

Responding to People in Crisis: Alternative Models of Police Service



Roanoke County, VA SPI
Sacramento County, CA SPI
Providence, RI SPI
March 25, 2021



Webinar Agenda

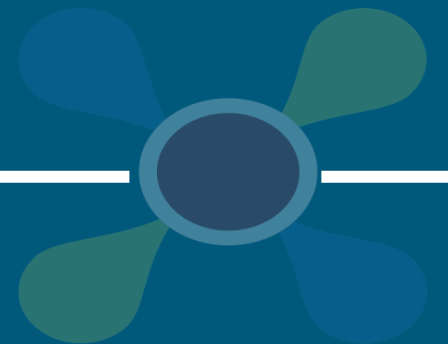


- Opening Remarks
- Roanoke County SPI
- Sacramento County SPI
- Providence SPI
- Q and A
- Final Thoughts



Opening Remarks

Vince Davenport
*Associate Deputy Director
Bureau of Justice Assistance*





Roanoke County Police Department (RCPD) Strategies for Policing Innovation

James Chapman

Roanoke County Police Department

Sue-Ming Yang and Charlotte Gill

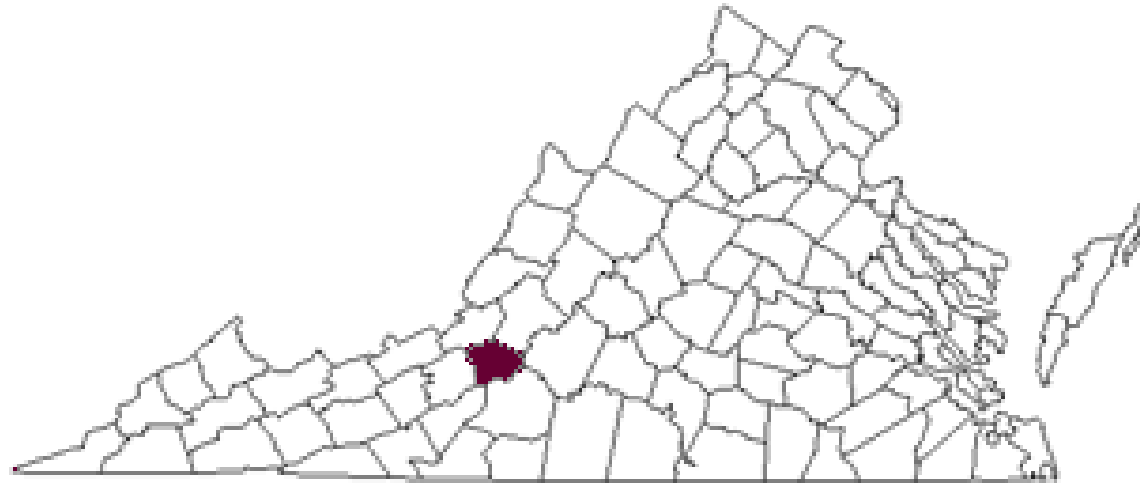
George Mason University



The Roanoke County Police Department (RCPD)



- Primary law enforcement agency for County of Roanoke, VA, with concurrent jurisdiction within cities of Salem and Roanoke, and the town of Vinton
- Serving a population of 93,500
- 140 sworn officers (approx. 1.5 officers/1,000 citizens)



Mental Health as a Police Problem



- Unlike urban communities, rural communities generally have low rates of crime. However, mental health (MH)-related calls for service are a major concern.
- Average mental health-related calls for service: 550
- Average time spent on a MH call: ~4 hours
- MH-related and use of force incidents: 24%

Data source: 2010-2016 calls for service

The Partnership



- The RCPD SPI is a partnership between Roanoke County Police Department, Intercept Youth Services (Crisis One), and The Center for Evidence-Based Crime Policy at George Mason University.
- The project evaluated the effects of mobile crisis team in an experimental context to enhance police response to people with mental illness.

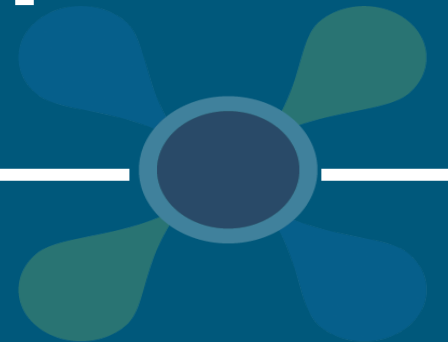


Goals of Project





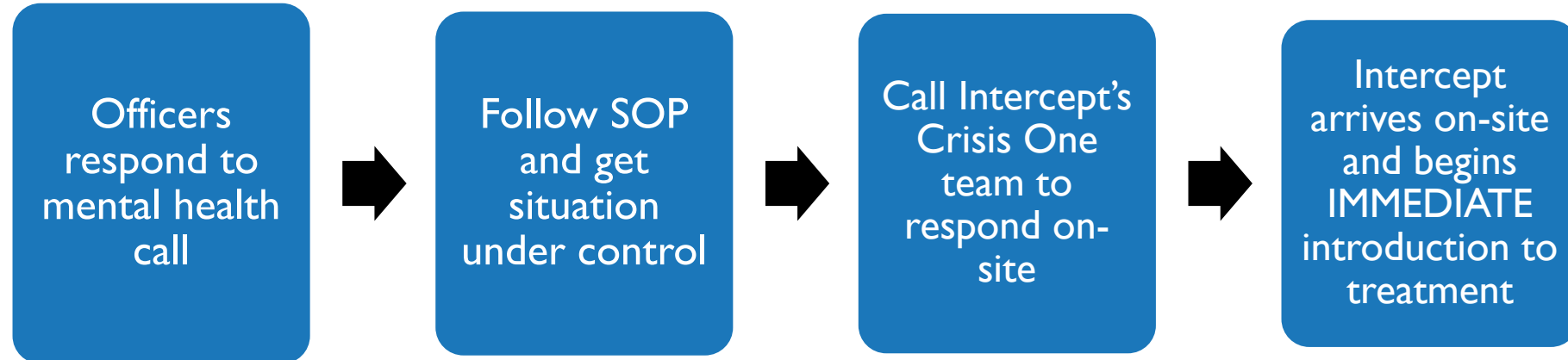
Assisting with MH Problems with Mobile Crisis Team



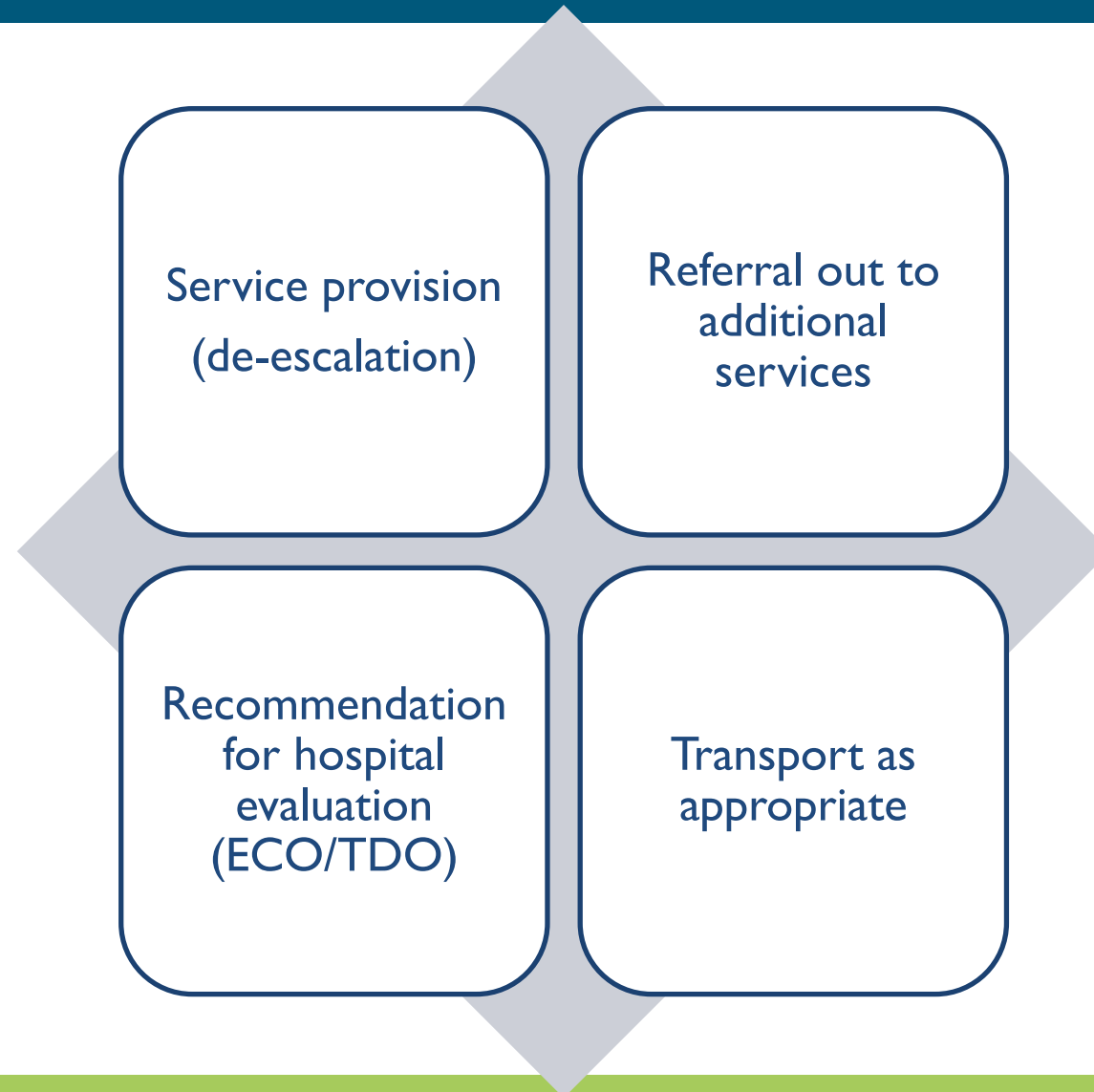
Mobile Crisis Team Responding to MH Incidents



- If the individual meets the eligibility criteria:

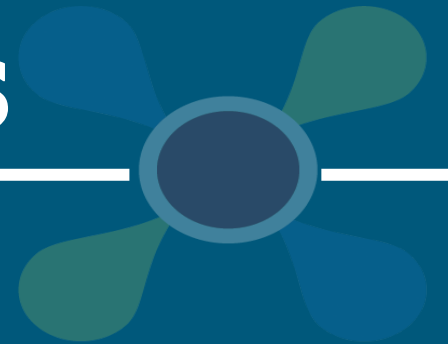


Crisis One (Mobile Crisis Team)

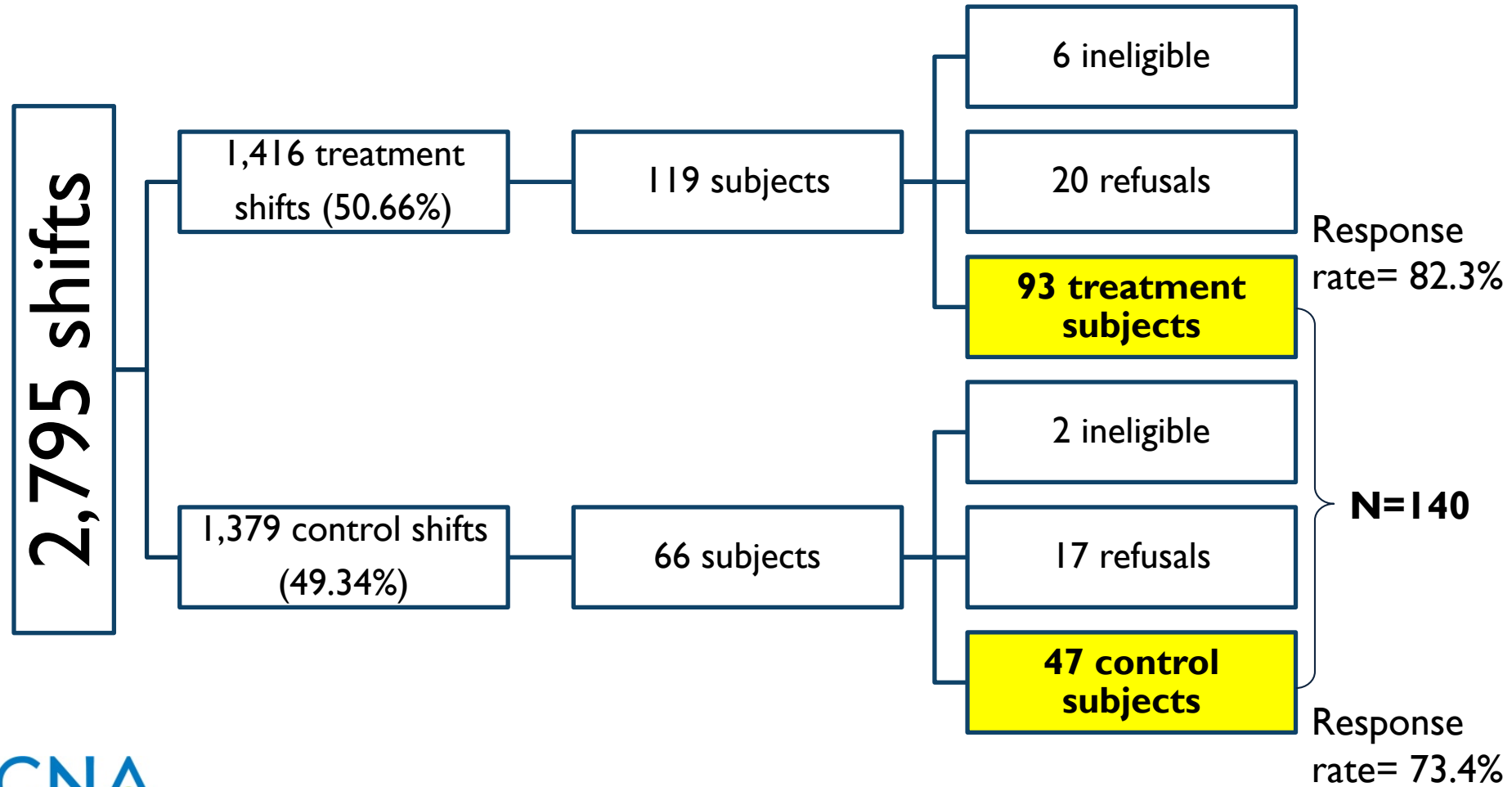




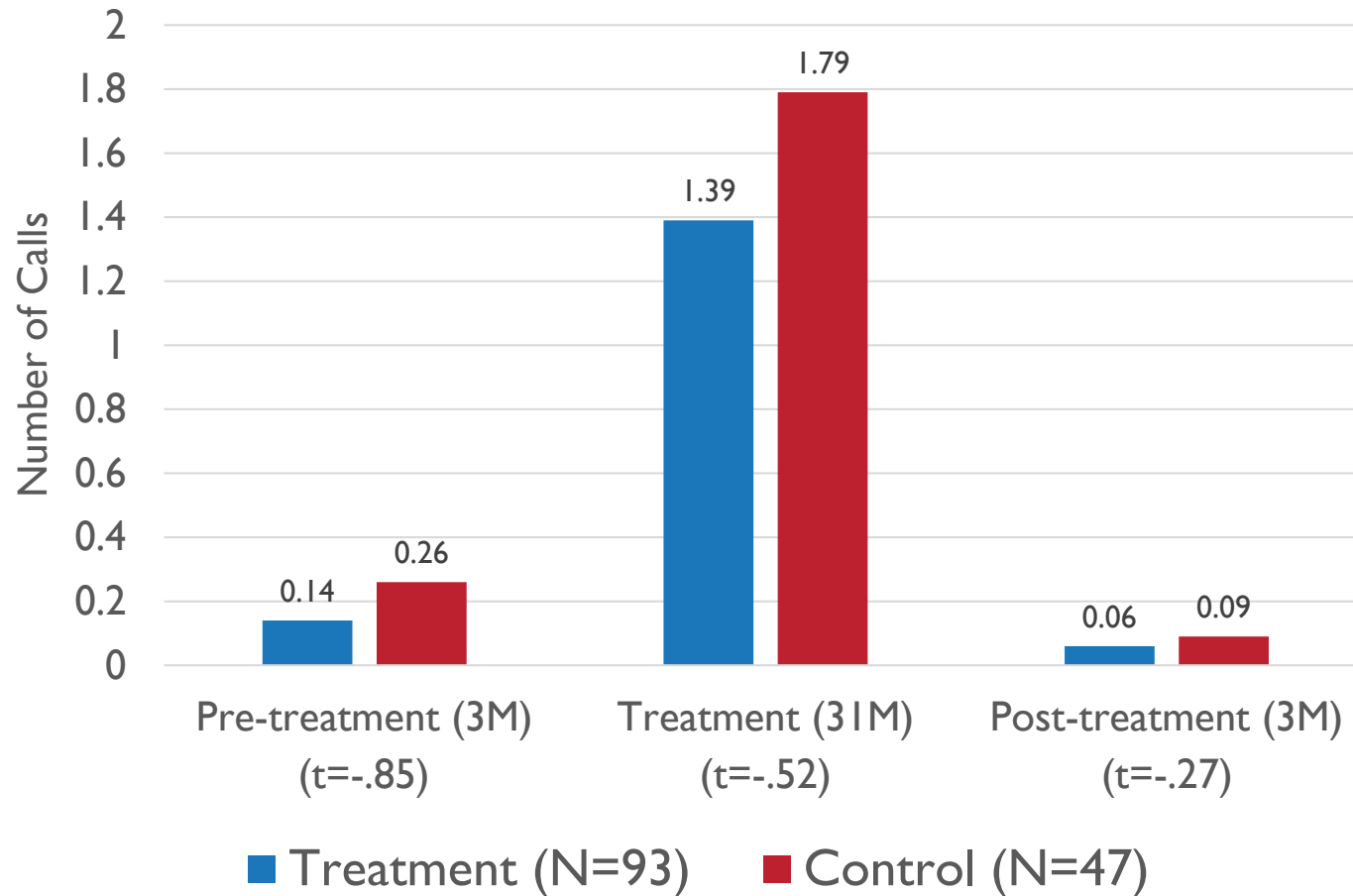
Impact Evaluations The Results, the Difficulties, and the Solutions



Randomization Results

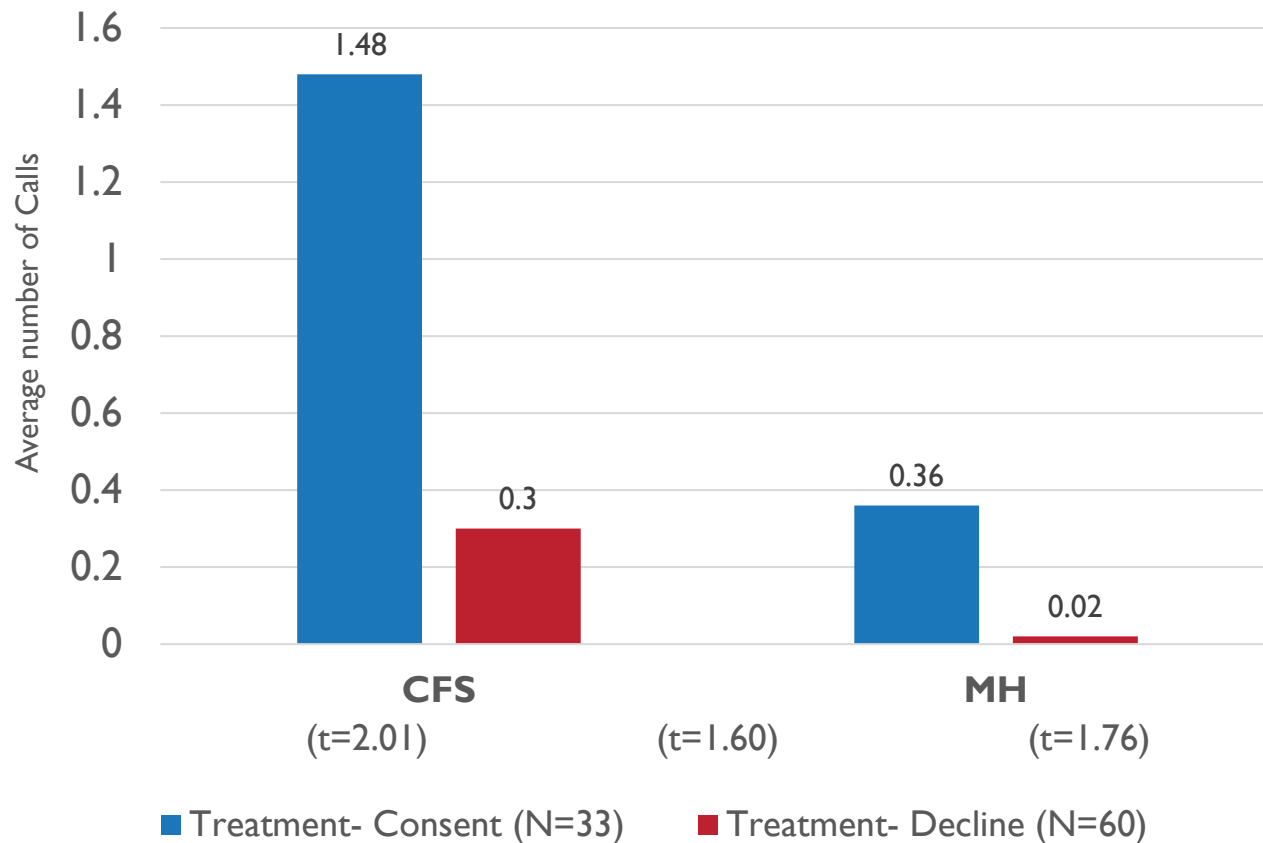


Average MH Calls per Subject



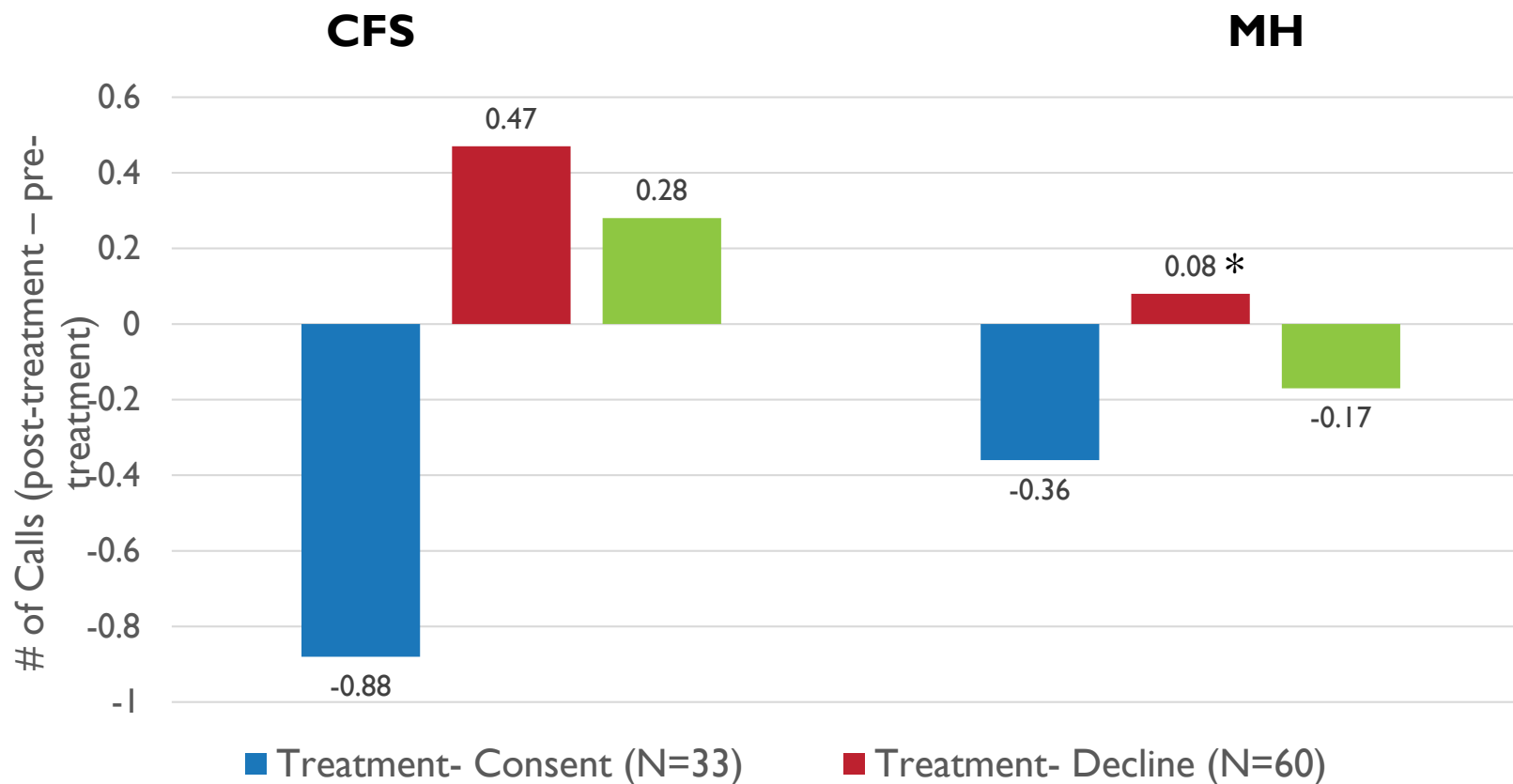
- There are no significant reductions in the numbers of CFS and MH calls between the treatment and control groups during the treatment and post-treatment periods

Pre-treatment Differences



- However, among the treatment subjects, there are interesting differences
 - Those who completed some treatment appeared to be high-utilizers of police resources before the intervention.

Benefits of Treatment Completion



- Those who completed some treatment show decreased patterns in general calls and MH calls compared to the dropouts.

Difficulties in the Program Evaluation Process



- Lack of responses from control subjects
 - Some individuals are transient, paranoid, or skeptical to talk
 - Some numbers have been disconnected or changed
- Majority of the treatment participants did not complete the prescribed treatment procedure
- Randomization by police shifts can lead to cross-contamination
 - Subsequent research will be followed up using a place-based (hot spots) approach instead



Evaluating the Partnership

What went well and what didn't....



What Made the Collaborative Relationship Work?



- **Common goals:** to improve the responses to MHI and provide the needed assistance
 - Support from leadership to prioritize the project
- **Professionalism:** each partner is a SME in their area and brings different knowledge and expertise to the project
- **Open Communication:**
 - Weekly meetings with project team to go through issues and challenges
 - Be willing to have tough conversations when things don't work
 - Focus on problem-solving than blame-assigning
- **Solicit inputs from the field:**
 - Ride-along with officers to get the first-hand experience
 - Conducting surveys and focus group meetings to receive feedback from officers

Challenges Faced During the Implementation



- **Officers related challenges**

- Training – “remember what is said and what is heard are often two different things.”
- Decisions made in the field are often more complex than the training scenarios
- Officer frustration due to the randomization process - could not refer an individual during the control shifts; thus, possibly led to more ECO cases
- Solutions: more training, more communication, and monthly newsletters to keep officers in the loop

- **Clinicians related challenges**

- Individuals who are intoxicated or having dementia problems are not eligible for immediate treatment
- Participants’ lack of intention for long-term treatments (attritions and dropouts)
- Solutions: Communicating with officers on participant eligibility and issues

Recommendations for Other Agencies - Police

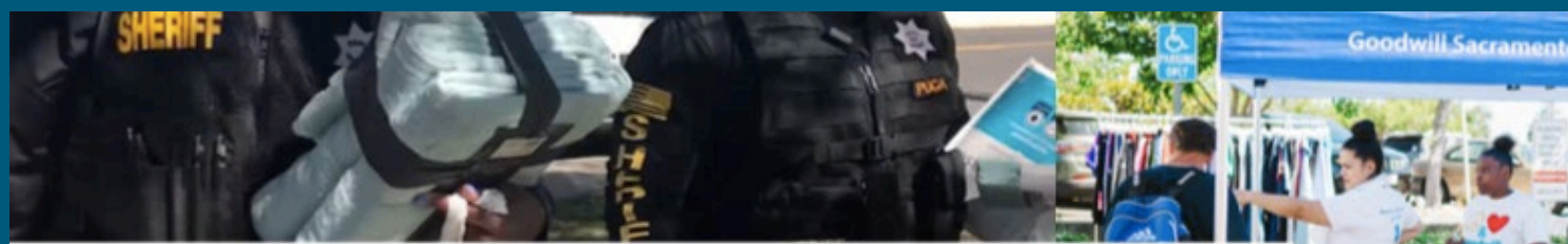


- Successful partnership between the police and MH practitioners could lead to positive results
 - Improve officer satisfaction – expand options to connect people to treatment
- Identify readily available partners in the community
- Leadership needs to be in place for the program to be successful
- Expand mental health training (CIT or MH First Aid)
- Target subjects in the greatest need can yield greater reductions in repeated calls for service

Recommendations for Other Agencies - Clinical



- Substance abuse treatment options
- Incorporating care-coordination as part of the treatment program to motivate individuals with MH issues to complete the treatment
- Rigorous empirical evidence could help secure external funding for the sustainability of the program



Service-Oriented Policing and Homelessness:

An Evaluation of the Sacramento
Sheriff's Homeless Outreach Team



Sergeant Christie Lynn
*Homeless Outreach Team Supervisor
Sacramento County Sheriff's Office*

Professor Arturo Baiocchi
*Division of Social Work
California State University, Sacramento*



Outline Today



1. Overview of the SPI Grant

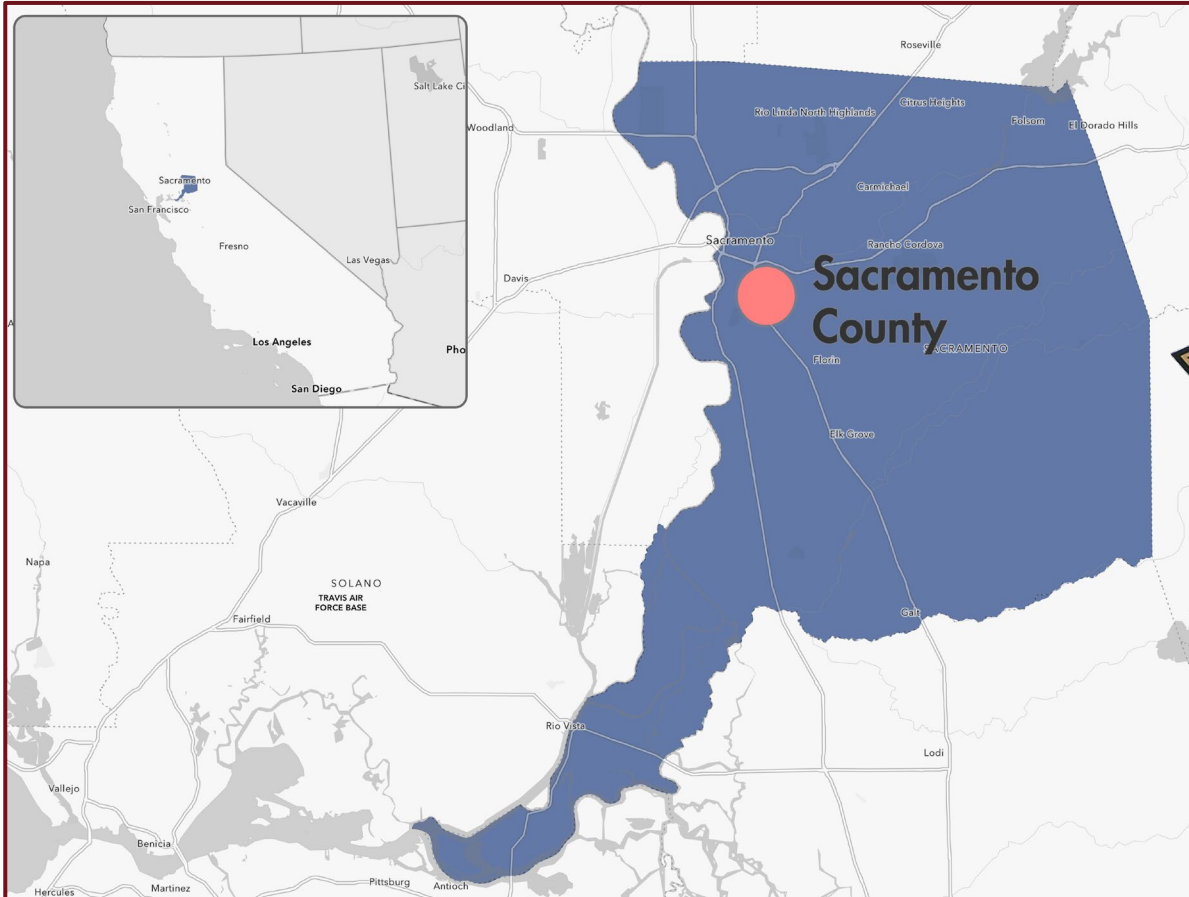
1. Background
2. Intervention plan & desired outcomes

2. Key Findings from Evaluation

3. Lessons Learned & Reflections



Background



Sacramento County

- 994 square miles
- 1.5 million residents
- Greater Sacramento Metropolitan Area



Sacramento Sheriff's Office

- 1,595 sworn deputies
- 643 professional staff,
- Serving approx. 600,000 residents
- North Division

Background: Growing homelessness



Homelessness in Sacramento County

Results from the 2019 Point-in-Time Count

A report prepared by California State University, Sacramento for Sacramento Steps Forward

5,570 Individuals Experiencing Homelessness

70% Unsheltered 30% Sheltered



12% Children under 18 years
8% Youth 18-24 years
80% Adults 25+ years



Homelessness has increased by an estimated **19%** in Sacramento County since 2017.

Half of unsheltered seniors became homeless **later in life.**

20% of the homeless population were families with children.
↓
of those unsheltered families **33%** were living in vehicles.



Sacramento Steps Forward | California State University, Sacramento | Institute for Social Research

Intervention Plan



- In the Fall of 2016 the Sacramento Sheriff's Office established a specific Homeless Outreach Team within the larger Problem Oriented Policing (POP) division
- Main objective was to move away from a strict “enforcement model” to a more service & community-based approach with homeless individuals
 - Connect individuals to services and supports
 - Improve the community response to homelessness



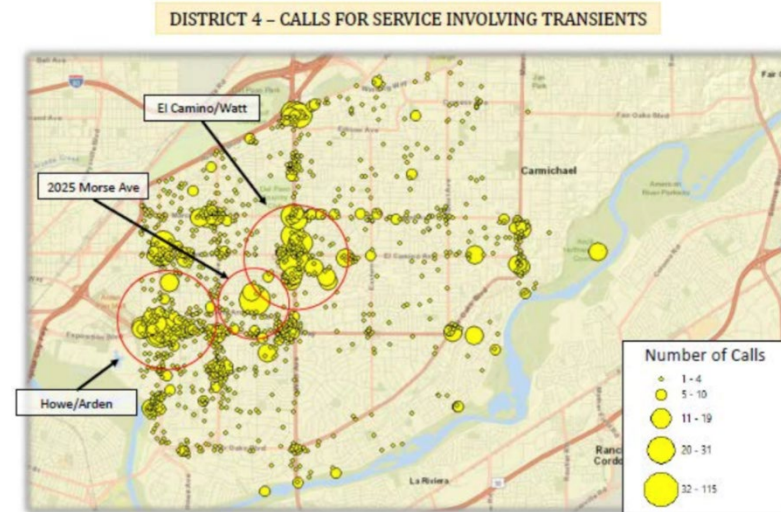
Intervention Plan



Two Primary Intervention Components:

1. Targeted/Smart deployment of outreach teams

- Assess trends in calls for service
- Identify “hot spots” areas of high-community needs



2. Service & Community oriented policing

- Service referrals and community linkages
- Inter professional collaboration
- Community engagement



In Practice



2 Teams:

- Started with SPI-pilot: 3 part-time deputies
- Expanded to County-funded: 10 full-time
 1. Respond to community complaints
 2. Respond to homeless issues forwarded from patrol units.
 3. Conduct proactive patrols to identify homeless individuals and encampments.
 4. Engage homeless individuals to provide resource and outreach information.
 5. Respond to homeless related calls for service.



How Do We Accomplish Our Mission?



- Ongoing personal contact with homeless individuals to increase trust and make referrals to service providers.
- Developing multi-agency partnerships to increase collaboration between law enforcement and service providers in order to assist the homeless in becoming self-sufficient.
- Working closely with local outreach organizations to coordinate medical and mental health services, housing, and employment for homeless individuals.
- Enforcement of law violations (i.e. trespassing, public intoxication, aggressive or prohibited panhandling, etc.).



The 3 E's



Education

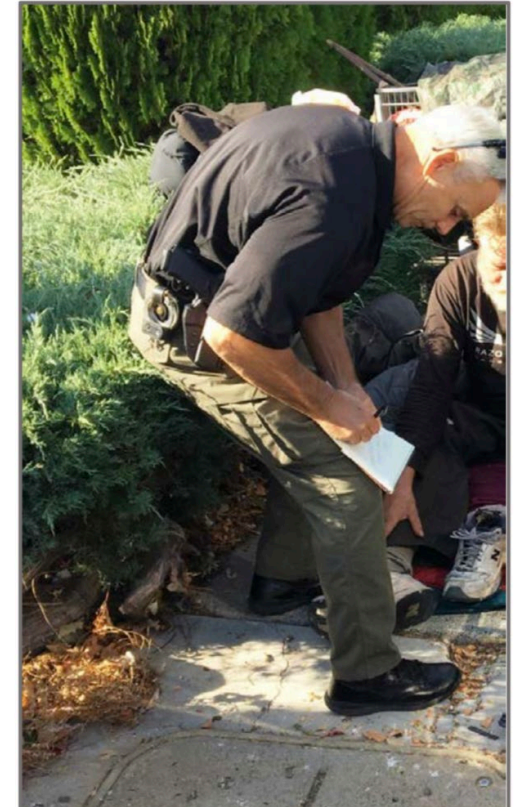
Educating individuals on services are available through the local Continuum of Care.

Encouragement

Building rapport and providing encouragement to individuals upon every contact to accept services and make a change in their situation.

Enforcement

Taking enforcement action when education and encouragement have failed or if the situation dictates immediate action



SPI-HOT deputy engaging an unhoused individual and assessing possible referrals.

Success Story



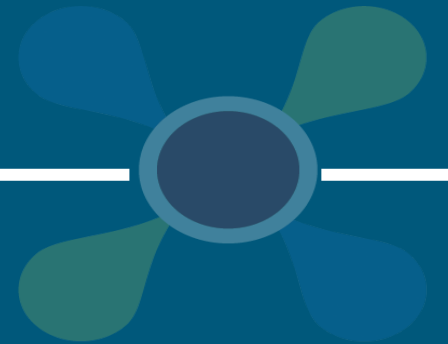
Angelia & Anthony

- Family with 3 children, homeless for 2 years.
- Referred to HOT Outreach Deputy Wright & housed at local hotel, temporarily.
- With assistance from Sacramento Steps Forward & HUD-VASH, were able to locate a home.
- Moved into new residence in Del Paso Heights with all 3 children on December 11, 2018.
- Queen Bed, bedding for 3 beds, microwave, & vacuum purchased via Deseret Industries through LDS Community Grant.





Evaluation Findings



Implementation Results



Strong Evidence of Service Oriented Policing but Mixed of Targeted Deployment

- Outreach team on patrol 10-15 days a month (M=13, SD=2.5)
 - Average of only 7 days per month within targeted areas
- Approx. 2,050 contacts with 1,200 individuals over 35 months (62 contacts per mo.)
- Only four contacts associated with enforcement activity (0.5% of logged dispatches)
- Approx. 30% had multiple contacts (M=3.3)
- Approximately 200 individuals/families recovered from homelessness and transitioned into some form of housing (10% through the Coordinated Entry System)



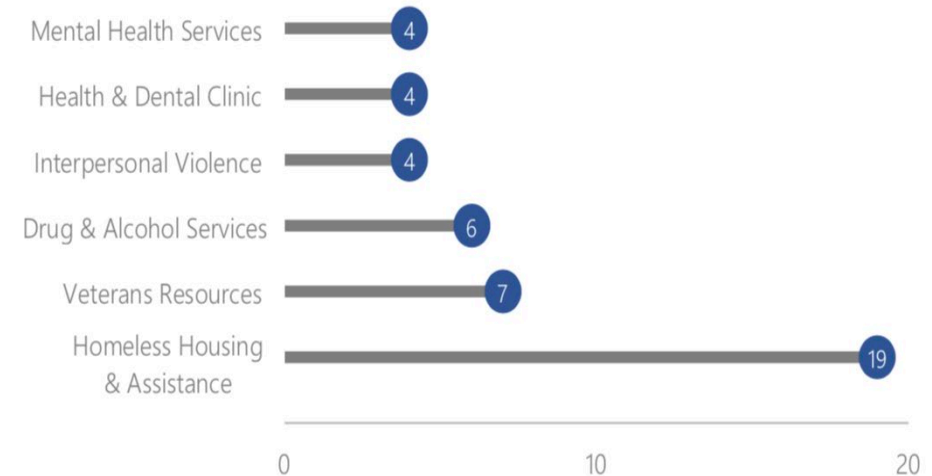
Outcome Results



Strong Evidence of Improved Community Response

- Stakeholder interviews & observations indicate strong evidence that the intervention enhanced institutional linkages to a growing number of community resources.
- SPI-HOT team played a key role establishing relationships with 44 local service providers and improving coordination, which ultimately decreased barriers and increased access to these resources.

Figure 4 | Number of SPI-HOT Collaborations with Direct Service Providers



Outcome Results



Strong Evidence of Improved Community Response

- The coordination of HOPE gatherings (Homeless Outreach Partnership Event) that the SPI-HOT team, and the broader Sheriff's Office, organized several weekend events in the North Division



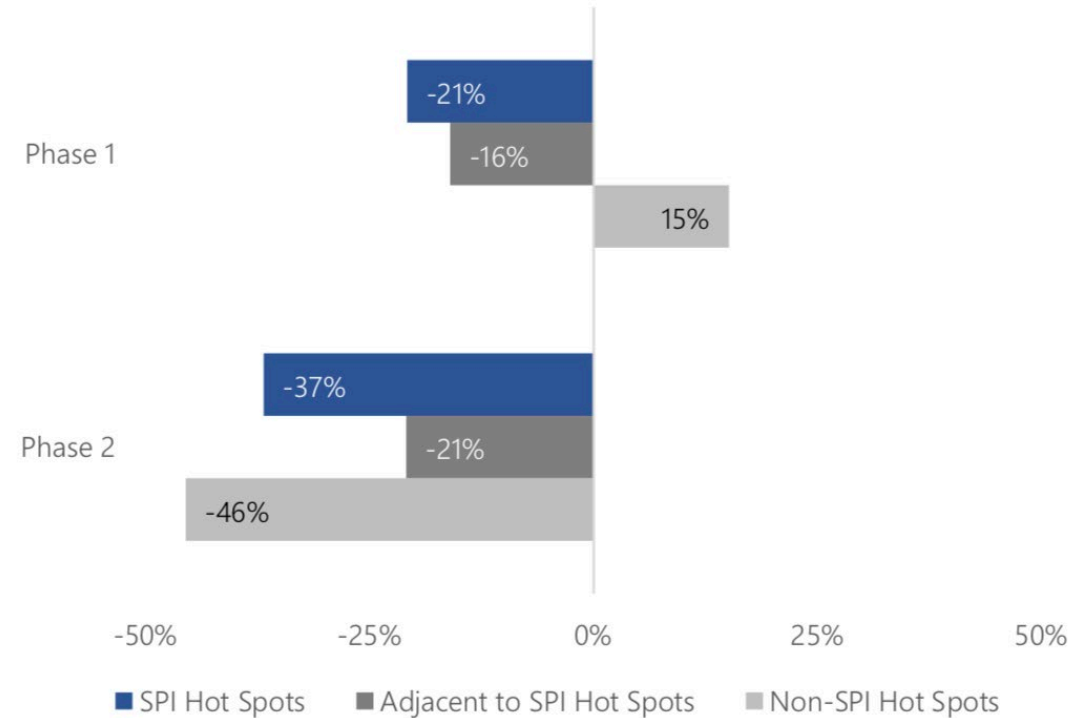
Outcome Results



Mixed Evidence of Decreased Community Concerns (Calls for Service)

- Phase 1: Calls in treatment hot spots decreased by 21% vs. baseline. Adjacent areas did not show a corresponding increase in displaced calls.
- Phase 2: Control hot spots saw greater decreases than the targeted hot spot itself (46% vs. 37%)

Figure 11 | Change in Homeless-Related Calls for Service





Mixed Evidence of Changed Police Culture

- Sacramento Board of Supervisors voted allocated additional resources for a countywide Sheriff's Homeless Outreach Team of 10 full-time patrol deputies.
- This new hybrid outreach-patrol team was inspired partly by the SPI-HOT project; both share a commitment to be more service-oriented and less reliant on enforcement tactics when engaging with homeless individuals.
- Mixed evidence that enforcement has decreased

Table 3: Homeless Encounters and Use of Enforcement in CAD

| | Community-initiated | | | Officer-initiated | | |
|-----------------------------|---------------------|--------|--------|-------------------|-------|--------|
| | 2016 | 2017 | 2018 | 2016 | 2017 | 2018 |
| Total homeless encounters | 13,350 | 11,928 | 12,179 | 6,456 | 6,185 | 12,004 |
| Percent resulting in arrest | 9% | 9% | 9% | 10% | 10% | 8% |
| Percent resulting in ticket | 2% | 3% | 3% | 15% | 19% | 23% |



Lessons Learned & Reflections



Lessons Learned & Recommendations



- There is a learning curve to navigating service systems
- Different perspectives and orientations can be useful
- Experience combined with training can help foster new tools
- The need for case management tools and training





Providence, RI, Behavioral Health Response Team

**Paul Zienowicz and
Mark DeCecco**
Providence Police Department

Jackie Mancini-Geer
The Providence Center

**Stephanie Manzi and
Sean Varano**
Roger Williams University

Key Partners



Providence Police Department (PPD)

- Authorized at 494 sworn members; currently have 443 sworn members
- Facilitated stakeholder meetings/data.
- Staffed with sworn officers on over-time basis.

The Providence Center (TPC)

- Clinical support, behavioral health specialists/experts.
- Staffed with three behavioral health support specialists on part-time basis.

Roger Williams University (RWU)

- Research partner
- Assisted with program design and implementation.
- Established data collection practices, leads evaluation.



Providence, Rhode Island



- Most populous city in RI with 181,000 people
- Third largest city in New England
- The largest volume of the state's violent crime
- Greatest number of overdoses and substance abuse treatment admissions in RI
- 21.3% of adult Rhode Islanders report having a mental illness



Program Goals



- Reduce (1) arrest and (2) emergency medical service (EMS) utilization for high-risk offenders with behavioral health needs.
- Increase access to comprehensive case management for at-risk offenders with behavioral health needs.
- Increase law enforcement capacity to effectively respond to individuals with chronic substance abuse and/or mental health issues.

How the Program



- PPD and TPC Pre-existing Relationship vs SPI Structure Behavioral Health Response Team (BHRT)
- Client Selection
- Clinician Role During Client Interaction
- Police Role During Client Interaction
- Tracking Forms Created

Outcomes, Successes, and Realities



- Behavioral Health Response Team (BHRT) clients are difficult to find, engage, and keep engaged.
- These types of programs require reimagination of outcomes. Traditional “success” measures difficult to apply.
- Shift reports indicate most clients demonstrated support for outreach efforts but there was often limited interest/capacity for clients to engage in significant BHRT support services.
- BHRT was successful at engaging these high-risk clients: Approximately 40 clients engaged nearly 700 times.
- Client success stories

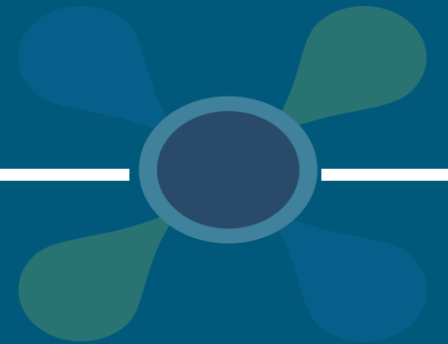
Challenges



- There is a difference between partnering on 911/emergency type cases versus longer-term case management efforts.
- Health Insurance Portability and Accountability Act (HIPAA) and 42CFR Section 2 are important and meaningful.
- COVID
- Early cultural differences between police officers and social workers can be tricky to navigate; need right clinicians and officers.
- These are complicated individuals with complicated issues. Need to keep program size small, but do meaningful work.



Q & A





Closing Remarks

*Chip Coldren
SPI Project
Co-Director*

*Hildy Saizow
SPI Senior Subject
Matter Expert*

