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Reimagining Policing: How Community-Led Interventions Can Improve Outcomes for Domestic Violence and Mental Health Calls

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Introduction

In response to police killings of Black people and the ensuing protests that took place in communities across the country in 2020, media coverage in North Carolina and in much of the nation this past year has focused heavily on instances of police violence and the protests and counter-protests that have since occurred throughout the United States. With this resurgence of news coverage of police brutality, a narrative has formed in the media and in public spaces portraying the options as either pro-police or pro-community. However, there are policy options that can improve outcomes for both community members and the police. In most communities, police are the first responders for a wide range of complex issues that would benefit from multi-agency approaches rather than solely a criminal justice response. For example, research shows that community-led responses are more effective for victims and families impacted by domestic violence and mental health.[i] The experience of the Durham Police Department in developing programs to improve outcomes for domestic violence and mental health calls shows that, if police departments and community organizations work together, they can develop alternatives to traditional policing that result in better outcomes for both communities and police departments.

On average, 20 people are physically abused by an intimate partner every minute in the United States.[ii] Women are disproportionately impacted by this abuse, as one in four women experience severe partner violence, compared to only one in nine men.[iii] Women of color, immigrants, and children living in households with incomes below the poverty line are at an increased risk of exposure to this violence.[iv] Some victims reach out to domestic violence hotlines or local police for support. On a typical day, domestic violence hotlines nationwide receive more than 20,000 distress calls.[v] The Bureau of Justice and Statistics reports that 45 percent of all domestic violence cases are reported to police.[vi] Law enforcement agents across the country have been reporting a large increase in domestic violence calls since the COVID-19 outbreak, as victims are now trapped in isolation with their abusers.[vii] Police are the first responders to domestic violence calls, but less than 10 percent of their time is spent on social work, meditation issues, and interpersonal de-escalation skills for times of conflict, all of which come into play in domestic violence cases.[viii]

Likewise, mental health-related cases are complex and responding appropriately requires a range of skills. Unfortunately, there are numerous examples of mental health-related 911 calls turning into fatal interactions in the United States. Law enforcement officers are challenged by the growing number of calls that involve people with mental health needs. Mental health-related incidents make up about 10 to 20 percent of police calls.[ix] While individuals

with mental health conditions are not more likely to commit violent acts, witnesses may call 911 during a mental health crisis.[x] Often, police officers are the first and only responders to calls involving a mental health crisis.[xi] Without access to appropriate alternatives and mental health resources, police officers have few options when interacting with individuals with mental health concerns: arrest them, deliver them to the hospital, or leave them in what may be potentially harmful situations.[xii] While these options may solve the immediate crisis, they typically do not alleviate the underlying mental health needs that led to the crisis. Community-based mental health program initiatives often prove more efficacious for the individual experiencing the mental health condition following interactions with the first responders.

Evidence suggests that domestic violence victims and persons with mental illness may have better outcomes if they interact with first responders who receive trauma-informed training.[xiii] In order to mitigate the challenges law enforcement officers face when addressing these 911 calls, police departments have increasingly sought help from local social services, mental health, and substance abuse service providers.[xiv] Partnerships with local agencies and providers can also help to alleviate the burden that police officers experience when addressing these calls. Ultimately, this can improve the quality of life of domestic violence victims and families and reduce rates of recidivism for individuals with a mental illness who were arrested because they lacked access to adequate resources.[xv]

Developing a Community-Led Response to Domestic Violence in Durham

In 2016, the Duke University Center for Child and Family Policy partnered with the Durham Police Department (DPD), Durham County Emergency Medical Services (EMS), Durham Crisis Response Center (DCRC), the Exchange Family Center, the Center for Child and Family Health, and the Durham County Department of Social Services (DCDSS) to create the Durham Integrated Domestic Violence Response System (DIDVRS). DIDVRS is an evidence-based, community-led approach to develop a response system that can address the needs of children and families experiencing domestic and familial[1] violence. The DIDVRS was designed to improve outcomes for children from diverse backgrounds aged 0-18 and their non-abusing caregivers who experienced or were exposed to domestic violence. In particular, the DIDVRS aims to meet the needs of Latinx families, who are underserved due to language barriers and immigration status, and Black families, who are overrepresented in child welfare reports related to domestic violence and underrepresented in the mental health service system. The new system sought to address three main goals:

1. Improving the system and responses to abused parents and their children exposed to domestic violence across Durham.
2. Coordinating and providing new or enhanced services for families exposed to domestic violence.
3. Enhancing evidence- and practice-informed services, strategies, advocacy, and interventions for families exposed to domestic violence.

[1] Familial violence is an umbrella term used to describe violence that can happen in families, whether between current or former intimate partners (domestic violence) or between other family members, regardless of living arrangements.

The DIDVRS aims to achieve these goals through a multi-phased training for first responders and improved outreach, advocacy, and access to services.

Training of first responders, which included the Durham Police Department, Durham EMS, DCDSS social workers, and DCRC staff aims to:

1. Increase the number of reports from DPD to DCDSS and decrease the elapsed time from DPD incident to DCDSS report.
2. Increase usage of the DCRC crisis hotline.
3. Decrease repeat domestic violence-related interactions.

First responders were trained in an overview of the DIDVRS project, domestic violence prevalence, and the impact of domestic violence exposure and trauma on adults and children. The training also covered the barriers to working effectively with families impacted by domestic violence, as well as promoting resilience in children and available community services. First responders were trained to use the Problem-Based Learning Approach to enhance clinical decision making and prepare them for real scenarios of working with families experiencing domestic violence.

DIDVRS also aimed to increase engagement in community-level outreach and education services specific to domestic violence and to improve access to trauma-informed services for families exposed to domestic violence. DIDVRS implemented the following three main strategies to reach these goals:

1. Improved case management and referral services for victims and their children,
2. Enhanced trauma-informed assessment and treatment services for victims and their children, and
3. Facilitation of or participation in community advocacy events and the development of promotional materials to increase awareness about domestic violence issues and related resources.

These activities focused on all victims of domestic violence but emphasized populations unrepresented in mental health services and overrepresented in the child welfare system, with hopes of reducing recidivism rates for domestic violence-related reports.

Community-Led Response System Increased Referrals and Decreased Repeat Reports of Domestic Violence

Important goals of the program were achieved over the course of the evaluation of DIDVRS. The 400 professionals and first responders who participated in the training reported increased understanding of a trauma-informed approach to domestic violence calls. First responders who received adequate training increased the number of reports to DCDSS and calls to DCRC. This indicates that training about the importance of connecting victims to services influenced police officers' actions in the field. The project also met two additional important goals: while the number of domestic violence-related Child

Protective Services (CPS) reports increased to represent 24% of all reports in 2017 to 29% in 2019, the number of families with more than one domestic violence-related report decreased steadily each year from 22% in 2017 to 18% in 2018. Similarly, the length of time increased between repeat domestic violence-related incidents involving DPD.

Developing a Response to Calls with Persons with Mental Health Conditions

In January 2011, the Mental Health Outreach Program (MHOP) was implemented in Durham County to improve the quality of interactions between first responders and persons with mental illness. The partnership between the Criminal Justice Resource Center, Duke's Center for Child and Family Health, and the Durham Police Department built upon existing programs and expanded partnerships with Durham's mental health authority and other stakeholders using the conceptual System of Care[2] framework of to accomplish four key goals:

1. Reduce re-arrest rates for persons with mental illness;
2. Decrease the number of repeat 911 calls by such individuals;
3. Increase access to services for individuals with mental health needs; and
4. Increase the number of law enforcement personnel trained in de-escalation and identification of mental illness.

The MHOP aimed to achieve these goals through training and three key policy changes.

Training

Training was provided by the Duke Center for Child and Family Health, which focused on developing open working relationships between law enforcement and mental health specialists. Staff receiving training included patrol officers, emergency dispatch personnel, supervisors, investigators, and special divisions staff (e.g. Gang Resistance and Selective Enforcement Team). The training built upon the existing North Carolina Child Response Initiative curriculum, which was designed to improve services for child witnesses and victims of violent crimes following incidents that involved a police response. The modified training focused on:

1. Signs and symptoms of mental illness across the lifespan.
2. The impact of mental illness on daily functioning.
3. The role of officers in managing situations arising from mental illness.
4. Evidenced-based services available to those individuals with mental illness.
5. How to access and utilize services provided by MHOP.

[2] The System of Care is defined as a comprehensive network of community-based services and supports organized to meet the needs of families involved with multiple child service agencies, such as child welfare, mental health, schools, juvenile justice and health care.

North Carolina Collaborative for Children and Families. (2019, July 11). What is System of Care? Retrieved November 07, 2020, from https://nccollaborative.org/what-is-system-of-care/

Policy Changes

In addition to training police, three policy changes were implemented from 2011 to 2012 stemming from MHOP. First, system changes were implemented to allow officers to identify cases involving mental health issues using a new clearance code of 5 or 5R within the police automated dispatch system as meeting criteria for referral to the MHOP team. These cases were then triaged to determine the most appropriate program and associated staff assignments. Second, an inebriated person protocol was established to allow 24-hour holds at the Durham County Sheriff's Detention Facility to be diverted to Durham Center Access, an emergency mental health facility providing treatment services as a voluntary alternative to jail for individuals with co-occurring mental health and substance abuse issues. The final policy change created the Prostitution Initiative in collaboration with special crimes enforcement teams within DPD. This initiative allowed MHOP case managers to conduct outreach to every female arrested for prostitution. The connection between substance use disorders and prostitution are well documented within the literature, as is the association with numerous other mental health problems such as depression, anxiety, and suicide attempts.[xvi] This policy change provided case managers an opportunity to assess individuals for mental health and substance use disorders and link those in need to community-based treatment services with the aim of reducing recidivism.

Durham's Mental Health Outreach Program Decreased Recidivism Rates and Increased Access to Mental Health Supports

Over 12 months, nearly 450 individuals whose cases were referred to MHOP received a brief assessment, referral to community-based services, and follow-up contacts to ensure linkages to service providers. A total of 620 referrals were completed on the behalf of those participating in the MHOP program. Referrals were made to 122 different agencies/providers offering programs and services within Durham. Forty-seven percent of referrals were made for mental health services, the other referrals were for services such as food, housing, and health care.[3]

The initial evaluation of this pilot project showed that Durham was successful in reaching the key goals of the MHOP program. The program effectively reduced the number of 911 calls for service initiated and/or involving citizens with underlying mental health issues. This is important because, often, these individuals utilize 911 for non-emergency situations or those that would be more appropriately handled by mental health professionals or other agencies serving the community. As such, a relatively small number of citizens can represent a disproportionately large number of 911 calls. In order to explore this issue, records were examined for MHOP participants who had 10 or more 911 calls for service prior to enrollment in the program. Utilizing this criterion, 39 MHOP participants were identified and were found to collectively represent almost 900 calls for service prior to enrolling in MHOP. After receiving services through the program, those same 39 individuals were associated with only about 50 calls. Similarly, the rates of arrest also decreased among this population. Of the 447 people served by the program, only 47 had an arrest subsequent to participating in the program. As a point of reference, prior to the MHOP pilot, these 447 individuals collectively had 1,827 prior misdemeanors, felonies, violent misdemeanors, or other convictions on record.

[3] The numbers for referrals related to employment, housing, education, senior services, substance abuse and dual diagnosis were small individually but collectively made up the remaining 34% of all referrals. The other 19% went to "other services."

Nearly 400 first responders participated in the training component with pre/post training surveys reflecting increases in participant knowledge across the five key topic areas covered. Participants scores increased for all groups, ranging from a 13% increase (police patrol) to a 33% increase (911 communicators).

Based on the initial evaluative findings, programs like MHOP provide benefit by reducing rates of arrest and 911 calls for service and help link participants to needed programs and services. Overall, first responders and persons with mental illness can benefit greatly from the implementation of mental health outreach programs.

Conclusion

A major shortcoming of the current national approach to domestic violence is that families and children are likely to be repeat victims of domestic violence exposure, due to a lack of connection and access to resources. The director of the National Police Foundation's Center for Mass Violence Response Studies reports that trust in first responders has the potential to radically benefit victims of violent crimes.[xvii] First responders can be valuable partners in connecting victims to community resources, with appropriate training, including:

- Talking to children about domestic violence and ways to get help.
- Talking to parents about the impacts of domestic violence on their children.
- Partnering with parents on ways to protect their children and identifying resilience factors.
- Understanding how implicit biases affect interactions with families experiencing domestic violence.
- Identifying and connecting families experiencing domestic violence to community resources.

Likewise, a shortcoming of the current approach to mental health-related 911 calls is that individuals with mental illness who encounter law enforcement without additional connection to community resources are likely to continue to experience mental health crises. The results of the MHOP indicate that persons with mental illness benefit from these programs, as recidivism rates decrease and referrals to mental health treatment services increase. Key program goals were achieved, including:

- Reduction in re-arrest rates for persons with mental illness,
- 83% decrease in the number of 911 calls for service for these individuals,
- Increase in the number of individuals referred to and engaged in needed mental health treatment (n=291),
- Increase in the number of law enforcement personnel trained in de-escalation and identification of mental illness to include 306 staff.

Overall, first responders, victims of domestic violence, and persons with mental illness can benefit greatly from the implementation of community outreach programs. Lieutenant Mark J. Morais of the Durham Police Department indicates that the MHOP program is a sustainable model that has been replicated by many other police departments. He states, "The current numbers are still moving in a positive direction, demonstrating our dedication to this particular program that we de-

signed." In addition to improving training for first responders on how to respond to domestic violence calls and mental health calls, efforts should be made to increase sustainability of interventions for the victims and their families. Doing so will help to decrease the number of repeat cases and improve the quality of life of those involved. As the debate about how to best balance individual and community needs against those of the police continues, it is critical to support options that can improve outcomes for everyone.

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