

MHUU News

Monthly Newsletter of the Houston Police Department's Mental Health Unit

January 2010

IACP Conference

Lt. Mike Lee spoke at the 116th annual conference in Denver, CO.

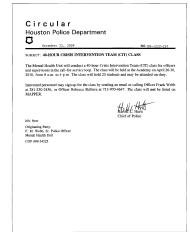
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40-Hour CIT Class

The Mental Health Unit will hold a 40-hour class for interested officers and supervisors in the calls-for-service loop April 2010.

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C O V E R S T O R Y

Lieutenant Mike Lee Speaks at 116th Annual IACP Conference

The International Association of Chiefs of Police (IACP) held its 116th annual conference in Denver, Colorado in October 2009. The IACP is the world's oldest and largest nonprofit membership organization of police executives, with over 20,000 members in over 89 different countries. IACP's leadership consists of the operating chief executives of international, federal, state and local agencies of all sizes.

Lieutenant Mike Lee, manager of the Houston Police Department's Mental Health Unit, was invited to speak on improving police response to the mentally ill. This issue has become one of the most difficult, dangerous and litigious issues facing law enforcement today. The Houston Police Department's multi-faceted strategy for responding to the



mentally ill is considered the model strategy in Texas and one of the national models.

Lieutenant Lee provided three key points for implementing a successful strategy:

Key Point #1 - Collaboration and commitment. The key to a successful strategy for responding to individuals in serious mental health

crises is collaboration between law enforcement and mental health. The mental health crisis in our nation cannot be adequately addressed by the mental health community alone, nor can it be addressed by law enforcement alone. The first step in addressing this problem is the formation of a close working relationship between law enforcement and mental health.

It takes time and patience to develop this relationship. In many communities, there is a distrust between law enforcement and mental health. We come from very different perspectives. When we started working with our local mental health professionals, they did not understand why we handcuffed

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IACP Denver Conference *(continued from page 1)*

voluntary consumers who were being brought in for an emergency mental health evaluation. We had to explain officer safety to them and department procedure.

Conversely, officers looked at our mental health professionals as “warm, fuzzy social workers.” It took time, effort and education to get our officers to the point where they understood and trusted our local mental health professionals and for our mental health professionals to understand police procedure. We started forming this working partnership in 1992 and continually work to maintain and strengthen it.

Financial Collaboration

One type of collaboration is financial. Houston has several examples of financial collaboration. The department’s Crisis Intervention Response Teams are staffed with master’s level licensed clinicians whose salaries and equipment are paid for by our local mental health authority. The department’s Mental Health Unit is located in, and paid for by the local mental health authority. And our emergency psychiatric center is funded by our local mental health authority.

Having an emergency psychiatric center in our county is invaluable. The law enforcement agencies across the state that utilize the state mental hospitals literally travel hundreds of miles transporting consumers for emergency psychiatric evaluation. The time and manpower saved by having our own facility is incalculable.



Commitment

The commitment to work with the local mental health community and to develop new approaches to respond to individuals in mental health crises must start from the top of the law enforcement agency. Some law enforcement executives give lip service to this issue but personally believe this is not “real” police work. If the chief executive is not sincere it will be reflected in the department and the community and the effort will not succeed.

Key Point #2 - A successful mental health strategy is more than just training. The Crisis Intervention Team (CIT) program has been, and continues to be, the model and foundational program for responding to individuals in serious mental health crises. This is primarily a reactive program, however. A comprehensive, multi-faceted, community policing approach is needed to adequately address this complex issue.

As with crime, a small number of the chronic mentally ill account for the majority of CIT calls. Rather than continually responding to these individuals, a pro-active approach is needed to attempt to stop this cycle.

In Houston, we worked with our mental health partners to develop two programs: the Crisis Intervention Response Team (CIRT) and Chronic Consumer Stabilization Initiative (CCSI). Both programs utilize mental health professionals. The CIRT program is reactive and proactive. The CCSI program is strictly proactive.

CIRT

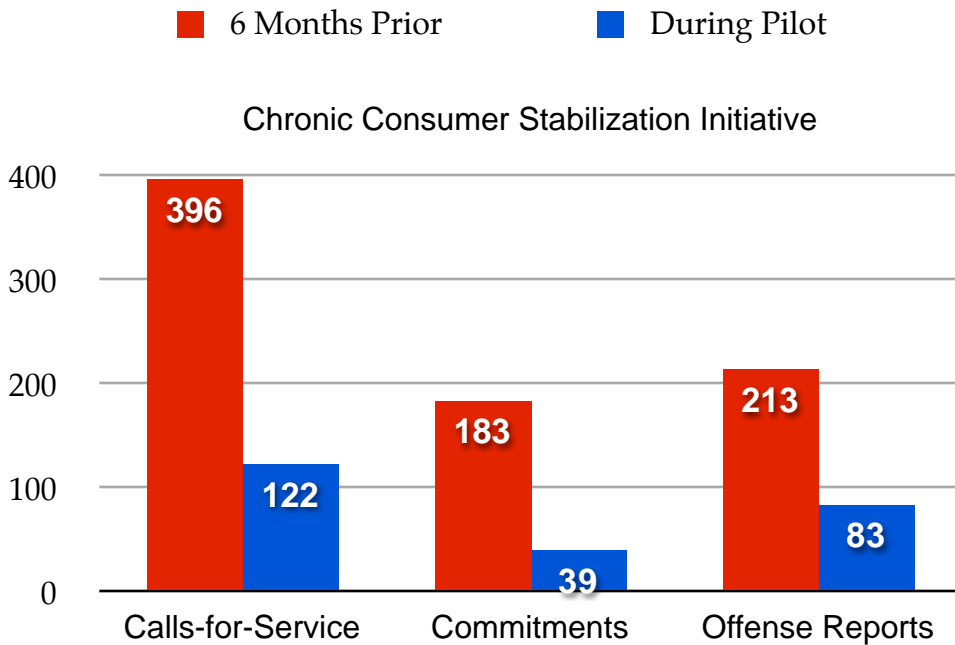
Our CIRT units pair a CIT officer with a master’s level licensed mental health clinician. They are partners. They respond to the most serious CIT calls, check by on all SWAT/Hostage calls as a resource, and conduct proactive and follow-up investigations. They work with the chronic mentally ill in an effort to keep them out of crisis. As mentioned previously, the clinicians’ salaries and equipment are provided by our local mental health authority.

CCSI

The City of Houston Health and Human Services Department provides funding for two mental health clinicians. These clinicians are hired and managed by our local mental health authority. The Houston Police Department’s Mental Health Unit identifies the 30 most chronic mentally ill individuals the department repeatedly responds to. Each clinician works with 15 of these individuals in an effort to keep them from going into crisis.

These two programs have been extremely effective initiatives. A graph on the following page demonstrates the effectiveness of the CCSI program.

IACP Denver Conference *(continued from page 2)*



Statistics for the period six months prior to the implementation of the six-month pilot program and during the pilot.

Key Point #3 - Tailored responses will lead to positive outcomes for your department and community.

All good police work revolves around information. Effectively responding to individuals in serious mental health crises also revolves around information.

As mentioned above, to be as effective as possible, it is important to be proactive to help people from going into crisis whenever possible. Some of the information necessary to achieve this involves the following:

- Identification of the chronic mentally ill who the police respond to frequently
- Identification of locations housing the mentally ill with

high numbers of police calls-for-service

- Identification of particularly dangerous and/or problematic mental health consumers

How is this information obtained? In Houston, several sources of information are utilized.

Offense Reports

The Mental Health Unit reviews every offense report involving a person who is mentally ill. The unit currently reviews an average of 500 reports a month. That information is extracted and entered into a database. This data is used for making proactive and follow-up investigations, identification of dangerous and/or chronic consumers, identification of

problems with the filing of criminal charges on mentally ill suspects, and the identification of problems filing an emergency detention order on consumers.

Referral Forms

Patrol officers and investigators are encouraged to submit referral forms to the Mental Health Unit. These forms are on the department's intranet portal. They are used to assign proactive and follow-up investigations on chronic and/or potentially dangerous consumers.

Mobile Crisis Outreach Team

We have a close working relationship with our mobile crisis outreach teams. They provide the Mental Health Unit with information on chronically ill consumers who are potentially dangerous and who require police intervention. They also provide information on problem personal care facilities.

CONCLUSION

Every community, every police department is different and has different needs. The first step in addressing this growing problem of law enforcement response to the mentally ill is developing a working relationship with your local mental health authority. Together, you can identify your needs and work together to address them. Successful law enforcement agencies work with and involve their communities.

Circular

Houston Police Department



December 22, 2009

NO. 09-1222-237

SUBJECT: **40-HOUR CRISIS INTERVENTION TEAM (CIT) CLASS**

The Mental Health Unit will conduct a 40-hour Crisis Intervention Team (CIT) class for officers and supervisors in the call-for-service loop. The class will be held at the Academy on April 26-30, 2010, from 8 a.m. to 4 p.m. The class will hold 25 students and may be attended on-duty.

Interested personnel may sign up for the class by sending an email or calling Officer Frank Webb at 281-230-2456, or Officer Rebecca Skillern at 713-970-4647. The class will **not** be listed on MAPPER.


Harold L. Hurtt
Chief of Police

hlh: fnw

Originating Party:
F. M. Webb, Sr. Police Officer
Mental Health Unit
COP #09-34525

40-Hour CIT Class

When? April 26-30, 2010

Where? Academy

For? Officers and supervisors in the calls-for-service loop

- Officers may attend on-duty
- The only class in 2010