

# NO. 7: EFFECTIVE STRATEGIES FOR COORDINATION WITH HOUSING SYSTEMS AND LAW ENFORCEMENT

*Providing an array of responses is an effective way for states to reduce law enforcement encounters for individuals with behavioral health conditions.*

## Background

The experience of homelessness has the potential to create or exacerbate behavioral health symptoms. Crisis providers often respond to individuals who are experiencing homelessness and also having a behavioral health crisis. States are beginning to reimagine their behavioral health crisis response systems, but in many places – particularly rural and other areas with inadequate resources – law enforcement is still the default responder to these situations. Individuals experiencing homelessness are more likely to have law enforcement called on them, particularly when in crisis. Furthermore, this likelihood can be heightened by bias based on perceived characteristics (e.g., race, gender, and age).

Strategies that promote deflection from unnecessary and potentially traumatizing interactions with law enforcement require cross-sector planning and real-time coordination. Effective coordination between crisis providers, homelessness service providers, and law enforcement is necessary to ensure a comprehensive crisis system that responds to *all* the needs of the individual and facilitates access to services that can address [social determinants of health](#).

## Strategies for Cross-Sector Collaboration

1. Center crisis system planning and implementation on lived experience, with the driving goal of creating equitable and trauma-informed systems.
  - ✓ Establish an interagency task force with shared decision-making and with representation from all necessary community partners, including behavioral health (mental health and substance use treatment) providers, government partners, persons with lived experience, community-based organizations and social services agencies, housing and homelessness providers, law enforcement, and community advocates.
2. Provide cross-training to ensure role clarity, smooth partnerships, bidirectional referrals, and shared understanding of resources.
  - ✓ **Crisis providers** can train homeless service providers and law enforcement personnel on available crisis services, signs/symptoms of behavioral health crisis and overdose, and de-escalation techniques.
  - ✓ **Homeless service providers** can train crisis providers on coordinated entry assessment, the Department of Housing and Urban Development (HUD)'s [Continuum of Care \(CoC\)](#) and housing system, and effective engagement strategies for people experiencing homelessness.
  - ✓ **Service providers** (crisis and homeless system) should facilitate specialty trainings for law enforcement on topics such as behavioral health, de-escalation, and homeless resources and engagement.
  - ✓ Service providers can attend law enforcement roll call (shift change) to establish relationships and enhance awareness of programs and resources.



The NASMHPD - TTI Knowledge Bites [webinar series](#) was produced by the [National Association of State Mental Health Program Directors](#) in 2023. Each webinar is accompanied by a Knowledge Bite summarizing recommendations, community examples, and resources.

3. Ensure real-time information-sharing through the following strategies:
  - ✓ Data sharing agreements and informed consent to share information in compliance with [the Homelessness Management Information System \(HMIS\)](#), [HIPAA \(Health Insurance Portability and Accountability Act of 1996\)](#), and [42 CFR Part 2 regulations](#)
  - ✓ Use memorandums of understanding (MOUs) to formalize partnerships and roles between crisis system and Continuum of Care members.
  - ✓ Integrate Homeless Management Information System (HMIS) and electronic health records to streamline intakes and communication between crisis providers and homeless system providers.
  - ✓ Encourage homeless services providers to collaborate with crisis providers on locating and coordinating with individuals who are unsheltered.
  - ✓ Encourage crisis providers to proactively engage homeless providers on the best ways to contact an individual's homeless system provider, in order to garner as much information as possible to support crisis triage and response, and to facilitate a transition back into services once the individual is stabilized.
  
4. Ensure timely follow-up services, warm handoffs (i.e., transferring an individual from one provider to another in person and with the referring participant present, utilizing a foundation of trust and respect), and smooth communication among services.
  - ✓ Ensure quick hand-offs from law enforcement and warm-handed referrals with crisis providers.
  - ✓ Establish a dedicated call line between crisis providers and law enforcement in order to prioritize timely response and deflect law-enforcement-led responses when appropriate.
  
5. Consider strategies to improve law enforcement response to behavioral health crises, including co-locating behavioral health professionals in 911 call centers; diversion; co-response; and warm handoffs.
  - ✓ Collaborate to analyze 911 calls that could be served by an alternative response in order to quantify the needs and define services.
  - ✓ Interventions should provide the least restrictive response appropriate for each situation. If the situation does not require law enforcement, then it should not involve law enforcement.

**PROGRAM SPOTLIGHT: PROMOTING SYSTEM CHANGE THROUGH COLLABORATION**

**The Policing Alternatives and Diversion (PAD) Initiative**

Providing an array of responses is an effective way for states to reduce law enforcement encounters for individuals with behavioral health conditions. Non-emergency responses can support crisis prevention through connections to upstream services that address social determinants of health. A community in Atlanta, GA worked collaboratively to ensure a continuum of responses. The Policing Alternatives and Diversion (PAD) Initiative utilized a collaborative model to bring together legal partners, city agencies, directly impacted community members, and service providers to plan an alternative response. PAD provides alternative first response dispatched through the city's 311 line for concerns related to mental health, substance use, or extreme poverty, as well as diversion from jail for individuals detained by police. By connecting marginalized residents to community resources, PAD offers a new approach to community safety and wellness that reduces reliance on law enforcement and incarceration.



PAD utilized a collaborative design to engage directly impacted community members through listening sessions, surveying residents about service provision needs and designing protocols with stakeholders. The model focuses on connection and collaboration between community members, social service providers, local government, and specialized responders to take a holistic approach to community wellness. PAD aids in crisis prevention by increasing the accessibility and connection to services and resources with a three-pronged approach:

- **Community First Response:** On-scene outreach to individuals referred through the 311 non-emergency city services line for common quality-of-life concerns
- **Pre-Arrest Diversion:** Warm handoff by law enforcement when an individual has been detained and appears to have needs related to substance use, mental illness, or extreme poverty.
- **Care Navigation:** Direct support for basic needs and long-term case management for people with criminal justice system involvement.

Implementing PAD services required extensive collaboration with justice partners, including:

- An intergovernmental agreement to develop and guide a diversion strategy with equal representation from city, county, and community agencies.
- An operational working group with public safety including law enforcement and service providers to review diverted individuals monthly to resolve legal barriers.
- Coordination with public safety partners to ensure warm-handed referrals for services.
- Coordination with court and hospital systems to create referrals, track progress, and coordinate care for individuals.
- Analysis of 911 calls to determine appropriate call types for deflection, and of arrest data to determine frequent charge types that should be targeted for diversion.

## Policy Recommendations for State Behavioral Health Authorities

- Use data on local jail bookings and 911 calls for services to inform the design of interventions that will reduce incarceration for people with behavioral health needs.
- Make sure officers are aware of and engaging with crisis and non-crisis behavioral health resources, including any diversion strategies; provide training on engagement strategies.
- Identify and invest in a continuum of behavioral health responders who can provide emergency and non-emergency response for concerns related to behavioral health conditions.
- Invest in a public infrastructure that proactively meets people's basic needs and addresses social determinants of health.
- Ensure safe, supportive, low-barrier, non-congregate shelter, and increase investments in housing solutions.
- Leverage state, federal, and private investments to enhance crisis services, mental health care, substance use treatment, and harm reduction programs.

