



SEASON 4 EPISODE 8

Taking Mental Health Crises Out of Police Hands

Police encounters during a mental health crisis have a greater chance of turning deadly if you're Black. New response mechanisms bypass law enforcement and result in helpful interventions. Reporter Jenee Darden looks at how folks in Northern California are trying to reimagine crisis response services.

Mitzi Miller: I'm Mitzi Miller and this is *70 Million*.

[One in three](#) people in federal and state prisons and [four out of ten](#) people in jails have a mental illness. What's more, more than 1 in 5 people fatally shot by police have a mental illness [according to a years-long database compiled by The Washington Post](#).

These may be among the reasons activists and government leaders are pushing to bar police officers from responding to mental health crises. They're putting forward new alternatives for answering these calls.

Jenee Darden reports from Northern California, where this idea is being put to the test.

Taun Hall: *Miles was just a beautiful person. He was loving, thoughtful, just super sweet.*

Jenee Darden: Taun Hall grins as she sits in her sunny home office. She tells me how her son Miles loved his family and being a big brother to his younger sister.

Hall: He had the biggest smile, like some of our neighbors called him Smiles.

Darden: Miles had his challenges too.

Taun says After he turned 18, doctors diagnosed Miles with schizoaffective disorder, a condition with [a combination of mood disorder symptoms](#), like depression or mania and schizophrenia symptoms like hallucinations or delusions.

Like so many families with loved ones who have severe mental health challenges, Taun says they struggled to get support for Miles.

Hall: We had really worked so hard to try to get Miles help, um, with his mental health condition.

And we just kept running into roadblocks. I went to NAMI, National Alliance on Mental Illness, to take classes because I could see that his mental health was declining.

Darden: NAMI suggested she connect with the local police department. Taun followed their suggestion for Miles' safety.

Hall: We live in a more affluent white neighborhood and we're an African-American family.

Darden: Walnut Creek, where the Hall family lives, is [nearly 75% white, and just 2% Black](#). One [Yale study](#) found that police kill Black people at more than two and half times the rate of white people.

Hall: And, we want to make sure that, you know, they knew who Miles was, that he grew up here for 18 years and he belonged in this neighborhood. So that was my first contact that I had made, was with the police, and that's just because his behavior, he was thinking he was Jesus.

Darden: Taun alerted a police officer through a non-emergency line.

Hall: And she actually did get calls. She did say, "Oh yeah, I actually have that in calls today about someone coming to their door."

Darden: Taun made a relationship with the police officer who she says connected her with a mental health social worker to help Miles with job, housing, and disability assistance.

In 2018, Miles had another mental health episode, which led to an involuntary hospitalization. After his release, and after taking medication, the family noticed a transformation. He was adjusting well enough to get a job and to start dating someone.

Hall: So we saw, like night and day, what medication looked like for someone, you know, he was doing really well.

Daren: Then, about eight months later, his mental health started to decline again. Taun says she looked into conservatorship, where she would have been able to compel him into treatment. But Miles was an adult now.

Hall: My son didn't understand he was sick. So he wasn't trying to get any assistance or help, 'cause he was just fine in his eyes.

Darden: He started back knocking on neighbors' doors believing he was Jesus.

Hall: So that's when we again resumed our relationship with the police. I had let them know, "Hey Miles is having—is escalating. I had called the non-emergency line the day before, you know, just to let them know, "Hey, it looks like he's going to have another mental health episode. I just want you guys to know so you can support him in his mental health crisis. Because there's no one else right now to be able to help him that way.

Darden: Taun was right, and the following day on June 2, 2019 Miles did have a mental health emergency. He walked around the neighborhood with a gardening tool neighbors had given him, [a long steel pole for digging](#). Taun says because Miles thought he was Jesus, he saw the tool as a staff. He broke a window at the family home with the tool. Neighbors and Miles' family [called 911](#)...

[911 Audio:](#)

Family: Yes I'm calling to report my grandson is trying to break into the house. I need someone here right away.

911 Operator: We have a caller from inside of that residence. She's stating she's the grandmother, and the grandson is having a mental breakdown

Darden: Taun calmly spoke to the 911 dispatcher.

Hall: We need to have police at our house.

911 Operator: What's happening?

Hall: He's being violent. He broke a sliding glass window. He's threatening us with it. He had like this one pole and he has a metal pole and he's threatening us. That's it, but we left the house. And he has mental health issues.

Darden: When [four officers arrived](#), Miles ran toward them with the tool at his side. Taun says he was trying to run back home, not necessarily toward the police.

Hall: He wasn't, you know, brandishing it, trying to attack the officers.

Darden: According to Walnut Creek police, one officer shot several small bean bags at Miles.

[Police officer:](#) *Bean bag, bean bag. Stop! Stop!*

Darden: Miles kept running, then two other officers used handguns. Four rounds hit Miles, [killing him](#) steps from his home. He was 23.

Hall: His death in the middle of a sunny day and on a big cul-de-sac wasn't warranted. People need to give him time and distance, and they didn't do that. And they came with guns blazing within 30 seconds. That is unacceptable. You know, those officers are supposed to be trained in de-escalation, and they overreacted.

Darden: The Treatment Advocacy Center, a national nonprofit organization, reports that people with untreated mental illnesses are [16 times more likely](#) to be killed by law enforcement.

And even when a mental health crisis call doesn't end up in the worst of scenarios, people with a mental illness are incarcerated, end up with a criminal record, and don't get the help they need.

Advocates say part of the problem is some officers don't know how to help, because they don't all have training.

Shannon Scully:

So, whether officers are required to go through mental health training can really depend state to state.

Darden: Shannon Scully is senior manager of criminal justice policy at National Alliance on Mental Illness, or NAMI.

Scully: It can also vary community to community. Some law enforcement departments have implemented their own policies and implemented their own programs to have a specific group of officers or all officers trained in a mental health crisis response. Some states such as the state of Massachusetts have taken action to require all law enforcement to be trained in something similar to CIT.

Darden: CIT or Crisis Intervention Team is a training developed in 1988 following the killing of 27-year-old Joseph Dewayne Robinson by Memphis Police. He was suicidal and harming himself with a knife when he brandished it at police. They [shot him multiple times](#).

Officers in [CIT training](#) learn basic information about mental health, de-escalation techniques, and hear from family members, people with lived experience, and mental health professionals. NAMI members and affiliates have served on [CIT's board](#), and [advise the program](#).

The Department of Justice also has [its own tool kit and national curriculum](#) for police departments to tailor to their jurisdictions.

Scully: Both the national curriculum, as well as CIT international's guidance on providing training include opportunities for law enforcement to interface with people with mental health conditions, and it really kind of helps to break down that stigma..

Darden: But some researchers say -these types of trainings are [inadequate and outdated](#). And officers who do participate in trainings [may not be required](#) to take refresher courses.

Scully: There is a significant lack in any kind of, you know, continuing education. How do we make sure that they're continuing to kind of hone their skills? So that it's almost second nature when they're in the field.

Darden: And one huge problem that Shannon points out: there's not enough data on the effectiveness of these trainings.

Scully: While there has been a lot of promotional law enforcement training, there is a significant lack in evaluation of what has an impact in some of these trainings. What are the outcomes that we see for officers who are going through these trainings and whether

that training that they're receiving is connecting to having positive outcomes on the other end.

[Music transition.]

Cat Brooks: How did we get to a place as a country where law enforcement is the answer to every single social ill? I mean, your neighbor drops milk in your driveway and your first instinct is to call 911.

Brooks: Cat Brooks is an activist and co-founder of the Anti-Police Terror Project, or APTP, a Black-led, multiracial collective of activists that started in Oakland. Her organization has [publicly advocated](#) for Miles Hall's family and other people of color who died by police violence.

Brooks: We were responding to state terror, not just here in Oakland, but to police murders that were happening across the country.

Darden: For the last eight years, APTP has been working on ways for communities to support themselves and provide non-police alternatives to issues of harm or public safety.

Brooks: As APTP's reputation grew, and as the call to not call the police grew, the onus became on us then to provide something else, because then the people started calling us. They were like, "Well, okay, we're not going to call law enforcement. We're going to call you." And so we were like, well, we'd better get our stuff together and we'd better get it together quickly.

Darden: So they formed their own grassroots service.

Asantewaa Boykin: Alright! Hello! My name is Asantewaa.

Darden: APTP co-founder Asantewaa Boykin welcomes more than 80 people to this virtual daylong training, for [Mental Health First or MH First](#). They are community first-responders to mental health crises who provide peer support, de-escalation assistance and what they call "life-affirming interventions." Or interventions where people in crisis have a say in what they need.

Mental Health First Training:

Boykin: I just want to thank y'all for spending your Sunday with us. You could be anywhere. And also thank for your spending your Sunday committed to learning, committed to learning how to help, committed to supporting your community members.

Darden: MH First started in 2020 in Sacramento, the state capital, where Asantewaa is now based. And there's a second operation in Oakland. Between the two cities, MH first says they have over 200 volunteers, and that 700 people have taken their training so far.

Darden: Asantewaa is a Registered Nurse. Most of her 17 year career in healthcare has been in mental health.

Boykin: So we examined some other trainings, and I've taken several trainings myself, and I think one thing that sets us apart is the political ideology that we come from, that I haven't seen in other trainings, where our goal is to prevent that police contact. And we're really upfront about that.

Darden: The MH First Training reflects this, covering not just: how to engage with someone in psychosis or administering NARRR-can to someone overdosing on opioids. They also go over how historical oppression— like colonization and systemic racism— affects people's mental health, the criminalization of people with mental illness, and what's called "[cop watching](#)," which is documenting and observing police response to emergencies and making sure they're not violating the rights of the person in crisis.

MH First volunteers are available on weekend nights. They answer calls, texts and direct messages to their social media. Asantewaa tells me Oakland volunteers get 30-40 contacts a month. Many related to homelessness. Sacramento receives less interactions.

Boykin: We've had shifts where we got no calls, and then some shifts we get like seven or eight. Right. So it just depends on really what's going on in the world.

Darden: More bad news in the world, equates to more calls.

Boykin: At the brink of COVID phone was ringing off the hook. Around the insurrection, the Capitol insurrection, there was a lot of calls.

Darden: Callers may have seen MH First's hotline numbers on billboards. Those in need, family members, or witnesses to a crisis can call or text the hotline number for help.

V Rabelo: Hi, you reached Mental Health First. This is V speaking. Would you like to share your name?

Darden: V Rabelo is an MH First volunteer in Oakland. I asked her to walk me through a hypothetical call for someone whose PTSD was triggered.

Rabelo: First, we would want to try to control and calm the breath a little bit so you can feel safer. And then we always want to follow the caller's lead as well. So I'd probably ask you some questions about what it is that you want or what you need or how we can best support you.

Rabelo: And so once we're able to be in a slightly calmer state, then we can both have a little more mental capacity to maybe do some problem solving or brainstorming.

Darden: V herself has lived with her own mental health challenges, and worked as a peer

counselor in college. MH First volunteers tend to have that personal experience, whether it's with a family member, friend or themselves. She says MH First is built on this idea of "healing justice."

Rabelo: A healing justice framework means that we need to build support systems and institutions that are designed and led by people who know what it's like to go through these harmful institutions, who've been in crisis themselves, who've actually had to support other people in crisis with a goal of healing rather than further contributing to harm. And part of that means turning a critical eye inward into, again, these institutions meant to help us like the social work field or behavioral health care facilities or the relationships, say, between policing and therapy and recognizing how those systems or relationships don't always keep our communities safe.

Darden: BIPOC communities [face hurdles](#) in [receiving mental healthcare](#). It's expensive if you don't have insurance. You might have trouble accessing resources if English isn't your first language. Finding a therapist who understands your culture can be challenging. The American Psychology Association says that in 2015, [86% of working psychologists](#) were white. V says MH First's training starts with pointing out the difference between conventional mental healthcare frameworks, and the healing justice model.

Rabelo: And then the training goes into different ways that we can offer support, radical accompaniment, and even deescalation when we, or someone we witnessed or know, might be experiencing a mental health crisis.

Darden: Since programs like MH First are responding to these emergencies, often without police present, I ask Asantewaa about the possibility of volunteers ending up in violent situations.

Boykin: Most of our calls have nothing to do with violence. And a larger part of our work is dispelling the stigmatization that having or being in a mental health crisis automatically equals violence. In the instance of extreme violence, likely we were not the people that were called. Likely someone has called 911, or used some other mechanism to intervene in that violence.

Darden: U.S. government data shows that most people with mental illnesses [are not violent](#). Actually, those with severe mental illnesses are [over 10 times more likely](#) to be victims of a violent crime than the general population. Asantewaa says in her experience many MH First callers are looking for mental health resources. Parents call about their kids who are showing early symptoms of mental health issues. And some callers just need to talk.

Boykin: Cause I know there's some folks, part of their symptoms is being hyper verbal. And in the other settings, that's not okay. Appropriate. No, one's going to listen to you for hour. Right. They just, they don't have the time, but for us, we do. We can listen.

Dardin: Due to COVID, MH First volunteers are mostly doing phone support right now, but part of the model is responding in-person if necessary.

Rabelo: That way, if someone does need a wellness check, or if law enforcement officers are on a scene and there's some type of crisis or potential mental health concern, we would be able to show up.

Darden: Intervention can take different forms, from bringing someone food or supplies to de-escalating a conflict. Here's Asantewaa again.

Boykin: One of the things that I've done over and over again is just really isolate, right? Like get the person off their front lawn and into their backyard where it's less likely that the police are going to be called if they're behaving erratically. We're getting someone out of the streets, who might be walking around in the street. I think of one time, there was a young lady who was doing that kind of in and out of traffic, and we just got her settled somewhere. She felt safe. We asked her, did she want to go to the hospital? Even though she wasn't completely lucid, she was lucid when she said no about that. And so we got her settled and got her some food and we waited until she drifted off to sleep, and then we did what we came to do.

Darden: But what happens if the person is in extreme psychosis and it's affecting their own safety?

Boykin: If that psychosis is limiting one's ability to be safe, and it is very, very apparent to us, right, actions that we've taken are what we call a warm handoff, right.

Darden: That's when a patient is [handed off from one person administering care to another](#). It's done in-person, and with family if they're available. This keeps the communication open and the patient engaged. MH First has also transported people to the hospital or handed them over to the ER.

Asantewaa goes on about other ways MH First assists those in psychosis.

Boykin: So there is some people that never stopped having auditory, visual hallucinations, no matter what you medicate it with. so when we look at it, our goal is not to eradicate the psychosis. But how can we get you to a place where that psychosis is manageable? And a lot of the times, that means hospitalization. That means medication. One of the questions that we do ask is, do you take any medication?

Darden: Asantewaa says, when MH First has shown up to an emergency where there's also a law enforcement response, the police have been cooperative.

Boykin: Police largely don't want to be doing this specific kind of work. So to, our surprise, they've been accommodating. They've been largely obliged, you know, just, "You're the person that needs to be here. Go ahead and talk to this person," and have gotten a good outcome when it comes to our contact and our crisis intervention with the participants.

Darden: But even with alternatives like MH First available, the majority of crisis calls are still going to 911. This is why APTP [along with other advocates](#) have been calling for the city of

Oakland to have a mental health-emergency service. They talked to local leaders and city council members. But, Cat Brooks says they didn't get any traction.

Brooks: You know, we were laughed out of rooms and, and nobody cared, and nobody was listening.

Darden: Until recently. Community support for the city to have a non-police response service has grown. Cat points to the increasing number of stories about police violence against those with mental illness, like Miles Hall.

Brooks: I think the way in which a lot of people began to look at law enforcement not as safety, but actually as a danger, open the doors for it. And I think that it's something that people could latch onto, right? You don't have to dislike police in order to understand that maybe they shouldn't be the ones responding to the mental health crisis.

Darden: Support from organizers and city council members led to a new government-funded mental health emergency response program called [MACRO, Mobile Assistance Community Responders of Oakland](#). It's modeled after [CAHOOTS](#) in Eugene, Oregon, which is also a mobile crisis response service. They've been around [since 1989](#). When Eugene residents call CAHOOT's non-emergency police line, [a crisis intervention worker and EMT are dispatched](#).

And in Oakland, instead of the police, civilians with mental health and/or medical training will be [dispatched for some non-emergency and mental health calls](#). Cat Brooks has big expectations for MACRO.

Brooks: I hope that it's transformative and not performative, right? This is not just about exchanging bodies. It's not just about exchanging police officers with social workers. This is about decolonizing, the way that we look at mental health and how we talk about and implement public safety. I hope that it provides living wage jobs for Black and Brown people. I hope it humanizes the human condition of mental health crisis and changes the way we treat our beloved community members.

Darden: MACRO [passed unanimously](#) in Oakland City Council this past Spring. For now, the Fire department will oversee the [18-month pilot program](#). They hope to launch [no later than February 2022](#). It's [rolling out first](#) in West and East Oakland.

[Music transition.]

Noel Gallo: *This program is greatly needed in Oakland because when you look at the 911 calls that Oakland police receive every day, they cannot attend to them now.*

Darden: City Councilmember Noel Gallo represents a [heavily Latino East Oakland district](#) facing high rates of homelessness, drug use and violence.

Gallo: I was complaining to the police chief yesterday because many residents are complaining

that they're calling 911 and the police are not showing up, or when then they show up, then it's too late.

Darden: [A 2019 report](#) found that nearly 40 percent of callers to Oakland's 911 dispatch were not answered [within 15 seconds](#), the standard in California. [Over 18,000 callers](#) had to wait over two minutes to speak to someone.

And with the historical tensions between police and Black and Brown communities like in his district, Gallo says he's glad that the fire department will be overseeing the pilot program.

Gallo: When the firefighter responds to the individual that's on the street, on the sidewalk, dealing with violence as well, I see the difference in behavior. In terms of the cooperation with the individual on the street, cooperating to get into the ambulance and taking, be delivered for services, whether it's, you know, health wise and so forth. But when I see the police officer respond to that 911 call, the behavior's different, the individuals are more confrontational and gonna handcuff him and throw him in.

Darden: With a police department where about [90% of officers do not live in Oakland](#), Gallo says having mental-health trained responders from the community, will make a difference.

Gallo: Our goal is to be able to hire and train individuals from the neighborhood, hopefully that would understand my communication, and how I live, and also just the response that I need and not be confrontational.

Darden: Go deeper into East Oakland, and the concerns are the same. City Councilmember Loren Taylor represents another high-need neighborhood..

Taylor: So my district, and the one closest to us, we are responsible for two thirds of the calls for 911 in the city. We have disproportionately [higher numbers of homicide](#). The violent crime.

Darden: Crime, lack of resources, homelessness, and COVID are affecting the mental health of Taylor's constituents.

Taylor: Across the board, I think all of our responders need to have a general awareness, sensitivity, and understanding how mental health across the spectrum plays into how people show up, especially at times of crisis in an emergency.

Darden: Taylor supports MACRO, but he says this is a bigger problem than just who to call in an emergency.

Taylor: So MACRO is not the panacea that's going to solve everything. But what it is doing is it's addressing the first line of response. When it comes to official sort of mental health practitioners that are able to really assess, diagnose. and treat more severe mental illnesses and mental health conditions, that is not what macro is set up to do at the, at this point. I've had conversations with the community doctors, the community health

practitioners, and they point to, yes, this is an entire system issue when we talk about mental health.

Darden: While Taylor reflects on the system in his own district, there are people looking at this on a national scale.

CSPAN: *Will the house suspend the rule to pass 2661? Will those in favor say "I"? Those opposed say "no"?*

Darden: Last year, with bipartisan support, Congress passed the National Suicide Hotline Designation Act. It creates a new number, 988, that Anyone, from anywhere in the country can call if they're in any mental health crisis. Calls are routed to [the National Suicide Prevention Lifeline or the Veterans Crisis Line](#).

988 is an easier number to remember and [will replace the national suicide hotline's 10-digit number](#). 988 doesn't go into effect until July 2022. Until then, the current [national 800 number](#) is still the number to call.

In the meantime states are working to set up 988 systems [in their own jurisdictions](#).

Here's Shannon Scully, of NAMI, National Alliance on Mental Illness.

Scully: What the designation act did, it not only designated 988 as the three digit number for mental health crisis and suicide, it also created a mechanism in which the states are allowed to pass their own bills that would levy a fee to fund services related to 988.

Darden: With this new act, States can add a [fee to cell phone bills to help fund 988 services](#). And if they choose, establish their own mental health crisis centers that provide help with any mental health issue, not just suicidal thoughts. States can establish dispatch services too. Shannon says NAMI is advocating for states to have a three-prong system in place when setting up a crisis response.

Scully: If you are struggling, what we want to see is that you have someone to talk to, you have someone to respond, and you have somewhere to go.

Darden: NAMI's vision? Shannon says social workers, mental health professionals, and advocates who are dispatched to callers instead of law enforcement, and crisis respite centers for people to further de-escalate and continue to receive support. This may be an option for families with loved ones in crisis, like Miles Hall's.

Scully: I, as a family member, can potentially dial 98-8- for help and start accessing and seeking supportive services that exist in my community. That's the type of other crises that we're really working to make sure get addressed so that they don't have to receive a law enforcement response, that they are receiving an appropriate mental health response.

Darden: Shannon points to states like [Colorado](#), [Nevada](#) and [Washington](#) that have already

passed bills that include a tax to fund their own response systems.

But she says other states are still just exploring ideas, for what resources and services they need.

Scully: We know that there's a lot of conversations happening, nationally, state level, county level, city level about, you know, how is 911 going to interface with 988? How do we make sure that people know that 988 exists? How can we loop our existing mental health system again into 988? And there are probably hundreds, if not thousands of conversations that are happening on a regular basis as we speed towards July of next year .

Darden: And here in California, Taun Hall is advocating for [AB 988, The Miles Hall Lifeline Act](#).

Hall: Something like the Miles Hall Lifeline Act AB 988 would have potentially saved his life because we would have had mental health or mental health professionals responding to his medical emergency.

Darden: Under the proposed act, mobile crisis teams and peer support would be available 24/7, an alternative to contacting law enforcement. There will be a tax on cell phone bills like in other states.

[The bill](#) is currently under review in the [state senate](#).

And in Contra Costa County, where the Hall family lives...

Hall: There is, in wake of my son's death, and all the advocacy that our foundation and other allies have worked towards, is now there's a non-police response to mental health crisis calls.

Darden: The [Miles Hall Community Crisis Hub](#) is a planned high-tech call center with mental health professionals and peers who can provide on-the-phone or in-person support.

Hall: You have the mental health team professional on the phone. You also have, um, the actual people who will come out and be dispatched as well from your, from this county here.

Darden: A pilot is underway for the the Miles Hall Community Crisis Hub. [The team building the framework](#) includes emergency responders, behavioral health professionals, family members, people with lived experience, and law enforcement.

The county DA is not prosecuting the officers who shot Miles Hall, arguing they acted in [self-defense](#). Taun says her family is now trying to get the state attorney general involved. In September 2020, the family [won a \\$4 million dollar settlement](#) from the city of Walnut Creek. Taun says the money is being used to further their mental health advocacy.

Hall: And I want people to know this young man was not bad. He was a beautiful

soul, and he wanted to be here. He didn't want to die by the police, you know, but the way that the system is set up and so much racial biases, you know, we really did try to do so many things to get him help in the right way, but the system failed our family, it failed Miles, and that's why I don't want the system to fail another person.

Darden: This act of what Taun Hall calls taking pain into purpose keeps her going. And it's going to take many people with purpose—like activists, government officials, and health workers—to build a better response system. One that provides more care, instead of criminalizing those with mental health challenges.

Miller: Thanks to Jenee Darden for that story.

[Music transition.]

For more information, toolkits, and to download the annotated transcript for this episode, visit 70millionpod.com. *70 Million* is an open-source podcast, because we believe we are all part of the solution. We encourage you to use our episodes and supporting materials in your classrooms, organizations, and anywhere they can make an impact. You may rebroadcast parts of, or entire episodes of, our four seasons without permission. Just please drop us a line so we can keep track.

70 Million is made possible by a grant from the Safety and Justice Challenge at the MacArthur Foundation and is produced by [LWC Studios](#).

Jen Chien is our executive editor. Cedirc Wilson is our lead producer and mixed this episode. Sarah McClure fact checked the story. Emma Forbes is our staff writer, and Michelle Baker is our photo editor. Juleyka Lantigua is the creator and executive producer. I'm Mitzi Miller. Thank you for listening.

CITATION:

Darden, Jenee. "Taking Mental Health Crises Out of Police Hands." *70 Million Podcast*, LWC Studios, November 1, 2021. 70millionpod.com.

Produced by

