

HOUSTON POLICE DEPARTMENT

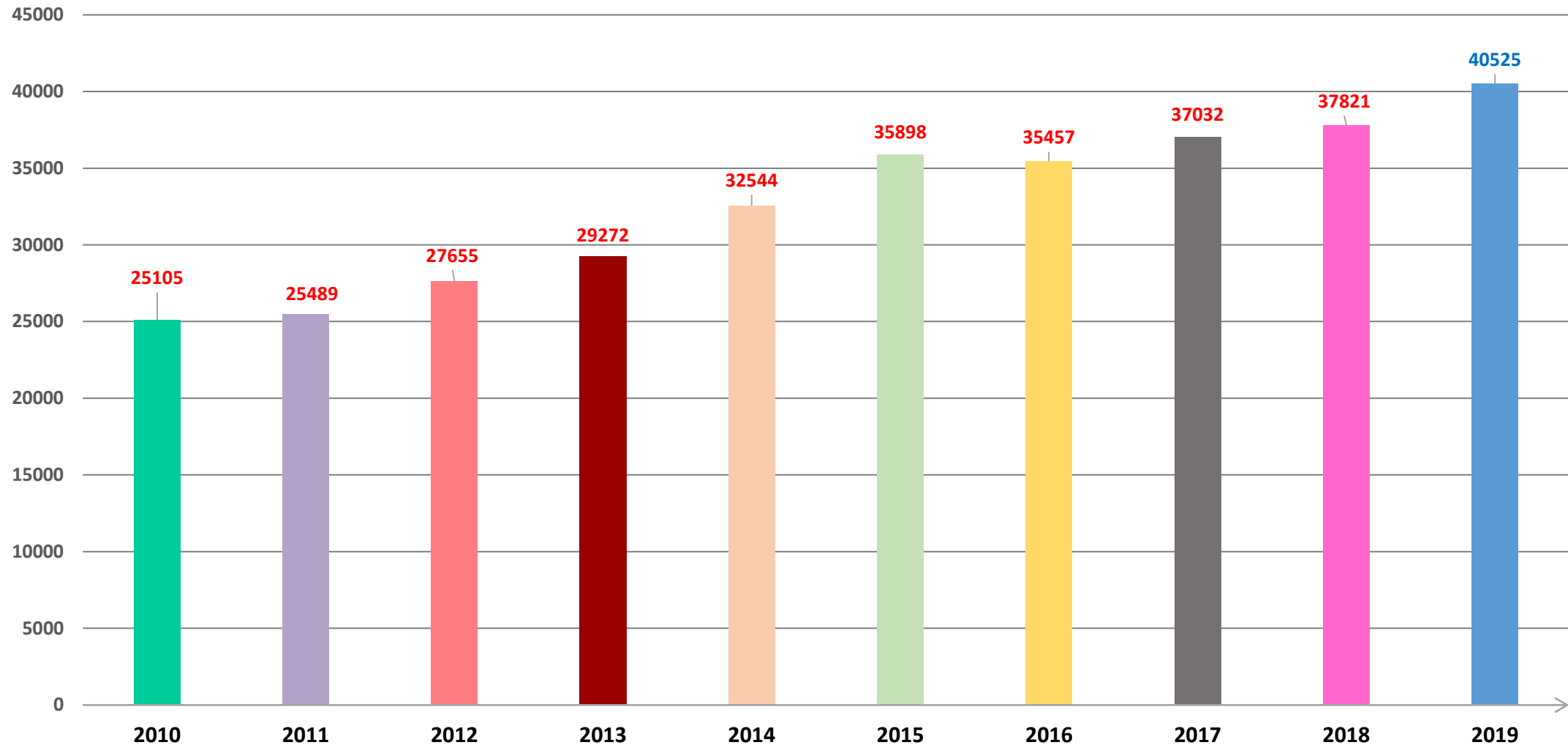
MENTAL HEALTH DIVISION



**Wendy Baimbridge, Assistant Chief
Patrol Region 3 Command**

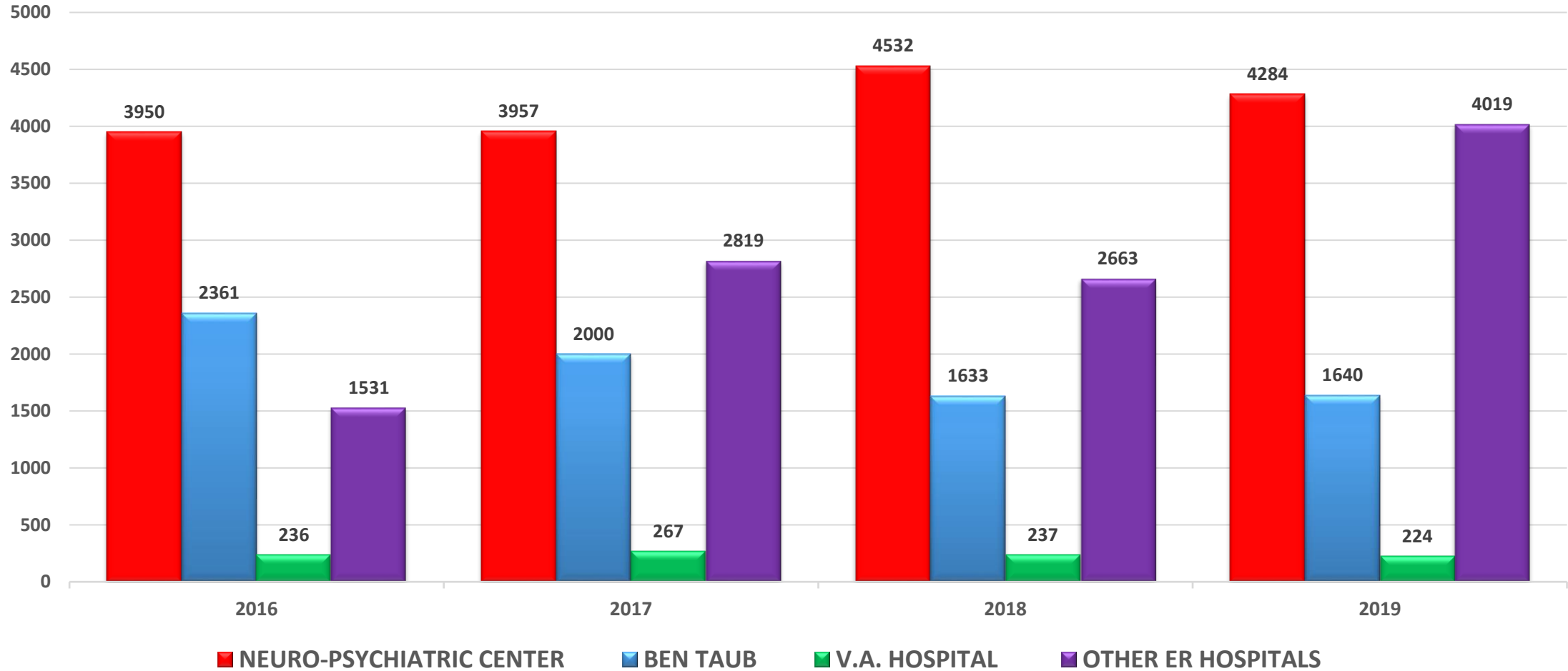
TOTAL CIT CALLS FOR SERVICE

Volume of Calls are Trending Upward Annually



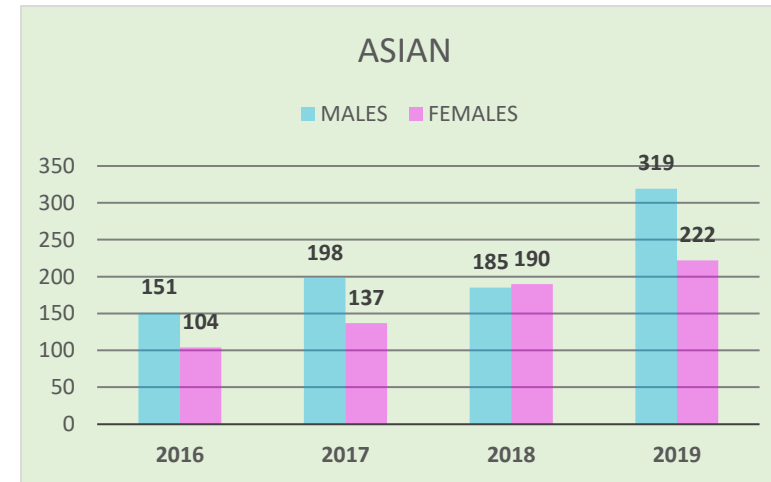
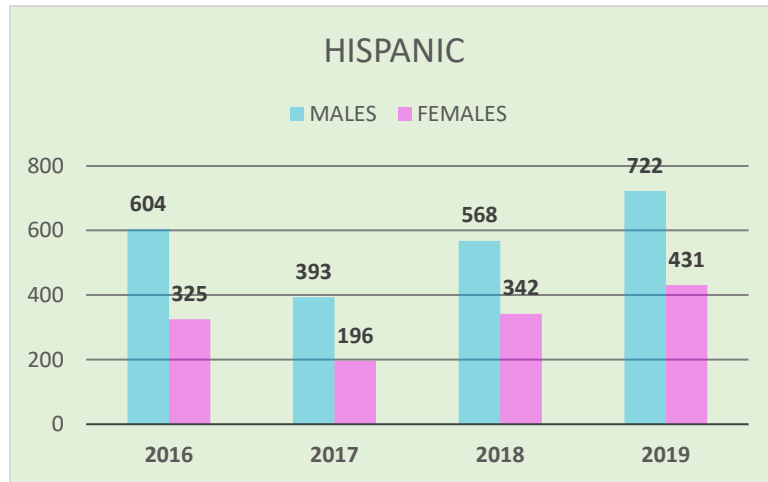
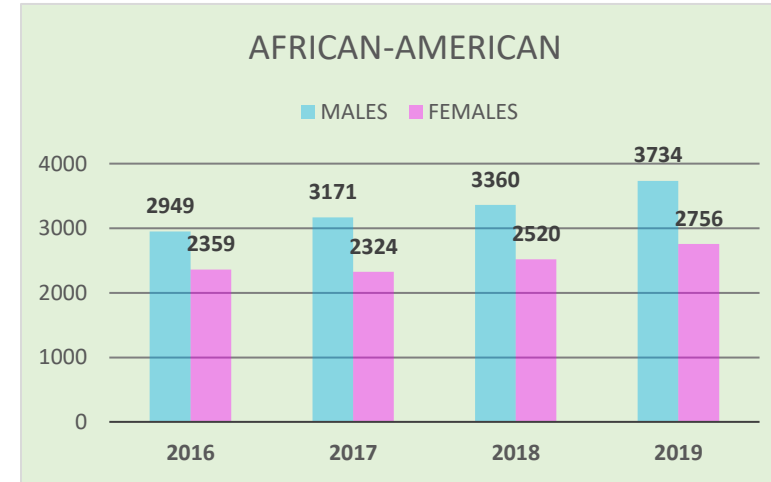
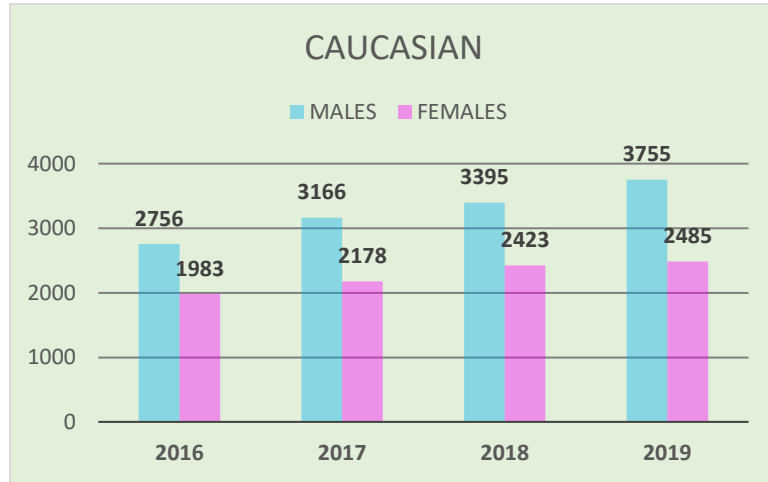
EMERGENCY PSYCHIATRIC HOSPITAL ADMISSIONS

Consumers Brought in Under EDO by Officers



DEMOGRAPHICS- STATISTICAL DATA

Reported CIT Incidents Broken Down by Race and Gender



MENTAL HEALTH DIVISION

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1. Crisis Intervention Training Program
2. Crisis Intervention Response Team
3. Chronic Consumer Stabilization Initiative
4. Homeless Outreach Team
5. Firearms Investigations
6. Threat Mitigation & MH Investigations Detail
7. Boarding Homes Investigations Detail
8. Crisis Call Diversion Program
9. Senior Justice Assessment Center



Staffing & Budget for Mental Health Division

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- Classified Personnel 38
- Civilian Personnel 2



Training

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- Teaches all cadets 40 hours of mental health training
- Offers 40 hour Mental Health Officer for TCOLE credit
- Teaches TCOLE CIT Update (8 hours)
- Teaches department mandated annual 8 hour “Advanced CIT” for all CIT trained officers
- Teaches 40 hour “1850 Crisis Intervention Training”
- Co-Teaches 24 hour “Trauma Affected Veterans” course with Military Veterans Peer Network
- One of ten Council of State Government’s Learning Sites
- Meets with community groups and outside agencies
- Responds to depositions and information requests



Crisis Intervention Response Team

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- Officer partnered with local mental health authority master's level clinician in a patrol capacity
- Coordinates patrol response to CIT calls (40K in 2019)
- Highest level of department response
 - SWAT calls
 - Referrals sent by Chief of Police and department
 - Handles CIT calls in Call-for-service loop
 - Responds to Harris Center referrals/clinics
 - Patrol consultation & resource

2019 EDO's – 2,167 | CFS – 5,519 | JAIL DIVERSIONS – 182 | REFERRAL FOLLOW-UPS – 180



Chronic Consumer Stabilization Initiative

- Decrease troublesome consumer's reliance on police and local mental health authority's resources through intensive case management
- Voluntary participation
- One officer, one Master's level clinician and six case managers (CM) with 70 consumers on their case load
- Goal to substantially decrease arrests, calls, and hospitalizations (*55% to 70% total reduction in hospital admissions and law enforcement encounters*)

2019

81 CLIENTS SERVED | CLIENT CONTACTS – 3,712 | CM CONTACTS – 9,616 | CONTACTS w/POLICE – 245



Homeless Outreach Team

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- Coordinates the department's homeless response
- Works to build trust and relationships with the homeless to get them off of the street
- Has relationships with all Houston-area services for the homeless
- Create homeless ID letters which are accepted at all Texas DPS locations and are the gateway to provision of supportive services

2019 HOT ID's – 2,130 | HOMELESS HOUSED – 295 | SERVICES OFFERED – 8,550 | SERVICES ACCEPTED – 2,686



Firearms and Investigations



Firearms

- Follows up on mental health-related firearm cases received by HPD
- Enforces firearm disposition laws and is responsible for the disposition of all firearms related to mental health in the property room
- Our department does not sell or destroy firearms tagged and stored in the property room for any reason



Threat Mitigation & Investigations

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- Reviews all of the department's CIT reports
- Makes referrals to various units and agencies, including those previously mentioned
- Enters all incidents into a divisional database focusing on mental health concerns
- Enters CAD & RMS flags for individuals and mental health locations (like boarding homes) into CAD so officers have that information
- Investigates threats made by individuals where mental illness is suspected and coordinates with MH providers, CIRT Teams, effected agencies/venues and criminal investigative divisions.



Boarding Homes Enforcement

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- BHED has been working with the Attorney General's Office in regards to Medicare and Medicaid fraud (\$14 million an hour in fraudulent billing)
- BHED also works with State Agencies to monitor homes that are licensed by the State
- Boarding Homes Enforcement Detail has been implementing enforcement strategies for two+ years. A large part of this strategy is outreach, education and enforcement (Issuing Citations)
- Enforcement of PERMITTING and inspections ordinances (ticketing those who do not)
- Many homes leave Harris County and re-locate in neighboring counties

2019

SITE VISITS – 402 | INSPECTIONS – 227 | CODE VIOLATIONS – 1090 | CODE CITATIONS – 538





Crisis Call Diversion Program (CCD)



Crisis Call Diversion Program

- Answers non-crime/non-violent types of CIT calls-for-service in lieu of sending EMS and/or patrol officers to the scene.
- Provides enhanced service to mental health consumers not directly available to patrol, such as community mental health referrals and Mobile Crisis Outreach Team responses
- CCD program went live on March 29, 2016, with full HFD participation December 15, 2017



Crisis Call Diversion Program

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- Places crisis hotline personnel from the Harris Center for Mental Health and IDD in HEC
- A significant percentage of CIT calls can be handled over the phone by crisis hotline counselors rather than dispatching an EMS or patrol unit
- If the counselor cannot handle the call, they will talk with the person in an attempt to keep the caller engaged in conversation and de-escalated until a patrol unit can arrive

2019 CALLS ANSWERED – 4,566 | DE-ESCALATIONS – 606 | REFERRALS MADE – 1252 | DIVERSIONS – **2,334**





Senior Justice Assessment Center



Senior Justice Assessment Center

- Will provide expert and comprehensive case examination, documentation, consultation, and prosecution of elder and dependent adult cases of abuse
- A collaboration with Harris County and HPD in coordination with Harris County DA, APS, Tx Atty General, DADS, Harris County Family Services, and the UT Medical Branch



Senior Justice Center

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Elder and adult abuse may include the following:

- Neglect by caregiver
- Self-neglect
- Physical abuse
- Sexual abuse
- Emotional or verbal abuse
- Financial abuse (currently 60% of caseload)



The Ed Emmet Mental Health Diversion Center

Overview of Mental Health Diversion

- A pre-arrest alternative to incarceration for individuals with mental illness who have committed non-violent, low level offenses, with INITIAL focus on criminal trespassers.
- Integrated care plans and treatment to assist in an individual's stabilization
- On site psychosocial programming and activities
- Extensive discharge planning to coordinate access to housing, social services and treatment post discharge, utilizing case managers and peer support.

Eligibility

- Offenders who commit low level, non-violent crimes such as Criminal Trespassing, not appearing to be a danger to society
- Mental illness issues appear to be the reason behind the criminal behavior
- Voluntary
- Adult



Diversion Center Concept



Fully Integrated Recovery Model of Care to address:

- Psychosocial Needs
- Mental Health Needs
- Substance Abuse Needs
- Criminogenic Factors
- Primary Healthcare Needs

Utilizing a Coordinated Process of:

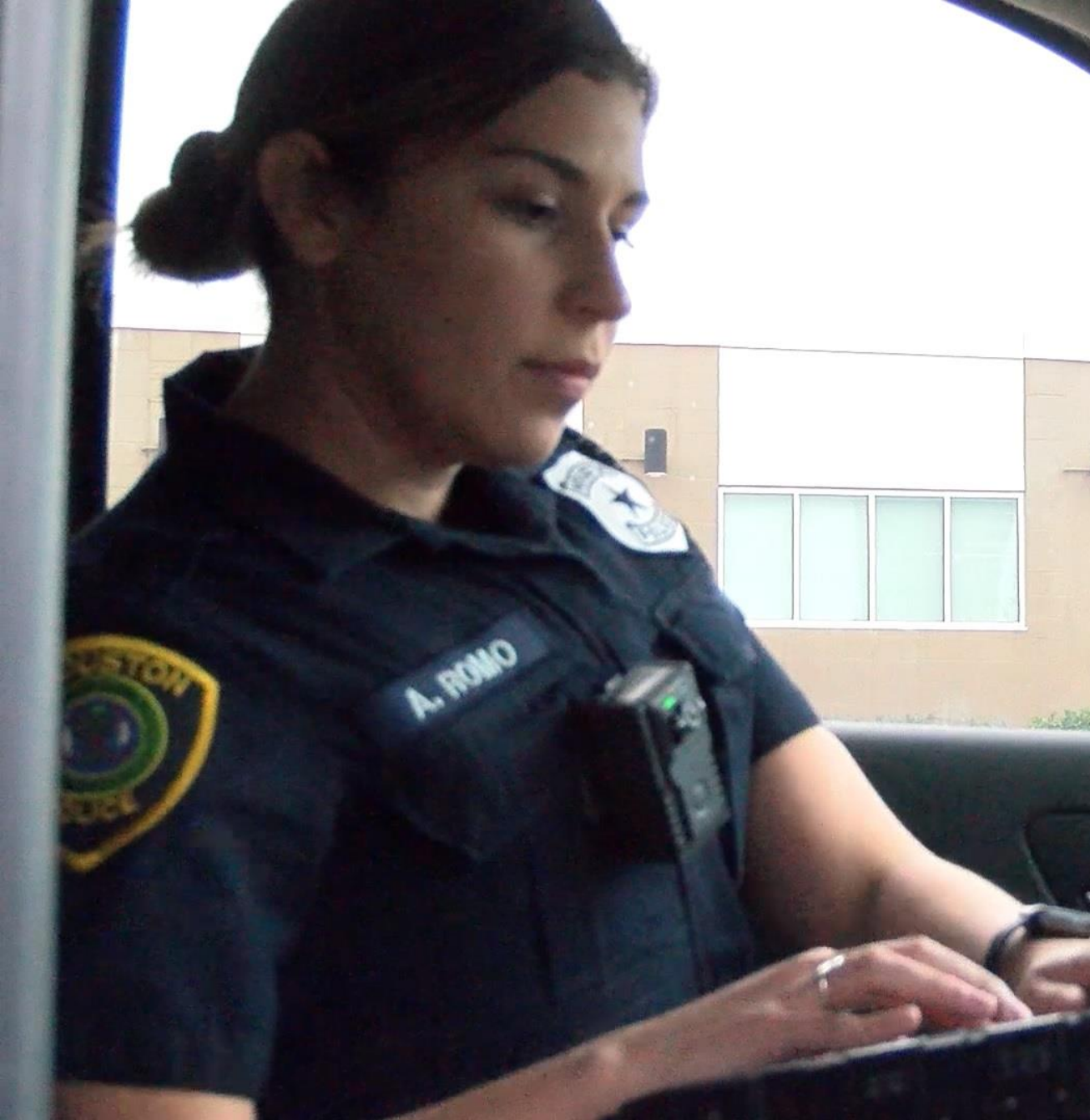
- Engagement
- Assessment
- Treatment
- Peer Support
- Discharge Planning
- Follow Through & Follow Up



= Core Services

= Expanded Services





Mental Health Division

Phone: (832) 394-4210

HPD.CIT@HoustonPolice.org

HOUSTONCIT.ORG



Questions?





Policing Reform Task Force

Crisis Intervention Recommendations

Wayne Young, MBA, LPC, FACHE

Harris Center Background



Texas Mental Health and Mental Retardation Act of 1965

- Authorized the creation of Community Centers to serve as local agencies to develop community-based services as alternatives to institutional care
- Now known as the Texas Mental Health and Intellectual Disabilities Act

The Harris Center for Mental Health and IDD

- Designated as the Local Mental Health Authority and Local Intellectual and Developmental Disability Authority serving Harris County
- Governed by a nine member Board of Trustees appointed by the Harris County Commissioners Court
- Mental Health and Mental Retardation Authority of Harris County until 2015

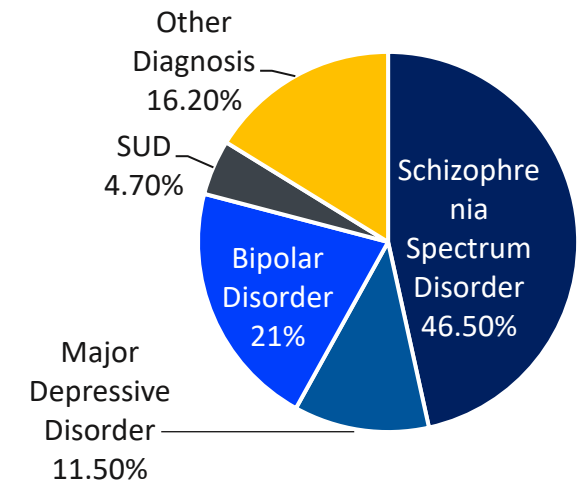
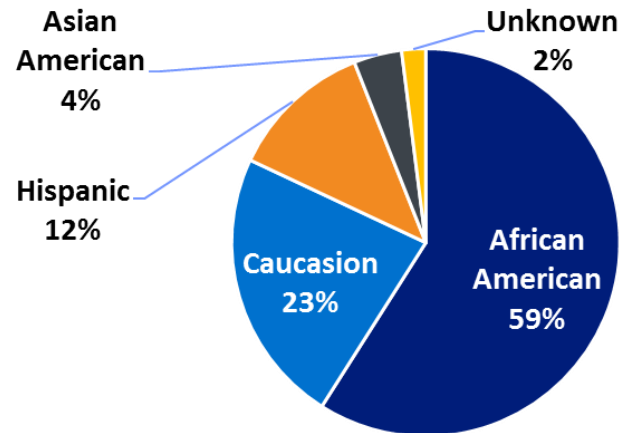
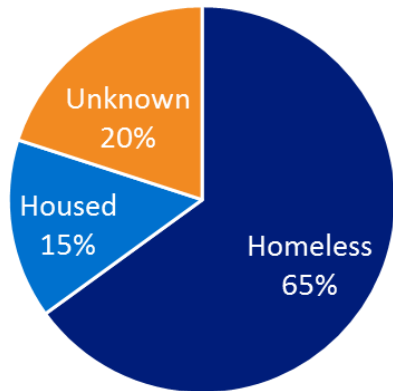
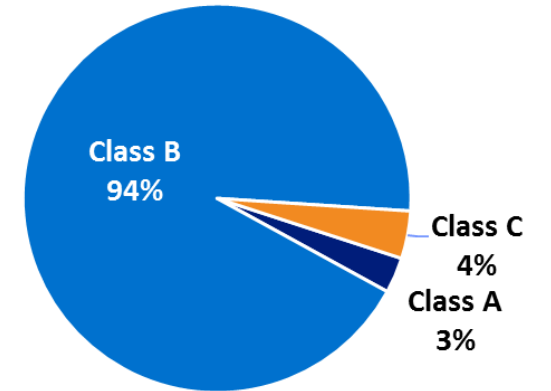
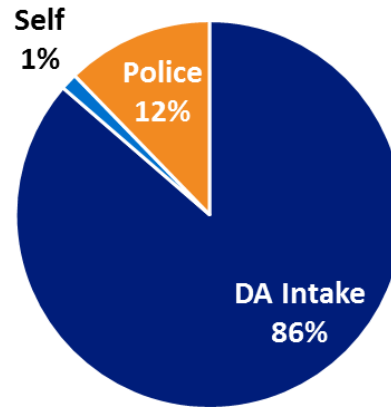
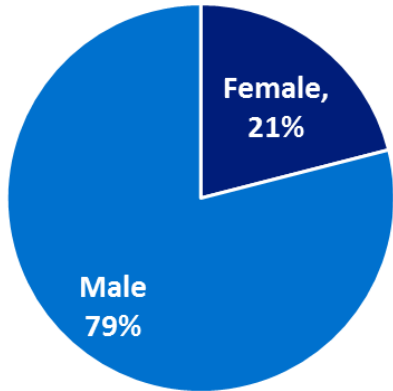
Judge Ed Emmett Mental Health Diversion Center

- Pre-charge alternative for law enforcement to drop off people with mental illness picked up for low-level, non-violent Misdemeanors



- Opened September 4, 2018 – initial focus on offense of Criminal Trespass
- Expanded program on May 1, 2019 to include additional offenses

Who We Serve



External Outcome Evaluation



3,069 Diversions in first two years



Diversion group was 1.3 less likely to be booked into jail on a new charge than a similar comparison group



Among those with 5+ bookings, Diversion group was 3.1 times less likely to be booked into jail on a new charge than a similar comparison group



Among those with no prior bookings, Diversion group was 44 times less likely to be booked into jail on a new charge than a comparison group



50% Booking Reduction compared to own baseline



Average stay is 65 hours -- 80+ Days - Longest stay



For every \$1 spent on diversion, the county avoided \$5.54 on criminal justice costs

External Evaluation
was done by Justice
System Partners

Policing Reform Task Force

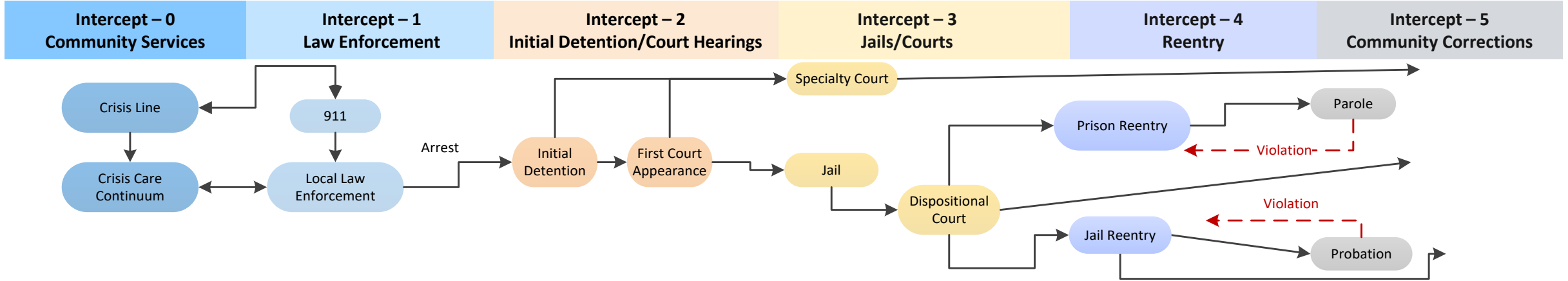


- Task force had 5 committees
 - the crisis intervention work primarily evolved out of the Training/Best Practices Committee
 - ✓ Our committee co-chairs were Kirk Watson and Bobby Singh
 - the officer health and wellness mental health recommendations evolved out of the Policies and Practices Committee
- We held four in-person meetings with the full Task Force with appropriate health and safety protocols for each meeting.
- In between each meeting, our committees held weekly meetings via Zoom.
- Assistant Chief Baimbridge presented to the committee on the work she just described for you
- There were 104 recommendations
 - 7 were related to responses to crisis intervention responses to vulnerable populations
 - 6 were related to officer health and wellness with a mental health

The Sequential Intercept Model (GAINS Center)

– Harris County Community Collaborations and Services

Transforming Lives



Intercept – 0 Community Services	Intercept – 1 Law Enforcement	Intercept – 2 Initial Detention/Court Hearings	Intercept – 3 Jails/Courts	Intercept – 4 Reentry	Intercept – 5 Community Corrections
<ul style="list-style-type: none"> ▪ 24 Hour Crisis Line ▪ Mobile Crisis Outreach ▪ Mental Health Jail Diversion Community Team ▪ Neuro Psychiatric Center ▪ Crisis Stabilization Unit ▪ PATH Homeless Services ▪ Critical Time Intervention ○ NAMI Family Crisis Line ▪ PEERS for Hope House ○ Beacon Law Services ○ Santa Maria Hostel ▪ Harris County Psychiatric Center ○ Pace Mental Health ○ Healthcare for the Homeless ○ VA services ○ Acute Psychiatric Hospitals 	<ul style="list-style-type: none"> ▪ Crisis Call Diversion (CCD) ▪ Chronic Consumer Stabilization ▪ Crisis Intervention Response Team (CIRT) <ul style="list-style-type: none"> - CIRT Sheriff - CIRT HPD ▪ Homeless Outreach Team ○ CIT Trained Officers ▪ Judge Ed Emmett Mental Health Diversion Center ○ Houston Recovery Center ▪ HCSO Tele-CIRT Pilot 	<ul style="list-style-type: none"> ▪ Joint Processing Center Diversion Desk ▪ Hourly Data Matching initiatives between Jail and Community ▪ Medical and Behavioral Health Screenings ▪ Hearing Officer Notification that Defendant has a Mental Illness ○ Representation by Public Defender's Office ○ Presumptive Release for Certain Offenses ○ Pretrial Officer Bond 	<ul style="list-style-type: none"> ▪ The Harris Center Jail-based Services ▪ Continuity of Care Rehab Clinician ▪ Forensic Single Portal – Civil and Community ▪ Rider 73 Peer Reentry ▪ Texas Targeted Opioid Response Peer Reentry ▪ Specialty Courts (Reintegration, STAR Drug, Veterans, Mental Health, Sober DWI, Prostitution Diversion, and Competency Restoration) ○ NAMI Family Education Courses ○ AA/NA Groups ○ Stars & Stripes Veterans Program ○ HCSO Medication Assisted Therapy ▪ Jail Suicide Crisis Prevention Line 	<ul style="list-style-type: none"> ▪ Forensic Assertive Community Treatment (FACT) ▪ Forensic Single Portal ▪ Rider 73 Peer Reentry ▪ Texas Targeted Opioid Response Peer Reentry ○ Southeast Texas Transitional Center ○ Stars and Stripes Reentry ○ City of Houston Reentry Services ○ Santa Maria Hostel Reentry ○ Specialty Courts Discharge Planning ▪ Access to Gold Card ○ SSI/SSDI SOAR Case Managers ▪ Harris County Jail Eligibility Office 	<ul style="list-style-type: none"> ▪ Forensic Assertive Community Treatment (FACT) ▪ CSCD – Dual Diagnosis Residential Program (DDRP) ▪ New Start ○ CSCD – Specialized Probation Caseloads ○ CSCD – Probation Behavioral Health Services

www.hcintercept.org

- Harris Center Involved
- Community Programs

BH Recommendation #1

- Expand the Crisis Call Diversion (CCD) program by extending coverage by mental health counselors to 24/7, increasing the number of counselors in the program to handle more calls, and expanding the type of calls that the mental health counselors can answer, as appropriate.
- Diversion of mental-health-related 911 calls at the call center level is the earliest point of diversion before any law enforcement involvement. However, The Harris Center's current coverage of these mental health-related 911 calls is not 24/7.
- The recommendation expands on The National Guidelines for Crisis Care essential elements within a no wrong-door integrated crisis system, which includes a 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities.
- The estimated cost for additional staff to provide 24/7 coverage and take on additional calls is \$272,140.

The CCD Team

Estimated savings to first responder community after program costs is \$821,600 per year.

Pilot Funding:

- Episcopal Health Foundation
- Houston Endowment
- US Dept of Justice

Current Funding:

- City of Houston
- Texas HHSC

“I appreciate your time and encouragement. I appreciate, I really do. Thank you so much. You are an angel. I didn’t know these options were out there.”



“Thank you so much. I really appreciate this. I don’t think you understand the magnitude of what you’ve done for me tonight.”

Crisis Call Diversion Successes to Date

6,192 calls diverted completely away from law enforcement response between March 2016-April 2020

2,252 calls diverted completely away from fire department response between June 2017 – April 2020

2,748 community referrals provided to callers

Identified 1,328 callers who were current clients of The Harris Center

76 patient referrals sent to MCOT for follow up

Have completed 2,616 safety plans with callers

Equivalent of 9,288 hours of police time and \$1,133,136

At an estimate of \$1404 per response this is \$3,161,808

Include mental health/ substance use treatment, primary medical care, basic needs, and others

Alerted their treatment teams to the 911 interaction

MCOT is the Mobile Crisis Outreach Team staffed by the Harris Center with a psychiatrist that respond to client's location

Concrete strategies that include coping skills and steps to take to reach out for appropriate help

BH Recommendation #2

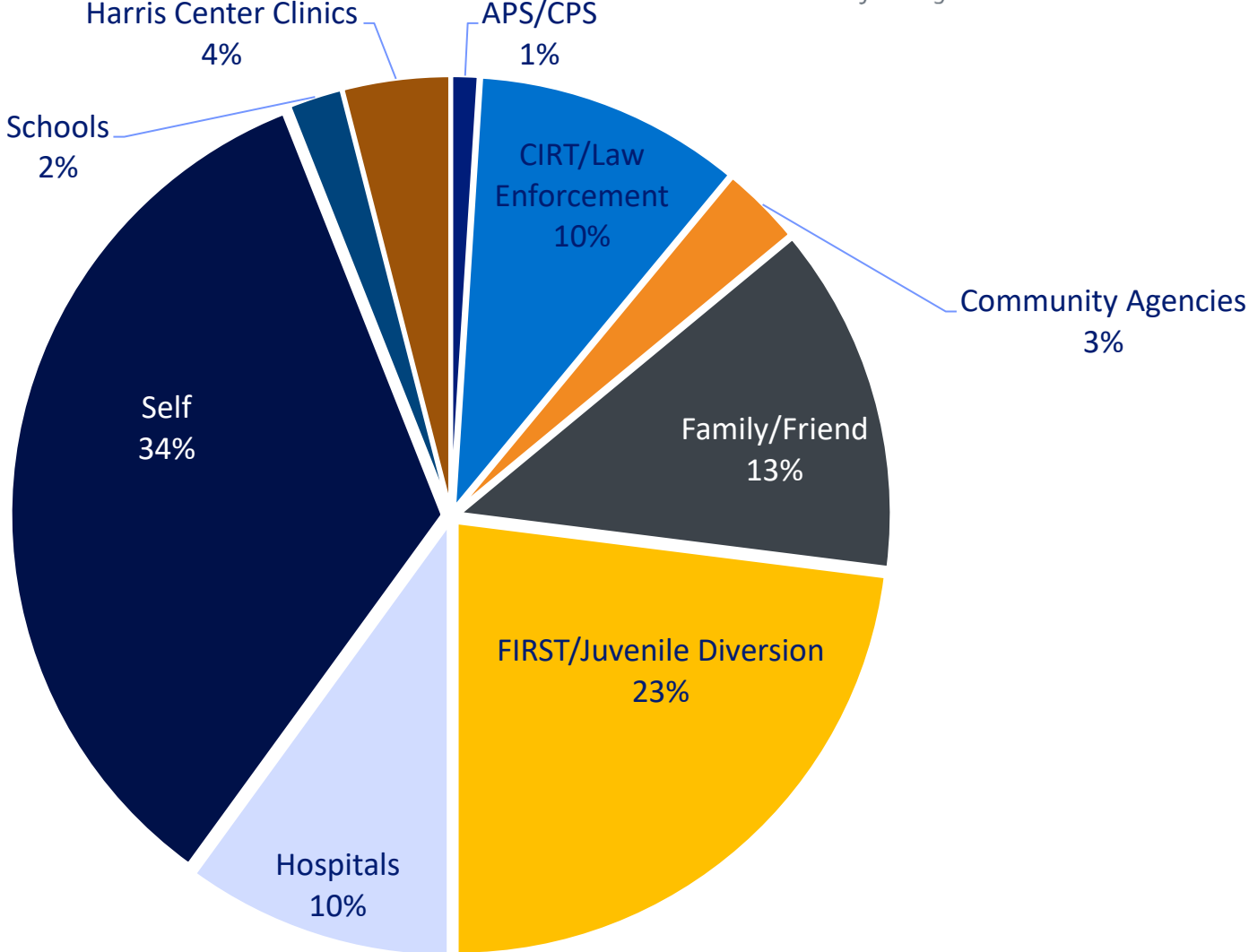
- Increase the number of Mobile Crisis Outreach Teams by eighteen teams and re-brand the model to receive referrals directly from 911 call takers in HEC via police band radios.
- A Mobile Crisis Outreach Team (“MCOT”) is a team of mental health professionals that responds to situations involving a person in mental health crisis without the involvement of law enforcement. MCOT has a proven track record of handling situations involving mental health crises with appropriate community resources. Law enforcement is rarely needed. MCOT handles around 200 calls per month and can be dispatched from the CCD or The Harris Center’s crisis line. Additional staff could handle increased demand associated with the 40,000+ 911 mental health calls currently received.
- This recommendation is consistent with the National Guidelines for Crisis Care, which establishes essential elements within a no wrong-door integrated crisis system including mobile crisis teams available to reach any person in the service area in his or her home, workplace, or any other community-based location of the individual in crisis in a timely manner.
- The estimated cost of this recommendation is \$4.3 million and would include eighteen new MCOT teams.

Interdisciplinary Team

- The **Mobile Crisis Outreach Team (MCOT)** is an interdisciplinary mobile team currently comprised of a Psychiatrist, a Registered Nurse, 12 Licensed Clinicians, 7 Master's Level Clinicians, 11 Bachelor Level Clinicians, and 8 Psychiatric Technicians specializing in crisis intervention.
- Community-based in Harris County, MCOT provides services to Children and Adults who are experiencing a mental health crisis 24 hours a day, seven days a week.



Mobile Crisis Outreach Team



**2,361 MCOT Referrals
Received in FY20**

BH Recommendation #3

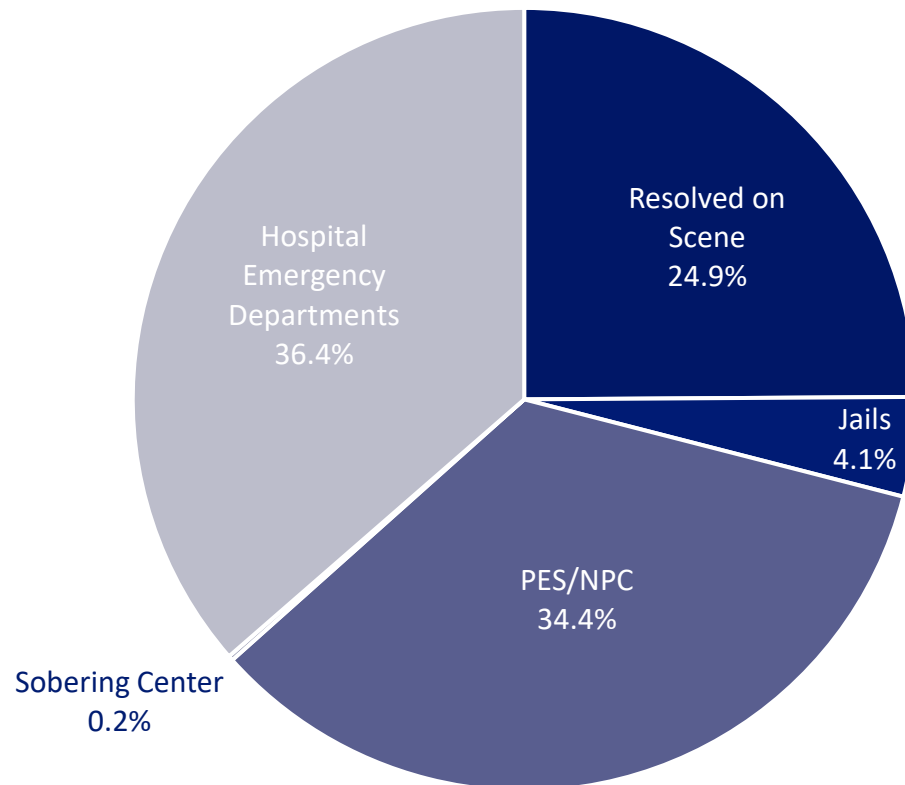
- Increase the number of CIRT teams by 24 new teams.
- The role of local law enforcement in situations involving emergent public safety risk is essential. The collaboration and partnership between a law enforcement officer and a mental health clinician improves both public safety and mental health outcomes and is considered a core principle in best practice crisis care.
- The HPD currently has 12 CIRT teams. Between May 2019 and May 2020, HPD CIRT responded to more than 4,600 calls. An increased number of CIRT teams could respond to more mental health-related calls.
- The estimated cost of this recommendation is \$8.7 million for 24 new CIRT teams, including staff, vehicles, and equipment.

Evaluation of CIRT

- While there has not been enough research to date to declare CIT an “Evidence Based” practice, CIT has been called both a “Promising Practice” (International Association of Chiefs of Police, 2010) and a “Best Practice” model for law enforcement. One of the core elements of the model is collaboration with community partners, including mental health providers.
- When comparing the HPD’s CIRT model to the US Substance Abuse and Mental Health Services Administration’s (“SAMHSA”) standards, CIRT operates with and above adherence to SAMHSA best practice standards.
- Since its inception in May 2008, CIRT has completed 35,708 calls to 21,083 unique individuals. These numbers only include events in which face-to-face connection with the caller was completed

Evaluation of CIRT

Disposition of CIRT Responses



- CIRT operates with adherence to SAMHSA best practice standards.
- The high rate of CIRT diversion from jails (95.9%) indicates the primary program goal of reducing the criminalization of mental illness is attained on a regular basis. The ability to resolve calls on scene (24.9%) reflects the value added by trained, experienced mental health professionals who appear to have demonstrated competence in de-escalation strategies.
- Linkages to crisis services and emergency departments connect people in crisis with services intended to reduce danger to self and others.
- Diversions initiate or enhance engagement with the mental health system which may produce longer-term benefits for both the individual and the public.

BH Recommendation #4

- Implement the Clinician-Officer Remote Evaluation (“CORE”) program to provide telehealth technology to 80 HPD CIT-trained officers in patrol.
- The Clinician-Officer Remote Evaluation Program (“CORE”) is a telehealth strategy for responding to mental health crisis calls using a tablet and a HIPAA-approved technology platform to connect a law enforcement first responder with a mental health clinician in the community at the time of the 911 dispatch. CORE provides an additional resource to law enforcement to handle calls involving a person with mental illness. The officers would have the capacity to access licensed clinicians at The Harris Center to assist with a mental health assessment on the scene via electronic technology.
- CORE also maximizes the mental health workforce. The Harris County Sheriff’s Office has already implemented the CORE program.
- The estimated cost of providing CORE services to 80 HPD officers is \$847,875, which includes technology and clinical staff.

What is CORE

The Clinician-Officer Remote Evaluation Program (CORE) is a strategy of responding to mental health crisis calls utilizing a tablet and a HIPAA approved technology platform to connect a law enforcement first responder with a mental health clinician in the community at the time of the 911 dispatch.



Why Core

1. Calls are increasing – HPD calls more than doubled from 2007 to 2017
2. Workforce challenges
 - 207 counties have fewer than one clinician to 30,000 people
 - 185 counties have no psychiatrist
3. Harris County Population Trends
4. Suicide is a national crisis
 - Suicide is 10th leading cause of death
 - 129 people die every day from suicide
5. Growth in Emergency Detention Orders
6. Avoidable ED Visits
 - 4.6M Hospital ED visits for BH concerns nationally but less than ½ were admitted

External Evaluation Findings

- Time on the iPad during a CORE call averaged 21 minutes
- 42% of the CORE calls analyzed during the evaluation period were resolved on scene
- 45% of CORE consumers being transported to a hospital emergency room or behavioral health treatment center
- Only two consumers were brought to a criminal justice facility, resulting in fewer charges filed.
- For 46% of consumers, the CORE call was their first known encounter with The Harris Center (expanded access)
- Cost savings due to jail diversion only were estimated to be over \$780,000

Additionally, deputies felt CORE usage resulted in:

- Avoiding need to rely on Crisis Intervention Response Team (CIRT) co-responder units (88%)
- Avoiding hospital transport (78%)
- Deescalating the consumer (85%)
- Connecting the consumer with mental health resources (89%)
- Deciding the best course of action to resolve the call (93%)
- Minimizing the time spent on the call (88%).

EVALUATION TEAM

University of Houston – Downtown

- Ashley G. Blackburn, Ph.D.
- Heather H. Goltz, Ph.D.
- Dana S. Smith, Ph.D.

Bowling Green State University

- Lori L. Brusman-Lovins, Ph.D.

BH Recommendation #5

- Amend the Texas state law (Chapter 573 of Texas Health and Safety Code) related to Emergency Detention Orders to allow a physician and/or other health care professionals to execute a Notification of Detention, reducing law enforcement's involvement.
- The Legislature simplified the Notification of Detention paperwork (Texas Health and Safety Code Section 573.002) related to Emergency Detention Orders ("EDO") for law enforcement. Only a law enforcement officer can authorize a Notification of Detention. The HPD executed 12,000 Notifications of Detention related to EDOs in 2019.
- Authorizing a physician and/or other health care professionals to execute Notifications of Detention would reduce law enforcement's role in this process involving persons in mental health crises. The Legislature must pass a new law to make this change. Political hurdles exist, as similar legislation has been introduced and did not pass. If the Legislature passes a bill to make this change, implementation could begin at the bill's effective date, which would likely be September 1, 2021.

Questions?