Law Enforcement-Based Case Management Services:
A Review of Research

Academic Training to Inform Police Responses

Best Practice Guide

Prepared by the Center for Police Research and Policy

University of Cincinnati

March 2021

Best Practice Guide on Responses to People with Behavioral Health Conditions or Developmental Disabilities:

A Review of Research on First Responder Models

The role of law enforcement in the United States has been characterized by a delicate balance between providing public safety, serving the community, and enforcing laws. Inherent in this work are public expectations for law enforcement officers to fill many roles, such as problem-solving, community relations, public health, and social work. Among their responsibilities, police officers have been increasingly tasked with responding to crisis situations, including those incidents involving people with behavioral health (BH) conditions and/or intellectual and developmental disabilities (IDD). These situations can present significant challenges for community members and officers, highlighting the need for clear policy direction and training in the law enforcement community to effectively serve these populations. The need for training and resources to facilitate effective responses also applies to routine activities and interactions between police officers and individuals with BH conditions and IDD.

Supported by the Bureau of Justice Assistance, researchers from the University of Cincinnati, in collaboration with Policy Research Associates, The Arc of the United States' National Center on Criminal Justice and Disability, and the International Association of Chiefs of Police, are working to address the need for additional training and resources to enhance police encounters with individuals with BH conditions and IDD. Specifically, the _Academic Training to Inform Police Responses_ is being developed to raise awareness in the policing community about the nature and needs of people living with BH conditions and/or IDD and to facilitate the use of evidence-based and best practices in police responses to these individuals.

As part of this work, the research team is gathering the available evidence documenting the effectiveness of various police, behavioral health, disability, and community responses to incidents involving individuals experiencing behavioral health crises. Collectively, this work will be assembled into a larger "Best Practice Guide" for crisis response, presenting chapters on existing response models, such as crisis intervention teams, co-responder teams, law enforcement assisted diversion, mobile crisis teams, disability response, EMS-based services, and more. The writing following this introduction was prepared as a single chapter to be included within the larger comprehensive guide. This chapter provides a review of the available research examining the implementation and impact of law enforcement-based case management services across communities. The review of this research is preceded by a list of key terms.

KEY TERMS

Behavioral health	"A term of convenience that refers to both mental illnesses and mental health needs (e.g., trauma) and substance use...disorders and substance use needs and issues, as well as to the overlap of those behavioral health issues into primary health, cognitive disabilities, criminal justice, child welfare, schools, housing and employment, and to prevention, early intervention, treatment and recovery. Behavioral health also includes attention to personal behaviors and skills that impact general health and medical wellness as well as prevent or reduce the incidence and impact of chronic medical conditions and social determinants of health" (Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry, 2021, p. 14).
Behavioral health condition	An umbrella term for substance use disorders and mental health conditions.
Case management	A coordinated approach to delivering health care, substance use disorder treatment, mental health care, and social services. This approach links clients with appropriate services to address specific needs and goals.
Co-occurring conditions	The presence of more than one condition, which can include mental health conditions and substance use disorders, and an intellectual/developmental disability (IDD) and substance use disorders.
Developmental disability	Physical and/or mental impairments that begin before age 22, are likely to continue indefinitely, and result in substantial functional limitations in at least three of the following: self-care (dressing, bathing, eating, and other daily tasks), walking/moving around, self- direction, independent living, economic self-sufficiency, and language (Developmental Disabilities Assistance and Bill of Rights Act of 2000). Self-direction is a conceptual skill that refers to the ability to analyze and make decisions for oneself.
Disability	A physical or mental impairment or a history of such impairment (or regarded as an impairment) that substantially limits a major life activity (Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act, 29 CFR §1630.2, 2016).
Emerging practice	A specific strategy or program that has little documentation of delivery and limited research supporting effectiveness. Emerging practices are not considered "evidence-based" until additional research is conducted to clarify the process and outcomes of the strategy or program.
Intellectual disability	"A disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22" (American Association on Intellectual and Developmental Disabilities, n.d., para. 1). An intellectual disability is a category of developmental disability.
Law enforcement-based case management services	A proactive response model in which teams of behavioral health professionals and law enforcement officers identify, engage, and conduct case assessment and management of individuals living with serious mental illness who routinely come into contact with the police and other emergency services.

Mental health condition	A wide range of conditions that can affect mood, thinking, and/or behavior (National Alliance on Mental Illness, n.d.). This term is more inclusive than "mental illness." Individuals living with a mental health condition may not necessarily be medically diagnosed with a mental illness.
Serious mental illness	Serious mental illness is defined as someone over the age of 18 having (within the past year) a diagnosable "mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities" (National Institute of Mental Health, 2021, para. 1).
Service provider	Any individual (practitioner) or entity (provider) engaged in the delivery of services or aid and who is legally authorized to do so by the state in which the individual or entity delivers the services.

EXECUTIVE SUMMARY

Law enforcement-based case management services, or case management teams, partner police and behavioral health professionals in the identification, engagement, and case management of individuals living with serious mental illness (SMI), chronic behavioral conditions, co-occurring conditions, and/or other significant health and social service needs who routinely come into contact with the police and other emergency services. Embedded within police agencies, these programs represent a proactive approach that uses data to (1) direct engagement with people living with SMI and (2) inform the delivery of behavioral health services. Collectively, these efforts aim to decrease the likelihood of repeat encounters with the police and enhance connections to services (Beck et al., 2020). The available description and evaluation of case management services is limited. Information regarding this response model is primarily produced from the programmatic descriptions of two key examples of this response: Houston's Chronic Consumer Stabilization Initiative (CCSI) and the Los Angeles Police Department's (LAPD) Case Assessment and Management Program (CAMP).

No peer-reviewed research related to case management services was identified by this review. However, a case study of Houston's CCSI provides preliminary descriptive evidence on outcomes associated with this response. Specifically, in their examination of outcomes among a group of 30 individuals living with SMI participating in the six-month pilot of the CCSI, Houston Police Department (2010) reported reductions in the individuals' contact with police and involuntary hospitalizations following their participation in the program when compared to data from the individuals "six most active months" prior to being placed in the program. Although encouraging, the descriptive nature of this evaluation encourages caution in the interpretation of these findings. Further investment in the empirical evaluation of case management services is needed to build the evidence base informing the implementation and impact of these programs.

Key Takeaways:

- Law enforcement-based case management services, or case management teams, partner police and behavioral health professionals in the identification, engagement, and case management of individuals living with serious mental illness (SMI) who routinely come into contact with the police and emergency services.

- Law enforcement-based case management services are an emerging practice. Much of what we know is a product of programmatic descriptions from two key examples of this response: Houston's Chronic Consumer Stabilization Initiative (CCSI) and the Los Angeles Police Department's Case Assessment and Management Program (CAMP).

- No peer-reviewed research examining the implementation and/or impact of case management services was identified by this review. Preliminary descriptive evidence from a case study of Houston's CCSI suggests case management services may reduce contact with police and frequency of hospitalization among individuals living with SMI who engage with these programs.

- Further investment in the empirical evaluation of case management services is needed to build the evidence base informing the implementation and impact of these programs. The characteristics of the populations engaged by case management services should be examined and variation in services delivered and outcomes across individuals should be considered.

I.   Introduction

In several communities, police agencies, in collaboration with behavioral health service providers, have begun to develop case management service programs designed to enhance their proactive engagement with and response to individuals living with serious mental illness (SMI), chronic behavioral conditions, co-occurring conditions, and/or other significant health and social service needs (Council of State Governments, 2019). These law enforcement-based case management services, or case management teams, are an emerging practice that partner police and behavioral health professionals in the identification, proactive engagement, and case assessment and management of individuals living with SMI who routinely come into contact with the police and other emergency services. The development of these programs is founded upon consistent observations that a small number of people living with SMI have a high frequency of contact with the police and other emergency services in the community often due to unmet behavioral health or other social service needs (see e.g., Akins et al., 2016; White et al., 2006; Council of State Governments, 2019). Although the available description and evaluation of case management services is quite limited (Watson et al., 2019), these programs represent a proactive approach that uses data to (1) direct engagement with people living with SMI and (2) inform the delivery of behavioral health services to decrease the likelihood of repeat encounters with the police and enhance connections to services (Beck et al., 2020).

This document provides a brief description of the implementation and impact of law enforcement-based case management services informed by the two key examples of this response that were identified through the course of this review: Houston's Chronic Consumer Stabilization Initiative (CCSI) and the Los Angeles Police Department's (LAPD) Case Assessment and Management Program (CAMP) (See Table 1 for additional information on these programs). While no peer-reviewed research related to case management services was identified by this review, the programmatic descriptions of the case management services provided in Houston and Los Angeles and the case study of outcomes associated with Houston's CCSI provides preliminary insights on the implementation and efficacy of this response model.

II.   Implementation and Impact of Case Management Services

A review of the limited literature on existing law enforcement-based case management service programs suggests this response is traditionally embedded within larger police agencies as a single component of multi-layered approaches in police-mental health collaboration. Notably, case management service programs are formed through partnerships between the police and local mental health service providers, but the nature of the partnerships in delivering services appear to vary. For example, Houston's CCSI involves the employment of licensed caseworkers tasked with providing intensive, interactive case management services to individuals living with SMI following their identification by the HPD's Mental Health Division (Houston Police Department, 2010). In contrast, LAPD's CAMP services are provided by teams of police detectives and behavioral health professionals (e.g., psychologists, nurses, social workers) who work together in the identification of individuals living with SMI in their community (Los Angeles Police Department, n.d.).

What these programs share, however, is a data-driven approach for the delivery of services. Specifically, law enforcement data are used to identify individuals who have experienced a behavioral health crisis in the past and/or who have had multiple encounters with the police over a specific amount of time. Informed by these data, case management service teams proactively engage with these individuals, providing initial outreach and continuous follow-up to ensure that individuals' service needs are being met. Importantly, individuals' interaction with these teams is voluntary. They are provided the opportunity to participate in the respective programs but are not required to do so. Refusal to participate does not result in formal action (e.g., arrest).

Table 1. Case Management Services in Practice

Site Example: Houston's Chronic Consumer Stabilization Initiative (CCSI)

Approach: Mental health professionals are hired to provide case management services

Program Description:

The CCSI is a collaborative effort between the Houston Police Department (HPD) and the Harris Center for Mental Health and IDD. Housed within the HPD's Mental Health Division (MHD), the CCSI employs mental health professionals to provide intensive and interactive case management services to individuals living with SMI who have high rates of contact with the police and emergency services. These individuals are identified by HPD's MHD using data related to calls for service, incident reports, and emergency detention orders. The program aims to reduce the number of contacts between individuals living with SMI and Houston police officers and facilitate individuals' connection to behavioral health treatment and social services to meet their needs.

For more information see https://www.houstoncit.org/chronic-consumer-stabilization-initiative-ccsi/

Site Example: Los Angeles Police Department's Case Assessment and Management Program (CAMP)

Approach: Multi-disciplinary teams provide case management services

Program Description:

CAMP pairs police detectives with behavioral health professionals from the Los Angeles County Department of Mental Health. Initially implemented in 2005, CAMP helps identify and track individuals living with SMI who have high rates of contact with emergency services and develop long-term intervention strategies for these individuals. CAMP uses a case management approach to facilitate individuals' connection to treatment and services and minimize encounters with emergency first responders.

For more information see https://www.lapdonline.org/detective_bureau/content_basic_view/51704

Individuals who participate are provided individualized response plans designed to enhance their connection with behavioral health treatment and social services. Specifically, the behavioral health professionals conduct a comprehensive examination of the individuals' history with the health care system, including, though not necessarily limited to, prior engagement with behavioral health services, known diagnoses, and prescribed medications.

Informed by these data, case management teams may provide both short-term follow-up and long-term management to ensure individuals have access to and are connecting with available behavioral health treatment and services. Collectively, the efforts of law enforcement-based case management service programs are intended to reduce repeat contacts with the police and more effectively serve individuals living with SMI through more timely connections to services.

As mentioned previously, no peer-reviewed research examining the outcomes associated with the implementation of case management service programs was identified during the completion of this review. However, a single case study produced by the Houston Police Department (2010) presents initial, promising findings. In their examination of outcomes among a group of 30 individuals living with SMI who participated in the six-month pilot of the Chronic Consumer Stabilization Initiative (six of whom had a co-occurring intellectual disability), HPD reported reductions in the individuals' contact with police and involuntary hospitalizations following their participation in the program when compared to data from the individuals "six most active months" prior to being placed in the program. Specifically, HPD observed a 66.5% decrease in the number of offense reports (from 194 to 65) and a 76.4% decrease in the number of emergency detention orders (from 165 to 39) involving these individuals. Additionally, following participation in the CCSI, 14 of the 30 clients (45%) had a decrease in admissions to the local mental health emergency room and six clients (20%) had a decrease in admissions to the county's psychiatric hospital. Altogether, the HPD (2010) suggests these reductions translated into a total of 768 hours of patrol officers' time saved and 194 investigative hours saved by HPD's Mental Health Unit. Although encouraging, the descriptive nature of this evaluation and the small sample size encourages caution in the interpretation of these findings.

III.   Discussion

Law enforcement-based case management services, or case management teams, partner police and behavioral health professionals in the identification, engagement, and case management of individuals living with SMI, chronic behavioral conditions, co-occurring conditions, and/or other significant health and social service needs who routinely come into contact with the police and other emergency services. As an emerging practice in police-mental health collaborative response, our understanding of the development, delivery, and impact of case management services is limited by the absence of research examining these programs. Still, preliminary descriptive findings suggest the participation of individuals living with SMI in case management services may produce important benefits for these individuals, including reduced contact with the police and a decrease in hospitalizations. More research is needed, however, to understand the characteristics and experiences of individuals that engage with these types of programs.

Although the lack of research prevents the development of strong conclusions regarding the efficacy of this response model, there are several practical and empirical reasons to suggest this response may be a promising practice. For example, the data-driven, proactive engagement provided by case management services distinguishes this response from those models that rely primarily upon reactive responses to calls for service or ongoing crisis incidents. The benefits of

proactive and data-driven approaches in policing have been well-documented, with research highlighting the harm reduction capacity of proactive responses (Weisburd & Majmundar, 2018). Further, the use of data in early stages of response is consistently observed to enhance the ability to tailor practices to address the underlying circumstances causing high levels of interaction between the police and people living with mental health conditions (see e.g., Cordner, 2006). Specifically, it is suggested that proactive, data driven responses help ensure persons living with serious mental illness are identified and provided assistance and intervention that may prevent formal interactions with law enforcement, including use of force, arrest, and involuntary hospitalization (Coleman & Cotton, 2010, 2016). Additionally, the efficacy of law enforcement-based case management services is supported by a substantial body of research examining the impact of case management interventions. Importantly, research suggests case management can increase individuals' engagement with behavioral health and social services, decrease hospital use, and improve overall quality of life (see Drake et al., 2008; Lamb et al., 2001; Minkoff & Covell, 2019).

As the development and implementation of law enforcement-based case management services continues, police agencies and researchers are encouraged to collect data and continually assess the effect of these practices on the individuals living with SMI in their community in both the short- and long-term. Additionally, the characteristics of the population engaged by case management services should be examined and variation in outcomes across individuals considered. It is likely that case management teams come into contact with people with IDD and/or co-occurring mental health conditions and developmental disabilities. However, our understanding of how the case management services delivered to these individuals may need to vary and how subsequent outcomes are affected is limited. In sum, further investment in the empirical evaluation of case management services is needed to build the evidence base informing the implementation and impact of these programs.

IV.   References

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