Law Enforcement and Mental Health

CRISIS INTERVENTION INTERSECTION

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MMA | ANNUAL MEETING AND TRADE SHOW

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PPD Crisis Intervention Incidents Policy

Person in crisis - A person whose level of distress or mental health symptoms have exceeded the person's internal ability to manage his/her behavior or emotions. A crisis can be precipitated by any number of things, including an increase in the symptoms of mental illness despite treatment compliance; noncompliance with treatment, including a failure to take prescribed medications appropriately; or any other circumstance or event that causes the person to engage in erratic, disruptive, or dangerous behavior that may be accompanied by impaired judgment.

Law enforcement responses to person in crisis calls are unpredictable, stressful, and potentially volatile. Every crisis response is simultaneously an evolving medical emergency and a potentially public safety issue.

How did we arrive here?

- Throughout the last years of the twentieth century, two significant changes occurred in our communities:
  - "Deinstitutionalization"-the closing of congregate mental health facilities (state hospitals) and a shift to a community care model
  - Expansion of the national 911 system and model

- 1955—340 available mental health “treatment” beds per 100,000 people
- 2007—17 available mental health “treatment” beds per 100,000 people

Growth of 911

- 1968-First 911 call made in Alabama
- 1973-White House Office of Telecommunication recommends nationwide implementation
- 1976-17% of the US has access to 911
- 1979-26%
- 1987-50%
- 2000-93% of population and 96% of geographic US has some type of 911 coverage

Types of Crisis Intervention Teams

1. MEMPHIS MODEL (CIT) (POLICE ONLY)

2. POLICE AND HUMAN SERVICE WORKERS (CO-RESPONSE)

3. POLICE AND MENTAL HEALTH LICENSED CLINICIANS (CO-RESPONSE)

4. NON-LEO COMMUNITY-BASED INTERVENTIONS

RESEARCH OUTCOMES INCLUDE:

1. ENHANCED CRISIS DE-ESCALATION
2. INCREASED CONNECTION TO SERVICES
3. REDUCED PRESSURE ON THE CRIMINAL JUSTICE SYSTEM
    A. ARRESTS
    B. DETENTIONS
    C. OFFICERS' TIME SPENT ON CALLS
4. REDUCED PRESSURE ON THE HEALTH CARE SYSTEM
    A. EMERGENCY DEPARTMENT REFERRALS
    B. HOSPITAL ADMISSIONS
5. COST EFFECTIVENESS

Enhanced Crisis De-Escalation

THE CO-RESPONDER MODEL PROGRAM HAS BEEN IMPLEMENTED ACROSS MANY COMMUNITIES IN THE HOPES THAT JOINT POLICE-MENTAL HEALTH RESPONSE TO MENTAL HEALTH CRISES WILL FACILITATE CRISIS DE-ESCALATION

Increased Connections to Services

CONNECTING PEOPLE EXPERIENCING BEHAVIORAL HEALTH CRISES TO COMMUNITY SERVICES IS THOUGHT TO BE MOST APPROPRIATE WAY TO SUPPORT PERSONS WITH BEHAVIORAL HEALTH CONCERNS.

Reduced Pressure on the Criminal Justice Service

ARRESTS

DETENTIONS (MGL. 123, SECT: 12)

OFFICERS TIME SPENT ON CALLS

Reduced Pressure of the Health Care System

EMERGENCY DEPARTMENT REFERRALS

HOSPITAL ADMISSIONS

Cost Effectiveness

BY DECREASING THE TIME FOR OFFICERS TO BE ON SCENE IS COST EFFECTIVE TO POLICE AGENCIES.

FULLY ASSESSING PERSONS WITH BEHAVIORAL HEALTH ISSUES IN THE COMMUNITY IS COST SAVING WHEN COMPARED TO ER ADMISSIONS.

FULLY ASSESSED PERSON SAFELY REMAINING AT HOME AND NOT TAKEN TO THE ER IS INVALUABLE TO THE CONSUMER.

PPD Co-Responder Team Model

PPD Prior Response to Behavioral Health Calls

- Assess for emergency section 12
- If criteria met transport to hospital
- Liability based

Collaborative Response

- Officers ensure the scene is safe
- Co-responder evaluates individual
- The team discusses options
- A decision is agreed upon

IACP Co-Responder Team Model Definition

A model for crisis response that pairs trained police officers with mental health professionals to respond to incidents involving individuals experiencing behavioral health crises.

https://www.theiacp.org/sites/default/files/IDD/Review%20of%20Co-Responder%20Team%20Evaluations.pdf

Co-responder Selection

- Genuine interest in working with police
- Willingness to learn about police culture and the structure of departments
- Willingness to build relationships with officers

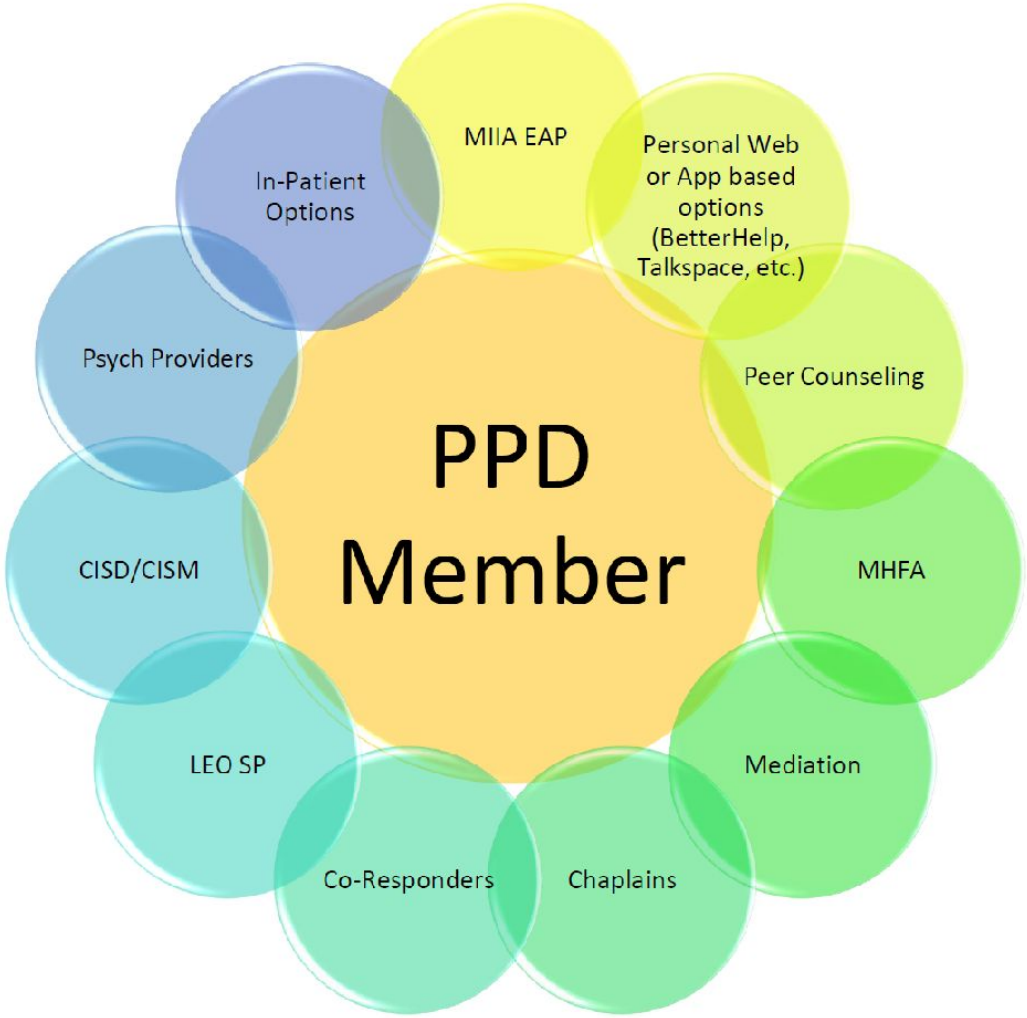
Co-Responder setup

- Assigned a radio call sign
- Issued a radio
- Ballistic Vest
- Provided with office space
- Use of Personal Vehicle

BENEFITS OF CO-RESPONDER

- Brings clinician to the individual in crisis
- Reduces costs associated with emergency room evaluations
- Reduces the amount of time police spend on mental health calls
- Provides officers with the opportunity to informally communicate with clinicians about their personal mental health.

- The informal learning that occurs between clinician and officers is invaluable.
- This has led to officers making clinically based decisions vs liability driven decisions.
- The Co-responder / officer collaboration has led to a decrease in arrests of the mentally ill for misdemeanor crimes (Disorderly Conduct, Disturbing the Peace).



Officers' Mental Health- PPD Continuum of Care