NAVAL POSTGRADUATE SCHOOL

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THESIS

DEFUND OR UNBUNDLE THE POLICE? A STRATEGY TO ENHANCE THE REPUTATION AND MORALE OF LAW ENFORCEMENT AGENCIES IN THE UNITED STATES

by

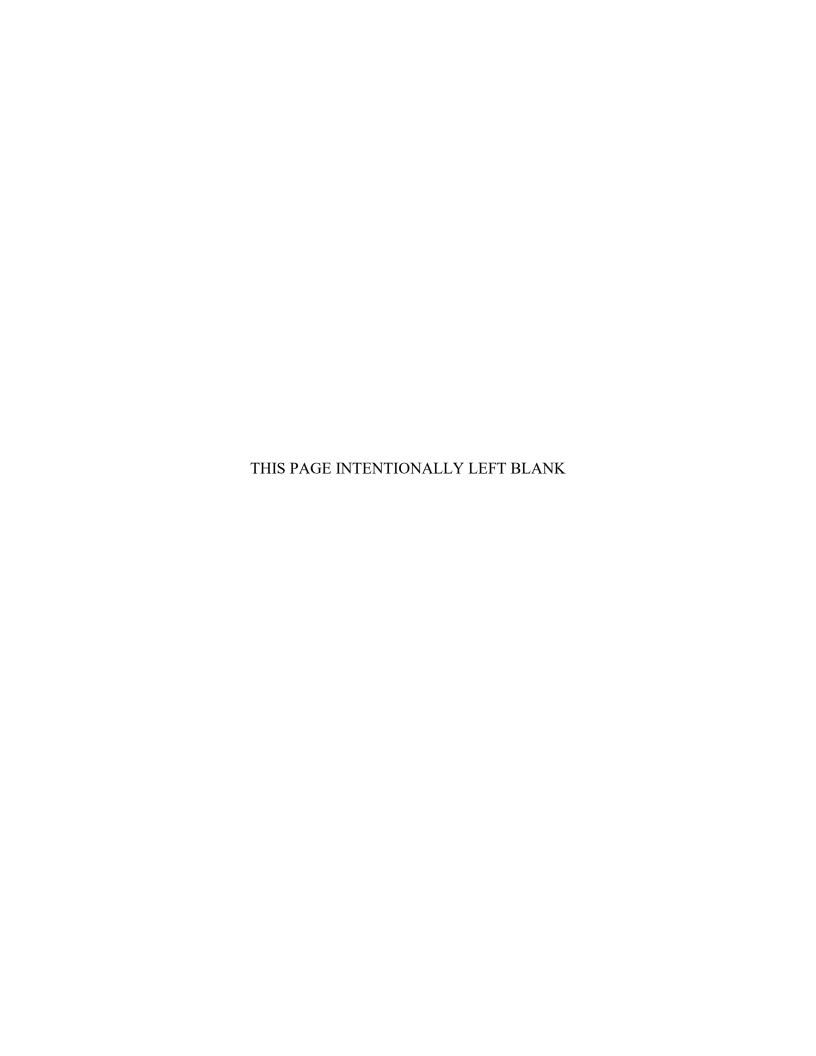Gerardo H. Serrato

September 2022

Co-Advisors: Carolyn C. Halladay
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This thesis compares the claims made by moderate members of the defund-the-police movement and law enforcement officials who challenge the role of police in societal problems. It finds that an absent community-based strategy to address societal issues like mental health has transformed police officers into street psychiatrists, an expansion of police duties that aligns in its broad strokes with critiques of the "defund" movement. This thesis compares current law enforcement practices in dealing with mental health crises and presents a detailed case study of the Crisis Assistance Helping Out on the Streets (CAHOOTS) behavioral health response paradigm, based in Eugene, Oregon, which reduces the need for police involvement in such emergencies. The analysis finds CAHOOTS to be an effective community-based strategy for addressing social concerns, specifically mental health crises, with mental health practitioners and emergency medical technicians, instead of conventional police responses, attending to individuals with behavioral health challenges. Thus, models like CAHOOTS enhance the wellness and welfare of vulnerable populations, leaving the police to focus on law enforcement. As such, the defund-the-police movement should be seized as an opportunity to reimagine the role of the police in society and allow for CAHOOTS-type response models to provide a pathway for other communities to explore and follow alternatives to address social issues.

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THE REPUTATION AND MORALE OF LAW ENFORCEMENT AGENCIES
IN THE UNITED STATES

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ABSTRACT

This thesis compares the claims made by moderate members of the defund-the-police movement and law enforcement officials who challenge the role of police in societal problems. It finds that an absent community-based strategy to address societal issues like mental health has transformed police officers into street psychiatrists, an expansion of police duties that aligns in its broad strokes with critiques of the "defund" movement. This thesis compares current law enforcement practices in dealing with mental health crises and presents a detailed case study of the Crisis Assistance Helping Out on the Streets (CAHOOTS) behavioral health response paradigm, based in Eugene, Oregon, which reduces the need for police involvement in such emergencies. The analysis finds CAHOOTS to be an effective community-based strategy for addressing social concerns, specifically mental health crises, with mental health practitioners and emergency medical technicians, instead of conventional police responses, attending to individuals with behavioral health challenges. Thus, models like CAHOOTS enhance the wellness and welfare of vulnerable populations, leaving the police to focus on law enforcement. As such, the defund-the-police movement should be seized as an opportunity to reimagine the role of the police in society and allow for CAHOOTS-type response models to provide a pathway for other communities to explore and follow alternatives to address social issues.

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LIST OF ACRONYMS AND ABBREVIATIONS

CAHOOTS	Crisis Assistance Helping Out on the Streets
CIT	Crisis Intervention Training
CVEF	Commercial Vehicle Enforcement Facility
NHCHC	National Health Care for the Homeless Council
SAMHSA	Substance Abuse and Mental Health Services Administration
SWAT	special weapons and tactics

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EXECUTIVE SUMMARY

Never let a good crisis go to waste.

—Rahm Emmanuel[1]

The public's perception of law enforcement is deteriorating, as seen by recent law enforcement crises such as shootings of unarmed people by police, instances of officer misconduct, and large protests and rioting. On May 25, 2020, the death of George Floyd catalyzed one of the most strenuous attempts to reform the police, bringing about a call to "defund the police."[2] Even among moderate supporters, the defund-the-police movement has taken on various connotations, from abolishing the police to questioning law enforcement's role in societal issues, particularly in mental health, homelessness, and drug abuse.[3] These issues have damaged law enforcement's credibility and capacity to police communities efficiently while eroding the public's trust.

This thesis explores the rhetoric surrounding the defund-the-police movement, including how some law enforcement professionals have viewed the call as nothing but an attack on their character. Surprisingly, this thesis contends there are parallels between moderate supporters of this movement and law enforcement executives who challenge the role of police in societal problems. Specifically, this thesis explores how law enforcement has become entrenched in dealing with quality-of-life issues that affect mainstream America.

This thesis reveals that several failures in policy—such as deinstitutionalization and absent community-based strategies to address societal issues including mental health—have forced police officers to become street psychiatrists. Therefore, rather than waste an

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[1] Rahm Emanuel, "Quotable Quote," Goodreads, accessed September 5, 2022, https://www.goodreads.com/quotes/717228-you-never-want-a-serious-crisis-to-go-to-waste.

[2] Rashawn Ray, "What Does 'Defund the Police' Mean and Does It Have Merit?," *FixGov* (blog), June 19, 2020, https://www.brookings.edu/blog/fixgov/2020/06/19/what-does-defund-the-police-mean-and-does-it-have-merit/.

[3] Ian Cummins, "'Defunding the Police': A Consideration of the Implications for the Police Role in Mental Health Work," *Police Journal: Theory, Practice and Principles* (2022): 1, https://doi.org/10.1177/0032258X211047795.

opportunity to enhance the reputation of law enforcement, the profession can find a way to strategize how to improve the lives of mental health consumers, drug addicts, and unsheltered individuals.

This thesis compares the most typical police response methods for mental health crises through a case study analysis that evaluates current models empirically. The case study method is especially helpful in analyzing research questions involving strategies because it adopts the exploratory and explanatory functions of research and provides a basis for crucial evaluative generalizations applicable to various disciplines, including law enforcement.[4] Therefore, this thesis represents a thorough investigation of the most popular police response models for dealing with mental health crises and presents a substitute model of response that would relieve police involvement. The following response models were assessed in this thesis: Crisis Intervention Training in Memphis Tennessee; the Birmingham, Alabama, Community Service Officer program; and the Crisis Assistance Helping Out on the Streets (CAHOOTS) program in Eugene, Oregon.

Although Crisis Intervention Training and the Community Service Officer program, two police-based response approaches to handle mental health crises, have been effective in some ways, they still do not eliminate law enforcement's involvement in such situations. Police involvement in nonviolent mental health emergencies will continue to burden a field with a shortage of qualified candidates across the country.[5] As a result, the police force cannot concentrate on other traditional police functions such as ensuring national security.[6] Despite the existence of such models, there is still no sufficient response to mental health.[7]

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[4] Robert K. Yin, *Case Study Research: Design and Methods*, 3rd ed. (Thousand Oaks: SAGE Publications, 2003), 7.

[5] Police Executive Research Forum, *The Workforce Crisis, and What Police Agencies Are Doing about It* (Washington, DC: Police Executive Research Forum, 2019), 7, https://www.policeforum.org/assets/WorkforceCrisis.pdf.

[6] Michael C. Biasotti, "Management of the Severely Mentally Ill and Its Effects on Homeland Security" (master's thesis, Naval Postgraduate School, 2011), 1, http://hdl.handle.net/10945/39405.

[7] Eric Westervelt, "Mental Health and Police Violence: How Crisis Intervention Teams Are Failing," National Public Radio, September 18, 2020, https://www.npr.org/2020/09/18/913229469/mental-health-and-police-violence-how-crisis-intervention-teams-are-failing.

By contrast, the CAHOOTS behavioral health response paradigm, based in Eugene, Oregon, lessens the need for police involvement in such emergencies. Rather than relying on traditional police response, CAHOOTS involves emergency medical technicians and mental health professionals attending to people with behavioral health issues, which has been proven an effective community-based strategy for addressing social concerns, particularly mental health crises. The analysis finds that models like CAHOOTS improve the health and welfare of vulnerable groups while allowing the police to concentrate on law enforcement.

In sum, it is vital to take advantage of the defund-the-police movement to rethink the function of police in society and allow response approaches like CAHOOTS to serve as models for other communities to emulate. I hope this thesis addressed the American law enforcement policies and practices at the heart of the defund-the-police movement and identified ways for police leadership to engage with activists to make mission changes that raise the standing and morale of law enforcement organizations across the nation. The aim of this thesis was to help reduce the mounting pressures on the police and, in doing so, ensure that those in need receive necessary and appropriate healthcare from those most adept at providing it.

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I.   INTRODUCTION

The most current—and highest-profile—police reform movement takes as its slogan "defund the police." The purposefully provocative motto has different meanings for people, but most supporters define defunding the police as re-evaluating law enforcement's budget allocation. It also questions the appropriateness of policing missions such as responding to nonviolent people in mental health crises, preventing and policing homeless encampments, resolving behavioral issues at schools, and settling neighbor disputes, including noise complaints. These examples illustrate only a few situations that advocates of the defund-the-police movement insist other entities could better handle, making better use of public funds and ultimately serving the community more effectively.[1]

Perhaps not surprisingly, the slogan and the movement have become politicized and personal; many law enforcement practitioners believe the defund-the-police movement attacks their character. The rhetoric and sometimes actions that have arisen amid this movement have affected police forces across the country, which have experienced difficulties recruiting and retaining the highest-quality personnel.[2] Ironically, in other discussions, law enforcement professionals make similar points about overstretched forces, tasks that diverge sharply from traditional police work that first drew them to the job, and misplaced expectations that the police can solve all problems. In other words, broad areas of overlap, if not agreement, emerge between the defund-the-police argument and a longer-standing issue within police forces. This thesis explores what this overlap could mean for successful police reform and public views of law enforcement. In addition, it could increase morale within the law enforcement discipline.

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[1] Cynthia Lum, Christopher S. Koper, and Xiaoyun Wu, "Can We Really Defund the Police? A Nine-Agency Study of Police Response to Calls for Service," *Police Quarterly* 25, no. 3 (2022), https://doi.org/10.1177/10986111211035002.

[2] Martin Kaste and Lori Mack, "America's Growing Cop Shortage," National Public Radio, December 12, 2018, https://www.npr.org/2018/12/12/675359781/americas-growing-cop-shortage.

A.   RESEARCH QUESTION

Which policy and procedure controversies in American law enforcement are at the heart of the defund-the-police movement, and how can police leadership engage with this activist movement to make a case for modifying missions to enhance the reputation and morale of law enforcement agencies in the United States?

B.   LITERATURE REVIEW

This literature review assesses varying viewpoints of factors affecting the reputation of law enforcement and morale throughout officer ranks. The peaceful and violent protests that followed the death of George Floyd appeared on media platforms throughout the world and here in the United States. During this time, the defund-the-police slogan grew intensely. The growing popular narrative of defunding the police depicts it as a method to reform the police, but law enforcement sees it as an attack on the profession. Interestingly enough, some law enforcement agencies and executives agree on specific changes that defund-the-police activists advocate. Still, due to the polarizing environment currently faced, the narrative of "unbundling the police" has not gained much traction.

Still, achieving consensus among advocates of defunding the police, police executives, community members, and politicians proves quite tricky. Four contrasting definitions of defunding the police account for these differences. One community attributes the decline in police morale to the increasing demand to eliminate qualified immunity. Some credit the discourse behind defunding the police for decreased police applications and increased resignations. Low morale among police officers may stem from qualified immunity and the defund-the-police narrative. Likewise, these positions provide a snapshot of law enforcement's public view and its effect on police morale.

Although police reform has repeatedly been discussed in the United States and viewed as a step to establish police accountability, people from different backgrounds— such as scholars and politicians—cannot agree on the nature of police reform. Police reform first appeared in 1929 when the National Commission on Law Observance and Enforcement had been tasked to examine crime and its relationship with the police in the

United States.[3] Decades later, the call for police reform continues to trend. Today, the issue remains at the forefront of public and political consideration—the *Final Report of the President's Task Force on 21st Century Policing* emphasizes it.[4] This report highlights the seriousness of recent police incidents that have damaged the reputation of law enforcement nationwide.[5] Nationally publicized police incidents and public protests driving police reform demands have contributed to the decline in the appeal of becoming a police officer, especially in minority communities.[6] This issue highlights how attempts to reform the police may unintentionally reduce the recruiting pool for candidates.

Defunding the police means different things to different people. For example, some understand the movement as an attempt to better organize police forces by redirecting police funds to other government and nonprofit entities tailored to handle specific problems. In contrast, others interpret defunding the police as a way to get rid of police officers entirely.[7] Jessica Eaglin sets up the range of meanings in this way: "To defund the police can refer to a long-term policy aim to abolish the police, to recalibrate what police do in society, to create accountability measures through conditional funding, or simply to save government resources."[8] In keeping with Eaglin's definitions, one interpretation posits police abolition, in which supporters believe "the police are an institution designed to surveil and control marginalized populations, particularly black people."[9] According to Alex S. Vitale, who endorses this viewpoint, policing is a tool for addressing deeply ingrained inequalities that are structured along the intersecting racial, class, sexual identity,

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[3] Law Library—American Law and Legal Information, s.v. "Wickersham Commission," accessed October 28, 2021, https://law.jrank.org/pages/11309/Wickersham-Commission.html.

[4] President's Task Force on 21st Century Policing, *Final Report of the President's Task Force on 21st Century Policing* (Washington, DC: Office of Community Oriented Policing Services, 2015), https://cops.usdoj.gov/pdf/taskforce/TaskForce_FinalReport.pdf.

[5] Ronald Weitzer, "American Policing under Fire: Misconduct and Reform," *Society* 52, no. 5 (October 2015): 475–80, https://doi.org/10.1007/s12115-015-9931-1.

[6] Weitzer, 478.

[7] Rashawn Ray, "What Does 'Defund the Police' Mean and Does It Have Merit?," *FixGov* (blog), June 19, 2020, https://www.brookings.edu/blog/fixgov/2020/06/19/what-does-defund-the-police-mean-and-does-it-have-merit/.

[8] Jessica M. Eaglin, "To 'Defund' the Police," *Stanford Law Review Online* 73 (June 2021): 123.

[9] Eaglin, 125.

and sexuality terrains.[10] For this reason, Vitale claims a successful outcome of police reform would be to eliminate law enforcement and enable societies to resolve their troubles.[11] Although not articulating a convincing theory about how police abolition could make communities safer without police assistance, this view raises a reasonable question whether communities can more effectively police themselves.

More recently, people across many disciplines have been asking themselves whether the police should be handling social issues besides preventing or fighting crime. Eaglin takes advantage of this problem and proposes a second method to envision defunding the police through recalibration, which modifies the public's expectations of the police and reorders existing public resources to promote healthier communities.[12] Vitale also wonders whether the police need to be the main organization in charge of dealing with issues like homelessness, mental illness, school sanctions, young unemployment, immigration, violence against children, sex work, and drugs.[13] Vitale suggests that society needs to re-evaluate the function and tasks of police. Furthermore, Wendy Glauser reports that Doctors for Defunding the Police—a unit of Canadian medical students and health experts—maintain people suffering from a mental illness crisis benefit more from health response teams than police officials.[14] According to the Police Executive Research Forum, the police have had to deal with numerous social issues, such as "untreated mental illness, substance abuse, and homelessness."[15] A community of scholars concurs that social problems, such as mental illness, might best be addressed by specialists, not the police.

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[10] Jasbinder S. Nijjar, review of *The End of Policing*, by Alex S. Vitale, *Race & Class* 60, no. 2 (2018): 125–27, https://doi.org/10.1177/0306396818795387.

[11] Nijjar, 126.

[12] Eaglin, "To 'Defund' the Police," 127.

[13] Garth den Heyer, review of *The End of Policing*, by Alex S. Vitale, *Policing: A Journal of Policy & Practice* 14, no. 2 (June 2020): 562, https://doi.org/10.1093/police/pay019.

[14] Wendy Glauser, "Why Some Doctors Want to Defund the Police," *Canadian Medical Association Journal* 192, no. 48 (2020): E1644, https://doi.org/10.1503/cmaj.1095905.

[15] Police Executive Research Forum, *The Workforce Crisis, and What Police Agencies Are Doing about It* (Washington, DC: Police Executive Research Forum, 2019), 7, https://www.policeforum.org/assets/WorkforceCrisis.pdf.

A third way to think about defunding the police is through police oversight. As Eaglin concludes, supporters of police oversight believe monetary incentives for police departments will improve their effectiveness.[16] Inimai Chettiar et al. agree on an approach called "success-oriented funding," which involves using the power of money to improve the criminal justice system by linking money, incentives, and policy goals.[17] Other scholars also support monetizing police units to enhance crime-solving. For example, in supporting this idea, Loreen Wolfer and Thomas E. Baker advise that contemporary policing demands that leaders secure grant funding as a strategic ingredient for success.[18] Although money may drive reform and positive outcomes, the success rate may be temporary due to a difficulty in changing police culture and the actual nature of police work.[19] Some scholars agree with using money as a strategic tool for reform, but others see it only as a short-term boost.

The fourth and final way to conceptualize defunding the police, Eaglin writes, is through fiscal constraints. Some supporters of defunding the police suggest placing fiscal constraints on police forces simply to lower the government's investment in the law enforcement discipline.[20] To Eaglin, defunding the police this way merely reduces money for law enforcement without any ability to enhance policing.[21] However, placing fiscal constraints on police could be damning because police agencies would have to reduce specific units or services to balance the budget. Skertich, Johnson, and Comfort contend that this reduction would expose vulnerabilities in the communities to be protected and served.[22] Eaglin suggests examining whether redirecting money from the police and

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[16] Eaglin, "To 'Defund' the Police," 129–30.

[17] Inimai M. Chettiar et al., *Reforming Funding to Reduce Mass Incarceration* (New York: Brennan Center for Justice, 2013), 12, http://www.ssrn.com/abstract=2370524.

[18] Loreen Wolfer and Thomas E. Baker, "Police Grantsmanship: A Case Study," *Journal of Police and Criminal Psychology* 13, no. 2 (September 1998): 66, https://doi.org/10.1007/BF02806713.

[19] Weitzer, "American Policing under Fire," 478–79.

[20] Eaglin, "To 'Defund' the Police," 132.

[21] Eaglin, 132.

[22] Robert L. Skertich, David E. A. Johnson, and Louise K. Comfort, "A Bad Time for Disaster: Economic Stress and Disaster Resilience," *Administration & Society* 45, no. 2 (2013): 146, https://doi.org/10.1177/0095399712451884.

investing it in other government entities would drive the success of police reform.[23] As a solution, placing fiscal constraints in defunding the police is flawed because it does not impose demands on the police; therefore, it does not explain how this strategy can reform the police or enhance recruitment and retention.

Another striking and current theme in the literature driving police reform is the demand to eliminate qualified immunity. According to Lael Weinberger, qualified immunity is a legal theory that protects government employees from civil lawsuits as long as their actions do not infringe on recognized legislative or constitutional rights about which they should have known.[24] Several courts, commentators, and activists across political parties support this push to reconsider or eliminate all qualified immunity.[25] As Joanna C. Schwartz writes, "Justice Sotomayor, sometimes joined by Justice Ginsburg, has criticized the Court's qualified immunity decisions for undermining government accountability by 'sanctioning a "shoot first, think later" approach to policing.'"[26] Likewise, the recent protest movement contested the doctrine of qualified immunity because it might allow the police to escape accountability.[27] However, eliminating qualified immunity can be difficult because, as Benjamin Levin explains, "unionization strengthens the political power of police, and because police are a more powerful lobby, politicians are more likely to support pro-police policies that hamper accountability."[28] Cedric L. Alexander also objects to eliminating qualified immunity because the lack of legal protection for police can reduce the applicant pool.[29] Instead, Alexander contends, "We need reforms that work to eliminate police abuse, not change how police agencies

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[23] Eaglin, "To 'Defund' the Police," 133.

[24] Lael Weinberger, "Making Mistakes about the Law: Police Mistakes of Law between Qualified Immunity and Lenity," *University of Chicago Law Review* 84, no. 3 (Summer 2017): 1574.

[25] Joanna C. Schwartz, "After Qualified Immunity," *Columbia Law Review* 120, no. 2 (2020): 311–12.

[26] Schwartz, 313.

[27] Kyle Hawkins et al., "Qualified Immunity: A Shield Too Big?," *Judicature* 104, no. 3 (Winter 2021): 65–74.

[28] Benjamin Levin, "What's Wrong with Police Unions?," *Columbia Law Review* 120, no. 5 (June 2020): 1372.

[29] Cedric L. Alexander, "Why Reforming Qualified Immunity Will Never Resolve Police Violence," *Washington Post*, May 5, 2021, ProQuest.

fight it in court."[30] For this reason, Alexander asserts that narrowing police roles would benefit society because the police enter situations more suitable for "social workers, paramedics, or traffic and parking enforcement professionals."[31] These different stances reflect the disparate views of police reform and suggest the drawbacks of eliminating qualified immunity. Advocates of defunding the police and police executives acknowledge the broad responsibilities of the police exceed their capabilities.

Some of the less radical ideas surrounding the defund-the-police movement are common among law enforcement. For example, the RAND Corporation highlights the overlap of defunding the police with the views and beliefs of criminal justice practitioners.[32] After five police officers were killed in Dallas, Texas, in 2016, the police chief of Dallas expressed his anger:

> Not enough mental health funding, let the cop handle it. Not enough drug addiction funding, let's give it to the cops. Here in Dallas we have a loose dog problem. Let's have the cops chase loose dogs. Schools fail, give to the cops. 70 percent of the African-American community is being raised by single women, let's give it to the cops to solve as well. That's too much to ask. Policing was never meant to solve all those problems.[33]

Similarly, in 2020, Scott Thomson, former chief of police of the Camden County Police Department, told National Public Radio he was not in favor of abolishing the police but did see benefits in exploring some of the ideas surrounding defunding the police. For example, he believed society could benefit mainly from social programs as opposed to the traditional overfunding of police departments.[34] Scott Thomson stated explicitly,

30 Alexander, 2.

31 Alexander.

32 Michael J. D. Vermeer, Dulani Woods, and Brian A. Jackson, *Would Law Enforcement Leaders Support Defunding the Police? Probably—If Communities Ask Police to Solve Fewer Problems* (Santa Monica, CA: RAND Corporation, 2020), https://doi.org/10.7249/PEA108-1.

33 Josh Horwitz, "'Every Societal Failure, We Put It on the Cops to Solve': Dallas Police Chief David Brown," Quartz, July 11, 2016, https://qz.com/729378/dallas-police-chief-david-brown-were-asking-cops-to-do-too-much-in-this-country/.

34 James Doubek, "Former Chief of Reformed Camden, N.J., Force: Police Need 'Consent of the People,'" National Public Radio, June 8, 2020, https://www.npr.org/sections/live-updates-protests-for-racial-justice/2020/06/08/872416644/former-chief-of-reformed-camden-n-j-force-police-need-consent-of-the-people.

So I think if we changed the expectation of police and did not have them intersecting with community as frequently as it is in areas where they don't have expertise, I think that the tension on some of these issues could certainly lower if you put the money towards having specialists handle these situations. I think cops would actually appreciate that.[35]

These are just a couple of examples of police practitioners who would not be opposed to unbundling the police to improve the perception of law enforcement and the morale of law enforcement professionals.

C.   RESEARCH DESIGN

This thesis aims to explore avenues to determine whether the thriving narrative of defunding the police can help law enforcement gain legitimacy and higher officer morale—and, presumably, improvements in recruitment numbers as the overall reputation of law enforcement improves. First, exploring why and how the defund-the-police narrative gained traction across America is essential. This thesis examines this narrative to reconcile it with law enforcement's perspective on additional roles and missions. Second, this thesis breaks down the arguments made by activists of the defund-the-police movement and seeks parallels or similarities in the views expressed by law enforcement executives. In closing, this thesis provides recommendations to law enforcement executives on how constructively engaging with the defund narrative and the various goals and objectives expressed by activists can successfully pave the way to reimagine how law enforcement should conduct policing.

The first part of this thesis explores how police missions have expanded in recent decades and why public safety officers have so many additional duties. I conducted a cultural study of the police and society by examining academic articles and surveying newspaper articles and police journals to seek evidence of a shift from community-based resources to uniformed deployments to address wide-ranging social problems. I focused on law enforcement agencies within the United States but considered law enforcement agencies from abroad if their practices were relevant. Most importantly, this exploration

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[35] Doubek.

revealed whether key actors in public and private sectors advocated additional responsibilities for which law enforcement lacks training.

The second component of this thesis was a comparative case study of the different views of defunding the police. It involved exploring perspectives from law enforcement executives, which might overlap with views from activists of the defund-the-police movement. Specifically, it represented the arguments of various law enforcement executives who find that the police take on too many responsibilities outside their training. Furthermore, it documented points of agreement between law enforcement executives and the defund-the-police narrative.

This comparative case study employed discourse analysis, using published sources to explain the viewpoints of defund-the-police activists regarding the law enforcement profession. Despite differences of opinion between the broader law enforcement community, advocates of defunding the police and some law enforcement professionals agree on many points. Research tanks like the RAND Corporation, the Police Executive Research Forum, the International Association of Chiefs of Police, and the Police Data Initiative have aired the convergence between law enforcement executives and advocates of defunding the police. Additionally, law enforcement journals such as the *Police Journal*, *Police Chief Magazine*, and *American Police Beat* have published content reinforcing some of the demands of defund-the-police activists.

I elected to study the defund-the-police movement because previous academic, political, and journalistic explanations of defunding the police have not captured the damaging reputational effects. The movement has caused fear within law enforcement, but police leadership has not tackled the public perception that prompted it. Failed reform efforts of the police may be responsible for the high level of mistrust among the public. Reviewing the history of police reform to delineate how reforms have not succeeded—and how the public has understood those failures—could help assess the current demands of the defund-the-police movement. A qualitative analysis of the societal issues delegated to police might suggest how the police should be policing. More importantly, it might help law enforcement narrow its responsibilities and make the profession attractive. As a result,

the law enforcement discipline could rebrand itself and help elevate the public's view of its the work.

For this reason, this thesis identifies overarching ideas of defund-the-police advocates and law enforcement executives to outline convergences, as well as themes for a public outreach effort to improve citizens' awareness of the functions and limits of modern policing. In closing, this thesis explores what the reconciliation of positions could mean for successful police reform and how common ground could garner greater public support. This thesis does not investigate the argument to abolish the police. Instead, it offers a more in-depth understanding and analysis of policymakers and law enforcement leaders who could reimagine policing. In return, this rebranding of the police could improve public perception and, as a result, heighten the discipline's reputation. Re-envisioning the police or, better yet, unbundling the police might also improve personnel morale within already stretched and fatigued law enforcement agencies.

II. A TINDER BOX IN THE MAKING: SHIFTING RESPONSIBILITIES AND EXPANDING MISSIONS

> The problems of crime bring us together…Even as we join in common action, we know there can be no instant victory. Ancient evils do not yield to easy conquest…We cannot limit our efforts to enemies we can see. We must, with equal resolve, seek out new knowledge, new techniques, and new understanding.

—President Johnson to Congress, March 9, 1966[36]

This chapter aims to highlight and explore rising societal issues that have affected American communities over the last several decades, as well as their contribution to the evolving defund-the-police movement. Soon after the movement gained traction, following the death of George Floyd on May 25, 2020, several government officials at various levels sought to turn the slogan into policy. With public pressure mounting, several cities intentionally cut their police budgets. For example, Portland, Oregon, moved to eliminate a traffic unit and a task force designed to reduce gun violence, thus saving Portland $15 million.[37] To many in law enforcement, these measures seemed hasty and ill considered. Meares, Goff, and Tyler note, "It is essential to recall that the crisis of policing is not simply about policing. It is about the state. A critical worry is that some narrow conversations about 'defunding' assume that the other parts of the system are operating the way they should be, and we know they are not."[38] Also, the negative implications of the defund-the-police movement seem to fulfill the direst predictions about the effects of "defunding" on

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[36] Lyndon B. Johnson, "Special Message to the Congress on Crime and Law Enforcement," American Presidency Project, March 9, 1966, https://www.presidency.ucsb.edu/documents/special-message-the-congress-crime-and-law-enforcement.

[37] Sam Levin, "These U.S. Cities Defunded Police: 'We're Transferring Money to the Community,'" *Guardian*, March 11, 2021, https://www.theguardian.com/us-news/2021/mar/07/us-cities-defund-police-transferring-money-community.

[38] Tracey Meares, Phillip Attiba Goff, and Tom R. Tyler, "Defund-the-Police Calls Aren't Going Away. But What Do They Mean Practically?," NBC News, June 24, 2020, https://www.nbcnews.com/think/opinion/defund-police-calls-aren-t-going-away-what-do-they-ncna1231959.

police effectiveness. Indeed, murders have spiked by about 40 percent since 2019, and serious criminal acts, including shootings and other attacks, have been on the rise.[39]

Given heightened tensions and the disapproving rhetoric that defunding has aroused, this chapter highlights how shifting responsibilities and expanding missions of the police have created a tinder box for law enforcement. Specifically, an insufficient number of central actors, such as health and social welfare professionals, to deal with increasing societal issues has left the police vulnerable and often the only resource to address these issues. At the same time, law enforcement has become the first option to tackle substance abuse, mental health problems, homelessness, human trafficking, and domestic violence—which, in turn, informs the notion that the police as an institution dealing with societal problems cannot be sustained. A fourth issue, the ease of obtaining information in the 21st century, places the police at the forefront of this debate. Still, the reality of policing is foggy, despite the proliferation of body cams and mobile phones with cameras. This chapter underscores that although a segment of society decries law enforcement performance and demands that the police be defunded, the focus should encompass the trajectory of American policing's catch-all role. As such, alternative response models and organizations to address the issues discussed in this chapter need to be explored because law enforcement cannot continue to be a central actor in addressing these issues.

A.   CRIMINAL ISSUES VS. SOCIETAL ISSUES

The literature richly documents police involvement in societal issues over decades. George L. Kelling and Mark H. Moore note that in the 1950s and 1960s, the law enforcement discipline would often say, "If only we didn't have to do social work, we could do something about crime."[40] This lament may represent a convergence between law enforcement professionals and activists, many of whom share a similar position on expanding police roles in recent decades. This section features worsening societal issues

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[39] German Lopez, "A Violent Crisis," *New York Times*, April 17, 2022, https://www.nytimes.com/ 2022/04/17/briefing/violent-crime-ukraine-war-week-ahead.html.

[40] George L. Kelling and Mark H. Moore, "The Evolving Strategy of Policing," Perspectives on Policing No. 4 (Washington, DC: National Institute of Justice, 1988), 6.

facing American communities and law enforcement: substance abuse, mental illness, homelessness, human trafficking, and domestic violence.

1.   Substance Abuse

Drug abuse is an intensifying, dangerous, and sometimes deadly societal issue facing our nation, hindering law enforcement agencies and the criminal justice system. The World Health Organization and the American Psychiatric Association define drug abuse as "the illicit consumption of any naturally occurring or pharmaceutical substance for the purpose of changing the way in which a person feels, thinks or behaves, without understanding or taking into consideration the damaging physical and mental side-effects that are caused."[41] According to the Federal Bureau of Investigation's Uniform Crime Reporting program, in 2019, substance abuse or driving-under-the-influence violations, comprising 2,583,370 cases, represented the most common reason for arrest.[42] The number of substance abuse offenders in America's jails has grown exponentially. In one decade, from 1996 to 2006, substance abusers in American prisons increased by 43.2 percent, totaling 1.9 million people.[43] On the other hand, data show that locking people up for substance abuse fails to address the underlying issues that drive such addiction. For example, the National Center on Addiction and Substance Abuse at Columbia University reports that people incarcerated for substance abuse violations are likely to have 5.3 previous arrests, compared to those with other breaches who have 2.5 prior arrests.[44] These statistics depict the problem with incarcerating people for substance abuse violations: without the underlying issues being treated, a convicted person is likely to commit the same crime again.[45] Although law enforcement should play a role in preventing drugs from

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[41] Kamlesh Kumar Sahu and Soma Sahu, "Substance Abuse Causes and Consequences," *Bangabasi Academic Journal* 9 (December 2012): 52–53.

[42] "2019 Crime in the United States," Federal Bureau of Investigation, accessed March 3, 2022, https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/persons-arrested.

[43] National Center on Addiction and Substance Abuse at Columbia University, *Behind Bars II: Substance Abuse and America's Prison Population* (New York: National Center on Addiction and Substance Abuse at Columbia University, 2010), 9, https://files.eric.ed.gov/fulltext/ED509000.pdf.

[44] National Center on Addiction and Substance Abuse at Columbia University, 20.

[45] National Center on Addiction and Substance Abuse at Columbia University.

entering the country and being on America's streets, a more effective approach to treating substance abuse in the country is required.

Although government entities, health care practitioners, and advocates have been shedding light on the substance abuse spike, the problem has worsened. Provisional data from the Centers for Disease Control and Prevention's National Center for Health Statistics reveal that more than 100,000 persons lost their lives to drug overdoses between April 2020 and April 2021.[46] This rise in substance abuse prompted the Biden administration to investigate implementing more harm-reduction programs, such as making naloxone and fentanyl test strips available to drug users; meanwhile, the federal government has increased deterrence and treatment programs.[47] Additionally, many experts now say that the United States should combat the addiction epidemic by focusing on alternative measures such as extending treatment and harm reduction rather than restricting the drug supply.[48] All of these requests for alternatives suggest that depending solely on law enforcement to combat such a risky trend is not having the desired outcome of reducing drug overdoses or, consequently, crimes frequently connected to the drug trade.

Medical professionals identify the following factors—all well outside the conventional purview of law enforcement—as contributors to substance abuse and addiction, depending on the individual and the context:

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[46] "Drug Overdose Deaths in the U.S. Top 100,000 Annually," National Center for Health Statistics, November 17, 2021, https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2021/20211117.htm.

[47] Dan Keating and Lenny Bernstein, "100,000 Americans Died of Drug Overdoses in 12 Months during the Pandemic," *Washington Post*, November 17, 2021, https://www.washingtonpost.com/health/2021/11/17/overdose-deaths-pandemic-fentanyl/.

[48] German Lopez, "Good Morning. Drugs Made in Labs Now Cause Most U.S. Overdose Deaths," *New York Times: The Morning*, May 20, 2022, https://messaging-custom-newsletters.nytimes.com/template/oakv2?campaign_id=9&emc=edit_nn_20220520&instance_id=61881&nl=the-morning&productCode=NN&regi_id=172843929&segment_id=92825&te=1&uri=nyt%3A%2F%2Fnewsletter%2Fa8b4e932-2429-5ad0-97c3-892cd5d6b1ba&user_id=ad6b57bd753620d5a70b923fea495a5d.

1. Biological Factors:

- Family history, genetic predisposition
- Pre-existing psychiatric or personality disorder, or a medical disorder
- Reinforcing effects of drugs
- Withdrawal effects and craving
- Biochemical factors

2. Psychological Factors:

- Inquisitiveness
- As a novelty
- Social rebelliousness (disobedience)
- Early initiation
- Poor control
- Sensation seeking (Feeling high)
- Low self-esteem (Anomie)
- Poor stress management
- Childhood loss or trauma
- As a relief from fatigue or boredom
- To escape realism
- No interest in conventional goals
- Psychological suffering

3. Social Factors:

- Peer pressure (One of the most essential causes)
- Role-Modeling/imitation
- Easy accessibility
- Fights (usually intrafamilial)
- Motives associated with faith and culture
- Lack of social or familial support
- Social attitude
- Festivities
- Rapid urbanization[49]

The enumerated contributors to substance abuse suggest a breadth of biological, psychological, and social factors far beyond police expertise. Thus, the long-standing failure of punishment approaches makes sense. The interaction of contributing factors also explains why entities besides the police are better equipped to handle such issues.

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[49] Vivekanand, "Causes of Drug Abuse," Medindia, July 15, 2019, https://www.medindia.net/patients/patientinfo/drugabuse_causes.htm.

Additionally, substance abuse frequently coexists with mental health issues, such as depression, developmental delays, apathy, withdrawal, and other psychosocial dysfunctions in adolescents.[50] Depression, behavioral problems, personality disorders, suicidal thoughts, attempted suicide, and suicide are more common among substance-abusing kids than nonusers.[51]

2.   Mental Illness

Since the defund-the-police activist movement has brought attention to police interactions with the mentally ill, this section highlights key factors that have exacerbated the issue. Barry Friedman, who has written extensively on policing, supports the issue in the crosshairs of the defund-the-police movement and law enforcement executives: the police are not the best discipline to engage with people suffering from mental health crises.[52] Friedman specifically points out that "mental illness displays a similar cycle of call, arrest, release, and repeat."[53] Understanding the history of mental health in America helps to explain how inadequate policies have contributed to the proliferation of police responding to mental health crises. On October 31, 1963, the Community Mental Health Act was signed into law by President John F. Kennedy.[54] This law set out to deinstitutionalize patients who had a mental illness because, at the time, evidence indicated they could receive more effective treatment in community settings than in psychiatric hospitals.[55] Given that 20 percent of all police calls involve a person who has a mental illness and one out of four people with a mental illness has been arrested, many members of the public, including law enforcement professionals, blame mental health

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[50] Sahu and Sahu, "Substance Abuse Causes and Consequences," 56.

[51] Sahu and Sahu, 56.

[52] Barry Friedman, "Disaggregating the Policing Function," *University of Pennsylvania Law Review* 169, no. 4 (March 2021): 940.

[53] Friedman, 940.

[54] "Community Mental Health Act," National Council for Mental Wellbeing, accessed February 17, 2022, https://www.thenationalcouncil.org/about/national-mental-health-association/overview/community-mental-health-act/.

[55] National Council for Mental Wellbeing.

professionals.[56] Without mental health professionals out in the field to treat persons with a mental illness, the issue will persist, and the people needing help will not receive the best treatment possible.

The deinstitutionalization movement of the 1960s spurred an increase in police responses to the mental health crisis, which many scholars, including Amy C. Watson, corroborate.[57] Watson, a doctor in the mental health field, criticizes how the deinstitutionalization movement caught the system unprepared: "The transition occurred without adequate investment in community-based supports, leaving many people without access to treatment and at risk for various social vulnerabilities associated with criminal legal system involvement."[58] Budgets collapsed in mental health services just as police funding soared, coinciding with the police filling this gap in mental health.[59] Thus, the shotgun approach to closing mental health facilities left the police to pick up the pieces in the absence of suitable community-service-oriented programs, paving the way for a bigger, more dominant police presence within the mental health community.

Sahana Malik, Benjamin Amendolora, and Nicolas Badre highlight the absence of mental health professionals in the field, urging psychiatrists to take on a more active role outside mental health facilities and before a party is transported to one by a police officer.[60] Training should include more thorough de-escalation instructions; methods for evaluating patients outside of medical facilities (such as on the street); and expanded interventions, including competent ongoing care from subclinical societies and emergency care without needing a formal diagnosis with a psychiatric disorder, according to Malik, Amendolora, and Badre.[61] Furthermore, these scholars recommend that psychiatrists, as part of their

[56] James D. Livingston, "Contact between Police and People with Mental Disorders: A Review of Rates," *Psychiatric Services* 67, no. 8 (August 2016): 850, https://doi.org/10.1176/appi.ps.201500312.

[57] Amy C. Watson, Leah G. Pope, and Michael T. Compton, "Police Reform from the Perspective of Mental Health Services and Professionals: Our Role in Social Change," *Psychiatric Services* 72, no. 9 (September 2021): 1085, https://doi.org/10.1176/appi.ps.202000572.

[58] Watson, Pope, and Compton, 1085.

[59] Watson, Pope, and Compton, 1086.

[60] Sahana Malik, Benjamin Amendolara, and Nicolas Badre, "'Defund the Police': An Important Moment for Society and Psychiatry.," *Clinical Psychiatry News* 48, no. 8 (August 2020): 2.

[61] Malik, Amendolara, and Badre, 2.

training, be required to go on ride-alongs with the police, assist at crisis hotlines, and respond to home calls.[62] In sum, there are needs for psychiatrists to fill to help the mental health community address some of its issues.

In examining recidivism and inmate mental illness, William D. Bales et al. found that a void of prison and community mental health systems exacerbates the recidivism rates of inmates with mental illnesses.[63] A special report by the Bureau of Justice Statistics in 2005 documented that more than 50 percent of people incarcerated suffered from a mental health problem, including 705,600 inmates in state penitentiaries, 78,800 in federal correctional facilities, and 479,900 in local detention centers.[64] Putting the statistics into perspective, these numbers equate with 56 percent of state inmates, 45 percent of federal detainees, and 64 percent of jailed prisoners experiencing mental health issues.[65] The prevalence of mental health crises among inmates has contributed to the argument that, although having no deliberate intention to do so, America has criminalized mental illness due to the absence of effective alternatives for dealing with the mental health community.

A report from 20 years ago that pinpointed this issue reflects the arguments made by those who support defunding the police. According to the report, some of the serious problems that necessitate interagency engagement pose genuine risks to public safety. Thus, more than only police action is needed for effective intervention and prevention. The general public's view is that a small percentage of problematic people are responsible for a disproportionate number of issues, including crime. Citizens now demand that organizations collaborate to prevent issues that hinder a community's ability to foster citizenship and feel comfortable.[66]

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[62] Malik, Amendolara, and Badre, 2.

[63] William D. Bales et al., "Recidivism and Inmate Mental Illness," *International Journal of Criminology and Sociology* 6 (March 2017): 1, https://doi.org/10.6000/1929-4409.2017.06.05.

[64] Doris J. James and Lauren E. Glaze, *Mental Health Problems of Prison and Jail Inmates*, NCJ 213600 (Washington, DC: Office of Justice Programs, 2006), 1, https://bjs.ojp.gov/content/pub/pdf/mhppji.pdf.

[65] James and Glaze, 1.

[66] Charles W. Dean, Richard C. Lumb, and Kevin Proctor, *Social Work and Police Partnership: A Summons to the Village Strategies and Effective Practices* (Charlotte: University of North Carolina, Charlotte, 2000), 12–13, http://hdl.handle.net/20.500.12648/2161.

3.   Homelessness

Homelessness is also rising in America and decried by the police and supporters of the defund-the-police movement. For instance, according to an oversight report of the San Francisco Police Department, San Francisco spent $20.6 million in 2015 fining homeless people who broke life-quality ordinances.[67] Alarmingly, $18.6 million of that total was due to police enforcement costs, although enforcement did not alleviate the problem or address the root cause of the issue.[68] As a result, the report called for the Board of Supervisors to locate less costly but more efficient approaches to incidents involving homeless people rather than relying on police officers.[69] In Santa Clara County, California, a study of more than 100,000 homeless residents there revealed that the criminal justice system had spent $786 million from 2007 to 2012 dealing with homelessness, most of it relating to jail costs.[70] Despite the complexity of the factors that contribute to homelessness and the solutions that have been suggested, the police nonetheless continue to be a very visible face on another debatable societal issue.

Since homelessness has been on the rise and without an adequate system in place to deal with the growing issue, some would argue that it has been criminalized. Bill Johnson of the National Association of Police Organizations supports that argument, lamenting that "jail becomes the default" when dealing with homeless individuals because many communities do not have sufficient lodging and psychiatric beds.[71] Sean E. Goodison et al. further contend that neither the criminal justice system as a whole nor law enforcement

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[67] San Francisco Budget and Legislative Analyst's Office, *Performance Audit of the San Francisco Police Department* (San Francisco: Board of Supervisors, 2018), 10–11, https://sfbos.org/sites/default/files/ BA_Report_PA_of_San_Francisco_Police_Department_061218.pdf.

[68] San Francisco Budget and Legislative Analyst's Office, 10–11.

[69] San Francisco Budget and Legislative Analyst's Office, 11.

[70] Daniel Flaming, Halil Toros, and Patrick Burns, *Home Not Found: The Cost of Homelessness in Silicon Valley* (Los Angeles: Economic Roundtable, 2015), 14, https://papers.ssrn.com/sol3/papers.cfm? abstract_id=2772270.

[71] "Understanding America's Homelessness Crisis," *Week*, May 1, 2022, https://theweek.com/ briefing/1013082/living-on-the-streets.

is responsible for or can resolve complex social problems like homelessness.[72] Despite this assertion—that the police did not set out to address displaced people in their communities—some expect law enforcement to respond to homelessness but will not hold actors such as social services or outreach workers to the same standard.[73] The Police Executive Research Forum and the RAND Corporation held a conference in 2020 under the auspices of the National Institute of Justice to examine interactions between law enforcement and the homeless community. They concluded that effective transitions out of homelessness depend on the cooperation of governmental organizations, social service providers, community leaders, scholars, and law enforcement.[74] For this reason, Goodison et al. underscore the value of partnerships between different stakeholders to narrow the police's scope regarding homelessness, thus freeing them to focus on public safety. The criminalization of mental illness and its detrimental effects have received much documentation. America should, therefore, take a lesson from its past and prevent the criminalization of homelessness.

The number of cases and police encounters with homeless people is increasing despite actual data showing that police efforts to end homelessness have been ineffective. January 2020 alone saw more than 580,000 people displaced in the United States.[75] Although the number of homeless cases in 2021 showed a decrease of 8 percent, the number cannot be substantiated due to the Centers for Disease Control and Prevention's moratorium on disturbing homeless encampments during the COVID-19 pandemic.[76] Nevertheless, homelessness continues to plague American communities. Due to her city's sizable homeless population, San Francisco Mayor London Breed issued a state of emergency in December 2021 calling for a budget increase for law enforcement to have

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[72] Sean E. Goodison et al., *The Law Enforcement Response to Homelessness: Identifying High-Priority Needs to Improve Law Enforcement Strategies for Addressing Homelessness* (Santa Monica, CA: RAND Corporation, 2020), 14, https://doi.org/10.7249/RRA108-6.

[73] Goodison et al., 14.

[74] Goodison et al., 2.

[75] "Understanding America's Homelessness Crisis."

[76] "Understanding America's Homelessness Crisis."

more officers on the streets.[77] This idea was a startling rhetorical reversal for a prominent person in one of America's most liberal cities and one that leaves the police involved in societal problems including substance misuse, mental disorders, housing instability, human smuggling, and domestic violence.[78]

4. Human Trafficking and Domestic Violence

Even while social health specialists could be helpful in cases of domestic abuse and human trafficking, law enforcement still plays a significant part in dealing with these problems. John F. Tobon et al. explain the superior capability of service workers in dealing with human trafficking because they are better trained, experienced, and equipped with resources required to address the short- and long-term bodily and psychological needs of victims of human trafficking.[79] According to Tobon et al., human trafficking may involve numerous aspects that a typical police officer is unprepared for and uneasy with handling.[80] Tobon et al. argue the challenge for law enforcement is complex because many victims of crimes are affected by societal problems—for example, being economically disadvantaged, having mental health problems, being physically exploited, and using drugs—that are outside the purview of law enforcement. Operational security also comes into play, as law enforcement agencies and social service actors often hesitate to share information because of the need to preserve the integrity of the investigation or the victim.[81] Despite the role of law enforcement in preventing, minimizing, or treating human trafficking, without the lens of social service actors, these sectors will continue to march in different directions, without a unified vision.[82] Once again, here is another problem affecting America that is not just a

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[77] "Understanding America's Homelessness Crisis"; Gabrielle Canon, "San Francisco Mayor Declares Neighborhood State of Emergency amid Overdose Deaths," *Guardian*, December 17, 2021, https://www.theguardian.com/us-news/2021/dec/17/san-francisco-state-of-emergency-drug-overdose-deaths.

[78] Canon, "San Francisco Mayor Declares Neighborhood State of Emergency."

[79] John F. Tobon et al., "Tackling the Many Facets of Human Trafficking: The Role of Law Enforcement Service Provider Partnerships," *Police Chief*, November 2020, 39.

[80] Tobon et al., 38.

[81] Tobon et al., 39.

[82] Tobon et al., 39.

matter of law and order but one that can tremendously benefit from community-service organizations that focus on psychological issues.

Another crime often associated with human trafficking is domestic violence, a dangerous, vicious, and sometimes deadly cycle. The Violence Against Women Act in 1994 criminalized domestic violence.[83] Since it became a crime, the police have been required to arrest and incarcerate the perpetrator. However, Leigh Goodmark claims there is little evidence that being detained, facing charges, being convicted, or being imprisoned has any effect on the extent of intimate partner violence in the country, or that conviction and incarceration discourages violence against intimate partners.[84] Conversely, social science research demonstrates that criminalization exacerbates risk factors for intimate partner violence because it makes it harder to get and keep a job, which contributes to social unrest and economic stress.[85] Adverse childhood experiences and trauma often fuel domestic violence.[86] Therefore, it may be worthwhile to investigate options that can improve the environment and lessen trauma.

Still, law enforcement continues to view domestic violence as a crime, which entails the issues noted in other contexts. Dean, Lumb, and Proctor, who discuss domestic abuse and the police's role in dealing with it, report that there has been little interagency coordination or cooperation despite the fact that, generally, police departments and social service organizations share the most challenging percentage of the other's client workloads.[87] Social actors outside the law enforcement discipline who treat social issues affecting communities are vital for successful intervention and deterrence.[88] Without alternatives to help with domestic abuse cases, law enforcement will have a significant presence in what is perhaps a social problem.

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[83] Leigh Goodmark and Stella Nyanzi, "Is Criminalization the Right Response to Domestic Violence?," *New Internationalist*, August 26, 2021, https://newint.org/features/2021/08/09/debate-criminalization-right-response-domestic-violence-no-leigh-goodmark-yes.

[84] Goodmark and Nyanzi.

[85] Goodmark and Nyanzi.

[86] Goodmark and Nyanzi.

[87] Dean, Lumb, and Proctor, *Social Work and Police Partnership*, 5.

[88] Dean, Lumb, and Proctor, 5.

B.   THE REALITY OF POLICING IS FOGGY

More than ever, defining what policing is or, better yet, should be, has proven a challenging process. Even police officials are having difficulty defining their own identities, which would allow for a more direct approach. The problem the police have with policing's identity is highlighted in an essay by David H. Bayley and Clifford D. Shearing on the pluralization of policing and the law enforcement's search for a new role and methodology. They assert that in the late 20th century, not only was the government's monopoly on policing broken, but so was the police's monopoly on knowledge within its purview. Now, all citizens have a role in policing—in terms of activity, accountability, and monitoring.[89] One of Sir Robert Peel's nine principles of policing repeats the notion that the police belong to everyone: Police are merely "members of the public who are paid to give full-time attention to duties incumbent on every citizen in the interests of community welfare and existence."[90] Therefore, the fragmentation of what is expected of the police will continue to grow in the absence of an adequate framework that captures what policing in the 21st century should be.

Despite friction between the police as an institution and American communities, police executives, stakeholders, and community activists have historically adapted and pursued reform, thus legitimizing the profession. Community policing is a recent example of a change carried out by the police to improve the community. In 1967, a study by the President's Commission on Law Enforcement and Administration urged the importance of strengthening community ties with the government, so law enforcement departments instituted community policing in the 1960s and 1970s.[91] In the past, law enforcement routinely changed its goals to preserve positive bonds with the communities it was sworn to defend.

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[89] David H. Bayley and Clifford D. Shearing, "The Future of Policing," *Law & Society Review* 30, no. 3 (1996): 591, https://doi.org/10.2307/3054129.

[90] "Sir Robert Peel's Nine Principles of Policing," *New York Times*, April 15, 2014, https://www.nytimes.com/2014/04/16/nyregion/sir-robert-peels-nine-principles-of-policing.html.

[91] Jack D. Douglas, review of *The Challenge of Crime in a Free Society: A Report by the President's Commission on Law Enforcement and Administration of Justice*, *American Sociological Review* 32, no. 4 (August 1967), https://doi.org/10.2307/2091056.

Community policing advocates solving problems, developing professional relationships with community members and key stakeholders, and identifying potential problems to prevent crime and make structural change. In literal terms, it represents a proactive approach to policing versus a reactive system whereby law enforcement simply responds to calls for service. Arguably, community policing is geared toward bettering the wellbeing of society. Furthermore, the multitude of wicked problems discussed in this chapter reveal a connectedness to health and wellbeing. Therefore, if one metric of the police's effectiveness in combating the enumerated wicked issues is the number of protests against law enforcement, it would be fair to re-evaluate the role of the police. Specifically, it would be reasonable to consider whether law enforcement, in its current form and design, is beneficial to the larger goal of public health or whether the mission of law enforcement, as now constituted, conflicts with increasing communal wellbeing.[92]

For example, when law enforcement answers a domestic violence call, the harm has already been inflicted. Although law enforcement can stabilize the incident, apprehend the aggressor, and guide the victim to medical services, it is questionable whether law enforcement can prevent this tragic crime from recurring. The same defense might be used if someone were using drugs or experiencing a mental health problem. Therefore, it would be a good idea to think about what the community, the public, and the rest of society expect of the police as an institution.[93]

The media plays a huge role in framing how the public views and thinks and feels about the police. Some of what influences public opinion could be construed as propaganda. As Douglas Peach articulates, propaganda "molds minds, forms tastes, and elevates ideology to audiences who may not be aware of the intention and agendas communicated while maintaining the illusion that every person is making their own mind up on public questions and matters of private conduct."[94] Technology and the proliferation

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[92] James Clover, "Defund, Dismantle, or Define," in *Law Enforcement and Public Health*, ed. Isabelle Bartkowiak-Théron et al. (Cham: Springer International Publishing, 2022), 38, https://doi.org/10.1007/978-3-030-83913-0_3.

[93] Clover, 38.

[94] Douglas Hyatt Peach, "Blue Lives Memorialized: Collective Memory and the Production of Ideology and Injustice in American Policing" (master's thesis, Eastern Kentucky University, 2020), 29.

of cellular devices have made it feasible for anyone to capture video footage of police interactions and share it with the rest of the world.[95] One major issue with disclosing this kind of information is that each person does it with the aim of furthering one's own agenda, which might have negative effects.[96] Recent information regarding the police has been widely disseminated, but it merely depicts a violent altercation between the police and the public without revealing what precipitated the interaction.[97] Because it presents only one side of policing, this kind of propaganda has the ability to distort the perceptions of many more individuals and make them view the police adversely.[98] Paradoxically, such media does not depict the reality of policing. Conflicting definitions of what constitutes "policing" or, more accurately, the existence of competing definitions thus breeds resentment, rage, uncertainty, and a disjointed understanding of the proper role of the police.

Since the internet and the accessibility of recording police–public contacts have made it easier to distribute footage on social media platforms, the police frequently find themselves in a position where they must face the public. Law enforcement executives have recognized the dangers of propaganda negatively depicting the police and have taken steps to counter the damage from such unfavorable discourse.[99] The police have realized the importance of telling their stories before the media, freelance journalists, or social media influencers to make their narratives go viral online.[100] The process of police telling their own stories has been coined "copaganda."[101] Police departments employ such

[95] Geoffrey A. Fowler, "You Have the Right to Film Police. Here's How to Do It Effectively—and Safely," *Washington Post*, April 22, 2021, https://www.washingtonpost.com/technology/2021/04/22/how-to-film-police-smartphone/.

[96] Michael Ranalli and Laura Scarry, "Concerns with Video Evidence: Does Video Tell All?," *Lexipol* (blog), December 10, 2020, https://www.lexipol.com/resources/blog/concerns-with-video-evidence-does-video-tell-all/.

[97] Ranalli and Scarry.

[98] Justin Nix and Justin T. Pickett, "Third-Person Perceptions, Hostile Media Effects, and Policing: Developing a Theoretical Framework for Assessing the Ferguson Effect" (Omaha: University of Nebraska, Omaha, 2017), 11–12.

[99] Erin Corbett, "What Is Copaganda? A Look at the Dangerous Ways Police Seek Public Sympathy," Refinery29, July 1, 2020, https://www.refinery29.com/en-us/2020/07/9887229/copaganda-police-propaganda-protests-meaning.

[100] Corbett.

[101] Corbett.

messaging to depict the law enforcement profession as good public servants who positively engage with the community.[102] According to Erin Corbett, copaganda is a tactic that frequently entails such things as "fictionalized, positive TV depictions of police officers, heartfelt social media posts made by police departments, and videos of cops kneeling with anti-police brutality protestors; it is all the media made in an effort to show police as being uncomplicatedly friendly, heroic, and good."[103] Although the police have good intentions when engaging in copaganda, there may be unintended consequences. For instance, it may continue to support the idea that the police are the answer to all problems in the community.

Compounding these dynamics, video footage of stories that emerge on the internet or the news is not always an accurate picture of the whole sequence of events that occurred. Although technology has made it easier for the public and the police to engage in either propaganda aimed to depict the police as negative or copaganda aimed to persuade the public to see police forces as good public servants, one thing is certain—the reality of policing is troubling because it does not offer an honest representation.[104] As a result, despite ongoing efforts to enhance ties between the community and the police, a portion of community members have failed to reach an understanding of what to expect from law enforcement.

The police have also been negatively affected, as evidenced by low police morale and officer resignations across the United States following claims of institutional racism and criticism of their ideals and training methods.[105] A recent 2019 study conducted by the University of Texas revealed that 26 percent of police officers experienced mental health disorders, such as burnout, anxiety, depression, or PTSD.[106] However, Clover provides an alarming justification for police officers' physical and mental issues: their

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[102] Corbett.

[103] Corbett, para. 5.

[104] Corbett.

[105] Katja Ridderbusch, "Violence, Stress, Scrutiny Weigh on Police Mental Health," Georgia Public Broadcasting, June 14, 2021, https://www.gpb.org/news/2021/06/14/violence-stress-scrutiny-weigh-on-police-mental-health.

[106] Ridderbusch.

moral distress and disorientation—just two of the effects on law enforcement personnel—may be attributable to not only police officers' work exposures but also a gap in how they identify with their roles and where they fit into the larger framework of wellness.[107]

C.   SUMMARY

This chapter summarized a few societal issues that are central to the defund-the-police movement, are rampant, and affect American communities. Significantly, the literature shows that experts from various disciplines, including the police and mental health professionals, have recognized the same societal problems and concur that a stronger system is required to assist those who are experiencing substance abuse problems, mental health issues, homelessness, human trafficking, and domestic violence. In other words, police executives and defund-the-police campaigners share common ground. Therefore, law enforcement officials should take advantage of the movement's potential to argue for changing their missions to improve the reputation and morale of law enforcement in the United States.

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[107] Clover, "Defund, Dismantle, or Define," 38.

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III. CURRENT LAW ENFORCEMENT PRACTICES TO ADDRESS MENTAL ILLNESS INCIDENTS

In America, 7–10 percent of police contacts involve individuals living with mental illness; surprisingly, many people are jailed because of these encounters. Most alarmingly, the arrests are frequently for victimless crimes, such as disorderly conduct that violates personal space or other low-level misdemeanors.[108] Stephanie Franz and Randy Borum conclude that because law enforcement does not feel capable of dealing with mental health crises and lacks confidence in existing mental health crisis teams, the police rely on arresting patients instead of treating the issue in another way.[109] However, the criminalization of mental illness exacerbates the problem rather than fixing it.

Additionally, the Treatment Advocacy Center—an organization deeply entrenched in bettering the lives of those with mental illness—reports that a person with untreated mental illness is 16 times more likely to die in a police interaction than another citizen contacted by the police.[110] The National Alliance of Mental Illness reports that between 2015 and 2020, approximately one in four people killed by the police with firearms suffered from a mental health condition.[111] In contrast, according to the Treatment Advocacy Center, people with personality disorders killed cops at a ratio about five times that of the general population in 1998.[112] As such, journalists, scholars, and law enforcement practitioners have reported that incidents between law enforcement and people with mental

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[108] Stephanie Franz and Randy Borum, "Crisis Intervention Teams May Prevent Arrests of People with Mental Illnesses," *Police Practice and Research* 12, no. 3 (June 2011): 265, https://doi.org/10.1080/15614263.2010.497664.

[109] Franz and Borum, 265.

[110] Heather Carroll, "People with Untreated Mental Illness 16 Times More Likely to Be Killed by Law Enforcement," Treatment Advocacy Center, accessed July 5, 2022, https://www.treatmentadvocacycenter.org/key-issues/criminalization-of-mental-illness/2976-people-with-untreated-mental-illness-16-times-more-likely-to-be-killed-by-law-enforcement-.

[111] "Mental Health by the Numbers: About Mental Illness," National Alliance on Mental Health, June 2022, https://nami.org/mhstats.

[112] Treatment Advocacy Center, *Law Enforcement and People with Severe Mental Illnesses* (Arlington, VA: Treatment Advocacy Center, 2007), https://www.treatmentadvocacycenter.org/storage/documents/bp_law_enforcement.pdf.

illness are some of the most dangerous calls for service a police officer must attend.[113] Given the likelihood of police encounters with mentally challenged individuals ending in tragedies, the issue at hand deserves to be explored.

Despite the notion that encounters between the police and mentally ill people are disproportionately more hazardous than those with the general population, an exploratory investigation by the National Institutes of Health found that police calls connected with the mentally ill seldom end in injuries that need medical attention for either party.[114] Still, according to research conducted by the National Institutes of Health, the media reports on only the uncommon and extreme instances of injury, not the typical experiences of most persons involved in these encounters.[115] Nevertheless, circumstances between the police and mentally ill patients should be assessed and evaluated to see whether an alternative response model might provide better outcomes for the patient and society as a whole.

Despite the infrequency of poor outcomes when the police encounter persons with mental illnesses, the American judicial system has held the police responsible. As a result, American courts have concluded that a police department's purposeful indifference might be inferred from its failure to teach employees how to identify and deal with people who have mental illnesses. In *Olsen v. Layton Hills Mall*, the 10th Circuit Court of Appeals found "the mere fact that a department failed to train its officers to recognize and handle people with mental illness is cause enough to show deliberate indifference."[116] Therefore, in response to criticism over its handling of such encounters, the law enforcement discipline, in collaboration with community stakeholders, has created specialized responses for people with mental illnesses.[117] Thus, history proves that law enforcement

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[113] Treatment Advocacy Center, 1.

[114] Amy N. Kerr, Melissa Morabito, and Amy C. Watson, "Police Encounters, Mental Illness, and Injury: An Exploratory Investigation," *Journal of Police Crisis Negotiations* 10, no. 1–2 (2010): 116, https://doi.org/10.1080/15332581003757198.

[115] Kerr, Morabito, and Watson, 125.

[116] Rodney Hill, Guthrie Quill, and Kathryn Ellis, "The Montgomery County CIT Model: Interacting with People with Mental Illness," *FBI Law Enforcement Bulletin* 73, no. 7 (July 2004): 23–24.

[117] Kerr, Morabito, and Watson, "Police Encounters, Mental Illness, and Injury," 117.

does recognize the need for professionals to respond and treat mentally ill patients and has taken steps to fulfill this important need.

This chapter discusses the different mental health response models in the United States that have been created and adopted by the law enforcement community to deal with mental health crises. The first model is led by officers who have received training in mental health and bears the official name of Crisis Intervention Training, or the Memphis model.[118] The officers act as mediators/liaisons between other officers and mental health experts.[119] The second model discussed is the Birmingham, Alabama, Community Service Officer program, which consists of mental health employees hired by the police to consult on mentally ill subjects.[120] The third model does not involve the police but is led by mobile teams of mental health workers from the community who are independent of law enforcement and respond to an incident on their own authority.[121]

Each model focuses on diverting the mentally ill from incarceration and resolving mental health calls safely and humanely while providing mentally ill persons with available resources. Despite the genuine intentions and purposes of such mental health responses, mentally ill people still comprise a disproportionate number of inmates in America's jails and prisons.[122] One reason for these high numbers could be law enforcement's presence during mental health crises. According to the National Center for Campus Public Safety, law enforcement's actions and views frequently determine whether people receive the help

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[118] Martha W. Deane et al., "Emerging Partnerships between Mental Health and Law Enforcement," *Psychiatric Services* 50 (1999): 99–101, https://doi.org/10.1176/ps.50.1.99.

[119] Deane et al.

[120] Arthur J. Lurigio, Angela Smith, and Andrew Harris, "The Challenge of Responding to People with Mental Illness: Police Officer Training and Special Programmes," *Police Journal* 81, no. 4 (2008): 295–322, https://doi.org/10.1350/pojo.2008.81.4.431.

[121] Lurigio, Smith, and Harris.

[122] Don Kamin, Robert L. Weisman, and J. Steven Lamberti, "Promoting Mental Health and Criminal Justice Collaboration through System-Level Partnerships," *Frontiers in Psychiatry* 13 (February 2022): 1, https://doi.org/10.3389/fpsyt.2022.805649.

they need, stay in their current circumstances, or become a party in the legal system.[123] As such, this chapter explores law enforcement's two response models to find the one most capable of and beneficial in addressing America's mental health crisis—where, in 2019, approximately 20 percent of people living in America had been diagnosed with a mental illness.[124] Therefore, due to the significant number of mentally ill people incarcerated and the likelihood of a bad encounter between the police and the mentally ill, evaluating the current police response models is crucial.

A.   CRISIS INTERVENTION TRAINING—THE MEMPHIS MODEL

The 1987 police shooting and killing of Joseph DeWayne Robinson in Memphis, Tennessee, while he was experiencing a mental health crisis served as the impetus for better police treatment of the mentally ill population.[125] Since then, the predominant police-based response paradigm to handle those experiencing mental health crises has been Crisis Intervention Training (CIT), commonly known as the Memphis model.[126] In the wake of the tragic incident and uproar from the community, local leaders developed a task force composed of representatives from the police department, the mental health department, community leaders, and members of the University of Tennessee. The task force's goal was to develop a model to increase the safety of law enforcement and the consumer during mental health encounters, creating diversion options for persons with mental illness and providing a linkage to psychiatric programs.[127] The goal of building a bridge for people with mental illnesses to enter psychiatric programs has been to foster cooperation with

[123] Melissa Reuland, Matthew Schwarzfeld, and Laura Draper, *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice* (New York: Council of State Governments Justice Center, 2009), 3, https://www.ojp.gov/ncjrs/virtual-library/abstracts/law-enforcement-responses-people-mental-illnesses-guide-research.

[124] "The Current State of Mental Health in America in 2022," *PlanStreet* (blog), April 6, 2022, https://planstreetinc.com/the-current-state-of-mental-health-in-america/.

[125] Eric Westervelt, "Mental Health and Police Violence: How Crisis Intervention Teams Are Failing," National Public Radio, September 18, 2020, https://www.npr.org/2020/09/18/913229469/mental-health-and-police-violence-how-crisis-intervention-teams-are-failing.

[126] Westervelt.

[127] Amy C. Watson, Michael T. Compton, and Jeffrey N. Draine, "The Crisis Intervention Team (CIT) Model: An Evidence-Based Policing Practice?," *Behavioral Sciences & the Law* 35, no. 5–6 (2017): 431–41, https://doi.org/10.1002/bsl.2304.

various support groups. For instance, crisis triage units, hospital units, psychiatric clinics, and mental health and social assistance organizations can serve as a support network to which law enforcement can transfer those who are mentally ill for treatment.[128] This program paved the way for law enforcement's interactions with the mentally ill community.

The CIT model offered the law enforcement profession and struggling communities a path forward in dealing with mental health crises. Many departments have adopted the CIT model but do not follow it as it was intended. Even though the model is likely one of the most popular police response strategies to treat mental health emergencies, the University of Memphis's CIT Center claims that, as of 2019, only 15 percent (2,700) of the approximately 18,000 police departments in the United States had a CIT program.[129] According to academic researchers Amy C. Watson, Michael T. Compton, and Jeffrey N. Draine, the model calls for an estimated 20–35 percent of the police force within an agency to be CIT-trained to ensure the availability of a CIT-qualified police officer at any given time.[130] Contrary to the CIT model, there has been a push to require all police officers to undergo such training, an apparent contradiction to the program's design.[131] The CIT model recognizes the importance of having basic knowledge of mental health crisis response, but the role of CIT specialist should be reserved only for police officers who have shown an exceptional commitment to such response.[132]

Despite the popularity of CIT in the law enforcement discipline, scholars such as Watson, Compton, and Draine describe the effectiveness of CIT as confusing at best. These scholars, who have researched CIT extensively, find themselves at crossroads when measuring CIT's effectiveness. Expressly, Watson, Compton, and Draine agree that CIT

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[128] Watson, Compton, and Draine, 433.

[129] Michael S. Rogers, Dale E. McNiel, and Renée L. Binder, "Effectiveness of Police Crisis Intervention Training Programs," *Journal of the American Academy of Psychiatry and the Law* 47, no. 4 (2019): 1–8, https://doi.org/10.29158/JAAPL.003863-19.

[130] Watson, Compton, and Draine, "The Crisis Intervention Team," 432–33.

[131] Watson, Compton, and Draine, 434.

[132] Watson, Compton, and Draine, 434.

improves officer-level perceptions and attitudinal outcomes of the mentally ill but cannot verify CIT's effectiveness across other dimensions.[133] Although CIT may be a helpful model for the police in terms of de-escalating a scenario involving a mental health crisis, it offers few further benefits or improvements for the wellbeing of the mentally ill; therefore, the success is limited.

The CIT model's intention is to capture different entities, from the police to health services, in hopes of creating an umbrella of resources. Notably, the CIT model fosters collaboration across agencies and community stakeholders to ensure orderly and productive crisis response.[134] Furthermore, it encompasses multiple elements designed to improve law enforcement's response to calls for service involving individuals with mental illness or those experiencing a mental health crisis. One of the most critical elements of CIT is the requirement that police officers attend a 40-hour training course in which they acquire tools to intervene—carefully and successfully—with individuals experiencing a crisis while also connecting those individuals to psychological care.[135] CIT is intended for officers who volunteer and undergo a screening process before being selected to receive the training because not everyone is suited for or has a demonstrated interest in dealing and working with the mentally ill.[136] In this way, officers who attend to the mentally ill are more prepared to de-escalate a situation than their untrained counterparts while recognizing the needs of these patients.

Another important facet of the CIT model is its emphasis on enhancing the link between the person calling 9-1-1 and mental health treatment. This link is enhanced by providing dispatch operators with training, so they have the necessary knowledge and skills to recognize and process a call from a mentally ill person or someone wanting to report a

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[133] Watson, Compton, and Draine, 431.

[134] Deane et al., "Emerging Partnerships between Mental Health and Law Enforcement."

[135] Watson, Compton, and Draine, "The Crisis Intervention Team."

[136] Cassidy Blair Haigh, Anne Li Kringen, and Jonathan Allen Kringen, "Mental Illness Stigma: Limitations of Crisis Intervention Team Training," *Criminal Justice Policy Review* 31, no. 1 (2020): 45, https://doi.org/10.1177/0887403418804871.

mental health crisis.[137] In identifying core elements of CIT, researchers at the School of Urban Affairs and Public Policy at the University of Memphis assert that emergency dispatchers are vital because, in asking the appropriate questions in a behavioral health crisis call, they significantly affect the resolution of the incident by better preparing the responding officers.[138] Existing studies have shown that teaching CIT to dispatchers assists them in triaging the call for service because they are better suited to recognize signs of mental illnesses.[139] Identifying a call for service that might involve a person with a mental illness is crucial, as studies have shown the parameters of calls that initiate an interaction are a significant predictor of the use of force.[140]

The third component of the CIT model is having local mental health facilities and services available, with an automatic acceptance of parties transported by law enforcement.[141] All crucial CIT components must be operating correctly for the model to perform as intended. For instance, to connect someone in need of mental health services with those services, the police dispatcher fielding 9-1-1 calls must be well trained to identify the individual in distress. However, a connection cannot be made if such services are not available to the person in need of mental health treatment.

The level of training the participants receive determines whether the CIT model is successful in achieving its objectives. CIT has historically been welcomed by law enforcement as a tool to improve the security of police and community relations. However, safety is not the only aspect that needs attention, even if it is vital. Training is another crucial component. One question that has risen is the quality of CIT. For example, smaller police departments with staffing shortages, budgetary constraints, and limited resources

[137] Watson, Compton, and Draine, "The Crisis Intervention Team."

[138] Randolph Dupont et al., *Crisis Intervention Team Core Elements* (Memphis: University of Memphis, 2007), 12.

[139] Jennifer L. S. Teller et al., "Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Calls," *Psychiatric Services* 57, no. 2 (February 2006): 232–37, https://doi.org/10.1176/appi.ps.57.2.232.

[140] John M. MacDonald et al., "Police Use of Force: Examining the Relationship between Calls for Service and the Balance of Police Force and Suspect Resistance," *Journal of Criminal Justice* 31, no. 2 (2003): 9, https://doi.org/10.1016/S0047-2352(02)00219-2.

[141] Rogers, McNiel, and Binder, "Effectiveness of Police Crisis Intervention," 1–8.

may face challenges in providing adequate training to their personnel. These challenges are recognized by the President's Task Force on 21st Century Policing, which highlights that small departments often lack the tools for training and equipment that larger agencies can access. Moreover, the task force adds that local customs often prevent smaller departments from combining forces with adjoining agencies.[142] Michael S. Rogers, Dale E. McNiel, and Renee L. Binder argue in their research article that small departments may experience considerable challenges when implementing or maintaining a CIT model that strongly matches the fundamental components of the Memphis approach.[143] Therefore, negative consequences may result if a police force does not train its officers in accordance with CIT's recommended methodology.

A contentious issue highlighted in the academic literature—for example, Franz and Borum's peer-reviewed article—is whether CIT plays a role in a police officer's decision to arrest a person with a mental illness. Citing a study conducted in Central Florida, which sampled nine law enforcement agencies of varying sizes and populations served, Franz and Borum suggest "one possible benefit of CIT programs is to reduce the volume of unnecessary and discretionary arrests of persons with mental illness in crisis."[144] Among other advantages of limiting the incarceration of mentally ill people, Franz and Borum note that the burden of such imprisonment does not transfer to other aspects of the justice system; "officers may spend less time on these calls, escalations that result in officer injury may be prevented, the challenge is not passed along to subsequent phases of the justice system, and the people with mental health disorders are more readily connected to treatment services, reducing the occurrence of repeat calls for the same problem."[145] Strikingly, however, an analysis in Akron, Ohio, of police responses to mental disturbance calls after CIT implementation reveals that although trained officers transported more mentally ill parties to treatment facilities, there were no notable changes to the number of

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[142] President's Task Force on 21st Century Policing, *Final Report of the President's Task Force*.

[143] Rogers, McNiel, and Binder, "Effectiveness of Police Crisis Intervention," 3.

[144] Franz and Borum, "Crisis Intervention Teams May Prevent Arrests," 271.

[145] Franz and Borum, 271.

arrests of mentally ill people.[146] Yet, according to a study by Lurigio, Smith, and Harris, the CIT model has generally obviated the need for special weapons and tactics (SWAT) and hostage negotiation teams and prevented injuries to mentally ill citizens and police officers.[147] The contradictory data demonstrate that the CIT model does not significantly reduce the vast number of mentally ill patients in correctional facilities, even while the frequency of SWAT calls to deal with mental health patients has dropped.

The empirical evidence that does exist demonstrates that even when a CIT-certified police officer responds to a mental health crisis, the police still arrive on scene and, thus, escalate the incident—maybe even intentionally. This is another data point supporting the idea that the CIT model is insufficient in dealing with and treating the mentally ill. One of the most extensive and recent studies compared 586 officers—251 of whom had been CIT-trained—from six law enforcement agencies in Georgia. In the study, Compton et al. "compared officers with or without CIT training on six key constructs related to the CIT model: knowledge about mental illness, attitudes about serious mental illnesses and treatments, self-efficacy for de-escalating crises and making referrals to mental health services, stigmatizing attitudes, de-escalation skills, and referral decisions."[148] The study revealed that "CIT-trained officers had consistently better scores on knowledge, diverse attitudes about mental illnesses and their treatments, self-efficacy for interacting with someone with psychosis or suicidality, social distance stigma, de-escalation skills, and referral decisions."[149] However, according to a systematic review and meta-analysis of the CIT model by Sema A. Taheri, the CIT model has no considerable benefits or drawbacks for a CIT-trained police officer or a person with a mental illness.[150] Similarly, citing a study on the effectiveness of the CIT program, Rogers, McNiel, and Binder maintain that

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[146] Teller et al., "Crisis Intervention Team Training," 232.

[147] Lurigio, Smith, and Harris, "The Challenge of Responding."

[148] Michael T. Compton et al., "The Police-Based Crisis Intervention Team (CIT) Model: I. Effects on Officers' Knowledge, Attitudes, and Skills," *Psychiatric Services* 65, no. 4 (April 2014): 517, https://doi.org/10.1176/appi.ps.201300107.

[149] Compton et al., 517.

[150] Sema A. Taheri, "Do Crisis Intervention Teams Reduce Arrests and Improve Officer Safety? A Systematic Review and Meta-Analysis," *Criminal Justice Policy Review* 27, no. 1 (2016): 76, https://doi.org/10.1177/0887403414556289.

the CIT model does not reduce the risk of death during a mental health crisis involving the police.[151] In exploring whether CIT-trained officers are less likely to use force, others studies—for example, one published by Morabito et al. in *Crime and Delinquency*—have determined that CIT does not play a role in reducing use-of-force incidents.[152] Strikingly, the scholars determined that CIT-trained officers were more likely to use force to apprehend a person with a mental illness than non-CIT-trained personnel.[153] As such, the data are inconclusive about whether CIT as a model successfully reduces violent encounters between the police and the mentally ill.

The CIT model's failure to change how a police officer views people with mental health needs is another contention among its critics. This may be partially due to the absence of mental health practitioners from police field operations. Because the CIT model relies mainly on authorized mental health facilities that have agreed to a no-refusal policy for those brought in by law enforcement, Lamb, Weinberger, and DeCuir claim that the CIT model reduces the involvement of mental health specialists in the field.[154] Another factor that sheds light on CIT's ineffectiveness is the stigma of mental health—specifically, the inability of the current CIT model to help police officers deal with their stigma of mental illness.[155] A police officer's perceived stigma of persons with mental illness is vitally significant because the literature, such as a study by Ritter et al., demonstrates officers' attitudes and beliefs determine how they interact with the mentally ill and change the contact results.[156] Ultimately, in a study designed to gauge the limitations of CIT, Haigh, Kringen, and Kringen conclude that CIT has failed to train police officers in

[151] Rogers, McNiel, and Binder, "Effectiveness of Police Crisis Intervention," 6.

[152] Melissa S. Morabito et al., "Crisis Intervention Teams and People with Mental Illness: Exploring the Factors That Influence the Use of Force," *Crime and Delinquency* 58, no. 1 (January 2012): 71, https://doi.org/10.1177/0011128710372456.

[153] Morabito et al., 71.

[154] H. Richard Lamb, Linda E. Weinberger, and Walter J. DeCuir Jr., "The Police and Mental Health," *Psychiatric Services* 53, no. 10 (October 2002): 221, https://doi.org/10.1176/appi.ps.53.10.1266.

[155] Haigh, Kringen, and Kringen, "Mental Illness Stigma," 42.

[156] Christian Ritter et al., "Crisis Intervention Team (CIT) Training: Selection Effects and Long-Term Changes in Perceptions of Mental Illness and Community Preparedness," *Journal of Police Crisis Negotiations* 10, no. 1–2 (2010): 133, https://doi.org/10.1080/15332581003756992.

effectively overcoming their stigma toward mental illness.[157] The failure of CIT to foster understanding and empathy from the police toward mental health patients is problematic to say the least, even though the model has been widely used for training police officers in how to interact with this segment of the community.

CIT implementation may fail because of program delivery differences and a resistant culture. Following a survey of CIT programs in the United States, the Treatment Advocacy Center found that not all CIT programs adopted by law enforcement agencies are alike.[158] This lack of standardization in CIT programs is partly due to varying levels of training provided to officers, the availability of mental health resources within communities, and the importance or value given to the CIT unit at a given police department.[159] A significant component in deciding the success of any CIT program is the internal culture, and Linda Sanabria underscores that putting an officer in front of a group to read 40 hours of PowerPoints is insufficient to influence the organization's culture.[160] Ron Bruno, too, contends that a 40-hour training seminar on CIT is insufficient to instill CIT's value, adding that police departments often teach CIT to their officers because they see it as a check-the-box exercise as opposed to genuinely believing in the mission of CIT.[161] Therefore, absent support for CIT among police officers hinders its implementation.

Some conclude that the CIT model confers more responsibility in treating mental illness than police officers can reasonably handle. The Treatment Advocacy Center acknowledges it is in neither the patient's nor the police's best interest to transfer responsibility for people with mental illness from mental health professionals to the

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[157] Haigh, Kringen, and Kringen, "Mental Illness Stigma," 50.

[158] Brian Stettin, Frederick J. Frese, and H. Richard Lamb, *Mental Health Diversion Practices: A Survey of the States* (Arlington, VA: Treatment Advocacy Center, 2013), 7, https://www.treatment advocacycenter.org/evidence-and-research/studies.

[159] Stettin, Frese, and Lamb, 7.

[160] Linda Sanabria, "What Is CIT or 'the Memphis Model'? Is It Enough?," *Accessibility* (blog), April 17, 2022, https://www.accessibility.com/blog/what-is-cit-or-the-memphis-model-is-it-enough.

[161] Westervelt, "Mental Health and Police Violence."

police.[162] Christy Lopez, the director of the Innovative Policing Program at Georgetown Law, criticizes the CIT response model because it takes away from addressing the real problem—the lack of a suitable mental health care system. Lopez claims that the CIT response technique routinely uses police officers to resolve problems when they are not necessary and might make things worse.[163] CIT is not merely window dressing, according to Lopez, yet its adoption suggests that everything is operating as intended and that nothing extra is required.[164] Therefore, strong empirical evidence suggests that a much more robust system than the police needs to oversee mental health emergencies, notwithstanding the possibility that the CIT model has some advantages.

B. COMMUNITY SERVICE OFFICER PROGRAM—BIRMINGHAM, ALABAMA

The Community Service Officer (CSO) program resides with the Birmingham Police Department in Birmingham, Alabama, working in tandem with police. The program consists of a team of CSOs trained in mental health, who have no peace officer powers, wear civilian clothing, drive unmarked vehicles, and have no authority to make arrests.[165] CSOs always join police at a scene, never appearing alone, at the request of a police officer's call for assistance during encounters with the mentally ill to de-escalate situations and provide alternatives tailored to the person in crisis. In addition, after an incident is resolved, CSOs follow up with the mentally ill individual to identify whether additional services are needed.[166] Partnering non–police officers trained in mental health with sworn police officers is often referred to as the co-response team model.[167] Programs such as Birmingham's may also be called police-based specialized mental health response

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[162] Jamie Mondics, "Don't Blame the Police," Treatment Advocacy Center, September 26, 2013, https://www.treatmentadvocacycenter.org/fixing-the-system/features-and-news/2402-dont-blame-the-police.

[163] Westervelt, "Mental Health and Police Violence."

[164] Westervelt.

[165] Lurigio, Smith, and Harris, "The Challenge of Responding," 295–322.

[166] Lurigio, Smith, and Harris.

[167] Nils Rosenbaum, "Street-Level Psychiatry—A Psychiatrist's Role with the Albuquerque Police Department's Crisis Outreach and Support Team," *Journal of Police Crisis Negotiations* 10, no. 1–2 (2010): 176, https://doi.org/10.1080/15332581003757040.

models.[168] The idea behind co-response models is that the more that policing and mental health professionals work together, the better the two disciplines can serve their respective clientele.[169] This shift in pairing police officers and mental health practitioners seems to recognize that law enforcement alone is not suitable to address mental health crises.

The CSO program differs from the Memphis model in a variety of ways. A police officer who has completed CIT, for instance, receives less training than a member of Birmingham's CSO program. This finding indicates that CIT's 40 hours in the classroom are insufficient. As such, the Birmingham CSO program mandates that newly hired employees attend six weeks of classroom and field training. The Birmingham model provides the following coverage to its community: coverage from Monday through Friday, from 8:00 a.m. to 10:00 p.m.; on-call coverage during off-peak hours during the week; and 24-hour coverage all weekend through an on-call schedule.[170] Although Birmingham's CSOs respond primarily to emergencies involving mental health, they also respond and attend to other social-service-type incidents, such as domestic violence, a need for a ride to a homeless shelter, and other appeals for general help.[171] Here, Birmingham's model highlights the need for an alternative approach to dealing with behavioral health issues— one that does not rely solely on the police.

The Birmingham approach enables law enforcement and mental health experts on the scene of a mental health emergency to concentrate on their own areas of expertise. When law enforcement and mental health professionals work together in teams, they have a lot of discretion. After assessing the situation and the disturbed individual, the team can determine whether to refer the person to a hospital's psychiatric emergency room, an outpatient treatment program, or other community options—or decide to offer no help at

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[168] Henry J. Steadman et al., "Comparing Outcomes of Major Models of Police Responses to Mental Health Emergencies," *Psychiatric Services* 51, no. 5 (May 2000): 646, https://doi.org/10.1176/appi.ps.51. 5.645.

[169] Rosenbaum, "Street-Level Psychiatry," 176.

[170] Steadman et al., "Comparing Outcomes of Major Models of Police Responses," 646.

[171] Steadman et al., 646.

all.[172] H. Richard et al. highlight that one of the benefits of having both the police and mental health practitioners operating in teams like the CSO model is that the police can contribute efficiently and compassionately to security, transportation, law enforcement field resources, and the expertise needed to deal with violence in this new venture.[173] At the same time, the mental health professional offers expertise in diagnoses and assessments, knowledge of the mental illness, and relationships with the individuals.[174] The mental health professional's understanding of mental health resources and their entrance requirements is also quite substantial, so they have a better chance of success in getting a patient admitted to a hospital, substance abuse facility, or outpatient mental health treatment, saving much-needed county hospital and jail bed space.[175] Thus, since they are more suited to interact with the mental health system, mental health professionals are the main force for success.

The Birmingham model has shown benefits because the mental health responder who is part of the program might review a patient's past contacts, treatment, diagnoses, and, if applicable, assigned case manager.[176] Having access to a patient's medical history while out in the field may be advantageous for mental health professionals because, if the patient is taken to a hospital, the professional can give the hospital staff the most pertinent information, allowing them to triage the patient and start treatment much more quickly.[177] Moreover, in a study comparing the Memphis model to the Birmingham model, Steadman et al. concluded that Birmingham's CSOs resolved incidents at the scene at a higher rate than police officers operating in the Memphis model.[178] This clearance success means that officers applying the Memphis model were apt to transport persons experiencing a mental

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[172] H. Richard Lamb et al., "Outcome for Psychiatric Emergency Patients Seen by an Outreach Police–Mental Health Team," *New Directions for Mental Health Services* 2001, no. 90 (2001): 69, https://doi.org/10.1002/yd.23320019007.

[173] Lamb et al., 73–74.

[174] Lamb et al., 74.

[175] Lamb et al., 74.

[176] Lamb, Weinberger, and DeCuir, "The Police and Mental Health," 1266–71.

[177] Lamb, Weinberger, and DeCuir, 1269.

[178] Steadman et al., "Comparing Outcomes of Major Models of Police Responses," 648.

health emergency to appropriate services.[179] In terms of linking persons with a mental health illness to treatment resources, the Birmingham model was not as successful as the Memphis model.[180] Thus, if success is measured by the ability to pair mentally ill patients with mental health resources, the Birmingham CSO program has not been as successful as the Memphis model, whose aim is pairing patients with resources.

Although the CSO program and others like it have shown success in capturing more pertinent information, that success does come at a cost, specifically in the time spent to complete a call from start to finish. When Michelle S. Iacoboni evaluated the effectiveness of such a response model, she found that, on average, a call from start to finish ranged from an hour and 15 minutes to almost four hours.[181] The extended period spent on a call puts a strain on the police department because, during that time, the officer on scene is not doing other police work. The length of these calls is mainly due to the need for a mental health practitioner to evaluate the patient, the time spent locating an available hospital to admit the patient, and the time spent transporting the patient to the facility.[182] Therefore, despite the Birmingham model's modest level of success, it does not eliminate the need for police on scene when they should be concentrating on criminal problems instead.

Although it can be advantageous to pair police officers with mental health professionals, doing so can also be burdensome for law enforcement organizations because it still ties a police officer to the situation when a mental health practitioner is better equipped to handle the scene. According to Lamb et al., the mental health professionals on the team have greater knowledge about people with mental illness found in the field and are, therefore, in a better position to conduct an appropriate assessment—thanks to access to data from the mental health department.[183] However, Lamb et al. also conclude that while mental health professionals can make positive strides for the mentally ill patient, the

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[179] Steadman et al., 648.

[180] Steadman et al., 646.

[181] Michelle S. Iacoboni, "Burbank Police Department Mental Health Evaluation Team (MHET) Evaluation" (master's thesis, California State University, Long Beach, 2015), 121, ProQuest.

[182] Iacoboni, 119.

[183] Lamb, Weinberger, and DeCuir, "The Police and Mental Health," 1268.

time consumed by such calls can be a burden on law enforcement and can affect a police officer's decision to bring in such a team.[184] At the same time, an officer with the team could be seen as a wasted resource. Additionally, having professionals from various agencies and disciplines within the same unit responding to mental health crises or drug abuse incidents can have negative implications. Bailey explains that when several agencies are brought together to form one emergency response plan, interagency communication can be challenging, especially when it comes to issues of mental illness and drug abuse.[185] In other words, the efficacy of such a model can be hindered by the presence of two professionals with conflicting objectives or different training.

Although the Birmingham CSO model has been effective at treating mentally ill people, it does have a bad reputation. Iacoboni points to one unfavorable aspect of such a response model: the likelihood that "any department looking to pair a county employee with a city or county law enforcement agency must heed the bureaucratic restrictions that may prevent scheduling flexibility."[186] Additionally, relevant literature, including an article by Bailey et al. on co-response teams, finds that the models' ineffectiveness is partly due to how officers in such units view themselves.[187] Specifically, stigma contributes to a bigger problem regarding job clarity and represents a significant impediment to implementation.[188] Chiefly, police officers in co-response models have expressed that police officers within the same agency perceive them as non-traditional officers, thus causing dissatisfaction and identity crises among officers in these units.[189] Again, even though models like Birmingham's have good intentions, the presence of police officers within the unit can have unfavorable effects.

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[184] Lamb, Weinberger, and DeCuir, 1269.

[185] Katie Bailey et al., "Barriers and Facilitators to Implementing an Urban Co-Responding Police-Mental Health Team," *Health & Justice* 6, no. 1 (2018): 6, https://doi.org/10.1186/s40352-018-0079-0.

[186] Iacoboni, "Burbank Police Department," 117.

[187] Bailey et al., "Barriers and Facilitators."

[188] Bailey et al., 9.

[189] Bailey et al., 7.

Another important factor often overlooked in models like Birmingham's is the notion that resources exist to help treat mentally challenged individuals. Additionally, according to Randy Borum—who has researched the various police response models used to deal with mentally ill individuals—police-based mental health response models are likely neither detrimental nor beneficial, but there is cause to believe they fall short of fundamentally altering the way that law enforcement encounters with mentally ill people in crisis take place.[190] Furthermore, Bailey et al. report that because there is a dearth of treatment options for the patients, co-responder models like the Birmingham CSO program do not address the needs of mentally ill persons, for whom such programs are designed.[191] Therefore, it should not come as a shock that relevant literature, such as an article by Bailey et al., has determined that effectively managing mental health crises requires a platform of behavioral health care that surpasses the capabilities of existing response units and facilities.[192]

C. SUMMARY

Although both police-based response models for dealing with mental health crises—CIT and Birmingham's CSO program—have been successful in certain aspects, they still do not relieve the need for law enforcement's presence. The police presence in nonviolent mental health emergencies will continue to burden a profession experiencing a workforce crisis across the nation.[193] Therefore, the law enforcement community will be unable to focus more on other traditional law enforcement services such as providing security to the homeland.[194] Also significant is that while the models enumerated in this chapter exist, they represent inadequate responses to mental health crises. One aspect

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[190] Randy Borum, "Improving High Risk Encounters between People with Mental Illness and Police," *Journal of the American Academy of Psychiatry and the Law* 28, no. 3 (2000): 333.

[191] Bailey et al., "Barriers and Facilitators," 9–10.

[192] Bailey et al., 7.

[193] Police Executive Research Forum, *The Workforce Crisis*, 7.

[194] Michael C. Biasotti, "Management of the Severely Mentally Ill and Its Effects on Homeland Security" (master's thesis, Naval Postgraduate School, 2011), 1, http://hdl.handle.net/10945/39405.

missing from the dialogue until recently, according to Christy Lopez, is a need for an efficient alternative model for mental health care in a community.[195]

[195] Westervelt, "Mental Health and Police Violence."

IV.   CASE STUDY: THE MENTAL HEALTH–BASED RESPONSE

> Ideas and opinions are not spontaneously "born" in each individual brain: they have had a centre of formation, or irradiation, of dissemination, of persuasion—a group of men, or a single individual even, which has developed them and presented them in the political form of current reality.

—Antonio Gramsci[196]

This chapter provides an in-depth case study of one successful program, the Crisis Assistance Helping Out on the Streets (CAHOOTS) in Eugene, Oregon, which invests in those suffering from mental behavioral health issues by enhancing the wellbeing of mental health patients, the unsheltered, those suffering from substance abuse, and those who could benefit from psychological services. The in-depth case study on CAHOOTS reveals that a promising alternative response model exists to address social issues—one not reliant on the police but one that does not altogether eliminate the police force in communities. In short, the CAHOOTS method focuses on trauma-informed de-escalation and health education, thereby decreasing calls to the police, avoiding detrimental arrest-release-repeat cycles, and averting violent police interactions.[197]

The alternative response model pairs properly trained mental health specialists with patients and allows law enforcement to focus on criminal matters rather than on social issues. By detailing such a model, this thesis serves to remind law enforcement that options exist outside the criminal court process that can help persons in need of social assistance regain their wellbeing. As such, this case study details CAHOOTS's origin, explains its composition, and assesses its effectiveness by considering funding, the number of calls to which it responds, the positive implications for the police force, and any issues that plague the program.

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[196] Anisha Faruk, "Lessons from Gramsci," Oxford University Labour Club, accessed September 1, 2022, https://oxunilabour.wordpress.com/2018/11/10/lessons-from-gramsci/.

[197] Anna V. Smith, "There's Already an Alternative to Calling the Police," *High Country News*, June 11, 2020, https://www.hcn.org/issues/52.7/public-health-theres-already-an-alternative-to-calling-the-police.

A. OVERVIEW

An important factor in the success of CAHOOTS is the emphasis that the community of Eugene, Oregon, and its stakeholders have placed on enhancing the wellbeing of the mentally ill via support for its law enforcement department. Introduced in 1989 as a community policing program, CAHOOTS reflects the characteristics of a mental health–based response team with a community-based mobile team comprising mental health workers who are unaffiliated with police departments but are responsible for managing specialized mental health–based responses.[198] According to Rogers, McNiel, and Binder, "Police departments coordinate with independent mental health systems and workers to cooperate on emergency responses in the field, with mental health workers as primary agents."[199] These dynamics highlight the significance and value of mental health workers at the scene of a mental health crisis.[200] The recognition that mental health specialists are more successful than the police at helping people in distress sets CAHOOTS apart from any other response model.

B. HISTORY OF CAHOOTS

White Bird Clinic's purpose, vision, and principles served as the foundation for CAHOOTS, which is funded by the City of Eugene, Oregon. The former's goal is to create a communal climate in which individuals may take charge of their social, emotional, and physical wellness through community engagement, education, and direct assistance.[201] Additionally, White Bird Clinic's mission is to offer supportive services and compassionate healthcare to people in the community so that all can receive the treatment

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[198] "What Is CAHOOTS?," White Bird Clinic, October 29, 2020, https://whitebirdclinic.org/what-is-cahoots/; Courtenay L. Sellers et al., "Responding to Persons with Mental Illnesses: Police Perspectives on Specialized and Traditional Practices," *Behavioral Sciences & the Law* 23, no. 5 (September 2005): 647–57, https://doi.org/10.1002/bsl.633.

[199] Rogers, McNiel, and Binder, "Effectiveness of Police Crisis Intervention," 2.

[200] Rogers, McNiel, and Binder, 2.

[201] "Home Page," White Bird Clinic, accessed May 30, 2022, https://whitebirdclinic.org/.

they require.[202] Humane, client-centered treatment; a community focus; personal empowerment; and opportunities to receive services are the clinic's core tenets.[203]

The desire to enhance the wellbeing of members of society is what drove the White Bird Clinic to its mission today. Founded in 1968 by Dennis Ekanger and Frank Lemons, White Bird Clinic was first designed to provide free assistance to parties needing medical treatment and connect those in need with existing services.[204] Before CAHOOTS was formed, White Bird Clinic's unplanned mobile crisis-response team came to be called the "bummer squad," from the phrase "bum trip," because some people in need of help could not drive and needed a ride to the clinic.[205] Eventually, the bummer squad and the Eugene Police Department responded to the same incidents, and an informal relationship and collaboration began to form.[206] The Eugene Police Department and White Bird Clinic recognized they were responding to identical pleas for help.

The fact that the police support CAHOOTS even though they are not part of the team is a crucial aspect of the program's growth and success. As Rowan Moore Gerety describes, the partnership between CAHOOTS and the Eugene Police Department developed in part as a result of bummer-squad volunteers giving the police sporadic role-playing training and some beat officers learning to value Eugene's unique grassroots crisis-response network.[207] Eventually, members of White Bird Clinic started training the Eugene Police Department in how to deal with crisis services.[208] The relationship between the police and CAHOOTS gives credence to the notion that law enforcement's support is necessary to achieve momentum in developing similar response models.

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[202] White Bird Clinic.

[203] White Bird Clinic.

[204] Rowan Moore Gerety, "An Alternative to Police That Police Can Get Behind," *Atlantic*, December 28, 2020, https://www.theatlantic.com/politics/archive/2020/12/cahoots-program-may-reduce-likelihood-of-police-violence/617477/.

[205] Gerety.

[206] Gerety.

[207] Gerety.

[208] Gerety.

In the late 1980s, an explosion of societal issues and an overburdened police force prompted collaboration. Specifically, the city of Eugene began experiencing a higher incidence of mental illness, homelessness, and substance abuse, and the law enforcement's response—which involved arresting people experiencing mental illness, homelessness, and substance abuse—was insufficient. These cases slowed down the court system, and the practice of arresting such individuals did little to improve public safety.[209] At this time, Mike Gleason, Eugene's city manager, offered city funding for programs that could help ease the situation. Then, White Bird Clinic and the Eugene Police Department began collaborating formally. Since the Eugene Police Department's involvement in mental illness cases, homelessness, and substance abuse incidents was ineffective and had negative implications for the criminal justice system, a new way to approach these societal issues was devised.[210] The 9-1-1 system began to dispatch a mobile crisis team consisting only of White Bird Clinic practitioners—and no police membership.[211] Thinking outside the box and implementing an alternative model to address issues that overburdened law enforcement paid off and paved the way for CAHOOTS.

A push was made for crisis-response teams to concentrate on a long-recognized issue during a tumultuous time in America, when many were suffering from the COVID-19 pandemic. Thus, stakeholders championed CAHOOTS as an effective way for America to respond to the needs of communities. Specifically, at the heart of the defund-the-police movement in 2020, Oregon Senator Ron Wyden introduced the CAHOOTS Act, which called for state Medicaid programs to fund specific community-based mobile crisis-response units for those facing mental disorders or substance abuse outside a hospital setting.[212] The American Rescue Plan, a $1.9 trillion investment in the future of the United

[209] Gerety.

[210] Gerety.

[211] Gerety.

[212] CAHOOTS Act, S.B. 4441, 116th Cong., 2nd sess. (2020), https://www.congress.gov/bill/116th-congress/senate-bill/4441/text.

States, was signed into law in 2021, despite the CAHOOTS Act failing to pass.[213] The American Rescue Plan, in particular, contained measures and funds to help the country create a more equitable society by strengthening and rethinking social structures and institutions while reducing the pandemic's effects.[214] The approval of funding sources to implement crisis-response teams, which can enhance the safety and wellbeing of people suffering from behavioral health issues, is a step in the right direction.

Consequently, the more popular the CAHOOTS concept becomes, the more likely a comparable response model will be implemented elsewhere. Medicaid will receive $1.1 billion over 10 years from the American Rescue Plan to pay for crisis-response teams, which resemble the CAHOOTS paradigm.[215] In its report on the initiative, the White House highlights the importance of incorporating alternatives to police response to deal with mental health issues and does this through § 9813, which describes community-based mobile crisis intervention. The main objectives of such intervention involve qualified mental health and drug abuse treatment specialists' providing immediate assistance, individual assessments, and crisis resolution for people who are suspected of having mental health conditions or drug abuse disorders. With the aid of intervention programs, people may be connected immediately to additional services.[216] As codified in § 9813, using alternative response models to address behavioral health concerns is a viable and urgently necessary method to improve public health in American communities.

C.   COMPOSITION OF CAHOOTS

The alternative response model stands out and differs from conventional police-based response models thanks to CAHOOTS's distinctive composition. After seeing the advantages of this strategy, the City of Eugene obtained funding in 2016 to have each team

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[213] White House, *Advancing Equity through the American Rescue Plan* (Washington, DC: White House, 2022), 7, https://www.whitehouse.gov/wp-content/uploads/2022/05/ADVANCING-EQUITY-THROUGH-THE-AMERICAN-RESCUE-PLAN.pdf.

[214] White House, 7.

[215] Joanne Zuhl, "Wyden Takes Oregon Street Response Model Nationwide," *Street Roots*, May 5, 2021, https://www.streetroots.org/news/2021/05/05/wyden-takes-oregon-street-response-model-nationwide.

[216] White House, *Advancing Equity through the American Rescue Plan*, 280.

work 12-hour shifts, making CAHOOTS a 24/7 operation.[217] The Eugene Police Department dispatches CAHOOTS after calls for service come to the 9-1-1 system or the non-emergency telephone number.[218] The Eugene Police Department's dispatchers are trained to identify when a call for service has a social health component, and as long as the call does not involve the propensity for violence, the dispatcher sends CAHOOTS instead of the police.[219] More often than not, CAHOOTS responds to a crisis without the police.[220] The team comprises a medic; often an emergency medical technician or a nurse; and a crisis counselor with substantial experience and preparation in mental health, who is responsible for leading the dialogue and de-escalating the incident at hand.[221] The unit can deal with mental health–related crises, such as conflict resolution, welfare checks, substance abuse, and suicide threats.[222] To be certified to work on a CAHOOTS team, a person must complete 500–600 hours of field preparation—in contrast to the 40 hours of classroom instruction required for the CIT model.[223] In light of this training requirement, CAHOOTS is distinct from standard CIT or CSO response models due to the absence of police enforcement among the teams and the significant training each member undergoes.

Staff members of CAHOOTS do not possess firearms or weapons and are not police personnel. Calls for service directed to the police department's non-emergency number are then routed to CAHOOTS. If the medical emergency or psychological crisis is not suspected or known to have a violent component, a CAHOOTS team—not the police—is dispatched to respond, evaluate the situation, and offer rapid stabilization.[224] The CAHOOTS team may provide assessments, information, referrals, advocacy, and, if

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[217] Gerety, "An Alternative to Police That Police Can Get Behind."

[218] Loretta McNally, *Crisis Assistance Helping Out on the Streets: Media Guide 2020* (Eugene, OR: White Bird Clinic, 2020), 1, https://whitebirdclinic.org/wp-content/uploads/2020/06/CAHOOTS-Media-Guide-20200624.pdf.

[219] McNally, 1.

[220] Gerety, "An Alternative to Police That Police Can Get Behind."

[221] Gerety.

[222] White Bird Clinic, "What Is CAHOOTS?"

[223] Jackson Beck, Melissa Reuland, and Leah Pope, "Case Study: CAHOOTS," Vera Institute of Justice, November 2020, https://www.vera.org/behavioral-health-crisis-alternatives/cahoots.

[224] White Bird Clinic, "What Is CAHOOTS?"

necessary, transportation to the next stage of care.[225] It is also equipped to offer first aid and basic emergency medical care, crisis intervention, counseling, and arbitration, among other services.[226] Ben Brubaker, a clinical coordinator at White Bird Clinic, emphasizes there is no longer a standard or conventional CAHOOTS shift, adding that staff members increasingly deal with problems related to substance abuse, psychotic episodes, homelessness, and suicide threats. They visit depressed children's homes at their parents' request to offer them counseling, and when someone cannot reach CAHOOTS directly, bystanders in the community contact White Bird Clinic. CAHOOTS members' non-police status does not prevent them from successfully resolving issues with the public in an array of contexts.[227]

D. FUNDING

CAHOOTS's success can also be traced to the financial support it has been given by stakeholders in Eugene, Oregon. Recognizing the need for an alternative model to help those affected by social issues, in 1989, the Eugene Police Department paid for the first CAHOOTS shift, and since then, the City of Eugene has financed CAHOOTS through its budget as a crucial piece of the community's crisis-response program.[228] In June 2016, after seeing the success of CAHOOTS, the City of Eugene and the Eugene Police Department—with the support and approval of the Eugene City Council—boosted CAHOOTS's budget by $225,000 annually, so it could provide service 24 hours a day, seven days a week.[229] Since then, the number of calls for service for CAHOOTS has increased, and so too has funding to support two teams working in the community at any

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[225] White Bird Clinic.

[226] "CAHOOTS FAQ," White Bird Clinic, accessed June 5, 2022, https://whitebirdclinic.org/cahoots-faq/.

[227] Scottie Andrew, "This Town of 170,000 Replaced Some Cops with Medics and Mental Health Workers. It's Worked for Over 30 Years," CNN, July 5, 2020, https://www.cnn.com/2020/07/05/us/cahoots-replace-police-mental-health-trnd/index.html.

[228] Tatiana Parafiniuk-Talesnick, "In CAHOOTS: How the Unlikely Pairing of Cops and Hippies Became a National Model," *Register-Guard*, December 10, 2021, https://www.registerguard.com/story/news/2021/12/10/cahoots-eugene-oregon-unlikely-pairing-cops-and-hippies-became-national-model-crisis-response/6472369001/.

[229] Ellen Meny, "Cahoots Starts 24-Hour Eugene Service in January 2017," KVAL 13, December 2, 2016, https://kval.com/news/local/cahoots-starts-24-hour-eugene-service-in-january-2017.

given time.[230] The increase in the budget for CAHOOTS to meet the community's demand for its services highlights the importance of staying engaged with a the program for it to be successful.

The success of CAHOOTS led to its adoption in another area. In 2015, CAHOOTS expanded its services to Lane County, Oregon, helping the Springfield Police Department.[231] The expansion was made possible by Lane County after the approval of an Oregon Health and Human Service grant.[232] The annual budget of CAHOOTS since its expansion is roughly $2 million, or about 2 percent of the Springfield and Eugene Police Departments' budgets.[233] Given the impact of such a response model, the relatively tiny amount spent on CAHOOTS compared to the policing budget indicates a significant return on investment.

E.   ASSESSMENT

The absence of the police within CAHOOTS and its exclusive staffing by mental health practitioners are two reasons for the response model's popularity in the community. Since CAHOOTS has shown success in Eugene, Oregon, other places in Oregon, including Deschutes County, are looking to replicate a CAHOOTS-style response model. As such, Holly Harris, the mental health program manager in Deschutes County, Oregon, highlights that both the community and law enforcement do not want to be dealing with social issues, thus paving the way for CAHOOTS to deal with such issues appropriately. Harris claims that she has heard from both the public and law enforcement that the way police have been treating people with mental illnesses is not how they should be treated. Harris goes on to relate that the police have gained this responsibility because of compounding societal issues over time, which have effectively made them field workers for mental health. Harris maintains that CAHOOTS is an effort to assist law enforcement by relieving the police of

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[230] "CAHOOTS," Eugene Police Department, accessed May 28, 2022, https://www.eugene-or.gov/4508/CAHOOTS.

[231] Parafiniuk-Talesnick, "In CAHOOTS."

[232] Parafiniuk-Talesnick.

[233] Smith, "There's Already an Alternative to Calling the Police."

these calls. It is an endeavor to assist clients and people going through mental health crises, so they can speak with the mental health professionals they require.[234]

According to CAHOOTS, its team members respond to 17 percent of all calls received by the dispatch center of the Eugene Police Department.[235] The Eugene Police Department slightly disagrees with that number, arguing that most of the calls CAHOOTS responds to would not have received a police response at all.[236] Still, the Eugene Police Department contends that CAHOOTS handles approximately 5–8 percent of the calls received by the department's dispatchers.[237] To put a monetary value on the calls for service to which CAHOOTS responds, the program claims the Eugene Police Department saves an average of $8.5 million per year.[238] Indeed, the Eugene Police Department saves money because CAHOOTS now handles calls it would have responded to in the past. Additionally, CAHOOTS saves the City of Eugene an estimated $14 million in ambulance trips and emergency room costs.[239]

Although CAHOOTS has shown success in Eugene, Oregon, its relationship with the Eugene Police Department has not always exuded mutual trust. Because CAHOOTS has its roots in the counter-culture era, White Bird Clinic members and officers of the Eugene Police Department initially did not share the same cultural values.[240] However, the tide has shifted, and the employees of the Eugene Police Department acknowledge the success of the CAHOOTS response model in the communities and with the department. Chief Chris Skinner of the Eugene Police Department praises CAHOOTS's accomplishments and argues why its members are better equipped to manage mental health situations. Skinner believes that CAHOOTS members perform better than police officers

[234] Zuhl, "Wyden Takes Oregon Street Response Model Nationwide."

[235] Gerety, "An Alternative to Police That Police Can Get Behind."

[236] Gerety.

[237] Gerety.

[238] Trevor Bach, "One City's 30-Year Experiment with Reimagining Public Safety," U.S. *News & World Report*, July 6, 2020, //www.usnews.com/news/cities/articles/2020-07-06/eugene-oregons-30-year-experiment-with-reimagining-public-safety.

[239] Bach.

[240] Andrew, "This Town of 170,000 Replaced Some Cops."

at a crisis because they are not wearing a police uniform whereas the police wear a gun and a badge and project authority.[241] In other words, police presence at the scene of a mental health crisis works against officers.

Still, an important question surrounding a program like CAHOOTS is whether law enforcement is needed at every mental health crisis. The answer is no. Specifically, CAHOOTS handled 24,000 calls for service and depended on the police for only 150 incidents.[242] Additionally, Anna V. Smith reports that fewer than 1 percent of the calls for service CAHOOTS responds to end up needing a response from the police.[243] These astounding statistics demonstrate that another entity besides the police can deal with mental health crisis, cases of drug misuse, and homelessness, thus freeing law enforcement to deal with public safety.[244] According to preliminary statistics from 2017, an assessment of 355 police agencies in the United States showed that police officers spent 21 percent of their shift addressing people with mental illnesses—either responding to or transporting mental health clients.[245] In this way, one could infer the possibility of unbundling certain duties from the police to allow them to focus on traditional law-and-order incidents and permitting another entity to address mental health crises.

Although CAHOOTS has shown much success in Eugene, Oregon—within the law enforcement community, the public, and the members it serves—the literature does identify a couple of drawbacks. For one, CAHOOTS members are not police officers; thus, not carrying firearms restricts what CAHOOTS can and cannot do.[246] For instance, members of CAHOOTS cannot attend to a call for help if there are indications of a crime, violence,

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[241] Andrew.

[242] Alex Thornton, "This U.S. City Sends Mental Health Workers Instead of Police to Non-criminal Emergency Calls," World Economic Forum, July 15, 2020, https://www.weforum.org/agenda/2020/07/mental-health-replace-police/.

[243] Smith, "There's Already an Alternative to Calling the Police."

[244] Smith.

[245] Geoffrey Melada, "New National Survey Reveals the Immense Costs Borne by Law Enforcement in Responding to and Transporting People with Mental Illness," Treatment Advocacy Center, May 7, 2019, https://www.treatmentadvocacycenter.org/press-releases/new-national-survey-reveals-the-immense-costs-borne-by-law-enforcement-in-responding-to-and-transporting-people-with-mental-illness.

[246] Gerety, "An Alternative to Police That Police Can Get Behind."

or the presence of weapons; if the situation involves a person who might be hostile; or if the scene involves an urgent medical emergency.[247] Additionally, CAHOOTS lacks the legal authority to force a person in crisis to accept its aid, much less arrest a client if a crime is committed.[248] Likewise, CAHOOTS does not improve on response times compared to the police. For example, data from 2019 revealed that from the time CAHOOTS receives a call for assistance to the time it arrives on scene, the average time expended is one hour, 56 minutes. In contrast, the Eugene Police Department is faster by 46 minutes.[249] One possible reason for CAHOOTS's slower response time is that it employs fewer personnel than the police department.

Even so, there are still several areas where CAHOOTS might be improved, notwithstanding its success as an alternate response paradigm for behavioral health problems. For instance, there is debate over the dispatching of CAHOOTS by the Eugene Police Department's communication center because those who are experiencing mental health crises or other callers can only benefit from CAHOOTS's services by dialing the police department's non-emergency number.[250] Some people find it troubling that CAHOOTS is being deployed by the Eugene Police Department's communications department. In an interview, Tim Black, the CAHOOTS operations coordinator, expressed the desire for CAHOOTS to have its own communications center.[251] Black adds that because CAHOOTS prides itself on independence from the police, it might needs its own telephone service number to pave the way for a more distant relationship with law enforcement.[252] Despite this room for improvement, CAHOOTS's overall success is far greater than the minor issues it is working through.

Although crisis intervention teams are frequently a part of police forces across the country, the CAHOOTS concept establishes autonomous response teams made up of a

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[247] Gerety.

[248] Andrew, "This Town of 170,000 Replaced Some Cops."

[249] Gerety, "An Alternative to Police That Police Can Get Behind."

[250] Bach, "One City's 30-Year Experiment."

[251] Bach.

[252] Bach.

medic and an experienced mental health crisis worker whereas other popular responses models do not, making CAHOOTS more successful in addressing social concerns.[253] CAHOOTS shows potential as an alternative intervention in dealing with the shortcomings of America's mental health system, in which law enforcement has repeatedly been summoned to play the role of care workers. This alternative could have positive implications for the law enforcement community and society—specifically the most vulnerable members of society. The Treatment Advocacy Center has shown how extensively involved the police discipline has been in the mental health field.[254] In 2017, police agencies reported spending 10 percent of their total budgets dealing with mentally ill clients, specifically in responding to and transporting them.[255] Another interesting and important fact the survey revealed is that the police would have to drive five times farther to transport a mentally ill person to a medical facility than a correctional facility.[256] Once the police found themselves at the medical facility, they reported spending on average 2.5 hours longer than they would have in processing someone at the jail.[257] As such, CAHOOTS seems like a strong, efficient response model—and a robust alternative to throwing the police at every social issue affecting America.

F.   CASE STUDY TAKEAWAYS

The CAHOOTS example, which includes calls about mental health, substance misuse, and homelessness, offers an alternative response paradigm for handling behavioral health issues. This response strategy exclusively includes mental health professionals and emergency medical personnel and does not directly include the police, yet it has been successful in Eugene and Lane County, Oregon. The number of calls CAHOOTS has handled without assistance from the police—and when there was no evidence of

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[253] Zuhl, "Wyden Takes Oregon Street Response Model Nationwide."

[254] Treatment Advocacy Center, *Road Runners: The Role and Impact of Law Enforcement in Transporting Individuals with Severe Mental Illness, A National Survey* (Arlington, VA: Treatment Advocacy Center, 2019), 2, https://www.treatmentadvocacycenter.org/road-runners.

[255] Treatment Advocacy Center, 7.

[256] Treatment Advocacy Center, 10.

[257] Treatment Advocacy Center, 9.

violence—reflects how successful the organization has been. Additionally, the Eugene Police Department has saved money with CAHOOTS because officers are no longer required to respond to service calls surrounding mental illness. Notably, the Eugene Police Department's support for CAHOOTS has contributed to its development and effectiveness. The Eugene Police Department did not see CAHOOTS as a rival but rather a significant and workable community cooperation, which is a key lesson to be learned from this case study. Along the same line, members of CAHOOTS do not see themselves as a competing force with the police but rather attribute their success to their relationship with the police. A CAHOOTS-like program without a tight police partnership would be extremely different from anything done in Eugene, according to David Zeiss, a co-founder of CAHOOTS. As such, Zeiss struggles to imagine a society without a police force in a comprehensible way.[258] As a result, CAHOOTS should be viewed as a promising response model for local, state, and federal partners, including the police, to help American communities deal with mental health and other behavioral health concerns like substance misuse and homelessness.

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[258] Thornton, "This U.S. City Sends Mental Health Workers."

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V. CONCLUSION

> A healthy society…is not one that waits for people to become ill, but one that sees how health is shaped by social, cultural, political, economic, commercial and environmental factors, and takes action on these for current and future generations.

—Natalie Lovell and Jo Bibby[259]

This thesis examined the societal problems prevalent in America and brought to light by the defund-the-police movement—specifically drug abuse, mental illness, homelessness, human trafficking, and domestic violence, as well as the challenges that these problems pose for law enforcement. Police have been responding to these events more regularly, but they have not stopped their spread despite law enforcement's best efforts. Such issues have a cyclical nature and have developed over time, increasing gradually and at an alarming rate. For example, 25 percent of all homeless people had a serious mental disease such as schizophrenia in 2015.[260] The difficulty of these social issues—or wicked problems, as they are often called—cuts across many fields of study and frequently has disastrous long-term effects on both human and environmental health.[261]

Despite the evidence highlighted in the empirical literature that such issues cannot be solved by one single entity, law enforcement has often been left on its own to deal with such social issues. Therefore, it should not have been a surprise when moderate activists of the highly controversial and proliferating defund-the-police movement focused on limiting law enforcement's role in responding to incidents involving individuals with mental, behavioral, and social vulnerabilities.[262] Additionally, although the law enforcement discipline has received extensive training in dealing with mental health clients, people with mental illnesses are 16 times more likely to be treated with excessive force resulting in

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[259] Natalie Lovell and Jo Bibby, *What Makes Us Healthy?: An Introduction to the Social Determinants of Health* (London: Health Foundation, 2018), 7.

[260] "Understanding America's Homelessness Crisis."

[261] Helen L. Walls, "Wicked Problems and a 'Wicked' Solution," *Globalization and Health* 14, no. 1 (December 2018): 1, https://doi.org/10.1186/s12992-018-0353-x.

[262] Watson, Pope, and Compton, "Police Reform from the Perspective of Mental Health," 1085.

injury or death when the police are summoned to a call for service.[263] Between 2015 and 2016, of the approximate 2,000 people who the police fatally shot in the United States, 25 percent were determined to have suffered from mental health issues.[264] The high incidence of mental health difficulties among police-involved fatalities does highlight the importance of policy research to reduce encounters between the police and those with mental illnesses.[265] Often, when a fatal interaction occurs between the police and a mentally ill person, the press coverage concentrates on the race of the people involved, and although this is an important issue that needs to be addressed, the emphasis should also be on finding an alternative to a law enforcement response.[266] Therefore, the emphasis should be on finding an alternate response mechanism to take on the societal challenges covered in this thesis rather than focusing on defunding the police. By doing this, the obligations put on law enforcement would be unbundled and success rates would increase.

The empirical literature demonstrates how difficult it has been for the law enforcement community to convince important stakeholders that the police cannot continue to be the solution to all societal problems. Other stakeholders, such as mental health practitioners, also support the need for a more robust discipline to deal with such social problems. Since the criminal justice system alone is not intended to fix the wicked issues addressed in this thesis—specifically mental health problems—and moderate activists of the defund-the-police movement share common ground with law enforcement, the police should seize this critical time in American history to create a robust mental health system that will treat and enhance the wellbeing of our population.

The slogan "defund the police" and the present conversation about the police in American communities have varied connotations for people from all walks of life. Since words carry both meanings and implications, America must correctly identify what

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[263] Nayo Macauley, "Alternative Response to Mental Health- Related 911 Calls" (master's capstone project, Philadelphia College of Osteopathic Medicine, 2021), 1, https://digitalcommons.pcom.edu/capstone_projects/41/.

[264] Emma Frankham, "Mental Illness Affects Police Fatal Shootings," *Contexts* 17, no. 2 (May 2018): 70, https://doi.org/10.1177/1536504218776970.

[265] Frankham, 71.

[266] Frankham, 70.

defunding the police means. Therefore, this thesis focused on identifying the need for more robust systems to treat social issues such as mental health. The defund-the-police campaign calls for reform of our American mental health system rather than of our police departments since the empirical literature supports the necessity to fill the gap in the mental health community left by deinstitutionalization. For example, the CIT police-based response model for dealing with mental health crises, as explored in this thesis, would not be required if a more effective mental health care system were in place.[267] In this way, meanings should converge the reality of the issue rather than misinforming people by weaponizing ill-intended rhetoric.

Focusing on a more robust mental health system will better treat the patients affected by mental health illnesses and allow law enforcement to focus on law and order. Since it has been documented that the police spend substantial time dealing with mental health calls, ceding these to better-equipped personnel would free up time. Furthermore, the need to reform mental health in America is important—if our communities lack safety and wellness, eventually, the population will wither away. Therefore, the future of U.S. homeland security depends on the citizens' wellbeing. The police have provided and will continue to provide the safety our communities need. In contrast, mental health organizations can enhance the wellbeing of the most vulnerable populations in our communities.

Furthermore, this change in strategy can enhance the reputation of the law enforcement profession because a bad interaction between the police and a mental health patient erodes public trust. It can be detrimental to the homeland security industry if citizens lack faith in the organizations providing public services to them, in this case, law enforcement. Also, helping law enforcement by creating a better organization to address mental health and other social issues covered in this thesis will boost police morale— because there is already a staffing shortage—and maybe even inspire more people to join the police because there is a support group to assist them in addressing social issues.

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[267] Stephen Eide and Carolyn D. Gorman, "CIT and Its Limits," *City Journal*, September 2017, https://www.city-journal.org/html/cit-and-its-limits-15329.html.

Since empirical evidence suggests that "local police roles have expanded to include not only benign order-maintenance duties, such as answering noise complaints and solving neighborhood disputes, but also new, occasionally militaristic roles, such as counterterrorism, information-sharing, and immigration enforcement," law enforcement should support the addition of a community-service-oriented group like CAHOOTS.[268] Specifically, the CAHOOTS model is a good fit because, as a non–law enforcement entity, its composition and identity exude community service while assisting with crisis intervention. The program's 30 years have been a triumph in providing a first response for crises involving drug abuse, mental illness, and homelessness. A program like CAHOOTS can also provide breathing room for the police since one of the biggest problems facing law enforcement agencies today is maintaining the level of the police force.[269] Therefore, the time is now to bring community-service support that will provide better treatment to the mental health community and relief and reinforcement to the police

To accomplish the vision enumerated in this thesis and effect change, law enforcement must collaborate with various disciplines and gain support for an alternative response model to deal with behavioral health crises. One response strategy could lessen or eliminate law enforcement involvement during mental health emergencies. An alternative paradigm would place such obligations at the feet of more appropriate disciplines, such as mental health professionals, and transfer responsibility from the police to a community-type response.

A.   CAHOOTS—ALLY VS. COMPETITOR

As shown in this thesis, for over 30 years, CAHOOTS has proven itself an optimal response model that can pave the way and become an alternative for treating social issues affecting American communities. Instead of seeing CAHOOTS-type response models as rivals, the public safety sector should regard them as partners functioning under the public health umbrella. Although a few radical activists of the defund-the-police movement see

268 Jeremy M. Wilson et al., "Improving Police Recruitment and Retention" (Santa Monica, CA: RAND Corporation, 2010), 2, https://www.rand.org/pubs/research_briefs/RB9546.html.

269 Wilson et al., 1.

no room for the police to operate in America, members of CAHOOTS do not support stripping all involvement of the police.[270] David Zeiss states, "Partnerships with police have always been essential to our model. I don't have a coherent vision of a society with no police force."[271] Executives in the law enforcement profession should be open to the idea of alternative response models for dealing with social issues rather than seeing defunding the police as an attack on their character or seeing CAHOOTS-type solutions as competitive forces working against them. Obviously, the police must continue to exist, can collaborate with CAHOOTS-type response models, and cannot be replaced entirely by other groups—despite the need to unbundle the numerous duties America has put on its police force.

CAHOOTS has gained acceptance among stakeholders as a breath of fresh air to assist America with a growing number of social issues. CAHOOTS is supported and backed by the National Health Care for the Homeless Council (NHCHC).[272] The NHCHC "is the premier national organization working at the nexus of homelessness and health care. Grounded in human rights and social justice, the NHCHC mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness."[273] In addition to supporting the CAHOOTS model, the NHCHC believes that similar healthcare responses are needed throughout America to prevent mental health and homelessness criminalization.[274] As such, the time is now to sit at the drawing board and find ways to incorporate CAHOOTS-type response models.

Additionally, policymakers have recognized that America's communities, including law enforcement, need assistance in responding, stabilizing, and treating social crises that have grown exponentially. A more straightforward path starts with a whole-of-government approach and the inclusion of § 9813 from the American Rescue Plan, which

[270] Andrew, "This Town of 170,000 Replaced Some Cops."

[271] Andrew.

[272] Zuhl, "Wyden Takes Oregon Street Response Model Nationwide."

[273] "Who We Are," National Health Care for the Homeless Council, accessed June 1, 2022, https://nhchc.org/who-we-are/.

[274] Zuhl, "Wyden Takes Oregon Street Response Model Nationwide."

"incentivizes states to provide community-based mobile crisis intervention services for a period of up to five years, starting on April 1, 2022, and ending on March 31, 2027"—a sign of relief for the community and law enforcement executives.[275] Indeed, CAHOOTS provides a model that can be built on. In this way, the future is promising for law enforcement in collaborating with stakeholders and moderate activists of the defund-the-police movement to create or identify other more suitable professionals to deal with the many social issues that have been left for the police to solve.

Thus far, CAHOOTS appears to be the most promising response model a community can enact, given its overriding objective to minimize or do away with law enforcement's involvement in circumstances involving behavioral health difficulties, such as drug misuse, mental illness, and homelessness, to name a few. CAHOOTS also offers a glimpse of hope because it has been shown successful in providing much-needed social services to those who require them, without necessitating a law enforcement response. The Eugene Police Department has also saved money by reducing the role of law enforcement in providing social services. The literature also supports that mental illness does not always involve violence. Additionally, CAHOOTS serves as proof that mental health calls are not always dangerous as traditionally believed. In short, CAHOOTS is a living example that alternatives to dealing with behavioral health concerns do not necessarily involve the police.

A response model like CAHOOTS can also be considered a support system for law enforcement because with fewer duties, the police force can better attend to the public. Finding a substitute for the police to handle social problems would also benefit law enforcement by reducing manpower shortages and wait times. Law enforcement can indirectly benefit from CAHOOTS-style response models because there has been a problem with recruitment in the United States.[276] The recruitment crisis, particularly for law enforcement, is of a major concern given that if appropriate staffing levels are not

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[275] White House, *Advancing Equity through the American Rescue Plan*, 280.

[276] International Association of Chiefs of Police, *The State of Recruitment: A Crisis for Law Enforcement* (Arlington, VA: International Association of Chiefs of Police, 2019), 3, https://www.theiacp. org/sites/default/files/239416_IACP_RecruitmentBR_HR_0.pdf.

maintained, then crises can lead to "longer wait times for calls for service, fewer crimes solved and cleared, and on-duty officers . . . burned out and overworked [who] threaten the quality of life in our communities."[277] The ratio of police officers to residents is of particular concern, supported by data from the Bureau of Labor Statistics. Despite a rise in the total number of law enforcement positions, the proportion of police officers to citizens has been steadily declining because of the country's population expansion.[278]

Therefore, if the population in America continues to grow and the decline in law enforcement staffing persists, police officers will be tasked with serving more people with fewer resources.[279] This imbalance of police officers to people and the growing American population should be a concern for law enforcement executives and local, state, federal, and community stakeholders because such population growth will equate to an increase in emerging crimes and threats. Thus, strategies to address such issues should be in place. CAHOOTS-type response models could be the strategy needed to better treat people experiencing mental health issues and assist law enforcement by absorbing social issues. Globalization, technological development, and more public awareness have all contributed to an increase in the volume of crime that law enforcement agencies must now deal with.[280] Police departments have had to deal with new crimes over the last 10 years, including fraud, identity theft, cybercrime, and activities typically handled by the military, such as counterterrorism and internal security.[281] Therefore, response models like CAHOOTS should be seen as allies of the law enforcement profession rather than competitors.

B.   RECOMMENDATIONS

Based on the empirical evidence, society—specifically local, state, and federal stakeholders—should pursue implementing a different response model for behavioral

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[277] International Association of Chiefs of Police, 5.

[278] Shelley Hyland, *Full-Time Employees in Law Enforcement Agencies, 1997–2016* (Washington, DC: Bureau of Justice Statistics, 2018).

[279] International Association of Chiefs of Police, *The State of Recruitment*, 3.

[280] P. B. Kraska, "Militarization and Policing—Its Relevance to 21st Century Police," *Policing* 1, no. 4 (2007): 501–13, https://doi.org/10.1093/police/pam065.

[281] Kraska.

health issues that does not involve police as first responders. In a response model like CAHOOTS, trained civilians and medical practitioners serve as the first responders to requests for behavioral health assistance. Such a model has demonstrated success and been replicated in other settings. For such a shift to take place and be successful, stakeholders at various local, state, and federal levels must work together. Passion, education, and resources will be needed to accomplish such a transformation; this is a radical approach, but empirical evidence supports it, and the cries from both supporters of defunding the police and law enforcement executives support it because the police are not suitable in dealing with such issues. Intense and strategic recruitment efforts will need to hire the right people for such civilian first-responder models. Incentivizing practitioners in such roles will also be required if society wants a sustainable civilian first-responder model to positively transform those who are behaviorally and mentally challenged.

Although CAHOOTS has shown tremendous success in Eugene, Oregon, one observation from the literature review was that CAHOOTS is dispatched from the 9-1-1 call center. In essence, CAHOOTS lives in the dispatch communications center of the Eugene Police Department. Reimagining a system that enables those needing behavioral health to connect with civilian crisis-response models directly is promising. Implementing a 9–8-8 telephone lifeline, as discussed later in this chapter, could make such a connection possible. Nevertheless, dispatchers working at a law enforcement communications center need to receive ongoing training and the support of their agency to prepare them to make decisions. In short, the training must reinforce that call takers should send a civilian response team unless there is a dire need for law enforcement to be present. Policies and procedures may have to be revised or implemented to ensure that call takers are legally appropriate in diverting calls to civilian crises response teams, thus minimizing liability and incentivizing call takers to pair vulnerable people with more suitable professionals.

C.   THE FUTURE LOOKS PROMISING

CAHOOTS as an alternative model for dealing with societal issues vis-à-vis the traditional catch-all police response paves the way for communities across the United States to adopt a humane behavioral health response model and put the police back in

policing. However, for such a vital change to occur and be successful, substantial funding must be secured and mandates backed by law enacted. Without the two, taking such a drastic stance and removing the police from the response to behavioral health situations could have negative implications. The American Rescue Plan, specifically § 9813, which describes community-based mobile crisis intervention, sheds light on the future and provides reassurance for advocates of a better behavioral health response model.[282] This section allows the federal government to provide funding to the states as a way of incentivizing state governments to implement community-based behavioral health service teams, such as CAHOOTS.[283]

Also, in June 2022, the Bipartisan Safer Communities Act passed soon after the school tragedy in Uvalde, Texas, nurturing hope for a better behavioral health system in the United States.[284] This law will pour money into enhancing mental health services.[285] One way the act will better the mental health field and its clients is by expanding and certifying mental health programs such as clinics and making telehealth services more readily accessible.[286] The recent passing of legislation to strengthen a weakened behavioral health system may finally create an opportunity to put behavioral health and crises back in the court of mental health practitioners.

Another government mandate to address a broken behavioral health system is the National Hotline Designation Act, passed in 2019.[287] The act designated 9–8-8 as the phone number for people experiencing suicidal thoughts or actions and mental health crises can call for help.[288] The three-digit lifeline went live on July 16, 2022, and with this

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[282] White House, *Advancing Equity through the American Rescue Plan*, 280.

[283] White House, 280.

[284] Bipartisan Safer Communities Act, Pub. L. No. 117–159, 136 Stat. 1313 (2022), https://www. congress.gov/bill/117th-congress/senate-bill/2938/text.

[285] Bipartisan Safer Communities Act.

[286] Bipartisan Safer Communities Act.

[287] Substance Abuse and Mental Health Services Administration, *988 Appropriations Report* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2021), 2.

[288] Substance Abuse and Mental Health Services Administration, 2.

program, the Substance Abuse and Mental Health Services Administration (SAMHSA) aims to

- Provide enhanced access for people in behavioral health crises through the use of an easily remembered three-digit number;
- Reduce reliance on the police by linking Lifeline/988 centers with mobile crisis teams (when the person in crisis requires services beyond what the call center itself provides);
- Reduce the deadly gaps in the existing fragmented behavioral health crisis care system by enabling Lifeline/988 centers to stay in contact and follow up with those in crisis;
- Relieve emergency room boarding by providing needed evaluation and crisis intervention in the community whenever possible; and
- Better meet the behavioral health needs of all people experiencing crises in a way that reduces stigma and encourages people at risk and their family members to seek help in the future.[289]

SAMHSA designated 9–8-8 as a life-saving service as the impetus to renovate America's failing behavioral health system.[290] The goal, as envisioned by SAMHSA, is to provide better care for people experiencing mental health crises, and one way to achieve such a goal is by providing an alternative to 9-1-1, whereby the police always get involved.[291] In other words, 9–8-8 gets America closer to eliminating law enforcement's presence at the scene of a mental health crisis.

D.   CONCLUSIONS

I recognize that no single response model like CAHOOTS can guarantee to fix a broken and exhausted behavioral health system or solve wicked issues such as homelessness and substance abuse, to name a few. However, it can provide an opportunity for police officers to do the job most signed up to do, and that is to prevent and investigate criminal matters, focusing on law and order. More importantly, a response model to behavioral health issues outside traditional law enforcement's involvement will better pair a person suffering from a mental health crisis with a mental health practitioner, who

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[289] Substance Abuse and Mental Health Services Administration, 1.

[290] Substance Abuse and Mental Health Services Administration, 1.

[291] Substance Abuse and Mental Health Services Administration, 1.

research has shown is more suited to address the issue. I hope this thesis achieved a discourse analysis of the American people, including supporters of the defund-the-police movement, law enforcement executives, and stakeholders interested in enhancing the quality of society and addressing the issues of homelessness, mental health, and substance abuse, among other societal problems.

The moderate rhetoric surrounding the defund-the-police movement should not be viewed through the lens of us versus them. Rather, the American public, policymakers, and community stakeholders should be invited to participate in discussions about alternative models for addressing social issues. Law enforcement should also make use of the momentum this powerful movement has generated to build strong institutions before tearing down outdated ones. The institutions need to genuinely focus on the wellbeing of their clients and society as a whole. Unbundling police services will allow the law enforcement profession to go back in time and focus on Sir Robert Peel's first principle: preventing crime and disorder.[292]

In conclusion, I hope this thesis addressed the American law enforcement policy and procedural controversies at the center of the defund-the-police movement and ways in which police leadership can interact with this activist movement to argue for mission changes that will improve the standing and morale of law enforcement organizations in the country. Finally, kindly use this thesis as a source of optimism that the increasing demands on the police can be unbundled. Doing so will create institutions capable of providing individuals in need of healthcare with the necessary and appropriate services, and such institutions can be allies of the police.

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[292] "Sir Robert Peel's Nine Principles of Policing."

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