



The Overland Park Police Department's Mental Health Co-Responder Project

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The initiative

- ▶ Identify calls for service where mental health (MH) might be a relevant factor
- ▶ Dispatch mental health co-responder with police on MH calls
- ▶ Prevent those with MH issues from penetrating CJ system any more than necessary, when possible
 - ▶ MH co-responder offers expert assessment to police/scene
 - ▶ Offering referral to subject
 - ▶ Follow-up when necessary

Assessing effectiveness of co-responder initiative

Two-prong evaluation approach

- ▶ **Police officer survey**; same questions asked before co-responder came on board & approximately 1 year post
 - ▶ Demographics; administrative
 - ▶ Views re: MH system
 - ▶ Views re: competencies dealing with calls where MH issues may be a factor
- ▶ **Outcomes pre- & post-co-responder**
 - ▶ Hard outcomes studied for the year prior to co-responder
 - ▶ Same outcomes studied for 1st year of co-responder

Officer survey – to allow for anonymous reporting, results were compared in the aggregate

- ▶ Age Pre = 37.6 yrs. Post = 36.6 yrs.

- ▶ Sex
 - ▶ Male Pre = 87.6% Post = 80.0%
 - ▶ Female Pre = 12.4% Post = 20.0%

- ▶ Education
 - ▶ H.S./some coll. Pre = 33.9% Post = 33.7%
 - ▶ Bach./Grad. Pre = 66.1% Post = 66.3%

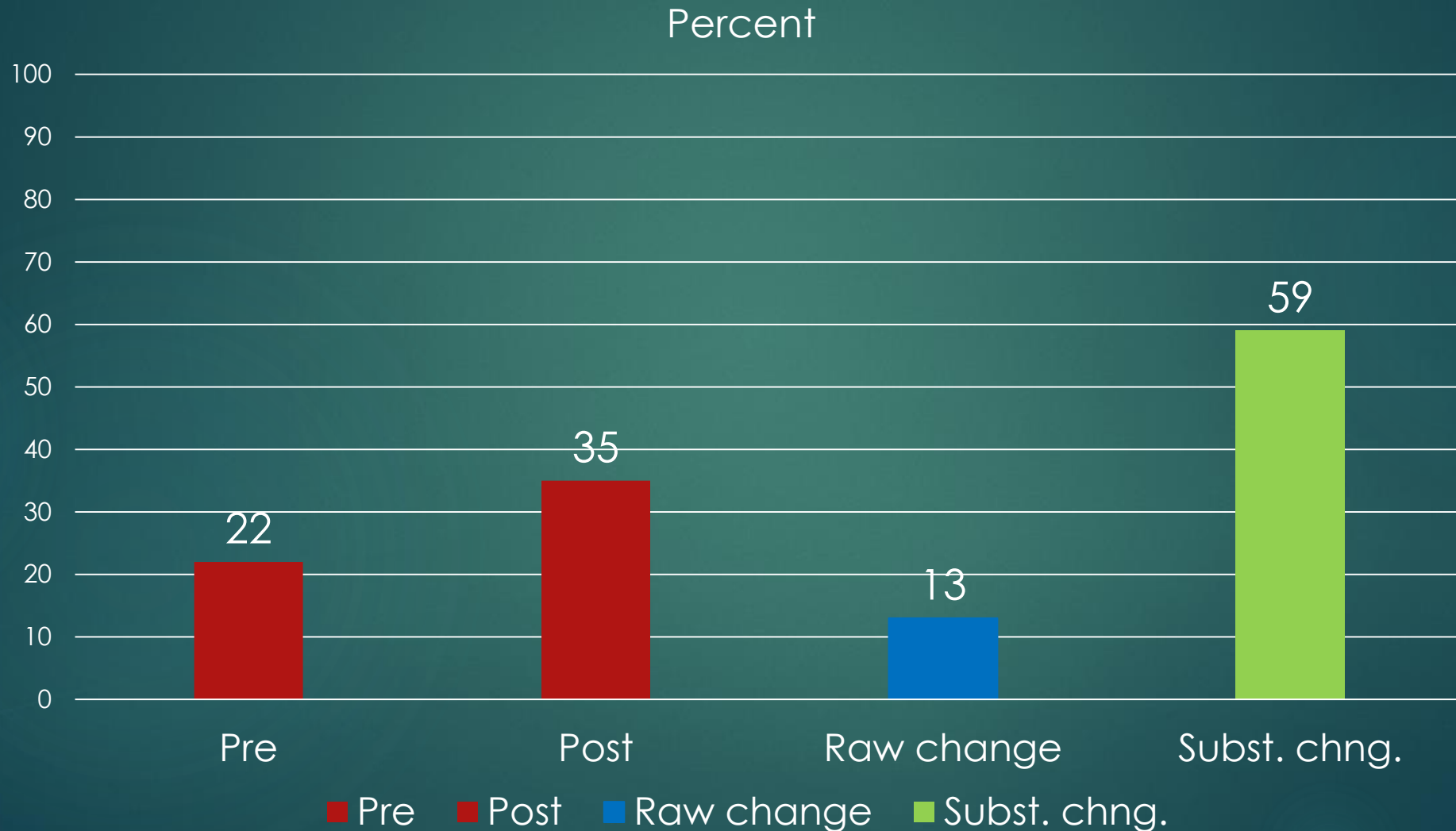
Officer survey

- ▶ Rank*
 - ▶ Patrol Pre = 76.7% Post = 86.5%
 - ▶ Sergeant Pre = 13.8% Post = 12.5%
 - ▶ Detective Pre = 9.5% Post = 1.0%
- ▶ Years exp. OPPD Pre = 11.8 yrs. Post = 9.8 yrs.
- ▶ Years total L.E. Pre = 13.4 yrs. Post = 11.2 yrs.
- ▶ Shift
 - ▶ Days Pre = 57% Post = 48%
 - ▶ Evening Pre = 12% Post = 26.5%
 - ▶ Midnights Pre = 20.5% Post = 17.6%
 - ▶ Days & Evenings Pre = 10.3% Post = 7.8%

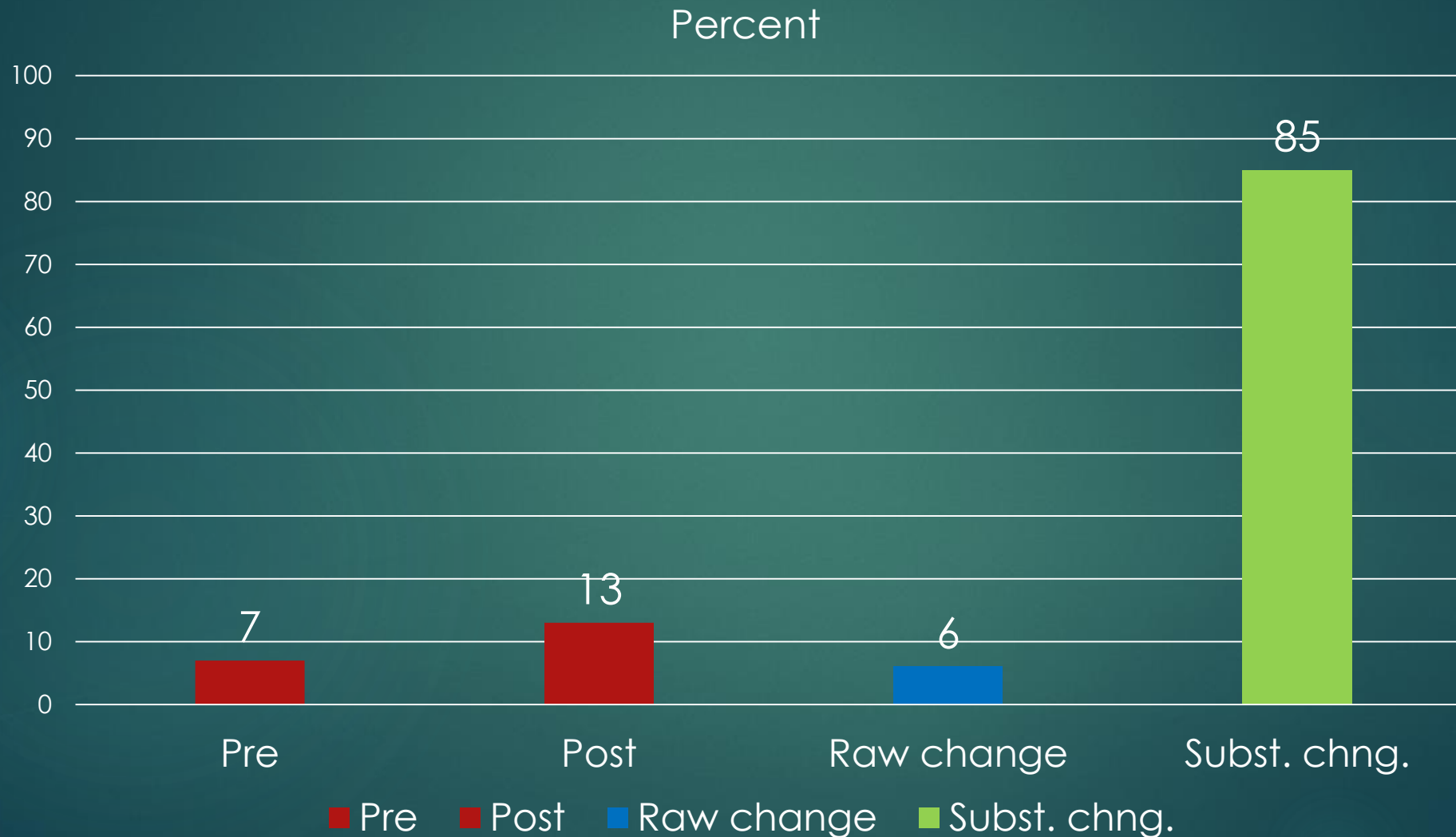
Officer survey

- ▶ CIT trained ----- Post = 45%
- ▶ CIT trained by shift
 - ▶ Days ----- Post = 65%
 - ▶ Evenings ----- Post = 30%
 - ▶ Midnights ----- Post = 23%

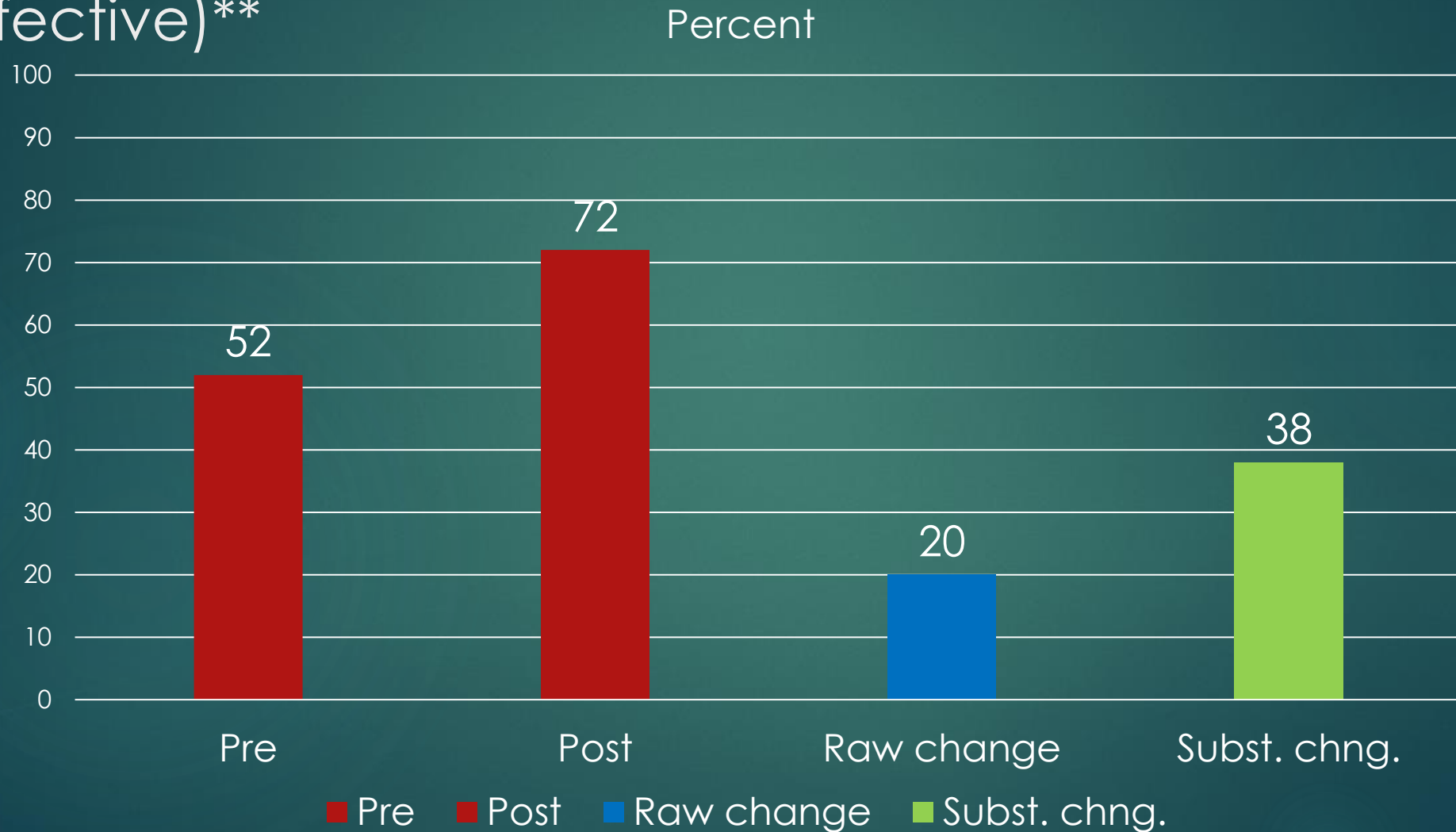
How well prepared are you to deal with situations involving mental health issues? (% Very well prepared) *



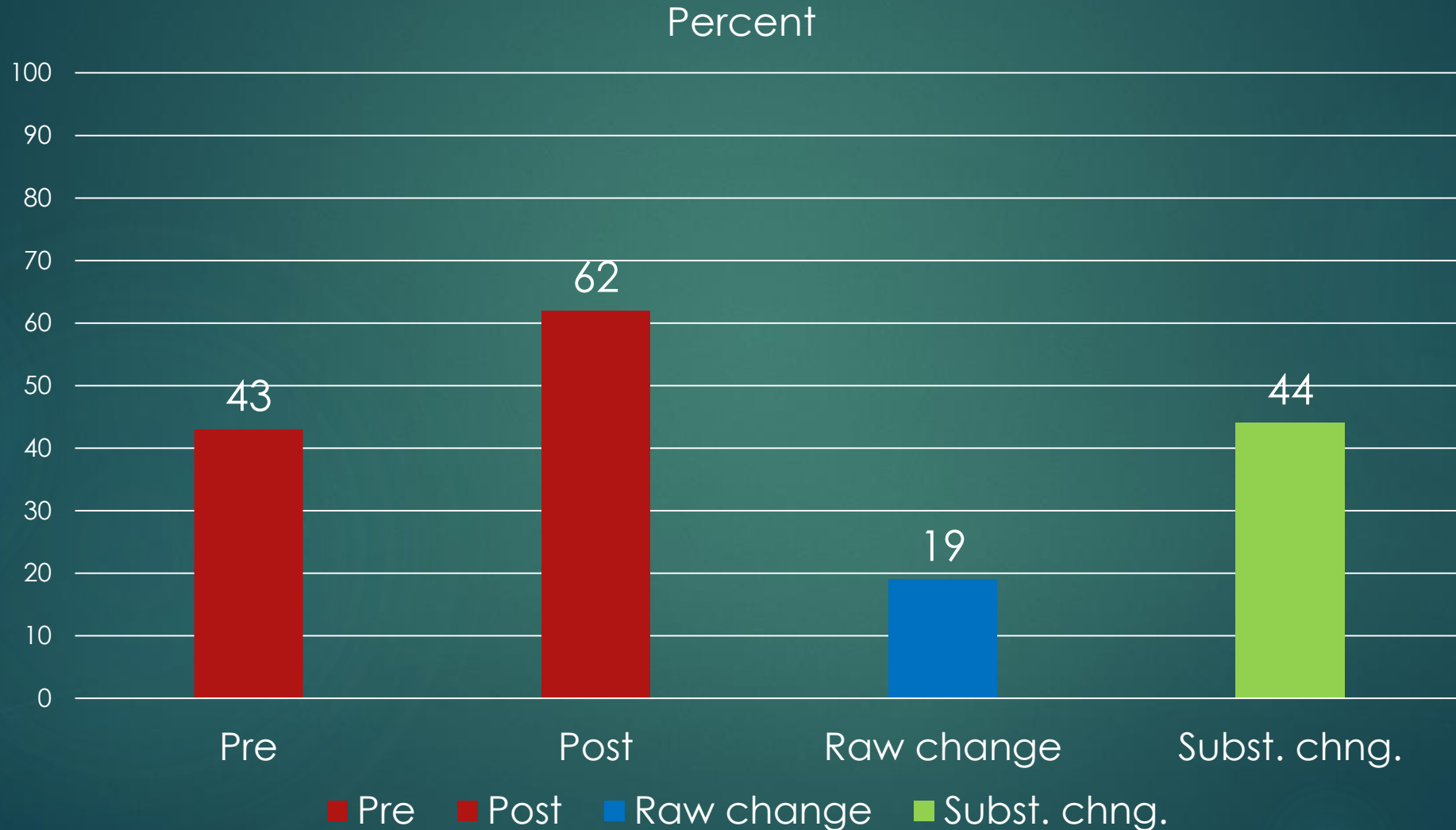
How well prepared are other officers to deal with mental health issues? (% Very well prepared) n.s.



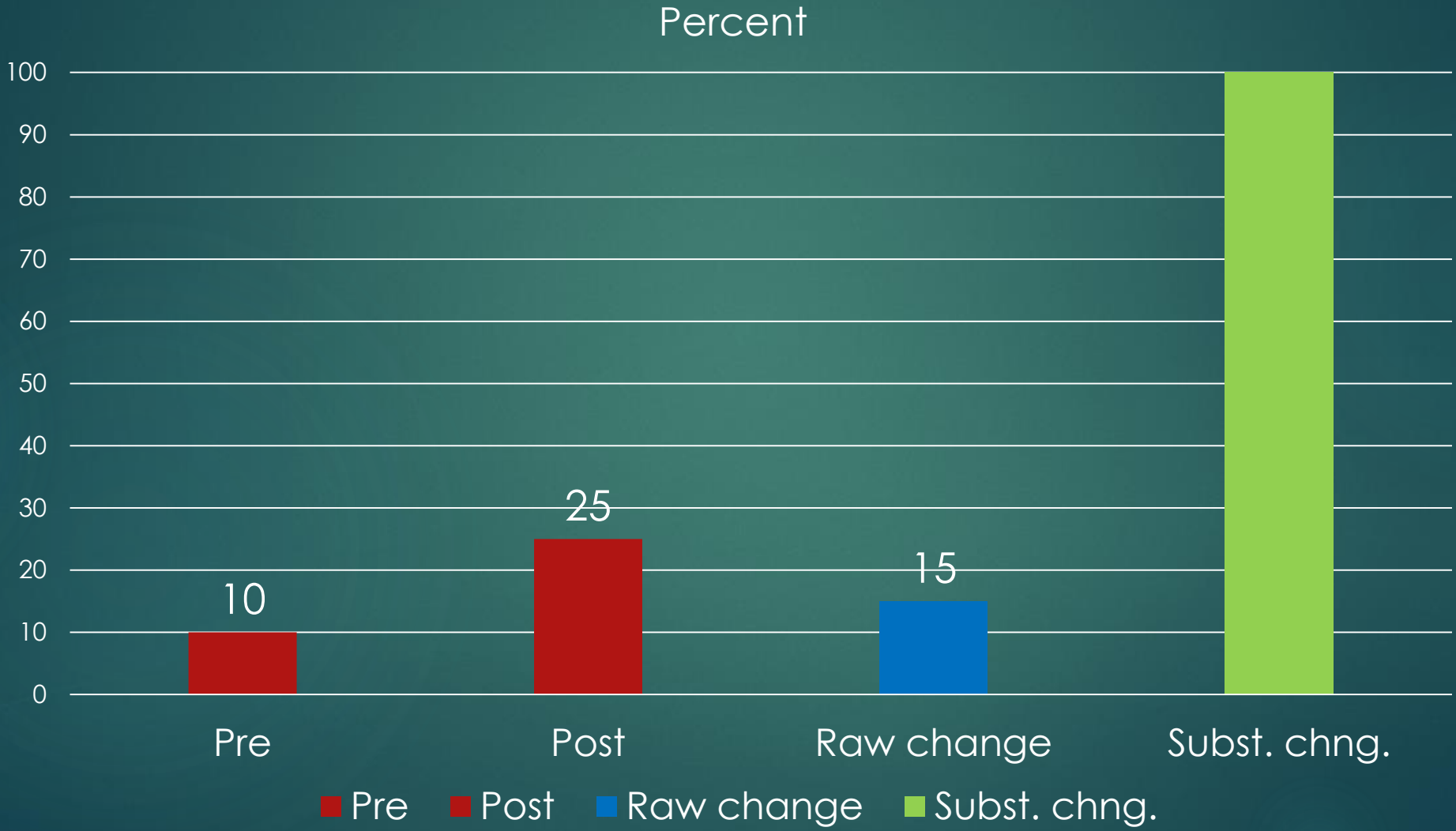
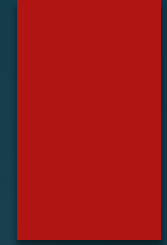
How effective is the Department in dealing with mental health issues? (% Moderate or Very effective)**



How effective is the Department in keeping people with mental health issues out of jail? (% Mod./Very) **

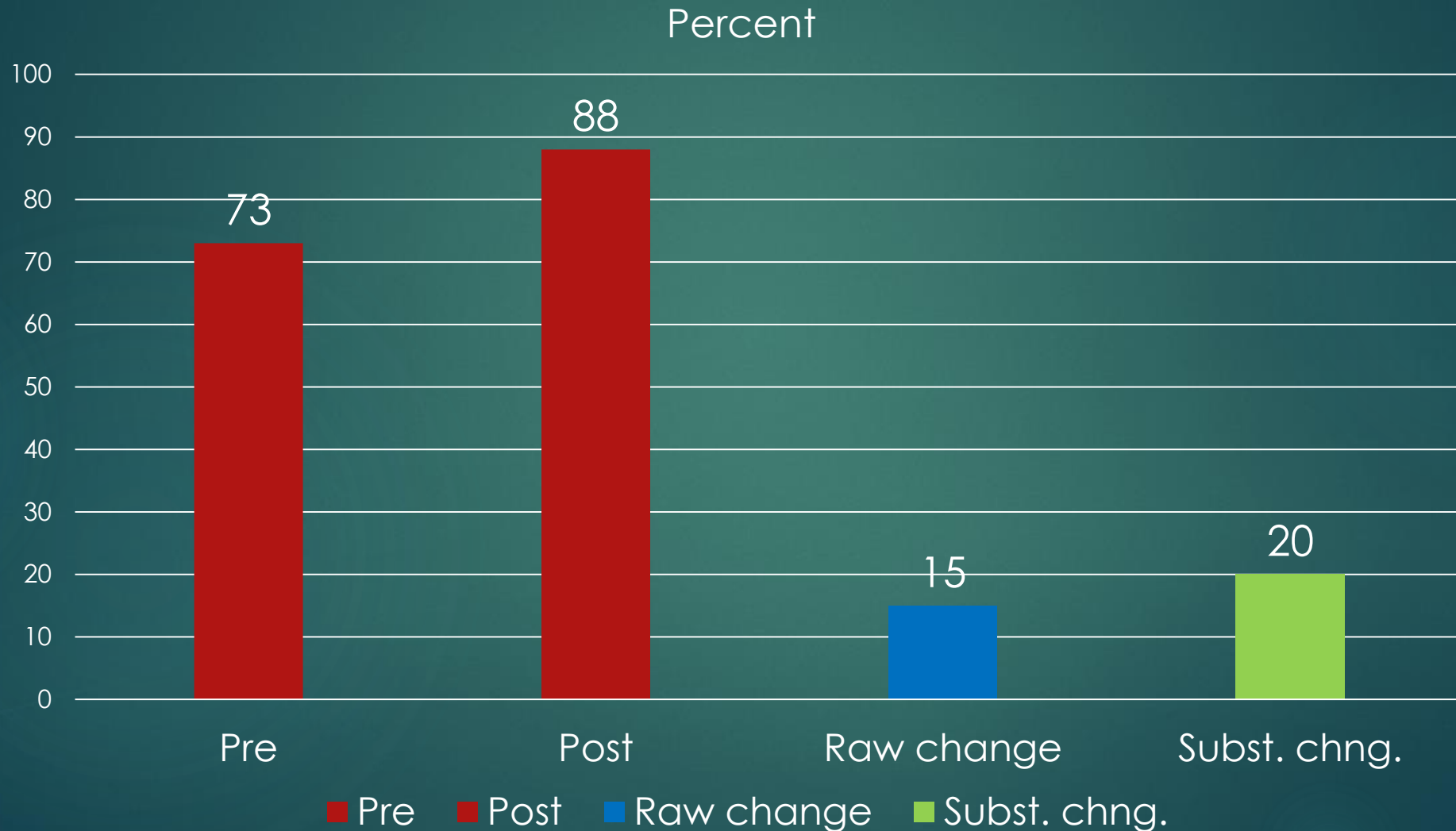


How effective is the Department in minimizing time spent on mental health issues? (% Mod./Very) **

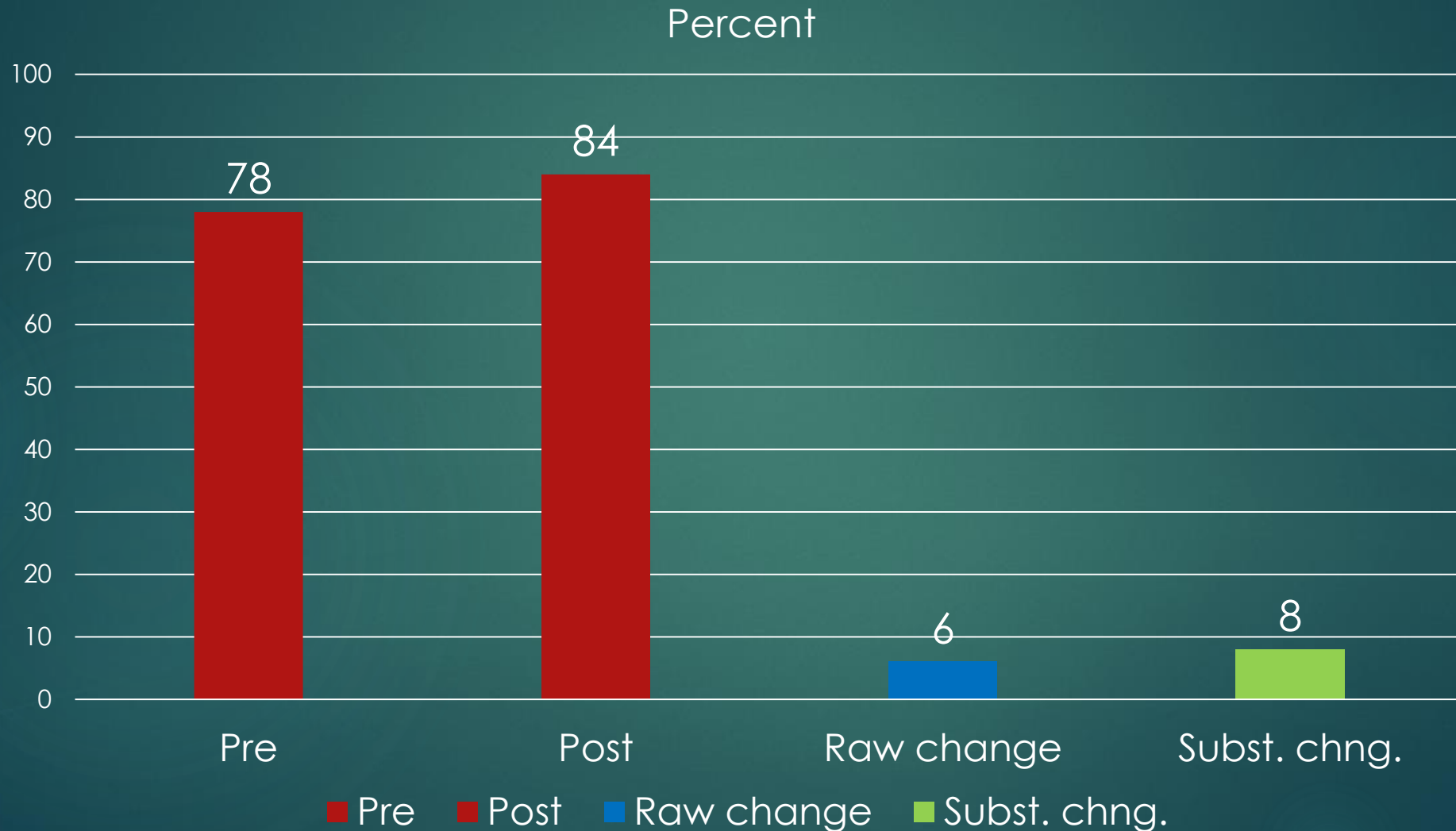


Actual Substantive Change = 150%

How effective is the Department in maintaining community safety? (% Mod./Very) **



How big a problem are mental health issues for the department? (% Mod./Very big) n.s.

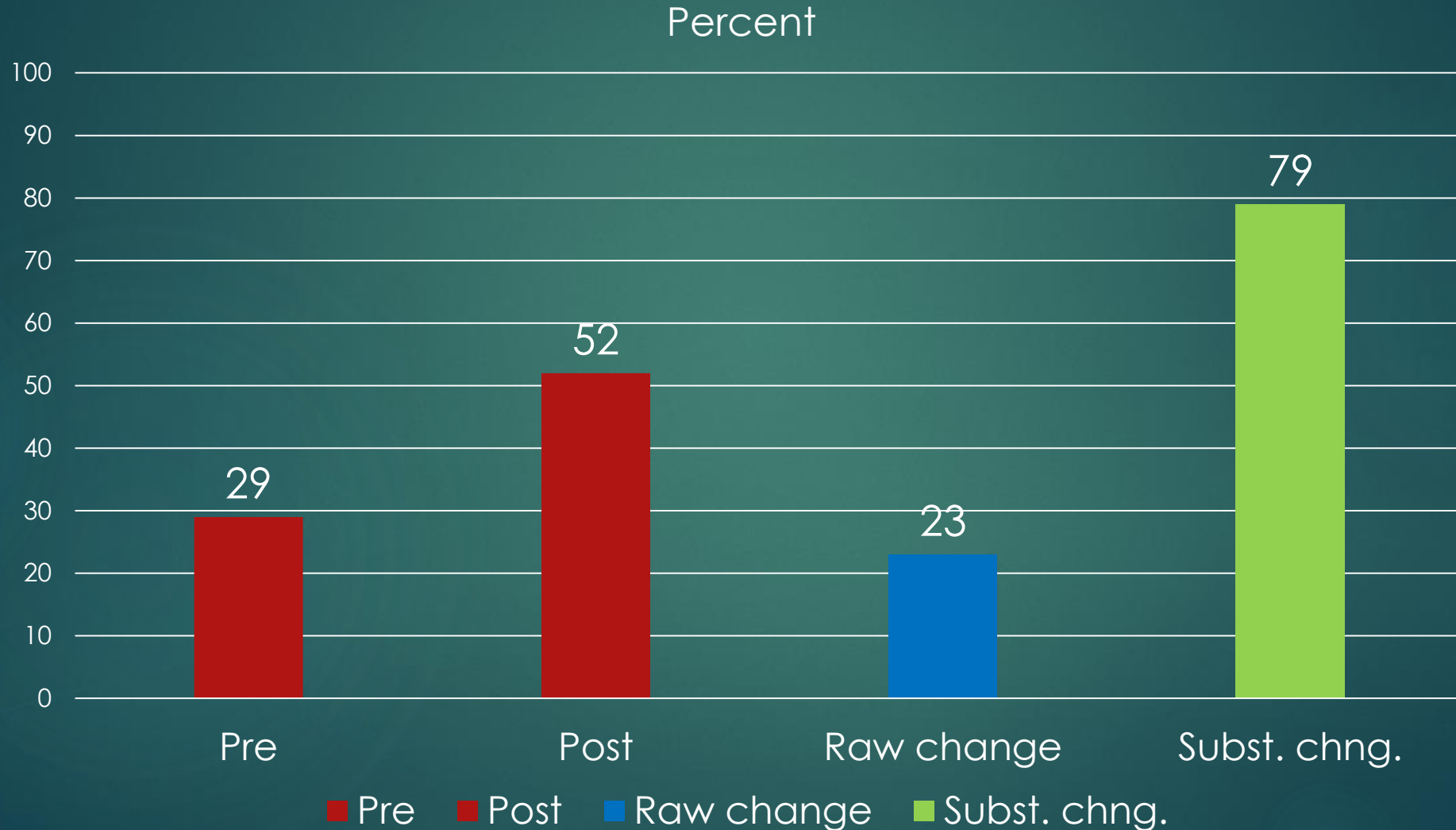


Average # of contacts with people dealing with mental health issues in last month? **

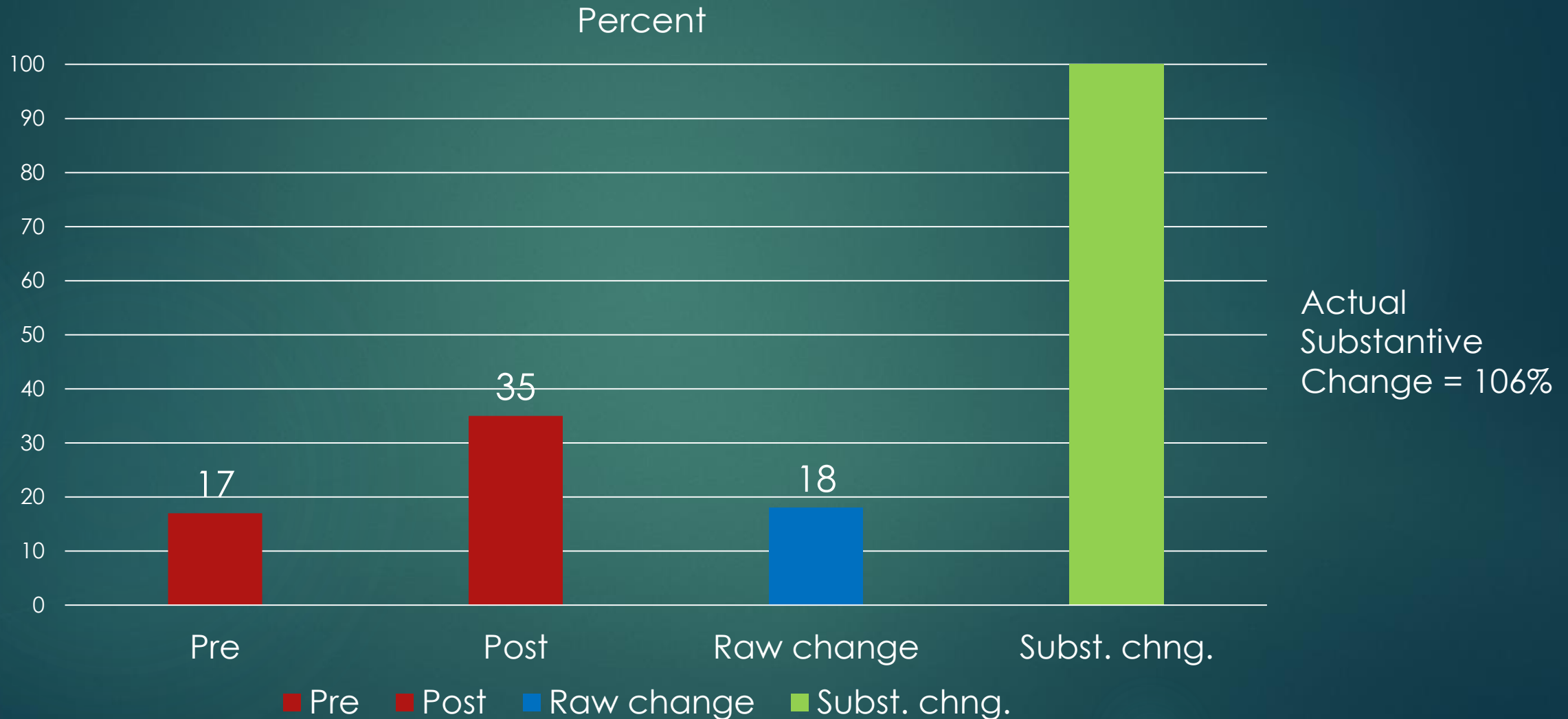
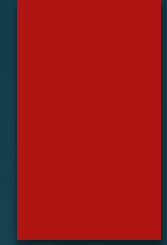
▶ Pre = 6.2/month Post = 8.7/month


Difference likely due to heightened awareness since co-responder

How helpful is the mental health system in assisting with mental health issues? (% Mod./Very) ***



How helpful is the emergency room in assisting with mental health issues? (% Mod./Very) **





Post-survey respondents were asked
“How helpful is the co-responder in
dealing with mental health issues?”
79% responded moderately or very
helpful

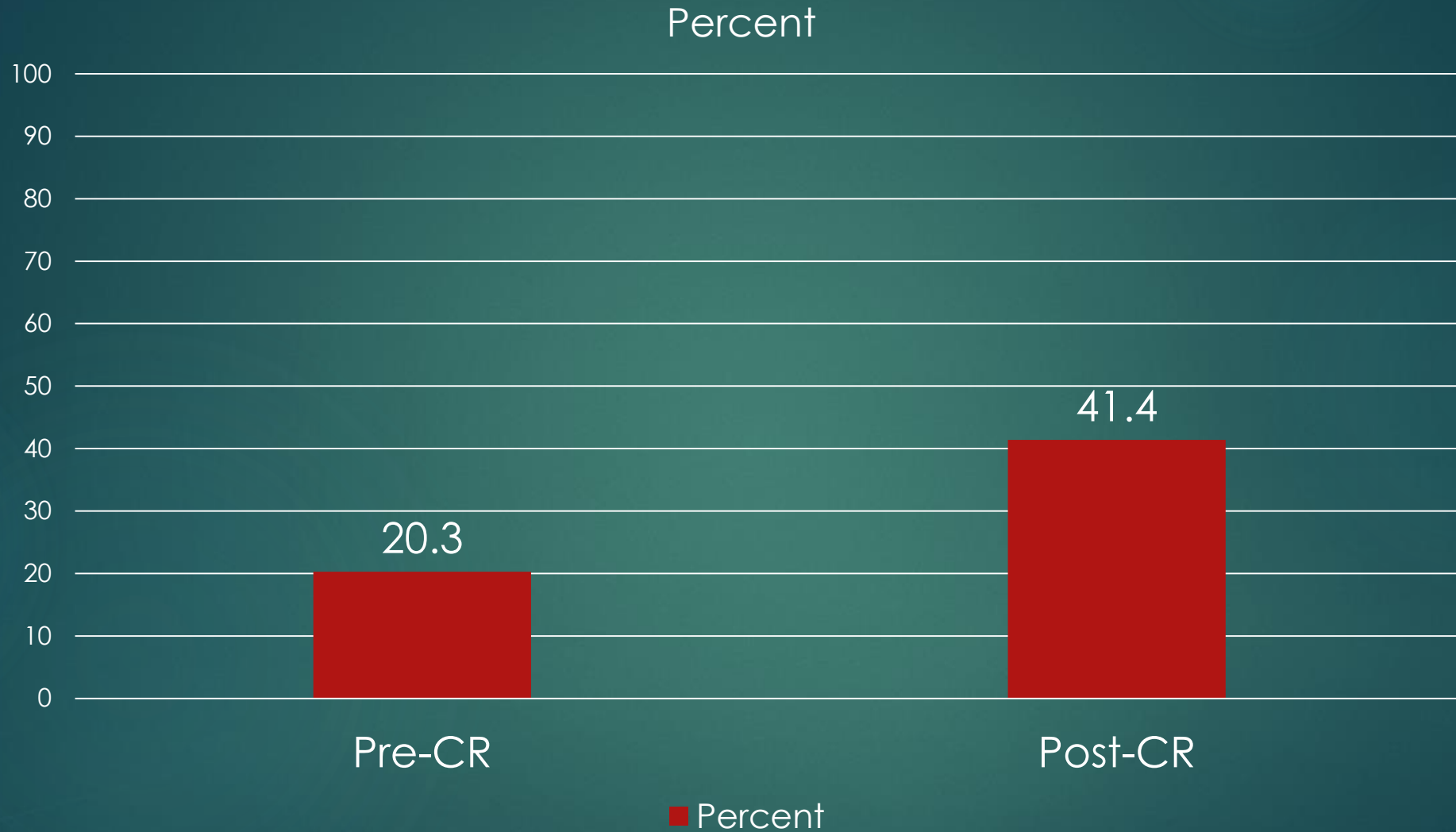
Comparing hard outcomes for the year prior to co-responder, to first year of co-responder service

- ▶ Pre-co-responder data gathered retrospectively
- ▶ Calls for service during the year before co-responder initiation were selected (calls that met certain criteria)
- ▶ Several variables examined:
 - ▶ Whether arrest was a potentiality (for statistical control)
 - ▶ Substance use/involvement
 - ▶ If person was brought to detox
 - ▶ If the emergency room was avoided
 - ▶ If the person was referred to the emergency room
 - ▶ If the person was arrested

Characteristics of the dataset

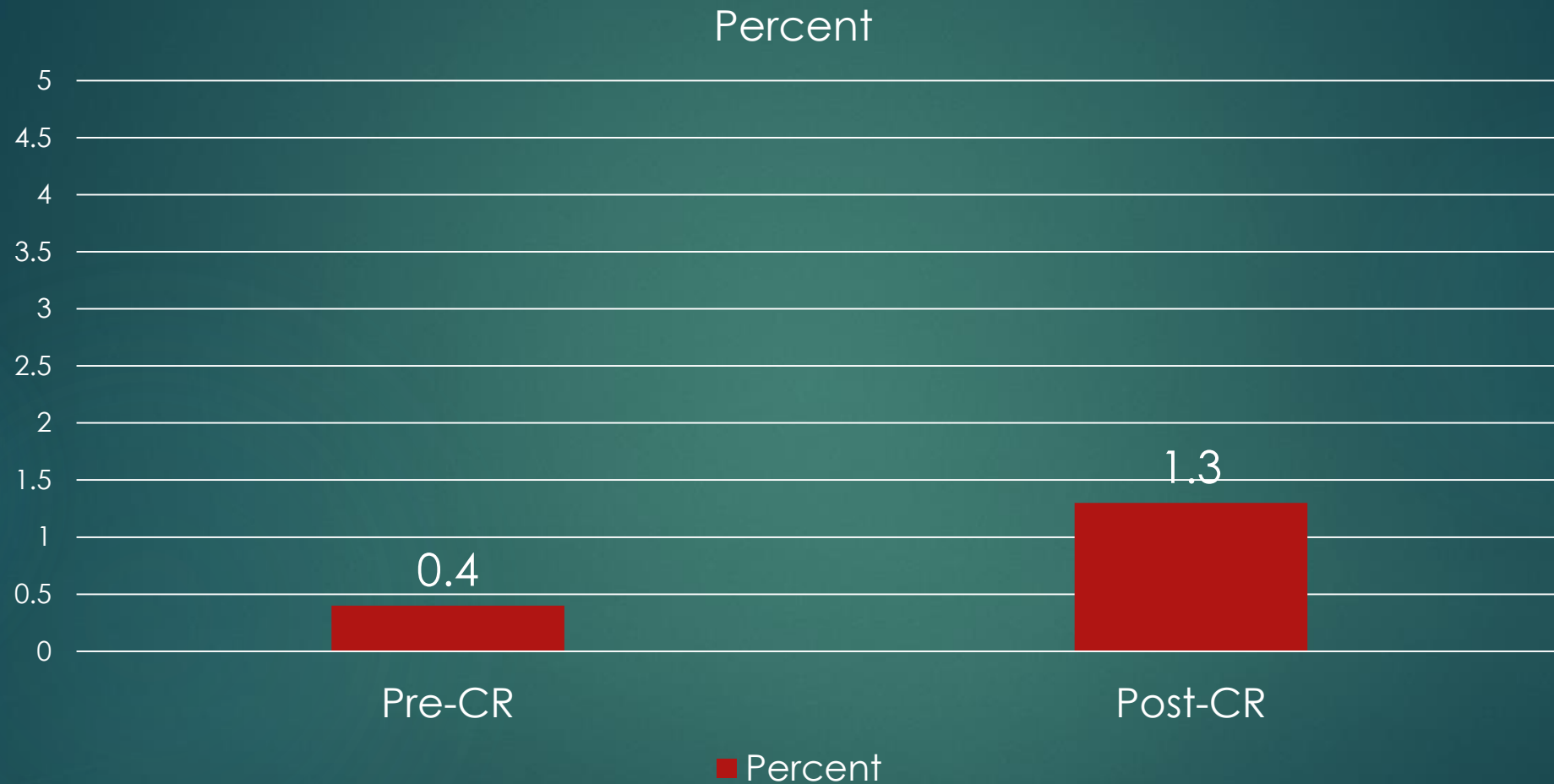
- ▶ N = 513 MH calls for service identified during pre-co-responder year
- ▶ N = 773 MH calls for service recorded during co-responders first year of service
 - ▶ **Percentages** will be compared as opposed to raw numbers, along with significance testing
- ▶ Date of call for service captured
- ▶ Case/event number recorded allowing for verification

Did substances appear to be involved?



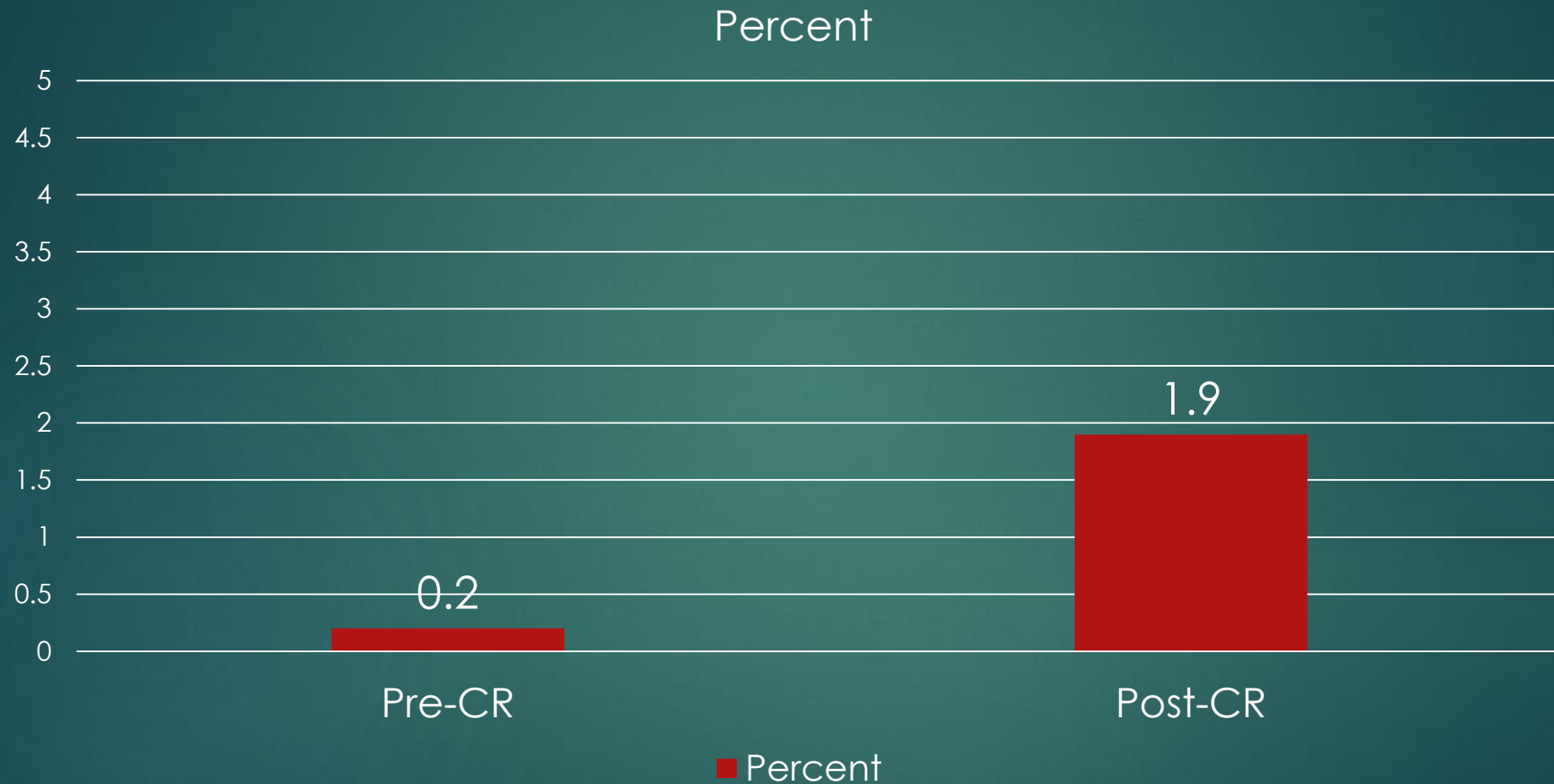
The difference between pre-and post-percentages was statistically significant $p < .001$

Was person brought to detox?



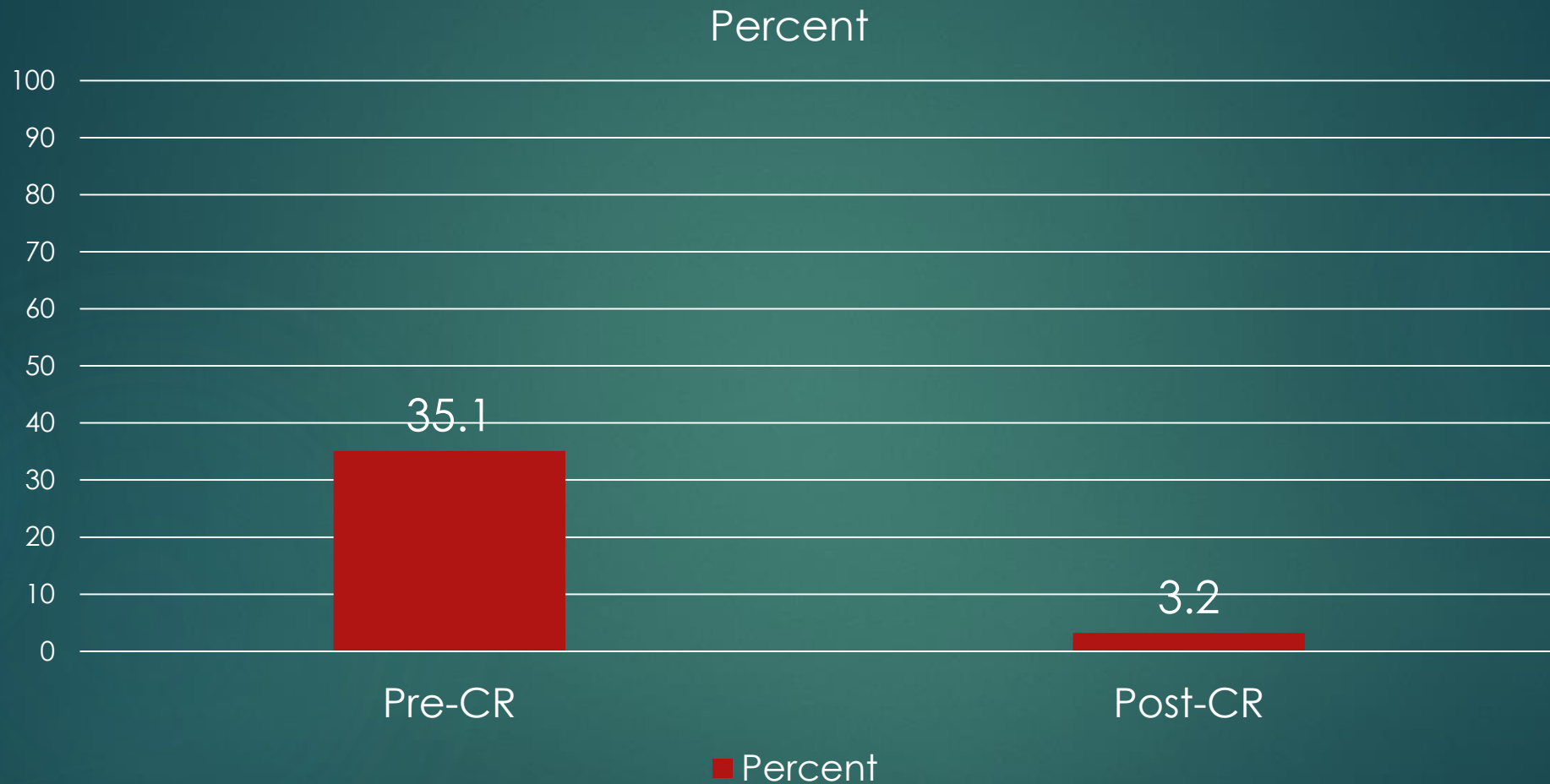
The difference approached but did not meet statistical significance at $p < .05$; $p = .09$

Was person *involuntarily* brought to detox?



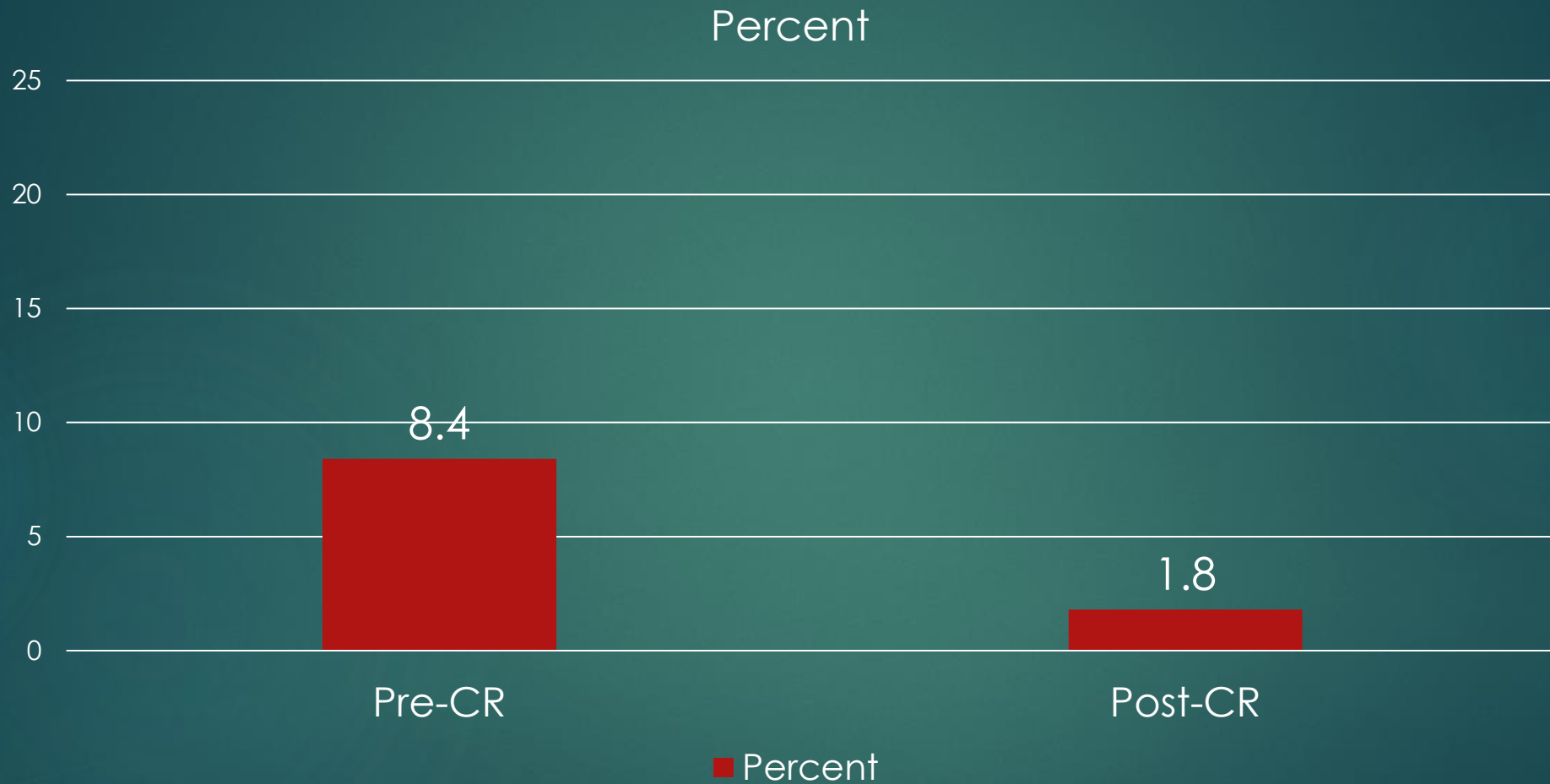
The difference was statistically significant at $p < .01$

Was the person referred to the E.R.?



The difference was statistically significant at $p < .001$

Was the person arrested?



The difference was statistically significant at $p < .001$

Predicting the **likelihood of ER referral** post-co-responder initiation

- ▶ Mental health-related calls for service **15 to 16 times less likely** to result in ER referral post-co-responder (no statistical controls)
- ▶ **15.4 to 16.4 times less likely** to result in ER referral, while controlling for whether or not arrest was deemed a possibility
- ▶ **26 to 26.8 times less likely** to result in ER referral, while controlling for whether or not substances were involved
- ▶ **26 to 26.9 times less likely** to result in ER referral, while controlling for both arrest possibility and substance involvement
- ▶ **Initiation of the co-responder resulted in large reduction in actual ER referrals, as well as the statistical probability of ER referral while controlling for potentially important mitigating factors.**

Predicting the **likelihood of arrest** post-co-responder initiation

- ▶ Mental health-related calls for service **4 to 5 times less likely** to result in arrest post-co-responder (no statistical controls)
- ▶ **1.8 to 2.8 times less likely** to result in arrest, while controlling for whether or not arrest was deemed a possibility
- ▶ **4.3 to 5.3 times less likely** to result in arrest, while controlling for whether or not substances were involved
- ▶ **2.9 to 3.9 times less likely** to result in arrest, while controlling for **both** arrest possibility and substance involvement
- ▶ **Initiation of the co-responder resulted in large reduction in actual arrest, as well as the statistical probability of arrest while controlling for potentially important mitigating factors.**

Predicting the **likelihood of ER referral and/or arrest** post-co-responder initiation

- ▶ Mental health-related calls for service **13 to 14 times less likely** to result in ER and/or arrest post-co-responder (no statistical controls)
- ▶ **12.5 to 13.5 times less likely** to result in ER and/or arrest, while controlling for whether or not arrest was deemed a possibility
- ▶ **21.2 to 22.3 times less likely** to result in ER and/or arrest, while controlling for whether or not substances were involved
- ▶ **22.2 to 23.5 times less likely** to result in ER and/or arrest, while controlling for both arrest possibility and substance involvement
- ▶ **Initiation of the co-responder resulted in large reduction in composite outcome, as well as the statistical probability of composite outcome while controlling for potentially important mitigating factors.**

Summary re: overall effects since co-responder initiation

- ▶ Officer views impacted +
- ▶ Officer self-reported competencies impacted +
- ▶ More awareness re: the issues +
- ▶ More confidence as well +
- ▶ Likelihood of ER transfer impacted –
- ▶ Likelihood of arrest impacted –
- ▶ Results became stronger/more pronounced when controlling for sub. use and arrest potential

Additional research

- ▶ Another wave of officer survey?
 - ▶ See if effects hold
 - ▶ Ask additional questions
- ▶ Continue to track hard outcomes
- ▶ Initiate same research model in other locales as support for best practices in MH issues continues