Law Enforcement and Crisis Services: Past Lessons for New Partnerships and the Future of 988

No. 4

NASMHPD Ready to Respond: Mental Health Beyond Crisis and COVID-19

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LENDING HANDS
Improving Partnerships and Coordinated Practices between Behavioral Health, Police, and other First Responders

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Behavioral Health and Law Enforcement:

Models to Keep Improving Responses

National Association of State Mental Health Program Directors

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Highlights

• Law enforcement, emergency medical services, and behavioral health will increasingly need to partner to plan and coordinate 988 and 911.

• The critical infrastructure of crisis services will require more clarity in how communities may best execute responses.

• Mental health and law enforcement have a long and complex history of collaboration to help individuals get into treatment and keep communities safe, with important lessons to help improve outcomes in the future.

Lessons from the Past: Mental Illness, Surveillance, and Policing in History and Addressing Race/Equity Challenges

- Intersectionality of mental illness and race

- Intergenerational trauma and cycles of violence and poverty

- The role of the mental health/behavioral health crisis response for the future must have an equity lens

- Recent DOJ report regarding Louisville showed discriminatory practices, both based on race and based on the ADA

"Out-of-Hospital" or "Prehospital" Medical Response and growing "Out-of-Hospital" Behavioral Health Crisis Responses

Figure 1. Basic Designs of Law Enforcement and Mental Health Partnerships (see also Crisis Services: Meeting Needs, Saving Lives)

Police-based specialized police response	Law enforcement officers who are specifically trained to manage behavioral health crises and have knowledge of and access to the system to help support their response.
Police-based specialized mental health co-response	Typically involves behavioral health clinicians hired by police departments whose job is to accompany officers on calls where an individual might be in a behavioral health crisis or for calls where a behavioral health specialist might be helpful.
Mental health-based mental health response	Services also known as mobile crisis services, where a mental health unit, staff person or team of staff respond directly at the scene of the crisis; Law enforcement may or may not jointly and cooperatively appear on the scene.
Blended and Innovative	Services that involve unarmed officers, peer support collaborations, community response teams that utilize a combination of efforts to enhance options for responding.

REVIEWS OF EVIDENCE RELATED TO POLICE AND MENTAL HEALTH APPROACHES

- CIT finding supports evidence for improved for officer level outcomes and call level dispositions but many challenges raise difficulties in drawing conclusions related to arrest, use of force, and injury related outcomes with CIT only.

- Meta analysis of 62 articles, finding studies are often observational with low-moderate quality and high potential for bias, but showing youth models with crisis resolution in home had positive outcomes but other types of responses show little or mixed evidence (including co-responder, CIT, and non-police models)

- Conclusion: Need for more research…

Watson AC, Compton MT. What Research on Crisis Intervention Teams Tells Us and What We Need to Ask. J Am Acad Psychiatry Law. 2019 Dec;47(4):422-426

Marcus N, Stergiopoulos V. Re-examining mental health crisis intervention: A rapid review comparing outcomes across police, co-responder and non-police models. Health Soc Care Community. 2022 Sep;30(5):1665-1679

Emerging Models

- Embedding SW with law enforcement

- Bringing BH expertise to EMS responders

- Multi-disciplinary team responses

- Engaging community lay public to respond to phones and chats

- Bifurcation or merging of crisis response with children's systems

- Examining unique population needs (e.g. IDD)

Behavioral Health Crises and Law Enforcement Involvement: Partners "On Call" for When Needed

- High risk situations may or may NOT include:
  - Weapons (what is a weapon?)
  - "Suicide-by-cop", "Victim-Precipitated Homicide", "Law Enforcement Assisted Suicide" (Can de-escalation work?)
  - Barricade/Hostage situations (Can alternative strategies be effective for communication and situation resolution?)

- On the ground protocols- when to triage to a different responder (panic attack vs. heart attack, robbery vs psychosis, suicide crisis with firearm, alcohol and substance use with knife)

- Joint training opportunities/cross-training, problem solving, quality improvement

- Data reviews, after action reviews, system improvement

Protocols, Training, and Partnerships

Barricaded gunman surrenders peacefully after 36-hour standoff in Washtenaw County

Updated: Mar. 25, 2021, 4:43 p.m. | Published: Mar. 25, 2021, 4:43 p.m.
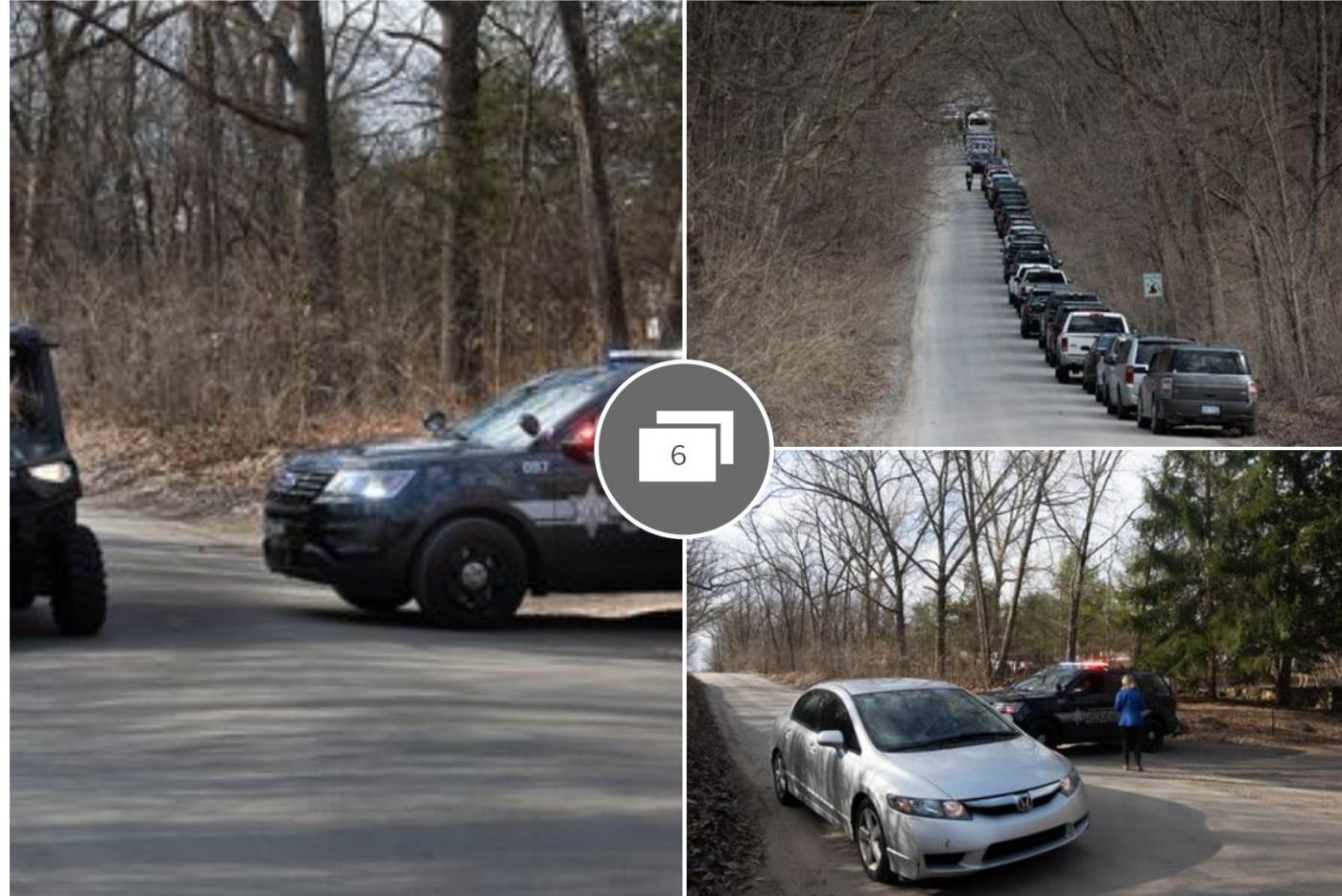
Man with weapon barricaded inside home around Gale Road and Meadow Drive

Bringing Lessons Forward: Importance of partnerships, policies, peers, and trauma-informed practices

Trauma-informed practices

Addressing trauma in the workforce

Partnerships "at the ready" and "on call"

Engagement with peer support

Interoperability, coordination, and Liability

- Tort Liability- when there was a duty ot the patient and the provider breached a standard of care or that care that a "reasonable, prudent provider of similar education and experience would have executed
  - Requires more development of standards
  - Requires understanding of supervisory authorities to consider roles and responsibilities

- Qualified Immunity
  - Afforded in some situations (e.g., government staff who acted within standards and protocols) and protects individuals from personal liability

Recommendations for the post-COVID-19 Future

1. Efforts to leverage partnerships should continue across first responders of all types.

2. Training and cross-training is a critical component of maximizing the quality and dignity of crisis responses.

3. Trauma-informed crisis services should include an understanding of the traumatizing nature of being a first responder and stakeholders should make efforts to support law enforcement and other emergency personnel who serve their communities.

Recommendations Partnerships and Lending Hands

4. Enhancing the role of peer support specialists to work with law enforcement holds promise for achieving positive outcomes.

5. Training and policies must acknowledge and prepare for high-risk encounters in the crisis continuum.

6. Stakeholders can address racial disparities by taking stock of history and intentionally developing programs that focus on diversity and equity.

7. Empirical evidence should be pursued to help identify the effectiveness of specific partnership type behavioral health crisis response models.

Thank You!

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