Improving Responses to People with Mental Illnesses

The Essential Elements of a Specialized Law Enforcement–Based Program

BJA **Bureau of Justice Assistance**

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Matt Schwarzfeld
Melissa Reuland
Martha Plotkin

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POLICE EXECUTIVE
RESEARCH FORUM

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Acknowledgments

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1. Advisory Board members' titles and agency affiliations reflect the positions they held at the time of their involvement with the project.

Introduction

Law enforcement officers throughout the country regularly respond to calls for service that involve people with mental illnesses—often without needed supports, resources, or specialized training.[2] These encounters can have significant consequences for the officers, people with mental illnesses and their loved ones, the community, and the criminal justice system.[3] Although these encounters may constitute a relatively small number of an agency's total calls for service, they are among the most complex and time-consuming calls officers must address.[4] At these scenes, front-line officers must stabilize a potentially volatile situation, determine whether the person poses a danger to him- or herself or others, and effect an appropriate disposition that may require a wide range of community supports.

In the interests of safety and justice, officers typically take approximately 30 percent of people with mental illnesses they encounter into custody—for transport to either an emergency room, a mental health facility, or jail.[5] Officers resolve the remaining incidents informally, often only able to provide a short-term solution to a person's long-term needs. As a consequence, many law enforcement personnel respond to the same group of people with mental illnesses and the same locations repeatedly, straining limited resources and fostering a collective sense of frustration at the inability to prevent future encounters.[6]

In response, jurisdictions across the country are exploring strategies to improve the outcomes of these encounters and to provide a compassionate response that prioritizes treatment over incarceration when appropriate. These efforts took root in the late 1980s, when the crisis intervention team (CIT) and law enforcement–mental health co-response models, described in more detail below, first emerged. Since that time, hundreds of communities have implemented these programs; some have replicated the models, and others have adapted features to meet their jurisdiction's unique needs. Although this number represents only a small fraction of all U.S. communities, there are many indications that the level of interest in criminal justice–mental health collaborative initiatives is surging.[7]

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2. For the purposes of this document, "officer" refers to any law enforcement personnel with direct contact with the community; this includes sheriffs' deputies, state troopers, and other individuals with arrest powers.

3. The nation's prisons and jails hold unprecedented numbers of people with mental illnesses—many of whom came into contact with law enforcement as a result of behaviors related to their illness. For example, in 1999 the Los Angeles County Jail and New York's Rikers Island jail each held more people with mental illnesses than any psychiatric inpatient facility in the United States. The most recent data from the Bureau of Justice Statistics, U.S. Department of Justice, reveals that more than half of all prison and jail inmates reported that they had any one of a number of mental health symptoms. E. Fuller Torrey, "Reinventing Mental Health Care," *City Journal* 9 (1999):4; Doris J. James and Laura E. Glaze, *Mental Health Problems of Prison and Jail Inmates,* U.S. Department of Justice, Bureau of Justice Statistics, NCJ-213600 (Washington, D.C.: Bureau of Justice Statistics, 2006).

4. Recent data indicate that behaviors that appear to be the result of a mental illness are a factor in approximately 3–7 percent of all law enforcement calls for service. See Martha W. Deane, Henry J. Steadman, Randy Borum, Bonita M. Veysey, and Joseph P. Morrissey, "Emerging Partnerships between Mental Health and Law Enforcement," *Psychiatric Services* 50 (1) (1999): 99–101; Lodestar, *Los Angeles Police Department Consent Decree Mental Illness Project Final Report* (Los Angeles: Lodestar, 2002); Jennifer L.S. Teller, Mark R. Munetz, Karen M. Gil, and Christian Ritter, "Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Calls,"

Psychiatric Services 57 (2006): 232–37; William Terrill and Stephen Mastrofski, "Situational and Officer-Based Determinants of Police Coercion," *Justice Quarterly* 19 (2002): 215–48.

5. Linda Teplin, "Managing Disorder: Police Handling of the Mentally Ill," In *Mental Health and the Criminal Justice System,* ed. Linda Teplin. (Beverly Hills, CA: Sage Publications, 1984); Thomas M. Green, "Police as Frontline Mental Health Workers: The Decision to Arrest or Refer to Mental Health Agencies," *International Journal of Law and Psychiatry* 20 (1997): 469–86; Jennifer L.S. Teller, Mark R. Munetz, Karen M. Gil, and Christian Ritter, "Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Calls," *Psychiatric Services* 57 (2006): 232–37.

6. Thomas M. Green, "Police as Frontline Mental Health Workers: The Decision to Arrest or Refer to Mental Health Agencies," *International Journal of Law and Psychiatry* 20 (1997): 469–86; Gary Cordner, "People with Mental Illness," *Problem-Oriented Guides for Police Problem-Specific Guides Series,* 40, U.S. Department of Justice (Washington, D.C.: Office of Community Oriented Policing Services, 2006).

7. Federal interest in criminal justice–mental health initiatives is perhaps best illustrated by the broad bipartisan support for the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (MIOTCRA) and its subsequent appropriations. MIOTCRA facilitates collaboration among the criminal justice, juvenile justice, mental health treatment, and substance abuse systems in diverting individuals to treatment when appropriate. Among its allowable uses, MIOTCRA funds can support law enforcement training. For more information on MIOTCRA, see www.consensusproject.org/resources/government-affairs/fed-leg-MIOTCRA.

Specialized Law Enforcement–Based Response Programs

This document focuses on specialized law enforcement–based response programs that meet three criteria: (1) they enhance traditional law enforcement roles to provide a new set of response options for frontline personnel that are tailored to the needs of people with mental illnesses; (2) when appropriate, they establish a link for these individuals to services in the community; and (3) they are based in law enforcement agencies with strong collaborative ties to mental health partners, other criminal justice agencies, and community members.[8]

Specialized law enforcement–based response programs include both the CIT and law enforcement–mental health co-responder models.

- The CIT model originated in the Memphis (Tenn.) Police Department and is therefore often called the Memphis Model. It was developed in response to a tragic incident in which a law enforcement officer used lethal force against a person with a mental illness. This model is designed to de-escalate tensions at the scene and to reduce the need for use of force during these types of encounters. To improve the likelihood of a safe and effective outcome, the CIT model includes training and deployment of self-selected officers to provide a first-response to the majority of incidents involving people with mental illnesses.

- The co-responder model was developed in Los Angeles County and implemented soon after in San Diego (Calif.). Leaders in those jurisdictions were concerned that they were unable to link people with mental illnesses to appropriate services

or provide other effective and efficient responses. They identified limitations on officers' time and lack of awareness about both community mental health resources and the characteristics of individuals who need access to those services as major obstacles. They then developed an approach that pairs specially trained officers with mental health professionals to provide a joint secondary response to the scene.

About the Elements

As the growing number of interested communities grapple with implementing specialized law enforcement–based programs at the local level, there is a commensurate demand for more information on the key elements of promising programs. Several communities have tried to identify critical program elements, particularly for CIT initiatives, to promote consistency and quality.[9] Until this BJA-supported effort, however, there had been limited debate or agreement at the national level about which elements were essential to successfully implement any specialized law enforcement–based response program—regardless of the specific model.

This report articulates 10 essential elements for *any* specialized law enforcement–based response program. The elements are derived from recommendations made by a broad range of practitioners and other related experts to ensure they are practical and valuable (see the "Document Development" section, p. ix). They provide practitioners and policymakers with a common framework for program design and implementation that will promote positive outcomes while being sensitive to every jurisdiction's distinct needs and resources. Each element contains a short

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8. Many communities also have developed teams of community mental health professionals, such as mobile crisis or assertive community treatment teams, to assist officers at the scene. While these models are undoubtedly a valuable resource for many communities and departments, they are not law enforcement–based and thus are not within the scope of this document. For further discussion of how law enforcement have collaborated with mental health mobile crisis teams, see www.uc.edu/criminaljustice/ProjectReports/MCT_Report.pdf. For more on how mental health agencies have tailored assertive community treatment teams to work with a justice-involved population, see www.gainscenter.samhsa.gov/text/ebp/Papers/ExtendingACTPaper.asp.

9. Most notably, promoters of the CIT model have recently formed a national group, the CIT National Organization (www.cit.memphis.edu/cno.html), to provide leadership and guidance to jurisdictions implementing CIT programs. Several members of the CIT National Organization also serve on the advisory board that has guided the development of this publication, to ensure complementary products. The National CIT Organization's guide describes critical elements of the CIT model using three categories: operational, ongoing, and sustaining elements. A draft of the guide is available at www.cit.memphis.edu/~cjus/dw.php?id=cjuscitdw01. In contrast, this document provides a framework for developing or enhancing elements of a specialized law enforcement–based response of *any* type.

statement (in italics) describing criteria that specialized law enforcement–based response programs should meet to be effective, followed by several paragraphs explaining the element's importance and how its principles can be achieved.

The document reflects two key assumptions: First, each element depends on meaningful collaboration among professionals in the criminal justice and mental health systems. Although achieving the requisite level of collaboration is often difficult—particularly when faced with long-standing system barriers—successful partnerships are needed to carry out any of the elements. Second, law enforcement represents only the first of several criminal justice agencies with which people with mental illnesses may come in contact. Addressing problems raised by the large numbers of people with mental illnesses in the criminal justice system requires a comprehensive community- and systemwide strategy in which the law enforcement–based program plays only one part. The impact of a specialized law enforcement–based response program on jails, courts, the community-based mental health system, and the larger community must therefore be considered when planning and implementing the program.

The elements are meant to help guide individuals in communities that are interested in developing a law enforcement–based program or improving the organization and functions of an existing program. This document can be used as a practical planning tool for a specialized response at each stage of the process (e.g., designing the program, developing or enhancing policies and procedures, monitoring practices, and conducting evaluations). This report is meant to be a "living, breathing document" and thus will be updated or supplemented as specialized law enforcment–based programs mature, and to address new research studies that can provide a stronger base of knowledge about how these programs can best operate, their impact on the community and various affected systems, and the relative importance of the elements that form them.[10]

Document Development and Related Materials

The essential elements are based on information from a variety of sources, including interviews with law enforcement executives and officers, mental health professionals, advocates, and mental health consumers who have been engaged in these programs for many years, as well as a review of the scholarly literature. A panel of national experts guided early drafts of this document. It was then posted on a Web-based discussion forum through which hundreds of stakeholders reviewed it and provided feedback.[11] An advisory group of leading executives, practitioners, researchers, and other experts subsequently reviewed and discussed the comments and suggested revisions.

The Bureau of Justice Assistance (BJA), U.S. Department of Justice, is developing a series of resources for law enforcement practitioners and their community partners as part of BJA's Law Enforcement/Mental Health Partnership Program. This report serves as the centerpiece of this series. The *Improving Responses to People with Mental Illnesses* series includes a collection of resources that will complement the essential elements: a practical handbook on implementing effective training strategies; a monograph on tailoring law enforcement responses to the unique needs of the jurisdiction, which will include specific examples from the field; and Web-based information on statewide efforts to coordinate these law enforcement responses. Also available is an online database, the Criminal Justice/Mental Health Information Network, which includes profiles of local law enforcement responses to people with mental illnesses. This project is coordinated by the Council of State Governments Justice Center in partnership with the Police Executive Research Forum.

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10. Updates to this document will be available at www.consensus project.org/issue-areas/law-enforcement.
11. Throughout this document, the term "stakeholders" is used to describe the diverse group of individuals affected by law enforcement encounters with people with mental illnesses, such as criminal justice and mental health professionals; myriad other service providers, including substance abuse counselors and housing professionals; people with mental illnesses (sometimes referred to as "consumers") and their loved ones; crime victims; and other community representatives.

Ten Essential Elements

1 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 illnesses work together in one or more groups to determine the response program's characteristics and guide implementation efforts.

Specialized responses to people with mental illnesses are an outgrowth of community policing and as such should reflect a partnership between a law enforcement agency and other stakeholder groups and individuals. Partners for the lead law enforcement agency should include mental health service providers, people with mental illnesses and their family members and loved ones, and mental health advocates. Based on the nature of the problem, additional partners could include other area law enforcement professionals; health and substance abuse treatment providers; housing officials and other service providers; hospital and emergency room administrators; crime victims; other criminal justice personnel such as prosecutors and jail administrators; elected officials; state, local, and private funders; and community representatives. Any stakeholder may initiate the planning for the specialized response, but to take root, the lead law enforcement agency must fully embrace the effort.

At the outset of the planning process, leaders from each of the stakeholder agencies who have operational decision-making authority and community representatives should come together as a multidisciplinary *planning committee*. This executive-level committee should examine the nature of the problem and help determine the program's objectives and design (see Element 2, Program Design), taking into consideration how the committee will relate to other criminal justice–mental health boards that may be in place or are in the process of being established. The planning committee also should provide a forum for developing grant applications and working with local and state officials. Although focused primarily on planning decisions, members should remain engaged during the implementation phase to provide ongoing leadership and support problem solving and design modifications throughout the life of the program.

Agency leaders on the planning committee also should designate appropriate staff to make up a *program coordination group* responsible for overseeing day-to-day activities. (In some jurisdictions, the two bodies may be the same—particularly those with small agencies, in rural areas, or with limited resources.) This coordination group should oversee officer training, measure the program's progress toward achieving stated goals, and resolve ongoing challenges to program effectiveness. The group also should serve to keep agency leaders and other policymakers informed of program costs, developments, and progress. Both groups' members should reflect the community's demographic composition.

To overcome challenges inherent in multidisciplinary collaboration, including staff turnover and changes in leadership, partnership and program policies should be institutionalized to the extent possible. Interagency memoranda of understanding (MOUs) can be developed to address key issues such as how each organization will commit resources and what information can be shared through identified mechanisms.

2 Program Design

The planning committee designs a specialized law enforcement–based program to address the root causes of the problems that are impeding improved responses to people with mental illnesses and makes the most of available resources.

As a critical first step in the design process, the planning committee should develop a detailed understanding of the problems in its jurisdiction and identify all contributing factors. In this analysis, it is important to understand the driving force(s) behind current efforts to improve the law enforcement response. In some jurisdictions, law enforcement executives may become aware of the problem because of a tragic incident. In others, executives may realize there are operational challenges presented by particularly complex field encounters, such as the inordinate amount of time officers spend waiting for medical clearance in emergency rooms or the frequency with which officers repeatedly come in contact with the same individuals without an effective resolution.

The committee must examine the reasons why these incidents occur and other aspects of the problem that may not have been raised by the single high-profile incident. It should look at law enforcement data on calls for service, beat boundaries, feedback from officers, community survey data, and other sources of information. To enhance their understanding of root causes and available resources, committee members also should examine factors such as the community's inpatient and outpatient treatment options, crisis response services, ancillary services such as housing and substance abuse treatment, population, and geography. They also may want to talk to people in other jurisdictions who have grappled with limited community resources to see what alternatives are available to increase the reach of existing services.

The analysis of the problems and assessment of available and potential resources to address them should drive the short- and long-term goals of the program. For example, if the analysis reveals that a significant barrier to improving the law enforcement response is that officers lack the training to safely de-escalate situations involving people with mental illnesses, one program goal would be to correct this deficiency. If officers cannot efficiently link people to mental health treatments, another goal may be to revise and streamline processes for connecting to these services.

Once the program's purpose is defined, the committee must address personnel assignments and related considerations. The planning committee must decide whether some or all officers should be trained to stabilize and de-escalate situations involving people with mental illnesses in immediate response to the call for service. Should all officers receive some baseline training and others receive more extensive training? Should a subset of officers be trained to respond with a mental health professional? When considering the answers to questions like these, the committee should explore the practical implications of different staffing options and present them to the chief law enforcement executive or his or her designee on the committee. The committee also must help interpret the criteria for emergency mental health evaluation and decide how officers will access that service. These decisions will help the committee determine which additional skills and information the identified group of responders should receive in training.

If committee members, including representatives from policing, conclude that a subset of officers will respond to incidents involving people with mental illnesses, they should help the law enforcement executive determine how many officers are needed to cover all shifts and geographic districts. The committee also should develop personnel selection criteria and a process for identifying officers best suited for the challenges of this new role. In particular, planners should consider officers' ability to reorient from the more traditional method of gaining control by using an authoritative approach during a field contact to a nonadversarial, crisis-intervention style. To the extent possible, the selection process should be voluntary, yet selective.

3 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 individuals in a support role receive training tailored to their needs.

Training must be provided to improve officers' responses to people with mental illnesses. Agencies may differ in the amount of training they offer: some will provide comprehensive training to all officers, some will provide this training only to a subset, and some will provide basic training to everyone in combination with more comprehensive training to a subset. At a minimum, a group of officers sufficient to cover all time shifts and geographic districts should receive extensive skills and knowledge training that builds on the more cursory information routinely given on this topic at recruit and in-service trainings.[12] The chief law enforcement executive should ensure that training is also provided to supervisory and support personnel, such as midlevel managers, field training officers, call takers, and dispatchers, who advance the specialized program's operations.

Planning and implementing a training initiative that supports the specialized program should be a collaborative effort between the law enforcement agency and stakeholders represented on the program coordination group. The coordination group should help guide training decisions, which include selecting content and techniques, ensuring the instruction is culturally competent, identifying and preparing trainers, and evaluating effectiveness. The group's multidisciplinary/multisystem composition helps make certain that the training initiative reflects an appropriate range of perspectives; members can identify mental health practitioners, consumers, and family members to provide some of the training instruction. Likewise, the group helps ensure quality by establishing a process for consistently reviewing and evaluating training and then modifying the curriculum based on the findings. The group can be particularly helpful in identifying resources to defray law enforcement agency costs.

Specialized training should, at a minimum, provide officers with an improved understanding of the following: mental illnesses and their impact on individuals, families, and communities; signs and symptoms of mental illnesses; stabilization and de-escalation techniques; disposition options; community resources; and legal issues. Trainers should provide sufficient opportunities for hands-on experiential learning, such as role play and group problem-solving exercises.

Training should address issues specific to the community in which it is being given. Mental health personnel and other stakeholders should be invited to participate in the specialized training to help improve cross-system understanding of agencies' roles and responsibilities, as well as to convey any requirements for accessing community-based services. Planners should brief any trainers outside law enforcement about effective techniques, language, and sensitivities to the law enforcement culture that will improve their connection with this audience. When possible, additional cross-training should be provided to improve the mental health professionals' understanding of law enforcement issues, such as ride-alongs and other opportunities to see policies translated into action.

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12. For more information on various types of training opportunities for law enforcement personnel, see Council of State Governments, *Criminal Justice/Mental Health Consensus Project Report* (New York, N.Y.: Council of State Governments, 2002), www.consensusproject.org.

4 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.

When 911 or other call takers receive a request for service they suspect involves a person with a mental illness, they should gather descriptive information on the person's behavior; determine whether the individual appears to pose a danger to him- or herself or others; ascertain whether the person possesses or has access to weapons; and ask the caller about the person's history of mental health or substance abuse treatment, violence, or victimization. All call takers should receive training on how to collect the most useful information quickly. To supplement this training, members of the coordinating group with mental health backgrounds should develop a concise list of questions for call takers to have on hand when answering service requests that seem to involve someone with a mental illness.

Call takers and dispatchers must have an understanding of the purpose of the specialized program and how it works—particularly what types of calls for service should be directed to particular officers or teams. Dispatchers must be provided with up-to-date information on staffing patterns during all shifts and over all geographic areas that identify law enforcement or mental health responders designated to respond to calls that appear to involve a person with a mental illness.

The coordinating group should also provide these personnel with specific guidance on how to record information in the dispatch database about calls in which mental illness may be a factor. The information should be used for assessing procedures, informing future responses, and evaluating program outcomes (see Element 10 for more on how evaluations promote sustainability). Locations of repeat calls for service involving individuals with mental illnesses can be coded to help ensure that specially trained officers will be dispatched to respond to those locations in the future. Coding can help agencies ultimately reduce call and transport time, as well as potential injuries to all involved, by dispatching experienced officers. To protect community members' privacy, the notes made on these locations must never identify specific individuals and must be reviewed periodically to ensure accuracy (see Element 7 for more on confidentiality concerns). Responding officers should also validate and update this information when they clear a call to that location. All communications personnel and responding officers should be instructed to avoid using slang and pejorative language when describing individuals thought to have a mental illness.

5 Stabilization, Observation, and Disposition

Specialized law enforcement responders de-escalate 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.

Specialized law enforcement–based response programs are designed to resolve officers' encounters with people with mental illnesses safely and, when appropriate, link these individuals to mental health supports and services that reduce the chances for future interactions with the criminal justice system. The success of these programs is contingent on officers' using tactics that safely de-escalate situations involving someone who is behaving erratically or is in crisis. The high prevalence of trauma histories in this population requires the use of trauma-informed responses. In addition to de-escalating the incident, responding officers should assess whether a crime has been committed and observe the person's behavior within the given circumstances to determine if mental illness may be a factor. Officers should draw upon expertise acquired in specialized training and from their experiences to identify signs and symptoms of mental illness. Officers must ascertain whether the person appears to present a danger to him- or herself or others. To assist in this determination, officers may gather information from knowledgeable individuals at the scene, including mental health co-responders.

Officers must make disposition decisions based on their observations, information they gather at the scene, and their knowledge of community services and legal mandates. To assist officers in their decision making, the planning committee should develop clear guidelines that are consistent with the program's goals and governing authorities. For example, such programs might promote alternatives to incarceration for eligible individuals. If a person has come to the attention of law enforcement because of behaviors that appear to result from a mental illness and no serious crime has been committed, guidelines and protocols consistent with existing law should enable officers to divert the individual to mental health supports and services. When a serious crime has been committed, the person should be arrested.

To make these decisions, officers must be familiar with available community resources—particularly any 24-hour center that can receive individuals in mental health crises. Officers also must understand their state's criteria for involuntary emergency evaluation to make appropriate decisions regarding whether to detain and transport the person to a facility where he or she can undergo an emergency mental health evaluation. Officers must take into consideration both the individual's treatment needs and civil liberties and should pursue voluntary compliance with treatment whenever possible.

In the rare case when an incident involves barricaded individuals or de-escalation fails, responding officers will require additional support. Some agencies may equip officers who most frequently encounter people with mental illnesses with less-lethal weapons, so as to minimize injuries that could occur if there is a threat to safety and some use of force becomes necessary. Agencies should provide officers with additional training on the safe and appropriate deployment of these weapons and should establish protocols to guide officers in their decisions to use them. The planning committee also should develop protocols to make certain there is effective coordination during such incidents among specialized law enforcement responders, SWAT teams, and mental health professionals. Although agencies often are under pressure to resolve these situations quickly, it may be best, when there is no imminent threat of danger, to allow time for mental health personnel with expertise in crisis negotiation and law enforcement operations to communicate with the individual.

6 Transportation and Custodial Transfer

Law enforcement responders transport and transfer custody of the person with a mental illness in a safe and sensitive manner that supports the individual's efficient access to mental health services and the officers' timely return to duty.

Law enforcement is authorized to provide transportation for people who are under arrest or who they believe meet the criteria for emergency evaluation (whether the evaluation is voluntary or involuntary). These individuals are in law enforcement custody, and rules and regulations regarding restraints in custodial situations apply.[13] Given the frequent history of traumatic experiences among people with mental illnesses, custodial restraints may create acute stress, which in turn may escalate their degree of agitation. Law enforcement executives, with input from other program planners, should review policies regarding restraints in custodial situations and balance considerations of officer and citizen safety with the impact of these controls on people with mental illnesses.

The planning committee should identify facilities that are capable of assuming custodial responsibility, are available at all times, and have personnel qualified to conduct a mental health evaluation.[14] Speedy custodial transfer is critical to the overall success of law enforcement responses. To enable officers to return quickly to their duties, staff in the receiving facility should efficiently and accurately obtain relevant law enforcement information. Protocols should ensure that medical clearance is achieved in a timely manner and that people brought by law enforcement are never turned away. If law enforcement responders determine that the person with a mental illness should be arrested and officers take the person to jail or lockup, then qualified staff should be available to screen the arrestee at intake for mental health status, medication needs, and suicide risk.

In noncustodial situations in which the person does not meet the criteria for emergency evaluation and is not under arrest—but officers determine he or she would benefit from services and support—officers should try to connect the individual with a friend or family member, peer support group, or treatment crisis center. Similarly, officers should seek to engage the services of the individual's current mental health provider or a mobile crisis team. In some jurisdictions, law enforcement may also collaborate with mental health professionals to help transport individuals to evaluation or treatment facilities.

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13. Law enforcement agencies generally define custody using a case law standard that can be described as whether or not a "reasonable person" would feel free to leave.

14. H. Steadman and colleagues have used the term "specialized crisis response site" (SCRS) to refer to such a facility. SCRSs are defined as "sites where officers can drop off individuals in psychiatric crisis and return to their regular patrol duties. These [pre-booking diversion] programs identify detainees with mental disorders and work with diversion staff, community-based providers, and the courts to produce a mental health disposition in lieu of jail." They also can link individuals to substance abuse and other treatment. See H. Steadman, K. Stainbrook, P. Griffin, J. Draine, R. Dupont, and C. Horey, "A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs," *Psychiatric Services* 52 (2001): 219–222.

7 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.

Law enforcement and mental health professionals should exchange information about people with mental illnesses who frequently come in contact with the justice system for many reasons: foremost among them, information sharing is essential to achieve desired outcomes by helping responders be more sensitive to individual needs, reduce injury, and enhance their ability to determine next steps. To facilitate an appropriate disposition decision, law enforcement officers should collaborate with mental health professionals to better understand the individual's mental health needs. Similarly, mental health providers working at receiving facilities can conduct a more effective mental health evaluation if law enforcement officers share their observations regarding the person's behavior at the scene. In addition to improving the outcomes of specific incidents, sharing information across systems will help program planners as they develop the program and its outcome measures.

The program's planning committee should carefully consider the type of information needed and existing barriers to its exchange and then develop procedures (and in some cases MOUs) to ensure that essential information is shared in an appropriate manner. These protocols should be reviewed during cross-training sessions, which will provide law enforcement and mental health professionals an opportunity to develop relationships with their counterparts and learn why they need certain information. Agency leaders also can explore the possibility of linking information systems to share certain information either on an ongoing or a one-time basis.[15]

Information should be shared in a way that protects individuals' confidentiality rights as mental health consumers and constitutional rights as potential defendants. The planning committee should determine which personnel have the authority to request and provide information about an individual's mental health and criminal history. In general, mental health records should be maintained by mental health professionals. Information exchanges should be limited strictly to what is needed to inform an appropriate incident response or disposition, and officers should focus on documenting observable behaviors only. All communications must, of course, comply with state and federal laws requiring the confidentiality of mental health records, such as the Health Insurance Portability and Accountability Act.[16] Cross-training should ensure that program staff understand relevant state and federal regulations about issues such as how medical information is released, secured, and retained.

Individuals with mental illnesses who have been in contact with a mental health agency should be offered an opportunity to provide consent in advance for mental health providers to share specified information with law enforcement authorities if an incident occurs (sometimes called an advance directive).[17] Individuals should be asked if an advance directive exists, and if so what the instructions are and who should be contacted to verify this information.

Officers can play an important role in exchanging information with family members and crime victims by providing explanations about criminal proceedings or diversion programs. They may inform the person with a mental illness and his or her family members about mental health treatment linkages and how to access other services or support groups, such as those related to substance use disorders. Law enforcement officers also can assist victims of crimes committed by people with mental illnesses by providing information about protective orders, victim support groups, and other services.

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15. The Bureau of Justice Assistance has supported groundbreaking advances that facilitate the electronic exchange of information between agencies. To learn more about efforts involving the development of national policies, practices, and technology capabilities that support effective and efficient information sharing, see www.it.ojp.gov.

16. For more information, see John Petrila, "Dispelling the Myths about Information Sharing between the Mental Health and Criminal

Justice Systems," National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness (February 2007).

17. For more information on psychiatric advance directives, see the National Resource Center on Psychiatric Advance Directives (NRC-PAD), at www.nrc-pad.org. NRC-PAD provides an overview, forms to complete psychiatric advance directives, links to state statutes, educational Web casts and discussion forums, and other resources.

8 Treatment, Supports, and Services

Specialized law enforcement–based response programs connect individuals with mental illnesses to comprehensive and effective community-based treatment, supports, and services.

Law enforcement officers often are called to respond to incidents that are the manifestation of an untreated or inadequately treated mental illness. Specialized law enforcement–based responses provide an opportunity to link these individuals to community mental health supports and services that promote long-term wellness and reduce the chance of future negative encounters with officers.

When law enforcement responders bring individuals who are not under arrest to licensed mental health professionals at a receiving facility, staff there should be qualified to conduct a mental health evaluation; assess the contributions of mental illness, substance abuse, and other medical conditions to current behavior; and manage crisis situations. With their knowledge of available community-based treatment resources, mental health professionals can then link the individual to needed supports and services.

Individuals with mental illnesses often require an array of services and supports, which can include medications, counseling, substance abuse treatment, income supports and government entitlements, housing, crisis services, peer supports, case management, and inpatient treatment. Planners of the specialized response program should anticipate the treatment needs of the individuals with whom law enforcement will come in contact and work with service providers in the community to better ensure these needs can be met and coordinated.

Because many individuals with mental illnesses who come into contact with law enforcement have co-occurring substance use disorders, follow-up services will be most effective when delivered by providers with the capacity to integrate treatment approaches. Accordingly, the planning committee should consider how the program can help connect individuals with co-occurring disorders to integrated treatment and should advocate for greater access to this and other evidence-based practices.[18] Planners should pay special attention to the service needs of racial and ethnic minorities and women by making culturally competent and gender-sensitive services available to the extent possible.

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18. For our purposes here, evidence-based practices (EBPs) refer to mental health service interventions for which consistent scientific evidence demonstrates their ability to improve consumer outcomes. R. E. Drake, H. H. Goldman, H. S. Leff, A. F. Lehman, L. Dixon, K. T. Mueser, and W. C. Torrey, "Implementing Evidence-Based Practices in Routine Mental Health Service Settings," *Psychiatric Services* 52 (2001): 179–182. Other EBPs include assertive community treatment, psychotropic medications, supported employment, family psychoeducation, and illness self-management. For more information on the application of EBPs in forensic settings, see materials produced by the National GAINS Center at www.gainscenter.samhsa.gov/html/.

9 Organizational Support

The law enforcement agency's policies, practices, and culture support the specialized response program and the personnel who further its goals.

Law enforcement leaders who recognize the value of a specialized response program to reduce repeat calls for service and produce better outcomes for people with mental illnesses must create an organizational structure to support it. Leadership cannot be limited to endorsing the program and authorizing staff training. Establishing that the response program is a high priority for the agency is essential and is best demonstrated through visible and practical changes in how the agency partners with the community and realigns internal processes.

Specifically, leaders should embrace new partners and foster a supportive culture through frequent messages about the value of this type of "real" policing work. Communications with officers at every level of the agency should stress the benefits of the response program. Officers should be encouraged to volunteer for the program's assignments when possible, rather than receive mandatory reassignment. Enlisting the support of supervisors and field training officers is critical to transforming how the program will be viewed by others in the agency. A program "champion" in a position of authority within the agency and with a demonstrated commitment to the specialized program should be identified to serve as the agency's representative on the coordination group and the program's representative within the agency.

Leaders should modify officers' performance evaluations to take into account the initiative's unique objectives. As a program designed to improve the safety of all those involved in an incident and to reduce the number of people inappropriately taken into custody, success should not be measured by the number of arrests. As with other successful law enforcement problem-solving efforts, personnel performance should be evaluated and rewarded based on officers' success collaborating with and making referrals to community partners, addressing the underlying causes of calls for service, and taking measures that reduce the need for force.[19] The law enforcement agency and planning committee should acknowledge these professionals' hard work through commendation ceremonies and other forms of recognition.

Agency leaders may need to adjust officers' schedules, obtain grants, or devote funds to specialized program training, create new positions dedicated to coordinating program activities and recruiting and screening responding officers, and revise deployment strategies to maximize the availability of trained law enforcement responders across shifts and geographic areas. Agencies may find it beneficial to develop a standard operating procedure to enumerate specific processes and roles and responsibilities within the program. In some jurisdictions, these issues will require close cooperation with labor unions.

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19. For more information on innovative personnel performance measures for community policing initiatives, see Mary Ann Wycoff and Timothy N. Oettmeier, *Evaluating Patrol Officer Performance under Community Policing: The Houston Experience,* U.S. Department of Justice (Washington, D.C.: National Institute of Justice, 1993).

10 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.

The planning committee should take steps early in the design process to ensure the program's long-term sustainability. Accordingly, the committee should identify performance measures based on program goals; these measures should consider quantitative data on key aspects of program operation, as well as qualitative data on officers' and community members' perceptions of the program. It may be helpful to aggregate baseline data before program implementation for later comparisons with new program information. To the extent possible, existing law enforcement and mental health agency data collection mechanisms should be adapted to accommodate the program's specific needs; planners may consider engaging a university partner to guide these data collection efforts. The planning committee should work with law enforcement and mental health agencies to ensure that the data are collected accurately and appropriately.

The data law enforcement personnel collect should focus on questions most critical to the program's success in achieving its goals, including the number of injuries and deaths to officers and civilians; officer response times; the number of incidents to which specially trained officers responded; the number of repeat calls for service; officers' disposition decisions, such as linking a person with services; and time required and method used for custodial transfer. Data should be used to refine program operations as needed, as well as review individual case outcomes and determine if follow-up by a mental health professional is warranted.

Program leaders should gauge the attitudes of community leaders, the media, key public officials, and other policymakers toward the program. It may be helpful to engage elected officials early in the process and keep them involved—from the initial kickoff through refunding and long-term implementation—to promote sustainability and desired legislation. The committee also should survey officers—both specialized responders and others—so that law enforcement leaders can better assess the program's usefulness to the entire department and address any concerns. Based on this information, the planning committee should determine the most effective way to promote the program's positive impact on the community, individuals, and agencies and respond to program shortcomings or high-profile tragic events.

While in-kind contributions from partners can go a long way toward offsetting certain program costs, planners should identify and cultivate long-term funding sources to cover costs that would otherwise fall to the law enforcement agency to absorb. Requests for funding should be based on clearly articulated program goals and, to the extent possible, should incorporate data demonstrating program outcomes.

Departments also should focus on sustaining internal support for the program, such as offering refresher training to help officers refine their skills and expand their knowledge base. To promote longer-term commitments from specialized officers, departments also should provide incentives and other organizational support for serving in the program.

Conclusion

Many law enforcement agencies around the nation struggle to respond effectively to people with mental illnesses. Officers encounter these individuals when citizens call them to "do something" about the man exhibiting unusual behavior in front of their business, the woman sleeping on a park bench, or someone who is clearly in need of mental health services—whether or not a crime has been committed. Law enforcement professionals in many jurisdictions have lacked community-based support, guidance, and a clear framework for crafting a program to improve their response to people with mental illnesses.

But innovative solutions are at hand. Increasingly, law enforcement agencies of all sizes are implementing creative approaches despite scarce resources. The range of approaches in communities across the country reflects the realization that strategies must be tailored to each jurisdiction's unique needs. These agencies are engaged in problem solving with a range of partners from diverse disciplines and have access to a growing pool of programs and knowledge about promising practices. This publication outlines the essential elements of successful specialized law enforcement–based efforts that reflect this expanded knowledge base and experience to better guide practitioners initiating or enhancing their own programs.

The tone of the elements may suggest that these changes are easy to make. They are not. There are many challenges to these efforts, including politics, turf battles, competition for limited funding, lack of legal foundations for officers' actions, and scarce law enforcement and community mental health resources. Leaders in jurisdictions that have implemented a specialized response acknowledge that it takes commitment to overcome these obstacles, but agree that the costs—in dollars and human lives— are too high to sanction continuing with only more traditional law enforcement responses to people with mental illnesses. Their efforts have resulted in increased public safety and improved public health.

Council of State Governments
Justice Center

100 Wall Street
20th Floor
New York, NY 10005
tel: 212-482-2320
fax: 212-482-2344

4630 Montgomery Avenue
Suite 650
Bethesda, MD 20814
tel: 301-760-2401
fax: 240-497-0568

504 W. 12th Street
Austin, TX 78701
tel: 512-482-8298
fax: 512-474-5011

www.justicecenter.csg.org