

Cross System Crisis Planning: Interagency Collaboration for Complex Crisis Situations

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The Historical Problem

We can't treat psychosis – he needs mental health treatment first

We're cops, not social workers

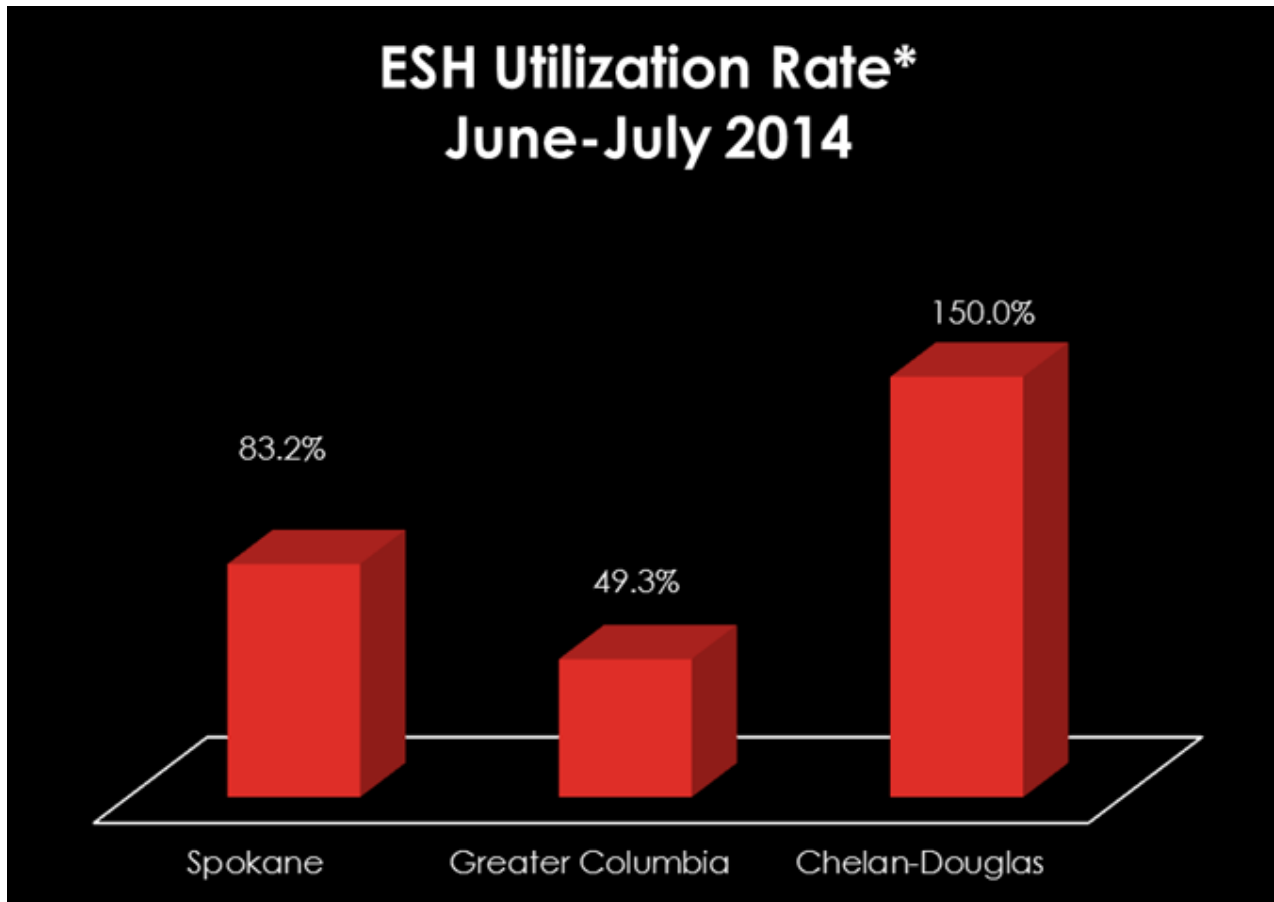
We don't "do" substance use disorders; he needs CD treatment first

People with developmental disabilities can't have mental health disorders

People like that should be in an institution



Where Did the Silo Approach Get Us?



In Spokane County, the jail's average daily population has increased significantly since 2000, operating at "critical status" almost on a daily basis.

Jail Capacity (Spokane County Jail and Geiger Correctional Facility) = **844**

~From The Safety + Justice Challenge website supported by the MacArthur Foundation.

June 2019 Census = **933**

~From SpokaneCounty.org



HMHs: WA's Only Specialized Inpatient Units for I/DD

Western State Hospital HMH*

- Up to 30 Total Beds
- 8 detained (ITA) at acute care hospitals waiting for HMH
- 5 on other Civil wards at WSH waiting for HMH
- 3 on Forensic units waiting for HMH/Civil flip

This does not account for people with developmental disabilities who are in hospitals but not detained nor receiving treatment, people who are in limbo due to behavior (e.g., assaults), behavioral health, and/or medical crises (including dementia) with no providers willing or able to support the complexity or intensity of their needs, or those in the very limited number of diversion beds (3 in region 1).

Eastern State Hospital HMH*

- 10-12 Total Beds
- 2 almost impossible to discharge due to NGRI status
- 1 almost impossible to discharge even when stable due to undocumented status
- 3 on other units awaiting HMH; 2 GPU, one Forensic
- 1 in jail awaiting HMH

*This data was accurate at the time I wrote this slide: 9/17/19

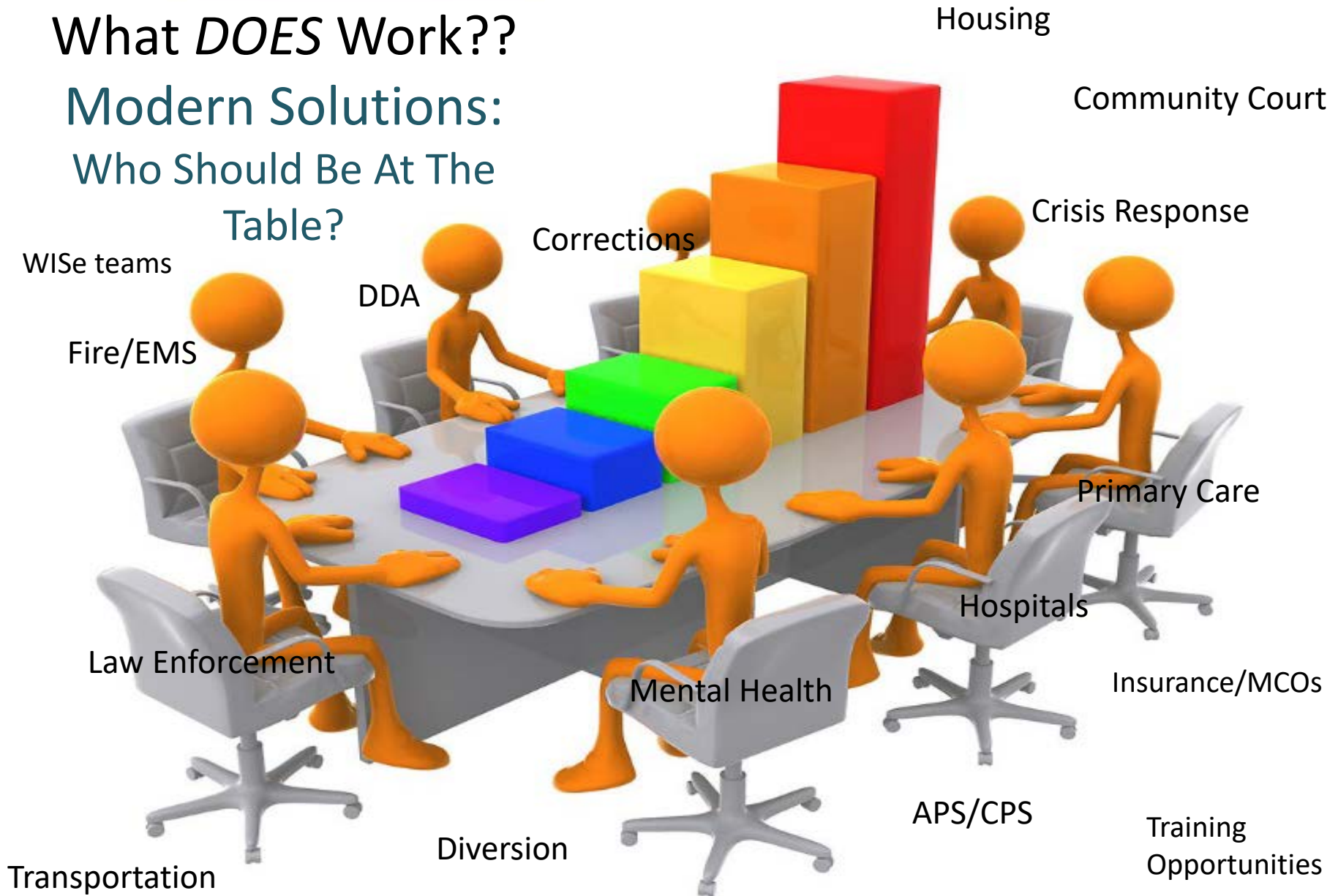
Calls for Service

- The Douglas County Sheriff's Office took 10,338 calls between 5/1/18 and the writing of this slide (9/16/19)
- Of those calls, 247 were documented as representing legitimate calls for help with a mental health crisis and/or follow up to prevent future crisis.
- Completed suicides or drug overdoses related to mental illness are not included in these numbers, nor are cases where criminal charges were primary.
- Eric Skansgaard will be presenting shortly about the collaboration between the DCSO and other Law Enforcement agencies in the region and Crisis Response Services/Catholic Charities



What *DOES* Work??

Modern Solutions: Who Should Be At The Table?



Spokane County Sheriff's Office & Frontier Behavioral Health WASPC Grant Program



OCT 2018-MAR 2019	TOTALS	NOTES
Total Persons Reached	265 Contacts (204 Persons in Active Crisis) (3.08)	* Time saved usually does not include report writing time. * Diversion tracking started December 1 st , 2018, if normal patrol response would have detained it is counted.
Total Patrol Time Saved	12,333 Minutes * (47 minutes average per contact)	
Total Referrals	60 Referrals (Sheena's Law, Shelters, Resources, Vol. to hospital, etc.)	
Emergent Detentions	31 Emergent Detentions (11.6%)	
Diversions*	38 Emergency Dept. Diversions, 21 Jail Diversions, 20 AMR Diversions	

autism in the WILD
special needs station visit
City of Spokane

Interact with FIRST RESPONDERS before an emergency




Spokane Fire Department & Frontier Behavioral Health BRU

JUNE 2018-JULY 2019 367 BRU Responses 48% Diverted from ED

- Appointment with FBH Clinician
- Evaluation & Treatment Center
- House of Charity Respite Bed
- Spokane Treatment and Recovery Services (STARS)
- Inland NW Behavioral Health Hospital
- Remain at Home with Agreed-Upon Safety Plan



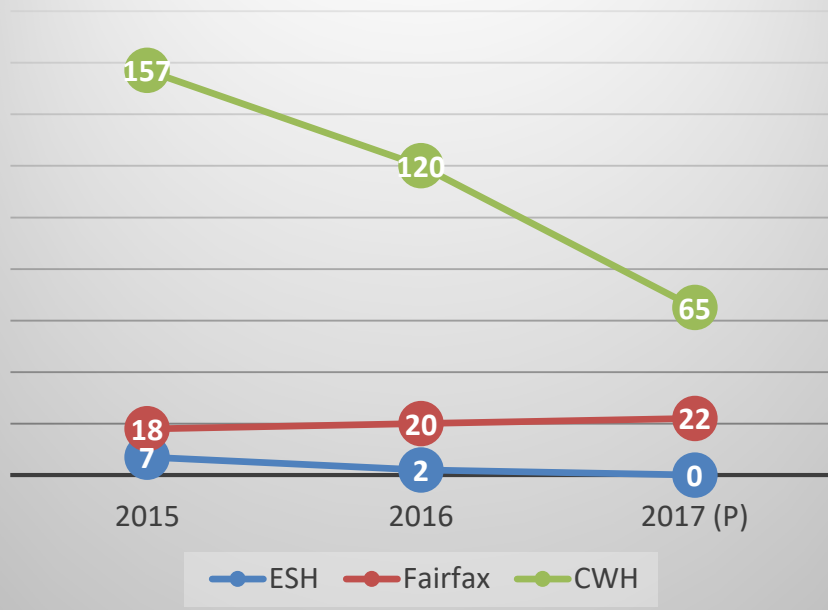
Mental Health Diversion in North Central Washington

- Interventions and Outcomes in a Rural Sequential Intercept Model

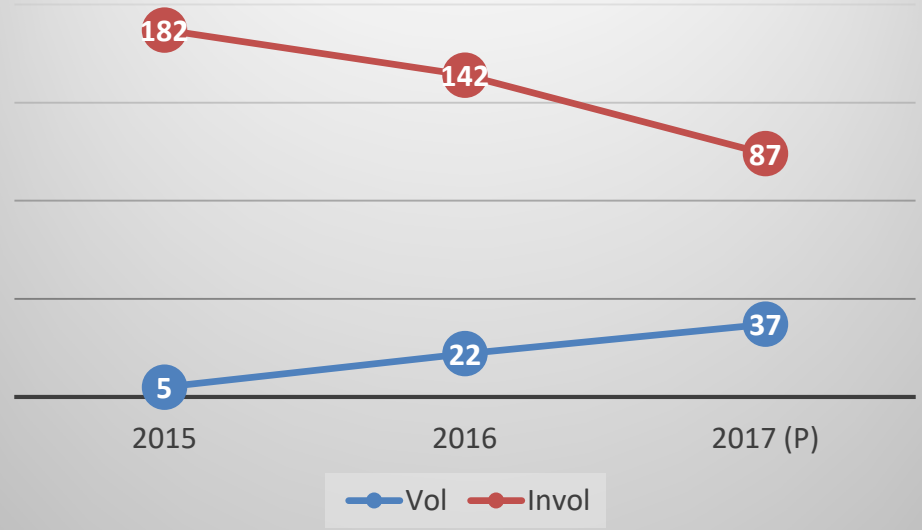


BUILDING BRIDGES 2015-2017

Invol. Hosp. 2015-2017(p)



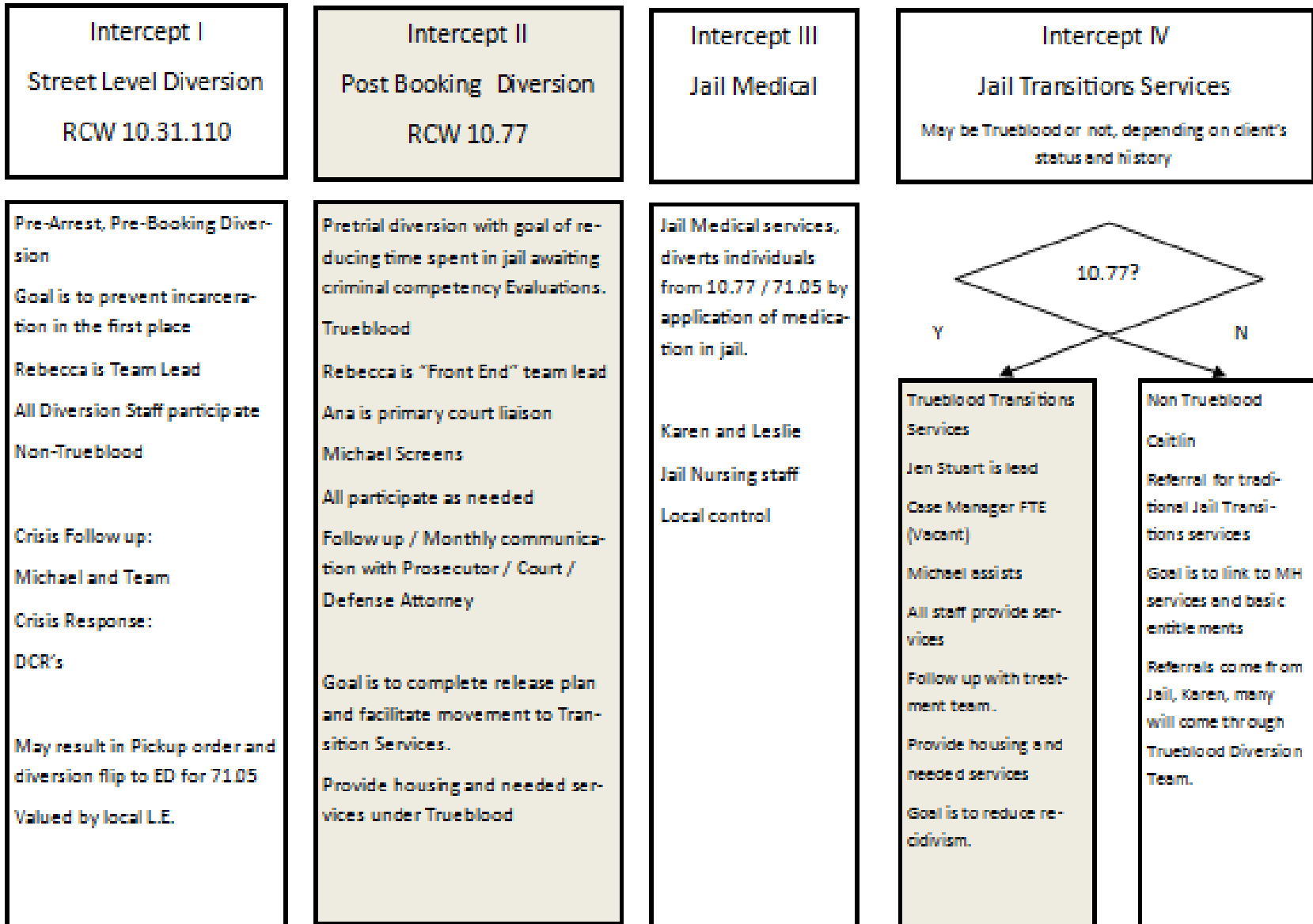
ITA (major hosp) v Voluntary Admits



STREET LEVEL DIVERSION



SEQUENTIAL INTERCEPT MODEL



DIVERSION: A LEG TO STAND ON



COMMUNITY RELATIONSHIPS

Law Enforcement

- Wenatchee Police Department
- Douglas County Sheriff
- East Wenatchee Police Department
- Chelan County Sheriff
- Chelan County Jail
- Chelan County District Court
- Chelan County Superior Court
- Douglas County Prosecutor

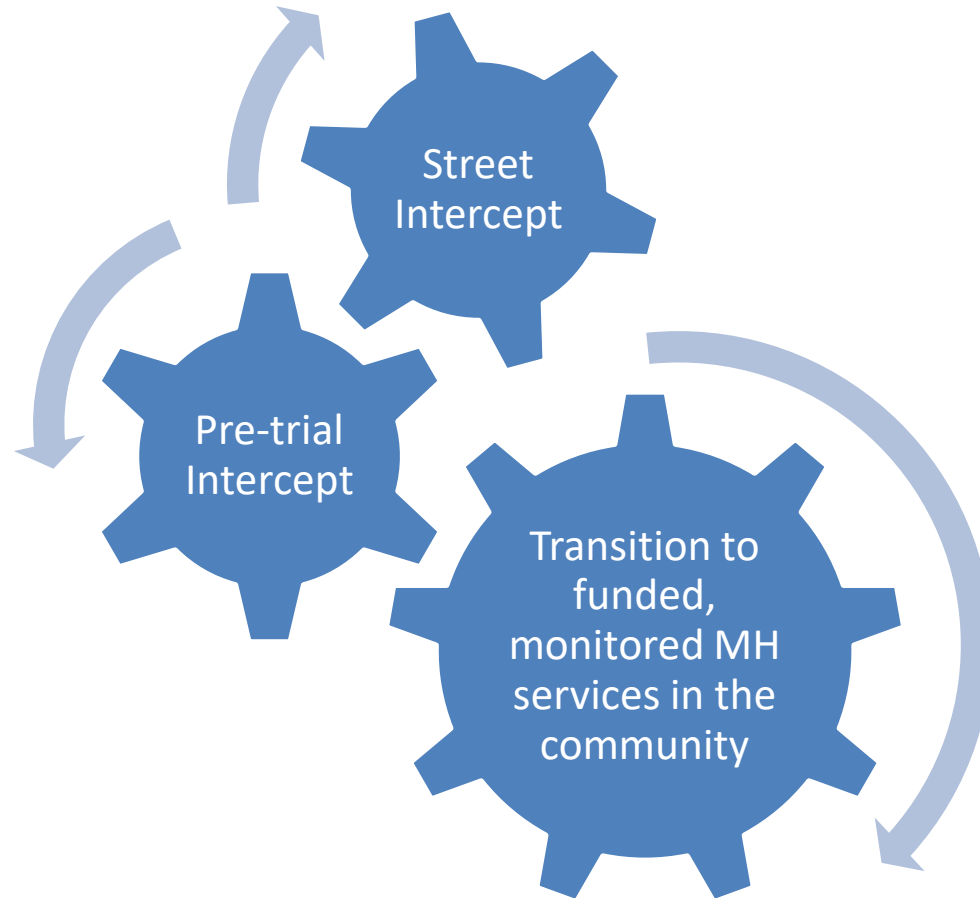
Clinical

- ▶ Central Washington Hospital ED
- ▶ Central Washington Hospital MU-1
- ▶ Confluence Health Outpatient MH
- ▶ Columbia Valley Community Health
- ▶ Catholic Charities PACT
- ▶ Catholic Charities PORCH/PATH

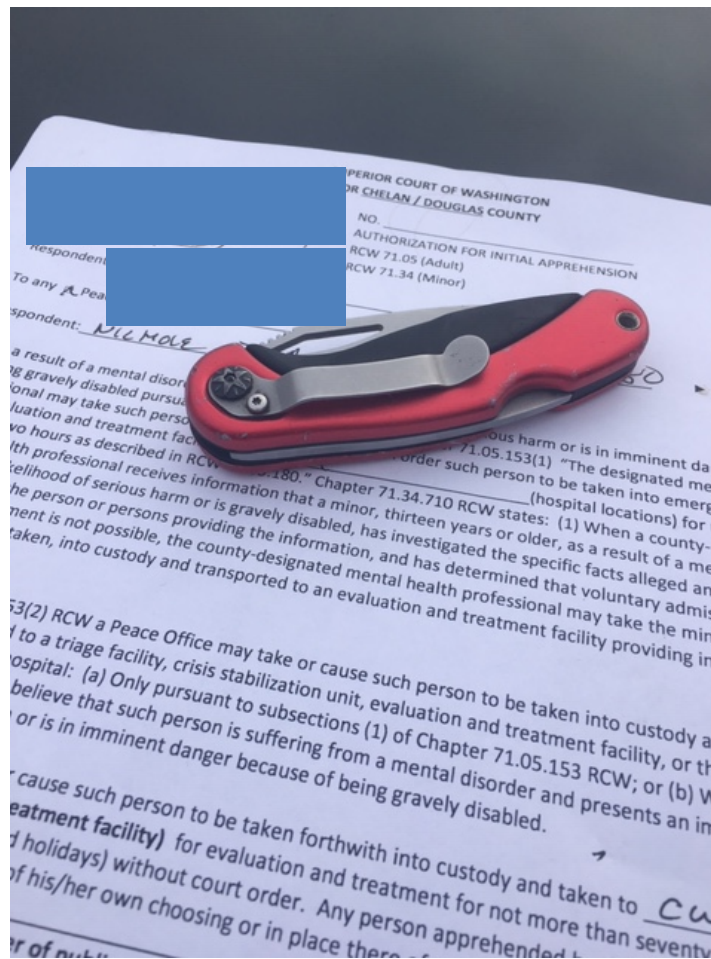
Community

- ▶ NAMI
- ▶ Chelan Douglas MH Stakeholders
- ▶ Managed Care Organizations
- ▶ C-D Court Appointed Special Advocates
- ▶ Community Foundation of North Central Washington
- ▶ Catholic Charities Housing Development

WHEELS OF DIVERSION

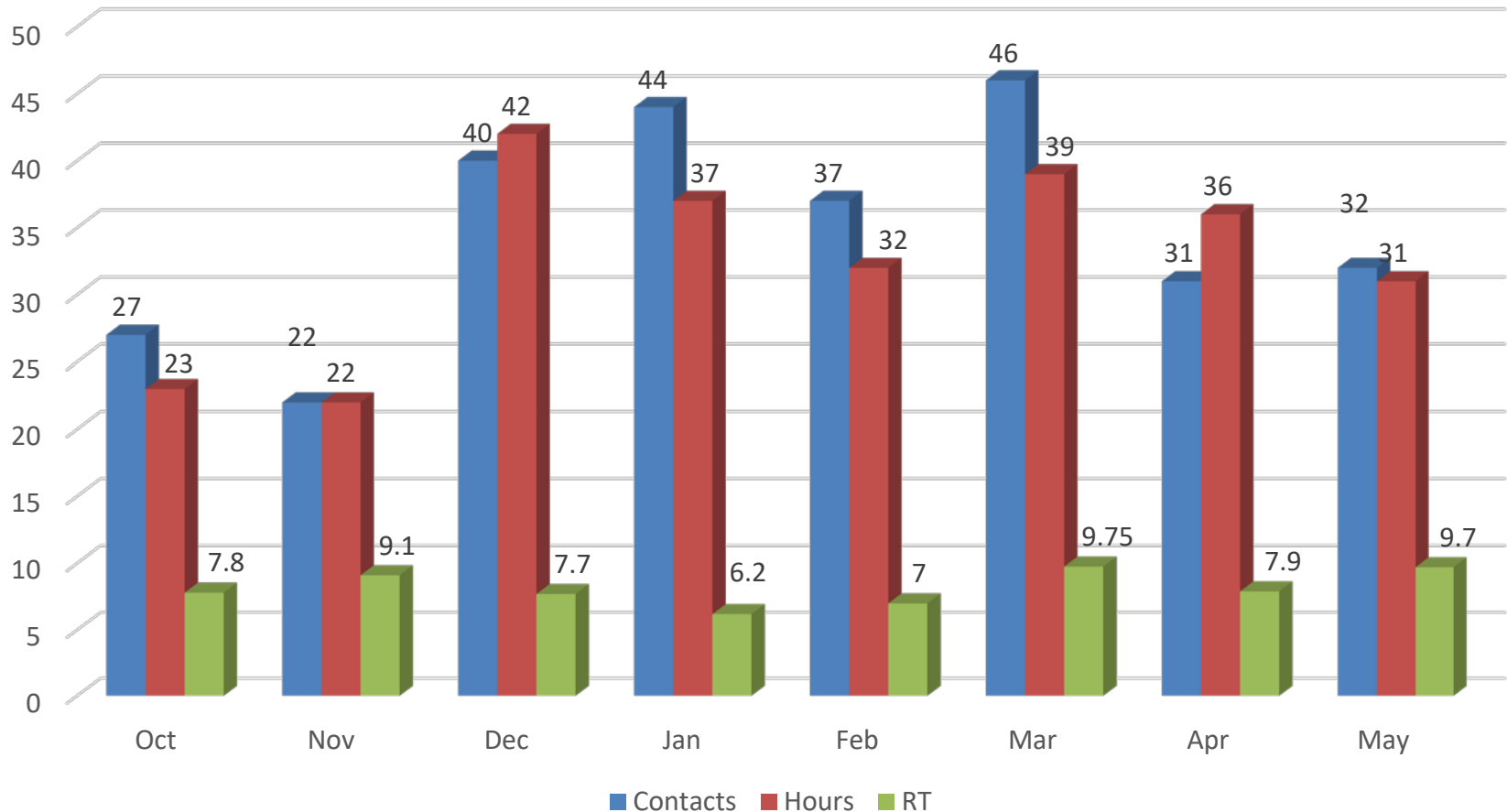


INTERCEPT I: PREBOOKING DIVERSION



WASHINGTON ASSOCIATION OF POLICE CHIEFS (WASPC) SHIFTS

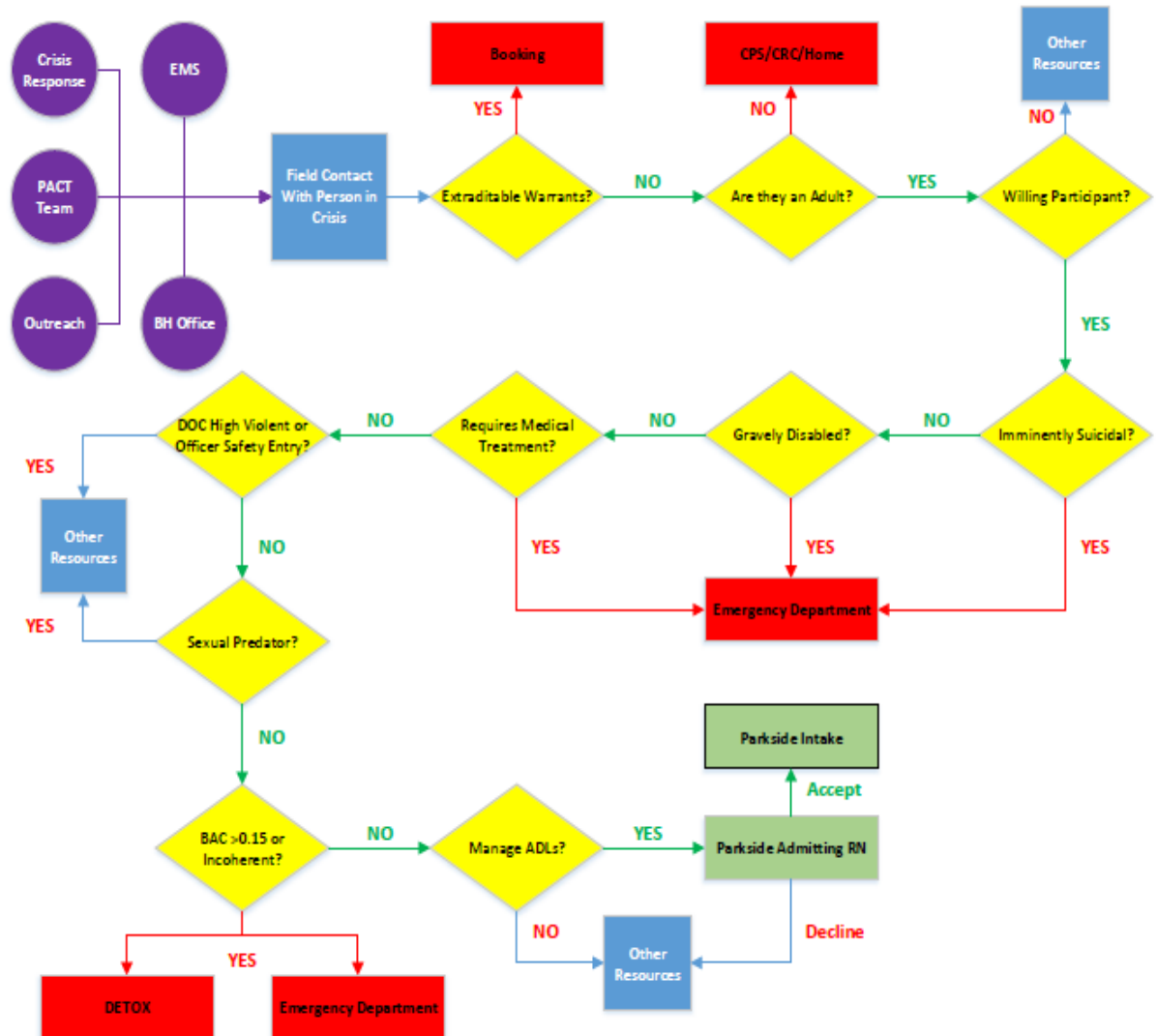
279 Contacts – 262 Service Hours and 8.1 minute response time



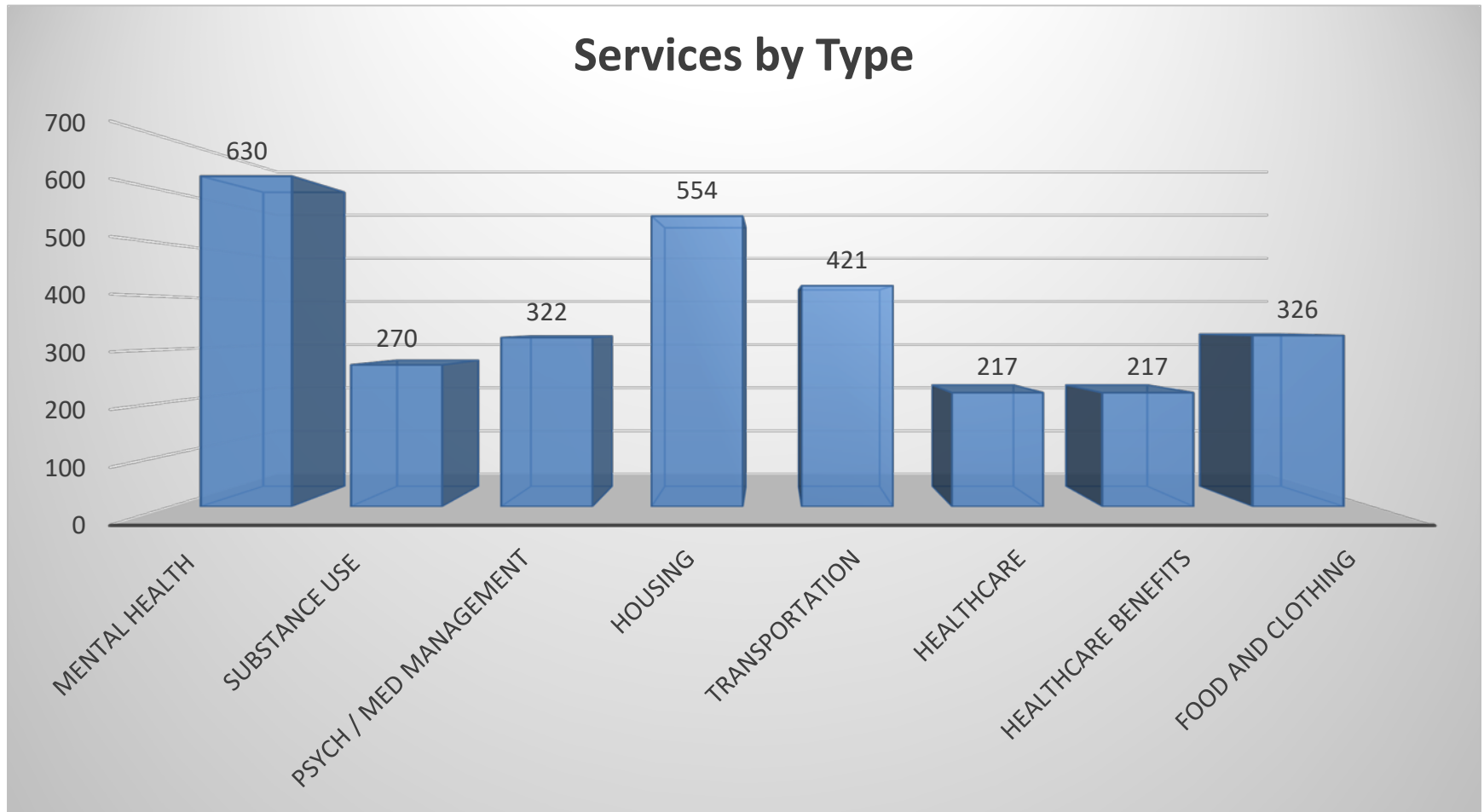
ADMISSION TO STABILIZATION AT STREEL LEVEL

Joint Law Enforcement/Mental Health Decision Tree for Interventions

- Key parameters
- LE role
- MH Role
- Stabilization Role

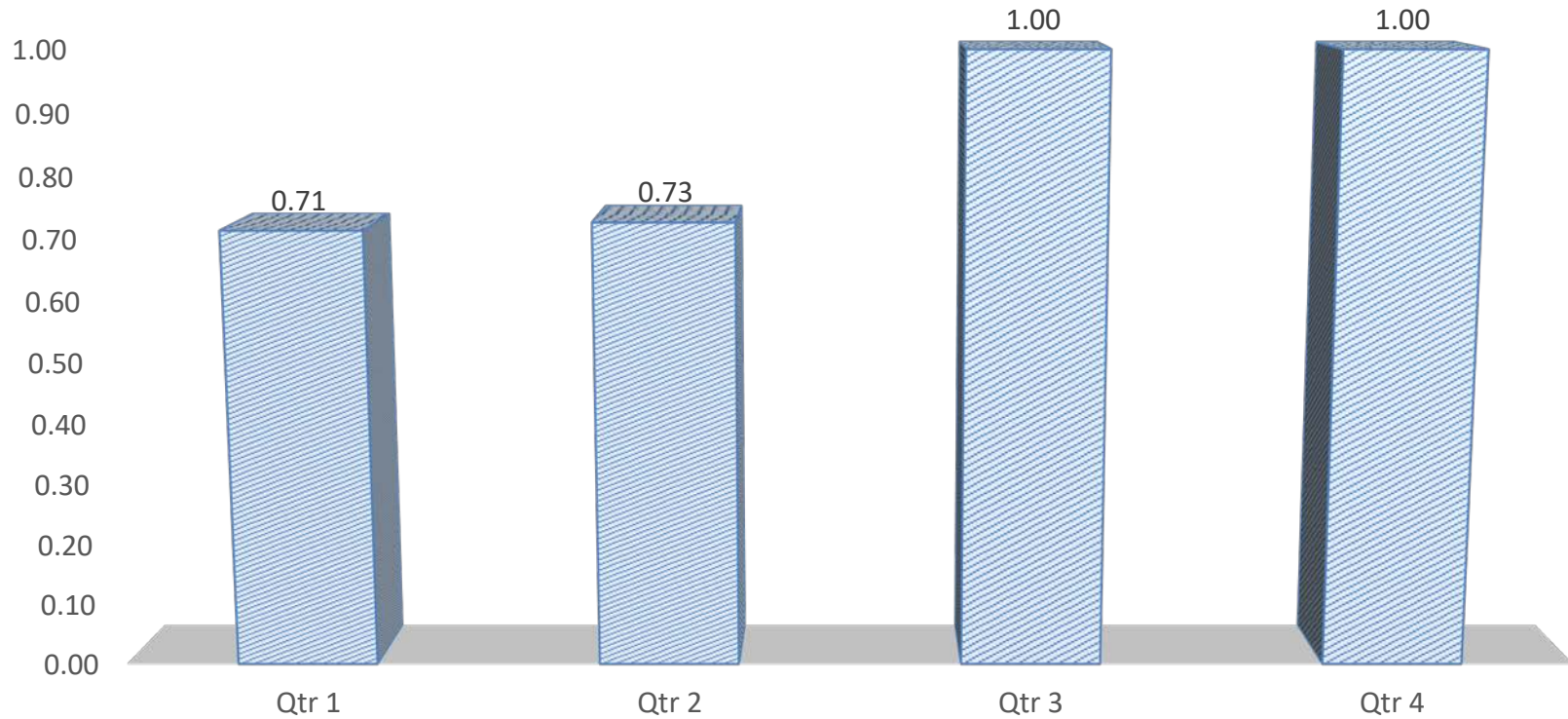


ADDRESSING SOCIAL DETERMINANTS



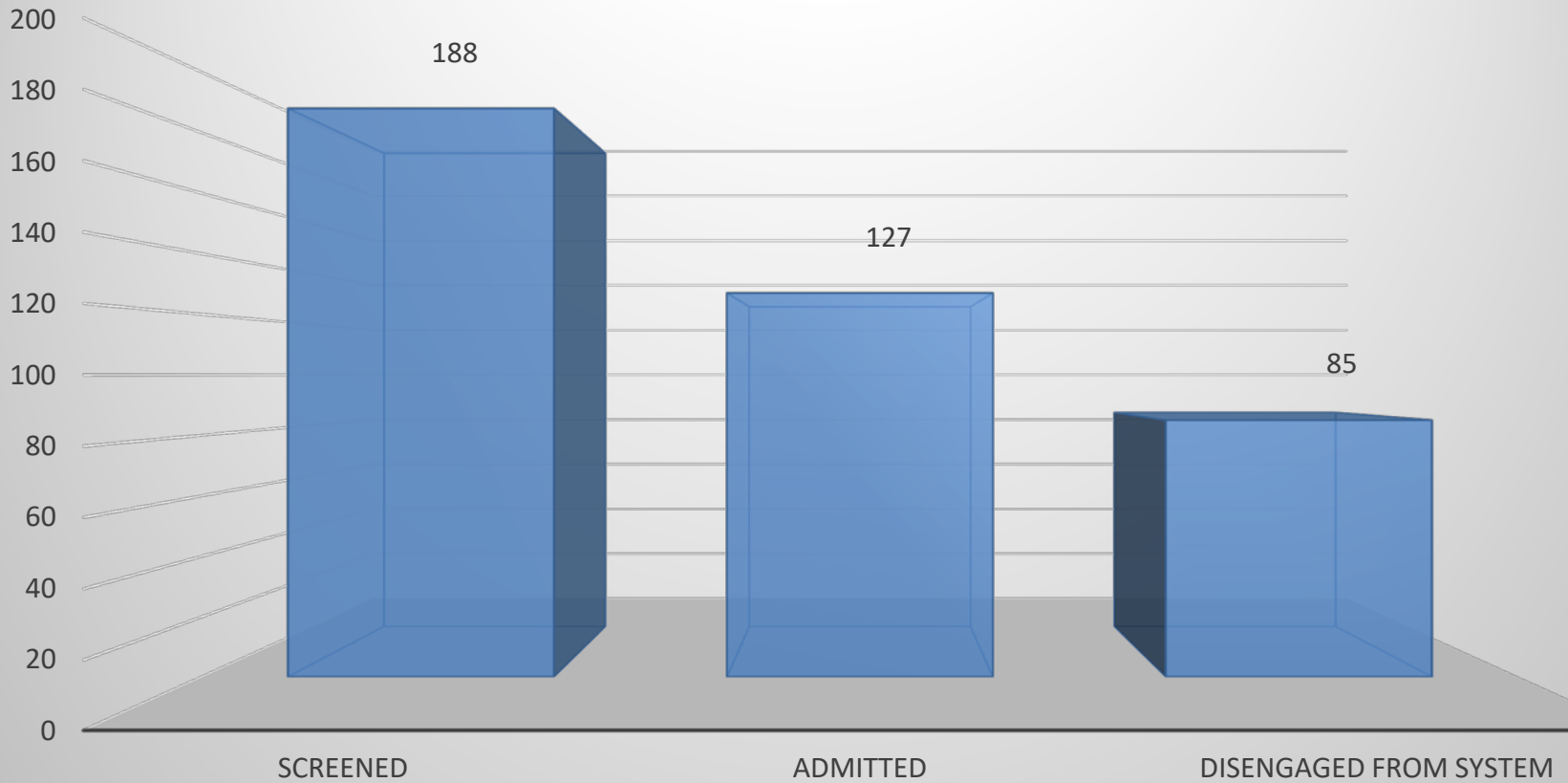
RETENTION AND TRANSITION

TRANSITIONS ADMITTED/RETAINED RATIO

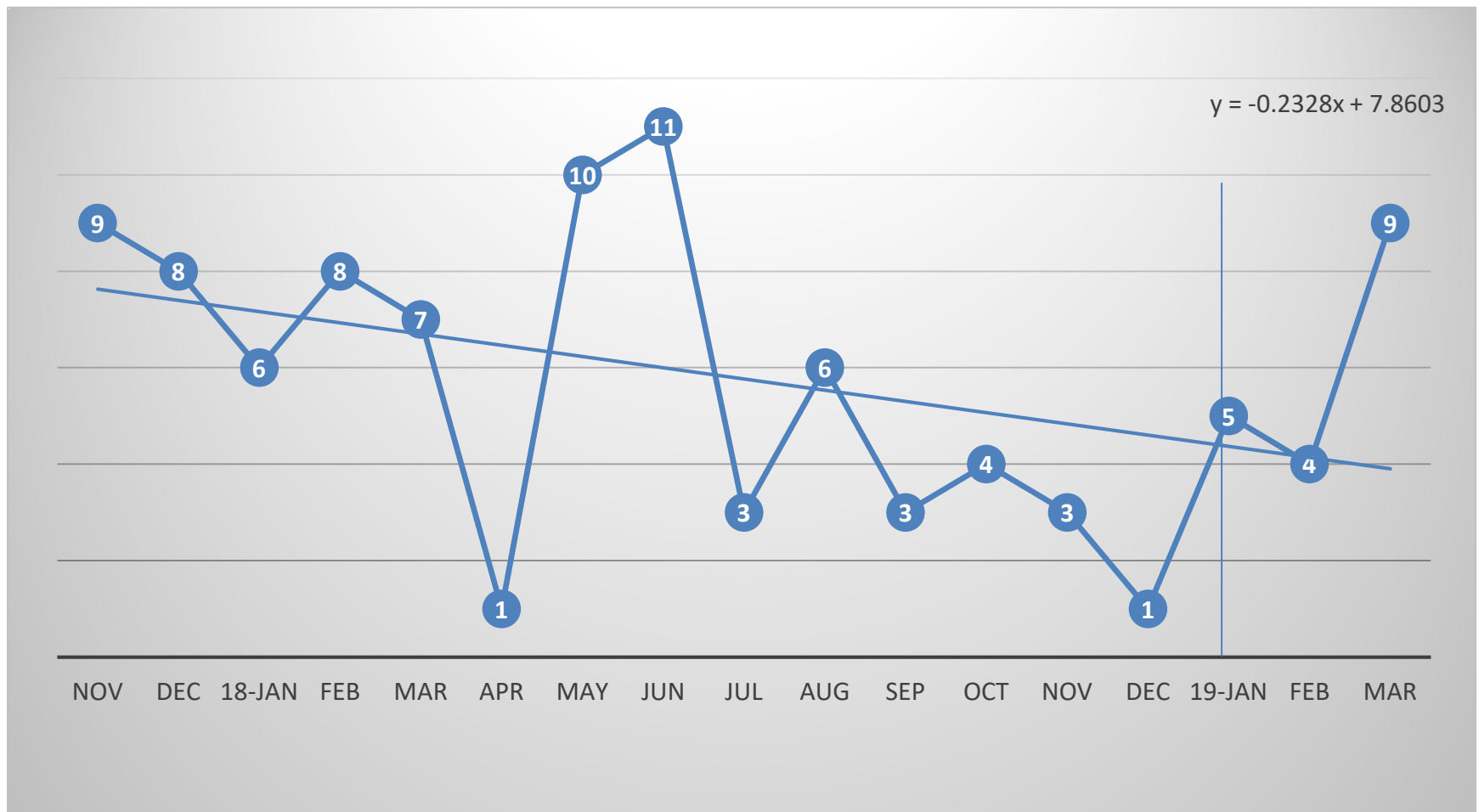


DISRUPTING THE CYCLE

Overall Outcomes

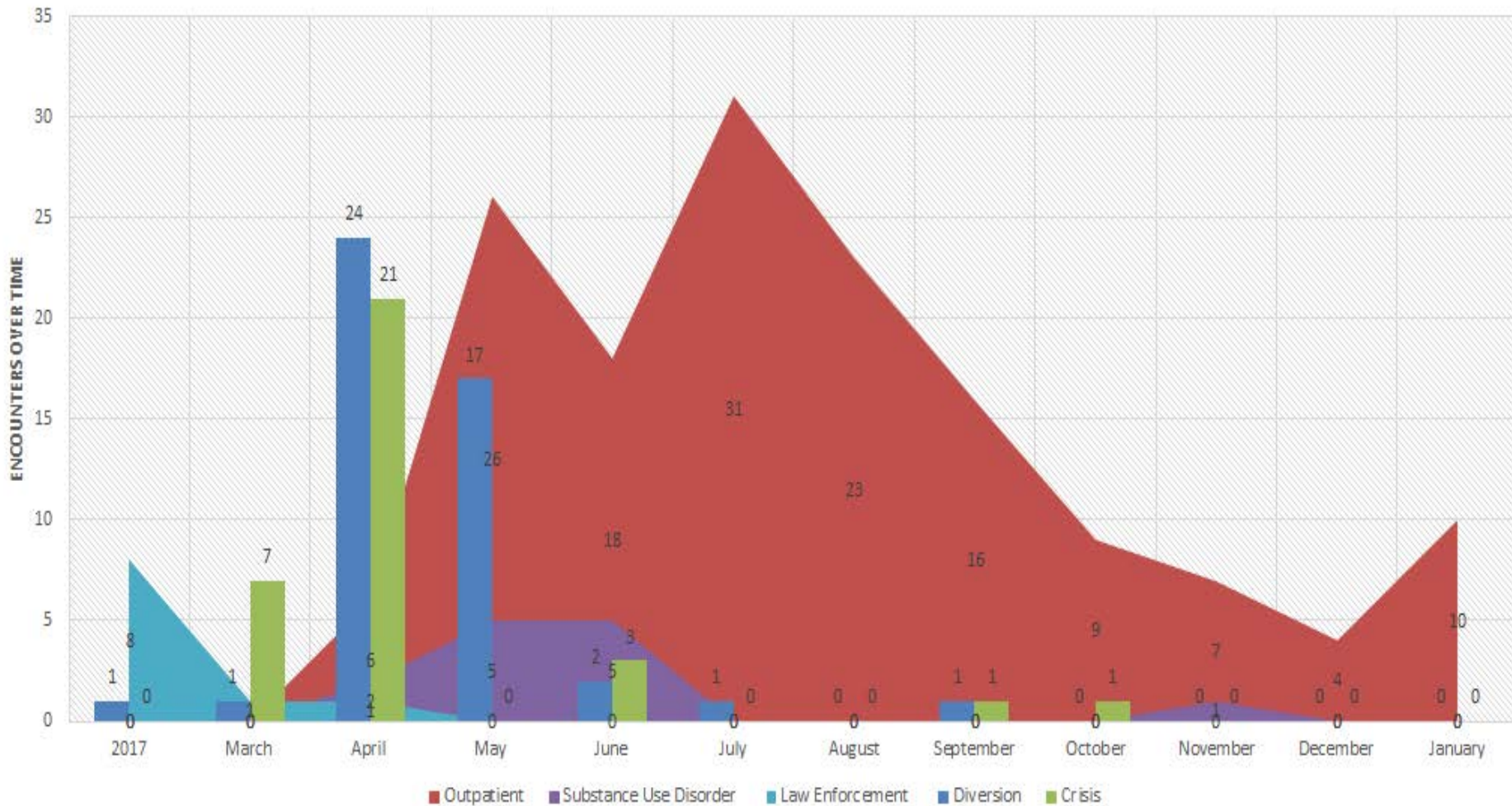


Expanded criminal competency actions (evaluations/restorations)



RESPONSIVITY – COORDINATION WITH OUTPATIENT SERVICES

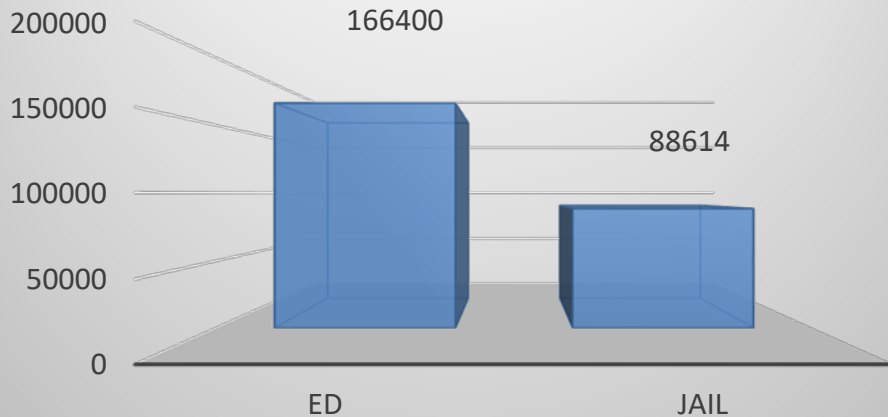
DIVERSION - SINGLE CASE EXAMPLE



PROJECTED: OUTCOMES AND COST SAVINGS

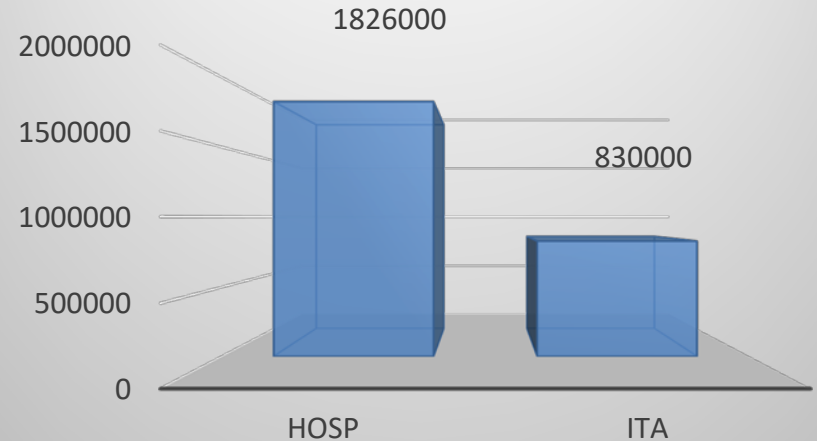
Chelan-Douglas Counties

Diversion Savings / Reallocation Estimates Nov 2018-June 2019



1. ED Diversion 64 X \$2600 est cost per episode
2. Source HHS McCollister et al 2010 Mean court-related costs \$7346 per episode + \$2500 Jail per episode

Hospital and ITA Transport Savings / Reallocation Estimates



1. Washington Institute \$22,000 Average Hospital X 83 Hospital Diversion
2. Anecdotal Ambulance costs associated with ITA approximately \$5000 X 166 episodes

COORDINATION: DEPT. OF CORRECTIONS

- If client is DOC
- Coordinate closely
- Much more enforceable
- Good working relationship
- MH Data often critical for their activities
- Better to have tough cases on DOC
- More tools

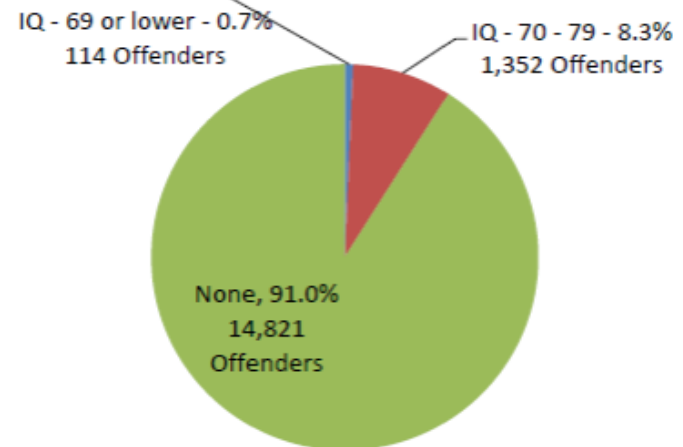
CONTINUITY – ENSURING SUCCESS

- **Economy of Scale** – Share what we are doing with other rural counties.
- **External Validation** – Look for opportunities to compare outcomes and interventions
- **Financial Stability** – Ensure program continuity and fiscal responsibility

What Happens When We Throw a Developmental Disability in the Mix?

- ❖ People with Developmental Disabilities have all the same mental health disorders at the same or higher rates than the general population
- ❖ People with Developmental Disabilities have higher rates of victimization/trauma than the general population
- ❖ Some people with Developmental Disabilities are fully capable of forming intent, knowing the difference between right and wrong, and acting volitionally

Percent of WA Prison Offenders with Developmental Disability (DD)



1,466 (9%) have I/DD

From "Identifying Traumatic Brain Injury and Developmental Disability in Prison,"
Department of Corrections, January 2013

Female	1.9%	7.2%
Male	98.1%	92.8%
Chemical Dependency Issue:		
	71.1%	60.5%
Risk Level		
LOW	26.9%	19.3%
MOD	13.5%	17.2%
HNV	42.3%	18.8%
HV	17.3%	44.7%
Most Serious Crime		
MURDER	3.8%	3.8%
SEX CRIME	32.7%	21.6%
ROBBERY	3.8%	10.5%
ASSAULT	28.8%	23.6%

Assault, sexual offenses including pedophilia, theft, vandalism/property destruction, murder (with clear premeditation), arson...these are among the crimes perpetrated by individuals with developmental disabilities who have the ability to make the same decisions as every other adult citizen.

In other words, the myth that individuals with developmental disabilities are not capable of committing crimes is officially busted.

Why does 911 get called?

- Caregivers / Agency staff call:
 - To keep themselves and other clients safe
 - To evaluate/transport the person (medical, psychiatric concerns)
 - To detain the person (mental health and/or criminal reasons)
- Staff that work directly with clients may have little to no special training (the requirement is usually a high school diploma or GED and a no felonies on record).
- They may or may not have any training in the use of physical restraints, and the options for physical restraint by a staff are very limited even if they do have training. For example:
 - No pinning someone to the ground, prone or supine
 - No torsion, no use of pressure points, etc.

When Emergency and Crisis Services are Called

- Safety First!
 - Always secure the environment first
- Is this medical/physical?
 - UTI
 - GI
 - Pain/headache/injury
 - Medication/Side Effects
- Is this psychiatric?
 - Depression/Bipolar Disorder
 - PTSD/Anxiety
 - Psychosis/Schizophrenia
 - Substance Abuse
 - Personality Disorders
- Is this volitional/intentional behavior?
- Was a crime committed?
- Is this a true emergency?



Psychiatric Symptoms and Behavior Checklist

Name: _____

DOB ____/____/____

Checklist can be completed by primary care provider, or by caregiver and reviewed by provider

Please mark the list below:

No symptoms--0

Mild symptoms occasionally--1

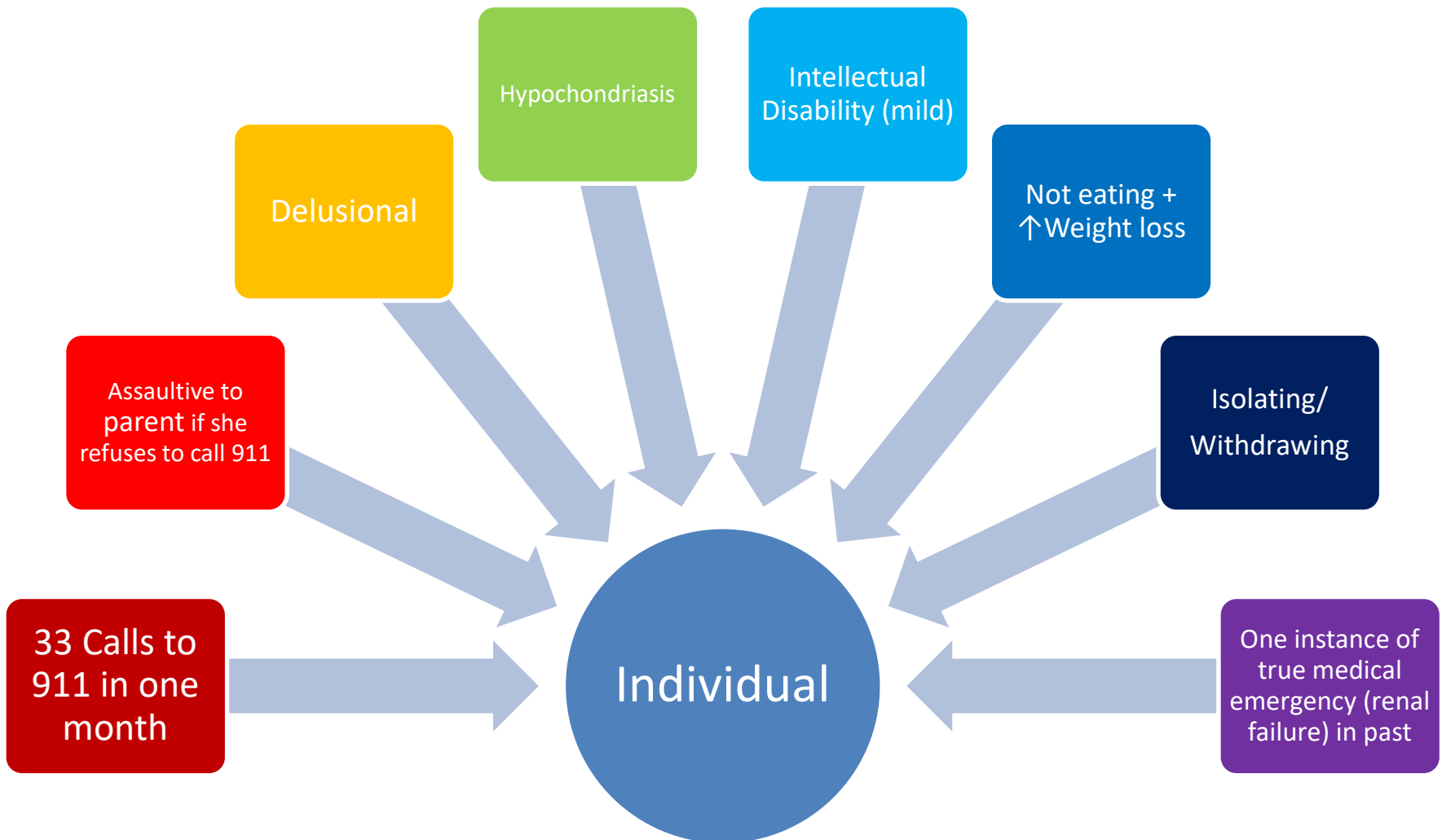
Mild symptoms some of the time--2

Major symptoms some of the time--3

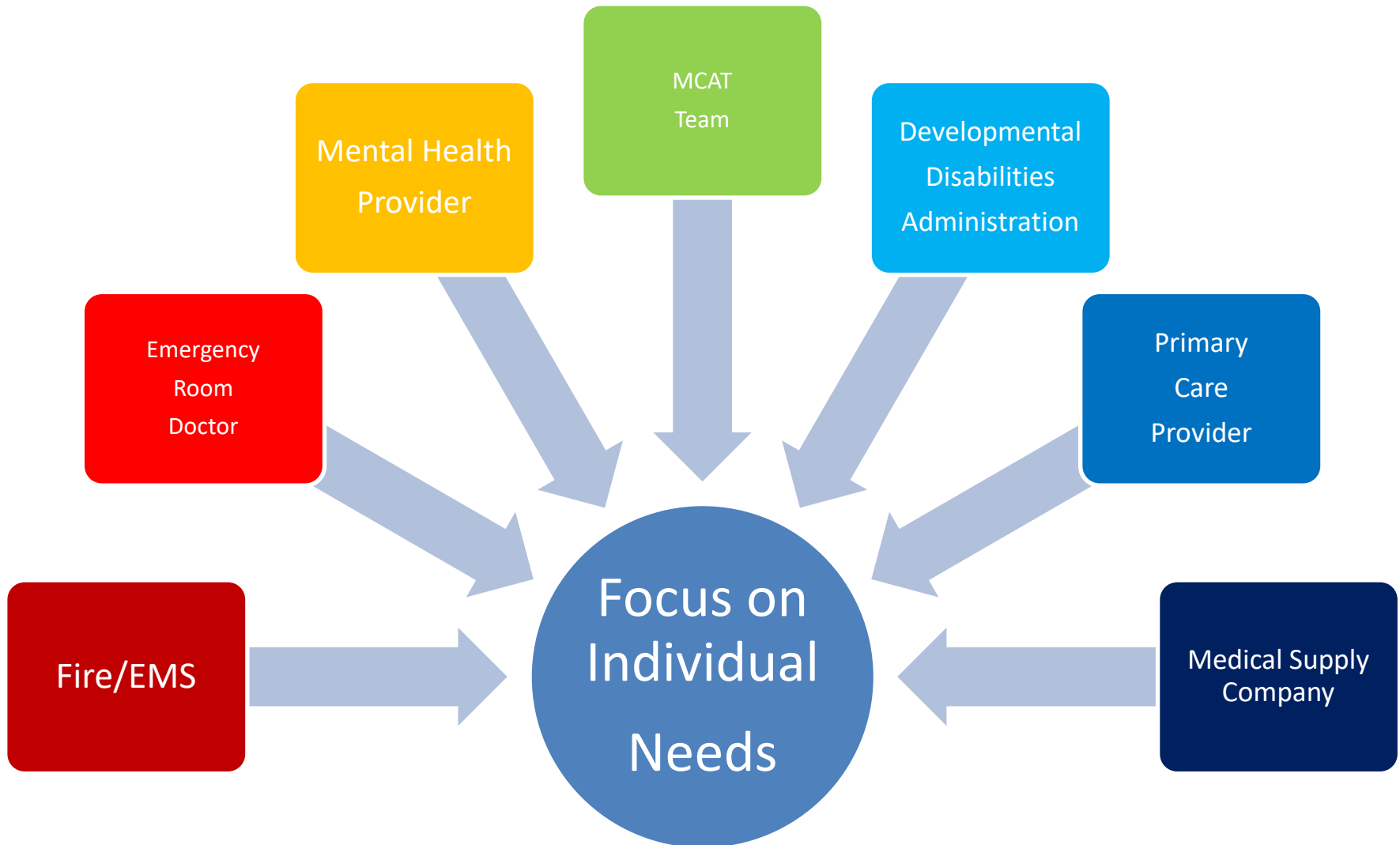
Major symptoms all of the time--4

Symptoms and behaviors	BASELINE ¹ Mark if usually present	NEW Mark if recent onset	COMMENTS If new onset or increased
Anxiety-related			
Anxiety			
Panic			
Phobias			
Obsessive thoughts			
Compulsive behaviors			
Rituals/routines			
Other			
Mood-related			
Agitation			
Irritability			
Aggression			
Self-injurious behavior			
Depressed mood			
Loss of interest • Unhappy/miserable • Under-activity			
Sleep issues			
Eating pattern			
Appetite			
Weight (provide details)			
Elevated mood			

Case Example 1



Who did we bring to the table?



Contacts

- For DDA: Karen Renner, karen.renner@dshs.wa.gov
- For DCSO: Chief Criminal Deputy Steve Groseclose, sgroseclose@co.douglas.wa.us
- For Catholic Charities Central WA: Eric Skansgaard, eskansgaard@catholiccharitiesscw.org and Rebecca Mullins, rmullins@catholiccharitiesscw.org
- And me: Christen Kishel, PhD, drkishel@gmail.com