Homelessness, More than a Police Problem

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Homelessness, More than a Police Problem

Introduction

Over the past years, the Corpus Christi Police Department has found itself having to make life and death decisions when dealing with individuals with mental health issues. Statistically in the United States, 1,000 people were shot by police officers in 2018. It was reported that 25% of those individuals shot had some form of mental illness (Rogers, McNiel, & Binder, 2019, p. 1). While deadly encounters between police officers and mental health consumers are not unique to Corpus Christi, the reality is that most states are unable to find adequate funding to deal with surrounding mental health. In fact, spending on mental health and substance abuse treatment was found to have doubled between the years 2003 to 2014. With these increased costs, states are anticipating being responsible for 45% of these costs (Levit, Kassed, & Coffey, 2008, p. 513).

With few options for treatment, many individuals suffering mental illness and chemical dependency problems find themselves abandoned and homeless. Because of this, police departments are left with trying to address collateral crime issues surrounding these illnesses. In essence, many cities have begun criminalizing homelessness in an attempt to manage the issue instead of dealing with the underlying causes of homelessness. Evaluating the overwhelming number of arrests surrounding the homeless, the Corpus Christi Police Department's Record Management System revealed that several of the prolific homeless individuals in the community have been arrested over 600 times for public intoxication in a ten year period ("RMS," 2010-2017).

In response to the need to try and provide services to homeless individuals suffering from mental and chemical dependency issues, and understanding that you cannot arrest your way out

of the issue of homelessness, the Corpus Christi Police Department has created a Crisis Intervention Training Program (CIT). The CIT Program brings together local stakeholders to include: law enforcement, mental health professionals and chemical dependency treatment centers to provide alternatives to arrests. Utilizing jail diversion programs, non-traditional police approaches and community outreach, the goal of the program is to improve the overall response to homeless individuals in crisis.

This research proposal will evaluate homelessness in Corpus Christi and the impacts Crisis Intervention Programs have on future homeless arrest rates.

Literature Review

Evaluating homelessness and the role the CIT program plays in trying to find solutions for the underlying reason for continued police contacts, professionals should begin by evaluating the size of the problem of homelessness. According to a report published by Housing and Urban Development in 2015, it was reported that approximately 740,000 people are homeless on any given day. In addition, it was purported that 20-25% of the homeless population suffers from some form of mental illness (Fazel, Khosla, Doll, & Geddes, 2008). Mental Illness and chemical dependency often disrupt the family unit, which in turn, may hinder any opportunities for assistance, affect self-care and even cause a loss of employment. Unable to cope with the underlying issues surrounding homelessness, the individual may fall into despair and become a continuous issue for law enforcement. Unfortunately, because these individuals are outside of traditional health care venues, self-medicating through the use of alcohol and drugs lead to increased incarceration rates among homeless.

Effective Crisis Intervention Programs are based on well-defined community collaboration that has developed a sound infrastructure with exceptional training for the members

of the team. Providing historical data on the CIT program, the program was developed by the Memphis, TN Police Department in 1988 after they were forced to fatally shoot an individual suffering from mental health issues (Rogers, McNiel, & Binder, 2019, p. 2). What emerged from this incident was a new way of dealing with individuals in crisis. Providing specialized training for officers, individuals would be diverted from the traditional path to jail in favor of transporting the individual to the appropriate treatment facility. In addition, officers would learn how to de-escalate confrontations with subjects in distress before it led to a deadly confrontation.

As enthusiasm about the promise of the CIT program continues to spread throughout the United States, over 1,000 CIT programs had been implemented by 2011 ("CIT International," 2011). Utilizing various methods and outreach partners, officers have been successful in providing alternatives to arrests. While the body of research to support exactly what those numbers are may be limited, Memphis, TN suggests that the CIT Program has reduced arrests, while increasing officer safety and diversion to the appropriate mental health facilities (Watson PhD & Fulambarker, 2012, p. 75). It should be noted that with decreased arrests, costs associated with housing mentally ill offenders, as well as officer time spent processing offenders, have been noted as other positive aspects of the CIT Program (Rogers, McNiel, & Binder, 2019, p. 5).

Further research on potential benefits of the CIT program from Skeem and Bibeau revealed that there was a correlation between the implementation of the CIT program in Memphis and use of force incidents. In the study, it was found that CIT trained officers only used force in 15% of encounters that were qualified as high risk encounters (Watson PhD & Fulambarker, 2012, p. 76).

Reviewing mental health issues and the homeless, researchers have found that mental health and chemical dependency issues can be the cause and effect of being homeless (Lee,

Castella, Freiden, & Kennedy, 2012, p. 505). For these reasons, an effective Crisis Intervention Program must be embedded into the daily operations of both the police and the homeless. Evaluating the study conducted by Catella, Freiden and Kennedy, their research concluded that embedding mental health professionals into the daily operations improved the identification and care for homeless individuals dealing with mental illness (Lee et al., 2012, p. 505).

A final aspect of a successful Crisis Intervention Program surrounds the ability to divert individuals with chemical or mental health issues, who have committed specified crimes, from jail to the proper treatment programs. Jail Diversion Programs provide alternatives to arrest for individuals with mental or chemical dependency issues. Under the guidelines of the program, individuals who successfully complete a diversion program have the ability to eliminate or reduce jail time for offenses committed (Draine & Solomon, 1999). Understanding that incarceration is the effect of crime, which is often caused by mental and chemical issues, rather than the cause, studies have shown that continued incarceration does little to deter future behavior by these individuals. Reviewing the article, *Jail Diversion for Persons with Serious Mental Illness*, a five-year study on jail diversion has shown promising results. The study found that individuals who completed a jail diversion program were at a lower risk of being re-arrested (Gill & Murphy, 2017, p. 1).

This research is based on the benefits Crisis Intervention Programs to reduce future homeless arrest rates. Utilizing a partnership with the Corpus Christi Police Department, Nueces County Jail, Homeless Initiatives Partnerships, Nueces County Hospital District and MHMR, the goal will be to provide resources to qualified individuals in an effort to break the cycle of re-offending.

Three Hypotheses have been constructed:

1. Homeless individuals with mental illness who are exposed to Crisis Intervention (CIT) programs are less likely to be re-arrested for future offenses;
2. Homeless individuals who are provided alternatives to arrest for chemical dependency offenses are less likely to be re-arrested for the same offenses; and
3. Crisis Intervention training for officers will reduce violent encounters with homeless individuals who suffer mental illness.

Method

In this study, researchers will focus on the effects the CIT Program (independent variable) has on reducing re-arrest of the homeless (dependent variable) who have been identified as having mental health and chemical dependency issues. In the past, one of the challenges associated with homelessness issues is the tendency to develop solutions without actually having open conversations with the homeless themselves. In an attempt to gather baseline information that will assist CIT partners, a voluntary survey, which has no monetary rewards for participating in the survey, will be provided to the homeless population. While surveys themselves are excellent ways of gathering information that might otherwise be lost, a survey must be planned and executed in a manner to achieve the greatest results. During this survey period, volunteers will conduct the survey during a one-week period, which will include, both day and evening hours to assure consistency. Utilizing the same survey format, a follow-up survey with the homeless will be conducted on the one-year anniversary of the survey to measure increases or declines in homeless with mental health and chemical dependency issues.

Utilizing volunteers from the Homeless Initiatives Partnerships (HIP), two goals can be achieved. First, the tendency to provide false information in fear of arrest will be reduced by

eliminating police officers during the survey portion of the research. Secondly, the timing of the survey will allow the group to measure the number of homeless individuals in Corpus Christi during this time. Commonly known as the Point in Time Survey, the count will provide researchers with an estimate of the number of individuals we may be providing services to during the CIT study.

The Likert-scale survey is designed to gather quantitative information about mental health history, chemical dependency, along with other questions that will be statistically measured regarding homelessness. In addition, qualitative questions that are designed to bring light to conditions that led to homelessness in an attempt to further alleviate other conditions that create homelessness. Some of the questions that will be asked in the survey will be overlapping in some areas, such as various forms of chemical dependency, in hopes of gaining consistency. Because qualitative research methods are more flexible and allow researchers to gather additional information that would not be captured using statistical data, volunteers will utilize an outlined set of questions.

During the implementation phase of the CIT program, the Nueces County Sheriff's Office, who is the custodian of record for the jail, will maintain and track jail diversions during the one year research period. While the concept of jail diversion appears simple, attempting to measure the success of those with mental illness who are differed against those that are not will prove challenging. Because the Nueces County Jail does not have a mental health facility in the jail, it would be impractical to measure treatment in jail against treatment that was provided through the CIT deferral. For this reason, the success of diversion will be measured through incarceration. The Nueces County Jail has an extensive data collection and reporting system and can record successes and failures of the diversion program threw re-arrest. During the data

collection process for mental health and chemical dependency, the Crisis Intervention professionals at MHMR will maintain treatment records on those homeless individuals who have been admitted to their facilities as specified in the agreement between the Corpus Christi Police Department, Nueces County Sheriff's Department and MHMR. While the database will be developed to capture information in a timely manner, there is an expectation that much of this information will be protected under medical privacy laws. During the study period, a MHMR case worker will ride with a patrol officer to provide first-hand information on consumers. This process will allow the police and MHMR to better document progresses and failures in the program.

The Corpus Christi Police Department will provide 40 hours of certified training on crisis intervention to Officers who will proactively engage and respond to calls involving homeless individuals in distress. By utilizing a group of well-trained officers, more control over contacts with the homeless can be obtained, which will result in more accurate records from the officers in the field. The police officers will be tasked with deciding which homeless individuals with mental illness or chemical dependencies, who have committed a crime, will be good candidates for the jail diversion program. During this process, officers will need to balance the goal of providing treatment for those individuals with mental health or chemical dependency issues against the overall safety of the citizens.

Utilizing grant funding awarded through the Substance Abuse and Mental Health Services Grant, the above departments will be provided monies to manage and operate their portions of the study. Each of the partners in the study will be required to track expenditures related to the study and provide monthly reports.

Analysis

Utilizing statistical package software, the quantitative data obtained from the Likert Survey will be utilized to confirm, or refute, the belief that a large majority of Corpus Christi's homeless population suffers from some type of mental or chemical dependency issues. Reviewing statistical data collected from the Nueces County Sheriff's Office and the Corpus Christi Police Department, information on re-arrest rates will be reviewed to measure the re-offending rates of homeless individuals who are diverted (experimental group) and comparing them with the homeless individuals who were not provided services (control group). MHMR will provide statistical data on the number of homeless individuals who were provided treatment during the study period and the successes and failures of those enrollments.

Secondly, utilizing the Corpus Christi Police Department's Blue Team Use of Force Tracking System, an impact assessment would be conducted. The data surrounding use of force incidents involving homeless individuals will be compiled for a one-year period prior to the implementation of the study. At the conclusion of the one year research time period, a use of force comparison will be conducted to measure any noticeable declines in encounters between law enforcement and the homeless.

Lastly, an analysis of police reports involving homeless individuals may provide some statistical information that highlights spikes or declines in crimes involving the homeless. utilizing data mining techniques, Corpus Christi Police Department crime analysist will extract arrest involving homeless from the one-year period prior to the beginning of the program and compare it to data obtained on the one-year anniversary of the conclusion of the program. The belief is that repeated arrest of the homeless should decline.

Expected Results

The expected results of this research are expected to support the hypothesis that homeless individuals with mental illness, who are exposed to Crisis Intervention (CIT) programs, are less likely to be re-arrested for future offenses. Homeless individuals who are provided alternatives to arrests for chemical dependency offenses are less likely to be re-arrested for the same offenses and Crisis Intervention training for officers will reduce violent encounters with homeless individuals who suffer mental illness. If by chance this hypothesis is found not to be true, a process evaluation will be requested to examine if the program was implemented as intended and whether the target population was served as outlined in the study.

Expected Challenges

One of the biggest challenges facing this research project surrounds the jail diversion component of the study. Because officers have the ability to randomly assign homeless individuals to the diversion program, officers must have a clear understanding of the program and the goals. In addition, officers may potentially bypass the research criteria for diversion if they are convinced the individual should go to jail. Because the study results on diversion will be based on the success of who received treatment as compared to those who did not, a non-bias approach to diversion must be taken. For this reason, a supervisor should approve arrest reports and diversion requests surrounding homeless individuals during the study period.

Secondly, the mental health and chemical dependency centers involved in the study should have a clear understanding of the differences between individuals who are brought to their facilities by CIT Officers, who are not under arrest, and the ones that have been brought in under Jail Diversion Program. While this could be confusing for staff, a simple check-off form at the time of admittance could eliminate this confusion.

References

CIT International Brochure. (2011). Retrieved from http://www.citinternational.org/CITINT/PDF/CITIntBrochure20110408.pdf.

Draine, Ph.D, J., & Solomon, Ph.D, P. (Jan 01, 1999). Describing and Evaluating Jail Diversion Services for Persons with Serious Mental Illness. *Psychiatric Services*, *Vol. 50 Issue 1*, 56-61. https://doi.org/https://doi.org/10.1176/ps.50.1.56

Fazel, S., Khosla, V., Doll, H., & Geddes, J. (2008). The Prevalence of Mental Disorders Among the Homeless in Westen Countries:Systematic Review and Meta-Analysis. *PLOS Medicine*, *Vol.5 Issue 12*, 1670-1680. https://doi.org/Retrieved from

Gill, K. J., & Murphy, A. A. (2017, Dec 03, 2017). Jail Diversion for Persons with Serious Mentall Illness Coordinated by a Prosecutor's Office. *BioMed Research International*, *2017*(), 1-7. Retrieved from https://doi-org.libproxy.lamar.edu/10.1155/2017/7917616

Lee, S., Castella, A., Freiden, J., & Kennedy, A. (2012, June 2010). Mental Health Care on the Streets: An Integrated Approach. *The Austrialian and New Zealand Journal of Psychiatry*, *Vol. 44 (6) 505-512*. https://doi.org/10.3109/00048670903555120

Levit, K. R., Kassed, C. A., & Coffey, R. M. (2008, November 2008). Future Funding For Mental Health And Substance Abuse: Increasing Burdens For The Public Sector. *Health Affairs*, *27(6), w513–w522*, 513-522. https://doi.org/10.1377/hlthaff.27.6.w513

Record Management System (RMS). (2010-2017). Retrieved from

Rogers, M. S., McNiel, D. E., & Binder, R. L. (2019, September 2019). Effectiveness of Police Crisis Intervention Training Programs. *The Journal of the American Academy of Psychiatry and the Law*, *Vol. 47. Issue 3*, 1-8. https://doi.org/DOI:10.29158/JAAPL003863_19

Watson PhD, A. C., & Fulambarker, A. J. (2012, Dec 8, 2012). The Crisis Intervention Team Model of Police Response to Mental Health Crisis: A Primer for Mental Health Practitioners. *US National Library of Medicine*, *8*, 71-81. Retrieved from https://search-eboscohost-com.libproxy.edu/login.aspx?direct=true&db=a9h&AN=85944027&site=eds-live

Appendix A

Consent Form for Participation in a Research Study
Lamar University

Utilizing Crises Intervention Programs to Identify and Assist Homeless Individuals with Mental Health and Chemical Dependency Issues

Description of the research and your participation

You are invited to participate in a research study conducted by David Blackmon. The purpose of this research is to obtain a better understanding of the various aspects and challenges surrounding homelessness in Corpus Christi, Tx. Your participation will involve answering a series of questions to gage various issues surrounding homelessness.

Risks and discomforts

There are no known risks associated with this research.

Potential benefits

This research may help us to understand how we can systematically approach and possible reduce homelessness in the Corpus Christi area and beyond.

Protection of confidentiality

We will do everything we can to protect your privacy. Your identity will not be revealed in any publication resulting from this study. The responses recorded will be stored in a database utilized by the Corpus Christi Police Department for logistical purposes only and, as stated, will not be documented or displayed on any public platform.

Voluntary participation

Your participation in this research study is voluntary. You may choose not to participate, and you may withdraw your consent to participate at any time. You will not be penalized in any way should you decide not to participate or to withdraw from this study.

Contact information

If you have any questions or concerns about this study or if any problems arise, please contact David Blackmon at Lamar University. If you have any questions or concerns about your rights as a research participant, please contact the Lamar University Institutional Review Board.

Consent

I have read this consent form and have been given the opportunity to ask questions. I give my consent to participate in this study.

Participant's signature_____ Date:_____

A copy of this consent form should be given to you.

Appendix B
Homeless Issues Survey

Interviewer's Name: _____ Date: _____

Physical location of interview: _____
(Block of Street nearest to location)

Read each respondent the introduction listed below and use the last page for any miscellaneous comments they may make. "U" means undecided.

Introduction: "Hello. My name is _____ and I am a volunteer with the Corpus Christi Police Department. I am conducting a survey to help gather more information about the homeless. We are trying to improve personal safety and improve the quality of life for all our residents. This survey will help us identify problems and come up with solutions. Your input is important and I appreciate your cooperation. I am going to read you some statements and your name is **NOT** used on this survey. Do you have any questions?"

	SA	A	D	SD	U
1. I would like to stop being homeless…….....	[ ]	[ ]	[ ]	[ ]	[ ]
2. The services available to the homeless in this community are good ……..…..……	[ ]	[ ]	[ ]	[ ]	[ ]
3. I feel safe……....[	]	[ ]	[ ]	[ ]	[ ]
4. I am well informed about social programs that are available to help me not be homeless……..……..	[ ]	[ ]	[ ]	[ ]	[ ]
5. I know about the programs the 211 system offers...…...	[ ]	[ ]	[ ]	[ ]	[ ]
6. I am in good physical health…..…….……..	[ ]	[ ]	[ ]	[ ]	[ ]
7. I have a physical medical disability that keeps me from working full-time….…….…….....	[ ]	[ ]	[ ]	[ ]	[ ]
8. I have an emotional medical disability that keeps me from working full-time….…….....	[ ]	[ ]	[ ]	[ ]	[ ]
9. I sleep outdoors most of the time…..……..	[ ]	[ ]	[ ]	[ ]	[ ]

10. I have suggestions about how to decrease the number of homeless here……..[ ] [ ] [ ] [ ] [ ]

	SA	A	D	SD	U
11. I have been treated for emotional problems in the past as an adult..……..…	[ ]	[ ]	[ ]	[ ]	[ ]
12. I drink alcoholic beverages almost every day……[	]	[ ]	[ ]	[ ]	[ ]
13. I consider myself to be an alcoholic..…….….....	[ ]	[ ]	[ ]	[ ]	[ ]
14. I have a substance abuse problem other than alcohol……. ……...…….……	[ ]	[ ]	[ ]	[ ]	[ ]
15. I possess a valid form of identification……	[ ]	[ ]	[ ]	[ ]	[ ]
16. This is a good city for a homeless person to live in …….……	[ ]	[ ]	[ ]	[ ]	[ ]

If person agrees, ask why: _____

_____

_____

17. I have enough food available to me ……	[ ]	[ ]	[ ]	[ ]	[ ]
18. There are quite a few people living in vacant houses or apartments .....……	[ ]	[ ]	[ ]	[ ]	[ ]
19. I would move back to the community I am from if I had the means to do so……..[	]	[ ]	[ ]	[ ]	[ ]
20.A. I would work full-time if given the opportunity……..……..[	]	[ ]	[ ]	[ ]	[ ]
20.B. I would work part-time if given the opportunity……..……..[	]	[ ]	[ ]	[ ]	[ ]
21. I sometimes ask strangers for cash……...…….	[ ]	[ ]	[ ]	[ ]	[ ]

22. I have seen people using synthetic marijuana
or synthetic drugs in the past 6 months……..…. .[ ] [ ] [ ] [ ] [ ]

23. I have been banned from at least one homeless
shelter in Corpus Christi……..…...[ ] [ ] [ ] [ ] [ ]

24. A. I own a dog…….……[ ] [ ] [ ] [ ] [ ]

24. B. If yes, then ask, "Is your dog spayed/neutered? Yes No

24.C. If answer is no, ask:

I would have my dog spay/neutered if the
service was free……..…..…[ ] [ ] [ ] [ ] [ ]

25.A. I have been assaulted in the past six months.[ ] [ ] [ ] [ ] [ ]

25.B. I have seen someone else assaulted in
the past six months……....[ ] [ ] [ ] [ ] [ ]

26. I see broken beer and wine bottles in many
of the locations I frequent…… [ ] [ ] [ ] [ ] [ ]

27. I have children under the age of 17 who are
also homeless……..……..... [ ] [ ] [ ] [ ] [ ]

28. May I ask their ages? _____

Demographics:

29. The person you are interviewing is:

Male Female

30. How long have you lived here: (circle)

0-3 months 6-12 months 1-2 years 2-3 years 4-5 years more than 5 years raised here

31. A. How long have you been homeless in Corpus Christi: (circle)

0-3 months 6-12 months 1-2 years 2-3 years 4-5 years more than 5 years

31.B. Comments if in and out of homelessness:

32. If not raised in this area, what city and state are you from?

_____
List City and State

33. What is your age? _____

34. Are you a military veteran who was honorably discharged? yes no

35. If yes, what branch of the military? _____

36. What is your race?

Race: White Hispanic African-American Asian Other

37. What is your current employment status?

A. Unemployed B. Part time C. Full time D. Day labor E. Retired

38. I have been the victim of domestic violence in the past year. Yes No

39. What is your highest level of education?

A. Did not graduate from high school [ ]
B. High school or GED [ ]
C. Some college hours [ ]
D. College graduate [ ]
E. Masters or higher [ ]

40. Where did you sleep last night? _____

41. What local shelters, resources or programs have you used within the past year?

42. What resources or what help would you need to get you out of homelessness?

43. Do you have any suggestions that would help improve the safety of others who are homeless?