

## Alternative 911 Emergency Response - Julie Thomases 1.13.21

911 is the most frequently called number in response to an emergency. Allentown's 911 response system sends police to all 911 emergency calls, whether the calls involve violence or criminal activity or deal with non-violent, non-criminal issues such as mental health, homelessness, intoxication or substance abuse. As a result, our police often have to deal with non-violent, non-criminal issues for which they may not have professional mental/behavioral health or social work training.

In 2019, the Lehigh County Department of Corrections committed 5,250 people to jail. Of those people 1,245 (24%) required a mental health evaluation; 1,154 (22%) needed to undergo medically supervised detoxification.

Mental illness and substance abuse contribute significantly to criminal recidivism in the US. <sup>1</sup> Prison inmates with substance use disorders return to prison more often than those without and those with both a mental illness and a substance abuse problem recidivate at even higher rates. Incarceration not only fails to correct these problems but instead often exacerbates them.

We need to change the number of mentally ill people going into prison or admitted to the emergency room against their will and one method is to modify our 911 dispatch system. This would require collaboration among local police departments, 911 dispatchers at the County, health clinics, and possibly, hospital networks.

There is a growing national trend to implement alternatives to police response to non-violent, non-criminal 911 calls. We have researched a number of these models and spoken to people in their police departments and crisis intervention units to learn about their programs. All the programs are somewhat different from each other. What they all try to do in response to a non-violent non criminal emergency call is to eliminate death, injury, trauma, or incarceration, and provide follow-up case management to reduce repeat calls from the same person. Some of these models avoid sending police whenever possible. Some are referred to as 'hybrid' models where a crisis intervention team includes a police officer and a medic/mental health worker.

Most started as pilot programs. I will briefly overview three programs: The best known is **CAHOOTS** in Eugene, OR. The other two are in Houston and Denver. We've reviewed similar programs in Oakland; Albuquerque; NYC, San Francisco, Sacramento CA and Bucks County.

**CAHOOTS, in Eugene, OR**, (Crisis Assistance Helping Out on the Streets) is 30 year old direct-response collaboration between local police and a community service organization. It has proven to be a long-standing and effective way of diverting non-violent, non-criminal 911 calls related to mental health issues, intoxication, behavioral health, substance abuse and homelessness away from law enforcement. CAHOOTS were created to help the community reduce unnecessary interactions with the police. CAHOOTS has served as a model for a number of recently created alternative 911 response programs. CAHOOTS handled approximately 17% of the total 911 volume in Eugene in 2017. It also saved the city an estimated average of \$8.5 million in additional public safety spending and \$14 million for ambulance/emergency room treatment annually. CAHOOTS sends a trained emergency medical services worker, which could be a nurse or EMT, and a trained mental health professional to resolve and deescalate situations. They've successfully handled situations involving suicidal threats, mental health crises, substance abuse and interpersonal conflict. While some often critique this model as leaving these workers vulnerable to violence, research suggests otherwise. In 2019, over 24,000 CAHOOTS responses were made, **but only 250 required police backup or roughly 1%**. Funding comes from the Public Safety division of the Police Department, a coordinated care organization, and donors. This

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approach not only saves the community money but also causes fewer traumas, advances the recovery of individuals and lowers recidivism.

**The Houston Police Department (HPD)** uses a number of models. One is their **Mobile Crisis Unit** which sends out a non-police team of responders to non-violent calls and is not part of their criminal justice program. Another is their hybrid model, **CIRT (Crisis Intervention Response Team)** which includes a law enforcement officer and crisis mental health professionals riding together as partners to respond to situations involving a person with mental illness. Houston has the largest co-responder program of any single police department in the nation. All emergency calls go to 911. Crisis counselors are embedded at the call center. CIRT responds to mental health crisis calls and provides linkage to emergency services at local hospitals or other community resources. HPD stands out as the only municipal police department in the nation with a mental health division. HPD's CIRT, started as a six-month pilot program in 2008 and due to its success, the program was made permanent later that year. In 2011, the HPD Mental Health Unit established the **Homeless Outreach Team (HOT)**, which is a proactive team of officers partnered with a licensed social worker. Together, they engage homeless individuals and provide them with links to various social services and opportunities for permanent housing. **Of the consumers of the program in 2014, police contacts were reduced by approximately 70% (law enforcement calls-for service) and emergency detentions were reduced by 50%.** Houston was one of six police departments nationwide to be selected by the Council of State Governments as a learning site for specialized responses for the mentally ill.

**Denver's Crisis Intervention Response Unit.** Denver's hybrid model, the Denver Crisis Intervention Response Unit, known as the co-responder program, pairs law enforcement and behavioral health specialists to intervene and respond to behavioral health-related calls for police service. These teams utilize the combined expertise of the officer and the behavioral health specialist to de-escalate situations and help link individuals with behavioral health issues to appropriate services. In this model, either 1) an officer and behavioral health specialist ride together in the same vehicle for an entire shift, or 2) an officer calls the behavioral health specialist to the scene, and they handle the call together. The co-responder team is assisted by **Denver's STAR, or Support Team Assisted Response** mobile van. The van serves a small part of the Denver downtown with a critical need for mental health responders. STAR takes behavior related calls to the next level, **not having a police officer respond at all to certain calls, similar to CAHOOTS.** The co-responder program started 8 years ago with 4 people and now has 25 co-responders. It is funded by Caring for Denver, the public health department and Medicaid. Only 2% of co responder calls result in an arrest or citation. The Denver STAR program is funded through an increase in sales tax that was the result of a ballot initiative. A case worker in every district helps individuals to access long term care services. Out of 150,000 of 911 calls in first five months of 2020, 15,000 were mental health calls.

**Bucks County** - And now in our own backyard, we have the Bucks County which, according to the Morning Call, just announced a two-year \$400,000 pilot program that will pair social workers with police during mental health-related incidents in Bensalem, the township with the county's largest police department. Social workers in the program will assist police officers in dealing with mental health, domestic violence and substance abuse calls, riding along with police in certain situations. County officials said the goal is to divert appropriate cases away from arrests and instead connect people with services such as housing programs, youth counseling and drug rehabilitation. After two years, data on the program will be studied to determine whether it is effective and should be expanded. Bucks is aimed at keeping people with mental illness out of the criminal justice system and reducing the amount of time police spend on service-related calls. The program has two trained social workers that are county employees and funded by the county. Bucks modeled their program after another local co-responder program in Dauphin County.

We look forward to developing a 911 response program that could prevent recidivism, save money and better serve all our residents in a safe and fiscally responsible way.

<sup>1</sup> Zgoba, KM., Reeves, R., Tamburello, A., DeBilio, A. (2020) Criminal Recidivism in Inmates with Mental Illness and Substance Use Disorders J Am Acad Psychiatry Law 48(2) online, 2020. DOI:10.29158/JAAPL.003913-20

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