


VANDERBILT UNIVERSITY  School of Medicine
Department of Psychiatry and Behavioral Sciences

Psychiatry Grand Rounds

STRANGE BEDFELLOWS:
BUILDING RELATIONSHIPS
BETWEEN PSYCHIATRIC
EMERGENCY / CRISIS SERVICES
AND LAW ENFORCEMENT



FRIDAY SEPTEMBER 2, 2022
12:00-1:00PM CDT





zoomWEBINAR
ID: 983 1339 9711

JOHN "JACK" ROZEL, MD, MSL, DFAPA
Medical Director, resolve Crisis Services
UPMC Western Psychiatric Hospital
Psychiatrist, UPMC Systemwide Threat Assessment & Response Team
Associate Professor of Psychiatry & Adjunct Professor of Law
Core Faculty, Center for Bioethics & Health Law
University of Pittsburgh


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Trainee QR Code



 AMA PRA Category 1 (1.00)  CE (APA) (1.00)  Attendance (1.00)

Stephan Heckers, MD, CE Activity Director, has no financial relationships related to the content of this activity to disclose. The presenter has no financial relationships related to the content of this activity to disclose. This educational activity received no commercial support.

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Strange Bedfellows:

Building Relationships between Law Enforcement & Emergency Psychiatry / Crisis Programs

Jack Rozel, MD, MSL

Medical Director, resolve Crisis Services, UPMC Western Psychiatric Hospital

UPMC Systemwide Threat Assessment & Response Team

Director, Western Pennsylvania Threat Hub

Associate Professor of Psychiatry & Adjunct Professor of Law, University of Pittsburgh

Follow me on Twitter -- @ViolenceWonks



Disclosures



- Dr. Heckers: None
- Dr. Rozel:
 - No payments or gifts from pharma, industry, or other ACCME-defined commercial interests since 2007
 - Part of my time is funded by US DHS Center for Prevention Programs and Partnerships
 - I receive payments from government agencies, nonprofit organizations, and non-healthcare businesses for consultation, training, and expert witness work

American Association for Emergency Psychiatry

www.emergencypsychiatry.org

We are champions for the advancement of evidence based, compassionate care for behavioral emergencies through research, education, and interdisciplinary collaboration.

National Update on Behavioral Emergencies

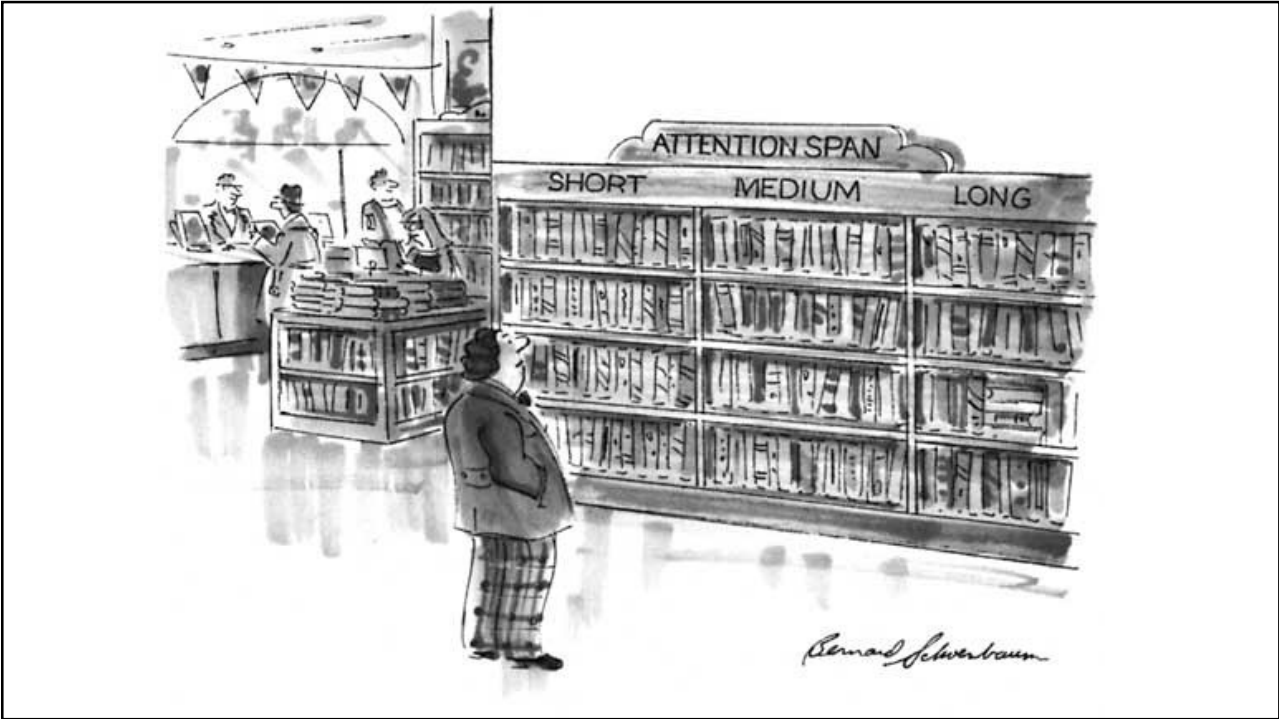
Phoenix, December 7-9, 2022

www.behavioralemergencies.com



AMERICAN ASSOCIATION
FOR EMERGENCY
PSYCHIATRY

THE VOICE OF EMERGENCY MENTAL HEALTH PROFESSIONALS



Some of my roles

- General, Child, & Forensic Psychiatrist
- Medical Director, resolve Crisis Services of UPMC WPH
- CIT Instructor
- Associate Professor of Psychiatry & Adjunct Professor of Law
- Threat Management work
- Mental Health & Justice Advisory Committee

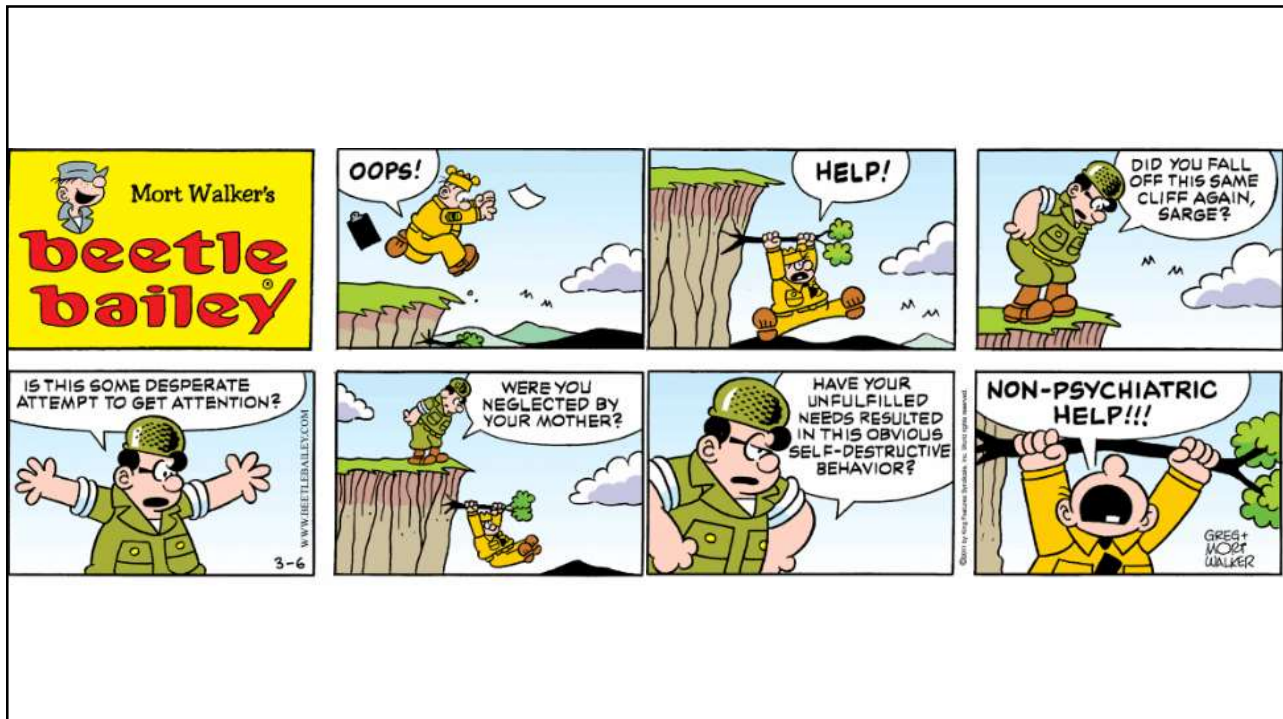


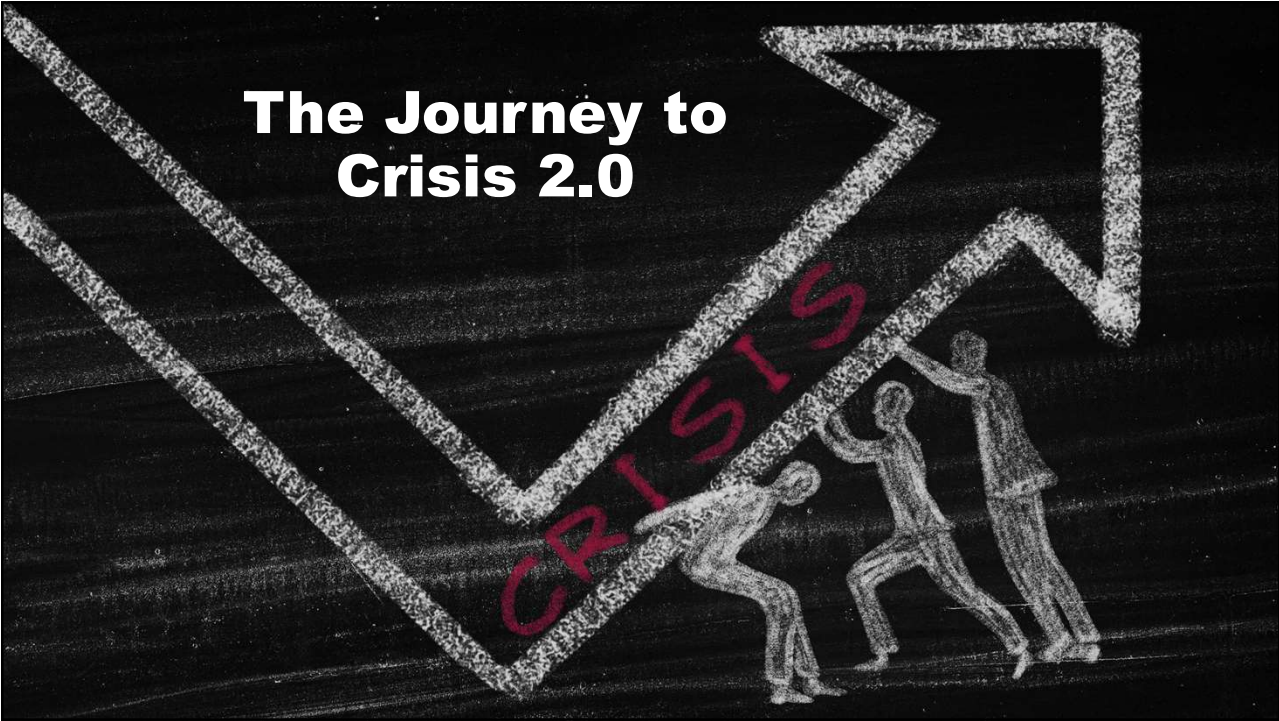
Agenda

- Crises, Emergencies, & Services
- Building Trust, Partnerships, & Teams
- Understand their rules of engagement; explain our rules of engagement
- Sharing Information



Crises, Emergencies, & Services



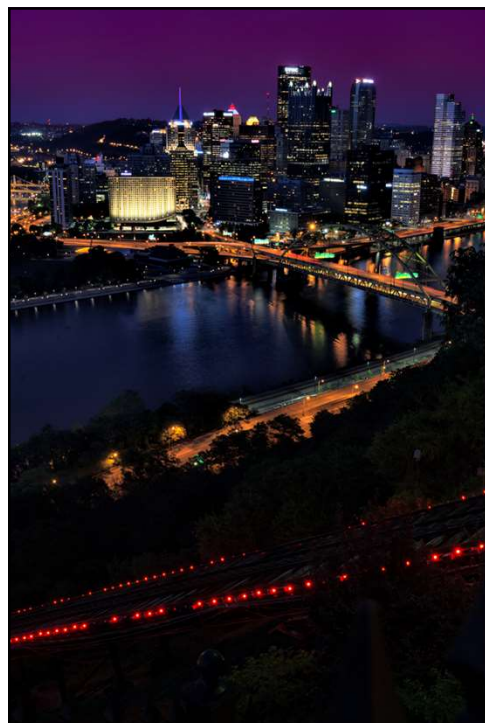




resolve Crisis Services

What we offer

- Telephone support
- Mobile response anywhere in Allegheny County
- Walk-in program (a few hours)
- Crisis Residential (a few days)
- Crisis text & messaging
- 24/7/365, free & confidential
- Voluntary – but can assist with involuntary process
- Recovery oriented, person and family centered



An embarrassment of riches...

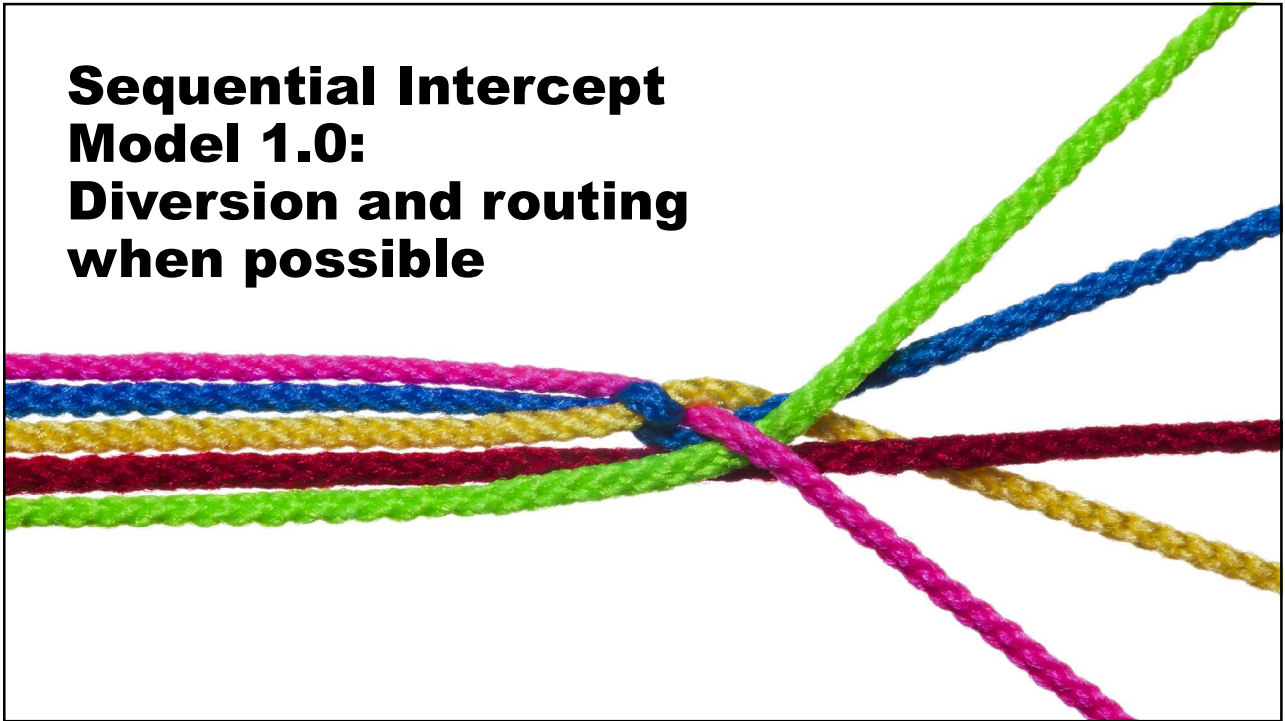
- ~1500 officers trained in CIT since 2008
- Dedicated SUD crisis referral center
- Homeless outreach team closely linked with Pittsburgh Police
- Multiple violence interruption programs
- Robust victim services
- Dedicated CRC beds for receiving law enforcement referrals
- Multiple ER's capable of receiving voluntary and involuntary psychiatric patients

Pittsburgh: “America’s most livable city”*

- Forbes, The
Economist



**Sequential Intercept
Model 1.0:
Diversion and routing
when possible**



All systems and teams need to be good at triage, referral and linkage.

Triage is **not** the caller's responsibility



Building Trust, Partnerships, & Teams



“I’ve always wanted to handcuff a doctor!”

Choose your own adventure

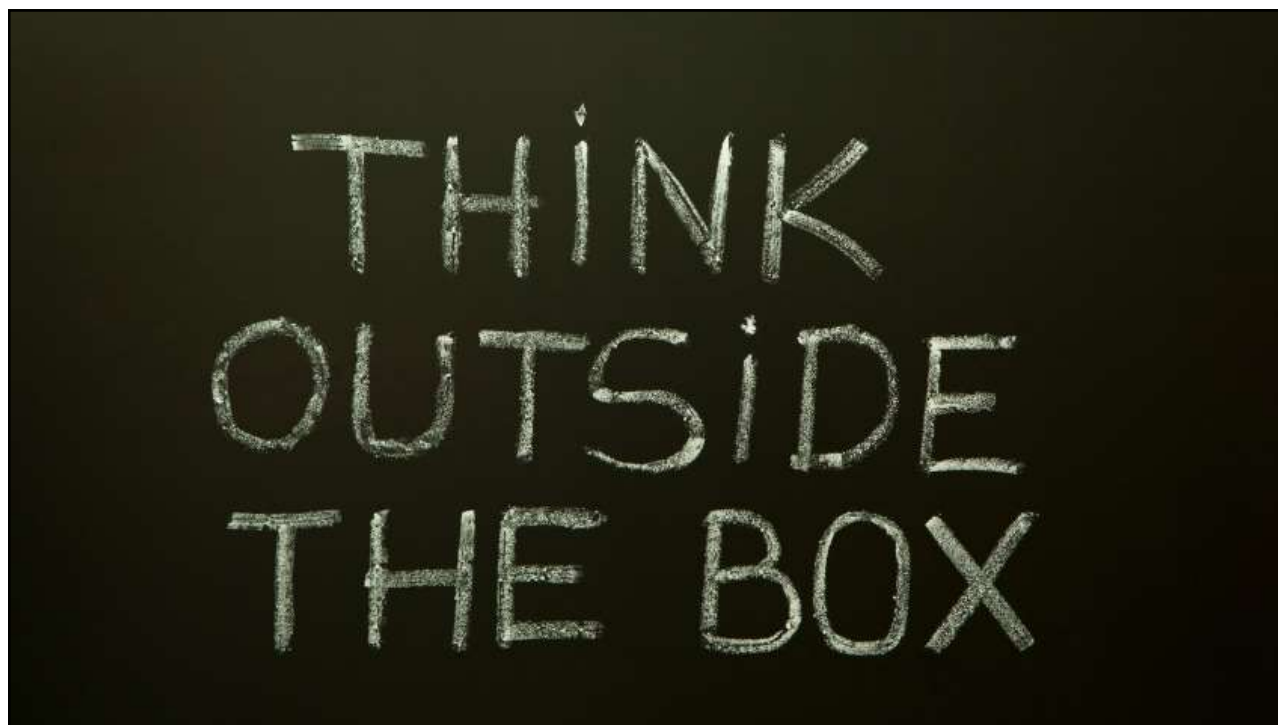
1. “Try me, I’m a law professor!”
2. “Please, help me understand why you are so certain your parolee is here.”
3. “Well, I’m certainly flattered, and maybe even a little curious, but I’m happily married and I’m not sure my wife would be okay with that...”



We need to understand the environment we face and how others view it. Then build relationships at the personal, organizational and national level.

Relationships are the intermediate objectives to most goals.

Gen. Stanley McChrystal



Building relationships one case at a time



Organic teams

- Who are you solving problems with?
- Which EDs, crisis workers or doctors?
- Who else in your institution?
- Who else in your community?

- Trust
- Diversity
- Collaborative mindset
- Common vision and purpose
- Subject matter expertise





Easy bridge building opportunities

- Meet the leadership
- Invite to participate in Crisis Intervention Team meetings, design and training
- Collaborate on design of programs and facilities
- Co-advocacy
- Collaborative drills and exercises*

Expect turnover & transition

Average tenure in major cities less than 3 years (MCCA)



Understand their rules of engagement; explain our rules of engagement



Law enforcement & criminal justice

- Cops are the front door to a long criminal justice process
- Metrics are crime reports, arrests, use of force, complaints
- Metrics are probably not de-escalation, relationship building, transports to ED or crisis centers
- Criminal codes are specific, procedures onerous, and incarceration discouraged
- Duty to protect? Maybe not (see *Castle Rock v Gonzales*)

Emergency mental health has better tools for short fuses than long fuses



Psychiatric Emergencies, *an arbitrary definition*

- Any condition that requires rapid clinical assessment and differential diagnosis to confirm the presence (or absence) of a potentially life threatening situation.
- A presentation that requires immediate evaluation by a qualified physician to determine the nature and severity of the condition and/or a specific medical intervention to mitigate further harm.

Diagnosis + Dangerousness = Admission

Common emergency services

- 911-dispatched medics/paramedics
- General emergency department
- Emergency department with psychiatric assessment / consultation
- Emergency department with embedded psychiatric evaluation section
- Psychiatric Emergency Service (stand-alone)

Separate space and specialized staff is ideal but uncommon

Crisis, *an arbitrary definition*

- Any situation or condition where an individual requires assistance or support
- A situation or condition where an individual's coping skills, personal resources, or natural supports are inadequate or are about to be overwhelmed by their situation

Distress + Dialogue = Assistance

Common crisis services (SAMHSA):

Someone to talk to

- Phone services
- Text, messaging
- 988

Someone to come to you

- Mobile services
- Integrated MH/LEO/paramedic response models
- In-home crisis support

Someplace to go

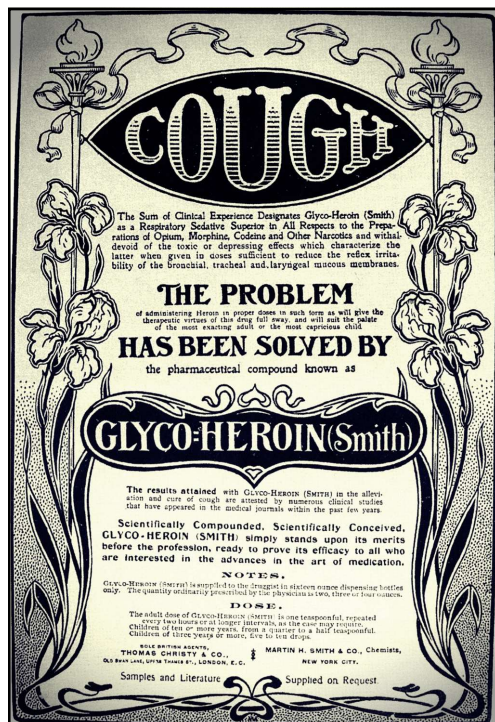
- Walk-in / drop-in / “Living Room”
- Crisis stabilization / overnight
- Extended respite programs
- Transitional housing

Something more

- Disaster response
- CISM & first responder support
- Threat management

What needs to be in ED/PES

- Imminently threatening harm to self or others
- Severe inability to function / care for self
- Severe intoxication
- New onset psychiatric symptoms
- Inability to control dangerous impulses/urges
- Medical symptoms along with psychiatric symptoms or distress
 - E.g., abnormal vital signs, clumsiness, slurred speech, confusion, fluctuating level of consciousness



All clinical decisions are risk versus risk

No intervention is risk free

What needs inpatient psychiatric care

- Acute presentation of mental illness
- That is believed to be likely to benefit from admission
- Imminent risk to self or others
- Inappropriate for lower levels of care / failed lower levels of care

Not every person who is psychotic, suicidal or homicidal needs or will benefit from inpatient psychiatric care





**“So, did John ever
come to resolve on
March 20th?”**

Sharing Information



A bad worker blames their tools...

- State commitment laws, regulations & procedures
- Tarasoff & state-specific variations thereof
- HIPAA
- 42 CFR Part 2
- Overlapping state-specific laws / regulations for confidentiality for clinical and criminal information



From knock and talk to shake and share

- Social engineering and intentional reciprocity
- “I’d like to help you and I’m sure you would do the same for us”
- “I may be limited by HIPAA, but information you have could be really helpful for us”
- Verbal de-escalation, mediation, and the persuasion tool kits



HIPAA, law enforcement & permitted disclosure of PHI

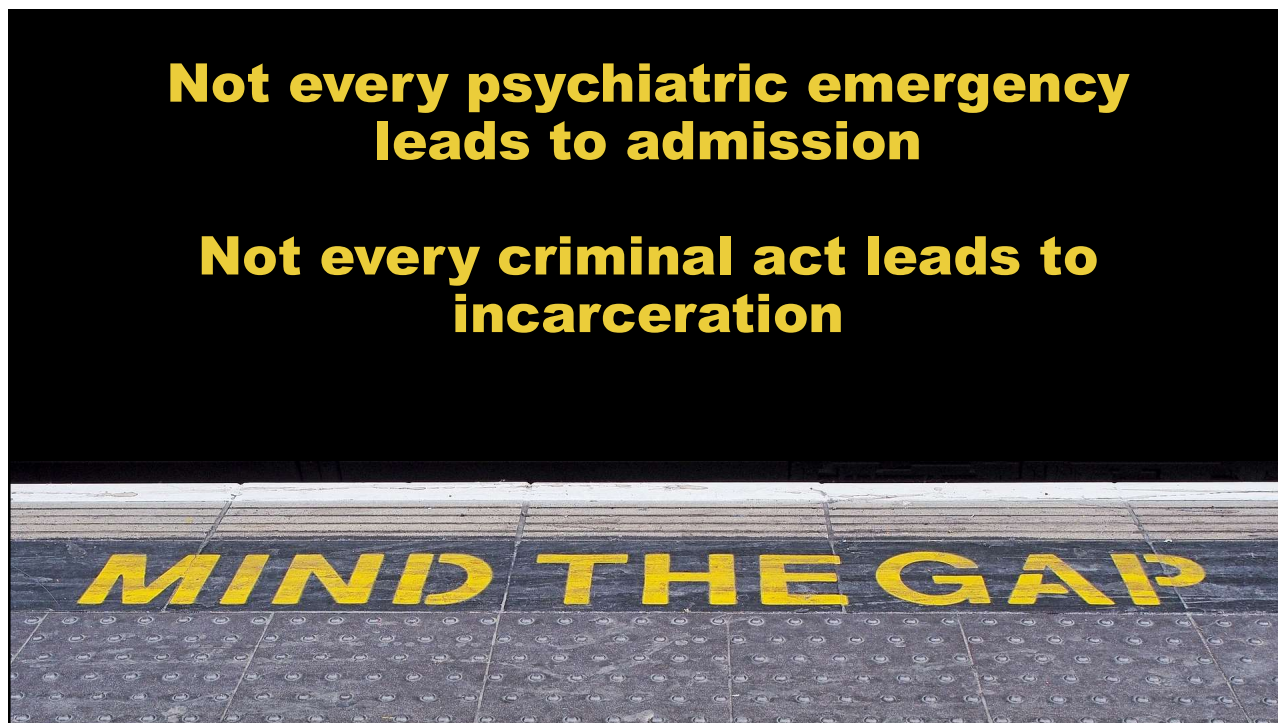
- Good faith disclosure related to a crime on the premises
- About a deceased individual when there is suspicion death was due to criminal conduct
- As necessary in response to an off-site medical emergency to coordinate with law enforcement
- When required by law to do so (e.g., GSWs)
- In response to appropriate subpoena or court order
- Locating fugitives, suspects, and material witnesses

HIPAA: Permission to Warn

(Letter to Nation's HCPs, 2013)

If you read the regulations closely, we are saying...

“a health care provider **may disclose** patient information, including information from mental health records, if necessary, to law enforcement, family members of the patient, or any other persons who may reasonably be able to prevent or lessen the risk of harm.”



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 **FRIDAY SEPTEMBER 9, 2022**
PSYCHIATRY MM&I
Bradley Freeman, MD
Associate Professor of Clinical Psychiatry & Behavioral Sciences


FRIDAY SEPTEMBER 16, 2022
LUTON ENDOWED LECTURE IN GENERAL PSYCHIATRY
DONALD C. GOFF, MD
Professor and Vice Chair for Research
Department of Psychiatry New York University
Crossman School of Medicine 


Today's Codes


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