Safety in the Field

City of Greensboro

Behavioral Health Response Team

A Little About Us

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BHRT History

- 2019 - The city contracted 3rd party (SEL Group) service providers to assist police on mental health crisis calls
- SEL functioned in an on-call capacity (24/7)
- We identified some work obstacles (information sharing legalities, response times/time spent on calls, perception of effectiveness)
- December, 2020 – City management and GPD created in-house team to provide more streamlined and effective workflow
- City of Greensboro-Office of Equity and Inclusion (OEI) hired crisis counselors/GPD created Behavioral Health Response Team Squad

The Co-Response Model

1 Officer and 1 Counselor are paired to work as partners but flexible to interchange partners as needed

Officer/Counselor pairs ride together to strategize and gather information even before arriving.

Officers assess the scene for safety and make initial contact; as soon as practical counselors begin interaction

BHRT units respond to calls for service involving individuals in mental crisis or having mental health issues, and provide follow-up assistance to those individuals to connect to services.

BHRT Changes Since 2020

- August 2022—GPD received a grant that added a community paramedic to BHRT
- September 2022- Counselors moved from the Office of Equity and Inclusion to newly created Office of Community Safety
- October 2022- Counselors moved offices from Municipal Building to GPD HQ
- Ongoing—regular conversations and changes about policy/procedures/uniform

Current Team Make-up

Office of Community Safety
- 1 Lead Clinician
- 6 Crisis Counselors
- 1 Outreach Coordinator

Guilford Co. EMS
- 1 Community Paramedic

GPD BHRT Squad
- 1 Sergeant
- 1 Corporal
- 7 Officers

Officers: Monday-Friday 9:00 AM- 10:00 PM
Crisis Counselors: Monday-Friday 8:00 AM-10:00 PM
Paramedic: Monday-Friday 11:00 AM- 7 PM

Crisis Counselors also work in on-call status overnight, weekends, and holidays

Outreach Coordinator Role

All GPD officers have the ability to submit referrals to BHRT for follow-up

Outreach Coordinator has primary responsibility for follow-up with individuals referred by officers outside of the BHRT unit

Follow-up can be done via phone or in-person

Outreach Coordinator also has the flexibility to engage with frequent 911 callers in order to work on decreasing calls

Mostly functions independently, but has the ability to coordinate with officers

City of Greensboro
Behavioral Health Response Team (BHRT)

Similarities to Other Enhanced Services

- Multi-disciplinary Team
- Goal to reduce crisis
- Operate from a person-centered perspective
- Collaborate with supports/other resources as needed
- Work to holistically address a person's needs and not just mental health

Differences: BHRT vs. Other Enhanced Services

BHRT

- Client does not have to agree to engage with a counselor for BHRT to become involved
- Counselors involved in non-traditional situations such as serving IVC papers, helping with barricaded individuals, etc
- Services only limited by if someone lives in City of Greensboro or not
- Duration and intensity of follow-up varies depending on each individual
- Access to information from 911 call system, police records—often very limited clinical information
- Goal is to link to other services

Other Enhanced Services

- Client has to be willing to engage
- Services based on service definition criteria, insurance, LME approval
- Defined expectations around number of contacts/ length of services
- Access to information from referral, medical records, intake information, LME info
- Client's 'clinical home'

Conversations about Counselor Safety

Uniform

- What color shirt? Type of shirt?
- Discussion about how we're identified as counselors
- Balancing professionalism vs. approachability

Vests

- Discussion around if we do or don't have them
- Discussion about type of vest/when it's required for staff to wear them
- First started wearing in Fall 2020

Team Communication and Tracking

- Radios
- Counselors added to CAD
- Policy updates to require counselors to check out via radio
- Requirement that counselors check in with Team Lead during long calls
- Consulting with other counselors/officers if planning to visit an individual alone

Transportation Policy

- Transportation was only allowed in police vehicles until 2023
- Discussions around how to have the flexibility to transport while also remaining safe.
- Key policy points:
  - Individual must sign an agreement prior to transport
  - Only drive individuals in City cars
  - Counselor must communicate that they are transporting someone via the radio; track mileage
  - Outlines what to do if the individual requests to get out or if the staff becomes uncomfortable
  - Outlines steps to limit an individual's access to any potential weapons
    - Items put in the trunk
    - Pulling out pockets

BHRT Training

- Safety training with a focus on situational awareness, defensive tactics
- Reviewing BWC footage of specific incidents
- Processing roles of counselors and officers on scene
- Debriefing after critical situations; critical incident policy
  - City wellness resources
  - Team policies that support mental wellness

BHRT Training

Call Response:

- Information gathered before arriving
  - Looking up past BHRT contacts in our EHR
  - Looking up call data
  - Calling collateral sources of information

- On scene approach
  - Officers interact first
  - Where counselors are positions based on type of call

- What to do if things go wrong on scene?
  - Having keys to officer's car
  - Leaving the area
  - Appropriate use of the radio

BHRT Training

- Training on various clinical interventions
  - Specific training on psychosis and CBTp
  - Training in crisis de-escalation
- Collaborating with other teams to discuss issues, learn different approaches

Situational Awareness

Situational Awareness

Awareness starts when you're on the way to meet someone

- What neighborhood are you in?
- Are there people around?
- Think about where you park/how you approach the situation

When you arrive, what do you notice?

- Indication of pets
- Other people in the house/area
- Signs/stickers/flags that may give information

Situational Awareness

When you're meeting, pay attention to the individual AND the environment around you.

- Think about where you're sitting/standing
  - What room of the house?
  - Access to exits?
  - How close are you to the client?
- Notice what objects are around
  - Weapons?
  - Any items that give you information about the person's state of mind?
- Be intentional about how your body is positioned

Signs of Escalation

- Observable body changes
  - Sweating
  - Shaking
  - Muscle tension (clenched jaw, fists)
- Non-verbal changes
  - Eye contact
  - Tone of voice
  - Posture

Signs of Escalation

- Movement changes
  - Pacing
  - Erratic movements
  - Increased hand gestures
- Speech changes
  - Rapid speech
  - Becoming silent
  - Mumbling
  - Change in word choice

Logistical/Procedural Considerations

- Are you going out by yourself?
- What information do you know about someone before meeting with them?
- What information do you know about the people around them?
- Where in the community are you meeting?
- Do you drive your own vehicle?
- What are you wearing?
- Does anyone know where you are?
- What would alert people on your team you need help?
- How would you call for help if something happened?

Logistical/Procedural Considerations

- Is it a standard practice to gather information about a person's criminal background? How are you getting that information?
- How much information do you typically get from collateral sources?
- Do you know if there are any weapons in the house or if the individual typically carries a weapon?

Clinical Safety Considerations

Mental Illness and Risk of Violence—What's the link?

What the Research Says

- Mental Illness AND substance abuse
- Younger age
- Positive Symptoms
  - Command Hallucinations
  - Persecutory Delusions
- Mania
  - Grandiosity
- Prior History of Violence
- Antisocial traits
- Treatment nonadherence

Ask Questions

- Who or what wants to do you harm?
- How are they attempting to cause harm?
- Is there anything that could convince you this is not true?
- Have you thought about what actions you might take?
- Have you taken any action?
- How else has this impacted your life?

Ask Questions

- Do you know who the voice is?
- What are the voices saying?
- What are your thoughts about the voice?
- Do you think they want good things for you or bad?
- How much power do you have over the voice?
- What makes the voice go away?
- How do the voices impact your life?
- Have you ever done what the voice has told you?

Command Hallucinations: Factors Increasing Risk

Voice is familiar

Paired with delusion

Higher perceived consequences for non-compliance

Voice is benevolent

Beliefs about voice's power/authority

Consider All Risk Factors

- Not JUST about mental health symptoms
- Important to consider factors related to mental state, environment, history, and immediate stressors.
- Trust your gut even if you can't get direct clinical answers
- Risk assessment is dynamic
- Risk assessment measures exist, but no perfect way to predict risk
- Not about being 'scared' of individuals or making assumptions, but about being aware

Where Do You Go From Here?

- Think about how your team currently operates and if there are opportunities to implement procedures to increase safety.
- Review clinical assessment protocols to determine how much information about risk is gathered
- Training—situational awareness, clinical interventions, crisis de-escalation
- Awareness of IVC criteria and process
- Partner with local co-responder or alternative response Teams!

QUESTIONS?

Please feel free to reach out and connect if you have any questions in the future!

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