

ORANGE COUNTY CRISIS/DIVERSION FACILITY

Briefing

THE ORANGE COUNTY BEHAVIORAL HEALTH TASK
FORCE

CRISIS-DIVERSION FACILITY SUBCOMMITTEE

DATE: MARCH 2022



TOPICS

- Introduction.
- Current Situation.
- Recommendation.
- Expected Results.
- Potential Benefits.
- Related Considerations.
- Next Steps

INTRODUCTION: SUBCOMMITTEE'S CHARGE

- **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.

Current Subcommittee Members	
Tony Marimpietri Chair	NAMI-Orange County
Caitlin Fenhagen Sponsor	OC Criminal Justice Resource Department (CJRD)
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 Joseph Grover	Orange County EMS
Tony Oakley	Chief Magistrate
Chief Deputy Sykes	OCSO
Sean Schreiber	Alliance Health

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 created but time constraints prevented implementation of diversion unit.
- **2019 (April).** NC DHHS and Orange County conducted a *Sequential Intercept Mapping (SIM) Workshop.*
 - Workshop focused on the intersection of criminal justice and BH (**Exhibit A**).
 - Workshop participants identified gaps in current system and made recommendations.
- **2021 (April).** Following on the workshop recommendations, OC Behavioral Health Task Force, Crisis-Diversion Facility Subcommittee made a report with detailed recommendations to the BOCC.
- **2021 (December).** BOCC approved funding for implementation planning. Subcommittee continues engagement of stakeholders and working on facility design.
- **2022 (February).** Subcommittee submitted a progress report to BOCC, including recommendations for child services, sobering services, outpatient services and provided updates regarding ongoing work.

CURRENT SITUATION: BEST PRACTICES

Literature and Existing Facilities Review

- Currently there are no national standards for crisis services as there are in other areas (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.
 - *The Sequential Intercept Model (2015)*.
 - *National Guidelines for Crisis Care: A Best Practice Toolkit (SAMHSA 2020)*.
 - *Roadmap To The Ideal Crisis System (National Council for Behavioral Health 2021)*.
- There are many existing facilities in the U.S. and they vary widely (**Exhibit B**).

Elements of Current Best Practices

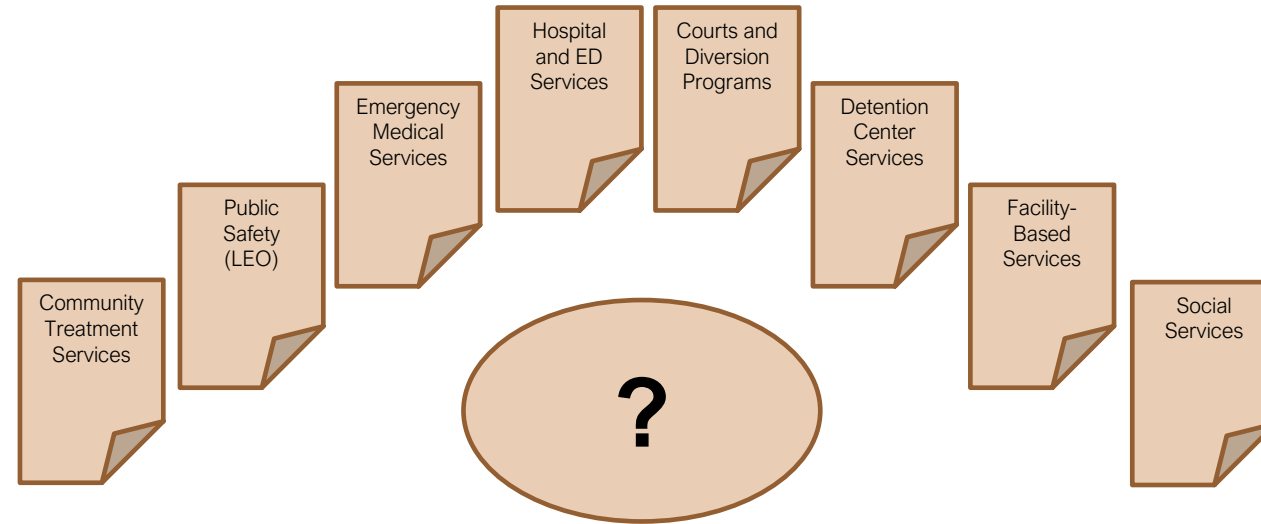
- Embrace Clear Objective.
 - Embrace the objective of diverting individuals in crisis away from traditional ED and jails.
 - Support this objective with dedicated facilities and programs.
- Anyone, Anytime, Anywhere.
- Calming Environment.
- Network with Community Treatment Providers.
- Warm Handoffs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

CURRENT SITUATION: LOCAL STAKEHOLDER (GAPS)

The SIM workshop and subsequent stakeholder analyses show that existing services in Orange County's crisis system are limited by one or more of the following:

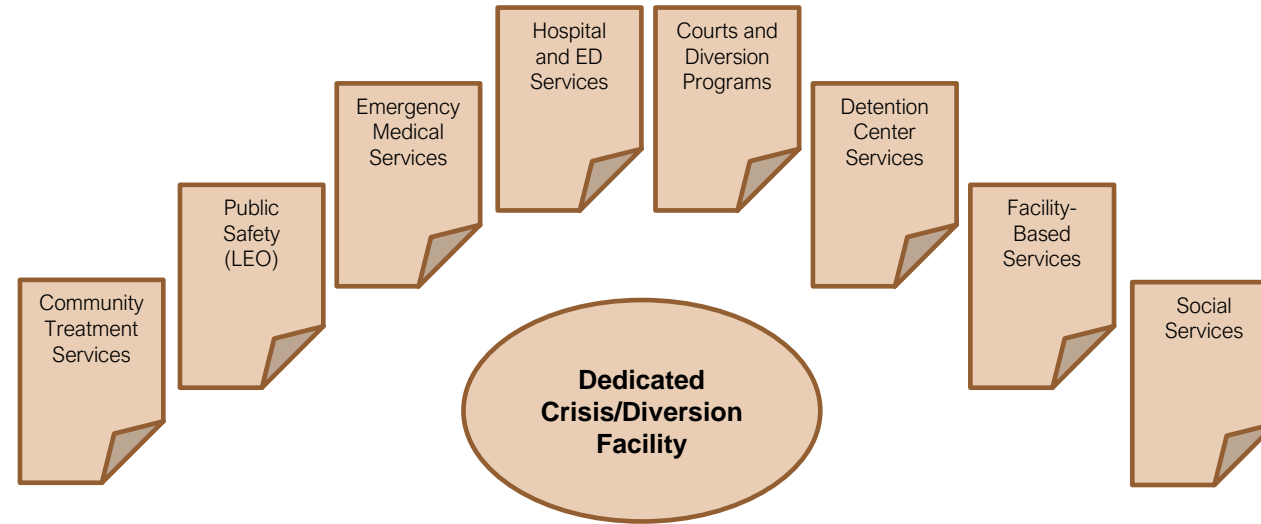
- Do not provide a no refusal intake for law enforcement or emergency services.
- Do not integrate well with CJ diversion programs.
- Do not meet all needs due to extensive exclusionary criteria.
- Do not provide an appropriate setting for BH crisis care (not the least restrictive setting).
- Do not have the capacity to provide readily-available clinical services for CJ proceedings.
- Do not serve incarcerated individuals due to various 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.

RECOMMENDATION: FOCUSING ON THE NEED



- *Multi-year series of actions from 2015 to present.*
- *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 dedicated 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:
- Clinical Services
 - Offer Behavioral Health Urgent Care services for assessment, stabilization, and treatment for patients experiencing BH crisis: mental illness and substance use disorders for patients 4 years old and older.
 - Provide Facility Based Crisis services for adults including security required for some patients and for justice-involved individuals. Includes initiation of MAT in anticipation of transfer to a third-party facility and sobering services for routine and surge demand.
 - Provide BH crisis services to walk-in patients on a 24/7/365 basis.
 - Medical urgent care to lower medical clearance barriers.
- Criminal Justice Services
 - Provide law enforcement and emergency medical services with a default *no wrong door* destination. Answer the question: *Divert to Where?*
 - 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.

RECOMMENDATION: SCOPE AND FUNCTION (CONTINUED)

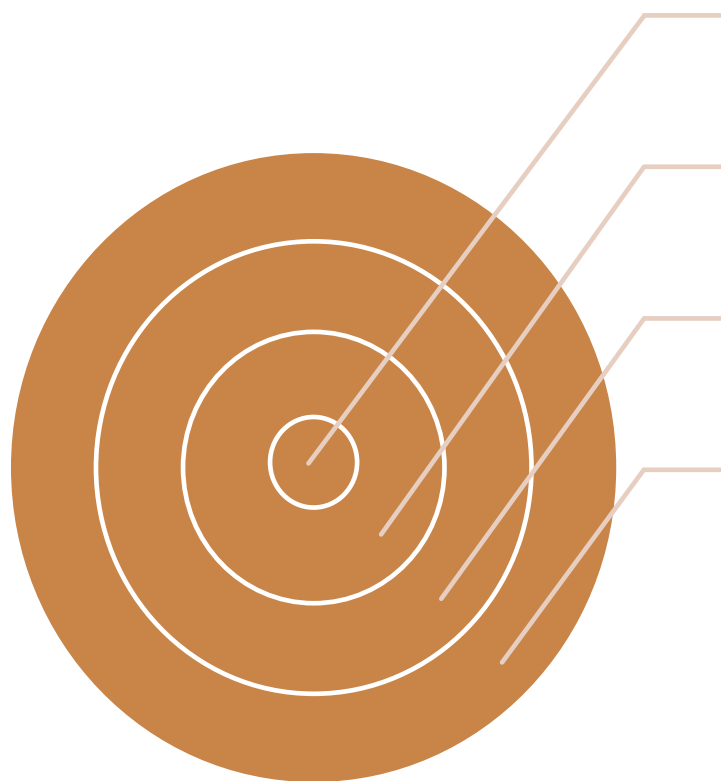
- Community Treatment Networking
 - Make referrals to community treatment with warm handoff supported by case manager and/or peer specialist. Facilitate transitioning individuals to from crisis care to community-based treatment.
 - Provide information about community treatment services available to Orange County residents for a wide variety of BH problems. Cut through the fog of obtaining BH services so often experienced by individuals, families, and friends trying to get help.
- Social Services Networking
 - Warm handoff regarding referrals to necessary social services and resources with case manager/peer specialist to facilitate discharge and follow up.
 - OC Partnership to End Homelessness Access (via OC Connect).
 - Liaison for NAMI programs.
 - Health insurance enrollment liaison including legal representation.
 - Transportation assistance.

EXPECTED RESULTS: ADDRESSES CURRENT NEEDS

- **Meets Objectives.** Enables and works with local programs to facilitate deflections toward community treatment and social services and away from ED or criminal justice involvement.
- **Fills Identified Gaps.** Fills identified gaps in existing crisis response capabilities.
- **Aligns with Public Safety and Social Justice.** Aligns with current public safety reform and social justice objectives.
- **Offers No Wrong Door.** Provides a default destination and *no wrong door access* for law enforcement and emergency medical services by removing restrictive entry or exclusion criteria and provides access by general public.
- **Provides 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.
- **Facilitates Collaboration.** Is well integrated into the existing network of community treatment services and social services thus multiplying the Facility's impact. Avoids a silo effect.
- **Reduces Costs.** Reduces burden and costs for law enforcement, emergency services, and hospital-based services (ED and inpatient beds), and jail. 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 400 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.

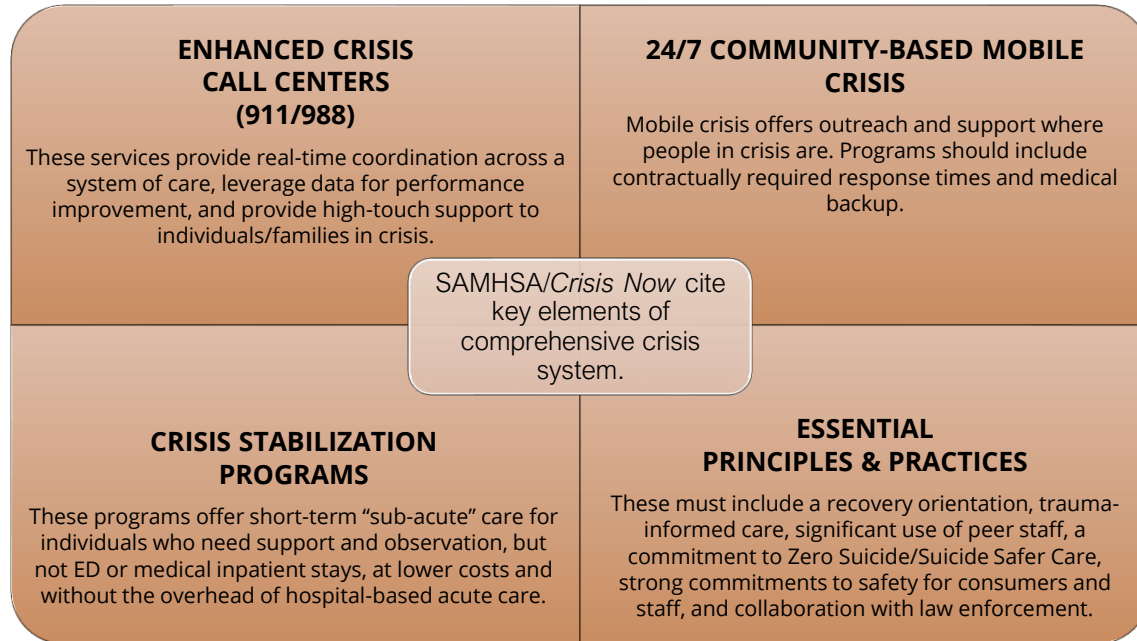
Criminal Justice System Stakeholders.

- Services for CJ proceedings to facilitate diversions.
- Enhanced services and provide 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.



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

- Orange County with support of the Crisis-Diversion Facility Subcommittee is working on several critical work streams.
 - **Identify Potential Providers.** Identify entities who could work in partnership with Orange County to design, build, and operate the Facility.
 - **Develop Operational Guidelines.** Develop operational guidelines, performance metrics, and quality objectives to ensure performance excellence and integration of Facility operations with existing community stakeholders and providers.
 - **Develop RFP.** Develop request for proposal to initiate process of contracting with a provider.
 - **Secure Land.** Select a location for the Facility and obtain necessary approvals.
 - **Facility Design/Costs.** Develop preliminary/final building design and develop Facility capital and operating cost estimates.
 - **Funding sources.** Identify capital and operating cost estimates and secure funding for project from various sources in addition to Orange County.



- Questions and Discussion

ADDITIONAL INFORMATION.

- Additional information is included in the Subcommittee report submitted to the BOCC in April 2021. Excerpts from the April 2021 report are provided in the following pages.
 - Exhibit A. SIM Mapping Diagram.
 - Exhibit B. Best Practices: Overview of Existing US Facilities.
 - Exhibit C. Facility Specifications.
- A progress report prepared by the Subcommittee was submitted to the BOCC on February 1, 2022. Included in the February 1, 2022, progress report are additional recommendations for child services, sobering services, and outpatient services.

EXHIBIT A. SIM WORKSHOP: ORANGE COUNTY SIM MAP

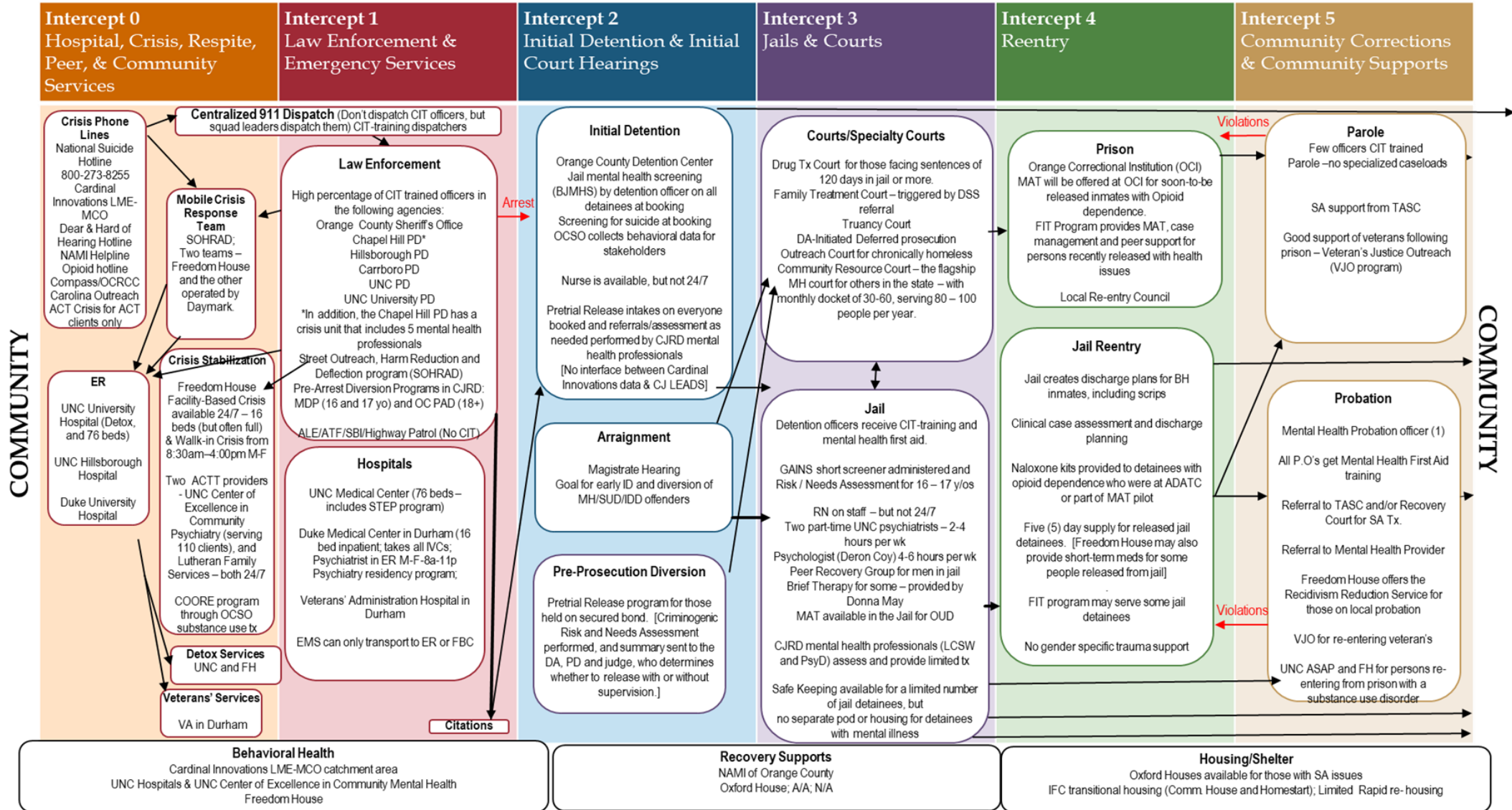


EXHIBIT B. BEST PRACTICES: EXISTING FACILITIES IN U.S.

- 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).

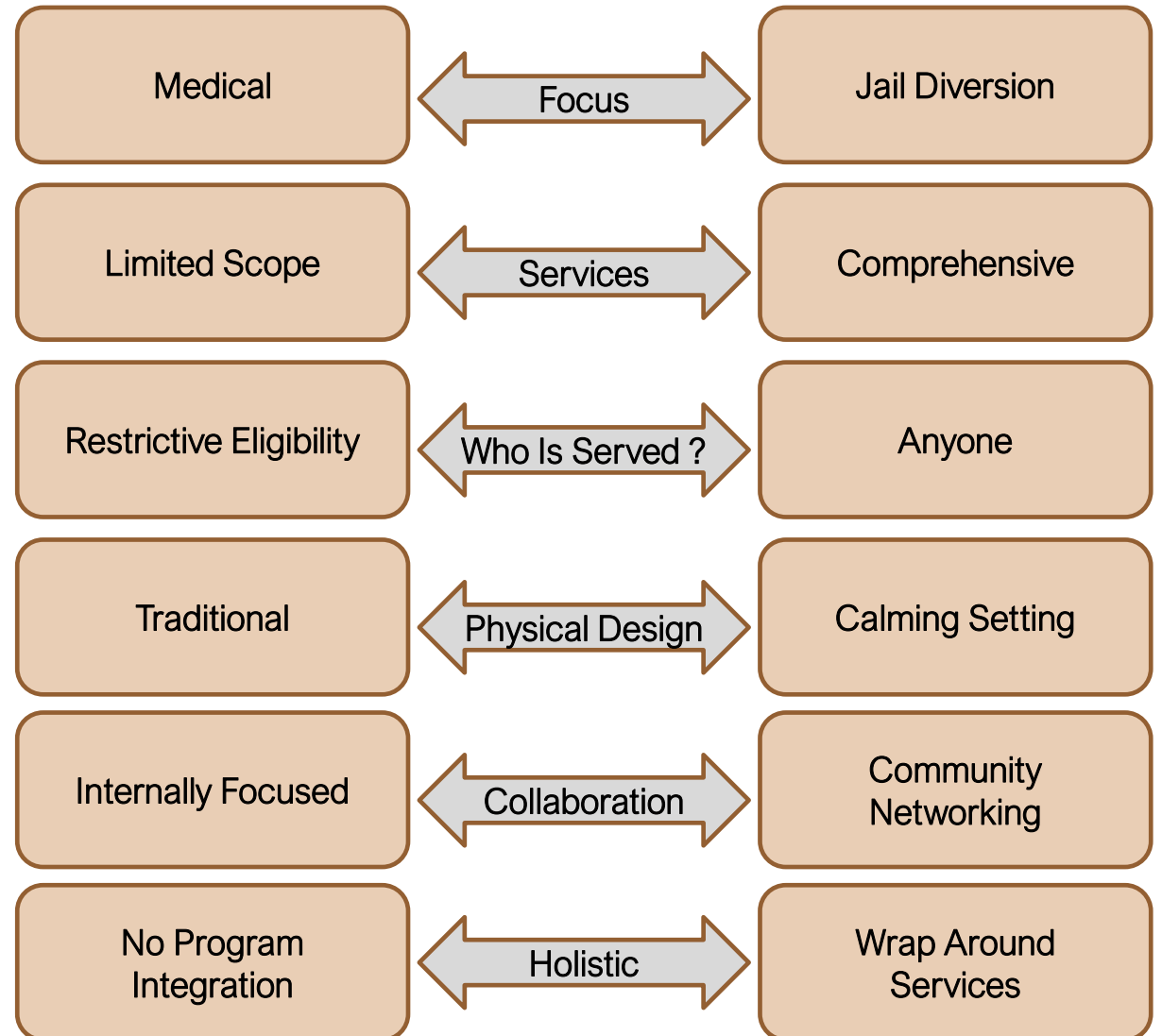


EXHIBIT C. FACILITY SPECIFICATIONS: CLINICAL SERVICES

- 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-life-threatening 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.
- Child services for ages 4 – 17.
- Walk-in Services for general public (24/7/365).
- Short-term ambulatory treatment services (e.g., non-medical detox) to facilitate stabilization prior to discharge.
- Initiate MAT treatment in anticipation of transfer to community treatment provider.
- Sobering and outpatient services

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.
- Clinical space for minors (4 years old and older).
- Call center coordination including 911/988, EMS, LE/Crisis Units, Hospitals.