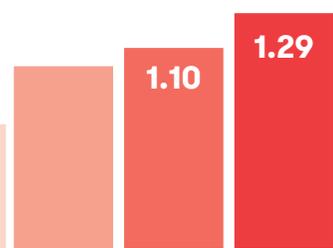


Investing in Evidence-Based Alternatives to Policing: Civilian Crisis Response

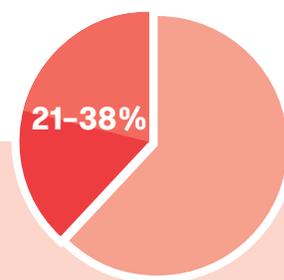
August 2021

When people experience a behavioral health crisis, they need special care and attention to reach a resolution. Yet police responses to these crises often worsen the situation. Civilian first responders are better equipped to effectively handle and de-escalate behavioral health situations.

With more than 240 million 911 calls made each year, police have become the default first responders to nearly every social issue people and their communities face—from mental illness to substance use to homelessness.¹ However, police are ill-equipped to safely and effectively respond when people are experiencing behavioral health crises. Although officers may possess de-escalation skills, the mere presence of armed, uniformed officers with police vehicles can exacerbate a person's feelings of distress and escalate mental health-related situations, particularly in Black, Indigenous, and other communities of color.² The dire shortcomings of this approach are reflected in the disproportionate number of people with mental health and substance use issues who are incarcerated in jails and prisons each year.³ Furthermore, people with known mental health conditions are killed by police during law enforcement interactions at alarmingly high rates, including when they are at home and unarmed.⁴



Of the more than 6,000 people who have been fatally shot by the police since 2015, close to one quarter were experiencing a mental health crisis.⁵ The rate of fatal shootings by police of people who were experiencing a mental health crisis was **1.29 times higher for Black people** compared to white people, and **1.10 times higher for Latinx people** compared to white people.⁶



A recent analysis of 911 calls in eight cities found that between **21 and 38 percent** of those calls were for mental health, substance use, homelessness, or other quality-of-life concerns that could be better addressed by civilian first responders instead of police.⁷

Civilian teams of behavioral health professionals and people with lived experience are effective responders to behavioral health crises.

Many existing and emerging community-based and health-centered response teams are doing this work successfully:

In Eugene, Oregon, the [Crisis Assistance Helping Out On the Streets \(CAHOOTS\)](#) program, established in 1989, dispatches trained crisis workers and medics to respond to crisis calls that come in through either 911 or a non-emergency line.⁸ In 2019, CAHOOTS was dispatched to 17,700 calls in Eugene, representing almost 17 percent of all calls.⁹ CAHOOTS teams requested police backup for just 311 of the calls to which they were dispatched.¹⁰

In San Francisco, California, the [Street Crisis Response Team \(SCRT\)](#) is a three-person team—made up of a social worker, peer counselor, and paramedic—that started as a pilot program on November 30, 2020.¹³ According to city data, SCRT had already responded to more than 1,000 calls by the end of April 2021, including 20 percent of all calls that the 911 center labels “mental health calls.”¹⁴

In Denver, Colorado, [Support Team Assisted Response \(STAR\)](#) launched as a pilot program in June 2020 to dispatch mental health professionals and paramedics to some 911 calls instead of the police. As of May 2021, STAR had successfully responded to 1,323 calls, none of which resulted in injury, arrest, or the need for police backup.¹¹ An analysis of Denver’s 911 calls from 2017 to 2019 estimated that 15 percent of all calls could be appropriate for a STAR response.¹²

In Los Angeles, the city council approved a motion in October 2020 to identify and contract with service providers who can dispatch unarmed crisis response teams to 911 calls that do not involve violence.¹⁷ The motion reflects demand for new, unarmed, health-first responses synced with the 911 system—in addition to the police department’s longstanding co-responder teams.¹⁸ In February 2021, the police department launched a pilot to divert 911 calls involving people experiencing mental health crises to crisis counselors. Initially operating eight hours a day, this summer the program expanded to 24/7 service.¹⁹

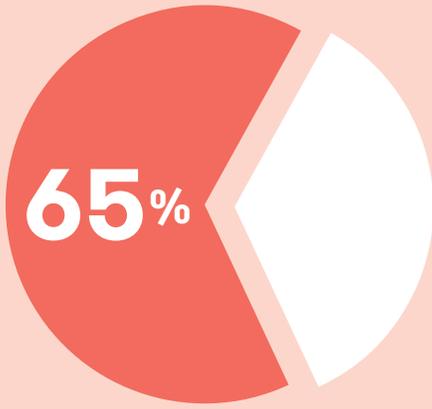
In New York City, the Behavioral Health Emergency Assistance Response Division (B-HEARD) pilot program launched in June 2021 with teams of mental health professionals and emergency medical technicians serving as the default first responders to people calling 911 who were experiencing a mental health emergency in Harlem and East Harlem.¹⁵ Preliminary data from the pilot’s first month shows that, compared with traditional responses, fewer B-HEARD clients were transported to hospitals and more people in crisis received care rather than refusing medical assistance.¹⁶

These programs cost a fraction of what communities spend on policing and have been funded by a variety of mechanisms:

People are demanding less money be spent on policing and more on civilian-led crisis response solutions.²⁰ The combined annual budget for policing in Eugene and Springfield, Oregon, is \$90 million, while the annual budget for CAHOOTS to serve those two cities is \$2.1 million—just 2.3 percent of what these jurisdictions spend on law enforcement.²¹ By responding to calls to which police would otherwise be dispatched, CAHOOTS saves the city of Eugene an estimated \$2.2 million in officer wages.²² In May 2021, CAHOOTS requested an additional \$1.8 million in annual funding from the city of Eugene to stabilize its current level of service and raise base wages for staff from \$18 an hour to \$25 an hour; it plans to expand in the future.²³

The STAR program in Denver, Colorado, received \$200,000 from a ballot initiative and a sales tax called Caring 4 Denver for its six-month pilot. STAR is set to expand with \$2.4 million from Denver’s general fund, and the city’s public health department has applied for an additional \$1.4 million from the Caring 4 Denver fund.²⁴

In June 2020, Portland, Oregon’s city council voted to reallocate \$4.8 million in funds from its \$229 million police department budget to the new Portland Street Response program, which launched in February 2021.²⁵ However, in May, Portland’s city council voted against the budget proposal to allocate \$3.6 million in ongoing funds to fully fund the program city-wide. As a result, the program will continue to operate in a more limited capacity.²⁶



There is broad public support for civilian emergency first responder programs.²⁷ Communities are calling for investment in unarmed, civilian crisis response teams:

A national poll conducted in March 2021 found that **65 percent of likely voters support the creation of civilian emergency first responder programs** to respond to substance use and mental health issues instead of the police, including calls to help a family member who is having a mental health crisis or experiencing a drug overdose.

Recommendations

- **Cities and counties, as well as state and federal actors, should invest in unarmed, civilian first responder programs to help people experiencing behavioral health crises.** These first responders should have a passion for supporting people with behavioral health conditions and should receive training to support people’s needs in moments of crisis, connect them to longer-term supports, and effectively work with other emergency responders. Programs should also compensate civilian first responders commensurately with the responsibilities of the role to promote staff retention and ensure program sustainability.²⁸
- **Cities, counties, and law enforcement should redesign 911 systems so that nonviolent behavioral health calls receive a civilian response.** 911 system stakeholders should establish policies and implement dispatching systems that support 911 call-takers in diverting calls from police to civilian crisis response teams; provide ongoing training and support to call-takers and integrate behavioral health specialists into 911 call centers; and reclassify call-takers and dispatchers as first responders to enhance benefits, mitigate turnover, and minimize liability concerns among 911 staff tasked with diverting calls.²⁹

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For more information

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