

Vera Institute of Justice

Criminal Justice Issues and Prisoners' Rights

<https://www.vera.org/blog/what-happens-when-we-send-mental-health-providers-instead-of-police>

Public Facing Advocacy Writing

Police have become the default first responders for people experiencing mental health crises. Some cities are realizing that needs to change.

For Daniel Prude, Patrick Warren Sr., and Ricardo Muoz, 911 calls led to tragedy. They are three of at least 97 people killed just last year after police responded to reports of someone behaving erratically or having a mental health crisis, according to [Mapping Police Violence](#).

A person experiencing a mental health crisis is more likely to have contact with law enforcement than they are to get any support or treatment, [making jails the largest behavioral health facilities in the country](#). Chicagos Cook County Jail, the Los Angeles County Jail, and New Yorks Rikers Island jail complex each hold more people with serious mental health conditions [than any dedicated treatment facility](#) in the country.

[Police are ill-equipped](#) to safely and effectively serve people experiencing mental health crises. And as with so many aspects of our broken criminal legal system, Black people unjustly suffer most in these situations. A [recent study](#) found that police are more likely to shoot and kill Black men who exhibit mental health conditions than white men with similar behaviors.

Advocates across the country have called for officials to develop alternatives that curb police involvement in mental health crises, with local [community organizations](#) instrumental in implementing change. Approaches vary, but a growing number of cities are starting programs that rely on first responders who arent police, such as counselors or social workers, to respond to calls that involve mental health crises and substance use.

Eugene, Oregon, is home to one of the oldest such civilian response programs in the country, launched in 1989. The [Crisis Assistance Helping Out on the Streets \(CAHOOTS\) program](#) pairs a medic with a crisis worker to respond to 911 and non-emergency calls involving mental health, homelessness, and substance use. The teams are trained to provide crisis intervention, counseling, basic emergency medical care, transportation, and referrals to services.

With an annual budget of roughly \$2 million, the program [saves Eugene \\$14 million annually](#) in ambulance trips and emergency room costs, [plus an estimated \\$8.5 million](#) in public safety costs and has successfully diverted thousands from the criminal legal system. Of the [estimated 17,700 calls CAHOOTS responded to in 2019](#), teams requested police backup only 311 times.

The program has served as a model for places like Denver and [Olympia, Washington](#), with [many other cities](#) looking to create their own alternatives based on Eugenes. But every community is different and has unique needs, so programs must be tailored to each city. Eugene, for example, is more than 80 percent white, making it racially homogeneous compared to many U.S. cities. CAHOOTS Operations Coordinator Tim Black recognizes that residents have a [healthy enough relationship](#) with police, so they may feel more comfortable calling 911 for crisis response incidents than people elsewhere particularly people of color [who live in communities that are overpoliced](#).

Denvers Support Team Assisted Response (STAR) program, which launched in June 2020, similarly sends healthcare workers to respond to incidents related to mental health, poverty, homelessness, and substance use. Over the past 11 months, [STAR has successfully responded to 1,323 calls](#). No one was injured or arrested, and police backup was never requested. Denvers police chief has said the program [saves lives](#) and [prevents tragedies](#).

But the program faces some criticism from community members and advocates, who have said that responses have been [clinical](#) and that responders often cant relate to the people they serve on a personal level. STAR is also staffed by social workers who are predominantly white, and advocates envision a community-driven program that includes providers who [share lived experiences and identities](#) with Denvers diverse population.

To serve communities most effectively, residents, community organizations, behavioral health professionals, and others need to be involved in every step of the creation and implementation of any crisis response program. And stakeholders need to ensure that these programs dont perpetuate inequities based on who they serve, which calls get diverted, and how first responders work to resolve a situation. Vera, for example, works [to assess racial disparities in the delivery of crisis response services](#) and to develop strategies to ensure equity.

Cities have begun to recognize that police too often [address issues they simply shouldnt](#). Polling also shows that [police reform is a high priority among voters](#). Democrats, independents, and Republicans alike support programs that replace police with trained experts in situations involving behavioral or mental health crises. Programs like CAHOOTS and STAR demonstrate that 911 calls involving people in crisis can be resolved safely and effectively through services that dont involve police.

These programs are important steps toward improving public safety. But to truly serve communities, [cities must work to reallocate what they spend on policing](#) to fund community-based services including programs that provide support to people with mental health

conditions. Lives depend on it.

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