Alternative Response Models and Research

Compiled for Saint Paul Community-First Public Safety Commission, March 2021

Alternative Response Models

The **Crisis Assistance Helping Out On The Streets (CAHOOTS)**, launched in 1989 in **Eugene, OR**, is the leading alternative response model. CAHOOTS provides mobile crisis intervention 24/7 in Eugene and is dispatched through the Eugene police-fire-ambulance communications center. CAHOOTS dispatches a nurse or EMT alongside an experienced mental health worker for calls concerning situations such as welfare checks, mental health episodes, public intoxication, psychological crisis, assessment, information, referral, or advocacy. CAHOOTS will not be dispatched in cases where a crime in progress, violence, or life-threatening emergency is reported. Each member receives about 500 hours of training. They do not carry weapons, nor do they have legal standing to enforce laws. In 2019, CAHOOTS handles over 24,000 911 calls (roughly 20%). That year, only 150 of those calls ended up requiring police assistance (roughly 1%). Approximately 60% of CAHOOTS calls respond to unhoused people, and about 30% of their calls respond to individuals with severe mental illness.

In the wake of the killing of George Floyd, CAHOOTS as an organization has over 310 outstanding requests for information and consulting from communities around the country on how to implement their model.

Olympia, WA is the only other city that launched such a model prior to 2020. Olympia's **Crisis Response Unit (CRU)** launched in April 2019. CRU has a roughly $550,000 of funding through a public safety levy which was passed by voters in 2017. CRU is contracted by the Olympia Police Department and is on call daily from 7am to 9pm. However, only a fraction of CRU's calls come directly from 911 operators. Often the team is contacted by social service providers or is sent by police officers who recognize a situation is better suited for CRU. Members also often provide their services while doing outreach with homeless populations. CRU members say that one of their biggest challenges is a lack of long-term mental health services in the area. They often get calls to assist the same individuals over and over again.

In 2019, the **Portland, OR** city council officially endorsed a CAHOOTS-like program, setting aside $500,000 in the 2019-2020 budget. The program was meant to launch in March 2020 but did not because of the pandemic. In June, the city council set aside

$4.8 million in the 2020-2021 budget, enough to assemble six teams of paramedics and crisis counselors. The city is still in the process of getting the program up and running.

In 2019, the **Oakland, CA** city council funded a $40,000 feasibility study to examine the potential for creating a CAHOOTS program of their own. After George Floyd was killed, the council committed to launching a pilot in 2020 and voted to allocate $1.5 million in the city's 2021 budget. The program will be called the **Mobile Assistance Community Responders of Oakland (MACRO)** and will be housed in the city's Department of Prevention. The ultimate goal, however, is that MACRO partners with relevant local nonprofits to do referrals to health services or homelessness services. MACRO will rely on dispatchers from the 911 emergency and non-emergency lines to pass on calls to them.

In June of 2020, **Denver, CO** launched its **Support Team Assisted Response (STAR)**. The program diverts some 911 calls to paramedics and mental health experts rather than police. For now, STAR is only functioning in central Denver, from 10am to 6am, but will is planned expand to the rest of the city and county and be available 24/7.

In June of 2020 the Mayor of **San Francisco, CA** announced that the City would develop a CAHOOTS-like response model over the coming year, with a vision to fundamentally change the nature of policing in San Francisco. The vision is based on four principles.

The first is to demilitarize the police and explicitly ban the San Francisco Police Department (SFPD) from using military grade weapons against unarmed civilians—including tear gas, bayonets and tanks.

The second is to end the use of police as a response to non-criminal activity. In order to limit unnecessary confrontation between SFPD and the community, the city will work to divert non-violent calls away from SFPD to a crisis response system such as CAHOOTS.

The third is to address police bias and strengthen accountability. To reduce bias, the mayor directed the Department of Human Resources, Department of Police Accountability, and SFPD to identify and screen for indicators of bias, improve training systems, improve data sharing across departments, and to immediately start to audit all SFPD hiring and promotional exams to incorporate state of the art testing for bias and potential for abuse of force.

Lastly, the vision seeks to redirect funding for racial equity by divesting from law enforcement to support investments of funds in programs and organizations that serve communities that have been systematically harmed in the past by City policies.

Re: San Francisco, see also: https://www.npr.org/2020/10/19/924146486/removing-cops-from-behavioral-crisis-calls-we-need-to-change-the-model

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Anne Arundel County Crisis Intervention Model— Maryland: Anne Arundel County's Crisis Intervention Unit utilizes a combination of techniques. In 2002, the county expanded its system of Mobile Crisis Teams (MCT) to help manage individuals with needs, and in 2014, with resources from the county police department and the Maryland Behavioral Health Administration, the county added CITs to deal with cases deemed too dangerous for regular mental health professionals. The system now includes:

- **Community Warmline and Safe Stations:** An around-the-clock Community Warmline is part of the county's Crisis Response System. The Warmline helps to divert non-emergency calls from the police department and have them instead handled by trained staff who can assist callers with "information, support, and referrals." Fire and police stations also function as Safe Stations, where individuals can receive screenings and follow-up from an MCT.
- **Mobile Crisis Teams and Crisis Intervention Teams:** The Crisis Response System was originally designed to respond to police calls—when a police officer was on scene and recognized a situation that might require a mental health professional, they could call for a MCT. These teams include two clinicians: one an independently licensed mental health professional, and the other a masters level clinician. The team responds to a police radio call and is a valuable tool for patrol officers who have options other than making an arrest. The team system has evolved with Crisis Intervention Teams (CIT) comprised of one highly trained police officer paired with an independently licensed clinician. CITs respond directly to 911-dispatches involving more serious situations, including barricades, weapons in home, extreme risk protection orders and domestic violence.
- **Police Training:** In 2015, Anne Arundel county became the first police department in the country to have trained every officer in mental health first aid. Since then, according to county officials, the county's use of force has dropped by 21 percent. Every officer in the department now receives 8 hours of mental health first aid, 4 hours of SAMHSA training, and other mental health-focused training sessions. But the CIT officers – who are volunteers – undertake a rigorous 40 hour specialized behavioral health course.

Albuquerque Community Safety— Albuquerque, New Mexico: Since February 2018, the Albuquerque Police's Mobile Crisis Team approach consists of unarmed police officers and mental health professionals responding to mental health crises. Within Bernalillo County, six Mobile Crisis Teams (MCTs) now provide this specialized response to 911-calls related to behavioral health. The two-person teams consist of one MCT-trained law enforcement officer and an MCT-trained master's level behavioral health clinician. In June 2020, New Mexico's Institute for Social Justice reported that almost half of the more than five thousand calls received since the program's inception have been suicide or behavioral health incidents.

- In the summer of 2020, in response to public pressures to reform the police, the mayor of Albuquerque announced an initiative to restructure the MCTs into a new cabinet-level department of first responders for mental health crises. Named Albuquerque Community Safety (ACS), it will serve alongside the Albuquerque Police Department and Albuquerque Fire Rescue to deliver what Albuquerque mayor Tim Keller described as a "civilian-staffed, public health approach" to public safety and mental health. ACS will be staffed by trained professionals such as social workers, housing and homelessness specialists, and violence prevention and diversion program experts. ACS will allow trained 911 dispatchers the option to send ACS personnel when a community safety response is more appropriate than an armed police officer, paramedic, or firefighter. The initiative is planned to begin by the end of 2020.

Pima County Sheriff's Office and Tucson Police Department's Mental Health Support Team (MHST) in Arizona (established in 2013) is a specially trained unit that includes a captain, lieutenant, sergeant, 2 detectives, and 11 field officers that serve as a mental health resource for other officers, community members, and health care providers. The MHST's co-responder program (initiated in 2017) pairs an MHST officer with a masters-level licensed mental health clinician. The pair rides together, allowing for rapid dispatch of both law enforcement and mental health resources to calls for service. MHST teams wear civilian clothes and drive unmarked cars to help proactively defuse situations.

Springfield, Missouri Police Department and Burrell Behavioral Health introduced the Virtual-Mobile Crisis Intervention (V-MCI) in 2012. Known as the "Springfield Model," the program expanded across southwest and central Missouri, including St. Louis County. Officers are given iPads to connect with behavioral health specialists in real-

time for assessments and referrals, as well as follow-up case management. The virtual response has greatly reduced the number of people who were previously transported to the hospital.

Colorado Springs, Colorado's Police Department (CSPD) and the Colorado Springs Fire Department (CSFD) collaborated with AspenPointe, a local behavioral health organization, to form a specially staffed mobile integrated mental health emergency response team. First deployed in December 2014, the Community Response Team (CRT)consists of a CSFD medical provider, a CSPD officer, and a licensed clinical behavioral health social worker. The medical provider performs medical clearance and screens for psychiatric admission eligibility, while the police officer ensures scene safety and the social worker provides behavioral health assistance. This approach significantly reduced admissions to the emergency department by directing individuals in crisis to community resources, like the local Crisis Stabilization Unit or county detoxification facility. The local 9-1-1 call center helps by diverting qualified calls directly to the CRT, therefore decreasing the burden of these calls from the regular EMS, fire department, and police department dispatch.

Houston and Harris County, Texas, created an innovative intervention model through a collaboration with the Houston Police Department (HPD) Mental Health Division, the Harris Center for Mental Health and Intellectual and Developmental Disabilities (the Harris Center), Houston Fire Department (HFD), and the Houston Emergency Center. The 9-1-1 Crisis Call Diversion program places tele-counselors inside Houston's Emergency Communications Center, providing dispatchers the ability to link callers who have non-emergent mental health-related issues to needed services, rather than dispatching a law enforcement unit or HFD personnel. Since the pilot program began in 2015, it has led to a decrease in the volume of non-emergency mental health-related calls for service for both HPD patrol and HFD emergency medical services and reduced the use of this personnel for non-emergency responses, translating into cost savings and cost avoidance.

Selected Research

Links:

Brookings: Innovative solutions to address the mental health crisis: Shifting away from police as first responders

Abt: Reimagining America's Crisis Response Systems

PRI & NLC: Responding to Behavioral Health Crisis Via Co-Responder Models

Urban: Pay for Success and the Crisis Intervention Team Model

Summaries:

The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call

Center for American Progress/Law Enforcement Action Partnership
https://www.americanprogress.org/issues/criminal-justice/reports/2020/10/28/492492/community-responder-model/

Summary: The authors examined 911 police calls for service from eight cities and found that 23 to 39 percent of calls were low priority or nonurgent, while only 18 to 34 percent of calls were life-threatening emergencies. They estimate that between 33 and 68 percent of police calls for service could be handled without sending an armed officer to the scene; between 21 and 38 percent could be addressed by Community Responders; and an additional 13 to 33 percent could be dealt with administratively without sending an armed officer to the scene.

This study proposes the establishment of a new branch of civilian first responders, known as “Community Responders” (CRs), that could be dispatched for two broad categories of calls for service that do not always require police presence: First, CRs could respond to calls related to homelessness, behavioral health crises, and substance use—calls that might currently be classified by local dispatchers as “wellness checks,” “disturbances,” “intoxicated persons,” or “mental crises.” There are a few cities using such responders or similar systems: Crisis Assistance Helping Out On The Streets (CAHOOTS) program in Eugene, Oregon; Support Team Assisted Response (STAR) in Denver, Colorado; Crisis Response Unit (CRU) in Olympia, Washington; and Family Crisis Intervention Team (FACIT) in Rochester, New York.

Second, CRs could respond to calls related to quality-of-life concerns and low-level community conflicts that do not require a behavioral health intervention, including many calls currently classified as “suspicious persons,” “disorderly conduct,” “noise complaints,” “juvenile disturbances,” or “trespassing.” Man Up!, a non-profit in Brooklyn, NY, does this type of work.

As for dealing with calls administratively, the report suggests using telephone screening to reduce calls that lead to police dealing with calls made for insurance purposes; minor theft; destruction of property; and calls that come in for other city services such as animal control. Baltimore, Tucson, and Camden all have implemented methods that in part deal diverting such calls from going to police departments.

This report includes further information about the existing community responder methods around the country as well as suggestions for how to set up such a community responder system and how to fund it.

Crisis Intervention Teams in Chicago

Authors: Kelli Canada, Beth Angell, Amy Watson

This report examined Crisis Intervention Teams (CIT) in Chicago police districts. Because police officers are often the first responders to individuals in crisis, and ultimately make the decision of who gets mental health services, who gets arrested, and who gets released with no follow up, the CIT program provides officers with knowledge and skills that can be used to make the best decision in such situations. This report found that CIT in Chicago is being implemented and utilized in the field with success.

Ending This Place of Torment: A Framework for Transforming the Criminal Justice Continuum

The Aspen Institute

Community level suggestions included in this study: School districts and schools should continue to focus on eliminating exclusionary disciplinary policies that result in expelling students; Youth detention centers and jails should be eliminated by minimizing out-of-home placements; Evidence-based and promising alternatives to incarceration such as diversion programs— embedded within communities—should be initiated, particularly where there are spatial concentrations of incarceration; and Indigent defense should be strengthened— particularly for undocumented migrants—and increasingly become part of strategies focused on criminal justice transformation.

And for re-entry into communities after incarceration, the study suggests: The intensity of community supervision should be decreased; Transitional and ongoing support in the form of employment, housing, healthcare (including substance issues and mental disorders), and continuing education; and Cybersurveillance predictive policing must be closely examined and monitored by communities in catchment areas of their use.