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# **Beyond CIT: Development of Mental Health Response Team with a system-wide response to mentally ill individuals**

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Chicago, Illinois**

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## Learning Objectives:

- Be able to name key elements for a successful partnership between MH and LE
- Identify how building partnerships between Mental Health and Law Enforcement can save the system money
- Identify how the Sequential Intercept Model can be utilized to develop a system to help mentally ill individuals connect to treatment and decrease contact with law enforcement



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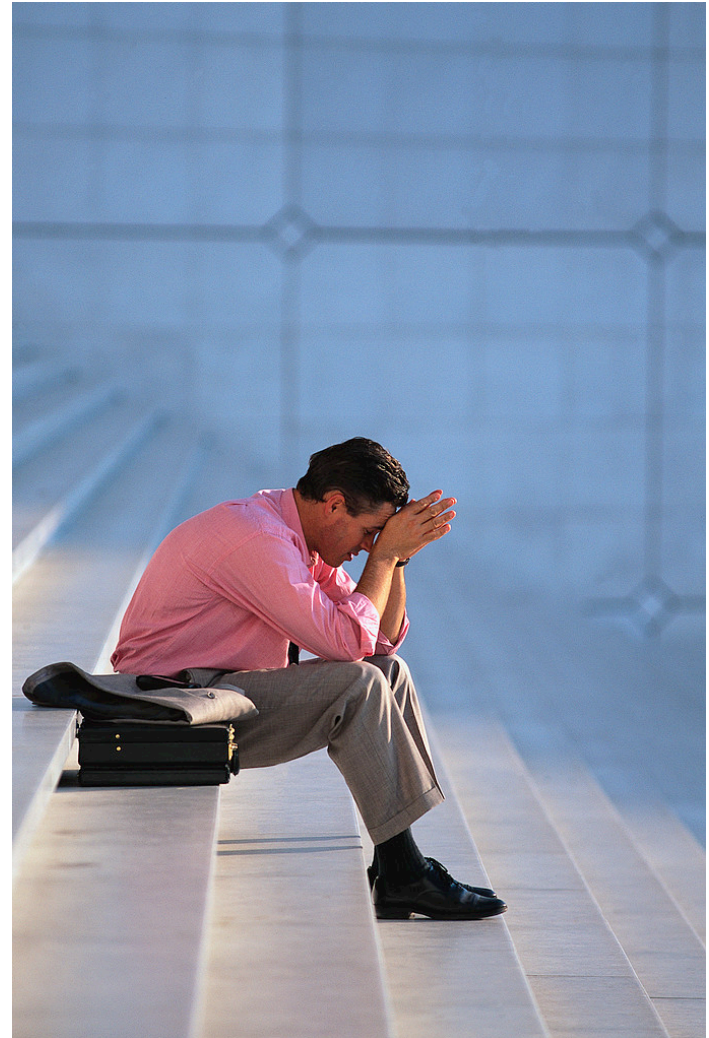
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## Beginning of Case Examples:

- **Mr. Doe**
  - Paranoid
  - Believed deceased wife was still alive
  - Significant concern of violence
- **Mr. Smith**
  - Seen by LE after making threats toward children
  - Went to ED voluntarily
  - Treated for headache in ED





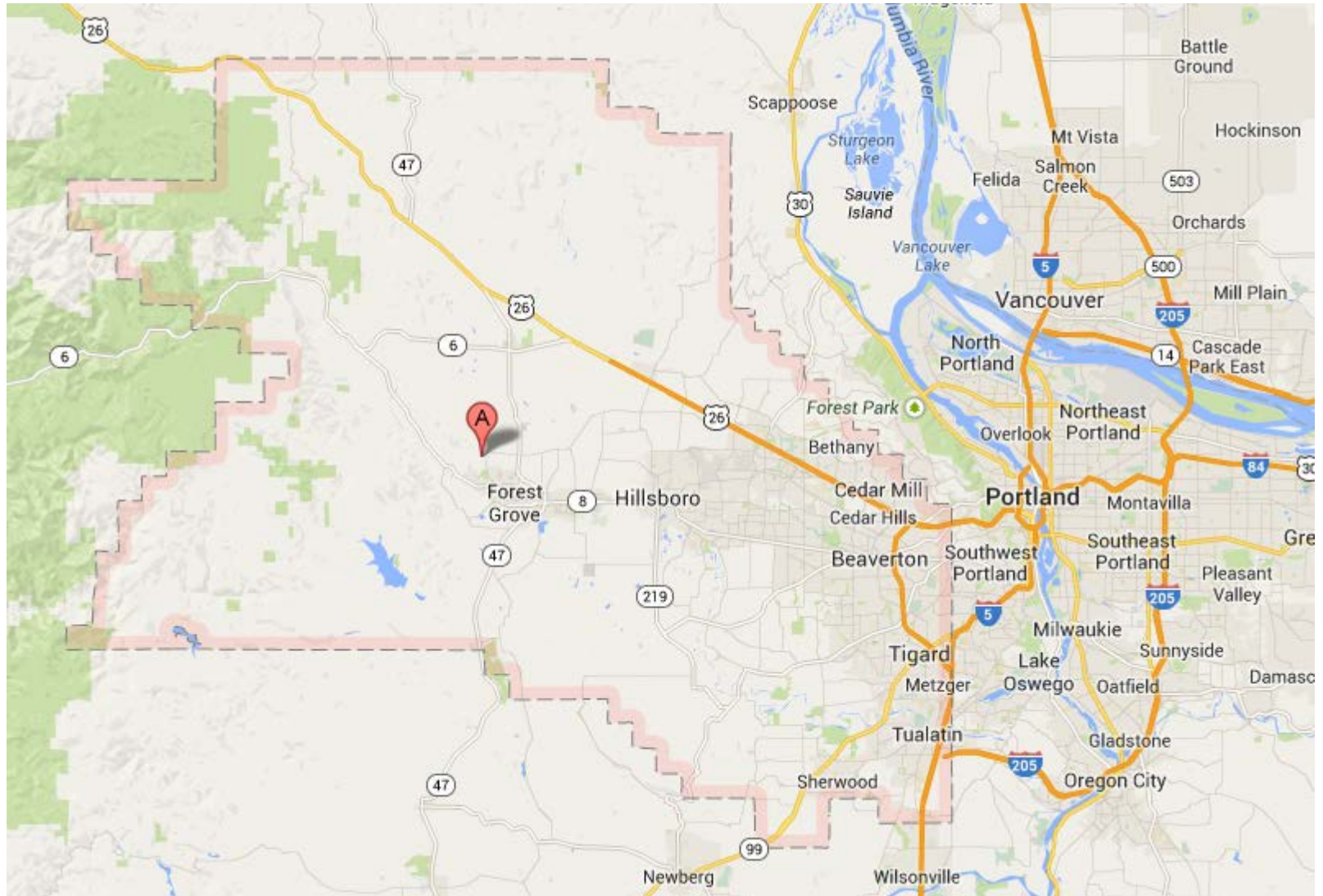


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- Suburban/rural county
- 726 square miles with a population of 562,998 (2014)
- Approximately half of the population served by the Washington County Sheriff's Office
- Most educated (39.4 BAC) and highest household income (\$64,180) in the state
- Professionals to migrant farm workers
- Main industries are farming, sportswear and high tech





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## Washington County Sheriff's Office:

- Third largest law enforcement agency in Oregon
  - 247 sworn enforcement deputies
  - 138 corrections deputies
  - 161 civilian staff
- Operates the county jail with 572 beds
- CALEA Accredited since 2004
  - Gold standard achieved in last review in 2013



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## Washington County Mental Health:

- Provides system oversight, development and safety net services
- Funding includes:
  - OHP Medicaid funds
  - State general fund
  - County general fund
- Contract with community mental health agencies for treatment services
- Approximately 8,500 clients served in 2013







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Historically the county has had some elements in place to attend to the unique needs of mentally ill individuals:

- WCSO MH Deputy Liaison
- WCMH Jail Clinician
- CIT-type training of all Sheriff's Deputies
  - Not the full version (2-3 days)
  - Mandated for all deputies
- Special Needs Pod (jail)





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Despite having a number of things in place,  
there was no strategic plan or vision

Key events solidified our need to systematically  
evaluate our system and development of  
the response team:

- DOJ reports in Portland and Seattle highlighting use of force issues with mentally ill individuals
- Shooting death of a young suicidal man by Washington County Deputies (Lucas Glenn)



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## Key Issues Identified

- LE was having frequent contact with the same individuals without primary care providers being made aware or why it is important. What's a Benzo?
- Many mentally ill were not getting connected to treatment due to lack of LE knowledge and mental health unaware of contacts
- Lots of frustration by first responders (LE, EMS)
- A number of MI individuals were committing crimes but having charges dropped with few consequences



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## Key Strategies Developed

- Use Sequential Intercept Model/Needs Based Sentencing to connect folks to treatment and engage system partners
- Focus on developing interconnectivity and collaborative strategies between agencies
- Adopt a care coordinator approach to develop individualized responses
- Adopt shared responsibility for addressing the issues



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## Key Strategies Developed

- The Sheriff's Office was the coordinator of getting all involved parties involved
- MHRT initial responses were to everything evolving to the involved and serious issues
- County wide resources to whoever called, building on little successes to large one
- Semi-annual training to all employees on importance of proper response to those in crisis





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## Timing was critical:

- New progressive command staff at the Sheriff's Office
- External pressure—a sense that something needed to change and not wanting another organization to dictate those changes





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## Initial Beliefs Creating Barriers:

- Law Enforcement—belief that the mental health system is broken and unavailable
- Mental Health—belief that law enforcement wasn't willing to utilize the supports we were offering
- Hospitals—clients being dumped in their emergency departments rather than served in the community



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## The Sheriff's Office needed to learn:

- Mental health system is under-resourced, but not necessarily “broken”
- HIPAA and potential sanctions for violating HIPAA makes it challenging for MH to proactively coordinate with LE on specific clients who have a lot of contact with deputies
- Treatment is voluntary and only a judge can mandate compliance (and even that has limitations)



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## Mental Health needed to learn:

- First responders have a lot of pressure to wrap up a call and move on to the next...they often don't have the luxury of time to wait for a clinician to arrive and help address a crisis
- Conservative interpretations of HIPAA led the WC crisis line to not providing any information to Law Enforcement as they were not "treating providers." So even when a deputy tried to access health information during a crisis, they were often unable.
- Culture of Sheriff's Office





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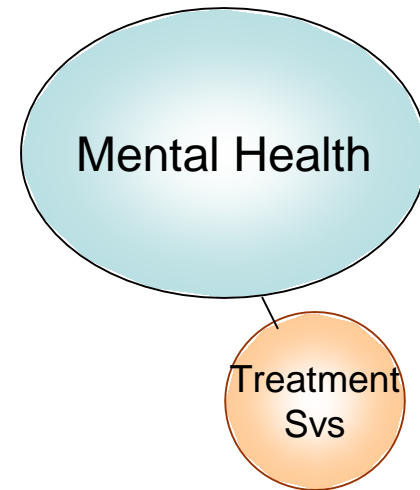
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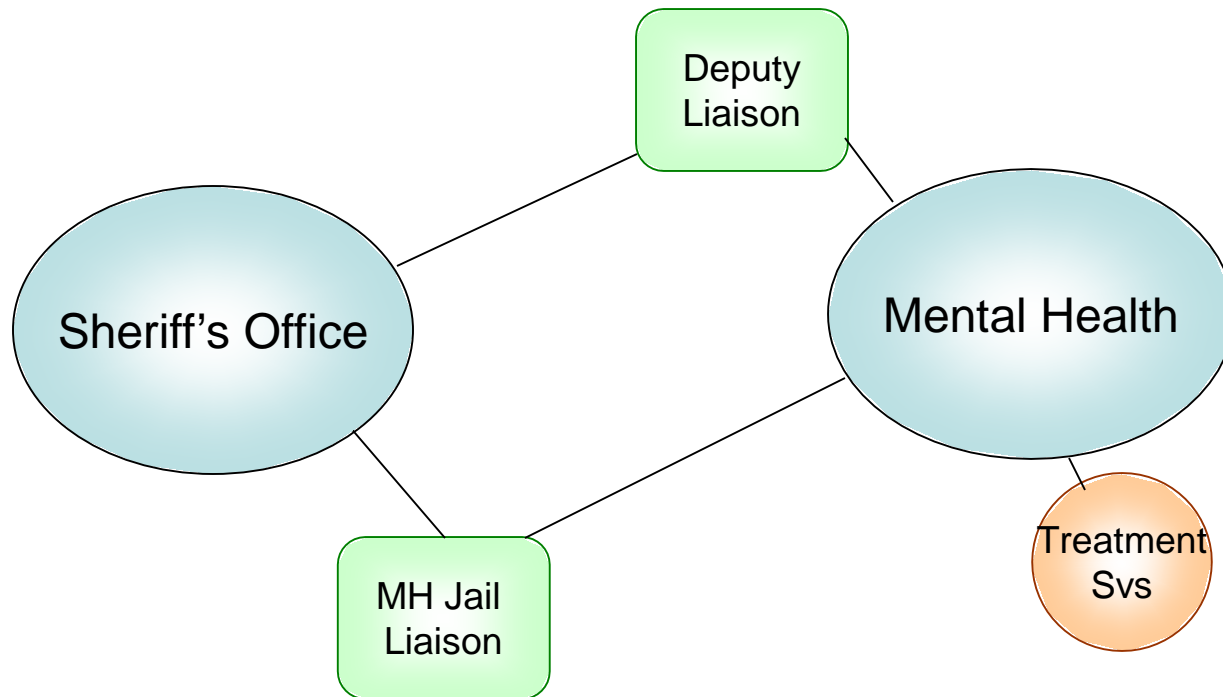


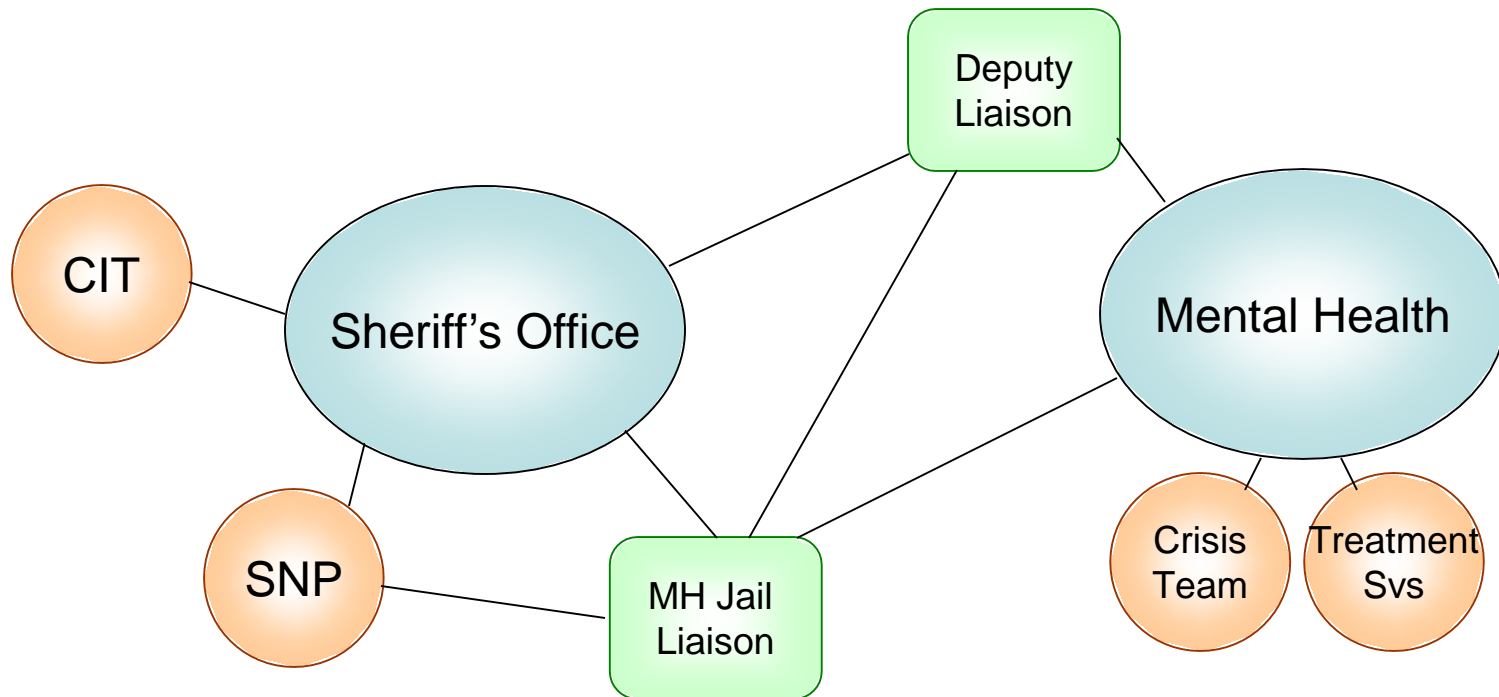
## Sheriff's Office and Mental Health Partnership:

We have come a long way....

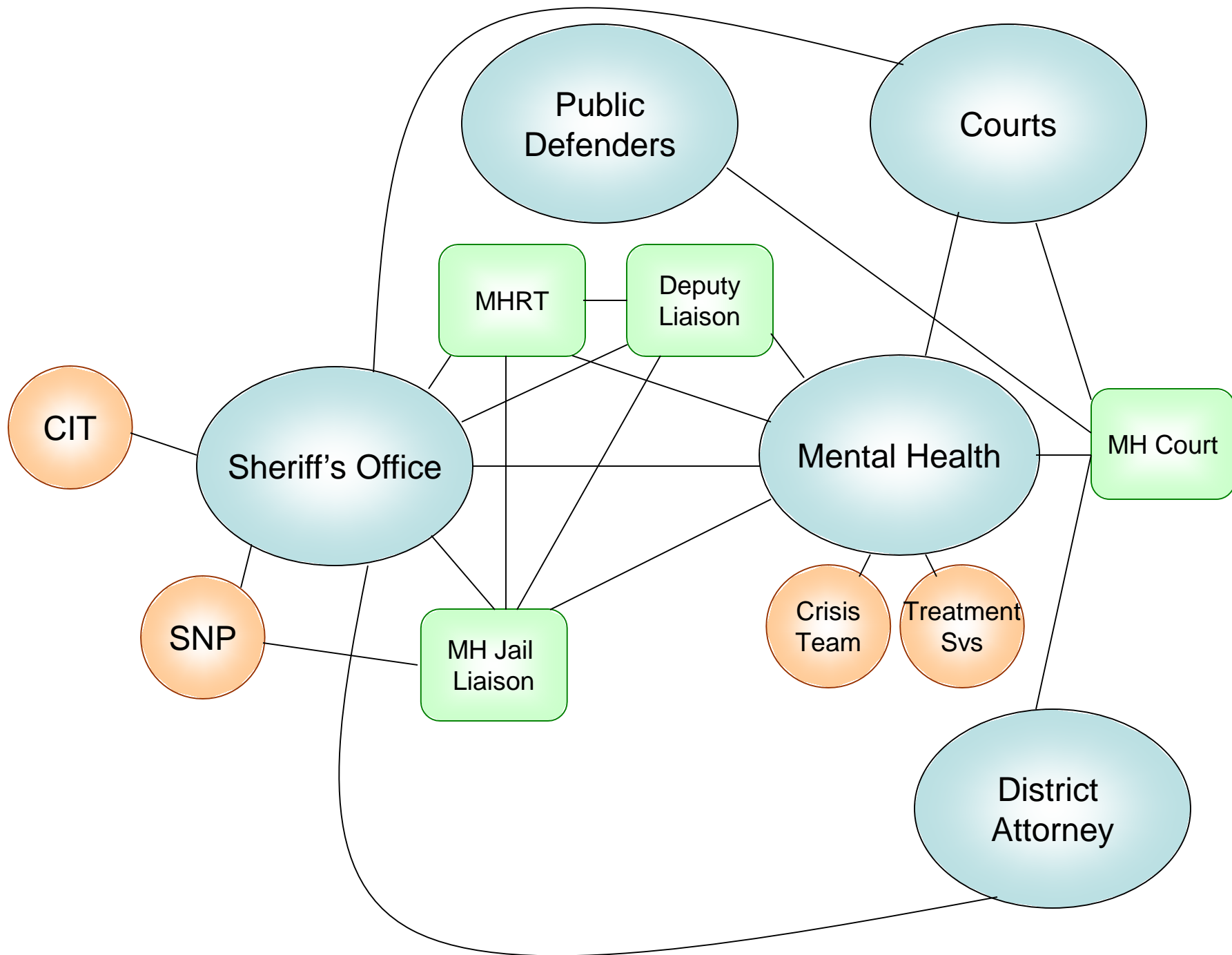
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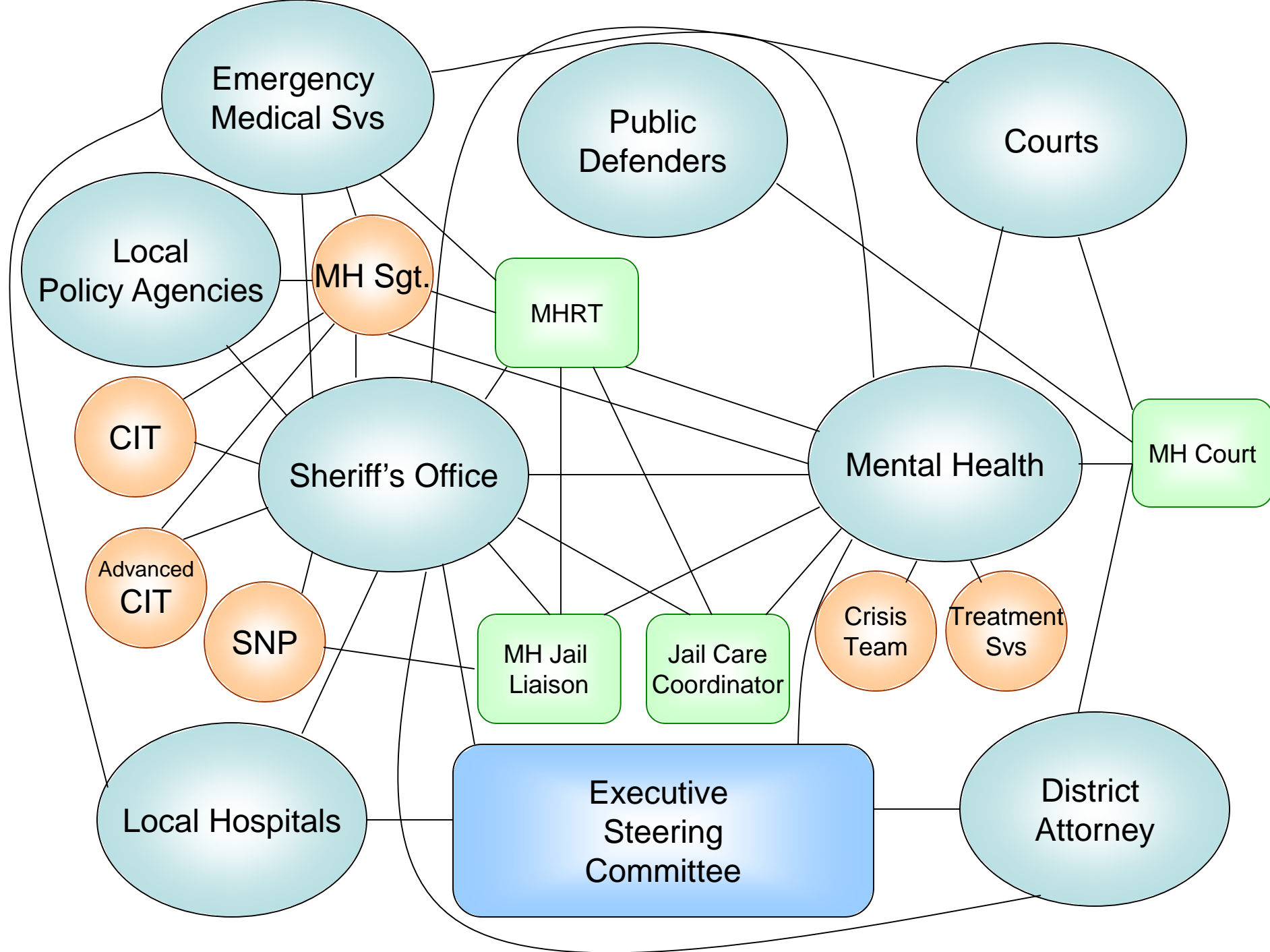


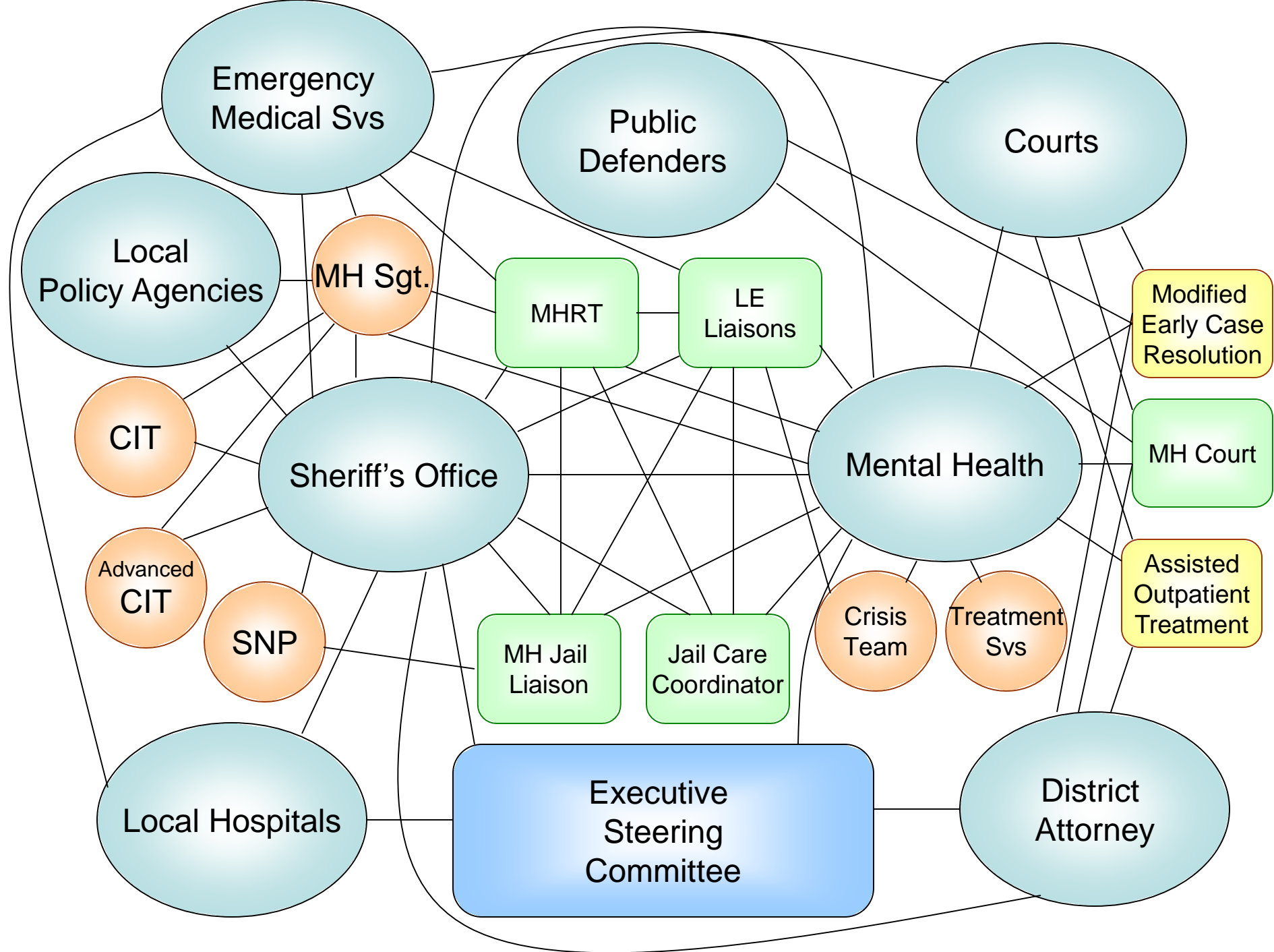














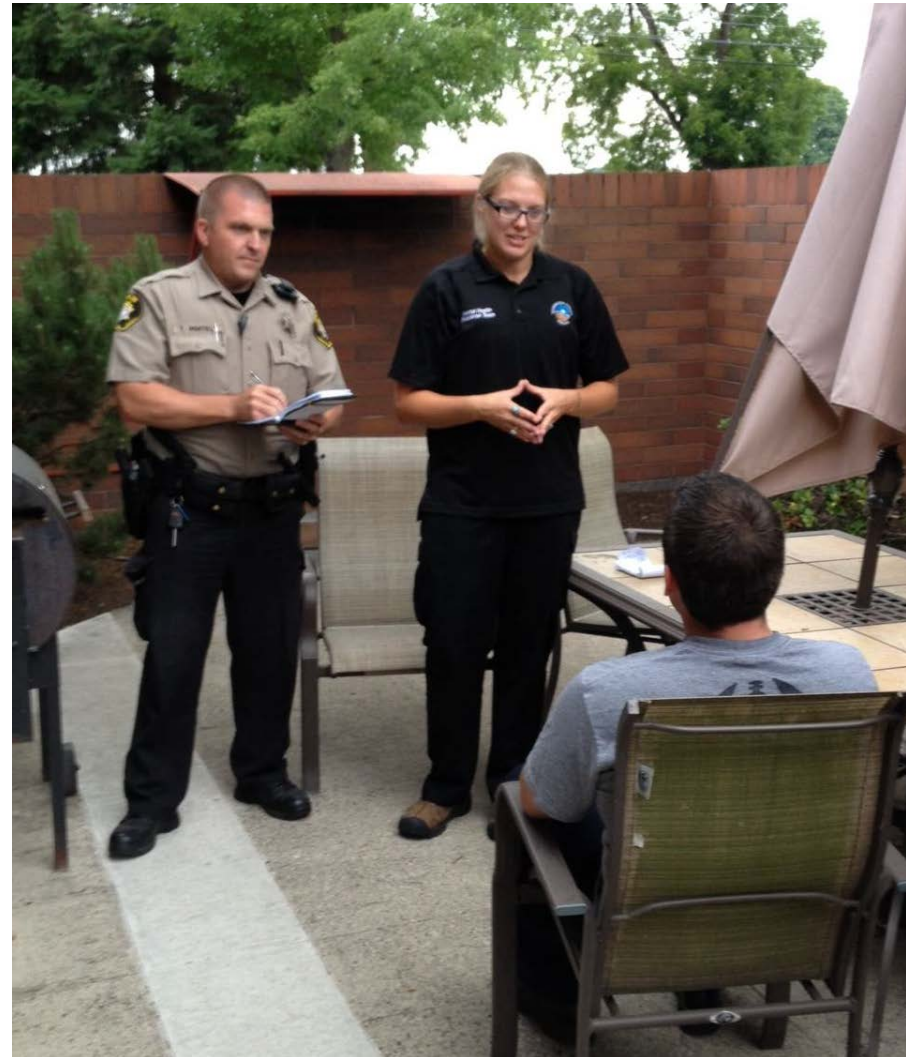
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Progress was being made in building a partnership between MH, LE and other critical system partners.

Despite this, there were still individuals who weren't getting their needs met.







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## Vision for future state

- System coordination/ connectivity among all partners
- Multi-disciplinary approach to meeting community needs



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## Areas of Focus

### 1. HIPAA/communication strategies

- Need to improve communication across agencies
  - Developed guidelines for communication between LE and Mental Health
  - Consulted with County Counsel
  - Development of Release of Information form all stakeholders agreed to
- Need ways to communicate key information at the time it was most useful



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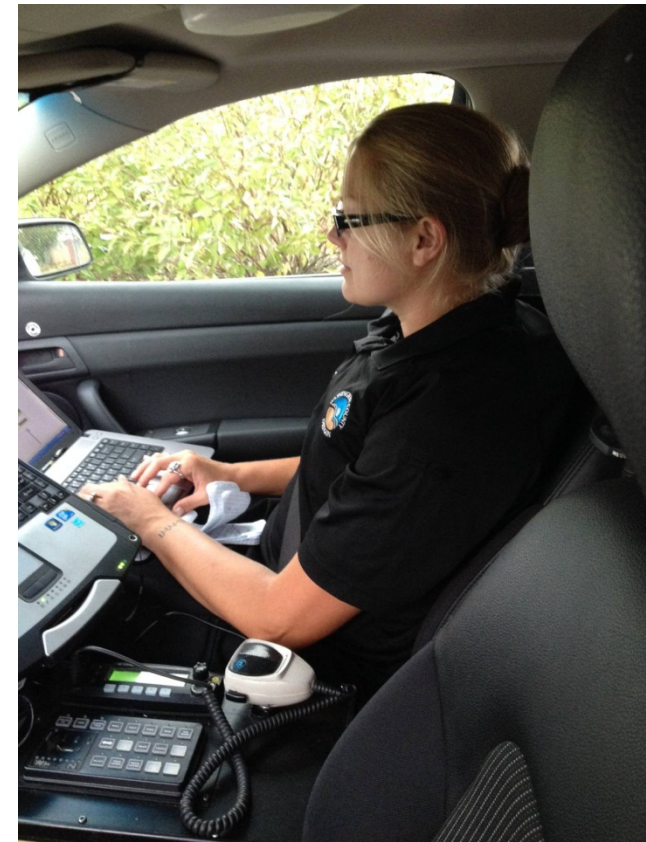
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## Areas of Focus (continued)

### 2. Development of specialized response

- Mental Health Response Team
- Expanding CIT training
- Dispatch triage protocol
- Jail Diversion Project
- Development of Crisis Questions with ROI





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## Areas of Focus – Crisis Questions (continued)

1. How can first responders help or respond to you when you are in a crisis to affect a positive outcome? What can make situations worse?
2. Do you own weapons? If yes, when would you use them?
3. Do you ever strike out or harm others when you are in crisis?
4. Do you have any communication challenges or can the way you communicate be misinterpreted.





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## Areas of Focus – Crisis Questions (continued)

5. Do you have a medical condition that can make you act different at times? If so how is it treated?
6. Do you have a caregiver? Are you under medical treatment?
7. Who is someone you trust when in crisis? Can we call them to help you?
8. What do you do to calm down? What could I do to help you regain composure or feel more relaxed?
9. In past interactions with police, is there anything they do to make the situation worse?



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## Areas of Focus – Crisis Questions (continued)

10. If you had 15 seconds to tell me what's important to you in life, what would you tell me.
11. What is your home situation? (do you live with your parents, married, kids, partner, recent loss)
12. Any else we should know or you want to tell us?

These questions and responses are made available to all police network subscribers.





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## Areas of Focus (continued)

### 3. Engage other system partners

- Develop lines of communication
  - Fire/ Rescue
  - Hospitals
  - Other PD's regarding MH (develop liaison?)
- Regular meetings with key organizations
  - MH Crisis Services
  - Washington County Emergency Responders Group



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## Areas of Focus (continued)

4. Partner in problem solving (shared sense of responsibility in fixing the issue and aligning resources)
  - Providing additional tools for the LE first responder
  - Sequential Intercept Model
  - Steering Committee (First responder- includes hospital, fire, LE, MH)



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## Areas of Focus (continued)

### 5. Data collection

- Proactive vs. reactive MHRT calls
- # of jail bed days used by SPMI
- Use of force incidents
- Police holds/transport to EDs



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## Accomplishments:



- Dedicated MH Sergeant
- MHRT covering 77+ hours per week
- Numerous examples where use of force was likely avoided
- Jail Diversion Project staff hired and engaging partners
- Urgent Care Center in planning



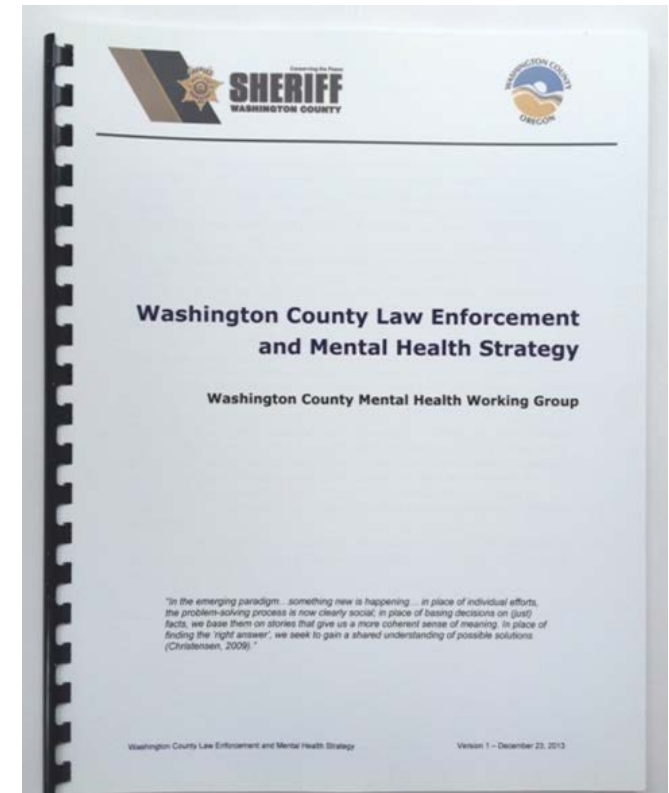
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## Accomplishments (continued)

- Changes in attitudes/culture
  - Within the SO toward MH
  - MH partnering more with LE to do proactive work
- Washington County Law Enforcement and Mental Health Strategy Concept of Operations
  - Training
  - Review/oversight
  - Response/patrol services
  - Supervision
  - Coordination
  - Outreach
  - Steering committee
  - Policy







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## Long Term Plan/Goals:

1. Expand MHRT to 24/7
2. Specialized responses at all levels where a mentally ill individual interacts with the justice system (outcome of Sequential Intercept Model)
3. Clear and established linkage between organizations for a unified response to individuals with mental illness in the criminal justice system







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## Long Term Plan/Goals (continued):

4. Decreased bookings and jail bed days utilized by mentally ill individuals
5. Tracking outcomes and using data to inform future developments
6. The “Baby Boomers” iceberg
7. Working with area hospitals to risk assess lodged and released patients to enable envelopment of care and help prevent crisis events.



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## Preliminary Outcomes and Cost Savings:

- Decreased number of inmates on suicide watch
- Decrease in inpatient psychiatric utilization
- MHRT cheaper than Crisis Team for Mental Health Program
  - MHRT average cost per intervention: \$372
  - WCCT average cost per intervention: \$479



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## Additional expected outcomes/cost savings

- Decreased jail bed days for severely mentally ill individuals
- Enhanced treatment connection, reduced utilization of higher levels of care such as inpatient
- Lower crisis response, more proactive services provided





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## Key Learnings:

1. Take advantage of opportunities as they arise
  - Shifting culture
  - External events
  - Cracks in resistance
2. Find leadership within key organizations to drive the process, share successes and act as role models



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## Key Learnings:

### 3. Start small, build on successes

- You have to start somewhere (dartboard...we started with liaisons across departments, expanded to the MHRT program, then ConOP, then Jail Diversion Strategy)
- Even a small win can go a long way (trust building, relationships established)
- Deputies needed to see how it helped them do their job better to start believing in it
- Leadership needed to see positive outcomes to embrace the initiatives



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## Key Learnings:

4. Find windows of opportunity and use them to facilitate buy in:
  - Mental Health Court
  - Commissioner Budget Briefing







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## Key Learnings:

5. The relationship between WC Mental Health and WCSO was the most crucial element of success

We had the same goals, we just didn't realize it

- Keep mentally ill folks out of jail
- Keep everyone safe
- Help people get the resources/treatment that they need



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## End of Case Examples:

- Mr. Doe
- Mr. Smith



- Likely response that would have occurred pre-MHRT
- Room for improvement



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Questions?



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