National Association of State Mental Health Program Directors Annual Meeting

Sept 2021

DEBRA A. PINALS, M.D.

Chair, Medical Directors Division, NASMHPD
Medical Director, Behavioral Health and Forensic Programs
Michigan Department of Health and Human Services
Clinical Professor of Psychiatry and
Director, Program of Psychiatry, Law and Ethics
University of Michigan

Matthew Edwards, M.D.

Psychiatry and Law Service
Forensic Psychiatry Fellow
Emory University School of Medicine

Project Supported through the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the 2021 Technical Assistance Coalition of the National Association of State Mental Health Program Directors.

Dr. Pinals consults and advises to state and other government entities as well as organizations in addition to her teaching role. The views in this report do not necessarily reflect those of any governmental or other entity with whom she is affiliated.

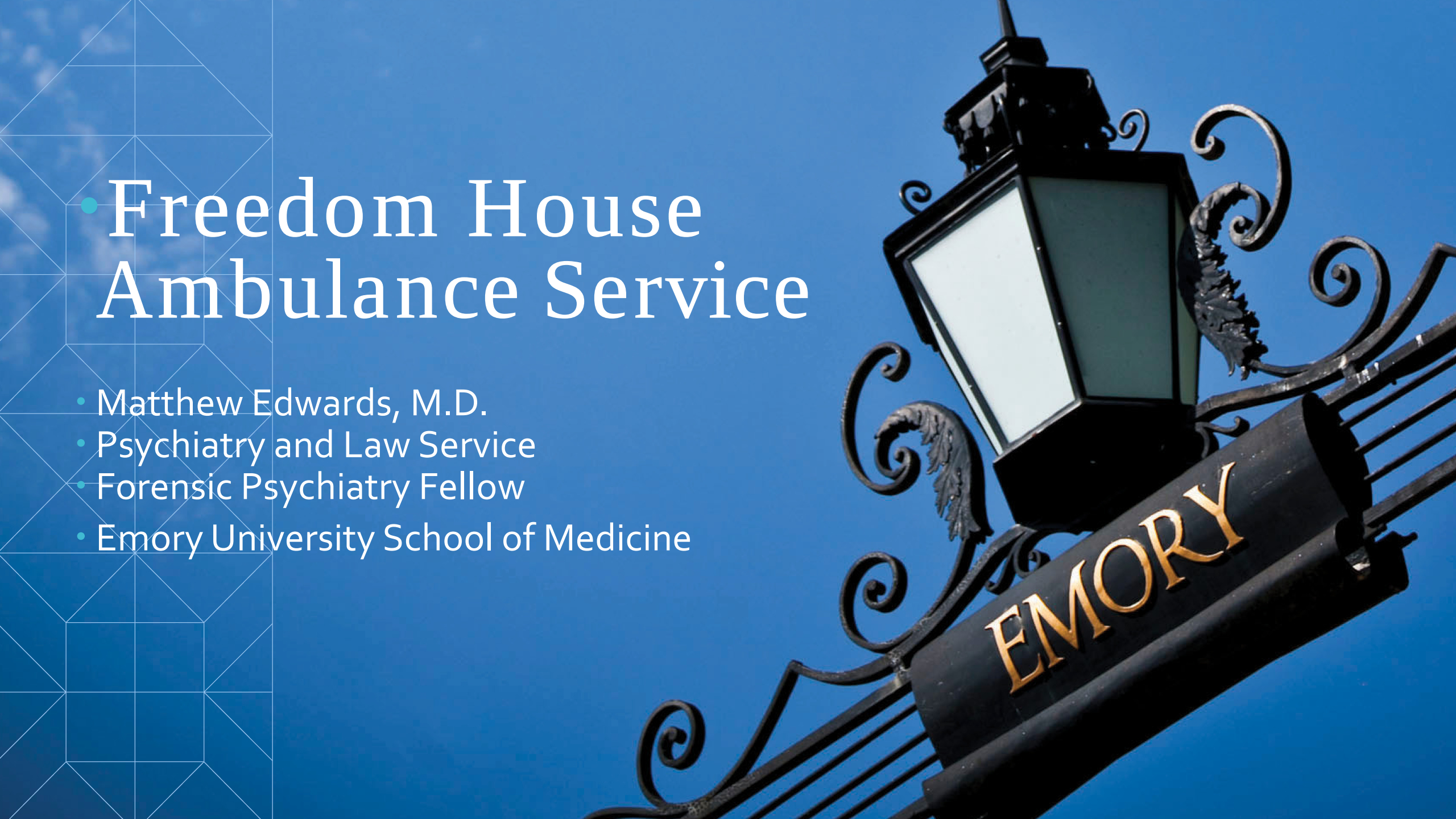
Highlights

- 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 has become more apparent in the aftermath of COVID-19. Building adequate infrastructure 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.

Early Models Highlighting Community Engagement and Lessons Learned

Freedom House Ambulance Service

- Matthew Edwards, M.D.
- Psychiatry and Law Service
- Forensic Psychiatry Fellow
- Emory University School of Medicine



FREEDOM HOUSE

- 1960s-1970s community-based socio-medical program
- Aspired to "encourage Black enterprise"
- Black-run paramedic service
- Set national standards in EMS training and delivery
- Supplanted police, firefighters, and morticians

GENESIS

- Grew out of shortcomings in pre-hospital care **quality**, **delivery**, and **equity**
- **Racial inequities** in policing, justice, and carceral system
- Driven by **local leaders** and socially-minded **physicians**
    - Drs. Peter Safar and Nancy Caroline
- Dovetailing needs:
    - Healthcare resources
    - Employment opportunities in Pittsburgh's Black community
    - Safar's test case for national EMS standards
- Fit within local, state, and federal **priorities**:
    - Philanthropic grants
    - LBJ's War on Poverty
    - Model Cities initiatives

TRAINING

- Dr. Nancy Caroline revolutionized **training** for new health professionals
  - Basic high school education
  - Participated in the field and hospital
  - Basic principles and practical skills
  - Direct supervision and feedback
  - Oral communication
  - Disaster drills

- Program was small and individualized
  - Caroline developed personal relationships with paramedics
  - Utilized unconventional methods to circumvent barriers

COMMUNITY INITIATIVE

- As one Freedom House trainee affirmed, "When I go into some of the poor, black neighborhoods, the kids gather around to talk to me. They are impressed to see a black man like myself in a responsible position. Their attitude is 'gosh if he made it, maybe I can.'" For the first time in many of the previously unemployable citizens' lives, they made decisions that were important to the wellbeing of a society in which they historically felt excluded.
- Edwards ML (2019) J Hist Med Allied Sci.

OUTCOMES

- Set national standards in EMS
  Became model for public health systems
- Improved social and professional outcomes for paramedics
- Provided high-quality service and care
- Highly visible members of marginalized population in position of leadership

LESSONS & LEGACIES

- Local resistance weakened funding (**politics**)
- Predominantly White '*superambulance*' service replaced Freedom House (**erasure**)
- Nationalizing EMS > community development (**standardization**)
- Race-neutral efforts obscured racial dynamics (**racial liberalism**)

REFERENCES

- 1. Edwards ML. Pittsburgh's Freedom House Ambulance Service: The Origins of Emergency Medical Services and the Politics of Race and Health. J Hist Med Allied Sci. 2019 Oct 1;74(4):440-466.
- 2. Edwards ML. Race, Policing, and History - Remembering the Freedom House Ambulance Service. N Engl J Med. 2021 Apr 15;384(15):1386-1389.

EMORY
UNIVERSITY

"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.

Emerging Models

- Embedding SW with law enforcement
- Bringing BH expertise to EMS responders
- 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)

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

- Community policing strategies
  - Overzealous "preventive approaches"
  - Underwhelming responses to leave communities with high Social Determinants to struggle
- 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

- High risk situations
  - Weapons
  - "Suicide-by-cop", "Victim-Precipitated Homicide", "Law Enforcement Assisted Suicide"
  - Barricade
  - Hostage situations

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

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

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 for the post-COVID-19 Future

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!

dpinals@med.umich.edu

pinalsd@michigan.gov