Date:

To: Mayor Quentin Hart, Waterloo Police Department, Elevate

From: Kaitlin Abshire, Cecelia Bonilla, Rebecca Chia, Natalie Grodnitzky, Dr. Karen Heimer, Omar Lopez, Aurora Palmillas, Anjali Puranam, Vivian Ramirez, Myah Rhodes, Alexandra Skores, Konstandina Spanoudakis, Antonio Woodard

Re: Mental Health and Policing on the Front Lines

INTRODUCTION

There are a high number of persons with mental illness in the in the criminal justice system. Studies estimate that six to ten percent of all police contacts with the public in the United States involve persons with serious mental illnesses (Livingston, 2016). The police typically are the first to respond to mental health and/or substance abuse crises. They have become frontline professionals who manage people when they are in crisis. While they may be the first to interact with a mentally ill individual at a scene, officers might not have the appropriate tools or training to handle crisis intervention. Law enforcement has come under increasing scrutiny regarding the use of unnecessary force when encountering people with mental illnesses (e.g., Amiri, 2021; Burke, 2021; Hernandez, 2021). According to a study released by the Treatment Advocacy Center, people with untreated mental illnesses are sixteen times more likely to be killed during a police encounter than other civilians approached or stopped by law enforcement (Carroll, 2018). Frontline police officers often serve as gatekeepers in deciding whether a person with mental illness should enter the mental health system or the criminal justice system. Consequently, a major goal of many communities is to better prepare and train the police to handle these situations, and to encourage the diversion of persons experiencing a crisis away from the criminal justice system and to community mental health agencies.

Our research team approached the study of the policing of Waterloo community members with mental illness by first interviewing mental health organizations in the Waterloo community including Black Hawk Grundy, Pathways, and Elevate, to gather information about the resources available to the public. We also interviewed staff at the Black Hawk County Sheriff's Office about resources available to persons with mental illness after arrest, while incarcerated, as well as Crisis Intervention Training (CIT) options that are offered to officers in the Waterloo Police Department. We also conducted an online survey of officers in the Waterloo Police Department, observed portions of a CIT workshop for officers, and participated in several "ride-along" opportunities with officers. Finally, we obtained information from other police departments in Iowa and nationally to better understand their procedures for handling mental health crises. We report our findings and observations below.

BACKGROUND

Policing has long been characterized by a preponderance of day-to-day activities that are more in line with 'social service' goals than 'law enforcement' (Murphy et al., 1971). This including policing of persons experiencing mental health crises. Policing of persons who are having mental health crises can become problematic when communication breaks down. Indeed, law

enforcement professionals often cite effective communication as the key ingredient to good policing (McDaniel, 2019). Communication is an officer's first tool to de-escalate an incident. As such, effective communication skills are essential for good police practice, generally, but also in situations where a citizen is having a mental health crisis. Current law enforcement policies involving mental health include mental health education and awareness, in an attempt to improve the knowledge and skills of officers regarding best practices. This is key because research has shown that even controlling for various characteristics of the situation and individuals, citizens displaying signs of mental illness are subjected to higher levels of police force, and are more likely to be injured (Rossler, 2017).

One strategy that has been implemented by the police departments nationwide to reduce negative interactions between police officers and people with mental health issues is Crisis Intervention Training (CIT). The Crisis Intervention Training model is an established program used to improve police response to encounters involving persons with mental illness (PwMI) (Luzinski, 2015). Diversion of PwMI from the criminal justice system to appropriate treatment providers in the community is one of the primary goals of CIT. Research indicates that encounters involving PwMI and CIT officers often result in diversion to mental health services (Luzinski, 2015). Below, we discuss background on CIT further.

Waterloo Demographics

The city of Waterloo has a population of 67,328. Of this population the three largest racial/ethnic groups are White 70.8%, Black 16.7%, and Latinx 6.9%. The population of Waterloo also includes 10.3% of people having a disability, and 17.4% of people in poverty. 7.6% of the population does not have health insurance.

Waterloo Crime Rates

Waterloo has a non-trivial crime rate, as illustrated by these charts of the crime in Waterloo during 2019.

Offender Race	value
White	427
Black or African American	401
Unknown	35
Asian	3
Native Hawaiian	0
American Indian or Alaska Native	0

Table 1: Arrests for all violent crimes in Waterloo in 2019.

Offender Race	value
Black or African American	146
White	103
Unknown	12
Asian	0
Native Hawaiian	0
American Indian or Alaska Native	0

Table 2: Arrests for all property crimes in Waterloo in 2019.

Waterloo Mental Health Needs & Services

In the United States, the prevalence of mental illness in adults is nearly 20%. These illnesses cover a broad degree of severity and symptoms. From the 2020 Community Health Status Assessment on Black Hawk County, the diagnosis of mental health disorders varied across race as follows: 82.5% White, 14.6% Black, 2.9% all other races combined (Black Hawk County Public Health, page 42). Furthermore, for self-ratings of health, 86.5% of White residents rated their health as good, very good, or excellent whereas only 70.2% of Black residents said the same (Black Hawk County Public Health, page 51). In Iowa, only about 50% of adults with a mental illness use a mental health service (DataUSA). This could be due to a variety of reasons, one of which is cost. For example, in Waterloo approximately 7.6% of individuals are not insured, and 17.4% live in poverty.

Crisis Intervention Training

Crisis Intervention Training (CIT) is a specialized policing curriculum intended to prevent the risk of serious injuries or arrest during police engagement with individuals experiencing mental health crises. The 40-hour voluntary training is primarily focused on the initial stages of officer interaction with the goals of de-escalation as well as mediating individuals to community-based services in lieu of an arrest. During the course, officers learn about mental illness, de-escalation techniques, and apply CIT-based practices in situational training (Ellis, 2014). CIT is led by mental health clinicians, consumers and family advocates, and police trainers.

CIT has proven to be effective resulting in numerous benefits for officers and the public. First, CIT promotes officer safety. After its implementation officer injuries during mental health crisis calls decreased by 80% (Dupont and Cochran 2000). Likewise, individuals with mental illness also experienced a reduction in injuries from officer interactions. Moreover, CIT has been associated with improving attitudes and knowledge about mental illness among police officers (Compton, et al. 2014). Furthermore, CIT has demonstrated to be an efficient source of diversion. This is because it decreases the arrests of individuals with mental illness (Franz and Borum, 2011) while simultaneously increasing the likelihood that they receive treatment (Broner, et al 2004). Finally, CIT is cost-effective since the average prices of community-based mental health services are significantly less expensive than that of jails or prison. For example, in Wayne County, Michigan it costs $31,000 to incarcerate a person meanwhile community-based treatment only costs $10,000.

STAKEHOLDERS

Waterloo Police Department

The Waterloo Police Department plays a significant role in determining which individuals are processed into the criminal justice system. Understanding the relationship between the department, the community, and crisis intervention training became integral to understanding this issue. As of 2019, Dr. Joel F. Fitzgerald succeeded Daniel J. Tekla as Chief of Police. Since Fitzgerald took over the role of chief, there have been an increasing number of officers receiving Crisis Intervention Training. This training has been supported by the Black Hawk County Sheriff's Office for some time.

Community Mental Health Providers

Some of the mental health needs in Waterloo are met by services like Black Hawk-Grundy, Elevate, and Pathways Behavioral Services—descriptions of which are available to police officers in the form of the Community Resource Guide (Appendix A). Though Waterloo has a variety of resources available to those struggling with mental health, these services are often limited to weekdays and business hours.

Elevate is a relatively new community mental health organization in Waterloo; it is focused largely on crisis intervention. Supported by that a grant from the Substance Abuse and Mental Health Services Administration, Elevate is offering services to those without insurance. Elevate provides mental health therapy, medication management, psychiatric evaluation, law enforcement liaisons, clinician follow-ups, and a mobile crisis response team. Elevate's grant lasts three years. This winter, Elevate began a partnership with the Waterloo Police Department, pairing one Elevate mental health worker with an officer on each of the three policing shifts. The worker accompanied the officer to assist with any mental health crises or incidents that may arise.

Waterloo Community

It is important to acknowledge the experiences of community members with regard to policing. in the area. Currently, Waterloo is facing a time of some tension in police relations with the community members. Moreover, although mental health resources are available to community members, access appears to be an issue.

STUDY FINDINGS

Observations – Crisis Intervention Training

As part of our research, we were given the opportunity to observe a CIT session within the Waterloo Police Department. It was led by a CIT-certified instructor (external to Waterloo PD) who has prior experience working as a police officer. Here are some key lessons highlighted during the course.

Cultural Considerations – Cultural consideration refers to understanding the cultures of different groups of people that may influence their behaviors or perceptions during cross-cultural police interactions. This includes, but is not limited to, individuals' values, norms, and traditions. The CIT session observed emphasized the importance of "understanding the way members of different cultures view the nature, cause, and treatment of crisis intervention enacted by the police." Moreover, the training conveyed that cultural consideration plays a key role in the application of CIT procedures. Officers must be conscious of how individuals of different identities may perceive CIT-based practices conducted by police. These perceptions are mostly likely going to differ; thus, approaches may have to vary depending on the individual. Currently, the Waterloo Police Department has primarily white male officers, and thus officers need to be aware of the differences in experiences of the community that they police.

Cultural Intervention Strategies - Cultural intervention strategies (CIS) are verbal and behavioral techniques taught to officers catered towards interactions with individuals experiencing a mental health crisis. The purpose of these strategies is to allow individuals to perceive the officers in a more positive manner which alleviates stress, builds trust, and creates more engagement. Examples of CIS techniques are speaking calmy, standing passively, and encouraging individuals to express their mental health concerns.

The Role of Officers – Another point emphasized throughout the training was the role of officers when engaged in situations related to mental health crises. Officers were instructed not to attempt solving the mental health dilemmas of individuals, rather they should act as the mediator who navigates individuals to local mental health services.

Officers' Mental Health – Officers were told that they should be aware of their own mental wellbeing and ensure that their mental state is healthy. The instructor expressed to officers that he knew the mental taxation of policing, and later commented that he had wished all officers were assigned a therapist because of the stressful nature of the job. He concluded by telling officers about the negative impacts mental strain can have on policing, such as influencing officers to make bad decisions, preventing effective policing, and losing passion for the job. Below we note that we found considerable levels of work-related stress among the Waterloo officers who took our survey.

Survey

Methodology

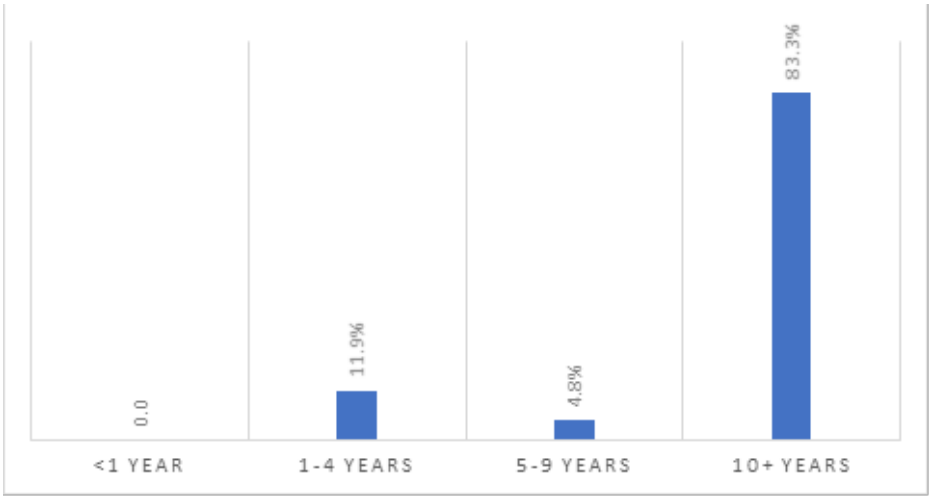
Our survey was designed using Qualtrics and contained 22 quantitative and qualitative questions; it took between 5 and 20 minutes to complete fully. We opened the survey for nearly three weeks, starting March 15, 2021. Major Leibold, of the Waterloo Police Department, distributed the link to our survey to all officers via email by on the Monday of each of the three weeks of the survey. Fifty-four of the 118 officers on the force completed the survey. The response rate was 45.7%. The survey was completely blind – we had no knowledge of any officer's identity. These responses were exported to excel. We collected and analyzed quantitative and qualitative data. All demographic information was removed before the open-ended responses were coded for qualitative analysis.

Overall, our survey aimed to learn more about the policing of persons experiencing mental health crises, as well as about officers' perceptions of supports and barriers to their work. Our survey included questions regarding officers' perceptions of mental health, specifically how comfortable they were discussing, handling, or advocating for mental health. We also asked them questions regarding their perceptions of the community services available, as well as how familiar they were with communicating those services to others. Finally, we included a demographics section of questions to describe our respondents'gender, race or ethnicity, and whether they had been through a CIT session. The full survey, including skip patterns and display logic, is available in Appendix B.

Survey Findings

Demographics and Background

Almost all officers responding to our survey were male and white. Over 83% of officers responded that they were on the force for more than 10 years. Around 12% said they had only been a part of the force 1-4 years.



Graph 1: Number of Years on the Force

Officer Stress

We also found considerable levels of work-related stress among the Waterloo officers who took our survey. For instance, 91% of officers claimed to have experienced moderate or higher levels of work-related stress within the last six months. Furthermore, 55% of officers claimed that they encountered high to extreme levels of work-related stress. This is a significant problem for the department to address to avoid potential use of alcohol and other potentially problematic methods of coping with stress.

Community Provider Relationships

Our survey asked respondents about their perception of the relationship between the Waterloo Police Department and mental health service providers in the community. Of the officers responding to our survey, 9% of officers reported an excellent relationship 32 % reported a good relationship between the department and mental health service providers in the community. The majority of the officers surveyed said that the department had fair to excellent relationships mental health organizations.

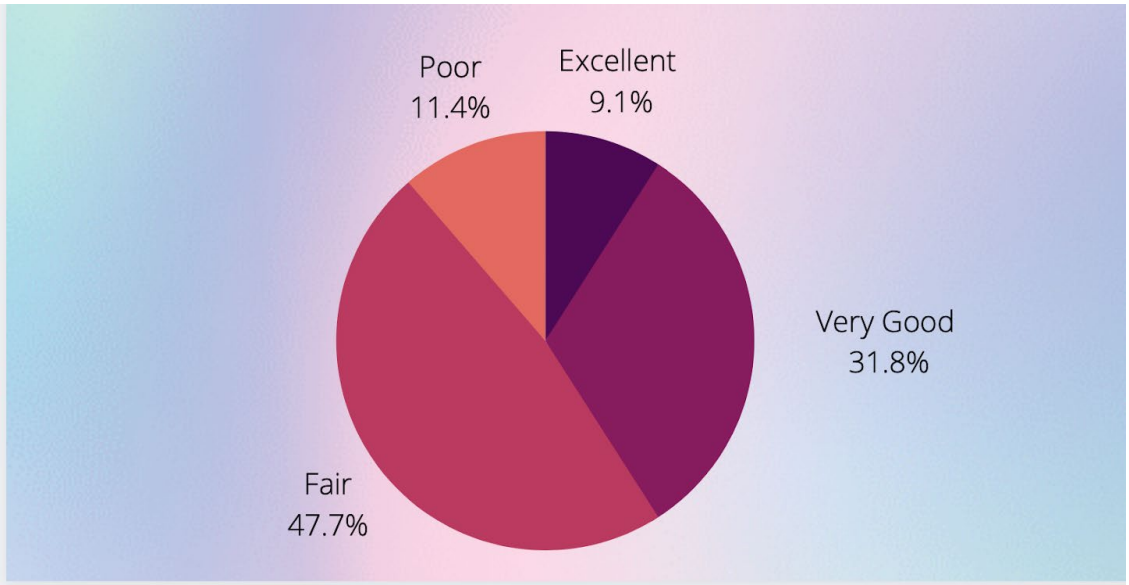


Figure 1: This figure illustrates how officers perceive the relationship between the police department and the mental health organizations in the community. It shows the percentage of total respondents that chose each answer.

Crisis Intervention Training (CIT)

Of the officers participating in our survey, 30% responded they had received CIT and 70% had not received CIT. Of the officers that responded that they were not trained in crisis intervention, 68% responded that they would not like receive CIT. Through our interviews with the police, we found additional evidence that officers were reluctant to additional training. This evidence suggests that a cultural shift in policing towards CIT training and mental health awareness is needed for the training to be widely effective. The officers will be keener to use what they learned during CIT if they desire the training and see the positive impacts. Officers that take CIT and are not interested in retaining the information will be less effective in implementing the training into their interactions.

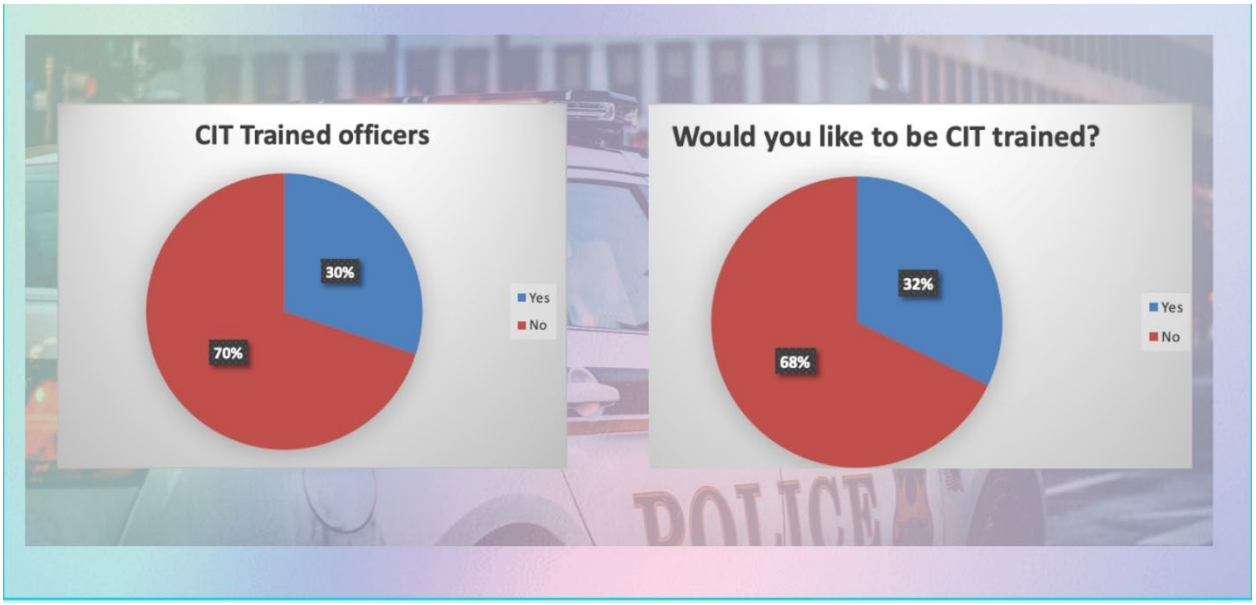
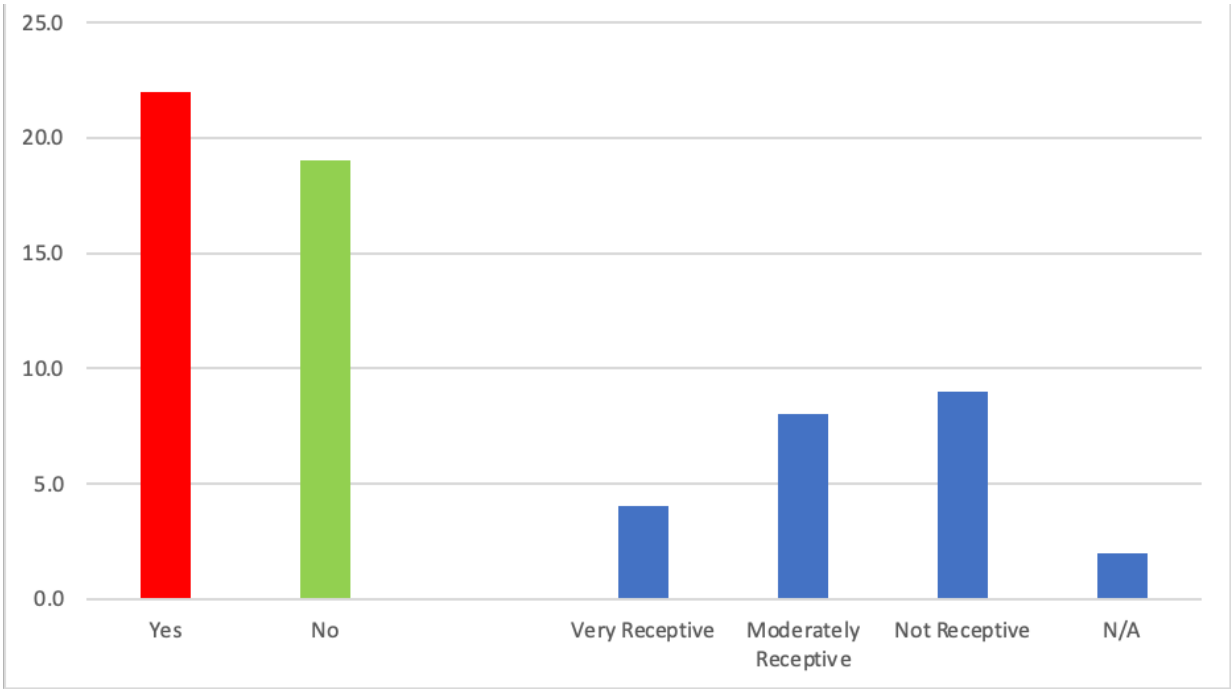


Figure 2: This figure represents the percentage of the respondents who have received crisis intervention training on the left. The figure on the right represents the percentage of those who would be interested in completing crisis intervention training in the future.

Advocating for Change

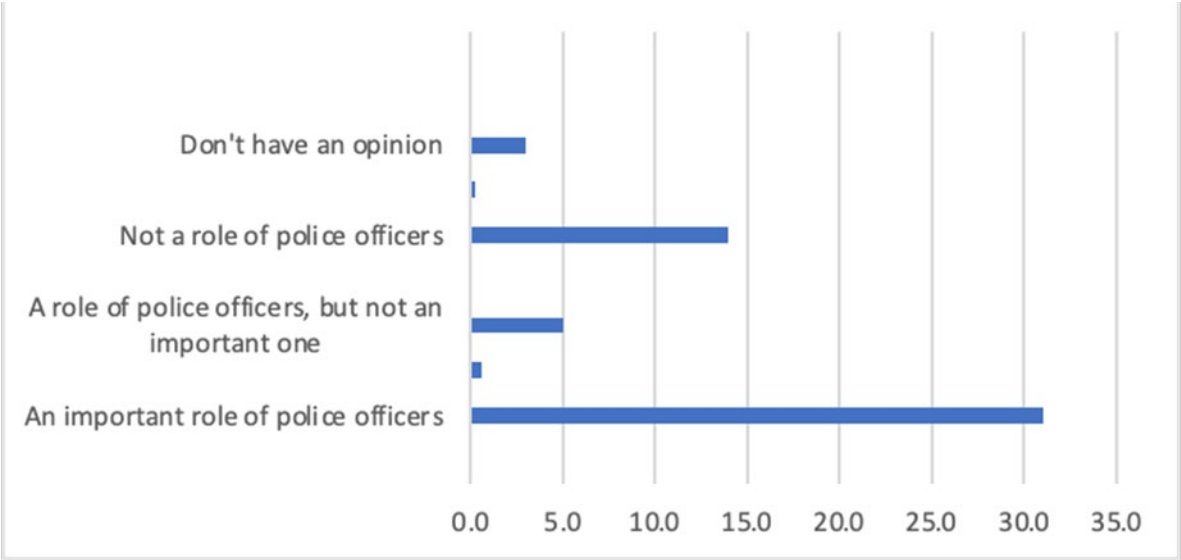
To get some indication of level of interest regarding mental health issues, we asked if officers had ever advocated for change surrounding policies or trainings involving mental health crises. Our results show that over half of respondents reported that they had did advocate for change, suggesting that there are officers on the force who are cognizant of issues and want to see improvement. Yet, we also found that many reported that the department was not receptive to their requests.



Graph 2: This graph depicts the response to two separate questions; bars correspond to numbers of respondents. The left side displays number of participants who reported that they had advocated for changes regarding mental health trainings or policies. If they participant responded "yes" they were then asked how receptive the department was to their recommendation. Their answer to the second question is noted on the right side.

The Role of the Police

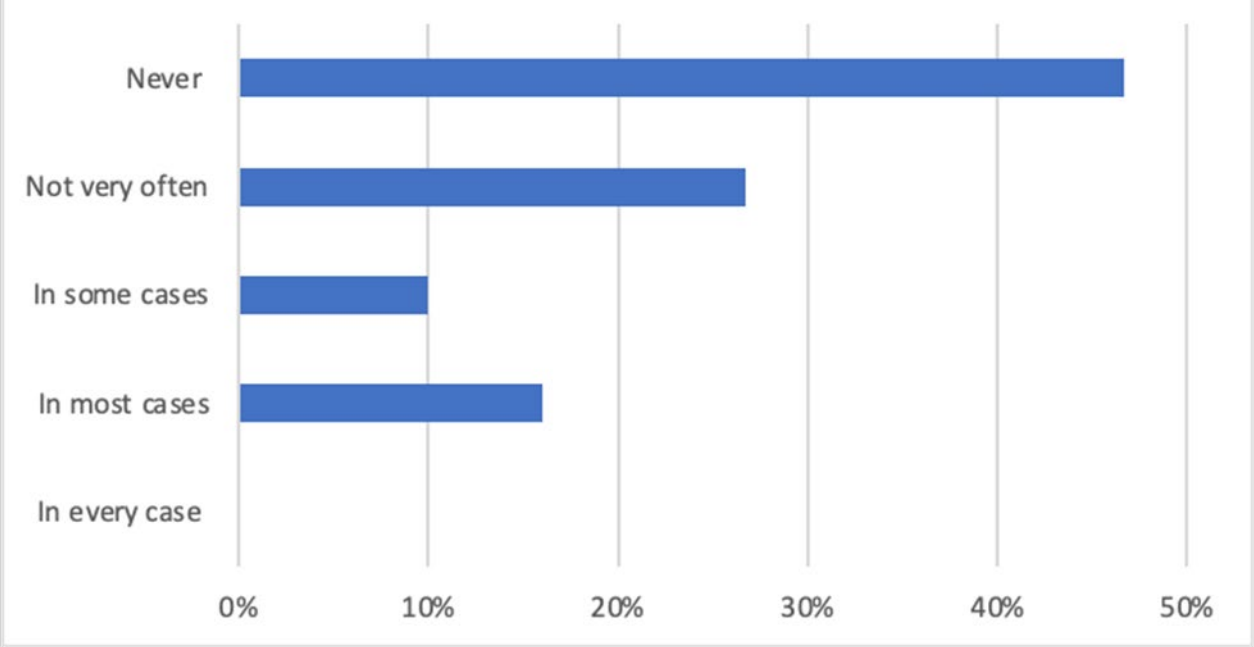
We also asked officers the extent to which they believed responding to mental health calls is the role of a police officer. While it is encouraging that a majority respondents said this was a very important role of the police, there is still a quarter of respondents who do not believe that responding to these calls is the role of a police officer. Currently, community members are still calling 911 for help with mental health issues; it is therefore important that officers view this at least as a part of their responsibility. The Waterloo Police Department's new partnership with Elevate can be important in this regard.



Graph 3: This graph depicts survey responses to the question about the role of a police officer in responding to people having a mental health crisis.

Use of the Community Resource Guide

We also asked officers how often they had used the Community Resource Guide, which is a listing of all services in their community (Appendix A). This is given to every officer and is accessible in their vehicles. The guide lists names, addresses, phone numbers, and specialties of services in Waterloo. This referral guide was heavily noted by many that we interviewed and so we thought it would be important to ask officers about its use. In the original survey, some responses noted that they had never responded to a mental health call, so the following percentages are adjusted and based on the responses of individuals that had encountered a mental health call. We can see that many officers who responded to our survey have not or have rarely used the resource guide. The responses showed that 16% of officers used this guide in most of the calls, with 36% not using it often, and 46% never having used it. This suggests that the guide may need to be revisited or improved to be made more user friendly.



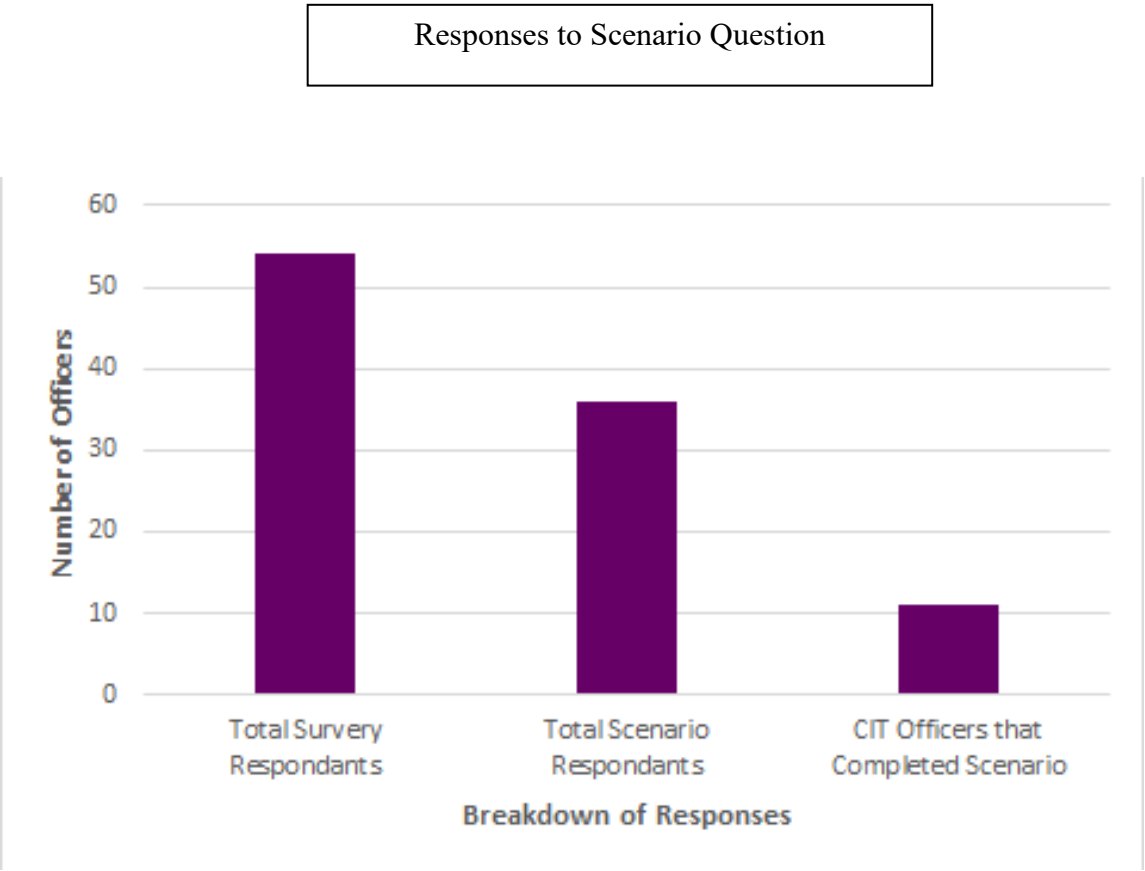
Graph 4: This graph depicts the percentage of the time that officers say they use the Community Resource Guide available in their squad car. This graph has been adjusted to only show data only from officers who report having encountered a situation involving mental illness.

Mental Health Incident Scenario

In our survey, we included a scenario question from one of the Crisis Intervention Training manuals used in the state of Wisconsin. The scenarios found in these manuals are used as practice questions and teaching tools during actual training sessions *(Crisis Intervention Team Training -CIT: Training Scenarios,* 2015). We modified the scenario question, removing certain words, such as previous occupations and medical terminology, that could have primed the responses of the officers. The officers were required to spontaneously generate their own course of action for this question.

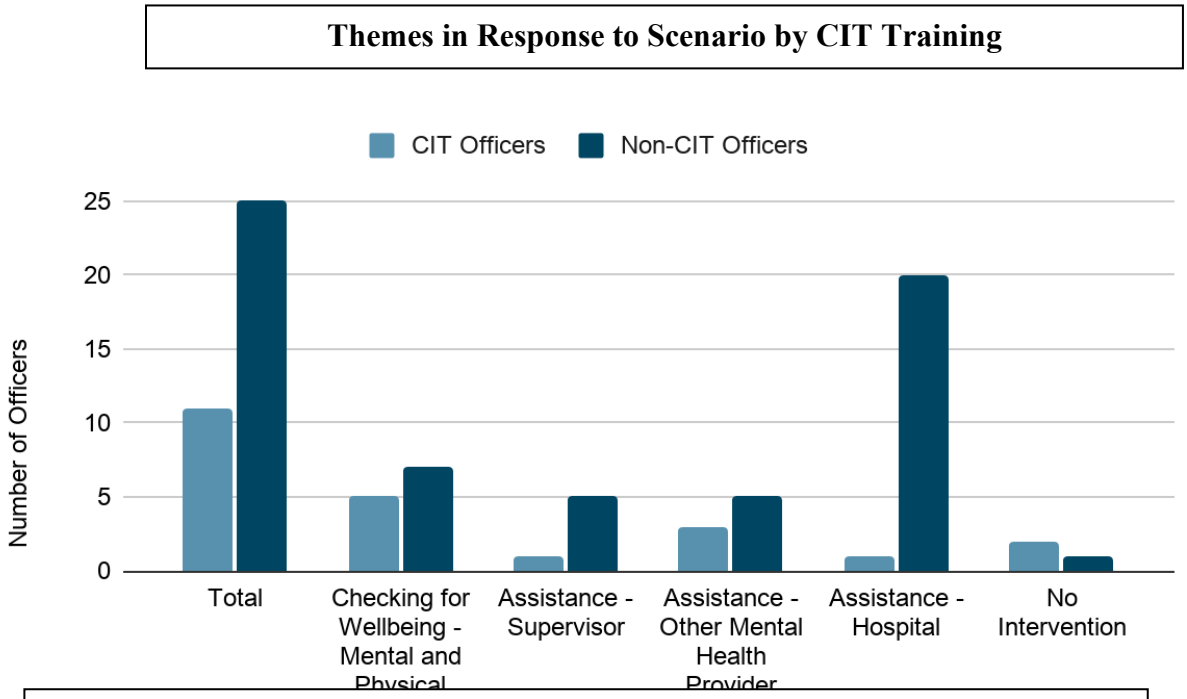
Scenario Question

Dispatch informs that: A call is received from the friend of a person who is "acting crazy. The caller went over to a friend's apartment, saw their behavior, and left for fear of their own safety. Upon arrival you find a furniture barricade and a man who is obviously in distress behind it. The room is in disarray with empty beer bottles all around. The man demonstrates agitation and distrust. What course of action do you take?



Graph 5: Of the 54 officers who took the survey, 36 responded to the scenario question. That is a 30% response rate when looking at all officers in the police department. Of the 36 officers who responded to the scenario question, 11 officers were trained in crisis intervention.

We coded the officers' responses to the scenario based on a variety of categories. Of all the categories, we found that Checking for Wellbeing - Mental & Physical, Asking for Assistance - Supervisor, Asking for Assistance - Other Mental Health Provider, Asking for Assistance - Hospital, and No Intervention had the most interesting and relevant findings.



Graph 6: This graph illustrates the difference in responses from CIT officers and Non-CIT officers.

In our analysis of open-ended responses to the scenario question, we found that having undergone Crisis Intervention Training appears to be associated with what officers check for when arriving at a scene. Forty-six percent of CIT officers mentioned that they would check for physical and/or mental wellbeing of the individual at the scene. Only 28% of non-CIT officers mentioned that they would complete a similar check. This data depicts that those trained in crisis intervention were more attentive to the wellbeing of the individual when compared to non-CIT officers.

An example of a response that we coded as *Checking for Wellbeing - Mental & Physical* was as follows:

"(I would) build trust by showing interest and concern for their situation/wellbeing. Figure out if they are taking proper care of themselves or if they are capable of doing so. Assess danger to themselves or others."

Some officers mentioned that they would call a supervisor for assistance while at the scene. Nine percent of CIT officers mentioned that they call a supervisor for assistance whereas, 20% of non-CIT officers mentioned a similar step (see Graph 8). This may mean that CIT officers feel more prepared and equipped to handle the scene without assistance.

Some respondents mentioned that they would call other social services to the scene to aid in de-escalation. Three of the 11 CIT officers (27%) mentioned that they would call another mental health provider to the scene, while 5 of the 25 non-CIT officers (20%) mentioned a similar step.

We note that relatively few officers mentioned that they would not engage in intervention in this case. Examples of responses that indicated something along these lines were as follows:

> *"He is in his own apartment drinking. Not a police issue."*
> *"This is not a police issue."*

Interestingly, the percentage of CIT officers mentioning that they would not intervene was higher than the percentage of non-CIT officers (see Graph 8). Our subsequent conversations with some officers suggest that there may be a divide in the department in terms of crisis intervention training. Some officers are said to feel forced to attend these sessions and might not pay attention or retain the information presented.

Police Officer Interviews

Students conducted a very small number (3) interviews with officers from the Waterloo Police Department. These were conducted on April 19, 2021, well after the close of the survey.

A few key points came up during this limited number of interviews. The first theme that emerged focused on social climates that affect the relationship between the police and the Waterloo community. Another key insight from this few number of in-depth interviews concerned the recently initiated program paring Elevate workers and officers. Comments included that the practice of having Elevate assigned (one per shift) to ride in a certain patrol car results in inefficient deployment of Elevate workers. They "go where the car goes," and may end up at a burglary or traffic stop instead of another call where a mental health issue may be emerging. Perhaps this is simply a result of the phase-in of the Elevate program, but officers were unaware of program details and saw this aspect of implementation as an issue. Another theme was concern about substance abuse in the community, particularly among persons those with mental illness.

PRACTICES AT OTHER LOCAL POLICE AGENCIES

Cedar Rapids

Whereas Waterloo has a population of about 67,000 people, Cedar Rapids is about 132,000, nearly double. Cedar Rapids has taken a different approach to mental health response by hiring a designated mental health officer. This single officer works to bridge the gap between social workers/mental health professionals and police officers. Another part of the designated officer's job includes calling insurance programs, therapists, or psychologists, which can happen sometimes daily. A three-year-old program, the officer has served 525 persons experiencing mental health related calls. The mental health officer hopes the program will expand to more than one position in the future.

There are only a small number of officers in Cedar Rapids Police Department that are trained in crisis intervention, as is the case in Waterloo. The Cedar Rapids mental health officer explained that not many officers wanted to participate in the CIT, which appears to also be the case in Waterloo. Despite not everyone having CIT, the Cedar Rapids Police Department has found this program to help their work with the hospitals and other mental-health resources.

Ames

The Ames Police Department employs a Mental Health Advocate Officer whose job it is to review all the people who have had contact with the police due to a mental health crisis. They make sure that these individuals are being connected with the appropriate resources in the community. This officer compiles a list of the individuals who have had police contact due to a mental health crisis in the last 24 hours and sends that list to 90 different mental health professionals, social workers, and community organizations. This is to see if any of the community's current clients are experiencing trouble so that they would be able to reach out to them before things escalate to an arrest. The officers in Ames have all received CIT and are doing continuous training regarding the mental health of community members and themselves. This allows the department to have the best up-to-date practices regarding mental health. The Ames Mental Health Advocate Officer mentioned that "responding properly is a part of the solution." They said that at every level in the department individuals believe that is true which has really created a culture within the agency that is dedicated to issues surrounding mental health. This officer is currently working with State Senator Kornbauch to get a bill passed that would hopefully provide funding for a position like this one in every department.

Iowa City

The Iowa City Police Department has two Victim Service Coordinators. One is a full-time employee and the other is a MSW practicum student. The ICPD Victim Service Coordinator is involved during the aftermath of crimes, generally, reaching out to victims to connect them with services. This worker sometimes encounters and assists with mental health crises experienced by victims of crime. For Iowa City officers, Crisis Intervention Training (CIT) is available only through the training academy. This is problematic because it is not frequent enough to sharpen officers' skill sets.

POLICY RECOMMENDATIONS

1. Communication
    a. As we have mentioned, communication is at the forefront to being able to respond to mental health related calls in policing. We would recommend that Waterloo increases communication avenues amongst officers and Elevate in order to ensure the two parties are working hand in hand.

2. Diversity
    a. Diversity is an important factor connecting the community and police. The Waterloo Police Department is largely white and male. One way to increase the rapport with the community is to diversify the force. Police agencies that are more diverse are more likely to garner individual trust among a group of citizens because the agency is reflective of the community. When officers gain trust it makes it easier to do their job effectively and get through the problems faster.

3. Crisis Intervention Training
    a. There seems to be less than optimal officer support for Crisis Intervention Training. Given the positive impact of CIT training, we recommend that the Waterloo Police Department integrate policies and incentives to encourage officer interest in and support for CIT.
        i. A productive policy pertaining to CIT is to add CIT-based techniques within other police training. Because it is influenced by existing elements of law enforcement training, CIT programs can be easily integrated into current existing law enforcement training (Watson, et. al 2011).
        ii. Another way to encourage CIT practices is by using a "champion" (see Watson et. al 2008). Officers may be reluctant to take part unless new programs are heavily endorsed by a "champion" and clear signals that the new program is important, strongly supported by administrative staff, and will aid in the advancement of the department.
    b. Once the issue of support of CIT is solved, work toward CIT training of all officers on the force.
        i. An added benefit of CIT is that may help officers to understand better how to reduce their own job stress. We found levels of officer stress to be high.
4. Office Job-Related Stress Reduction
        i. Our survey revealed very high levels of reported work-related stress among officers. The Waterloo Police Department should study this issue further and develop support and other programs to help reduce stress.
5. Business Cards
    a. Currently officers are equipped with contact information for many mental health professionals. We believe it would be beneficial if the Waterloo Police

Department had business cards providing information about mental health providers in the community. This would be an easily accessible way for officers to provide information to community members in crisis. An example of a business card is provided below in Appendix D.

6. Elevate
    a. At the time of our study, the law enforcement liaisons working with the Waterloo Police Department were riding with a single offer in each shift, even to calls that that where there was no report of a mental health issue. It would be beneficial for the Elevate liaisons to have their own vehicle with dispatch communication installed, allowing them to efficiently respond to only mental health related calls.
    b. If this is not economically feasible, it would be advantageous to have the law enforcement liaisons paired with newly trained CIT officers and non-CIT trained officers, instead of with officers who are familiar with CIT and use it often. This would be a way to promote crisis intervention training skills and procedures across the whole department.

7. Mental Health Advocate within the Waterloo Police Department
    a. The Black Hawk County Sheriff currently has a position similar to Ames' Mental Health Advocate Officer, except that the BHCSO staff are working to aid transitions from jail back to the community. Indeed, the BHCSO appears to have created several initiatives to address mental illness in the community, which are a great asset to the community. We suggest that the Waterloo Police Department consider creating a Mental Health Advocate position, who could focus on prevention of arrest and to facilitate communication between the police department and the various community mental health organizations. This also helps to address communication and collaborative work between the Waterloo Police Department and community mental health organizations.

APPENDICES

Appendix A – Community Resource Guide Snippets

1	MENTAL HEALTH SERVICES				
2	Black Hawk Grundy Mental Health Center	234-2893 ext 7 (8-5) Answering service after hours FAX - 234-0354	3251 W 9th St. Waterloo	Adults/Juveniles	Provides Mental Health Services and counseling for children, adolescents, adults, seniors, couples and families, including depression.
3	Pathways Behavioral Health Services	235-6571 Hours: 7-5 M-TH 7-noon Friday	3362 University Ave Waterloo	Adults only	Pathways offers support to those struggling with mental health or addition. With tools for recovery and prevention, Pathways will guide you on your path to recovery.
4	Mercy One Behavioral Health	272-8922 ext 3 (8-5) Answering service after hours (FAX 272-8929)	2750 St. Francis Dr. Waterloo	Adults/Juveniles	Starts in the Emergency Department; citizen demonstrating harm to themselves or others. Psychiatrist on call 24/7 (send home/hold/admit), inpatient psych unit (12 years and older); Could hold under 12 in the ER for a couple hours to a couple days until able to find placement; In patient chemical dependency unit. (through Emergency department). Outpatient chemical dependency unit. Usually ED is the center point to figure out where they need to go. Outpatient behavioral health/therapy services, not a danger to themselves or others (268-9700 CF/ 272-8922 W*LOO) go to answering service after hours. In patient senior behavioral health center for 55 and older at Mercy One Cedar Falls.
5	Unity Point Clinic Psychiatry	277-0992 (8-5) any extension answering service after hours	1824 W 8th St Cedar Falls, IA	Adults/Juveniles	Provides psych evals, medication management, and therapy.
6	Adult Crisis Stabilization Center	291-2455 ext 4 (24 hours) Luke Lacina contact person 8-5 for questions	1440 W Dunkerton Rd Waterloo	Adults/Juveniles	Mental Health facilities; assessment for placement
7	NEIBHS - Subacute Center	291-2455	1440 W Dunkerton Rd Waterloo	Adults/Juveniles	Mental Health facilities; assessment for placement
8	ACCESS Center	291-2455	1440 W Dunkerton Rd Waterloo	Adults/Juveniles	Mental Health facilities; assessment for placement
9	Detention Center	291-2455 ext 5 (24 hours)	1440 W Dunkerton Rd Waterloo	Juveniles	Mental Health facilities; assessment for placement
10	NIA Mental Health Services	319-291-2455 ext 6 (24 hours)	1440 W Dunkerton Rd Waterloo	Adults/Juveniles	Mental Health facilities; assessment for placement

Appendix B – Survey

Introduction/Description

Thank you for giving us a few minutes of your time today. We invite you to participate in a survey being conducted by students in the University of Iowa in the Department of Sociology & Criminology in collaboration with the City of Waterloo. Your input is very valuable and greatly appreciated!

This survey should take about 5 to 10 minutes to complete. No names or identification numbers will be collected. All answers are **completely anonymous** and voluntary. We will examine statistical findings of combined responses. You can choose to skip any question and no individuals will be identified.
This survey is part of a partnership between the City of Waterloo and the Iowa Initiative for Sustainable Communities (IISC), a program of the University of Iowa. For more information, please visit https://iisc.uiowa.edu/ If you have any questions, please contact IISC Director Travis Kraus at 319.335.2798 or travis-kraus@uiowa.edu.

Survey Questions

1. Thinking about your work, how prepared do you feel when encountering an individual experiencing a mental health-related crisis?
    a. Extremely Prepared
    b. Very Prepared
    c. Moderately Prepared
    d. Slightly Prepared
    e. Not Prepared
2. Generally speaking, how comfortable are you having discussions about mental health issues?
    a. Extremely Comfortable
    b. Very Comfortable
    c. Moderately Comfortable
    d. Slightly Comfortable
    e. Not Comfortable
3. Do you think responding effectively to people who are having a mental health crisis is…
    a. An important role of police officers
    b. A role of police officers, but not an important one
    c. Not a role of police officers
    d. Don't have an opinion
4. Dispatch informs that: A call is received from the friend of a person who is "acting crazy." The caller went over to a friend's apartment, saw their behavior, and left for fear of their own safety. Upon arrival you find a furniture barricade and a man who is obviously in distress behind it. The room is in disarray with empty beer bottles all around. The man demonstrates agitation and distrust. What course of action do you take?

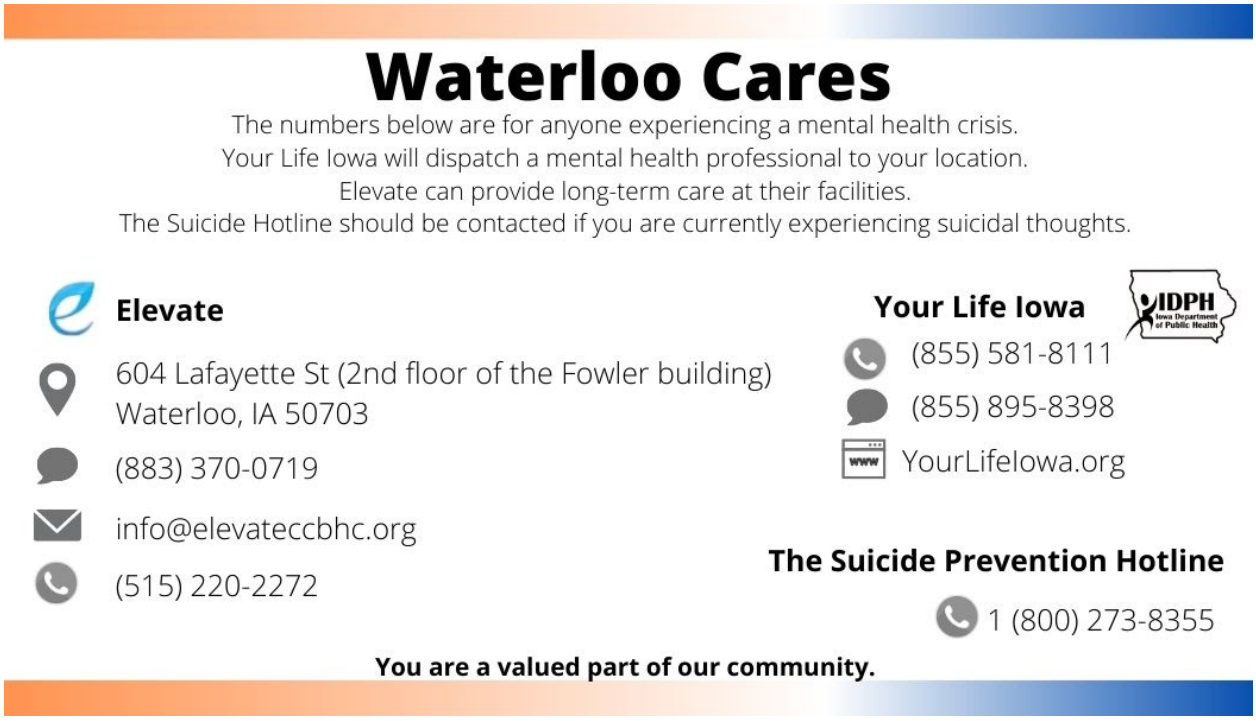
5. How do you perceive the relationship between community mental health organizations and your department?
    a. Excellent
    b. Very Good
    c. Fair/Adequate
    d. Poor
    e. Very Poor
6. (Skip Question) If answered Poor on Question #5: Please expand on the relationship between community mental health organizations and your department.
7. Skip Question) If answered Very Poor on Question #5: Please expand on the relationship between community mental health organizations and your department.
8. In the last six months, when you have responded to a call and someone is having a mental health episode, how often have you used the Community Services Excel sheet that is in your squad car computer to refer that person to a service?
    a. In every case
    b. In most cases
    c. In some cases
    d. Not very often
    e. Never
    f. N/A – have not responded to a mental health call
9. Do you think that additional de-escalation training impacts an officer's response to calls?
    a. Yes, great impact
    b. Yes, some impact
    c. Very little impact
    d. No impact
10. (Skip Question) If answered No impact or Very little impact on Question #8: How could de-escalation training be improved in your opinion?
11. How much do you know about Elevate?
    a. Extremely knowledgeable
    b. Very knowledgeable
    c. Moderately knowledgeable
    d. Slightly knowledgeable
    e. Not at all knowledgeable
12. In your department, have you advocated for changes regarding mental health trainings or policies to handle cases where mental illness is apparent?
    a. Yes
    b. No
13. (Skip Question) If answered Yes on Question #11: How receptive was the department to your recommendation?
    a. Very Receptive
    b. Moderately Receptive
    c. Not Receptive
    d. N/A
14. How long have you been on the force?
    a. <1 year
    b. 1-4 years

    c. 5-9 years
    d. 10+ years
15. What gender do you identify with?
    a. Male
    b. Female
    c. Non-binary
    d. Other:
16. What Race/Ethnicity do you identify with?
    a. White
    b. Black or African American
    c. Asian
    d. Hispanic or Latino
    e. Native American or Alaska Native
    f. Native Hawaiian or Other Pacific Islander
    g. Mixed or Multiracial
    h. Other:
17. What is your level of education?
    a. High School/GED
    b. Associate's Degree
    c. Bachelor's Degree
    d. Master's Degree
18. What is your rank?
    a. Captain
    b. Lieutenant
    c. Major
    d. Sergeant
    e. Officer
19. In the past 6 months, how much work-related stress have you experienced?
    a. Extreme stress
    b. High stress
    c. Moderate stress
    d. Some stress
    e. No stress
20. Have you completed the 40 hours of CIT training?
    a. Yes
    b. No
21. (Skip Question) If answered Yes on Question #19: How long ago were you CIT trained?
    a. Within the last 6 months
    b. About 6 months-1year age
    c. Over 1 year ago
    d. Over 2 years ago
22. (Skip Question) If answered No on Question #19: Would you like to have the opportunity to have the 40-hour CIT training?
    a. Yes
    b. No

Appendix C – Scenario Question

Dispatch informs that: A call is received from the friend of a person who is “acting crazy. The caller went over to a friend's apartment, saw their behavior, and left for fear of their own safety. Upon arrival you find a furniture barricade and a man who is obviously in distress behind it. The room is in disarray with empty beer bottles all around. The man demonstrates agitation and distrust. What course of action do you take?

Appendix D – Waterloo Cares Business Card



REERENCES

Amiri, F. (2021, April 04) *Amid Outcry, States Push Mental Health Training for Police*. AP NEWS, Associated Press. apnews.com/article/california-us-news-police-mental-health-police-reform-13d6798de37fadeaddcb6468a2fbc2d3.

Bratina M. P., Carrero K. M., Bitna K., & Merlo A. V. (2020). Crisis Intervention Team Training: When Police Encounter Persons with Mental Illness. *Police Practice and Research*, *21*(3), 279-296, DOI: 10.1080/15614263.2018.1484290

Broner, N., Lattimore, P. K., Cowell, A. J., & Schlenger, W. E. (2004). Effects of diversion on adults with co-occurring mental illness and substance use: outcomes from a national multi-site study. *Behavioral sciences & the law*, *22*(4), 519–541. https://doi.org/10.1002/bsl.605

Burke, M. (2021, January 15) *Texas Man Fatally Shot by Police during Mental Health Check, Family Calls for Officer's Arrest*. NBCNews.com, NBCUniversal News Group. www.nbcnews.com/news/us-news/texas-family-calls-officer-s-arrest-after-man-fatally-shot-n1254297

Carroll, H. (n.d.). *People with Untreated Mental Illness 16 Times More Likely to Be Killed by Law Enforcement.* Treatment Advocacy Center. www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness/2976-people-with-untreated-mental-illness-16-times-more-likely-to-be-killed-by-law-enforcement-

Compton, M. T., Bakeman, R., Broussard, B., Hankerson-Dyson, D., Husbands, L., Krishan, S., Stewart-Hutto, T., D'Orio, B. M., Oliva, J. R., Thompson, N. J., & Watson, A. C. (2014).

The police-based crisis intervention team (CIT) model: II. Effects on level of force and resolution, referral, and arrest. *Psychiatric services, 65*(4), 523–529. https://doi.org/10.1176/appi.ps.201300108

Luzinski, Thomas P. (2015). *Crisis Intervention Team Training (CIT): Training Scenarios.* https://namiozaukee.org/wp-content/uploads/2014/06/Scenarios-for-CIT-Training-3.pdf

Dupont, R., & Cochran, S. (2000). Police response to mental health emergencies—Barriers to change. *Journal of the American Academy of Psychiatry and the Law, 28*(3), 338–344.

Franz, S., & Borum, R. (2011). Crisis intervention teams may prevent arrests of people with mental illnesses. *Police Practice & Research: An International Journal, 12*(3), 265–272

Hernández, L. (2021, March 14). *Danville Officer Who Killed Mentally Ill Man in 2018 Identified as Shooter of Man Now in Critical Condition.* San Francisco Chronicle, Premium SF. www.sfchronicle.com/crime/article/Danville-officer-who-killed-mentally-ill-man-in-16024193.php

Jones S. L., Mason T. (2002). Quality of Treatment Following Police Detention of Mentally Disordered Offenders. *Journal of Psychiatric and Mental Health Nursing, 9*(1), 73-80. DOI: 10.1046/j.1351-0126.2001.00445.x

Livingston, J. D. (2016). Contact Between Police and People with Mental Disorders: A Review of Rates. *Psychiatric Services, 67*(8), 850–857. DOI: 10.1176/appi.ps.201500312.

McDaniel, J. L.M. (2018). Reconciling Mental Health, Public Policing and Police Accountability. *SAGE Journals, 92*(1), 72-94. DOI: https://doi.org/10.1177/0032258X18766372

Rossler, M. T. & Terrill, W. (2016). Mental Illness, Police Use of Force, and Citizen Injury. *SAGE Journals, 20*(2), 189-212. DOI: https://doi.org/10.1177/1098611116681480

Watson, A. C., Morabito, M. S., Draine, J., & Ottati, V. (2008). Improving police response to persons with mental illness: a multi-level conceptualization of CIT. *International journal of law and psychiatry, 31*(4), 359–368. https://doi.org/10.1016/j.ijlp.2008.06.004

Watson, A. C., Ottati, V. C., Draine, J., & Morabito, M. (2011). CIT in context: the impact of mental health resource availability and district saturation on call dispositions. *International journal of law and psychiatry, 34*(4), 287–294. https://doi.org/10.1016/j.ijlp.2011.07.008

.