

POLICE-MENTAL HEALTH COLLABORATION PROGRAMS:



CHECKLIST FOR LAW ENFORCEMENT PROGRAM MANAGERS

The checklist below will help your agency gauge how its current policies and practices align with the essential elements of a successful Police-Mental Health Collaboration (PMHC) program. The checklist is meant to be completed by the people who are responsible for managing or coordinating your agency's PMHC program and is designed with an appreciation that each law enforcement agency is unique and its PMHC program should be responsive to community needs and consistent with law enforcement and mental health agency resources in your jurisdiction. The checklist will help to determine whether your program is comprehensive and effective based on its alignment with the essential elements.

The Essential Elements of an Effective Police-Mental Health Collaboration Program

1. Collaborative planning and implementation
2. Program design
3. Specialized training
4. Call taker and dispatch 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

1: IS THE PMHC PROGRAM AN AGENCY PRIORITY?

YES	UNDER WAY	PLANNED	NO	Administrative Support
				Your agency chief executive communicates to all personnel the importance of the PMHC program and expectations for the program's success.
				Your agency has established goals and objectives for the PMHC program.
				PMHC program goals and objectives are reviewed annually and, if necessary, updated to reflect changing needs and resources.
				Your agency has a process for the agency leaders to receive regular feedback about PMHC program performance, needs, and resources.
				Your agency promotes the PMHC program in the community through methods such as: <ul style="list-style-type: none"> ▪ Making presentations to community groups; ▪ Promoting the program through partner/stakeholder agencies; and ▪ Working with local media to inform the public of the program.
YES	UNDER WAY	PLANNED	NO	Collaboration with organizations that interact with people with mental illness
				Your agency participates in a multi-disciplinary committee of key stakeholders focused on collaboration between the criminal justice and mental health systems.
				The committee is made up of representatives who may include a combination of the following personnel: <ul style="list-style-type: none"> ▪ Mental health care providers; ▪ People with mental illnesses;

YES	UNDER WAY	PLANNED	NO	Collaboration with organizations that interact with people with mental illness
				<ul style="list-style-type: none"> ▪ Family members and friends; ▪ Advocates for people with mental illnesses; ▪ Criminal justice planning boards; ▪ Jail administrators ▪ Prosecutors; ▪ Hospital and emergency room administrators; ▪ Health care and substance use treatment providers; ▪ Housing officials and other service providers; and ▪ Other _____.
				Interagency memoranda of understandings (MOU) exist with key stakeholder organizations.
				Interagency MOUs address key collaborative issues such as: <ul style="list-style-type: none"> ▪ The resources each organization commits; ▪ Education and training for personnel; ▪ Information sharing; ▪ Collaborative decision making; and ▪ Data analysis for program performance.
YES	UNDER WAY	PLANNED	NO	Organizational policies and systems
				Your agency has developed written policies and procedures describing the PMHC program.
				Job descriptions for PMHC program staff include critical information about knowledge, skills, and abilities required for the positions.
				Performance evaluations for PMHC program staff reflect the duties of their positions as described in job descriptions.
				Your agency's process for recognizing and rewarding exemplary law enforcement performance includes honors and recognition for staff who distinguish themselves responding to people with mental illnesses.

2: DO OFFICERS RECEIVE THE NECESSARY MENTAL HEALTH AND DE-ESCALATION TRAINING TO APPROPRIATELY RESPOND TO ENCOUNTERS INVOLVING PEOPLE WITH MENTAL ILLNESSES?

YES	UNDER WAY	PLANNED	NO	Mental health and de-escalation training
				Your agency has a training plan to provide mental health and de-escalation training at each of the following levels: <ul style="list-style-type: none"> ▪ Recruit; ▪ In service; and ▪ Specialized.
				Training curricula for the PMHC program is collaboratively developed among the following partners and stakeholders: <ul style="list-style-type: none"> ▪ Mental health care providers; ▪ Advocacy groups; and ▪ People with mental illnesses who have had previous contact with law enforcement.

YES	UNDER WAY	PLANNED	NO	Mental health and de-escalation training
				Aside from law enforcement personnel, trainers include: <ul style="list-style-type: none"> ▪ Mental health program partners; and ▪ Mental health care consumers and/or family.
				Law enforcement personnel who specialize in responding to people with mental illnesses receive extensive knowledge and skills and training (e.g. a 40-hour specialized course).
				A specialized training course includes, at a minimum, instruction on: <ul style="list-style-type: none"> ▪ Mental illnesses and their impact on individuals, families, and communities; ▪ Signs and symptoms of mental illnesses; ▪ Stabilization and de-escalation techniques; ▪ Trauma- informed responses; ▪ Active listening; ▪ Use of force; ▪ Disposition options and the corresponding procedures; ▪ Legal criteria for emergency mental health evaluation and involuntary commitment; ▪ Community resources; and ▪ Information sharing.
				A specialized training course includes hands-on experiential learning, with: <ul style="list-style-type: none"> ▪ Scenario-based role playing; ▪ Visits to mental health facilities; and ▪ Group problem-solving exercises.
				Call takers and dispatchers receive training that addresses, at a minimum: <ul style="list-style-type: none"> ▪ The structure and goals of the PMHC program; ▪ Procedures for receiving and dispatching calls involving people with mental illnesses; ▪ Recognizing and assessing a mental health crisis including appropriate questions to ask callers; ▪ Identifying and dispatching appropriately trained officers; and ▪ Procedures for documenting mental health calls for service including the final dispositions achieved by officers.
				Managers, supervisors, and field training officers receive, at a minimum, awareness training about the PMHC program.
				Other professionals in a support role (i.e., SWAT, hostage negotiators, EMT/paramedics, firefighters) receive, at a minimum, awareness training about the PMHC program.
				Mental health professionals who work within the PMHC program receive training on law enforcement policies and procedures.
				Mental health professionals who work within the PMHC program receive training or hands-on experience on topics including: <ul style="list-style-type: none"> ▪ Law enforcement policies and procedures; ▪ Participating in officer ride-alongs; ▪ Observing 911 call-taking and dispatching functions; and ▪ Observing booking and jail intake procedures.
				Your agency has a process for reviewing and evaluating mental health and de-escalation training.
				Your agency modifies the training curricula based on these findings and other developments in the field.

3: DOES YOUR PMHC PROGRAM HAVE OPERATIONAL AND ADMINISTRATIVE PROCEDURES TAILORED TO MEET THE UNIQUE CHARACTERISTICS OF MENTAL HEALTH CALLS?

YES	UNDER WAY	PLANNED	NO	Call taking and dispatch functions
				<p>Protocols guide 911 personnel on how to gather descriptive information when answering calls from the public. These may include:</p> <ul style="list-style-type: none"> ▪ The person's behavior; ▪ Whether the person appears to pose a danger to self or others; ▪ Whether the person has a weapon or has access to weapons; and, ▪ The person's history of: <ul style="list-style-type: none"> ✓ Mental illness, ✓ Substance use, ✓ Violence, and ✓ Victimization.
				Protocols ensure that 911 personnel know which officers and/or mental health co-responders are available to respond to calls that may involve a person with a mental illness.
				Protocols direct 911 personnel to notify officers of repeat addresses associated with mental health calls for service, people with mental illnesses who are repeatedly in contact with law enforcement, and people who pose a verifiable threat to officers;
				911 personnel use dispatch codes to designate mental health calls for service at the time of dispatch.
				<p>Dispatch and/or radio code procedures enable officers to report back to the dispatch center to verify or acknowledge:</p> <ul style="list-style-type: none"> ▪ Involvement with a mental health calls for service, and ▪ The final disposition of a mental health call for service.
				The 911 computer-aided dispatch system has a unique code for mental health calls for service.
				<p>The 911 computer-aided dispatch system is capable of flagging:</p> <ul style="list-style-type: none"> ▪ Repeat addresses associated with mental health calls for service, ▪ People with mental illnesses who are repeatedly in contact with law enforcement, and ▪ People who pose a verifiable threat to officers.
YES	UNDER WAY	PLANNED	NO	Stabilization, observation, and disposition
				<p>Stabilization and Observation: Protocols require responding officers to:</p> <ul style="list-style-type: none"> ▪ Assess whether a crime has been committed; ▪ Determine whether the person's behavior indicates that mental illness may be a factor; ▪ Ascertain whether the person appears to present a danger to self or others; and ▪ Use skills that safely de-escalate situations involving someone who is behaving erratically or is in crisis.
				<p>Disposition: Protocols include procedures for officers to:</p> <ul style="list-style-type: none"> ▪ Engage the services of the person's current mental health care provider, a mobile crisis team, or other mental health crisis specialists to determine an appropriate disposition; ▪ Divert the person to a mental health facility or diversion center when behavior appears to result from mental illness; ▪ Arrest the person when a serious crime has been committed; and

YES	UNDER WAY	PLANNED	NO	Stabilization, observation, and disposition
				<ul style="list-style-type: none"> Connect the person with a friend or family member, peer support group, or treatment crisis center when no formal action (i.e., emergency evaluation or arrest) is taken.
				Your agency maintains an easily accessible list of mental health care resources for use by officers when affecting a disposition.
YES	UNDER WAY	PLANNED	NO	Transportation and custodial transfer
				Protocols describe the use of restraints when detaining people for the purpose of an emergency evaluation.
				<p>When jail diversion and/or receiving centers are available to officers, program protocols specify:</p> <ul style="list-style-type: none"> The criteria established by the center for accepting individuals from officers; That the centers not turn away people who meet criteria for evaluation and services; and Intake procedures, including obtaining information about the person's observable behaviors from officers, will be conducted in a manner that expedites officers' return to service.
YES	UNDER WAY	PLANNED	NO	Information sharing
				Protocols govern the exchange of information between law enforcement personnel and mental health program partners.
				<p>The exchange of information:</p> <ul style="list-style-type: none"> Is compliant with state and federal laws that aim to improve access to health care, and Protects individuals' confidentiality rights as mental health consumers and constitutional rights as potential defendants.
				<p>Protocols specify:</p> <ul style="list-style-type: none"> Which law enforcement personnel and mental health care providers have the authority to share information; The information to be shared; The circumstances for sharing information; and The process for sharing information.
				<p>Protocols state that, when possible, officers inform the person with a mental illness and their family members about:</p> <ul style="list-style-type: none"> How to connect with a mental health care provider; Criminal proceedings; Diversion programs; Protective orders; and Victim support groups with family members and crime victims.

4: DOES YOUR AGENCY HAVE A PROCESS TO COLLECT AND ANALYZE DATA ABOUT PMHC PROGRAM PERFORMANCE?

YES	UNDER WAY	PLANNED	NO	Ongoing evaluation and quality improvement
				Protocols specify which law enforcement personnel are responsible for collecting and analyzing PMHC program data.
				Written MOAs with external agencies, such as a 911 dispatch center or a mental health agency, establish procedures for their roles and responsibilities to provide PMHC program data, including: <ul style="list-style-type: none"> ▪ Data sources; ▪ Data storage; ▪ Quality control; and ▪ Data analysis.
				Workload, performance, and outcome measures are associated with: <ul style="list-style-type: none"> ▪ Mental health calls for service; ▪ Repeat mental health calls for service to the same address; ▪ People with mental illnesses who are repeatedly in contact with law enforcement; ▪ Arrests of people with mental illnesses; ▪ Diversions from the criminal justice system; ▪ Emergency evaluations; ▪ Use of force; ▪ Injuries to officers; and ▪ Injuries to people with mental illnesses.
				Workload, performance and outcome measures are collected and analyzed on a regular basis.
				Your agency gauges the attitudes of community leaders, the media, key public officials, and other policymakers about program performance.
				Officers, both mental health specialists and others, are surveyed to assess the PMHC program's utility and opportunities for improvement.
				Performance management meetings with PMHC program staff and patrol supervisors are held to discuss: workload, performance, and outcome measures; identify areas that need improvement; and reward staff for progress.
				Reports on progress toward meeting the PMHC program goals are regularly provided to your agency chief executive, other agency designees, and key staff from all PMHC program partner organizations.
				Workload, performance, and outcome measures are used to inform budget deliberations, such as expanding programmatic capacity by geographic area or time of day, adding staff positions, funding additional training, shifting resources across the agency, etc.
				Workload, performance, and outcome measures are provided to: <ul style="list-style-type: none"> ▪ Community leaders, ▪ The media, and ▪ Key public officials and policymakers.