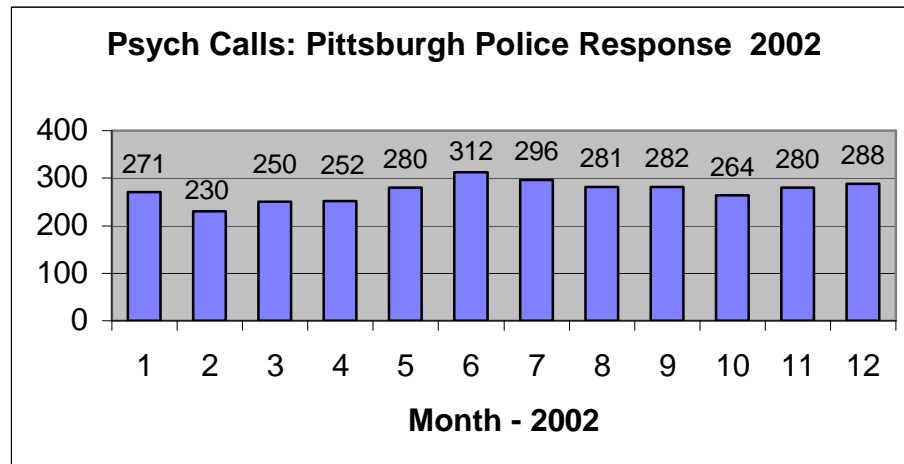


CPRB Summary: Response to Mental Health Crises and Citizens with Disabilities

Suggestions to the Pittsburgh Police regarding response to people with mental illness, emotional disturbance and individuals with other incapacitating disabilities.

In 2002, according to data provided by the Emergency Operations Center, police responded to 3278 psychiatric calls - an average of 9 per day. Monthly patterns are shown on the chart below.



The CPRB has received several complaints from citizens alleging police misconduct against individual officers who responded to the respective calls. Some complainants suffered serious injuries and all complained about being treated as a “criminal” and reported being handcuffed, physically carried, taken down and denied a medical response.

The investigations into these complaints revealed an absence of operational guidance for officers and, by omission, failure of the City to appropriately accommodate the needs of disabled citizens as required by the Americans with Disabilities Act.

Legal Considerations

Title II of the Americans with Disabilities Act required state and local governments to evaluate policies and procedures to assure people with disabilities are not discriminated against because of their disability. The ADA required this self-evaluation to be completed by 1993. All state and local services are to be appropriately accessible to people with disabilities through reasonable accommodation. For example, hearing impaired people should be handcuffed in front of the body to permit them to communicate through sign language. People with a seizure disorder or diabetes, or other qualifying disabling condition that requires regular medication, should be permitted their medication. Such accommodations should be stated in the Bureau’s policies and procedures, and every officer should be trained in the implementation of these procedures.

Failing to adapt and train officers accordingly, could not only result in civil rights violations, but could expose the City to severe liability.

Under the Civil Rights Act, §1983, a failure to train and resultant use of excessive force against people with disabilities could also expose the City to severe liability.

Models

Mobile Crisis Response Teams (MCRT)

Typically comprised of civilian mental health professionals and police officers. The model requires a partnership between the mental health community and law enforcement in a practical, problem-solving manner. The police officers receive specialized training and provide security and support to the MH professionals. The Office of Behavioral Health, Department of Human Services, Allegheny County, sponsors a MCRT as part of its community diversionary plan.

Crisis Intervention Teams (CIT)

Comprised of specially trained police officers capable of conducting field evaluations and competent crisis management skills. This model does not foster community partnerships. Generally, the CIT is not deployed as a specialized unit, but is the collective description of a group of officers who are specially trained to a level of expertise in mental health beyond that of a patrol officer's generalized knowledge.

CIT members are individual on-duty officers available to respond to calls of known or suspected emotional disturbance. Theoretically, the CIT officer performs routine duties while on-duty but is nearby and readily available to respond to a crisis scene. A drawback is the potential delay in response by a CIT member to a volatile scene, leaving the responding officers to rely on their own methods to control the situation, usually resorting to traditional force tactics.

Also, while it would be desirable to boast of our internal police expertise through development of an exemplary CIT, it would be duplicative of currently available community resources.

Suggestions

- The City of Pittsburgh and particularly the Bureau of Police should revise public safety policies and procedures to ensure compliance to Title II of the Americans with Disabilities Act. (*Including availability of adapted modes of transportation for people with limited physical abilities or those using mobility supplements like wheelchairs.*)
- All officers, supervisors and administrators should receive training in policies and procedures related to interactions with people with disabilities upon issuance and annually thereafter.
- The Bureau of Police should incorporate the Allegheny County Mobile Crisis Team in its protocol for response to incidents of known or suspected emotional disturbance. (*Pittsburgh is the only municipality in the County that declines the support of the MCRT.*)
- Volunteers to serve as police officer partners in the Mobile Crisis Response Team should be solicited and trained extensively, initially and annually thereafter.

- Due to the diversity of our communities within each police zone, the Bureau should train an initial corps of volunteer officers for MCRT participation to assure an adequate number of trained personnel are on-duty on every shift throughout the City.
- Emergency dispatchers must be trained to screen calls to discern those that may be of an emotionally critical nature to assure appropriate and timely deployment of properly equipped and prepared officers.
- Calls for service, use of force reports, police involved shootings, aggravated assault arrests and disorderly conduct arrests should be measured and compared to a temporal baseline prior to implementation of the MCRT response.
- The Bureau of Police should incorporate use of less lethal technology such as the TASER M26 in the protocol for managing an emotionally disturbed person. The TASER offers a safer alternative to managing a violently out of control person than does traditional or chemical force tactics.
- Training emphasis should include:
 - Recognition of mental illness and other incapacitating disabilities as distinguished from substance intoxication.
 - Communication skills.
 - Available community resources.
 - Medications commonly used in treating mental illness, emotional disturbances and other incapacitating disabilities.
 - Manifestations of side effects of medication and symptoms of disorders.
 - Safety mechanics designed to restrain with the least amount of force and not reliant on pain induced compliance.
- Organizational acceptance of officers' time consumed by some MH calls.
- The CPRB, Bureau of Police and Allegheny County Office of Behavioral Health should work together to implement the MCRT in the City and endeavor to create an efficient, facility based system for psychiatric intake designed to minimize the officer's time after the person has been secured.

The CPRB will continue to work on this issue with advocacy groups and the Allegheny Co. Office of Behavioral Health.

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