



A Community Collaboration Model for Crisis Intervention

Problem Oriented Policing Conference – April 2022

Consider the Following Scenario...

- **Adult Male with diagnosed with schizophrenia**
- **In Crisis – armed with a knife on the side of a heavily traveled roadway.**
- **Law enforcement responds...**
 - 46 police contacts.
 - Arrested 10 times.
 - Victim of assault twice.
 - Convicted of 6 misdemeanors/felonies.
 - Threatened law enforcement with a weapon on two occasions.



Questions

Is this effective service?

Does it resolve the underlying issue?

Is law enforcement equipped to respond to a person in crisis such as this?

Is CMH equipped to respond to a person in crisis such as this?

Partnership/collaboration opportunities?

Problem

- Despite the fact of Community Mental Health and the Sheriff's Office often interacting with the same populations, there was a significant lack of communication, partnership, and collaboration.

Why Invest in a Collaborative Model

Community Mental Health

- Funding Cuts

Law Enforcement

- National Statistics
- Local Statistics
- Traditional LE Training Models

Service Alignment

CMH Challenges



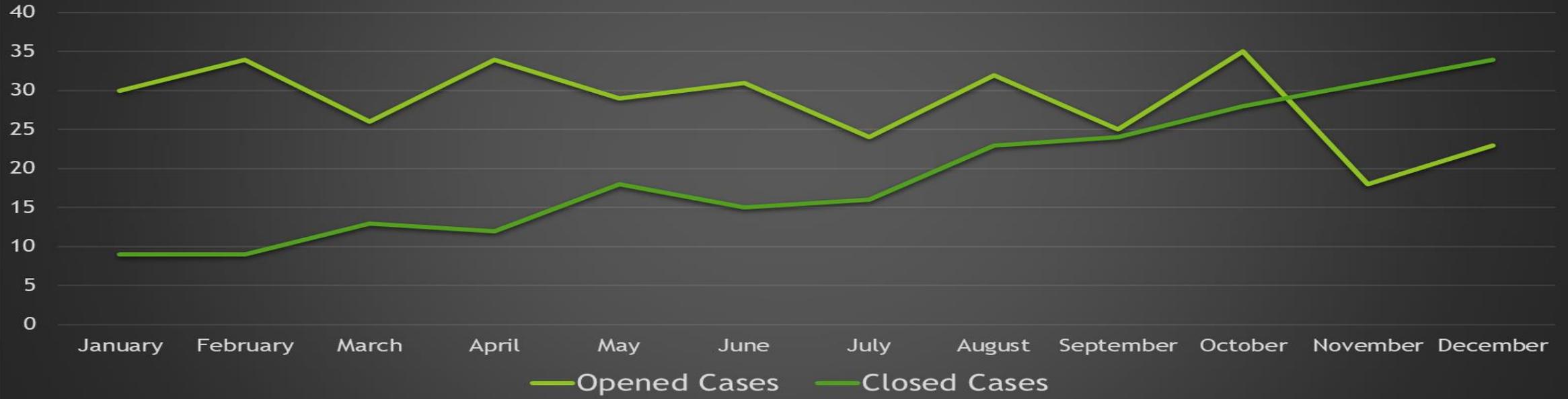
State General Fund Cuts to WCCMH budget

2014	2017
\$6,500,000	\$2,700,000



As a result, approximately 350 individuals were discharged from WCCMH.

Meet WCCMH Criteria 2016



Jail Bookings

Law Enforcement Challenges

Nationally

- **Studies have consistently shown that law enforcement as a profession lacks the training to effectively serve persons in mental health crisis.**
- **Persons with untreated severe mental illness are:**
 - **1 in 10 of all law enforcement responses**
 - **1 in 5 of all jail and prison inmates**
 - **1 in 4 of all fatal police encounters**

Locally

- **Washtenaw County Deputies have approx. 2 encounters with a person in mental health crisis each day.**
- **Persons with mental illness account for approx. a third of all calls for service.**
- **Approx. 60% of jail inmates.**

Common Law Enforcement Challenges

- LE Training is generally “hard” skills focused
- LE generally has a lack of understanding related to resources and services for persons with mental illness, even within their own communities
- LE generally adapts to address the immediate issue.
 - Compassionate Bookings
 - ER Drop-Offs

Scan: Community Process

6 CMHAC work sessions in 3 months: Research, Outreach and Learning

5 Community Conversations: More than 200 Residents engaged and informing Vision

Very high alignment between all sources regarding community needs and vision of success

CMHAC Recommendations full report submitted June 2018, identifying 11 investment areas.

CMH Board July 2018 and BOC approval September 2018

Millage work began January 2019

Scan: Community Process

VISION OF SUCCESS from COMMUNITY CONVERSATIONS

- Support integration and coordination
- Build awareness about mental illness, SUD and reduce stigma
- Increase ease of navigation of services
- Prevent crisis
- Address equity and issues unique to each community
- Respond FAST to crisis
- Expand access to services for people regardless of insurance
- Support and serve youth EARLY
- Offer safe place when in crisis: not jail, not ER
- Increase community based informal supports and use peers

Analysis: Preliminary Findings

From 2015 to 2017:

- Growing percentage of inmates known to CMH (from 24% to 29%).
- Compared to the general jail population:
 - Average **length of stay was higher** (27 days vs. 11 days).
 - **Recidivism rate was higher** (58% vs. 29%).
 - Female inmates were **more likely** to be known or admitted to CMH.
 - Black inmates were **less likely** to be known to CMH.
 - Younger populations (<30) were **less likely** to be known or admitted to CMH.

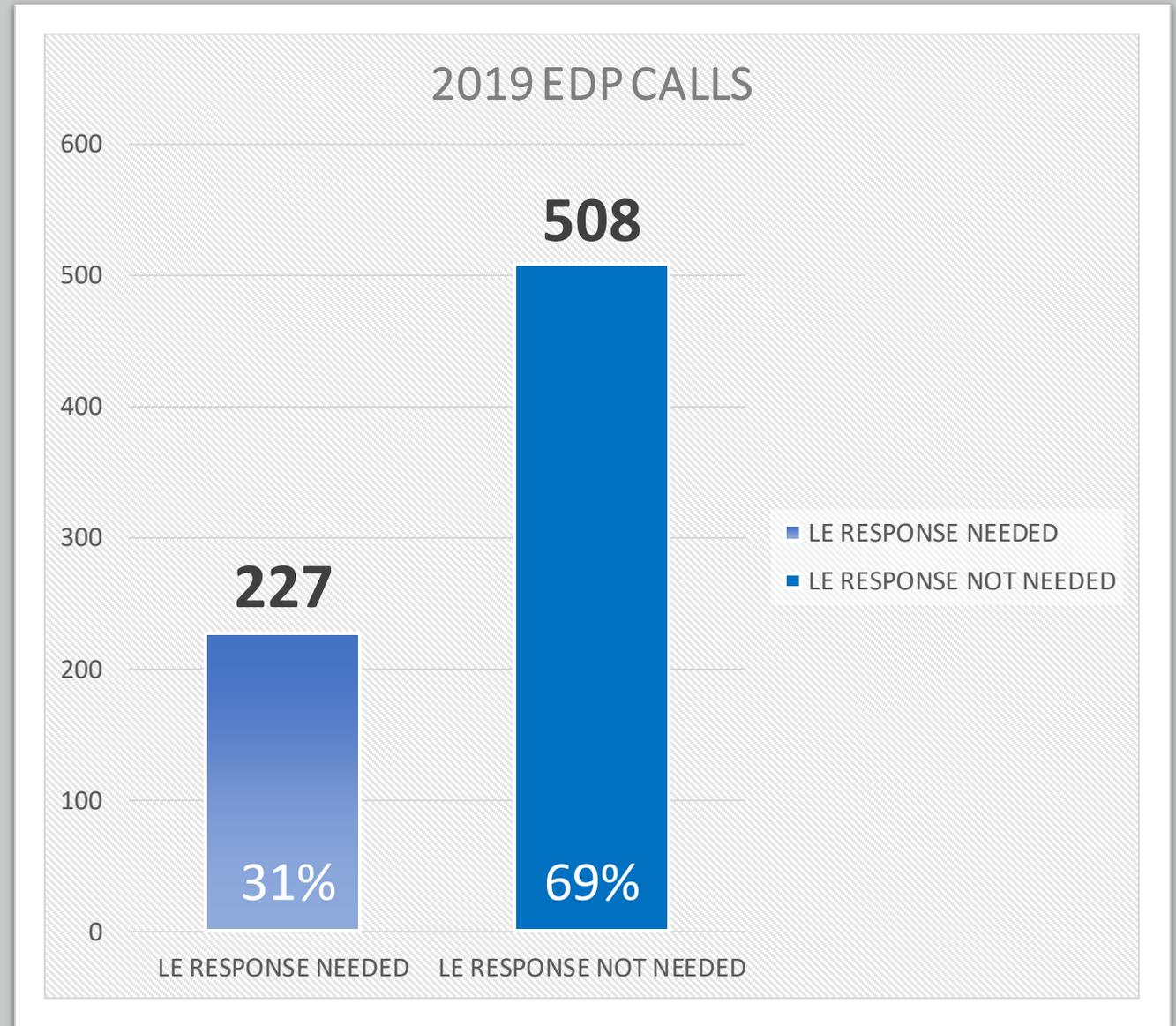
Initial findings show roughly **69%** of mental health calls for our agency **did not require** a police response

Analysis: Snapshot Criteria

CRITERIA	POLICE SERVICE RESPONSE
Was there a criminal nexus to a crime being committed?	PS will respond.
Young child out of control?	PS will not respond.
Teenager out of control + property damage?	PS will respond.
History of prior EDP calls to residence ?	PS will not respond.
History of prior EDP calls to residence +assaultive?	PS will respond.
Individual assaultive +over 10 years old?	PS will respond.
CMH Request	PS will respond.

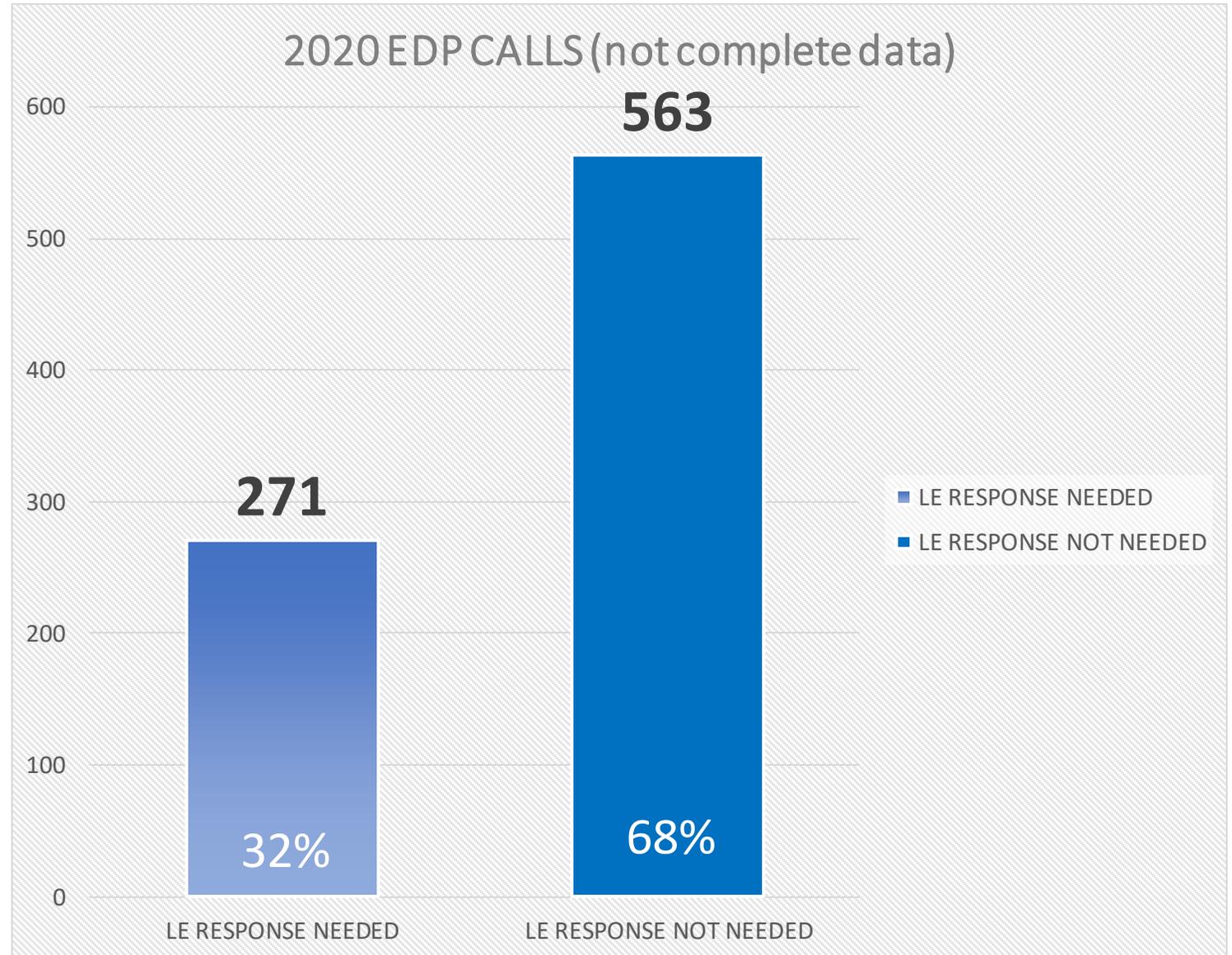
Analysis: Snapshot Data

*2019 EDP Calls
(Emotionally Disturbed Persons)
Total Calls: 735*



Analysis: Snapshot Data

*2020 EDP Calls
(Emotionally Disturbed Persons)
Total Calls: 834*



2019 Verified as EDP, Ypsilanti Twp.

Verified as EDP 2019 Weekday																								Grand	
	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Total
SUNDAY	4	1	2	4	1		1	1	1	3	2	2	2	3	4	2	5	3	1	7	6	4	4	2	65
MONDAY	2	1	1			2		2	1	2	3	1	3	2	1	1		4	5	7	3	7	11	5	64
TUESDAY	3	4	5	1	4	1		3	1	2	5	1	2	2	3	5	3	3	2	5	3	4	2	3	67
WEDNESDAY	2	1		1	2	1	2	2	2	4	4	1		1	2	2	1	1	2	3	4	3	3	3	47
THURSDAY	1	3	4	4		2	1	3	2	3	2	2	2	2	3	3	2	4	1	1	3	8	10	2	68
FRIDAY		1	1	2		1		4	1		2		2	1	1	1	6	3	4	4	4	7	4	3	52
SATURDAY	2	5		2	3	2	1		2	1	4	1	1	1	4	2	7	3	4	3	3	7	5	4	67
Grand Total	14	16	13	14	10	9	5	15	10	15	22	8	12	12	18	16	24	21	19	30	26	40	39	22	430

2019 Reported as EDP, Ypsilanti Twp.

Reported as EDP 2019																								Grand Total	
Weekday	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Grand Total
SUNDAY	4	1	1	4			1			3	3		1	1	4	3	2	1	2	5	4	3	4	1	48
MONDAY	3	1		1	1	2				2	3	1	3	3	1	1		4	3	5	4	3	7	1	49
TUESDAY	3	4	4		4	1		3	1	2	5	1	3	1	2	6	1		2	5	4	1		2	55
WEDNESDAY	1	1			3	1	2	2	2	3	1	1	1	1	4	1	1	3	3	2	1		2	2	38
THURSDAY	1	2	3	3		1	1	3	2	2	1		1	2	2	3	2	4			1	6	8		48
FRIDAY	1	1	1	1				2	1		2		2		1	1	6	2	2	4	4	6	3	1	41
SATURDAY	1	5			2	3	1			1	4	1	1	1	2	1	6	6	1	2	3	5	4	5	55
Grand Total	14	15	9	9	10	8	5	10	6	13	19	4	12	9	16	16	18	20	13	23	21	24	28	12	334

2020 Verified as EDP, Ypsilanti Twp.

Verified as EDP 2020																									
Weekday	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Grand Total
SUNDAY	5	3	4	1	2	3		1	3	1	2	2	1	2	4	5	2	7	4	2	6	3	5	3	71
MONDAY	3	2	3	3	3		3	1	1	3	4	3	4	6		4	5	3	7	1	5	5	2	3	74
TUESDAY	4	4		2	1	2		2	2	7		6	1	4		2	4	4	3	2	4	4	6	2	66
WEDNESDAY	2	2	1		2	1	2		2	3	3	1	6	1	5	2	4	8	3	7	6	9	7	1	78
THURSDAY	1	3	2		2	3	1	1	3	2	3	4	1	7	6	10	5	2	5	2	6	5	5	2	81
FRIDAY	2	4	1	1	2	1		2	4	5	4	9	1	2	2	4	3	3	4	2	4	2	3	3	68
SATURDAY	3	3		2	3				6	3	2		2	1	2	3	4	5	1	1	4	4	3	7	59
Grand Total	20	21	11	9	15	10	6	7	21	24	18	25	16	23	19	30	27	32	27	17	35	32	31	21	497

2020 Reported as EDP, Ypsilanti Twp.

Reported as EDP 2020																									
Weekday	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Grand Total
SUNDAY	3		3	1		2	1	2	2		3	2		1	2	5	2	5	4	1	6	3	4	1	53
MONDAY		1	2	2	3		2	1		2	5	3	4	4		5	1	1	5	1	3	4	1	2	52
TUESDAY	3	2		1	1			2	2	6	1	4	1	5		1	2	2	3	2	1	2	2	2	45
WEDNESDAY		3	1	1	1	1	3		3	2	3	1	6	1	4	1	3	7	2	4	2	7	3	1	60
THURSDAY	2	1	1		2	2	2	2	3	3	2	4	2	5	4	8	5	2	5	2	4	6	3	3	73
FRIDAY		3	1		2	1		2	4	5	3	4	1	1	1	2	3	1	2	3	5	1		2	47
SATURDAY	2	1		1	2				3	2	1	1	3	2	2	3	3	5		2	2	3	2	2	42
Grand Total	10	11	8	6	11	6	8	9	17	20	18	19	17	19	13	25	19	23	21	15	23	26	15	13	372

Response



Leadership
Collaboration



Training
Development



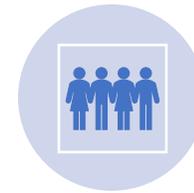
Cross Training



Job Sharing



Data Sharing



Cross Discipline
Teams

Crisis Response Training

- Adopted the Managing Mental Health Crisis training model
- Developed the Managing Interpersonal Interaction Series
 - Procedural Justice, Cultural Competency, Implicit Bias, Behavioral Health Partnerships, Verbal De-escalation,
- Strategic partnerships with community stakeholders
- Strategic partnerships with state government
- Training preparation
- Curriculum roll-out to all Police Service Deputies

Co-Response Teams

- Police Services and WCCMH Mobile Crisis Team respond together
- WCCMH mental health professionals imbedded in CNT
- WCCMH and WCSO developing alternative response protocols
- WCCMH mental health provider in the jail
- WCCMH provider for LEADD
- Co-response patrol units (starting soon)

Alternative Responders

- CARES Team
- Crisis Team
- Alternative/Community Responders (in-development)
 - Focus groups have been completed
 - Evaluator selected (University of Chicago Health Lab)
 - Pilot program in development



Millage Overview

- Dedicated funding source for county police services & behavioral health service expansion
- Total Annual Millage Revenue: \$15,433,608
 - 38% CMH \$5,864,771
 - 38% Sheriff's Office \$5,864,771
 - Locals with Police Depts \$3,704,066

County Public Safety Portion

- For 8yrs, 41-49% of the 38% public safety allocation goes into County general fund
- Remaining allocation supports:
 - Deflection/Diversion/Re-entry
 - Public Safety Sustainability

Approved in 2017- Funds available in 2019



RESPONSE

Crisis

- MHSUD crisis assessment, referral, treatment, support

Stabilization

- MHSUD services for youth & adults to stabilize individuals, support recovery, and enhance quality of life
- Service to all, regardless of ins. status
- Outreach to those who experience greatest obstacles

Diversion

- More jail-based MHSUD assessment and treatment options
- More ways to divert individuals toward treatment and support, rather than CJ
- Expanded education and support for county first responders

Prevention

- MH awareness and anti-stigma campaign
- Early intervention programs in partnership with families, schools, faith communities, etc.



RESPONSE

Direct service expansion

- Offer MHSUD services to all residents, regardless of insurance status, severity of need, or ability to pay

Community outreach

- Work with partners across the county to enhance understanding, combat stigma, streamline access

Diversion expansion

- Whenever possible, offer preventive MHSUD treatment opportunities instead of jail or hospital time

Supportive housing expansion

- Increase mental health and substance use support services at housing programs across Washtenaw County

Youth service expansion

- Reduce stigma among youth and young adults; increase school- and community-based MHSUD services



RESPONSE

Direct service expansion

- Added staff to our 24/7 access line of mental health experts
- CARES Team
 - Served 250-300 individuals/month who would not have met criteria pre-millage
 - 24,407 different services provided
- Crisis Team
 - 3,732 individuals served for urgent/emergent needs
 - Ypsilanti – 1,577
 - Ann Arbor – 1,505
 - Less densely populated areas – 345
 - Unknown/other - 305
- New SUD access Protocol
 - Millage funded 24/7 access line is now the primary access point for all SUD services

ASSESSMENT

- Wayne State University – Center for Behavioral Health & Justice (SIMPLE Scorecard)
- Center for Health & Research Transformation – Diversion Council & LEADD
- University of Wisconsin-Madison – Bias Training
- University of Chicago Health Lab – Co-response unit and alternative responder pilot

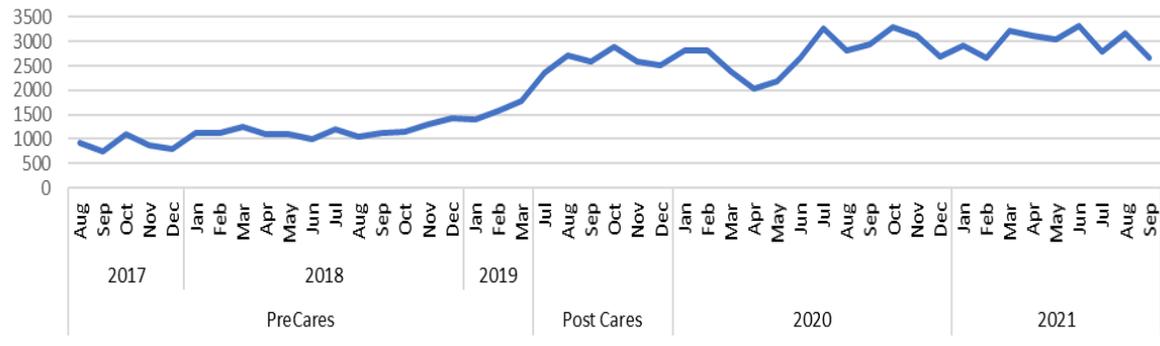
ASSESSMENT: Ultimate Outcomes

Among people with a serious mental illness and/or substance use disorder, the council's work seeks to:

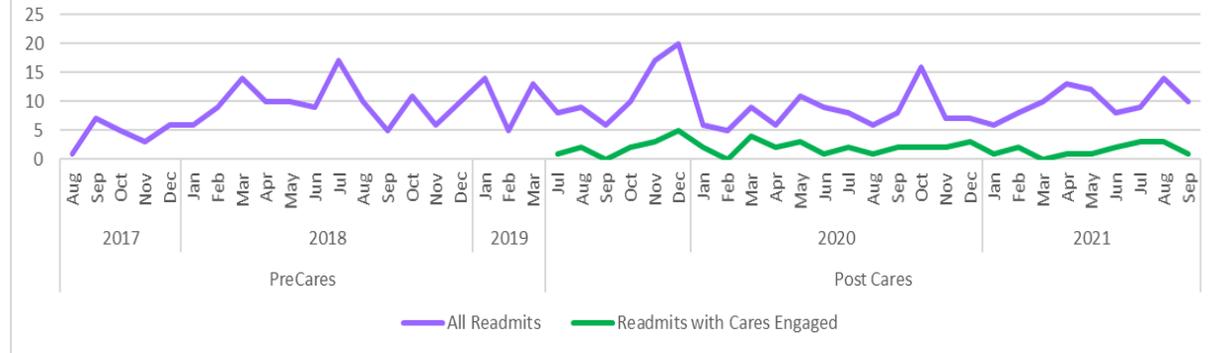
1. Reduce racial and economic disparities in jail.
2. Reduce the rate of individuals in jail/youth center.
3. Reduce the rate of recidivism.
4. Reduce the number of days in confinement waiting for treatment.

ASSESSMENT:

Number of Emergency Notes and Cares SALS



Rehospitalizations Unknown and Cares Engaged



EXCLUSIVE



LOCAL

4

11:04 67°



A Community Collaboration Model for Crisis Intervention

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