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Mobile Crisis Mental Health Response Programs

Social workers instead of police? How customized vehicles and teams are revolutionizing mobile crisis response.

In the wake of nationwide demonstrations over police misconduct, there is a growing trend to employ mental health providers in addition to, or instead of, law enforcement, for emergency responses to psychiatric crises.

It's an approach that mental health advocates have championed for decades. Numerous communities around the nation now have what are called mobile crisis teams (MCTs) to deploy trained professionals in response to people experiencing mental health episode crisis often without the presence of the police. Since officers aren't usually trained in the skills of mental health de-escalation nor have the clinical background that can be crucial in the moment, MCTs are designed to deliver both compassion and clinical expertise due to special training.

Mental health advocates are urging for the change. A 2016 study found that 22% of fatal police interactions were triggered by calls about "disruptive behavior" which was due to mental illness or substance abuse. Longtime advocates cite MCT models as being safer and compassionate for responding to people in crisis. Moreover, they may prevent unnecessary violent and traumatic outcomes.

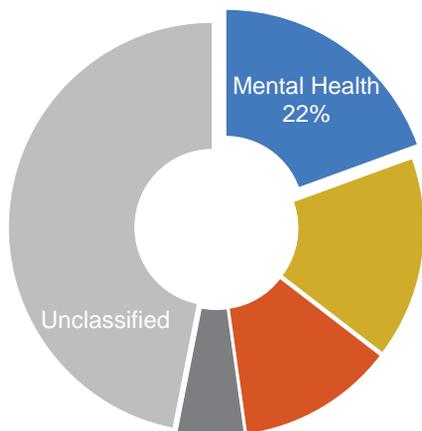
The goals of MCTs are to provide community-centric responses to stabilize those who may experience a crisis while doing so in the least disruptive way, intended to reduce arrests of people in crisis, as well as reduce the need for a law enforcement response to psychiatric emergencies. They give communities an alternate and possibly safer approach to emergency response.

Nationally, about 22% of fatal police interactions are triggered by calls about "disruptive behavior" which is due to mental illness or substance abuse.

Programs That Work: CAHOOTS

One of the longest-running and most well-known programs in the nation is called CAHOOTS, or Crisis Assistance Helping Out on the Streets. The program, launched in 1989 by the White Bird Clinic in Eugene, Oregon, is funded both by the county and by the Eugene Police Department, which funnels emergency response calls for noncriminal, nonviolent behavioral issues to their MCTs. This totals around 17% of the police department's call volume. The CAHOOTS teams are comprised of a trained medical professional as well as a crisis workers trained in behavioral health. These teams travel in specially equipped vans responding to such things as welfare checks, counseling, suicide calls and nonviolent conflict resolution. They also provide rides to clinics, substance abuse treatment centers and shelters. These responses are designed to be trauma-informed, with many CAHOOTS team members having personal experience with mental illness. In 2019, CAHOOTS only requested police backup for 350 out of 24,000 dispatches — a track record that has drawn significant national attention to the group's work.

Breakdown of Deaths to Use of Lethal Force by Law Enforcement 2009-2012¹



- Mental Health
- Suicide by Cop
- Partner Violence
- Unintentional
- Unclassified

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The CAHOOTS program has inspired a number of others in cities around the country. The Caring for Denver Foundation established its mobile crisis team modeled on CAHOOTS. Called STAR, for “Support Team Assisted Response”, this program began in June 2020 after Denver community mental health professionals rode along on calls with CAHOOTS teams. Like the CAHOOTS program, the Denver program pairs a paramedic and a mental health professional, who are dispatched by the local police.

According to data collected between 2014 and 2019, 30% of the people CAHOOTS serves suffer from “severe and persistent mental illness.” Anxiety and depression factor into a quarter of their calls, while situations involving drugs and alcohol account for another 25%.

What You Need to Know

MCTs are mobile services which respond to mental health emergency calls for citizens experiencing behavioral health crises.

MCTs are an added resource for the community and police which may provide clinical responses to those experiencing or at risk for a behavioral or psychiatric crisis.

MCTs may also provide care in the patient’s home, which can make it easier to identify possible environmental or social reasons for the emergency call.

-MCTs may also provide outreach to those who may not otherwise meet criteria for hospitalization or detention, but require some psychiatric treatment nonetheless.

1. Start small, assess where the most mental health calls come from, and begin there
2. Consider limited hours instead of 24/7 and then expand into a day-night 7 day model
3. Consider the three models which exist:
 1. City-led by police or fire departments
 2. Nonprofit led, where outside nonprofits liaise with police and fire dispatched by 911
 3. Co-responder, where mental health workers and officers respond together
4. Develop response teams which are community informed and invite community member involvement and input

Contact



Lisa Broderick
Executive Director
Police2Peace
lbroderick@police2peace.org
+212 750 6493



Tim Black
Director of Consulting
White Bird Clinic
<https://whitebirdclinic.org/contact>
+541 342 8255

The Numbers: CAHOOTS

Cost per Call: \$100/call
Mobile 24/7 Vans & Teams: \$1 million/year
Annual Cost: \$2.3 million
FTEs: 35 Total on 12 Hour Shifts
Calls Per Shift per FTE: 25
Estimated Criminal Justice Savings: \$8 million/year
Population Served: 230,000
Recommended Ratio: One 24-hour Van per 70,000

References

1 DeGue, Sarah PhD, Fowler, Katherine PhD, Calkins, Cynthia PhD, "Deaths Due to Use of Lethal Force by Law Enforcement" Findings from the National Violent Death Reporting System, 17 U.S. States, 2009-2012, American Journal of Preventive Medicine, November 1, 2016 <https://doi.org/10.1016/j.amp.2016.08.027>