Presented to the Criminal Justice Council – Behavioral Health Subcommittee

September 18, 2020

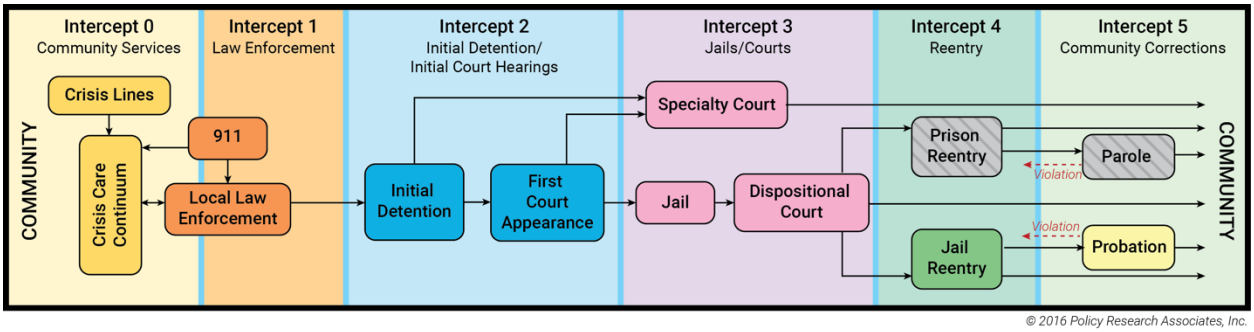
Potential Additional Dane County Crisis Community of Care Services

CAHOOTS/STAR Model		Triage Center	
WHAT IT IS	**WHAT IT IS NOT**	**WHAT IT IS**	**WHAT IT IS NOT**
Investing in behavioral health and community	**Abolishing Police**	A new facility to divert those experiencing a mental health crisis to the least restrictive environment	**A replacement for Winnebago Mental Health Institute or emergency room care**
Filling a gap in the current community of care	**Replicating current services**	Filling a gap in the current community of care	**Replicating current services**
Investing resources in a proactive, non-police response to 911 calls	**Stopping the police from responding to other non-related behavioral health 911 calls**	A facility that stabilizes those experiencing an acute mental health crisis	**A Psychiatric Hospital**
Creating a team of medics and crisis response workers that respond to appropriate 911 calls	**A taxi service for non-behavioral health issues**	A solution designed with racial equity up front and data driven results	**Business as usual**
Connecting community residents experiencing a crisis with short and long term stabilization services	**A "one and done" effort**	Service that allows police to drop off as well as residents to self-refer	**A space that has many hoops to jump through, is unwelcoming, & difficult to access services**

Symbiotic Relationship: In order for a cahoots type model to be effective, medics and crisis response workers need a place to divert community residents experiencing a behavioral health crisis. Continuity of care is present, as communication and collaboration is increased with current systems, recognizing that layers of response are appropriate. A triage center accepts referrals from a cahoots type model, law enforcement, and self referrals while providing a stabilization location for community residents other than the jail.

Criminal Justice Council – Behavioral Health
Community Services and Law Enforcement Diversion

In 2018, the Dane County Criminal Justice Council participated in the Sequential Intercept Model (SIM) mapping exercise. The Sequential Intercept Model (see below) is used to map the behavioral health resources and services in a geographic area across each step of the criminal justice system, 1) beginning in the community, 2) during law enforcement contact, 3) during initial detention/initial appearances, 4) in jails and courts, 5) in reentry, and 6) in community corrections (probation and parole). The SIM mapping exercise helps identify service gaps for justice-involved individuals living with mental illness and coordinate comprehensive services to divert and deflect individuals living with mental illness.



In May 2019, the Dane County Criminal Justice Council formed the Behavioral Health subcommittee. The subcommittee is comprised of 11 members, including the Dane County Sheriff (or designee), a Madison Police Department designee, a Chiefs of Police Association designee, the Director of the Department of Human Services, the Director of Public Safety Communications, the Director of the National Alliance on Mental Illness (NAMI), the District Attorney, the Public Defender, the Presiding Judge of the Dane County Circuit Court, a Department of Corrections designee, and a Corporation Counsel designee. The subcommittee held its first meeting in July of 2019 and has been meeting monthly; meetings are on the third Friday of the month and are open to the public.

Using the Sequential Intercept Model report, subcommittee members updated the list of services and gaps in Dane County. Then the Behavioral Health subcommittee learned about best practices at the intersection of behavioral health and criminal justice across the country through presentations from national partners. To date, the subcommittee has focused on the first two intercepts, Community Services and Law Enforcement. After identifying gaps and priorities in these two intercepts, the subcommittee split into three smaller workgroups: 1) the Deflection and Diversion workgroup, 2) the Triage and Respite Center workgroup, and 3) the Emergency Detention workgroup. In July 2020, each workgroup presented recommendations to the subcommittee, which can be viewed here.

Triage Center & CAHOOTS Model
Community Conversations Recurring Themes

In August 2020, Criminal Justice Council staff and PRI consultants held five meetings with community members and behavioral health stakeholders to have conversations about the potential of a triage center and CAHOOTS crisis response model in Dane County. Attendees discussed the benefits and challenges of these models, based upon their professional expertise. Attendees included behavioral health center directors (current and past), representatives from the Department of Health and Human Services, nonprofit organizations, judicial and criminal justice representatives, and more. This document characterizes and summarizes the themes that recurred through all of the different conversations.

Services

- Who is the target population? Is it highly agitated, involuntary individuals, or people voluntarily seeking support after normal business hours? Or is it both, and if so, how are they separated?
- Who are the responders on the response team? Is there an additional cost of having a medic on that response team?
- Where would be the best geographic location to concentrate services?
- It is important that these programs do not replicate preexisting services
- Certified peer specialists should have an important role in these models

Role in Behavioral Healthcare System

- Hospitals and healthcare providers have an important role in these models. Nonprofit and for-profit providers will have to coordinate their roles in these models.
- These options should be open to those with commercial insurance and on Medicaid
- Crisis codes would allow for healthcare providers to provide increased behavioral health services to individuals experiencing a behavioral health crisis
- Certified peer specialists are important to the success of these programs

Role in Criminal Justice System

- Healthcare providers voiced concerns about police dropping someone off at triage center when it is clinically inappropriate
- These models need to consider the mandatory arrest laws for domestic violence
- These models have the potential to decrease the jail population
- 911 Dispatch will play an important role in determining where calls for service are routed

Funding

- Funding is an important question and concern for everyone. Funding cannot come from only one department or agency.
- It is important to consider how crisis services are billed for Medicaid and private insurance, and how this affects the capitated healthcare system

Community Event with Dr. Margie Balfour and Regi Huerter

The Criminal Justice Council partnered with NAMI Dane County to host a community educational event on triage centers and the crisis-care continuum. The event included a presentation from Dr. Margie Balfour, MD, PhD, from Pima County and Regi Huerter from PRI. Members of the public could submit questions for the speakers. The following is a list of the community questions and answers. Some questions were rephrased for clarity.
Watch the recording of the community event here.

Community Questions and Answers

Will the new Center provide services to individuals who have co-occurring Mental Health issues and intellectual/developmental delays? If so, will the service providers be trained and competent to provide appropriate services to these consumers?

The triage center model aims to support residents with co-occurring behavioral health needs. This includes, but is not limited to, co-occurring mental health and intellectual/developmental delays. Triage centers are "no wrong door" models, and therefore staff at triage centers work to connect all residents in need of behavioral health support with the appropriate services. The model uses a variety of behavioral healthcare service providers, including certified peer specialists, to make sure that consumers receive appropriate services.

Are peer support specialists with lived experience with mental health and/or substance use and lived experience with the criminal justice system incorporated in other states' triage centers? If so, how are they incorporated?

Yes, certified peer support specialists are incorporated at all levels of the triage center. In other states, certified peer specialists are employed and compensated by the triage center to offer support to consumers in collaboration with other behavioral health service providers.

What part of the process is Dane County in toward developing one? Would this be county run or contracted? How did the CAHOOTS program in Oregon get started? What was the size of the program at the start, and would Dane County follow their model?

Questions around program specifics regarding a CAHOOTS model have yet to be developed. Dane County CJC-Behavioral Health subcommittee has intentionally focused its efforts on learning about the best practices for intercept 0 (community) and 1 (law enforcement). Specifics around criteria, timeline, staff and funders are in development.

Dane County is currently in the early stages of fully researching a triage center and its potential impact on the crisis continuum in Dane County. The Criminal Justice Council is collaborating with two national partners: PRI, a nonprofit consulting firm that focuses on the intersection between behavioral health and criminal justice, and the Bazelon Center for Mental Health Law, a law firm with expertise in behavioral health issues. Additionally, the Criminal Justice Council has facilitated a number of community conversations with behavioral health experts, nonprofits, and criminal justice reform advocates.

To learn more about CAHOOTS visit: https://whitebirdclinic.org/about/.

How would a triage center interact/collaborate with other programs? Which programs (crisis, behavioral health, public, non-profits, for-profits)? How will these programs coordinate and connect clients with long term services?

The triage center is one piece of the crisis care continuum, and the model is not meant to replace or duplicate existing services. Thus, the triage center model thrives on collaboration and coordination between other behavioral health programs and the criminal justice system. The Criminal Justice Council is working to collaborate with public and private healthcare providers to coordinate responses and provide consistent and continuous long-term behavioral health care to Dane County residents.

Can you describe how Mobile Crisis Responders like the CAHOOTS system in Eugene, Oregon, work with triage centers? Are they mutually beneficial?

Mobile crisis responders and triage centers naturally go together and are necessary to support one another. Triage centers provide a place for crisis responders to bring people in need of services. Without a triage center, mobile crisis responders are limited in their ability to deescalate, divert, and connect to long-term treatment services. Without the mobile crisis response model, triage centers are likely to receive a greater proportion of referrals from police officers, so people in need of services are not fully deflected from the criminal justice system. The two models are partners and can support successful deflection and diversion of residents living with mental illness together.

What kind of services need to be available for people to transition into the community after they have been at a triage center?

The triage center is one piece of the crisis care continuum. Supportive housing and wrap-around services are necessary for individuals living with mental illness to stabilize successfully.

What proportion of the 911 call center calls for service can be handled by a triage center? What proportion can be handled by a CAHOOTS type program?

In 2019, the CAHOOTS program answered 18% of the Eugene Police Department's overall calls, with nearly 25,000 calls for service. Further research is needed to fully determine the proportion of 911 calls for service that can be handled by a triage center.

What are the most important keys to success that will enable communities to keep people with mental health and substance abuse issues out of the criminal justice systems and get them the treatment and services that they need?

Continue to develop, adequately fund and support policies that support a comprehensive continuum of services and infrastructure that support earliest, least restrictive services that meet the individuals needs. This includes addressing barriers and improving cross discipline coordination and communication.

How have providers come together in other communities to participate and commit to being part of the shift in care provision?

The mobile crisis response and triage center models are pieces in the crisis care continuum, and it is crucial that all behavioral health service providers commit to collaborative services. The Criminal Justice Council has facilitated conversations with a number of behavioral health service providers to develop a more collaborative approach to the providing services across the crisis care continuum. Service providers all share a commitment to providing continuous and consistent behavioral healthcare services to residents experiencing crisis.

What key next steps should our community be doing to set up a triage center here in the near future?

Determine location, financing and cross discipline access, capacity and related policies.

The CJC-Behavioral Health subcommittee is finalizing its recommendation to the Dane County Criminal Justice Council. The action of the subcommittee will inform future commitment to the CAHOOTS model and the Triage and Restoration Center model.

Crisis Response Models – Data and Budgets

Summary provided by Lewis Bossing, Bazelon Center for Mental Health Law

CAHOOTS (Eugene/Springfield, OR): CAHOOTS (Crisis Assistance Helping Out On The Streets) is a first-responder service operated by a long-standing behavioral health clinic in Eugene, the White Bird Clinic. CAHOOTS teams made up of a medic and a crisis worker work in 12-hour shifts to respond to urgent medical or psychological crises. CAHOOTS responds to people with substance use issues, disoriented people, people in mental health crisis, and sometimes homeless people at risk of incurring a violation for behavior associated with homelessness (like trespass). CAHOOTS does not respond to violent situations or life-threatening emergencies, where there is an imminent danger to self or others. CAHOOTS responds to about 23,000 calls per year, about 20% of the calls that are made to the police through 911 in Eugene and Springfield. CAHOOTS currently provides 24/7 service in both Eugene and Springfield, using four crisis vans for mobile response to calls.

CAHOOTS' budget is about $2.1 million annually. Eugene's annual budget for its police department is about $70 million, and Springfield's annual police budget is about $20 million. CAHOOTS estimates that it saves the cities about $15 million annually, through diversion from emergency rooms and from responding to calls that otherwise would be answered by the police or by EMS, which are both more expensive.

CAHOOTS is funded by the City of Eugene, the State of Oregon, and by Lane County, Oregon, which pays for the CAHOOTS van operating in Springfield. Recently Eugene has faced calls from advocates seeking the redirection of funds from the police department to CAHOOTS.

STAR (Denver, CO): STAR (Support Team Assisted Response), which launched on June 1, 2020, is a six-month pilot CAHOOTS-like program in Denver. It currently operates from a van staffed by a paramedic and a social worker from the Mental Health Center of Denver. It was funded in 2019 by a grant of approximately $200,000 from the Caring For Denver Foundation, which was established in 2018 through a voter-approved $.025 sales tax to provide funding for services addressing mental health and substance abuse.

STAR began as a weekday-only first responder service within downtown Denver. Many of its calls involve people who are homeless, who may have mental health or substance abuse issues. STAR is currently staffed to respond to about 12 calls/day, but hopes to grow so that 15-20 vans are working in different service areas across the city of Denver on a 24/7 basis. Funding would continue to come from local taxpayers; the Caring For Denver Foundation is expected to receive about $35 million annually from the city's dedicated sales tax, but only issued $2 million in grants in its first funding cycle, including the grant to STAR.

Triage Centers – Data and Budgets

Summary provided by Lewis Bossing, Bazelon Center for Mental Health Law

Crisis Response Center (Tucson/Pima County, AZ): Pima County voters approved two bond packages in 2004 and 2006 totaling $54 million to create the Crisis Response Center and adjoining Behavioral Health Pavilion. The Center includes crisis stabilization services for both adults and children, with law enforcement first responder transfers; subacute inpatient care for adults; a crisis phone line; peer and family support; and outpatient clinical services provided by the county's comprehensive service provider. The Center opened in August 2011 and is designed to be a "one-stop" hub for the county's coordinated crisis response network. It is staffed 24/7 and is open 365 days a year. Law enforcement drops off clients through a designated sally port and can be back out on the street within 15 minutes after drop-off.

In its first year alone, the Center provided crisis stabilization services to 12,840 individuals, an average of 917 per month. Many of these were served by the Center's crisis call line. In FY2014 and FY2015, law enforcement transferred 7,665 adults to the Center; the Center estimates that 2,529 of these persons were diverted from jail, which reportedly saved almost $3 million in jail costs. In FY2015, 1,101 adults and youth were transferred to the Center from emergency rooms, reportedly saving about $450,000.

The Center is operated by Community Partners, Inc., formerly the Community Partnership of Southern Arizona (CPSA), a regional behavioral health authority contracting with the State of Arizona, which also contracts with service providers to provide services to adults and children. Community Partners' contract with the State requires it to serve anyone in Pima County who is experiencing a behavioral health crisis, regardless of income or ability to pay.

The total expenses for the Center in its first year of operations was about $15.7 million. Total revenue was about $16.3 million. By 2015, the Center's annual budget was approximately $20 million. The Center partners with the University of Arizona Medical Center to provide psychiatric evaluation, medication management, and other services to Center clients. Other services may be reimbursed by Medicaid, Medicare, or private insurance.

The Center offers a 23-hour crisis stabilization service, which serves about 20 people per day. Couches separated by curtains are arranged in open areas as needed. Professional staff assesses clients to develop a service plan for the client. 80% of clients are able to return to the community after stabilization without the need for more intensive services. There is also a subacute inpatient unit of 15 beds for persons who need more time and assistance to get through crises, for stays of one to five days. Patients may be transported to the adjoining Pavilion for longer-term inpatient services.

Peer navigators and community-based service providers are co-located at the Center, including to help provide crisis workers with information about individuals needed for assessments and planning. Center staff coordinates with providers with whom the individual is or has been enrolled. Peers work in all levels of the Center's recovery support staff as coaches, case managers, mentors, and in other roles.

The Desert Hope detox facility is near the Center. It also offers drop-off service for law enforcement.

Community Triage Center (Sioux Falls/Minnehaha County, ND): Minnehaha County has been planning for its 24/7 triage center for several years. It has not yet opened for business. The description below is based primarily on publicly-available planning documents and from speaking with the SJC Coordinator for the County, Erin Strska. The county released an RFP for the Sioux Empire Triage Center in February 2020, but it appears that the COVID pandemic this spring interrupted the construction of the Center.

The 2018 plan for the Center was that an existing sobering center and detox facility at the county jail would be moved to a new space, where behavioral health services would also be provided. It was suggested that the new space should allow for co-location with existing service providers, to help provide warm handoffs to longer-term services. The intent is that law enforcement would be able to drop off clients at the Center. Plans called for the space to be at least 10,000 square feet, with room for expansion and co-location, and contain 22 behavioral health crisis beds, the same number as the sobering center (14 beds) and detox center (8 beds) combined. (The RFP states that the CTC will have "up to 16 beds").

The 2018 plan estimates that the Center would see 9,109 clients per year, for services including detoxification, crisis observation, mental health services, basic medical care, referral to longer-term services, and case management. Clients would remain in the observation center for less than 24 hours, and then in the mental health/detox unit for no less than 24 hours and no more than five days.

The annual budget for the Center was estimated at approximately $1.2-$1.4 million. Annual revenue was estimated to be $600,000. Minnehaha has explored obtaining funding from the county, the City of Sioux Falls, the hospitals, private insurance, and the state, which may be particularly interested in funding substance abuse services (primarily for persons using methamphetamine). It is looking at whether any of the services to be provided at the Center would be Medicaid-reimbursable.

The 2018 plan assumes that 338, or 20%, of law enforcement arrests for low level "quality of life" offenses (disorderly conduct, trespassing, loitering, vagrancy, liquor law violations) would instead be referred to the Center. The plan assumes that about 3,700 behavioral health "walk-ins" to the area's two hospitals with behavioral health beds could instead be diverted to the Center. Further, about 2,200 EMS behavioral health drop-offs could go to the Center instead of the hospitals' emergency rooms.

The Center is to be located in a remodeled city-owned facility in downtown Sioux Falls. The facility is an in-kind donation from the City. According to the RFP, the entity chosen to operate the Center "will identify potential revenue streams it intends to utilize to bill for client services."

As the Coordinator of the Dane County Criminal Justice Council (cjc.countyofdane.com), I have witnessed a multi-agency commitment to data sharing, improving racial equity, understanding best practices, and community engagement. The CJC's collaborative effort has led to some critical national partnerships, which include The MacArthur Foundation—Safety and Justice Challenge. In fact, the SJC funded the original work in 2018, and continues to provide technical support through Policy Research Inc. (PRI). The behavioral health subcommittee was formed due to that long-term commitment.

Once formed, the CJC-Behavioral Health subcommittee has worked collectively across agency and city/county boundaries to review and recommend initiatives that will more fully serve our residents. The CJC-Behavioral Health subcommittee has benefitted by the expertise of national experts—including PRI (Policy Research Inc), Bazelon Center for Mental Health Law, Tim Black (CAHOOTS model), Carleigh Sailon (STAR model), and Dr Margie Balfour, Crisis Care Solutions. The CJC-Behavioral Health subcommittee has grown due to the commitment and energy of each member of the subcommittee, each resident who has lent their voice, and each expert who has provided an inspiration for real change.

Nationally, jurisdictions that have moved forward with innovative models have been able to effectively partner with state and local government, as well as healthcare and the business community. It will likely take that same multi-pronged effort to create real and lasting change in Dane County.

The crisis care system—as well as the criminal justice system is complex—filled with roadblocks, funding potholes, and silos. It is my hope that through fully understanding our current system (public and private), aspiring to create a comprehensive community of care, and developing unique partnerships, we will move far beyond learning about best practices—to leading best practices.

Sincerely,
Colleen Clark-Bernhardt
Dane County Criminal Justice Council Coordinator

Resources

Dane County Sequential Intercept Model Mapping Exercise Report

Mobile Crisis Response Examples:

CAHOOTS in Eugene, OR:

- CAHOOTS Website
- CAHOOTS Consulting Services
- NPR Podcast

Star in Denver, CO:

- Press Release by the Denver Justice Project
- NPR Article
- Denver Post Article
- Denver Is Sending Social Workers Instead of Cops to Some 911 Calls

Triage Center Examples:

Pima County (Tucson), AZ

- Crisis Response Center Website
- Crisis Response Center Annual Report – 2012 (shortly after it first opened)

Dechutes County, OR

- Dechutes County Crisis Services
- Stabilization Center News Release
- KTVZ News Article with Video

McClain County, IL

- Triage Center Website
- Pantagraph News Article
- WGLT (NPR from Illinois Statue University) News Article