Emotionally Disturbed Persons Response Teams: A Law Enforcement Response to Mental Health Crisis Intervention

Presented by: Sgt. Eric Weaver (Ret.)
Terminology

- **EDPRT**: Emotionally Disturbed Persons Response Team
- **CIT**: Crisis Intervention Team
EDPRT Definition

- A group of officers specially trained, on a voluntary basis, to deal with emotionally disturbed individuals in a variety of situations in the community.

- These situations may include suicidal persons, persons exhibiting irrational behavior, handling psychiatric patients, the homeless, addressing various mental health concerns and/or referrals, and any other situations that deal specifically with the needs of the mental health community and emotionally disturbed persons.
BASIC ACTIVATION CRITERIA OF EDPRT/CIT

1. An individual is actively threatening to and/or is inflicting harm upon self or another and is exhibiting signs and/or symptoms of a mental health problem.

2. Request for transport by an authorized agent (i.e. MHL 9.45, 9.60)

3. Any completed suicide scene.

4. During an activation of the department’s Hostage Negotiation Team.

5. As requested by any Police Officer who is handling an incident involving an EDP.
Why Mental Health Training for Law Enforcement?

- Recognizing the need for:
  - Increased officer and community safety
When the Rochester EDPRT was first being established, reducing the number of times force was being used by officers, as well as reducing the injury rates to both the subjects and the officers during Mental Hygiene Arrests (9.41) was one of the paramount reasons for creating a specialized team. The statistics that were used in our research included:

- 217 SRR'S (Subject Resistance Reports) REVIEWED FOR JULY 2001, MARCH & DECEMBER 2002.
- 5% OF ALL ARRESTS ENDED WITH AN SRR
- 6% OF ALL 9.41'S ENDED WITH AN SRR.
- 20% OF SUBJECTS WERE INJURED IN ALL SRR'S
- 20% WERE INJURED IN 9.41 SRR'S.
- 5% OF OFFICERS WERE INJURED IN ALL SRR'S
- 12% OF OFFICERS WERE INJURED IN 9.41 SRR'S.

In utilizing the above 3 month totals, there was an estimated 52.8 MHA/SRR’s, as well as 10.4 subjects injured and 6.24 officers injured during MHA/SRR’s in a one year period.
During this reporting period, the SRR statistics for the EDPRT are as follows:

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<tr>
<td>YES</td>
<td>23</td>
<td>3.07%</td>
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<tr>
<td>TOTAL</td>
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SRR Type:

Joint Manipulation/Ground Stabilization: 16
OC: 3
Hobble: 1
Taser: 3 (used by non-EDPRT members)
SRR CONTINUED

TOTAL SRRS BASED ON INCIDENT TYPE

EDP (ARREST) CONTACTS: 1 4.35%
EDP (NON-ARREST) CONTACTS: 1 4.35%
MHL 9.39 CONTACTS: 1 4.35%
MHL 9.41 CONTACTS: 19 82.61%
MHL 9.45 CONTACTS: 1 4.35%

TOTAL: 23
As previously stated, during this reporting period the EDPRT has been involved in 750 mental hygiene arrests/EDP contacts. 629 of those contacts have resulted in an individual being taken to a hospital. 23 of those contacts resulted in some type of minimal force being used (3.34% of the time).

Out of the 23 total times members of the EDPRT have had to use some type of force in order to facilitate bringing an individual to a hospital, the EDPRT has had a total of 4.7% of the subjects injured (1 individual sustained a minor abrasion to his knee), and a total of 0% of officers injured, down from the previously mentioned 20% and 12% respectively in the study done for 2001-2002.

**Please note that prior to the establishment of the EPDRT database, as well as the data software that has recently been implemented in the Professional Standards Section, there was no complete collection of data regarding the total number of incidents involving MHA’s and SRR’s. With the establishment of both of these databases, the 2005-2006 Annual Report will be able to better reflect the reporting process for both categories.**
The reduction of injuries to individuals as well as to officers during mental health encounters has potentially saved the City of Rochester thousands of dollars. Below is an example of potential average savings from the reduction of injuries to both officers and subjects.

*1 officer out injured for two week period=$2,303.64

*1 Emergency Room Visit=(approx. avg.) $200-$500 (amount varies based upon extent of injury)

*2 follow-up doctor’s appointments=(approx. avg.) $100-$1,000 (amount varies based upon type of follow up needed, costs of specialist, hospital, etc.)

**TOTAL POTENTIAL SAVINGS FOR ONE INJURED OFFICER: $3,800 +

*Due to specific injuries/treatments, etc., there is no actual average length of time that an officer is out of work due to an injury, or average cost for treatment, etc.. Length of times may vary from one day to several years, and costs may vary from $100 to tens of thousands over the course of an officer’s career.

**In fiscal year 2004 the City of Rochester settled three bodily injury lawsuits. These three closed case settlements resulted in the City of Rochester paying a total of $79,000.

**AVERAGE 2004 BODILY INJURY LAWSUIT SETTELMENT: $26,333.

Above information provided by the City of Rochester Police Department Personnel Office and the City of Rochester Law Department.
Why Mental Health Training for Law Enforcement?

- Recognizing the need for:
  - Awareness
  - Communications skills
  - Knowledge of Signs & Symptoms
  - Decriminalization
CRIMINAL CHARGES

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<td>716</td>
<td>34</td>
<td>750</td>
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<tr>
<td></td>
<td>95.47%</td>
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AMOUNT OF TIME

AVERAGE TIME SPENT WITH EACH EDP: 1.00 HOUR
AVERAGE OVERALL TIME SPENT: 1.40 HOURS
Why Mental Health Training for Law Enforcement?

- Recognizing the need for:
  - Awareness
  - Communications skills
  - Knowledge of Signs & Symptoms
  - Decriminalization
  - Overcoming the Stigmas of Mental Illness
Community Stakeholders

EDPRT Advisory Boards Established

Advisory Board may consist of members from local law enforcement, hospitals, the judicial system, mental health professionals and consumers.
EDPRT/CIT Officer Selection Process

- Selection Criteria and Standards Developed
- Interested Officers applied for positions
- Extensive Question/Interview Process
Challenges

- Changing the culture
What else is EDPRT/CIT about?

- Training
Training includes

- Indicators of Emotional Disturbance
- Mental Illness - Signs and Symptoms
- Communication Skills
- Causes of Mental Illness
- Information Gathering & Assessment
- High Risk Situations
- Role Plays
- Mental Hygiene Law
Training includes

- AOT/HIPAA
- Specific Mental Illnesses
- Juvenile Issues
- Police Stress/Mental Health
- Medications
- Suicide
- Community Resources
- Family Members and Personal Stories
What else is EDPRT/CIT about?

- Training
- Responding to those in crisis
- Suicide intervention
- Follow-ups
- Saving lives
Successes

Although it would be impossible to accurately document, the training and positive interaction between EDPRT members and the thousands of individuals encountered has undoubtedly:

- Saved lives
- Reduced the need for physical force—resulting in great reductions in injury rates to officers and individuals
- Has reduced the amount of police calls for service
- Diverted individuals from incarceration
- Has created an atmosphere of cooperation, coordination, and communication between the police agencies and the mental health community.
It is also about Community Involvement & Empowerment:

- Planning & Scheduling
- Involvement in Training
- Cooperation
- Coordination
- Communication
It is also about Partnerships with:

- Mental Health Providers
- Consumers
- Community Programs/Services (i.e. NAMI)
It is also about:

- Leadership
- Investments/Ownerships
- Understanding/Patience
- Compassion
- Knowledge
- Hope
EDPRT Mission Statement

It is the mission of the Emotionally Disturbed Persons Response Team (EDPRT) to handle emotionally disturbed and mentally ill individuals in a variety of situations in the community. The EDPRT will make every effort to preserve the dignity of every individual encountered who is emotionally disturbed/mentally ill, and while doing so will take all reasonable measures to ensure the safety of its members, the community, and the emotionally disturbed/mentally ill person. The EDPRT will also provide the necessary resources and referrals for each individual in order to enhance their treatment process. In addition, it is the mission of every individual EDPRT member to ensure that each emotionally disturbed/mentally ill person’s physical and mental health is cared for with respect, understanding and compassion.
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Questions?
Contact

Sgt. Eric Weaver (Ret.)
Executive Director
Overcoming The Darkness
P.O. Box 127
Victor, NY 14564

eric@overcominthedarkness.com
www.overcominthedarkness.com
585-410-5544