Louisville Division of Police - Herman Goldstein Award Appncauon

Summary: *Scanning:* Over the past several years, LPD officers have spent more and more time responding to individuals in crisis or with mental illness. Prior to the new program, the most common officer response was to use the level of force necessary to gain control over the individual and take them into custody either to the local hospital or jail. Many who were jailed were eventually re-arrested and became part of a cycle. In June 2000, LPD had a tragic incident involving the death of a mentally ill man by officers. This incident brought about a local discussion on the issue of mental illness and how police respond. *Analysis:* While officers behaved in accordance with LPD policies, the response needed changes. LPD formed a small group of officers and community individuals who worked five months reviewing data and national best practices. The goal was to develop a proactive approach for intervention in events that may involve subjects in crisis and/or with mental illness. *Response:* From the analysis, the committee recommended a Crisis Intervention Team (CIT) program. CIT officers would function in a generalist/specialist role, responding as the primary officer when calls for service involve a suspect in crisis or who may be suffering from mental illness. CIT officers use their skill and training to resolve dangerous situations and have the discretion during the incident to determine proper course of action in each case. Program implementation included changes to policies and procedures, 4 hours of specialized training for all LPD personnel, 56 hours of training for CIT *officers,* and development of a less/non-lethal weapons program. Training was conducted using personnel from LPD and local mental health agencies. LPD policy states; *"The CIT provides a critical component for proactive intervention. By working, actively with the mental health community and frequently with the criminal justice system, the program can promote favorable*

long-range alternatives when dealing with citizens with mental health problems ". *Assessment:* In January 2002, the CIT program had 68 officers trained (goal of I00 by 6/2002) and became operational. From January to March 2002, CIT officers responded to 503 runs resulting in 401 subjects hospitalized for evaluation/treatment. Only 11 charges were filed and only 3 runs involved any force (empty hand control only - no injuries to officers or citizens). The CIT committee formed to develop the program now assists in on-going evaluation and monitoring.

Description:

A. Scanning

Mental health and mental illness are dynamic, ever changing phenomena. Adults with untreated mental disorders may experience a loss in productivity, unsuccessful relationships, and significant distress and dysfunction. About one in five Americans suffer a mental disorder in the course of a year (such as depression, anxiety, bi-polar episodes, etc.). An estimated 15% also experiencing a co-occurring substance (alcohol or other drug) use disorder which complicates treatment. Approximately 10% of the U.S. adult population will use mental health services in any year.

The City of Louisville is primarily an urban area with a population of *256,231 (2000* census). On any given day those suffering from mental illness walk our streets, yet most people barely notice their existence. Some are homeless, alienated from their families and friends *because* of their illness. Others have stopped taking their medication, decompensated, and have left their homes for the streets. These individuals often live within the shadows or in the fringes of society. Many are unaware of the services offered within our community *or are* unable to access the resources without assistance.

Cutbacks in Medicaid funding and the lack of affordable/available in-patient and out patient treatment has made it difficult for many local families to provide care for mentally ill loved ones at home. Additionally, the stigma attached to those who are mentally ill prevents many families from even seeking assistance, until a loved one becomes violent or unmanageable.

The Louisville Division of Police (LPD), current authorized strength of 745 sworn officers, is responsible for providing police services to the City of Louisville. Over the past few years, LPD officers have spent more and more time responding to individuals in crisis or with mental illness. In 2001, LPD received over 2,500 calls for service involving such duties as assisting emergency medical services personnel with a mental patient, serving mental inquest warrants, and responding to attempted or threatened suicides. In addition, there were 44,344 calls involving disorderly persons, domestic trouble, domestic trouble with violence, and suspicious persons. A significant percentage of these calls involve those in crisis or with emotional and/or substance abuse problems. These types of calls for assistance may involve transporting an individual to be involuntarily committed or assisting a family with a mentally ill loved one who refuses to take his/her medication. Some area business owners or citizens may call to report an individual engaging in some type of criminal behavior (such as loitering, vagrancy, pan-handling, or more serious acts) or who is acting strangely/dangerously (such as walking in traffic or making verbal threats to passerbys). Other calls, however, involve the victimization of those who are mentally ill. Because of their illness and vulnerability, those living on the streets become easy prey for individuals seeking to rob, assault, or rape.

How the police respond to those in crisis or with mental illness often determines the eventual outcome for both the officer and the individual involved. Prior to the development of the new intervention program, LPD's most common response to these calls was for officers to

use the level of force necessary to gain control over the individual and take them into custody. If an individual fought or resisted arrest, additional charges were placed on them. Once taken into custody, individuals were either transported to a local hospital for a mental health assessment or arrested and taken to jail. Most of the individuals assessed at the hospital were deemed to be of no danger to themselves or others. This resulted in them either being released back into the community or released to go to jail. Because their crimes are predominantly minor in nature, most individuals taken to jail were usually either released by the court or upon conviction spent a couple of days in jail in lieu of a fine (which most could not pay).

Corrections personnel within the jail provide those with a diagnosed mental illness with referrals and/or appointments to local mental health providers, but without continuous medication and assistance, many do not take advantage of this assistance. If individuals are homeless, they return to the streets and without additional treatment and medication. Most eventually will exhibit the same behavior that resulted in a call to the police. This will bring about a re-arrest - and the continuance of the criminal justice cycle.

Lack of financial resources has hindered our community's ability to develop a safety net or continuum of services for those in need of mental health services. For those with family members in crisis this represents a significant hardship. For most citizens, this situation is seen as unfortunate. For law enforcement, this situation creates potentially dangerous problems. Calls involving those in crisis or those who may be mentally ill pose a serious safety risk for police. These individuals are often erratic and unpredictable nature. They may sometimes appear to be endangering the public or the safety of the officers but their actions are merely symptoms of mental illness rather than a deliberate response or calculated motivation. Police called to the scene do not know when or if an individual will escalate into violence that will

require some level of force. Officers must make split second decisions on whether to act upon a perceived threat and sometimes these decisions result in injury or death. Exacerbating the trepidation officers feel when approaching someone with mental illness is the knowledge that some have extensive criminal histories (including serious violent crimes). Currently several individuals are walking the streets of Louisville who have murdered or seriously assaulted citizens, but because of their illness and their inability to benefit from treatment, according to state statutes, can not be held.

In June 2000, LPD officers received a call that a man in a park was hitting himself in the head with a car jack. When police arrived at the scene they found the man bleeding from his self-inflicted head injuries. Paramedics at the scene began administering treatment to the man when he suddenly charged the officers and tried to take their weapons. Officers responded by using pepper spray and their batons in attempts to subdue him but when that failed, they were forced to shoot and kill him. After the incident, it was revealed that the man suffered from paranoid schizophrenia and had been diagnosed as "psychotic". He had been treated both in and out patient for his illness. He also had an extensive criminal history, which included 18 arrests during 1986 to 1994 on charges that included six felonies.

This incident brought about an immediate local discussion and awareness on the issue of mental illness in general and in particular, the problem facing the police as they respond to those in crisis. All sides on the issues agreed that the problem was complex and that finding lasting solutions would require everyone to work together.

B. Analysis

Local and federal reviews of the case cleared the officers involved in the incident; they had followed the Division's policies and procedures and had committed no crime. While there

was no evidence of wrong doing - clearly the response was not ideal and changes were needed. LPD Chief Greg Smith was one of the first to recognize this. With the support of Mayor David Armstrong, community leaders, and the majority of the department's rank and file, Chief Smith began efforts to improve upon the department's response to dealing with individuals in crisis, with a priority on effective response to those with mental illness. If it were possible, he wanted to take proactive measures to prevent such a tragedy from occurring again. LPD has had a successful history of utilizing specialized approaches for other types of crimes/offenders such as for domestic violence and juveniles. Chief Smith asked his Operations Commander, Lt. Colonel Ed Blaser to oversee this initiative and to pull together a small group of professionals from within the community and from within the Division to discuss the issue and develop a comprehensive strategy/program that could be implemented. LPD personnel asked individuals from Seven Counties Services (local designated mental health providers), Doctors from the University of Louisville's Psychiatric Services, and representatives fromNAMI (National Alliance for the Mentally Ill) to become a part of this implementation committee. During this five-month process, committee members reviewed LPD call for service data, arrest information, local court information (such as the number of mental inquest warrants), current policy and procedures, as well as other community mental health data. Committee members also conducted a review of national best practices.

From this analysis, the group determined that those in crisis or with mental illness make up a significant percentage of the incidents in which police are asked to respond. These incidents were potentially dangerous to both the officers and individuals involved. The group also acknowledged that there were hindrances in state statutes and lack of local treatment resources for this population. All agreed that despite the problems, there were things that LPD

could do to improve the response and treatment of this population. The committee set as a goal the development of a proactive approach for intervention in events that involve individuals in crisis and which may involve subjects with mental illness. Some officers feared that they would be asked to become social workers and that their safety would be compromised. The committee, however, understood that they would have to carefully balance the needs of the citizens in crisis with the safety needs of the officers responding. In whatever plan eventually adopted by LPD, officer safety would not be comprised. Instead, it was the hoped that the program chosen would provide officers with additional skills and knowledge that enhanced their safety while responding to these incidents.

C. Response

In December 2000, as a result of their review of best practices, a few committee members conducted a site visit to the Memphis Police Department to investigate how they handle calls for service involving those who are in crisis or who may be mentally ill. From this positive experience, committee members chose this program to model a local response.

In January 2001, development of LPD's 24-hour citywide Crisis Intervention Team (CIT) program began. Implementation steps included conducting specialized training for all LPD personnel and intensive training for the new CIT officers, creation of a less lethal and non-lethal weapons program, changes to Division policies and procedures, and the promotion of the program to the community.

With this program, specially trained CIT officers function in a generalist/specialist role responding to routine calls for service when not acting in a CIT capacity. A CIT officer responds as the primary officer when calls for service involve a suspect in crisis, a subject who may be suffering from mental illness, service of a mental inquest warrant, a subject with alcohol/drug

abuse who presents risk to himself or others, involuntary commitment of an individual by the courts, or voluntary commitment by an individual. CIT officers use their skill and training to resolve potentially lethal situations. They have the discretion at the scene to determine the proper course of action in each case, with the options of transporting the person to the hospital, arresting the person, or resolving the matter informally. CIT officers also have available to them less lethal and non-lethal weapons, in the event that use of force is necessary. For many incidents, officers first attempt to informally handle the situation by talking calmly to the individual and assessing the level of their crisis and their needs. Having CIT officers with the ability to utilize discretion makes the arrest of individuals with mental illness less likely.

Specific objectives developed for the program included:

* Reduction in use of force during incidents involving those in crisis or with mental illness;
* Reduction in injuries to officers/citizens resulting from incidents involving those in crisis or with mental illness;
* Providing specialized training on the CIT program & mental health issues to all personnel;
* Providing specialized CIT training to 20% of the uniform patrol personnel;
* Implement a less than lethal, non-lethal program to allow options for CIT officers;
* Increasing awareness of mental illness within the department and the community;
* Reducing the stigma attached to those suffering from mental illness.

Before the program could begin, a massive training initiative needed to be conducted. A "train the trainer" course for LPD's training Unit personnel and those chosen to be the first CIT officers was the first step. This first class was conducted in August 2001 with the assistance from Memphis, Tennessee program personnel. Applicants for the first class of CIT responders were screened (personality traits, job skills, disciplinary record, etc.) to ensure that only most

qualified and capable are given this unique first opportunity. Training consisted of a 40 hours of classes on topics which included recognizing mental illness and personality disorders, suicide prevention, alcohol and drug assessment, and applying appropriate crisis intervention techniques include verbal techniques and use of force. The use of role-play during the training allowed participants to practice the skills they were learning in various "real life" type scenarios. In addition to the 40 hours, officers spent eight hours on less lethal and non-lethal weapons and were given eight hours of clinical training offered by the Department of Emergency Psychiatry Services at the University of Louisville (UofL). The second CIT class was held in October 2001 and was conducted by LPD Training Unit personnel (trained in the first class) and professionals from local mental health agencies/organizations.

Before graduating, each new CIT officer must attend a total of 56 hours of specialized training. To aid the officer at the scene, a packet of resource information (containing data on the effects of various psychotropic drugs, community mental health providers, etc.) is also provided.

All training partners have been very positive about the program and have indicated that this collaboration has improved relationships. UofL Hospital has implemented a program that allows CIT officers to expedite the process by which individuals are dropped off for psychiatric assessment/treatment. These changes allow officers to return to their regular patrol duties quicker. UofL personnel are also assisting the program by compiling a database that details available beds at mental health and drug treatment facilities so that CIT officers will have access to up-to-date community mental health information. In addition, Seven Counties Services has begun promoting and discussing the program with their patients and family members of patients who come to their facilities for services. This creates an enhanced awareness among potential users of the program - about what to expect when the police arrive to assist. Because LP.D used

local experts as a training resource, the cost to implement the program was relatively nominal. This use of local professionals has also provided LPD with a solid foundation of community support, support that is needed to ensure the program's long-term success.

Coinciding with the specialized CIT training, all division personnel (sworn and civilian) were mandated to take a four-hour block of training which provided data on the CIT program and basic information on how to recognize and respond to those in crisis or with mental illness. Because the policies and procedures regarding how dispatchers process calls were also changed as part of this program, communications personnel were given information on proper CIT dispatch, which call codes mandate a CIT dispatch, and obtaining additional information regarding potential C1T calls (such as asking subjects/911 callers about medications).

According to the new LPD policy and procedure governing the program, *"The CIT provides a critical component for proactive intervention. By working actively with the mental health community and frequently with the criminal justice systems, the program can promote favorable long-range alternatives when dealing with citizens with mental health problems. Citizens with on-going mental health problems can he identified and measure taken to reduce the frequency of police contacts. Ii formation will he channeled hack to the field to promote safety for police personnel as well as citizens. "*

It is hoped that the partnerships formed in the CIT program promote favorable long-term alternatives to police intervention. Previous police response was ineffective because it merely addressed the behavior caused by an individual's mental illness. The CIT officers will enable LPD the opportunity to better respond to the needs of the *individual* and guide them to the resources available within the community to help them cope with their crisis or mental illness. This translates into better outcomes not only for the individuals involved but also for the

community as a whole. Criminal justice system resources should be spent on those who need to be there, not those for which there are other viable alternatives.

Difficulties experienced during the development of the response included overcoming officer fears of the subject matter, obtaining enough volunteers for the initial class, and obtaining buy-in and assistance by local mental health professionals. Scheduling the division-wide and CIT officer training also presented some challenges to LPD personnel due to its magnitude and finding convenient times for the community professionals who assisted.

D. Assessment

The first two CIT classes resulted in approximately 68 trained officers. Another class is planned for early June 2002. With this next class, LPD will have met its goal to have 100 CIT officers completing the 56 hours of training. Additional classes will be on-going to meet the program demands. Surveys from the students attending the training classes have been positive. While most find the training extremely beneficial, some describe the training as best they have ever had. In addition, feedback from the students has been used to make changes and improvements within the training - such as the need for more role-play scenarios.

LPD's CIT program became fully operational in the six police districts in January 2002. At this time, CIT officers began taking dispatched runs. For each CIT incident, officers are required to fill out a special report form that allows for case tracking and data collection. From January to March 2002, CIT officers have responded to 503 runs. Of these runs, 401 of the subjects involved were hospitalized for evaluation and/or treatment in lieu of being incarcerated in jail. In fact, only 11 charges were placed on individuals during the first three months the program has been operational. Out of the 503 incidents, force was used in only three of the cases. With these three incidents, the force used was empty hand control only. No pepper spray, batons

or less/non-lethal weapons have been used and no injuries have been reported for officers or citizens. The typical subject encountered by officers on these runs was a white male approximately 40 years of age.

The CIT committee formed to implement the program now assists in program evaluation and monitoring. Monthly statistics are reviewed by the multi-disciplinary committee to promote program effectiveness and to suggest improvements (i.e. if additional training is needed, if population characteristics change, etc.). CIT officers are routinely asked to provide input and anecdotal information regarding specific cases in which they responded. This level of monitoring is imperative for quality control as well as to maintain the collaborative relationships with all involved.

Preliminary program statistics, as indicated above, suggests that project goals and objectives are being met. Only minimal use of force is being utilized, injuries to police and citizens are non-existent, officers involved are using their knowledge and skills correctly and efficiently, fewer individuals are going to jail, more individuals are receiving treatment, and the community has been very supportive. In addition, the created partnerships with community mental health organizations/agencies and the police are resulting in unexpected benefits (such as more effective/expedited patient processing within the hospital) and group problem solving. Officers are reporting improved attitudes, more confidence, and decreased trepidation about responding to those with mental illness. As the program goes forward it is hoped that additional outcomes will include increased awareness regarding gaps in the local community mental health continuum of services as well as increased public confidence in the Division's ability to respond to this population.

For future improvements, the CIT committee is already looking into the need for additional training as well as advocating for the development of more local treatment alternatives. Even though it has only been operational for a short period, LPD has been asked to present at many meetings and conferences on its CIT program. Surrounding jurisdictions and even the state are looking into ways to implement similar programs. LPD will continue to assist and be a resource in these efforts to improve services to those in crisis or with mental illness.

While further data and continual monitoring is needed to show long-term value, on the short-term, LPD's CIT program is viewed as a success. In less than two years, LPD has created a fully integrated community oriented policing response to individuals who are mentally ill. This program showcases the foundations of problem oriented policing at its best and what a community can do when everyone works together. Weaknesses with police response are brought to the attention of the Division. Because LPD chose to reach out to community partners — a multi-faceted solution was found. For each individual receiving services, it is hoped that the outcomes will be positive and long-lasting in nature. By effectively responding to those who are in crisis or who are mentally ill, our officers have the ability to increase an individual's chances of becoming fully integrated productive members of the community. In many ways, the CIT officers give these individuals a second, or third, or even fourth chance at getting their lives back. For this outcome, there is no measurement.

References:

U.S. Department of Health and Human Services. Mental Health: *A Report of the Surgeon General - Executive Summary.* Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999

Teplin, Linda A. Keeping the Peace: Police Discretion and Mentally Ill Persons. *National Institute of Justice Journal;* July *2000;* 9-15.

Agency and Officer Information:

1. The CIT program was a product of input from patrol officers to the Chiefs Office and from many community individuals. The program is city-wide and is available 24 hours a day, seven days a week.
2. Most LPD officers have received training in problem-oriented policing and/or problem solving. All have received training in how to interact more effectively with the community and how to develop partnerships/collaborations to assist in Division initiatives. LPD recently completed and adopted a comprehensive COP strategy which included recommendations. Personnel are currently working to strengthen the COP philosophy within the department by accomplishing the report recommendations.
3. No incentives were given to officers to participate in this program. The only benefit received by officers was the opportunity to participate in a unique, vital new program to this community. The new skills officers learn during training are viewed very positively by the rank and file, as potential life savers for both the officers and the citizens during crisis situations.

4. Officers who completed the training were given a resource packet containing information that could be used on the scene to assist in problem-solving efforts. Data contained in the packet includes usage and possible effects of psychotropic medication, community mental health providers, and other similar information.

5. The problem solving model works well for specific crime problems but a broader scope problem, such as how to respond more effectively to mentally ill individuals, the fit is a little more difficult. Law enforcement can only provide solutions to their small pieces of the overall puzzle of how to create a continuum of services for those who are in crisis or mentally ill. It was sometimes frustrating for those involved in the project to discuss problems which effect how an officer is able to do their job, but not have any real control over the outcome. Examples of this include the need for additional in-patient treatment facilities, possible changes in state statutes, and the need for continuous case management of individuals coming from the jail and into the community. LPD must remain an active partner in community discussions to ensure ongoing progress in these larger issues.

6. LPD personnel spent hours of on-duty time conducting research, reviewing data, and meeting with community partners. Funding for the training initiatives was secured from the Division's general fund. Equipment needed for the program was purchased using available law enforcement grants. The program would not have been possible without the in-kind assistance from our community partners, who donated thousands of dollars in personnel time to help make this project a success.

7. Lt. Charlie Edelen, Commander of Staff Services
633 West Jefferson Street
Louisville, KY 40202
(502) 574-2401; Fax: (502) 574-2450
Gedelen(cipdky. org