



## ***Why doesn't CIT International promote the embedded co-responder model?***

CIT International believes that a mental health crisis requires a mental health response. Embedding mental health clinicians with law enforcement officers means that officers respond and remain with mental health professionals, even in situations where there is no danger that requires the presence of officers. Law enforcement should only be engaged in situations where there is a clear threat to public safety.

At the heart of CIT International's mission is the desire to promote safe and effective responses to people experiencing a mental health crisis. CIT programs work to develop comprehensive crisis response systems that only engage law enforcement to respond when necessary. Indeed, the law enforcement community has been saying for years that mental health crises should not be the responsibility of police. We agree with the [National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit](#) (published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2020) that says mobile crisis teams should respond to mental health crises without law enforcement accompaniment unless special circumstances warrant their inclusion.

We recognize that there are situations in which law enforcement and mental health clinicians need to partner on scene to provide an effective response. In fact, we believe that all law enforcement officers should have the option of requesting a mental health co-response when the situation requires that. However, embedding a clinician in a police car means that the response is dictated by the law enforcement agency and an officer is always present, whether needed or not. Embedding mental health clinicians in police cars increases the presence of police in situations where they might not be needed.

CIT officers are doing amazing work providing compassionate, respectful, and effective responses to people experiencing mental health crises in communities across the globe. However, the presence of law enforcement at a mental health crisis event implicitly defines the situation as a potentially dangerous and criminal matter. This can become real in its consequences, as the mere presence of police can escalate the person in crisis, particularly if they have a history of trauma.

It is important to note that most people experiencing a mental health crisis are not violent nor are they engaged in criminal behavior. They report that having police involved is stigmatizing and increases trauma at a time when they feel extremely frightened and vulnerable. Furthermore, the negative impact of police involvement is disproportionately experienced in communities of color, who are demanding alternatives to law enforcement response. Simply putting a clinician in a police car does not address these concerns.

There is growing recognition nationally that many 911 calls for service could be handled by non-law enforcement responders if such resources were available. This includes a large portion of mental health related calls for service. Developing response capacity outside of law enforcement agencies avoids the potential harms of police response in situations that do not require their presence. CIT International believes that all communities deserve a well-coordinated and effective crisis response system, that is less dependent on law enforcement.

Developing non-police response capacity benefits everyone. Communities are demanding alternatives to police response. CIT programs are community programs that are well positioned to build that capacity into the crisis response system. Law enforcement agencies must continue to be prepared to respond when safety and or crime related concerns are present. CIT partnerships and CIT officers will continue to be critical assets to comprehensive crisis response systems.

Approved by the CIT International Board of Directors July 6, 2021.