

END POLICE VIOLENCE AGAINST BLACK PEOPLE WITH DISABILITIES

What States and Localities Must Do



A New Vision for Emergency Response



- **Ensure** that every community has each of the **necessary components of a community-based behavioral health crisis response system** that is a **meaningful alternative to a law enforcement response**. This includes **call centers** (reachable through 911, 988, or other hot- or warm-line numbers) that can resolve most calls for help, **mobile crisis teams** to respond quickly when needed, de-escalate situations, and connect people to services, and **places to go** in the community, where people can go for crisis resolution and stabilization.
- **Ensure the availability of alternative responders** to calls for help, including **mental health crisis teams** (which typically include a mental health clinician along with either a peer support worker or an EMT or both)¹ to handle the wide variety of calls involving people experiencing a crisis.
- **Ensure** that there is **sufficient availability of the key voluntary, community-based services** that reduce the occurrence of mental health crises, provide an effective response when they occur, and provide on-going treatment and support after the crisis is resolved. **These include Assertive Community Treatment (ACT), supported housing, supported employment, and peer support services**. The services should be **culturally responsive**, knowledgeable about the traumas Black people have experienced, and infused with a **trauma-informed** approach.

¹ One of the earliest examples of a mobile crisis team that is integrated with the 911 system is the CAHOOTS program. CAHOOTS is a mobile crisis intervention program, founded in 1989, that is a partnership between the Eugene and Springfield police departments and the White Bird Clinic, which operates programs serving low income and indigent clients. Although the two-person CAHOOTS mobile teams—including a crisis worker and emergency medical technician (EMT)—carry police radios and may be dispatched by either the police or 911 operators, the program's goal is to be a free, confidential alternative to a police response to calls for help. See Bazelon Center for Mental Health Law, *When There's a Crisis, Call a Peer: How People With Lived Experience Make Mental Health Crisis Services More Effective* (2024) <https://www.bazelon.org/wp-content/uploads/2024/01/Bazelon-When-Theres-a-Crisis-Call-A-Peer-full-01-03-24.pdf>.



Reforming Public Safety and Redirecting to Community-Based Services

- **Collect and analyze** data, **adopt policies**, and **provide training** to 911, 988, and police staff **about situations involving people with mental illness or those experiencing a crisis that can and should be handled entirely by the behavioral health system.**
- **Ensure** that law enforcement officers refer people with mental illness or experiencing a crisis whom they encounter while on duty to **appropriate community-based resources**, and arrange for transportation if needed.

Community Engagement

- **Conduct** public education campaigns to **inform people about the availability of alternatives** to calling 911 and law enforcement, including community-based mental health services. Such campaigns should **effectively reach Black communities with targeted strategies**, including acknowledgment of trauma specific to Black individuals, promotion of Black service providers, and efforts to reduce the stigma about mental health conditions and services.
- **Ensure** that **affected communities are involved in the design, implementation, and evaluation of all alternatives** to a law enforcement response to people with mental illness or experiencing a crisis, such as advisory councils and working groups. (This may mean providing stipends or providing childcare to community members so that they can be consistent and active participants.)

Building Behavioral Health Capacity

- **Expand the mental health workforce**, including peers, by taking advantage of federal Community Mental Health Services and Substance Abuse Prevention and Treatment block grants and Certified Community Behavioral Health Center (CCBHC) funds, investing in professional development of mental health workers, and identifying and **removing barriers to entry into the mental health field for Black people** and other underserved communities, among other things.
- **Work** with local training programs, colleges, and universities to **support new mental health workers**, including peers, and to provide opportunities for retraining.
- **Invest in peer-led services**, such as peer crisis respite centers,² peer “bridge” services that help people transition from hospitals, jails, and prisons to the community, and peer-run hotlines and warmlines for people who need help.
- **Expand supported employment** services using the Individual Placement and Support (IPS) model.³ Peer specialists should be part of the IPS teams.
- **Take steps to diversify the mental health workforce** to reflect the race, ethnicity, culture, sexual orientation, and gender identities of the communities served. Peer workers should have the same types of lived experiences as people in the communities they serve, including Black communities.

Social Determinants of Health

- **Address the social determinants of health**, which helps prevent mental health crises. States and local governments should invest in programs that, among other things, **help people secure and sustain housing** and **find and maintain employment**. Some communities are also experimenting with **universal basic income** programs.⁴
- **States and localities should maintain support for mental health services in schools** paid for by federal COVID-19 relief funds. These funds were available to recruit, retain, and train more school-based, mental health professionals, such as social workers and counselors; provide more individualized and small group instruction and tutoring; provide high-quality afterschool and summer programs; and invest in other strategies for supporting childhood mental health. These services should continue and be maintained.



2 See John O'Brien, *Policies and Strategies to Strengthen the Continuum of Crisis Services*, YSC-Brookings Shaeffer Initiative for Health Policy (2023) https://www.brookings.edu/wp-content/uploads/2023/05/O'Brien_Crisis_5.15.2023.pdf (“Peer crisis respite centers are voluntary, short-term, overnight programs that provide community-based, non-clinical crisis support to help people find a path forward from crisis. Peer crisis respite seeks to avoid psychiatric emergency services and can provide less coercive or intrusive supports in the community.”).

3 See Individual Placement and Support Model for Employment Services, MDRC, <https://www.mdrc.org/work/projects/individual-placement-and-support-model-employment-services> (“Individual Placement and Support (IPS) is an evidence-based model for delivering employment services originally developed for people with serious mental illness and implemented in community mental health settings. It has since gained interest as a strategy to promote employment for a variety of populations with mental health and substance use disorders seeking jobs. Key principles of the model include a focus on rapid job search, competitive employment, client job preferences, small caseloads, benefits counseling, and coordination between employment services staff members and mental health care providers.”).

4 Roselyn Miller et al., *Exploring SEED: A Guaranteed Income Demonstration’s Health Equity Implications*, New America (2021), <https://www.newamerica.org/ca/reports/exploring-seed-a-guaranteed-income-demonstrationshealth-equity-implications/>; Ally Schweitzer, *A Basic Income Program in D.C. Provided Stability and Dignity During the Pandemic*, Report Says, DCIST (Feb. 24, 2022), <https://dcist.com/story/22/02/24/thrive-basic-income-program-provided-stability/>; see Mary Bogle et al., *An Evaluation of THRIVE East of the River: Findings from a Guaranteed Income Pilot during the COVID-19 Pandemic*, URBAN INSTITUTE, 27, 36-37, 50 (2022) https://www.urban.org/sites/default/files/publication/105445/an-evaluation-of-thrive-east-of-the-river_0.pdf.



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