



Justice Center

THE COUNCIL OF STATE GOVERNMENTS

Police-Mental Health Collaborations

A Framework for Implementing Effective Law
Enforcement Responses for People Who Have
Mental Health Needs

Speakers

- I. Maria Fryer, *Justice System and Corrections Policy Advisor for Substance Abuse and Mental Health, Bureau of Justice Assistance, U.S. Department of Justice*
- II. Terence Lynn, *Deputy Division Director, Law Enforcement, Behavioral Health Division, The Council of State Governments Justice Center*
- III. Sergeant Sarah Shimko, *Madison Police Department*
- IV. Sergeant Jason Winsky, *Mental Health Support Team, Tucson Police Department*

Agenda

- I. Organization Overviews
- II. Scope of the Problem
- III. Current Mental Health Resources for Law Enforcement
- IV. A Framework for Implementing Effective Law Enforcement Responses
- V. Coming Soon/Questions and Answers

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The Council of State Governments Justice Center

Who We Are

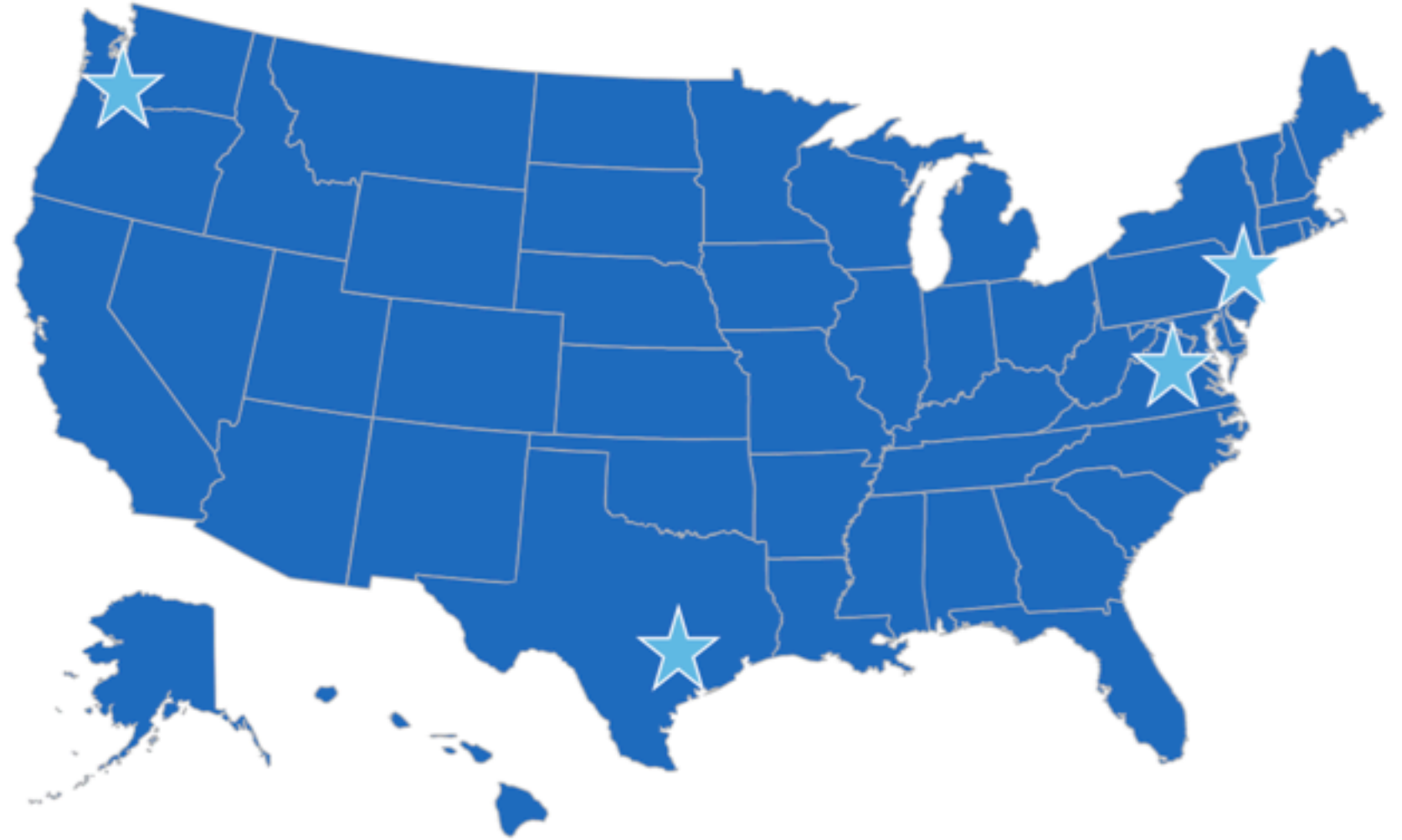
We are a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.



**Justice
Center**

Our Offices

The CSG Justice Center has more than 130 staff across the country, including our offices in New York City, Washington DC, Austin, and Seattle.



How We Work

- We bring people together
- We drive the criminal justice field forward with original research
- We build momentum for policy change
- We provide expert assistance

Our Areas of Focus

Corrections



Courts



Law Enforcement



Substance Addiction



Youth



Mental Health



The Council of State Governments

Founded in 1933, The Council of State Governments is our nation's only organization serving all three branches of state government. CSG is a region-based forum that fosters the exchange of insights and ideas to help state officials shape public policy. This offers unparalleled regional, national and international opportunities to network, develop leaders, collaborate and create problem-solving partnerships.

The U.S. Department of Justice Bureau of Justice Assistance

Mission

The Bureau of Justice Assistance 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.



**Bureau of Justice Assistance
U.S. Department of Justice**

www.bja.gov

Justice and Mental Health Collaboration Program

JMHCP supports innovative cross-system collaboration for individuals with mental illnesses or co-occurring mental health and substance use disorders who come into contact with the justice system.

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Law Enforcement as the Default Response to Mental Health Crises

Portland Press Herald

Increasingly, Maine police on front lines for mental illness interventions

Cumberland County Sheriff Kevin J. Joyce said calls related to people in crisis are spiking.

“We are the default mental health system after normal business hours,” he said.

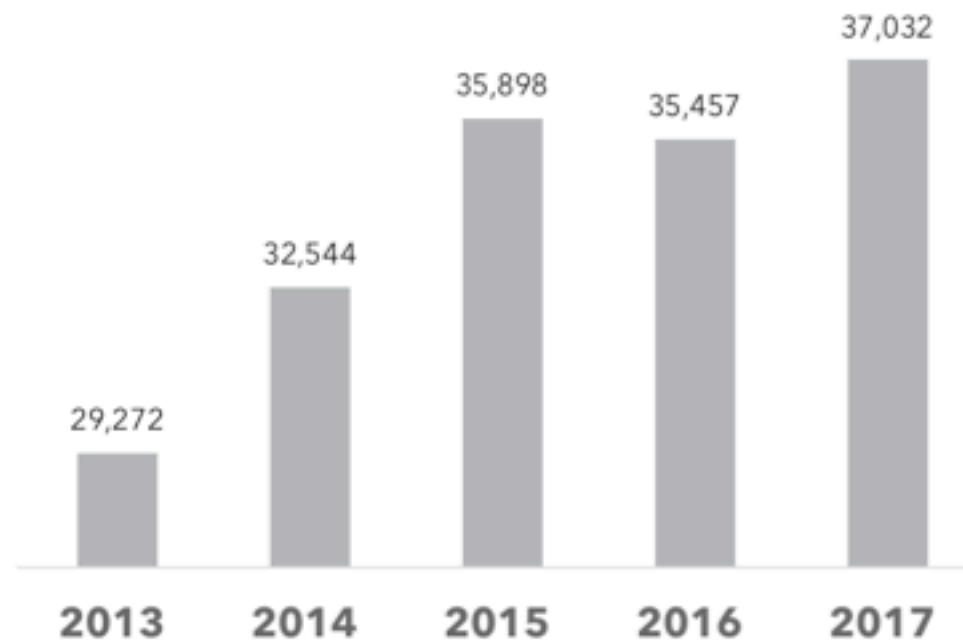
Cumberland County isn’t an outlier. The growing need of police and the courts to deal with mental health crises is showing up throughout Maine and nationally.



Source: Edward D. Murphy, “Increasingly, Maine police on front lines for mental illness interventions,” *Portland Press Herald*, <https://www.pressherald.com/2018/07/15/increasingly-police-cope-with-mental-health-calls/>.

A Growing Number of Mental Health-Related Calls

Crisis Intervention (CIT) Calls for Service in
Houston, Texas



Source: Houston Police Department Mental Health Division 2017 Annual Report, <http://www.houstoncit.org/wp-content/uploads/2018/09/2017-HPD-Mental-Health-Division-Annual-Report.pdf>, 91).

One Florida county found that **1 in 10 calls** for service involve a person with a **severe mental illness**.

Source: Duncan Chappell, *Policing and the Mentally Ill: International Perspectives*, (CRC Press: Boca Raton, FL, 2013).

In Madison, Wisconsin, **behavioral health calls** for service take **twice as long to resolve**:

- All CFS = 1.5 hours
- BH = 3 hours

Source: Madison (Wisconsin) Police Department

Demonstrated interest in developing police-mental health collaborations

Many agencies are providing mental health training and developing specialized responses



LAPD union joins national push for feds to help prepare police for contacts with mentally ill



Source: Alysson Gatens, "Law Enforcement Response to Mental Health Crisis Incidents: A Survey of Illinois Police and Sheriff's Departments," *Illinois Criminal Justice Information Authority* (2018), <http://www.icjia.state.il.us/articles/law-enforcement-response-to-mental-health-crisis-incidents-a-survey-of-illinois-police-and-sheriff-s-departments>

Challenge: Training Alone is Insufficient

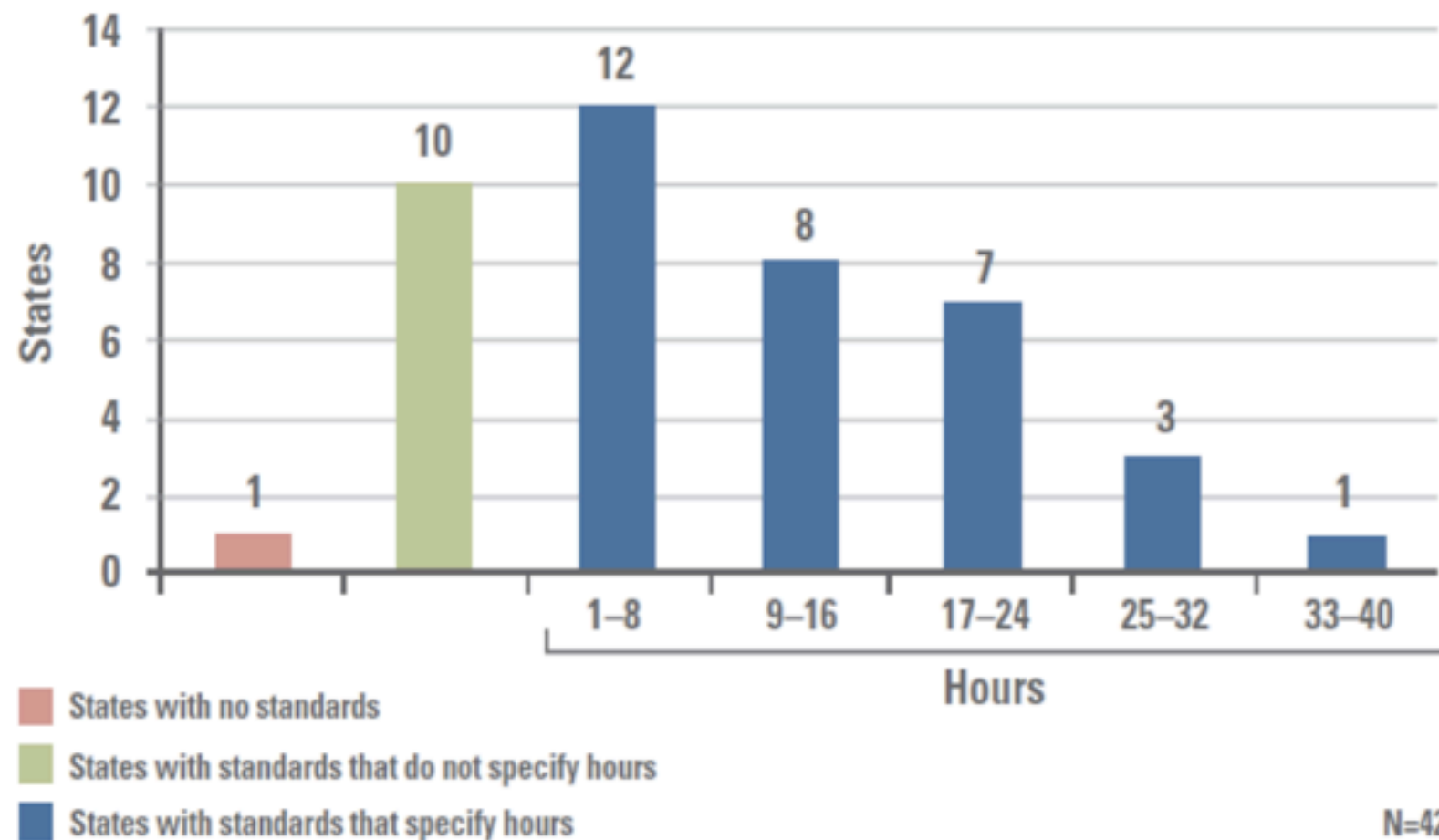
Comprehensive policies and procedures are needed to properly deploy specialized teams and support improved responses.

	No CIT Officer	At least 1 CIT Officer	Total
MH Incident	453 (54%)	380 (46%)	833
Not a MH Incident	737 (52%)	667 (48%)	1404
Total	1190 (53%)	1047 (47%)	2237

Source: Edward P. Mulvey and Carol A. Schubert, "Findings from a Multicounty Evaluation of CIT In Pennsylvania" (Presentation, 2017 Statewide Crisis Intervention Team Meeting, Harrisburg, PA, March 23, 2017).

Challenge: Inconsistent Guidance on Comprehensive Approaches

Combined Stabilization and Mental Health Training Hours (Entry level)

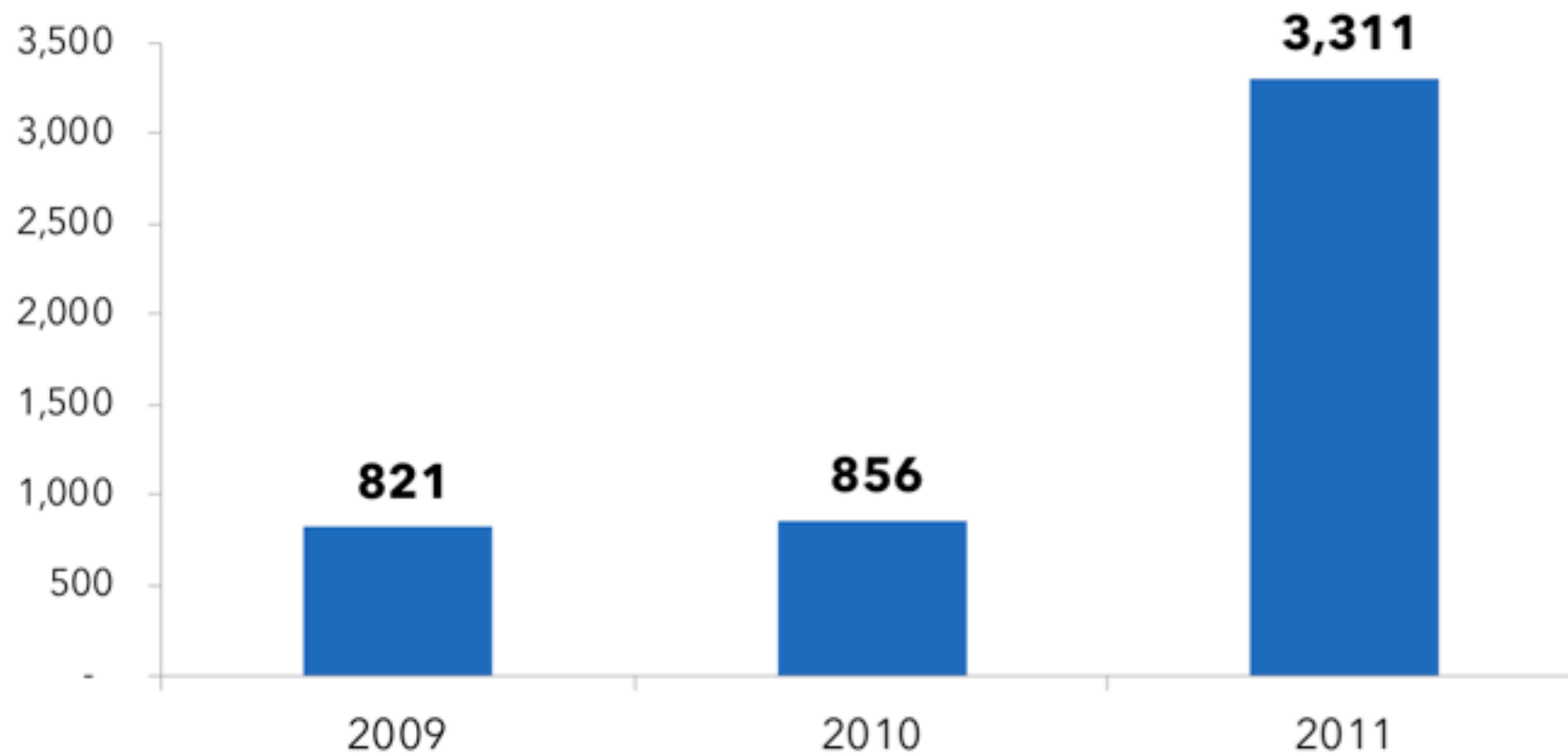


Across the country, there are inconsistent standards for mental health and stabilization training.

Sources: Martha Plotkin and Talia Peckerman, The Variability in Law Enforcement State Standards: A 42-State Survey on Mental Health and Crisis De-escalation Training (New York: CSG Justice Center, 2017).

Challenge: Unreliable Data to Track Progress

Behavioral Health Police Calls for Service

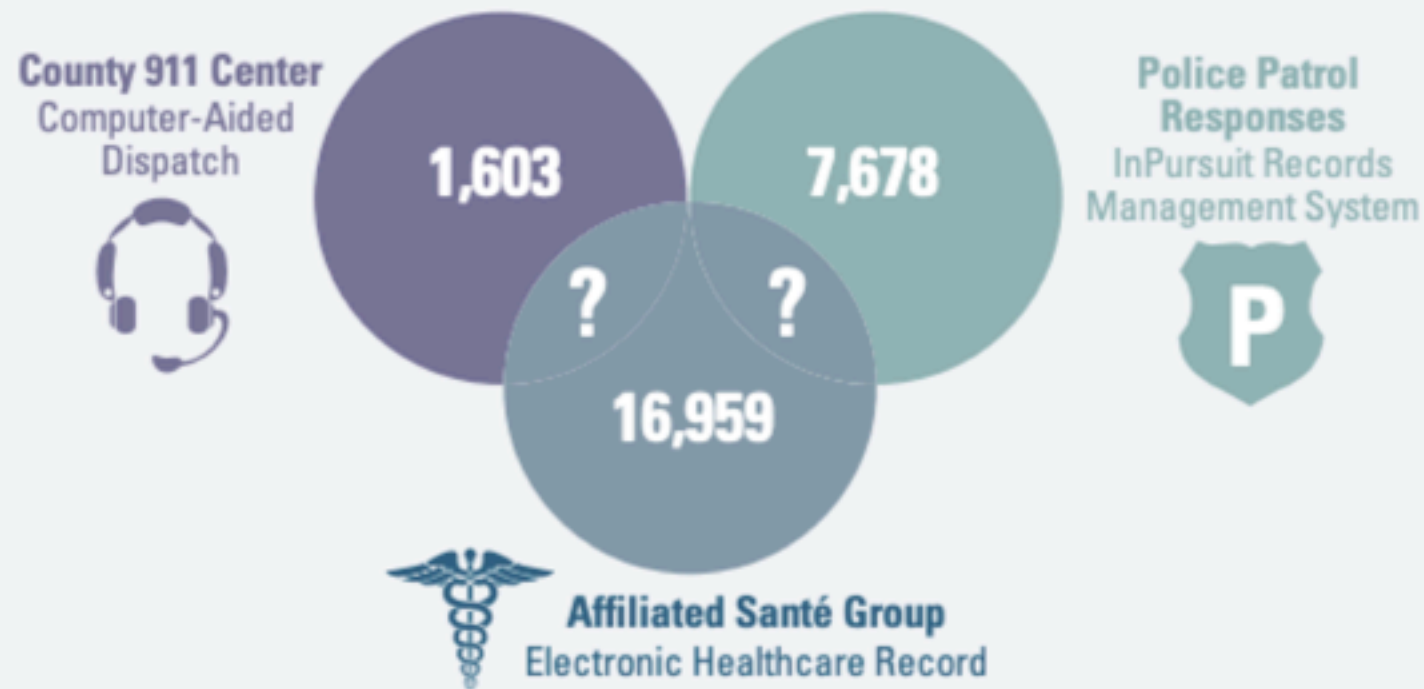


In Portland, ME, the number of times police responded to behavioral health problems surged mainly because of different ways of labeling calls.

Source: Portland (Maine) Police Department 2011 Annual Report, <https://portlandmaine.gov/DocumentCenter/View/3707/2011-Annual-Report>.

Challenge: Unreliable Data to Track Progress

Figure 2. County 911, Police Patrol, and Affiliated Santé Group Responses from Sept. 2016 to Sept. 2017



Source: The CSG Justice Center, *Baltimore County, Maryland: A Police-Mental Health Collaboration Assessment* (New York: CSG Justice Center, March 2018), <https://csjusticecenter.org/wp-content/uploads/2018/04/April-2018-Baltimore-County-Maryland-Report.pdf>.

Challenge: Limited Community-Based Service Capacity

- Emergency physicians' report their major challenges in caring for people in crisis: **long lengths of stay** and **demand for additional staffing**

Source: American College of Emergency Physicians, "Vera Project -- Survey of Emergency Medicine Practice Research Network" (unpublished manuscript, 2019), Microsoft Word file.

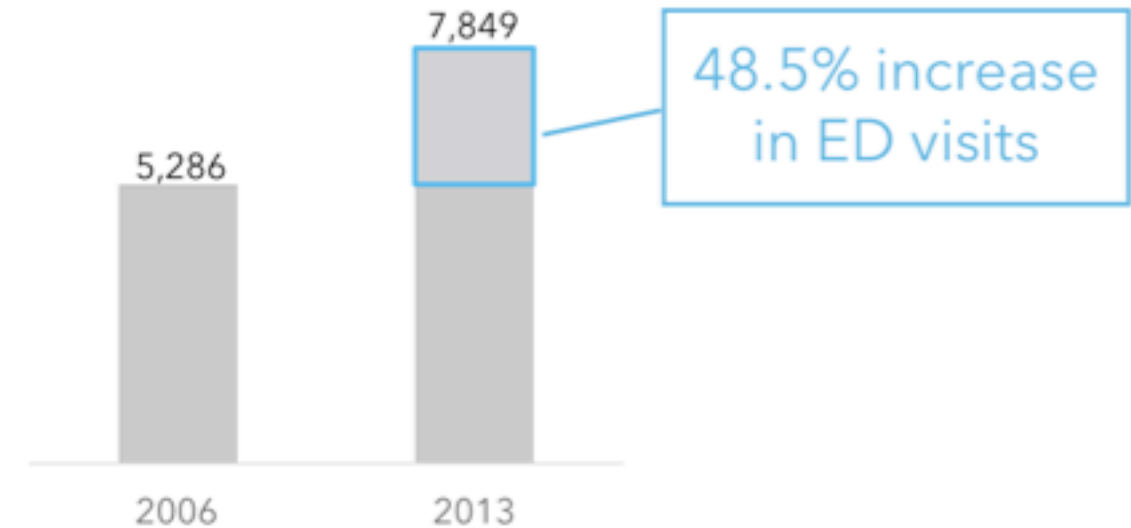
- 1 in 8** emergency department (ED) visits in the U.S. are for mental health or substance use issues



Source: Pamela L. Owens, Ryan Mutter, and Carol Stocks, *Mental Health and Substance Abuse-Related Emergency Department Visits among Adults, 2007*, HCUP Statistical Brief #92, (Rockville, MD: Agency for Healthcare Research and Quality, July 2010), <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>

ED visits for mental health and substance use issues have increased

ED visits (per 100,000 population) involving mental health and/or substance use



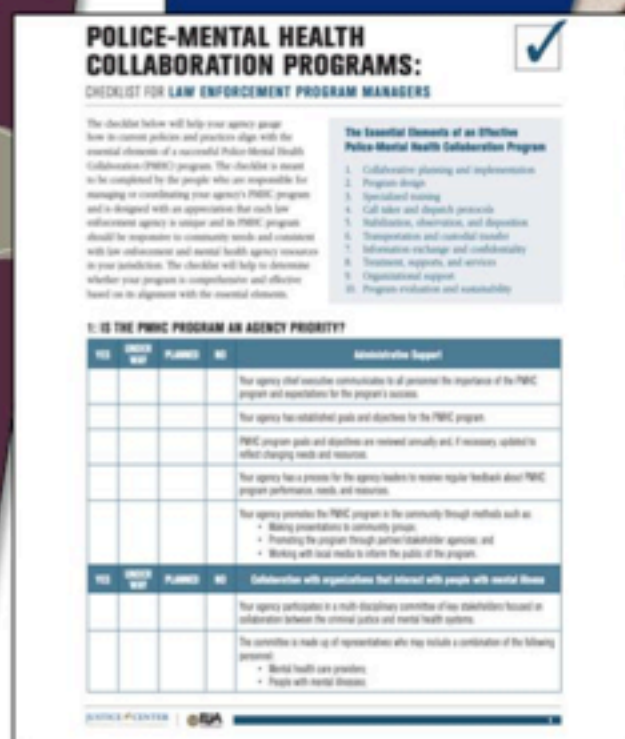
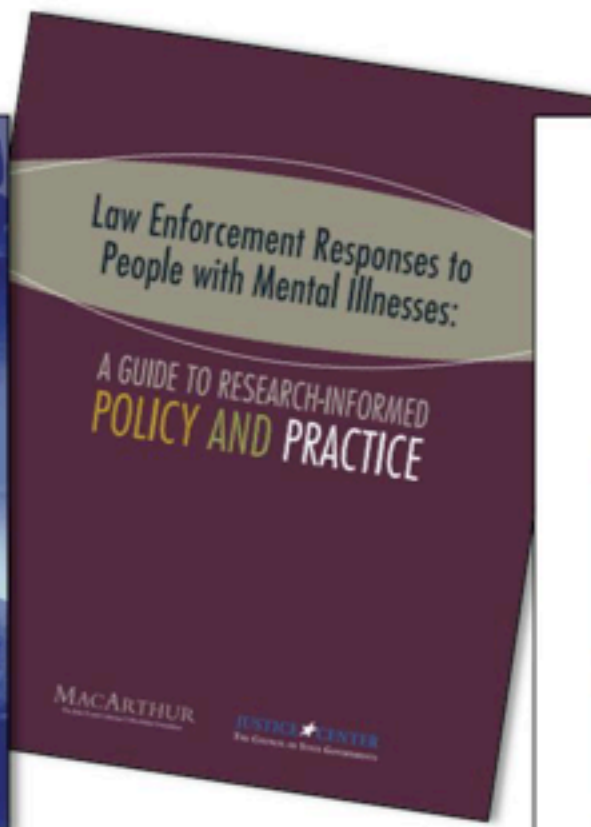
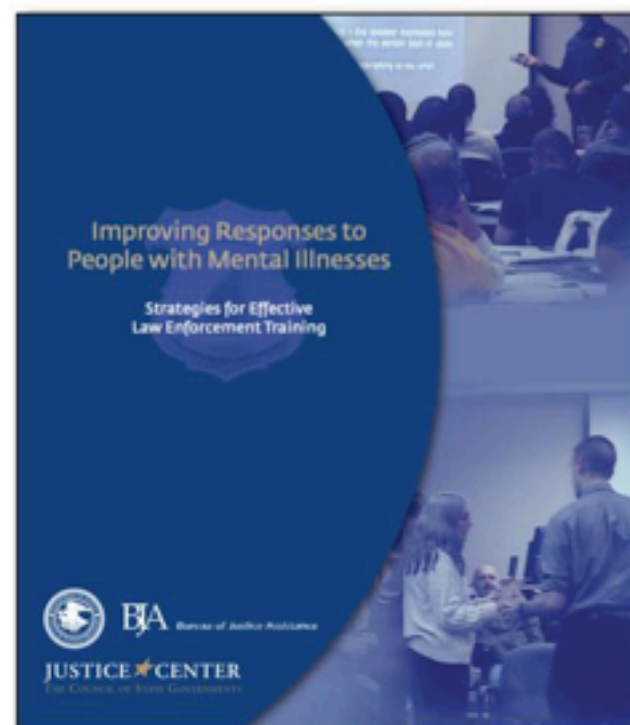
Source: Audrey J. Weiss, et al., *Trends in Emergency Department Visits Involving Mental and Substance Use Disorders, 2006-2013*, HCUP Statistical Brief #216, (Rockville, MD: Agency for Healthcare Research and Quality, December 2016), <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb216-Mental-Substance-Use-Disorder-ED-Visit-Trends.pdf>.

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Publications to Guide Law Enforcement

Since 2009, the CSG Justice Center has released various publications to guide law enforcement-mental health responses.



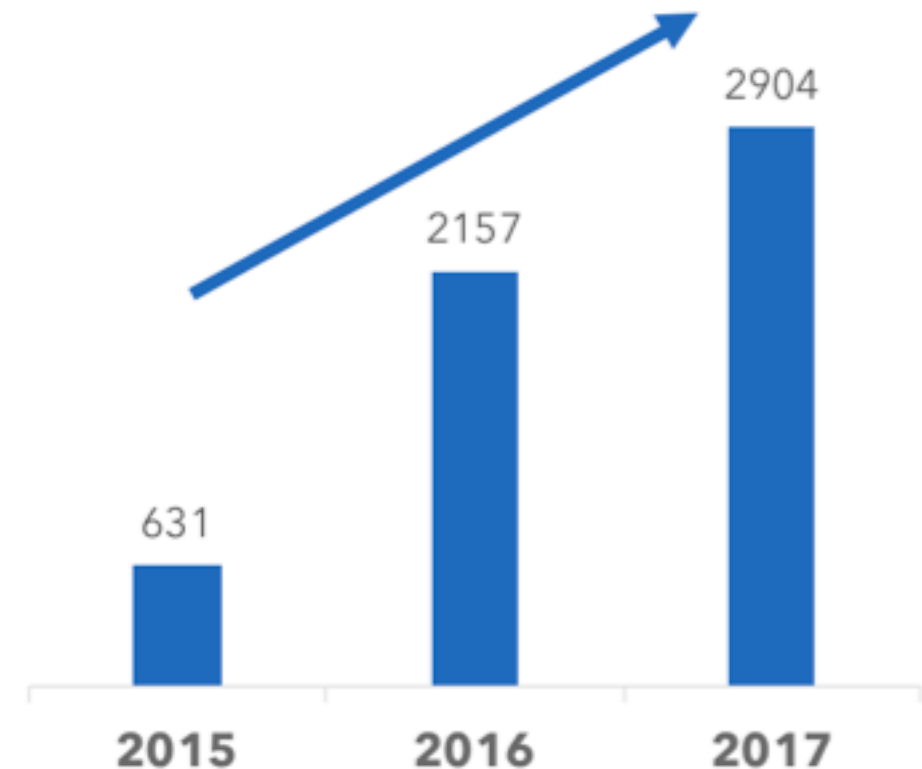
Law Enforcement-Mental Health Learning Sites Program

A peer-to-peer learning program supported by BJA and the CSG Justice Center

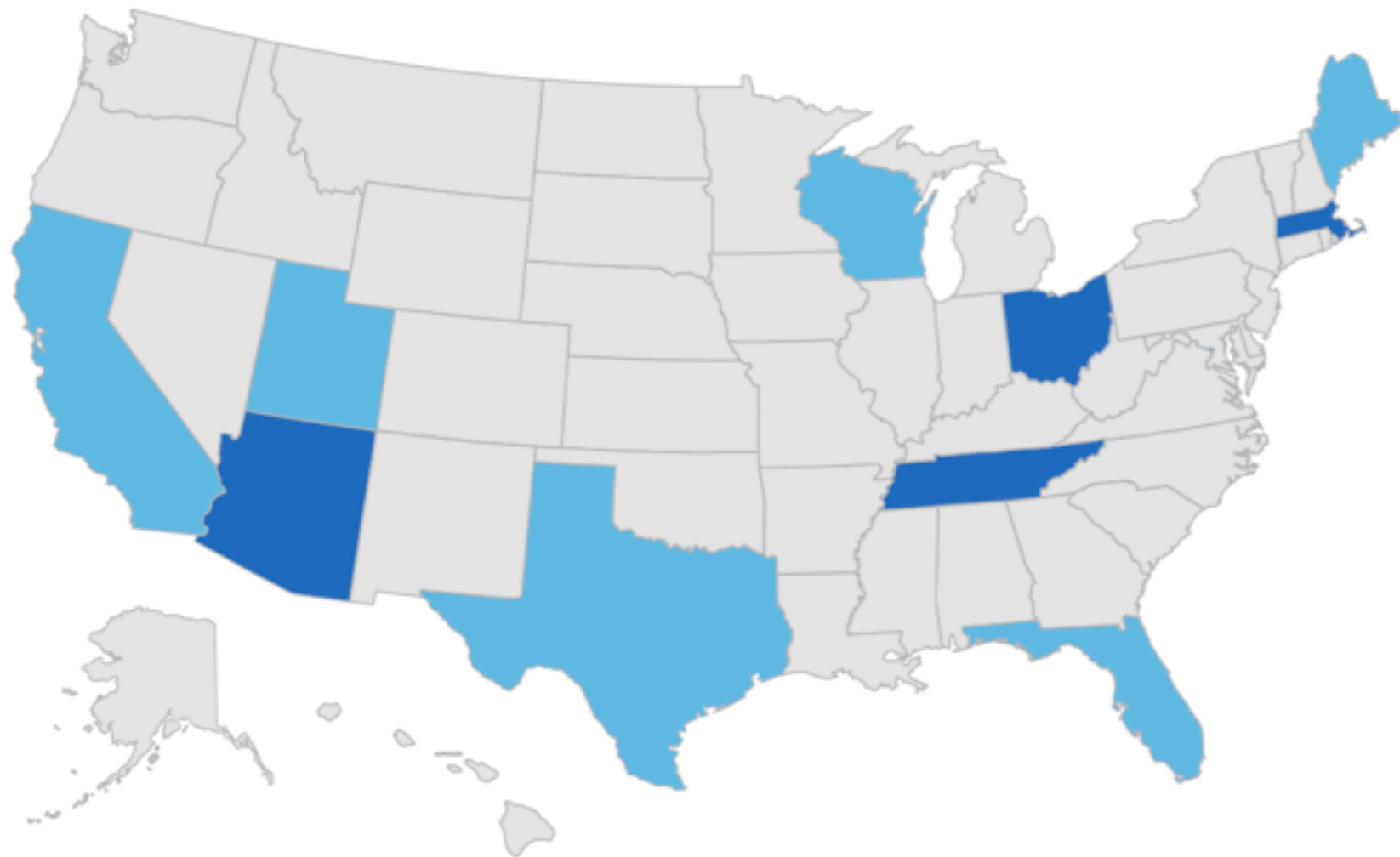
Since 2010, six learning sites have supported jurisdictions across the nation in exploring strategies to improve law enforcement responses to people who have mental health needs.

In 2017, four additional sites were added to meet demands from the field and to increase the range of strategies and agency features.

Technical assistance provided by the learning sites (2015-2017)



Law Enforcement-Mental Health Learning Sites



2010 Cohort:

1. Houston (TX) Police Department
2. Los Angeles (CA) Police Department
3. Madison (WI) Police Department
4. Portland (ME) Police Department
5. Salt Lake City (UT) Police Department
6. University of Florida Police Department

2017 Cohort:

1. Arlington (MA) Police Department
2. Jackson County (OH) Sheriff's Office
3. Madison County (TN) Sheriff's Office
4. Tucson (AZ) Police Department

<http://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/>

Madison Police Department

Total number of agency personnel: 598

Total population served: 233,000 people

Sworn: 479 **Civilian:** 119

Jurisdiction and state: Madison, Wisconsin

- Training for all officers
- Mental health liaisons and a full-time mental health team
- In-house crisis workers
- Comprehensive data collection



Tucson Police Department

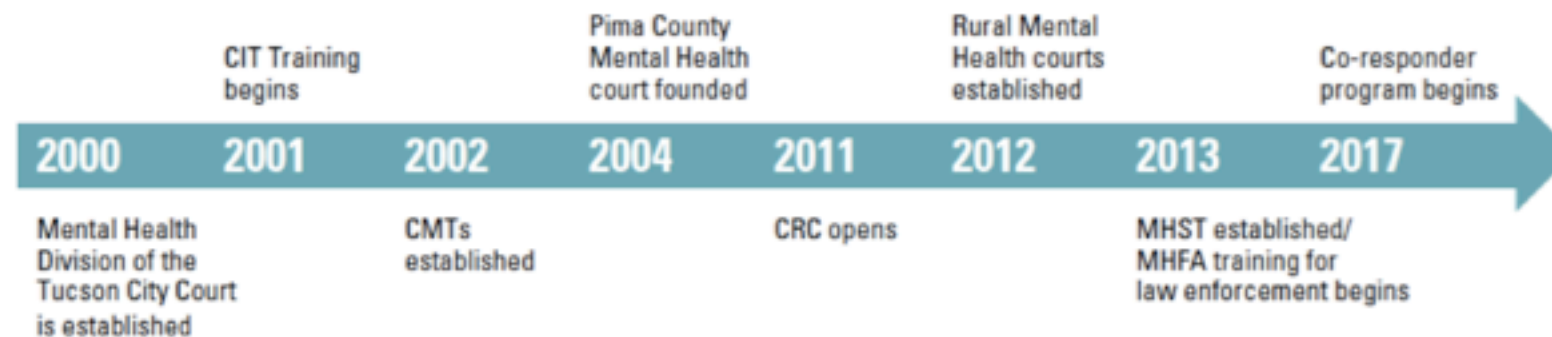
Total number of agency personnel: 1,250

Total population served: 600,000 people

Sworn: 850 Civilian: 400

Jurisdiction and state: Tucson, Arizona

- Co-response teams
- Crisis line and mobile crisis teams
- Crisis Response Center for emergency psychiatric treatment
- Multi-tiered training



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A New Approach to Mental Health Responses

From

10 essential elements
Specialized Police Response
Limited training



To

6 questions framework
Police-Mental Health Collaborations
Comprehensive training for all

Police-Mental Health Collaboration Framework



- Draws upon experience of most advanced PMHCs in the nation
- Articulates the core components of a comprehensive and robust PMHC that produce improvements in community-wide outcomes
- Shifts the focus away from stand-alone training or small-scale programs/teams toward agency-wide collaborative responses and metrics-driven performance management
- <https://csgjusticecenter.org/law-enforcement/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/>

A Common Framework for 18,000 + Law Enforcement Agencies

- Written for **law enforcement executives**, with the expectation that they can manage:
 - ↑ up to elected/appointed leaders
 - ↔ horizontally to behavioral health partners
 - ↓ down to program-level staff and all agency personnel



Six Questions for Law Enforcement Leaders



1. Is our **leadership** committed?



2. Do we have **clear policies and procedures** to respond to people who have mental health needs?



3. Do we provide staff with quality mental health and stabilization **training**?



4. Does the community have a full array of **mental health services and supports** for people who have mental health needs?



5. Do we **collect and analyze data** to measure our progress?



6. Do we have a formalized process for reviewing and **improving performance**?

Four Key Outcomes to Measure a PMHC's Success

1. Increased connections to resources

2. Reduced repeat encounters with law enforcement

3. Minimized arrest

4. Reduced use of force in encounters with people who have mental health needs

Sample data points

- **Police process measures**, e.g. number of officers trained
- **Police operational measures**, e.g. including number of calls for service involving people who have mental illnesses, repeat calls for service, etc.
- **Frequency of police disposition decisions**, e.g. resolved at scene, referral to mental health resources, etc.
- **Use force and injury measures**, e.g. frequency, type of force; number of injuries or fatalities to officers, consumers, and third parties, etc.



1. Leadership Commitment

- ✓ Law enforcement leadership **supports** the collaboration
- ✓ Strong **community partnerships** and participation in an **interagency workgroup**
- ✓ A designated chairperson or **project coordinator** is assigned to oversee the PMHC
- ✓ A commitment to dedicated **funding and resource allocation** for the PMHC
- ✓ **Ongoing recognition**, internally and externally, of the initiative

**Strong PMHC
Leadership**



2. Policies and Procedures

- ✓ **Comprehensive process review** of an individual through the system
- ✓ **Selected PMHC response models** based on assessed community need
- ✓ **Comprehensive, clearly written** policies and procedures
- ✓ **Information-sharing agreements** are in place
- ✓ **Leaders regularly review**, and **all personnel are aware**, of policies and procedures



3. Quality Training

- ✓ **All staff** receive knowledge and skills training
- ✓ Training is **aligned with staff roles and experience**
- ✓ Training is provided through **multiple instructional methods**:
 - Simulations and/or virtual training
 - Role play
 - Site visits
- ✓ Training is delivered by **various instructors**:
 - Law enforcement personnel
 - Mental health personnel
 - People with lived experience
- ✓ Training is **evaluated** through pre- and post-testing



4. Services and Supports



- ✓ **Inventory** of existing services to address crises and longer-term interventions
- ✓ **Assessment** of services and resources
- ✓ **Prioritized** behavioral health resources and increased funding

Source: Adapted from Substance Abuse and Mental Health Services Administration, "Crisis Services: Effectiveness, Cost Effectiveness, and Funding Strategies" *HHS Publication No. (SMA)-14-4848* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014).



5. Data Collection and Analysis

Data Collection

- Measure service demands
- Measure time consumed



Data Analysis

- Assess gaps
- Determine Needs



Decision Making

- Allocate Funds
- Develop Programming

- ✓ Workgroup has established **specific metrics to** track as indicators of progress
- ✓ **Baseline data** is established on the key outcomes
- ✓ **Clear processes** for collecting and tracking data
- ✓ Process to **identify people with frequent arrests and repeat encounters**
- ✓ **Data-sharing agreements** are in place
- ✓ Consistent **mechanism or system** to track data



6. Performance Review

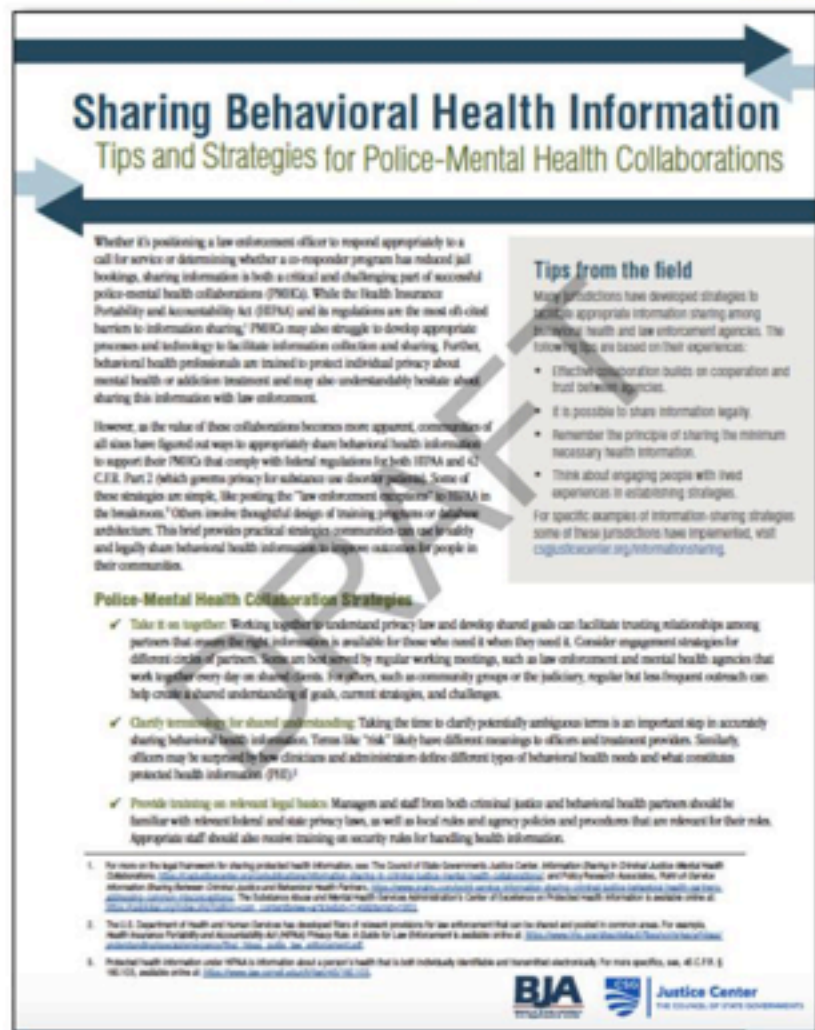
Establish a process to review and continually improve PMHC efforts:

- ✓ **Routine data-driven performance assessments**
- ✓ **Shared accountability and coordination** across law enforcement and behavioral health agencies
- ✓ Leaders use performance measures and outcomes to **identify breakdowns and modify policies and procedures**

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New Resource: Tips/Strategies on Sharing Behavioral Health Information



- 2-page tip-sheet and complementary webpage
- Provides tips and strategies for PMHCs to legally share behavioral health information
- Webpage includes examples of jurisdiction-specific strategies and resources to help PMHCs create their own strategies for sharing behavioral health information
- Expected Fall 2019 release

New Resource: Online Self-Assessment Tool



Action Step: Law enforcement leadership supports the PMHC.

Fully Implemented: ☐ Partially Implemented: ☐ Not Implemented: ☒

Next Steps and/or Notes:

Identify law enforcement leader to support the initiative

- Draws upon the principles and concepts discussed in the PMHC framework publication
- Designed to assist jurisdictions in evaluating the status of their current responses to people who have mental health needs
- Allows users to receive automated responses, feedback, and links to resources for improvements each time they complete a section
- **Coming Soon**

New Resource: Project Coordinator's Handbook

- A guide that helps project coordinators through the process of planning and implementing a police-mental health collaboration
- Includes activities and exercises project coordinators can do to help community leaders achieve the goals/objectives of the PMHC
- **Coming soon**

Questions and Answers

Thank You!

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For more information please contact Terence Lynn at tlynn@csg.org

The presentation was developed by members of The Council of State Governments Justice Center staff. The statements made reflect the views of the authors, and should not be considered the official position of The Council of State Governments Justice Center, the members of The Council of State Governments, or the funding agency supporting the work.

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