

Executive Summary: Behavioral Science Unit and Co-Response Pilot

Overview:

The Sheriff's Office created the Behavioral Sciences Unit to provide training, oversight and management of its response to mentally ill persons in crisis.

Challenge:

First responders across the nation are dealing with a rise in the number of calls for service concerning mentally ill persons in crisis. Law Enforcement officers in particular are bearing the brunt of the rise in mental health calls for service since they are typically the first on scene for crisis situations reported to 9-1-1. Recent data suggests that between 7-10% of law enforcement contacts are with people with severe mental illness, often with co-occurring substance abuse, and that this number is rising. Responding to mentally ill persons in crisis has consequently become a large part of the day-to day functions for Law Enforcement.

At the same time, society has a relatively low tolerance for persons with mental illnesses in the community who, as a result of their illness, display symptoms that can be perceived as alarming or disturbing. Mentally ill persons are generally perceived as dangerous, when the reality is that persons with mental illnesses are statistically less likely to engage in violent crime than non-mentally ill persons of similar age and gender. Resources available to law enforcement are often inadequate to resolve these calls for service in a way that satisfies the community and, at the same time, protect the rights of mentally ill people.

Santa Barbara County law enforcement is not immune from the country's mental health crisis. In fact, law enforcement in Santa Barbara County has one less tool at their disposal. Santa Barbara County is the only county in California where law enforcement officers do not initiate applications for 5150 Welfare and Institutions Code (WIC), Mental Health detainers. This is due to long standing policy developed by the County Board of Supervisors and the County Director of Mental Health. Instead, law enforcement officers call a mental health crisis worker from the county mental health department, Behavioral Wellness, to respond to every situation necessitating an in-field psychiatric evaluation.

Several draw backs exist with this response model. The most significant of which is the extended time an officer must remain on scene waiting for a crisis worker to arrive and evaluate. Response times vary anywhere from 10 minutes to 2.5 hours depending on time of day, staffing issues, and the volume of calls on that day. In some cases, mobile crisis will conduct over the phone evaluations and not respond to the scene. An individual in a mental health crisis might escalate while in the presence of law enforcement, which can lead to use of force and safety issues for the peace officer and the public. Extended wait times may also result in the individual in crisis stabilizing, which will result in the clinician not seeing the acute behavior that triggered the call in the first place, but rather they are evaluating a person who is no longer in crisis.

Solution:

To respond to the challenge, the Sheriff's Office created its Behavioral Sciences Unit (BSU). The BSU is under the management of a licensed clinical psychologist specializing in police psychology who works for the Sheriff's Office. The purpose of the BSU is to provide training and operational support to law enforcement in relation to persons with mental health disorders.

Two primary initiatives have been launched within the BSU. The first addresses the training that law enforcement officers receive in how to respond to calls involving mental health emergencies. Crisis Intervention Training (CIT), is comprehensive training for law enforcement officers and other first responders that teaches them to recognize mental health and substance abuse emergencies, and how to properly de-escalate the crisis and provide the appropriate resources.

The second of the two primary initiatives of the BSU is the Co-Response Team. The Co-response Team is a field response unit staffed with a crisis- intervention trained deputy sheriff, and a mental health crisis worker from Behavioral Wellness. This team responds to calls in the field involving persons in crisis or requests from field deputies responding to situations involving extended mental health evaluations and needs. When the co-response team is not responding to inprogress calls, they are following up with heavy system utilizers, to ensure they are complying with treatment, appointments and not experiencing relapses.

In support of the two primary initiatives, the BSU actively oversees case management for high utilizers, provides consultation for intelligence and deputies regarding mentally ill people at high risk, collects data for mental health calls for service, and provides real-time consultation in hostage / barricaded suspect situations. The unit is also launching officer wellness projects and initiatives, providing on-call support for deputies in the field and for jail staff, and liaisons for hospital and behavioral health entities and others.

Innovation:

With the broad impact that people with mental illness have on first responders, custody facilities and the criminal justice system, it is imperative that we look for new ways to deal with the crisis. The Sheriff's Office has taken an innovative approach in monitoring and tracking field contacts with persons with mental health needs. The sharing of information between the Sheriff's Office and Behavioral Wellness allows for outreach and tracking by the County's mental health services, and the ability to direct services to those utilizing the system the most. The most innovative component of the program is the Co-Response Team. The concept of pairing a law enforcement officer trained in crisis response, and a mental health case worker, brings together all the resources one might need in the field to handle a person in mental health crisis. When the co-response team arrives at a scene, they relieve the patrol deputy to go back to their assigned beat, while bringing a mental health case worker directly to the scene to evaluate the person's needs, and if necessary to facilitate a 5150 hold, or provide other resources on the spot. Overall, this model has proven to reduce the number of hours deputy sheriffs must spend on calls involving mental health crises.

Results:

All line level deputies in the department have received 8 hours of Crisis Intervention Training. Some have also completed a 40 hour course of instruction. Deputies responding to calls with a mental health component are now better equipeed to recognize the problem, effectively communicate and de-escalate, and understand what services are available and how to access them. Deputies in the field now complete "CIT cards" anytime they encounter a person with mental health needs. These cards are then evaluated and compiled by the BSU psychologist and forwarded to the appropriate agency. Since the inception of the CIT Field Interview card(s), approximately 1300 cards have been filled out. Of those 1300 cards, 990 have been entered into the CIT database located on the Sheriff's computer server. A few months back, we sent the CIT database over to Behavioral Wellness to analyze the data.

- Of the 990 CIT cards analyzed, 639 of them were individual persons.
- Of the 639 individual persons, 315 were open as clients of Behavioral Wellness either during the CIT contact or prior to.
- Of the 639 individual persons, 324 were open as clients of Behavioral Wellness after the CIT contact.
- Of the 639 individual persons, 230 were not open to Behavioral Wellness prior to, or after the CIT contact.

Every week, the Behavioral Sciences Unit communicates with Behavioral Wellness and provides them the information noted on the cards. Behavioral Wellness then reaches out to these people and attempts to engage them in treatment. This data supports the notion that the data sharing between the Sheriff's Office and Behavioral Wellness is helping mentally ill persons to engage in treatment.

CIT CO-RESPONSE:

Data current as of May 14thst 2019:

Total Shifts	In progress calls	Proactive engagements	5150 applications	Voluntary "5150"	Diverted from Arrest	Arrests	Taken to "Crisis Hub"
77	184	186	29	26	35	5	34

Replicability:

CIT Training exists in other counties, but it is usually conducted by law enforcement only or by clinicians who donate their time. The model of employing a psychologist to provide ongoing training as well as operational support is novel and could be promoted as a best practice. The Co-Response Team has been well-received and could easily be replicated by other counties.

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