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Philadelphia College of Osteopathic Medicine
Graduate Program in Biomedical Sciences
School of Health Sciences

Alternative Response to Mental Health- Related 911 Calls

A Capstone in Public and Population Health Leadership by Nayo Macauley
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ABSTRACT

Over the last 3 decades, efforts to improve interactions between law enforcement and mentally ill individuals has resulted in several training programs for police officers with the goal of reducing the risk of violent altercations and incarceration and instead, seeking to connect this population to the resources they need. Despite widespread mental health training for police officers, people suffering from mental illness were found to be 16 times more likely to be met with excessive force resulting in injury or death when police officers responded to a 911 call. The review will investigate the largest mental health training program called the Crisis Intervention Team (CIT) and discuss its goals, utilization, and explore where there may be room for improvement. There is a substantial amount of literature discussing the effectiveness and revision of CIT but not a lot of literature about alternatives to police response to mental health-related 911 calls. This review will feature recent altercations to showcase the struggles that officers have in de-escalating these situations thus, making the discourse surrounding alternative programs that avoid the presence of law enforcement when dealing with such calls, a necessary one. Lastly, the review will highlight current legislative conversations occurring to fund these programs that aim to employ social workers and mental health professionals as first-responders to mental health crisis-related calls.

INTRODUCTION

The topic of police reform in the United States has garnered the attention of mass media dating back to 1991 when outrage ensued following the release of a video documenting LAPD officers brutally beating 26-year-old Rodney King (1). After violent protests in Los Angeles ceased, the discussion about the militarization of police and addressing racial biases within the force were brought to the forefront and remains at the center of political discourse today. In the last decade, access to video footage, body cameras, and social media have made more people aware about the devastating results of police who abuse their position and violate their oath to protect our citizens. The conversation is nuanced especially when considering that the majority of police officers desire to simply make communities feel safer and are often willing to put themselves in danger to do so. A study featured in the Criminal Justice Journal (2) reveals that in response to several questionnaires, majority of police officers applied for the job for altruistic reasons. However, the issue remains that there are vulnerable populations that fall victim to the lack of policy protection and loose policing regulation. One aspect of this problem is about police use of lethal force on mentally ill individuals which has public health implications for how this nation responds and takes care of this population when one of them enters a crisis episode.

According to the Journal of Preventative Medicine, researchers found that 20-50% of deaths by lethal force of law enforcement involved individuals with mental illness (3). Even when fatality is avoided, incarceration is common amongst this population and prisons have become the largest institution to house persons with mental

illness (4). Efforts to mitigate violent interactions between law enforcement and those suffering from a mental health crisis have resulted in programs being put into place such as the Crisis Intervention Team (CIT) (5). After 3 decades of its inception, however, individuals suffering from severe mental illness (SMI) were found to be at a much higher risk of violent encounters with police officers and likelihood of incarceration than those without SMI according to a study by the Treatment Advocacy Center (6) . The review will start by evaluating the innerworkings of the CIT and identify areas of the program that may be contributing to the dire outcomes of interactions between police officers and SMI. The overall purpose of the review is to suggest practical solutions that expands discourse and legislation from merely training police offers to including the involvement of social workers and mental health workers when responding to a mental crisis situations.

BACKGROUND

The Crisis Intervention Team (CIT)

In 1988, an officer from the Memphis police department was responsible for a fatal shooting while attempting to arrest an individual who was under the influence and identified as a person with mental illness (4). In response to the controversy that ensued, law enforcement collaborated with the National Alliance on Mental Illness (NAMI) to develop a training program that would equip police officers with skills in de-escalating a mental health crisis response (4). Since its inception, about 2,700 police departments across the nation have adopted CIT as an option for their police officers (7). The organization provides 40 hours of additional training to police officers so they can better know how to de-escalate situations when being called to interact with someone with SMI (5). Police departments operating with CIT also seek to connect individuals with mental health services, social workers, and medical professionals as a diversion from incarceration (8 NAMI).

A study found that CIT has been effective in increasing the chance that an encounter with persons with SMI resulted in diverting the individual from jail to mental health services, however, not much change was observed in excessive force used by officers (9). Although mental health training programs such as CIT are being utilized by police departments, there continues to be devastating results when police have responded to a mental health crisis. The Washington Post started a database in 2015 documenting every fatal shooting by on-duty police officers. The data presents that since 2015, about 23% of the 6,100 deaths counted, have been persons with mental illness (10). These

numbers only account for fatalities due to gunshot wounds and do not include the deaths of persons with SMI attributed to excessive force resulting in asphyxiation or other injuries.

Name	Date/ Location of Incident	Mental Illness Status	911 call Incident	Cause of Death/ Severe Injury
¹¹ Daniel Prude	March 23, 2020 Rochester, New York	Excited delirium due to PCP intoxication	Prude's brother called 911 for help in restraining Prude after he ran from his brother's home and was wandering the streets unclothed.	In an attempt to subdue Prude, an officer used his bodyweight and hands to press Prude's face into the pavement for about 3 minutes.
¹² Angelo Quinto	December 23, 2020. Antioch, California	Anxiety, Depression	Quinto's sister called 911 for help in deescalating his state of paranoia. Family claims that Quinto was in his mother's arms beginning to calm down before officers arrived.	Police officer knelt on Quinto's neck for several minutes until he lost consciousness. He was pronounced dead 3 days later at a hospital due to asphyxia
¹³ Linden Cameron	September 4, 2020. Salt Lake City, Utah	Asperger's Syndrome	Cameron's mother called 911 while he was suffering from a mental breakdown.	Linden Cameron suffered from 11 gunshot wounds after the police responded to the call and fired shots at him while he ran away unarmed. Cameron is now recovering with a paralyzed arm and several internal organ injuries.

Table.1 Recent Case Studies.

Three cases within the last year in which mental health-related 911 calls made by family members resulted in severe injury or fatality.

¹¹ Gold, M., & Closson, T. (2020, October 8). *What We Know About Daniel Prude's Case and Death*. The New York Times.

¹²Elfrink, T. (2020, September 8). *'He's a SMALL Child': Utah police shot a 13-year-old boy with autism after his mother called 911 for help*. The Washington Post.

¹³Elfrink, T. (2021, February 22). *Navy veteran in mental crisis died after police knelt on his neck for nearly five minutes, his family says*. The Washington Post.

A Case for Alternative Responses to Mental Health Calls

In Table.1, three recent cases which garnered media attention over the last year are featured. All of these devastating stories can lead one to ponder about the moments leading up to these altercations and think about all of the other possibilities that could have occurred to prevent such tragic events. It is worth noting that in all three of these cases, a concerned family member is who was responsible for calling police to the scene(11,12,13). By virtue of their relationship to the victim, it is reasonable to assume that their intent was not to make a potentially fatal phone call but to receive help in ensuring their own and their family member's safety.

In the case of 13-year-old Linden Cameron, for example, his mother Golda Brown reports in a lawsuit against the Salt Lake City, Utah Police Department, that she expressed to dispatch that her autistic son was afraid of police and specifically requested a crisis intervention training team member to respond (12). Utah is one of 11 states to have CIT as a statewide program since 2008 and Brown felt that a CIT officer would have better results in de-escalating the situation with her son versus a non-CIT officer (14). The identity of the officer who shot Cameron multiple times has not been revealed thus it is not known if he was a CIT member or not. According to the body cam footage and eyewitness accounts, however, protocol was not followed as taught by crisis intervention staff in responding to a mental health crisis (12).

Linden's misfortune brings to light the first pitfall of CIT worth discussing. While studies have shown that CIT members tend to have decreased stigma about mental health and higher rates of jail diversion, the program itself is voluntary for officers (5,6). With 11 states now implementing CIT across their police departments, only those who choose

to go through the 40- hour training will be better equipped to handle a mental health crisis- not the entire force. This means that even with the availability of CIT in Utah, there is no guarantee that a call, like the one made by Linden Cameron's mother, would garner a response from a group of law enforcement that have been prepared to handle an unarmed, teenage boy with Asperger's syndrome without use of lethal force. One must wonder if the incident would have ended less violently if Brown's call for help for her son would have been redirected to a mental health professional or social worker.

CIT has grown rapidly since its inception in 1988. According to National Alliance on Mental Illness, the number of police departments operating with CIT has grown from 400 to 2700 from 2008 to 2019, respectively (8). However, the number of police agencies in the US is about 17,985 which accounts for about 15% of departments (15). This brings into question; what training programs are in place for those without CIT? Rochester, New York and Antioch, California are two police agencies that are a part of the majority of police departments without CIT and are also two cities recently in the news for the deaths of mentally compromised individuals at the hands of the police (11,13) Daniel Prude's brother stated that when he made the phone call to 911, he felt that it could potentially be a death sentence for his 41-year-old brother due to his distrust of the Rochester police. But his concern for his brother's well-being as well as others led him to make the call anyway (11). Unfortunately, his fears were confirmed when within minutes of police officers subduing Prude, he had lost consciousness and would never recover.

Similarly, in Antioch California, Angelo Quinto's sister Isabella Collins called police with the hopes of receiving emergency medical care to help her brother out of an episode of paranoia (13). There was no additional training provided by the Antioch Police

Department to police officers at the time of Quinto's death (16). According to witnesses, Quinto was no longer resisting arrest and his legs were shackled when an officer continued to press their knee on the back of Quinto's neck (13). No medical personnel came into contact with the Navy veteran except after he had lost consciousness (13). Even if the Antioch Police Department had a program like CIT in place, as previously mentioned, there is no guarantee that the officers responding to the Quinto home would have elected to go through the 40-hour training voluntarily.

Current methods to train police officers in handling mental health cases are still resulting in higher rates of fatal interactions or incarceration (4). The CIT has seen successful results in diverting some of these results, however, the program is not spreading quickly enough to mitigate these statistics. Due to the voluntary nature of the training, it does not ensure that all responding officers will be able to deescalate a mental health crisis as was seen in the case of Linden Camron in Salt Lake City, Utah. In addition, studies show that CIT trained officers did not show a difference in the use of excessive force when addressing mental health-related calls (9). Alternatives must be explored to better equip first responders/ law enforcement in dealing with the disease that is mental illness. Some of these alternatives will be discussed in the following section.

Alternative Interventions- CAHOOTS

One of the first initiatives to develop an alternative response for mental health-related calls was created in 1989 in Eugene, Oregon with a program called CAHOOTS (Crisis Assistance Helping Out On The Streets) (17). The Eugene Police Department partnered with the White Bird Clinic to mitigate dire interactions between police and the mentally ill, substance addicted, and homeless populations. CAHOOTS provides a 24-

hour response team of usually two people: a crisis intervention worker and an EMT or a nurse (17). The police in Eugene, Oregon typically dispatch the team to respond to calls that are non-criminal in nature freeing up law enforcement to solely focus on crime. The dispatchers are trained to be able to decipher what constitutes a non-criminal emergency versus a situation that would need police presence (17). Since its inception, the city has avoided the over-response from police that is seen in other cities across the nation.

According to data provided by the White Bird Clinic, in 2019, out of the 24,000 calls made to CAHOOTS, only 150 required law enforcement intervention. In 2017, CAHOOTS responded to 17% of all Eugene police department calls saving the city about \$12 million that year (18) *See Figure. 1*. This alternative response program is an example of how the strategic avoidance of police interaction with the mentally ill or individuals under the influence, not only benefits vulnerable populations but also makes economic and logistical sense.

The success of CAHOOTS has influenced many other cities to implement similar programs (7). In 2020, the Denver City Council launched a program called Support Team Assisted Response (STAR) which was modeled after CAHOOTS in Eugene, Oregon (19). The 6-month trial period ran from June to December of 2020 in which mental health calls were redirected to a team of social workers and paramedics who responded to these calls (19). In total, 750 mental health- related calls

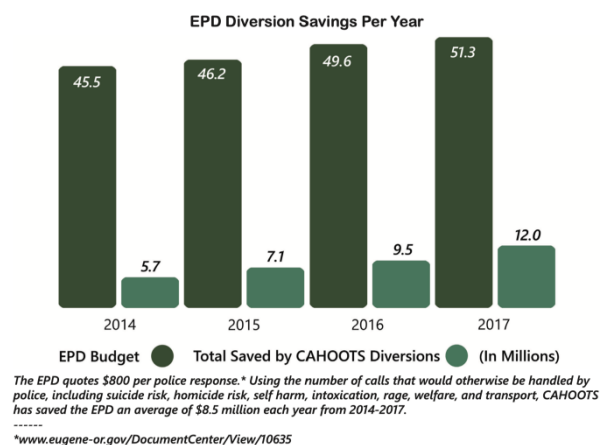


Figure. 1 Eugene Police Department Diversion Saving per Year

were forwarded to the STAR team in the downtown, Denver area and 0 required the additional presence of law enforcement. Not one call led to an arrest, violent altercation, or incarceration (19). The STAR program did implement protocol for the team of social workers and paramedics to request for police back up if necessary, but during the trial period, they managed not to use such methods safely. Chris Richardson, a social worker for the Mental Health Center of Denver, states that he believes the program will continue to be well supported by the progressive community and that more people will advocate for options that do not involve law enforcement response (19).

The Rochester Police Department is also beginning to implement some changes. Prior to Daniel Prude's death, police officers in the Rochester Police Department (RPD) were not provided any additional training for mental health crisis response calls (20). Six months after Prude's death, RPD created a division called the New Crisis Intervention Services Office in September of 2020. The office has been given the task to intervention of law enforcement. Out of this new initiative, in January of this year, a 180-day pilot program was implemented called the Person in Crisis (PIC) Team (20). PIC will provide a mental health response team to behavioral health incidents comprising of social workers and mental health counselors to 911 or 211 calls involving mental health or substance abuse issues (20). The program is expected to end in June and will be assessed for its effectiveness. Lastly, the mayor of Rochester, Lovely Warren, along with lawmakers, activists, and mental health professionals, have proposed a bill called Daniel's Law which if passed, will change New York's public health policy to create a mental health response team comprised of mental health professionals and social workers (20).

Lastly, In Antioch, California, six months after the tragic death of Angelo Quinto, the police department has made CIT available for their force as of March 2021 (16). Newly elected mayor, Lamar Thorpe, proposed a plan to provide a mental health crisis response team modeled after CAHOOTS in Eugene, Oregon in December of 2020 and has since hired a consultant has been hired to implement this new program and the city council has also agreed to pay for body cameras for the police department (16).

How Alternatives can be Implemented

As demonstrated by the cities mentioned in the previous section, initiatives to implement alternatives to police response for mental illness-related 911 calls starts at the local level. The most recent movements towards a mental health response task force has been mainly pushed by newly elected mayors. Programs like CAHOOT are being funded by the city government (18). In the case of Daniel's Law, support from government officials can elevate the bill to make a statewide mandate for the development of mental health crisis response team. The bill is expected to be voted upon in June of 2021 and if passed, will result in the first statewide program that does not initially send police officers for 911 calls involving mental illness or substance abuse as was the case for Daniel Prude (21). Police reform is increasingly becoming a priority in the highest office of our nation following the protests and outrage displayed by the world after a 9 minute, 29 second video documented the killing of George Floyd under the knee of former officer, Derek Chauvin. President Joseph Biden is currently advocating for Congress to pass the George Floyd Justice in Policing Act which will be the first of its kind to keep police accountable and transparent nationwide (22). While the bill does not specifically mention the replacement of officers to handle non-violent, mental health situations, it

does mandate a reallocation of funds to invest in more community-based interventions which could result in the development and funding of programs like CAHOOTS and STAR all over the country (22).

RESEARCH STRATEGIES

A literature review was conducted to find studies about the current methods used to train police officers and its effectiveness. Other academic databases were used such as PubMed, Google Scholar, and EBSCO Information Services. The researcher also accessed websites of multiple police departments and gathered information for the presentation of case studies from Washington Post articles. Information was also gathered organization websites such as the Crisis Intervention Training site and the National Alliance on Mental Illness for the gathering of statistics. Lastly, government databases and websites were used to document current legislation for the development of mental health response teams.

DISCUSSION

Police officers have a highly stressful, difficult job to do. They are often placed in high-risk situations that forces them to make difficult decisions in a short amount of time in order to protect themselves and others. Furthermore, they are not directly responsible for the policy making that goes into what they can do while on the job and what constitutes excessive force (2). Training officers to safely engage with severely mentally ill individuals, while beneficial, may not ever be enough to safely mitigate a crisis. Providing an additional task force that specializes in de-escalating 911 calls having to do with non-violent mental health illness crisis or altered mental state due to substance abuse, would help to alleviate police officers from constantly dealing with these issues. Police departments could then benefit financially and relieve officers to accomplish what they were hired to do which is to fight and prevent crime in their efforts to protect and serve American citizens.

From a public health standpoint, subjecting mentally ill persons in crises to incarceration or the risk of severe body injury or even death at the hands of law enforcement is not an efficient way to address this population when one of them enters into a state of delirium. Hopefully, with more exposure, research, and funding, programs like CAHOOT and STAR will become common practice as calls for police reform and police reprogramming are currently at the forefront of state and national legislation.

RECOMMENDATIONS FOR FUTURE STUDIES

Alternative programs such as CAHOOTS in Oregon and STAR in Denver Colorado have successfully assisted their respective departments finances by freeing up time for police officer to respond to crime and diverting individuals with mental illness, substance abuse, or homelessness to the services they need. However further studies should be done in more densely populated cities with larger police force such as Los Angeles, Chicago, and New York City. Pilot programs should be implemented in possibly smaller areas of these large cities. For example, a pilot program could be conducted within a certain mile radius in which dispatch forwards calls to a group of mental health professionals and social workers for a certain period of time. Afterwards, metrics will be used to assess how many of those forwarded calls resulted in the involvement of law enforcement which would be the measure of whether or not it was successful.

Further research could also be conducted to assess whether some alternative policing could help to avoid excessive and sometimes lethal force for other vulnerable populations such as African Americans. As previously mentioned, the Washington Post's database has documented every death by the hands of law enforcement when using a gun since 2015. They found that African Americans were disproportionately victims of such killings (10).

The recent death of 20- year -old Daunte Wright in Brooklyn Center, Minnesota has stirred conversations about the creation of a task force that allows for unarmed traffic authorities to respond to simple traffic violations. Wright was killed on April 11, 2021

after he was allegedly stopped by police for an expired registration tag and subsequently an outstanding warrant for marijuana possession (23). Former, 26-year veteran police officer, Kimberly Potter, claimed to have mistaken her gun for a taser and fired one shot to Wright's chest, killing him on the scene (23). Studies have shown that black Americans are more likely to be pulled over for minor traffic violations which sometimes end up fatal. As was the case for 32-year-old black man, Philando Castile in July of 2016. A few local government officials have begun to discuss the possibility of removing armed police from traffic stops in order to mitigate this bias. Berkeley, California is the first city council in the nation to pass a bill prompting the creation of an alternate group of unarmed city employees who will be tasked with responding to minor traffic infractions (24). The program has yet to be developed and further analysis of the future program's results would need to be evaluated for its success (24).

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