Stepping Up Together: Collaboration Between Canton Police Department and StarkMHAR

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January 10th, 2017
What does StarkMHAR do?

Vision
People of Stark County live enriched lives through wellness and recovery.

What we do
Advance public mental health and addiction prevention, treatment and recovery in Stark County through funding, advocacy and education.

Mission
People of Stark County have access to a state-of-the-art mental health and recovery system of care.

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“The complex nature of law enforcement responses to people with mental illnesses has become an issue of national concern.” (Council of State Governments Justice Center, New York, 2009)
Today’s Objectives

• Discuss several ways to improve communication/collaboration between behavioral health and police departments

• Develop programs or resources that address needs of behavioral health consumers that become involved with the criminal justice system

• Identify ways to improve understanding of one another’s culture (i.e. police culture v. behavioral health field)
The City of Canton

- Population of 72,000
  - 31.7% below poverty
    (2010 US Census)
- Results: impoverished neighborhoods with high levels of violence and property crimes
- Significant deficit in 2016 budget of about $5,093,831.00
  - CPD had 30% of 2015 spending
  - Drastic budget cuts made collaborations and creative partnerships essential
Canton Police Department-Priorities Bureau

• Strategy- to focus on “Quality of Life” crime types
  • All violent crimes
  • Property crimes that most negatively affect the lives of residents

• Foot Patrols, door-to-door canvassing, vacant house documentation, street lighting improvements, crime cameras, surveys and a prolific offender initiative

• Partnered w/ local community leaders, residents, neighborhood groups, non-profit organizations, other city depts., other police depts for impact
Priorities Bureau Outcomes

• Pilot neighborhood showed 41% reduction in violent crime
  • 21% reduction in all quality of life crimes

• City-wide 3.4% reduction in violent crime from 2012 to 2014
  • Quality of life crimes reduced by 12%
Priorities Bureau & Behavioral Health

• Identified missing pieces was leveraging relationships with behavioral health agencies

• Fit into goals of Priorities Bureau
  • Collaboration
  • Creative problem solving
  • Focus on quality of life
  • Shift from arrest as a means to change circumstances
# Board-Involved CJ Programs
*In Full or Part*

<table>
<thead>
<tr>
<th>Stepping UP</th>
<th>Sequential Intercept Mapping</th>
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<tbody>
<tr>
<td>Polaris Program*</td>
<td>H.O.P.E. Program*</td>
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<tr>
<td>Jail Liaisons*</td>
<td>Collaborative Care Meetings</td>
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<tr>
<td>Mobile Response*</td>
<td>Naloxone AND Project DAWN*</td>
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<tr>
<td>Training for Trauma Informed Responses in CJ System</td>
<td>LEAD (Law Enforcement Assisted Diversion) Program*</td>
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<tr>
<td>Drug Take Back Day</td>
<td>OPC- Outpatient Commitment*</td>
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<tr>
<td>C.I.T.*</td>
<td>Mental Health First Aid- Public Safety*</td>
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<tr>
<td>Forensic Services*</td>
<td>Community Linkage*</td>
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<td>Law &amp; Justice Page on StarkMHAR website</td>
<td>Annual updates of resources to law enforcement (i.e. hotcard)*</td>
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# Stark County Behavioral Health Resources for Criminal Justice

## SERVICES KEY

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Anger Management Groups</td>
<td>Payee</td>
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<tr>
<td>Assertive Community Treatment (ACT)</td>
<td>Hoarding</td>
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<tr>
<td>Case Management/CPST Services</td>
<td>Homelessness Treatment</td>
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<tr>
<td>Homeless Outreach</td>
<td>Illness Management Recovery Groups</td>
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<tr>
<td>Crisis Services/CSU</td>
<td>Offender</td>
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<tr>
<td>Education/Family Support</td>
<td>Inpatient Detox</td>
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<td></td>
<td>Outpatient Alcohol and Drug (AOD)</td>
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<td></td>
<td>Outpatient Detox</td>
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<tr>
<td></td>
<td>Specialize in Transitional Age (18-25 years)</td>
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<td></td>
<td>Psychiatric Medication</td>
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<tr>
<td></td>
<td>Parenting Groups</td>
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<td></td>
<td>Supported Employment, Employment Groups</td>
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<tr>
<td></td>
<td>Medication Assisted Treatment (MAT)</td>
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<td></td>
<td>Residential Alcohol and Drug (AOD)</td>
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<td>Bus Mentoring</td>
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<td>Mental Health Counseling</td>
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<td>Respite</td>
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<td>Naloxone Kit Distribution</td>
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<td></td>
<td>Intensive Outpatient Alcohol and Drug (AOD)</td>
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<td></td>
<td>Outpatient Detox</td>
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<td></td>
<td>Maternal Depression</td>
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<td></td>
<td>Social Club</td>
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<td>Survivors of Suicide Support</td>
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## STARKMHAR FUNDED PUBLIC SERVICE PROVIDERS

### Crisis Intervention & Recovery Center
- Crisis Intervention & Recovery Center: 330-452-9812
  - Offices in Alliance, Canton

### Coleman Professional Services
- Coleman Professional Services: 330-438-2400
  - Offices in Alliance, Canton

### CommQuest Services
- CommQuest Services: 330-455-0374
  - Offices in Alliance, Canton, Carrollton, Massillon, Minerva

### Domestic Violence Project
- Hotline: 330-453-SAFE (7233)
  - Emergency Shelters in Canton, Massillon

### Foundations
- A Place for Education and Recovery: 330-454-2888
  - Offices in Alliance, Canton, Massillon

### ICAN Housing
- ICAN Housing: 330-455-9100
  - Offices in Canton

### Make-A-Way
  - Social Club in Massillon for people w/ mental illness & other disabilities

### NAMI (National Alliance on Mental Illness) of Stark County
- Stark County TASC: 330-455-6254
  - Support Groups Offered in Alliance, Canton, Massillon, North Canton

### Stark County TASC
- Stark County TASC: 330-479-1912
  - Offices in Alliance, Canton, Massillon

### Summit Psychological Associates
- Summit Psychological Associates: 330-493-2554
  - Offices in Canton

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Stark County residents can access behavioral health services regardless of their ability to pay through the Stark County Mental Health & Addiction Recovery (STARKMHAR) Care Network. STARKMHAR funded service providers accept various insurance programs, Medicare and Medicaid. Stark residents that are not covered by one of those programs can receive services. The ability to pay for those services will be determined by their income and could be fully subsidized by STARKMHAR. Revised Oct. 2016.
The Start of LEAD

• Meetings to include:
  • City Prosecutor
  • Public Defender
  • Canton Police Dept.
  • TASC
  • StarkMHAR
  • Canton Municipal Court
  • Other stakeholders as indicated

• Ongoing discussions with Seattle’s program
Criteria for LEAD

• Nonviolent misdemeanor offense
• Stark County resident
• At least 18 yrs old
• Symptoms linked to offense
• Voluntarily commits to participate in LEAD
• Acute symptoms must be stabilized prior to referral

• Perceived or confirmed SMI or SMPI diagnosis OR
• Substance use of Opiates, alcohol, Benzos, inhalants, cocaine/crack OR
• Co-occurring
• Exclusions:
  • Pending felony charges
  • Current Probation/Parole
• Social Contact Referral
# LEAD Referral Form

## Officer Observations

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

- Is the person hearing, seeing, smelling, tasting or touching things that are not present?
- Is there evidence found on the person which would indicate that he/she has problems with drugs or alcohol?
- Is your contact with this person related to an overdose or has the person overdosed in the past?
- Does the person report having problems with drugs or alcohol?

## Questions to Ask

- "Do you have a case manager?"
- "Are you currently taking any medication prescribed for you by a physician for any emotional or mental health problems?"
- "Have you ever been in a hospital for emotional or mental health problems?"
- "Has a professional told you that you have any of the following:
  - Schizophrenia or another psychotic disorder
  - Bipolar disorder
  - Severe depression?"

An answer to "YES" of any of the above questions indicates the possible presence of severe mental illness (SMI), severe and persistent mental illness (SPMI) or severe substance disorder. Refer to the front of this form for final eligibility.

## Hand Off Information

Once eligibility is determined and the person accepts the diversion, officers should contact TASC at (330) 265-7953.

<table>
<thead>
<tr>
<th>Hand Off Date</th>
<th>Hand Off Time</th>
</tr>
</thead>
</table>

Case Worker Name

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1. Eligible offenses include non-violent misdemeanors. If an officer contacts an individual with probable cause that a violent crime or felony has been committed then a LEAD referral cannot be made in lieu of arrest.
2. Social contact referral can be made by an officer in order to assist a LEAD-eligible individual acquire needed services without any other purpose for contact.
LEAD- Current Status

• 23-Hour Beds
• Felony LEAD meetings
• Good Samaritan Law and LEAD
Mental Health First Aid - Public Safety

399 Trained Spring/Summer 2016

162 were from Canton PD

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MHFA-Public Safety Positive Outcomes

Law Enforcement
- LEO’s increased knowledge of behavioral health
- LEO’s increased knowledge of the behavioral health system & resources in the county
- Increased relationship and collaboration

Behavioral Health
- Increased knowledge of police culture
- Increased knowledge of system challenges and needs
- Increased relationship & collaboration w/ LEO
Mobile Response... A Co-Responder Approach

“... crisis stabilization, community-based residential crisis care, and mobile crisis services can divert individuals from unnecessary hospitalizations and ensure the least restrictive treatment option is available to people experiencing behavioral health crises.” (Crisis Services: Effectiveness, Cost-effectiveness, and Funding Strategies, SAMSHA, 2014)
Principle Functions of Mobile Response

- Complete Applications for Emergency Admission
- Develop Collaborative Crisis Care Plans with Client, Significant Others, and Deputy (LEO)
- Refer and Link Clients to Needed Resources and Services for Follow-Up Care
- Provide and/or Coordinate needed transportation
- Coordinate access to psychiatric services and existing providers
- Adhere to the standards of NSPL and AAS
- Conduct follow-up calls and community outreaches (postvention)
- Offer these services, interventions, and supports throughout Stark County
- Provide status updates to the Stark County Sheriff’s Office (et al)
- Apply elements of the Seven-Stage Crisis Intervention Model
- Provide 24/7 Access to Mobile Crisis Services
- Render Behavioral Health Consultation
- Coordinate Rapid Co-Response to People Experiencing Crises
- Assist People in Acute Distress to Manage Their Crisis
- Support Caregivers
- Provide Trauma Informed, Person-Centered, And Recovery-Focused Services
- Utilize Principles of the Zero Suicide Model
- Perform Lethality Assessments
- Conduct Crisis Assessments and Pre-Hospital Screenings
- Provide Information, Referral, and Service Navigation
Mobile Crisis Progression

- **Start - 1/1/16**
  - Stark County Sheriff's Office

- **5/3/16**
  - Change of Provider

- **7/25/16**
  - Expanded to Canton PD
  - Day Shift M-F

- **10/4/16**
  - Expanded to Afternoon
  - 4pm-12am
# Mobile Crisis Response Protocol

Canton Police Department and Crisis Intervention and Recovery Center, Inc.

**Pilot Phase begins on July 25, 2016**

**Mobile Crisis Service availability: Monday through Friday 8:00 a.m. to 4:00 p.m.**

Call Crisis Hotline: 330-452-6000

<table>
<thead>
<tr>
<th>Supportive Response Pathway</th>
<th>Accelerated Response Pathway</th>
<th>Rapid Response Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Response Time</strong></td>
<td>Within 24 Hours</td>
<td>Within 12 Hours</td>
</tr>
<tr>
<td><strong>Response Indicators</strong></td>
<td>Not at risk to self or others</td>
<td>Rapidly increasing mental health symptoms</td>
</tr>
<tr>
<td></td>
<td>Low emotional distress</td>
<td>Moderate risk due to mental health symptoms (e.g. delusions, psychosis, etc.)</td>
</tr>
<tr>
<td></td>
<td>Would benefit from telephone engagement and support</td>
<td>Moderate emotional distress</td>
</tr>
<tr>
<td></td>
<td>Low risk due to mental health symptoms (e.g. delusions, psychosis, etc.)</td>
<td>Acceptance of treatment options</td>
</tr>
<tr>
<td></td>
<td>Acceptance of treatment options</td>
<td>High utilizing of emergency services</td>
</tr>
<tr>
<td></td>
<td>Social isolation</td>
<td>Requires priority behavioral health triage</td>
</tr>
<tr>
<td></td>
<td>Would benefit from referral to behavioral health care services and social service agencies</td>
<td>Would benefit from referral to behavioral health care services and social service agencies</td>
</tr>
<tr>
<td><strong>Response Team</strong></td>
<td>Crisis Services Staff</td>
<td>Crisis Services Staff</td>
</tr>
<tr>
<td></td>
<td>CPD (as indicated)</td>
<td>CPD (as indicated)</td>
</tr>
<tr>
<td><strong>Response Elements</strong></td>
<td>Collaborative Phone Consultation</td>
<td>Collaborative Phone Consultation (as indicated)</td>
</tr>
<tr>
<td></td>
<td>Non Face-to-Face Response</td>
<td>Coordinated Co-Response (as indicated)</td>
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<tr>
<td></td>
<td>Engagement Call</td>
<td>Face-to-Face Response (community or office-based)</td>
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<tr>
<td></td>
<td>Behavioral Health Triage</td>
<td>Behavioral Health Triage</td>
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<tr>
<td></td>
<td>Service Navigation</td>
<td>Crisis Mental Health Assessment (as indicated)</td>
</tr>
<tr>
<td></td>
<td>Care Coordination and Linkage</td>
<td>Service Navigation</td>
</tr>
<tr>
<td></td>
<td>Telephone Support</td>
<td>Care Coordination and Linkage</td>
</tr>
<tr>
<td><strong>Recovery Response</strong></td>
<td>Scheduled Follow-Up Calls</td>
<td>Scheduled Follow-Up Calls</td>
</tr>
<tr>
<td></td>
<td>Provide Status Update to CPD</td>
<td>Provide Status Update to CPD</td>
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# Mobile Response Calls Sept.-Nov.

<table>
<thead>
<tr>
<th>Overdose</th>
<th>Psychiatric</th>
<th>Chronic Medical</th>
<th>Death</th>
<th>Suicidal Ideation</th>
<th>Relational</th>
<th>Threat of Violence</th>
<th>Dementia/Confusion</th>
<th>Other</th>
</tr>
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<tbody>
<tr>
<td>1</td>
<td>21</td>
<td>1</td>
<td>4</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
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</table>

<table>
<thead>
<tr>
<th>Engaged and Supported Family</th>
<th>Coordinati on with Provider</th>
<th>Admit-medical</th>
<th>On Scene Support</th>
<th>Pink Slip</th>
<th>Arrest</th>
<th>Aborted by referral source</th>
<th>Duty to Warn</th>
<th>Referrals and Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
<td>1</td>
<td>20</td>
<td>17</td>
<td>1</td>
<td>1</td>
<td>1</td>
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Mobile Response Next Steps

• StarkMHAR awarded a SAMHSA System of Care Grant Oct. 16 to include Youth Mobile Response
  • Will Start April 2017
• Currently working on plan to move 24/7 county-wide
  • MR Supervisor
  • Increase budget and staffing
CPD Wins Community Champion Award September 2016
Lessons Learned

Law Enforcement
• Policing is not simply “Law Enforcement”
• Value of Collaboration
• Importance of considering non-traditional strategies
• Change is slow and difficult
• Importance of training and support of our partner agencies

Behavioral Health
• Better understanding of the challenges LEOs face
  • As a whole
  • With behavioral health consumers
• Increased knowledge of our clients
• Increased supports/resources
**Collaboration**
Moving Forward. . .

- Increase Mobile Crisis
- C.I.T. Steering Committee Movement
- Stepping Up/Sequential Intercept Mapping
- Cross system trainings
- Data Collection
- *How Being Trauma-Informed Improves Criminal Justice System Responses Training*
Questions...
Contact us

Jeannie Cool, LPCC-S, Forensic Coordinator
Jeannie.Cool@starkmhar.org or #330-430-3947

Lt. John Gabbard, Commander
John.Gabbard@Cantonohio.gov or #330-438-4443