Sozosei Lab

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# 911's Role in Reducing the Criminalization of Mental Illness

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Each year, at least 240 million calls are made to 911 across the U.S. Despite 911's role as the gateway to emergency response, the majority of calls to 911 are for issues that fall outside the scope of emergency calls requiring fire, emergency medical services (EMS), or police response (1). One such area is mental health crises. People with mental illnesses are overrepresented in the criminal legal system, and one pathway toward entanglement with that system is through a 911 call (2). Although the crisis care continuum has expanded considerably since 2020 and provides people experiencing a mental health crisis with access to resources outside of the criminal legal and 911 systems (e.g., 988 and alternative crisis teams), many communities must continue to rely on 911 as the source of primary responders. Law enforcement officers are the primary and often default responders to 911 calls, and without the proper tools and support available to 911 professionals and the responders they deploy, there is a risk of criminalizing individuals with mental illnesses or those experiencing mental health crises by responding with enforcement actions.

## DEFINING MENTAL HEALTH CRISES

**Mental health crisis**: A situation where an individual's ability to cope is overwhelmed, potentially leading to harm to self or others, significant functional impairment, or risk of hospitalization or displacement from their current living arrangement. It may follow trajectories that include intense feelings of personal distress, obvious changes in functioning, or catastrophic life events (3).

This brief provides an overview of four innovations in 911 that have the potential to reduce the criminalization of mental illness. They are:

1. Employing enhanced call screening, with emphasis on identification of mental health concerns and risk assessment;
2. Embedding clinicians in 911 Emergency Communications Centers (ECCs) to provide direct tele-support and make referrals to services;
3. Offering the most appropriate telephonic support through transfers to 988 and other hotlines; and
4. Enabling the direct dispatch of alternative response teams to the person in crisis.

For each innovation, this brief provides an overview, an example of the practice in action, and what additional research needs to be done to determine if the intervention can reduce the criminalization of mental illness. 911 has great potential to facilitate appropriate linkages to services that can relieve distress, offering access to care and avoiding criminalizing mental illness.

# 911: An Overview

When a call is placed to 911, it is typically routed to the geographically nearest ECC. The 911 professional who answers the call (usually a 911 call taker) asks a series of questions to assess the reason for and level of urgency of the call. Based on the information they gather, call takers will determine next steps. Call takers either resolve calls on their own by providing information, guidance, and informal counseling to the caller, or they place the call in the queue for dispatch (i.e., sending out police or fire EMS). See Figure 1 below for an illustration of the process.

**Call-Taking and Dispatching Process**

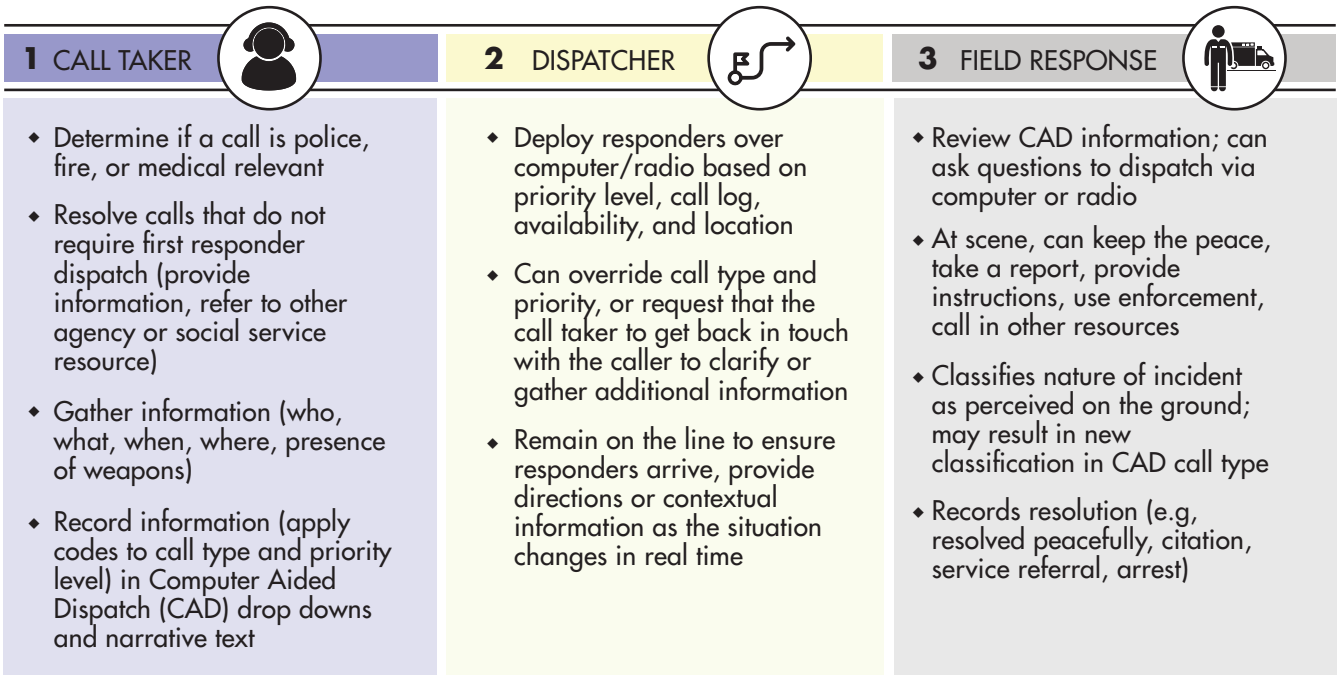


*Figure 1: 911 Call-Taking Process*

911 is the most widely used point of access to public service, and the decisions made by 911 professionals have downstream effects. If they are able to successfully identify a mental health call, they have the potential to assist the caller over the phone or link them to other services and avoid dispatching a police response altogether. In cases where they do dispatch an in-person response, their call coding and description of the scenario primes responders before they arrive on scene. If they can accurately describe a mental health call and instruct responding officers to act accordingly, they offer great potential to reduce arrests and subsequent detention or incarceration for people with mental health concerns, thereby helping to reduce the criminalization of mental illness.

# Innovations in 911 to Address Mental Health Calls

Historically, 911 professionals have had limited tools at their disposal to address mental health calls. The vast majority of 911 professionals who answer and dispatch calls do their jobs admirably and professionally, but few are trained to handle mental health-related crises. When dispatching a response, historically they have been predominantly limited to firefighters, EMS responders, or law enforcement officers. These options often do not provide the best fit for incidents concerning mental health crises. One indicator that suggests law enforcement are not well equipped to respond to mental health calls is the rate of arrest in people with mental illness – about two in five incarcerated people have a history of mental illness (4), and people with mental illnesses and substance use disorders are more likely to have a history of multiple arrests (5). Critically, more than 3,200 people in the United States exhibiting signs of mental illness were killed in encounters with the police between 2013 and March 2026. Most of these encounters stemmed from a 911 call (6).

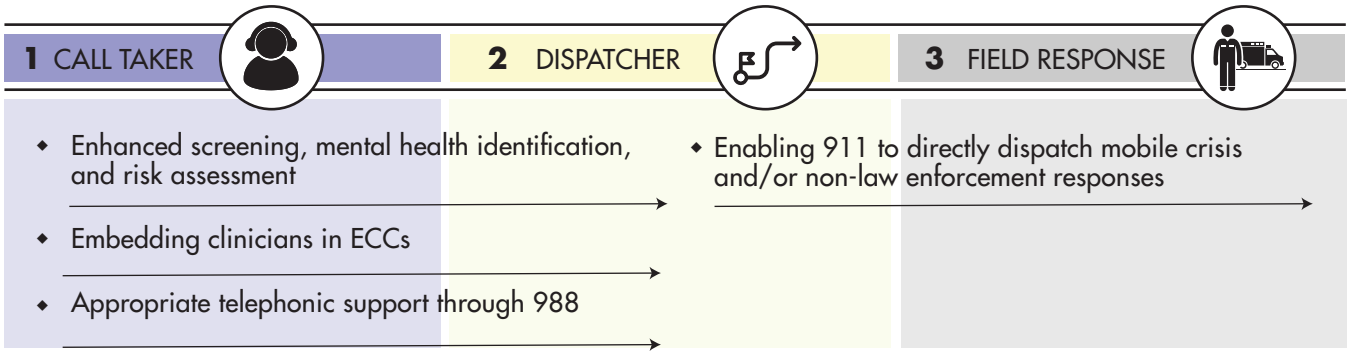


*Figure 2: Innovations in 911 to reduce the criminalization of mental illness*

Fortunately, options are emerging across the country that allow 911 professionals to offer the right response at the right time to a wide array of incidents, including mental health-related calls (1). There was a steep proliferation of such alternative responses in the wake of George Floyd's murder in 2020, when interest in diverting 911 calls away from law enforcement response piqued. A specific desire to channel those calls toward non-law enforcement first responders was fueled by two perceptions – that police responses can result in inadvertent harm to civilians, and that police are often unable to provide needed services (7).

This Brief provides an overview of four innovations in 911 that have the potential to reduce the criminalization of mental illness. See Figure 2 for a visual representation of where these strategies fall in the call-taking process.

## Enhanced Screening, Mental Health Crisis Identification, and Risk Assessment of Calls

One key challenge in the effort to reduce the criminalization of mental illnesses and mental health crises is the very structure of the 911 and field response systems. They are not well suited to respond to the nuanced mental health emergencies that they have had to come to support. It is thus unsurprising that 911 professionals are also not explicitly trained to recognize and document mental health-related calls, and that such calls are typically under-reported (8).

A study published in early 2026 found that mental health call codes assigned by 911 professionals only matched officer close-out codes about half of the time. They also found that 911 professionals were more likely to accurately identify mental health-related calls from communities with lower poverty rates, which may suggest a bias toward communities with higher poverty rates (where calls were more likely to be coded as non-mental health calls) (2).

To remedy this, ECCs can deploy an enhanced screening protocol to identify mental health calls and assess their risk levels through specialized dispatch programs. These programs train 911 professionals to determine the level of crisis, to assess whether the situation can be safely resolved over the phone or if an in-person response is needed, and to de-escalate and make appropriate referrals (9). One study found that police calls for service that have been identified as mental health-related by 911 professionals are almost three times more likely to result in a service linkage and less likely to result in arrest, making this a tool to reduce the criminalization of mental illness that is ripe for opportunity (10).

Durham, North Carolina, began to employ this strategy in 2022, when they instructed their 911 professionals to ask all 911 callers "Are you aware or does it appear the subject is in mental health crisis?" If the caller responds in the affirmative, an embedded clinician is then conferenced in to listen to the rest of the call, before it may be ultimately diverted to one of two different types of crisis responders, both of which comprise strategies further discussed below – embedded counselor assessment, or civilian/alternative response team (11, 12).

### WHAT WE NEED TO KNOW

- What are the hallmarks of an identification and risk assessment program that reduces law enforcement involvement and arrests for people with mental illness?
- To what extent have enhanced screening programs been successful in connecting callers with mental illness to resources that can help them instead of

dispatching law enforcement?

- Does enhanced screening reduce law enforcement involvement and arrests of people with mental illness?

## Embedding Clinicians in ECCs

Embedded clinicians work within ECCs, allowing for seamless transfer from the 911 professional to a trained mental health clinician who can provide real-time assistance and service linkages to callers in crisis. This represents a paradigm shift from police-first and police-only responses, which tend to focus on crime control and enforcement, while mental health clinicians tend to focus on individuals in need of services (13, 14).

In Travis County, Texas, 911 professionals now ask callers, "Are you calling for police, fire, EMS or mental health services?" In 2019, the county's new Crisis Call Diversion Program had mental health professionals co-located in the ECC in a new role – Crisis Center Clinicians (C3s). By 2022, C3s were available 24/7/365, and had handled nearly 7,000 calls (15).

Existing research focuses on the launch of embedded clinician programs (11, 16, 17) and qualitative implementation evaluations (18), though more research is needed on their effectiveness in meeting the needs of callers and their ability to help reduce criminalization of mental illness.

### WHAT WE NEED TO KNOW

- To what extent are embedded clinicians in ECCs effective in:
  - o Providing services to mental health-related 911 callers?
  - o Decreasing arrests and criminalization for mental health-related 911 calls?
- What are the best strategies for integrating clinicians into ECCs?

## Appropriate Telephonic Support Through the 988 Lifeline

Launched nationwide in July 2022, the 988 Lifeline connects people who call, text, or use the hotline's chat function to a trained call taker who will listen and provide support and connections to needed resources. The 988 Lifeline is a national network of over 200 contact centers, including centers that were formerly accessible through the National Suicide Prevention Lifeline and ones that were only offered at a local level (19). Call diversion from 911 to 988, whether through public awareness and utilization of 988 or through 911 professionals transferring specific calls to 988, could be important for reducing reliance on law enforcement in mental health crises, which is a key goal of 988 implementation (20, 21).

**TABLE 1. CONTACTS ROUTED BY CALL, TEXT, OR CHAT TO 988 (EXCLUDING THE VETERANS CRISIS LINE)**

| | CALLS | TEXTS | CHATS | TOTAL |
|---|---|---|---|---|
| 2022 | 2,500,317 | 328,142 | 915,168 | 3,743,627 |
| 2023 | 3,235,523 | 867,470 | 737,543 | 4,840,536 |
| 2024 | 4,435,213 | 1,232,516 | 788,802 | 6,456,531 |
| 2025* | 4,336,016 | 1,127,427 | 948,626 | 6,412,069 |

**2025 includes only January – October. Further data had not been released at the time of this publication.*

**Public Education About When to Call 911 vs. 988**

Nine months after its launch, only 13% of U.S. adults had heard of 988 and knew its purpose (22). Just three percent of people in the U.S. polled had called 988 for themselves, and three percent had called for a loved one (23). According to a 2025 study, this number had grown with 22% of survey respondents reporting they had heard of 988, but 54% reported that they would still call 911 in a mental health crisis (24). As shown in Table 1, utilization is on the rise, but there is still much room for growth as more people become aware of 988 and its purpose.

**Transferring 911 Calls to 988**

Though callers may be unaware of 988, they can access it circuitously if they call 911 and are transferred to 988 by a 911 professional. This may seem like a great fit – 988 is designed for mental health service provision, and 911 professionals are not trained to provide those services – but 911 professionals report feeling responsible for callers and their outcomes, and have expressed concerns that they would be held liable if they transfer a call to 988 and the caller harmed themselves or another individual, which may make them hesitant to transfer calls to 988 (25-27). Given interoperability challenges and liability concerns, some ECCs instruct callers to hang up and dial 988, forcing the

caller to be reconnected and re-share the reason for their call with the 988 call taker. Further, 911 ECCs use geolocation and can often see callers' locations, which is not the case for 988, which initially had neither geolocation nor georouting, wherein calls are routed to the nearest center (and were thus routed based on the caller's area code). Though an October 2024 FCC rule dictates that calls be routed to the closest 988 center, the caller's precise location will remain unknown to the 988 call taker (28). This can make transferring calls to the appropriate resource in the correct geographic area difficult, both because the 988 caller's precise location is unknown and 911 is hyperlocal (in that there are nearly 8,000 different ECCs nationally) (29), while 988 is not, though the recent change has the potential to ease this challenge.

In Ohio, Clear Pathways led a Crisis Response Pilot across five in-state sites, each involving a workgroup with a 911 ECC, its corresponding 988 provider, and the local mental health board (27). The pilot's activities primarily focused on planning to facilitate call transfers from 911 to 988. Preliminary findings highlighted that successful transfers depend on clear protocols, staff training, and regular communication between 911 and 988 agencies. Further, liability concerns were initially present, but peer learning activities and examining call data helped alleviate these concerns. The report asserts that links between 911 and 988 can help divert non-emergency calls about mental health, reduce unnecessary hospitalizations, and conserve law enforcement resources.

### WHAT WE NEED TO KNOW

- Has 988's adoption nationwide led to a decrease in law enforcement involvement in mental health crisis response and a related subsequent decrease in the criminalization of people with mental illness (e.g., decrease in arrests, prosecutions, detentions, and incarceration)?
- Are ECCs transferring calls to 988? What have the outcomes been (e.g., caller now directly calls 988 instead of 911, caller received help they were looking for, caller was unhappy with or did not benefit from the transfer)?
- Beyond those highlighted above, what strategies have been successful in facilitating successful transfers from 911 to 988?

## Direct Dispatch of Alternative Crisis Response

Historical and structural factors have resulted in the reality that affords 911 professionals few if any deployment options beyond dispatching police. Thus, by default, law enforcement agencies nationwide have largely been tasked with the primary responsibility of providing mental health crisis response (30). While many agencies have implemented strategies to improve their responses (Crisis Intervention Team model, co-responder teams, etc.), the overreliance on police to address mental health crises brings with it potential harms for people suffering from mental health crises, including arrests, uses of force and injury (or death) (31). Further, law enforcement presence may escalate an individual experiencing crisis and may put others at risk (32). Responding to mental health crisis calls can also be a drain on police resources, as officers and police union leaders have acknowledged "should be focused on responding to emergencies, saving lives and property, and of course, engaging in community policing" are instead tasked with mitigating mental crises, tasks for which they are neither well trained nor equipped (33). A 2022 study examined the viability of re-tasking a subset of 911 calls in Baltimore, MD, that were dispatched for police response to civilian responders instead, and determined that up to 57% of calls could be assigned to civilians (34).

Implementing new crisis response teams can require high levels of dialogue and collaboration between the different responders and organizations who may find themselves newly working together. Since 911 is the key pathway to access emergency health and safety services, new crisis response programs that rely on non law-enforcement responders cannot reach their full potential without 911 professionals dispatching calls to them. While conducting an implementation evaluation of the City of Chicago's Crisis Assistance Response and Engagement (CARE) pilot, Health Lab researchers reported that "collaboration required for this pilot necessitates underlying paradigm and culture shifts within each partner organization. This often requires refining ideas, concepts, and ways of working that have been engrained in each organization's training and work for many years (35). These findings are not unique to Chicago and can be broadly applied to inform the field at large.

In Albuquerque, New Mexico, the Albuquerque Community Safety (ACS) Department operates independently from the police and fire departments (36). While 911 continues to be managed under the police department, ACS has created the opportunity for 911 to dispatch non-law enforcement professionals to respond to calls concerning mental health crises, disturbances, panhandling, suicidal ideation, unsheltered individuals, welfare checks, and other crises that do not involve a medical emergency or serious crime. This department's goal and mission is to deliver the right response at the right time.

### WHAT WE NEED TO KNOW

- Do 911 professionals feel that they have received sufficient training and are adequately prepared to recognize calls that are appropriate for crisis responders who are not sworn officers?
- What triage protocols are effective for identifying calls that can be diverted to alternative response teams?
- Have alternative response crisis teams led to a decrease in arrests, prosecutions, detentions, and incarcerations of individuals with mental illnesses?

In conclusion, 911 has many opportunities to better serve callers and to play a key role in helping to reduce the criminalization of mental illness by correctly identifying these calls and offering the appropriate response—whether that is a resolution over the phone or response options that don't solely rely on law enforcement—who can provide relief from distress. As innovation continues in this space and as research proceeds, additional inquiry into the following questions across all four interventions is warranted:

- How does the effectiveness of different innovations vary in different contexts?
- How do different stakeholders (including people experiencing a mental health crisis) experience these strategies compared to police dispatch as default?
- Do these approaches impact communities equitably?

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