

**Washington County
Mental Health Response Team
Program Description**

<p>Program Summary</p>
<p>MHRT is a shared crisis response program partnering a master’s level clinician and a law enforcement officer to provide a collaborative, concurrent response to requests for assistance from the community. The emphasis is on providing support and intervention to individuals experiencing increased mental health symptoms or acute emotional distress.</p>
<p>Overarching Goal/Program Mission</p>
<p>Washington County Sheriff’s Office Deputies stated mission is to be conservators of the peace with concerns to the safety and security of all Washington County residents.</p> <p>Washington County Mental Health, as the Local Mental Health Authority, provides safety net services and supports to residents of Washington County who are currently experiencing mental health service needs</p> <p>The overarching goal of MHRT is to utilize a collaborative approach providing a clinically appropriate intervention to community members in crisis while ensuring the safety of responders, the community and the individual in crisis.</p>
<p>Values</p>
<ul style="list-style-type: none"> • Provide highly skilled and specialized (clinical and law enforcement combined) response to individuals who are in crisis in the community or who are having contact with first responders due to the level of their psychiatric symptoms or level of emotional distress; • Prevent further crisis by providing follow up to individuals as identified by other deputies (as time allows). • Improve / expand relationship between law enforcement and MH / cross training; • To provide community based interventions, reducing the number of individuals taken to the ED by law enforcement for evaluation
<p>Target Population</p>
<p>Residents of Washington County who are currently experiencing emotional distress or increased in psychiatric symptoms. While some individuals will require assessment and stabilization in a hospital setting, the team will explore least restrictive alternatives to inpatient care whenever possible utilizing safety planning, resource deployment and connection to community based resources. This team is not primarily intended to respond to or investigate criminal matters but to focus on mental health interventions.</p> <p>The Washington County Sheriff’s office has primary jurisdiction over unincorporated localities of Washington County. This includes roughly half of the population of Washington County. The team is also able to respond to local police jurisdictions within Washington County when requested by that jurisdiction or given consent.</p> <p>WCSO MHRT Deputies will respond when available to reports of those residents experiencing an emotional crisis or exacerbation of mental health symptoms placing them at increased risk of harm to self or others in areas of jurisdiction serviced by WCSO. On incidents outside of WCSO</p>

normal patrol boundaries, which are served by other law enforcement resources within Washington County, MHRT will respond by request only from mental health, medical first responders or the primary law enforcement agency responsible for the incident location. MHRT Deputies may offer MHRT services to other agencies if aware of a crisis incident where the team involvement may benefit community or client safety. MHRT personnel may initiate follow up to those who have been or may be in crisis or in need of mental health resources regardless of jurisdiction within Washington County.

Staffing

Currently two shifts per day, 7 days per week. Generally the hours are from 11:30 AM to 11:30 PM. Shifts are primarily filled with 4.0 FTE of Law Enforcement staff employed by the Washington County Sheriff's office and 4.0 FTE of QMHP, master level mental health clinicians trained to provide crisis intervention and clinical assessment of mental health conditions. The mental health clinicians are employed by Lifeworks NW, which is contracted by Washington County Health and Human Services, Behavioral Health Program to provide mental health crisis intervention services for residents of Washington County

Law Enforcement Intervention

Deputies responding to MHRT requests or making follow up contact with residents will primarily assess the threat to the community the resident or client poses to others, including safety concerns for responding personnel. Deputies shall assess imminent risk to others on scene prior to the mental health clinician making contact with the individual.

Should the deputy observe the threat to the community or the client is immediate or imminent; the deputy will take the client into custody upon establishing probable cause under ORS 426.228. If the deputy believes a use of force escalation will occur which would be prohibitive to the safety other first responders, other community residents or the individual themselves, the deputy will contact the on duty WCSO supervisor and develop a plan of action to resolve the incident, if time and situation allows.

Considerations should be taken to gauge the value of custodial intervention over possible harm to the client resulting from the attempt to take those persons into physical custody. In these cases where the threat to the community is deemed to be low but the risk of serious harm to those in crisis by the act of detention is deemed to be extremely high from a use of force escalation, the deputy should consider leaving the client in place if possible or "walking away". Other considerations to be taken are the deployment or special arrest and apprehension teams such as the Criminal Apprehension Team to assist in warrant application or the Tactical Negotiations Team to assist in taking into custody of a higher risk subject. With this action, a plan of follow-up to later check the welfare of the person in crisis should be instituted and confirmed with the shift supervisor. Of course, all option considerations should take into account available time, resources and the situation confronted with.

Once the risk level is deemed low or the deputy has mitigated risk factors, the clinician will begin to assess the mental health needs and provide a crisis intervention. Whenever possible, the deputy will assist the mental health clinician in creating a safety plan for the individual, taking community and client safety into mind.

MHRT deputies responding to those in crisis are in an intervention role but shall always be

cognitive of observed or reported criminal activity and shall investigate and document these as required under WCSO policy. MHRT Deputies working in their assigned position shall be allowed discretion in taking action on criminal investigations while working in the best interest of the justice system and the clients, except as required by Oregon Revised Statutes and WCSO policy.

Information WCSO Deputies gather in the performance of their duties is not protected under HIPAA guidelines to the standard of those in the medical and mental health fields except as noted under WCSO policy. All community safety concerns shall be disseminated as deemed appropriate by WCSO supervisory personnel and Washington County Mental Health Program Supervisor.

Mental Health Clinician Intervention

The MHRT clinician conducts a crisis MH risk assessment. The Clinician and law enforcement partner collaborate in regard to decisions about whether a plan can be developed so that the individual can safely remain in the community or if the individual needs to go to the hospital (either voluntarily or involuntarily). Safety planning can consist of involving an individual's natural supports, additional phone or welfare checks by MHRT, follow up at WCCT office, connecting with current MH providers and / or referral to additional resources. (We do not have a standard assessment – this is something we have considered though). Often the clinician and deputy work together to deescalate a situation, help the individual problem solve and address reasons dispatch was called. The MH clinician often plans follow up with a client. The follow up is done by both MHRT staff, although there are times when follow up can be “handed off” to WCCT in the office.

Outreach Services

The primary focus of the team is for first responder rapid assessment and resolution of mental health crisis situations. The team may also provide, as time allows, the following outreach and engagement services:

- Outreach to individuals identified by non-MHRT law enforcement officers (including referrals from other Police Department agencies)
- Outreach to individuals identified by EMS
- Outreach to individuals who have received multiple citizen complaints

Referrals for outreach will be prioritized based on risk factors including perceived danger to first responders and community members, multiple system contact and immanency of risk of danger to self. In all cases, a mental health condition must appear to be a contributing factor as to the reason for the referral.

Stakeholder Collaboration

MHRT is part of a larger system of crisis response in Washington County. As such, the team will regularly interact with Emergency Departments, EMS, the Washington County Crisis Line, 911/WCCCA, police departments and the Mobile Crisis Team. The goal of each interaction is to provide assistance and support to resolve a mental health crisis situation. Not all interactions/requests will require an in-person response, however the team should strive to be a resource to other agencies/responders whenever possible.

Some community members for whom a response by MHRT is requested will be connected to local community mental health programs. While the mental health agency should provide as much crisis response and intervention as possible for their enrolled members, there are times when MHRT should be engaged. These include:

- The individual is presenting with risk factors that endanger the safety of the community mental health agency staff. This may include weapons in the house, history of assault when decompensated, acute intoxication, etc.
- The request for assistance occurs outside of regular business hours and requires an in-person response
- The agency has been consulted and is unable to provide a response appropriate to the need of the individual.

When a response is provided to an enrolled member of a community mental health agency, MHRT should make every effort to contact the program and seek guidance and arrange for follow-up support.

Other Information

MHRT utilizes patrol vehicles supplied by the Washington County Sheriff's office. In addition, mental health clinicians are required to wear ballistic vests and program shirts identifying their role to other law enforcement personnel.

Training

Clinician:

- Clinical skills: At a minimum, clinicians have 2 years post masters experience. Clinicians have initial training with WCCT team, followed by more specific training with MHRT. Clinicians receive training in risk assessment, including identifying risk factors and protective factors, safety planning. Clinicians also receive training related to being Mental Health Director's Designees. Clinicians are familiar with resources in Washington County. Flexible, creative, client centered approach is utilized when intervening and safety planning with clients. De-escalation and problem solving are frequently utilized
- Self defense
- Radio use
- Documentation
- Community services

Deputy:

- MHRT Deputies will be patrol certified, off probationary status and have a minimum of two years of experience prior to assignment to a full time MHRT Deputy position.
- CIT training
- Advanced mental health trainings (as available)

Case Disposition

Referral, follow-up, etc. Follow up and referrals are offered based on the assessment. Individuals may be referred for crisis medication evaluation if indicated. MHRT also assists with referring to mental health, medical, social services and other community resources as indicated. MHRT provides additional welfare checks in person or by phone as needed to ensure stabilization. When necessary, MHRT has assisted with helping people get enrolled in services, by meeting intake workers at the individual's home or transporting to medication or intake appointments.