



Minimizing assaults on law enforcement & avoidable arrests of individuals in crisis

October 1, 2024

Study



In this study

■ Background

Impact of assaults and arrests

Minimizing assaults and avoidable arrests

Takeaways

Study request

- Referred by Disability Commission
- Directed by BHC to focus on phase leading to arrest
 - _ 2024 legislation creating affirmative defense passed GA but vetoed by Governor
 - _ Affirmative defense focused on improving outcomes of trial, not on reducing arrests
- Examined strategies to minimize assaults on law enforcement officers and avoidable arrests of individuals in a mental health crisis

Research activities

- Interviews with law enforcement personnel and associations, DBHDS¹, DCJS¹, VACIT¹, VIDC¹, and individuals with lived experience
- Survey of all local police and sheriff's departments²
- Analysis of data on assault and battery, arrests, state hospital forensic admissions
- Literature review on effective practices and other states

¹DBHDS=Department of Behavioral Health and Developmental Services; DCJS=Department of Criminal Justice Services; VACIT=Virginia Crisis Intervention Team Coalition; VIDC=Virginia Indigent Defense Commission

²77 respondents (29% of all Virginia law enforcement agencies), representing over 6,200 officers and 3.5 million Virginians (40% of state population)

In brief

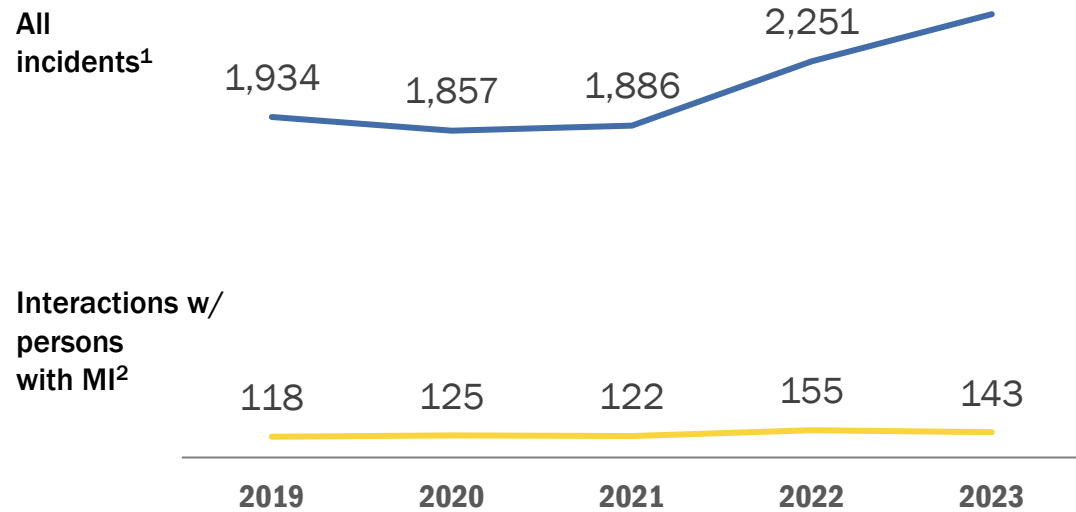
- Majority of assaults on law enforcement officers do not cause serious injury, but those that do can be debilitating
- Arrests can have a lasting and devastating impact on people in crisis and can stress local and state resources
- Crisis Intervention Team (CIT) teams and training are prevalent in Virginia
- Response to mental health crises should ideally include or be led by clinicians
- Delays in TDO admissions and lack of treatment options may worsen the incidence of assaults and arrests

Assault and battery against law enforcement officers carry minimum sentencing requirements

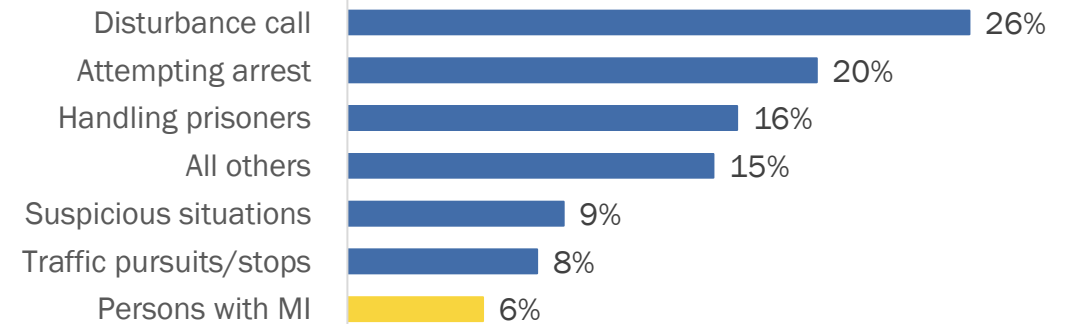
- Assault is an overt act that puts another person in reasonable fear of bodily harm
 - _ Does not require physical contact
- Battery involves harmful or offensive physical contact
- Assault and battery charges carry more serious sentences when committed against protected professionals, including law enforcement officers (LEO)
 - _ Mandatory felony and 6-month minimum jail time for any type of assault or battery
- Individuals in a mental health crisis may in some cases lack the intent to commit an assault

Interactions with persons identified as having a mental illness accounted for 6% of all reported assaults against law enforcement officers in 2023

Number of incidents involving assault on law enforcement 2019-2023



LEO activities during which assault occurred in 2023



Note: BHC staff analysis of Virginia State Police data on Law Enforcement Officers Killed and Assaulted and arrestees, 2019-2023

¹ Figures represent incidents, not number of assaults. Multiple LEOs may have been assaulted during 1 incident

² “Persons with a mental illness” are individuals known or suspected by the LEO to have a mental illness

In this study

Background

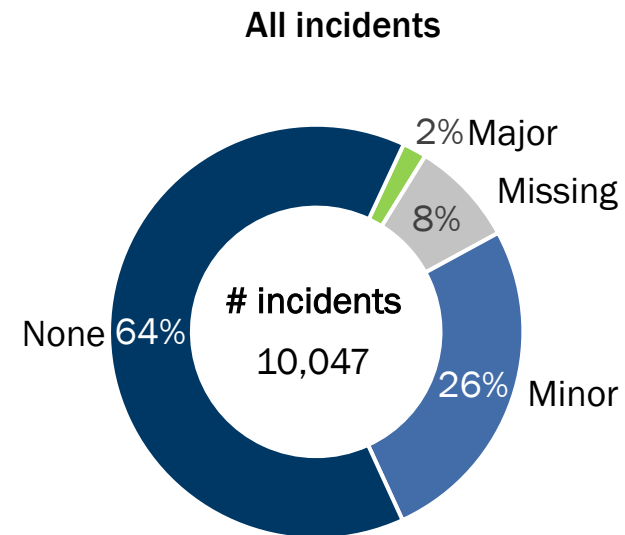
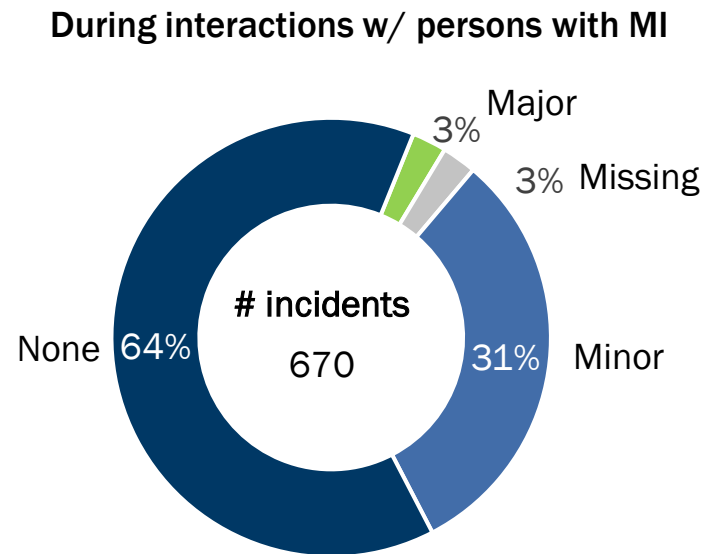
Impact of assaults and arrests

Minimizing assaults and avoidable arrests

Takeaways

Nearly 2/3 of assaults did not involve injuries, but major injuries do occur

Most serious injury sustained by LEOs during incidents w/ assault
2019-2023



Note: BHC staff analysis of Virginia State Police data on Law Enforcement Officers Killed and Assaulted and arrestees, 2019-2023

Finding

Although relatively less frequent, 2-3% of assaults on law enforcement officers result in major injuries that can have devastating effects on officers and on law enforcement agencies.

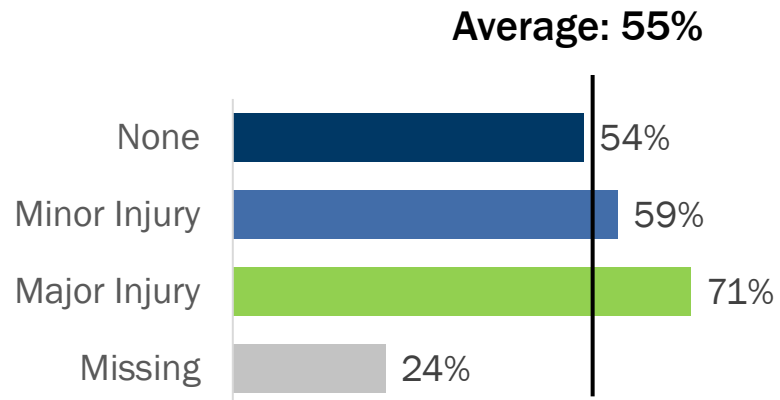
Assaults on law enforcement officers can have significant impacts on individuals and agencies

- Isolated but serious assaults by people in crisis included dislocated limbs, blunt force trauma, and traumatic brain injury
- Officers who are assaulted can experience mental health conditions, PTSD, and long-lasting physical pain that can affect employment
- Assaults can also impact law enforcement agencies
 - _ Lessened staff capacity while officers are out recovering
 - _ Higher staff turnover

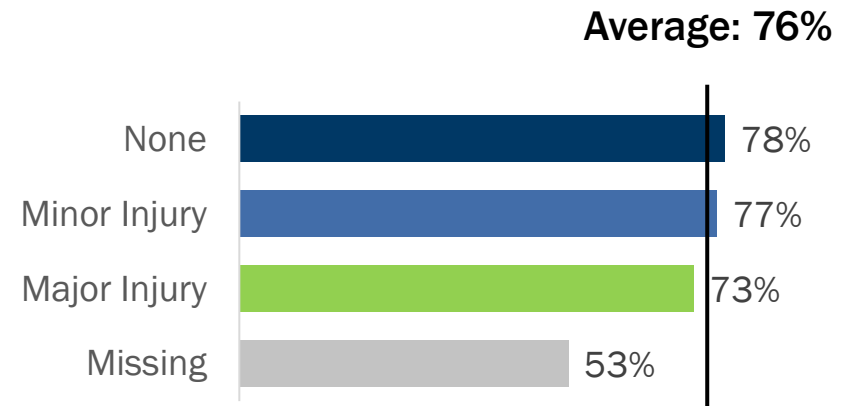
More than half of assaults resulted in arrests, including those without injuries

Arrest rate by type of injury 2019-2023

During interactions w/ persons with MI
(N=670)



All incidents
(N=10,447)



Note: BHC staff analysis of Virginia State Police data on Law Enforcement Officers Killed and Assaulted and arrestees, 2019-2023

Finding

Negative interactions with law enforcement officers and arrests can have detrimental impacts on individuals experiencing a mental health crisis and may strain state and local resources.

Negative interactions with law enforcement and arrests can have long-lasting effects on people in crisis

- Negative experiences with law enforcement can have damaging psychological effects
 - _ Anxiety and depression
 - _ PTSD
 - _ If the person is arrested, continuation or worsening of a mental health crisis due to lack of access to treatment in jail
- Arrests can also destabilize individuals with a mental illness
 - _ Loss of employment or housing
 - _ Broken connection with care providers and support system
 - _ Impacts on government benefits, including Medicaid
 - _ If convicted, impact of felony on future employment

Arrests of individuals in crisis consume state and local resources

- Arrests of persons with a mental illness may contribute to bed crisis
 - 13% of forensic patients admitted to state hospitals were charged with assault and battery on a law enforcement officer¹
 - 15% of competency restoration admissions had ABLEO² charge¹
- People with a serious mental illness disproportionately rely on public defenders, who have limited resources
- Jails may lack services and resources to effectively treat individuals with a mental illness

¹ Average during FY22-24 period

² Assault and battery against a law enforcement officer

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Background

Impact of assaults and arrests

■ Minimizing assaults and avoidable arrests

- Improve existing training
 - Enhance access to clinicians
 - Increase capacity of mental health system

Takeaways

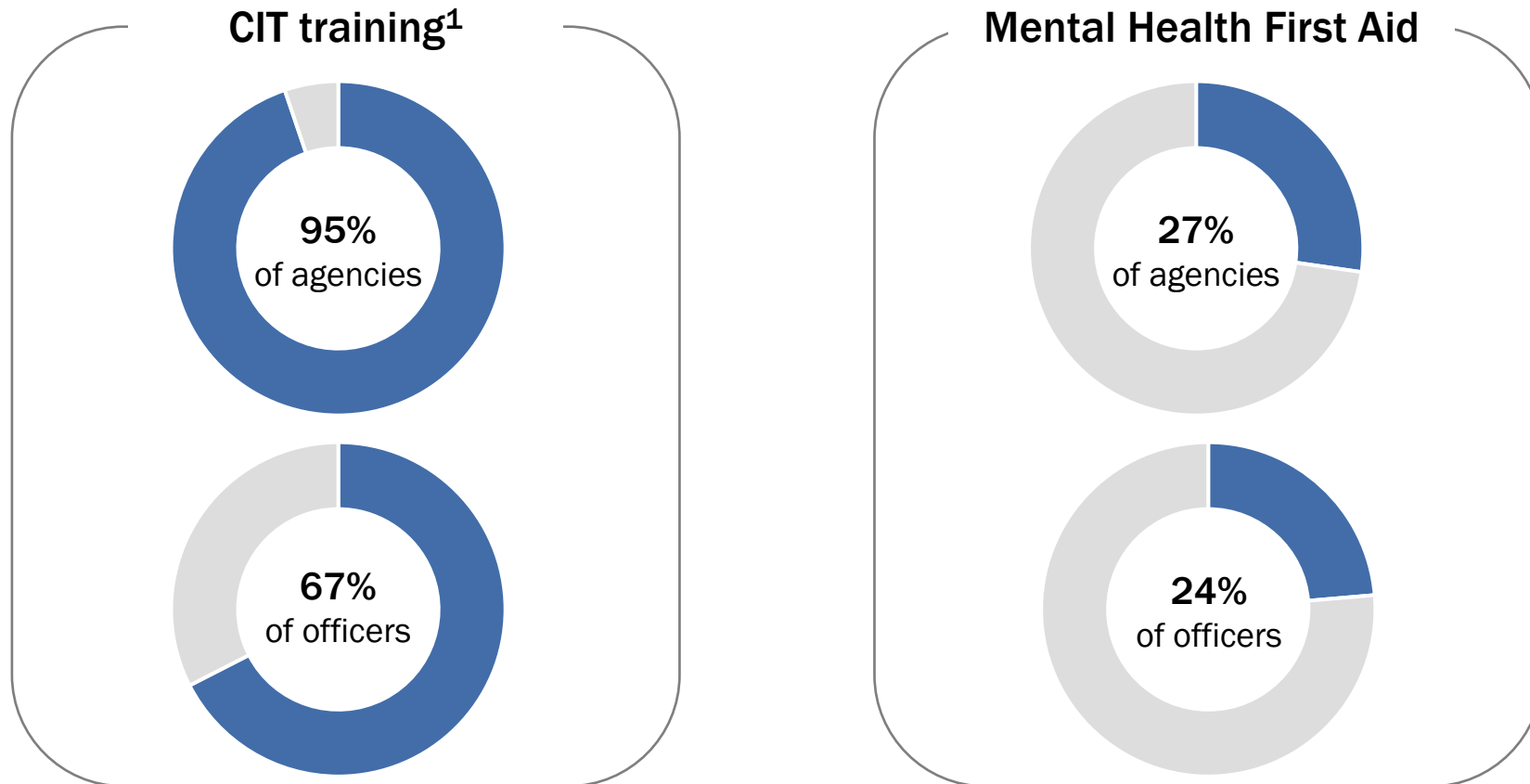
CIT programs include a training component for law enforcement

- CIT programs are collaborations between law enforcement, other first responders, CSBs, and other stakeholders
- Purpose is to improve community responses to people in a mental health crisis
- Law enforcement officers who are part of a CIT program receive CIT training
 - _ 40-hour course over 5 consecutive days
 - _ Covers recognizing signs of mental illness, de-escalation, mental health awareness, and effective communication

Mental Health First Aid is a less-intensive alternative to CIT training

- One-day course that teaches participants skills to recognize, understand, and respond to signs of mental health crises
- Some studies show that MHFA can increase law enforcement's knowledge of mental illness and self-confidence in being able to help
- Marcus Alert jurisdictions with over 40,000 residents are required to adopt 8 hours of MHFA or equivalent training for law enforcement

CIT training is most common mental health training in law enforcement, with Mental Health First Aid sometimes available

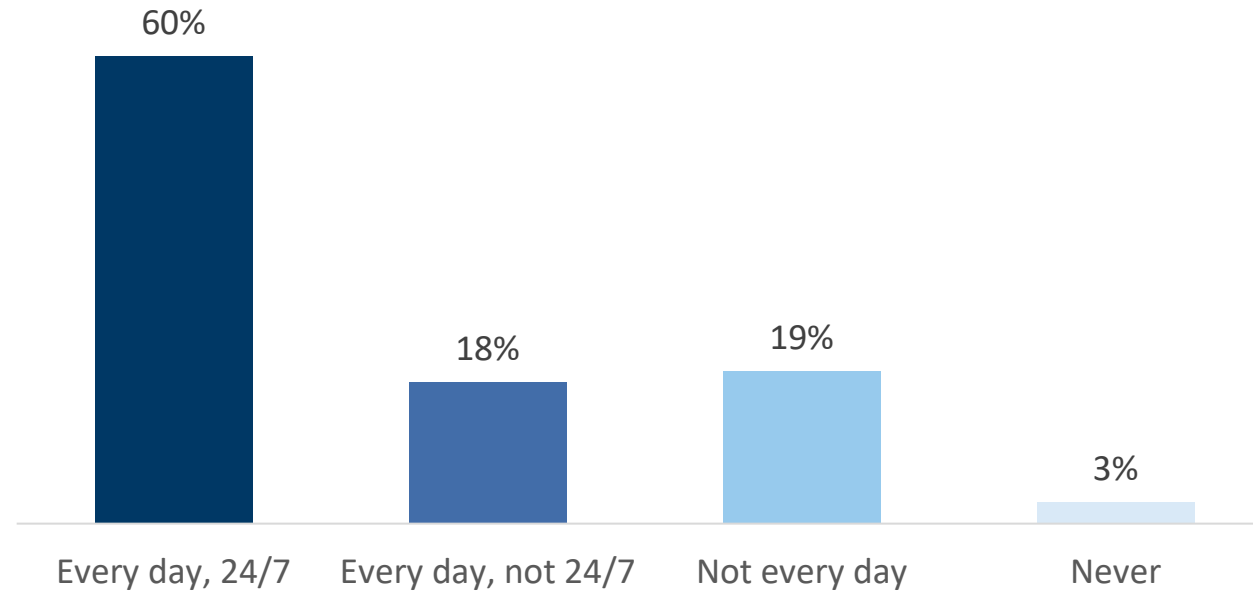


Note: Based on 77 responses to BHC survey of law enforcement agencies (29% of Virginia law enforcement agencies), representing over 6,200 officers and 3.5 million Virginians (40% of state)

¹CIT=Crisis Intervention Team

Majority of Virginia jurisdictions have a CIT officer always on duty

Presence of on-duty CIT officer among law enforcement agencies



Note: Based on 77 responses to BHC survey of law enforcement agencies (29% of Virginia law enforcement agencies), representing over 6,200 officers and 3.5 million Virginians (40% of state)

Finding

Law enforcement leaders and the research literature recognize CIT as effective for improving officers' skills, knowledge, and confidence, but there is limited evidence of impact on reducing arrests or injuries.

CIT training appears to enhance officers' skills and confidence during interactions with people with a mental illness

- 100% of survey respondents find CIT training to be effective at improving interactions between officers and people in crisis
 - 14% of respondents reported finding CIT training “very effective”
- Research supports positive outcomes for CIT-trained officers such as officer satisfaction and increased skills and knowledge
- No strong evidence that CIT programs influence rates of arrest, officer injury, citizen injury, or use of force

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Additional insight into Virginia CIT training and effectiveness to start in FY25

- Virginia CIT Coalition (VACIT) is the state's non-profit partner in supporting local CIT teams
- Starting in FY2025, VACIT has received state funds to facilitate expansion of CIT programs, which will be required to
 - utilize VACIT's model curriculum for trainings
 - report training data to VACIT
 - evaluate training effectiveness and report to VACIT

Finding

Law enforcement voiced an interest in additional in-service “refresher” training opportunities for CIT to keep skills and knowledge current.

Law enforcement would like increased access to in-service “refresher” training for CIT, as directed by the 2020 GA

- About 40% of law enforcement agencies do not provide access to refresher training on CIT
- Over 30% of survey respondents specifically mentioned CIT refresher training as a way to enhance training efforts
- 2020 legislation¹ directed DCJS to develop a CIT training program that includes re-certification and advanced training
 - New training standards awaiting approval from Governor’s office²
 - After approval, will open for public comment and go through final regulatory stages

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¹Chapter 36 of the 2020 Special Session I Acts of Assembly

²Regulatory Town Hall, 6 VAC 20 - 20

Recommendation 1

The Governor may wish to complete the review of and release for public comment the rules relating to compulsory minimum training standards for law enforcement officers that were submitted to the Governor and Secretary for Public Safety and Homeland Security pursuant to [Chapter 36 of the 2020 Special Session I Acts of Assembly](#).

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■ **Minimizing assaults and avoidable arrests**

Improve existing training

■ **Enhance access to clinicians**

Increase capacity of mental health system

Takeaways

Finding

Even with effective training, law enforcement officers report wanting more access to clinicians' expertise when responding to mental health crises.

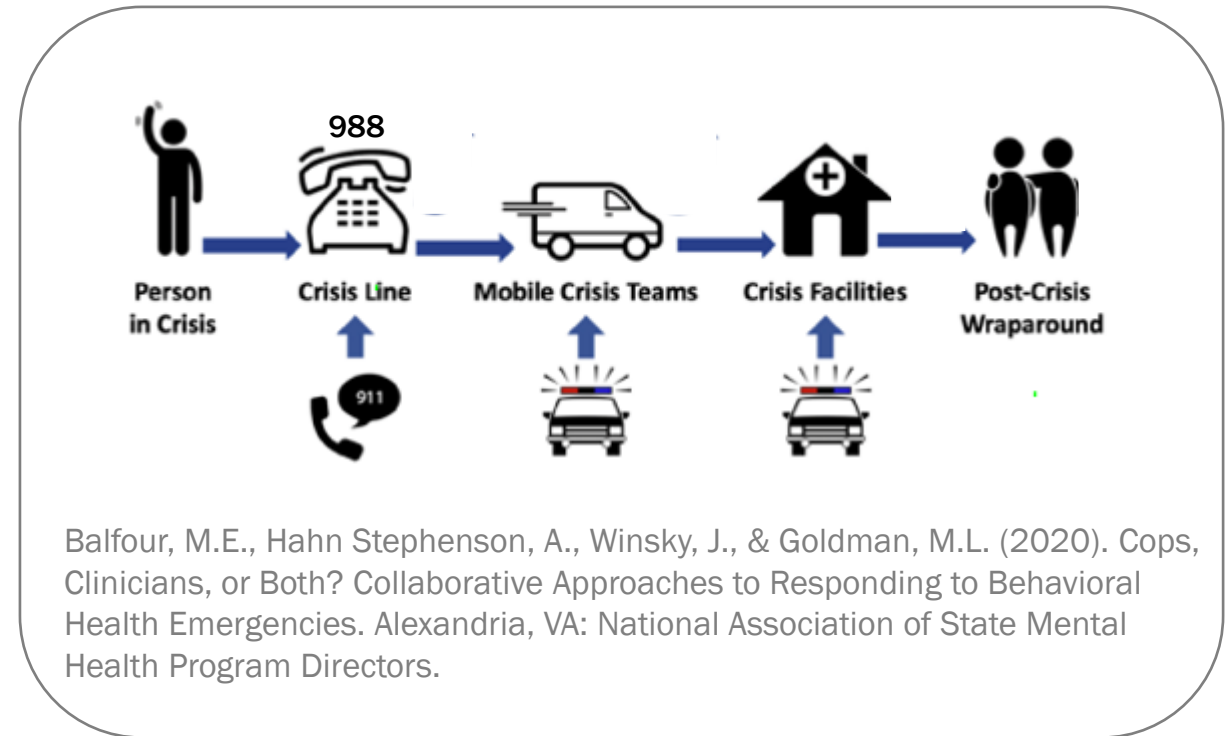
Co-responder models are viewed as effective ways to include clinicians when safety risks exist, but lack of funding and mental health workforce shortages have limited implementation.

Stakeholders support the increased role of clinicians in mental health crises

- Many stakeholders reported that law enforcement should play a minimal role in mental health crises unless a public safety risk exists
- Law enforcement expressed concerns over ability to effectively identify mental illness and de-escalate situations
 - _ Unclear if some individuals meet ECO criteria
 - _ Often lack information about the situation they're responding to and the individual's history
 - _ Primary role is public safety

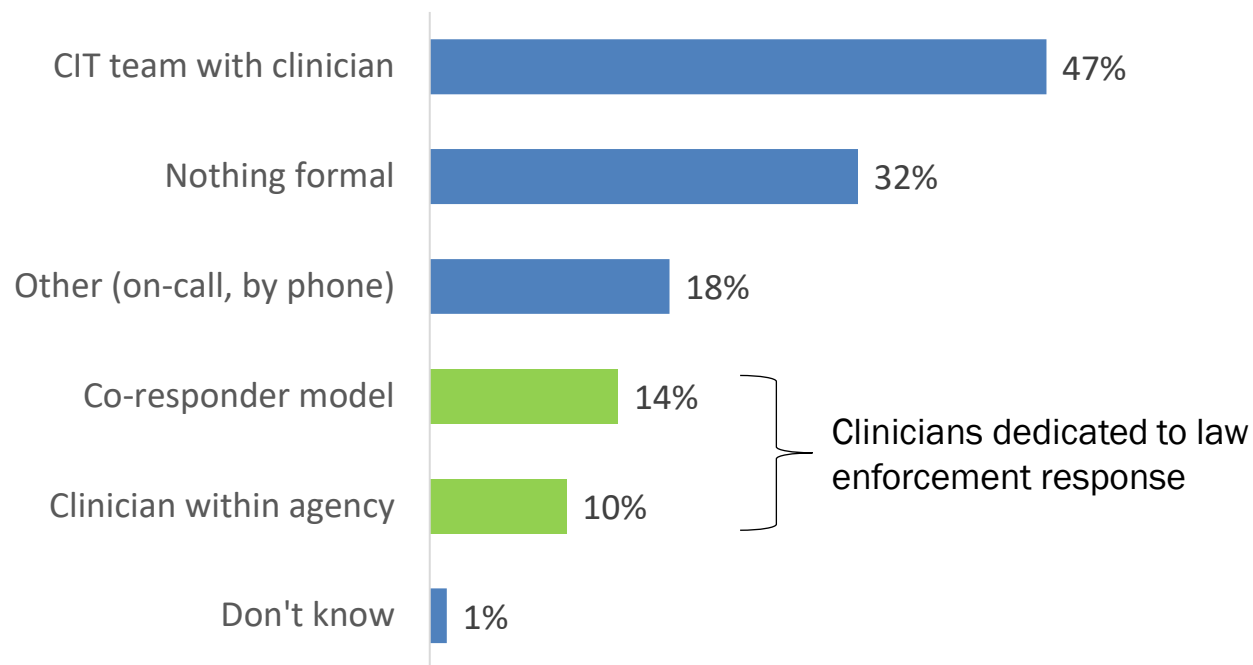
Crisis Now and Marcus Alert implementation expected to shift some responses away from law enforcement

- 988 call center assesses whether need law enforcement, transfer call to 911
- 911 calls can be transferred to 988 if no safety risk
- Mobile crisis teams can handle crises without law enforcement
- Services exist to care for individuals in crisis, and law enforcement can make referrals



Many agencies report using outside clinicians, but few have clinicians dedicated to co-response

% of agencies working with clinicians



Note: Based on 77 responses to BHC survey of law enforcement agencies (29% of Virginia law enforcement agencies), representing over 6,200 officers and 3.5 million Virginians (40% of state)

Co-response model shows promise, but funding and workforce are barriers

- Law enforcement optimistic about benefits of co-response teams
- Lack of funds and clinician shortages cited as barriers to implementation
 - _ Some funding provided as part of Marcus Alert implementation, not always sufficient
 - _ Multiple localities' efforts stalled due to workforce shortages
- Research on co-responder models is limited but promising
 - _ Meta-analysis shows a lower arrest rate from co-responder teams compared to law-enforcement-only CIT teams

Option 1

The General Assembly may wish to consider including funding in the Appropriation Act to support the development and establishment of co-response programs between law enforcement officers and clinicians, especially in those localities that have not yet received funding to implement the Marcus Alert system or that are not required to implement such system due to their population size.

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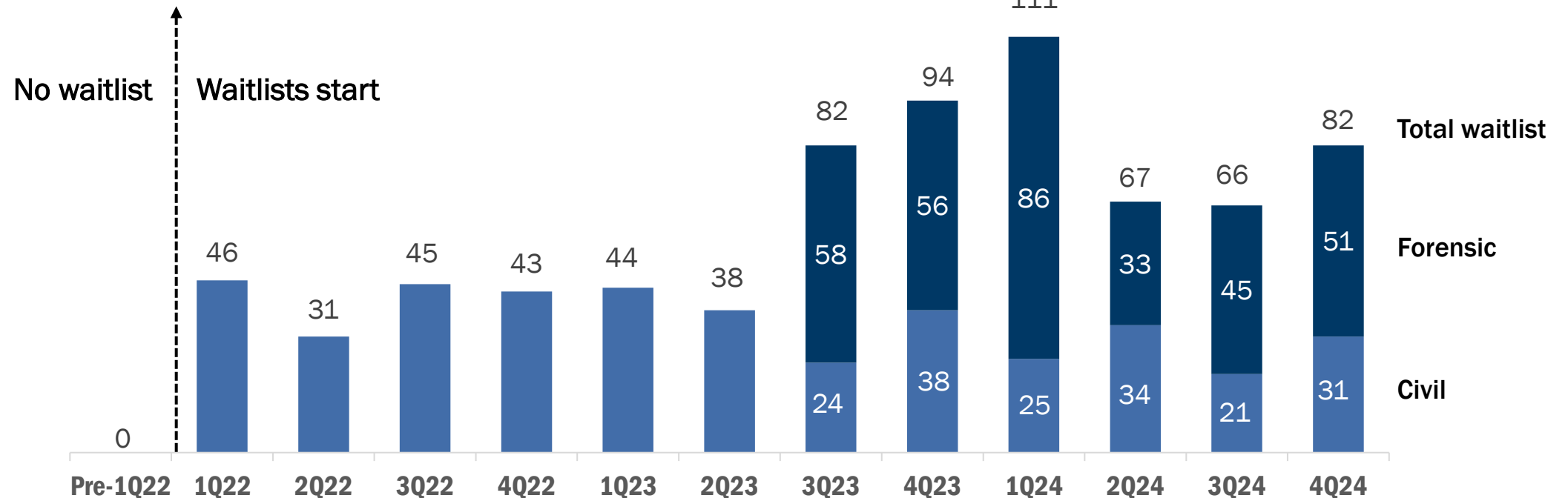
- **Increase capacity of mental health system**

Takeaways

Delays in inpatient psychiatric admissions have resulted in waitlist and lengthened wait time in emergency departments since FY22

Number of individuals on waitlist for psychiatric bed

Admissions to state hospitals stop,
200+ beds offline when restart



Note: BHC staff analysis of DBHDS data on civil and forensic waitlists, point-in-time estimates as of the last day of the quarter, 4Q21-4Q24

Finding

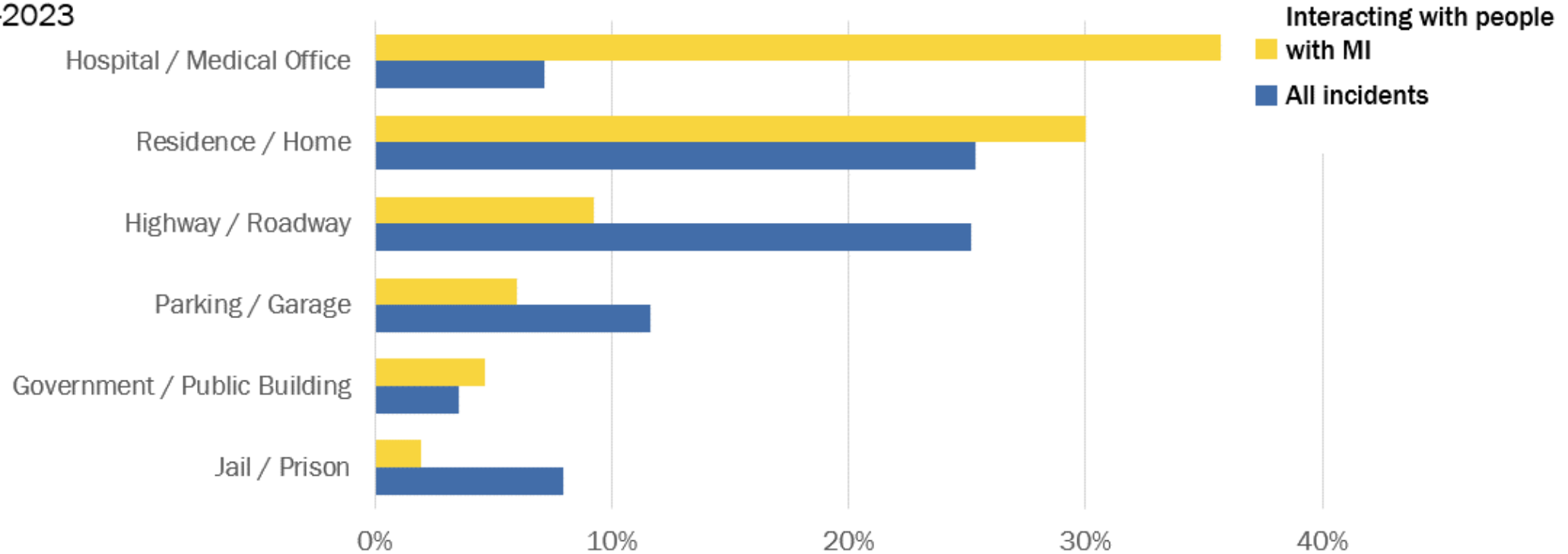
Delays in hospital admissions after an individual is placed under a TDO can increase the risk of assault on law enforcement officers and cause tensions between law enforcement and CSB staff.

Long waits in hospital emergency departments can increase risk of assaults and stir tensions

- Officers interviewed reported that assaults by a person in crisis are more prevalent the longer they have been in an ED, generally while under a TDO awaiting a bed
- Delays in hospital admissions stir tensions between law enforcement and CSB/state hospital staff
 - _ Officers described frustrations with CSB staff, some of whom appear virtually for pre-screens while officers remain in-person
 - _ People waiting for beds are often not receiving substantive treatment for their mental health crisis

Assaults in hospitals and medical facilities occur 4 times more often when engaging people with MI

Assaults by location
2019-2023



Note: BHC staff analysis of Virginia State Police data on Law Enforcement Officers Killed and Assaulted and arrestees, 2019-2023

Option 2

The General Assembly may wish to consider including language and funding in the Appropriation Act directing DBHDS to establish a program for private psychiatric hospitals to provide funding for those hospitals that agree to increase the percentage of involuntary inpatient admissions they accept and demonstrate the need for funding to safely admit such patients. Funds could be provided to cover one-time and ongoing costs for creating and filling additional security positions, providing staff training on how to safely treat these patients, and making safety improvements to the facilities.

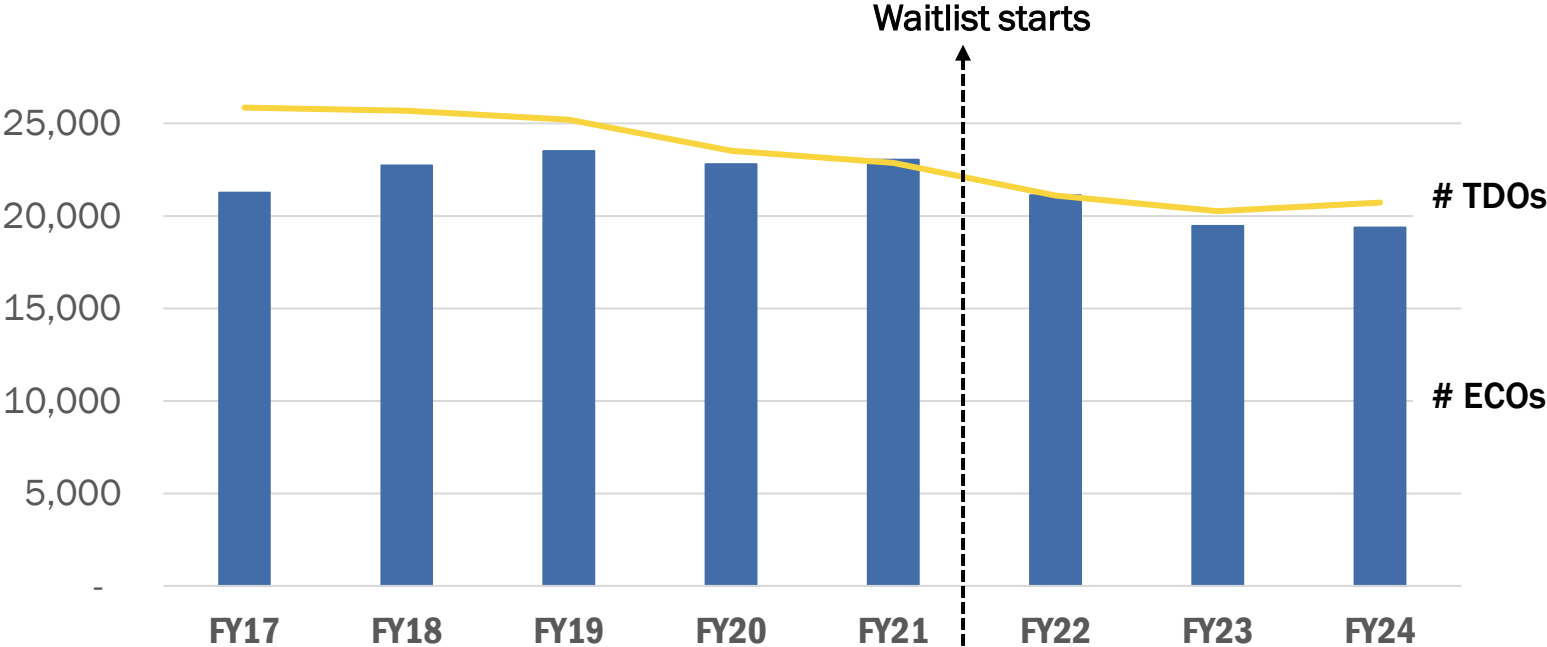
([Recommendation 7](#) from the 2023 JLARC study on Virginia's state psychiatric hospitals, introduced by BHC in 2024 session)

Finding

Lack of available mental health resources may contribute to individuals in crisis being arrested when an ECO might be a more suitable alternative, and those who would have met TDO criteria may not receive the necessary treatment.

ECOs have decreased by over 15% since waitlists for hospital beds began in FY22

Number of ECOs issued and TDOs executed
FY2017-FY2024



Note: BHC staff analysis of DBHDS monthly data on ECOs and TDOs executed, FY17-FY24

Officers report insufficient mental health treatment resources for people in crisis and may view jails as a faster avenue to treatment

- Insufficient access to services may reduce diversion options
 - _ Lack of services where officers can refer or take people for treatment
 - _ Significant delays for officers and patients under ECO/TDOs who need inpatient services
- Individuals in a mental health crisis may be able to receive medications, some services, and access to state hospitals through jail TDOs
- Adequate treatment and services are not consistently available in jails
 - _ Services are generally limited
 - _ Medications may be changed
 - _ Forensic waitlist for inpatient admission to state hospitals

Option 3

The Behavioral Health Commission may wish to consider directing staff to explore the feasibility of deferring arrest for certain alleged violations of the law by an individual involved in the civil commitment process until such time as the individual is no longer subject to an ECO, TDO, or civil commitment order.

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- Majority of assaults on law enforcement officers do not cause serious injury, but those that do can be debilitating
- Arrests and negative interactions with police can have devastating effects on people in crisis
- CIT is prevalent in Virginia and held in high regard by law enforcement, but more refresher training is needed
- Co-response models offer clinician-centric alternative to law enforcement-only approach
- Limited access to mental health services may increase the risk of arrest and prevent proper treatment for people in crisis

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