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Scrutiny of Police Reaction to Mental Health Calls Leads to New Ideas

A growing movement says care should lead the way



Person in Crisis team members Ricardo Muniz and Kelly Hart, a supervisor on the PIC team, talk about a question on the mandatory training. Person in Crisis Team has an office they work out of in downtown Rochester on June 2.

Kiran Hubbard |
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As protests erupted in New York over police responses to mental health emergency calls that ended in deaths, five officers in a Syracuse suburb used handcuffs, restraint holds and other force against people in mental health crises between 2020 and 2021.

Those Cicero Police Department officers' actions were ultimately deemed justified by internal investigations, which are only now fully coming to light amid a yearslong push for police transparency and accountability, records show.

Cicero's police were also not alone as 50% of the 18 total mental health cases newly uncovered from departments across New York also ended with police being cleared of wrongdoing, while most of the other officers faced limited discipline for misconduct involved in the incidents.

Some advocates and police leaders now are also questioning whether law enforcement officers should be responsible for mental health emergency calls in general, or if mental health professionals and other community resources should be an alternative first response.

Newly reported details of the Cicero police responses – including officers handcuffing a woman who tried to stop authorities from hospitalizing her suicidal daughter and cops restraining a man who was revived by naloxone following a heroin overdose – underscored the complex nature of the emergency calls and stakes involved in determining how society addresses mental health issues.

Cicero Police Chief Steve Rotunno asserted mental health service providers have been available for people in crisis in his town since before 2020. But the police department's effort to partner with them has become a top priority in recent years – around the same time public scrutiny of mental health incidents mounted.

“Open lines of communication [are] key to successful investigations with mental health calls or services,” he said. “And agencies working together too.”

Why New York is focused on mental health emergencies

Police responses to mental distress calls are often at the forefront of law enforcement reform discussions, especially since the introduction of the Daniel's Law bill in 2021.

The legislation, named after Daniel Prude who died after being restrained by Rochester police in 2020, would in part create a crisis response council to promote the development of non-police resources for mental health emergencies, including rehabilitative and preventative services.

Last year's state budget included funding for several pilot programs outlined by the legislation, and community organizations urged lawmakers to commit \$15 million to the bill in 2027's budget, which passed recently with \$8 million towards some of those initiatives.

A core issue driving the push to limit or remove police from mental health responses comes down to the divergent skill sets of those involved, Beth Haroules, an attorney for the New York Civil Liberties Union (NYCLU), said.

The traits that lead someone to pursue a policing career typically don't align with those of mental health professionals, she said, asserting that the norm is for police to remove people with mental illness from the public domain. By contrast, mental health professionals and peers with lived experience strive to deescalate these situations, she added.

How New York police are overhauling mental health responses

In Cicero, the use of force reviews were triggered by the incidents themselves. Any time an officer uses force, they submit a report for review by a sergeant and the chief alongside body-worn camera footage, according to Rotunno.

Still, the investigations – and resulting decisions clearing officers of wrongdoing – were shielded from public access because the records were unavailable at the time. State lawmakers in 2020 made discipline records public, and exploring those documents is part of a joint investigation by the USA TODAY Network and Syracuse University focused on improving public safety.

Cicero Police Department's records show that more police transparency decades ago would have advanced today's debate over how officers approach mental health crises in the field.

Cicero police work with Onondaga County's crisis network for mental health calls, partnering with teams like Helio Health for substance use support and Liberty Resources for mobile crisis response, Rotunno said.

"Putting a program like this in place so that individuals that are in crisis don't necessarily have to meet up with someone in uniform only serves to build that trust. That's where the magic lies."

Some of these resources have been in place for more than a decade, Rotunno added, but the county has prioritized collaboration with emergency services and mental health professionals in the past two-to-three years. The area's 988 Suicide & Crisis line has been in service since 2022.

Several other municipalities in New York also have active crisis response teams in addition to their police departments.

Rochester's Person in Crisis (PIC) team responds to 988 or diverted 911 calls with a team of social workers alone or in combination with police, medical services and the fire department. Alia Henton-Williams, manager of crisis services, said the team responds alongside police when safety concerns make it necessary, but they acknowledge a lack of trust between community members and law enforcement.

"Our goal is always to make these type of crises as least traumatizing as possible," Henton-Williams said.

How NY police transparency push fosters trust

The importance of community trust for policing was emphasized by both Rotunno and Wayne Harris, former deputy chief of the Rochester Police Department. Harris said having non-police infrastructure available to help people is key for the officer-civilian relationship.

"Putting a program like this in place so that individuals that are in crisis don't necessarily have to meet up with someone in uniform only serves to build that trust," Harris said. "That's where the magic lies."

The release of police disciplinary records represented another step toward improving this relationship, allowing citizens to review previous mental health response incidents in their communities. And journalists with the USA TODAY Network and Syracuse University have been obtaining and publishing those records since the repeal of Section 50-A of the state's Civil Rights Law in 2020.

For the past five years, Henton-Williams said the PIC team made progress in cultivating a relationship with Rochester-area community members. The state Office of Mental Health also recognized the team as a model for the rest of the state, granting Rochester \$2 million in 2026 for continued funding of the program.

Westchester County also has a mobile crisis response team in place that brings peers and clinicians along with law enforcement in response to certain 911 calls.

How training impacts police and mental health responses

Clinical psychologist and former police academy instructor Don Kamin said New York officers are required to fulfill 20 hours of training for mental health calls during their months-long education.

That training can involve scenario role-playing, lecture-style teaching and experiential exercises, ideally being cotaught by a mental health clinician and a police officer. Crisis Intervention Team

(CIT) training is also available for departments and officers who want an additional week of instruction geared toward recognizing and responding to mental illness and related disorders.

While this training is one prong, the other goal of the model is to reduce the amount of times police are first on the scene of mental health crises, Kamin said.

“You got somebody with a heart attack, we got the ambulance. Somebody who’s robbing the store, the police go. Somebody that’s in a mental crisis, the police go,” Kamin added. “That just doesn’t make sense. We want a mental health response.”

While police can be necessary and helpful in violent situations, Kamin said, the majority of people in mental health crises are nonviolent.

On the other hand, people with serious mental illness are over 10 times more likely to experience physical force and injury from police than those without mental illness, according to research published in BMC Psychiatry. A 2022 federal review also found Black people were 3 times more likely to experience the threat or use of force from police than white people, and 6 times more likely to be treated with police misconduct.

These risk factors mean people of color with mental illness are more likely to experience adverse outcomes, Kamin said, adding another layer of importance to establishing alternatives to police response.

What discipline records show about police mental health calls

Conversations about mental health crisis response have been going on for decades, but most cases involving police were handled internally by law enforcement agencies with limited independent oversight.

In a review of 20 mental health-related police disciplinary records across nine departments in New York, half of the 18 cases with known outcomes resulted in a use of force being deemed justified. Of the remaining incidents, one resulted in a revoked Taser certification and loss of accrued hours, one ended in suspension and another was a forced resignation, while the rest led to limited reprimands or no discipline at all.

Many of the cases happened before or as Prude’s death in 2020 garnered international media attention.

The 41-year-old Black man was in

Rochester visiting his brother when he suffered an acute mental-health crisis involving illicit drug use, leading to his brief hospitalization and subsequent discharge. He then had another crisis, so his brother called the police for help. Rochester officers found Prude unclothed and bleeding. They handcuffed him and restrained him forcefully enough that he stopped breathing and suffered irreversible brain damage. He died a week later.

Haroules, the NYCLU attorney, called mental health response an “evergreen” issue that periodically hits the news cycle.

Co-response approaches like Westchester’s are an improvement from a solely police response to a scene, Haroules added, but the mere presence of officers with flashing lights, uniforms and weapons can still escalate situations.

“We have always espoused a Daniel’s Law model, which is non-law enforcement,” Haroules said. “Vesting the ability in the responders to make that decision to access policing, if there looks like there’s some sort of imminent risk of danger.”

Seeking solutions to mental health responses

Melissa Morabito, a professor at UMass Lowell who conducts research on police response to public health issues, said co-response helps to de-escalate situations, but there is no one-size-fits-all response.

Put differently, the best model might vary depending on the particular community and its resources.

Rotunno, the Cicero police chief, said this is a complicating factor in replacing police response with clinicians. In a smaller town like Cicero compared to somewhere like New York City, people might know and trust the officers better than a mental health professional they’ve never met, he said.

This variation is exemplified in how much municipalities across New York differ in their implementation of aspects of Daniel’s Law and other reforms.

Joseph Glazer, deputy commissioner of Westchester’s Department of Community Mental Health, pointed to Westchester as a larger county with more resources to develop community mental health responses.

The combination of the mobile crisis response team with the 988 suicide and crisis lifeline ensures that people don’t fall through the cracks, he said, and most of the people who call the hotline end up de-escalating over the phone without ever needing an in-person mobile response.

Along with the mobile team, Westchester has several hospitals with the capacity to accept people in behavioral crisis. Some counties in the state don’t have any.

“The diverse demography of the state is the single greatest challenge to broadbased implementation of anything,” Glazer said.

Long-term fixes versus triage

Still, most experts agree that the eventual goal is less contact between people and the police, regardless of the community’s makeup. This is beneficial for civilians and the officers themselves, who can devote more time and resources to other calls.

While Harris said police should remain the first point of contact in dangerous situations, this typically isn’t the case with mental health calls, and they shouldn’t necessarily be law enforcement’s responsibility.

Morabito said decreasing such interactions means building better infrastructure to address mental health issues in the long term instead of just triaging them.

“I think making sure that police don’t make an arrest and police don’t use force is a really low bar,” she said. “What happens after that, and providing people housing and health care, is really where we don’t do such a great job.”

Although the actions of police and type of response are critical in the moment, she said no amount of training or reform can compensate for a lack of ongoing resources. Glazer agreed that social

determinants of health, specifically affordable and available housing, are hugely important factors in issues of mental health.

“When we talk about the success of a diversion model, undoubtedly we could create a model in which we set the scope and the direction of how you connect with a person, how you help connect them to treatment,” Glazer said. “But the last part in New York state currently is going to fail, because the treatment that they need in all likelihood isn’t there, is overwhelmed or has a very long waitlist.”