

Nebraska law enforcement agencies on the front lines of mental health treatment

By Kate Gaul, Research Analyst

One in five Americans will be impacted by a mental illness at some point in their lives. One in 25 of those individuals will be impacted by a serious chronic mental illness.¹ These individuals comprise a substantial segment of the chronically homeless, often struggle with a co-occurring substance use disorder, and are disproportionately involved in the criminal justice system.

Sixty percent of mentally ill adults reported not receiving mental health services in the previous year.² Their unmet needs increasingly put law enforcement officers on the front line of the American mental health system, a role they are not always well prepared for.

In 2018, one in five fatal police shootings involved a person with a mental illness, according to a Washington Post database of police shootings. The nonprofit Treatment Advocacy Center estimates the odds of being killed in an encounter with the police are 16 times higher for persons with an untreated mental illness than they are for the general population.

Law enforcement agencies are responding to these challenges by initiating strategies to defuse volatile situations and divert individuals to appropriate treatment. For example, at least 180 police departments across the country have signed on to the best practices promoted by the International Association of Chiefs of Police “One Mind Campaign,” which seeks to unite communities, public safety organizations, and mental health practitioners to become “of one mind” on mental illness.

Training police to understand mental health crises

The fatal police shooting of a man with a history of mental illness in Memphis in 1988 spurred stakeholders

in that community to develop the Crisis Intervention Training (CIT) program to increase safety in encounters between mentally ill individuals and the police and, when appropriate, divert individuals from the criminal justice system to mental health treatment.

CIT provides officers 40 hours of specialized training, including learning to recognize symptoms of mental illness and techniques to de-escalate such encounters. Ideally, dispatchers are trained to identify mental illness calls and assign the calls to CIT officers.

The Omaha Police Department offers CIT to its officers.

Although not a formal adopter of the CIT program, the Lincoln Police Department (LPD) has reduced the rate of individuals taken into emergency protective custody (EPC) even as mental health-related service calls have generally increased as the city has grown. The change began nearly 30 years ago when LPD recognized it needed to strengthen partnerships

with the behavioral health community and shift how police responded to mental health calls. Arrest cannot always solve these calls.

As part of its mental health response, LPD partnered with the Mental Health Association (MHA) of Nebraska in the REAL Referral Program in 2011. MHA provides peer-supported, voluntary mental health services. After a mental health related service call or even during one, LPD officers alert the peer specialists at MHA, who are able to connect individuals with supports and services.

Additionally, an LPD officer was instrumental in creating the Behavioral Threat Assessment (BETA) program, which is funded by the state’s behavioral health Region V Systems. BETA is offered annually at no charge to veteran officers and other first responders within the systems’ 16-county region.

“Mental illness crises are the only health emergency in which law enforcement are the first responders.”

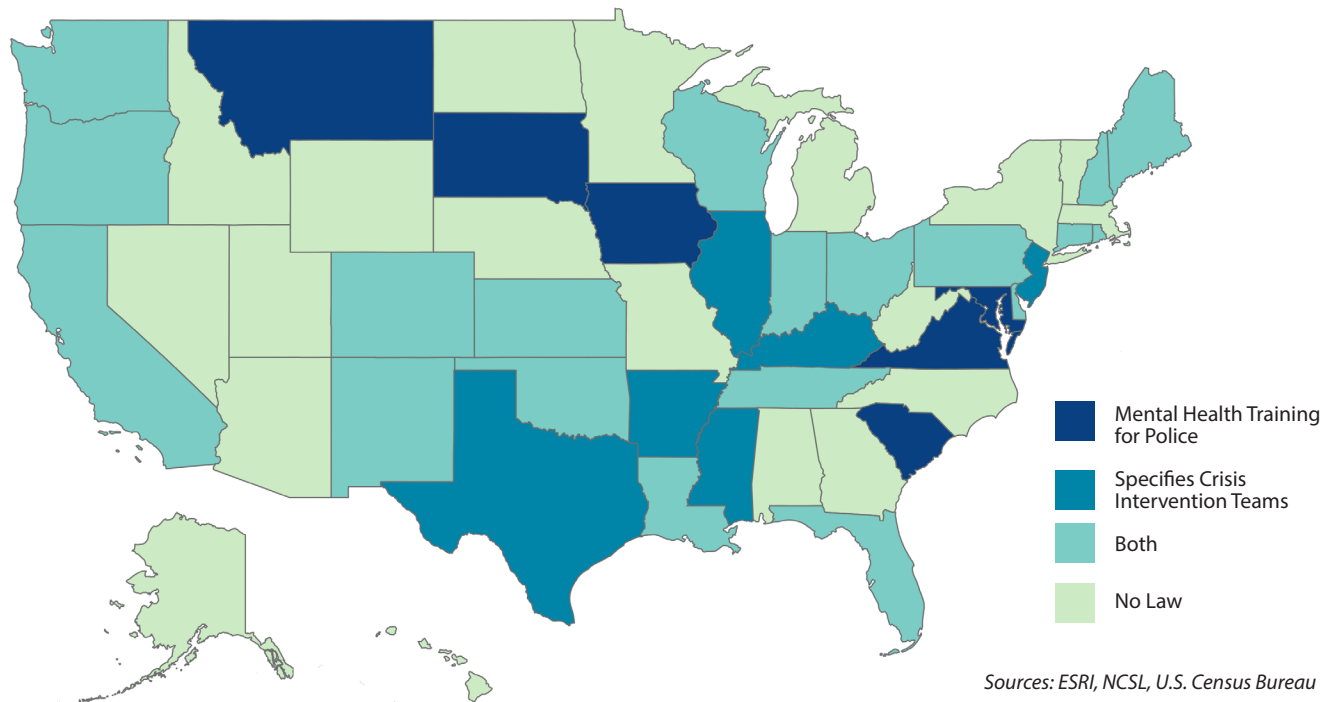
-Dr. Kenneth P. Rosenberg, author, *Bedlam: An Intimate Journey into America’s Mental Health Crisis*.

1. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), serious mental illness is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illness is often defined by its length of duration and the disability it produces.

2. SAMHSA



States with Laws Requiring Law Enforcement Mental Health Training



BETA trains officers to evaluate whether persons in mental health crises pose a danger to themselves or others (the statutory criteria for involuntary committal) or whether individuals are better served with community supports or other noncriminal diversion. Each day of the four-day BETA training emphasizes a different aspect of mental illness. This could include understanding what it's like to live with a mental illness and the side effects of prescribed medication.

Mental health experts as first responders

Since 1989, Eugene OR has dispatched a mental health team instead of the police to nonviolent, mental health-related calls. The system runs through the city's emergency communications center and is partially funded in the city law enforcement budget. The nonprofit Crisis Assistance Helping Out on the Streets (CAHOOTS) program is staffed by teams of medics and mental health workers who respond in mobile vans equipped with medical supplies, blankets, and water.

In Colorado, a legislatively authorized pilot project³ is putting mental health clinicians into patrol cars. The Co-Responder Program allows clinicians to either ride along with the patrol officer or be dispatched when police receive a call involving an individual experiencing a mental health crisis. Diverting individuals from the criminal

justice system and getting them treatment, peer support, and housing is already providing savings in officer time and in department expenditures in communities such as Denver and Boulder, which were early adopters of a similar clinician-police partnership.

Minnesota, which in 2018 adopted a law requiring additional law enforcement training in mental health crises, is considering equipping police with tablets so officers can videoconference with mental health practitioners while on mental health calls.

Calling 911 to report a mental health crisis

On the phone: Share all the information you know. Tell the dispatcher your loved one is having a mental health crisis and explain her mental health history and/or diagnosis. If the police who arrive are not aware a mental health crisis is occurring, they cannot handle the situation appropriately. Request officers who have specific training.

During a crisis: When officers arrive, tell them this is a mental health crisis. Mention you can share any helpful information, then step out of the way. Yelling or getting too close to an officer is not helpful.

3. The pilot was authorized in the Strengthening Colorado's Statewide Crisis Response to Behavioral Health Crises (SB 17-207) and is funded annually through FY 2022 with \$2,900,000 from the state's Marijuana Tax Cash Fund.