Law Enforcement—Mental Health Learning Sites

Jurisdictions across the country are exploring strategies to improve the outcomes of encounters between law enforcement and people who have mental illnesses. As a growing number of communities develop or enhance their comprehensive police-mental health collaboration (PMHC), many agencies are struggling with the planning process and how to tailor successful implementation strategies from other jurisdictions to address their own distinct problems and circumstances.

In an effort to expand the knowledge base for law enforcement agencies interested in starting or enhancing a PMHC, The Council of State Governments (CSG) Justice Center, with assistance from a team of national experts and the U.S. Department of Justice’s Bureau of Justice Assistance (BJA), selected ten law enforcement agencies to serve as national Law Enforcement-Mental Health Learning Sites. These learning sites represent a diverse cross-section of perspectives and program examples and are dedicated to helping other jurisdictions improve their responses to people who have mental illnesses. The original six learning sites, selected in 2010, are Houston (TX) Police Department, Los Angeles (CA) Police Department, Madison (WI) Police Department, Portland (ME) Police Department, Salt Lake City (UT) Police Department, and University of Florida Police Department. In 2017, due to the success of the program, four new sites were added, including Arlington (MA) Police Department, Gallia, Jackson, Meigs Counties (OH) Sheriffs’ Offices, Madison County (TN) Sheriff’s Office, and Tucson (AZ) Police Department.

Arlington (MA) Police Department

<table>
<thead>
<tr>
<th>Total number of agency personnel: 84</th>
<th>Sworn: 65 Civilian: 19</th>
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<tr>
<td>Total population served: 43,000 people</td>
<td>Jurisdiction and state: Arlington, Massachusetts</td>
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Program Highlights

- Serves a suburban jurisdiction in close proximity to two urban centers
- Features a co-response program and targeted initiatives, spearheaded by a mental health clinician embedded in the police department, which includes the Jail Diversion Program, Hoarding Response Team, Elder Abuse Prevention Task Force, and Arlington Opiate Outreach Initiative
- Uses strong community partnerships to facilitate cross-sector case management
- Provides multi-modality training, which includes instruction in:
  - Mental Health First Aid (MHFA) for all officers
  - Trauma-informed care
  - Youth development/brain development
  - Context-specific crisis management and intervention techniques
  - Signs and symptoms of mental illness
  - Signs and symptoms of overdose
  - Narcan (deployment and distribution training)
  - Common psychiatric medications and usage
  - Suicide risk and prevention
  - Relevant laws and statutes
- Collects and analyses data comprehensively in a system that allows for specialized clinician access
The Arlington Police Department (APD) serves a densely populated suburban community, less than 10 miles from the cities of Boston and Cambridge. There are 45 group homes within Arlington’s 5 square miles, indicating a disproportionate number of people who have complex needs. To support this population, APD has formed strategic collaborations with an array of community stakeholders to design and implement specialized responses to people who have behavioral health needs who come in contact with law enforcement.

In 2010, in response to rising mental health-related calls for service, extended wait times for clinical responses, and a lack of options in the community for people in crisis, APD developed a formalized partnership with The Edinburg Center—a local mental health entity—and other community agencies to create the Arlington Jail Diversion Program (JDP). APD has since implemented a series of initiatives to help effectively respond to people who have behavioral health needs in the community.

### 2009
Grant award from MA DMH

### 2010
JDP and Co-Response Team

### 2011
Hoarding Response Team

### 2014
Elder Abuse Prevention Task Force

### 2015
Opiate Outreach Initiative

#### Jail Diversion Program
The Jail Diversion Program (JDP) was formed in 2010 when The Edinburg Center first stationed a mental health clinician at APD through funding provided by the Massachusetts Department of Mental Health (DMH). This position, titled the jail diversion clinician (JDC), has been key to the success of the JDP in diverting eligible people who have behavioral health needs to treatment and services.

#### Four-pronged Approach
The JDP aims to provide alternatives to arrest, booking, and jail detention for people who have behavioral health needs through the following four-pronged approach:

1. **Intervention**: The JDC joins APD officers on mental health-related calls for service as a co-response team. On scene, the team works to determine the best approach for the individual. If a crime has been committed, the JDC and the officer assess whether the individual is appropriate to divert from arrest into treatment. If diverted, or if no crime has been committed, the JDC works with the individual to identify needs, connect the person to hospital- or community-based treatment, and arrange for continued follow-up.

2. **Follow up**: In addition to on-site identification, the JDC regularly identifies people who could benefit from follow-up contact by reviewing APD data and communicating with community providers. Once people are identified, the JDC performs outreach and follow up, which may involve an officer if appropriate, to provide ongoing support, treatment referrals, and connection to additional services and community resources.

3. **Training/Education**: APD delivers ongoing, specialized training on behavioral health topics using multiple methods such as presentations, reference materials, and in-house web-based instruction. Through these varied approaches, law enforcement personnel are educated in MHFA, recognizing signs and symptoms of mental illness, how to apply context-specific crisis management and intervention techniques to defuse stressed situations, suicide risk and prevention, common psychiatric medications and their usage, Narcan, substance use, autism, Alzheimer’s and neuro/cognitive disorders, domestic violence, veterans’ services, hoarding, and relevant laws and statutes.

4. **Community Partnerships**: The JDC serves as a centralized point of contact for care coordination for people who have behavioral health needs. The clinician maintains strong interagency partnerships by attending community meetings and serving on multi-agency committees. While key partners meet on a consistent basis to strategize and develop programming, the JDC maintains fluid relationships with a variety of agencies to identify and collectively manage complex cases on an at-need basis.

#### Data Collection
The JDC submits data on each encounter, intervention, and outcome to the DMH on a monthly basis through a state-wide JDP database. Quarterly reports are also submitted to DMH and The Edinburg Center, summarizing current partnerships, training, and data collection processes.

APD personnel store data in a secure report management system (RMS) under control of the town’s Records Bureau. Dispatchers, officers, and the JDC are able to flag records in the RMS as having a mental health component. This provides personnel with pertinent information to more appropriately respond to mental health-related cases. The data system has multiple password-protected access levels, providing the JDC with unique entry permission and enabling the JDC to review police logs, incident reports, and computer-aided dispatch (CAD) entries that have been flagged as having a mental health component. The JDC can also file supplemental incident reports that are password protected with limited access abilities for APD personnel.
Hoarding Response Team

APD developed the Hoarding Response Team (HRT) in 2011, in partnership with the Arlington Health Department and the Arlington Fire Department. The goal of the HRT is to provide needed intervention and referrals for people in cases involving hoarding or squalid living conditions. Various representatives participate in on-going strategic planning for the initiative, while the on-site HRT is comprised of two Health Department inspectors, the JDC, and a responding police officer.

Through this initiative, all APD and Arlington Fire Department first responders receive specialized hoarding training, which includes instruction on use of the Homeless Operations Management and Evaluation System (HOMES) Homeless Services Assessment Form and processes for making referrals to the HRT.

The HRT is strengthened by the team’s community contacts, including representatives of Senior Protective Services, housing agencies, professional organizers, and clean-up contractors. These diverse connections, along with specialized hoarding training for first responders, enable the HRT to meet the specific needs of each case.

Elder Abuse Prevention Task Force

In 2014, APD assisted with the creation of the Elder Abuse Prevention Task Force, with the goals of educating the community, providing a system for reporting suspected abuse, and connecting residents to services as needed. The JDC is an active member of the Elder Abuse Prevention Task Force, along with representatives of first responder agencies, the Council on Aging, Minuteman Senior Services, the veteran’s agent, the local banking community, senior residents, and Meals on Wheels.

Opiate Outreach Initiative

In 2015, recognizing an increase in opiate-related fatalities, APD established the Opiate Outreach Initiative. This initiative consists of two primary components:

1) **Proactive Outreach to Individuals with Substance Addiction**: APD officers identify known or suspected people who have opioid addictions, and the JDC follows up with these people, as well as those that have recently experienced an overdose, to provide support or referrals.

2) **Arlington Community Training and Support (ACTS)**: Co-facilitated by the JDC and a certified interventionist from Wicked Sober, LLC, this program includes regular community-based meetings where they provide on-going training, support, services, and resources for people who have opioid addictions and their families.

This innovative approach has received national recognition through the Police Assisted Addiction and Recovery Initiative (PAARI), and the strategy has been shared with numerous agencies across the country.

In 2017, APD joined the Metro-Boston Project Outreach, a regional collaboration of seven towns in Middlesex County, MA–Arlington, Belmont, Lexington, Newton, Waltham, Watertown, and Weston. Through this initiative, key agencies including police departments, health departments, emergency personnel, and treatment providers are able to pool their resources to more effectively address opioid addictions in the area through monthly community education events and information sharing among participating jurisdictions.

To learn more about the APD and its initiatives, please contact:

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To learn more about the Law Enforcement-Mental Health Learning Sites, please visit [csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/](http://csgjusticecenter.org/law-enforcement/projects/mental-health-learning-sites/) or email the Law Enforcement Program team at le-mh-learningsites@csgjusticecenter.org.