

Law Enforcement Response to Persons With Diminished Capacity

**Not if...but when...
and when is on the rise**



Emotionally Disturbed Persons
Developmental Disability
Post-Traumatic Stress Disorder
Asperger's Syndrome
Alzheimer's Disease **Mania**
Phobias Prader-Willi Syndrome
Poor Impulse Control
Schizo-Affective Disorder Delusions Diminished Capacity
Traumatic Brain Injury **Bipolar Disorder**
Down's Syndrome
Hallucinations **Fetal Alcohol Syndrome**
Dementia Anxiety Disorder
Autism Spectrum Disorder
Schizophrenia
Bath Salt Intoxication **Major Depression**
Substance Abuse **Excited Delirium**
Borderline Personality Disorder
Dissociative Identity Disorder
Huntington's Disease
Obsessive-Compulsive Disorder

Points for Discussion

- Specialized response models (3)
 - Pros and cons of each
 - Emphasis on CIT as it is the most used model
- Policy/procedure elements
- Training elements and issues
- Collection and use of pertinent data
- Current research and research needs

Police: Mental health response is big part of job responsibility

Officers receive many calls to assist with mentally unstable subjects

Published 11:49 PM EDT Jul 25, 2013

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NEXT STORY
At least 34 injured in Greyhound bus crash in Butler County



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CINCINNATI — The Cincinnati police said they train for interacting with mentally disabled individuals and that training was used when an officer shot and killed a man in Clifton Wednesday.

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1. **Images: Dozens injured in Greyhound bus crash**






FRONTLINE > Social Issues >

Ohio Jail To Stop Accepting Violent, Mentally Ill Detainees

February 17, 2012, 1:17 pm ET by [Gretchen Gavett](#)

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Sheriff Drew Alexander, of Ohio's Summit County, put his foot down this week: He [announced a new policy](#), under which violent, mentally ill arrestees must be treated at a hospital or mental health clinic before being referred to the county jail.

"We're not going to be a dumping ground anymore for these people," Sheriff Alexander said. He knows of no other county in the U.S. with a similar policy.

Cops should not be on the front-lines of mental health: Canada's police chiefs



CTV Winnipeg: Call for more mental illness support



The Canadian Association of Chiefs of Police called for more government support for those with mental illness.

The Canadian Press August 21, 2013

Modern Day Terms

- De-institutionalization
- Trans-institutionalization
- Non-traditional police roles and responsibilities
- Specialized police response (SPR)
- Mental health seizures
- Specialized court dockets

Forms of Response

- Mental health-based specialized mental health response
 - Mobile Crisis Teams
- Police-based specialized mental health response
 - Co-Responder Teams
 - Community Service response teams
- Police-based specialized police response
 - CIT

Mobile Crisis Teams

- Teams of mental health clinicians are sent to handle calls for service with a known mental health crisis
- Dispatched independent from police response or instead of response
- On the decline to the point of near extinction

Mobile Crisis Teams

Pros and Cons

Pros

- Police not the first called or not called at all
- Does not tie up police resources for evaluation
- Police CEOs believe that the problem is handled by those who should
- Requires little or no extra training of officers

Cons

- Must be available 24/7
- Will not often or ever respond when serious violence is indicated
- Police may have to respond to deal with violence at the scene anyway
- Regulated by mental health rules—no/little restraint

Co-Responder/Community Service

- Pairing of law enforcement officers/ community service officers and mental health/medical professionals
 - Either as a working team in same vehicle or they rendezvous at the scene
 - Clinicians may be social workers, nurses, or psychiatric nurses
- May be first responders or secondary responders

Co-Responder/Community Service Pros and Cons

Pros

- Mental health professional has medical record access
- Medical health professional has had additional training
- Does not tie up police first responders for long or at all
- Mental health system actively engaged in issues
- May be viewed as less confrontational approach

Cons

- Requires separate funding and accountability
- If second responder, does not address UOF issues
- Local law/regulations—can mental health professional enter a dwelling?
- Hiring and certification of community service officers for police agency

Specialized Police Response

- Police are always first responders and then communicate with mental health providers and/or take custody
- Police then transport, as needed, to hospital, crisis center, or mental health center for evaluation by mental health professionals
- Most common is CIT

Specialized Police Response

Pros and Cons

Pros

- Police control the response and are often able to respond more quickly
- Culture is already 24/7
- Police work with and learn about other systems
- Can choose secondary responder model with highly trained officer or generalist/specialist model (or both)

Cons

- Second responder system requires extensive training
- Generalist/Specialist model (CIT) requires training and sufficient numbers to handle service calls
- Needs coordination
- Must have no-refusal drop off location
- Decisions about additional duty pay

Most Prevalent in U.S.



Crisis Intervention Teams

- Programmatic approach
 - “Not just training...[Major (Ret.) Sam Cochran]
- Change in mindset—re-learning “an ounce of empathy”
- Collaboration and constant interaction
- Core Elements

CIT Core Elements (1-5 of 15)

Officer Selection

Team Size

LE Coordinator/Liaison

MH Coordinator/Liaison

Responsive MH System

CIT Core Elements (6-10 of 15)

“Police Friendly” Trainers

Trainers at No Cost to LE Agency

LE Agencies Release Officers

At Least One Core Course Each Year

Train Dispatchers/Call Takers

CIT Core Elements (11-15 of 15)

Ongoing/Advanced Training Offered

LE Policies and Procedures

Feedback Route Open & Used

Steering Committee

Recognition

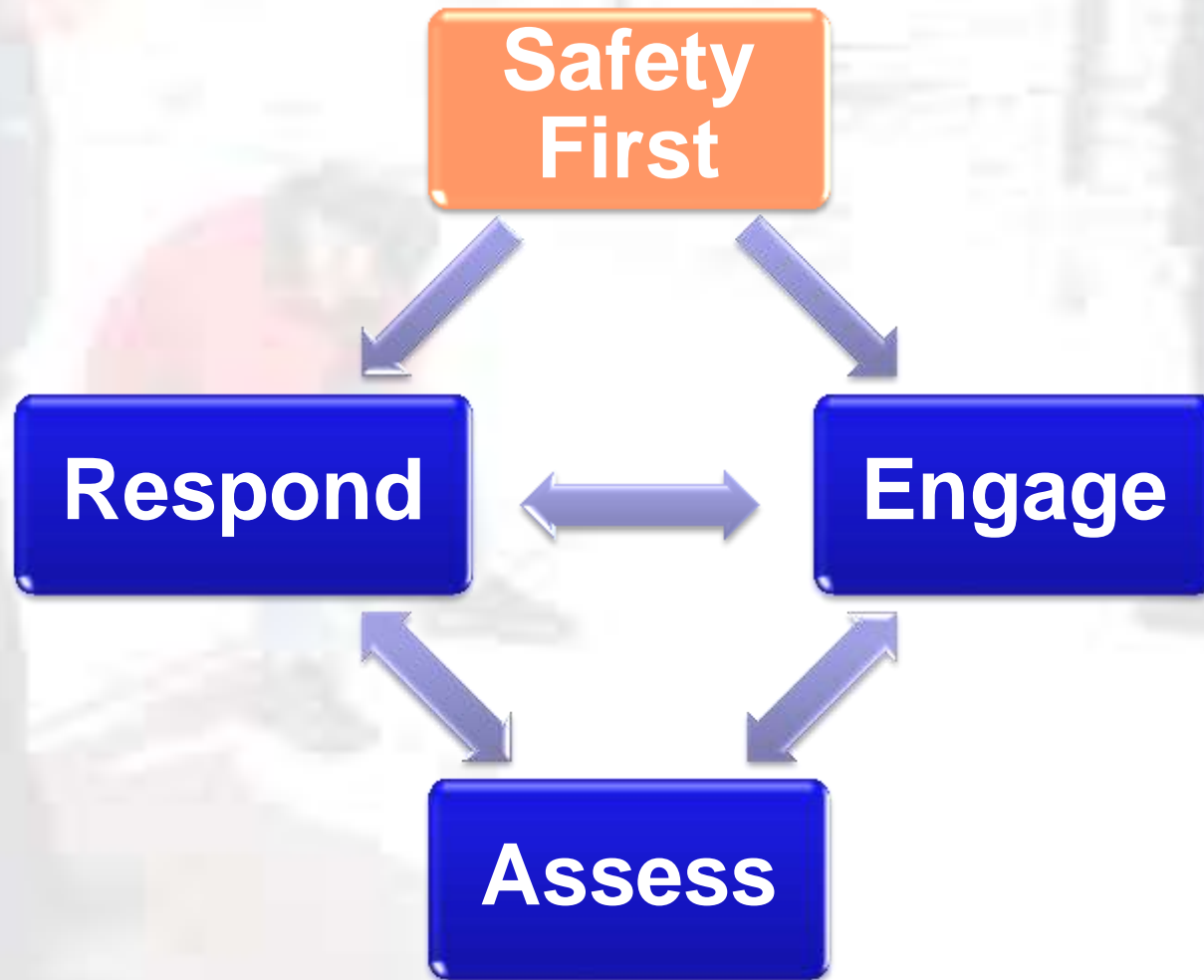
Policy/Procedure Questions

- Which approach or combination?
- Who is in charge overall and at the scene?
- Who gets trained?
- What are the roles of first/secondary responders?
- Can they cross boundary lines?
- What laws, external regulations apply?
- Where are persons taken?
- What reports are taken?
- What data is shared or can be shared?
- Who is involved in collaboration and to what extent?

Training Questions

- What gets taught and how is it bundled?
- Do you control what is taught?
- Who teaches the parts and what gets taught to whom?
- How is this funded and handled?
- How do you check to see if new KSAs were obtained and used?
- Are frameworks better than clinical instruction?
- How much should be didactic and how much should be interactive?
- How much evaluation is done?

E.A.R. Framework



Loss Model



Loss of Control



Loss of Perspective



Loss of Reality



Loss of Hope



Loss Category	Usual Mental Health Diagnoses	Other Possible Diagnoses/ Reasons
Loss of Control	<ul style="list-style-type: none"> •Bipolar Disorder •Manic Disorders •Personality Disorders 	<ul style="list-style-type: none"> •Excited Delirium •Traumatic Brain Injury •Autism Spectrum Disorder
Loss of Hope	<ul style="list-style-type: none"> •Major Depressive Disorder •Bipolar Disorder 	<ul style="list-style-type: none"> •Loss of loved one •Major/terminal illness
Loss of Perspective	<ul style="list-style-type: none"> •Anxiety/Panic Disorders •OCD •PTSD 	
Loss of Reality	<ul style="list-style-type: none"> •Schizophrenia •Delusional Disorders •Schizo-Affective Disorders 	<ul style="list-style-type: none"> •Dementia •Alzheimer's Disease •Delirium

Research Issues/Questions

Current And Future

- Fidelity (mental health side)
 - Difficult with current law enforcement data collection
- Is it worth the cost, beyond intangible benefit and anecdotal evidence?
- Is Sequential Intercept Model working to divert persons from jail/criminal justice system?

Research Issues/Questions

Current And Future

- Just what is the “Memphis Model” now and what has CIT become?
- How well do the other response models work and should they be expanded?
- Can we train everyone or do we need to find those officers who have empathy?
 - Emotional Intelligence (Goleman and others)

Research Issues/Questions

Current And Future

- Do we have the behavioral healthcare capacity that we need and how do we obtain more without returning to warehousing?
- Can the approach that we select work if behavioral healthcare is insufficient?

