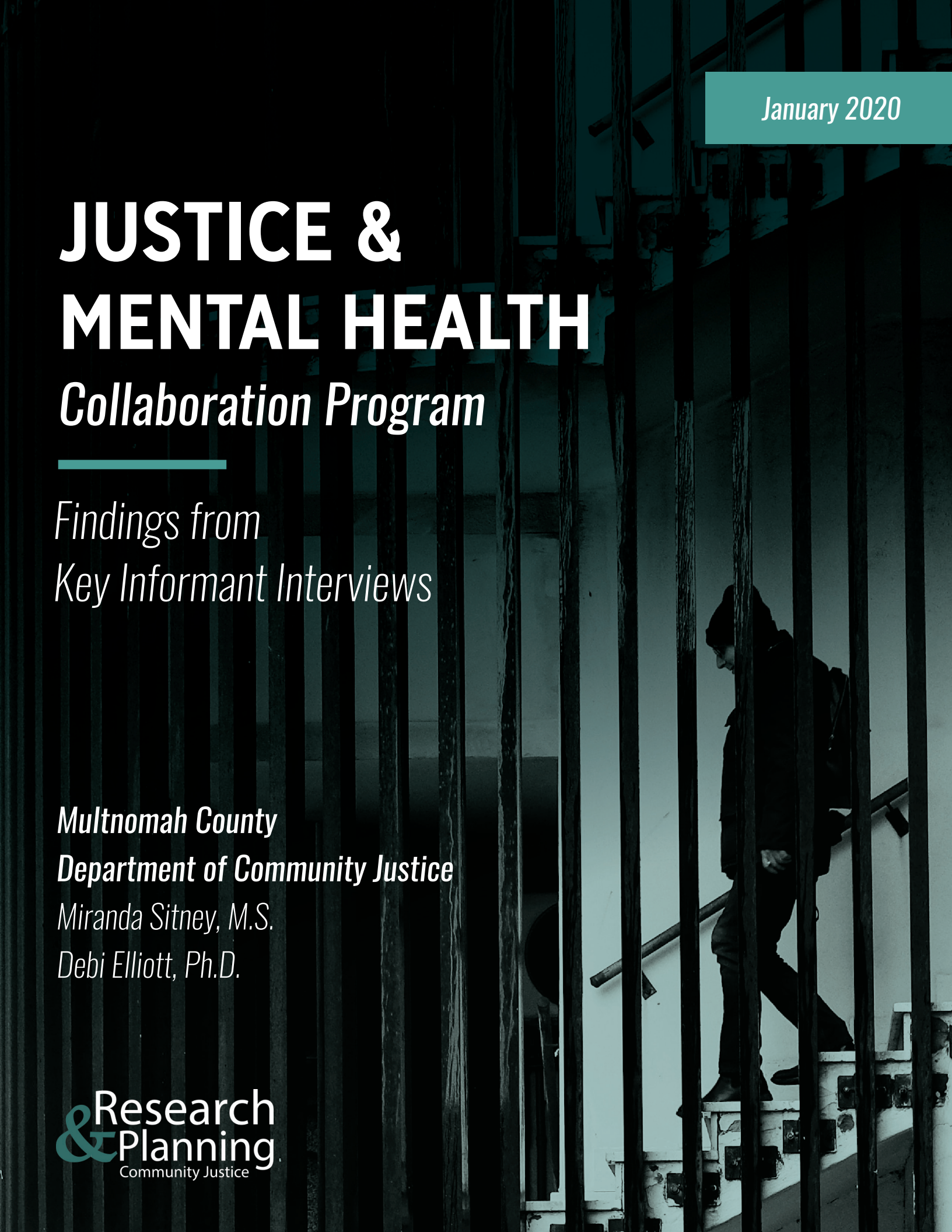

January 2020

JUSTICE & MENTAL HEALTH

Collaboration Program

Findings from Key Informant Interviews

Multnomah County Department of Community Justice

Miranda Sitney, M.S.

Debi Elliott, Ph.D.

Research & Planning
Community Justice

Acknowledgments

Funding Support

This work was supported by the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance, through the Justice and Mental Health Collaboration Program Grant # 2017-MO-BX-0011.

Grant Program Oversight

Olivia Randi | The Council of State Governments Justice Center

Gresham Mental Health Team

Gresham Police Department

Matthew Clay | Sergeant
Ralph Godfrey | Police Officer
Julie Kallem | Senior Management Analyst
Kyle Lewis | Lieutenant
Melonye Quitoriano | Administrative Assistant II
Robin Sells | Chief of Police
Caryn Shetterly | Crime Analyst

Cascadia Behavioral Healthcare

Bianca Chinn | Clinician
Sara Dryden | Project Supervisor
Corey Fisher | Program Manager
Allison Hoyman-Browe | Clinician
Barbara Snow | Clinical Director

Department of Community Justice

Joslyn Baker | Grant Accounting
Kim Bernard*, Ph.D. | Director of Data Analytics, DataSparkRI
Corie Michaels | Graphic Design
Erika Preuitt | Director
Kelsey Ravindren M.S. | Research Coordinator

**Kim Bernard held the position of Quality Manager on the Department of Community Justice's Research and Planning Team from 2013-2019*

Table of Contents

Project Overview

Background

In 2017, a partnership was created between the Gresham Police Department (GPD), Cascadia Behavioral Healthcare (CBH), and the Multnomah County Department of Community Justice's (DCJ) Research and Planning Team (RAP). This collaboration was made possible through the award of a Bureau of Justice Assistance Justice and Mental Health Collaboration Project grant designed to advance criminal justice reform. The funds from this grant were used to implement a joint police and clinician response team that would be tasked with responding to 911 calls related to mental health crises in the city of Gresham, Oregon. The officers and clinicians on the Gresham Mental Health Team (GMHT) would provide the dual roles of de-escalating the crisis situation and following-up with the client in the days and weeks after the incident to provide additional support. This report explores the themes that emerged through twelve key informant interviews conducted with the core members of the newly created Gresham Mental Health Team. These interviews were designed to assess the quality of the team's collaboration, to elicit policy and program change recommendations, and to aid in the interpretation of quantitative data.

Methodology

All interviews were conducted by members of the RAP evaluation team who have been trained in qualitative research methods. Interviews were conducted on location at either the Gresham Police headquarters, the Cascadia Behavioral Healthcare clinic, or the Gresham Mental Health Team's central office. All interviews were conducted in private rooms with only the interviewer and the key informant present. Participants were informed that their responses would be de-identified and kept confidential. Following a discussion of the interview protocol and confidentiality safeguards, the participants provided verbal and written voluntary consent. Discussions ranged from 27 - 95 minutes. Interviews were audio recorded and professionally transcribed verbatim. Responses were then organized by question and coded for themes using an iterative qualitative analysis process. The next section presents the results of that thematic analysis.

Key Informants

In total, twelve key informants were interviewed for this analysis. Five of the informants were associated with Cascadia Behavioral Healthcare and the remaining seven informants were employed by the Gresham Police Department.

From CBH, key informants included:

- Clinical Director for mobile crisis services
- Program Manager for mobile crisis services
- Project Supervisor for the GMHT
- Clinicians working on the GMHT

From GPD, key informants included:

- Chief of Police
- Sergeant assigned to the GMHT
- Lieutenant assigned to the GMHT
- Police Officer assigned to the GMHT
- Grant Manager
- Crime Analyst
- Administrative Assistant

Interview Questions

A semi-structured interview protocol was designed to capture the relevant information. Each key informant was asked all of the research questions verbatim, and follow-up questions were asked that were specific to each informant's responses in order to get clarification or gather additional information. The interview protocol was submitted for review to the Institutional Review Board (IRB) at Portland State University. Expedited approval was granted (protocol # 194925) prior to any data being collected.

Key Informants were asked:

1. ***How would you describe the goal(s) of this project?***
   a. How well do you believe those goals align with your agency's goals?
2. ***Based on your experience, how effective has the program been at achieving the following desired outcomes:***
   a. Diverting people with mental health or co-occurring mental health and substance abuse disorders from the criminal justice system?
   b. Providing appropriate treatment and follow-up visits to people with mental health or co-occurring mental health and substance abuse disorders?
3. ***From your experience, what have been some of the most and least effective strategies this project has implemented in relation to managing a mental health crisis?***
4. ***How effectively did the training cover the following topics:***
   a. Mental illness symptoms?
   b. Crisis intervention and de-escalation techniques?
   c. Overview of treatment and services resources?
   d. Were there topics that could have been explained in greater detail or other topics that could have been included?
5. ***Throughout the project, how effectively were you able to voice your thoughts, concerns, and questions?***
6. ***How would you describe your relationship with [the clinicians and/or the police officers] on this project?***
7. ***What have been the most and least effective strategies used for sharing information between clinicians and officers?***
8. ***How could the project be improved?***
9. ***Is there anything was missed or that you would wish to add?***

Thematic Analysis

Project Goals

Key informants were asked to evaluate the extent to which their team had been effective at meeting the two stated goals of this project so far. These stated goals included:

Evaluation of Stated Goals

Key informants were asked to evaluate the extent to which their team had been effective at meeting the two stated goals of this project so far. These stated goals included:

- Reducing the number of jail stays experienced by Gresham residents with severe mental illnesses.
- Providing follow-up visits for Gresham residents with severe mental illness who had prior police contact.

Diversion from Jail

Mixed Perceptions of Effectiveness

Key informants' opinions regarding the project's success of diverting people with mental health concerns away from the criminal justice system metric were mixed. The majority of informants felt that it was too early to really assess the effectiveness of their jail diversion efforts. This was in large part due to the need to modify the existing police culture surrounding dispositions for people with mental illness. As one interviewee commented, ***"We're laying the groundwork now. It's only occasional cases where we specifically [divert from jail]. But we are building the infrastructure where that will become a much more common occurrence, I think."*** Adjusting the internal protocols of the GPD remained a consistent theme across all informants, regardless of how effective they perceived the project to be in its current form. One individual who felt that the project had thus far been ineffective at jail diversion stated: ***"Not very effective because most police will just arrest someone, even when we've told them that they can go to the hospital, they're taken to jail instead."*** However, others felt that improvements were rapidly being made in educating police officers regarding their options when presented with a client experiencing mental illness. One respondent noted, ***"And I just, anecdotally, am noticing a lot more people are using police officer holds and/or hospitals as a disposition, as opposed to taking people directly to jail."***

Confounding Factors

In addition to the challenge of changing police procedures, many informants felt that they could not accurately judge the effectiveness of this project's jail diversion efforts due to extraneous and unavoidable factors.

One such factor was the limited resources of the local psychiatric hospital, exemplified in this comment, ***"Oh capacity issues. [The hospital] doesn't have nearly the capacity they need to hold people for the length of time it takes to get [a client] into a program."*** Key informants from both organizations lamented that much of their time was spent advocating for their clients to remain in the hospital while the team arranged outpatient resources. Most often, clients who were still experiencing the effects of their mental health crisis would regularly be discharged from the hospital and immediately re-engage with police contact. This cycle would sometimes be repeated multiple times before services were became available. Therefore, team members felt that their effectiveness at jail diversion was being reduced due to their client's repeated early hospital discharges. Each subsequent discharge and engagement with police presented a new opportunity to be arrested and sent to jail. Alternatively, if the clients were able to remain in the hospital until they had fully de-escalated or could be engaged by outpatient services, the informants felt that their effectiveness at jail diversion would be greatly improved.

Informants also felt that they could not accurately determine their effect on jail diversion due to capacity at the jail. As one informant explained,: ***"jail is more and more either turning people right back out, or they're refusing to take them. So to be able to take somebody and have a place to put them is so important right now."*** Team members felt that these two capacity issues, both at the hospital and at the jail, meant that there was often nowhere for their clients in crisis to go. Furthermore, it led to confusion among the Gresham officers regarding when it was appropriate to divert clients from jail. Some officers understood hospital-diversion as an option only when the jail was at capacity.

> ***"Oh capacity issues. The hospital doesn't have nearly the capacity they need to hold people for the length of time it takes to get a client into a program.***

Providing Follow-Ups and Resources

Key informants discussed their perceptions of the effectiveness of the project's second goal of providing follow-up visits and additional resources to individuals with mental illness. Just as with the first goal, the team had mixed perceptions ranging from ***"not very successful"*** to ***"this team has been fantastic in meeting with those folks that are referred and offering ongoing engagement."*** Informants who felt that the team was less-than-successful in this metric often cited the voluntary nature of the follow-ups as reducing effectiveness, for example, ***"it's voluntary at that point, and most people decline to engage in services or be connected to services."*** For these informants, it was discouraging that few clients chose to engage with the team when follow-up services were offered. Among those individuals who felt that this practice was working well, the perceived success was that these resources were now available to clients in the Gresham area. ***"We are able to do that follow-up work . . . for individuals who want it or are interested in it and get connected to services or . . . potentially gain that interest in the services we think might be beneficial."*** Whether or not the clients accepted the follow-up consultations or engaged in additional resources was seen as less important than the system being put in place so that clients could access those resources when they were ready to do so.

Identifying Additional Goals

In addition to the two stated goals of this project, key informants were asked to summarize any additional goals that they felt were central to the GMHT's mission. Key informants reported the following additional goals:

- Better address the needs of people with mental illness in Gresham
- Reduce 911 calls for service
- Build a collaborative relationship between the Gresham Police Department, Cascadia Behavioral Healthcare, and the citizens of Gresham

Addressing Needs

The goal of better addressing the needs of people with mental illness in Gresham was frequently noted by both CBH and GPD informants. As one informant stated, ***"the goal is to provide more comprehensive and behavioral health-focused services to individuals with mental illness coming in contact with Gresham police."*** Prior to this team's formation, GPD did not have specialty services for addressing mental illness during 911 responses. This team's formation was perceived as a starting point for remedying that service gap.

Reducing 911 Calls

The second goal of reducing 911 calls for service was consistently cited by GPD informants, but not by CBH-affiliated individuals. For the police department, this goal seemed to be a top priority. As one informant said, ***"Well, the ultimate goal for me would be for the mental health team to help reduce calls for service for our patrol officers."*** In particular, the GPD key informants perceived a trend of a few Gresham citizens making many calls to 911 as a direct result of their mental illness symptoms (e.g., calls related to paranoid delusions). Therefore, their goal was to intervene with these few high-utilizers in order to make a significant reduction in overall calls for service.

Building Relationships

Finally, a number of informants identified the creation of the unified clinician/officer team as the goal in-and-of itself. For example, one informant remarked, ***"The goal is to develop a collaboration between mental health clinicians and the Gresham police."*** Previously, the GPD had been contracting with mental health clinicians based in the neighboring city of Portland. Having Gresham-based clinicians was viewed as a valuable new resource for the city.

Lack of Goal Clarity

Of interest, there were also a number of key informants who were unsure of the exact project goals. Five of the twelve key informants initially stated that the goals had been developed by other people and that they were not equipped to recite them. As one informant commented, ***"I think before I started they kind of went over what their goals for the team were."*** However, when pressed, eleven of the twelve informants were ultimately able to report some of the primary project goals.

Alignment with Individual Agency Goals

Once goals were established by the informants, each interviewee was asked how strongly they believed that those goals aligned with their respective agency's mission (either GPD or CBH). Overwhelmingly, key informants felt that this project aligned well, specifically noting two central areas of alignment between the clinicians and the police:

- Addressing repeated interactions with heavily overlapping populations (citizens with mental health concerns)
- A common mission to provide positive, trauma-informed interactions for citizens who often engage with police or social workers in moments of crisis.

From the police perspective, this project provided an opportunity to improve citizen-police relations: ***"We're making a lot of contact with different groups of people that generally don't have positive contact with police and trying to have positive contacts outside of a crisis or outside of a police call for service."*** Alternatively, CBH workers saw this work as another point of contact that could be leveraged to get the clients into services: ***"we have a number of partnerships with law enforcement as they tend to have first contact frequently with individuals suffering from mental health. So partnering with them makes sense in trying to decrease . . . behavioral health crises and increase contact with the clinician."*** Regardless of the agencies' individual agendas, all informants agreed that a joint partnership could advance their goal of improving the state of mental health care for individuals who come into contact with law enforcement.

Project Successes

Key informants were asked to discuss the areas in which they felt that the team had generated the greatest successes. Their responses were grouped around the following themes:

Proactivity

Coordination

Follow-Ups

Internal Education

Proactivity

Response Times

Through multiple avenues, the key informants believed that the proactivity of the team constituted one of its greatest success points. Proactivity was conceptualized in two ways. First, informants commented on the speed with which the GMHT was able to respond to those citizens who were in crisis. As one informant commented, ***"What really works is when our officers are listening to the radio and we just . . . show up, and we have a really short response time, and we're able to get that person the care that they need."***

In addition to keeping track of the radio calls for service, informants also felt that moving the team's headquarters to Gresham aided in their ability to provide quick and efficient care. Prior to this team's formulation, clinicians would be forced to drive 20 to- -40 minutes from their headquarters in the city of Portland to get to a scene in Gresham: "***my impression is that historically, Gresham police has not often requested [the Portland-based mental health team] in general. I think some of that has to do with geographic location, in terms of responding to a crisis."*** Additionally, the fast response times were being noted favorably by the GPD officers who called for the team's assistance. Thus, faster response times were creating a snowball effect of increasing officer requests for the team to be present on active police scenes.

Prevention of Further Harm

The strength of proactivity also manifested through examples of planning with clients to prevent further harm. As an example, one informant explained their process when their clients are experiencing unstable housing: ***"We've had several clients evicted while we're dealing with them, and [we are now] trying to get them housing before the eviction . . . 'Where are you going to land when this eviction happens?' or, 'Can we prevent this eviction and convince you to go somewhere else so you don't have this eviction on your record?'"*** Ultimately, key informants perceived that if the clients have stable support, they are less likely to cycle back through the criminal justice system.

Coordinating Resources and Abilities

Distinct Access to Resources

A second theme of success surrounded the team's increased availability of resources. Informants from both GPD and CBH felt that this collaboration provided them with opportunities to provide greater access to services and more wraparound care than either organization could generate alone. Partially, this was a result of increased staffing and attention. However, key informants noted that the more salient benefit of the team was that the two organizations had different access to resources. CBH informants repeatedly highlighted that the police officers were not bound by the same HIPAA requirements that are mandated for mental health professionals. This freed the police officers to engage in a number of activities that are prohibited for clinicians: ***"I think that the coordination between the police and the mental health clinicians have been really helpful. Due to HIPPA, the clinicians have some limitations in ability to reach out to family members and get historical information that can inform the practice that they are involved in. And using police who don't have those restrictions has helped get a more robust historical context to move forward with."*** While police officers are able to gather in-depth contextual information through multiple sources that were unavailable to the mental health providers, GPD informants were equally aware of the added benefits that the clinicians brought to the team. Specifically, clinicians were described as better able to connect clients with the available external resources in Gresham and had more credibility in the eyes of other resource providers: "Clinicians can better navigate this world of mental health services" Thus, both partners felt that the team was made better, and that clients received a higher level of support, through this joint effort.

Unique Connection with Clients

The collaboration additionally allowed for the GMHT to personalize each client's experience with respect to their previous histories with the criminal justice or mental health systems. Multiple informants, both from GPD and CBH, noted that a benefit of collaboration was that they could engage citizens who would normally decline to talk to one of the organizations: ***"Some people respond poorly to police and will respond well to folks who are in the helping profession. And the alternative is also true. Coupling of these two, generally, there can be somebody for a citizen to connect with and be able to get some help from."*** This same refrain was noted over and over again. Police officers reported that citizens who they had never been able to connect with had opened up to one of the clinicians. Meanwhile, CBH informants saw that some clients ***"don't want to talk to clinicians. They don't like the word 'mental health.' They don't want to think that there's something wrong with them."*** However, these same clients were often comfortable talking about their struggles with housing, addiction, or family relationships when in conversation with a police officer.

> ***"Some people respond poorly to police and will respond well to folks who are in the helping profession. And the alternative is also true. Coupling of these two, generally, there can be somebody for a citizen to connect with and be able to get some help from.***

Follow-Ups

While the previous two successes noted that the creation of the GMHT has allowed Gresham citizens to be served more efficiently, some informants highlighted that this team's creation has also allowed for clients to be served in entirely new ways. The team's commitment to engaging in follow-up work in the days and weeks after a 911 crisis call, represents one of those novel successes. As one informant described, ***"Realistically, it's having people that are dedicated to doing that follow-up piece. I mean we didn't have that before on the police side."*** Commitment to following up with clients was noted as the catalyst for a number of further benefits including longer periods of stability, reduced 911-call misusage, and greater external resource utilization: ***"We make contact with them as frequently as we can, and we seem to be able to establish some level of rapport, trust, and relationship to at least know what's going on. Even if they are not accepting our advice, we at least know what's going on. And they call us and tell us, 'Hey, this happened, and I am pissed about it.' And they are not calling the police. They are not calling 911 as much."***

Internal Education

Finally, the key informants identified that an unexpected success of this program has been to increase the education and awareness of alternative options for people experiencing a mental health crisis among the non-GMHT officers on the Gresham police force. As one GPD informant noted, ***"There's now a hyperawareness on the part of officers that, if they keep seeing the same people with mental health and/or drug problems, there's a place now, and people, to help those folks, who may not need to go to jail."*** Both clinician and police informants noted that, prior to the creation of this team, many Gresham officers felt that jail was the most appropriate place to transport a client who was experiencing mental illness. Informants felt that simply being on scene to provide officers with various options for transport locations seemed to be an effective strategy to reduce jail stays for those individuals.

> ***"There's now a hyperawareness on the part of officers that, if they keep seeing the same people with mental health and/or drug problems, there's a place now, and people, to help those folks, who may not need to go to jail.***

This "hyperawareness" among the officers was also reflected by the informants affiliated with CBH. For example, one participant stated that, since the creation of the GMHT, other crisis services that work with the police have seen an increase in the officers' utilization of their services as well: ***"they're seeing an increase in Gresham police calling for Project Respond, which is a 24/7 response team, more since this team has been created."*** The implication of this observation is that the presence of clinicians on police scenes with a mental health nexus has influenced general officer behavior and extends even outside the immediate mental health team. By increasing officer education on the appropriateness of alternative options for clients with mental health concerns, and on the resources available to those officers, they can reduce their own workload, reduce jail bed overcrowding, and provide the client with a greater chance of successful de-escalation.

Project Obstacles

Key informants were also asked to note areas of ongoing challenges that were hindering their ability to fully realize their project goals. Themes from these discussions included obstacles related to:

Part-Time Program

In its initial formation, the GMHT was only funded to provide client support for 30 hours a week. All of the participants felt that employing the GMHT part-time was an obstacle to its success. Key informants noted many challenges that arose as a result of the part-time nature of the program including inability to follow-up with clients in a timely manner, inability to respond to crises on some days, and a large burden on the remaining staff when one team member is sick, on vacation, or has other work obligations. However the biggest concern was achieving credibility in the eyes of the Gresham police officers and clients: ***"I really wish that this team wasn't part-time. . . I think it's really challenging for police and the people we serve in the community to say, 'We're here. We want to support. We're an outreach team. We're one of the few elements that can come out in the community and meet you where you are,' but we're only here Monday, Tuesday, and Thursday."*** Team members advocated for moving the current clinicians and the police officer up to full time, rather than adding more part-time employees. They felt strongly that having the same few faces represented in the community with consistency would improve this concern regarding credibility.

Program Newness

Informants also felt that they had not yet received total buy-in from their external partners due to the newness of the program. From the clinicians, this theme emerged with respect to connections with other mental health service providers: ***"outreach attempts with other providers and relationship-building have not always been incredibly effective because . . . it can become confusing to external providers how this team is operating or how to access them, and that kind of thing."*** CBH informants felt that they had not yet worked out a smooth system for connecting their clients with the other available resources in the area. It would take time for the partner programs to understand why these clients were being referred. Team members from the Gresham police also felt the effects of presenting an unproven program to their peer officers. Specifically, GPD concerns revolved around the perception that the team's formation was drawing away resources (both in terms of assigned officers and of budgeted dollars) from other places on the force: ***"Any time you stand up a new unit or you take police officers away from patrol, which is the base function of our agency, you're pulling away resources that could be used either on patrol or in an existing unit. That's been proven. We're not proven; we're brand new, so we got to prove ourselves to the value."*** Informants from the GPD noted that this buy-in from other officers was absolutely essential. Without it, those external officers would not be motivated to refer clients to the GMHT or be willing to call clinicians to their active scenes.

Poor or Scarce Resources

An additional systemic obstacle noted by the informants was the lack of both internal and external resources available in their area. This team is located just outside of a major metropolitan city. As a result of their location, many services are available inside the city limits, but few services extend to their area. The limited resources that are available to Gresham residents was felt strongly by the informants. Most saliently, the informants noted a lack of available shelter beds or temporary housing that would be useful for their clients: ***"I know one thing that our Portland team has is some kind of emergency beds that they utilize for someone who needs just short term housing to get through their crisis. So I think that would be a great resource [in Gresham]."*** Informants also noted that Oregon has a particularly weak mental health system across the state: ***"We're the 48th best mental health care system in the United States. A vastly improved mental health care system to work in, that'll be tremendously huge."*** Thus, poor or scarce external resources were viewed by the informants as one of the primary barriers to success within their program.

> ***"We're the 48th best mental health care system in the United States.***

In addition to difficulties with external resource, some informants noted problems with their internal resources as well. CBH informants reported that they are sometimes unable to communicate with or gain access to services available within their own organization: ***"When we're trying to reach out, people have an existing case manager, a therapist, whatever, and we just get nothing."*** The lack of wraparound communication is further exacerbated by the informants' limited understanding of what resources are available within their larger organization. As stated by one CBH employee, "***We don't even know what services Cascadia provides."*** These two internal obstacles significantly hindered the care coordination process and reduced the effectiveness of the program as a whole.

Information Privacy

A final barrier for the informants concerned the medical and legal privacy of their clients. Prior to the formation of the team, police officers were unaware of the extent to which the clinicians would be prevented from sharing information due to HIPAA legislation. Despite the police officers and clinicians jointly intervening with clients, clinicians are unable to discuss any of the clients' personal mental health information with the officers. This led to a particularly confusing environment where officers may be present during an active crisis, and thus able to directly hear the clinicians gathering medical information, but the team would be prevented from discussing that information together once the crisis was over: ***"[HIPAA] is made difficult because there's pieces of it that we might need to share from a safety standpoint on a call that are not able to be shared outside of that context. And so explaining that if there's imminent threat to people, there's one set of rules, and then we get out of that. And I know it's only been a day or two, but now we're in this different set of rules."*** Clinician informants worried that their police officer teammates may view them as being unreasonably difficult when they refused to share information due to HIPAA compliance. Meanwhile, police informants found the system to be frustrating and were unclear about the circumstances in which HIPAA did or did not apply.

However, it was not only the clinicians who were prevented from sharing information with their teammates. Police officers were also prevented from sharing information that comes through their criminal justice database system. Due to privacy laws regarding legal and criminal information, clinicians are unable to access the criminal databases or to see the 911 call information that would alert the team of an active mental health crisis. Clinicians were therefore dependent on the officers to be monitoring the 911 call information and to inform them when they were needed on a scene. The combination of these two legal walls meant that all the team members felt that they were required to operate with incomplete information.

Team Dynamics

As this team was newly formed, informants were asked to describe their team dynamics thus far. Two themes in this area emerged through the interviews:

Strong Interpersonal Relationships

Clinician vs. Police Cultures

Strong Interpersonal Relationships

Team members felt that they were able to share thoughts and concerns freely with their co-workers. Some informants attributed the open and easy communication to the smallness of the team: ***"It helps when you're . . . one part of four people on the team. It's easier to get your voice heard."*** Informants overall felt that their teammates valued their opinions and expertise. One team member remarked, ***"I feel that I have a really good relationship with them. I feel that they take me seriously and look out for me."*** In particular, the clinician informants were impressed at GPD's commitment to changing their practices surrounding their citizens with mental illnesses. As one CBH informant stated, ***"I think I've been sort of amazed at [GPD's] real dedication to it from day one."*** All informants admitted that changing policing procedures and cultural norms was not a simple undertaking, but that it was made easier due to their strong team bond.

Clinician vs. Police Cultures

All informants noted that the general feeling of team cohesion had occurred despite the strong difference in cultures between clinicians and police. One of the strongest themes that emerged through these interviews was the experience of working with others toward a common goal, but having very different approaches to accomplish the work. As one GPD informant summarized, ***"Social work and police work are not the same things. They generally come from a different point of view. And police work, you want to help people, you want to fix stuff, but there's a consequence, right? And we're going to exercise that consequence. We're going to take you to jail. We're going to give you a ticket. We're going to do whatever. And social work is a lot more patient."*** This philosophical difference manifested most clearly in the decisions of where to send clients following a criminal incident that occurred during a mental health crisis: ***"[The police] will say . . . 'they broke the law. They need to go to jail.' And [the clinicians] might be on the other side of it saying, 'Regardless of what the behavior was, it's a mental health concern, and they should go the hospital.'"*** The question whether the severity of the criminal offense should be taken into consideration when deciding what disposition to assign to clients with mental illness was one that the team often grappled with. In these moments, the informants felt grateful that their small, close-knit team dynamic had been solidified. The structure of such a small program meant that each individual case could be discussed, dissenting opinions would be heard, and decisions could be made mutually.

Suggestions for Improvements

Finally, informants were challenged to suggest potential improvements to GMHT team. These recommendations included:

Increased Staffing

Co-Responder Model

More Trainings

Increased Staffing

At the time of this report, none of the members of the GMHT worked full time on this project. The two clinicians were employed part-time, and the police officer, sergeant, and lieutenant all had additional policing duties outside of the mental health team. The informants felt that a move to creating full-time team members would be beneficial. As one informant recommended, ***"Full-time for both the clinicians and law enforcement, meaning they don't have so many other duties assigned, that they're being pulled a lot of different ways."*** This was echoed by other informants almost verbatim: ***"So we get two part-time clinicians. And I don't know if they would consider it a part-time officer, but he's got other duties as well, and the sergeant's got other duties. So I think, if we had more money, and we could have sort of really full-time dedication on both clinician and officer sergeant side."***

Co-Responder Model

In conjunction with increased staffing, many informants saw value in moving the team to a co-responder model. As the team currently stood, clinicians and officers could not ride together in the police cruiser as the responded to calls: ***"We could move to a co-responder model. I think that that would be an improvement. I think they'd be able to see more clients in quicker time."*** A move to a co-responder model would require the clinicians to be paid at a higher rate than their current position permitted. That salary change was not possible due to the constraints of the grant funding budget. Still, when imagining the future of the GMHT after the close of the grant, a co-responder model was a top priority change for many of the informants.

More Trainings

Finally, the team requested more trainings to occur in the upcoming calendar year. The following topics were requested (listed in order of frequency of appearance in the interviews):

- Resources available in the city of Gresham
- Complex trauma
- Diversity training / racially charged incidents
- Policing 101 for clinicians
- Psychiatric medications
- Working effectively as a team
- Working with families
- Threat assessment

With regard to trainings, CBH clinicians felt that they had been hired on due to their extensive graduate school coursework regarding mental health care. However, they desired additional specific trainings that applied directly to their position on the GMHT. For example, one clinician noted that she felt she understood very little about police procedures, which put her at a disadvantage when attempting to interact with police on a scene: ***"I would love to have training on policing and policing structures, that's really been a crash course that I have learned on the ground. Like, what is the structure? And how does that work? And who's in the hierarchy, and who isn't?"*** Gresham police, too, felt that their previous trainings had not wholly prepared them for the specialized work that was required of the GMHT. Specifically, GPD informants felt that they could use additional information regarding local resources: ***"Treatment and services training, yeah. Treatment and services isn't necessarily a key component of an average police officer's duties."***

Conclusion

Summary

Through a thematic analysis of twelve key informant interviews, a snapshot of the current functioning of the GMHT was captured. This project was designed to create a partnership between mental health clinicians and police officers in order to better address the needs of citizens who experience symptoms of mental illness in the city of Gresham, Oregon. Though, at the time of this report, the GMHT had just begun their work, they have already made some significant progress toward their dual goals of reducing jail stays and providing follow-up support for their clients.

Informants noted that this success was generated through four systems. First, they felt that their proactivity in both responding to active scenes and in providing follow-up created successful results for their clients. Second, the group collectively noted that police-clinician partnerships are successful due to the combination of each partner's distinct access to resources and unique ability to connect with clients. Third, the team felt that they had made great strides in increasing the internal education among the entire GPD regarding their clients with mental illness. Finally, informants felt that their small team had successfully fostered a close interpersonal bond. This strong team dynamic meant that ideas could be shared freely, information regarding clients was easily communicated, and each informant felt that they were a valued member of the group.

However, this project was not without challenges. Informants highlighted that buy-in from their external partners had been limited due to their program's newness and part-time nature. They also felt that the surrounding community resources in the city of Gresham were poor or scarce, which sometimes left them without the ability to provide options for their clients. Informants were surprised to find that information privacy laws, like HIPPA, were tricky to navigate in a police-clinician partnership. Each group was bound by their own privacy laws, which sometimes hindered communication. Finally, both clinicians and police noted that they came from very different work cultures, which created some challenges in understanding each other in the early days of the team's formation.

As this team moves forward, they hope to increase their staffing to support full-time employees and to move to a co-responder model in which clinician-police pairs ride in the same car as partners. They are also hoping to receive more specialized training in this unique work, which is somewhat outside of their normal roles as clinicians and officers.

Limitations and Future Directions

This report sought to provide an in-depth look at a newly-formed partnership between police officers and mental health clinicians. While there is much value in capturing the early experiences of a team, before information is forgotten, it also means that the challenges and successes that the team faces may change rapidly.
Thus, this report can only confidently comment on the functioning of the GMHT in its first year of existence. Future evaluations ought to be conducted once the team is firmly established.

An additional future direction of this research is to compare the team's qualitative reports with quantitative metrics of program success. It is the intention of the authors to produce a second report that includes outcome analyses of the team's success in reducing jail stays and providing follow-up visits for Gresham citizens with mental illness.

About the Authors

Miranda Sitney, M.S.

is a program specialist with the Multnomah County Department of Community Justice's Research and Planning Team. She is currently completing her dissertation work at Portland State University where she will receive a doctorate in Applied Community Psychology. Her work centers on the unique family factors of youth who are charged with sexual offenses.

Debi Elliott, Ph.D.

is the Research Evaluation Scientist for Multnomah County Department of Community Justice (DCJ) Research and Planning (RAP). She has been working in research and evaluation for nearly 30 years in the areas of substance abuse treatment and recovery, juvenile/criminal justice, supported housing, crime victimization, housing and homelessness, children's mental health treatment, and survey research. At RAP, Dr. Elliott oversees a number of federal and state research grants focused on gang-involved youth and adults, substance abuse and trauma treatment for drug court clients, and innovative approaches to supporting clients on community supervision and preparing them for community-based substance abuse treatment. Across all of the projects, she prioritizes a collaborative partnership between field and research staff, as well as clients having a strong voice and an active role in the research. She also has expertise in research ethics and has served on the Portland State University Institutional Review Board for human subjects protection and ethics. Dr. Elliott received her PhD in clinical child psychology from the Ohio State University.