

## 1/23 Co-responder Webinar: Q&A Follow-Up

### For Spokane, WA in particular:

1. What is the **after-hours access** like for the WASPC team?
  - a. Our WASPC team does not offer 24/7 services. Officers may refer contacts to the team for follow-up the next day for the WASPC team. For the mental health services, officers may contact FBH's Crisis Response Services which operated 24/7 and our Mobile Community Assertive Team (MCAT) M-F 8 a.m. to 11 pm./S/S 8 a.m. to 8 p.m. if they would like to team with a mental health professional on the initial contact. If that occurs, then Crisis or MCAT will provide contact after-hours and on weekends.
2. How do you **define "diverted"** in your data (*see webinar slides*)?
  - a. These are individuals who did not go to jail, an emergency department, or inpatient psychiatric treatment.
3. How much did you say the **reduced ER wait time** was- from 4 hours to 15 minutes?
  - a. Correct. This has been a huge benefit for LEOs. Because the mental health clinician on the co-deployed team knows what information to gather in the assessment, has a solid grasp on admission criteria for psychiatric treatment and they have ruled out any less restrictive alternatives to inpatient care, they can streamline the telephone referral. The LEO completes a triage document that is standardized and used at all our local EDs and provided to the ED when the patient is dropped off. Because we have developed this relationship with our EDs and they are familiar with our co-deployed team, our teams rarely transport to EDs anymore. Instead, they call ahead with the necessary information, provide the ambulance transport staff with the triage document and move on to their next call for service.

### For Los Angeles, CA in particular:

1. How does the triage desk at LAPD work with **HIPAA/confidentiality issues**?
  - a. HIPAA is not an issue, as we are guided by the exceptions delineated in the HHS guide for information sharing with law enforcement (*see LA documents*). Our co-responder teams also obtain waivers, which is important for the follow up teams.
2. Are you able to share your **interview questions**?
  - a. Yes, please remember these are a guide and not all inclusive. Also, the uniformed officers are trained on the behavioral screening and each time they contact the triage desk, they are run through the same screening process. Rote reinforcement. It is more than three questions (*see LA documents*).

### Additional participant questions:

1. Do you have any experience/advice for law enforcement training around people with **intellectual/developmental disabilities (IDD)**? (*One commenter wrote that in FL, some individuals with Down syndrome, autism, dementia, etc. are brought to the Baker Act- 5150 involuntary psychiatric hold- facility as they are deemed to be in a crisis state, yet they are not appropriate for the facility, and this can be more traumatic than helpful*)
  - a. The LAPD in Los Angeles, CA provides a two-hour block in their 40-hour course on the IDD community and has a very strong relationship with their State Regional Centers, which have Crisis Response Teams (behavioral). This is the advantage of having a triage desk to navigate the systems and ensure appropriate management of these types of calls.

- b. Harris County, TX (the Sheriff's Department and the Harris Center for Mental Health and IDD) has started a telehealth (video conferencing) response program for individuals with behavioral health needs or IDD. It's called the Clinician and Officer Remote Evaluation (CORE) program. For additional information, contact Frank Webb, Project Manager, Harris County Sheriff's Office.
  - c. A new resource from the Vera Institute of Justice ([Crisis Response Services for People with Mental Illnesses or Intellectual and Developmental Disabilities: A Review of the Literature on Police-based and Other First Response Models](#)) is inclusive of crisis response to individuals with IDD.
  - d. There are several "family-led" initiatives on relevant programming/training, including [this one](#).
  - e. The Arc National Center on Criminal Justice and Disability held a webinar focused on [Disability Awareness Training: A Train the Trainer Program for First Responders](#).
2. Any training programs for **co-responders that are partnered with CIT officers**? Does this look different than when BH staff are partnered with non-CIT officers?
- a. In Los Angeles, CA, the LAPD's training is designed around their tiered multilayered response strategy, including trained front line officers (CIT), co-responder teams, follow-up teams, and community engagement teams. It is an all-inclusive strategy (*see LA document*).
3. Any experience with **non-law enforcement crisis response teams** (fire/clinician, etc.)?
- a. The [Crisis Assistance Helping Out On The Streets](#) (CAHOOTS) program in Eugene County, OR is an example. They are dispatched through the communications center and each team has a medic and crisis worker to provide 24/7 mobile crisis intervention. Denver, CO will also soon be piloting a similar program (Support Team Assisted Response, or STAR) to provide mobile crisis response to mental health and/or substance misuse situations that do not require law enforcement presence. STAR will engage community partners to adapt this approach that sends a paramedic, mental health provider and peer support navigator to low-risk behavioral calls to de-escalate and connect a resident in distress with appropriate services.
  - b. [Los Angeles, CA's LAPD's strategic design](#) works very closely with their clinical teams, which include mobile crisis, homeless outreach, court, and jail clinicians. This is also a part of the training re: understanding roles and when it can be handed off to a co-responder or a non-law enforcement team. When LAPD contacts someone who is linked to a provider, LAPD will contact that provider directly to get them involved. They also work closely with their two VA Hospitals and one has established a VMET (co-responder team). They also have Advanced Provider Units (PA/Paramedic) who can take to Urgent Care Center and a LAFD sobering unit, who will transport to their sobering unit.