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Moderator: **Dennis Stoika**

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Operator: Good day and welcome to the Presidential Commission on Law Enforcement and the Administration of Justice conference call. Today's conference is being recorded. At this time I would like to turn the conference over to director Phil Keith. Please go ahead.

Phil Keith: Thank you and good afternoon and thank everyone for joining us today. I'd like to call the President's Commission on Law Enforcement and Administration of Justice to Order. On behalf of Attorney General Barr we thank you for joining us today for this important commission teleconference meeting. As we continue these unprecedented times and challenges beyond our experience we certainly want to express our appreciation for your continued willingness and understanding as we navigate the challenges of conducting important work of the commission. At this time I'd ask the executive director Dean Kueter to conduct our roll call of commissioners.

Dean Kueter: Thank you Mr. Chairman. And before I call the roll, I'd like to remind everybody that the event is open to the press and for any members or media that may be on the call if you have questions or any clarification on anything please contact Kristina Mastropasqua in DOJ's Office of Public Affairs. With that I'll call the role. Commissioner Bowdich?

Male: ((Inaudible)).

Dean Kueter: Commissioner Clemmons?

James Clemmons: Present.

Dean Kueter: Commissioner Evans?

Christopher Evans: Here.

Dean Kueter: Commissioner Frazier?

Frederick Frazier: Present.

Dean Kueter: Commissioner Gaultieri? Commissioner Hawkins?

Gina Hawkins: Present.

Dean Kueter: Commissioner Lombardo? Commissioner McDonald?

Erica MacDonald: Present.

Dean Kueter: Commissioner Moody?

Ashley Moody: Here.

Dean Kueter: Commissioner Parr?

Nancy Parr: Present.

Dean Kueter: Commissioner Price?

Craig Price: Good afternoon. I'm here.

Dean Kueter: Commissioner Ramsay.

Gordon Ramsay: Here.

Dean Kueter: Commissioner Rausch?

David Rausch: Here.

Dean Kueter: Commissioner Samaniego?

John Samaniego: Here.

Dean Kueter: Commissioner Smallwood?

James Smallwood: Here.

Dean Kueter: Vice Chair Sullivan?

Katie Sullivan: Here.

Dean Kueter: And Commissioner Washington?

Donald Washington: Here.

Dean Kueter: Great Mr. Chairman that conduct – concludes the roll call.

Phil Keith: Thank you Dean. Any other announcements Dean before we get started?

Dean Kueter: We are good to go sir.

Phil Keith: Thank you. Today our focus continues to be on the social problems impacting public safety. And today we've scheduled leaders within the federal government on federal programming to address these matters and discuss resources and responses. All the commissioners received the calendar invite last Friday including the agenda and the bios of the panelists and now to our panel for today. Without objection we will continue our same process and format and commissioners are encouraged to make notes for questions during the panelists' presentation and we will hold questions until all three panelists have provided their testimony.

Commissioners had an opportunity to review the biographies of our distinguished panel and will now go to our first panel – panelist, Christopher Patterson, Regional Administrator US Department of Housing and Urban Development. He's the National Lead for the Foster Youth Independence Initiative. Mr. Patterson we thank you for joining us today and you're recognized.

Christopher Patterson: Thank you sir. It's an honor to be present especially as I think I addressed earlier in such challenging times that I don't think anybody has ever faced. Thank you all. A brief background of myself as I grew up in the foster care system most of my life from the ages of birth on up to 5 back and forth on the receiving homes. And at age 5 I was put into an adoption home.

At age 12 I was put back in foster care. From there I aged out of the system until I graduated from high school and went into the Job Corp program up in Curlew, Washington and decided that wanted to go to college and ended up change in the direction of my life. And obviously most people realize the statistics for foster youth are far more grim than I think people had hoped. Most of us are pretty tenacious individuals, at least I speak for myself anyway.

So I think that after going through school for 12 years and completed most of my – well all of my degrees, I ended up working in the field in the private sector of health and human services for 25

plus years whether it's development or delayed, mentally ill, behavior, emotionally disturbed, drug addicted, trafficked or so on. I felt the passion of working with those challenging folks was very rewarding. So, and then in July or excuse me, May 13 of 2019 I was appointed to Region 9 HUD administrator serving under Secretary Ben Carson.

So as far as our background for what HUD is doing I'll get to the independence initiative last. Obviously that one's very - everything that we do at HUD is very mission driven, and folks really care about the people in the community. So for our HUD ESG that's the HEARTH Act of 2009, which is rebranded the Legacy Program or Emergency Solutions Grants, and re-orientated to assist the people quickly to regain stability in permanent housing after experiencing the housing crisis or homelessness. Rather than warehousing homeless people this program now supports the Housing First Approach.

Previous to 2009 ESG supported emergency or transitional shelter services and is granted annually by formula to cities and counties nationwide. Our HUD continuum of care model program funds completely or competitively awarded grants through each of the area's COCs. These grants are awarded to outcome-driven providers such as non-profits, state and local governments, provide everything from rapid rehousing to self-sufficiency, and other support services exceeding $2 billion in funding nationally.

This is the federal government's largest pool of targeted homeless funding. Our HUD SNAPS under the COC program for HUD's Offices of Special Needs Program awards grants offered through competitive process or new construction acquisition, rehabilitation or leasing of buildings to provide transitional – and transitional permanent housing - as well as supportive services to homeless individuals and families, grants to fund a portion of annual operating costs and grants for technical assistance. The Supportive Housing Program is designed to promote the development of supportive housing and supportive services to assist homeless persons in transition from homelessness to promote provisional supportive housing to enable homeless persons to live as

independently as possible. Grants under the Supportive Housing Program are awarded nationally and competitively and held annually as well.

Our HUD-VASH, this is a joint venture with the Department of VA using HUD's Housing Choice Voucher program. The VA identifies and connects each eligible homeless veteran to the housing vouchers while delivering case management and health care services to the vet. And the last one is the Foster Youth to Independence Initiative Program which was spearheaded by 20 former and current former foster youth, and under Secretary Carson's Leadership this is a very unique initiative that is realistically has been specifically delegated and designated for foster youth only aging out of the system. So it's a very unique model.

Currently there are over 21,000 unsheltered youths in the US each year. More than 20,000 of the people age out of the foster care according to the National Center for Housing and Child Welfare. 25% of these young people will experience homelessness within four years. These young people are our nation's future and as we know they're our future workforce -18 to 25-one of the most susceptible populations there is to trafficking, abuse, physical abuse among other things. The biggest thing that they're trying to do is create stability for these youth with vocational programs, vocational settings, giving them opportunities to apply and change direction of the course.

In September of this year HUD announced it would be – it would deepen its commitment in combating homelessness and foster youth and launch the first of its kind with the additional expansion of more dollars for these youth. This is on top of our Family Unification Program which is separate from the FYI dollars. FYI allows public housing authorities to request tenant protection vouchers for young adults who have recently left foster care without a home to go to. This is something that once you experience this opportunity to see these kids get housed and the sense of stability where they can actually become less of a statistic, or an opportunity for other things that happened on the streets, it's crucial.

So in fact six months ago HUD already awarded $3.5 million to serve people in 31 communities across the country. Thanks to FYI in fact I believe the numbers we have gotten now we've receive requests of nearly 600 plus vouchers for youth that are going to be getting these permanent situations to live in. And I'm happy to say that we're just getting started on this and the effort's growing.

Like all housing vouchers, it's up to the public housing authorities to work in concert with the child welfare agencies to match these vouchers to foster youth who desperately need them. Therefore FYI is a truly collaborative, locally driven initiative that will give a chance for these youth to age out. As a former foster youth I know the first-hand challenges of these specific issues that they face after aging out, and especially in realizing what the challenges are with the options that are on the streets, which are not healthy options for people to have. So therefore I just wanted to say thank you. These are all very important initiatives and measures under Secretary Carson's leadership and we're very happy to continue doing this. So thank you very much.

Phil Keith: Thank you Mr. Patterson for your informed testimony. Now for our next panelist we have Dr. Matthew Miller. He's the Director of Suicide Prevention at the Department of Veterans Affairs. Thank you for joining us today Dr. Miller and you're recognized.

Dr. Matthew Miller: Good afternoon. I am a Clinical Psychologist by background and a veteran of the United States Air Force clinical psychology wherein I specialized in applications of psychology and behavioral sciences to joint services, fighter, bomber and cargo pilot training operations during OEF OIF post 9/11. Since I served as Chief of Mental Health and Deputy Chief of Staff at the Saginaw Michigan VA Medical Center and healthcare system and as National Director of the Veterans and Military Crisis Line.

It's an honor to talk with you today. My two brothers-in-law are both police officers they work in Michigan ((inaudible)). Family first ((inaudible)) we're all in extraordinary times in which we currently

live and ((inaudible)). I have heavy heart in particular of the announcement this morning regarding the current impact of COVID upon the NYPD. Added, we're all, the President of the United States included, deeply concerned regarding suicide prevention during and throughout these times.

In light of this background I'd like to walk through key data points regarding veterans and suicide prevention, what we're doing programmatically to enact suicide prevention, and points of success and hope thus far. Referencing the second slide in your deck, suicide has been on the rise across the nation for 20 plus years. Specifically from 2005 to 2017 there was a 43.6% increase in the number of suicide deaths in the general American population. In 2005 more than 31,000 Americans died by suicide. In 2017 more than 45,000 Americans died by suicide. According to recently released CDC data from 2018, the number has now risen to greater than 48,000.

Across the same time period there was a 6.1% increase in the number of suicide deaths in the veteran population. Although the total number of veteran deaths by suicide has hovered around 6000 since 2008 the rate has increased. This is because simultaneously the overall veteran population has decreased at a rate of about 2% annually.

Certain summary level data points stand out and include the following in relation to veterans and suicide and the general population. The rate of suicide was 2.2 times higher among female veterans compared with non-veteran adult women from our 2017 data. The rate of suicide was 1.3 times higher among male veterans compared with nonveteran adult men within the same timeframe. Male veterans ages 18 to 34 experienced the highest rates of suicide and male veterans ages 55 and older experienced the highest count of suicide. Significant throughout these data points is the fact that 69% of all veterans' suicide deaths resulted secondary to a firearm.

We share important overlap in commonalities in this battle. According to U.S. Census data 19% of police officers have a history of military service compared with 6% of the general population having served. Translation, veterans are disproportionately highly represented within the police force

population. Police officers and veterans may share similar risk factors according to recent research including alcohol and substance use, domestic or personal problems and elevated levels of PTSD. First responders as a whole including police officers may experience similar risk factors, occupational hazards and exposures including exposure to suicide, access to lethal means such as firearms, erratic work schedules resulting in sleep disturbances, and disrupted family life and personal and professional stigma related to accessing mental health services.

So what are we doing to address suicide? We have a two part plan, that much like bifocal lenses, envisions the long term and the immediate. Long term we have a six year strategic plan called Suicide Prevention 2.0. In the immediate, we have a plan for flattening the curve termed the Now Plan. Our long term strategic plan centers upon a public health approach to suicide prevention wherein clinically based interventions combined with community based interventions.

We know that a mental health diagnosis or diagnoses are part of the story within a meaningful proportion of suicides. Therefore improving access to evidence-based mental health treatment and services is critical. On the other hand we know that not all suicides involve a history of mental health diagnosis or issues. Therefore addressing community level variables is important. We have three programs designed to build and enact suicide prevention community coalitions and plans at the counting level, at the veteran to veteran level in rural communities and at the state wide level under the authority of the Governor’s office.

The current COVID crisis has brought somewhat technical and even wonky public-health terminology into mainstream vernacular. One such example is the term or phrase flattening the curve. Last year in suicide prevention we were talking about flattening the curve. We explored what it would take to flatten the veteran suicide curve. Analysis indicated that we would need to save 800 additional veteran lives annually to begin to see a turn in the line.

Much like we find ourselves doing this very day we initiate a process of looking for immediate ways, simple to sacrificial, such as handwashing, to social distancing, to staying at home that we could implement across the VA. By looking at the data we were able to identify five planks that would build a bridge between the present and our long term. There are five planks and 19 strategies.

The five planks address: number one lethal means safety, number two suicide prevention and medical populations, number three outreach to and understanding of prior VHA users who haven't been seen within the last two years, suicide program enhancements and finally (paid media. We see some anchors of hope within the data, for example veterans diagnosed with a depressant disorder engaged in mental health treatment have seen a significant decrease in suicide rates from 2005 to '17, which converts to 80 veteran lives saved from 2016 to 2017. We see a rate of increase that's slower and lower for veterans in VHA care versus those not in VHA care. There was a 1% increase in suicide for veterans in VHA care. There was an 11-percent increase for veterans not in VHA care.

We've implemented universal screening across our facilities for suicide. From October 1, 2018 to the start of the present month four point five million veterans have been screened for suicide. Of that, approximately 2% have initiated further suicide prevention planning and safety planning based upon their response. That could be 125,000 lives that have been saved through this effort.

We've engaged a program called Recovery Engagement and Coordination for Health. It's called Reach Vet that supplies a predictive algorithm to identify VHA patients in the top .1% of statistical risk for suicide, 12,000 veterans have currently been identified for tailored follow-up and care. Having these veterans identified has also assisted us in the current COVID crisis. We've been able to crosswalk veterans who have screened positive or tested positive for COVID with veterans who are identified as high risk for suicide and are able then to implement tailored outreach approaches for these higher risk veterans.

We've developed a program for safety planning in the emergency department based on research showing 45% reduction in suicidal behavior across six months of implementation. We've made changes in our inpatient mental health environment that's reduced the number of in-hospital suicides 4.2 per 100,000 to .74 per 100,000. This is an 82% reduction.

The Veterans Crisis line engages approximately 1850 calls. The last two weeks it's been over 2000 calls per day. We see an additional 400 contacts to chat and text. We submit 360 referrals per day to VHA healthcare. We also engage 80 emergency dispatches per day, 30,000 a year that may often involve you and your team. We've also established same day mental health access.

I've included a listing of resources and additional slides for your review. In conclusion however, I offer the following: At your commissioning ceremony, Mrs. O'Toole eloquently outlined the changing world of law enforcement. There was a time wherein policing and law enforcement may have been viewed as holy synonymous. Today however, the increased demand for social services has added to the already complex world of the police force. In some cases 15% of the time may be dedicated to law enforcement, while 30% of the time may be dedicated or responding to mental health issues. This creates a new level of strain internal to each member of the force and across the force as a whole.

Perhaps, in turn, we see significantly higher rates of suicide within the force compared to the general population and higher frequencies of officer death by suicide versus line of duty deaths. Together the VA and police can work to address the national crisis of suicide which may be amplified by the present times. Together we may be able to generate ideas and actions to address two questions. How can we better internally support our police force and how can we better address externally the intersections between law enforcement and social services? There are options to engage across policy, prevention, intervention and postvention to address each of these two key questions. Thank you for your time and attention, over.

Phil Keith: Thank you Dr. Miller for your informative testimony. Now for the last panelist today's session is Dr. Robert Marbut, Executive Director US Intelligence - excuse me, US Interagency Council on the Homelessness. Dr. Marbut, thank you for joining us today. You're now recognized.

Dr. Robert Marbut: Thank you very much for having us. It's an honor to have the US Interagency Council on Homelessness to be included in these proceedings – appreciate it very much. I'll quickly do the introduction and then go into the sort of focus of our – the topic we've picked on to pick - talk about today. I have about 40 years of experiences in the world of homelessness and about 15 years of that at a policy, sort of more of a scientific -what are the root causes, what are the direct mitigation things, and interventions we can do - to actually improve the situation, rather than just address the symptoms of homelessness and address the root causes of it.

Over my history both in terms of my new job here and my prior job of being consultant around the country I have been to almost 1000 organization operations in communities. I'm not quite at 1000 but I'm almost there now. So I've seen a lot of what's going on and I've also been doing it a while now, so I'm starting to see some of the trends that are working, and some of the trends that candidly are not working.

And in terms of criminal justice background I have a Masters in Criminal Justice. When I was on the San Antonio City Council I was in charge – I had the whole public safety portfolio. We don't have a public safety commissioner in San Antonio but it sort of acted like that person. So I had the police, fire, EMS and was very involved with multiple aspects of that. And I'm recently proud to say, my son just finished the police academy. So I sort of understand the criminal justice intersection with the homelessness intersection.

And in the interest of time, since we only have, you know, about eight, nine minutes to present I wanted to just really focus on what I think is the most successful tool of that nexus between law enforcement, the criminal justice system, and the world of homelessness. And homelessness is

very non-monolithic. There's a tendency to sort of group everybody is experiencing homelessness, whether it's families or individuals, into one group. And there's generally seven or eight major cohorts.

And the cohorts that seems that always have the highest contact with law enforcement, whether it's police or sheriff or other agencies, is what we call, or what HUD defines, as unsheltered homelessness. This is often considered the street level homelessness or, you know, this includes the individuals live in rural encampments or urban encampments, or it just – and parks and moving around. And that's the group I want to really focus on today and talk about what the evolution of the HOT Teams and how - sort of how it got started, what we've learned, and what I think is going to be going into the future with HOT Teams.

A HOT team originally was called Homeless Outreach Team. And Version 1 of it goes back three decades almost now, and came out of San Diego. And it was an evolution that came really out of the EMS and emergency room. And what was happening is police officers were picking individuals up and saying, well they definitely have something going on, don't quite know what to do, not right the quite place, certainly shouldn't go to jail, so let's take them to the ER. And so there was a lot of simply officers in San Diego taking people to the ER.

And they did an evaluation of how many people were inappropriately taken by EMS and ultimately got to the ER, and they found it was just a very expensive alternative to jail. And you see a lot on street, people moving from the street to jail to ERs and back and forth. And then now with the advent of public safety, detox facilities and homeless shelters you start to see that too, and sort of a bouncing around. So what San Diego did, and they were literally the first who came up with the idea, they created a two officer unit and they created a HOT team. And originally it was called the SIP Team, Serial Inebriate Program and they mostly focused on folks there on the street that were constantly having open container, alcohol, et cetera. And they - these individuals would be picked up by the police officer. In the old days they would have gone to the ER and overfilled.

And so what they've created with the, sort of a sobering, and over time it's bounced between a formal sobering unit and a social sobering unit. I think there was even a period of time it was a medical and back. And so they created this HOT team and it was simply two officers, who got a lot of street training, and also got a lot of street credibility with the community experiencing homelessness, and they started outreaching. And what started out as sort of an ER diversion really became the frontline contact of intervention and alternative sort of dispute, if you will.

So rather than going to jail or going to the ER, they became literally the front line of funneling individuals into different programs throughout San Diego. So what started out as sort of a formal diversion program from ER became a much broader issue. And the last officer, there were three officers that stood up that program, the last officer just retired last year - but that was really Version 1. And Version 2 came along and I know we have a commissioner from Pinellas County in St. Petersburg, Florida was one of the initial that sort of V2 wave where it said what if we instead of having two sworn officers let's have one sworn officer mixed with one civilian social worker, a masters of social work type level, or somebody who is very experienced in the world of homelessness? And that became Version 2. And that's had a major improvement over V2 of just having two officers.

One is they had a team that sometimes need to lead with more of the enforcement side, sometimes you need to lead with the sort of softer social worker side. But you always need both, because if you go in, and especially high intensity youth, you can't go in with two social workers. That would be counterproductive. Likewise often if you go in with two officers that might escalate. So when you combine the two together you get the best of both worlds. The safety and security on one side and then the more direct intervention.

And it really took off and places - like it was so successful in St. Pete, - Pinellas County now has five teams that are horizontally cut and divided. They all have an officer or deputy sheriff combined

with their local social worker. And they have an amazing operation and the five different teams integrate and work together and they know the geographical zones and such. And they literally are the frontline of bringing people into programming, because what you know in the long term, you'll never get recovery out of homelessness on a jail cell floor or an emergency room. Likewise you don't get recovery hanging out in a park bench. And so these teams really are the frontline of engagement of bringing people into programming, while also providing an alternative method to all the 911 calls that come in.

Now Version 3 which is now out and around and is really picking up a lot of steam is what's called, some people are calling it multi-discipline teams, and these often have more than two people on it. And it becomes obviously a much more expensive, you know, sort of initiative, when you add more. But they will have often a social worker, an officer and then they might have a drug - sort of misuse, you know, sort of counselor, involved, or a more precise mental health, somebody more higher level in the mental health world. So they'll have – they'll deal often with the co-presenting mental health and substance issues.

And but they - I think the multi discipline teams are maybe not cost effective in daily operations, but they might be better if you're doing large-scale engagements whereas I think the two-person team really gets you the best of both worlds. And when I got involved in this about 20 years ago, the way I thought of it and I was – and I sort of helped in a lot of places moved from V1 to V2 - was think of them as like the crisis, you know, the CIT team where a lot of communities would stand up a CIT team on Thursday, Friday, Saturday and Sunday to deal with the alcohol family disturbance clustering, where you didn't go in just with two officers, you didn't go in with just two social workers- you went in with both.

And what you're seeing that the teams that really work not just the sworn officer and a civilian, but also a gender mix, a race/ethnic mix that appropriately matches the local community - those are really, really powerful just like the CIT teams have proven around the country to be really, really

valuable. And I'll end with two things where I knew, when I sort of saw the value of this, when I started seeing how the teams were working -one was an incident in Pinellas County when I, early on when all five teams were set up, and I went to one of their very first meetings and they were doing monthly coordinating meetings just to coordinate geography, what's best, what they're learning. And I think the team was - went for the Sheriff St. Pete. I think Tarpon Springs was there, Pinellas Park and I think there was one other.

So they had the teams, and when I came into the very first meeting I walked in, and then on the left side of the room was all the sworn officers were on one side of a U-shaped table, and then the civilians were all on the other side of the table. That was the very first meeting I went to, and it was one of their first organizing meetings. And then I went back about a year and a half later, on a revisit. Now suddenly the officers were sitting with their – their partners the civilian, and they were all sitting by teams, and they were no longer sitting by law enforcement and other. And they really, when you hear the language, and they talked about their team, they're truly a team approach and they're - they've absolutely become the most successful way to address the 911 calls, the lower level calls, and to engage individuals in.

And then the final one was I was out with an officer in a community in California. And we were going out with the street team and I was evaluating and such, and I went out and we were engaging a person who was experiencing homelessness who had been on the street for about 21 years, and they had just been checking up with them saying, you know, time to come in, time to come in. And so the social worker went over to talk to the person and said no, no, no I don't want to talk to the social worker. I want to talk to Rich. I trust him more than I trust you.

And that's when you start to realize that they officers on the street with the positive engagement, and with the sort of CIT type of training, on you see how effective and you actually raise, you know, the sort of operating respect level on the street. And what you see in most communities -- and I was in Salt Lake City a couple -- about three weeks ago - before the COVID really took off, and

many teams around the Salt Lake area are doing these outreach teams, and they're finding that they're, candidly, much more successful at bringing people into, engaging people into programming, than the traditional old social worker outreach model and part of that comes with credibility. A lot of that comes with, you know, respect of the street and the others just perseverance just rechecking with the person, rechecking a person constantly engaging.

And what you'll see is even some individuals that have been on the street for a very long time, experiencing multi-year chronic homelessness, will be engaged, and come into treatment finally. So that I just can't say it enough about how law enforcement around the country has gotten so innovative around these multi-discipline teams, around these HOT Teams to positively engage people experiencing homelessness into recovery programs. That's it.

Phil Keith: Well thank you Dr. Marbut for your testimony today. Now we'll open the session for questions from commissioners. If I could request, would commissioners with a question please state your name prior to your question, and direct your question to a specific panelist you have a question for. Or if it's for a response from the entire panel please state so. Just as a reminder to the commissioners your mics are hot at all times. Thank you and commissioners with questions for the panelists.

Erica McDonald: This is Erica McDonald. Can I ask a question?

Phil Keith: Sure can Commissioner.

Erica McDonald: All right, this question is for Dr. Miller. Dr. Miller, I really I want to dive down a little bit deeper on suicide rates among Native Americans and Alaskan Americans, and how that varies on law enforcement. And specifically what, if you'll bear with me, you know, recognizing that American Indians and Alaska Natives has the highest representations in our Armed Forces. Likewise, suicide disproportionately affects these groups even greater. American Indians and Alaska natives may

have all those risk factors that were talking about. Are you aware of any work that's being done, like evidence-based/culturally sensitive types of programs to combat suicide rates among our law enforcement officers who come from our American Indian, Native American and Alaska native communities?

Dr. Matthew Miller: Thank you for your question. All the points and the data that you offer to support your points are well-founded and accurate. And thank you for raising awareness by speaking to them. The VA currently does have a particular program that is – it's focus is working with Native Americans tribes with regard to suicide prevention and empowering through the tribes and the culture therein suicide prevention planning and actions.

As a result I think we've learned some important things. For example one of the trainings that we offer on suicide prevention is called Save, S-A-V-E. And when we were working with the Native American tribes their review of the training looks this is great but and they pointed out some aspects of the training that weren't supported within their culture and which would need to be modified, even to the extent of the way in which the training was offered and facilitated.

I can - we can get you more information on that specific program. It's through our VISN 19 Rocky Mountain MIRECC Program, and again, happy to provide you with some follow-up information if you're interested in how that would translate to your commission work.

Erica MacDonald: Thank you. I appreciate that. Thank you very much.

Nancy Parr: Hi. This is Nancy Parr. May I ask a question?

Phil Keith: Yes Commissioner.

Nancy Parr: Actually I have two questions, and I believe that they would be directed to Dr. Miller, but there might be other voices to be heard too. One, I would like to know what you think about the effectiveness of veteran courts that - or that have been in operation around the country and that many jurisdictions are considering. And then the second one, when you talk about the lethal means safety if I – if you could give us your thoughts or concerns about the red law, the red flag laws that are being passed by state legislatures around the country and what you think about the effectiveness of those may or may not be?

Dr. Matthew Miller: Okay, thank you for the question I'll go in order if that's acceptable. Veteran's courts- I had my first exposure to veteran's courts and their effectiveness - when I was Chief of Mental Health at the Saginaw VA working with and developing veteran courts as part of our homeless programming and our VJO, Veteran Justice Outreach programming. I believe from observation experience and from existing research that veteran courts can be highly effective and essential within the overall recovery process. They facilitate entry into and access to care. They encourage and reinforce maintenance and continuation in mental health care and overall care as well. And those are both really important factors in terms of fighting recidivism.

So yes I am a supporter. I am a believer. And I believe that the more we can implement these across our system the more that we can then encourage access into appropriate care sustainment within appropriate care, and in turn reduce recidivism, which then I think translates, in the police commission perspective, to hopefully a decrease in the percent of calls that are mental health related versus otherwise.

Second question, lethal means safety is a term that refers to decreasing the mortality associated with certain forms commonly used to implement suicide. In the veteran population the most frequently employed lethal means is firearms, 70% of the time. In the general population the same is true. I believe, by all data that I'm aware of, the same is true within the police force as well.

Our focus with lethal means safety, as it pertains to firearms, is with regard to the importance of time and space according to time and situation. We know that a strong percentage of the time suicide is an impulsive - in the moment - sort of act. And when individuals in these moments have access to firearms the chances of suicide and death by suicide increase up to six times.

In light of this, helping people to understand there may be a time and a place to separate themselves from weapon and from ammunition, can be lifesaving. The window of time between when someone is thinking about suicide, decides suicide, and goes to implement suicide can be as short as five to 60 minutes. If we can introduce time and space between person, firearm and ammunition in those windows of time, we will make a significant difference with regard to suicide.

As it pertains to laws and legislation, that's an area that the VA does not engage in from a common carry perspective. What we do want to carefully note is that we are constantly looking for opportunities to decrease stigma associated with mental health, associated with mental health care, and associated with recovery. So looking for opportunities to engage that reduction of stigma is what we look for in any legislation that may be presented, as well as the opportunity to talk about lethal means safety - time and space between person, ammunition and firearm. Over.

Nancy Parr: Thank you.

Phil Keith: Other questions.

Katie Sullivan: Hi. It's Katie Sullivan. I have a question for Chris. Chris just to - you've got this unique perspective from the foster care system and now working on the federal side of foster care. Where do you see both from your personal experience, and now where you sit with HUD - number one - where are the greatest gaps? Number two -how law enforcement can meet those gaps for foster children, homelessness or where should we be hopefully getting law enforcement out of some of those issues? You know, they end up being the first responders and the frontline for issues that

they aren't necessarily equipped to deal with. So if you could just – if you have any thoughts about that?

Christopher Patterson: Yes of course. Thank you for the question. It's ironic that the - obviously the panelists whether it's the VA and Dr. Marbut and the uses of law enforcement, one of the things I do not say in the very beginning is my wife also worked for the sheriff's department and the marshals but she also worked largely in the jails. So the biggest thing I've seen is the crossover from foster care. You know, you figured from the ages of 17 while 16 especially dependent on the crimes committed that usually the first person - and if I could remember, you know, back in my day when I, you know, I was - I experienced hanging out with maybe the wrong crowd, with the kids on the street, obviously law enforcement was usually the first person or persons I usually saw in the most challenging of situations. And it was based on the relationship that that person gave and how they treated me at that time and how well it was respected.

So law enforcement is put in a situation in today's world that is grown more – they've become social workers, psychologists, you know, sociologists -- the entire gamut. They are dealing with everything first and foremost more than they ever have. As a foster youth I remember my biggest respect levels were for, and especially for those law enforcement officers that treated me with respect, were willing to listen even though they – I knew that they weren't going to fix the problem but at least they were a voice and they could direct me to the appropriate people who could help fix the problem. And the biggest thing that I think we could change is given these - because it's a pipeline. It really, if you look at the direct correlation, any law enforcement officer will be able to go out there and say the correlation between foster care and prison is a pretty strong tie.

You know, the average I would say maybe 1% to 3% of foster youth age out of the system become successful, or in definition succeed. Now that definition of success is based on each individual, you know, child. Everyone is different. And I think that the focus we can continue doing different, that's not there anymore, is vocational skill assets.

We're not able to teach the kids in the public school systems and those mentors we had. The vocational skills and vocational opportunities aren't there, and I know that the - especially in the lower socioeconomic areas. I was at Compton a couple weeks ago working with some of the folks up there and the shelters up there were – had made an agreement with the heads of the gangs of the Crips and Bloods that they didn't tag her building. So I was actually speaking with some of those guys that are trying to go in through the Job Corp program for example. They wanted – they cleaned up their record, they were changing their transition. They just and I asked them, "Well what do you think you could do different or we could do different as the adults?" And their response was, "Give me an opportunity to work, give me an opportunity to learn a trade." And I think that's the biggest thing where law enforcement – law enforcement is key. I mean you guys are the first and foremost front in every situation good and bad. And I think that it's one of those situations where we can grow the numbers, continue the relationship.

I worked with the Veterans Forum, diversion courts, drug courts -- all of them before in different situations and they're all prudent and necessary to do the continued path. When you look at the VA, and how if a veteran has issue with PTSD or drug addiction or abuse, and their kids get taken away due to those situations, and they go into the foster care system or receiving homes or whatever it may be. We just need to make sure that there's opportunities as we are now but for specifically to the question Katie about foster youth -- vocational, vocational, vocational -- and it's an opportunity to help kids avoid that direct pipeline at the age of 18 going into prison.

I've had a lot of jail commanders call me recently asking, "Hey -can we get suggestions? What can we do different?" And I think that we can really emphasize the fact of giving opportunities. You know, having myself at Job Corp I do promote it because it gave me an opportunity. And I was in the Job Corp during that period of time when most of my peers were sent from Chicago, Boston, New York, Harlem, Detroit and we were up by the Canadian border and most of these guys were all pretty strong records. And if we give the opportunity to change the course, we can do a whole

lot more by reducing the numbers of homelessness, reducing the number of youth homelessness, reducing the number of people going into these negative situations. I hope that answered it.

Katie Sullivan: Terrific, thank you.

Phil Keith: Other commissioners with questions? Okay, one more time, any questions from commissioners? Okay thank you. Before we conclude today's session Vice Chair Katie Sullivan I wanted to make sure you're all aware of that there's Department of Justice funding in this space we've been discussing. Just one example is the COPS Office Microgrant Grant Program that focused on innovative community policing strategies. And we actually funded the Salt Lake City project you heard about yesterday. In addition our flagship program, the COPS Hiring Program, provides funding for entry-level salary and benefits of sworn law enforcement officers to focus on a variety of local issues including homelessness and crisis intervention.

And you'll hear in the future meetings around technology about the funding provided by the COPS Office to stand up state and local UAS working group and the recommendations for the application, and use and enforcement of that particular technology. In the COPS Office Collaborative Reform Initiative our partners are actively working with the CDC and COVID-19 guidance and information especially regarding jails.

As resources are developed they will be added to the COVID-19 library of resources which we'll send out our weekly update on Friday. So that's just a couple of things that we do in the COPS Office and I'd ask Vice Chair Sullivan if she would please talk about the resources available from OJP.

Katie Sullivan: Hey guys, I think the most exciting thing, or the most I would say immediate thing is obviously BJA was given $850 million on Friday at the end of the day, I'm very proud, in coronavirus emergency supplemental funding. This is for - the eligible entities are state, local government, units

of government, states and tribes. This money can be used to prevent, prepare for, and respond to coronavirus. I am so proud of my team here.

We were anticipated, did a lot of work, waited for the final bill to be sent. We pushed, and we actually put the solicitation up yesterday. So really less than 24 business hours from passage of the bill because we understand how important this money is to these law enforcement agencies, to all of you who are, you know, dealing with the coronavirus situation in your communities. The way that it's rolling - the awards will be made on a rolling basis - meaning we received applications already today. We will continue to receive applications for the next 60 days, and we'll be making those - getting the funding out the door as we receive the applications. Pursuant to the language, the money is going to be proportioned similar to the way the JAG funding is done. And grantee recipients can draw down funds in advance or on a reimbursement basis. Allowable projects and purchases include but are not limited to -- so please hear that part of it – overtime, equipment, hiring, supplies -including gloves, masks, sanitizers-, training, travel expenses, particularly related to the distribution of resources, to the most impacted areas, addressing the medical needs of inmates in state local and tribal prisons, jails, and detention centers.

That's a list, but one of the things that Mike Costigan, the Acting Director of BJA, was, you know, really wanted me to communicate to you all is that there is tons of flexibility in this funding to help you in the way that you need help in responding to your communities' needs around public safety and the coronavirus. So please make your applications and I'm very grateful to my team for getting this up and out.

As far as our, you know, look we have lots of programs, as you know. If I look at - think about the ones that are just, you know, our solicitations are posted we have STOP school safety grants which are violence in schools, violence - anti-violence training and education for schools, as well as putting together risk threat assessment teams in schools, and working collaboratively within communities to come up with strategies about school safety.

We have funding that is directly - it's mental health/law enforcement collaboration funding. I really hope you guys take a look at that. We streamlined that solicitation greatly and hopefully it will be responding to some of the needs, including not a priority, but a line item or a purpose area, for hiring social workers and mental health officials it - to co-locate into your agencies. And so I'd really like to see that kind of work and take off. As you know we have all kinds of technical assistance opportunities particularly through our VALOR program for some of the issues that Dr. Miller was talking about in helping keep our officers safe and well and resilient. And our VALOR Program will continue to do nothing but get streamlined over the next year.

We have other programs that we don't typically highlight. You know, we have the big buckets of programs like re-entry, we have drug courts, veteran courts, you know, those things I think we're pretty well known of and get out there, but there are the programs such as the law-enforcement mental health collaboration as well as the justice reinvestment initiative. JRIS, I believe, is the entire acronym. And that's where your communities can come together and either look at places where there's high rates of violent crime and address them. It could be there's high rates of homelessness, and you need sort of a community response on how to deal with that. And as you see your violent crime or crime rates drop based on the projects that you pick, you can then reinvest that into more reduction of violent crime.

So you're looking at places – you're looking for programs or - so there's a park where there's a lot of homelessness and you want to get in there and you want to clean up that park and you want to help the homeless people and then you see a drop in crime because of what you've done. Then those types of opportunities are there as well, and they are direct lines in the appropriation bills that in the Congressional appropriations in the President's bill.

So those are some of our opportunities. We're always looking at ways to, you know, help law enforcement. Obviously, we want to highlight this coronavirus funding now, because it's the most

emergent need, but we certainly can get a list to commissioners and out to the working groups of all of the different programs that we have that deal was social problems. Thank you.

Phil Keith: Thank you Katie. Let me close by…

(Crosstalk)

Phil Keith: …thanking our panelists once again for your time and most valuable testimony responses to questions from commissioners. On behalf of Attorney General - of the Attorney General and his staff (Rachel Bissex) and (Jeff Favitta) and all the commissioners your contributions provided here today are most sincerely appreciated and we hope it will assist the commission in their deliberations and work.

Before we end the call today just a reminder to commissioners our last call this week will be tomorrow Thursday, April 2. We'll be starting at 2:00 pm and conclude at 4:00 pm. This panel will be on substance abuse and we'll actually be hearing from five witnesses tomorrow which is why we have a two hour time allocation for the call. Any questions or comments from commissioners? Okay hearing none, if there's no further business before us today the President's Commission is adjourned. Thank you again commissioners for your dedication and commitment.

Male: Thank you.

Male: Thanks Phil.

Male: Thank you.

Male: This concludes today's call.

Male: Thanks Phil.

Operator: Thank you for your participation.

Male: Thank you.

Operator: You may now disconnect.