

A CHECKLIST FOR ASSESSING MENTAL HEALTH RESPONSE MODELS

This tool offers a set of questions organizers should ask when assessing proposals for mental health crisis response. It is intended to be used in conjunction with the Interrupting Criminalization, Creative Interventions and Justice Practice report *Defund the Police, Invest in Community Care: A Guide to Alternative Mental Health Responses*.

- 1** Is the proposed mental health crisis response completely separate from and out of the control of the police? Or is it a "co-response" or CIT model?
- 2** Will a police response or "co-response" model remain in place in addition to a non-police response?
- 3** Will mental health crisis calls be routed through 911 or a separate number?

If 911

- ? If 911, is it under police control? Can you move dispatch away from police control?
- ? What is the relationship between 911 operators and police - are they represented by the same union? Do they share other interests?
- ? Who trains 911 operators in implementing the mental health crisis response protocol? How can you build in training protocols and trainers that can minimize police response and/or maximize community response?

If a separate number (like 211, 311, 988, or regular line)

- ? If a separate number, how is that number being promoted? Through the police department?
- ? If a separate number, who runs the response program?
- ? If a separate number, will callers be routed directly to non-police mental health response?
- ? If a separate number, will callers who call 911 be re-routed to the separate number?
- ? If a separate number, will law enforcement have the ability to listen in on calls and decide whether to respond?
- ? How is the separate number being resourced?

4

Who is driving and controlling identification, selection, implementation, and evaluation of alternative mental health crisis responses?

- Are the police involved? If so, how can their control be significantly diminished, checked, or removed?
- Is control within other government agencies such as a Department of Public Health, Department of Health/Mental Health, Office of Prevention, Fire Department, etc.?
 - ? How are these departments still tied to the police or other carceral responses, e.g., diagnoses, psychiatric institutionalization, involuntary hospitalization, mandatory reporting, child welfare, etc.?

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4 Who is driving and controlling identification, selection, implementation, and evaluation of alternative mental health crisis responses? (continued)

○ Is control within large non-profit organizations?

? How are these organizations tied to police or other carceral responses?

? How are communities impacted by mental health crisis response represented?

○ Who is involved in/consulted in developing the protocol for mental health crisis response?

? People impacted by mental health crisis response?

? Harm reduction service providers?

? Organizations engaged in outreach and advocacy around homelessness?

○ Who decides what a “non-police” or “unarmed” response is? The police? Government agencies? Communities?

○ Is there authentic community participation and control by communities impacted by mental health crisis response in:

○ program design

○ oversight

○ crisis response teams

○ evaluation

○ implementation

○ Is community participation and control by communities impacted by mental health crisis response institutionalized by mechanisms such as charters, city or county resolutions, etc.?

5

Who is responding to mental health crisis calls?

- **Who makes up the crisis response team?**
 - ? Does it include people directly impacted by mental health crisis response?
 - ? Does it include skilled community de-escalators?
 - ? Does it include nurses, paramedics, or EMTs?
 - ? Does it include social workers? What licensing level do they require?
 - ? Are police ever part of the crisis response team? When? How? Why?
- **Will the police department have the ability to listen in on 911 calls and decide whether to respond to mental health crisis calls on a case by case basis?**
- **Will the crisis response team have the power to involuntarily commit people?**
 - ? Will that be their primary option?
 - ? Is the makeup of the team determined by making sure that someone with that power is on the team?
- **Who employs the crisis response team?**
- **Who trains the crisis response team?**
 - ? How much training do they receive?
 - ? What will the content of the training be for the crisis response team?

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5 Who is responding to mental health crisis calls? (continued)

○ Is the response team tied to community-based mental health options that are accountable to communities directly impacted by mental health crisis response, harm-reduction principles, and self-determined models of care?

? If not or if there are few, how can you expand or build new options?

○ Will the crisis response team be able to meet immediate needs for housing, basic needs such as food, harm reduction services and resources, voluntary medical care?

6 Criteria for Non-Police Mental Health Crisis Response

○ Does the protocol exclude calls involving people who are “dangerous” or people who have “weapons” from the non-police mental health crisis response?

? What criteria determine whether a person is deemed “dangerous”?

? What constitutes a “weapon”?

7 How will the program be evaluated?

○ Who will collect data on the calls received and call outcomes?

○ How is the program evaluated?

○ Who evaluates the program?

○ What are the evaluation measures? How are they related to community values and priorities?

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8

How will the program be funded?

- How will mental health crisis response be funded?
 - Federal, state, county, city funds?
 - Private foundations?
- Will the police department continue to be funded to respond to mental health crises?
- Does funding directly reduce police budgets (or do they leave them intact or even expanded)?
- Is funding for community-based non-police response
 - adequate
 - multi-year?

9

Does the police contract contain any provisions relating to mental health crisis response?