WINNING DUO

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BIG PICTURE

How Pima County changed the culture regarding behavioral health and law enforcement

Discuss cultural differences between each entity

Techniques to begin or enhance communication and collaboration between treatment and law enforcement

Be awesome.
WHAT'S A WIN-WIN-WIN?

And, it’s the right thing to do
CLASS SURVEY

What is your job?
Where do you work?
How long have you been in this field?

What is your current level of satisfaction with the “other side of the aisle”?

[Image of a scale with ratings from 0 to 11, with 0 being neutral and 11 indicating intense negative sentiment.]
WHAT BARRIERS HAVE YOU STRUGGLED WITH?
CULTURAL BARRIERS

Treatment Approach

Law Enforcement Approach
INFLUENCES FOR CHANGE —
PIMA COUNTY EVENTS

U of A Nursing School — 2003
- Mentally disturbed man shoot 3 professors, then himself

Mental Health Courts
- Misdemeanor and felony
- Tucson City Court 1999
- Superior Court 2004

However, communication between treatment and law enforcement was still strained

4 Dead In Univ. Of Arizona Shooting

Students comfort each other after a shooting incident in a class at the University of Arizona’s School of Nursing in Tucson, Ariz. Four people were confirmed dead, including the attacker, who is believed to have killed himself, said Tucson police Chief Richard Miranda. / AP

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A student flunking out of the University of Arizona nursing school shot three of his professors to death Monday, then killed himself as dozens of terrified students rushed to get away.
INFLUENCES FOR CHANGE

2005 – Dep. Graham, PCSO
- Hit by semi while attempting to apprehend a mentally ill man who had been released from a psychiatric hospital hours earlier

2008 – Ofc. Erik Hite, TPD
- Man (diagnosed with paranoid schizophrenia after the incident) ambushed police officers, killing Ofc. Hite, shooting another officer, and attempted to kill many more

Recognition that “you can’t arrest your way out of a mental health condition”
By time of January 8, 2011 shooting, major community change had already happened. But mental illness was thrust into the headlines once again.
EVOLUTION OF COLLABORATION

2001
- CIT Program Starts
- Communication strained between treatment and LEO

2008
- Numerous negative events with individuals with serious mental health issues
- Blame of both treatment and police, “why wasn’t more done?”
- Community resources not knowledgeable of responsive to needs of LEO

2009
- CIT Training Redesign
- Beginning of cross-system collaboration
- Training of mental health personnel and families on LEO

2011
- Opening of the Crisis Response Center (CRC), based on UPC in Phoenix, LEO is a “preferred customer”
- Huge growth in number of police, dispatch, corrections and probation officers being trained in CIT (waiting list)

2013
- PCSD and TPD form Mental Health Support (and Investigation) Teams
- Number of LEO trained in CIT tops 1000 in Pima County.
- Mental Health First Aid Training is begins, with a Police module to follow
Recognition that cultural shift needed to happen

That unrealistic expectations had been placed on the “other side”

Pointing figures wasn’t improving the situation, and there were both things that could be done better
ENTER CRISIS INTERVENTION TEAM (CIT) TRAINING

Who has a CIT program? What do you know about it?

Tucson started in 2001
- Charm School
- “Check a box”
- Punishment

Program Redesign in 2009
- Cop Culture Competency
- Dialogue with officers
- “Couples counseling” with treatment
- Genuine partnership with community treatment and NAMI
WITH A CIT TRAINING PROGRAM + A MENTAL ILLNESS/CRISIS RESPONSE PROTOCOL

A Best Case Scenario

Officer is able to de-escalate the situation

Person is taken to crisis center and/or referred to community treatment
  - “Breaking the Cycle” – avoid future interactions
  - Positive Community Policing

Financial Savings
  - Officer time
  - Jail Days
  - Criminal Case Proceedings

Avoid going “hands on”
  - Improved liability
  - Improved safety

But If the Outcome Is Bad Anyway…

Officer should be able to say:

“I am knowledgeable of and considered use of de-escalation techniques and community resources.

I still could not have handled the situation any other way.”
IS OBJECTIVE OF CIT TO ALWAYS USE DE-ESCALATION?

No, purpose of CIT is to give experienced officers:

Tools For The Tool Box

Objective:
- Provide skills to be able to de-escalate individuals and situations, when appropriate
- Does not override tactical training
- Officer and citizen safety is always paramount
CIT: MORE THAN JUST A TRAINING

Treatment

Role - from participation to partnership
Ownership means...
- Prepared to accept negative feedback
- That regardless of how much time you spend with LEO, you are not LEO, and you need to stay in your lane
CIT and other “training” is some of the best times to have a conversation about what’s working and what isn’t
Have to remove the idea of “expert”, teaching them the “correct way to do it”
Tactics
Make a “safe place” – no shaming

Law Enforcement

Room to develop trust
Be honest about what’s not working
Keep open mind to new techniques (it doesn’t mean safety has to be compromised)
Don’t be afraid to change up presenters – a good experience is more important than politics
Great opportunity to “market” alternatives and resources to your officers
Sheriff's Dept. starts unit to find appropriate care for mentally ill

TPD unit says mentally ill need help, not handcuffs

TUCSON, AZ (Tucson News Now) - The January 8th mass shooting brought the issue of finding appropriate health care for the mentally ill right to the door step of the Pima County Sheriff's Office and the Tucson Police Department.

Following Pima County's footsteps, Tucson Police have now launched a unit that will serve as a mental health support network for officers, people in the community, and health care providers.

It's a first of a kind unit for the department. The goal is to eventually expand the unit to include all local law enforcement agencies in the area, treatment specialists, and mental health court staff as well.

"Roughly a third of our calls involve mentally ill individuals," said Tucson Police Chief Roberto Villasenor during a press conference earlier this year.
IDEOLOGICAL SHIFT

Communication with Treatment

“We recognize that we were the ones missing at the table”

Participation in ART meetings

High Utilizers

One-way communication

Tx still suspicious, but huge improvement

Collaboration with Treatment (MHST)

Treatment over incarceration

Consistent case management

Training, training, and more training

Part of the solution, part of plan

Future:

Co-Responder Teams

Civilian MHST Team Members
TIPS FOR CROSSING CULTURAL BARRIERS & DEVELOPING RAPPORT
1. KNOW YOUR ROLE

- Respect the role each person plays
- Has different laws, and obligations
- Will have different goals/objectives
- Having realistic expectations
2. KNOW THEIR ROLE

- “You think you know, but you have no idea”
- Do a ride-along
- Attend meetings
3. BUILD A RAPPORT

But also, look out for cooties
4. STEP OUTSIDE THE BOX

Like, in a submarine
5. PRAISE PUBLICALLY, CRITICIZE PRIVATELY

I mean, within reason
WHAT HAVE YOU TRIED?

Do you have a CIT program?
- How is treatment involved?
- Make a safe place for discussion

Other training?
Mental Health First Aid
SCIENCE... FOR THE SAKE OF SCIENCE

Actually it's just a recent example.

But we really liked it.
OPTIMISM!!!!

Obligatory pep talk!!

But seriously. You can do it.

We’re here to help:
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