



FROM CRISIS RESPONSE TO HARM PREVENTION: The Role of Integrated Service Facilities

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EXECUTIVE SUMMARY

Amid the push to reduce the footprint of policing in the United States, there is increasing attention on shifting crisis response away from law enforcement. But even if emergencies related to homelessness, substance use, and other health and social issues are handled by trained professionals, where do non-police first responders transport people in need of assistance? As things stand, many interactions with crisis response systems in the United States result in a trip to jail or an emergency room. Both of these options are costly, inefficient, and often result in the same people coming back again and again.

There is a better way: Integrated Service Facilities (ISFs) can provide an effective, less costly, and more sustainable alternative. These facilities bundle assistance for substance use, mental and behavioral health, housing, and other health, legal, and social needs. Open 24/7 and free to use, ISFs can mitigate an unfolding crisis and triage vulnerable people into longer-term systems of care. What sets ISFs apart from existing emergency response systems, however, is that they also make it their core mission to *prevent* crises from happening in the first place. As the United States continues to grapple with over-reliance on expensive and ineffective crisis response, ISFs provide a critical piece of a better response and prevention system.

The ISF model is a common-sense solution, so it is no surprise that it receives broad bipartisan support across the nation:

- ▶ 58% of likely voters support having ISFs in their community.
- ▶ 53% believe that ISFs would save taxpayer resources in the long run.
- ▶ 56% percent of likely voters said they would vote for a politician promising to create ISFs.
- ▶ 52% support prioritizing resources for ISFs over police and prisons, including 36% of all Republicans that responded.
- ▶ 58% would vote for a ballot measure to allocate public funds to create ISFs.

INTRODUCTION

Crisis¹ response in the United States is inefficient, ineffective, and often does more harm than good. Currently, police often lead the response to calls related to homelessness, substance use, mental or behavioral health crises, and other situations that are outside the core crime response mission of law enforcement. But carceral responses fail to solve an ongoing crisis, often resulting in more harm instead. Further, they fail to diagnose the underlying issues and prevent future crises.

Law enforcement officers often lack the tools, training, and motivation to respond to these crises. Especially when responding to an individual experiencing a mental health crisis, their presence can escalate rather than mitigate the situation.

1. Definitions of what a crisis is vary, but in this context we are referring to emergency calls or acute situations where emergency responders become involved as a result of underlying social or health problems. See Appendix for an Operational Framework for Integrated Service Facilities

For instance, individuals with unaddressed mental health issues in crisis situations are 16 times more likely to be killed during a police encounter than someone in the general population. Put another way, one in four fatal police killings involve someone with a mental health issue. These include stories like that of Osaze Osagie, a 29-year-old Black man with autism and schizophrenia. Osaze was killed by the police responding to a call from Osaze's father, who had reported that his son was missing and potentially experiencing a mental health crisis.

In addition to the immediate consequences of police encounters, these interactions can lead to a cycle of future harm. One important long-term consideration is that police contact is the main entry point into the criminal justice system. Once an individual is entangled in this system, there is a cascade of negative effects, both on the individuals and their communities, who are disproportionately Black, Native, and other people of color.

As things stand, emergency health systems are similarly poorly configured to address many health emergencies resulting from substance use, behavioral health, mental health, domestic violence, and other complex crises. Although transport to an emergency department is a better option than incarceration, the results tell a story of enormous gaps, waste, and missed opportunities. Rarely do hospital responses result in connection to services or treatment after admission, and re-hospitalization rates are extremely high. In a national sample of those

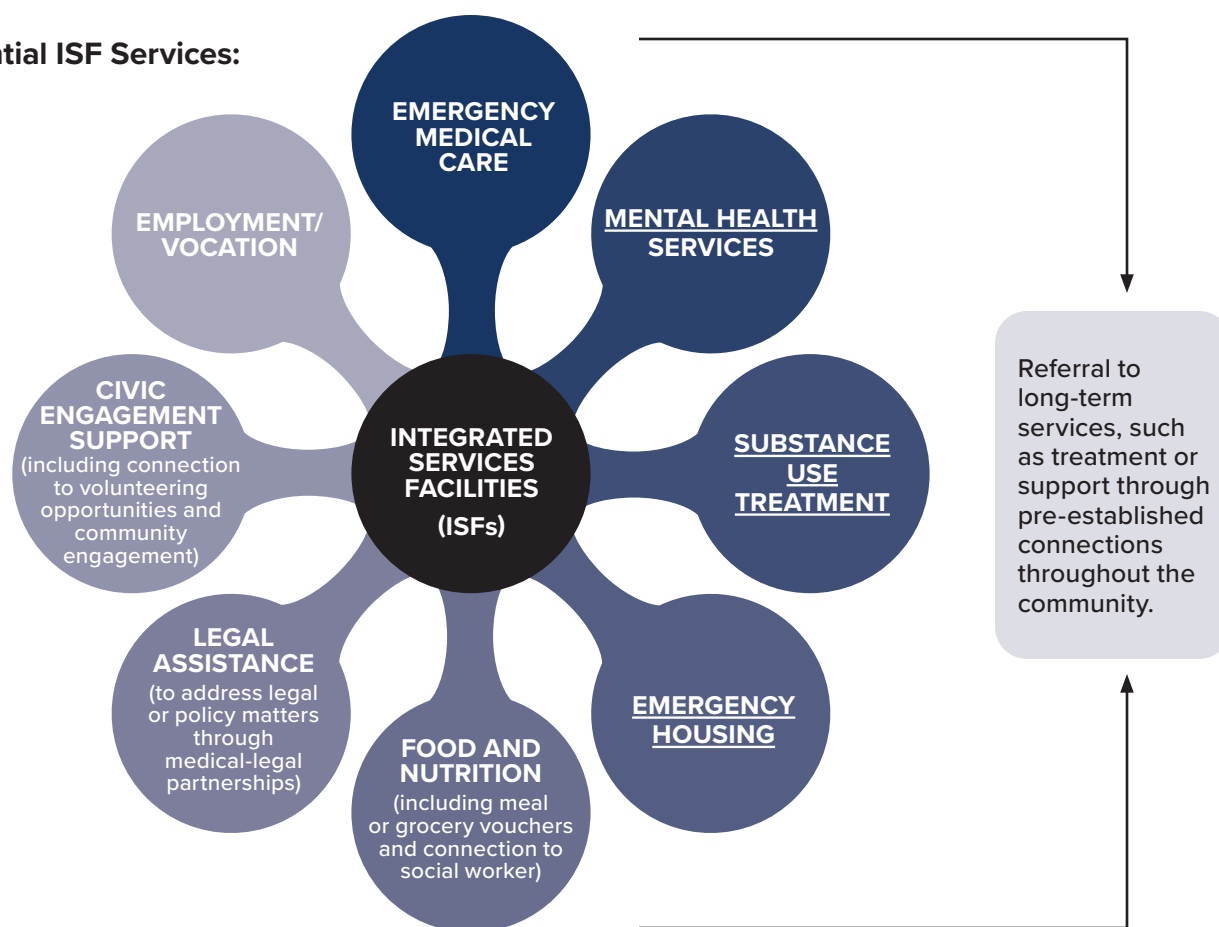
who were admitted to a hospital for a mental or substance use disorder, less than five percent of patients used intermediate services seven days after discharge. In the same vein, fewer than one in three people who had experienced a non-fatal overdose received a prescription for medications that reduce future overdose risk, highlighting pervasive missed opportunities.

WHY INTEGRATED SERVICES FACILITIES

To reduce contact with the criminal justice system and avoid further taxing overwhelmed emergency medical services, crisis responses should focus on mitigation, triage, and structural support for long-term care. Integrated Service Facilities (ISFs) can provide an effective, less costly, and more sustainable alternative. ISFs such as the Restoration Center in San Antonio, the Tuerk House Crisis Stabilization Center in Baltimore, or the MLK Behavioral Health Center in Los Angeles serve as publicly-funded hubs for a wide range of services targeted to short-, medium-, and long-term needs.²

2. See Appendix for an Operational Framework for Integrated Service Facilities

Potential ISF Services:



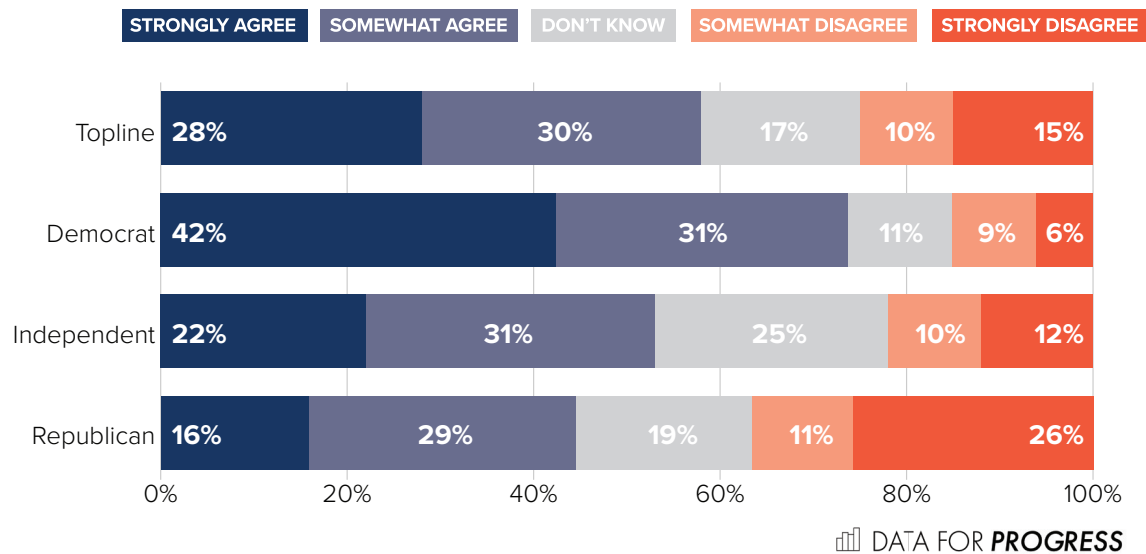
ISFs act as an initial touchpoint or “drop-off” center for those who would otherwise be incarcerated or simply left on the streets. After bolstering the response to emergency crises involving mental or behavioral health issues, homelessness, and substance use by non law-enforcement intervention teams, ISFs serve as the safe hand-off where proper treatment and service can be initiated (see Potential ISF Services diagram above). ISFs can also provide mobile crisis response teams, similar to CAHOOTS, that help create a system of outreach and linkage directly to triage and services for those involved in a crisis.

ISFs can also help prevent further crises from occurring. Instead of the revolving door of emergency room visits or worse, incarceration, ISFs ensure that individuals receive the treatment and services they need. To achieve this prevention mission, ISFs must have an open door policy

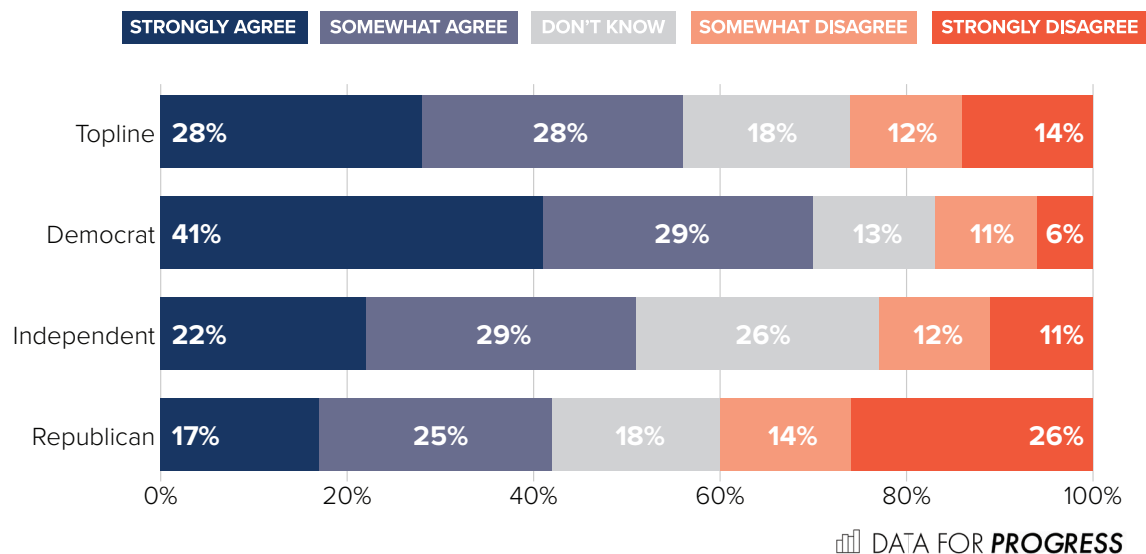
24 hours a day, seven days a week, both to address crises that occur at any time, and to welcome individuals who may not be currently experiencing a crisis but need assistance, such as screening and preventative care. Beyond responding to crises in real time, ISFs will be poised to collect and analyze data to understand what resources or policy changes are needed to further prevent crises from happening, and to formulate rapid and tailored responses to emerging issues in the community.

This model for providing comprehensive crisis management and response has broad bi-partisan support. Polling by Data for Progress and The Justice Collaborative Institute shows that 58% of likely voters supported having an ISF in their community. Fifty-six percent of likely voters agreed that ISFs would make their community safer, and 59% agreed that ISFs would make their community healthier.

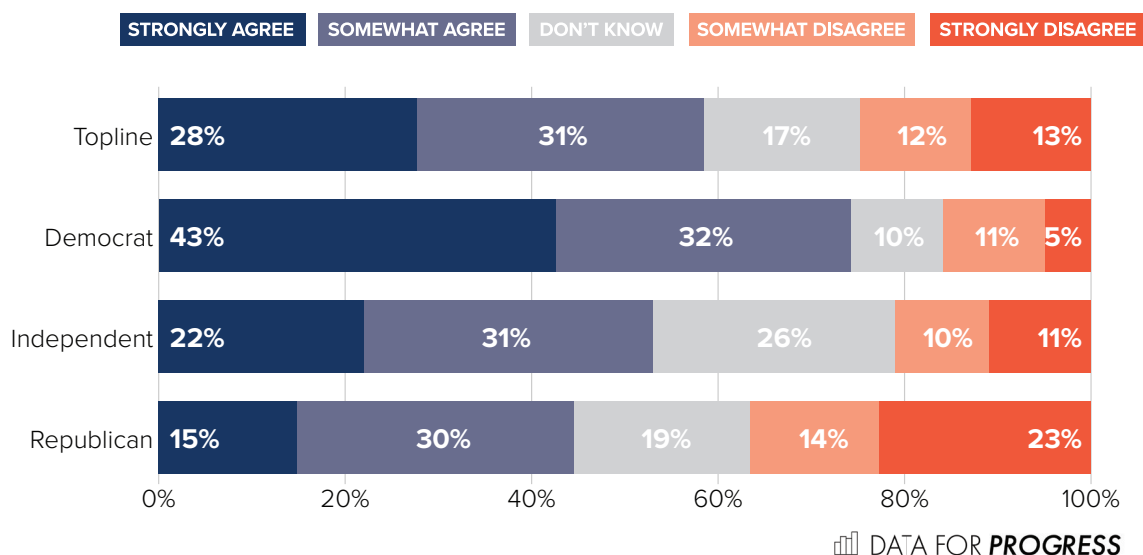
Do you agree or disagree that an ISF should exist in your community?



Do you agree or disagree that an ISF would make your community safer?



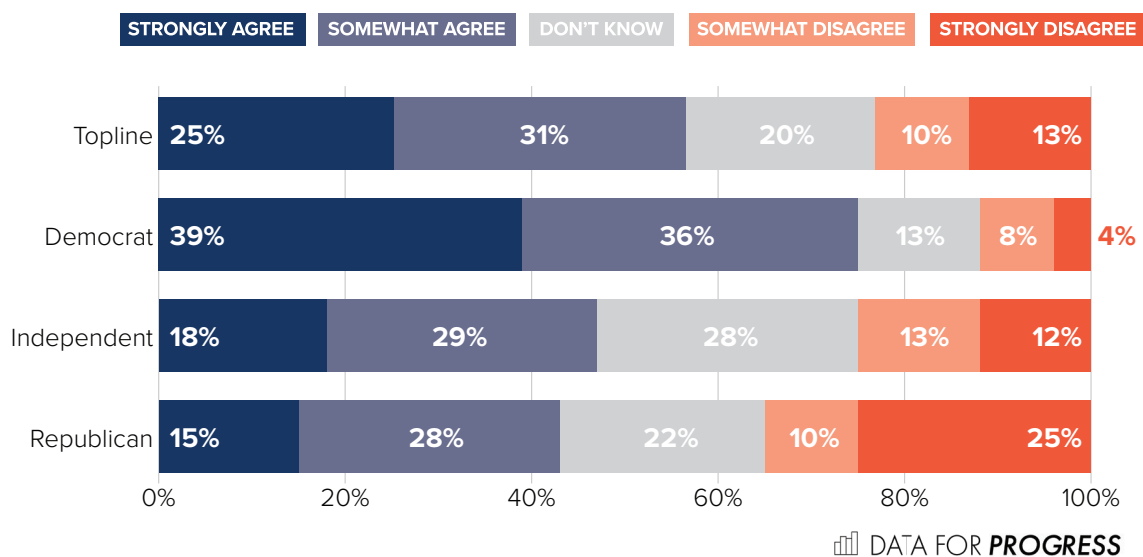
Do you agree or disagree that an ISF would make your community healthier?



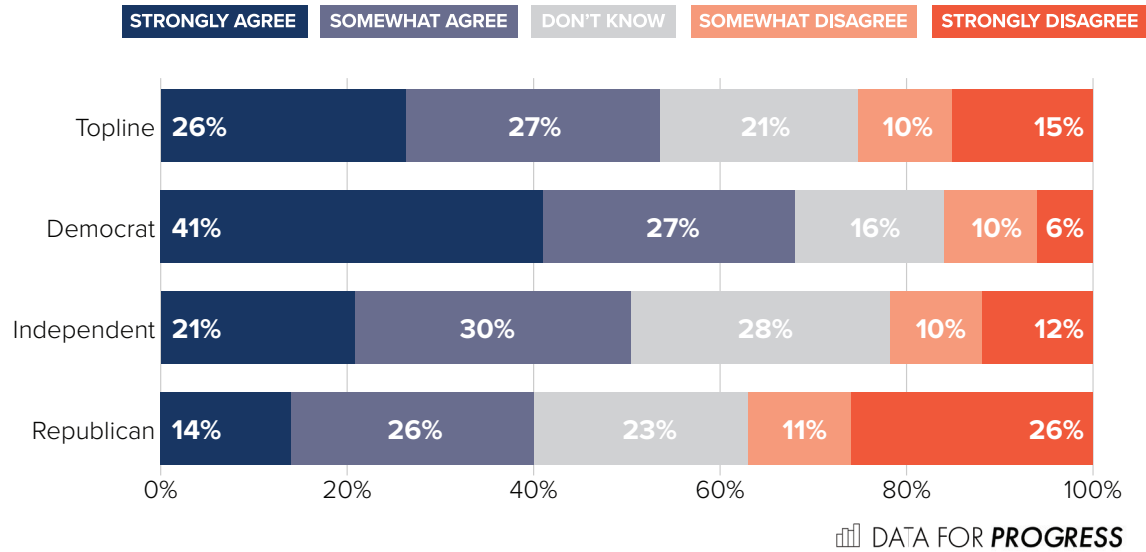
Fifty-six percent of likely voters said they would vote for a politician promising to create ISFs. Fifty-three percent agreed that ISFs would save taxpayer resources in the long run. Fifty-two percent support prioritizing resources for ISFs

over police and prisons, including 36% of all Republicans that responded. And 58% of all voters would vote for a ballot measure to allocate public funds to create ISFs.

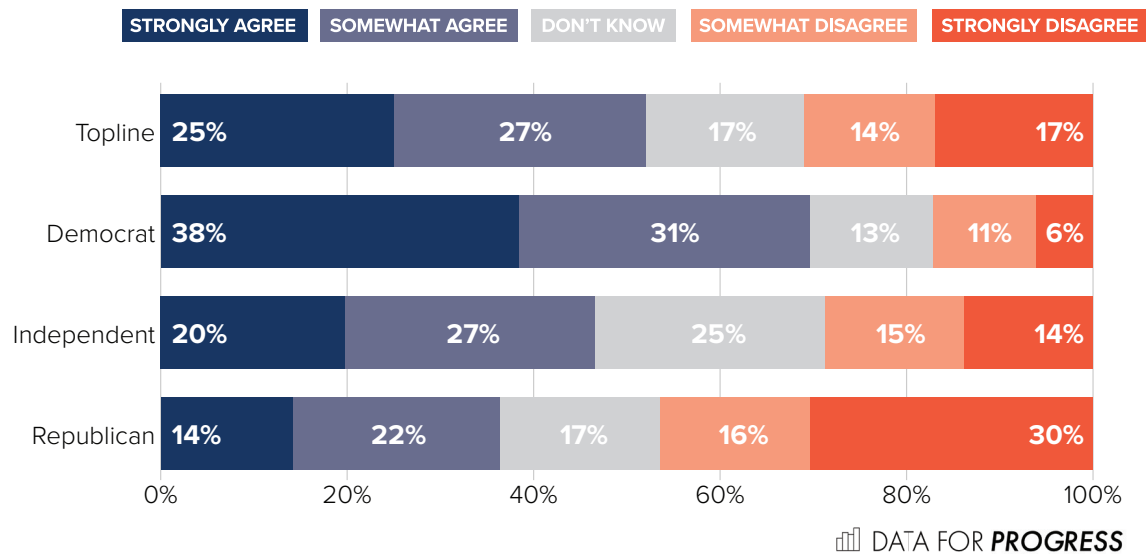
Would you vote for a politician promising to create ISFs?



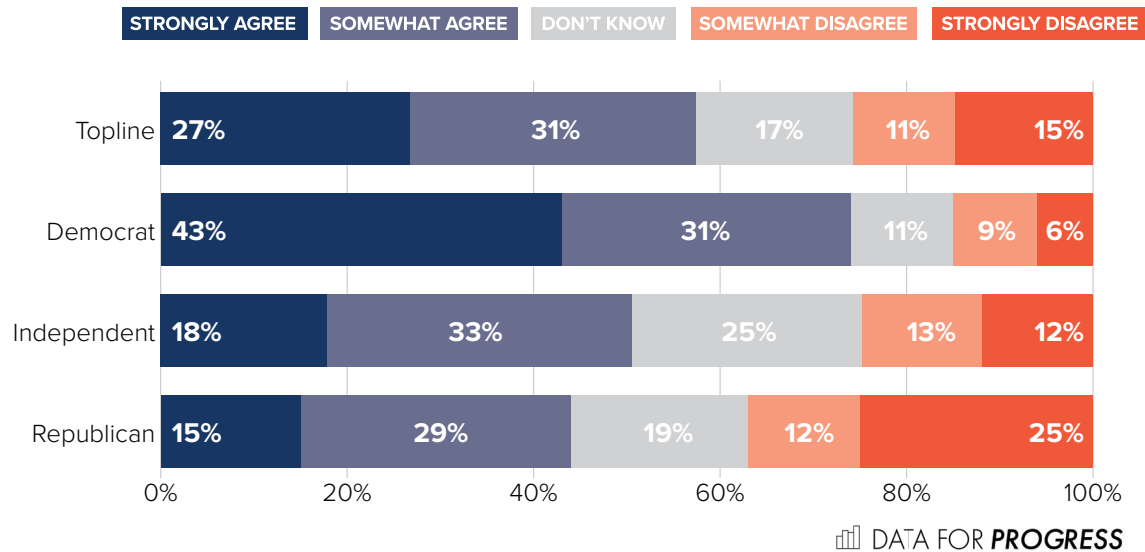
Do you agree or disagree that ISFs would save taxpayer resources in the long run?



Do you support prioritizing resources for ISFs over police and prisons?



Would you vote for a ballot measure to allocate public funds to create ISFs?



IMPLEMENTATION RECOMMENDATIONS

Bundled Services

The key feature of ISFs is to respond to mental health, substance use, and even domestic violence crises by addressing the underlying social, legal, and economic factors in these crises. By only mitigating the symptom of the underlying problems rather than addressing these factors, our current approaches lead to the revolving doors of prisons, jails, and hospital emergency departments.

ISFs provide better integration of physical health, mental health, legal, and social support systems. In our current fragmented healthcare and social service system, an individual has to go to a separate place for each one of their needs. Navigating the system is incredibly difficult, with many services functioning in silos. The most marginalized individuals are not only struggling with mental health issues,

but also have a substance use disorder and are currently experiencing homelessness. Those with co-occurring mental health and substance use disorders have serious barriers to get proper treatment for both conditions. About 20% of people who have a serious mental health issue will also develop a substance use disorder at some point in their lifetime, with only 7.4% receiving treatment for both conditions, and 55% getting no treatment at all. ISFs can better respond to all of the related issues to a crisis by providing bundled and centralized services.

Evidence-based Substance Use Treatment

Opioid-related overdoses and mortality continue to surge, driven by the continued advent of adulterated drug supply and the COVID-19 pandemic. Fortunately, ISFs can provide two life-saving medications—suboxone and methadone—both of which have been shown to effectively reduce use, overdoses, and even criminal justice

involvement. And while currently there are no good medication options for stimulant use disorder, which is on the rise as well, ISFs can help stabilize and coordinate the best evidence-based treatments for these and other substance use disorders, which include cognitive behavioral therapy and contingency management. Finally, in addition to direct treatment, these facilities should include harm reduction strategies such as needle exchange, supervised consumption, and naloxone distribution in order to prevent further harm in the future.

Non-coercive Approaches

Involuntary commitment for both substance use disorders and serious mental health issues is increasingly being used as a coercive diversion tactic. But involuntary commitment has failed to show effectiveness, is ethically questionable, and should not be used in the context of ISFs. Likewise, drug courts function as an alternative to incarceration through forced treatment instead of serving time in prison. These programs have not been shown to be effective at reducing recidivism or increasing engagement into substance use treatment. Instead, ISFs should take a trauma-informed harm reduction approach while also maintaining an individual's autonomy in the process.

Peer Support Services and Self-governance

Peer support services have been employed in various areas including HIV, substance use, and mental health management. Peer support provides a way for those with substance use or serious mental health issues to have someone partner with them to help them achieve their goals for treatment and recovery. Peer support coaches or navigators ask the patient, “What do

you want to do, and how can I help you?” In this way, this model helps build self-governance and confidence in the individuals pursuing treatment. Self-governance has been an important feature of successful harm reduction services that center the voices and perspectives of people most affected by the services and policies. Incorporating peer support services into the ISFs can greatly increase retention and continuation of treatment as individuals leave the ISF and transition to more long-term treatment.

Racial and Cultural Equity

Due to the disparate impact of drug law and policy and carceral systems on people of color, blanket approaches to solve these issues will almost certainly perpetuate inequities. ISFs must operate under a framework that deliberately seeks to achieve racial equity. For example, the structure of public transportation has long been known to be a root cause of racial inequities. Where ISFs are located geographically can determine who will have access to these centers. Aside from structural barriers that impact access, ethnic and cultural racism also pose a serious threat to equity. Places like Casa Esperanze in Boston, an ISF that focuses on care for Latinx and Spanish-speaking individuals with substance use disorders and serious mental health issues, are designed to make the facility feel welcoming for its community members.

Funding for ISFs

In many places, funding for crisis response is directed at law enforcement, rather than to resources that provide health and support systems. A recent analysis illustrated that, on average, cities spend \$512 million on policing and punishment, compared to \$262 million on health

and \$137 million on support services. A better crisis response model would focus less on funding law enforcement and more on providing targeted and preventative interventions. As municipalities look to reduce reliance on police and punishment

and their heavy investment into those systems, funds could instead be diverted to ISFs, which will save cities and states millions of dollars by providing long-term treatment that prevent future crises and emergency hospital visits.

CONCLUSION

The evidence is clear about which measures work best to address serious mental health issues, substance use disorders, homelessness, and many other social and economic issues, and the answer is not policing or incarceration. Polling data shows that the majority of voters understand this, and are in favor of shifting funds and priority from carceral systems to ISFs. As cities begin directing their crises response away from punitive approaches, ISFs must play an essential role in both triaging the immediate crisis and preventing further crises from happening. With low-threshold facilities that are available for walk-in assistance 24/7 and that offer bundled services as well as coordinated evidence-based treatments, we can greatly reduce our reliance on carceral systems. Further, ISFs can play a crucial role in diagnosing the underlying root causes of these crises as well as aiding cities and states in determining appropriate responses. While ISFs are and always will be limited by the resources, laws, and policies in a city or state, investing in effective ISFs will greatly reduce the role of law enforcement and carceral consequences for individuals with substance use disorders and serious mental health issues, while also improving the health and safety of millions.