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Mental Health Emergencies: Building a Robust Crisis Response System
Committee on Appropriations
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Good Morning, thank you for the opportunity to speak to you today about an issue of critical concern to the policing profession – how to best respond to individuals experiencing crises, whether due to mental health or substance use disorders or due to intellectual or developmental disabilities. The police want to build a robust crisis response system and we know that we cannot do it alone.

Sadly, the lack of mental health treatment options or mental health centers has left police officers as the de facto mental health providers in our communities. Ten percent of police calls involve a person with a mental illness¹ and police officers encounter mental health crises on a routine basis. To better understand the toll this takes on both the community and officers, it is important to discuss the history behind this issue.

In 1960, the United States was a country with a population of 150 million and had 600,000 treatment beds for those affected by mental illness. Today, the United States has a population of 330 million, and less than 60,000 beds are available in treatment facilities. This drastic change in availability for mental illness treatment began to roll out in 1955 when a massive deinstitutionalization movement began that transferred severely mentally ill people out of large-scale institutions. The belief at the time was that these institutions were inhumane to the mentally ill, and that the use of new antipsychotic drugs would be an effective alternative to hospitals. However, these good intentions contributed to a mental health crisis, since many who were deinstitutionalized were left without access to medication or rehabilitation services necessary to live successfully in the community.

¹ Erica Hoffman, 'Police Need More Mental Health Training', *Mental Health First Aid*, 22 February 2018, <https://www.mentalhealthfirstaid.org/2018/02/police-need-mental-health-training/>

In the present day, the effects of deinstitutionalization are still with us. The largest providers of mental health services in the United States are our prisons and jails. In fact, the three largest facilities in the United States that treat mental illness are New York City's Ryker's Island Jail, the Cook County Jail in Chicago, and the Los Angeles County Jail. Mental illness has other implications for policing.

Before I elaborate further into the steps being taken, let me assure you that our organization fully understands and supports changes to address the much bigger picture of what we can clearly see as mental health crisis across our country. The four most urgent concerns we have are as follows:

1. The sheer volume of the problem—one in five adults experience mental illness each year—in 2019, that accounted for 51.5 million people or 20.6% of our total population.² Given these numbers, our attention to this issue should be at the top of the list of priorities for federal, state, and county governments; and yet, that is often not the case.
2. Ironically, even with these stunning numbers, the stigma attached to mental illness continues to hold strong with individuals having to struggle with both their illness and how others perceive that illness, if it is even acknowledged. This culture of silence undoubtedly reduces the chances that the over 51 million people facing this problem will seek the help they need.
3. The individuals in crisis that our officers come in contact with are often suffering from

² National Alliance on Mental Illness, "Mental Health By the Numbers," at <https://nami.org/mhstats>

mental illness and, at the same time, substance use disorder. Sorting out these overlapping problems and providing smart, cost-effective, and easily accessible solutions to address them presents a huge problem for our program infrastructure.

4. When those individuals experiencing mental health crises do seek the help they need, the mental health services infrastructure in our country is not in any way sufficient to meet these current and future mental health needs. We know from our officers on the street that mental health program availability for the individuals they encounter is often not available, or that the waiting period to access those programs is so long that it renders the service useless during the moment of crisis.

While these issues are each troubling and not easily addressed, IACP stands firm in its intent to continue to call for and support improvements in these overarching problem areas as much as we promote innovative responses by our officers at first contact.

Legislative and funding support is absolutely essential to the success of local efforts to build safer communities by coordinated response to persons experiencing crises. Communities must have adequate resources for 24/7/365 crisis response, treatment, housing, and other support services so that police officers can safely manage encounters with individuals in crisis and help prevent the criminalization of mental, intellectual, or developmental disabilities by diverting eligible individuals to non-justice alternatives.

Law enforcement and other justice system agencies also must have sufficient resources to expand and sustain their collaborative efforts to improve their crisis responses and decision-making about persons experiencing crises, and that support needs to come in the

form of funding for training, equipment, grants for innovative approaches to help encourage collaborative partnerships, crisis services, and mental health courts.

Laws and policies that regulate access to Medicaid, Medicare, and Social Security should be carefully crafted to ensure that persons with mental illness can readily access benefits to which they are entitled, both before and after incarceration. Regulations that protect consumers' privacy and dignity of choice should also permit necessary and appropriate information sharing across agencies when it can positively affect intervention outcomes. These and other policy issues must be addressed with assistance from national organizations with expertise in relevant areas.

Finally, I would like to take my remaining time to speak to you about how we're changing the way our officers handle encounters with individuals experiencing crises.

In 2016, the IACP launched a campaign to enhance officer response to 9-1-1 calls involving individuals experiencing a mental health or other crisis event. That program is called the ***One Mind Campaign***. The One Mind Campaign was designed and launched with several significant partner experts in the mental health arena, including the Substance Abuse and Mental Health Services Administration (SAMHSA), National Alliance on Mental Illness (NAMI), the U.S. Department of Justice Bureau of Justice Assistance (BJA), the American Psychiatric Association, CIT International, and Mental Health First Aid (MHFA). Driving this work was the knowledge, that a high percentage of individuals who died during an encounter with the police were individuals experiencing a mental health crisis.

The ***One Mind Campaign*** focuses on uniting local communities, public safety organizations, and mental health organizations so that the three become "of one mind." To join

the campaign, law enforcement agencies must pledge to implement four critical practices over a 12-36 month time frame. These practices are to:

1. Establish a clearly defined and sustainable relationship with a local community mental health organization;
2. Develop and implement a written policy addressing law enforcement response to people in crisis and/or with mental health issues or substance use disorders;
3. Train and certify 100% of sworn officers (and selected non-sworn staff, such as dispatchers) in mental health awareness courses by:
 - a. Providing Mental health First Aid training (or equivalent) to 100% of officers (and selected non-sworn staff); and
 - b. Providing CIT or equivalent crisis response training to a minimum of 20% of sworn officers (and selected non-sworn staff).

Taken together, these three steps can profoundly increase the likelihood of successful interactions between law enforcement and people experiencing crises.

To date, 584 law enforcement agencies across 49 states and 3 countries have pledged to the campaign. 134 agencies have completed the pledge, with over 22,000 officers trained.

Since its development, the ***One Mind Campaign*** has been expanded into a training and technical assistance initiative, through which the IACP endeavors to grow and enhance cross-system responses between local law enforcement and mental health and substance use disorder service delivery partners. By fostering a strong alliance between police and these critical service partners, the IACP aims to improve the welfare of vulnerable individuals and

improve public and officer safety.

In 2020, the IACP, with support from the Bureau of Justice Assistance, joined the University of Cincinnati, Policy Research Associates, and the Arc of the United States, on an initiative to provide training, tools, and resources to law enforcement on evidence-based, best practices in responding to individuals experiencing crises, whether due to mental health or substance use disorders or due to intellectual or developmental disabilities. These tools are targeted to police and their multidisciplinary partners and include:

- A ***Crisis Response and Intervention Training (CRIT)*** program to train police officers to respond effectively to people experiencing mental health or substance use crises and/or individuals with intellectual or developmental disabilities – a 40 hour training program that includes more than 10 hours of crisis de-escalation skills;
- A best practice guide and associated tools outlining the types of crisis response and the research evidence available on effectiveness;
- Publications such as fact sheets, briefs, and web-based tools; and
- Customized technical assistance in strategic planning and creating agency-wide infrastructure to support crisis response at the local level.

Another IACP initiative providing law enforcement training and tools for crisis response is the ***Home Safe*** initiative. On a daily basis, thousands of American families with aging parents or children with developmental disabilities cope with the very real fear that those family members may wander from caregivers' supervision, sometimes with tragic results. In 2019, the IACP, with support from the Bureau of Justice Assistance, and in partnership with the National Center for Missing and Exploited Children (NCMEC) and The Arc of the United States, launched ***Home Safe***

to provide training and technical assistance to law enforcement, service providers, and community organizations in local jurisdictions for programs to prevent wandering, increase safety, and facilitate rescue when individuals do go missing.

The IACP also partners with the Treatment Alternatives to Safe Communities (TASC) to help state, local, and tribal jurisdictions implement evidence-based, systemic solutions at the front end of the justice system to respond to the substance use disorder that often underlies justice system involvement. This includes assisting law enforcement in developing pathways to treatment for individuals at risk for substance use disorder. This initiative, titled the ***Comprehensive Opioid, Stimulant, and Substance Abuse Program***, is funded by the Bureau of Justice Assistance (BJA) to provide training, technical assistance, resources, and a variety of learning opportunities to build and sustain multidisciplinary efforts to reduce the impact of opioids, stimulants, and other substances on individuals and communities.

On behalf of the IACP, I conclude by thanking you again for the opportunity to discuss this critical problem. I think it's clear that the only effective solutions to the problem must be systemic in nature, focusing on the entire continuum, from police encounters to a mental health infrastructure, to address mental health issues at the same level of success as we address physical health. We stand ready to help in any way we can as you work toward the goal of building a more robust crisis response system. I would be happy to answer any questions you may have.