



February 2018

FEDERAL LAW ENFORCEMENT

DHS and DOJ Are Working to Enhance Responses to Incidents Involving Individuals with Mental Illness

Accessible Version

GAO Highlights

Highlights of [GAO-18-229](#), a report to congressional committees

Why GAO Did This Study

Law enforcement encounters with individuals with mental illness may require special training and skills and can sometimes involve volatile situations, risking tragic injuries or even death.

The 21st Century Cures Act includes a provision for GAO to review the practices that federal first responders, tactical units, and corrections officers (for the purposes of this study, “law enforcement officers and agents”) are trained to use in responding to incidents involving individuals with mental illness. This report addresses (1) challenges that federal law enforcement officers and agents face; (2) applicable training, policies, and guidance; and (3) existing leading practices, relevant tools, and efforts to leverage information.

GAO selected the five DHS and five DOJ law enforcement components (e.g., Secret Service, Federal Bureau of Investigation) that represent the largest concentration of law enforcement officers within the two departments. GAO reviewed the training, policies, and guidance in place, as well as efforts to enhance them, and discussed these matters with knowledgeable officials. In addition, GAO held discussion groups with a nongeneralizable sample of law enforcement officers and agents, selected through component contacts, to discuss their perspectives. GAO also reviewed studies on law enforcement responses to individuals with mental illness to help identify leading practices and tools and interviewed stakeholders, selected through a structured process, to obtain their perspectives.

View [GAO-18-229](#). For more information, contact Diana Maurer at (202) 512-8777 or MaurerD@gao.gov.

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What GAO Found

Law enforcement officers and agents from the Departments of Homeland Security (DHS) and Justice (DOJ) cited a number of challenges in our discussion groups related to their response to incidents involving individuals with a mental illness.

Challenges Identified in Law Enforcement Officer and Agent Discussion Groups

Identifying whether an individual has a mental illness

Communicating with individuals with a mental illness

Operating with limited access to mental health resources

Frequently encountering the same individuals

Source: GAO summary of discussion group comments. | GAO-18-229

All of the federal law enforcement components in GAO’s review either offer, receive, or are developing some form of training to their law enforcement officers and agents that addresses responding to incidents involving individuals with a mental illness. Further, all components have relevant policies or guidance in place, and all are undertaking efforts to enhance their practices in accordance with departmental guidance. Since DHS and DOJ components have varying missions and operational needs and interact with the public in different capacities, the nature and scope of training, as well as the number and duration of courses offered in response to individuals with mental illness varies; however, they generally include elements focusing on de-escalation and communication. In addition, DHS and DOJ both have efforts underway to have components review their training and policies under departmental guidance and plan to begin implementing any changes by 2018.

Stakeholders cited leading practices and tools for effective law enforcement responses, and DHS and DOJ components have generally leveraged information from other knowledgeable parties. For example, the Crisis Intervention Team approach involves training selected law enforcement officers on mental health topics and dispatching those officers on mental-health related calls. While models like this are typically used by state and local law enforcement agencies, their benefits could be considered in other settings such as federal law enforcement. DHS and DOJ officials are also using collaborative mechanisms within their departments, such as conference calls and working groups with officials, that have helped them leverage information from knowledgeable parties. In addition, DOJ’s Bureau of Justice Assistance (BJA), which supports programs and initiatives in the areas of law enforcement, among other activities, has developed and makes publicly available resources such as its Police-Mental Health Collaboration Toolkit. BJA also is working to stand up a national training and technical assistance center to improve law enforcement responses to people with mental illness. While aimed at state, local, and tribal law enforcement, a BJA official also acknowledged that the center could serve as an additional resource for federal law enforcement agencies to consult as they review relevant trainings, policies, and guidance on this topic.

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Abbreviations

ATF	Bureau of Alcohol, Tobacco, Firearms and Explosives
BJA	Bureau of Justice Assistance
BOP	Federal Bureau of Prisons
CBP	U.S. Customs and Border Protection
CIT	Crisis Intervention Team
CRCL	Office for Civil Rights and Civil Liberties
CSG JC	Council of State Governments Justice Center
DEA	U.S. Drug Enforcement Administration
DHS	Department of Homeland Security
DOJ	Department of Justice
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, 4th edition
FBI	Federal Bureau of Investigation

FLETC	Federal Law Enforcement Training Centers
FPS	Federal Protective Service
IACP	International Association of Chiefs of Police
ICE	U.S. Immigration and Customs Enforcement
ODAG	Office of the Deputy Attorney General
PERF	Police Executive Research Forum
Section 504	Section 504 of the Rehabilitation Act of 1973, as amended
TSA	Transportation Security Administration
USMS	U.S. Marshals Service

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February 8, 2018

Congressional Committees:

According to the International Association of Chiefs of Police (IACP), law enforcement officers nationwide are increasingly called upon to respond to and intervene on behalf of people affected by mental illness.¹ Based on estimates from the Substance Abuse and Mental Health Services Administration—an agency within the Department of Health and Human Services—44.7 million adults in the United States had a mental illness in 2016.² Since law enforcement officers can encounter individuals affected by mental illness in the course of their duties, the nature of their interaction has become an issue of national concern. In particular, research has demonstrated that such encounters:

- may require special training and skills to address;
- may depend on the availability of community and mental health resources for a positive outcome;
- are often time-consuming and difficult for law enforcement officers to resolve;
- typically involve repeat contacts with individuals who have unmet mental health needs; and

¹IACP, *Improving Police Response to Persons Affected by Mental Illness*, Report from the March 2016 IACP Symposium, Alexandria, Virginia (2016). IACP is a professional association for law enforcement that aims to advance the law enforcement profession through advocacy, outreach, education and programs. For the purpose of our review, we used the definition of mental illness that the National Alliance on Mental Illness developed, which is: “a condition that affects a person’s thinking, feeling or mood. Such conditions may affect someone’s ability to relate to others and function each day.” The National Alliance on Mental Illness is an association of local affiliates, state organizations and volunteers who work to raise awareness and provide support and education on various issues related to mental illness.

²Substance Abuse and Mental Health Services Administration (2017). *Key substance use and mental health indicators in the United States: Results from the 2016 National Survey on Drug Use and Health* (HHS Publication No. SMA 17-5044, NSDUH Series H-52). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>. In that report, adults with a mental illness were defined as having any mental, behavioral, or emotional disorder in the past year that met criteria from the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV), excluding developmental disorders and substance use disorders.

- can involve volatile situations, risking tragic injuries or even death.

Such concerns and potential safety issues underscore the importance of developing tailored approaches, training, and policies to help guide police departments and law enforcement officials.

To date, most efforts to promote such training or policies have been focused on state and local law enforcement agencies, such as police departments. While federal law enforcement agencies typically do not serve as first responders to emergency calls, they do interact with the public in the course of their duties and can encounter individuals with mental illness. At the federal level, the Department of Homeland Security (DHS) and Department of Justice (DOJ) are responsible for enforcing many laws regarding the safety and security of the United States, and these two departments house the majority of federal law enforcement officers nationwide.³

The 21st Century Cures Act⁴ includes a provision for us to review, among other things, practices that federal first responders, tactical units, and corrections officers are trained to use in responding to incidents involving individuals with mental illness.⁵ This report addresses the following key questions: (1) What challenges, if any, do federal law enforcement officers and agents at selected DHS and DOJ components face when responding to incidents involving individuals with mental illness? (2) What type of training, policies, and guidance, if any, are in place at selected DHS and DOJ components to prepare federal law enforcement officers and agents for responding to incidents involving individuals with mental illness? (3) What leading practices or tools have relevant stakeholders cited for effective responses to incidents involving individuals with mental

³Specifically, DHS's mission includes preventing terrorism and enhancing security; managing and securing the nations' borders; administering and enforcing immigration laws; and securing cyberspace. DOJ's mission includes enforcing the law and defending the interests of the United States according to the law, ensuring public safety against threats foreign and domestic, providing federal leadership in preventing and controlling crime, and ensuring fair and impartial administration of justice for all Americans.

⁴Pub. L. No. 114-255, div. B., tit. XIV, subtit. B, § 14026, 130 Stat. 1033, 1310-11 (2016). The provision for our study is contained in Division B—the Helping Families in Mental Health Crisis Reform Act of 2016.

⁵For the purposes of our review, we focused on federal law enforcement officers, tactical units, and correctional officers, referring to all under the general term "law enforcement officers" from here forward. We use the terminology "officers and/or agents" to reflect the varying job titles and responsibilities that individuals within these components have. We did not include contractors in the scope of our review.

illness, and how have DHS and DOJ components leveraged information from other knowledgeable parties?

We focused our review on the training, policies, and guidance put forth by the DHS and DOJ components listed in table 1 below because they comprise nearly all of the federal law enforcement officers in these departments.

Table 1: Department of Homeland Security and Department of Justice Federal Law Enforcement Components Selected for GAO’s Review and Their Missions

Component	Mission
Department of Homeland Security	
Federal Law Enforcement Training Centers (FLETC) ^a	Provides career-long training to law enforcement professionals to help them fulfill their responsibilities safely and proficiently. Under a collaborative training model, FLETC’s federal partner organizations deliver training unique to their missions, while FLETC provides training in areas common to all law enforcement officers, such as firearms, driving, tactics, investigations, and legal training.
Federal Protective Service (FPS)	Provides integrated security and law enforcement services, such as conducting facility security assessments; responding to crimes and other incidents to protect life and property; and detecting, investigating, and mitigating threats to more than 9,500 federal facilities nationwide.
Transportation Security Administration (TSA)	Protects the nation’s transportation systems to ensure freedom of movement for people and commerce. TSA does this by, among other things, deploying Federal Air Marshals on U.S. aircraft worldwide. Our review focuses on TSA’s Federal Air Marshals, who are to detect, deter, and defeat criminal and terrorist activity targeting transportation systems.
U.S. Customs and Border Protection (CBP)	Protects the borders of the United States from dangerous people and materials, while facilitating lawful international travel and trade.
U.S. Immigration and Customs Enforcement (ICE)	Protects the United States from cross-border crime and illegal immigration that threaten national security and public safety. ICE executes this mission through enforcement of federal statutes and focuses on immigration enforcement, preventing terrorism, and combating the illegal movement of people and goods. Our review focuses on ICE’s Homeland Security Investigations office, which investigates cross-border criminal activity, and ICE’s Enforcement and Removal Operations unit, which identifies and apprehends removable aliens, detains them when necessary, and removes illegal aliens from the United States.
U.S. Secret Service	Provides physical protection to the nation’s highest elected leaders and visiting foreign dignitaries, as well as for facilities and major events, and safeguards the payment and financial systems of the United States from a wide range of financial and computer-based crimes.
Department of Justice	
Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)	Investigates and seeks to prevent federal offenses involving the unlawful use, manufacture, and possession of firearms and explosives, acts of arson and bombings, and illegal trafficking of alcohol and tobacco products.
Federal Bureau of Prisons (BOP)	Confines offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. As part of its duties, BOP is responsible for delivering medically necessary health care to inmates in accordance with proven standards of care, including medical, dental and mental health.

Component	Mission
Federal Bureau of Investigation (FBI)	Protects the nation from terrorism, espionage, cyber-attacks, and major criminal threats through intelligence-gathering and law enforcement responsibilities. Our review focuses on the FBI's Special Agents, who are primarily responsible for executing this mission, as well as FBI Police Officers, who provide security at FBI facilities.
U.S. Drug Enforcement Administration (DEA)	Enforces the controlled substances laws and regulations of the United States and brings to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States.
U.S. Marshals Service (USMS)	Provides federal judicial security, apprehends fugitives and non-compliant sex offenders, secures and transports federal prisoners from arrest to incarceration, executes federal court orders, seizes and manages assets acquired through illegal means, and assures the safety of endangered government witnesses and their families.

Source: GAO summary of information from components. | GAO-18-229

Note: According to data the departments provided to us, as of the end of fiscal year 2016, the DHS components above—excluding FLETC—employed 42,823 of 43,222 law enforcement officers within DHS, and the DOJ components above employed 43,502 of 43,639 law enforcement officers within DOJ.

^aFLETC information is presented in this table as the component provides various types of training to a number of federal law enforcement agencies. However, we do not consider it an operational law enforcement component for our subsequent discussions of training in place across DHS components.

To identify the challenges that federal law enforcement officers and agents at our selected DOJ and DHS components face when responding to incidents involving individuals with mental illness, we held discussion groups with six to eleven agents or officers within each selected component to ask about their experiences. We worked with officials at each component to identify officers and agents with varied tenures and experiences. We then summarized the information collected from the discussion groups and identified common themes across the selected components. We worked closely with the departments to organize these discussion groups; however, these officers' and agents' perspectives cannot be generalized to their entire components or to all federal law enforcement components. Nevertheless, their views provided valuable insights into the challenges they face on the job.

To identify the training, policies, and guidance in place, we reviewed documents from each of our selected law enforcement components, when available, and conducted interviews with officials at the selected components responsible for the development or delivery of training or policies. We also reviewed fiscal year 2018 budget justifications for each of our selected components to identify changes in staffing levels or training plans that may be related to officers' and agents' response to incidents involving individuals with mental illness. In addition, since section 504 of the Rehabilitation Act of 1973, as amended (section 504) prohibits discrimination on the basis of disability, which includes mental illness, in federally funded and federally conducted programs and

activities,⁶ we took steps to understand the section’s applicability to federal law enforcement operations.⁷ Specifically, we reviewed departmental guidance related to section 504 and reviewed the selected components’ documentation of efforts to review their training, policies, and procedures in accordance with that guidance. We also interviewed department and component officials familiar with the review efforts.

To identify leading practices stakeholders cited for effective law enforcement responses to incidents involving individuals with mental illness, we used a multi-stage process. We first conducted a search of databases and organizational websites to identify published work related to law enforcement responses to individuals with mental illness that had been published on or after January 1, 2007. We then narrowed our search and reviewed only literature review articles, meta-analyses, and summary papers published by academics, think tanks and advocacy groups, or government agencies to identify any potential leading practices.⁸ Through our review, we identified two potentially leading practices in the field of law enforcement responses to incidents involving individuals with mental illness.

Next, we identified potential stakeholders through a search of literature review articles, meta-analyses, and organizational websites related to law enforcement responses to incidents involving individuals with mental illness. Through our review of these documents and websites, we selected six stakeholders in the field of law enforcement-mental health to solicit their opinions on leading practices. These stakeholders consisted

⁶29 U.S.C. § 794. A person with a disability includes anyone who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. The definition of disability for purposes of § 504 of the Rehabilitation Act is derived from the Americans with Disabilities Act. 29 U.S.C. § 705(9); 42 U.S.C. § 12102.

⁷Regulations and guidance issued by both DOJ and DHS provide that section 504 generally applies to all programs and activities of each department. For example, DOJ guidance states that DOJ’s obligations under section 504 and implementing regulations “apply to all members of the public with disabilities whom the Department serves or encounters as part of the Department’s traditional law enforcement programs and activities.” However, according to this same guidance, “[e]xigencies, dangers, and safety considerations, however, play a significant role in determining whether and to what extent an accommodation [for a member of the public with a disability] is reasonable.”

⁸By using the term “leading practices,” we refer to practices that are generally effective when officers or agents apply them when responding to incidents involving individuals with mental illness even if robust evaluations of such practices’ effectiveness have not been conducted or have shown mixed results.

of four organizations and two independent researchers who have either published research or implemented programs, among other criteria, related to law enforcement responses to incidents involving individuals with mental illness. Specifically, we asked stakeholders to validate that the two practices that we had initially identified were in fact leading practices, and to provide any additional leading practices.⁹

To determine if DOJ and DHS components leverage information from other knowledgeable parties, we conducted interviews with or gathered written information from agency officials from the selected components who are responsible for training and policy development. Further details about our scope and methodology can be found in Appendix I.

We conducted this performance audit from February 2017 through February 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform an audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Law Enforcement Interaction with Individuals with Mental Illness

Since the 1960s, the percentage of individuals with mental illness being treated in a hospitalized setting has decreased dramatically in an effort to move care away from institutional settings into a wider range of community-based treatment. This process, known as “deinstitutionalization,” has been driven in part by limited funding available for mental health services, changes in treatment philosophy, and medical advancements. According to a 2015 Federal Bureau of Investigation (FBI) publication, one result from this shift is that local police departments have had to meet the growing needs of individuals suffering mental health emergencies (e.g., a schizophrenic episode), and are often the first

⁹For the purposes of our report, stakeholders are either academic or independent researchers or advocacy groups who are known to have substantial knowledge or expertise in the area of law enforcement responses to incidents involving individuals with mental illness.

source of assistance in helping to arrange treatment for these individuals.¹⁰

Similarly, the IACP reports that police officers often have to “manage situations that result from a history of mental health policy and legislative decisions made by federal and state governments.”¹¹ According to the IACP, law enforcement officers—generally local police—may then find themselves serving in a role similar to that of a social worker in attempting to locate treatment services for such individuals. The IACP also reports that such increasing interactions may result in individuals with mental illness being arrested and placed in jail, rather than receiving treatment from mental health facilities. This can result in a cycle of arrest, imprisonment, and recidivism for such individuals.¹² In addition, interactions between law enforcement officers and individuals with mental illness have the potential to escalate into violence.

In recent years, a number of professional organizations and advocacy groups such as IACP, the Police Executive Research Forum (PERF), the National Alliance on Mental Illness, and Council of State Governments Justice Center (CSG JC) have researched and advocated for different approaches that may reduce the likelihood of violent encounters or help officers connect the individuals they encounter with proper treatment services.¹³ In addition, DOJ’s Bureau of Justice Assistance (BJA), within its Office of Justice Programs, has created a compendium of existing

¹⁰Wilcox, Nicolas, M.S., “The Importance of Mental Health Training in Law Enforcement”, FBI Law Enforcement Bulletin, July 8, 2015.

¹¹IACP, *Improving Police Response to Persons Affected by Mental Illness*, Report from the March 2016 IACP Symposium, Alexandria, Virginia (2016).

¹²We have related work reviewing the incarceration of offenders with mental illness and strategies for reducing recidivism among such offenders that will be issued in early 2018. 21st Century Cures Act, Pub. L. No. 114-255, § 14016, 130 Stat. at 1306-07.

¹³PERF is an independent research organization that seeks to identify best practices on issues such as reducing police use of force; developing community and problem-oriented policing; and evaluating crime reduction strategies. CSG JC is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. It aims to provide practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities.

information and research in the field of state and local law enforcement responses to individuals with mental illness.¹⁴

Federal law enforcement officers and agents may interact with individuals displaying signs of mental illness in a number of different types of incidents while performing their various missions, such as protecting federal property or officials or when apprehending subjects of an investigation. Figure 1 provides one example of a possible incident an officer or agent might experience and the response options available. Generally, when federal officers and agents encounter individuals displaying signs of mental illness—and there is no evidence of a federal crime—they may refer them to local law enforcement or health care providers to assess their mental health and determine whether they need further health care.¹⁵ If local providers determine that such care is needed, it is generally provided through a voluntary or involuntary commitment to a local mental health services provider. One exception to this is for correctional officers and other staff within BOP, as these staff interact with individuals with a diagnosed mental illness as part of their daily duties in ensuring a secure prison environment.¹⁶ BOP pre-designates all inmates entering its institutions and assigns initial mental

¹⁴BJA aims to provide leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, managing offenders, combating drug crime and abuse, crime prevention, and protecting vulnerable populations, among other things.

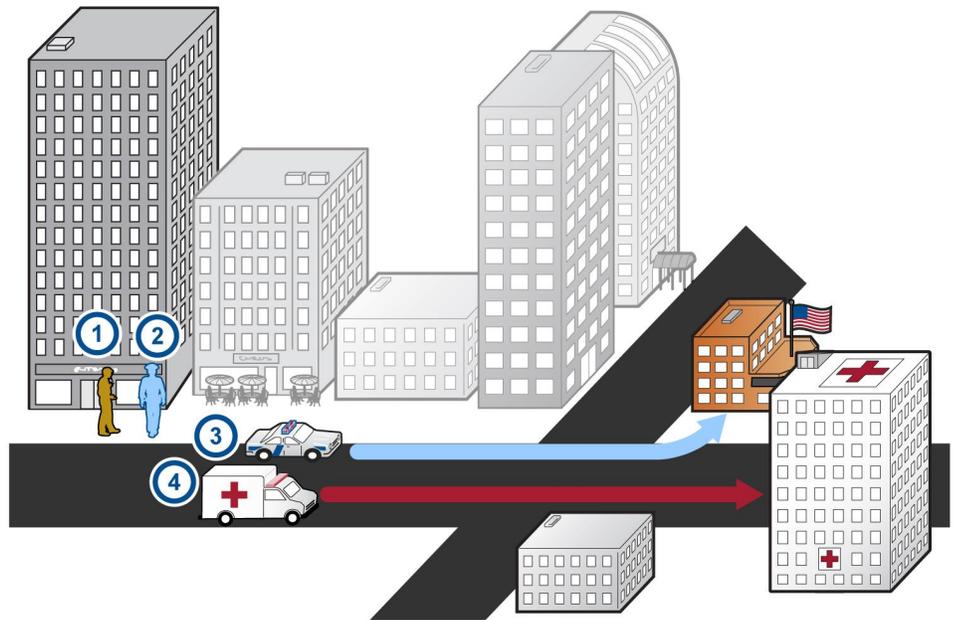
¹⁵The nature of these interactions by federal law enforcement officers and agents may vary greatly depending on the nature of each component's mission. For example, according to FBI officials, FBI Special Agents apprehending a subject displaying signs of mental illness do not refer that individual to local law enforcement or health care providers, but would carry out the arrest warrant or arrest on probable cause.

¹⁶By statute, BOP is required to provide for suitable housing and the safekeeping, care, and subsistence of all persons charged with or convicted of offenses against the United States. See 18 U.S.C. § 4042(a)(2).

health and medical screen assignments.¹⁷ Throughout an inmate's incarceration, BOP's psychologists, psychiatrists, and qualified mid-level practitioners can determine a new mental health care level following a review of records and a face-to-face clinical interview.

¹⁷After inmates enter an institution, and within timeframes dependent upon the mental health screen assignment, BOP completes a psychology intake screening and assigns inmates a mental health care level ranging from 1 to 4, depending on the inmates' level of mental health care needs. Mental health care level 1 inmates show no significant level of functional impairment associated with mental illness and demonstrate no need for regular mental health interventions, while mental health care level 4 inmates are those requiring acute care in a psychiatric hospital. We have previously reported on mental health care and general medical care in BOP. See GAO, *Bureau of Prisons: Timelier Reviews, Plans for Evaluations, and Updated Policies Could Improve Inmate Mental Health Services Oversight*, [GAO-13-1](#) (Washington, D.C.: July 17, 2013), and *Bureau of Prisons: Better Planning and Evaluation Needed to Understand and Control Rising Inmate Health Care Costs*, [GAO-17-379](#) (Washington, D.C.: June 29, 2017).

Figure 1: Illustrative Example of an Incident at a Federal Facility Involving Federal Law Enforcement and an Individual Displaying Signs of a Mental Illness



1 Individual appears at a federal facility and is acting erratically, agitated, or making threatening statements towards the facility or the people within.

2 An officer arrives on the scene to speak with the individual, attempting to ascertain whether the individual poses a threat to himself or others.

3 If the officer determines that the individual could be a threat to himself or others, he or she may contact the local authorities for assistance or if a possible federal offense has occurred, the officer may take the individual into federal custody.

4 If the local first responders determine that the individual could benefit from medical assistance, they may transport the individual to a local hospital or care center for a mental health evaluation.

Source: GAO summary of comments from component law enforcement officials; Art Explosion (clip art). | GAO-18-229

Note: The figure above is a general illustration of how a federal law enforcement officer or agent might respond to and resolve a disturbance at or near a federal facility. It is not intended to address a “typical” incident for any of the components in our review because the missions and activities of each component vary significantly and officers and agents interact with the public in different capacities. For example, Federal Protective Service or Secret Service officers and agents might be more likely to experience this type of incident when protecting federal facilities than Bureau of Prisons correctional officers operating within prisons or than Federal Bureau of Investigation agents conducting investigations would be.

Relevant Legislation and Departmental Efforts

Under section 504 of the Rehabilitation Act of 1973, as amended, discrimination on the basis of disability in federally funded and federally conducted programs and activities is prohibited.¹⁸ A person with a disability includes anyone who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

DHS and DOJ both currently have efforts underway, in various stages of development, to have their components review their existing policies, guidance, and training in response to departmental guidance on addressing individuals with disabilities and obligations under section 504. Pursuant to departmental guidance, after completing their reviews, components are to determine areas that could be enhanced. Within DHS, components have been asked to report on the status of their efforts to DHS' Office for Civil Rights and Civil Liberties (CRCL).¹⁹ Within DOJ, the Office of the Deputy Attorney General (ODAG) is overseeing components' efforts.²⁰

In addition, the 21st Century Cures Act requires the Attorney General to provide direction and guidance for the following by December 13, 2017:

- “Programs that offer specialized and comprehensive training, in procedures to identify and appropriately respond to incidents in which the unique needs of individuals who have a mental illness are involved, to first responders and tactical units of—(A) Federal law enforcement agencies; and (B) other Federal criminal justice agencies, such as [BOP] and the Administrative Office of the United States Courts, and other agencies that the Attorney General determines appropriate.”

¹⁸29 U.S.C. § 794. “Federally conducted programs and activities” include those of federal law enforcement agencies.

¹⁹DHS CRCL promotes civil rights and civil liberties in policy creation and implementation by advising DHS leadership and personnel, communicates with individuals and communities whose civil rights and civil liberties may be affected by DHS activities, and leads DHS equal employment opportunity programs, among other things.

²⁰DOJ ODAG advises and assists the Attorney General in formulating and implementing DOJ policies and programs and in providing supervision and direction to all organizational units of DOJ.

-
- “The establishment of, or improvement of existing, computerized information systems to provide timely information to employees of Federal law enforcement agencies, and Federal criminal justice agencies to improve the response of such employees to situations involving individuals who have a mental illness.”²¹

Discussion Groups Identified Several Challenges that Officers and Agents Encounter When Responding to Incidents Involving Individuals with Mental Illness

According to the DHS and DOJ law enforcement officers and agents we interviewed, they are not positioned to diagnose any specific mental health condition that an individual might have, as they are not trained mental health professionals.²² However, responding to incidents involving individuals with mental illness can be challenging for multiple reasons, including determining whether the person is suffering from a mental illness or from another issue, such as drug addiction, and communicating with the person, for example, when a person may be suffering from delusions. These officers and agents face these challenges while also being responsible for ensuring their own safety and that of others in the area. Some of the common challenges officers and agents identified during our discussion groups follow.

Identifying Whether an Individual Has a Mental Illness

Some officers and agents in our group discussions stated that when encountering individuals displaying erratic behavior (e.g., rapid or nonsensical speech, paranoid or delusional statements), it can be difficult to determine if that behavior is attributable to a mental illness or the influence of drugs. Specifically, Border Patrol agents—who are broadly responsible for preventing the illegal entry or exit of people and goods at places other than ports of entry—stated that determining whether

²¹Pub. L. No. 114-255, § 14025, 130 Stat. at 1310.

²²BOP employs mental health professionals such as psychologists or psychiatrists at each of its institutions. These staff are trained to diagnose mental illness and share their assessments with correctional officers and other staff. In addition, each institution has medical and mental health profiles of each inmate in its care.

someone has a mental illness or is experiencing other issues is challenging and may be complicated by language barriers. Border Patrol agents may at times encounter large groups of people attempting to cross the border at one time and thus have limited time to make that determination. ATF officers—who may encounter individuals with a mental illness who are targets of an investigation—commented that incidents may involve an individual who could suffer a mental illness (treated or untreated), or be under the influence of alcohol or drugs. Unless the individual discloses his or her condition, or family or friends are there to explain the condition, officers would not know the cause of the individual's behavior. They explained that if mental health information about a suspect is known in advance of an operation, officers can adjust their approach; however, they told us that most of the time they do not know if someone has a mental health condition and how it might present itself.

Similarly, an FBI police officer—who may encounter individuals displaying signs of mental illness if those individuals enter an FBI office—told us that it can be challenging to deal with an individual who is acting erratically, not knowing precisely whether the behavior is attributable to a mental illness, and there may be limited time available to address an individual posing a safety risk. BOP corrections officers also echoed this challenge. They said that despite having back-up mental health staff on call, their initial reaction to an inmate exhibiting some type of erratic behavior has to be fairly quick to secure the safety of the staff and other inmates. Officers and agents across components and departments made clear that they are not mental health professionals or psychologists and, as such, are charged with responding to the behaviors that are exhibited to secure the scene.

Communicating with Individuals with a Mental Illness

Some of the officers and agents in our discussion groups stated that communicating effectively with someone exhibiting signs of a mental illness and understanding what he or she may be going through or how he or she sees reality can be challenging. One officer told us that trying to make individuals who may have a mental illness understand that their reality is not everyone else's reality is particularly challenging. This was very difficult, for example, for Secret Service Uniformed Division officers who explained that they encounter individuals when providing security along the White House fence and for FPS officers, who often encounter individuals displaying signs of mental illness near or in federal buildings that they are assigned to protect. As the Secret Service officers

explained, even if individuals exhibit delusional behavior, so long as they have not broken any laws, then they are free to be near protected federal venues and the officers are limited in any actions they can take.

One officer, discussing the challenges in speaking with someone with a mental illness who may be experiencing delusions, stated that the person is “wholeheartedly convinced that what he or she perceives is the true reality.”

Source: GAO observation. | GAO-18-229

Officers and agents who we met with in CBP reported that they rely on common sense to dictate appropriate action and use reasonable efforts to protect themselves and others. They noted that additional training on communicating effectively with individuals suffering from mental illness could be beneficial.

The challenges noted above in identifying causes of erratic behavior or effectively communicating with individuals with a mental illness can make it difficult for officers to resolve a tense situation or apprehend an individual (if necessary) as securely or peacefully as possible. For example, Border Patrol agents stated that ensuring that such encounters are resolved safely for the individuals involved and other members of the public is their biggest challenge. It might require removing someone in distress from a group of individuals that he or she may be traveling with or keeping him or her calm. When someone is in an extreme state of panic, emotional distress, or anger, officers try to remove the person from the group to prevent a potential incident from escalating quickly.

Operating with Limited Access to Mental Health Resources

Officers and agents also stated that a limited number of mental health professionals available within their components or through local agencies can pose a challenge in helping persons with mental illness receive necessary treatment. As such, they must rely on state and local entities in the area (e.g., law enforcement, hospitals) to provide assistance for individuals. Federal Air Marshals—who provide protection at airports and other transportation modes—we spoke with explained that since they do not have holding facilities to secure individuals with mental illness, they are reliant on local law enforcement and mental health professionals to manage an incident.²³ Officers and agents highlighted the importance of maintaining close relationships with state and local partners and added that trained mental health professionals provide an excellent resource.

²³The Federal Air Marshals instructors with whom we met largely train Visible Intermodal Prevention and Response teams that consist of Federal Air Marshals, Behavioral Detection Officers, Transportation Security Specialists-Explosives, Transportation Security Inspectors, and Canine teams who work closely with federal, state, and local law enforcement partners and stakeholders in the aviation and surface transportation sectors.

In addition, officers and agents in some discussion groups noted there may be training offered by state or local agencies related to understanding and responding to individuals with mental illness that could be leveraged by federal agencies.²⁴ Officers and agents reported, however, that it can be difficult for the components to find the time and resources to send officers to the trainings. According to USMS officers—who provide security at federal courthouses and oversee transport of federal prisoners—this is particularly challenging in small offices where there may be very few staff.

Frequently Encountering the Same Individuals

Another common challenge noted in discussion groups was that officers and agents repeatedly encounter the same individuals with mental illness. Officers and agents explained that they can sometimes apprehend individuals who are creating a disturbance, but these individuals often cannot be charged with a federal crime. As such, following the apprehension, the officers and agents release these individuals to local or state authorities who may transport them to local providers for a mental health evaluation. Typically, if the local providers determine a commitment is necessary, they will hold these individuals at a hospital or clinic for up to 72 hours. According to the officers and agents in our discussion groups, many of these individuals return after they are released and the officers and agents encounter them time and again, with very little that they can do to provide these individuals with assistance. According to the officers and agents, incidents involving frequent encounters with the same individuals can take time away from performing other important activities.

Secret Service Uniformed Division officers told us they repeatedly encounter the same individuals with mental illness and know some of these individuals very well. For example, Secret Service officers stated that when performing their duties in patrolling the grounds of the White House, they have had frequent encounters with a woman who believes she has family members living in the White House. The officers have

²⁴Training courses that focus on mental health awareness offered by other entities, such as state and local law enforcement agencies, may be available to federal officers and agents. Generally, federal officers and agents are made aware of internal and external training opportunities through their internal component learning systems and email notifications.

turned her away from the scene on multiple occasions, but she continues to return.

Components Have Some Type of Training, Policies, and Guidance Related to Mental Illness, and Reviews to Enhance Practices are Underway

DHS and DOJ Components Offer, Receive, or Are Developing Some Type of Training Related to Mental Illness

All of the law enforcement components in our scope offer training directly, receive training through FLETC, or are developing some training on responding to incidents involving individuals with mental illness. Agency and FLETC training includes courses on communication, de-escalation, and suicide prevention (related to federal inmates). Since these components have varying missions and operational needs and interact with the public in different capacities, the nature and scope of this training, as well as the number of courses and the duration of courses offered varies. For example, BOP's staff—including food service workers and nurses, as well as correctional officers—have daily contact with inmates with mental illness and can act as “first responders” when situations merit. According to BOP officials, training is offered to all staff in all of its institutions on mental health and working with the mentally ill, along with courses on communication, de-escalation, suicide prevention, and use of force. As another example, ATF's agents told us they have less routine contact with individuals with mental illness, but ATF offers a course to its agents on de-escalation concepts and tactics, which addresses responding to incidents involving individuals with mental illness, as well as crisis intervention training to its cadre of crisis negotiators. Further, some of the components' training is mandatory and offered annually through class instruction or online portals. These courses may be offered to new hires or available to tenured officers. In addition, some components' training courses are delivered as stand-alone sessions, while others may be modules within a larger course exploring other law enforcement topics.

Training DHS Components Offer

Three DHS operational components in our scope, in addition to FLETC, offered some type of training specifically for their officers and agents. Another one (TSA) has training in development as of October 2017, on topics related to responding to incidents involving individuals with mental illness.

FLETC explained that it provides basic training to all DHS law enforcement officers through one of three basic program categories—Center Basic, Center Integrated Basic, and Agency Specific Basic—which vary in length.²⁵ Two Center Basic training programs include a 2-hour module titled Managing Abnormal Behavior, which covers how to identify common signs of mental disorders (among other things) and how to handle people exhibiting abnormal behavior. Specifically, this module examines basic human behavior that may be classified as abnormal, differentiates between mental disorders, and also covers physical and organic causes that may be related to abnormal behavior with the appropriate officer responses. In addition, FLETC informed us that it has developed scenario-based training in these programs, allowing the officers or agents to develop decision-making skills in situations involving people exhibiting abnormal behavior. See appendix II for more information on FLETC’s training programs.

U.S. Secret Service Training

We observed Secret Service training on Protective Intelligence Questioning for First Line Officers, which is offered to Uniformed Division Officers. The course instructor played the role of three different individuals with schizophrenia, bipolar disorder, and sociopathic personality disorder and trained agents on interacting and interviewing subjects who attempt to breach the White House fence.

Source: GAO observation. | GAO-18-229

In addition to this module provided to all DHS agents and officers, the components in our review also offer or are preparing component-specific training courses. Table 2 lists illustrative examples of DHS training.

Table 2: Examples of Department of Homeland Security (DHS) Operational Components’ Training Content Related to Officers’ Response to Incidents Involving Individuals with Mental Illness, as of October 2017

DHS component	Name of course	Officers taking course	General description	Format / duration
Federal Protective Service (FPS) ^a	Mentally Ill Persons	Law Enforcement Officers	Covers characteristics of mental illness, emotionally disturbed persons (EDP), and excited delirium syndrome; ^b how to manage EDPs; steps needed for subjects to be committed voluntarily or involuntarily for a mental health evaluation; and becoming familiar with various cases regarding EDPs.	Class/1 hour

²⁵According to DHS officials, one exception would be for training provided to Border Patrol agents. While this training takes place at FLETC venues, according to CBP, the Border Patrol itself conducts nearly all of the training provided to its agents.

DHS component	Name of course	Officers taking course	General description	Format/ duration
U.S. Customs and Border Protection (CBP)	Detecting Excited Delirium Syndrome	Customs and Border Protection Agents and Officers	Covers how to identify excited delirium syndrome and the implications for a sudden in-custody death.	Online/1 hour
U. S. Secret Service (Secret Service)	Protective Intelligence Questioning for First Line Officers	Uniformed Division	Provides approaches and strategies to use when interviewing subjects who may be mentally ill, including symptoms that may be commonly exhibited, and how to obtain useful and actionable information. This is followed up with a practical exercise in which officers conduct three separate interviews of role players who act as if they are suffering from schizophrenia, bipolar disorder, and paranoid personality disorder respectively.	Class/5 hours

Source: GAO analysis of documentation provided by components | GAO-18-229

Note: Officials reported that in addition to the training courses above, some components, such as CBP, have officers who are also trained as emergency medical technicians. Part of basic emergency medical technician training addresses how to respond to individuals who may be displaying signs of mental illness. Also, U.S. Immigration and Customs Enforcement, which does not provide mental health training generally to all of its agents or officers, employs health services medics who screen apprehended individuals for medical conditions to include mental illness and provide those health services medics with suicide prevention training.

^aIn addition, FPS officials informed us that they are developing further training on familiarizing officers with local resources available and anticipate offering this training beginning in March 2018.

^bExcited delirium syndrome is a set of symptoms such as disorientation, violent or bizarre behavior, insensitivity to pain, elevated body temperature, or superhuman strength that results in a temporary state of wild excitement or mental confusion.

In addition, TSA has developed a mandatory course entitled Awareness Training on Mental Health Conditions to be delivered in the classroom and through scenarios and exercises during fiscal year 2018. This course is designed to introduce Federal Air Marshals to the fundamentals of predominant mental disorders, such as schizophrenia or psychosis.

Training DOJ Components Offer

All of the DOJ components in our review provide some type of training to their officers on topics related to responding to incidents involving individuals with mental illness—as illustrated in Table 3.

Table 3: Examples of Department of Justice (DOJ) Components’ Training Content Related to Officers’ Response to Incidents Involving Individuals with Mental Illness, as of October 2017

DOJ components	Name of course	Officers taking course	General description	Format / duration
Alcohol, Tobacco, Firearms and Explosives (ATF)	Understanding De-escalation Concepts and Tactics	Agents	Addresses the importance and process of de-escalation, communication, and use of force and response to resistance, including practical exercise scenarios and video demonstrations.	Class/8 hours
Drug Enforcement Administration (DEA)	Use of Force	Agents	Covers one scenario based on a court case pertaining to the reasonableness of the use of force during a situation involving a mentally ill suspect.	Class/20 minutes
Federal Bureau of Prisons (BOP)	Mental Health Annual Training	All Staff	Covers stigma associated with mental illness, characteristics and symptoms of serious mental illness, and inmates who have been diagnosed with a mental illness/disorder.	Class/1 hour
Federal Bureau of Investigation (FBI)	Mental Health First Aid for Public Safety Officers ^a	Agents	Covers abnormal behavior, communication, intellectual and developmental disabilities, de-escalation, mental health awareness, suicide prevention, trauma crisis response, use of force, and practical exercises and simulations.	Virtual/8 hours
U.S. Marshals Service (USMS)	Mental Illness and Human Behavior	Protective Intelligence Investigators, District Threat Investigators ^b	Covers mental illness and abnormal behavior; cause of serious mental illness; mental health statistics; stress; common mental, mood, anxiety, and personality disorders; post-traumatic stress disorder (PTSD); and substance abuse.	Class/2 hours

Source: GAO analysis of documentation provided by components | GAO-18-229

^aThis course is currently offered at only one FBI field office; FBI has no component-wide training specific to mental illness.

^bProtective Intelligence Investigators are Senior Criminal Investigators who conduct protective investigations to identify and mitigate potential threats to USMS protectees. District Threat Investigators are Deputy U.S. Marshals who, as a collateral duty, identify security threats or incidents and assist Protective Intelligence Investigators with developing a strategy to mitigate the threat.

DHS and DOJ Components Have Existing Policies or Guidance That Addresses Responding to Individuals with Mental Illness

The law enforcement components within our scope at DHS and DOJ have policies or guidance in place that addresses responding to incidents involving individuals with mental illness. Some components' policies or guidance specifically addresses mental illness, while others touch on the issue as part of larger policies on other topics (such as use of force)—as illustrated in Table 4.

Table 4: Examples of Policies and Guidance at Departments of Homeland Security (DHS) and Justice (DOJ) Components Related to Officers' Response to Incidents Involving Individuals with Mental Illness, as of October 2017

		Policy/Guidance Name	General Description
DHS component	Federal Protective Service (FPS)	Incidents Involving Mentally Ill Persons	This policy provides official guidance on responding to incidents involving individuals with mental illness. It covers communication, use-of-force, interviews, excited delirium syndrome, ^a voluntary and involuntary mental health evaluations, as well as suicide prevention.
DHS component	Transportation Security Administration (TSA)	Access and Communication for Individuals with Disabilities	This guidance is designed to help ensure that interactions with the public are accessible to individuals with a disability, which includes mental illness.
DHS component	U.S. Customs and Border Protection (CBP)	National Standards on Transport, Escort, Detention, and Search	Prior to transporting or escorting an individual, officers and agents are to conduct an assessment of the individual's safety and known or reported medical or mental health issues, among other things, and provide reasonable accommodations for such issues.
DHS component	U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations	Identification of Detainees with Serious Mental Disorders or Conditions	This policy memo assists ICE and detention facility personnel in identifying detainees with serious mental disorders or conditions in order to assess appropriate facility placement and treatment.
DHS component	U. S. Secret Service (Secret Service)	Use of Force Policy	This policy mentions that officers and agents may take into account the mental health history of the subjects to determine a reasonable level of force necessary to control them.
DOJ Components	Alcohol, Tobacco, Firearms and Explosives (ATF)	Memo on Resources for Dealing with Persons in Crisis	Instructs all special agents in charge to identify and be familiar with local resources (e.g., crisis intervention teams) ^b that can provide assistance when they encounter a member of the public who may suffer from mental illness or may be in crisis.

	Policy/Guidance Name	General Description
DOJ Components Federal Bureau of Prisons (BOP)	Suicide Prevention Program Statement	One of several policies in place that addresses interaction with inmates with a mental illness, this policy directs each prison warden to implement a prison-specific suicide prevention program detailing what the program must contain, including but not limited to, training for all staff on suicide prevention, suicide risk assessments, suicide watch procedures, and identification of at-risk inmates.
DOJ Components Federal Bureau of Investigation (FBI)	FBI Police Manual for Police Operations, Section 31-Unsolicited Contact/Mentally Ill	Provides general safety and communication guidelines for FBI police officers when responding to an incident involving individuals with mental illness.
DOJ Components Drug Enforcement Administration (DEA)	Use of Force, Section S. Deadly Force Against Mentally Ill Subject	Provides federal case law regarding police conduct in responding to individuals with a mental illness, particularly use of deadly force.
DOJ Components U.S. Marshals Service (USMS)	Procedures for Movement of Prisoners w/ Psychological or Medical Conditions	Includes a medical guide that the transportation specialist, Justice Prisoner and Alien Transportation System staff, ^c or Public Health Services nurse can use to determine the proper mode of transportation, coordination with the holdover facility, and the provision of medicines, if applicable, to detainees or prisoners during transport.

Source: GAO analysis of documentation provided by components | GAO-18-229

^aExcited delirium syndrome is a physiological and mental state often characterized by extreme physical and mental agitation, bizarre behavior, hyperthermia, hostility, exceptional strength, and endurance without apparent fatigue.

^bCrisis intervention teams are used in community policing efforts and bring together law enforcement, mental health providers, hospital emergency departments and individuals with mental illness and their families to improve responses to people in crisis.

^cUSMS's Justice Prisoner and Alien Transportation System transports prisoners in federal custody between federal judicial districts to hearings, court appearances and detention facilities. USMS houses and transports all federal prisoners from the time they enter federal custody until they are either acquitted or convicted and delivered to their designated federal Bureau of Prisons facility.

All DHS and DOJ Components Are Reviewing Policies, Guidance, and Training to Align with Departmental Guidance

DHS Efforts to Review Policies, Guidance, and Training

DHS has guidance in place to help ensure that its components have policies and training that ensure their alignment with section 504 of the Rehabilitation Act. In 2013 and 2015, respectively, DHS issued a directive²⁶ and implementing instruction²⁷ to its components intended to

²⁶DHS, *Nondiscrimination for Individuals with Disabilities in DHS-Conducted Programs and Activities (Non-Employment)*, DHS Directive Number 065-01, September 25, 2013.

strengthen compliance with section 504. These documents required DHS components to conduct a self-evaluation and prepare a component plan identifying any policies or practices that may result in a qualified individual with a disability being excluded from participation in, or being denied the benefits of, a program or activity.

**Department of Homeland Security (DHS)
Component Self-Evaluation Tool**

The self-evaluation tool that DHS's Office of Civil Rights and Civil Liberties developed requires components to—among other things—describe whether there is an established policy ensuring equal treatment for individuals with disabilities, how the component's personnel and procedures ensure that individuals with disabilities are treated in a nondiscriminatory manner, and the component's process for providing auxiliary aids and services to ensure effective communication. The tool also provides examples of interactions in the areas of customer service, security, and custody activities that would likely be compliant, or possibly noncompliant, with section 504 of the Rehabilitation Act.

Source: DHS. | GAO-18-229

In 2016, DHS's CRCL office issued guidance and a self-evaluation tool to DHS components on the steps to take in performing the self-evaluation of their facilities, programs, policies, and practices (to include training). The guidance also addresses the development and execution of the components' plans intended to remedy any areas deemed insufficient in permitting individuals with disabilities—including mental illness—to participate fully in the components' programs and activities.²⁸

Disability Access Coordinators, who are representatives from each component charged with overseeing their components' responses to DHS Rehabilitation Act guidance, are leading the components' efforts in conducting the self-evaluations. CRCL set a deadline for components to submit all self-evaluations to CRCL for review by the end of August 2017. As of September 2017, all five components had submitted self-evaluations.²⁹ CRCL officials explained that as they review self-evaluations, they are looking to see if policies or training for law enforcement officers' and agents' responses to individuals with mental illness have been identified or otherwise addressed. If not, the officials indicated that they will request the components identify and address this topic in their plans for aligning with Rehabilitation Act guidance. The remaining steps in CRCL's effort to review and comment on component plans as of September follow:

- December 31, 2017: CRCL provides comments to components on the content of their self-evaluations.
- February 28, 2018: the components develop and submit their draft plans for aligning with the Rehabilitation Act guidance.

²⁷DHS, *Instruction on Nondiscrimination for Individuals with Disabilities in DHS-Conducted Programs and Activities (Non-Employment)*, DHS Directive Number 065-01-001, March 13, 2015.

²⁸DHS Office for Civil Rights and Civil Liberties, *Component Self-Evaluation and Planning Reference Guide*, Guide 065-01-001-01, June 6, 2016.

²⁹FPS's efforts were included in the submission of the plan for the National Protection and Programs Directorate, which houses FPS.

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- April 30, 2018: CRCL reviews and provides comments on the components' draft plans.
 - May 31, 2018: the components address CRCL's comments and submit their final plans for alignment with Rehabilitation Act guidance for approval.

DOJ Efforts to Review Policies, Guidance, and Training

DOJ has directed components to review and implement guidance on addressing individuals with disabilities—including mental illness—and obligations under section 504. Specifically, in January 2017, DOJ's then-Deputy Attorney General issued a memo with attached guidance directing components to review their policies and training and, where necessary, modify or develop policies and training to implement legal requirements and principles related to section 504.³⁰ This guidance identified, among other things, DOJ's law enforcement components' legal obligations under section 504 as well as the policies and procedures that components must have so that officers and agents can anticipate and plan for encounters with members of the public with disabilities. For example, the guidance states that law enforcement components must train officers and agents on different types of commonly encountered disabilities; how to identify, without medical or psychological training, analysis, or diagnosis, common characteristics and behaviors most often associated with disabilities; and appropriate responses to the challenges that an encounter with a member of the public with a disability may present. Training for officers and agents in effective communication with members of the public with a mental illness is explicitly referenced in the guidance as well.

To date, officials from DOJ's Office of the Deputy Attorney General (ODAG)—who are overseeing the components' efforts—have maintained communication with the components to confirm that they have begun reviewing their policies and training to identify any deficiencies or necessary enhancements pursuant to the January 2017 guidance. During the course of our review and in part due to our inquiries, in the fall of 2017, ODAG notified the components that they should complete their reviews by December 2017. ODAG also notified the components that they should begin implementing any new policies or training identified by September 2018.

³⁰DOJ Memorandum from the Deputy Attorney General, "Department Guidance in Interactions with Members of the Public with Disabilities in Traditional Law Enforcement Programs and Activities," January 6, 2017.

In addition, a provision of the 21st Century Cures Act—section 14025—requires DOJ to provide direction and guidance to federal law enforcement agencies and federal criminal justice agencies on training programs and improved technologies related to responding to individuals with mental illness, by December 13, 2017. ODAG officials told us that the January 2017 guidance addresses the requirement to provide direction and guidance on training for the DOJ components, but acknowledged that it does not respond to all of the requirements for the Attorney General under section 14025 of the 21st Century Cures Act. In particular, section 14025 requires the Attorney General to provide direction and guidance to federal law enforcement agencies and federal criminal justice agencies beyond DOJ in the areas of specialized and comprehensive training programs to identify and respond to individuals with mental illness. Section 14025 also calls for direction and guidance on the establishment and improvement of computerized information systems to provide timely information related to situations involving individuals with mental illness.

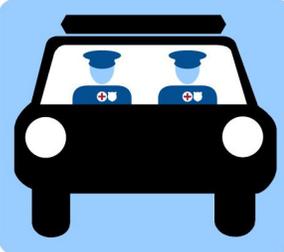
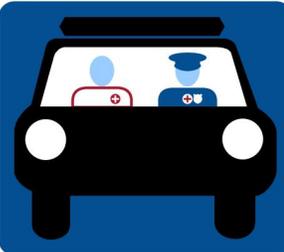
As a result of our questions about whether such efforts would be developed, on December 7, 2017, DOJ sent a letter from the Principal Deputy Assistant Attorney General for the Office of Justice Programs to federal law enforcement partners outlining resources available for federal law enforcement when considering training or procedures appropriate for their missions. Specifically, DOJ sent the letter to executive officers within DOJ, DHS, the Administrative Office of the United States Courts, and other executive departments that DOJ deemed appropriate. Some examples of resources that the letter highlights include (1) the Police-Mental Health Collaboration Toolkit, which provides resources to assist law enforcement agencies in partnering with mental health providers (and is discussed later in this report) and (2) a forthcoming “roadmap” planned for release in 2018 that the Office of Justice Programs and BJA are developing that will help law enforcement agencies as they plan for engagement with mental health entities.

Stakeholders Cited Leading Practices and Tools for Effective Law Enforcement Responses, and Components Have Generally Leveraged Information from Other Knowledgeable Parties

Two Leading Practices and Four Tools Can Enhance Officer Responses to Individuals with Mental Illness

Of the six stakeholders in the field of law enforcement-mental health we interviewed, all six considered the Crisis Intervention Team Model to be a leading practice and five considered the Co-responder Model to be a leading practice—see Figure 2. These practices are typically implemented at local and state law enforcement agencies. Nevertheless, certain aspects and associated benefits could be considered in other settings, such as federal law enforcement operations.

Figure 2: Stakeholder-Cited Leading Practices^a for Effective Law Enforcement Responses to Incidents Involving Individuals with Mental Illness

Crisis Intervention Team (CIT) model	Potential benefits	Examples
 <p>A model for community policing where law enforcement agencies partner with mental health providers and other community stakeholders to provide crisis intervention for persons experiencing mental illnesses.</p> <p>CIT programs typically provide selected officers with 40 hours of training on several topics including: signs and symptoms of mental illnesses, mental health treatment, co-occurring disorders, and de-escalation techniques, among others. After completing the 40-hour CIT training, these police officers are typically dispatched to mental health-related calls.</p>	<p>Aims to enhance communication, identify mental health resources for assisting people in crisis and ensure that officers receive the training and support that they need.</p>	<p>Salt Lake City Police Department’s CIT Model</p> <p>Although the implementation of a CIT program can vary by jurisdiction and locality, the Council of State Governments, Justice Center in collaboration with the Bureau of Justice Assistance (BJA) has designated the Salt Lake City Police Department as a national learning site for its implementation of the CIT Model.^b Salt Lake City’s CIT Model includes a 40-hour training curriculum, small city and rural collaboration across jurisdictions, and a CIT Investigative Unit.</p>
<p>Co-responder model</p>  <p>An approach that pairs specially trained police officers with mental health workers to respond to calls involving individuals in crisis.</p> <p>The co-responder teams may link individuals with mental illnesses to appropriate mental health services or provide other appropriate responses. Typically, co-responder teams ride together in the same vehicle for an entire shift and respond to mental health-related calls.</p>	<p>Attempts to divert individuals with a serious and persistent mental illness from the criminal justice system by helping them find appropriate services to meet their needs.</p>	<p>Los Angeles Police Department’s Co-Responder Model</p> <p>Although the implementation of this model can differ greatly across jurisdictions and localities, the Council of State Governments, Justice Center in collaboration with BJA has designated the Los Angeles Police Department as a national learning site for its implementation of the Co-responder Model. The Los Angeles Police Department’s Co-responder Model includes 40-hour mental health intervention training, co-responder teams, and a crisis response advisory board.</p>

Source: GAO review of available documents; Art Explosion (clip art). | GAO-18-229

^aFor the purposes of our review, a “leading” practice is one that is generally effective when officers apply it to their interactions with individuals with mental illness, (for example, it helps the officers de-escalate a given situation or better positions them to assist the individuals in receiving care) even if robust evaluations of such a practice’s effectiveness have not been conducted or have shown mixed results.

^bCSG JC through a cooperative agreement with the BJA, selected six police departments to act as national law enforcement-mental health learning sites. Located across the country, these learning sites are dedicated to helping other jurisdictions improve their responses to people with mental illness.

In addition, stakeholders cited four key tools that may assist law enforcement agencies in responding to individuals with mental illness. These tools can include training guides, summary reports, or model policies, among other things, as shown in table 5.

Table 5: Stakeholder-Cited Tools that May Enhance Law Enforcement Responses to Incidents Involving Individuals with Mental Illness

Tools	Description
Police Executive Research Forum's (PERF) ^a Integrating Communications, Assessment, and Tactics Training Guide	PERF developed this guide in October 2016 to help officers assess situations, make safe and effective decisions, and learn from their actions. The training guide aims to provide police officers with additional tools, skills, and options for handling different types of critical incidents, especially those that involve subjects who act erratically due to a mental illness and who are unarmed or armed with a weapon other than a firearm.
The Bureau of Justice Assistance's (BJA) ^b Police-Mental Health Collaboration Toolkit	BJA developed the toolkit in fiscal year 2017 in partnership with Council of State Governments, Justice Center (CSG JC). The toolkit provides resources to assist law enforcement agencies in establishing partnerships with mental health providers to effectively respond to calls for service and improve outcomes for people with mental illness.
Council of State Governments Justice Center's (CSG JC) ^c reports	These reports, such as Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice (2009)—produced with BJA funding and guidance—summarize available research on law enforcement encounters with people with mental illness and describe strategies to improve these interactions.
International Association of Chiefs of Police's (IACP) ^d One Mind Campaign	IACP began this campaign in October 2016 to promote successful interactions between police officers and persons affected by mental illness. The campaign highlights four practices that IACP has labeled as promising: establishing a partnership with local mental health organization(s), developing a model policy, training officers in mental health first aid, ^e and providing crisis intervention team training to 20 percent of an agency's officers.

Source: GAO review of available documents | GAO-18-229

^aPERF is an independent research organization that seeks to identify best practices on issues such as reducing police use of force, developing community and problem-oriented policing, and evaluating crime reduction strategies.

^bBJA, within the Department of Justice's Office of Justice Programs, aims to provide leadership and services in grant administration and criminal justice policy development to support local, state, and tribal justice strategies to achieve safer communities. BJA supports programs and initiatives in the areas of law enforcement, justice information sharing, managing offenders, combating drug crime and abuse, crime prevention, and protecting vulnerable populations, among other things.

^cCSG JC is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. It aims to provide practical, non-partisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities.

^dIACP is a professional association for law enforcement, representing more than 30,000 members in more than 150 countries. IACP aims to advance the law enforcement profession through advocacy, outreach, education, and programs.

^eAccording to IACP, Mental Health First Aid for Public Safety is an eight-hour course focused on mental illness and addictions as well as providing law enforcement with effective response options in order to de-escalate incidents without compromising safety.

Components Have Generally Leveraged Information from Other Knowledgeable Parties, and BJA Is Standing Up a Training and Technical Assistance Center

DHS and DOJ law enforcement components generally leveraged information from knowledgeable parties within their departments on efforts to respond to incidents involving individuals with mental illness. To enhance information sharing among DHS components, CRCL has implemented an interagency collaboration mechanism.³¹ Specifically, CRCL officials reported that since June 2016 they have led monthly coordination conference calls with component Disability Access Coordinators to collaborate on their respective efforts to complete their self-evaluations. According to the Disability Access Coordinators, these sessions have provided a forum to share ideas and lessons learned across the DHS components. In addition, according to CRCL officials, once their office receives the components' self-evaluations and plans, it aims to disseminate information on lessons learned and effective practices to all the components.

Coordination efforts to leverage information also exist within DOJ. Specifically, through the efforts to review policies and training under the January 2017 guidance and provisions of the 21st Century Cures Act discussed earlier, DOJ's components have reported taking efforts to collaborate with one another and share information on training, best practices and lessons learned. For example, officials from ATF reported holding meetings with other components to discuss their efforts to implement the January 2017 guidance.

Additionally, BJA officials told us they took part in the ODAG's working group in early 2016 when the then-Deputy Attorney General's January 2017 guidance was in development. Along with BJA, this ODAG working group included DOJ's law enforcement components and other offices within the department. The working group provided a forum to advise ODAG in developing the January 2017 guidance and discuss issues surrounding disabilities, which involved responses to individuals with mental illness. BJA officials told us that they provided to components a

³¹GAO has previously reported on different mechanisms used by federal agencies to implement interagency collaborative efforts. See *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: September 27, 2012).

compendium of all its resources available to assist law enforcement's response to incidents involving individuals with mental illness. BJA officials said they later took the most promising of these and folded them into its Police-Mental Health Collaboration Toolkit. Further, BJA officials told us that they make all of the resources it develops, including the Toolkit, publicly available on the BJA website. According to the officials, these resources are available for all law enforcement agencies, including federal entities, to review and consider implementing as they deem appropriate.

In addition to these online resources, which facilitate information sharing, BJA is also planning to release a national CIT curriculum in 2018 that will serve as a resource that can be tailored to reflect mental health training and collaboration under development or underway at the local level. The Office of Justice Programs is supporting a partnership between the IACP and a research organization to deliver the curriculum to law enforcement agencies. In addition, BJA—as one of DOJ's grant-making entities—is standing up the National Training and Technical Assistance Center to Improve Law Enforcement Responses to Individuals with Mental Health Disorders and Intellectual and Developmental Disabilities.³² BJA officials reported that in September 2017, BJA selected the awardee to design and operate the center. Once the center is operational, it will benefit state, local, and tribal law enforcement entities. In addition, BJA envisions that the center will facilitate better collaboration between law enforcement agencies and their mental health partners. A BJA official also acknowledged that the center could serve as an additional resource for federal law enforcement agencies to consult as they review their trainings, policies, and guidance relevant to responding to incidents involving individuals with mental illness.

Agency Comments

We provided a draft of this report to DOJ and DHS for their review and comment. The departments did not provide us with formal written comments, but did provide technical comments, which we incorporated as appropriate.

³²The Consolidated Appropriations Act, 2017, Pub. L. No. 115-31, provided \$2,500,000 to DOJ/Office of Justice Programs “for a national training initiative to improve police-based responses to people with mental illness or developmental disabilities.”

We are also sending this report to the appropriate congressional committees and members. In addition, this report is available at no charge on GAO's website at <http://www.gao.gov>.

If you or your staff have any questions, please contact Diana Maurer at (202) 512-8777 or maurerd@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff that made significant contributions to this report are listed in appendix III.

A handwritten signature in black ink that reads "Diana Maurer". The signature is written in a cursive style with a large, stylized 'D' and 'M'.

Diana Maurer
Director, Homeland Security and Justice Issues

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Appendix I: Objectives, Scope and Methodology

This report addresses the following key questions: (1) What challenges, if any, do federal law enforcement officers at selected Department of Homeland Security (DHS) and Department of Justice (DOJ) components face when responding to incidents involving individuals with mental illness? (2) What type of training, policies, and guidance, if any, are in place at selected DHS and DOJ components to prepare federal law enforcement officers for responding to incidents involving individuals with mental illness? (3) What leading practices or tools have relevant stakeholders cited for effective responses to incidents involving individuals with mental illness, and how have DHS and DOJ components leveraged information from other knowledgeable parties?

We focused our review on the training, policies, and guidance put forth by the DHS and DOJ components listed in table 6 below because they comprise nearly all of the federal law enforcement officers in these agencies.

Table 6: Department of Homeland Security and Department of Justice Federal Law Enforcement Components Selected for Review and Their Missions

Department	Component	Mission
Department of Homeland Security	Federal Law Enforcement Training Centers (FLETC) ^a	Provides career-long training to law enforcement professionals to help them fulfill their responsibilities safely and proficiently. Under a collaborative training model, FLETC's federal partner organizations deliver training unique to their missions, while FLETC provides training in areas common to all law enforcement officers, such as firearms, driving, tactics, investigations, and legal training.
Department of Homeland Security	Federal Protective Service (FPS)	Provides integrated security and law enforcement services, such as conducting facility security assessments; responding to crimes and other incidents to protect life and property; and detecting, investigating, and mitigating threats to more than 9,500 federal facilities nationwide.
Department of Homeland Security	Transportation Security Administration (TSA)	Protects the nation's transportation systems to ensure freedom of movement for people and commerce. TSA does this by, among other things, deploying Federal Air Marshals on U.S. aircraft worldwide. Our review focuses on TSA's Federal Air Marshals, who are to detect, deter, and defeat criminal and terrorist activity targeting transportation systems.
Department of Homeland Security	U.S. Customs and Border Protection (CBP)	Protects the borders of the United States from dangerous people and materials, while facilitating lawful international travel and trade.

Appendix I: Objectives, Scope and Methodology

Department	Component	Mission
Department of Homeland Security	U.S. Immigration and Customs Enforcement (ICE)	Protects the United States from cross-border crime and illegal immigration that threaten national security and public safety. ICE executes this mission through enforcement of federal statutes and focuses on immigration enforcement, preventing terrorism, and combating the illegal movement of people and goods. Our review focuses on ICE's Homeland Security Investigations office, which investigates cross-border criminal activity, and Enforcement and Removal Operations, which identifies and apprehends removable aliens, detains them when necessary, and removes illegal aliens from the United States.
Department of Homeland Security	U.S. Secret Service	Provides physical protection to the nation's highest elected leaders, visiting foreign dignitaries, facilities and major events, and safeguards the payment and financial systems of the United States from a wide range of financial and computer-based crimes.
Department of Justice	Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)	Responsibilities include the investigation and prevention of federal offenses involving the unlawful use, manufacture, and possession of firearms and explosives; acts of arson and bombings; and illegal trafficking of alcohol and tobacco products.
Department of Justice	Federal Bureau of Prisons (BOP)	Confines offenders in the controlled environments of prisons and community-based facilities that are safe, humane, cost-efficient, and appropriately secure, and that provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens. As part of its duties, BOP is responsible for delivering medically necessary health care to inmates in accordance with proven standards of care, including medical, dental and mental health.
Department of Justice	Federal Bureau of Investigation (FBI)	Protects the nation from terrorism, espionage, cyber attacks, and major criminal threats through intelligence-gathering and law enforcement responsibilities. Our review focuses on the FBI's Special Agents, who are primarily responsible for executing this mission, as well as FBI Police Officers, who provide security at FBI facilities.
Department of Justice	U.S. Drug Enforcement Administration (DEA)	Enforces the controlled substances laws and regulations of the United States and brings to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States.
Department of Justice	U.S. Marshals Service (USMS)	Provides federal judicial security; apprehends fugitives and non-compliant sex offenders; secures and transports federal prisoners from arrest to incarceration; executes federal court orders; seizes and manages assets acquired through illegal means; and assures the safety of endangered government witnesses and their families.

Source: GAO summary of information from components. | GAO-18-229

Note: According to data the departments provided to us, as of the end of fiscal year 2016, the DHS components above—excluding FLETC—employed 42,823 of 43,222 law enforcement officers within DHS, and the DOJ components above employed 43,502 of 43,639 law enforcement officers within DOJ.

^aFLETC information is presented in this table as they provide various types of training to a number of federal law enforcement agencies. However, we do not consider them an operational law enforcement component for our subsequent discussions of training in place at components.

To identify challenges that federal law enforcement officers and agents at our selected DHS and DOJ components face when responding to incidents involving individuals with mental illness, we held discussion

groups of six to eleven agents or officers within each component in our scope. We worked with officials at each component to identify officers and agents with varied tenures and experiences. We held semi-structured in-person and telephone discussion groups using a script and set of questions. Discussion groups are not designed to provide generalizable or statistically reliable results; they are instead intended to generate in-depth information about the reasons for the discussion group participants' attitudes on specific topics and to offer insight into their concerns. During the discussion groups, we asked officers and agents what challenges they face when responding to incidents involving individuals with mental illness, among other topics. We moderated each discussion to keep participants focused on the specified issues within discussion time frames. Participants identified challenges when we explicitly asked them to do so, or during the course of the discussion. We took detailed notes on each discussion and documented the perspectives participants raised in each discussion group. We then summarized the information collected and identified common themes. Because our questions were open-ended and designed to allow participants to discuss any challenges they may have experienced, we cannot determine whether the absence of a particular concern or challenge by a group of officers or agents is an indication that they did not experience the concern or that they did not raise it when asked broadly about the topic.

While these participants' perspectives cannot be generalized to their entire component or all law enforcement components, their views provided insights into the challenges federal law enforcement officers and agents face when responding to incidents involving individuals with mental illness. We have relied on the observations gathered during these discussion groups to answer this reporting objective as the officers and agents are uniquely positioned to speak to their experiences, and any challenges they face, responding to incidents involving individuals with mental illness.

To identify the training, policies, and guidance in place, we reviewed documents from each of our selected law enforcement components, when available, to examine their nature and scope. We further reviewed information on the duration, requirements, and delivery mechanism of the training. We then summarized and verified this training information with each component through email documentation. For the policies, we reviewed the documentation to determine whether it was specific to responding to incidents involving individuals with mental illness or whether mental illness was contained within a larger directive. We also reviewed 2018 budget justification documents for each component in

order to identify changes in staffing levels or training plans that might be related to officers' and agents' response to incidents involving individuals with mental illness. We also interviewed officials responsible for the development or delivery of training, policies, or guidance from the components in our scope to gather additional information that could help prepare federal law enforcement officers and agents to respond to incidents involving individuals with mental illness. In addition, since section 504 of the Rehabilitation Act of 1973, as amended, prohibits discrimination on the basis of disability, which includes mental illness, in federally funded and federally conducted programs and activities,¹ we took steps to understand the section's applicability to federal law enforcement operations.² Specifically, we reviewed departmental guidance related to section 504 and reviewed the selected components' documentation of efforts to review their training, policies, and procedures in accordance with that guidance. We also interviewed officials from the departmental offices overseeing these component efforts—DHS's Office of Civil Rights and Civil Liberties (CRCL) and DOJ's Office of the Deputy Attorney General (ODAG).

To identify leading practices or tools stakeholders cited for effective law enforcement responses to incidents involving individuals with mental illness, we used a multi-stage process³ Specifically, we:

1. conducted a search of databases, such as ProQuest and Scopus, and organizational websites, such as those from the Council of State Governments, Justice Center (CSG JC) and Police Executive Research Forum (PERF), to identify published work related to law

¹29 U.S.C. § 794. A person with a disability includes anyone who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. The definition of disability for purposes of § 504 of the Rehabilitation Act is derived from the Americans with Disabilities Act. 29 U.S.C. § 705(9); 42 U.S.C. § 12102.

²DOJ and DHS regulations and guidance provide that section 504 applies to all programs and activities of the department. For example, DOJ guidance states that DOJ's obligations under section 504 and implementing regulations "apply to all members of the public with disabilities whom the Department serves or encounters as part of the Department's traditional law enforcement programs and activities." However, according to this same guidance, "[e]xigencies, dangers, and safety considerations, however, play a significant role in determining whether and to what extent an accommodation [for a member of the public with a disability] is reasonable."

³For the purposes of our report, stakeholders are either academic or independent researchers or advocacy groups that are known to have substantial knowledge or expertise in the area of law enforcement responses to individuals with mental illness.

enforcement responses to individuals with mental illness that had been published on or after January 1, 2007 (the last 10 years).

2. reviewed the 96 published research papers and articles that our initial search yielded and then refined our selection criteria to include only those that were literature reviews, meta-analyses, or summary papers published by academics, think tanks and advocacy groups, or government agencies. We reviewed summary articles rather than all the primary research articles to balance breadth, depth, and efficiency. After refining our search, there were 16 documents that met our selection criteria.
3. reviewed the 16 to identify any potential leading practices. We determined that a practice was potentially leading if it was found in at least one of the remaining 16 articles and was a law enforcement – mental health program. Using these criteria, we identified two potential leading practices.⁴
4. asked individual and organizational stakeholders to validate whether these were leading practices and to identify any additional leading practices that we might have missed. In order for us to consider an independent researcher as a stakeholder, the individual needed to have (a) authored or co-authored at least 2 of the 16 documents that met our search criteria as outlined earlier and (b) been recommended by another stakeholder. These criteria yielded two independent researchers from whom to solicit views. In order for us to consider an organization as a stakeholder, the organizations needed to have either (a) conducted research on law enforcement responses to individuals with mental illness; (b) administered law enforcement-mental health collaborative programs; or (c) launched a national campaign on law enforcement responses to individuals with mental illness. After reviewing the websites of organizations that potentially met these criteria, we selected four organizations from which to solicit views. In addition, we selected individuals within the organizations as knowledgeable stakeholders if they were either (1) recommended by another stakeholder; or (2) managed a law enforcement-mental health program or national campaign. As a result of these steps, we identified and interviewed six stakeholders (two independent researchers and four organizations) to gather their broad views of the dynamic between law enforcement and individuals with mental illness;

⁴By using the term “leading practices,” we refer to practices that are generally effective when officers or agents apply them when responding to interactions with individuals with mental illness even if robust evaluations of such practices’ effectiveness have not been conducted or have shown mixed results.

to obtain their observations of any practices or tools, such as training guides or reports that have been used to enhance officer response; and to provide feedback on leading practices. The six selected stakeholders were:

Amy Watson, Ph.D.: Professor at the Jane Addams College of Social Work, University of Illinois at Chicago.

Melissa Reuland, M.S.: Research Fellow at the Police Foundation and Senior Research Program Manager at Johns Hopkins School of Medicine, Department of Psychiatry.

Council of State Governments, Justice Center (CSG JC): a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. It aims to provide practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities.

International Association of Chiefs of Police (IACP): a professional association for law enforcement, representing more than 30,000 members in more than 150 countries. IACP aims to advance the law enforcement profession through advocacy, outreach, education, and programs.

National Alliance on Mental Illness: a national grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

Police Executive Research Forum (PERF): an independent research organization that seeks to identify best practices on issues such as reducing police use of force; developing community and problem-oriented policing; and evaluating crime reduction strategies.

After reaching out to each researcher and organization, we then sent a follow up written request to each of them to attempt to achieve consensus on whether or not the two practices we identified through our search—the Crisis Intervention Team (CIT) Model and the Co-responder Model—should be considered leading. We also took note of any tools they mentioned and probed further to understand their origins and intent. We confirmed with all six of the selected stakeholders that the CIT Model met our definition of leading practice and confirmed with five out of the six stakeholders that the Co-responder Model met our definition. Some stakeholders also identified other practices as leading; however, none of those practices had at least two other stakeholders confirm it as a leading practice.

In addition, to determine how DOJ and DHS components leverage information from other knowledgeable parties, such as experts, associations, or colleagues in other components, we reviewed relevant documentation on these efforts, as available. We also interviewed agency officials from the components in our scope who are responsible for the development or delivery of training or policies.

We conducted this performance audit from February 2017 through February 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform an audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Description of the Federal Law Enforcement Training Centers (FLETC) Basic Training Programs

FLETC provides basic training to all Department of Homeland Security (DHS) law enforcement officers through one of three basic program categories, which vary in length, described as follows:¹

- Center Basic is a FLETC training program category in which personnel from various agencies are provided with the critical competencies of a specific job, job series, or a group of closely related job series. FLETC provides all instruction. Training is offered in three basic training programs: Criminal Investigator Training Program, Uniformed Police Training Program and the Land Management Police Training Program.²
- Center Integrated Basic is a FLETC training program category that provides entry-level law enforcement officers or direct law enforcement support personnel from a single partner organization with the core competencies of a specific job series or a group of closely related job series. FLETC provides all common and basic core

¹One exception would be for training provided to Border Patrol agents. While this training takes place at FLETC venues, according to U.S. Customs and Border Protection (CBP), the U.S. Border Patrol itself conducts nearly all of the training provided to its agents.

²The Criminal Investigator Training Program provides, on an interagency basis, a program of instruction for all basic criminal investigative training requirements necessary for all investigators. The Land Management Police Training Program is designed to meet the entry level training needs of law enforcement officers responsible for protecting natural resources and public lands. The Uniformed Police Training Program provides a study of the basic law enforcement concepts that a new officer should understand and/or be able to perform upon employment in a federal law enforcement organization. According to FLETC, it maintains contact with partner organizations to keep abreast of their changing needs and to provide current information to students concerning federal laws, jurisdiction, policies, procedures and basic operations.

foundational instruction (i.e., firearms, physical techniques, etc.). This category of training includes eight specific programs.³

- Agency-Specific Basic is a training program category designed to provide entry-level law enforcement officers or direct law enforcement support personnel with instruction necessary to meet a single agency's mission-specific basic training needs. Generally, Agency-Specific Basic courses precede or follow a Center Basic training program, with partner organizations providing the majority of the instruction. Agency-Specific Basic covers an additional 59 training programs.

³Of the eight Center Integrated Basic programs, five are specific to the components in our review: CBP Air and Marine basic training, CBP Officer basic training, Federal Air Marshal training, Immigration and Customs Enforcement basic immigration enforcement training, and U.S. Border Patrol basic police training.

Appendix III: GAO Contact and Staff Acknowledgments

GAO Contact

Diana Maurer, (202) 512-8777 or MaurerD@gao.gov

Staff Acknowledgments

In addition to the contact named above, Joy A. Booth (Assistant Director) and Adam Couvillion (Analyst-in-Charge) managed this assignment. Kisha Clark, Eric Hauswirth, Gina Hoover, Susan Hsu, Candace Silva-Martin, Michael Silver, Janet Temko-Blinder, and Adam Vogt made key contributions to this report.

Appendix IV: Accessible Data

Data Tables

Accessible Data for Highlights Figure: Challenges Identified in Law Enforcement Officer and Agent Discussion Groups

- Identifying whether an individual has a mental illness
- Communicating with individuals with a mental illness
- Operating with limited access to mental health resources
- Frequently encountering the same individuals

Source: GAO summary of discussion group comments. GAO-18-229

Accessible Data for Figure 1: Illustrative Example of an Incident at a Federal Facility Involving Federal Law Enforcement and an Individual Displaying Signs of a Mental Illness

1. Individual appears at a federal facility and is acting erratically, agitated, or making threatening statements towards the facility or the people within.
2. An officer arrives on the scene to speak with the individual, attempting to ascertain whether the individual poses a threat to himself or others.
3. If the officer determines that the individual could be a threat to himself or others, he or she may contact the local authorities for assistance or if a possible federal offense has occurred, the officer may take the individual into federal custody.
4. If the local first responders determine that the individual could benefit from medical assistance, they may transport the individual to a local hospital or care center for a mental health evaluation.

Source: GAO summary of comments from component law enforcement officials; Art Explosion (clip art). GAO-18-229

Accessible Data for Figure 2: Stakeholder-Cited Leading Practices for Effective Law Enforcement Responses to Incidents Involving Individuals with Mental Illness

Potential benefits

Examples

Appendix IV: Accessible Data

		Potential benefits	Examples
Crisis Intervention Team (CIT) model	<p>A model for community policing where law enforcement agencies partner with mental health providers and other community stakeholders to provide crisis intervention for persons suffering from mental illnesses.</p> <p>CIT programs typically provide selected officers with 40 hours of training on several topics including: signs and symptoms of mental illnesses, mental health treatment, co-occurring disorders, and de-escalation techniques, among others. After completing the 40-hour CIT training, these police officers are typically dispatched to mental health-related calls.</p>	<p>Aims to enhance communication, identify mental health resources for assisting people in crisis and ensure that officers receive the training and support that they need.</p>	<p>Salt Lake City Police Department's CIT Model</p> <p>Although the implementation of a CIT program can vary by jurisdiction and locality, the Council of State Governments, Justice Center in collaboration with the Bureau of Justice Assistance (BJA) has designated the Salt Lake City Police Department as a national learning site for its implementation of the CIT Model. Salt Lake City's CIT Model includes a 40-hour training curriculum, small city and rural collaboration across jurisdictions, and a CIT Investigative Unit.</p>
Co-responder model	<p>An approach that pairs specially trained police officers with mental health workers to respond to calls involving individuals in crisis.</p> <p>The co-responder teams may link individuals with mental illnesses to appropriate mental health services or provide other appropriate responses. Typically, co-responder teams ride together in the same vehicle for an entire shift and respond to mental health-related calls.</p>	<p>Attempts to divert individuals with a serious and persistent mental illness from the criminal justice system by helping them find appropriate services to meet their needs.</p>	<p>Los Angeles Police Department's Co-Responder Model</p> <p>Although the implementation of this model can differ greatly across jurisdictions and localities, the Council of State Governments, Justice Center in collaboration with BJA has designated the Los Angeles Police Department (LAPD) as a national learning site for its implementation of the Co-responder Model. LAPD's Co-responder Model includes 40-hour mental health intervention training, co-responder teams, and a crisis response advisory board.</p>

Source: GAO review of available documents; Art Explosion (clip art). | GAO-18-229

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