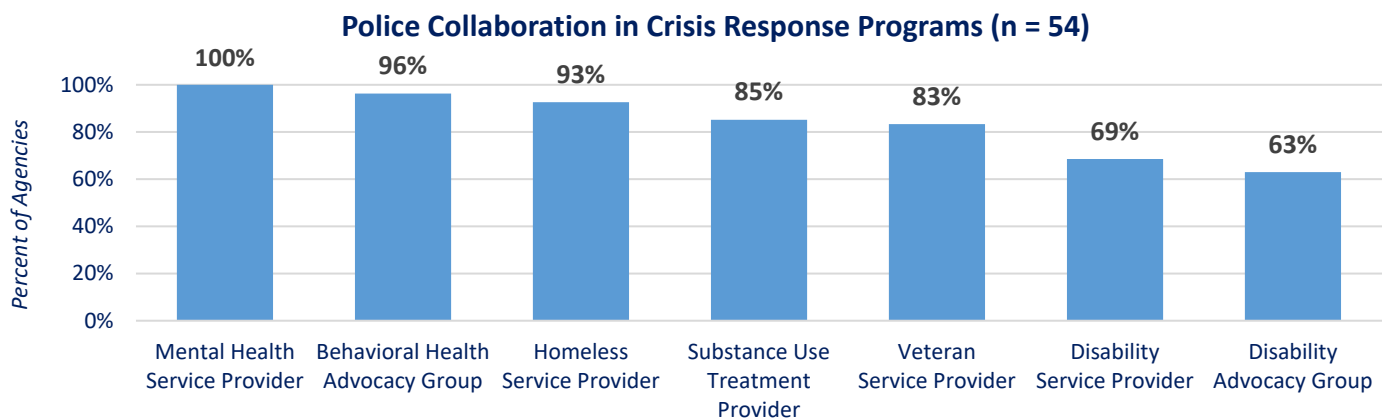


## Examining Crisis Response: Survey Results from the Largest Municipal Police Agencies in the United States May 2022

From August to November 2021, the University of Cincinnati *Center for Police Research and Policy* surveyed the 70 largest U.S. municipal law enforcement agencies. Of these 70 agencies, 54 (77%) completed a survey on crisis response. The survey measures the prevalence and nature of police training, partnerships, and programs to support crisis response, including innovative practices in responses to people with behavioral health conditions (including mental health and substance use) and intellectual and developmental disabilities (IDD). This fact sheet presents a snapshot of the overall survey findings.

### Police Collaboration in Crisis Response

- **100%** (n = 54) reported collaborating with **at least two** community groups/providers to support crisis response
- **52%** (n = 28) reported partnerships with **all types of providers/groups identified**
- Agencies averaged **5.9 different partnerships**



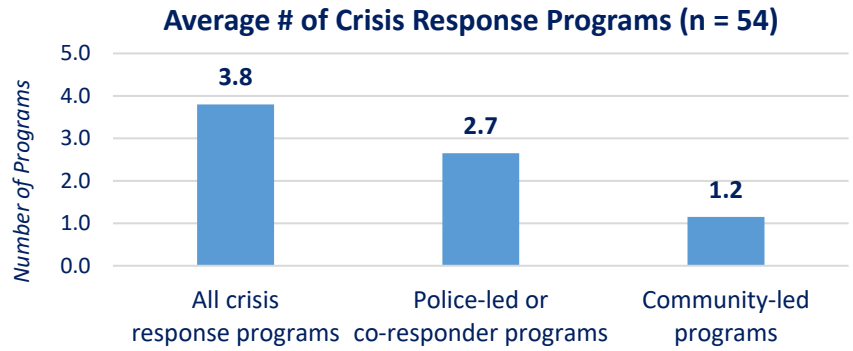
The type of collaboration reported varied by the specific provider/group. The most common types of collaboration include providing referral information, conducting informal meetings, and direct referrals.

How does your agency collaborate with...	MH Service Providers (n = 54)	BH Advocacy Groups (n = 52)	Homeless Service Providers (n = 50)
Provide individuals and/or families with referral information	94%	94%	90%
Conduct informal meetings with providers	89%	83%	82%
Provide individuals direct referral to a provider	89%	79%	88%
Cross-train officers with professionals from provider/group	78%	54%	58%
Respond jointly in-person to calls for service	78%	35%	60%
Have professionals from provider/group on staff within agency	76%	29%	28%
Have an established MOU	70%	37%	22%
Conduct joint follow-up visits with provider/group	70%	33%	64%
Professionals from provider/group provide phone or video consultation on calls	61%	33%	36%

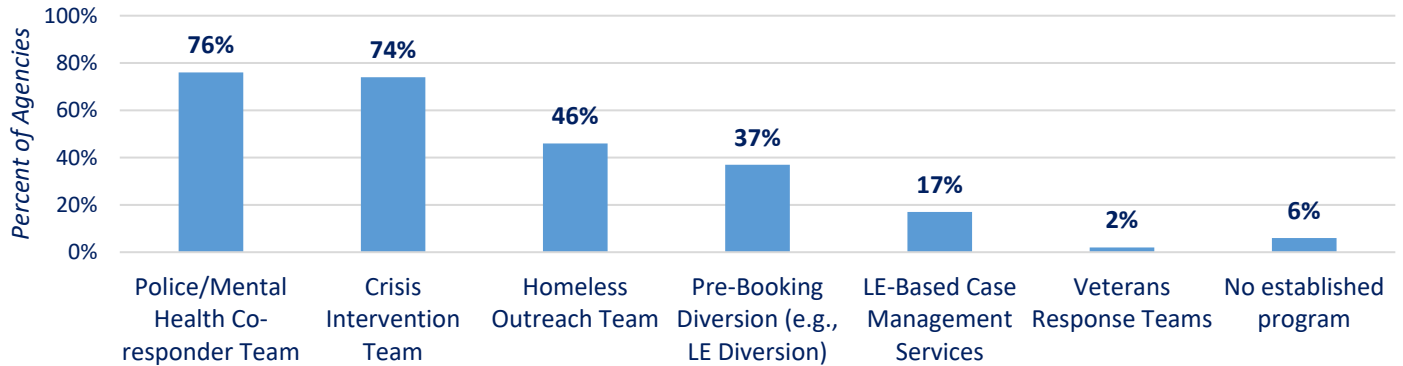
## Crisis Response in the Field

Agencies were asked about crisis response programs implemented in their jurisdiction.

- **93%** (n =51) reported *at least one* type of crisis response program in their jurisdiction
- **59%** (n=32) reported at least one police-led/co-responder program *and* at least one community-led program



## Types of Crisis Response Programs Implemented in the Field (n = 54)



When asked about primary challenges in the development, delivery, and sustainment of their crisis response programs, agencies reported these **top five challenges**:

1. Limited staffing (56%)
2. Funding concerns (52%)
3. Lack of personnel to spare for training (46%)
4. Limited resources for training (30%)
5. Limited behavioral health services in the community (26%)

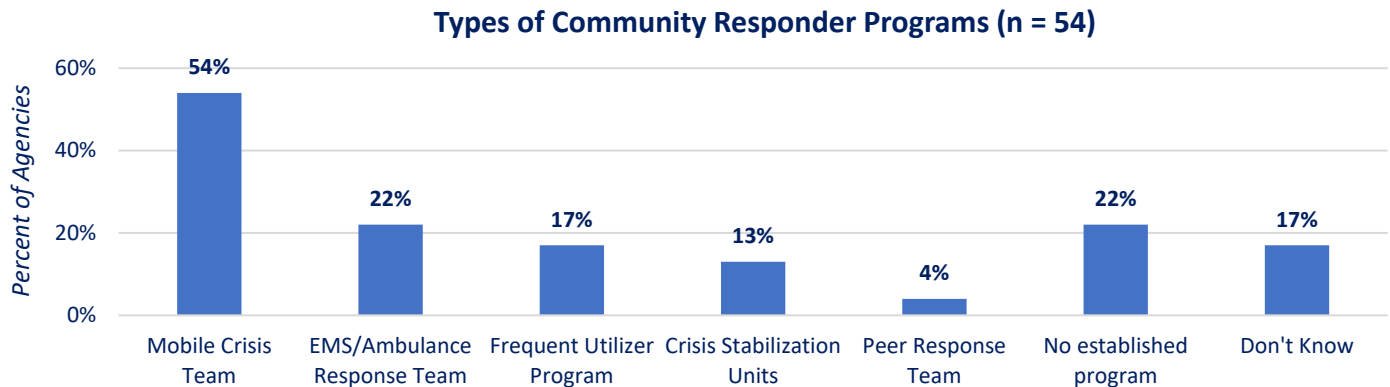
## Integration of 911 Call Centers into Crisis Response

### How are 911 call-taking and dispatch centers involved in behavioral health crisis response in your jurisdiction? (n = 54)

911 call-takers/dispatchers receive training to identify calls involving behavioral health crises	89%
Mental health-related calls are transferred by 911 call-takers/dispatchers to community-based hotlines staffed by behavioral health professionals	48%
Behavioral health professionals are placed within 911 call centers to assist in identifying calls involving behavioral health crises	24%
Behavioral health professionals are placed within 911 call centers to provide remote support to 911 callers and first responders	19%
911 call-taking/dispatch centers are not involved in behavioral health crisis response	11%

## Community Responder Programs

Community-led or community responder programs are mobile teams of behavioral health, disability, or social service staff that respond alone or in partnership with medical professionals to behavioral health and disability-related 911 calls for service that do not directly involve law enforcement.<sup>1</sup> They may also respond to other types of calls (e.g., from 24-hour crisis lines, referrals from law enforcement). **61% of agencies (n = 33) reported awareness of community responder programs in their jurisdiction.**



## Police Collaboration with Mobile Crisis Teams

Mobile crisis teams were the most commonly identified community responder program. Of the **54% of police agencies (n = 29) with mobile crisis teams** in their jurisdiction:

- **83%** (n = 24) reported providing secondary response/support at calls
- **45%** (n = 13) reported responding as back-up once a week or more
- **72%** (n = 21) reported providing direct referrals
- **34%** (n = 10) reported having formal written agreements

## Telemedicine

**Use of field telemedicine was identified by 19% of agencies (n = 10) as part of their crisis response program.**

Telemedicine includes officers using tablets in the field:



To connect an individual experiencing a crisis to behavioral health professionals (6 agencies)



To connect with behavioral health professionals for consultation on calls for service (5 agencies)



To conduct intake or other assessments (2 agencies)

<sup>1</sup> Council of State Governments Justice Center, n.d., *Expanding First Response: A Toolkit for Community Responder Programs*, retrieved from <https://csgjusticecenter.org/publications/expanding-first-response/>

## Training to Support Crisis Response

- **89%** (n = 48) have behavioral health-related training that is **required for all officers**.
- **56%** (n = 30) require officers to complete **two or more training programs**.
- **74%** (n = 40) have **specialized training for select groups of officers** (e.g., Crisis Intervention Team officers).



- **108** different training programs were identified
- Number of training hours varied from **<1 to 80 hours**
- **61%** (n = 66) delivered training at their local training academy
- **54%** (n = 58) delivered training as part of in-service
- **8%** (n = 9) delivered training during roll calls
- **43%** (n = 23) are planning to deliver new training within the next year

What topics are covered in the training? (N = 108 training programs)			
Communication strategies & verbal de-escalation	89%	Legal considerations & agency policy	71%
Mental health conditions	85%	Neurocognitive disorders	64%
De-escalation tactics	79%	Intellectual & developmental disabilities	64%
Substance use disorders	77%	Veterans	59%
Officer safety	77%	Officer wellness	57%
Suicide	76%	Homelessness	51%
Local resources for referral	75%		

## For More Information

To read the full report documenting survey findings, visit <https://www.informedpoliceresponses.com/>. To see an interactive map of crisis response programs identified through this survey created by the Council of State Governments, visit <https://csjusticecenter.org/projects/police-mental-health-collaboration-pmhc/>.



*In partnership with the International Association of Chiefs of Police (IACP), the University of Cincinnati Center for Police Research and Policy engages a team of nationally renowned scholars, former and current police executives, community-based partners, and dedicated research staff working together to conduct cutting-edge research and share findings with law enforcement leaders around the world.*

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