

OPINION

Model program could divert some 911 calls from police to mental health professionals

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Every day that Janet van der Laak drives between car dealerships in her sales job, she keeps size 12 shoes, some clothes and a packed lunch -- a PB&J sandwich, fruit and a granola bar -- beside her in case she sees her 27-year-old son on the streets.

"Jito, come home," she always tells him, using a Spanish endearment. There he can have a bed and food, but her son, Matt Vinnola, rarely returns home. If he does, it is temporary. The streets are easier for him. Home can be too peaceful.

But the same streets that give Vinnola comfort are also unsafe for a man battling dual demons of drug use and schizophrenia.

Police and criminal courts often intervene before Vinnola gets treatment or care. Since his first diagnosis of severe mental illness in 2014, Vinnola has collected a litany of charges, from misdemeanors to felony trespassing and drug offenses. Over the past four years, Vinnola has been charged in four separate Colorado courts and arrested multiple times almost every month, either for new offenses or on warrants for failing to appear in court.

But soon, he might encounter mental health professionals on the street instead of police officers. Denver, Colorado, is one of at least eight cities considering an Oregon program called Crisis Assistance Helping Out On The Streets to decriminalize and improve the treatment of people with severe mental illness -- while saving the city money. The 30-year-old CAHOOTS program diverts nonviolent, often mental-health-related, 911 calls to a medic and a mental health professional instead of law enforcement.

Denver police and community service providers visited Eugene, Oregon, in May to shadow CAHOOTS teams. Denver police officials say they are considering the model as an option to push beyond their existing co-responder program that sends mental health professionals on about six 911 calls a day.

More than 8 million people struggle with schizophrenia or bipolar disorder in the United States, and an estimated 40 percent of people diagnosed with schizophrenia go untreated, according to the **Treatment Advocacy Center**, a nonprofit focused on mental health. Individuals with those illnesses often lose the ability to realize their deficits, creating a roadblock in accessing care and attending medical or court appointments.

Low-level offenses can land those with paranoia, hallucinations or a reduced ability to communicate, like Vinnola, in the criminal justice system. An estimated 383,000 people with severe mental illness are behind bars nationwide, according to the Treatment Advocacy Center, while only a tenth of that number are in state hospitals.

Rethinking safety:

Since the 2018 publication of a **Wall Street Journal article** about CAHOOTS, calls have poured in to its organizers from officials in Los Angeles and Oakland, California; New York; Vancouver, Washington; and Portland, Oregon, among others.

The Eugene CAHOOTS team shows up in work boots, jeans and T-shirts -- and without police officers -- in response to 911 calls diverted to the program.

"That difference in uniforms can assist folks with letting their guard down and being open to accepting the help that is being offered," says Tim Black, the Eugene CAHOOTS' operations coordinator.

For people with a history of volatile arrests, often while in mental health crisis, this could make treatment more accessible, less traumatic and safer. One in four deaths from police shootings represents a person with mental illness, according to the Treatment Advocacy Center.

Vinnie Cervantes, the organizing director for Denver Alliance for Street Health Response, believes using medics and mental health professionals as response teams means treating people with dignity.

"There are plenty of fantastic officers, as people, but they have their roles enforcing a system that has been violent, that has been racist, that has been dehumanizing," Cervantes says.

Van der Laak says she thinks her son would be more willing to accept treatment if police were not part of the intervention in his mental health crises. She worries that his delayed responses to

commands and difficulty answering cops will be perceived as defiance and escalate into an arrest -- or worse.

A voice for her son:

After van der Laak's son was diagnosed with schizophrenia in 2014, her everyday gaze shifted from the city skyscrapers and Colorado blue sky to the people living on Denver's streets. It's hard for her to pretend they don't exist. That would mean her son doesn't exist.

She doesn't understand how people do it -- walk by her son as if he's just a tree, or nothing, even when his bare feet are bloody, his clothes torn and his face visibly dehydrated, all visible signs of Vinnola fighting his internal battle with schizophrenia.

"His brain just doesn't work like yours and mine," she says.

She says her son is not a danger to anyone other than himself, but many people associate mental illness with violence. People with severe mental illness are more than **10 times as likely to be victims of a violent crime** as the general population, according to the U.S. Department of Health and Human Services.

Vinnola agreed to be interviewed for this article but was unable to answer questions for more than a few minutes. His answers were fragmented and short. He struggled to understand the questions. Van der Laak says he answers the same way in the courtroom.

Van der Laak is outspoken for her son, calling herself his advocate and voice. She attends his court dates, toting legal and medical paperwork in a thick manila folder. He might not attend, but she won't miss a chance to speak up against a justice system she sees as incapable of being responsible for her son's treatment.

"It's critical that I'm there. Because if I am not, they will railroad him and he will end up in jail for long periods of time," she says. "And that's not where he needs to be."

Sasha Rai, director of behavioral health at the Denver County Jail, says a person in a mental health crisis needs to be in a more therapeutic place for treatment than jail. To him, the biggest obstacles to care for the people he treats in jail are a lack of stable housing and the stigma of mental illness.

"If you were sick with cancer, they're not going to stick you in jail for 84 days until they find a place to get you care," van der Laak says, referring to when her son spent more than two months in jail in 2017 awaiting one of the 455 beds in the state's mental health hospital after being arrested for violating probation.

A burden lifted:

The Eugene Police Department uses its CAHOOTS staff for more than mental health calls. They deliver death notices across the city, hand out water bottles and socks to people living on the streets, and take after-hours community medical referrals. The staff offers those services to the city for half the cost of a police officer.

Nationally, police officers carry the brunt of responding to mental health issues. In 2017, law enforcement agencies spent \$918 million transporting people with severe mental illness, according to a 2019 survey from the Treatment Advocacy Center. It also estimated that officers spend 21 percent of their time responding to and transferring people for mental health issues.

“Our police officers try the best they can, but they are not mental health professionals,” says Eugene Police Lieutenant Ron Tinseth.

In 2017, Eugene diverted 17 percent of an estimated 130,000 calls to its CAHOOTS teams. This freed up Eugene police officers to respond to higher-level emergencies.

Like many police departments, Denver is feeling the pressure of mental health issues. From July 2018 to July 2019, the department says, it received 15,915 mental health-related calls, almost a 9 percent increase from its annual average over three years.

To enact a program like CAHOOTS, the Denver Police Department would have to iron out details such as insurance to cover responders and partnerships with local nonprofits that offer services like sobering-up shelters, medical care and substance-abuse counseling.

Lisa Raville, executive director of Denver’s Harm Reduction Action Center, a Denver nonprofit focused on helping those who use drugs, asserts that the power of a CAHOOTS program lies in its community relationships and the ability of first responders to simply ask, “How can I support you today?”

“And then you can do it. Maybe it can be possible. Maybe this person can find some sort of safety,” she says. “We all deserve that.”

Until then, when Vinnola on the streets, van der Laak uses Facebook and her neighbors to keep track of him. She gives store clerks near the streets he chooses to live on her phone number in the hope that they will call her -- not 911 -- to pick up her son during a crisis.

*This story originally appeared on **Kaiser Health News**. It has been slightly modified to reflect Spectrum's style.*