

CCBHC-E National Training and Technical Assistance Center

Care Coordination Learning Community

Session 5: Partnerships with Law Enforcement and the Justice System

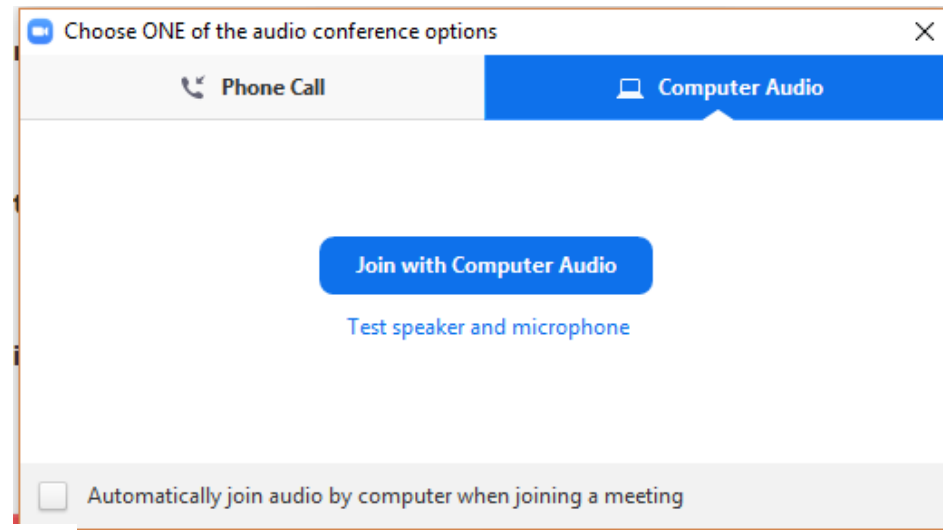
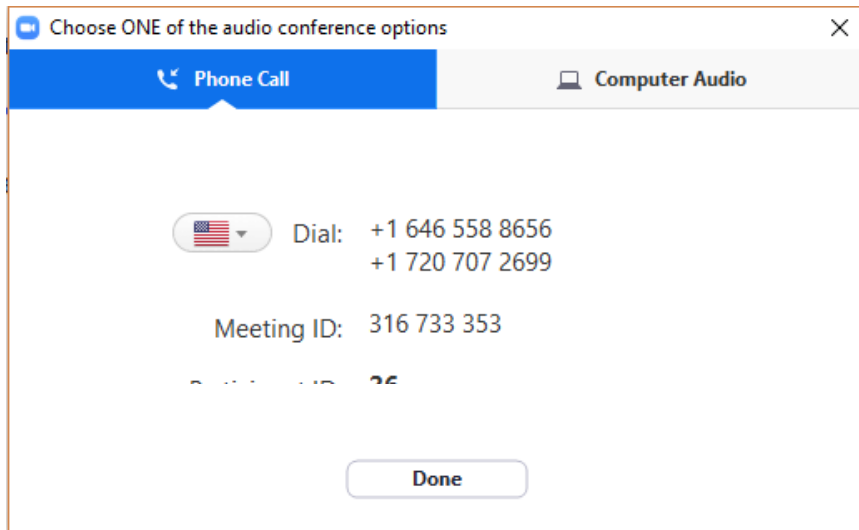
October 18, 2022

CCBHC-E National Training and Technical Assistance Center

Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Mental Wellbeing

Zoom Logistics

- Call in on your telephone, or use your computer audio option
- If you are on the phone, remember to enter your Audio PIN so your audio and computer logins are linked



Acknowledgements and Disclaimer

This event/publication was made possible by Grant Number 1H79SM085856 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views, opinions, or policies of SAMHSA, or the U.S. Department of Health and Human Services (HHS).



Today's Presenters



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Integral Care



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Grand Mental Health



Agenda

- Today's objectives
- Sharing: CCBHC success stories
- Overview of care coordination partnerships with law enforcement and criminal justice
- CCBHC Model Showcase
 - Integral Care (Austin, TX)
 - GRAND Mental Health (Oklahoma)
- Breakout discussion
- Wrap-up and next steps



Learning Objectives

Increase

Increase knowledge of care coordination strategies with law enforcement and criminal justice, with a focus on the sequential intercept model

Identify

Identify opportunities and approaches for supporting individuals' re-entry into the community





CCBHC Success Stories

Share a success you've achieved related to care coordination at your CCBHC. It could be an individual's experience of care, collective impact, a process change, or a culture change.

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Care Coordination with Law Enforcement and Criminal Justice

Criteria 3.C

- The CCBHC has an agreement in place with community or regional services, supports, and providers. These include the following specified in the statute: schools; child welfare agencies; **juvenile and criminal justice agencies and facilities, including drug, mental health, veterans and other specialty courts;** Indian Health Service (IHS) youth regional treatment centers; state licensed and nationally accredited child placing agencies for therapeutic foster care service; and other social and human services.
 - Also noted in the criteria as potentially relevant are the following: specialty providers of medications for treatment of opioid and alcohol dependence; suicide/crisis hotlines and warm lines; other IHS or tribal programs; homeless shelters; housing agencies; employment services systems; services for older adults, such as Aging and Disability Resource Centers; and other social and human services (e.g., domestic violence centers, pastoral services, grief counseling, Affordable Care Act navigators, food and transportation programs).

Integral Care: Jail-Based Intake and Care Navigation

Austin, Texas

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About Integral Care

Integral Care supports adults and children living with:

- **Mental illness**
- **Substance use disorder**
- **Intellectual and developmental disabilities**

Our services include a 24-hour helpline for anyone who needs immediate support, ongoing counseling to improve mental health, drug and alcohol treatment to help with recovery, and housing to regain health and independence.

Integral Care provides individuals with comprehensive mental health care, collaborates with community partners to strengthen programs and improve systems, and works to raise awareness of mental health issues in our community.



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Jail-Based Intake & Care Navigation Program

- Staffing:
 - 1 Program Manager (Licensed Clinician)
 - 1 Team Lead
 - 2 Qualified Mental Health Professionals
 - 2 Peer Support Specialists
 - One bilingual Spanish speaking staff member
 - .5 Advanced Nurse Practitioner/Physician's Assistant
 - 1 Benefits/SOAR Specialist



Health Disparities and Equity

- Effects of incarceration impact justice-involved populations: access to housing, employment, educational opportunities, healthcare and medication
- Disproportionately high rates of chronic health conditions, mental health issues and substance use disorders
 - Poorer access to health coverage and health care can contribute to a worsening of health status, associated with higher rates of recidivism
 - Transitions of care increase risk for justice-involved individuals
- Racial and ethnic minorities are disproportionately represented in the correctional system
 - Black and Hispanic individuals comprise 30% of the U.S. population and 57% of the prison population

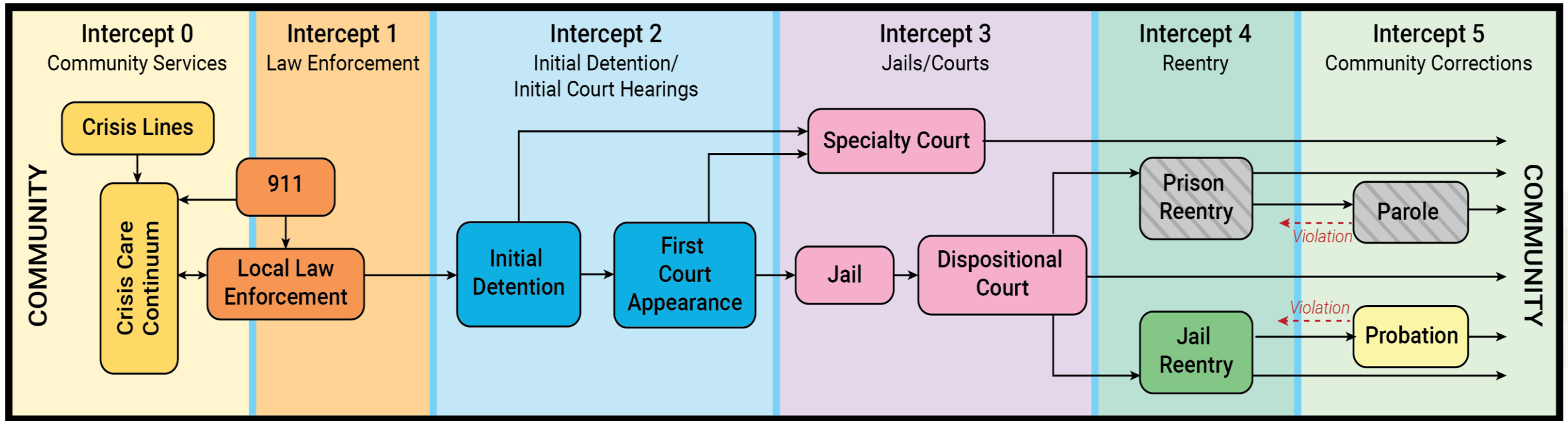


Purpose of this Program

- Minimize health outcome disparities for justice-involved individuals in Travis County
 - Increase continuity of care between transitions along the sequential intercept model
- Address challenges associated with connecting people to services after re-entry by embedding Integral Care Intake staff at Travis County Correctional Complex daily
- Outreach for people in Travis County Correctional Complex who decline or do not qualify for full intakes
- Meet with consumers in the community to provide wraparound support during transition



Sequential Intercept Model



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Target Population

Adults aged 18 years or older who are:

1. Discharging to Travis County upon release from TCCC
2. Are referred by the Travis County Correctional Complex Counseling and Education Services staff or the Integral Care Court Liaison
3. Are not currently open to an Integral Care treatment team



Intake Services Provided

- Determine eligibility for ongoing behavioral health services from Integral Care
- Determine eligibility for ongoing behavioral health services from Integral Care for individuals living with an ID/DD in conjunction with a mental health condition
- Complete all screenings and assessments necessary for full intake
- Develop a plan for community-based service provision to continue until the individual has attended the first appointment with their ongoing treatment team

Non-Intake Services Provided

- Provide outreach services to people in Travis County Correctional Complex who may be experiencing mental health issues
- Individuals who are not eligible for ongoing behavioral health services are referred to other resources as clinically indicated
 - Integral Care's Intellectual/Developmental Disability Crisis Intake and Enrollment Team
 - Substance use treatment
- Meet with individuals in the community after release to provide support during transition



Community-Based Services Provided

- Engagement/outreach
- Benefits eligibility assistance including SOAR (Social Security Income Outreach, Access and Recovery), Patient Assistance Programs for medications, and Central Health Medical Access Program enrollment
- Living skills training
- Psychiatric evaluation
- Medication management
- Peer support services and case management
- Support needed to attend initial appointment including transportation



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Grand Mental Health

Northeastern Oklahoma

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Background

- In 2015, 959 of the people we serve at GLMHC were admitted for inpatient psychiatric services
- Emergency Departments were ill-equipped to provide emergency crisis interventions for this special population
- Law Enforcement Officers were ill-equipped to provide emergency crisis interventions for this special population

Background

- The result was increased costs **across the board**:
 - Officers waiting in ER's instead of on the street providing public safety
 - Emergency Department doctors diagnosing Mental Health instead of performing emergency physical health trauma and signing Emergency Detention Orders because it was an easy way to get consumers out of the Emergency Department.
 - Inpatient Facilities admitting clients that may be more appropriate for a lower level of care
 - Jails (and courts) filled with clients who *did not* belong in the criminal justice system



Introduction of the GRAND Model

- GLMHC began a series of bold steps to change these discouraging statistics and practices for the better
- We opened the Grand Lake Intensive Outpatient Center in January 2016
- The goals of the IOC were to:
 - Reduce the need for inpatient hospitalization
 - Build and foster better relationships with community partners
 - especially local police and sheriff departments
 - Provide a centralized location for people to seek help 24 hours a day



Mobile Technology



We thought:
“What if we put an iPad in the hands of first responders?”

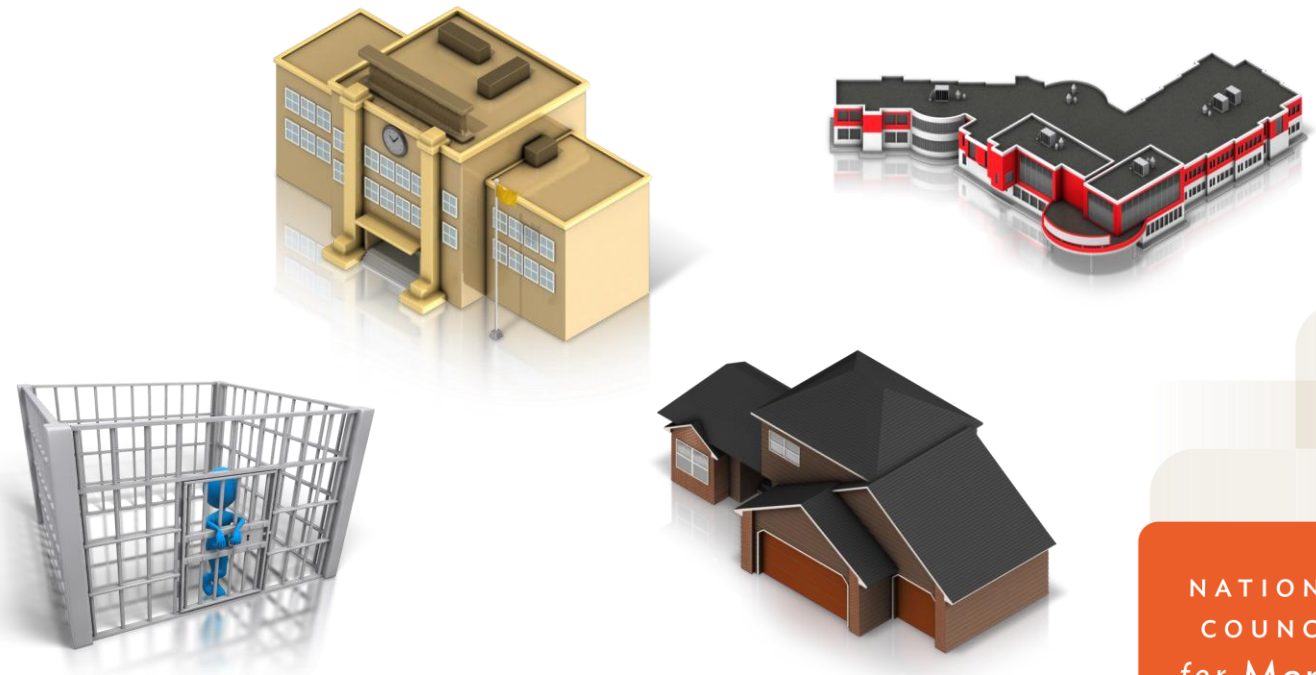
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Mobile Technology

Then, in just a few minutes...

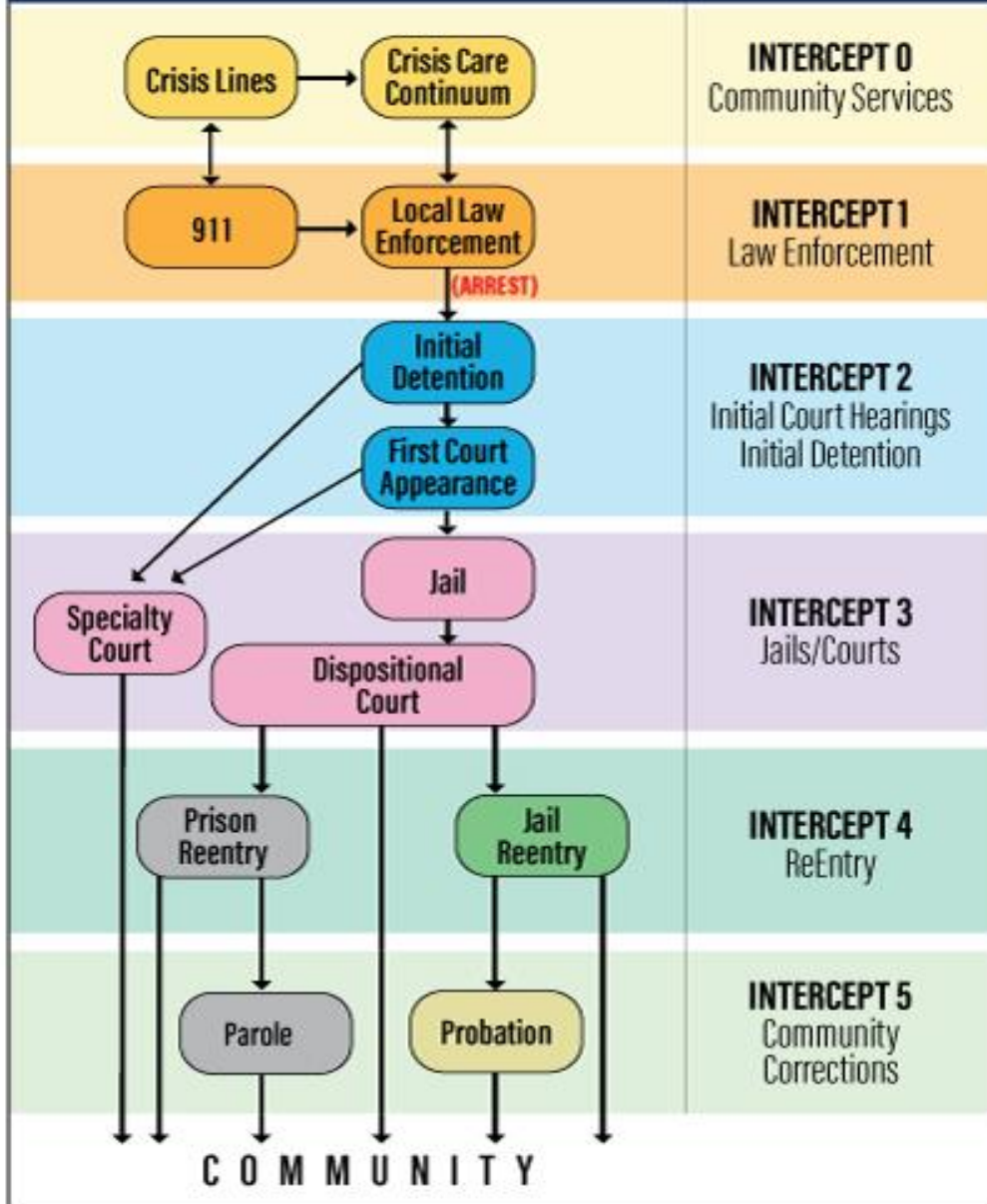
They would know exactly where to go



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COMMUNITY



The Sequential Intercept Model



iPads equipped with the MyCare application intercept those in need between intercept 1 and 0.

*<https://www.samhsa.gov/criminal-juvenile-justice/sim-overview>

Using Technology to Increase Care Coordination

957

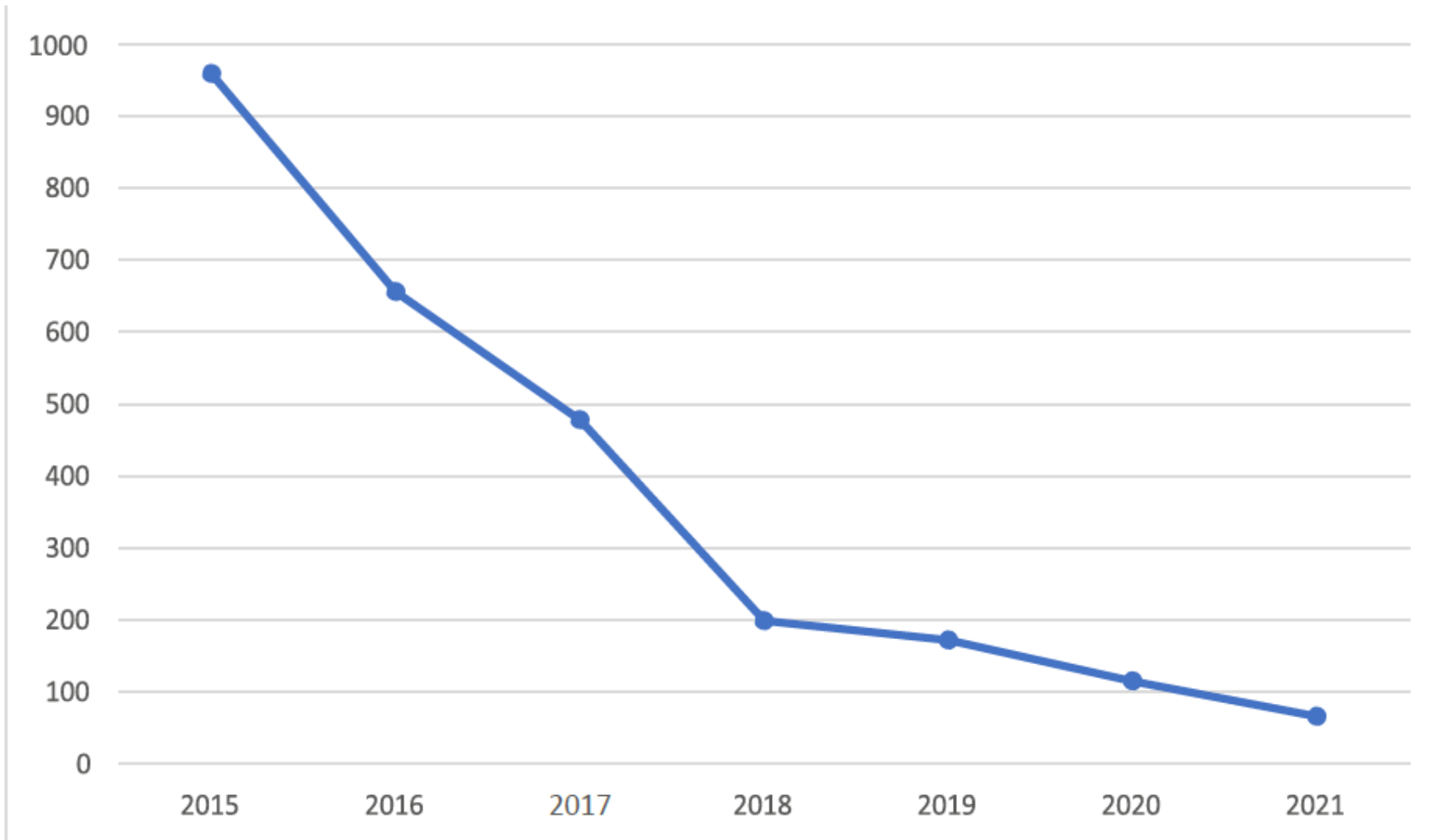
iPads equipped with MyCare application in the hands of law enforcement

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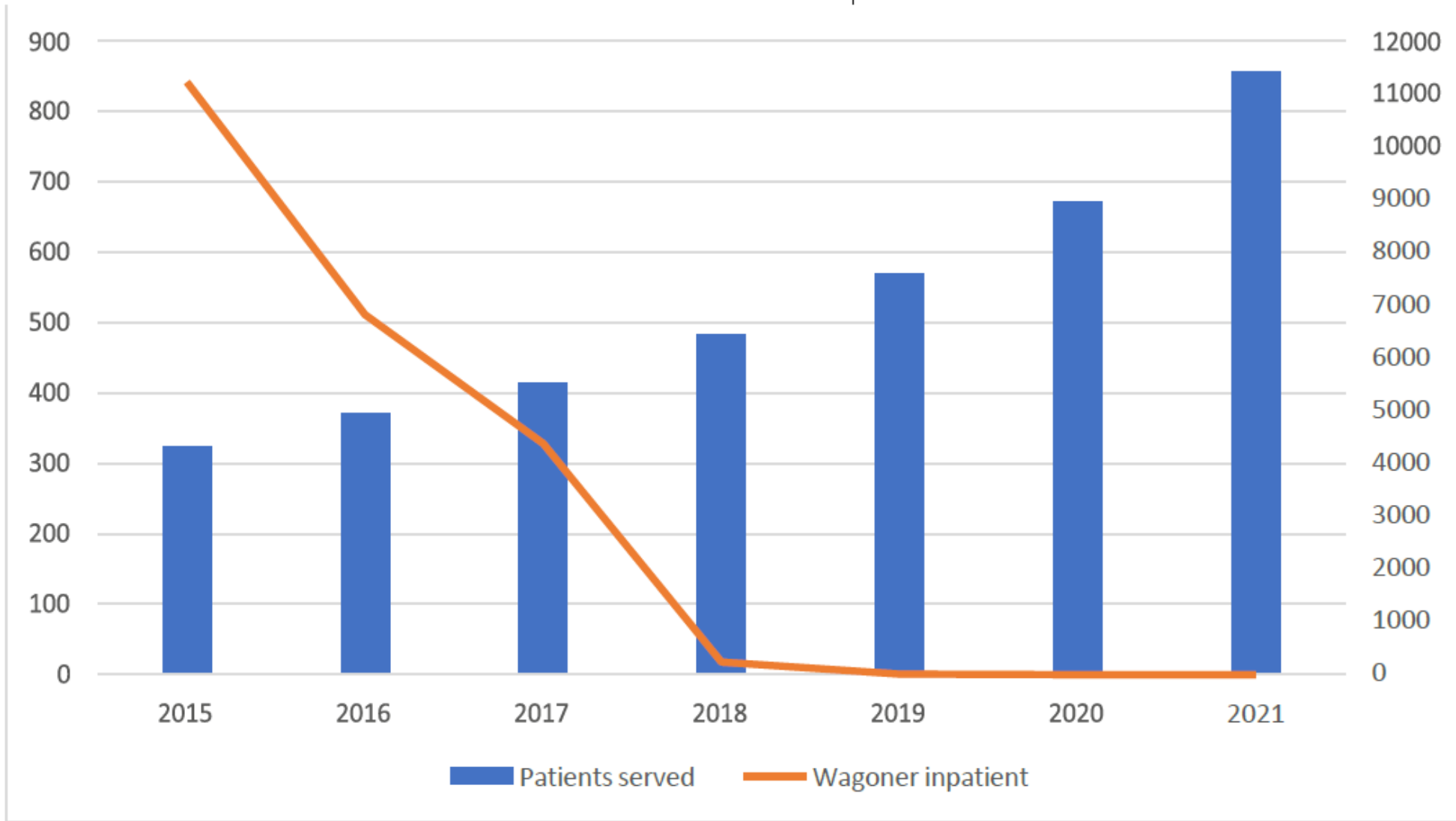
Reductions in Inpatient Hospitalizations

- At baseline in 2015, a total of 959 adult GRAND clients spent time inpatient at any Oklahoma psychiatric hospital.
- In 2016, this number decreased to 656, meaning that 31.6% less adult clients went inpatient in 2016 than 2015.
- In 2021, the number of adult clients who went inpatient further reduced to 66, representing a 93.1% reduction in the number of GRAND clients who went inpatient in 2015 compared to 2021.



Number of GRAND Adult Clients Who Went to Inpatient at Any Oklahoma Psychiatric Hospital, 2015 - 2021





Number of Unique Adults Served by GRAND and Number of GRAND Adult Clients who Went to Inpatient at Wagoner Hospital, 2015 - 2021

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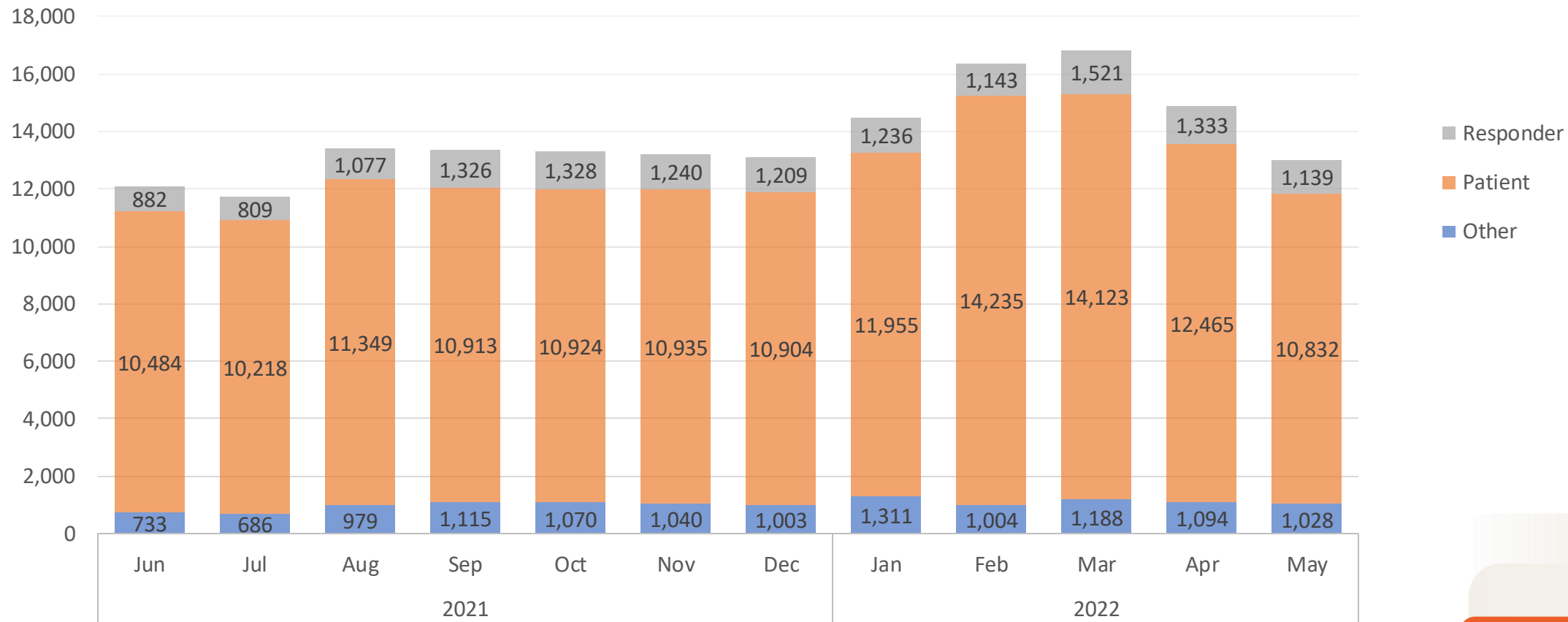
Cost Savings to Law Enforcement

- The table on the next slide shows the total number of minutes and miles that were saved by law enforcement by transporting clients to the nearest URC instead of Wagoner Hospital, as was the standard procedure prior to the GRAND Model.
- The data are cumulative from January 4, 2016, through January 26, 2022, and only include counties that had consistent data.
- Calculations showed that among these seven counties, the GRAND Model has led to a savings of 13,831 hours, or 576 days, in time officers previously spent driving to Wagoner Hospital. The estimated cost of the saved mileages was \$434,710.15 and \$283,970.55 in officer time, for a total savings of \$718,680.70.

County	Minutes saved	Miles saved
Craig	315,240	278,462
Delaware	114,880	119,794
Nowata	18,576.8	17,880.8
Mayes	48,082	41,450
Ottawa	187,712	169,946.4
Rogers	53,508	51,861.6
Washington	91,920	125,624
Total	829,918.8	805,018.8

Cumulative Number of Minutes and Miles Saved by Law Enforcement Transporting Clients to a URC in Seven Counties, 2016 – January 2022

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Breakout Discussion



1. What are some of the current challenges your agency is experiencing in coordinating care with local law enforcement and/or criminal justice agencies?
2. What data points or information would be helpful to your agency in coordinating care with local law enforcement and/or criminal justice agencies?

Keep the Conversation Going!

Take the information learned today and bring it back to your agency to continue the conversation.

Review your data and look for trends in diagnoses (mental health, substance use disorder, or physical health) to learn more about the population that is also working with law enforcement and criminal justice.

- Determine what opportunities may exist to address any health disparities (either in health outcomes or utilization of services/ED)

Upcoming Events

- **Monthly cohort calls** from the CCBHC-E NTTAC give CCBHC staff members a regular space for sharing with peers, generating solutions and cross-collaboration. Participate as often as you like. Sign up today and share this opportunity with other members of your team!
 - **CCBHC-E executives** meet the last Friday of each month from 12-1 p.m. ET. [Register here](#).
 - **CCBHC-E program directors** meet the first Wednesday of each month from 12-1 p.m. ET. [Register here](#).
 - **CCBHC-E evaluators or CQI leads** meet the first Tuesday of each month from 3:30-4:30 p.m. ET. [Register here](#).
 - **CCBHC-E medical directors** meet the first Monday of each month from 12-1:00 p.m. ET. [Register here](#).



CCBHC-E TTA Center Website



Access our ever-growing resource library, upcoming trainings and events, and request for individualized support.

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