Interface with the Justice Community and Opportunities for Intervention

February 27, 2014

Sheldon Greenberg
Johns Hopkins University
School of Education
Division of Public Safety Leadership
Opportunities for Intervention... Areas to influence

Mental Health    Corrections

Law Enforcement    Courts

fragmentation    parochialism    legislation    policy
process    education    training    leadership    funding
mission    politics    mastery    commitment    readiness
outreach/marketing    language (terminology)
cross-profession    awareness    research to practice
Opportunity for Intervention

Official Radio Ten-Code

Association of Public Communications Officers (APCO)

10-96 – Mental Subject

Collectively approach APCO to modify to “person with mental illness” or “person who has mental illness”

Cost = $0

(subtle, but not unimportant)
Some brief points of focus...

- Front line police patrol officer believe that their role is not well understood by researchers and practitioners in other human services disciplines

- 70% of a police officer’s work is not related to law enforcement

- A significant percentage of a police officer’s interaction, intervention, and problem solving activity never makes its way into police reports and is never captured in the data

- Most police officers, deputies, and troopers want to do more to serve people with mental illness than time, policy, support resources, and other factors allow

(JHU-PSL patrol study, 2009) (Cooper, 2004)
Fragmented and Parochial “System”

- 10,374 specialty mental health treatment facilities in the United States (SAMHSA, 2010)

- 18,000 state and local police departments (majority with fewer than 25 personnel – 67 large police departments in U.S. and 7 in Canada – fewer than 700 serve populations of 100,000 or more – globally diverse systems:
  - some parallel fragmentation of U.S.
  - some nations may have one or few police agencies
  - some are part of the military
  - some are unregulated

- 3,365 local jails (does not include state, federal, military, or juvenile correctional institutions)

- Courts - federal, state, local, military, specialized (estimate - over 3,000 trial court judges in U.S.)
Looking at the police...

- Today’s officers (every rank) were not employed (or born) during deinstitutionalization and discussion/debate about community-based services.
- The patrol function nationwide remains primarily reactive.
- Focus on prevention declined rapidly in late 1990s.
- Most calls for service involving mental illness are for minor offenses, are non-violent, and do not result in arrest.
- In crisis, officer may have 2.5 seconds to make the decision to restrain, arrest, or apply nonlethal or lethal force.
- Police lack interjurisdictional authority in many states (inhibits crossing jurisdictional lines to pursue care).
Looking at the police...

Crisis Intervention Teams

– Joint police/mental health response and intervention teams
– Memphis, Milwaukee, Baltimore County, Los Angeles, Charlotte-Mecklenburg (mostly large jurisdictions)
– Involve minimum of 40 hours of training for police/certification for police officers

Research on quality of CITs remains slight

Increased through 2008, but declining in number due to lack of federal funding, local budget crises
Looking at police training - Mental health/illness

- State certification agency (POST) response to survey on police training (33 states responded)

- Average police training among the 33 states in topics related to mental illness = 9.09 hours
  - Majority of training courses = 2-4 hours (shortest = 50 minutes)
  - Training includes some awareness…but is primarily process-centered (how to...)
  - The longest courses (16-40 hours) and many of the short courses encompass training on all “special populations” or disabilities (amount allocated to mental illness not specified)
  - Two states reported that they have no requirement/mandate for training in this area

- Study of 28 police academy curricula – average course = 2.5 hrs. (range of total recruit academy training -16-24 weeks in U.S.)
Looking at state courts (including appellate)

From 1980 to 2010

• State court system changed little (American Judges Assoc.)
• # of appellate judges increased 69%
• # of trial judges increased 11%
  • Population increased 39%
  • Arrests increased 19%
  • Ratio of trial judges to population declined 23%

(Bureau of Justice Statistics, Special Report on State Court Organization, November 2013)

“Time is what I don’t have to give. I know there are important needs that trial judges do not adequately address. I don’t see a solution in sight.

- Circuit Court Judge Tim McCrone
Looking at local and county jails... (first point of incarceration for people with mental illness)

- Operate under different systems
  - police departments (lock ups), sheriffs’ departments, departments of correction, juvenile justice system, private contractors, community-based corrections (halfway houses)

- Jail population (744,524) increased in 2012 for first time in 3 years

- Local jails admitted 11.6 million in 2012

- Local jails in U.S. at over 80% capacity (maintain some vacancy for use by federal agencies – U.S. Marshals, ICE)

- 2012 – 6 in 10 inmates in local jails awaiting court action on a current charge (rate unchanged since 2005) – arrest record “on the books”

- Training for local corrections officers limited – some not required to meet state standards or national guidelines for training

(U.S. Department of Justice, Report on Jail Inmates at Midyear 2012)
Estimated incarceration of adults with mental illness

- 705,000 in state prisons
- 78,800 in federal prisons
- 479,900 in local jails

  - data does not readily distinguish those awaiting initial hearing or trial from those sentenced and serving time (incarceration in state and federal prisons generally occurs post trial and sentencing)

(Prins and Draper, 2009)

- Overrepresented in probation and parole
  - Parole Commissioner (MD) – “I see too many people who belong in treatment and should never have been sentenced to prison. We try to get them into parole as soon as they are eligible. Then we can mandate and follow up on treatment. I wish we could get to them sooner.”
  - People with mental illness are twice as likely to have community supervision revoked -- returned to incarceration
Noting the obvious...

• Bias and stereotypes exists throughout the justice system and influence response and decisions
  
  – Race, ethnicity, age, economic-status, locale, immigration status, language, etc.

• Efforts over past decades have significantly reduced many of the biases

• These biases occur when people with mental illness come into contact with the system...and may be compounded by the biases/stereotypes associated the mental illness
What police patrol officers want mental health practitioners to know (small sample of comments)...

- I function alone.
- I am the only officer on duty this shift.
- My immediate focus is on safety. I need to know about the crisis at hand, who is hurt or in danger, the environment, and access to weapons. Talk about mental illness, what happened in the past, and everything else will occur later.
- The closest hospital to my beat is 25 miles away.
- People with mental illness and their families don’t know what to expect when I arrive.
- At 3:30 a.m. on a Sunday, I don’t have access to mental health workers or county attorneys...if I get hold of them they don’t want to come out.
- The family calls and wants help...then when I explain what I can or have to do, they turn on me. It’s tough. I understand. They want intervention without consequence. They want help I’m not able to give.
- You need to know how we approach potentially life threatening situations. We’re criticized for using force. We follow a use of force continuum. We can’t take chances. It is better to be judged by twelve than carried by six.
Opportunities for Intervention

• Target successes – Give more attention to identifying what works well and do more of it
  – balance focus on needed repairs to system with positives

• Focus more attention/research on police patrol officers as a “point of entry” into the criminal justice system (rather than “the police” or police departments)
  – Research needed on patrol officer response and action based on immediacy of the event (initial call, act, behavior, etc.) – Underlying or driving circumstances (mental illness, substance abuse, disability) are a secondary or tertiary issues
Opportunities for Intervention

• Increase research on the real “point of entry” contact
  – how primary and secondary victims convey information, and create “hot buttons,” in contact with public safety call takers/dispatchers in communications centers
  – The “911” call sets the tone for the initial response

• Improve quality and consistency of call taker protocols – minimize “junk in-junk out” information flow

• Provide cross-training on professional culture (police, mental health community, corrections, judiciary, security)
  – What should they know about mission, mandates, function, limits, needs, and laws governing practitioners in other components of “the system?”
Opportunities for Intervention

• Change culture of collaboration from ground up (entry level)
  – target mandated education and training for people choosing to start careers in criminal justice and mental health

• Improve transition of research to practice
  – develop brief, practical guides for frontline practitioners on applying knowledge gained through research (the majority of police and correctional officials and front line personnel do not use lengthy reports, manuals, and journal articles)

• Share responsibility for change
  – expand awareness among people who have mental illness about interacting with the police and criminal justice system (similar approach used successfully within deaf community)
Thank you...