

The Holistic Assistance Response Team (HART) Program: Changing Responses to Certain Nonviolent Calls for Service

Voiceover

00:00

Welcome to *The Beat*—a podcast series from the COPS Office at the Department of Justice. Featuring interviews with experts from a varied field of disciplines, *The Beat* provides law enforcement with the latest developments and trending topics in community policing.

Gilbert Moore

00:16

Welcome to another episode of *The Beat*. I'm your host, Gilbert Moore, standing in for our regular host, Jennifer Donelan, and today's podcast is being brought to you via Zoom. We have some very interesting topics to talk about today, so let me just set the stage and give everybody context. In March of 2022, the Harris County Department of Public Health in Texas launched two community health violence prevention initiatives that take somewhat alternate approaches to ensuring public safety.

Now, the county is spending \$11 million on these programs, and they're being piloted in one area or one portion of the county that corresponds with one service district of the Sheriff's Office for Harris County. And for those of you who are not familiar with Harris County, Harris County encompasses Houston, which is the fourth largest city in the country. So we're talking about a large jurisdiction, a large department of public health.

And our guest today is the Executive Director of the Harris County Public Health Department, Ms. Barbie Robinson. Ms. Robinson was appointed to her position in March of 2021, and prior to that she served as the Director of California's Sonoma County Department of Health Services. Ms. Robinson holds a master's of public policy and health and social policy from Georgetown, and a juris doctorate from the George Washington University Law School.

Ms. Robinson, welcome to *The Beat*. It's a pleasure to have you.

Barbie Robinson

01:51

Thank you, Mr. Moore. It's a pleasure to be here with you this afternoon.

Moore

01:53

Please just call me Gil; it's easier for everybody. So, I have to tell you, it's very common for guests on our podcast to have a law enforcement background, but public health, public policy, a little bit different, a lot of them have JDs like you do, but public health is a little bit different. Tell us, what's the relationship between public health and public safety?

Robinson

02:16

Yeah, so here in Harris County, we are taking a public health approach to addressing violence in our communities. Gil, law enforcement can't be everything to everyone, and if we're really going to root out and address systemic issues associated with violence, we have to look at other approaches and other tools in our toolbox to try to address and prevent violence in our communities, and to build the health and well-being of our communities so that individuals in those communities are not engaging in or being victims of violence.

Moore

02:53

And so, we're going to unpack all of that in greater detail as we speak, but just so we have the opportunity to understand a little bit about the responsibilities of a public health department, can you tell us a little bit about Harris County's Department of Public Health and its general role throughout the county? It's somewhat separate and distinct from the public safety angle.

Robinson

03:13

Yeah, so the Public Health Department, we perform a lot of functions in our community. We are a department of approximately 700 employees, and we are really dedicated to improving the health and well-being of the residents in our communities, in our cities, in unincorporated Harris County. Some examples of the functions we perform—we address public health emergency preparedness, so during disasters, we address the health and well-being of individuals who may be impacted by natural disasters or manmade ones.

We do infectious disease prevention, so we do screening for sexually transmitted diseases and other widespread infectious diseases within our community. Immunizations. We do a lot of health prevention work, so addressing tobacco usage among our youth, right? Trying to reduce utilization to prevent the adverse health outcomes associated with, you know, tobacco use. Food safety, so we inspect restaurants and other food establishments to make sure that the food is safe in order to protect the health and well-being of patrons of those establishments.

So those are just examples, and injury and violence in particular are other areas within that continuum of services that public health departments would address. I would say that the public has become more familiar with the work that we do, as we were on the forefront and leading efforts to respond to the COVID-19 pandemic across the country.

Moore

04:43

You know, it's interesting, regardless of whether or not it's a result of public calls for increased social justice, the inability of municipal governments to fully fund the high cost of their law enforcement agencies, or whether or not it's just the fact that our police departments and sheriff's departments, the sheriff's offices, are overburdened. There has been an increasing call for alternative approaches to certain 911 calls for service.

And while that sentiment has been growing over the years, particularly coming out of what the nation experienced with George Floyd, it's something that is more than a notion. So I've talked with a lot of law enforcement executives who say, "Yeah, we would love to have a service or a program like this in my community, but the realities are that we don't have a group of professionals who are capable of doing the work. The municipality doesn't have the money, or, for some reason, locally it's just inconsistent with the culture." What was it that led Harris County to adapt a different approach?

Robinson

05:52

Yeah, Gil. So first, George Floyd is a native son of Houston, and our Commissioners Court, after attending George Floyd's funeral, came back and made a commitment to looking at investments in alternative models to responding to nonviolent calls utilizing a different approach. And so, this is just one tool in our toolbox that allows law enforcement... Right, as I said earlier, we rely on them for things that are beyond the scope and the mission of public safety departments. We can't rely on them to, you know, address all social ills within our community.

And so, we worked with our Commissioners Court, who made substantial investments, \$11 million, in standing up our Holistic Assistance Response Team with the support of our Sheriff's Office. There's a recognition that they are being asked to do more with less, and to respond to things that, quite frankly, they weren't trained to do. They're not mental health professionals. They're not social workers. They're not medical personnel.

And so, this model is supported by our law enforcement partners because they recognize that it really requires folks who are trained and have the skillset to respond to nonviolent issues in the community to really step up and stand in that gap and in that space to address those issues.

And so, I think you have to go back to the value proposition, right? For those communities that are struggling with whether or not this makes sense, you know, for me this model is a prevention-oriented model because it's looking at connecting individuals, responding with alternative responders, licensed emergency medical technicians, as well as crisis intervention workers, teams of two go out and respond to nonviolent calls and bring services and supports to address the long-term needs of those individuals. So it's not just responding and reacting to those calls, but trying to bring services and interventions to change the life trajectory of those individuals who are finding themselves in crises.

And so, given that we have limited funding, it's like, you know, plucking the head off of a dandelion and expecting it to not grow back, and so these models are rooted in upstream prevention strategies that we know work. We've seen these models across the country. And so, happy and eager to implement them here, or having implemented them here, and seeing some incredible results.

Moore

08:12

While clearly you and the leadership in Harris County understand the need and are kind of actively pursuing solutions and measures that will in fact address the need, is Harris County unique? Are there other municipalities throughout the country that are adapting the same approach, and are doing it at the level that Harris County is doing it?

Robinson

08:34

Yeah, so we, in standing up the programming, we reached out to jurisdictions across the country— Baltimore, Denver, Colorado, communities in the State of Washington, Illinois, Cooke County, Chicago— and had, you know, great opportunity to learn from them, to hear best practices and lessons learned, from trying to stand up and implement models to address nonviolent alternatives to responding to nonviolent calls that come through the 911 system. And so, we've learned a lot. There is a movement in this space to look at how can we have more holistic, prevention-oriented models to address these nonviolent calls that come into the 911 system.

Moore

09:18

And so, you have two community health and violence prevention initiatives, not just one. We want to talk a little bit about the HART program in detail, but you also have a gun violence interruption program. Can you talk a little bit about that, and help us understand that? And that will give us some context for what we'll talk about a little bit later on with HART.

Robinson

09:38

Yeah, so our Community Violence Interruption Program, again, began in March of 2022 with funding from our Commissioners Court, and this program, it's a pilot program in two communities in Harris County, one in the City of Houston, the Sunnyside area, and then in Cypress Station area, where Harris County Sheriff's Office responds to calls in that area for addressing violence and public safety.

And this particular model uses individuals with lived experience in violence who've turned their lives around, and they're from these two communities, they have credibility in the communities, they're trusted individuals in the communities, and they work with individuals who are at risk of either being a perpetrator of violence or a victim of violence to disrupt and interrupt the cycle of violence within our communities.

We used a data-driven approach, using law enforcement data as well as data that looks at what we call the Social Vulnerability Index, which is looking at risk factors in communities associated with what we call the social determinants of health: poverty, economic insecurity, individuals who have housing instability, low educational attainment, food insecurity, et cetera. And [we] identified these two communities as the most at risk in terms of the level of violence that is occurring and the lack of resources that are there.

And so, we hired credible messengers, or Outreach Specialists, who are working with individuals to disrupt violence. And to date, I'm happy to report that we've disrupted 11 potential incidents of violence within those two communities, and we just continue to build on the work. Another component of the work is to build capacity within the community, to empower communities to speak out against violence, and our goal is to create safer communities where people feel welcome and safe in their homes and overall community well-being.

Moore

11:32

So the Gun Violence Interruption Program focuses on a specific geographical community, not individuals, did I get that right? And I ask only because focused deterrence, right? So there are a lot of indicators that focused deterrence has been effective in some places, but it doesn't often go over well. And focused deterrence, for those who are not familiar, is identifying those people within a community that might potentially drive violence, and ensuring that they get a good deal of the attention, whether or not it's rehabilitative attention, enforcement attention, whatever might be necessary. But I'm hearing you say something that sounds like it might be a little bit different, because it sounds like you're focusing on the community or the geographic area, not so much the individuals in that community.

Robinson

12:18

Yep.

Moore

12:18

Am I getting that right, or how can you clear that up for us?

Robinson

12:21

Yeah, Gil, we're focusing on both. So our credible messengers work directly with individuals who are at risk of either being a perpetrator of violence or becoming a victim of violence, so they work with them to bring services and resources. That is what the public health approach is looking at, the root causes of violence, so those individuals are focusing on what are the causes that increase the likelihood that an individual will be engaged in violent activity or a victim of violent activity.

Coupled with that, which is why our program is so robust, is we're also working on addressing community well-being, so whether it's crime prevention through environmental design, bringing additional services and resources to the broader community. For example, there's one particular apartment complex in the Cypress Station area where we bring a holistic approach, we bring mental health services, we bring food assistance programs, we work to get folks enrolled in health insurance, et cetera. So it's a holistic approach where we're focusing on individuals to disrupt individual instances of violence, but also on the overall well-being of a particular community.

Moore

13:28

How has that approach been received by Harris County citizens and leadership for the most part?

Robinson

13:35

I think we've had some really good support for these programs. I think in these communities, right, in looking at public health approach, we're looking at the root causes of violence, and what that often is related to is the lack of resources in a community. So bringing food assistance programs, bringing various services into a community, helps elevate and support the broader needs within a community. And so, we've gotten some great feedback, so much so that our elected leaders and other stakeholders are interested in expanding the program.

Moore

14:09

Great. Well, in addition to your Gun Violence Interruption Program, you have a program that jumped off the page at me, and I must disclose that I saw you make a presentation at a conference, and I said, "More people within the law enforcement community have to hear about this," and that's when I thought we've got to get you to be a guest on our podcast. But the program that jumped off the page at me was your HART program. You indicated what it was before, you gave us the full name, could you give us that name again?

Robinson

14:37

Yes. So the HART program—in government we love our acronyms—it stands for our Holistic Assistance Response Team, and that is where we send out teams of two, they are a fourth responder to our 911 system. So, you know, we have law enforcement, we have EMTs, we have our fire folks, and now we have a fourth response branch on that tree to go out and to respond to nonviolent calls for homeless individuals, welfare checks, social checks, individuals who are having substance use challenges, to free up law enforcement to respond to other calls and then bring a more appropriate response to those individuals who are experiencing crises such as substance use or mental health challenges, or those experiencing homelessness.

And this model, this pilot, was initially slated to respond to 750 calls, and to date we've responded to more than 1,500 calls and helped approximately 1,000 individuals. I will say it's not, like I said before, it's not enough to respond to that singular instance of crises, but we also have coupled our HART program with our ACCESS initiative, which brings a comprehensive, multi-discipline team of frontline workers across mental health, the health system, housing, education, vocational support, economic support, food assistance, and they provide wraparound interventions in a holistic way so that we don't have to keep responding to calls from these individuals. We're really trying to disrupt and bring in systems and interventions so that we can disrupt that cycle of crises for those individuals.

Moore

16:15

So your ACCESS initiative, to me, was the logical next step in our discussion. You indicated that you were set up to handle a certain amount of calls, it seems like you've blown past that number, which obviously means the program is well-used and well-supported, but the question becomes what does your team do when they encounter these people? One of the things that we've heard from law enforcement is like, "Hey, arrest or citing somebody is not always the solution that's needed."

These wraparound services or safety net services or off ramps, no matter which you want to call them, I would imagine that there has to be a readiness on the part of service providers as well or your people will go out there, will encounter individuals as a result of these calls for service, and they won't have anything to do with these people, or they won't have anywhere to refer these people or to get them the services that they need. With standing up your ACCESS initiative, the safety net service providers, was that a challenge?

Robinson

17:11

I will say that there was an eagerness. One of the challenges we have in government is that our systems and programs are often siloed, but individuals have needs that cross and span the different safety net services and programs. And so, we do a disservice to them when we do not talk to each other, when we do not share information, when we don't have a holistic approach to addressing their needs.

So there was an eagerness to bring that kind of model across the system. Our violence prevention participants and our HART participants are just one cohort of individuals that participate in our ACCESS initiative. It also focuses on our reentry population. We have a cohort around Black maternal health, transitional-aged youth who often right when they transition out of foster care find themselves either intersection with the criminal justice system or experiencing homelessness.

And so, this model allows us to bring a holistic approach to addressing those needs and preventing individuals from cycling in and out of one system or having to interface with law enforcement. And so, that model has been well-supported, and the beauty of it is that we have the services and programs happening in the community. What we find is that individuals cycle in and out of those systems because we don't have a holistic approach or a stepwise approach to addressing the needs in a holistic way.

So if someone's experiencing a mental health crisis on the street, when you call the 911 system, the HART team is dispatched. These folks are trained around scene safety, trauma, informed care, cultural competency, harm reduction, et cetera, and so they're able to de-escalate and then connect those individuals with our ACCESS care coordination teams, who then develop, in partnership with those individuals, a comprehensive holistic strategy to address their mental health needs, their housing needs, food insecurity, et cetera.

Moore

19:05

So every answer you provide leads me to three or four more questions, so I'm going to try and keep it under control, but my understanding is that these HART teams, your Holistic Assistance Response Teams, get these calls from a service, they're directed to them from 911 dispatchers, and when appropriate, when relevant, and if there's no risk of violence, then your HART representatives are sent out. I'm told that they work from 7:00 a.m. to 10:00 p.m. Is that correct?

Robinson

19:33

Yes, and we're in the process of expanding that timeframe, because we know a lot of the calls can occur late into the evening into the early hours of the morning, and so we want to be able to expand that. And so, we are anticipating in early spring, hopefully around the year anniversary of the start of the program, that we're able to expand the hours, and then also expand into other parts of the county, because it's been a demand and a request. We have to remind folks that this is a pilot. Really shown some positive results, but we need to work with our elected leadership to make sure there's adequate appropriations and that we're using data-driven approaches to identify those parts of our jurisdiction with the highest call volumes relative to nonviolent issues.

And I do want to say that I'm sure there are questions about, you know, what happens when you go on the scene and you were informed, right, one of these team members had been informed that it's a nonviolent call but then they arrive and it's violent, right, there's violence there. Then, they would then engage law enforcement, who would come on the scene and address those issues. Sometimes, they can de-escalate and the HART teams can then intercede, or other times, right, the teams need to leave because it really is a violent situation.

And so, while we don't always get it right, we have mechanisms in place, and strong coordination, communication, and partnership with our law enforcement partners on our HART team to make sure that we're able to address those issues and ever-changing situations on the scene.

Moore

20:58

Sounds like the team of respondents that you have are some pretty capable people. Tell me, what are their backgrounds? Are they social workers, are they counselors or mental health professionals, medical professionals? Where do you find these people, what is the standard for the position, and how do they get trained and remain current in their training?

Robinson

21:18

Yeah, so as I mentioned, some of the trainings that folks are required to have in order to be on the HART teams, it's licensed EMTs, so they have a lot of crisis response experience, as well as crisis intervention specialists, so those are individuals with master's in social work, with a specialization in mental health, in crisis intervention and services. And so, it's individuals, social workers, mental health clinicians, EMTs, et cetera, that are participating or leading these teams.

And I can say that we've worked really hard to make sure that we have the right folks in the right jobs. And, given the demographics of the folks that we're responding to, building trust and building rapport quickly in these circumstances is critical, we look for that experience when hiring folks to the teams.

Moore

22:06

You touched on a little bit of what I'm about to ask you, and that is just kind of if you could walk us through what a typical call, to the extent that there is one, what it would look like? A call comes into 911, the dispatcher I guess triages the call and determines whether or not it's relevant for your HART responders, and then what happens?

Robinson

22:25

Yeah, so there's been extensive work done with our 911 dispatch teams to identify the calls, right? So a lot of data analysis to identify the kinds of calls that would be appropriate for these teams to respond to. And so, from there having those 911 dispatchers walk through a screening tool to make sure that the scene, that it's, yes, it's appropriate and safe for those individuals to go out and respond, those teams would get the call through the 911 dispatch system. They'd say, "Hey, we have an individual who appears to be having a mental health crisis out in front of a store in a community," and those teams would be dispatched out. They have their own vehicles that clearly identifies them as the HART team in terms of the wraps that are on those cars.

They go out, and they have strong skills in building rapport, building trust quickly, and de-escalating situations. So they will address medical screenings, mental health screenings, et cetera, and then work with community partners once they de-escalate the situation to get them into the appropriate longer-term services, and that where our ACCESS care coordination teams come into effect, to pick up the mantle to make sure these individuals are getting the longer-term care and support that they need so that the HART teams aren't just cycling through the same individual calls from the same folks.

Moore

23:46

And so, since the focus of your HART responders is de-escalation, I'm assuming that they're unarmed?

Robinson

23:53

Yes. They are unarmed.

Moore

23:54

Do they present as law enforcement? Are they running code 3; are they going to calls with lights and sirens?

Robinson

24:00

No lights and sirens. That is the public health approach, to make sure that we are utilizing the appropriate resources to respond to the needs in the community, and the more appropriate resource are individuals that are trained and have the expertise to address mental health issues, welfare checks, homeless issues. And so, these folks are adept and skilled at responding to those issues, and it frees our law enforcement officials up to really go out and respond to those mission critical calls that come into them that are related to violence and other crimes within the community.

Moore

24:35

So if the HART team encounters somebody who's maybe in crisis, or manic for whatever reason, or is in a situation that they just can't overcome without immediate support and help, do they have the resources, do they have the authority to take people off of the streets and get them resources or services right away? How does that work?

Robinson

24:57

Yeah, so they will transport them to the emergency room if that's warranted, to other systems within our community that address psychiatric needs, inpatient, outpatient services, et cetera. The point is to build that trust and rapport with those individuals in order to support them in getting into the services they need.

Moore

25:17

So in dealing with people who may be, for whatever reason, emotionally imbalanced or struggling with whether, or if they're homeless struggling with whether or not they, when to come inside to a shelter or something like that, I would imagine that there's follow-up work, right? So the resolution doesn't all occur in that initial call for service, even to the point that you get to the handoff. If somebody's presenting and it's clear that they could use some support and some help, but they're not interested, is there a follow-up process for that? Or, do your response teams just, like law enforcement, you know, go back into service and deal with the next one and go from there, or is there like a plan for follow-up if they contact somebody that obviously needs attention on an ongoing basis?

Robinson

25:58

Yeah, so a component of the ACCESS initiative, as I mentioned, there are different cohorts, so there's a homeless cohort where there are care coordination teams that respond to homeless individuals with co-occurring conditions, psychiatric conditions, and medical conditions. We know that there are certain members of the homeless population are not trusting or ready to come in. You know, there is the authority, for example, to place individuals on holds. And so, that in part in Texas, we'd have to work with law enforcement because they have that authority to place individuals on an involuntary hold.

So that is one option. If we de-escalate a situation and an individual needs further attention from a long-term support perspective, and they just don't want to engage, the outreach teams from the care coordination teams from the ACCESS initiative would engage and get involved, and continue to do outreach and build trust and rapport with those individuals to bring them into our systems.

Moore

26:52

And so, obviously this would take place over a number of days or whatever period of time is necessary to build that trust and to kind of get that person to understand that the response team has resources that they could benefit from?

Robinson

27:02

Exactly.

Moore

27:04

So how... And you spoke about this a little bit, obviously, you know, the Harris County Sheriff's Office is supportive of this. And just so you know, I had a conversation with them previously about a totally different issue, and they talked about this HART program with a lot of pride based on the conversation that I had, and they volunteered this information. They talked about it in glowing terms.

So obviously in Harris County it is working well, but what challenges were there, even though it was supported by the Harris County Sheriff's Office, what challenges were there in coordinating this, right? Because this is a change to the way business is done locally; it's a change for a lot of people involved. What were some of the unanticipated challenges that presented, either in Harris County, or if you care to and it's appropriate, your experience in Sonoma County?

Robinson

27:57

Yeah, I think one, I will say that there wasn't as many hurdles or barriers or challenges to implementing this program. As our Assistant Chief, in talking about the HART program, communicated to individuals on our Commissioners Court or out in the community, they recognize the fact that they can't be all things

to everyone. It's a recipe for disaster. And so, they realize they can't jail people or prosecute people out of homelessness, out of mental illness, out of substance use challenges, et cetera. They recognize that we have to have other tools in our toolbox.

I will say in terms of challenges, I think, you know, in the beginning, how are we going to ensure the safety and well-being of individuals, right? And so, we started out with a body of calls that individuals felt like these are our safe calls, right, and now these are the safest calls that folks can respond to. So I think concern about the nature of some of the calls that these individuals that are non-law enforcement officials may respond to, but there's so much evidence and data across the country from other jurisdictions who have implemented these models. Out in the state of Washington, you have the CAHOOTS model, where we've seen some really promising practices and results.

And so, I think the value proposition for the most part, seeing that they're being asked to respond in areas that really are beyond the scope of their expertise, and they really need to focus on crime and safety in the communities as their number one priority is really what drove the success and partnership and support from our law enforcement officials.

Moore

29:23

What you're doing in Harris County in coordination with the Harris County Sheriff's Department is so very impressive, but just because we get to ask the questions here at *The Beat* doesn't mean we know what questions to ask or we know everything that should not be overlooked. If you were sitting in a room full of law enforcement executives, or even your public health contemporaries who are interested in standing up such an approach in their jurisdiction or their community, what would you tell them? What would be the honest talk about what they would need to know and what would have to line up in their communities to get started and replicate the kind of approach that Harris County has already pursued?

Robinson

30:02

Well, I would definitely say there needs to be political will and elected leadership that champions this approach. There needs to be the recognition and understanding from law enforcement that they can't run the largest mental health facilities, you know, housing facilities for individuals that are experiencing homelessness. The value proposition is for them to spend their dollars focusing on violent crimes and safety in our community.

And so, getting that buy-in and support, then having law enforcement be the champion of these kinds of programs is invaluable. So in that way, you're able to get not just the political will, but the actual funding to support the development and implementation of these kinds of programs. And so, I would say that it's hard work, you've got to build those relationships, you've got to do the data analysis, you need a data-driven approach, you need staff in the 911 system that are going to partner with public health to analyze the data, to understand the data and understand the communities and their needs, and that it's broader than just responding to a 911 call. Because if we're really going to address multi-generational

poverty, which we know is a major contributor to violence in communities, we have to bring holistic approaches to addressing that. So I would say think holistic about how to build on the well-being and health and safety of a community, and looking at alternative models that allows our law enforcement to address violent crimes in the community, and we bring these public health approaches that get at the root causes of violence.

Moore

31:30

There are so many details to be mindful of when starting this kind of program, and you've covered a lot of ground today and we're appreciative of that, but if somebody out there listening would want to learn more about Harris County's approach, would want to learn more about how you guys got started, is there a way that they could reach your department, you specifically? Or is there a website or somewhere where they can get more information that would help them understand all of the intricacies involved?

Robinson

32:00

Absolutely. We do have a website, it's violenceprevention@phs.hctx.net. Again, that's V-I-O-L-E-N-C-E P-R-E-V-E-N-T-I-O-N at P-H-S dot H-C-T-X dot net. We also have a phone number where folks can call us directly, and we're more than willing to share our learning and best practices. We believe that this is a movement across our country, and these type of programs can really help support and improve the well-being of individuals who are living in communities where there's high violence, and we want to support that effort across the country, and so we're more than willing to share information. And that number is 713-274-4877. Again, 713-274-4877.

Moore

32:55

We've been speaking with Ms. Barbie Robinson, Executive Director of Harris County Public Health, and Ms. Robinson, we are very pleased that you were able to join us. You've covered a lot of ground, we have learned a great deal, and thank you so very much.

Robinson

33:08

Thank you for having me, Gil.

Moore

33:10

Thank you for listening to *The Beat*.

Voiceover: *The Beat* Exit

33:14

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Voiceover: Disclaimer

34:10

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