Police-Mental Health Collaborations: Responding Effectively to Youth in Crisis
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Associate Director, UF Crisis Emergency Resource Center (CERC)

Major Brad Barber
Assistant Director, University of Florida Police Department

Detective Brandee Cassias
CIT Metro Coordinator, Salt Lake City Police Department
Overview

Introduction

Effective Partnerships in a University Setting

Effective Partnership in the Community

Q&A
National nonprofit, nonpartisan membership association of state government officials

Represents all three branches of state government

Provides practical advice informed by the best available evidence
• Are we responding effectively to youth in mental health crisis?

• Are we responding to youth in mental health crisis the same way we are responding to adults in mental health crisis?

• Do we have programs in place to more effectively respond to youth in mental health crisis?

• Are we working with the right partners to more effectively respond to youth in mental health crisis?
Police-Mental Health Collaboration (PMHC) Program?

• A PMHC program is:
  – A law enforcement-based program, which involves collaborating with a mental/behavioral health entity.
  – Designed to divert individuals with mental illness or in mental health crisis from unnecessary jail bookings and/or hospitalization.

• BJA PMHC Toolkit: https://pmhctoolkit.bja.gov
Law Enforcement-Mental Health Learning Sites

Current Sites

- Represent a diverse cross-section of perspectives and program examples
- Dedicated to helping other jurisdictions improve their responses to people with mental illnesses.
- Host site visits from interested colleagues and other local and state government officials, and answer questions from the field
- Work closely with CSG Justice Center staff to develop materials for practitioners and their community partners.
Mental health calls for service are among the most complex and time-consuming for law enforcement.

Police officers routinely provide the first line of crisis response for situations involving persons with mental illnesses.

Individuals with severe mental illness generate no less than 1 in 10 calls for police service.

These calls for service are common and constitute an estimated 7% of all police contacts.
Prevalence of Behavioral Health Conditions

70% Of youth in the juvenile justice system suffer from mental health disorders.*

27% Of these youth experience disorders so severe that their ability to function is significantly impaired.*

*National Center for Mental Health and Juvenile Justice

Youth In Mental Health Crisis

Dr. Meggen Sixbey
Associate Director, UF Crisis Emergency Resource Center (CERC)
Responding To Youth In Mental Health Crisis

Fact: 1 in 5 children ages 13-18 have, or will have a serious mental illness.¹

- 20% of youth ages 13-18 live with a mental health condition¹
- 11% of youth have a mood disorder¹
- 10% of youth have a behavior or conduct disorder¹
- 8% of youth have an anxiety disorder¹

Impact:
- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.¹
- The average delay between onset of symptoms and intervention is 8-10 years.¹

Suicide:
- Suicide is the 3rd leading cause of death in youth ages 10-24.¹
Are People “Getting Worse”?

![Bar chart showing percentage of people experiencing worsening conditions over years.](chart.png)
If You Build it They Will Come

And If You Don’t Build it, They Will Still Come
What Could This Mean?
Inundated and Overwhelmed

How Can PD & MH Collaborate to Help Youth?

- New officer orientation
- PKY: SRO and Guidance = UPD and CWC
- Behavioral Consultation Team (BCT)
- Crisis Response Team (CRT)
- Football Games

** RELATIONSHIPS ARE KEY **
Effective Partnerships in a University Setting

Major Brad Barber
Assistant Director, UF Police Department
Are encounters with youth in mental crisis unique?

• How are the calls for service handled for those identified as a youth in mental crisis?
  – Standard response
  – Officer safety considerations
  – Parents or guardians present

• Should there be a difference in how officers respond?

• Are your officers trained to respond to youth?

• Youth size, strength, emotional and physical maturity are all factors to be aware of and not dismiss.
Considerations

• Have your officers trained through CIT or additional programs oriented towards working with those in mental crisis e.g. Crisis Intervention Teams For Youth (CIT-Y)?

• Have your officers trained to specifically recognize the warning signs of youth who may be in mental crisis. This is particularly true of your School Resource Officers (SROs)?

• Are you dispatching officers best prepared to resolve incidents that may involve those youth in mental crisis?

• Does your Records Management System (RMS) assist in tracking those individuals who may have been involved in previous incidents of concern?
Challenges

• Youth in mental crisis often present unique circumstances.

• Interacting with different assistance agencies that likely, by law, can’t share information.

• Ensuring that officers are well-informed about the various local mental health resources and organizations that can be used to assist in resolving a situation.

• Develop partnerships, not adversaries!

• Demonstrating the need to keep this type of training part of a department’s overall training “portfolio”.
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Effective Partnerships in the Community

Detective Brandee Casias
CIT Metro Coordinator
Community Connection Center
Salt Lake City Police Department
Encounters with Youth

• Calls for service
• School settings
• School Resource Officers (SROs) and schools asking for help
• Community Connection Center encounters
# Reason For Encountering Youth

<table>
<thead>
<tr>
<th>Calls for Service</th>
<th>School Settings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting children on DV CFS</td>
<td>Follow-up</td>
</tr>
<tr>
<td>Ungovernable juveniles</td>
<td>Behavioral issues</td>
</tr>
<tr>
<td>Suicidal CFS</td>
<td>Isolation and social media</td>
</tr>
</tbody>
</table>

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Steps When Encountering Youth

- Mobile Crisis Outreach Team (MCOT)
- Behavioral health contract
- Peer court
- Referrals
- Follow-up
Diversion Decision Map

Encounter

- Non-Criminal Citation
- Informal Discussion/Warning
  - Local Service Provider for Assessment
  - Home
- Handcuffs/Car
- Arrest
- Booking
- Warning and/or Referral for Diversion

Adapted from: National Council of Cities: Institute for Youth Education and Families
# Why Diversion?

<table>
<thead>
<tr>
<th>Incarceration</th>
<th>Community</th>
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<tbody>
<tr>
<td>Zero Tolerance</td>
<td>Civic Engagement/Giving Back</td>
</tr>
<tr>
<td>Limited Educational Opportunities</td>
<td>Cultural Competence</td>
</tr>
<tr>
<td>Isolation, Poor Emotional Support</td>
<td>Support from Family, Friends, and the Community</td>
</tr>
<tr>
<td>Negative Role Models</td>
<td>Mentors and Role Models</td>
</tr>
<tr>
<td>Few Choices</td>
<td>Voices and Choices</td>
</tr>
<tr>
<td>Deficit-based</td>
<td>Strength-based</td>
</tr>
<tr>
<td>Dependent on Uniformity</td>
<td>Person-centered</td>
</tr>
<tr>
<td>Lack of Opportunity for Skills Development</td>
<td>Access to Work</td>
</tr>
<tr>
<td>Few Treatment/Recovery Options</td>
<td>Flexible Services</td>
</tr>
</tbody>
</table>

Adapted from: Youth Advocate Programs, Inc.: Policy & Advocacy Center
Community Resources

• **Mobile Crisis Outreach Team (MCOT):** 1 youth team 5X per week and outreach with LE/Families/and schools approx.; 120 calls per month.

• **UNI Crisis Line:** Receives around 350 total of that 125 youth; Parents and youth can call

• **SafeUT:** Safe Utah text line for youth. Over a thousand individual contacts per month

• **Hospitals:** via the “Pink Sheet”

• **Juvenile Receiving Center (JRC)**

• **Community Connection Center (CCC):** Outreach and follow-up

• **Mental Health Court for Youth**

• **Peer court**
Questions and Answers
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Thank You

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