



**Written Submission of the American Civil Liberties Union (ACLU) to the
UN International Independent Expert Mechanism to
Advance Racial Justice and Equality in Law Enforcement**

**Reimagining Policing and Community Safety
May 23, 2023**

The ACLU welcomes this opportunity to provide input for the preparation of the report of the Expert Mechanism to be presented at the fifty-fourth session of the Human Rights Council. This submission focuses on reducing the role of police, and outlines a new paradigm for community safety. It details the United States' misplaced reliance on police to address public health and social problems, and it identifies U.S. jurisdictions that have implemented non-police responses to promote traffic safety and school safety, and alternative crisis response programs to serve people in behavioral health crisis.

This submission puts forth a set of recommendations to reduce police departments' role and presence. It proposes investing public resources in community-based, non-carceral services that are better suited to respond to community needs, including essential resources like mental health care, addiction services, housing, education, and employment opportunities. These more holistic and supportive approaches to community safety include prioritizing and expanding resources for and access to services that help prevent unnecessary criminal-legal involvement in the first place.

I. Reimagining Policing

Modern police forces in the United States can be traced back to slave patrols used in Charleston, South Carolina.¹ Since inception, police in the United States have been empowered to act as an occupying force in low-income communities and communities of color across the country, funded by astronomical sums of taxpayer dollars. For over 100 years, we have seen the disappointing results of repeated efforts to address police brutality merely by changing internal policies and training, and investing even more money in police departments. Incremental reforms to policing have not brought the change that communities need.

We must stop tinkering around the edges. To achieve safety for everyone and to heal communities in the United States, the role of police as instruments of state control and violence must decrease, while becoming responsive and accountable to community will and legal norms. To significantly reduce police violence, we must create a new paradigm for policing and community safety that emphasizes non-carceral interventions and programs—not police, jails, and prisons—to keep communities safe.²

A. Reducing the Role of Police

Out of the 10.3 million arrests made per year by police, only 5 percent are for the most serious offenses, including murder, rape, and aggravated assault.³ Most of the remaining 95 percent are

a mixture of offenses that are unnecessarily criminalized and offenses that could be prevented with investments to address the poverty, drug and alcohol addiction, lack of affordable housing, access to education, and joblessness. This means that the police dedicate the majority of their time to arresting people for non-serious offenses, or offenses that would not have taken place absent our massive societal overinvestment in police at the expense of all else.

The United States' overreliance on police to address public health and social problems has fueled mass incarceration and the type of racist and aggressive policing that leads to harm and death. Communities of color are disproportionately impacted by police practices that can actually harm public safety, such as policing that criminalizes people for minor infractions; the misplaced reliance on police to handle behavioral health crises such as mental health, substance use, and overdose response; and police presence in schools that predominantly serve students of color.

The majority of people killed by police in America are killed in response to mental health calls, traffic infractions, and other low-level offenses.⁴ Disproportionate rates of police contact, combined with the racial profiling and social control of Black people ingrained in American policing, leads to Black people ultimately being killed by police at 2.4 times the rate of white people.⁵

The best way to prevent the harms caused by police is to fully fund alternatives that end the role of police being the first, last, and only resort in low-income communities and communities of color. This approach requires reducing the role of police and embracing alternatives like civilian-led crisis intervention teams composed of highly trained professionals, including nurses, doctors, psychiatrists, and social workers, to respond to incidents involving people who are in behavioral health crisis. It requires removing the authority of police to stop cars for minor traffic violations and instead investing in equitable infrastructure to reduce traffic crashes and deploying civilian first-responders dedicated to traffic and road safety to resolve traffic safety issues without punitive law enforcement action. It requires banning police from being stationed in schools and instead putting more counselors and more teachers into our schools.

These measures can lead to a reduction in unnecessary police interactions and help put an end to punitive, arrest- and surveillance-focused police activities and racist police violence, while also improving public health and community safety.

a. Alternative Crisis Response Programs: Reimagining a System that Defaults to Dispatching Police

More than 240 million 911 calls are made each year, and police are the default responders dispatched to resolve situations better handled by health and social service professionals.⁶ Too often, when a person is experiencing a behavioral health crisis, 911 dispatchers send armed police officers as a default response. Yet police are ill-equipped to safely and effectively respond to these crises, and police responses often worsen the situation, sometimes with tragic

consequences: people with mental health conditions are killed by police during law enforcement interactions at alarmingly high rates.⁷ Of the 8,470 people who have been fatally shot by police since 2015, 21 percent were identified as experiencing a mental health crisis.⁸

Instead, emergency services dispatchers should be able to quickly send a team of peer support experts, mental health providers, or crisis counselors—not law enforcement. Analysis of 911 data from nine cities conducted by the Vera Institute of Justice found that an average of 19 percent of calls for service are behavioral health-related and could be answered by unarmed, civilian crisis responders instead of police.⁹

Many jurisdictions in the United States are reimagining their approach to public health and safety, and have begun to incorporate trained civilian crisis responders and behavioral health professionals into their emergency response systems. This approach offers significant improvements for public safety: routing calls away from the police can reduce police use of force¹⁰ and violence against people with disabilities,¹¹ result in the de-escalation of situations and immediate stabilization by trained mental health providers,¹² and prevent unnecessary arrests that entangle people in the criminal legal system.¹³

Jurisdictions throughout the country are experimenting with different models to better serve people in crisis, by investing in community responder programs that deploy health professionals and community members trained in crisis response as first responders.¹⁴ The most conservative but still flawed models simply pair a social worker or mental health worker with police as they respond to calls. The most successful omit police altogether—while still being part of the emergency response system reachable by a call to 911 or another easily-dialed number.

Inspired by the CAHOOTS program in Eugene, Oregon, which has dispatched trained civilian responders to 911 crisis calls since 1989, other cities have begun dispatching non-police teams to these calls, including, Denver, Colorado; San Francisco, California; St. Petersburg, Florida; Baltimore, Maryland; Austin, Texas; New York City; and Portland, Oregon. These programs are staffed by crisis workers, licensed clinicians, medics, peer specialists, and others. Appendix A lists these and other alternative crisis response programs at various levels of implementation around the United States.

However, many jurisdictions continue to struggle to determine which calls are best suited to a non-police response. 911 dispatchers make crucial, frontline decisions every day about how to respond to emergencies, and they play an important role in ensuring that all community members receive safety and equal treatment. Successful crisis response programs require that 911 call-takers are empowered, through adequate technology and training, to make appropriate decisions about when to send crisis response teams instead of the police.¹⁵

Crisis response teams should have adequate staffing and resources so that they are able to respond in a timely manner to all behavioral health crisis calls.¹⁶ This prevents situations in which 911 call-takers default to police officers because crisis response teams are unavailable.

Trained behavioral health professionals should also staff 911 dispatch centers to stabilize callers while they wait for a team to arrive.¹⁷ One option is for clinicians to be staffed at the dispatch center.¹⁸ Another is to integrate emergency response systems with the new 988 Suicide & Crisis Lifeline.¹⁹

The 911 system is a crucial component of an effective behavioral health crisis response system, which requires someone to call, someone to respond, and somewhere to go.²⁰ A person experiencing a mental health crisis should be able to call for help with de-escalation, receive on-site assistance from trained mental health professionals, and go to a 24-hour crisis stabilization facility—just as those experiencing physical health crises can. A person who is experiencing severe mental health symptoms must be offered a range of treatment options—from hotlines and support lines, to walk-in crisis centers, mobile crisis response, and peer-delivered services, to crisis stabilization units, crisis apartments, acute inpatient treatment, and even brief hospitalizations. Reforming the 911 system is the first step for a functioning crisis response system. The right response must be sent at the right time.

Some jurisdictions have pursued pilot programs that expand the types of facilities that will receive patients who need emergency care or change the disciplines of emergency responders themselves (e.g. emergency responders trained as social workers), because paramedics often receive minimal mental health training. These programs are also detailed in Appendix A.

b. Redesigned Traffic Safety

Traffic stops are the most common way people come into contact with police in the United States.²¹ More than 20 million people experience traffic stops each year. Police often use minor traffic violations to initiate discretionary stops, then use these minor traffic violations as a pretext to initiate an investigation to seek evidence of a more serious crime despite lacking reasonable suspicion.

Pretextual traffic stops by police do not improve road safety and instead perpetuate stark racial disparities in the criminal legal system.²² Nationally, the annual stop rate for Black drivers was 1.4 times higher as compared to white drivers.²³ Black drivers are more likely to be stopped, searched, and arrested for routine violations than white drivers, are more likely to have force used against them, and they incur greater fines and fees resulting from these traffic stops.²⁴ For instance, analysis of New York Police Department data by the New York Civil Liberties Union found that of the nearly one million vehicle stops in 2022, nearly 60 percent of people stopped and 90 percent of those searched and arrested due to those stops were Black and Latine.²⁵ Research shows that searches that begin with pretextual traffic stops rarely turn up contraband: for instance, only 0.5 percent of searches during traffic stops by the eight largest police departments in California led to seizure of a firearm in 2019.²⁶

Racially biased traffic enforcement leads to numerous subsequent harms, including unaffordable fines and fees, mounting debt, driver's license suspensions, lost employment,

unnecessary arrests, criminalization, and injury or death at the hands of police. For instance, Daunte Wright was killed by police at just 20 years old after being pulled over due to expired registration; Walter Scott and Philando Castile were fatally shot by police after being pulled over for driving with a broken brake lamp; and Sandra Bland died in jail after she was pulled over for failing to signal a lane change.

Because of inequitable investment in road safety infrastructure and racist transportation policies, racial disparities are also pronounced in traffic crashes: Black and Indigenous people are more likely to be killed in traffic crashes than others. Black neighborhoods often lack basic infrastructure needed for pedestrian and driver safety, such as continuous sidewalks, adequate lighting, or paved streets.²⁷ From 2010 to 2019, Black pedestrians were killed by drivers at a rate 82 percent higher than for White pedestrians, while Indigenous pedestrians were killed at a rate 221 percent higher.²⁸

To address the racially biased harms caused by police conducting pretextual traffic stops, U.S. jurisdictions should remove police from routine traffic enforcement and remove their authority to stop cars for minor traffic violations. They should also end discretionary, non-public safety stops.²⁹ Instead, jurisdictions should replace police with unarmed, civilian traffic response units with expertise in transportation and mediation whose mission is traffic and road safety, not criminal law enforcement.³⁰ These units should be housed in a department of transportation or public works, not police departments.

To confront the public health crisis of traffic crashes, jurisdictions should instead invest in evidence-based public health strategies for road safety. This includes investing in equitable infrastructure to reduce traffic crashes, such as traffic calming measures like speed bumps, raised crosswalks, roundabouts, longer yellow lights, and turning lanes. Other evidence-based strategies to promote traffic safety include lowering speed limits, applying surface treatments on roads to prevent skidding, creating updated vehicle safety standards, and reducing reliance on cars by expanding public transit systems.³¹

Several U.S. cities have turned to non-police alternatives for traffic enforcement or have banned police from making stops for low-level violations not related to traffic safety. Some of these programs are detailed in Appendix B.

c. Reframing School Safety

In the United States, at least 72 percent of public high school students attend a school with an armed police officer.³² As this police presence has expanded, the number of school-related arrests and referrals to law enforcement (instances where police are called to intervene with a child) have increased. U.S. Department of Education data show that arrests increased by 5 percent and referrals to law enforcement by 12 percent in a recent two-year period.³³ In the 2017-18 school year, the most recent for which nationwide federal data is available, there were 54,321 student arrests and 220,470 referrals to law enforcement.³⁴

Police officers assigned to patrol schools can legally use physical force on students, arrest and handcuff them, and bring the full weight of the criminal legal system to bear on children under a broad range of circumstances and without regard to the level of harmfulness of the alleged infraction.³⁵ In many instances, police are involved with disciplining children who are seen as “disruptive” or “misbehaving” in ways that are age-typical. Police have the discretion to determine which teen behaviors, and which teens, to discipline. As a result, students of color and students with disabilities are disproportionately punished by police. Nationwide, Black students, American Indian or Native Alaska students, and students with disabilities are arrested and referred to law enforcement at rates that are disproportionate to their enrollment—for Black students, at twice the rate of their enrollment.³⁶

Research and state-reported data reveal that many school arrests and referrals to law enforcement arise from criminalizing common adolescent behaviors.³⁷ For example, students have been charged for “disorderly conduct” for cursing, and for “disrupting school” by fake burping.³⁸ Existing laws and school policies permit students to be punished for vague infractions, such as disorderly conduct, a practice which the ACLU has challenged.³⁹ In the 2015-16 school year, there were roughly a million incidents classified as “serious offenses” reported involving students in public schools, yet only 3 percent of these incidents involved a weapon and approximately 1 percent were incidents that involved sexual assaults. Much more common were reports of physical altercations without a weapon (75 percent) or threats of such types of physical altercations (19 percent).⁴⁰ A comprehensive analysis of Western Pennsylvania school-based arrests, which examined juvenile court data, found that fewer than 1 percent were for the possession of a firearm.⁴¹

Generally, police are trained to focus on potential violations of criminal law, not student social and emotional well-being, and their presence in schools shifts the focus from learning and supporting students to over-disciplining and criminalizing them. However, virtually every violation of a school rule can be considered a criminal act if viewed through this punitive, police-first lens. Moreover, the tools of law enforcement—which include pepper spray, handcuffs, tasers, and guns—are ill-suited to the classroom. A 2018 report by the Advancement Project documented and mapped over 60 instances of police assaults on students in schools over the previous eight years; because this estimate is based on press accounts, it most likely significantly undercounts the true number, as most student encounters with police are not covered by the press.⁴²

In conjunction with the increase in the number of police in schools has been an expansion in their roles and assigned tasks. Though these police are often referred to as “school resource officers” (SROs), their legal power and attending actions reveal that this designation only serves to mask that their presence has transformed schools into another site of concentrated policing.⁴³ Such policing marks the start of the school-to-prison pipeline—the entry point to the criminal legal system for too many children—and fuels mass incarceration.

Placing police in schools makes it more likely for students in those schools to be suspended, referred to law enforcement, and arrested in school.⁴⁴ Research has shown that increased police presence in schools results in a dramatic increase in contact with law enforcement, an expansion in the types of roles police play in schools, an increase in student referrals to police, and an increase in student arrests.⁴⁵

Students who are Black, Brown, Indigenous, LGBTQ, and those with disabilities experience most acutely the impact of school policing.⁴⁶ Students of color are more likely to go to a school with a law enforcement officer, more likely to be referred to law enforcement, and more likely to be arrested at school.⁴⁷ Black students are especially more likely than white students to attend schools with security staff, increasing their likelihood of encountering police in the course of their everyday school activities.⁴⁸ Students with disabilities are even more likely to be targeted by police in school. School-reported data show that students with disabilities were nearly three times more likely to be arrested and referred to law enforcement than students without disabilities—and this disparity increases up to tenfold in some states.⁴⁹ Black students with disabilities experience law enforcement involvement in schools at more than four times their representation amongst students with disabilities.⁵⁰

Research also indicates that police in schools with predominantly students of color are significantly more likely to focus on maintaining school discipline compared to police in predominately white schools, while being less likely to coordinate with emergency teams in the presence of an actual threat.⁵¹ In districts with more Black students, school police are more likely to focus on the students themselves as the threats—in stark contrast to districts with more white students where police are more likely to focus on external threats.⁵²

While funding for police in schools has been on the rise, U.S. public schools face a critical shortage of counselors, nurses, psychologists, and social workers. There are 14 million students in schools with police but no counselor, nurse, psychologist, or social worker—nearly one third of the U.S. student population.⁵³ Over 90 percent of students nationwide attend schools that fail to meet the nationally recommended ratios for students-to-counselors, psychologists, nurses, and social workers.⁵⁴ Counselors and other mental health providers have the specialized training and experience to support students—not police.

Yet, the federal government is directing funding toward hiring school police instead of mental health providers. The U.S. Department of Justice, through its Office of Community Oriented Policing Services (COPS), has provided over \$1 billion in federal grants to state and local governments for the policing, surveillance, and militarization of schools—and will grant up to \$73 million in funding in 2023 alone.⁵⁵ At the same time, research funded by the National Institute of Justice has found that increasing the support for SRO programs and officers does not result in a reduction in school crime.⁵⁶

This prioritization of school police is troubling, not only for the lack of mental health support for students, but also given that evidence from countless studies shows that schools with police are

no safer than those without.⁵⁷ Research indicates school police do not reduce mass shootings and instead contribute to less inclusive school climates.⁵⁸ In contrast, schools that employ more school-based mental health providers see fewer disciplinary incidents, improved academic achievement, and improved graduation rates.⁵⁹ Data shows that school staff who provide health and mental health services not only improve the health outcomes for those students, but also improve school safety.⁶⁰

As a first step, policymakers must ban police from being stationed in schools and eliminate federal and state funding for infrastructure and personnel that criminalize students and school environments. However, solutions must go beyond banning school-based police officers, but must also offer schools holistic, non-carceral ways to address problematic behavior and ensure student success.

Investment in positive school supports that contribute to a safe, just, and welcoming climate for all students makes schools safer. This investment is made through increased funding for school-based student support services, including the placement of school-based mental health support providers who use trauma-informed practices, restorative justice, and other supportive approaches. This investment is also made through hiring trained professionals that can support those programs, including counselors, social workers, nurses, psychologists, and others; providing resources for culturally responsive Positive Behavioral Interventions and Supports (PBIS); and providing wraparound services to families to support the extra services provided.

Communities across the country have been pushing their schools to reduce or eliminate police presence and to increase student mental health care and other supportive services. Numerous school boards and cities across the country have already decided that police no longer belong in their schools. From May 2020 through June 2022, at least 50 districts serving over 1.7 million children have ended their school policing programs or cut their budgets.⁶¹ (However, eight districts that had removed police from schools have since added them back and far too many other localities continue to use police in schools, despite the demands of students, parents, and community members.) Several of these school districts are detailed in Appendix C.

II. Reimagining Community Safety

The United States' current approach to public safety is a direct outgrowth of the racial, gender, ethnic, and economic violence that defined its founding. It is also an outgrowth of the United States' history of disability discrimination that has confined and dehumanized—in institutions, jails and prisons—people who have, or are perceived to have, disabilities. These interwoven threads fuel over-policing and mass incarceration. As a nation, the United States has failed to make a meaningful break with these origins.

It is time to chart a new path that rejects widespread institutional and infrastructural abandonment; unconstitutional, harmful, and biased policing practices; and the criminalization of disability, homelessness, drug use, and poverty. These systems conflict with the promises of our

constitution and our human rights commitments, and they perpetuate trauma, crisis, crime, addiction, poverty, and disorder.

To achieve safety for everyone, not only must the United States fundamentally change and reduce the role of police as instruments of state control and as the default response to address public health and social problems. We also need a new paradigm for community safety that emphasizes non-carceral interventions and programs, not jails and prisons, to keep communities safe, such as restorative justice, neighborhood mediation, peacekeeping programs, community-based gang intervention, and “violence interruption” programs.⁶² In addition, we must significantly increase our investment in mental health care, addiction services, housing, education, and employment opportunities.

A. Investing in Communities to Promote Safety

Across the country, state and local governments spend more than \$100 billion per year on policing, a figure that excludes billions more in federal grants and resources.⁶³ In many municipalities, this consumes major portions of city budgets, dwarfing investments in mental health care, programs outside of the criminal legal system that prevent and interrupt interpersonal violence, and other much-needed services. Sixty-five of the 300 largest U.S. cities spend 40 percent or more of their general budgets on policing.⁶⁴ For example: in Memphis, policing comprises about 40 percent of the city’s general fund; in Chicago, the police budget is about 35 percent of the city’s general operating fund; in Milwaukee, police spending totals 46 percent of the total budget; and in Oakland, the police budget is 43 percent of the city’s general fund.⁶⁵ Los Angeles’s budget gives police \$3.19 billion out of the city’s \$13 billion.⁶⁶ Spending on community services such as economic development (\$32 million) and housing (\$127 million) pale in comparison to the massive LAPD budget. Similarly, in New York City, the government spends over \$5.4 billion on policing, which is more than it does on the Department of Health, Homeless Services, Housing Preservation and Development, and Youth and Community development combined.⁶⁷

Spending on police and the criminal legal system has dramatically outpaced expenditures in community-based services that help people build stable and safe communities. The United States should change this paradigm and significantly support efforts in Black and Brown communities to develop and build community-controlled institutions and interventions that have been proven to improve public safety and health more than modern policing.

Doing so will foster improved safety and health outcomes, and present opportunities in Black communities, where decades of racial discrimination and underinvestment in everything except police has helped fuel a mass incarceration crisis. Making these investments in Black and Brown communities is also necessary to restore the promise of the U.S. Constitution and ensure the human rights all people.

Some U.S. jurisdictions have started to rebalance spending priorities by investing in communities to promote community safety. These are detailed in Appendix D. In addition, although not passed into law, the federal Break the Cycle of Violence Act (which passed the House of Representatives in September 2022 but was never passed by the Senate), is an important model for investing in community-based violence intervention programs to build safer communities.⁶⁸ The bill would have provided \$5 billion in federal grants to communities for evidence-informed community violence intervention and prevention programs designed to interrupt cycles of violence, as well as \$1.5 billion to provide workforce training and job opportunities for youth.⁶⁹

III. Recommendations

Implementing the following recommended changes will save lives, advance human rights and safeguard liberties, and create the conditions to start repairing decades of harm and violence inflicted on overpoliced communities of color. In fulfillment of the Expert Mechanism’s mandate in Human Rights Council Resolution 47/21, we call on the Expert Mechanism to recommend that the United States:

- Shift public resources *away* from punitive, arrest-focused policing activities and *toward* front-end, community-based investments that do not rely on the carceral state and that enable communities to be safe and thrive. This shift requires a reduction in police who are exclusively engaged in arrest/incarceration activities. It also requires increasing funding for preventative, public health-based, non-carceral programming.
- Create integrated, community-based services to prevent and respond to crises related to mental health, substance use, and other factors, so as to reduce criminal-legal system contact for people with disabilities, mental health problems, or substance use disorders. Integrate these civilian behavioral health professionals into emergency response systems, provide training for 911 dispatchers, and develop clear criteria about when 911 systems must divert certain types of calls to mental health responders.
- Ban pretextual stops and “consent” searches that act as common mechanisms for police to engage in racial profiling and circumvent legal standards.
- Expand investments that build social capital and proactively keep communities safe, such as restorative justice, neighborhood mediation, peace-keeping programs, community-based gang intervention, and “violence interruption” programs, while creating community-based services to prevent and respond to crises relating to mental health, substance use, and other factors.
- Create programs that divert people from the criminal-legal system and instead provide free, need-based medical care, social services, education, employment, housing, and/or other programs, none of which should be administered by the criminal-legal system.
- Prohibit police from enforcing a range of non-serious offenses, including issuing fines and making arrests for non-dangerous behaviors, thus eliminating many of the unnecessary interactions between the police and community members.
- Decriminalize behaviors that are not best addressed through the criminal-legal system, such as drug possession, prostitution, and crimes that stem from substance use, mental

illness, or homelessness. Review all felonies and misdemeanors to determine if they can be decriminalized or reclassified downward. Ensure that these reforms are accompanied by investments that use non-carceral, prevention, and treatment-focused initiatives that promote public safety by addressing poverty, addiction, mental health, and other root issues that drive criminal-legal involvement.

- Prohibit police from having a routine presence in schools. End the use of Department of Justice federal funding for police in schools.⁷⁰ Support federal legislation to define the role of police entering in schools and that would end their involvement in disciplining students that would best be conducted by school-based mental health professionals.
- Provide positive school-based student supports, including resources for counselors, training for staff, restorative practices, culturally responsive Positive Behavioral Interventions and Supports (PBIS), and mental health supports for students in crisis.
- End federal programs, such as the U.S. Department of Defense’s 1033 program, that provide military equipment to state and local police departments. Redirect federal financial resources—such as grants from the U.S. Department of Homeland Security to buy military equipment—*away* from surveillance/criminalization activities and *toward* non-carceral, community-based, community-led services.
- Address systemic racism more broadly, especially the racial wealth gap and other economic injustices, and reinvest savings from the current policing budgets into life-affirming alternatives to policing that will keep local communities safe and help them thrive.

APPENDIX

A. Alternative Crisis Response Programs

Since 1989, in Eugene, Oregon, the **Crisis Assistance Helping Out On the Streets (CAHOOTS)** program, has dispatched trained crisis workers and medics to respond to crisis calls that come through 911 or a non-emergency line.⁷¹ In 2021, CAHOOTS was dispatched to 18,106 calls for service in Eugene and diverted an estimated up to 8 percent of calls from police.⁷² CAHOOTS teams requested police backup for just 301 cases in which they were dispatched. The annual budget for CAHOOTS is just 2.3 percent of what Eugene and Springfield, Oregon, spend on law enforcement.⁷³

The **Denver Support Team Assisted Response (STAR)** in Denver, Colorado, launched as a pilot program in June 2020.⁷⁴ It deploys emergency response teams including emergency medical technicians and behavioral health clinicians in situations in which people are experiencing crises stemming from mental health issues, homelessness, poverty, and substance use. In 2022, STAR units responded to more than 4,700 calls and provided clinical support to 1,100 people.⁷⁵ A 2022 study found that STAR could have responded to more than twice as many calls if the program had enough resources to do so, and in April 2023, Denver City Council voted to allocate \$2.4 million to expand STAR. A recent study by Standard University found that the STAR has reduced crime in Denver.⁷⁶

In San Francisco, California, the **Street Crisis Response Team (SCRT)** started as a pilot program in November 2020.⁷⁷ Comprised of three-person teams made up of a social worker, peer counselor, and paramedic, SCRT has responded to more than 15,900 calls since its inception, including 20 percent of all calls that the 911 dispatch center labeled as mental health calls.⁷⁸

In St. Petersburg, Florida, the **Community Assistance and Life Liaison (CALL)** program was established in February 2021 and responds to 911 calls related to mental health, homelessness, substance use, and neighbor disputes.⁷⁹ In its first year, the program responded to 4,300 calls and today, more than 95 percent of all non-violent 911 calls are handled by CALL.⁸⁰

The **911 Diversion Pilot** in Baltimore, Maryland, is an extension of existing crisis services: in addition to the 988 suicide and behavioral health crisis hotline, mental health specialists through the pilot program respond to three other 911 call types and provide de-escalation assistance, crisis aid, and referrals to additional resources.⁸¹ If more support is necessary, Mobile Crisis Teams, consisting of mental health professionals, are dispatched and provide immediate assessment, intervention services, referral to treatment and other community health resources, and if necessary, drop-off to a behavioral health crisis facility. Data shows that it saved more than 300 hours of first responders' time in the first year since it was launched in June 2021.⁸² However, that year, due to insufficient capacity to respond to the volume of crisis calls in the city, the Mobile Crisis Teams were unable to respond to more than half of mental health-related calls, which were instead routed to police.⁸³ There are plans to expand the pilot program with \$2

million in federally earmarked funds to support expansion over three years starting in October 2022, as well as support from the Greater Baltimore Regional Integrated Crisis System Partnership, a public-private partnership that is investing \$45 million over five years in behavioral health infrastructure and services in greater Baltimore.⁸⁴ Once fully implemented, Mobile Crisis Teams services will increase from 11,500 to 55,000–60,000 annual mobile crisis responses in the region.

In Austin, Texas, the **Expanded Mobile Crisis Outreach Team (EMCOT)** of Integral Care, the Local Mental Health and Intellectual and Developmental Disability Authority for Travis County, deploys field responders such as social workers, licensed professional counselors, and marriage and family therapists to assist people experiencing a mental health crisis.⁸⁵ Teams are assisted by paramedics and field responders can provide community-based follow-up services for up to 90 days while ultimately connecting clients with ongoing support. Data shows that roughly 48,000 calls were identified as potential or confirmed mental health crises in 2021, and nearly 5,700 calls were transferred to crisis clinicians who can deploy EMCOT responders.⁸⁶

The **Behavioral Health Emergency Assistance Response Division (B-HEARD)** in New York City pilot program launched in June 2021 and is jointly operated by the Fire Department of the City of New York's Emergency Medical Services (FDNY/EMS) and NYC Health + Hospitals (the nation's largest municipal health system, which operates the public hospitals and clinics in New York City), with the Mayor's Office of Community Mental Health providing oversight.⁸⁷ B-HEARD teams are dispatched through 911, include two emergency medical technicians/paramedics and a social worker, and respond to emergencies relating to suicidal ideation, serious mental health illnesses, substance use, and behavioral and physical health problems.⁸⁸ Although Mayor Eric Adams stated in March 2023 that he plans to expand B-HEARD city-wide, ongoing hiring struggles are delaying an expansion effort and limiting response to New Yorkers in crisis.⁸⁹

The **Portland Street Response (PSR)** in Portland, Oregon, is a trauma-informed community response team within Portland's Fire and Rescue Department. With a focus on responding to individuals who are experiencing homelessness or behavioral health conditions, PSR is dispatched through the city's 911 call center, the Bureau of Emergency Communications. Each PSR team is comprised of a community health medic, a licensed mental health crisis responder, and a peer support specialist who provides aftercare support. The program completed its pilot phase and expanded citywide in March 2022. Recently, controversy surrounding the PSR has arisen given its involvement with homeless camp sweeps.⁹⁰

The **Crisis Response Unit (CRU)** in Olympia, Washington, is housed within the Olympia Police Department and deploys social workers and other unarmed individuals to respond to crises related to mental health and substance use.⁹¹ CRU offers a variety of services, such as crisis counseling, conflict resolution and mediation, harm reduction, first aid and non-emergency medical care, and referrals to additional support services. While focused on immediate response, CRU also often refers individuals who have frequent contact with the police to a Familiar Faces

Program, whose goal is to establish long-term stability for such individuals in crisis. Olympia has plans to expand the CRU and Familiar Faces Program, specifically by having the Community Care Center, a partnership of regional social services and healthcare providers, assist the CRU.⁹²

The **Community Safety Department (DCSD)** in Durham, North Carolina, has launched four pilot programs to test new crisis response methods: 1) the Crisis Call Diversion embedding licensed mental health professional into the 911 call center; 2) Community Response Teams including a clinician, a peer-support specialist, and an emergency medical technician; 3) Care Navigation that will provide ongoing support to individuals; and 4) Co-Response that will pair clinicians with crisis intervention-trained police officers.⁹³ To launch these programs, Durham has been integrating new responses into its 911 system and training call-takers and dispatchers.

The state of New Jersey created the **Alternative Responses to Reduce Instances of Violence and Escalation (ARRIVE) Together** program in December 2021. The program pairs mental health professionals with police for calls involving people in mental health crisis, equips police with technology to enable people suffering from mental health to access telemedicine, and sends mental health professionals to those who have come into contact with law enforcement for follow-ups and referral services. The Brookings Institution analyzed the results from the pilot phase of the program, looking at data from 342 police service case calls from December 2021 to January 2023, and found that the program led to a reduction in the use of force, arrests, and racial disparities in outcomes, as well as an increased utilization of social services.⁹⁴

Overseen by the Dayton Mediation Center, the **Mediation Response Unit (MRU)** in Dayton, Ohio, consists of a team of trained professionals who respond to non-emergency, non-violent 911 calls.⁹⁵ MRU receives calls through 911 dispatch, its own direct line, and referrals from law enforcement and the Fire Department/emergency medical services (EMS). The professional backgrounds of the team vary and include social workers, experienced mediation specialists, and crisis workers. During the first two months of the pilot program, the MRU team responded to about 210 calls, including neighbor problems (19 percent of total calls); noise complaints (14 percent); and peace officer requests (13 percent).⁹⁶ The program is expected to grow, as Dayton plans to expand the pilot program into a national model.⁹⁷

The **Policing Alternatives & Diversion Initiative (PAD)** in Atlanta, Georgia accepts referrals through the City of Atlanta's non-emergency 311 line and through pre-arrest diversions from law enforcement when they have detained a person and a violation related to unmet mental health needs, substance use, or extreme poverty.⁹⁸ Two-person Harm Reduction Teams are responsible for consensual and immediate outreach and work with individuals to assess their immediate needs and provide ongoing support.⁹⁹

Focusing on the type of responding EMS personnel, the **Grady Health System** in Georgia piloted an EMS-based response team comprised of a paramedic, a licensed counselor, a clinical social worker, and sometimes a third-year psychiatry resident. Grady EMS created a process that transfers emergency calls from 911 dispatchers to the Georgia Crisis and Access Line (GCAL),

the hotline for accessing mental health services statewide. This program reduced the number of patients who were arrested or restrained.¹⁰⁰

B. Programs with Alternative Approaches to Traffic Safety

Several U.S. cities have turned to non-police alternatives for traffic enforcement or have banned police from making stops for low-level violations not related to traffic safety. For instance, in July 2020, the city of **Berkeley, California**, announced it would create the Berkeley Department of Transportation, to task unarmed civil servants with handling traffic enforcement and issuing citations, rather than police. In February 2021, the city banned police from stopping drivers for any reasons other than serious safety concerns.

In **Los Angeles, California**, the Los Angeles Police Commission adopted a policy in a March 2022 limiting pretextual stops by Los Angeles Police Department officers.¹⁰¹ Under the new rules, officers can no longer use minor violations as an excuse to investigate drivers, bicyclists, or pedestrians for more serious crimes, unless officers are “acting upon articulable information” about a serious crime. The policy states that such stops “should not be based on a mere hunch or on generalized characteristics such as a person’s race, gender, age, homeless circumstance, or presence in a high-crime location.”¹⁰² Before officers make pretextual stops, they are required to record themselves on bodyworn video cameras stating their reasons for suspecting a more serious crime has occurred. In the five months since the new policy went into effect, the share of total stops for minor non-moving and equipment violations such as broken tail lights and expired registrations fell sharply by more than 40 percent.¹⁰³

In May 2021, the City Council of **Brooklyn Center, Minnesota**, approved a resolution to create an unarmed civilian Traffic Enforcement Department with responsibility over enforcement of all nonmoving traffic violations. Minneapolis, Minnesota, announced in August 2021 that it would eliminate non-public safety stops.¹⁰⁴

In 2020, **Virginia** enacted legislation that prohibited police from initiating traffic stops based solely on low-level traffic violations unrelated to traffic safety, such as objects dangling from a rear-view mirror, loud exhaust, tinted windows, a recently expired registration, or driving with a single headlight or brake light out. The city of **Philadelphia, Pennsylvania**, passed a similar ordinance in 2021.¹⁰⁵ In October 2019, the mayor of **Washington, DC**, transferred the operation of the city’s traffic enforcement cameras from police to the city transportation department.¹⁰⁶

C. School Districts that Have Adopted Alternative Approaches to School Safety

A large school district in **Oakland, California**, eliminated its school police department in June 2020 following strong community-led advocacy, and committed to a community-driven process to develop an alternative safety plan that would include funds for mental health professionals, social workers, and other staff to support all students of color.¹⁰⁷ The Oakland School Board voted to reinvest the Oakland School Police Department’s \$6 million budget

into this new non-police safety plan. Since then, organizers and community advocates have worked with the district to establish new protocols for issues that police would have formerly addressed.¹⁰⁸

In **Portland, Oregon**, smaller school districts redirected their school police funding to hire more counselors, social workers, and other direct student supports.¹⁰⁹ In 2020, the **Madison Metropolitan School District in Wisconsin** ended its contract with the Madison Police Department. SRO police officers were replaced with restorative justice coordinators who focus on relationship-building with students over discipline.¹¹⁰

Minneapolis Public Schools in Minnesota voted to end its contract with the city's police department in June 2020 and instead hired 11 public safety support specialists instead; in April 2022 the city approved a five-month pilot program using teams of community members as violence interrupters in schools after dismissal.¹¹¹ This followed four years after **Intermediate School District in Minnesota**, which in 2016 replaced its SRO police officers with Student Safety Coaches who specialize in mental health, de-escalation, restorative justice, and safe physical interventions.¹¹² Pilot data shows that arrests decreased from 65 to 12 in the first year, and the number of arrests now averages five each year across all four schools in the district.

Chicago Public Schools in Illinois allows high schools to decide whether or not to keep their two assigned police officers and offered resources to schools that decided to remove the officers.¹¹³ As of June 2022, 50 of 91 high schools have chosen alternatives to police. 19 schools have kept two officers, while 22 have one. As a result, the number of police calls have declined by 38 percent in the first semester of the 2020-21 school year compared to the same time period a year prior. Schools received at least \$50,000 for removing a single officer in 2021 and received \$80,000 in 2022, with funds going toward positions such as climate and culture coordinators, restorative justice coordinators, social workers, and security guards.¹¹⁴ However, more far-reaching data regarding the impact of the program so far is unavailable, and a majority of schools retaining police officers comprise predominantly Black students. Schools also struggle with funding overall and may not have enough resources to implement critical services, such as mental health services.

In 2020, **Des Moines Public Schools in Iowa** terminated their police contract, removing SRO police officers and implementing restorative practices.¹¹⁵ Restorative practices aim for restitution for harms by bringing together the victim and the perpetrator of an offense. Des Moines schools had already began training teachers in restorative practices in 2018. Since removing SROs, the school district was able to hire staff specially trained in restorative practices. For example, Roosevelt High School created an area designed for students who violate school rules called the "Think Tank," where student can opt to go to instead of suspension, intentionally providing them choice in the matter, and meet with restorative practices facilitators.

In September 2021, **New York City** Mayor Bill de Blasio’s announced that in June 2022, supervision of the city’s then 5,000 school safety agents would be transferred from the New York Police Department (NYPD) to the Department of Education.¹¹⁶ In preparation for this shift, school safety agents were to begin training in conflict resolution, mediation, restorative justice and implicit bias with the Department of Education. However, in March 2022, de Blasio’s successor, Mayor Eric Adams, reversed this plan in his proposed budget, keeping the city’s school safety agents, who now number 4,350 after declining during the pandemic, under the authority of the NYPD until at least 2026.¹¹⁷

A recent investigative report on New York City public schools found that city schools continue to call on NYPD school safety agents and other police officers to manage students in distress an average 3,200 times each year, despite a legal settlement and city Department of Education regulations requiring schools to make every effort to safely manage students in distress without involving police and to call 911 only in the most extreme situations, when students pose an “imminent and substantial risk of serious injury” to themselves or others.¹¹⁸ In nearly 1,370 instances since 2017, students were handcuffed by police officers, some as young as five or six years old.¹¹⁹

From fall 2017 until the onset of the pandemic in 2020, the New York City Department of Education, in partnership with a restorative practices team at the Center for Court Innovation, piloted restorative justice programs in five Brooklyn public high schools with some of the highest suspension rates in New York City.¹²⁰ These pilot programs sought to address the root causes of conflicts, build relationships, and repair harms without using punitive practices.¹²¹ After schools in the district with the pilot program saw a double-digit drop in suspensions, in 2019 Mayor Bill de Blasio pledged to expand restorative justice programs to every public middle and high school and the city earmarked local and federal COVID relief funds for the program.¹²² While that promise has not come to fruition, despite reports that Mayor Eric Adams planned to drastically cut funding to the program, \$21.6 million in funding was allocated for restorative justice programs for 2022-23.¹²³

In July 2020, building on decades of power-building and campaigns from local grassroots organizations in **Los Angeles, California**, a broad coalition of youth-, parent-, and Black-led organizations, with support from the ACLU of California, convinced the Los Angeles Unified School District Board of Education to reduce the \$70 million Los Angeles Unified School Police Department budget by \$25 million—about 35 percent—and to reinvest it in a Black Student Achievement Plan, shifting the money to services for Black students.¹²⁴

D. Efforts to Invest in Communities to Promote Safety

Some U.S. jurisdictions have started to rebalance spending priorities by investing in communities to promote community safety. In **California**, Measure J was passed with the support of more than two million voters in November 2020, to allocate at least 10 percent of Los Angeles County’s locally generated unrestricted general funds to community investments such as youth

and small business development, job training, housing services, and alternatives for incarceration.¹²⁵ It was estimated that the measure would initially generate at least \$330 million per year, totaling nearly \$1 billion in full set-aside funding by July 2024. However, actual investment has fallen far shorter: just \$100 million came from the county’s unrestricted funds in its first year, and the county estimates that only \$300 million of unrestricted funds will go toward Measure J by 2024.¹²⁶ (In 2021, the county also allocated \$87.7 million in federal American Rescue Plan funding for COVID relief to Measure J.)¹²⁷ These investments are dwarfed by spending on incarceration, criminalization, and policing: Los Angeles County allocates \$3.5 billion annually to the Los Angeles County Sheriff’s Department and operates the largest jail system in the United States.¹²⁸

In **Newark, New Jersey**, Mayor Ras Baraka redirected 5 percent of the city’s public safety budget—totaling \$12 million—to establish Newark’s Office of Violence Prevention & Trauma Recovery.¹²⁹ Launched in June 2020, the office manages all of the city’s anti-violence policy initiatives and programs, approaches violence as a public health issue, and steers resources to the address the root causes of violence.¹³⁰ The city of Newark has funded a variety of public safety programs that reduce violence while also addressing poverty, unemployment, and lack of access to mental health services. These programs include the Newark Community Street Team, a community-based violence interruption program staffed by trained civilian outreach workers and high-risk interventionists who respond to Newark Police Department dispatch calls. These and other community-based violence interruption programs have had a demonstrably positive effect on community safety in Newark: the city has reached a 60-year low in violent crime and a more than one-third reduction in shooting victims in 2022.¹³¹

In October 2021, the city of **Baltimore, Maryland**, allocated \$50 million in federal American Rescue Plan funding over the next three years, to fund violence prevention efforts, including community violence intervention, youth justice, re-entry services, and community healing, coordinated by the Mayor’s Office of Neighborhood Safety and Engagement.¹³² Analysis from the Center for Gun Violence Solutions at the Johns Hopkins School of Public Health found in 2023 that one of the community-based violence intervention programs funded by this initiative, Safe Streets Baltimore, reduced homicides and nonfatal shootings by 32 percent and 23 percent respectively, in its first four years of program implementation.¹³³ After a 2022 city review of the Safe Streets program found that it lacked sufficient oversight, training, and funding, Mayor Brandon Scott pledged an additional \$10 million in American Rescue Plan funding to expand its Community Violence Intervention Ecosystem, a network more than 30 community-based violence prevention programs.¹³⁴

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