



We have the legal right of way.

February 3, 2021

Columbus City Council
90 West Broad Street
Columbus, OH 43215


Re: "Reimagining Public Safety" and Investing in
Community-Based Emergency and Non-Emergency
Response Systems

Columbus City Council members:

Disability Rights Ohio ("DRO") appreciates the opportunity to provide our insight and perspective on the importance of creating an appropriate, effective system for responding to mental health crises in the community and other emergency and non-emergency situations. DRO is the state's designated protection and advocacy system, with the mission to advocate for the human, civil, and legal rights of people with disabilities in Ohio. The heart of our work is ensuring people with disabilities are able to live safely and thrive as part of our communities. As such, we believe Columbus City Council's "Reimagining Public Safety" initiative has started a critical conversation.

To summarize, our letter will:

- provide a brief overview of our recent public report *Policing and Racial Injustice: a Disability Rights Perspective* and the need for a fundamental shift in responding to emergency and non-emergency situations in the community and the ways disability and race intersect;
- explain the harm that a law enforcement response model has in criminalizing people with mental health labels;
- discuss the need for an effective, non-policing crisis response system reflecting principles of non-violence and non-coercion and avoidance of harmful outcomes, like arrest, incarceration, involuntary hospitalization, and other forms of forced treatment;
- explain the CAHOOTS model in Eugene, Oregon, a good foundation for reform here in Columbus; and
- discuss the need to address the root causes of mental health crises, substance abuse, homelessness, and other societal problems.

A decorative graphic in the bottom left corner consisting of several overlapping, semi-transparent geometric shapes in shades of green, blue, pink, and red, arranged in a dynamic, abstract pattern.

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**Ohio Disability Rights Law
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DRO's recent public report *Policing and Racial Injustice: a Disability Rights Perspective* discusses the tragic, harmful, and disproportionate impact that police violence has had on people with disabilities and communities of color.

Late last year, DRO published a report entitled *Policing and Racial Injustice: A Disability Rights Perspective*, inspired by the Black Lives Matter movement, which has pushed for change at the local, state, and national levels, including how large police budgets can be reinvested into community-based services and supports. This includes alternatives to traditional law enforcement responses to mental health and other crises in the community. These reinvestments could ensure that law enforcement no longer needlessly takes the lives of, causes physical or mental injury and trauma to, or disproportionately arrests BIPOC (“Black, Indigenous, and People of Color”) people with disabilities.

In our report, we cited a study published in 2016 showing that 30-50% of individuals killed by police or subjected to use of force have a disability. The intersection of race and disability also increases the risk of police violence, as data also shows that BIPOC people with disabilities are 16 times more likely to be killed if they have a mental health label. Additionally, data collected by the Washington Post illustrates that police often respond to mental and behavioral health crises with violence.

Law enforcement is not mental health care, and the city's current crisis response system, overwhelmingly dependent on policing, criminalizes people with mental health labels.

The criminalization of people with mental health labels in our community has been long-standing and the result of decades of systemic failures. Columbus now has the opportunity to make much-needed changes and respond to mental health crises with compassion and trauma-informed, anti-racist, anti-oppressive supports and services, as opposed to the threat of or actual imposition of arrest, incarceration, violence, and involuntary hospitalization and other forms of forced treatment. Our community is set up to respond to mental and behavioral health crises with police officers because that is simply the way it has always been. The death of Jaron Thomas here in Columbus is a tragic reminder.¹ But there are no data, surveys, or assessments showing this is the most effective and humane response to mental health crises. The current system is predicated on years of systemic oppression and incarceration of people with disabilities and BIPOC people. We must accept the institutional racism and ableism (including misguided assumption that people with mental health labels are inherently dangerous) that is pervasive in our society and take action to ensure minimal residual harm going forward.

Law enforcement across the country, including Columbus, have created co-responder teams composed of police officers certified in Crisis Intervention Training (“CIT”) and clinicians. Unfortunately, BIPOC people experiencing mental and behavioral health crises are still being

¹ *Community Services for Answers in the Death of Jaron Thomas*, Erica Thompson, Columbus Alive, February 22, 2017, available at <https://www.columbusalive.com/entertainment/20170222/community-searches-for-answers-in-death-of-jaron-thomas>.

met with violence and are losing their lives at the hands of police or experiencing harmful outcomes from these interactions with police. Thirty years after the development of CIT, there is little to no data showing this model is successful in reaching desired outcomes.² Nationwide, these response models have resulted in an increase in involuntary hospitalizations. Often, people experiencing a mental or behavioral crisis do not require hospitalization, but other recovery-oriented services focused on helping them through crisis.

Additionally, even the best-trained and friendliest officers can be intimidating due to their badge, handcuffs, marked police vehicle, uniform, weapons, and ultimate authority to arrest. This imbalance of power inherently escalates an already tense situation. The person in crisis may instinctively react to the thought that they are being arrested. Furthermore, research has repeatedly shown people experiencing a non-criminal mental or behavioral health crisis do not want police to respond to the situation.³ Any reform model must hold the autonomy of the person in crisis at the center of the response, ensuring that people with disabilities maintain their rights to make independent, un-coerced decisions about their health.

An effective, non-policing crisis response system should reflect principles of non-violence and non-coercion, and should not lead to harmful outcomes like incarceration or involuntary hospitalization.

The National Disability Rights Network (NDRN) has developed a set of principles that should at a minimum be implemented in any community-based crisis response program in order to protect the rights of people with disabilities:

- there should be minimal or no police involvement in responding to non-violent community emergencies;
- interactions with people in crisis should be non-violent and non-coercive, meaning assistance should be offered on a voluntary basis;
- outcomes of community crisis interventions should not include incarceration or involuntary commitment to a psychiatric hospitalization or other forms of forced treatment;
- any response system must recognize that people in crisis seeking assistance are not necessarily people with mental health labels, nor does the situation always require mental health interventions; and
- any community-based response program needs to include the support and advocacy of individuals with lived-experience; and affected communities should be involved in the development and implementation of community-based response programs.

Creating a mental and behavioral health crisis response program, independent from the Columbus Division of Police and that responds in a supportive and non-confrontational manner, is the only way to truly protect the rights and lives of people with disabilities in Columbus.

² *A Model Act for a Behavioral Health Crisis Response Team*, Taleed El-Sabawi and Jennifer J. Carroll, December 5, 2020, available at https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3683432.

³ *Id.* at 25.

Working with other local, state, and federal partners to develop an appropriate community-based system is crucial, and involvement of those with lived experience, particularly BIPOC people with disabilities, is essential.

Ensuring people with disabilities are supported and protected by our community is essential to any meaningful reform efforts. Responding to these crises with a trauma-informed, anti-racist, anti-oppressive approach and with goal of providing person-centered recovery-oriented services and resources, acknowledges generations of systemic oppression. Even non-policing response systems can be harmful if forced treatment, involuntary hospitalization, institutionalization are the outcomes. Thus, community-based crisis intervention services (including peer support services) must exist and be fully funded as true alternatives.

The CAHOOTS program in Eugene, Oregon provides a good foundation on which to base development of a non-police emergency and non-emergency response system in Columbus.

The 31-year-old CAHOOTS program in Eugene, Oregon is a guide for developing a successful community crisis response program in Columbus. In the nationwide review of crisis response models done by NDRN, CAHOOTS was found to be promising. The trauma-informed approach to community crises is an important aspect of what makes CAHOOTS so successful. This approach must be the foundation of any community crisis response program if it is going to achieve the desired outcome of eliminating police violence toward BIPOC people with disabilities and other harmful outcomes.

CAHOOTS response teams are made up of one medic (nurse, EMT or paramedic) and one behavioral health specialist, with extensive training in substance abuse and mental health. The structure of these teams dictates the tone that is set in responding to a person experiencing a mental health crisis. The person is approached by an equal, ideally someone who has been in a similar type of crisis situation previously, and who has no authority over them, no weapons, and has a mentality to find a non-violent, non-coercive solution. This approach is a stark contrast to the authoritarian, intimidating, and coercive nature, however well-meaning, of a police response.

CAHOOTS teams are dispatched to non-violent situations including: welfare checks, substance use issues and cases of possible overdose, mental health crises (including threats of suicide), people experiencing homelessness, and non-emergent medical needs. Each team arrives in a van that is full of basic needs supplies. Team members are diligent in maintaining their safety as they calmly assess the situation upon arrival. Notably, no CAHOOTS worker has been seriously injured since the program began over 30 years ago. CAHOOTS workers follow a protocol for approaching people in crisis, noting upfront that they are there to help. Responders focus on what the person needs in that moment, while letting them know the limits as to what can be provided, and the necessity of some action on their part. Responders are also cognizant of different communication styles and ensure accessible communication during their interactions.

CAHOOTS responders provide resources and referrals to mental and behavioral health programs, and other community-based services.⁴

Developing an independent community emergency and non-emergency response program is also an efficient use of the city's budget. Utilizing this response method will result in a lower number of incarcerations and hospitalizations, saving taxpayer money that can be invested into the program. Costs will also be lower in terms of employee salaries. Currently, CPD officers earn yearly salaries between \$58,947 and \$90,230. While Columbus EMT workers earn an average of \$36,000 per year, and behavioral health specialists in Ohio earn an average of \$56,000 per year. This type of program has proven to be cost effective in Eugene, Oregon, where taxpayers save about \$8.5 million per year in public safety costs and another \$14 million on ambulance and emergency room expenses.

In consultation with the community, including people with lived experience, a similarly effective system can be developed in Columbus, tailored to the city's unique needs. This model can include a powerful peer support component, enabling those who have experienced mental health crises and the harmful consequences of inappropriate response systems to lead the way. And a community response system has the potential to be expanded to meet other community needs; for example, many people with disabilities rely on personal care or home health aides, who may sometimes be unavailable due to sickness or other reasons, leaving the person temporarily unable to meet their basic needs. A community response system could dispatch an individual to travel to the person's home to help them prepare meals, eat, get dressed, bathe, or whatever else they need that day. Furthermore, Columbus can track and analyze data to determine where improvements can be made.

Addressing root causes of mental health crises, substance abuse, homelessness and other societal problems that disproportionately affect people with disabilities and communities of color is imperative.

Many Columbus residents are struggling to meet their basic needs, including housing, transportation, healthcare, and food – all of which disproportionately impact BIPOC people with disabilities. Community supports, including mental health and other disability services, have historically been underfunded. In collaboration with state and federal partners, local reinvestment should be focused on marginalized communities. At a minimum, they should include funding to scattered-site affordable housing units, increased access to public transportation, expanding access to healthcare, providing employment supports for jobs with a living wage, and increasing support to local food banks and grocery stores to ensure the elimination of food deserts.

As Columbus City Council considers different ways of addressing public safety, investments targeting the root causes of societal problems would go a long way in making our communities

⁴ More information on the specifics of this program can be found on their website (<https://whitebirdclinic.org/what-is-cahoots/>). CAHOOTS also provides consulting and strategic guidance to communities seeking to implement a similar model of crisis response.

stronger and safer.⁵ To cite one example: while law enforcement is not the appropriate response to homelessness, homelessness should also not be a reality for any person in Columbus.

Disability Rights Ohio appreciates Columbus City Council's efforts to consider new ways of ensuring public safety and responding to emergency and non-emergency situation in the city. As Columbus finalizes its upcoming city budget and begins to design and implement new systems (including community education and outreach about new systems), we offer our expertise and knowledge and our ability to connect elected officials with those with lived experience and other important stakeholders.

We hope we can be part of the conversation moving forward. Please feel free to contact Kevin Truitt, DRO's Legal Advocacy Director, at ktruitt@disabilityrightsohio.org or (614) 466-7264 ext. 122 to connect with us.

Respectfully,



Kerstin Sjoberg
Executive Director

⁵ These efforts would be consistent with other initiatives by the city of Columbus, including a new diversion program that “works to identify the root causes of crimes and prioritize defendants’ basic needs over jail time.” See *Columbus City Attorney and CareSource Partner on City’s Innovative Diversion Program for Nonviolent Offenders*, January 14, 2021, available at <https://www.caresource.com/newsroom/press-releases/columbus-city-attorney-and-caresource-partner-on-citys-innovative-diversion-program-for-nonviolent-offenders/>.