

Exploring **Alternative Models of 911 Response** to Mental Health and Substance-Related Crises: *Incorporating Evidence and Community Voice*

Across the US, communities are asking for alternative response models for mental and health and substance-related crises because of uncertainty around police response.



Using police dispatch data and 30 community interviews, we compared outcomes of three models of police response to 911 calls for behavioral health (BH) crises in Columbus Ohio:

1. Traditional police
2. CIT-trained police
3. Police/social worker co-response

Quantitative results indicated that neither CIT trained police nor co-response teams changed any measurable outcomes after a crisis call

Interviewees' recommendations for a non-police response program:

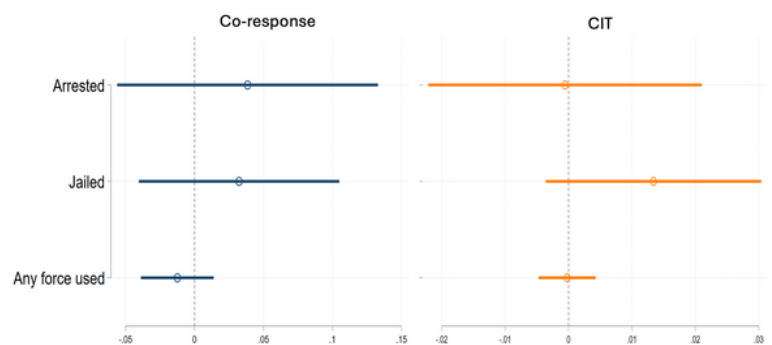
- A 911 call center triage mechanism to route BH calls to an operator with relevant BH training.
- Non-police response teams consisting of trained BH crisis responders who collaborate with police only when backup is needed.

Neither co-response nor CIT training has a measurable impact on drop location, force used, or arrest (see figure below).

The only certain impact of these programs is on time spent on the scene: MORE time by co-response teams, and LESS time by CIT-trained police.

Interviewees who received a co-response team reported high satisfaction with engagement, particularly compared to past traditional police responses.

Impact: arrest/jail/force



Community perceptions of current behavioral health response models	
Varied police demeanor across incidents within a neighborhood.	<i>"A different cop can make all the difference."</i>
Reluctance to call the police for BH crises.	<i>"I got to be honest, people don't want to call police. I don't want to call as well."</i>
Police training in BH disorders and de-escalation matters.	<i>"I have noticed kind of varying degrees of training. But when they [police] are well trained, they handle the situation very, very well."</i>
Strong support for a non-police response.	<i>"I don't want the police to show up period. I would love for it to be a non-police response"</i>

Key Takeaways & Next Steps

- Police responses to mental health and substance-related crises carry a huge financial and human cost. **We should not be making decisions about response models without robust evidence and input from community members.**
- **A better response must be paired with more investment in treatment and resource linkage options.** Crisis care is important, but is still downstream for the problems of treatment, stability, and basic needs, which should also be part of the decision-making process around where to invest our city's resources.
- **We need to act to ensure community voices are heard and policymakers incorporate both community voice and a strong impact evaluation into plans for a new non-police response program.** This means funding evaluations of programs and researching alternative models to better understand the local context in which these response models are implemented.



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