

Voices from the Field: Lessons Learned from Law Enforcement Mental Health Partnerships

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Detective Grant C. Humerickhouse

City of Madison Police Department

March 27, 2014

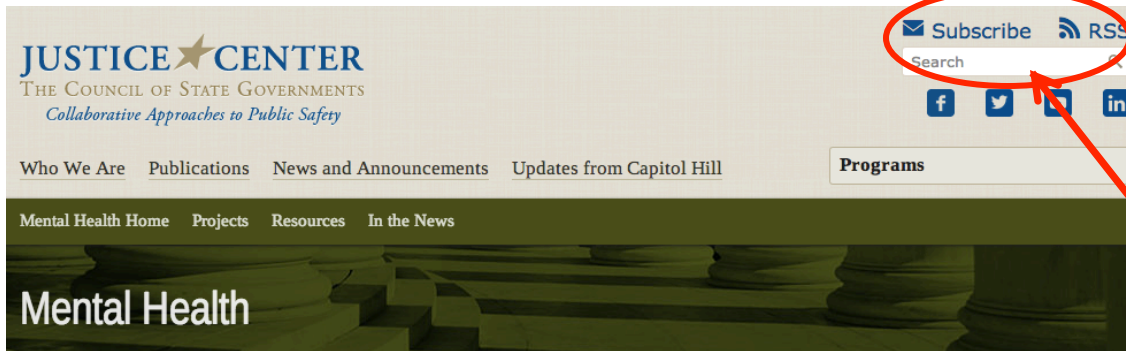
The Council of State Governments Justice Center



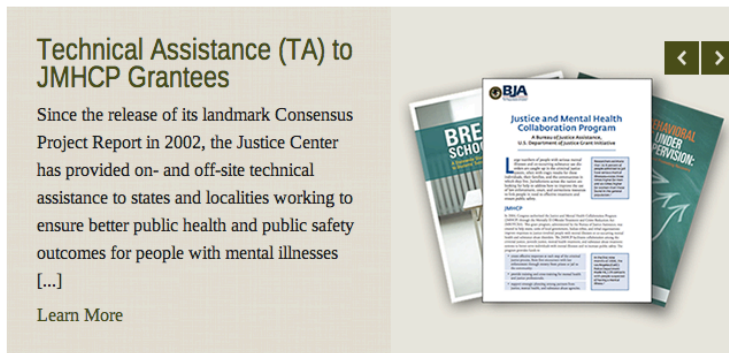
The Council of State Governments Justice Center is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. Staff provides practical, nonpartisan advice and evidence-based, consensus-driven strategies to increase public safety and strengthen communities.

The Council of State Governments Justice Center

<http://csgjusticecenter.org/mental-health>



- The CSG Justice Center is continually updating its website with materials relevant to the reentry field.



- Sign up for the monthly newsletters to receive news about upcoming distance learning and funding opportunities at:

<http://csgjusticecenter.org/subscribe/>

What Works in Reentry Clearinghouse

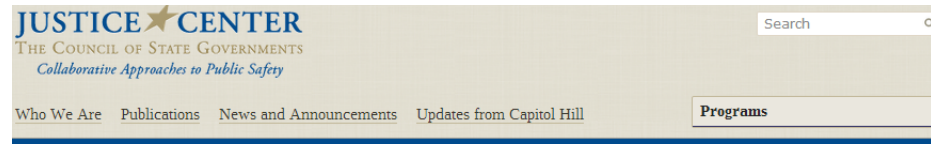
**Practitioners –
Policymakers – Funders –
Researchers**

*How do I find and
decipher research?*

*What are the key
takeaways that I need to
know?*

*How do I know if the
research is **reliable**?*

*How do I determine the
relevance of the
research?*



What Works in Reentry Clearinghouse

The *What Works in Reentry Clearinghouse* offers easy access to important research on the effectiveness of a wide variety of reentry programs and practices. It provides a user-friendly, one-stop shop for practitioners and service providers seeking guidance on evidence-based reentry interventions, as well as a useful resource for researchers and others interested in reentry. To get started, click the button below for additional information about this project or how to use this site; or, click on a focus area topic on the left to begin exploring. You can also conduct a customized search by clicking the advanced search link on the right.

Click here for more information about the *What Works in Reentry Clearinghouse* and information on how to use this site

Browse Focus Areas

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- [Housing](#)
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Coming Soon

- Case Management and Comprehensive Programs
- Juvenile-Specific Interventions
- Supervision and Sanctions

Search What Works

[Advanced Search](#)

Ratings Key

High Rigor	Basic Rigor	
		Strong evidence of a beneficial effect
		Modest evidence of a beneficial effect
		No statistically significant findings
		Modest evidence of a harmful effect
		Strong evidence of a harmful effect

<http://whatworks.csgjusticecenter.org/>

Question Submission and Technical Support

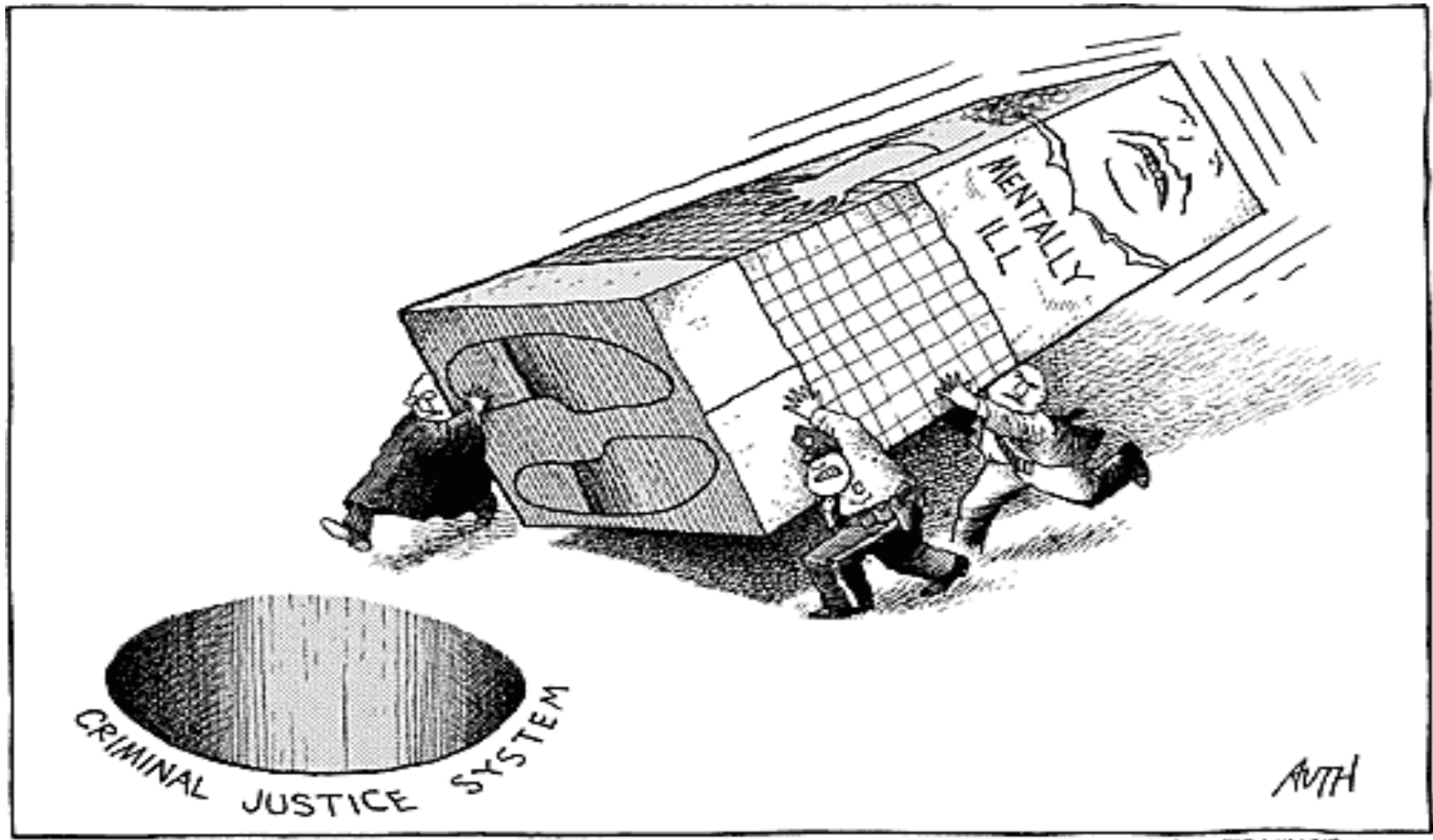
In order to submit questions for the Q&A portion of the webinar, please use the Q/A box on the lower right-hand corner of your WebEx window, and please select “Host” from the drop-down menu. Please do not use the Chat box located above the Q/A box to submit questions.

Questions for the presenters may be submitted at any point during the webinar

If you encounter technical or audio problems during the webinar, please contact WebEx technical support at 1-866-229-3239.



The Problem



5-14-02 An illustration inspired by
Universal Press Syndicate

What is missing?

- ▶ The square hole
- ▶ The square hole is system change for both law enforcement and mental health agencies
- ▶ Communities fill the hole through collaboration

Police/Mental Health Collaboration

- ▶ Collaborating with wide range of stakeholders...
 - ▶ Provides better understanding of differing roles
 - ▶ Builds personal relationships
 - ▶ Enables trust in decision making
- ▶ Collaboration fosters...
 - ▶ Shared, nuanced understanding of problems
 - ▶ Awareness of service or resource gaps
 - ▶ Longer-term solutions

The Nature and Extent of the Problem

► **Call Load**

Over the course of a six-year period (from 1998 to 2004), the Akron [OH] Police Department responded to 10,004 calls related to a “mental disturbance.” This represents 6.55% of the total call load (1,527,281 calls) during that period. [Teller, et al, 2006]

► **Temporary Solutions**

Dispositions typically available to officers include informal resolution at the scene (occurring the majority of the time), transport to a mental health facility for evaluation, or arrest (Teplin 2000; Lamb 2002).

► **Arrest**

Officers generally arrest people exhibiting signs of mental disturbance because the person fit into a “gray area”—the person was not sick enough for admission to the mental facility but was too disruptive to be ignored. The arrest rate of people with mental illness in this study was almost 16.5%, significantly higher than that for non-mentally ill suspects. (Teplin 1984).

The Nature and Extent of the Problem

- ▶ 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

What does the solution look like?

- ▶ Programs based in law enforcement with strong collaboration with community stakeholders.
- ▶ 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.

What are the outcomes?

- ▶ Reduced SWAT call outs
- ▶ Reduced arrest rates
- ▶ Reduced officer injuries
- ▶ Increased access to mental health services

Panelists will discuss:

- ▶ Strategies for engaging all stakeholders on campus: students, faculty, administration and community residents
- ▶ Information sharing and working effectively with partners - Do's and Don'ts
- ▶ Unique challenges when working in a college and university setting
- ▶ Successes

Contact Information

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Major Brad Barber & Dr. Sara Nash

Major Brad Barber, Assistant Director, University of Florida Police Department

Major Brad Barber supervises both the Patrol and the Criminal Investigations Divisions of the University of Florida Police Department, where he oversees operations including basic road patrol duties, criminal investigations, special events, and campus parking enforcement. Major Barber began working with the UFPD in October 1996 after retiring from the United States Army. While completing his Army service as a field grade officer, Major Barber held numerous command and staff positions and participated in combat operations associated with Operation Desert Storm. Major Barber holds a B.A. in Criminal Justice and an M.S. in Sociology/Criminal Justice Administration from the University of Florida.

Dr. Sara Nash, LMHC, University of Florida Counseling and Wellness Center Assistant Coordinator, University of Florida Crisis and Emergency Resource Center

Dr. Sara Nash is clinical faculty at the University of Florida's Counseling and Wellness Center, where she is the Assistant Coordinator of the Crisis and Emergency Resource Center and a member of the UF Behavioral Consultation Team. Dr. Nash has a decade of specialized training and experience in providing counseling, consultation, and on-site multi-agency response to distressed persons in crisis and emergency situations at the university, city, and county levels. In all of her roles, she has worked closely with law enforcement to coordinate effective responses.

Overview

- ▶ When members of our campus are in distress, we mobilize a vast network of highly-trained personnel and resources to provide timely, caring, and specialized assessment, intervention, and support.
- ▶ Developing and maintaining our model
 - ▶ Establishing the foundation
 - ▶ Community collaboration
 - ▶ Information sharing
 - ▶ Working effectively with partners
 - ▶ Challenges
 - ▶ Successes

SPR and CWC

Establishing the Foundation

- ▶ Secure ongoing commitments from the top-down
- ▶ Allocate resources
- ▶ Initial and ongoing training and staff development efforts
- ▶ Develop trusting relationships with all campus stakeholders
- ▶ Outreach to campus organizations
- ▶ Promote a culture of care and support between faculty, staff, and students
- ▶ Reduce resistance and overcome barriers
- ▶ Respond to continually emerging concerns

UFPD Training

- ▶ All sworn UFPD officers complete an intensive 40-hour crisis and mental health intervention training (CIT)
- ▶ Annual training in suicide prevention ([QPR](#))
- ▶ Seminars on multicultural and diversity issues
- ▶ Online training for communicating with distressed persons ([At Risk-Kognito](#))
- ▶ Advanced training on threat assessment and intervention ([Gavin DeBecker & Associates](#))

Relationships

- ▶ Foster positive trusted relationships to enhance communications, so that UFPD can receive information about people who may be in need of assistance, intervention, and support
 - ❑ **On-campus** includes Counseling and Wellness Center, Judicial Affairs, Dean of Students, Human Resources, EAP, Housing & Residence Life Education, Greek Life, academic departments, etc.
 - ❑ **Off-campus** includes city and county law enforcement, Alachua County Crisis Center, and area behavioral health facilities

Law Enforcement Outreach to Campus

- ▶ Develop specialized programs to increase trust and reduce barriers that exist between campus, community and law enforcement
 - ❑ UFPD SCOPE program partners with Housing & Residence Life Education, Greek Life, and faculty/staff to discuss community crime prevention and help campus members connect to police as real people
- ▶ Participate on inter-disciplinary teams to maintain relationships and respond to emergent situations
 - ❑ Crisis Response Team (CRT), Crisis Intervention Consultants (CICs), Behavioral Consultation Team (BCT)

Mental Health Outreach to Campus

- ▶ CWC provides extensive outreach to reduce help-seeking barriers and promote utilization of mental health resources
 - ❑ Suicide Prevention Training (QPR) to faculty, staff and students
 - ❑ *Working with the Troubled and Disruptive Student* trainings to faculty and staff
 - ❑ Promoting [At Risk-Kognito](#) training for the entire campus
 - ❑ [UF Resources for Students in Distress](#) video
 - ❑ Extensive [online resources](#) for students, including [TAO](#), a popular and effective new online therapy program for students with anxiety
 - ❑ Consult on behavioral health teams and numerous committees

Behavioral Consultation Team (BCT)

- ▶ BCT is a primary way in which information is shared
Emphasizes prevention through efforts to increase awareness and promote consultation/referral to campus resources to minimize the potential development of a crisis
- ▶ Strives to constructively support the student while minimizing the threat of harm to self or others
- ▶ Operates within ethical and legal guidelines (FERPA and HIPPA)
- ▶ Team members meet weekly to discuss cases, and engage in ongoing training and development activities

Challenges

- ▶ Cannot predict violence; can try to prevent and mitigate it
- ▶ Securing ongoing commitments from the top-down in individual and university-wide administrative structures
- ▶ Establishing and maintaining relationships with all stakeholders is extensive and ongoing
- ▶ Navigating legal and ethical guidelines for protecting privileged information, particularly for mental health consultants bound by HIPPA
- ▶ Tailoring the model to the limitations of your institution
- ▶ Reducing resistance from those who do not buy into the process, and finding ways to overcome roadblocks

Successes

- ▶ Have developed a state and national model for law enforcement/mental health collaboration
- ▶ Routinely able to effectively intervene to stop plans to harm self or others, and encourage persons in distress to get the help they need in a crisis
- ▶ Useful internal electronic tracking systems (at UFPD, SMART COP; at CWC, Titanium) that help us gain a better picture of the situation prior to response
- ▶ Excellent relationships between law enforcement and CWC, with each organization promoting the services of the other in a crisis situation

Resources

- ▶ U Matter, We Care
- ▶ University of Florida Police Department (UFPD)
 - ▶ Personal Safety & Crime Prevention Programs
 - ▶ Victim Advocates
- ▶ UF Counseling and Wellness Center
 - ▶ At-Risk Kognito
 - ▶ Therapist-Assisted Online for Anxiety (TAO)
 - ▶ Crisis & Emergency Resource Center (CERC)
 - ▶ QPR Suicide Prevention & Education Program
 - ▶ Working with the Troubled & Disruptive Student

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Background

- ▶ Detective Grant Humerickhouse
 - ▶ Mental Health Liaison
 - ▶ Data Share Project, 2007
 - Prior to 2007 emailing large information packets
 - PDF documents automatically updated to squad computers
- ▶ Langdon Neighborhood Officer
 - ▶ Primary point of contact between UW, City, and students
 - ▶ Large number of students dealing with “just depression”



Madison Police Department

Police 1-200

“It is the mission of the Madison Police Department to work in partnerships to create safer neighborhoods and preserve our special quality of life.”

- ▶ Every MPD officer receives mental health training.
 - ▶ Yearly updates
- ▶ Policy/procedure dictates that we work with DCMH, but our relationship has truly become inseparable.
 - ▶ Utilize information captured in reports to identify patterns, challenges, and best practices

Mental Health Debate


- ▶ Just depression?
 - ▶ Mental health liaisons debated over tracking depression
- ▶ September 07, 2010
 - ▶ Michael

MADISON POLICE DEPARTMENT

Date of Report:	9/8/2010	Case No:	2010-257467 Field
Occurred Incident:	31 - Ems Incident	Ref. No:	
Dispatched as:	31 - Ems Incident	Sec/Area:	406 CENTRAL
		Grid:	CAPITOL
Case Offense:	DEATH INVESTIGATION		
Addr of Occurrence:	125 N Hamilton St		
Call Date/Time:	09/07/2010 17:56	From Date/Time:	
Dispatch Date/Time:	09/07/2010 17:57	Thru Date/Time:	
Reporting Officer:	PO RICHARD D WIPPERFURTH 4374		
Special Routing:	SGT GRADY; CORONER KENT MILLER		

PDF Database

- ▶ Vetted the system with Dane County Mental Health
 - ▶ Group of clients
- ▶ Actively update the system
 - ▶ Total purge every 12 months
 - ▶ Copy and paste ability
 - ▶ Have since changed to three months
- ▶ IMAT created a program to update from a network drive



Name: [REDACTED]
 Race/Sex D.O.B: [REDACTED]
 Address: [REDACTED]
 City: Madison
 Cell Phone: [REDACTED] Home Phone: [REDACTED] Work Phone: [REDACTED]
 V: [REDACTED] Sector: 404 District: Central

FREQUENT CALLS FOR SERVICE

Diagnosis:	Provider Contact	Agency:	Emergency Contact	Relationship
	Dr. Ann	Access		
	Provider Cell Phone:	Provider Work Phone:		

Student Status: [REDACTED] Cell Phone: [REDACTED] Home Phone: [REDACTED] Work Phone: [REDACTED]
 None None

Case #	Sector Occurred	Enhancer	Enhancer2	Weapon	911 or ETOH	Contact Type	Contact Result	Disposition
11-004815	404	Paranoia				Contact	No Action	Released
11-007261	404	Paranoia				Contact	No Action	Released
11-012051	404	Paranoia				Contact	No Action	Released
11-015735	404	Paranoia	Overdose			Contact	Conveyance	Meriter

Special Instructions:

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.

PDF Database








Name: [REDACTED]
Race/Sex D.O.B.: [REDACTED]
Address: [REDACTED]
Cell Phone: [REDACTED] Home Phone: [REDACTED] Work Phone: [REDACTED]
Vehicle Plate: [REDACTED] Work Address: [REDACTED] Sector: 404 District: Central

FREQUENT CALLS FOR SERVICE

Diagnosis: Provider Contact: Agency: Emergency Contact: Relationship:
 Dr. Ann Access
Provider Cell Phone: Provider Work Phone:
 [REDACTED]
Student Status: Military Service: Cell Phone: Home Phone: Work Phone:
 None None

Case #	Sector Occurred	Enhancer	Enhancer2	Weapon	961 or ETOH	Contact Type	Contact Result	Disposition
11-004815	404	Paranoia				Contact	No Action	Released
11-007261	404	Paranoia				Contact	No Action	Released
11-012051	404	Paranoia				Contact	No Action	Released
11-015735	404	Paranoia	Overdose			Contact	Conveyance	Meriter

Special Instructions:

[REDACTED]

As of 1/26/2011 has open case in CCAP reference 2010CF006308.

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.

LERMS Record Management System

Global Subject Entry ORI: W0130100 Global Subject Type: Adult Global Subject Number: 17729

Save Delete Print Activity Contacts Audit Viewer NCIC Help

Name and Address
Last Name: [Redacted] First Name: [Redacted] Middle Name: [Redacted] Name Suffix: Jr Affiliation: [Redacted]
Location: Verified Location [Redacted] Qualifier: [Redacted] Venue: Fitchburg, City Address [Redacted] Override GEO [Redacted]
City: MADISON State: WI ZIP: [Redacted] Phone: [Redacted] Phone Type: Cellular Phone
WISCONSIN

Date of Birth: [Redacted] Age: 45 SSN: [Redacted] Driver's License: [Redacted] State: WI Expiration Date: [Redacted] ID Number: [Redacted] Local ID Number: [Redacted] 12/4/2003 MUGSHOT 08/02/2013 08:13
WISCONSIN

Physical Characteristics
Race: Black Sex: Male Height Range: 6 Ft 6 In. To 6 Ft 6 In. Weight Range: 290 To 290 Eye Color: Brown Hair Color: Black
Not of Hispanic Origin Black Male

Addresses [X] NCIC Fingerprints Vehicles [X] Documents
School/Employer Info Known Associates Contact Info Scars, Marks, Tattoos Handicaps
Physical Characteristics Other Characteristics MO/Crime Specialties Aliases/Nicknames Associated ID Numbers

Age Range: [Redacted] To [Redacted] Deceased [Redacted] Date of Death: [Redacted] Build: [Redacted] Identifiers: [Redacted]

Appearance: [Redacted] Complexion: [Redacted] Hair Type: [Redacted] Hair Style: [Redacted] Hair Length: [Redacted]

Distinctive Feature: [Redacted] Facial Feature Oddity: [Redacted] Facial Shape: [Redacted] Teeth: [Redacted] Glasses: [Redacted]

Beard: [Redacted] Mustache: [Redacted] Blood Type: [Redacted] Hand Preference: [Redacted]

Voice Characteristic: [Redacted] Speech Characteristic: [Redacted] Primary Language: [Redacted] Secondary Language: [Redacted]

LERMS Record Management System

Person Alert Entry - ORI: W0130100

Save Save/New Delete Cancel Help

Alert Information

Alert Type: Mental Health Priority: 3 Effective Date: 03/24/2014 Expiration Date: 03/24/2015

Additional Description

*****TEST; USE CAUTION*****
ECD Fear and focus on device
Multiple Officer Call, Multiple Mental Health Issues

Person Entry

Type: Adult Name: [Redacted] SSN: [Redacted]

[Group Icon] [Folder Icon]

Information Sharing Do's & Don'ts

Don't...

- ▶ Bite off more than you can chew.
- ▶ Get stuck in one mode of thinking.
- ▶ Keep the data forever.
 - ▶ Intelligence as a tool vs. intelligence as weapon
- ▶ Provide copies outside law enforcement.
 - ▶ Open records - F.O.I.A.

Do...

- ▶ Collaborate.
 - ▶ Management
 - ▶ DCMH
- ▶ Remain flexible.
 - ▶ Best ideas came from change
- ▶ Share inside the law enforcement community
 - ▶ UW, DCMH coming to meetings

Engaging Stakeholders

- ▶ Partnership
 - ▶ CFLI, Dean of Students, IFC Boards
- ▶ Sorority/fraternity talks
 - ▶ Once-a-year risk managers and leadership
 - ▶ Twice-a-year (spring and fall) chapter houses
 - ▶ Some of the best sources of information
 - ▶ Anonymity when reporting sexual assaults
 - ▶ Best source of referrals
 - ▶ AODA identifiers
- ▶ Say what you mean, simply and clearly
 - ▶ Know who to call

Unique Challenges

- ▶ It is impossible to establish institutional memory
- ▶ Goals can be different
 - ▶ Getting the players to the table
- ▶ Culture
- ▶ Private dorm/apartments
- ▶ Mix of citizens, students, co-ops

Contact Information

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Executive Support

MENTAL HEALTH LIAISON

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Q & A Session

Instructions:

To ask a written question, enter it in the Q&A panel on the bottom right-hand side of your screen.

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Thank You!

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