Reimagining Crisis Response in the United States: Models of Police/Mental Health System Partnership

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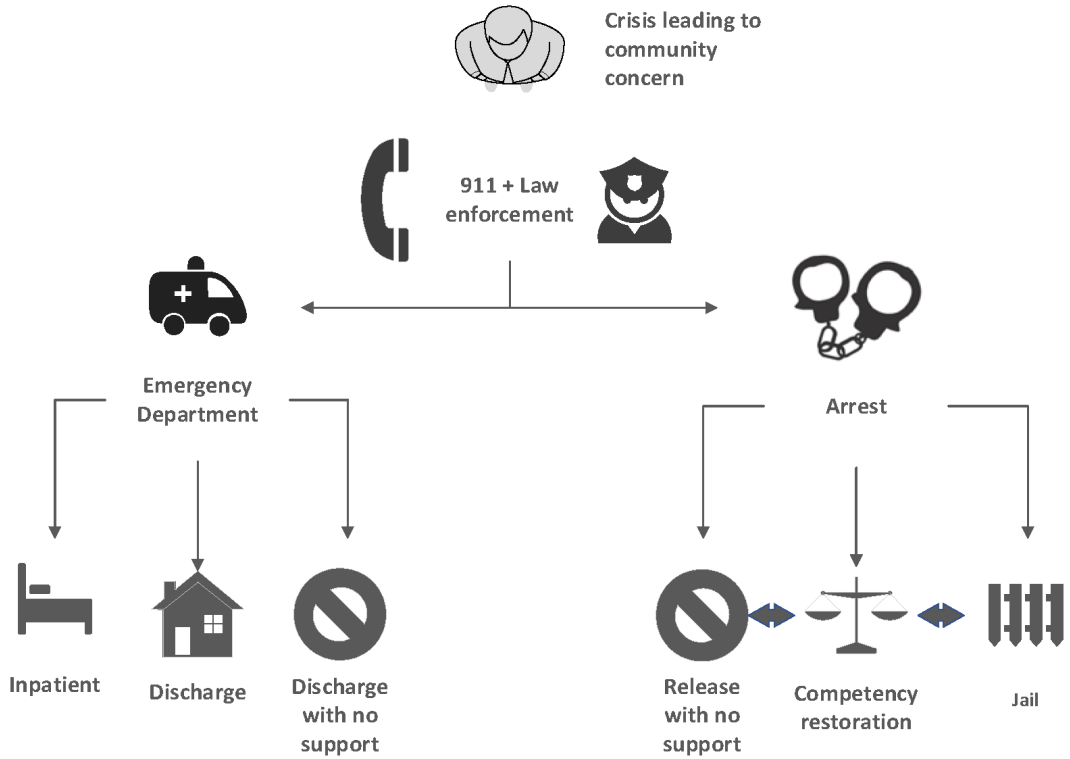
Without partnerships, we have a problematic crisis system

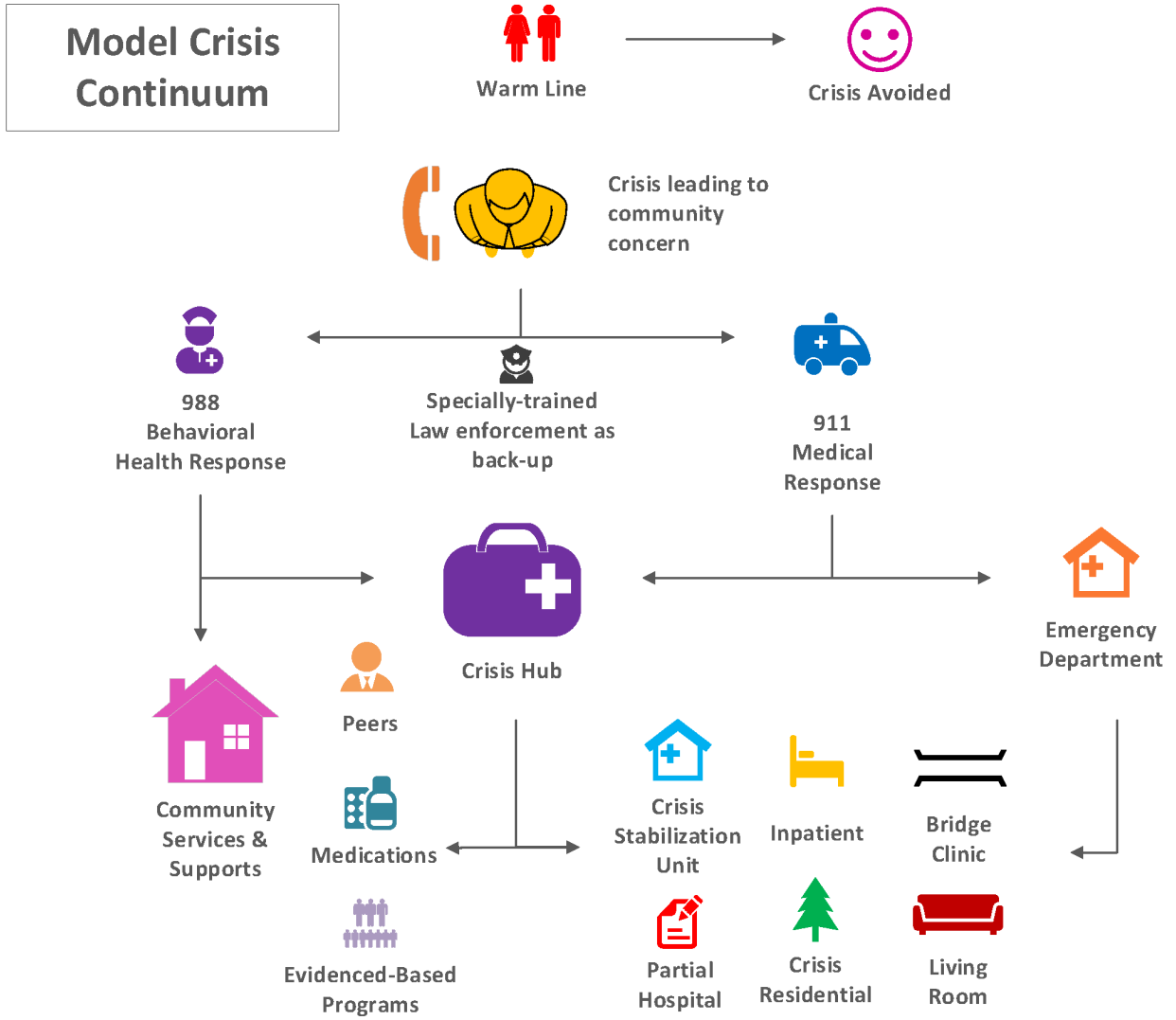


Pinals, D. A. (2020). Crisis Services: Meeting Needs, Saving Lives. Alexandria, VA: National Association of State Mental Health Program Directors.p.11

Consequences of a problematic crisis system

- Koziarski et al 2022, estimate that people with mental illnesses are involved in 10.8% of police calls for service.
- **29% of persons with serious mental illnesses in the U.S. have police involved in a pathway to care** (Livingston, 2016)
- At least 1 in 4 individuals fatally shot by police had a serious mental illness (Fuller et al., 2015; Lowrey et al., 2015)
- If they enter the criminal legal system, people with serious mental illnesses stay longer than people without serious mental illnesses
- A disproportionate share of the burden of this problem is shouldered by persons of color

Figure 2: Flow of an Interconnected Model Crisis Continuum



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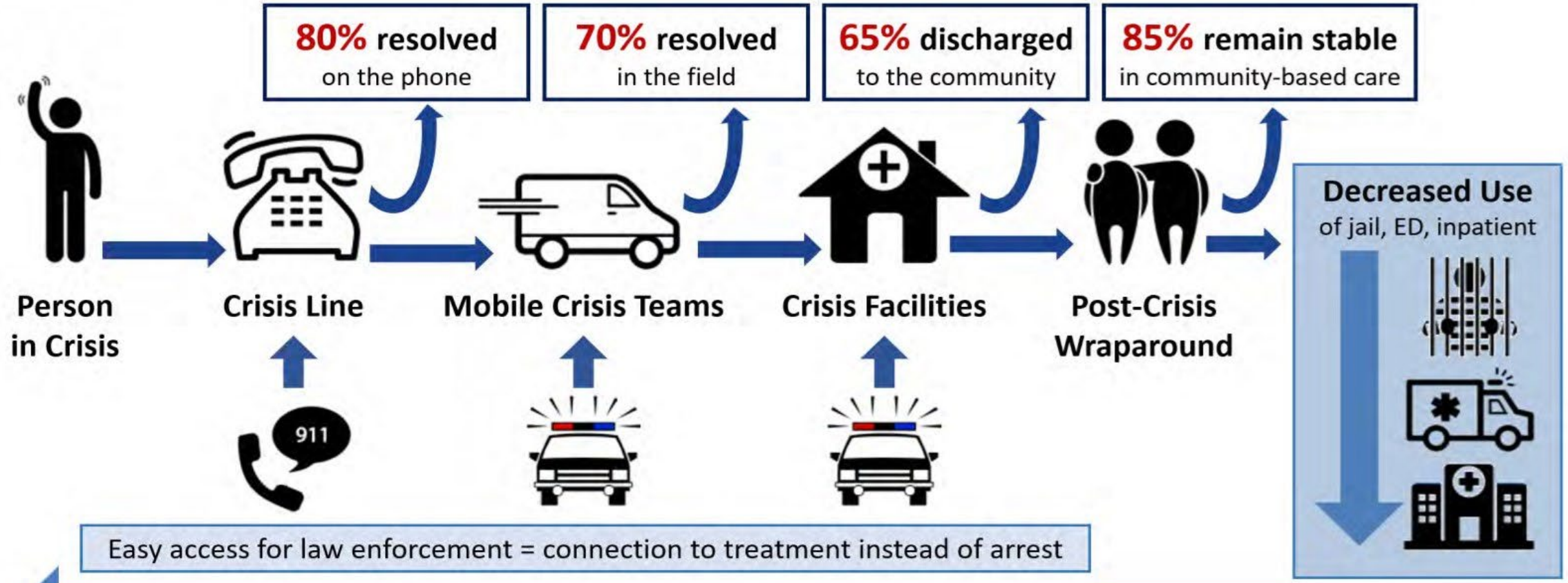
Crisis System: Alignment of services toward a common goal



Balfour ME, Hahn Stephenson A, Wipsky J, & Goldman ML (2020). *Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health*

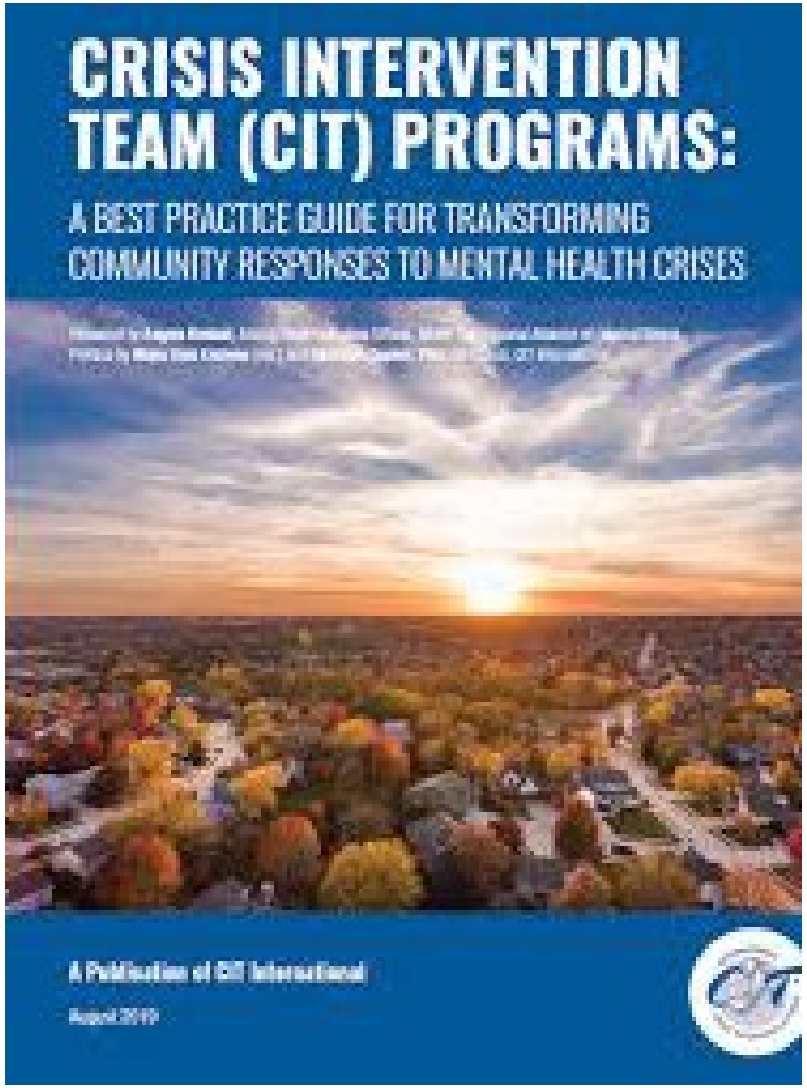
This represents a shift from police as primary (or sole) response with mental health as assist when available to mental health as primary with police as assist only when needed

Models of Partnership

- The Crisis Intervention Team Model
- Co-Response Models
- Community Responder Models
- Mobile Crisis Teams

Crisis Intervention Team Model

- **Partnerships** with other first responder agencies, community providers, advocates, family members and persons with lived experience of SMI
- Single point of entry to emergency psychiatric care
- 40-hour CIT Training for specialist officers



What does the evidence say about CIT

- There is **strong evidence** that CIT training improves officer knowledge, attitudes, self efficacy, use of force preferences
- There is **good evidence** that CIT training/program implementation increases linkages to care
- Evidence related to use of force and arrest is unclear
- Availability of Mental Health resources matters
- There is indication that training of call takers/dispatchers can call coding is an important component of CIT

Comartin, Swanson & Kubiak, 2019; Kubiak et al., 2017; Watson, Compton & Draine, 2017, Watson, Owens, Wood, Compton, 2021

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Co-Responder Teams

- Pairing of clinicians and officers to provide response
- Goals
  - Reduce arrests & increase safety
  - Reduce ED transports & hospitalization
  - Increase linkage to community care
- Significant variation
  - Ride together, arrive together, or telephone support
  - Hot calls vs. secondary response or follow-up
  - Often not 24/7

What does the evidence say about co-responder teams?

Two systematic reviews and quasi-experimental and descriptive research suggest versions of the model:

- Are generally acceptable to stakeholders
- Improve collaboration between police and mental health
- May reduce ED transports but increase admission rate for those transported
- May reduce repeat calls for service
- May reduce immediate risk of arrest
- May reduce use of force
- Are preferred over police alone approach by service users and family members

(Blais &Brisbois, 2021; Bailey et al 2021; Puntis et al 2018; Shapiro et al 2015)

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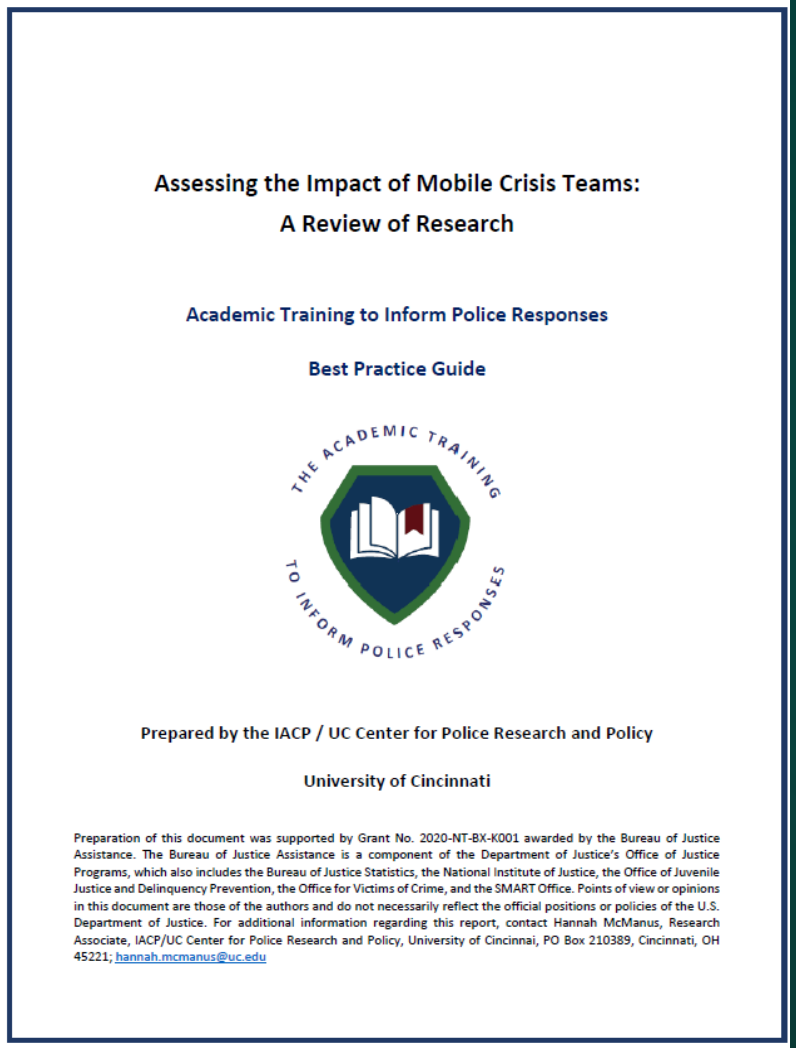
Mobile Crisis Teams

- Offer triage and screening, assessments, de-escalation and crisis resolution, peer support, coordination with behavioral services, crisis planning and follow-up
- Typically, not dispatched via 911
- Per SAMSHA guidelines MCTs should
  - include a credentialed clinician and incorporate peers
  - respond where the person is
  - transfer to facility based care only when necessary
  - **respond without law enforcement accompaniment unless special circumstances warrant inclusion in order to support true justice system diversion**

Mobile Crisis Teams

- First descriptions in the literature in the 1970s
- The limited research suggests
  - MCT intervention may increase connections to services in the community
  - MCT intervention may reduce pressure on the health care system via reductions in ED visits and hospitalizations
  - MCT intervention may provide cost savings
  - Findings are similar for youth mobile crisis teams
- Common finding related to MCT programs is lack of 24/7 availability, long wait times



Assessing the Impact of Mobile Crisis Teams:
A Review of Research

Academic Training to Inform Police Responses

Best Practice Guide

Prepared by the IACP / UC Center for Police Research and Policy

University of Cincinnati

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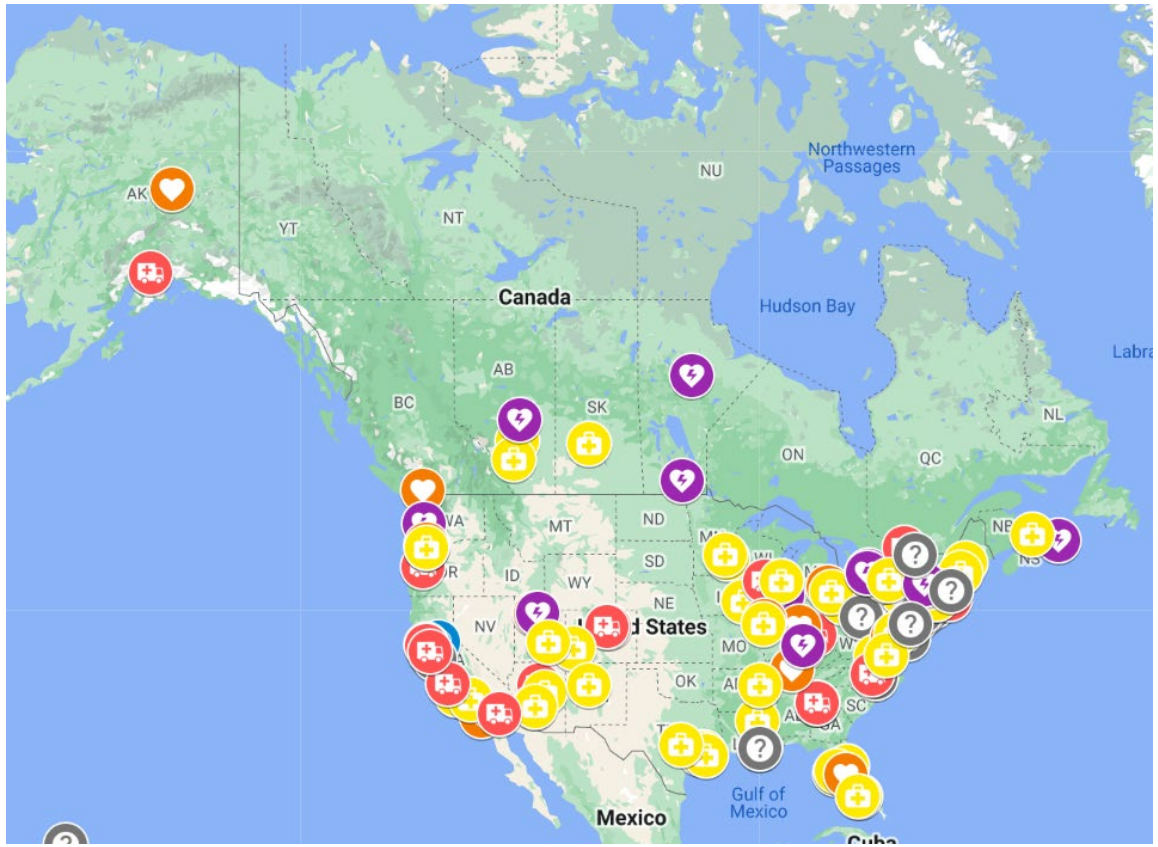
Community Responder Teams:

A sample – *not exhaustive!*

- CAHOOTS (Eugene, OR)
- PIC (Rochester, NY)
- Denver STAR (Denver, CO)
- MACRO (Oakland, CA)
- CRU (Olympia, WA)
- PAD (Atlanta, GA)
- EMCOT (Houston, TX)
- B-HEARD (NY, NY)
- SCRT (San Francisco, CA)
- PST (Portland, OR)



Thank you to JustMentalHealth.CA
https://justmentalhealth.ca/programs/

Community Response CAHOOTS (Eugene, OR)

- Crisis Assistance Helping Out On The Streets
- Partnership between White Bird Clinic and Eugene Police Department
- Two-person teams: crisis worker and medic
- CAHOOTS integrated into Eugene's 911 system
- All services voluntary
- Police dispatched as necessary
  - 2021: 18,106 calls dispatched to CAHOOTS; only 2%required police backup
  - Est. Diversion of 5-8% calls for service (Eugene Police Department, 2021)

Denver Support Team Assisted Response (STAR)

- Launched June 2020 in 8 precincts as 6-month pilot. Operates 6am to 10pm seven days a week
- Pairs a mental health clinician with a paramedic or emergency medical technician (EMT)
- Responds to low-risk calls where individuals are not in imminent risk.
  - trespass calls, welfare checks, intoxicated parties and mental health crisis
- **Responded to 1396 calls in the first year with no arrests, no injuries, no calls for police back- up**
- Program is being expanded beyond pilot

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Variations within and across models: All require partnerships

How dispatched/accessed

- 911, 988, Non Emergency line, 311

Who Responds

- Police, EMS/Fire, Clinicians, Crisis Worker, Medic, Peers

Transport options

- Police car, Ambulance, Van

Where is service housed?

- Police agency
- Fire/EMS
- Mental Health Agency

Who pays?

What do people want in crisis services?

- Prefer a reduced role for police-or do not want police involved at all (although recognizing that at times there is a role
- Prefer care in the community over emergency department
- Would like providers to
  - Attend to their basic needs and comfort
  - Provide choices and options
  - Be transparent
  - Use respectful communication; kindness, courtesy, and respect
  - Include family and friends if desired
  - Provide follow-up care.

Pope et al 2023

Shifting responsibility/rebalancing roles/building a behavioral health crisis care system

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Challenges

Development of triage protocols to manage risk and ensure equitable response

Training

Workforce

Sustaining non-police services

Resources

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- Police Executive Research Forum. (2023).Rethinking the Police Response to Mental Health Calls: Promising Approaches. https://www.policeforum.org/assets/MBHResponse.pdf

- SAMHSA National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit (2020)
  - https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf

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Greater Glasgow Public Health Approach to Policing

Inspector Lynn Edwards
Public Health Coordinator
Greater Glasgow Division
Police Scotland

POLICE SCOTLAND
POILEAS ALBA

Public Health Scotland

What is the Public Health Approach to Policing?

- Our Public Health Approach to Policing focusses on identifying the root cause of an individual's vulnerabilities at an early point of police contact, in order to refer them onto the most appropriate partner agency.
- Our approach aims to REDUCE call demand over time by referring people to the right partner, who can provide the right support, at the right time.
- Enforcement remains one of our key priorities and we are NOT seeking to 'over-reach' into the Public Health space. Police officers are first on scene to many different types of incidents where individuals need support.
- Our priority themes are DRUGS (HARM REDUCTION), MENTAL HEALTH and POVERTY, with a focus on both Children & Young People and Adult Support and Protection.
- Every officer in G division has a role in promoting and implementing our Public Health Approach.

“There comes a point where we need to stop just pulling people out of the river.

We need to go upstream and find out why they’re falling in.”

Desmond Tutu

Police Scotland's legislative purpose is to:

"Improve the safety and wellbeing of people, places and communities in Scotland"

Alcohol, Drugs and Mortality

Glasgow | Edinburgh | Aberdeen

		POLICING OPERATIONAL IMPACT	Worse ← → Better
ALCOHOL-RELATED HOSPITAL ADMISSIONS	Per 100,000	Demand due to disorder and aggression from patients, often with assault on staff/others. Also missing person reports as intoxicated people 'walk out'.	1146 759 542
ALCOHOL-RELATED HOSPITAL ADMISSIONS, AGED 11-25 YEARS	Per 100,000	Demand due to disorder, tracing and contacting family, remaining with young people until family attend and extra reports (e.g. concern and Intelligence logs)	327 288 173
ALCOHOL-SPECIFIC DEATHS	Per 100,000	Death incidents & post mortem process. Attending sudden death incidents, reporting to PF, liaising with families, arranging return of seized property.	34 20 20
DRUG RELATED HOSPITAL ADMISSIONS	Per 100,000	Demand due to disorder and aggression from patients, often with assault on staff/others. Also missing person reports as people abscond, MH/PPU referrals.	316 177 158
DRUG RELATED DEATHS [MALES]	Per 100,000	Death incidents & post mortem process. Attending sudden death incidents, reporting to PF, liaising with families, arranging return of seized property.	42 26 22
DEATHS AGED 15-44 YEARS	Per 100,000	Death incidents & post mortem process. Attending sudden death incidents, reporting to PF, liaising with families, arranging return of seized property.	134 104 77
EARLY DEATHS AGED UNDER 75 YEARS	Per 100,000	Death incidents & post mortem process. Attending sudden death incidents, reporting to PF, liaising with families, arranging return of seized property.	76 51 46

PUBLIC HEALTH AND RISK INDEXES BY THE SCOTTISH PUBLIC HEALTH OBSERVATORY

COVID (#C19) IS PUSHING PUBLIC HEALTH & RISK THIS WAY

POLICE SCOTLAND | POILEAS ALBA

Public Health Scotland

Our 9 Strategic Objectives

1. Establish a clearer understanding of what public health partners most need from policing
2. Confirm priority areas of focus and consult subject matter experts to enhance prevention / intervention activity
3. Equip officers and staff with greater awareness of the policing role in improving public health
4. Optimise opportunities to support in circumstances where police officers are uniquely placed
5. Pursue opportunities to share data to enable a joint evidence base for addressing root causes of poor health outcomes
6. Enhance Prevention policing approaches to help address underlying causes of poor health outcome
7. Explore deeper collaboration with partners to shape a longer term population focus
8. Ensure appropriate representation at partnership forums & Police Scotland meetings
9. Work with partners to address and contribute to reducing poverty across Greater Glasgow

Policing principles

- the main purpose of policing is to improve the safety and wellbeing of persons, localities and communities in Scotland
- the Police Service, working in collaboration with others where appropriate, should seek to achieve that main purpose by policing in a way which-

(i) is accessible to, and engaged with, local communities, and

(ii) promotes measures to prevent crime, harm and disorder.

University of West of Scotland Recommendations

1. Additional officer training on the public health approach

2. More robust training on mental health

3. Face to face meetings with partners and workshops to raise awareness of the public health approach

4. Maintain consistency of staff to ensure the Public Health approach is embedded

5. Address concerns about 'out of hours' availability of service partners and establish enhanced ISPs that are transparent and GDPR compliant

6. Officers and partners should be encouraged to routinely identify, recognise and record evidence of ACES and develop processes and systems which provide EEI in response to these

Introducing a New Approach to Policing

- Raising Awareness

  - Awareness Sessions
  - Public Health Champions
  - Reporting (creating an evidence base)
  - Newsletters
  - Partners and Communities

GOVERNANCE

We are a member of Glasgow City's Public Health Oversight Board, regularly sharing, testing and evolving our approach with strategic partners. We also have well established relationships with our Alcohol and Drugs Partnerships, Community Justice Partnerships, Chief Officers Groups, Child and Adult Protection Committees. We monitor delivery through our Public Health Delivery Board.

PUBLIC PROTECTION

We have restructured our Public Protection Unit to better support vulnerable individuals and their families, whilst enhancing our capability to respond to increasing risks and vulnerabilities.

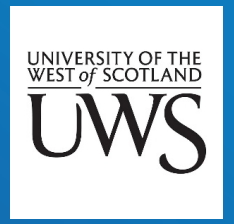
Sexual Harm and Exploitation Unit (SHEU)
Child Abuse Support Team
Bespoke Child Interview Teams
Adult Support and Protection Team

Partnerships

- Missing Persons Coordination Unit
  - *RESPECT Programme*
  - *NHS Establishments*
- Third Sector Referral Pathways
  - *Glasgow Helps*
  - *Crisis Outreach Service*
  - *Compassionate Distress Response Service (CDRS)*
- Drugs Misuse within Homeless Accommodation
- Community Improvement Partnership (CIP) and Wheatley Group


East
Dunbartonshire
Voluntary Action


East Dunbartonshire
Health & Social Care
Partnership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University National NHS Board


SCOTTISH
VIOLENCE
REDUCTION
UNIT


EAST RENFREWSHIRE
HEALTH AND SOCIAL CARE
PARTNERSHIP


CORRA
FOUNDATION


SEMPER VIGILO
POLICE
SCOTLAND
Keeping people safe
POILEAS ALBA


Public Health
Scotland


NHS
Greater Glasgow
and Clyde


SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland


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Population
Health


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Council


East
Renfrewshire
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Wheatley
Group


VAER


Glasgow
CITY COUNCIL