

**NEW
ERA
OF
PUBLIC
SAFETY**

AN ADVOCACY TOOLKIT FOR FAIR, SAFE,
AND EFFECTIVE COMMUNITY POLICING



POLICE AND COMMUNITY RESPONSES TO CRISES

**Health professionals – not
police officers – should
respond when people
with mental health and
developmental disabilities
or with substance use
disorders are in crisis.**

Police officers are increasingly the primary or only response to people with unmet mental health needs or those in crisis. Calls about people in mental health crises make up a significant percentage of calls for police service. Police encounters with people who are or are perceived to be in a mental health or other crises too often involve excessive or lethal force. It is therefore critical that society adopts a public health approach and prioritizes meeting the mental health and other basic needs of community members to avoid conditions that can precipitate actual or perceived mental health crises.

Additionally, police officers can mistake some people's failure to respond as noncompliance when, in fact, it is the result of a mental health or developmental disability, or other disability that interferes with the officer's ability to communicate effectively with the person. This can lead to unnecessary, inappropriate, or excessive force.

Key Challenges

Escalation:

The presence of armed police officers issuing orders can escalate a crisis, such as those relating to unmet mental health needs, developmental disabilities, or substance use disorders.

Lack of services:

Inadequate mental health, disability services, and prevention programs have left police officers as the primary response to people in health crises — and the only response in some communities.

Lack of appropriate guidance:

Many departments do not provide or effectively enforce policies or guidance on interacting with people who are in crisis, whether due to a mental health or developmental disability, or substance use disorder. Officers also lack the skills and trainings to communicate effectively with people who are Deaf or hard of hearing, or who have a disability that interferes with communication. This, in turn, can lead to incidents of excessive and lethal force.

Making Change

Strengthen community-based services.

Communities should have more options than calling the police and should strive for widely available preventive mental health services and nonpolice responses to crises. Police officers are not trained to, and should not be responsible for, responding to people in a mental health or other crisis. State and local officials should create adequate community-based services, such as crisis hotlines, walk-in centers, mobile crisis teams, peer crisis support services, and crisis stabilization units to meet the needs of people in mental health, substance use, or other crises. Communities should also implement harm-reduction models for interacting with people with substance use disorders that support diversion programs rather than involvement in the criminal justice system.

Provide basic crisis response training to all officers.

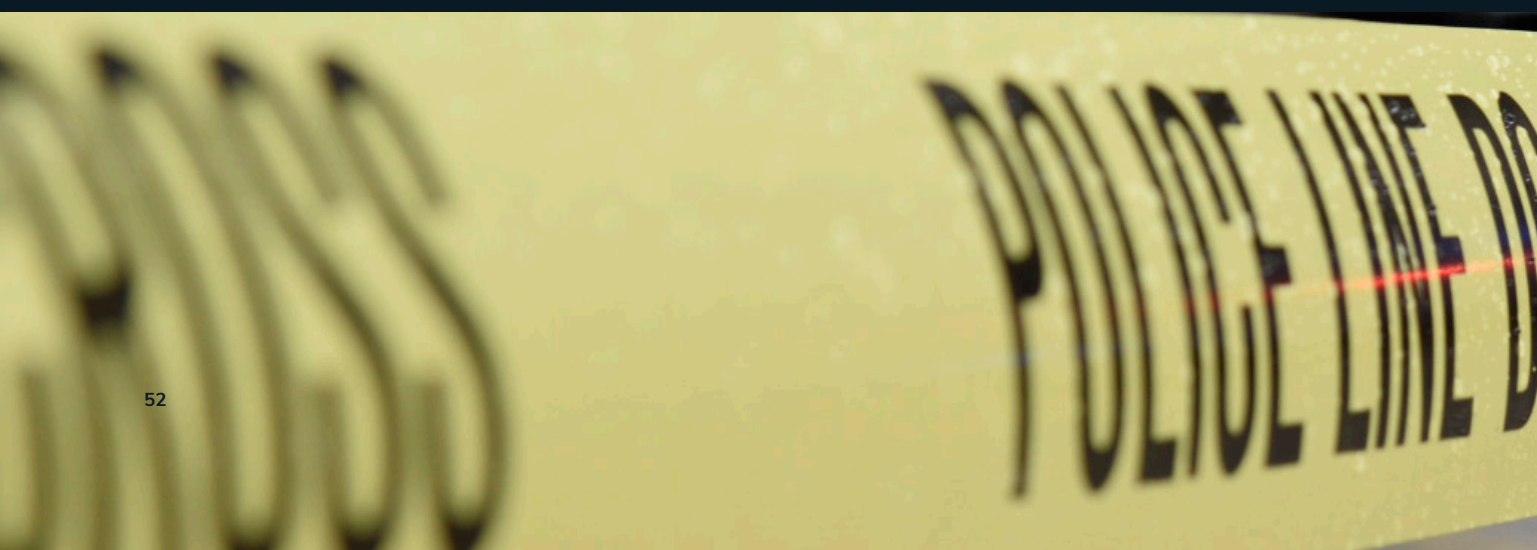
All officers should receive basic training in crisis response. Even where there are sufficient community-based services, they will encounter people in crisis at some point in their work and must be trained to respond properly.

Reallocate resources to preventive care.

Ideally, resources currently devoted to police responses to people in mental health or other crises should be reallocated to provide accessible, comprehensive, and culturally sensitive community-based care.

Activate trained mental health professionals.

Trained mental health professionals, social workers, and community members should be the first line of response when someone is in a mental health crisis. Emergency service dispatchers should be trained to identify calls involving people in crisis.



Provide 24-hour coverage.

Mental health professionals and officers trained in crisis response techniques and/or on crisis intervention teams (CITs) should be funded and available 24 hours a day.

Establish detailed policies and procedures.

Departments should implement and effectively enforce specific policies outlining procedures for how to interact with people with mental health or developmental disabilities. People from the disability community should participate in developing policies and delivering trainings.

Policies should provide for independent, certified interpreters who speak the specific sign language in which the person communicates. Law enforcement officers should never serve as interpreters for a person who is Deaf or hard of hearing during questioning or interrogations.

Pair officers with mental health and developmental disability experts to respond to crises.

All departments should work in tandem with mental health and other professionals to develop crisis response approaches and a network of appropriate health services to direct people in crises to. Some departments may have CITs staffed by officers who receive specialized, intensive training. Others use a “co-responder” model, in which officers are paired with trained mental health professionals.

Collect and publish data.

Departments should track calls for service and department responses to people in crisis. They should conduct regular assessments to determine the effectiveness of response efforts and to advocate for more community-based services.

How to Advocate for Change

Pressure your local department.

Demand that your local police department adopt and effectively enforce clear policies for interacting with:

- People in mental health or other crises, disability rights advocates, and public health experts. These policies should prioritize responses by trained mental health professionals, emphasize de-escalation, and prioritize the wellbeing of people whose mental health needs are not being met.
- People with developmental or physical disabilities, or who are under the influence of drugs or alcohol, in consultation with disability rights advocates.

Reallocate resources.

Insist that your legislators and policymakers allocate sufficient funds to support community-based services such as: 24-hour mental health crisis response teams, preventive mental health services, mobile crisis units, walk-in centers, mobile crisis teams, peer crisis support services, and crisis stabilization units.

Talking Points

Officers are not social workers.

Police officers are not equipped with the necessary skills or appropriate tools to respond to people in mental health, substance use, or related crises. Relying on officers to serve in this role sometimes has lethal consequences.

Alternative responses make everyone safer.

Relying exclusively on police officers to respond to people in crisis jeopardizes the safety of individuals, families, and communities — and police officers themselves. Alternate response models make everyone safer.

Departments must comply with the Americans with Disabilities Act.

To comply with the Americans with Disabilities Act, as well as state and local civil rights laws, departments must adopt policies that give officers clear guidance on how to interact with people with physical, mental health, or developmental disabilities.

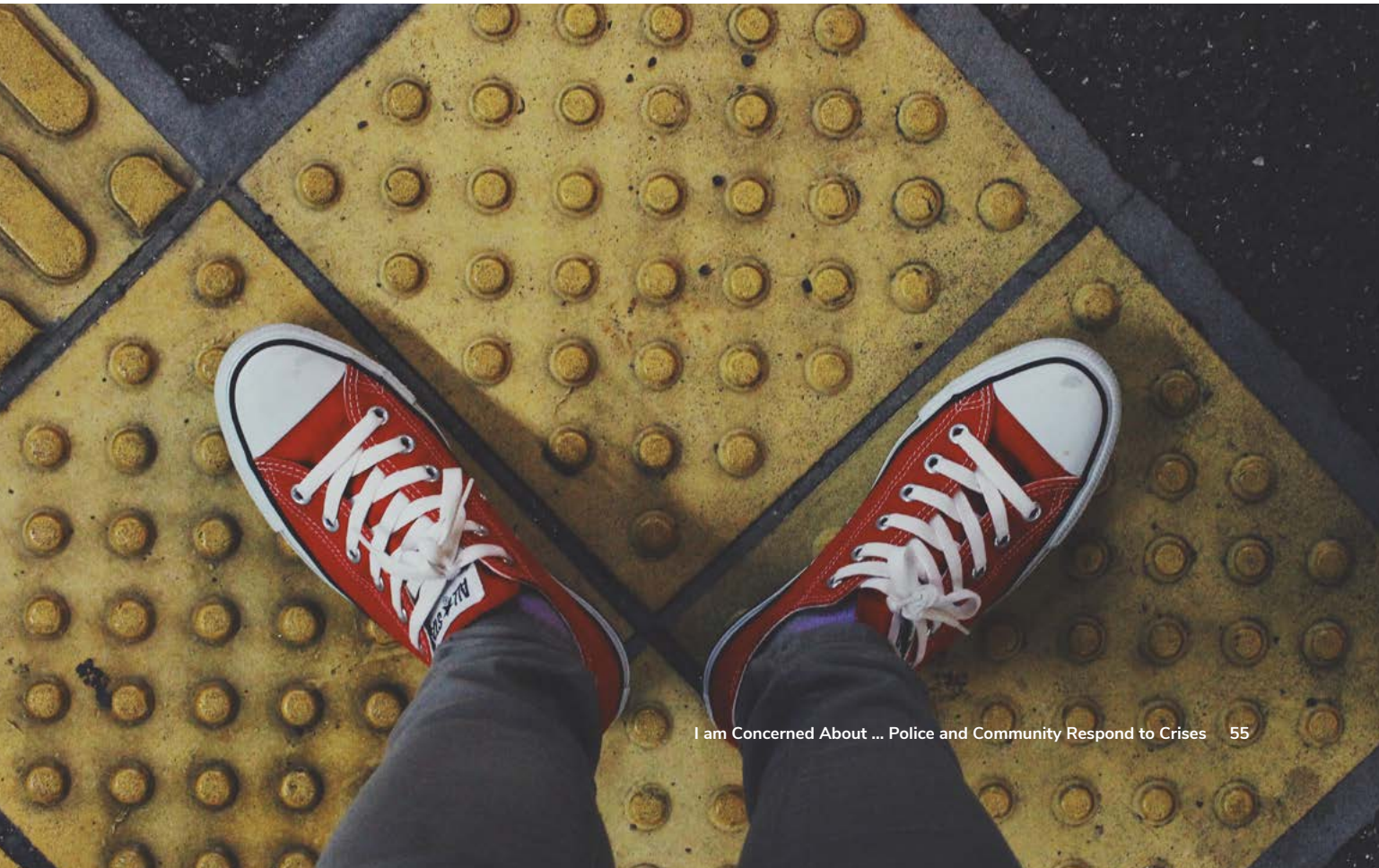
Overcoming Opposition

The Opposition:

“Police officers enforce the law. When people with mental health or developmental disabilities break the law or act dangerously and erratically, police officers must restore order and protect themselves and the community.”

Overcoming the Opposition:

“Relying on police officers as the first — and often only — responders to a scene involving someone who is or is perceived to be in mental health or other crisis puts everyone in danger. It puts officers in a difficult position; they have limited tools and skills to respond but are sometimes required to do so, particularly in areas where no other social services exist. And it deprives people in crisis of care they need. Trained mental health professionals and crisis response specialists are ideal first responders; these professionals make everyone safer and help ensure that community members’ needs are effectively met.”





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