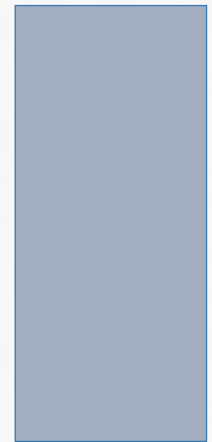


# FAMILIES AND POLICE IN PARTNERSHIP

HOW POLICE AND FAMILIES CAN WORK TOGETHER  
BEFORE A BEHAVIORAL HEALTH CRISIS



# INTRODUCTION

- Changing culture of policing
- Past 4 years: exponential increase in police interest in and commitment to improving mental health response
  - Training
    - Knowledge about Mental Illness
    - Skills building with focus on de-escalation
  - Community-building
- Key component of jail diversion: police and families communicating and planning before behavioral health crises

# FAMILY EXPERIENCE

- NO PARENT EVER expects to need to call the police.
- Families' worry: Will calling 911 make the situation worse?
- Families should feel confident that first responders are trained to respond to a mental health or behavioral crisis.
- Families should feel confident first responders will respect privacy and dignity of family.

# WHY PARENTS DON'T WANT TO CALL 911

- Different stages of understanding nature of child's situation.
- Scared
- Embarrassed and confused
- Don't know what happens after they call 911

# PLANNING AHEAD TO HELP MANAGE A MENTAL HEALTH CRISIS

- Prepare for good days and challenging days
- Think through the answers to these questions
  - When something doesn't feel right, what are some options if things don't get better?
  - This feels unsafe. How can we restore safety or stability?
  - Who can help?
- Identify a range of supports
- Practice what to do if there is a crisis

**GAUGE YOUR RESPONSE** (Green – Yellow – Red)  
 A framework for evaluating what to do during a possible mental health crisis

<p><b>CRISIS – Get Help!</b></p> <p>Chance of immediate danger to self, loved one, or others</p>	<p><b>Where to Find Immediate Help</b></p> <ul style="list-style-type: none"> <li>• Call Emergency Service Program/Mobile Crisis Intervention: 877-382-1609</li> <li>• Go to nearest Emergency Room</li> <li>• Call 911 (USE BEHAVIORAL HEALTH CRISIS SCRIPT)</li> </ul>
<p><b>CAUTION – Something doesn't seem right today</b></p> <p>Suspect mental health crisis for self/loved one</p>	<p><b>Ask Yourself the Following Questions and Evaluate Options</b></p> <ul style="list-style-type: none"> <li>• Is there a chance of immediate danger to loved one, self, or others? (<b>YES = RED</b>)</li> <li>• Can I/we handle this ourselves or do we need help?</li> <li>• <b>YES:</b> We can handle this ourselves.             <ul style="list-style-type: none"> <li>◦ Consult Safety Plan or WRAP (Wellness Recovery Action Plan)</li> <li>◦ Use de-escalations techniques</li> <li>◦ Re-evaluate if not getting better</li> </ul> </li> <li>• <b>NO:</b> We need to call for help or guidance. Consider calling:             <ul style="list-style-type: none"> <li>◦ Clinician – Crisis Team – Police</li> <li>◦ Other trusted individuals (e.g. family, neighbor, teacher, faith community)</li> </ul> </li> <li>• Anyone else who can help? (e.g. come to house, provide support on phone)</li> <li>• Worried loved one may be suicidal? What should we do?             <ul style="list-style-type: none"> <li>◦ Is there a chance of immediate danger to loved one or others? (<b>YES = RED</b>)</li> <li>◦ Listen – Ask – Get Help</li> <li>◦ Samaritans Guide: <a href="http://samaritanshope.org/get-help/helping-suicidal/">http://samaritanshope.org/get-help/helping-suicidal/</a></li> <li>◦ If unsure, call suicide hotlines staffed 24/7                 <ul style="list-style-type: none"> <li>▪ Samaritans (MA): 877-870-4673 (all) 800-252-8336 (teens)</li> <li>▪ National Suicide Prevention Lifeline: 800-273-8255</li> </ul> </li> </ul> </li> </ul>
<p><b>GO – Doing okay today</b></p> <p>I/loved one can manage day-to-day activities</p> <p>Know your/your loved one's baseline)</p>	<p><b>Organize Supports During More Stable Periods</b></p> <ul style="list-style-type: none"> <li>• <b>EVERY DAY:</b> Follow current wellness plan (e.g. Therapy? Exercise? Social supports?)</li> <li>• Complete <b>Mental Health Safety Worksheet</b></li> <li>• Know your community-based supports (e.g. clinician, family, friends, neighbors, faith community)</li> <li>• Build relationship with police to partner and plan for safety</li> <li>• If you are worried a loved one may be/has been suicidal, please read <b>Helping the Suicidal</b> by Samaritans NOW. <b>DON'T WAIT</b> for a crisis: <a href="http://samaritanshope.org/get-help/helping-suicidal/">http://samaritanshope.org/get-help/helping-suicidal/</a></li> </ul>

# RESOURCES FOR FAMILY-POLICE SAFETY PLANNING

- Safety plan
  - Organize and strengthen a family's response to an emergency
  - Encourage identification of resources
  - Facilitate conversations between families and police
  - Convey key info with others who may be called upon to help
- 911 script
  - Prepare and help guide the response to best help family
- Both – help provide police with info needed for best response

# MENTAL HEALTH SAFETY WORKSHEET

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

*People who can help (ex. family, case worker, neighbor, etc):*

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Medications taken: \_\_\_\_\_

**MEDICAL ALERT:** Allergies or medications to avoid:

Crisis contact numbers:

BEST Team: 1-800-981-4357

Doctor(s): \_\_\_\_\_

Other: \_\_\_\_\_

Preferred hospital? \_\_\_\_\_

What helps me during a crisis (what approach/de-escalation techniques should first responders use?):

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What doesn't help (what should first responders avoid? E.g. lights or sirens, particular words, etc):

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Any other sensory/emotional/medical issues you would like first responders to be aware of?:

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This information is current as of this date: \_\_\_\_\_



## Sample 911 Call Script for a Behavioral Health Crisis – Brookline

Hi, my \_\_\_\_\_ (son/daughter/husband/neighbor, etc) is having a mental health (or substance use) emergency. He/she is \_\_\_ years old.

Please send a Crisis Intervention Team officer to \_\_\_\_\_ (address).

(Brief description of the problem; e.g. person is destroying the house, talking about or attempting suicide, not breathing): \_\_\_\_\_.

(If applicable): My safety concerns are: \_\_\_\_\_.

He/she \_\_\_\_\_ [does/does not] have a weapon.

He/she [does/does not] have a medical condition: \_\_\_\_\_ (name of medical condition).

There are \_\_\_\_\_ (how many?) other people present (family members, etc).

(If applicable): There are \_\_\_ (how many?) children present.

If possible, please tell the responding officers:

- To come without lights and sirens
- Not to bring the fire department

# BROOKLINE POLICE SPECIAL CONSIDERATION FORM



## Emergency Response Special Consideration Form

Date Form Submitted \_\_\_\_\_

Full Name (Please Print or Type) \_\_\_\_\_

Nickname(s) \_\_\_\_\_ School: \_\_\_\_\_

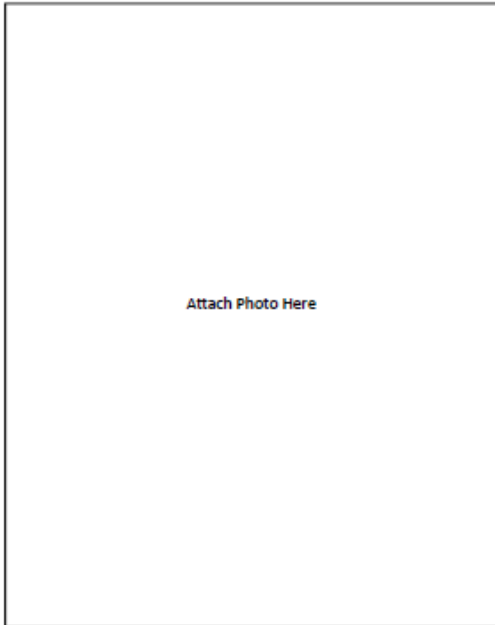
Address: \_\_\_\_\_

DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

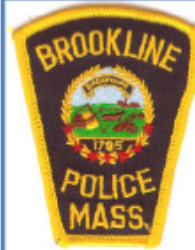
Parent/guardian name(s) \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair: \_\_\_\_\_ Glasses Y/N \_\_\_\_\_ Scars/marks Y/N \_\_\_\_\_

If yes, please describe: \_\_\_\_\_



Attach Photo Here



## Emergency Response Special Consideration Form p.2

Date Form Submitted \_\_\_\_\_

Please describe any sensory/medical/dietary issued you would like first responders to be aware of:

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How does your child communicate?

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Please describe any de-escalation techniques used to calm your child, and/or any approach techniques we should use (including what NOT to say, sensitivity or attractions to flashing lights/sirens).

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Is your child/loved one prone to wandering? Y/N

If yes, are there any particular areas your child may be drawn to (water/trains/wooded areas/playgrounds/etc.)

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Please provide any additional information that you would like first responders to have available in the event of an emergency. Attach additional sheets if necessary.

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# BROOKLINE POLICE DEPARTMENT

- 130 Sworn officers
  - 100% MHFA
  - 34% are part of Crisis Intervention Team (CIT)
- Crisis Intervention Team: 40 hours of training
  - Mental health, substance use, de-escalation, and related topics
  - Use skills to recognize behavioral health issues and safely de-escalate situations

# HOW CIT-TRAINED OFFICERS HELP

- Lots of preventative work before and after mental health emergencies
- Follow-up calls and visits, wellness checks
  - Builds trust
  - Provides police with helpful info for safe, effective response next time
  - Opportunity for police and families to plan together
  - Example?
- Better prepared by understanding mental health and family dynamics
- Help de-escalate
- Partnerships with local providers
  - Help people access community resources and supports

# WHAT FAMILIES SHOULD KNOW ABOUT CALLING THE POLICE

- Better to call us BEFORE a crisis
  - More options
  - Can build positive relationship
- Not bothering us! We're here 24/7
- Can always call back again – not a one-time deal
- If possible, get to know a specific officer
  - Communication can flow better
- Want to be a resource and support... not a tool to threaten kids

# NORTHAMPTON POLICE DEPARTMENT

- Case example
  - Multiple calls for service re man struggling with mental health issues making repeated trips to abandoned house
  - Community pressure
  - Brother reaching out to police
  - Non-traditional police interventions
    - Pre-crisis partnering with brother and individual
    - Pre-crisis partnering with Emergency Services Program

# TAKEAWAYS

- Putting in time and effort upfront → potentially saved huge amounts of time and resources down the line
- Taking the person and family into consideration, meeting the person where he was at, not trying to rush things despite pressure from community
- Brother reaching out to police when he was concerned, not waiting for a crisis
- Coming from place of partnership
  - Meeting with the ESP, brother, and P from a place of support and concern for P's well-being – making an effort to partner with him, not gang up on him

# GETTING STARTED - WORKING WITH YOUR LOCAL POLICE DEPARTMENT

- Police departments at different stages of mental health training, community-building, and recognition of need for these programs.
- Contact your local Police Department and ask if they have any CIT officers with whom you can meet.
- If not, request meeting with Community Services Officer and share information on Family-Police partnerships.



# CALL TO ACTION

- Urgent need for a statewide strategy
  - Right now only 20% of PDs in Mass have access to resources for mental health training and partnerships
- Senate Docket #2320, **An Act to establish a Center of Excellence in Community Policing and Behavioral Health**

# CENTER OF EXCELLENCE

- Clearinghouse of best practices in crisis response and de-escalation
- Provide 40-hour **Crisis Intervention Team (CIT)** trainings
- Foster partnerships between police and community organizations
- Provide technical assistance to adapt police policies and procedures