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Policy Isssue Resources

Shifting from Police to Community Responses

Police are ill-equipped to safely and effectively serve people experiencing behavioral health crises. With more than 240 million 911 calls made each year, police have become the default first responders for a wide range of social issues, from mental illness to substance use to homelessness.For 911 call volume, see National Emergency Number Association (NENA),9-1-1 Statistics, https://www.nena.org/page/911Statistics. The dire shortcomings of this approach are reflected in the disproportionate number of people with mental illnesses and substance use disorders killed by police every year and the disproportionate numbers held in jails and prisons.Amam Z. Saleh, Paul S. Appelbaum, Xiaoyu Liu et al. Deaths of People with Mental Illness During Interactions with Law Enforcement, *International Journal of Law and Psychiatry* 58 (2018), 110-116; Jennifer Bronson and Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12* (Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics (BJS), 2017), https://www.bjs.gov/content/pu...; and Jennifer Bronson, Jessica Stroop, Stephanie Zimmer, and Marcus Berzofsky, *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009* (Washington, DC: BJS, 2017), https://www.bjs.gov/content/pu.... Although many officers may possess de-escalation skills, the mere presence of armed, uniformed officers with police vehicles can exacerbate feelings of distress and escalate mental health-related situations, particularly in Black communities and other communities of color, where relationships with police are historically characterized by tension and distrust.See for example Substance Abuse and Mental Health Services Administration (SAMHSA), *National Guidelines for Behavioral Health Crisis CareA Best Practice Toolkit* (Washington, DC: U.S. Department of Health and Human Services, SAMHSA, 2020), 68-69, https://www.samhsa.gov/sites/d...; Drew DeSilver, Michael Lipka, and Dalia Fahmy, 10 Things We Know about Race and Policing in the U.S., Pew Research Center, June 3, 2020, https://www.pewresearch.org/fa.../. Too often, encounters between the police and people in crisis end in handcuffs with an enforcement action or emergency department transport. Too often, they do not end in voluntary assessment and referral to the long-term supports people with mental illnesses and substance use disorders need to thrive.

For communities to shift away from police-led responses to people experiencing behavioral health crises, they must engage and fund new partners who can plan and implement different approaches. But developing alternatives that reduce police involvement in crisis response and divert people from jail does not require reinventing the wheel. There are many existing examples of community-based, health-centered responses that can lead to better outcomes for people with behavioral health issues. This report provides an overview of crisis response programs, including a typology of approaches organized by the involvement of law enforcement, before examining the efforts of three communitiesEugene, Oregon; Olympia, Washington; and Phoenix, Arizonato reduce the number of crisis calls directed to police. Although these efforts involve varying degrees of police participation and collaboration, and each reflects different stages of program implementation, they all promote the use of alternative first responders who can intercept calls concerning mental health and substance use that would have otherwise gone to police. Finally, the report offers key considerations to aid communities in planning and implementing programs that shift responses from police to community.

Recent decades have seen severe reductions in behavioral health services due to a series of events, including deinstitutionalization and the failure to fund promised community-based services and supports.William H. Fisher, Jeffrey L. Geller, and John A. Pandiani, The Changing Role of the State Psychiatric Hospital, *Health Affairs* 28, no. 3 (2009), 676-684, https://perma.cc/Z3SS-ZKA7. Because of this failure, increasing numbers of people with mental illness and substance use disorders have come into contact with the police, experiencing trauma during these encounters and even ending up in jail, where they stay longer than people without behavioral health conditions facing similar charges.Serious Mental Illness (SMI) Prevalence in Jails and Prisons (Arlington, VA: Treatment Advocacy Center, 2016), 2, https://www.treatmentadvocacyc.... Many communities have increased both funding for correctional facilities and mental health treatment in jails; Rikers Island in New York City, Cook County Jail, and Los Angeles County Jail hold more people with behavioral health conditions than the dedicated mental health treatment facilities across the country.Ibid., 1.

At the same time, some communities have introduced crisis response programs designed to address urgent concerns. These concerns include repeat encounters with police, poor connections to care, incarceration of people with mental illness for low-level offenses, and deaths of people with behavioral health conditions at the hands of police. The resulting programs, including Crisis Intervention Team (CIT) and co-responder models, often involve ongoing collaboration among police, advocates, and health and social service providers; extensive crisis scenario training for officers that includes de-escalation practice; and diversion from arrest to appropriate services and supports.

Unfortunately, many existing programs are hindered by an overreliance on police, limited community collaboration, and underinvestment in community-based resources. Communities must pursue new approaches that minimize trauma and distress, promote dignity and autonomy, and reduce repeat encounters with police for people who experience behavioral health crises. Reducing law enforcement involvement in crisis calls is a critical step toward these goals.

Community- and police-based crisis response approaches

Community- and police-based crisis response approaches

Current crisis response approaches are wide ranging, with varying degrees of police involvement, and communities might pursue

multiple approaches simultaneously. Why, then, do communities choose one strategy over another or adopt multiple, layered approaches? These decisions are typically based on the specific problems that communities face and the resources available to address them. A lack of non-police resources often demonstrates how much local governments have prioritized criminal justice investments to address public health problems.Vera Institute of Justice, *What Policing Costs: A Look at Spending in Americas Biggest Cities*, dataset (New York: Vera Institute of Justice), accessed August 18, 2020, https://www.vera.org/publicati....

As the following typology illustrates, existing approaches to crisis response are designed to handle a wide variety of situations, and multiple approaches may be needed to build a robust crisis response system that meets local needs. As communities rethink the role of police in crisis response, they must seek out and invest in community-based solutions.

This report highlights three communitiesEugene, Oregon; Olympia, Washington; and Phoenix, Arizonathat employ unique approaches to reduce police involvement in crisis calls and have layered several approaches in their efforts to address multiple problems:

The case studies in this report are based on a review of the literature on police responses to people in behavioral health crisis, interviews with experts, and interviews with stakeholders in the highlighted communities. Communities were selected for their innovative approaches to reducing on-scene police response and shifting responsibility to behavioral health experts. You can read more about the methodology below.

To reduce police involvement in crisis calls, communities have had to surmount challenges and work together to determine how best to meet their goal of providing the right response at the right time for the right person. Ultimately, they have worked together creativelypolice, behavioral health, advocacy, community residents, and othersto create programs that use existing resources and source funding for new ones to promote health and safety for all.

Identifying funding, configuring on-scene responses (who does what, when) while maintaining safety for everyone, and training needed personnel will form the backbone of any effort to replicate these models.

Programmatic efforts to reform police responses to people in behavioral health crisis around the country have been touted as adding few new costs to policing budgets.Dave McClure, Ellen Paddock, Rayanne Hawkins, and Mayookha Mitra-Majumdar, *Pay for Success and the Crisis Intervention Team Model* (Washington, DC: Urban Institute, 2017), https://www.urban.org/sites/default/files/publication/94741/pay-for-success-and-the-crisis-intervention-team-model_1.pdf. See also Larry Thompson and Randy Borum, "Crisis Intervention Teams (CIT): Considerations for Knowledge Transfer," *Mental Health Law & Policy Faculty Publications*, 2006, 548, https://scholarcommons.usf.edu.... Though this may have been true for police agencies, communities often need additional funds for the behavioral health services that would augment or replace police responses. The three communities Vera researchers studied each required significant funding (see case studies), and acquired it through a combination of grants, levies, and federal and state funds. Communities looking to implement new models should consider the following possible funding sources:

To truly reduce the police response to scenes involving people with mental illness, dispatchers must divert calls to 911 (and non-emergency numbers) to non-traditional responders. At the heart of the ability to divert 911 calls are two important needs. Departments must establish policies in conjunction with agency legal staff and train police department staffand communications personnelto understand that they are not going to be held liable for situations in which they do not respond to the call. Communities looking to implement new models should consider the following possibilities for 911 diversion practices:

The task of removing the police from encounters with people in crisis requires extensive coordination among various responders to reduce potentially dangerous situations and foster connections to services for people with a wide range of needs. The sites Vera talked with have creatively managed to place the right person at the scene of a crisis to help manage a persons ongoing needs outside of the crisis and establish long-term solutions. Communities looking to implement new models should consider the following possible on-scene response approaches:

Eugene, OR

Specialists responding instead of police

Olympia, WA

Specialists responding instead of police

Peer outreach

Phoenix, AZ

Triaging calls from 911 to behavioral health experts

The case studies reveal that people with certain traits and abilities are needed to do the work of compassionately and patiently helping people in crisis get the help they need. In addition, extensive training is needed because job responsibilities may be new to staff in these roles. Communities looking to implement new models should consider the following strategies for recruiting and training alternative responders and dispatchers:

Many community partners clearly have a role to play in supporting safe responses to people in crisis that center their dignity and long-term health outcomes. This report highlights important strategies and approaches to help communities navigate ways to reduce police involvement in situations involving someone in behavioral health crisis. Reducing police involvement in crisis response hinges on a robust and flexible crisis continuum that enables access to effective and appropriate treatments, services, and supports for a wide range of clients. Ultimately, creating alternatives to police responses will connect people in the community with the services they need, reduce arrest rates and the potential for violent police encounters, and promote the health and safety of community members.

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