

ESTABLISHING A LIVING ROOM MODEL CRISIS CENTER STAFFED AS NEEDED BY MOBILE CRISIS TEAMS:

MISSISSIPPI

(NORTH CENTRAL COUNTIES)



“The key to making programs like this work is to not say ‘no’.”

–Melody Madaris, Project Director

VISION

As law enforcement and mobile crisis teams encountered individuals in distress, it became apparent to them that some individuals needed somewhere to go for a few hours – to leave a stressful setting, to decompress, talk to a crisis clinician or peer support specialist, and consider treatment options. The Mississippi Department of Mental Health partnered with Communicare, the community mental health center for north central counties of Mississippi, to establish a Crisis Service Center (CSC) that could provide “someplace to go” for people who are in crisis and need a safe alternative setting for a few hours to recover. TTI funds supported certification training of peer support staff and furnishing the CSC, including a sensory kit that enables them to serve individuals with cognitive disabilities and autism spectrum disorders. The CSC is on the main campus of Communicare and is staffed as needed by the mobile crisis team for short periods (less than 24 hour stay) to help individuals recover from their crises. Law enforcement also bring individuals in crisis that they encounter to the CSC after consulting with the mobile crisis team.

JAIL DIVERSION APPROACH

The CSC is a living room model¹ crisis stabilization unit (less than 24-hour stays) operated by the mobile crisis team, consisting of a clinician and certified peer support specialist. The team may bring a person with a behavioral health condition to CSC with or without police involvement and stay with that person while they recover. The CSC provides law enforcement with an alternative to arrest or hospital emergency department evaluation. Many of municipal law enforcement agencies participate in this and other behavioral health programs although smaller agencies in rural areas are too short staffed to spare officers for Crisis Intervention Team training.

MEASURING PROGRESS

Between May 2021 and June 2022, 46 people were admitted to the CSC, typically remaining for 3-4 hours (one person remained for 12 hours). Of those admitted, 3 had a developmental or adult spectrum disorder; 4 had a substance use disorder, 37 had serious mental illness, and 5 had co-occurring mental health and substance use disorders. Police referred ►

FIGURE 1: CRISIS STABILIZATION UNIT WITH SENSORY KIT



and transported 19 individuals to the CSC. Most, 26, returned to the community the same day and 20 were voluntarily admitted to inpatient care. None went to jail and none were involuntarily committed. There were 20 males and 26 females ranging in age from 15 to 71, most in their 20s and 30s. Most were white (29) or African American (13) reflecting census data for the area.

INTEGRATION WITH CRISIS SYSTEM

The CSC is a short-term crisis setting. Individuals typically stay a few hours with the longest stay of 17 hours thus far. Communicare can provide psychiatric evaluation on site as needed. Individuals in need of longer-term crisis care are transported to crisis stabilization centers located in regions that border Communicare’s service area. Residential substance abuse services in the area also provide ambulatory detoxification services.

BEHAVIORAL HEALTH EQUITY

Among the renovations on one of their buildings to establish a living room model crisis center, Communicare included a “sensory kit” (see Figure 1) to create a safe and comforting space for people

with developmental disorders and adult spectrum disorders (ASD), conditions that are significantly over-represented in the justice system. According to a 2016 report from the Bureau of Justice Statistics, about a quarter of inmates in state prisons reported a cognitive disability <https://bjs.ojp.gov/content/pub/pdf/drpspi16st.pdf> and a 2012 study found the rate of adult spectrum disorders in the incarcerated population was four times greater than the rate in the general population.² Diversion programs such as this one can reduce the overall incarceration of people with mental illness in the justice system including people with autism spectrum and developmental disorders.

PROJECT LEGACY

Certified peer support specialist staff mobile crisis teams and the CSC. The CSC will continue to be used and staffed on an as-needed basis and equipped to address the crises of people with developmental disorders and ASD.

WHAT HAS AS-NEEDED STAFFING OF A LIVING ROOM MODEL CRISIS CENTER TAUGHT US?

Partnerships between law enforcement and mental health agencies are often built upon mutual goals to improve both public health and public safety. They recognize a mutual responsibility to not say “no” to someone who is struggling with a mental health or addictions problem and needs help to avoid detention. Partnerships can often take advantage of funding opportunities like the TTI program to develop innovative practices that meet the community’s need without breaking tight budgets or overwhelming existing resources.

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¹ The Living Room model is a community crisis center that offers people experiencing a mental health crisis an alternative to hospitalization. Living Rooms embrace the Recovery Model and offer people experiencing mental health crises a calm and safe environment. https://smiadviser.org/knowledge_post/what-is-the-living-room-model-for-people-experiencing-a-mental-health-crisis

² Fazio, Rachel & Pietz, Christina & Denney, Robert. (2012). An estimate of the prevalence of autism-spectrum disorders in an incarcerated population. *Open Access Journal of Forensic Psychology*. 4. 69-80.