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HOUSE DEMOCRATIC POLICY COMMITTEE
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House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING

Topic: Police Approach on Mental Health Calls

G-50 Irvis Office Building – Harrisburg, PA

August 13, 2020

AGENDA

10:00 a.m. Welcome and Opening Remarks

10:10 a.m. Panel One:

- Jack Stollsteimer
  Delaware County District Attorney
- Tim Boyce
  Director
  Delaware County Department of Emergency Services
- Tim Comly
  Lead Mobile Crisis Specialist
  Delaware County Crisis Connects Team

10:40 p.m. *Questions & Answers*

11:00 a.m. Panel Two:

- Cori Seilhamer
  Mental Health Program Specialist and Certified CIT Coordinator
  Franklin/Fulton County Office of Mental Health/Intellectual & Developmental Disabilities/Early Intervention
- Nikki Dawson
  Advocacy Director
  National Alliance on Mental Illness Keystone PA
- Elizabeth Sinclair Hancq
  Director of Research
  Treatment Advocacy Center

11:30 a.m. *Questions & Answers*

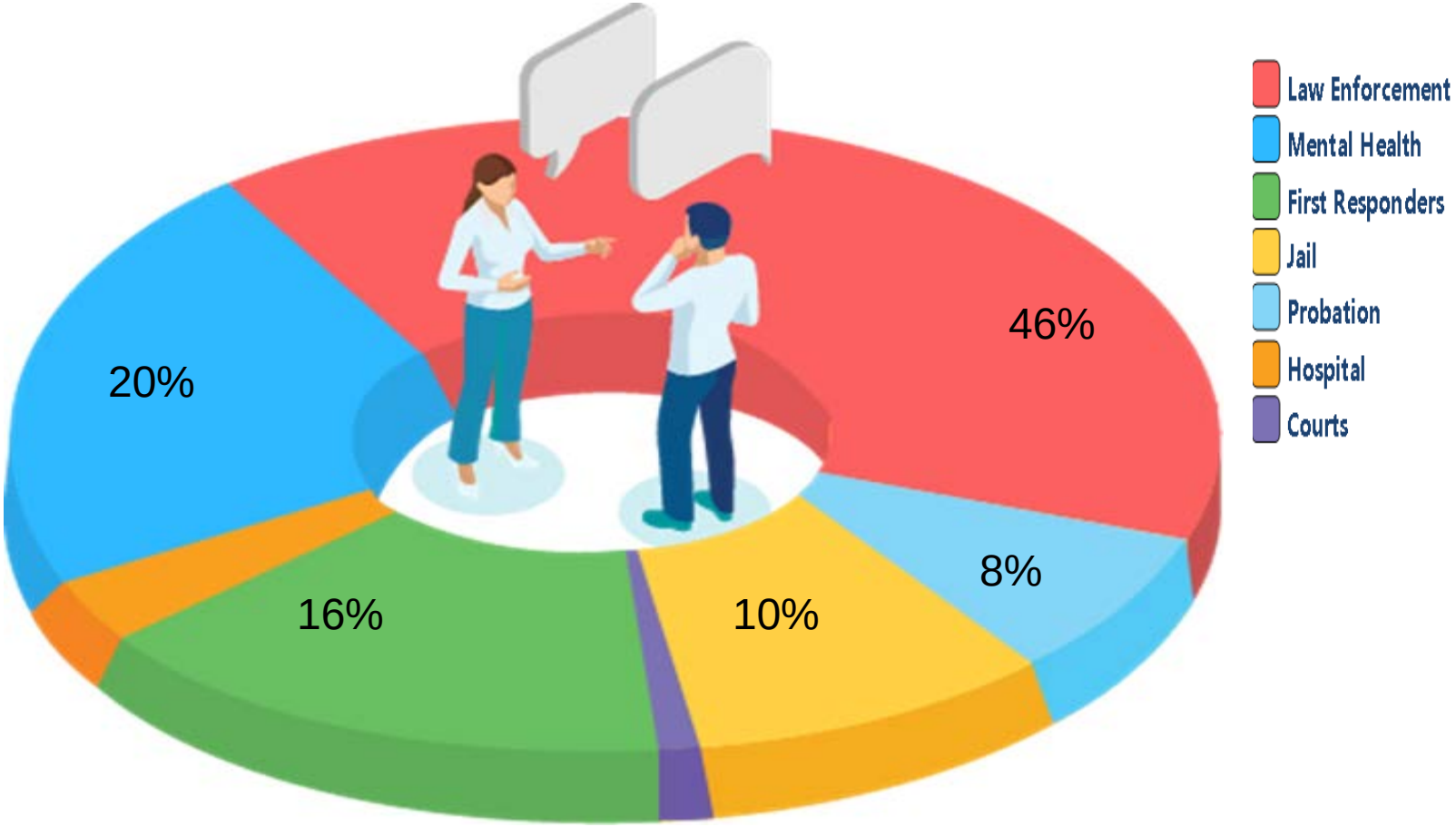
11:50 a.m. Closing Remarks

Crisis Intervention Team

Co Responder Program

Keystone Health

Crisis Intervention Team
CIT



Crisis Intervention Team
Co Responder

- Goals for 2 year grant:
  - ✓80 persons
  - ✓ 75 participating in community based services
  - ✓Reduce number of follow up contacts with Law Enforcement

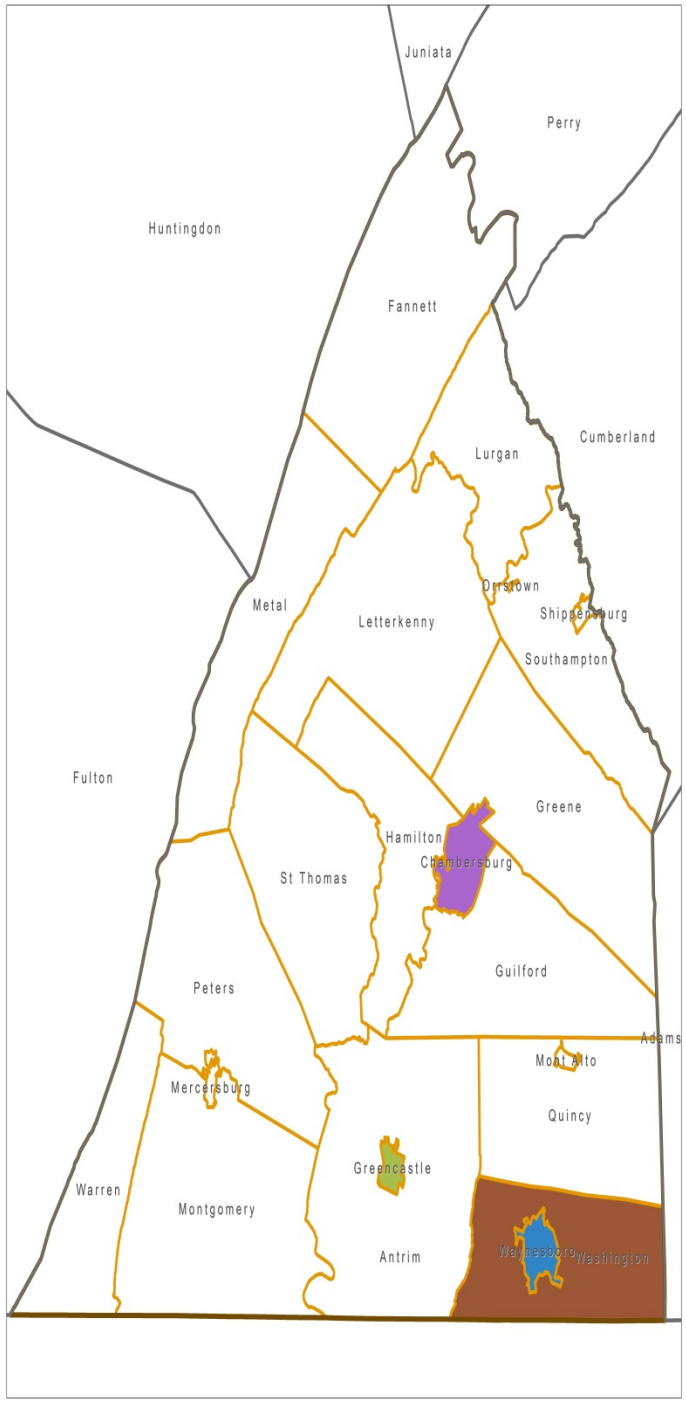
PUBLIC OPIN

Sunday, June 25, 2017 $1.50 FACEBOOK.COM/PUBLICOPINIONNEWS PART OF THE USA TODAY N

HELPING HAND

MARKELL DELOATCH, PUBLIC OPINION

Kay Martin works with Greencastle K-9 patrolman Keith Russell on Thursday. Martin works with various police agencies to assist in mental health cases.



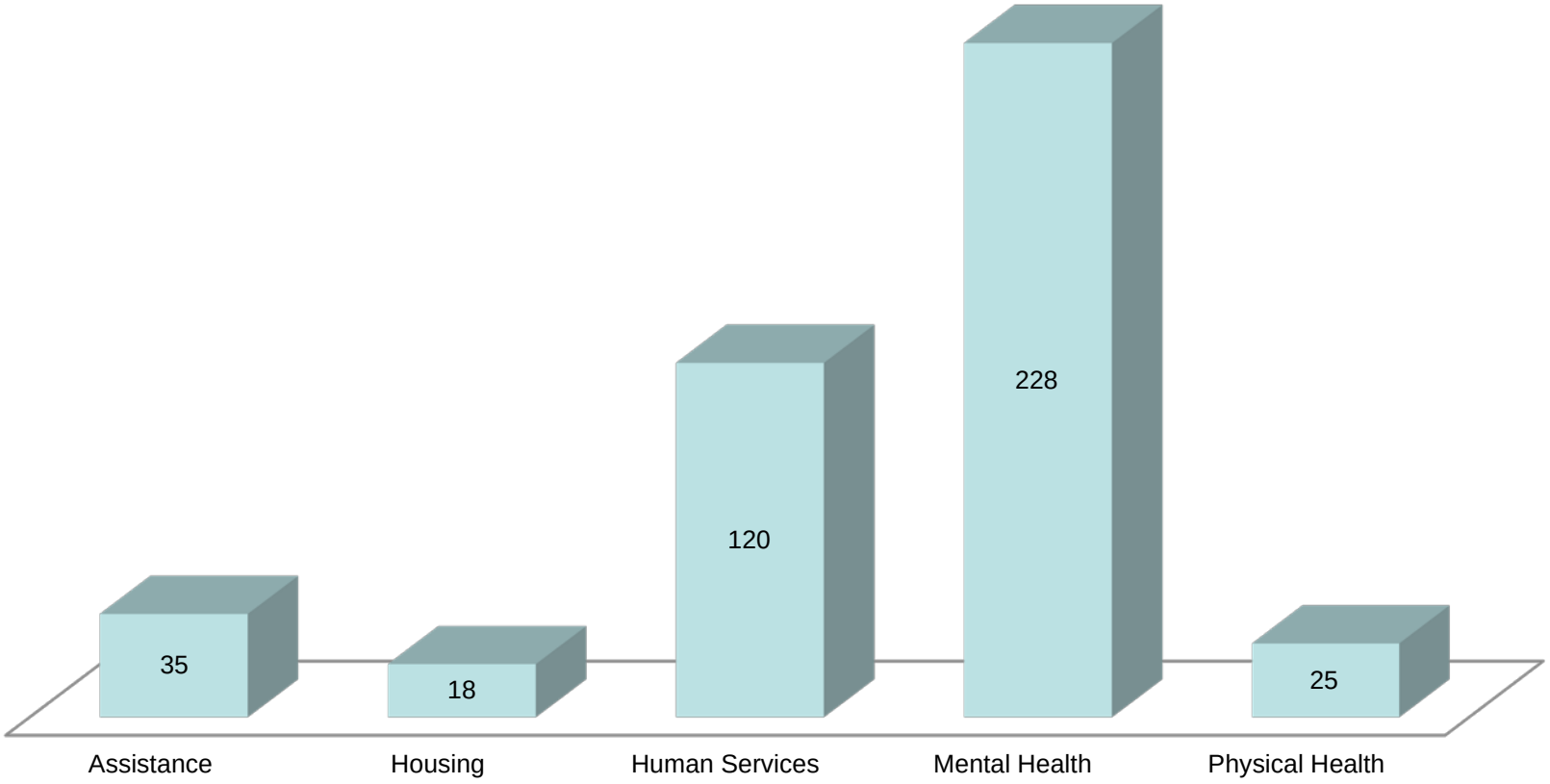
- Franklin County, PA
  - Population 153,851
- Borough/Township
  - Greencastle Borough – 4,035
  - Washington Township – 14,586
  - Waynesboro Borough – 10,568
    - 20% of Franklin County
  - Chambersburg – 20,878
    - 14% of Franklin County

34% covered

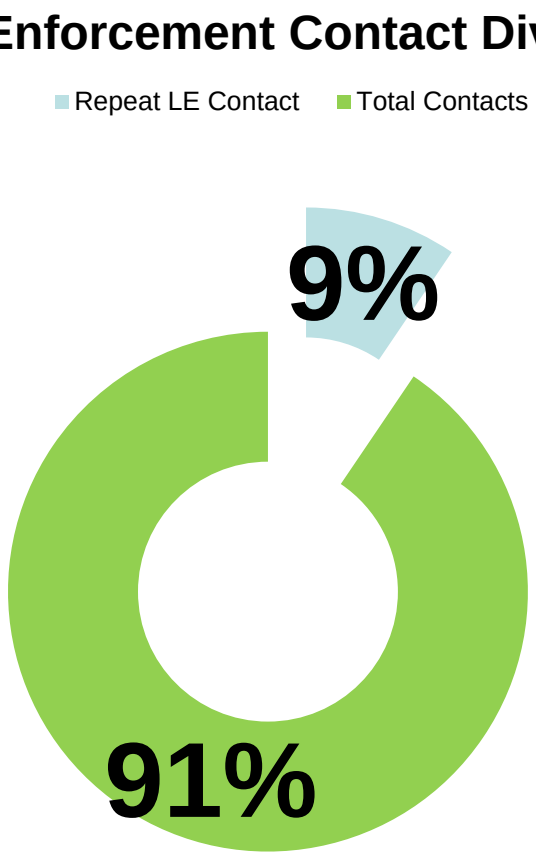
Crisis Intervention Team Outcomes

- Behavior
- Suicide
- Domestic Violence
- Frequent Caller
- Homelessness

Crisis Intervention Team Outcomes



Crisis Intervention Team Outcomes



STATEMENT OF NIKKI DAWSON
PITTSBURGH, PENNSYLVANIA
ON BEHALF OF THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) KEYSTONE PENNSYLVANIA

REGARDING PA HOUSE DEMOCRATIC POLICY COMMITTEE HEARING ON "POLICE APPROACH TO MENTAL HEALTH CALLS"

AUGUST 13, 2020
10:00 A.M.
G-50 Irvis Office Building, Harrisburg, PA 17120.

Good Morning, Chairman Sturla, Chairman Kinsey, and Members of the House Democratic Policy Committee. Thank you for giving me this opportunity to testify at this important hearing on Mental Health and Police Response. My name is Nikki Dawson and I am the Advocacy Director of the state organization for the National Alliance on Mental Illness (NAMI), NAMI Keystone Pennsylvania.

NAMI is the largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. There are 31 affiliates in Pennsylvania with over 1,000 members engaging in support, education and advocacy on mental health issues. Our members are primarily people who live with mental illness, families, mental health professionals and advocates.

As a grassroots mental health advocacy organization, we know the realities of stigma, prejudice and discrimination against those with mental health conditions. NAMI is committed to the principle that all individuals, including people of color and people with mental illness, should be treated with respect and dignity and deserve equitable health outcomes and full inclusion. Most importantly we believe in help, not handcuffs.

For too long, law enforcement has been the response to people experiencing symptoms of mental illness, which can lead to devastating outcomes. This is unacceptable. Our mental health system provides too little, too late—and then law enforcement steps in as first responders in mental health emergencies.

We must work toward a system that provides a mental health response to mental health crises, and we cannot afford to ignore the role that law enforcement plays. That is why NAMI has long supported Crisis Intervention Teams (CIT) as a model that has inspired communities and law enforcement to help make crisis response safer, more compassionate and focused on connecting people to care.

CIT or the Memphis Model was introduced in Memphis, TN in the late 80's in response to the tragic death of a young African American male with a history of mental illness at the hands of white law enforcement officers. At the time, officers were trained ONLY in the use of deadly

force when their lives were in perceived danger [1]. Memphis PD began working with a group of community stakeholders, the local NAMI Memphis affiliate, mental health providers, consumers and their families. The goal was to develop a community response that was more intelligent, understandable, and most importantly a safe approach to mental health crisis events. The result was a safer response to police encounters of people with mental illness in a manner consistent with recognizing mental illness as a disease and not a crime.

Since that time CIT has gained wide recognition as a leading, evidence-based practice that involves individuals from all aspects of the crisis continuum working with law enforcement and emergency personnel to educate for better outcomes [2].

Leading the commonwealth's efforts to bring CIT statewide, the Pennsylvania Commission on Crime and Delinquency (PCCD) currently maps 35 CIT county locations in PA and hosts an annual meeting bringing together all program leads and trainers. Additionally, in 2015 PCCD brought the Memphis training team to Pennsylvania so 50 individuals could receive the Train-the-Trainer version of CIT to support the continued expansion in Pennsylvania.

In 1988 NAMI provided the seed money to develop CIT and remains an essential partner and promoter of the Memphis model, especially here in PA. Both Philadelphia and Pittsburgh have established CIT programs with NAMI volunteer supporters involved. The Philadelphia Police Department boasts a robust CIT program coordinated by a NAMI volunteer and various training components provided by consumers and family members with lived experience. NAMI Keystone PA, formerly NAMI Southwestern PA, brought the CIT program to the City of Pittsburgh Police Department over 20 years ago and the partnership continues to this day. As the state NAMI organization in PA, we were to be the NAMI host along with the City of Pittsburgh Police for the 2020 CIT International Conference. The conference was moved to a virtual platform due to COVID-19 concerns but the conference will return to Pittsburgh in 2022.

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[1] "CIT History Course and Guide," *CIT,* accessed August 10, 2020, http://www.gocit.org/crisis-intervention-team-history.html
[2] *Ibid.*

I also wanted to take this time to highlight the work of our NAMI affiliate in northeastern PA to develop a regional CIT program. In 2009 after a woman with schizophrenia had an encounter with police that ended in her death, NAMI Scranton wrote a letter to the mayor asking "what could we do?" The mayor formed a task force of law enforcement, mental health professionals, and family members. The executive director of NAMI Scranton introduced the CIT model as an option for police training. The task force pulled resources to have a team of stakeholders trained to develop and coordinate the program. It has evolved into the NEPA (northeastern) CIT program and is coordinated by the executive director of NAMI Scranton & Northeastern Pennsylvania. They do at least 1-2 trainings a year and have trained nearly 350 police officers, dispatchers, EMTs, and parole officers since 2010. The program covers Lackawanna, Susquehanna and Wayne Counties. A community nonprofit partner acquired a grant used to fund the training to cover the police department expenses in sending their officers to a weeklong training.

The NEPA CIT program also conducted a train-the-trainer class for neighboring Luzerne Wyoming Counties so they could begin their own CIT program. The executive director of NAMI Luzerne Wyoming PA sits on their CIT Advisory Board. The NEPA CIT program has reduced the use of force by 66% since the program began in 2010. Additionally, NAMI Scranton NEP holds an Evening of Hope every year and gives a CIT Team Leadership Award to a member of the law enforcement community.

Another effective model gaining widespread recognition is CAHOOTS or Crisis Assistance Helping Out On The Street. It has been in use for more than 30 years and was developed in Eugene, OR by the Whitebird Clinic [3]. The original program uses two-person teams consisting of a medic (a nurse, paramedic, or EMT) and a crisis worker with substantial training and experience in the mental health field. The teams are trained to deal with a wide range of mental health related crises, including conflict resolution, welfare checks, substance abuse,

[3] "Crisis Assistance Helping Out On The Streets, Consulting Services", *Whitebird Clinic*, accessed August 11,2020, https://whitebirdclinic.org/wp-content/uploads/2020/07/CAHOOTS-Consulting.pdf

suicide threats, and more, relying on trauma-informed de-escalation and harm reduction techniques [4].

In Eugene, CAHOOTS teams are dispatched through non-emergency crisis lines as well as 911 and in 2019 alone police were only requested roughly 250 times out of nearly 24,000 calls [5]. Additionally, the programs savings to the Eugene police department have averaged $8.5 million annually with an additional savings of $14 million in medical expenses by diverting individuals away from emergency departments and into appropriate community services [6].

The model is widely used throughout the Pacific Northwest but has gained national attention in recent years with more and more cities working to adopt a similar model; with San Francisco, CA, Albuquerque, NM, Indianapolis, IN, New York, NY and Atlanta, GA seeking to develop their own programs [7]. Locally it has caught the attention of the Philadelphia Police Department as they look to strengthen community relations in the midst of social unrest stemming from continued instances in which African Americans are dying at the hands of white law enforcement.

We cannot ignore the disproportionate negative effects of policing on communities of color, or the critical and intersecting role mental health plays. People with mental health conditions know all too well what it means to experience stigma, but not all of us know the doubling role race can play.

Growing calls for racial justice have opened up the conversation about the role of law enforcement in public health, specifically mental health and how it affects communities of color. Unarmed Black people are killed by law enforcement at a rate 5 times that of unarmed white people [8]; and nearly one in four people killed by police officers in 2019 had a mental health condition [9].

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[4] "Crisis Assistance Helping Out On The Streets, Consulting Services", *Whitebird Clinic*, accessed August 11,2020, https://whitebirdclinic.org/wp-content/uploads/2020/07/CAHOOTS-Consulting.pdf

[5] *Ibid.*

[6] *Ibid.*

[7] *Ibid.*

If we are going to change outcomes, we need to disrupt the system that puts police at the forefront of crisis response – but complex problems require complex solutions. To provide a continuum of mental health care that helps people get and stay well, NAMI believes we need to focus on several areas of community mental health including comprehensive and culturally competent crisis care, readily accessible inpatient and outpatient care options for those who need it, investment in social supports and services to help people stay well and a system of care based on trauma-informed principles that is available to everyone.

Both the CIT and the CAHOOTS models are extensive in providing appropriate education to those who are certified in their delivery, but another key element to their success is the ability to provide community based services in a timely manner. Although a wide array (not capacity) of services exists in more urban areas of Pennsylvania, rural and frontier communities often rely on emergency services to care for mental health needs. Absence of appropriate resources can result in exacerbation of acute illness and lead to long delays in engagement of appropriate care for some individuals [10].

On July 30, 2020, the Pennsylvania Joint State Commission published a report highlighting the inefficiencies of the current behavioral health system in the commonwealth. Behavioral Health Care System Capacity in Pennsylvania and Its Impact on Hospital Emergency Departments and Patient Health was established by HR 268 to closely examine and offer practical solutions to several areas across the continuum of behavioral health care. It should also be noted that the author of this testimony had the distinct honor of participating in the advisory committee to

[8] Wesley Lowery, "Aren't more white people than black people killed by police? Yes, but no.," *Washington Post,* accessed on August 7, 2020, https://www.washingtonpost.com/news/post-nation/wp/2016/07/11/arent-more-white-people-than-black-people-killed-by-police-yes-but-no/

[9] "Fatal Force," *Washington Post*, accessed on August 7, 2020, https://www.washingtonpost.com/graphics/investigations/police-shootings-database/

[10] Advisory Committee of House Resolution 268, "Behavioral Health Care System Capacity in Pennsylvania and Its Impact on Hospital Emergency Departments and Patient Health", *Joint State Government Commission General Assembly of the Commonwealth of Pennsylvania,* accessed on August 11, 2020, http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2020-07-30%20ER-BH%20REPORT%20%20web%207.30.20.pdf

the Joint State Commission.

Particular attention was paid by the advisory committee to the lack of community based and crisis services across the commonwealth especially in those areas designated as a health provider shortage area (HPSA) [11]. Lack of these services is shown to lead to higher utilization of emergency services to include police contact, increased recidivism and overall poorer mental health outcomes [12]. Although we are here today to discuss police response in a mental health crisis I would be remiss if I did not mention the emergency services system as a whole.

Although crisis lines exist nationally and across the commonwealth, most emergency encounters begin with a call to 911. At this time the operator must quickly assess the situation and gather critical details to pass along for dispatch. It is then the job of dispatch to decide appropriate resources to allocate to the call [13]. Depending on location these resources can vary drastically with more urban and suburban areas having the ability to dispatch specially trained crisis personnel, whereas in more rural areas EMT's and paramedics are the ones most likely to respond. Throughout this process it is likely very few individuals have the appropriate training to deal with a mental health crisis. As mandated in PA only the highest supervisory roles both in the 911 call center and emergency medical services receive any type of mental health related training 14. In short, expanding mental health crisis response training to include all first responders on the continuum would be immensely beneficial in preventing a potentially tragic event by ensuring an appropriate response to such calls.

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[11] Advisory Committee of House Resolution 268, "Behavioral Health Care System Capacity in Pennsylvania and Its Impact on Hospital Emergency Departments and Patient Health", Joint State Government Commission General Assembly of the Commonwealth of Pennsylvania, accessed on August 11, 2020, http://jsg.legis.state.pa.us/resources/documents/ftp/publications/2020-07-30%20ER-BH%20REPORT%20%20web%207.30.20.pdf

[12] U.S. Department of Health and Human Services, Health Resources and Services Administration, Quick Maps - Mental Health Health Professional Shortage Areas (HPSA), accessed on August 10, 2020, https://data.hrsa.gov/maps/quick-maps?config=mapconfig/HPSAMH.json

[13] *Idib., 11*

[14] Idib., 11

First responders trained in crisis intervention can be lifesavers, but they are a reaction to a fundamental flaw in how we respond to mental health crises. Instead, the answer is investment in a comprehensive mental health care system that demonstrates cultural competence and equitable treatment. We must partner with law enforcement to vastly improve the interactions that still occur, but we must also work to effect the significant change that is needed.

NAMI has long promoted and supported training in mental health and de-escalation for law enforcement, advocated for changes in agencies' policies and procedures and pushed to create community partnerships to divert people from justice system involvement. With more than 30 NAMI affiliates across the Commonwealth NAMI Keystone PA stands ready to collaborate and assist with local, county and state government and law enforcement, PCCD, the legislature and the administration in ensuring safe policing for all Pennsylvanians. Thank you.

Respectfully Submitted,

Nikki Dawson, MSW
Advocacy Director
NAMI Keystone PA

Elizabeth Sinclair Hancq, MPH
On behalf of the
Treatment Advocacy Center
Before Members of the
PA House Democratic Policy Committee
Public Hearing: Police Approach to Mental Health Calls

August 13, 2020

Chairman Sturla, Representative O'Mara and members of the committee, thank you for the opportunity to testify before you today regarding this timely and important topic on law enforcement's role in mental health crisis response.

My name is Elizabeth Hancq and I am here representing the Treatment Advocacy Center, a national non-profit dedicated to eliminating barriers to treatment for people with severe mental illness, such as schizophrenia and severe bipolar disorder. I am also here as a citizen of Pennsylvania with special interest in the actions of this committee, residing in Philadelphia. I am the Director of Research at the Treatment Advocacy Center, where I lead the Office of Research and Public Affairs. We conduct policy research on the impact of severe mental illness on public service systems with the goal of increasing the public's understanding of severe mental illness.

The Treatment Advocacy Center has more than 20 years of research expertise in a variety of topics regarding severe mental illness. Relevant to today's hearing includes our research work in:

- the role of law enforcement in mental illness crisis response, and
- how people with severe mental illness are overrepresented in the criminal justice system. For example, in Pennsylvania, there are approximately 15,515 people with severe mental illness in the state's jails and prisons.

According to an analysis the Treatment Advocacy Center did in 2015, published in a report titled, *Overlooked in the Undercounted*, **people with severe mental illness are 16 times more likely to be shot and killed by police than people without mental illness.** A large driver of this disparity is due to the disproportionate volume of contact between individuals with serious mental illness and law enforcement. Therefore, reducing the number of contacts between law enforcement officers and people with severe mental illness is the single most immediate, practical strategy to reduce fatal police encounters for individuals with mental illness.

Law enforcement officers are the front lines of psychiatric care, charged with responding to, handling and even preventing mental illness crisis. This is in part due to the limited community treatment options and the continuing shortage of psychiatric inpatient beds. This results in people in need of mental health treatment not being able to receive care until a crisis occurs and law enforcement intervenes.

The role of law enforcement in mental illness crisis response is an enormous portion of police department resources and budgets. **Responding to and transporting individuals with mental illness occupies more than one-fifth of law enforcement officers' time**, according to an analysis the Treatment Advocacy Center conducted in 2019 and published in the report, *Road Runners.* This time is a result of the:

- overrepresentation of people with mental illness in the criminal justice system,
- length of time mental health crisis service calls take,
- long distances law enforcement must travel to find available mental health resources, and
- time officers must wait while transporting individuals in crisis to an emergency department.

Based on a qualitative analysis of the results, **the lack of appropriate mental health treatment services in the community is the most prominent factor contributing to law enforcements' outsized role in mental health crisis response**.

There are several potential solutions to reduce the burden on law enforcement in responding to mental health crises, several of which that are already available to the estimated 335,00 individuals with severe mental illness in the state of Pennsylvania. These include:

- **Law enforcement-based specialized response:** Only officers who are dedicated and genuinely interested in working with individuals in psychiatric crisis are trained and dispatched to the field. The most common example of this are Crisis Intervention Team (CIT) programs. A 2016 survey of law enforcement officers conducted in Pennsylvania by the Mental Health and Justice Center of Excellence found a high involvement of counties throughout the Commonwealth in CIT training, with 3,484 patrol officers trained in CIT among 15 different programs. All surveyed CIT programs included a training component for Veterans, putting Pennsylvania in line with current best practices.
- **Law enforcement-based specialized mental health response**: Law enforcement partners with mental health professionals to attend to crisis situations, commonly referred to as co-responder models.
- **Mental health-based specialized mental illness response:** Response models rely entirely on mental health professionals, such as a mobile crisis or assertive community treatment teams, and work with law enforcement as partners when appropriate or needed. In Delaware County, this team is called the Crisis Connects Team.
- **Centralized crisis centers:** Offer an alternative to jail or crowded emergency departments by being accessible, providing quick intake and drop-off procedures for law enforcement, and specializing in care for people with mental illness and/or substance use disorders. Delaware County has such a program, called the Crisis Response Center.
- **Data solutions:** Integrated data systems among health and criminal justice sectors to identify repeat users of community resources and intervene before crises occur.
- **Telepsychiatry**: Using telepsychiatry technology, mental health providers offer assessment and treatment planning via video chat.

It is important to note, analysis of the 2019 survey results uncovered that, on average, **more than one-quarter (26%) of transports of individuals with severe mental illness conducted by law enforcement were for high utilizers**—individuals who had three or more service encounters with law enforcement in one month.

High utilizers are often found to be individuals with severe mental illness, who cannot, on their own, recognize their need for treatment no matter how clear the symptoms may be to others. This lack of insight, also referred to as anosognosia, has been identified as a primary factor in treatment non-adherence and impacts as many as half of individuals with bipolar disorder or schizophrenia. As a result, these individuals often find themselves caught in the revolving door of hospitalization and incarceration.

In 2018, the Pennsylvania General Assembly passed legislation to amend the Mental Health Procedures Act to authorize counties to implement assisted outpatient treatment (AOT) programs. AOT is the practice of placing individuals with severe mental illness who have a history of treatment non-adherence and inpatient hospitalization under a non-punitive civil court order to follow a prescribed treatment plan while living in the community.

AOT is proven to reduce individual's contact with law enforcement, as well as the incidence and duration of psychiatric hospitalization, homelessness, and incarceration. Additionally, it improves the health and social outcomes of individuals with severe mental illness by allowing earlier intervention to help prevent the revolving door of hospitalization and/or incarceration. Finally, AOT saves money.

Over the past decade, AOT has reached national prominence as an evidence-based practice. Currently, 47 states and the District of Columbia have laws that allow for AOT to be practiced. With passage of the 21st Century Cures Act in 2016, a federal grant program was established for communities to develop AOT programs, which was renewed earlier this year. The U.S. Department of Justice certified AOT as an effective program to reduce crime. The American Psychiatric Association and other prominent mental health organizations have endorsed AOT as an effective tool to promote recovery. Research studies and experiences across the country have consistently validated the efficacy of assisted community treatment.

Despite the fact that the bill passed the Pennsylvania General Assembly unanimously, to date, not one county in the state has taken advantage of the law.

Representative O'Mara and members of the committee, I thank you for the attention on this important issue. I am available to answer any questions.

Elizabeth Sinclair Hancq
Director, Office of Research and Public Affairs
Treatment Advocacy Center
sinclaire@treatmentadvocacycenter.org

PACA MH/DS
Pennsylvania Association of County Administrators of Mental Health and Developmental Services

Testimony to House Democratic Policy Committee Public Hearing

Police Approach to Mental Health Calls August 2020

PACA MH/DS is an affiliate of the County Commissioners Association of Pennsylvania (CCAP) and represents the 48 county-based entities responsible for the administration of mental health and developmental disability services. We thank members of the House Democratic Policy Committee for holding a hearing on the police approach to mental health calls as our members continue to build relations with the police departments to effectively address individual situations.

Our testimony is founded upon practices that occur in various counties and acknowledges Berks County and their MH/DD Administrator Dr. Ed Michalik for offering examples of their years of continued efforts to improve relations between local police and the county mental health program. Berks County demonstrates the benefits that occur when there is a well-established, collaborative partnership with local police departments. The results are gleaned from many years of a multipronged approach based on the premise that treatment and support for individuals with behavioral health issues is a far more effective intervention than incarceration.

The partnership between police and community mental health typically begins with training for law enforcement officers. There is a myriad of training options available from beginner Mental Health First Aid and Crisis Intervention Training to highly specialized De-Escalation and Hostage Negotiation Trainings which are certified for Police Training Credits through the Municipal Police Officers Training and Education Commission (MPOTEC). To assist in building the partnership, training should extend beyond law enforcement officers to include training for dispatchers who field the initial call and set the tone for situations.

Through training, officers learn where to turn for an immediate response from mental health professionals. Reliable, immediate response from mental health professionals as situations are occurring is the second facet that makes this partnership work. Phone and Mobile Crisis Intervention Services are available 24 hours per day/7 days per week

and police departments know to contact Crisis Intervention for any situation in question. Some counties even have a forensics specialist available to outreach to mental health for various reasons which may include consultation, police requested outreach, involuntary mental health commitment, safety check, etc. In addition, debriefing with Police Department personnel after situations has also been very helpful to seeing what worked and what didn't and make any adjustments accordingly in order to move interventions forward.

Finally, thank you for this hearing as it recognizes the tough, emotionally charged environment that both disciplines, law enforcement and mental health professionals, face. Our association looks forward to reviewing the testimony given by law enforcement to better understand the best approaches for community mental health and identify other ways counties can be partners.

For more information or further discussion, contact PACA MH/DS' Executive Director Lucy Kitner (lkitner@pacounties.org) or Deputy Director Deb Neifert (dneifert@pacounties.org)