

Rapid City, South Dakota:

QUALITY OF LIFE UNIT SUPPORTS HIGH-NEED INDIVIDUALS

OVERVIEW

Rapid City, South Dakota, is the state's second most populous city, home to approximately 73,000 residents.¹ Just over 16 percent of the population lives in poverty.² Meanwhile, statewide, the overdose death rate is 8.5 deaths per 100,000 population, the second-lowest in the nation.³

The Rapid City Policy Department (RCPD) reports that of the total city population, it regularly interacts with approximately 300 individuals. Upwards of 90 percent of this population are Native American, and many are coping with chronic homelessness and substance use disorder (SUD). South Dakota has some of the largest Native American reservations in the nation. Reservations are often economically depressed, and over half of all Native American residents of South Dakota live below the federal poverty limit (FPL).⁴ These areas also have high rates of alcoholism and substance use disorder (SUD), as well as depression and other mental health conditions.⁵

According to interviewees, disturbance calls related to the highest-need individuals come in at an excessive rate, with complaints including public intoxication, disorderly conduct, panhandling and theft, often for the same individual at multiple instances throughout the day. Responding to, arresting and incarcerating these individuals costs a considerable amount of money and has proven ineffective at generating behavioral change.

To help provide sustainable solutions for the city and these individuals, RCPD invested in a special unit designed to help these individuals engage with a number of helpful resources and supports, remove barriers to care and services and help these individuals achieve success, however they define it, as well as reduce police calls and related costs. This case study will focus on the RCPD Quality of Life Unit and present key takeaways for other cities and counties considering similar cross-systems approaches.

PROGRAM DESCRIPTION

Rapid City Police Department Quality of Life Unit

The Quality of Life Unit, launched on April 1, 2018, is comprised of police officers and caseworkers who work together to refer and provide support and social services to those experiencing homelessness and to other vulnerable members of the Rapid City community.⁶ The team is made up of two full-time and four part-time police officers and will include caseworkers in the near future. Upon entering the Unit, officers receive extensive training in trauma-informed policing. The Quality of Life Unit works one-on-one with certain high-need community members to address challenges they are experiencing, develop a plan to address these needs and follow up to improve continuity and quality of services they receive. Instead of arresting these individuals, officers may refer them to detoxification or counseling services. For calls or service requests related to disturbance, alcohol, panhandling and/or theft, a computer program will flag individuals who frequently interact with law enforcement and behavioral health services, enabling the Unit to attend to the individuals in the community who have the greatest need.

The Quality of Life Unit is part of the Rapid City Care Campus, which concentrates numerous social service providers in one convenient location. The Care Complex also includes the Pennington County Health and Human Services, the Crisis Care Center, and Safe Solutions, which provides medication-

assisted treatment (MAT), detoxification, and a safe space for intoxicated people to recover. The Quality of Life Unit officers use their network within the Care Campus and community at-large to ensure that the individuals they work with are able to enter into care. The plainclothes officers, using city-provided vehicles, currently take individuals to and from provider sites, wait for them during appointments, help them set up new appointments and help determine the next steps after appointments. By acting as care coordinators, these officers not only connect individuals to care but also build a rapport with them, and foster a network of support that can facilitate treatment and recovery.

RESULTS

Between November 2018 and May 2019, the Quality of Life Unit diverted 695 individuals from jail. In the long-term, the Unit aims to connect community members with appropriate treatment and ultimately achieve recovery. The serious substance use and mental health disorders experienced by the individuals targeted by the Unit will likely require years to overcome. However, since its inception, the Unit estimates that it has helped 10 to 20 percent of its highest-need population access treatment. Because the Quality of Life Unit is centered in the Care Campus alongside a wide variety of service and care providers, officers are able to immediately connect those who are ready for treatment with the people who are best suited to provide that care.

FINANCING AND SUSTAINABILITY

In conjunction with Rapid City Collective Impact—a community-supported initiative involving members of local government, nonprofits, faith-based organizations, businesses, community members and the Black Hills Community Foundation—the RCPD received a \$750,000 grant to create the Quality of Life Unit. The grant was awarded by the International Association of Chiefs of Police in partnership with the U.S. Department of Justice and the Office for Victims of Crime, which designated Rapid City as a Collective Healing Demonstration Site.⁷

Following the end of the three-year grant period, which culminated in September 2019, the unit plans to become a permanent department of the RCPD. As a feature of the police force, the Unit has reduced other officers' caseloads, allowing patrol officers to focus on other issues including violent crime prevention. Furthermore, the Unit's work contributes to the long-term reduction of crime rates by enabling repeat offenders to address the substance use disorder and mental health issues that often underlie offenses.

Every response to a police call costs the city approximately \$40 to \$50. If an arrest is made, the cost increases further. While they do not yet have definitive ROI results, the city and RCPD are confident in the long-term financial solvency of the Unit based on its success diverting individuals from the criminal justice system and into services that address underlying challenges such as SUD or mental illness.

COLLABORATION ACROSS SYSTEMS

As part of their duties, the officers also attend collaborative strategic planning meetings with local providers across multiple service areas.⁸ The participating agencies include Rapid City Collective Impact, Behavior Management Systems, Center for American Indian Research & Native Studies, Working Against Violence Inc., The HOPE Center and the RCPD Community Advisory Committee. Through these meetings, agencies have developed plans to address barriers to serving unreached individuals while expanding partnerships with new organizations to do so.

The following is an overview of direct service organizations in Rapid City that work with the Quality of Life Unit to assist individuals experiencing homelessness, SUD and mental illness.

Behavior Management Systems Crisis Care Center

The Quality of Life Unit may connect individuals experiencing a SUD or mental-health related crisis to the Crisis Care Center at Behavior Management Systems, a local SUD treatment facility. Once an individual has been admitted to the Crisis Care Center, a mental health professional will assist with stabilization and work with the individual to prevent future crises. Individuals may remain in the Crisis Care Center for up to 24 hours.⁹

Behavior Management Systems also offer a range of behavioral health services, including outpatient counseling, family support, medication management, SUD treatment, and transitional housing and case management for individuals with serious mental illness.¹⁰

The HOPE Center

The HOPE Center is a drop-in day center that provides basic services and enrichment activities for low-income individuals and individuals experiencing homelessness. Services include a mail and phone center, short- and long-term storage, free laundry, haircuts, and hygiene kits and Alcoholics Anonymous meetings.¹¹

ROLE OF CITY LEADERSHIP

Although grant funding brought the Quality of Life Unit to fruition, the commitment of the Police Chief and city officials was key to implementing the program. Understanding that the status quo response was not working for the department or the community, members of the police force took it upon themselves to bring together stakeholders and existing resources to begin the implementation of a more holistic approach to crisis response. Although it took a number of meetings and over a decade of planning with nonprofit partners, public entities, courts, city officials and other stakeholders to put the program together, other RCPD officers and community partners were quick to buy-into the initiative when presented with the idea. The opportunity to divert people into more suitable interventions, help them stabilize, and interrupt the cycle of criminality was compelling.

KEY TAKEAWAYS FOR CITY LEADERS

For city leaders considering similar approaches to addressing SUD, homelessness and mental health issues, there are several key lessons that can be learned from the RCPD Quality of Life Unit and its collaboration with other stakeholders and programs:

Convene stakeholders early and often.

Convening a community of stakeholders early and often facilitates consensus-building around a city's philosophy and approach to crisis intervention. Many of the organizations and agencies share patients and clients. With a common understanding of the problems and definition of success, these various providers can operate as a more holistic unit, making it easier to provide complete care to individuals with complex needs. Bringing these groups together also provides the opportunity for each to understand the various perspectives of their collaborators. For example, non-profits have a different set of organizational priorities than public or for-profit entities.

Assess and address existing gaps in behavioral health services.

The nearest psychiatric hospital is over 300 miles away from Rapid City, in Yankton, South Dakota. The Rapid City Regional Hospital has a small psychiatric unit, but beds in that unit and mental health professionals are minimal and dwindling due to statewide health care

budget cuts. As the second largest city in the state, patients from other cities seek services in Rapid City, adding to demand and delays in care. To address this need, the Care Campus will open a 64-bed treatment facility in November 2019. Partnering with local service providers has also helped provide less-intensive care to those who need some level of behavioral health intervention but whose need may not rise to the level of inpatient treatment. The RCPD and its partners continue to advocate for greater investment to improve access to these services.

Provide cultural competency training. With its relatively large population of Native American residents, many of whom grew up on one of the seven reservations in South Dakota, it is essential for law enforcement and service providers to become educated about Native American history and culture, including the relationship between Native residents and law enforcement; tribal practices and values; and the diverse range of experiences across and within tribal communities. The RCPD has implemented a department in-service class about its history with Native and non-Native relations, helping officers understand why alcohol and substance use are prevalent among this community, and why many Native Americans are distrustful of law enforcement. The RCPD consults with and brings in members of the tribal community to inform and present

some of these lessons. This class gives officers, especially those that are new to the state, some working knowledge about the cultures and cultural interactions that define Rapid City.

Tailor services for each individual. Rapid City officers stressed the importance of an individual, person-by-person approach to change. Many of the people they work with have lived with their conditions and adopted coping mechanisms that are challenging to give up – if the person is ready to make that change at all. Each person may need a unique approach to get them to the point of accepting help. By working directly and compassionately with these people over months, the Quality of Life Unit is slowly achieving long-term change.

Follow up regularly. One-time contact with treatment providers is rarely sufficient in resolving the issues faced by individuals coping with long-term, unaddressed mental health conditions or SUD. As such, consistent follow-up should be an integral component of any case management program for high-need individuals. In Rapid City, Special Operations Unit officers have follow-up meetings with clients to ensure that they keep appointments. Additionally, officers continuously assist individuals in the community, regardless of treatment need, by supporting job searches and family re-connections.

UNLESS OTHERWISE NOTED, ALL INFORMATION IS BASED ON AN INTERVIEW WITH THE RAPID CITY POLICE DEPARTMENT QUALITY OF LIFE UNIT.

ENDNOTES

- 1 United States Census Bureau. 2013-2017 American Community Survey 5-Year Estimates. ACS Demographic and Housing Estimates: Sonoma County, CA; Fort Collins, CO; Huntington, WV; Indianapolis, IN; Manchester, NH; Philadelphia, PA; Raleigh, NC; Rapid City, SD; San Antonio, TX; Wichita, KS. https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/DP05/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000.
- 2 United States Census Bureau. 2013-2017 American Community Survey 5-Year Estimates. ACS Demographic and Housing Estimates: California, Colorado, Indiana, Kansas, New Hampshire, North Carolina, Pennsylvania, South Dakota, Texas, West Virginia. https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/DP05/0400000US06|0400000US08|0400000US18|0400000US20|0400000US33|0400000US37|0400000US42|0400000US46|0400000US48|0400000US54.
- 3 United States Census Bureau. 2013-2017 American Community Survey 5-Year Estimates. Selected Economic Characteristics: California, Colorado, Indiana, Kansas, New Hampshire, North Carolina, Pennsylvania, South Dakota, Texas, West Virginia. https://factfinder.census.gov/bkmk/table/1.0/en/ACS/17_5YR/DP03/0500000US06097|312M300US226600827425|312M300US265805439460|312M300US269001836003|312M300US317003345140|312M300US379804260000|312M300US395803755000|312M300US396604652980|312M300US417004865000|312M300US486202079000.
- 4 United States Census Bureau. 2017 American Community Survey 1-Year Estimates. Poverty Status in the Past 12 Months by Sex by Age (American Indian and Alaska Native Alone). https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_B17001C&prodType=table
- 5 Department of Health and Human Services, Substance Use and Mental Health Services Administration. (2012). The National Survey on Drug Use and Health: Need for and Receipt of Substance Use Treatment among American Indians or Alaska Natives. <https://www.samhsa.gov/data/sites/default/files/NSDUH120/NSDUH120/SRI20-treatment-need-AIAN.htm>.
- 6 Davila, A. (2018). Rapid City Legal and Finance approves funding for Quality of Life Unit. KOTA TV. <https://www.kotatv.com/content/news/Rapid-City-Legal-and-Finance-approves-funding-for-Quality-of-Life-Unit-502636561.html>.
- 7 International Association of Chiefs of Police. Law Enforcement and the Communities they Serve: Supporting Collective Healing in the Wake of Harm. <https://www.theiacp.org/projects/law-enforcement-and-the-communities-they-serve-supporting-collective-healing-in-the-wake>
- 9 Behavior Management Systems. Crisis Care Center and Emergency Services. <https://www.bmscares.org/employee-assistance-eap>.
- 10 Behavior Management Systems. Our Services. <https://www.bmscares.org/services>.
- 11 Project HOPE. Services. <http://www.hopecenterrapidcity.org/#/services-hope-center-rapid-city-sd/>.

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