

California Police Chiefs Association

Homeless & Mentally Ill Work Group

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Executive Summary

One of the consistent themes police chiefs across California discuss as an emerging issue facing law enforcement and the communities they serve, are the increasing number of interactions between the police and the homeless. Equally concerning is a large portion of this population suffers from mental illnesses and is afflicted with numerous medical problems, further complicating law enforcement's response. As a result, the California Chiefs Association (Cal Chiefs) Board created a working group, Homeless and Mentally Ill Work Group (WG) to study the frequent interactions between the police and homeless population to provide insights into how law enforcement across the state is coping with this issue and provide alternatives to those agencies needing assistance with this growing societal issue.

It quickly became apparent there is not one methodology or program that fully addresses all facets of this complex issue. Different jurisdictions are addressing the issues in a multitude of ways with the resources they have on hand. Some jurisdictions have council support, larger budgets, and a community willing to assist with the issue. Some jurisdictions have specialized resources in their areas like psychiatric hospitals for mental evaluations while others have to drive long distances, taking valuable resources out of the field for extended periods of time. Others have on-call medical personnel that will respond to the scene or are available in their custody facility to conduct medical clearances so officers do not wait for extended periods of time in emergency rooms. However, all jurisdictions are putting forth a valiant effort to address these concerns as best they can and all need additional assistance.

It needs to be stated that Cal Chiefs, and in particular the WG, understand that being homeless and/or mentally ill alone is not a crime nor a condition that can be improved through traditional law enforcement methods. Homelessness, while unsightly, is a societal issue requiring a regional coordinated approach with every entity in a position to assist seated at the table. At times these individuals create livability problems, act out when in crisis, and instill fear in our communities that generate calls for service. Police officers, often criticized for their treatment of the homeless, are routinely called upon to deal with homeless, persons in crisis or suffering from mental illnesses, where many times there is no violation of law. Unfortunately, the reality is when the community is uninformed about who to contact, what resources are available, or how to channel their willingness to help, they call the police.

It cannot be magnified enough; to have a chance at improving the homeless situation in any community, any and all efforts must be coordinated with local and regional service providers as partners with local government. Law enforcement is not the answer to homelessness but law enforcement can be a leader in bringing all resources together to address change.

This paper is not meant as a solution to homelessness or a "how to" guide when dealing with those suffering from mental illness. What has emerged from this body of work is more of a menu or tool kit for law enforcement to use when attempting to address homeless and mentally ill persons within their communities.

The work is broken down into Medical Clearances, Psychiatric Holds, Housing, Veterans, Re-Unification, Training and Outreach, and Resources.

On behalf of the Cal Chiefs' Homelessness and Mentally Ill Work Group we hope that this body of work is helpful. These topics are complex and difficult to navigate. All of the jurisdictions that provided information on their programs have expressed a willingness to be contacted for more information, to include having agencies come and observe their processes. This alone makes this work meaningful.

Medical Clearances

Many homeless individuals are afflicted with physical conditions or take medications that preclude them from being housed in a correctional facility. Jail Managers have the responsibility to ensure provisions of "emergency and basic" health care services are available to all inmates (Title 15). The staff time needed and personnel required to transport the homeless to emergency rooms was a topic that garnered much dialogue. Some agencies mentioned traveling long distances to a medical facility, while all stated waiting for the medical clearance for extended periods of time was a serious concern for their departments.

This, coupled with the rising costs of medical care and personnel shortages, mandate alternatives to incarceration when dealing with the homeless. Most times, homeless individuals commit minor violations of law when enforced and rarely seem to have meaningful outcomes that make a difference or change their behavior. Issues surrounding medical clearances have even become well known amongst the homeless population who will volunteer their medical condition to officers in the hopes of deferring a trip to jail. While the need to medically clear a prisoner will never be negated, some agencies have found ways to reduce the time officers are waiting in emergency rooms.

- The Indio Police Department indicated parts of Riverside County utilize Paramedics who come to the scene and medically clear the patient.
- The Santa Monica Police Department utilizes a private medical treatment company within their jail facility to medically clear patients for bookings. Vital Medical Services is an onsite medical healthcare provider that performs MT's in a medical room within their Type I Jail. Vital Medical provides all medical equipment and supplies. They also perform blood draws in the field for DUI checkpoints and offer minor employee MT as well.
- The Berkley Police Department utilizes a Physician's Assistant who responds to the scene to medically clear patients, saving time and resources. Emergency room visits are expensive and time consuming as medical emergencies take precedence.
- The Anaheim Police Homeless Outreach Team has an arrangement with Anaheim Fire Community Care program, which responds to the scene and a paramedic and nurse practitioner medically clear the individual.

Extensive wait times for officers sitting in emergency rooms may not be an issue in all jurisdictions, but the ability to streamline the medical clearance process is an option worth researching. Many departments are in need of additional personnel or are finding it difficult to fill open vacancies. The costs associated with this program could be offset by the staff time and overtime saved, returning officers to the field where they are needed most.

Psychiatric Holds

Typically, when an officer places a 5150 hold on an individual they are transported to a hospital that has the staff and capacity to house a patient for the 72-hour psych hold. The officer completes the hold paperwork, the hospital accepts the patient and places them in a psychiatric bed and the officer leaves. This is not the case in all jurisdictions. Some hospitals do not have the psychiatric staffing, beds, or capacity to accommodate subjects placed on a hold. In these jurisdictions the process becomes more complex and time consuming.

Many hospitals have discontinued their inpatient psychiatric beds or have shut down all together. Most counties have only 10 percent of the beds needed to accommodate holds.

Police departments in these jurisdictions have had to forge strong working relationships with their county mental health workers and hospitals to make the 5150 WIC process work.

When a hold is written the county mental health workers are notified and respond to the hospital to conduct the assessment. Ideally, they take responsibility for the patient and paperwork. Depending on the relationship with the county worker, the behavior of the patient, and the availability of hospital security, the officer is free to go. Without good relationships with these agencies, officers are forced to guard patients for hours until a bed is located. Unfortunately, when the hospital is not equipped to house these patients, the patient is housed in the emergency room which takes away from general community needs. Sometimes they stay in the ER for days while the mental health worker searches for a psych bed.

Due to a lack of coordination amongst everyone involved, many hospitals have a hands off approach to 5150 patients and hospital security are only allowed to observe and report disturbances 5150 patients are displaying to the police. This has created situations where these patients, previously transported by the police or patients attempting to access mental health care, often walk away from the hospital without receiving the care needed. On many occasions the police are called to find the patient, many times resulting in a use of force or a deadly force encounter creating additional liability for all involved.

Some jurisdictions have actually found an open bed several counties away and had the patient transported to these facilities. This takes an inordinate amount of time dealing with a patient but is a better solution than housing them in the ER where additional calls for service can be generated when the patient acts up or walks away from the hospital. If a 5150 patient has a medical problem requiring attention, state law and department policy mandates they are taken to the closest medical facility regardless of the medical facility's ability to house them. This further complicates issues but having an understanding of everyone's responsibilities and an agreement to work together on an issue that will not go away is paramount.

In jurisdictions where mental health services are accessible, some departments experienced increases in this population in their areas. Despite established agreements and quarterly meetings with area hospitals, there are continued challenges with the increase of persons suffering from mental illnesses. Repeated transports to the same hospital, disruptive patients within general hospital settings and increasing costs, are but a few of the issues surrounding mental illness.

The work group did not find a solution for these complicated scenarios and given the continued increases in this population, department heads must dialogue with area hospitals, mental health providers, and emergency room directors to collectively implement strategies that address each other's issues and craft solutions together that work for all involved.

Santa Barbara 5150's are admitted in concert with a triage clinician at County Mental Health (12 beds) this ensures the safety of the clinician and provides the officer the ability to hand over the client so they can move onto their next call. SB also has levels of "crisis" assistance that include:

- 23hour crisis center run by county mental health (this is voluntary, often used by high frequency 911 callers who do not meet 5150 criteria, 6 beds only)
- ANKA Behavioral Health is a stabilization center which is voluntary and intended to stabilize the client with medication and an appropriate discharge plan. This facility is not locked, has 12 beds and can be used from 2-4 weeks by the client.
- 5150 assessments can be done directly by their local VA when transported by an officer, and there is no need to involve county mental health.

It is wise to forge working relationships with local and out of area hospitals; these relationships can come in handy when attempting to locate a facility to house an individual placed on a psychiatric hold.

Housing

It goes without saying that life on the streets is an extremely difficult way to survive. Add substance abuse and/or mental illness and it is nearly impossible to extract oneself from a life of despair. During our discussions, the solution to homelessness starts with some form of temporary housing. Many social service providers take a "housing first" approach to dealing with homelessness. Housing first relates to securing permanent housing as quickly as possible and while housed, providing extensive supportive services to assist with ending their state of homelessness. This sounds over simplistic, but stability is needed to begin the process of helping the homeless get out of this vicious cycle.

The obvious problem here is the insufficient amount of housing to get the homeless off of the streets. Although locating supportive housing is well beyond the scope of responsibilities of law enforcement, the concept of developing a specialized unit of homeless outreach workers teamed with police officers that work daily with the homeless population was discussed as an ideal benefit.

These specialized officers have the ability to develop expertise and trust with the homeless, work alongside social service providers to build relationships with them, and most importantly, show the compassionate side of law enforcement to the entire community by coming to the aid of those less fortunate. Additional responsibilities could include collaborative efforts with social service providers, locating homeless for possible services, transportation to various government services, working with local prosecutorial offices, and the list goes on.

This will require constant engagement with the clients and also collaboration with adjoining jurisdictions, as clients are transient. If a client is not available when housing becomes available, they will miss their window. Case management and constant engagement will make this concept work.

Law enforcement is not responsible for housing the homeless and the mentally ill. That said, law enforcement can be a voice at the table when discussing housing solutions with city councils and county government. The street officer is constantly responding to homeless persons and persons in crisis or suffering from mental illness. Experts suggest that homeless individuals pose a far greater risk to repeat calls for service than those housed. The work group's recommendation for law enforcement leaders is to join this conversation and to stay engaged in finding solutions using social service providers, and city and county resources designed to house those in need.

- Santa Barbara has two SRO's (single residence occupancy) that provide affordable housing. They are converted old hotels; some have shared bathrooms priced from \$600/month.
- Santa Barbara also works cooperatively with a local organization called C3H (Central Coast Collaborative on Homeless) which focuses on housing and wrap-around services to keep them housed.
- They have begun a "safe parking program" recently adopted by the city of Los Angeles (run by New Beginnings). A fixed number of vehicles are provided at night-time safe parking locations as long as the occupants engage in case management.

Housing is critical to the recovery of homelessness and mental illness. Stability will lead to consistent services and counseling, which will lead to fewer calls for service and re-entry into a healthy lifestyle.

Veterans

Veterans who find themselves homeless or suffer from mental illness have additional resources that can be utilized. Like most homeless in crisis, seeking out and obtaining these services can be difficult. However, there is currently a big push to have services more accessible to veterans.

The Veterans Administration provides the following resources that outreach workers and officers can help Vets navigate.

- **Veterans Affairs Clinics-** clinics that can be utilized by those who have served in the Armed Forces for medical as well as psychiatric services.
- **Veterans Services Offices (VSO)** - Each county has VSO's that assist Veterans obtain benefits. These benefits can range from PTSD counseling to physical or mental disability benefits.
- **Veterans Affairs Supportive Housing (VASH)** - homeless Veterans qualify for housing assistance and the VASH offices provide Section 8 housing vouchers.
- **Veterans Center Program-** the Vet Centers are geared toward combat veterans or Veterans who have suffered from trauma. They provide counseling and help these Veterans navigate the VA system.

- **Veterans Center Outreach Workers** – some VA centers have outreach workers who specialize in assisting homeless veterans access a variety of homeless services. A specialized unit can work collectively with these outreach workers to assist homeless veterans.
- **Veteran's Court** – Santa Barbara as well as other jurisdictions offer a court specifically designed to meet the needs of Veterans. This court requires a two-year commitment and is staffed by a Judge and a variety of services to meet the mental health and substance abuse needs of the client.

It makes sense that those working with the homeless population familiarize themselves with how to identify Veterans since resources are more accessible to them. This knowledge can greatly assist outreach workers and officers in obtaining services and housing for homeless and mentally ill or those Veterans in crisis.

Programs

Law enforcement must learn that enforcement is not the solution and alternatives need to be used to end homelessness. Assembly Bill 109 (Prison Realignment) has had a significant impact on law enforcement's crime reduction efforts and placed an increased strain on local services. Proposition 47 (Reduced Penalties) further hampered crime reduction efforts by reducing the severity of certain crimes that in essence began to allow for crime to pay. These legislative actions magnify the need to find alternate solutions to combating homelessness in our respective communities that do not equate to incarceration. We cannot rely on the court process to change behavior with a population that commits minor or quality of life crimes to support their current lifestyle.

The following are a few of the innovative solutions police departments are undertaking to combat homelessness in their communities:

- **Re-Unification Program** – focuses efforts on reestablishing contact between the homeless and their families or where they were previously receiving services. Initial efforts include relationship and trust building with the homeless to learn about their past and the need to do something about improving their current situation. Contact is then made with estranged family or previous service provider to determine if they would be willing to take the homeless person back. Funds are allocated to pay for a bus/train ride back, along with meal vouchers from McDonalds. Santa Barbara, Santa Monica, and other agencies have been successful in reuniting families using this approach.
 - Follow up is also conducted to ensure the homeless person keeps on track and connected to services. These could also be success stories with before/after photos to further document a compassionate approach to homelessness.
 - Santa Barbara Restorative Policing attends a weekly meeting run by a Cottage Hospital social worker and is attended by a variety of local service providers. The purpose is to troubleshoot “high frequency” homeless clients and move them towards providers or establish a plan to reunify them with family in another area. Transient clients are most often sent back to the community they came from, enabling them to get linked back to their social services, medical providers and continue with their

health care insurance. Hospital social workers can be great allies when it comes to linking patients to services they once had in another area.

- Anaheim also works toward reunification and utilizes a non-profit to fund the transportation costs. The non-profit then conducts the follow up with the client to insure a successful transition and alleviate the police department resources.
- **Citation Clinics** – are collaboration efforts between local prosecutors or city attorneys to resolve low-grade warrants for minor offenses while emphasizing the need to accept services for housing, mental health and homeless services. Homeless individuals often report that warrants and associated fines hinder their ability to obtain employment, access housing, mental health or other critical services. These clinics work to remove obstacles to services and assist the homeless to improve their chances of success.
- **Homeless Court** – another collaborative effort between prosecutors and public defenders that emphasizes keeping minor violations of law in abeyance so the homeless accept services, follow case management, and actually complete programs. Santa Barbara calls their version “**Restorative Court**.” At the completion of the program, court cases are dismissed. The team consists of every critical agency including county mental health. Clients are managed by PD Outreach Specialists who attend court and have contact with clients frequently. Cooperation from the jail is critical since there are instances when you must arrest and HOLD a client until the next court date (and/or to stop the cycle of drinking and drugs or manic behavior). Processing clients through the courts is powerful and more effective than simply working them on the streets. They are rewarded for good behavior and reprimanded or taken into custody when they are not compliant. Since this is a voluntary court, the client can always opt out and face their charges in regular court. Similarly, there are post filing diversion programs within criminal courts, along with new legislation (AB2124) that allow for sentences to be deferred so that the homeless can obtain and complete services.
- **Mental Court** – Santa Barbara Mental Health Treatment Court provides mandatory treatment, which requires a one-year commitment and the client must have a probation officer. Probation can provide housing and wrap around services. This supervision helps insure the person follows through with treatment and is backed up by the same judge who is assigned to the mental health court.
- **Re-Entry Programs** – These programs focus on soon-to-be released inmates and provide training and assistance locating temporary housing, assistance in assimilation into society, and ideally keeps them from becoming homeless upon release from jail.
- **Homeless Management Information System (HMIS)** – this database is utilized by Orange and Los Angeles County who gather and maintain information about homeless, where they receive services, and their social service providers. This database of individuals allows for better case management, production of services reports, tracks individuals progress, identifies gaps in service, and coordinates all aspects of case management. Some departments have limited access to HMIS, yet this database has proven beneficial in finding alternate solutions and personnel to assist with the homeless.

Not all jurisdictions can afford this level of engagement or fund aspects of these programs. There are foundations and community organizations that are stepping in to fund such outreach and travel, along with grant opportunities that can be applied for to fund these opportunities. It makes sense to stabilize the family structure and research shows family connections keep individuals from slipping back into homelessness.

Training and Outreach

There needs to be a clear understanding amongst law enforcement that to significantly and effectively address homelessness in our communities, traditional law enforcement methods and incarceration are insufficient. Strict enforcement alone has not resolved the problem and may actually incur liability without resolving the core issues that cause and sustain homelessness.

Law enforcement must work collaboratively with all entities having a role in addressing homelessness and be open-minded toward non-traditional approaches and best practices. While not every officer needs to become a “social worker with a gun,” every officer should be trained to approach situations involving homeless and mentally ill individuals from a perspective of “what can I do to make my interaction part of a coordinated strategy to get this person off the streets?”

One approach to coordination and finding a strategy could include;

- 1)** Identification of available resources and training.
- 2)** Establishment of new or strengthened relationships with service providers to develop collaborative efforts to jointly address the long-term needs of homeless individuals.
- 3)** Review of policies, procedures, and ordinances that could be added or strengthened to assist law enforcement in their duties.
- 4)** Establish an enforcement protocol that is supportive of the above efforts.

Motivational Interviewing

Another training Santa Barbara Police have participated in is motivational interviewing. This type of interviewing is taught to mental health nurses and clinicians and is a necessary and successful approach to dealing with the homeless. Teaching officers and PD civilians how to conduct a dialogue that focuses on “what the client wants” and steering clear of judgment can build understanding, trust and results.

While our focus has never been to “criminalize” homelessness, in many communities, lack of appropriate services coupled with public demand for immediate action has put law enforcement on the spot as the first responders in this crisis. We should be judicious in our approach to show that

law enforcement is aware of the complexity of this problem and needs the help and support of a variety of public and private entities to bring about permanent, positive changes.

Santa Barbara PD collaborates with its business community and this relationship has helped “share the burden” while fostering an understanding of how complicated homeless issues are. These dialogues help the community understand that it is NOT a police problem, it is a COMMUNITY issue and many businesses have stepped up to help contribute funds for clients to relocate or get housed.

Available Resources

Departments must determine the resources they have in their respective areas that could assist them in addressing homelessness. They need to look beyond jurisdictional lines, as homeless services are regionally distributed, and develop intentional relationships with shared procedures and clear roles that support mutual goals and objectives.

While some jurisdictions will have more resources available to them than others, no one has enough to address the needs of every person who is homeless. Therefore, it is critical that you create relationships that help prioritize the highest users of police contacts for these limited resources, and that your efforts are coordinated to ensure everyone does their part. While enforcement can play a positive role in addressing homelessness, it should be used as a catalyst for motivating behavior changes that can link homeless people to services rather than being perceived as punishment. Some possible resources include:

Social Services – While law enforcement and social services/social advocacy groups have historically been viewed as adversarial, addressing homelessness creates an opportunity to forge a win-win relationship around the shared goal. It is important to understand what each agency does (and do not do), who is eligible for services, and to identify a “gatekeeper” that can help you get someone expedited access to care. This is especially critical if an agency has emergency or transitional shelter beds. Some law enforcement entities have been successful in forging agreements to have one or two beds set-aside for law enforcement use, but these agreements are based on trust and a cooperative relationship on both sides. Law enforcement should not be perceived to be “dumping” a homeless person in a shelter. Instead, service partnerships should be based on agreed-upon criteria, and includes a service plan for ongoing care.

Faith-Based Community – Communities of faith often approach homelessness with a spiritual obligation to serve those in need. Working with law enforcement can be viewed by some as contrary to this mission, based on guilt and fear of “punishing” the poor. By taking a collaborative approach, law enforcement creates an opportunity for invested faith leaders to guide their congregations and volunteers to work as part of a coordinated effort. Services such as clothing donations, sack lunches, food pantries and temporary cash assistance, are more effective and sustainable when aligned with the efforts of agencies that help homeless individuals obtain and retain permanent housing, especially if those individuals are high users of police resources.

City Resources – Homelessness touches many city departments and it is important to develop lines of effective communication between them. Some cities have departments that may fund, or at least coordinate with, local service providers. Some cities also have their own Public Housing Authority, who administers housing subsidy programs and other efforts to provide affordable housing. Wherever possible, collaboration between city departments (human services, police and fire departments, public housing authorities, city attorney's office, etc.) can be leveraged to ensure scarce housing and supportive service resources are prioritized for the community's most vulnerable residents. It is important that these departments understand the benefits of providing resources for high users of police services, and agree to work together to prioritize those individuals for care.

Law enforcement can also be a resource in the development of public spaces and special needs housing by providing input on proposed designs to maximize safety through lighting, accessibility, visibility, etc.

County Resources – County elected officials can also be of assistance by funding local programs and facilitating strategic partnerships that support law enforcement efforts. County departments often fund nonprofit services, so county officials can convene meetings and help broker access to those services. These resources and programs will vary between communities, but an example of such partnership is the pairing of Department of Mental Health licensed clinicians with law enforcement to better serve individuals with severe and persistent mental illness.

Federal Resources – Federal resources are generally accessed via nonprofit contactors; however, there are some grants that police agencies can apply for directly. Resources such as the Veterans Administration (VA) can also be of assistance to law enforcement. The VA has a wealth of resources for housing; mental health and health care for homeless vets depending on their discharge status. Most VA's also maintain homeless outreach teams. Police departments should develop relationships with their local VA hospital to establish guidelines for accessing these services as a diversion for low-level offenders.

Coordination

Many police departments have realized all stakeholders need to meet so that services are coordinated. This includes Fire, City Attorney, mental health, HUD, neighboring jurisdictions and social services. With respect to the Santa Monica Police Department, they have the following meetings to stay on point:

- **Homeless working group meeting** – Meeting between city Human Services Division (HSD), PD, Fire, City Attorney, and Jail personnel to discuss top users of public safety resources and strategize regarding next steps.
- **Chronic homeless meeting** – Meeting between social service providers and city HSD to discuss area-wide issues surrounding homelessness.
- **Mental health meeting** – Quarterly meeting with area hospitals, City Attorney's Office, HLP Team, Training Coordinator, and Deputy Chief to discuss issues surrounding 5150 holds.

- **Westside coalition of government meeting** – Quarterly meeting among city managers and/or their representatives to discuss regional issues, to include homeless.
- **Service provider partnership** – Monthly meeting to discuss homeless issues from an operational perspective. This would include HLP Team, HSD, outreach workers, and social service provider operations managers.
- **Specialized teams meetings** – Periodic meetings among specialized teams that address specific issues within homelessness.
- **Hospital meetings run by social workers for frequent users.** If the police and fire departments are seeing frequent contact with homeless and mentally ill, the hospitals are seeing the same people. This collaboration and relationship will pay dividends.
- **APS (Adult Protective Services) meetings** for discussing high resource, highly vulnerable, highly service resistant homeless. As with the hospitals, APS will also be seeing those individuals that are vulnerable and frequent users of the services and police services. Coordination and relationships here are important for law enforcement to forge.

Agencies should identify their top 10 homeless and share weekly goals (and resources) for next steps with all of these entities. This not only shares basic info but it also provides information on “how” the goals and agencies are working together. The goal is always training the police officers through these case studies that they work with and cite daily.

Not that we are advocating for more meetings, but having communication up and down and laterally ensures all systems and agencies are working in a coordinated manner. This also allows for real communication to occur and for all involved to take ownership and share accountability. Nowhere is this more important than to have local government leaders involved in these discussions and policy decisions.

Training

A review of your organization’s training curriculum should also be conducted to ensure attendance at Crisis Intervention Training, Mental Illness Awareness, Law Enforcement Response to Homelessness, and attendance at conferences that concentrate on homeless awareness, efforts to end homelessness, or involve regional efforts to assist the homeless.

Efforts should be focused on ensuring employees receive the most current training and understand best practices available to address homelessness. Do not overlook the opportunity to engage the community, service providers, and city and county departments in your training efforts as well. A well-informed community can assist with diverting calls for service, complaints surrounding homelessness, and help with educating others about what services are available and who to call instead of requesting police officers to address a homeless problem.

As with any training provided, it must be fully supported by the highest echelon of the organization to the line level officer. Policies must support the training, and training should support policy. With time, this will create strong habits that lead to department customs and an overall change in our policing. In keeping with the President’s Task Force on 21st Century Policing, specifically

Community Policing, individuals experiencing homelessness are members of our community that deserve dignity, and approached with strategic and coordinated assistance.

Additional training opportunities include:

Interactive Video Simulation Training (IVST)

- 4-hour course focusing on increasing officers' ability to recognize and deescalate person experiencing a mental health crisis
- Also provide an 8-hour POST certified class that meets the training requirements of Field Training Officers under SB-29

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Motivational Interviewing

Santa Barbara Police works closely with county mental health clinicians. As such they were invited to participate in training for clinicians and mental health nurses called "motivational interviewing."

Although Santa Barbara County Mental Health does not provide this training outside of their agency, police departments are encouraged to forge a relationship with their own county mental health organizations. Since police and clinicians have contact with the same clients, training together such as Santa Barbara has can only help in our work on these issues.

Enforcement Protocol

What we hope to magnify here is a true change in policing philosophy. Through proper training and collaboration, officers can begin a new approach to dealing with homeless offenders by directing their efforts toward a collaborative response with social service providers. Instead of transporting homeless people to jail, call their social worker, write a field interview card and refer them to a social service. Become knowledgeable about what resources are available and hold individuals accountable for taking advantage of the assistance available to them to get off of the streets rather than telling them to leave the area.

Possible interaction with homeless individuals can occur in the follow way:

- First Contact:** Field interviews cards are completed for identification purposes. Absent any major law violations, advise of the resources in the area, educate on local ordinances that prohibit certain activity, possibly direct them back to where they were receiving resources previously, or to their families.
- Second Contact:** Field interview cards are completed to document repeated interactions, possibly write a citation for any violations, and author a report if required. A little more emphasis is placed on compliance while not necessarily taking the individual to jail.
- Third Contact:** Field interview cards and reports should be completed to continue the documentation of the negative activity and if need be, appropriate citations or arrest can be made.

With every contact involving homeless individuals, connecting them to services is the goal. For this to work, law enforcement and social service agencies should be working on a “shared” group of people, identified by name. A consistent protocol for communicating and sharing information must be put in place, so that police can notify agencies when they have frequent contact with a shared client. By encouraging discretion, it shows the public we care, are not quick to judge, and compassionate enough to try a different approach to aid a person in crisis. Proper documentation of all contacts involving homeless individuals is critical as we utilize analytics to better understand the magnitude of the issue in our community. Accurate measurement and reporting of data and outcomes may result in increased funding, grant opportunities, and educational awareness.

There were a few training opportunities identified by this work group and they are listed in the resources section in the back of this paper. Suffice it to say the basic CIT training given to all police academy cadets is a good start, but should not be the only training officers receive regarding the homeless and those in crisis. Ongoing training and advanced training will benefit not only the police, but the community and those we serve.

Gaps

As stated at the beginning of this paper, this work is not a “how to” guide but rather a tool kit and a place to start the conversation as to what other law enforcement agencies are doing to address these complex issues. Here is a list of issues that we have not addressed and will come up as agencies try to navigate the homeless and mental health issues their community members attempt to address:

- Affordable housing, particularly housing with case management
- Payees. Private payees are rare, making it difficult for homeless/formerly homeless to manage their money and make rent. This is a gap in services.
- Detox beds, or the time it takes to get into a detox bed
- Appointment lead times for medical and mental health services at county
- Transport time/officer availability for transporting clients to programs, particularly those that are out of county
- Supportive Services for families of the homeless/mentally ill

- Applications for SSI should be handled by trained, informed professionals (or lawyers)
- Laura's Law is necessary when dealing with service resistant homeless who are taxing local resources, displaying their unsightly lifestyle to the community and suffering in an undignified manner. This can be a challenge as many county mental health agencies are opposed to Laura's Law commitments.
- MAT (medication assisted treatment) is very slowly becoming the standard for treating substance abuse. These medications can help block the urges to use and come at a high cost so they are not yet easily available.

As agencies attempt to address homelessness and those suffering from mental illness, more gaps will arise. This is but a small number of issues that the mental health work group did not address and realize will become issues.

Conclusion

Law enforcement is at a critical junction right now. The current state of distrust of police officers is at an all-time high and we are being scrutinized at every level of our profession. Homelessness, while extremely complex and difficult to navigate the myriad of legal loopholes and bureaucracy, can be an opportunity to showcase the compassionate side of our community policing. The WG encourages all departments to review the programs and collaborative efforts contained within this report that many organizations have instituted to make impacts in their struggle to address homelessness. There may be portions of them that may work in your respective communities.

There is no quick fix to this issue and insufficient resources and funding to address homelessness appropriately. It is for these reasons that police departments must adapt their policing strategies and implement innovative approaches to make noticeable change.

While the above enforcement protocol sounds overly simplistic, it is a paradigm change. Officers must understand that proper documentation of their contacts with the homeless are required to accurately depict the level of the issue in their jurisdiction. This information will be critical to access services and grant funding.

Lastly, law enforcement cannot remedy this issue alone and must be receptive to working alongside social service providers and other civilian resources to address homelessness together.

Resources

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Carlos Rojas	Santa Ana	Chief	crojas@santa-ana.org
Rod Jones	Fontana	Chief	rjones@fontana.org
Steve Marcin	Anaheim	Captain	smarcin@anaheim.net

Agencies with homeless outreach officers

Santa Ana PD - Homeless Evaluation and Response Team (H.E.A.R.T.) (714) 245-8028

Santa Barbara PD - Restorative Policing Officer Craig Burleigh 805-331-6453 and Restorative Policing/Court Liaison Mureen Brown 858-864-8386

Santa Monica PD – Homeless Liaison Program (HLP) Team (310) 458-8452

Pasadena PD – Homeless Outreach-Psychiatric Evaluation (HOPE) (626) 744-7054

These are not all of the agencies who have outreach officers or officers that work daily with a social worker. However, these were the agencies that were contacted and agreed to host agencies and/or discuss what they are doing in the area of homeless outreach