

ORANGE COUNTY CRISIS/DIVERSION FACILITY PROJECT

ORANGE COUNTY BEHAVIORAL HEALTH TASK FORCE

CRISIS-DIVERSION FACILITY SUBCOMMITTEE

DATE: MARCH 2023



TOPICS

- Introduction.
- Current Situation.
- Plan for the Future.
- Project Description.
- Related Considerations.
- Implementation Plan.
- Exhibits A – C.

INTRODUCTION: BACKGROUND

2015 - 2018

BOCC pass resolution to reduce number of people with mental illness in jails (2015).
Sherriff Blackwood puts forth idea of a diversion unit in new OC Detention Center – workgroup established but plans not completed in time to add diversion unit (2018).

2019 - 2021

NCDHHS and Orange County hold SIM Workshop (April 2019) and Workshop participants examined: 1) gaps in crisis services and 2) action plan.
BHTF Crisis Diversion Facility Subcommittee established (November 2019).
Recommendations for Crisis-Diversion Facility approved by BOCC (April 2021).

2022 -2023

Orange County forms team to oversee facility design, facility operations, site location, and estimating preliminary costs (Fall 2022).
BOCC approves contract with architect team (CPL/RHA) for preliminary physical/operational design of facility (December 5, 2022) and work begins in January 2023.

INTRODUCTION: PROJECT MISSION

- The Orange County BHTF Crisis-Diversion Facility Subcommittee, which is comprised of subject matter experts in BH clinical services, emergency services, law enforcement, and criminal justice, in conjunction with Orange County government, has developed this project and is overseeing its implementation.
- The mission has been to enhance Orange County crisis services to best facilitate deflection/diversion of individuals experiencing a BH crisis (MH and SUD) from either:
 - hospital-based emergency department or
 - criminal justice system.

This project's mission and plan for the future has been presented to and supported by :

- Orange County Board of County Commissioners.
- Orange County Behavioral Health Task Force (BHTF).
- Orange County Justice Advisory Council (JAC).
- Chiefs of Police and Orange County Sheriff.
- Carrboro Town Council.
- Hillsborough Board of Commissioners.
- Chapel Hill Town Council.

CURRENT STATUS: SIM WORKSHOP GAP ANALYSIS/ACTION PLAN

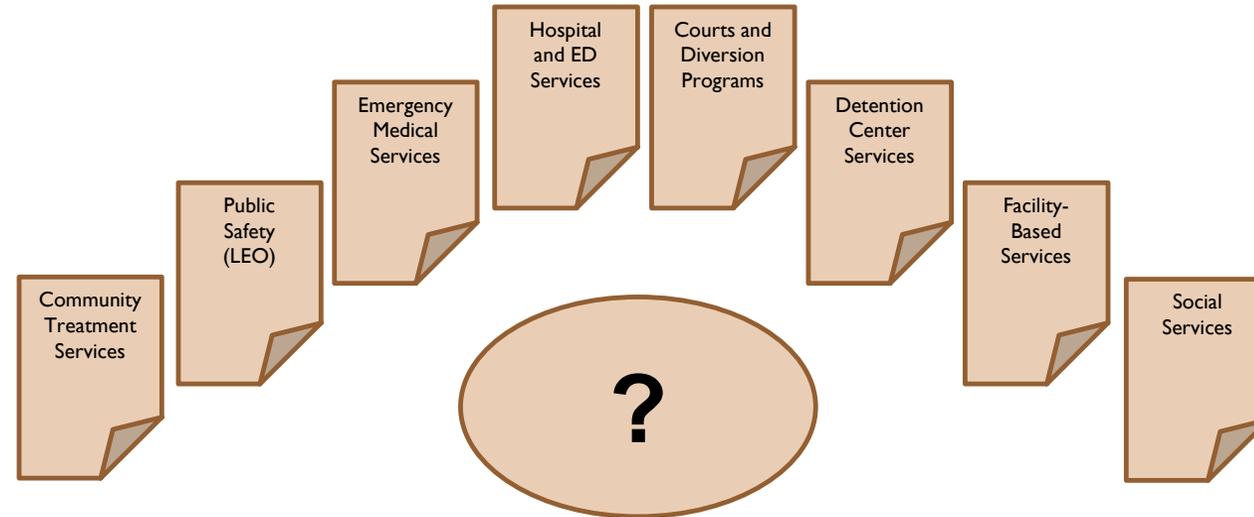
- The NC DHHS and Orange County held ***Sequential Intercept Mapping and Taking Action for Change*** workshops (referred collectively to as SIM Workshop) held in April 2019.
- The SIM Workshop developed a comprehensive picture of how individuals with BH disorders flow through Orange County criminal justice system and identified:
 - Gaps,
 - Resources, and
 - Opportunities for Improvement.
- The SIM Workshop identified high priority action items: one high priority item is a crisis-diversion center.
- **Exhibit A:**
 - Describes the Sequential Intercept Mapping Framework and mapping for Orange County.
 - Summarizes the gaps in programs and resources identified by participants during the workshop.

CURRENT SITUATION: LOCAL STAKEHOLDER (GAPS)

A subsequent stakeholder analysis was conducted and supplemented the SIM Workshop assessment. Together these assessments 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 and limited services for indigent and uninsured.
- 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.

CURRENT SITUATION: FOCUS 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.

PLAN FOR FUTURE: BEST PRACTICES

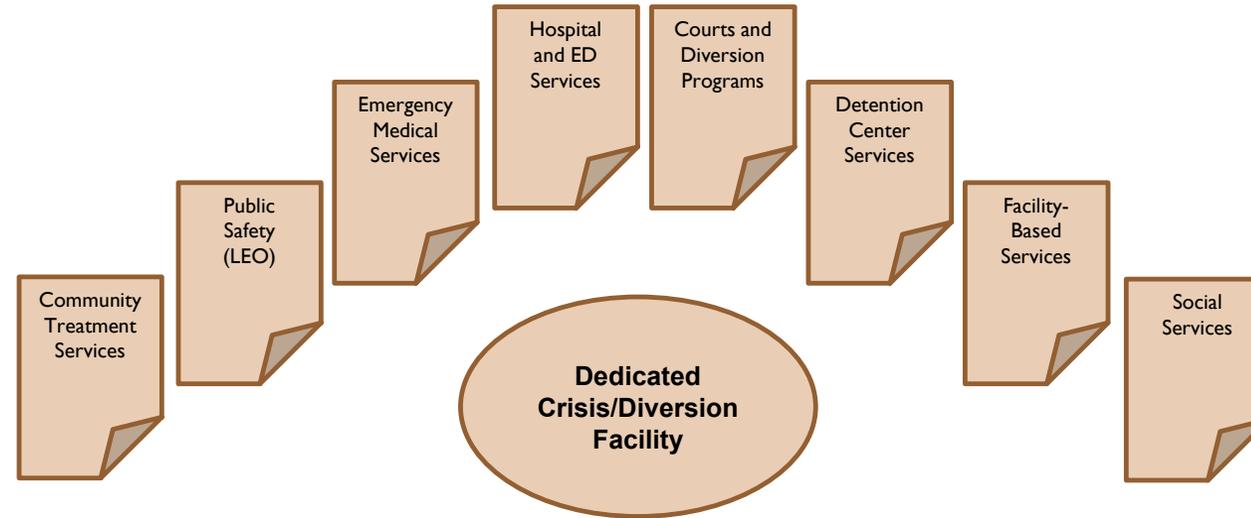
Literature and Existing Facilities Review

- 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.

PLAN FOR FUTURE: DEDICATED CRISIS/DIVERSION FACILITY



Orange County is planning a dedicated Crisis/Diversion Facility to enhance its crisis system.

- Best Practices: literature review and review of existing U.S. and N.C. programs and facilities.
- Local Stakeholders: assessment of gaps and needed services.
- Facility will provide clinical and criminal justice-related services.
- Facility will fill in missing pieces in our existing crisis system, build on current capacity and strengths.
- Network with existing programs and services: it will not duplicate or replace existing services and programs.

PROJECT DESCRIPTION: SCOPE AND FUNCTION

- Some 50 items define scope/function of the new 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 Diversion, Deflection, Stabilization, and Assessment 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.

PROJECT DESCRIPTION: SCOPE AND FUNCTION (CONTINUED)

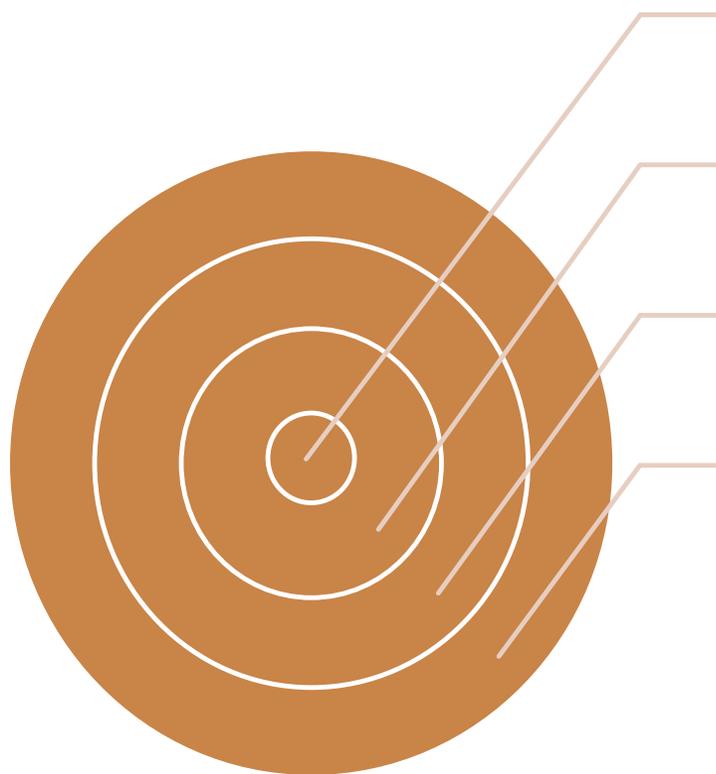
- Community Treatment Networking
 - Make referrals to community treatment with warm handoff supported by case manager and/or peer specialist. Facilitate transitioning individuals to from crisis care to community-based treatment.
 - Provide information about community treatment services available to Orange 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.

PROJECT DESCRIPTION: EXPECTED RESULTS

- **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.

PROJECT DESCRIPTION: POTENTIAL BENEFITS

- The new 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.

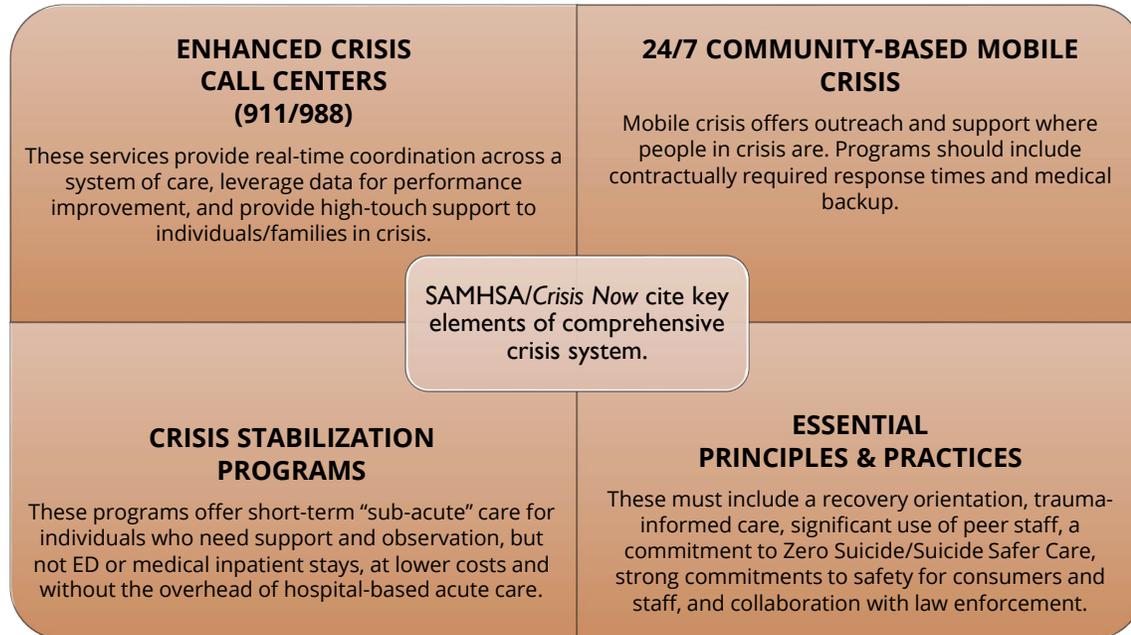
Criminal Justice System Stakeholders.

- 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.

IMPLEMENTATION PLAN: NEXT STEPS

- Orange County, with support of the Crisis-Diversion Facility Subcommittee, is working on several critical work streams.
 - **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 Preliminary Facility Design.** Develop preliminary physical/operational design for facility.
 - **Develop Preliminary Cost Estimates.** Develop preliminary capital and operating cost estimates.
 - **Identify Location and Secure Land.** Select a location for the Facility and obtain necessary approvals.
 - **Develop Financing Plan.** Identify capital and operating funds needed and secure sustainable funding for project from various sources in addition to Orange County.
 - **Final Facility Design.** Final BOCC approval to select facility designer to complete construction drawings, specifications, and provide for construction administration.
 - **Builder and Operating Partners for Facility.** Identify entities to build and operate the Crisis-Diversion Facility.
 - **Construction Ready.** Final design, construction plans, and financing for building the Facility.

IMPLEMENTATION PLAN: PRELIMINARY SCHEDULE

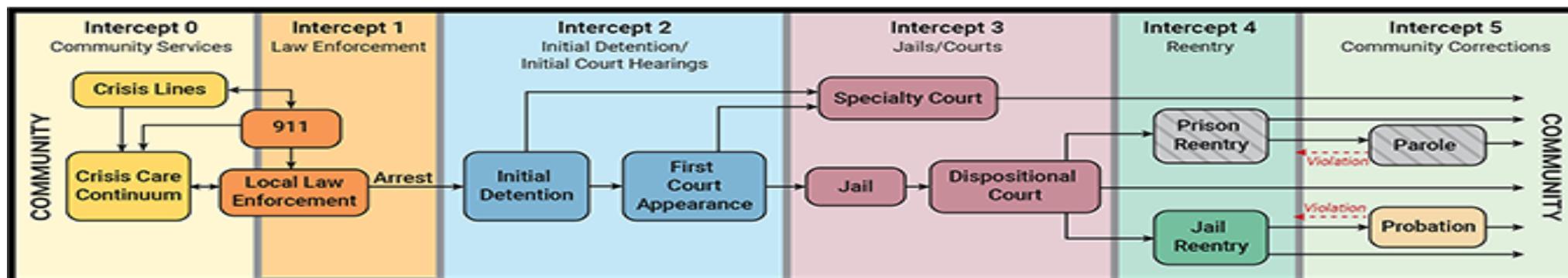
Item	I Q 2023	2Q 2023	3Q 2023	4Q2023	I Q2024	2Q2024
Develop Operational Guidelines	→					
Develop Preliminary Facility Design	→					
Develop Preliminary Cost Estimates	→					
Identify Location and Secure Land		→				
Develop Financing Plan				★		
Final Design/Contractor Selection Approval ¹				→		
Select Design Firm for Final Design					→	
Final Facility Design Drawings & Specs.					→	
Select Construction Administrator						→
Select Builder and Operating Partners						★
Construction Ready						

1. BOCC approval to proceed with final design and contractor selection.

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 Workshop.
 - Exhibit B. Best Practices: Overview of Existing US Facilities.
 - Exhibit C. Facility Specifications.

EXHIBIT A. SIM WORKSHOP: FRAMEWORK



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- The Sequential Intercept Mapping Framework (Griffin, et. al.) is organized as illustrated above. Workshop output is organized according to these intercepts. Orange County map completed during the workshop is presented on next page.
- The workshop participants noted that Orange County is fortunate to have a number of existing programs and services that provide a solid basis upon which to build. These are summarized in the following pages and are organized by Intercept.
- The main body of this report summarizes the gaps identified by Workshop participants. Filling these gaps both creates new services that do not exist currently and leverages existing services to achieve better outcomes for individuals in crisis and for stakeholders engaged in providing public safety/emergency, clinical, and criminal justice services.

Griffin, P.A., Heilbrun, K., Mulvey, E.P., DeMatteo, D., & Schubert, C.A. (Eds.). (2015). The Sequential Intercept Model and Criminal Justice: Promoting Community Alternatives for Individuals with Serious Mental Illness. New York: Oxford University Press. DOI: 10.1093/med:psy ch/9780199826759.001.0001

EXHIBIT A. SIM WORKSHOP: ORANGE COUNTY MAP

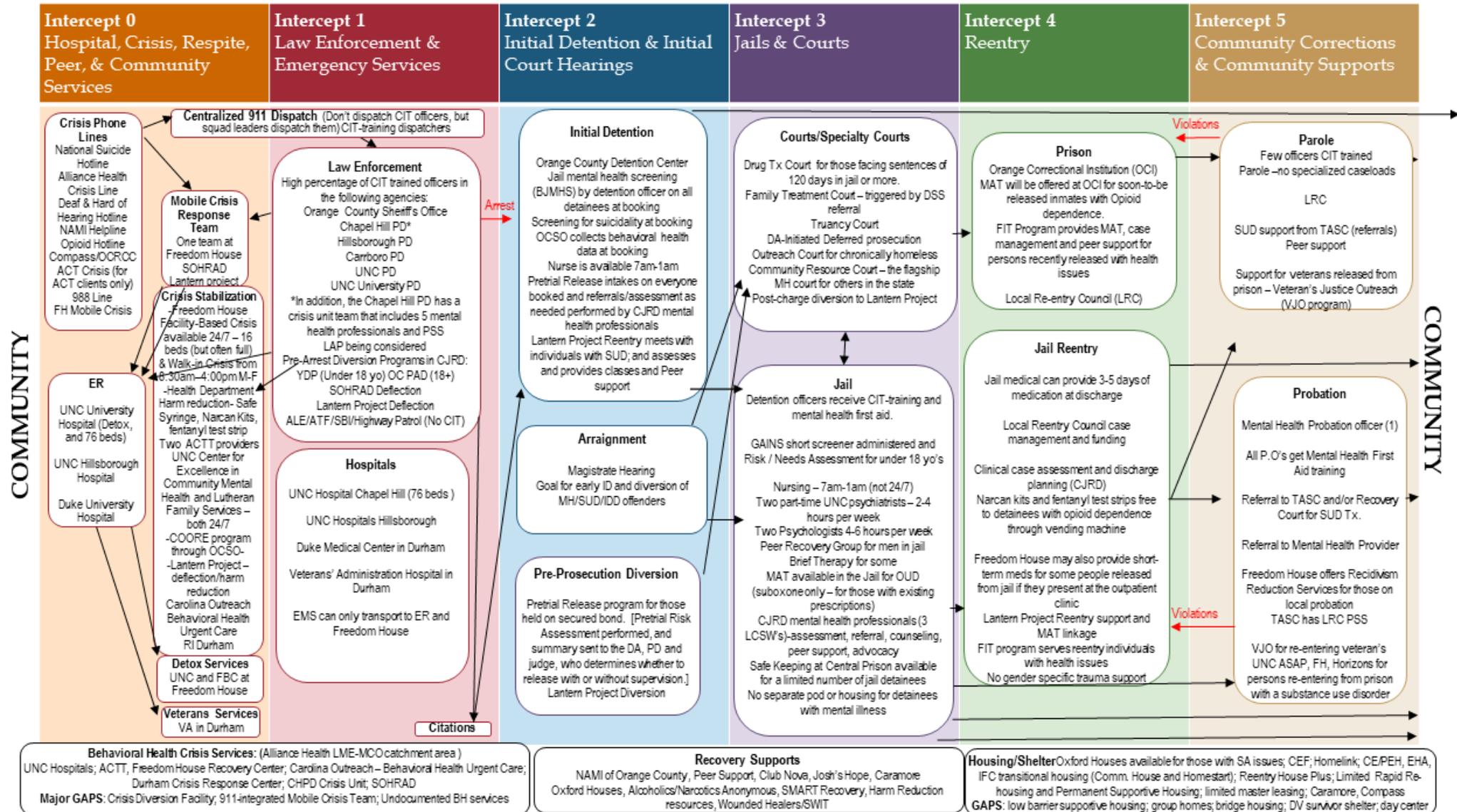


EXHIBIT A: SIM WORKSHOP (GAP ANALYSIS)

Gaps identified by participants during the SIM Workshop are organized according to Intercepts as defined by the Sequential Intercept Mapping framework.

- **Intercept 0: Community-Based Crisis Services.** Existing crisis services have limited access due to exclusionary eligibility criteria, limited hours of operation, long wait times/waitlists due to being at capacity, and/or offer limited discharge planning and support.
 - **Intercept I: Law Enforcement/Emergency Services.** There are limited options and support for law enforcement officers and other emergency service providers for diverting individuals from CJ or the hospital-based ED. The key issue at this intercept is: Divert to Where?
 - **Intercept II: Initial Detention/Initial Court Hearing.** There are insufficient clinical services in the Detention Center to treat someone experiencing a mental health crisis, screening tools not fully consistent with best practices, and jail setting can exacerbate mental health symptoms.
 - **Intercept III: Jails/Courts (See Note).** There is limited physical space in the Detention Center for additional programming, and no designated housing for persons with mental illness and/or substance use diagnoses. There is potential to increase referrals and clinical support for Outreach Court and Community Resource Court and thereby allow for more individuals to receive assistance.
 - **Other Considerations:** There is a need to increase availability of Medication Assisted Treatment (MAT) for persons released from CJ involvement; ensure a cross-systems endeavor (e.g., BH, jail/prison, homeless services, courts, police, social services, consumers, family members, advocates); expand peer support to promote recovery; and facilitate transition to appropriate services in the community.
- Note:** New Orange County Detention Center and associated programs address Detention Center gaps identified during the April 2019 Workshop.

EXHIBIT B. BEST PRACTICES – U.S. PROGRAMS AND FACILITIES

- The literature review is supplemented by direct interviews conducted by subcommittee members with representatives of operational and planned facilities.
- Selected programs in NC and elsewhere in U.S where researched and provide:
 - point of reference for the types of services that can be included in a crisis/diversion facility.
 - more complete understanding about how such facilities are integrated with a community’s emergency and social services.

Name of Facility or Program	Area Served
Alamance County Diversion Program (RHA Health Services) - Proposed	Alamance County, NC (Burlington)
C3 356 Comprehensive Care Center	Buncombe County, NC (Asheville)
Roberto L. Jimenez, M.D. Restoration Center (Division of Center for Health Care Services)	Bexar County, Tx (San Antonio)
Miami-Dade Criminal Mental Health Project (Miami Center for Mental Health and Recovery)	Dade County, FL (Miami)
Helen Ross McNabb Center, Diversion Program	Knoxville, TN
Freedom House and Freedom House-type Facility	Orange County NC; Forsyth County NC
Crisis Assistance Helping Out On The Street (CAHOOTS)	Eugene, OR
Connections Health Solutions - Crisis Response Centers	Phoenix and Tucson, AZ
UNC Wakebrook	Wake County, NC

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

- Crisis/diversion facilities and programs have been or are being developed in large and small communities and are geographically dispersed across the U.S.
- Among the facilities and programs included in our study, there are widely differing models; however, they share a common objective: divert individuals with MH and/or SUDS concerns from either a typical ED or jail.
- Figure to the right illustrates the variety in crisis/diversion facilities and programs across six dimensions.
- Each facility/program reflects the unique needs and priorities of the local community.



EXHIBIT C. FACILITY SPECIFICATIONS: CLINICAL SERVICES

- BH urgent care (BHUC-4), 24 stabilization chairs.
- Facility Based Crisis (FBC) for adults (16 beds).
- Serve short-term IVC patients.
- Emergency SUD treatment services (24/7).
- Non-hospitalization detoxification services.
- Urgent Medical Care Services for individuals in crisis (allow treatment of non-life-threatening conditions).
- 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).
- Clinical and forensic assessments.
- Peer support specialists.
- Multi-day temporary boarding while waiting for transfers or as a bridge between crisis care and community treatment.
- On-site pharmacy services to serve patients in Facility and allow patient to be discharged with medication.
- Third-party laboratory with available, expedited courier service. Serve patients in Facility.
- Clinical services for minors ages 4 – 17 in BHUC.
- 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 services.

EXHIBIT C. FACILITY SPECIFICATIONS: CJ DIVERSION/DEFLECTION

- On-site CIT and MHFA-trained LE personnel to maintain facility security.
- Locked, secure facility space available, if needed.
- On-site security personnel and peer support specialists to maintain calm and safe environment and to provide readily available transportation for patients in custody, as needed for IVC transportation, and to provide court paperwork to and from Facility.
- On-site space (and video conference link) for criminal justice stakeholders (e.g., Magistrate, District Attorney, Public Defender, courts/judges, CJRD personnel, clinicians).
- On-site security to provide warm hand-off for patients who are in custody (e.g., transfers from jail).
- FIT (Formally Incarcerated Transitions) program liaison.
- Readily available medical and LE transportation for IVC patients.
- Forensic assessment services for court processes.
- Clinical services for individuals who are in custody (temporary transfers from detention facility) or awaiting court processing/hearings.
- No refusal admission for law enforcement and emergency medical services (24/7/365) including individuals who are agitated or under an IVC order except where there is a serious security concern and/or acute medical needs.

EXHIBIT C. FACILITY SPECIFICATIONS: NETWORKING

Community Treatment Services Networking

- Serve as community resource providing information about available 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.
- 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.
- Resource Center providing information by phone or in-person to members of the community about available treatment services (for all conditions) and supportive social services.