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

PRESENTED BY ALEX M. HOLSINGER, PH.D.
DEPT. OF CRIMINAL JUSTICE & CRIMINOLOGY - UMKC
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)**

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>52</td>
</tr>
<tr>
<td>Post</td>
<td>72</td>
</tr>
<tr>
<td>Raw change</td>
<td>20</td>
</tr>
<tr>
<td>Subst. chng.</td>
<td>38</td>
</tr>
</tbody>
</table>

Pre | Post | Raw change | Subst. chng.
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) **

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Raw change</th>
<th>Subst. chng.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>10</td>
<td>25</td>
<td>15</td>
<td>100</td>
</tr>
</tbody>
</table>

Actual Substantive Change = 150%
How effective is the Department in maintaining community safety? (% Mod./Very) **

**Pre**

**Post**

Raw change

Subst. chng.

<table>
<thead>
<tr>
<th>Pre</th>
<th>Post</th>
<th>Raw change</th>
<th>Subst. chng.</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>88</td>
<td>15</td>
<td>20</td>
</tr>
</tbody>
</table>
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) ***

<table>
<thead>
<tr>
<th></th>
<th>Pre</th>
<th>Post</th>
<th>Raw change</th>
<th>Subst. chng.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>29</td>
<td>52</td>
<td>23</td>
<td>79</td>
</tr>
</tbody>
</table>

**Pre**  **Post**  **Raw change**  **Subst. chng.**

- Pre
- Post
- Raw change
- Subst. chng.
How helpful is the emergency room in assisting with mental health issues? (% Mod./Very) **

Actual Substantive Change = 106%
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 $p < .001$. 

<table>
<thead>
<tr>
<th></th>
<th>Pre-CR</th>
<th>Post-CR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent</td>
<td>20.3</td>
<td>41.4</td>
</tr>
</tbody>
</table>
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