Importance of Data Collection and Analysis to Drive Practice and Promote Sustainability
Presenters:

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Mental Health Division, Houston Police Department

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Mental Evaluation Unit, Los Angeles Police Department

Facilitator: Talia Peckerman, Policy Analyst
CSG Justice Center
Overview

Introduction

Houston Police Department

Los Angeles Police Department

Questions & Answers
National **nonprofit, nonpartisan** membership association of state government officials

Represents **all three** branches of state government

Provides **practical** advice informed by the **best available evidence**
A PMHC program is:

- A law enforcement-based program, which involves collaborating with a mental/behavioral health entity.
- Designed to divert individuals with mental illness or in mental health crisis from unnecessary jail bookings and/or hospitalization.

BJA PMHC Toolkit: https://pmhctoolkit.bja.gov
Law Enforcement-Mental Health Learning Sites

Current Sites

- Represent a diverse cross-section of perspectives and program examples
- Dedicated to helping other jurisdictions improve their responses to people with mental illnesses.
- Host site visits from interested colleagues and other local and state government officials, and answer questions from the field
- Work closely with CSG Justice Center staff to develop materials for practitioners and their community partners.
## Purpose of Collecting Data

<table>
<thead>
<tr>
<th>Performance Measurement</th>
<th>How well is my Police Mental Health Collaboration (PMHC) effort performing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate</td>
<td>How can I ensure that my staff is following policy and protocols?</td>
</tr>
<tr>
<td>Control</td>
<td>How should funding be allocated?</td>
</tr>
<tr>
<td>Budget</td>
<td>How can staff be motivated to improve performance?</td>
</tr>
<tr>
<td>Motivate</td>
<td>How can I demonstrate to legislators, stakeholders, journalists, and the community that my agency is doing a good job?</td>
</tr>
<tr>
<td>Promote</td>
<td>What accomplishments can we celebrate?</td>
</tr>
<tr>
<td>Celebrate</td>
<td>Why is what working or not working?</td>
</tr>
<tr>
<td>Learn</td>
<td>What exactly should who do differently to improve performance?</td>
</tr>
<tr>
<td>Improve</td>
<td>How can we identifying high utilizers, facilitate appropriate dispositions, and improve continuity of care?</td>
</tr>
</tbody>
</table>

Data Collection and Analysis to Drive Practice and Promote Sustainability

Houston Police Department

Presented by David Rose, MPA
Officer in the Houston Police Mental Health Division
Data

- Names
- Addresses
- Diagnosis
- Dates/Times
- Identifying information
- Objective
- Clear*
- Accurate*

Vs.

Information

- Leads to decision making
- Answers questions like, “How do we inform officers about consumers that were violent to officers on previous calls?”
- Open to interpretation
- Should drive and support programs
Information Drives Decision Making

• Metrics

• How do we measure a problem/success?
  – Public Administration Standards (determine real problem/effective solution)
  – Examples:
    o Calls for service – metric of problem / may not demonstrate success
    o Reduction in arrests/commitments (emergency detentions) – metric of problem/possible demonstration of program outcomes.
    o Tracking “violent” consumers
Garbage In/Garbage Out

• Maintaining Data Integrity

• Key Concerns
  – Reliability
  – Accountability
  – Transparency
  – Clear Processes (data can be duplicated by an independent body if necessary)

• Making sure information going in is clean and accurate is a best practice. Effort is duplicated if this is a separate step.
Waste

• There is a need for efficiency and proper utilization of people and time.

• Some data collection may need to be added to databases, report systems, computer-aided dispatch, etc.

• Effort should be made to reduce inefficiency and the collection of duplicate or irrelevant data that does not lead to information.

• Time is a precious resource and EVERYONE hates data entry
Example of Information Overload

Suspicious Person w/ a Weapon/CIT
Call # 109827340
Address 17435 Imperial Valley Drive #433
Unit 6b54E dispatched at 1512 hours
6/30/2017 1510 hours
Reportee: Twila 8328888881

“Twila states that a strange man is in a crisis and has a golf club, swinging it and screaming.”
“Twila states that this does concern the mental health of the man. LSW white shirt, blue jeans, unknown age, unknown race”

Apartment #431 is the residence of Homer Simpson, a consumer that needed to be leg restrained and has hallucinations of demons.
Apartment #401 is functioning as a group home and there may be consumers at the property.
Apartment #425 is the residence of Bill Johnson, a consumer that has threatened suicide by cop.
Gate code 1781

Apartments numbered in the 200s in 17435 are frequented by the “True Bloods” who wear black and red gang colors, officers are advised that there is significant gang related activity in this area and 2 officers should be dispatched to all apartments in this complex.

Apartment #123 is the residence of George Smith, a veteran with PTSD. He frequently is armed with a knife and officers should utilize caution.
Apartment #1702 is the residence of an autistic adult male, Jimmy Brooks. Jimmy frequently has meltdowns and may cause disturbances with other residents. Contact his mother, Gloria, at 8326233326

Apartment staff can be reached at 713.335.7483. Extension 405. If it is after hours, contact 832.876.5412 to contact the answering service and place a message for staff.
HPD Data Practices
Coding Calls To Identify Mental Illness

- **Purpose/Function**
  - To identify calls potentially involving mentally illness.

- **Execution**
  - Call takers/911 dispatchers ask if the call pertains to mental illness and if either the reportee/suspect/complainant have mental illness.
  - If so, the caller is asked, “Is the person you are calling about currently attempting to harm or kill anyone else or themselves?”
Flexibility: Formula for Call Coding

- Type of call/Presence of Weapons or dangerous factors/Priority

- Some examples of the 32 codes we use:
  - Assault/WPN/In Progress/CIT
  - Major Accident/Disturbance/FWY/CIT
  - Suicide/No Weapon/Just Occurred
Mental Illness Reports

• RMS System explanation
  – Report Management System
  – Flag/Tag system

• Primary/Secondary
  – Investigation Mental Illness “offense”

• Routing to division (s)
  – Subcategory on person screen for mental health
  – Identifies if the person is homeless, mentally ill, and/or employed at a group home (boarding home)
  – Also identifies if the person was transported to a hospital by police
Mental Health Database

- Tracking people
  - Keeps demographic information for consumers

- Incidents
  - Tracks arrests, detentions, and contacts leading to reports (significant contacts)
  - Does not report calls unrelated to mental health

- Used to inform CAD location entries (flag certain addresses), conduct follow-ups, to “run” the person through the mental health division, and determine eligibility for case management programs in the Police Mental Health Collaboration.
Grant Metrics for Programs

- Cost of officer per hour (patrol and investigation)
- Cost of case manager
- Research costs and savings or partner with research team
- Administrators are not academics

### 2015 Report Analysis on Potential Impact of Homeless Outreach Team

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Societal cost of a homeless person</td>
<td>$40,051</td>
</tr>
<tr>
<td>Cost of servicing and housing a homeless person</td>
<td>$25,529</td>
</tr>
<tr>
<td>Difference</td>
<td>$14,522</td>
</tr>
<tr>
<td>Individuals housed by HOT in 2015</td>
<td>301</td>
</tr>
<tr>
<td>Estimated savings</td>
<td>$4,371,122</td>
</tr>
</tbody>
</table>
Chronic Consumer Stabilization Initiative

- Decrease troublesome consumer’s reliance on police and local mental health authority’s resources through intensive case management
- Voluntary system
- 1 officers, 6 case managers with 15 consumers on their case load
- Goal to substantially decrease arrests, calls, and hospitalizations
# CCSI Outcomes 2015

## Table 1: Reductions in Detentions and Bed Days

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pre CCSI 1 Year</th>
<th>Post CCSI 1 Year</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPC* Detentions</td>
<td>156</td>
<td>40</td>
<td>74%</td>
</tr>
<tr>
<td>HCPC** Bed Days</td>
<td>25</td>
<td>12</td>
<td>52%</td>
</tr>
<tr>
<td>HPD Incidents</td>
<td>449</td>
<td>53</td>
<td>88%</td>
</tr>
</tbody>
</table>

## Table 2: Reductions in NPC Admissions and HCPC Admissions

<table>
<thead>
<tr>
<th>Activity</th>
<th>Pre CCSI 1 Year</th>
<th>Cost Pre CCSI 18-24 Months</th>
<th>Cost Post CCSI 18-24 Months</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPC Admissions</td>
<td>156</td>
<td>$132,600*</td>
<td>$11,180</td>
<td>$121,420</td>
</tr>
<tr>
<td>HCPC Admissions</td>
<td>25</td>
<td>$89,775**</td>
<td>$10,773</td>
<td>$79,002</td>
</tr>
<tr>
<td>HPD Incidents</td>
<td>449</td>
<td>$75,432***</td>
<td>$4,704</td>
<td>$70,728</td>
</tr>
</tbody>
</table>

**TOTAL SAVINGS**

$271,150

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* Based on a cost of $860.00 per day  
** Based on a cost of $513.00 per day  
*** Based on a cost of $168.00 per incident/interaction
Metric Development

- Be transparent
- Document and research how numbers were developed
- Admit issues and work to improve the processes
- Information should not be used to deceive – if there are issues with past data, explain the discrepancies and move forward
# CCSI Outcomes 2016

<table>
<thead>
<tr>
<th>Activity</th>
<th>1 Year Prior to CCSI</th>
<th>Cost</th>
<th>&lt;1 to 1 Year on CCSI</th>
<th>Cost</th>
<th>% Diff.</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPC Bed Days</td>
<td>301</td>
<td>$258,860</td>
<td>139</td>
<td>$119,540</td>
<td>54%</td>
<td>$139,320</td>
</tr>
<tr>
<td>HCPC Bed Days</td>
<td>81</td>
<td>41,553</td>
<td>39</td>
<td>20,007</td>
<td>52%</td>
<td>21,546</td>
</tr>
<tr>
<td>HPD Incidents</td>
<td>362</td>
<td>53,576</td>
<td>192</td>
<td>28,416</td>
<td>47%</td>
<td>25,160</td>
</tr>
</tbody>
</table>

Total Savings: $186,026

* Based on a cost of $860.00 per day
** Based on a cost of $513.00 per day
*** Based on a cost of $148.00 per incident/interaction (assumes a 1.5 hour average CIT call clearance, $49.20 hourly rate and two officers dispatched)

Note that it is no longer Pre CCSI/Post CCSI 1 Year or Post CCSI 18-24 months
Future of Information/Collaboration

• Continue to make database accessible to all officers to help aid decision making.

• Discover more effective means of tracking violent consumers and related risk factors without creating information overload.

• Continue to review reports to recognize training concerns and review body cam footage in the future to incorporate best practices into trainings.
Overview

Introduction

Houston Police Department

Los Angeles Police Department

Questions & Answers
Data Collection and Analysis to Drive Practice and Promote Sustainability

Los Angeles Police Department
Why is Data Collection Important?

• **You don’t know, what you don’t know**, so you need to capture as much information as possible to assess risks, analyze trends, and develop an effective response.

• An effective program must:
  
  • Develop the capacity to capture knowable information (all sources);
  
  • Develop the ability to quickly and efficiently share that information in a timely fashion;
  
  • Once shared, have the capacity to act effectively and timely to the information that you have discovered or developed.
Information is perishable....

- Develop a strategy to capture knowable information on the front end of the incident;
  - Mental Evaluation Incident Report (CIT Report)
    - Effective Screening and Data Collection Tool
    - Ease of use to ensure compliance from officers in the field
    - Standardization of effective risk assessment
    - Train to the strategy of an effective Law Enforcement/Mental Health Response Program (the Why)
Educating the Community

• What information do we need as we respond to the crisis
• What can you expect when we respond
• Work collaboratively to reduce the risk of negative outcomes
• Provide an effective and humane intervention

Los Angeles Police Department
Mental Evaluation Unit
911 Checklist

If your family member is in crisis and is a danger to themselves or others, Call 911.

Hold this list in your hand when you call 911 so you can read from it.

Give the dispatcher the following information:

- Your name
- Address to which the police should respond
- Nature of the crisis (Why you need the police)
- Prior or current violent behavior
- Weapons or access to weapons
- Name of your family member in crisis
- Age of family member
- Height & weight of family member
- Clothing description of family member
- CURRENT location of family member
- Diagnosis (Mental Health and/or Medical)
- Current medications (On or Off?)
- Drug use (current or past)
- Triggers (what upsets them?)
- State what has helped in previous police contacts
- Identify other persons in the residence or at the location

IMPORTANT: You are asking a stranger to come into your home to resolve a crisis. They will only have the information that you provide to them. It is a good practice to gather as much of this information as possible before a crisis occurs.

The Police Response:

What to expect…

Who will respond to your crisis?

- The 911 operator will dispatch uniformed patrol officers to your location.
- Officers will detain your family member, which will include handcuffing and is for the safety of everyone, including your family member.
- Officers will conduct a preliminary investigation to determine whether a crime occurred.
- Officers will conduct a preliminary mental health investigation to determine whether your family member is a danger to self, danger to other(s), or gravely disabled due to a mental illness (CA WIC §5150).
- Your statements and historical information are an important part of the mental health investigation (CA WIC §5150.05).
- Officers will inquire about any firearms or other deadly weapons, and in most cases will seize them for safe-keeping (pursuant to CA WIC §8102).
- Officers will notify the Mental Evaluation Unit and a SMART unit (officer & clinician) will be dispatched if available.
- If your family member is an adult, the officers and/or the SMART unit cannot disclose information about him/her due to medical records-related privacy laws.

Non-Emergency
Los Angeles County
Department of Mental Health
Access – 1-800-854-7771
National Alliance on Mental Illness
NAMI 1-800-950-6264
http://namiatlcc.org/
Information Sharing and Safeguarding Requires Shared Risk Management

**Federal Statutes and Regulations**
- Health: HIPAA/ 45 CFR 164
- Substance Use: 42 CFR Part 2
- Educational Records: Federal Educational Rights and Privacy Act (FERPA)

**State Statutes and Regulations**
- Information privacy
- Duty to report
- Duty to warn

**Professional standards and ethics**

**Local policies**

**Agency policies & procedures**

**Interpersonal relationships**
Information Sharing and Safeguarding Requires Shared Risk Management

• “Sharing and safeguarding are not mutually exclusive. Policies, practices, and methods for information sharing and safeguarding can enable appropriate confidentiality while increasing transparency.”

• ‘In order to build and sustain the trust required to share with one another, we must work together to identify and collectively reduce risk, rather than avoiding information loss by not sharing at all.”

• “To realize the benefits of sharing information, stakeholders mitigate and manage risk by taking appropriate measures to build trust in the processes that safeguard information from compromise.”
Analysis and Reporting

- Develop an understanding of the scope and breadth of the resource allocation (date, time, location, and frequency)
- Identify trends / Comparative analysis
- Identify high risk individuals or locations
- Assess the effectiveness of the response
- Evaluate the effectiveness of the strategy by reviewing outcomes
- Understand and evaluate cost savings associated with an effective response and sustainable outcomes
Information: Searchable and Retrievable
Accountability.....

**COMPSTAT** the programs activities monthly

- Detailed analysis of:
  - Number, type, time of day, frequency, and location of calls
  - Calls handled by Patrol vs Specialized Unit (SMART)
    - Patrol time saved
  - Disposition of Calls
    - Hospitalization (county / private / urgent care)
    - Arrest (felony/high grade misdemeanor)
    - Diversion (pre-arrest / post-arrest)
    - Referral to Services
Statistics Reported v. Tracking.....
Questions and Answers
Contact Information

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MHD webpage
www.houstoncit.org

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Officer in Charge
Admin-Training Detail
Mental Evaluation Unit
Crisis Response Support Section
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30036@lapd.online

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For more information, contact NAME (nsmith-kea@csg.org)

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