



## **The Collaborative for Community Wellness Rejects Mayor Lori Lightfoot's Push for a Police-Involved Crisis Response Team**

The Collaborative for Community Wellness (CCW), is a coalition of over 70 organizations advocating for public mental health services throughout Chicago.<sup>i</sup> Our city wants and needs a non-police crisis response program. People in crises need real support and services. This will prevent the escalation of violence that often occurs with police involvement. CCW strongly opposes the efforts of the mayor's office and the City Department of Public Health (CDPH) to dispatch police co-responder teams to people who are having a mental health crisis. Mayor Lightfoot, CDPH and City Council must halt the implementation of the new police co-responder crisis response team and focus on designing the non-police crisis response and the necessary support system by expanding CDPH city mental health centers.

Chicago is facing an enormous need for mental health services. Results from a CCW city-wide survey conducted between August 2020 and March 2021 found that 94% of respondents would consider seeking emotional support by a professional to deal with their personal problems. There is also a desire for public mental health services, with 90% of respondents saying that they would seek care at a city-run mental health clinic in their neighborhood that offered free services.<sup>ii</sup> Additionally in 2020, the rates of Black death by suicide were at their highest in more than a decade.<sup>iii</sup> Calls to 911 regarding suicide threats and attempts are on the rise. It is imperative that city mental health workers are the first responders to any crisis. Police co-responders only escalate distress in these situations.

Despite overwhelming support by 87% of respondents for the diversion of funds from the police to community and public mental health services in the mayor's city-wide 2021 budget survey<sup>iv</sup>, the Mayor Lightfoot continues to maintain low levels of funding for public, free mental health services, and continues to invest more in the police. In 2020, Mayor Lightfoot decided to invest \$280M in CARES act funding in policing and left \$68M unspent instead of committing to her campaign promise of investing more than \$25M in reestablishing the public mental health centers.

### **American Rescue Plan Act (ARPA) funds must be used to:**

- **Create a city-wide mental health crisis response program,**
- **Expand services at CDPH city mental health centers to provide triage and follow up care,**
- **Re-establish city centers in disinvested communities with high needs as was called for by the unanimous passage of the Public Mental Health Clinic Service Expansion Resolution (R2018-1398) in 2019.**

In September 2020, Ald. Rossana Rodriguez-Sanchez introduced a city council order to create non-police crisis response teams, inspired by the successful CAHOOTS model in Eugene, OR which does not involve the police in crisis response. In 2019, out of 24,000 CAHOOTS calls, mobile teams only requested police backup 150 times. Eugene estimates that CAHOOTS saves taxpayers an average of \$8.5 million per year by handling crisis calls that would otherwise fall to police. On August 13, 2020, Mayor Lightfoot announced a Chicago Police Department (CPD)

strategy to pilot a co-responder model.<sup>v</sup> Co-responder means that police will still be the first responders for mental health distress calls. This is a completely unacceptable extension of the current dangerous system.

People with untreated mental illness are 16 times more likely to be killed by law enforcement.<sup>vi</sup> Police interactions with those in mental health crises are dangerous for the person in crisis. Erratic behavior is often perceived as threatening to police even when no one is at risk of harm. Crisis Intervention Team (CIT) trained police officers receive a one-time 40 hours of crisis training, which is insufficient to respond appropriately to mental health crises. A study comparing officers who have and have not received CIT training in the Chicago Police Department found no statistically significant difference in the frequency or severity of use of force between these two groups: in fact, the CIT officers displayed a marginal *increase* in use of force over their non-CIT counterparts.<sup>vii</sup> The majority of mental health crisis calls do not involve a crime and do not involve violence. A year's worth of pilot data from Denver showed that of the 1,351 calls for service, no calls required the assistance of the Denver Police Department, and no individuals were arrested.<sup>viii</sup> This is yet another indication that a non-police response model can be highly successful.

We must stop criminalizing mental illness. Social workers and people directly involved in mental health treatment have repeatedly expressed opposition to the police response model. Furthermore, police are trained to command and control every situation which is the opposite skill set needed to assist people experiencing mental health crises. Social workers and other mental health workers are trained specifically in how to assess and effectively support people experiencing a variety of mental states. Partnering with police directly conflicts with Social Workers' Code of Ethics specifically the requirement to protect the well-being and self-determination of clients, which police involvement often violates.<sup>ix</sup> Police only heighten the fear people experience during a crisis.

We are calling on City Council members to demand the mayor and the CDPH to halt the implementation of the police co-responder program. We also call on the above parties to substantially increase the investment of ARPA funding to the expansion of the CDPH mental health centers in order to provide the necessary mental health services associated with crisis response (including but not limited to prevention, deflection, diversion, and continuity of care).

We strongly believe police involvement in mental health crises will not keep people safe. We oppose and call for an immediate halt of the police co-responder model.

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<sup>i</sup> <https://www.collaborativeforcommunitywellness.org/>

<sup>ii</sup> <https://www.collaborativeforcommunitywellness.org/2020>

<sup>iii</sup> <https://www.thetrace.org/2020/07/in-chicago-a-steep-rise-in-suicide-among-black-people/>

<sup>iv</sup> <https://www.chicago.gov/city/en/sites/budget-engagement/home/survey-results.html>

<sup>v</sup> <https://abc7chicago.com/chicago-police-lori-lightfoot-cpd-reform/6368984/>

<sup>vi</sup> <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->

<sup>vii</sup> [https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3683432](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3683432), page 21.

<sup>viii</sup> <https://www.nbcnews.com/news/us-news/police-response-mentally-ill-people-under-scrutiny-denver-may-offer-n1273035>

<sup>ix</sup> <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>