



In a joint venture with the Branford Police Department, the Human Services Department is requesting to hire a licensed clinical social worker to work in tandem with police for mental health and/or social service calls for service.

Connecticut recently passed Public Act 20-1, ***An Act Concerning Police Accountability***, which covers a wide range of accountability standards that all police departments must follow. One recommendation addressed in Section 18 of the Act states:

“Not later than six months after the effective date of this section the Department of Emergency Services and Public Protection and each municipal police department shall complete an evaluation of the feasibility and potential impact of the use of social workers by the department for the purpose of remotely responding to calls for assistance, responding in person to such calls or accompanying a police officer on calls where the experience and training of a social worker could provide assistance. Such evaluation shall consider whether responses to certain calls and community interactions could be managed entirely by a social worker or benefit from the assistance of a social worker. Municipal police departments shall additionally consider whether the municipality that the police department serves would benefit from employing, contracting with or otherwise engaging social workers to assist municipal police departments. Municipal police departments may consider the use of mobile crisis teams or implementing a regional approach with other municipalities as part of a process to engage or further engage social workers to assist municipal police departments.”

The use of social workers to assist police is not a new concept. Big cities and small towns across the country have integrated the use of human service professionals with police services to meet the needs of their communities since the 1970's. The demand to use social workers with police to defuse social tension has significantly increased due to the recent deaths and injuries of people, though out the country, with mental illness.

In reviewing the requirements of the Act, Branford Police evaluated their response to mental health calls-for-service. Their evaluation looked at statistical and crime analysis over a defined period, a SWOT (Strengths, Weaknesses, Opportunity, Threats) analysis, internal officer survey, and reviews of similar programs from across the country. A copy of the evaluation is attached.

The BPD has a long collaborative working relationship with many of the social service agencies in town. However, the ultimate responsibility for resolving a mental health or social service call has been solely with the police. We believe this trend needs to change for the welfare of the community, the department, the officer, and the individual or family involved. Our proposal will address these issues and allow the police to focus on their mission to protect the lives and property of the residents.

The position we are looking to create will be called "**Emergency Response Social Worker**". (See attached job description.) This person will be a member of the Human Services Department and under their supervision. This person will be working out of the BPD and will work in consultation with the shift supervisor and will be available to respond to calls as requested. The social worker will act in a supportive role with the officer or EMT personnel to assess the psychiatric status and social welfare needs of the individual(s) involved.

Example: a call for service is received by the 911 dispatch that a family member is acting erratic and the behavior is scaring the caller. The responding officer secures the scene and determines if social work services are needed. If required, the social worker will be requested via radio communications. Once on the scene, the social worker will confer with the officer to determine a disposition. If it is determined that social services is the best option to resolve the incident the social worker will take the lead. If needed, the officer will remain on site to insure safety. The social worker will then:

Assess: the mental status and social service needs of the individual(s) involved.

Develop: a plan of action. De-escalation, mediation, an emergency committal for a psychiatric evaluation or referrals to social service and behavioral health programs.

Implement: the plan will be initiated.

Follow up: the social worker will follow up with the hospital and any social service or mental health programs to insure recommended services are in place.

If the social worker is not able to be on the scene at the time of the incident, the case officer can request a follow-up visit. The social worker will contact the individual(s) and schedule a face to face or telephone meeting. If the social worker does an in-person contact, a BCCS staff member will accompany them.

Any call for service dispositions to social services will not be included in BPD records and will be protected by HIPAA privacy regulations. Records for mental health and social service referrals will be a part of the BCCS records system.

See attached Police General Order.

The social worker will be available to offer on-site support to the officers and community if needed. They will be trained in mediation and conflict resolution to resolve any civil call for service. They will provide on-going education regarding crisis intervention techniques, mental health assessment protocols, jail diversion programs, and accessing social service resources. The social worker will establish relationships with other services in the area to provide continuity of services.

We believe this joint venture will send a positive message that the Town cares about its residents and working together will keep everyone safe.

EVALUATION: BRANFORD POLICE RESPONSE TO MENTAL
HEALTH CALLS-FOR-SERVICE

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PURPOSE

The purpose of this report is to analyze the feasibility and potential impact of using social workers to respond to police calls for service for the purpose of (1) remotely responding to calls for assistance; (2) responding in person to such calls; or (3) accompanying a police officer on calls where the experience and training of a social worker could provide some assistance. To analyze the use of mobile crisis teams or implementing a regional approach with other municipalities to further engage social workers in order to assist municipal police departments with mental health or social services calls.

OPPORTUNITY

Pursuant to An Act Concerning Police Accountability, HB6004, this study was undertaken. This act requires a feasibility study to incorporate social workers or other mental health professionals to take a lead role in assisting police agencies in responding to health calls for service. This burden has been placed on police who are often criticized for lacking the proper training to handle a situation involving a person in crisis. The police are often called to handle a mental health crisis during evening, weekend or overnight hours when staffing from mental health agencies are not available. Calls for mental health and social services occur daily for Branford Police Officers. Valuable time could be gained to direct towards crime prevention, quality of life issues and community policing initiatives by dispatching social workers to respond to calls where a police response may not be necessary.

SWOT ANALYSIS

Strengths

- Agency has experience in working alongside mental health professionals in the field, to include BHcare staff, Branford Counseling and South Central Mobil Crisis
- Town of Branford has a well-established, professional counseling center
- BHcare services serving the shoreline community is located in Branford
- Officers respond with a professional level of care to a person in crisis, many have received training and most have considerable field experience
- Access to mobile crisis care on a 24/7 basis upon request through state
- Standardized policy and procedures in place for handling person's in crisis
- Established culture of service within agency and willingness to assist those in need
- Community policing oriented organization committed to service

Weaknesses

- Police officers involved in use of force situations for non-criminal events
- Inherent escalation of call based on police presence in uniform
- Lack of institutional knowledge on available resources within community

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- Repeat calls for service at the same locations based on inability to follow up, lack of appropriate care
- Excessive police involvement involuntarily committing individuals resulting in lack of trust for police
- High volume of calls for service at mental health facilities
- Current delayed response time upon request of mobile crisis care making it impractical
- Past stigma associated with in custody death of mentally ill patient

Opportunity

- Provide enhanced services to the Town of Branford community
- Provide the best possible services for Branford residents
- Provide a fair and efficient outcome for people in need of social services
- Conduct professional mental health evaluations and assessments of individuals
- Incorporate persons with advanced education and training into initial response
- Legislative directive and nationwide call to reduce police involvement in social services
- Positive public image from a coordinated response
- Free up a large amount of time spent responding to social service calls
- Limit repeat response to individuals by initially providing proper services
- Provide for follow up opportunities by social services
- Re-direct time to policing efforts for crime prevention and community relations
- Reduce interactions which may result in a police use of force
- Reduce the need to expand police budget for hiring needed personnel
- Reduce unnecessary transport for emergency evaluation through proper assessments
- Reduce strain and cost on town fire/ambulance services because of unnecessary transport
- Properly coordinate persons in need with existing services
- Maintain knowledge of current legal and ethical issues as they relate to mental illness
- Provide an avenue of referral for social service issues
- Provide for a liaison between the police department and other social services or hospitals
- Reduce liability on police officers
- Re-direct officers time to crime, quality of life and community policing initiatives
- Build rapport with community members suffering from mental health issues by removing police from involuntary commitment
- Reduce criticism of police agency for inappropriate response to mental health calls for service

Threats

- Issues related to merging of town police and social services
- Budget restrains of police and human services
- Injury to social service personnel entering volatile situations

TOWN OF BRANFORD POLICE

- Changes to public expectations of police service
- Cultural shift within agency on duties
- Exposure to agency for potential liabilities in a lack of response situations
- Potential for escalation of situations based on a delay in police response to mitigate
- Policy and procedural changes to current response

CURRENT RESPONSE

Analysis of stats provided by department crime analyst titled – Mental Health Calls-for-Service, Prevalence, Encounters and Police Response. See Appendix A.

DEPARTMENT SURVEY

A Police department survey was issued anonymously to all department members to solicit input regarding training, use of force, response, community services and suggestions to improve our services. Branford Police are currently budgeted for 52 Police officers including the Chief and Deputy Chief. At the time of this survey, 3 vacancies existed all 49 department members anonymously completed the survey. Significant results are as follows:

1. 73% of Officers responded that they feel as though they have adequate training to handle mental health calls involving people in crisis. 18% remained neutral and 8.5% disagreed.
2. 63% of Officers reported receiving Crisis Intervention training.
3. 49% reported they are rarely accompanied by a mental health professional while on a call for service with an emotionally disturbed person. 37% reported “sometimes” 14% reported never.
4. 86% of Officers reported that they have had to use force on a person that was clearly suffering from a mental health related issue. Of the remaining 14% which did not experience a use of force incident with an emotionally disturbed person, 8% had less than two years police experience.
5. 82%, representing 40 responding Officers would prefer to have a mental health professional assist them on calls for service where a decision needs to be made to involuntarily commit a person, 12% (6 officers) were unsure and 6% (3 Officers) would not.
6. In situations where an officer is unsure if someone should be committed to the hospital for evaluation, 63% of Officers would prefer to commit a person to the hospital instead of risking the person injuring themselves or to reduce their exposure to liability for not taking action.

A sampling of anonymously submitted suggestions on how we could improve our agencies response to calls for service involving mental health issues or social service calls included:

“I think we need to interact more with BH Care staff/admin. Maybe have someone from BH Care work in the PD”

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"Send an on call social worker to all mental illness related scenarios and reduce police responsibility"

"Coordinate with local services to increase their response to individuals who call them seeking help from a mental health professional, not just during normal business hours."

"When someone is "off" or "not acting right", it would be better that BH Care or counseling center evaluates them prior to police involvement. Police involvement often will escalate without provocation because of the victim just seeing an officer in uniform when it is not a criminal matter. The calls which BH Care requests us to stand by during an evaluation of an individual can go 0-100 often times having multiple officers standing by for hours during a 7-8 page questionnaire by clinicians--- and they have the ability to involuntarily commit the person anyway. Unless violent, it would be ideal to reduce these calls for service and allow social services to handle."

"If time/exigency allows on certain calls, I feel that BH CARE or another mental health agency should be contacted on a lot of these calls and respond WITH or INSTEAD of police, not just after or upon police request. I feel that these agencies should also be more available and not just "on call" for after hours as mental health issues do not stop after 4pm. I believe mental health issues are increasing and the way these calls are handle by police are being even more scrutinized and an increase in efforts among police and mental health facilities to work together are needed."

"Have social workers or clinicians on our staff available only to our town 24/7 to go with us on these calls for service to make the determination. These aren't criminal matters and we should only be there to prevent or help control violence, not make the actual decision regarding a person's hospitalization. That determination should be made by a trained mental health professional. Even with my training and experience, I find myself trying to have a clinician come out to help make the determination many times. Often times you go home wondering and hoping that you made the right choice."

"More training on mental illness for officers. Comparable to what you would be taught in an Abnormal Psychology class. The lack of understanding of mental illness disorders on scene is almost routine on calls when observing other officers. Better access to Healthcare professionals and social workers for mental health related calls (with a stress on off hours use!)."

"I strongly believe we have been overused by Branford counseling, BH Care, Group Homes etc to simply put do their job for them. It should be required by the town through Ordinance or Zoning that these facilities have the ability to handle their clients by having a DR or LCSW available to respond evaluate and WRITE the paper in non-emergency situations. If they did this our CFS and Use of Force would decrease."

"If possible a liaison between the police department and the hospital, perhaps a social worker. The system is failing when the Officer completes the PEER, the individual is transported and released from the hospital and then another Officer has to complete the PEER for the same individual a couple of days later. The liaison would need to have direct contact with the psychiatric unit and the police department to provide more detailed information of the history for that individual which may not appear on the initial form."

BRANFORD COUNSELING

Branford Counseling & Community Services (“BCCS”) is a municipally-funded behavioral health and social services agency, providing services to Branford residents, both adults and children. BCCS is the Youth Service Bureau and Social Services Department for the Town of Branford. Licensed by the Connecticut Department of Public Health, clinical services are provided by licensed professionals.

BCCS does offer crisis intervention services. Currently, 24/7 On-call phone contact available for clients in crisis. Urgent visits can be made to in town locations upon request.

Community Services Currently Offered by BCCS:

- Employee Assistance Program
- Special issue presentations
- Depression
- Suicide Prevention
- Conflict resolution
- Anger management
- Stress management
- Anxiety
- Healthy aging
- PTSD
- Drug and alcohol prevention programs
- Host to community programs:
- National Alliance on Mental Illness (NAMI)
- Literacy Volunteers
- Children’s Mindfulness Group
- Local Prevention Council member
- Shoreline Youth Collaborative member
- Summer Youth Employment Program
- Oversees the Juvenile Review Board (JRB)
- School mentoring programs
- Youth Outreach Worker for at-risk youth
- Annual Pat Andriole Family Day event
- Secret Santa Program

BH CARE

BHcare is a regional nonprofit organization that provides a comprehensive and integrated system of care for adults, children and families who are struggling with mental health issues, substance use issues, or domestic violence.

The BHcare family of services includes: The Umbrella Center for Domestic Violence Services, Parent Child Resource Center, and Alliance for Prevention and Wellness.

BHcare is licensed by the Department of Public Health, and is nationally accredited by The Joint Commission and the Commission on Accreditation of Rehabilitation Facilities.

BHcare is designated by the Department of Mental Health and Addiction Services as the Local Mental Health Authority for the Town of Branford.

Birmingham Group Realty, Inc is a corporation which owns real property which is rented to BHcare. These properties include housing at 31-33 Briarwood Ln; 79 Cedar St and an administrative building at 14 Sycamore Way for outpatient services. BHcare also occupies the "Options" building at 13 Sycamore Way which offers community support and specialty services. These facilities alone account for hundreds of calls for service on an annual basis for both police and fire departments.

BHcare provides services to hundreds of clients which are either residents of Branford or neighboring communities.

BRANFORD P.D. EVALUATION/ NEEDS

Mental Health

- Consistent access to a mental health professional –LCSW/ Phycologist with professional ability to assess and make an on scene determination on emergency evaluation and write a committal if needed under CGS 17a-503.
- Mental Health Interventionist: Social workers response to persons in psychiatric distress in the field. In concert with the police officer, the Social worker/clinician assists in de-escalating the mentally ill resident and helps guide the resident, his or her family members, medics, and responding officers to a safety plan for that distressed individual (IE: hospital evaluation, home safety plan, peer-support option). This collaborative response prevents criminalizing a resident's behavior during a mental health crisis, can help to reduce police use of force incidents and provide for appropriate treatment of individuals in crisis.
- Social worker to develop relationships and act as a liaison to transported individuals to help ensure proper care or commitment when needed.
- Maintain and update an accurate file of known specific needs or agitators that Officers may experience when encountering mentally ill residents in the Town of Branford. We have had past successful experience providing responding officers with techniques to calm persons in crisis.
- Increased collaboration or referrals to social service agencies for follow up and reporting on patient status or assistance being received. Social worker to assist in ensuring treatment procedures recommended are being followed.
- Comprehensive review and collaboration with stakeholders on policies regarding police response to mental health facilities housing patients in the Town of Branford
- Formalized system of referral to local social service agencies or in house liaison
- C.I.T training for all patrol officers and patrol supervisors

Juvenile

- **Juvenile Interventionist: Runaways, Delinquency.** Assist with diverting the juvenile from the justice system to more appropriate service agencies. Coordinate with officers, parents, schools and juvenile court the relative to needs of individual juveniles and develop community based delinquency prevention activities. The social worker/clinician also serves as a partner with School Resource Officers, school administrators and school social workers.

Victim Advocate

- **Crime Victim/Survivor Advocate:** Social Worker response to the victim in the field, at the station, at the hospital and at court. Social worker specially trained to provide trauma-informed crisis intervention to victims/survivors, while ensuring that his or her rights are protected, and the appropriate resources are provided. This includes Violent Crimes – Domestic Violence, Child and Elder Abuse, Sexual Assault

Community Caretaker

- **Community Builder:** Social worker to assist Police in building coalitions within Branford. Following a police contact, social worker can bridge the gap between the unmet needs of our most vulnerable, under-resourced residents and the resources that exist at any given time. A social worker working closely with police is uniquely positioned to promote beneficial relationships between all community stakeholders: residents, social service agencies, churches, businesses, police officers, and town administrators. Additionally, the social worker can aid by influencing a trauma-informed perspective throughout the police agency, positively influencing relationships with residents who have frequent high-risk contacts with officers due to issues related to mental health, addiction, and domestic violence.

Emergency Response

- During natural disasters and critical incidents with multiple victims, a social worker to assist the E.O.C in setting up reunification sites/shelters, provide mental health first aid, address immediate needs (e.g., medical, food, clothing,) and link impacted persons to local and national organizations and benefit programs for on-going support.

Additional Opportunities for Involvement

- Substance abuse- Increases substance abuse intervention services for residents encountered by and referred to by officers
- Court advocacy
- Assist Officers with traumatic incidents and deaths, homicide, suicide (death notifications)
- Family conflicts / crisis
- Residents experiencing financial crisis
- Homelessness

TOWN OF BRANFORD POLICE

- Senior Citizens-Increases services for elderly with basic service needs such as food/shelter and those who require other more specialized services.
- Neighbor Disputes and mediation in non-criminal matters
- Provides Professional Consultation to the Police Officers in the field on difficult cases
- Can offer professional law enforcement training or state mandated required fields, human trafficking, C.I.T, biased based policing.
- Case Management Services
- Mediation
- In house counseling or mental health evaluations as required by public act, HB6004.

BENEFITS OF COLLABORATION

Benefits of Police Social Work

- Sharp reduction in the number of repeat calls for service and reduced recidivism rates.
- Minimization of Police Officer time spent on non-criminal calls
- Document need for multi-agency involvement in difficult cases.
- Sharpened focus and increased agency services for the most desperately needy, previously unserved or underserved cases.
- Significantly increased communication, interaction and mutual respect among police and staff of service agencies so they share responsibility
- Increased community preparedness for emergency trauma and natural disaster situations.
- Enhanced Victim Cooperation with Investigations
- Available Professional Consultation with a trusted social work/mental health professional
- Multidisciplinary approach to difficult and complicated cases
- Positive community relations
- Ability to target special populations and assist with chronic, recurring situations

We believe this will lead to decreased strain on our police resources, reduce risk to our officers, and better outcomes to the most vulnerable citizens that we serve

PROGRAM OPTIONS

CAHOOTS Program – Eugene, Oregon

Eugene Police Department partnered with the White Bird Clinic and other first responders to create the Crisis Assistance Helping Out On the Streets (CAHOOTS) program. It provides 24/7 mobile crisis intervention in the Eugene-Springfield metropolitan area.

CAHOOTS program teams include a medical professional (usually a nurse or EMT) and a crisis worker from the White Bird Clinic. These persons have several years of experience in the mental health field.

The teams are dispatched on mental health calls that do not involve a crime; Police officers are dispatched only if needed for enforcement action.

CAHOOTS teams responded to about 24,000 calls in 2019. In only about 150 of those cases did the teams require police backup.

CAHOOTS teams conduct assessments and provide information, referrals, advocacy, and transportation (if needed) for individuals in a mental health crisis. The goals are to resolve the immediate crisis and to connect individuals to mental health treatment and services. Community members in crisis receive confidential assistance from the CAHOOTS team at no charge, and their participation is strictly voluntary. In addition to mental health calls, CAHOOTS teams can respond to other types of crises, including homelessness, public intoxication, and substance abuse-related problems.

Dallas Police Department – Rapid Integrated Group Healthcare Team (RIGHT Care):

Teaming up police officers, paramedics, and mental health clinicians

The Rapid Integrated Group Healthcare Team (RIGHT Care) is a partnership of two public safety agencies – the Dallas Police Department and the Dallas Fire-Rescue Department – and two community-based organizations – the Meadows Mental Health Policy Institute (MMHPI) and Parkland Health & Hospital System.

RIGHT Care teams include a specially trained and equipped paramedic, a police officer, and a mental health professional, who respond to mental health-related calls in South Central Dallas. The team operates 16 hours a day, seven days a week. Operating hours are determined based on peak call times for behavioral health-related emergencies in that area.

When the 3-person team responds to a mental health-related call, the paramedic initiates the contact and determines if emergency medical service is necessary. The clinician makes the next contact and serves as the primary communicator with the individual in crisis. The clinician conducts a mental health evaluation and assesses the need for services. The police officer's role is primarily to secure the scene and address any enforcement or crime victimization issues.

The RIGHT Care program is showing some promising results. According to Parkland Health, in 2019 the number of psychiatric patients arriving at Parkland's emergency rooms overall rose by 30%, but in areas covered by the RIGHT Care program, the number of patients dropped 20%. Only 2% of the calls to which the RIGHT Care team was dispatched led to arrests, and less than 7% of the calls involve repeat users of the team's services.

Boston Police – B.E.S.T Clinician

The Police-Based Jail Diversion Grant Program for Individuals with a Mental Illness or Emotional Disturbance was created as a means to provide Boston police officers with immediate access to a crisis clinician who can provide real-time psychiatric assessments to those in need. The goal of Jail Diversion is to identify individuals who can benefit from therapeutic services, thereby reducing the overall amount of involvement in the criminal justice system and reducing unnecessary transport to emergency departments. This is accomplished by providing alternative means of treatment through resources available via the Boston Emergency Services Team (B.E.S.T.) crisis clinicians. When co-responding to a scene with police officers, Jail Diversion (J.D.) clinicians are able to provide rapid, on-scene psychiatric assessments, including but not limited to, de-escalation techniques involving family disputes and domestic violence. J.D. clinicians can assess for, diagnose and facilitate the treatment of suicidality, homicidality, acute psychosis, substance abuse, domestic violence, child abuse, geriatric abuse, and other conditions. J.D. clinicians can also provide assessments within holding cells for prisoners who present with potential mental health concerns. By utilizing the services of a J.D. clinician, Boston police officers are given an alternative option to arrest or contacting Boston EMS.

Alexandria, KY – Police Social Worker

The Alexandria Police Social Worker (PSW) works in conjunction with sworn officers' in providing assistance for individuals in the City of Alexandria. The PSW acts as a liaison between the police officer and the community. PSW's provide a coordinated community policing response with access to a variety of agencies to deal with severe personal and family problems signaled by recurring calls for police service. They assess a client's needs for referral to other social and mental health agencies, emergency shelters, financial assistance and assistance with on scene crisis intervention. Effective intervention and prevention requires more than police action and goes beyond the capability of any single agency.

Traditionally, police, social service and mental health workers share the most difficult portion of each others' client caseloads but there has been little interagency communication or cooperation. Effective intervention and prevention requires more than police action and goes beyond the capability of any single agency. This position is the next logical step in the development of community policing and recognizes that police often serve as front line mental health/social service workers. It commands a multi-disciplined response to problems that threaten the whole community.

STAFFING

Based on current police call volume averages to mental health and social service calls, along with existing town services, a commitment of staffing resources from Branford Counseling center and/or BH Care will be pursued. One of the greatest obstacles officers currently face is obtaining assistance from mental health professionals after normal business hours, during weekends and holidays. Ideally, licensed clinical social workers assigned to the police department full time would be beneficial in staffing a 24/7 operation.

REGIONAL APPROACH

The volume of Mental Health calls for service is detailed in Appendix A of this report. Additionally, the potential services to the community and benefits of collaboration was described. Call volume alone, combined with services that can benefit the public would prohibit the feasibility of a regional approach. Dedicated staff working direct in collaboration with Branford Police would enhance services. Currently available regional services are criticized for being understaffed and having prolonged response times.

PUBLIC EDUCATION

Citizens nationwide have called for eliminating the police response to social service calls for assistance. It is recommended the public is advised on any operational changes to the police department and the additional support provided to a population in need. Based on the model adapted, members of the public may call for a police response and receive a response from a civilian social worker. A public education awareness campaign should take place via website postings, local media advisements and social media to make the public aware of the Town's efforts to improve services to community members.

CONCLUSION

An Act Concerning Police Accountability, HB6004, required the completion of an examination on the feasibility and potential impact of utilizing social workers by the department. This study illustrates the needs of the Branford Police Department to be proactive in making changes to enhance services. Branford Police are routinely responding to calls for service which should be addressed by social service agencies. Working in collaboration with a dedicated police social worker can provide several response options as outlined in HB6004. The social worker can provide services remotely or in person and many of the calls received by police could be handled entirely by a social worker. A social worker could provide benefits to officers by responding to calls for service alongside an officer, this study proves that a co-response is warranted, necessary and successful in many communities. Many benefits outlined in this study would come from a police social worker working inside the police agency. As discussed and shown through statistical measures, the Town of Branford has enough calls for service to warrant multiple dedicated police social workers, either assigned to the police department from the human services department, a non-profit organization or hired independently by the police department.



MENTAL HEALTH INCIDENTS

PREVALENCE, ENCOUNTERS AND POLICE RESPONSE



MARCH 16, 2021

OVERVIEW

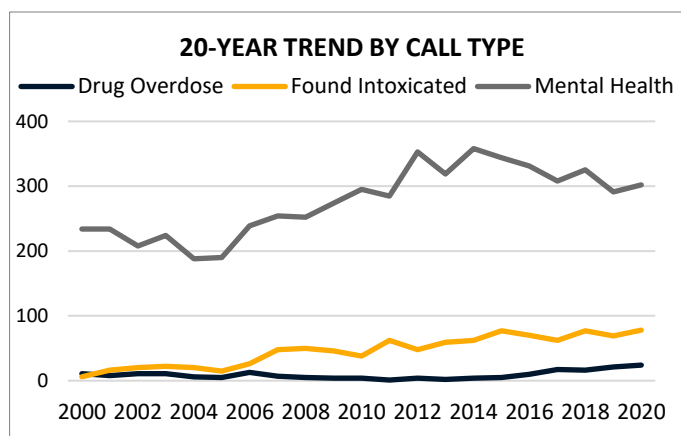
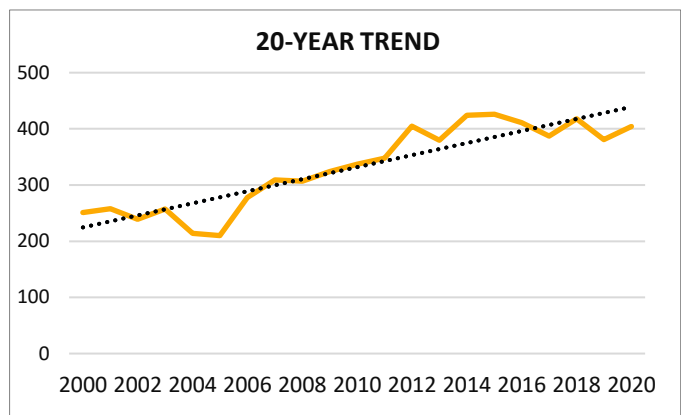
The interrelation between mental health care and the criminal justice system has been historically acknowledged among researchers, first responders and psychiatric professionals since the deinstitutionalization movement in the 1960's. The shift of responsibility from mental health facilities to law enforcement in dealing with mentally ill subjects is still felt today, as first responders tend to be the first point of contact for those in a mental health crisis. Current discussion and concerns place particular emphasis on use of force during these contacts.

In the last five years, the Branford Police Department has dealt with an average of 408 behavioral disturbance calls per year, 34 per month and 1-3 per day. These types of calls accounted for 2% of total calls-for-service, and consumed an average of 1,224 hours each year. In the past month alone, 81% of patrol officers responded to at least one call involving a mental health incident/behavioral disturbance.

A look at the last 20 years of data reveals a steady increase in the number of annual mental health related calls – The same trend applies when breaking this data down further to differentiate by call types. Both examples are demonstrated in the charts on right.

This report aims to identify and explore patterns among mental health and social service related incidents in Branford for the 2019 and 2020 calendar years. Mental health related incidents in this analysis were defined by calls that were coded out as the following:

- 2612 - Mental Health
- 4136 - Elderly Matters
- 2611 - Drug Overdose
- 2807 - Found Intoxicated



INCIDENTS

Since 2019, there have been a total of 827 mental health related incidents handled by Branford PD, 398 of which occurred in 2019 and 429 that occurred in 2020. Comparatively speaking, 2020 saw a 7% increase from the 2019 total, though both 2019 and 2020 totals fell within the normal threshold of expected yearly

BRANFORD POLICE DEPARTMENT – CRIME ANALYSIS & STATISTICS

APPENDIX A

incidents when compared to ten-year averages. When using the same calculations for individual incident categories however, disparities can be observed:

Category	10 Yr Avg	Normal Range	2019	2020	% Chg from Avg	Z-Score	Activity Level
Total Incidents	393	364 - 423	398	429	9%	1.22	Normal
Mental Health	321	296 - 346	291	302	-6%	-0.77	Normal
Elderly Matters	--	--	17	25	--	--	--
Drug Overdose	8	2 - 15	21	24	186%	2.30	Very High
Found Intoxicated	62	51 - 74	69	78	25%	1.35	Moderately High

Note: Calculations in table are based off of 2020 totals. Elderly matters did not have its own call code until June of 2019, therefor associated calculations were excluded from table as there was not sufficient data from prior years.

Drug overdose incidents in both 2019 and 2020 were statistically high when compared to prior years. Mental Health calls in 2019 were moderately low, and Found Intoxicated calls in 2020 were moderately high.

A total of 151,449 minutes (2,524 hrs) were consumed by mental health related incidents during the two-year period:

- **2019:** 1,189 hrs consumed
- **2020:** 1,335 hrs consumed

An average of 3 officers were dispatched per incident and each spent approximately 39 minutes on scene. These numbers fluctuated based on call type:

Category	2019 & 2020 Incidents	Avg. PD Units	Avg. Min On Scene
Mental Health	593	3	38
Elderly Matters	42	2	28
Drug Overdose	45	3	52
Found Intoxicated	147	3	25

INCIDENT INVOLVEMENT & OUTCOME

An inquiry of incident involvement revealed that many subjects of mental/emotional disturbances were involved in other complaints as well, the most common being domestic disputes. Additionally, non-domestic disputes, breach of peace, and harassment complaints were commonly noted.

Incident outcome was evaluated and grouped into the following categories:

- 66% of incidents resulted in a Police Emergency Evaluation Request or Protective Custody.
 - 78% of the these were Mental Health calls
 - 19% were Found Intoxicated calls
 - 2% were Elderly Matters calls and;
 - 1% were Drug Overdose calls.
- 11% resulted in hospital transport without the completion of an emergency evaluation request.
- <1% resulted in arrests or citations.
- 23% resulted in no further action, though many of these incidents indicated referral to social service options.

*In September 2020, the reference code “Mental Health Services” was created in our in-house Records Management System. Since then, 68% of cases indicated referral to mental health services.

BRANFORD POLICE DEPARTMENT – CRIME ANALYSIS & STATISTICS

APPENDIX A

Between September 2020 and February 2021, 151 reports were sent to BH Care and Branford Counseling Center for follow-up. During this time period:

- 11 new clients were gained by BH Care.
- 25 were already clients of BH Care.
- BH Care was on scene for 19 incidents.
- Branford Counseling Center gained 7 new clients for services.

BH Care reports that most subjects were receptive to outreach, though some already had services in place.

USE OF FORCE

Force was utilized in 9 incidents (1%):

- 7 involved control holds and/or takedowns.
- CEW laser was used in 1 incident.
- Madison PD's K9 was used in 1 case to track a fleeing suicidal subject, who incurred a minor bite after disobeying commands to come out of hiding.
- The subject was left with minor injuries (abrasions/bruises) in 5 of the 9 cases.

The table below details the cases by control method, officer perception, and subject resistance. It should be noted that in two of the cases, more than one officer submitted a use of force form – This explains the total of 11 as opposed to 9.

<i>Use of Force Report Details</i>	
CEW - Laser Only, Verbal Commands	1
Armed, Emotionally Disturbed	1
Armed with Cutting Instrument, Suicidal	1
K-9 Bite	1
Emotionally Disturbed, Possibly Intoxicated	1
Dead Weight/Non-Compliant, Failed to Follow Officer's Directions, Fleeing, Hiding, Suicidal	1
Pressure Points/Control Holds, Takedowns, Verbal Commands	4
Actively Aggressive (Physical), Actively Aggressive (Verbal), Emotionally Disturbed, Possibly Intoxicated	2
Dead Weight/Non-Compliant, Failed to Follow Officer's Directions, Fighting Stance/Combative, Suicidal, Threat/ Hostile	2
Actively Aggressive (Verbal), Emotionally Disturbed	2
Dead Weight/Non-Compliant, Failed to Follow Officer's Directions, Fleeing, Suicidal	1
Dead Weight/Non-Compliant, Fleeing	1
Pressure Points/Control Holds, Verbal Commands	5
Actively Aggressive (Physical), Actively Aggressive (Verbal), Emotionally Disturbed	1
Fighting Stance/Combative, Other	1
Actively Aggressive (Verbal), Emotionally Disturbed, Previous Hostility Toward Police	1
Failed to Follow Officer's Directions, Other	1
Emotionally Disturbed, Non-Aggressive	1
Dead Weight/Non-Compliant, Failed to Follow Officer's Directions	1
Actively Aggressive (Verbal), Emotionally Disturbed	1
Failed to Follow Officer's Directions	1
Actively Aggressive (Verbal), Emotionally Disturbed, Possibly Intoxicated	1
Failed to Follow Officer's Directions, Fleeing	1
Grand Total	11

STAKEHOLDERS

Numerous mental health facilities are located in Branford to provide psychiatric services to those in need, including outpatient offices as well as residential living facilities. The main locations are designated below.

Outpatient Psychiatric/Mental Health Facilities

- Branford Counseling & Community Services, located at 342 Harbor St.
- BH Care, located at 14 Sycamore Way.
- WRH Mental Health Services, LLC, located at 141 N Main St.

Residential Living Facilities

- Harbor House, located at 79 Cedar St.
- Continuum of Care, located at 134 Burban Dr.
- Briarwood Apartments, located on Briarwood Ln.
- Parkside Village I, located at 115 S Montowese St.
- Parkside Village II, located at 3 Block Island Rd.
- Branford Hills Health Care Center, located at 189 Alps Rd.

LIMITATIONS AND OTHER CONSIDERATIONS

The data in this report was extracted and filtered by the call codes listed on previous pages, and may not be representative of the full scope of mental health problems in Branford. Call classifications and coding are dependent on the judgement of officers and dispatchers, which may result in the under-reporting of mental health contacts.

To gain an understanding of these discrepancies, the search terms “psych,” “mental,” and “suicide” were used to filter calls-for-service by initial call type. This criteria resulted in an additional 245 calls whose final codes were not included in the primary query. It should be noted that the locations of these incidents were similar, if not the same, as those in the main analysis. The top 5 locations were BH Care, accounting for 24% of calls, Harbor House (9%), Continuum of Care Group Home (2%), Parkside Village I (2%) and Cedar Woods Retirement Home (2%).

The resulting final call types are listed in the table on Page 5.

BRANFORD POLICE DEPARTMENT – CRIME ANALYSIS & STATISTICS

APPENDIX A

<i>Final Call Type</i>	<i>CFS Count</i>
(blank)	88
Medical Assistance Rendered	71
OTHER MISCELLANEOUS	18
FAMILY DISPUTE/INTIMIDATION	16
Incident Unfounded	12
Other Nuisances	7
ASSIST OTHER TOWN	7
ELDERLY MATTERS	4
Medical Assistance Needed	4
Sudden Death/Bodies Found	3
Minor Juvenile Complaints	2
Harassment	2
Breach of Peace	2
Notification	2
Suspicious Person	1
Wanted Person - Other Town	1
Theft of License Plates	1
DISPUTE - NO DISTURBANCE	1
FALSELY REPORTING INCIDENT	1
Burglar Alarms	1
MENTAL CASES-PSYCHOLGICAL CONDITION NOT VIOLENT	1
Grand Total	245

BRANFORD POLICE DEPARTMENT GENERAL ORDER

SECTION X: Police Social Worker PAGES 1-3

EFFECTIVE DATE: xxxxxxxx

POLICY

It is the policy of the Branford Police Department to ensure that the social service needs of the Community are satisfied and to work in conjunction with the Branford Counseling Center in addressing the needs of individuals contacting emergency services. The Police Social Worker, a member of the Branford Counseling Center, works in conjunction with Department personnel in order to address the need for crises intervention or other social services in the community.

PURPOSE

The purpose of this General Order is to establish procedures for a Police Social Worker who will assist with emergency calls (Police, Fire, EMS) for service that require additional social service assistance. This co-response will provide a more effective emergency response through the addition of clinical-informed support and an enhanced community resource knowledge base. The co-response will also ensure those who outreach for an emergency response receive timely and streamlined connection to resources to address their social service needs and divert individuals with social service needs from the criminal justice system.

PROCEDURES

- A. The Police Social Worker (PSW) is not a sworn police officer and will not be required to handle any situation that calls for law enforcement action to be taken. The PSW is a support to emergency services and will be permitted to:
 1. Operate a Town of Branford vehicle that is used to respond to calls for service in the field within the Town of Branford.
 2. Maintain an office and work station within the police department
 3. Review police reports related to mental health and social service needs for additional follow up
 4. Participate in ride-alongs with police officers
 5. Lead in-house crisis intervention trainings
 6. Attend roll calls
 7. Request police response to scenes for purposes of follow up interviews/assessments
 8. Keep officers informed of the disposition of each case as permitted by law
 9. Communicate on authorized police radio channels

- B. The PSW will report to the Police Patrol Captain and will have a records clerk assigned to facilitate access to police records. The records clerk will supply the PSW with redacted and releasable reports titled Mental Health, Drug Overdose, Found Intoxicated, Elderly Matters or any report referred by an Officer to "Mental Health Services".

BRANFORD POLICE DEPARTMENT GENERAL ORDER

SECTION X: Police Social Worker PAGES 1-3

EFFECTIVE DATE: xxxxxxxx

- C. The PSW will monitor emergency calls for service, respond to the scene when needed and review case reports for further interventions. Case dispositions will be supervised and approved by the Director of the Branford Counseling Center or designee.

II. Requests for Police Social Worker

- A. Types of Calls – The following are typical situations which can benefit from Police Social Worker assistance:
1. Persons suffering from suicidal ideation
 2. Assessment of individuals who are in psychiatric crisis
 3. Strange or bizarre behavior
 4. Persons with known mental illness disconnected from services
 5. Victims of Family violence
 6. Juvenile matters; including Juvenile Review Board (JRB) referrals
 7. Homelessness
 8. Runaways
 9. Repeat callers who request emergency services response unrelated to legal issues
 10. Families and victims of traumatic events
 11. Elderly matters with unknown needs for service
 12. Cooperative subjects who are under the influence of drugs or alcohol who are requesting help.
- B. Types of calls that are not appropriate include:
1. Persons currently under the influence of drugs or alcohol who are unstable at the time of initial police contact
 2. Calls for persons in possession of a weapon or involved in a violent or assaultive act
 3. Persons actively attempting to commit suicide
 4. Persons required by law to be arrested
 5. Persons immediately determined by officers to be in need of emergency evaluation and transported to the ER
- D. How to Request – The decision to request support from the PSW remains with the officer at the scene. The PSW is considered a “second responder” and all scenes should be stabilized before the PSW is called to respond. The officer should notify Communications of the request for the PSW who will then contact the PSW to determine availability and response time. In non-emergency situations, the officer should notify the person or family of the availability of a PSW and assess their willingness to receive additional services before requesting a response.

BRANFORD POLICE DEPARTMENT GENERAL ORDER

SECTION X: Police Social Worker PAGES 1-3

EFFECTIVE DATE: xxxxxxxx

III. Communications

- A. Request for the Police Social Worker will be made to Communications by radio
 - 1. The PSW will monitor the radio when not involved in a call and will keep themselves available for potential calls for service
 - 2. The PSW will not arrive at a scene until a request is made
 - 3. After arrival at the scene, the officer will use radio communications to notify the PSW of the appropriate place and time to enter the scene
 - 4. Determination of priority for calls will be made by the shift supervisor using input from communications and the officers at the scene of a call for service
 - 5. The PSW will be trained and responsible for appropriate use of radio communications
 - 6. The PSW will relay the disposition of every case to the primary case officers within guidelines of confidentiality when an officer was not required to remain on scene

IV. Scene Operations

- A. Officer Responsibilities - Responsibilities at the scene for the officer include remaining at the scene until the PSW has determined a disposition or determined that further assistance is not needed. In any situation which results in the emergency evaluation of an individual, the officer shall remain on scene to assist with the individuals transport to the emergency room by Branford Ambulance.
- B. PSW Responsibilities – Responsibilities at the scene for the PSW include de-escalation of emotional situations, assessments, brief mental status evaluations for suspected emotional disorders, crisis intervention and linkage to services.
 - 1. PSWs do not use force or intervene physically with members of the community. In situations where physical intervention is required, the officer should stay on the scene. If an officer is in imminent danger and requests assistance verbally or nonverbally, the PSW will provide reasonable assistance.
 - 2. PSWs do not leave the scene until the situation is stabilized and a disposition is determined. PSWs will call officers to return to the scene if the situation deteriorates.
- C. Incident Disposition- PSWs will separately report and document incident dispositions in accordance with Branford Counseling Center policy and procedures. PSW reports will not be included as part of Branford Police Records or attached in anyway to case files prepared by sworn police officers.

TOWN OF BRANFORD
EMERGENCY RESPONSE SOCIAL WORKER

Location/Dept:	Counseling Center & Police and Fire Departments
Reports to:	Executive Director/Clinical Director
Position Status:	Full time
Weekly Hours:	40
Salary Classification:	Exempt
Affiliation:	Non affiliated

Position Summary/Purpose: A licensed clinical social worker specialized in crisis intervention and management, behavioral health assessments, conflict resolution and social service resources is a liaison with the community, emergency medical services, police and other social service agencies. This position will assess domestic violence incidences, child and elder abuse and neglect, homelessness, sexual trafficking, alcohol, drug abuse and addiction, juvenile and other behavioral health issues.

Essential Job Functions:

(The essential functions or duties listed below are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position.)

1. Assists police/fire/EMT personnel with assessments of individuals who are in a psychiatric crisis as determined through a 911 call or as requested from leadership.
2. Performs an on-site psychiatric evaluation to determine a safe resolution of the individual(s) which may include issuing an emergency commitment certificate to the ED and/or clinical follow-up.
3. Provides referrals and follow up to other community resources as necessary.
4. Provides psychiatric assessments to individuals and/or families as requested by Town departments.
5. Provides crisis intervention services to community as needed.
6. Works with public, private, non-profit and state governmental agencies to facilitate the community and mental health resources needed for the Branford community. Must attend community meeting as assigned.
7. Participates as a member of the Juvenile Review Board (JRB) to address juvenile criminal issues.
8. Prepares detailed case reports per incident to assure accurate record keeping to document client/community member interventions and services and uses appropriate tracking software to produce monthly statistics/metrics and other reports as needed.
9. Assists individuals in obtaining protective/restraining orders.
10. Leads in-house crisis intervention trainings to emergency responders.
11. May assume additional clinical caseloads as assigned.
12. Must be available to work a flexible work schedule including holidays and weekends as assigned.
13. Reviews Police Department records to identify community members in need of additional social services and develops action plans to connect these individuals to services.
14. Request police response to scenes for purposes of follow up interviews/assessments.
15. As part of the Blight Investigation Team responds to private residences and other locations within the Town of Branford as requested.

Other Functions:

- Performs similar or related work as required, directed or as situation dictates.
- Assists other departments, offices, or staff as needed to promote a team effort to serve the public

Supervision:

Supervision Scope: Performs responsible duties requiring independent judgment and initiative in coordinating, scheduling, and monitoring the work

Supervision Received: Works under the general direction of the Executive Director of Counseling Center or designee, following departmental standards, procedures and policies. Works closely with the Chief and Deputy Chief of Police, the Fire and Assistant Fire Chiefs and their designees.

Supervision Given: May supervise as requested a Master’s degree clinical intern or other clinician as requested.

Minimum Required Qualifications:

Education, Training and Experience:

The qualifications require a Master’s Degree from an accredited college or university and three plus years of social work or social services community mental health experience. Must have a valid CT driver’s license and CT LCSW license, mediation experience preferred, crisis intervention experience required.

Special Requirements:

Must be certified, or eligible to be certified, under State statute 17a-503 (d) to issue an emergency written certificate.

Knowledge, Ability and Skill:

Knowledge and Ability: The ability to understand law enforcement culture, procedures, and general orders: function effectively within a paramilitary environment, and establish and maintain rapport with police officers, emergency medical technicians, 911 dispatchers, paramedics and fire fighters

Skill: Strong crisis management skills, community resource networking, mediation, conflict resolution and communication resolution.

Job Environment:

Administrative work is performed in a moderately quiet office with regular interruptions during the day for scheduling via phones and radios.

Physical and Mental Requirements:

Work Environment

	None	Under 1/3	1/3 to 2/3	Over 2/3
Outdoor Weather Conditions				X
Work in high, precarious places		X		
Work with toxic or caustic chemical		X		
Work with fumes or airborne particles		X		
Non weather related –extreme heat/cold		X		
Work near moving mechanical parts		X		
Risk of electrical shock	X			
Vibration	X			
Other-Describe _____				
Other-Describe _____				
Other-Describe _____				

Physical Activity

	None	Under 1/3	1/3 to 2/3	Over 2/3
Standing				X
Walking				X

Sitting				X
Talking & Hearing				X
Using hands/fingers to handle/feel				X
Climbing or balancing				
Stooping, kneeling, crouching, crawling		X		
Reaching with hands and arms		X		
Tasting or smelling	X			
Bending, pulling, pushing		X		
Other-Describe _____				
Other-Describe _____				

Lifting Requirements

	None	Under 1/3	1/3 to 2/3	Over 2/3
Up to 10 pounds		X		
Up to 25 pounds		X		
Up to 50 pounds		X		
Up to 75 pounds	X			
Up to 100 pounds	X			
Over 100 pounds	X			

Noise Levels

	None	Under 1/3	1/3 to 2/3	Over 2/3
Very Quiet (forest, isolation booth)				
Quiet (library, private office)				
Moderate noise (computer, light traffic)			X	
Loud Noise (heavy equipment/traffic)	X			
Very Loud (jack hammer work)	X			

Vision requirements

- Close vision (i.e. clear vision at 20 inches or less)
- Distance vision (i.e. clear vision at 20 feet or more)
- Color vision (i.e. ability to identify and distinguish colors)
- Peripheral vision (i.e. ability to observe an area that can be seen up and down or left and right while the eyes are fixed on a given point)
- Depth perception (i.e. three dimensional vision, ability to judge distances and spatial relationships)
- No special vision requirements

(This job description does not constitute an employment agreement between the employer and employee. It is used as a guide for personnel actions and is subject to change by the employer as the needs of the employer and requirements of the job change.)