Local leaders can use ARPA to transform public safety with care response

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Across the country, communities are implementing new approaches to public safety that reduce reliance on police as first responders for emergency calls involving people experiencing behavioral crises. These approaches often fall under the term "care response," also known as a health-first approach* to emergency response.

With funding from the American Rescue Plan Act (ARPA) communities can jumpstart these programs, including outpatient and inpatient treatment, crisis care, and diversion programs and outreach. The plan also allows states to use their Medicaid programs to fund mobile crisis intervention. States that do so will receive an enhanced match of 85% from the federal government for the first three years.

Communities are moving toward non-police response because most law enforcement officers are not properly trained to handle behavioral health calls, which take officers away from the calls where they are most needed. Moreover, involving armed police can be damaging to many communities, especially Black and brown residents and people in crisis. Mobile crisis teams can de-escalate behavioral health crises and better connect people to services, avoiding expensive emergency department visits and the arrest and incarceration of people experiencing mental health crises and struggling with substance use issues.

In his State of the State address Gov. Mike DeWine promised an "Ohio where mental illness isn't criminalized, lessening pressure on the criminal justice system," so there is "opportunity for people with mental illness or addiction to lead joyful, meaningful lives." Both the Cuyahoga County Board of Alcohol, Drug Addiction and Mental Health Services and Cleveland Mayor Justin Bibb have expressed interest in establishing non-police emergency response. Many advocates and everyday Ohioans have been working to make that promise a reality. Nonprofit providers in Cleveland have long offered services like mental health crisis response and street outreach for people who are unhoused. Cleveland and Shaker Heights both have established "co-response" teams that pair mental health or social workers with police officers to provide more appropriate care during and after emergency calls. But the nonprofit work is not integrated into the emergency call system, and co-responder teams maintain police as first responders; neither is available around

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the clock. To work best, care response should be integrated as an emergency-response option 24 hours a day, seven days a week.

Federal start-up funding provides a new, promising opportunity in communities across Ohio. The potential benefits for impacted communities, and for public safety, are enormous, both in terms of people getting the assistance they need when they need it and the accompanying cost savings for the criminal legal system and health and human services.

Background

Data from Cleveland and elsewhere suggest that many emergency calls do not require an armed response. The 2020 annual report of Cleveland's Mental Health Response Advisory Council found that of 4,000 emergency calls identified by Cleveland police as involving people with suspected behavioral issues, 99% involved no use of force by officers and 97% of individuals offered no resistance or passive resistance. Ninety-six percent were unarmed, fewer than 3% with a gun or knife. National data show that 7% to 10% of all police contacts involve people experiencing mental health issues and often result in arrest and incarceration, rather than treatment. In 2019, people experiencing mental health crises accounted for one in five of all killings by police.

One of the country's best-known non-police response programs has operated in the Eugene-Springfield Metropolitan area of Oregon since 1989. Crisis Assistance Helping Out on the Streets (CAHOOTS) is dispatched through the Eugene police-fire-ambulance communications center and a Springfield non-emergency number. Each team consists of a nurse or emergency medical technician and a crisis worker with experience in the mental health field. In 2019, only 311 of the program's 24,000 calls required police backup. To date, no CAHOOTS worker has been seriously injured. Dispatchers are trained to route calls that meet established criteria to CAHOOTS instead of armed officers. Other communities around the country have begun to implement similar programs.

Using ARPA to create a more just, healthier Ohio

Sending police instead of health care professionals or social workers to respond to behavioral health cases is counterproductive, wastes valuable public resources, and disproportionately affects Black and brown communities and those most in need of help, not punishment.

Gov. DeWine, the Department of Medicaid, and our state policymakers can use APRA to take pressure off the police and the criminal legal system, while supporting effective crisis intervention programs. To be eligible for the match, intervention service teams must include a behavioral health specialist, be run by staff trained in trauma-informed care and de-escalation, and be able to refer people in crisis to the health services they need 24 hours a day, seven days a week. This would be game changing in cities and in rural communities that have been hit hard by addiction and need treatment, not criminalization.

But the potential impact of federal dollars doesn't end there. State and local leaders can use ARPA funds to prevent evictions, increase affordable housing, and reduce homelessness — all of which contribute to lower crime and stronger communities — and to create new non-police units that focus on traffic safety instead of traffic enforcement, reducing the most common police interaction with the public and one that disproportionately targets people of color.

These funds can also be used to expand violence interrupters initiatives, out-of-school programs, nutrition assistance, job training, and subsidized jobs. All these programs have been shown to reduce crime. Action by state and local leaders is needed to prioritize a caring, heath-first response for people in need. The right decisions now will pay off in safer, healthier communities in the long run.