Law Enforcement Response to Persons With Diminished Capacity

Not if…but when…
and when is on the rise
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

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.
Ohio Jail To Stop Accepting Violent, Mentally Ill Detainees

February 17, 2012, 1:17 pm ET by Gretchen Gavett

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

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td>Mental health professional has medical record access</td>
<td>Requires separate funding and accountability</td>
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<td>Medical health professional has had additional training</td>
<td>If second responder, does not address UOF issues</td>
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<td>Does not tie up police first responders for long or at all</td>
<td>Local law/regulations—can mental health professional enter a dwelling?</td>
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<td>Mental health system actively engaged in issues</td>
<td>Hiring and certification of community service officers for police agency</td>
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<td>May be viewed as less confrontational approach</td>
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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

Safety First

Respond

Engage

Assess
Loss Model

Loss of Control

Loss of Perspective

Loss of Reality

Loss of Hope
<table>
<thead>
<tr>
<th>Loss Category</th>
<th>Usual Mental Health Diagnoses</th>
<th>Other Possible Diagnoses/Reasons</th>
</tr>
</thead>
</table>
| Loss of Control    | • Bipolar Disorder  
                    • Manic Disorders  
                    • Personality Disorders | • Excited Delirium  
                    • Traumatic Brain Injury  
                    • Autism Spectrum Disorder |
| Loss of Hope       | • Major Depressive Disorder  
                    • Bipolar Disorder                                      | • Loss of loved one  
                    • Major/terminal illness                                      |
| Loss of Perspective| • Anxiety/Panic Disorders  
                    • OCD  
                    • PTSD                                      |                                                     |
| Loss of Reality    | • Schizophrenia  
                    • Delusional Disorders  
                    • Schizo-Affective Disorders | • 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?