UNIVERSITY of SOUTH FLORIDA
College of Behavioral & Community Sciences

POLICE MENTAL HEALTH CO-RESPONDER PROGRAMS IN FLORIDA: CONSIDERATIONS FOR DIFFERENT MODELS

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Criminal Justice, Mental Health, & Substance Abuse Technical Assistance Center
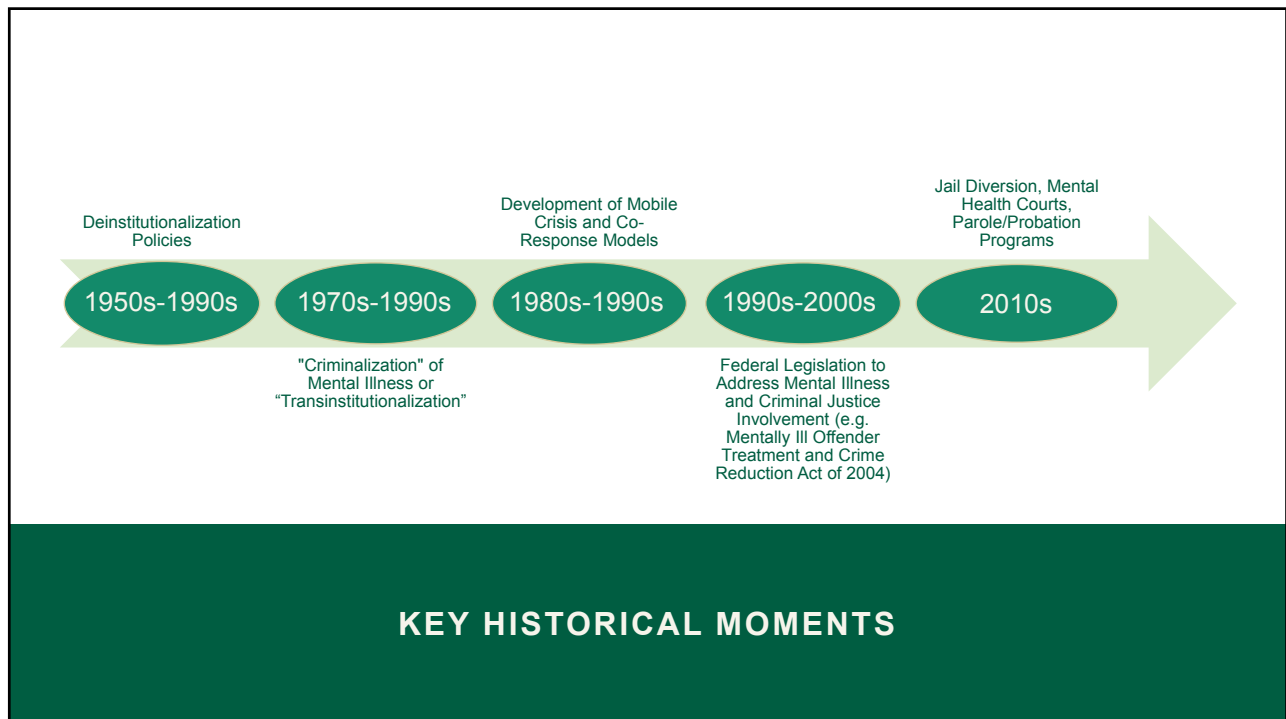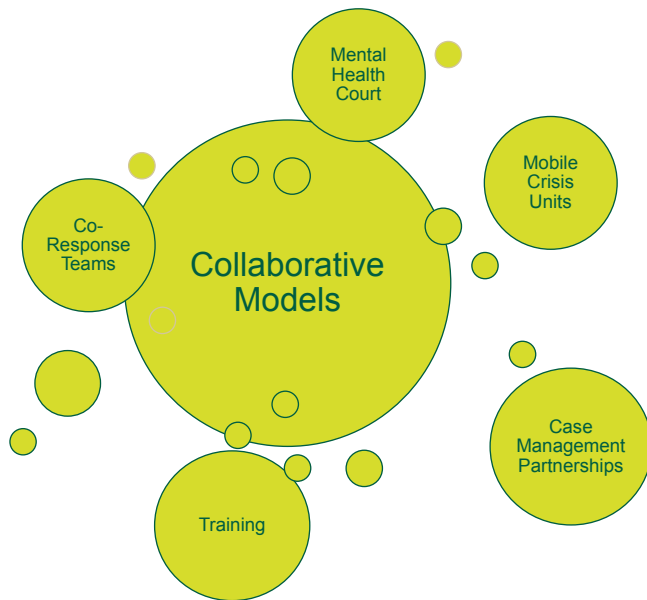Quarterly Webinar, June 2021

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OVERVIEW

- Police and mental health collaboration
- Review of two local models
- Considerations and implications
- Recommendations

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POLICE-MENTAL HEALTH COLLABORATION

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Deinstitutionalization Policies

Development of Mobile Crisis and Co-Response Models

Jail Diversion, Mental Health Courts, Parole/Probation Programs

1950s-1990s   1970s-1990s   1980s-1990s   1990s-2000s   2010s

"Criminalization" of Mental Illness or "Transinstitutionalization"

Federal Legislation to Address Mental Illness and Criminal Justice Involvement (e.g. Mentally Ill Offender Treatment and Crime Reduction Act of 2004)

KEY HISTORICAL MOMENTS

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EFFORTS TO PREVENT CRIMINAL JUSTICE INVOLVEMENT

Collaborative Models

Mental Health Court

Co-Response Teams

Mobile Crisis Units

Case Management Partnerships

Training

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CO-RESPONSE TEAMS

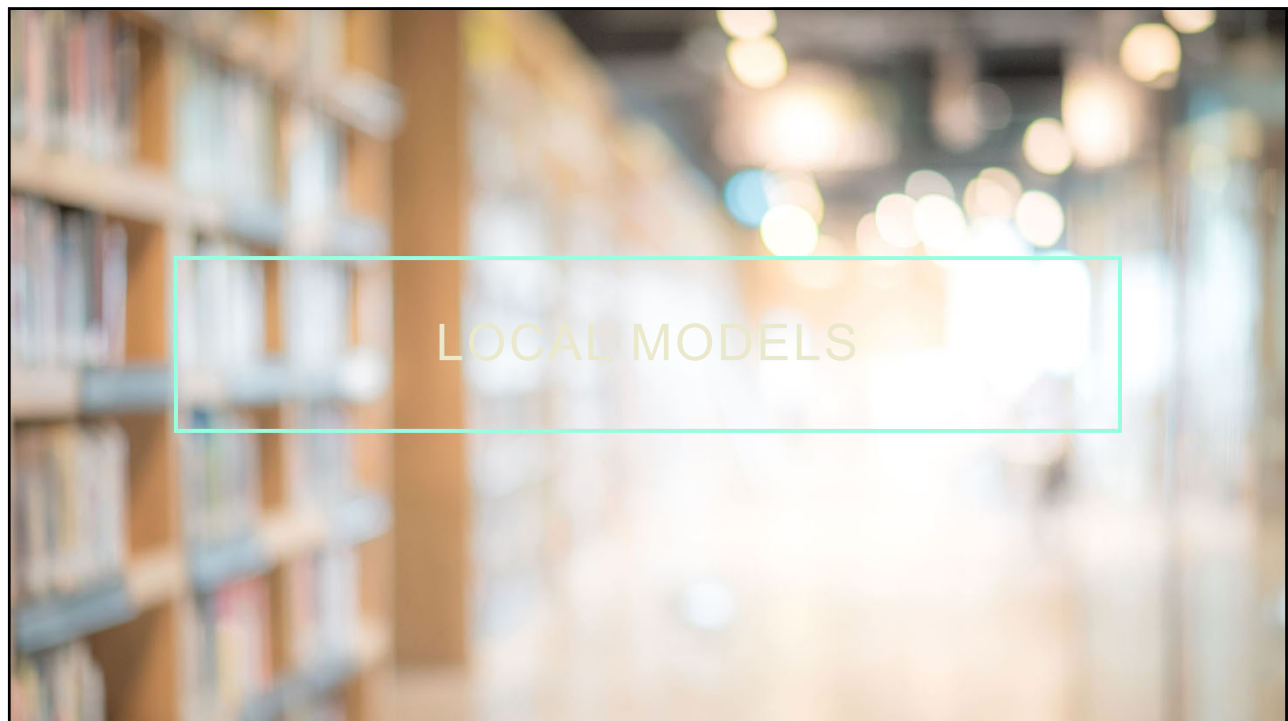|			
Consist of an officer and a mental health professional	Provide crisis or post-crisis intervention and resources	Divert from criminal justice and connect with behavioral health agencies	May be implemented internally or collaboratively

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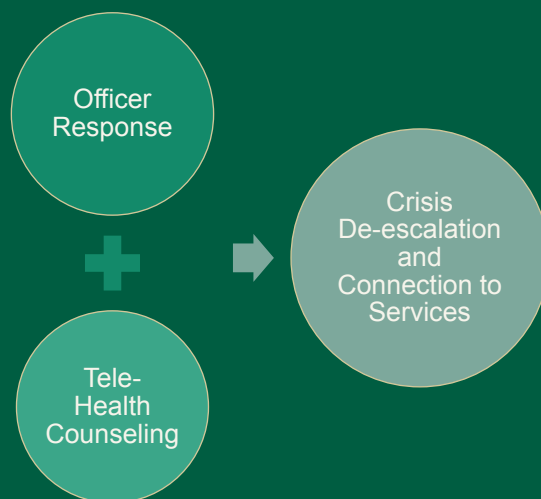| Outcome	Evidence for Effectiveness
Connection to Services	Mixed
Reducing Criminal Justice Outcomes	Somewhat Strong
Improving Officer Perception of Mental Illness	Somewhat Strong
Reducing Hospitalizations	Mixed
Cost Effectiveness	Somewhat Strong
Mental Health Improvement	Poor

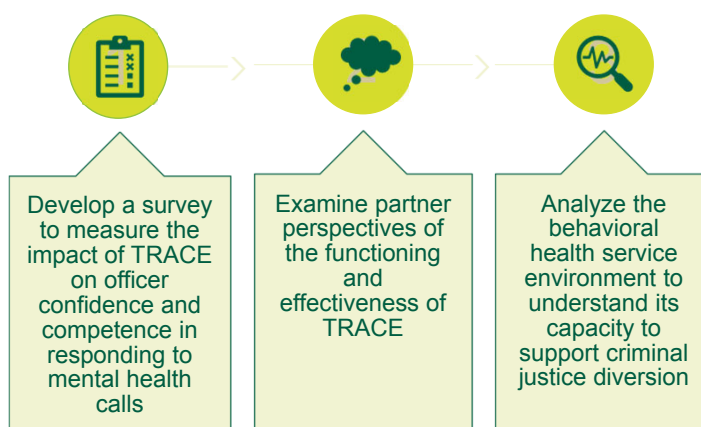## WHAT DOES THE LITERATURE SAY?

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LOCAL MODELS

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MODEL 1: FRONT-END RESPONSE
Largo Police Department and Directions for Living Telehealth
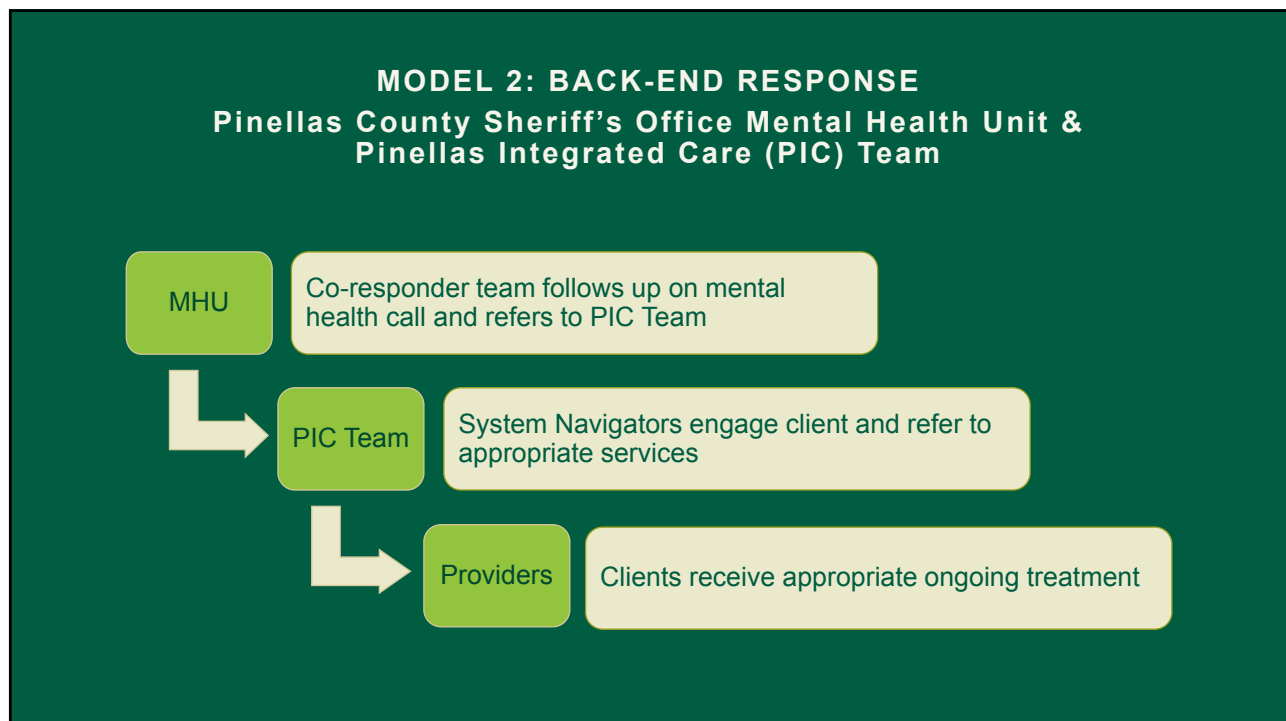Response Assistance for Crisis and Evaluation (TRACE) Program

Officer Response

Tele-Health Counseling

Crisis De-escalation and Connection to Services

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OVERVIEW OF TRACE STUDY

Develop a survey to measure the impact of TRACE on officer confidence and competence in responding to mental health calls

Examine partner perspectives of the functioning and effectiveness of TRACE

Analyze the behavioral health service environment to understand its capacity to support criminal justice diversion

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PRELIMINARY TRACE OUTCOMES

LPD reported 67 Baker Acts/month in 2020 (avg)

TRACE assisted with 5-6 calls per week (avg)

54/70 Baker Acts were diverted (77%) within appx. 2 months

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MODEL 2: BACK-END RESPONSE
Pinellas County Sheriff's Office Mental Health Unit & Pinellas Integrated Care (PIC) Team

MHU — Co-responder team follows up on mental health call and refers to PIC Team

PIC Team — System Navigators engage client and refer to appropriate services

Providers — Clients receive appropriate ongoing treatment

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PCSO MHU/ PIC TEAM OUTCOMES

41.5% decrease in arrests (short-term)

10% decrease in arrests after an entire year

44.4% decrease in Baker Act exams

44% improved in substance use; 42% improved in mental health

FARS: 62.3% improved Disability; 71% Emotionality; 73% Relationships; 62% Personal Safety

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CONSIDERATIONS

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CONSIDERATIONS FOR PROGRAM DESIGNS

At which point(s) should an intervention be focused?
- During crisis, follow-up, long-term

How do models build in system coordination and collaboration?
- Co-located staff, formal partnerships, collaborative decision making

What strategies may help with engagement?
- Mental health specialist, system navigation, case management, peer specialists

What data elements are needed for comprehensively assessing outcomes?
- Ability to coordinate data systems, identification of target outcomes, understanding of baseline patterns

How will the program be sustainable?
- Government/foundation grants, agency funding, policy and system-wide changes
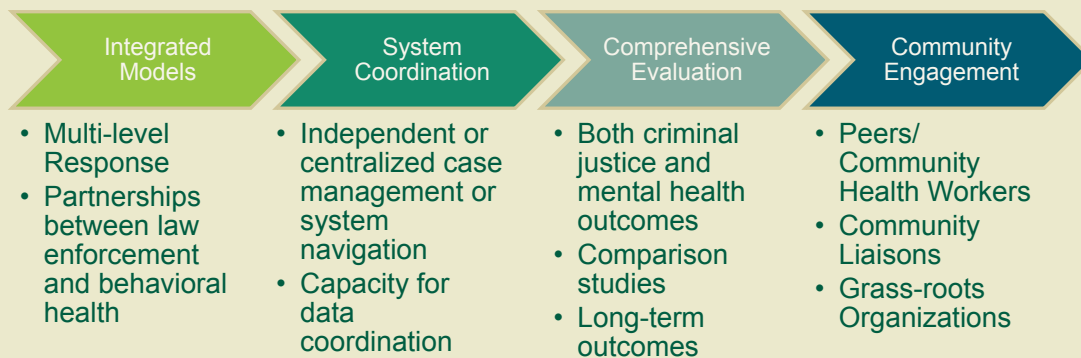
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RECOMMENDATIONS

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BEST PRACTICES FOR IMPLEMENTATION

- Establishing Readiness
  - Having shared vision for target population and goals
  - Using racial equity lens to assess/ensure representation
  - Formalizing agreements among partners
  - Determining decision-makers and involvement of other stakeholders
  - Ensuring data systems have capacity to measure impact
  - Continuous identification of funding from the beginning
  - Identifying long-term plans for change

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FUTURE DIRECTIONS FOR INTERVENTIONS

Integrated Models	System Coordination	Comprehensive Evaluation	Community Engagement
• Multi-level Response • Partnerships between law enforcement and behavioral health	• Independent or centralized case management or system navigation • Capacity for data coordination	• Both criminal justice and mental health outcomes • Comparison studies • Long-term outcomes	• Peers/ Community Health Workers • Community Liaisons • Grass-roots Organizations

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RESOURCES

Bureau of Justice Administration Police-Mental Health Collaboration Toolkit: https://bja.ojp.gov/program/pmhc#gcov4e

Mental Health America Position Statement on Responding to Behavioral Health Crises: https://mhanational.org/issues/position-statement-59-responding-behavioral-health-crises

BJA Justice and Mental Health Collaboration Program Funding: https://bja.ojp.gov/program/justice-and-mental-health-collaboration-program-jmhcp/funding

National Implementation Research Network Implementation Stages Planning Tool: https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/Implementation%20Stages%20Planning%20Tool%20v8%20NIRN%20only%20Fillable.pdf

National Implementation Research Network Hexagon Tool: https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/imce/documents/NIRN%20Hexagon%20Discussion%20Analysis%20Tool_September2020_1.pdf

Crisis Intervention Team International: https://www.citinternational.org/Learn-About-CIT

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THANK YOU!

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