Resources

SAMHSA

Substance Abuse and Mental Health Services Administration www.samhsa.org

SAMHSA Behavioral Health Treatment Services Locator: http:findtreatment.samhsa.gov

NAMI

National Alliance on Mental Illness www.nami.org

CIT

International Crisis Intervention Team www.citinternational.org

MENTAL HEALTH FIRST AID www.mentalhealthfirstaid.org/cs

NATIONAL COALITION FOR MENTAL HEALTH RECOVERY

www.ncmhr.org

NATIONAL ASSOCIATION OF STATE MENTAL HEALTH PROGRAM DIRECTORS

www.nasmhpd.org/index.aspx

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE

44 Canal Center Plaza, Suite 200 Alexandria, Virginia 22314 1-800-THE-IACP www.theiacp.org

Serving the Leaders of Today, Developing the Leaders of Tomorrow

Implementing Proven Strategies

CRISIS INTERVENTION TEAM (CIT)

Chiefs and police leaders need to explore the creation of a Crisis Intervention Teams (CIT) in their agencies. CIT, using a multi-disciplinary approach, is designed to:

- improve the outcome of police interactions with people with mental illness by de-escalating crisis situations;
- decrease the use of force by officers; and
- increase mental health consumers' access to community treatment options.

This program guides individuals to appropriate mental health services and offers support, instead of sending them straight into the criminal justice system. Every officer and supervisor has to know that CIT is a priority for the law enforcement organization.

CIT success is dependent on training. Training provides officers with the skills necessary to recognize the behavioral characteristics of persons with mental illness, identify local mental health system characteristics, and employ methods to de-escalate crisis situations. This reduces the need for use of physical force and helps aid in officer safety.

CIT is most effective when law enforcement, mental health providers, individuals living with mental illness, and family and community leaders work together. Diverting individuals away from the criminal justice system will work only if the treatment system provides support and services.

Smaller agencies may have difficulty when trying to afford and implement CIT, but it can be accomplished one step at a time. With an effective plan, sending one officer at a time for training, and a commitment to the program, CIT can work in smaller agencies.

MENTAL HEALTH FIRST AID

Another key tool is Mental Health First Aid, which differs slightly from CIT. First, Mental Health First Aid training is more accessible to all officers because the training is only eight hours compared to 40 hours of training for CIT. Secondly, Mental Health First Aid training is more manageable for a department due to time and cost restraints. Mental Health First Aid Training is essential to provide officers with the skills they need to assist someone who has a mental health problem or is experiencing a mental health crisis. Such training builds mental health literacy and helps officers identify, understand, and respond to signs of mental illness. Officers need to learn how to assess risk, listen to and support the person in crisis, and more. Trained officers can learn from and work with trained victim advocates to help someone through a panic attack, engage with someone who may be suicidal, or assist an individual who has overdosed.

Designing a Program for Your Jurisdiction

Law enforcement executives can influence and provide input to a broad range of public policy and resource allocation decisions relevant to community mental health systems and services. They can also endorse Assisted Outpatient Treatment laws which have been proven as the least restrictive and most effective option for those suffering with untreated severe mental illness.

To prioritize professional care for the individuals with mental illness or intellectual/developmental disabilities, chiefs should leverage their surrounding mental health and law enforcement agencies to assist them in supporting legislation within their jurisdictions that assists those with mental health issues or intellectual/developmental disabilities. This legislation would address the problem of incarceration and limited bed space.

Law enforcement should be aware of the high rate of criminal victimization among this population as well. People with intellectual/development disabilities are twice as likely to be victimized compared to those without disabilities.

In addition, police leaders need to focus on data-driven strategies to find effective solutions. There are many questions a chief needs to answer before moving forward, including geography, demographics, available resources, training, privacy issues, and more. What is an agency's actual cost of arrest versus an officer's time on the street? How many calls for service actually involve individuals with mental health issues and intellectual/developmental disabilities? While a telephone response model might work in a rural area, would a mental health response co-model work better in a large urban area, where local hospitals and mental health services are more readily available? Chiefs can leverage existing research as they build their programs. An example of this is the IACP 2010 Summit report *Building Safer Communities: Improving Police Response to Persons with Mental Illness*. This resource can be found at www.theiacp.org, under publications.

Improving Officer Response to Persons with Mental Illness and Other Disabilities

A Guide for Law Enforcement Leaders

- > WH0 Those with mental health problems or intellectual/developmental disabilities, their families, community partners, and law enforcement officers.
- WHAT Preventing potentially violent interactions and giving officers the tools they need to adequately and safely respond to those with mental health problems or intellectual/developmental disabilities.
- WHERE This issue happens every day in every country. Small, midsized, and large departments in rural, suburban, and urban areas no department is untouched by this issue.
- NEED Law enforcement officers need training, community partnerships, and knowledge on how to identify if a disability exists, and how best to interact with those with mental health problems or intellectual/developmental disabilities.
- LEAD Often law enforcement officers, in the regular course of their days, are the first individuals to encounter those with mental health problems or intellectual/developmental disabilities. As first on scene, they need the tools and skills to best handle these individuals and knowledge of local resources that provide treatment and/or support.

Understanding the Issue

As first responders, law enforcement professionals encounter individuals with mental illness or intellectual/developmental disabilities every day. Family members or members of the community are often involved as well. And while some individuals are in an emotional crisis, others exhibit behavior that may be or is perceived to be linked to criminal acts. Sometimes crisis can occur because the disability was not recognized quickly enough. Too often these encounters result in tragedy.

In addition, budget cuts to our mental health system have significantly reduced the level of treatment resources available for individuals with mental health and intellectual/developmental disabilities. One result is that these individuals, rather than receiving treatment, are sometimes incarcerated, turning our jails and prisons into de facto mental health facilities.

It is important for responding officers to make every effort to prevent violent interactions using an array of tools and resources necessary for positive, successful outcomes. With sound policies and collaboration with the mental health community in place, these interactions can end without injury or death to either the officers or the individuals in emotional crisis. Developing a strategic approach to interactions with individuals dealing with mental health problems or intellectual/developmental disabilities can ensure the safety of communities and officers alike.

Why Law Enforcement Leaders Must Take Action

Recognizing the impact these encounters have on policing, both as a public safety and as a public health concern, addressing these encounters should be a priority for law enforcement leadership. Law enforcement executives can influence and provide input to a broad range of public policy and resource allocation decisions relevant to community mental health systems and services. They must also develop successful strategies to reduce the possibility of injury or death occurring to the officers or the individuals in these encounters. Individuals with mental health issues or intellectual/ developmental disabilities deserve well-crafted police response policies. Developing these policies is a key role for police leaders.

When law enforcement executives assume leadership on this topic through policy and behavioral change and community partnership, they positively impact organizational culture within their agencies and in the community at large.

As leaders in their communities, police chiefs can take the initiative to find solutions that keep their neighborhoods safe. Partnering with mental health professionals, advocates, nonprofit organizations, and family members, these leaders can collectively develop successful strategies on the forefront of policing. These successful partnerships must be promoted and their agencies must know they are a priority.

Using this and other existing research will assist law enforcement leaders with more effective ways to approach this critical issue affecting both their officers and communities.

Positioning Chiefs as Leaders to Influence Others

It is vitally important for the chief to take an active leadership role in implementing agency- and community-wide strategies to deal with persons coping with mental health issues or intellectual/developmental disabilities. To have successful interactions, the chief must be at the forefront as a leader on this issue, along with successful buy-in from officers throughout the agency, and strong, effective partnerships with mental health professionals.

To succeed, all staff, top to bottom in the organization, must make implementation a priority. This can be achieved in a number of ways to include making a commitment to best practices policies, training personnel, developing strong partnerships, and making it part of the goals of the agency. Mental health must be made an operational constant, taking its place on the chief's "dashboard."

Chiefs are also encouraged to work with the media to showcase law enforcement practices for handling these issues and highlighting mental health initiatives to the community. Examples of successful outcomes from incidents become tools to build even stronger community confidence in the department. Standing tall with their mental health partners, police chiefs demonstrate their commitment to this critical issue.



Partnerships: Law Enforcement Cannot Do This Alone

Law enforcement must partner with both mental health professionals or intellectual/developmental disability advocates and the families of those with these disabilities to emphasize collective ownership of the issue along with solutions. This is not only a law enforcement issue, but a community one that requires a holistic approach in order to be successful. Collaboration within the community, to include partnerships with municipal and county nonprofits and other service providers, as well as state associations will help make the work successful. Consumers of mental health services, their families, and advocates should all be engaged in planning, delivering, and monitoring the impacts of crisis intervention training for officers.

It takes time to construct community partnerships built on trust, understanding, and respect, so patience and time are required. Take advantage of models from other local departments already involved in this work, coalitions, task forces, and family organizations. Each can provide resources and serve as sources of information. This is not a one-time occurrence. Law enforcement will have to work at building and maintaining the relationships made in the community. Be responsive to requests and take time to understand the unique challenges in addressing the matter of mental health issues and developmental disabilities.

Nonprofit organizations are an important partner for law enforcement and can assist in providing cross-discipline training. These organizations and others include subject matter experts, family members, advocates, and service providers. Examples include the local justice system (judiciary, prosecution, defense, community corrections, and jail) mental health agencies, health care, supportive housing providers, adult and youth mental health consumers/survivors, advocacy organizations such as the National Coalition of Mental Health Consumer/Survivor Organizations, and intellectual/developmental disability advocacy organizations such as The Arc (www.thearc.org). Most nonprofits can reach out to family members in the community to facilitate relationships with law enforcement. These partnerships can lead to educating officers on the issues that affect these family members and public safety.

Law enforcement leaders need to identify which mental health agencies in their communities are responsible for responding to individuals with mental health issues or intellectual/developmental disabilities. This will lead to resources needed to effectively develop alternative strategies. States provide funding to local mental health agencies, and chiefs need to partner with these agencies in their jurisdictions.

Working with these partners, chiefs can coordinate cross-disciplinary training for their officers that includes the families and those with mental health issues or intellectual/developmental disabilities. Perspectives from multiple disciplines give officers a better understanding of how to effectively respond to a person with these types of disabilities.