Testimony of Ayesha Delany-Brumsey, PhD
Division Director, Behavioral Health, Council of State Governments Justice Center
and
Terence Lynn, CAGS, LMHC
Deputy Division Director, Law Enforcement, Council of State Governments Justice Center

House Judiciary Committee
Oversight Hearing on Policing Practices and Law Enforcement
June 24, 2020

Introduction

Thank you for the opportunity to submit testimony to the House Judiciary Committee in support of the committee’s Oversight Hearing on Policing Practices and Law Enforcement. The Council of State Governments (CSG) Justice Center is a national nonprofit, nonpartisan organization that combines the power of a membership association, representing state officials in all three branches of government, with policy and research expertise to develop strategies that increase public safety and strengthen communities.

CSG Justice Center staff have decades of experience working closely with law enforcement agencies and their partners across the country to develop collaborative solutions to challenges at the intersection of law enforcement and behavioral health. Since 2009, the CSG Justice Center has been the lead training and technical assistance provider for the U.S. Department of Justice’s Bureau of Justice Assistance’s (BJA’s) Justice and Mental Health Collaboration Program (JMHCP). In this role, we have supported over 120 law enforcement grantees to work in partnership with other systems—health, homeless services, and more—to improve their responses to people with mental health and substance use conditions. This includes helping communities launch co-responder programs where law enforcement and health workers respond together to people experiencing a mental health crisis, among other initiatives. This year, with the support of BJA, we are launching a national technical assistance center to offer free, practical training and education to communities looking to safely connect people who have behavioral health conditions or intellectual and developmental disabilities to community-based supports and services in lieu of arrest and incarceration. Drawing on this work and our conversations with partners across the country, we hope the following comments help to inform the committee’s ongoing law enforcement reform efforts.

Communities across the country are reacting in anguish to George Floyd’s death at the hands of Minneapolis Police Department Officer Derek Chauvin, while his fellow officers looked on. This widespread outcry is not solely due to George Floyd’s killing; it is also in response to far too many other killings of people of color, both recent and throughout the long history of policing in America, in situations where neither the officer’s safety nor public safety were at imminent risk. Communities are calling for significant changes in the way they are policed, and law enforcement and its partners have the opportunity, and the responsibility, to answer that call with improved approaches to fostering public safety.

Our experience in the many communities where we’ve worked has demonstrated that communities can significantly improve public safety outcomes by investing in alternative response models for people struggling with mental illnesses, substance use disorders, homelessness, and/or intellectual and developmental disabilities. In building such response models, communities can and should leverage systems and approaches outside of law enforcement.
Building Alternative Response Models

Law enforcement officers are too often called upon to serve as our first (and frequently only) responders to address socioeconomic and health needs, including mental health crises, substance use, and homelessness. The actual day-to-day job of law enforcement can be very different than officers imagine it to be when they apply, and many departments struggle to effectively recruit, train, and equip their police forces for the reality of the work.

At best, these are challenging situations for officers to respond to, which may result in less than optimal outcomes for those in need of help.1 At worst, these interactions can lead to injury or tragic loss of life: of the nearly 5,500 people fatally shot by on-duty officers since 2015, approximately 22 percent were people with a mental illness.2

Conversations with our partners underscore that there is significant agreement between law enforcement and community activists that the status quo is not working for officers or the communities they serve. Both concur that the ideal response to these social challenges is not increased enforcement, but rather allocation of more significant investments in community supports and solutions that connect people to needed services. Given this agreement, now is the time to rethink how we can respond to these social service needs in ways that meaningfully engage other systems, such as health, housing, and social services. Ideally, these responses would be led by the health and social service systems, not law enforcement, and law enforcement may not need to be involved at all.

Communities know what resources they need to ensure their own safety. Therefore, community-based organizations and community members should be supported to work in partnership with local and state governments to design and operate alternative responses that meet the short-term acute needs of people in crisis, as well as support longer-term well-being. Community-based organizations are already the backbone of public safety in our communities,3 and the supports they are able to provide are key to fostering neighborhood cohesion, increasing trust among residents and between residents and government, reducing violence, and improving health. Further, community members will be able to offer guidance about the resources they know are needed to support public safety in their community, and their engagement will boost public trust and confidence in the initiatives they help design.4

4Policing Project NYU Law School, Beyond the Conversation: Ensuring Meaningful Police-Community Engagement (New York: Policing Project NYU Law School, 2018), https://static1.squarespace.com/static/58a33e881b631bc60d4f8b31/t/5b29056a758d460f539bc079/1529415022872/Policing+Project_Beyond+the+Conversation.pdf.
We encourage Congress to create and fund programs that help communities build these types of alternative responses in lieu of deploying law enforcement to address socioeconomic and health challenges. Specific strategies could include:

1) Embedding clinicians in 911 call centers so that when a call is received involving a person in distress, the clinician can connect that individual to the appropriate supports.\(^5\)
2) Creating rapid-response mobile teams of clinicians, community health workers, and peers who can be deployed by 911.\(^6\)
3) Increasing access to low-barrier mental health supports, including same-day and walk-in appointments at behavioral health urgent care centers and crisis stabilization units.
4) Increasing access to rapid, low-barrier housing for people experiencing homelessness,\(^7\) including proactive outreach through homeless outreach teams to people who are living on the streets.
5) For calls that cannot be entirely diverted away from a law enforcement response, invest in mental health and substance use training and interventions such as co-responder teams so that law enforcement has the appropriate tools to respond.

Funding should be prioritized for jurisdictions that show community members are meaningfully engaged in the planning and implementation of these initiatives and could be provided through the Department of Health and Human Services and the Department of Urban Development. The Department of Justice, and other agencies as appropriate, such as the Department of Transportation, could provide additional support to jurisdictions to make changes to their 911 system to allow for embedding alternative responses within their operation.

Building these new models will not be easy. Doing so necessitates a steadfast commitment from communities’ political and law enforcement leadership to engage in candid, critical self-reflection about why current approaches are not working. And given the harm that communities of color, in particular, have experienced, it will require each community and its law enforcement system to acknowledge the history of racial bias within policing. That said, we have seen a number of communities implement such approaches to public safety with early success,\(^8\) and we are confident that, with increased federal support, many more communities will be able to follow in their footsteps.

Thank you for considering this testimony and for your vital work to ensure the safety of our communities.

---

\(^5\) The Houston Crisis Call Diversion Program directs non-emergency calls for people experiencing a mental health crisis away from law enforcement and emergency medical services (EMS) and to mental health professionals co-located in the 911 call center. In 2017, the program responded to over 7,000 calls and is estimated to save the city $860,218 annually. Houston Police Department Mental Health Division, *Crisis Call Diversion Program (CCD)*, [https://www.houstoncit.org/ccd/](https://www.houstoncit.org/ccd/).

