



IACP NET CASE STUDY

ISSUE: CALLS INVOLVING MENTAL ILLNESS



Holliston Police Improve Handling Calls Involving Mental Health Issues

Police encounters with the mentally ill continue to make headlines and pose a growing demand on the resources and staff of policing organizations. In a recent survey, officers claimed that mental illness-related calls take anywhere from 20 percent to 40 percent of their time, and individual cases take significantly longer than larceny, domestic dispute, traffic, and other calls.^[1]

Researchers estimate 7 percent of police contacts in jurisdictions with 100,000 or more people involve the mentally ill.^[2] A three-city study found 92 percent of patrol officers had at least one encounter with a mentally ill person in crisis in the previous month, and officers averaged six such encounters per month.^[3] The New York City Police Department responds to approximately 150,000 "emotionally disturbed persons" calls per year.^[4]

The Holliston, Massachusetts, Police Department, however, is far above average, with police calls involving mentally ill individuals ballooning to more than 20 percent of calls in recent years. Located 21 miles west of Boston, Holliston has a population of 15,034 and an area of 19 square miles. The department serves its community with 22 sworn officers, five dispatchers, and two administrative aides.

Holliston officers respond to calls involving people with a range of mental health issues including bipolar disorder, schizophrenia,

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AGENCY STATS

Holliston Police Department

Location:
Holliston, Massachusetts

Area and Population Served
City of Holliston
Population 15,034

Department Size
22 Sworn Officers

Leadership
John J. Moore, Chief of Police
David J. Gatchell, Lieutenant
Craig W. Denman, Lieutenant

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CIT PROGRAM OVERVIEW

The Crisis Intervention Team (CIT) program is an innovative model of police-based crisis intervention with community mental health care and advocacy partnerships. Police officers who participate in the program receive intensive training to effectively respond to citizens experiencing a behavioral or mental health crisis. Patrol officers already have training and a basic understanding of the proper safety skills, and officers are encouraged to maintain these skills throughout the course, while incorporating their newly learned de-escalation techniques to more effectively approach a crisis situation. It is important that the individuals from the mental health, law enforcement, and advocacy communities play a role in the training curriculum in order to bring experience, ideas, information, and assistance to the training.

The basic goals of the CIT program are to:

(1) Improve officer safety and the safety of persons with mental illness they encounter; and (2) redirect persons with mental illness from the criminal justice system to the mental health system.

Core Elements

The cornerstone of the CIT program is its specialized 40-hour training course; however, there is much more to the program than just training. Core elements of the CIT program were developed by the University of Memphis, CIT Center, in 2007. The following are core components:

- Community partnership and ownership by law enforcement, advocates, and mental health professionals
- Identification of key participants
- Presentation of the 40-hour course
- Attendance by volunteer officers
- Policies and program evaluation

CIT changes the face of mental illness in the community. CIT demonstrates that how law enforcement responds to behavior influences how society views that behavior—as the stigma surrounding mental illness is reduced in the eyes of law enforcement, it is also reduced in the overall community.



To read the article in its entirety go to www.iacpnet.com, Document 634176 in the Main e-Library.

Holliston Police Continued.

threatened suicide attempts, altered mental states due to drug and alcohol abuse, cognitive disorders, dementia, anxiety-induced crises, and autism.

Leveraging Regional Resources

“Our officers weren’t specifically trained to handle citizens with mental health issues, and we’re concerned about the safety and well-being of citizens, bystanders, and officers,” said



John J. Moore,
Chief of Police,
Holliston Police
Department

Holliston Police Chief John Moore. “We’re the only 24/7/365 social agency that will get involved and always find a solution. We can’t say, ‘We don’t know what to do’ and walk away. We have to deal with it.”

Recognizing this growing problem and after researching jail

diversion and other programs, Chief Moore looked to the example set by the nearby Framingham Police Department. Holliston and three neighboring departments took a cooperative regional approach that will save them money. The communities received a three-year grant from the Massachusetts Department of Public Health to hire a full-time clinician.

The clinician will ride with officers from the four towns, receive office space, and be available to provide advice via email or cell phone. Each town will pay \$5,000 of the clinician’s annual salary. The departments are reviewing candidates and plan to hire someone this summer.

Implementing “In-House Solutions”

To further address this problem, Holliston has changed officer training and policies for handling citizens with mental health issues. The Holliston Police Department also collaborates with the school resource officer to discuss students who are having problems, sponsors community forums to discuss emerging problems such as opiate abuse, and hosts speakers including a

former NBA player with a long history of heroin abuse.

“We’re trying to proactively address mental health issues by gathering information and ideas, networking, and consulting with other chiefs at the county and state level,” said Moore. “There’s no better resource than IACP Net to get ideas, look at problems, and see how other departments have handled them.”

In addition, each year several of Moore’s officers attend Mental Health First Aid, receiving crisis intervention training and learning skills that allow them to respond to signs of mental illness and substance abuse. It also covers “suicide by cop” situations and mental health issues that officers face due to job stress.

The impetus to improve handling mental health emergencies came from a community forum a year ago. Moore had submitted a capital request to purchase TASER® conducted electrical weapons and thought it would be a cost issue, but the unanticipated response gave him pause.

“Someone asked, ‘What will you do with TASERs? Electrocute everyone with a mental health issue? What training do you have to handle these calls?’” said Moore. “It led us to think more about the problem and how to address it more effectively. We improved our training and it has given our officers greater confidence and made us a better department.”

Moore is very pleased there haven’t been any use-of-force complaints or suspect injuries in the four years he’s been chief. The former practicing lawyer keeps civil liability issues in mind, and knows an incorrectly handled situation can lead to deadly force issues—and unwanted nationwide coverage on the nightly news.

Moore also appreciates IACP Net as a valuable source of information, networking, training and grant opportunities, and Supreme Court case reviews. Briefing papers provide a wide-angle view of issues and Moore finds them much more interesting than policies.

“Now if citizens ask, I can say, ‘We anticipated these problems. Here’s how we trained our officers and brought in an outside clinician to solve them,’” said Moore. “I’m a big proponent of cross training and professional development. I sleep better and I have full confidence my officers are better equipped, better at their job, and the town is better off.”

End Notes:

[1] Biasotti, “Management of the Severely Mentally Ill and its Effects on Homeland Security,” (2011).

[2] Deane et al, “Emerging Partnerships Between Mental Health and Law Enforcement,” *Psychiatric Services*, 50, no. 1 (1999).

[3] Borum et al, “Police Perspectives on Responding to Mentally Ill People in Crisis: Perceptions of Program Effectiveness,” *Behavioral Sciences and the Law*, 16, no. 4 (1998).

[4] Waldman, “Police struggle with approach to the mentally ill,” *The Christian Science Monitor*, March 17, 2004.



RELATED INFORMATION

CIT CURRICULUM

(Excerpted from Document 634176)

The one-week, 40-hour comprehensive CIT training emphasizes mental health topics as they relate to law enforcement, such as:

- Signs, symptoms, and behaviors
- Medications and their (sometimes devastating) side effects
- Crisis resolution skills
- Verbal de-escalation techniques to calm, assist, and facilitate the situation
- Diversion to treatment as opposed to arrest
- Access to community-based services

The training format consists of classroom instruction and lectures, facility visitation, interaction with individuals with mental illnesses, scenario-based training, and more.

The University of Memphis CIT Center provides a wealth of information regarding the CIT programs. The center can be accessed online at www.cit.memphis.edu. CIT International, Inc., is dedicated exclusively to the CIT program. Visit the CIT program on the Web at www.citinternational.org.

Call 800.227.9640
for a demonstration of IACP Net’s practical information on calls involving mental health issues and other issues facing law enforcement leaders.





IACP Net is produced by LogIn, Inc., in cooperation with the International Association of Chiefs of Police since 1991.

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CALLS INVOLVING MENTAL ILLNESS CASE STUDY INSIDE

CALLS INVOLVING MENTAL ILLNESS

IACP NET CASE STUDY

Your department's next police call could involve a mentally ill person — what steps have you taken to make sure your officers avoid a tragic outcome?

See inside for the procedures one of your peers has put into place and the programs and training available to help you address your department's needs.

For additional in-depth best practices and information, sign up today at CommandAnswers.com.

MORE RESOURCES ON IACP NET



Events & Training **6**

#21035 - Basic Peer Support Crisis Intervention Training Program (BPSCITP) Glynco, GA

#22052 - CIT Coach Class Minneapolis, MN

#22053 - CIT Trainer Class Minneapolis, MN

→ [More results in Events & Training](#)



Main **560**

#631365 - Burbank Mental Health Evaluation Team

#631336 - Responding to Persons with Mental Illness: Can Screening Checklists Aid Law Enforcement?

#634972 - Mental Health First Aid for Public Safety — Three Case Studies

→ [More results in Main e-Library](#)

