

**what to do instead of
calling the cops during
mental health crisis
and why they might
show up anyway**

In Occupied Duwamish Territory
(Seattle/King County)

introduction

I've been seeing a lot of social media posts offering alternatives to calling the police. There is considerable misinformation and omitted information in these posts, specifically when it comes to mental health crisis services. It is really important that we know all the resources available in our city. It's also important that we understand they are not actual alternatives to police.

This is not meant to undermine the critical work of mental health crisis services workers. While we circulate these phone numbers, it's important that we call out these services' limitations, inadequacies and the ways they perpetuate society's reliance on policing. In Seattle and King County, mental health crisis services are under-resourced and deeply reliant on law enforcement. Both the social work profession and the police are institutions born out of White supremacist control of Black and brown communities. BIPOC communities, specifically Black and Indigenous communities are disproportionately criminalized, imprisoned and murdered by the prison industrial complex (PIC). We must continue to fight for REAL community based solutions – led and developed by those who have been most impacted by the structural violence of the PIC and it's infection of the medical industrial complex and non-profit industrial complex. Simply put, we need to fund the work already being done and allow it to grow (links on page 10).

The information below is based on my experiences as a former homeless youth outreach worker and my personal experiences with Seattle/King County crisis services. I wrote this with assistance from friends who have worked in Seattle/King County crisis services.

The purpose of this zine is to:

- Provide a brief outline of crisis services often cited as "alternatives to 911"- highlighting their processes, limitations and entanglements with police, (pages 3-6).
- Provide harm reduction strategies for utilizing emergency and crisis services that might reduce the possibility of police involvement (page 7).
- Provide some resources for building/expanding community based models of safety, support and accountability, (pages 9-12).
- Dispel the myth that there are currently adequate alternatives to police response to mental health crises, in support of the demands of protestors towards abolition of the prison industrial complex including the demands from the following coalitions and organizers:

Decriminalize Seattle: <https://decriminalizeseattle.com/>

1. Defund the Seattle Police Department by at least 50%
2. Reallocate those funds to community led health and safety systems
3. Release protestors arrested during this uprising without charges

No New Youth Jails: <https://nonewyouthjail.com>

King County Equity Now: <https://www.kingcountyequitynow.com/>

Stop the Sweeps Seattle: <https://www.facebook.com/STSSeattle/>

Recall of Mayor Jenny Durkan: <https://www.recalldurkan.org/>

This zine is intentionally limited in scope and is not meant to be an overview of PIC abolition nor a detailed critique of institutionalized racism and policing within the medical and non-profit industrial complexes. Please see below links to further reading as well as resources for community based resources/strategies.

designated crisis responders (DCRs)

PHONE: 206-263-9200

Calling this number will likely go straight to voicemail or someone screening calls for DCR's. You will need to be available for a call back.

WHO THEY ARE: The mental health professionals who evaluate people in mental health crisis and who **have the legal power to psychiatrically hospitalize someone against their will.**

Despite their name, the DCRs are NOT mental health "first responders," and they are NOT able to respond RAPIDLY to community requests for outreach. It can take them anywhere from six hours to several weeks to respond in person to community referrals.

DCRs outreach and evaluate people in mental health crises...

After taking a referral via the number above and spending some time gathering relevant information from people who know about the mental health crisis (they maintain communication with concerned community members, but may not be able to physically evaluate someone for days),

or

If the police ask them to,

or

If another specifically trained mental health professional (an emergency room social worker; a Mobile Crisis Team member) has already evaluated the person, and thinks involuntary psychiatric hospitalization might be necessary.

mobile crisis team (MCT)

PHONE: 206-461-3222 (*the King County Crisis Line*)

WHO THEY ARE: The mental health professionals who outreach and evaluate people in mental health crisis, but **do not have the legal authority to send someone to the hospital against their will.**

MCT are also NOT mental health "first responders" and are only able to respond to community requests for support, via the Crisis Line, in the following circumstances:

- the person calling has time to spend 15-20 minutes completing a screening guide over the phone that covers both the current crisis and mental health/substance use history of the person in crisis. Completing this screening is not a guarantee that the crisis line will dispatch MCT. They may decide a different intervention is more appropriate.
- if you are calling for someone else, you must be able to confirm that the person in crisis is willing to engage with the Mobile Crisis Team, and/or you must be available on scene to facilitate contact with the Mobile Crisis Team when they arrive.
- the person in crisis must be willing and able to stay put for up to 6 hours while waiting for MCT to respond.
- a Crisis Line supervisor (working with the person you speak with on the phone) must agree that this is the best option.

MCT is also available via American Medical Response (AMR), fire, or police. They have to prioritize these referrals, which is why community referrals can take hours to respond to.

king county crisis line

PHONE: 206-461-3222

WHO THEY ARE: A community hotline, answered by trained volunteers and supervised by mental health professionals - **not a group of crisis counselors who can see folks in person.**

A good first step in evaluating a situation, assessing risk of harm, and considering options other than police response - not necessarily "an alternative to calling the cops."

If there is an immediate risk of physical harm to self or others, the Crisis Line will, as a matter of policy, refer someone to their local emergency room and/or to 911.

crisis response team (CRT)

PHONE: reached via 911

WHO THEY ARE: This specific term refers to a group of Seattle Police officers "specifically trained to respond to mental health emergencies." I am NOT recommending them. I am including them here because they are sometimes confused with non-police mental health crisis services because of their similar name. But make no mistake, **THEY ARE COPS.**

Even cops specifically trained in mental health are not mental health professionals. And the appearance of someone in uniform, with a weapon, can automatically escalate people experiencing a mental health crisis - increasing the likelihood of police use of deadly force (disproportionately so for BIPOC communities and disproportionately for BIPOC experiencing mental health challenges). "Better trained" police are NOT an alternative to police.

BLUNTLY -

in Seattle, the damaging reality is even if you are connected to the DCRs or MCT...

SPD is the most resourced emergency response service although they are also the most ill-equipped to protect the well-being of a person in mental health crisis. They are often the first to respond even if other emergency services are much better equipped.

Calling 911 is the only **emergency** response to any mental health crisis. Our mental health crisis resources are sparse and they are not well staffed enough to guarantee a rapid response.

Police are the **only** ones who can complete a "welfare check" on someone who expresses intent to kill themselves or harm others.

Police are the **only** ones who can force someone in crisis to go to the emergency room if the person in crisis is physically refusing to go. Even if the DCRs involuntarily commit someone in the community, the police must respond to facilitate getting them to the hospital.

AMR, the fire department, DCRs, or MCT will all require police to "secure the scene" before they respond to a situation where someone is exhibiting aggressive or potentially dangerous behavior, and/or has a weapon.

None of this should be the reality. Some harm reduction strategies toward limiting police involvement on the following page.

some emergency services harm reduction strategies that could *potentially* limit police involvement:

- Call AMR directly at 206-444-4444, explain that someone is experiencing a behavioral health crisis, and suggest that the Mobile Crisis Team might be useful.
- Call the Seattle Fire Department non-emergency line directly at (206) 386-1400, explain that someone is experiencing a behavioral health crisis, and suggest that the Mobile Crisis Team might be useful. The Fire Department also has their own embedded mental health professionals who can help respond to behavioral health crises. This program is called "Health One."
- Call 911 and request "fire and rescue only." Explain that someone is experiencing a mental health crisis, and you need assistance with transportation to the emergency room because they are unwilling or unable to go with you (if they seem unwilling to go with anyone - the police will become involved). Based on how you describe the situation is likely police will come anyway.

None of these options are clear or easy and none of them will guarantee a non-police response. Again, at best, they are harm reduction strategies towards reducing police involvement.

In the best case scenario, AMR or Fire can dispatch MCT, and MCT works with the person in crisis to get them the help they need voluntarily - whether that's hospitalization, an appointment with a therapist, or a detailed safety plan/safe place to stay while riding out the crisis.

...or compassionate community members/service providers trained in de escalation and mental health first aid (see page 11 for info on training) help provide support around meeting the basic needs of the person in crisis (see pages 10-12 for more info on community solutions).

a better case scenario:

Well funded, community led/developed, health and safety programs regularly meet the underlying basics needs not being met that lead a person to an emergency mental health crisis. Mental health crises will happen. However, their frequency and severity can be drastically limited by providing regular access to food, housing, and culturally specific medical care, including holistic mental health care.

There ARE models in the U.S. (and more outside of the U.S.) of more robustly supported mobile crisis teams that can respond rapidly as first responders and are much less reliant on police. Often CAHOOTS in Eugene, OR and The Newark Community Street Team in Newark, NJ are pointed to (links below). Those programs can be great models to draw inspiration from. However, it's important to restate and honor demands that call for funding to be directed towards black-led community based solutions, specific to the needs of individual communities (see 8toabolition #6 Invest in Community Self-Governance). If solutions come from white-led government entities and non-profits, it will be more of the same social work's perpetuation of policing.

On July 6th, Seattle City Councilmember Andrew J. Lewis announced his intention to propose a mental health and substance abuse first responder program based on CAHOOTS based in Eugene, OR.

<https://council.seattle.gov/2020/07/06/lewis-proposes-new-public-health-informed-911-response-service/>

quotes

“Even if social workers replaced cops and they weren’t armed, the system wouldn’t inherently change...Its less about the name of someone and more about the function of what they’re doing...”

- K. Agbebiyi

(Death Panel Podcast)

<https://soundcloud.com/deathpanel/abolition-and-democracy-6420>

Instagram: sheabutterfemme

Venmo: sheabutterfemme

“As a profession, we have not yet reckoned with the racism and anti-Blackness that exists among ourselves and our key social welfare institutions, including public benefits and child welfare. We absolutely cannot situate ourselves as the magic ingredient to eradicating racism in law enforcement — an institution directly tied to the legacy of American slavery — if we cannot dismantle racism within our own systems of Care.”

- An Open Letter to NASW and Allied Organizations on Social Work’s Relationship with Law Enforcement

<https://medium.com/@alandettlaff/an-open-letter-to-nasw-and-allied-organizations-on-social-works-relationship-with-law-enforcement-1a1926c71b28>

Critical Resistance: “We believe that basic necessities such as food, shelter, and freedom are what really make our communities secure. As such, our work is part of global struggles against inequality and powerlessness.”

“#6 Invest In Community Self-Governance: Invest in community-based public safety approaches, including non-carceral violence prevention and intervention programs and skills-based education on bystander intervention, consent and boundaries, and healthy relationships.”

-8toabolish

<https://www.8toabolition.com/>

resources

Current Direction Action/Places to Donate:

King County Equity Now - Demands

<https://www.kingcountyequitynow.com/demands>

List of Seattle/King County Black-led organizations to donate to:

<https://www.kingcountyequitynow.com/direct-action>

Black-led Community investment funds:

<https://blacklivesseattle.org/black-led-community-investment-fund/>

NW Community Bail Funds

<https://www.nwcombailfund.org/>

Municipal Crisis Response Teams/Community Safety models:

(local) Seattle: Safe Passage - “be safe bro’s”

<https://www.rb-safeplaceforyouth.com/what-we-do/safe-passage/>

CAHOOTS- Eugene, OR

<https://whitebirdclinic.org/services/cahoots/>

Newark Community Street Team

<https://www.newarkcommunitystreetteam.org/>

Abolition and mental health:

Beyond Prisons - Mental Health and the Community Part 1 & 2 ft.

Devyn Springer:

<https://www.beyond-prisons.com/home/mental-health-and-the-community-feat-devyn-springer-part-1>

Donate: <https://www.beyond-prisons.com/donate>

Individual/Community Tools and resources:

Strong Communities make police obsolete - Mayday collective:

<https://itsgoingdown.org/wp-content/uploads/2017/07/zineinside.pdf>

Transformative Justice-Pod Mapping

<https://batjc.wordpress.com/pods-and-pod-mapping-worksheet/>

Donate: <https://batjc.wordpress.com/donate/>

Fireweed Collective (formerly Icarus Project) - Navigating Crisis
https://fireweedcollective.org/wp-content/uploads/2020/03/Icarus_NavigatingCrisisHandoutLarge05-09.pdf

Fireweed Collective (formerly Icarus Project) - Mad Maps Podcast:
<https://irresistible.org/podcast/35penglish>
Worksheet: <https://drive.google.com/file/d/1I2vtfT-j1R4KcA5F710Y-vD9XiVB8xpjv/view>

Book: Madness and Oppression:
<https://www.akpress.org/madness-oppression.html>

Creative Interventions Toolkit
<http://www.creative-interventions.org/tools/toolkit/>

Mental Health First Aid Training:
Crisis Connections
<https://www.crisisconnections.org/get-training/community-training/>

Jewish Family Services Upcoming Training
<https://www.jfsseattle.org/event/virtual-mental-health-first-aid/>

Further Media on PIC Abolition:
<https://theintercept.com/2020/06/10/ruth-wilson-gilmore-makes-the-case-for-abolition/>
<https://rebelsteps.com/episodes/abolition-with-mariame-kaba/>

Are prisons obsolete - Angela Davis
<https://www.akpress.org/areprisonsobsolete.html>

Extensive Lists on police alternatives:
https://docs.google.com/document/u/0/d/10s6ou_WvKEIKSDndntpX-zEgsRtD_eKeo2T18pn2vk84/mobilebasic?usp=gmail_thread

Restorative/Transformative Justice Programs in SEA/King County:

Creative Justice:
<https://www.creativejusticenw.org/>
<https://www.creativejusticenw.org/donate>

Community Passageways:
<https://www.communitypassageways.org/>
<https://www.communitypassageways.org/donate-index-impact>

Project 180:
<https://www.kingcounty.gov/depts/prosecutor/youth-programs/choose-180.aspx>

Article:
<https://www.seattletimes.com/seattle-news/envision-a-criminal-justice-system-that-actually-makes-us-safer/>

Further reading on social work / psychiatry / medical industrial complex:

We Don't Need Cops to Become Social Workers:
We Need Peer Support + Community Response Networks
<https://blog.usejournal.com/we-dont-need-cops-to-become-social-workers-we-need-peer-support-b8e6c4ffe87a>

Social Media Quote Roundup
<https://www.instagram.com/p/CCMFkRQjK6x/>

draft v1

This zine a working document - draft v1. I wanted to provide this information for my friends/community ASAP as I think the proliferation of social media posts that provide phone numbers without context can do harm. I am open to community feedback – prioritizing feedback from BIPOC communities and those disproportionately impacted by law enforcement response to mental health crises. Send feedback to **communityfeedback.alt2police@gmail.com**

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