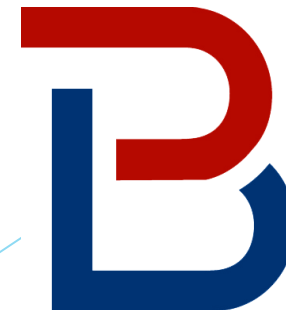


About the Bazelon Center for Mental Health Law

- ▶ Mission: To protect and advance the civil rights of adults and children with mental health and developmental disabilities.
- ▶ We are a national non-profit established in 1972.
- ▶ We were pivotal in expanding the civil rights movement to include fighting discrimination against, and segregation of, people with mental disabilities.
- ▶ The Center was instrumental in the passage of the Americans with Disabilities Act (ADA).
- ▶ <https://www.bazelon.org/>



Topics to be covered:

1. Dispatching Mental Health Responses to Mental Health Calls
2. Mental Health Response Programs: Effectiveness and Examples
3. Harms Associated with Unnecessary Police Response to Mental Health Emergencies

Sending Health Responses to Health Calls



Legal Framework

- ▶ The Americans with Disabilities Act and the Rehabilitation Act prohibit jurisdictions from excluding people with disabilities from participation in or denying them the benefits of public services, programs, or activities, or otherwise subjecting them to discrimination.
- ▶ Sending police to respond to 911 calls for mental health emergencies while sending medical personnel to other medical emergencies is, in many situations, straightforward discrimination against residents with mental health disabilities.
- ▶ These laws also include affirmative obligations to ensure an equal opportunity to benefit from emergency response services and to provide reasonable modifications or accommodations.

U.S. Department of Justice

- ▶ **Louisville, KY** (March 2023)
 - ▶ [U.S. Justice Dept. Findings in Louisville, KY](#)
- ▶ **Minneapolis, MN** (June 2023)
 - ▶ [U.S. Justice Dept. Findings in Minneapolis, MN](#)
- ▶ **Washington, DC** (Feb. 2024)
 - ▶ [U.S. Justice Dept. Statement of Interest in Washington, DC](#)
- ▶ **Phoenix, AZ** (June 2024)
 - ▶ [U.S. Justice Dept. Findings in Phoenix, AZ](#)
- ▶ **Memphis, TN** (Dec. 2024)
 - ▶ [U.S. Justice Dept. Findings in Memphis, TN](#)
- ▶ **Oklahoma City, OK** (Jan. 2025)
 - ▶ [U.S. Justice Dept. Findings in Oklahoma City, OK](#)

Dispatching Mental Health Responders to Mental Health Calls Is Safer & More Effective

- ▶ Reduces hospitalization rates and lengths of stay
- ▶ Reduces frequency and intensity of future crises
- ▶ Reduces criminal system involvement
- ▶ Promotes participation in community services

U.S. Dept. of Justice and U.S. Dept. of Health & Human Services, Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities (2023).

SAMHSA, Peer Support Services in Crisis Care (2022).

SAMHSA, National Behavioral Health Crisis Care Guidance (2025).

Mental Health America, Evidence for Peer Support (2019).

Bazelon Center, Diversion to What? Evidence-Based Mental Health Services That Prevent Needless Incarceration (2019).

Systems that Provide Alternative Responses See Significant Cost Savings

When communities use police to respond to mental health emergencies, taxpayer costs are significantly higher than when mental health crisis response services are used.

- A [2022 Stanford University study](#) found that the cost of dispatching mental health workers in Denver, Colorado was **much less** than the cost of dispatching the police
- A [2020 report](#) showed that the mental health crisis response program in Eugene, Oregon **saved the city \$8.5 million** in public safety costs **and \$14 million** in ambulance and emergency room costs **annually**
- [Additional studies](#) have found that peer crisis services are **far less costly** than inpatient or emergency department crisis services.

Mental Health Response Programs: Effectiveness and Examples

What Makes for an Effective Crisis Response System?

- ▶ Timeliness
- ▶ Availability 24/7
- ▶ Voluntariness
- ▶ Accessibility
- ▶ Leadership of Persons with Lived Experience
- ▶ Trauma-Informed Approaches
- ▶ Cultural Responsiveness
- ▶ Experience with Co-Occurring Conditions
- ▶ Alternative Responders
- ▶ Effective Linkages
- ▶ Effective Planning
- ▶ Positive Outcomes

For additional detail, visit:

Bazon Center, [When There's a Crisis, Call a Peer: How People with Lived Experience Make Mental Health Crisis Services More Effective](#) (2024), pp. 11-18.

Mental Health Crisis Care Is Not a Three-Legged Stool

The federal government refers to the need for communities to provide three aspects or categories of crisis services—somewhere to call, someone to come, and somewhere to go.

This suggests that all three are equally important to individuals who may want and need such help, and to the systems that serve them.

Not true.

Bazelon Center, [When There's a Crisis, Call a Peer: How People with Lived Experience Make Mental Health Crisis Services More Effective](#) (2024), pp. 25-45.

Not a Three-Legged Stool Because:

- ▶ When call centers are staffed by people with behavioral health expertise, many calls or texts can be resolved over the phone. Example: [Houston, TX Crisis Call Diversion Program](#) diverted 62% of calls in 2024.
- ▶ When people with specialized training, including peers, serve on mobile response teams, upwards of **70%** of responses can be [resolved in the field](#).
- ▶ In only a small number of crisis calls does an individual need to be transported somewhere for stabilization and, in most cases, return to the community.

For examples of peer-led crisis services, visit:

Bazon Center, [When There's a Crisis, Call a Peer: How People with Lived Experience Make Mental Health Crisis Services More Effective](#) (2024), pp. 25-45.

Not a Three-Legged Stool Therefore:

Before investing in large numbers of psychiatric stabilization “beds,” communities should consider how to divert more calls, and resources, to trained mental health staff, including peer support workers, to try to improve call response resolution through virtual means.

Communities should ensure that there are enough mental health mobile response teams to respond timely to every call for help they receive.

Only after making investments in having more, and more effective, hotlines and warmlines and mobile responders can we make adequate estimates about the needed capacity for “somewhere to go.”

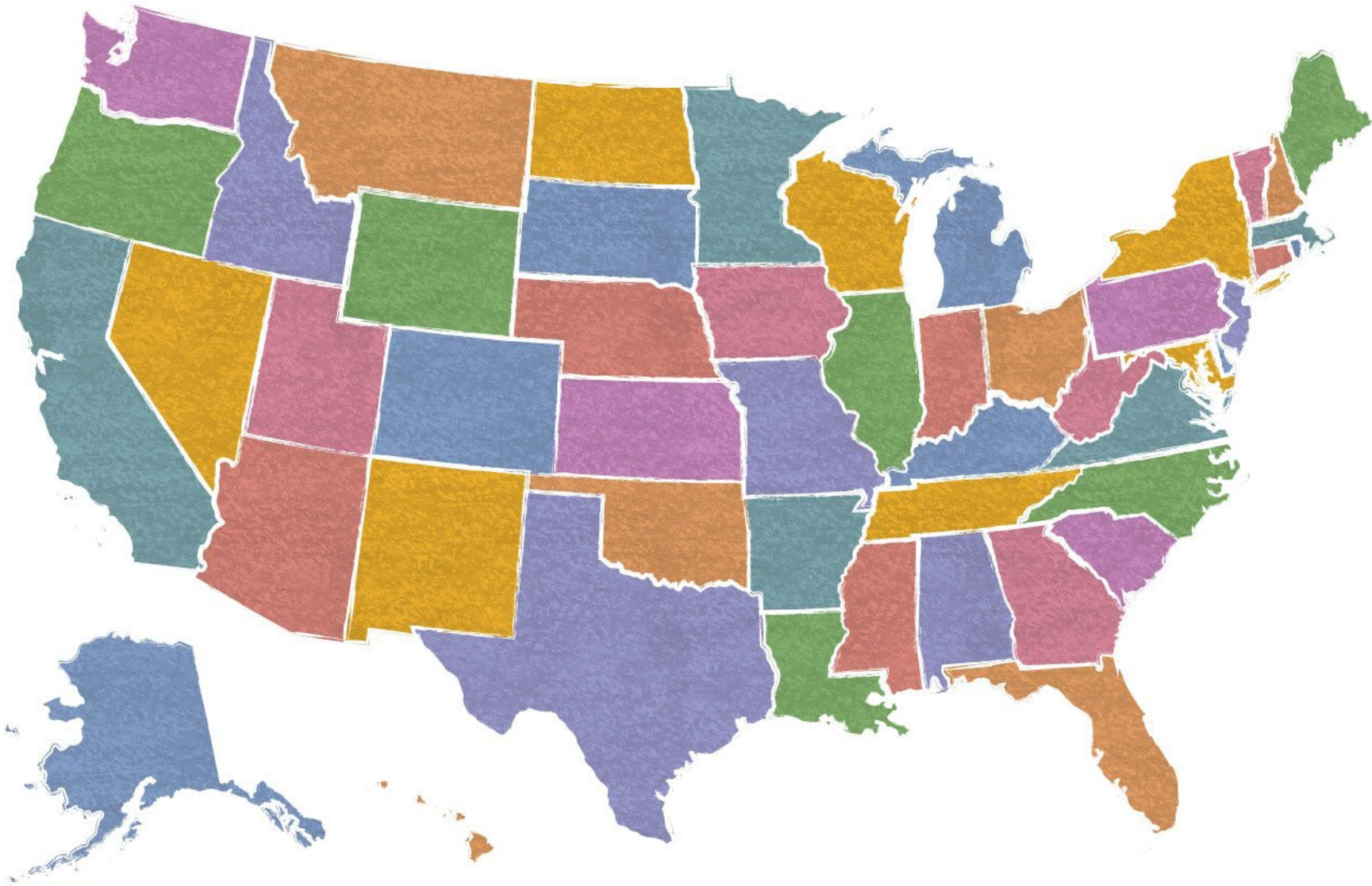
What Makes Peers So Effective?

- ✓ Credible messengers
- ✓ Culturally responsive
- ✓ Trauma-informed
- ✓ Focus on recovery
- ✓ Cost-effective

Bazon Center, [When There's a Crisis, Call a Peer: How People with Lived Experience Make Mental Health Crisis Services More Effective \(2024\)](#).

SAMHSA, [National Model Standards for Peer Support Certification \(2023\)](#).

Community Examples Nationwide



Examples of Communities that Have Piloted and Scaled Up Alternative Responses

- ▶ **Albuquerque, NM:** Albuquerque Community Safety
- ▶ **Denver, CO:** STAR (Support Team Assisted Response) Program
- ▶ **Madison, WI:** CARES (Community Alternative Response Emergency Services)

Additional Examples of Alternative Response Programs

Programs that send unarmed teams to 911 calls that would otherwise receive a police response:

- ▶ [St. Petersburg, FL](#)
- ▶ [Durham, NC](#)
- ▶ [Albany County, NY](#)

Programs that pair mental health responders with EMTs:

- ▶ [Atlanta, GA](#)
- ▶ [Eugene-Springfield, OR](#)

And more:

- ▶ Congressional Research Service, [Issues in Law Enforcement Reform: Responding to Mental Health Crises](#) (2022).

Harms Associated with Unnecessary Police Response to Mental Health Emergencies

- Physical harm & death
- Unnecessary arrest & incarceration
- Trained to respond as police officers
- Less likely to link to resources that can help avoid mental health crises in the future

Physical Harm and Death

- ▶ People with disabilities may account for **30-50%** of incidents of police use of force
- ▶ People in need of mental health support are **25-50%** of the people shot and killed by law enforcement, according to SAMHSA
- ▶ Black Americans are **over 3 times as likely** as white Americans to be killed by law enforcement

Many of these dangerous encounters begin with a call for help

U.S. Dept. of Justice and U.S. Dept. of Health & Human Services, [Guidance for Emergency Responses to People with Behavioral Health or Other Disabilities](#) (2023).

SAMHSA, [National Behavioral Health Crisis Care Guidance](#) (2025).

Harvard T.H. Chan School of Public Health, [Mapping fatal police violence across U.S. metropolitan areas: Overall rates and racial/ethnic inequities, 2013-2017](#), PLOS ONE 15(6)

Unnecessary Arrest and Incarceration

- ▶ People with serious mental illness comprise 4-5% of the U.S. population, and **20% of the jail population**
- ▶ Jail systems are now among the **largest providers of mental health care** in the United States
- ▶ Once in jail, people with serious mental illness can remain incarcerated **twice as long or longer** as others and most **don't receive mental health treatment**
- ▶ Upon release with a criminal record, people are more likely to be **unemployed**, **homeless**, and **rearrested**

The Limitations of Co-Response

- ▶ There is **little concrete evidence** that co-response models reduce the risk of harm, arrest, or use of more expensive resources.
- ▶ Dispatching police **reinforces stigma and inaccurate perceptions.**
- ▶ Co-responder models assume that most mental health-related calls pose a high safety risk, but **this assumption is not borne out** in communities that implement unarmed teams.
- ▶ When crisis care involves loss of freedom, noisy and crowded environments, and/or use of force, it can **re-traumatize people at the worst possible time.** This can lead to worsened symptoms and genuine reluctance to seek help in the future.

The Limitations of Police Training

Studies of CIT (Crisis Intervention Training) results have found:

- No net effect on arrest outcomes
- No net effect on officer user of force
- No significant positive impacts on police encounters with people with behavioral health disabilities

One study of CIT-trained officers in Chicago showed a marginal **increase in use of force** by CIT-trained officers over their non-CIT counterparts.

Sema A. Taheri, [Do Crisis Intervention Teams Reduce Arrests and Improve Officer Safety? A Systematic Review and Meta-Analysis](#), 27 CRIM. JUSTICE POL'Y REV. 76, 90 (2016).

Melissa S. Morabito et al., [Crisis Intervention Teams and People With Mental Illness: Exploring the Factors That Influence the Use of Force](#), 58 CRIME & DELINQ. 57, 58 (2012).

The Benefits of Sending Mental Health Responses to Mental Health Calls

Mental health responders are able to:

- ✓ Deescalate mental health crises
- ✓ Provide immediate help that resolves most situations
- ✓ Help people remain in their housing and receive needed care
- ✓ Successfully link people to resources that can help address their mental health needs and avoid crises in the future

SAMHSA, [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit \(2020\)](#).
Bazon Center, [Diversion to What? Evidence-Based Mental Health Services That Prevent Needless Incarceration \(2019\)](#).

Questions? Contact:

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