's Office, founded in 1837, is the largest sheriff's office in Texas and the third largest in the United States.
- The HCSO has nearly 4600 employees and 200 reservists dedicated to ensuring the safety of over 4.7 million residents who call Harris County home.
- Harris County encompasses 1788 square miles and includes forty-one incorporated municipalities.

The Sequential Intercept Model – Harris County Community Collaborations and Services



What is Crisis Intervention Response Team (CIRT)

- Crisis Intervention Response Teams (CIRT) started in 2008 as a co-responder model between Houston Police Department and The Harris Center for Mental Health
- The officer and clinician attend roll-call together and ride together in a patrol car. CIRT is our highest level response to individuals in serious mental health crises.

CIRT Objectives

The following are the objectives of CIRT:

- Assist officers with CIT-related calls
- Conduct pro-active and follow-up CIT investigations
- Respond to SWAT calls as a resource when available
- Handle the most serious CIT calls

CIRT units ride citywide with the sole responsibility of responding to CIT-related calls; they are not in the calls-for-service loop.

Crisis Call Diversion Program

The CIRT program embeds mental health crisis clinicians into the 911 Houston Emergency Center and works in concert with CIRT.

- Began March 2017
- Expanded to Houston FD June 2017

4321 Total 911 Calls Answered

- 2395 Crisis Calls with HPD Dispatches Diverted (51% cleared)
- 1,159 Crisis Calls with HFD Dispatches Diverted (69% cleared)

Joint CIRT Teams



**Tommy
Shelton**
Lieutenant
HCSO

**Walter
Bailey**
Captain
HCSO

**Mike
Lee**
Major
HCSO

**Frank
Webb**
Project Manager
HCSO

**Wendy
Baimbridge**
Assistant Chief
HPD

**Bill
Staney**
Captain
HPD

**Patrick
Plourde**
Lieutenant
HPD

In October 2011, a joint Harris County Sheriff's Office (HCSO) / Houston Police Department (HPD) CIRT was formed serving the entire Houston/Harris County region.

Joint CIRT Teams



HCSO CIRT

- 9 Co-Responder Teams
- 4008 Calls for Service
- 1077 Emergency Detentions



Houston PD

- 11 Co-Responder Teams
- 5467 Calls for Service
- 2792 Emergency Detentions

Crisis Intervention Response Team (CIRT)



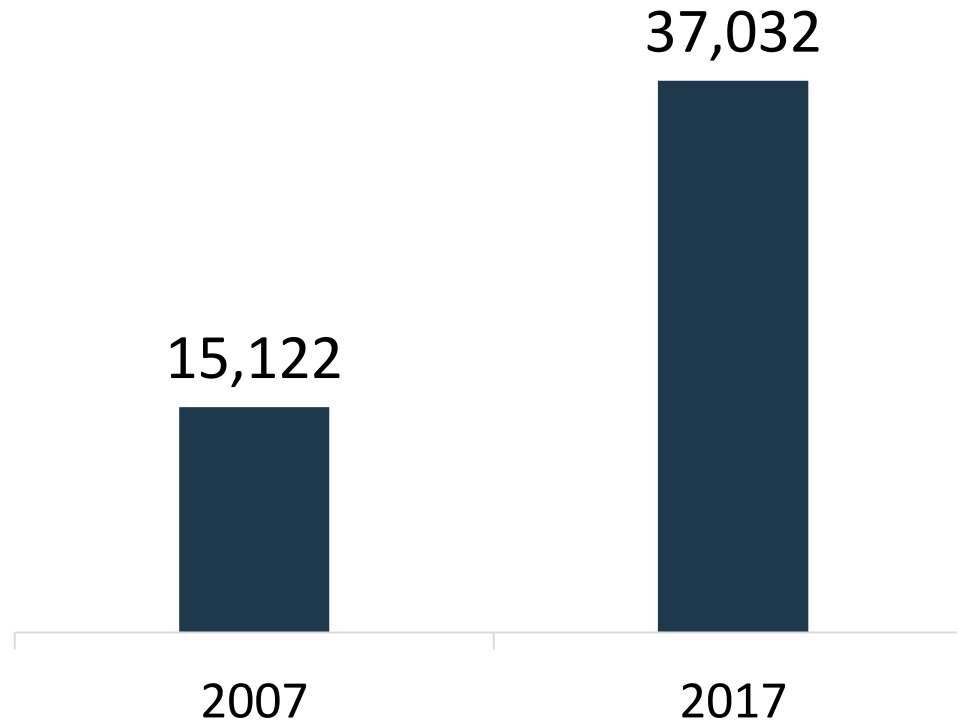
What is CORE

The Clinician-Officer Remote Evaluation Program (CORE) is a strategy of responding to mental health crisis calls utilizing a tablet and a HIPPPAA approved technology platform to connect a law enforcement first responder with a mental health clinician in the community at the time of the 911 dispatch.



Why CORE?

1. Calls are increasing



Total Houston PD MH Calls

Why CORE?

2. Workforce Challenges

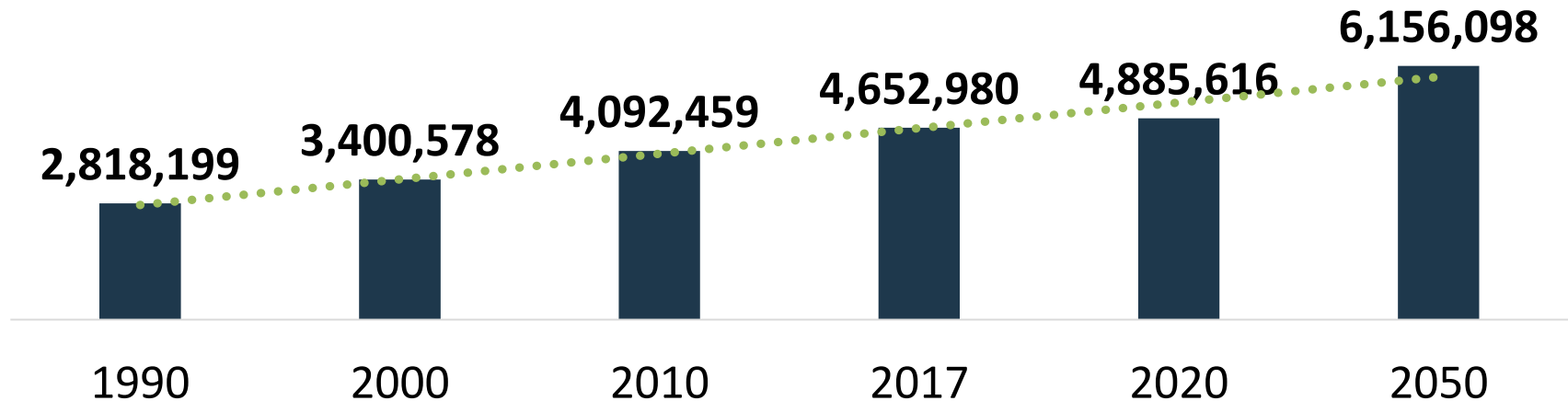
254 counties in Texas

185 counties have no general psychiatrist

207 counties have fewer
than one clinician per 30,000 people

Why CORE?

3. Harris County Population Growth



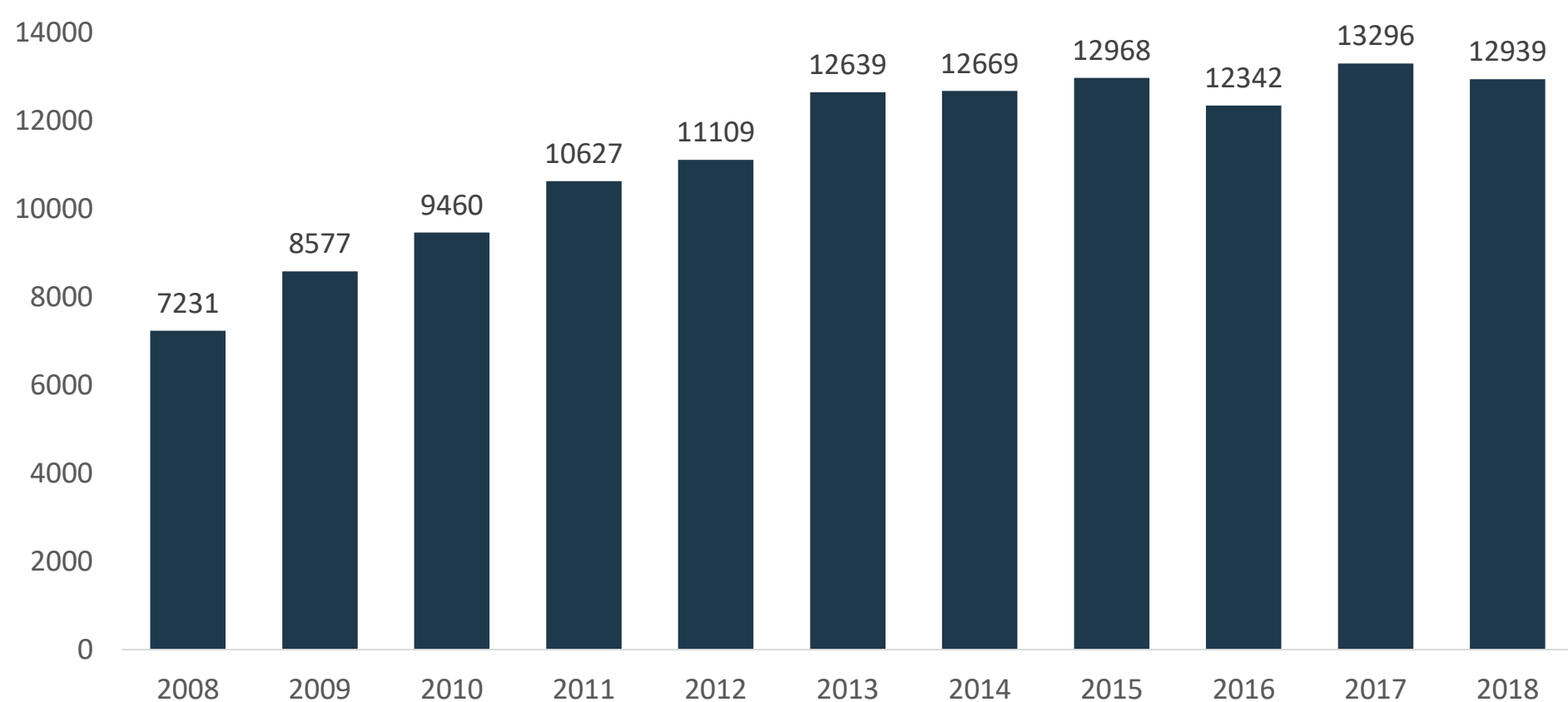
Why CORE?

4. Suicide is a National Health Crisis

- Suicide is **10th** leading cause of death in US
- **47,173** Americans died by suicide in 2017
- **1,400,000** estimated suicide attempts in 2017
- **\$69B** costs due to suicide/self-injury in 2015
- **129** suicides per day

Why CORE?

5. Growth in Harris County Emergency Detention Orders







Why CORE?

6. Many psychiatric patient visits to ED's can be avoided
 - 4,665,000 visits to Acute Care ED's in 2016 for the Mental, Behavioral, and Neurodevelopmental Disorders diagnostic group
 - 2,164,000 (46%) people who visited were admitted or transferred to a behavioral health facility
 - The ratio of admission to discharge is similar in our psychiatric emergency center

Source: US Dept of HHS – CDC – National Center for Health Studies. National Hospital Ambulatory Medical Care Survey: 2016 Emergency Department Summary Tables

https://www.cdc.gov/nchs/data/nhamcs/web_tables/2016_ed_web_tables.pdf

Overall Goals of CORE

-  1. Increase deputy and consumer safety
-  2. Improve triage of calls
-  3. Prevent unnecessary transports to hospitals/jails
-  4. Workforce Multiplier

Funding is multi-stream for this project



Harris County Sheriff's Office



The Harris Center



Texas Health and Human Services Commission – HB 292 Grant Funding



Arnold Ventures

CORE Phase I Pilot

- Length: 30 Calls
- Primary goals:
 - Established the concept could work
 - Technology was legitimate approach to addressing problems identified
- Early Learnings:
 - Contracted partners had no access to robust history and data
 - Limited by having only physicians available
- NOTES:
 - The Harris Center was not involved in Phase I – Dr. Avrim Fishkind of JSA Psychiatry led proof of concept phase
 - Cloud 9 and Verizon were also partners in Phase

CORE Phase II Pilot

- Length: 30 Days
- Primary goals:
 - Validate effectiveness of technology platforms which were changed
 - Identify opportunities to incorporate non-physician clinicians
 - Ensure records could be accessed easily
 - (Clinicians have access to Harris Center, Harris Health and HCPC)
- Early Learnings:
 - There were areas where network coverage was less than ideal
 - Need to identify what constitutes an appropriate call

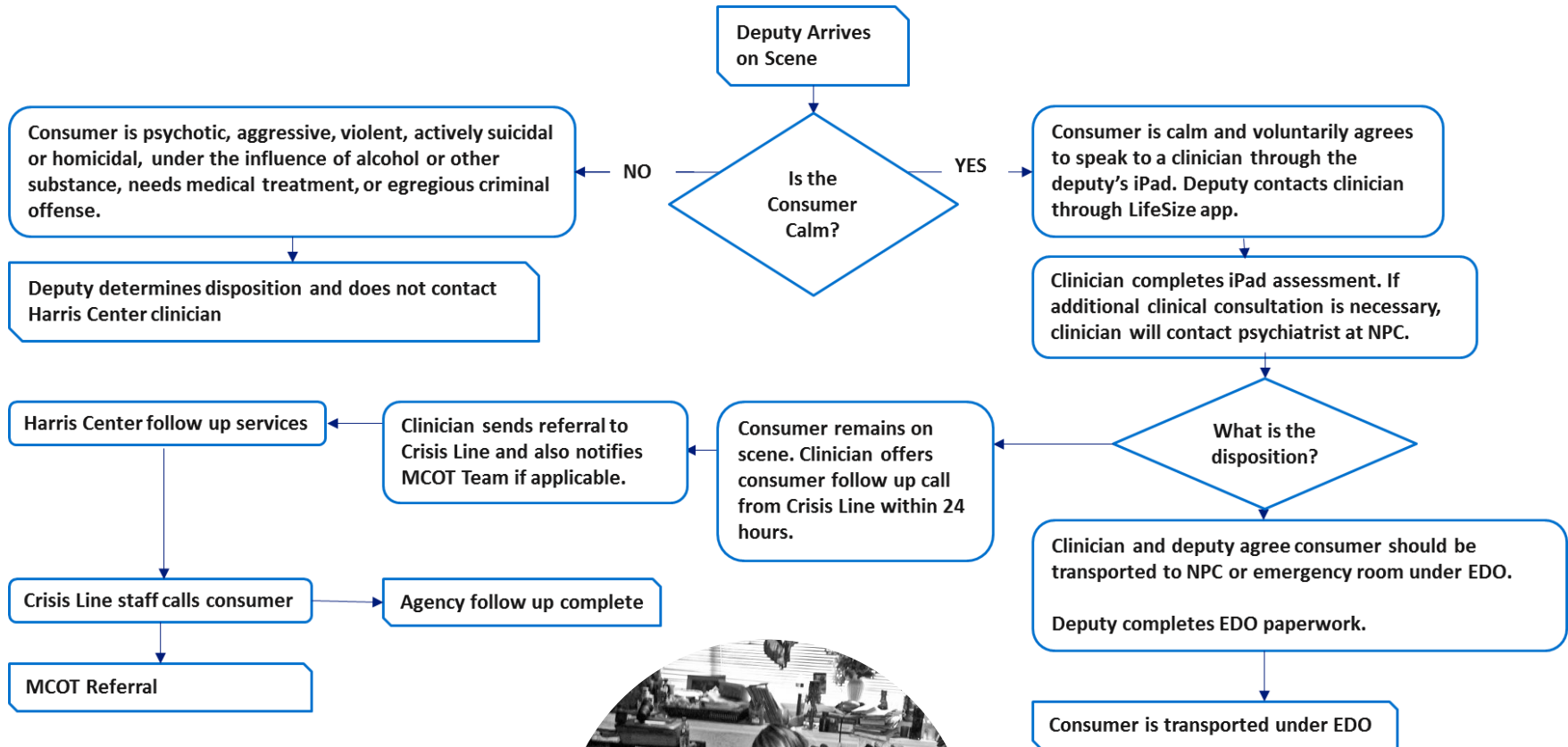
CORE Phase III Pilot

- Length: One Year
- Pilot Process:
 - Full scale pilot involving Harris County Sheriff (HCSO) Deputies who are assigned routine patrol duties. (These are not CIRT trained deputies)
 - Coverage is provided from 6:00 a.m. to 11:00 p.m. 7 days of the week. There are two clinicians assigned and 20 deputies.
 - If the individual remains on scene, we provide a follow up call from the Crisis Line within 24 hours. The clinicians and deputies have access to the psychiatrists at our Psychiatric Emergency Center as needed. Tele-CIRT platform allows for multi-party/location participants
 - If the Tele-CIRT co-responder determines a face to face is needed, one of our Mobile Crisis Outreach Teams is dispatched.

CORE Phase III Pilot

- Primary goals:
 - Increase deputy and consumer safety
 - Improve triage of calls
 - Prevent unnecessary transports to hospitals/jails
 - Workforce Multiplier (improve productivity/availability of mental health co-responders)
- Early Learnings:
 - A lot of questions and uncertainty - Constant communication between leadership (i.e., daily) is critical
 - Light/sound (purchased lanyard lights and Bluetooth speakers)
 - Still trying to ascertain the ideal deputy to clinician ratio
 - Hesitation/comfort of deputies asking questions – these deputies are not our normal day-to-day partners so we have worked hard to build trust
 - Other patrol deputies call the deputies with the tablets to assist on scenes with mental health concerns

CORE Workflow

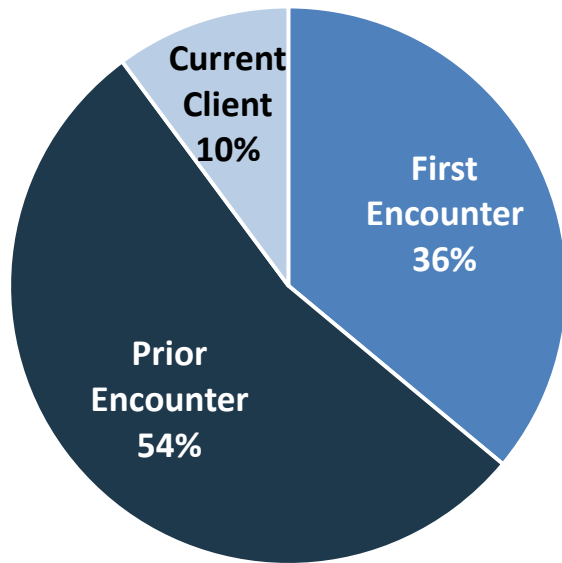


Harris County Sheriff Office Video

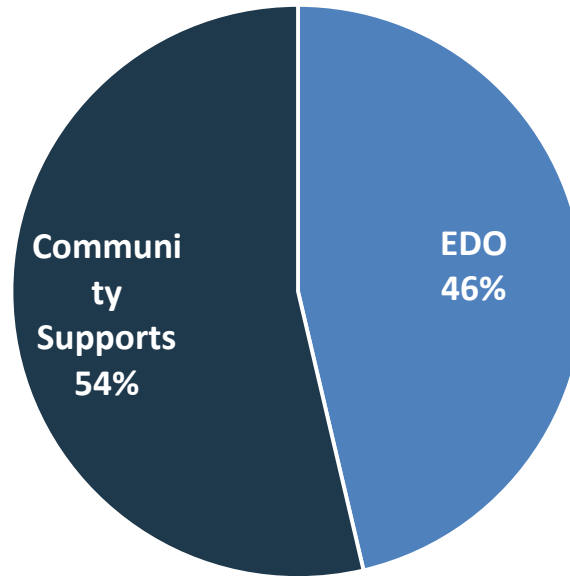
<https://www.youtube.com/watch?v=hGzpA2hMiBk>

CORE IMPACT

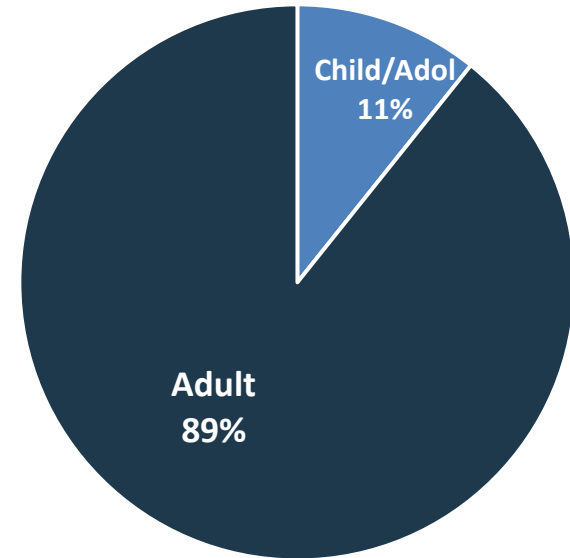
Prior Contact with Callers



Outcome of Encounter



Age of Clients



CORE Program Evaluation

- The evaluation team:
 - Dr. Ashley Blackburn, Associate Professor of Criminal Justice, Chair of the Dept. of Criminal Justice & Social Work, University of Houston Downtown (UHD)
 - Dr. Lori Brusman-Lovins, Assistant Professor of Criminal Justice UHD
 - Dr. Heather Goltz, Assoc. Prof. of Social Work, UHD
 - Dr. Dana Smith, Assoc. Professor of Social Work, Director of Social Work Field Education, UHD
 - Key HCSO Personnel: Frank Webb, HCSO
- Funding: \$300K Grant from Arnold Ventures to evaluate our program

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SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Wayne Young, LPC, MBA, FACHE
Chief Executive Officer

(713) 970-7160

Wayne.Young@TheHarrisCenter.org
www.samhsa.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)