

POLICE-MENTAL HEALTH COLLABORATION PROGRAMS:



CHECKLIST FOR BEHAVIORAL HEALTH AGENCY LEADERS

WHY PRIORITIZE SPECIALIZED POLICE-MENTAL HEALTH COLLABORATION PROGRAMS?

Too many people with mental illnesses and co-occurring substance use disorders who could be safely treated in the community are filling the nation's jails instead. The costs and the impact of even a short incarceration on people's lives are staggering. Behavioral health professionals are uniquely positioned to collaborate with law enforcement to divert many of these people to treatment, and improve outcomes for people with mental illnesses.

The research is clear: People with mental illnesses who are referred to behavioral health treatment by law enforcement officers experience fewer subsequent contacts with the criminal justice system than those who were not referred to treatment. Law enforcement and behavioral health agency leaders across the country are increasingly partnering to develop Police-Mental Health Collaboration (PMHC) programs as part of a comprehensive approach to improve outcomes for this population, but also to help communities prioritize resources to have the greatest impact on public safety.

The following checklist is designed to help behavioral health agency leaders quickly gauge whether their community's PMHC program corresponds to best practices, is built on strong collaboration between behavioral health and law enforcement agencies, and strives to improve outcomes for people with mental illnesses. This review can be augmented with the Behavioral Health Program Managers' checklist, which addresses in more detail the criteria below.

CONSIDER THE FOUR KEY CRITERIA BEHAVIORAL HEALTH AGENCY LEADERS TO PROMOTE AN EFFECTIVE PMHC PROGRAM IN THEIR COMMUNITY:

Criteria 1: Demonstrate that the PMHC program is an agency priority.

- Behavioral health agency leaders send a clear message, both internally and publicly, that collaborating with law enforcement on a PMHC program is an agency priority, and support the program when making budget, staffing, and policy decisions.
- A single behavioral health agency representative (ideally senior level) is responsible for overseeing/managing the agency's role in the PMHC program.
- This PMHC program manager has the authority to implement strategies that promote agency-wide buy-in and is the liaison with collaborative partners and stakeholders.
- Agency protocols that support the PMHC program are incorporated into written policies/procedures, and PMHC program responsibilities are addressed in staff job descriptions and performance evaluations.

Criteria 2: Work with the law enforcement agency to improve coordinated responses and information-sharing practices that support PMHC programs.

- The behavioral health agency uses interagency agreements, such as memoranda of understanding, to facilitate the coordination of services that support the PMHC program.
- The PMHC program manager meets regularly with his or her law enforcement counterpart to resolve challenges or conflicting organizational priorities.

- The behavioral health and law enforcement agencies clearly define the roles and responsibilities of all first and secondary responders, including the behavioral health professionals and the officers who jointly respond to calls and make decisions about appropriate dispositions.
- An interagency agreement explicitly governs the access, exchange, release, and storage of information between behavioral health and law enforcement agencies to ensure compliance with all federal, state, and local legal mandates.
- Behavioral health agency professionals assist in designing and/or delivering mental health training for law enforcement personnel.
- Behavioral health professionals (e.g., crisis workers and case managers) who play key roles in the PMHC program participate in training for officers who are mental health specialists as well as cross-agency training—such as ride-alongs or observing dispatchers—to improve mutual understanding of roles, responsibilities, and challenges.

Criteria 3: Facilitate effective and comprehensive responses to people with mental illnesses who are referred by law enforcement for behavioral health evaluation or treatment.

- A designated specialized crisis response facility, available 24/7, that serves as a single source of entry into the behavioral health system for law enforcement referrals provides officers with a viable alternative to arrest and jail.
- The crisis response facility's intake procedures and admission criteria facilitate the efficient custodial transfer of a person by law enforcement to the behavioral health agency to enable the officers' timely return to duty.
- Crisis response facilities are staffed with qualified professionals who are trained to conduct needs assessments related to behavioral health, substance use, and dangerousness, as well as to prescribe and administer medications.
- Qualified behavioral health professionals provide appropriate screenings and assessments to guide referrals to behavioral health care providers that offer a range of evidence-based treatment options that are appropriate for individuals with behavioral health needs, including cognitive behavioral interventions.

Criteria 4: Track progress and establish a reporting process that enhances buy-in, informs policy changes, and promotes sustainability.

- The agency's information-management systems are capable of collecting key PMHC program activity and outcome data.
- PMHC program data (e.g., the number of people referred by law enforcement, consultations with law enforcement, referrals to other health /social service providers, emergency evaluations, etc.) are collected and analyzed regularly.
- The agency has a transparent reporting process that uses PMHC program data analyses to inform management practices and budget decisions, as well as to update local leaders and the public about PMHC program performance.
- Performance measures consider both quantitative and qualitative data on key aspects of PMHC program operations and goals, as well as behavioral health professionals, law enforcement officers' and community members' experiences and perceptions of the program.