Daily, in cities across the country, behaviors of young people with mental health disorders come to the attention of law enforcement.

Many city leaders now recognize that community-based services offer better results for individuals and communities than jail time. City leaders can explore alternatives developed in several cities that channel young adults with mental illness into community-based services rather than jail.

The Issue and Opportunity

Absent a coordinated steer toward community-based mental health services, significant numbers of people with serious mental illness cycle frequently through arrest and jail. Once in jail, individuals whose offenses stem from mental illness stay in jail longer, and during those stays their condition may worsen. Meanwhile, jurisdictions typically cannot receive Medicaid reimbursement for expensive and limited mental health services provided in jail.

In addition to the evidence of harm to the individual, the expense, the inefficient application of police effort, and the questionable results for public safety, cities have yet another reason to keep people with behavioral health needs out of jail: the Americans with Disabilities Act (ADA). The ADA places an obligation on government entities to provide mental health services in the most integrated setting appropriate for the individual. Jails rarely constitute the most integrated setting, yet have too often become the default location where many Americans receive mental health services. Further, a community’s lack of appropriate services does not remove this responsibility.
City leaders and law enforcement agencies, with their county and state partners, can provide more effective, less expensive services by collaborating with community-based service providers to send young adults experiencing mental health crises directly to those services rather than to jail.

**City Action Steps to Provide Mental Health Diversion and Reduce Jail Use**

Experience of other cities suggests that a city newly confronting or revising policy and procedure to reduce the use of jails for people with mental illness consider several key action steps.

- Map, formalize and develop a strategy to fill gaps in the continuum of evidence-based, targeted mental health services that can contribute to meeting the needs of young adults with mental illness who might otherwise go to jail, including services likely provided in partnership with counties and independent service providers.

- Provide law enforcement officers with information about safe, effective and efficient alternatives - often called diversion - such as triage centers, as well as objective, locally validated decision-making tools to inform their use of these alternatives.

- Require training for all law enforcement officers, to help officers recognize when a mental health crisis may be driving offending behavior and give them tools to de-escalate dangerous situations.

**City Examples**

**Law Enforcement Response Models**

Following on piloting that began in Memphis, Tennessee nearly 30 years ago, cities nationwide have instituted Crisis Intervention Teams (CIT) within police departments. In Memphis, this program has resulted in a far lower arrest rate for all CIT calls. The model, a collaboration between mental health providers and police departments, trains a cadre of police to
approach people in mental health crisis in the safest, most effective manner.

As a complement to its CIT program, the San Antonio Police Department also recently instituted a four-question mental health screening to help divert people directly into services instead of holding them in jail or emergency medical facilities while waiting for assessments. This collaborative effort with Bexar County has resulted in a reduced jail population, lower recidivism rates, and lowered costs as well as increased access to care, and improved public safety. The efforts have resulted in $96 million in cost avoidance in the jail and an 80 percent reduction in the downtown homelessness count.

**Focusing on High Utilizers of Emergency City Services**

In many cities, a small number of persons sometimes referred to as “high utilizers” make frequent use of emergency services in the health care and law enforcement systems, and cities have experimented with multiple ways of managing this issue. Whereas high utilizers often have a complex set of needs, many suffer from some form of mental illness. By providing referrals to services, experience from emerging practice suggests that cities can reduce unnecessary use of jails and emergency rooms, and help high utilizers achieve greater levels of stability.

Local leaders in Seattle collaborated on a revised policy requiring all local police officers to fill out a standard computerized form after each contact with an individual in behavioral health crisis. Through these reports, the Seattle Police Department realized they were making 25 contacts per day with people in crisis, many of which arose from a small group of “high utilizers” of the city’s emergency services. The police department then created high utilizer bulletins describing how best to interact with these individuals and how to utilize that person’s strengths or resources, such as positive family members. Implementing this system cut the hours patrol officers spent with high utilizers by more than half, reduced use of force incidents, decreased recidivism and jail utilization among the target population.

**Crisis or Triage Centers as a “First Stop” for First Responders Other than Jail**

After initial contact with a person with a mental health issue, a law enforcement officer may see a need to bring the person to an appropriate location for further assessment. In lieu of using jails for this purpose, a small number of cities have created drop-off centers that enable officers to return to duty
quickly. Recent innovations – too new to produce results as yet – include:

- The Municipal Court joined the Police and Fire Departments in Kansas City, Missouri to keep people experiencing a mental health crisis out of jail or the emergency room, by developing the Kansas City Triage and Assessment Center, which opened in October 2016. The sixteen-bed facility provides police officers and paramedics a place to bring people experiencing a mental health crisis, so as to obtain care from mental health professionals. Kansas City designed the new police protocols to enable officers to return to patrol within ten minutes after arriving at the Center.

- The new Community Triage Center, opened in 2016 by the Cook County Health and Hospital System in collaboration with the Chicago Department of Public Health, the Chicago Police Department and the Cook County Jail. Following police transport to the center, mental health professionals help to stabilize people in acute crisis, perform assessments, and provide connections to follow up services. The center also serves walk-ins and provides mental health support for people recently released from jail.

About NLC’s Institute for Youth, Education, and Families

The National League of Cities (NLC) is dedicated to helping city leaders build better communities. The Institute for Youth, Education, and Families (YEF Institute), a special entity within NLC, helps municipal leaders take action on behalf of the children, youth, and families in their communities.

This document is made possible by the generous support of the John D. and Catherine T. MacArthur Foundation’s Safety and Justice Challenge to NLC’s Institute for Youth, Education, and Families.

To Learn More

Contact Laura Furr
Program Manager - Justice Reform and Youth Engagement
at furr@nlc.org