# Where Calling the Police Isn't the Only Option

There's a growing movement in the U.S. to hand some police duties over to social workers and alternative emergency responders. Oakland, Sacramento and Eugene, Oregon, are already doing it.

By Sarah Holder and Kara Harris

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Oakland is one of a handful of West Coast cities in the U.S. that have launched non-police emergency response programs. *Photographer: David Paul Morris/Bloomberg* 



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The chain of events that led to the killing of Rayshard Brooks by Atlanta police on June 12 could have looked very different. Brooks, a 27-year-old Black man, had fallen asleep in his car in a fast food restaurant's drive-through. A restaurant worker called 911, and two white officers responded; about 30 minutes later, after determining that Brooks was intoxicated, the police attempted to arrest him. A struggle ensued, and Brooks was shot twice after he grabbed one officer's taser and ran away. In the aftermath, a wave of demonstrations gripped the city, Atlanta police chief Erika Shields resigned, and one of the police officers has been charged with murder.

What if that 911 call had summoned a pair of unarmed crisis responders instead of police?

They could have arrived dressed in hoodies and jeans instead of uniforms. Trained to deal with people under the influence or in psychological distress, they could have talked to Brooks about what was going on that night, without the threat of arrest. Maybe they'd call him an Uber, **Private Company** 

or walk him to his nearby sister's house. No tasers would have drawn. And no gun would have been fired.

That's the idea behind efforts in several cities to replace or supplement traditional law enforcement with a different kind of emergency responder - one that advocates say would be better equipped to deal with the kind of incidents that tend to bring 911 calls.

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Skeptics of the novement to defund or abolish olice departments often invoke he threat of a 911 call in the niddle of the night that goes inanswered. But a lot of 911 calls could be answered by someone who's not an officer in a uniform with a gun: Medical concerns about unhoused people, reports about individuals in the throes of mental health crisis, and complaints about minor uisances like loud music lominate the 911 wires. Nationwide, an estimated 80% of 011 calls are made for nonviolent,

non-property offenses, says Frankie Wunschel, a research associate at the Vera Institute. The New York Times found that the share of time officers spend handling violent crime in New Orleans, Sacramento and Montgomery County, Maryland, this year was only 4%.

"As a society, police are the only resource that we have available to us 24 hours a day. When there's a problem, period, the first thought is: We call 911," Wunschel said.

That's not true of all communities, however, he stressed. Some people of color are deterred from seeking medical emergency services for fear the police will show up instead, for example. But the results are clear. "Police have become the responder to everything," he said.

In the quest to build a more equitable and responsive public safety model, proponents of police abolition or defunding are seeking to remove the police from these daily

interactions, layer by layer. In so many of the police shootings that have inspired protests since the killing of George Floyd by Minneapolis police in May, fatal encounters with officers began with minor, often unrelated complaints. "Abolition seeks to eradicate this Jim Crow system of public safety – not merely a two-tiered system, but a system where one tier benefits by extracting from the other," writes Josie Duffy Rice, a journalist and lawyer, in *Vanity Fair.* "Nowhere is the extra layer of unnecessary violence more reflected than in our insistence on sending men with guns to resolve mental health crises."

Ayobami Laniyonu, an assistant professor at the Centre for Criminology and Sociolegal Studies at the University of Toronto, says that the defund movement should learn from the legacy of the U.S.'s push to deinstitutionalize the country's psychiatric hospitals and asylums after World War II. While that effort succeeded in emptying facilities that were considered inhumane, the government failed to channel enough funding into new services, leaving thousands of seriously mentally ill people on the streets or in jails, or cycling through both. "The lesson there is that cutting without reinvestment could lead to very bad outcomes," Laniyonu said.

What if that money went into creating alternative emergency response models, and what would those models look like? The movement that's emerged over the last few months has given activists space to explore that question. "Who is it that we can call when there is trouble but we don't want [police] coming in blazing with guns?" said JaNaé Bates, the director of communications for the Minnesota-based racial justice group ISAIAH. "Who can we call for intervention when we need help but we also don't want someone to die?"

Some cities have spent years cultivating public safety programs that do just that, outsourcing some of the roles that police officers have held. The process of building such alternatives can't happen overnight: It requires adequate funding, a robust network of well-supported social resources and community buy-in, experts say. But when it works, advocates insist that these non-police first responders can save money, time, resources – and lives.

### Helping Hands, in a Van

By some estimates, Eugene, Oregon, and its neighbor across the Willamette River, Springfield, have the highest percapita homeless population in the United States. Up until 30 years ago, the cities, which have around 350,000 residents, used a traditional public safety model: Residents called 911 in response to issues both violent and quotidian, and dispatchers sent down the police.

But in the 1980s, these uber-progressive, mostly white communities began questioning that status quo, and Eugene's mayor and city council put out a call for novel community policing proposals. The White Bird Clinic, a volunteer network and medical clinic launched by activists in the summer of 1969, pitched a partnership. They'd train dispatchers to route certain 911 and non-emergency calls for service to White Bird clinicians instead of the police department.

In 1989, Eugene accepted the proposal, and Crisis Assistance Helping Out On The Streets (CAHOOTS) was born. The model of alternative emergency response they've built in Eugene has become <u>an oft-cited national example</u> of how unarmed crisis workers could supplant traditional police. Dispatchers are now taught to divert calls for assistance that involve behavioral health or substance abuse to White Bird Clinic, which sends one medic and one crisis worker out in a van to assess each incident.

Each CAHOOTS team member gets 500 hours of training, but the workers carry no weapons and have no legal standing to enforce laws. "We have no power to make anyone do anything when we show up," said Chris Hecht, White Bird Clinic's executive coordinator. "Except for the power of persuasion and leveraging the trust relationship, and letting people see that we're rolling up to try and help them in any way that we possibly can."

The CAHOOTS staffers are taught to de-escalate situations and "meet people where they are" – an ethos that informs everything from their body language to their suggestions for help. They can link people up with other social services and transport them to the hospital, if necessary. More than 60% of the calls they respond to involve unhoused people, and 30% have severe mental illness, White Bird Clinic reports. In 2019, the team responded to over 24,000 calls, or about 20% of all of Eugene and Springfield's 911 calls. Only 150 – fewer than 1% – of the calls ended up requiring police assistance.

This arrangement saves the city money, too, Hecht says: The Eugene and Springfield police departments cost \$90 million a year, while CAHOOTS costs closer to \$2 million. Based on the number of calls they've diverted, White Bird Clinic estimates that they save taxpayers an average of \$8 million on public safety, and \$14 million on hospital costs.

Lots of larger cities – including Denver, New York City and Portland, Oregon – have been reaching out lately to see how to replicate the model; Hecht says he's eager to help advise. But in some ways, his city's situation unique: Because of its long legacy of work in Eugene, White Bird Clinic already had the trust of the community, which Hecht says has a unique commitment to helping the most vulnerable members of society. The area also has a wellsupported social services network, and a police department that's willing to take a step back and let the clinic handle non-serious calls.

"They're really important partners, and they've played a critical role," said Hecht of the police. "But I think we've done them and ourselves a disservice by just continually defunding the social services network that should be taking a lot of this work on."

# A Bay Area Push for Police Alternatives

With its larger Black and Latino populations, Oakland doesn't look a lot like Eugene. But the California city is poised to be next to adopt a CAHOOTS-inspired model of mental health response. The community has a head start, with one of the strongest independent, community-based oversight commission of its police department. Long before George Floyd's killing, Oakland activist groups like the <u>Anti Police-Terror Project</u> and the Coalition on Police Accountability have been discussing slashing the police budget and reexamining the department's role.

The seeds of an alternative policing pilot emerged in 2019. During a hearing on police interactions with the city's unhoused communities, speaker after speaker talked about the destructive impact that police sweeps have on homeless populations, said Ann Janks, an organizer with Oakland's Coalition on Police Accountability. "When [unhoused people] get arrested for low-level offenses, they lose their spot in the encampment because somebody else takes it; they lose paperwork, if they were trying to get some kind of social services; they lose their I.D.," Janks said. "Sometimes they do have an actual situation – an emergency – and they need to be able to call somebody. But they need to be able to call somebody who's not the police."

# "People don't really want new numbers. They just want to be able to call the

# regular numbers and make it work."

The Coalition for Police Accountability began lobbying the city to investigate the potential of sending community mental health counselors and EMTs to some local incidents. With the support of Oakland City Council President Rebecca Kaplan, the council funded a \$40,000 feasibility study to examine the potential of creating something called the Mobile Assistance Community Responders of Oakland (MACRO). The city invited representatives from CAHOOTS to travel to Oakland and meet with the community, service providers, the police and fire departments, the dispatcher team and the council. With the renewed momentum that emerged this spring, the council committed to launching a pilot in 2020, voting to allocate \$1.5 million in the city's 2021 budget.

"This will be able to result in significant reductions to police deployment and expense, as the civilian mental health responders start to take over responding to those calls," said Kaplan in an email. "Those will be additional cost savings from police expenditures we will be able to have going forward." She says she's also pushing for broader civilianization of non-mental health related tasks, like putting special event permitting under the control of civilian administrative staff instead of OPD and looking into new enforcement officers for bicycle and pedestrian ticketing. Berkeley, Oakland's East Bay neighbor, became the first city to vote to move traffic enforcement duties to a new Department of Transportation, staffed by unarmed civilians.

MACRO will be housed in the city's existing Department of Violence Prevention, but the goal is to partner with relevant local nonprofits to do referrals to health services or homelessness services. The pilot will start by targeting one or two areas of the city, according to local news site *The Oaklandside*. Unlike CAHOOTS, Janks says she doesn't think MACRO needs to staff a crew of mental health "professionals"; more importantly, they should come from the communities they're serving. But like CAHOOTS, MACRO would rely on dispatchers from the 911 emergency and non-emergency lines to pass on calls that would be better served by civilians.

"What we've heard over and over again is that people don't really want new numbers," Janks said. "They just want to be able to call the regular numbers and make it work." Not all activists in Oakland agree, however. Cat Brooks, the co-founder of the Anti Police-Terror Project, says that majority-white Eugene's CAHOOTS program "absolutely cannot be the model transplanted into Oakland," or at least not the only model, because large swaths of the Black and brown community are reluctant to call 911, "no matter how great the emergency," she said.

"So if that is the only option you're providing, what you are doing is saying to the people who actually need the service the most, your voice isn't important."

# A Weekend Hotline for Mental Health Help

The need for non-police emergency response also resonated in Sacramento, where <u>the Anti Police-Terror</u> <u>Project has a chapter</u>. But unlike MACRO, the Sacramentobased Mental Health First program, which launched in January 2020, doesn't rely on a direct connection to 911 dispatchers. Instead, it's an independent mental health crisis response service, staffed by a team of volunteers trained to de-escalate confrontations and direct aid and resources to those experiencing potentially life-threatening psychological issues.

"[T]hey know that if someone calls 'Mental Health First,' that help is coming and not handcuffs," Asantewaa Boykin, co-founder of the Anti Police-Terror Project, told KQED.

Right now, services are only offered on weekend nights, but the goal is to eventually answer calls every day of the week. On Friday evening, members come in and check messages and return calls made during the week. MH First responds to roughly 20 or 30 calls a month. In the past few weeks, Boykin, who's also a registered nurse, has noticed a higher volume of calls about depression and anxiety that she says reflect the relentless stressors of this summer – "pandemics, racism, death by police, trauma."

When taking calls, volunteers assess the situation in terms of safety risks and confirm if police are present. If the caller appears to be in immediate danger to themselves or others, MH First will head to the scene. In cases where people need to be hospitalized, staffers can follow the individual and advocate on their behalf for as long as possible. More recently, due to Covid-19 risks, MH First has limited their interventions to phone support only; though they have more than 30 volunteers, they've been operating with about a third of that while services are limited. When they pick up the phone, MH First volunteers first ask if the individual feels comfortable with providing any personal information. In crisis cases, identification requests can trigger further escalation. Communication and visibility are also important for institutions like this. Since they work separate from the police department, MH First does not have access to standard 911 dispatch services, and the group relies heavily on building community connections, regularly canvassing neighborhoods and and targeting 24-hour businesses that may need assistance.

Because the model operates in its own framework, without the support or approval of local government, it could be easier to scale it up in other cities, Boykin says. While MACRO is still in the planning phase, APTP launched a Mental Health First hotline in Oakland on August 28; already, they have hundreds of volunteers signed up for trainings.

It's that independence from city institutions that Boykin and Oakland APTP's Brooks say will best serve communities like theirs. "It's important to be separate," said Boykin, "because what we're talking about is trying to capture folks who are historically mistrusting of the police and of 911."

## **Calling the Mental Health Ambulance**

To see what these kinds of efforts would look like when they are formally woven into a city and nation with a famously stout social safety net, look to the Swedish city of Stockholm, which since 2015 has operated an ambulance service known as Psykiatrisk Akut Mobilitet (PAM). Bright yellow and outfitted with comfortable seats instead of cold stretchers, *Vice* called the PAM fleet a "therapy room on wheels."

Staffed by psychiatric nurses and standard EMTs, the two PAM vehicles are dispatched to individuals believed to be suffering mental crises. Last year, PAM saw almost 2,000 patients. Over 40 percent of them were reported to have been able to stay at home after being evaluated.

"One of the main concerns we had when we started this ambulance or this vehicle is safety issues for our nurses and staff," said Andreas Carlborg, the managing director of North Stockholm Psychiatry. "One of the things we found it is extremely rare that these patients grew agitated towards healthcare staff. Usually they will find that they are relieved when they see that they can get help."

PAM was conceived in part as a way to help reduce stigma around mental health concerns and to prevent suicides – an issue that's been the focus of a national government <u>campaign</u>. But Carlborg notes that the mobile psychiatric care team has been effective from a broader public safety perspective, too. "They are trained in deescalating potential situations that can become violent," said Carlborg. "I think that is something that the police could probably learn from, in Sweden as well as other countries."

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(Corrects hyphen placement in "Anti Police-Terror Project" in 20th paragraph and clarifies quote in 27th paragraph.)

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