

February 24, 2021

Testimony on House Bill 2417



Chair Sanchez and members of the committee:

My name is Dr. Jonathan Betlinski, and I am an Adult Psychiatrist currently serving as the Director of Public Psychiatry at OHSU. I write today on behalf of OHSU in support of House Bill 2417, which would create a program to provide 50% matching grants to cities or counties to fund mobile crisis intervention team programs (MCITs).

As you might guess from my title, one of my passions is making sure the publicly funded system of mental health care delivers effective help to Oregonians. Earlier in my career, I also served as the Medical Director for a walk-in, urgent mental health clinic and Medical Director for a mobile mental health crisis response team similar to those described in this bill. I've been to Vancouver, B.C. several times to learn from the MCIT there, as well. Based on these perspectives and a survey of the available literature, I offer the following insights on MCIT programs and why the Oregon Legislature should support and invest in them.

1. MCITs result in more efficient use of available resources. In 2016, Fahim and colleagues found their mobile crisis intervention team program not only reduced the number of people transported to a hospital by nearly half, but more than doubled the rate at which those transported to the hospital were seen by a psychiatrist.ⁱ
2. MCITs can reduce both interactions between police and those experiencing mental health crises, and use of involuntary holds, as shown by Puntis and colleagues in 2018.ⁱⁱ These steps in turn reduce stigma and increase dignity for those with mental health crises.
3. MCITs can improve collaboration, efficiency, treatment and experience of care for those with mental health crises. In 2010, Kisely and colleagues found the MCIT they studied led to decreased time spent on-scene and decreased call-to-door time when responding to mental health crises, and also led to greater engagement with the mental health system.ⁱⁱⁱ In 2015, Lee and colleagues found that not only did police observe benefits of this model for both police and consumers, but most crises could be managed effectively by the team in the community, without transport to a hospital emergency room or admission to a psychiatry unit.^{iv}
4. MCITs are seen as valuable by community stakeholders, as shown by Kirst and colleagues in 2015.^v
5. While most of the research on MCITs has been done in urban settings, Bonyng and colleagues have shown that implementing mental health crisis response works in rural settings, also.^{vi}
6. MCITs can help preserve valuable law enforcement resources for other uses. In 2020, Semple and colleagues showed that implementing a mobile crisis team in a small Canadian police service saved both time and money for the service, and also "saw and increase in community resources provided to clients in need and a decrease in involuntary apprehensions."^{vii}
7. MCITs may be more effective than separate mental health crisis and police response programs. Daggenvoorde and colleagues showed earlier this year that pairing police and mobile crisis workers removes much of the friction between mobile crisis programs and law enforcement.^{viii}

8. And finally, implementation of MCITs need not be complicated. For those communities looking for advice on how to set up these kinds of programs, Bailey and colleagues have published a helpful guide to the “Barriers and facilitators to implementing an urban co-responding police-mental health team” that can serve as a helpful foundation to Oregon’s efforts in this area.^{ix}

Because of these benefits, I support House Bill 2417, and I ask for your support, also.

Thank you.

ⁱ Fahim C, Semovski V, Younger J. The Hamilton Mobile Crisis Rapid Response Team: A First-Responder Mental Health Service. *Psychiatr Serv*. 2016 Aug 1;67(8):929. doi: 10.1176/appi.ps.670802. PMID: 27476897.

ⁱⁱ Puntis S, Perfect D, Kirubarajan A, Bolton S, Davies F, Hayes A, Harriss E, Molodynski A. A systematic review of co-responder models of police mental health 'street' triage. *BMC Psychiatry*. 2018 Aug 15;18(1):256. doi: 10.1186/s12888-018-1836-2. PMID: 30111302; PMCID: PMC6094921.

ⁱⁱⁱ Kisely S, Campbell LA, Peddle S, Hare S, Pyche M, Spicer D, Moore B. A controlled before-and-after evaluation of a mobile crisis partnership between mental health and police services in Nova Scotia. *Can J Psychiatry*. 2010 Oct;55(10):662-8. doi: 10.1177/070674371005501005. PMID: 20964945.

^{iv} Lee SJ, Thomas P, Doulis C, Bowles D, Henderson K, Keppich-Arnold S, Perez E, Stafrace S. Outcomes achieved by and police and clinician perspectives on a joint police officer and mental health clinician mobile response unit. *Int J Ment Health Nurs*. 2015 Dec;24(6):538-46. doi: 10.1111/inm.12153. Epub 2015 Aug 27. PMID: 26597480.

^v Kirst M, Francombe Pridham K, Narrandes R, Matheson F, Young L, Niedra K, Stergiopoulos V. Examining implementation of mobile, police-mental health crisis intervention teams in a large urban center. *J Ment Health*. 2015 Dec;24(6):369-74. doi: 10.3109/09638237.2015.1036970. Epub 2015 Sep 18. PMID: 26383041.

^{vi} Bonyng E, Lee RG, Thurber S. A profile of mental health crisis response in a rural setting. *Community Ment Health J*. 2005 Dec;41(6):675-85. doi: 10.1007/s10597-005-6427-2. PMID: 16328582.

^{vii} Semple T, Tomlin M, Bennell C, Jenkins B. An Evaluation of a Community-Based Mobile Crisis Intervention Team in a Small Canadian Police Service. *Community Ment Health J*. 2021 Apr;57(3):567-578. doi: 10.1007/s10597-020-00683-8. Epub 2020 Jul 16. PMID: 32676879.

^{viii} Daggenvoorde TH, van Eerden M, van den Heuvel SC, Gijssman HJ, Vermeulen H, Goossens PJ. Emergency care to 'persons with confused behavior': Lived experiences of, and collaboration between, police and members of a mobile crisis team - A hermeneutic-phenomenological study. *Int J Soc Psychiatry*. 2021 Feb 10:20764021994606. doi: 10.1177/0020764021994606. Epub ahead of print. PMID: 33567943.

^{ix} Bailey K, Paquet SR, Ray BR, Grommon E, Lowder EM, Sights E. Barriers and facilitators to implementing an urban co-responding police-mental health team. *Health Justice*. 2018 Nov 22;6(1):21. doi: 10.1186/s40352-018-0079-0. PMID: 30467739; PMCID: PMC6755583.