



# Improving Responses to People with Mental Illnesses

Tailoring Law Enforcement  
Initiatives to Individual Jurisdictions



**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice

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# Improving Responses to People with Mental Illnesses

## *Tailoring Law Enforcement Initiatives to Individual Jurisdictions*

A report prepared by the  
Council of State Governments Justice Center  
and the Police Executive Research Forum

for the

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

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# Acknowledgments

**This report could not have been written without** the leadership and support of the Bureau of Justice Assistance (BJA), Office of Justice Programs, U.S. Department of Justice, particularly from Ruby Qazilbash, Senior Policy Advisor for Substance Abuse and Mental Health, and Rebecca Rose, Policy Advisor for Substance Abuse and Mental Health. They expertly guided this document from start to finish.

The law enforcement and mental health professionals involved in each of the site visits provided the substance and “lessons learned” that make this report of true value to the field. Their commitment to improving the law enforcement response to people with mental illnesses is tremendous, and their willingness to share their experiences has resulted in a practical and user-friendly publication. Thanks are due to all those who met with the Council of State Governments (CSG) Justice Center project staff on site, and provided feedback on the document during various stages of its development. Special thanks go to the representative from each jurisdiction who helped coordinate each visit and scheduled the interviews with local stakeholders:\*

- Victoria Cochran, Virginia State Coordinator for Criminal Justice and Mental Health Initiatives
- Deputy Chief Dottie Davis, Director of Training, Fort Wayne (Ind.) Police Department
- Captain Richard Wall, Los Angeles (Calif.) Police Department
- Sergeant Michael Yohe, CIT Coordinator, Akron (Ohio) Police Department

(A complete list of contributors, by jurisdiction, can be found in appendix A.)

There are also many agency representatives who participated in informative—and sometimes lengthy—phone interviews, providing project staff with details about how they tailored their law enforcement response program to often complex circumstances and demands. These initial interviews, involving key personnel from the following departments, provided a wealth of information, and assisted in the planning and conceptualization of the project.

- Baltimore County (Md.) Police Department
- Birmingham (Ala.) Police Department
- City of Lorain (Ohio) Police Department
- Fort Lauderdale (Fla.) Police Department
- Houston (Tex.) Police Department
- Jackson County (Mo.) Sheriff’s Office
- Jacksonville (Fla.) Sheriff’s Office
- Kansas City (Mo.) Police Department

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\*Representatives’ titles and agency affiliations reflect the positions they held at the time this document was published, which may differ from titles listed in appendix A.

- Lees Summit (Mo.) Police Department
- Lincoln (Nebr.) Police Department
- Long Beach (Calif.) Police Department
- Montgomery County (Md.) Police Department
- New London (Conn.) Police Department
- Portland (Ore.) Police Bureau
- Portland (Maine) Police Department
- San Diego (Calif.) City Police and County Sheriff's Department

The authors thank Justice Center Communications Director Martha Plotkin, Director Mike Thompson, and Health Systems and Services Policy Director Fred Osher for their insights in helping shape the scope and direction of this publication. Communications Deputy Director Regina L. Davis also contributed her well-honed editing skills. In addition, the authors appreciate the ongoing support that the Police Executive Research Forum's Executive Director, Chuck Wexler, has lent this project and so many that affect the most vulnerable individuals who come into contact with law enforcement.

# Introduction

A growing number of law enforcement agencies have partnered with mental health agencies and community groups to design and implement innovative programs to improve encounters involving people with mental illnesses. These “specialized policing responses” (SPRs) are designed to produce better outcomes from these encounters by training responders to use crisis de-escalation strategies and prioritize treatment over incarceration when appropriate.<sup>1</sup>

Effective SPRs share many common features, but programs also differ in some important ways. These programmatic variations generally stem from a community’s unique needs, opportunities, and limitations. For example, officers in rural areas may have difficulty connecting people to a full range of mental health services, whereas officers in large urban areas may spend hours out of service trying to transport people to mental health facilities through traffic-congested areas. Some jurisdictions may spend tremendous resources responding repeatedly to a small number of locations or individuals. Other communities may face significant concerns about responding appropriately to particular groups of individuals, such as people with mental illnesses who are homeless.

## SPOTLIGHT

### Different Jurisdictions, Different Program Models

Two of the most common law enforcement-based specialized response programs are the Crisis Intervention Team (CIT) model and the co-responder model. Each program model was developed based on a jurisdiction’s unique circumstances, reflecting the need for a flexible decision-making process.

**Memphis (Tenn.)** police leaders, mental health professionals and advocates, city hall officials, and other key stakeholders were spurred to action following a tragic incident in which an officer killed a person with a mental illness. In response, the Memphis Police Department established the first law enforcement-based CIT in 1988, which was designed to improve safety during these encounters by enhancing officers’ ability to de-escalate the situation and providing community-based treatment alternatives to incarceration.

**Los Angeles and San Diego (Calif.)** initiative leaders recognized that officers encountered many people with mental illnesses who were not engaged with treatments and services. To address this problem, law enforcement agencies collaborated with the mental health community to form teams in which officers and treatment professionals respond together at the scene to connect these individuals with community-based services more effectively.

1. There has been a trend toward categorizing any response in which law enforcement plays a central role in addressing people with mental illnesses as a “crisis intervention team (CIT)” approach. To avoid confusion, this publication refers to all law enforcement-based responses as “specialized policing responses” or SPRs (pronounced *spurs*). The term encompasses both “CIT” and “co-responder” approaches. Those terms can then be preserved to describe accurately the scope and nature of those models.

Law enforcement agencies have identified a variety of ways to respond that recognize the unique opportunities and limitations presented by each of their jurisdictions. Some agencies have replicated existing models from other jurisdictions—such as the Memphis CIT Model—to improve their responses to people with mental illnesses. Other agencies have determined that specific community characteristics and law enforcement resources (for example, the lack of a single mental health facility or the tremendous size of a policing agency) require adaptations and additions to existing models—such as implementing a mental health outreach team in addition to an existing CIT program.

To determine the best possible response model that will meet local needs, each jurisdiction should work through a program design process. This is not to say that they should reinvent the wheel, but rather they should not skip the critical program planning and development steps that ensure a program will reflect their unique community characteristics. Program design decisions should be made in the context of a collaborative planning process that includes a wide variety of stakeholders—a practice that most communities committed to specialized responses undertake.<sup>2</sup> Beyond a commitment to collaboration, however, little is known about the steps law enforcement professionals and community members take to tailor other jurisdictions' models to their own distinct problems and circumstances. This publication addresses that gap and provides guidance for jurisdictions that want to improve their law enforcement interactions with people who have mental illnesses.

## About this Report

This report is the result of a project supported by the Bureau of Justice Assistance (BJA), U.S. Department of Justice. It explores the program design process, including detailed examples from several communities from across the country.<sup>3</sup> It is meant to assist initiative leaders and agents of change who want to select or adapt program features from models that will be most effective in their communities. To ensure that this material has practical value, staff members from the Council of State Governments (CSG) Justice Center and the Police Executive Research Forum (PERF) visited four jurisdictions with extensive experience with SPRs to examine their decision-making and program development processes (selected based on a range of characteristics such as diverse objectives, jurisdiction size, and program model type).<sup>4</sup> During each visit, project staff interviewed relevant stakeholders and observed

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2. 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.

3. The examples included in this guide reflect various types of efforts that involve partnerships, programs, or practices for other communities to consider as they develop responses to people with mental illnesses. By highlighting this sampling of approaches, however, the authors are not necessarily promoting them as "best practices."

4. For information on when the site visits were conducted and the personnel interviewed, see appendix A. This document also includes program examples from several other jurisdictions interviewed but not visited for this project, as well as several communities that have received grants through BJA's Justice and Mental Health Collaboration Program (JMHC). See [www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html](http://www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html) for more information about JMHC.



initiative activities.<sup>5</sup> The four jurisdictions selected were Akron, Ohio; Fort Wayne, Ind.; Los Angeles, Calif.; and New River Valley, Va.

This report is divided into two sections: 1) *Step by Step: The Program Design Process*, and 2) *From the Field: Program Design in Action*. The first section articulates the seven steps involved in shaping a program that best address a jurisdiction's distinct resources and needs, and within each step provides questions to help guide the planning process. This section is

## SPOTLIGHT

### About the Four Sites

**Akron (Ohio)** provides an example of a program that has remained true to the Memphis model of a Crisis Intervention Team (CIT), transplanting it to a new jurisdiction. This agency has collected a substantial amount of data, which has shown this program to be an effective solution to its jurisdictional needs. Agency representatives identified the need to augment CIT with follow-up program activities to address a broader range of problems in their jurisdiction.

**Fort Wayne (Ind.)** operates a traditional CIT program with a focus on schools and juveniles. School Resource Officers (SROs) are trained to recognize and respond to a range of self-destructive behaviors (such as self-mutilation), and CIT officers coordinate with school administrators to identify youth who would be best served by mental health services rather than the juvenile justice system. Data collection processes are advanced and thorough, which allows program policymakers to evaluate the initiative's progress.

**Los Angeles (Calif.)** has implemented a wide variety of adaptations to address the unique needs of its jurisdiction, focusing on a co-responder model, while incorporating elements of the CIT model into patrol operations, as well as creating a new program focusing on a priority population. Their experience illustrates the difficulties some large jurisdictions have had in implementing the CIT model citywide. Due to its sheer size, both in area and in population, the CIT approach alone did not effectively address the community's problems. In response, the department believes it developed a more robust and multifaceted strategy.

**New River Valley (Va.)** represents a rural, multi-jurisdictional CIT program that includes fourteen different law enforcement agencies contained in four counties and one city.<sup>6</sup> The challenges facing these non-urban communities and the state law requiring that law enforcement take custody of a person meeting the criteria for an emergency mental health assessment have led to the need for several adaptations to the CIT model.

For more information on how these sites were selected, see appendix B.

5. Some practitioners are concerned that law enforcement not just conduct "programs" that are a discrete set of activities, instead stressing that agencies should develop broader "initiatives" in which an agency engages in a comprehensive effort that includes meaningful partnerships with the community and other agencies. Because practitioners in the field used these terms interchangeably in interviews, this report also uses both to refer to efforts to improve responses to people with mental illnesses and instead qualifies or describes the level of agency engagement and commitment from a community.

6. The fourteen law enforcement agencies that comprise the New River Valley (NRV) CIT are the Blacksburg Police Department, Christiansburg Police Department, Dublin Police Department, Floyd County Sheriff's Office, Giles County Sheriff's Office, Montgomery County Sheriff's Office, Narrows Police Department, Pearisburg Police Department, Pulaski Police Department, Pulaski County Sheriff's Office, Radford City Police Department, Radford City Sheriff's Office, Radford University Police Department, and Virginia Tech Police Department.

most useful for policymakers and practitioners interested in learning how to design or revise a program—whether it is a CIT, a co-responder model, or some combination or variation of these models—that takes into full account the specific factors that drive their jurisdiction’s problems associated with law enforcement interactions with people who have mental illnesses.

The second section provides two overview charts—one about problems that affect program design and the other about jurisdiction characteristics that can affect initiative plans. It also provides specific examples that illustrate how program design processes are translated into activities in the field, drawing on information provided during interviews and site visits. It describes how program elements are tailored to a jurisdiction’s problems and specific characteristics when implemented.

The information collected from the four sites reveals a blurring of the two main models. In some cases, it is not possible to use the terms “CIT” or “co-responder” to describe the entirety of a jurisdiction’s responses; communities are now implementing a combination of both approaches. This section will help individuals interested in learning more about how other agencies throughout the country have navigated the program design process to develop these evolving initiatives.

As discussed more fully below, this report delves into some of the other ten “essential elements” of a successful SPR to people with mental illnesses that are identified and outlined in a previous publication.<sup>7</sup> Whenever applicable, references to these elements are highlighted in the text. The material that follows also includes sidebar articles on related topics that often include references to additional sources of information.

## Related Resources

This publication is just one in a series that addresses how law enforcement responds to people with mental illnesses. The Justice Center, in partnership with PERF and with support from BJA, has developed a collection of resources for law enforcement practitioners and their community partners.<sup>8</sup> The centerpiece of the *Improving Responses to People with Mental Illnesses* suite of materials is the publication, *The Essential Elements of a Law Enforcement-Based Program*.<sup>9</sup> The other documents build on this essential elements publication. For example, one of the ten essential elements describes the need for specialized officer training that is tailored to the law enforcement audience. It is a very concise description of why training is needed and highlights some key challenges to overcome. Another publication, *Strategies for Effective Law Enforcement Training*, explores these training issues in greater depth and

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7. Readers are encouraged to review *Improving Responses to People with Mental Illnesses: The Essential Elements of a Specialized Law Enforcement-Based Program* to better understand how program design and decision making fit within a broader context. To download a copy, visit [www.consensusproject.org/issue\\_areas/law-enforcement](http://www.consensusproject.org/issue_areas/law-enforcement).

8. The project and publication were completed as part of BJA’s Law Enforcement/Mental Health Partnership Program. The resources developed as part of this suite of materials are available for free download at the law enforcement issues page on the Justice Center’s Consensus Project website ([www.consensusproject.org](http://www.consensusproject.org)).

9. The ten essential elements presented in this document are Collaborative Planning and Implementation; Program Design; Specialized Training; Call-Taker and Dispatcher Protocols; Stabilization, Observation, and Disposition; Transportation and Custodial Transfer; Information Exchange and Confidentiality; Treatment, Supports, and Services; Organizational Support; and Program Evaluation and Sustainability.

raises additional matters that must be considered in training law enforcement officers. This document's focus on tailoring specialized responses provides a similar level of discussion and guidance for readers who want to drill down to the details and implementation options for the essential element that encourages thoughtful, collaborative program design. These written materials are complemented by web-based information on statewide efforts to coordinate law enforcement responses and by an online Local Programs Database.<sup>10</sup>

Essential  
Element  
2

**Program Design<sup>11</sup>**

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.

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**10.** The Local Programs Database, formerly referred to as the Criminal Justice/Mental Health Information Network (InfoNet), was made possible through the leadership, support, and collaboration of key federal agencies and private foundations, including the Bureau of Justice Assistance (BJA) and the National Institute of Corrections (NIC). The database was created to foster peer-to-peer learning among agencies across the country. The database is interactive and entries include contact information to facilitate information sharing, as well as easily searchable fields on key topics. The database is available through the Consensus Project website at [www.consensusproject.org](http://www.consensusproject.org) and can be searched for information on other programs or accessed to create a new program profile.

**11.** This and other elements reflect a consensus of experts, including a broad range of policymakers, practitioners, advocates, and researchers, whose recommendations are captured in the *Essential Elements* report.

# Section I

## Step by Step: The Program Design Process

Designing a program specific to a community's unique needs is a complex process. Identifying and implementing a collaborative partnership is the first hurdle, but once stakeholders are involved and committed to the issue, the question remains, "What next?"

It is critical that a planning committee (and its program coordination group) develop a strong level of collaboration among stakeholders, yet the process can be fraught with significant challenges. Personnel from the four featured sites shared how they have successfully engaged people who are vested in the outcomes of law enforcement interactions involving people with mental illnesses and established lasting frameworks to maintain their programs' integrity. The keys to their success include the following:

- **Gain the support of law enforcement leaders through the involvement of other law enforcement leaders.** In deciding whether to participate in the New River Valley CIT program, the Chief of the Pearisburg (Va.) Police Department was influenced by both the chief law enforcement executive in Radford (Va.) and Major Sam Cochran, the former CIT Coordinator for the Memphis (Tenn.) Police Department, who were each able to explain—from one law enforcement official to another—the importance and benefits of specialized responses to people with mental illnesses.

### Essential Element 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.

#### **Keys to Collaboration**

The **planning committee** is composed of leaders from each of the stakeholder agencies who have operational decision-making authority and community representatives. This executive-level committee should examine the nature of the problem and help determine the program's objectives and design.

The **program coordination group** is made up of staff members from stakeholder agencies. This group should oversee officer training, measure the program's progress toward achieving stated goals, and resolve ongoing challenges to program effectiveness.

In some jurisdictions, the two bodies may be the same—particularly those with small agencies, in rural areas, or with limited resources.

- **Develop a subcommittee structure within the larger planning committee or program coordination group to support targeted issue areas and make collaboration more efficient.** In addition to their participation in a multidisciplinary coalition in the New River Valley CIT program, initiative planners developed a “Law Enforcement and Mental Health Services Coalition,” which meets quarterly to discuss mental health issues related specifically to law enforcement. In Fort Wayne (Ind.), a subcommittee composed of individuals from law enforcement, mental health, and advocacy meets separately to focus on training development and then to prepare and host training sessions several times each year. The training committee in Akron (Ohio), which meets twice yearly, manages the iterative process of refreshing the curriculum to ensure it reflects the most current policies and procedures.
- **Designate staff members to focus on accountability and to maintain connections among stakeholders in the collaboration.** The planning committee can designate staff members in the program coordination group to manage the logistics of partnerships. Identified personnel can ensure that there is an emphasis on collaboration from the start of the program.
- **Exchange meaningful information to measure outcomes and foster necessary program changes.** Stakeholders will be more likely to maintain their involvement if they find the meetings provide meaningful information and accomplish specific tasks. In Los Angeles, the police department shares information with its mental health advisory board about their use-of-force trends and reports, for example.

## What Next, After Collaboration?

This section outlines seven key steps involved in the collaborative program design process. Each step includes a series of questions designed to help planning and coordination groups structure their discussions and advance their thinking about related issues.<sup>12</sup>

**Step 1:** Understand the problem

**Step 2:** Articulate program goals and objectives

**Step 3:** Identify data-collection procedures needed to revise and evaluate the program

**Step 4:** Detail jurisdictional characteristics and their influence on program responses

**Step 5:** Establish response protocols

**Step 6:** Determine training requirements

**Step 7:** Prepare for program evaluation

In each of the four jurisdictions—Akron, Fort Wayne, Los Angeles, and New River Valley—initiative leaders found that the challenges their community faced were inter-related, multilayered, and required similarly complex and nuanced responses. In addition, those

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12. For a worksheet that provides the questions that guide the design process without the narrative explanation, see appendix C.

who had created programmatic responses found that it was an iterative process, rather than a simple linear approach. Accordingly, the steps recommended in this guide are designed to be revisited as needed to fine-tune efforts and remain responsive to conditions and resources in a jurisdiction. Program design does not end when the seven steps are complete, but rather requires an *ongoing* effort to evaluate and adjust program responses as the community's landscape changes.

## STEP 1:

### Understand the problem<sup>13</sup>

Program development is often initiated in reaction to a terrible tragedy in the community, impending litigation, or another event. Partners involved in the collaboration should start the program design process by researching and then moving beyond the initial impetus to develop a common and comprehensive understanding of the legal, clinical, and community circumstances that make it so challenging to effectively respond to people with mental illnesses encountered by law enforcement officers.

It is important to stress from the outset that research does not support the stereotype that people with mental illnesses are more violent than individuals in the general population.<sup>14</sup> Accordingly, police use of force is usually not needed. Yet even though the occurrence is infrequent for there to be law enforcement shootings involving people with mental illnesses, the impact of such events on the officer, the individual's family, and the community—and even on other communities not directly involved—is profound and

*We ask ourselves, and other agencies ask, too, would these terrible incidents have happened [where someone is shot and killed] had this program been in place at that time? We paid a terrible price. Why would an agency choose to do otherwise? How could they see what has happened here and in LA County and knowingly choose not to do this program? It makes no sense to me."*

—ASSISTANT CHIEF

**EARL PAYSINGER**

Director, Office of Operations,  
Los Angeles (Calif.) Police Department

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13. Gary Cordner's report "People with Mental Illness" also emphasizes the need for decision-makers to understand the problem in their local community to design an effective response strategy. He provides detailed questions that planners should ask to better understand the impact of incidents, stakeholders, victims, offenders, and locations/times. Gary Cordner, "People with Mental Illness," *Problem-Oriented Guides for Police Problem-Specific Guides Series*, Number 40, U.S. Department of Justice (Washington, DC: Office of Community Oriented Policing Services, 2006), [www.popcenter.org/problems/mental\\_illness](http://www.popcenter.org/problems/mental_illness).

14. For a scholarly review, see A. Harris and A.J. Lurigio, "Mental illness and violence: A brief review of research and assessment strategies," *Aggressive and Violent Behavior* 12(5) 2007: 542–51. Several large-scale research projects found a weak statistical association between mental illness and violence (M.C. Angermeyer, B. Cooper, and B.G. Link. "Mental disorder and violence: Results of epidemiological studies in the era of deinstitutionalization," *Social Psychiatry and Psychiatric Epidemiology* 33(13) 1998: S1–S6). The association becomes stronger, however, when a person with a mental illness has a co-occurring substance use disorder and/or is not taking his or her medication (H.J. Steadman, E.P. Mulvey, J. Monahan, P.C. Robbins, P.S. Appelbaum, T. Grisso, L.H. Roth, and E. Silver, "Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods," *Archives of General Psychiatry* 55 1998: 393–401; M.S. Swartz, J.W. Swanson, V.A. Hiday, R. Borum, H.R. Wagner, and B.J. Burns. "Violence and severe mental illness: The effects of substance abuse and nonadherence to medication," *American Journal of Psychiatry* 155 1998: 226–31).

far-reaching. The following questions can prompt planners to investigate the scope and nature of the challenges officers face in incidents involving people with mental illnesses and design appropriate responses.

**Question 1:** *What forces are driving current efforts to improve the law enforcement response to people with mental illnesses?*

Stakeholders should contribute their individual perspectives to answer this question. Law enforcement line staff may voice concern about the many challenges they face during encounters involving people with mental illnesses—many agree that these calls are often time-consuming and frustrating. Patrol officers may spend long periods of time attempting to link a person in crisis to an appropriate mental health resource, and also may find themselves responding repeatedly to the same individuals without seeing any improvement in the outcomes. From another perspective, consumers of mental health services and their families might identify the need for change because of the limited treatment and response options for people with mental illnesses at risk of criminal justice involvement. They may not have any other options when a loved one is in crisis, but are disappointed by the results of law enforcement engagement. Both stakeholder groups would likely agree that the person's mental health and related calls for service are not improved through the more *traditional* interactions with police. It is important both to recognize the legitimacy of each argument and the need to reach consensus around the issues influencing the reasons for change. (Section II of this report provides more detail about the specific problems and the contributing factors that various jurisdictions have encountered.)

**Question 2:** *What data can planning committee members examine to understand the factors influencing law enforcement responses to people with mental illnesses?*

Effective program design hinges on accurately identifying the causes of the problems communities face. For example, if a community is responding to a tragic incident, stakeholders must explore the circumstances that led up to and occurred during the incident. They will also want to look for more systemic issues that go beyond those involved in the particular incident. This exploration may include interviews with the involved parties and a review of law enforcement and mental health system protocols and procedures (including response practices and training), as well as an assessment of resource gaps that may be hindering better responses to people with mental illnesses.

Among the law enforcement data that should be considered when defining the scope and nature of the problem are the number and types of calls related to people with mental illnesses, duration of the responses, and related use-of-force information. It may be important to note whether officers are responding repeatedly to the same individuals and locations to determine if interventions are needed to produce better results. One option is to examine computer-aided dispatch (CAD) data. If possible, efforts should be made to understand outcomes of calls for service through forms used to track the disposition of calls.

Valuable information should also be gleaned about the mental health system response. For example, planners can review the number and type of admissions at the receiving psychiatric facilities, and gather feedback on this process from officers, mental health professionals, family members, and consumers that has been collected through focus groups, surveys, or interviews.<sup>15</sup> Data should be collected on how long officers spend at the mental health facility and problems experienced in transferring custody as well. It is also important to catalog the types of services provided by community mental health centers and other providers, their availability, and their capacity to address the individuals' needs. Together, this information can then inform needed changes in responses.

(Problems that are related to *community and agency characteristics*, such as lack of mental health resources uncovered by cataloging the number and kind of available providers and their admission criteria, are addressed in Step 4: Question 2.)

### **Question 3: What are the data limitations, and how can they be overcome?**

Stakeholders should identify the limitations of various data sources, such as the scant reporting on perceived mental illness in CAD databases or the failure of mental health intake records to account for the involvement of law enforcement. Law enforcement and community stakeholders should explore why officers may not be reporting encounters they resolve at the scene, what system limitations there are that make it difficult to capture relevant information when clearing a call or ending a field interaction, and other problems with gathering information on these interactions. Efforts should be made to resolve these issues and gain a better understanding of whether repeat calls for service, or particularly difficult incidents, center on a particular subgroup of individuals, such as people in a particular beat, men with substance abuse problems, or women who are homeless.

A critical component of the program design process is to ensure that goals, objectives, policy and practice reforms, and measures of success are all data-driven and tailored to a particular jurisdiction's distinctive needs. Because of problems with underreporting and other collection barriers mentioned previously, data should be interpreted with these limitations in mind. They are, however, still useful sources of information that provide a starting point for program design. To enhance the reliability of the information, stakeholders should consult multiple sources of data.

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15. "Receiving psychiatric facilities" include all medical facilities that will receive, assess, and treat someone in a mental health crisis, including hospital emergency rooms, psychiatric hospitals, and crisis drop-off centers. Most medical information is protected under federal and state privacy laws. If stakeholders wish to examine protected health information during this process, they should take into account laws governing this information exchange. For an overview of the federal laws, see John Pettila, "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). Pettila also participated in a webinar, "HIPAA: Myths, Facts, and Cross-systems Collaboration" (March 23, 2009). The associated presentation is available at [www.consensusproject.org/features/hipaappt](http://www.consensusproject.org/features/hipaappt).



## STEP 2:

### Articulate program goals and objectives

Once the collaborative planning group has a firm grasp on the challenges facing the community, they should establish the program's goals and objectives. Program goals capture the "big picture" of the good that the effort is meant to achieve, whereas objectives outline program activities that, if achieved, would meet those goals. A shared statement of the program goals will advance the discussion around program design. The objectives will not only detail the mechanisms for achieving a program goal, but will also provide a framework for developing evaluation measures. Program planners should articulate realistic goals and objectives, and avoid terminology that suggests problems will be "eliminated" or that all individuals will benefit from improved responses. It is advisable to establish both short- and long-term goals and objectives to help ensure early successes and sustainability.

#### *Question 1: What are the program's overarching goals?*

The program's goals reflect the desired outcome of the initiative on the primary problems identified by the planning group and other stakeholders in the community. For example, if the community is responding to a tragic incident involving law enforcement and a person with mental illness, the program goals might include improving officer and community safety. The goals should be well-articulated in writing and shared among all partners and the community, and should be reviewed periodically.

Other goals might include reducing arrests for minor offenses, lowering the number of repeat calls for service involving people with mental illnesses, decreasing the use of force by law enforcement, incurring fewer injuries among all involved at the scene, increasing the numbers of people diverted to mental health treatment when warranted, or cutting law enforcement agency costs.

#### *Question 2: What are the program's objectives?*

Objectives capture the specific program activities needed to achieve the stated goals. For example, if stakeholders identify improved safety as the program goal, providing effective agency training on de-escalation will be a key program objective. Objectives should be as specific as possible. In this example, the objective could be to train a certain proportion of the primary and secondary responders or a particular subset of individuals.<sup>16</sup> If the goal is to address strains on law enforcement resources, one objective might be reducing the amount of time officers spend attempting to link people with mental illnesses to mental health services to a target number (for example, 15–30 minutes).

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<sup>16</sup>. Examples that include specific numbers or percentages included in this section are not intended as recommendations, but are included only to highlight the value of setting specific goals within the agency to monitor improvement and to evaluate the extent to which the program is implemented.

### STEP 3:

## Identify data-collection procedures needed to revise and evaluate the program<sup>17</sup>

Once program goals and objectives are set, law enforcement and their partners can use them to identify what information they should collect and how they should collect it.<sup>18</sup> Data collection practices should take into account both process and outcome measures. Evaluating a program's *process* will allow coordinators to assess whether the proposed activities are being carried out (how many individuals were trained, how many calls were answered by an officer with training, and more) so planners can revise day-to-day program functioning and the reach of the initiative. It is also critical that the evaluation determine whether the activities are having the intended *outcome* (that is, the impact that planners hoped to achieve for people with mental illnesses, officers, and the community)—information needed not only to assess true advances, but also to secure funding and ensure program sustainability over time.

**Question 1:** *What data will be collected to measure whether goals and objectives have been achieved?*

Once goals and objectives have been articulated clearly, determining what information is required to measure them will be generally straightforward. For example, if a goal is to increase safety, an agency would want to collect data on injuries or deaths, use of force, and citizen complaints to see if that has been attained. If a related objective is to train all recruits, the agency or its partners will need to track the number of recruits who complete the curriculum or successfully pass a test. Most initiatives will want to address many of the issues raised previously that relate to using scarce law enforcement resources to better identify and safely serve people with mental illnesses—particularly those who should appropriately be diverted to the mental health system. Accordingly, the collaborative planning group and other stakeholders will want to collect data such as the frequency of calls for service involving people with mental illnesses, including how many are to the same individuals or locations; the types and frequency of disposition decisions; the percentage of calls that specially trained personnel handle and the portion that involve routine responses, and the duration of those responses; and any injuries or fatalities suffered during law enforcement encounters involving people with mental illnesses.

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17. Cordner's "People with Mental Illness" provides additional information on measures that could be used to evaluate the effectiveness of the SPR. Cordner, "People with Mental Illness." For a detailed guide to program evaluation, consult such resources as Richard A. Berk and Peter H. Rossi, *Thinking about Program Evaluation 2* (Thousand Oaks, CA: Sage Publications, 1999); Robert H. Langworthy, ed. *Measuring What Matters: Proceedings from the Policing Research Institute Meetings*, (Washington, DC: U.S. Department of Justice, National Institute of Justice, 1999); Kristin Ward, Susan Chibnall, and Robyn Harris. *Measuring Excellence: Planning and Managing Evaluations of Law Enforcement Initiatives* (Washington, DC: U.S. Department of Justice Office of Community Oriented Policing Services, 2007).

18. Law enforcement agencies may want to partner with a local college or university to assist with identifying what data to collect. Academic partners should be included from the beginning of the planning stages to provide guidance during this step.

## Question 2: What data collection strategies will be used?

Many existing data sources—such as CAD data, Emergency Medical Services (EMS) logs, and Emergency Room records—can provide useful information. These data systems typically were designed, however, to capture information for purposes other than law enforcement/mental health program improvement or evaluation. As a result, specialized law enforcement-based programs almost always require collecting new information, and often from different sources or in novel ways.

Collecting the necessary information has proven difficult for many agencies. Each of the four agencies featured in this report had varying levels of success capturing data consistently from both law enforcement officers and mental health providers. The two major limitations are 1) inconsistency in call identification and 2) paperwork noncompliance. Most agencies do not have a reliable method to label calls for service involving people with mental illnesses at the time of dispatch, nor an ability to update the codes in the CAD system retroactively to reflect new information relating to mental health status.<sup>19</sup> In terms of noncompliance with record-keeping or reporting practices, law enforcement officers have an enormous amount of paperwork to complete for all incidents, particularly those involving serious crimes or arrests, and may feel that the time needed to complete an additional form is in conflict with their other policing duties. Both of these factors can result in missing or incomplete data in law enforcement systems. Mental health providers may also experience problems with trying to maintain updated, accurate information in their systems given their often overwhelming caseloads. Departments must be creative and persistent in overcoming these challenges.

*Every time there is a CIT encounter, there is a stat sheet completed. This is a police department document, which can be shared internally and also with mental health partners. These sheets are used to identify problems so we can address them."*

—DR. MARK MUNETZ

Chief Clinical Officer, Summit County (Ohio) Alcohol, Drug Addiction and Mental Health Services Board

### **PROGRAM EXAMPLE: Addressing barriers to data collection, Philadelphia (Pa.)**

In 2006, Philadelphia received a Justice and Mental Health Collaboration Program (JMHP) grant from the Bureau of Justice Assistance. Initiative leaders decided to use this funding to plan and implement a CIT program in the Philadelphia Police Department—pilot-testing the program in a single division and addressing any challenges before expanding it department-wide.

According to coalition members, one of the main difficulties the planners faced was obtaining information directly from the CIT officers about their encounters with people with mental illnesses. In response, they decided to change their data-reporting system from a paper-based system to a call-in system. At this writing, officers call the CIT coordinator to complete the necessary form by phone, and then the coordinator collects and files the reports.

For more information about Philadelphia's program, see the program entry in the Local Programs Database available at [www.consensusproject.org](http://www.consensusproject.org).

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19. The majority of police action related to people with mental illnesses in the four sites studied was based on responding to calls for service rather than incidents observed during the course of routine patrol.

#### STEP 4:

### Detail jurisdictional characteristics and their influence on program responses

For this discussion, “jurisdictional characteristics” refers to those aspects of a community that are difficult to change, often requiring long-term efforts. Based on information gathered during the site visits, project staff found these characteristics fall into four categories relating to 1) the law enforcement agency, 2) the mental health system, 3) state laws, and 4) geography and demography. Each of these categories should be considered when designing a program.

**Question 1:** *What characteristics of the law enforcement agency are relevant in planning a specialized response to people with mental illnesses?*

The planning group and stakeholders should consider the following during the design stage:

- **Agency resources**, which include staffing levels, data management structures, training expertise and capacity, and availability of less-lethal technologies.
- **Relevant policies and regulations**, such as use-of-force guidelines, discretion in making arrests, policies on diversion, reporting requirements, information-sharing policies, and requirements for handcuffing during custodial transport.
- **Leadership styles**, which may dictate the number of officers a program seeks to train, either focusing on a small self-selecting group or providing training to an entire department. Some law enforcement executives believe a subset of officers must become “specialists” who are dedicated to particular areas of expertise (such as domestic violence) because the additional information they obtain will help them respond to those situations more effectively. Other chiefs or agency executives believe all officers should be prepared to respond to all situations they will encounter. Leadership must believe there is a compelling need to prioritize limited resources to address this issue. And they must be willing to designate someone within the agency to help provide oversight and support to the effort, to work collaboratively with the mental health community, and to garner support among policymakers to ensure sustainability. The agency should have leaders who are willing to even reconsider officer evaluation criteria that is

*I talk about the three Cs of program success: compassion, constitutionality, and consistency. Compassion is brought by people who want to be [in a specialized assignment]. Constitutionality and consistency are greatly enhanced when the department provides resources.”*

—CHIEF WILLIAM BRATTON  
Los Angeles (Calif.)  
Police Department

*Working on the CIT Outreach Team provides great satisfaction, but it should remain voluntary—it requires a certain kind of officer who is internally motivated.”*

—OFFICER FORREST KAPPLER  
CIT Officer, Akron (Ohio)  
Police Department

more in keeping with community policing principles—in which officers are reviewed for their problem-solving and de-escalation skills instead of the number of arrests they make.

**Question 2: What mental health system characteristics are relevant in planning a specialized response to people with mental illnesses?**

As part of the program design process, stakeholders should catalog available mental health resources in the community, identify the criteria for or any restrictions to accessing them, and describe their capacity and availability. For example, if there are no twenty-four-hour facilities to receive people with mental illnesses except emergency rooms, and officers are required to wait hours with the individual to be seen, alternatives can be explored. And if facilities will only accept individuals who meet specific eligibility criteria, such as only individuals not under the influence of drugs or alcohol, it becomes clear that other options must be identified to support officers when they encounter these individuals.

The planning group and relevant stakeholders should then identify service gaps. Community mental health resources might include emergency departments, inpatient and outpatient treatment programs, crisis response services, emergency receiving centers, family support programs, telephone hotlines, clubhouses and other peer-to-peer supports, and ancillary services such as housing assistance and income and entitlement support.<sup>20</sup> Throughout this review, the planning group should work with policymakers and other key groups to examine the structure of the mental health system and understand variations in catchment areas (municipal vs. county) and revenue sources (private vs. public). These variations may affect law enforcement responses by impacting where officers can transport a person in crisis.

Beyond identifying available mental health resources, stakeholders should become familiar with the avenues available to law enforcement officers to access these services (whether in person, by telephone, or through a referral mechanism), understand the requirements for medical clearance, and clarify existing protocols or procedures for voluntary and involuntary admissions for mental health evaluations and assessments.

**Question 3: What state laws are relevant in planning a specialized response to people with mental illnesses?**

State laws can address a range of issues relating to the law enforcement response. For example, they can mandate law enforcement training and dictate the criteria that must be met and the protocols that must be followed for an emergency mental health evaluation. Local law enforcement officers can play a critical role in this process. In Nebraska, for

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20. According to the International Association of Clubhouse Development, a clubhouse is “a community intentionally organized to support individuals living with the effects of mental illness. Through participation in a clubhouse people are given the opportunities to rejoin the worlds of friendships, family, important work, employment, education, and to access the services and supports they may individually need.” More information is available at [www.iccd.org](http://www.iccd.org).

example, a sworn law enforcement officer is required to determine if a person meets the criteria for involuntary emergency evaluation, to maintain custody of the person, and to transport the person to the mental health receiving facility. In other states, a magistrate or clinician might be required to make the commitment determination. States may have outpatient commitment laws that can be enforced prior to consumers becoming dangerous to themselves or others. Consumers may develop advance directives that provide instructions for how they wish to be treated if they decompensate. These mandates and regulations can present both an opportunity and a burden on law enforcement officers, and should be considered fully by planners.

**Question 4:** *What demographic and geographic community characteristics are relevant in planning a specialized response to people with mental illnesses?*

A jurisdiction's population, population density, land area, and crime patterns can present important constraints or benefits to developing specialized response programs. For example, a jurisdiction whose only emergency mental health resources are located far from particular law enforcement beats or districts will require officers to spend long periods out of service transporting individuals, particularly if they have to pass through densely populated, traffic-congested areas. Rural and urban areas may have very different problems that will affect dispatch and response times. Some rural areas may be dependent on only phone access to mental health professionals who can direct emergency evaluations. Further, an area that is populated primarily by seniors may have very different needs than those that are generally young families with children, or that have a large number of homeless individuals. Although jurisdictions of every size can struggle with inadequate resources (especially when budget cuts directly impact state and community mental health services), these considerations should be addressed carefully when shaping a law enforcement initiative.

## **STEP 5:**

### **Establish response protocols**

At this stage of design, the planning group will understand how law enforcement, mental health, and other community-based providers are currently responding to people with mental illnesses who are at risk of criminal justice involvement. Based on the community's characteristics, it should be possible to see how these can be better integrated and shaped to address identified problem areas and service gaps. Program development decisions at this point in the process should focus on which law enforcement and mental health responses are needed, both individually and collectively, and what resources are needed to support them.

**Question 1:** *What law enforcement responses are necessary?*

There are three main categories of law enforcement first-responder activities that require consideration and planning—call-taker and dispatcher protocols; on-scene activities

(stabilization, observation, and disposition); and transportation and custodial transfer.<sup>21</sup> Planners must decide which personnel will serve as primary responders to scenes involving a person in a mental health crisis, and how they will be dispatched. Based on the review of the law enforcement/mental health problems and community characteristics, they may choose to train a subset of officers for this responsibility, train all officers, or pair officers with mental health clinicians or caseworkers. In addition to these activities, planners may also choose to involve law enforcement officers in follow-up activities not generated by a call for service.

*There are immeasurable benefits to officers who travel with mental health professionals on the SMART teams both for the officers and the clinicians in terms of information exchange and awareness."*

**—COMMANDER HARLAN WARD**  
Assistant Commanding Officer of  
Valley Bureau, Los Angeles (Calif.)  
Police Department

### **Question 2:** *What mental health system responses are necessary?*

Mental health personnel may be involved in a variety of ways, including providing information to dispatchers, co-responding to calls for service involving a person with mental illness, acting as a remote resource if no on-scene professional can be available, helping to train or cross-train personnel, and coordinating a follow-up effort, particularly with people

## **Essential Elements 4–6**

### **Essential Element 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.

### **Essential Element 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.

### **Essential Element 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.

21. Each of these three categories represents one of the ten elements in *The Essential Elements of a Specialized Law Enforcement-Based Response*. For more information, see [http://consensusproject.org/jc\\_publications/le-essentialelements.pdf](http://consensusproject.org/jc_publications/le-essentialelements.pdf).

identified as high utilizers of emergency mental health services. Collaboration for certain activities may be best achieved through co-location of law enforcement and mental health coordinators or such mechanisms as merged or integrated databases that are consistent with privacy laws.

As the Justice Center's *Essential Elements* publication indicates, 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 SPR 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 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, the availability of integrated treatment approaches is essential to achieve clinical and public safety objectives. Accordingly, stakeholders 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.<sup>22</sup> Histories of trauma and post-traumatic stress disorder are common in criminal justice-involved populations. As such, both the on-scene response of law enforcement and subsequent clinical responses must be trauma-informed. 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.

Stakeholders should also identify ways to improve the efficiency of access to needed services. This may entail broader system changes and agreements, such as streamlining the custody transfer process at a mental health intake facility through memoranda of agreement (MOAs) and revised protocols. Law enforcement should have within easy reach twenty-four-hour drop-off facilities or emergency room(s) designated to expedite the transfer of custody to ensure the individual receives swift mental health services and allow officers to return quickly to duty.<sup>23</sup>

*We need to create drop-off stations at the hospital to receive people in crisis. This requires not only trained law enforcement staff, but also an appropriate space—a space where we can safely manage the behavior of people who are out of control.”*

—MARIE MOON PAINTER  
Clinical Team Leader for  
CONNECT, Carilion St. Albans  
Behavioral Health, Virginia

22. Evidence-based practices (EBPs) are 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): 179–82. Other EBPs include assertive community treatment, psychotropic medications, supported employment, family psychoeducation, and illness self-management, see Fred C. Osher and Henry J. Steadman: "Adapting Evidence-Based Practices for Persons with Mental Illness Involved with the Criminal Justice System," *Psychiatric Services* 11 (2007), 1472–78.

23. For more information about the role of specialized crisis response sites, see Henry J. Steadman, Kristin A. Stainbrook, Patricia Griffin, Jeffrey Draine, Randy Dupont, and Cathy Horey. "A Specialized Crisis Response Site as a Core Element of Police-Based Diversion Programs," *Psychiatric Services* 52 (2001): 219–22.



**Question 3: What other responses or resources are necessary?**

While law enforcement agencies and mental health professionals can provide the majority of responses that the planners will prioritize, other partner organizations and their resources may be required to address the problem faced by the community. For example, consumer- or advocate-led organizations, such as clubhouses, can provide essential support to people in crisis and supplement limited mental health resources. Non-law enforcement criminal justice professionals, such as judges, magistrates, and jail personnel, can play an important role in identifying and assessing individuals who may be in need of emergency mental health evaluations.

The planning committee also should identify the availability of community and government resources that focus on critical issues that disproportionately tend to affect people with mental illnesses (such as housing, employment, education, substance abuse treatment, and veterans' services). An assessment of their accessibility in the community should be part of the planning process.

**SPOTLIGHT**

**Systemwide Solutions**

The 2002 landmark *Consensus Project Report*—written by Justice Center staff and representatives of 100 leading criminal justice and mental health policymakers, practitioners, and advocates from across the country—provides policy guidelines and practical recommendations for improving the criminal justice system's response to people with mental illnesses. The policy statements and recommendations span the entire criminal justice continuum, from the law enforcement encounter, through court involvement and incarceration, to the individual's reentry into the community. The success of recommended efforts is dependent on collaboration and partnership among the full range of criminal justice agencies and their community partners. It recognizes that law enforcement, courts, or corrections officials' actions have ramifications for the rest of the criminal justice system.

This interconnectedness highlights the value of creating a systemwide commitment to change, in which reforms at each point of contact between the individual with mental illness and a different criminal justice agency are woven together. There is a wide variety of program models that focus on a different point of intercept in the criminal justice system, including the following:

- **Law enforcement specialized responses**, which use specially trained law enforcement officers to de-escalate incidents involving people with mental illnesses and divert them to services when appropriate.
- **Mental health courts**, which are specialized dockets that link defendants with mental illnesses to court-supervised, community-based treatment in lieu of traditional case processing when warranted.
- **Post-booking jail diversion programs**, which screen and assess people with mental illnesses in the jail, and divert them to community-based services when suitable.
- **Specialized probation caseloads**, which integrate community corrections supervision strategies with community-based mental health treatment and services through a variety of methods.

For more information on the Consensus Project report and the many program models, see [www.consensusproject.org](http://www.consensusproject.org).

## STEP 6:

### Determine training requirements

Once planners determine which types of responses are best suited to their local needs and resources (such as a specially trained unit, co-responder model for a subset of officers, or all officers who respond with special unit backup), the group can begin developing a training curriculum and schedules. Both law enforcement and mental health agencies or providers will have concerns about their ability to afford and prepare quality training, including how to address such issues as compensation for trainers, continued education accreditation, and covering shifts for officers in training or fitting it into already packed recruit training schedules. These concerns need to be factored into decisions about how many and how often first-responders are trained.

**Question 1:** *How much training will be provided and to which law enforcement personnel?*

How much training is not only a question of hours spent in the classroom, but also of the number of officers trained and of how often training is held. Many agencies with specialized law enforcement-based response programs require that 20 percent of the department's officers receive forty hours of training.<sup>24</sup> However, there are other approaches that planners can consider, including increased training on mental health issues for recruits or ongoing education requirements for all officers. Dispatchers and call takers will also require training on the program model, to help them identify calls for service that may involve a person with mental illness and then to dispatch the correct personnel to the scene. They may also be able to ask questions that can help officers who arrive at the scene, and to collect information about

*Some law enforcement agencies only send officer volunteers to attend the training, while others send all officers. There are always some officers at the training who don't want to be there. After a day or two, though, even reluctant officers understand that this program is about officer safety."*

—PATRICK HALPERN  
Executive Director, Mental Health  
Association of the New River  
Valley, Inc., Virginia

Essential  
Element  
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.<sup>25</sup>

24. The CIT Center at the University of Memphis has released the "Crisis Intervention Team Core Elements" (available at <http://cit.memphis.edu/CoreElements.pdf>), which outlines their suggestions for length of training (forty hours) and the number of officers trained within an agency's patrol division (20 to 25 percent). The guide provides detailed information about the Memphis CIT Model.

25. To learn more, download *Improving Responses to People with Mental Illnesses: Strategies for Effective Law Enforcement Training* from [www.consensusproject.org/issue\\_areas/law-enforcement](http://www.consensusproject.org/issue_areas/law-enforcement).

the disposition of calls involving people with mental illnesses to help administrators determine the number and effectiveness of specialized responses.

### **Question 2: What topics should training cover?**

Training curricula should be geared toward the particular law enforcement personnel (line-level, special teams, dispatchers) and include information specific to the jurisdiction (for example, state commitment laws and local resources). Although there is no single curriculum that will address the needs of all jurisdictions, several training topics form the foundation of a comprehensive training program. These include understanding mental illness, statutory authorities governing law enforcement responses, the law enforcement response to calls for service, community policing/problem solving, and use of force.<sup>26</sup> The training is not intended to turn law enforcement officers into diagnosticians, but rather to train them to look for behaviors associated with mental illnesses and determine the best way to address those behaviors. Specific skills training may include a combination of verbal de-escalation techniques and suicide prevention methods.

*Because of the limitations posed by our jurisdiction's size, in addition to forty hours of training for officers on our special teams, we decided to provide twenty-four hours of online training to all of our officers on mental health de-escalation techniques."*

**—COMMANDER HARLAN WARD**  
Assistant Commanding Officer of  
Valley Bureau, Los Angeles (Calif.)  
Police Department

*It is important to provide training to all officers on encounters with people with mental illnesses, and e-learning has an important place in the picture."*

**—MARK GALE**  
Member, Board of Directors,  
NAMI-California

### **Question 3: Who will provide the training?**

Training for law enforcement officers on effective responses to people with mental illnesses must draw on a diverse range of expertise and perspectives to cover a broad range of topics, from recognizing signs of mental illness to understanding the state's emergency evaluation laws. Many of these topics may be better taught by experts from disciplines other than law enforcement. For example, signs of mental illnesses may be taught by a psychiatrist or mental health clinician, whereas de-escalation techniques may be best taught by a seasoned law enforcement officer who can provide real-life examples. Consumers and family members can provide a face and a voice for people struggling with mental illnesses, and they are uniquely qualified to promote a compassionate response from officers who often see people with mental illnesses only when these individuals are in crisis. Training coordinators might not know who would be a good fit to teach all modules, so it is important that coordinators reach out to community partners to collaborate on identifying trainers or facilitators.<sup>27</sup>

<sup>26</sup>. This list is drawn from *Improving Responses to People with Mental Illnesses: Strategies for Effective Law Enforcement Training*, "Appendix B: Suggested Training Topics," page 41.

<sup>27</sup>. For more information on how to identify trainers, see "Chapter 1: Identifying Trainers" on page 8 of *Improving Responses to People with Mental Illnesses: Strategies for Effective Law Enforcement Training*.

#### **Question 4:** *What training strategies will be employed?*

Effective training strategies are critical to a specialized law enforcement-based program. These strategies may include short lectures that focus on behaviors and plain language rather than diagnoses and medical terms; site visits to some of the mental health facilities where they will do custodial transfers or refer individuals for treatment or support; role plays to engage officers in real-life interactions that can be acted out and corrected in a safe environment; and question-and-answer sessions to prompt officers to consider and discuss their own experiences, preconceptions, and concerns. Traditional classroom-style training is invaluable, but as a supplement, many agencies have started to develop e-learning platforms to engage personnel who work nontraditional hours and to increase access to specialized training topics.<sup>28</sup>

*We trimmed the forty-hour training curriculum by determining what course content the officers really needed. We had a four and one-half-hour block on psychopharmacology, and while it is important to understand what these drugs are, the reason the police officer is there is because the person is NOT taking their medications. We now tell officers what these medications are, what they do, and give them a card to refer to."*

**—DR. LUANN PANNELL**  
Director of Police Training and Education, Los Angeles (Calif.) Police Department

#### **STEP 7:**

### **Prepare for program evaluation**

It is not enough to simply identify what information will be collected (as outlined in Step 3) to ensure effective evaluations will be conducted. It is important for planners to prepare for a program evaluation as part of the design process. As previously mentioned, the program evaluation should contain both a process assessment as well as an assessment of outcomes. This evaluation will be needed to make revisions to the activities that may be experiencing difficulties and to enhance those that are effective, as well as to provide proof of the program's success to foster sustainability.

#### **Question 1:** *What resources need to be set aside or identified for an evaluation?*

A thorough program evaluation will require the allocation of resources to analyze the data collected. Agencies with planning and research divisions may want to identify department staff and allocate a percent of their time during the program design phase to coordinate or conduct these evaluations. Agencies without research capacity may benefit from outside assistance in aggregating, deciphering, and interpreting the data to determine program effectiveness. Because of the challenges associated with data collection, as well as the difficulties in analyzing often incomplete data, many law enforcement agencies partner with a local college or university to assist with this process. Academic partners may require compensation for which law enforcement agencies may need to find sources of support,

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<sup>28</sup>. For more information on training strategies, see "Chapter 2: Effective Training Techniques" on page 22 of *Improving Responses to People with Mental Illnesses: Strategies for Effective Law Enforcement Training*.

including submitting joint grant proposals. If the department chooses to engage an external research partner, these outside teams will need to work closely with law enforcement and their collaborators during the evaluation process, and this staff time commitment should be considered at the planning stage.

**Question 2:** *Are there individuals designated to oversee the evaluation?*

Law enforcement agencies should designate a staff person who will work with a subcommittee on evaluation issues. In addition to helping to ensure that all agencies that are contributing data are using sound and accurate collection and reporting practices, this group can determine how the evaluation results will be used, how they will be disseminated, and who should be brought to the table during the evaluation process to review interim reports and the interpretations of the data.

## Conclusion

The seven steps to program design summarized in this section may seem straightforward. They are not. Law enforcement agencies and their community partners are struggling to navigate the many issues that are involved in making the proper decisions at each stage in the process. And as new information is made available, it is necessary to revisit previous steps. To fully grasp the challenges in following these design steps, policymakers and planners interested in exploring a specialized policing response to people with mental illnesses must operate within a framework defined by two complex forces—the nature of the problem and the jurisdiction's distinct characteristics.

Though the *problem* frequently relates to safety concerns and strains on police resources that do not result in good outcomes for law enforcement, the individual, or the community, jurisdictions may find that data and discussions lead them to other issues or sub-issues that need particular attention. Crafting the solutions to these problems—including changes to law enforcement training, policies, and procedures—cannot be shaped in a vacuum. Training officers on diversion and other strategies, for example, will be ineffective if mental health resources in the community are not available or lack the capacity to support increased referrals and placements. Accordingly, jurisdictions will be limited by the resources they have or believe they can create or expand.

The following section explores how various problems and community characteristics have shaped responses in the agencies studied and how other jurisdictions might expect these factors to influence their own program design and enhancements.