# Improving POLICE RESPONSE to Persons Affected by MENTAL ILLNESS

INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE
POLICE
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*Report from the*
*March 2016 IACP Symposium*

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## ACKNOWLEDGMENTS

The International Association of Chiefs of Police (IACP) would like to thank the advisory group of leading experts who met on March 22, 2016, at IACP to lay the groundwork for this report, *Improving Police Response to Persons Affected by Mental Illness*. We are particularly grateful to our advisors for their creativity in designing a comprehensive strategy—the One Mind Campaign—to help law enforcement agencies improve their responses to persons affected by mental illness and to make communities safer for these individuals, their families, their neighborhoods, and for law enforcement officers.

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# EXECUTIVE SUMMARY

Law enforcement agencies face special challenges when responding to persons affected by mental illness or in crisis.[1] Often, they are not only operating as a law enforcement officers, but also assuming the responsibility of social workers and other community support roles. As a result, police leaders constantly struggle to identify and develop policies and approaches to responding effectively to persons affected by mental illness. Officers often lack clear policy direction and training to effectively serve this population. As law enforcement agencies struggle to meet such challenges, the outcomes of these interactions have life-long implications for the people involved because they can lead to the injury or fatality of the individual, another community member, or the officer. Beyond potential injury or worse, the damage done to meaningful, trusting relationships between police departments and their communities can take years to repair.

As they respond to persons affected by mental illness, police put forward their best effort to manage situations that result from a history of mental health policy and legislative decisions made by federal and state governments. For example, the lack of funding for psychiatric facilities can result in persons affected by mental illness moving out of treatment and onto the street—where, without proper mental health services, they may cycle in and out of the criminal justice system. A 2014 report found that 10 times more persons affected by mental illness are in prisons and jails than are receiving treatment in state psychiatric hospitals.[2] Of equal concern, law enforcement agencies often find themselves on the frontline of addressing individuals facing a mental health crisis. Looking to the future, prevention and treatment programs must improve so that persons affected by mental illness do not encounter representatives of the criminal justice system prior to receiving the treatment they need. Until this improvement occurs, however, police departments need concrete strategies to confront the challenges facing officers every day.

To address these challenges, on March 22, 2016, the International Association of Chiefs of Police (IACP) convened an advisory group of leading experts on police response to persons affected by mental illness. The advisors' principal task was to discuss the problem in depth and create a set of recommendations to help law enforcement agencies effectively manage their officers' response to persons affected by mental illness. The recommendations are included in this report, *Improving Police Response to Persons Affected by Mental Illness*. In the course of their work, the advisors also identified the urgent need for a new strategy—the IACP's One Mind Campaign—to create incentives for police agencies to adopt the four promising practices to improve law enforcement response to persons affected by mental illness. These promising approaches include (1) partnering with one or more community mental health provider(s) through a clearly defined and sustainable partnership; (2) developing an agency-wide policy on the topic; (3) training 100 percent of sworn officers (and selected non-sworn staff, such as dispatchers) on Mental Health First Aid

1 For purposes of this report, the term "persons affected by mental illness" shall include those persons affected by mental illness and those in crisis. For definitions of these terms, see IACP's *Model Policy* and accompanying *Concepts & Issues Paper on Responding to Persons Affected by Mental Illness or in Crisis*.

2 Office of Research & Public Affairs, Treatment Advocacy Center, "The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey," **http://www.tacreports.org/treatment-behind-bars**.

(MHFA); and (4) training at least 20 percent of sworn staff (and selected non-sworn staff, such as dispatchers) on the Crisis Intervention Team (CIT) response model.[3]

As reflected in the Report, the insights of the diverse advisory group resulted in the development of a strategy to respond to individuals affected by mental illness. To that end, the advisory group members designed the IACP's One Mind Campaign as a collaborative effort, not limited to police organizations. Mental health experts on the advisory group – including physicians, social workers, advocates, and policy makers – are representative of organizations who are committed to working alongside law enforcement to confront the challenge of improving the response to their clients in their respective professional communities.

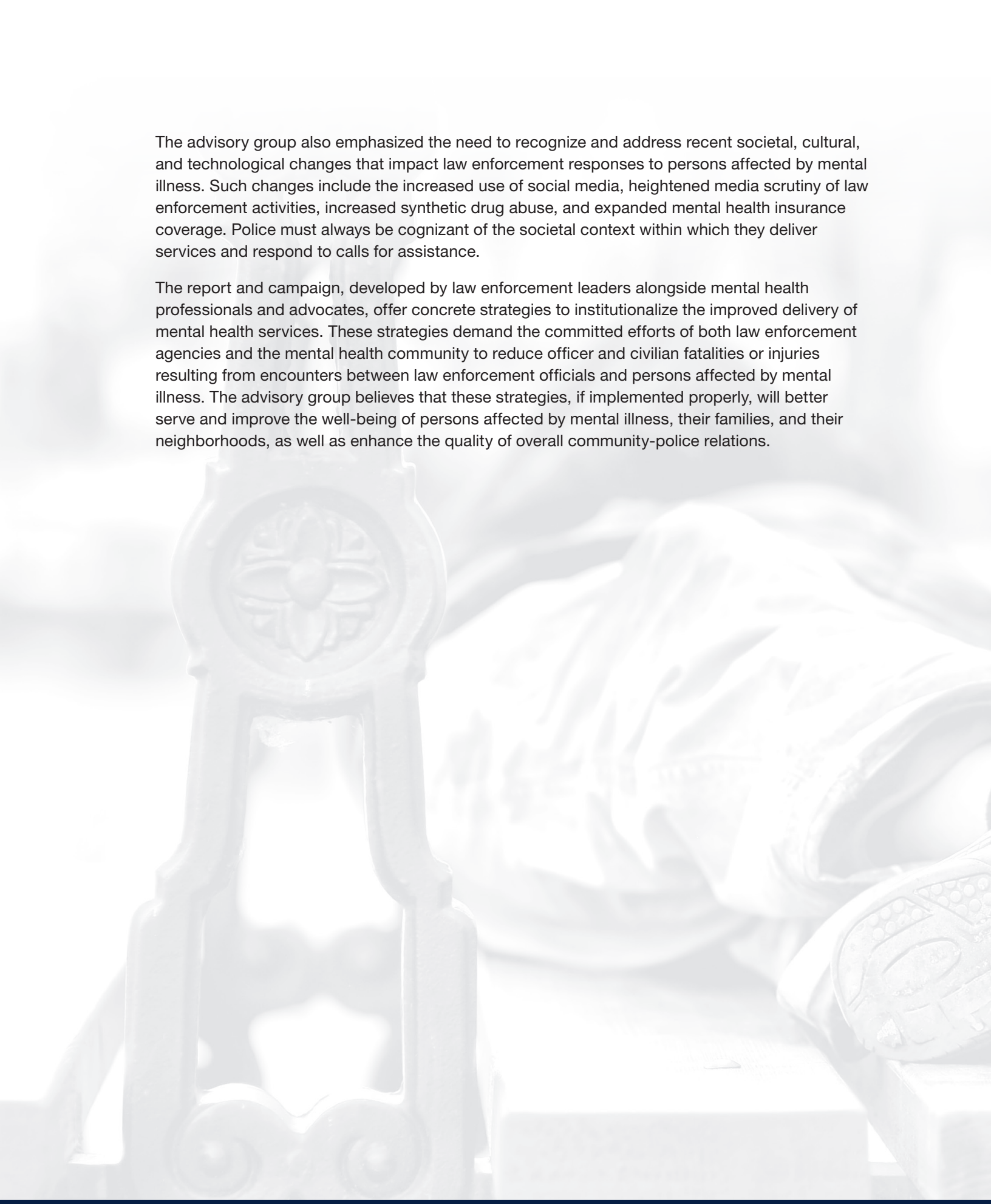
A crucial strategy contained within this report, as well as the campaign it defines, is to create and maintain partnerships between law enforcement agencies, the mental health community, and other key stakeholders. Through these partnerships, police departments can develop written policies and identify multi-disciplinary programs to divert individuals affected by mental illness to community mental health services instead of into the criminal justice system. Such policies and programs must be tailored to fit large, midsize, and small law enforcement agencies, with an emphasis on programs that can serve the vast majority of law enforcement agencies which are small to midsize. Finally, these partnerships will open doors to relevant and affordable training for all stakeholders including law enforcement officers, non-sworn personnel, mental health providers, persons affected by mental illness, their families, and other community partners including magistrates, parole officers, teachers, religious leaders, and peer specialists.

This report builds on prior successes and strategies between law enforcement agencies and mental health experts. Two of the most recognizable efforts include the CIT program and MHFA for Public Safety trainings for first responders. Beyond these efforts, many other approaches such as Co-Responder Teams, Mobile Crisis Teams, and Case Management Teams exist and can be tailored to meet the needs of individual communities. Each approach has a unique focus, but all initiatives seek to effectively integrate police officers and mental health experts to increase the use of various techniques to decrease the need for using force, among other objectives. Such practices feature de-escalation techniques and encourage the use of diversion programs and key partnerships with clinics, schools, mental health providers, courts, and other stakeholders – all of which are critical elements to improving services to persons affected by mental illness. Many successful diversion programs, such as Fairfax County, Virginia's Diversion First, focus on risk-based decision making that favors diversionary strategies and treatment over arrest and incarceration.

3 This report uses the term "CIT." For the purposes of this report, the acronym CIT represents the broad concept of using a multi-disciplinary crisis intervention team when responding to a person affected by mental illness. "CIT" can also be used to refer to CIT International, a nonprofit membership organization that facilitates the understanding, development, and implementation of crisis intervention team (CIT) programs throughout the world. In this report, the acronym "CIT" refers to the concept of a crisis intervention team; when the report references "CIT International," it is referring specifically to the non-profit organization. If reference to CIT International is intended, a direct link to that organization is provided.

The advisory group also emphasized the need to recognize and address recent societal, cultural, and technological changes that impact law enforcement responses to persons affected by mental illness. Such changes include the increased use of social media, heightened media scrutiny of law enforcement activities, increased synthetic drug abuse, and expanded mental health insurance coverage. Police must always be cognizant of the societal context within which they deliver services and respond to calls for assistance.

The report and campaign, developed by law enforcement leaders alongside mental health professionals and advocates, offer concrete strategies to institutionalize the improved delivery of mental health services. These strategies demand the committed efforts of both law enforcement agencies and the mental health community to reduce officer and civilian fatalities or injuries resulting from encounters between law enforcement officials and persons affected by mental illness. The advisory group believes that these strategies, if implemented properly, will better serve and improve the well-being of persons affected by mental illness, their families, and their neighborhoods, as well as enhance the quality of overall community-police relations.



# INTRODUCTION

This report is divided into six sections. The Executive Summary provided an overview of the entire report, and this Introduction serves as a primer for the subsequent sections of the report. The following section, History and Extent of the Issue, provides a brief background on law enforcement responses to persons affected by mental illness. This section also reviews relevant IACP publications and identifies the demonstrated improvements in law enforcement services for persons affected by mental illness. The section Changes and Challenges summarizes significant societal, cultural, technological, and other factors affecting mental health services and also identifies the systemic challenges to providing the best possible police services to these consumers. An additional section describes the IACP's One Mind Campaign, the vehicle by which the advisors seek to incentivize police departments and other agencies to improve services to persons affected by mental illness. The final section, the Conclusion, recognizes the value of participating in the campaign and how the suggested promising practices will lead to positive outcomes when officers engage persons affected by mental illness.

The advisory group discussed and fully acknowledged several interrelated topics, such as law enforcement response to persons affected by substance use disorders, which often co-occur with mental health issues. They also discussed police officers' mental health and the legal authority for use of force, which both affect any and all law enforcement responses. These are important issues that directly impact law enforcement responses to persons affected by mental illness and must be addressed in any comprehensive approach. These related issues have received or will receive individual analyses and reporting in other IACP publications. For further information, please visit **www.theIACP.org**.

# HISTORY AND EXTENT OF THE ISSUE

Law enforcement agencies across the United States are increasingly required to respond to and intervene on behalf of people who are affected by mental illness. As a result, encounters with first responding law enforcement officers may involve arresting persons with mental illness, and then housing them in jails, prisons, and juvenile detention centers rather than providing them with treatment from mental health facilities. Thus, many individuals affected by mental illness have become trapped in a cycle of arrest, imprisonment, and recidivism. Most troubling to law enforcement agencies, interactions between officers and these individuals have the potential to escalate into violence. Additionally, such encounters require police officers to make difficult judgments about the mental state and intent of the individual necessitating the use of special training and techniques to effectively and appropriately resolve the situation.

There is credible evidence to suggest that law enforcement agencies need to find ways to enhance their interactions with persons affected by mental illness. For example, the Washington Post published an ongoing study on officer-involved shootings in 2015, and part of the research noted that victims who were mentally ill or experiencing an emotional crisis accounted for one-fourth of those killed.[4] In another recent study, the Treatment Advocacy Center (TAC) found that persons with severe mental illnesses are 16 times more likely to be killed by police than other civilians.[5]

Advisory group members suggested that some deaths may be "suicide by cop," which is defined as a suicide in which "a suicidal individual engages in life-threatening behavior with a lethal weapon, or with what appears to be a lethal weapon, toward law enforcement officers or civilians specifically to provoke officers to fire at the suicidal individual in self-defense or to protect civilians."[6] As reported by the American Psychiatric Association (APA), "[i]n one of the most carefully conducted studies on the subject," 11 percent of officer-involved shootings in a ten-year period in a large urban police department were identified as suicide-by-cop.[7]

However, the fact remains that there is no consistent, reliable data on police interactions with persons affected by mental illness. According to the Washington Post, "fewer than half of the nation's 18,000 police departments report their incidents to the agency [the Federal Bureau of Investigation (FBI)]."[8] The FBI has indicated that it "is overhauling how it tracks violent police encounters, calling it 'the highest priority,'" and that the agency "will replace its current program with a 'near real-time' database to be made public by 2017."[9]

Even without reliable national-level data, it is clear that law enforcement officers are very likely to encounter significant numbers of persons affected by mental illness—whether that occurs on the street, during domestic disputes, on emergency calls, or elsewhere. The Substance Abuse and

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4 Kimberly Kindy et al., "A Year of Reckoning: Police Fatally Shoot Nearly 1,000," **http://www.washingtonpost.com/sf/investigative/2015/12/26/a-year-of-reckoning-police-fatally-shoot-nearly-1000**.

5 "Mentally Ill Are 16 Times More Likely to Be Killed by Police," Sott.net (Signs of the Times), **http://www.sott.net/article/308250-Report-Mentally-ill-are-16-times-more-likely-to-be-killed-by-police**.

6 H. Richard Lamb, Linda E. Weinberger, and Walter J. DeCuir Jr., "The Police and Mental Health," *Psychiatric Services* 53 no. 10 (October 2002): 1269, **http://www.popcenter.org/problems/mental_illness/PDFs/Lamb_etal_2002.pdf**.

7 Ibid. The APA discounted other studies reporting even higher percentages.

8 Kindy et al., "A Year of Reckoning."

9 Ibid.

Mental Health Services Administration (SAMHSA) indicates that in one study, 63-76 percent of incarcerated individuals, and 50-70 percent of youth in the juvenile justice system "met the criteria for a mental health disorder."[10] As these individuals return to the community, law enforcement officers will likely interact with them at some point.

Additionally, approximately one in five adults in the United States, or 43.8 million people (18.5 percent), experience mental illness in a given year. One in 25 adults in the U.S., or 10 million people (4.2 percent), experience a serious mental illness in a given year that substantially interferes with or limits one or more major life activity.[11] A number of these individuals will eventually come into contact with the police. In light of this high likelihood of continuing encounters between police and individuals affected by mental illness, police executives should seriously evaluate how they can improve these interactions to ensure the most positive results.

## THE IACP'S RESPONSE

The IACP has been working to address police response to persons affected by mental illness for the past several years. In 2010, IACP issued a report on *Building Safer Communities: Improving Police Response to Persons with Mental Illness* in collaboration with SAMHSA and the Bureau of Justice Assistance within the U.S. Department of Justice.[12] The report focused on a broad range of goals for legislators, mental health experts, and law enforcement officers addressing legislation and policy, first responders, youth, cross-system collaboration, and offender re-entry into the community.

In 2014, IACP issued a revised *Model Policy on Responding to Persons Affected by Mental Illness or in Crisis*. This *Model Policy* highlights the unique challenges that law enforcement agencies face in responding to persons affected by mental illness. The publication also assists officers in determining whether a person's behavior is indicative of mental illness or crises and provides guidance, techniques, and resources so that the situation can be resolved in a constructive manner. The *Concepts and Issues Paper* accompanying this policy "provides essential background material and supporting documentation to provide greater understanding of the developmental philosophy and implementation requirements for the model policy." This paper was designed to guide police executives "in their efforts to tailor the model policy to the requirements and circumstances of their community and their law enforcement agency."

More recently in 2015, the IACP issued *Improving Officer Response to Persons with Mental Illness and Other Disabilities* that expands on the 2010 report, *Building Safer Communities*, and provides a broad overview of how law enforcement leaders can improve officer response to persons affected by mental illness.[13]

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9 National Alliance on Mental Illness, "Mental Health by the Numbers," **https://www.nami.org/Learn-More/Mental-Health-By-the-Numbers.**

11 American Psychological Association, "Data on Behavioral Health in the United States," **http://www.apa.org/help-center/data-behavioral-health.aspx**.

12 IACP, *Building Safer Communities: Improving Police Response to Persons with Mental Illness* (June 2002), **http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponsetoPersonsWithMentalIllnessSummit.pdf**.

13 IACP, *Improving Officer Response to Persons with Mental Illness and Other Disabilities* (2015), **http://www.theiacp.org/Portals/0/pdfs/IACP_Responding_to_MI.pdf**.

Advisors at the 2016 symposium emphasized that continuous updating of guidance is necessary to assist officers in identifying what factors predict an individual's potential dangerousness to himself or others. For instance, some researchers have found that the first episode of psychosis, immediately before or after an involuntary hospitalization, may be predictive of violent behavior.[14] Other researchers have found that, in general, certain criminal or civil history may indicate a heightened risk of future violence.[15]

As addressed in the following sections, advisors suggested that guidelines should also identify success stories involving policies and programs governing police response to persons affected by mental illness. New guidance should also explain how police departments can accommodate modern challenges to improving police response and should identify promising approaches in establishing these improved responses.

## INTERNATIONAL APPROACH TO THE ISSUE

Police response to persons affected by mental illness is not a United States–centric issue. Police officers acting as first responders to persons affected by mental illness occurs worldwide. For example, in the United Kingdom, conservative estimates are that the overall number of incidents where police responded to a situation with a person affected by mental illness rose by 33 percent between 2011 and 2014.[16] In Canada, persons affected by mental illness now account for 40 percent of civilian shooting deaths by the police.[17] Although police involved shootings in Australia are rare, of those occurrences, in more than one-third of the cases the person shot was either affected by mental illness or in crisis.[18]

As previously mentioned throughout this report, MHFA and CIT training are popular models for police officer training; however, they are not the only methods of combating this issue. International jurisdictions have found distinctive methods to respond to persons affected by mental illness. For example, in the United Kingdom, some police stations employ mental health nurses to accompany them on service calls. While on the call, the mental health nurse assesses whether an individual is known to mental health services via access to a 24-hour mental health data and patient records laptop and, thus, is able to advise officers on the situation accordingly.[19] In Australia, training in the application of more appropriate nonlethal methods of restraining and apprehending persons affected by mental illness has resulted in a decrease in police shootings.[20]

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14 The Educational Fund to Stop Gun Violence, *Risk-Based Firearm Policy Recommendations for Virginia* (January 2015), 4, **http://efsgv.wpengine.com/wp-content/uploads/2015/02/Consortium-Report-VA.pdf**.

15 Consortium for Risk-Based Firearm Policy, *Guns, Public Health, and Mental Illness: An Evidence-Based Approach for State Policy* (December 2013), 3, **http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-gun-policy-and-research/publications/GPHMI-State.pdf**. The report finds that persons who are more likely to commit future violence include those convicted of a violent misdemeanor; subject to a temporary restraining order; convicted of two or more DUIs or DWIs in the past five years; or convicted of two or more drug misdemeanors in the past five years.

16 Ben Quinn, Sandra Laville, and Pamela Duncan, "Mental Health Crisis Takes Huge and Increasing Share of Police Time," The Guardian, January 27, 2016, **https://www.theguardian.com/uk-news/2016/jan/27/mental-health-crisis-huge-increasing-share-police-time-40**.

17 "Hold Your Fire," *CBC FirstHand*, August 25, 2016, **http://www.cbc.ca/firsthand/episodes/hold-your-fire**.

18 Melchor de Guzman, Aiedeo Mintie Das, and Dilip K. Das, eds., *Strategic Responses to Crime: Thinking Locally, Acting Globally* (Boca Raton, FL: CRC Press, 2012), 138.

19 Quinn, Laville, and Duncan, "Mental Health Crisis Takes Huge and Increasing Share of Police Time."

20 Guzman, Das, and Das, eds., *Strategic Responses to Crime*.

# PROMISING PROGRAMS AND SERVICES

Law enforcement agencies have had success in implementing programs responsive to persons affected by mental illness, both at the national level and through locally based initiatives. Four programs to highlight: at the national level, CIT programs and MHFA training and, at the local level, Seattle, Washington's Project LEAD diversionary program and Fairfax County, Virginia's Diversion First program.

## CRISIS INTERVENTION TEAM IMPLEMENTATION

Originally developed in Memphis in 1988, CIT is a 40-hour law enforcement classroom program that has been implemented in approximately 2,700 police departments.[21] The program's core elements include "training on mental health signs and symptoms; appropriate medications and their side effects; a tour of local mental health facilities; use of verbal de-escalation techniques; active listening skills; and improved police tactics using safe restraint techniques that result in reduced use of force."[22] The CIT program is "an innovative police-based first responder program… of pre-arrest jail diversion for those in a mental illness crisis."[23] The program is a collaborative initiative between law enforcement officers and mental health experts who jointly provide crisis intervention for persons affected by mental illness and who focus on diversion and treatment over arrest and incarceration.

As explained by the National Council for Behavioral Health, CIT is an investment "in the difficult and important activity of redesigning and transforming a region's community crisis system [and] is the best way to ensure tangible outcomes."[24] The Montgomery County, Maryland, Mobile Crisis Team (MCT) is an excellent example of successful CIT implementation. As part of MCT, "[t]rained mental health professionals, accompanied by the police, will travel to your home or place of business to assess and help individuals or families in severe emotional, psychiatric or trauma-stress related emergencies."[25] Among other things, "the team will provide a crisis evaluation, facilitate hospital evaluations when needed, stabilize the crisis, and make recommendations regarding treatment and resources."[26]

According to CIT International:

> Outcome research has shown CIT to be effective in developing positive perceptions and increased confidence among police officers; providing very efficient crisis response times; increasing jail diversion among those with mental illness; improving the likelihood

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21 American Psychological Association, "Crisis Intervention Training for Police Officers Effective in Helping Respond to Individuals with Behavioral Disorders," news release, April 1, 2014, **https://www.psychiatry.org/newsroom/news-releases/crisis-intervention-training-for-police-officers-effective-in-helping-respond-to-individuals-with-behavioral-disorders**.

22 CIT International, *Law Enforcement, Mental Healthcare Professionals and Mental Health Advocates Partnering for a Safer and Healthier Community*, **http://citinternational.org/CITINT/PDF/CITIntBrochure2012.pdf**.

23 University of Memphis CIT Center, "About CIT," **http://cit.memphis.edu/aboutCIT.php**.

24 CIT International, *Mental Health First Aid or CIT: What Should Law Enforcement Do?* **http://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2016/01/FINAL-MHFA-CIT-White-Paper-Annoucement.pdf**.

25 Montgomery County Government, "Service Members, Veterans & Their Families," **http://montgomery.md.networkofcare.org/veterans/services/agency.aspx?pid=MontgomeryDepartmentofHealthandHumanServices-MobileCrisisTeamMCT_680_2_0**.

26 MC311 Answering to You, Montgomery County, MD, Government, "All Services: Mobile Crisis Team," **http://www3.montgomerycountymd.gov/311/Solutions.aspx?SolutionId=1-4MTMW7**.

> of treatment continuity with community-based providers; and impacting psychiatric symptomatology for those suffering from a serious mental illness as well as substance abuse disorders. This was all accomplished while significantly decreasing police officer injury rates.[27]

Again according to CIT International, in Memphis, Tennessee, police agencies have witnessed an 80 percent reduction in injuries to all police officers (not only CIT-trained officers), as well as those in crises since CIT was created there. Additionally, the APA reported CIT effectiveness through a study evaluating the effects of CIT training on nearly 600 police officers, and another that assessed CIT-trained officer responses in over 1,000 crisis situations. These studies found:

> CIT-trained officers had sizable and persisting improvements in knowledge, diverse attitudes about mental illnesses and their treatments, self-efficacy for interacting with someone with psychosis or suicidality, social distance stigma, de-escalation skills, and referral decisions. The effectiveness of CIT training was also supported by data from the trained officers' emergency encounters, which were more likely to result in referral or transport of the person to mental health services and less likely to result in arrest.[28]

The APA concluded that CIT training "appears to increase the likelihood of referral or transport to mental health services and decrease the likelihood of arrest during encounters with individuals thought to have a behavioral disorder."[29] These findings suggest that police agencies—whether small, midsize, or large—should identify appropriate officers to become CIT trained and work in their communities. Ideally, according to CIT, agencies should have enough CIT officers to ensure that a qualified CIT officer is always available when needed. To that end, symposium advisors recommended, as part of IACP's One Mind Campaign that at least 20 percent of the sworn force of any police agency be CIT trained and operational.

## MENTAL HEALTH FIRST AID TRAINING

MHFA for Public Safety is another promising program cited by the advisory group. MHFA for Public Safety is described as "an eight-hour course specially designed for police officers, first responders, corrections officers and other public safety professionals, helping them better understand mental illnesses and addictions and providing them with effective response options to de-escalate incidents without compromising safety."[30] According to the National Council for Behavioral Health, 10,000 public safety professionals have taken MHFA training.[31] Symposium advisors recommend as part of IACP's One Mind Campaign that all agencies implement MHFA Training department-wide.

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27 CIT International, "The Memphis Model," **http://www.citinternational.org/training-overview/163-memphis-model.html**.

28 American Psychological Association, "Crisis Intervention Training for Police Officers Effective in Helping Respond to Individuals with Behavioral Disorders."

29 Ibid.

30 National Council for Behavioral Health, "Mental Health First Aid for Public Safety," **http://www.thenationalcouncil.org/about/mental-health-first-aid/mental-health-first-aid-public-safety**.

31 Ibid.

## DIVERSION PROGRAMS

Advisory group members identified diversion as a successful component of any policy or program in this arena. Specifically, this strategy focuses on the diversion of persons affected by mental illness to treatment and support centers and away from arrests and formal charges. These programs can be particularly effective for law enforcement officials in implementing "risk-based decision making" among low-level, non-violent offenders. For example, if a misdemeanor offender has a substance abuse disorder, officers could refer that person into a treatment program before charges are filed. Substance abuse and mental illness are often closely related and often co-occurring, so similar diversion programs for persons affected by mental illness, where appropriate, are likely to be more effective in the long-term than arrest and formal charges.

One very positive example of diversion programs is Seattle, Washington's Law Enforcement Assisted Diversion (LEAD). LEAD is the first recorded pre-booking diversion program for people arrested on narcotics and/or prostitution charges in the United States. Under LEAD, eligible low-level drug and prostitution offenders are no longer subject to prosecution and incarceration, but are instead diverted to community-based treatment and support services. Launched in October 2011, LEAD is the product of a multi-year collaborative effort involving a broad coalition of organizations.[32] A March 2015 LEAD evaluation determined that "participants in the program had 58% lower odds of a subsequent arrest as compared to participants in the control group."[33]

Another example of a successful diversion program – and one specifically targeting persons affected by mental illness – is Diversion First, a collaborative effort between Fairfax County, Virginia, government executives, law enforcement, and the mental health community. The program is designed to reduce the number of people affected by mental illness in the county jail by diverting low risk offenders experiencing a mental health crisis to treatment rather than bringing them to jail. [34]

Diversion First is a relatively new initiative, but as of publication, the program reportedly had trained 130 CIT graduates, including some 9-1-1 dispatchers. Diversion First also has trained nearly 250 personnel in MHFA, including deputies, fire and rescue personnel, juvenile intake officers, and magistrates, with more training classes planned. As part of Diversion First, Fairfax County also has opened the Merrifield Crisis Response Center (MCRC), an assessment site where law enforcement officers can transfer custody of nonviolent offenders seeking mental health services to a CIT-trained officer assigned to the center. The MCRC is staffed 21.5 hours a day, seven days a week, in order to accept custody of individuals experiencing a mental health crisis, allowing officers to quickly return to answering calls for service. Dispatchers report that typically, there are some 250-350 mental health investigations per month. Of particular importance to Fairfax County executives is the fact that, as of publication, 100 individuals in Diversion First were diverted into treatment and not sent to jail.

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32 Roy L. Austin, "LEAD-ing the Way to a More Efficient Criminal Justice System, Whitehouse (blog), July 2, 2015, **https://www.whitehouse.gov/blog/2015/07/02/lead-ing-way-more-efficient-criminal-justice-syste**m.

33 Ibid.; Katherine Beckett, *Seattle's Law Enforcement Assisted Diversion Program: Lessons Learned from the First Two Years*, March 21, 2014, **http://static1.1.sqspcdn.com/static/f/1185392/24777541/1398287318543/2014-Lead-Process-Evaluation.pdf?token=NC3sO0SkHVMLv5SnIF9Sb7AUwyU**.

34 Fairfax County Government, "Diversion Fist," **http://www.fairfaxcounty.gov/diversionfirst**.

Another diversion program based in Sonoma County, California, focuses on youth and is called the Crisis Assessment, Prevention, and Education (CAPE) Team. CAPE is "a prevention and early intervention strategy specifically designed to intervene with youth, at the transition ages of 16 to 25, who are at risk of or are experiencing the first onset of serious psychiatric illness as well as its multiple issues and risk factors: substance use, trauma, depression, anxiety, self-harm, and suicide risk."[35] One of the CAPE Team's priorities is to pair School Resource Officers (SROs), or other sworn officers dedicated to high schools, with mental health professionals to identify and support at-risk students. The SRO CAPE Team partners include Sonoma County Behavioral Health licensed mental health clinicians and peer specialists, who work together to target transition-age youth affected by mental illness in nine Sonoma County high schools, Santa Rosa Junior College, and Sonoma State University. For police departments without access to CAPE Team resources, training such as CIT and MHFA are specifically designed for youth in an effort to end the "school-to-prison pipeline."[36]

Other programs identified during the symposium initiative focus on a diverse set of at-risk populations. For example, the Montgomery County, Maryland, Police Department has partnered with the Bethesda Naval Hospital. The Naval Hospital provides services to the county's large population of veterans. In this program and others similar to it, mental health experts advise the police on the particular vulnerabilities of veterans and also on mental health services that are available to them.

## NEW TECHNOLOGY

Emerging technologies such as Smart 911[37] and the Treatment Advocacy Center TAC app[38] provide valuable tools for improving law enforcement responses to persons affected by mental illness. Smart 911 is a private service that allows citizens to provide personal details in a secure online "Safety Profile" that is accessible to 9-1-1 call takers. During an emergency, the 9-1-1 call takers are instantly made aware of potentially critical information to assist them in their responses. In Cook County, Illinois, Smart 911 is now available to all dispatchers, and thus provides unique assistance to that county's law enforcement:

> For example, for parents raising a child who struggles with mental illness and occasionally stops taking medication, inputting that information with Smart 911 would ensure that it automatically registers for Sheriff's Police dispatchers if a 9-1-1 call ever comes from that address, ensuring that specialized CIT officers are sent to the scene to de-escalate the situation.[39]

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35 Sonoma County Health Services, "Crisis Assessment, Prevention, and Education Team," **http://www.cibhs.org/sites/main/files/file-attachments/thurs_4pm__pacific_de_kennedy_m_cape_handout.pdf**.

36 National Alliance on Mental Illness, "CIT for Youth," **https://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT/CIT-for-Youth**; National Council for Behavioral Health, "Youth Mental Health First Aid," **http://www.mentalhealthfirstaid.org/cs/take-a-course/course-types/youth**.

37 Smart911, "Plan Ahead for Any Emergency," **https://www.smart911.com**.

38 Treatment Advocacy Center, "Psychiatric Crisis Resources Kit," **http://www.treatmentadvocacycenter.org/home-page/71-featured-articles/2309-new-help-in-a-crisis-where-you-need-it-when-you-need-it**.

39 Smart911, "Sheriff Dart to Keynote CIT International, Announces Mental Health Dispatcher Training and Investment in Smart911 Technology," **https://safety.smart911.com/cook-county-il-smart911**.

According to the website, "Smart 911 is available in more than 1,500 municipalities across 41 states, including Washington, D.C., Atlanta, Seattle and the entire state of Arkansas."[40] In 2014, Michigan purchased Smart 911 on a statewide basis under a state appropriation facilitated by the Mental Health and Wellness Commission, and has issued a briefing paper with useful FAQs for other jurisdictions, which may be considering such an initiative. [41]

The TAC app is a resource primarily intended for families dealing with acute psychiatric crisis, but law enforcement officials seeking information on responding to persons affected by mental illness may find it useful as well. For example, the TAC app includes "state-specific standards for emergency hospitalization and for who can initiate treatment; inpatient and outpatient commitment criteria by state; tips on navigating the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and information on responding to specific kinds of psychiatric emergencies such as suicide or assault danger."[42]



40 Smart911, "Smart911 Supports Autism Alliance of Michigan's Success Is a Spectrum Autism Conference," **https://safety.smart911.com/smart911-supports-autism-alliance-of-michigans-success-is-a-spectrum-autism-conference**.

41 State 911 Committee's Emerging Technology Subcommittee, "Smart911 Basic Statewide Deployment," **https://www.michigan.gov/documents/msp/Smart_911_Statewide_Deployment_FAQs_Final_478598_7.pdf**.

42 Treatment Advocacy Center, "Psychiatric Crisis Resources Kit."

# CHANGES AND CHALLENGES

## RECENT SOCIETAL CHANGES AFFECTING POLICE RESPONSE

The advisory group identified many societal, cultural, and technological changes that have a direct impact on law enforcement's responses to persons affected by mental illness. For example, the *Final Report of the President's Task Force on 21st Century Policing* provides a contemporary framework for discussion about improving law enforcement services, including response to persons affected by mental illness. This initiative and other bipartisan criminal justice reform programs provide valuable opportunities for data sharing that is essential to improved police response. As several advisory group members emphasized, recent data in particular is the conversation starter that can trigger new advocacy efforts and partnerships.

Social media is a particularly effective tool for data sharing. It can put a spotlight on law enforcement activity, where every interaction can be recorded on video and/or audio, and instantaneously shared publically. As reflected in a *New York Times* study, several individuals, with potentially different biases and backgrounds, can have starkly contrasting interpretations or misinterpretations of the same camera video footage.[43] Moreover, the news media has moved toward more widespread use of social media platforms such as Twitter, Snapchat, Instagram, and Facebook, which can result in the promulgation of incomplete or inaccurate information. Police agencies must be aware of this use of social media, and in particular be well prepared to respond effectively by releasing appropriate information and/or agency video (such as body-worn camera footage), if the departmental policy allows, to help the public more fully understand the incident in question.

Additional challenges noted by the advisory group include factors such as increased synthetic drug distribution and abuse, which has increased addiction to illegal drugs in the United States, to which persons affected by mental illness might be particularly vulnerable. Changes in insurance laws provide access to health insurance to more people (particularly to those persons who previously may not have qualified), as well as mental health and substance use disorder treatment.[44] Given the high frequency of such disorders in persons in the criminal justice system, this new insurance mandate "represents a significant opportunity to improve access to mental health and substance use disorder services."[45] Capitalizing on this opportunity is a key challenge for mental health providers and advocates, and their success in this endeavor is critical to assisting law enforcement in diverting offenders to treatment and reducing recidivism.

Finally, the advisory group emphasized that a revitalized law enforcement culture of heightened awareness and interest in this issue will increase sensitivity to the needs of persons affected by mental illness—and it is hoped it will produce greater success in serving them.

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43 See Timothy Williams, "Police Body Cameras: What Do You See?" *The New York Times*, updated April 1, 2016, **http://www.nytimes.com/interactive/2016/04/01/us/100000004278201.mobile.html?_r=0**.

44 Sarabeth Zemel, Chiara Corso, and Anita Cardwell, *Toolkit: State Strategies to Enroll Justice-Involved Individuals in Health Coverage* (The National Academy for State Health Policy, 2015), **http://www.nashp.org/toolkit-state-strategies-to-enroll-justice-involved-individuals-in-health-coverage**.

45 Council of State Governments Justice Center, "Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System," *Policy Brief: Opportunities for Criminal Justice Systems to Increase Medicaid Enrollment*, **https://csgjusticecenter.org/wp-content/uploads/2013/12/ACA-Medicaid-Expansion-Policy-Brief.pdf**.

## CHALLENGES TO IMPROVING LAW ENFORCEMENT RESPONSE

One of the most critical challenges to advancing appropriate services to persons affected by mental illness is creating and sustaining stronger collaboration between law enforcement agencies and mental health advocacy organizations, hospitals, clinics, jails, schools, churches, courts, legislatures, and executive branches of government. Broadly inclusive, sustainable collaboration across these stakeholder groups is the only method to ensure that police response is as effective and safe as possible.

Departmental policy on police response to persons affected by mental illness is also a significant obstacle. While the IACP has released a model policy on the topic, it is unclear how many of the 18,000 U.S. state and local law enforcement agencies have a policy of any kind. Beyond policy existence, also unknown is how these policies vary in content and design. Both problems are in need of immediate attention. Almost all successful field actions by officers are based on well-crafted policies and accompanying training to ensure adherence. Strong police leadership is required to ensure that these policies and trainings are implemented and serve to create and sustain effective agency responses to persons affected by mental illness.

Another key challenge is wider implementation of a response model that meets the needs of police agencies in their communities. As detailed above, CIT is a resource to maximize partnerships between law enforcement and the mental health community and to improve day-to-day responses to persons affected by mental health illness or otherwise in crisis. However, not enough departments have implemented CIT, and advisors emphasize that a minimum of 20 percent of total sworn officers for each agency should be CIT trained and operational. Similarly, MHFA training can improve responses to persons affected by mental illness, and this broad-based training carries a less demanding time commitment; therefore, MHFA can more readily be implemented agency-wide to sworn and civilian employees.

The advisory group also cited data sharing and better understanding of privacy restrictions as important tools to leverage better law enforcement responses to persons affected by mental illness. For example, although HIPAA prohibits some disclosures, HIPAA's restrictions on sharing health information are often misunderstood, which has resulted in practitioners misapplying the law to be far more restrictive than the regulatory language requires.[46] For example, when an officer learns about an individual's mental health condition from a family member or from someone on the scene, HIPAA does not apply. The officer can also provide the information to a mental health professional if warranted.[47] Further, health care providers can also disclose critical information to officers if they believe the patient presents an imminent threat of harm to self or others.[48]

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46 Council of State Governments Justice Center, *Information Sharing in Criminal Justice – Mental Health Collaborations: Working with HIPAA and Other Privacy Laws* (New York: 2010), viii, **https://www.bja.gov/Publications/CSG_CJMH_Info_Sharing.pdf**.

47 SAMHSA advisory group members provided valuable resources for learning about HIPAA and its restrictions, see, for example, *Information Sharing in Criminal Justice – Mental Health Collaborations* and "Medicaid and Financing Health Care for Individuals Involved with the Criminal Justice System."

48 U.S. Department of Health & Human Services, Office for Civil Rights, *HIPAA Privacy Rule and Sharing Information Related to Mental Health* (February 20, 2014), **www.hhs.gov/hipaa/for-professionals/special-topics/mental-health.**

The importance of ensuring consistent and sustainable partnering, policy development, and training cannot be overstated. There are 18,000 law enforcement agencies, composed of some 800,000 officers, in the United States,[49] along with a significant number of other key stakeholders that must be involved. Systemic change can be particularly difficult for smaller law enforcement agencies, which might have far fewer resources and personnel to fully implement the types of programs cited in this report. Pooling resources between police agencies could be an alternative, but the commitment of personnel time might be a persistent obstacle both in responding to persons affected by mental illness and the transportation of such individuals to facilities for diversion or treatment. This is a major consideration for most of the approximately 11,000 smaller law enforcement agencies across the United States with fewer than 50 officers.[50]

To be successful, some state and local laws and policies may need to be reviewed and amended—such as the suspension of government benefits when an individual is incarcerated–and action on issues like this will require successful collaboration among legislators, administrative bodies, and policy makers. While ultimately these amendments will fail or succeed based on the actions of stakeholders, the impetus for such change can be fostered by law enforcement agency leaders in combination with prosecutors, corrections officials, and the many other stakeholders that share the need to assist persons affected by mental illness.

## PLATFORMS TO ADDRESS THESE CHALLENGES

Effective partnerships are critical platforms from which to introduce changes to law enforcement responses to persons affected by mental illness. Law enforcement cannot stand alone in this initiative; it must rely on mental health experts and other community providers to identify clinics and community resources where offenders can be diverted, when appropriate. For these approaches to work most effectively, everyone must be invested in this initiative, including professionals as diverse as school officials, parole officers, 9-1-1 dispatchers, religious leaders, and others.

Training is also a critical venue for change. During the advisory group meeting, Nola Joyce, the former Deputy Commissioner of Philadelphia, Pennsylvania, Police Department, stated, “The training academy is the keeper of our culture.” Delivering effective training is a challenge, particularly for smaller agencies that lack the necessary resources or personnel. While online learning is an option, some advisors stressed that in-person training on this issue is essential. Further, while training should be modular, it also needs to be accessible to and tailored for local

49 Andrea Burch, Alexia Cooper, and Shelley Hyland, *Data Collection: Census Of State And Local Law Enforcement Agencies* (2000, 2008, 2014), **http://www.bjs.gov/index.cfm?ty=dcdetail&iid=249**.

50 Brian A. Reaves, “Local Police Departments, 2013: Personnel, Policies, and Practices,” *Bulletin*, May 2015, NCJ 248677, **http://www.bjs.gov/content/pub/pdf/lpd13ppp.pdf**.

communities. Providing consistent and regular training is important. In support of the IACP's One Mind Campaign, the Commission on Accreditation for Law Enforcement Agencies (CALEA) is in the process of revising training standards so that they will support the campaign specifics.

The advisory group emphasized that products such as smartphone applications (apps) can be ideal opportunities to provide police officers with easy access to information about local service programs and providers, diversion opportunities, and training tools. Developing such apps could provide a low-cost, easily accessible tool to quickly broadcast critical information to officers on a consistent and updated basis. Looking again at available technology, law enforcement needs to strategically utilize social media in order to educate its consumers. For example, consistently posting relevant, relatable, and appropriate updates on Twitter could substantially improve the community's understanding of police encounters with persons affected by mental illness. Harnessing social media and other educational tools to improve services to persons affected by mental illness is a huge, and often underutilized resource for the police and their communities.

Finally, the advisors identified the IACP's One Mind Campaign as a platform from which to launch enhanced law enforcement services to persons affected by mental illness. The campaign includes the four promising approaches in serving persons affected by mental illness. These practices include key partnerships, policy development, MHFA Public Safety training, and CIT training. The campaign will also identify education tools and other concrete strategies to improve services to this critical constituency. A brief summary of the IACP's One Mind Campaign, to be officially launched in October 2016, follows in the next section.

# THE IACP'S ONE MIND CAMPAIGN—IMPROVING POLICE RESPONSE TO PERSONS AFFECTED BY MENTAL ILLNESS

The advisory group developed the IACP's One Mind Campaign to incentivize law enforcement agencies to commit to four promising practices to improve services to persons affected by mental illness. The agencies that demonstrate a serious commitment to implementing all four strategies in a timely fashion (12 to 36 months) will become publicly recognized members of the IACP's One Mind Campaign. The specific details of requirements to join the campaign, along with the benefits of joining, will be outlined at the formal launch of the campaign at IACP's annual conference in San Diego, California, in October 2016.

The advisory group identified and agreed upon the following four promising practices as the minimum commitment threshold for law enforcement agencies to join the IACP's One Mind Campaign:

1. Establish a clearly defined and sustainable relationship with at least one local mental health organization in the community. This partnership will serve to institutionalize and model effective and sustainable collaboration between the police agency and the mental health community. Once created, this partnership should be carefully documented and announced to the public. Where appropriate, an MOU can be crafted. MOUs can also be multi-disciplinary agreements between a broader set of stakeholders, including local schools, veteran's associations, or health clinics, to ensure that the best services reach the most consumers. The partnership(s) will ensure that all police policies and training approaches are informed by mental health experts. In the long term, the partnership will help maximize the diversion of persons affected by mental illness from the criminal justice system through identification and referral to appropriate alternatives to arrest.
2. Develop and implement a written policy addressing law enforcement response to persons affected by mental illness. A written policy is critical because it institutionalizes promising outcomes in a police department. Further, an effective policy codifies the infrastructure necessary to support responding officers, as well as the need for collaboration between the department and community-based mental health service providers. Finally, a written policy also ensures that the department is taking a holistic approach to the problem and setting minimum standards for necessary training, officer response, and evaluation of outcomes. The IACP has a model policy that is available at **http://www.theIACP.org/MPMentalIllness**.
3. Demonstrate that 100 percent of sworn officers (and selected non-sworn staff, such as dispatchers) are trained and certified in MHFA. MHFA is a training module readily administered on an agency-wide basis.[51] Officers who have taken this eight hour course are in a much better

51 CIT International, *Mental Health First Aid or CIT.*

position to engage with persons affected by mental illness and are able to employ a variety of de-escalation and communication techniques to reduce the likelihood of a bad outcome.

4. Demonstrate that a minimum of 20 percent of all sworn officers (and selected non-sworn staff, such as dispatchers) are trained and certified in CIT (Crisis Intervention Teams). CIT is a comprehensive course designed to encourage the day-to-day collaboration between police officers and mental health experts. The primary feature is a team approach to engagement with persons affected by mental illness, which connects officers with mental health professionals during a law enforcement response. Since CIT training is more time consuming (40 hour versus 8 hour class) and may be more appropriate for specific agency officers, the minimum of 20 percent of all officers becoming CIT trained is the threshold for the IACP's One Mind Campaign.

Beyond these four practices, the advisory group was able to identify a substantial number of other approaches that hold promise as well. While not part of the required four action steps above, the advisors suggested that these actions be promoted by the campaign as optional but worthy of consideration once pledged departments have achieved the original four campaign requirements:

- Provide mental health training in academies and routinely implement updated training in department roll calls with a focus on responding effectively to persons affected by mental illness as a core responsibility of all police officers. Success in this practice will also help ensure that training is not a one-time, "check-the-box" event, but rather a continuous, evolving education throughout officers' careers.
- Partner with a state association of chiefs or sheriffs to adopt a statewide model policy to guide all departments in utilizing promising practices when addressing persons affected by mental illness. Success in this objective can ensure that approaches by greater numbers of agencies are consistent and well designed, and that stakeholders are in agreement with how best to provide quality services to persons affected by mental illness.
- Effectively utilize technology to enhance awareness of community mental health services used to divert persons affected by mental illness from the criminal justice system. For example, a police department could maintain a sustained and effective social media feed to educate consumers

## POLICE-MENTAL HEALTH COLLABORATION TOOLKIT

The Police-Mental Health Collaboration (PMHC) Toolkit produced by Bureau of Justice Assistance provides essential resources for law enforcement agencies to partner with mental health providers in order to effectively respond to calls for service, improve outcomes for people affected by mental illness, and advance the safety of all.

The toolkit provides the resources for law enforcement and mental health professionals to begin and maintain a mental health focused program. The available resources include:

- Information about PMHC programs
- Planning and implementing tools
- Training information
- Management tools
- Program metrics

This online toolkit helps agencies move quickly and effectively toward completing the first Campaign action item – the creation of a viable, sustainable police-mental health partnership. Beyond that step, the toolkit provides a wealth of detail on the actions that the partnership can take together, including the policy and training aspects of the One Mind Campaign.

This innovative and interactive product is available at **https://www.PMHCToolkit.bja.gov.**

about specific law enforcement efforts and mental health services in a particular jurisdiction. If available, agencies could partner with local health departments to implement cutting-edge programs. For example, police departments can explore Smart 911 or similar technology to enable 9-1-1 dispatchers to retrieve voluntarily provided information about a person in an emergency to better allow dispatchers to provide officers with potentially critical information in a response situation.

- Take a leadership role with City/County/State government in supporting the establishment of a mental health court. The Treatment Advocacy Center, known for its valuable tools for improving law enforcement responses to persons affected by mental illness, describes mental health courts as follows:

  > Mental health courts hear cases involving certain low-level offenses… in which it appears the defendant is in need of treatment rather than punishment. These courts typically allow charges to be adjourned if the defendant agrees to adhere to a community-based treatment plan, and are ultimately dismissed if the defendant fulfills the treatment obligations for a specified period.[52]

52 Treatment Advocacy Center, "Frequently Asked Questions," **http://www.treatmentadvocacycenter.org/get-help/2609**.

# CASE STUDIES

## MENTAL HEALTH COURTS

In 2010, in LaGrange, Georgia, Troup Transformation, a faith-based organization, partnered with local law enforcement agencies, mental health providers, judges, and the Troup County National Alliance on Mental Illness to persuade community leaders to establish a mental health court. After representatives from these organizations (including law enforcement) presented to city councils and county commissioners to request funding, the county's Mental Health Court was established in February 2013. According to Troup County:

> The cost of these intervention programs is far less than the cost of incarceration, and participants have a chance to rehabilitate themselves and become productive members of the community. Accountability Courts save the county money; however, their greatest value is that they help people change their lives for the better.[1]

County organizations and other sources have reported the Troup County Mental Health Court's success.[2] Alternatives to mental health courts, where available, can include working with existing adult, drug, juvenile, or truancy courts to ensure that persons entering such courts are regularly administered mental health screening tests.

Traditional courts have an important role to play in addressing today's mental health crisis, and police agencies need to ensure that these existing courts properly manage the current mental health crisis. For example, police agencies may advocate for programs such as Assisted Outpatient Treatment (AOT), which "provides court-ordered treatment in the community for high-risk individuals with severe mental illness

1 Troup County Government, "Accountability Courts," Mental Health Court, **http://www.troupcountyga.org/accountability_courts.html** (accessed August 25, 2016).

2 "Mental Health Court Successful in Its First Year," *LaGrange Daily News*, May 18, 2014, **http://placer.networkofcare.org/mh/news-article-detail.aspx?id=52183; http://lagrangenews.com/news/4173/troup-county-mental-health-court-grants-second-chances (accessed August 25, 2016**).

- Implement routine diversity and cultural awareness training, focusing on law enforcement response to persons affected by mental illness where culture or language barriers can make effective response more difficult.
- Consider the benefit of enrolling in the Stepping Up Initiative, which was initiated in May 2015 by the Council of State Governments Justice Center, the National Association of Counties, and the American Psychiatric Association Foundation. This "initiative is designed to rally national, state, and local leaders around the goal of reducing the number of people with mental illnesses and substance use disorders in jails."[53] The infrastructure provided by this initiative can assist police chiefs, including chiefs from smaller police agencies, in contributing the local law enforcement perspective to this local, county, state, and national issue.

53 The Council of State Governments Justice Center, "County Teams Work to Make Stepping Up Initiative 'A Movement, Not a Moment' at National Summit," April 21, 2016, **https://stepuptogether.org/updates/county-teams-work-to-make-stepping-up-initiative-a-movement-not-a-moment-at-national-summit**.

and a history of treatment noncompliance, as a less restrictive alternative to inpatient hospitalization."[3] Additionally, police chiefs may partner with their mental health experts to support AOT grant applications, which can provide much-needed funding for this critical resource.

In 2014, the IACP unanimously passed a resolution in support of AOT, and found that "more than two decades of research and practice document AOT as an effective tool to improve outcomes for this focus population, including reduced hospitalizations, arrests, incarcerations, crime, victimization and violence while increasing treatment adherence and substance abuse treatment outcomes."[4] Advisors also noted an increase in funding for AOT grants.[5]

## DIVERSITY AND CULTURAL AWARENESS TRAINING

According to IACP's *Police Chief Magazine*, police officers in Storm Lake, Iowa discovered significant language barriers and other challenging demographic realities in their jurisdiction, and instituted new programming and training infrastructure to better adapt to their multiethnic, multilingual consumers. These activities include officer participation at community-related meetings, survival language skills for officers, creation of multilingual materials, and officer-community cultural training.[6] Such law enforcement activities are especially critical when they involve interactions with persons not only from different ethnic backgrounds who are affected by mental illness – but persons who are in particular need of focused, tailored police responses.

3 State Associations of Chiefs of Police, Psychological Services Section and Police Physicians Section, "Assisted Outpatient Treatment."

4 Ibid.

5 See, e.g., "Assisted Outpatient Treatment Grant Program for Individuals with Serious Mental Illness," **http://www.samhsa.gov/grants/grant-announcements/sm-16-011**. For more information reviewing AOT successes and cost savings, see *Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment,* **https://www.omh.ny.gov/omhweb/kendra_web/finalreport/AOTFinal2005.pdf** and Jeffrey W. Swanson et al., "The Cost of Assisted Outpatient Treatment: Can It Save States Money?" *American Journal of Psychiatry* 170, no. 12 (December 2013): 1423–1432, **http://mentalillnesspolicy.org/kendras-law/research/2013-duke-aot-cost-study.pdf**.

6 Mark A. Prosser, "Policing a Diverse Community," *The Police Chief* 74, no. 1 (January 2007), **http://www.policechiefmagazine.org/magazine/index.cfm?fuseaction=display_arch&article_id=1088&issue_id=12007**

The advisors recognize that commitment to these approaches requires specific resources and emphasized that all stakeholders need to participate. For example, governing bodies need to commit to funding these initiatives, policy makers need to support the development of better practices and training strategies, and mental health providers need to become essential partners with law enforcement.

The advisory group also recognizes that it may be difficult to measure the impact of these practices. In many cases there might not be any precedent to measure baselines. For example, it might be difficult to demonstrate through updated training and written policy that an agency has significantly reduced unnecessary deaths or injuries, or use of force against, persons affected by mental illness. Advisors encourage police departments to partner with a local university to conduct process and impact evaluations so that data-driven research becomes available. Resultant data can serve as both evidence for the campaign's impact and more broadly, research-based policy guidance to guide the entire field toward enhanced policies, training, and response.

Departments seeking to adopt changes to policies, training, and partnerships in some cases may be eligible to apply for grant monies. For example, SAMHSA has provided grants to police departments for programs such as Project Early Diversion and Get Engaged (EDGE) from the Boulder County, Colorado, Sheriff's Department. Through EDGE, grant funded from September 30, 2013, through September 20, 2016, SAMHSA seeks to "improve Boulder County's ability to deliver a comprehensive, multi-agency, culturally responsive, evidence-based earliest point of diversion service for adults with behavioral health disorders at risk for criminal justice involvement."[54] One component of EDGE includes hosting "crisis intervention trainings for law enforcement to help them correctly identify when a person's behavior is related to mental, substance use, or co-occurring disorders. Law enforcement is also trained on protocols for referring individuals who meet the program criteria."[55] Further, the local mental health agency provides mobile emergency response services to Boulder County law enforcement, which, as detailed above, is a critical component to police agency response in this matter.

54 SAMHSA, "Law Enforcement and Behavioral Health Partnerships for Early Diversion," Project EDGE (Early Diversion, Get Engaged) – Colorado, **http://www.samhsa.gov/gains-center/grants-grantees/early-diversion#project-edge-colorado**.

55 Ibid.

# CONCLUSION

The decades-long decline in resources available to mental health providers has, to some degree, forced law enforcement agencies to serve on the frontline of the U.S. mental health crisis. As a result, police officers today play a critical role in ensuring that persons affected by mental illness do not cycle in and out of homelessness and jails, but rather, are diverted to treatment and rehabilitation where appropriate and available. This law enforcement officer role is an urgently needed response but is not a cure for the U.S. mental health crisis. Real solutions require increased funding and implementation of dramatically improved mental health services throughout the world.

The reality of today's situation requires police agencies to partner with other stakeholders; to learn how to de-escalate potentially violent encounters with persons affected by mental illness; and, where appropriate, to divert such persons away from prisons and jails and into treatment and rehabilitation. Law enforcement agencies understand the officer safety and public safety value of de-escalation and diversion. But law enforcement officials cannot do this alone; they must and do rely on a diverse array of professionals ranging from clinical social workers and emergency dispatchers to school officials and faith leaders. Nearly everyone has an important role in institutionalizing solutions to the mental health crisis.

The IACP's One Mind Campaign, launched as part of the work of the symposium, has significant potential to help provide effective solutions to this daunting problem. The value of the campaign to each local law enforcement agency is distinct and measurable, and includes the following:

- Enhanced policy that demonstrates agency intention to engage successfully in response to persons affected by mental illness
- Increased training to officers and dispatchers that ensures that the new policy is carried out successfully
- Improved relationships with community mental health advocates and service providers through partnerships
- Reduced negative outcomes during call response due to policy and training
- Increased trust between the community and the police as departmental efforts demonstrate a true commitment to community and officer safety
- Amplified and clear voice in the policy discussion regarding the intersection of mental health and public safety

As a result of the official launch in October 2016, the IACP hopes that a significant number of the state and local law enforcement agencies across the United States will join the IACP's One Mind Campaign. Without question, it has an unlimited potential to position law enforcement as true 21st century police agencies—by reducing injuries, saving lives, and enhancing community-police relations.


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