CLINICAL PROJECT PLAN FOR IMPROVEMENT OF EMERGENCY HEALTH SERVICES TO BEHAVIORAL EMERGENCY PATIENTS

Ruth I. Fox, EMSS Project Director of Hudson Valley Region
Harriet Fein, Alcohol Services Coordinator, Dutchess County Department of Mental Hygiene
Esther Mallach, Director, Mental Health Assoc. of Westchester, Inc.
Leonard Schrager, Deputy Director, Community Mental Health Services
Susan Weissman, Coord. Planning and Systems Analysis, Harlem Valley Psychiatric Center

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I GOAL AND SPECIFIC OBJECTIVES OF THE EMERGENCY MEDICAL SERVICES SYSTEM

The primary goal in the establishment and operation of an Emergency Medical Service System in the Hudson Valley Region - Sullivan, Putnam, Ulster, Dutchess, Orange, Rockland, Westchester Counties - is to decrease deaths and disabilities resulting from medical emergencies.

In order to achieve that goal, specific objectives at this time of the developing Emergency Medical Services System are to improve the delivery of emergency health care to critically ill patients with burn, cardiac, neonatal, trauma, poison or behavioral emergencies.

For the patients with behavorial crises whether it be drug abuse, alcoholism, psychiatric disorders, rape or family violence one of the priority needs is to obtain better emergency services from the first responders. Members of the police department are usually called initially to respond to a behavioral emergency.

Although proper training and guidance are needed in all instances to deliver effective emergency medical services, "the personnel who provide ambulance, fire or police service are almost totally unprepared to render psychological first-aid in the management of acute mental problems. There is an absence of training in psychological disturbances, not only among ambulances, fire and law enforcement personnel, but also among emergency room personnel". 1/

1/ Frederick, C.J. and Frank, Janet O. "The Federal Role in Emergency Mental Health Service" paper appended to report System Response to Behavorial Emergencies, EMS National Symposium held at Grand Rapids, Mich. Nov. 1975.

II THE PURPOSE OF THIS CLINICAL PROJECT PLAN

The aim of this program is to meet one of the priority needs of behavorial emergencies by providing training for "First Responders" or police officers. During fiscal year 1978-197 , (if funded) approximately 1,000 to 1,200, which represents about 20 to 25% of the police personnel in the Hudson Valley Region, should be trained to provide better emergency health services to people in behavorial crisis.

This training program is to develop specific crisis intervention skills among police personnel and to sensitize them in dealing with acute mental health problems of alcoholism, drug abuse, psychiatric emergencies, rape, family violence, child abuses, etc.

Since the Emergency Medical Service System does not have the expertise to provide specialized training in "crisis intervention" in the mental health field, this project plan will be developed by purchasing services from experts in the field of teaching/mental health.

III JUSTIFICATION OF NEED

In this seven county region, there are four key factors influencing the need for training of "First Responders" (usually police personnel who respond first to the call for emergency help) to deal with behavorial emergencies.

1. The concept and program of decriminalization of alcoholism has changed the role of both community service agencies and local law enforcement agencies dealing with alcoholics.

   The National Institute of Alcohol Abuse and Alcoholism estimates that 5% to 8% of the population may be alcoholics or alcohol abusers. The Hudson Valley Health Systems Agency, Inc. estimates that as many as 68,821 people in this region may be active alcoholics.[1/] (See Table II in Appendix) Although all of the active alcoholics may not be "problem drinkers," a large number require help from community agencies and local law enforcement agencies. If the under 20 age group is included in these estimates, the number would be higher. National estimates are that "five million teenagers in the U.S. were drinking on a weekly basis and reported having been drunk at least once in a 60 day period".

   It has been estimated that about $\frac{1}{2}$ of the attacks on battered wives are due to husband's alcoholism. Family violence situations require assistance from "First responders".

   The magnitude of this disease and its impact on people and events (such as the frequency and severity of accidental injuries) require that the public safety agencies - police personnel as providers of human services and as an integral part of an EMSS - be prepared to cope effectively with emergencies of alcoholism as they occur in the communities.

   Despite the decriminalization concept and effort, the stigma attached to alcoholism contributes to the problems of identification and referrals and treatment. Attitudes of the general public, health professionals and para-professionals toward alcoholism appear to be negative. Therefore, with the decriminalization process, specific programs should be developed to educate the general public about the disease of alcoholism. (See Table IV in Appendix)

   The providers of human services (i.e., physicians, staff of hospitals, ambulance corp persons and police officers) must be trained on identification, referral and/or treatment of alcoholism. On a long range basis, screening programs should be established in emergency rooms and hospital admissions offices.

1/ Hudson Valley Health Systems Agency, Inc. "Mental Health Task Force Report". Page AA-5

The estimated number of substance abusers in the Hudson Valley Region for residents age 14 and over totals nearly 289,000 of which 99,400 individuals abused licit drugs, non-narcotic illicit drugs, non-heroin opiates and heroin. (See Table I in Appendix)

The number of drug arrests in the region for 1975 totaled 3,050.(See Table III in Appendix)

There were 53 drug-related deaths in the Hudson Valley Region in 1975. HSA reports that Westchester County accounted for nearly 80% of these drug-related deaths; 14.2% of all deaths in Westchester County for the age group 15 to 24 were drug-related.

Both the arrests and drug-related deaths for the Hudson Valley Region indicate that the problem of drug abuse is serious and will require continued services for prevention, early detection and treatment of the substance abusers.

Despite the fluctuation of public attitude on decriminalization of drug abuse other than alcohol, substance abuse, like the disease of alcoholism, requires trained personnel to identify and act quickly in emergencies such as heroin overdose, multiple drug use, life threatening withdrawal crisis, etc.

2. The deinstitutionalization of mental patients has increased the community population - at - risk to acute mental problems.

According to the H. V. HSA, "In 1976 the deinstitutionalization policy of the New York State Department of Mental Hygiene has resulted in the release of 3,841 patients from the psychiatric centers in the 7 county region. The trend is toward shorter psychiatric hospital stays and short-terms stabilization of psychiatric conditions.

The psychiatric centers provided out-patient services to 11,741 individuals during 1976-77."

The deinstitutionalization program has created a new and immediate challenge to all community resources - especially to the physicians, hospitals, public health organizations, public safety agencies and emergency medical service providers who are in a first line service position in the detection, referral and treatment of patients with psychiatric emergencies.

3. The roles and functions of police personnel are changing to include human service activities as well as law enforcement and crime detection duties.

As much as "80-90% of a police officer's time may be spent in an increasing array of important human service functions. Traditional training gives them few tools to aid them in performing these functions. If the police are to provide these human services in the manner most satisfactory both to the public and to the officer, it is essential to draw upon the knowledge in other fields related to human behavior. This does not mean that police officers should be made over into psychologists or social workers, rather it means that they should combine knowledge from these fields with their own unique experiences and expertise to perform all aspects of their job with maximum effectiveness, safety, and satisfaction". 1/

4. There are serious gaps in the training program of police officers for their currently increasing number of human service functions.

There is evidence that police are currently engaged in a variety of quasi-mental health roles with little or no training.....
There is evidence that their lack of training is often personally dangerous and is wasteful to society.....

The President's Commission on Law Enforcement reported the following findings for the United States:

a. Instruction in most departments is inadequate.

b. Police instruction use antiquated teaching methods - the lecture is the dominant method of instruction.

c. Peace-making and service activities receive too little consideration.

d. There is need for problem solving seminars.

e. Police are expected to handle with finesse, moderation and effectiveness some of society's most intricate problems; yet in many cases they are denied means to such finesse.

1/ Bord, Morton and Illisan, Katherine. "Crisis Intervention and Investigation of Forcible Rape".

f. Need for continued education and training is indicated.

g. Major source of difficulty has been conflicts between role of law enforcement and citizen perception of this role; there is need for interdisciplinary nature of police and community relations to be addressed.

In New York State, The Municipal Police Training Commission of Albany establishes the initial training guidelines for recruit training of police. (See Guidelines in Appendix) After the initial training program at the recruit level, no programs of training in EMS are mandated in any form. There has been an effort, on local levels, to train officers in dealing with behavioral emergencies but no guidelines or programs are available.

In the Hudson Valley Region, Rockland County is making some effort to correct this problem. A questionnaire to "Road Officers" (those officers in the field who are the true first responders) as to what they feel they need in additional training showed emergency medical training as one of the top three priorities. The County has mandated a fully certified Crash Injury Management course for all new recruits and also an in-service CIM program for veteran officers. Classes are taught by Emergency Medical Technicians (EMT) and CIM instructors.

Their handling of behavorial emergencies has been instructed by staff of the Rockland County Mental Health Center. They have instituted a two day session dealing with crises intervention. They are dealing with alcoholism, drug abuse, family violence, psychological problems, suicide, rape.

However, the main difficulty is to get officers to attend, as there are no mandates requiring attendance and support is lacking from Police Chiefs. This latter problem can be traced to manpower shortages and fiscal constraints.

Westchester County is testing ! a four hour "Behavorial Emergency" training session for deputy sheriffs, under the auspices of the Mental Health Association. It is hoped that the program can be enlarged if funding is available. Training in emergency care is minimal and is available at the American Red Cross Standard First Aid level only. In Westchester County, local law enforcement agencies, who constitute the bulk of police officers, are on their own in seeking crises intervention training for behavorial emergencies.

In December, 1977 in Westchester County, a group of mental health professionals met with representatives of the police and of the sheriff's office to learn in what areas the professionals could help most. Police response was mental health, child abuse, family violence, alcoholism, suicide, rape, etc.

Training programs are now being planned for a five day session to deal with crisis prevention in the areas they designated. This will be offered to 36 officers from Westchester, Putnam and Dutchess Counties.

Continuation and extent of this type of training program depends on the availability of funds. The Sheriffs' departments in Ulster, Sullivan, Dutchess, Putnam and Orange Counties have limited training capabilities for their own deputies in all EMS fields. They utilize local Mental Health Boards for basic instruction only. Again, local police departments are not required to have more training. Behavioral crisis intervention training is not mandated for local police department personnel.

Investigation has shown that the overall training in medical and behavorial emergencies, as far as Public Safety agencies are concerned, is fragmented with no clear direction due to lack of mandates from higher authorities. Some direction is provided at local or county levels. However, no individual department can be forced to offer training to its officers.

The guidelines being used at the present time in the Basic Training course for police officers are included in the appendix. The Westchester County Sheriff's Department is running the Police Recruit School for Westchester, Putnam and Dutchess Counties.

The written guidelines provide for only three training hours for mental illness. Recently they expanded this to include drug abuse, suicide and rape and have extended the time to eight hours.

Instruction is by medical doctors from the Department of Mental Hygiene; and extensive use of role playing is involved. No form of certification is involved. The only EMS certification in the course is Cardiac Pulmonary Resuscitation (CPR) and Standard First Aid.

IV METHODOLOGY OR PROGRAM PLANS

A viable method of collaboration between first responders or police force, mental health professionals and emergency medical service providers can be achieved by the introduction of educational methods appropriate to functions of the public safety agencies concerning behavioral emergencies.

In large urban centers or in small towns, the interpersonal services performed by the police department warrant training to increase the sensitivity of policemen and policewomen to the needs of a changing society. 1/

If specialists in the mental health field and professionals in law enforcement and in the EMS system can successfully collaborate, each group can realize its primary mission and yet improve its necessary services to the community. Based on previous studies 2/ and experiences throughout the nation, various modalities of training police officers in dealing with behavorial emergencies are being tested in the Hudson Valley EMS Region at present.

For the implementation of this program, certain guidelines will be followed in subcontracting educational services to those mental health agencies that are proficient and experienced in the provision of training. Some of the recommendations made by the President's Commission on Law Enforcement will also be adopted.

Training courses should be guided by the following educational principles and techniques, with its rationale and its desired end results:

1. Training should be task oriented and add to the "How To Do" knowledge and skills of the trainees.

    a. The Training Program must be related to the functions of the police in sensitive emergency situations such as alcoholism, drug abuse, psychiatric emergencies, rape, family violence, etc.

    b. "How To Do" training must provide police trainees with skills on crisis intervention procedures.

1/ U.S. Department of Justice,
Law Enforcement Assistance Administration
"Training Police as Specialists in Family Crisis Intervention" p.3

2/ Ahern, James F. "Police in Trouble" N.Y. Hawthorn Books, Inc. 1972

c. During the training period, individual interaction in simulated field situations should reveal perception of police attitudes - negative impressions of women in rape cases, of mentally ill persons in psychiatric crisis, of minority group members in bizarre behavior, etc.

d. The sessions must develop interpersonal skills.

e. Since 40% of all police injuries occur on crisis intervention calls, the rationale for the development of trainee skills is to minimize danger to the police officer and provide safety for all other persons at the scene. Trainees' development of special skills in gathering needed information for specific types of behavioral emergencies is essential because, for example, in most states including New York, statutes exist which require a police officer to take an individual into custody whom the officer feels is mentally ill and is acting in a harmful or dangerous manner to himself and others; and generally the laws allow the officer to transport the individual for purposes of a committal examination. 1/

f. In the final analysis of "Do's" and Don't's", the actions taken by the police officers profoundly affect the outcome - i...e... effective action may result in prevention of a suicide and subsequent referral of the patient to the proper treatment and follow-up services; or after responding to a psychiatric emergency call and calming the situation and then transporting the patient to a hospital for psychiatric examination, the police officer may also be involved in transporting such individuals to committal facilities.

2. Course curriculae which are educationally oriented and add to the "why" understanding are to be developed and used to enable proper exercise of "discretion" by the police trainee to effectively implement knowledge and skills.

   a. The rationale for this guideline is that the police today require an increasing knowledge of the social sciences, especially psychology and sociology according to the report of International Association of Police Professors. Police today must understand the nature of the police function as related to principles of human behavior.

1/ Goldstein, D.P.; Monti, P.J.; Sardino, T.J.; Green, D.J. Police Crisis Intervention. Behaviordelia, Kalamazoo, Mich. p. 68

b. It is helpful for "First Responders" to behavioral emergencies to have some human relations training program in order to understand human inhibitions, emotions, reactions, attitudes. This understanding will enable police officers to provide better emergency services.

c. The President's Commission has recommended the use of professional educators and civilian experts - psychiatrists, social scientists, psychologists - to teach specialized courses on human behavior and the "new human services" performed by police. Educational units, taught by civilian specialists re community attitudes toward police and authority are also recommended to enhance the effectiveness of the responding officer to behavioral emergencies by providing him with guidelines which will assist him in the exercise of his discretion.

3. The following educational techniques may be used for sensitivity training and skills development of "First Responders":

a. Role playing and critical incident techniques in child abuse, accidents, family violence, rape, homicide, suicide situations, alcohol and drug abuse cases; etc. can be used to simulate police responses.

b. Interaction plus structured discussion under the direction of an experienced psychologist, psychiatric social worker, etc. may be helpful.

c. Dramatization of crisis by professional players are useful training techniques to effect attitudinal changes.

d. Use of films in the interaction process followed by small group discussion has proved effective.

V BUDGET AND IMPLEMENTATION SCHEDULE

For the most expedient and cost effective implementation of this training program the Hudson Valley EMSS Project, if funded, will purchase or contract training services with agencies that have the staff and expertise in the behavioral sciences and teaching fields to attain the goal of training approximately 1,000 to 1,200 police officers during a 12 month period of time in responding to behavioral emergencies in a sensitive and effective way for the ultimate purpose of decreasing fatalities and severity of injuries resulting from drug abuse alcoholism and psychiatric disorders.

Because of the geographical size of the Hudson Valley Region; and because the training sessions may have to occur in the evening or on weekends after the regular work day, the training sessions should be coordinated and conducted by one agency located in the northern part of the Region, and the other in the southern section. The budgetary allocation for each geographical sub-area will be approximately $35,000 to train 500 to 600 police personnel over a 40 week period of time - allowing for 10 to 12 weeks of the year for administrative preparation, recruitment and "tooling up" activities.

HUDSON VALLEY EMSS REGION

NORTHERN AREA		SOUTHERN AREA	
Dutchess	226,700	Westchester	890,000
Ulster	148,100	Rockland	260,500
Sullivan	54,850		
Putnam	69,550		
Orange	235,000		
Total Population	734,200		1,150,500
500 to 600 Trainees		500 to 600 Trainees	
12 weeks for preparation		12 weeks for preparation	
	(July, August, September 1978)		
40 weeks for training		40 weeks for training	
	(October 1978 to June 1979)		
52 Total Weeks		52 Total Weeks	

The population size of the northern and southern part of the Region is not equal. In negotiating the service contract, the EMSS Project will be flexible to allow for factors such as travel distance, population density, number of police officers in each county, etc.

If, at present, police officers have about 3 to 8 hours of training in mental health as part of their basic training, an additional 16 hours of total training per trainee for sensitivity and skills development will require the following general implementations schedule:

8 hours of sensitivity training	(possibly two 4 hour sessions)
8 hours of skill development	(possibly two 4 hour sessions)
16 total hours per trainee	

If the contract agency which coordinates and conducts the training sessions succeeds in arranging the scheduling during the regular work hours of the police staff, the time period can be made flexible (two 2 hour sessions in lieu of one 4 hour class). If the learning effectiveness is not jeopardized, two full days of training on weekends may also be the only time available for some trainees.

For each 16 hour cycle, if about 14 students are enrolled for each of the 40 weeks of training, the total number of trainees for the year would be 560 per sub-area or 1,200 which represents slightly more than 20% of the total number of police officers in the H.V.Region.

From a total Regional budget allocation of $70,000 for the Behavioral Emergency Training Program, $35,000 should be assigned for the northern and southern areas respectively, with expenditures estimated to be as follows per area:

Total Coordination Costs Includes use of training coordinator to organize classes, recruit trainees, administer program, provide evaluation reports, etc.		$10,000
Total Educational and Training Costs Estimated cost for each session (a session of 4 hours or reasonable facsimile with fee for session or other appropriate payment to professionals and others of the training team)		25,000
Training Team - Any combination of expertise Psychiatrist or psychologist or sociologist	$100.00	
Psychiatric Social Worker or M.S.W.	32.00	
Dramatic player or discussion leader or films and other educational materials	24.00	
Cost per 4 hour session	$156.00	
4 Sessions (16 hours) per cycle or cost per cycle	$625.00 (rounded)	
40 Cycles @ $625.00 = $25,000.00		
Total expenditure in each area		$35,000

VI EVALUATION

In addition to routine reports submitted to the Hudson Valley EMSS Project by each of the two contract agencies showing the number of enrolled trainees by name, age, sex, race or ethnic group, field experience, etc., the contractors will provide evaluation reports on the effectiveness of the Training Program.

There should be an analysis of trainees' questionnaire responses made at two different times. The first 100 trainees who complete the training course will fill out questionnaires indicating how much was gained by the teaching/learning experience in the "structured learning sessions" of each contracting agency.

Both areas should use the same questionnaire format which may be developed using the first three basic procedures of "Structured Learning Training" - namely, questions on modeling, role playing, and social reinforcement or other corrective feedbacks.

After the classroom training, in order to determine the extent of "transfer of learning" the first 100 trainees should submit field reports (the questionnaire may be a modified form of the Syracuse crisis intervention report) on the first ten emergency medical service calls for help on alcoholism, drug abuse, psychiatric disorder, rape and suicidal crises. Both the 200 questionnaire results on the structured learning and the subsequent 2000 field reports by "First Responders" to behavioral emergencies should be analyzed; and evaluation reports should be submitted to the Hudson Valley EMSS Project.

APPENDIX

Division of Criminal Justice Services
Bureau for Municipal Police
Executive Park Tower
Stuyvesant Plaza
Albany, New York 12203

BASIC TRAINING COURSE

FOR

POLICE OFFICERS

PART I.	ADMINISTRATIVE PROCEDURES	8 Hrs.
	A. Registration	
	B. Orientation	
	C. Opening Ceremonies	
	D. Distribution of Materials	
	E. Instruction in Classroom Notebook Requirements and Note Taking	
	F. Quizzes and Examinations	
	G. Graduation Ceremonies, etc.	
PART II.	THE ADMINISTRATION OF JUSTICE	12 Hrs.
	A. History and Philosophy of Law Enforcement	2 hrs.
	B. Crime in the United States	2 hrs.
	C. Police Organization	2 hrs.
	D. Jurisdiction of Law Enforcement	2 hrs.
	E. Probation & Parole	2 hrs.
	F. Social Agency Services	2 hrs.

PART III.	BASIC LAW	44 Hrs.
	A. Constitutional Law	2 hrs.
	B. Offenses	10 hrs.
	C. Criminal Procedure	21 hrs.
	1. Laws of Arrest	
	2. Search and Seizure	
	3. Field Interrogation, "Stop and Frisk"	
	4. "Miranda Warning"	
	5. Eye-witness Identification (victim, police line-up)	
	6. Rules of Evidence	
	7. Court Structure	
	8. Court Procedures	
	9. Accusatory Instruments	
	D. Vehicle and Traffic Law	7 hrs.
	E. Juvenile Law & Procedures	4 hrs.
PART IV.	POLICE PROCEDURES	78 Hrs.
	A. Patrol Functions	
	1. Patrol and Observation	6 hrs.
	2. Crimes in Progress	2 hrs.
	3. Field Note Taking and Reports	3 hrs.
	4. Disorderly Conduct and Domestic Complaints	2 hrs.
	5. Intoxication	2 hrs.
	6. Mental Illness	3 hrs.
	7. Alcoholic Beverage Control	2 hrs.
	8. The Nature and Control of Civil Disorder	2 hrs.
	9. Crowd and Riot Control Operations	2 hrs.
	10. Communications	2 hrs.
	B. Traffic	
	1. Traffic Enforcement	3 hrs.
	2. Vehicle Pullovers	2 hrs.
	3. Impaired Driving	2 hrs.
	4. Accident Investigation	7 hrs.
	5. Traffic Direction and Control	2 hrs.
	6. Emergency Vehicle Operation	2 hrs.

PART IV. (Cont'd.) POLICE PROCEDURES

C. Criminal Investigation

1.	Preliminary Investigation and Information Development	2 hrs.
2.	Interviews and Interrogations	4 hrs.
3.	Physical Evidence	4 hrs.
4.	Injury and Death Cases	2 hrs.
5.	Larceny and Theft Cases	4 hrs.
6.	Auto Theft	2 hrs.
7.	Burglary Cases	2 hrs.
8.	Robbery Cases	2 hrs.
9.	Sex Crimes	2 hrs.
10.	Narcotics and Dangerous Drugs	4 hrs.
11.	Organized Crime	3 hrs.
12.	Gambling	3 hrs.

PART V. POLICE PROFICIENCY AREAS 54 Hrs.

A.	Firearms Training	23 hrs.
B.	Arrest Techniques	14 hrs.
C.	Emergency Aid to Persons	10 hrs.
D.	Courtroom Testimony and Demeanor	3 hrs.
E.	Surveillance	2 hrs.
F.	Bombs and Bomb Threats	2 hrs.

PART VI. COMMUNITY RELATIONS 23 Hrs.

A.	Ethical Awareness	14 hrs.
B.	Police and Minority Groups	4 hrs.
C.	The Police and the Public	3 hrs.
D.	News Media Relationships	2 hrs.

PART VII. SUPERVISED FIELD TRAINING 40 Hrs.

PART VIII. ELECTIVES 26 Hrs.

TOTAL 285 Hours.