Reaching Agreement Between Law Enforcement and Community Stakeholders

Tuesday, October 18\textsuperscript{th} | 2:00 PM
Reaching Agreement Between Law Enforcement and Community Stakeholders

Rachel Carlson, Loss Control Manager, LMCIT
Don Reeder, Public Affairs Coordinator LMCIT

NLC-RISC -- October 18, 2022
Why we are here.......
New Legislation

• 2020 legislation required that law enforcement act with “special care” towards persons having mental illness and intellectual disabilities
• Part of a broader change in laws related to officer use of force in the wake of George Floyd’s murder
• Part of an understanding that 1/5 of adults, ½ of teens live with mental illness
• About 6-10% of police calls involve persons with a serious mental illness
• 25% of people killed by the police in 2015 had a mental illness
Diverse agencies

• Vastly different levels of social services depending on the area of the state
• One size fits all policy became untenable
• Response Goals
ADA and Mental Health Response

Government entities should provide mental health crisis response services in parity with the services provided to those experiencing medical emergencies.
Response Goals

- Protect the safety and dignity of the person in crisis
- Provide effective, compassionate care to those in crisis
- Maximize effectiveness by leveraging local resources
- Divert calls to Mobile Crisis Response Teams when available
- Avoid unnecessary hospitalization
- Decrease police time on calls
- Reduce the risk of civil liability
- Link those in need with services
- Pay special attention to calls involving children
Use of Force Standard

• Use of Force
  • Estate of Armstrong ex rel. Armstrong v. Village of Pinehurst, 810 F.3d 892, 900 (4th Cir. 2016)
  • Glenn v. Washington County, 673 F.3d 864 (9th Cir. 2011)

• Safety holds and transport
  • Depends heavily on state law, ours was difficult to parse
  • IMO likely area for more liability in the future
Process needs

• Consensus on common goals

• Consensus on need for a roadmap

• Consensus on a need for understanding

• Playing with the cards we were dealt
Objectives

• Input

• Accountability among contributors

• Duration – in the group for the long haul

• Buy-in and ownership
Who are the partners?

5 -- city/county membership associations
6 – mental health care advocates and providers
7 – county sheriff departments
4 – county mental health-related agencies
6 – state agencies
12 – city police departments
Challenges

• Law enforcement agency culture
• Contemporary image of police officers
• History of relationship
• Potential mistrust of motives
• Individuals pushing to dominate the dialogue
• Collaborative approach could explode early
Strategies for facilitation

• Neutral facilitator
• Develop and publish a pre-determined agenda prior to each full group meeting
• Define expectations up front
• Ask specific questions, rather than “What do you think about…..?”
• Polite, but firm, redirection as needed
• Invite email feedback
Meeting Structure

- Scheduled presenters
- Third-party note taker
- Everyone show faces
- Introduce first-timers
- Stick to the metered agenda
- Finish on time
While the meeting was underway….

- Direct comment protocol
- Timekeeper
- Be consistent, yet flexible
- Specific questions and probes prevent meandering
Stick with pointed questions……..

• “As the guide is being drafted, a question came up as to how we should define a “mental health crisis.” Should we strive for plain language, DSM-5 language, person-first language?”

• “What should be said about the best practices for law enforcement responses to mental health crises in school settings and/or involving children? It seems evident to include commentary on the use of force and restraint (handcuffs), but beyond that, what should be included?”

• “Should law enforcement be concerned about the concept of mental health professionals taking on a larger role in responding to crisis situations? Why?”
Wrap-up and questions

Rachel Carlson
rcarlson@lmc.org
651-281-1210

Don Reeder
dreeder@lmc.org
651-215-4031