Models and Mechanisms Supporting LE/MH Partnerships to Improve Response to Individuals with Behavioral Health Conditions

(Speed date) Review of research on models of LE/MH response to individuals with mental illnesses and intellectual and developmental disabilities

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- Serving Safely tasked with developing a *Research Agenda* for BJA and other federal agencies that considers the current research base, identifies gaps in knowledge, and lays out scalable research and evaluation options.

MODELS to improve (LE) response to mental health crisis

- **CRISIS INTERVENTION TEAM**
- **CO-RESPONDER TEAMS**
- **MOBILE CRISIS TEAMS**
- **FLAGGING SYSTEMS**
- EMS/AMBULANCE-BASED RESPONSE
- STAND-ALONE TRAINING PACKAGES
- CASE MANAGEMENT/ HIGH UTILIZER TEAMS (MH/LE)
- **I/DD-SPECIFIC MODELS/ STRATEGIES**

The Crisis Intervention Team Model


Crisis Intervention Team
Core Elements

September, 2007

Ongoing Elements

- Partnerships: Law Enforcement, Advocacy, Mental Health
- Community Ownership: Planning, Implementation & Networking
- Policies and Procedures

Operational Elements

- CIT: Officer, Dispatcher, Coordinator
- Curriculum: CIT Training
- Mental Health Receiving Facility: Emergency Services

Sustaining Elements

- Evaluation and Research
- In-Service Training
- Recognition and Honors
- Outreach: Developing CIT in Other Communities

CIT is a strategy to improve police response to mental health crisis & expand non-LE options

The Crisis Intervention Team Model: Evidence Summary

- CIT improves officer knowledge, attitudes, and confidence in responding safely and effectively to mental health crisis calls
- CIT increases linkages to services for persons with mental illnesses
- CIT reduces use of force with more resistant subjects
- Effects are strongest when CIT follows a volunteer/ specialist model
- Findings related to diversion from arrest vary

See: Watson, A.C., Compton, M.T. & Draine, J.N. (2017). The Crisis Intervention Team (CIT) model: An evidence-based policing practice? *Behavioral Sciences & the Law*. 35 (5-6) 431-441. DOI: 10.1002/bsl.2304

Co-Responder Teams (aka Street Triage, PACER)

- Predominant model in Canada and the U.K.; growing popularity in Australia and the U.S.
- Pairing of clinicians and officers to provide response
- Significant variation
  - Ride together, arrive together, or telephone support
  - Hot calls vs. secondary response or follow-up
  - Often not 24/7
  - We are now seeing co-response teams that include EMTs, Peers
- Goals
  - Reduce arrests & increase safety
  - **Reduce ED transports & hospitalization**
  - Increase linkage to community care

Co-Responder Teams: Evidence

Two systematic reviews and quasi-experimental and descriptive research suggest versions of the model (Puntis et al., 2018; Shapiro, 2015):

- Are acceptable to stakeholders
- Improve collaboration between police/mental health
- In some communities, may reduce officer time on scene
- May reduce ED transports but increase admission rate for those transported
- May reduce repeat calls for service

⑩ ~themes in qualitative studies suggest overall acceptability to stakeholders, concerns about lack of 24/7 coverage, lack of mental health resources

Mobile Crisis Teams

Teams of clinicians that can be accessed/deployed without any law enforcement involvement

May respond at the request of law enforcement

May request law enforcement assistance when safety issues are identified

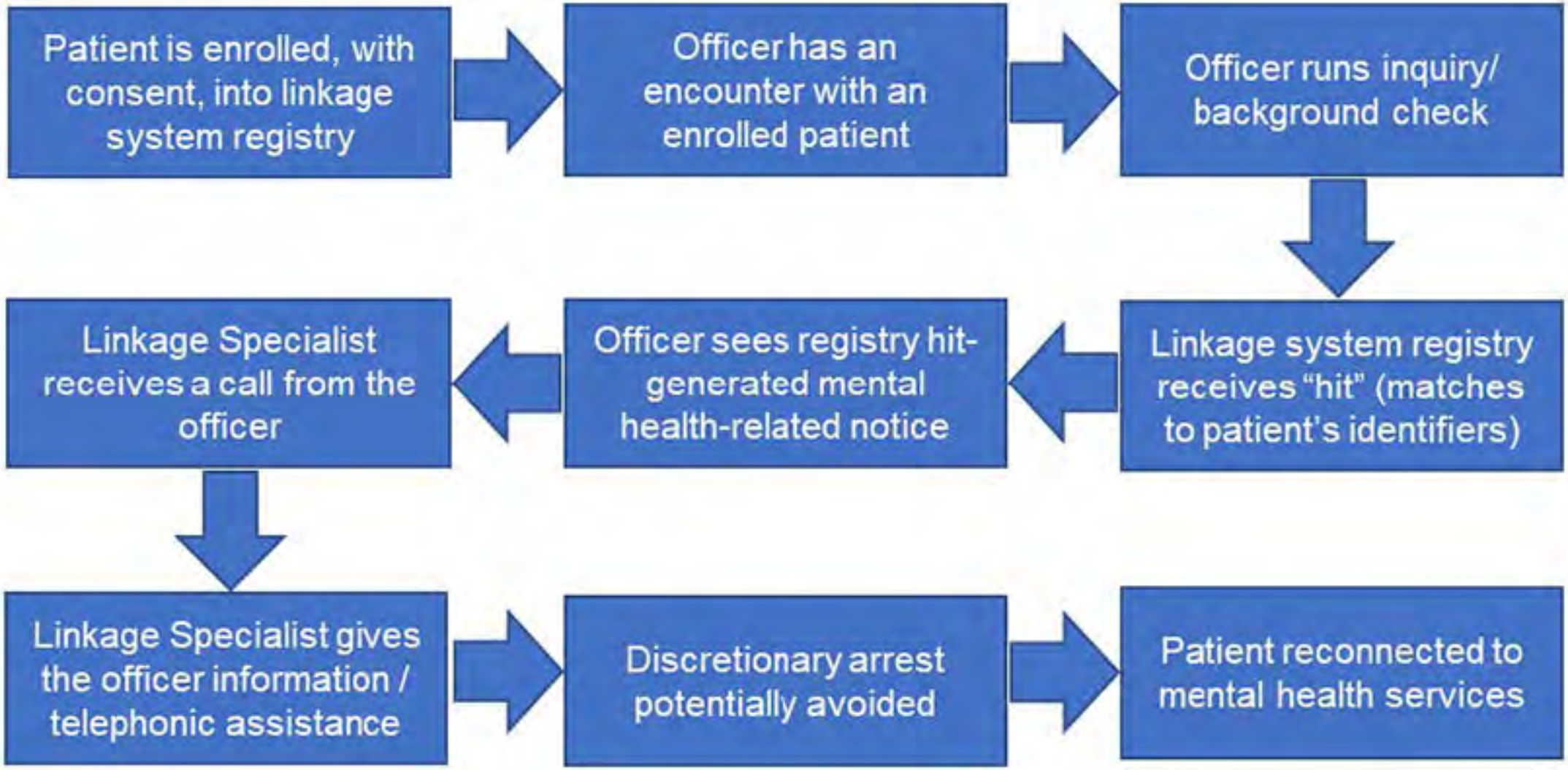
In several communities, CIT/PMHC programs have advocated and developed Mobile Crisis Teams as part of the crisis response system

Evidence: Mobile Crisis Teams

- First descriptions in the literature in the 1970s
- Research by Dyches et al. (2002) found that:
  - MCT intervention increased likelihood of use of community mental health services in 90-day follow-up by 17%, compared to hospital-based emergency services
  - Those receiving ED-based services were 1.5 times more likely to be hospitalized in 30-day follow-up period
- Common finding related to MCT programs is lack of 24/7 availability
- Can also be used as follow-up for those receiving hospital-based crisis care

The Police-Mental Health Linkage System

This police–mental health linkage system differs from other pre-arrest jail diversion models (e.g., CIT) in that officers need not step outside of their usual professional role to assess someone's mental health status. Instead, officers running a routine inquiry are invited to access information that might assist them.


Patient is enrolled, with consent, into linkage system registry
Officer has an encounter with an enrolled patient
Officer runs inquiry/ background check
Linkage system registry receives "hit" (matches to patient's identifiers)
Officer sees registry hit-generated mental health-related notice
Linkage Specialist receives a call from the officer
Linkage Specialist gives the officer information / telephonic assistance
Discretionary arrest potentially avoided
Patient reconnected to mental health services

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SPECIAL ISSUE ARTICLE

A potential new form of jail diversion and reconnection to mental health services: I. Stakeholders' views on acceptability

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Abstract

The most effective point of intervention to prevent unnecessary arrest/incarceration of persons with serious mental illnesses is the initial encounter with police. We piloted a new police–mental health linkage system. When officers run an enrolled participant's name/identifiers, they receive an electronic message that the person has mental health considerations and that they should call for information. The linkage specialist receives the call and assists telephonically. In this qualitative study to examine acceptability of the linkage system, we conducted nine focus groups with diverse stakeholders (e.g., enrolled patients, officers). Focus groups revealed that patients enrolled with the hope that the linkage system would prevent negative interactions with police and minimize risk of arrest. Officers reported preferring not to arrest mental health

Focus Groups on "Acceptability"

- Patients noted that the linkage system might be especially useful when confused, angry, or intoxicated, as they would be less able to explain their mental illness.
- Savannah Police Department Officers:
  - appreciated the idea of a "fourth option" that involved receiving immediate, real-time advice from mental health
  - stated they would call the linkage specialist so they would not have to struggle over whether a mental illness was present during the encounter, and because they want to avoid arresting people who are "seeing a doctor, taking their medications, and trying to address their mental health issues"

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SPECIAL ISSUE ARTICLE

A potential new form of jail diversion and reconnection to mental health services: II. Demonstration of feasibility

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Abstract

Given fragmentation between mental health and criminal justice systems, we tested the feasibility of implementing a potential new form of pre-booking jail diversion. Our "linkage system" consists of three steps: (i) individuals with serious mental illnesses and an arrest history give special consent to be enrolled in a statewide database; (ii) if an officer has an encounter with an enrolled patient and runs a routine background check, he or she receives an electronic message to call; and (iii) the "linkage specialist" provides brief telephonic assistance to the officer. Of 206 eligible individuals, 199 (96.6%) opted in, the database received 679 hits, and the linkage specialist received 31 calls (and in at least three cases an arrest was probably averted). The mean number of arrests was 0.59 ± 0.92 in the year before enrollment (38.7% arrested) and 0.48 ± 0.83 during

- During the study, 3 participants withdrew consent to be in the linkage system and were removed from database
- During the course of the study period, the Linkage Specialist received 31 calls
- Among those, in at least 3 cases, an arrest was likely averted (in many instances, an arrest was not being considered)
- Re-connection to care was even more common

	≥1 arrests	mean # arrests
Year Before Enrollment	77 (38.7%)	0.59±0.92
Year in the Linkage System	61 (30.7%)	0.48±0.83

paired t=1.569, df=198, p=0.118, d=0.13


Memorial
Drive
EXIT 247
20
Augusta
Birmingham
EXIT 246
Fulton St
Central Ave
Ga State Univ


SMILE
SONA'S SOUVENIR & GIFTS
Vic's
COFFEE HOUSE

RCT
outpatients in public-sector clinics
***n*=1,600, Linkage System v. TAU**
enrollment, then collect administrative data

- **Aim A:** ***Study effectiveness of the police–MH linkage system in reducing arrests.*** Patients randomized to the linkage system will be less likely to be arrested, and have fewer arrests, in the 24-month study period than those not in the system, based on rap sheet data.

- **Aim B:** ***Study effectiveness of the linkage system in reducing MH services discontinuities.*** Patients randomized to the linkage system will be less likely to have gaps in MH services, as evidenced by fewer absences from care of >3 months (and a greater count of months in which the patient accessed services over the 24-month follow-up period), based on EMR data.

- **Aim C:** ***Determine effects of five potential moderators*** on arrest probability and MH service discontinuities (urban v. rural site, male v. female subject, psychotic v. mood disorder, high v. low likelihood of arrest based on lifetime arrests adjusted for age, and Caucasian v. African American).

I/DD-Specific Models and Strategies

- *Pathways to Justice*
- Unpublished pilot evaluation of Pathways at 6 sites suggested:
  - Participants were satisfied with training
  - Disability Response Teams continued to meet

Recommendations for Research

- Descriptive research examining service models
- Formal research on Pathways to Justice and Disability Response Teams
- Stakeholder acceptability
- Experimental research testing the impact of service models on safety and call outcomes, subsequent police/emergency service contacts, and MH & CJ outcomes
- Cost effectiveness
- Research on the extent to which the non-I/DD-specific models are serving persons with I/DD and the extent to which the models are effectively serving this population
- Research examining the cost effectiveness of such service models

Summary/Discussion

- Growing bodies of promising research on several models of LE/MH response
- Strongest evidence to date is for CIT
- There is a need for fidelity measures and measures of common cross model components
- There is a need for research to examining if LE/MH models adequately address the needs of persons with IDD (or if modifications or new models are needed)

Thank you!

Questions?

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