** **

**Call for Applicants to Participate in the**

**Law Enforcement–Mental Health Learning Sites Program**

In partnership with the U.S. Department of Justice’s Bureau of Justice Assistance (BJA), [The Council of State Governments (CSG) Justice Center](https://csgjusticecenter.org/) is seeking applicants to expand the Law Enforcement–Mental Health Learning Sites Program. This program is designed to identify and highlight agencies from across the country with successful police-mental health collaborations (PMHCs) between leaders from law enforcement and behavioral health systems who are willing to serve as examples of effective [PMHC response models](https://bja.ojp.gov/program/pmhc/learning#types-of-pmhc-programs). The current learning sites represent a diverse cross-section of perspectives and program examples and are dedicated to helping other jurisdictions improve their responses to people with mental health needs, intellectual and developmental disabilities, substance use conditions, and a variety of other needs such as issues related to homelessness.

Learning sites are chosen, not just for their programmatic successes, but also for their ability to provide insight and guidance to other jurisdictions interested in starting or expanding a PMHC. While learning sites do not receive funding directly from BJA or the CSG Justice Center, they are reimbursed for approved costs associated with hosting site visits from other jurisdictions or travel to other jurisdictions to provide training and technical assistance. They also have access to no-cost, expert technical assistance provided by CSG Justice Center staff. For examples of some PMHC response models the current learning sites have implemented, visit the [Law Enforcement–Mental Health Learning Sites webpage](https://csgjusticecenter.org/projects/police-mental-health-collaboration-pmhc/law-enforcement-mental-health-learning-sites/).

**Deadline**

All applications are due by 11:59 p.m. E.T. on January 29, 2021 (See “Deadlines,” page 3).

**Contact Information**

For assistance with submitting an application, please contact Alexis Lacy, program manager in the Behavioral Health Division, at alacy@csg.org.

This project is supported by Grant No. 2019-NT-BX-K001, awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice’s Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART). Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

**Contents**

Overview of Learning Sites Program 2

Agency Type 3

Deadlines 3

Eligibility 4

Application Process 4

Selection Criteria 5

Application 7

Appendix A: Checklist for Application 19

Appendix B: Brief Overview of PMHC Programs……………………………………………………………………… 20

1. **Overview of Learning Sites Program**

Jurisdictions across the country are exploring strategies to improve the outcomes of encounters between law enforcement and people with mental health needs, intellectual and developmental disabilities, substance use conditions, and a variety of other needs such as issues related to homelessness. As a growing number of communities develop or enhance their police-mental health collaborations (PMHCs), 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 2010, as part of 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 police departments 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 with mental health needs. The current learning sites include the Houston (TX) Police Department, the Los Angeles (CA) Police Department, the Madison (WI) Police Department, the Portland (ME) Police Department, the Salt Lake City (UT) Police Department, Madison County Sheriff’s Office (TN), The University of Florida Police Department, Arlington (MA) Police Department, and the Madison Police Department (WI).

Following a competitive application process, selected jurisdictions will gain national recognition as members of the Law Enforcement–Mental Health Learning Sites Program and will work closely with the CSG Justice Center to provide peer-to-peer learning opportunities to programs nationwide. They may also be called on to collaborate with fellow learning sites and stay abreast of current research and best practices. While learning sites do not receive funding directly from BJA or the CSG Justice Center, they are reimbursed for approved costs associated with hosting site visits from other jurisdictions or travel to other jurisdictions to provide training and technical assistance. They also have access to no-cost, expert technical assistance provided by CSG Justice Center staff.

1. **Agency Type**

In an effort to increase the capacity of the Law Enforcement–Mental Health Learning Sites Program to respond more effectively to all categories of law enforcement agencies, we are hoping to attract agencies that include, but are not limited to, the following categories:

- City or town law enforcement agency

- Prosecutor/district attorney’s office

- Regional law enforcement entity

- Rural law enforcement agency

- Sheriff’s office

- Specialized law enforcement agency (Transit, Housing, Port Authority, etc.)

- State law enforcement agency

- Tribal law enforcement entity

We will conduct a competitive selection process. Applicants are expected to have robust PMHCs that effectively respond to people who have mental health needs.

1. **Deadlines**

All applications are due by **11:59 p.m. E.T. on January 29, 2021**. Applications must be submitted by email to Alexis Lacy alacy@csg.org.

1. **Eligibility**

The Law Enforcement-Mental Health Learning Site Program is open to any law enforcement agency that already has initiatives in place to effectively respond to people with identified mental health and other related needs such as substance use, intellectual or developmental disabilities, or housing. Programs must be willing to serve as and fulfill the duties of learning sites, including but not limited to:

* Responding to questions from the field in a timely and thoughtful manner;
* Hosting site visits with interested jurisdictions and providing brief summaries of these visits to the CSG Justice Center;
* Engaging in CSG Justice Center-hosted peer-to-peer learning activities (e.g., web meetings, webinars, conference calls, and conference presentations); and
* Consulting with the CSG Justice Center on projects or publications relevant to their program expertise.
1. **Application Process**

**Please review the following application process and email your completed application to Alexis Lacy** **alacy@csg.org** **by** **11:59 p.m. E.T. on January 29, 2021.**

* 1. **Submit:**
		1. **A letter of interest**
		2. **The completed application**
		3. **Requested supplementary materials**

A letter of interest must be submitted by program leadership to Alexis Lacy, Program Manager. The letter of interest should address:

Why you are interested in becoming a nationally-recognized learning site;

How the program would incorporate learning site duties (including responding to questions from the field, hosting site visits, visiting with jurisdictions that request assistance, reporting summaries of monthly activities to the CSG Justice Center, and engaging with peers); and

How the program meets the selection criteria outlined in Section VI.

This letter should be double-spaced, using a standard 12-point font with not less than 1-inch margins, and should not exceed 3 pages.

Applicants must also submit a completed application (Section VII) and the requested supplementary materials.

* 1. **Telephone interviews and on-site observation**

After all applications received by January 29, 2021 are reviewed, a subset of sites will be selected as finalists based on the quality of the applications submitted and how well the sites demonstrate that they meet the selection criteria in Section VI. The CSG Justice Center will then schedule follow-up calls and/or a virtual site visit to inform the final selection of learning sites.

* 1. **Final selection**

Based on the letter of interest, application, supporting materials, and information obtained through the telephone interview and/or on-site observation, the CSG Justice Center will identify sites that best fit the selection criteria and have the greatest capacity to serve as learning sites.

All application materials and findings, as well as recommendations, will be presented to BJA, CSG Justice Center staff, and outside expert consultants for final review and confirmation.

1. **Selection Criteria**

Learning sites will be selected to ensure a diversity of programs that meet the following criteria:

* + Demonstrated leadership: Site has demonstrated support from leadership across collaborating partners, as evidenced by it being an agency priority through planning and budgeting documents, and/or the establishment of an organizational unit with an identified commander. Site has demonstrated commitment to working with national peers to improve the field.
	+ Active partnership with behavioral health providers:Site shows strong commitment to partnerships with health and social service providers. Site also demonstrates a connection to, and shows involvement with, other relevant community partners.
	+ Implementation of appropriate policies and procedures: Site has implemented efficient and effective protocols that enable behavioral health and law enforcement professionals to divert people from the criminal justice system to treatment in the least restrictive setting that still meets public safety objectives.
	+ Commitment to comprehensive and quality training and education for all relevant personnel: Site has demonstrated that effective and appropriate training is included in agency-wide strategies that provide needed structures and supports, as well as coordination across systems.
	+ Data collection and information-sharing capacity:Site demonstrates the capacity to routinely track and analyze performance using data on key measures that can guide collaborative decision making and evaluate the impact of its collaboration efforts, particularly measuring its success against the four key outcomes outlined in [*Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs*](https://csgjusticecenter.org/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/). Site also demonstrates appropriate and effective information-sharing practices across partnering agencies. These practices enable behavioral health and law enforcement professionals to divert people from the criminal justice system to treatment in the least restrictive setting that still meets public safety objectives. *No individually identified personal health information will be shared or requested.*
	+ Demonstrated sustainability: Site has demonstrated a commitment to sustainability through evaluations, data analysis, committed partners and champions, and identified processes and funding. Site also has funding identified and in place to sustain its operation and has established one or more staff members to handle learning site needs and requests.
* Willingness to fulfill the duties of a learning site: Site is willing and able to interact with the field as well as fellow learning sites, host visitors, answer calls, connect with programs nationwide, stay abreast of current research and best practices, advise on current CSG Justice Center projects, participate in CSG Justice Center programming when applicable, and report summaries of quarterly activities to the CSG Justice Center.

For successful development, implementation, and sustainability of PMHC programs or response models, jurisdictions should adhere to the elements highlighted in [*Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs* (New York: The Council of State Governments Justice Center, 2019).](https://csgjusticecenter.org/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/)

*Please note: efforts will be made to ensure the cohort of learning sites is diverse and equally represents rural, suburban, and urban jurisdictions.*

**VII. Application – Submit no later than January 29, 2021** **at 11:59 p.m. E.T.**

**Complete the application form, providing as many details as possible to each question. If you have questions or concerns, please e-mail Alexis Lacy at** **alacy@csg.org****.**

Contact information

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Agency** |  |
| **Address** |  |
| **Telephone** |  |
| **Fax** |  |
| **E-mail**  |  |

Jurisdiction characteristics

All law enforcement agencies, regardless of size, are eligible and encouraged to apply. Smaller departments may choose to collaborate and submit a single application for a regional program and should indicate which agency will serve as the lead on the application. If applying as a regional collaboration, please describe the total catchment area for the initiative when responding to these questions.

1. Law enforcement agency name(s):

2. Total number of agency personnel:

 Number of sworn: Number of non-sworn:

3. Jurisdiction and State:

4. Total population served (estimate):

5. What is the primary type of jurisdiction? (check the best match)

 [ ]  Urban

 [ ]  Suburban

 [ ]  Rural

 [ ]  State Agency (Police/District Attorney)

 [ ]  Mixed (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Other (please describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program information

1. Please indicate the type of program or response model currently in place:

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| --- | --- |
| **PMHC Response Model** | [ ]  Crisis Intervention Team (CIT) Program[ ]  Co-Responder Model [ ]  Mobile Crisis Team [ ]  Case Management Approach[ ]  Tailored Approach***See Appendix B for brief overview of response model types.*** |
| **Other (please describe)** | [ ]  Responding to Homelessness (e.g., Homeless Outreach Team)[ ]  Other  |

1. Briefly describe your program including its **mission**, **length of operation**, and **target population.** (750 words or fewer)

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1. List any and all criminal justice, mental health, and other community-based service provider partners who were involved in the **design, planning, and implementation of this program**.

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1. Describe the role of these partners in the design and operation of the program. (500 words or fewer)

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1. Is there a local task force or advisory board that your program interacts with in your community? (e.g., Criminal Justice Coordinating Council)? If so, please describe the task force or advisory board and how it interacts with your program. (250 words or fewer).

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1. How is your program or response model funded? (250 words or fewer)

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1. What year did your agency first implement a PMHC response model?

If your agency has implemented more than one PMHC response model (e.g., CIT, co-response, mobile crisis, law enforcement case management, or hybrid), please list the earliest year of implementation.

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Population served

1. Does your PMHC program or response model allot any of its resources and services to help other populations in addition to adults with mental health needs? (Check all that apply.)

[ ]  Juveniles or youth in mental health crisis

[ ]  University population

[ ]  People with co-occurring substance use disorders

[ ]  People who experience homelessness

[ ]  Other (please describe)

[ ]  There is no specific priority population beyond people with mental health needs.

Program strength

1. The Essential Elements of a Police-Mental Health Collaboration[[1]](#footnote-1)

Check the three elements in which your PMHC excels the most.

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|  | **Essential Elements** | **Description** |
|  | Collaborative Planning and Implementation | Organizations and individuals representing a wide range of disciplines and perspectives and with a strong interest in improving law enforcement encounters with people with mental health needs work together in one or more groups to determine the response model’s characteristics and guide implementation efforts.  |
|  | Program Design | The planning committee designs a response model to address the root causes of the problems that are impeding improved responses to people with mental health needs and makes the most of available resources. |
|  | Specialized Training | All law enforcement personnel who respond to incidents in which an individual’s mental illness appears to be a factor receive training to prepare for these encounters; those in specialized assignments receive more comprehensive training. Dispatchers, call takers, and other people in a support role receive training tailored to their needs. |
|  | Call-Taker and Dispatcher Protocols | Call takers and dispatchers identify critical information to direct calls to the appropriate responders, inform the law enforcement response, and record this information for analysis and as a reference for future calls for service. |
|  | Stabilization, Observation, and Disposition | Law enforcement responders stabilize and observe the nature of incidents in which mental illness may be a factor using tactics focused on safety. Drawing on their understanding and knowledge of relevant laws and available resources, officers then determine the appropriate disposition. |
|  | Transportation and Custodial Transfer | Law enforcement responders transport and transfer custody of the person with a mental health need in a safe and sensitive manner that supports the person’s efficient access to mental health services and the officers’ timely return to duty. |
|  | Information Exchange and Confidentiality | Law enforcement and mental health personnel have a well-designed procedure governing the release and exchange of information to facilitate necessary and appropriate communication while protecting the confidentiality of community members. |
|  | Treatment, Supports, and Services | Law enforcement-based response models or programs connect people with mental health needs to comprehensive and effective community-based treatment, supports, and services. |
|  | Organizational Support | The law enforcement agency’s policies, practices, and culture support the PMHC and the personnel who further its goals. |
|  | Program Evaluation and Sustainability | Data are collected and analyzed to help demonstrate the impact of and inform modifications to the program. Support for the program is continuously cultivated in the community and the law enforcement agency. |

1. Describe why your agency would make a good learning site based on how your PMHC program or response model excels in the three elements chosen above. (750 words or fewer)

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Leadership Commitment

1. Please explain how your leadership team has demonstrated a sustained commitment to the PMHC program or response model. For example, are your leaders engaging stakeholders on a consistent basis and providing senior-level oversight and coordination of the program? Are they ensuring that directives and cross-system agreements align with the goals of the PMHC and that performance reviews and recognition systems reward personnel from all agencies who help advance PMHC goals? Do they prioritize funding and resource-allocation decisions to support the PMHC? (500 words of fewer.)

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Training

1. Indicate the type of mental health/ stabilization training your agency conducts to prepare officers.

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| **Training Initiative** | [ ]  Crisis Intervention Team (CIT) Training[ ]  Mental Health First Aid Training[ ]  Crisis stabilization training[ ]  Other (describe below)**Please attach a copy of the curriculum along with your application.**  |
| **If you selected “other” above, describe the training here.** |  |

1. How long is the mental health/stabilization training course that your program currently provides to officers?

[ ]  40 hours [ ]  24 hours [ ]  8 hours [ ]  4 hours [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_

1. Please indicate who receives mental health/stabilization training. (Check all that apply.)

|  |  |
| --- | --- |
| [ ]  Law enforcement personnel | [ ]  Mental health workers |
| [ ]  Call takers and dispatchers | [ ]  Emergency medical technicians (EMTs) |
| [ ]  Paramedics | [ ]  Firefighters |
| [ ]  Correctional officers | [ ]  Probation/parole officers |
| Other: |

1. For law enforcement personnel, at what level is training conducted? (Check all that apply.)

[ ]  Recruit level [ ]  In-service level [ ]  Specialized

Agency Protocols for Responding to People with Mental Health Needs

1. Are there written protocols in place that guide personnel response to mental health-related calls for service? If so, please provide this language below or attach policies and procedure documents for review. (750 word or fewer or attachments)

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1. Which of the following response protocols best describes your agency’s approach to responding to mental health calls for service? (Check all that apply.)

[ ]  Traditionally trained patrol officers respond to the call.

[ ]  Specially trained law enforcement officers respond to the call for service to provide crisis
 intervention services and to act as liaisons to the mental health system.

[ ]  Mental health professionals partner with specially trained law enforcement officers to provide
 joint on-scene crisis intervention and referral (e.g., co-responder teams).

[ ]  Mental health providers, often as members of a mobile crisis team, are called in by law
 enforcement to provide crisis intervention at the scene.

[ ]  Law enforcement officials’ partner with mental health clinicians to provide case management and
 follow-up services.

If responses above do not fully align with your agency’s current approach, please provide additional information below.

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Data Collection and Information Sharing

1. What data does your program collect? Can you provide examples of positive outcomes or impact your program has had on the community? (500 words or fewer.)

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1. How are data collected and stored? (250 words or fewer.)

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1. Who is responsible for the collected data and analysis? (250 words or fewer.)

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1. Are data used to drive practice? If yes, please explain further. (500 words or fewer.)

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1. Are there processes in place to share participant information between collaborating partners? (500 words or fewer.)

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Evaluations

1. How is your program evaluated? Has your program’s data been used to generate evaluations? *Please submit a recent program evaluation, if available.* (500 words or fewer.)

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Additional information

1. Please provide any additional information about your PMHC program or response model, including any other elements of your initiative that you believe are particularly strong and of value for other agencies to understand. This may include any information that demonstrates program sustainability, training and protocols for dispatchers, information-sharing policies, or any strong peer-support features. (Optional)

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1. **Attachments**

Supporting Materials

**Submit as many of the below items as possible, as well as any documentation you feel is necessary to support answers given on this application. Items in bold are required to be submitted for your application to be considered.**

* **Policy and procedures manuals** (e.g., written policies, tools, or guidelines that support any of your answers)
* **Letter of support from** **agency head or elected official** (as many as applicable)
	+ - **Law Enforcement Agency**
		- **Mental Health Agency**
		- Homelessness Services Agency
		- Service Providers
		- County Commissioner/Manager
		- Other Collaborating Partners
		- Local Mental Health Advocacy Group(s)
* Mental Health/Stabilization Training curricula (if applicable)
* Any annual reports and/or program brochures (if applicable)
* Program evaluations (either internal or from a third-party evaluator) (if applicable)

**Appendix A: Checklist for Application**

**The following items must be submitted to Alexis Lacy at** **alacy@csg.org** **by January 29, 2021 at 11:59 p.m. E.T.**

* **Letter of Interest (See Section V)**
* **Completed Application (See Section VII)**
* **Attachments (See Section VII)**

*Required attachments:*

* + Policy and procedures manuals (Note: these are not required to submit an initial application, but they are required if your agency is selected.)
	+ Letter of support from agency head or elected official (as many as applicable)
		- Law Enforcement Agency Leader\*
		- Mental Health Agency Leader\*
		- City/County Commissioner/Manager
		- Advocacy Board Member
		- Chair of Task Force/Advisory Committee (see question 7 above)

*Optional Attachments:*

* + Mental health/Crisis Stabilization Training Curricula
	+ Any annual reports and/or program brochures
	+ Program evaluations (either internal or from a third-party evaluator)

\*Even if you do not have letters of support from other agency heads or elected officials, you must submit a letter of support from the law enforcement agency leader and mental health agency leader to be considered.

**Appendix B: Brief Overview of PMHC Response Models**

**Responding to Mental Health Calls for Service**

At the street level, PMHC response models provide officers with the knowledge and skills they need to stabilize encounters, promote the safety of all involved, and when appropriate, divert the person from further involvement with the criminal justice system and provide a timely connection to accessible and effective community-based mental health services. Five description of PMHC response models are provided below, as well as information on homeless outreach teams. It is important to note that there is no one “right” type of PMHC response model. Agencies need to assess their community’s needs and resources to determine which type of approach is most appropriate.

* **Case Management Team:** In the case management team approach, officers—often in collaboration with mental health professionals—carry a caseload of consumers. Officers do not treat or diagnose, but rather engage people who have repeated interactions with law enforcement or have a history of violence. Officers work with mental health professionals to develop specific solutions to reduce repeat interactions. This approach strives to keep people connected to mental health services and community resources to abide by treatment plans and meet other responsibilities, such as work, school, and training. Some agencies have designated full-time officers or detectives to perform this function, while in other agencies patrol officers can assume this responsibility in addition to other duties.
* **Co-Responder Team:** In the co-responder team model, a specially trained officer and a mental health crisis worker respond together to mental health calls for service. By drawing upon the combined expertise of the officer and mental health professional, the team can link people with mental illnesses to appropriate services or provide other effective and efficient responses. The most common approach is for the officer and crisis worker to ride together in the same vehicle for an entire shift, but in some agencies the crisis worker meets the officer at the scene, and they handle the call together.
* **Crisis Intervention Team (CIT):** CIT is the most commonly used approach by law enforcement agencies. The CIT model originated in the Memphis, Tennessee, Police Agency and is therefore often called the “Memphis Model.” CIT is based on the idea that experienced officers who volunteer to participate in the program are best at responding to mental health calls. Agencies select a group of qualified patrol officers (representing approximately 25 percent of the patrol force) who volunteer to take on this responsibility in addition to their normal patrol duties. After completing a 40-hour training course, CIT officers are dispatched to mental health calls or to assist officers who are not qualified in the CIT model. These CIT officers rely upon their expertise to work with mental health providers to determine appropriate dispositions.
* **Homeless Outreach Team:** A specialized group of law enforcement officers and homeless service providers who engage in outreach to people who are homeless and living, or spending time, on the street. The team is relationship focused and works to find individual solutions to the problems that have people living on the streets.
* **Mobile Crisis Team:** The mobile crisis team is a group of mental health professionals who are available to respond to calls for service at the request of law enforcement officers. The mobile crisis team’s goal is to divert people from unnecessary jail bookings and/or emergency rooms. These crisis workers are skilled at helping to stabilize encounters and assume responsibility for securing mental health services for people—including those in crisis who may need further evaluation and treatment. Mobile crisis teams are not necessarily dedicated to assisting only law enforcement officers but can respond to requests directly from community members or their families and friends as well.
* **Tailored Approach**: A tailored approach is one in which an agency intentionally selects various response options from multiple PMHC programs to build a comprehensive program. This approach allows the agency to adhere to a consistent policing philosophy while being responsive to community needs. Factors that agencies consider when choosing this approach may include the size of the jurisdiction and the number of officers staffing a given shift. When using a tailored approach, a law enforcement agency begins with the expectation that every patrol officer must be able to respond effectively to mental health calls. Agencies enhance their patrol force with officers or detectives whose primary responsibilities are to liaise with stakeholders to coordinate criminal justice and mental health resources.
1. Ten essential elements are discussed in a CSG Justice Center publication that is available for free download: Improving Responses to People with Mental Illnesses: The Essential Elements of a Specialized Law Enforcement-Based Program (2009). Further information on successful police-mental health collaborations can be found in a more recent CSG Justice Center publication: [Police-Mental Health Collaborations: Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs (2019).](https://csgjusticecenter.org/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/) [↑](#footnote-ref-1)