

Police-Mental Health Collaboration Programs A Different Way of Policing

JUSTICE ★ **CENTER**
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

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National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by **the best available evidence**



Overview

What is a Police – Mental Health Collaboration (PMHC) Program?

Types of PMHC Programs

Policing in the Field

What is a Police-Mental Health Collaboration (PMHC) Program?

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Law Enforcement and Mental Health Encounters

Approximately 1 in 5 U.S. adults has a mental health disorder.



- Mental health calls for service are among the most complex and time-consuming for law enforcement.
- Police officers routinely provide the first line of crisis response for situations involving persons with mental illnesses.
- Individuals with severe mental illness generate no less than 1 in 10 calls for police service
- These calls for service are common and constitute an estimated 7% of all police contacts.

What is a Police-Mental Health Collaboration (PMHC) Program?

- A PMHC program is:
 - A law enforcement-based program, which involves collaborating with a mental/ behavioral health entity.



- Designed to divert individuals with mental illness or in mental health crisis from unnecessary jail bookings and/or hospitalization.

The Benefits of a PMHC Program?

- **Safety:** Increased safety for
 - The responding officers, individual, and the community.
- **Reduced strain on law enforcement agency resources:**
 - Less repeats calls for service (CFS), and
 - Reduction in time spent on mental health calls.
- **Improved access to appropriate behavioral healthcare services:**
 - Increased continuity of care, and
 - Less involuntary commitments (IVCs).
- **Reduced cost to the law enforcement agency:**
 - Increased safety and less use of force leads to fewer civil lawsuits.
- **Improved community Relations**



What is a Police-Mental Health Collaboration (PMHC) Program?

Types of PMHC Programs

Policing in the Field

Types of PMHC programs

- Crisis Intervention Teams (CIT)
- Co-Responder Models
- Mobile Crisis Response Teams
- Case Management Teams
- Hybrid Models

It's important to realize there is no one "right" type!

Crisis Intervention Team

- CIT is the most commonly used approach by law enforcement agencies.
- Based on the Memphis Model – 10 core elements
- Pre-booking jail diversion program for people in crisis due to a mental illness
- Process of addressing system change for crisis care within a community as a whole through intentional coordination across service providers
- Recommended by CIT International:
 - To be considered CIT trained, one must complete a 40-Hour CIT training curriculum
 - Individuals should volunteer into a CIT program
 - 25% of an agency should be trained



Important to note that CIT is MORE than just training

Co-Responder Team

- Specially trained officer and a mental health crisis worker respond together to mental health calls for service.
- Draws upon the combined expertise of the officer and mental health professional
- Team is able to link people with mental illnesses to appropriate services or provide other effective and efficient responses.

Mobile Crisis Team

- Mental health professionals respond
 - At the request of officers, to the scene of calls
 - At requests directly from community members or families and friends.
- MCTs help to stabilize encounters and assume responsibility for securing mental health services



Case Management



- Officers, often in collaboration with mental health professionals:
 - Carry a caseload of consumers.
 - Engage individuals who have repeated interactions with law enforcement.
 - Work with consumers to develop solutions specific to the individual's needs to reduce repeat interactions.
- Approach strives to encourage individuals to:
 - Stay connected to mental health services and community resources;
 - Adhere to treatment plans and medication regimens, and
 - Fulfil other responsibilities such as work, school and training

Hybrid Approach

- Law enforcement agency:
 - Intentionally selects various response options to build a comprehensive and robust program.
 - Begins with the expectation that every patrol officer must be able to respond effectively to mental health calls.
 - Enhances their patrol force with officers or detectives whose primary responsibilities are to liaise with stakeholders, and to coordinate criminal justice and mental health resources.

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Policing in the Field

Policing in the Field

SAN MARCOS POLICE
DEPARTMENT

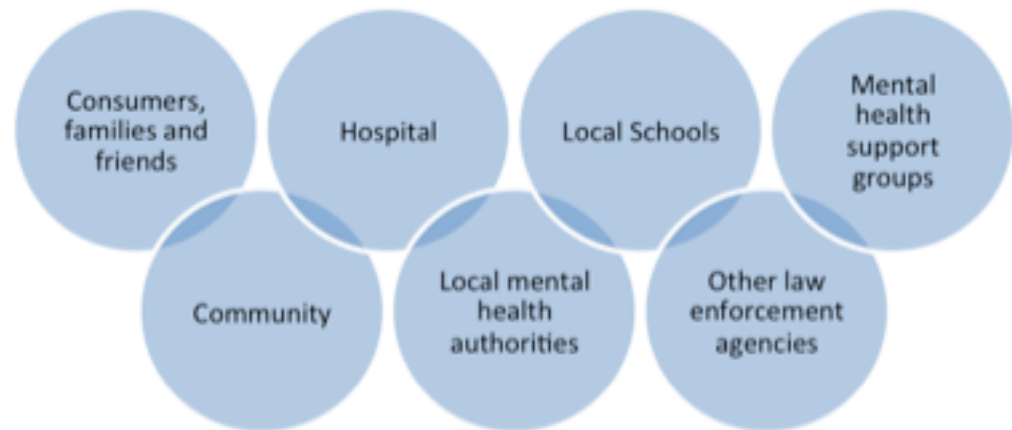
Mental Health Unit

Corporal Samuel Myers



Unit Overview

- The San Marcos Police Department (SMPD) Mental Health Officer (MHO) serves as a liaison between the police department and:



- MHOs also work closely with SMPD Patrol, School Resource Officers (SROs), Narcotics, Criminal Investigations and the District Attorney's Office with individuals in mental illness crisis.
- Training is conducted periodically with police officers, and new recruits go through mental health training in our mini-academy with an emphasis on jail diversion.

MHO Program Objective

Objective is to ensure the safety of all parties and assist the individual in obtaining resources.

The MHO will not attempt to treat or diagnose any individual.

Home Visits

The MHOs:

- Conduct proactive home visits for consumers to divert mental health crisis incidents
- Work in direct collaboration with Scheib Center's MCOT (Mobile Crisis Outreach Team) assisting local residents, university students, and consumers from surrounding communities who rely on local outreach mental health services.

Visits without Mental Health Specialists

- Focus on basic needs and minor problems
- Conduct basic assessment of individuals
- May be conducted if there is a known threat where we don't want specialists around at the time

Visits with Mental Health Specialists

- Follow-up for post-release, post-counselling, or pre-detention
- Try to keep visits low-key and relaxed
- MHO will focus on situational awareness, security and possible Emergency Detention

Emergency Detentions (EDs)

- EDs are issued at sole discretion of San Marcos PD.
 - but transport may be done by another entity (ambulance, family, etc.)
- Case-by-Case basis
- May circumvent clinical staff and transport directly to an appropriate in-patient psychiatric facility or a local hospital
- EDs are imposed when the officer determines individual is a danger to self and/or others, or when person has decompensated to degree they have lost ability for self-care due to a mental illness.

Types of Encounters

- Cooperative/Compliant
- Hostile/Uncooperative/Uncompliant
- Immediate Medical Attention
- Call-out of MH Specialist

Transports

- If **in-patient hospitalization** is required, MHOs will transport to private and state hospitals.
- If individual has or is expected to cause problems, a **second officer** may accompany the MHO.
- **Restraints** is determined on a case-by-case basis
- Most transports usually take **one to two hours** on average. **Comfort** of individual is considered.
- Vehicles and officers are equipped with video and **body-cameras**.
- San Marcos PD has a **list of non-MHOs who can assist in transports**.
- **Overtime is paid.**

Community Involvement

- MHOs:
 - Attend community functions to advance mental health care.
 - Assist with Military Veteran's Peer Network (MVPN), which is a division of Hill Country MHDD
 - Work with Veteran's Service Office (VSO) which assists vets with VA issues
 - Have participated in Hays County's Veteran's Court

Documentation

- Recent emphasis has been on upgrading our records keeping
- Reports are completed if an officer has issued an ED or if an individual has been transported by ambulance to a hospital for treatment involving a mental health crisis.
- Searches for missed mental health calls by “key words” instead of just by “call titles” have doubled to tripled the amount of calls.
 - In the previous 3-month reporting period (April-June), SMPD reported 277 calls involving an aspect of mental health
 - With new reporting, just from July 1-August 18 (half of a 3-month period) we have located 392 calls for service
- Beginning October 1, any call involving mental health will have additional information completed by the reporting officer.

Documentation

Records Management System (RMS) - Texas Version 13.05.01

File Edit Inquiry View Images Import Reports Tools Seg SubMod Mod Help CID Export

Admin **Offense** Property Property Victim Offender Arrest Witness Contact

AGENCY SMPD San Marcos Police Dept INCIDENT 160000060792

CASE RECORD ID 001 STATUS

Offense IBR Custom Supervisory

Mental Health Statistics Mental Health Comments

<input checked="" type="checkbox"/> Mental Health Related	<input type="checkbox"/> Diversion
<input checked="" type="checkbox"/> Mental Health Officer Response	<input type="checkbox"/> Officer Injury
<input type="checkbox"/> Criminal Arrest Made	<input type="checkbox"/> Consumer Injury
<input type="checkbox"/> Left on Site	<input type="checkbox"/> Force Used
<input checked="" type="checkbox"/> Emergency Room	<input checked="" type="checkbox"/> Alcohol/Drugs
<input type="checkbox"/> In-Patient Mental Health Facility	<input checked="" type="checkbox"/> Self-Harm
<input type="checkbox"/> Non-Medical Facility	<input type="checkbox"/> Suicide Completed
	<input type="checkbox"/> Mental Health Comment Left

Ready MHI Mental Health Investigation

In the Works

Loss Teams Local Outreach of Suicide Survivors

- National model to give support to community members who have lost a friend or loved one to suicide
- Effort to negate potential for additional crisis or suicides by affected persons
- All MHOs will go through training and assist MCOT members
- Two members going to national conference end of September

Jail Recovery Post-arrest contact in jails

- Targets consumers who have been resistant to pre-arrest contact and offers of MH services
- Objective is to inspire consumer to engage/re-engage in MH services and reduce future criminal arrests
- Secondary objective is to reduce tension and hostility that consumer may have towards LE
- Pending filling a current vacancy for Scheib MH Court Liaison position

Policing in the Field



El Dorado County Sheriff's Office **Crisis Intervention Team Management Model**

Sergeant Michael Yarbrough

El Dorado County Demographics

- County Population is 183, 000.
- County encompasses 1,786 square miles.
- There are 2 incorporated cities in the county, the City of South Lake Tahoe and the City of Placerville.
- Approximately 250 sworn personnel at the El Dorado Sheriff's Office (EDSO), which include Deputy Sheriffs and Correctional Officers.
- The Sheriff's main office is located in the City of Placerville and there is one sub-station in the City of South Lake Tahoe.

Justice and Mental Health Collaboration Program Grant

- The grant funded CIT training of Sheriff's Office personnel, CIT field operations and administrative work.
- EDSO CIT team is comprised of 3 Sgts and 14 deputies.
- There is no dedicated CIT position and all of the work is done as a collateral assignment.

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Assistance

OMB No. 1121-0179



The U.S. Department of Justice (DOJ), Office of Justice Programs (OJP), Bureau of Justice Assistance (BJA) is seeking applications for funding for the Justice and Mental Health Collaboration Program. This program furthers the Department's mission by increasing public safety through innovative cross-system collaboration for individuals with mental illness who come into contact with the criminal justice system.

Justice and Mental Health Collaboration Program FY 2013 Competitive Grant Announcement

Eligibility

Applicants are limited to states, units of local government, federally recognized Indian tribes (as determined by the Secretary of the Interior), and tribal organizations. BJA will only accept applications that demonstrate that the proposed project will be administered jointly by an agency with responsibility for criminal or juvenile justice activities and a mental health agency. Only one agency is responsible for the submission of the application in Grants.gov. This lead agency must be a state agency, unit of local government, federally recognized Indian tribe, or tribal organization.

Per Pub. L. 108-414, a "criminal or juvenile justice agency" is an agency of state or local government or its contracted agency that is responsible for detection, arrest, enforcement, prosecution, defense, adjudication, incarceration, probation, or parole relating to the violation of the criminal laws of that state or local government (sec. 2991(a)(3)). A "mental health agency" is an agency of state or local government or its contracted agency that is responsible for mental health services or co-occurring mental health and substance abuse services (sec. 2991(a)(5)). A substance abuse agency is considered an eligible applicant if that agency provides services to individuals suffering from co-occurring mental health and substance abuse disorders.

Note: BJA may elect to make awards for applications submitted under this solicitation in future fiscal years, dependent on the merit of the applications and on the availability of appropriations.

EDSO CIT Program

- Approximately 14 deputies conduct field visits for 5150 follow-up and report back to Mental Health the results of the visits.
- Priority is placed on 5150 reports, not all require physical follow-up visits.
- CIT follow-up is a check on the consumer to determine what they need to be successful (Randy R example).
- Consumers are linked to appropriate services.
- Operates under an Intensive Case Management (ICM) model.

EDSO CIT Program cont.

- Incident case number are used to track the consumer's case.
- Follow-up visit, actions taken and recommendations are documented.
- At anytime, a CIT deputy can recommend a case is closed based on his evaluation of how the consumer is doing at this time.
- Resource packages were created to be given to every person we responded to for a 5150 call. The pack includes, a Mental Health History form, local resource contact information, NAMI Family to Family information, and a Mental Health Emergency 911 guide.

Resource Package Content

CRISIS FOLLOW UP RESOURCES

You are receiving this follow up information because you or a family member may have recently experienced a mental health crisis. The El Dorado County Sheriff's Office is committed to supporting those in our community with mental health issues. Early intervention and prompt services and supports are key to improved life-long cognition. We recognize mental health issues may be lifelong conditions that can need a range of services and supports readily available from time-to-time. We have included a list of local resources that you can call to assist you.

El Dorado County has deputies that have specialized training in dealing with mental illness situations. We encourage you to fill out the "Historical Information" form for anyone in your household that has a history of mental illness. This information can assist deputies, crisis workers, and psychiatric workers to properly assess a person who is going through a mental health crisis and get them the help they need and deserve. Keep the completed form in a readily available location and provide the form to anyone who responds to your 911 call for assistance regarding a mental health crisis (and to the hospital and psychiatric treatment team).

If you have questions you want answered from the Sheriff's Office Crisis Intervention Team, please call: (530) 621-3800. It may take a few days to respond to you on this non-emergency line. If you have an emergency call 911.

OTHER IMPORTANT RESOURCES

County Mental Health, Placerville Office (530) 621-6290

County Mental Health, South Lake Tahoe Office (530) 573-7970

[NAMI-Placerville](http://www.nami.org), Warm-line Mon-Thur 10 a.m. – 3 p.m. www.nami.org (530) 306-7710

[NAMI-South-Lake-Tahoe](http://www.nami.org), Warm-line Mon-Thur 10 a.m. – 3p.m. www.nami.org (650) 740-5776

County Veteran Affairs Office (530) 621-5892

US Veteran Affairs Office (916) 843-9237

County Alcohol and Drug Programs (530) 621-6146

Bipolar Insights (Placerville) (530) 642-0859



Mental Health Emergency

Call
9-1-1

EL DORADO
COUNTY
MENTAL
HEALTH

24 HOUR CRISIS LINES

- South Lake Tahoe Crisis Line: 530-544-2219
- Suicide/Crisis Hotline: 1-800-273-TALK (8255); Veterans press 1; Spanish speaking press 2, or call 1-888-628-9454

IMPORTANT NON-EMERGENCY PHONE NUMBERS

- My local (non-emergency) Police Department: 530-542-6100
- El Dorado County Sheriff - S.I.T (non-emergency): 530-573-3300
- Access to Services: 1-800-929-1955
- Alcohol and Drug Helpline: 1-800-662-HELP
- Behavioral Health and Recovery Services - Office of Consumer & Family Affairs: 1-800-388-5189 peer support, resources including wellness centers and peer-run organizations
- NAMI National Alliance on Mental Illness: 650-740-5776 support, education, and advocacy for families
- El Dorado County Mental Health—South Lake Tahoe Office: 530-573-7970



Know to Ask for a Crisis Intervention Trained Officer (CIT)

When you call 9-1-1, ask to have a CIT Officer dispatched (if available), as these officers are trained to respond to mental health emergencies.

Fill out the *Historical Information form*

Complete the form **ahead of time**. Send a copy to their mental health provider and keep extra copies on hand for hospital personnel if a mental health emergency occurs. For a copy of the form, visit www.edcgov.us/MentalHealth or call 530-821-6290 or toll-free 1-800-929-1955.

This form provides hospitals and mental health providers with important detailed information on your family member or friend's mental health history.

Be prepared for a *5150 Hold*

If your family member or friend is a danger to themselves or to others, or is gravely disabled, it may be necessary to place them on an involuntary hospital hold of up to 72 hours for additional help and evaluation.

Visit www.namieldorado.org for resources

Find more information on where to get help and what to do in a mental health crisis on the NAMI California website.

Guidelines for Calling 9-1-1





We all want to protect the people we love, and sometimes we cannot do it on our own. If a family member or friend is in a mental health crisis and at risk of harming themselves or others, call law enforcement — even though you or your family member may be upset or afraid — to help ensure everyone's safety.

1. BEFORE CALLING 9-1-1

- **Be prepared:** Become familiar with the guidelines in this brochure.
- **Know your rights:** If the individual is placing you or themselves in danger, police need to step in and help. You have the right to ask for help and your loved one has a right to receive help.
- **Try to remain calm:** Take a few deep breaths so you can speak as slowly and calmly as possible.
- **Remove harmful items:** If possible, remove any items from the immediate area that could be used as a weapon, such as fire arms, knives, tools, or baseball bats.
- **Historical information form:** If possible, complete this form prior to a crisis. Provide a copy to law enforcement. (Visit www.edcgov.us/MentalHealth for form)

2. DURING THE CALL

Try to make the call from a safe and quiet place where your family member or friend will not feel threatened by overhearing you.

- State that you are calling about a mental health emergency and request a CIT Officer, if available.
- Describe the situation in detail, such as whether your loved one is suicidal, aggressive, off their medication, or threatening someone.
- Listen carefully and answer the dispatcher's questions so they have the information to help.
- Stay on the phone — emergency help is being dispatched. **Do not hang up** until you are asked to do so by the dispatcher.



X

3. WHEN THE POLICE OFFICER ARRIVES

- Tell them what you've seen and heard — stick to the facts.
- Explain what is happening now.
- Let them know what has and has not worked in the past.
- If the person in crisis is being transported — find out where.
- Ask the officer for their contact information for follow up.

What to Say When Calling 9-1-1

- I'm calling about a **Mental Health Emergency** and request a **CIT Officer**.
- My name is: _____
- I'm calling from [your location].
- I'm calling because my [family member/friend] is: _____
- Describe in detail what is going on right now.
- Advise law enforcement if there is information on file about the person in crisis.
- Ask if it's possible to arrive without lights or sirens.

The 9-1-1 dispatcher will ask the following: (be clear and brief)

- Are there any acts or threats of violence?
- Are there any weapons involved?
- Where is the person experiencing the emergency located?
- Has there been a suicide attempt or has the person made threats of suicide?

Additional information you may be asked to provide:

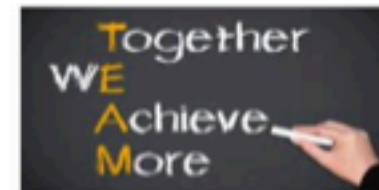
- The person's mental health condition/ diagnosis and mental healthcare provider.
- Whether he/she is intoxicated or overdosed.
- Any medications the person is taking.
- Whether the person is gravely disabled and unable to care for themselves.

Mental Health Resources Information Kiosks throughout the county



Collaboration is Important

- County Mental Health
- Local hospitals
- Local Law Enforcement agencies
- National Alliance on Mental Illness
- Alcohol & Drug program
- Public Guardian
- Adult Protective Services
- Public Defender
- County Probation Department
- Social Service
- County Jail
- County Council



Multi-Disciplinary Team (MDT)

- A collaborative that brings together various organizations to ensure that the consumer is placed in the most appropriate services.
- Works with the organizations that have responsibility over county mental health and local hospitals.
- MDT helps the flow of services and put a personal touch to people working together.

MDT cont.

- MDT help problem solve and clarify legal standing or issues.
 - For example, the Release of Information (ROI) issues.
- Discuss consumer needs.
 - For example, the need for a emergency medication fund.
- Collaborate on media information
 - Flyers, history forms, training classes, etc.
- Network to help solve problems on a daily basis.

The Pay Off

- We can see that our hard work is starting to pay off by the decline in mental health cases.
- In 2013 and 2014 mental health case numbers were close to 543 cases per year.
- The numbers for 2015 showed a decline to 502 cases.
- A preliminary look at 2016 numbers show from Jan 1st – Jun 30th there were 196 cases (roughly 32 per month).
 - Estimating out 32 x 12 months gives us about 384 cases taken for 2016.

County Mental Health Statistics

- Crisis assessments in South Lake Tahoe
 - 2014: 404 assessments
 - 2015: 381 assessments
- On average the number of known (repeat) consumers visiting the ER for mental health crisis had been around 23% annually (2014).
- The numbers for 2015 show a decline of known consumers visiting the ER was about 10%.

- Reported “use of force” by law enforcement is down as well, positive reports from NAMI.



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Thank You

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THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

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