

**Statement of Chief Donald W. De Lucca
President of the International Association of Chiefs of Police**

Subcommittee on Labor, Health and Human
Services, Education, and Related Agencies
Committee on Appropriations
United States Senate

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Good Morning Chairman Blunt, Ranking Member Murray, and Members of the Subcommittee:

Thank you for the opportunity to speak to you today about an issue of critical concern to the law enforcement profession – how to best help those individuals affected by mental illness.

I am currently the chief of police for the Doral, Florida, Police Department. I am also the president of the International Association of Chiefs of Police (IACP). The IACP is the world's largest association of law enforcement leaders, with more than 27,000 members in 136 different countries.

At the IACP, we have long been hearing from our members about the challenges they face when responding to 9-1-1 calls that involve a person affected by mental illness. In fact, in late August and early September 2016, the IACP conducted a series of critical issue forums in eight locations throughout the United States with a cross-border session involving a number of Canadian agencies. The purpose of these sessions was to meet with and listen to police leaders to gain a better understanding of the distinctive challenges they are facing within their communities and agencies, as well as to discuss and examine the vast array of challenges currently confronting the law enforcement profession as a whole. We met with more than 450 law enforcement officials, and a top concern at each listening session was law enforcement's interaction with persons affected by mental illness. Participants stressed that the lack of mental health treatment options or mental health centers has left law enforcement officers as the de facto mental health providers in their communities.

Before I elaborate further into the steps being taken, let me assure you that our organization fully understands and supports changes to address the much bigger picture of what we can clearly see as mental health crisis across our country. And on a personal note, I too understand the challenges. My county, Miami-Dade County is home to the largest percentage of people with serious mental illnesses of any urban community in the United States.

The four most urgent concerns we have are as follows:

1. The sheer volume of the problem—one in five adults experience a mental health problem of some kind in any given year—that's 43.8 million people or 18.5 percent of our total population.¹ Given these numbers, our attention to this issue should be at the top of the list of priorities for federal, state, and county governments and yet that's often not the case. Looking deeper, a recent study by SAMHSA reported that 50–70% of youth in the juvenile justice system met the criteria for a mental health disorder.
2. Ironically, even with these stunning numbers, the stigma attached to mental illness continues to hold strong with affected individuals having to struggle with both their illness and how others perceive that illness, if it is even acknowledged. This culture of

¹ American Psychological Association, "Data on Behavioral Health in the United States," <http://www.apa.org/helpcenter/data-behavioral-health.aspx>.

silence without doubt reduces the chances that the almost 44 million people facing this problem will seek the help they need.

3. The individuals that our officers come in contact with are often suffering from mental illness and, at the same time, the use of or addiction to drugs, alcohol, or both. Sorting out these overlapping problems and providing smart, cost-effective, and easily accessible solutions to address them presents a huge problem for our program infrastructure.
4. When those affected individuals do seek the help they need, the mental health services infrastructure in our country is not in any way sufficient to meet these current and future mental health needs. We know from our officers on the street that mental health program availability for those individuals they encounter is often not available or that the waiting period to access those programs is so long that it renders the service useless during the moment of crisis.

While these four issues are each troubling and not easily addressed, IACP stands firm in its intent to continue to call for and support improvements in these overarching problem areas as much as we promote innovative responses by our officers at first contact.

Legislative and funding support is absolutely essential to the success of local efforts to build safer communities by enhancing law enforcement response to persons with mental illness. Communities must have adequate resources for treatment, housing, and other support services so that law enforcement officers can help prevent the criminalization of mental illness by diverting eligible individuals to these non-justice alternatives. Today, in my home state of Florida, the county jail serves as the largest psychiatric institution housing more than half as many individuals with mental illnesses as all state psychiatric hospitals combined.²

Law enforcement and other justice system agencies also must have sufficient resources to expand and sustain their collaborative efforts to improve their crisis responses and decision-making about persons affected by mental illness, and that support needs to come in the form of funding for training, equipment, grants for innovative approaches to help encourage partnerships, and mental health courts.

Laws and policies that regulate access to Medicaid, Medicare, and Social Security should be carefully crafted to ensure that persons with mental illness can readily access benefits to which they are entitled, both before and after incarceration. Regulations that protect consumers' privacy and dignity of choice should also permit necessary and appropriate information sharing across agencies when it can positively affect intervention outcomes. These and other policy issues must be addressed with assistance from national organizations with expertise in relevant areas.

² <http://www.dcf.state.fl.us/admin/publications/docs/quickfacts.pdf>

Finally, I would like to take my remaining time to speak to you about how we're changing the way our officers handle encounters with persons affected by mental illness.

Just five months ago, the IACP launched an aggressive campaign to improve officer response to 9-1-1 calls involving someone suffering a mental health or other crisis event. That program is called the One Mind Campaign. The One Mind Campaign was designed and launched with several significant partner experts in the mental health arena, including the Substance Abuse and Mental Health Services Administration (SAMHSA), National Alliance on Mental Illness (NAMI), the U.S. Department of Justice (BJA), the American Psychiatric Association, CIT International, and Mental Health First Aid (MHFA). Driving this work was the knowledge, that at least 25% (and likely more) of individuals who died during an encounter with the police in 2016 were persons with mental illness, according to the *Washington Post* Fatal Force Database.

The campaign asks every one of our 18,000 law enforcement agencies in the United States to commit to four basic, but critical, steps to improve officer encounters with those affected by mental illness or in crises: (1) Establish a clearly defined and sustainable relationship with a local community mental health organization; (2) develop and implement a written policy addressing law enforcement response to persons affected by mental illness; (3) demonstrate that 100% of sworn officers receive training in Mental Health First Aid; and (4) demonstrate that a minimum of 20% of all sworn officers are trained in Crisis Intervention Team (CIT) approaches. Taken together, these four steps can profoundly change the way officers respond, increasing the likelihood of positive outcomes to those calls.

Looking beyond these four essential steps, we are also exploring even more innovative and potentially useful approaches during 9-1-1 responses. One shining example of this is happening right now in the Springfield, Missouri, Police Department with the leadership of Chief Paul Williams. Through a pilot program begun in 2013 in partnership with Burrell Behavioral Health, selected Springfield officers can—at point of encounter with a person in crisis—offer the opportunity for that person to speak via Skype, using iPad technology, with an on-call mental health professional. This action can allow for a calming of the situation that then lets the officer consider diverting the individual to a mental health resource, instead of making an arrest. Ideas like these, once fully evaluated, can become models for adoption nationally. IACP One Mind Campaign is in direct contact with SPD and Burrell staff to learn more and monitor progress.

Another example of a successful diversion program—one specifically targeting persons affected by mental illness—is Diversion First, a collaborative effort between Fairfax County, Virginia, government executives, law enforcement, and the mental health community. The program is designed to reduce the number of people affected by mental illness in the county jail by diverting low-risk offenders experiencing a mental health crisis to treatment rather than bringing them to jail.¹ As part of Diversion First, Fairfax County also has opened the Merrifield Crisis Response Center (MCRC), an assessment site where law enforcement officers can transfer custody of nonviolent offenders seeking mental health services to a CIT-trained officer assigned to the center. The MCRC is staffed 21.5 hours a day, seven days a week, in order to accept

custody of individuals experiencing a mental health crisis, allowing officers to quickly return to answering calls for service.

On behalf of the IACP, I conclude by thanking you again for the opportunity to discuss this critical problem. I think it's clear that the only effective solutions to the problem must be systemic in nature, addressing the entire continuum from police encounters to a mental health infrastructure in this country that can address mental health issues at the same level of success as we now address our physical health. We stand ready to help in any way we can as you work toward this goal. I would be happy to answer any questions you may have.

ⁱ Fairfax County Government, "Diversion First," <http://www.fairfaxcounty.gov/diversionfirst>.