

# Improving Police Response to Mental Health Crisis in a Rural Area

## 1 PURPOSE

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The collaboration between RCPD, Intercept Youth Services, and the Center for Evidence-Based Crime Policy at George Mason University aims to design, implement, and evaluate a referral process used by RCPD officers when responding to mental health-related calls for service. The experiment involves partnering with Intercept Youth Services to provide police with 24-hour access to mental health professional who can provide stabilization services and guide individuals into further treatment service if needed.

## 2 POINTS OF INTEREST

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- From 2010 to 2015, the RCPD responded to ~ 550 mental health-related calls for service/year.
- Mental health-related calls disproportionately consume police resources. Time spent on mental health-related calls is about 2 hours and 28 minutes, compared to 39 minutes for all other calls. This number is even higher for the Emergency Custody Order (ECO) or Temporary Detention Order (TDO) (between 3.5 hours and 6 hours).
- ~ 25% of RCPD's Use of Force incidents involve a person suspected to have a mental illness.
- Between 2010 and 2015, the number of mental health calls for service increased 582% from 28 in 2010 to 191 in 2015.

## 3 RESEARCH DESIGN

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- Experiment will begin September 1 and continue for 18 months. The study is a randomized control experiment and will test the effectiveness of this new treatment.
- During a **"Treatment Shift"** officers will respond to a mental health call, deescalate the situation, determine if an arrest or an ECO is necessary. If the person is willing to speak with a MH counselor, the officer will contact the 24-hour Crisis One hotline and direct them to the scene. Crisis One will arrive in 60 minutes or less. During the two-week beta test (July 21 – August 3) the average response time was 20 minutes.

## 4 PROPOSED OUTCOME

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- Reduce the frequency and intensity of subsequent mental health crises, as well as an increase in the elapsed time between calls involving police services.
- The RCPD will increase its knowledge-base of best practices for responding to mental health-related calls and may also experience a subsequent drop in mental health-related calls.
- Lower the rate of police use of force incidents involving the mentally ill.
- Create a more effective police response to mental health crises, thus reducing the frequency of repeat calls for service as well as the amount of police time consumed by such calls.
- From a preventative standpoint, because persons experiencing mental health crisis will be intercepted and assisted by police during early stages of crisis, ECOs and arrests may be reduced.