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Persons in Crisis: Law Enforcement's Response to Mental Health Calls

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Recommended Citation

Persons in Crisis: Law Enforcement's Response to Mental Health Calls

by

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February 2023

Submitted to Concordia University, St. Paul, Minnesota

College of Humanities and Social Sciences
in Partial Fulfillment of the
Requirements for the Degree of

MASTER OF ARTS CRIMINAL JUSTICE LEADERSHIP

Dedications

I would like to dedicate this capstone to my beautiful and supportive wife, Abby. Without you, none of this would be possible. Also, to my sons, Brody and Garrett. May this serve as inspiration for you to always chase your dreams.

Abstract

This research paper provided insight and the history surrounding the mental health epidemic in the United States, the burden that is placed upon the law enforcement profession and offered strategies to address to the problem. The paper offered suggestions on how the various strategies can be implemented within a law enforcement organization, considering funding, personnel, and policy and procedure. The paper offered research surrounding several response methods for law enforcement to utilize when responding to calls involving mental health factors, the ethics concerns surrounding the response methods, and offered suggestions on how organizations can begin to implement new response methods with special attention focused upon the stakeholders involved, policy adaptations, and how to create organizational buy-in. Finally, this paper analyzed the legal and legislative concerns surrounding law enforcement's response to mental health related calls, the strategies available to address these concerns, and the ways in which dispatchers, mental health workers, and law enforcement can work collaboratively to fulfill the legal and legislative requirements.

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Chapter 1: Introduction

There is a mental health epidemic facing our country and criminal justice practitioners are all too familiar with it. There is an overwhelming presence of mental health related issues within the criminal justice system. The people afflicted with mental health issues are found in every step of the criminal justice process, from their first contact with law enforcement, to their work with their assigned probation officer that is attempting to help them reintegrate back into society. Studies have found that persons suffering from mental health related illnesses, "are three to four times more likely to have interactions with criminal justice professionals than the general public" (Council of State Governments, 2002, pp. 1). Research by Franz states that, "historically, as many as 7–10% of United States police contacts have involved persons with mental illnesses, with a disproportionate amount of these encounters resulting in arrest, usually for minor offenses" (2010, p. 1). With almost every call for service that law enforcement professionals respond to having some form of mental health aspect involved, it has become increasingly apparent that response strategies need to evolve.

The mental health epidemic's origin can be located back in the 1950's when the deinstitutionalization movement began. Persons afflicted with mental health issues who had previously been isolated from society and treated as outcasts, were now being released back into communities without any assistance with reintegration or treatment plans. From there the problem continued to grow over time with the advancements in medical technology that has assisted in diagnosing mental health issues and the movement to remove stigma from mental health diagnoses in general. To help illustrate this growth, back in 2013 there was a study that found that there was an estimated 15 million people living in the United States with a mental health issue (Yohanna, 2013). This number does not take into account the people who are living

with undiagnosed mental health issues, and surely after 10 years, this number has grown exponentially.

Today, law enforcement professionals are expected to respond to a plethora of calls for service that require them to play many different roles, mediator, enforcer, social worker, and now mental health professional. The overall mission of the law enforcement profession is to uphold the law and to serve and protect the public. In recent years the law enforcement profession has undergone several changes to their response strategy to calls involving mental health aspects. Previously, if law enforcement professionals were dispatched to a call of a suicidal person, they would enter homes, and businesses to get to the subject and force them to go to the hospital. Nowadays, the response is much more tactful. There is careful consideration placed on where the subject is, if they are alone, and if they even pose an immediate threat to the public.

With the ever-changing climate surrounding the law enforcement profession, it is vitally important for law enforcement professionals to be equipped with the necessary trainings, equipment, and personnel to effectively serve the public. One of the proposed strategies that has been implemented in some parts of the country is the co-responder model. This model combines law enforcement professionals with mental health professionals to respond to and address calls involving persons suffering with mental health issues. The co-responder method offers the protection of law enforcement alongside the mental health expertise of a licensed therapist or social worker. This allows for the response to mental health related calls to take a more holistic approach where the problem is addressed from multiple angles.

There is opposition to this model, as there is concern regarding placing an unarmed, innocent, bystander into a potentially dangers situation. Calls involving mental health aspects are unique and each has the potential to make a sudden change from passive to hostile and having

that additional person on scene creates an additional layer of concern for law enforcement. In order to quell these concerns, some organizations have taken a hybrid approach to the co-responder model, where they either have some of their law enforcement personnel specially trained in crisis intervention and/or they have the mental health professionals follow up with the subjects of mental health calls after the incident. This helps alleviate the concern of having innocent bystanders being placed in harm's way, while also still addressing the needs of the person in crisis.

The ethics of law enforcement's response to mental health calls is a complex and important issue that has come under increasing scrutiny in recent years. On one hand, law enforcement officers are often the first responders to calls involving individuals in crisis, and they play a critical role in ensuring public safety and protecting the rights of individuals in need. On the other hand, there are concerns that law enforcement officers are not properly trained or equipped to handle these types of calls, and that they may inadvertently harm or further traumatize individuals who are already in a vulnerable state.

One of the main ethical concerns surrounding law enforcement's response to mental health calls is the issue of use of force. In many cases, individuals in crisis may be non-compliant or may pose a threat to themselves or others, which can lead to confrontations with law enforcement. Keeping in mind the frequency that law enforcement deals with persons suffering from mental health crisis, "a report by the Treatment Advocacy Center suggests that people with untreated mental illnesses are 16 times more likely than other civilians to be killed by police officers" (Hoff, 2022, pp. 3). However, it is important for officers to use the least amount of force necessary to resolve the situation and to take into account the individual's mental state and potential vulnerability. In addition, officers should be trained in de-escalation techniques and

other strategies for dealing with individuals in crisis, such as crisis intervention teams (CITs) that are specifically trained to handle mental health calls.

Another ethical concern is the issue of involuntary commitment or involuntary treatment. In some cases, individuals in crisis may need to be placed in a hospital or other treatment facility for their own safety, but this can be a difficult decision to make and raises important questions about individual rights and autonomy. Additionally, there are concerns that individuals with mental illness are disproportionately targeted by law enforcement and may be more likely to be arrested rather than receiving the help they need.

Finally, it is important to consider the issue of stigma and discrimination that individuals with mental illness often face. Law enforcement officers should be aware of the impact that their actions may have on individuals with mental illness and take steps to reduce any negative consequences, such as by providing appropriate referrals to mental health services and avoiding unnecessary arrest or incarceration.

Overall, the ethics of law enforcement's response to mental health calls is a complex and multifaceted issue that requires ongoing attention and training to ensure that officers are properly equipped to handle these types of calls in a way that is safe, effective, and respectful of the rights and needs of individuals in crisis. It is crucial that law enforcement agencies make it a priority to provide their officers with the training and resources they need to handle these calls in a way that is ethical, effective, and compassionate.

Law enforcement officers play a critical role in responding to individuals experiencing a mental health crisis. While their primary responsibility is to ensure public safety, officers are

often the first point of contact for people in distress and are expected to handle complex and volatile situations. The encounter between law enforcement and people experiencing a mental health crisis can have serious legal implications, including issues of involuntary commitment, civil rights, and excessive force. In many cases law enforcement officers are often not sufficiently trained or equipped to deal with individuals with mental health conditions, leading to a range of legal issues that arise when they are called to respond to such individuals. This paper will examine the legal issues surrounding law enforcement's response to mental health and discuss the challenges that officers face in managing these situations.

Involuntary Commitment

In many states, law enforcement officers are authorized to initiate involuntary commitment proceedings if they believe an individual poses a threat to themselves or others. However, the criteria for involuntary commitment vary from state to state and can be difficult to interpret in the heat of the moment. Additionally, officers may not have a comprehensive understanding of the mental health system and may not know how to access resources that would be more appropriate for someone in crisis. This can lead to people being involuntarily committed when they do not meet the criteria for commitment, violating their civil rights and potentially causing them harm.

Civil Rights

The Fourth Amendment of the U.S. Constitution protects individuals from unreasonable searches and seizures by law enforcement officers. This means that officers must have probable cause to detain someone and must obtain a warrant to search their person or property. However, in mental health crises, the line between what constitutes a lawful detainment and an unlawful seizure can be blurred. For example, an officer may detain someone for their own safety, but the

individual may view this as an unlawful arrest. This can lead to civil rights violations, including the use of excessive force and violations of due process.

Excessive Force

Excessive force by law enforcement officers is a serious issue, particularly when dealing with individuals experiencing a mental health crisis. People in crisis may behave erratically or aggressively, making it difficult for officers to assess the situation and respond appropriately. In some cases, officers may use excessive force when dealing with someone in crisis, causing injury or death. The use of excessive force can also exacerbate the individual's mental health symptoms and lead to additional legal and administrative consequences for the officers involved.

Conclusion

Law enforcement's response to mental health crises poses significant legal challenges. Involuntary commitment, civil rights violations, and excessive force are just a few of the issues that officers must navigate in these complex and volatile situations. Understanding the legal implications of these encounters is essential for officers to effectively respond to people in crisis and protect both the public and the individuals involved. Addressing these challenges will require a multi-disciplinary approach that includes training for law enforcement officers, collaboration between law enforcement and mental health professionals, and reforms to the involuntary commitment process.

Chapter 2: Review of the Literature

Mental Health History

The nation has and continues to struggle with a mental health epidemic. Researchers have concluded that this crisis can be attributed in part to the deinstitutionalization movement that took place in the 1950's. "Deinstitutionalization as a policy for state hospitals began in the period

of the civil rights movement when many groups were being incorporated into mainstream society. Three forces drove the movement of people with severe mental illness from hospitals into the community: the belief that mental hospitals were cruel and inhumane; the hope that new antipsychotic medications offered a cure; and the desire to save money" (Yohanna, 2013, p. 886).

Many within the criminal justice profession can attest that this policy of deinstitutionalization did not produce the desired effects. Rather than seeing those suffering from mental health related illnesses receive the appropriate treatment and support, they have instead become castaways within society. A study by Fuller, et al. (2015) found the following:

"Hundreds of thousands of these men and women live desperate lives. They sleep on the streets, over- flow emergency rooms and, increasingly, overwhelm the criminal justice system. Numbering somewhat fewer than 4 in every 100 adults in America,4 individuals with severe mental illness generate no less than 1 in 10 calls for police service and occupy at least 1 in 5 of America's prison and jail beds, and an estimated 1 in 3 individuals transported to hospital emergency rooms in psychiatric crisis are taken there by police" (p. 1).

The outrageous costs of adequate medical care and treatments, combined with the difficulty of accessing rehabilitative programs has led to many suffering from serious mental illness (SMI) simply becoming statistics of the criminal justice system.

The Problem at Hand

The rate at which mental health related illness is being diagnosed within the public is alarming to say the least. This can be attributed to both the increase in medical technology, and the mission of combating the stigma associated to mental illness diagnoses. That being said, a

study from 2010 proposed that the number of people in the United States who were suffering from SMI was nearing 15 million (Yohanna, 2013). This number has certainly grown since this study took place and it does not consider the number of people suffering from SMI that have gone undiagnosed.

How does this overwhelming number of persons suffering from mental health related illness effect law enforcement? Research by Borum and Franz states that, "Historically, as many as 7–10% of United States police contacts have involved persons with mental illnesses, with a disproportionate amount of these encounters resulting in arrest, usually for minor offenses" (2010, p. 1). Unfortunately, mental health illnesses vary in their degree from motor ticks to causing disordered thinking. Regardless of the illness, it appears that members of the criminal justice system require additional training to properly interact with this subculture to ensure that members of this group are not being re-victimized.

Treatment Advocacy Center

Addressing the Issue

Public Policy

"Public policy can be generally defined as a system of laws, regulatory measures, courses of action, and funding priorities concerning a given topic promulgated by a governmental entity or its representatives" (Kilpatrick, 2000, pp. 1). Traditionally the first step in addressing the issue is to identify the problem at hand. This entails working with the community to hear their concerns, collaborating with local, state, and federal entities for implementation of programs to help alleviate the issue. However, sometimes the issue presents itself after community members call for reform to occur, which prompts a reaction from the governmental bodies. This was the case for Minnesota when, "The shooting death of Travis Jordan, a mentally ill man, by

Minneapolis police in 2018 led the Legislature this year to pass "Travis's Law," requiring 911 dispatchers to send mental health crisis workers to a critical law enforcement situation whenever possible" (Furst, 2021, pp. 1).

The incident that occurred with Travis Jordan in 2018 prompted an overhaul to how police respond to mental health crisis calls. Many departments across the nation have chosen to adopt similar public policies and have shifted toward a co-responder model to policing mental health related calls for service. The City of Eagan's Police Department not only collaborates with the Dakota County Crisis Response Unit to address mental health related calls, but they also developed a Mental Health Response Team (MHRT). The MHRT team is comprised of police officers from the Eagan Police Department and a licensed therapist, and they are tasked with conducting follow-up after a crisis related incident to ensure that the individuals are aware of and provided with a list of resources available to them.

Best Practices

When undertaking a massive overhaul, it is best to see research the effectiveness of other agencies that have gone through the process. *Police Response to People with Mental Illnesses in a Major U.S. City: The Boston Experience with the Co-Responder Model* by Morabito et al. (2018), is a study that takes an in-depth look into the Boston Police Department, the number of mental health related calls they respond to and the methodologies and procedures that they have in place to handle those calls.

The Boston Police Department generated 681,546 calls for the year of 2017. Of those calls, 5,953 specifically dealt with mental health. Much like other departments that track the metrics of their calls, the Boston Police Department did not include other call types to

this metric, such as overdoses, welfare checks, and 911 hang-ups that later turn into crisis related calls. (p. 2).

Another case study that looked at combining the use of crime analyst data with the implementation of the co-responder model was the *A Co- Responder Model for Policing Mental Health Problems at Crime Hot Spots: Findings from a Pilot Project* by White et al. (2018). This study showcased that mental health calls for service, behave very similar to typical crime-based calls for service, in the sense that they are geographically situated in certain areas of the city. Mental health related calls for service typically generate in the same areas, "problem areas", such as group homes, retirement complexes, hotels, and homeless encampments. Identifying the areas that are the source for repeat calls for service, allows for an agency and their coalition to develop plans of actions to address the problem, and to incorporate the use of outside services (homeless shelters, and/or social services).

Researching previous case studies such as *The Boston Experience* can showcase how to properly aggregate the necessary information to make a proposal to the city council, or other governmental entity to show the need for additional training, personnel, and/or implementation of specialty units. The information gathered from other organizations that have undergone complete overhauls of their response to mental health calls for service can assist in future changes for other organizations. It is important to consider the stakeholders involved in the process of an overhaul that organizations will need in their corner if they hope to make progress.

Organizational Change

"For collaboration to work, all relevant stakeholders must have a voice at the table. Since the actual number of participants must be somewhat limited to ensure efficiency, formal communication methods must be established to ensure that those unable to be at the table still

have their views heard" (Crime and Justice Institute, 2009, p. 48). As previously mentioned, the public's concerns were voiced through the implementation of *Travis' Law*, it then becomes necessary for the local agency to quantify the problem at hand.

When considering whether or not this initiative was necessary for the department and the community, the Eagan Police Department did and consistently compiles metrics for the various calls for service that they respond to. The following graph displays the overall calls for service the Eagan Police Department received from 2012 to 2021. This graph and its metrics were compiled by the Eagan Police Department's, Crime Analyst, Angela Backer-Hines.
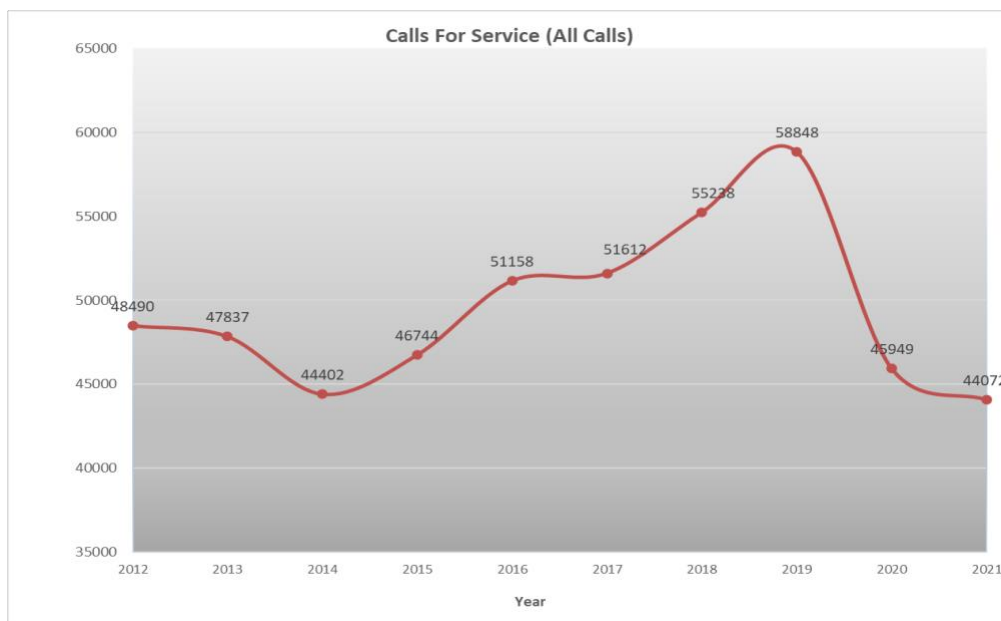
From there, the Crime Analyst (Angela Backer-Hines) broke down the overall calls into categories associated to mental health related calls for service. The following graph displays those call types from 2012 to 2021. These call types include welfare checks, suicides and suicide attempts, overdoses, and mental health calls.
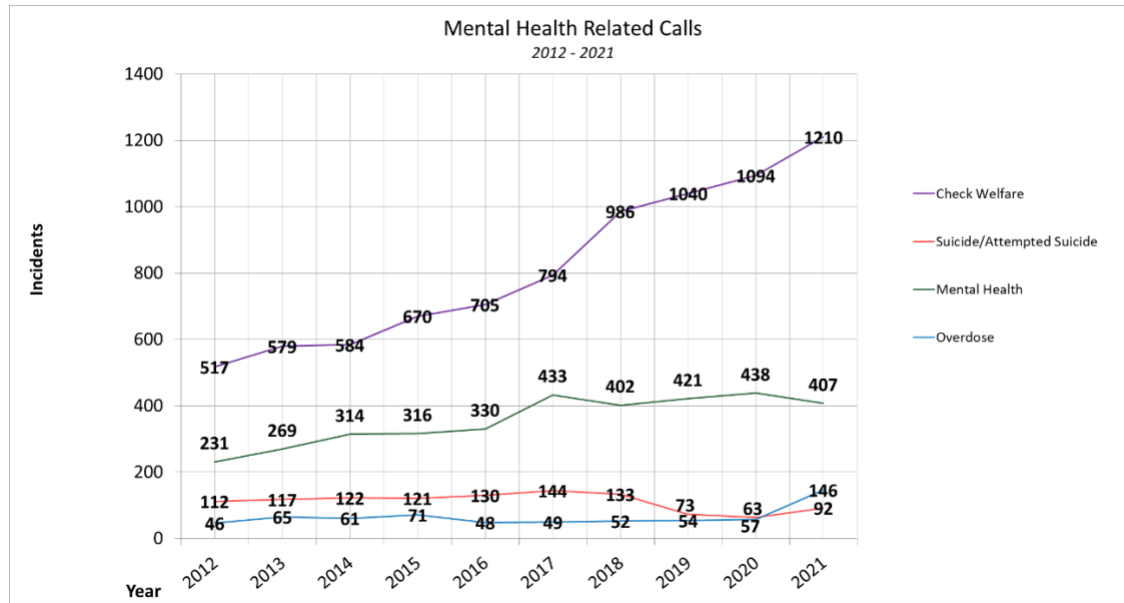
Finally, each year the Eagan Police Department's Crime Analyst provides further details regarding the amount of time and resources that go into responding to mental health related calls.

Problem	Total Time on Call (hours)	Average Time on Call (hours)
Crisis Mental Health	241.93 hrs	0.62 hrs
Suicide Threat/Attempt	19.16 hrs	1.13 hrs
Welfare Check	549.97 hrs	0.47 hrs

This data was collected from January 2021 to December 12th, 2021 from the City of Eagan Police Department. This data does not include Overdose calls for service

Providing quantifiable data (like the previous graphs) helps a department support their requests for additional personnel, training, and the implementation of new specialty units, like the Mental Health Response Team.

Co-Responder Model

There is undoubtedly a need for this co-responder model to address mental health related calls. A 2002 study conducted as a joint task force headed by the Council of State Governments (CSG) found that there is an unprecedented number of persons suffering from mental health related disorders within the United States, and those suffering from mental health disorders are approximately three to four times more likely to have contacts with criminal justice professionals and/or be incarcerated than the general public (Council of State Governments, 2002, pp. 1). With this data in mind, it is of the utmost importance to effectively train law enforcement to interact with individuals suffering from mental health related disorders so as to keep the law enforcement officers, community members, and the subjects of the calls for service, safe. In order to accomplish this mission, departments across the nation will need to acquire the funding necessary to implement various initiatives.

Budgeting for the Program

There are a plethora of resources available to criminal justice organizations to request additional funding and/or training resources to implement a co-responder type model to addressing mental health related calls. There are a number of different programs and initiatives that different agencies choose to incorporate within their organization. One of which is the Crisis Intervention Team. The approximate cost for the implementation of a CIT within a criminal justice organization is substantial but the benefits outweigh the costs. Training for a group of officers to be certified in CIT would be approximately $146,079 but could save an organization approximately $1,024,897 annually (BJA).

Some agencies, like the Eagan Police Department, created their own take on this initiative by forming the Mental Health Response Team (MHRT). The formation of this team did not require much additional funding. The personnel used to fill the team were selected through a

voluntary process, so there was no need to hire additional bodies for the organization. The training that the members underwent was provided free of cost through the Minnesota Peace Officers Standards and Training (P.O.S.T) via an online course. Members of the MHRT team compile a spreadsheet of all relevant mental health related calls for service to include the individual(s) involved, location, date, circumstances of the incident, and the outcome of the call. From there they conduct follow-up with the subject(s) of the call with a licensed therapist from Life Works to make sure that they subject(s) are receiving the resources that they require. The only cost to the department is the contract they have with the therapists from Life Works, which is miniscule.

This low-cost option was exactly what the local government for the city of Eagan desired. Now that the organization has been implementing this initiative for roughly 2 years, they can re-visit the city council and request additional funding for training to ensure that their law enforcement officers are receiving the most up to date training to better serve the members of the community. The MHRT initiative has been received very well from the individuals that are the subject of the follow-up meetings, and the community at large. This program helps break down the barriers that some of the public view when dealing with members of the criminal justice system. It helps to shine a light on the human side of law enforcement officers and showcases the reason that many of us joined the profession in the first place; to help those in need.

The Problem at Hand

The current, state-wide problem at hand is the overwhelming number of mental health related calls for service that our law enforcement is tasked with responding to. Although agencies are implementing mental health trainings to their officers, they are essentially playing "catch-up" to this ever-growing issue. In today's era of policing, any given call can and most

likely does have some element of mental health sprinkled within it. This means that all police

officers need to be supplied with the tools necessary to help address these issues to effectively

assist those in need. If police officers are not given the proper tools (training in recognizing

mental health related symptoms, de-escalation techniques, and resources to offer), then we are

setting them and the public up for failure.

In 2021, the State of Minnesota signed the "Travis Law" into legislature. The "Travis

Law" stems from an incident involving Travis Jordan, who was a mentally ill man that was shot

and killed by law enforcement after he refused to comply with officers' commands to drop a

knife he was carrying. The "Travis Law" essentially amended the definition for emergency

response services under Minnesota State Statute 403.03 reading, "services available through a

911 system must include police, firefighting, and emergency medical and ambulance services.

Other emergency and civil defense services may be incorporated into the 911 system at the

discretion of the public agency operating the public safety answering point. The 911 system **shall**

include a referral to mental health crisis teams, **when appropriate**". This statute is one that

much of the public is quick to get behind, but they don't understand the difficulties that have

come from attempting to implement it.

The Players

In order to properly address this issue, it is necessary to understand who the stakeholders

are. For collaboration to work, all relevant stakeholders must have a voice at the table. Since the

actual number of participants must be somewhat limited to ensure efficiency, formal

communication methods must be established to ensure that those unable to be at the table still

have their views heard (Crime and Justice Institute, 2010, p. 48). There are a lot of players to

consider in these incidents: innocent bystanders, the law enforcement officers, and social

workers, but the most important stakeholders and primary customers are those suffering from mental-health related illnesses that require intervention and/or assistance from law enforcement. Keeping the primary customer in mind, ensures that the proposed solutions are fulfilling their needs. Understanding the needs and expectations of the customer can help law enforcement agencies foster a different approach that gains the desired results.

Current Public Policy

Ever since the death of George Floyd, public sentiment regarding law enforcement has dropped significantly and with that came a loss of trust. Many groups have called for the defunding of the police because they feel as if the money being spent on our law enforcement is not meeting their expectations of service. That being said, it is essential for law enforcement agencies to do everything within their power to change the narrative, by showcasing that they are providing a professional level of service to their citizens.

In a 2020 survey, it was found that, "nearly nine out of ten Democrats support major changes in policing, while only 14% of Republicans do. And nearly eight of ten Democrats – versus just 5% of Republicans – favor reducing police department budgets and shifting the money to social programs" (*Public perceptions of the police,* 2021, p. 1).
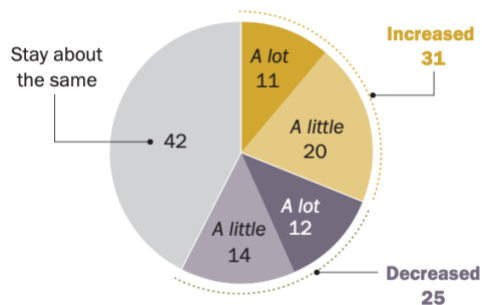
Americans' Views of the Need for Changes in Policing

	Major Changes Needed	Minor Changes Needed	No Changes Needed
All Americans	58%	36%	6%
Black Americans	88%	10%	2%
Hispanic Americans	63%	33%	4%
White Americans	51%	42%	7%
Democrats	89%	10%	1%
Independents	60%	36%	4%
Republicans	14%	72%	14%
Ages 18-34	81%	16%	3%
Ages 35-49	61%	33%	7%
Ages 50-69	43%	50%	8%
Ages 65+	46%	47%	7%

Source: Gallup Survey of U.S. adults, aged 18 and older, June 23-July 6, 2020. Margin of error 1.4 percentage points at the 95% confidence level. *Question: Which of the following best describes your view about changes that may or may not need to be made to policing in the United States?*

Far more Americans favor keeping spending on policing at current levels – or increasing it – than cutting spending

% who say spending on policing in your area should be …

Increased 31
- A lot 11
- A little 20

Stay about the same 42

Decreased 25
- A lot 12
- A little 14

Note: No answer responses not shown.
Source: Survey of U.S. adults conducted June 16-22, 2020.
PEW RESEARCH CENTER

"Public policy can be generally defined as a system of laws, regulatory measures, courses of

action, and funding priorities concerning a given topic promulgated by a governmental entity or

its representatives" (Kilpatrick, 2010, pp. 1). This definition of public policy helps us understand the importance of listening to what the public wants and expects of law enforcement. Attempting to adhere to their expectations can greatly increase the perception of law enforcement, rebuild trust, and allow for greater budgeting and/or resources to be allocated to them.

Dissenting Opinions

As one could easily guess, there are a number of those who are opposed to the idea of somewhat placing law enforcement on the backburner when responding to mental health related calls. Some say that law enforcement officers are already tasked with wearing too many hats in their profession. For those that are of that opinion, the argument can be made *that* is the very point of law enforcement officers nowadays. Plus, if officers are not the ones responding to these types of calls, who will?

One of the voices of opposition comes from Alexandria Police Chief Scott Kent who states, "When it comes to Travis's Law, Kent is wary of the concept of mental health crisis teams responding alongside police officers to 911 calls, an idea he called 'absurd.' He also didn't want crisis teams following cops, in part because calls can be potentially dangerous. Kent said if police are at a scene, it doesn't make sense in a situation that could potentially escalate for them to wait for a mental health provider that could be 45 minutes away" (Orenstein & Walker, 2021, pp. 21).

Chief Kent makes a good point that law enforcement and the subjects calling for help shouldn't have to wait for crisis teams or social workers to come to their aid. I have personally been on calls where our county CRISIS team was called prior to officers making contact with the subject, and I was told that they were unwilling to respond. When officers are placed into this

type of situation, they would be engaging in a dereliction of duty by not responding, so why is it acceptable for others to do the same?

Favorable Opinions

On the flipside, there is a lot of support for the use and implementation of crisis teams alongside law enforcement. Many people have noticed the staggering effects of the mental health epidemic which was exacerbated even more by the pandemic. "Nearly 10,000 people were on waiting lists to access mental health services as of last week, according to the Minnesota Association of Community Mental Health Programs. More than half are children. The association also tallied 650 unfilled staff positions across 20 mental health agencies" (Berkel, 2022, para. 10.). Due to the overwhelming number of persons suffering from the symptoms of mental health related illnesses, there has been added pressure from community members upon their local law enforcement, hospitals, and their State representatives to develop a more effective option.

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Addressing the Issue

</div>

Policy Change

The law enforcement agencies within Dakota County are all too familiar with working with the CRISIS team. Prior to the implementation of the 'Travis Law', law enforcement within Dakota County would frequently contact and/or provide the contact of the CRISIS team to people dealing with mental health related illnesses, those who were experiencing homelessness, and those simply needing a resource for someone to talk to. The CRISIS team worked very well for what it was originally designed to do. However, ever since the implementation of the 'Travis Law' into legislation, first responder dispatch centers are supposed to be contacting "mental

health crisis teams" or crisis response units (CRU) simultaneously with law enforcement; unfortunately, that is underwhelming not the realization.

The major problem that lies here is that these CRU teams are not properly staffed and simply can't manage the number of calls and requests for response. There have been countless times when a mental health related call, that has no real need for law enforcement response, is dispatched to officers without even notifying the CRU team.

It has become very apparent that dispatchers are not properly trained on what the procedures are for implementing the CRU team, as time after time the proper procedures are not followed. When these situations arise, officers oftentimes call upon the CRU team themselves to inform them of the nature of the call, and more often than not, the officers are still the ones that are responding to the call. This not only goes against the legislation, but it also places officers into situations that they are not really supposed to be in.

In order to effectively address this issue, it is imperative that law enforcement agencies adapt a co-responder model of policing. The Eagan Police department, other agencies of Dakota County, and agencies throughout the State are surely not the first to attempt this endeavor, and as such there are plenty of blueprints to follow to develop an effective program.

Blueprints for Success

In order for agencies to develop a plan to properly address the mental health crisis, they need not start from scratch. "The Crisis Intervention Team (CIT) program, pioneered in the Memphis Police Department by Major Sam Cochran and Dr Randy DuPont, has gained national recognition and interest as a 'best-practice' model for pre-booking diversion of persons with mental health disorders. CIT model-mobilizes sworn officers who have received intensive, special mental health training to provide on-scene crisis intervention services and disposition"

(Franz & Borum, 2010, p. 2). The presence of the co-responder model and/or use of a crisis intervention team (CIT) has been around for quite some time, and over that time these early programs have brought many teachable lessons forward to the current era of policing.

The Eagan Police Department specifically has created their own version of these models through the mental health response team (MHRT). The MHRT team is comprised of police officers from the Eagan Police Department and a licensed therapist, and they are tasked with conducting follow-up after a crisis related incident to ensure that the individuals are aware of and provided with a list of resources available to them. Although this doesn't address the initial request for officers, it does help address the problem long after that initial call is placed. The entire premise of developing a different response to these mental health calls is to ensure that the officers, community members, social workers, and subjects of the calls are kept safe.

Necessary Changes

First and foremost, law enforcement officers need access to training on how to recognize, address, and interact with persons suffering from mental health related illnesses. Having officers trained and qualified in crisis intervention training (CIT) not only benefits them when responding to mental health related calls, but the training can also be applied to almost any call for service. The CIT training teaches officers de-escalation techniques which can lead to fewer use of force applications.

Next, 911 dispatchers need to be trained on how to triage calls. Currently, dispatchers within Dakota County are not given any discretion. "A task force for 911 operators is looking into new training for dispatchers to make them more aware of crisis teams and how to use them, she said. But there are other reasons beyond dispatch why police and crisis teams haven't adopted a co-responder model, or often send mental health professionals instead of cops" (Pew

Charitable Trusts, 2021, p. 4). Agencies need to work together with their dispatch centers in order to create the desired response.

Figure 1

Handling Behavioral Health Crisis Calls Is a Multistep, Multiagency Process

Stages of responding to a 911 crisis call

Behavioral Crisis Event
A person is experiencing an emergency due to mental health and/or substance use issue.

911 Contact
911 call centers can be contacted in various ways, including phone, text, email, or other electronic exchange.
This contact may come from the affected individual or other individuals, police officers, crisis centers, or other sources.

Telecommunicator Response
Telecommunicators process information from the caller.
May include using a script to identify behavioral health crisis calls and/or input from behavioral health clinician on staff.

Telecommunicator Dispatch Decision
Decision on how to handle the call could depend on resources.
May include sending crisis-trained field responders or mobile crisis response team, and/or involving a behavioral health clinician.

Outcome of Behavioral Health Crisis Event
Outcome could depend on dispatch decision.
May include connection to treatment services, hospitalization, arrest, or the situation may be resolved without further action.

Source: S.R. Neusteter et al., "Understanding Police Enforcement: A Multicity 911 Analysis" (2020), https://www.vera.org/downloads/publications/understanding-police-enforcement-911-analysis.pdf
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Implications of the Proposed Change

There are several positive effects that could result from the implementation of a co-responder or similar model to policing. First, law enforcement will be able to assist in spearheading the mental health crisis at hand. This will help them rebuild their reputations and garner a stronger perception from the public. Once a positive perception is regained, it will be

that much easier to request for the funding to assist in offering the training and additional

personnel required to facilitate this change. The use of the co-responder model will also lead to

greater partnerships between law enforcement and social services, which can assist in ensuring

that the proper resources are reaching those in need.

Shortsighted and Irresponsible

The United States continues to have an interesting relationship with the population of

people who struggle with mental health issues. The country's responses to the mental health

epidemic in the past are questionable to say the least and could be argued as being unethical

altogether. The first questionable action was taken by the United States in the 19th Century when

the institutionalization of mentally ill persons began. According to Knapp et al., 2011 (p. 113-

114) the United States adopted the institutional inpatient care model, in which many patients

lived in hospitals and were treated by professional staff. The institutional inpatient care model

was considered the most effective way to care for the mentally ill. Institutionalization was also

welcomed by families and communities struggling to care for mentally ill relatives. Although

institutionalized care increased patient access to mental health services, the state hospitals were

often underfunded and understaffed, and the institutional care system drew harsh criticism

following a number of high-profile reports of poor living conditions and human rights violations.

These complaints of human rights violations propelled the United States into their next

shortsighted decision of deinstitutionalization, which began in the 1950's. "Deinstitutionalization

as a policy for state hospitals began in the period of the civil rights movement when many groups

were being incorporated into mainstream society. Three forces drove the movement of people

with severe mental illness from hospitals into the community: the belief that mental hospitals

were cruel and inhumane; the hope that new antipsychotic medications offered a cure; and the

desire to save money" (Yohanna, 2013, p. 886). Both responses were very shortsighted and were only a temporary fix to an ever-growing problem and did not prepare for nor even consider the consequences that awaited.

The Ethics of it All

If someone were to analyze the previously mentioned responses to the United States' mental health crisis through the lenses of the ethical belief systems of teleology and deontology, they would be able to find if these responses could be argued as ethical or unethical. Under the belief system of teleology, which Pollock defined as, "An ethical system that considers the consequences or ends of an action in order to determine its goodness" (2022, p. 29), you can look at both the movements of institutionalization and deinstitutionalization and see that neither of the movements can be deemed as ethical. Looking at both movements, it is evident that the consequences were not considered when locking people up based solely upon their mental health issues, not treating them appropriately, and then eventually releasing them into the community without any sort of plan in place to ensure that resources are made available to them. One could also say that the ends simply did not justify the means. Now if someone were to look at the same movements through the lens of deontology, which Pollock defines as, "The study of duty or moral obligation emphasizing the intent of the actor as the element of morality, without regard to the consequences of acts" (2022, p. 26), you would find that the movements could be looked upon as ethical. This is because the ethical system of deontology looks at the intent of the actor and totally disregards the consequences of the actions. Both of these movements were created with the intent to help people, with institutionalization focusing on helping communities and families who were unable or unwilling to care for mentally ill persons; and deinstitutionalization focusing upon the patients themselves by removing them from isolation and integrating them

back into society. There are obvious faults with both movements, but the past helps shed light on mistakes made so they are hopefully not made again, and future movements can be developed to address their shortcomings.

The Current Problem at Hand

As previously addressed, the deinstitutionalization movement was actually a response to counteract the human and civil rights violations stemming from the institutionalization movement of the 19th century. Although the deinstitutionalization of mentally ill persons from mental asylums was meant to be ethical, the movement honestly resulted in more harm than good to the mentally ill population and the general public. Releasing a large population of mentally ill people from a confined space that was regulated and regimented and allowing them to enter back into society without any reintegration training, was detrimental to the overall health and welfare of the country. According to the American Psychological Association (APA), "more than 20% of police calls for service involve a mental health or substance use crisis, and for many departments, that demand is growing" (Abramson, 2021, p. 1). Keeping in mind the frequency that law enforcement deals with persons suffering from mental health crisis, "A report by the Treatment Advocacy Center suggests that people with untreated mental illnesses are 16 times more likely than other civilians to be killed by police officers" (Hoff, 2022, pp. 3). Many within the criminal justice profession can attest that this policy of deinstitutionalization did not produce the desired effects. Rather than seeing those suffering from mental health related illnesses receive the appropriate treatment and support, they have instead become castaways within society. "Prisons and jails have become America's 'new asylums'. The number of individuals with serious mental illness in prisons and jails now exceeds the number in state psychiatric hospitals tenfold" (Torrey, et al. 2014, p. 6). It is important to keep this information in mind

when trying to develop a solution to the problem. Law enforcement agencies across the country are being tasked with responding to mental health related calls that range from a simple voluntary transport to the hospital, to violent offenses that pose risks to the whole community. These are major considerations that administrators need to reflect upon when deciding how their organizations will respond to these types of calls; what types of additional trainings will be necessary for their officers to be effective, and what additional equipment and/or personnel will be needed.

Traversing the Ethics

At its core, the law enforcement profession is held responsible for maintaining order and protecting citizens from danger. The profession's job description has been broadening over the years, and they are expected to "wear many hats" to help deal with a variety of issues, oftentimes not law enforcement related. Pollock states that, "Ethical issues are broad social questions, often concerning the government's social control mechanisms and the impact on those governed" (2022, p. 2). The ethical dilemma that is presented in this issue is whether law enforcement should be responding to mental health calls but one of law enforcements responsibilities is to play the role of a social worker by assisting with mental health related issues. Admittedly, some of the mental health issues could and do end up being law enforcement related (domestic violence, theft, trespassing, etc.) but there are other instances where the calls do not necessarily require a law enforcement response, and yet they still respond. It is imperative that the criminal justice profession, with special attention on law enforcement, keep in mind the ways the population of those suffering with mental health issues were treated historically. By keeping the past in mind, it should help prevent same or similar atrocities from being made. Being aware of

the responses that were tried in the past and their outcomes, will also help produce new and more effective strategies.

Preparing the Organization

When undertaking a massive overhaul, it is best to research the effectiveness of other agencies that have gone through the process. *Police Response to People with Mental Illnesses in a Major U.S. City: The Boston Experience with the Co-Responder Model* by Morabito et al. (2018), is a study that takes an in-depth look into the Boston Police Department, the number of mental health related calls they respond to and the methodologies and procedures that they have in place to handle those calls. The Boston Police Department generated 681,546 calls for the year of 2017. Of those calls, 5,953 specifically dealt with mental health. Much like other departments that track the metrics of their calls, the Boston Police Department did not include other call types to this metric, such as overdoses, welfare checks, and 911 hang-ups that later turn into crisis related calls.

Another case study that looked at combining the use of crime analyst data with the implementation of the co-responder model was the *A Co- Responder Model for Policing Mental Health Problems at Crime Hot Spots: Findings from a Pilot Project* by White et al. (2018). This study showcased that mental health calls for service, behave very similar to typical crime-based calls for service, in the sense that they are geographically situated in certain areas of the city. Mental health related calls for service typically generate in the same areas, "problem areas", such as group homes, retirement complexes, hotels, and homeless encampments. Identifying the areas that are the source for repeat calls for service, allows for an agency and their coalition to develop plans of actions to address the problem, and to incorporate the use of outside services (homeless shelters, and/or social services). Researching previous case studies such as *The Boston*

Experience can showcase how to properly aggregate the necessary information to make a proposal to the city council, or other governmental entity to show the need for additional training, personnel, and/or implementation of specialty units.

Stakeholders

Within this dilemma, there are several groups that are affected by the chosen response, or lack thereof. The general population or bystanders that are not necessarily involved in a given situation but could end up taking on some collateral damage; the subject that is suffering from mental health crisis; potentially social workers or therapists depending upon the response strategy utilized; and first responders. One could argue that the most important stakeholders within the dilemma are the innocent bystanders and the subjects suffering from mental health issues. As previously stated, law enforcement's responsibility is to ensure the safety of the populace, and they must decide upon a response that does not violate this responsibility. When one consider the priorities of life, the lives of innocents are always held higher than that of the officer's life, and for this reason, officers need to take special care to ensure that their response strategy does not jeopardize that matrix. The issue that comes into play is when organizations begin to incorporate a co-responder model that uses civilian therapists and/or social workers to respond to on-site visits with subjects of mental health calls. This in and of itself is disrupting the priority of life matrix by placing an innocent bystander/civilian in harm's way.

Opponents of this strategy could argue that when this disruption is made, it forces the hand of law enforcement officers to move more quickly to a higher level of force, and at times even deadly force, then they would if there was not a civilian therapist or social worker with them. The reason this would occur is because when a threat of force or deadly force is perceived by officers and they feel that the threat is placing the lives of themselves and/or innocents at risk,

they have a duty to protect and will therefore act in a way to eliminate that perceived threat. Opponents of the strategy would be correct in this assumption, and in most cases if there is only a threat of harm against the subject's own life and there are no other innocent lives at risk, law enforcement officers will not force the issue and will simply remove themselves from the situation.

This becomes a much more difficult task when they have incorporated an unarmed, most likely untrained civilian into scenarios that are unpredictable from the beginning. When looking at the population of those suffering from mental health issues and considering their stake in this scenario, law enforcement members want to ensure that they are providing the best care possible, while also refraining from revictimizing them by treating them unprofessionally or disregarding their concerns entirely. It should also be taken into consideration the ethical dilemma that is presented from law enforcement entities sharing information that could be considered medical in nature with civilian therapists and social workers.

Does this not violate a person's right to privacy and the laws of HIPAA? The Center for Disease Control states that, "The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge" (2022, pp. 1). There are obviously times when certain exempt entities are allowed to share information about a patient without their consent or knowledge, but it could be argued that those times are few and far between and the vast amount of law enforcement calls for mental health response would not be covered by that exemption.

Implementation of a Policy

The development of a policy is the simple task in this process, the difficulty comes from garnering the acceptance and adherence to the policy from the employees of the organization. One of the best ways to garner adherence to a newly developed policy is to ensure that communication is effective from the top, down. The Chief of Police for a police department is the one who will be signing their name at the bottom of a policy, so it is important that the front-line workers hear it straight from the horse's mouth, the importance and necessity for any newly developed and implemented policy. This stands especially true when the new policy is relating to ethics or standards of conduct. Another great way to ensure the adoption of a newly developed policy is for the Chiefs to request feedback and recommendations from their employees on the policy. After all, the employees are the ones who will be directly affected by the policy and are the ones that may or may not have to adapt their behavior in order to be in compliance with the policy.

As an administrator of an organization having recently introduced a newly developed policy, it is important to be receptive to feedback and criticism. This is the time for egos and rank to be set aside, so that the policy can be most effective while simultaneously being the least restrictive. Once feedback has been received, and revisions made, it is now time for employees to review, and acknowledge the policy. It is not simply enough for employees of an organization to check the box and "acknowledge" a policy or click through an online training. Action needs to be taken, and behaviors actually changed. Robert Nash states, "Unless ethical analysis leads to ethical behavior, then the study of ethics becomes merely a fig leaf for the shameless opportunist and a cosmetic for the professional college that requires it" (2002, p. 10). Everyone from the Chief on down to the newest patrol officer needs to be behaving in a way that conforms with the department's policy while simultaneously ensuring that ethics are maintained, especially in

situations involving persons suffering from mental health issues. The best way for an organization to establish a change and adoption of a new initiative or policy is to ensure that the appropriate steps are taken. The Harvard Business Review states, "Culture change can't be achieved through top-down mandate. It lives in the collective hearts and habits of people and their shared perception of 'how things are done around here.' Someone with authority can demand compliance, but they can't dictate optimism, trust, conviction, or creativity" (Walker & Soule, 2017, pp. 3).

The Importance of Stewardship

Since we are all students of Concordia St. Paul and soon to be graduates of the institution, it is important that we keep in mind the Stewardship principles that we should hold upper-most in our minds. As the current leaders and future leaders of our organizations, it is necessary for us to maintain a stewardship mentality throughout our careers. We must ensure that resources such as the employees and equipment that we have afforded to us are utilized in an efficient and effective manner. This coincides with the use of a co-responder model by ensuring that the added personnel are being activated in an effective manner. Next, as previously stated throughout this paper, it is paramount that members of the co-responder model treat the populace that they serve with the utmost respect. It is vitally important to not re-victimize subjects that are afflicted with mental illnesses. By treating everyone with respect, it is effectively rewriting the preconceived narratives that some have formulated about the criminal justice profession. One of the most important factors to be stressed as a leader for an organization, is the importance of focusing upon winning over the "hearts and minds" of the people the profession serves. The more people that law enforcement has in their corner, the easier their jobs become. Finally, as stewards of the profession and for the University of Concordia St. Paul, it is a major responsibility to be mindful

of the impact that members of the profession have on their communities, and its members. Law enforcement members are the leaders and role models for the communities that they serve, and it is important that they set the standard for what we expect of the rest of the community.

Looking Forward

For any organization to successfully develop and implement a new set of rules and/or polices, it is essential that they take the necessary steps to ensure that their employees are fully informed and involved in the process. Pollock states, "It is important in a hierarchical organization for subordinates to follow the orders of superiors. However, it is also important that any organization reward and not punish those who live up to high ideals of honesty and mission" (2022, p. 45). This essentially means that leaders of any organization need to acknowledge that there will be times when polices are questioned or bypassed in the name of effective job performance.

It is in these times when policy is bypassed that leaders/administrators be prepared to adjust their policy when necessary. After all, the employees on the frontlines are the ones that are doing the job day-in and day-out, and administrators don't want to create a policy that effectively degrades employee performance and efficiency. "For collaboration to work, all relevant stakeholders must have a voice at the table. Since the actual number of participants must be somewhat limited to ensure efficiency, formal communication methods must be established to ensure that those unable to be at the table still have their views heard" (Crime and Justice Institute, 2009, p. 48).

Chapter 3: Implications, Recommendations, and Conclusions

Criminal justice practitioners are all too familiar with the overwhelming presence of mental health related issues within the criminal justice system. The people afflicted with mental

health issues are found in every step of the criminal justice process, from their first contact with law enforcement, to their work with their assigned probation officer that is attempting to help them reintegrate back into society. Research by Franz states that, "historically, as many as 7–10% of United States police contacts have involved persons with mental illnesses, with a disproportionate amount of these encounters resulting in arrest, usually for minor offenses" (2010, p. 1). There are also several other "studies that indicate that offenders with mental illness share diagnoses and treatment needs like those of individuals with mental illness who do not commit crimes. However, with reference to recurrent criminal behavior, offenders with mental illness share the same risk factors for offending as their non-mentally ill counterparts" (Epperson et al., 2011, p. 5).

Practical Applications

The importance of law enforcement finding alternative strategies when dealing with mentally ill persons cannot be overstated. Historically, the criminal justice system has not been equipped to handle the unique needs of individuals with mental health related illnesses. This has resulted in individuals with mental illness being incarcerated, rather than receiving the treatment and support that they need. Finding alternative strategies is necessary to ensure that these individuals are not being re-victimized by the criminal justice system.

There is a wide range of options available to law enforcement organizations to choose from, in order to find the best fit for their organization and their communities. Many of the options available are relatively low in terms of costs to the organization as there are plenty of grants through the federal government specifically in place to fund the trainings, tools/resources, and/or personnel required. Many law enforcement agencies across the nation are beginning to or have already incorporated the use of specially trained officers (Crisis Intervention), and are

adopting a co-responder model where both law enforcement and social workers respond to calls. On top of that type of approach on the front-end, organizations are also adopting the use of therapists on the backend to follow up with clients to ensure that they are aware of resources and can begin to receive those various resources for their afflictions, in order to address the mental health epidemic within the criminal justice system.

Recommendations for Further Research

Vitals

With the various response models available to law enforcement organizations across the country it is important for law enforcement organizations to consider all of the factors when deciding upon a model. As technology advances so should the criminal justice system's outlook on address the mental health problem. Currently there is a company that has harnessed the power of technology to assist the criminal justice profession with responding to mental health calls for service. Vitals, is an application that can be downloaded onto a first responder's phone and alerts them when they are within a certain distance of a person suffering from some form of mental illness, if that person is signed up in the program. The information that is provided to the first responder is invaluable and depending upon the nature of the call or interaction with the subject, provides vital information that would otherwise be impossible to acquire. "The Vitals™ founders knew from personal experiences the essential role of clear, calm communication between vulnerable people and first responders in a moment of crisis. And they knew that simple, powerful and lasting solutions must come through a dual focus on technology and partnerships." (2022, pp. 3). The Vitals app was founded in Minnesota and is utilized by several counties throughout the State. Other than Minnesota, the Vitals application is only utilized by five other states at the current time. This technology has so much to offer to first responders and to the

people that they serve, and it will be interesting to see how this company takes flight in the coming years.

Cognitive Behavioral Therapy (CBT)

Cognitive behavioral therapy/interventions (CBT/CBI), "is a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness" (APA, 2017, pp. 1). The American Psychological Association (APA) also states that cognitive behavioral therapy is rooted in the beliefs that the client's displayed psychological problems can be attributed to flawed ways of thinking, learned patterns of self-destructive behavior, and the client has the power to change their thinking patterns and in-turn change their negative behaviors.

This is an important aspect, because a lot of the people that have become entwined within the criminal justice system are of the mindset that they have no control over their lives, or an external locus of control. They believe that they are essentially a puppet connected to strings that are pulled by other entities, and because of that they assume little to no responsibility for their actions and behaviors. It is through the use of cognitive restructuring that criminal justice practitioners can assist this populace with cementing that notion of an internal locus of control, so they can eventually take responsibility for their actions and redirect their lives.

The clientele that interacts within the criminal justice system, come from all walks of life, but they share some similarities; a major similarity being that they typically possess a skewed perception of the world by having a positive attitude toward criminal behavior. This can be redirected with various cognitive restructuring methods. "Cognitive behavioral therapy particularly aims to ameliorate dysfunctional thinking processes by focusing on the improvement

of specific cognitive skills such as problem solving, moral reasoning, and self-control" (Cornet, et al., 2014, p. 1284).

Criminal offenders afflicted with mental health related illnesses offend at the same rate as those without mental health related illnesses, because of this it is important to begin incorporating a method that can address both populations to tackle the thought-behavior link. Luckily, many law enforcement agencies across the nation are beginning to incorporate the use of specially trained officers (Crisis Intervention), are adopting a co-responder model where both law enforcement and social workers respond to calls, and/or the use of therapists on the backend to follow up with clients to ensure that they are aware of and can begin to receive various resources for their afflictions, in order to address the mental health epidemic within the criminal justice system.

Conclusion

Just as America's approach to dealing with the mentally ill, so too will the criminal justice's. Great strides have already begun to take place across the country with several organizations adopting new methodologies to address the mental health epidemic. As more organizations begin to see the effectiveness and receptiveness of these types of programs within the communities they serve, further adoption of these programs will take hold, and more feedback will be provided to ensuring that these programs can be the most effective.

There is a multitude of people that suffer with mental illnesses and each of those people may display a spectrum of symptoms from their illness. No one approach to address the mental health crisis will be effective. It will take a collaborative approach involving many stakeholders to address this issue most efficiently and effectively. Whether criminal justice professionals choose to incorporate the use of co-responders, crisis intervention teams, cognitive behavioral

therapy, technology such as the Vitals app, or a combination of those resources, the goal remains

the same. To serve the population of those suffering from mental illness with the utmost respect,

patience, and dignity.

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