Innovative Law Enforcement Strategies for Interacting with People with Mental Illnesses that Frequently Require Emergency and Crisis Services

Moderator:
  Fred Osher, M.D.
  Director, Health Services and Systems Policy

Presenters:
  Ms. Ann MacLeod, LPC-S, NCC, Program Director, Crisis Intervention Response Team and Chronic Consumer Stabilization Initiative (CCSI), Mental Health Mental Retardation Authority of Harris County, TX

  Officer Lawrence Pate, CCSI Investigator, Mental Health Unit, Houston Police Department

  Detective III Charles Dempsey, Officer-in-Charge, Mental Evaluation Unit/Case Assessment Management Program, Detective Support and Vice Division, Los Angeles Police Department
Today’s Webinar

Opening Remarks
Dr. Fred Osher, Director, Health Systems and Service Policy
Council of State Governments Justice Center

Ms. Ann MacLeod and Officer Lawrence Pate
Chronic Consumer Stabilization Initiative
Houston Police Department

Detective III Charles Dempsey
Case Assessment Management Program
Los Angeles Police Department’s
In most communities throughout the country, a relatively small group of individuals draw on a disproportionate amount of expensive emergency and crisis services.

For some individuals, access to health care, affordable housing, employment and other social services is limited or non-existent.

A subset of these individuals has serious mental illnesses and frequent encounters with law enforcement and emergency room personnel.

As a result, first responders, including law enforcement officers and emergency medical technicians are overburdened.
“Million-Dollar Murray”

Malcolm Gladwell
Opening Remarks: Why Should We Care?

- An enormous amount of resources are used ineffectively

- A negative impact on public safety
  - Demoralization of police officers
  - These individuals are frequently involved in criminal activities – as perpetrators and victims
  - Jail and court processes are clogged up
  - Resources are diverted from other true emergencies

- Administrators and line staff question whether earlier interventions or alternative responses could produce better results
Two approaches to “high utilizers” are the subject of this webinar

Key Programmatic Issues to Consider
- How to define and identify the cohort of high utilizers?
- How to share information between collaborating systems?
- What alternative dispositions to jail and ER are available?
- What financing mechanisms are available for strategies and services?
- What performance measures should be established to track outcomes?
CHRONIC CONSUMER STABILIZATION INITIATIVE

A MULTI-AGENCY COLLABORATION
HISTORY

- Response to CIT calls utilized reactive policing methods
- Patrol officers experienced frequent encounters with persons with chronic mental illness
- Officers usually found no real solution other than making an arrest or committing them for an emergency evaluation
- Previously, no strategy had been developed to evaluate these chronic consumers and the root causes for their frequent contacts with police
- HPD’s Mental Health Unit began identifying persons with chronic mental illness and frequent encounters with patrol officers through a statistical database
It is estimated that 10% of all police calls involve a person in a mental health crisis.
DEADLY ENCOUNTER
May 6, 2007

- 42 year-old female with history of schizophrenia
- History of trespassing at police headquarters
- Made claims of laser beams being shot through her head, food being poisoned
- Numerous hospitalizations for mental illness
- Entered police headquarters with knife, stabbing herself in head while screaming for officers to kill her
DEADLY ENCOUNTER
July 21, 2007

- 39 year-old male with lengthy history of schizophrenia
- Detained and committed by HPD 3 times in prior year
- Just released from HCPC 1 week prior to fatal encounter with police
- Stopped taking medication, deteriorated
- Mother called 911 after being turned away by HCPC
- Charged officers with pipe and told them “Shoot me”
WHAT IS CCSI?

- The Chronic Consumer Stabilization Initiative (CCSI) is a collaborative effort between the Houston Police Department and The Mental Health Mental Retardation Authority of Harris County (MHMRA).

- CCSI was designed to identify, engage, and provide services to individuals who have been diagnosed with serious and persistent mental illness and who have had frequent encounters with the Houston Police Department.
WHY WAS CCSI NEEDED?

- Encounters between police and persons with serious mental illness continue to increase at alarming rates across the United States.

- These are some of the most difficult, potentially dangerous, time consuming and litigious calls law enforcement officers receive.
CCSI PROGRAM GOALS

- Reduce the number of interactions with the Houston Police Department
- Identify unmet needs and barriers in the community
- Link and coordinate clients with needed mental health treatment and psychosocial services
- Provide support and education to the individual and their family members
ELIGIBILITY CRITERIA

- Three (3) or more admissions to the Neuropsychiatric Center (NPC) by HPD. NPC is a psychiatric emergency room
- Excessive phone calls made to HPD by clients or others, on their behalf
- High frequency of contact with patrol officers and the Crisis Intervention Response Team (CIRT)
- High utilizers of other public services (Fire Department/Ambulance, Hospital ER, etc.)
CCSI DATA COLLECTION AND SHARING

- Data is entered into and collected through 2 data systems: HPD Data Base and MHMRA Services Data Base

- Once each consumer is identified, Case Managers work diligently to engage these individuals

- Bi-weekly meetings are held between the case managers and the Mental Health Unit to discuss their progress, problems encountered, and other barriers or issues that need to be resolved
STAFFING

- 2 Full-time case managers both with 20 clients
- 1 Part-time Psych Tech (funded by Simmons Foundation Grant)
- HPD Officer assigned fulltime as program liaison
- Supervision provided by a civilian Program Director from MHMRA and a Sergeant from HPD’s Mental Health Unit
- Administrative oversight provided by Assistant Deputy for MHMRA Crisis Services & the Lieutenant for the HPD Mental Health Unit
PROGRAM SUCCESSES

- Decreased the number of deadly encounters with the mentally ill and HPD (zero since 2009)
- Since its inception the program has decreased the number of interactions between CCSI clients and the Houston Police Department by approximately 47%
- Admissions to Neuropsychiatric Center (NPC) decreased by 21%
- Admissions to Harris County Psychiatric Center (HCPC) decreased by 51%
WHAT WORKED???

- Diverted calls from 9-1-1 by providing case manager cell phone numbers to clients
- Strong advocacy role of case managers
- No State funding restrictions
- Houston Police Department involvement and support
- Support from the District Attorney’s Office
- Dependability of case managers
- Networking (communication among providers)
PROFILE OF A CURRENT CCSI CLIENT

- Homeless 53 year-old male with history of schizophrenia and numerous hospitalizations for mental illness
- History of trespassing at police headquarters and downtown federal building
- Known for waving knives while screaming to be doing “GOD’S work”
- Shot a citizen, and subsequently shot by police. Charged with Attempted Murder, found to be insane and not convicted
- Charged with Robbery, sentenced to 37 months
- 23 Police contacts and 5 arrests prior to CCSI
- Added to CCSI Program in January 2011
  - 1 contact with police and no arrests since being on the program
  - Living in a Personal Care Home
  - Taking medication regularly
### Chronic Consumer before CCSI

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<thead>
<tr>
<th>Psychiatric Hospitalizations: 17</th>
<th>Psychiatric Hospitalizations: 1</th>
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<td>$31,840</td>
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<table>
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**Cost:**
- $145,938

### Chronic Consumer after CCSI

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<th>Psychiatric Hospitalizations: 1</th>
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<td>$680</td>
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<thead>
<tr>
<th>Incarcerations: 0</th>
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<tr>
<td>$0</td>
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**Cost:**
- $882

### Benefit

A potentially productive and stable member of society

- **CCSI Cost /Client:** $4,633
- **Cost (after):** $882
- **Cost (before):** $145,938
- **Cost Avoidance:** $140,423

See Slide Notes for details of figures.
51 year-old male with Major Depressive Disorder and numerous hospitalizations for mental illness

Attempted suicide several years ago with a firearm, leaving him severely disfigured requiring extensive daily medical care

Known to be reclusive in his apartment where he abused drugs and alcohol

Has attempted to disarm at least 3 police officers verbally requesting suicide by cop

16 Police contacts and 2 arrests prior to CCSI

Added to CCSI Program in December 2010

3 contacts with police since being on the program
Attending doctor visits monthly
Taking medication regularly
### Chronic Consumer before CCSI

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<td>Incarcerations</td>
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<tr>
<td><strong>Cost</strong></td>
<td>$21,968</td>
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### Chronic Consumer after CCSI

### Benefit

**A potentially productive and stable member of society**

<table>
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<th>Item</th>
<th>Before</th>
<th>After</th>
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<tr>
<td>CCSI Cost /Client</td>
<td>$4,633</td>
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<tr>
<td>+ Cost (after)</td>
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<td>$1,966</td>
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<tr>
<td>- Cost (before)</td>
<td>$21,968</td>
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<tr>
<td><strong>Cost Avoidance</strong></td>
<td>$15,369</td>
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See Slide Notes for details of figures.
FUTURE PROGRAM GOALS

- Expand program capacity
- Add 2-3 more Case Managers
- Renew Simmons Grant
- Implement Medic Alert Bracelet Program
AWARDS AND RECOGNITION

Recipient of the 2010 IACP Community Policing Award

Finalist 2010 Herman Goldstein Award for Excellence in Problem-Oriented Policing

Recipient of the 2011 Simmons Foundation Grant
Los Angeles Police Department’s Case Assessment Management Program

CAMP

“It is all about Risk Management”
The CAMP Unit

- LAPD – Detective Supervisor
- LACDMH – Clinical Supervisor
- Six CAMP teams – one law enforcement officer/detective and one mental health worker (LCSW, MHCRN, LMFT, Psych Tech, Psychologist)
- Deployed five days a week
  - Follow up component to SMART which is deployed seven days a week
**Mission Statement**

“CAMP is a partnership between the Los Angeles Police Department and the Los Angeles County Department of Mental Health that provides proactive specialized intervention to community members experiencing complex mental health situations.”
CAMP developed the following intake criteria to allow for the optimum success of the program:

* The subject has been the focus of a barricaded suspect scenario or critical incident and suffers from mental illness.
* The subject has been placed on a minimum of six mental health holds within one year and been the focus of repeated contacts with emergency services. The catalyst of these contacts shall be the subject’s mental health history. Each case shall be evaluated independently and six contacts shall only used as a threshold for accepting cases.
* Contacts with emergency services and members of the community where the subject’s behavior is becoming increasingly violent due to their mental illness.
* The subject has attempted suicide at the hands of law enforcement or has been the subject of a use of force as a result of their mental illness.
* Mental Health Intervention, gun involved
The intent and purpose of CAMP is not to identify and track individuals based solely on their mental illness. There is a societal stigma attached to mental illness and because of this, detectives and police officers assigned to CAMP will not make any contact without the specific direction and guidance of the Los Angeles County Department of Mental Health (LACDMH). A Clinician from the LACDMH directs and focuses all contacts with the Los Angeles Police Department (LAPD) providing the support. The LAPD’s purpose is to provide the infrastructure and support for the mental health investigation. In addition the LAPD will provide guidance and support should there be a criminal case or history associated with the individual, who has been referred.
It is about Risk Assessment and Management

* Cases are referred to CAMP teams, based on level and immediacy of risk
* Mental Health component
* Referral sources are varied
  * Criminal Justice
    * Law Enforcement – Courts – Parole – Probation
  * Mental Health
    * Hospitals-Mental Health Providers-Community Groups
  * Citizens and Private Security
Case Development

- Mental Health Clinician – HIPAA protected information
  - Access to MI system (countywide mental health treatment)
  - Develops Mental Health Profile
  - Conducts face to face interview

- Law Enforcement Investigator – CORI protected information (Mental Evaluation Unit tracking system, MEU Incident Reports)
  - Develops Criminal Justice Profile
  - Participates in face to face interview

Team Develops Intervention Strategy to reduce and manage the risk
Intervention Strategies

- Linkage to Mental Health Services
  - Outpatient – Voluntary
  - Inpatient – Involuntary
  - Services as a condition of Probation or Court Order
  - Services in State Mental Health Facility

Incarceration as a strategy
- Services in Jail
- Services in Prison
Outcomes and Measurements

- Linked
- Conserved
- Custody Diversion
- Refused Services
- Unable to Locate
- Arrested/Custody
- Other
The CAMP receives on average 36-40 new cases each month (below are the approximate percentages of dispositions over a six month period, 2012)

* 40% or greater are successfully linked to mental health services administered by varied governmental or private providers
* 7% are conserved either to Public Guardian’s Office or family member
* 20% refuse services, but contacts decrease after intervention
* 33% are managed via the criminal justice system and mandated mental health services are imposed
Questions and Answers

- Please type questions for the presenters into the question panel located on the right side of your screen.
• Sign up for the monthly CP newsletter to receive news about upcoming distance learning and funding opportunities.

• The Consensus Project is continually updating its website with materials relevant to the CJ and MH fields.

• http://consensusproject.org
Thank You!

The webinar recording and PowerPoint presentation will be available on www.consensusproject.org within a few days.

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