



# Police-Probation Partnerships to Promote Successful Reentry

**January 24, 2017**

Brought to you by the National Reentry Resource Center and the Bureau of Justice Assistance, U.S. Department of Justice



# Speakers

## **MODERATOR**

**Jerry Murphy, Program Director, Law Enforcement**

THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER

## **PRESENTERS**

**Chris Lane, Intensive Supervision Probation Supervisor**

SALT LAKE COUNTY (UT) CRIMINAL JUSTICE SERVICES

**Sergeant Cole Warnick, Intensive Supervision Probation Unit**

SALT LAKE COUNTY (UT) SHERIFF'S OFFICE

**Seth Teague, Management Analyst**

SALT LAKE COUNTY (UT) BEHAVIORAL HEALTH SERVICES

**Amy Weaver, Intensive Supervision Officer**

JOHNSON COUNTY (KS) DEPARTMENT OF CORRECTIONS

**Zach Stephens, C.O.P.P.S. Officer**

OVERLAND PARK (KS) POLICE DEPARTMENT

**Jo Freedman, Behavioral Health Coordinator**

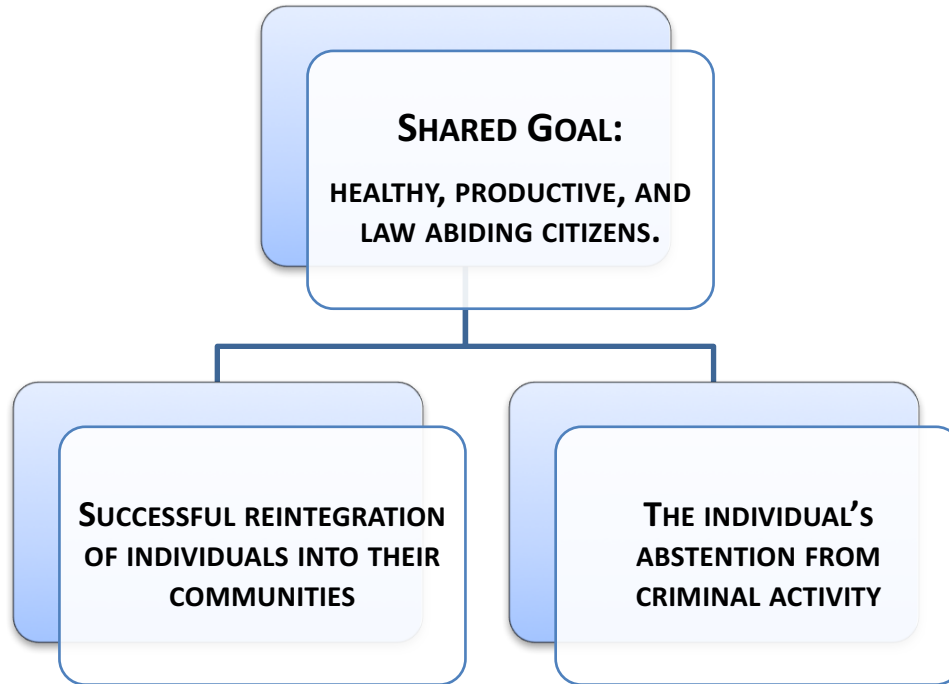
PORTLAND (ME) POLICE DEPARTMENT

# OVERVIEW

- 01** Introduction
- 02** Intensive Supervision Probation (ISP), Salt Lake County, UT
- 03** Overland Park Neighborhood Improvement Project, KS
- 04** Behavioral Health Unit, Portland ME

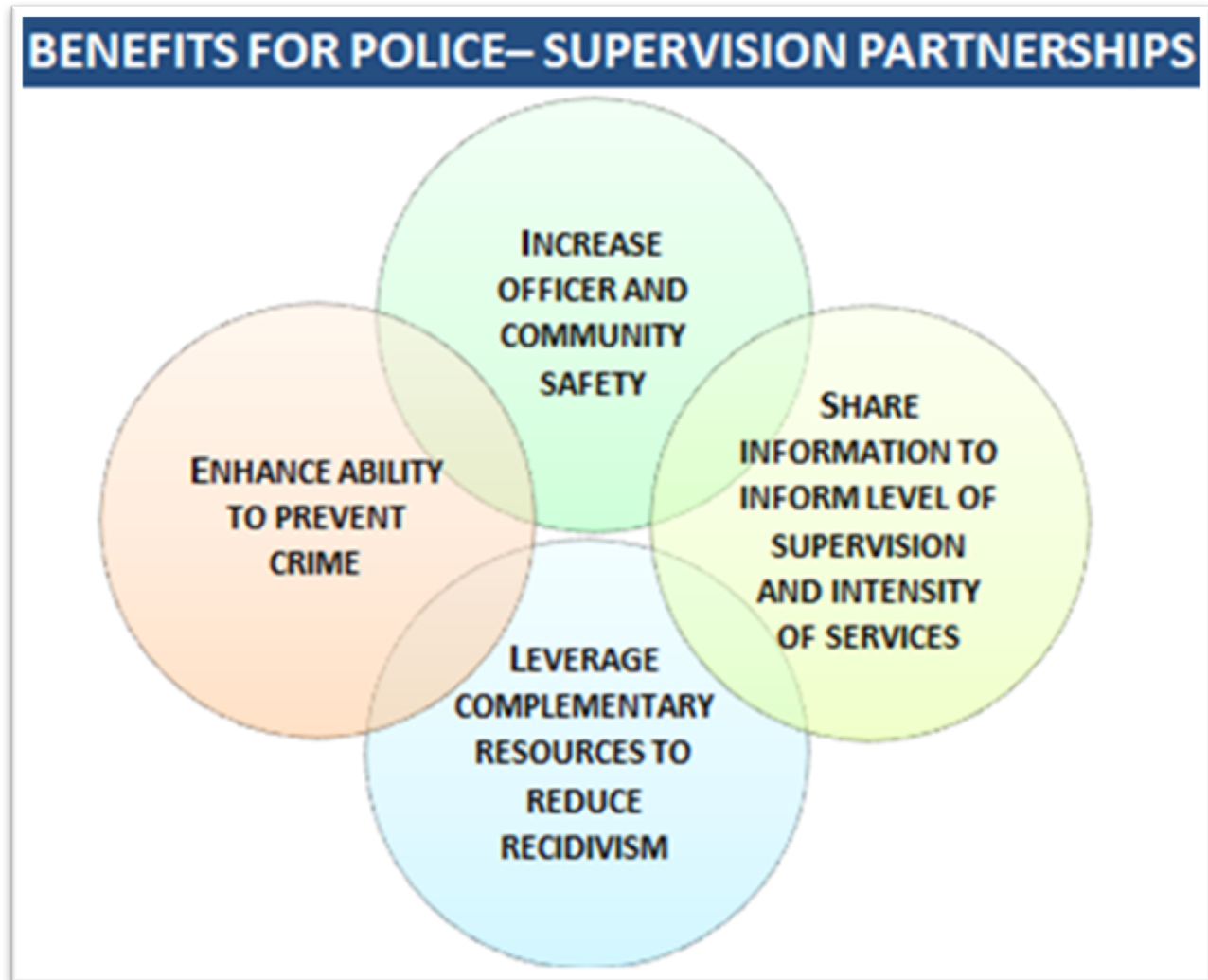
# Common Interests

Law enforcement and community corrections have related, but different missions.





# Benefits



# Typologies

Preemptive	[	Information sharing	Develop procedures to exchange information about individuals on probation or parole with the goal of reducing recidivism.
		Interagency problem-solving	Identify mutual concerns related to types of crime or specific areas, develop strategies, and allocate resources.
Preventative	[	Enhanced supervision	Joint police and corrections supervision of select high-risk probationers and parolees including connecting them with community-based services.
		Specialized enforcement	Address specific crime problems (e.g., gang activity, firearms, and drugs) or populations (e.g. youth, individuals with mental illness, and sex offenders) in effort to increase public safety and connect individuals with needed services.
Reactive	[	Fugitive apprehension	Joint police-corrections operations formed to locate and apprehend probationers or parolees who have absconded, violating conditions of release.

Source: Parent, Dale and Brad Snyder. (1999). Police-Corrections Partnerships. National Institute of Justice: Issues and Practices. Washington, DC: U.S. Department of Justice.

# Partnership Activities

Intelligence and  
Information  
Sharing

Case Planning  
and Supporting  
Behavior Change

Focused  
Deterrence

Source: Jannetta, Jesse, and Pamela Lachman. [\*Promoting Partnerships between Police and Community Supervision Agencies: How Coordination Can Reduce Crime and Improve Public Safety\*](#). Washington, DC: U.S. Dept. of Justice, Community Oriented Policing Services (COPS), 2011.

# Intensive Supervision Probation (ISP) Program





# Mission

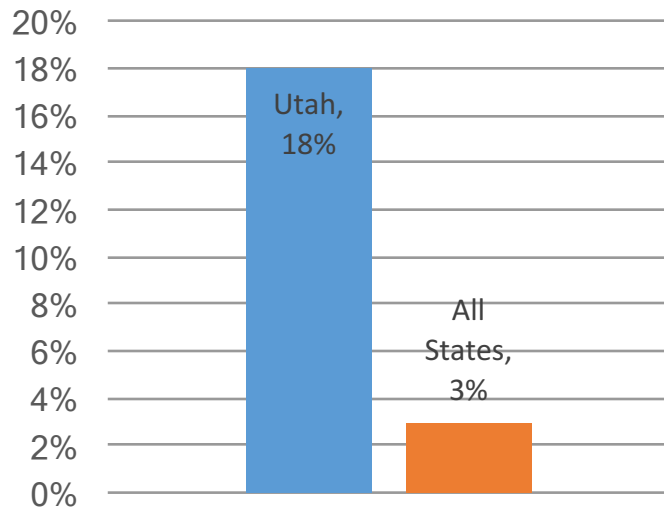
- Intensive Supervision Probation (ISP) provides an alternative to incarceration for clients assessed as high risk/high needs for the purpose of improving the well-being of the participants, protecting public safety, and improving client access to treatment resources. The ISP Program is a collaborative effort by members of the Salt Lake County Sheriff's Office, Salt Lake County Criminal Justice Services Division (CJS), and Salt Lake County Behavioral Health Services.

# Background on Utah Criminal Justice Reform: 2014 - Present



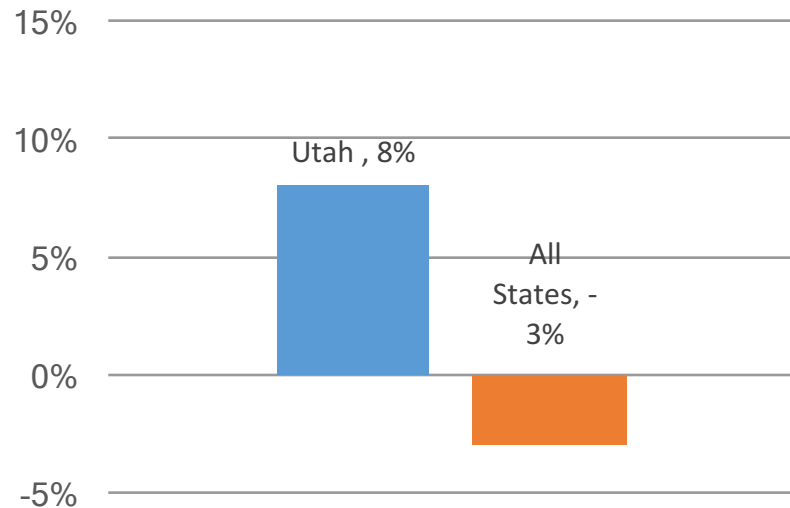
# Justice Reinvestment Initiative (JRI)

**Utah Growth Rate Exceeds National Average Growth Rate**  
**Change in Prison Population, 2004-2013**



Credit: CCJJ Justice Reinvestment Report, November 2014

**Utah Prison Population Grew Amid Recent National Average Decline**  
**Change in Prison Population 2009-2013**



Credit: CCJJ Justice Reinvestment Report, November 2014



# Supervision and Case Management Funding

- Internal Funding and Resources
  - 5 Corrections Officers and 1 Sergeant (\$498,000)
- Additional Funding
  - Vehicles and Maintenance (\$384,000)
  - Miscellaneous Equipment (\$90,000)
    - Gun, Taser, Vest Voucher, IT etc.
- Total Year One Investment
  - \$972,000



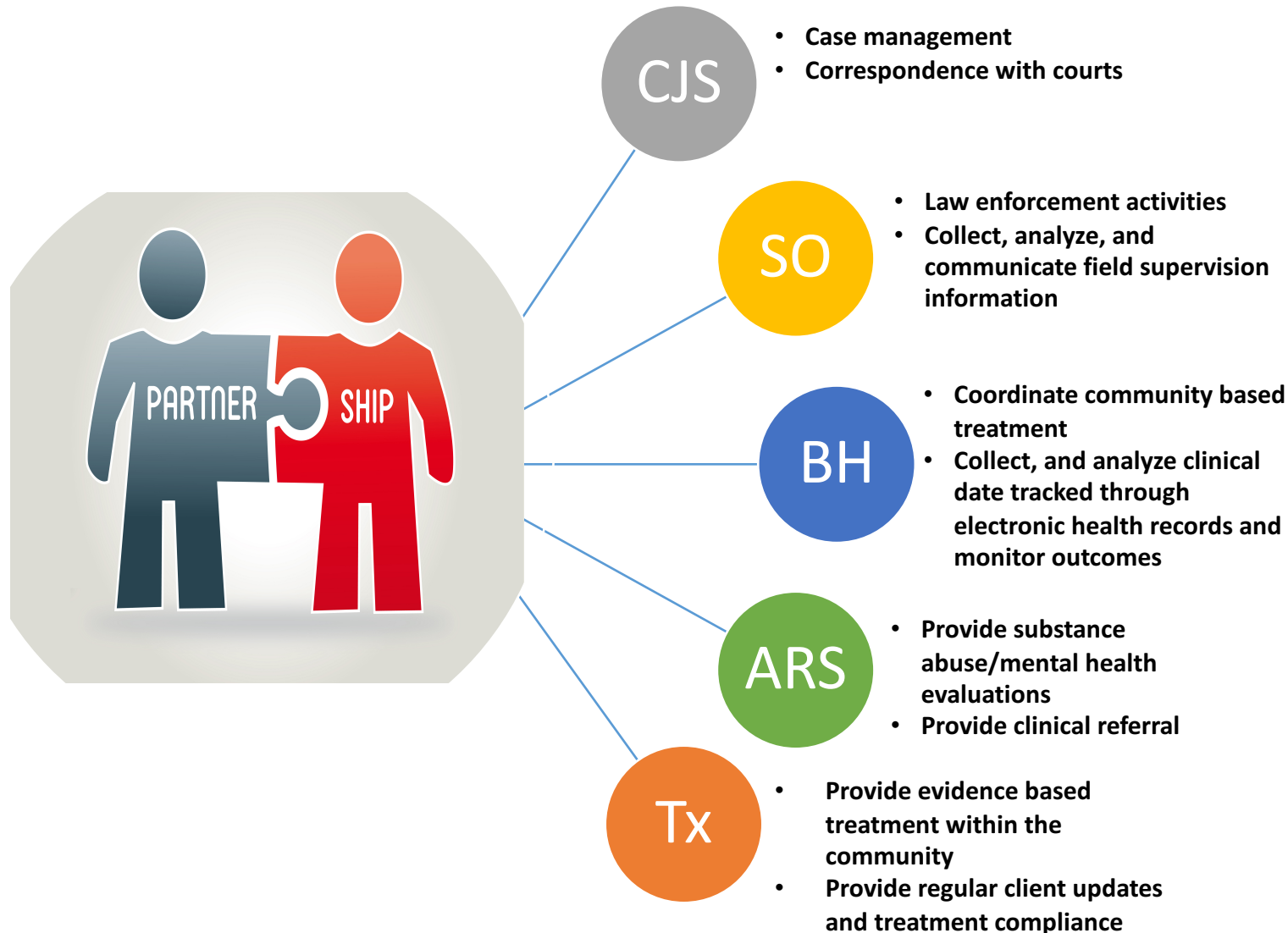
- Internal Funding
  - 4 FTEs (\$270,000)
    - 3 Case Managers
    - 1 Case Manager Supervisor
- Total Year One Investment
  - \$270,000



# Development and Structure of SLCo's Intensive Supervision Probation (ISP)



# Team Roles and Responsibilities





# TEAM ROLES (CJS)

## **CJS CASE MANAGERS**

- The CJS probation case manager is responsible, in cooperation with treatment providers and Sheriff's Officers, for direct supervision of the client's compliance with their probation including:
  - Conducting regular office visits with clients;
  - Implementation of the appropriate supervision level and probation case plan based upon established assessment results;
  - Providing community linkages and referrals to appropriate agencies/resources; and,
  - Documentation of client progress in the CJS client database.
- CJS probation case managers prepare correspondence and reports for the courts as needed to include but no limited to:
  - Stay/progress reports;
  - Order to show cause requests; and,
  - Affidavits in support of an order to show cause.



# TEAM ROLES (CJS)

## **CJS CASE MANAGERS**

- The CJS probation case managers serve as primary contact for correspondence with the courts, program referrals, and information requests.
- CJS probation case managers attend treatment case staffings, team/program meetings, and scheduled court hearings as required. CJS probation case managers provide information and recommendations relating to issues of compliance, accountability and progress with other team members in team meetings and staffings.
- CJS probation will establish legal and clinical eligibility requirements for the Intensive Supervision Probation program and screen potential participants based upon that eligibility criteria.



# TEAM ROLES

## **SL COUNTY SHERIFF'S OFFICER**

- The Officers are responsible for the law enforcement services and field operations in support of case management and accountability of each client's probation requirements.
- The Officer will maintain frequent contact with the client and monitor client activity respective to the client's life at home, employment, treatment, and any other community involvement deemed necessary to provide effective community supervision.
- Each Officer will conduct motivational interviewing techniques, monitor client interactions and lifestyle deficiencies within the community in order to support and motivate clients to meet probation requirements, and assist the client in achieving a better quality of life.



# TEAM ROLES

## **SL COUNTY SHERIFF'S OFFICER**

- Each Officer assigned to the Intensive Supervision Probation Unit will work together as a team along with other staff members and treatment providers according to Sheriff Office policies, principles and philosophies, as well as court orders set forth in the Intensive Supervision Probation Agreement, predicated on the community-based supervision model.
- While conducting field operations, the Officer is responsible for collecting, analyzing, and communicating pertinent information on each of their assigned clients that will assist the case manager, treatment referrals (ARS), therapists, and the jurisdictional courts to development the best course of action that is in the best interest of the client and mitigation of public safety risk.
- Officers will attend meetings with local treatment providers and case managers to provide additional information in support of probation compliance and to facilitate treatment services and case planning.

# TEAM ROLES

## **BEHAVIORAL HEALTH SERVICES**

- Assist in the coordination of community-based treatment for program participants, and to monitor funding for treatment and recovery support services (i.e., ATR).
- BHS will have representation at weekly staff meetings in order to answer questions of treatment access, funding, and other concerns.
- BHS is responsible for collecting and analyzing clinical data for ISP clients tracked through Electronic Health Records (EHR).
- BHS will coordinate with CJS and the Sheriff's Office in monitoring data and outcomes collected outside the EHR.
- BHS will also assist in providing materials, presentations and other information in promoting and demonstrating ISP success and outcomes.

# TEAM ROLES

## CONTRACTED TREATMENT PROVIDERS

- Provide evidence-based treatment in the community for program participants.
- Make all final clinical recommendations for treatment programming. \*\*
- Provide regular client updates to the ISP team Case Managers and Officers to include:
  - Client level of treatment compliance and engagement;
  - Rule violations, failed drug screenings (within 24-48 hours of positive screenings); and,
  - Any other pertinent treatment information or concerns.





# TEAM ROLES

## **CONTRACTED TREATMENT PROVIDERS**

- Attend weekly staffings at CJS to discuss information shared in the reports, as well as any other pertinent information with the ISP team to facilitate collaboration and reach consensus on how best to proceed with each client's treatment and probation.
- Make recommendations for alternate treatment, if a client is deemed inappropriate for their program to include:
  - Requesting authorization from BHS for the transfer; and,
  - Referring and consenting the client's records to the new provider (ARS assessment workers may make the referral to the new provider upon request of the current provider).

**\*\*** There will be instances where the client's legal status supersedes final clinical recommendations, in which case the courts may remove clients from treatment without final clinical approval from the treatment provider.

# TEAM ROLES

## **ASSESSMENT & REFERRAL SERVICES**

- Provide comprehensive substance use and mental health disorder evaluations consisting of a full clinical interview administered by a Master-level clinician and includes the administration of the Risk And Needs Triage Assessment, information obtained from the Bureau of Criminal Investigation, determination of behavioral and psychosocial diagnoses utilizing the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) and determination of treatment level inclusive of the American Society of Addiction Medicine Placement Criteria (ASAM) guidelines.
- Provide the clinical referral to all ISP team members and the participating community treatment providers.
- Review any applicable prior assessments for relevancy and, if indicated, incorporate information from previous evaluations into the current assessment.



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**Psychiatry**

# TEAM ROLES

## **ASSESSMENT & REFERRAL SERVICES**

- Determine if clients receiving treatment at a non-County treatment provider are receiving a clinically appropriate level of care at an appropriate provider based upon the current needs of the client.
- Make appropriate recommendations for changes in level of care and/or provider if a client's current treatment provisions are not appropriate.
- Attend weekly staffings for the clients providing clinical support and recommendations to the ISP team and treatment providers.
- When requested by the treatment providers, or when necessitated by the terms of the courts or probation, ARS clinicians may facilitate a change in treatment providers and/or level of care.
- Work in conjunction with the ISP Access to Recovery Program (ISP ATR) when additional client needs are identified by CJS case workers, ISP team members, or the clinical staff at the treatment agencies.



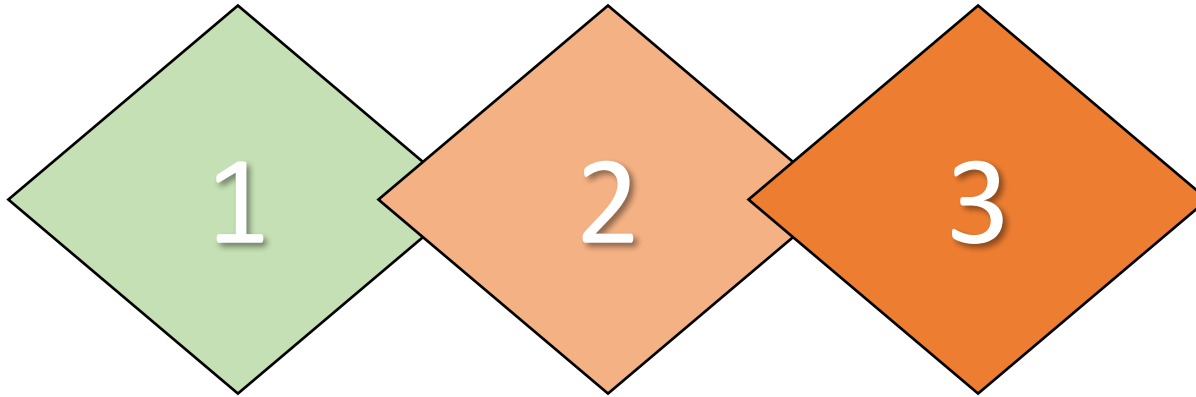
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# Intensive Supervision Probation: Evidence Based

- Evidence-based model targeting high risk individuals with a behavioral health disorder
  - Validated tool to determine criminogenic risk (LS/CMI)
  - Clinical assessment to determine behavioral health needs (ASAM)
    - Residential (3.5 and 3.1), Day Treatment/Intensive Outpatient (2.5 and 2.1), General Outpatient (1.0), Mental Health Therapy and Psychotropic Medications, and Medication-Assisted Treatment (including Suboxone, Methadone, and Vivitrol)

# Nine Month Program Structure

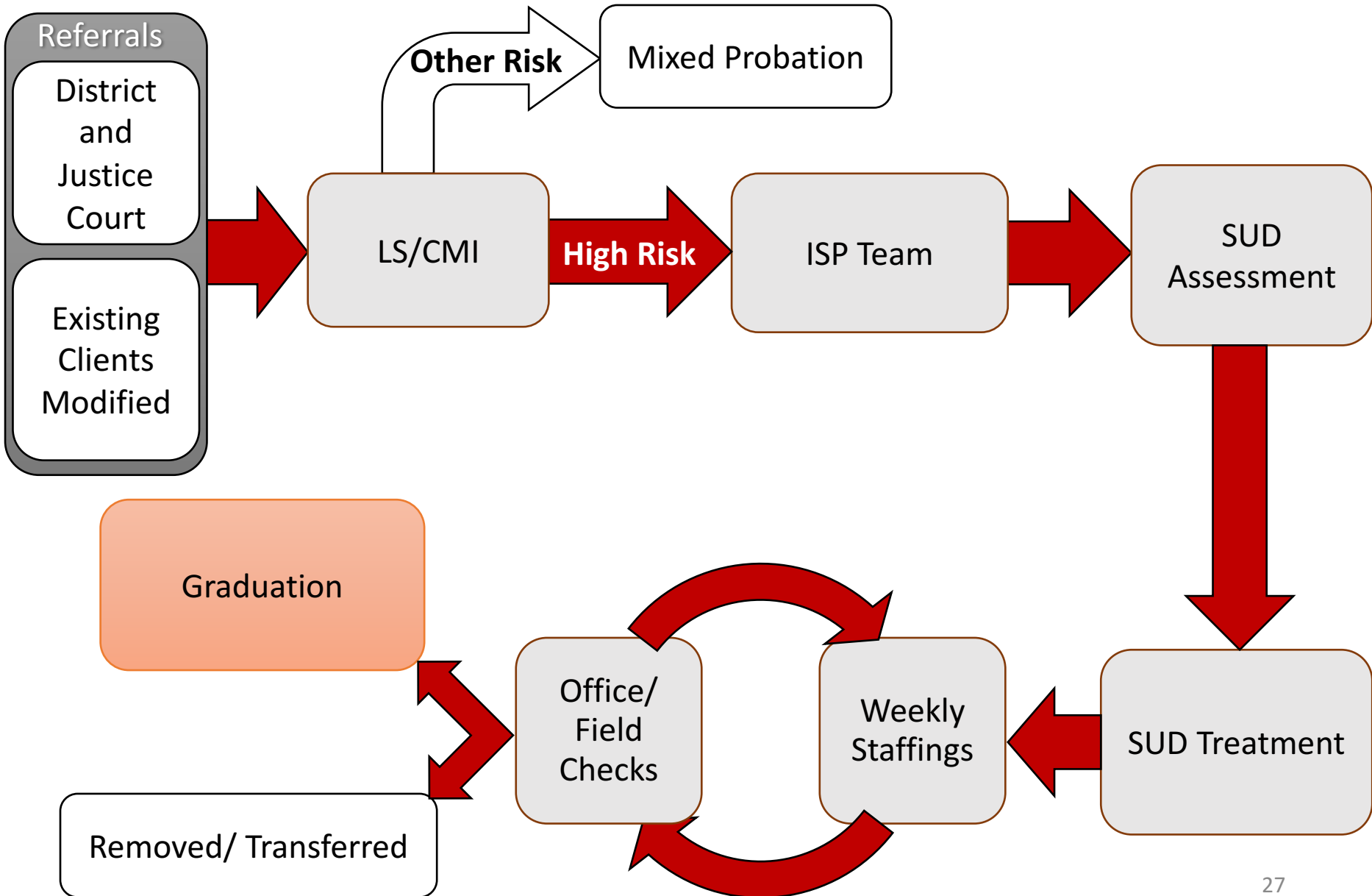


Phase	Monthly Field Checks	Monthly Office Visits
One (~3 months)	4	4
Two (~3 months)	2	2
Three (~3 months)	1	1

# Phase Progression

Phase I	Phase II	Phase III
Stable Residence	Progress on Fines/Restitution	Community Service Complete
Clinical Assessment Completed	Progress on Community Service	Fines/Fees/Restitution Paid
Treatment Intake Completed	Actively Engaged in Treatment	Treatment Successfully Completed or Remaining Engaged
Employment and/or Education Progress	Steady Employment or Education	Stable Employment
Reliable Transportation Obtained	Connection to Recovery Community	Progress on Education and/or Completion of GED/HS Diploma

# ISP Process



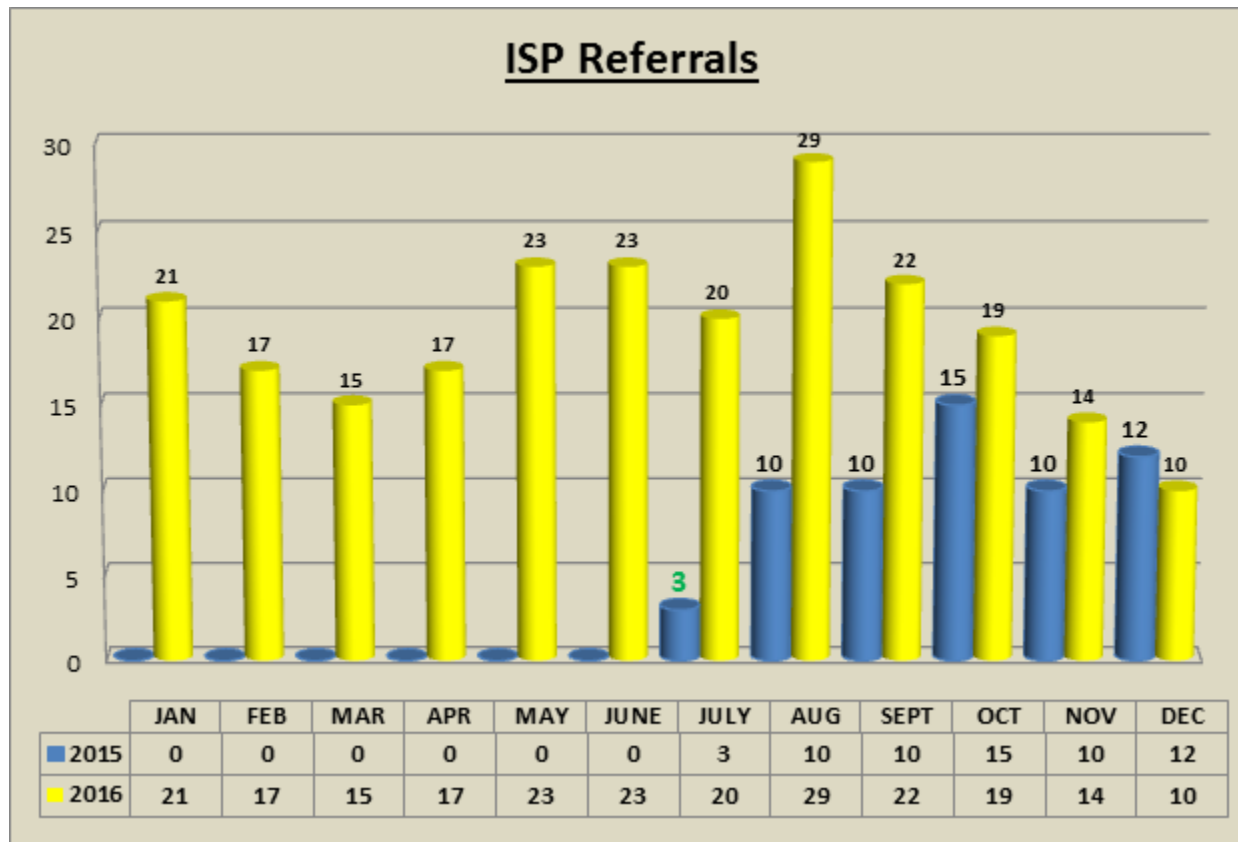
# ISP Outcomes

Short-Term Outcomes	Long-Term Outcomes
Increased Access to Services and Resources	Reduction in Criminal Recidivism
Reduced Wait Times for SUD Treatment	Reduction in Jail Time Served
Case Planning Around Criminogenic Risk	Successful Transitions Back into Community
Effective Use of Public Funds	Improved Physical and Mental Health Outcomes (NOMS)

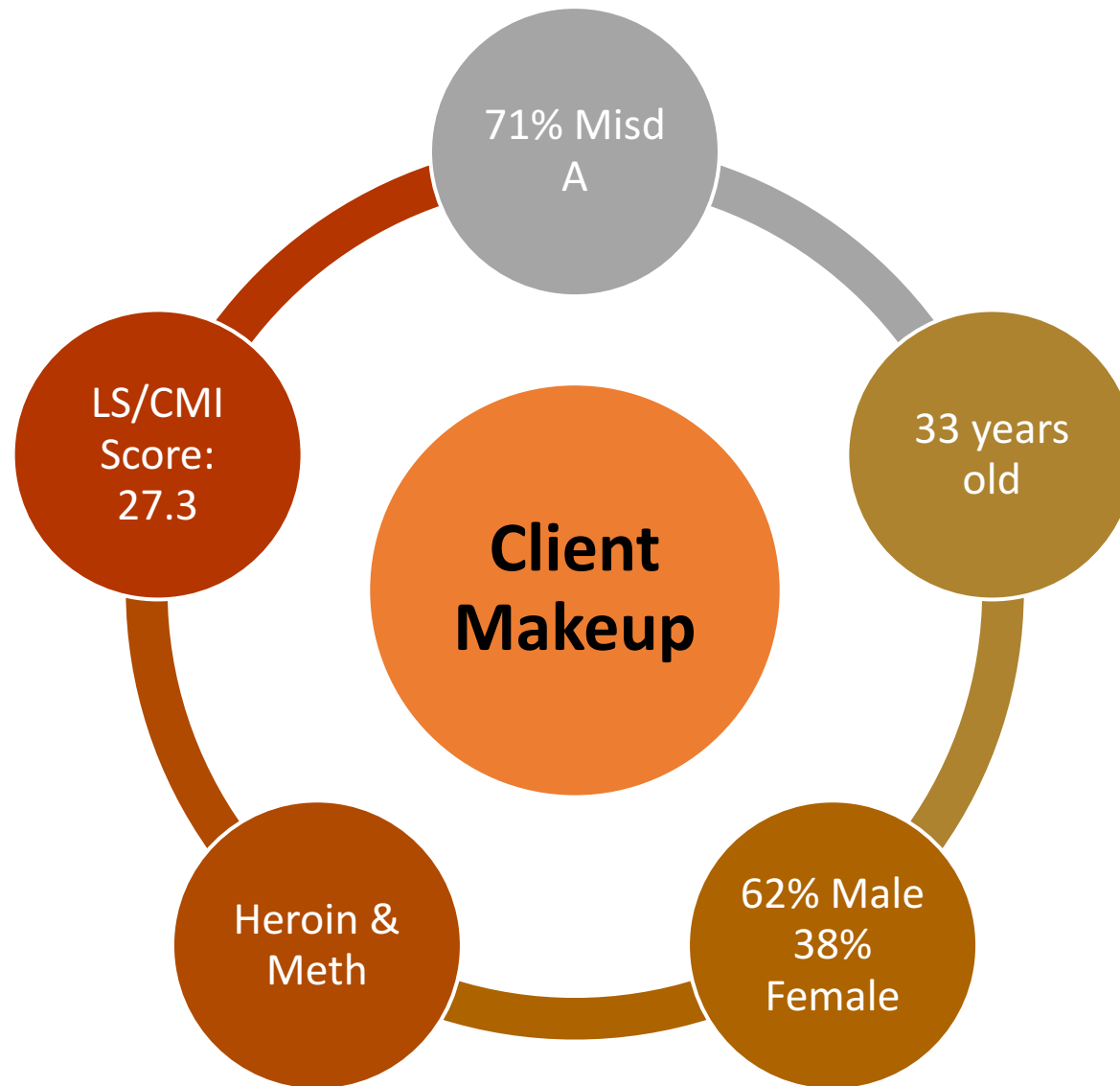


# FY16 – 17 ISP

- Three clients referred in July 2015; averaged 19 referrals per month in year 2016.



# Demographics



## Primary Substance: High Need

Primary Substance	Overall ISP	Male: 62%	Female: 38%
Heroin/Opiates	36.35%	30.50%	45.86%
Meth	27.62%	27.68%	27.52%
Alcohol	17.83%	22.59%	10.09%
THC	11.18%	13.55%	7.33%

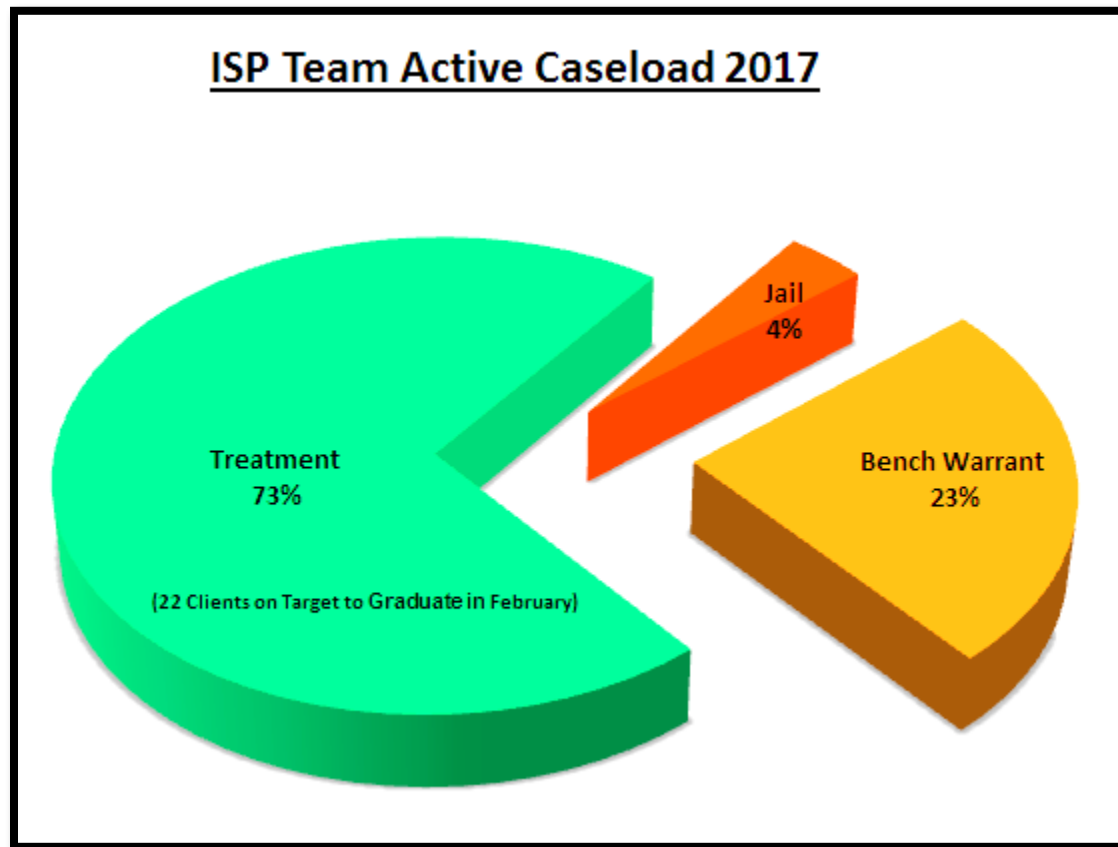
# Connecting Clients to Evidence-Based Treatment

As of January 19, 2017

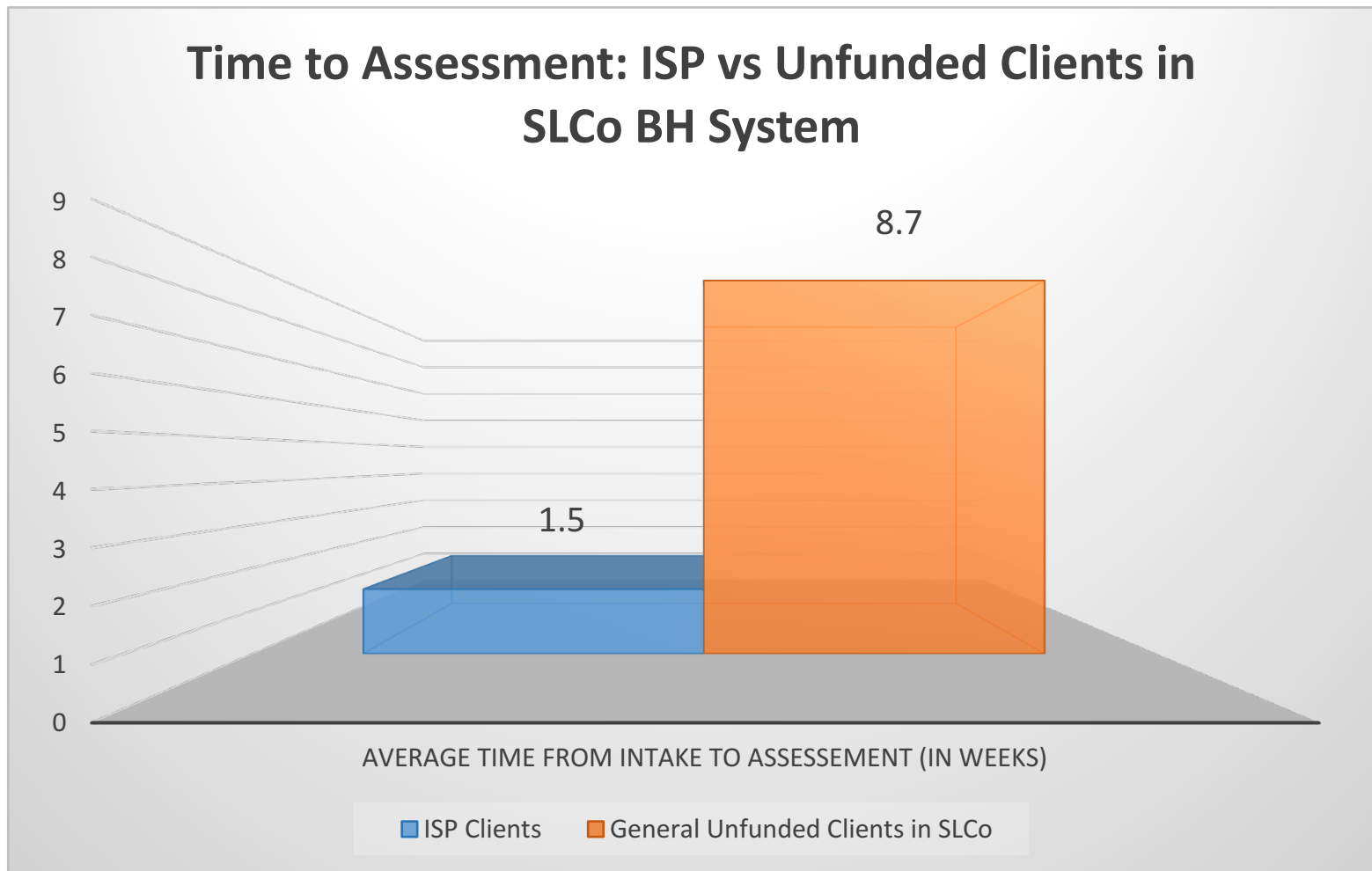
Currently In Program	Removed Program <sup>1</sup>	Successful Completion <sup>2</sup>	Total Referred to ISP	Pending ARS Assessment	Total Clients Assessed for Treatment
187	77	23	286	6	82%

# Strong Retention Rates in Supervision and Treatment

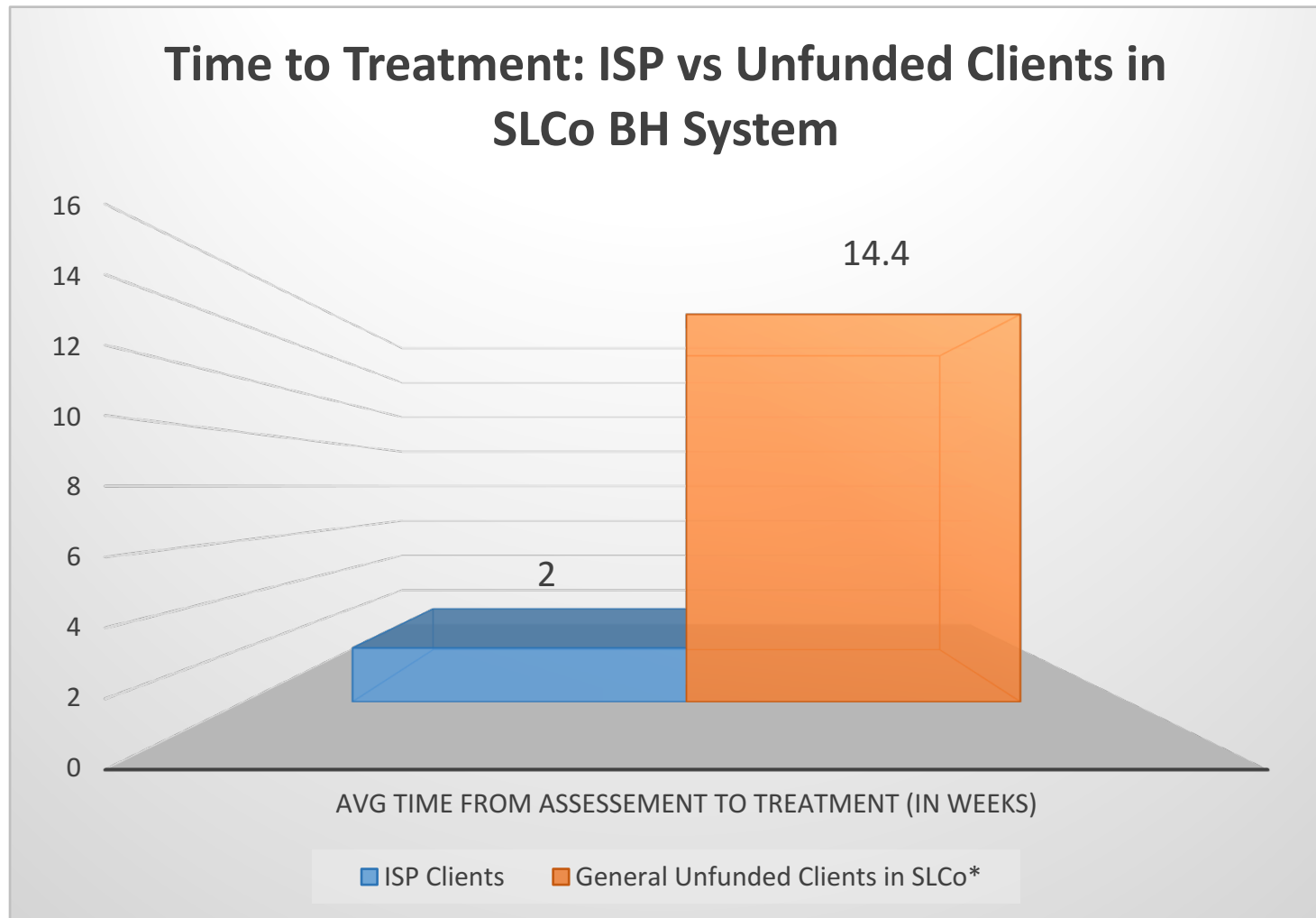
As of January 19, 2017 over 73% of clients have remained engaged in *treatment*.



# ISP provide much quicker access to SUD assessments



**...And allows for immediate access to treatment**



\*Figure includes all levels of care, including residential treatment which can have a wait time exceeding six months

## Client Totals

187

- Total Clients (93% of capacity)

26

- Officer Case Load

37

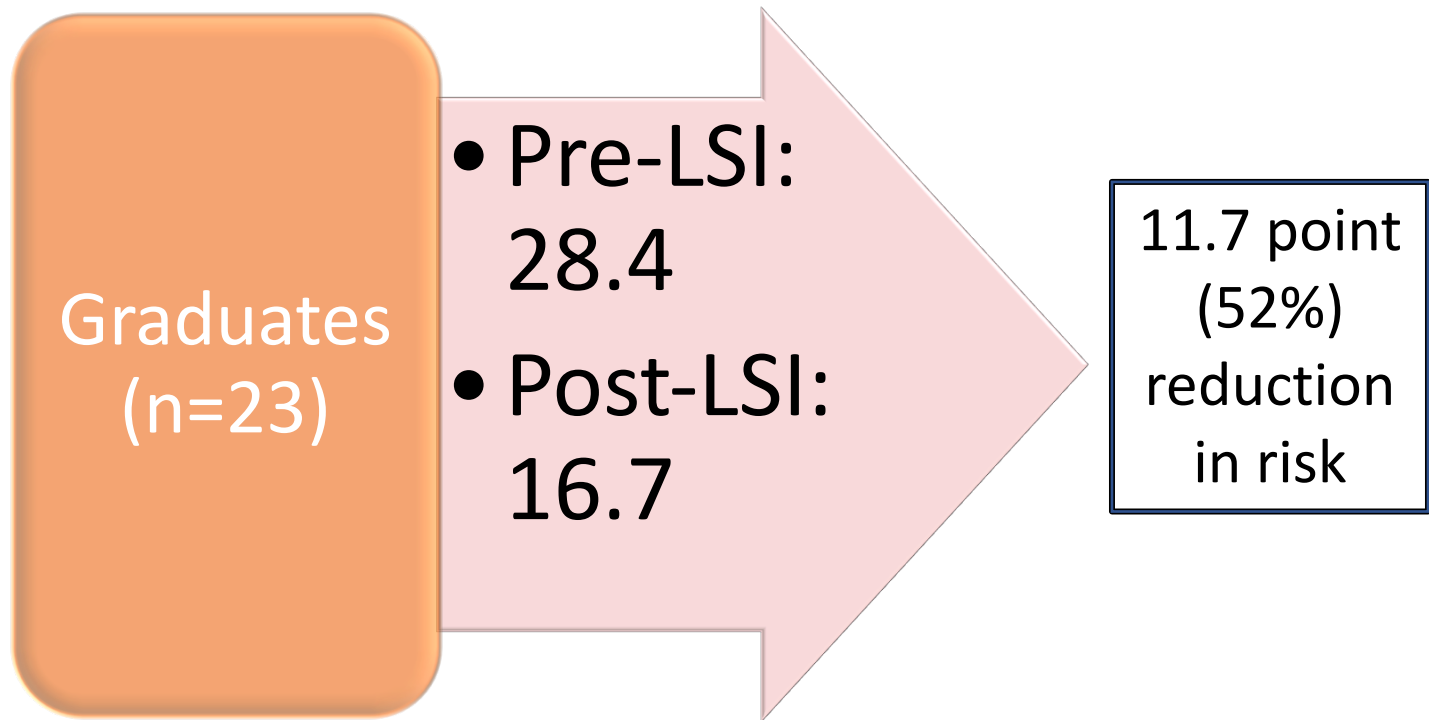
- Case Manager Case Load

\$3,800

- Tx Dollars Spent Per Client



**Based on Risk-Need-Responsivity model, ISP clients present less community risk after successful graduation**



*Savage Chickens*

by Doug Savage

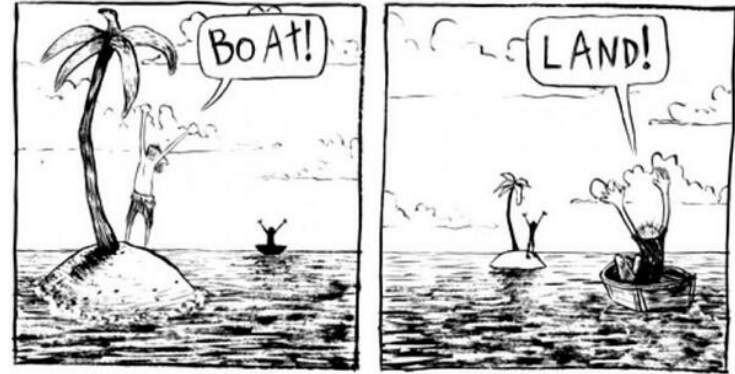


[www.savagechickens.com](http://www.savagechickens.com)

## Lessons Learned from Year One

# Program Challenges

- Communication
- Sharing office space across multiple diverse agencies
- Breaking down barriers to trust
- Roles and Responsibilities
- Splitting and triangulation
- Differences in philosophies and cultures across agencies
- Sharing data with Release of Information and across non-network providers
- Immediate access to treatment
- Other needed services (housing, Access to Recovery supports, etc.)
- Access to and affordability of aftercare
- High demand for program from community
- Collaboration with judges



# Client Challenges

- Access to affordable housing
- Medical and dental care
- Remaining employed
- Transportation concerns
- Triangulating with POs, CMs, and treatment providers
- Relapse and Positive UAs
- Treatment needs of clients exceeded initial expectations
- Recovery support and aftercare availability
- Family and support systems



# Collaboration



ODYSSEY HOUSE

utah department of  
**human services**  
Child and Family Services



# Questions?

## Salt Lake County Contacts

Criminal Justice Services: Chris Lane Clane@slco.org

Sheriff's Office: Sergeant Cole Warnick Cwarnick@slco.org

Behavioral Health Services: Seth Teague Steague@slco.org



# Overland Park Neighborhood Improvement Project

Overland Park Kansas Police Department - Community Policing and Problem Solving Unit  
(COPPS)

Johnson County Adult Court Services - Standard Probation

Johnson County Community Corrections - Adult Intensive Supervision Probation

Johnson County Community Corrections - Juvenile Intensive Supervision Probation

Kansas Department of Corrections State Parole - Olathe Office

## Johnson County, Kansas

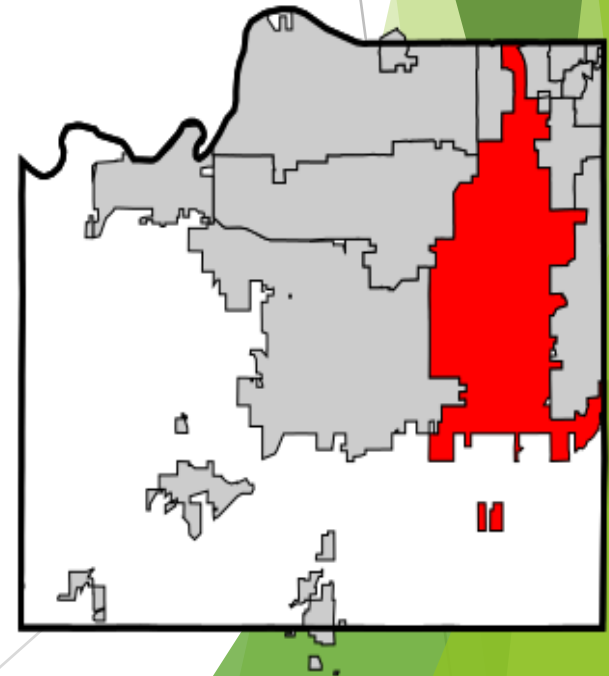
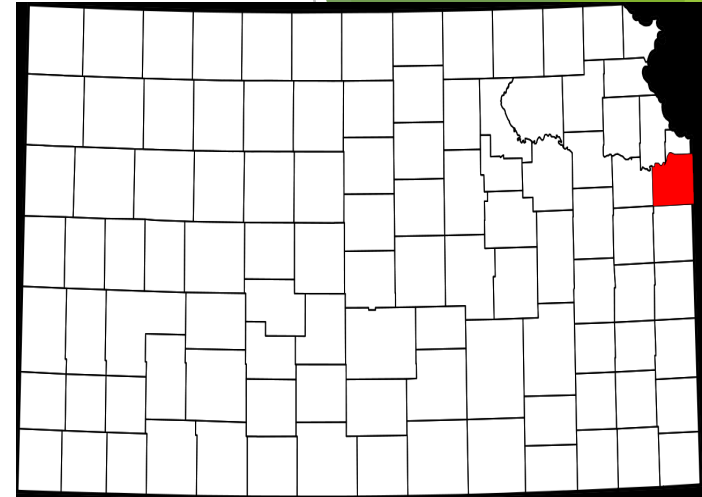
- ▶ As of July 1, 2015, the census estimates the population in Johnson County (Jo. Co.) to be 580,159.

## Overland Park, Kansas

- ▶ Overland Park is located in Jo. Co. and is the second most populous city in the state of Kansas, with an estimated population of 186,515 residents (2016 estimate).

## Overland Park Neighborhood Improvement Project (OPNIP)

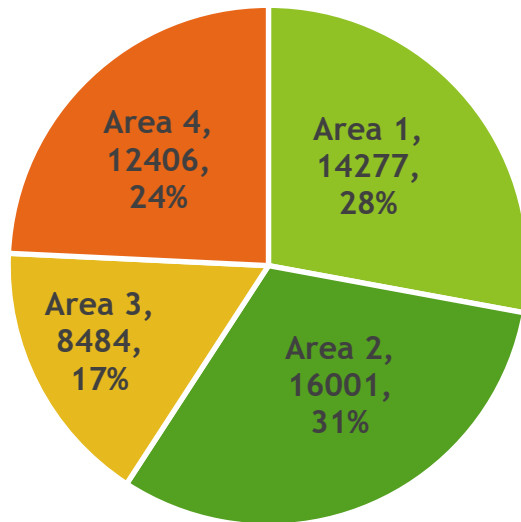
- ▶ Initiated in January 2012
- ▶ Collaboration between the city of Overland Park and the Overland Park Police Department (OPPD)
- ▶ Community based effort to improve citizen-police relations, address city code violations and assist citizens in accessing the services they need to be successful.
- ▶ Goal: to improve a declining neighborhood with high incidents of crime
- ▶ Chief John Douglass presented the project at Jo. Co. Criminal Justice Advisory Council and shared his passion for turning around neighborhoods that were in a declining pattern.



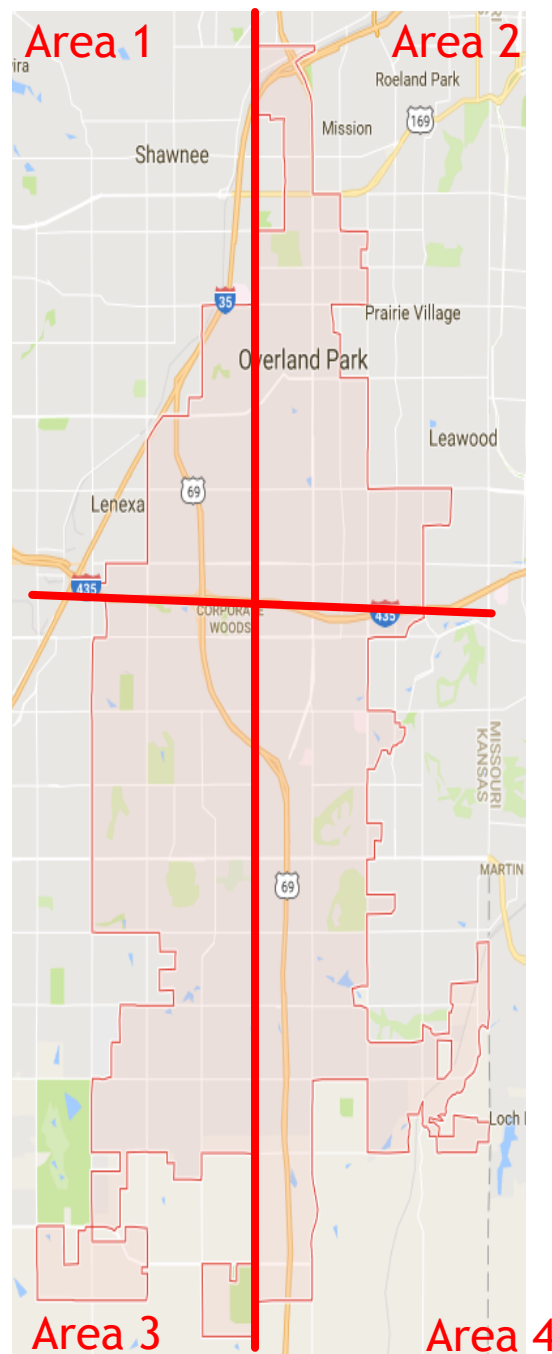


# Area 1 & Area 2 Crime vs All City Crime

Crime By Area



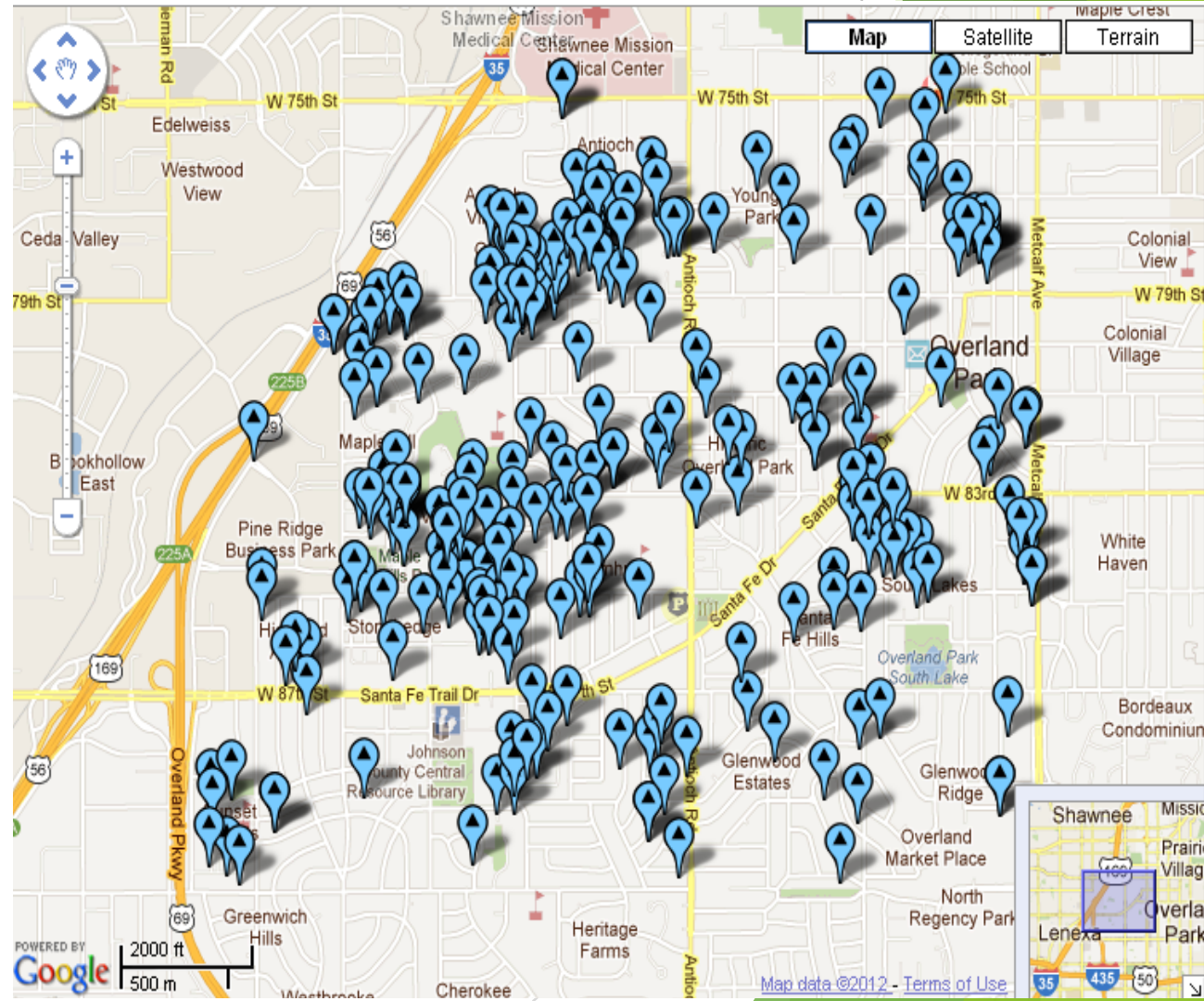
- ▶ Overland Park is broken down into 4 areas. Area 1 & 2 make up almost 60% of all crime.
- ▶ Area 1 & 2 have over 50% of crime on all but three crime types. The highest crime type is Auto Theft at 74%.



Area 1 & 2 Crime		All City Crime	
Agg Assault/Battery	568	907	62.62%
Arson	84	121	69.42%
Assault/Battery	3913	6262	62.49%
Auto Theft	1320	1779	74.20%
Bad checks	13	24	54.17%
Burglary	1677	2703	62.04%
Disorderly conduct	477	698	68.34%
Drunkenness	20	31	64.52%
DUI	1956	3827	51.11%
Forgery	1967	3713	52.98%
Kidnap	191	278	68.71%
Liquor law vio	266	606	43.89%
Manslaughter	2	3	66.67%
Murder	11	18	61.11%
Offense against family	29	43	67.44%
Other	973	1708	56.97%
Paraphernalia	190	309	61.49%
Prostitution	30	307	9.77%
Rape	173	283	61.13%
Robbery	200	263	76.05%
Runaway	7	10	70.00%
Sale/Poss Drugs	1260	2255	55.88%
Sex offense	295	625	47.20%
Theft	11037	18331	60.21%
Threats	850	1524	55.77%
Trespass	327	538	60.78%
Vandalism	2382	4206	56.63%
Weapons	60	100	60.00%
<b>Grand Total</b>	<b>30278</b>	<b>51472</b>	<b>58.82%</b>

# Court Services/Corrections and Parole Clients Living In The Original “Target Area”

- The partnership concentrated to a targeted neighborhood in Area 1.
- In March 2012, there were approximately 265 probation and parole clients living in this area.



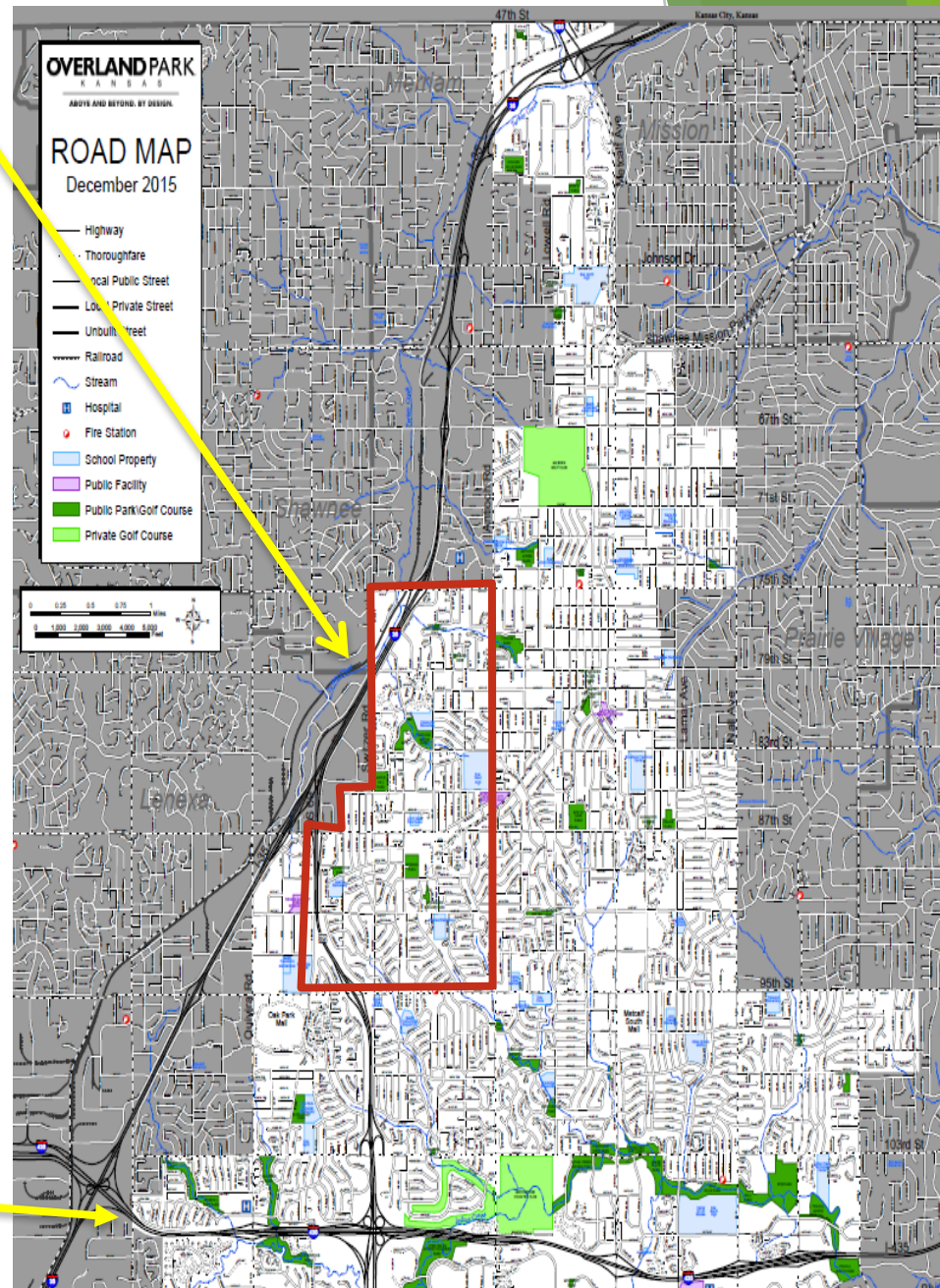


- ▶ The original “target area” lacked sufficient neighborhood associations in all sections. The city created several for their stabilization project as a way to target preservation and “take back” the neighborhood from gang activity and apathy.

- ▶ Since the project, OPPD’s relationship with the neighborhood has greatly improved.

- ▶ OPNIP was in full swing with probation and parole clients around August 2013.

- ▶ In January 2016, the program area expanded to any area in Overland Park that is North of Interstate 435, also known as Area 1 and 2 (the white area above the interstate)



## **MISSION:**

Justice and Community Partners Collaborating  
to Strengthen Neighborhoods Through  
Parole/Probation Client Success

## **PURPOSE:**

To enhance relationships and establish a partnership with  
the Police Department and Probation and Parole Officers  
for the purpose of:

- ▶ Reducing Crime
- ▶ Improve the quality of the neighborhoods
- ▶ Improve the success rate of identified individuals on probation and parole
- ▶ Identify and share the available resources

# Overland Park Police Department Community Policing and Problem Solving Officers (COPPS)



- ▶ The COPPS officers work with the *community* to build relationships and solve problems. They work with:
  - ▶ Other *police officers* to identify long-term solutions to problems that trouble neighborhoods and
  - ▶ *Neighborhood leaders, apartment managers, social services agencies, and other city departments.*
  
- ▶ COPPS officers' duties:
  - ▶ Researching the previous night's calls for service and reports taken by other police officers.
  - ▶ Meeting with an apartment complex manager about an ongoing noise complaint issue with a tenant.
  - ▶ Preparing for an upcoming safety presentation for a neighborhood association meeting.

# Assessment & Supervision of Probation/Parole Clients

## Level of Service Inventory-Revised (LSI-R)

- ▶ Used to determine criminogenic risk and need which inform the level of supervision and intensity of intervention/services.
- ▶ Completed prior to sentencing and/or upon placement on probation. Re-assessed 6 months after the initial and yearly thereafter or with major changes that may affect the individual's score.
- ▶ Individuals are supervised as Low, Moderate, Medium High and High Risk.
  - ▶ The higher the score, the higher the risk for future criminal behavior. These individuals warrant the majority of attention for both rehabilitative service and supervision.
  - ▶ Minimal interventions are utilized with lower risk individuals, as studies have shown that over-supervising can increase their risk of re-offending.
- ▶ When “dynamic” (ie. changeable) risk and need factors are addressed, there is a subsequent decrease in the LSI-R score and the likelihood of further criminal behavior, in addition adding to the stability of the neighborhood.

# Program Criteria

- ▶ **Adult Intensive Supervision/Community Corrections (Felony Convictions)**
  - ▶ Individuals who are living in the area and considered medium high or high risk are automatically added to the OPNIP. This entails individuals to have a minimum of one joint home visit (PO and LEO).
  - ▶ Override criteria applies at the officers discretion for DUI and sex crime convictions.
  
- ▶ **Adult Standard Probation/Court Services (Felony and Misdemeanor Convictions)**
  - ▶ Eligibility is determined by intake officers based on the individual's address and risk level.
  - ▶ 2 levels of supervision:
    1. ISP (only misd 24+): Assigned to the OPNIP officer.
    2. The standard (LSIR of 23 and below): Assigned *only if* there is additional concern from intake staff or a situation arises where they could benefit from the program. This entails individuals to have a minimum of one joint home visit (PO and LEO).
  
- ▶ **Juvenile Community Corrections**
  - ▶ Youth probation/parole clients are enrolled if the PO requests "extra attention".
  - ▶ A higher percentage of the youth receiving OPNIP services are enrolled at Shawnee Mission West High School (SMW) than any other high school in Overland Park (4 high schools total). SMW was listed by the Prevention Center as a "high risk" school for substance abuse.

# Collaboration

- ▶ PO's and LEO's **meet monthly** to review the program's roster.
  - ▶ Participants exchange information regarding:
    - Whether the individual is reporting
    - Treatment progress
    - Employment Status
    - Drug/Alcohol use
    - Issues in the residence/possible issues
    - Police contact with individual
- ▶ Home visits
  - ▶ Initial visit
  - ▶ Subsequent home visits are completed at the officer's discretion and/or upon need.
  - ▶ The purpose of these visits are to help **build success**, not surveillance.
- ▶ Providing a team approach to supervising gives the individual a point of contact with the PD should they need assistance without having to call 9-1-1.
  - ▶ The direct point of contact helps the PD strengthen relationships in the community.



# Benefits of the OPNIP

## ► Probation

- Having the extra added security and safety of going out in the field with an armed LEO vs. an unarmed PO.
- PO's regularly address drug and alcohol use, hanging out with "bad associates", criminal thinking, and family dysfunction.
  - Allows for a collaborative intervention approach to address negative behaviors.
  - Receiving information from LEO's who patrol the neighborhood can be insightful to POs who do not typically observe these individuals in their daily lives.

## ► Law Enforcement

- Intelligence is a means to deter crime.
  - With the right intentions, LEOs can be better informed regarding unreported and undetected criminal activity in the area and who key players are.

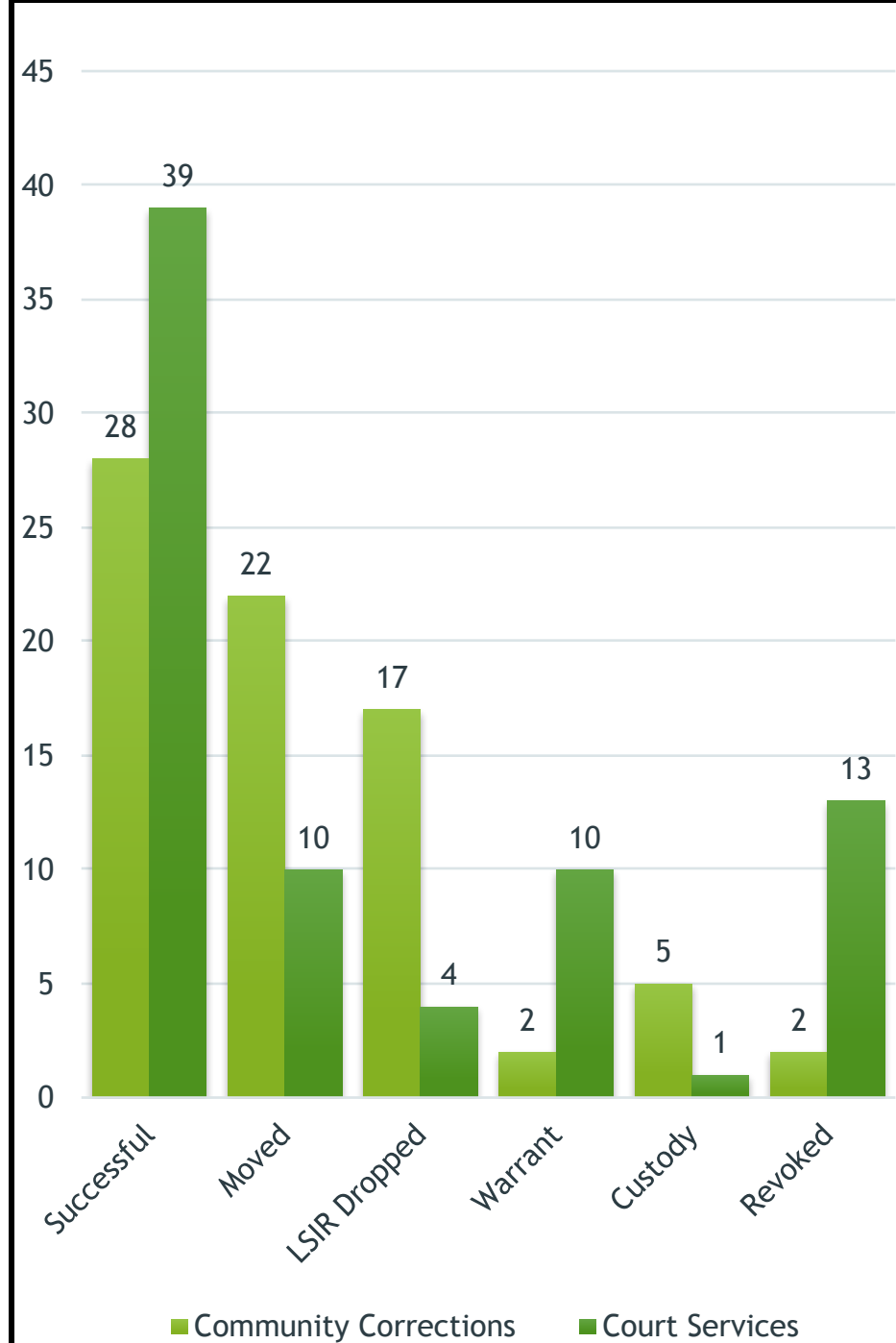
POs and LEOs are working for the same result - the successful retention of the individual as a law abiding, productive citizen in the community.

# Strengthening Families Program (SFP)

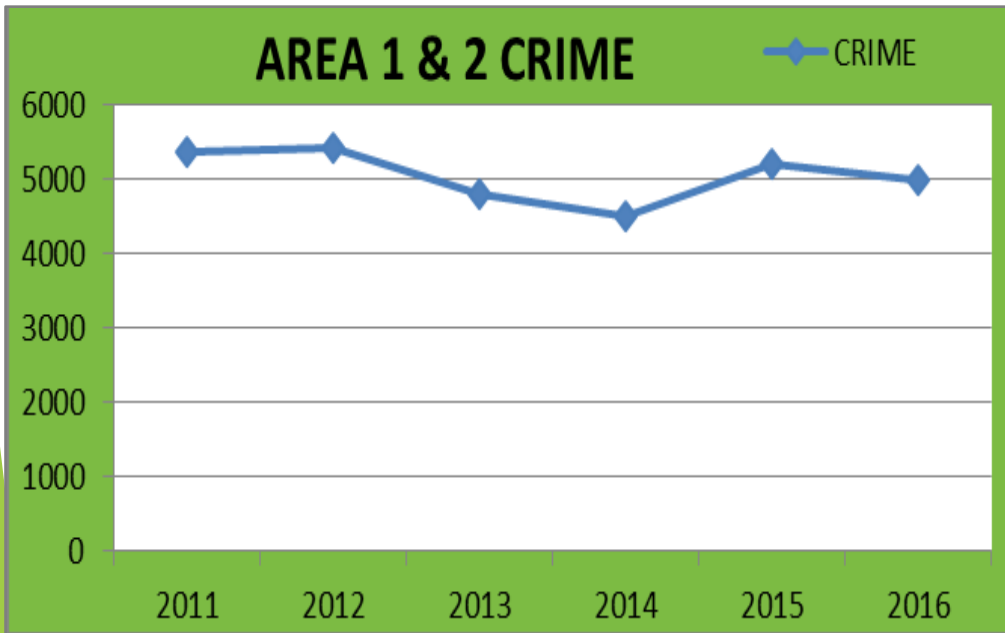
- ▶ Collaboration between the First Baptist Church of Overland Park, C.O.P.S Officers, and Student Resource Officers
- ▶ 14-session, weekly, evidence-based, 3 skills collaborative course taught to parents, children, and the entire family unit.
- ▶ Designed for families at high-risk for conflict/neglect and lack of supervision or discipline.
- ▶ Each session includes a workbook on such topics including stress management, rewards, noticing and ignoring behaviors, communication, relationships, and setting limits.
- ▶ Classes are held in the evening for 2-3 hours at a local church.
  - ▶ Incentives to participate include food, prizes, and a graduation ceremony.
- ▶ Our SFP consists of facilitators from probation, KVC Health Systems, mental health, law enforcement, and the church.
  - ▶ Having a wide variety of facilitators is a great way to help clients see the positive side of individuals who work in these fields.

# Data and Results

- ▶ Community Corrections - 25 individuals
  - ▶ Data for past clients: 76 individuals
- ▶ Court Services - 23 individuals
  - ▶ Data for past clients: 77 individuals
- ▶ Juvenile Comm. Corr. - 23 individuals
  - ▶ No past data currently available



# AREA 1 & AREA 2 CRIME TYPE BY YEAR



AREA 1 & 2 CRIME TYPE BY YEAR							
CRIME TYPE	2011	2012	2013	2014	2015	2016	Total
Agg Assault/Battery	93	106	103	82	93	91	568
Arson	26	20	13	3	9	13	84
Assault/Battery	689	748	638	569	661	608	3913
Auto Theft	203	221	211	198	204	283	1320
Bad checks	1		3	2	3	4	13
Burglary	280	351	280	236	288	242	1677
Disorderly conduct	86	96	108	66	57	64	477
Drunkenness	3	2	3	2	2	8	20
DUI	384	344	289	295	326	318	1956
Forgery	245	247	233	293	508	441	1967
Kidnap	36	36	28	33	29	29	191
Liquor law vio	51	46	55	46	38	30	266
Manslaughter			1			1	2
Murder	1		2	2	3	3	11
Offense against family	6	6	3	3	7	4	29
Other	169	136	166	170	170	162	973
Paraphernalia	22	36	20	27	48	37	190
Prostitution	6	3	5	8	5	3	30
Rape	41	33	23	31	26	19	173
Robbery	34	31	31	21	41	42	200
Runaway	7						7
Sale/Poss Drugs	164	181	182	223	253	257	1260
Sex offense	52	61	50	39	59	34	295
Theft	2042	2016	1778	1632	1840	1729	11037
Threats	166	148	120	136	144	136	850
Trespass	65	57	52	48	47	58	327
Vandalism	478	496	394	325	330	359	2382
Weapons	16	14	7	12	8	3	60
<b>Grand Total</b>	<b>5366</b>	<b>5435</b>	<b>4798</b>	<b>4502</b>	<b>5199</b>	<b>4978</b>	<b>30278</b>

# Success Stories

- ▶ Residence “Y” in Area 2, had the highest number of calls for service. Two juveniles who lived at residence “Y” were on probation and were referred to the SFP by Officer Stephens. Since going thru the 14 week program, there have not been any further calls for action with this family or at the residence.
- ▶ Officer Stephens completed an unscheduled visit to a residence where two Juvenile Community Corrections clients (2 brothers on probation) resided. Officer Stephens discovered that both boys had spent the night at another probationer’s residence. Not only was probation officer able to address the violations with this information, but other issues were also uncovered including the name of a drug dealer associated with the probationer where the boys spent the night.
- ▶ A PO and LEO completed an unscheduled home visit to the residence of an Adult Community Corrections client “Jim”. Upon arriving, the officers witnessed Jim in his vehicle with 2 young children getting ready to leave the parking lot. A routine breathalyzer (BA) was completed which yielded positive results for alcohol. They addressed Jim’s drinking problem and connected him with much-needed treatment. He completed probation successfully.

# Resources and Community Partners

- ▶ **My Resource Connection** [www.myresourceconnection.org](http://www.myresourceconnection.org)
  - “One-stop shop” website that connects hundreds of area agencies and services.
  - Treatment Programs/Counseling      -Public Transportation      -Employment
  - Medical/Eye/Dental Services      -Food and Clothing      -Local/State Service Agencies
  - Utility and Rent Assistance      -Support Groups      -News Articles/Upcoming Events
  
- ▶ **Jo. Co. Mental Health - Emergency Services**
  - ▶ **After-Hours Team**
    - ▶ 24 hour, 365 days a year mental health (MH) crisis services.
    - ▶ Primary point of contact for all MH emergencies occurring during the evening, nighttime, weekend and holiday hours.
    - ▶ Licensed MH clinicians providing telephone and on-site response to emergencies and provide consultation and guidance to hospitals, LEOs, and various other community agencies.
  - ▶ **Mobile Crisis Response Team / Co-Responder**
    - ▶ Mobile mental health crisis services Monday through Friday from 8a-5p.
    - ▶ Licensed clinicians and crisis case managers, respond to crisis calls in the community, providing brief and intensive services, reducing the need for hospitalization.
  
- ▶ **Local churches, Catholic Charities, Grocery Stores, Starfish Project, NAACP, United Way**

# Advice for Start Up

- ▶ The call for collaboration should start at the top with the city manager, mayor, city council or police department leadership.
- ▶ Probation and parole need to realize that this model requires innovation. Some office policies will need to be reviewed for permission to adjust.
- ▶ Training for LEO's so they understand the work of probation and parole officers.

# Contact Information

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[www.jocogov.org](http://www.jocogov.org) | [@jocogov](https://www.facebook.com/jocogov) | [F/jocogov](https://www.youtube.com/jocogov)

Zach Stephens, Police Officer/C.O.P.P.S. Officer  
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[www.opkansas.org](http://www.opkansas.org)

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# Behavioral Health Unit Portland Police Department, ME

**Jo Freedman**

Behavioral Health Coordinator

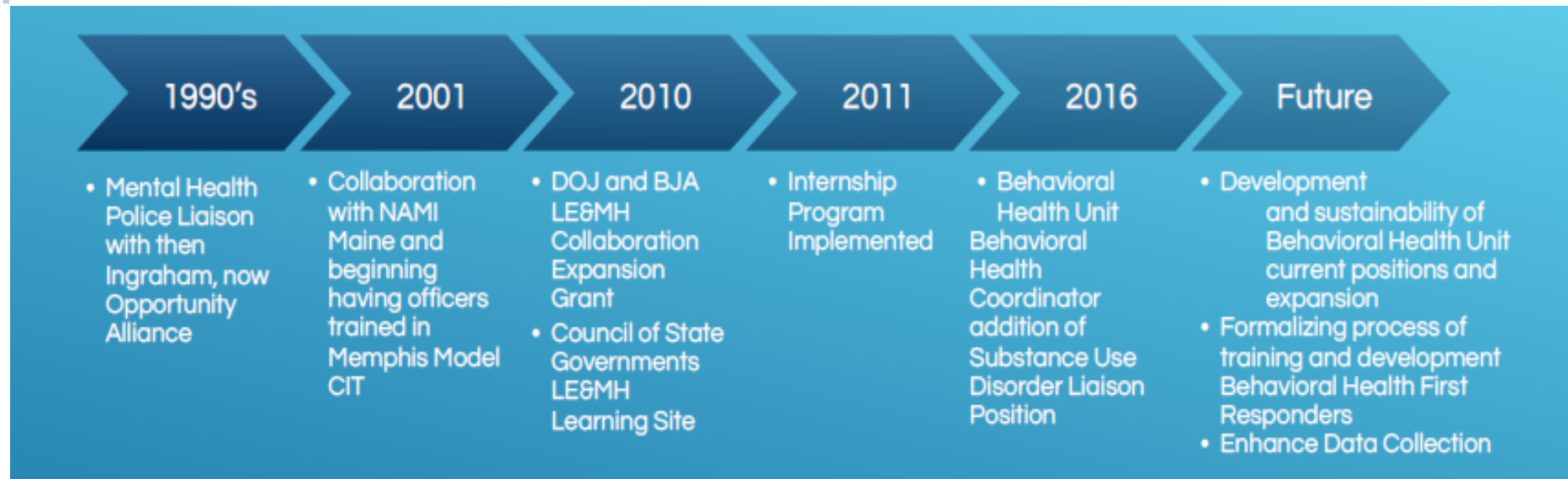
Portland, Maine



Yes. Life's good here.

Portland Police Department

# Behavioral Health Unit



3 Full time clinicians and up to three interns are available to officers in responding to calls for service, follow up, and liaison work.

- *Police Liaison*
- *Behavioral Health Coordinator*
- *Substance Use Disorder Liaison*

# Stakeholder Engagement

BHU is actively engaging, maintaining and expanding our relationships with the community for the most *effective* and *efficient* law enforcement and behavioral health collaboration possible.

We actively are involved on individual cases and system management with:

Hospitals

Shelters

District  
Attorney  
Office

Jail

Probation

Pretrial

NAMI

Schools

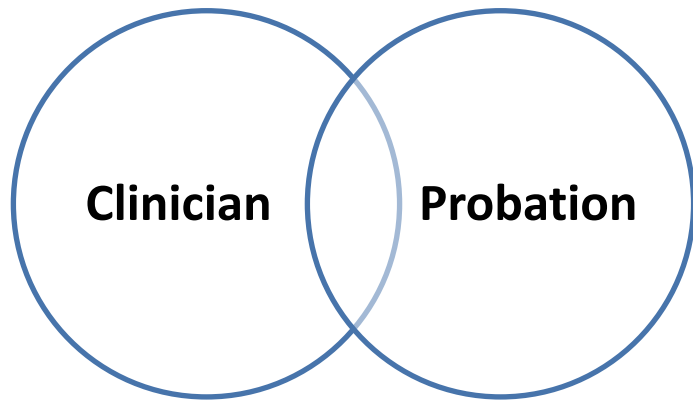
Mental Health  
Agencies

Substance Use  
Agencies

# Diversion

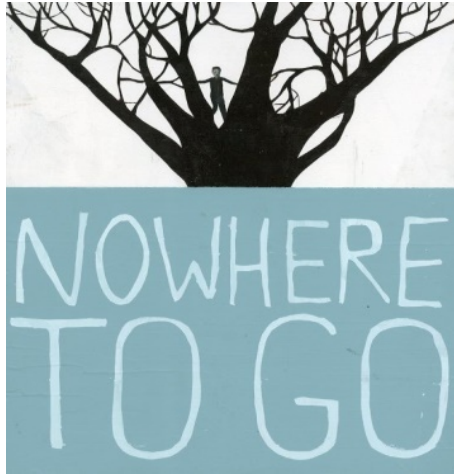
**treatment**  
**—OVER—**  
**punishment**

We engage with probation, and other partners, to improve processes for diversion from jail and seek opportunities to support those in mental health or substance use related crisis.



Clinician and probation officers are paired together to support and foster successful community integration for individuals with varying behavioral health needs.

# Barriers



The individual wants treatment, but there are no appropriate support options and limited treatment options, either due to lack of openings or funding.



The individual is resistant to supports, treatment, or alternative diversion from incarceration, despite efforts by law enforcement and behavioral health partnerships.

# Barriers



## Strict involuntary commitment laws

Limit opportunities to address the safety of individuals in crisis, those around them, responding officers, and the community at large.

Lack of integrated trauma, mental health, and substance use long term treatment

A **statewide meeting** is being held in March to address these issue.

**Next step: Proposing legislative action**

# Case Example 1

“Denny” is a 35 year old male with a substance use addiction to opiates, co-occurring with depression and anxiety.

He was jailed as a result of a probation violation. Our substance use disorder liaison and the probation officer met with the client to assess his willingness to engage in treatment and be motivated to create change. The probation officer, our substance use disorder liaison, his appointed lawyer and the district attorney collaborated to have him held in jail until there is a “bed” available in a residential treatment program. Denny will then be released to the probation officer and our substance use disorder liaison and transported directly to treatment.

# Case Example 2

“Asad” is an 11 year old Somali boy who has been engaging in dangerous and criminal behavior (e.g. aggression, threatening, damaging property, stealing).

Being hesitant to charge this juvenile, we have attempted multiple interventions with him and his mother, both at home and through the school. Asad is extremely resistant and mother is afraid of him; and they never follow-through on recommendations. His behavior has only escalated. A police officer, DDHS, juvenile probation, our behavioral health team, community policing coordinator and the district attorney met to create a crisis plan. We are using a lingering chargeable offense as leverage in effort to encourage the mother and Asad to comply with interventions and avoid any legal ramifications.

Collaboration of all parties and continued follow through and communication, increases the likelihood that we are able to help Asad rather than have him fall through the cracks of the system.



# Case Example 3

“Randy” is a 26 year old male with bipolar disorder, experiencing manic symptoms with psychotic features, including aggressive and threatening behaviors.

Randy is currently jailed for a violation of an order of protection (for harassment) and stealing a car. The district attorney, lawyer, therapist, psychiatrist, and probation officer worked together to create a deferred disposition. Randy was released and mandated to treatment. For 9 months, Randy was engaging in treatment, as well as working and living independently. Then, he went off his medication and stopped going to treatment appointments. The violation of the deferred disposition and probation violation would allow a warrant for his arrest and then diversion to the hospital instead of incarceration. There was insufficient reason for the hospital to involuntarily commit Randy and he was released in the middle of the night. For two weeks he threatened to kill his family and all involved in his case, by phone, email and texting. He again violated probation and his deferred disposition, but he had isolated himself and we did not know his location. We secured a warrant for his arrest and he was eventually found and jailed because the diversion for psychiatric intervention had been unsuccessful. All involved had extreme concern for Randy, his family, the community and officer safety. The probation officer and myself went to the jail a few times a week and he eventually agreed to attend a residential treatment program of his choice (which happened to be out of state). All charges were dropped. 18 months later he is sober, healthy, working, living independently and engaged in treatment.

While this process was potentially dangerous, we learned a lot. This lawyer, probation officer, district attorney and myself continue to meet regularly to design interventions to yield efficient, effective, and successful outcomes for similar high-risk situations.

# Looking Forward



We are always seeking opportunities to learn more effective and efficient ways to collaborate responses to individuals with behavioral health needs within our community and state.

We appreciate collaborating with, and learning from others so please do not hesitate to reach out:

**Jo Freedman, Behavioral Health Coordinator**

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# the NATIONAL REENTRY RESOURCE CENTER

— *A project of the CSG Justice Center* —

## Thank You

Join our distribution list to receive  
National Reentry Resource Center updates!

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