

The Phoenix Mayor's Commission on Disability Issues completed surveys with Phoenix police and individuals with mental health issues to determine the status of crisis response in the city of Phoenix. This report details the findings and introduces next steps for the city to better coordinate its crisis response system.

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# Phoenix Community Needs Assessment on Crisis Response for People with Mental Illness

Prepared by MCDI with the  
support of ASU's Morrison  
Institute and FirstEval

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# PHOENIX COMMUNITY NEEDS ASSESSMENT ON CRISIS RESPONSE

*Prepared by the Cross-Disability Crisis Intervention Workgroup, Mayor's Commission on Disability Issues (MCDI)*

Phoenix police are on the front lines of serving many Phoenicians with mental health issues. They are responsible for transporting residents for court ordered treatment or de-escalating residents who are a threat to themselves or others, which occupies a significant amount of their time. Recognizing the need for training to promote the safety of officers and residents, almost two years ago the Phoenix Police Department (PPD) mandated a two-hour Phoenix police-led training on interacting with individuals with mental illness and a three hour crisis communication exercise for all of its officers. It also targeted 20% of its police force be trained in CIT (i.e., crisis intervention training). This September its CIT squad of one sergeant and six officers trained in dealing with individuals who have mental illness will grow to two squads. At least one of these two squads will be available Monday through Saturday 9am – 10pm. The PPD also commenced a Cross-Disability Advisory Board to ensure that police were staying in touch with the needs of the community.

To determine a baseline for these interventions, the Phoenix Mayor's Commission on Disability Issues collected data from fall 2015 to spring 2016. The city of Phoenix lacks city-specific data that can shed light on the prevalence of this issue. For example, crisis response and jail data collected on populations with mental health issues are only collected for those with serious mental illness (SMI). However, state demographics show that the majority of users of mental health services are not SMI – almost half of them reside in Maricopa County. The omission of an SMI diagnosis can make them ineligible for needed services, such as medication management, crisis services, and case management. This can result in more people experiencing mental health crises in our communities and not receiving needed services. In fact, the number of people experiencing a crisis in Maricopa County is on the increase.

Due to the complexity of the population and the lack of city-specific data, MCDI commissioners and student volunteers interviewed key experts and surveyed 405 Phoenix patrol officers and 244 Phoenicians who experienced a mental health crisis in the last five years (both SMI and non-SMI). The purpose was to determine how the current system is working for patrol officers and the mental health community, which is not captured in current data. The following brief outlines key findings of these surveys and interviews.

## WHO WE TALKED TO

### Police

Phoenix patrol officers were randomly surveyed at their precincts during shift changes, during annual module trainings, and also were provided access to an on-line link. Appendix A lists the police survey responses. (Their open-ended responses are available upon request.)

The following are key demographics of the 405 police who completed the survey:

- 72% white, non-Hispanic, 16% Hispanic
- 92% male
- 81% patrol officers; 14% sergeants
- 22% CIT-trained
- 13 years median tenure with police department

This past spring police were asked when they received their last training on interacting with people with mental health issues. Following is a breakdown of their responses:

- 44% within the last year
- 34% one to three years ago
- 19% more than three years ago
- 4% never

During the spring of this year, more than one in five officers had not received recent, if any, training. Further, CIT-trained officers were less likely to receive recent additional training. Thirty-seven percent of CIT-trained officers had not received any training in more than three years, and 64% of them are asking for additional training to respond to individuals with all types of disabilities. Overall, 54% of officers were interested in this additional training.

There is a mandate for all PPD to attend training in interacting with people with mental illness. It should be noted that although these surveys were completed this spring, the 2015-2016 mandatory training module continued through the end of August 2016. According to the PPD, the current percentage of officers trained over the last 18 months is now significantly higher, 95%. In addition, there are quarterly advanced CIT trainings facilitated by local mental health providers offered for those who are CIT-trained. Crisis communication and de-escalation is now embedded in PPD classroom and scenario-based training and will continue to be required from every PPD officer annually.

It is unclear what other specific training requirements will continue beyond 2017, but ongoing trainings in mental health and crisis intervention are needed that include additional information on resources and supports for both CIT-trained and non-CIT-trained officers. Some officers reported that as many as 25% of their calls are dedicated to individuals with mental health issues, but this can vary by precinct. The following figures represent the average number of mental health crisis calls police respond to per month, as well as the percent of officers who are CIT-trained in each precinct. Mountain View and Desert Horizon precincts appear to be less staffed to deal with the high number of calls each officer receives each month as demonstrated by the results.

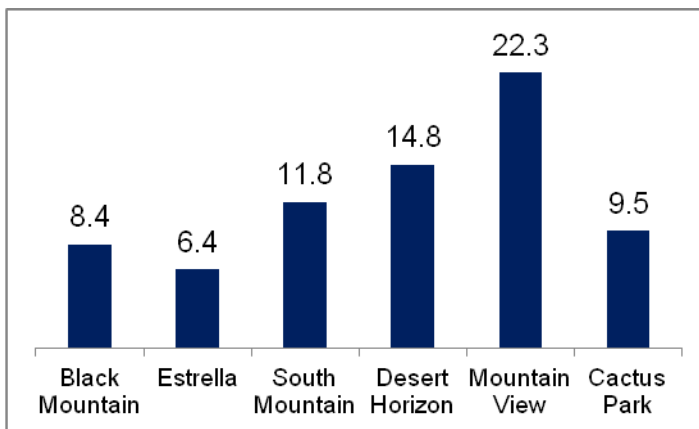


Figure 1: Monthly Average Number of Crisis Response Calls by Police

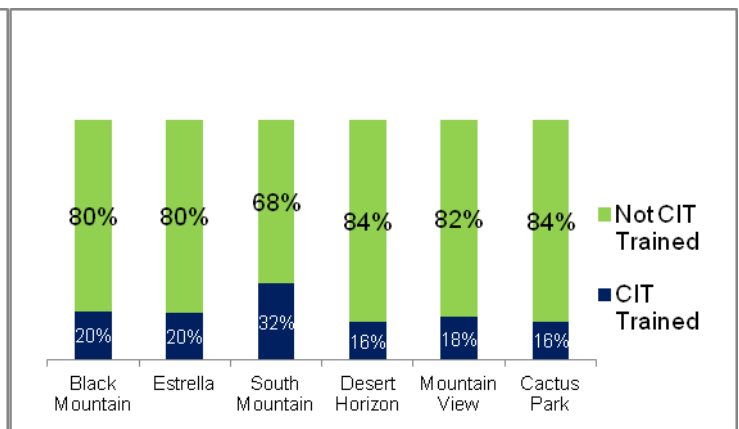


Figure 2: Percentage of CIT Trained Officers by Precinct

### Individuals with Mental Health Issues

MCDI commissioners and student volunteers also surveyed individuals with mental health issues in Phoenix mental health clinics, residential programs, and those who were homeless. Appendix B lists the survey responses (Their open-ended responses are available upon request.). The following are key demographics of the 244 individuals who completed the survey:

- 45% white, non-Hispanic, 21% Hispanic, 11% African American, 11% American Indian

- 51% female
- 57% SMI (most frequent diagnoses - depression, bipolar disorder)
- 70% had another disability (most reported - physical and learning)
- 67% were living in temporary arrangements (35% homeless)

## KEY FINDINGS

### Mental Health Treatment Agencies and Mobile Crisis Teams

When asked about the effectiveness of the current local mental health system or crisis mobile teams in assisting when people are in crises, both officers and individuals reported more positive than negative interactions. Approximately two out of three found the system helpful to very helpful, but still a substantial proportion - one out of three - found the mental health system a little helpful to not at all helpful. Among individuals with mental health issues, the variation in responses depended on the clinic used and access to services, e.g., those who were not eligible for SMI services were more likely to have complaints.

The mobile crisis response teams are specially trained to respond to individuals in crisis. While the majority of officers have called CIT – a large percentage, 41%, still have never called. The average number of calls is 2-3 times per month, but the average number of crisis calls a month is 11. Individuals with mental health issues share officers’ concerns regarding the lack of personnel on the CIT squad, the shortage of mobile crisis response teams, and the effectiveness of mental health agencies. Following are a few shared concerns:

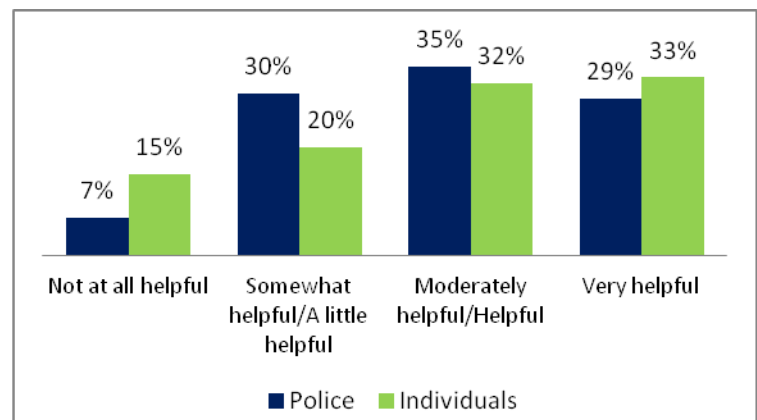


Figure 3: Helpfulness of Mental Health Agencies/Mobile Crisis Teams

- x There are not enough mobile teams. They are either not responsive, not available on the weekends or during third shifts, or the wait times are too long (e.g., 45 minutes to an hour). One police officer suggested that there be more trained citizens involved in the crisis response effort.
- x Individuals do not get the treatment they need and are released too soon. Police are often encountering the same individuals repeatedly.
- x Both police and individuals are frustrated that police have to transport individuals between mental health facilities or non-violent individuals in need of mental health care to mental health facilities. Many felt that this was the job of mental health agency personnel who were trained to do this.
- x Both police and individuals would like police to have more access to their mental health history – “to know them -” so they know how to better respond.

Police also report that the petition process needs to be streamlined, i.e., on-line forms need to be available for officers and families. Police also report that they have few options for juveniles when there is no guardian present.

### Police Response

A significant number of individuals in our sample had interactions with police when they were in crisis. Only half of these individuals were SMI:

- 51% had at least one encounter with police; 24% had three or more interactions with police. Of these encounters,
  - 43% were taken to jail, and 71% of those taken to jail reported that there were no questions asked about their mental health or there was any mental health assistance provided. On the other hand, officers reported that they were almost three times more likely to release someone in crisis or almost twice as likely take them to a mental health agency than they were to jail them.
- 39% were taken in for involuntary treatment. Of those taken in,
  - 52% were handcuffed, 33% reported that police used force.

Individuals reported mixed responses with police responding to crisis calls – 50% said they were helpful, but 45% reported that police made the situation worse (Figure 4). Some had experiences with officers who were compassionate and helpful, and others experienced harassment, officers not listening to them, aggressive behavior, confrontation, and officers who lacked empathy. There was also an incident of an individual not understanding English and being arrested without knowing why. While this was only one report, it raises an issue regarding use of translators. Regarding use of force, 33% of individuals taken for involuntary treatment reported use of force for no provocation. Common complaints were being forced to sit on the hot ground, cuffing them too tight, and hitting, kicking, or tazering them.

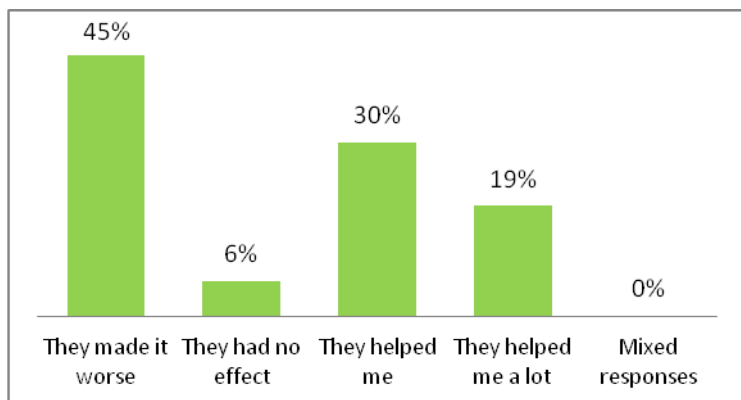


Figure 4: Description of Police Response as Reported by Individuals

Individuals made some suggestions to improve interactions with police. They suggested that officers listen, don't yell, ask more questions about their mental health, explain what they were going to do, show kindness, respect, and awareness of mental health issues, be more understanding, and have compassion. Some suggested that they not engage and call their case managers or crisis response to intercede in the situation. They also shared that officers need to be aware that they may have pets or children at home and to help them

ensure that both are tended to if they are detained.

Officers stated that they respond to a lot of unknowns in these situations. They know nothing about the individual or his/her history, whether the person is intoxicated and/or has a mental health issue, or if the person has a history of violence. Officers at times feel very overwhelmed. If the person is not a danger to him/herself or others, has not broken the law, and refuses to be transported by police, they cannot do anything to help them, even when they know these individuals need some support.

The survey highlighted that although officers routinely respond to calls that turn into crisis response calls, less than half of the time do these calls get re-coded to reflect it was a crisis call, and less than one out of three times do officers generate a field interrogation card to document the incident. In fact, 45% of police responded that they never generated field interrogation cards. These cards help officers to document information about an individual with mental health issues so that future crises or anything learned can be shared in the database with other officers. These cards, while not the final solution, can help other officers in dealing with an individual in crisis.

Both individuals and officers had more agreements with disagreements about how these situations should be handled. Neither wanted the police to be involved in mental health crises. In fact, many officers didn't think they should be in the business of assessing or providing mental health care at all. Both groups proposed the following recommendations to improve the situation:

- ✓ Provide more mental health training and more opportunities to become CIT-trained to patrol officers, as well as refresher trainings on resources available to help. Trainings should include how to identify mental illness, communicate effectively, and how to recognize the difference between mental health crisis and intoxication. (Note: Some individuals with mental health issues think that the trainings should include more peer-led role plays with the officers.)
- ✓ Train on options for how to help people that don't want to go to a mental health facility but can't be petitioned
- ✓ Have paramedics respond to non-violent situations

The majority of those with mental health issues also had another disability. Of those who had disabilities and required an accommodation, 38% reported that police had accommodated their disability; 36% did not; and 26% reported mixed responses. Officers need further training on accommodating disabilities, such as deaf, autism, epilepsy, and intellectual disabilities. Outside of the training in CIT, no such training exists.

### **Paramedic/ER Response**

Individuals and police were also asked about their interactions with the ER when they were in crisis. Of the respondents with mental health issues, 72% had visited an ER in Phoenix, and half of them had been transported to a mental agency from the ER. Individuals who were transferred to a mental health agency reported a range of wait times between one hour and two weeks, depending on bed availability. Seventy percent reported that the ER was helpful, while 30% said the ER was only a little helpful, if at all. Police reported the opposite – only 39% found the ER helpful – 61% found it somewhat to not at all helpful. Common complaints from both police and individuals are that they deny service to patients with mental illness, they are too slow, and police stated that they call them back to transport them to a mental health agency anyway, so it was a waste of time.

Two out of three individuals had also interacted with the Phoenix Fire Department while in crisis over the last five years. 68% of these individuals reported that the paramedics were helpful or had no effect on them – 31% reported mixed responses or that paramedics made the situation worse. There was not a pattern in the responses. Some reported that they were uncaring and some reported that they were professional, attentive, and nice. Respondents suggested that paramedics receive mental health training as well.

## **CONCLUSION**

Both police and individuals with mental health issues suggest that crisis response in the city of Phoenix is improving, but there is still work to do. Both cite the shortage of mobile crisis teams and lack of mental health treatment as significant contributors to Phoenix police playing a critical role in the mental health system, and neither group desires police in that role. Individuals would rather work with their case managers than police when they are in crisis. However, if individuals pose a threat to themselves or others, police have to be called.

The Mental Health squad is a step in the right direction to help fill this gap; however, it is not available 24 hours a day. Many officers find themselves without adequate resources to deal with individuals in need of trained mental health professionals. While field interrogation cards are supposed to improve service response,

it has not been embraced by patrol officers. However, all participants suggest the critical importance of routine mental health training for anyone involved in crisis response. The Phoenix community and the PPD understand that ongoing training in mental health and crisis intervention are vital to ensuring everyone is aware of the resources and tools available to those who work with members of the community in crisis.

Texas is ranked 49th for mental health services spending, but San Antonio is seen as a best practice in the nation. The city has effectively integrated its mental health systems cutting costs and serving their citizens with mental health disabilities effectively. The San Antonio model focuses on collaboration and partnerships with mental health, social service, and consumers/families to provide services needed without escalation. Since San Antonio adopted this model, they have had a decrease in residents going to jail and/or use of force in calls with people in crisis.

Before the city was able to become a best practice, it had to determine its current level of performance. San Antonio agencies collected and shared data to make a case for cross-agency service coordination to better deliver services. This has prevented an endless cycle of arrests, hospitalizations, and premature releases. In Phoenix, we also need to share data and work together to understand how this issue impacts each of our agency's operations and bottom lines. By doing so, we can better coordinate services so that Phoenix's crisis response system is better supported and Phoenixians with mental health issues are not falling between the cracks.



## APPENDIX A – Closed Responses to Police Survey

### Age

Mean	N	Standard Deviation	Median	Minimum	Maximum
40.65	328	7.882	40	26	63

### Ethnicity (“Check all that apply”)

	Number	Percent
White Non-Hispanic	249	71.55%
African-American	12	3.45%
Asian	10	2.87%
American-Indian	5	1.44%
Hispanic	55	15.8%
Other	17	4.89%
<b>Total Responses</b>	<b>348</b>	<b>100%</b>

### Gender

	Frequency	Percent
Male	316	91.86%
Female	28	8.14%
<b>Total</b>		<b>100%</b>

### Number of Years with the Police Department:

Mean	N	Standard Deviation	Median	Minimum	Maximum
13.68	323	6.37	13	.2	32

Rank

	Frequency	Percent
Officer	290	81.2%
Detective	8	2.2%
Sergeant	50	14%
Lt.	8	2.2%
Commander	1	.3%
<b>Total</b>	<b>357</b>	<b>100%</b>

Are you CIT Trained?

	Frequency	Percent
Yes	81	22.4%
No	281	77.6%
<b>Total</b>		<b>100%</b>

Precinct

	Frequency	Percent
Black Mountain	49	13.9%
Estrella	56	15.9%
South Mountain	94	26.8%
Central City	7	1.9%
Desert Horizon	44	12.5%
Mountain View	33	9.4%
Cactus Park	68	19.3%
<b>Total</b>		<b>100%</b>

Would you be interested in additional training to respond to individuals with other types of disabilities?

	Percent
Yes	54%
No	46%

When is the last time you received training on interacting with people with mental health issues?

	Frequency	Percent
1 to 3 years ago	123	33.6%
4 to 5 years ago	27	7.4%
Within the last year	161	43.9%
More than 5, less than 10	31	8.5%
More than 10 years ago	11	3%
Never	13	3.5%
<b>Total</b>	<b>366</b>	<b>100%</b>

About how many encounters with people with mental health issues in crisis have you had in the past month?

Mean	N	Standard Deviation	Median	Minimum	Maximum
11.22	381	13.5	7	0	100

In the past month, how many times have you responded and discovered the call involved someone in crisis?

Mean	N	Standard Deviation	Median	Minimum	Maximum
7.4	346	9	5	0	80

How many times did you reclassify the call to indicate the person in crisis?

Mean	N	Standard Deviation	Median	Minimum	Maximum
3.6	354	4.6	2	0	30

How many times did you generate a Field Interrogation Card to document the person in crisis?

Mean	N	Standard Deviation	Median	Minimum	Maximum
2.6	355	4.3	1	0	31

(Note: 45% of these respondents answered "zero")

Of these encounters with people who are mentally ill and in crisis, in the last month, about how many have you... (respondents chose more than one option)

Number answering that they have...	
Taken to a mental health or substance abuse treatment agency	306
Transported to jail	203
Released	196
Taken to the ER	175
Other	101

Besides people with mental health issues, what types of people with disabilities have you encountered when policing in the last month? (respondents chose more than one option)

Number who have encountered these:	
Other physical disability	150
Deaf or hard of hearing	115
Intellectual disability	115
Autism	98
None	83
Blind or visually impaired	51
Other	42
Epilepsy	31

In the past month, about how many encounters have you had with an individual with any other disability that is not mental health related?

Mean	N	Standard Deviation	Median	Minimum	Maximum
2.6	215	3.4	2	0	24

How helpful are mental health treatment agencies and crisis mobile teams in providing assistance to you when handling people with mental illness in crisis?

	Frequency	Percent
Not at all helpful	27	7%
Somewhat helpful	115	30%
Moderately helpful	133	34.5%
Very helpful	110	28.5%
<b>Total</b>	<b>385</b>	<b>100%</b>

How effective are local emergency rooms in providing assistance to you when you are handling people with mental illness in crisis?

	Frequency	Percent
Not at all helpful	65	17.5%
Somewhat helpful	160	43.2%
Moderately helpful	88	23.8%
Very helpful	57	15.4%
<b>Total</b>	<b>370</b>	<b>100%</b>

Have you ever called a CIT-trained officer for assistance?

Yes	59.4%
No	40.6%

About how many calls for CIT assistance have you made in the past month?

Mean	N	Standard Deviation	Median	Minimum	Maximum
2.6	149	3.5	1	0	30

Under what circumstances would you call a CIT-trained officer or mobility team for assistance?  
(respondents can choose more than one option)

Subject is suicidal	270
Subject is clearly psychotic	236
Subject is in need of coordination of care	169
Subject is in need of housing	139
Other	52

## APPENDIX B – Closed Responses from Individuals with Mental Health Issues

### Ethnicity (“check all that apply”)

	Number	Percent
African American	27	11%
American Indian / Native American	27	11%
Asian	4	1.6%
Caucasian, Non-Hispanic	110	45%
Hispanic	52	21.3%
Other	19	7.8%
Prefer not to disclose	5	2%

### Gender

	Number	Percent
Male	99	46.5%
Female	109	51%
Other	3	1.4%
Prefer not to disclose	2	1%

### Types of mental illnesses (check all that apply)

	Number	Percent
Bipolar	87	18%
ADHD	29	6%
Borderline	27	5.6%
Depression	115	23.4%
Schizophrenia	53	11%
Social Anxiety Disorder	65	13.5%
Obsessive Compulsive Disorder	27	5.6%
Other	68	14%
Prefer not to disclose	11	2.3%

Have you been diagnosed as seriously mentally ill (“SMI”)?

	Number	Percent
Yes	118	57.3%
No	70	34%
I don't know	12	5.8%
Prefer not to disclose	6	2.9%

Other types of disabilities that you have (check all that apply)

	Number	Percent
None	71	29%
Physical	74	30.2%
Learning	39	15.9%
Intellectual / Cognitive	7	2.9%
Speech / Language	17	6.9%
Other	28	11.4%
Prefer not to disclose	9	3.7%

Living situation

	Number	Percent
With family	30	14%
Homeless	75	34.9%
Own apartment / home	42	19.5%
Transitional housing	8	3.7%
Group home	15	7%
Other	41	19%
Prefer not to disclose	4	1.9%

Do you receive disability benefits through Social Security?

	Number	Percent
Yes	91	43.3%
No	112	53.3%
I don't know	4	1.9%
Prefer not to disclose	3	1.4%

Do you receive AHCCCS benefits?

	Number	Percent
Yes	166	79%
No	35	16.7%
I don't know	5	2.4%
Prefer not to disclose	4	1.9%

How helpful is Phoenix's local mental health system in assisting you when you are in crisis?

	Number	Percent
Not at all helpful	32	13.6%
A little helpful	42	17.8%
Helpful	68	28.9%
Very helpful	69	29.4%
I have not accessed mental health services	24	10.2%

How helpful are Phoenix's hospital emergency rooms when you are in crisis?

	Number	Percent
Not at all helpful	13	6.4%
A little helpful	38	18.8%
Helpful	60	29.7%
Very helpful	54	26.7%
I have not visited an ER	37	18.3%

If you visited a Phoenix ER while you were in crisis, were you transferred from an ER to a behavioral health facility?

	Number	Percent
Yes	89	43.6%
No	88	43.1%
I didn't visit an ER	27	13.24%



How many interactions with paramedics from the Phoenix Fire Department have you had when you were experiencing a mental health crisis in the past 5 years?

	Number	Percent
None	93	45.1%
One	36	17.5%
Two	33	16%
More than two	44	21.4%

If you have had an interaction with paramedics from the Phoenix Fire Department related to a mental health crisis, how would you describe their response to you?

	Number	Percent
I have not had an interaction	59	33.1%
They made it worse	22	12.4%
They had no effect	9	5%
They helped me	45	25.3%
They helped me a lot	27	15.1%
Mixed responses	16	9%

About how many encounters with Phoenix police have you had in the past five years when you were experiencing a mental health crisis?

	Number	Percent
None	103	48.6%
One	30	14.1%
Two	28	13.2%
More than two	51	24%

How would you describe their response to you? (referring to previous question)

	Number	Percent
They made it worse	47	44.8%
They had no effect	6	5.7%
They helped me	32	30.5%
They helped me a lot	20	19%
Mixed responses	0	0%

Has a Phoenix police officer ever taken you into custody for involuntary treatment in the past 5 years?

	Number	Percent
Yes	50	39.4%
No	77	60.6%

If a Phoenix police officer took you into custody for involuntary treatment in the past 5 years, were you handcuffed?

	Number	Percent
Yes	43	38.7%
No	40	36%
I was not taken into custody...	28	25.2%

Did the Phoenix police office use any type of force while taking you into custody for involuntary treatment in the past 5 years?

	Number	Percent
Yes	28	24.8%
No	58	51.3%
I was not taken into custody...	27	23.9%

Have you ever been taken to jail by Phoenix police while you were in crisis in the past 5 years?

	Number	Percent
Yes	53	43%
No	70	56.9%

If Phoenix police took you to jail while you were in crisis in the past 5 years, did they offer you mental health assistance, or did they ask any mental health questions before taking you to jail?

	Number	Percent
Yes	23	21.3%
No	55	50.9%
I was not taken into custody...	30	27.8%

*If you have other disabilities, besides mental health issues, and have had an interaction with Phoenix police while you were in crisis in the past 5 years, how well have Phoenix police officers responded to your disabilities?*

	Number	Percent
I don't have a disability... and/or have not had an interaction	85	48%
My other disability wasn't an issue	26	14.7%
They accommodated my disabilities	25	14.1%
They didn't accommodate my disability	24	13.6%
Mixed responses	17	9.6%