

## **Testimony of the Vera Institute of Justice on Bill 43-23**

### **Submitted to the Montgomery County Council**

January 16, 2024

Thank you to the members of the Montgomery County Council for the opportunity to submit testimony on Bill 43-23. My name is Jackson Beck, and I am a senior program associate at the Vera Institute of Justice, a national nonprofit working to end mass incarceration, protect immigrants' rights, ensure dignity for people behind bars, and build safe, thriving communities.

As part of Vera's Redefining Public Safety initiative, I research civilian crisis response programs and advise communities on how to develop and expand these responses themselves. While we applaud the acknowledgement that Montgomery County can do more to serve community members who experience behavioral health crises, we oppose this bill because its passage would perpetuate unnecessary police involvement in crisis situations by prioritizing new embedded co-responses (responses that pair police with clinicians in the same vehicle) over the expansion of civilian-led Mobile Crisis Outreach Teams (MCOTs).

As a primary response strategy, embedded co-responses are premised on the assumption that most behavioral health-related calls pose a high safety risk, but civilian crisis responders have shown that they can handle many situations without police when they're given the resources to do so. For example, as of August 2023, Denver's STAR (Support Team Assisted Response) program had operated for three years and never called for police backup because of a safety concern, even after answering 5,700 calls in 2022 alone.<sup>1</sup> Similarly, responders from Durham, North Carolina's HEART (Holistic Empathetic Assistance Response Teams) program have responded to thousands of calls since October 2022 and have reported feeling safe 99 percent of the time.<sup>2</sup>

In contrast, when a new crisis response approach includes police by default—as with the proposed Civilian Intervention Teams (CITs)—all the same dangers of a status quo police response persist. We are already far too familiar with the dire consequences of a law enforcement response to mental health crises, which are reflected in the disproportionate number of people with behavioral health needs who enter the criminal legal system through contact with police during crises, as well as the disproportionate number killed by police.<sup>3</sup> We know that even encounters with officers who possess de-escalation skills can exacerbate feelings of distress for people in crisis and further delay access to appropriate care.<sup>4</sup> Consequently, federal crisis care guidelines state that the preferred approach is a purely civilian response, like Montgomery County's MCOTs.<sup>5</sup>

Instead of investing in the proposed CITs, which use an embedded co-responder model, Montgomery County should expand its existing civilian crisis response program, which uses MCOTs to support community members in crisis without police. Importantly, the county has already introduced a protocol establishing that many crisis calls—including calls to 911—do not

require a police response.<sup>6</sup> The county can now follow through on this protocol by analyzing 911 call data to determine the true level of need and further investing in the MCOT program accordingly, with the goal of achieving 24/7 availability. To make civilian crisis response more widely available, the county will also have to ensure that 911 and 988 operators—in addition to call-takers with the county’s 24-Hour Crisis Center—have clear triage and dispatch protocols that are reinforced by training.

To be sure, in limited circumstances, the county’s MCOT program may need to continue partnering with the police on scene. However, CIT International, an organization that trains and advises CIT programs across the country on best practices, explains regarding a co-response strategy like the one proposed in this bill, “Embedding mental health clinicians in police cars increases the presence of police in situations where they might not be needed.”<sup>7</sup> Instead, MCOTs should be able to jointly respond with police when necessary while primarily delivering timely crisis responses without police.

In the last few years, more than 100 communities have committed to expanding access to civilian crisis responders for people who would otherwise encounter police, with new programs launching in Denver, Colorado; St. Petersburg, Florida; Olympia, Washington; Albuquerque, New Mexico; and Durham, North Carolina, among many others.<sup>8</sup> In June, Vera partners at the New Orleans Health Department and Resources for Human Development, a contracted behavioral health provider, launched the Mobile Crisis Intervention Unit to ensure access to civilian responders for 911 callers in crisis, responding to more than 600 911 calls in its first three months of operation.<sup>9</sup>

Similar investment in the MCOT program would enable Montgomery County’s program to operate with the success of Eugene, Oregon’s CAHOOTS program, upon which Montgomery County based its Triage and Response Protocols. CAHOOTS is a very early and now well-known example that has dispatched civilian crisis responders through Eugene’s public safety system for more than 30 years, and the program has done so without any reports of serious injuries for staff or community members served by CAHOOTS teams. A 2019 program analysis showed that CAHOOTS handled 13 percent of calls moving through the city’s 911 system without police, demonstrating the great potential of civilian-led approaches when given the time and resources to grow.<sup>10</sup> CAHOOTS teams requested police backup for just 2 percent of calls that they initially responded to on their own.<sup>11</sup>

With the MCOT program and the council’s attention to this issue, Montgomery County is already making the right choices on mental health crisis response. It should not fall behind by further investing in a police response, as this bill would do. We hope the county will reject this well-intentioned effort and instead forge ahead with true civilian crisis response.

Thank you for your consideration. Please do not hesitate to contact me at [jbeck@vera.org](mailto:jbeck@vera.org) if the Vera Institute of Justice may provide further support.

Sincerely,

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Senior Program Associate  
Redefining Public Safety  
Vera Institute of Justice

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<sup>1</sup>Jennifer Peltz and Jesse Bedayn, “Many Big US Cities Now Answer Mental Health Crisis Calls with Civilian Teams — Not Police,” Associated Press News, August 28, 2023, <https://apnews.com/article/mental-health-crisis-911-police-alternative-civilian-responders-ca97971200c485e36aa456c04d217547>.

<sup>2</sup>Durham Community Safety Department, HEART Data Dashboard, database, accessed January 8, 2024, <https://www.durhamnc.gov/HEART-data>. Select “Overview” and update the date range for the most recent data available.

<sup>3</sup>Jennifer Bronson and Marcus Berzofsky, *Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12* (Washington, D.C.: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (BJS), 2017), <https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf>; Jessica Stroop, Jennifer Bronson, and Stephanie Zimmer, et al., *Drug Use, Dependence, and Abuse Among State Prisoners and Jail Inmates, 2007-2009* (Washington, D.C.: BJS, 2017), <https://bjs.ojp.gov/library/publications/drug-use-dependence-and-abuse-among-state-prisoners-and-jail-inmates-2007-2009>.

<sup>4</sup>Michael Hogan, David Morrisette, Debra Pinals, et al., *National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2020), 68, <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>,

<sup>5</sup>Ibid., 20.

<sup>6</sup>Memorandum from Susan J. Farag, Legislative Analyst and Vivian Yao, Legislative Analyst to Joint Public Safety and Health & Human Services Committee re: “Briefing: Behavioral Health Crisis Response,” January 30, 2023, 2, [https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2023/20230130/20230130\\_PSHHS1.pdf](https://www.montgomerycountymd.gov/council/Resources/Files/agenda/cm/2023/20230130/20230130_PSHHS1.pdf).

<sup>7</sup>CIT International, *Why doesn't CIT International Promote the Embedded Co-Responder Model?* (Salt Lake City, UT: CIT International, 2021), <https://www.citinternational.org/resources/Documents/Position%20Papers/CIT%20Int%20Embedded%20Co-response%20Position%20Paper.pdf>.

<sup>8</sup>Indivisible Eastside Community Safety Workgroup, *Directory of Alternative Crisis Response Programs*, (Bellevue, WA: Indivisible Eastside, 2023), <https://drive.google.com/file/d/1Gz8JKZdRe48F417rd5ZTxggUiE7jj5ib/view>.

<sup>9</sup>National Football League Foundation, “Community Impact by the Numbers,” Slide show, 2023, <https://www.flipbookpdf.net/web/site/bf7dc3e5c83250cc4312a87a27cc3f33e8b24adbFBP29511623.pdf.html#page/6>.

<sup>10</sup>Eugene Police Crime Analysis Unit, *CAHOOTS Program Analysis* (Eugene, OR: City of Eugene Police Department, 2020), 7 <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>.

<sup>11</sup>Ibid., 5.