POLICE-MENTAL HEALTH COLLABORATION PROGRAMS:

CHECKLIST FOR **LAW ENFORCEMENT LEADERS**

WHY PRIORITIZE POLICE-MENTAL HEALTH COLLABORATION PROGRAMS?

Law enforcement calls for service involving people with mental illnesses are among the most complex, time-consuming, and potentially dangerous for officers, and often draw intense public scrutiny. The research is clear: People with mental illnesses who are referred to behavioral health treatment by law enforcement officers experience fewer subsequent contacts with the criminal justice system than those who were not referred to treatment. Law enforcement and behavioral health agency leaders across the country are increasingly partnering to develop Police-Mental Health Collaboration (PMHC) programs as part of a comprehensive approach to improve outcomes for this population, but also to help communities prioritize resources to have the greatest impact on public safety.

Crisis Intervention Teams (CIT) of specially trained officers are the most prevalent type of PMHC program, but police/mental health co-responder models, mobile crisis teams, and case management models also are used—sometimes in combination—by many agencies. The success of any model is dependent on the extent to which it is embraced by agency leaders and supported by adequate resources.

The following checklist is designed to help law enforcement leaders quickly gauge whether their community's PMHC program corresponds to best practices, is built on strong collaboration between law enforcement and behavioral health agencies, and strives to improve outcomes for people with mental illnesses. This review can be augmented with the Law Enforcement Program Managers' checklist, which addresses in more detail the criteria below.

CONSIDER THE FOUR KEY CRITERIA FOR LAW ENFORCEMENT LEADERS TO PROMOTE AN EFFECTIVE PMHC PROGRAM IN THEIR COMMUNITY:

Criteria 1: Demonstrate that the PMHC program is an agency priority.

- ☐ Law enforcement leaders send a clear message, both internally and publicly, that collaborating with the behavioral health agency on an PMHC program is an agency priority, and support the program when making budget, staffing and policy decisions.
- ☐ A single law enforcement agency representative (ideally senior level) is responsible for overseeing/managing the PMHC program.
- ☐ This PMHC program manager has the authority to implement strategies that promote agency-wide buy-in and is the liaison with collaborative partners and stakeholders.
- ☐ PMHC protocols are incorporated into the law enforcement agency's written policies/procedures, and PMHC program responsibilities are addressed in staff job descriptions, performance evaluations, and awards.

Criteria 2: Work with the behavioral health agency to improve coordinated responses and information-sharing practices that support PMHC programs.

- ☐ Interagency agreements, such as memoranda of understanding, facilitate the coordination of PMHC program services between law enforcement and behavioral health agencies.
- ☐ The PMHC program manager meets regularly with his or her behavioral health care counterparts to resolve challenges or conflicting organizational priorities.

- ☐ The law enforcement and behavioral health agencies clearly define the roles and responsibilities of all first and secondary responders, including the officers/deputies and behavioral health professionals who jointly respond to calls and/or make decisions about appropriate dispositions.
- ☐ An interagency agreement, and corresponding agency policies and procedures, explicitly governs the access, exchange, release, and storage of information between law enforcement and behavioral health agencies to ensure compliance with all federal, state, and local legal mandates.

Criteria 3: Provide appropriate education and training to agency leaders, officers/deputies, and other law enforcement personnel as well as cross-training for behavioral health professionals.

- ☐ The agency provides mental health training at the recruit, in-service, and specialized training levels that is responsive to the needs of the community and demands for service.
- ☐ Training curricula reflect an understanding that mental health calls for service require an approach and skills that are distinct from those required for other types of calls for service.
- ☐ Agency leaders and senior managers receive education/training on the police role in responding to people with mental illnesses, as well as on the proven approaches and skills required for an effective PMHC program.
- ☐ Officers/deputies and supervisors who respond to calls for service involving people with mental illnesses receive training to prepare for these encounters, including crisis de-escalation training.
- ☐ Officers/deputies who are designated as mental health specialists (e.g., CIT, co-responders, and case managers) receive a minimum of 40 hours of training that includes opportunities for hands-on experiential learning, such as role-play or group problem-solving exercises.
- ☐ Call-takers and dispatchers receive training to help them identify calls for service involving people with mental illnesses so they can direct calls to the appropriate responders.
- ☐ Behavioral health professionals and other stakeholders (e.g., mental health advocates, people with mental illnesses and their family members) participate in the design and delivery of law enforcement training for PMHC programs.
- ☐ Behavioral health professionals who play key roles in the PMHC program participate in the training for officers who are mental health specialists as well as in cross-agency training—such as ride-alongs or observing dispatchers—to improve mutual understanding of roles, responsibilities, and challenges.

Criteria 4: Measure the performance of the PMHC program and employ a reporting process that enhances buy-in, informs policy changes, and promotes accountability for results.

- ☐ The agency's information management systems (e.g., computer-aided dispatch, field reports, and records management system) are capable of tracking the number of mental health calls for service from the initial 911 call to an officer's final disposition.
- ☐ PMHC program data (e.g., the number of mental health calls for service, use of force, injuries, referral to behavioral health care providers, emergency evaluations, arrest/citation, jail or emergency room diversions, etc.) are collected and analyzed regularly.
- ☐ The agency has a transparent reporting process that uses PMHC program data analyses to inform management practices and budget decisions, as well as to update local leaders and the public about PMHC program performance.
- ☐ Performance measures consider both quantitative and qualitative data on key aspects of program operations and goals, as well as officers', behavioral health professionals' and community members' experiences and perceptions of the program.