



Speaking at [a recent panel discussion on policing](#), Sacramento Police Chief Daniel Hahn noted that when a mental health crisis occurs, “People only call one number and that’s 911.” Although Sacramento police officers undergo mandatory crisis intervention training, Hahn expressed frustration that police are often left as the only option to respond to mental crisis calls.

Chief Hahn makes a critical point. Although many officers are capable of [managing mental health crises calls](#) skillfully, their presence is not always ideal. For instance, [a young child having suicidal thoughts](#) may become further agitated by the presence of an armed, uniformed police officer. For adults and kids alike, police presence may also contribute to the stigmatization of mental-health struggles. Not to mention that from the police’s perspective, [responding to mental health crises](#) is often an unwanted responsibility. But what would a non-policing response to a mental health call look like?

Some jurisdictions appear to be chipping away at over-reliance on police when it comes to mental-health. Although still relying on police for life-threatening emergencies, these places have implemented programs that either divert less-urgent mental health calls away from the police or provide police with interdisciplinary support from mental-health professionals.

Both tactics aim not only to free up police resources, but also to address the pressing public safety concern of providing individuals in crisis with the support and care they require.

NYC: ADDRESSING CRISES BEFORE THEY BECOME EMERGENCIES

New York City offers two non-police alternatives for [anyone experiencing a mental-health crisis](#) that requires “prompt attention” but is not “immediately life threatening.” (Those needing an immediate response to a life-threatening or potentially violent emergency are still instructed to call 911.)

One option NYC offers is to [receive a visit from a mobile crisis team](#) within 48 hours. A mobile crisis team is a group of nurses, social-workers, and psychiatrists that provides mental-health

services at a person's home. These teams can be requested by concerned family members, friends, and acquaintances, as well as individuals themselves. NYC has about [two dozen mobile crisis teams](#) to cover the Bronx, Brooklyn, Manhattan, and Queens.

Another option is to [receive immediate counseling](#) via phone, text, or online chat through the NYC Well program. NYC Well provides callers with free, confidential, 24/7 services including crisis-counseling, substance misuse support, and referrals.

TUCSON: A TEAM DEDICATED TO MENTAL HEALTH

The Pima County Sheriff's Department and Tucson Police Department have [paired up to develop the Mental Health Support Team](#), a group of specially trained officers and detectives whose [primary purpose is to respond to cases](#) that could involve a mental health concern, and if present, address the issue with an eye to both criminal justice and behavioral health. This unit is tasked with serving court orders to residents with a known mental illness, responding to mental health crises calls or [de-escalating situations](#) where individuals in distress are threatening self-harm.

As part of its broader efforts to address mental health response, the Tucson Police Department is also [aiming to train all its officers](#) to recognize the signs of mental health distress or substance abuse and has become a "learning site" for other law enforcement departments across the country. After this training was rolled out, the Tucson Police Department reported a significant drop in both use-of-force and officer-involved shootings.

Further, Tucson established a 24-hour Crisis Response Center (CRC) that [offers emergency psychiatric services](#) for adults and children. The center has a dedicated entrance for law enforcement and a streamlined admissions process that significantly reduces the amount of time officers spend at the facility. Before the CRC, officers could be [held out of service for hours](#) waiting with patients in overcrowded emergency rooms — a situation that may further agitate the individual experiencing a mental health distress. The CRC enables the officers to be in-and-out of the facility [in about ten minutes](#).

The combined efforts of the CRC and the Mental Health Support Team are saving taxpayers money as well by reducing the amount of time people with serious mental illness spend in jail.

LA'S "SMART" RESPONSE

In Los Angeles, any LAPD patrol officer responding to an incident where mental illness may be a factor must call the Mental Evaluation Unit (MEU) triage desk before getting involved. Started in 1992, the MEU is a joint effort of the LAPD and the Los Angeles County Department of Mental Health. If the triage desk determines a mental health crisis is occurring, a System-wide Mental Assessment Response Team, or SMART unit, is sent to the scene. A SMART unit will have both a plain clothes police officer and a mental health clinician, with the aim of [de-escalating encounters and getting treatment](#) for people in mental health crises.

By including clinicians, the co-response teams have access to medical records, which can provide important context and lead to better outcomes — like treatment instead of jail. In the event a call does result in arrest, SMART will track the person to [ensure the individual receives treatment](#) while in custody and will connect them to available services upon release. In announcing its decision to expand the SMART program in 2015, the mayor’s office noted that in 2014, SMART units had responded to more than 4,700 calls and [saved more than 6,600 hours](#) of patrol time for LAPD.

Many of SMART’s responses are one-off, but for more complex cases, the MEU launched the Case Assessment Management Program (CAMP). CAMP’s detective-clinician teams look for long-term solutions for individuals whose mental illness has led to repeat run-ins or violent encounters with emergency services. The work is difficult, but it is estimated that the detail saved the city and county [nearly \\$10 million in 2014](#).

RE-IMAGINING THE RESPONSE

These three programs represent different (but potentially complementary) approaches to addressing the high rate of interactions between police and people with mental illness — a not insignificant challenge, as studies suggest as many as [a quarter of people with mental illness](#) have been arrested.

At the Policing Project, we believe public safety must include addressing the social problems that traditional law enforcement alone cannot — but also that the burden of addressing chronic social problems must not fall solely on the shoulders of police. Conversations and reimaginings like those happenings in NYC, LA, and Tucson provide hopeful examples of cities and police departments that are willing to look beyond the familiar ways of doing things to address the real needs of their communities. Much remains to be done to truly reimagine public safety, but we’re excited to see the work begin.

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