Improving Access to Care by Partnering with and Minimizing Law Enforcement in Mental Health Crises

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Disclaimer

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Deputy CEO
RI International

https://riinternational.com/
Kevin Oden

Public Safety/RIGHT Care Team Coordinator
City of Dallas
A Mental Health Crisis

- 11.2 million adults in the United States have a serious mental illness (SMI) yet only 64% received treatment in 2018 (SAMHSA 2019)

- 37% of people incarcerated in state and federal prison, and 44% of people in jail, have a history of mental illness (BJS 2012)

- Suicide has been the leading cause of death in Jails since the year 2000 (BJS 2015)
Why are law enforcement involved?

• No mental health safety net

• State or local laws

• No alternative to 911
• 6 to 10% of all calls to law enforcement involve someone with a serious mental illness (Livingston, 2016)
• Encounters are more likely to result in injury to both the officer and people with mental illness (Cordner, 2006)
• Complexity of incidents increase response time
Common Law Enforcement Solutions

• Training, training and more training
  – Crisis Intervention Team (CIT) training
  – Mental Health First Aid
  – Integrating Communications Assessment and Tactics (ICAT)

• Specialized response teams
  – Mental Illness
  – Homelessness
Divert to what!?!
SMI: Intercepts 0 and 1

[Diagram showing the flow between Crisis Lines, Crisis Care Continuum, 911, and Local Law Enforcement, with options to either Community Services or Law Enforcement.]
NAMI Mental Health “Ecosystem”: Crisis Care

- Crisis respite
- Crisis centers
- Crisis hotlines
- Mobile crisis teams
- Crisis transportation
- Mobile outreach
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Crisis Facility Operations – The Fusion Model

Paul Galdys
Deputy CEO, RI International
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
1. Tens of thousands of Americans die by suicide each year;

2. Individuals in mental health and substance use crisis often wait in emergency departments for hours or even days to access care;

3. More than half of LA County inmates who are mentally ill don't need to be in jail according to a study published earlier this year;

4. Filling emergency departments with individuals in a mental health crisis compromises other medically urgent care; and

5. 21% of total law enforcement staff time was used to respond to and transport individuals with mental illness in 2017 (TAC Road Runners Report).
Crisis Now - Exceptional Practice Standards (2016)

- Developed through the National Action Alliance for Suicide Prevention

- [www.crisisnow.com](http://www.crisisnow.com) website operated by the National Association of State Mental Heath Program Directors

- Founding Partners
  - National Action Alliance for Suicide Prevention
  - National Suicide Prevention Lifeline
  - National Council for Behavioral Health
  - RI International

- Supporting Organizations
  - National Alliance on Mental Illness
  - CIT International, Inc.
NATIONAL GUIDELINES FOR BEHAVIORAL HEALTH CRISIS CARE: BEST PRACTICE TOOLKIT

The National Guidelines for Crisis Care – A Best Practice Toolkit advances national guidelines in crisis care within a toolkit that supports program design, development, implementation and continuous quality improvement efforts. It is intended to help mental health authorities, agency administrators, service providers, state and local leaders think through and develop the structure of crisis systems that meet community needs.

This document was produced for the Substance Abuse and Mental Health Services Administration (SAMHSA), and the U.S. Department of Health and Human Services (HHS).
1. Offer a **no-wrong-door** approach to accessing mental health and substance use care in real-time through:
   a. 24/7 Regional or Statewide **Crisis Call Center** Hub,
   b. Community-Based **Mobile Crisis Team** Services, **and**
   c. **Crisis Receiving and Stabilization** Facilities.

2. The following list of **essential qualities** must be baked into comprehensive crisis systems:
   a. Addressing recovery needs, significant use of peers, and trauma-informed care;
   b. Suicide safer care;
   c. Safety and security for staff and those in crisis; **and**
   d. Law enforcement collaboration.
MOBILE CRISIS

Best Practice:
Peer on Each Response, GPS-enabled Tech, Engaging Police as Last Resort

SAMHSA Guidelines (2020) — Anyone, Anywhere, Anytime
Best Practice: Dedicated First Responder Area, Incorporate Intensive Support Beds, Bed Registry and Connections to Ongoing Care
Lack of Real-Time Access Means Lack of Options

Do not pass go. Do not collect $200.

GO DIRECTLY TO THE HOSPITAL
No Reject Crisis Receiving & Stabilization Facility

A Place to Go
Rapid Direct Access with Dedicated Law Enforcement Area

Zero Rejections
Zero Hospital Visits First
Less Than 5 Minute Turn Around
The Fusion Model = Direct LE + Living Room Model

LIVING ROOM MODEL (RI 2003)
Peer First Peer Last Engagement
RI International’s Peoria Crisis Receiving Center

Total Crisis Admissions & Law Enforcement %

- Law Enforcement Drop-Offs
- All Admissions

2014: 3,924 (57%)
2015: 2,709 (61%)
2016: 3,401
2017: 4,278 (81%)
2018: 4,367 (82%)
2019: 4,724 (83%)

The results of the **Fusion** model of care have been 20,000 consecutive law enforcement admissions …*with zero rejections.*

*Projected on Jan-Jun data*
The Crisis Now Difference

In 2016, metro area Phoenix law enforcement engaged 22,000 and transferred them directly to crisis facilities and mobile crisis without visiting a hospital ED.

What difference did it make?

**Improved Crisis Clinical Fit to Need (CCFN) by 6x**

**Reduced potential state inpatient spend by $260m**

**Saved hospital EDs $37m in avoided costs/losses**

**Reduced total psychiatric boarding by 45 years**

Calculated from “Impact of psychiatric patient boarding in EDs” (2012) (Nicks and Manthey)

Saved the equivalent of 37 FTE Police Officers

Calculated from Arizona data, 2017

Fire savings just starting.

BJA presentation at ISMCC (2017), Madison, Wisconsin data

Aetna/Mercy Maricopa 2017 report

Community Impact

SAMHSA
Substance Abuse and Mental Health Services Administration
Crisis Now – NASMHPD’s www.crisisnow.com
Mental Health Care Shouldn’t Come in a Police Car

There are police departments throughout the United States that no longer answer calls they believe could result in “suicide by cop.” Around 100 shootings like this happen each year, making up roughly 10% of fatal police shootings. Ron Bruno, executive director of CIT Utah and 2nd vice president at CIT International, says this is a philosophy taking hold in law enforcement agencies all over the country, but he quickly points out, people can’t just be left in distress. “Something has to be done, and that’s why we need to examine our crisis response system as a whole, carving out clear roles for law enforcement and mental health services.” Bruno says that law enforcement has a critical part to play in the mental health crisis response system, but it needs to be in a
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Right Care Program

Kevin Oden
Director at Office of Homeless Solutions
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services
What could have happened before this day?
Dallas County Caruth Smart Justice Project

Dallas City, County, and Region:
- Dallas County
- Dallas Police Department (DPD)
- Dallas Fire-Rescue Department
- Dallas-Fort Worth Hospital Council
- North Texas Behavioral Health Authority (NTBHA)

Community Behavioral Health Providers:
- Adapt Community Solutions
  - Child and Family Guidance Center
  - Integrated Psychotherapeutic Services
  - Metrocare Services
  - Transicare, Inc.

Hospital Systems:
- Baylor Scott & White
  - HCA System/Green Oaks Hospital
- Methodist Health System
- Parkland Health & Hospital System
- Texas Health Resources
- Universal Health Services
- The University of Texas Southwestern Medical School

Key Data Partners:
- Loopback Analytics
  - Harris Logic

Dallas City, County, and Region Community Behavioral Health Providers

SAMHSA
Substance Abuse and Mental Health Services Administration
Multi-System Assessment

- EMS and Fire
- Police Executives
- Mental Health Providers
- 54 Police Officer Focus Groups
- 10 Area Departments
- County Jail and City Detention Facilities

Over 500 Public Safety Professionals Interviewed
RIGHT Care Team Objectives

- Comprehensive on-site services
- Continuity of care
- Prevention and intervention
- Reduce law enforcement involvement in BH calls
- Allow law enforcement to focus on public safety
RIGHT Care Team

Field assessment, physical exam, and vital signs. Assess the need for medical transport. Connect to MCHP program.

Scene security and assessing for victimization. Addressing law enforcement issues.

Mental health evaluation, determine immediate and long term care needs, and link to community based services.
Total Arrests
January – July 31, 2018 VS. January – July 31, 2019

-1% Increase from this time last year

Southeast: 1,660 vs. 1,651
Southwest: 1,156 vs. 1,170
South Central: 1,698 vs. 1,565

+1% Increase from this time last year

This includes APOWW; Quality of Life; Assaultive; and Drug Violations.
Quality of Life crimes are disorderly conduct; public intoxication; and trespass.
Redeployment Time

**RCT Responses**

**Redeployment per Incident in minutes**

2 equivalent FTEs returned to patrol through time saved in first 18 months.
RIGHT Care Team Service Volume

- 3,377 Connections to Care
- 22% Diverted from Hospital (=878)
- 12% Diverted from Jail (=460)

Total Response: 4,020

Calls for Service Follow Up and Referrals

- Less than 2% of contacts result in an arrest on a new offense
- < 5% of contacts with the RCT clinician result in emergency detention
- 10% of call center calls recoded to more appropriate resource

SAMHSA
Substance Abuse and Mental Health Services Administration
Emergency Detention Trends

![Graph showing emergency detention trends by RCT and Patrol from August 2018 to July 2019. The graph displays the number of detentions per month, with data points for each month from August 2018 to July 2019. The trends are compared between RCT and Patrol, with RCT showing a generally decreasing trend and Patrol showing a generally fluctuating trend.]

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</tr>
</thead>
<tbody>
<tr>
<td>By RCT</td>
<td>21</td>
<td>8</td>
<td>15</td>
<td>10</td>
<td>17</td>
<td>17</td>
<td>23</td>
<td>16</td>
<td>16</td>
<td>15</td>
<td>9</td>
<td>17</td>
</tr>
<tr>
<td>By Patrol</td>
<td>40</td>
<td>16</td>
<td>33</td>
<td>15</td>
<td>25</td>
<td>23</td>
<td>23</td>
<td>21</td>
<td>24</td>
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<td>22</td>
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**Parkland Hospital ER Impact**

Launch date: 1/29/2018  
Pre-Launch Data: 1/29/2017 through 9/30/2017  
Post-Launch Data: 1/29/2019 through 9/30/2019

<table>
<thead>
<tr>
<th></th>
<th>Pre-Launch 2017</th>
<th>1 year post-launch 2019</th>
<th>Overall Percentage Change</th>
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<tbody>
<tr>
<td>ER Psych Volume</td>
<td>9,469</td>
<td>12,346</td>
<td>30%</td>
</tr>
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**ER Arrivals by RIGHT Care ZIP Code**

<table>
<thead>
<tr>
<th>ZIP Code</th>
<th>Pre-Launch 2017</th>
<th>1 year post-launch 2019</th>
<th>Overall Percentage Change</th>
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<tbody>
<tr>
<td>75241</td>
<td>283</td>
<td>375</td>
<td>33%</td>
</tr>
<tr>
<td>75216</td>
<td>629</td>
<td>407</td>
<td>-35%</td>
</tr>
<tr>
<td>75203</td>
<td>176</td>
<td>119</td>
<td>-32%</td>
</tr>
<tr>
<td>75232</td>
<td>212</td>
<td>143</td>
<td>-33%</td>
</tr>
<tr>
<td>TOTALS</td>
<td>1300</td>
<td>1044</td>
<td>-20%</td>
</tr>
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# Tool Kit

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<thead>
<tr>
<th>Program Consideration</th>
<th>Considerations</th>
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<tbody>
<tr>
<td><strong>Pre-Program Data Analysis</strong></td>
<td>Frequency and locations of MH calls for service, EDO rates, Boarding Home locations, availability of services</td>
</tr>
<tr>
<td><strong>Clean Data</strong></td>
<td>Ability to capture data from multiple sources (CAD, Fire EMS, Hospitals) and that data capture all MH Calls for Service</td>
</tr>
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<td><strong>Integration</strong></td>
<td>Includes: Service providers, disciplines, emergency medicine, City leadership</td>
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<td><strong>Synchronization</strong></td>
<td>Common support behind program objectives, processes, and metrics</td>
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<td><strong>Process Development</strong></td>
<td>Shared acceptance of mindset change to support integrated response</td>
</tr>
<tr>
<td><strong>Training</strong></td>
<td>Team members and patrol division. Ability to change culture and reduce stigma of response</td>
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<tr>
<td><strong>Oversight</strong></td>
<td>Involvement by executives and clear reporting by program managers to express successes</td>
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