

April 17, 2021

## **Disability Rights Oregon Supports Trauma-Informed, Public Health-Focused First Responders for Mental Health Crisis**

Nearly one in five U.S. adults live with mental illness. People of every age, race, sex, religion, and income— our neighbors, our co-workers, our family members, ourselves—are affected by mental illness.

People who are in the midst of a mental health crisis are just like people who've suffered any other injury. They need medical care, they need support, and they need safety. What they don't need is an armed police response, but unfortunately, that is often exactly what they get. Police uniforms, weapons, and the inherent threat of force and arrest induce fear and escalate mental health crises. For the vast majority of these crises a law enforcement response is the most harmful and least effective intervention, leading to trauma, deeply disruptive jail stays, or far worse.

### **Nearly Half of Police Killings Involve People with Disabilities**

The use of law enforcement to respond to people in mental health crisis has led directly to the deaths of our community members at the hands of police officers. According to some estimates, nearly half of police killings involve people with disabilities. Black people with disabilities—whether they're deaf, hard of hearing, blind, low vision, have a mental illness, or experience an intellectual or developmental disability—are at heightened risk of being killed when interacting with law enforcement. Deborah Danner, a 66-year old Black woman with schizophrenia in New York City, Michelle Cussaux, a 50-year old Black woman who experienced mental illness in Phoenix, and Keith Lamont Scott, a Black man with a disability in Charlotte, were killed by police in recent years. Here in Portland Andre Gladen, a 36-year-old Black man who experienced blindness and mental illness, was killed by the Portland Police Bureau.

Police response to people in mental health crisis also contributes to the over-policing of communities that tend to have a disproportionately high number of people with mental illness, such as those of our houseless neighbors, and communities that have less access to regular mental health treatment due to systemic racism, such as Black and Latinx communities. A survey of Portland arrests showed that 52% of all arrests in Portland in 2017 were repeated arrests of about 4400 homeless individuals, largely for petty offenses or procedural concerns. When a person with a mental illness is arrested for even a low-level offense, this can trigger an aid and assist commitment, disrupting their lives and depriving them of their liberty for long periods of time while giving them no promise of lasting stability.

## **Police Response Can Lead to the Criminalization of Mental Illness**

Often times, having the police respond to a person in mental health crisis is the first step on the path to criminalizing mental illness. This has a profoundly devastating and lasting impact on an individual's life. When police charge people in crisis with low level offenses and bring them to jail that triggers a costly process of jail, institutionalization, and then jail again that ultimately results in them ending up discharged to the streets without supports. Portland Police Bureau's Behavioral Health Unit provides some specific services for people with disabilities, but remains a limited resource.

It has become clear to most of us, including many of our partners in law enforcement, that police officers should not be forced to serve as mental health crisis responders. It harms people with mental illness, it makes unfair demands on law enforcement, and the longer it goes on the more damage it does to our community's trust in the police and the city.

## **Portland Street Response Must Lead the Way in Re-Imagining Our Response to Mental Health Crisis**

Fortunately, the City of Portland has already begun to build an alternative system of first response specifically for people in mental health crisis. Portland Street Response (PSR), which launched its pilot program in Lents a few months ago, is following the wildly successful CAHOOTS model of mobile crisis intervention established in Eugene. PSR recognizes that people in mental health crisis need medical and social services professionals, not armed police officers. It revolutionizes our public approach to mental illness, recognizing it rightly as a healthcare issue, not a public safety one.

In Eugene, where the CAHOOTS program has run successfully for more than three decades, Crisis Response Teams are dispatched to more than 20% of 911 calls. CAHOOTS is reported to save around \$15 million a year by diverting people in mental health crisis away from less effective and more expensive interventions by emergency rooms and law enforcement and towards appropriate community resources. Disability Rights Oregon strongly supports the continued funding of the Portland Street Response program, and expanding the program as quickly as possible.

Taking a broader view, we also must prevent people who experience mental health conditions from ever reaching the point of crisis. We can accomplish this through investments in community-based mental healthcare and housing.

Our understanding of mental health conditions and compassion for people who experience them has grown in the past decades. Our communities are moving away from "otherizing" people in mental health crisis and toward responding to people in crisis with care and effective treatment. Ensuring that our policies reflect the idea that a person in mental health crisis is first and foremost a person is the next chapter in recognizing and upholding the rights of people with mental illness.

The time for action is now. DRO calls on the City of Portland to prioritize the implementation of Portland Street Response citywide, because lives depend on it.

Sincerely,

KC Lewis  
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Disability Rights Oregon