Law Enforcement Engagement with People with Behavioral Health Issues and Developmental Disabilities

Academic Training to Inform Police Responses

Stakeholder Roundtable Report

University of Cincinnati Center for Police Research and Policy

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I. INTRODUCTION

For law enforcement, responding to situations involving people with behavioral health issues and/or developmental disabilities in a safe, effective manner can often present a significant challenge. Although officers routinely respond to incidents involving individuals with behavioral health (BH) issues or developmental disabilities (DD), the lack of training and resources to inform officers' responses to these incidents remains a troublesome reality.[1] Seeking to address the need for additional training and resources, the Bureau of Justice Assistance has supported the work of the *Academic Training to Inform Police Responses: A National Curriculum to Enhance Police Engagement with People with Behavioral Health Issues and Developmental Disabilities*.

Led by researchers from the University of Cincinnati, in collaboration with Policy Research Associates, The Arc of the United States' National Center on Criminal Justice and Disability, and the International Association of Chiefs of Police (see Appendix A for partner descriptions), the primary objectives of the *Academic Training to Inform Police Responses* include: (1) addressing the need for additional training and resources; (2) raising awareness in the policing community about the nature and needs of individuals living with BH issues and DD; and (3) facilitating the use of evidence-based and best practices in police responses to individuals with BH issues and/or DD.

To inform the work of the *Academic Training to Inform Police Responses,* a multi-disciplinary group of participants with subject matter expertise in police responses to incidents involving individuals with BH issues and/or DD was virtually convened on August 18th and 19th of 2020 to participate in the *Law Enforcement Engagement with People with Behavioral Health Issues and Developmental Disabilities Stakeholder Roundtable.* This roundtable was designed to discuss opportunities to advance safe and effective police engagement with people with BH issues and/or DD; to identify and discuss best practices in current crisis response models and collaboration between police and behavioral health/disability service providers; and to identify both existing and needed products and resources to support police agencies and their service provider partners in the implementation of effective responses.

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[1] The terms "behavioral health issues" and "developmental disabilities" are used consistently throughout this report. Behavioral health issues refer to mental illness, mental health concerns, and/or substance use disorders that may affect individuals' mental and/or emotional wellbeing. In turn, developmental disabilities encompass both intellectual and developmental disabilities. An intellectual disability is a disability that occurs before the age of 18. An intellectual disability may cause individuals to experience significant limitations in intellectual functioning and adaptive behavior. Developmental disabilities refer to severe, chronic disabilities that occur before the age of 22. Developmental disabilities are attributable to mental and/or physical impairment and result in substantial limitations in major life activities such as self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency (for more information see https://thearc.org/wp-content/uploads/forchapters/Introduction%20to%20ID.pdf).

This report presents a description of the *Law Enforcement Engagement with People with Behavioral Health Issues and Developmental Disabilities Stakeholder Roundtable*. The remainder of this document proceeds as follows:

- Section II provides an account of the planning and delivery of the Roundtable, highlighting the processes for participant selection and activities across the two-day meeting.

- Section III provides a description of the major themes of the discussions, polls, and survey responses generated by the Stakeholder Roundtable participants. Additionally, based upon the themes identified, Section III offers recommendations for future efforts to facilitate collaborative responses to people with BH issues and/or DD within communities.

- Finally, Section IV provides a conclusion for this report.

Collectively, the recommendations outlined within this document are intended to inform both resource development and implementation under the *Academic Training to Inform Police Responses*.

II. DESCRIPTION OF STAKEHOLDER ROUNDTABLE

On August 18th and 19th of 2020, a multi-disciplinary group of individuals with subject matter expertise in police responses to people with behavioral health issues and/or developmental disabilities convened virtually to participate in the *Law Enforcement Engagement with People with Behavioral Health Issues and Developmental Disabilities Stakeholder Roundtable.* As stated previously, this roundtable was designed to inform the work of the *Academic Training to Inform Police Responses* by facilitating discussions related to:

1) Opportunities to advance the safety and effectiveness of police engagement with people with BH issues and/or DD,

2) Best practices in current crisis response models and collaboration between police and service provider partners, and

3) Existing and needed products and resources to support police agencies and their service provider partners in the delivery of effective responses.

The Stakeholder Roundtable hosted presentations of existing efforts and key issues related to police responses to people with BH issues and/or DD, facilitated large and small group discussions, and offered participant polls to gauge individuals' perceptions of specific practices. Additionally, a follow-up survey was conducted after the roundtable to measure participants' perceptions of the meeting and to collect further insights on collaborative crisis response. The roundtable meeting agenda can be found in Appendix B of this report. Participant polls and follow-up survey responses can be found in Appendix C and Appendix D, respectively. The remainder of this section describes the planning and delivery of the Stakeholder Roundtable,

including the selection of participants and presenters and the activities of the two-day virtual meeting.

A. Selection of Participants and Presenters

The selection of participants for the Stakeholder Roundtable was a strategic, iterative process designed to ensure the convening of a representative and diverse group of subject matter experts and individuals with lived experience. Specifically, in the months leading to the roundtable, a working group from the Academic Training project team met weekly to identify participants for the two-day discussion. An initial list of approximately 70 participants was built collaboratively from the experiences, relationships, and expertise of project team members and the Bureau of Justice Assistance. Using this initial list, the working group employed a rating process to select approximately 30 participants to receive invitations to the roundtable. Collectively, the goal of this process was to identify a group of participants that was representative across disciplines, locations, and experiences (e.g., lived experiences, research, policy, practice) and inclusive of new voices/perspectives to inform the planned discussions.

Table 1. Expertise of Roundtable Participants*

Professional Expertise	N (%)
Policing	12 (34.3%)
Behavioral Health	13 (37.1%)
Developmental Disability	9 (25.7%)
Academic Research	7 (20.0%)
Policy	8 (22.9%)

*Participants may be captured across multiple categories; Total percentage exceeds 100%

In total, 35 participants from policing, behavioral health, and disability fields that shared experiences and expertise related to police and community responses to people with BH issues and/or DD attended the Stakeholder Roundtable. The list of participants can be found in the acknowledgement section of this document. Additionally, Table 1 presents descriptive information regarding the expertise of the 35 participants. Notably, many participants held experience/expertise across different areas, meaning they may be captured across multiple categories within the table.

Among the 35 participants for the Stakeholder Roundtable, eight individuals were also selected to provide presentations on their current work and expertise in police and community responses to incidents involving people with BH issues or DD. The identification of presenters for the roundtable was purposeful, with selections made strategically to ensure the speakers represented distinct types of police and community responses implemented across different jurisdictions. Table 2 identifies the presenters selected for the Stakeholder Roundtable and the topic of their presentations. Importantly, these presentations were designed to facilitate

discussions of best practices in police and community responses, methods of police-mental health and police-disability collaboration, and potential barriers to effective responses to people with BH issues and/or DD.

Table 2. Presentations Included in the Stakeholder Roundtable

Presenter	Topic
Dr. Rebecca Neusteter Director, University of Chicago Health Lab	Understanding Police Response through Examining 911 Call for Service Data
Ariel Simms, Esq. Senior Program Manager & Attorney, The Arc of the United States	The Arc of the United States' National Center on Criminal Justice and Disability Pathways to Justice® Initiative
Assistant Chief Kevin Hall Tucson (AZ) Police Department	Tucson Police Department's Mental Health Support Team (MHST)
Peggy Heil Behavioral Health Specialist, Colorado Division of Criminal Justice	Integrated Dispatch and Crisis Service Response
Assistant Chief Wendy Baimbridge Houston (TX) Police Department	Houston Police Department's Mental Health Division
Tim Black Director of Consulting, White Bird Clinic	Crisis Assistance Helping Out on the Streets (CAHOOTS; Eugene, OR)
Chief Gina Hawkins Fayetteville (NC) Police Department	Fayetteville Police Department's Crisis Intervention Team (CIT)
Dr. Margie Balfour Chief of Quality and Clinical Innovation, Connections Health Solutions Associate Professor of Psychiatry; University of Arizona	Southern Arizona's Crisis Response Center and Crisis System

B. Activities of the Stakeholder Roundtable

The *Law Enforcement Engagement with People with Behavioral Health Issues and Developmental Disabilities Stakeholder Roundtable* was hosted virtually in two four-hour periods on August 18 and 19, 2020. The activities of the roundtable across these days are described in greater detail below. The roundtable meeting agenda can be found in Appendix B of this report.

On August 18, 2020 the roundtable began with introductions and opening remarks from Dr. Robin S. Engel (University of Cincinnati), Cornelia Sigworth (Associate Deputy Director; U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance) and Chief John Letteney (Apex Police Department; Fourth Vice President, International Association of Chiefs of Police). In addition to welcoming the roundtable participants, these introductions provided high-level remarks regarding the importance of enhancing police engagement with people with

BH issues and DD and the need to continuously explore best practices and methods to facilitate effective police responses.

Following open remarks, two brief presentations were provided by Drs. Robin Engel and Rebecca Neusteter (University of Chicago Health Lab) to frame a discussion of the challenges related to the documentation of calls for service (CFS) and the identification of those calls as mental health- or disability-related. In particular, these presentations highlighted the implications of having incomplete records on these calls for communities' understanding of the frequency and characteristics of crisis incidents and the outcomes of those incidents. A large group discussion was held on these subjects, where participants shared their experiences and insight on data collection and the role of 911 call-takers and dispatch in police responses to people with BH issues and/or DD.

After a brief break, roundtable participants were brought back together to consider different models of police and community responses to people with BH issues and/or DD. To facilitate conversations on best practices in existing response models, several participants provided pre-recorded presentations discussing the development, organization, and implementation of responses in their community. As identified in Table 2 above, these presentations included content discussed by Ariel Simms (The Arc), Assistant Chief Kevin Hall (Tucson Police Department), Peggy Heil (Colorado Division of Criminal Justice), Assistant Chief Wendy Baimbridge (Houston Police Department), and Tim Black (White Bird Clinic). After each of these presentations, breakout rooms were used to facilitate small group discussions on each response. Trained facilitators guided conversations related to participants' questions on and perceptions of each response and its overall effectiveness. The presentation and discussion of these materials concluded day one of the Stakeholder Roundtable and continued into day two.

On August 19, 2020, day two of the Stakeholder Roundtable commenced with opening remarks from Michael Costigan (Acting Director of the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance) and Domingo Herraiz (Director of Programs, International Association of Chiefs of Police). Following these remarks, two additional presentations on current practices by Chief Gina Hawkins (Fayetteville Police Department) and Dr. Margie Balfour (Connections Health Solutions) were viewed and discussed.

Following these presentations, participants discussed best practices in police-behavioral health and police-disability service provider response. Using the Bureau of Justice Assistance's Police-Mental Health Collaboration (PMHC) Toolkit, including the "Essential Elements of PMHC Programs," as a framework to facilitate the small group discussions, participants identified core components that can support collaboration with police and service providers, barriers to effective collaboration, and methods to overcome stated barriers. In another small group discussion session, participants described what information and resources are needed to support learning for both police and service providers. Finally, participants discussed the training format that will be the most appropriate and effective to facilitate learning, with a specific discussion on virtual training, including benefits and challenges.

Final remarks were provided by Dr. Robin Engel and Associate Deputy Director Cornelia Sigworth (U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance), concluding the Stakeholder Roundtable. Immediately following the Roundtable, participants were provided a link to a brief online survey designed to assess their perceptions of the roundtable and gain additional insight to advise the future work of the *Academic Training to Inform Police Responses*. Participants' responses to the roundtable follow-up survey can be found in Appendix D of this document.

III. THEMES FROM THE STAKEHOLDER ROUNDTABLE

The *Law Enforcement Engagement with People with Behavioral Health Issues and Developmental Disabilities Stakeholder Roundtable* was designed to facilitate discussions across several areas related to police responses to incidents involving individuals with BH issues and/or DD (see Appendix B for the Roundtable Agenda). Across these discussions, several themes emerged highlighting key areas for consideration in the development and delivery of police responses to people with BH issues and/or DD, the creation of effective police-behavioral health and police-disability collaborations for these responses, and the content and organization of training to facilitate effective responses for police and service providers. This section presents the thematic description of the discussions held among the roundtable participants. The themes identified from these discussions have been categorized into five primary areas, including: (A) the importance of 911 call-takers and dispatch in community crisis response; (B) challenges in documenting calls for service; (C) elements of effective collaboration between police agencies and community service provider partners; (D) replication of response models across communities; and (E) the content and modality of law enforcement training in responses to people with BH issues and/or DD. Each of these areas is discussed in greater detail below.

A. The Importance of 911 Call-Takers and Dispatch in Community Crisis Response

The importance of 911 call-takers and dispatchers in crisis response was a key theme reiterated across the two-day roundtable. Specifically, as participants considered different models for community responses to people with BH issues and DD, the role of 911 call-takers and dispatchers in facilitating these responses was consistently acknowledged. Given their responsibilities in directing responses to CFS, participants expressed concern regarding the limited training provided to these professionals. Indeed, call-takers and dispatchers were identified by some to lack the experience or training in recognizing CFS involving people with BH issues. As a result, participants noted challenges in dispatchers' decision-making related to who should respond to specific incidents (e.g., police officers, police specialty units, mental health services). To address these challenges, the need for the comprehensive training of 911 call-takers and dispatchers in mental health, disability, and community crisis response was highlighted. Additionally, participants suggested these individuals may benefit from riding with police officers to gain a better understanding of the experiences of officers in the field.

Roundtable participants also suggested a need for greater clarity on the protocols used to guide dispatchers' decision-making. For example, when discussing program implementation, a Chief of Police highlighted the difficulties their agency faced in identifying existing dispatch protocols to guide who should be directed to respond to specific calls. To inform these protocols, several participants identified the need to collect information on CFS to examine dispatcher decision-making and to assess the impact of these decisions on the outcomes of crisis incidents. Examining these processes, participants argued, will ensure dispatch protocols are data-driven.

More generally, participants highlighted the need to include public safety answering points (PSAPs, e.g., 911 call centers, crisis lines) in the planning and implementation of comprehensive community crisis service responses. Indeed, PSAPs were identified as key to the coordination and management of community resources and the delivery of appropriate responses CFS suspected to involve individuals with BH issues or DD. As such, understanding the flow of information from PSAPs to police, fire, emergency medical services, and mental health services in the field, was viewed by some as key for mapping out the processes for effective community responses.

Relatedly, to further advance 911 call-taker and dispatch roles in crisis response, participants suggested the benefit of police-mental health collaboration within public safety answering points. In several instances, participants noted the integration of mental health professionals within call and dispatch centers as an effective way to support 911 call-takers and dispatchers in their response to calls suspected to involve persons with BH issues and to connect callers directly to mental health professionals, when needed. The integration of mental health professionals within call centers was observed to facilitate experiential sharing between mental health and police professionals. Specifically, mental health professionals are provided insight in the volume and variety of CFS received. In turn, 911 call-takers and dispatchers are given access to expertise in mental health.

Based on these discussions, several recommendations for resource development and future efforts related to 911 call-takers and dispatch can be noted, including the:

- Development and implementation of training for 911 call-takers and dispatchers to enhance recognition of CFS involving persons with BH issues and/or DD

- Development of resources highlighting best practices in 911 call-taking and dispatch for crisis response (e.g., dispatch protocol guide)

- Examination of dispatcher decision making and crisis response outcomes to inform data-driven dispatch protocols for community crisis response

B. *Challenges in Documenting Calls for Service*

A portion of the Stakeholder Roundtable was dedicated to the discussion of the measurement and interpretation of CFS data. Specifically, the documentation of CFS and the identification of

those calls as mental health- or disability-related is argued to have important implications for a community's understanding of the frequency and characteristics of crisis incidents and the outcomes of those incidents. Having comprehensive, accurate information on crisis incidents can facilitate the analysis of experiences in the community and improve responses to individuals in crisis.

Facilitated by brief presentations from Drs. Rebecca Neusteter (University of Chicago Health Lab) and Robin Engel (University of Cincinnati), participants identified several challenges related to capturing accurate data on CFS. For example, roundtable participants observed imprecision in the initial classification of CFS. Although a call may be initially identified by 911 call-takers and/or dispatchers in one manner, upon arrival to the scene, first responders may find the incident to involve different circumstances. The classification of CFS is further complicated, participants observed, by the many different types of descriptive codes that may be assigned to calls. In many instances, a single call could be classified appropriately by several different codes.

Although participants acknowledged the potential to recode CFS following police response to ensure the correct information is reflected in agency records, inconsistencies in this practice across jurisdictions were observed. Furthermore, variation in the application of specific descriptive codes, participants argued, make it difficult to cross-reference the description of CFS between coding assigned within computer-aided dispatch (CAD) systems and follow-up information provided by first responding officers. Participants also noted the importance of considering where these data are housed. To be most useful in the examination of the frequency and characteristics of CFS, CAD data and follow-up information would need to be housed in the same location. Unfortunately, it was suggested that this is not often the case, making data collection and comparison both time consuming and resource intensive.

Several participants noted the efforts of their agencies to overcome barriers in the classification of CFS. For example, larger police agencies, such as the Los Angeles (CA) Police Department, integrate secondary reporting mechanisms to capture data on CFS. Using this approach, additional data on specific incidents are recorded by first responding officers to increase the amount of information available in agency reports, allowing, in many cases, the verification of the initial coding of incidents reported to the police. Additionally, participants from the Tucson (AZ) Police Department reported the use of criteria-based dispatch (CBD) to facilitate the comparison of CFS classification by 911 call-takers or dispatchers and officers in the field. Although CBD is commonly used within fire and medical emergency response centers, Tucson Police Department will be among the first to employ this technology in a law enforcement context.

In sum, the documentation of mental health- and disability-related CFS has important implications for communities' understanding of the frequency and characteristics of crisis incidents. However, there appears to be limited information (i.e., research, resources) related to the initial collection and recoding of CFS data to reflect the nature of the incidents occurring in communities. Collectively, these challenges highlight the difficulties in ensuring the accuracy

of CFS data. Based on these discussions, several recommendations for resource development and future efforts can be noted, including the:

- Development of resources for police agencies related to the measurement of data on mental health- and/or disability-related CFS

- Documentation of case studies highlighting innovative approaches for CFS data collection (e.g., secondary data capture, criteria-based dispatch)

C. Elements of Effective Collaboration between Police and Service Provider Partners

A portion of the Stakeholder Roundtable was designed to engage participants in discussions regarding effective collaboration between police and behavioral health/disability service provider partners. Specifically, participants were asked to consider barriers to effective collaboration, as well as the resources and practices that facilitate collaborative partnerships across law enforcement, behavioral health, and disability fields. As a whole, participants recognized the importance of collaboration in the development and delivery of comprehensive crisis response. However, they also observed the difficulties in bringing these diverse groups together, due to different objectives, resources, and capacities of agencies/organizations across these fields. The roundtable participants highlighted many different methods and processes to facilitate effective collaboration. This discussion related to four primary considerations:

First, participants emphasized the importance of the active engagement and collective coordination of leadership from each of the partner agencies in the development, delivery, and assessment of collaborative crisis responses. For example, to facilitate collaboration, participants emphasized the utility in providing regularly scheduled opportunities for communication among leaders to discuss what is working, what is not, and how the partnership/services they collectively provide might be improved. These discussions were viewed to provide the opportunity for joint decision-making, where partners may come to agreement regarding the goals and processes of their collaborative crisis response strategy. Building on these decisions, leaders were advised to provide a centralized, top-down message related to collaboration and community service within each of their respective organizations. Participants observed that providing consistent messaging and support from leadership did much to generate buy-in among the officers and staff responsible for implementing crisis responses in the field.

Second, participants acknowledged that effective collaboration requires the consideration of the experience and views of different stakeholder groups within the community. In this vein, participants highlighted the need to include (1) officers, staff members, and other professionals who respond to crises, (2) individuals with lived experiences with BH issues and/or DD, and (3) community members in discussions related to the development, delivery, and assessment of collaborative crisis response strategies. The inclusion of key stakeholders in these discussions was argued to have several benefits, such as providing direction for collaborative crisis responses in meeting the needs and expectations of the community, enhancing the

understanding of the experiences of individuals with BH issues and/or DD, and marketing the collaborative efforts of and services provided by the police and behavioral health/disability partners to community members.

Third, several roundtable participants emphasized the importance of the development and adherence to coordinated agreements, policies, and procedures to support collaborative crisis response in the community. For example, participants highlighted the utility of collaborative documents, such as memoranda of understanding, to outline the expected roles and responsibilities of each partner within collaborative crisis response. The documentation of collaborative understanding in this manner was argued to guide partners in key processes, such as resource identification, information sharing, and agreement on program objectives. Relatedly, participants often highlighted the importance of clear and sound policies for law enforcement agencies that guide partnerships with local service providers. Importantly, these policies should be written to consider the role of all law enforcement professionals (e.g., call-takers, dispatch, officers, supervisors, civilian staff), not just line-level officers.

Finally, to encourage collaboration amongst line-level professionals, roundtable participants noted the need to acknowledge the cultural differences across partner agencies and take measured steps to enhance the cultural competence of police, behavioral health, and disability service provider staff. These observations were particularly pertinent in discussions related to co-response strategies. Participants suggested that, to enhance the credibility of service provider partners among officers, behavioral health/disability professionals must demonstrate an ability to understand, communicate, and effectively work with law enforcement. In turn, law enforcement agencies were encouraged to expand officers' training and awareness in crisis de-escalation, alternatives to arrest, and police-behavioral health/disability collaboration. Collectively, participants identified the utility of cross-training police, behavioral health, and disability professionals to enhance cultural awareness across these fields.

Based on these discussion points, several recommendations for resource development and future efforts can be noted, including the:

- Development of an online library highlighting available resources to facilitate effective collaboration in crisis response

- Development of resources to guide police agencies in identifying behavioral health and disability service provider partners for comprehensive crisis response

- Creation of example memoranda of agreement/memoranda of understanding between police and service provider partners

- Development of resources to guide information sharing practices, while protecting individuals' privacy

- Development of officer "buy-in" fact sheets that outline the benefits of collaborative crisis response for law enforcement

- Creation of guides and resources outlining the roles and responsibilities of co-responders in the management of behavioral health- or disability-related CFS (e.g., identification of protocols used by agencies with co-response models)

- Development of cultural competence guides and resources to support cross-training for police officers and staff from behavioral health and disability service provider partners

D. Replication of Response Models Across Communities

Roundtable participants were provided the opportunity to consider several different models of community responses to people with BH issues and/or DD. As the application of these models was discussed, several consistent topics related to the feasibility of program implementation emerged. For example, model replication, or the ability to implement comprehensive crisis response across communities, was a consistent consideration among roundtable participants. Specifically, given the resource-intensive nature of many of the crisis response models presented as "best practice," participants questioned the feasibility of implementing these responses within jurisdictions that do not have access to the funding, staff, and the behavioral health and disability services needed to develop, deliver, and sustain implementation. Although, some suggested the ability to integrate *components* of more comprehensive crisis response models in communities with limited resources, the discussions among the roundtable participants highlighted the need to support these communities in the identification and implementation of these responses.

Relatedly, roundtable participants consistently highlighted the importance of tailoring crisis response models to match the needs, resources, and context of specific communities. Feedback collected in the post-meeting survey reiterates this point. Specifically, when asked what "the most important thing" is for our project team to consider as we develop a national curriculum, several survey respondents highlighted the importance of ensuring the adaptability of the curriculum to law enforcement agencies of different sizes across urban, suburban, and rural communities. Participants reiterated that there is no "one-size-fits-all" program for police agencies. As such, the curriculum must be adaptable to the local resources, available partnerships, and culture of individual agencies and communities.

Based on these discussion points several recommendations for resource development and future efforts can be noted, including the:

- Development of tools and resources to guide decision-making on the selection and adaptation of community crisis response strategies

- Documentation of case studies related to the adaptation of crisis response strategies to fit within specific community contexts

- Development of resources to guide communities in the identification of funding opportunities for behavioral health and disability responses

- Development of resources to guide law enforcement agencies in the identification of available behavioral health and disability services in their jurisdiction

E. Content & Modality for Law Enforcement Training in Responses to People with BH Issues and/or DD

A final session of the Stakeholder Roundtable was organized to assess participants' opinions regarding the key content and modalities for training on responses to people with BH issues and DD. Participants suggested that law enforcement training on responses to people with BH issues and/or DD should be implemented agency-wide, from law enforcement executives to line-level officers. Key staff positions (e.g., 911 call-takers, dispatch) should also be trained. However, the content should be tailored to the specific roles and responsibilities of individuals in the agency, particularly as those roles relate to crisis response.

Regarding the content for training curricula, law enforcement participants highlighted the need to explain to officers *why* training is important and how it will benefit them to use the skills taught within the curriculum. Beginning with a strong message regarding the relevance of the training was observed to enhance officer buy-in, particularly if this message is delivered by leadership. Additionally, participants from behavioral health and disability fields suggested a key aspect of training for police officers is instruction on effective communication (both verbal and non-verbal) and de-escalation skills. These practices were suggested to be particularly important for managing incidents involving individuals with DD that may appear unresponsive. More generally, participants recognized that police officers need more training related to DD, including key indicators of DD and disability rights. The need to focus specifically on the interactions was reiterated in participants' responses to the post-meeting survey.

Participants consistently highlighted the importance of incorporating people with BH issues and DD in law enforcement training. Additionally, including testimonials from officers with experiences related to BH and DD was observed by many participants as an effective addition to training curricula. In particular, law enforcement agencies were encouraged to include individuals with BH issues and DD in their scenario-based training, rather than rely on actors to fill the roles of individuals in crisis.

Regarding the methods to implement training, law enforcement participants suggested the CIT model involving a 40-hour initial curriculum with 8-hour refresher courses in subsequent years is manageable and that the integration of DD-specific content within this format is appropriate. However, some participants suggested that offering this in-person training in shorter blocks of time across longer periods of implementation can be an effective method to enhance training retention and encourage refreshment of training materials among officers. Additionally, breaking down training curricula into shorter segments was viewed to enhance the accessibility of training, with the shortened periods preventing learning fatigue and allowing for module delivery across varied settings (e.g., roll call, down time).

When considering the opportunity for the virtual implementation of training within law enforcement agencies, some participants suggested that virtual modalities are not appropriate for the delivery of base training to police officers. Several reasons were provided for this assessment, including suggestions that online training is less engaging for learners and limits the practice of skills to develop muscle memory. These participants suggested that e-learning materials could be effectively integrated into law enforcement agencies as "refreshers" of the initial training content but should not be used as a replacement for in-person training.

In contrast, several participants noted innovative methods in virtual training/e-learning for police responses to people with BH issues and/or DD that are currently being used in the field. Although, in most cases, the efforts mentioned have been designed to supplement in-person instruction and scenario-based practices, these participants suggested staying open-minded regarding the virtual application of training would be beneficial. Indeed, examples related to recent developments in virtual reality technologies, advances in online learning platforms, and the use of body-worn camera video scenarios, video conferences, and virtual role-playing suggest that e-learning modalities can provide significant opportunities for training. Unfortunately, however, we have limited systematic knowledge regarding the use and effectiveness of these training methods across law enforcement.

Based on these discussion points, several recommendations for resource development and future efforts can be noted, including the:

- Development of training modules tailored to different law enforcement roles (e.g., executive leadership, supervisors, officers, and dispatch)

- Creation of guides for engagement of behavioral health and disability communities for participation in law enforcement training

- Completion of an environmental scan of virtual modalities and hybrid models of training for law enforcement in crisis response

- Development of an online library of video training scenarios

IV. CONCLUSION

On August 18th and 19th of 2020, a multi-disciplinary group of subject matter experts in collaborative crisis response participated in a virtual convening to discuss best practices in police responses to people with BH issues and/or DD, to explore opportunities to advance police engagement with individuals with BH issues and/or DD, and to identify existing and needed resources to facilitate this engagement, as well as police-behavioral health and police-disability collaboration. This report presented a description of the major themes produced from this discussion, highlighting five key topic areas consistently highlighted by meeting participants, including (A) the role of 911 call-takers and dispatch in crisis response; (B) challenges in documenting calls for service; (C) elements of effective collaboration between police agencies and community service providers; (D) the replication of response models across

communities; and (E) the content and modality of law enforcement training in responses to people with BH issues and/or DD.

The descriptive analysis of the discussions surrounding these key topics highlights several areas of focus for the development of tools and resources to facilitate collaborative responses to people with BH issues and/or DD. Each of the recommendations highlighted in the body of this document represents opportunities to assist police agencies in their development and delivery of responses to people with BH issues and/or DD. Furthermore, the efforts described within the recommendations highlight methods to support police-behavioral health and police-disability collaboration in crisis responses to enhance the outcomes of CFS involving individuals with DD and/or BH issues. As the research team from the University of Cincinnati and project partners from Policy Research Associates, The Arc of the United States, and the International Association of Chiefs of Police continue their work under the *Academic Training Initiative to Inform Police Responses*, these recommendations will guide the development and organization of resources designed to enhance police responses to people with BH issues and/or DD within communities.

Appendix A. Description of Academic Training Partner Organizations

Supported by the Bureau of Justice Assistance, researchers from the School of Criminal Justice at the University of Cincinnati in collaboration with Policy Research Associates, The Arc of the United States' National Center on Criminal Justice and Disability, and the International Association of Chiefs of Police are currently working on the *Academic Training to Inform Police Responses: A National Curriculum to Enhance Police Engagement with People with Behavioral Health Issues and Developmental Disabilities.*

The University of Cincinnati, School of Criminal Justice

Researchers from the School of Criminal Justice at the University of Cincinnati (UC) serve as Principal Investigators for the *Academic Training to Inform Police Responses.* The UC School of Criminal Justice is ranked among the top academic programs in the country and ranked the number one school for faculty research. The UC research team, led by Dr. Robin Engel, consists of dedicated researchers working together to conduct rigorous, cutting-edge research, and translate science into everyday practice for police and other criminal justice professionals. Collectively, the professional experience of this team includes establishing academic-practitioner partnerships and promoting best practices in policing, with expertise in curriculum development and empirical assessments of police behavior, police-community relations, police training, criminal justice policies, and crime reduction strategies.

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Policy Research Associates (PRA)

PRA is a small, woman-owned business that is nationally known for providing training and technical assistance (TTA) and conducting research and evaluation. For over 30 years, PRA's staff has provided targeted and topical TTA to hundreds of states and communities. PRA has significant expertise in evidence-based curriculum design, development, and fidelity assessment; TTT programs; web-based training; and training delivery. PRA's work is based on the latest advances in adult learning theory and on cutting-edge research advances in the field. PRA's subject matter expertise includes over 30 years of experience working on criminal justice and behavioral health topics with law enforcement and other criminal justice system professionals, the agencies for which they work, and with policymakers regarding issues that impact the justice workforce.

Chan Noether Vice-President	**Dan Abreu** Senior Project Associate II
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The Arc of the United States' National Center on Criminal Justice and Disability® (The Arc)

The Arc is the oldest and largest national nonprofit supporting people with intellectual and developmental disabilities (IDD). Founded in 1950, The Arc has grown into one of the largest charity federations in the country. The Arc's mission is to promote and protect the human rights of people with IDD and actively support their inclusion and full participation in the community throughout their lifetimes. The Arc of the United States is The Arc's national office. This office provides support to the 600+ chapter network and runs national initiatives that address emerging and longstanding issues in the IDD community, including the National Center on Criminal Justice and Disability (NCCJD). Through nationwide information and referral services for individuals and families, in-person and online trainings, timely publications, and technical assistance for justice professionals, NCCJD works to increase trust and understanding between the criminal justice and disability communities.

Leigh Ann Davis Director, Criminal Justice Initiatives	**Reggie Thomas** Senior Program Associate, National Initiatives
Ariel Simms Senior Program Manager & Attorney, Access, Equity, & Inclusion	**Erica Coleman** Senior Specialist, Community Engagement The University of Cincinnati Center for Excellence in Developmental Disabilities (UCCEDD)

The International Association of Chiefs of Police (IACP)

The IACP is the world's largest and most influential professional association for police leaders. With more than 30,000 members in over 150 countries, the IACP is a recognized leader in global policing. Since 1893, the association has been speaking out on behalf of law enforcement and advancing leadership and professionalism in policing worldwide. The IACP is known for its commitment to shaping the future of the police profession. Through timely research, programming, and unparalleled training opportunities, the IACP is preparing current and emerging police leaders—and the agencies and communities they serve—to succeed in addressing the most pressing issues, threats, and challenges of the day.

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Law Enforcement Engagement with People with Behavioral Health Issues and Developmental Disabilities

Stakeholder Roundtable

Dates and Times:

Tuesday, August 18th, 12:00PM - 4:00PM (ET)

Wednesday, August 19th, 12:00PM - 4:00PM (ET)

Roundtable Description:

This virtual roundtable will discuss promising practices in co-responder and multi-layered approaches for law enforcement responses to people with behavioral health (BH) issues and developmental disabilities (DD). This discussion will inform the work of the *Academic Training to Inform Police Responses: A National Curriculum to Enhance Police Engagement with People with BH issues and DD* (BJA Award No. 2020-NT-BX-K001).

Supported by the Bureau of Justice Assistance (BJA), researchers from the School of Criminal Justice at the University of Cincinnati (UC) in collaboration with Policy Research Associates (PRA), The Arc of the United States' National Center on Criminal Justice and Disability (The Arc), and the International Association of Chiefs of Police (IACP) are currently working on an academic training to inform police responses to people with BH issues and DD. This initiative has three primary objectives: (1) Address the need for additional training and resources; (2) Raise awareness in the law enforcement community about the nature and needs of people with BH issues and DD; and (3) Facilitate the use of evidence-based and best practices in law enforcement response to persons with BH issues and DD.

Roundtable Materials + Associated Resources (previously linked to active resources)

- Participant list and biographies
- Description of *Academic Training to Inform Police Responses* (access here)
- Description of *Academic Training* partner organizations (access here)
- The Bureau of Justice Assistance's Police-Mental Health Collaboration Toolkit (access here)
- Materials offered by Los Angeles Police Department (access here)

Roundtable Day 1
Tuesday, August 18th, 12:00PM - 4:00PM (ET)

12:00	**Welcome & Opening Remarks** ● Dr. Robin Engel, Principal Investigator of the Academic Training to Inform Police Responses, University of Cincinnati ● Cornelia Sigworth, Associate Deputy Director, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance ● Chief John Letteney, Apex Police Department, International Association of Chiefs of Police Fourth Vice President
12:30	**Framing the Discussion** ● Dr. Robin Engel, Principal Investigator of the Academic Training to Inform Police Responses, University of Cincinnati ● Dr. Rebecca Neusteter, Executive Director, University of Chicago Health Lab
1:00	**Break – 5 minutes**
1:05 *with a 10 minute break at 1:50*	**Response Models** ○ **Pathways to Justice**® - Ariel Simms, Esq., Senior Program Manager & Attorney, The Arc of the United States ○ **Tucson Police Department -** Assistant Chief Kevin Hall ○ **Integrated Dispatch & Crisis Service Response -** Peggy Heil, Behavioral Health Specialist, Colorado Division of Criminal Justice ○ **Houston Police Department** - Assistant Chief Wendy Baimbridge ○ **CAHOOTS Model**- Tim Black, Director of Consulting, White Bird Clinic ○ **Fayetteville Police Department** - Chief Gina Hawkins ● Small group discussions following each presentation to consider response models
3:20	**Break – 5 minutes**
3:25	**Debrief of Small Group Discussions**
3:45	**Closing Remarks**

Roundtable Day 2
Wednesday, August 19th, 12:00PM - 4:00PM (ET)

12:00	**Opening Remarks** ● Michael Costigan, Director, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance ● Domingo Herraiz, Director, Programs, International Association of Chiefs of Police
12:20	**Best Practices in Police-Behavioral Health & Police-Disability Service Provider Responses** ● Identifying best practices in police responses to persons with BH issues and DD ● Considering the elements of best practices, including the 10 Essential Elements from the BJA's Police-Mental Health Collaboration Toolkit ● Dr. Margie Balfour, MD, PhD, Chief of Quality & Clinical Innovation, Connections Health Solutions - *The Crisis Response Center and the Southern Arizona Crisis System, Tucson, AZ*
12:55	**Break – 5 minutes**
1:00	**Effective Collaboration between Police and Service Provider Partners** ● Small group discussions on factors that facilitate or prevent effective collaboration ● Considering methods to overcome barriers to effective collaboration
1:30	**Break – 10 minutes**
1:40	**Resources to Facilitate Training, Education, and Implementation of Best Practices** ● Small group discussions to consider what information, tools, and resources support learning and integration of best practices
2:35	**Break – 5 minutes**
2:40	**Debrief of Small Group Discussions**
3:15	**Closing Remarks** ● Dr. Robin Engel, Principal Investigator of the Academic Training to Inform Police Responses, University of Cincinnati ● Cornelia Sigworth, Associate Deputy Director, U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance

Appendix C. Roundtable Poll Results

To facilitate discussion within the roundtable, several participant polls were used to gauge individuals' perceptions on various topics, including the primary challenges for police agencies in managing response to people with behavioral health (BH) issues and/or developmental disabilities (DD), and the utility of specific response models across community contexts. These polls are presented below.

Following opening remarks on August 18th, participants were asked about their perceptions of the biggest challenge for law enforcement agencies in responding to individuals living with BH issues and/or DD, with a majority of participants reporting that training officers on how to manage these interactions was the greatest challenge (see Table 1 for results).

Table 1. Primary Challenge for Law Enforcement Response (N = 40)[2]

What do you believe is the biggest challenge for law enforcement agencies in managing responses to people with behavioral health issues and/or developmental disabilities?	
Training officers on how to manage these interactions	52.5%
Identifying and working with community partners or co-responders	37.5%
Educating officers on the law/civil rights issues	2.5%
Identifying appropriate places to hold individuals following arrest	7.5%

Following presentations on the specific response models on August 18th and August 19th, participants were polled and asked if the model would help enhance policing in their community if adopted (see Table 2 for the results).

Table 2. Participants' Perceptions of Response Models*

Would this model help enhance policing in your community if adopted?	Yes	No	Not Sure	Yes, with modifications
Pathways to Justice® ($N =$)[+]	----	----	----	----
Tucson Police Department Model (N = 31)	45%	3%	23%	29%
Colorado Division of Criminal Justice (N = 30)	40%	3%	33%	23%
Houston Police Department model (N = 31)	48%	6%	13%	32%
CAHOOTS (N = 28)	54%	0%	18%	29%
Fayetteville Police Department ($N =$)[+]	----	----	----	----

* Percentages may be affected by rounding.

+ Information related to the Pathways to Justice® and Fayetteville Police Department presentations was not
   provided by Strategy Matters (roundtable facilitator and consultant to the IACP)

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[2] It should be noted that the roundtable consisted of a total of 35 participants. However, an additional 20 attendees were present from the project team, facilitator group, and supporting organizations. As such, the total sample of respondents to this initial participant poll exceeds 35.

Appendix D. Roundtable Follow-Up Survey

Immediately following the roundtable, participants were provided a link to a brief online survey designed to assess their perceptions of the roundtable and gain additional insights to advise the future work of the *Academic Training to Inform Police Responses*. This Appendix presents participants' responses to the roundtable follow-up survey. First, survey participants were presented with seven survey items designed to assess their perceptions of the roundtable. Participants were asked to provide their level of agreement (Strongly Disagree to Strongly Agree) to each of the seven statements. Table 3, below, presents the seven survey items and the percentage of participants that responded within each response category. As shown in Table 3, participants' perceptions of the roundtable were primarily positive, with a majority of the survey respondents indicating the objectives of the roundtable were clear, the roundtable was effective in exploring best practices in police responses, and the roundtable technology was user-friendly. Additionally, over 85% of respondents indicated satisfaction with the roundtable, suggesting the discussions held provided the opportunity to hear from different perspectives and that the roundtable discussions taught them new things.

Table 3. Participants' Perceptions of the Roundtable (N = 22)*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The objectives of the roundtable were clear.	0%	0%	0%	55%	45%
2. The roundtable was effective in exploring best practices in police response to people with BH issues and DD.	0%	0%	14%	50%	36%
3. I found the roundtable technology to be user-friendly.	0%	0%	9%	50%	41%
4. I was satisfied with the roundtable.	0%	5%	9%	64%	23%
5. The roundtable discussions taught me new things.	0%	9%	23%	41%	27%
6. The roundtable provided the opportunity to hear from different perspectives.	0%	0%	9%	55%	36%
7. I would be willing to participate in other events and discussions related to the *Academic Training to Inform Police Responses*.	0%	0%	0%	23%	77%

*Percentages may be affected by rounding.

In addition to the multiple choice survey items, participants were presented with five short-answer questions designed to assess their opinions regarding the effectiveness of the roundtable, to identify important things to consider in the development of a training curriculum for police officers, to recognize the resources needed to facilitate effective police responses to people with BH issues and/or DD, and to collect any additional information the participants might like to share. A summary of the participants' responses to each of the five questions are presented below.

What were the best parts of the roundtable? (N = 20)

Survey participants consistently suggested a strength of the roundtable was the diversity of the individuals selected to participate. Several survey respondents complemented the variety of perspectives present within the roundtable discussions, suggesting it was valuable to hear from the experiences and expertise of professionals across behavioral health, disability, and law enforcement fields. Survey respondents also indicated appreciation for the opportunity to connect with and hear from police agencies, behavioral health service providers, and disability service providers/advocates that are leading collaborative responses to people with BH issues and/or DD. Indeed, respondents suggested that learning about practices currently implemented across the country, including learning about barriers to those practices and how they were overcome, was useful. Finally, several survey respondents commented on the format of the roundtable, complementing the meeting coordinator's ability to adapt the modality of the meeting to host more productive discussions. Respondents were especially appreciative, it seems, of the use of small groups to facilitate conversations of specific topics.

What parts of the roundtable could have been better? (N = 18)

When considering ways in which the roundtable could have been improved, several respondents suggested extending the time of the roundtable would allow for greater opportunities to discuss the questions and concepts posed within the meeting. Indeed, several respondents indicated a wish that roundtable attendees had been provided more time to interact. Several survey respondents also suggested that the organization of the small group discussions could be improved to facilitate more productive conversations. Specifically, providing greater structure to these breakout discussions by means of limiting the number of questions in each breakout session, supplying the participants with a written prompt of the questions under consideration, and providing an active facilitator to guide each group was suggested to enhance the quality of these discussions.

Finally, considering the content of the roundtable, several respondents suggested the roundtable would have benefited from a greater focus on responses to people with intellectual and/or developmental disabilities (IDD). It was suggested that focus of the discussions did not provide the opportunity to address IDD specific concerns, such as the civil rights of persons with disabilities who interact with law enforcement officers. More generally, one respondent noted the limited discussion about community-based services and supports that have been shown to be effective in reducing the need for interactions with law enforcement. Additionally,

respondents suggested the need to center the discussion in the current context of policing in the United States, specifically the context of police-minority community relations. Related to this point, one respondent highlighted the need to incorporate the perspectives of Black, Indigenous, and other communities of color, suggesting discussions related to collaborative crisis response would benefit from the addition of these perspectives.

What is the most important thing for our project team to consider as we develop a national curriculum to inform police responses to people with behavioral health issues and/or developmental disabilities? (N = 20)

Survey respondents consistently suggested the importance of developing a national curriculum that may be adapted to many different community contexts. Indeed, participants highlighted that there is no "one-size-fits-all" approach to police responses to people with BH issues and/or DD. As such, the project team must be mindful of the malleability of the curriculum to fit local resources (e.g., department size, funding, available services, culture, and politics). Speaking to specific content for the training, a few respondents emphasized the importance in incorporating modules related to legal responsibilities of law enforcement (i.e., constitutional law), stigma reduction, and de-escalation. Several respondents also emphasized the importance of involving individuals with lived experiences in the development and delivery of the training, suggesting that the use of actors to simulate people with BH issues and/or DD is neither appropriate nor effective.

Additionally, respondents encouraged the incorporation of feedback from line-level officers in the development of the curriculum, incorporating their insights into the final version of the training. Respondents also encouraged keeping line-level officers engaged in their training experience by making the information presented in the curriculum actionable. Indeed, several participants highlighted the importance of making the curriculum practical (rather than "academic") and "hands on" for officers. Finally, one participant suggested that, although there is some pushback to online training, virtual modalities for training delivery can be particularly useful for police agencies in rural and frontier areas. Specifically, interactive online formats for training can be used to supplement in-person practice for responses to crisis incidents.

Finally, a few participants suggested that any national curriculum for police should encourage partnerships with service providers that can respond to people with BH issues and/or DD. The incorporation of this material is meant to facilitate the least police-involved response to incidents involving people with BH issues and/or DD.

What tools or resources are most needed to facilitate effective police responses to people with behavioral health issues and/or developmental disabilities? (N = 19)

Survey respondents spoke more generally about the resources needed to facilitate effective police responses. For example, respondents consistently emphasized the importance of communication and collaboration between police agencies and their behavioral health and disability service provider partners. Community engagement, particularly engagement with

stakeholders within the mental health and disability communities was also highlighted. Respondents also noted the utility of integrated police-mental health services, access to facilities that specialize in care of people with BH issues and/or DD, and the availability of CFS data to guide practices. Training was consistently mentioned as well, with respondents suggesting the content of the curricula should be designed to enhance officers' understanding of BH issues and DD, provide skills to de-escalate situations, and improve interactions with people in crisis.

Speaking towards specific tools that might be used by police agencies in their development and delivery of responses, several respondents mentioned existing resources (e.g., Police-Mental Health Collaboration Toolkit) that remain unfamiliar to many police agencies, suggesting these resources should be shared more broadly to increase awareness of their existence and utility.

Is there any additional information you think important for our project team to consider as we continue with the Academic Training to Inform Police Responses? (N = 12)

The additional information provided by survey respondents varied considerably but aligned with many of the comments provided in response to previous open-ended questions. For example, the importance of police-mental health and police-disability collaboration to promote effective responses to people with BH issues and/or DD. Relatedly, respondents once again emphasize the utility of incorporating key stakeholders in the delivery of training, including individuals with BH issues and I/DD and service provider partners.

Survey respondents also encouraged the project team to build on existing work in this area, rather than "re-inventing the wheel." In particular, the project team was encouraged to look at the research surrounding crisis intervention team (CIT) training and program implementation for insights on best practices. Finally, regarding additional resource development, respondents suggested the development of presentations related to police responses to people with BH issues and/or DD that can be accessed and used by local trainers would be particularly helpful. Additionally, the development of a database housing existing resources designed to facilitate police responses was suggested.