Mental Health Crisis and Law Enforcement

Any time an American citizen dies after an interaction with law enforcement, it is considered a tragedy. When the subject is an individual suffering from a mental health crisis, it leaves a deep scar on our community and our nation.

As our world has witnessed first hand the deaths of recent individuals during encounters with law enforcement, the public has been asking more questions of their local police officers than ever, in an effort to understand how and why these encounters turn deadly and what can possibly be done to prevent such future tragedies.

The officers of the West Orange Police Department come to work every single day with the intention of never being involved in any tragedy or incident involving the use of deadly force. As a department, we have trained endless hours in the theory, historical applications, legal responsibilities and modern practices of the highest standards of law enforcement. Proudly we can claim that we have also instituted the most progressive policies and procedures of any agency within the state of New Jersey and adhere to the international gold standards of law enforcement as represented by CALEA.

The officers of WOPD are bound by the legal standards of the use of deadly force as mandated by State law and State/US Court decisions. While the death of any human being during an interaction with law enforcement is a tragedy, our officers have been instructed to and taught to make deadly force decisions to protect themselves or the public in accordance with the law.

This agency report is being prepared in the true sense of departmental transparency, open and honest communication, community engagement, and community partnerships.
Inherent Dangers of Mental Health Crisis Responses

Many police shootings involve the mentally unstable

More than 1 in 4 of the people police shot in 2013 and 2014 had histories of mental illness or drug problems.

50% of all chronic mental illness begins by age 14; 75 percent by age 24

20% of youth, ages 13 to 18, experience severe mental disorders in any given year

60% of adults and almost 50 percent of children, ages 8 to 15, with a mental illness received no mental-health services

26% of homeless adults staying in shelters live with serious mental illness

46% of all homeless adults live with severe mental illness and/or substance-use disorders

SERIOUS MENTAL ILLNESS IN THE UNITED STATES COSTS $317 BILLION ANNUALLY IN LOST PRODUCTIVITY, HEALTH-CARE EXPENDITURES AND DISABILITY PAYMENTS COMBINED. IN MISSOURI, THE COST IS $6.8 BILLION ANNUALLY

50% of inmates in the nation’s jails; 65 percent of juveniles involved in the criminal justice system have a mental-health condition
Review of Mental Health Calls

• The WOPD diligently tracked and analyzed our statistics for the time period of January 1- June 30, 2020. During this six-month time frame, the Department had 197 mental health calls for service. This is out of 18,188 total calls for service.

WOPD Calls 2020 Jan 1-June 30

• Of these 197 mental health calls, 125 calls concluded with the subject transported to a mental health facility. Eighty-nine of these transports were voluntary and 36 were involuntary. Of 197 calls, one resulted in an arrest.

• The other 72 calls for service were resolved with no transport or arrest.

Total Mental Health Calls 197
Of the 197 total calls, 38 calls involved an initial report of the individual having a weapon, being violent or making aggressive threatening actions. This shows that approximately 19% of mental health calls were dealing with a violent, aggressive or weapon-wielding subject.

Of the 197 total calls, 39 calls involved the threat of suicide. This shows that approximately 20% of calls for mental health crisis involve the threat of suicide by the subject.
**WOPD Response to Violent Mental Health Incidents**

Of the 197 calls for service during the first half of 2020, only 5 incidents involved the use of force by officers to accomplish their legal objectives.

- **Incident #1**: A 16 year old male who was threatening to kill himself became agitated upon the officers arrival, pushed his mother and fled down the street. The patient was tackled by an officer as he was running towards traffic. Patient was transported to a mental health facility.

- **Incident #2**: Patrols responded to a domestic violence situation in which an intoxicated 25-year old male had physically assaulted his father and had to be subdued by four family members prior to police arrival. Units on scene calmed the subject and had completed their domestic violence reports and were leaving when they observed the subject screaming and acting agitated towards his family and officers. It was determined that the subject was diagnosed bipolar, had a history of self harm and he was unsure of the last time he had taken his medication. Due to his intoxicated state, his aggressiveness towards family members and erratic behavior, the subject was told he was being brought to a mental health facility. The subject stiffened his body (passive resistance) and tried to push his way back into the residence. Officers on scene used compliance holds to guide the subject to the ground. He was then transported to a mental health facility.

- **Incident #3**: A 23-year old male was reported *Endangered Missing* by his family because he was Bi-Polar/Schizophrenic and was no longer taking his medications. The patient had also threatened his family with a baseball bat and was in possession of a kitchen knife when initially confronted by police. The patient fled police and was missing for days until he was reported living in a hotel room, by his best friend concerned for his safety. Upon police arrival, the patient tried to barricade himself in the bathroom and was restrained using compliance holds by the responding officers. The patient was then transported to a mental health facility.

- **Incident #4**: A 35 year old male who suffers from PTSD and was reported by his mother as “probably under the influence of the designer drug Molly” left the hotel where he was staying, threw down his phone and stood in the right lane of Northfield Ave yelling and screaming. Officers on scene then grabbed the patient from the street, guided him to the ground to avoid him being struck by oncoming vehicles. The patient then attempted to get up at which time both officers used compliance holds to restrain and ultimately handcuff the patient to avoid him re-entering oncoming traffic. The patient was transported to a mental health facility.

- **Incident #5**: A 19 year old male was screened and determined to be committed to a mental health facility by the Clara Maas Crisis Screeners on scene. Once informed of this, the patient declined to go voluntarily, and began to resist officer control. The patient was ultimately secured utilizing compliance holds.
Due to the inherent dangers and unpredictability of such weapons, the WOPD do NOT utilize Tasers, stun guns or any other electronic controlled weapon devices.

The most important tools available to any officer are his/her brain, his/her patience, and his/her physical abilities. The actual physical tools at the disposal of WOPD officers include OC Spray (oleoresin capsicum spray) and an expandable Monadnock baton. Although a baton (like any blunt object) could be considered deadly force when utilized incorrectly, it is considered a non-lethal tool when used properly and legally.

All officers are trained in defensive tactics during the NJ police academy, and receive annual retraining in basic defensive tactics techniques by certified DT instructors.

Approved tactics include compliance holds such as arm bars, pressure point techniques, and takedown techniques.
• Although 39% (77 out of 197) of all mental health crisis calls for service during this time involved a subject threatening suicide, acting aggressive/violent, or in possession of a weapon, WOPD officers only had to use some sort of legal force in five incidents.

• Out of 77 high risk and volatile situations, WOPD were able to appropriately utilize verbal de-escalation skills on 72 different occasions.

• Of those five incidents in which physical force was necessary, two involved securing an unstable subject as he ran towards traffic and three involved utilizing compliance holds to secure an uncooperative individual for transport to a mental health facility.

• There were 0 instances of injury to officers, patients or bystanders.
WOPD Training:

The WOPD has taken a very aggressive approach to our training in regards to our response to behavior by individuals with mental health concerns.

To begin with, all law enforcement officers in New Jersey receive initial training in the police academy. This training block was created by and instructed by instructors from the NJ PTC (Police Training Commission).

• In maintaining within the strict standards of CALEA (Commission on the Accreditation of Law Enforcement Agencies), WOPD has utilized a training program for mental illness awareness/ response to those with special disabilities since 2006. These training subjects focused on such topics as:
  • Autism Awareness
  • Identifying Mental Illness
  • Dealing with Special Needs
De-Escalation Training

• Since 2016, de-escalation training has been a part of the WOPD’s annual training curriculum as well as our policy and procedures.

• The original WOPD de-escalation lesson plan was created based on the United States Department of Justice VALOR Program, with portions reflective of the NJ Crisis Intervention Team training and the Violence Interdiction program created by the Virginia Center For Policing Innovation.
De-Escalation Training

In 2017-2018, all WOPD sworn personnel received the training course “Police Response; De-Escalation Techniques to Individuals with Special Needs/ Mental Health Issues”.

Officers are instructed through lecture, video and Powerpoint instruction. The instructors also utilize ‘cold scenario’ drills to learn proper body language, verbal de-escalation techniques, and active listening skills. These techniques are then tested through live scenarios utilizing instructors as participants in scenario-based exercises. The students are judged on their execution of these techniques and class participation.

Failure to properly perform these techniques results in immediate correction, re-training, and an attempt to complete the tasks again. The training focuses on ethical decision making, procedural justice, officer-created jeopardy, understanding the use of force continuum, active resistance vs passive resistance, and numerous verbal de-escalation tactics.
Our most progressive approach to handling mental health calls is the creation of a co-responder model right here in West Orange. In September of 2020, The WOPD came into an agreement with Mental Health Associates of Essex & Morris to create a progressive and revolutionary partnership consisting of a Co-Responder Model of mental health response.

*The WOPD is the first agency in New Jersey to commit to such a revolutionary approach to mental health response.*

In addition to the basic premise that a trained clinician will respond with WOPD to mental health calls, the program also includes a weekly analysis and review of all WOPD responses to mental health crisis calls and subsequent monthly training. MHA personnel utilize the conclusions from their analysis of WOPD calls for service to create a training program to focus on any deficiencies or areas for improvement.
MHA Co-Responder Model

MHA and the WOPD Collaboration Program will aim to complete the following:

- Expand police department mental health training
- Encourage collaboration between local police and behavioral health services
- Enhance partnerships with community care coordination services
- Improve general community relations and increase access to mental health services
- Reduce need for use of force by utilizing prevention, intervention, and treatment
- Increase data development to track outcomes for justice-involved individuals
MHA has implemented an on-site program by staffing a licensed mental health professional at the police department for one to four shifts a week in order to provide practical and real-time support to officers responding to mental health-related crises.

Through collaboration between law enforcement officials and mental health professionals, redirection can occur when mental health crises are not a criminal matter, but rather when they indicate a need for treatment intervention.

Through the integration of an onsite collaborative mental health perspective into the WOPD, the goal will be to increase empathy and reflection in the response calls to mental-health related issues, to ensure that individuals in crisis feel safe, supported, and have opportunities to stabilize and seek resources appropriate for their personal situation.
Co-Responder Model

In summary, MHA aims to promote mental health and to improve the care and treatment of individuals with mental illness by actively working towards removing the stigma associated with emotional and mental disorders.

Through the creation and development of a partnership with the WOPD, MHA can help law enforcement officers develop the training and skills needed to navigate the mental health system and ensure that when responding to calls, unnecessary instances of force do not occur.
MHA Evaluations

Trained clinicians from MHA review the body camera footage and all relevant reports from the interactions between WOPD officers and all mental health crisis subjects. After reviewing these incidents, the clinicians use their evaluation results to create monthly training blocks for all WOPD officers.
Conclusion

As we move further into this new age of law enforcement, we at the West Orange Police Department will continue striving to be a progressive, community driven department with a commitment to transparency, open communication and engagement with our community partners.

We look forward to listening and learning from our community partners and improving not only ourselves, but our place in the community of West Orange.

Please feel free to follow and engage with us on our social media platforms at @westorangepd.

For anyone interested in learning more about the WOPD’s policies, practices or standards, please feel to contact Captain Richard McDonald at rmcdonald@wopd.org.