# Police/Mental Health Collaboration: Creating Success in Maryland

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### The Problem

"Officers complain that taking someone to the psychiatric service of the hospital is a tedious, cumbersome and uncertain procedure. They must often wait a long time ... and are occasionally obliged to answer questions ... that appear to place their own judgments in doubt.

--Egon Bittner

1967

### **The Situation Today**

- Law enforcement officers can lack
  - information and skills to de-escalate crises
  - reliable and efficient access to mental health services
- Calls for service involving people with mental illnesses are complex, time-consuming, and potentially dangerous
- The largest psychiatric inpatient facilities in the United States today are actually jails—Rikers Island in New York City and the Los Angeles County Jail

#### Police/Mental Health Programs

- These programs are based in law enforcement
- Approximately 3000 programs now in US, and many in Canada, Australia and the UK.
- Primary variations include:
  - **Crisis Intervention Teams**—A self-selected cadre of officers is trained to identify signs and symptoms of mental illness, de-escalate the situation and bring the person in crisis to an efficient, round-the clock treatment center.
  - **Co-responder Teams**—A specially-trained officer pairs with a mental health professional to respond to the scene of a crisis involving mental illness.
  - **Follow-up Teams**—Specially trained officers work closely with mental health partners to identify people who repeatedly come to the attention of police and develop customized solutions.

### Advantages

- Reduced SWAT call outs
- Reduced arrest rates
- Reduced officer injuries
- Increased access to mental health services
- Protection from liability

## Law Enforcement/Mental Health Partnership Program

- Funded by the Bureau of Justice Assistance (BJA) in 2005
- Publications include: Essential Elements, Training Strategies, Tailoring Responses, Statewide Implementation Models
- Police Mental Health Collaboration Toolkit: <a href="https://pmhctoolkit.bja.gov/?utm\_source=redirect&utm\_m">https://pmhctoolkit.bja.gov/?utm\_source=redirect&utm\_m</a> <a href="edium=web&utm\_campaign=PMHC">edium=web&utm\_campaign=PMHC</a>

#### How do the Essential Elements help?

- Ten elements were derived from recommendations made by a broad range of practitioners and other subject matter experts.
- They provide a common framework for program design and implementation to promote positive outcomes.
- They are sensitive to the distinctive needs and resources of each jurisdiction.
- As such, they reflect a *process-oriented* approach rather than a *model replication* approach.

### What are the essential elements of these models?

- 1. Collaborative Planning and Implementation
- 2. Program Design
- 3. Specialized Training
- 4. Call Taker and Dispatcher Protocols
- 5. Stabilization, Observation, and Disposition

## What are the essential elements of these models?

- 6. Transportation and Custodial Transfer
- 7. Information Exchange and Confidentiality
- 8. Treatment, Supports and Services
- 9. Organizational Support
- 10. Program Evaluation and Sustainability

### Element #2: Program Design

"A planning committee designs a specialized law enforcement-based program to address the root causes of the problems that are impeding improved responses to people with mental illnesses and makes the most of available resources."

### Program Design Process

- Hinges on effective collaboration
- Identifies community problems and problem causes
- Identifies community characteristics
- Selects program activities "tailored" to problem causes and characteristics

### What's the difference?

• "Problems' are issues community members agree must – and *can* – be changed.

 "Characteristics' are more rigid, providing a framework within which specialized approaches must operate.

### **Contact Information**

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