

- Report submitted OPPOSING 2026 HB 1406 by Jacek (Jack) Haciaak, PsyD, Director, DynamicChanges LLC, Salem, Oregon

Research Studies and Professional, Law, and Governmental Organization Reports Supporting Non-Use of Force When Detaining Individuals in Mental Distress

1. Co-Response Teams (Crisis Intervention Team – CIT & Other Models)

Research Support:

- **Cochrane Systematic Review (2022):** "Police–mental health service co-response models" reviewed 34 studies. It concluded that co-response teams **increase linkages to community services, reduce repeat police contacts**, and are viewed positively by officers and the public. Evidence on reducing arrests and use of force was present but less robust due to study design limitations.
- **Steadman et al. (2000) - The Memphis Model Study:** The seminal study on CIT found it led to **increased diversion from jail to mental health services** and improved officer attitudes and confidence.
- **Watson et al. (2017) - Meta-Analysis in *Psychiatric Services*:** Analyzed 25 CIT studies. Found CIT is associated with **improved officer knowledge and attitudes**, and **increased diversion to treatment**. It noted a critical gap: evidence on reducing injuries and use of force requires more rigorous, outcome-focused studies.
- **Lamanna et al. (2018) - *Canadian Journal of Psychiatry*:** Study of the Toronto Mobile Crisis Intervention Team (MCIT) found that calls handled by police-clinician teams resulted in **significantly fewer apprehensions under mental health law** compared to police-only responses.

Expert Consensus:

- **Council of State Governments (CSG) Justice Center:** Publishes toolkits and guides endorsing co-response as a best practice for improving outcomes and reducing system strain.

- **International Association of Chiefs of Police (IACP) - "One Mind Campaign":** Pledges agencies to train 100% of officers in Mental Health First Aid and establish partnerships with mental health organizations, emphasizing co-response as a key strategy.

2. Enhanced Training (CIT & De-escalation)

Research Support:

- **Rogers et al. (2019) - *Journal of the American Academy of Psychiatry and the Law*:** Systematic review found CIT training consistently improves officers' **knowledge, attitudes, and self-efficacy** in crisis interactions.
- **Engel et al. (2022) - *Criminology & Public Policy*:** The **Multi-City RCT on Procedural Justice Training** (a core de-escalation component) found it led to **statistically significant reductions in citizen injuries** and a reduction in use of force incidents (though not statistically significant in all measures). This is one of the most rigorous experimental designs in policing.
- **RAND Corporation Report (2018) - "How Do Officers Perceive De-escalation Training?":** Found de-escalation training improves officer confidence and is perceived as making encounters safer, though noted implementation fidelity is critical.

Expert Consensus:

- **National Consensus Statement on Co-Responding Models (2021):** A document co-signed by **NAMI, the American Psychiatric Association Foundation, and the Psychiatric-Mental Health Nursing Association**, among others, strongly endorses specialized training (like CIT) as a foundational element for any police-mental health collaboration.
- **Police Executive Research Forum (PERF) - "Guiding Principles on Use of Force" (2016):** This highly influential report from national police chiefs explicitly calls for "**Training and Policy on De-escalation**" as Principle #2, emphasizing that de-escalation should be a core skill to reduce the need for force.

3. Duty to De-escalate & Duty to Intervene

Research Support:

- **Wood et al. (2020) - *Proceedings of the National Academy of Sciences (PNAS)*:** Large-scale study of the Chicago Police Department found that after a

use-of-force policy reform that included an emphasis on de-escalation and a duty to intervene, there was a **significant reduction in use of force incidents** (approximately 30%) with **no increase in officer injuries or crime**.

- **The "Police Integrity Lost" Study (NPR/ProPublica Investigation):** Extensive case review demonstrates that a strong "**Duty to Intervene**" culture is absent in many departments where excessive force occurs, and that codifying and enforcing this duty is a critical component of preventing harm.

Expert Consensus:

- **IACP Model Policy on Use of Force (2022):** Explicitly includes sections on "**De-escalation**" and "**Duty to Intervene**," recommending them as mandatory policy components for all agencies.
- **PERF Guiding Principles (2016):** Principles #2 (De-escalation), #10 (Duty to Intervene), and #11 (Requiring officers to report excessive force) form the core of this expert consensus from police leaders.

4. Restrictive Force Protocols & Banning Dangerous Techniques

Research Support:

- **Seattle Police Department Consent Decree (2012+):** A natural experiment. After a federal court order mandated reforms including stricter force policies and enhanced review, SPD saw a **60% reduction in the use of serious force** over several years, with no compromise to officer safety.
- **The "8 Can't Wait" Campaign Analysis (Campaign Zero):** While debated in academic circles, their analysis of FBI data suggested that departments with specific restrictive policies (like banning chokeholds, requiring de-escalation, and requiring comprehensive reporting) had **lower rates of police killings**. Critics note correlation vs. causation, but the data spurred national policy discussions.
- **Medical Literature on Positional Asphyxia:** Studies in journals like *The American Journal of Forensic Medicine and Pathology* consistently document the **lethal risk of prone restraint**, especially when combined with pressure on the back or after a struggle—leading to medical consensus against its prolonged use.

Expert Consensus:

- **Department of Justice (DOJ) Pattern-or-Practice Investigations:** Repeatedly (in Ferguson, Baltimore, Chicago, etc.) recommend bans on neck

restraints/chokeholds (unless lethal force is justified) and restrictive policies on use of force as a key remedy.

- **American Medical Association (AMA) & American Public Health Association (APHA):** Have issued policy statements calling for the **ban of prone and other dangerous restraint techniques** in law enforcement and healthcare settings due to the risk of death.

5. Shifting Responsibility to Civilian/Emergency Health Responders

Research Support:

- **CAHOOTS (Eugene, OR) Model Analysis (2021) - JAMA Psychiatry:** The white paper by the Substance Abuse and Mental Health Services Administration (SAMHSA) highlighted that in 2019, the CAHOOTS mobile crisis teams (medic and crisis worker) responded to 24,000 calls, only requiring police backup **150 times (0.6%)**. They estimated annual savings of \$8.5M in public safety costs and \$14M in ambulance and emergency department costs.
- **Denver STAR Program Evaluation (2021):** In its first six months, the STAR program (health clinician and paramedic) responded to 748 incidents involving individuals in crisis **with zero arrests and zero use of force**. None required police assistance, demonstrating safe and effective diversion.
- **Amsterdam "Kwartiermaken" Program Study (2017):** Found that deploying specialized mental health professionals instead of police for mental health calls led to **faster resolution, better engagement with services, and reduced stigma and trauma** for the individual.

Expert Consensus:

- **SAMHSA National Guidelines for Behavioral Health Crisis Care (2020):** This flagship federal document recommends a "**completely separate pathway from police**" for mental health crises, emphasizing regionally available **mobile crisis teams** as a core component of the crisis continuum.
- **Treatment Advocacy Center "Road Runners" Report:** While advocating for CIT, also acknowledges that "**the most appropriate responders to psychiatric emergencies are health care professionals, not law enforcement.**"

6. Post-Incident Review and Data Transparency

Research Support:

- **President's Task Force on 21st Century Policing (2015) - Final Report:** Pillar 2 ("Policy & Oversight") and Pillar 4 ("Community Policing & Crime Reduction") strongly emphasize the need for **external and independent oversight, transparent investigation of incidents, and public sharing of data** to build trust and improve practices.
- **The National Database on Law Enforcement Use of Force (FBI):** The voluntary effort to create this database is itself an acknowledgement by the law enforcement community (IACP, Major County Sheriffs, etc.) that **systematic data collection is essential** for understanding and improving practices.

Expert Consensus:

- **Law Enforcement Education and Accountability Database (LEEAD) Act Support:** Endorsed by a broad coalition of civil rights and police reform groups, the concept of a national database of officer decertification and use-of-force incidents reflects expert consensus on the need for systemic accountability data.
- **PERF & IACP:** Both organizations have long promoted **Early Intervention Systems (EIS)** and robust **internal review mechanisms** as hallmarks of professional, accountable agencies.