



## REPORTED GUN CRIMES INCREASE DURING COVID-19 PANDEMIC

Based on data from both the Memphis Police Department (MPD) and the Tennessee Bureau of Investigation (TBI), reported gun crimes increased in Memphis during the first half of this year, driven specifically by increases during the COVID-19 pandemic months of April-June.

The MPD looks at reported violent incidents involving guns. They include murders, manslaughters, justifiable homicides, forcible rapes, aggravated assaults, aggravated domestic violence assaults, aggravated child abuse, robberies of both individuals and businesses and carjackings.

During the first quarter of the year (January-March), reported violent incidents involving guns (a total of 1,165) were actually down slightly compared to the first quarter of 2019. However, for the first half of the year (January-June), reported violent incidents involving guns (a total of 2,852) were up 11.2% compared to the first half of 2019. Almost 64% of all reported violent crime incidents involved guns.



The TBI looks at the number of reported offenses involving guns. One incident - as measured by the MPD - can involve numerous offenses. As examples, an incident that includes an aggravated robbery and an aggravated assault would involve two separate offenses, and a

robbery involving three victims would have three separate offenses. Also, the TBI data does not just include violent crime offenses but also other offenses such as illegal possession of a weapon.

The TBI figures show a similar increase during the COVID-19 pandemic months of April-June. For the first quarter of the year (January-March), the TBI figures reflect a very slight increase (0.6%) compared to 2019. However, by the end of the first half of the year (January-June), the increase had mushroomed to 23%.



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## PSI EVALUATES SHELBY COUNTY MENTAL HEALTH COURT

The Public Safety Institute (PSI) partnered with the Shelby County Mental Health Court (MHC) to conduct an evaluation of the court through funding provided by the Tennessee Association of Recovery Court Professionals and the Tennessee Department of Mental Health and Substance Abuse Services.

The original design of the evaluation would have compared individuals who were accepted for participation in the MHC with similar individuals who were referred but not accepted to determine any differentiations in rearrests and reincarcerations, lengths of any incarceration and lengths of any hospitalizations. However, inadequate data on individuals referred but not accepted precluded this design. The PSI was only able to obtain descriptive information about individuals referred to the program as well as some information about outcomes for participants. Data from a participant satisfaction survey were also collected and analyzed, as well as data from qualitative interviews with the MHC staff and the presiding judge, General Sessions Court Judge Gerald Skahan.



Generally, mental health courts aim to balance the need to protect the public with helping those accused of crimes who have mental health issues. To create that balance, mental health courts incorporate mental health treatment and social services into the available options. Those who complete the treatment program are usually rewarded with a reduction or dismissal of the charge(s) that

resulted in referral to mental health court. Specifically, the goal the Shelby County MHC is to help nonviolent misdemeanor offenders with mental health challenges by reducing the likelihood of them becoming repeat offenders. The program consists of phases which, together, usually take up to a year to complete.

From 2016 through 2019, 247 individuals were referred a total of 368 times to the MHC. Of that number, 170 (61%) were invited to participate, and 156 accepted. The average risk assessment score for those invited to participate was high. For the most part, those not invited to participate either had a low assessment score or a violent criminal history.

Among the 156 who accepted the invitation to participate, 48 (30.8%) graduated from the program. Of those who did not complete the program, most were involuntarily discharged because of noncompliance or being charged with a new crime.

A number of graduating participants were recruited by the MHC staff to complete a survey about their perceptions of and experiences with the MHC program. The respondents were nearly unanimous in indicating strong positive opinions.



The MHC staff and presiding judge were also surveyed, with the results indicating (1) positive feelings about the teamwork approach and (2) feelings that the MHC was limited in resources.

While the MHC program appears to be on track, some procedural problems limited the ability of the evaluation to determine program impact, in particular the quality and quantity of data. This is not that surprising given the small staff which must place priority on managing participants and running the program. Another limitation was lack of consistency in participant acceptance. Although the MHC explicitly excludes violent offenders, some were actually accepted while others were excluded. Moving forward, these limitations can be addressed by developing a more consistent process for collecting and managing data.





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