

**Decisions in Law Enforcement- Round Table Discussion
Summary and Recommendations**

The **Decisions in Law Enforcement Round Table** was held on Tuesday, April 1, 2014 from 6:30pm to 9:00pm at the Scottsdale Police Headquarters in Scottsdale, Arizona. The focus of the discussion was how to improve crisis and first response services for individuals and families who are experiencing a behavioral health emergency. An overarching goal was to identify opportunities to divert individuals in need of mental health and substance abuse services from the criminal justice system to more appropriate community-based behavioral health services and supports.

This event was organized in collaboration with David’s Hope, ASU’s Center for Applied Behavioral Health Policy (CABHP), and the Arizona Mental Health and Criminal Justice Coalition. There were a total of 82 participants. A moderated dialogue was led by **Kathy Bashor**, ADHS/Division of Behavioral Health, Manager of the Office of Individual and Family Affairs. Panel members represented law enforcement personnel, first responders, and peers and families from around the state, including:

Victoria Ames
ASU, College of Law

John Kavanagh
AZ House of Representatives

Dan Antrim
Scottsdale Police Department

Tom Kelley
Magellan

Brett Burgett
Mesa Fire Department

William Pribil
Coconino County Sheriff

Diane Bondurant
Gina’s Team and Peer

Michael S. Shafer
ASU, CABHP

Chester Crandell
AZ Senate

Elizabeth Singleton
Singleton Housing

Tom Gussie
Mesa Police Department

Natalie Summit
Scottsdale Police Department

Andrea Hartwig
Cenpatico

Throughout the discussion, panel members shared their experiences, exemplary programs, and identified both barriers and opportunities for system enhancement. Highlights from the round table discussions and interactions with the audience are noted below:

Police and First Responders

- Mesa Fire Department added a nurse practitioner in the field to help with 911 calls that are related to behavioral health emergencies. This has reduced the number of people going to the emergency department. In addition, they are able to transfer individuals to St. Luke’s Hospital or other behavioral health facilities including those in need of detox.

“As soon as a dispatcher picks up you have handed your family situation over to the police department.”
-Scottsdale Police Officer



- Many of the behavioral health-related crisis calls that police respond to do not include a Crisis Intervention Trained (CIT) Officer, as there are a limited number of trained officers (i.e. target is 20% of officers) in most jurisdictions. CIT teaches police officers to recognize the signs and symptoms of mental illness and how to work with the individuals. This training improves officers' ability to understand, comprehend, and sympathize with the person and the family, which makes a measurable difference in how these crisis situations are handled.

"Arizona has created probably one the finest community mental health service delivery systems in the country – it works very well for people at the acute stage of the illness continuum that we label as SMI. We have a horrid system and by most states account we are in good company with just about every other state with access to care for those who are not at a severe point in their illness."

-Audience Member

- Representative Kavanagh has introduced a legislative bill to expand the language to allow police officers and first responders (e.g. fire department personnel) to take a person in need of an emergent petition based on reports of another witness even when the first responder has not witnessed the behavior.
 - A Police Officer explained that families need to understand that even if a person is in crisis, if they have committed a crime and there is a victim, the police have an obligation to arrest the person.

- Navigating through the behavioral health service system is one of the most challenging things ever faced by first responders.
- A Police Officer described to the audience that, "Cops are taught to think of the worst case scenario, we are not always right, we don't know your family's background, we come in thinking worst case scenario . . .we are always going to be at a heightened state, for our safety and yours." When a weapon is involved they must respond to the situation to ensure that they and others involved are safe.

Crisis Services funded by the Behavioral Health System

- There are not enough people to handle the crisis calls. It was stressed that it is cheaper to fund crisis calls than sending people to jail.
- It was reported that when families and providers call crisis they are often transferred to a case manager or police which often end up with the person bounced between the various systems. An example was provided describing how a community service provider called crisis, then was transferred to the case manager, then eventually transferred to police. The client was eventually booked into jail because no one was there when needed (*before* the crisis), and could not get any help when the situation escalated into a full blown crisis.
- Families reportedly are unable to rely on crisis teams as it can take 3-4 hours to get a team onsite, so first responders, such as police officers, have to respond. First responders are making up for crisis responders as there are not enough of them to do what they need to be doing.
- Reportedly the Urgent Psychiatric Care (UPC) Center is no longer accessible as an initial contact point for individuals in crisis and the crisis mobile teams are being asked to go assess the situation before referring them to the UPC. This change has resulted in individuals having to wait long periods of time for crisis teams to respond; when a person is need of hospitalization these delays are unacceptable.

"Providers have to exaggerate in order to help them get help."

-Housing Provider

Criminal Justice and Community Corrections

- The Department of Corrections (DOC) conducts their own evaluation and has different criteria for classifying inmates who have a serious mental illness (SMI) and will not automatically classify an inmate as having a SMI designation based on information from community service providers. Participants reported there are numerous barriers with sharing information between DOC and community service providers. Concerns were also reported that individuals with serious mental illnesses, even those who self-report, often ending up in segregation for extended periods of time, do not get their psychiatric medications or receive other behavioral health services needed.
- Sometimes the mentally ill are not recognized in the jail system. There is fear and stigma associated with having a mental illness in the jail and when asked about it some people either cannot, or do not, want to answer truthfully.
- Individuals lose AHCCCS eligibility even if jailed for a day. Some counties have established processes to suspend eligibility so there is not a disruption in services upon release.
- The Department of Corrections should allow the discharge planning process to start earlier so inmates can have a safe placement upon release. Several concerns with placements into half-way houses were reported, including frequent changes in the rules and psychiatric medications not being allowed on property.

“Yes, we are better than other states, but still failing our community.”

-Audience Participant

Housing Issues/Concerns

- Lack of supportive housing in the community, particularly if an individual has no benefits. Also there is a lack of enforcement of the supportive services component in many of the housing programs.
- The Not in My Back Yard (NIMBY) public sentiment has been a huge barrier.
- Case Managers often promise to provide support, but do not always follow through. It was also reported that case managers will help get a person in an apartment, but the cost of apartments are too much for clients to afford.

Legislative/Policy

- It was noted that although we have concluded, via scientific evidence, that mental illness and substance abuse are diseases of the brain, but the response that we are dealing with is a public safety response. In large measure because we are fundamental failing in our public health policy. We do not expect the police to respond to other health-related issues such as cancer. The challenge to struggle with is, “WHY ARE LAW ENFORCEMENT responding to MENTAL ILLNESS?”

The great debate that we struggle with as a society is that all people should be able to live, work and play in the community of their choosing . . . there is a balancing act we must strike between the individual’s rights and liberty versus societal’ s need for protection around the country.

-Panel Member

- Individuals who are young adults often are unable to make sound decisions related to their behavioral health care needs, yet it is anticipated they will.

Rural Issues

- The rural crisis system is very different than metropolitan Phoenix or Tucson and lacks many of the resources. Phoenix has an advantage in size and resources. Police in Flagstaff often end up having to take to people to the jail, as they do not have access to resources such as Assertive Community Treatment teams.
- Many of the individuals with mental illness in Flagstaff also have a co-occurring substance abuse diagnosis. It was reported that that about 50% of the individuals in the Flagstaff jail are Native Americans who committed a crime while under the influence of alcohol and that many of them are probably also in need of mental health support, but options are very limited.

Additional Issues and Concerns

- Mental health courts are only available to individuals enrolled in the Regional Behavioral Health Authority (RBHA) who have committed a misdemeanor. In addition, not all municipalities have mental health courts.
- Service practitioners allegedly have to exaggerate to petition for patients.
- ACT Teams “do nothing more than monitor medications” as the case loads are too large and spread too far across throughout valley to be effective.
- Families struggle to find and access resources.
- Stigma still exists, but the conversation is what overcomes it.

“10 years ago I would not have been invited into this room; 5 years ago my family would have been ostracized for coming to this meeting.”

-Family Member

RECOMMENDATIONS

1. Increase the number of Crisis Intervention Trained (CIT) police officers and better coordination with the crisis system.
2. Family members should practice with their loved one on how to respond if a police officer needs to be called. In addition, information provided to the 911 operator or the crisis line must be accurate and thorough. Police stressed the importance of obeying officers’ commands as they must use force when there is non-compliance, as they have to control the situation to ensure the safety of everyone involved.
3. “Lots of places to call but getting someone to do something is something else, rarely see people intervene on non-emergent populations” therefore need to educate the public and families on how to file petitions and also about guardianships. Suggested that maybe a student group could assist to educate inform and assist.

4. "Communication is critical and a lot depends on how we talk to each other." Need to be careful how we speak to each other and treat each other with respect. Continue having the round table forums to keep addressing the issues.
5. More Mental Health First Aide Training is needed for the community and first responders.
6. Need to develop public awareness and education campaigns on TV and radio shows.
7. Additional training for professionals in HIPAA laws as this has been a huge barrier for family members- especially during a crisis and when they are unable to get information about the safety of the child.
8. Elementary schools take a long time to get children into special education and many other children in need of special classes are not diagnosed. Children should to be identified early. More education is needed in the schools and amongst special education staff.
9. Set standards for case managers and provide additional education to understand all sides of the situation, particularly why people are in crisis.
10. All of the jails should establish protocols so individuals do not lose AHCCCS eligibility when incarcerated; instead processes should be put in place to suspend their eligibility so there is not a disruption in services upon release.

It's about getting all these brains together and saying what we can do - let's not do a work around - let's figure out how to make it work.

-Panel Member