



ROLL CALL

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EDITOR

Mark Stallo, PhD
972.244.3430
mstallo@cailaw.org

EMPIRICAL EVIDENCE ON CRIMINAL JUSTICE REFORMS: *Addressing Mental Health Programs and Law Enforcement*
John Donaldson | Reagan Goodwin | Calvin Johnson | Jake Mowrey

ABSTRACT

Reforms designed to address the criminal justice system have placed a strain on law enforcement agencies with the implementation of new policies and procedures without adequate funding or resources. This reality is compounded by a lack of empirical research or data supporting these reforms. A notable area in which this is observed is in the expectations regarding law enforcement interactions with individuals with mental illness. As those in the profession are generally the first to respond to critical incidents, a growing number of which involve psychiatric crises, there is a reasonable expectation that law enforcement officers be prepared to interact with those individuals. However, the best method for that response and interaction is still being refined and debated. Furthermore, there

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ILEA CELEBRATES: *Graduation of the 150th School of Police Supervision*
Gregory Smith, MA

The Institute for Law Enforcement Administration (ILEA), a distinguished institute of The Center for American and International Law (CAIL), proudly celebrates the graduation of the 150th School of Police Supervision (SPS), marking a significant milestone in its long-standing commitment to professional law enforcement education and leadership development.

Since its founding in 1957 as the Southwestern Police Academy, ILEA has been dedicated to preparing law enforcement professionals for the complex challenges of supervision, administration, and ethical leadership. The graduation of the 150th SPS class represents decades of excellence in developing first-line supervisors and mid-level managers who serve as the critical link between agency leadership and frontline personnel.

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KNOWING YOUR PEOPLE: *Trauma-Informed Leadership and the Executive's Role in Officer Wellness*
Pedro Soltero

A sergeant who used to be your top arrest-maker is now showing up late, snapping at dispatchers, and burning through sick days. A patrol officer who once volunteered for every community event has stopped answering texts from his shift partner. A detective in your homicide unit has gained thirty pounds and started drinking alone. None of them has filed a complaint. None of them has asked for help. But the data reveals a sobering truth: in your agency, statistically, an officer is now more likely to die by their own hand than by a suspect's. CNA's March 2024 analysis of First H.E.L.P. data documented 1,287 law enforcement and corrections suicides between 2016 and 2022, averaging 183.9 per year, with 94 percent occurring off duty and 82 percent involving the officer's own firearm. The CNA authors explicitly note that "work-related stressors, particularly those associated with leadership and supervision," coincide with a significant share of these deaths. The question this article asks is not whether trauma exists in your agency. It is whether you, as the executive, would recognize it if it passed you in the hallway.

WHAT TRAUMA-INFORMED LEADERSHIP ACTUALLY MEANS

Trauma-informed leadership involves applying the Substance Abuse and Mental Health Services Administration's (SAMHSA) trauma-informed framework, based on six principles: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender

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I HOPE YOU DON'T THINK ALL BLACK PEOPLE LOOK ALIKE: *Why Law Enforcement Cannot Afford to Skip AI Governance*
Jeanann Gray

On January 9, 2020, Robert Williams was arrested in front of his wife and two young daughters on the front lawn of his home in Farmington Hills, Michigan. He was accused of stealing five watches from a Detroit store two years earlier. He had not done it.

During the interrogation that followed, Detroit Police detectives placed a still image from surveillance footage next to his driver's license photo. Williams held the image up to his face and looked at the detective. "I hope you don't think all Black people look alike," he said. One detective replied: "The computer got it wrong."

Williams had spent thirty hours in jail. No food. A concrete floor. The charge was eventually dismissed. He became the first publicly documented person in the United States to be wrongfully arrested because of a facial recognition error. He was not the last.

In 2019, Nijeer Parks spent ten days in a New Jersey jail after facial recognition software linked him to a shoplifting incident he had nothing to do with. In January 2023, Porcha Woodruff, eight months pregnant, was arrested by Detroit Police for robbery and carjacking she did not commit. By 2023, Detroit alone had generated at least three confirmed wrongful arrests tied to facial recognition. In every publicly examined case, the victim was Black. In every case, the department had no governance policy that matched what the IACP had already told them to follow.

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PHOTO (left to right): Frank Bradford III, Assistant Director, and Sergeant Sean White, Plano PD, 150th Class President.



PHOTO (left to right): Matt Clem, Associate Director; Jacob Mowrey, Highland Park DPS, recipient of the Professionalism Award; and Roger Yount, ILEA Alumni Association, at the School of Executive Leadership 2026.

MEET TEAM ILEA



**Gregory Smith, MA
Director**
Sociology and Social
Psychology, Ball State
University and the University
of Texas at Arlington

Gregory has more than 40 years of combined military, law enforcement, and adult education experience. He has served in the United States Army Officer Corps and is well known for his volunteer work with youth athletics. Also a Vice President of The Center for American and International Law, Gregory's specialties are Law Enforcement Ethics and Executive Coaching.



**Matthew Clem, MA
Associate Director**
Criminology and Criminal
Justice, University of Texas at
Arlington

A retired Captain with over 25 years' experience, Matt served the city of North Richland Hills, Texas with distinction. He also serves ILEA as the Chief of Staff, coordinating our seventy-plus faculty members across the nation. His specialties are Servant Leadership and Courageous Followership.



**Frank Bradford III, MA
Assistant Director**
Criminal Justice and Christian
Leadership, Sam Houston
State University and The
Criswell College

After serving the Richardson Police Department for over 28 years, Sergeant Bradford joined ILEA, bringing communication and relationship building skills to the arena of adult education. His specialties are Team Building and First-line Supervision.



**Mark Stallo, PhD
Scholar in Residence**
Public Affairs
University of Texas at Dallas

Mark is a retired Lieutenant from the Dallas Police Department. After serving the city for more than 37 years, Mark went to work at the University of North Texas-Dallas, teaching criminal justice. At ILEA, his primary mission is to lead our School of Police Supervision. He also manages all ILEA publications and is responsible for maintaining academic integrity throughout all programs. Mark's specialty is Mathematics, and he is known for making statistics understandable and useful for practitioners.



**Ryan Andrews
Administrative Manager**

Ryan has 20 years of experience working as a logistician for the United States Military. He keeps the Institute running smoothly with his extensive experience in administrative management, coordinating complex training programs, managing schedules, overseeing budgets, and ensuring the efficient day-to-day operation of organizational functions.



**Shazeen Amir
Administrative & Programs
Assistant**
Web Design & Graphics

Shazeen recently joined team ILEA and comes with a commitment to advancing legal education and professional development. She finds it rewarding to support organizations that help people learn, grow and succeed.

**“Leadership is
not about a
title or a
designation. It’s
about impact,
influence, and
inspiration.”**

**— Robin S.
Sharma,
Leadership
Expert and
Author**



**“Before you are
a leader, success
is all about
growing
yourself. When
you become a
leader, success
is all about
growing others.”**

— Jack Welch

UPCOMING ILEA PROGRAMS

- **30th Texas Sergeant Academy**
Sep. 14-25, 2026 | Pharr, TX
- **Ethics Train-the-Trainer: The RITE Way**
Sep. 14-17, 2026 | Plano, TX
- **Background Investigation and Oral Interview Procedures**
Sep. 21-23, 2026 | Florence, TX
- **151st School of Police Supervision**
Sep. 28-Oct. 23, 2026 | Plano, TX
- **Servant Leadership**
Oct. 12-13, 2026 | Live Oak, TX
- **Internal Affairs**
 One: The Investigative Process
 Oct. 26-27, 2026 | Plano, TX

 Two: Professional Standards, Integrity and Ethics
 Oct. 28-30, 2026 | Plano, TX
- **Texas Command Leadership Academy**
Nov. 2-13, 2026 | Pearland, TX
Nov. 30-Dec. 11, 2026 | Pearland, TX
- **Civilian Leadership:**
 Level One - Leadership 101
 Nov. 16-20, 2026 | Southlake, TX

 Level One - Leadership 101
 Jan. 4-8, 2027 | Sebring, FL

 Level Three - Executive Management
 Jan. 25-29, 2027 | Pearland, TX
 Feb. 15-19, 2027 | Pearland, TX
- **The Leadership and Ethics Conference**
Dec. 14-15, 2026 | Plano, TX
- **Commanding with Intent**
Dec. 16-18, 2026 | Plano, TX
- **Civilian Leadership:**
 Level Two - Supervisory
 Feb. 1-5, 2027 | Plano, TX
- **152nd School of Police Supervision**
Feb. 1-26, 2027 | Plano, TX



PHOTO: 19th Civilian Leadership Executive School 2026.

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CALL FOR NOMINATIONS

ILEA continually accepts nominations for the Gary W. Sykes Award for Professional Achievement in Law Enforcement and the Ethical Courage Award.

GARY W. SYKES AWARD

Criteria: Recipient must have been a criminal justice professional for at least 10 years; have been instrumental in bringing about significant organizational change for the good of the profession; be significantly involved in community service and civic activities; and be a role model to law enforcement officers, support personnel, criminal justice professionals, and citizens.

ETHICAL COURAGE AWARD

Given each year since 1998, this award recognizes an individual or an organization for especially meritorious leadership or courage related to law enforcement ethics and integrity. This award is given during the Contemporary Issues and Ethics Conference.

DEADLINE: October 31, 2026

Please forward all nominations and questions to ilea@cailaw.org

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EMPIRICAL EVIDENCE ON CRIMINAL JUSTICE REFORMS: *Addressing Mental Health Programs and Law Enforcement*

is often a gap between expectations in outcomes and the resources available after law enforcement's involvement. This study reviewed literature on the current response models and community services regarding mental health used in the United States and abroad. Findings indicated that while available response models in the United States have a beneficial impact on a law enforcement officer's interaction with the individuals with mental illness, more responsibility should be directed toward instituting community health systems and follow-up services.

INTRODUCTION

The criminal justice system in the United States is designed to preserve public safety, uphold justice, and protect citizens through the enforcement of laws. These core functions often overlap and, at times, create tension within the system. For example, efforts to protect citizens may con-

flict with the strict enforcement of laws, requiring a balance between competing priorities. While the overarching mission of the criminal justice system has remained relatively consistent, the methods used to achieve these goals have evolved over time. These adjustments are typically implemented through targeted reforms aimed at improving system effectiveness and fairness.

Historically, criminal justice reforms have focused on reducing mass incarceration, lowering recidivism rates, and addressing systemic inequalities (Beckett, 2018). More recently, there has been an increased emphasis on reforming how the criminal justice system responds to individuals experiencing mental health crises. These reforms seek to divert individuals with mental illness away from incarceration and toward treatment, improve outcomes for these populations, and enhance overall public and officer safety.

Specific reform efforts have included changes to law enforcement training and response strategies, such as the implementation of Crisis Intervention Team training programs. Additional initiatives, including co-response models that pair law enforcement with mental health professionals, as well as the development of mental health courts and diversion programs, have been introduced as alternatives to traditional criminal justice responses. Despite efforts to reform the criminal justice system, programs addressing law enforcement interactions with individuals in mental health crisis lack evidence supporting their impact on long-term outcomes, indicating that effective reforms require a focus on integrated, community-based mental health systems rather than an overreliance on policing.



CRIMINAL JUSTICE REFORMS AND THE IACP

The International Association of Chiefs of Police (hereafter, IACP) is the largest organization of professional law enforcement executives in the world and one of the most influential bodies shaping modern policing

“The greatest leader is not necessarily the one who does the greatest things. He is the one that gets the people to do the greatest things.”

— Ronald Reagan

“A leader is one who knows the way, goes the way, and shows the way.”

— John C. Maxwell

practices (International Association of Chiefs of Police, n.d.). The organization plays a significant role in advancing training, professional standards, policy development, and best practices within law enforcement. The IACP collaborates with governmental and professional entities with the goal of implementing strategies to improve crime prevention, enhance officer safety and wellness, advance professional leadership and continued relations within the community.

The IACP also plays a role in shaping and influencing criminal justice reforms and legislative objectives. As a leading professional organization, it helps in identifying challenges within law enforcement and informing future policy recommendations and best practice models (International Association of Chiefs of Police, 2015).

In recent years, criminal justice reforms have had significant direct and indirect impacts on law enforcement operations. One example is the Justice and Mental Health Collaboration Reauthorization Act of 2022 (S. 3846), which focuses on addressing the role of mental illness within the criminal justice system. This legislation emphasizes funding and support for programs such as Crisis Intervention Teams, co-response mental health teams, mental health courts, and diversion initiatives.

Mental health response has been a major focus within law enforcement since the President’s Task Force on 21st Century Policing placed an emphasis on de-escalation, training, and community-based approaches (President’s Task Force on 21st Century Policing, 2015). Many of the programs identified in this report have since become widely adopted as best practices. Legislative efforts such as the 2022 reauthorization act represent a continuation of this emphasis.

Despite these efforts, a critical question remains regarding the effectiveness of these programs. Law enforcement has increasingly been placed in the role of first responder to public mental health crises, often without sufficient resources or infrastructure (Duff et al., 2022). While increased funding and training are necessary and justified, ongoing evaluation of these reforms is essential to determine whether they are achieving their intended outcomes.

Local law enforcement agencies typically do not create criminal justice policy but are responsible for implementing it. This dynamic can create a disconnect between legislative intent and practical execution.

Many reforms are accompanied by limited or inconsistent funding, leaving agencies to absorb additional responsibilities without adequate resources (Beckett, 2018). As a result, departments face significant challenges in staffing, training, and sustaining these initiatives.

In this context, organizations such as the IACP play a critical role in bridging the gap between policy development and operational reality. The IACP has the ability to influence policymakers, guide implementation strategies, and evaluate the impact of reforms. Research examining the effectiveness of mental health-related criminal justice reforms can contribute to more informed decision-making and help shape future policy and practice.



EVIDENCE-BASED PRACTICES

Mental health is a global issue that has an astounding reach and level of complexity. A 2022 study by the Substance Abuse and Mental Health Services Administration showed that over 59 million adults in the United States alone suffered from some form of mental illness. This represents 23.1% of the adult population and that percentage has only grown larger since then (Richesson et al., 2022).

An article published in BMC Psychiatry indicated that persons with mental illness become involved in criminal legal issues far more frequently than the general population. These interactions with the justice system include law enforcement, pre-trial detention, court appearances, jail and prison sentences, probation and parole (Hailemariam et al., 2024). The statistics also show that there are more people with mental illness incarcerated in the United States than are getting inpatient psychiatric care. Long-term effects of these situations can be lack of employment, recidivism and a deteriorating ability to function.

The challenges facing law enforcement agencies worldwide pertaining to mental health responses are numerous. In addition to shifting the balance between mental

health care and incarceration, are several other worthy goals of mental health reform. Reducing police use of force, finding appropriate response resources and sufficient follow-up care are some examples. Diversion programs are commonly referred to as one of the preferred options in place of traditional criminal justice procedures. In actuality, it better describes the umbrella under which several methods fall. This study will examine three main components of diversion: Crisis Intervention Team (CIT) training, mental health courts and co-responder teams or Crisis Response Teams.



CRISIS INTERVENTION TEAMS

Crisis Intervention Team (hereafter, CIT) training originated in Memphis, Tennessee, following a 1987 fatal shooting involving a 27-year-old male with a history of mental illness (Rogers et al., 2019). In response to this incident, officials identified the need to reduce the likelihood of lethal outcomes during police interactions with individuals experiencing mental health and substance use crises. The Memphis CIT model was subsequently developed as a collaborative approach involving law enforcement, mental health providers, and the community. A central component of this model is a 40-hour training program for law enforcement officers, which emphasizes de-escalation techniques and improved crisis response (Compton et al., 2008).

Although CIT training has been implemented for over three decades, its core components have remained relatively consistent. The 40-hour training curriculum comprises instruction in de-escalation strategies which include, participation in scenario-

based role-playing exercises, education on local mental health resources, and exposure to perspectives from individuals with lived experience of mental illness. Broadly, the goals of CIT training can be summarized as improving safety for both officers and individuals in crisis and increasing the likelihood that individuals are diverted to appropriate mental health services rather than entering the criminal justice system.

Empirical evidence regarding the effectiveness of CIT training presents a mixed picture. Research consistently demonstrates positive outcomes at the individual officer level, including improved attitudes toward individuals with mental illness and increased confidence in managing crisis situations (Compton et al., 2008). Studies also suggest that CIT-trained officers have a greater understanding of mental illness and may be more likely to direct individuals toward treatment services rather than making arrests (Rogers et al., 2019).

However, when examining broader behavioral and system-level outcomes, the findings become less consistent. Evidence regarding the impact of CIT training on arrest rates and use of force is mixed, with some studies indicating limited or no significant effects (Rogers et al., 2019). Similarly, research has identified inconsistent and limited impacts on broader criminal justice outcomes, including recidivism (Watson et al., 2019). One contributing factor to these findings is the variation in program implementation and the availability of community-based mental health resources, which can significantly influence outcomes.

Additionally, existing research highlights methodological limitations in evaluating CIT programs. Much of the available evidence relies on observational data and lacks rigorous experimental design, making it difficult to draw definitive conclusions about long-term effectiveness. As noted by Rogers et al. (2019), further research is necessary to better understand the sustained impact of CIT training on both criminal justice and mental health outcomes.

In response to the limitations identified in existing research, efforts have been made to develop more rigorous methods. Compton et al. (2017) proposed using a more robust framework to include a multi-site, randomized controlled trial designed to assess the effectiveness of CIT training. While this publication only outlines a study protocol rather than presenting empirical findings, it highlights a critical gap in the literature and reflects a growing recognition of the need for more definitive research. The develop-

“Management is doing things right; leadership is doing the right things.”

— Peter Drucker

“The function of leadership is to produce more leaders, not more followers.”

**— Ralph Nader,
Political Activist
and Author**

ment of such study designs reinforces the conclusion that current evidence remains insufficient to fully determine their long-term impact. The evidence suggests that while CIT training is effective in improving officer-level knowledge, attitudes, and confidence, its broader impact on systemic outcomes remains limited and inconsistent. This distinction highlights a key limitation of CIT programs: while they improve individual officer response, they do not fully address the structural and resource-based factors that have greater influence on outcomes in mental health-related encounters.

CO-RESPONSE TEAMS

Co-responder models that pair law enforcement officers with mental health professionals have emerged as a widely adopted strategy for addressing mental health crises in community settings. These programs aim to improve the outcomes for consumers experiencing behavioral health emergencies while reducing reliance on arrest and incarceration. The growing prevalence of these models reflects broader concerns about the criminalization of mental illness and the limitations of traditional police-led responses.

Early research on co-responder programs emphasized their role in diverting consumers into a different path other than the

criminal justice system and toward appropriate mental health services. In a foundational review, Shapiro et al. (2014) found that while co-response teams increase diversion from arrest, they also improve coordination between law enforcement and healthcare providers. This collaborative approach allows mental health professionals to conduct assessments at the scene and provide immediate recommendations, which can lead to more appropriate dispositions compared to police-only responses.

Subsequent systematic reviews have expanded on these findings, highlighting both the promise and limitations of co-responder models. For example, Puntis et al. (2018), in a systematic review published in *BMC Psychiatry*, concluded that co-responder programs could reduce the use of police custody and involuntary detention while also improving access to mental health care. These findings suggest that integrating clinical expertise into emergency response can lead to less coercive and more therapeutic outcomes. However, the authors also emphasized the lack of high-quality evidence, noting that most studies rely on observational designs rather than randomized controlled trials.

Research has also examined the characteristics of individuals served by co-responder teams. Studies indicate that a significant proportion of individuals encountered during crisis calls have prior contact with mental health services and present with complex needs, including psychotic disorders, mood disorders, and substance use issues. Puntis et al. (2018) reported that many calls involve individuals exhibiting suicidal behavior or severe psychological distress, underscoring the importance of specialized clinical intervention during crisis situations.

The Rapid Integrated Group Health Team - RIGHT Care model in Dallas represents a significant evolution of traditional co-responder approaches. Unlike standard police-clinician pairings, RIGHT Care teams form multidisciplinary units that consist of a sworn officer, a licensed clinician, and a paramedic that respond directly to 911 calls involving mental health crises. This structure allows for simultaneous attention to safety, medical needs, and psychological assessment, making it a more comprehensive intervention than earlier models.

Empirical data from Dallas demonstrates the effectiveness of this approach in diverting individuals away from the criminal justice system. According to an evaluation highlighted by The Pew Charitable Trusts,



PHOTO: Crystal Ladd, Business Supervisor, Carrollton PD, Graduate, Civilian Leadership Series, 2026.

RIGHT Care teams connected approximately 40% of individuals to community-based services, while 29% of incidents were resolved on scene without further intervention (Pew Charitable Trusts, 2021). Notably, only 14% of encounters resulted in emergency detention, indicating a substantial reduction in coercive outcomes compared to traditional policing responses.

More recent studies focused on comparing alternative approaches to the co-responder models, such as CIT models and non-police crisis response units. Marcus & Stergiopoulos (2022) conducted a rapid review examining multiple crisis response models and found that co-responder programs occupy a hybrid role, combining elements of public safety and healthcare delivery. While these models demonstrate improved linkage to services, the authors caution that the evidence remains heterogeneous and limited, making it difficult to draw definitive conclusions about their effectiveness relative to other approaches (Marcus & Stergiopoulos, 2022).

In addition to immediate outcomes, researchers have increasingly emphasized the need to evaluate long-term impacts. A protocol developed by Teti et al. (2025) highlights whether the co-responder programs reduce future criminal justice involvement and improve social outcomes. This shift reflects a growing recognition that short-term crisis resolution does not necessarily translate into sustained improvements in mental health or reduced system involvement.

Despite their potential benefits, co-responder models face several challenges. One major limitation is in the variability in program design, specifically in how they are set up and implemented. Differences in staffing, availability, and dispatch protocols make it difficult to standardize outcomes or compare results across jurisdictions. Additionally, some scholars argue that the continued presence of law enforcement in crisis response may still contribute to stigma or escalation in certain situations.

These critiques suggest that while co-responder programs represent an improvement over traditional policing, they may not fully address systemic gaps in mental health care infrastructure. Another concern is the continued involvement of law enforcement in mental health crises. Critics argue that police presence may still escalate situations or deter individuals from seeking help and suggest that a clinician and a paramedic are really all you need with fully civilian models being more appropriate in certain contexts.

This critique highlights an important tension within the field: whether co-response represents a transitional model or a long-term solution. According to Puntis et al. (2018), a lack of quality in reporting still remains, with few controlled studies investigating the effectiveness of co-response triage, and a lack of focus on the characteristics and outcomes of service users. Overall, the literature indicates that co-responder models offer a promising approach to managing mental health crises, particularly in terms of diversion and service linkage. However, the evidence base remains underdeveloped, and further research is needed to assess long-term outcomes and identify best practices. As communities continue to seek alternatives to traditional law enforcement responses, co-responder programs are likely to remain a central focus of both policy innovation and scholarly inquiry.



MENTAL HEALTH COURTS

Research available on mental health courts (hereafter, MHC) provides a promising but incomplete picture of the positive effects they present on law enforcement and service users. Jalain, Lucas, and Higgins (2024) found a 40% reduction in recidivism amongst those under the supervision of an MHC but noted an inconsistency in the implementation of services and length of follow-up periods within the studied programs. Likewise, Loong, Bonato, Barnsley, and Dewa (2019) found evidence of some positive effect on recidivism rates with MHC use but could not come to a clear conclusion on whether they reduced user's frequency of police contact due to the limited number of studies. Given the lack of uniformity of MHCs across jurisdictions, successful implementation could rely on the presence of certain key factors. In her review, Castellano (2011) determined MHCs utilizing case managers had a higher success rate, as the case manager acted as an advocate for the service user in judicial

**“Anger makes
dull men witty,
but it keeps
them poor.”**

**— Queen
Elizabeth I**

“A true leader has the confidence to stand alone, the courage to make tough decisions, and the compassion to listen to the needs of others.”

— Douglas MacArthur

matters and prevented failure for minor infractions. Similarly, Honegger, Dewald, Gayle, and Alharbi (2026) highlighted the need for the use of trauma-informed care and an expanded list of incentive and sanction options. The purpose of these two features is to tailor treatment to the individuals needs and attempt to target any underlying issues that would lead them to recidivate.

Unfortunately, as with many areas in law enforcement and the criminal justice system, MHCs suffer from a lack of study to drive implementation, and a lack of funding to properly institute the model. Honegger (2015) found that the study of MHCs was hampered by the number of minor differences between existing courts, making conclusive interpretation of data difficult. As was also noted in Castellano (2011), the underfunding of MHCs can lead to the failure to provide necessary services to the user, large and unmanageable case-loads for case managers, and an ultimately ineffective program. With the difficulty in funding and lack of consistent programming, research on MHCs is currently limited.



INTERNATIONAL COMPARISON

From a broad perspective, mental health services and their effectiveness are gauged by looking at access to care, long-term outcomes, system costs, and overall efficiency. Law enforcement’s role in this effectiveness cannot be completely understood or judged without looking at system-wide programs and how they interact.

Their success is not only determined by individual interventions, but more by the capacity and structure of the broader system. To accurately gauge the United States and its approach to addressing mental health in general, a comparison to other nations and their programs can provide a valuable perspective.

Comparisons with other countries can come with difficulties and limitations due to differences in available resources and the significance of specific problems being analyzed in each country. In a 2024 study, the United States was compared to nine

other countries: Australia, Canada, France, Germany, the Netherlands, New Zealand, Sweden, and the United Kingdom (Blumenthal et al., 2024). In this study, the United States was ranked last on health system performance, while at the same time ranking as one of the highest on health care spending (Blumenthal et al., 2024).

In their last place rating, the U.S. was measured on a series of domains: access to care, care processes, administrative efficiency, equity, and health outcomes. Out of ten countries, the U.S. scored at the bottom of the list or second to the bottom in every category except care processes, where it scored second place out of ten (Blumenthal et al., 2024).

A perspective of significance was that despite the U.S. ranking very high on care processes and being ranked as one of the highest on health care spending, it was ranked last in health outcomes. Conversely, the Netherlands was listed in multiple studies as a consistent high performer in overall health care while simultaneously ranking among the lowest in health care spending.

In general, Nordic countries (Finland, Denmark, Sweden, and Norway) are constantly ranked among the highest of performers in well-integrated health care infrastructure, including mental health services, and rank high on overall public trust and satisfaction.



NETHERLANDS

The Netherlands is considered a high performer on a series of parameters, including healthcare access and affordability, with a focus on prevention. Comparing mental healthcare, for example, 90 percent of primary care practices in the Netherlands have mental health professionals on staff as compared to the U.S. at around only one-third (Blumenthal et al., 2024).

Similar to the U.S., the police in the Netherlands are frequently first responders to mental health-related crises. However, there are some clear differences between

the two models. In the Netherlands, there is a clear emphasis and bolstered infrastructure on continuity of care after the police are involved and a more advanced public health emphasis on those who enter the criminal justice system who suffer from mental health issues.

The role that police play is similar in both the U.S. and the Netherlands in that they are trained in a similar CIT model and are trained to respond to people dealing with mental health problems, with an emphasis on referring those in crisis to mental health services as a part of or in place of the traditional criminal justice system route. A distinction in the Netherlands' approach and relative success is in its more robust integration between prison healthcare and ongoing community services (World Health Organization, 2024). The Netherlands also has a more emphasized preventative investment model in comparison to the U.S.

A comparison of the two countries' criminal justice systems and how effective law enforcement is in handling individuals in crisis cannot be understood without analyzing their individual broader systems. The Netherlands has a system that includes multiple levels of prevention, treatment, and continuity of care (van der Wal et al., 2023). The Netherlands' general approach supports the idea that to improve the effectiveness of law enforcement and decrease the demand placed on the criminal justice system, mental health solutions must include an emphasis on prevention and long-term assistance and care.

The U.S.'s attempts to address how mental health issues are handled through the criminal justice system include several system implementations, such as CIT training and other police-related programs. The goal is to not only improve the interactions that police have with individuals in a crisis but also decrease the burden they have on the criminal justice system, as well as attempting to improve long-term outcomes.

This is a necessary approach and should continue to be a part of the total solution, but in comparison to other countries like the Netherlands, a key piece is missing the appropriate amount of emphasis and system-wide support. Law enforcement can only be one element of the solution, but greater success cannot be improved without a more robust and system-wide approach. The U.S. needs to create systems and programs that also include an emphasis on prevention and long-term care resources.



SWEDEN

The most significant distinction between Sweden and the United States lies in who leads mental health response teams. Co-responder programs in the United States are generally police-led, meaning that law enforcement officers become the primary responders and are accompanied by mental health clinicians. These programs emerged in response to the increasing burden placed on police to manage psychiatric crises, often due to gaps in community mental health services (Dee & Pyne, 2026). Police officers typically retain authority over the scene, including decisions related to detention or arrest.

Sweden, on the other hand, employs a clinician-led model in which Psychiatric Emergency Response Teams (PERT) are integrated into EMS. These teams are staffed primarily by healthcare professionals, such as psychiatric nurses, who respond directly to mental health emergencies without routine police involvement. Research indicates that this structure allows mental health crises to be treated as medical issues rather than criminal justice matters (Lindström et al., 2020).

This model prioritizes de-escalation, patient autonomy, and therapeutic engagement. In Sweden, police receive specialized training to improve interactions with consumers experiencing mental illness. Although they receive this training, officers play a secondary and situational role. They are typically only dispatched when there is a credible threat to safety, such as potential violence or public disorder. Most mental health crises are handled exclusively by healthcare professionals. This selective involvement reduces the likelihood of escalation and minimizes the presence of coercive authority during vulnerable situations.

Psychiatric emergency response teams emphasize on-scene care and resolution. Studies indicate that these teams are more likely to stabilize individuals without hospitalization and provide immediate clinical support.

“Leadership is an action, not a position.”

— Donald McGannon

“Leadership is unlocking people’s potential to become better.”

— Bill Bradley

Additionally, their integration within the healthcare system facilitates smoother transitions to follow-up care (Lindström et al., 2020).

Sweden benefits from a universal healthcare system that allows for greater integration between emergency services and psychiatric care. This structure ensures that consumers who experience a crisis are more likely to receive ongoing treatment and support after the initial response. Research highlights that many co-responder models struggle with follow-up care, a challenge that Sweden’s integrated system is better equipped to address (Puntis et al., 2018).

Sweden’s model, while less focused on measurable co-response outcomes, may be more effective in preventing crises from occurring in the first place. By ensuring access to healthcare and integrating services, Sweden reduces the likelihood that individuals will require emergency intervention. (Xanthopoulou et al., 2022) emphasize that effective crisis response depends not only on immediate assistance but also on continuity of care and trust between responders and individuals going through an episode.



DENMARK

When it comes to the current situation regarding law enforcement responses to mental health incidents, Denmark has experienced commonalities with other countries. For instance, Denmark has seen a decrease in mental health bed space over the span of multiple decades because of a focus on outpatient care.

An article in *Scientific Reports* (2025) titled “Measuring the Trend in Police Tasks Concerning People with Mental Health Challenges in Denmark, 2008–2022” (Andersen et al., 2025) reports that the rate of decrease is 5.5%. The same article claims an increase in crimes committed by mental health consumers as a result. The publication also shares statistics gleaned from 85 studies that state, first, that 25% of mental

health consumers have been arrested in the past and, second, that 12% of all mental health consumers have encountered police during their path toward treatment. Another commonality in Denmark’s practices compared to other countries is the mandated mental health training for police. As part of academy training, two days are dedicated to mental health instruction, covering critical incidents and de-escalation strategies.

One difference identified through research involving Denmark relates to a partnership between three social entities. The program, dubbed the “PSP Model,” identifies the three entities as local police, social services, and psychiatry. The model originated in 2004 with the Frederiksberg Police and then spread to several other municipalities.

The initiative was described in a 2014 article published in the *International Journal of Law and Psychiatry* titled “The Police, Social Services and Psychiatric Cooperative in Denmark” (Sestoft et al., 2014). The article states that, unlike efforts in other parts of the world, all three components of these services acted together rather than only one or two.

The Danish National Center for Social Research conducted an evaluation of the PSP structure by studying results from Frederiksberg, Odense, Amager, and Esbjerg. The evaluation claimed that the PSP model had affected crime rates in a positive manner by providing services to neglected groups, including mental health consumers. It is believed that this evaluation contributed to the PSP model being adopted as the Danish national standard and being passed into law in 2009.

A potential lesson for other countries from Denmark’s experiences would be to look internally for ways to partner with other social entities in mental health reform. This, of course, would come with familiar challenges already facing law enforcement, including funding and adequate mental health facilities. Without overcoming these obstacles, mental health response will continue to lack a true solution.



FINLAND

While Finland has healthcare measures in place, they are not immune from the same mental health related criminal justice issues faced in other countries. The country's law enforcement train extensively on interacting with individuals in crisis, which may better prepare them to respond appropriately, but ultimately does little to reduce the frequency of those interactions in itself. However, Finland's efforts to provide additional services to those experiencing mental illness and push to make the community take on responsibility for part of their care may help in reducing the individual's involvement with law enforcement.

Finland has experienced a similar upward trend in the number of criminal offenders with psychiatric disorders as other nations such as the United States. One study identified those with psychiatric disorders as having committed nearly half of all crimes in a birth cohort study (Elonheimo et al., 2011). Additionally, another study found one-third of prisoners have been hospitalized for psychiatric reasons and half have received some form of outpatient psychiatric Criminal Justice Reform 19 care (Markowitz, 2023).

Once out of prison, there is a 59% chance they will re-offend within 5 years and a 17% chance if they were held in a forensic psychiatry unit (Ojansuu et al., 2023). In the face of this growing problem, Finland has taken both law enforcement and community measures to address it.

Law enforcement in Finland functions similarly to the United States, in that police receive specific training regarding interactions with those experiencing mental health crises. The training is significantly extended compared to the U.S., with police being required to complete a 3-year university degree in policing, focusing deeply on crisis management and de-escalation. Finnish police are also compelled by the Mental Health Act of 1990 to

present someone deemed to be suffering from a psychiatric issue and an immediate danger to themselves or others to a medical facility for possible compulsory treatment, similar to the emergency detention process for police in the U.S. If three independent physicians and psychiatric professionals determine the individual needs involuntary treatment, the state allows them to be held for a period of up to six months.

This longer period of time allows for medications and courses of treatment to better take effect, as there is noted difficulty in psychiatric patient's ability to adhere to medication regimens. Despite prioritizing outpatient care, involuntary hospitalization is high compared to other Western European countries. Finnish law ranks the need for treatment over personal autonomy especially in cases of self-harm. Though the law enforcement and legal measures taken by the Finnish government demonstrate some success, the more notable improvement over the U.S. may be in the community services provided to those with mental illness.

Finland is undergoing a deinstitutionalization of mental health services and focusing more on community care than inpatient treatment (Seppanen and Eronen, 2012). Municipal areas are expected to administer and deliver various services to individuals with mental illness, such as housing assistance, employment assistance, and substance abuse treatment.

This is an attempt to address some of the exacerbating and underlying factors of psychiatric crises, as those with mental illness are frequently unable to find housing or employment, creating further difficulty for them to seek or maintain treatment. In a recent study, Markowitz (2023) noted there was a consistent negative association between mental health, housing assistance, and violent crime across available data.

Similarly, Kaskela and Pitkanen (2021) found individuals completing substance abuse treatment were significantly less likely to be imprisoned during a five-year follow-up period. Promising figures like these may support the need to shift the focus of mental health response from law enforcement to the community.

One potential difficulty in a system like this may be that services are overseen by each region, causing variation in the program's effectiveness (Karolaakso et al, 2021). In a country with a greater disparity in income like the U.S., these variations in program effectiveness and delivery may be more pronounced, ultimately leading them to be

“The strength of the team is each individual member. The strength of each member is the team.”

— Phil Jackson,

“The least I can do is speak out for those who cannot speak for themselves.”

**— Jane Goodall,
Primatologist
and
Conservationist**

less effective. However, examples like Finland provide promise in the area of mental health response. Further study and trials are warranted to determine the potential effectiveness of similar programs being instituted in the U.S.

IMPLICATIONS AND CONCLUSIONS

The role of law enforcement in relation to those who suffer from mental health issues cannot be avoided. However, it cannot be overstated how their success and failure is directly related and dependent on larger, more robust system-wide resources. Evidence has shown the effect limited community resources can have on the criminal justice system, which has clearly demonstrated that communities with fewer healthcare services bring increased 911 calls involving those in crisis (Kang et al., 2023).



Systems and programs designed to improve officer involvement with the mental health community cannot be the sole method to improve long-term outcomes. Criticisms of how law enforcement handles these types of calls have to reflect the total burden placed on the criminal justice system. A 2023 study analyzing eight cities' 911 calls estimated that between 21 and 38 percent were calls that could have been addressed by civilian or community-led programs which included mental health, homelessness, and substance abuse calls for service (Curry et al., 2023). A comprehensive overview of the United States mental health services clearly depicts a system facing increasing demand, fragmented and inconsistent services,

and deficiencies in funding and capacity (National Academies of Sciences, Engineering, and Medicine, 2024). In comparison to countries such as the Northern European nations re-viewed in this study, which have been identified as addressing this growing problem with more success, show similar criminal justice and law enforcement programs like CIT and co-response teams used in the U.S. However, the main defining factor is that these successful countries have in place a much higher emphasis on wrap-around services and show to have provided more funding and an overall greater importance on community-driven services as opposed to relying on police to handle non-criminal incidents.

The U.S. needs to recognize that the system requires community-wide services that not only support law enforcement's role but are also focused on prevention and long-term care. Programs like CIT training, co-response teams and mental health courts have shown some success and should continue to be an integral part of the solution. However, these programs have shown a lack of evidence in specific goals like reducing recidivism. This research has identified that these programs lack an appropriate amount of research and evidence on their efficacy. The available information also highlights the lack of resources and emphasis on programs that address the problem of mental health conditions.

Governing bodies whose goal is to improve the safety of law enforcement officers and the community they serve should consider a more holistic approach to any further criminal justice reforms. These reforms need to include plans and funding to support the mandates that they place on law enforcement. Furthermore, future reforms that address how law enforcement interact with the public need to also include a larger perspective on how certain problems originate and how they can be handled outside of the criminal justice system. Lastly, future reforms should include plans that require future research and studies to be performed on the efficacy and overall success of any programs that have been put into place. It is not enough to create mandates without ensuring that they actually solve the problem they were designed to address.

As advocates for law enforcement and as contributing members of criminal justice reforms, organizations like the IACP should be the driving force behind more robust and systematic approaches to improving the criminal justice system. At the same time, criminal justice organizations should

also increase their interest and involvement in the promotion of healthcare reforms. The success and failure of programs like CIT training, co-response teams, and mental health courts cannot be adequately judged without considering a more holistic approach. Focusing solely on how law enforcement handles individuals in crisis will only treat the symptom, rather than address the cause. A collaborative effort between the major bodies representing the criminal justice and healthcare professions presents a better opportunity for the development of meaningful legislation targeted at the prevention, care, and treatment of mental illnesses and those who suffer from them. Law enforcement will never be completely absolved of the responsibility to interact with mental health crises, necessitating the continued effort toward improved training and processes. However, the strain can be lessened with the assistance of professions that have equal responsibility to serve the community.

Mental health issues are continuing to increase and the burden on the criminal justice system is clearly evidenced by what research is available. The risk is that without looking at the problem in its entirety, misinformed conclusions are inevitable. Past reforms have led to some positive changes. However, if the evidence shows that these programs have not led to tangible changes or improvements in the community, a potential reaction could be to defund or remove these programs. This would be a great miscalculation. Programs like CIT training for police have shown benefits for the individual officer and the community. The lack of progress and improvement with how the U.S. handles mental health and more specifically how successful law enforcement deals with those in a crisis clearly has more to do with what support exists to help those who suffer before and after they interact with the police.

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“If you are not willing to learn, no one can help you. If you are determined to learn, no one can stop you.”

**— Zig Ziglar,
Author and
Motivational
Speaker**

**“You may have
to fight a battle
more than once
to win it.”**

**— Margaret
Thatcher,
Former British
Prime Minister**

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ILEA CELEBRATES: Graduation of the 150th School of Police Supervision

The School of Police Supervision is widely recognized for helping officers successfully transition from street-level policing to leadership roles. Through its intensive four-week curriculum, participants gain the management, communication, decision-making, and leadership skills necessary to guide personnel, strengthen organizational effectiveness, and enhance public trust. As agencies face increasingly complex public safety challenges, continuing professional education remains essential to maintaining the rule of law, protecting communities, and preserving the principles of democratic society.

Law enforcement leaders play a vital role in ensuring that policing is conducted fairly, professionally, and with accountability. Programs such as SPS help supervisors develop the knowledge and judgment needed to address evolving legal standards, community expectations, and organizational responsibilities. By investing in education, agencies strengthen their ability to provide safe and secure communities while upholding constitutional values and the rights of all individuals.

A hallmark of ILEA's mission is its unwavering commitment to ethics. Through The Center for Law Enforcement Ethics, established in 1992, ILEA has remained at the forefront of promoting ethical decision-making throughout the policing profession. SPS students are challenged to examine professional obligations, consider the consequences of leadership decisions, and cultivate the integrity necessary to lead with confidence and credibility.

The Institute also recognizes that effective law enforcement leadership must embrace and respect diversity in all its forms. SPS encourages participants to foster inclusive workplaces, value different perspectives, and build stronger relationships with the diverse communities they serve. These principles are fundamental to modern policing and to maintaining public confidence in law enforcement institutions.

The 150th graduating class joins a remarkable legacy of SPS alumni who have gone on to serve in leadership positions in agencies across the United States. Many graduates have advanced to become chiefs, sheriffs, command staff members, and executive leaders, carrying forward the lessons learned at ILEA into their organizations and communities.

As ILEA celebrates this milestone, it also looks ahead to the future—continuing its mission of developing ethical, professional, and visionary law enforcement leaders dedicated to justice, public service, and the enduring strength of the rule of law.

Please let us recognize the graduates and agencies that participated in this most notable session of the School of Police Supervision:

RECOGNIZING THE GRADUATES OF THE 150TH SCHOOL OF POLICE SUPERVISION 2026

Tanisha Barona, Sergeant
Dallas College Police Dept.

Blake Brown, Sergeant
Sachse Police Dept.

Lance Buckley, Sergeant
Melissa Police Dept.

Joey Cagle, Captain
Kaufman County Sheriff's Office

Christian Centeno, Sergeant
Allen Police Dept.

Jared Chrisman, Sergeant
College Station Police Dept.

Austin Craig, Sergeant
Midlothian Police Dept.

Ana Denova, Sergeant
Dallas College Police Dept.

Nathan Drew, Sergeant
Plano Police Dept.

Brent Dunn, Sergeant
Waxahachie Police Dept.

Holly Ferguson, Sergeant
Elm Ridge Police Dept.

Raul Gonzalez, Sergeant
Dallas College Police Dept.

Edwin Guzman, Corporal
Temple Police Dept.

Larry Henderson, Lieutenant
Greenville Police Dept.

Justin Hobbs, Sergeant
Flower Mound Police Dept.

Joshua Holmes, Sergeant
Mesquite Police Dept.

Angela Iglesias, Sergeant
Mesquite Police Dept.

**“The task of the
leader is to get
their people
from where they
are to where
they have not
been.”**

**— Henry
Kissinger**

“You cannot be a leader, and ask other people to follow you, unless you know how to follow, too.”

— Sam Rayburn

Kristijan Jakovac, Sergeant
Denison Police Dept.

Tiaka Lee, Sergeant
Dallas County Sheriff's Office

Caitlin McLaine, Lieutenant
Garland Police Dept.

Stephen May, Sergeant
Richland Hills Police Dept.

Joshua Miller, Sergeant
Frisco Police Dept.

Jason Moses, Sergeant
Plano Police Dept.

Mark Popp, Sergeant
Waco Police Dept.

Patrick Reedy, Sergeant
Kaufman County Sheriff's Office

Byron Riser, Sergeant
Dallas County Sheriff's Office

Jose Rodriguez, Sergeant
Midlothian Police Dept.

Jeromey Rose, Sergeant
Kaufman County Sheriff's Office

Thomas Shaddix, Sergeant
Texarkana Police Dept.

Ryan Shipp, Lieutenant
The Colony Police Dept.

Ricardo Soforo, Lieutenant
Texas Dept. of Public Safety

Ricardio Sparks, Sergeant
Lancaster Police Dept.

Jovan Thompson, Patrol Sergeant
Ennis Police Dept.

Kevin Tuley, Corporal
Ennis Police Dept.

Aaron Wafford, Sergeant
Texarkana Police Dept.

Christopher Watson, Sergeant
Waco Police Dept.

Sean White, Sergeant
Plano Police Dept.

Lawrence Williams, Sergeant
Allen Police Dept.

Stephens Williams, Police Officer
Lancaster ISD Police Dept.

Nick Wright, Lieutenant
Collin County Sheriff's Office

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KNOWING YOUR PEOPLE: Trauma-Informed Leadership and the Executive's Role in Officer Wellness

responsiveness. This approach guides how an organization is led from the top down. According to SAMHSA's 2014 guidance, a trauma-informed organization is one that "realizes the widespread impact of trauma," "recognizes the signs and symptoms" in staff and clients, "responds by fully integrating knowledge about trauma" into policies and practices, and actively seeks to "resist re-traumatization." In policing, this means the chief or sheriff doesn't just send officers to a peer-support team after a critical incident. Instead, leadership shapes the entire organization from recruiting, supervision, scheduling, and discipline to promotion, and post-incident response around the understanding that trauma is normal, cumulative, and treatable.

The scope of this is significant. The Los Angeles Police Department's Behavioral Science Services Division estimates that the average officer encounters about 800 critical incidents during their career, while the average civilian experiences fewer than three. A 2020 Police1 online survey of 1,355 active-duty U.S. officers found that 47 percent screened positive for PTSD symptoms.

But cumulative operational trauma is only part of the picture, and arguably the smaller part. Drew and Williamson's 2025 study in *Police Quarterly* found that "organizational stress was three times stronger and operational stress was two and a half times stronger" in its link to psychological distress than trauma stress alone. In other words: the unanswered email from the chief's office, the rotating-shift schedule, the internal investigation that drags on for fourteen months, and the supervisor who plays favorites are eroding your officers faster than the worst call they dealt with last month. This is the part executives can influence. This is where leadership lives.

RECOGNIZING THE SIGNS BEFORE THE CRISIS

Officers in trauma rarely walk in and announce it. They have been culturally conditioned to do the opposite. Drew and Martin's 2021 *Journal of Police and Criminal Psychology* national study found that "over 90% of officers perceive stigma as negatively influencing help-seeking behavior" and that stigma persists even after officers access services and find them effective. If you wait for the officer to raise their hand, you will be waiting at their funeral.

Executive leaders and first-line supervisors should be trained to identify a consistent set of behavioral and performance signs. The National Center for PTSD, the FBI Law Enforcement Bulletin, and the Office for Victims of Crime Vicarious Trauma Toolkit all highlight a similar list:

- **Withdrawal and isolation:** pulling away from squad activities, declining backup coffee, eating alone, and ghosting friends both inside and outside the department.
- **Irritability and disproportionate aggression:** short fuses with citizens, dispatch, or family; complaints that previously didn't exist.
- **Hypervigilance bleeding into off-duty life:** scanning exits at a child's soccer game or sleeping with a firearm on the nightstand.
- **Cynicism and loss of compassion:** once-empathetic officers becoming flat, dismissive, or contemptuous toward victims. This is emotional depletion, not character failure.
- **Performance drift:** missed reports, lower productivity, careless mistakes, increased citizen complaints, or, alternatively, risky over-engagement and risk-taking.
- **Absenteeism and presenteeism:** using sick time in patterns or showing up physically present but mentally checked out.
- **Substance use and physical complaints:** excessive drinking, unexplained weight changes, headaches, back pain with no medical cause, and sleep disturbances.

None of these on their own diagnose anything. Patterns do. The executive's role isn't to act as a clinician. Instead, it's to create a system where someone is paying close enough attention to see the pattern and is empowered and expected to do something about it.

THE CULTURE OF KNOWING YOUR PEOPLE

Here's the reality about "knowing your officers": you can't delegate it entirely to sergeants, nor can you fake it from behind a desk. As retired Lt. Cathy Bustos wrote in Police Chief Magazine, "Officers desperately need to see that their leaders care about them and their well-being."

Recognition depends on relationships, and relationships require an investment of executive time. That doesn't mean the chief of a 1,200-officer agency personally counsels everyone. It means that the chief models, structures, and demands a culture where knowing is part of every level's job, and where knowing is rewarded rather than penalized.

Three key executive-level moves matter most:

1. MODEL VULNERABILITY FROM THE TOP

Stockton (CA) Police Chief Stanley McFadden explained it like this when his department launched its Organizational Wellness Center in 2023: "If my people aren't well, they're not going to be well on the street. They're not going to be able to handle the pressure that we put on them." When chiefs publicly use wellness services themselves, when they say out loud that they have been to a counselor, or when they choose not to retaliate against an officer who self-discloses, the cultural message is stronger than any policy.

2. SEPARATE WELLNESS FROM DISCIPLINE AND MEAN IT

Drew and Martin's research is clear: officers will not seek help until they believe it won't be used against them. Confidentiality policies must be strict, and command staff must openly resist the temptation to use behavioral health information for promotions or assignment decisions. Chief McFadden told CBS Sacramento, "Unless it comes to the point where I need to send official resources to protect this employee from themselves or from hurting others, I don't need to know about it." That leadership stance is what makes confidentiality real.

3. HOLD SUPERVISORS ACCOUNTABLE FOR KNOWING

If the only metrics a sergeant is evaluated on are activity numbers and complaints, the message is that knowing officers is optional. Add documented wellness contacts, post-critical-incident check-ins, and supervisor-officer one-on-ones to performance expectations. Train every supervisor to recognize trauma indicators. Then conduct audits.

PRACTICAL STRATEGIES: WHAT TO DO MONDAY MORNING

The following are concrete, evidence-supported moves an executive can authorize:

1. Mandate annual confidential wellness check-ins.
2. Build or formalize a peer support team.

"Leadership and learning are indispensable to each other."

— John F. Kennedy

3. Adopt SAMHSA's six principles as a leadership audit tool.
4. Train command staff in trauma recognition.
5. Audit your organizational stressors annually.

CONCLUSION

Trauma is not a personal failing of weak officers. It is an occupational reality of the profession you lead. The executive who refuses to acknowledge this is not managing a tough agency; they are running an attrition machine, and the costs are paid in retirements, lawsuits, divorces, complaints, and funerals. Conversely, the executive who fosters a culture of awareness, recognizes the signs, dismantles the stigma, and incorporates trauma-informed thinking into every decision from the academy to the corner office earns something money cannot buy: officers who trust the institution enough to stay healthy, stay engaged, and stay alive. That is leadership. That is ethics. And in 2026, it is the job.

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“Do not judge me by my success, judge me by how many times I fell down and got back up again.”

— Nelson Mandela, Former President of South Africa



PHOTO: Civilian Leadership Series: CAMARADERIE!



PHOTO: Civilian Leadership Series: CAMARADERIE!



PHOTO: The 150th School of Police Supervision class presents ILEA with a memorial plaque.

Continued from page 2

I HOPE YOU DON'T THINK ALL BLACK PEOPLE LOOK ALIKE: *Why Law Enforcement Cannot Afford to Skip AI Governance*

THE TOOL CAME FIRST: THE POLICY NEVER SHOWED UP

Law enforcement agencies are buying and deploying artificial intelligence tools faster than they are writing the rules to govern them. Facial recognition software, predictive policing platforms, risk-scoring tools: these products are going into service with thin policies, limited oversight, and often no community conversation at all.

When a department revises a use-of-force policy or rolls out a new in-custody protocol, a full framework comes with it: training requirements, supervisory sign-off, documentation, accountability measures. AI tools deserve that same framework. Most departments are not building it.

HOW AI GETS IT WRONG AND WHY EVERY CHIEF SHOULD CARE

Artificial intelligence does not make judgment calls. It learns from data compiled before the tool ever went live. If those records reflect years of uneven enforcement patterns, the tool will reproduce them, because that is what it was taught.

Research from the National Institute of Standards and Technology has documented that facial recognition systems misidentify people with darker skin tones at significantly higher rates than they misidentify white subjects. The systems were trained on data sets that did not represent all populations equally. The result is a tool that performs worst on communities that already have the most strained relationship with law enforcement.

The IACP addressed this directly. In July 2019, six months before Williams was arrested, the International Association of Chiefs of Police published guidance stating that facial recognition results are to be used “for lead generation purposes only” and that human intervention is required before any match is treated as a confirmed identification. The guidance was there before every wrongful arrest described in this article. The governance was not.

YOUR TAXPAYERS PAID \$300,000 FOR A MISSING POLICY

The \$300,000 settlement in Williams v. City of Detroit did not come from a software vendor’s pocket. It came from the residents of Detroit, and it does not include the court-ordered audit of every facial recognition arrest warrant going back to 2017, the mandatory training program, or the four years of federal court oversight the department now operates under.

**“A great man is
always willing to
be little.”**

**— Ralph Waldo
Emerson,
American
Essayist**

Reviewing an AI tool before it goes into service is not red tape. It is risk management. The cost of asking hard questions up front is measured in hours. The cost of skipping them is measured in settlements, court orders, and the kind of community damage that takes years to repair.

THE COMMUNITY IS NOT AN AFTERTHOUGHT — IT IS A FILTER

When an agency deploys a tool that influences who gets flagged or arrested, the people most likely to land on the wrong end of that decision hold information no vendor demo will surface. They know which populations carry the most exposure to error, and they know what problems this technology will not solve. Their input is risk intelligence, not public relations.

Some jurisdictions figured this out before a crisis arrived. After community review processes, some cities chose not to deploy facial recognition, or set strict limits before a single algorithm ran. They did not end up in federal court. They did not pay six-figure settlements. The community engagement was a filter that caught the risk before it became the story.

THE LEADS REVIEW: FIVE QUESTIONS BEFORE ANY AI TOOL GOES LIVE

Governance does not have to be complicated. It has to be consistent. The IACP already gave law enforcement the right word for what facial recognition produces: leads.

Before any AI tool goes into service, run it through these five questions:

L — Legitimate Need. What specific problem does this tool solve that current methods cannot? If the answer is vague, the purchase is not ready.

E — Error Rate. What is the documented accuracy rate, and does it vary by demographic group? Get it in writing from the vendor. If they cannot provide it, that is your answer.

A — Accountability. Who in the agency owns decisions made based on this tool's output? Who can a wrongly affected person go to? If no one owns it, no one is accountable.

D — Documentation. What audit trail does this tool produce? Can supervisors review how it was used in any given case? Accountability without documentation is just a good intention.

S — Stakeholder Input. Who outside the department was consulted before this decision was made? The people most likely to be affected deserve a voice before the errors happen.

If a tool cannot clear all five gates, it is not ready. That holds regardless of what the vendor promises, what a neighboring department has already bought, or how much pressure is coming from above. These questions are also not a one-time exercise. Technology changes, laws change, and the tools already in service need the same scrutiny as the ones on the way in. Some agencies are beginning to assign that responsibility formally, to someone whose job it is to ask these questions before a crisis forces the answer.



PHOTO (left to right): Gregory Smith, Director; Diana Smith, Bedford Police Department, Professionalism Award recipient; and Scott Russell, Deputy Chief, at the Civilian Executive School 2026.



PHOTO (left to right): Ebony Johnson, Lieutenant, Arlington Police Department, recipient of the General Professional Award; and Gregory Smith, Director, at the School of Executive Leadership 2026.

“Effective leadership is putting first things first. Effective management is discipline, carrying it out.”

— Stephen Covey

THE BOTTOM LINE

Artificial intelligence is already inside law enforcement. The only question is whether agencies will lead it or be led by it.

Robert Williams held a photo to his face and asked a question that no one in that building had thought to ask before the arrest was made. Porcha Woodruff was handcuffed while eight months pregnant. Nijeer Parks sat in a jail cell for ten days. In every case, the problem was not the algorithm. It was the absence of anyone whose job it was to govern it.

I have spent years working alongside law enforcement professionals who lead with integrity and carry real responsibility every day. They deserve better than being handed tools that nobody governed and left to manage the fallout alone. The communities they serve deserve to know that when an algorithm flags someone, a human being with authority and a written policy is part of what happens next.

The LEADS Review is a place to start. What makes the difference is the will to use it before the crisis, not after.

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“Courage doesn’t always roar. Sometimes courage is the quiet voice at the end of the day saying, ‘I will try again tomorrow.’”

— Mary Anne Radmacher



PHOTO: 65th School of Executive Leadership Graduation 2026.



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PHOTO (left to right): Matt Clem, Associate Director, Frank Bradford III, Assistant Director, Gregory Smith, Director

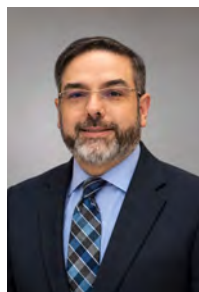
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for American and
International Law



Vickie Adams
Vice President, The
Center for American
and International
Law Director,
Institute for Law and
Technology and
Institute for Energy
Law



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Vice President,
The Center for
American and Inter-
national Law
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Transnational
Arbitration and
Southwestern Insti-
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and Comparative
Law



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Vice President, The
Center for American
and International
Law Director,
Institute for Law
Enforce-ment
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