



Narrowing the net: Partnering to reduce the role of LE & the CJ system in mental health care

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&

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Overview

- INTRODUCTIONS
- NAMI's ROLE IN CIT AND CHANGING CRISIS RESPONSE IN OUR COMMUNITIES
- HOW WELL INTENTIONED EFFORTS MAY EXPAND THE ROLE OF LAW ENFORCEMENT AND THE CRIMINAL JUSTICE SYSTEM
- THE CIT MODEL AS THE FOUNDATION TO A BETTER PATH
- BUILDING EFFECTIVE CRISIS RESPONSE SYSTEMS THAT MINIMIZE THE ROLE OF LAW ENFORCEMENT
- FIGHTING STIGMA AND SUPPORTING RECOVERY

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Health Care, Not Handcuffs

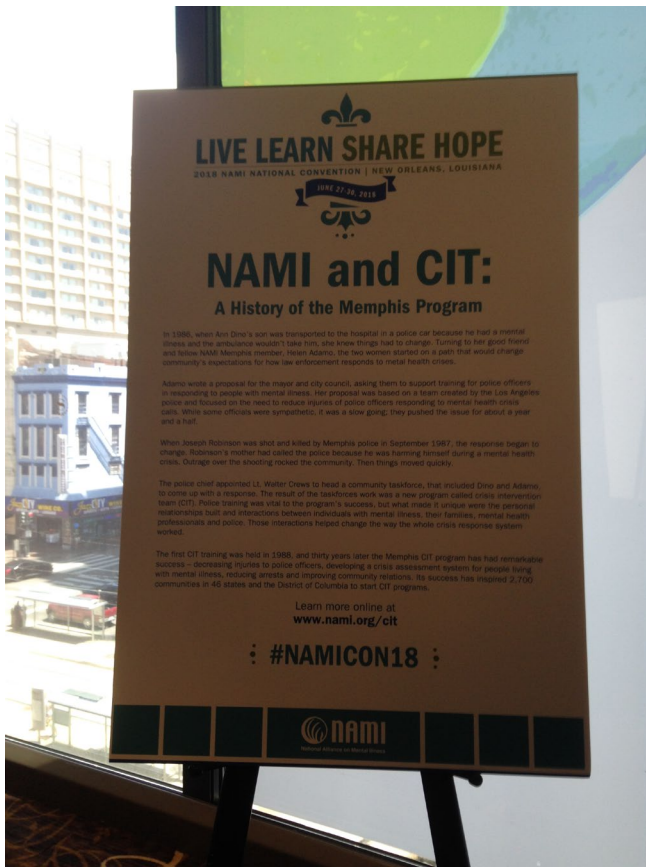
NAMI's ROLE IN CIT AND CHANGING CRISIS RESPONSE
IN OUR COMMUNITIES



During a mental health crisis someone is more likely to encounter a law enforcement officer than receive medical help.



NAMI and CIT: What is our stake in the game?





Peer and Family Perspectives Module

- NAMI Sharing Your Story with Law Enforcement
- An opportunity to bridge understanding



Learning from Peers and Families

“The panel was awesome! They are very knowledgeable and brave to tell us their stories, and help us understand mental health. Very insightful!”

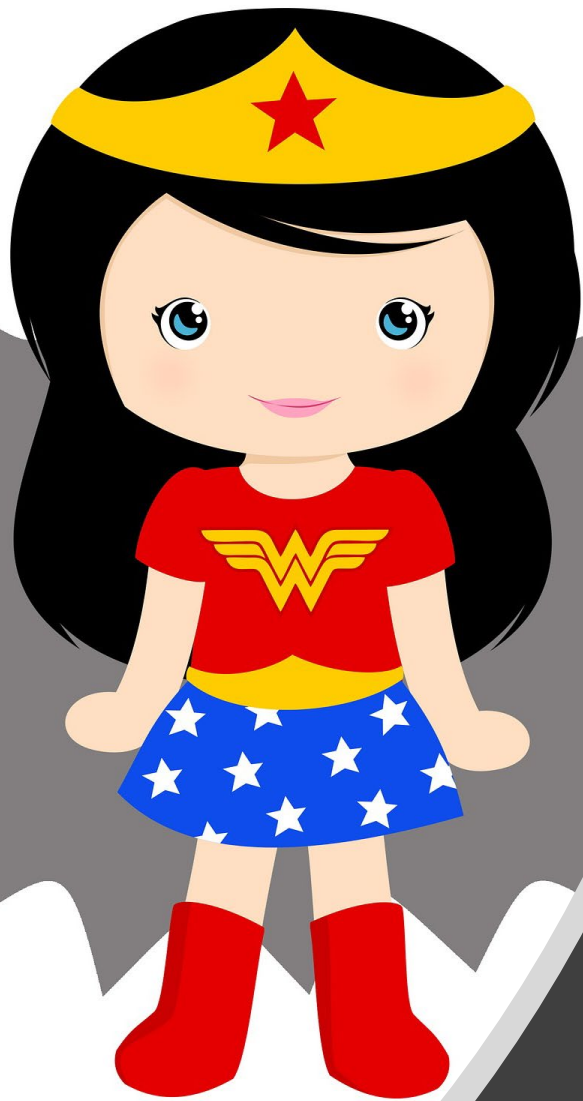
Law Enforcement Officer Albuquerque, NM

“It really helped me to hear from the presenter, who is currently in recovery from a mental health condition. I plan to be more compassionate, patient, and refer people to the appropriate resources.”

Law Enforcement Officer, Northern, VA

Thank you both for coming in today. I greatly benefitted from it and it will affect my future encounters. You’re both very brave!!

Law Enforcement Officer, LA County



Do more
than just
training!



NAMI as an Advocate

- Holding leaders accountable
- Resources and funding
- Changing Laws





NAMI as a Convener



- Law enforcement executives
- Governors/mayors/legislators
- State Mental Health Directors
- Directors and Executives of Social Service Agencies
- Hospital Representatives
- State Medicaid Directors



NAMI as a Subject Matter Expert



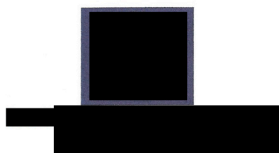
Current efforts to improve law enforcement response to health crisis: The road to the CJ system is paved with good intentions:

Are there unintended consequences of:

- Handcuffs to get healthcare?
- To get a clinician, you have to get a cop?
- Mandating CIT training?







911 Checklist

If your family member is in crisis and is a danger to themselves or others.

THE POLICE RESPONSE:

*What to expect...
Who will respond to your crisis?*

- The 911 operator will dispatch **uniformed patrol officers** to your location.

• Officers will detain your family member, which ***will include handcuffing*** and is for the safety of everyone, including your family member.

- Clothing description of family member
- CURRENT location** of family member
- Diagnosis** (*Mental Health and/or Medical*)
- Current **medications** (*On or Off?*)
- Drug use** (*current or past*)
- Triggers** (*what upsets them?*)
- State what has helped in **previous police contacts**
- Identify other persons in the residence** or at the location

IMPORTANT: *You are asking a stranger to come into your home to resolve a crisis. They will only have the information that you provide to them. It is a good practice to gather as much of this information as possible before a crisis occurs.*

- Officers will inquire about any **weapons** or **other deadly weapons**, and in most cases will seize them for safe-keeping (*pursuant to CA WIC §8102*).
- Officers will notify the Mental Evaluation Unit and a SMART unit (officer & clinician) will be dispatched if available.
- If your family member is an adult, the officers and/or the SMART unit cannot disclose information about him/her due to medical records-related privacy laws.

NON-EMERGENCY

Department of Mental Health
ACCESS – 1-800-854-7771
National Alliance on Mental Illness
NAMI 1-800-950-6264

HANDCUFFS TO GET HEALTHCARE



Crisis Response

CALL 911

When your family is experiencing an emergency that puts yourself, your loved one, and/or the public in immediate danger,

Mental Health Emergency

CALL ACCESS (800)854-7771

For psychiatric emergency incidents involving mental illness that do not require a 911 response, please call ACCESS 24/7.

Develop a Care Plan

National Alliance on Mental Illness

NAMI helps families and consumers by offering **E**ducation, **A**dvocacy, **S**upport and **R**esources.

██████ PD will send a patrol unit to stabilize the crisis and detain the loved one for a mental health evaluation. During the detention Officers will handcuff the loved one for everyone's safety and because it is ██████ PD's policy



(Maya Sugarman/KPCC)

2019.12.11 10:41 AM
KCC-TV 31.1 (KCC-TV)



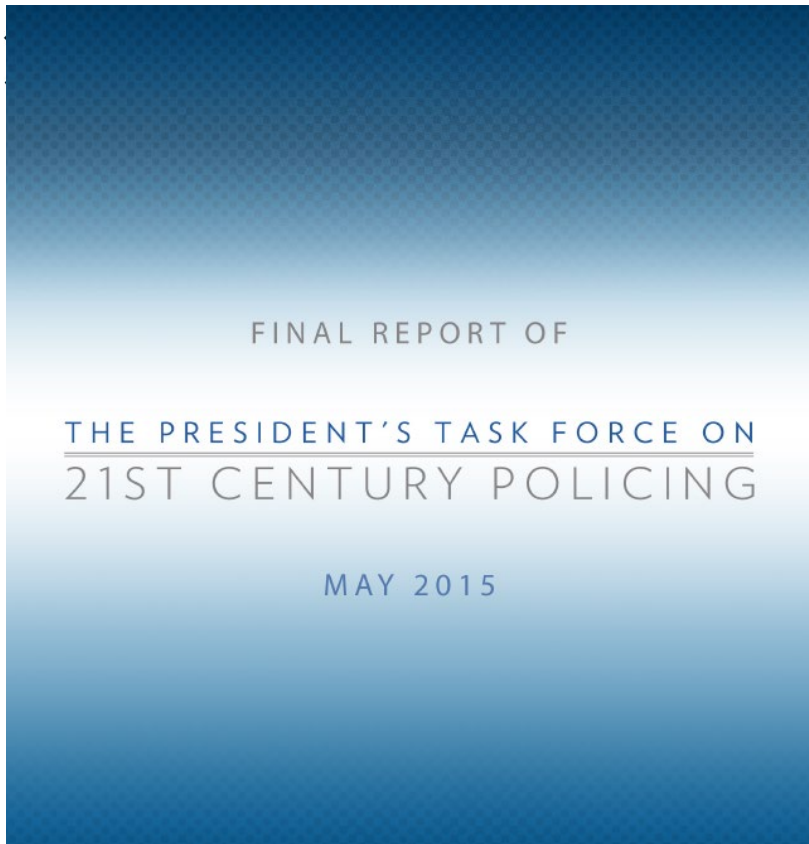
During a mental health crisis officers/ clinicians will detain the subject to determine if he/she meets the criteria for a 5150 WIC application for a 72 hour hold. Subjects will be assessed for the danger they pose to themselves, danger they pose to others, and grave disability. The Officer's determination will be based on physical evidence, the Subject's history, the Subject's statements, and reliable witness statements.



EMBEDED CO-RESPONSE

To get a clinician, you have to get a cop?

- Benefits?
 - May reduce ED transports and increase linkages to community care
 - Individuals with mental illnesses and their families may prefer this to officer only response (but some evidence they prefer no LE involvement at all)
- Unintended consequences?
 - Presence of officer may increase stigma, trauma, criminalization, and potential use of force
 - Further defines MH crisis as a LE issue-and allows us to avoid adequately funding mental health services
 - Expands the role of LE/CJ in the lives of individuals with mental illnesses and their families



One specific method of increasing the quality of training would be to ensure that Peace Officer and Standards Training (POST) boards include mandatory Crisis Intervention Training (CIT), which equips officers to deal with individuals in crisis or living with mental disabilities, as part of both basic recruit and in-service officer training—as well as instruction in disease of addiction, implicit bias

....

Mandating CIT training

In Milwaukee, \$1.2 million police mental health training plan misses the mark

Special to the Milwaukee Journal Sentinel Published 8:00 a.m. CT June 8, 2018 | Updated 4:21 p.m. CT June 11, 2018



(Photo: Mike De Sisti/Milwaukee Journal Sentinel)

Hamilton tragedy.

CONNECT TWEET LINKEDIN COMMENT EMAIL MORE

The plan was announced a week before Christmas 2014 and felt like a gift to a city that had been roiling for months.

At last, Milwaukee would adopt a better way for police to handle people in the midst of a mental health crisis. No one wanted another Dontre

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DoJ / US Attorney's Office Joint Investigation findings:

“[The agency] does not, however, have a specialized team that consists of officers who have expressed a desire to specialized in crisis intervention and have demonstrated a proficiency at responding to individuals in mental health crisis. While we commend [the agency] for training all officers on crisis matters, this approach assumes incorrectly that all [of the agency’s] officers are equally capable of handling crisis situations and fails to build greater capacity among qualified officers.”

Unintended
Consequences
of Mandating
CIT training



So-what can we
do?

Core Elements of the CIT Model as the Foundation

Ongoing Elements

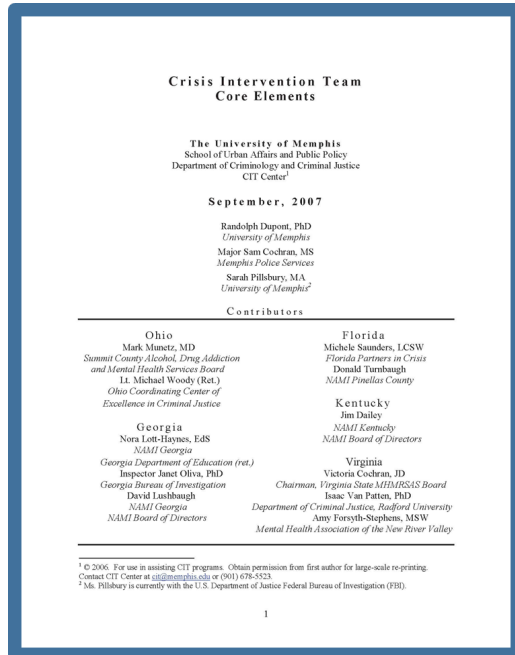
- Partnerships: Law Enforcement, Advocacy, Mental Health
- Community Ownership: Planning, Implementation & Networking
- Policies and Procedures

Operational Elements

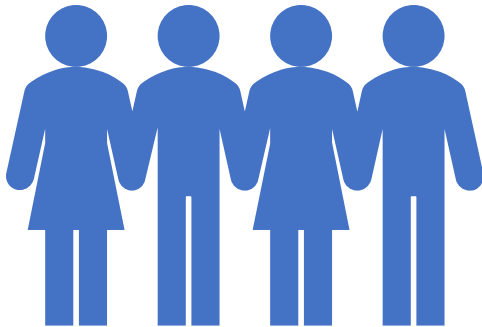
- CIT: Officer, Dispatcher, Coordinator
- Curriculum: CIT Training
- Mental Health Receiving Facility: Emergency Services

Sustaining Elements

- Evaluation and Research
- In-Service Training
- Recognition and Honors
- Outreach: Developing CIT in Other Communities



The Crisis Intervention Team Model: Evidence



- CIT improves officer knowledge, attitudes, and confidence in responding safely and effectively to mental health crisis calls
- CIT increases linkages to services for persons with mental illnesses
- CIT reduces use of force with more resistant subjects
- Findings related to diversion from arrest vary
- **Effects are strongest when CIT follows volunteer specialist model**
- Some agencies that have moved from the specialist model to mandating CIT training for all have not had good results
- CIT programs are well suited to support implementation of ISMICC recommendations.

See Watson, A.C., Compton, M.T. & Draine, J.N. (2017). The Crisis Intervention Team (CIT) model: An evidence-based policing practice? *Behavioral Sciences & the Law*. 35 (5-6) 431-441. DOI: 10.1002/bsl.2304



Federal
Recommendations:

ISMICC



**Interdepartmental
Serious Mental Illness
Coordinating Committee**

The Way Forward: Federal Action for a System That
Works for All People Living With SMI and SED and Their
Families and Caregivers

December 13, 2017





ISMICC

10 Federal Departments / Agencies

- Secretary of the Department of Health and Human Services
- Assistance Secretary for Mental Health and Substance Use
- Attorney General, Department of Justice
- Secretary of the Department of Veterans Affairs
- Secretary of the Department of Defense
- Secretary of the Department of Housing and Urban Development
- Secretary of the Department of Education
- Secretary of the Department of Labor
- Administrator of the Centers for Medicare and Medicaid Services
- Commissioner of the Social Security Administration

14 Non-Federal Members

- Subject matter experts from behavioral health services, medical community, advocacy, law enforcement services, and academia



ISMICC

The ISMICC is Charged to:

- Report on advances in research on Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED) related to prevention, diagnosis, intervention, treatment and recovery, and access to services and supports;
- Evaluate the effect federal programs related to SMI and SED have on public health, including outcomes across a number of important dimensions; and
- Make specific recommendations for actions that federal departments can take to better coordinate the administration of mental health services for adults with SMI or children with SED.



ISMICC

Recommendation: Focus 4.2 Develop an integrated crisis response system to divert people with SMI and SED from the justice system.

“Community based mental health services must be in place to address the crisis needs of people with SMI and SED. *A crisis response system should include services such as 24/7 access to crisis line services staffed by clinicians; warm lines staffed by certified peer specialist, including family and youth support specialist; non-law-enforcement crisis response teams of clinicians and other behavioral health providers able to respond independently to non-violent crisis situations and to correspond with law-enforcement when needed; and dedicated crisis triage centers. **A person with SMI or SED who is in crisis should be able to get adequate mental health care in the community without contact with law-enforcement.** However, until that goal is achieved, there must be plans for information sharing between crisis service providers and law-enforcement personnel. Sustaining an adequate crisis response system must be addressed through an inter-departmental group, including SAMHSA, the Centers for Medicare and Medicaid Services, the Veterans health Administration, and other federal departments..”*

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What does a comprehensive
crisis response system look like?



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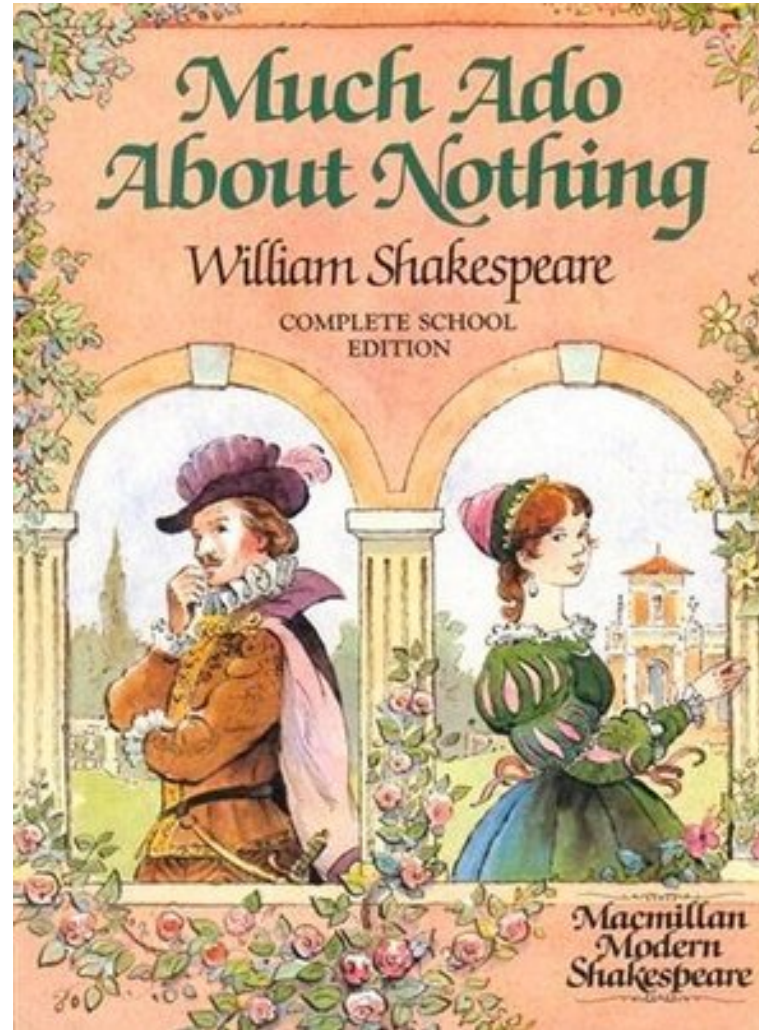


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Working together to advocate for
recovery

'Much Ado About Nothing'

Obviously *William* was not writing about 'Recovery'



Presented by:
Sam Cochran
CIT International

Mental Illness and History....

More times than not years of history reflect unkindness (at best)

✓ spurred by ignorance and stigma (prejudice)

Consider: As history moves forward – so too does Stigma

1. Unkindness, Ignorance, Stigma and Prejudice

**YOU CAN'T
CURE CRAZY**

*Other offensive
/ unkind words
have been
removed from
the above 'You
can't' message*



Mental Illness and History....

More times than not the past reflects unkindness (at best)
✓ spurred by ignorance, stigma (prejudice).

Sometimes a Positive Opening: As Stigma moves forward so too does Advocacy - A battle platform to fight stigma

2. Moving forward with understanding, care, advocacy and **RECOVERY**

<http://www.recoverywithinreach.org/Recovery/history>

“Even throughout the years of deinstitutionalization people with mental health disorders were frequently told that they would likely get worse and even lose their jobs and their friends.

Despite these falsehoods, people with mental health disorders have continued to believe in themselves and in one another and to help one another **recover.**”

Great Champions promote and encourage RECOVERY

Definitions of Recovery

Bill Anthony, professor Boston Center for Psychiatric Rehabilitation

Psychosocial Rehabilitation Journal, 16(4), April 1993, 11-23

'a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. Recovery from mental illness involves much more than recovery from the illness itself.'

Great Champions: Promote RECOVERY

Fighting and Standing against mental illness Stigma

Hi, I'm Pat Deegan.

I created the *CommonGround* Program to support people's recovery and help peers and providers re-ignite their passion for the work they've been called to do.

<https://www.commongroundprogram.com/>

Pat Deegan, a clinical psychologist

‘....recovery is a process. It is a way of life.’

http://www.patdeegan.com/aboutus_paper.html



Advocates Promoting RECOVERY



Recovery (Also) fights to end mental illness Stigma

NAMI WEB Page: Recovery (as a Search Word)

<https://www.nami.org/Personal-Stories/Recovery-Story>

<https://www.nami.org/Blogs/NAMI-Blog/January-2016/Can-a-Book-Help-Make-Recovery-Easier>

<https://www.nami.org/Blogs/NAMI-Blog/August-2018-/The-Keys-to-Peer-Support>

<https://www.nami.org/Blogs/NAMI-Blog/February-2019/Maintaining-Healthy-Friendships-with-Mental-Illness>



CIT International WEB Page

Search **RECOVERY** -- Found: 4

[International Declaration for Zero Suicide
Healthcare Released](#)

[2018 Workshop Powerpoints for Download](#)

[What is CIT?](#)

[2017 Workshop Powerpoints for Download](#)

Promoting RECOVERY – ‘MORE’ To Come

How should Community CIT Programs expand efforts to fight against Mental Illness Stigma (Prejudice) ?

- **Fighting stigma** entails multiple battle fronts – please consider a campaign by which **Recovery is brought more to the forefront (as a battle campaign against stigma)**
- Does the word Recovery have **POWER / PURPOSE?**
- **A statement that is NOT TRUE:** *CIT Officers are NOT part of Recovery. Everyone knows Recovery takes place at a hospital and/or at a crisis assessment center (mental health services) – Audience Discussion*
- Name some ways how ‘Recovery’ can be introduced / promoted within CIT Programs (**fighting stigma with knowledge – understanding Recovery is knowledge**)

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Discussion

Thank you!!!!!!!!!!



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Visit your App Store and search for the “Aventri Events” app. Download the app and enter Access Code: 778151 or scan the following QR Code:



2. You can also evaluate the session on your computer. Go to: www.nami.org/sessioneval, select the session and click “Rate This Session.”