

Improving Crisis Response Through a Multidisciplinary Approach:

Why Collaboration Between Law Enforcement, Behavioral Health Clinicians, Social Workers and Community-Based Organizations Is Key

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Introduction

A critical component of any behavioral health system is a well-designed model for mental health crisis management. In many jurisdictions across the country, law enforcement officers are the primary response mechanism for people experiencing a mental health crisis. Research shows that 50 to 90 percent of a police officer's time is allocated to gathering information and providing social service referrals.¹ According to data collected from police departments' open data portals, between 66 to 76 percent of a police officer's interactions with the public are spent responding to non-criminal calls, which include traffic reports, pro-active crime prevention measures, and medical-related events, such as behavioral health related calls and involuntary psychiatric holds.² Regarding medical-related events, when individuals with mental illness are placed on involuntary psychiatric holds having been determined to be a threat to oneself or others, police may need to wait at the facility for certain clearances for the individual to be admitted.³ This isn't the most effective use of law enforcement time or resources. At the same time, crisis service providers and behavioral health organizations may lack interdisciplinary collaboration, operating in silos and creating barriers to service delivery for individuals who need it the most.⁴ Individuals in need of services may "fall through the cracks," experiencing chronic homelessness, and being convicted of crimes.⁵ The research reflects this reality as around half of all jail and prison inmates are reported to have a mental health problem.⁶

Enhanced collaboration between community health providers, social workers, community-based organizations and law enforcement can not only decrease unnecessary police interactions but can also more effectively serve people with mental illness and link them with needed treatment. Moving to this type of model takes greater cross-system collaboration. Although greater systems change can seem daunting, evidence-supported interventions and collaborations exist that have proven successful in beginning to shift the paradigm to meet individuals where they are in the community, with the right staff to assess their situation and connect them to the appropriate services.

Several jurisdictions have asked the question: **How can we transition our behavioral health crisis response to engage a wider array of professional responders?**

In recent years, partnerships between law enforcement and social workers have increased to deal with community issues, such as homelessness, drug use and overdoses, mental health crises, and domestic violence, among others. Diversion programs, such as Crisis

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Intervention Teams (CIT), are shown to prevent arrests and better connect individuals with community resources.⁷ One program—STAR (Support Team Assisted Response)—in Denver, Colorado requires a mental health clinician and paramedic to respond to low-level incidents, which would otherwise be responded to by law enforcement. In an article published on the Denverite website, no arrests were made of the nearly 750 calls the STAR teams have responded to since the pilot began in the summer of 2020.⁸

Another model that has gained national prominence is the CAHOOTS program (Crisis Assistance Helping Out On The Streets) in Eugene, Oregon. CAHOOTS is a mobile crisis intervention unit available 24 hours a day / seven days a week, which is dispatched through Eugene’s police, fire, and ambulance communication center; each team consists of a medic and crisis worker to provide crisis stabilization, assessment, referrals, and if necessary, transportation to a treatment center. CAHOOTS has generated an estimated \$15 million per year in cost savings through both emergency room and law enforcement diversions.⁹

”In 30 years, we’ve never had a serious injury or a death that our team was responsible for. And I think that’s important to note ... And I think that models like this can help people have support in their community and feel safer within their community.”

- Ebony Morgan. CAHOOTS Crisis Worker

A National Police Foundation evaluation of a partnership between police and social workers found that victims of domestic violence who receive an immediate social service response at the time of the incident may experience reduced future incidences of domestic violence.¹⁰ Some law enforcement agencies have begun directly hiring social workers, and many jurisdictions have begun deploying social workers and other social services case workers to crisis calls, either in partnership with law enforcement or without.

”We have tried to make social workers out of cops, and it just doesn’t work. We’re not wired that way. Social workers do the best social work ... It’s [hiring social workers] totally changed our relationship with the community and saved us tremendous resources, so we can focus on calls for service involving criminal issues. Police departments hiring social workers is one way we can reduce the resource drain [that] non-criminal calls for service have on the police and other first responders.”

- Police Chief Mike Ward, Alexandria, KY

Public Consulting Group (PCG) has had direct experience with other crisis response models including: San Diego’s Psychiatric Emergency Response Team (PERT), which pairs a behavioral health clinician and a police officer. Also in California, the Community Assessment and Transport Team (CATT) in Alameda County, which pairs a behavioral health clinician with an EMT in a CATT-branded vehicle to respond to non-violent behavioral health emergencies. PCG has worked with these programs to analyze data and is currently performing a three-year evaluation of the CATT program.

Initiatives and Strategies for Impactful Change

Effective crisis response requires an interdisciplinary approach which systematically brings stakeholders together to work collaboratively. To achieve lasting, systemic change, communities must thoroughly assess their crisis response needs and develop long-term plans that align funding with strategic priorities. For example, if a jurisdiction wants to deploy mental health social workers in response to every mental health crises event, social workers may need to be stationed in a 9-1-1 call center, or an alternative phone number can be deployed to deal specifically with these calls. The latter approach is part of a new program implemented in Austin, Texas which now requires 9-1-1 operators to include a triage option for mental health crises.¹¹ This would likely require additional funding to community mental health centers, as their service capacity increases.

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Every community has unique needs and challenges when it comes to implementing an effective crisis response model—consider the PERT program in San Diego, the STAR program in Denver, or the CAHOOTS program in Eugene, for example. Each program is specific to an individual community. There is no universally-applicable model for interdisciplinary crisis response: solutions are specific for individual communities. PCG can help jurisdictions look at the most significant needs in their communities and identify sustainable emergency response solutions and preventative measures to address those issues.

In addition, informed by our direct experience supporting mental health crisis management initiatives, PCG generally recommends jurisdictions incorporate the following components in their specific solutions:

Assessment

Conduct a thorough assessment of current city or county operations to develop a full understanding of:

1. The current state of law enforcement and crisis response.
2. Inventory of data systems, indicators, and gaps.
3. Existing programs and services available within the jurisdiction for all community members.
4. The environment in which these services and programs operate (e.g., demographic information, budgets, and service utilization levels).

The assessment may include the following actions:

- ✓ **Stakeholder Interviews and Focus Groups:** Conduct interviews and convene focus groups to gather input from a wide range of stakeholders, including but not limited to:
 - Public safety offices
 - Community mental health providers
 - Service providers
 - Advocacy coalitions
 - State agencies
 - Community-based organizations
 - City and county officials
 - Community leaders
 - Individuals with lived experience

Input from the latter group is key as it will strengthen your understanding of people being served. This input is critical to achieve large-scale, systemic change.

- ✓ **Surveys:** Surveys are also a useful (and efficient) tool to gather input from the community. They give the larger community – and in particular, members of the community who might not otherwise be contacted – the opportunity to provide feedback.
- ✓ **Data Review:** Consider any existing community needs assessments, literature related to best practices, and demographic data related to city and county composition to gather a clearer view of existing areas of need. Additionally, data from emergency response call centers and community-based organizations should be analyzed to create a more comprehensive picture of calls for service in the community, connections to services, and how calls can be re-allocated to best meet the service needs of the callers. This will also include a review of the data to ensure that behavioral health calls can be tracked appropriately and there are shared definitions among stakeholders.
- ✓ **Geographic Information System (GIS) Mapping and Geospatial Analysis:** GIS Mapping can be used to map demographic data as well as assets. Geospatial analysis attempts to go “beyond the map” by analyzing patterns, making inferences, and predicting outcomes in space and time. These tools can be used to help identify areas of highest need and compare them to locations of crisis calls, so, for example, new areas can be identified for financial investment.
- ✓ **Budget Analysis:** Analyzing city, county, and state budgets can help jurisdictions understand how resources are being invested, where resources could be utilized more effectively, which services are being underfunded, and potential areas for improved financial collaboration between agencies. Jurisdictions can also use the budget analysis process to identify additional resources for utilization.

Implementation and Change Management

Change efforts are not one-size-fits-all. To create sustainable, lasting change, a flexible mindset, tool set, array of methods, and key strategies are needed. These can include:

- ✓ **Establishing Interdisciplinary Teams:** Once a thorough assessment is complete, the jurisdiction can form a cross-sector, cross-level team of individuals tasked with leading the change efforts. This team can include subject matter experts, key stakeholders, and other executive staff, to drive the work forward.
- ✓ **Conducting Scenario Planning and Option Evaluation:** Government organizations often need to make difficult decisions in the face of uncertainty. To sustain change, strategies can be developed that will result in success across several plausible future scenarios. These strategies and solutions are then to be considered carefully to determine their impact and feasibility, often through a cost-benefit analysis or similar framework for analyzing the anticipated benefit versus level of effort for each plan.
- ✓ **Generating Co-Ownership:** Cities can gather community input and public comments regarding the plan and in doing so, the public can become more invested in the effort. One key action plan during the iteration phase is the implementation of town hall meetings. The goal of these meetings is to identify and remediate any major areas of disconnect that could be detrimental to wide support of the plan, to cultivate co-ownership, and to drive strategic plan messaging.

- ✔ **Constructing Roadmaps:** Once the set of improvements required to achieve the overall vision is established, roadmaps will be developed to help synthesize information and orchestrate transformation. The roadmaps will consider all key findings gathered in the assessment, and a plan will be developed that includes strategic goals. These goals will drive initiatives that the jurisdiction will undertake to change its response to calls for service.

For example, if a goal is to have fewer arrests, the jurisdiction may undertake an initiative that requires more social worker first responders and fewer law enforcement first responders. Ultimately, the goal of this long-term plan would be to align funding and resources to areas of priority, identified through the assessment.

- ✔ **Communicating Change:** Jurisdictions will need to create a strategic communication plan in order to communicate change to the public. Consistent, effective messaging raises awareness, builds support, and influences behaviors that increase the likelihood of success.
- ✔ **Enhancing Data Capacity:** Data is integral to effective cross-sector collaboration and insufficient data can be a barrier to implementing an interdisciplinary approach – this is something we have observed firsthand in our work. PCG can help agencies improve their data reporting and data sharing and enhance overall business processes.
- ✔ **Updating Policies:** Research shows that more restrictive law enforcement policies, such as stricter use-of-force policies and the use of de-escalation, provide immediate harm reduction and can reduce the prevalence of police shootings.^{12,13}
- ✔ **Providing Training:** Responders and law enforcement need to be trained on how to respond differently and appropriately under the new system, such as with additional Crisis Intervention and de-escalation training.
- ✔ **Evaluating Impact:** Establish tracking mechanisms and share data across stakeholders to document the benefits and sustainability of the program.

Conclusion

Many cities and jurisdictions are rethinking their approach to crisis response management – in particular, the way calls for mental health service are handled by law enforcement to better meet the needs of constituents. Local governments are increasingly utilizing social workers and other behavioral health providers in response to these calls. In this paper, we shared several specific examples from communities in Colorado, California, Oregon, and Texas but there are a number of other ways cities have begun to reimagine their mental health crisis response as well. While there is not a “one-size-fits-all” approach, there are certain steps every jurisdiction can (and should) take to identify and implement the crisis response model that will best meet the needs of their unique community.

By developing a community-informed action plan, cities can design a comprehensive, multi-system approach to building impactful, lasting systemic improvements. PCG can work with your organization to assess strengths and weaknesses as well as facilitate and develop targeted solutions to improve your jurisdiction’s responses to public safety and service needs in the community.

About the Author

As a Consultant within the Human Services team of PCG, **Kacie Schlegel** has conducted numerous assessments and evaluations related to human services, including behavioral health and criminal justice, across the country. Prior to PCG, Ms. Schlegel worked with Marion County Community Corrections where she was a team leader. She also worked with Marion County Mental Health Alternative Court, which she was a pilot member of and contributed to assisting research faculty with a program evaluation of the Court and writing policy for the Court, based on evidence-based practices. Ms. Schlegel holds a BA in Political Science with honors from Ball State University with a concentration in State and Local Government and an MPA from Indiana University Purdue University Indianapolis with a concentration in Policy Analysis. Contact Ms. Schlegel at kschlegel@pcgus.com, or (317) 829-6557.

About PCG

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Endnotes

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