

“Anyone Can Respond, But Follow-Up Is How You Help People”: Enhancing Police Response to People with Mental Illnesses through a Dedicated Car

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# The Boston Co-Responder Program

- ▶ A collaboration is only as strong as its people



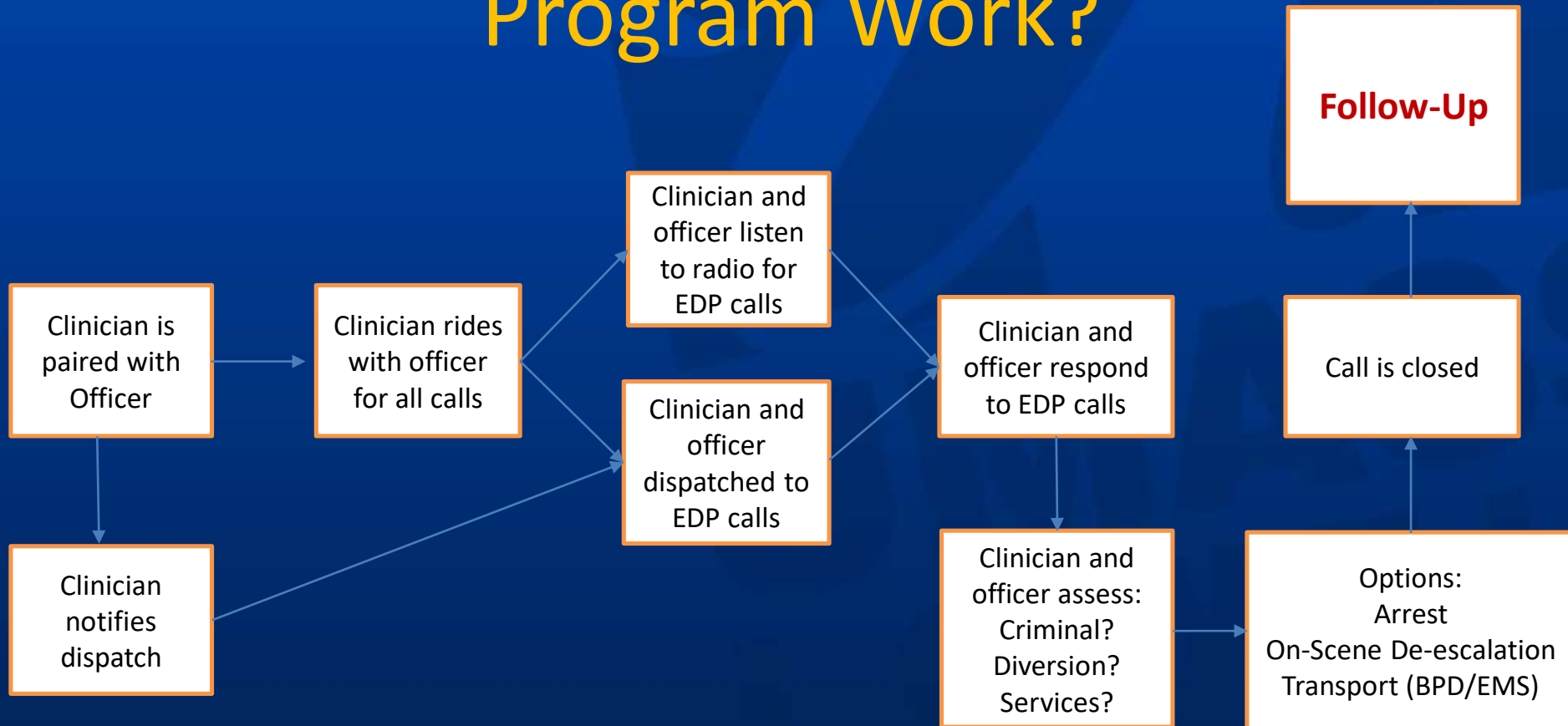
# Goals of the Co-Responder Program

- Divert people from arrest to minimize their involvement in the criminal justice system
- Facilitate more effective access to treatment services at point of police contact
  - At the initial contact, community members may be resistant to accepting services
  - Follow-up can
    - Allow for relationship building
    - Increase opportunities to offer more and different services

# What do Co-Responding Clinicians do?

- Specialized BEST mobile clinicians, responding to 911 calls for service alongside officers, are able to provide on-site triage that can expand options for disposition of a call.
- Clinicians arrive on scene with lights and sirens with the officer.
- Co-Responders bridge communication between BPD and providers like hospitals, detoxes and mental health providers. This expertise can help an individual navigate the fragmented treatment system.
- **Post-crisis follow-up** can reduce over-utilization of BPD or BEMS.
- Clinicians can provide continuous 1:1 training to co-responding officers, including providing feedback on their use de-escalation skills.

# How does the BPD-BEST Program Work?



# Dedicated Car Pilot: Allowing for Follow-Up Opportunities

- Car dedicated to mental health calls and not responding to other calls for service
  - One BPD officer responded with one clinician to EDP calls identified by dispatch, other officers on scene or by co-response team
  - When no calls, the team engaged in proactive work
- Implemented in Area C
  - Team only left Area C when requested specifically
- Pilot ran from April 22, 2019 until May 23, 2019
  - Baseline data were collected for the month before the pilot
  - Follow-up data were collected for the month following the pilot

What did we find?

# Descriptive Information from the Evaluation

Time Period	Involuntary Commitments*	Calls for Service	Proactive Contacts
Baseline	1	18	14
Pilot	8	117	85
Follow-up	2	47	42

\*Total involuntary commitments does not include those conducted by non co-responding officers who sought assistance from the clinician

# How Much Time Did the Team Spend?

Time Period	N	Minimum Number of Minutes	Maximum Number of Minutes	Mean Number of Minutes	Standard Deviation
Baseline	18	30	300	91.9	81.2
Pilot	117	15	240	51.6	41.9
Follow-up	47	15	420	72.12	84.6



# Proactive Contacts

- Contacts initiated by the co-response team
- Involved team or just clinician
  - Decision made collaboratively
- Contacts made in person or by phone
- Proactive contacts include:
  - Follow-ups from previous calls
    - Co-response team, other officers, other providers
  - Assistance with Restraining Orders
  - On-view contact

# Facilitating Connections

- Through these proactive contacts, the co-response team was able to connect to BEST beyond the co-responding clinician
  - 8 times during the baseline period
  - 22 times during the pilot period
  - 5 times during the follow up period
- Does this matter?

# What Happens When Connections to BEST are Made?

Low-threshold/Low-barrier linkages to facilitate easy officer transfer for care:

- Police-Assisted Addiction Recovery Initiative (PAARI)- Recovery Coaches
- Providing Access to Addictions Treatment, Hope and Support (PAARI)- Walk-in Substance Use Disorder Treatment Referrals
- BEST Walk-In Urgent Care Center- On-demand psychiatric evaluation
- HUB

# A Snapshot of High Utilizers

- There are some residents that are using a disproportionate number of police services
- Data collected on 9 heavy utilizers
  - 6 of the 9 described as dual diagnosis
  - Since 2017, these 9 individuals were involved in a combined 177 incidents with a range of 10-42.
    - Since 2017, these individuals were arrested a total of 11 times.

# Final Thoughts

- During the evaluation period, the clinician was able to focus and engage in 31 proactive contacts with these high utilizers
- Most of the calls for service during the pilot period were non-crime-related
- Future research should evaluate the effectiveness of linkages to long-term services resulting from proactive contacts

Thank you for your time and interest

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