MIRACLES CAN HAPPEN

A new program promises to help law enforcement better address mental health crises in their communities head-on

By Rob Weinhold

A deputy spots a man walking erratically down a city sidewalk, yelling at passersby and getting dangerously close to some of their faces. As she approaches the man to ask him to stop bothering people, he gets louder and angrier. It's clear he perceives the deputy as a threat.

How this encounter ends depends on the deputy's training and whether she is able to quickly discern that the man has a serious mental illness. Perhaps, if she is lucky, she has crisis intervention team training. She successfully de-escalates the situation as she calls for backup. But what happens next? Does the man get the help he needs, or is the same scene destined to play out again in the coming weeks? And if law enforcement needs to respond to this man again, will the situation be resolved as well as it was before?

"The vast majority of law enforcement officers (LEOs)—greater than 90%—do not get mental health education as part of their academy training," says Cmdr. Thor Eells (Ret.), executive director of the National Tactical Officers Association (NTOA) and former commander of the Colorado Springs Police Department's Specialized Enforcement Division. Under Eells' leadership, NTOA is taking proactive steps to help first responders better deal with the nation's mental health crisis by providing unique training to help them design systems tailored to the needs of their communities.

According to a 2017 *Police Q* article, as many as 1 out of every 10 people involved in a law enforcement encounter have a serious mental illness. The National Alliance on Mental Illness says that people with serious mental illnesses are four times as likely to be arrested as those without. Such confrontational conditions have the potential to make individuals delusional, violent, and threatening to themselves and others. Therefore, it is paramount to have better ways to respond to the immediate situation and hopefully prevent it from recurring.

Mental illness was largely de-institutionalized—or one could say decriminalized—in the 1960s, when state-run psychiatric hospitals shuttered. Over the decade, 600,000 to 800,000 criminally mental ill individuals re-entered society, and estimates put the number of people living with similar levels of mental illness today at two to three times that. In the mid-1950s, there was one psychiatric hospital bed in this

country for every 300 people; by 2016, data collected by the Pew Charitable Trusts showed one bed for every 8,547 Americans. And this lack of care capacity and alternative modalities to provide mental health care has resulted in a broken system that's desperately in need of resources, and a troubled population in neglect.

Today, when sheriffs and deputies send individuals showing signs of a mental health disorder for an emergency department evaluation, the bar for admittance to a psychiatric bed is high. Often, these individuals are returned to the streets almost immediately.

While community stakeholders—paramedics, social workers, hospitals and mental health facilities—agree that there is a mental health crisis in this country, law enforcement tends to bear the heaviest part of the burden. When people with serious mental illnesses become dangerous to the extent where LEOs must discharge a weapon, the LEOs are often blamed for using excessive force. But with limited resources, law enforcement often has no other option than strict enforcement.

Recriminalization of mental illness

Deputies typically respond in one of three ways when they encounter an individual with a serious mental illness. They leave the person in place, arrest the individual for a minor offense, or transport the individual to a hospital emergency department for evaluation. None of these options offers a long-term solution, however, so the individual almost always ends up back on the streets only to be repeatedly encountered by law enforcement.

These standard responses are why nearly 2 million Americans with mental illness go to jail each year. They are the reason the penal system is the No. 1 provider of mental health care in the U.S. With limited options outside of arrest for a criminal offense and through no fault of law enforcement, mental illness has effectively been recriminalized.

According to a 2009 study in the journal *Psychiatric Services*, about 17% of people in the prison population have a serious mental illness—a condition such as bipolar disorder, schizophrenia, post-traumatic stress disorder (PTSD), and major depression. Also, several studies have shown that up to 40% of people with serious mental illnesses will go to jail at least once in their lives.

Correctional facilities have become *de facto* psychiatric wards as the mentally ill have been arrested, convicted, and jailed. A 2012 report by the Treatment Advocacy Center suggests that 10 times the number of people with serious mental illness are behind bars as are in psychiatric hospitals.

While many individuals affected by a serious mental illness receive antipsychotic drugs while incarcerated, this care often ends upon release. Therefore, the cycle perpetuates itself: a run-in with law enforcement, an arrest and booking, an inability to post bond, a jail stint, and another release without sufficient social and medical support. Meanwhile, these individuals can be a danger to themselves and others at any step in the cycle.

A substantive step

In response to the mental health crisis and its drain on man-hours and budgets, the NTOA will soon launch a program called MIRACLE: Mental Illness Response Alternatives Center for Law Enforcement. The system will enable first responders to not only better handle the immediate concerns of ensuring community safety when encountering a person with a serious mental illness, but also focus on long-term solutions.

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"Without the new approach offered by MIRACLE, we're simply kicking the can down the road," says Eells. "This is the first really substantive step toward reworking how outcomes with people with mental illnesses can be improved."

MIRACLE will establish a number of training facilities nationwide, as well as a mobile unit that travels to communities across the U.S. to assist sheriffs and deputies in the communities they serve. NTOA's ultimate goal is to provide a customizable system for affordable, accessible mental health training, best practices, and resources nationwide.

"Because law enforcement is often the first responder to people with serious mental health conditions, it is essential that we take the lead in employing alternative responses to the ones that don't provide long-term solutions," Eells says. "MIRACLE is designed to zero in on alternative responses through collaboration with all community stakeholders to find a more compassionate and more effective means of breaking the cycle."

A holistic approach

MIRACLE will train sheriffs, deputies, and other LEOs to better recognize when they are dealing with someone who has a serious mental health condition. This can be difficult to assess, since the causes of disorderly behaviors may include rage, drug use, psychological problems, or other multiple factors. Whatever the cause, MIRACLE training will equip LEOs to make an immediate, informed assessment so that they can take better subsequent actions.

What will a MIRACLE-prepared team look like? A response team might be comprised of a deputy with crisis intervention team (CIT) training, a licensed social worker, and paramedics. Once a mental health situation is recognized, the team can be called in, and a MIRACLE-facilitated, team-based approach will better ensure the safety of the disorderly individual, law enforcement, and members of the community.

If necessary, the CIT-trained deputy can de-escalate the crisis. The licensed social worker can assess the individual's mental health and the

acuity of the situation to determine if there is an immediate danger. The social worker can also provide on-the-spot counseling or assist in referring the individual to mental health resources. Finally, the paramedic can determine if the individual has any underlying medical conditions that might be contributing to the disorderly behavior.

Based on these assessments from the MIRACLE response team, a plan can be developed to assist each individual so they can be connected to the long-term care they need. Sometimes, the solution can be as simple as helping homeless people secure ID cards so they can qualify for community services.

Designed for every community

Community needs in Miami, of course, will be vastly different from community needs in Seattle—or the needs of smaller towns and rural areas. But MIRACLE is flexible enough to account for the variance in cultures and resources that can arise among different regions and municipality sizes. "MIRACLE will equip LEOs with alternative response tools that can vary by the needs of their unique communities," Eells says.

The MIRACLE program is designed to provide a full menu of best practices for handling service calls. The efficacy of the alternative responses is supported by documented evidence, but some of the practices that work well in one city may not be appropriate for another. NTOA's MIRACLE facilitators will collaborate with each law enforcement agency and its community stakeholders to arrive at a system tailored to their jurisdiction's needs.

For example, on-the-spot counseling has proven to be effective in handling encounters with subjects who have serious mental illnesses. To better execute this solution, one community converted a school bus to serve as a mobile clinic that addresses the mental health needs of the people directly.

Making a MIRACLE happen

NTOA will collaborate closely with local municipalities to implement MIRACLE in their communities. A big component of the system will be training that helps deputies more readily recognize when someone may be having a mental health crisis, know how to de-escalate the situation and avoid the need for force, and have a set of alternative response tools besides ignore, arrest, and transport.

MIRACLE encourages local communities and their stakeholders—law enforcement, corrections, fire, paramedics, social workers, hospitals, mental health facilities, and elected officials—to join in creating a plan that works for their city. Multidisciplinary collaboration will help overcome some of the obstacles that hinder communities from better serving people with serious mental illnesses, such as the legalities preventing law enforcement from assisting in certain ways or the Health Insurance Portability and Accountability Act (HIPAA) regulations prohibiting hospitals from sharing health information about individuals previously in police custody.

Through MIRACLE, NTOA will facilitate workshops that bring shareholders together to discuss their unique needs and arrive at a workable plan. NTOA will also provide follow-up services once a community's MIRACLE system is in place, helping identify what is working and what isn't, and fixing the parts that can be improved.

Miraculous results

Communities such as Tucson, Arizona, and Colorado Springs, Colorado, have already implemented alternative response models and best practices like those that will be offered through MIRACLE. Both are seeing a dramatic decrease in use of force in responding to calls involving subjects with mental health conditions. This is partly due to deputy training, but is also the result of first responders establishing relationships with these individuals.

"Alternative response models will have law enforcement officers routinely call people when they are well to check in and make sure they have what they need and are still keeping their mental health appointments," says Eells. This approach takes time and effort, but it is more than made up by the reduction in mental health-related service calls.

In addition to reducing calls for service, MIRACLE will justify its initial cost by offering better officer safety, improved community security, and help in ending the cycle of ignoring mental illness. Perhaps most importantly, MIRACLE can help reshape perceptions of law enforcement in these communities. When bystanders witness law enforcement-led response teams showing compassion to people whose behavior is caused by underlying mental illness, they are much more likely to view sheriffs and deputies not as people to be feared, but instead as helpers of the community.

To help launch MIRACLE, NTOA is partnering with the National Sheriffs' Association and is seeking additional partners and funding. To learn more, contact NTOA Executive Director Thor Eells at *thor.eells@ntoa.org*.

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BENEFITS OF MIRACLE FOR LAW ENFORCEMENT

The MIRACLE system will assist LEOs in responding to situations involving persons with serious mental health conditions and focus on long-term solutions. The team-based approach involves multiple stakeholders such as social workers and paramedics to connect individuals with the resources they need.

In addition to helping people with mental health conditions, this approach will result in reductions in service calls and use of force. Other benefits of the program include:

- More options for successfully abating calls for service
- Filling in gaps in training
- Better collaboration with community-based mental health resources
- Support from other stakeholders in handling individuals with a mental illness
- Prioritization of LEO and community member safety