

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 19 December 2022

Response Date: 4 January 2023

Type of TA Request: Standard

Request:

The requestor asked for best practices or data related to expediting throughput for medical clearances in hospital emergency departments (ED). In particular, the requestor was interested in the effects of psychiatric holds for ED patients waiting to be cleared for transfer to a psychiatric facility on law enforcement out of service times.

Response:

ASPR TRACIE searched for relevant online resources. Section I includes resources on the effects of psychiatric holds on law enforcement. Section II provides resources describing approaches to address mental health crises in the community to divert or minimize the number of psychiatric patients arriving in the ED, thereby potentially reducing the amount of time law enforcement is considered out of service. Section III includes resources that document the causes of and challenges associated with boarding psychiatric patients in the ED, the effects of ED boarding on patient care and hospital and community resources, and potential solutions.

I. Resources Related to the Effects of Psychiatric Holds on Law Enforcement

Earl, R. (2022). [People in Crisis Waiting Days for Help: Lack of Mental Health Beds Means Critical Delays in Getting Services](#). Fauquier Times.

This article describes the effects of a lack of mental health beds on patients under temporary detention orders and the law enforcement officers who remain with them while awaiting transport or release.

Rosen, D. and Travers, D. (2021). [Emergency Department Visits Among Patients Transported by Law Enforcement Officers](#). PLoS One. 16(1):e0244679.

The authors reviewed records from North Carolina's statewide emergency department surveillance database from 2009 to 2016 to identify patients transported to an ED by law enforcement without use of an ambulance. They found the rate of law enforcement transports increased nearly 50 percent during that time.

Seward, L. (2022). [Police in Rural Ohio Towns Struggle with Surge in Mental Health Crises](#). WCPO.

This news report describes the challenges faced by law enforcement in transporting patients in need of mental health treatment. The report also discusses officer training on managing persons in crisis and an alternate response center staffed with mental health specialists established to assist law enforcement officers in the field.

Treatment Advocacy Center. (2019). [Road Runners: The Role and Impact of Law Enforcement in Transporting Individuals with Severe Mental Illness, A National Survey](#).

This report documents the burden on law enforcement of responding to and transporting persons with mental illness in terms of cost, distance, and time. It also includes case studies and potential solutions.

II. Community Partnerships to Improve the Law Enforcement Response to People in Crisis

Abramson, A. (2021). [Building Mental Health into Emergency Response](#). American Psychological Association.

This article describes various approaches pairing mental health and law enforcement professionals in response to mental health crisis calls.

Balfour, M., Stephenson, A., Winsky, J., and Goldman, M. (2020). [Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies](#). National Association of State Mental Health Program Directors.

This report identifies best practices for law enforcement crisis response, outlines a continuum of care providing alternatives to law enforcement and ED utilization, offers strategies for collaboration, and presents policy considerations.

Bureau of Justice Assistance. (n.d.). [Police-Mental Health Collaboration \(PMHC\) Toolkit](#). (Accessed 1/4/2023.) U.S. Department of Justice.

This toolkit offers resources to help law enforcement agencies and their community partners safely and effectively respond to calls involving persons with mental illness or intellectual and developmental disabilities.

City of Boise. (2022). [Behavioral Health Response Team](#).

This web page describes the city's behavioral health response team – composed of two sworn behavioral health officers and two civilian mental health coordinators – and their responsibilities responding to service calls, developing law enforcement training and policy, and coordinating with other community partners.

Climer, B. and Gicker, B. (2021). [CAHOOTS: A Model for Prehospital Mental Health Crisis Intervention](#). *Psychiatric Times*. 38(1).

The authors describe Crisis Assistance Helping Out On The Streets (CAHOOTS), a pre-hospital, mobile, crisis-intervention program implemented in Eugene, Oregon to address the city's response to mental illness, substance abuse, and homelessness. CAHOOTS has become a model for other jurisdictions across the U.S.

Community Research Foundation. (n.d.). [Psychiatric Emergency Response Team](#). (Accessed 1/4/2023.)

This web page provides information on San Diego County's Psychiatric Emergency Response Team (PERT) – staffed by licensed mental health clinicians and specially trained law enforcement officers and paramedics – that responds to persons experiencing a behavioral health crisis. Among the fiscal year 2019-2020 highlights, 47 percent of PERT crisis interventions diverted people from hospital transports to other community resources.

Fendrich, M., Ives, M., Kurz, B., et al. (2019). [Impact of Mobile Crisis Services on Emergency Department Use Among Youths with Behavioral Health Service Needs](#). *Psychiatric Services*.

The authors examined subsequent ED use during an 18-month follow-up period by two cohorts of pediatric patients seeking behavioral health care: one used mobile crisis services and another used behavioral health ED services during the same year. They found a 25 percent reduction in risk and a 22 percent reduction in incidence of subsequent behavioral health ED visits among the cohort who received mobile crisis services.

International Association of Chiefs of Police and University of Cincinnati Center for Police Research and Policy. (n.d.). [Assessing the Impact of Mobile Crisis Teams: A Review of the Research](#). (Accessed 1/4/2023.)

This report reviews research on the effectiveness of mobile crisis teams in response to persons experiencing behavioral health crises.

Los Angeles County. (2021). [Expedited Joint Response Protocol with the DMH Field Response Operations \(FRO\)](#).

This protocol describes the joint response of the county's Field Response Operations (Department of Mental Health Psychiatric Mobile Response Teams and Law Enforcement Teams) and the Department of Children and Family Services to children and non-minor dependents experiencing acute mental health episodes.

Marcus, N. and Stergiopoulos, V. (2022). [Re-examining Mental Health Crisis Intervention: A Rapid Review Comparing Outcomes Across Police, Co-Responder, and Non-Police Models](#). *Health and Social Care in the Community*. 30(5):1665-1679.

The authors reviewed 62 articles published between 2010 and 2020 on the effectiveness of various mental health crisis intervention models. They found that co-responder models may lead to improved outcomes compared to crisis intervention teams, but most studies were observational and there was a lack of high-quality studies.

Meehan, T., Brack, J., Mansfield, Y., and Stedman, T. (2018). [Do Police-Mental Health Co-Responder Programmes Reduce Emergency Department Presentations or Simply Delay the Inevitable?](#) *Australasian Psychiatry*. 27(1):18-20.

This study assessed the outcomes of persons for two weeks following intervention by a law enforcement-mental health co-responder team in Australia. The authors found that of the 67 percent of persons who remained in their homes rather than being transported to an ED or taken into police custody, 12 percent presented to the ED in the subsequent two weeks and less than four percent of those were admitted to the hospital.

Sarasota County Sheriff's Office. (2021). [How We Serve: Our Approach to Mental Illness](#).

This web page describes the resources and practices used by county law enforcement during encounters with persons experiencing mental illness.

Substance Abuse and Mental Health Services Administration. (2020). [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#). U.S. Department of Health and Human Services.

This toolkit provides national guidelines for crisis care, tips for implementation, and tools to evaluate alignment of systems to the national guidelines.

Watson, A., Compton, M., and Pope, L. (2019). [Crisis Response Services for People with Mental Illnesses or Intellectual and Developmental Disabilities: A Review of the Literature on Police-Based and Other First Response Models](#). Vera Institute of Justice.

This report summarizes research on nine police-based and other crisis response service models for persons with mental illness or intellectual and developmental disabilities.

White Bird Clinic. (2020). [CAHOOTS and the Police Departments](#).

This web page describes Crisis Assistance Helping Out On the Streets (CAHOOTS), a non-law enforcement, community-based, public safety team in Eugene, Oregon that responds to mental health-related crises.

White Bird Clinic. (2020). [Crisis Assistance Helping Out On the Streets Media Guide 2020](#).

This media guide provides details about the CAHOOTS program, including data on cost savings to emergency medical services and law enforcement and diversion from EDs.

III. General Resources Related to Psychiatric Holds and ED Boarding Times

American College of Emergency Physicians (ACEP). (2022). [Emergency Department Boarding and Crowding](#).

This web page includes ACEP advocacy resources, policy statements, council resolutions, links to research, and other information related to the challenges of emergency department boarding.

American College of Emergency Physicians. (2015). [Practical Solutions to Boarding of Psychiatric Patients in the Emergency Department: Does Your Emergency Department Have a Psychiatric Boarding Problem?](#)

This paper from members of ACEP's Emergency Medicine Practice Committee documents the challenges associated with boarding mental health patients in the ED and potential solutions.

American College of Emergency Physicians. (n.d.). [Psychiatric Holds](#). (Accessed 1/4/2023.)

This web page includes links to state legislation, guidelines, and other resources related to reducing psychiatric hold times.

American College of Emergency Physicians. (2019). [Resources on Behavioral Health Crowding and Boarding in the Emergency Department](#).

This document was compiled by members of ACEP's Emergency Medicine Practice Committee and provides descriptions of and links to resources on: general crowding and boarding; psychiatric boarding/prevalence; interventions to address psychiatric boarding; the Emergency Medical Treatment and Labor Act; state reports and initiatives; and telemental health.

American Psychiatric Association. (2022). [The Psychiatric Bed Crisis in the US: Understanding the Problem and Moving Toward Solutions](#).

This report reviews the historical and current context of access to inpatient psychiatric care, assesses the current outpatient and inpatient capacity, and proposes a model to estimate community psychiatric bed needs.

ASPR TRACIE. (2021). [Hospital Surge of Patients with Behavioral Health Challenges during COVID-19](#).

This ASPR TRACIE technical assistance response document includes comments from Subject Matter Expert Cadre members and resources related to the surge of patients with behavioral health challenges in hospitals during the COVID-19 pandemic.

Commonwealth of Massachusetts. (2022). [Expedited Psychiatric Inpatient Admissions \(EPIA\) Policy](#).

This resource describes EPIA protocols for the Commonwealth of Massachusetts and the process followed to develop them.

Laderman, M., Dasgupta, A., Henderson, R., and Waghray, A. (2018). [Tackling the Mental Health Crisis in Emergency Departments: Look Upstream for Solutions](#). Health Affairs.

The authors identify five components of approaches to improve psychiatric care in the ED: building and leveraging partnerships with community-based services; coordinating and communicating between the ED and other health care and community-based services; standardizing hospital processes for a range of mental health and substance abuse issues; engaging and equipping patients, their family members, and caregivers to support self-management; and creating a trauma-informed culture among ED staff.

Nordstrom, K., Berlin, J., Nash, S., et al. (2019). [Boarding of Mentally Ill Patients in Emergency Departments: American Psychiatric Association Resource Document](#). The Western Journal of Emergency Medicine. 20(5):690-695.

This resource provides an overview of the psychiatric boarding problem and recommends ED and other hospital-based, community, state level, and national level solutions.

Office of the Assistant Secretary for Planning and Evaluation. (2008). [A Literature Review: Psychiatric Boarding](#). U.S. Department of Health and Human Services.

While dated, this literature review documents the long-standing challenges of psychiatric boarding, including factors leading to the practice, effects on patients and others, and potential solutions.

Shaw, G. (2019). [No ED is Immune from Psychiatric Patient Boarding](#). Emergency Medicine News. 41(4):24-25.

This report discusses some of the factors associated with ED boarding of psychiatric patients and potential solutions.

Tavernero, T. (2018). [Addressing Psychiatric Boarding in the Emergency Department](#). TeamHealth.

This white paper describes the challenges of psychiatric boarding in the ED and suggests telepsychiatry, specialized units, and management strategies as potential solutions to address them.

Thrasher, T., Rolli, M., Redwood, R., et al. (2019). [‘Medical Clearance’ of Patients with Acute Mental Health Needs in the Emergency Department: A Literature Review and Practice Recommendations](#). WMJ. 118(4):156-163.

This article describes the efforts of a task force representing the Wisconsin Chapter of the American College of Emergency Physicians and the Wisconsin Psychiatric Association to review literature and clinical practice guidelines on care of emergency department patients with acute mental health care needs. The task force used this literature review as the basis for evidence-based recommendations to speed up the medical evaluation of emergency department patients requiring admission to an inpatient psychiatric facility.

Treatment Advocacy Center. (2019). [Delayed and Deteriorating: Serious Mental Illness and Psychiatric Boarding in Emergency Departments](#).

This brief provides data on psychiatric boarding in EDs, factors leading to its practice, and its costs to patients and others.

Trivedi, T., Glenn, M., Hern, G., et al. (2019). [Emergency Medical Services Use Among Patients Receiving Involuntary Psychiatric Holds and the Safety of an Out-of-Hospital Screening Protocol to “Medically Clear” Psychiatric Emergencies in the Field, 2011 to 2016](#). Annals of Emergency Medicine. 73(1):42-51.

The authors reviewed emergency medical services patient encounters in a single county over a five-year period for the safety and effectiveness of a field-based screening protocol. They found that 10 percent of encounters were for involuntary psychiatric holds, and among the 40 percent directly transported to a psychiatric facility rather than an ED only 0.3% required re-transport to an ED within 12 hours of their transport.

Various Authors. (2022). [Letter to the President on ED Boarding Crisis](#).

This letter to the President of the U.S. signed by 35 organizations documents the effects of ED boarding on both patient care and staffing and requests a summit of stakeholders to identify short and long-term solutions to persistent ED boarding challenges.

Wilson, M., Nordstrom, K., Anderson, E., et al. (2017). [American Association for Emergency Psychiatry Task Force on Medical Clearance of Adult Psychiatric Patients. Part II: Controversies over Medical Assessment, and Consensus Recommendations](#). *Western Journal of Emergency Medicine*. 18(4).

The task force reviewed questions related to defining an adequate medical exam, the role of routine laboratory testing and medical algorithms, and the capabilities of psychiatric receiving facilities and offered eight recommendations for the evaluation of psychiatric patients in the ED.

Yoon, J., Luck, J., Cahn, M., et al. (2016). [ED Boarding of Psychiatric Patients in Oregon: A Report to Oregon Health Authority](#). Oregon State University College of Public Health and Human Services.

This report analyzes the extent of psychiatric ED boarding in the state of Oregon, identifies causes of the practice, and suggests potential solutions.

Zeller, S., Calma, N., and Stone, A. (2014). [Effects of a Dedicated Regional Psychiatric Emergency Service on Boarding of Psychiatric Patients in Area Emergency Departments](#). *West Journal of Emergency Medicine*. 15(1):1-6.

The authors assessed the use of a regional emergency psychiatric facility that evaluates and treats all mental health patients in a geographic region and accepts direct transfers from other EDs. They found that transferring patients to the regional facility from other EDs reduced the length of psychiatric boarding times by more than 80 percent in comparison to state ED averages and that 75 percent of the crisis mental health population could be stabilized at the regional facility.