



Senate Subcommittee on Crime and Terrorism
Behavioral Health and Policing: Interactions and Solutions
Dirksen Senate Office Building Room 226

Testimony by Kevin Martone
April 22, 2021

Senator Booker and Members of the Committee:

Thank you for the opportunity to speak with you today about alternatives to policing. I will be speaking to you regarding one aspect of police reform – the overutilization of law enforcement to manage mental health emergencies.

My name is Kevin Martone and I am executive director for the Technical Assistance Collaborative, a national, non-profit agency that provides technical assistance to federal, state and local systems on mental illness, substance use disorders, homelessness and affordable housing. I have spent nearly 30 years working in the public mental health system, as a provider of direct services, as commissioner for the public mental health system in New Jersey, as chairperson for the National Association of State Mental Health Program Directors, and incoming president for the National Association for Rural Mental Health. I am also part of a racially diverse family and a family member committed to helping a loved one define her life beyond mental illness and navigate the racism that she experiences in her daily life.

The Problem

In many parts of the United States, 9-1-1 is the default mental health crisis line, law enforcement is the default mental health emergency response, and local jails are the default treatment provider. We have criminalized a public health issue, and delegated responsibility to law enforcement and the criminal justice system.¹

There are approximately 240 million calls made to 9-1-1 in the U.S. each year.² Estimates are that behavioral health emergencies constitute between five to fifteen percent (i.e. between 12 million to 36 million) of all calls to 9-1-1 systems.³ Many of these are classified by local dispatchers as “wellness checks,” “disturbances,” “intoxicated persons,” or “mental crises” and do not always require police

¹ While the focus of this testimony is on mental health emergencies, consideration should be given to emergencies involving substance use disorders given the co-occurrence of these illnesses.

² National Emergency Number Association.

<https://www.nena.org/page/911Statistics#:~:text=An%20estimated%20240%20million%20calls,more%20are%20from%20wireless%20devices.>

³ Balfour, M.E., Hahn Stephenson, A., Winsky, J., & Goldman, M.L. (2020). Cops, Clinicians, or Both? Collaborative Approaches to Responding to Behavioral Health Emergencies. Alexandria, VA: National Association of State Mental Health Program Directors.

presence.⁴ It is estimated that 80% of mental health calls to 9-1-1 are resolved without the need for police involvement when diverted to a crisis line.⁵ However, law enforcement are often sent.

While a police response may be justified, especially if a weapon is involved, unnecessarily dispatching armed officers to calls where their presence is unnecessary is more than just an ineffective use of safety resources;⁶ it can also create substantially adverse outcomes for communities of color, individuals with behavioral health disorders and disabilities, and other groups who have been disproportionately affected by the criminal justice system.⁷

According to the International Association of Chiefs of Police, “the mere presence of a law enforcement vehicle, an officer in uniform, and/or a weapon ... has the potential to escalate a situation” when a person is in crisis.⁸ Police may not understand how a particular disability manifests and may assume that an individual’s reaction—or lack of reaction—to law enforcement is a show of defiance.

All too often, these calls for service result in unnecessary fatalities: People with serious mental health disorders are sixteen times more likely than the general public to be killed during a police encounter.⁹ Today, in an era when deadly police violence is top of mind, one in four fatalities by police involve people experiencing a mental health emergency.

The people with mental health needs involved in these incidents are, much like their counterparts incarcerated in jails and prisons, disproportionately Black and Brown. Police use of force is among the leading causes of death for Black men and boys, who are two and a half times more likely than their white peers to be killed by law enforcement.¹⁰ Half of all people killed by police are people of color,¹¹ and their rate of death at the hands of police during a mental health emergency is even higher than that of the overall population. When combined with mental illness, this difference is nearly ten-fold.¹²

⁴ Center for American Progress. The Community Responder Model How Cities Can Send the Right Responder to Every 911 Call. By Amos Irwin and Betsy Pearl October 2020.

https://cdn.americanprogress.org/content/uploads/2020/10/27134835/Alternatives911-report.pdf?_ga=2.132902987.459527533.1618881407-1494161287.1617639366

⁵ Substance Abuse and Mental Health Services Administration (2020). *National guidelines for behavioral health crisis care – a best practice toolkit*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

⁶ The Role and Impact of Law Enforcement in Transporting Individuals with Severe Mental Illness, a National Survey. Treatment Advocacy Center Road-Runners. 2020. A survey of law enforcement agencies in the U.S. estimated the nationwide cost of transporting people with severe mental illness is \$918 million annually.

⁷ Center for American Progress

⁸ IACP Law Enforcement Policy Center, “Responding to Persons Experiencing a Mental Health Crisis” (Alexandria, VA: 2018), available at <https://www.theiacp.org/sites/default/files/2018-08/MentalIllnessBinder2018.pdf>.

⁹ Fuller, A., Lamb, H. R., Biasotti, M., & Snook, J. (2015). “Overlooked in the undercounted: The role of mental illness in fatal law enforcement encounters.” Arlington, VA: Treatment Advocacy Center. Retrieved from: <https://www.treatmentadvocacycenter.org/overlooked-in-the-undercounted>

¹⁰ Frank Edwards, Hedwig Lee, and Michael Esposito, “Risk of being killed by police use of force in the United States by age, race–ethnicity, and sex,” *Proceedings of the National Academy of Sciences of the United States of America* 116 (34) (2019): 16793–16798, available at <https://www.pnas.org/content/116/34/16793>.

¹¹ The Guardian. Black Americans killed by police twice as likely to be unarmed as white people. <https://www.theguardian.com/us-news/2015/jun/01/black-americans-killed-by-police-analysis>

¹² Saleh AZ, Appelbaum PS, Liu X, Scott Stroup T, Wall M. Deaths of people with mental illness during interactions with law enforcement. *Int J Law Psychiatry* 2018;58:110–6 15 Wildeman C, Wang EA. Mass incarceration, public health, and widening inequality in the USA. *Lancet Lond Engl* 2017;389(10077):1464–74

Surveys by the National Alliance on Mental Illness have found that people experiencing a mental health crisis are more likely to encounter police than to get medical attention, resulting in two million people jailed every year.¹³ Balfour and colleagues (Balfour, 2020) describe the transition to correctional settings. The prevalence of mental illness and substance use disorders in jails and prisons are three to four times that of the general population.^{14,15} Once in jail, people with mental illness are incarcerated twice as long, and few receive needed treatment.^{16,17,18} Upon release, with Medicaid benefits interrupted and a criminal record, they are more likely to be unemployed, homeless, and rearrested.^{19,20,21,22}

Why is there overutilization of law enforcement in responding to mental health emergencies?

The problem is more complex than we have time for today, and I will highlight a few of the factors that have resulted in this.

Generally, a series of cascading issues over the past several decades has resulted in two driving factors:

1. A fragmented, underfunded, undervalued, and inaccessible mental health system. This is compounded by poor health insurance coverage, limited funding for services at the federal, state, and local level, mental health workforce shortages, and geographic challenges and transportation issues that impact services access, especially in rural areas.

This has been exacerbated during COVID by increasing demand and reduced provider capacity. The rate of people in the U.S. with mental health concerns such as anxiety, depression, and suicidal thoughts has doubled to more than 40% since March 2020 compared to previous years, according to the CDC – with people of color and low-wealth people among those most affected^{23,24}

¹³ National Alliance on Mental Illness. <https://www.nami.org/Advocacy/Policy-Priorities/Responding-to-Crises>

¹⁴ Steadman HJ, Osher FC, Robbins PC. Prevalence of serious mental illness among jail inmates. *Psychiatr Serv* Wash DC 2009;60(6):761–5

¹⁵ Glaze LE, James DJ. Mental Health Problems Of Prison And Jail Inmates. Bureau of Justice Statistics. NIMH Statistics [Internet]. 2006; Available from: <https://www.nimh.nih.gov/health/statistics/index.shtml>

¹⁶ The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey. Treatment Advocacy Center & National Sheriffs Association. 2014

¹⁷ Dumont DM, Brockmann B, Dickman S, Alexander N, Rich JD. Public health and the epidemic of incarceration. *Annu Rev Public Health* 2012;33:325–39

¹⁸ The Office of National Drug Control Policy, Washington DC [Internet]. Available from: <https://www.whitehouse.gov/ondcp/>

¹⁹ Greenberg G, Rosenheck R. Jail Incarceration, Homelessness, and Mental Health: A National Study [Internet]. 2008; Available from: ps.psychiatryonline.org

²⁰ Glaze LE, James DJ. Mental Health Problems Of Prison And Jail Inmates. Bureau of Justice Statistics. NIMH Statistics [Internet]. 2006; Available from: <https://www.nimh.nih.gov/health/statistics/index.shtml>

²¹ Peterson R. Re-arrests of Homeless Defendants in New York City [Internet]. 2016; Available from: www.nycja.org/library.php

²² Albertson E, Scannell C, Ashtari N. Eliminating gaps in medicaid coverage during reentry after incarceration. *AJPH* 2020;110(3).

²³ CDC. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

²⁴ Commonwealth Fund. Beyond the Case Count: The Wide-Ranging Disparities of COVID-19 in the United States. <https://www.commonwealthfund.org/publications/2020/sep/beyond-case-count-disparities-covid-19-united-states>

2. Mental health and other systems that do not sufficiently address social determinants of health, such as racism, poverty, and access to affordable housing, employment, and education. People with mental illness, especially those in communities of color, are disproportionately poor, homeless, and unemployed. All of these are correlated with worse outcomes for people with mental illness.

The result is a de facto national policy that it is acceptable for law enforcement to manage mental health emergencies. If we are to reduce the overuse of law enforcement response to mental health emergencies, we must commit to addressing mental health reform and build the infrastructure needed to create an accessible mental health system.

Opportunities and Solutions

Most law enforcement officials that I have spoken with would prefer to see people with mental illness served in the mental health system. People with mental illness, their families, and providers agree. The events that we have witnessed in the past year alone – the public health and economic impact of COVID, racial and social unrest, and deadly police encounters for Black and Brown people with mental illness – have elevated awareness of the need to treat mental health as the public health issue that it is.

The good news is that there is activity. Recent congressional action has resulted in additional block grant funding for mental health and crisis services, a new Medicaid benefit for mobile crisis services, and funding that can support additional workforce capacity. We have seen important, bipartisan legislation passed recently, including the *Crisis Stabilization and Community Reentry Act* and the *National Suicide Hotline Designation Act of 2020* that establishes a new 9-8-8 suicide prevention and mental health crisis hotline as an alternative to 9-1-1. We have also seen congress take action in the past on major legislation like the *Mental Health Parity and Addiction Equity Act (MHPAEA)* back in 2008 that puts access to mental health and addiction treatment on par with other health conditions.

In February 2020, the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) released its National Guidelines for Behavioral Health Crisis Care outlining a potential framework to establish nationwide capacity to respond to mental health emergencies. The guidelines describe three core components deemed essential to meeting the mental health emergency needs of anyone, anywhere, anytime: 24/7 regional crisis hotlines; 24/7 mobile crisis response; and crisis stabilization programs.

Solutions exist. In recent years, several communities have established emergency mental health systems that include 24/7 crisis hotlines, mobile crisis response teams, and crisis stabilization programs led by mental health system, often in partnership with law enforcement, as alternatives to police led response. Programs that you have heard about, like Eugene, Oregon’s CAHOOTS, the Support Team Assisted Response (STAR) program in Denver, the Crisis Response Unit (CRU) in Olympia, Washington, and the Rapid Integrated Group Healthcare Team (RIGHT) Care in Dallas, Texas are creating new ways to respond to mental health emergencies.²⁵ These programs dispatch civilian crisis responders for calls

²⁵ Jessica Porter, “New program diverts some 911 calls from police to a mental health team,” Denver 7, July 2, 2020, available at <https://www.thedenverchannel.com/news/local-news/new-program-diverts-some-911-calls-from-police-to-a-mental-health-team>; Angela Ufheil, “The STAR Van Offers an Alternative to Police,” 5280, June 17, 2020, available at <https://www.5280.com/2020/06/the-starvan-offers-an-alternative-to-police/>; Urban

related to behavioral health crises, substance use disorders, and other social service needs, and programs include peer responders who have lived experience with the concerns they are responding to, making them uniquely credible and effective in engaging difficult-to-reach individuals.²⁶

Our system response efforts need to push further upstream to prevent crises from occurring to begin with. Access to evidence-based services like supportive housing, Assertive Community Treatment, specialized peer support, employment supports, children’s system of care, and other approaches are known to promote recovery and reduce interactions with the crisis system, but do not have the capacity or workforce to meet demand in many areas of the country for adults and children.

In closing, to the extent that law enforcement will likely continue to have some role for the foreseeable future in responding to mental health emergencies, at least in situations when public safety is a concern, law enforcement must own reforms for how it responds to people with mental illness, especially those who are Black and Brown. This work should be informed by people who experience mental illness, racial equity and justice groups, and other key stakeholders. If we are to reduce law enforcement response to mental health emergencies, we must commit to addressing mental health reform and build the infrastructure needed to create an accessible mental health system.

Respectfully submitted,



Kevin Martone, LSW
Executive Director

Enclosure:

From Harm to Health: Centering Racial Equity and Lived Experience in Mental Health Crisis Response. A report prepared by The Front End Project; a collaboration between the Technical Assistance Collaborative (TAC), Fountain House, the Center for Court Innovation (CCI), The W. Haywood Burns Institute, and the Mental Health Strategic Impact Initiative (S2i), with support from the Ford Foundation. <https://fountainhouse.org/reports/from-harm-to-health>

Strategies Council, “Report on Feasibility and Implementation of a Pilot of Mobile Assistance Community Responders of Oakland (MACRO)” (Oakland, CA: 2020), available at https://urbanstrategies.org/wp-content/uploads/2020/06/USC-MACRO-REPORT-6_10_20.pdf; Christian Hill, “Local crisis unit in cahoots with more police agencies,” *The Register-Guard*, December 14, 2018, available at <https://www.registerguard.com/news/20181214/local-crisis-unit-in-cahoots-with-more-police-agencies>.

²⁶ Maya Chiodo, “Caring for Denver Issues First Grants Worth About \$2 Million,” *5280*, February 4, 2020, available at <https://www.5280.com/2020/02/caring-for-denverissues-first-grants-worth-about-2-million/>; Denver Police Dept., @DenverPolice, June 11, 2020, 9:05 p.m. ET, Twitter, available at <https://twitter.com/DenverPolice/status/1271247111032582147?s=20>; RI International, “Community Support Teams,” available at <https://riinternational.com/recovery/community-support-teams/> (last accessed October 2020); City of Olympia, “Crisis Response & Peer Navigators,” available at <http://olympiawa.gov/city-services/police-department/Crisis-Response-Peer-Navigator.aspx> (last accessed October 2020).

