

Samantha Bosch, Shruti More, and Lia Luyties

Community-Centered Solutions To Crisis Response

Meet the team



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Public Administration

Undergrad: Criminology & Justice Studies, Cal Poly Humboldt

Interests: Juvenile Delinquency, Criminal Justice Administration, Higher Education Policy, Nonprofits



Shruti More

Criminal Justice

Undergrad: Criminology & Criminal Justice, California State University of Long Beach

Interests: Rehabilitation, Juvenile Justice, Law Enforcement Policy & Procedure



Lia Luyties

Criminal Justice

Undergrad: Criminology & Criminal Justice, California State University of Long Beach

Interests: Litigation, Judicial Process, Legal Systems

Capstone Partner: American Civil Liberties Union

Non-profit organization centered on protecting rights and freedoms of individuals.

Founded in 1920, expanded nationally with local affiliates in all 50 states and Puerto Rico.





Project Focus

To investigate the use of **crisis response programs** as an alternative to traditional police response for mental health crises.

Primary focus on **community-centered, non-police approaches** to behavioral/mental health crisis events throughout San Diego County.

What is Crisis Response?

- Type of service or response deployed to assist individuals experiencing a mental or behavioral health emergency
- Aims to stabilize situation without excessive force
- Relies on licensed mental health professionals either in coordination with (or in lieu of) police

Why This Matters

- Currently, law enforcement is primary response for mental/behavioral crises
 - However, many lack proper training
 - Interactions with untrained police can have grave outcomes
- Goal: to divert people from emergency departments and jails by connecting them with care/community resources

Main Response Models

Police-Based Reform Models

- Early forms of crisis response initiatives
- Involves training police on how to handle mental/behavioral health crisis situations

Civilian and Mobile Crisis Response Teams

- Act independently from police or respond without police presence if the situation is deemed safe enough
- Research shows these programs diminish hospitalization and arrest rates in comparison to conventional methods

Co-Response Models

- Hybrid model that pairs police with a clinician
- Results have been contradictory; some studies showing improvement while others have shown similar results to traditional response models

Common Barriers

Funding and Workforce Barriers

- Funding is a major issue for crisis response programs
- Insufficient funding means programs are forced to hire less staff leading to burnout and high turnover

Continuum of Care

- Follow up care after initial contact is crucial
- Response teams cannot achieve enhanced outcomes without ongoing improvements in service capacity

Defining and Evaluating Success

- Definitions of success vary across programs and jurisdictions
- Trust and legitimacy play a large role in community perceptions of success and willingness to utilize service

Methods

Methods:

- Interviews
- Convenience Sampling

Participants:

- 13 Interviews w/ program leads and clinicians
 - Mixed co-response and clinical-led models
 - University-based Teams
 - County and city programs
 - Nonprofit organizations and policymakers
 - 4 University, 1 Lawyer, 7 city/county wide, 1 nonprofit

Interview Process

Procedure:

- Semi structured interview questions
- Consent form
- Audio recorded and transcribed
- Semi-structured format
 - Topics: Roles, structure, funding, sustainability, community perception, co-response vs. clinician-led, level of interagency collaboration, data collection, misconceptions, and demands

Analytic Plan

Thematic Analysis:

- Deductive analysis applying primary and secondary codes to transcripts
- Inductive thematic analysis where themes/codes emerge directly from the data
- Line by line coding
- Noting recurring themes/patterns across the data

Coding

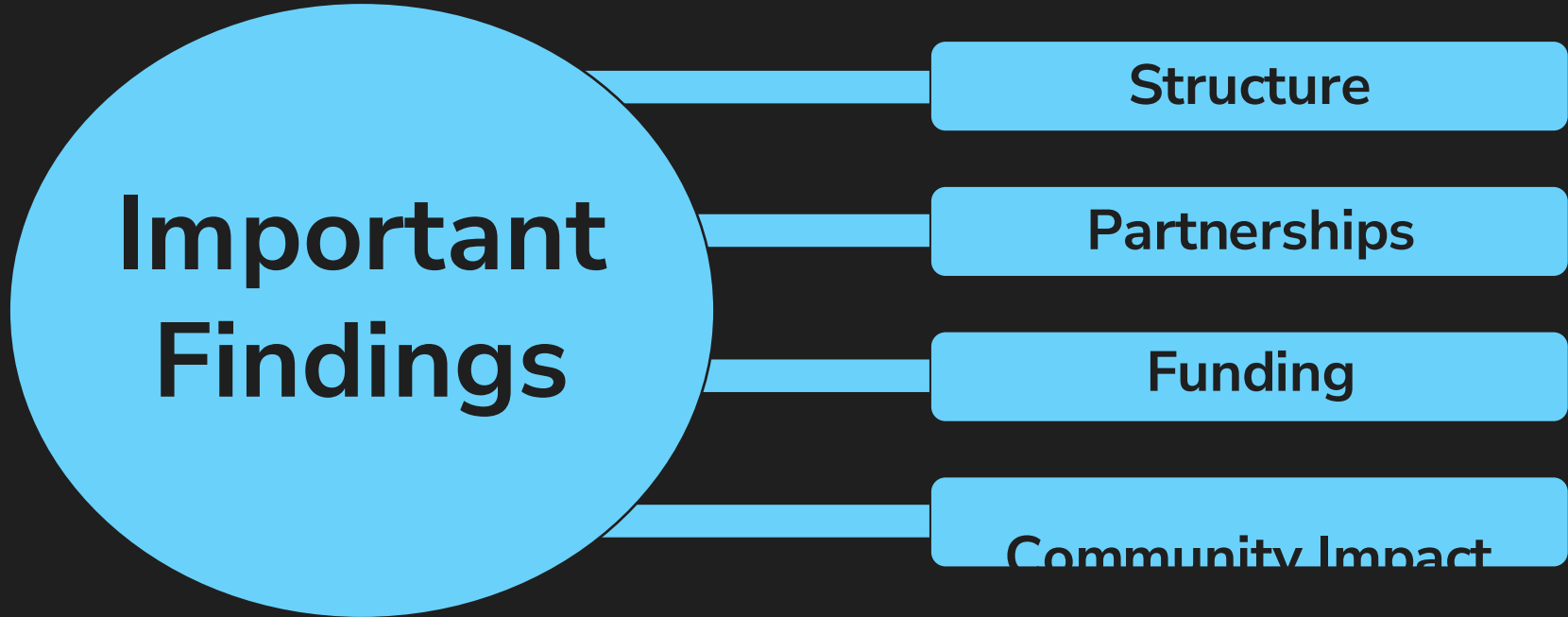
- Program Structure and Approach
- Partnerships and interagency collaboration
- Funding and Sustainability
- Community Perceptions and Program Impact
- Follow-up and Continuity of Care

Themes:	Program structure and response approach	Partnerships and interagency collaboration	Funding and sustainability	Community perception and program impact	Follow up and continuity of care
Subthemes:	Defined eligibility boundaries, operational limits, limiting crisis encounters, hospitalization avoidance	Communication with law enforcement, Collaboration with external systems, Warning against clinician vs police training (current political climate)	Determining staff size, Hours of operation, Independence from law enforcement, Policymakers don't understand the real cost	Misconceptions (hospitalization, law enforcement, confidentiality), Demands (expansion, replication, calls, staffing, hours)	SDSU, PERT, UCSD, follow up importance and the police did a straight 5150, right? Um, we'll follow up with the student the next day, when we can, and say, hey you know, following up on the social worker with the PD, and how can we support
Responses:	we have a lot more in our tool bag, right, to deal with, um, with crises, and with... and we're able to kind of, um, I call it go beneath the iceberg, right? - SDSU	our co-responder model does go out with campus police, whereas the county offers a non-police response - sdsu	we are funded by Counseling and Psych Services -sdsu	because it's not that simple of just get rid of police. -sdsu	we do a really good job in following up with students to make sure that they get everything that they need, so that this may not happen again. Or when it does, they have a little bit more support. So I think that's what we do really well. Um, and I could speak to most of our crisis teams when we speak to our consortium, it's that follow-up. That really, really is effective.
	that they automatically will take someone to the hospital, um, where it's actually the opposite. We want to... we actually pride ourselves in the ability not to take people on hold and stuff like that. -sdsu	There are times where you need police. Um, it's not all, you know, all police are bad. That's not the case. And if you are going to involve police or somehow partner with them, collaborate, make sure that they have the proper training. -sdsu	very much supported by our higher stakeholders in, um, student affairs and the business and financial affairs. - sdsu	We've been well received by the community - sdsu	So we're doing all the things that we can do to make sure that the follow-up is there, and that, you know, we're keeping track of, like how many students are we capturing in that group? How many people end up needing a higher level of care, and how many people can stay on campus? Because the goal is to have them stay on campus if they can safely. - UCSD
	to be able to stabilize on-site, and to provide those resources more immediate than you might get when you would just walk into a call, call a therapist. -sdsu	police might just see what's on the surface, we're able to spend more time and figure out. What exactly is going on, um, with this person? -sdsu	funding is a huge issue, um, from what I hear from other from other teams, there's always a scramble of how they're going to fund the appropriate staffing. - sdsu	The police are there for our safety -sdsu	So, you know, if a student has a crisis, and, you know, we are able to de-escalate, we might ask them to come and check in with us again the next day, or we might follow up, like, a week later. Really depends, you know, on the situation, but we'll do those kinds of things, like follow-ups. -UCLA
	we're only allowed to evaluate students who are enrolled and who are located on campus. They don't have to live on campus, but it has to be a student that's physically on the campus and enrolled. - UCSD	is there an unmet need? Is there an existing mental health crisis situation or condition? Is there a, um... a social issue that's happening, or, um, you know, an unmet need where this person is in crisis, so that's kind of the perk or the benefit of having clinicians in the field, is that ability to spend a little bit more time. -sdsu	crisis responders have a little bit more experience and/or education, around how to respond to crisis and how to understand how mental health... how to build rapport with someone who might be having symptoms that impair their cognitive abilities, or have skills in de-escalation tactics, which I think law enforcement do, but I think just because of the political climate, and, you know, it... I feel like it's easier for students to look at somebody like myself, or like my colleague, who's wearing something similar, who almost look like students themselves. - UCSD	having those conversations with your community, whether it's focus groups, forums, you know, really understanding what those community needs are, because every community is different. -sdsu	
	most of the calls are for behavioral health, like, mostly mental health. I want to say that maybe there's, like, a very small amount of substance use, but most of it is mental health. - UCSD	we are separate from law enforcement, they are our partners, just like many other campus partners. We do get, like, a vehicle of theirs, like, it's not very student-centered, we're working on that, then we have radios, we work with law enforcement to, like, identify students who, like, maybe they're acting in certain ways, and somebody calls the police, and then they go, and they're like, this might actually be a case for you. - UCSD	there was funds from the state... state? Yes, that I think that they put aside for our team before, like, enrolling this team out, they made sure that they had enough funds for, I think, at least 5 years. - UCSD	automatically will take someone to the hospital, um, where it's actually the opposite. We want to... we actually pride ourselves in the ability not to take people on hold and stuff like that - SDSU	If we de-escalate and they're fine, you know, we'll... head back to CAPS, debrief, just talk about it, and then make a plan around who writes the note, and, like, what other things need to happen as a follow-up. - UCSD

Positionality, Strengths, and Limitations

- Interviewers were proponents of Community-Centered Solutions to Crisis Response
- Interviewees often emphasized support for law enforcement and the need for co-response
- Ability to critically analyze traditional crisis response systems and engage with emerging, innovative models
- Funding information, cost benefit analysis

Results Overview



Structure



Program Structure and Response:

- Stabilization and de-escalation
 - Clinical, non-police response
-

Interviewee #1

“We’re able to stabilize on-site and provide resources more immediately than you would get from a typical response.”

Partnerships



Partnerships and Coordination Models:

- Ongoing coordination across agencies
 - Co-response is common
-

Interviewee #9

“There’s a collaborative relationship... there are situations that simply are not safe for clinicians to go to on their own.”

Funding



Funding and Sustainability:

- Financial instability affects operations
 - Long-term support is inconsistent
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Interviewee #4

“No one wants to give up any of their funding... the city has been faced with funding challenges.”

Community Impact



Community Impact Across Programs:

- Generally positive community response
 - Demand for services continues to grow
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Interviewee #2

“Most of the time it is very positive... the community has a very warm, positive attitude towards our team.”

Recommendations

**Clarify and Reduce Law
Enforcement Roles in Response**

**Establish Stable, Long-term
Funding**

**Strengthen Follow-Up and Service
Connections**

Considerations for Non-Police Models

- ➔ Range of law enforcement involvement
- ➔ Limited fully independent models
- ➔ Challenges in reducing police reliance
- ➔ Building independent models



Acknowledgments

**ACLU Foundation of San Diego & Imperial
Counties**

Interview participants

Dr. Megan Welsh Carroll

Dr. Burrel Vann Jr.

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Thank you!