

**Senate Subcommittee on Criminal Justice &
Counterterrorism Hearing Entitled, “*Behavioral
Health and Policing: Interactions and Solutions*”**

**Questions for the
Record Submitted
April 29, 2021**

**QUESTIONS FOR SHERIFF
MARGARET MIMS FROM
RANKING MEMBER COTTON**

1. There’s been some research on the deterrence effect of a visible police presence. The idea is that more patrols, especially in crime-prone areas, can reduce crime simply through the regular presence of officers and the accompanying increase in perceived certainty that committing a crime will result in arrest. There is also evidence that increasing police presence results in more trust between officers and the community, leading to better and more communication between victims and law enforcement when crime occurs. Has that been your experience?

Yes this has been my experience. Our resources are finite and we must deploy our deputies in areas where we know we regularly receive a higher number of calls for service. Important though is that deputies identify opportunities for positive community engagement. When officers are out in the community it builds trust and the public sees officers as a support with the understanding that law enforcement will actively enforce the rule of law. This community engagement strengthens the value of a co-

response model for crisis response, in that individuals have an expectation that law enforcement officers as first responders are there to help them in partnership with the mental health responders.

2. You mentioned in your testimony your “Sequential Intercept Mapping” initiative, which helps get mental health treatment where it’s most needed. Can you explain how that initiative helps to focus your resources and the resources of your mental health partners?

The Sequential Intercept Mapping (SIM) initiative was spearheaded by the Department of Behavioral Health (DBH) in 2017 and again in 2022. This was facilitated by external experts from Policy Research Associates. Each process convened multiple stakeholders across sectors for a two-day event during which the participants collaboratively diagram in detail how individuals flow from the community to the criminal justice system with a stated purpose of identifying key intercepts for diversion and treatment. The structured process provided a valuable forum to recognize strengths and build on those while transparently and collaboratively highlighting gaps and barriers. The processes resulted in the creation of shared priorities and action plans. Following the 2017 SIM the county greatly expanding the Crisis Intervention Team response model, particularly in the urban areas of the county, as well as significant expansion of behavioral health services for persons involved in or at-risk of justice involvement. In May of 2022 the SIM resulted in a plan to focus on expansion of resources in rural areas of the county and a plan to

support the development of a Sobering Center. For both SIM events, a positive outcome was a strengthening of connections and relationships among all stakeholders including law enforcement. By identifying these intercepts we can focus our resources more effectively.

3. Can you tell us more about your experiences with crisis intervention teams?

The Fresno County Sheriff's Office works closely with the Fresno County Department of Behavioral Health in responding to persons experiencing behavioral health crisis in the community. Law Enforcement Officers can access a mental health clinician to co-respond in-person to assist in the community. The partnership is a support to officers not only for support in serving community members with complex needs, but through the experience working alongside clinicians our model also strengthens skills of officers in responding when a clinician is not available.

4. Based on your experience as a law enforcement officer, what recommendations do you have for policymakers who are looking to improve policing and to improve police interactions with people who face mental health challenges?

I and our County Department of Behavioral Health believe policymakers would benefit from understanding that there is not a one-size fits all approach to community crisis response. We see value in building out an array of

options, including emphasizing the importance of co-response and law enforcement response models as well as alternatives to law enforcement response when appropriate to ensure the safety of the public and other professionals serving persons with mental health challenges in the community. This includes more than just our first responders in our communities, it also includes partnerships that must be established to those who are incarcerated in our local jails. For example, a few years ago I worked with our DBH to evaluate whether those who receive mental health services in our jail receive services when they are not in custody. The result was that these individuals did not get services when they were not in jail because they just were not connected to the system when they were not in custody. We have worked to change that with a more robust continuum of care model.