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HOUSE DEMOCRATIC POLICY COMMITTEE

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**House of Representatives**  
COMMONWEALTH OF PENNSYLVANIA

**HOUSE DEMOCRATIC POLICY COMMITTEE HEARING**

**Topic: Police Approach on Mental Health Calls**

**G-50 Irvis Office Building – Harrisburg, PA**

**August 13, 2020**

**AGENDA**

- 10:00 a.m. Welcome and Opening Remarks
- 10:10 a.m. Panel One:
- Jack Stollsteimer  
Delaware County District Attorney
  - Tim Boyce  
Director  
Delaware County Department of Emergency Services
  - Tim Comly  
Lead Mobile Crisis Specialist  
Delaware County Crisis Connects Team
- 10:40 p.m. *Questions & Answers*
- 11:00 a.m. Panel Two:
- Cori Seilhamer  
Mental Health Program Specialist and Certified CIT Coordinator  
Franklin/Fulton County Office of Mental Health/Intellectual & Developmental  
Disabilities/Early Intervention
  - Nikki Dawson  
Advocacy Director  
National Alliance on Mental Illness Keystone PA
  - Elizabeth Sinclair Hancq  
Director of Research  
Treatment Advocacy Center
- 11:30 a.m. *Questions & Answers*
- 11:50 a.m. Closing Remarks



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# Crisis Intervention Team

## Co Responder Program





# Crisis Intervention Team CIT

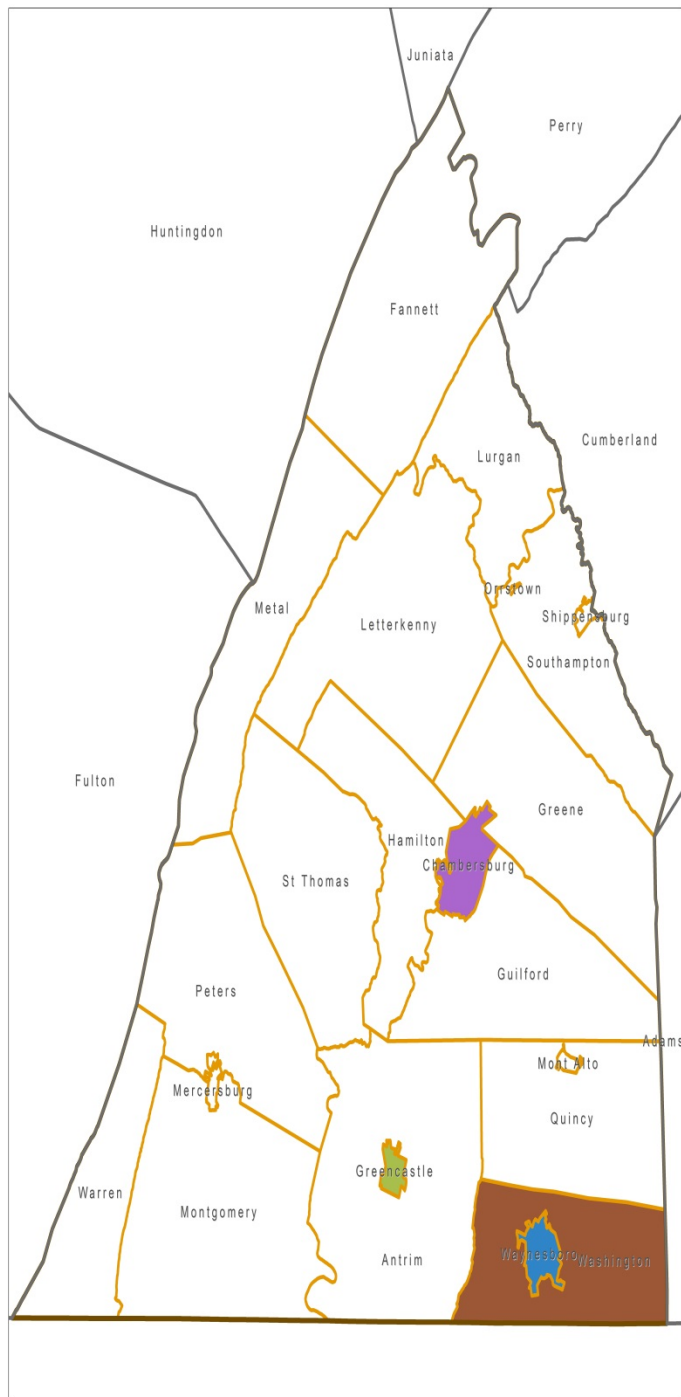




# Crisis Intervention Team Co Responder

- Goals for 2 year grant:
  - ✓ 80 persons
  - ✓ 75 participating in community based services
  - ✓ Reduce number of follow up contacts with Law Enforcement





- Franklin County, PA
    - Population 153,851
  - Borough/Township
    - Greencastle Borough – 4,035
    - Washington Township – 14,586
    - Waynesboro Borough – 10,568
      - 20% of Franklin County
    - Chambersburg – 20,878
      - 14% of Franklin County
- 34% covered



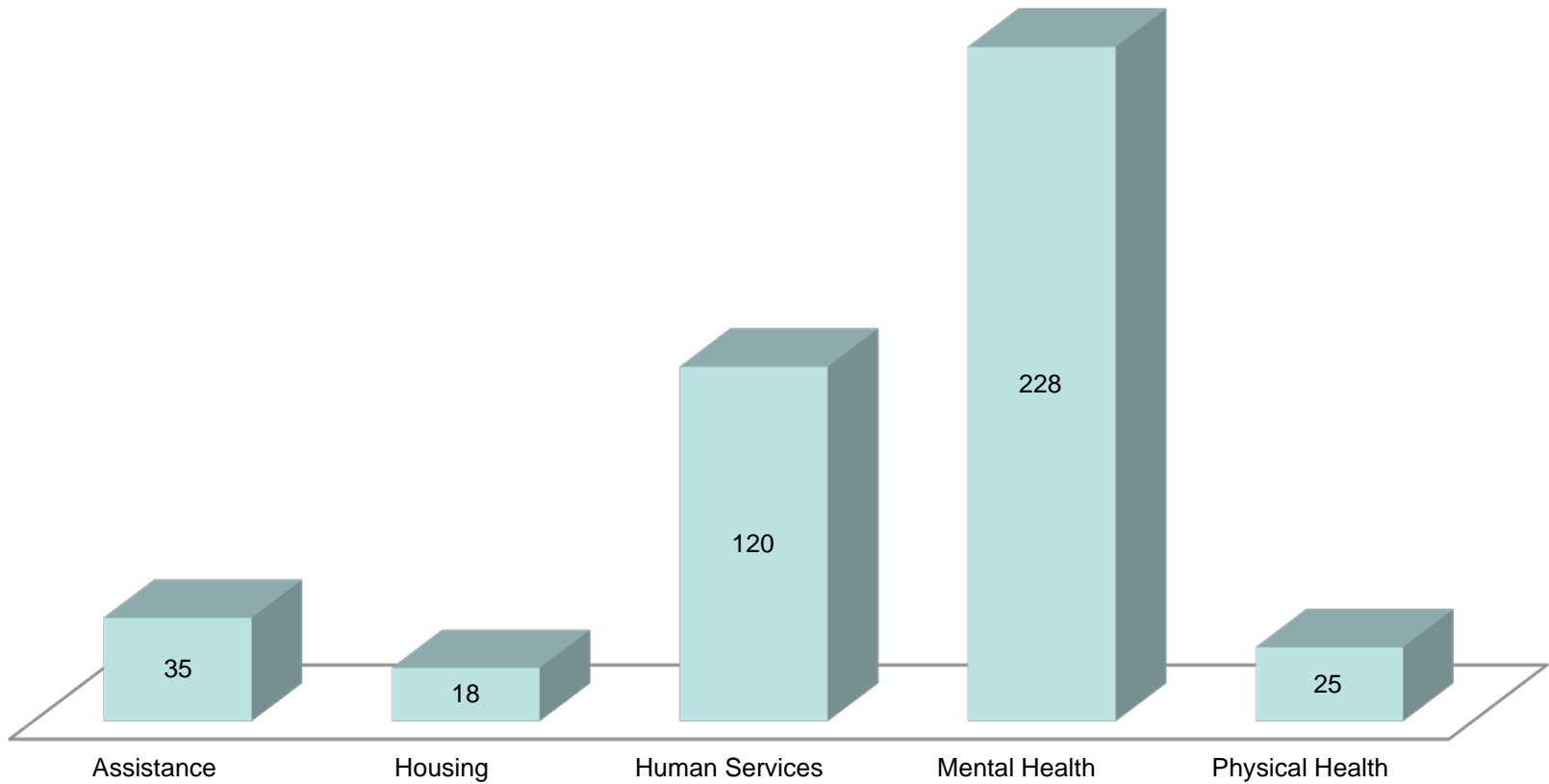
# Crisis Intervention Team Outcomes



- Behavior
- Suicide
- Domestic Violence
- Frequent Caller
- Homelessness



# Crisis Intervention Team Outcomes

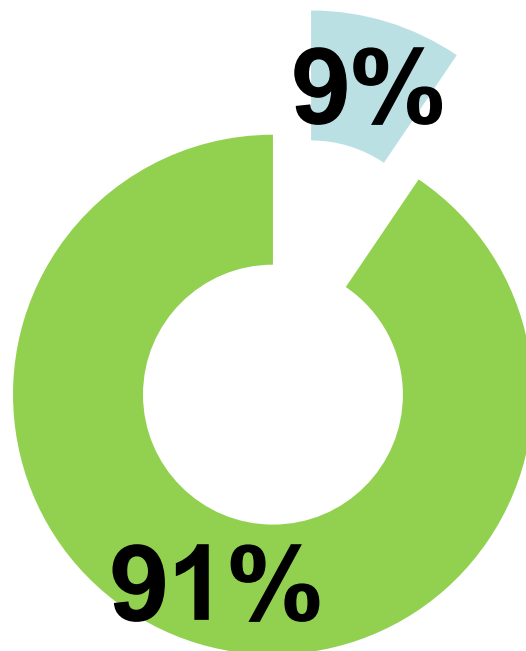




# Crisis Intervention Team Outcomes

## Law Enforcement Contact Diversion

■ Repeat LE Contact ■ Total Contacts







Elizabeth Sinclair Hancq, MPH  
On behalf of the  
Treatment Advocacy Center  
Before Members of the  
PA House Democratic Policy Committee  
Public Hearing: Police Approach to Mental Health Calls

August 13, 2020

Chairman Sturla, Representative O'Mara and members of the committee, thank you for the opportunity to testify before you today regarding this timely and important topic on law enforcement's role in mental health crisis response.

My name is Elizabeth Hancq and I am here representing the Treatment Advocacy Center, a national non-profit dedicated to eliminating barriers to treatment for people with severe mental illness, such as schizophrenia and severe bipolar disorder. I am also here as a citizen of Pennsylvania with special interest in the actions of this committee, residing in Philadelphia. I am the Director of Research at the Treatment Advocacy Center, where I lead the Office of Research and Public Affairs. We conduct policy research on the impact of severe mental illness on public service systems with the goal of increasing the public's understanding of severe mental illness.

The Treatment Advocacy Center has more than 20 years of research expertise in a variety of topics regarding severe mental illness. Relevant to today's hearing includes our research work in:

- the role of law enforcement in mental illness crisis response, and
- how people with severe mental illness are overrepresented in the criminal justice system. For example, in Pennsylvania, there are approximately 15,515 people with severe mental illness in the state's jails and prisons.

According to an analysis the Treatment Advocacy Center did in 2015, published in a report titled, [Overlooked in the Undercounted](#), **people with severe mental illness are 16 times more likely to be shot and killed by police than people without mental illness.** A large driver of this disparity is due to the disproportionate volume of contact between individuals with serious mental illness and law enforcement. Therefore, reducing the number of contacts between law enforcement officers and people with severe mental illness is the single most immediate, practical strategy to reduce fatal police encounters for individuals with mental illness.

Law enforcement officers are the front lines of psychiatric care, charged with responding to, handling and even preventing mental illness crisis. This is in part due to the limited community treatment options and the continuing shortage of psychiatric inpatient beds. This results in people in need of mental health treatment not being able to receive care until a crisis occurs and law enforcement intervenes.

The role of law enforcement in mental illness crisis response is an enormous portion of police department resources and budgets. **Responding to and transporting individuals with mental illness occupies more than one-fifth of law enforcement officers' time**, according to an analysis the Treatment Advocacy Center conducted in 2019 and published in the report, [Road Runners](#). This time is a result of the:

- overrepresentation of people with mental illness in the criminal justice system,
- length of time mental health crisis service calls take,
- long distances law enforcement must travel to find available mental health resources, and
- time officers must wait while transporting individuals in crisis to an emergency department.

Based on a qualitative analysis of the results, **the lack of appropriate mental health treatment services in the community is the most prominent factor contributing to law enforcements' outsized role in mental health crisis response.**

There are several potential solutions to reduce the burden on law enforcement in responding to mental health crises, several of which that are already available to the estimated 335,00 individuals with severe mental illness in the state of Pennsylvania. These include:

- **Law enforcement-based specialized response:** Only officers who are dedicated and genuinely interested in working with individuals in psychiatric crisis are trained and dispatched to the field. The most common example of this are Crisis Intervention Team (CIT) programs. A 2016 survey of law enforcement officers conducted in Pennsylvania by the [Mental Health and Justice Center of Excellence](#) found a high involvement of counties throughout the Commonwealth in CIT training, with 3,484 patrol officers trained in CIT among 15 different programs. All surveyed CIT programs included a training component for Veterans, putting Pennsylvania in line with current best practices.
- **Law enforcement-based specialized mental health response:** Law enforcement partners with mental health professionals to attend to crisis situations, commonly referred to as co-responder models.
- **Mental health-based specialized mental illness response:** Response models rely entirely on mental health professionals, such as a mobile crisis or assertive community treatment teams, and work with law enforcement as partners when appropriate or needed. In Delaware County, this team is called the Crisis Connects Team.
- **Centralized crisis centers:** Offer an alternative to jail or crowded emergency departments by being accessible, providing quick intake and drop-off procedures for law enforcement, and specializing in care for people with mental illness and/or substance use disorders. Delaware County has such a program, called the Crisis Response Center.
- **Data solutions:** Integrated data systems among health and criminal justice sectors to identify repeat users of community resources and intervene before crises occur.
- **Telepsychiatry:** Using telepsychiatry technology, mental health providers offer assessment and treatment planning via video chat.

It is important to note, analysis of the 2019 survey results uncovered that, on average, **more than one-quarter (26%) of transports of individuals with severe mental illness conducted by law enforcement were for high utilizers**—individuals who had three or more service encounters with law enforcement in one month.

High utilizers are often found to be individuals with severe mental illness, who cannot, on their own, recognize their need for treatment no matter how clear the symptoms may be to others. This lack of insight, also referred to as anosognosia, has been identified as a primary factor in treatment non-adherence and impacts as many as half of individuals with bipolar disorder or schizophrenia. As a result, these individuals often find themselves caught in the revolving door of hospitalization and incarceration.

In 2018, the Pennsylvania General Assembly passed legislation to amend the Mental Health Procedures Act to authorize counties to implement assisted outpatient treatment (AOT) programs. AOT is the practice of placing individuals with severe mental illness who have a history of treatment non-adherence and inpatient hospitalization under a non-punitive civil court order to follow a prescribed treatment plan while living in the community.

AOT is proven to reduce individual's contact with law enforcement, as well as the incidence and duration of psychiatric hospitalization, homelessness, and incarceration. Additionally, it improves the health and social outcomes of individuals with severe mental illness by allowing earlier intervention to help prevent the revolving door of hospitalization and/or incarceration. Finally, AOT saves money.

Over the past decade, AOT has reached national prominence as an evidence-based practice. Currently, 47 states and the District of Columbia have laws that allow for AOT to be practiced. With passage of the 21<sup>st</sup> Century Cures Act in 2016, a federal grant program was established for communities to develop AOT programs, which was renewed earlier this year. The U.S. Department of Justice certified AOT as an effective program to reduce crime. The American Psychiatric Association and other prominent mental health organizations have endorsed AOT as an effective tool to promote recovery. Research studies and experiences across the country have consistently validated the efficacy of assisted community treatment.

Despite the fact that the bill passed the Pennsylvania General Assembly unanimously, to date, not one county in the state has taken advantage of the law.

Representative O'Mara and members of the committee, I thank you for the attention on this important issue. I am available to answer any questions.

**Elizabeth Sinclair Hancq**

*Director, Office of Research and Public Affairs*

*Treatment Advocacy Center*

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## **Testimony to House Democratic Policy Committee Public Hearing**

### **Police Approach to Mental Health Calls August 2020**

PACA MH/DS is an affiliate of the County Commissioners Association of Pennsylvania (CCAP) and represents the 48 county-based entities responsible for the administration of mental health and developmental disability services. We thank members of the House Democratic Policy Committee for holding a hearing on the police approach to mental health calls as our members continue to build relations with the police departments to effectively address individual situations.

Our testimony is founded upon practices that occur in various counties and acknowledges Berks County and their MH/DD Administrator Dr. Ed Michalik for offering examples of their years of continued efforts to improve relations between local police and the county mental health program. Berks County demonstrates the benefits that occur when there is a well-established, collaborative partnership with local police departments. The results are gleaned from many years of a multipronged approach based on the premise that treatment and support for individuals with behavioral health issues is a far more effective intervention than incarceration.

The partnership between police and community mental health typically begins with training for law enforcement officers. There is a myriad of training options available from beginner Mental Health First Aid and Crisis Intervention Training to highly specialized De-Escalation and Hostage Negotiation Trainings which are certified for Police Training Credits through the Municipal Police Officers Training and Education Commission (MPOTEC). To assist in building the partnership, training should extend beyond law enforcement officers to include training for dispatchers who field the initial call and set the tone for situations.

Through training, officers learn where to turn for an immediate response from mental health professionals. Reliable, immediate response from mental health professionals as situations are occurring is the second facet that makes this partnership work. Phone and Mobile Crisis Intervention Services are available 24 hours per day/7 days per week

and police departments know to contact Crisis Intervention for any situation in question. Some counties even have a forensics specialist available to outreach to mental health for various reasons which may include consultation, police requested outreach, involuntary mental health commitment, safety check, etc. In addition, debriefing with Police Department personnel after situations has also been very helpful to seeing what worked and what didn't and make any adjustments accordingly in order to move interventions forward.

Finally, thank you for this hearing as it recognizes the tough, emotionally charged environment that both disciplines, law enforcement and mental health professionals, face. Our association looks forward to reviewing the testimony given by law enforcement to better understand the best approaches for community mental health and identify other ways counties can be partners.

For more information or further discussion, contact PACA MH/DS' Executive Director Lucy Kitner ([lkitner@pacounties.org](mailto:lkitner@pacounties.org)) or Deputy Director Deb Neifert ([dneifert@pacounties.org](mailto:dneifert@pacounties.org))