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.

Tucson (AZ) Police Department

Total number of agency personnel: 1,250  
Sworn: 850  Civilian: 400  
Total population served: 600,000 people  
Jurisdiction and state: Tucson, Arizona

Program Highlights

- Mental Health Support Team (MHST)
  - Co-responder program pairs MHST officers with mental health clinicians
  - Proactively and compassionately connects people who have mental health needs to services before, during, and after a crisis

- Crisis Mobile Teams (CMT)
  - Work in tandem with the crisis line to provide continuous access to services

- Crisis Response Center (CRC)
  - Provides 24/7 emergency psychiatric and substance addiction treatment services for both adults and youth

- Multi-tiered training is open to all levels of law enforcement, mental health workers, call takers and dispatchers, emergency medical technicians, paramedics, and firefighters. Training includes:
  - Mental Health First Aid (MHFA) and basic crisis mitigation and management training for all officers; training is also open to the community
  - Crisis Intervention Team (CIT) training for officers on a voluntary basis
  - Advanced training for specialized units including MHST and Special Weapons and Tactics (SWAT) Negotiators

The Tucson Police Department (TPD) has one of the oldest and largest CIT programs in the nation, which has been in operation for more than 15 years and has provided training to multiple local and federal agencies—ranging from large to small and rural to urban—across Southern Arizona. TPD’s longstanding commitment to collaboration with its criminal justice and behavioral health community partners has helped to develop a model history of maintaining policies, procedures, and training manuals and collecting and analyzing data.
Collaborative Team Approach

Mental Health Support Team

The department’s MHST, established in 2013, is a specially trained unit that includes a captain, lieutenant, sergeant, two detectives, and seven field officers that serve as a mental health resource for other officers, community members, and health care providers. Staff use a tailored approach to caseloads in which they interact with case managers, behavioral health professionals, prosecutors, and community partners to prevent a crisis before it occurs and to ensure the best program and service delivery, focusing on a proactive model that works to steer participants away from the criminal justice system. MHST partners include the National Alliance on Mental Illness (NAMI), the University of Arizona, the CRC, the Pima County Attorney’s Office, Pima County Behavioral Heath, local courts, the Pima County sheriff’s department, and a number of other behavioral health and substance addiction treatment providers within the community.

Co-responder Program

Initiated in 2017, the MHST’s co-responder program pairs an MHST officer with a Masters-level licensed mental health clinician who ride together in the same unmarked vehicle, allowing for rapid dispatch of both police and mental health resources to calls for service. MHST officers wear civilian clothes and drive unmarked cars to help proactively defuse situations by reducing potential associations with past law enforcement experiences.

Crisis Response Center

The CRC provides 24/7 access to emergency psychiatric and substance addiction treatment services for both adults and youth and has a secure entrance for law enforcement to bring people to treatment rather than to jail. Half of the 12,000 individuals receiving care at the CRC each year arrive via law enforcement. The CRC strives to maintain their average time for checking people into the center at under 7 minutes so that law enforcement officers can return to the field as quickly as possible.

Crisis Line and Crisis Mobile Teams

The state of the art crisis call center is housed in the CRC complex and provides 24/7 access to telephonic crisis counseling. When needed, the crisis center can dispatch mental health clinicians through one of a dozen CMTs, whose primary responsibility is to meet law enforcement on-scene to assist in assessment, stabilization, connection to services, and welfare and follow-up checks.

Cross-system Collaboration

TPD regularly collaborates with crisis providers in Tucson’s behavioral health system through partnerships with providers funded by the managed care organization (MCO), Regional Behavioral Health Authority, the CRC, the local detoxification facility; and many Pima County departments such as the County Attorney’s Office, the Department of Behavioral Health, and the mental health courts. Through these collaborations, TPD developed integrated tailored approaches and now includes case management in its program. Additionally, the MHST communicates daily with crisis providers regarding topics such as people who are frequently using both criminal justice and behavioral health systems, community outreach, and diversion.
Data Collection

Comprehensive Data Collection and Analysis

The MHST and its partners collect a variety of data that is used to generate evaluations to ensure service rates stay as high as possible; data measured includes the number of officer transports to the CRC, patrol calls taken, patrol time saved by dropping people off at the CRC instead of booking them into jail, mental health calls received, involuntary civil commitment pickup orders attempted, pickup orders served, uses of force, and emergency petitions completed. The CRC also uses key performance measures, including the length of stay for patients in the urgent care clinic; the amount of time a patient waited to be seen by a doctor; the number of hours of restraint use per 1000 patient hours; and patient satisfaction as measured by how likely they would be to recommend the services to friends or family. The MHST also monthly analyzes the amount of time and resources the patrol bureau has saved by working with the CRC.

Data Sharing

MHST officers often plan admissions to and discharges from the CRC with the help of a data-sharing arrangement that occurs daily. The CRC also produces a comprehensive monthly report based on its data collection detailing the law enforcement admission and drop-off wait times. Additionally, monthly meetings are held with leaders from Tucson’s criminal justice and behavioral health systems. In these meetings, they exchange data to help identify people who are using both systems frequently, any trends, issues, and concerns and develop individualized case plans for people with the greatest needs in both systems.