

BUREAU OF JUSTICE ASSISTANCE

THE CASE FOR POLICE-MENTAL HEALTH COLLABORATION PROGRAMS: WHAT EVERY LAW ENFORCEMENT EXECUTIVE SHOULD KNOW

September 24, 2019



Vera INSTITUTE
OF JUSTICE


The Arc.
*National Center on Criminal
Justice & Disability®*

 **NAMI**
National Alliance on Mental Illness



Thank You for Participating

Mission: The Bureau of Justice Assistance (BJA) is a component of the Office of Justice Programs and helps to make American communities safer by strengthening the nation's criminal justice system. Its grants, training and technical assistance, and policy development services provide state, local, and tribal governments with the cutting edge tools and best practices they need to reduce violent and drug-related crime, support law enforcement, and combat victimization.

Disclosure

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The Case for Police-Mental Health Collaboration

- <https://youtu.be/9TynnDI5di8>

Serving Safely Initiative

- Serving Safely is a BJA-funded initiative to enhance law enforcement and prosecutor responses to people with mental illness (MI) and/or intellectual or developmental disabilities (I/DD)
- In the past year, project partners and the Vera Institute of Justice staff:
 - Provided training and technical assistance to more than 50 agencies nationwide
 - Developed more than 10 products that guide the field in best practices
 - Prepared a literature review and research agenda
 - Created this law enforcement executive curriculum

Webinar Overview

- **Goal:** To inform and persuade law enforcement executives to implement Police-Mental Health Collaboration (PMHC) programs to improve the response to people with MI and I/DD.
- **Leadership is key**
- **Peer exchange**

Presenters

- Chief Pam Davis, Punta Gorda, Florida Police Department
- Sheriff Tim Cameron, St. Mary's County, Maryland Sheriff's Office
- Sergeant John Flynn, New York, New York Police Department
- Melissa Reuland, Vera Institute of Justice
- Ariel Simms, The Arc of the United States (The Arc)
- Major Darin Scott, Topeka, Kansas Police Department
- Shannon Scully, National Alliance on Mental Illness (NAMI)



Police-Mental Health Collaboration Programs

- PMHC programs are comprehensive, agency-wide approaches that include partnerships with the behavioral health system.
- It is estimated that more than 2,000 programs worldwide...and counting.
- Community demand for the programs is increasing.
- The programs are now also focusing on response to people with I/DD.

Police-Mental Health Collaboration Programs (cont.)

- **Crisis Intervention Teams (CIT)**
 - Volunteer officers
 - Extensively trained to identify signs and symptoms of mental illness and de-escalation
 - Trained officers dispatched to calls involving people with MI
 - Divert from jail where appropriate
 - Transport person in crisis to hospital or community-based treatment
- **Co-responder Teams**
 - Specially-trained officers pair with mental health professionals in police units
 - Co-respond either primarily or as requested by responding officer to crisis scenes involving mental illness
 - De-escalate crisis and arrange for connections to treatments, services, and supports
 - Variations include crisis staff embedded in department

Police-Mental Health Collaboration Programs (cont.)

- **Follow-up/case management teams**
 - Multidisciplinary collaboration identifies people who repeatedly come to the attention of police
 - The collaboration develops customized solutions and officer/clinician teams work the plan
- **Mobile crisis teams**
 - Made up of behavioral health (BH) staff who respond at request of law enforcement/dispatch to scenes involving someone with mental illness in crisis
 - Manage crisis and connections to BH resources
 - Transport people to appropriate BH resources
 - Enable law enforcement (LE) to leave the scene and return to patrol
- **Tailored or multi-layered approaches**

Police-Mental Health Collaboration Program Goals

- Increase connections to behavioral health or other resources
- Reduce repeat LE encounters
- Minimize arrest
- Reduce use of force
- For more information, visit:
<https://csgjusticecenter.org/wp-content/uploads/2019/04/Police-Mental-Health-Collaborations-Framework.pdf>



Training Road Map

- Module 1: The nature of the problem
- Module 2: Understanding disability
- Module 3: A framework for improving policing responses to people with MI and/or I/DD
- Module 4: Legal considerations
- Module 5: Handling critical incidents

MODULE 1

THE NATURE OF THE PROBLEM

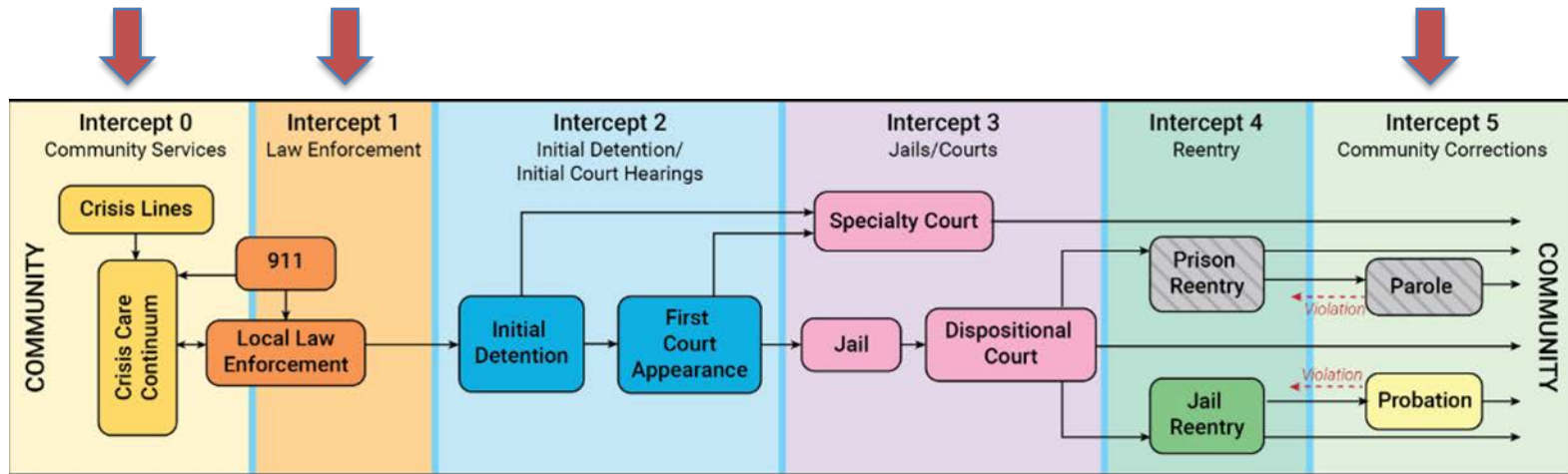
Nature of the Problem

- “Family of Young Walnut Creek Man Killed by Police File Federal Lawsuit Against Department,” *Mercury News*, September 12, 2019.
- “A Worried Mom Wanted the Police to Take Her Mentally Ill Son to the Hospital. They Shot Him,” *Vox*, May 30, 2018.
- “ACLU Urges Independent Review after Mentally Ill Woman is Fatally Shot at Home by Henrico,” *Richmond Times-Dispatch*, September 21, 2019.



Sequential Intercept Model

Source: <https://www.prainc.com/sim/>



National Data: Mental Illness

- An estimated two million people with mental illness are booked into America's jails every year (Steadman, 2009).
- In state prisons, serious mental illness is two to four times higher than in the general population (Prins, 2014).
- A reported 72 percent of people in jail who have a serious mental illness also have a substance use disorder (Substance Abuse and Mental Health Services Administration, 2004)

Why Do People With Mental Illness Become Involved in the Criminal Justice System?

- Mental health services and supports are hard to access
- Law enforcement are the first responders to mental health crises
- Criminalization of mental illness
 - Public nuisance laws (loitering, public urination, sleeping in public places, etc.)

Victims



*Cognitive disabilities include Down syndrome, autism, dementia, learning disabilities, intellectual disability, and traumatic brain injury.

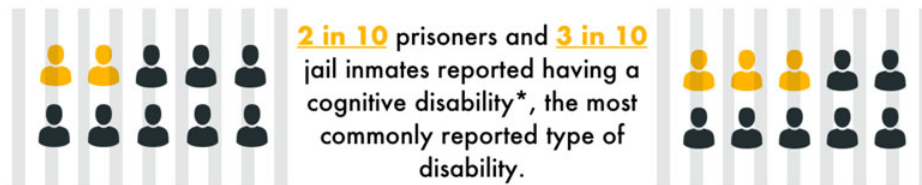
Barriers



to Justice

- Reports of victimization are not believed
- Cases may go unprosecuted, especially if there are communication challenges
- Inaccessible services and supports

Suspects/Defendants/ Incarcerated People



*Cognitive disabilities include Down syndrome, autism, dementia, learning disabilities, intellectual disability, and traumatic brain injury.

Source: Bureau of Justice Statistics



of those later exonerated after giving a false confession to police had characteristics of intellectual disability.

Source: National Registry of Exonerations

Barriers

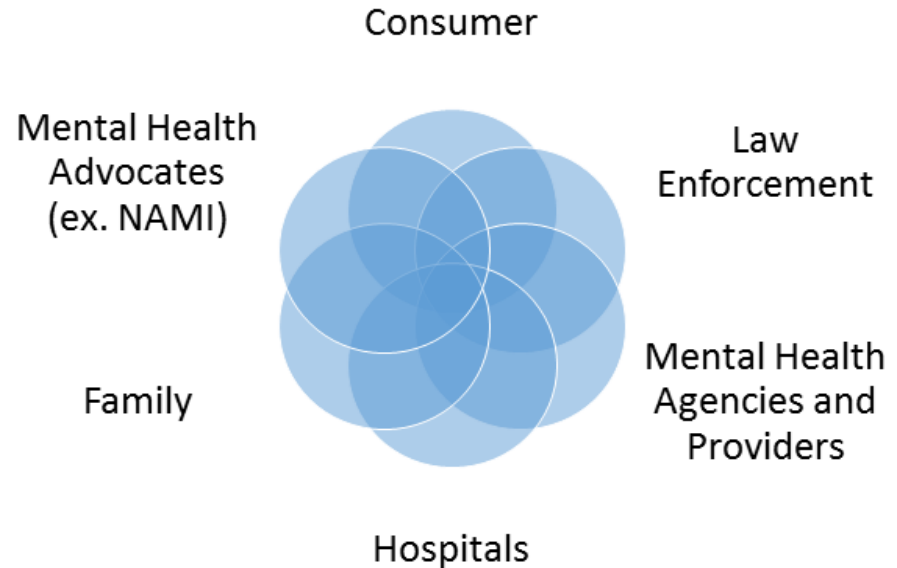


to Justice

- Disability goes unrecognized or is dismissed as irrelevant
- Face higher rates of arrest, conviction, and longer sentences
- Inaccessible diversion and rehabilitation programs

Repeat Encounters

- **Generated from different sources**
 - Frequent 9-1-1 Users
 - Family members
 - Citizens
- **Resource intensive**
- **PMHC and CIT programs can help**



Threats to the Safety of Everyone

- Officers need to learn about the behavior and characteristics of people with MI or I/DD.
- The emphasis should be on recognition not diagnosis.
- Agencies need to avoid creating a culture of speed in these instances.

Threats to the Safety of Everyone (cont.)

- Developing a rapport with someone in crisis can lead to a positive outcome.
- Force still may need to be used and may result in an undesirable outcome.

The Liability of:

- Inadequate response
- Inadequate policy
- Civil rights infringement
- Failure to train



Inadequate Response/Policy

- Police response by untrained personnel who fail to recognize persons with MI and/or I/DD.
- Need adequate police policy that establishes response and training protocols for persons with MI and/or I/DD.

Infringement of Civil Rights

- Persons with MI and I/DD have the same legal, civil, and human rights as other individuals.
 - These groups are also protected by civil rights laws that outlaw discrimination on the basis of disability.
- They may need accommodations, support, and services to fully participate in their communities.

Failure to Train

- The responsibility to provide training to police personnel under your command helps ensure you and your agency are not open to litigation for failing to adequately train officers to respond to persons with MI and/or I/DD

**Police Mental-Health Programs can
impact all of these problems.**

MODULE 2

UNDERSTANDING DISABILITY

Mental Illness

- Conditions that can disrupt thinking, feeling, mood, ability to relate to others, and daily functioning
- May impact persons of any age, race, religion, or income. However, about 75 percent of all cases of mental illness begin before the age of 24.



Source: National Institute for Mental Health

Developmental Disabilities

- Physical and/or mental impairments that are onset before age 22
 - Substantial functional limitations in at least three of these categories:
 - Self-care
 - Learning
 - Walking/moving around
 - Self-direction
 - Independent living
 - Economic self-sufficiency
 - Language

Source: American Association on Intellectual and Developmental Disabilities (2010)



Myths and Stereotypes: Mental Illness

- People with mental illness are dangerous and violent.
- Mental illness is the result of bad parenting.
- People are “faking it” or doing it for attention.
- People just need the right medication/to take their medication.
- People with mental illness will receive better treatment if kept in hospitals or institutions.

Personal Values and Stereotyping

- History of discrimination
 - Eugenics, institutionalization, lobotomies, and electroshock therapies
- Taught to devalue or over-value disability
 - “Inspiration porn”
 - Combatting stigma and myths

Source: Harvard University, Project Implicit (2019)

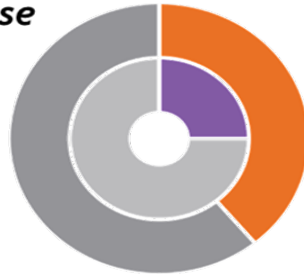
Respectful Language and Culture

- Use person-first language
 - Describe the person, not the disability/condition
- Offensive language:
 - Cripple, suffering, wheelchair-bound, handicapped, the “R” word, crazy, nuts, psycho, lunatic, schizophrenic, and bipolar
- Learn from persons with disabilities about respectful language
- “Nothing about us, without us”

Intersectionality



*Queer women with disabilities v. all
queer women who experience
domestic abuse*



*Men of color with
disabilities v. white men
with disabilities arrested by 28*



Source: Erin McCauley, *The Cumulative Probability of Arrest by Age 28 Years in the U.S.* (2017)

MODULE 3

A FRAMEWORK FOR IMPROVING POLICE RESPONSES TO PEOPLE WITH MENTAL ILLNESS AND INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

The Police Mental-Health Collaboration Framework

- Questions for law enforcement executives in these areas:
 - Leadership commitment and partnership
 - Clear policies and procedures
 - Quality training
 - Array of mental health services
 - Using data to measure success in four areas
 - Maintaining and sustaining programs

Leadership Support

- Leadership support is critical
- Need mid-level management buy-in
- Officer perspectives



PARTNERSHIPS

Building Partnerships



Why Community Partnerships?

- We cannot do it alone!
- Program work is performed by linked agencies with experience and expertise.

Why Community Partnerships?

- Help to improve policy and procedures
- Bring new solutions to the situation
- Help to prevent critical incidents
- Provide a safety net

Getting Started with Partnerships

- Know the community
- Find common ground/mutual interests
 - Share perspectives and experiences
- Identify champions and allies
 - Who is missing from the table?

Community Partners

- State and local self-advocacy/peer groups
- State and local chapters of The Arc
- State and local affiliates of NAMI
- Protection and advocacy organizations

Partners in Emergency Services

- **Emergency response agencies**
 - Sheriff, police department, school police department, state law enforcement office bureaus of investigation, and state police
 - County/city/independent ambulance-emergency medical technician services
 - County/city/volunteer fire services
 - State/county emergency management and crisis responders

Partners in Health Care

- **Behavioral health care providers**
 - Local health and mental health hospitals
 - Community-based behavioral health service providers



Partners in Criminal Justice System

- **Criminal justice partners**
 - State/county department of corrections
 - Probation and parole
 - Prosecutor's office
 - Pre-trial services, defense attorneys, judges, and victim advocates

Partners in Service Agencies

- Government service agencies
 - State/county/local department of children and family services,
 - State/county/local department of aging and disability services,
 - Veterans Administration
- Agencies providing social/community services
 - Rescue mission or similar service providers
 - Homeless shelter
 - Employment services

... just a few of the possibilities

Keys to Successful Partnerships

- Identify shared goals
- Understand the problem from all perspectives
- Formal structure, regular meetings, and MOUs
- Law enforcement coordinator

Keys to Successful Partnerships (cont.)

- Understand what the Health Insurance Portability and Accountability Act (HIPAA) does and does not allow
 - A HIPAA-covered entity also may disclose protected health information (PHI) to law enforcement without the individual's signed HIPAA authorization in **certain incidents**, including to report PHI to a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public

POLICIES AND PRACTICES

Police-Mental Health Collaboration Program Models

- **Crisis Intervention Teams** - A self-selected cadre of officers is trained to identify signs and symptoms of mental illness, de-escalate the situation, and bring the person in crisis to an efficient, round-the clock treatment center
- **Co-responder Teams** - A specially trained officer pairs with a mental health professional to respond to the scene of a crisis involving mental illness
- **Follow-up/Case Management Teams** - Specially trained officers work closely with mental health partners to identify people who repeatedly come to the attention of police and develop customized solutions
- **Mobile Crisis Teams** - Behavioral health staff who respond at request of law enforcement/dispatch to scenes involving someone with mental illness in crisis
- **Tailored or multi-layered approaches**

Policy Considerations

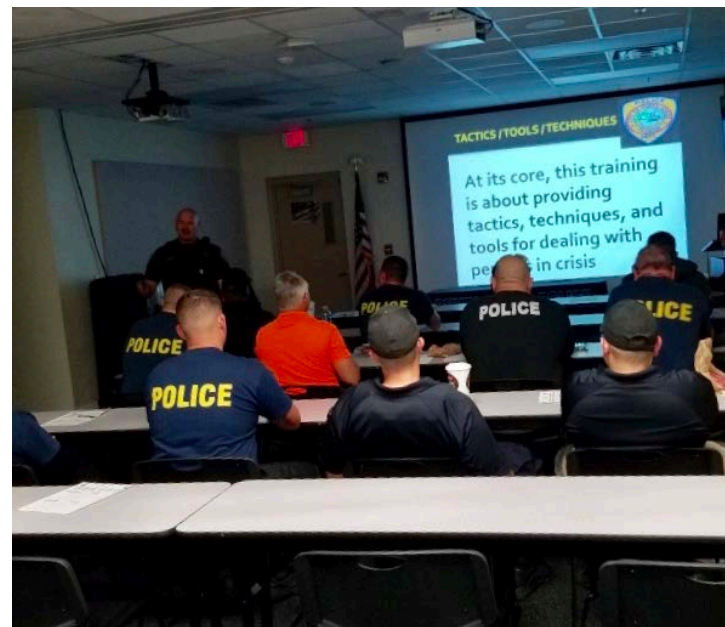
- Goals
 - Increase connections to behavioral health or other resources
 - Reduce repeat LE encounters
 - Minimize arrests
 - Reduce use of force
 - Others?
- Size, geographic location
- Resources

Needed Policies and Procedures

- Dispatch
- On-scene response
- Follow-up

Customizing Police-Mental Health Collaborations: Small Agencies

- Training
 - 40-hour CIT
 - Train all sworn personnel
- Policies/procedures (prior to training)
- Regional approach



Customizing Police-Mental Health Collaborations: Medium-Sized Agencies

- Training
 - Mental health first aid for all sworn personnel
 - 40-hour CIT training for a selected group of officers in patrol — 25 percent
- Policies/procedures
 - CIT for 25 percent
 - Co-responder

Customizing Police-Mental Health Collaborations: Large Agencies

Consider a Three-Tiered Approach

- Training
 - Mental health first aid or an equivalent 8-hour course
 - 40-hour CIT training for selected 25 percent of patrol officers
 - Advanced training for a co-responding unit
- Policies/procedures
 - CIT for 25 percent
 - Co-responding unit — officer with licensed clinician
 - Follow-up/case management teams

Emerging Best Practices

- Disability response teams and pathways to justice
- Peer support and services
- Telemedicine
- Crisis response centers
- 9-1-1 dispatch call referral

TRAINING

Training Types

Mental health first aid or equivalent

- 8-hour class
- Learn about mental illness — do not diagnose
- Identify potential risk factors for various types of mental illness
- Identify resources to help someone with a mental health problem

40-hour CIT training course

- Understanding behavioral health
- Empathy
- Navigating community resources
- De-escalation skills
- Practical application — role playing

Leadership, leadership, leadership!

Training Should Not Exist in Silos

- Training programs should incorporate experiences from many trainings.
- Training should not be limited solely to tactics for de-escalation.
- Training must match policy.

Related Training

- Integrating communications assessment and tactics (ICAT)
- Defensive tactics
- TASER training

DATA

Key Program Outcomes

- Increase connections to behavioral health or other resources.
- Reduce repeat law enforcement encounters.
- Minimize arrests.
- Reduce use of force.

Data Collection and Reporting for Impact

- Possible data sources
 - Computer aided dispatching
 - Records management system
 - Incident reports for future discovery
 - Use of agency or partnership crime analyst mapping
- Partnering with understanding for medical data
 - HIPAA
 - Industry/institutional standards & directives
- Constant updated assessment and analysis for improved resource allocation, trends, and training
 - It is okay if there is not a lot of data...

MAINTAINING AND SUSTAINING PROGRAMS

Maintaining and Sustaining Police-Mental Health Collaboration Programs

- Using data to inform policy and practice
 - Develop an understanding of resource allocations — date, time, and location.
 - Identify trends/comparative analysis.
 - Identify high-risk individuals or locations.
 - Evaluate the effectiveness of the response.
 - Assess the effectiveness of the strategy by reviewing outcomes.
 - Understand and evaluate cost savings associated with an effective response.
 - Identify sustainable outcomes.

Maintaining and Sustaining Police-Mental Health Collaboration Programs (cont.)

- Creating, reviewing, and updating policies and procedures
- Ongoing training and professional development
 - Foundational training for law enforcement
 - Mental health first aid, CIT, ICAT, and stabilization

Maintaining and Sustaining Police-Mental Health Collaboration Programs (cont.)

- Award officers for furtherance of sanctity of life
 - Notice, recognize, and award individual and group efforts that support the PMHC mission
- Share your success
 - Use media outlets to highlight training, partnerships, new programs, new initiatives, and positive stories about what officers are doing

Share Success Stories



MODULE 4
LEGAL
CONSIDERATIONS

Use of Force and Mental Illness

- Mental illness was a factor in one in four officer-involved fatal shootings each year since 2015.
- Most people with mental illness are not violent.
- Lack of training for officers can increase risk for use of force.
- What can we do better?

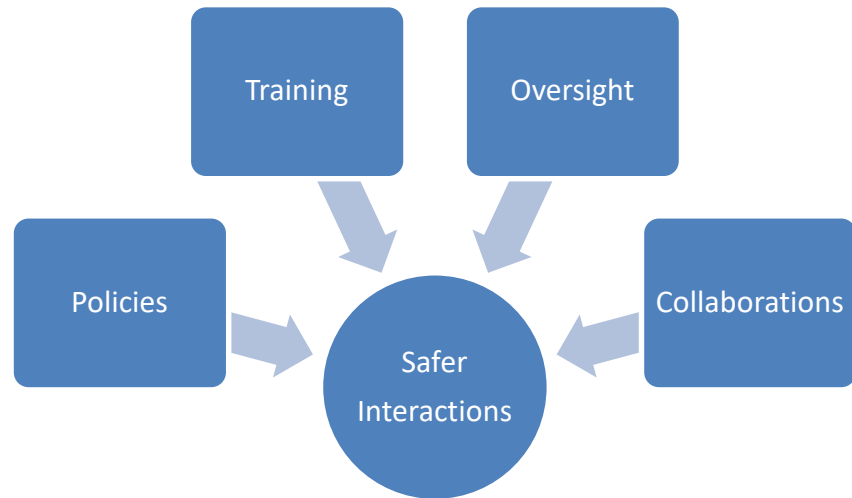
Recommendations

- Consider having a policy concerning responding to people with MI and I/DD
 - Example policy: Anne Arundel County, Maryland Police Department
<https://www.powerdms.com/public/aac/tree/documents/308>
- Review use of force policy — is it up to date with case law? Does it cover the objective reasonableness standards?
 - Seriousness;
 - Resistance by subject; and
 - Immediate threat
- Training



What Kind of Results Can We See?

- Good training, appropriate policies, and proper oversight can help reduce use of force incidents and create a safer interaction.
 - Baltimore, Maryland City Police Department — 36 percent drop in excessive force complaints in 2016 and 42 percent drop in 2017
 - San Francisco, California Police Department — 30 percent reduction in use of force cases from 2016–2019



Disability Rights Laws

- Rehabilitation Act
- Americans with Disabilities Act
- Individuals with Disabilities Education Act

The Americans with Disabilities Act

Title	Subject	Who's affected?
Title I	Employment	Private employers with 15+ employees; all public employers
Title II	Public Programs and Activities	State and local governments
Title III	Public Accommodations	Hotels, restaurants, doctor's offices, private schools, day cares, health clubs, sports stadiums, movie theaters, etc.
Title IV	Telecommunications (closed captioning)	Telephone and internet companies
Title V	Miscellaneous Provisions	Various entities

Two Basic Rights

- Effective communication
- Access to programs and services
- Anti-discrimination
 - Auxiliary aids and services
 - Reasonable accommodations

MODULE 5

HANDLING CRITICAL INCIDENTS

Special Weapons and Tactics Teams and Police-Mental Health Collaborations Working Together

- Have a clinician or CIT officer co-response when a special weapons and tactics team or hostage negotiation team is on scene.
- Train hostage negotiators in CIT.

What Makes Police-Mental Health Collaborations Effective?

- Teamwork
- Planning
- Time (distance, cover less so)
- De-escalation tools and training

Follow-up with the Community after Incidents

“When I am gone, I would like to have the people who have the least to think the most of me.”

—Bill Persinger, *Mental Health Care Professional, VALEO Behavior Health Care*

- Share facts — in a void, misinformation rules.
- Use multiple communication avenues to address community concerns quickly.
- Share what you legally can and add some context (about MI or I/DD as appropriate).
- Provide initiate updates — don’t wait.
- Keep your officers informed as well.

Now What?

Resources

- **BJA:** www.bja.gov
- **PMHC Toolkit:** pmhctoolkit.bja.gov/
- **Vera Institute of Justice:** www.vera.org/projects/serving-safely
- **NAMI:** www.nami.org/
- **The Arc:** thearc.org/our-initiatives/criminal-justice/
- **CIT International, Inc.:** www.citinternational.org/
- **Police Executive Research Forum:** www.policeforum.org
- **Gains Center:** www.samhsa.gov/gains-center