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What Communities Need to Thrive
Transforming the U.S. Mental Health System
This report provides recommendations to promote transformational change to improve the lives of the millions of Americans living with mental illness. Researchers conducted an extensive analysis of mental health system processes, policies, and evidence-based solutions—and received input from experts around the country.
MORE AT www.rand.org/t/RRA889-1

Integrating Pharmacotherapy for Alcohol Use at Mental Health Clinics
Research shows that integrating medications for co-occurring disorders can help clients achieve better outcomes. RAND researchers created a toolkit to support the delivery of effective, evidence-based pharmacotherapy for clients with co-occurring alcohol use disorder and simplify care implementation in mental health clinics.
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The Pandemic Has Presented Opportunities for Communities to Come Together
Evidence from a recent survey suggests that many Americans are engaging in civic activities to help their communities, and that others in their communities are doing the same. Despite the challenges of the past year, the United States retains a solid civic infrastructure that, if used well, could support recovery.
MORE AT www.rand.org/b210113

Herd Immunity to COVID-19
Senior physician policy researcher Mahshid Abir describes several hurdles to achieving herd immunity to COVID-19, including the politicization of the vaccine, political commentary surrounding the production and dissemination processes, and misinformation propagated by the anti-vaxxer movement.
MORE AT www.rand.org/v210108

Australia's Naval Shipbuilding Capability
In November 2020, management scientist John F. Schank and senior engineer Paul DeLuca presented testimony before the Economics References Committee of the Australian Senate.
MORE AT www.rand.org/t/CTA1030-1

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Abena Apau Buckley, center, cared for her husband, Joseph, after he was diagnosed with terminal brain cancer. Like millions of other family caregivers in America, she often struggled to be heard by his formal health care team. “There were so many times when I had to raise a really high red flag just to get someone’s attention,” she said.

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Using Computers to Help Hospitals Learn from Patient Comments

As they work to improve the patient experience, some health care providers have started asking for descriptive reviews of their services using a set of standardized questions. What went well? What do you wish had gone differently? How did you and your provider get along?

The answers can help guide hospitals to better care, from a patient’s perspective—if administrators have the time to organize and read them. To help, researchers trained computers to process patient comments and look for actionable information that could guide hospitals to improve.

That can be a deceptively difficult task. There’s nothing standard about a written comment; it’s a mini-story, told in the patient’s own words—what computer programmers call natural language. Extracting meaning from it requires advanced machine-learning algorithms and, typically, high-performance computers.

Instead, the researchers used ordinary laptops to demonstrate what health care providers might achieve without large investments in computing resources. They were able to train the computers to pull out themes that appeared frequently in the comments, such as doctor-patient communication.

The computers struggled with less-common themes, such as negative statements about a doctor’s emotional rapport. It’s possible that they would perform better with more training data, which would give the computer more exposure to infrequent but important themes like that. Further investments in computational infrastructure—such as cloud computing services or high-performance workstations—might also enable them to use more advanced algorithms.

The computers were not so reliable that they could process patient comments on their own. But the researchers showed that, with sufficiently sophisticated algorithms, they could help health care providers sort and prioritize comments for human review. That could provide a cost-effective way to learn from patient experiences.

The research was conducted as part of the Consumer Assessment of Healthcare Providers and Systems program, a research initiative of the Agency for Healthcare Research and Quality.

MORE AT
www.rand.org/t/RRA628-1
Adapting to Life-Limiting Illness

As they near the end of life, people with terminal illnesses must navigate the loss of their physical health and ability, but also the loss of who they were, the roles they played, when they were healthy.

Their loved ones also have to absorb those losses, but existing clinical models have not looked deeply at how those relationships evolve and endure. That’s an important gap to fill, because clinicians might be missing opportunities to help patients and their loved ones face those progressive losses together.

Researchers from RAND and several medical schools started looking at how end-of-life patients and their spouses, caregivers, or other life partners adapt to loss as a team. They had already developed a model to help individual patients move through stages of adjustment; now they expanded its focus from “I” to “we.”

Their new model starts with comprehension, a shared understanding of what is to come, how it will impact each person differently, and how it will redefine the relationship. Next comes creative adaptation, as roles change and both members of the relationship learn to live with the new realities. Finally, reintegration, as they incorporate those changes into their daily lives and reimagine what the relationship can be in the time they have left.

The steps are well marked, so clinicians can identify where each person is on the journey. That also gives them entry points to intervene. They can help one or both move toward acceptance of end-of-life losses, both physical and emotional, and a healthy adjustment to what is still possible. They can, in the end, help both members of the team find new meaning in their closest relationship.

MORE AT www.rand.org/t/EP68209

Power Plants in the Age of Climate Change

American power plants need to prepare for the extreme conditions they will encounter with a changing climate. Otherwise, researchers found, they could struggle to maintain production by mid-century.

The researchers modeled thousands of future climate scenarios to see how power plants would perform under different conditions. Their study, a collaborative effort with researchers at three universities and RAND, was funded by the National Science Foundation and the National Oceanic and Atmospheric Administration.

Power plants use coal or natural gas to heat water into steam, which then pushes the turbines that generate electricity. Some plants only use the water once. Others cool the water down to reuse it, often by circulating it through open air cooling towers; or, less often, by running it under huge fans.

Climate change could slow that process by raising the air temperature and humidity, researchers found. That would reduce how much energy a plant can generate, likely on the same hot days when demand would be high. Plants that use cooling towers will be especially vulnerable east of the Rocky Mountains, where humidity will be highest. Plants that use cooling fans will struggle more in parts of the dry-heat Southwest, where temperatures will be higher.

But the researchers found that well-designed plants with effective cooling systems should be able to weather shifts in climate, at least for the next few decades. Their study underscores the critical importance of considering climate change as older plants reach the ends of their useful lives and need to be replaced. Engineers need to allow for a much wider range of operating conditions, and a new definition of what peak temperatures could mean.

MORE AT www.rand.org/t/EP68308
The Q & A

How do we build back from a global pandemic? How do we answer for 400 years of racial injustice? How do we fight climate change, and prepare for the impacts we can no longer avoid?

At RAND, those questions fall to Anita Chandra and her research teams. As vice president and director of RAND Social and Economic Well-Being, she manages a research portfolio that ranges from community health and environmental policy to policing, drug policy, and civil justice. When RAND launched its Center to Advance Racial Equity Policy last year, it found a natural home in her research division.

Chandra’s interests as a researcher are almost as varied. She has worked with local governments and nonprofit foundations to build community well-being and to evaluate the programs and policies needed to sustain it. Her research has explored how stress builds up in communities; how cities can make themselves more resilient; what children and their families need to thrive; and what it will take to create a “culture of health” in America.

Q What are some less-obvious social trends that you think will shape the next few years?
A How we seek, define, and build community—that’s really driving a lot of the major policy issues we’re grappling with now. On the positive side, it’s forcing conversations that we have papered over for far too long: How we think about racial and social equity, how we should take care of seniors and children. But some of that conversation has also, obviously, led people down a more divisive road. We have to address that now and think about how we design our communities, how we create social interaction and foster social connection, how we disrupt social isolation.

What’s the role here for an organization like RAND?
We need to understand the “causes of the causes” of the problems we face. It’s not just about using new, improved methodologies or using multidisciplinary approaches. RAND has the capacity to go deep and understand historically how we got here—particularly as we redefine this issue of finding community. We can offer innovative ways forward for policymakers, and make sure they aren’t recreating the same policy solutions and defining problems the same way they did in the 20th century.

What research streams are you most excited about right now?
RAND Social and Economic Well-Being was designed around the convergence of four trends: changing demographics and the movement of people; the need to mitigate societal inequities; the changing environment; and the role and the disruption of technology.
Right now, with COVID: How do we not only respond to the pandemic but also think about an equitable recovery? How do we make sure that some populations don’t get left behind?

We’re looking at the choices that communities are making to modernize but not leave populations behind. So, right now, with COVID: How do we not only respond to the pandemic but also think about an equitable recovery? How do we make sure that some populations don’t get left behind? We’ve been conducting research for years on mental health, despair, hopelessness, division, and all of that is even more resonant in the COVID conversation. These are all threads that we’ve been following, but the work is on overdrive now because of everything that has happened in the past year.

What inspires you as a researcher?
I started my career working with children and families, particularly children with serious health issues. The structural and systemic issues were so daunting. I thought, if we are ever going to have demonstrable and lasting change, we have to do more to change those structures, those systems, and those policies.

I grew up with a lot of health issues as a kid, and I grew up in a context where issues of race were very present. So I was always searching for ways to address the needs of underserved and underrepresented youth and their families, particularly those that are dealing with health issues.

The language of research can sometimes be elitist. But that research language can be learned just like French or Spanish, if people have access. And having those who represent different perspectives use the language to effect real policy change, giving them a voice, is powerful. I feel a personal responsibility to take the tools of research and use them for structural and systemic change.

What are you working on right now?
I’m deeply focused on issues of health, well-being, and equity. We’re looking at how to create a culture of health, how to develop systems and structures that work for everyone, how to address the pervasive inequities in our health system and health environment. I’m also working on disaster response and resilience, especially in the context of the pandemic. And I continue to do work in service of children—creating stronger and more equitable systems to advance the social and emotional well-being of children and their families.
Why Overseas Military Bases Continue to Make Sense for the United States

By Raphael S. Cohen

A version of this commentary originally appeared on War on the Rocks in January 2021. Commentary gives RAND researchers a platform to convey insights based on their professional expertise and often on their peer-reviewed research and analysis.

Raphael S. Cohen is a senior political scientist at RAND; associate director of the Strategy and Doctrine Program within RAND Project AIR FORCE; and a former active-duty Army officer.
Every president in the post–Cold War period has sought to close U.S. military bases overseas, particularly in Europe. President Bill Clinton oversaw some of the most significant reductions. President George W. Bush continued the trend, downsizing some several hundred bases and returning tens of thousands of troops home. President Barack Obama withdrew two Army brigades from Germany in 2012, before later reversing the trend after Russia invaded Crimea. Most recently, President Donald Trump initiated a plan in 2020 to remove some 12,000 U.S. troops from the country, before Congress blocked the move. Whether it was to realign American strategy, save dollars while avoiding taking jobs out of congressional districts, or settle scores after a perceived foreign policy wrong, presidential administrations have traditionally taken aim at the United States’ overseas bases to make ends meet.

The push to slash overseas bases is not going away anytime soon. In December 2020, General Mark Milley, the Chairman of the Joint Chiefs of Staff, remarked, “Large permanent U.S. bases overseas might be necessary for rotational forces to go into and out of, but permanently positioning U.S. forces I think needs a significant relook for the future.” Voices on the left and right have proposed downsizing America’s overseas footprint. A serious re-think of U.S. basing in the Middle East is underway. Even inside the Defense Department, there have been calls to move away from permanent bases to projecting power from the United States or deploying forces forward on a temporary basis. At the heart of much of this opposition is a belief that overseas bases are anachronistic, premised on outdated geostrategic assumptions and outmoded forms of warfare. And yet, while the United States’ overseas bases may date to the aftermath of World War II, the twin rationales of deterrence and reassurance for stationing troops—especially land forces—overseas remain valid in the 21st century.
Outdated geostrategic assumptions and outmoded forms of warfare?

The case for the permanent stationing of forces rests on the complementary logic of deterrence and reassurance. As Thomas Schelling noted in his classic *Arms and Influence*, the 7,000 Americans garrisoned in West Berlin helped keep the city free during the Cold War by being a tangible signal to both NATO allies and the Soviet Bloc of American commitment to fight for Europe. A half century later, this same strategic logic still holds true. Research still suggests that positioning ground forces forward—particularly less mobile heavy forces—remains one of the best options to deter adversaries and reassure allies. Unsurprisingly, the bipartisan National Defense Strategy Commission found, “If the United States desires to avoid military conflict in these regions it should ensure there is a capable day-to-day posture in both theaters to deter adversaries and engage in prompt escalation control.” Today, however, the traditional arguments for having U.S. military bases overseas—deterrence and reassurance—are under increased scrutiny.

Of the two rationales, reassurance is, perhaps, the more politically controversial. After all, why should the United States need to reassure its allies in the first place? Why can rich, advanced countries not provide for their own defense? American politicians often raise such concerns. Indeed, Obama labeled American allies “free riders.” Trump, similarly, criticized the United States’ NATO allies for being “very far behind in their defense payments” and, instead, sticking the United States with a bill. He even provocatively claimed that “our allies take advantage of us far greater than our enemies.” As the argument goes, the U.S. military presence encourages allies to rely on American security guarantees rather than investing in their own defense. The more permanent the presence, the stronger the perverse incentive becomes.

By contrast, doubts about the necessity of overseas bases for deterrence stem more from operational consider-

The enduring case for overseas basing

On closer inspection, neither the political nor the operational critiques of American overseas basing, however, stand up to scrutiny. This perverse incentive claim should first be placed in its historical context. In the aftermath of World War II, the United States and its allies demilitarized Germany to preserve the peace in Europe. As NATO’s first Secretary-General Lord Hastings Lionel Ismay quipped, the alliance was designed to “keep the Soviet Union out, the Americans in, and the Germans down.” Arguably, the policy worked only too well. While Germany became the economic powerhouse of Europe, it underspent on defense, particularly after the Cold War. If Germany “free rides” today, it is not primarily because of the American military presence in-country. Indeed, Germans remain ambivalent as to whether American bases in their country actually enhance their security. Rather, many Germans doubt whether military force is necessary to maintain the international order in general.

Instead, threats drive defense spending, not American presence. Since the 2014 invasion of Ukraine, the key determinant of many European countries’ defense spending has been their geographical proximity to Russia. The crisis in Eastern Europe prompted many front-line countries to meet NATO’s 2 percent of gross domestic product target for defense spending after years of paltry budgets, despite an almost continuous American military presence in the region for years. For example, Poland—the current focus of the U.S. Army’s forward posture in Europe—upped its defense spending by over 11 percent last year alone. And the same is true in Asia. While the legacy of World War II created deep-seated pacifism among the Japanese public, the country posted some of its largest increases in defense spending in decades because it
fears Chinese—and, to a lesser extent, North Korean—belligerence, even though it remains home to tens of thousands of American servicemembers.

Estimates of how much the United States could save by closing bases depend on how we count costs and what, if anything, replaces permanent overseas presence. Some models presume dramatic changes to American strategy—such as cutting, rather than relocating, the troops—that go well beyond what policymakers and many members of Congress currently view as prudent, especially in a world with intensifying great-power competition. The actual policy proposals tend to be more modest: swapping permanently stationed forces for a rotational presence, whereby units deploy overseas from the United States for periods of time. Such policies may not actually save money. After all, sending troops abroad costs money, while many of the bases in Europe and Asia are already built (and, hence, are sunk costs) and the infrastructure is also subsidized by host governments. Indeed, an Army War College study found that the Department of Defense would spend $135 million more per year to rotate a single brigade to Germany from the United States than simply to forward station the unit there.

The vulnerability argument is similarly unpersuasive. Despite all the technological advances in warfare, wars cannot be fought entirely at range. Especially in land-centric theaters like Europe, ground forces are still the key to deterrence by denial and preventing fait accompli. Even in air- and maritime-centric theaters, however, like the Indo-Pacific, keeping forces closer to the fight simplifies logistics challenges and increases combat power by reducing the time spent in transit. And physical presence, arguably, also goes a long way toward reassuring the commitment of U.S. allies, by signaling not only the capability but, more importantly, the political will to fight in ways long-range systems cannot.

If one accepts the premise that forces still need to be forward-deployed, then the additional risk incurred by permanently basing forces overseas—versus deploying them on a temporary basis—becomes less clear. True, overseas bases are vulnerable to attack, but so too are rotational forces. After all, there are only a limited number of locations that can support tanks, armored vehicles, field artillery pieces, and thousands of soldiers—especially in heavily populated places like Europe. Given the administrative and logistical burdens that come with moving large numbers of forces around crowded theaters, most deployments are also coordinated well in advance, raising questions of just how “operationally unpredictable” these forces actually are. Above all, rotational forces trade the vulnerability of large overseas bases for the risks of needing to flow forces through a handful of air- and seaports.

Moreover, whatever additional risk there is needs to be weighed against a host of other operational benefits that favor forward basing. As a rule, deploying a single unit ties up three units—one deployed, one getting ready to go, and another recovering from having gone. By contrast, stationing a unit abroad relieves this pressure and increases readiness, since units can train, operate, and maintain their forces in one location. Living overseas also can be an attractive lifestyle option for servicemembers and an added incentive to join, or remain in, the military, whereas frequent deployments away from family can harm retention. Above all, forward basing keeps forces nearer to a potential fight and can allow them to respond quickly in the event of crises. In sum, the survivability of overseas bases points to the need to harden these facilities, not divest from them entirely.

Finally, there is a claim that permanent stationing is unnecessarily provocative. There is a thin line, however, between provocation and deterrence. Both involve altering rivals’ perceptions, and whether any given military’s actions provoke or deter is often only known in hindsight. And yet, it is hard to see why permanently stationing forces would be that much more provocative than rotating forces through a given location, particularly on a continual basis, or building a capability for rapid global power projection. If anything, the latter may even be more destabilizing, since it reduces adversary warning timelines.

“There is a thin line between provocation and deterrence. Both involve altering rivals’ perceptions, and whether any given military’s actions provoke or deter is often only known in hindsight.”

For the moment, the Biden administration seems less enthused with cutting forces from Germany. That said, there will likely be downward pressure on defense budgets thanks to the COVID-19 pandemic. And if history is any precedent, overseas basing will be an attractive, politically expedient target to reap potential savings. Such a move, though, would be a mistake.

If the Biden administration wants to signal that “America is back,” after four years of an “America First” foreign policy, U.S. military bases around the world could provide a concrete signal of America’s enduring commitment to its alliances to friend and foe alike. While the merits of basing in Germany versus Poland, or in Japan versus Guam, should be open to debate, the underlying twin logics of deterrence and reassurance behind permanently stationing American forces overseas remain operationally, economically, and strategically as sound as ever.
Abena Apau Buckley knew her husband was dying. She didn’t need another brain scan to tell her the cancer was everywhere. He had stopped walking and was struggling to remember names. She wanted him to spend his final days at home. Instead, his doctors transferred him to a rehabilitation hospital.

“They didn’t involve me in this,” she says now. “They just moved him. I was going there every day to see him, and I could see that he was not himself. I didn’t want my husband to die in a rehabilitation hospital when he wasn’t going to get rehabilitated. He didn’t have a lot of time, and I didn’t want him to spend it withering away in a hospital.”

One in every five American adults is caring for a loved one in need—an aging parent, an ailing friend, a wife disappearing into the shadows of dementia, a husband with incurable brain cancer. Too often, they have to fight to make their voices heard in a health care system that doesn’t always see them as the partners in care they can be. A recent RAND study looked at what it would take to change that, and what it would mean for families like Abena Buckley’s.

“I was his wife and his caregiver,” she says. “I should have been part of the conversation all along the way.”
“I was his wife and his caregiver. I should have been part of the conversation all along the way.”

ABENA BUCKLEY
Identifying caregivers

Esther Friedman grew up helping her grandmother care for her grandfather, who had Alzheimer’s disease. She wanted to become a scientist, to find a cure that would save people like him. Later, she realized her grandmother needed saving, too. Now a behavioral and social scientist at RAND, she’s made helping caregivers a focus of her career.

“We’re always going to have families and friends providing care,” said Friedman, who coauthored RAND’s recent report on how to better integrate caregivers into the health care system. “We need to make it less burdensome, so they can spend more time with their loved ones and less time navigating the system. The first step is really just to recognize what family caregivers are doing—and that they’re doing more than ever before.”

Family caregivers are the invisible front lines of American health care. They check vital signs, give daily injections, clean wounds, and deliver tube feedings. When COVID-19 scared people away from crowded hospitals, it was family and friends who stepped up to provide care for them. And yet, one survey found that barely a third of family caregivers feel like a welcome part of the health care team.

RAND’s study mapped out a series of barriers that stand in the way. Health care providers don’t always identify caregivers when a patient checks in, and caregivers don’t always identify themselves. Clinicians sometimes lack the time and training to engage with caregivers. And caregivers themselves don’t always trust the health care system or know how to find their way through the blur of medical jargon and acronyms.

“It’s time consuming, it’s exhausting, it’s challenging,” said Patricia Tong, an economist at RAND who co-led the caregiving study. She became interested in caregiving research after seeing how hard her husband worked to care for some of his family members. “This is something that touches everybody at some point in their lives,” she said. “We need to figure it out.”

Ways to improve the health care system

Abena Buckley was eight months pregnant when a scan first detected the knot of cancer cells in her husband Joseph’s brain. Chemotherapy held it back for a few years, and Joseph convinced his doctors that he was well enough to resume his job as a math teacher and to get back to his woodworking projects in the basement. The doctors didn’t see him crawling into bed, weak and exhausted, every afternoon; or the hours that Abena spent managing his appointments, delivering his medicine, and tracking his seizures.

“I was just on the receiving end of the decisions they were making,” she said. “I was not part of the discussion; I was not part of the process. They took his word that, ‘Yes, it’s fine, everything is fine at home.’ I knew it wasn’t.”

Talk to ten different caregivers, and you’ll likely hear ten different stories of interacting with the health care system: A woman who did everything she could to get her name on the record as a caregiver for her 94-year-old aunt, who still never got a call when her aunt was rushed to the hospital. A man who grew so concerned that his wife’s doctors weren’t listening to him that he typed up a 16-point list of his concerns and handed it to them. Item No. 3: “She remembers none of her 3 children.”

There are signs of change. Congress has ordered a national strategy to recognize and support family caregivers. Most states now require hospitals to ask patients if they would like to
name a caregiver. But RAND’s study found that much more could be done, especially as the American population ages and caregivers take on more health care responsibilities.

Patient records, for example, should include a new field to record the names of any potential caregivers, to make that a routine part of every health care encounter. Hospitals and other health care providers should consider investing in support programs for caregivers, or hiring care coordinators to guide them through the system. They also should train their clinicians to communicate with caregivers who might not know an EKG from an EEG.

Insurance companies have started moving toward payment models that value quality of care over quantity of procedures. That alone may encourage health care providers to engage more with family caregivers—who, after all, are often in a better position to monitor their loved ones’ health needs, moment by moment.

“We need to make it as easy as we can for caregivers to be very active members of the team,” said Leslie Burger, once the commanding general of the former Walter Reed Army Medical Center, now retired and caring for his wife, who has dementia. “It can be very, very difficult on this side of the bed.”

RAND’s study was one of the first to look at how American health care could better integrate family caregivers, from the perspective of those closest to the question. Researchers interviewed more than a dozen providers, payers, and caregiver advocates for their ideas and recommendations. Not one spoke in favor of the status quo.

But several suggested that one medical specialty in particular could have some important lessons for the rest of the health care system: pediatrics. The pediatric model always includes parents, guardians, and other caregivers in health care decisions as a matter of course. That could be a useful way to think about integrating caregivers across the health care spectrum.

“There should be more space for the caregiver to have an autonomous role that is about the patient but also independent of the patient,” said Abena Buckley, who has worked with the National Alliance for Caregiving to amplify the voices of caregivers like her. “A separate appointment, a separate time to share information. Where is that space right now? There were so many times when I had to raise a really high red flag just to get someone’s attention. I felt like I wasted a lot of time not being able to ask questions that might have actually bought us more real time together.”

She was able to bring her husband home in the end, after a brain scan revealed what she already knew. The chemotherapy had stopped working; the cancer was spreading unchecked. Joseph Weaver Buckley died at home, with his wife, two young sons, and extended family a few weeks later, in September 2017. He had just turned 38. His family found an unfinished bed in the basement that he had been building as a gift for his oldest son. His father and his son worked together to finish it after his death.
Police need better policies and partnerships to address a problem that has become theirs by default: homelessness. Many departments don’t even have a working definition of what homelessness means, much less data on what works to get people off the streets.

Researchers brought together police leaders, experts, and outreach specialists to explore how police could better protect and serve people experiencing homelessness. They agreed that the old approach—telling people to move along and writing them tickets or putting them in handcuffs if they didn’t comply—was a poor substitute for meaningful action.

But what should replace it? That question has mostly been left up to individual departments to solve, even individual officers, with few proven examples to guide them.

“As long as reimagining police and what police do is part of the national conversation, this topic will be part of it,” said Michael Vermeer, a physical scientist at RAND who helped lead the study. “Police are not going to solve homelessness. That’s not their job. But they’re the ones who are most often interacting with people experiencing homelessness, so we need to look at what they need to be more effective.”
Officer Jose Ibarra and clinical therapist Cynthia Ferreiro (far left) assist a man in Indio, California. Below, a homeless encampment in Santa Monica, California.
Police need national models—tried, tested, and proven to work—as they invest in new partnerships and new ways of working to address homelessness.

Homelessness is not a personal failure

The man known as Jojo used to spend his days outside of a liquor store in the desert town of Indio, Calif., about 120 miles southeast of Los Angeles. It was easy enough to see him as just another lost soul, wasting his life on the sidewalk in between trips to the county jail. But something he once said—“Nobody understands; nobody cares”—stuck with Cynthia Ferreiro.

She’s a clinical therapist who rides with the Indio police. She started stopping by the liquor store, talking to him, gaining his trust. She learned he had a long history of depression and was grieving the death of his mother. She made a few calls and got him into rehab.

“Now, three, four months later, he’s still sober,” she said. “He’s in a halfway home, not living on the streets anymore. Small steps, but he’s living a better life at this point.”

Hers is a story from a new frontier in American policing. Not long ago, a majority of police leaders said their job, when it came to people experiencing homelessness, was mostly just to keep them off the streets and out of public view. Today, some communities are starting to confront homelessness as a societal problem, not a personal failure—and that means rethinking how police respond.

But the research that could guide those efforts is surprisingly thin. Plenty of studies have tried to get under the root causes of homelessness, and to identify solutions that could make a real difference to people who need it. But those studies have suffered from inconsistent definitions, inadequate data, and inconclusive results.

Researchers at RAND have worked for years with the Police Executive Research Forum to recommend ways to improve criminal justice in America. Their approach is straightforward: Get people who know the issues into a room and have them talk through potential solutions. They convened a two-day workshop on homelessness and came away with more than three dozen needs and strategies to make the police response safer, more humane, and more effective.

Those include developing better policies on such fundamental questions as how to clear encampments and how to keep officers safe. But workshop participants cautioned that even the best-prepared police can’t go it alone. Around one-fifth of people experiencing homelessness have a severe mental health disorder. Almost as many have a substance-use disorder. To be effective, the police response cannot only be a police response.

“We’ve seen arguments that police shouldn’t be responding to homeless people, that police shouldn’t be responding to people in mental health crisis,” said Brian Jackson, a senior physical scientist at RAND who helps lead the criminal justice workshops.
“Seeing those demands on protest signs, those are the same things we’ve been hearing on our panels for years.”

Toward stronger, more effective collaborations

Communities are starting to experiment with different models. Some, like Indio, have paired police officers with social workers or clinical therapists. Others have created special units to respond to homelessness calls—or forwarded those calls to non-police crisis teams. With more than half a million people living without permanent shelter on any given night in America, those efforts are vital.

In Long Beach, Calif., for example, police are just one part of a citywide response that also includes service providers, health officers, park superintendents, even city librarians. Every city department, in fact, can access and share basic data about people they encounter who need help: name, date of contact, services offered and accepted. That kind of coordinated effort is often what it takes to get results, the city’s data show. On average, people experiencing homelessness decline help 16 times before they agree to enter housing or support services.

“If an officer shows up and just takes someone who is struggling to a hotel, then that’s it, they’re in a hotel for the night and it does very little to change things,” said Sgt. Brian Nystedt, who leads the police side of the city’s response. “But if you link them into all of these services—if everybody is sharing data and working together—if we get to that, I think the response to homelessness in America would be completely different.”

Police agencies and the communities they serve need more data, and better data, if they want to address homelessness in a consistent way, researchers concluded. A good first step would be to establish a clear definition of who is homeless. Federal agencies provide no less than three possible definitions for homeless youth, for example. Without a single definition, communities can’t know how many of their residents are experiencing homelessness, how the numbers are changing, or whether their efforts are making any difference.

That would also allow for the in-depth, rigorous evaluations that researchers found are so often lacking. Police need national models—tried, tested, and proven to work—as they invest in new partnerships and new ways of working to address homelessness. “There’s just not a lot of very strong research out there,” said Sean Goodison, the deputy director of the Police Executive Research Forum. “Police need really basic-level stuff—definitions, program evaluations. There’s just a giant opportunity there.”

The National Institute of Justice funded the research as part of its multiyear contract with RAND to study issues in criminal justice. It responded to the findings by announcing $1.5 million in open funding “to assess the range of practices, strategies, and tactics used by police to respond to homelessness.” It asked for case studies, it asked for best practices, and it set a two-year deadline to get it done.

Indio isn’t waiting that long. The city is working with researchers at Arizona State University to evaluate its police-community outreach program. Initial results from surveys and interviews showed improvements in measures of housing, employment, and perceptions of the police and city services.

“We used to give people a single chance: ‘You don’t want help? You can leave or go to jail,’” said Officer Steve Oehring, who shares a squad car with the program therapist, Cynthia Ferreiro. “That really doesn’t take care of the problem long-term. The approach now is, ‘How can we help you? Where can we take you? What do you need?’”

He has his own measure of success. He figures it’s been around six months since he had to reach for his citation book while working with someone experiencing homelessness.
Khrystyna Holynska lives with her family in a two-bedroom apartment a short bike ride from her classes at the Pardee RAND Graduate School. How she got there is one of the unique stories of RAND’s fundraising campaign, Tomorrow Demands Today.

Her apartment building was one of two donated to the school by Frederick S. Pardee, whose support over the years has been so generous that the school is named in his honor. The buildings, now called Pardee Commons, provide subsidized housing for students as well as a focal point for off-campus student life.

Holynska was running out of other options when she learned the apartment at Pardee Commons was available. She comes from Ukraine and had no credit history or bank account in the United States. She couldn’t find an apartment manager who would rent to her. With fall classes about to start, she was searching for a place to live as far as two hours away from RAND.

“I was quite worried,” said Holynska, who was moving with her husband and three young children to study policy analysis at Pardee RAND. “It was becoming a very stressful experience. It’s a good thing this apartment was available. We were able to get the keys the same day we arrived in the U.S.”

Frederick Pardee worked as an analyst at RAND from 1957 to 1971. He went on to become a real-estate investor and founder of a successful Los Angeles-area apartment management firm. The two buildings he donated to Pardee RAND, valued at $10 million, came from his portfolio.

He grew up in the shadow of World War II, and has pointed to his memories of distant war and unrest as a guiding force in his philanthropy. He donated $5 million to create the RAND
Frederick S. Pardee Center for Longer Range Global Policy and the Human Condition, and nearly $7 million to establish and advance the Pardee Initiative for Global Human Progress at Pardee RAND. The school took his name after he gave $10 million to support its endowment.

His most recent gift was part of RAND’s fundraising campaign, a critical priority of which is to catalyze a new era of problem solving through the school.

“Students who join the Pardee RAND Graduate School community are passionate about confronting the world’s largest and most urgent challenges,” Pardee said. “My hope is that a student housing option will help relieve the burden of finding and affording housing in Los Angeles so that students and their families can focus on building relationships with each other and making the world a better place.”

The two apartment buildings are in the Brentwood area of Los Angeles, about three miles from RAND, in a walk-around neighborhood of shops and restaurants. Until now, the school—which competes with colleges and universities that have dedicated student housing—could only offer students like Holynska brokerage services as they navigated the Los Angeles rental market.

Pardee Commons also includes space for small-group seminars, study groups, and social events. That’s especially important as Pardee RAND reimagines the future of public policy education. One of the tenets of its redesigned curriculum is the exchange of ideas among students with different interests, experiences, and academic specialties.

“We know that learning does not stop when students leave the classroom,” said Susan Marquis, the Frank and Marcia Carlucci Dean of Pardee RAND. “A dedicated shared space to foster connections, provide mutual support, and a safe and supportive environment for students and their families will enable our students to enjoy each other and thrive in our program.”

The community of fellow students that Holynska found at Pardee Commons has already helped her navigate her first few months in the United States. She’s had questions big (how to get the power turned on) and small (where to find quarters for the laundry), and the answers are always just a few doors down.

She comes to Pardee RAND from Kyiv, Ukraine, where she had already earned a Ph.D. and was teaching at a university. She plans to study foreign defense and security policy at Pardee RAND, with a focus on Russia. “I did not want to get a Ph.D. for the sake of just having another degree,” she said. “I came here to get new skills in a systemic way and connect to the best researchers in the domain of foreign policy.”

For now, her apartment at Pardee Commons is much more than just a place to live. With COVID restrictions in place, it’s her classroom, her husband’s office, and a school for their three children.
Sewing Superheroes

NOT ALL HEROES WEAR MASKS—SOME MAKE THEM.

By Melissa Bauman, Staff Writer
Jessica Arana, a member of the Art and Design team at RAND, is one of about 800 volunteers in the Aunties Sewing Squad, a mask-making effort started in March 2020 by comedian Kristina Wong. Arana is a Super Auntie—an organizer who finds communities in need and arranges help from the squad.

Arana got involved after asking the Aunties to make 30 masks for her own brother, an essential worker, and for her brother’s colleagues when masks were still hard to find. Several friends had joined the group, and Arana was following the Aunties on Facebook.

“I thought, ‘This is unbelievable. These strangers on the internet have now taken care of my family member,’ and I was blown away by the generosity, speed, and capacity,” Arana said.

First, she donated to the effort but soon became an organizer focused on minority, immigrant, farmworker, and low-income communities. (A production editor at RAND, Amanda Wilson, also took part, as did former employee Amy Tofte.)

While the Aunties (who aren’t all women) started out making masks for health care workers, essential workers, and the immunocompromised, the effort soon broadened: KN95 masks and water to farmworkers during the California wildfires; masks to civil rights protesters; and masks, sewing machines, and now knitted cold-weather gear to Native American communities. The group even taught kids to make masks over Zoom during the summer.

By the end of 2020, the Aunties had delivered more than 250,000 masks throughout the United States and across the Mexican border. The efforts of getting masks to asylum seekers and those in another country were led by Arana, and proved successful with her coordination and partners in mutual aid.

When will they stop? “When we’re no longer needed,” Arana said. “Our mission is to make ourselves obsolete.”

Sources: cnn.com, Washington Post, culturas.us, Aunties Sewing Squad Facebook page
The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.