

2-24-2023

Law Enforcement's Assistance to the Mental Health Community

Megan Thompson
mm.thompson11@comcast.net

Follow this and additional works at: https://digitalcommons.csp.edu/criminal-justice_masters



Part of the [Criminology and Criminal Justice Commons](#)

Recommended Citation

Thompson, M. (2023). *Law Enforcement's Assistance to the Mental Health Community* (Thesis, Concordia University, St. Paul). Retrieved from https://digitalcommons.csp.edu/criminal-justice_masters/28

This Thesis is brought to you for free and open access by the College of Human Services & Behavioral Sciences at DigitalCommons@CSP. It has been accepted for inclusion in Master of Arts in Criminal Justice Leadership by an authorized administrator of DigitalCommons@CSP. For more information, please contact digitalcommons@csp.edu.

Law Enforcement's Assistance to the Mental Health Community

By

Megan Thompson

February 2023

Submitted to Concordia University, St. Paul, Minnesota

College of Humanities and Social Sciences

in Partial Fulfillment of the

Requirements for the Degree of

MASTER OF ARTS CRIMINAL JUSTICE LEADERSHIP

Table of Contents

Abstract	3
Chapter 1: Introduction	4
Background and issues to be covered in the Capstone.....	5
Statement of the Problem	5
Conclusion	6
Chapter 2: Review of Literature	7
Complex Change for Mental Health Response.....	7
Ethical Principles for Mental Health Response.....	19
Cognitive-Behavioral Interventions for Mental Health Response.....	28
Conclusion	35
Chapter 3: Implications, Recommendations, and Conclusions	36
Practical Implications for the Law Enforcement Leadership	37
Recommendations for Further Research	38
Conclusion	39
References.....	41

Abstract

Mental health calls are an overwhelmingly consistent part of the law enforcement profession. With the lack of resources for the mental health community, law enforcement officers are becoming the contingency strategy. Relationships between the law enforcement and mental health communities are becoming imperative for every community. While developing these relationships, law enforcement officers can begin to develop response teams to handle mental health calls for service. Bringing on board clinical and non-clinical professionals from the mental health community can provide different intervention and therapy programs. Basic ethical principles, accepted in culture, include but are not limited to respect, honesty, and loyalty. Law enforcement officers can overcome a current issue plaguing communities and the profession by using the basic level of ethical principles and implementing them in a specialized team for mental health calls.

Keywords: Police, Mental Health, Intervention, Ethics

Law Enforcement's Assistance to the Mental Health Community

Chapter 1: Introduction

Law enforcement agencies across the country are being inundated with the number of calls regarding individuals with mental health issues. From the state and private hospitals closing to the inability to refer mentally ill individuals to treatment and to those with mental illness being released to the community without proper treatment, officers are now responding to a significant increase in calls of mental crisis. Officers responding to these calls are often removed from the road for a significant period of time, resulting in fewer officers on the road to handle priority calls. Responding to an individual in a mental health crisis is often a complex and complicated call for an officer. Mental health calls can be the most complex and time-consuming calls that an officer can handle. The mental health calls can range from suicidal ideations, mental breakdowns, to individuals experiencing an episode placing themselves or others around them in danger. One of the biggest questions is whether law enforcement should respond to mental health calls, to what degree they engage, and what resources they should bring.

Many agencies and departments are now mandating training on how to handle those with a mental health illness. Crisis intervention training (CIT) is specialized training for law enforcement officers and directs them on how to handle those experiencing a mental health crisis. Even with proper training, law enforcement officers are not fully equipped to handle these calls on a routine basis. Officers responding to individuals in a mental health crisis are faced primarily with only three options: leave the individual in a potentially dangerous situation, bring them to an emergency room, or arrest them. Leaving the individual in a potentially dangerous situation could encompass not only that individual but also the community. "Training for law enforcement officers on how to respond to mental health crises, along with training to prevent

racial bias, are both generally assumed to be important and reflective of community expectations for police” (Thompson & Kahn, 2018, p. 329).

Background

Responding to mental health calls is not a new occurrence for law enforcement. Officers have been responding to individuals experiencing a mental-health crises for a significant period of time. With the continued lack of resources for those living with mental illness, law enforcement has become the contingency plan. “The United States prison system is the largest prison system in the world. Mental illness is disproportionately represented within this system where half of all incarcerated individuals have a mental illness, compared to 11% of the population” (Hoke, 2015, Abstract). The prison system has been de facto divided into a mental health hospital.

Statement of the Problem

Communities across the country lack the proper training, support and resources for those battling mental health issues. While state hospitals and private organizations are closing the resources for those individuals experiencing mental illness have quickly dwindled. When individuals who were diagnosed or not properly diagnosed with a mental illness could not find resources, some of them would have run-ins with law enforcement.

Law enforcement officers have little training on identifying and dealing with individuals who have mental illnesses. Training is not the only issue for the officers. When officers respond to a mental health call, they are typically removed from the road for a significant amount of time and left to make a decision. If the individual is suicidal and no other individual(s) are in immediate danger, what are the ramifications for the officer stay and assist, what are the policies

in place and what does the law state? Without the proper training and the lack of support from the mental health community, officers are left to decide between assisting the individual or leaving the call for service.

Conclusion

Identifying the issue and attempting to find a solution could make a difference within the community. Realizing this is a prevalent issue not only plaguing law enforcement but all communities, is the first step to overcoming the problem. The first step would be to identify legally and ethically how the officer should respond initially to the call. By adding in additional training for officers and creating a mental health response team with multiple moving parts, this problem can quickly gain a solution. Creating a solution to this problem will help officers return to the road for other priority calls, individuals experiencing a mental health crisis can receive proper resources and the community will feel more at ease.

Chapter 2: Review of the Literature

Complex Change for Mental Health Response

“Law enforcement agencies across the country are being challenged by a growing number of calls for service involving people who have mental health needs. Increasingly, officers are called on to be the first – and often the only- responders to calls involving people experiencing a mental health crisis” (The Council of State Governments of Justice, 2018, p. 1). Mental health calls are often the most time consuming and complex calls that any officer will handle. These types of calls range from suicidal ideations, mental breakdowns, to individuals who have had an episode and are now putting other individuals at risk with their behaviors. Individuals having a mental health episode can be experiencing a substance induced, a psychiatric, a manic or a depressive episode. While officers are handling these mental health calls, they are being taken away from other public safety issues that could be occurring within their community that are just as important as the mental health call. Not only do these types of calls take officers off the street but they also bring much scrutiny from the public.

A huge turn in events in the mental health community was when Minnesota decided to close the majority of the state hospitals which housed the mentally ill. Beginning in the 1980’s, Minnesota closed many state hospitals. The state developed a community-based approach to the care and treatment of those individuals previously housed in the state hospitals. Outpatient settings and short-term facilities became a new trend in Minnesota. Deinstitutionalization was a country wide process of replacing psychiatric hospitals with less isolating community mental health services. Currently, Minnesota only has two state hospitals: Anoka and St. Peter. Several state hospitals closed and the state developed a community-based approach to the care of the individuals. Without these state hospitals many mentally ill individuals are falling through the

cracks. When these individuals fall through the cracks, they are often left homeless, without proper medication, and have little to zero resources. Many individuals will turn to crime to ensure a place to stay, to gain money or property which will result in interactions with law enforcement. The problem with no proper treatment for the mentally ill not only directly affects them, but it also affects society. Lacking the proper care for their mental illness will lead them to end up homeless on the streets, begging for money and food from the public. These individuals may also break into cars and or homes in order to gain shelter for themselves. When mentally ill individuals are incarcerated, they can attack other inmates and potentially staff. Many jails and prisons across the country have a in depth medical department for those incarcerated. The medical staff within these prisons and jails can administer medication and assist in securing the proper resources for those experiencing mental health issues. Those incarcerated are not mandated to take medication or seek our mental health resources, resulting in the individual deciding if they need to take medication/seek help or not. Without follow through from the medical staff and the limited number of resources for those incarcerated, those individuals could experience violent episodes. As these individuals are not receiving the proper care or medication, their condition can begin to deteriorate, resulting in hallucinations, fears, extreme and uncontrollable mood swings.

“Quietly but steadily, jails and prisons are replacing public mental hospitals as the primary purveyors of public psychiatric services for individuals with serious mental illnesses in the United States. The trend is evident everywhere” (Torrey, 1995, p. 1611). The majority of deinstitutionalization occurred in the United States in 1972. The government started the deinstitutionalization hoping to have community-based treatment programs take over. The mental health budget was slowly becoming smaller and smaller, resulting in the closing of

numerous state hospitals. Minnesota had state hospitals all around the state now with only two left the majority of the mentally ill individuals that are homeless have migrated to the Twin Cities. Minneapolis particularly has a high rate of mentally ill individuals that are homeless due to the shelters and nearby hospitals. More rural areas of Minnesota have fewer mentally ill individuals that are homeless due to the small number of available shelters. Rural communities have fewer specialized services and shelters for those experiencing mental illness and homelessness.

Many news outlets have been continuously running stories about the failures that law enforcement has had when dealing with individuals who are mentally ill. For an example, officers in Rochester, New York killed an individual who was in crisis and experiencing erratic behavior. Many stories like this across the country has sparked the media outlets to focus and research on how officers are being trained in handling these calls or expose the lack of training. Countless politicians and city council members want to see a complete reform of law enforcement agencies and dealing with mentally ill individuals is one of the key topics. Those wanting reform want to shift the role more away from law enforcement and more towards those who are trained in handling individuals with a mental illness. One-way politicians and city council members have and can shift the role is by implementing crisis lines. These crisis lines are created to intercept behavioral crisis calls before they reach law enforcement. Ideally, those receiving these calls and dispatch a co-responder team or make referrals.

Law enforcement agencies are not equipped to deal with the complexity of issues that arise with a mentally ill individual. Many agencies initially provides their officers with a one-eight hour training session on how to identify and handle individuals with mental health issues. Law enforcement is not health care for any type of medical issue or mental health concern, law

enforcement is there to enforce the laws. Since the beginning of law enforcement, officers are trained to gain control of a situation swiftly, efficiently, and potentially use deadly force weapons. When the individual is not complying or being aggressive towards the officer(s), the first response from the officer will be to yell until compliance is obtained. Handling a mentally ill individual by constantly yelling and potentially using force can result in a tragic event. Agencies across the nation have been implementing training on how to handle these situations properly. Crisis intervention training is a program that is specifically geared towards the law enforcement response with mentally ill individuals. The goal of the training is to reduce the risk of death or serious injury during an interaction with an individual experiencing a mental health crisis and the law enforcement officer. “The first component is training for self-selected police officers comprising 40 hours of instruction from community mental health workers, advocates, and police officers familiar with the crisis intervention training” (Rogers, McNeil, & Binder, 2019, p. 2). Attending a one-eight-hour training does not qualify anyone to be an expert and this topic requires much more than that, resulting in the more recent 40-hour training. The author has previously worked in the Hennepin County Jail for six years and witnessed individuals with mental illness coming and going through the system like a revolving door. In the Hennepin County Jail, there is a designated mental health floor for those diagnosed with mental illness. This floor contains three different housing units with varying housing specifications in regard to those who have mental health issues. As the population of individuals with a mental illness in the jail increased, the need for medical staff trained in mental health also expanded. Multiple mental health nurses and doctors would be inside the jail to meet with and help provide the correct medications and referrals to those experiencing mental health concerns. With agencies working on bare minimums for officers and facing a detrimental recruiting problem, the mental health

calls are stacking and causing officers to feel pressured to handle the call quicker than he or she should.

“Understanding a need for greater collaboration, many law enforcement and behavioral health agencies have begun taking important steps to improve responses to people who have mental health needs” (The Council of State Governments of Justice, 2018, p. 1). Law enforcement and the behavioral health system have not been collaborating on how to combat this issue for a period of time. With the sincere lack of resources, law enforcement and the behavioral health system have no choice but to collaborate and attempt to fix this everyday issue. Prior to current events and the beginning of the co-responder team, law enforcement agencies and the mental health community (clinical and non-clinical professionals) were not in sync. The recent turn towards collaboration is due to the tragic events that have occurred across the country involving mentally ill individuals and law enforcement officers. Recognizing the issue and coming to the table to find solutions as a group versus working independently will result in a better outcome. In order to successfully create this collaboration, there must be an acknowledgement of necessary resources from a local and state level.

In order to combat this issue and provide the best possible care for those who are mentally ill, law enforcement must begin implementing a specialized team within every agency. Teams such as a CIT (crisis intervention training/team) would be beneficial to every agency that handles daily mental health calls. As society continues to learn from history, creating a crisis intervention team, or a mental health response team, will benefit all parties. Law enforcement agencies have witnessed first-hand how detrimental a lack of training can be when handling a call involving a mentally ill individual. “One of the most common models police departments use to fold mental health expertise into emergency calls is crisis intervention training”

(Abramson, 2021, p. 30). The Crisis Intervention Team (CIT) was introduced by the Memphis police department in 1988. “In essence, it entails a police department intensively training a cadre of officers on the nature of various forms of mental illness; the ways that these illnesses are likely to manifest in the community; the treatments known to relieve suffering and allow people with mental illness to function safely” (Stettin, 2013, p.5).

A part of the CIT training for the unit and for all officers in the agency, the administration would also bring an individual from the CIT programs to teach the officers about the ABCs of suicide and crisis. “The tripartite affect-behavior-cognition theory, the suicidal barometer model, classical test theory, and item response theory (IRT), to develop a brief self-report measure of suicide risk that is theoretically grounded, reliable and valid” (Harris, Syu, Lello, Chew, Willcox, & Ho, 2015, abstract). The ABCs of suicide is a model that encompasses common suicidal factors, which can be helpful for assessing the risk of suicide. The ABCs of suicide stands for affect-behavior-cognition. “The antecedents are event triggers that create beliefs in the person. The beliefs are the interpretation of the event which can be corrupted by substances that skew perceptions, such as alcohol or drugs. Some beliefs can cause him or her to behave in a manner that provokes a police response” (Dempsey, 2017, p. 332). These beliefs by the individual could be in relation to more than one mental health crisis occurring concurrently. On top of multiple mental health issues occurring at once, individuals could be using a variety of substances. When necessary medication for an individual’s mental health diagnosis is not readily available or is too expensive, that individual may turn to drugs in attempt to self-medicate. As law enforcement officers handle these mental health calls and drugs are involved, then they are left with no choice but to arrest the individual. By arresting the individual, and booking them into jail, that

individual could quickly develop a criminal history leading to a magnitude of other complications.

Many different approaches can happen in regard to creating a specialized team for mental health calls. Starting with a crisis intervention team, this team would have officers and social workers or workers from the behavioral health system responding to mental health calls. Due to these types of calls being potentially rapidly evolving and dangerous, officers' partner with the mental health workers and tag team to ensure the individual is given the best result possible. "When these groups collaborate well, people with mental illness in crisis can access mental health care more easily, police experience less trauma and stress, and clinicians have an opportunity to make an even bigger difference in the community" (Abramson, 2021, p. 30). The administrator would create a pilot program for a mental health CIT program. "These programs have demonstrated promise in improving officer preparedness as well as strengthening partnerships with actors in the mental health system" (White, Goldberg, 2018, p. 401).

To design a plan for leading this specific area of change agency, and administration will be collaborating, leading, analyzing, engaging, planning, implementing, and reflecting. Collaboration within the agency and with surrounding agencies, leading the agency is a positive direction, engaging the agency as well as the community would be the initial steps to creating this unit. The next steps would be planning how the unit would look, how the unit would work, implementing the unit within the agency, and reflecting on the positives and negatives of the unit. Each part of this process will entail different parts of creating this mental health unit and being successful for the agency and the community. "In a system poised for change, leaders are willing to take a critical look at themselves and their organizations. They examine how their agencies do business and acknowledge their accountability for public safety outcomes in the

community” (Justice System Partners, 2015, p. 2). Self-reflection within the agency would be the first and potentially the most important step to creating a successful mental health response team. Without self-reflection, administration and the agency will not be able to identify the issue and realize how detrimental it is to the agency as a whole and the community. Once the agency recognizes the issue, the goal setting phase can begin. Creating the mental health response team should be the initial goal and the final goal will be the successful implementation of the unit. After self-reflection and goal setting the next strategic steps can be set in motion.

The first step to take in order to create a successful mental health unit will be collaborating with the stakeholders of the unit which will be the agency, the community and members of the behavioral health system. Beginning with preparation, sharing with the group the outline for the unit and the goals we would want to achieve will start the process. Administration would ask that all those who are involved in this unit bring ideas, concerns, and thoughts to the table. A way administration can ensure that all avenues are covered is by requesting each stakeholder research what has been successful in other programs and bring those to the table. Best practice results can also be reviewed amongst the stakeholders to determine what avenue will be the most appropriate for the community. While having the initial meetings, this would promote active listening and encourage individuals to share what their thoughts are on this change within the agency. By bringing in members from the behavioral health system, we can bridge the gap between those who are mentally ill and law enforcement officers. By requesting mental health professionals to join the mental health response team, agencies are asking for the navigators help. Navigators within the mental health community are typically the individuals who are assisting patients and family members with finding the most appropriate form of care. One of the biggest concerns for mental health officials, and for law enforcement agencies is the

confidentiality of medical records. “The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s consent or knowledge” (CDC, 2022, HIPAA). Collaborating with the behavior health system can benefit us as officers but also can benefit the local hospitals and emergency rooms.

The second step in the process of creating a mental health unit would be leading the change. As the administrator in the agency, they would understand the agency’s role in promoting a positive relationship with the behavioral health system and providing adequate resources to those who are mentally ill. Being the administrator pushing for this change, they must be able to establish the vision and promote the vision to the officers. Creating this mental health unit will not only help those individuals who have a mental illness, but it will also help my officers by reducing the amount of time and effort spent on these calls. For example, when an officer initially receives a call for an individual in a mental health crisis, he or she will be able to activate the mental health response team and request they respond to the scene. Once the specialized unit arrives, that officer will be at liberty to return to the road and proceed with taking calls.

Analyzing the data from the beginning, the middle, and the end of the pilot program will help determine if the unit is being successful. “Internal data provide insight on how the system currently functions and what issues there are, while external research offers guidance on how to address those issues” (Justice System Partners, 2015, p. 3). Collecting the data from the calls that officers and members from the behavioral health system are responding to can help reflect what the unit is doing well and what changes need to be made. Initially collecting data from the 911 calls prior to the mental health response team being implemented will provide insight on where

within the community is this primarily happening and what resources should we allocate in the beginning. Once the program has been running for a period of time, the administration can review the calls the mental health response unit has answered and determine what is and what is not working. The initial data would be the baseline number of mental health calls that the agency is responding to. After collecting the preliminary data, we can determine how to engage better and plan for future calls. Four ways we can evaluate if the unit are being effective is by the increased connections to resources, reduced number of repeated encounters with law enforcement, minimized arrests and the reduced number of incidents involving use of force with those who are mentally ill.

Engaging those within my agency, the members of the behavioral health system, and the community will take planning. My officers must be onboard to take on this new role, handle any barriers that may happen, and keep striving forward. In the past, law enforcement and those in the behavioral health system have yet to work together efficiently. Creating a unit that enlists both officers and the health system workers can be difficult. During today's climate in society, many individuals across the board do not want anything to do with law enforcement. This can cause issues with recruiting mental health professionals who are willing to work side by side with officers. Another issue would be recruiting mental health professionals who are willing to place themselves in a potentially dangerous situation. Law enforcement leaders should engage all parties involved and promote an area for them to speak freely and to work on a professional relationship. In order to have this mental health unit work, the administration must create a cohesive group between law enforcement and the behavioral health system. Engaging the officers in my agency, may be a bigger task than bringing in the individuals from the health system. Due to the climate, we work in, many officers are feeling defeated. Bringing a new

change to the agency could leave them questioning why? Explaining, in-depth, the reasons for the unit and lay out the blueprint for implementing this new unit would help address that question.

“Implementation consists of the details of system change, such as revision of policies and procedures, staff training, and quality assurance” (Justice System Partners, 2015, p. 4).

Implementing a new change within the agency, especially one of this magnitude, can cause some growing pains. Along with the mental health unit, agencies could promote more mental health crisis training for all officers who are on the road. As the author has mentioned previously, the lack of training is an issue across the board for all agencies. Implementing a team solely responsible to answer mental health calls is a great start but agencies must be willing to expand on mental health training for all officers. This unit would be attempting to transform daily practices for the officers who are continuously responding to the mental health calls. By explaining the need for change in agency, getting buy-in from the officers and visualizing the agencies' new process, the administration will be able to implement this unit.

On top of implementing these changes within the agency, the mental health unit must be innovative and stay on top of the changes that occur. As anything else in society, mental health treatment, interventions and therapies can change on a daily, weekly, or monthly occurrence. With the advancement of research and medical literature on different diagnoses of mental health issues, the team must be able to stay on top of what diagnosis an individual could potentially be dealing with. By incorporating all individuals from the different areas, administration can strive to create new innovative ways or ideas to help accomplish the goal. Creating new ideas and solutions on how to combat this issue can gather support for the implementation and then we can determine the impact of changes this unit could have on the community. Buy in from the

community would be a paramount step to ensure the success of the program. Speaking with the community members, hearing their concerns and addressing the concerns can help the agency promote a positive mental health response team. Along with social workers from the behavioral health system, the team would also collaborate with doctors, psychologists, and therapists.

Diagnosis, treatments, and other factors of the behavioral health system is constantly changing.

With the help of doctors and other behavior health individuals, the unit will be able to stay on top of the new research and keep with the times. As technology continues to grow, more applications are being created to help promote positive interactions with those who have mental illness. Vitals is a pilot program that the St. Paul Police program has incorporated within their communities.

The Vitals program is a partnership with the Autism Society of Minnesota to help law enforcement better interact with those experiencing a mental health crisis. Family members of an individual who experience mental health issues can create a profile explaining what diagnosis they have and what will help them calm down. Law enforcement must be able to stay up to date with the technology and incorporate these applications into daily interactions. By implementing these new programs officers can have first-hand knowledge on whom they potentially are dealing with and what the diagnosis is.

Once the pilot program has been launched and has been used multiple times, calling back those working in the unit, doctors, physicians and community members and reflecting on the program would be extremely beneficial. “At this point partners can step back and examine those outcomes as intended, and whether new approaches have had unintended consequences” (Justice System Partners, 2015, p. 4). As a unit, we must be willing to listen to what is not working, taking constructive criticism, and determine what needs to be changed. Having this time of reflection on the program can provide an opportunity for communication with everyone involved

and transparency. Having the entire unit regroup and reflect on what has occurred thus far will help all of us develop our skills and review what has been effective. Reflection is a positive way of questioning what has gone well and what can we be doing better in the unit.

Police interactions with individuals with mental illnesses are going to continue to be an issue for law enforcement. A lack of resources, a current revolving door within the jail and prison systems, and the number of individuals being diagnosed with a mental health illness will continue to force the hand of law enforcement to interact with those experiencing a crisis. Between the current climate in society and the media, often working against law enforcement, officers are going to have a difficult time navigating these waters. The media is strictly in the business of gaining watchers, selling a story, and rarely getting the entire story true. Most recently, the stories that sell the most or that fit a narrative is that of law enforcement officers constantly performing their job duties wrong or in a negative manner. To keep the officers and communities safe, there must be additional plans and ideas to attempt to understand the interactions that occur with those who have mental illness. By introducing a new mental health unit, collaborating with law enforcement, the behavioral health system, and the other stakeholders, we can attempt to reduce the number of mental health calls and the outcome of the calls. By implementing this new unit, we can work on strengthening ties with the community and promoting positive professional relationships.

Ethical Principles for Mental Health Response

Mental health calls for law enforcement officers have been circulating through the media outlets, a common topic for legislation and affecting all communities across the country. The news outlets will routinely broadcast a story about law enforcement officers being involved in a mental health crisis call(s) for service and will only state half the story or only what the officers

have done wrong during the incident. History has proven that the media will strictly air a story without full knowledge of what occurred and without all sides of the story. Many politicians, city councils, and community members would like to see a complete reform with law enforcement agencies and how they handle these calls. Law enforcement agencies are not equipped to deal with the complexity of issues that arise with a mentally ill individual. Officers are trained from the beginning to be assertive, act swiftly, and eliminate a threat if need be. Training, until most recently, for responding to calls with individuals experiencing a mental health crisis was nonexistent or limited to a small amount of time. When an individual is experiencing a mental health crisis, they typically are not in control of his or her thoughts, behaviors, or actions. The individual could potentially not even recall the episode and have no recollection of what occurred. During a mental health crisis, the individual will most likely be unable to communicate their needs, feelings, emotions, and thoughts. Agencies across the nation have been implementing training on how to handle these situations properly.

Without the proper resources in place for those who are mentally ill, officers are left to make two choices; arrest the individual and bring them to jail or transport them to the nearest emergency room. Due to agency policies in place, or specific laws, officers may be directed to not leave an individual in crisis for any reason, until the call is handled. An issue that many agencies are experiencing is when should an officer step in during a mental health crisis and when should they remove themselves? “Understanding a need for greater collaboration, many law enforcement and behavioral health agencies have begun taking important steps to improve responses to people who have mental health needs” (The Council of State Governments of Justice, 2018, p. 1). Many state hospitals in Minnesota closed during the deinstitutionalization of the United States in 1972. The government closed many state hospitals in hopes to promote and

create more community-based treatment programs. While the mental health hospitals were being closed, the community-based programs were not being developed, leaving the mentally ill without proper resources.

One way to combat this serious issue is implementing a mental health response team in every law enforcement agency that handles these significant calls for service. Teams such as a CIT (crisis intervention training/team) would be beneficial to every agency that handles daily mental health calls. “One of the most common models police departments use to fold mental health expertise into emergency calls is crisis intervention training” (Abramson, 2021, p. 30). This team would include law enforcement officers and mental health professionals. To design a plan for leading this specific area of change in any agency, it will be crucial to collaborate, lead, analyze, engage, plan, implement, and reflect. Each part of this process will entail different parts of creating this mental health unit and being successful for the agency and the community.

Law enforcement agencies have the responsibility to respond to calls for service, provide sound and ethical judgement and provide resources if and when applicable. Integrity in decision making is taking responsibility for personal actions and decisions, whether the choice or decision was right or wrong. Mental health and law enforcement professionals have an ethical obligation to help those individuals within the community. The administration of any agency that is willing to create a mental health response unit must have integrity. If an agency wants a response team to be successful, they must be able to provide goals and expectations to those involved. By acting with integrity, administration can produce a positive and resourceful mental health response unit.

Collaboration is one of the fundamental steps in providing a successful resource to the community. “Collaboration between the law enforcement and mental health systems is crucial, and the very different areas of expertise of each should be recognized and should not be

confused” (Lamb, Weinberger, & DeCuir, 2014, p. 1266). Law enforcement and mental health professionals shall work in tandem to provide the best possible resources for those within the community experiencing a mental health crisis. Each law enforcement officer and mental health professional bring a different and similar form of expertise to the issue at hand. The mental health professionals bring an expertise of how to handle an individual experiencing a mental health crisis, a knowledge of the different diagnoses of mental health illnesses, among many other skills. Law enforcement officers know how to handle a potentially dangerous individual and have the authority to arrest if need be. Creating this partnership between law enforcement and mental health professionals will give those experiencing a mental health crisis a substantial possibility of a positive outcome.

Community-oriented policing is a philosophy that is organized to promote the use of partnerships and techniques to problem-solve to handle the current public safety concerns. “Community policing relies on collaborative partnerships between the law enforcement agency and the individuals and organizations they serve to develop solutions to problems and increase trust in police; the alignment of organization management, structure, personnel and information systems to support community partnerships and proactive problem-solving efforts must be achieved” (Community Policing Defined, 2009). Agencies and departments who adopt community-oriented policing must be willing to ensure that the officers have the authority to handle calls, make their own decisions, and be held accountable for their actions. Communities across the nation are currently asking for a change in police departments and agencies. These communities want more officers held accountable for their actions and they want the officers to be better trained. By building this relationship with the communities that officers serve, the community can partake in different programs and go through similar situations that an officer

goes through during a routine call. “Police organizations should focus on factors that are within their reach, such as limiting criminal opportunities and access to victims, increasing guardianship, and associating risk with unwanted behavior” (Community Policing Defined, 2009). Community policing will work hand in hand with my approach to combating the mental health crisis calls. This type of policing is an ethical approach that is positive for the agency and the community.

Social norms revolving around mental illness have made significant progress within a short amount of time. In the 1950’s having a mental illness was seen as a detriment and was handled by performing outlandish treatments on individuals. These treatments included artificial fever therapy and electroshock therapy. Since those times, society as a whole has begun to better understand mental illness and have scaled down the malicious reactions to those with a mental illness. By using social norms, principles and actions that support ethical decision making, agencies can promote and create a mental health response team.

Officers across the country are given the responsibility to safeguard the safety of the communities they work in. “Because ethical conduct greatly impacts public trust, law enforcement agencies must closely examine their policies, reward systems, and training to ensure that their agency fosters a culture of firm ethical values” (Normore, & Fitch, 2011). With the power law enforcement officers are given they must demonstrate good values and morals. By providing the communities across the country a mental health response team, the agency will be providing the best service they can for everyone involved in the situation. The simple concept of a mental health response team is to address the challenges presented to the community that result in repeated arrests and police encounters with individuals who are mentally ill. Peacemaking justice “includes the possibility of mercy and compassion within the framework of justice. It is

composed of three parts: connectedness (with each other), caring (as a natural inclination), and mindfulness (of others in all decisions)” (Pollock, 2021, p.32). The agencies are practicing peacemaking justice by implementing the mental health response team.

Many different approaches can happen in regard to creating a specialized team for mental health calls. Starting with a crisis intervention team, this team would have officers and social workers or workers from the behavioral health system responding to mental health calls. “When these groups collaborate well, people with mental illness in crisis can access mental health care more easily, police experience less trauma and stress, and clinicians have an opportunity to make an even bigger difference in the community” (Abramson, 2021, p. 30). While taking into consideration of the safety of the officers and the mental health professionals, creating the mental health response team with the best practical and ethical approach possible would be detrimental to the success.

To create a successful mental health response team the agency, administration must start with a practical and ethical plan of action. This practical and ethical plan of action would begin with an outline of the mental health response team and presenting the idea to the community, and within my agency. The blueprint of this program would include the layout of who would be involved, the mission statement, goals and values of the new team. Seeking out opinions and feedback on the mission statement, values and goals, can help leaders navigate what is and isn't going well. By asking the agency what they would want included or what they would need to partake in this program, would demonstrate that the leaders value their input and that their voice(s) matter. Without taking into consideration what the agency and the community has to say about the program, administration would not be giving the respect that they would hope for in return.

“The law enforcement code of ethics and the police code of conduct represent the basis for ethical behavior in law enforcement. The same applies to educational leadership and correctional education. However, these codes simply constitute words. For them to be effective, leaders in these professions must not only believe in the codes but also follow them and display conduct that supports them. Thus, these leaders must live the code” (Normore & Fitch, 2021). An important ethical role of implementing any new policy, change or program within an agency must be leading by example. As the administrator in the agency, they would need to understand the role that the agency plays in promoting a positive relationship with the behavioral health system and providing adequate resources to those who are mentally ill.

“It is important to appreciate, therefore, that ethical standards are not necessarily written down in the form of laws or other rules but represent the collective experience of a society as it regulates the behavior of those who make up that society” (Banks, 2018, p. 13-14). Ethical principles to ensure would be the response team demonstrating honesty, fairness, integrity, empathy, confidentiality, respect, and more. In responding to mental health crisis calls, the officers are typically given information that could be considered confidential about the individual involved. Officers along with the mental health professionals, on the team, must be able to demonstrate a level of confidentiality. Law enforcement officers are expected to uphold a high level of confidentiality while performing their daily duties. Asking them to protect the personal and sensitive information about individuals experiencing mental health issues would not be a hard task to complete. While on scene of a mental health call, those on the response team must be able to identify key information and keep that information from leaking or sharing it with those who do not need to know.

Fairness and respect are fundamental ethics all law enforcement officers must possess to ensure they are doing their job correctly. Respecting those in the community, whether they are the victim of a crime, or the suspect of a crime can go a long way. Even when officers are required to use force during an incident, respect can still be demonstrated. For an example, if an officer must use force to gain control of an individual, the officer can show respect by ending the use of force when it is safe to do so. An easy way officers can show respect is by speaking to all individuals with respect and speaking to them how they would want to be spoken to. Respect and fairness tend to go hand in hand with each other. An officer shall treat any individual they encounter fairly and consistently. Those who are working on the response team must be able to treat those with mental illness the same way they would with anyone within the community.

Ethical accountability would be promoted by sharing the goals and values that the mental health response team would represent. “Values are defined as elements of desirability, worth or importance” (Pollock, 2021, p.9). The officers requesting to be a part of the team would receive a questionnaire regarding the program. Some of the questions would include, what is your definition of a mental health response team? How do you see yourself being a positive impact on the team? What are your personal values and ethics? Why do you want to be a part of this team? By providing this questionnaire and leading by example, ethical accountability can be promoted within my agency during the implementation of the program.

Being accountable and effectively using available resources in this program would be one of the Stewardship Principles that apply. By starting with a grant application for federal or state funding to help assist with the program’s costs administration would also ensure that any resources provided by the state or government were used correctly. To create a mental health

program that is successful, all the way around, the resources we are given must be used in an effective manner that does not hinder the progress of the program.

“Responsible Stewardship of People is to nurture talent and treat people with respect and uphold their dignity” (CSP Stewardship Principles). By creating the team who will respond to mental health calls, we are given the opportunity to bring on board those individuals that desire to make a difference in their community and put their talents to use in a positive way. The selection process for the team would include seeing the natural talent in the officers but also striving to continue to develop those talents and provide them with the necessary resources to do so. When members of the team are dealing with those who have mental illness, promoting an environment where the officers and mental health professionals are upholding the individual’s dignity, is always crucial. Those exhibiting symptoms and going through a mental health crisis should not be treated any differently in the aspect of respect and dignity from those responding to the call.

“Responsible Stewardship of Decisions is to be mindful of the intended and unintended consequences of decision on various constituents (especially the vulnerable) and on the environment” (CSP Stewardship Principles). While the officers and mental health professionals are responding to these calls, they must always keep in mind how their actions could positively and or negatively affect the individual in crisis. With every action, there is a reaction and those dealing with individuals in crisis cannot always predict the outcomes of the situation(s). An officer or one of the mental health professionals could make a decision to act in certain manner to help and individual in crisis and it ends up backfiring, causing more issues. This is a situation that could commonly happen and those involved must be prepared for the consequences and understand the repercussions.

Creating and implementing a mental health response team within my agency will help reduce the number of officers being removed from the streets for an extended period of time, help those in crisis get the necessary resources and provide a safer community for all. As part of an administration, implementing this team will require leading by example in the terms of ethical standards. Being ethical in the law enforcement community and the criminal justice profession is a requirement. Leading by example and demonstrating ethical behaviors, those you work for and those who work for you will witness the behaviors and potentially shadow the same behaviors. To implement any new change or policy, the changes must be presented from the top down. Having and promoting ethical principles in any agency can promote growth in employees, trust and respect from the community, positive outlooks, and many more positive changes.

Cognitive-Behavioral Interventions for Mental Health Response

Cognitive-behavioral intervention and or therapy is “a type of psychotherapy in which negative patterns of thought about the self and the world are challenged in order to alter unwanted behavior patterns or treat mood disorders such as depression” (Oxford, 2023). Cognitive-behavioral intervention has been proven to help reduce recidivism in juvenile and adult offenders in the criminal justice system. These interventions can be used to help improve symptoms of depression and mood disorders. Similar interventions have also been used to help offenders within the criminal justice system identify their behaviors and why they are behaving that way. When an individual learns about cognitive-behavioral interventions they will become an expert on their own behavior. During this process, offenders will learn to examine their thoughts, realize when they are experiencing negative thoughts and apply different strategies, they have learned to alter the emotions and their current negative thoughts. “Cognitive-behavioral therapy is reliably effective with a wide variety of personal problems and behaviors,

including those important to criminal justice, such as substance abuse and anti-social, aggressive, delinquent and criminal behavior” (Clark, 2010, para. 1).

Using this type of psychotherapy, the offender is responsible for their progression once they are given the proper tools and resources. The tools they would be given would help solve problems, identify negative thinking, and steer their mind away from the negative thoughts. “CBT first concentrates on developing skills they can use to achieve legitimate goals and objectives. CBT first concentrates on developing skills to recognize distorted or unrealistic thinking when it happens, and then to changing that thinking or belief to mollify or eliminate problematic behavior” (Clark, 2010, para. 2). One of the first steps is to gauge how ready is the offender for change and if they would take this seriously. Without the offender wanting to take these steps to further better themselves, the therapy will not be effective. “Maladaptive thinking patterns and failures of self-regulation are also common focal points of CBT-oriented interventions” (Wong & Bouchard, 2021, para. 5). Implementing this type of therapy could significantly help the call load of law enforcement officers and the number of mental health calls being reported.

“Law enforcement agencies across the country are being challenged by a growing number of calls for service involving people who have mental health needs. Increasingly, officers are called on to be the first – and often the only- responders to calls involving people experiencing a mental health crisis” (The Council of State Governments of Justice, 2018, p. 1). Mental health calls are often the most time-consuming and complex calls that any officer will handle. These types of calls not only take officers off the street but they also bring much scrutiny from the public and can be extremely dangerous for the responding officers.

Minneapolis particularly has a high rate of mentally ill individuals that are homeless due to the shelters and nearby hospitals. More rural areas of Minnesota have less mentally ill individuals that are homeless due to the small number of available shelters.

As mental health diagnoses continue to rise, mental health professionals and law enforcement must create a proactive partnership to ensure those individuals are receiving the proper care. Individuals experiencing a mental health crisis should be able to receive proper care, such as access to medication, doctors, therapists and other navigators within the mental health profession. CBT (cognitive-behavioral intervention/training) is one program that those individuals should have access to, to improve their quality of life. Implementing a mental health and law enforcement partnership across the nation would significantly help law enforcement agencies, the communities and those who are diagnosed with mental illness. By creating a team for each agency and or a team that can travel within different counties or cities can help build that relationship and eliminate some of the issues that law enforcement agencies are experiencing with this situation. Mental health professionals can begin using the cognitive-behavioral therapy with these offenders that experience mental illness and help reduce recidivism. “Over the last twenty years, the growing influence of the risk-need-responsivity (RNR) model and meta-analyses of what works can be seen in the number of jurisdictions seeking to implement high quality and consistently delivered rehabilitative interventions for offenders” (Polaschek, 2010, abstract). Rather than focusing on how criminal thinking relates to criminal activity/behavior, the RNR model focuses on the risk level, criminogenic needs, and responsivity factors. The RNR model matches the level of service to the individual’s risk to re-offend. By targeting the criminogenic needs, those can also be addressed in treatment alongside a CBT model.

Applying this approach of handling mentally ill offenders to the two behavior chains could result in positive and negative outcomes for the agency and the community. A behavior chain analysis is the process that can help an individual understand why he or she is experiencing certain behavior. “Also known as functional analysis, a chain analysis is a technique designed to help a person understand the function of a particular behavior” (Tull, 2022, para. 3). These type of behavior chains can help those with mental health issues, substance abuse issues and other conditions. By approaching this mental health response team with a positive behavior chain, we can potentially change the lives of many affected by mental illness and help reduce crime within the community. Addressing this issue within the community with positive and proactive thoughts and understanding its actual effects and results would benefit all involved.

Ignoring this large dilemma within our community would only continue the separation between law enforcement and the community and cause more issues for law enforcement. The anti-social or negative behavior chain of this issue would negatively affect the community to the point where things would get out of hand. The law enforcement agencies could sit back and display the mentality that they are not responsible for these issues and state they are not trained adequately to do so. By addressing this issue with the anti-social behavior chain, officers could respond to these mental health calls and get severely injured or be involved in an officer-involved shooting. For law enforcement agencies across the state, the only answer to this dilemma is to address it head-on and use a positive approach.

Any administrator of an agency should implement the mental health response team and the use of cognitive-behavioral therapy within the team for those individuals who are suffering from mental illness. The law enforcement officers that are a part of the mental health response team should be familiar with the CBT modalities. Those officers can rely on the basic

information they receive in training and can work collaboratively with the mental health professionals. Within the community we serve, we work with individuals with mental illness daily. With Minnesota shutting down most of the state mental health hospitals during the deinstitutionalization in the United States in 1972, the state was left with a very small number of resources to help the citizens with mental illness. The two-state hospitals in the state of Minnesota currently are Anoka and St Peter, that house the mentally ill. Several state hospitals closed, and the state developed a community-based approach to the care of the individuals. Without these state hospitals many mentally ill individuals are falling through the cracks. The problem of no proper treatment for the mentally ill not only directly affects them, but it also affects society. Lacking the proper care for their mental illness will lead them to end up homeless on the streets, begging for money and food from the public. These individuals may also break into cars and or homes in order to gain shelter for themselves.

From the administrator's standpoint, researching ways to fund this team would be the best option. Every agency deals with a specific budget, and some may need more room to start a program of this magnitude. By stressing the need of this team to the county board and the community members, we could hopefully secure extra funds. Law enforcement responding to mental health calls is a nationwide issue, not just in Minnesota. Reaching out to state legislators and inquiring about potential grants or funding for a specialized team could help prevent any budget issues.

By bringing the mental health response team and the use of cognitive-behavioral therapy and the RNR model into the agency will give those who are mentally ill the tools necessary to identify their behaviors and give them the resources they need. Understanding their diagnosis of mental illness and identifying their behaviors will be the starting point for our agency to assist

these individuals stay out of the criminal justice system. As a member of the mental health response team, it would be important for the law enforcement officer to understand the mental health signs and symptoms. The therapists and other mental health professionals would be executing the CBT and RNR modalities. Many mentally ill offenders do not have access to, or may choose not to take their prescribed medications to help with the symptoms of their mental illness. Providing them the resources to gain these medications or assisting them with identifying the behaviors and negative thoughts they are experiencing will help not only them but also the community they reside in. The combination of medicine and therapy will lay the foundation for the individual to develop the resilience skills needed to provide a base for a more stabilized lifestyle.

Implementing this type of team within a current police agency, should be approached with a step-by-step process. The steps would include, establishing a clear objective for the program, understanding the community's needs for the program, communicating with local officials and community members about the program, and bring the police agency workforce on board. The first step would be researching the community's needs for this program. Locating the current statistics of those living in the community with a diagnosed mental illness. By bringing the non-clinical mental health professionals on board, they can determine these numbers and better determine how many law enforcement and clinical mental health professionals we need. Explaining the thought-behavior link extensively and in-depth to my officers/deputies would highlight the importance of understanding the link between our current duties and what we need to do for our community to help reduce recidivism among the mentally ill.

Creating multiple trainings for my mental health response team officers on the cognitive-behavioral therapy and the thought-behavior link would kickstart this change. First responders,

officers and other human service practitioners on the team would learn the signs and symptoms of a mental health crisis, de-escalation strategies in trauma crisis calls, active listening techniques to validate feelings, and resources and support systems for the referrals. From the law enforcement approach, officers would highlight the areas of ensuring we are assisting the mental health professionals explain the process of the thought-behavior link to the mentally ill offenders. The trainings would include definitions of each theory and how to help identify the necessary steps to the offenders. As the officer/deputy, they would be the first responder to the scene of an individual in mental crisis. The initial contact would be incredibly important to identify if the mental health response team is needed and to activate that response.

Promoting this response team and type of therapy to the mentally ill offenders would be extremely crucial for the success of the program. When an individual is identified by the responding officer and or mental health professional as a potential candidate for the program, they would be given the information needed to join. The mental health professionals would conduct interviews with the offender and determine what resources would be best for the individual. The cognitive-behavioral therapy or the RNR model is a broad area that can be adjusted to personally fit the individual's needs. Part of the initial interview would be the offender answering questions about their mental health, what they do or do not know about their diagnosis and how willing and motivated are they to change their behaviors and receive professional help. This step in the process would occur after the initial intervention when resources and support systems are needed.

To ensure the expectations and that the officers/deputies are accountable administration should consider giving them an incentive to be a part of this mental health response team. By posting internally for this position and being selected, the officer/deputy would be given an extra

monetary compensation for going through the extensive training and being responsible for responding to these calls. When an offender is identified as a viable candidate for this program, the team could offer an incentive of potential housing or other needs they may require. The offenders accepted into this program must be willing to take part in the cognitive-behavioral therapy and truly work on changing their thinking and further changing their life.

Mental health calls in the world of law enforcement have significantly increased within the last few years. Law enforcement has very limited training in responding to these calls and are typically removed from the road for an extensive length of time handling these calls. By implementing a mental health team to respond to individuals in crisis, we can remove some of the burdens of law enforcement officers. Clinical mental health professionals can significantly help law enforcement agencies across the state and those diagnosed with mental illness get the proper help they need.

Conclusion

While implementing this team and using the cognitive-behavioral therapy within the team, we can help numerous individuals gain the tools to master their own behaviors and use skills to deter any negative thoughts. Using cognitive-behavioral therapy and the thought-behavior link within the mental health response team can greatly help those who suffer mental illness and are in the criminal justice system and the communities where these offenders reside in. Many mentally ill individuals who become offenders do not have the resources to master their own behaviors or their thought processes. These individuals typically are not given the tools at any point in their life to overcome the challenges they face. Many mentally ill individuals who are breaking the law have no other choice or lack the resources they need to improve their life.

Cognitive-behavioral interventions and the thought-behavior link could help these individuals stay out of trouble.

Chapter 3: Implications, Recommendations, and Conclusions

Practical Implications for Law Enforcement Leadership

Current relationships between law enforcement and communities are splintered. The splintered relationship is partly due to the fact that communities do not believe law enforcement officers are responding to mental health calls in ways that are productive. The implications of not creating a mental health response team and accepting the magnitude of the community's needs will result in an even more frayed relationship. As communicated in this paper, the current needs of the mental health community, in respect to a law enforcement response, is not living up to the public's standards. Every community expects a response from law enforcement with a respectful and caring approach to mental health calls. The initial step in fixing the issue would be developing a mental health response team.

A practical implication could be determined once the mental health response team has been up and running. The administration could collect information and data from the therapists and mental health professionals and determine the effectiveness of the CBT and RNR models/remedies.

By providing a mental health response team those individuals suffering a mental health crisis can begin the process to seek a better lifestyle. The initial intervention involving law enforcement and the mental health professionals can be the starting stone to provide a more stable life without incarceration and homelessness.

Practical Applications

The practical application of a new mental health response initiative should be accepting and adopting a response team including non-clinical, clinical mental health professionals and law enforcement. As the mental health resources for individuals continue to fall short, the need for this new response team is prevalent. Administrators of law enforcement agencies need to find progressive ways to address the issue and partner with community leaders. Creating and implementing a mental health response team can give insight on how many individuals with the community suffer from mental health issues and what resources are they currently lacking, preventing them from having a positive and stable lifestyle. Further down the road, the mental health response team could share the data and findings with state senators and explain why the state needs more resources for the mentally ill individuals.

Recommendations for Further Research

Further research is beneficial and needed for any new program, especially when it relates to law enforcement. Completing more research is needed to determine if this program is successful and is helping the community. The first step in completing the research would be to document how this new team is impacting those with mental illness within the community. By doing so, the administration can determine if the response team is being effective. Comparing the number of calls for those in a mental health crisis prior to the mental health response team and the number after the deployment of the team could reflect on whether the team is being used efficiently. Simply reviewing the mental health response team's goals and visions can determine if the program has been effective. Following up with the research will potentially help shape the future on how mental health calls are responded to.

The second portion should be following up on the influence and impact that the response team is having within the community. One way to track this would be by watching the recidivism rates of the individuals. A second response team could be created to complete the follow up, watch recidivism rates and ask pertinent questions. This team would speak with those individuals who were given treatment and evaluate the strengths and weaknesses of the response team. Law enforcement agencies can keep track of calls involving those with mental illness and potentially create a baseline of what is working well and what is not.

Conclusion

Officers in the law enforcement profession are often relied upon to solve society's problems daily. When an individual is assaulted, when a business or residence is broken into or a suspicious individual is wandering about in a neighborhood, the police are often called to resolve these issues. The daily problems in society can also include family, friends and community members requesting help for loved ones that are experiencing a mental health crisis. The media and society have dissected law enforcement's response to mental health calls. Many media outlets across the nation have zoned in on individuals being shot by officers during a mental health crisis. A duty to intervene is a necessary action that all law enforcement officers shall be capable of. The duty to intervene begins to be questioned in relation to mental health calls. Shall officers intervene and help the individual experiencing a mental health crisis if no one else is at risk? Having a mental illness and not taking the necessary steps to control a mental illness is not against the law. When another party or parties are at risk for harm due to the individual's mental health crisis then law enforcement is obligated to step in. If the individual is alone and not creating an immediate risk to others, then when should the officers' step down? Creating this new response team will respond to the specific needs of the community and those struggling with

mental health. The mental health response team will also provide that clarity to officers on these calls and relieve some of those duty to intervene questions.

References

- Abramson, A. (2021, May). Building Mental Health into Emergency Responses. *Monitor on Psychology*, 52(5). Retrieved from <https://www.apa.org/monitor/2021/07/emergency-responses>
- Banks, C. (2108). *Criminal Justice Ethics: Theory and Practice*. Sage Publications. Retrieved from <https://books.google.com/books?hl=en&lr=&id=sRp7DwAAQBAJ&oi=fnd&pg=PP1&dq=ethical+principles+in+criminal+justice&ots=kdCsu9JH6u&sig=SIzhw7VqK5x0hUUHLgUJPHr2IRg#v=onepage&q=ethical%20principles%20in%20criminal%20justice&f=false>
- Binder, R., McNiel, D., Rogers, M. (2019). Effectiveness of Police Crisis Intervention Training Programs. *Journal of the American Academy of Psychiatry and the Law Online*. <https://doi.org/10.29158/JAAPL.003863-19>
- CDC – National Center for Health Statistics – Health Insurance Portability and Accountability Act of 1996 (HIPAA). <https://www.cdc.gov/nchs/>.
- Community Policing Defined. (2009, April). U.S. Department of Justice. Retrieved August 17, 2022, from <https://www.ojp.gov/ncjrs/virtual-library/abstracts/community-policing-defined-0>
- Clark, P. (2010). *Preventing future crime with cognitive behavioral therapy*. District of Columbia: National Institute of Justice. Retrieved from https://www.ncticolorado.com/wp_content/uploads/2011/12/CBT-NIJArticle.pdf

- Dempsey, C. (2017). Beating Mental Illness: Crisis Intervention Team Training and Law Enforcement Response Trends. *Southern California Interdisciplinary Law Journal*, 26(2), 323-340
<https://mylaw2.usc.edu/why/students/orgs/ilj/assets/docs/26-2-Dempsey.pdf>
- Harris, K. M., Syu, J-J., Lello, O. D., Chew, Y. L. E., Willcox, C. H., & Ho, R. H. M. (2015). The ABC's of suicide risk assessment: Applying a tripartite approach to individual evaluations. *PLoS One*, 10(6), 1-21.
[e0127442]. <https://doi.org/10.1371/journal.pone.0127442>
- Hoke, S., (January 31, 2015) "Mental Illness and Prisoners: Concerns for Communities and Healthcare Providers [Abstract] " *OJIN: The Online Journal of Issues in Nursing* Vol. 20, No. 1, Manuscript 3.
- Justice System Partners. (2015). Ten steps to system change: Sustaining new ways of doing business takes... a close look in the mirror. Retrieved from
http://www.safetyandjusticechallenge.org/wp-content/uploads/2015/08/10-Steps-To-System-Change_JSP-Brief.pdf
- Lamb, H. R., Weinberger, L. E., & DeCuir, W. J., Jr. (2002). The Police and Mental Health. *Psychiatric Services*, 53(10), 1266– 1271.
- Normore, A. H., & Fitch, B. D. (2011). *Leadership in Education, Corrections and Law Enforcement: A Commitment to Ethics, Equity and Excellence*. Bingley: Emerald Publishing Limited
- Cognitive-behavioral intervention. (2023). In *Oxford English Dictionary*. (4th edition).

Pollock, J.M. (2021). *Ethical Dilemmas and Decision in Criminal Justice* (11th ed.). Cengage Learning.

Polaschek, D. L. . (2010). Many sizes fit all: A preliminary framework for conceptualizing the development and provision of cognitive–behavioral rehabilitation programs for offenders. *Aggression and Violent Behavior, 16*(1), 20–35.

<https://doi.org/10.1016/j.avb.2010.10.002>

Rogers, M., McNeil, D., & Binder, R. (2021). Effectiveness of Police Crisis Intervention Training Programs. *Journal of American Academy of Psychiatry and the Law, 49*(4).

<https://doi.org/10.29158/JAAPL.003863-19>

Stettin, B., Frese, F., & Lamb, H. (2013). Mental Health Diversion Practices - A Survey of the States. Treatment Advocacy Center, 1-10. Retrieved February 13, 2022, from

<http://www.treatmentadvocacycenter.org/storage/documents/2013-diversion-study.pdf>

The Council of State Governments Justice Center. (2018). Police-Mental Health Collaborations.

A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs. Retrieved from <https://csgjusticecenter.org/wp>

<content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf>

The CSP Stewardship Principles.

Thompson, M., & Kahn, K. B. (2018). Law enforcement response to mental health crises: citizen risk factors and preferences for social policy. *Police Practice & Research, 19*(4), 329-

346. <https://doi.org/10.1080/15614263.2017.1371599>

- Torrey, E. F. (1995). Jails and Prisons – America’s New Mental Hospitals. *American Journal of Public Health*, 85(12), 1611-1613. doi:<https://doi.org/10.2105/AJPH.85.12.1611>
- Tull, M. (2022). *How to Do a Behavior Chain Analysis*. Very Well Mind.
<https://www.verywellmind.com/how-to-do-a-chain-analysis-for-problem-behaviors-2797587>
- White, C., & Goldberg, V. (2018). Hot spots of mental health crises: A look at the concentration of mental health calls and future directions for policing. *Policing: an International Journal of Police Strategies & Management*, 41(3), 401–414.
<https://doi.org/10.1108/PIJPSM-12-2017-0155>
- Wong, J. S., & Bouchard, J. (2021). Judging the Book by Its Cover: What Comprises a Cognitive Behavioral Intervention Program for Perpetrators of Intimate Partner Violence? *Criminal Justice and Behavior*, 48(9), 1278–1299. <https://doi.org/10.1177/0093854821996020>