


NCORE

Welcome to Safety Not Stigma

Alternatives to Police-Led Mental Health Crisis Intervention Proposal #25880222

**PLEASE LEAVE FRONT AND BACK ROWS CLEAR UNTIL SESSION BEGINS.
SILENCE ALL PHONES AND DEVICES.**



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FOSTERING INCLUSION AT NCORE

It is the expectation of the conference that all participants at NCORE enjoy a welcoming and inclusive environment, free from all forms of discrimination, harassment, and retaliation.

NCORE is committed to fostering an atmosphere that encourages the free expression and exchange of ideas. In pursuit of that ideal, NCORE is committed to the promotion of equality of opportunity and treatment for all participants in NCORE sponsored events, regardless of (in alphabetical order) Age, Bilingualism or multilingualism, body size, color, disabilities, ethnicity, gender, gender expression, gender identity, immigration status, marital status, national origin, individuals who were formerly incarcerated, race, religion or religious belief, sexual orientation, sovereign identity or veteran status.

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FOSTERING INCLUSION AT NCORE

NCORE acknowledges that ableism is structural, cultural, and attitudinal. Consequently, fostering an accessible environment requires changes to our organizational practices, intentional communication that facilitates unlearning/learning, and collective accountability for ensuring we disrupt the role we each play in enabling and perpetuating ableism.

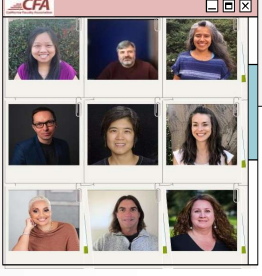
NCORE is committed to promoting and maintaining conference spaces where all presenters and attendees are part of a community of practice that actively advances equity, access, and justice. This includes being mindful of where we place our belongings (e.g., in aisles) so we do not create access barriers and ensuring we each use a microphone to disrupt the dynamics and practices that limit access. Disability justice is a process of collective liberation, and NCORE calls all conference attendees into action and accountability in that process.

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NCORE

Introduction

The **CFA Counselors Committee** advocates for the unique needs of counselor faculty within the California Faculty Association, ensuring fair working conditions, equitable workloads, and adequate mental health resources for students. We address critical issues such as counselor-to-student ratios, job security, and faculty rights while pushing for policies that support sustainable and ethical mental health care on CSU campuses. Through collective action, we strive to elevate the role of counselors in higher education and promote student well-being.



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Land Acknowledgement

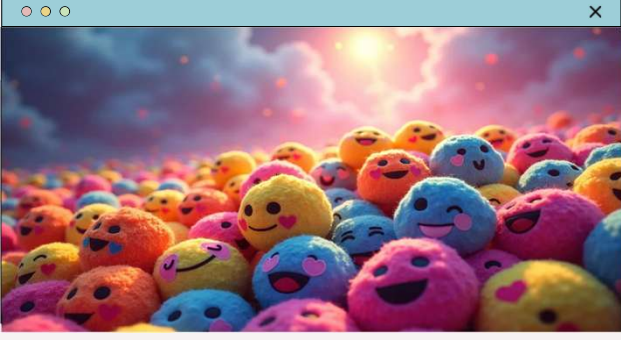
We acknowledge that NCORE 2025 takes place on Lenapehoking, the ancestral homelands of the Lenape people, whose presence and stewardship of this land continue despite their forced displacement through settler colonialism.

We honor and give thanks to the Lenape-the Delaware Nation, the Delaware Tribe of Indians, the Stockbridge-Munsee Community, the Munsee Delaware Nation, and the Eelūnaapēewii Lahkēwiit (Delaware Nation at Moraviantown)-who remain connected to this land.

Without their care and resilience, this space in which we gather would not exist.

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Objectives

- 01 Historical Timeline
- 02 5150 Assessments
- 03 Exploration of Current CSU Systems
- 04 Mental Health First Approaches
- 05 Q & A

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Defining Terms

▸ **Basic Legal Criteria For Involuntary Hospitalization (5150)**

A "5150 hold" is a legal term in California that refers to an involuntary psychiatric hospitalization. It allows for the temporary detention of an individual who is believed to be a danger to themselves, others, or gravely disabled.

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Section 1

Historical Timeline of Police-Led Mental Health Response

Tracing the Legacy of Police in Mental Health Crises

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The Historical Context of Police in Mental Health Response

▸ **1950s-1960s:**

- The Lanterman-Petris-Short (LPS) Act (1967)
- Deinstitutionalization of mental health services in the 1950s
- Shift to community-based care, but lack of resources led to law enforcement taking over crisis responses

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CSU Police Background

- CSU Police begins to be formed in response of the 1967 SF State student strikes. CSU became armed in accordance with Chancellor Dumke's (1962-1982) 1975 Executive Order 228.

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History of 5150 Holds on California College Campuses

▸ **1980s-1990s:**

Campus counseling centers functioned primarily for short-term therapy and were not seen as emergency response hubs. Mental health crises were largely managed by campus police, who were the default responders to student distress calls.


The lack of suicide prevention policies and minimal crisis intervention training for campus staff led to cases where students were criminalized for mental health emergencies.

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History of 5150 Holds on California College Campuses

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2000s:



The Virginia Tech shooting (2007) led to a nationwide push for better mental health crisis response on campuses. In California, some universities began discussing whether their clinicians should be able to conduct involuntary psychiatric hospitalization assessments instead of involving law enforcement.


However, due to liability concerns and the bureaucratic nature of county mental health authorities, no systemic changes were implemented.

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History of 5150 Holds on California College Campuses

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2010s:



From EO 1053 (CSU) Suicide and Personal Violence Services Each campus shall develop a protocol for immediate response to suicidal and violent behavior.


Emergency/Crisis Services Campuses shall develop protocols for addressing mental health crises that occur during Counseling Center hours of operation.

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History of 5150 Holds on California College Campuses

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2020s - Present:



Some UC campuses (e.g., UCLA, UC Berkeley) created mental health crisis response teams where clinicians worked in collaboration with campus police.

However, CSU campuses largely remained dependent on police involvement for crisis situations.

Some campuses, such as CSU Long Beach, have developed co-responder models (e.g., the CAST program), where clinicians accompany police officers. However, clinicians still do not have the authority to conduct involuntary psychiatric hospitalization assessments.

The defund-the-police movement and increased student awareness of racial disparities in crisis response have fueled calls for alternative mental health interventions on campuses.

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7-10% of police encounters involve someone with a mental illness

Police arrest, injure, and kill people with mental illness at higher rates than people without mental illness


Lack of access to mental health care leads to over-reliance on law enforcement

Systemic inequalities: Black, Latinx, LGBTQ+, and low-income students face disproportionate risks

The Role of Law Enforcement in Mental Health Crises Today



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Section 2

Assessments for Involuntary Psychiatric Holds

The Role of Police in 5150 (CA WIC 5150)

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Understanding 5150 Holds

→ **5150 Explained**

A 72-hour involuntary hold for individuals who are a **danger to self, others, or gravely disabled**.

→ **The Purpose**

To ensure safety
To provide treatment, stabilization.

→ **Who Can Initiate a 5150 Hold?**


Law enforcement officers
Licensed mental health professionals
Mobile crisis teams

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<h3>Why Not CSU Clinicians?</h3>	<p>➤ County Authorization & Training Requirements:</p> <p>Even if a university employs licensed counselors, they must be county-designated to conduct a 5150 hold. Many counties restrict 5150 training and designation.</p>
<p>➤ Jurisdiction & Liability Issues</p> <p>University counseling centers are not classified as emergency or inpatient mental health facilities. If a 5150 is improperly written, the liability falls on the institution.</p>	<p>➤ Historical Underfunding of Mental Health Services on Campuses</p> <p>Historically, California college campuses have relied on law enforcement to handle mental health crises rather than investing in campus-based crisis response teams.</p>

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Case Scenario: What Would You Do?




Jenny is a 20-year-old Asian college student who has struggled with anxiety and other mental health concerns. She doesn't have strong family support and feels very alone on campus. One day, she came to the counseling center extremely upset, saying she felt hopeless about ever being in a relationship. She asked, "What's the point of living?" and shared that she had a plan to take pills she already had. She also mentioned not eating or sleeping well the past day or two.

Discussion Prompt:
If this situation happened on your campus, what would you do? What supports or resources should be in place to respond with care?

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Section 3

An Exploration of the Current CSU Systems

Analyze the Benefits and Challenges of the Status Quo

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Limitations of Police-Led Mental Health Response

<p>➤ Escalation & Criminalization:</p> <p>Mental health crises become law enforcement issues.</p> <p>Increased trauma, especially for BIPOC students.</p> <p>Fear of punishment and stigma can prevent students from seeking help.</p>	<p>➤ Appropriate Responder:</p> <p>UPD can lack mental health and unconscious bias training.</p> <p>UPD does not have to follow counselor recommendation.</p> <p>UPD transport or ambulance transport.</p>
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<p>➤ Rapid Emergency Response</p> <p>24/7 Availability Emergency Medical Support</p>	<p>➤ Ensuring Safety in High-Risk Situations</p> <p>Addressing Threats of Harm Managing Escalations</p>
<p>➤ Legal Authority</p> <p>UPD can write 5150 Hold Transport to Higher-Level Care</p>	<p>➤ Partnership between UPD and Counselors</p> <p>Collaborative relationship with counselors</p>

Benefits of Police-Led Mental Health Response

While there are significant concerns about university police involvement in student mental health crises, there are also some potential benefits.

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- Bridge between law enforcement and mental health
 - Mental health expertise during a crisis
 - Mental health consultation and training within UPD
 - Mental health provider does not have to respond alone outside of office
- Stigma reduction if implemented appropriately
- **Limitations:**
 - UPD still involved
 - May show stigmatizing collaboration

Benefits of Co-Response for Mental Health Crises

"The problem [with PD responding to mental health emergencies] is that the individuals that are actually trained in this science, in this profession, in this industry, are not empowered enough to make the best decision for the people they work with the most."

Nahab's comments to CaMatters in an interview regarding SB 402

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CSU Student Concerns

Police-led transport is stigmatizing
Increased anxiety about seeking help
Preference for non-police crisis responders

Student Perspectives & CSU Data

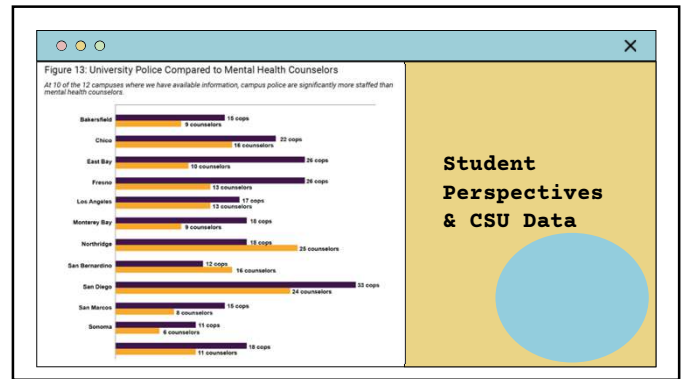
SQE Campaign- "No Harm, Disarm!"

Mandatory de-escalation & bias training for campus police

Crisis intervention and response teams and specialists

Increase mental health staffing

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Stigma:
Students fear seeking help due to police involvement

Lack of Clinician Authority:
Police have final say, even if a clinician recommends hospitalization

Use of Force:
Students are often handcuffed and transported in police cars

Escalation Risks:
Police responses can be intimidating and traumatic

Student & Counselor Complaints of Police-Led 5150 Assessments

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Section 4

Mental Health First Approaches

Overview, Community examples, University examples, Recommendations, Conclusions

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What if, a person experiencing a mental health emergency could call a 24-hr crisis line and connect to staff that are trained to effectively identify mental health issues and dispatch an appropriate treatment response? What if, instead of police responding to mental health crises they are unprepared to de-escalate, and those in need spending weeks on the waiting list to receive care, psychologists and other health professionals were first responders for mental health emergencies? What if, the responders arriving on the scene were members of an integrated health team prepared to assess and address the holistic needs (mental, physical, and structural) of the person experiencing the emergency? What if that team was linked to a comprehensive system of care and a network of community-based services?

(Townsend et al., p. 241)

Imagine...

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Aims

- Provide immediate calming support to help stabilize the client during the emergency
- Reduce involuntary hospitalizations over traditional police response
- Serve as a bridge between the health care system and the community, which helped to improve continuity of care

Models

- Co-response with police
- Co-response without police
- Mental health only response

Dispatch

- 911
- 988
- Non-police


Overview of Mental Health First Response Approaches

The current system in this country in which we defer emergency mental health response to police officers has proven to be sorely inadequate at best, and often dangerous at its worst. (Townsend et al., p. 241)

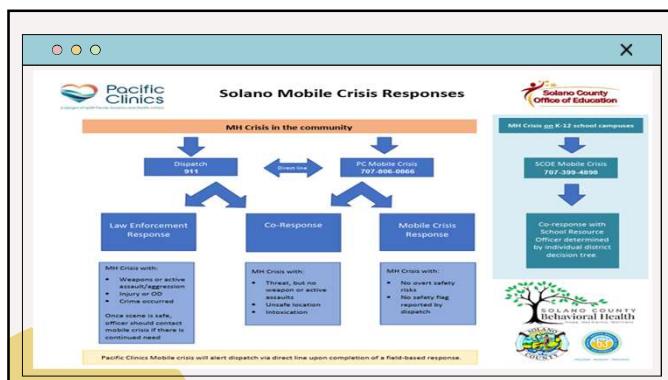
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Community Examples	
<p>➤ Behavioral Health Emergency Assistance Response Division (B-HEARD)</p> <p>FDNY EMTs with mental health clinicians</p> <p>50% transport to hospitals compared to 82% in traditional model</p>	<p>➤ CAHOOTS (Crisis Assistance Helping Out On The Streets)</p> <p>Eugene, OR since 1989</p> <p>EMTs and mental health clinicians</p> <p>14M cost savings per year</p>
<p>➤ Anti-Police Terror Project (APTP) - Mental Health First</p> <p>Oakland, CA</p> <p>Mental health clinicians and peer support</p> <p>Non-police dispatch system</p>	

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Mobile Crisis Teams	
<p>➤ Mental Health First Response</p> 	<p>California's implementation (2023) of the American Rescue Plan Act (2021) provides for county mobile crisis teams.</p> <p>Mobile Crisis Teams:</p> <ul style="list-style-type: none"> • "...achieve higher rates of management of psychiatric emergency situations without hospitalization (55% of cases handled without hospitalization vs. 28% handled by police), lower average cost per case (23% less), and lower rates of hospitalization within 30 days of crisis." (Lanser et al., 2023, p. 2296)

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CA State University (CSU) Campus Models	
<p>All CSU models may involve police, but in different ways:</p> <ul style="list-style-type: none"> • Traditional model: utilizing police for response and transit • Co-responder model with counseling center counselors: may be housed with campus police or partnered with non-uniformed campus police • Co-responder models with non-counseling center counselors: embedded with campus police • A Center's partnership with county's mobile crisis response team or in-house mobile crisis team: may still involve police assistance 	

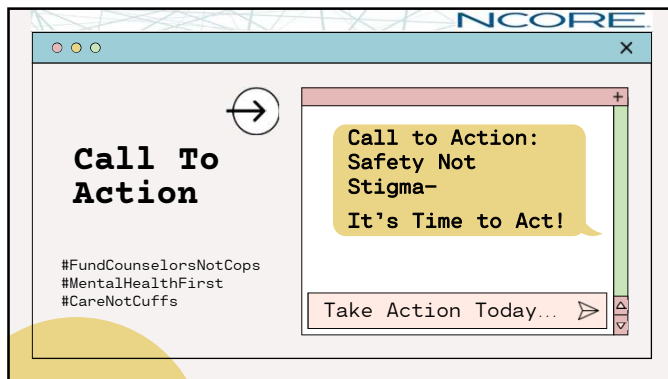
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Recommendations	
<ul style="list-style-type: none"> • Talk with your Center: Is police involvement the only option? What about police abolition? • Perspectives from those most impacted: What do students/the community want? Do they agree with current processes? • Rethinking 5150's, hospitalization and its impact • Define relationships with police and in what circumstances should they be called? • Connect with groups already doing police abolition work. Participate in trainings • Advocate for redirecting funds from police to mental health counselors & other policy changes 	<p><i>Police are last to be called, not the first.</i></p> <p><i>Train mental health professionals to issue 5150's</i></p>

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Discussion Level of Police Involvement	
<p>Police involvement ↔ No Police involvement</p> <p>Scenarios:</p> <ul style="list-style-type: none"> • Co-responder with police who are trained • Mental health professional as the lead • Police refusing to respond to mental health calls 	

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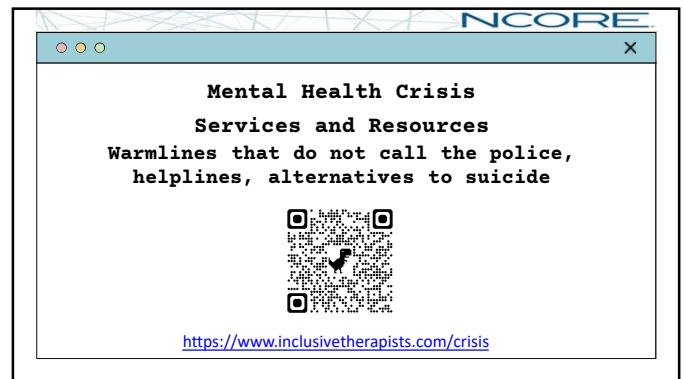
Call To Action

#FundCounselorsNotCops
#MentalHealthFirst
#CareNotCuffs

Call to Action:
Safety Not
Stigma-
It's Time to Act!


Take Action Today...

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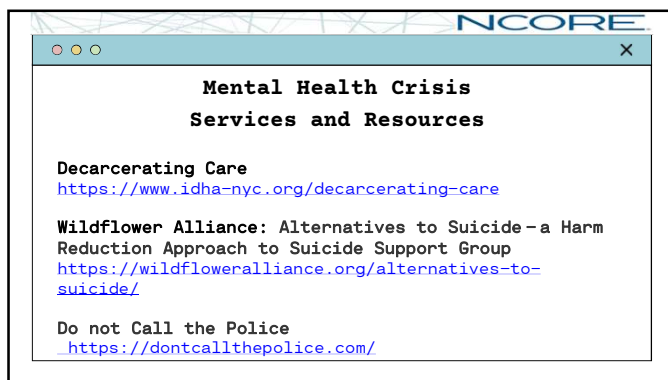
**Mental Health Crisis
Services and Resources**

Warmlines that do not call the police,
helplines, alternatives to suicide



<https://www.inclusivetherapists.com/crisis>

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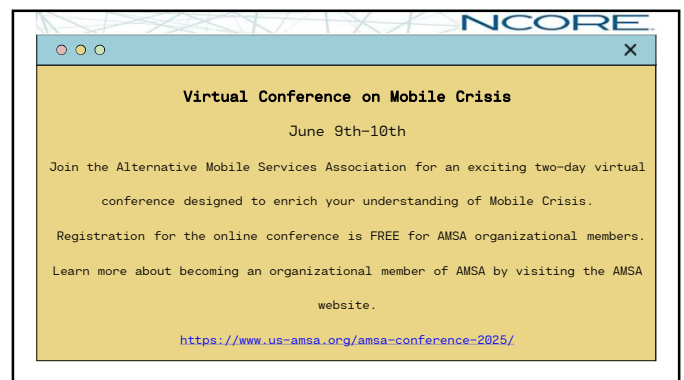
**Mental Health Crisis
Services and Resources**

Decarcerating Care
<https://www.idha-nyc.org/decarcerating-care>

**Wildflower Alliance: Alternatives to Suicide-a Harm
Reduction Approach to Suicide Support Group**
<https://wildfloweralliance.org/alternatives-to-suicide/>

Do not Call the Police
<https://dontcallthepolice.com/>

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Virtual Conference on Mobile Crisis

June 9th-10th

Join the Alternative Mobile Services Association for an exciting two-day virtual conference designed to enrich your understanding of Mobile Crisis.

Registration for the online conference is FREE for AMSA organizational members.

Learn more about becoming an organizational member of AMSA by visiting the AMSA website.

<https://www.us-amsa.org/amsa-conference-2025/>

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**Thank
You**



GET IN TOUCH

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*Reimagine a system where
mental health is not
criminalized*

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