What are Crisis Intervention Teams?

Nationwide, individuals with mental health issues and/or substance misuse disorders are disproportionately represented within the criminal justice system. According to the Substance Abuse and Mental Health Services Administration, 44 percent of individuals in jail and 37 percent of those in prison have a mental illness and 63 percent of those in jails and 58 percent of those in prison have substance misuse disorders. In communities around the country, community-based organizations, law enforcement, behavioral health organizations and other partners and stakeholders have come together to determine how best to help individuals with mental illness and/or substance misuse disorders, and how to prevent them from entering and/or re-entering the criminal justice system.

Crisis intervention teams are a viable solution to address these needs and can consist of either community response or co-response models. Community response refers to a non-law-enforcement response, whereas co-response models include trained professionals who respond in conjunction with law enforcement.

Mobile crisis teams are generally community response oriented and respond to particular types of calls without police presence. One of the longest running mobile crisis units is the Crisis Assistance Helping Out On The Streets (CAHOOTS) model, based out of Oregon.

Overview of CAHOOTS and How the Program Works

CAHOOTS partners with the White Bird Clinic, a federally qualified health center, which allows the program to be eligible for Medicaid funding. The program is a community response model at its core but works in tandem with the local police department. For example, CAHOOTS staff use city vehicles and receive a good percentage of calls for service through police dispatch.

Calls are referred to CAHOOTS in a few ways: 1) through a 911 call, in which dispatch refers CAHOOTS to respond, 2) via an individual calling the non-emergency number or 3) someone phoning the White Bird Clinic crisis line. Sometimes callers request the program specifically, and in other cases, dispatch personnel make decisions on when to refer a call based on the caller’s situation.

CAHOOTS has 24/7 crisis-response services, and response teams are comprised of a medical professional (such as a nurse or emergency medical technician) and a mental health crisis worker. In hiring crisis workers, the CAHOOTS program prioritizes hiring personnel with lived experiences within behavioral health and/or individuals with previous experience working in mental health, homelessness and substance misuse.
Program services include trauma-informed de-escalation, welfare checks, nonemergency medical aid, suicide prevention and intervention, housing crisis assistance and crisis counseling. The goal is to provide stabilization for psychological crisis, to assess and refer individuals for services and sometimes, to transport individuals for non-life-threatening aid.

The CAHOOTS program, which has been operating for more than 30 years, began with an investment from the city of Eugene, Oregon. More recently, the program has received additional funding from foundations and through Medicaid, but the city still provides the majority of program funding. In 2015, CAHOOTS expanded its model to nearby Springfield, OR, where funding is provided by the city and county. In Springfield, calls are handled through the non-emergency number. Between the two locations, the program is funded at $2 million annually, which amounts to approximately 2 percent of the police departments’ budgets.

By the Numbers

CAHOOTS diverts between 3–8 percent of calls from police. The program handles about 19 percent of police calls for service in Eugene and less than 1 percent require police backup. In 2021, calls for service from the public increased by 8 percent. That same year, program staff were dispatched and responded to 16,218 public-initiated calls for service.

The chart below indicates the top three types of CAHOOTS calls by total call volume. The category of calls denoted “Assist Public” refers to nonemergency requests for service from members of the public. These calls are not traditional police calls and may include general services and counseling.
In Conclusion
Crisis intervention teams, specifically community response models, are integral to both a proper functioning criminal justice system and healthcare system and can reduce unnecessary police contact. These models can be particularly beneficial for communities of color and other historically disinvested groups of people who may be less likely to seek help in instances of crisis if the only response option is police contact.

CAHOOTS is considered a national model for community-based response to crisis incidents. Since the launch of CAHOOTS, other crisis intervention models and programs have started and continued across the United States. Similar programs are operated out of Albuquerque, New Mexico and Austin, Texas.

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