PROPOSAL FOR FUNDING OF A REGIONAL MENTAL HEALTH CRISIS TRIAGE AND RESPITE BED FACILITY

In 2011 Representative Rick Miera sponsored House Joint Memorial 17. The purpose of the memorial was "to study the needs of persons with mental health disorders in crisis situations and to develop strategies to improve services, treatment and care outside of law enforcement and detention in order to reduce the number of individuals with mental health disorders who are in detention facilities or require law enforcement intervention." Senators Papen and Beffort had sponsored similar memorials in 2009 and 2010. The memorial addresses a problem that continues to plague local law enforcement and criminal justice systems statewide costing local government, state health and correctional systems, and state and local tax payers millions of dollars.

As described in the task force report, "one of the greatest challenges facing law enforcement agencies and detention centers across the nation and in New Mexico is how to respond to people who have mental health disorders." For lack of other alternatives, the response has been to arrest and detain persons with mental health disorders in crisis in the local jails. The Metropolitan Detention Center in Bernalillo County currently has a total of 969 individuals on the Psych Services Unit caseload. This includes individuals in the psychiatric unit as well as individuals in general population who are receiving psychiatric services. This is 52% of the MDC population. Consistent with national data, the prevalence of mental illness in the MDC population is much higher among females with a startling 69% of the female population of MDC being on the PSU caseload.

National data varies as a result of varying definitions of mental illness but reflects that the problem of incarcerating the mentally ill is widespread. A 2006 Bureau of Justice Statistics report estimated that 64% of jail inmates had a mental health problem. Because of application of a narrower definition of mental illness, a more recent study by the Policy Research Associates concluded that the prevalence of serious mental illness in jails will be between 11 and 18.9% among men and between 21.7 and 42.1% among women, with a 14.5% average among men and a 31% average among women.

Although these rates are all high, a recent study by the Vera Institute suggests that criminal justice statistics may actually underestimate the problem. The Vera study found that 46% of individuals with mental health needs arrested in Washington, D.C. were not identified by any of the criminal justice agencies having contact with them. 33% of the cohort were known to the local Department of Mental Health as having a psychotic or bi-polar disorder but were not identified by the criminal justice agencies. Rates of misidentification of other diagnosis were even higher.

The impact of incarcerating the mentally ill is profound on both a system and individual level. The arrest and prosecution of the mentally ill consumes millions of dollars in police, judicial and correctional resources clogging the court system, taking police resources away from serious criminal activity, and overcrowding the detention facilities. The inability of the system to adequately address individuals in mental health crises taxes other community resources such as hospital emergency rooms, homeless shelters, emergency response teams, detox facilities (for those who self-medicate) and other service systems that address the manifestations of individuals in crisis. On an individual level, the arrest and

detention of the mentally ill in crisis is a re-traumatizing and destabilizing event disrupting service systems that may be in place and exacerbating the crisis. This, of course, can lead to tragic consequences in escalating encounters with law enforcement and suicidal behavior in detention.

The conclusions of all task forces studying the problem have been virtually identical. There is an urgent need for a crisis triage center combined with short term respite beds to provide an alternative to the arrest and detention of individuals in a mental health crisis.

HJM 17 Task Force Report

The task force report speaks for itself in the following excerpts:

Recommendation 2, Regional Crisis Triage Centers

Problem
Currently law enforcement officers in most areas of the state will take a person who is experiencing an acute mental health crisis to a detention facility because there is no alternative. Hospitals will not hold someone unless they are an imminent threat to themselves or others. In the absence of a safe place in the community for an individual in crisis to be evaluated and stabilized, jails are used for protective custody. This further traumatizes the individual and is not the purpose of incarceration.

Recommendation
Fund regional crisis triage sites to conduct mental health evaluations and provide up to 23 hours of diversion. Law enforcement officers and first responders could take appropriately screened individuals to these sites for assessment and disposition. Individual walk---ins and family referrals would also be accepted.

Discussion
Crisis triage centers would serve to reduce the dependence upon both detention facilities and hospital emergency rooms by providing appropriate and specialized care for people with mental illness and their caregivers in a trauma informed setting.

It is important for regional crisis triage centers to be connected with local respite services. (See Recommendation 3). Triage centers would be for an acute crisis and intensive evaluation, while respite would provide soft treatment for clients to transition out of crisis or minimize the severity and escalation of a crisis. Crisis triage centers would thus serve as one gateway into respite by identifying individuals who can benefit from respite services. Criteria, screening, training and other components need to be developed to establish appropriate legal and clinical authority for the crisis triage centers.

Recommendation 3: Respite Services

Problem

The absence of sub-acute care to de-escalate potential crisis situations increases the frequency and number of mental health crises in our communities. Hospitals and jails are not appropriate for this lower level of care, but are often the place where individuals are taken by local authorities when they experience a severe crisis.

Recommendation
Develop and fund respite care locations throughout the state to serve as non-clinical alternatives to hospitalization or incarceration.

Discussion
Respite services are non-clinical options for persons who need a safe place and perhaps short-term, "lower level" care or support to reduce the stressors and risk factors that might otherwise lead to a severe crisis.

People living with mental illness often end up in jails or emergency rooms because there is no place for them to obtain care before they are in crisis. This is especially true on weekends and evenings. Once they are admitted or detained, the setting is not always ideal. Clients report that institutional spaces (such as jails and hospitals) present a stressful environment that creates a barrier to healing. Stress increases the likelihood of crisis and can escalate and elongate the crisis period. An essential characteristic of respite is that it provides a trauma informed environment. It is also a voluntary setting where participants can come and go. Unlike inpatient hospitalization, which often disrupts ongoing treatment relationships, respite can provide a supportive environment for someone while they continue their community based treatment and maintain their employment and other day-to-day responsibilities.

Many of these recommendations are interrelated and the link between respite care and crisis triage is especially important. Respite can serve as sub-acute care or a step down service for someone leaving crisis triage or even residential treatment. Respites provide a safe and supportive environment for clients to transition out of crisis or minimize the severity and escalation of a crisis while triage centers (See Recommendation 2) address acute crisis and provide intensive evaluation. . . Respite is in fact the most requested service by families nationwide and it can be effectively used in a broad range of situations to help clients, families, and natural supports. The task force recommends developing and funding respite care locations throughout the state but the location of specific respite centers should be locally determined.

Bernalillo County Task Force Report

An earlier task force was convened in Bernalillo County in 2004 to determine the feasibility and desired configuration of a crisis triage service rooted in evidence-based practices that could achieve both client and system-oriented goals that include:

- Increasing the capacity of individuals to regain stability and move towards recovery in the wake of acute problems created by mental illness, substance use disorders and/or developmental disabilities.
- Increasing the efficiency and effectiveness of the Albuquerque community treatment system to promote recovery-oriented alternatives to jail incarceration or psychiatric hospitalization for persons experiencing a behavioral health crisis.

Like the HJM 17 task force, the task force concluded that one of the most important missing components of the crisis services array was a sub-acute mental health crisis triage unit. The Crisis Triage Unit would serve individuals who require a safe stabilization environment. The UNM Psychiatric Emergency Services (PES) currently cannot fill this function as it has only 5 crisis triage beds providing intensive services and can serve only those who present an immediate threat of harm to self or others. The creation of a sub-acute CTS unit would offer an alternative to jail or hospital referrals for law enforcement officers or the PES for individuals that do not meet the PES stringent criteria for admission but require services in order to retain stability in the community. It would also provide a resource for professionals or families who work or care for individuals experiencing a crisis who require stabilization which would preempt escalation of the crisis to the point where law enforcement becomes involved.

The Bernalillo County task force also recommended, consistent with the recommendations of the HJM 17 report that a Mental Health Crisis Respite Unit be created. The task force noted that Albuquerque has limited resources capable of providing short-term, emergency housing alternatives for individuals recovering from a behavioral health crisis who either do not have access to housing or who have not yet achieved a level of stability that facilitates a return to existing housing or residential placements.

The task force recommended that these services be co-located with each other for staffing efficiency and ease of transition from one service to the other. The task force also emphasized that the effectiveness of a comprehensive array of "front door" crisis stabilization services would be thwarted without formal, functional linkages between stabilization activities and ongoing supportive services for those who need them. A team of outreach, engagement and linkage specialists would be essential to helping clients recovering from a crisis to bridge the gap between triage services and mainstream systems.

Specifically, the task force recommended a 10 bed crisis triage unit staffed by a nurse (including a psychiatric nurse practitioner), a mental health counselor and a case aide. Although an individual could only be held involuntarily when permitted by law and then only up to 23 hours, the unit would allow for longer voluntary stays. The length of time would be determined by the individual's attaining the stability to move on to a lower level of services and would be expected to be between 48 and 72 hours. The task force recommended that the respite unit provide 10-12 beds offering 2-3 week lengths of stay that would facilitate the careful planning and appropriate timing of community re-entry for these individuals.

A pilot project following these task force recommendations resulted in a conclusion that greater medical capacity was needed at the crisis triage unit site and the proposed budget for the project incorporates that recommendation. The pilot project also indicated the need for greater capacity which is also incorporated in this proposal.

Consistent with the conclusions of these task forces, communities around the county have been implementing crisis triage facilities to address the needs of persons with mental illness and their families as well as to divert such individuals from the criminal justice system and expensive emergency services. Such a facility was recently implemented in Dona Ana County, New Mexico.

Proposal

The need for these services does not need to be identified by yet another task force. However, the proposal incorporates institution of a steering committee including local stakeholders as well as representation of the Behavioral Health Purchasing Collaborative initially charged in House Joint Memorial 17 with the task of studying the problem of over incarceration of individuals with mental illness.

Based on the prior task force recommendations and pilot project experience, this proposal seeks funding for a 15 bed crisis triage unit and a 20 bed respite unit. The staffing of the crisis triage unit would include a part time medical doctor and psychiatrist, additional nursing support, a psychiatric nurse, a licensed social worker, and techs or aides. The respite unit would be staffed by a licensed social worker, case managers, and techs or aides. Additional support would be provided by the staff of the crisis unit when needed.

Although the steering committee will be required to resolve numerous details, the recommendations of the prior task forces and the experience of the pilot program provide sufficiently concrete guidance to predict a budget of $2.9 million. This is also consistent with the budget of similar facilities around the country.