



Law Enforcement/ Mental Health Partnership Program



In 2004, the New York City Police Department reported that it responds to about **150,000 calls** per year involving an “emotionally disturbed person.”¹

In just one year, law enforcement officers in Florida transported **more than 40,000 people with mental illnesses** for involuntary 72-hour psychiatric examinations under the Baker Act. That number exceeds the number of arrests made in the state during that same year for either aggravated assault or burglary.²

In 1999, the Los Angeles County Jail and New York City’s Rikers Island **each held more people with mental illnesses** than any designated inpatient psychiatric facilities in the United States.³

The Issue

Law enforcement officers across the country are all too familiar with calls for service that repeatedly bring them into contact with people whose mental illnesses are not being adequately addressed:

- An unkempt woman is pacing in front of a store, shouting obscenities and frightening customers.
- A frail homeless man is talking loudly to himself while resting on a bus-stop bench in freezing temperatures.
- A mother is fearful for her own safety and desperate to get mental health treatment for her son, who is 40 years old and lives at home.

Officers often find themselves in the difficult position of determining whether to resolve such incidents informally or to take the person into custody, either for arrest or emergency evaluation. Although these incidents are generally resolved safely, on rare—but highly publicized—occasions they can involve use of force and the law enforcement officer, the person with a mental illness, or both are seriously injured or killed. Without adequate training and access to community-based mental health resources, officers face tremendous obstacles in managing these incidents.

The Response

The Council of State Governments (CSG) Justice Center, with guidance from the Police Executive Research Forum (PERF), has launched a program that builds on the successes of individual communities across the country to address law enforcement encounters with people with mental illnesses. This Bureau of Justice Assistance-funded program will provide resources for law enforcement leaders and their community partners to develop and enhance initiatives that make it easier for law enforcement to connect people with mental illnesses to much-needed services and to minimize the likelihood that law enforcement encounters will result in injury or death.⁴

In 1988, the Memphis (TN) Police Department, working with members of the local Alliance for the Mentally Ill, designed a Crisis Intervention Team (CIT) in which specially trained officers respond to incidents involving people with mental illnesses. Since the implementation of the CIT program, the number of injuries sustained by officers and people with mental illnesses as a result of these encounters has dropped significantly.⁵ The Memphis CIT model and other special responses have since spread to hundreds of communities across the country.

As part of BJA's Law Enforcement/Mental Health Partnership Program, the CSG Justice Center and PERF will...

1 | Provide practical resources

The Justice Center's Criminal Justice/Mental Health Consensus Project and PERF are developing a toolkit of complementary resources to assist communities in understanding the need for specialized police-based responses to people with mental illnesses, and how to navigate the obstacles to effective program implementation. These resources include the following:

Why a "Specialized Response"—a succinct executive-level primer on the critical issues related to law enforcement encounters with people with mental illnesses, which frequently prompt program development. The guide provides a roadmap to the other toolkit materials and examines the latest thinking on how specialized responses can advance agencies' goals of public safety and enhanced service to the community.

Essential Elements of a Specialized Police-Based Response—a policy guide that identifies, describes, and provides recommendations for achieving the key program components of any effective specialized police-based response. As the centerpiece of the toolkit series, this document guides planning and ongoing improvements to comprehensive programs. The most recent version of the document is available at <http://consensusproject.org/downloads/le-essentialelements.pdf>.

Strategies for Effective Training—a practical handbook for developing the training that is a vital part of a department's efforts to improve responses to people with mental illnesses. This document offers strategies for coordinators and trainers on how to identify and prepare instructors

from law enforcement, the mental health system, and the community, as well as how to make the best use of various training techniques.

Tailoring Responses to Jurisdiction Circumstances—a series of short case studies describing how various jurisdictions have addressed the ten essential elements of a specialized response based on their communities' unique strengths and weaknesses. This document includes lessons learned and recommendations for policy and practice.

2 | Facilitate peer-to-peer assistance

Local efforts—Professionals and community members who are developing or enhancing a law enforcement/mental health program have much to learn from their counterparts in other cities. To foster peer-to-peer learning, the Justice Center and PERF, together with NAMI, are identifying and collecting information about existing specialized law enforcement response programs. This information is being organized in the Criminal Justice/Mental Health Information Network (InfoNet)—an interactive online database that includes contact information to facilitate information sharing, as well as easily searchable fields on key topics.⁶

Statewide efforts—The Justice Center and PERF will examine efforts in those states that have made progress promoting and coordinating specialized police responses statewide and will assist BJA in learning more about existing state-level strategies and emerging approaches that may be replicated elsewhere. Short case studies will be made available on InfoNet as well.



For more information, visit the Justice Center's Consensus Project website, <http://consensusproject.org/projects/law-enforcement/>.

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1. A. Waldman, "The Police Struggle with Approach to the Mentally Ill: Recent Killings Have Led to Calls for Better Tracking and Treatment of the Mentally Ill and More Training for Officers," *The Christian Science Monitor*, March 17, 2004, accessible at www.csmonitor.com/2004/0317/p11s02-usju.htm.

2. Though more than 40,000 people with mental illnesses were transported by police for involuntary psychiatric examinations, 39,120 other individuals were arrested for aggravated assault and 26,087 for burglary. Annette C. McGaha and Paul G. Stiles. *The Florida Mental Health Act (The Baker Act) 2000 Annual Report*, Louis de la Parte Florida Mental Health Institute, July 2001.

3. E. F. Torrey, "Reinventing Mental Health Care," *City Journal*, 9, no. 4 (2000).

4. These efforts will be closely coordinated by the Bureau of Justice Assistance, a component of the U.S. Department of Justice, along with the Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services; as well as by BJA's and SAMHSA's respective technical assistance providers, the Consensus Project and the GAINS/TAPA Center for Jail Diversion.

5. Randolph DuPont and Sam Cochran, "Police Responses to Mental Health Emergencies—Barriers to Change," *Journal of the American Academy of Psychiatry and Law*, 28, no. 3, 2000.

6. The ongoing InfoNet project was launched in April 2006 as part of a collaborative effort between the Justice Center's Consensus Project and the National GAINS Center. It can be found at www.cjmh-infonet.com.