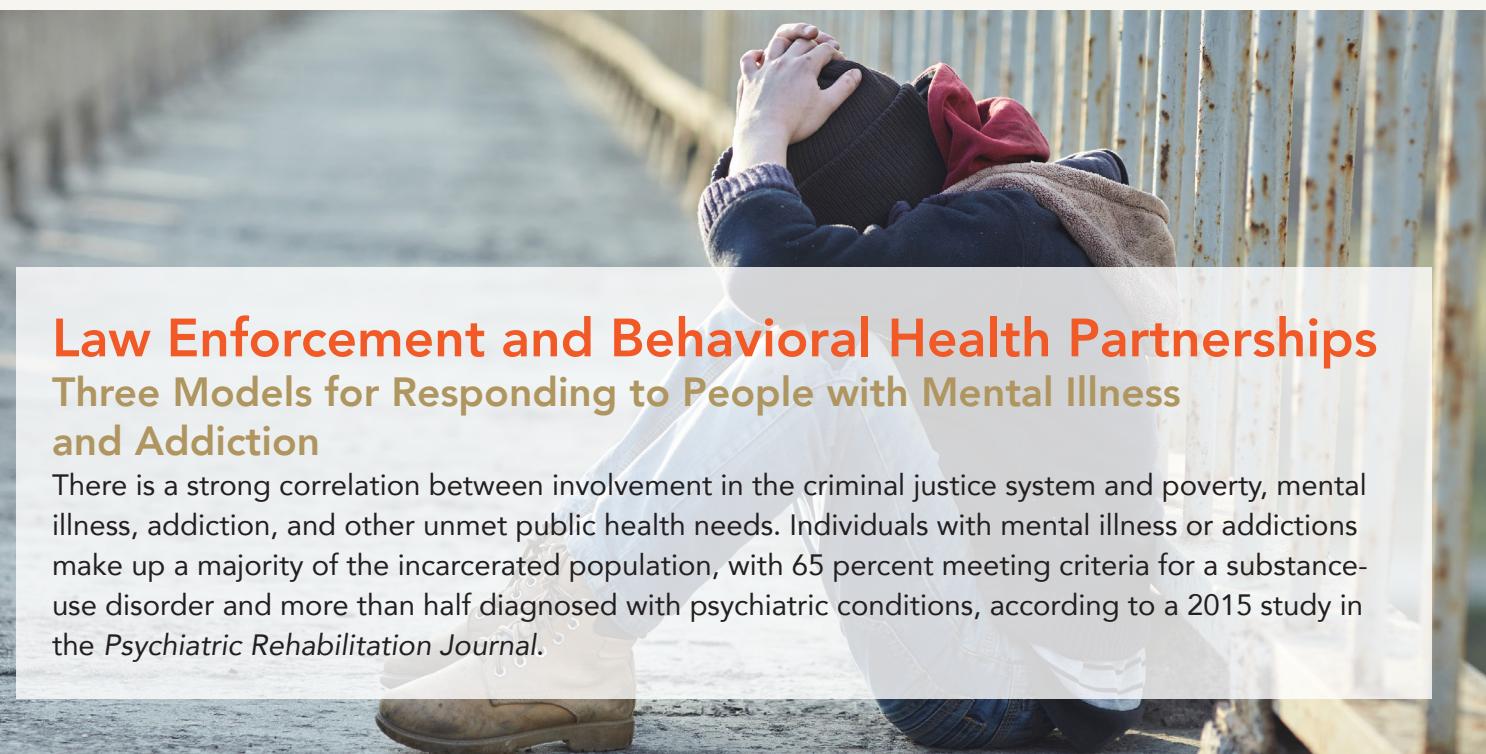




INNOVATIONS IN COMMUNITY BASED CRIME REDUCTION

LISC



Law Enforcement and Behavioral Health Partnerships

Three Models for Responding to People with Mental Illness and Addiction

There is a strong correlation between involvement in the criminal justice system and poverty, mental illness, addiction, and other unmet public health needs. Individuals with mental illness or addictions make up a majority of the incarcerated population, with 65 percent meeting criteria for a substance-use disorder and more than half diagnosed with psychiatric conditions, according to a 2015 study in the *Psychiatric Rehabilitation Journal*.

These individuals often cycle through a revolving door of arrest, release, and re-arrest that is costly in terms of expense to the criminal justice system and in terms of the human toll on both those who have been incarcerated and affected communities.

Faced with these facts, some law enforcement agencies have helped create innovative partnerships between public safety and behavioral health professionals to promote place-based crime reduction in low- and moderate-income neighborhoods. Treatment-informed programming can range from mental health and drug courts to embedding treatment approaches into detention settings and reentry to positioning treatment practices within public safety organizations. This programming can improve health, reduce recidivism, and decrease demands on police officers to respond to behavioral health crises that are not within their scope of practice to address. Yet service providers often struggle for adequate funding and can have a difficult time understanding how to initiate a partnership with law enforcement or address the criminogenic needs of a justice population in need of treatment.

This paper highlights three case studies of sites funded with Innovations in Community Based Crime Reduction (CBCR) grants, administered by the Department of Justice's Bureau of Justice Assistance (BJA), that have created cutting-edge partnerships around these issues. It also identifies opportunities to fund and institutionalize approaches linking public safety and behavioral health to crime reduction and neighborhood empowerment.

The CBCR Approach

These powerful themes run through all CBCR projects.

DATA-DRIVEN

CBCR targets crime hot spots – often streets, properties or public spaces in communities that have struggled with crime for years. Researchers are engaged in the day-to-day work, helping partners examine problems, assess evidence-based solutions, and monitor progress.

COMMUNITY-ORIENTED

CBCR champions active roles for residents in identifying problems, selecting strategies and creating safe and healthy environments.

SPURS REVITALIZATION

CBCR tackles problem properties, unsafe streets and parks, unemployment, transit barriers and service gaps related to crime.

BUILDS PARTNERSHIPS

CBCR taps the resources of public, nonprofit and community leaders to bring more resources and different approaches to bear on longstanding crime challenges for lasting change.

Law Enforcement and Behavioral Health Partnerships, *continued*

Alameda County: Criminal Justice Coordinating Social Services

The Alameda County Sheriff's Office (ACSO) in Northern California believes that for an approach to be effective, it must draw together institutions and experts that traditionally have not worked together to generate fresh resources and solutions. In 2013 ACSO received a three-year CBCR planning and implementation grant that supported the office's proposal to reduce crime in a concentrated

geographic area with an infusion of evidence-based resources at multiple points within the social fabric where the most vulnerable are found: families, schools, social gathering sites, and jail.

To increase preventive and proactive community-based efforts, ACSO launched the Ashland-Cherryland Rising initiative in 2014 through the CBCR initiative. Partners include the Eden Area Livability Initiative II (EALI II), Alameda County Social Services and Health Care Services, local residents and community leaders, Alameda County First 5, the American Red Cross, and key community-based organizations. During the CBCR planning process, the partners analyzed crime, economic, education, health, and social data and mobilized neighborhood residents to become community leaders working towards greater social cohesiveness and collective efficacy.

This process expanded on existing robust ACSO mental health and human services initiatives, such as Operation My Home Town (OMHT), an intensive, pre- and post-release clinical case management program for inmates of Santa Rita Jail, which is operated by ACSO (and is also the fifth largest county jail in the nation). Launched in 2011 with Second Chance Act funding from the BJA, OMHT extended the local impact of ACSO's already thriving Youth and Family Services Bureau and outpatient behavioral health care clinic, which continues to provide culturally competent, trauma-informed counseling to hundreds of residents annually.

For OMHT, ACSO employed case managers with mental health expertise to:

- Establish reentry-based incarceration housing units infused with treatment, vocational, and educational programming.
- Use validated, evidence-based practices such as the Level of Services/Case Management Inventory risk and needs assessment and Thinking For a Change, a cognitive-behavioral curriculum to restructure anti-social thinking.
- Assist clients in obtaining other needed services prior to release, such as health care evaluation and treatment, preparation of public benefits paperwork, obtaining identification and Social Security cards, identifying legal needs, and planning for healthy community and family re-engagement.
- Collaborate service provision from multiple sectors, including housing, health care, education, employment, and probation and the courts.
- Leverage the Affordable Care Act by enrolling participants in Medicaid upon release, allowing recovery by ACSO of the cost of the clinical case management positions.

Many residents in Alameda County experience poverty, hunger, and poor nutrition, a lack of exercise and outdoor activity, chronic preventable disease, community trauma and stress, and mental health disorders. Many neighborhoods lack living-wage employment, health care, high-quality affordable housing and childcare, recreation, open space, and available fresh, healthy food. The interaction of these conditions creates a climate in which crime, social isolation, a lack of hope, and general community malaise prevail.

As a response, ACSO founded Dig Deep Farms (DDF) in 2010 as a place-based public safety intervention with the nonprofit Deputy Sheriffs' Activities League (DSAL). The mission of DDF is to ameliorate these factors and provide place-based economic empowerment. DDF Community Supported Agriculture employs local residents—including post-release OMHT participants—to grow, package,

Law Enforcement and Behavioral Health Partnerships, *continued*

and deliver a weekly assortment of produce to a growing clientele of Alameda County residents. The program expands economic opportunity, community involvement, and public health.

ACSO has also led the way in accessing new sources of revenue for public safety practices that intersect policing and public health. ACSO was the first public safety agency in California to contract for Medicaid

and Medicaid Administrative Claiming (MAC) reimbursement for internal outpatient behavioral health care and case management. Establishing this reimbursement system removes pressures on the department and responding officers to find a hasty solution to individual crises. This and other unique fiscal streams tapped by ACSO, though non-traditional for law enforcement, are widely available to galvanize treatment-informed public safety measures.

Dayton: Treatment for Opioid Addiction

When East End Community Services Corporation in Dayton, Ohio was awarded CBCR funding in 2012, it formed a multi-agency team, including the Dayton Police Department, social services, nonprofit and faith-based organizations, concerned residents, and research partners from University of Dayton and Wright State University. Work done by the partners during the CBCR project planning period revealed that the most visible local crimes of theft and prostitution in the East End neighborhood—as well as community perceptions of neighborhood perceptions of safety and well-being—were related to the escalating crisis of opioid addiction.

The Centers for Disease Control and Prevention (CDC) has determined that opioid overdoses, primarily prescription painkillers and heroin, have quadrupled nationally since 2010. In that time, Ohio has consistently ranked as one of the states with the highest number of accidental overdose deaths in the nation. Between 70 to 90 percent of East End crimes are related to heroin use, garnering the neighborhood state and national attention for unprecedented numbers of overdoses and deaths and contributing to poverty, unemployment, criminal justice involvement, and family disintegration.

These bleak statistics led Dayton's CBCR team to conclude that the most effective approach to neighborhood revitalization in the East End would be to mobilize a strategic, multi-sector plan to address the area's acute opioid epidemic. The centerpiece to the approach's interlocking strategies is Conversation for Change (C4C). Launched in 2014, C4C is informed by the focused deterrence model of crime prevention. Individuals addicted to opioids are invited by probation, parole, law enforcement, and/or loved ones to a two-hour event providing non-confrontational information on treatment and recovery resources and overdose prevention and education. A meal is provided and attendees are engaged in conversations about their addiction using motivational interviewing.

To address the opioid epidemic in a joint, coordinated fashion, the CBCR team has also formed a multi-sectoral Service Team to engage neighborhood groups, community and faith-based organizations, and social services, court, and law enforcement agencies. The prevalence of prostitution among addicted women led Dayton Police Department, Oasis House, East End Community Services, and Be Free (an anti-trafficking organization) to launch a collaborative Street Outreach team to help women escape the cycle of addiction and sex trade victimization by accessing recovery-based services, and East End Community Services is also planning a media campaign about the dangers of opioid use.

Increased access to treatment has been a priority of the Service Team as well, and the group has addressed this issue from several fronts. A planning grant supported the creation of Montgomery County's first medical detox center, through Samaritan Behavioral Health. The Service Team has increased outreach and referrals to existing, underutilized local treatment-providers.

Law Enforcement and Behavioral Health Partnerships, *continued*



Nashville: Trauma-Informed Services

When Nashville was awarded a CBCR grant in 2013, the team launched Nashville Force for Good (NFFG), which amplifies collaboration between law enforcement, community residents, and local nonprofit organizations to address high rates of interpersonal violence occurring in Cayce Place, a large public housing development. Sixty-four percent of residents of Cayce Place are unemployed, with an average annual income of \$5,651. The most frequent crime reported is domestic assault, and findings drawn from data and resident surveys showed low social cohesion, a lack of feeling safe, and an expressed interest in interpersonal conflict resolution skills and parenting support. Given the amount of distress reported, the team also found notably low levels of service access for residents.

With information in hand about how chronic poverty and exposure to violence can cause trauma for individuals, families, and the entire community, NFFG selected trauma treatment as the focus of their response strategy. Trauma profoundly impacts individuals' physical and mental health and makes it more likely they will enter the criminal justice system. Individuals involved in the justice system have much higher rates of Post-Traumatic Stress Disorder (PTSD) than the general population, and victims of traumatic violence are more likely to perpetrate it upon others, according to the journal *Criminal Justice Behavioral and the European Journal of Psychotraumatology*. A robust body of literature documents connections between childhood trauma and future aggressive, anti-social, and criminal behavior.

Children exposed to violence have higher rates of aggression and other conduct problems, attachment disorders, anxiety and depression, academic and cognitive difficulties, and impaired executive functioning. Individuals exposed to chronic violence are far more likely to perceive safe situations as threatening and to respond with fear-based, self-protective behavior that all too often includes violence. Untreated early exposure to violence perpetuates cross-generational cycles of traumatic violence and abuse.

This research led NFFG to formulate a model of crime prevention and community-building centered on a treatment-based approach to addressing the adverse effects of widespread trauma. The Martha O'Bryan Center, an established local nonprofit agency, was selected to become a trauma-informed community center, and a process is currently underway to infuse trauma-informed care into all programming at the center. The strategy also includes the school-based curriculum Positive Action. Two new staff—a community engagement coordinator and a therapeutic care coordinator—work with Metro Nashville Police Department, Metro Nashville Public Schools, and other local human service agencies.

The transformation of the Martha O'Bryan Center into a community hub for the infusion of evidence-based trauma treatment practices is intended to mitigate the damage caused by early exposure to interpersonal and community violence. Given that domestic violence is the most prevalent crime within Cayce Place, it is expected that proactive, treatment-based services to effected individuals and families will slow the rate of interpersonal violence and reduce trauma-associated violent crime within the community.

Law Enforcement and Behavioral Health Partnerships, *continued*

Conclusion

Themes and Challenges

CBCR sites respond to unique local conditions, yet the work across cities also presents recurring themes, challenges, and opportunities. Trauma, substance abuse, and chronic distress associated with poverty and high levels of community crime and violence generate a compelling rationale for treatment-oriented interventions. CBCR sites incorporate a range of evidence-based healing, inspiring, and empowering practices, including clinical case management for reentrants, trauma-informed care, women's self-defense classes, youth empowerment curricula, family and parenting psychoeducation, and school-based and community drug and alcohol awareness campaigns.

CBCR teams have been tenacious and creative in meeting common barriers such as police-community tensions, complications of working across different data systems, different practices, motives, and idioms between partners seeking to find common ground, and the ever-present need for fiscal sustainability that allows promising practices to become established and propel lasting change. Pooling collaborative resources across public safety and public health remains a strong option for funding innovation. To scale and replicate vibrant revitalization work underway, however, agencies need to more aggressively access both established and emerging opportunities.

Trauma, substance abuse, and chronic distress associated with poverty and high levels of community crime and violence generate a compelling rationale for treatment-oriented interventions.

The Local Initiatives Support Corporation (LISC) is the national technical assistance provider for BCJI, working in cooperation with the Bureau of Justice Assistance. LISC appreciates Andrea Mueller for her partnership to produce this paper.

This paper was supported by Grant No. 2012-AJ-BX-K046 awarded by the Bureau of Justice Assistance to LISC. The Bureau of Justice Assistance is a component of the Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.