The way we respond to emergencies in the District of Columbia is inefficient and sometimes deadly, and therefore needs to be addressed. It is simply unnecessary to respond to emergency calls about non-violent situations with fully armed police. By creating and funding LEAPS (Local Emergency and Psychiatric Services), the District would cut unnecessary spending, provide better services to its citizens, and undoubtedly save lives.

There are already multiple examples of community based first response systems in American cities that have been fulfilling these goals. STAR is a new program in Denver that has seen a lot of success so far. CAHOOTS is a similar program in Eugene, Oregon that has also been very successful. In 2017 a Crisis Response Team was approved and implemented in Olympia, Washington, and has been very effective. By observing the outcomes of these programs, I believe that we can implement a successful community-based emergency response program in D.C.

CAHOOTS now takes nearly 20% of all 911 calls in Eugene. Despite this large call volume, the program only costs about 2.1 million dollars a year--a tiny fraction of the police budget. The program saves the city approximately 8.5 million in public safety spending annually. 20% of D.C. 911 calls in 2018 were non-emergencies, showing that the District could also save millions through implementing such a program.

Small cities like Eugene and Olympia are not the only places where programs like these are seeing success. Denver, which has a slightly larger population than D.C., is spending 2 million out of its 230 million dollar policing budget on STAR. D.C. could also spend 1% of the police budget on implementing a similar program. These
statistics highlight both our need for a community-based program, and our ability to introduce one.

The 2021 D.C. budget allocates $42.2 million dollars to replace police vehicles. We must ask ourselves if this is necessary. One can hardly walk a block in D.C. without seeing a police vehicle, usually in perfectly fine condition. I propose we skim $4.5 million dollars off of this unnecessary frivolity and put it towards a six-month pilot program for LEAPS. This will help D.C. residents by providing them with the safe, professional emergency services they need.

We all know someone who struggles with mental health issues or addiction, someone who has been homeless, or someone who has been involved in a minor traffic incident. We know that these are not issues that need to be responded to with armed, uniformed officers. The 2021 budget from the office of Mayor Muriel Bowser claims to reallocate funds from policing to community-based interventions. Implementing LEAPS in D.C. would fulfill this promise, and provide empathetic and appropriate emergency services.

Part II - Brandon Spreckels

What is Community-Based First Response?

- Community-based first response is a growing alternative to traditional policing.
- Instead of police officers, a qualified duo consisting of a medical professional (such as a nurse or an EMT) and a social worker would be sent to calls involving mental health, addiction, and homelessness.
- To determine which calls require this two-person team, a city’s emergency response services assesses whether a 911 call “involves a legal issue or some kind of extreme threat of violence or risk to the person, the individual or others.” If that is not the case, this team will be sent to the call.
- When they arrive at the scene, this team can provide services such as stabilization in case of urgent medical need or psychological crisis, assessment, information, referral, advocacy & (in some cases) transportation to the next step in treatment.
What Cities Are Using Community-Based First Response?

- **Eugene, Oregon**: For 31 years, CAHOOTS (Crisis Assistance Helping Out On The Streets) has served as the standard for community-based first response programs. Many cities have followed the CAHOOTS model.

- **Olympia, Washington**: The Crisis Response Unit in Olympia is contracted by the police department and is on call daily from 7 a.m. to 9 p.m.

- **Denver, Colorado**: Launching as a six month pilot program, Denver’s STAR (Support Team Assisted Response) program is the first community-based first response program to be implemented in a major city. The program is currently volunteer-led, and responds to mental health calls and homelessness within the downtown “lollipop circle.”


- The District should seek to implement a similar community-based first response program that will operate like CAHOOTS.

- A recent study in the American Journal of Preventive Medicine has determined that between 20%-50% of fatal encounters with police officers involve individuals suffering from mental illnesses.

What Does The Data Say?

- While looking at police call data between January 2019-April 2020, the D.C. Justice Lab tentatively determined that 18% of 911 calls in the District involved mental health, homelessness, and addiction that likely could have been handled by the LEAPS model.

- This number was derived from a mapping of this call data that categorized 8% (84,819) of the calls as “Homelessness/Addiction/Mental Health” and 10% (105,519) of the calls as Homeless/Addiction/Mental Health - Possible” which typically involved more disorderly individuals.

- Additionally, 20% of the call data in 2018 were non-emergency calls.

- The District should seek to allocate roughly $4.5 million in funding towards LEAPS.

- This would be roughly 1% of the annual police budget; it is not impossible to fund this type of program!

Conclusion
• On behalf of the D.C. Justice Lab, I urge the Council to start a community-based first response program in the District.
• Enacting a program such as LEAPS would be a step in the right direction and would show that Washington D.C. is another city dedicated to the reforming its police departments and rebuilding is affected communities.