

Presenter Name

Brandon Cassinelli

Role in Mental Health Crisis Hold Process

CIT Coordinator & trainer, training provider for law enforcement/first responders on officer wellness, community mental health, commonly encountered mental health concerns, crisis de-escalation, Critical Incident Negotiator for over 10 years, former first-line co-responder with Mobile Outreach Safety Team (5+ years).

Barriers and Challenges Experienced

Upon being surveyed, approximately 10% of officers in Patrol Division responded that they answered between 1-15 mental health calls crisis calls for service.

Of these, 1-5 of the calls resulted in a Legal 2000/involuntary mental health hold. This would mean that at the very least, when extrapolating the data out to the number of our entire Patrol Division and factoring for supervisor or special assignment peace officers who usually don't complete L2K such as DUI, K9 and traffic, estimates range between 75 to 150 L2K holds weekly from the Reno Police Department alone.

If an L2K is applicable AND you have probable cause for an arrest or citation, how do you make the determination as to which you decide on?

- Ensuring severity of crime is congruent with decision as to which takes precedence between necessary care and criminal procedure.
- Wishing for more and better training to determine whether an MH crisis is the root cause of the criminal behavior and making appropriate referral and transportation decisions.
- Recognition that choosing between the more compassionate and secure environment, the Washoe County Jail is undoubtedly a more secure location than an emergency room and would hopefully serve an individual in the long run after being referred to alternative courts.
- The severity of the crime is a major and repeated factor in the decision as to facilitate an arrest or complete an L2K, demonstrating the compassionate decisions making by officers on scene who are not merely "arrest first" in mentality.

What frustrations have you been met with as an officer in trying to place some individuals on a mental health crisis hold (from community providers, hospitals, family members, etc.)?

- Legal holds have no weight, especially for those who have been through the process before as patients/clients due to their knowing "what to say" to physicians, APRNs or other first-line medical personnel taking responsibility for the committal after LE has left.
- Physicians assuming Legal holds are conveniently excusable as acute intoxication, not addressing underlying or organic mental illness – Anonymous quote from officer: *"This results in release before treatment and ignores the blatant correlation between mental health and self-medication."*
- Controlled detox and referral to diversion court through arrest has been seen to be more effective than ER intervention.

- Hospitals holding individuals longer than 72 hours in the hope of billing insurance.
- Revolving door of release, worry over the 72-hour hold time not being sufficient to build rapport and provide care that gets to cause of MH hold.
- Hospital staff pushback on officer ability to place individuals on legal hold, hospital staff callousness and attempts to dissuade officers and co-responders from “trying again with the same person.”
- Families, when desperate enough, fabricate details about individuals in crisis to get them into a system with limited resources and a limited framework of treatment options.

Recommendations for Consideration/What would you change about the present system?

- Shared communication tool for safety/status of individuals placed on L2K such that LE can better prepare for a more measured, compassionate and well-trained response – HIPAA does not factor in crisis. Leaving an involuntary committal against medical advice counts as a mental health crisis.
- Removal/bypass of Emergency room as first (and only) stop to drop individuals in crisis, save for instances when a medical emergency or other emergent physical crisis takes precedence.
- Better support for referring juveniles who are being sex trafficked, without parents, and clearly unable to care for themselves despite potentially not meeting criteria of legal hold.
- Reinstatement of non-criminal solicitation offense to allow for juvenile stabilization, crisis screening, acute detox and mental evaluation. A civil hold similar to Civil Protective Custody.
- More psychiatric resources in the community.
- A differentiation/grading system among health care providers when evaluating seriousness of attempts (i.e. statements only, statements with minor acts in furtherance, statements with major acts in furtherance, emergency medical care required due to suicide attempt).