



Testimony submitted to

The Senate Judiciary Subcommittee on the Constitution, Civil Rights, and Human Rights  
“Law Enforcement Responses to Disabled Americans: Promising Approaches for  
Protecting Public Safety”

April 29, 2014

By the National Coalition for Mental Health Recovery

The National Coalition for Mental Health Recovery is an organization of people in recovery from serious mental illnesses. Our Coalition, with member organizations in more than 30 states, is a national voice of people who have been most severely affected by mental health challenges and lack of adequate crisis response systems.

We share the concern of the Subcommittee that law enforcement personnel are increasingly called upon to respond to situations involving individuals in emotional crisis who may be hearing voices and/or diagnosed with serious mental health problems. We appreciate that these encounters are among the most challenging of all law enforcement interactions.

We support the efforts of state and local law enforcement agencies to develop innovative approaches to training, such as Crisis Intervention Teams (CIT) – which, in the words of the founding CIT coordinator, Major Sam Cochran (ret.), are “more than just training,” since they also involve the creation of elite volunteer units of officers who are vetted for their judgment and maturity. Every day, there are trained law enforcement heroes serving on Crisis Intervention Teams who help to prevent people from dying by suicide on our bridges, and sensitively and effectively respond to individuals in emotional crisis. However, our Coalition members working in our communities report that it is often the “luck of the draw” as to whether the responding officer in a given community has received the requisite training and skills to de-escalate crises and respond effectively to unusual behavior.

The following recommendations represent the Coalition’s vision for a comprehensive, innovative approach to preventing the kinds of tragic outcomes that we read about every day in the news, and instead fostering hope, recovery, and safety in our communities.

### **Recommendations**

**1. The Commission on Accreditation for Law Enforcement Agencies (CALEA) should collaborate with Bureau of Justice Assistance (BJA), CIT International, and all relevant**

**agencies/stakeholders to ensure the meaningful presence of individuals with lived experience of mental illnesses (also known as “consumers”) in all CIT 40-hour trainings via panels and presentations.**

Officers in the City of San Francisco, where this is an established practice, report that the presentations by persons with lived experience of mental illness and recovery are among the most powerful components of the CIT training, and effectively help to reduce stigma. Some CIT trainings even include officers who share their own personal experiences of recovery. “The consumer panel helps officers to gain compassion and greater understanding of the needs of persons in crisis and their families,” said Commander Richard Correia of the San Francisco Police Department.

**2. BJA and all relevant Federal agencies should provide technical assistance and training to help law enforcement establish direct linkages between 911/dispatch and CIT-trained officers when the call involves a person in emotional crisis, as well as to encourage ongoing data collection to ensure quality and to document outcomes.**

This practice, which is being successfully implemented in San Francisco, is critical to ensuring that only appropriately trained officers respond to persons in crisis. Said Commander Correia, “It’s entirely possible to handle these situations without the use of force. Creating a citywide mechanism that facilitates the response of CIT-trained offers in appropriate situations improves outcomes for both the officer and the person in crisis. It is our aspiration to one day bring down use of force to zero.”

**3. CIT International should look to other sources, such as the Emotional CPR (eCPR) curriculum, to complement the existing models.**

The Emotional CPR curriculum has been endorsed by the International Association of Chiefs of Police (IACP) as a “way to enrich CIT curricula.” Emotional CPR (eCPR) ([www.emotional-cpr.org](http://www.emotional-cpr.org)) is a public health education program designed to teach people to assist others through an emotional crisis. eCPR was developed by people who have learned from their own experience how to recover from emotional crisis.

eCPR teaches law enforcement officers how to:

- Take their time and stay calm in the presence of a person in distress;
- Use new tools to assess the facts and circumstances surrounding these situations;
- Engage effectively and safely with individuals so they can resolve the immediate concern;
- Develop an awareness of available, accessible, community-based resources; and
- Interact with courtesy, professionalism and respect in challenging situations.

By practicing the tools and skills of eCPR, law enforcement can provide a life-saving service that helps someone survive great distress and pain, and regain a valued place in the community.

**4. The Substance Abuse and Mental Health Services (SAMHSA), BJA, and all relevant Federal agencies should encourage the meaningful presence and participation of peer support specialists in jail diversion programs, mobile crisis teams, emergency rooms, and all crisis services.**

One of the benefits of increasing the overall involvement of peers with experience in the behavioral health and criminal justice systems is that they have a clear understanding of the culture of incarceration and the challenges that involvement in the criminal justice system creates on such factors as eligibility for entitlements, housing, and employment. A model program in this regard is The Eleventh Judicial Circuit Criminal Mental Health Project ([CMHP](#)) Jail Diversion Program in Miami, Florida. This program utilizes peer support specialists to assist program participants with re-entry by providing access to housing and support services that reduce recidivism and promote recovery.

**5. SAMHSA and the National Institute of Mental Health (NIMH) should develop, research, and promote innovative voluntary, recovery-oriented, trauma-informed alternatives to hospitalization and incarceration, such as peer-run respites, Open Dialogue, the Soteria model, and psychiatric advance directives.**

The *peer-run respite* model is a promising practice offering community-based supports provided by persons with lived experience that foster recovery, wellness, and community integration. *Open Dialogue* is a family and social network approach to first episode psychosis care, and has garnered widespread attention for dramatically improving outcomes. Results consistently show that Open Dialogue leads to less recurrence of crisis when compared with psychosis treatment as usual. Similarly, studies of the *Soteria House* model indicate that most patients with schizophrenia can be as successfully treated as by standard hospital proceedings, avoiding re-traumatization, and at a much lower cost. Research is also needed to determine how *psychiatric advance directives* can be used to enable self-determined treatment for patients who lose decisional capacity, and thus reduce the need for coercive interventions such as police transport and involuntary commitment.

**6. SAMHSA and all relevant Federal agencies should support easily accessible systems of crisis services and supports to decrease dependence on incarceration and unnecessary hospitalization.**

A model program in this regard is the Parachute Program in New York City, which provides options for people having a psychiatric crisis. Parachute NYC offers rapid access (within 24 hours) to home-based treatment and crisis respite centers where people can stay in a calm, supportive environment that fosters recovery.

**7. BJA, SAMHSA, the Department of Housing and Urban Development (HUD), and other relevant stakeholders should identify and promote funding and best practices to reduce and eliminate barriers to successful reentry for persons with mental illnesses and co-occurring disorders.**

To reduce recidivism and achieve community integration, individuals should be able to easily access jail and hospital diversion programs, integrated health care, substance use

treatment, as well as critical community supports such as supported housing, supported education and vocational programs.

**8. Congress and executive branch agencies responsible for administering Medicaid, Medicare and Social Security benefits should remove unnecessary obstacles to access to benefits for individuals reentering communities from jails, prisons, and other correctional facilities.**

The current process for receiving benefits is unnecessarily daunting for persons exiting the criminal justice system, and individuals may give up applying for the benefits to which they are entitled, which can fuel crisis and recidivism.

**9. BJA should work with HUD to encourage changes to public housing regulations to permit ex-offenders with mental illnesses to reside in public housing.**

Increased access to safe, affordable housing will help to reduce recidivism and promote well being for persons with experience in criminal justice systems.

**10. SAMHSA and HUD should encourage expansion of Housing First options for persons with mental illness who are diverted from or returning after incarceration in justice system facilities.**

Housing First is an evidence-based program that will help to reduce recidivism and promote the recovery of persons with experience in criminal justice systems.

**11. Federal agencies such as BJA and SAMHSA, and all stakeholders, should develop public awareness campaigns and strategies to decrease negative stereotypes of persons with mental illnesses and highlight the importance of decriminalizing mental illnesses.**

Improving the outcomes of law enforcement responses to persons with mental illnesses depends on changing cultures, both within law enforcement agencies as well as communities at large. People who understand the challenges faced by those in emotional crisis, and understand that recovery is possible, are more likely to support recovery-oriented mental health care and other essential community services.

The National Coalition for Mental Health Recovery thanks you for your attention to this important public safety issue, and looks forward to opportunities for continued collaboration to make our communities safer, more recovery-oriented, and more resilient for all.

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