Law Enforcement & Mental Health: A Community-Wide Collaborative Strategy

Melissa Reuland
Senior Research Consultant

Kristen Roman
Lieutenant; Madison (WI) Police Department

Sherri Wittwer
Director, National Alliance on Mental Illness (NAMI), Utah

Jo Freedman
Mental Health Coordinator, Portland (ME) Police Department

JUSTICE CENTER
The Council of State Governments
Collaborative Approaches to Public Safety
Today’s Presentation

Introduction

The Ten Essential Elements of Specialized Policing Response (SPR) Programs: Variations on a Theme

Madison (WI) Police Department:
Mental Health Liaison Program

National Alliance on Mental Illness (NAMI):
Utah’s Voice on Mental Illness

Portland (ME) Police Department:
A Law Enforcement and Mental Health Collaboration
Learning Objectives

- Presenters will discuss the most pressing issues facing law enforcement agencies in their response to people with mental illnesses and strategies to overcome them;
- Data collection, information sharing, and training; and
- How law enforcement and mental health collaboration offers an innovative network of responses to people with mental illnesses.
The Ten Essential Elements of Specialized Policing Response (SPR) Programs: Variations on a Theme

Melissa Reuland
Senior Research Consultant
Police Executive Research Forum (PERF)
Council of State Governments (CSG) Justice Center
The Problem

“Officers complain that taking someone to the psychiatric service of the hospital is a tedious, cumbersome and uncertain procedure. They must often wait a long time … and are occasionally obliged to answer questions … that appear to place their own judgments in doubt.”

--Egon Bittner

1967
The Situation Today

- Law enforcement officers lack:
  - Information and skills to de-escalate crises
  - Reliable and efficient access to mental health services

- Calls for service involving people with mental illnesses are complex, time-consuming, and potentially dangerous.

- The largest psychiatric inpatient facilities in the United States today are actually jails—Rikers Island in New York City and the Los Angeles County Jail.
These programs are based in law enforcement

Primary variations include:

- **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 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.
Outcomes

- Reduced SWAT call outs
- Reduced arrest rates
- Reduced officer injuries
- Increased access to mental health services
Law Enforcement / Mental Health Partnership Program

- Funded by the Bureau of Justice Assistance (BJA) in 2005

- Deliverables include:
  - Training resource “Toolkit”
  - “Essential Elements” document
  - Interactive database of program information
  - Policy brief on tailoring responses to community characteristics
How do the Essential Elements Help?

- Ten elements were derived from recommendations made by a broad range of practitioners and other subject matter experts.
- They provide a common framework for program design and implementation to promote positive outcomes.
- They are sensitive to the distinctive needs and resources of each jurisdiction.
- As such, they reflect a process-oriented approach rather than a model replication approach.
What are the Essential Elements of these Models?

1. Collaborative Planning and Implementation
2. Program Design
3. Specialized Training
4. Call Taker and Dispatcher Protocols
5. Stabilization, Observation, and Disposition
6. Transportation and Custodial Transfer
7. Information Exchange and Confidentiality
8. Treatment, Supports and Services
9. Organizational Support
10. Program Evaluation and Sustainability
Tailoring Responses

**Element #2: Program Design:**

“A planning committee designs a specialized law enforcement-based program to address the root causes of the problems that are impeding improved responses to people with mental illnesses and makes the most of available resources.”
Program Design Process

- Hinges on effective collaboration
- Identifies community problems and problem causes
- Identifies community characteristics
- Selects program activities “tailored” to problem causes and characteristics
Program Design Process

Seven steps and associated questions

- **Step 1:** Understand the impetus for change.
- **Step 2:** Articulate program goals.
- **Step 3:** Identify data collection procedures necessary to evaluate the program.
- **Step 4:** Detail jurisdictional characteristics and their influence on program responses.
- **Step 5:** Establish response protocols.
- **Step 6:** Determine training requirements.
- **Step 7:** Prepare for other evaluation tasks.
What’s the difference?

- “Problems” are issues community members agree must – and can – be changed.

- “Characteristics” are more rigid, providing a framework within which specialized approaches must operate.
Tailoring to “Problems”

**Concerns about safety**

- **Causes:** Lack of information about mental illness and tools used to de-escalate crises.

- **Approaches:**
  - Train call takers and dispatchers to collect relevant information about potential for violence.
  - Provide officers with tools to identify signs and symptoms of mental illnesses, and to de-escalate crises.
  - Mental health professionals provide secondary response.
Tailoring to “Problems”

_Frequent arrests and strains on police resources_

- **Causes:** Inefficient access to a limited pool of mental health resources.

- **Approaches:**
  - Follow-up for specially-identified individuals.
  - Provide training for all officers to understand which incidents require involvement of co-responder team.
  - Co-responder team can help transport and link to wider range of services because of mental health access to patient information.
Tailoring to “Problems”

Repeat contacts

- **Causes:** Difficult-to-treat situations arise, including co-occurring disorders and homelessness.

- **Approaches:**
  - Law enforcement officer pairs with mental health practitioner to correspond to incident.
  - Provide training for all officers to understand which incidents require involvement of co-responder team.
  - Co-responder team can help transport and link to wider range of services because of mental health access to patient information.
Tailoring to “Characteristics”

Mental Health System

- **Requirement for medical clearance**
  - Establish procedures maintain safety in hospital.
  - Enable a smooth transition process.

- **Limited mental health resources**
  - Address volume increases by doing a better job of identifying who should be evaluated.
  - Address case-mix changes by assisting clients with benefits enrollment.
Tailoring to “Characteristics”

**Law Enforcement Agency**

- **Leadership style**
  - Be flexible on who gets trained and how much training is offered.

- **Use of Force policy**
  - Inform partners of protocols and policies, training and supervision of CEDs.
Tailoring to “Characteristics”

**State Laws**

- **Onerous police role in emergency evaluation**
  - Use a 24-hour hold to allow time for mental health professionals to conduct assessment.
  - Conduct video-conferencing with judges.
  - Transfer to hospital-based law enforcement staff.
Tailoring to “Characteristics”

**Demography or Geography**

- Very large or very small
  - Limit CIT to most difficult areas.
  - Use “force multipliers” – combine jurisdictions and allow cross-over, and partner with ambulances for transportation.
Madison Police Department Mental Health Liaison Program

Lieutenant Kristen Roman
Madison Police Department
Madison, Wisconsin
kroman@cityofmadison.com
Department Philosophy

- The 3 C’s
  - Compassion
  - Communication
  - Collaboration

- Each MPD officer is trained to respond to persons with mental illness with compassion, to utilize appropriate communication/de-escalation and stabilization skills, and to work collaboratively toward an effective resolution.
Program Evolution

- Recruiting, hiring, and training
- Longstanding commitment to partnering with mental health providers in order to improve services to those with mental illness
- 1980’s = One full-time commissioned position to serve as a liaison to mental health service providers
- A decentralized organizational structure led to the creation of 5 district-level volunteer mental health liaison officers and one coordinating lieutenant
- 2004-2011 the program expanded to include 17 volunteer mental health liaison officers
Program Overview

The program coordinator and the various liaison officers work collaboratively with mental health providers, advocates, and consumers to provide individual response plans and follow up, address system issues/concerns, share information internally and externally as appropriate, and if possible respond to mental health calls for service.
Mental Health Liaison Officer

- Regularly-assigned patrol officer
- In conjunction with fellow district patrol officers, the Mental Health Liaison Officers work within and across districts to provide a coordinated, consistent and collaborative response

Expectations include:
- Respond to mental health calls for service when available
- Review all routed reports involving persons with mental illness in their district
- Identify ongoing issues and coordinate follow-up efforts with partner agencies as needed
- Conduct outreach to residents in their districts with mental illness
- Serve as both internal and external points-of-contact
- Conduct trainings and attend relevant community meetings
- Prepare and share information as appropriate
Mental Health Intelligence File

- Purpose of gathering and distributing information
- Officer-initiated project that began in 2008
- Data collection challenges
- Management support
- Collaborative effort
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<td>961 or ETOH</td>
<td>Contact Type</td>
<td>Contact Result</td>
<td>Disposition</td>
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<td>302</td>
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<td>Threats to Harm</td>
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</table>
Mental Health Intelligence File

This document is for intelligence sharing only.

How do I reference information in my report that I find in the file?

Officers can refer back to the original report case # and reference that report in the same manner they always have.

Can I give this document to non LE agencies or people?

The simple answer is NO. This document can only be shared amongst LE Agencies.

Who do I refer an agency to reference sharing or receiving mental health information?

Lt Kristen Romain
kroman@cityofmadison.com

How do I get a report of contacts in my beat?

Send a request to ghumerickhouse@cityofmadison.com

What do I do with new information about a contact in the file?

When possible complete a report and route it to PD MENTAL HEALTH. If the information should be released immediately let the OIC know and consider sending an email to the appropriate work group.

When do I contact DCMH?

Officers should always feel able to contact DCMH reference any individual dealing with a mental illness. DCMH may have more information than what is shared in this document. Remember they are prevented by HIPPA from sharing confidential information except in exigent circumstances.

Mental Health Liaisons:

Lt. Kristen Romain

Central District:
Jean Papalia (1D4)
Chris Masterson (C CPT)
Grant Hummerickhouse (D4)
Sgt. Jen Kane (1st Detail)

South District:
Nick Ryan (4C11)

West District:
Trish Neido (W CPT)
A. Berwitz (W CPT)
Anthony Horming (3A3)

North District:
Sarah Shinno (2E10)
Heather Dzick (3E1)

CRSIS ……………………..(608) 250-6810
Dane County Corp Counsel……(608) 266-4345

Special Instructions:

William Love called the East District on 2/14/11. He reported that his daughter Kim T. Love a 9th grader at East High School has been acting a little weird lately. Kim does not have an official diagnosis but is seeing Dr. Uriah with WPS (cell # (608) 999 9999).

William asks that any contacts made with her to please call him and he will come and assist. He supports intervention by police if needed. Calls for service have been since August 2010. Kim was depressed then and felt “off.” She was conveyed to Meriter Hospital. DCMH was called on 02/14/11 and asks to contact them with any needs and they will respond.

***Law Enforcement Use Only. This bulletin is used for intelligence purposes only. It is not to be relied upon for the basis of arrest or detention.***
Mental Health Intelligence File

- Next steps
- Patrol utilization
- Sustainability
- Collaborative uses
Conclusion

Looking ahead…

- Peer-to-peer support
- Continued partnerships
- Program visibility and expansion
  - Educating the community
  - Ongoing training
  - Funded support
- Working with mental health consumers, advocates, and professionals, to continuously evaluate the services we provide
Utah’s Voice on Mental Illness

Sherri Wittwer
Director, NAMI Utah
801.323.9900 or 877.230.6264
www.namiut.org
NAMI Utah’s Mission

Our mission is to ensure the dignity and improve the lives of those who are affected by mental illness through education, support, and advocacy.
NAMI Goals

- To help individuals with mental illness live full and productive lives
- To strengthen families
- To raise awareness and understanding in our communities
- To affect positive change in our systems of care and communities.
Partnership with Crisis Intervention Teams

- Came about out of tragedy.

- Law enforcement officers on the front lines – increasingly facing situations involving people living with mental illness.

- Need the tools for the person with the illness, the family, the officers, and the community.
Implementation Partners

- National Alliance on Mental Illness
- Veteran’s Administration Hospital
- University of Utah Medical Center
- Salt Lake City Police Department
- Utah Division of Mental Health
- Valley Mental Health
- SLC Grants Office
CIT Objectives

1) **Increase Officers’ awareness of mental health issues and empathy of mental health consumers**

2) **Instruct Officers in effective techniques utilized when encountering mental health consumers**

3) **Broaden Officers’ knowledge of resources**

4) **Assist Officers with providing a safer intervention and resolution**
Training Topics

- Introduction to clinical disorders
- Psychotropic medications
- Borderline personality disorders
- Substance abuse and dual diagnosis
- Legal issues
- Suicide prevention
- Special populations
  - Elderly
  - Children
  - Developmentally disabled
- Site visits
Benefits of CIT

- Reduced recidivism
- Better relationships between Law Enforcement and Mental Health providers
- More appropriate dispositions with street encounters
- Reduction in use of force
- Consumers & family members report better interactions with CIT Officers
CIT is About Community Partnerships

- Partnerships necessary for successful implementation – training, sharing of information, helping the person

- Funding for the program

- PR for the program
The Role of Advocacy

- CIT comes about in local communities through grassroots efforts
- Local community members lead the charge
- Advocates can be effective in “messaging”
- Can advocate!
Developments

- Committed partnerships throughout the State
- Renewed focus on CIT and the need to expand the program statewide
- Legislative Resolution
- CIT for Youth
NAMI Utah Contact Info

- **On the web:**
  [www.namiut.org](http://www.namiut.org)

- **Phone:**
  801.323.9900 or 877.230.6264

- **Address:**
  450 South 900 East #160, SLC, UT 84102
Portland Police Department:
A Law Enforcement and Mental Health Collaboration

Jo Freedman
LCPC-C, Mental Health Coordinator
Portland Police Department
Portland Maine
Portland Police Department

- Bob Rockett
- Jo Freedman
- Linda Wiley
- Assist. Chief Michael Sauschuck
Portland Police Department

- The Portland Police Department has been progressive and proactive in recognizing the increase of mental health issues within the community.

- Since 2001 we have partnered with NAMI Maine to train our officers in the Memphis model of CIT. We continue to collaborate with NAMI and currently have 90% of our officers trained in CIT.

- We have also trained most of our dispatchers and all of our Community Policing in an 8 hour training on interacting with those who are experiencing crisis and de-escalation skills.
Portland Police Department

- Justice and Mental Health Collaboration Program
  - Administered by the Bureau of Justice Assistance.
  - We received an FY 2010 expansion grant.
  - Allows us to become more effective and efficient at our mental health collaboration for our police department and our community.
Portland Police Department

- B.L.A.C. Team
  - A Specialized Behavioral Health Co-response Program
    - Behavioral Health Professionals
    - Liaisons
    - Advocates
    - Co-Responders
Mental Health Coordinator

- The purpose of this position is to:
  - Develop and supervise the mental health co-responder program,
  - Integrate with the existing co-responder,
  - Provide additional co-responders (through master’s level internships),
  - Coordinate the mental health response program, and
  - Act as the primary point of contact with other mental health providers and social service agencies in our community.
Portland Police Department

- Mental Health Police Liaison
  - Background:
    - The Portland Police Department collaborated with Youth Alternatives Ingraham 14 years ago in the innovative creation of the Mental Health Police Liaison position.
    - This began as a grant-funded position that the department and community providers determined would benefit not only individuals in crisis when interacting with police, but would also improve the relationship between the police and area mental health agencies.
Portland Police Department

- Mental Health Police Liaison
  - Purpose of position:
    - Placed a mental health professional on-site in the department, carrying a radio to communicate directly with dispatch and officers, and driving an unmarked departmental car.
    - Responds to calls to support officers in assisting those in crisis with mental health issues.
    - Over the years, this position has evolved into various responsibilities.
    - See more on our website: http://police.portlandmaine.gov
Portland Police Department

- B.L.A.C. Team Internship Site
  - Collaboration with the University of Southern Maine, Master’s of Clinical Counseling Program.
  - Currently we have one intern who has almost completed her training.
  - As well as three interns lined up to be fully staffed by January of 2012.
Portland Police Department

- B.L.A.C. Team Internship Site
  - The internship requirements are 900 hours.
  - The experience is beyond measure for those seeking clinical skills in a variety of opportunities.
  - There is a valuable component to working as a team with officers for those interested in law enforcement and mental health collaboration.
Portland Police Department

- **External Co-Responders Trauma Intervention Program/Children’s Initiative**
  - **Community Counseling**
    - Volunteers who are requested by officers and respond on-scene within 20 minutes.
    - They respond to assist with individuals who have experienced trauma wherever they are needed.
    - Their support includes being present at death notifications.
    - These programs have become an invaluable resource for officers in supporting community members experiencing shock.
Portland Police Department

- **H.O.M.E TEAM**
  *Milestone Foundation*

  - A valuable team of mental health professionals outreaching those with chronic substance issues on the streets who interact with police on a daily basis.
We are excited about this opportunity to welcome Mental Health Professionals for a day of Education, Awareness and connecting our worlds for a more effective and efficient collaboration.
Law Enforcement and Mental Health Collaboration Day

The purpose of this day will be to learn about officer perspective, the law of Title 34-B, what we can and cannot do.

Let’s recognize our similarities and respecting our differences for working more effectively together.
August Supporting Our Families Discussion Forum

- Welcoming families into our department to discuss more effective collaboration.
- Informing our community family members with concerns for loved ones with mental illness, about what we can and cannot do.
- Explaining the role of our B.L.A.C. team and creating awareness about how we may creatively be able to support families with loved ones in crisis.
- Connecting families with information about current support options and other agencies.
- August 10th, 5:30-17:30p, with refreshments
Community Crisis Providers Meeting

Began 4 years ago by INVITING everyone…
- Contacted all of our mental health agencies,
- Started a group email,
- We now have about 20 of us who meet once a month to discuss mental health issues in our community.

We also created a universal release for individual cases.
- Contact me and I am happy to email you a copy.
- Please know this took over a year to develop and had to be approved by EVERY agency legal department.
- Do not let this deter you from creating this in your community because it is worth every second!!!
Council of State Governments Justice Center
Please do not hesitate to contact me for further information or discussion about mental health and law enforcement collaboration.

We can discuss creative ways of engaging a team approach in your community.

Jo Freedman
Mental Health Coordinator
Portland Police Department
109 Middle Street
Portland Maine 04101
jfreedman@portlandmaine.gov
207.317.1170
Resources

- Law Enforcement/Mental Health Learning Sites
  www.consensusproject.org/learningsites

- Consensus Project-Law Enforcement Issue Area
  www.consensusproject.org/issue_areas/law-enforcement
  - Justice Center Law Enforcement Publications
  - Media Clips
  - Local Program Examples
  - Research/Document Library
Thank You!

The webinar recording and PowerPoint presentation will be available on www.consensusproject.org within a few days.

This material was developed by the presenters for this webinar. Presentations are not externally reviewed for form or content and as such, the statements within reflect the views of the authors and should not be considered the official position of the Bureau of Justice Assistance, Justice Center, the members of the Council of State Governments, or funding agencies supporting the work.