

Abstract: Resolve EDP, Ithaca Police Department

Emotionally Disturbed Person calls are the largest number of non-criminal calls received by the Ithaca Police Department. They tie up dispatch and line officers and are often not handled well, leading to frustration for everyone involved. Police, though trained to work with EDP's, are not equipped to resolve long term problems. An Ithaca Police Officer was killed last year by a mentally ill person in the line of duty. Subsequently, that individual was killed by an officer. "What could we have done differently." became a starting point for changing the way EDP calls are resolved. It was believed that forming a partnership of community policing officers and mental health professionals would provide the primary element of a team that could effectively deal with the problem. Both the records unit and dispatch were involved to determine the extent of the problem. Line officers were contacted to round out the picture with anecdotal information.

A proactive approach, reviewing reports each day and resolving small problems, was chosen over a "respond to calls", with professional help approach that some larger cities favor. Creative approaches to each individual's problem were developed. The team was able to use a variety of resources throughout the mental health and law enforcement systems. "Do something" has become the team motto, even if it is just education of those involved. Small unresolved problems become big unresolved problems.

There has been a significant decrease in the number of EDP calls and currently there are no chronic EDP callers. Line officers participate by bringing problem individuals to the attention of the team. The stated goal of eliminating chronic callers and calls has been met

Resolve EDP- A joint project of Ithaca Police Department and Tompkins County Mental Health -

Using a Problem-Oriented Policing approach, we have combined the efforts of the community police unit of the Ithaca City Police Department with the assertive outreach program of Tompkins County Mental Health. The stated goal of this proactive approach was to provide a high level of service to the mentally ill and other Emotionally Disturbed Person's, who combined together are referred to as EDP's, who have contact with the police department. With this new level of service, we hoped to decrease the number of phone calls regarding EDP's to dispatch and the subsequent calls that the patrol division had to respond to.

Many cities have assertive outreach programs that link law enforcement with specialists trained in psychiatric services. Essentially, these are "respond to call" programs that while serving a need, do not go to the heart of the problem. The resolve approach is to use problem oriented policing in a proactive way on a daily basis with all EDP callers.

The largest number of non-criminal calls for service received by the Ithaca Police Department have traditionally been emotionally disturbed persons (EDPs.) The department's response to these on-going calls appeared to have no long term solutions. These calls continued to drain shrinking police department resources. As with most calls for service, a large number of EDP calls seemed to center on a relatively few individuals.

Police officers are first line responders for helping the mentally ill and other emotionally disturbed persons. A large number of emotionally disturbed person calls are handled each day by the patrol division of the department. These calls, unrelated to criminal activity or public safety, tie up officers. Often they are repeat calls with the callers not getting the help they sought or needed. Complainants often experienced high levels of frustration with the police for not being able to resolve these complicated issues. EDP callers, not getting the treatment or help they need can sometimes progress in their behavior to criminal activities. The complainant, not receiving the assistance they need, will sometimes frame the complaint about the EDP in criminal terms in order to get action from the police department. A large number of mentally ill persons are in jail nationwide as a result of improper response to their needs. Also, non-mentally ill EDP callers, [suicidal substance abusers, elderly individuals unable to care for themselves,] often do not get the help they need or follow-up to ensure that they have accessed resources.

Officers, though trained to deal with EDP's on a call by call basis are not equipped to perform trained social work functions. The time patrol officers can direct towards a problem and their ability to have current information about available help is limited. It can also be frustrating for officers who feel their time is being wasted on repetitive non-criminal calls. The result can be increased tension and the possibility of greater risk to all.

The problem of chronic callers was identified through examining reports, talking with staff in dispatch and with line officers. Chronic callers tie up phone lines and sometimes the response from dispatch and officers handling calls, while well intentioned, has been less than helpful. Unknowingly, the kind of response that callers would get from the police would encourage further calls. A tendency to minimize problems that officers see as minor ended up being an improper response to the caller. At times, other responses, which could be sarcastic, encouraged them to continue to call, making the problem chronic.

Line officers complained about having to respond to the scene of chronic EDP callers. Usually there was no criminal activity, information was bizarre, but officers still had to take action and file a report. Patrol officers would avoid responding to these calls, even though some of the calls reflected criminal or public safety activity. Consequently, individuals, including the officers, were placed at greater risk.

Non-chronic EDP callers, such as intoxicated suicidal persons or elderly confused individuals, received assistance according to the specific knowledge and experience of the officer responding. Often, these individuals were sent to the Hospital's Emergency Room and it was unclear as to whether they received the assistance they needed. This lack of follow through again, put people at risk.

Community service providers, such as food distribution programs and homeless shelter staff, also contacted law enforcement for police assistance after other means had failed. Taking people into custody against their will and forcing hospitalization became the norm, rather than using early intervention, such as directing people to outpatient treatment. The forced hospitalization method is the least effective, most costly and dangerous.

The homicide of an Ithaca police officer by a mentally ill individual and her subsequent killing by a police officer at the scene, in an incident during November 1996, heightened community awareness of the inherent difficulty police have in dealing with the chronically mentally ill. This incident made obvious how the lack of an assertive outreach program combining community policing and mental health professionals can lead to tragedy. Cooperation between community police and county mental health seemed a good combination of skills to resolve this chronic problem. Assertive outreach would decrease risk for line officers, and accomplish the priority of freeing up patrol and dispatch for other police work.

Hindsight can be much greater after a tragic event. Thus, it was somewhat easy to analyze the problem of police interactions with EDP's after these two deaths. Going backward from the event, asking the question, "What could we have done differently?" became our starting point. Some of the answers lay in the reports and intelligence produced by line officers on a daily basis. No one had taken the time to look at EDP calls in context, and recognize the vast problem they had become and question whether a proactive approach would have an effect on it.

The police records unit agreed to flag and copy all police reports that involved EDPs, including EDPs involved in criminal activity. Mental health and community police staff began to review these reports daily, targeting individuals and interventions. The reports were expanded by anecdotal information from dispatch and line officers who had contact with EDPs and no reason to file a formal report. EDP calls have been a problem in policing throughout police history. With the start of 911 in our County, it was feared that EDP calls would restrict the 911 system.

A large number of people were involved in the problem's system: EDP's, their family , landlords, friends, service providers, firefighters and merchants were often complainants. Police, traditionally schooled in the apprehension of criminals and recently trained to deal with EDP calls, were still not able to resolve issues outside of immediate problems. Often, police officers, on other shifts were responding to the same call, contributing to the frustration of all involved. Results of interventions were haphazard at best and could often be counterproductive.

Since the deinstitutionalization of mental patients two decades ago, little has been done to deal with the mentally ill in the community. Resources that are available are often unknown to law enforcement, which has become a first line contact for the mentally ill. Some officers had been dealing with the same EDP calls throughout the course of their careers. Homelessness and substance abuse have become part of the lifestyle of many mentally ill individuals. This led to quality of life and petty crimes complaints being made to the police and contributing to the ongoing interaction between law enforcement and the mentally ill. A constant refrain from all segments of the community was to "do something!" to resolve the problem.

"Do something" has become our motto, with regard to response. Lack of resources in our small city combined with apathy based on historical perspective created a demand for action on the part of team members. Sometimes just a clear explanation of the mental health law to family members was the result of a complaint. Other times it was visiting individuals who did *not* call to provide positive reinforcement of that behavior. Creative use of the building department, fire department, courts, families and social service agencies became the norm in a proactive approach.

The nature of the problem was so fluid that the responses demanded originality. What became clear was that having mental health workers and community police assigned to work together, reviewing cases on a daily basis was a place to start. The model that has evolved is a team approach to provide follow-up on all EDP calls. Each case is targeted, using a problem oriented approach, with a need to provide a long-term solution to a problem.[e.g. meet with subjects who have been intoxicated and suicidal to see if they have followed up on treatment].

The only evaluation that all police officers would accept was a decrease in the number of EDP calls, both through dispatch and for patrol. Officers had to notice that the nature of their work had changed and that if they filed an EDP report, follow up on it was taken seriously, and eventually resolution would take place. The goal of the response was to eliminate chronic EDP calls.

Combined knowledge of law enforcement and social work were brought together to explore all available community resources. Talking to service providers to ensure rapid response to problem solving was a starting place for the project. Skepticism from members of the law enforcement community was a barrier to success. An attitude of "they've always been a problem, you're wasting your time", was common among officers. Cooperation from dispatch has proved to be an essential part of the solution. As success has been widely accepted, cooperation from line officers providing early reports of problems has helped with a proactive approach.

Trying to analyze change in a small police department is a relatively simple matter. If you are providing a useful service, every officer who has a need for your service, calls you. The "Top Ten" chronic callers no longer tie up the dispatch telephone lines. Conversations that used to start with "I keep getting calls about... ", has changed to "Whatever happened to...?" Many small problems dealt with on a daily basis no longer become big problems at two in the morning. Also, solving problems when they are not acute promotes a greater chance for resolution.

"The difference between night and day" is the comment provided by the head of dispatch. As this is being written, there are currently no chronic callers. Line officers cooperate effectively with the police mental health liaison and with records, ensuring that reports get to the right people so action may be taken. Command officers, from the Chief on down, encourage officers to have the team take a look at cases that may be suited to proactive approaches. Integration with the local Drug Court has provided us another tool to work with and expand the group. Evaluation is an ongoing process related to the goal of not having chronic EDP calls. The entire department evaluates according to the stated goal. The problems implementing the plan were manageable once the commitment to manpower was made. The real problem of engaging line officers in this approach was resolved after a few successes. Each case demanded a very individual approach.

Records show that chronic callers, some of whom had officers at their homes as often as three to four times a week, have been eliminated. Given the limited amount of resources[no 24/7 mental health service] goals have been reached and the response is effective. Although some individuals with mental illness have left the community as a result of this effort, that population tends to be transient. The commitment to manpower and cooperation with mental health is the key to ongoing success. A daily effort must be made to follow through.

EDP calls are often one of the most difficult aspects of police work. Many officers feel ill prepared for dealing with non-crime calls. The incentive to all ranks is have someone else take care of the problem, or hope it doesn't happen on their shift. This targeted approach moves case by case until each are resolved using a problem solving mode).

Resolve EDP

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