



NLC-RISC RISK INFORMATION
SHARING CONSORTIUM



Reaching Agreement Between Law Enforcement and Community Stakeholders

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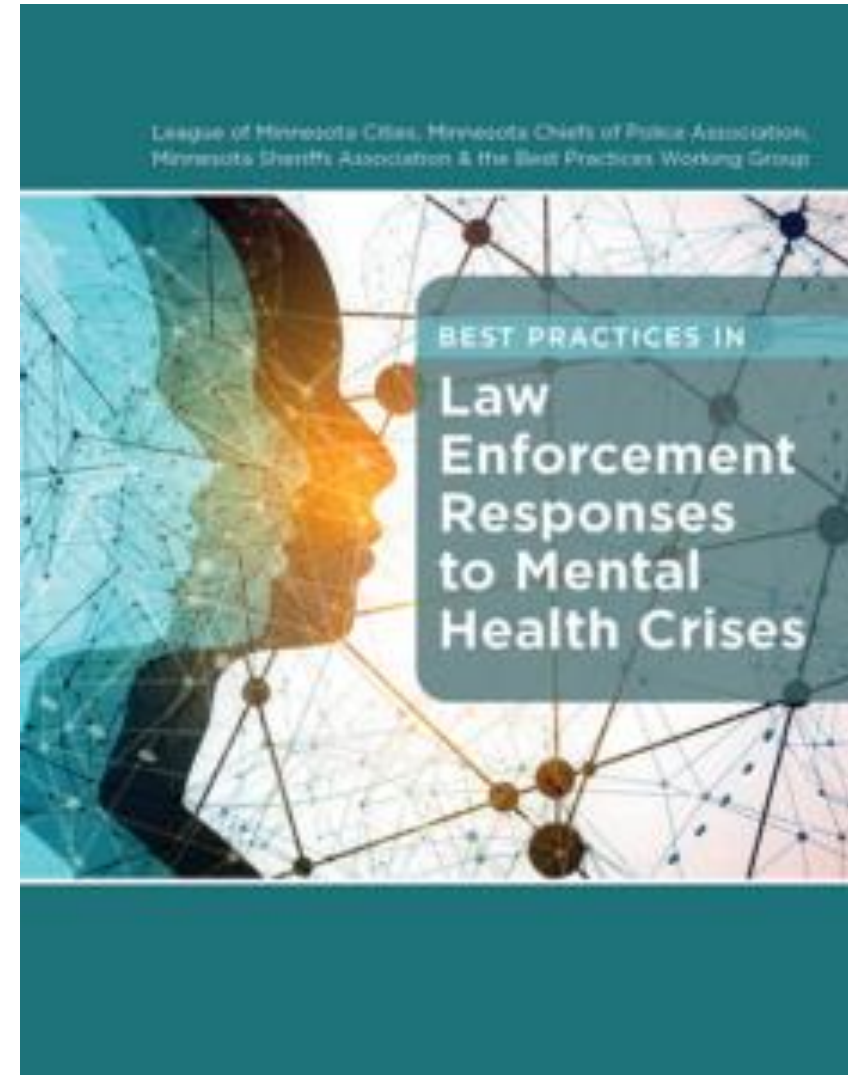
NLC-RISC -- October 18, 2022



Why we are here.....



<https://www.lmc.org/resources/best-practices-in-law-enforcement-responses-to-mental-health-crises/>



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, 1/2 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

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