NYS DCJS JMHCP Technical Assistance Bulletin

Intercept 1: *EDPRT* and First Responder Forum

Introduction (EDPRT):

The EDPRT (Emotionally Disturbed Persons Response Team), a form of the crisis response model, is comprised of police officers who are trained to respond to situations involving persons who exhibit emotionally disturbed behavior. It is important to address the law enforcement "intercept" because law enforcement officials usually are the first to respond to a mental health crisis scene, often at the request of concerned family members and/or the community, and this represents the first point at which a mentally ill person may enter the criminal justice system. It is essential that police are provided with effective tools and access to community resources in order to increase positive outcomes for those engagements involving the mentally ill.

The goals and desired outcomes of this model include: saving lives; reducing the need for the use of physical force; reducing police injuries and resulting down time; reducing the number of repeat police calls; getting help for mentally ill persons; reducing arrests for non-violent, minor offense matters; and reducing time and costs system-wide. Importantly, reducing the amount of time the police spend on these matters so they may perform their core public safety functions while linking mentally ill persons to community-based services.

Here are some basic statistics, which supports that law enforcement responds to many incidents involving the mentally ill whereby a crime has not been committed, which is cited in *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice* : "1. What types of encounters do law enforcement officers have involving people with mental illnesses? Based on 148 contacts between police and people believed to have mental illnesses during one month in 1994 in Honolulu (Hawaii) city and county, officers determined that the majority of individuals either had committed no criminal offense (45.3 percent) or had exhibited disorderly conduct (27.7 percent). The person's conduct most frequently included "loud or obnoxious behavior" or "untidiness." In a study conducted in a large Midwestern city in 1980 and 1981, the majority (71 percent) of police encounters with people who were "mentally disordered" involved individuals known to officers either as "neighborhood characters," "troublemakers," or "relatively unobtrusive" individuals." This indicates that

Who is using an EDPRT?: it is a model being utilized in the following cities: Rochester (Monroe), Troy (Rensselaer), Binghamton (Broome), and in Cortland (Cortland).

It was reported in an EDPRT training that prior to EDPRT in the City of Rochester, police officers were injured 12% of the time responding to a mental health incident verses 5% for general responses. After EDPRT, 0% of officers were injured and the use of force dropped from 20% to 3%. Also after EDPRT, 750 responses resulted in only 34 arrests (arrests for felonies and domestic violence). The EDPRT officer would spend an average of 1 hour on each call and 1.4 hours overall.

Training: A one week training program which includes the following modules:

Overview of EDPRT; Specific Mental Illness and Personality Disorders; Mental Hygiene Law; Intellectual Disabilities; Medications; Assisted Outpatient Treatment (AOT); Housing; Role Play Activities to Enhance Learning; Understanding and Indicators of Mental Illness; Communication

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Skills (De-Escalation); Understanding Suicide/Suicide Intervention; Substance Abuse/Co-Occurring Disorders; Hospital Procedures; Courts; and Juvenile and Elderly as well as Veteran's Mental Health Issues.

The training will incorporate local resources such as area mental health, hospital, medical, veteran, and housing staff.

Development of Standard Operating Procedures for EDPRT Response:

As part of the program, the program provider will assist departments with developing Standing Operating Procedures for EDPRT. For example, the EDPRT staff may be deployed for these instances: person threatening to inflict harm related to mental illness; request for transport related to Mental Hygiene Law; a completed suicide scene (assistance to the family); as part of a hostage negotiation team; and any request by another law enforcement officer.

Introduction: Development of a First Responder Forum:

Another model of law enforcement –mental health collaboration is the Emergency Services Forum. This forum was developed and is being utilized in Rochester (Monroe). This model developed as a response to a need for law enforcement, first responder, and mental health collaboration.

A forum needs to include representatives from local authorities and agencies such as mental health treatment providers, the local hospitals, probation, and local correctional facilities. Together they

- Define Meeting Participants and Essentials
- Establish Mutual Goals – Enhancing Collaboration
- Define Roles – Who Does What and What is Expected
- Problem Solve Systemic Issues
- Train on Mental Health or Other Related Issues

These forums have regular meetings of first responders with community stake-holders in order to address systemic issues, build relationships, and to receive collaborative training. These forums help to continue to define the roles of each respective participant, strengthen agency relationships, meet the needs of mentally ill persons in the community, and enhance public safety, even as circumstances change (leaders retire, etc.)

Additional National Models – Joint Police and Mental Health Teams:

The goal of these programs is to identify Serious Mentally Ill (SMI) persons and engage them in services to reduce police time responding to SMI incidents. Also, reduce engagement with the criminal justice system and reduce emergency room usage. Both models respond and/or follow up to acute incidents and have strong interagency collaboration.

Milford, Massachusetts - a co-responder model with a mental health staff person being deployed with any assigned police officer. The mental health staff attend roll call, review the blotter and are integrated with the department. They also have access to the Riverside facility which is primarily a short-term mental health residential program as an alternative to the emergency room.

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Baltimore, Maryland - also a co-responder model; however, the police officer and the mental health worker function as a team, patrol in an unmarked car and wear the same "uniform" which is Khaki pants and dark shirt. Two teams deploy per shift with two shifts from 10 a.m. to 6 p.m. and 5 p.m. – 1 a.m. They have access to an Urgent Care Center.

Resources:

Website: http://csgjusticecenter.org/law-enforcement/

Website: https://www.bja.gov/Topic.aspx?Topic_ID=7

Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives – United States Bureau of Justice Assistance and The Council of State Governments: Justice Center

http://csgjusticecenter.org/wp-content/uploads/2013/01/1.8.12_Statewide-LE-MH_web.pdf

Improving Responses to People with Mental Illness: Strategies for Effective Law Enforcement Training - United States Bureau of Justice Assistance and The Council of State Governments: Justice Center

https://www.bja.gov/Publications/Strategies_%20for_LE_Training.pdf

Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice – The John D. and Catherine T. MacArthur Foundation and The Council of State Governments: Justice Center

https://www.bja.gov/Publications/CSG_le-research.pdf

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