

**Lending Hands:
Building Partnerships and
Coordinated Practices
Between Police
and Other
First Responders**

**National Association of
State Mental Health
Program Directors
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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.

Acknowledgements

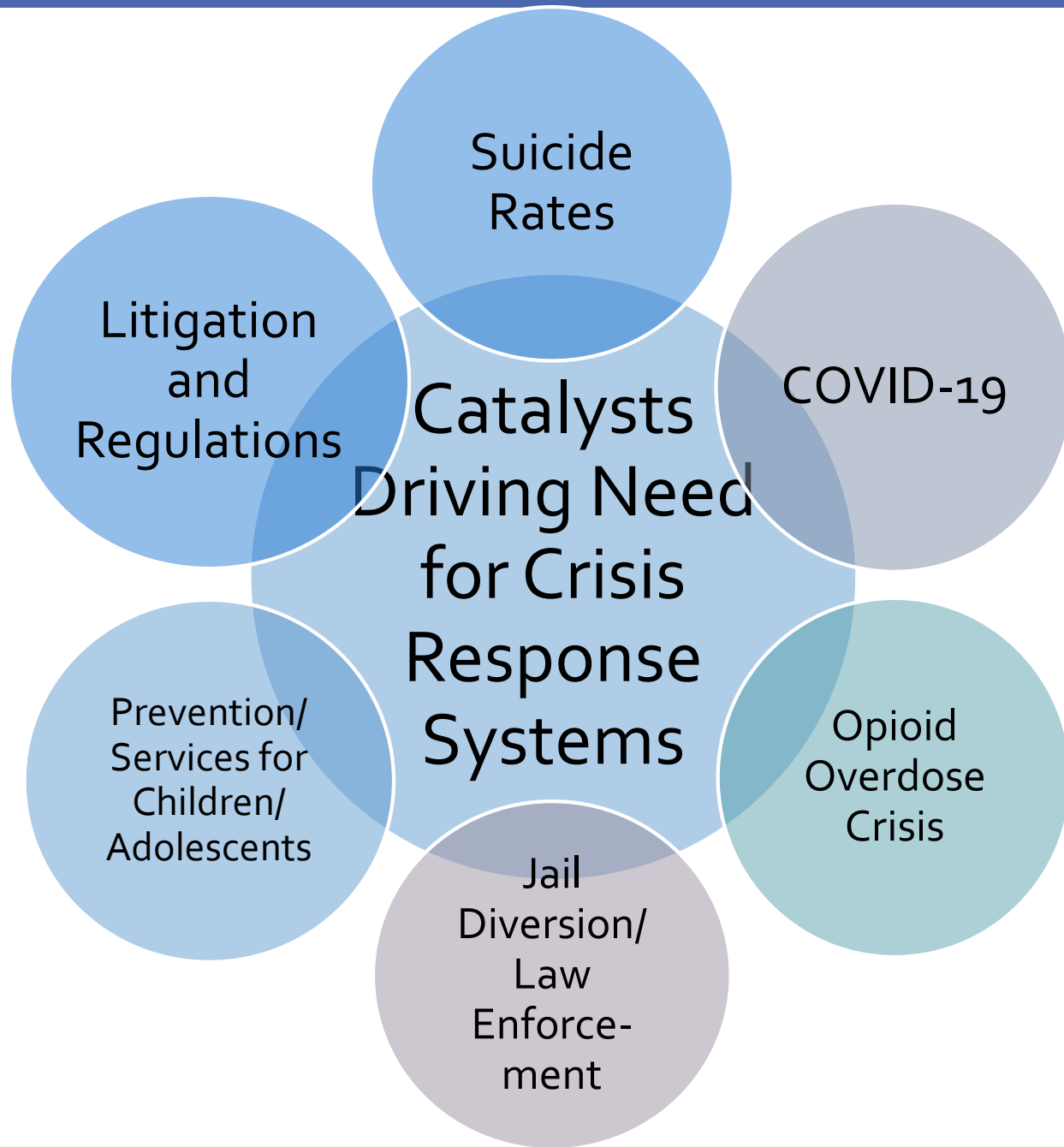
**Elizabeth Sinclair
Hancq, MPH**

**Nili Ezekiel and the
whole NASMHPD team!**

Before COVID-19

- ❖ Release of the National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit by SAMHSA Feb 2020

NASMHPD 2020:
CRISIS SERVICES:
LOOKING AHEAD



Today....

988!

Fast-paced evolving crisis response!
Consideration of the field of
responders ... Lending Hands!

Scenarios

Adult with schizophrenia, increasingly psychotic damages property at home, paranoid about parents

Depressed older adult with a gun

Sister crying hysterically with suicidal thoughts and high potential for recent drug use

Local community mental health calling for law enforcement back up when client will not open door and they are concerned about safety

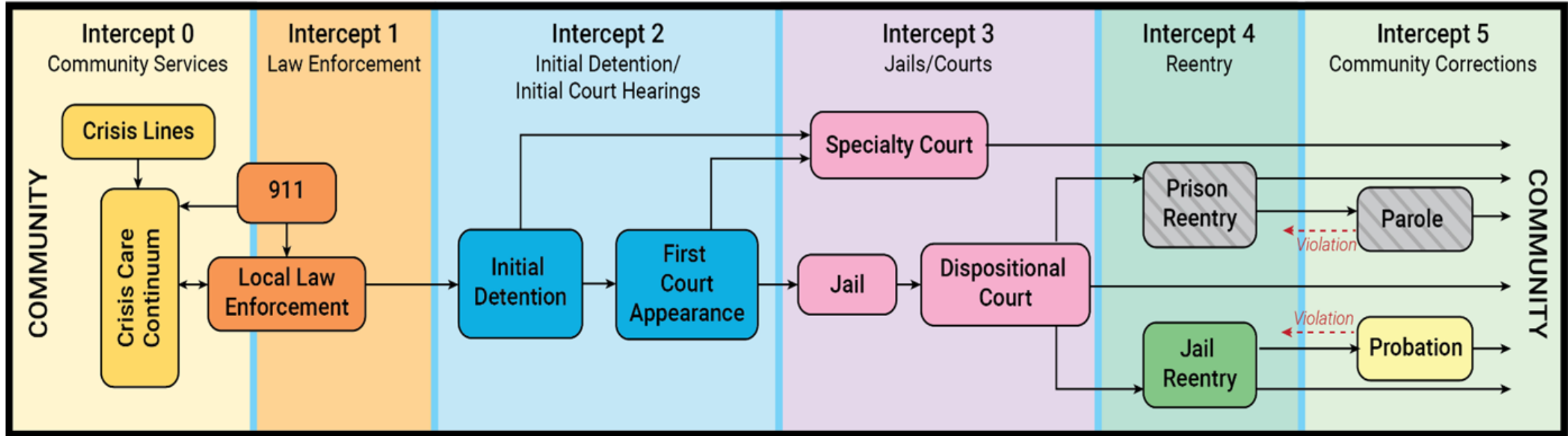
“Men in White Coats” and Problematic Representation of Access to Care

Connotes psychiatric response that will take someone away to a psychiatric facility- benign or frightening?

Shifted to blue uniforms- warrior/guardian

Idea of responders as coercive is part of the public lexicon

New models must demonstrate evolution in responding empathically and in the least restrictive manner possible



SEQUENTIAL INTERCEPT MAPPING

2017: INTERCEPT 0

Evolving Roles in the Crisis Response Continuum

- Behavioral Health
- EMS
- Law Enforcement

Role of Law Enforcement (Abreu et al, *Behav Sci Law* 2017)

Warrior

Guardian

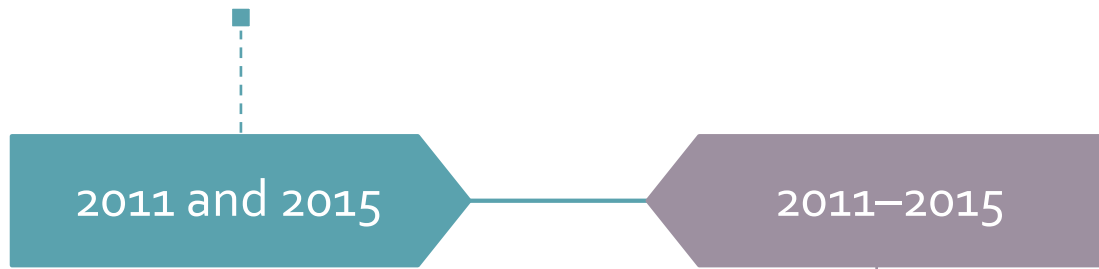
Intersection of Race, Mental Illness and Law Enforcement

- Black persons with mental illness more likely to be victims of police officer shootings
- Impact of disproportionate police contact among marginalized communities
 - non-fatal encounters with police associated with poor mental health outcomes
- Gun violence including firearm related homicide increased by 35% from 2019 to 2020, with black males age 15 to 34 particularly at risk of victimization (20x more likely to be victim of gun homicide)
- Communities with intense policing need increased community engagement
- Myriads of intersecting issues...must be considered with intention in rolling out crisis response services

Evolving Role of EMS

- Freedom House (1960s- 1970s)
- White Paper: “Accidental Death and Disability: The Neglected Disease of Modern Society” under President Johnson (1966) recommending standardized emergency training for rescue personnel
- 1969- EMT-Ambulance curriculum is published, with national standards in 1971
- 1973: Emergency Medical Services Act produced federal guidelines and \$300M in funding to develop regional EMS systems across the U.S. (equal to almost \$2 Billion dollars today)
- Increasingly involved in ambulance transports for mental health

CDC reported that between 2011 and 2015, 606 fatal work injuries to law enforcement, including homicide, suicide and roadway incidents, and accidental shootings



EMS increasingly responding to BH calls (Colorado data saw a 146% increase 2011-2015)

Responses and Risks

PARTNERSHIPS: 988, 911 in 2022 and Beyond

- PSAPs may lack resources and training for handling BH crises
- EMS is already responding to some crises
- Coordination with 988 is already happening
- Academic reviews and program gray literature show numerous types of models of co-response, parallel response, coordinated response
 - Variable infrastructure (BH-based, multi-disciplinary-based, health-based, CIT and coordinated or police-based social work models)
 - Municipal, county, state level oversight
 - Adult vs youth
 - Etc.

Need for Policies

On scene response

Coordination roles and responsibilities

Safety protocols

Ensuring response that is least restrictive but does not abandon need

Case Law of Relevance

Robinson v. California (1962)-
Unconstitutional to criminalize
being addicted

Powell v. Texas (1968)-
Constitutional to criminalize
behavior while on substances

Graham v. Connor (1989)-
reasonableness test related to
use of force

City and County of San Francisco
v. Sheehan – ADA application to
arrest not addressed, 4th
Amendment not violated

- Impact of “decriminalization”
statutes?

- Direct threat issues vis a vis use
of force

Legal and Clinical Interface

- New territory for legal liability related to mobile crisis that must be considered with multi-disciplinary teams
- *Law enforcement "hands-off" has been raised in some states as an emerging issue (partnerships, partnerships, partnerships to leverage when needed)*
- ADA
- EMTALA

Transport

- Costs associated with transporting people with mental illness by law enforcement involved 21% of officer time in 2017 (Treatment Advocacy Center 2019)
- Mental Health America raised concerns about youth and handcuffs during mental health transport, promoting voluntary transports whenever possible
- NEMT as a CMS benefit
- States are examining who might transport and how it could be funded in lieu of law enforcement or ambulance when feasible

Medically stable for transfer



No refusal with warm handoffs and “no wrong door”

Serving anyone at anytime

Medical
Clearance
and No
Refusal
Policies

Out-of-Hospital Care

- What are the possibilities?
- CPR, stroke management, etc.
- Buprenorphine induction in some jurisdictions
- PsySTART (Psychological Simple Treatment and Rapid Triage) for pediatric behavioral health crises or traumatic events
- Virtual assessments and treatment initiation early on?

Workforce Needs

1

Enhance recruitment

2

Build quality

3

Offer strategies for nurturing and resilience building

- First responder roles that can lead to exposure to traumatic circumstances

4

Enhance a sense of connection to larger systems to decrease burnout and frustration

Highlights

Factors such as medical clearance protocols, less restrictive transportation options, and no wrong door protocols are needed to divert people in crisis from criminal justice system and help overcome barriers to accessing care following a mobile crisis response.

Out-of-hospital treatment can provide rapid access to care interventions and reduce the need of costly hospitalizations post-crisis response for some individuals.

To proactively address workforce shortages, it is critical to nurture the current and future workforce who may be exposed to all types of traumatic situations in responding to crises.

Highlights

Law enforcement and its partners play a vital role in crisis response and it is necessary for police-partners to receive the necessary tools and training to improve practices.

Mobile crisis responses have evolved to include numerous models of interdisciplinary response that will require increased coordination.

The legal regulation of crisis response, evolving case law, Constitutional requirements, and federal statutory guidance such as that pertaining to the ADA will help dictate proper crisis response practices.

Recommendations

Sufficient and sustainable funding that incorporates growth

Coordination between 988 and EMS and standards for responding

Maximize “out-of-hospital” treatment interventions with multi-disciplinary input

Build multidisciplinary policies regarding safety and management of high-risk encounters, consider the ADA, Constitutional rights, and local and federal laws

Mechanisms for transport should reduce reliance upon law enforcement when possible

Leverage technology, mobile response, tele-assessments

Fund research related to responses in the field

Enhance data collection for various responders and coordinate with governmental reporting for accountability and examination for equitable responses

THANK YOU!

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