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Sending specialists to handle mental health crises, not police officers

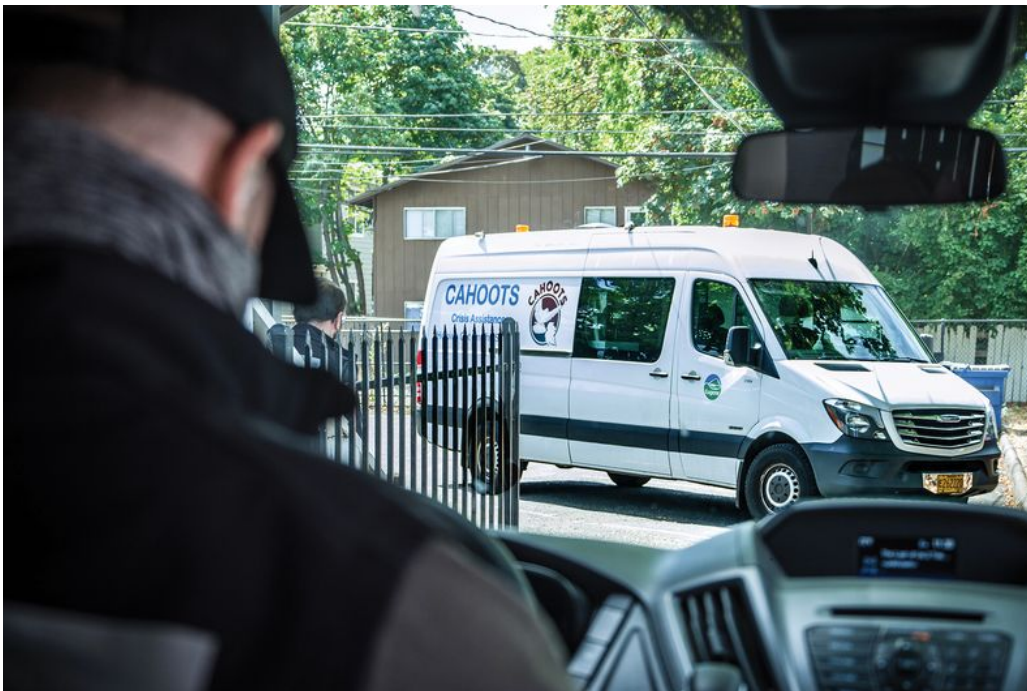
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Since 1989, the White Bird Clinic in Eugene, Ore., has operated a mobile crisis unit called Cahoots as part of the city's emergency response system.

The recent killing of Walter Wallace Jr. by Philadelphia police underscores long-standing concerns about asking police officers to deal with people experiencing a mental health crisis.

The 27-year-old was reportedly wielding a knife when he was shot and killed by officers Oct. 27. Family members claimed they called for an ambulance to get Wallace help, but instead the police came, according to news reports.

Wallace's death came shortly after Philadelphia unveiled a program in early October designed to handle such situations. Behavioral healthcare specialists will work alongside police dispatchers to determine the appropriate response to calls about a person having a mental health emergency.



DELOITTE

The COVID-19 pandemic could forever change biopharma

We have entered a pivotal point in history that will likely create unprecedented challenges for companies of all sizes and in all sectors. While it will take time and effort, this crisis can become an opportunity to move forward. More than a month has passed since the World Health Organization (WHO) declared COVID-19 a pandemic. Since then, biopharma companies from across the globe have been racing to deliver needed supplies and develop new vaccines and novel therapeutic interventions. We are seeing unprecedented levels of cooperation among many of these companies as they seek first to help patients.

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The program apparently wasn't fully implemented in time to address Wallace's situation. A pilot phase began in late September, according to representatives from the Philadelphia Department of Behavioral Health and Intellectual Disability Services. The agency is partnering with the Police Department to embed a behavioral health navigator in the police 911 radio room for the program's second phase, which will dispatch co-response teams when needed; it isn't expected to begin until early 2021.

A spokeswoman for the city agency was unable to comment because of an ongoing investigation into the matter. But it's clear the circumstances of Wallace's death speak to a broader problem many communities face: the criminal justice system is the de facto primary responder for handling mental health.

"When you rely on law enforcement to respond to a situation, they're looking at the situation through a safety lens and interpreting behaviors as potential threats, and then they respond accordingly," said Angela Kimball, national director for advocacy and public policy at the National Alliance on Mental Illness.

To address the issue, a growing number of police departments have formed crisis intervention teams, which are sent instead of regular patrol officers to potentially volatile situations. The number of police departments that have added crisis

1 in 10 of all police calls involve an individual with severe mental illness, according to figures from the Treatment Advocacy Center.

1 in 3 individuals experiencing a mental health crisis are transported by police to a hospital emergency department.

Nearly 1 in 4 of the more 5,000 people shot and killed by police were reported to have a mental illness, according to a [Washington Post database](#) chronicling five years of incidents.

intervention team programs has soared over the past decade from 400 in 2008 to more than 2,700 by 2019.

Kimball hopes to see more investment in crisis intervention alternatives as public sentiment on law enforcement's role in responding to mental health emergencies evolves. "It defies logic why this has not happened" before, Kimball said. "It is far easier to maintain the status quo and complain about it than to change your systems."

As the COVID-19 pandemic exacerbates anxiety and depression, 911 calls for those experiencing a mental health or a substance use disorder crisis are only expected to rise.

"When you talk to the police, they'll tell you a lot of those calls don't really require police," said Dr. Joe Parks, medical director for the National Council for Behavioral Health. "They require somebody to do something, but it isn't necessarily them."

Despite the increased focus on training police for crisis intervention, advocates say when police are the first responders in mental health crises, that only raises the chances of criminalizing a healthcare issue.

As highlighted by the Wallace case, such situations have a higher chance of ending in injury or death for those experiencing a mental health crisis than for individuals not experiencing such issues. Individuals with severe mental illness were 16 times more likely than the general public to die at the hands of police, according to a 2015 report by the Treatment Advocacy Center.

Read on to learn of four efforts that substitute other types of first responders in mental healthcare crisis situations:

White Bird Clinic, Eugene, Ore.

On a typical day, the White Bird Clinic may respond to up to 70 calls for aid, from providing life's necessities—food, shelter, money—to de-escalating a potentially life-threatening mental health emergency.

Since 1989, the federally qualified health center has run a mobile crisis unit called the Crisis Assistance Helping Out on the Streets, or Cahoots, that's part of the city of Eugene's emergency response system.

Similar to how Philadelphia's model is proposed to work, calls from residents seeking help for emergencies unrelated to crime are dispatched through the city's 911 emergency system and directed to White Bird.

"When it came to officers on the streets, there was initially some apprehension because it was weird and unusual to think about giving a police radio to a clinician from White Bird," said Tim Black, director of consulting at the clinic. "But very quickly—because of how we responded and because of what officers saw us doing out in the field—that apprehension has dissolved."

The Crisis Assistance Helping Out on the Streets program in Eugene, Ore., has taken on a sizable amount of the city's emergency calls, in place of the police force.

20,000
Number of calls taken

5% to 8%
Percentage of calls to police

13,000
Number of calls in which the program was the only emergency response called and dispatched

2%
Percentage of calls to program requiring police backup.

Source: 2019 Eugene Police Department [crime analysis report](#)

In a September interview, Eugene Police Chief Chris Skinner said his department's relationship with Cahoots had evolved, and he now considers Cahoots a valuable resource that fills the need for a response beyond what law enforcement normally offers. "We've seen something that has really kind of blossomed and matured into what I think could be the model for behavioral health first response for the nation," Skinner said.

According to a 2019 Eugene Police Department crime analysis report, Cahoots teams were involved in more than 20,000 calls for service, which made up 5% to 8% of all service calls to police that year. In more than 13,000 of those cases, Cahoots was the only emergency response called and dispatched. Around 2% of calls to Cahoots eventually require police backup.

Typical cases involve welfare checks, representing 30% of service calls; 29% are requests for types of non-emergency assistance the police traditionally don't provide, but instead require counseling or a medical evaluation.

Black said the vast majority of service calls answered by Cahoots are resolved at the scene and don't require transporting an individual to a mental health or substance use treatment facility.

StarCare Specialty Health System, Lubbock, Texas

Much of the success of StarCare Specialty Health System's crisis intervention program arises from a long-standing collaboration with local law enforcement, StarCare CEO Beth Lawson said.

Launched in 1967, StarCare serves as the local mental health authority for five counties in West Texas. The mobile crisis outreach team program was designed to help patients avoid entering the criminal justice system for issues stemming from an untreated mental health crisis, Lawson said.

In addition, StarCare behavioral healthcare professionals are routinely consulted by officers during mental health crisis calls.

Lawson said the collaboration with local law enforcement is based on establishing a continuum of care for those in crisis.

Once the immediate emergency has passed, patients can receive up to 90 days of free follow-up care.

"That allows our staff to either connect people to the services that we provide or to other community-based services," Lawson said.

Due to safety concerns related to the pandemic, Lawson said StarCare is applying for grants to buy patrol officers cellphones so they can connect with a healthcare professional as they encounter a possible mental health crisis. "Those kinds of things would be unheard of if we didn't already have a relationship," Lawson said.

THE TROUBLING PAST OF MENTAL HEALTHCARE

A move toward deinstitutionalizing the mentally ill that began in the 1960s brought the promise of community-based mental healthcare. Advocates believed that would improve care quality and put an end to an asylum system that President John F. Kennedy once described as "custodial isolation."

But the promise never fully materialized.

Years of underfunding by state and local governments left community behavioral health organizations simply unable to meet the need for services. The result was thousands of individuals with untreated mental illness left on the street, where they were more likely to get arrested and incarcerated than get treatment. As such, jails and prisons soon became the largest mental healthcare centers in the country, housing 1 in 5 individuals with severe mental illness.

Grand Lake Mental Health Center, Nowata, Okla.

Collaboration has been the hallmark of the crisis intervention model created by Grand Lake Mental Health Center.

Serving a rural population of more than 288,000 across seven counties spanning 4,500 miles in northeastern Oklahoma, Grand Lake in 2016 launched an integrative-care model with a goal of reducing hospital admissions for psychiatric services, decreasing instances of mentally ill patients waiting for psychiatric beds inside emergency departments, and cutting the time police officers had to spend waiting with a patient until they received services.

Grand Lake began by opening an intensive outpatient center where patients could go 24 hours a day for behavioral healthcare services.

To address access barriers for those with transportation challenges, Grand Lake partnered with a software company to develop an iPad app, First Responder, that can provide quick access to a mental healthcare professional. Grand Lake CEO Larry Smith said his clinic supplies iPads to 750 area police patrol cars across 12 counties in northeastern Oklahoma and 4,100 Grand Lake clients, who get access to 24-hour behavioral healthcare assessments.

Smith said the technology quickens access to care, which benefits both police officers and patients. "This allows the police officer to immediately know what they need to do with a patient they come up on," Smith said. "They don't have to wait for anybody to show up; they don't have to wait in the emergency room."

Smith said the program has led to a steep decline in hospitalizations for individuals having a mental health crisis, falling from 677 inpatient admissions during the first year of the program in 2016 to one in 2019 and to zero so far this year.

"Our philosophy is that people should get care in the least restrictive environment," Smith said.

State of Georgia, Atlanta

Debbie Atkins, director of crisis coordination for the Georgia Department of Behavioral Health and Developmental Disabilities, said the demands for mental healthcare services in Hurricane Katrina's aftermath in 2005 led the agency to reduce the multiple crisis help lines it had at the time to one centralized system.

Launched in 2006, the Georgia Crisis and Access Line can provide callers with direct crisis counseling, check the availability of local mental health providers, track real-time availability of beds at psychiatric hospitals, and dispatch a mobile crisis intervention team to handle emergency situations.

BALTIMORE PROVIDERS DEVELOPING ALTERNATIVE FOR MENTAL HEALTH CRISIS INTERVENTION

Baltimore is home to one of the latest initiatives to reduce police involvement in mental health and substance abuse crises.

More than a dozen hospitals and health systems are collaborating to form the Greater Baltimore Regional Integrated Crisis System. The five-year, \$45 million project is preparing to launch a 24-hour crisis line within three years as an alternative to calling 911 during a mental health or substance use disorder emergency.

Among the crisis line's services will be assessing a caller's condition; offering phone or mobile crisis intervention counseling; and scheduling same-day inpatient or outpatient services.

Atkins said the makeup of the mobile crisis intervention team can change to meet the specific needs of the person in crisis. If the individual is autistic or has a development delay, then a behavioral specialist could be included in the response effort. All patients visited by a mobile crisis intervention team receive a follow-up phone call to check on their progress.

For all of its benefits, Atkins said a key advantage to having different functions associated with the crisis and access line is in identifying what aspects of the programs have been effective and others that need improvement.

“It doesn’t fix your problems,” Atkins said. “It highlights your problems to allow you to be able to fix them.”

“Our goal is really to minimize the interaction people with a crisis have with law enforcement,” said Nicki McCann, vice president of payer-provider transformation at Johns Hopkins Medicine. “The mobile crisis teams and the hotline will have the training to know when a situation might need law enforcement, but ultimately we would be having all of those calls coming into the hotline that are currently going to 911.”


The system will provide a more coordinated response to mental health and substance use disorder crisis calls, which should reduce delays in accessing care, said Dr. Jill RachBeisel, interim chair of the psychiatry department at the University of Maryland School of Medicine.


The Baltimore crisis system will track inpatient facilities’ bed capacity in real time, and unlike some models, will rely heavily on clinical providers’ input. “When you get providers involved, they’re able to understand more readily and develop feasible solutions,” RachBeisel said.


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