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and Justice

Park Ridge's Success Story on Going Beyond Crisis Intervention Team Training

BUILDING WHOLE-COMMUNITY RESPONSES TO MENTAL HEALTH



**Center for Public
Safety and Justice**



Advocate Lutheran General Hospital



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Cover photo: Healthier Park Ridge Coalition announces the release of its mental health resource guide, May 2016.

Photo credit: Katie Holihen

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Letter from the Director

Colleagues:

The public has become increasingly aware of the need to help individuals with mental illness, and yet support and treatment services are not always easily accessible. The first contact a person with mental illness has during a crisis is often with a law enforcement officer who, in many cases, has not received special training in how to respond. To better prepare officers, numerous agencies train their officers in mental health approaches and establishing crisis intervention teams (CIT).

CITs are invaluable in handling these situations. But they can even more effectively manage the myriad mental health problems that occur throughout the community with the help of local health professionals, families, business people, and other stakeholders. This is especially true because mental health emergencies usually originate in homes, schools, work places, and other non-public locations.

Recognizing that educating and enlisting the community can help prevent and mitigate problems, the Park Ridge (Illinois) Police Department created a unique partnership. Working with the Center for Public Safety and Justice at the University of Illinois and Advocate Lutheran General Hospital, the police department developed a collaborative effort that included medical personnel, faith leaders, and the residents of Park Ridge.

The resulting Beyond CIT initiative is based on a proactive, person-centered approach to mental health that includes a wide range of innovative new practices, expanded mental health education and training for the police and other agencies, and outreach activities that engage the entire town.

As communities across the nation seek solutions for treating people who suffer from mental illness, grassroots efforts such as the Park Ridge approach offer inspiration and practical guidance.

On behalf of the COPS Office, I thank the authors of this case study for their fine work. I also commend Park Ridge, its police department, and their community for their admirable efforts to overcome misconceptions about mental illness and identify ways to support these vulnerable members of all our communities.

Sincerely,

A handwritten signature in black ink, reading "Phil Keith". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Phil Keith
Director
Office of Community Oriented Policing Services

Acknowledgments

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- » Paula Besler, JD, formerly with Advocate Lutheran General Hospital
- » Jeanine Gibbons, MSN, RN, Advocate Lutheran General Hospital
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We would also like to extend special thanks to the Park Ridge Police Department, especially to Chief Frank Kaminski, who provided leadership and vision.

Part I.

Park Ridge's Success Story

Introduction: Setting the Stage

As community-based mental health services go unfunded or lack sufficient resources, the safety net for people with mental illness has been essentially eliminated. At the community level, emergency rooms and law enforcement have become the new front doors to what remains of our mental health system, operating as the first point of contact for people in crisis or with chronic mental illness. As such, there is a pressing need for education and collaboration between these parties, as well as with the larger community.

Specifically, in regards to law enforcement, agencies need to examine how to best manage officers' increasingly frequent contact with individuals with mental illness, including how to interact with them in a safe and compassionate way. Lack of training can quickly lead to the misinterpretation of intent of individuals in crisis, which, as seen in several high-profile officer-involved shootings across the country, could be the difference between life and death.

Make no mistake, law enforcement as a profession has advanced considerably in its response to calls for service involving people

with mental illness, in part because of the implementation of specialized police responses (SPR),¹ which fall primarily into two categories: (1) the Crisis Intervention Team (CIT) Model, which was founded by the University of Memphis and was first implemented in Memphis, Tennessee,² and (2) law enforcement and mental health co-responder teams, which was pioneered in Los Angeles County, California.³

As a cornerstone program for improving responses to people in crisis, the CIT Model, also known as the Memphis Model, and its affiliated training have been implemented in hundreds of police jurisdictions nationwide. Developed in the late 1980s, the CIT Model works to improve both officer and community safety by providing officers with relevant training and to reduce reliance on the criminal justice system by building stronger links within the mental health system.

Regarding the second category, co-responder teams include at least one law enforcement officer and one mental health professional who can be called to assist in incidents involving individuals with mental illness. This joint

In regards to law enforcement, agencies need to examine how to best manage officers' increasingly frequent contact with individuals with mental illness, including how to interact with them in a safe and compassionate way.

1. Melissa Reuland, Laura Draper, and Blake Norton, *Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives* (New York: Council on State Governments Justice Center, 2012), https://www.bja.gov/publications/csg_statewidelemh.pdf.
2. Randolph Dupont, Sam Cochran, and Sarah Pillsbury, *Crisis Intervention Team Core Elements* (Memphis, TN: University of Memphis, 2007), <http://www.cit.memphis.edu/pdf/CoreElements.pdf>.
3. *Building Safer Communities: Improving Police Response to Persons with Mental Illness; Recommendations from the IACP National Policy Statement* (Alexandria, VA: International Association of Chiefs of Police, 2010), <http://www.theiacp.org/portals/0/pdfs/ImprovingPoliceResponseToPersonsWithMentalIllnessSummit.pdf>; Matt Schwarzfeld, Melissa Reuland, and Martha Plotkin, *Improving Response to People with Mental Illness: The Essential Elements of a Specialized Law Enforcement-Based Program* (New York: Council of State Governments Justice Center, 2008), viii, https://www.nccpsafety.org/assets/files/library/Improving_Responses_to_Mental_Illnesses_-_LE-Based_Program.pdf.

secondary response aims to provide individuals with mental illness with appropriate services and to assist officers who may not recognize the characteristics of individuals in need of such help.⁴ Co-responder model proponents advocate for a joint response allowing police and mental health professionals to exercise their separate expertise: police are specialists in handling volatile situations that may involve violence, while mental health workers provide consultation to officers and, when safe, direct care to individuals in crisis.⁵

Today, crisis response practices and levels of training vary widely by jurisdiction. Most agencies lack the resources to train the entirety of their ranks and face challenges in forging the partnerships required for a co-responder model. Further, though the CIT Model has long been the field's foremost method for responding to people in crisis, research shows that the model's essential practice elements are still being elucidated, as agencies vary greatly in the lens and purpose with which they employ CIT: "The goals of CIT can be viewed from different perspectives: some see it as an officer safety program; others as an officer educational in-service training; and yet others as a community safety effort, a risk management program, or a type of jail diversion."⁶ Though the CIT Model highlights the importance of community partnerships and is promoted as "more than just training," it is not a given that this priority transfers in practice.⁷ Most agencies view CIT as a 40-hour training or a collaboration with a mental health agency, rather than a whole-community effort. Two key elements often missing in both the CIT Model and co-responder model are community engagement, particularly regarding shared ownership of coordinated CIT efforts, and police-led public education efforts. Though police and hospitals encounter people in

crisis most acutely, mental illness impacts individuals, families, and communities across sectors. Mental health crises play out in the private and public spaces of American life, from the workplace, to park districts, to faith centers. Stigma and lack of awareness among the general public creates secrecy and discomfort around addressing mental health and its broad impact. Community-wide psychological savviness of this complex issue is needed to increase awareness and use of criminal justice and mental health resources.

Two key elements often missing in both the CIT Model and co-responder model are community engagement, particularly regarding shared ownership of coordinated CIT efforts, and police-led public education efforts.

In recognition of this needed community involvement, the Park Ridge (Illinois) Police Department (PRPD) received a US Department of Justice, Office of Community Oriented Policing Services (COPS Office) micro-grant in November 2014 for a two-year period to craft and pilot a whole-community approach to mental health that extends and connects efforts beyond CIT training.⁸ As a result, under the direction of Chief Frank Kaminski and project lead Commander Jason Leavitt, the PRPD launched its Beyond CIT initiative, which emphasizes developing and nurturing alliances between law enforcement,

4. Schwarzfeld, Reuland, and Plotkin, *Improving Response to People with Mental Illness* (see note 3).
5. G.K. Shapiro et al., "Co-Responding Police-Mental Health Programs: A Review," *Administration and Policy in Mental Health and Mental Health Services Research* 42, no. 5 (2015): 606.
6. Michael T. Compton et al., "A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs," *Journal of the American Academy of Psychiatry and the Law* 36, no. 1 (2008): 53, <http://jaapl.org/content/jaapl/36/1/47.full.pdf>.
7. Compton, "A Comprehensive Review of Extant Research," 54 (see note 6).
8. Frank Kaminski, *Park Ridge Police Department: 2014 Annual Report* (Park Ridge Police Department, 2014), 1, <http://www.parkridge.us/assets/1/Documents/PSPAnnualReport041320151.pdf>.

mental health and medical providers, and the community at large. To be more specific, the Beyond CIT initiative drew upon:

- » the guiding principles of community policing, which emphasize community partnerships, problem solving, and organizational transformation in law enforcement agencies;
- » the concept of whole community, which holds that when residents, organizational and community leaders, and government officials engage in authentic dialogue to understand and assess their needs, they become better able to identify the best ways to organize and strengthen their capacities, interests, and the community's existing resources to address shared problems;⁹
- » the notion of community building, which in the context of policing holds that the role of police in society extends beyond the enforcement of laws to wider views of building safer, healthier communities.¹⁰

Recognizing the need for community awareness and engagement as well as inefficiencies and education opportunities across in the continuum of call—i.e., the life of response, from first contact through follow-up—the PRPD and its healthcare and academic partners joined forces to identify and close these gaps in new and creative ways. With an engaged advisory board of residents and stakeholders guiding these efforts, the department tested models and promising practices in this arena, several of which come at low or no cost to law enforcement agencies.

This report serves to tell Park Ridge's story, highlighting lessons learned, proposing promising practices, and identifying opportunities for further exploration and collaboration toward a truly community-led CIT initiative. By prioritizing community engagement throughout, the PRPD's effort provides an example of a police department that not only fully implemented the CIT Model as it was envisioned but also aligned resources and concerned groups whose coordinated efforts exemplify a whole-community response.

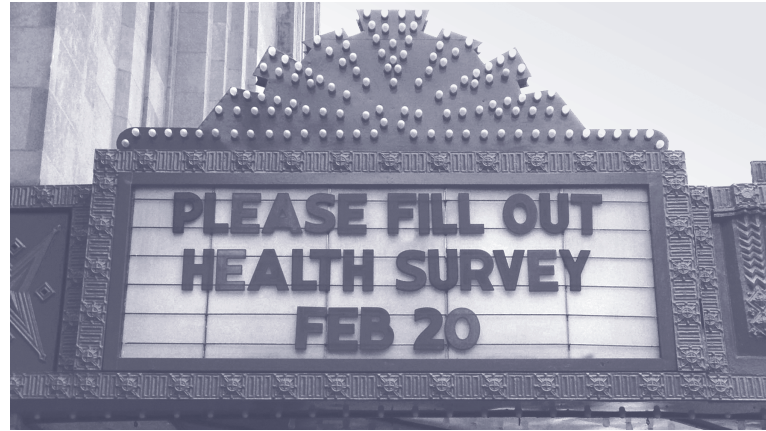
9. *A Whole Community Approach to Emergency Management: Principles, Themes, and Pathways for Action* (Federal Emergency Management Agency, 2011), https://www.fema.gov/media-library-data/20130726-1813-25045-0649/whole_community_dec2011__2_.pdf.

10. Michael Davis, *Beyond Community Policing: The Importance of Community Building* (YouTube video, 3:01, filmed in June 2011 at NIJ Conference, Arlington, VA), https://www.youtube.com/watch?v=fxkSAvh4HF4&list=PLE15F59A881FD5FBF&index=41&feature=plpp_video.

Fertile Ground: Identifying Community Needs

The city of Park Ridge, an affluent Chicago suburb with a population of approximately 37,496 residents, regularly encounters the same mental health issues prevalent throughout the rest of the country.¹¹ Recognizing the need to enhance the PRPD's capacity to respond to and successfully mitigate mental health-related calls for service, the department has employed several strategies over the years. Prior to receiving the 2014 COPS Office grant, the PRPD had already included among its nonsworn personnel a part-time social worker position for over 25 years to assist officers and residents in protracted mental health situations. The PRPD had also put a single officer through a 40-hour CIT training program. However, department leadership was keenly aware more needed to be done.

In addition to the PRPD's efforts to address mental health issues, Advocate Lutheran General Hospital sponsored a 2013–2014 survey to help identify the needs of Park Ridge's community members. The survey process led to the creation of the Healthier Park Ridge Coalition, which comprised 24 organizations that sought to identify the city's pressing physical,



Park Ridge's historic Pickwick Theatre advertising the Healthier Park Ridge Coalition's health survey, 2013 (Photo credit: John Benka)

mental, and social health concerns.¹² With Paula Besler, JD, Advocate's then director of Health and Community Relations, as chair, the coalition developed a community survey to assess residents' perceptions and behaviors around health and quality of life. Due in large part to the coalition's determination and follow-up, the survey achieved an excellent response rate.

Among the findings on health and quality of life, the survey identified three major mental health challenges, perpetuated by stigma, that most affect the community: isolation, depression, and anxiety.

11. US Census Bureau, "QuickFacts," [search term: Park Ridge City, Illinois], accessed December 1, 2016, <https://www.census.gov/quickfacts/fact/table/parkridgecityillinois/PST045216>.

12. *Community Health Needs Assessment, 2014–2016* (Park Ridge, IL: Advocate Lutheran General Hospital), 23, <https://www.advocatehealth.com/assets/documents/chna/lutheran-chna-rpt-final.pdf>.

Among the findings on health and quality of life, the survey identified three major mental health challenges, perpetuated by stigma, that most affect the community: isolation, depression, and anxiety. One in ten people surveyed said they had considered suicide in their lifetime. Suicidal ideation was highest in males aged 45–64 and by people who said they felt isolated. Among both these groups, one third thought about suicide, and 7.7 percent actually attempted suicide.¹³ These demographics surprised many in the coalition, as state and national figures show depression and suicidal ideation as more common among women, and tragic incidents in the community gave the impression that young people were most likely to experience mental health challenges.

In the survey, many community members, particularly middle-aged men, identified the stigma and isolation characteristic of this affluent community as barriers to seeking services. Indeed, according to a 2013 survey in *The Atlantic*, households with higher incomes and suburban households report feeling less closely connected to their neighbors than low or middle income households or urban or rural households.¹⁴ Building community cohesion and collective efficacy was thus identified as an important goal toward reducing isolation.

The survey results provided a jumping off point for the PRPD's Beyond CIT initiative, contextualizing mental health in Park Ridge directly from its residents.

13. Healthier Park Ridge Project, *Healthier Park Ridge Project Survey Results* (Park Ridge, IL: Advocate Lutheran General Hospital Community and Health Relations, 2013), <http://www.parkridge.us/assets/1/Events/Park%20Ridge%20Survey%20Report%202013%20Final2.pdf>.

14. Lindsay Abrams, "Kind Neighbors are Scarce, but Important," *The Atlantic*, March 6, 2013, <http://www.theatlantic.com/health/archive/2013/03/kind-neighbors-are-scarce-but-important/273375/>.

Community Advisory Board for the Micro-Grant

To launch a community-level transformation, law enforcement agencies need the community at the table. Chief Kaminski is deeply committed to community voice in PRPD's decision-making, community participation in collaborative problem solving, and community ownership of joint efforts as a way to build momentum and promote sustainability of department initiatives.

While seeking community input, Chief Kaminski determined that the Healthier Park Ridge Coalition—whose work on the survey was coming to a close—would be well-suited to serve as the advisory board for the PRPD's COPS Office micro-grant, thus enabling the coalition to continue the work it began with the survey. There was no need to reinvent the wheel by calling together a new group of community advisors when a committed group that was working on the city's health and quality-of-life issues already existed. Serving in an advisory capacity for this grant also provided the coalition with purpose and an avenue to continue the momentum built with the survey. Additional participants joined the advisory board, which officially began in January 2015, and some original members of the coalition left, as is natural with volunteer groups.

With input from community stakeholders and residents, the Beyond CIT partners could gain a broader sense of the gaps in and barriers to community engagement, build deeper connections to potential training partners, and



As chair of the advisory board for the mental health grant, it has been an honor to watch our community come together to collaborate and implement a strategic community plan to reduce the stigma of mental health challenges, provide resources and education, and pilot innovative solutions to overall improve the mental health of the citizens of Park Ridge.”

— Paula Besler, JD, Former Director,
Community and Health Relations, Advocate
Lutheran General Hospital; and Park Ridge Resident

promote the necessary sustainability for community and cultural transformation. Early meetings of the advisory board focused on identifying limited awareness, available services, and community groups that interact with individuals in crisis and may benefit from training. In particular, the advisory board wanted to address responses to a survey question that dealt with behaviors and perceptions around seeking professional help for personal problems. The question asked, “In the past year, did you

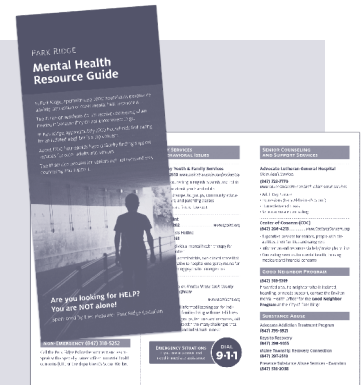
There was no need to reinvent the wheel by calling together a new group of community advisors when a committed group that was working on the city's health and quality-of-life issues already existed.

Park Ridge Mental Health Resource Guide

According to the Healthier Park Ridge Coalition, “In Park Ridge, approximately 3,800 households experience anxiety, depression or other mental health concerns. The [number one] reason residents do not receive counseling when needed is because they do not know where to go.” The coalition created this brochure to provide a detailed source listing mental health resources.

The brochure is available in the Pickwick Theatre Lobby and at the Park Ridge Police Department. In addition, community representatives for local schools, libraries, ministerial alliance, and chamber of commerce also received copies so they can provide a brochure to those in need. For more information, contact the police department at info@parkridgepolice.org or call 847-318-5252.

This resource can also serve as a reference for communities, law enforcement agencies, and local governments looking to create a mental health resource guide for their own regions (see appendix A). The guide is also available for free download on the Park Ridge Chamber of Commerce's homepage at http://www.parkridgechamber.org/assets/1/7/cpsj_Mental_160404.pdf.



think about seeking professional help for any personal and emotional problems?” Just over one in five persons surveyed (22.5 percent) answered affirmatively. Of those who considered seeking help, less than half (48.7 percent) actually followed through for treatment and services.

The coalition attributed these numbers to both the stigma around mental illness and seeking help as well as lack of awareness of and access to resources available in the community. Though Park Ridge may be resource rich, many in the community—even health care professionals, first responders, and civic leaders—did not know what resources existed. The survey guided the coalition to its most significant contribution: a mental health resource guide, which became available across the community in May 2016. This brochure served to connect the dots, providing a streamlined, accessible menu of behavioral and mental health services and resources available to Park Ridge community members of all socioeconomic levels.¹⁵

After months in development, the Healthier Park Ridge Coalition held a press conference to share the release of the brochure with the community. This press conference provided an opportunity to make Park Ridge's whole-community approach to mental health visible to the larger community and region and was an important celebration of the accomplishments of the committed members of the Healthier Park Ridge Coalition. The board went on to develop a slide to run during opening credits at the local Pickwick theater, highlighting the brochure's availability in the theater's lobby or at the police department. Throughout the summer, police officers distributed the brochure at neighborhood block parties, to local pharmacies, and during other contacts with residents.

The advisory board provided further support by advocating on behalf of the PRPD at numerous city council meetings as the department worked to expand its capacity to proactively address mental health. Early on, Chief Kaminski determined that limiting the PRPD's social

15. Jennifer Johnson, “Healthier Park Ridge Coalition Publishes Guide to Mental Health Resources,” *Chicago Tribune*, May 27, 2016, <http://www.chicagotribune.com/suburbs/park-ridge/news/ct-prh-mental-health-brochure-tl-0602-20160527-story.html>.

The advisory board provided further support by advocating on behalf of the PRPD at numerous city council meetings as the department worked to expand its capacity to proactively address mental health.

worker to a part-time position was not sufficient for both the department's and the community's needs, nor did it allow time for the social worker to play a role in sustaining and building upon the department's whole-community approach.

To address this, Chief Kaminski requested to the city council in March 2016 that the part-time position be expanded to full time, especially given the results of the coalition's survey. Some members of the city council expressed concern over the purposed role of the full-time social worker, that the job description was turning a social worker into a community liaison. However, Kaminski argued that community outreach is a

natural part of a social worker's job as he or she tries to connect residents with available services.¹⁶ Likewise, members of the advisory board provided testimony and visibility in support of this shift toward proactive community engagement in addition to crisis response. In April 2016, the city council approved expanding the social worker's position to full time, in no small part because of the advisory board's advocacy.¹⁷

16. Igor Studenkov, "Park Ridge Police Request for Full-Time Social Worker Hits Roadblock," *Bugle Newspapers*, April 20, 2016, <http://buglenewspapers.com/park-ridge-police-request-for-full-time-social-worker-hits-roadblock>.

17. Igor Studenkov, "Park Ridge Makes Police Social Worker Position Full Time," *Bugle Newspapers*, April 26, 2016, <http://buglenewspapers.com/park-ridge-makes-police-social-worker-position-full-time>.

Community-Level Training and Education

In an effort to stimulate discussion and build awareness around the highly stigmatized issue of mental health, grant deliverables for the PPRD's Beyond CIT initiative included two town hall meetings and two awareness-level training sessions, one for the advisory board and one for community stakeholders. However, Chief Kaminski always had bigger plans for training than was outlined in the grant. As the buzz around training grew, the PPRD quickly met and surpassed these community training and engagement goals. The timeline sidebar on pages 11–12 shows all the trainings, town hall meetings, and events the PPRD delivered in collaboration with local partners throughout 2014–2016.

The advisory board was instrumental in expanding and promoting the initiative's public education efforts. To obtain the skills and knowledge needed for such efforts, the advisory board was the first group to receive grant-funded training from Vision for Change, a local organization that delivers customizable mental health training. Because the advisory board members possessed different levels of familiarity with mental health, this training provided them all with a common language and understanding of how mental illness affects individuals and families and how the police department is working to improve its response to calls involving mental illness.

Timeline of PPRD law enforcement and community training, meetings, and events

2014

November 6

Town hall meeting and program launch at South Park Recreation Center: "Bridging the Gap: Mental Health and the Law" (grant funded)

2015

April 17

Awareness-level training for the advisory board via Vision for Change (grant funded)

September 20

NAMI Cook County North Suburban (NAMI CCNS) 5K walk and run in Park Ridge

September 21–25

PRPD hosts 40-hour CIT training with other area departments via North East Multi-Regional Training (NEMRT) (grant funded)

September 29 & October 7

Park Ridge Community Church Mental Health Education Series: NAMI "In Our Own Voice" presentation by Reverend Kathy Dale McNair (organized by an advisory board member)

October 9

Awareness-level training for community stakeholders via Vision for Change (grant funded)

October 17 & 21

Library staff training via NAMI

October 21

Park Ridge Community Church Mental Health Education Series: Rogers Behavioral Health presentation: "Anxiety Disorders" (organized by an advisory board member)

(cont'd on p. 12)

Timeline of PRPD law enforcement and community training, meetings, and events (*cont'd*)

November 4	Park Ridge Community Church Mental Health Education Series: Alicen McGowan, LCPC, presentation: “Depression and Suicide” (organized by an advisory board member)
November 9	Town hall meeting (grant funded) at Maine East High School: “How Can You Tell If It’s Mental Illness?” and a presentation by NAMI speaker Maxim Chasanov, MD, Alexian Brothers Center for Mental Health
2016	
February 8–12	PRPD hosts second 40-hour block of CIT training with Advocate Lutheran General Hospital Security via NEMRT (grant funded)
Spring–Summer	Development and promulgation of Park Ridge Mental Health Resource Guide (printing was partially grant funded)
Spring–Summer	Development and implementation of co-responder model 1: ER continuity connection (hosted by Advocate Lutheran General Hospital)
Spring–Summer	Development and implementation of co-responder model 2: Hospital licensed clinical social worker co-response (grant funded)
August 29–September 2	PRPD hosts third 40-hour block of CIT training via NEMRT, reaching 100 percent of sworn staff being trained (grant funded)
September 18	NAMI CCNS 5K walk and run in Park Ridge
October 20 & 27	West Suburban Consolidated Dispatch Center training via Vision for Change (grant funded)
November 2	Police volunteers and police chaplain training via Vision for Change (grant funded)
December 13–15	Park Ridge Fire Department training via Vision for Change (grant funded)

Source: Park Ridge Police Department

After their training session, some advisory board members invited stakeholders from their networks to attend the training session Vision for Change planned in the autumn for the broader community, including faith leaders, health professionals, school officials, private practice therapists, business owners, and city workers. The PRPD was also able to use grant funds, beyond the three 40-hour blocks of CIT trainings, to pay for training for those more closely tied to the continuum of call (e.g., regional dispatch center staff, police volunteers and chaplains, and firefighters).

Although Vision for Change conducted not only training for the advisory board but also much of the interdisciplinary training for diverse groups of professionals and residents, the PRPD and the advisory board sought to train additional groups that the grant would not be able to fund. During this search, the PRPD and advisory board identified a variety of resources and opportunities that other law enforcement agencies should consider as a means to overcome funding issues that inhibit robust public education efforts.

For example, the PRPD and advisory board quickly realized that a local affiliate of the National Alliance on Mental Illness (NAMI)—NAMI Cook County North Suburban (NAMI CCNS)—was a major untapped resource for free training and public education opportunities. Although NAMI affiliates vary in offerings and capacity, they provide institutions, organizations, families, and individuals across the nation with the information and resources needed to understand and better address mental health in their communities, including free public education presentations for the community at large and for specific cultural groups.

In addition to hosting NAMI’s “In Our Own Voice” presentations throughout the community, the PRPD collaborated with NAMI CCNS on other events. For example, for the second grant-funded town hall meeting, hosted at a local high school, NAMI not only assisted with planning and promoting the event but also arranged for NAMI Illinois Psychiatrist of the Year Maxim Chasanov, MD, to present “How Can You Tell If It’s Mental Illness?” and lead a group discussion. NAMI CCNS also held its 2015 and 2016 annual 5k walk and run in Park Ridge, and the PRPD played an active and visible role, for example, by attending community celebrations related to the 5k.¹⁸ The PRPD found NAMI CCNS to be eager for a whole-community approach to mental health education and stigma reduction and enthusiastic about collaborating in creative ways to work toward those goals.

The PRPD and advisory board quickly realized that NAMI’s local affiliate . . . was a major untapped resource for free training and public education opportunities.

Other advisory board members, such as the library staff and ministerial alliance, organized extra training opportunities to take place at their local churches or workplaces—resulting in a public education effort that exceeded what the PRPD had planned. For example, an advisory board member organized a mental health educational series for the community at the Park Ridge Community Church; these three events covered topics such as anxiety disorders, depression, and suicide. By activating existing networks and aligning additional programming with the PRPD’s Beyond CIT Initiative, the advisory board expanded public education efforts beyond what the department originally envisioned. As a result, the advisory board greatly contributed to helping the community realize its responsibility in reducing the stigma around mental health, understanding the signs and symptoms, and knowing how to access available resources.

18. Karie Angell Luc, “Park Ridge Party Kicks Off NAMI-CCNS 5K,” *Chicago Tribune*, August 5, 2015, <http://www.chicagotribune.com/suburbs/park-ridge/news/ct-prh-trend-namikick-tl-0813-20150805-story.html>.

PRPD Training and Organizational Transformation

In addition to training the community, the PRPD used extensive training on mental health as one means of creating pervasive and sustainable change in its organizational culture.

CIT training

As mentioned in the chapter “Fertile Ground,” the PRPD had only one CIT-trained officer prior to launching the Beyond CIT initiative, and this lack of training limited the department’s ability to deploy this skillset across shifts. However, with the aid of the COPS Office grant, the PRPD originally aimed to have 50 percent (25 members) of sworn staff take a 40-hour, certified CIT training course and allocated funds for two separate training sessions, one in September 2015 and the other in February 2016, taught by North East Multi-Regional Training (NEMRT). As the grant drew to a close, the PRPD realized it had unused grant funds and thus was able to host a third training session via NEMRT during the last week of August in 2016, which enabled the PRPD to exceed its original goal and successfully train 100 percent of its sworn staff, from the chief to the newest recruits.

NEMRT’s CIT training closely follows the CIT Model, as discussed in the introduction. Certified by the Illinois Law Enforcement Training and Standards Board, the course introduces students to the broad range of signs and symptoms of mental illness, PTSD, cognitive issues, and other forms of impairment and presents de-escalation strategies and tactical responses. Like many effective training programs, NEMRT uses scenarios and integrated exercises, enabling participants to practice and synthesize course content in a safe environment. Participants also hear directly from individuals who have experiences with mental illnesses and conditions covered in the curriculum. In follow-up discussions with officers

who attended the course, they said these exercises, experiences, and interactions were most valuable in humanizing those in crisis and in understanding course content and their own role during CIT calls.

The PRPD also helped improve CIT response on a regional level by offering its unused seats to surrounding jurisdictions at no cost. NEMRT proved a strong advocate for the PRPD when it approached the Illinois Law Enforcement Training and Standards Board for permission to include non-sworn stakeholders and Advocate Lutheran General Hospital security staff in certified CIT training sessions.

Results of CIT training

After the PRPD surpassed its initial goal of training 50 percent of sworn staff, staff from the grant’s academic partner, the Center for Public Safety and Justice (CPSJ) at the University of Illinois at Chicago, coordinated with the PRPD to conduct conversations with trained officers to discuss their impressions of the CIT training and the implications of being CIT trained in general. CPSJ staff also wanted to explore how the officers’ CIT training, coupled with partnerships between PRPD and hospital staff, will impact their ability to address calls for service with a mental health component. These conversations resulted in three key takeaways: (1) Officers are using CIT de-escalation tactics all the time; (2) officers can better rely on and trust each other; and (3) in the continuum of a call, many elements can be improved.

Regarding the first takeaway, when asked how frequently officers used the tactics taught in the CIT training, many officers responded “daily,” “all the time,” “a lot,” and “every shift.” They do not reserve CIT de-escalation tactics exclusively for individuals experiencing a mental health crisis: Officers cited domestic calls, traffic stops, traffic accidents, and DUIs as examples of situations

when de-escalation techniques are useful. On a personal note, officers even said they could use CIT de-escalation tactics to help prevent or calm a volatile situation among their own family and friends. Unsurprisingly, most officers reported having used similar tactics before being introduced to CIT, as these techniques are critical skills for successful outcomes in crisis situations. However, the training reinforced the notion that de-escalation tactics support efficient and effective police work and that the training provided a new lens for using these skills.

Second, officers not only spoke of increased confidence in their own abilities after CIT training but also noted increased confidence in one another. With everyone trained to respond in the same way, officers have renewed trust in each other's methods and actions. For example, when CPSJ staff asked officers what they think is the biggest impact the training has had on their ability to serve the community, one officer said, "Dealing with people with depression and knowing that there are other officers out there who will take care of and have concern for these subjects; it's good to know." Likewise, one supervisor said, "It does make my job easier, knowing that other officers have been trained. It's easier to have someone do something peacefully than to have to tase them and cuff them. Makes my job as a boss much easier."

Third, officers reported that paramedics, firefighters, hospital staff, and security personnel could sometimes impede or diminish the officers' efforts because of the lack of continuity as a community member transitions from one service to another. Officers also told CPSJ staff that dispatch for CIT calls could also be improved, as the West Suburban Consolidated Dispatch Center dispatches officers, firefighters, and EMTs separately, "so there's a bad disconnect there." In addition, officers bemoaned the lack of follow-up after mental health-related hospital transfers. As one officer said, "If we bring someone in and [the hospital doesn't] really see them, can the [hospital] at least tell us the [person was] released? This can be viewed as a public safety issue rather than a [release of] personal (or HIPAA) information." Often, individuals released from the hospital end up needing further help

CIT training across ranks and divisions has planted the seeds for a culture in which de-escalation and compassion underlie officers' expectations of one another in the field.

from officers within a few days or even hours, and this gap in communication can hinder problem-solving efforts and can slow resolution. (For details and solutions, see the next chapter, "Improving the Continuum of Calls for Service.")

These three key takeaways show demonstrable growth at the PRPD, both at the individual level and as an organization. Moreover, CIT training across ranks and divisions has planted the seeds for a culture in which de-escalation and compassion underlie officers' expectations of one another in the field.

Visible commitment

When the PRPD reached 100 percent of its sworn staff being trained, the department issued a CIT pin to all officers that is now a mandatory part of the department's uniform policy. Leadership feels that this pin provides a visible sign to community members that all PRPD officers were trained, that it can act as a conversation starter, and that it can help to disseminate an understanding about CIT. Moreover, the PRPD hopes that the pin will push trained officers out of their comfort zones, encouraging those who don't normally handle CIT intervention to get comfortable with these perishable skills and to use them.

The pin embodies the PRPD's goal that CIT and de-escalation will become an integral part of the agency's identity. Cultural change takes time, of course, and cannot be accomplished within a two-year grant; however, the PRPD is aware of the ongoing education, encouragement, accountability, and reflection such change requires.

Improving the Continuum of Calls for Service

After the CPSJ interviews helped identify aspects of the continuum of calls for service involving mental health that could be improved (see the “Results of CIT training” section in the previous chapter), the police department used the Beyond CIT initiative as a means to address bridging the knowledge and process gaps between the PRPD and other service providers: i.e., the dispatch center, firefighters and EMTs, hospital staff and security personnel, and follow-up services. More specifically, the PRPD wanted to implement CIT-based dispatch strategies, improve communication between police and fire, establish open communication between police and the hospital, and provide follow-up services and referrals via the police social worker to repeat callers. All involved services—from the officer who first interacts with a community member to the service providers supplying follow-up care—would benefit from an awareness of CIT strategies to help reduce duplication of efforts, promote efficiency, and ensure the safety of all parties.

Moreover, mental health response requires a complex network of actors and actions. And while training can fill many gaps in individual and collective knowledge, skills, and abilities, the understanding of the greater processes activated to respond to and treat the needs of individuals with mental illness must be reviewed and tested as well. This need for collaboration, moving beyond understanding individual roles to the larger context of mental health response in Park Ridge, had a profound, positive impact on how the police department understood its role in and relationship among the various stakeholders in the continuum of a call.

Dispatch center distance and resulting issues

In 2004, the West Suburban Consolidated Dispatch Center (WSCDC), located in River Forest, Illinois, began handling calls for the PRPD, which is located about 10 miles north of the center.¹⁹ The collaborative training efforts of the Beyond CIT Initiative identified communication and process gaps of which the PRPD and WSCDC had been unaware. When WSCDC staff underwent an 8-hour mental health awareness training in 2016, the trainers recognized that the regionalization of dispatch services had also resulted in a major disconnect between the WSCDC’s and the PRPD’s staffs: the lack of regular face-to-face contact between the two staffs caused their relationships and shared culture to suffer. Moreover, neither fully understood the priorities and directives of the other agency. Though Park Ridge is just one of several communities served by the regional WSCDC, the city’s efforts at integrated mental health response had not been sufficiently communicated with dispatchers, even though mental health crisis calls begin with these very individuals. Understanding the negative impact this distance has on the continuum of call for mental health response has prompted police and dispatch center leadership to take a closer look at how to bridge this distance to develop better working relationships and shared understanding of agency priorities.

As with most law enforcement agencies, the PRPD endeavors to gather, maintain, and disseminate up-to-date information to officers responding to calls for service. Most law enforcement agencies today use some form of computer-aided dispatch (CAD) that enables the

19. “West Suburban Consolidated Dispatch Center,” accessed February 13, 2018, <http://www.wscdc.org/>.

exchange of information from the call center, to the dispatcher, to the officer. While these systems are efficient in maintaining information to support criminal investigations and law enforcement responses to calls for service, mental health information on the disposition of individuals—those found at particular addresses or past call responses to those addresses—tends to be relegated to notes or narrative sections, which are difficult if not impossible to mine for data values. The PRPD is exploring solutions to this insufficient use of data, as having the ability to compile or extract this data would make it easier and safer for officers to identify potential locations or situations that would lend to a CIT-based approach. Finding a CAD solution that records and operationalizes these data will aid in earlier activation of mental health resources and CIT responses.

A dual approach to the co-responder model

In addition to officer training and public education and engagement, the final component of the PRPD's grant-funded initiative was to pilot a co-responder model in partnership with Advocate Lutheran General Hospital. At the time of this initiative's launch, most co-responder models featured partnerships between two public entities such as a law enforcement agency and public health or human services agency.²⁰ The PRPD initiated a co-responder partnership, of which there are few, between a city police department and a private hospital. Strengthening the connection between these public and private entities is essential to building effective, creative responses between the community's primary and overlapping points of access to mental health care.

Two distinct co-responder models emerged in this pilot process. The first modifies traditional co-responder models pioneered in Southern California, while the second uses best practices

from fire services to open lines of communication between police responding to a crisis and emergency room staff in an effort to streamline patient transfers in a simple, cost-effective way.

Modified version of the traditional co-responder model

Even though the PRPD had just hired a new, full-time, in-house police social worker, the PRPD sought to implement a co-responder model to build relationships, understanding, and shared skillsets among police officers and hospital mental health professionals. Traditional co-responder models feature a licensed mental health professional assigned to responding alongside sworn officers to all calls involving individuals with mental illness. Certainly, some individuals in crisis who become agitated by the presence of officers in uniform, regardless of their de-escalation methods, benefit from engaging with someone not affiliated with law enforcement.

However, the need for the traditional model was less pressing for the PRPD because its entire sworn staff fully CIT trained. Having this skill set better enables the officers to recognize and adjust in crisis situations. For example, PRPD officers know when to request assistance from non-uniformed professionals or when to employ techniques that de-emphasize their law enforcement role and focus on their mental health awareness training.

Because of the PRPD officers' CIT training, the police department modified its co-responder model. Instead of being assigned to all mental health calls, Jeri Srur-Kwaak, LCSW, ACHT, NBCCH, supervisor of the Adult Day Hospital at Advocate Lutheran General Hospital, began participating in ride-alongs with all CIT-trained PRPD officers in July 2016. If a behavioral health issue arises, Srur-Kwaak may observe and

20. Peter Finn and Monique Sullivan, "Police Handling of the Mentally Ill: Sharing Responsibility with the Mental Health System," *Journal of Criminal Justice* 17, no. 1 (1989): 1–14, [https://doi.org/10.1016/0047-2352\(89\)90062-7](https://doi.org/10.1016/0047-2352(89)90062-7); Mike Parrinello and Mike Albanese, "Burbank Mental Health Evaluation Team: A Co-Response Model to the Need for Mental Health Services in the Community," *Community Policing Dispatch* 7, no. 2 (2014), https://cops.usdoj.gov/html/dispatch/02-2014/burbank_mental_health_evaluation_team.asp.

The greatest benefit of the PRPD's co-responder pilot was the relationships developed between the hospital's clinical social worker and the officers.

coach the officer or may take the lead in the interaction if the officer is struggling to connect with the individual in crisis. The main goal is for both parties to collaboratively assess the individual, implement a safety plan, and ensure the individual in crisis is linked to specific resources in the community. Afterward, the police social worker receives information about the individual in crisis so she can follow up with the individual and his or her family to ensure continued safety and access to appropriate care.

The greatest benefit of the PRPD's co-responder pilot was the relationships developed between the hospital's clinical social worker and the officers. This joint approach enables Ms. Srur-Kwaak to not only model interventions for an officer but also develop an appreciation for the officer's experience and skillset. Moreover, being able to work with a non-law enforcement professional who has a background in clinical mental health provides PRPD officers with a new collaborator, confidant, and expert sounding board as they sort through what went well and what could have gone better during mental health calls. The hospital and police are interested in continuing this modified co-responder model in the future specifically because the ride-alongs organically create the space for reflection, collaboration, and review of CIT practices.

During interviews, Ms. Srur-Kwaak agreed that major takeaways from the modified model include the rapport, mutual respect, support, and understanding that she and the officers have created. These relationships take time, but after repeated ride-alongs with officers, Srur-Kwaak began to see the building of trust. Srur-Kwaak

also noted that the modified model enables the practice of micro-, mezzo-, and macro-level client care: i.e., social work that affects (1) an individual client or family, (2) small groups such as neighborhoods or institutions, and (3) whole communities and systems of care.²¹ In other words, the PRPD's co-responder model provides clinicians and police with the unique opportunity to effect change at the individual, familial, neighborhood, and institutional levels.

Emergency department direct line co-responder model

As mentioned in the "Results for CIT training" section and at the beginning of this chapter, PRPD officers noted during the CPSJ interviews that an inefficiency across the continuum of calls for service was the gap in communication between responding police officers and staff at Advocate Lutheran General Hospital—specifically the emergency department's Central Access Team clinical staff, which include the psychiatric emergency team and its clinical social workers. When officers respond to a mental health-related call and while they work toward de-escalating the situation, they obtain a substantial amount of information from the individual in crisis on his or her history, relationships, experience with medication or treatment, and the general conditions that have led to the need for an EMT to transport the individual to the hospital. Unfortunately, little of the information obtained by the officers makes its way to the hospital, resulting in repeated questioning, lengthy paperwork, and other inefficiencies across the response.

21. "Macro, Mezzo, and Micro Social Work," Social Work License Map, accessed September 12, 2017, <https://socialworklicensemap.com/macro-mezzo-and-micro-social-work/>.

As PRPD and hospital staff met over the course of the grant to discuss how to alleviate these inefficiencies with mental health calls, staff repeatedly referenced the Park Ridge Fire Department's practice of establishing a direct line into the emergency department should EMTs need assistance while transporting individuals with serious injuries or in health crises. This open line of communication allows doctors to support EMTs in the provision of emergency medical services and prepares the hospital for the individual and situation on the way, saving lives in the process.

Those discussions led the PRPD and hospital staff to ponder what if responding officers had the same access to hospital social workers that EMTs have to emergency department health professionals. Emergency department social workers could provide remote assistance as needed, and the police officers could offer helpful information that informs intake on the hospital side.

The PRPD and Advocate Lutheran General Hospital view the direct line to the emergency department as the key innovation among their various collaborations on the Beyond CIT initiative.

Though several collaborators expressed concerns that such a model might be more time consuming than it was worth, the PRPD implemented its own emergency room direct line co-responder model, and both officers and hospital staff have found it to save time in paperwork and intake over the course of the call. This simple, cost-effective measure has reduced silos and duplication of efforts,

Hospital and police perspectives on the emergency room direct line co-responder model

From the hospital

by Jeanine Gibbons, MSN, RN, Clinical Manager of Behavioral Health Services, Advocate Lutheran General Hospital

The direct line co-responder model has been a very rewarding and enriching collaboration with the Park Ridge Police Department. It has brought an increased awareness and responsiveness to mental health needs of the Park Ridge community. It has enhanced working relationships with the Park Ridge police and the Central Access Team, therefore strengthening our commitment to the community and our ability to respond to and serve them more efficiently. The model also reinforced a mutual professional respect and understanding on how to provide the appropriate services and a seamless response and transfer in the emergency department, improving the patient experience and outcomes. This pilot has been a wonderful opportunity.

From the PRPD

by Duane Mellema, Deputy Chief, Park Ridge Police Department

Real-time contact with the Central Access Team's social workers via phone, starting at the scene of a CIT incident, has significantly smoothed the process for both voluntary and involuntary mental health evaluation at Advocate Lutheran General Hospital. Useful information that helps prepare hospital staff is communicated, and officers have often been met by Central Access Team staff upon their arrival at the hospital. This has ensured proper completion of paperwork and clear communication of concerns, has generally reduced intake and evaluation time, and has presumably increased the quality of care provided to the community member. There has been an additional benefit of improved relations and greater professional respect expressed by officers and supervisors for the hospital staff.

increasing understanding and collaboration between these two front doors to the mental health system. The PRPD and Advocate Lutheran General Hospital view the direct line to the emergency department as the key innovation among their various collaborations on the Beyond CIT initiative.

Follow-up services via police social workers

During the CPSJ interviews, officers also identified that after an individual is hospitalized, the lack of communication among the various responders, families, and service providers and the lack of follow-up with the individual were major barriers to problem solving the frequency of repeat callers with mental health issues. These challenges further confirmed the need for a full-time police social worker tasked with both supporting individuals in crisis and ensuring the essential follow-up that had been missing.

With approval from the city council, the PRPD hired Geri Silic, LCSW, in July 2016 as a full-time police social worker, who has since expanded the PRPD's capacity to connect residents with appropriate services and resources.²² Silic not only provides referrals but also follows up with individuals with mental illness, victims of crime, and others to ensure they are in fact accessing services and to assist with navigating any barriers to care they may face. Even if an individual refuses service, Silic calls or visits residents after a crisis to let them know she's there should they need assistance in the future,

hopefully resolving the challenge of residents previously not knowing whom they can turn to for help regarding mental health issues.

Having a police social worker on staff is an enormous asset not only for helping community members but also for providing in-house expertise. Responding to people in crisis and interfacing with mental health issues will remain an integral part of police work long after the life of the grant, and PRPD officers will need to keep these skills sharp as they continue in their careers. To help keep mental health concepts fresh, the PRPD intends to capitalize on Ms. Silic's expertise by having her develop and deliver abbreviated in-service training modules and presentations at roll call. In-house police social workers also have the skills to respond to ongoing or specifically needed professional development: for example, if officers express discomfort responding to a category of crisis or the PRPD sees a rise in a certain type of call, the social worker can provide training accordingly.

Law enforcement agencies interested in hiring or working with a police social worker should visit the website of the Association of Police Social Workers—a nonprofit association comprising “mental health professionals dedicated to the development, practice, and enhancement of social services provided within police department settings.”²³ Interested agencies can also email the association via info@policesocialwork.org to receive a support packet on integrating this important position into their agencies.

[The police social worker] not only provides referrals but also follows up with individuals with mental illness, victims of crime, and others to ensure they are in fact accessing services and to assist with navigating any barriers to care they may face.

22. Studenkov, “Park Ridge Makes Position Full Time” (see note 17).

23. “About APSW,” Association of Police Social Workers, accessed October 23, 2017, http://www.policesocialwork.org/?page_id=44.

A police social worker's perspective

by Geri Silic, LCSW, Police Social Worker, Park Ridge Police Department

After I began working at the Park Ridge Police Department, I realized that access to a police social worker on a full-time basis was going to be perfect for both the community and myself. Me—because I had extensive experience in a specialized field that I couldn't wait to share with my new team and community. The community—because the need for support services was immediately present in watching the police respond to calls that sought for more than just a traditional police response.

Expanding the police social worker position from part time to full time provides the department and the community with access to a skilled social worker who not only responds to crisis but also identifies risks or patterns of behavior that can be addressed before a crisis occurs. Officers and detectives have the ability to access social service assistance for individual calls for service on a 24/7 basis to help with victims of violent crimes, mental health needs, senior needs, and child and family needs.

Working on a team that is entirely trained on the CIT Model has been valuable in addressing the needs of people suffering with mental health issues. The CIT Model emphasizes a team approach while saving precious time that is needed to problem solve; to provide options; and to move the family or individual toward safety, resolution, and resources.

Having a police response that includes a social worker aims to provide a mental health expert at the time of a crisis or after the crisis, as well as to directly link people in the community with local service providers and community supports. It is helpful for the department to have a social worker who can make that connection for the community and spend the necessary time following up to ensure the community is educated on what resources are available to them.

Conclusion

Through training, civic engagement, and testing of innovative specialized police responses to individuals experiencing mental health crises, the PRPD took creative steps to shift culture among its officers and the larger community from stigma and misalignment of services toward enhanced community-wide psychological savviness and silo reduction among public and private first responders.

Though a COPS Office grant supported these efforts in part, law enforcement agencies, community members, and healthcare professionals can implement portions of the PRPD's efforts at no or low cost. Collaborating with the local NAMI affiliate, setting up a direct line to the emergency department at the local hospital, or engaging a group of community leaders in an advisory capacity to help first responders better capitalize on the community's existing resources do not require substantial funding, just the energy and commitment of local stakeholders to provide compassionate responses to society's most vulnerable populations.

Through this collaborative Beyond CIT initiative, the PRPD and its partners achieved many successes by spreading mental health awareness; developed original mechanisms such as the community mental health resource guide and the PRPD's modified co-responder model; and identified key gaps in communication between the dispatch center and the PRPD that have yet to be bridged. However, with community participation and transformation of organizational culture at the center of this initiative, the PRPD is confident in the sustainability of its commitment to a proactive, person-centered approach to mental health response.

Part II.

Tools for Building Psychological Savviness in Your Community

How can your community learn from the city of Park Ridge's efforts to move beyond crisis intervention team (CIT) training to a whole-community approach to responding to individuals in crisis and reducing stigma around mental illness?

The following questions, lists, strategies, and resources encourage critical thinking about current practices and levels of engagement in an effort to ignite conversations and partnerships around mental health at the community level. Whether used by a law enforcement agency, hospital, or community group, these tools serve as a launchpad for multidisciplinary responses, collaboration, and engagement for building a whole-community response.

Guiding Questions

The following questions can help the community, law enforcement, and medical and behavioral health partners consider the current state of their resources, relationships, and responses; initiate conversations among relevant stakeholders and the broader community; and consider what an effort to go beyond CIT training might look like in their own community.

For the community

- » What is the state of your community's mental health? Has anyone gathered data on mental health specific to your community?
- » What do you know about your community's understanding of available mental health resources? How do community members access this information?
- » What are the community's expectations about officer response to individuals in crisis?
- » Which organizations, cultural groups, stakeholders, or community members are not at the table in community-level conversations about mental illness? Who can engage and make room for them?
- » Which community groups might benefit from a public education session?

For law enforcement

- » How is your agency capturing data on calls for service related to mental illness?
- » How could levels of training and awareness regarding mental health issues be improved in your agency? If funding is limited, what resources are untapped for in-service training or roll-call presentations? Could a mental health lens be incorporated into other training areas, such as use of force?

- » Where are the gaps in communication along the continuum of calls for service, from first response to follow-up? What can you or your agency do to bridge those gaps effectively?
- » How can your agency incorporate the voices of individuals and families in crisis, mental health clinicians, community leaders, and others on the continuum of calls?

For medical and behavioral health partners

- » Where are the gaps in communication with first responders? What inefficiencies between first responders and the healthcare system slow or inhibit patient-centered care?
- » What relationships could be developed or strengthened to promote more efficient and effective responses to people in crisis? How could behavioral health staff better understand first responders and vice versa? What can the hospital, law enforcement, and the community do to bring these actors together?

Asset Inventory

Many communities have an abundance of resources that work independently toward similar aims. As conversations with community stakeholders began, the Park Ridge Police Department quickly determined that the city was rich in resources, but they were highly fragmented. Having diverse stakeholders at the table in the community advisory board revealed untapped and unconnected services, and many agencies were unaware of key resources available to Park Ridge residents. Use this asset inventory to assess potentially untapped collaborators, services, and resources that may aid in your efforts in building a cohesive whole-community response.

Community advisory group

Such a group can help build sustainability, shared ownership, and connections to potential collaborators. Participants in this type of group could include any of the following:

- ☐ An existing health or human services task force at the city or county level
- ☐ A community relations or engagement division at local hospital
- ☐ Leadership or a board of the local behavioral health center or service provider
- ☐ Psychological or mental health professional associations to engage private practice clinicians
- ☐ The local public health department

Public and police educational resources

These types of resources can create a community-wide culture of learning, reduce stigma through education, and offer multidisciplinary training to build trust and relationships among residents, civic leaders, and first responders.

Potential training partners include the following:

- ☐ Association of Police Social Workers
- ☐ Local NAMI affiliate
- ☐ State CIT training provider
- ☐ School counselor or social worker
- ☐ Universities

Potential partners include the following:

- ☐ Chaplains, volunteers, or nonsworn staff
- ☐ City council or elected officials
- ☐ Dispatch/call centers
- ☐ Fire departments
- ☐ Hospital security staff
- ☐ Libraries
- ☐ Local chambers of commerce
- ☐ Ministerial alliances
- ☐ Parks departments
- ☐ Teachers, principals, or childcare providers
- ☐ Volunteer organizations

Key Strategies for Communities

Though every community varies in its response practices and policies, demographics, access to resources, history and ease of collaboration among stakeholders, and level of civic engagement among community members, promising practices emerged in the city of Park Ridge that may serve similar efforts elsewhere. The following list of strategies summarizes the key takeaways from the Park Ridge Police Department's Beyond CIT initiative, which other community groups and public safety providers may find useful as they consider an approach for their own community:

- ❑ Attitudes about mental health vary across communities. In partnership with a local university, healthcare partner, or the city, conduct a community survey to gauge residents' experience, understanding, and comfort with mental illness and accessing mental health resources.
- ❑ Engage the local chapter of the National Alliance on Mental Illness or another mental health agency or nonprofit in collaborative training efforts and community events.
- ❑ Involve the community throughout your process to promote buy-in and sustainability and to learn from community members' diverse expertise. You may be surprised what possibilities and perspectives they bring to the table.
- ❑ Develop a mental health resource guide for your community in an effort to spread awareness about resources available to community members regardless of their level of insurance coverage.
- ❑ Prioritize putting as many sworn staff as possible through CIT training. The potential for building a culture of de-escalation in which officers apply CIT methods to various interactions with community members is worth the investment in this specialized response.
- ❑ Get creative with cross-training service providers along the continuum of calls for service: e.g., provide scenario-based training with all parties involved, organize tabletop exercises of varying call types and complexities, cross-train on equipment and records systems, or offer ride-alongs in the field. In addition to law enforcement, other public safety providers including dispatch, fire, and hospital security play vital roles in crisis intervention and response, yet rarely do these parties train together if they are trained in this subject matter at all.
- ❑ Build rapport and trust among law enforcement and hospital clinicians or other mental health service providers by encouraging regular ride-alongs and formal or informal debriefing of crisis calls.
- ❑ Consider a co-responder model such as the direct line to the emergency department established by the Park Ridge Police Department and Advocate Lutheran General Hospital that enables communication between first responders and hospital staff to improve cohesiveness and communication in patient-centered responses.

Resources

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Organizations

Association of Police Social Workers

<http://www.policesocialwork.org/>
info@policesocialwork.org

Center for Public Safety and Justice, College of Urban Planning and Public Affairs, University of Illinois at Chicago

<http://cpsj.uic.edu>
cpsj@uic.edu
877-864-7427

CIT Center, University of Memphis

<http://cit.memphis.edu/>
cit@memphis.edu
901-678-2737

National Alliance on Mental Illness

<https://www.nami.org/>
703-524-7600

Office of Community Oriented Policing Services, US Department of Justice

<https://cops.usdoj.gov/>
askCopsRC@usdoj.gov
800-421-6770

Park Ridge (Illinois) Police Department

<http://www.parkridge.us/police/>
info@parkridgepd.org
847-318-5252

Appendix A. Park Ridge Mental Health Resource Guide

SERVICES FOR YOUTH

**Maine Township High School District 207
School Based Health Center**
(847) 825-4059
www.mhmc207.org/organizations/school_based_health_center/

- Provides medical and mental health screening and treatment to all D207 students that otherwise might not have access to primary care

Lutheran Social Services of Illinois (LSSI)
(847) 635-4600 www.lssi.org

**Maine Community Youth Assistance
Foundation (MCYAF)**
(847) 858-7090 www.mcyaf.com

- Coalition that works to prevent drug and alcohol abuse in teens
- Works to promote positive mental health in teens in Maine Township

ADDITIONAL RESOURCES

National Suicide Prevention Hotline
1 (800) 273-TALK (8255)
24-hour staff will counsel and refer you with the closest possible crisis center.

Employer EAP
Many employers offer an Employee Assistance Program. Contact your Human Resources Department for more information

FAITH COMMUNITY

Speaking with your local faith community leader is always an option, or contact the Park Ridge Police Department (847-318-5252) for an on-call Chaplain

IT'S OKAY TO ASK FOR HELP!

Always remember, in an
EMERGENCY

**DIAL
9-1-1**

HOSPITALS

Advocate Lutheran General Hospital
1775 Dempster St., Park Ridge
(847) 723-2210 www.advocatehealth.com/LUTH

Chicago Behavioral Hospital
555 Wilson Rd., Des Plaines
(847) 768-5430 www.chicagobh.com

Northwest Community Hospital
800 W Central Rd., Arlington Heights
(847) 618-1000 www.nchw.org

 **Advocate
Lutheran General Hospital**

 **Center for Public
Safety and Justice**



Healthier Park Ridge Coalition
Chair, Paula Besler, 847-723-7188
paulabesler@advocatehealth.com

PARK RIDGE Mental Health Resource Guide

In Park Ridge, approximately 3800 households experience anxiety, depression or other mental health concerns.

The #1 reason residents do not receive counseling when needed is because they do not know where to go.

In Park Ridge, approximately 3200 households feel caring for an isolated neighbor is a top concern.

About 1200 households have difficulty finding support services for older adults and seniors.

The #1 service needed for seniors but not received was counseling and support.



**Are you looking for HELP?
You are NOT alone!**

Sponsored by the Healthier Park Ridge Coalition

ABOUT THIS MENTAL HEALTH RESOURCE GUIDE

This guide is to aid you, your family or neighbor in the event you should find yourself needing assistance in dealing with ① depression, anxiety and any other mental health concern and/or ② any crisis or potential crises with any of these concerns. In a recent Healthier Park Ridge survey done by the Healthier Park Ridge Coalition and Advocate Lutheran General Hospital, these concerns were found to be the top problems affecting the members of our community.

The survey also indicated that the top services needed but not received by individuals or their family members were ① counseling and support services, ② support groups for coping with daily living and stress and ③ mental health services, especially for seniors but also for youth.

The #1 reason identified by the survey that these services were not received was because the individual or family member did not know where to go for services. This brochure is intended to bridge that information gap and provide a resource for accessing mental health resources.

**IF YOU HAVE AN EMERGENCY
CONCERN ABOUT YOURSELF, A
FAMILY MEMBER OR A NEIGHBOR...
ALWAYS CALL 9-1-1 FIRST!**

NON-EMERGENCY (847) 318-5252

Call the Park Ridge Police Department and ask to speak with a specially trained officer in mental health concerns (CIT) or the department's Social Worker.

FAMILY SERVICES FOR BEHAVIORAL ISSUES

MaineStay Youth & Family Services
(847) 297-2510 www.maintownship.com/mainestay

- Affordable counseling in English, Spanish, and Polish
- Programs for at risk youth and adults
- Mentoring, therapeutic groups, community education seminars, and parenting classes
- All programs are free or low cost

Turning Point
(847) 933-9202 www.tpoint.org

Psychiatric Crisis Hotline
(847) 933-0051

- Group and individual mental health therapy for adults and children
- Living Room is a comfortable, non-clinical space that offers an alternative to hospital emergency rooms for adults experiencing psychiatric emergencies

NAMI CCNS
National Alliance on Mental Illness Cook County North Suburban affiliate
(847) 716-2252 www.namiccns.org

- Sympathetic and informed listening ear for individuals and their families living with mental illness
- Classes, support groups, lectures and resources, (all at no cost), to help with the many challenges that come to families and individuals in need

EMERGENCY SITUATIONS
If you are in a crisis and
need immediate assistance

**DIAL
9-1-1**

SENIOR COUNSELING AND SUPPORT SERVICES

**Advocate Lutheran General Hospital
Older Adult Services**
(847) 723-7770
www.advocatehealth.com/luth-older-adult-services

- Adult Day Service
- Expressions (Early Alzheimer's Group)
- Home delivered meals
- Senior advocate counseling

Center of Concern (COC)
(847) 268-4213 www.CenterofConcern.org

- Supportive services for seniors, people with disabilities, their families and caregivers
- Information and resources via help/intake phone line
- Counseling services for mental health, housing, medicare and financial concerns

GOOD NEIGHBOR PROGRAM

(847) 318-5319
If worried about a neighbor who is isolated, hoarding, or needs support, contact the Environmental Health Officer for the **Good Neighbor Program** at the City of Park Ridge

SUBSTANCE ABUSE

Advocate Addiction Treatment Program
(847) 795-3921

Keys to Recovery
(847) 298-9355

Maine Township Recovery Connection
(847) 297-2510

Presence Substance Abuse Services - Evanston
(847) 316-2038

About the Partners

The **Park Ridge Police Department (PRPD)** is a medium-sized agency with 54 sworn officers and 23 civilian employees. The PRPD is committed to a community policing philosophy called PACT (Police and Community Together). Through this philosophy, the PRPD values developing partnerships, fostering community engagement, and working together with the community to solve problems, as evidenced by its robust community volunteer program. The PRPD is led by Chief Frank Kaminski, who together with project lead Commander Jason Leavitt to expand community engagement and streamline responses to mental illness.

Advocate Lutheran General Hospital, the regional Level 1 hospital, provides services to numerous local communities and is often the final destination for many of those individuals encountered by law enforcement who show signs of mental health issues and who are in need of treatment. The hospital's doctors, community engagement officers, and Central Access Team clinical staff collaborated on the development of the emergency

department direct line co-responder model and provided a licensed clinical social worker to participate in the PRPD's modified version of a traditional co-responder model.

The **Center for Public Safety and Justice (CPSJ)** was founded in 1997 as one of the original regional community policing institutes established by the Office of Community Oriented Policing Services (COPS Office). The center's mission is to provide support and training for communities to adopt community policing as their public safety model. In this effort, the CPSJ served as the Beyond CIT initiative's academic partner and technical assistance provider, collaborating on training and coordination efforts, setting agendas and participating in advisory board meetings, holding conversations with officers and participants, documenting PRPD's multipronged effort, and developing this final report and enclosed toolkit. The CPSJ is one of nine research centers within the College of Urban Planning and Public Affairs at the University of Illinois at Chicago.

About the COPS Office

The **Office of Community Oriented Policing Services (COPS Office)** is the component of the US Department of Justice responsible for advancing the practice of community policing by the nation's state, local, territorial, and tribal law enforcement agencies through information and grant resources.

Community policing begins with a commitment to building trust and mutual respect between police and communities. It supports public safety by encouraging all stakeholders to work together to address our nation's crime challenges. When police and communities collaborate, they more effectively address underlying issues, change negative behavioral patterns, and allocate resources.

Rather than simply responding to crime, community policing focuses on preventing it through strategic problem-solving approaches based on collaboration. The COPS Office awards grants to hire community policing officers and support the development and testing of innovative policing strategies. COPS Office funding also provides training and technical assistance to community members and local government leaders, as well as all levels of law enforcement.

Since 1994, the COPS Office has invested more than \$14 billion to add community policing officers to the nation's streets, enhance crime fighting technology, support crime prevention

initiatives, and provide training and technical assistance to help advance community policing. Other achievements include the following:

- » To date, the COPS Office has funded the hiring of approximately 130,000 additional officers by more than 13,000 of the nation's 18,000 law enforcement agencies in both small and large jurisdictions.
- » Nearly 700,000 law enforcement personnel, community members, and government leaders have been trained through COPS Office-funded training organizations.
- » To date, the COPS Office has distributed more than eight million topic-specific publications, training curricula, white papers, and resource CDs and flash drives.
- » The COPS Office also sponsors conferences, roundtables, and other forums focused on issues critical to law enforcement.

COPS Office information resources, covering a wide range of community policing topics such as school and campus safety, violent crime, and officer safety and wellness, can be downloaded via the COPS Office's home page, www.cops.usdoj.gov. This website is also the grant application portal, providing access to online application forms.

An ongoing concern of today's law enforcement agencies is how to manage officers' increasingly frequent contact with individuals experiencing a mental health crisis and how to do so safely, effectively, and with compassion. To identify best practices, the COPS Office provided funding to the Park Ridge (Illinois) Police Department to pilot a whole-community approach to mental health that extends efforts beyond crisis intervention team training. Together with a team comprising community stakeholders and members of the regional healthcare system, the department worked to expand community engagement and streamline responses to mental health crisis by identifying effective new strategies. This case study tells Park Ridge's story, highlighting lessons learned, sharing promising practices, and identifying opportunities for further exploration and collaboration.



COPS
Community Oriented Policing Services
U.S. Department of Justice

US Department of Justice
Office of Community Oriented Policing Services
145 N Street NE
Washington, DC 20530

To obtain details about COPS Office programs, call
the COPS Office Response Center at 800-421-6770.

Visit the COPS Office online at www.cops.usdoj.gov.