

# BEHAVIORAL RESPONSE UNIT



# BRU

Behavioral Response Unit

ORANGE COUNTY  
SHERIFF'S OFFICE



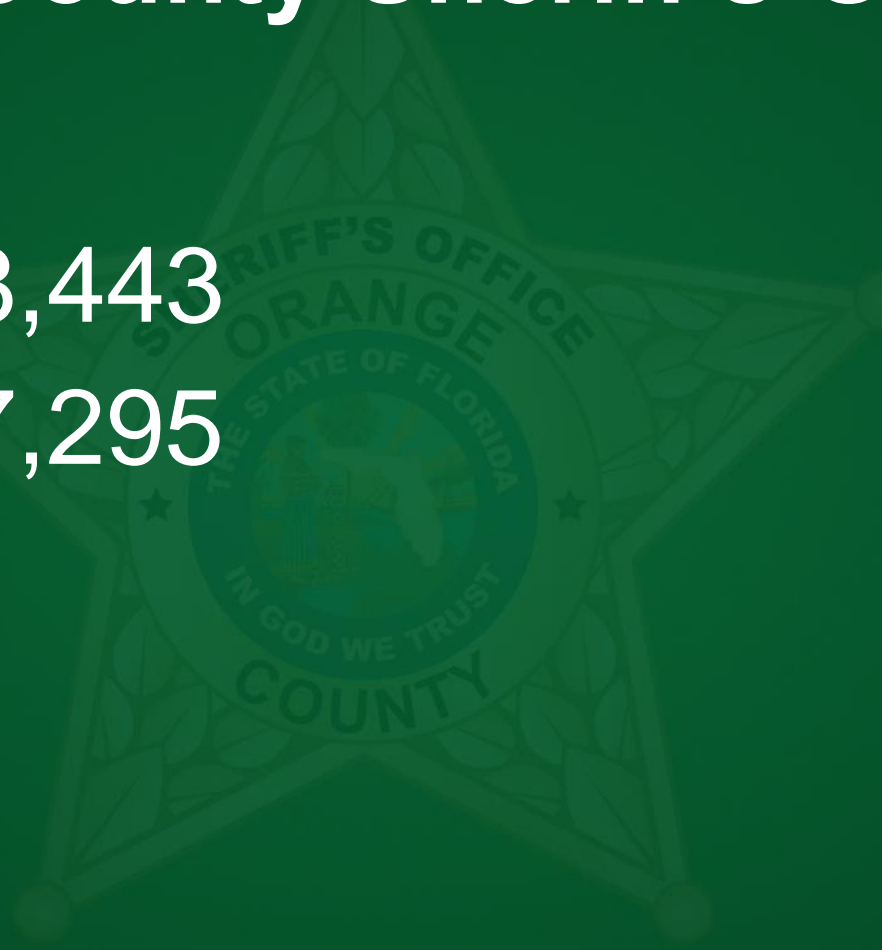
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# National Mental Health Statistics

- 44 million adults experience mental illness each year.
- Almost 10 million people report struggling with a serious mental illness that interferes with their major life activities.
- 16 million reported having at least one major depressive episode within the past year.

# Mental Health Calls for Service Orange County Sheriff's Office

- 2019 – 8,443
- 2020 – 7,295



# Law Enforcement

- No other group has been tasked to manage and interact with people suffering mental health issues more than law enforcement officers.
- Due to a lack of training, support and community resources, people suffering mental illness are likely to be arrested and incarcerated.

# Response Options

- The Memphis Model, CIT
- Clinician Response Teams
- Having a clinician “on-call”
- Virtual Clinical Support
- The Co-Responder Model

# The Memphis Model

- The Memphis Model is a police-based first responder program that provides law enforcement crisis intervention training for helping those individuals with mental illness.
- Officers receive 40-hours of specialty training called Crisis Intervention Training (CIT).
- Those specially trained officers will respond to calls for service related to mental illness.

# Clinician Response Team

- The 911 emergency call taker is trained to triage the call and decide if an officer should respond or the call should be diverted to a contract clinician.
- If diverted to a contract clinician, the clinician will screen the request and decide if its appropriate for them to accept.
- They will have 60 minutes to respond to the person in crisis.

# Clinician Response Team

- Clinician Response teams will only respond to nonviolent calls for service where individuals are unarmed, not threatening violence, and do not have a history of violence.
- If the Clinician Response Team arrives and discovers it is not safe for them, they will request an officer respond.
- If they have to Baker Act the individual, they will call and request an officer respond to complete the Baker Act and transport the person to a crisis receiving facility.



# Having a Clinician “on call”

- When an officer responds to a person in crisis and decides that a clinician could help, the officer requests an on-call clinician respond to assist.
- Clinicians generally respond in under 90 minutes.

# Virtual Clinical Support

- Virtual crisis support such as telehealth enables the remote delivery of services.
- Officers may request that counselors virtually evaluate individuals experiencing a crisis to help determine the most appropriate course of action.

# Co-Responder Model

- The Co-Responder Model pairs law enforcement and behavioral health specialists to respond to mental health related calls for service.
- These teams utilize the combined expertise of the officer and the behavioral health specialist to de-escalate situations and help link individuals with behavioral health issues to appropriate community services.

# Co-Responder Model

- The Co-Responder Model is the most popular model worldwide (US, UK, Australia, Canada).
- Able to respond to many types of calls that the clinician-only model would not be able respond to, such as incidents where the subject has a history of violence and could be threatening to others.
- Co-Responder teams can quickly work together when a Risk Protection Order is needed and respond faster to calls for service involving mental illness.
- True partnerships are created by pairing clinicians with law enforcement officers to de-escalate situations and help link individuals with behavioral health issues to appropriate community services

# Co-Responder Model

- Co-responders bridge the gaps between law enforcement, hospitals, the Department of Veterans Affairs and mental health services.
- Co-responder response can address multiple needs of community members to include mental health, medical and criminal issues.
- Interaction with other deputies provides training on calls for service and leads to internal referrals from other officers to the co-responder teams.
- Basis of a top down approach to change the culture of the agency when responding to mental illness, reducing arrests, Baker Acts and keeping the citizens and visitors of Orange County safe.

# Co-Responder Model

## Increase

- Access/speed of access to care
- Collaboration between law enforcement and behavioral health practitioners
- Safety for the clinicians
- Accuracy of on-scene needs assessments
- Improved and immediate responses to crisis situations

## Decrease

- Use of force by law enforcement
- Psychiatric hospitalizations
- Repeat calls for service
- Expensive arrests and jail admissions related to mental health
- SWAT callouts
- Civil Lawsuits

# Co-Responder Models across the US



# Los Angeles, California

Cases handled were significantly more likely to be resolved without psychiatric hospitalization and costs were 23 percent lower than for calls handled by police alone.

Only 2.8% resulted in force being used, as opposed to patrol with 20-50% use of force.



# Knoxville, Tennessee

Study documented a low 5% arrest rate for every 100 persons/calls with 42% taken to a treatment location, 17% of situations resolved on site and 36% referred to treatment.

# Johnson County, Kansas

- Rate of hospitalization fell from 53.7% to 16.8%.
- Repeated law enforcement calls for service to the same person decreased greatly following initial contact with co-responder.

# Boulder, Colorado

- Contact with nearly 1,000 people suffering mental health issues. Only 2.4% of encounters resulted in an arrest.
- Estimated to have cost \$600,000, but saved the state more than \$3 million in jail costs due to fewer arrests and incarcerations.

# Other Agencies Using the Co-Responder Model

- Seattle, Washington
- Houston, Texas
- Des Moines, Iowa
- DeKalb County, Georgia
- Boston, Massachusetts
- Indianapolis, Indiana
- Springfield, Missouri
- Minneapolis, Minnesota

# Orange County Sheriff's Office

- In 2019, Major Carlos Torres was tasked to conduct research on the various models utilized to address mental crisis. The research took him across the country to look at other law enforcement agencies' programs that work with people in mental crisis in their communities.
- After research, subject matter experts recommendations and careful consideration, we decided that the Co-Responder model would work best for Orange County.
- In 2020, a Behavioral Response Unit (BRU) was developed to address Orange County's needs to assist individuals experiencing a mental health crisis.

# Pilot-Behavioral Response Unit

- The BRU is currently comprised of a sergeant, two CIT trained deputy sheriffs and two clinicians.
- The two clinicians are contracted per year from Devereux Advanced Behavioral Health via Memorandum of Understanding.
- They all received 40-hours of specialized training before handling calls for service.
- BRU members wear special uniforms and drive unmarked vehicles to be less intimidating and more approachable.

# BRU Uniforms





# BRU Response

Working as a team, the sworn deputy sheriff and BRU Clinician respond to high risk, potentially dangerous, and suicidal individuals who may have a mental illness or PTSD and may be experiencing mental health distress.



# BRU Response

- At the beginning of their shift, the clinician gets in the vehicle with the deputy and they spend their shift in the community, available to respond to calls for service involving mental illness.
- Redirecting calls for service for people in crisis allows a dedicated team specially trained to de-escalate these situations, allowing patrol deputies to focus on other calls for service.

# BRU Follow-Up

BRU teams conduct follow-up with community members who have been previously identified as in need of assistance due to mental illness.

# BRU

- BRU will never knowingly place the clinician in harm's way. The scene must be stabilized before the clinician will be brought to the scene.
- The BRU will conduct on-going training for agency members and develop "best practices" when responding to calls for service related to mental illness.
- The Central Florida Law Enforcement Mental Health Coalition was created by the BRU to share resources and information with local law enforcement agencies and mental health services.

# The First Two Months

- BRU conducted 38 patrol squad briefings.
- BRU created the first Central Florida Law Enforcement Mental Health Coalition.
- BRU received 700 mental health referrals.
- BRU conducted over 250 calls for service and follow-ups related to mental illness.
- OCSO completed 385 Baker Acts.
- BRU had 16 Baker Acts and made 0 arrests.

# Scholar Review

- The University of Central Florida Department of Criminal Justice and the School of Social Work have tentatively agreed to conduct a program evaluation of the BRU.

# Young Man in The Woods

- BRU responded to assist a mother with her adult son with mental illness who had chosen to live in the woods.
- His mother, had called law enforcement numerous times because she felt her son was not eating properly and was severely underweight. She felt he could not continue living with what he was eating and needed help.
- After a lengthy evaluation by the BRU, he was taken in for a Baker Act and is now in a long term community facility.

# Man in Wheelchair

- BRU responded to a call of an older man with medical issues who was refusing to seek medical attention.
- He had not left his house in over 8 years, and had been in a wheelchair for 6 years. His family has been trying to get him help for years.
- After a Baker Act for not taking care of himself and not seeking needed medical attention, the individual is now out of the wheelchair and receiving much needed medical attention in a local facility.
- His family told us they never thought they'd see him walk again and are thankful for our intervention.

# Veteran in His Vehicle

- BRU responded to assist with a veteran who was planning on taking his own life. He was in his vehicle at the end of a dirt road.
- BRU clinician was able to talk to the veteran on the phone and talk him into safely turning himself in to the deputies on scene.
- BRU transported him to the Lake Nona VA where a Baker Act was completed.



# Follow-Ups

- BRU was conducting a follow-up with a young lady who had recently been released on a Baker Act because of an attempted suicide.
- After a lengthy evaluation by BRU, the young lady broke down and admitted she was planning to take her own life when BRU arrived at her house.
- A Baker Act was completed.
- Follow-up continues.

# Keeping People in the Community

- Everyday BRU meets with members of our community with mental illness and is able to work with many of them to prevent unnecessary hospitalizations, arrests and Baker Acts.
- BRU instead tries to connect them with outpatient community resources that are more appropriate for their needs.

# Conclusion

BRU will continue to work towards reducing an individual's exposure to the criminal justice system and strive to lessen their contact with law enforcement officers, while making sure they receive the treatment they need.

# Action Requested

Approval to spend \$115,103.40 from the FY 2021 Law Enforcement Trust Fund-State Forfeitures to cover salaries for the Devereux Advanced Behavioral Health of Florida clinicians for the Behavioral Health Pilot Program.