

FILLING THE GAPS IN CRISIS SERVICES

Bazelon Center for Mental Health Law
Policy Research, Inc.

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Supported by the John D. and Catherine T. MacArthur Foundation

Bazelon Center for Mental Health Law

- Founded in 1972
- Engage in legal & policy advocacy on behalf of people with mental illness & other disabilities
- Have provided technical assistance to public officials & advocates, including TA funded by the federal government & the National Association of State Mental Health Program Directors
- Recognized for our expertise in system reform, Medicaid & other funding streams, & community mental health care

Bazelon Center for Mental Health Law

- Advocate to ensure mental health systems provide services that are effective, including for individuals with challenging conditions
 - Understanding funding mechanisms for community services
 - Promoting effective practices & alternatives, such as assertive community treatment & supported housing
- Goal: assist people with mental illness live successfully in the community & fully participate in community life, including ensuring they have access to the opportunities & help they need

Bazelon Center for Mental Health Law

- We promote practices that are effective in preventing the arrest & incarceration of people with mental disabilities
- Our work focuses on access to treatment, crisis services, housing, employment, & income support & more generally on approaches that, instead of being punitive, use supports that advance full integration into the community
- Bring unique set of experiences

Bazelon Center for Mental Health Law

- **Ira A. Burnim -- Legal Director.** Also was legal director of the Children's Defense Fund & senior attorney at the Southern Poverty Law Center. His work focuses on system reform. He is recognized for his expertise regarding community mental health care, housing, the criminal justice system, the Americans with Disabilities Act, & Medicaid. He has served on numerous boards, co-authored a variety of publications, & advised public officials, advocates, & foundations. Working with international organizations, he has counseled policymakers in Russia, Ukraine, Hungary, Czech Republic, Albania, Romania, & Japan.

Bazelon Center for Mental Health Law

- **Mark Murphy -- Managing Attorney.** Mark has represented people with disabilities in a wide range of legal matters for more than 32 years, including cases securing rights to community-based services & rights under the ADA & other disability rights laws. He has also held senior positions with both the New York & Pennsylvania protection & advocacy systems.

Filling the Gaps in Crisis Services

- Topics for discussion
 - Discuss ideas and recommendations to help SJC sites create and sustain crisis services integrated into and across communities
 - Obligation to provide crisis services that are community-based

Filling the Gaps in Crisis Services

- Topics for discussion
 - How services can be effectively provided in scattered locations that can help lessen reliance on larger, facility-based centers
 - Funding

The ADA: A Brief Overview

- Title II of the ADA
- Prohibits discrimination against people with disabilities (including psychiatric disabilities) by public entities in services, programs & activities
- ADA's "Integration Mandate" requires public entities to administer services, programs & activities for people with disabilities in the most integrated setting appropriate

The ADA: A Brief Overview

- Most integrated setting
- An integrated setting enables people with disabilities to interact with non-disabled persons to fullest extent possible
- Provides individuals opportunities to live, work, and receive services in the greater community, like people without disabilities

The ADA: A Brief Overview

- Most integrated setting
- Offers access to community activities and opportunities at times, frequencies, and with persons of an individual's choosing, i.e., affords choice in daily life activities
- Example: living in one's own apartment or home with supportive services

The ADA: A Brief Overview

- *Olmstead v. L.C.* (Supreme Court 1999): needless segregation of people with disabilities is discrimination under ADA
- Perpetuates unwarranted assumptions that people are “incapable or unworthy of participating in community life”
- Severely curtails everyday life activities, including family, work, education, and social contacts

The ADA: A Brief Overview

- ADA applies to the policies & practices of
 - Criminal justice systems
 - Jails, police departments, probation & parole agencies, court systems, district attorneys, public defenders
 - Mental health systems
 - In-patient facilities, including psychiatric hospitals & general hospitals, & community mental health programs
 - Financing/payment systems
 - Medicaid; state & federal housing programs

The ADA: A Brief Overview

- Key ADA principles
 - Non-discrimination
 - Reasonable accommodation
 - Community integration

Filling the Gaps

- Mental health and criminal justice systems – even in smaller jurisdictions – are complex and have numerous parts and multiple constituencies
- Communities have different strengths and challenges
- It is preferable – and consistent with the ADA – that people with serious mental illness receive services, including crisis services, in their own homes and in community-based, rather than institutional settings.

Filling the Gaps

- Rely on interventions and services that have proven effective in other communities
- Initiatives should be sustainable, including taking advantage of available funding mechanisms, such as Medicaid

Filling the Gaps

- Elements of an effective – and ADA compliant – community-based behavioral health system
 - Assertive community treatment (ACT) teams – engagement, building rapport, comprehensive services
 - Intensive case management
 - Peer support
 - Scattered-site supported housing
 - Supported employment
 - Crisis services

Filling the Gaps

- Crisis services – system versus “a place”
 - Range of services to assist people at different levels of need
 - 24/7 crisis hotline
 - 24/7 mobile crisis teams -- appropriate staffing and geographic coverage (operated by behavioral health and/or criminal justice systems)

Filling the Gaps

- Integrated or coordinated with 911
- Array of non-medical, non-institutional facilities serving an array of functions
 - Walk-in locations
 - Community-based “drop-off” locations for first responders
 - Respite apartments with peer support, access to clinical support

Filling the Gaps

- “Living room” model of urgent care (stay of less than 24 hours) with significant clinical support
- Housing for short-term (10-14 days) or transitional (up to 90 days) stays – apartments, group homes, other
- Medical/clinical options as needed
 - Crisis stabilization units (16 beds or less)
 - Residential (up to 10-14 days)
 - Emergency room
 - Hospital inpatient care

Filling the Gaps

- Success story – Delaware
- Created a comprehensive crisis management system as part of a court settlement in 2011
 - Presumption that people can avoid hospitalization/jail with appropriate supports and services
 - Peer involvement in all aspects of system

Filling the Gaps

- 2016 report of Delaware Court Monitor:
 - Mobile crisis teams typically divert 80-90% of people from hospitalization or criminal justice system contact
 - Walk-in crisis services divert 70% of people from hospitalization or criminal justice system contact

Polling Question

- How comprehensive are the behavioral health crisis services in your jurisdiction?

3 – very comprehensive, i.e., have most or all needed elements

2 – somewhat comprehensive, i.e., have some important pieces

1 – rely primarily on institutional options

Funding Issues

- Obvious question: How to fund a sustainable system of supports and services in order to divert people with mental illness from the criminal justice system as much as possible?
- Obvious answer: It's hard

Funding Issues

- Funding about more than money
 - Priorities; politics; control over budgets and programs; turf battles; silos
- Costs incurred when someone with mental illness unnecessarily brought into criminal justice system
 - Police, jail, DA, PD, courts, and MH

Funding Issues

- If you know who is spending what, more able to determine whether and how a better use of funds is possible, including any savings to be applied elsewhere in system
- How to ensure maximum amount of funding is coming in for necessary services?

Funding Issues

- Medicaid
 - Joint state/federal program
 - Federal Medical Assistance Percentage (FMAP)
 - Much broader than traditional private health insurance plans

Funding Issues

- Medicaid eligibility
 - Rules vary by state
 - Expansion state vs. non-expansion state
 - Impact on persons with serious mental illness
 - SSI eligibility and Medicaid
 - Impact of incarceration on eligibility

Funding Issues

- Medicaid-funded services
 - State plan
 - Home and community-based waivers
 - “Waiver” of usual rules; flexibility as long as cost-neutral overall
 - “Room and board” not covered – but “housing-related” services can be

Funding Issues

- Key Questions to Consider
 - Is the mental health system working collaboratively with all elements of the criminal justice system – police, corrections, courts, prosecutors & defenders – to avoid needless incarceration in jail?
 - What is the typical profile of the people with mental illness whose incarceration could & should be avoided?

Policy Research, Inc. (PRI)

- PRA founded in 1987
- National leader in behavioral health technical assistance, training, and research
- Provides intensive TA to the SJC Network and coordinates the annual Behavioral Health Meeting

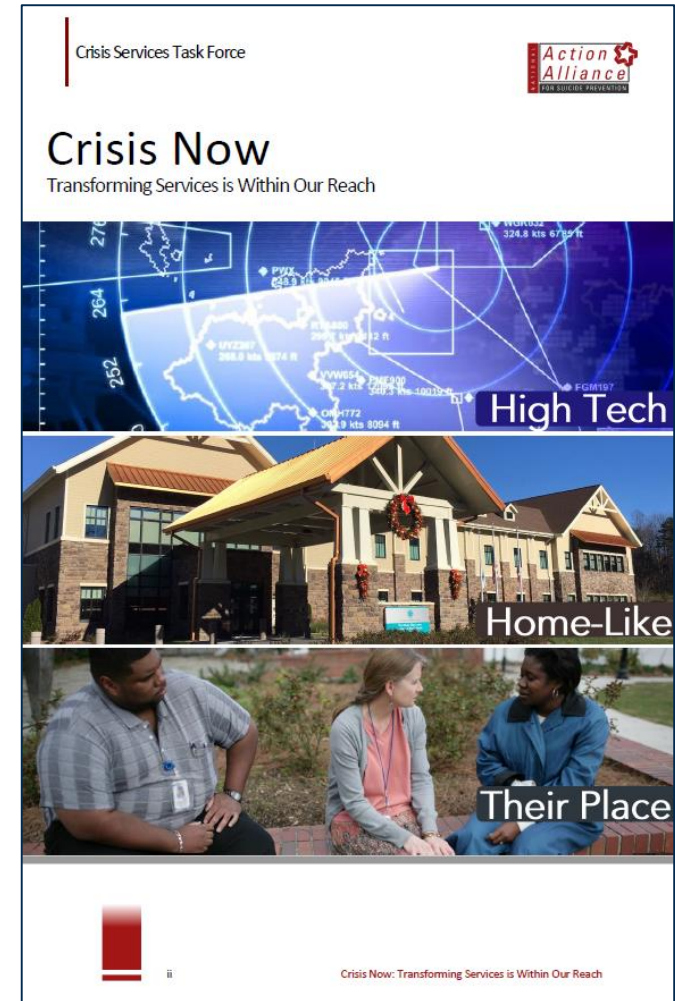


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What is the Crisis Now model?

- “Air Traffic Control”
Crisis Call Center Hub
- Mobile Crisis Response
- Crisis Facilities

National Action Alliance for Suicide Prevention: Crisis Services Task Force. (2016). Crisis now: Transforming services is within our reach. Washington, DC: Education Development Center, Inc.

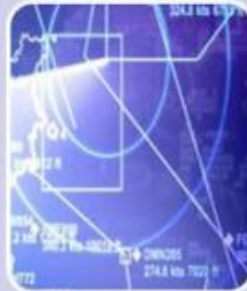


How Does Your Crisis System Rate?



A Framework for
State/Regional Self-
Assessment

For more info see
<http://crisisnow.com>



① Call Center Hub

Real Time Access
Valve Mgmt

Air Traffic Control
Connectivity

Data Sharing (Not
24/7 or Real Time)

Formal Partnerships

Shared MOU/
Protocols

Agency Relationships

② Mobile Outreach

Meets Person at
Home/Apt/Street

Adequate Access
Statewide

Statewide Access
but Reliant on ED

Adequate Access <1
Hr Response

Some Availability
Limited to Urban

None or Very
Limited Availability

③ Sub-acute Stabilization

Direct LE Drop Off
<10 Min

Adequate Access
Statewide

Statewide Access
but Reliant on ED

Adequate Access
>50% Bed Available

Some Availability
Limited to Urban

None or Very
Limited Availability

Crisis Now System

Equal Partners 1st
Responders

Adequate Access
Statewide Plus →

Integrated System
w/ Diversion Power

Adequate Access
Major Payers
Included

Limited State/
County Support

Fragmented Status
Quo

Level 5 System Also Conforms to 4 Modern Principles

① Priority Focus on
Safety/Security

② **Suicide Care Best Practices**, e.g.
Systematic
Screening, Safety
Planning and
Follow-up

③ Trauma-Informed,
Recovery Model

④ Significant Role for
Peers

What makes Level 5
different?

Level 5:
FULLY INTEGRATED

Level 4:
CLOSE

Level 3: PROGRESSING

Level 2:
BASIC

Level 1:
MINIMAL

Crisis Stabilization Deep Dive: Mecklenburg County, NC

PRE-CRISIS (PREVENTIVE)	CRISIS, NOT EMERGENCY	EMERGENCY	POST-CRISIS OR EMERGENCY
<p>National Alliance on Mental Illness Family and consumer education, resource information, and advocacy</p> <p>Monarch Walk-in Clinic Evaluations, medication management, therapy</p> <p>Anuvia Prevention and Recovery Center Detox Services 24/7/365 Social Detox</p> <p>Amara Wellness Walk-in Clinic Evaluations, medication management, therapy</p> <p>Promise Resource Network Recovery Hub</p> <p>Urban Ministry Homeless diversion w/street outreach</p> <p>Charlotte Community Based Outpatient Clinic Charlotte Health Care Clinic For Veterans Individual, group, family counseling</p> <p>Charlotte Vet Center Range of social and psychological services</p>	<p>Davidson LifeLine Crisis hotline, training</p> <p>National Alliance on Mental Illness Family/consumer education, resource recommendations, advocacy Family/consumer support thru crisis</p> <p>Cardinal Innovations Call Center Crisis referral/info 24/7/365</p> <p>Mobile CriSys 24/7/365 Assess, triage, refer</p> <p>Monarch Walk-in Clinic Evaluations, medication management, therapy</p> <p>Amara Wellness Walk-in Clinic Evaluations, medication management, therapy</p> <p>Anuvia Prevention and Recovery Center Detox Services 24/7/365 Social Detox</p>	<p>911 Dispatch Over 100 Telecommunicators 16-hr Crisis Intervention Team (CIT) training</p> <p>Cardinal Innovations Call Center Crisis referral/info 24/7/365</p> <p>MEDIC 24/7/365 Assess, triage, transport</p> <p>Mobile CriSys 24/7/365 Assess, triage, refer</p> <p>Carolinas Healthcare System Behavioral Health – Charlotte 24/7/365 Psychiatric Emergency Department Inpatient unit Observation unit</p> <p>Behavioral Health – Davidson Psychiatric hospital</p> <p>Presbyterian Hospital Acute Care Emergency Department Behavioral health beds Child/adolescents unit</p> <p>Central Regional Hospital Broughton Hospital</p> <p>Charlotte Mecklenburg Police Department 40-hr Crisis Intervention Team training (CIT) CIT Mental Health Clinician Mental Health First Aid</p> <p>Mecklenburg County Sheriff's Office 40-hr Crisis Intervention Team training</p> <p>Municipal and College Police Departments Probation</p>	<p>National Alliance on Mental Illness Family and consumer education, resource info, and advocacy Support groups Recommendations for on-going recovery support</p> <p>Promise Resource Network Recovery Hub Peer support transition from inpatient setting</p> <p>Peer Bridger Program Transition from Hospital and Jail Peer support transition from inpatient setting</p> <p>HopeWay Residential treatment Day treatment Two transitional living centers</p> <p>Charlotte Community Based Outpatient Clinic Charlotte Health Care Clinic For Veterans Individual, group, family counseling</p> <p>Mecklenburg County Reentry Services For Formerly Incarcerated Individuals Housing, employment, educational support; refer to mental health/substance abuse provider for appointments</p>
<p>Recovery Advocacy Promise Resource Network; Mental Health America; National Alliance on Mental Illness</p>			

2018 UK/USA International Summit

- Hosted by RI International and England's NHS Clinical Commissioners
- 10 recommendations
- “The aim must be to provide 100% access to services to those in a behavioral health crisis and to aspire to zero suicide in healthcare settings”



NHS Clinical
Commissioners
*The independent collective voice
of clinical commissioners*

October 2018

Be the change

Ensuring an effective response
to all in psychiatric emergency
equal to medical care

Recommendations from the first international summit
on urgent and emergency behavioural healthcare



Questions and Discussion

Please chat your questions

- OR -

Raise your hand to be unmuted



SafetyAndJusticeChallenge.org

Thank you!



markm@bazelon.org
www.bazelon.org



akrider@prainc.com
rhuerter@prainc.com



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