



# **Orange County Behavioral Health Crisis-Diversion Facility**

**Impacts and Benefits  
April 25, 2024**

### **Acknowledgments**

This report is the work product of the Orange County Behavioral Health Task Force's Crisis Diversion Facility Subcommittee. There have been extensive discussions, input, and work involving stakeholders across Orange County including the law enforcement community, criminal justice community, Orange County Sheriff's Office, Orange County courts, public schools, social services, Alliance Health, Orange County Emergency Medical Services, UNC Health, and especially the Orange County Board of County Commissioners who provided support and resources to advance this project. The expertise and support of these stakeholders and many more individuals across the community who have supported this effort in large and small ways has been invaluable and is much appreciated.

UNC's School of Government Criminal Justice Innovation Lab provided guidance on framing and conducting the analysis, conducted literature searches, and reviewed and commented on sections of draft text in this report.

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## Section 1.0. Introduction

Across the nation, there is broad recognition that behavioral health concerns are wide ranging and impacting every age, demographic, and income bracket. Alongside traffic accidents, drug overdoses and suicides are now among the leading causes of death for Americans between ages 25 and 44. Youth are experiencing escalating behavioral health issues, which prompted the US Surgeon General's issuance of a *Youth Mental Health Advisory* in 2021. The COVID pandemic further exacerbated the need for behavioral health services across all age groups.

Orange County is no exception.

Behavioral health covers a broad spectrum of conditions that impact individuals, families, and communities, including common mental health concerns such as anxiety and depression; serious and persistent mental illness such as schizophrenia, mood disorders, and major depression; substance use disorders (e.g., alcohol use disorder and opioid use disorder); and suicidal ideation/attempts. With proper and timely care, often these conditions can be addressed. When symptoms worsen, conditions risk spiraling into a disruptive crisis. In either case, the priority is to provide the most effective services, as soon as possible, and in the most appropriate setting.

Responding to findings of the Sequential Intercept Mapping Workshop<sup>1</sup> held in Orange County in April 2019, the Orange County Behavioral Health Task Force, via its Crisis-Diversion Facility Subcommittee, examined services and gaps in the existing network of services that currently respond to behavioral health crises in Orange County. The subcommittee also examined available national guidance and best practices across the U.S. In April 2021, the subcommittee made its recommendation for an Orange County Crisis-Diversion Facility (CDF), identified its mission of reducing the number of behavioral health crisis episodes that result in use of an emergency department or jail, and described its scope and function. With the unanimous support of the Orange County Board of County Commissioners, work on the CDF continued. In June 2023, a project design team under contract to Orange County completed a preliminary physical and operational design for the CDF and provided estimates of capital and operating costs.

This report adds to the above-mentioned documentation and explores the CDF's impacts and benefits.

The reference section provides a sample of an extensive body of research that points to the benefits of facilities like the proposed Orange County Behavioral Health Crisis Diversion Facility (CDF), which are commonly refer to as crisis stabilization facilities. Specifically, many studies point to the effectiveness of crisis stabilization facilities both in terms of better outcomes for individuals and families and in terms of broader community interests: effectiveness of criminal justice deflection and diversion programs<sup>2</sup>, more efficient policing when BH issues are involved, more efficient delivery of emergency medical services, and improvement in a community's quality of life over time because holistic wrap-around services (e.g., housing and social services) reduce instances of repeated episodes.

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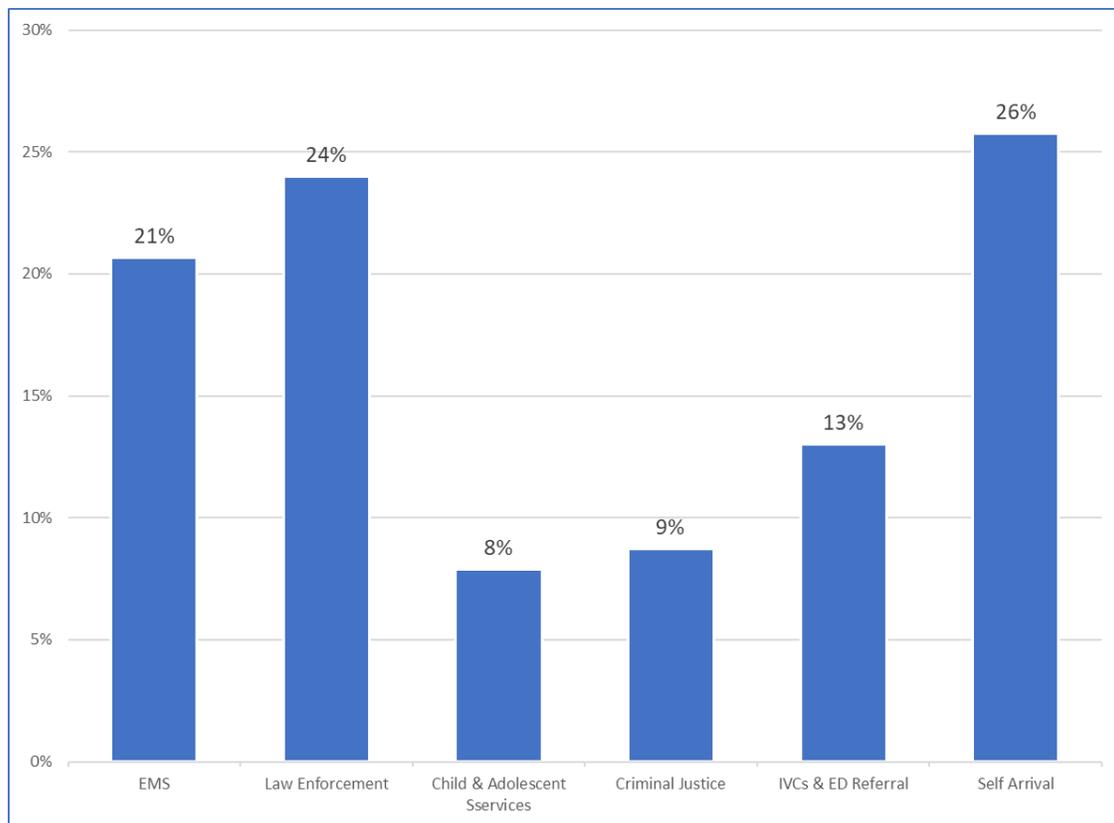
<sup>1</sup> The Sequential Intercept Model (SIM) was introduced in the early 2000s with the goal of helping communities understand and improve interactions between criminal justice systems and people with behavioral health issues (mental illness and substance use disorders). A Sequential Intercept Mapping Workshop is a technique for exploring gaps and developing action plans specific to an individual community. See Griffin, P.A. et. al. in References.

<sup>2</sup> Diversion programs focus on moving justice-involved individuals out of the criminal justice system and returning them to the community. Deflection programs are designed to avoid criminal justice involvement in the first place.

It is beyond the scope of this study to conduct a traditional benefits/cost analysis where value is measured in absolute dollars. What this study does is explain how the CDF will be woven into the array of existing services, how the resulting interaction will enhance the effectiveness of multiple county and municipal programs, how stakeholder resources are impacted and, most importantly, how healthier outcomes will result.

***What is the expected utilization of the Crisis-Diversion Facility?***

The CDF will provide specialized services for approximately 365 behavioral health visits per month in a manner and in a setting that improves outcomes for individuals and their families (the appendix to this document describes the CDF’s scope of services). As shown in **Figure 1**, about 55 percent of these episodes are projected to access the CDF via engagement of emergency medical services, law enforcement, and criminal justice programs that respond to behavioral health episodes in Orange County every day. About 35 percent will access the CDF on their own (walk-in) or will do so on referral from or under supervision of various municipal/county programs or services. Additionally, some walk-ins may be referred by various community services, which are in settings where worsening behavioral health symptoms may be observed (e.g., family and pediatric medicine, local counseling and psychological services, schools, drug and alcohol rehabilitation programs, and organizations such as the National Alliance On Mental Illness). The remaining visits are related to IVCs or transfers from the ED.



**Figure 1. Projected CDF Utilization by Stakeholder<sup>3</sup>.**

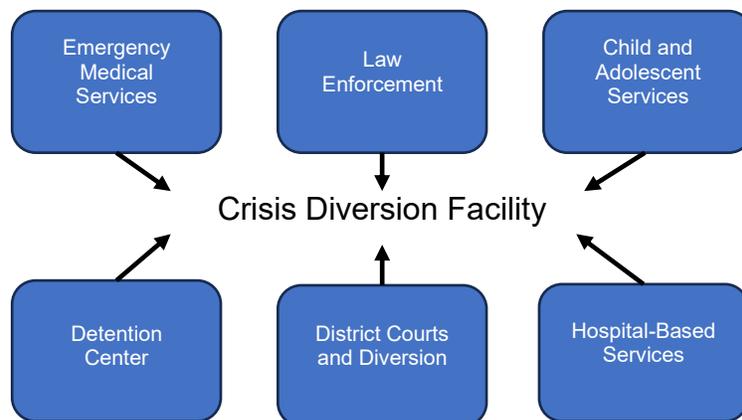
<sup>3</sup> Rounding of numbers results in totals that do not add to exactly 100%.

Unlike UNC’s emergency department, which is a regional trauma center and excels in servicing a wide array of trauma and life-threatening emergencies, the proposed CDF specializes in addressing the specific and immediate needs of individuals experiencing behavioral health problems or a behavioral health crisis. Often this requires focusing on more than the clinical symptoms and providing care from a holistic perspective. It also means providing services that are helpful before, during, and after a behavioral health crisis and at each point providing an answer to the question of *Where to Go*.

- **Before a Crisis:** CDF works with individuals, families, organizations, and community providers who have a need for information about behavioral health issues and resources in the community. It provides a *place to go* on a walk-in basis to get answers to questions and access information that may prevent a behavior health condition from escalating.
- **During a Crisis:** The CDF provides immediate access at any time to urgent behavioral health crisis care to observe, assess, stabilize, and treat anyone (e.g., any behavioral health condition, language, cultural/ethnic background, individuals with special needs, children and adolescents, and those with non-life-threatening medical conditions/injuries). The CDF can provide referrals to third-party facilities and services, as needed. It provides an alternative to emergency departments and jail.
- **After a Crisis:** Individuals who experienced a crisis effectively transition to living in the community and accessing outpatient services near where they live. A warm handoff connects individuals to clinical and social services. They may return for peer support and education programs, all geared to reduce the risk of repeat crises.

***What is the Scope of this Report?***

Orange County stakeholders, as illustrated in **Figure 2**, who deal with behavioral health concerns or respond to behavioral health crisis episodes every day, will work in collaboration with the CDF. This report explores benefits of the CDF with respect to these stakeholder’s effectiveness and associated resource implications.



**Figure 2. The CDF Promotes Community-wide Collaboration Among All Stakeholders.**

The remainder of this report is organized as follows.

**Section 2.0, County and Municipal Services**, explores the collaboration between the CDF and various county and municipal stakeholders; including how the CDF enhances their missions and the associated resource implications.

**Section 3.0, Criminal Justice**, explores the collaboration between the CDF and various criminal justice diversion and deflection programs, detention center operations and the CDF's impact and benefits for these stakeholders regarding program effectiveness and burden reduction.

**Section 4.0, Hospital-based Services**, explores the relationship between the CDF and hospital-based emergency and inpatient services and the associated burden reduction and cost savings.

**Section 5.0, Conclusions**, recaps the main conclusions of this report.

**References** lists documents and published literature related to the topics covered in the above sections.

**Appendix A** summarizes the CDF's scope and function.

**Appendix B** lists Acronyms

## Section 2.0. County and Municipal Services

Newly emergent, undiagnosed, or under-treated behavioral health conditions can lead to engagement of various community services. The example below is but one drawn from actual situations in Orange County and illustrates how more severe episodes, referred to as behavioral health crises, often require action by emergency medical services and/or law enforcement.

*A young man who is being successfully treated for a psychiatric diagnosis has complications due to treatment of a physical illness, and his psychiatric symptoms worsen. Subsequently, while in a public space, his behavior becomes disruptive, and someone calls 911. Law enforcement officers (LEOs) arrive and immediately observe that the young man is quite agitated but decide not to take him to the emergency department. Instead LEOs stay with him while they contact his family. The family begins the process for an IVC while he waits and is further traumatized by the setting and law enforcement presence. With an IVC order, he is transported to UNC Hospital where intake takes more time.*

A common refrain from first responders is that while these stakeholders know there is a better way to respond to the behavioral health crises, their effectiveness is limited because there are few existing options other than an emergency department or criminal justice involvement. *Divert to Where* is the common refrain. Approximately 70 percent of the individuals projected to utilize the CDF will do so with engagement of municipal and county services. Enhancing the effectiveness of county and municipal services when responding to behavioral health episodes is a main objective of the CDF.

The answer to the *Divert to Where* question is to provide these stakeholders with a default no-wrong-door destination, which enables them to intervene appropriately because *people who are receiving the front-end community services that are available still need a full continuum of behavioral health crisis services to respond quickly and appropriately to prevent or minimize adverse outcomes at the times when their mental health and/or substance use conditions may be at risk of decompensation*<sup>4</sup>.

### Section 2.1. Emergency Medical Services

The CDF provides Emergency Medical Services (EMS) with a default no-wrong-door destination for all but the most acute cases. This means that for the approximately 70 episodes per month requiring transport to a facility, EMS is assured that the CDF is the right place to go, with low medical clearance barriers, and a five-minute transfer time.

*It is the purpose of the CDF's design to support EMS' behavioral health crisis response thereby enabling EMS to provide the most appropriate response with less burden on EMS personnel and resources.*

EMS estimates that collaboration with the CDF will reduce the amount of time required to respond to a BH episode both in the field and especially when transferring an individual to a receiving facility by about 50 minutes per episode. Cost avoidance in the first year of operation is expected to be equivalent to about 2.5 full-time EMTs. Another way to view the burden reduction is that reduced time per episode frees equipment and crew to respond to other emergencies and very likely will extend the time before additional EMS capability (equipment and personnel) needs to be added.

**Table 1** summarizes the CDF's design features, and the associated EMS benefits.

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<sup>4</sup> Judge Steven Leifman, 11th Judicial Circuit Criminal Court, Florida, *Roadmap To The Ideal Crisis System* (page 6), March 2021.

**Table 1. CDF Provides Critical Services For EMS Operations.**

CDF Design Features	CDF Benefit for EMS
Welcoming/Safe/Supportive Environment	<ul style="list-style-type: none"> <li>• Reduced time taken by EMS staff in the field.</li> <li>• Increased effectiveness in reaching a greater number of individuals.</li> </ul>
Medical Triage/Urgent Care	<ul style="list-style-type: none"> <li>• Enhances CDF effectiveness as a no-wrong-door default destination in lieu of the emergency department and allows over 90 percent of episodes to be transported to the CDF.</li> </ul>
Separate Entrance for EMS	<ul style="list-style-type: none"> <li>• Transfer of patient from EMS to CDF clinical care in about five minutes.</li> </ul>

The benefits derived by EMS flow from the fact that the CDF is a dedicated behavioral health facility unlike any other operating in Orange County. The CDF incorporates design features that provide a *welcoming, safe, and supportive environment* that individuals needing behavioral health services value. The separate entrance for first responders will be just as welcoming as the main entrance and move individuals quickly to clinical care, which is important because regardless of how they get there, most individuals will be transported to the CDF on a voluntary basis. For these reasons, EMS anticipates there will be less resistance to being transported to the CDF compared to the emergency department or other available facilities, which will reduce the burden on EMS in the field.

From EMS’s perspective, the transfer efficiency provided by a *dedicated entrance for first responders* will cut time required by EMS while dropping off an individual at the CDF as compared to an emergency department or other facilities from about 30 minutes including waiting for transfer to be completed (*wall time*) to an expected five-minute transfer time. This efficiency is enhanced further by inclusion of *medical triage and urgent care* services in the CDF to address non-life-threatening conditions, which will lower medical clearance barriers and allow EMS to use the CDF rather than an emergency department for a greater proportion of episodes.

**Section 2.2. Law Enforcement.**

Unlike any current facility operating in Orange County, the CDF provides Orange County law enforcement agencies<sup>5</sup> with a default no-wrong-door destination for all cases except those that involve potential for violence or serious criminality. This means that for about 85 episodes per month that currently are transported to an emergency department or that can lead to an arrest, law enforcement is assured that the CDF provides the answer to *Divert to Where*. With its low medical clearance barriers, a five-minute transfer time, and video conferencing with the magistrate, law enforcement (LE) burden is reduced, and LE response to a behavioral health episode is enhanced.

*Literature regarding alternatives models for law enforcement response to behavioral health episodes is extensive, and it shows that having a facility, such as the proposed CDF, is an important factor regarding effectiveness of any of these LE deflection models.*

Law enforcement agencies in Orange County concur that the above factors will reduce time spent in the field and during transfer of an individual from their custody to clinical services. This reduces the burden on law enforcement officers (LEOs) and frees up LE personnel and equipment. Additional savings are derived from fewer charges and arrests, which will reduce the costs of processing and detaining individuals in the detention center.

<sup>5</sup> Chapel Hill Police Department, Carrboro Police Department, Hillsborough Police Department, Mebane Police Department, Orange County Sheriff’s Office, UNC Police Department.

Table 2 summarizes the CDF’s design features and associated LE benefits.

**Table 2. CDF Provides Critical Services for Law Enforcement.**

CDF Design Features	CDF Benefit for Individual and Families
Welcoming/Safe/Supportive Environment	<ul style="list-style-type: none"> <li>• Reduced the time taken by LEO in the field and increased effectiveness, reaching a greater number of individuals.</li> </ul>
Separate Entrance for LE and Video Conferencing	<ul style="list-style-type: none"> <li>• Reduced transfer time from LE to clinical care to about five-minutes.</li> <li>• Magistrate video access avoids clinical care delays and reduces transport among various locations to resolve criminal issues.</li> </ul>
Medical Triage/Urgent Care	<ul style="list-style-type: none"> <li>• Enhances CDF effectiveness as a no-wrong-door default destination in lieu of an emergency department and allows over 90 percent of episodes to be transported to the CDF.</li> </ul>
Holistic Wrap Around Services	<ul style="list-style-type: none"> <li>• Wrap around services with guidance from Peer Support Specialists reduces risk of repeat crises that routinely burden LE resources.</li> </ul>

A key CDF objective is to operate in collaboration with LE agencies in Orange County. As is the situation for EMS, because the CDF is designed to be welcoming to anyone anytime regardless of how they arrive, it can reduce resistance by individuals to being transported. This is important because most individuals will be transported to the CDF by LE on a voluntary basis and less resistance to transport reduces time spent in the field. Importantly, with Orange County’s commitment to safely reducing the number of individuals with behavioral health issues in the criminal legal system, the CDF offers an opportunity for LE to increase deflection and pre-arrest diversion where a therapeutic response and warm hand-off is more appropriate.

Transfer efficiency provided by a *separate entrance for first responders* will cut time required by LEOs when transferring an individual to the CDF as compared to an emergency department or other facilities from about 30 minutes, including waiting for transfer to be completed (wall time), to an expected five-minute transfer time. This efficiency is enhanced further by inclusion of sufficient *medical triage and urgent care* services in the CDF to lower medical clearance barriers and allow LE to use the CDF rather than an emergency department for a greater proportion of episodes.

Importantly for LE, the CDF will provide a degree of integration with criminal justice via video conferencing with the magistrate, allowing LEOs to work from a single destination to address criminal matters that may be associated with the behavioral health episode while caring for the individual in a clinical setting. After providing crisis services, the CDF will integrate *Holistic Wrap Around Services* into its operations for all individuals, which has the potential to reduce repeat episodes that repeatedly burden LE resources (see Section 2.4).

### Section 2.3. Child and Adolescent Services

Chapel Hill-Carrboro City Schools, Orange County Schools, juvenile justice programs, and Orange County’s Department of Social Services work each day with children, adolescents, and families experiencing behavioral health issues. The CDF will provide child and adolescent service agencies with a single place to call for information, services, behavioral health urgent care, and assessments and will work in collaboration with these agencies’ internal resources. This means that for approximately 30 episodes per month such services can be obtained in a timely manner and in an appropriate setting for children and

*The CDF provides child and adolescent agencies a one-stop shop for behavioral health services and will work in collaboration with these agencies’ internal resources to enable earlier engagement with individuals and families.*

families dealing with a behavioral health concern, resulting in earlier engagement and potentially better outcomes.

All such programs will benefit from a collaboration with the CDF when the demand for behavioral health care exceeds their internal capacity or expertise. Essentially, child and adolescent services stakeholders need an answer to *Where to Go* for information and services. CDF design features focused on this support are presented in **Table 3**.

**Table 3. CDF Provides Services That Support Child and Adolescent Services.**

CDF Design Features	CDF Benefit for Child and Adolescent Services
Immediate Access to Clinical Assessments for Children and Adolescents.	<ul style="list-style-type: none"> <li>• Reduces complexities about where to go when dealing with children whose needs exceed stakeholder resources.</li> <li>• Reduces delays that impede early intervention and can avoid or mitigate predictable worsening of conditions for minors and their families.</li> </ul>
Resource Center	<ul style="list-style-type: none"> <li>• Ready answers to questions about various behavioral health topics and services that are available to Orange County residents including those provided at the CDF.</li> </ul>

The CDF will serve minors four years of age and older in its Behavioral Health Urgent Care unit (BHUC), which will operate on a 24/7/365 basis. Whenever the internal capacity of the above-mentioned agencies is exceeded, child and adolescent services stakeholders have a single place to call to get information and services. If clinical services exceed the 24-hour limit of the BHUC, the CDF can refer families to other facilities and services.

These agencies typically need safety assessments (schools), crisis stabilization, clinical assessments that are part of their routine processes for intake (DSS), or an option for minors whose families reach out to Juvenile Justice for help when they otherwise could benefit from information and services provided at the CDF before involvement in the criminal justice system. Currently, these agencies' options are limited to using the emergency department or enduring time delays or out-of-county travel that impedes their effectiveness. The CDF offers a better and more immediate option.

When the CDF eliminates time delays that currently impede the workflow, these agencies can engage children and families earlier and work with them to avoid adverse outcomes. Moreover, use of the CDF on a walk-in basis avoids sending a child and their families to an emergency department, making it easier to engage the child and their families in the more welcoming CDF environment. The CDF's *Resource Center* provides families and representatives of these various agencies with information on a myriad array of behavioral health conditions and identifies services available to Orange County residents.

## 2.4 Housing and Support Programs

Orange County has an array of programs and resources focused on helping the most vulnerable members of our community; many of whom repeatedly engage county and municipal crisis services. These support services, especially housing resources, are critical for helping an individual transition from crisis to living in stability in the community and mitigating risk of repeat episodes. Programs whose mission is to achieve this outcome often lack shared information and opportunity for effective collaboration when and where collaboration can be most effective.

*The CDF facilitates interaction and collaboration among agencies, services, and resources focused on individuals who engage crisis services frequently thus enhancing the effectiveness of these services to reduce risk of repeat episodes experienced by a small subset of individuals.*

After providing crisis services, the CDF will provide a critical intersection where *Holistic Wrap Around Services* can be incorporated into discharge planning. What this means is that the CDF is not just another Place to Go for stabilization and treatment, but a place to access other needed services and resources (e.g., housing, insurance, medical, employment, education). CDF does not require additional housing or social service funding. Instead, it will enable existing programs and resources to be more effective and available to people in need. The CDF design features that enable this support are presented in **Table 4**.

**Table 4. CDF Provides Services That Support Social Services Networking.**

CDF Design Features	CDF Benefit for Social Service Networking
Discharge Planning and Wrap Around Services.	<ul style="list-style-type: none"> <li>• Address the totality of a person’s needs beyond the immediate medical condition thus reducing the potential for repeat crises.</li> <li>• Wrap around services are incorporated into a coordinate discharge plan.</li> </ul>
Video Conferencing	<ul style="list-style-type: none"> <li>• Provides effective access to available services by enabling applications and interviews even before discharge.</li> </ul>
Resource Center and Peer Living Room	<ul style="list-style-type: none"> <li>• Provide information about BH conditions and about support services thus minimizing confusion often accompanying discharge from a clinical setting.</li> <li>• Individuals can return to CDF for peer support while continuing to live in the community and accessing care on an outpatient basis.</li> </ul>

Within the CDF many stakeholders whose mission is to provide support can work together assisting individuals leaving the CDF. The list below is not exhaustive, but it does characterize the range of services operating in OC<sup>6</sup>.

- Partnership to End Homelessness, OC Housing Helpline, Coordinated Entry, Emergency Housing Assistance, Eviction Diversion Program.
- Criminal Justice Resource Department (CJRD)
- Community Empowerment Fund.
- Interfaith Council (IFC)
- Compass Center
- OC Health Department (medical and dental services).
- OC Social Services for adults and children (food and nutrition services, employment services, Medicaid enrollment, veterans benefits).
- Street Outreach, Harm Reduction, and Deflection Program (SOHRAD)
- Alliance Health Services for access to medical/BH services, housing resources, and Medicaid resources.

Most of these stakeholders already work with the diversion and deflection programs mentioned in Section 3.1. CDF adds a touch point for unsheltered and vulnerable individuals to access essential resources. Right now, of the hundreds of calls to the housing hot line, 15% benefit from Coordinated Entry, which is a single point of entry, homelessness diversion, and program referral system. Individuals would be able to engage Coordinated Entry while at the CDF before discharge. Another key resource, Alliance Health, often does not hear about a member in their care when arriving at the ED (only upon inpatient care), but

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<sup>6</sup> A comprehensive list of available resources can be found at the Orange County Web Site: <https://www.orangecountync.gov/2804/Resource-List>.

at the CDF, Alliance Health will have point of contact for all individuals entering the CDF without gaps or delay.

These arrangements can be described as coordinated discharge planning and support. It is a means of providing holistic wrap around support that will effectively connect an individual to housing resources and other social and health services while they are still in the facility. Prearranged points of contact and video conferencing enable the entities listed above to communicate, coordinate and to make referrals while the individual is still at the CDF. Once arrangements have been made, peer support will help individuals navigate the services available and maintain a path toward living in the community. Individuals can maintain a connection to ongoing support via peer living room and resource center.

### Section 3.0. Criminal Justice.

Over the years, Orange County has embraced practices that minimize involving individuals with behavioral health issues in the criminal justice system and adopted programs and policies that are intended to achieve just such outcomes. The CDF is different from existing services and facilities in that an important part of its mission is to enhance utilization and effectiveness of these Orange County programs.

### Section 3.1 Deflection, Diversion, and Reentry Programs

The CDF will support local judges in approximately 20 justice-involved episodes per month that depend on various behavioral health assessments. Additionally, the CDF will provide clinical services in support of various deflection, diversion, and reentry programs that operate in Orange County<sup>7</sup> with a new level of integrated clinical support.

*Much has been written about the intersection of criminal justice and behavioral health. Deflection and Diversion from the criminal justice system for individuals with mental illness and substance use disorders is often the most appropriate response. However, the CDF also allows the criminal justice stakeholders to function more effectively and efficiently regarding this population when justice system involvement is necessary.*

- *Specialty Courts* seek to guide individuals toward treatment and programs to address their behavioral health needs in lieu of prosecution and/or incarceration: Recovery Court (assists individuals with a substance use disorder), Community Resource Court (assists individuals with a mental health diagnosis), Family Treatment Court (a collaborative effort between the court system and the Department of Social Services).
- *Pretrial Services Program* can minimize unnecessary detention by supervising individuals who are released from custody and able to maintain employment and stable housing, access treatment, and aid in their own defense.
- *Pre-Arrest Diversion Program (OC-PAD)* provides LE the option to divert individuals pre-arrest who are 18 and older with no criminal record on certain misdemeanor offenses.
- *Youth Deflection Program (YDP)* deflects youth aged 17 and under for eligible charges from the juvenile justice system.
- *Lantern Project* works to deflect and divert people with behavioral health concerns and prior justice involvement out of the criminal legal system and into treatment and harm reduction interventions.
- *Street Outreach, Harm Reduction and Deflection (SOHRAD) program* connects people experiencing homelessness in Orange County with housing and supportive services.
- *Community Care and Diversion Response (CCDR) team* is a collaboration between the CJRD, four law enforcement agencies and Freedom House to deflect and divert individuals with serious mental illness from the criminal system.

The CDF features are designed to enhance these programs and to provide the behavioral health resources that are critical to their continued success are shown in **Table 5**.

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<sup>7</sup> The various deflection, diversion, and reentry programs are operated under the auspices of the Orange County Criminal Justice Resource Department in collaboration with Orange County Courts and local law enforcement.

**Table 5. CDF Provides Services That Support Orange County Courts.**

CDF Design Features	CDF Benefit for Orange County District Courts
Public Entrance for Self-Arrival.	<ul style="list-style-type: none"> <li>• Increase success rate of compliance with a court order or other program requirements when individuals are freed to live in the community.</li> </ul>
Clinical and Forensic Assessments and Video Conferencing	<ul style="list-style-type: none"> <li>• Assessments provided quickly enhance court process and decision making.</li> <li>• Clinical or criminal justice processes supported without leaving the CDF.</li> </ul>
Stabilization and Treatment Services with Peer Support	<ul style="list-style-type: none"> <li>• Greater compliance with court requirements and meeting diversion goals.</li> </ul>

The CDF will work in a fully collaborative manner with the various deflection and diversion programs listed above, which will enable greater compliance by program participants and better outcomes.

This starts by having a *Public Entrance for Self-Arrival* where justice-involved individuals who are released with a requirement to complete a clinical assessment or obtain treatment services can easily access the CDF to ensure compliance. Ease of access, aided in some cases with a referral upon release, decreases the risk that an individual will delay or skip a required clinical service and reduces the need for an arrest order and time in the detention center. Individuals who require a clinical assessment, but are not released on their own accord, will be able to be housed in the CDF’s secure FBC<sup>8</sup>.

Judges can rely on the CDF to have an individual receive a *clinical assessment* quickly, including IVC assessments, with the clear benefit of providing judges with critical information when they are engaging in a diversion action, determining what services and release conditions are appropriate, deciding what specialty court processes might be appropriate, or seeking to determine capacity to proceed. *Forensic assessments* can be delayed for weeks and sometime longer and there are other gaps in the current process that the CDF can address. While not many in number of episodes, these cases can involve many resources and stretch out for weeks and months, delaying a release from custody or the resolution of case. For example, if an individual is detained on minor charges and released from the detention center to get a forensic assessment and/or any needed stabilization/treatment services, then delays risk new charges or an IVC order being issued, transport to the emergency department, release without a discharge plan, and subsequent return to the detention center. This cycle can be repeated. Providing necessary services in the CDF means that services will be provided with greater assurance, thus avoiding the cycle described above or the need to detain the individual in jail for weeks or longer waiting for a bed at Central Regional Hospital. The therapeutic setting of the CDF will likely improve the cooperation of patients and their outcomes as a result.

The CDF will collaborate with the various specialty courts and deliver required services that are integral to the needs of individuals under their supervision including: detoxification services, mental health and substance use stabilization, treatment recommendations or medication adjustments, and assessment for suicidal/homicidal ideation. This level of integrated clinical support for these courts does not exist now. To help any justice-involved individuals access services and comply with court requirements, a CDF peer support specialist, in communication with Alliance Health and court stakeholders, will be available to work with individuals from the point of first arrival at the CDF through completion of their court-ordered requirements.

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<sup>8</sup> The Facility Based Crisis (FBC) section of the CDF is a secure clinical space that can house adults for more than 24 hours including those who are under IVC orders or involved with the criminal justice system.

### 3.2. Detention Center

The CDF will work in an integrated manner with the Orange County Detention Center to provide specialized behavioral health clinical services in an appropriate and secure environment for an estimated 10 episodes per month, with varying lengths of stays in the CDF. These services reduce the need to care for these individuals in the detention center or safekeeping, thus reducing the burden on detention center staff, the cost of safekeeping or hospitalization and reducing disruptions to daily operations.

*The Orange County Detention Center is a modern facility; however, it does not have a mental health unit and does not have the specialized capacity to handle any kind of behavioral health situation. Collaboration with the CDF will support the detention center when working with justice-involved individuals with a behavioral health diagnosis.*

**Table 6** summarizes the CDF’s design features that specifically reduce the burden on detention center operations and costs.

**Table 6. CDF Provides Services That Benefit the Orange County Detention Center.**

CDF Design Features	CDF Benefit for Orange County Detention Center
Observation, Stabilization and Treatment Services	<ul style="list-style-type: none"> <li>Specialized care for incarcerated individuals requiring care for mental illness or drug and alcohol disorders or who are suicidal reduces burden on detention center staff.</li> </ul>
Clinical and Forensic Assessments	<ul style="list-style-type: none"> <li>Reduced time spent in the detention center awaiting assessments before further action can be taken by the courts on an individual’s cases.</li> </ul>
Secure Facility-Based Crisis	<ul style="list-style-type: none"> <li>Multi-day care for patients who need time for stabilization, to begin treatment or require an IVC order reduces burden on detention center staff.</li> </ul>
Video Conference Facility	<ul style="list-style-type: none"> <li>Reduced bookings for individuals taken directly to the CDF in lieu of the detention center.</li> <li>Reduce time transiting between the magistrate, courthouse, detention center, and the CDF.</li> </ul>

Caring for individuals with behavioral health issues in the detention center requires greater resources than caring for the general population, including additional medical attention and disciplinary actions. Such patients can decompensate and require reassessment and adjustment of their medicine. When unstable, their behavior can be disruptive and require near constant attention of detention center staff and medical personnel to ensure safety.

The CDF can serve justice-involved individuals in its secure FBC and provide *Observation, Stabilization and Treatment Services* in a more clinically appropriate environment. While most of the individuals served within the FBC will be on a voluntary basis, the facility is also designed for patients who are there on an involuntary basis. The benefit of such a collaboration relates to a minor portion of the detention center population who from time to time require specialized behavioral health services that strain the detention center staff. These individuals can receive services in the CDF and once assessed and sufficiently stable, can return to the detention center or the community.

As noted in section 4.1, the CDF will reduce delays in obtaining clinical or forensic assessments and needed stabilization and treatment services, which in turn will result in individuals spending less time in pretrial detention. Less days in the detention center obviously reduces the detention center financial and staffing burden to house these individuals. For those individuals receiving care in the CDF, detention center staff will be able to interface with CDF clinicians and criminal justice stakeholders via video conference from within the CDF. This capability will reduce the time needed to process an episode that

may involve IVC orders, resulting in less time spent traveling between facilities and potentially less days spent in the detention center.

#### Section 4.0. Hospital-Based Services.

The CDF will provide BH crisis care, which for many may well resolve the immediate crisis episode. For more acute cases, the CDF will provide crisis care and then refer individuals to third-party facilities operating in Orange County and in surrounding counties for additional BH care either on an outpatient or inpatient basis for substance use disorders, severe and persistent mental illness, or other conditions that require ongoing care. The CDF will maintain relationships

with these third-party facilities and will understand their capabilities, limitations, and capacity so that referrals to appropriate facilities can be made effectively and in a timely manner.

*Orange County is fortunate to be proximate to two premier hospital systems: UNC Health and Duke Health, each of which offer extensive services including psychiatric inpatient and outpatient, and emergency services. While these services are comprehensive and necessary, the literature regarding sole reliance on hospital services for behavioral health crisis episodes underscores concerns about their appropriateness and costs.*

Individuals requiring additional or continuing care will incur additional costs that are not discussed herein. One of the primary objectives of the CDF is to divert individuals in crisis from emergency departments, which are the most expensive components in our medical system especially when attending to BH episodes. The benefits of reducing the use of hospital-based services are discussed below.

Annual cost savings associated with the behavioral health population expected to utilize the CDF are estimated to be greater than \$10M per year<sup>9</sup>. These savings do not include the cost of boarding patients in the emergency department while they wait for transport to third-party facilities. As has been reported nationally, the problem of boarding behavioral health patients in emergency departments is a national phenomenon and a serious problem. Each year over 1,000 patients who are Orange County residents arrive at UNC Psychiatric Emergency Services. Lengths of stay for individuals experiencing a BH episode and who are temporarily boarded in the emergency department while awaiting transfer to inpatient services is estimated to be on average 68 hours. Patients who are discharged from the ED also experience lengths of stay in the ED averaging 37 hours.

Generally, the literature points to the benefits of using crisis stabilization facilities as part of the mix of behavioral health services that includes hospital-based services, both in terms of outcomes and costs. As listed in **Table 7**, CDF services are specifically designed to deflect individuals from reliance on hospital services in various ways.

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<sup>9</sup> The cost comparisons presented in this section were developed using the McKinsey Health Institute and RI International's Crisis Resource Need Calculator (See McKinsey Health Institute in Reference Section). The Crisis Resource Need Calculator was chosen because it was appropriate for gaining a reasonable understanding of the potential hospital cost savings. The McKinsey/RI model has been recently updated regarding both methods and data. Users can use the model's default values or substitute local data for some or all of the model's default parameter values. Local data on cost, length of stay, and utilization have been provided by RHA and UNC Health. The estimated cost reduction is not stated here as a specific dollar value because the uncertainties associated with model options and input parameter values are large. Nevertheless, all model results showed annual savings of greater than \$10M dollars and in some instances much greater.

**Table 7. CDF Provides Services That Benefit Hospital Services.**

CDF Design Features	CDF Benefit for Hospital-Based Services
Treat Anyone at Any Time	<ul style="list-style-type: none"> <li>• Less reliance on emergency department and fewer patients boarded in the emergency department while awaiting transfer to inpatient care or third-party facilities.</li> </ul>
FBC for Lengths of stay longer than 24 hours	<ul style="list-style-type: none"> <li>• Short-term adult patients avoid need for inpatient care, freeing hospital beds for more acutely ill individuals and avoiding boarding behavioral health patients in the emergency department.</li> </ul>
Reduced Cost of Care	<ul style="list-style-type: none"> <li>• Total cost of care for behavioral health episodes with the CDF are substantially lower than costs when relying solely on hospital-based emergency department and inpatient care.</li> </ul>

As described in previous sections, utilization of the CDF is expected to be approximately 365 episodes per month. More than half of these episodes would otherwise have been transferred or referred to an emergency department. The CDF is designed to accept any individual including those with IVC orders or with medical conditions that are not life-threatening. Currently, almost all IVC's are transported to UNC and Duke emergency departments. Therefore, the CDF will provide behavioral health crisis services in lieu of primary reliance on an emergency department. Providing an alternative allows hospital-based services to focus on the most acute patients.

Importantly, the emergency departments are experiencing more behavioral health crisis episodes than they are able to accommodate, resulting in long delays without admission and little or no discharge planning. Delays mean long waits for specialized treatment while in the chaotic ED environment, which can exacerbate symptoms of mental illness, complicate treatment, and risk poor outcomes. In communities with stabilization facilities like the proposed CDF, individuals have immediate access to crisis stabilization with less restrictive, lower-cost care that can mitigate behavioral health crises, help people return to the community, and enable them to seek care on an outpatient basis thus diverting them from higher intensity, higher-cost services.

Adult patients who require lengths of stay greater than 24 hours, but who are not in need of inpatient hospital care, can be served in the CDF's FBC unit. This allows time for stabilization, treatment, or to bridge time required to obtain access to a third-party facility. Such capabilities allow for reduced emergency department boarding or use of inpatient hospital beds.

## 5.0 Conclusions

It has been the goal of Orange County to design and build a crisis-diversion facility that will close gaps to enhance behavioral health services and lessen the burden on various stakeholder groups. After careful study, followed by numerous public meetings and careful design, the expectation is that the CDF will meet these goals and create the kind of countywide collaboration that will deliver better services to Orange County residents, and any individual who experiences a BH crisis in Orange County, at a time when they are most in need. Moreover, this outcome can be achieved without adding to, and for the most part reducing, the burden on the various stakeholder groups discussed in this report. As summarized in a recent Arnold Ventures report<sup>10</sup> (see below text box), this expectation is supported by the academic literature, national guidance documents, and best practices across the U.S.

*The crisis-diversion facility model is based on the premise that co-locating and coordinating services that effectively respond to mental illness and/or addiction can stop the revolving door at emergency departments and jails. The **crisis-diversion facility** is among emerging community-based strategies to engage and better serve this population. The crisis diversion facility model shows success in reducing these patterns by coordinating health and service sectors with law enforcement and first responders in a central facility. Comprehensive care and coordinated systemic response from the crisis-diversion facility can better support and stabilize vulnerable community members to reduce their reliance on the public safety net and emergency and acute care.*

As discussed in this report, the CDF is expected to have a positive impact on each of the stakeholder groups discussed in the previous sections.

**County and Municipal Services.** Emergency medical services, law enforcement, and entities working with children and adolescents (e.g., schools, social services, juvenile justice) will have a place to go and a place to divert. Open access to information and services and no-wrong-door default location for first responders addresses the behavioral health challenges that these stakeholders face every day. All the above provides support needed by these stakeholders, allows their programs to impact the lives of those in their care more effectively, and do so without additional resources, often at reduced burden and costs.

**Criminal Justice.** There is broad consensus that entangling individuals with behavioral health challenges within the criminal justice system is practically and ethically problematic. Orange County has long recognized the value of taking alternative approaches. The CDF provides a resource that will work collaboratively with deflection and diversion program and the detention center to ensure that justice-involved individuals receive the care they need in a timely manner, have the assessments necessary for their cases to be resolved as quickly as possible, and be treated in a clinically appropriate setting. All this allows various criminal justice stakeholders in Orange County to dispatch cases involving a behavioral health diagnosis effectively, reduce the number of these individuals in the criminal justice system, and reduce the burden on the Orange County Sheriff's Office and detention center staff.

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<sup>10</sup> Manaugh, Bren (2022, February). *Behavioral Health Crisis and Diversion from the Criminal Justice System: A Model for Effective Community Response, Health Management Report, AV Crisis Facility Report v7*. Houston, TX: Arnold Ventures.

**Hospital-Based Services.** Using the CDF for behavioral health crisis episodes in lieu of relying solely on an emergency department as the default location and inpatient care will reduce the burden on the regional trauma center, reduce boarding of patients in the emergency department, and reduce inpatient hospitalizations resulting in substantial cost savings.

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**Appendix A**  
Orange County Behavioral Health Crisis-Diversion Facility  
Scope and Function

This appendix lists the services to be provided by the proposed Orange County Behavioral Health Crisis-Diversion Facility.

**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 for 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.

**Criminal Justice Diversion and Deflection Support**

- 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.

### **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 specialists 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 with peer specialist support.
- Transportation assistance.

## **Appendix B** Acronyms

**988.** New national suicide/crisis hotline.

**ADATC.** Alcohol and Drug Abuse Treatment Center.

**BH.** Behavioral Health (includes serious mental illness and substance use disorders).

**BHTF.** Orange County Behavioral Health Task Force.

**BOCC.** Orange County Board of County Commissioners.

**CDF.** Crisis-Diversion Facility

**CHPD.** Chapel Hill Police Department.

**CIT.** Crisis Intervention Training.

**CJRD.** Criminal Justice Resource Department.

**DSS.** Department of Social Services.

**ED.** Emergency Department.

**EMS.** Emergency Medical Service.

**EMT.** Emergency Medical Technician.

**FBC.** Facility Based Crisis.

**FIT.** Formerly Incarcerated Transition

**IDD.** Intellectual Developmental Disorder.

**IFC.** Interfaith Council

**IVC.** Involuntary Commitment.

**LE/LEO.** Law Enforcement/Law Enforcement Officer.

**LME/MCO.** Local Management Entity/Managed Care Organization (manages Medicaid funds for mental health).

**MAT.** Medication Assisted Treatment (refers to medications for Substance Use, including Opioid Use Disorder).

**NAMI.** National Alliance on Mental Illness.

**OCSO.** Orange County Sheriff's Office.

**SIM.** Sequential Intercept Mapping.

**SUD.** Substance Use Disorder.