NEW YORK – Mildred Galarza and Hawa Bah wish it were someone other than armed police officers who first encountered their loved ones when they were having mental health crises.

Galarza’s brother, Ariel, 49, died in 2016 after being Tasered three times by police when a neighbor in the Bronx called 911 to report a man with a knife who was pale, screaming and breathing heavily, a state report said.

Bah’s 28-year-old son, Mohamed, died in 2012 when police shot him multiple times in his Harlem apartment. Hawa Bah said she called for an ambulance while she was visiting from Guinea because she thought her son was depressed and needed medical attention.

Both women said sending unarmed mental health professionals trained in de-escalation techniques would be better responses to 911 calls like ones in their loved ones’ cases.

“Let (someone other than police) see what’s going on before they start coming with guns,” Galarza said.

“Instead of helping Mohamed, (police) treated him like a criminal,” Bah said. Those who respond to these crises “should be mental health professionals who can give them care and listen to the members of the families and the community who know the person.”

Up to 50% of fatal encounters with law enforcement involve someone with a mental illness, a 2016 study published in the American Journal of Preventative Medicine estimated. And nearly 1 in 4 people fatally shot by police since 2015 had a mental illness, including a disproportionate number of people of color, according to a Washington Post database of fatal shootings by on-duty officers.

There has been a growing consensus that armed officers are not the responders best-suited for mental health emergency calls after Daniel Prude, a 41-year-old Black man, died in police custody in Rochester, New York, in March 2020 as he was suffering a mental health crisis.
Instead, advocates say such calls should be treated as health crises rather than crimes. After George Floyd died in police custody in Minneapolis last May, support for diverting funding from police department to other social services grew in cities around the U.S., often referred to as the “defund the police” movement.

Nearly 8 in 10 voters support diverting 911 calls related to mental health and substance use to trained, non-police responders, according to a June survey by the Alliance for Safety and Justice.

In turn, a growing numbers of localities are exploring mental health emergency response programs that do not involve police officers. At least three are now operating civilian programs dispatched through 911, and many more are drafting or piloting programs.

However, while advocacy groups have praised the work as an important first step, some, including in New York City, have raised concerns around how pilot programs have been designed and the role still given to police in them.

“If ever the statement that ‘the devil is in the details’ is true, it’s definitely true here,” said Ruth Lowenkron, director of the Disability Justice Program at New York Lawyers for the Public Interest.

More on alternative responses to mental health crises: Police have shot people experiencing a mental health crisis. Who should you call instead?

In New York City, a pilot program set to launch this spring in Harlem would be the first of its kind in the nation’s largest city that would remove police from many of these responses.

At least 16 people who were experiencing a mental crisis died in encounters with law enforcement since 2015 in New York City, according to the advocacy coalition group Correct Crisis Intervention Today NYC. Most were people of color.

“A response by mental health professionals is long overdue, and I would hope it would prevent future deaths at the hands of NYPD,” said Sanford Rubenstein, an attorney who represents several families whose loved ones died when police responded to a mental health crisis.

More cities nationwide piloting community responder programs

For many years, police departments have tried to improve their responses to mental health crises by scaling up crisis intervention training programs and implementing “co-responder models” that pair mental health professionals with police officers.

Researchers from the Center for American Progress, a liberal advocacy organization, and the nonprofit Law Enforcement Action Partnership recently studied 911 police calls from eight U.S. cities and found that up to 39% of calls were low-priority or nonurgent. The researchers proposed cities establish a new branch of “civilian responders” to respond to lower-risk 911 calls.

Some U.S. jurisdictions already have non-police responder programs that aren’t connected to 911. Others divert 911 calls to trained professionals who primarily triage calls over the phone. Civilian responder programs are distinct in that they do not include police on the initial response and are routed through 911 dispatchers.

Eugene, Oregon, has had a civilian response program for more than three decades. White Bird Clinic, a health care center in the city, launched the Crisis Assistance Helping Out on the Streets program in 1989.
The CAHOOTS program mobilizes teams of a medic (a nurse, paramedic or EMT) and a crisis worker to respond to calls involving mental illness, homelessness and addiction. Calls come into the city’s 911 system or the police non-emergency number, and dispatchers are trained to recognize nonviolent situations with a behavioral health component and route those calls to CAHOOTS. The responding team may provide immediate stabilization services, as well as transportation and referrals for future services.

In 2019, responders requested police backup 150 times out of a roughly 24,000 CAHOOTS calls, according to the program.

“The work they’ve been doing is both pioneering and successful,” said Betsy Pearl, associate director for criminal justice reform at the Center for American Progress. “The major objection or concern you see is from folks who say this isn’t safe. But from what we’ve seen play out, that isn’t true. In Eugene, there’s never been a serious incident.”

“It’s extremely successful, and it’s even better than what we had anticipated,” Denver Police Chief Paul Pazen told USA TODAY. “Right off the bat, we had officers on every shift saying, ‘When can we get more of this and expand this?’”

More on Denver: Denver successfully sent mental health professionals, not police, to hundreds of calls

Eugene, Olympia and Denver have the only “existing” civilian responder programs, said Amos Irwin, program director of the Law Enforcement Action Partnership who works with localities to implement community responder models. He noted that since Floyd’s death, “there has been a deluge of interest in this area.”

Pilot programs have since been launched in Austin, Texas; San Francisco; Albuquerque, New Mexico; Portland, Oregon; and Rochester, New York. Chicago plans to launch its pilot this summer.

Irwin said officials in Los Angeles; Baltimore; Oakland, California; Dayton, Ohio; and Charlotte, North Carolina, are exploring similar models. Canada is seeing a growing movement, too, he said.

In New York, the state Legislature is considering a bill called Daniel’s Law in honor of Prude that would allow mental health professionals to respond to mental health and substance abuse emergencies instead of armed police officers. Connecticut already is operating a similar program through 211.

Programs look a little different in each city based on the local needs, Irwin said.

Rochester program problems: Here’s why a Person in Crisis team wasn’t sent on Open Door Mission call to 748 of 2,500 emergency calls that were directed to the program. No calls required police, and no one was arrested.

A sidewalk tribute to Daniel Prude during protests on September 6, 2020, in Rochester, New York.
MARANIE R. STAAB/AFP VIA GETTY IMAGES
‘When you fall short by just a little bit, someone else could lose their life’

While advocates have lauded the progress in recent months to launch or draft such pilot programs, some have raised concerns around how they’re being structured and whether police still have too large of a role.

New York City’s pilot program in Harlem will pair EMTs and social workers to respond to mental health emergencies in one 911 radio dispatch zone.

The NYPD will respond to those calls if there’s a “weapon or imminent risk of harm,” and in those situations, the social workers would not respond to the call, said Susan Herman, director of ThriveNYC, the city initiative overseeing the pilot that aims to address gaps in mental health care.

Meanwhile, the New York City Council is considering a proposal that would create an Office of Community Mental Health to coordinate emergency response teams that consist of mental health clinicians and peer responders.

In that proposal, police would respond when there is a “public safety emergency” defined as “a crime in progress, violence, or a situation likely to result in imminent harm or danger to the public.”

The bill also requires guidelines for how police would respond to the calls if they arrive before mental health professionals and when they should defer to them if they are both on the scene. However, the bill has not yet been finalized or scheduled for a vote and may be still revised.

In their current forms, those definitions of public safety emergencies are too broad and leave too much discretion to 911 operators to determine whether police should be dispatched, said Lowenkron, who is also part of the Correct Crisis Intervention Today NYC coalition.

“What’s really important is to get police out of all mental health crises,” she said. “That definition (of public safety emergency) has to be so, so, so narrow so you don’t all of sudden decide that what’s a mental health crisis is a public safety emergency.”

Herman said EMS is already embedded in the 911 system in New York City and screens calls. “911 knows how to dispatch fire engines when we need fire engines and ambulances when we need ambulances. And they will be trained to know how to refer to these teams when it’s appropriate,” she said.

The City Council bill would require training for 911 operators to comply with the new protocol. Meanwhile, coupled with the City Council bill is another proposal that would establish a three-digit mental health emergency hotline.

Hawa Bah has come out in opposition of the council's bill, saying the proposal would not have saved her son's life.

“It just increases more police for mental health crises and leads to more deaths in their hands,” Bah said. “They need to remove completely NYPD from mental health crises.”

Bah has been joined in her opposition to the proposal by the father of another man killed by police, Eric Vassell, whose son Saheed died in 2018 after 911 calls reported a man with a gun that turned out to be a metal pipe.

Under the new proposals, police almost certainty would have still responded to the call in Vassell’s case, as well as in Galarza’s, because of the report of a knife.

Because of cases like theirs, clearly defining when police respond in such programs is essential, said Cal Hedigan, CEO of Community Access, also part of the Correct Crisis Intervention Today NYC coalition.

“People are dying. When you fall short by just a little bit, someone else could lose their life,” Hedigan said.

The NYPD declined USA TODAY’s interview request. Spokesman Sgt. Edward D. Riley said the department was “working with ThriveNYC on this pilot to ensure that the appropriate agency responds to people in mental health crisis.” The City Council bill’s prime sponsor, Diana Ayala, did not respond to USA TODAY’s interview requests.
‘A culmination of crises’: America is in turmoil, and a mental health crisis looms next

Advocates say more investment in community-based and long-term mental health care is needed, especially in communities of color that have not had equitable access to care.

“You cannot build a mental health response system without also creating and funding better mental health care for the Black and brown community,” Eric Vassell said in a hearing in February on the City Council proposal.

Vassell said his family struggled to find a program that could help his son. Saheed routinely was hospitalized and received medication but never had help in addressing the underlying causes of his trauma, Vassell said.

No charges against officers in Daniel Prude’s death (0:46)
Police officers shown on body camera video holding Daniel Prude down naked and handcuffed on a city street last winter until he stopped breathing will not face criminal charges, according to a grand jury decision announced Tuesday. (Feb. 23)

Placing value in the community and the person who needs help

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Eric Vassell, Saheed Vassell’s father

Breonna Taylor has been gone a year: Why we need to talk more about the racial trauma of Black death.

Still, the reason the U.S. is having a discussion about alternative response models is because officials have not invested in mental health resources and infrastructure, said Diane Goldstein, a retired police lieutenant and executive director of the Law Enforcement Action Partnership.

“We give the solving of those deep-rooted, systemic problems to the cops whose only tool is criminalization, and that magnifies the trauma. We need to develop more cohesion and a more holistic approach to who’s responsible for public safety,” she said.
Hawa Bah said the money saved by not sending police to such calls should go back into communities to provide better long-term mental health care services as well as other social services, like housing and employment programs, that can address the underlying causes of mental health crises.

When Mildred Galarza thinks about what a new system for crisis response could look like, the word “community” also comes up.

Had someone from his community responded to her brother’s call, they would have been more likely to have known him as a nonviolent person and more easily connect with him during a moment of crisis, she said.

Advocates in New York City say their solution would be tailored to a community’s needs by having the city contract with nonprofit, community-based organizations to operate crisis response programs and having response teams consist of an EMT and peer de-escalator.

“"We need a much more robust community mental health system and much more easy access to accessible and affordable mental health care in communities so people can get the long-term sustainable mental health care that will prevent them from going into a crisis.”

But a crisis is just one point in time that doesn’t take into account what happened before or what’s next, said Dr. Ashwin Vasan, CEO of Fountain House, a nonprofit organization that operates community-based mental health programs.

“We need a much more robust community mental health system and much more easy access to accessible and affordable mental health care in communities so people can get the long-term sustainable mental health care that will prevent them from going into a crisis.”