



JUSTICE CENTER

THE COUNCIL OF STATE GOVERNMENTS Collaborative Approaches to Public Safety

Stepping Up: Effective Law Enforcement and Diversion Strategies



County Ideas that Work



September 10, 2015

Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails

STEPPINGUP



JUSTICE CENTER THE COUNCIL OF STATE GOVERNMENTS Collaborative Approaches to Public Safety





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Poll Questions



The Problem:



www.stepuptogether.org



Stepping Up Steering Committee





POLICY RESEARCH ASSOCIATES

NATIONAL ASSOCIATION COUNTIES

NATIONAL COUNCIL

FOR BEHAVIORAL HEALTH state associations of addiction services Stronger Together.

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NASMHPD

MAMI

National Alliance on Mental Illness

NASADAD National Association of State Alcohol and Drug Abuse Directors



ACO VIRTUAL LEARNING

Get Started



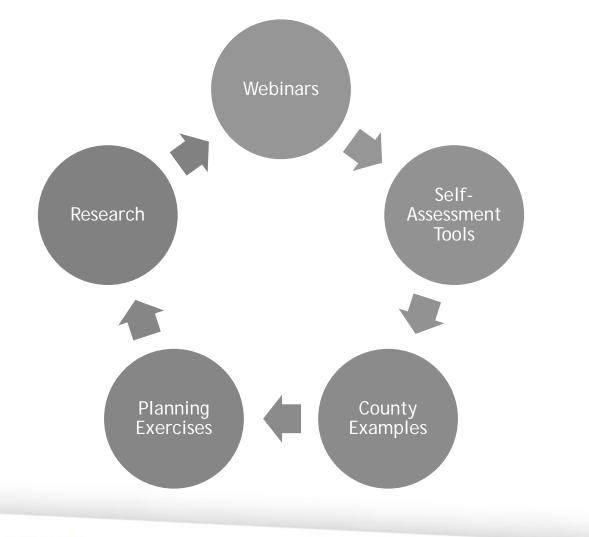
Whether you are a state or local policymaker, a criminal justice or behavioral health professional, an individual living with mental illness, or someone who is simply committed to reducing the number of people with mental illnesses in jails, you can play a critical role in this initiative. When you click to take action, you will receive an email with information about how to get involved.

Despite important efforts already underway in many counties, there is an urgent need to address this national crisis using a common data-driven process that can encourage innovation and bring good work to scale. The time is now to launch a nationwide initiative to provide coordinated support to counties to help people living with mental illnesses stay out of jail and on a path to recovery.

www.stepuptogether.org/what-you-can-do

NACO VIRTUAL LEARNING COMMUNITY

Accessing Resources: Online Toolkit





Stepping Up Webinar Schedule

- Getting Started with Stepping Up May 14, 2015. Archived.
- Strategies to Measure Prevalence and Assess the Needs of Individuals with Mental Illnesses in Jails. Archived.
- Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers Archived.
- Effective Law Enforcement and Diversion Strategies September 10, 2015 at 2pm ET.
- Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail October 8, 2015 at 2pm ET.
- Preparing a Plan and Tracking Progress November 19, 2015 at 2pm ET.



Module 3: Examine treatment and service capacity and identify policy and resource barriers to minimizing individuals' contact with the justice system and providing needed treatment and supports

Webinars:

- Examining Treatment and Service Capacity and Identifying State and Local Policy and Funding Barriers (August 20)
- Effective Law Enforcement and Diversion Strategies (September 10)
- Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail (October 8)

Resources:

- Module 3 Planning Guide
- Self-Assessment Tools
- Key Resources

www.stepuptogether.org



Today's Webinar



Stepping Up: Effective Law Enforcement and Diversion Strategies

Sep. 10, 2015 , 2:00 pm – 3:15 pm Contact: Nastassia Walsh

(202) 942-4289

🔽 nwalsh@naco.org



REGISTER

Join us for the next webinar in the Stepping Up series to learn about key law enforcement and diversion strategies for reducing the number of people with mental illnesses in jails. As the second of three webinars

focused on Module 3 of Stepping Up, county law enforcement and behavioral health practitioners will share law enforcement-focused policies, practices and programs they have established and the impact they have had on these numbers. Attendees are encouraged to first review the first webinar in this module before watching this one. The final webinar in this module will focus on effective strategies for connecting people to community-based services after their release from jails.

NACO VIRTUAL LEARNING

Speaker: Dr. Amy Watson



Amy C Watson, PhD Associate Professor Jane Addams College of Social Work University of Illinois at Chicago

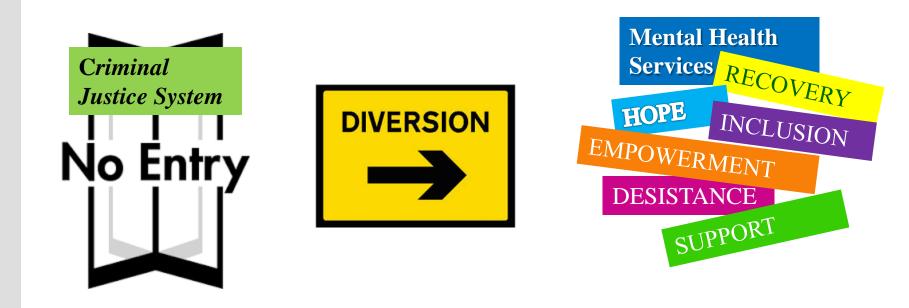




Pre-booking Diversion



Amy C Watson, PhD



Overview

- Nature of Problem
- Models of Pre-booking Diversion
- Evidence to date
- Key Components

The Problem

- Over 1.1 million people with mental illnesses arrested in the US each year (Lyons & Walsh, 2010)
- Persons with serious mental illnesses are over-represented in US jails and prisons (~17%) (Council of State Governments, 2002)
 - 72% of these individuals have co-morbid substance use problems
- LA County and Cook County Jails operated the two largest psychiatric facilities in the country
- Persons with SMI tend to spend more time incarcerated pre-trial, serve more of their sentences, and have parole revoked for technical violations more often.

Pre-booking Diversion: Diversion occurs **PRIOR** to arrest

Elements of pre-booking diversion models

(Deane et al., 1999)

- Mental health training
- Centralized diversion location for psychiatric assessment
- Officer discretion to determine necessity of arrest







Models of Pre-booking diversion

Police-based specialized response: CIT

 Co-Responder Teams-law enforcement and mental health clinicians

All ideally within the context of larger system wide collaboration

The CIT Model



CIT Core Elements

- Police-based specialized police response
 - Specialized Training for volunteers (15-20% patrol)
 - Single point of entry to emergency psychiatric services
 - Partnerships with community providers
 - Changes in policies and procedures



"CIT –It's more than just training"-Major Sam Cochran

- Estimate approximately 3000 CIT programs worldwide (most in US)
- Local, multi-jurisdictional and statewide efforts
- Some challenges applying model in different size cities, rural areas

Evidence on CIT Effectiveness

- CIT training improves officer knowledge, attitudes, and decreases endorsement of force as effective response
- CIT may reduce use of force
- CIT can reduce arrests and increase transports for psychiatric assessments and other linkages to mental health services
- The effectiveness of CIT for impacting CJ and MH outcomes longer term is likely dependent on the availability of quality community mental health services and collaboration across systems.

Co-responder models

 Police/Clinician mobile teams for immediate crisis response

• Police/Clinician follow-up linkage teams

 Example Portland, Oregon Behavioral Health Response Teams

Evidence from SAMHSA Diversion Study

 Evidence that pre-booking diversion programs can reduce arrests and jail days without increasing public safety risk

• Diversion programs link people to community mental health services

(Broner et al, 2004; Steadman & Naples, 2005)

Essential Components

 Collaboration, Collaboration, and more Collaboration

Something to divert TO



 Now hearing talk about diversion from jail AND the ED Amy C Watson, PhD

acwatson@gmail.com

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THANK YOU!

References

Broner, N., Lattimore, P. K., Cowell, A. J., & Schlenger, W. E. (2004). Effects of diversion on adults with co-occurring mental illness and substance use: Outcomes from a national multi-site study. *Behavioral Sciences & the Law, 22*(4), 519-541. doi:http://dx.doi.org/10.1002/bsl.605

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Speaker: Scott Russell



Captain Scott Russell Broward County Sheriff's Office Broward County, Florida





Crisis Intervention

Broward Sheriff's Office

Presented by the Department of Law Enforcement



Rev. 9/15

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Overview

- Law Enforcement and Social Services
- Developing Partnerships
- Policy
- Training CIT deputies
- Networking

Law Enforcement and Social Services

- Law Enforcement and Social Services have had an adversarial relationship.
- Mistrust and a lack of caring have been a stereotype of law enforcement.
- Law enforcement's lack of training has permeated a level of response that can generally be deescalated when educated about other, perhaps better, approaches.

Developing Partnerships

In order to be successful in law enforcement, partnerships must be formed with social services.

- BSO has woven itself into the fabric of social services within our community.
- Partnerships materialize the unknown to the known in terms of responsibilities.
- Shares the success with the partnerships and maintains a common goal of helping individuals in crisis.
- Provides an incentive to reduce costs across the social services, courts, jails, and law enforcement.

Partnerships

- The Mentally III
- Advocates for the Mentally III
- Hospitals and Mental Health Facilities
- Social Services / Human Services
- Corrections / Jails
- Law Enforcement
- Courts / Prosecutors / Defense Attorneys
- Partnerships with Homeless Social Services (70% of Chronic Individuals Experiencing Homelessness have a behavioral health condition).
- Mobile Crisis Teams Henderson Behavioral Health

Policy

Crisis Intervention Team – In order for change to occur, it must be codified from the Chief Executive.

A clear CIT policy must exist in order to hold deputies accountable in acceptable national practices.

People or employees learn to expect what you inspect.

Training

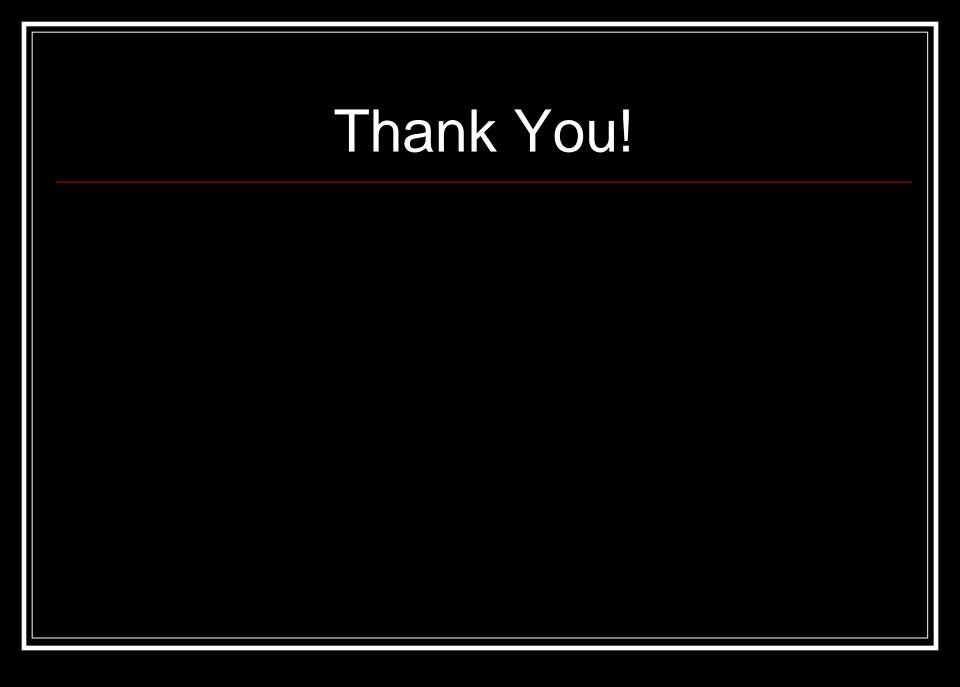
Crisis Intervention Team (CIT) Training

- Law enforcement officers should complete a prescribed 40-hour CIT training session of the Memphis Model.
- While law enforcement officers are not social workers, the familiarization of local social services System of Care provides the best referral outcomes.
- Provided with training, law enforcement officers are better equipped to deescalate potentially dangerous situations with someone experiencing a crisis.

Networking

- Learn about your System of Care in your community and those who are involved in it.
- Connect with Human Services in your counties and offer to be a partner.
- Attend social service meetings on behavioral health
 - sit on their boards or become a member.

Learn the process of mental health dollars in your state and how and where mental health dollars are spent in your community.



Poll Questions



Speaker: Neal Cash



Neal Cash CEO/President Community Partnerships of Southern Arizona Tucson, Arizona



The Friendly Front Door: An Effective, Community-Based Crisis Service System

Neal Cash President and Chief Executive Officer

National Association of Counties "Stepping Up: Effective Law Enforcement And Diversion Strategies" Webinar September 10, 2015



Neal Cash

- 35 years of experience in behavioral health in southern Arizona
- President and CEO of Community Partnership of Southern Arizona (CPSA) and Community Partners, Inc. (CPI)
- Member of the National Leadership Forum on Behavioral Health/Criminal Justice Services of the National GAINS Center
- Tenured board member of the National Council for Community Behavioral Healthcare



Community Partners, Inc. (CPI)

CPI and its subsidiaries offer a full array of behavioral and administrative management services for individuals, families, service providers and other social service organizations.

Twenty years of experience managing a regional behavioral health system in Pima County, Arizona.

Community Partners, Inc. (CPI) (continued)

Responsible for managing multiple funding streams and monitoring systems and for ensuring quality of care.

Transformed the crisis-care system to provide high-quality, accessible and coordinated services.

Community Partners, Inc. (CPI) (continued)

Developed a comprehensive system of crisis care for approximately 1 million people living in Tucson and Pima County, Arizona.

Committed to enacting change through collaboration, community reinvestment, public-education campaigns and community trainings.



Crisis System Timeline

2005	2006	2007	2008	2009	2010	2011	2012

Crisis System Timeline

- Economy booming
- Tucson growing
- Economic development
- More businesses being developed
- Lack of mental health infrastructure



Crisis System Timeline

- Gaps in mental health crisis system
- Issues around inadequate funding
- Dramatic increase in the use of crystal meth/ polydrug use
- Higher activity and greater complexity of cases
- Greater awareness of the intersection of mental illness/substance abuse and the justice system.



Critical Incident as a Catalyst

"... the effects of Aaron Swyers' paranoid schizophrenia grew stronger and more terrifying as Wednesday wore on, leading to a tragic accident that claimed his life and the lives of Pima County Sheriff's Deputy Timothy Graham and taxi driver Dawud Isa Abusida."



PUBLICITY PAMPHLE **Bond Election - May 2006**

SAMPLE BALLOT &

SPECIAL ELECTION

MAY 16, 2006

ART

FOLLETO PUPLIE

2010

BOLETA DE MUESTRA Y

DE MAYO DE 2006

a versión en español empieza en la página 45

2011

2012

49

- How could we focus attention on creating a psychiatric urgent care center?
- Developing better infrastructure for crisis services
- Creating better strategies managing community risks

2007

2005

2006

2008

Convening a Process Improvement Initiative

Importance of cross-system collaboration between criminal justice and behavioral health

Implementing philosophical/mindset change in both behavioral health & criminal justice

Developing a criminal justice team

Cross-training the overall behavioral health workforce

2007

2008

2009

2006



Key System Partners

- Community -based service providers
- Hospital Emergency Rooms
- Law Enforcement (police and jail)
- Courts
- Fire Departments
- Primary Care and Health Plans
- Social services, including homeless resources

2009

2010

Schools

2006

2005

- Child-serving agencies (DCS, etc.)
- Military and Veterans Administration

2008

Consumers and families

2007

2012

51

Crisis System Assessment

- Interview the stakeholders
- Interview the community
- Pull crisis system data

2007

2005

2006

- Conduct a literature review on crisis systems
- Perform site surveys within the behavioral health system and the crisis system

2008

2009

2010

2011

"The Commitment"

- Decompress hospital Emergency Departments
- Safe and quick 'drop off' for law enforcement (diversion from jail)
- Alternative to juvenile detention

2005

2006

2007

 Quick crisis mediation and return to community with service plan

2009

2010

2011

2008

Critical Components of a Crisis System

- 24-hour crisis telephone line (call and command center)
- Warmlines (pre- and post-crisis intervention)
- Community mobile response
- Walk-in crisis services (urgent care)
- Crisis stabilization (23-hour stabilization)
- Short term sub-acute (few days)
- Transportation

2006

2005

Peer support and advocacy services

2008

2009

2010

Transition back into communities

2007

2012

54

Overarching Goals

Improve outcomes for CPSA members and their families

Improve public safety

Save taxpayer dollars





Crisis System Timeline

- Ballot initiatives and bonds
- Funding for Psychiatric Urgent Care Facilities
- Funding for Psychiatric Inpatient Hospital Facilities
- Competing initiatives (Regional Transportation Authority concerns with sharing a ballot initiative with behavioral health)
- Board of Supervisors approval

2005	2006	2007	2008	2009	2010	2011	2012

Crisis System Timeline

- Both bonds passed
- Steering committee formed
- Outreach to community partners



Crisis Response Center (CRC)

- Operates 24/7/365
- Adult 23-Hour Observation Chairs
- Juvenile 23-Hour Observation Chairs

2008

2009

2010

2011

Adult Sub-acute wing

2005

2006

Law enforcement sallyport

2007

Call Center Line is housed here

Crisis System and CIT

- Recovery starts at the crisis scene with the CIT officer
- Police transport is a vital first step
- Officers must:
 - Be reassuring
 - Reduce trauma
 - De-escalate the crisis

2005	2006	2007	2008	2009	2010	2011	2012

Outcomes- Law Enforcement Transfers

4,433 Law Enforcement transfers
in FY 2014 saved more than 8,800
hours of law enforcement time or
4 Law Enforcement Officers.
This savings grew to more than
9,000 hours saved or 4.5 Law
Enforcement Officers in FY2015.

Outcomes – Law Enforcement Average Drop-Off Time

LE time spent with custody transfer:

	Population	FY 2014	FY 2015		
Drop-off Time	Totals for Year				
	Adults	11.5	10.67		
(Minutes)	Children and Youth	31.17	23.83		

Outcomes – Jail and Youth Detention Diversion

Of the 7,665 adults dropped-off by law enforcement in FY2014 and 2015, approximately 2,529 were diverted from jail, equaling a savings of \$2,934,162 in jail costs.

Outcomes – Jail and Youth Detention Diversion (continued)

During the same period approximately 465 youth were diverted from detention at a savings of \$5,135,666 in detention costs. Total 2 year Cost Savings = \$8,069,828

Outcomes – Emergency Department (ED) Diversion In FY14, 529 adults were transferred from the ED to the CRC, thus diverting from an ED visit. This resulted in savings of \$219,159 in ED costs. In FY15, 1,101 adults and youth were transferred from the ED, saving \$456,133 in ED costs.

Essential Elements for Creating an Effective, Community-Based Crisis Service System

- Shared Values
- Political Will
- Culture of Collaboration
- Leadership
- Community Inclusion
- Accountability

Poll Questions



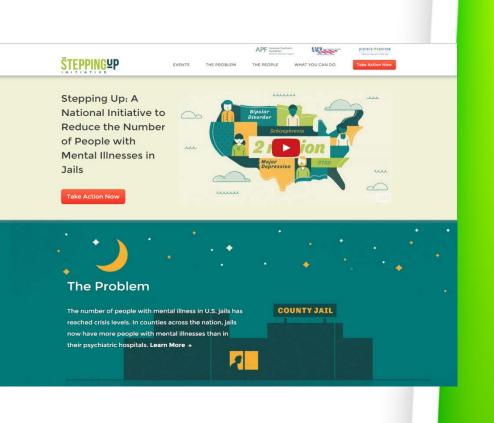
Questions?

Type your question into the questions box.



Next Steps: Go to www.StepUpTogether.org

- Check out the Stepping Up website and sign on!
- Review the Stepping Up sample resolution!
- Register for the next webinar on October 8 at 2pm EDT!



Next Webinar: October 8

Stepping Up: Effective Strategies for Connecting People with Mental Illnesses to Services after Release from Jail

Thursday, October 8, 2015 2:00pm EDT - 3:15pm EDT Register at <u>www.naco.org/webinars</u>



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