



Justice Center
THE COUNCIL OF STATE GOVERNMENTS



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Addressing Concerns and Responding to Myths about Safety during Crisis Calls

November 16, 2022 | National Policing Institute

Presentation Outline

- Introductions
- Types of Collaborations
- Debunking Myths Using PMHC Toolkit
- Questions
- Resources

Speakers

- Deirdra Assey, *Senior Policy Analyst*, CSG Justice Center
- Dominique Burton, *Project Associate*, *National Policing Institute*
- Caroline Huffaker, *Senior Program Manager*, *National Policing Institute*

The Council of State Governments Justice Center

We are a national nonprofit, nonpartisan organization that combines the power of a membership association, serving state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Goals

Break the cycle of incarceration

High rates of recidivism increase taxpayer costs, diminish public safety, and tear apart families and communities. We work with partners inside and outside of government to reduce crime and incarceration among youth and adults in contact with the justice system.

Advance health, opportunity, and equity

Efforts to make communities safer and healthier are hampered by insufficient behavioral health services, barriers to economic mobility, homelessness, lack of support for victims, and racial and gender inequity. We bring people from diverse systems and perspectives together to improve policy and practice related to these challenges.

Use data to improve safety and justice

Data holds the power to help us understand and change justice systems for the better. And yet, states and counties still know far too little about how their systems perform. Our work transforms information into meaningful insights for policymakers.

Equity and Inclusion Statement



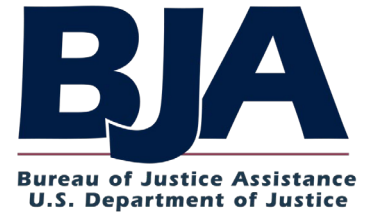
The Council of State Governments Justice Center is committed to advancing racial equity internally and through our work with states, local communities, and Tribal Nations.



We support efforts to dismantle racial inequities within the criminal and juvenile justice systems by providing rigorous and high-quality research and analysis to decision-makers and helping stakeholders navigate the critical, and at times uncomfortable, issues the data reveal. Beyond empirical data, we rely on stakeholder engagement and other measures to advance equity, provide guidance and technical assistance, and improve outcomes across all touchpoints in the justice, behavioral health, crisis response, and reentry systems.

The U.S. Department of Justice Bureau of Justice Assistance

Mission: BJA's mission is to provide leadership and services in grant administration and criminal justice policy development to support state, local, and Tribal justice strategies to achieve safer communities. BJA works with communities, governments, and nonprofit organizations to reduce crime, recidivism, and unnecessary confinement, and promote a safe and fair criminal justice system.



Visit the [BJA website](#) to learn more.

Justice and Mental Health Collaboration Program

The Justice and Mental Health Collaboration Program (JMHCP) promotes innovative cross-system collaboration and provides grants directly to states, local governments, and federally recognized Indian Tribes. It is designed to improve responses to people with mental health conditions and substance use disorders who are involved in the criminal justice system.

National Policing Institute

- The National Policing Institute's mission is to advance policing through *innovation and science*. It is the oldest nationally-known, non-profit, non-partisan, and non-membership-driven organization dedicated to improving America's most noble profession—policing.
- The Institute has been on the cutting edge of police innovation for 50 years since it was established by the Ford Foundation as a result of the President's Commission on the Challenge of Crime in a Free Society.



Objectives

- Acknowledge the common misconceptions about safety during crisis calls for service.
- Provide evidence-based practices solutions for collaborative efforts.
- Learn what this looks like in practice in Santa Barbara County, California.
- Provide peer exchange opportunity for agencies to discuss current programmatic successes and challenges with subject matter experts.

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Evidence-Based Best Practices

In 2020, the American Psychological Association (APA) recommended increasing the number of mental health professionals in law enforcement agencies, along with other policing reform suggestions.

Kim I. Mills, "APA Urges Closer Partnerships between Police, Behavioral Experts to Stem Racial Incidents," American Psychological Association, June 10, 2020, <https://www.apa.org/news/press/releases/2020/06/police-partnerships>.

Types of Collaboration

Police-Mental Health Collaboration Programs



■ Crisis Intervention Teams (CIT)

Crisis intervention teams are composed of experienced law enforcement officers who volunteer to receive specialized training to respond to mental health calls. These officers are then dispatched to mental health calls or assist other officers who are not CIT trained.



■ Co-Responder Teams

Trained law enforcement officers and mental health professionals who respond to mental health calls as a team and generally work together for an entire shift, riding in the same car.



■ Mobile Crisis Teams

Mental health professionals working as a team with specialized training to help stabilize individuals during law enforcement encounters and during crisis situations. Teams can respond to law enforcement or mental health calls.



■ Case Management Teams

Behavioral health professionals, law enforcement officers, peers and others that form a team to coordinate care and develop collaborative solutions to reduce repeat interactions with individuals.



■ Crisis Stabilization Centers

Facilities where law enforcement officers can take individuals experiencing mental health crisis that serve as alternatives to jail and emergency departments.

Graphic by Amber Widgery, Police-Mental Health Collaboration, National Conference of State Legislators, July 1, 2020, <https://www.ncsl.org/research/civil-and-criminal-justice/mental-health-needs-of-criminal-justice.aspx>.

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Debunking Myths

- Importance of educating field and community
- Lasting impacts of myths
- Foster more collaboration between police and mental health professionals

Myth 1

People with behavioral health conditions are likely to become violent when confronted, leaving unarmed first responders at risk of injury.

Debunking Myth 1

- Officers are better able to understand and interpret crisis behavior and respond appropriately, which leads to fewer injuries.
- Across the nation, police agencies are seeing a reduction in injuries following the implementation of PMHC programs.

Myth 2

If you choose to have a co-responder model, this will simply “tie up” officers and/or resources on a scene.

Debunking Myth 2

- With an improved ability to identify mental health crisis, when appropriate, officers are more likely to divert individuals from the criminal justice system to crisis services.
- Police-mental health collaborations result in ongoing community-based treatment solutions that enable the individual to remain stable.

Myth 3

Police are called to handle behavioral health crisis calls and social disturbances because they are the only ones with adequate training and resources to respond to these calls.

Debunking Myth 3

- Professionals in the mental health field are extensively trained on the etiological factors of mental health and corresponding disorders, as well as how to effectively engage with, de-escalate, and treat people experiencing a mental health crisis.
- On average, the process for becoming a licensed mental health provider is three to five years. This includes degree programs, post-graduate supervision hours, and licensure examinations.

Myth 4

All community providers feel safe on scenes or in the community.

Debunking Myth 4

- Support for mental health personnel can vary from agency to agency. This can include a difference in policies and procedures, which can impact a provider's personal self-concept about safety.
- Strategies for safety planning, self-defense training, and harm reduction are not standardized across degree and training programs. As such, some providers may feel more comfortable than others.

Helpful Data to Debunk Myths

- Rates of requests for police backup, separating calls for backup due to the perception of danger, risk, or violence from requests for other reasons
- Staff injuries (separating out type of injuries, injuries caused by clients, and injuries caused by other factors)
- Where injuries take place (e.g., in public locations or in private homes)

Helpful Data to Debunk Myths (cont.)

- Learn the licensure requirements for mental health providers in your state, including continuing education requirements.
- Conduct a review and gap analysis of training curriculums to assess areas for potential cross-training.
- Use data points to create a system to better respond to mental health crisis calls.

Site-Specific Data Example

Santa Barbara County Sheriff's Office

Santa Barbara County Sheriff's Office

Mental Health – Co-Response Program



Dr. Cherylynn Lee, Behavioral Sciences Manager,
SBSO
Police Psychologist



Dr. Cherylynn Lee

Santa Barbara Sheriff's Office – FTE

911 AT EASE International

Counseling Team International

Santa Barbara Police Department

- **CA POST** Subject Matter Expert—
Officer Wellness
- **CA POST** Subject Matter Expert—
Dispatcher Wellness
- **AUTHOR:** PORAC, Police1
- Conferences, Lectures, Grand Rounds



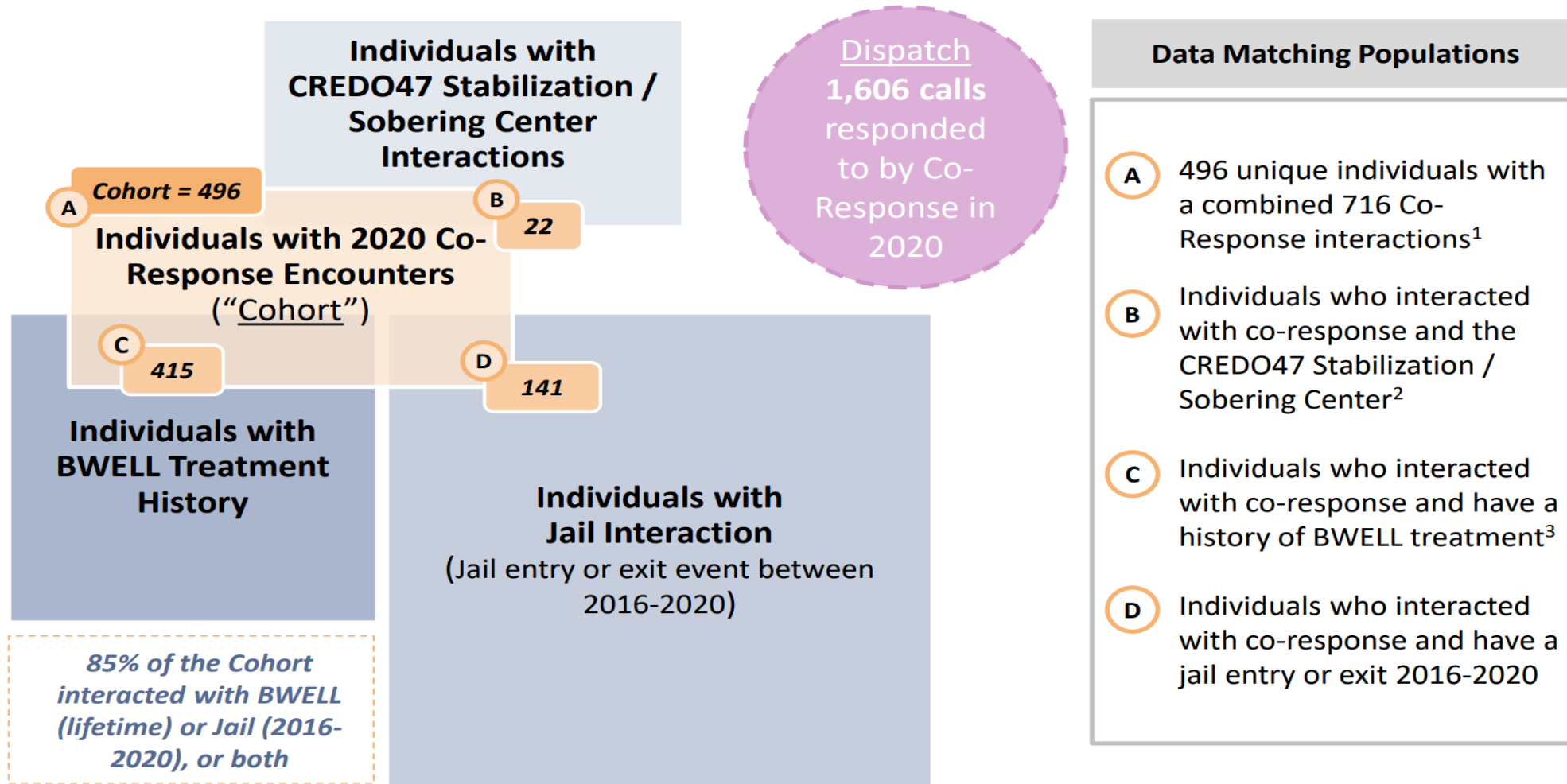
County Co-Response (COR)

Pairs deputies trained in Crisis Intervention Training (CIT) from the Santa Barbara Sheriff's Office with licensed mental health clinicians from Behavioral Wellness.

- Respond to mental health crisis calls coming through 911
- Proactive contacts
- Follow-ups
 - Link people to housing, substance use treatment, social services, health care, and related resources

► DATA INTEGRATION

Social Finance has integrated BWell and Sheriff data to analyze the impact of co-response on a “cohort” of individuals; dispatch data remains disconnected



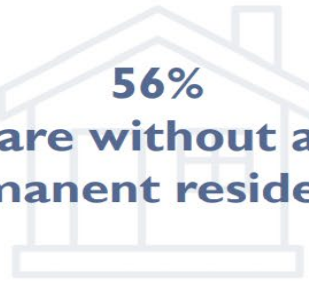
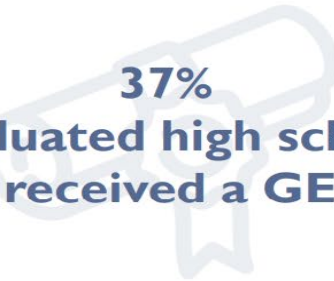


► COHORT OVERVIEW

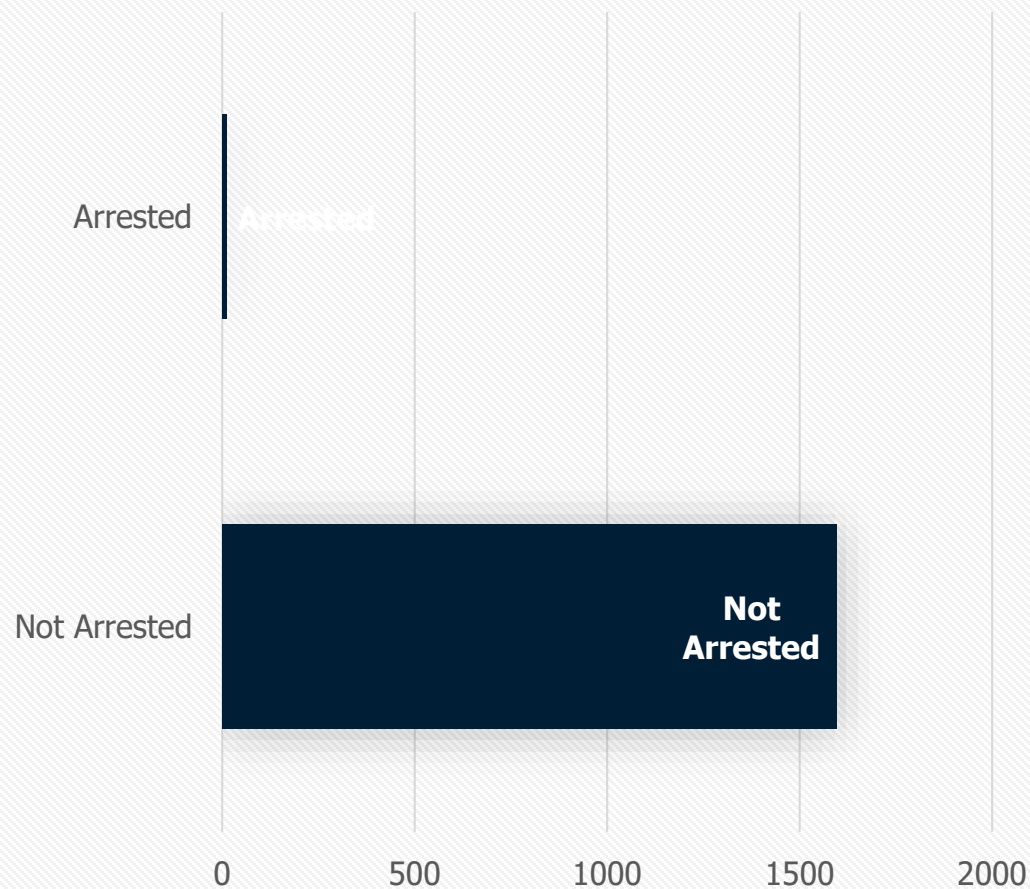
Subsequent analysis of system interactions will consider the below cohort

Cohort includes individuals interacting with Co-Response in 2020

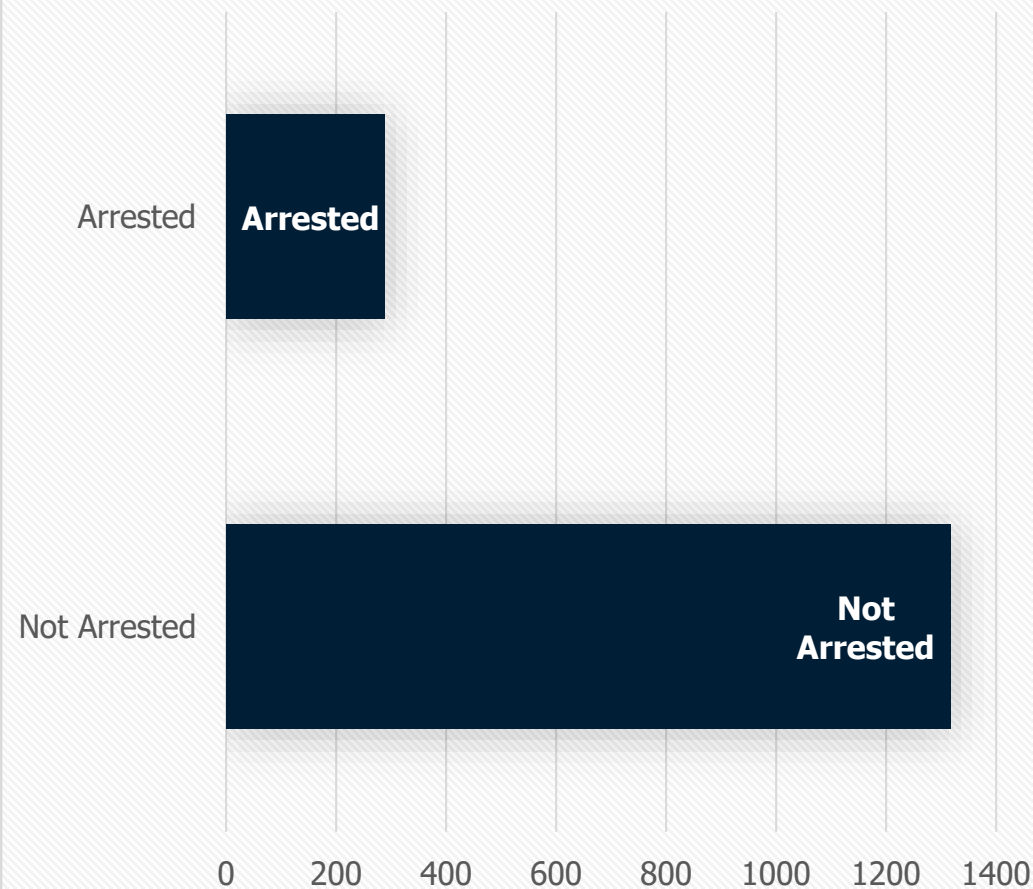
Source: BWell Vertical Change data (N=496)

 <p>Average age of 38 (avg. age at first BWell admission of 33)</p>	 <p>57% are Male and 49% identify as White¹</p>	<p>BWell Service Usage</p> <ul style="list-style-type: none">• 82% have Mental Health admission(s)• 20% have Drug/Alc admission(s)
 <p>56% are without a permanent residence¹</p>	 <p>37% graduated high school or received a GED¹</p>	<p>2020 COR Encounters</p> <ul style="list-style-type: none">• 1 encounter: 74%• 2 encounters: 19%• 3+ encounters: 8%

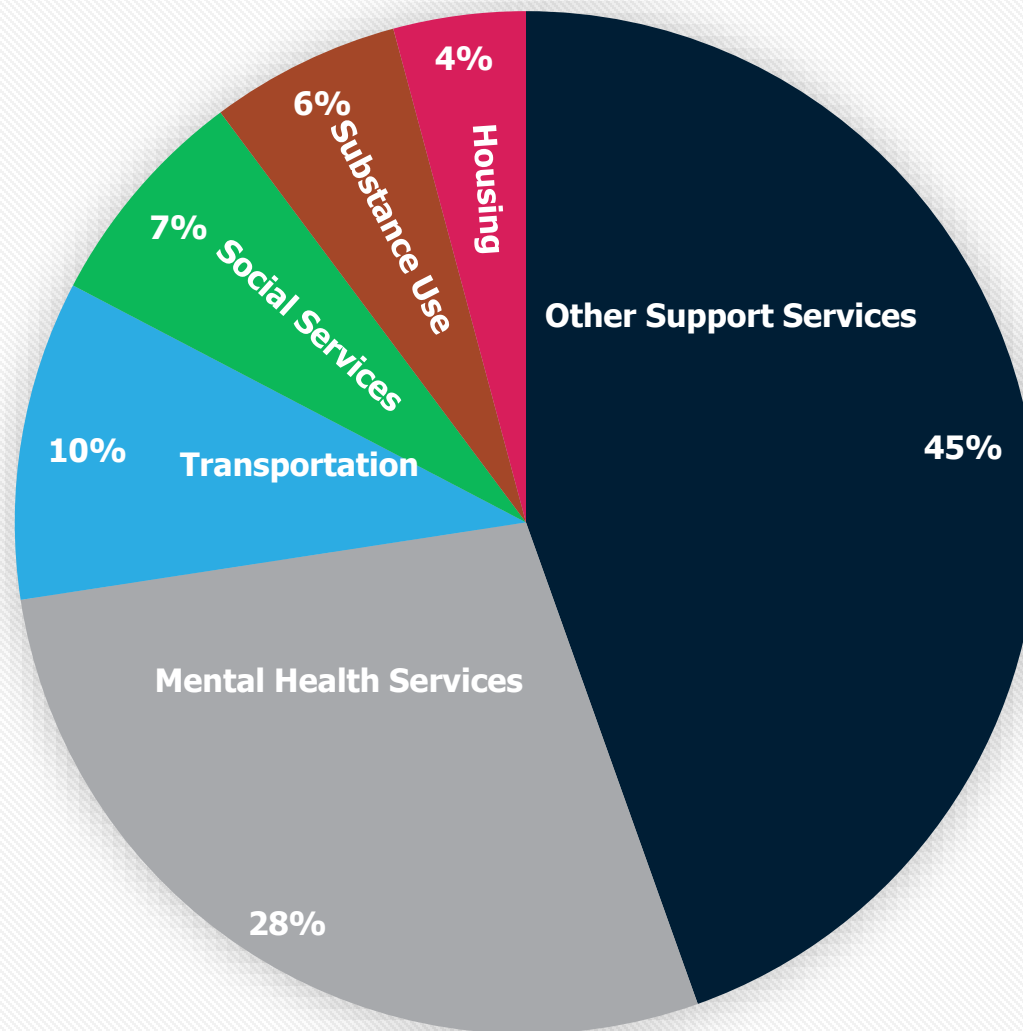
Co-response Related Arrests



Co-response & Patrol Related Arrests



Service Utilization



Highlights: Dispatch Data

Dispatch Data: 1606 COHORT—496

Suicidal Subjects: 394

COR only: n=53

66 min average

1 unit average

32% dispositioned to 5150

COR and Patrol: n= 76

73 min average

4 unit average

43% dispositioned to 5150

Patrol only: n=265

120 min average

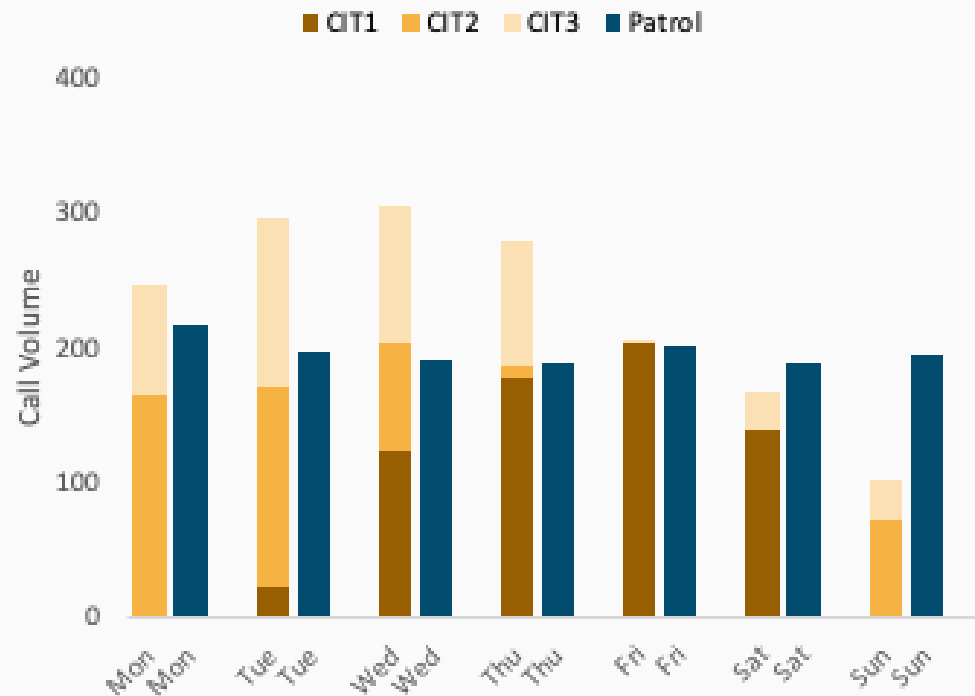
3 unit average

32% dispositioned to 5150

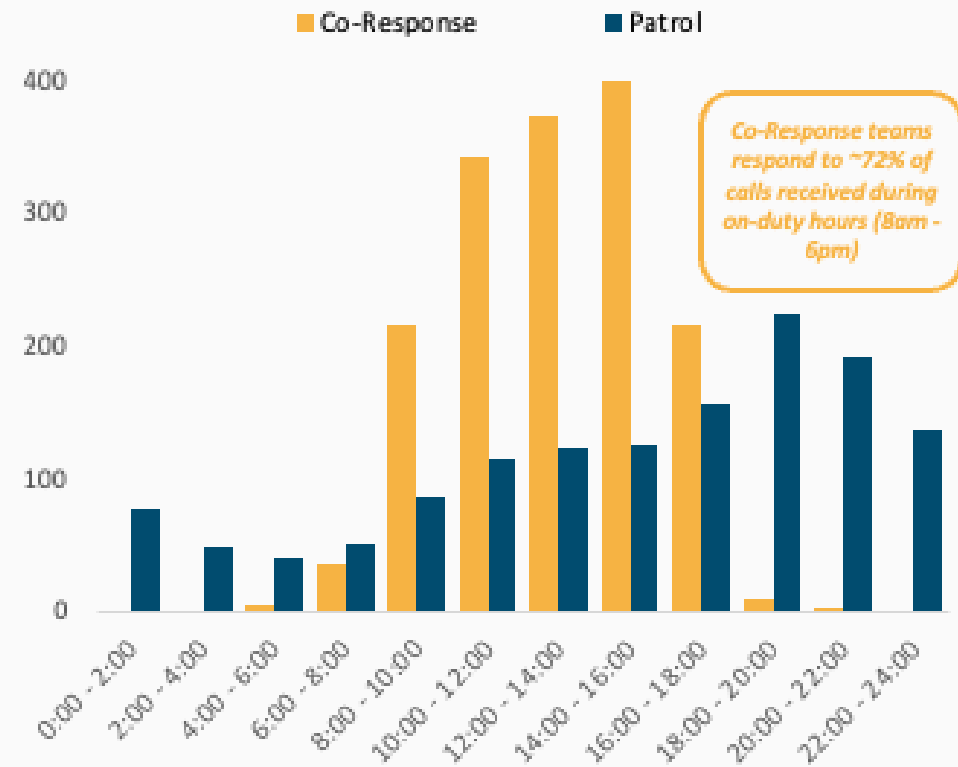
- In 2020, **patrol spent 1,920 hours** resolving these most common MH-flagged call types.
 - Without COR teams, **patrol would have spent 54 percent more time (or ~1,000+ hrs)** responding to these calls.
- If **COR on-duty hours were expanded to include 18:00–2:00**, COR could have responded to 225 additional calls of these types (increasing COR-handled calls from 44 percent to 61 percent of all 2020 MH-flagged calls of these problem types).
 - Shifting these calls from Patrol to COR could **reduce patrol time spent by an estimated additional ~270 hrs.**

2020 Dispatch Calls by Day and Time

Mental Health Calls by Day of the Week

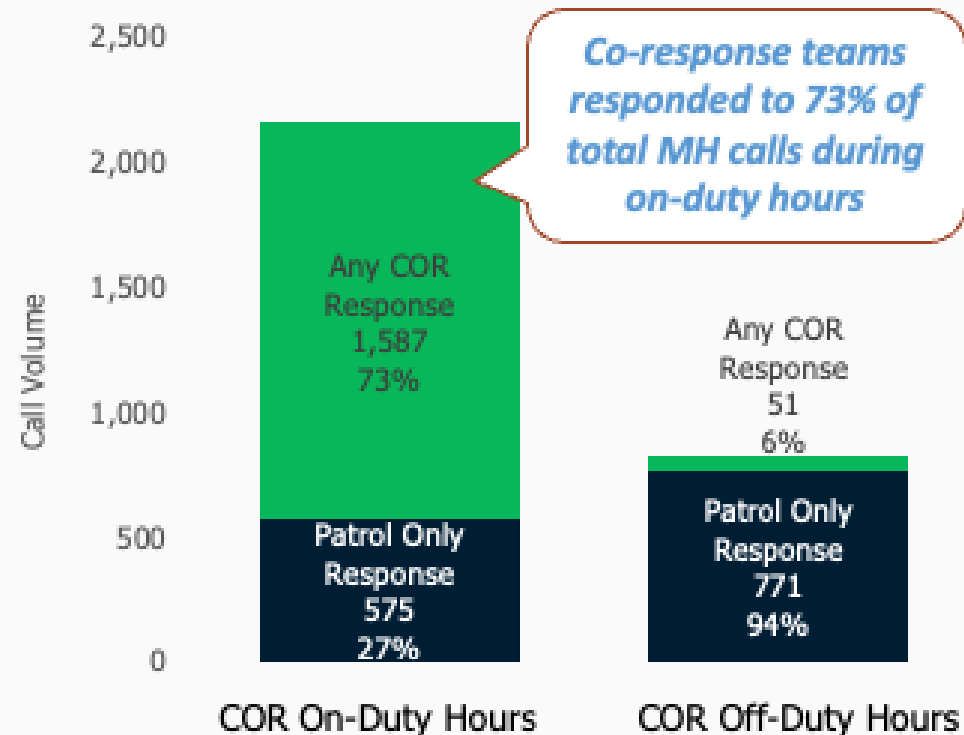


Mental Health Calls by Time of Day

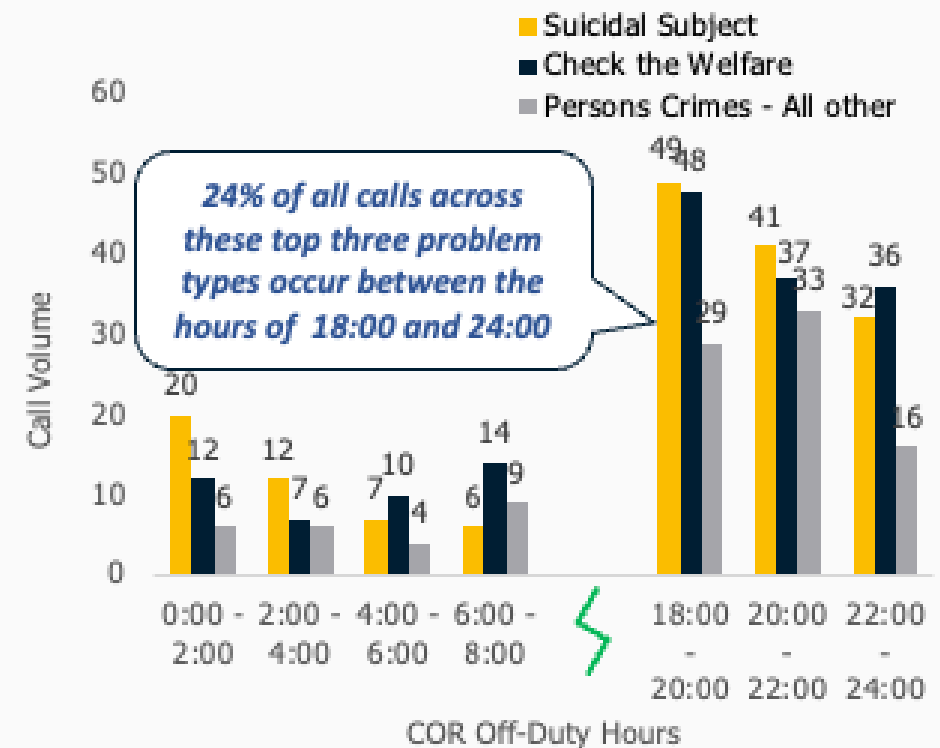


COR Off-Duty Call Detail

2020 Mental Health Calls by COR Duty Status



Patrol Only Responses During COR Off-Duty by Problem Type



Additional Benefits of Co-response

- COR have assisted with several CNRT call-outs in county and city areas.
- COR have assisted with CIT trainings and de-escalation training (SB rescue mission, CALM, Public Defenders Office, Good Samaritan etc.).
- COR have assisted detectives with several cases including potential mass casualty cases.
- COR are the department experts on Gun Violence Restraining Orders (GVROs).
- COR have assisted with evictions and CRT probation.
- COR meets monthly and quarterly with SBPD and SMPD co-response teams and restorative policing programs to discuss cases and cross-train.

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Q & A



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Resources

- [Police and Public Safety Psychology \(apa.org\)](#)
 - [Recognized Specialties, Subspecialties, and Proficiencies \(apa.org\)](#)
- [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#)
- [10 Site Examples with Strong Police-Mental Health Collaborations](#)

Thank You!

Join our distribution list to receive updates and announcements:

<https://csgjusticecenter.org/resources/newsletters/>

For more information, please contact Deirdra Assey at dassey@csg.org.

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