Crisis Response Services for People with Mental Illnesses or Intellectual/ Developmental Disabilities: A Review of the Literature on Police-Based and Other First Response Models

Many converging factors have contributed to the need for community-based crisis and emergency responses for people with serious mental illnesses (SMI), those having psychiatric crises, and those who have intellectual or developmental disabilities (I/DD). Police-based and related crisis response services for people with SMI, I/DD, or both can play a vital role in reducing justice system contact and improving health outcomes among these vulnerable populations. The Serving Safely initiative of the Vera Institute of Justice (Vera) works to improve interactions between law enforcement and people with mental illnesses and I/DD. The initiative's Research and Evaluation Committee developed this literature review as a first step toward creating a research agenda for the field that identifies knowledge gaps and prioritizes options for scalable research and evaluation.
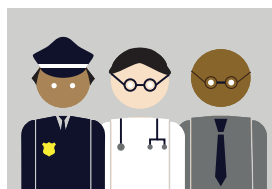
An overview of the approaches reviewed

The models and approaches described in the review have typically been designed and implemented for people who have SMI *or* those with I/DD; remarkably few studies have considered both groups. Most research has focused on models and other approaches developed for people with mental illnesses or having a psychiatric crisis. The need for further research on the same or different approaches for those who have I/DD is compelling.

Vera's review includes only the models and approaches that can be implemented at the local level and that generate a response to a person in need in the community. It is limited to those responses at the *first intercept* (meaning pre-arrest or at the first point of contact with the criminal justice system). It focuses on the following nine models and approaches.

Case management services. For the purposes of the review, the case management teams of interest pair behavioral health professionals with officers to address people who are considered "high utilizers" of police and other emergency services. The authors found several reports that provide program descriptions and some preliminary findings on the impact of this approach, but no peer-reviewed research.

Co-responder teams. Programs within this overarching model typically pair an officer with a mental

health professional to respond to people in the community who are experiencing a mental health crisis. The literature suggests that this model may have value for responding to people experiencing mental health crises in the community and reducing unnecessary emergency department visits—and perhaps reducing the number of repeated calls for service. Significant variation in implementation makes it difficult to generalize findings

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from the existing research. And though a growing body of descriptive research about co-responder teams exists, there is a dearth of controlled research about their effectiveness.

The Crisis Intervention Team (CIT) model. A CIT program is a collaborative strategy with multiple components, including a training to help officers intervene safely and effectively with people who are in crisis and link them to psychiatric care. The CIT model emphasizes coordination and partnership among first-responder agencies as well as with advocacy groups and people with lived experience. The growing body of research on CIT includes qualitative and quantitative studies (which examined the acceptability of the model or related training, officer-level impacts, and field-related outcomes) and one meta-analysis. No randomized, controlled trials have yet been published.

Emergency Medical Services (EMS)- and ambulance-based responses. Programs within this model build on their community's existing approach for responding to medical emergencies while optimizing their capacity to address behavioral health emergencies. Descriptive overviews from pilots in the United States and early data from initiatives in Australia and Sweden suggest that these models have been well received and that EMS responses contribute to reduced use of emergency departments (EDs). But formal research is lacking and evaluation must continue as program development evolves.

I/DD-specific models and approaches. The research in this area is scant. One example of an I/DD-specific model is Pathways to Justice®, a program developed by the national organization The Arc of the United States that involves multidisciplinary teams.

Mobile crisis teams (MCTs). An MCT is a team of mental health professionals—commonly a social worker and a nurse—available to respond to mental/behavioral health crisis situations in the community. Although most of the related research is more than 20 years old and needs to be updated, the literature demonstrates that MCT services have high rates of consumer and provider satisfaction and can effectively increase community-based service use, reduce reliance on psychiatric EDs, and link people to community-based care once discharged from an ED.

Officer notification and flagging systems. Some communities have developed databases or flagging systems that—based on people's advance consent—alert officers about the needs of someone with SMI or I/DD. Development and research in this area are nascent.

Stand-alone trainings on mental health and I/DD response. A few trainings have been designed specifically to help officers better recognize and respond to people with mental illnesses or I/DD. Trainings for dispatch/emergency communications are also included in Vera's review. Police officers typically find mental health trainings useful, and there is evidence that some of the trainings effectively change knowledge, attitudes, and confidence in responding, although it's unclear whether those improvements last. Unfortunately, little is available in terms of training specific to I/DD.

Trained support people/advocates. This model involves a trained individual who serves as a support (not as an advocate or a legal representative) for people who have mental illnesses, I/DD, or both when they have contact with the criminal justice system. Some Australian studies discuss the benefit of this approach, but additional research is needed, particularly as more U.S. jurisdictions use peer specialists/advocates in court and other settings.

Directions for future research

Each of the approaches Vera reviewed has promise for meeting the goals of improved crisis response, but the extent and type of research about each approach varies and key gaps in knowledge remain. The Research and Evaluation Committee of the Serving Safely initiative identified five types of research that may be appropriate for the service models reviewed:

› descriptive research;
› studies on stakeholder acceptability (whether first responders, clients, and other relevant actors find an intervention appropriate);
› experimental research testing the impact of the service model on subsequent police/emergency contacts and mental health and criminal justice outcomes;
› research examining the effectiveness of the service model for subpopulations (such as people with SMI, I/DD, and/or co-occurring disorders); and
› studies about the cost-effectiveness of the service model.