COURSE CORRECTIONS
NATIONAL LAW ENFORCEMENT SUMMIT
From Crisis Intervention to Mental Health & Public Safety

On November 13 and 14, 2018, 91 law enforcement leaders from all over the U.S. convened in Los Angeles, California for Course Corrections: National Law Enforcement Summit - From Crisis Intervention to Mental Health and Public Safety. The purpose of this gathering was to identify consensus regarding priorities for policy and practice reform to improve mental health, reduce incarceration, and increase national safety, prosperity, and wellbeing.

In conclusion, *Course Corrections* participants declare the following:

The United States is in the midst of a poorly understood public health crisis. Americans with mental health needs of all kinds (including substance use disorders) are neglected, stigmatized, or inadequately supported by health and safety systems which can more effectively optimize successful human development and outcomes. Improving access and coordinating interventions across systems will prevent premature death, injury, long-term disability, and many other threats to public safety and wellbeing.

The nation's first response to mental health needs is too often a law enforcement response.

Relying on police, sheriffs, and the criminal justice system to respond to the chronic and acute mental health needs of the population is neither appropriate, nor healthy, nor sound fiscal policy. This reliance upon public safety and justice system intervention for unaddressed health needs is a wasteful misapplication of resources, and yields extremely poor health and safety outcomes at tremendous cost to individuals, communities, and the economy at large.

The United States has only about 5% of the world's population, yet almost 25% of the world's incarcerated population. The United States confines more people in jails and prisons per capita than any other country on the planet. This is not just at a cost to our values as a nation, but at an expense to the national economy that approaches $1 trillion per year--or six percent of the nation's gross domestic product.[1]

More than half of all incarcerated people in the United States have mental health needs.[2] The number of incarcerated people with mental health needs vastly exceeds the number of people receiving treatment in state psychiatric hospitals, making the criminal justice system the de facto mental health system.[3]

Our nation's public health, public safety, and economic wellbeing are inextricably intertwined. A resolution to this devastating crisis demands better public understanding of mental health, and a rebalancing of community investment. If done correctly, investments in affordable and supportive housing, preventative and supportive health care, and education, can reduce the need for spending on

[1] McLaughlin, M., Pettus-Davis, C., et al. The Economic Burden of Incarceration in the U.S. July 2016. Concordance Institute of Advancing Social Justice. George Warren Brown School of Social Work. Washington University in St. Louis. Working Paper #CI072016

[2] James, D., Glaze, L., Mental Health Problems of Prison and Jail Inmates, Bureau of Justice Statistics Special Report. September 2006, NCJ 213600

[3] Access to Mental Health Care and Incarceration. Mental Health America. June 2018. http://www.mentalhealthamerica.net/issues/access-mental-health-care-and-incarceration. Accessed 4 June 2018.

incarceration and courts. Thoughtfully managed spending is likely to yield long term savings and economic growth, as well as enhanced public health and safety, and positive individual outcomes.

Therefore, we recommend and promote the following course corrections as priority areas for policy and practice reform within law enforcement and the criminal justice system, in partnership with health care and education providers, and across multiple sectors concerned with managing the health of our populations:

COORDINATE COMMUNITY EFFORT AND RESOURCES

Public safety department leadership is influential across sectors in every community, and can play a key role in coordinating community efforts to address common concerns at the intersection of public safety and public health.

- ESTABLISH multi-disciplinary groups, inclusive of first responders and people who have experienced mental health crises, that can focus on developing and implementing policies and practices that support the mental health of the highest-risk population.
- FORMALIZE prevention and crisis response partnerships with mental health providers and other community partners.
- CREATE shared population health management databases and memoranda of understanding to coordinate multi-sector responses to individuals and communities with unaddressed health needs for the sake of facilitating access to care and support that is preventative of crisis, while respecting patient privacy in accordance with HIPAA.
- CREATE multi-disciplinary population health teams to identify and respond to persons in frequent need before they experience crises. Intensive case management by mental health providers can reduce the frequency of police interaction with this population, and can be an efficient and effective use of taxpayer dollars.
- CONVENE quarterly meetings of health care partners to review outcomes data and drive management accountability with quantitative and qualitative measures.
- INTEGRATE 9-1-1 dispatch response with mental health crisis lines to support police response with health provider response.
- CREATE community service navigator positions to help individuals find the services they need without involving police or sheriffs.
- PROMOTE cross training with police, sheriffs, corrections officers, and health care providers to establish a shared language and understanding of each other's roles.
- ENCOURAGE partner agencies in all sectors to hire and collaborate with people (peers) who have personal experience of mental health, substance use, and criminal justice involvement.
- PROVIDE ongoing trauma-informed and culturally-competent mental health education for officers, attorneys, judges, school employees, community partners, and citizens.
- REVISIT civil commitment laws and redirect funding streams to ensure effective long-term inpatient and outpatient mental health support and care. When individuals are resistant to voluntary treatment programs but continually recidivate, there must be a humane involuntary treatment option that protects public health and safety.

- PROVIDE meaningful, voluntary and involuntary, short- and long-term alternatives to involvement with the criminal justice system, to manage mental health and addiction, and address dangers posed by individuals under the influence of drugs or alcohol.
- REEVALUATE laws intended to control substances and substance use. Prioritize optimization of public health and public safety, and aim to save taxpayer dollars, while reducing direct and indirect harm associated with substance use.
- INCLUDE people with personal experience of mental health crisis in policy development, and education and training programs.
- USE litigation against non-compliant insurance providers to enforce mental health parity and drive health care accountability.
- EXPAND the use of diversion programs that connect community-based mental health and substance use providers to individuals who frequently contact the justice system.
- FUND programs that provide live-in treatment for individuals who suffer from mental illness or substance use disorders.

HEALTH CARE PARTNERSHIP

Individual access to health care across the lifespan builds community wellbeing. Preventative and supportive health care is not widely available, and yet is more cost-effective and yields better health outcomes than acute and crisis care. We must ensure affordable, high quality mental and physical health services are available to everyone.

- MANDATE performance measures for health care and public safety partnerships which include reduced calls for emergency and policing services, reduced suicide, reduced overdose, reduced violence, reduced arrests, and lower recidivism rates.
- ENSURE availability of 24-hour hotlines and appropriate crisis response in all areas.
- ENSURE no-wrong-door access to services for any mental health and substance use needs. Fully integrated same-site physical and mental health care is the gold standard for quality care.
- FUND mental health crisis services in every neighborhood that has an urgent care or emergency department.
- ADOPT harm reduction approaches, rather than solely abstinence-based approaches, to substance use.
- INCREASE access to community-based mental health service providers, rather than relying on state mental health hospitals or residential treatment centers.
- CREATE access to preventative mental health care, without requiring a diagnosis, to allow people to address needs and concerns without being stigmatized.
- ADVOCATE for appropriate competitive reimbursement rates and salaries to incentivize and retain mental health clinicians.
- ESTABLISH and fund robust community-based case management.
- ENSURE that quality services are accessible by providing transport, telehealth services, and staffing support to overcome barriers to access.
- ESTABLISH mobile units for providing access to an array of resources and health services.
- REDUCE suicides involving veterans with Post Traumatic Stress Disorder (PTSD) by proactive outreach to patients who have stopped receiving their mental health treatment at Veterans Affairs (VA) hospital(s).

- TRANSPORT veterans with mental health emergencies to VA hospitals for care, versus county or private hospitals, wherever possible and practical. The VA is best equipped to provide treatment to such veterans, offering superb outpatient resources and peer support for veterans, compared to most non-VA facilities.
- SUPPORT caretakers of veterans in crisis, by providing referrals and linking them with available resources at the VA and local 501(c)(3) organizations available to assist families.
- UTILIZE web-based applications that provide linkages to real-time resources and availability for patrol officers who contact individuals in crisis for immediate referral.

HOUSING & HOMELESSNESS

Safe housing is a basic human need. Providing low-barrier supportive housing, and accommodated employment, for those who face homelessness and/or struggle with physical and mental health needs, improves health outcomes, builds stronger, safer, and happier communities, and saves taxpayer dollars.

- PROVIDE immediate crisis assistance in response to imminent threats of loss of shelter. Provide immediate emergency shelter, and expedited pathways to affordable housing, access to care, access to education, vocational training, and employment.
- DO NOT REQUIRE sobriety or abstinence as conditions for housing (Housing First model).
- EXPECT and CULTIVATE personal accountability for stabilization and program success by providing reliable guidance and rewarding the achievement of meaningful milestones.
- REDUCE barriers to services by providing easy pathways to obtaining government identification, and by maximizing the availability of peer navigators.
- DEVISE and implement strategies for accommodating people in housing programs who have emotional support animals.
- ADVOCATE for increased live-in treatment facilities, and civil commitment to such facilities, at the local level as a proven strategy for reducing recidivism.

LAW ENFORCEMENT AGENCY - INTERNAL PRIORITIES

Supporting a proud law enforcement agency culture, of protecting and serving people and our community's wellbeing, is a top priority, and requires constant learning and continuous improvement. Law enforcement leaders and agencies can lead countless individual lives and communities toward health, justice, and prosperity.

- EXTEND trauma- and crisis-informed training to all public safety and corrections officers.
- ADOPT agency policies that emphasize force de-escalation and force prevention options.
- HONOR those who use exceptional tactics to promote the "sanctity of life."
- DEVELOP partnerships with mental health providers in order to implement response models that deescalate and redirect individuals experiencing mental health crises toward health care and away from justice-involvement.
- EDUCATE all officers regarding the concept of harm reduction in the context of substance use disorder.
- INCENTIVIZE officers and co-responder teams to work with schools and educators to achieve ambitious yearly targets in providing child-sensitive crisis intervention, reducing detention or justice-system involvement for juveniles who could be charged with low-level or status offenses.

- ESTABLISH a working relationship between local policing services and regional VA Hospital(s) to support veterans' mental health and seek to establish regional Veterans Mental Evaluation Teams (VMET) wherever such resources are currently not established.
- COLLABORATE and co-respond with VMET support to veterans during reported mental health crises.
- IDENTIFY high utilizers of public safety and criminal justice services so that mental health partners can facilitate a connection with appropriate services and resources to reduce demand for law enforcement response and reduce recidivism rates.
- EDUCATE the community regarding the law enforcement response to people in crisis, including how to request crisis intervention services.

OFFICER MENTAL HEALTH

Officer health and wellness must be a top priority in every agency and community.

- PROMOTE wellness within the agency, from academy into retirement. Include maintenance training for wellness, ongoing informal mental health clinician interaction with officers for ongoing mental health education, and to establish rapport before crises occur, in addition to post-incident debriefings and wellness checks.
- INCLUDE families in the design of officer wellness programs.
- PROVIDE both on-site and off-site Employee Assistance Program (EAP) access and training to allow officers to develop trust or seek outside resources.
- PROVIDE trauma-informed leadership training for senior leaders, working uniquely with the stressors inside the agency.
- ESTABLISH peer support programs for officers, including crisis hotlines, utilizing retired officers and peers.

EARLY REDIRECTION

Every day, first responders, public safety officers, and prosecutors engage with people in need of mental health support and care. When health-driven behaviors result in law enforcement encounters, alternatives to arrest and to criminal charges should be available and prioritized.

- ADOPT and adequately fund pre-arrest intervention strategies which redirect individuals with mental health needs toward appropriate resources and services, with clearly defined goals such as increasing continuity of care and reducing the volume of arrests and citations.
- EXPAND use of co-deployment models partnering mental health clinicians and emergency medical services (EMS) alongside police and deputies.

POST-ARREST

Arrest, detention, and justice-system processes are extremely traumatizing for individuals with unaddressed mental health needs, and may lead to injury, long-term disability, or death. When arrest occurs, early post-arrest mental health needs assessments and interventions can yield better health and safety outcomes and cost-savings.

- PARTNER with mental health and substance use disorder providers to place their specialists at custodial facilities to allow for evidence-based assessments, quick linkage to services, and

continuity of care for those people who present mental health and substance use disorder issues at time of booking.

- IDENTIFY people with potential mental health needs using a universal screening tool at booking. Link appropriate cases to pre-filing and non-voluntary diversion based on those results. When a person is not eligible for pre-filing diversion, ensure continuity of quality care while a person is in custody and as they are being released.
- SUPPORT early release diversion programs where appropriate, returning or connecting individuals to community-based providers in order to facilitate successful community reintegration.
- CREATE policies that allow community based treatment providers to engage with people in jails to support continuity of care upon release.
- PRIORITIZE implementation of post-arrest diversion programs as first option for individuals who persistently recidivate due to mental illness and/or substance use disorders.
- IMPROVE coordination among police, sheriffs, prosecutors, and service providers so that persons arrested can be diverted pre-booking or pre-filing programs, when appropriate, or into alternative sentencing programs with decreased time in custody.
- EXPAND diversion models that offer individuals meaningful experiences and tools related to workforce development, parenting, enrolling in school, and other skills in lieu of prosecution.

COURSE CORRECTIONS PARTICIPANTS:

Matthew Allen
Lieutenant
Seattle Police Department

Nikki Amick
Diversion Specialist
Long Beach City Prosecutor's Office, California

Vincent Atchity
Executive Director
The Equitas Project

Wendy Baimbridge
Assistant Chief
Houston Police Department

Darby Beck
Chief Operating Officer
Law Enforcement Action Partnership

Brian Bixler
LAPD Mental Illness Project Coordinator
Los Angeles Police Department

Kelly Boyer
Deputy City Attorney
Los Angeles City Attorney's Office

Ron Bruno
2nd Vice President
CIT International

Michelle Bush
Chief, Administration
San Diego County District Attorney's Office

Marc Buslik
Commander
Chicago Police Department

Mike Butler
Longmont Public Safety Chief
Longmont Public Safety, Colorado

Sergio Castrellon
Senior Detention Officer
Los Angeles Police Department

Robert Cha
Deputy Chief of Criminal Branch Operations
Los Angeles City Attorney's Office

Kevin Coppinger
Sheriff
Essex County Sheriff's Department, Massachusetts

Brendan Cox
Director of Policing Strategies
LEAD National Support Bureau

Gary Creager
Chief of Police
Broomfield Police Department, Colorado

Kristin Daley
Communications Director
Law Enforcement Action Partnership

Robert Day
Deputy Chief
Portland Police Bureau, Oregon

Charles Dempsey
Detective III
Los Angeles Police Department - Mental Evaluation Unit

Lane Dilg
City Attorney
City of Santa Monica, California

Stephen Downing
Retired LAPD Deputy Chief
Law Enforcement Action Partnership

Jorge Duran
Chief Investigator
San Diego County District Attorney's Office

Harold Eisenga
Deputy Chief Investigator
San Diego District Attorney's Office

Jason Faro
Director of Classifications & Programs
Essex County Sheriff's Department, Massachusetts

Mike Feuer
L.A. City Attorney
Los Angeles City Attorney's Office

Neill Franklin
Retired Major
Law Enforcement Action Partnership

Maria Fryer
Policy Analyst
Bureau of Justice Assistance

Inge Fryklund
Former Prosecutor
Law Enforcement Action Partnership

John Gannon
Lieutenant
Los Angeles County Sheriff's Department

Dr. Liesbeth Gerritsen
Senior Program Manager
Portland Police Bureau, Oregon

Melissa Gipson
Lieutenant
Albany Police Department, New York

Richard Goerling
Lieutenant
Hillsboro Police Department, Oregon

Maria Gois
Senior Detention Officer
Los Angeles Police Department

Diane Goldstein
Retired Lieutenant
Law Enforcement Action Partnership

Hanke Gratteau
Director, Sheriff's Justice Institute
Cook County Sheriff's Office

Saminh Greenberg
Deputy City Attorney
Los Angeles City Attorney's Office

Rodney Harrison
Chief of Patrol
New York Police Department

Daric Harvey
Chief of Police
Canon City Police Department

Douglas Haubert
Long Beach City Prosecutor
Long Beach City Prosecutor's Office

David Hendren
Chief Deputy
San Diego County District Attorney's Office

Susan Herman
Deputy Commissioner, Collaborative Policing
New York City Police Department

Stan Hilkey
Executive Director
Colorado Department of Public Safety

Allie Hunter McDade
Executive Director
Police Assisted Addiction & Recovery Initiative (PAARI)

Amos Irwin
Program Director
Law Enforcement Action Partnership

Keith Kauffman
Chief of Police
Redondo Beach Police Department, California

Miriam Krinsky
Executive Director
Fair and Just Prosecution

Jackie Lacey
District Attorney
District Attorney Jackie Lacey

Mike Lee
Major
Harris County Sheriff's Office, Texas

Sean Malinowski
Chief of Detectives
Los Angeles Police Department - Detective Bureau

Ann Mannix
Deputy Chief
San Francisco Police

Kevin Martin
Chief of Police
Lima Police Department, Ohio

Beth McCann
Denver District Attorney
Denver District Attorney's Office

Mario Molina
Lieutenant
San Francisco Police

Janna Munk
POST Bureau Chief
California Commission on POST

Daniel Nelson
Sergeant
Seattle Police Department

John Neu
Chief
Los Angeles County District Attorney's Office Bureau of Investigation

Pat Nolan
Director, Center for Criminal Justice Reform
American Conservative Union Foundation

Gita O'Neill
Assistant City Attorney
Los Angeles City Attorney's Office

Kenton Rainey
Chief of Police
University of Chicago Police Department

Sue Renner
Vice President, Philanthropy
David and Laura Merage Foundation

Catherine Sanchez
Police Officer – Mental Health Resource Officer
Chicago Police Department, 19th District

Cara Smith
Chief
Cook County Sheriff's Office, Illinois

Yolanda Smith
Superintendent
Suffolk County Sheriff's Department, Massachusetts

Rachel Solov
Chief, Criminal Justice and Mental Health Reform Strategies
San Diego County District Attorney's Office

Greg Srolestar
Director of Technical Assistance
Fair and Just Prosecution

Gail Stewart-Brockman
Special Assistant to the District Attorney
Office of the San Diego County District Attorney

Theresa Tobin
Deputy Chief
New York Police Department

Steve Tompkins
Sheriff
Suffolk County Sheriff's Department, Massachusetts

Chidinma Ume
Deputy Director of Policy
Center for Court Innovation

Antoinette Ursitti
Lieutenant
Chicago Police Department

Nastassia Walsh
Program Manager
National Association of Counties

John Walsh
Sergeant
Lincoln Police Department, Nebraska

Kay Watson
Deputy City Prosecutor
Long Beach City Prosecutor's Office

Gwendolyn West
Project Coordinator
The Equitas Project

Steve West
Captain
California Highway Patrol

John Wilson
Sergeant
California Highway Patrol
Crisis Intervention Training Unit/
Mental Illness Response Program

Dwain Woodley
Chief Deputy
San Diego County District Attorney's Office

Neil Woods
Retired Detective
Law Enforcement Action Partnership

Michael Woolman
Captain
Lincoln Police Department, Nebraska