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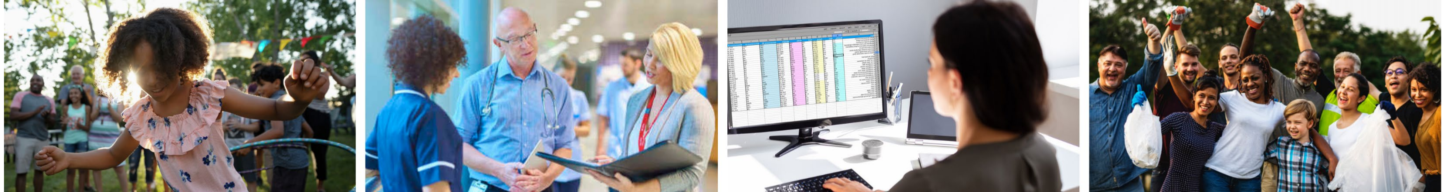


SUICIDE PREVENTION, VIOLENCE PREVENTION, HEALTH EQUITY, RACIAL EQUITY
Issue Brief

Meeting the Promise of Racial Health Equity By Reducing Police Intervention in Suicide Prevention Activities: Law and Policy Solutions

Introduction

This issue brief applies an intersectional lens to assess the role of law enforcement in suicide prevention programs and practices and identifies law and policy levers that can be pulled to reduce overreliance on police.[1] Law enforcement intervention has long been incorporated into suicide prevention—often by default, but also by design (e.g., co-responder models). This brief assesses suicide risk among communities of color and demonstrates why the demands of racial health equity require taking the problem of police violence seriously and creating systems that reduce police contacts. It also identifies three opportunities for reducing the role of law enforcement in suicide prevention: (1) state 988 lifeline legislation; (2) anonymous school-tip reporting lines; and (3) extreme risk protection orders to limit access to lethal means. These examples represent logical, upstream approaches to suicide prevention that have the power to reduce unnecessary police use of force by reducing police contacts through transitioning away from law enforcement centered approaches. In discussing these three opportunities, the brief provides practical guidance on how to create suicide prevention infrastructure that is shaped by racial health equity. The brief also assesses some shortcomings of co-responder teams and crisis intervention models with respect to their ability to address disparities in officers' use of force.

The law and policy strategies assessed here also reflect pathways for how commitments set forth in declarations of racism as a public health crisis can be put into action. Communities of color have long voiced pain, frustration, and despair over being disproportionately impacted by police violence. Treating these concerns as legitimate changes the conversation about what constitutes effective and equitable suicide prevention models. As advocates who work in this area are increasingly aware, it is essential for suicide prevention systems to actively account for the persistent, toxic effects of systemic and structural racism. The reforms examined here are offered in the spirit of furthering dialogue and efforts to create more equitable suicide prevention strategies that are responsive to diverse experiences and needs, with the hope that they offer perspective and guidance on how laws and policies can be re-imagined to promote racial equity. In many ways, reducing reliance on police in suicide prevention is a goal that has broad consensus; this issue brief

grounds this effort by providing insights on the impacts on communities of color, especially Hispanic, Black, and Native American people, and practical strategies for achieving this goal.

Understanding the Problems: Suicide Risk, Aggressive Policing, and the Limits of Police Training

Communities of Color and Suicide Risk

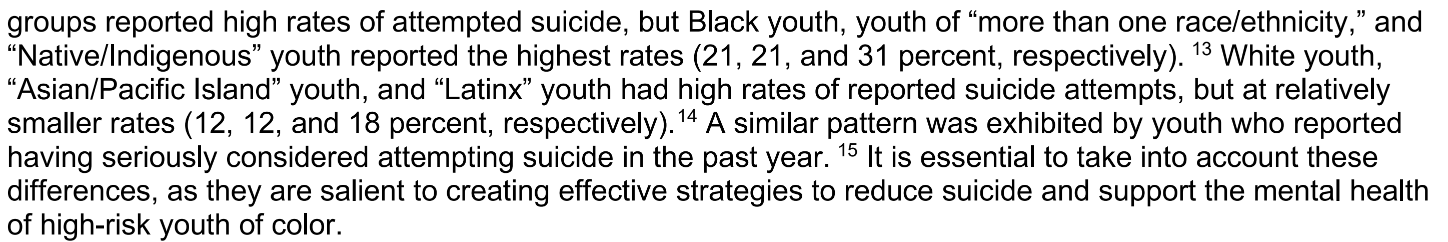
Health equity necessarily includes racial equity; meaning, it is impossible to achieve health equity without achieving racial health equity. This is why suicide prevention must be grounded in racial health equity. Suicide prevention work has been steeped in cultural and social values that dictated that race is irrelevant (or not very important) to the problem of suicide even as race has continued to inform the direction of this work.[2] For instance, this is how a system that largely relies on evidence-based practices has also: relied on prevention methods tested on majority White populations; provided few research funds for suicide prevention for Black populations or by Black researchers; and tended, as a discipline, to only talk about "culture" when referring to populations of color (in contrast to White populations), as if these practices are not steeped in cultural values themselves.[3]

Using a racial equity lens to examine suicide prevention makes it increasingly clear that there is a need for mental health and suicide prevention support specifically focused on populations of color. In 2019, for instance, the overall U.S. suicide rate declined by about 2 percent, attributable to the 2.2 percent decrease in suicide deaths by White people, with no other racial groups experiencing statistically significant declines.[4] In 2020, initial assessments have found that overall suicide rates in the U.S. appear to have declined again.[5] Declines in suicide rates are a positive step forward. These numbers, however, must be considered alongside other trends that point to old and emerging racial inequities.

Recent analysis of 2020 suicide rates in Connecticut, Maryland, and Cook County, Illinois, found decreases in suicide rates for White individuals while simultaneously finding increases for certain populations of color.[6] Researchers in Maryland and Connecticut both examined periods of stay-home orders and closures in these states in response to the COVID-19 pandemic and found that although suicide rates declined for White people, they increased for Black people in Maryland, and for "Non-White" people in Connecticut.[7] Similarly, in Cook County, Illinois, 97 Black people died by suicide (the highest number in 10 years), even as the number of White people who died by suicide reached a "near-decade low."[8] According to Kaiser Health News, initial data suggests similar patterns may have emerged in Texas during the pandemic.[9] These emerging disparities in suicide rates mirror the inequities experienced by Black and Hispanic people throughout the pandemic and must not be ignored.

Native American and Alaska Native individuals have long had some of the highest suicide death rates. According to the U.S. Department of Health and Human Services Office of Minority Health (OMH), the total rate of death by suicide for Native Americans and Alaska Natives is 20 times higher than that of non-Hispanic White people.[10] Even so, the Suicide Prevention Resource Center recently acknowledged that suicide "[p]revention efforts are typically tested and validated in White populations, with very few programs available that are culturally appropriate or tested in non-White communities, even among AI/AN populations that have the highest suicide death rates nationally." [11] These practices should be reformed.

LGBTQ+ individuals have also been a high-risk population for suicide attempts, and within this population notable racial disparities exist. Applying an intersectional lens, the Trevor Project's 2021 National Survey on LGBTQ Youth Mental Health uncovered relevant racial disparities among LGBTQ youth.[12] All LGBTQ+ youth



groups reported high rates of attempted suicide, but Black youth, youth of "more than one race/ethnicity," and "Native/Indigenous" youth reported the highest rates (21, 21, and 31 percent, respectively). [13] White youth, "Asian/Pacific Island" youth, and "Latinx" youth had high rates of reported suicide attempts, but at relatively smaller rates (12, 12, and 18 percent, respectively).[14] A similar pattern was exhibited by youth who reported having seriously considered attempting suicide in the past year. [15] It is essential to take into account these differences, as they are salient to creating effective strategies to reduce suicide and support the mental health of high-risk youth of color.

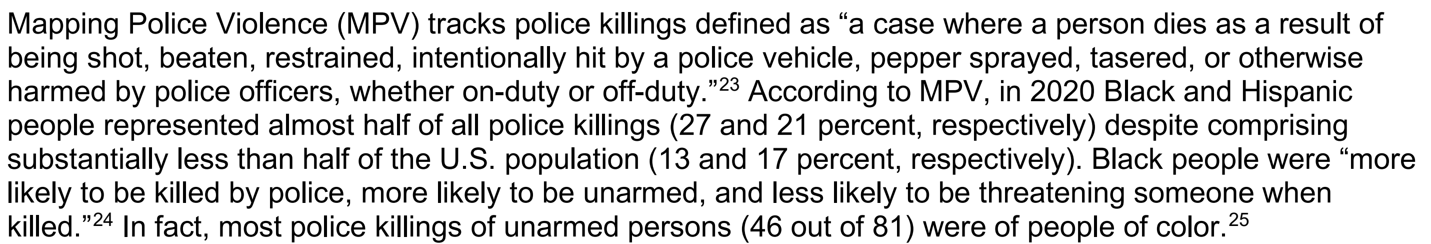
Finally, it is important to be mindful of how changing and newly illuminated trends inform suicide prevention work. The report "Ring the Alarm: the Crisis of Black Youth Suicide" challenged assumptions that Black populations should uniformly continue to be treated as a low-risk population. Among other things, the report highlighted the 73 percent increase in suicide attempts experienced by Black youth from 1991-2017, as well as increases in "injury by attempt" for Black male youth.[16] It also highlighted research, assessing a fifteen-year period, that found that Black children, ages 5-12, were twice as likely to die by suicide as White children of the same age.[17] Other research has also demonstrated significant, relatively recent increases in suicide rates for Black and Asian individuals in the U.S.; yet as reported by Kaiser "less than 1% of federal research funding" is focused on Asian people.[18]

What these examples demonstrate is that one-size-fits-all approaches to suicide prevention cannot succeed. Suicide prevention work is situated within a cultural perspective that reflects certain norms, values, and assumptions, which can be invisible because they are so widely shared by those with the power to direct research, programs, and implementation strategies. The assumption that partnerships with the police or more training are sufficient strategies to address the problem of unequal policing must be measured against the voices of communities of color who are seeking reforms through *less* policing by reducing police contacts. It is impossible to address suicide risk among Black, Hispanic, and Native American and Alaska Native individuals equitably without seriously accounting for this perspective, given disparities in how police officers use force against individuals in these communities, as discussed below. The next section provides an overview of some of these disparities.

Racial Disparities in the Use of Force

Systemic racism refers to the persistence of social systems and other structures that render communities of color worse-off on a variety of metrics. Sometimes this takes the form of conceptual blind spots to a problem, rendering any hope for reform much more challenging than it should be and allowing long-standing inequities to continue. To understand police officers' use of force, including lethal force, it is essential to understand when, how, and why force is employed. The problem is that data on police force and killings is inadequately tracked. The FBI collects nationwide data from federal, state, local, and tribal police departments to provide "big-picture insights" of officers' use of force, but police departments submit this information on a voluntary basis.[19] Moreover, the data collected by the FBI is limited to actions resulting in death, serious bodily injury, or discharging a firearm at or in the direction of a person.[20] The percentage of departments that submitted any data is low, representing about 41-42 percent of police officers in recent years.[21] Therefore, existing data is piecemeal, with news agencies (the Washington Post and the Guardian), researchers, and research collaboratives being primary agents that have sought to collect and analyze this data, including any disparities.[22] The lack of transparency undermines the ability to fully answer important questions including: who is vulnerable? how does intersectionality factor in? what are the full range of disparities? why do they persist?

Despite these limitations, existing data consistently shows that certain populations of color (specifically, Black, Hispanic, and Native American people) in the U.S. are routinely subjected to disproportionate force and fatalities relative to both White people and their population size. For instance, the research collaborative



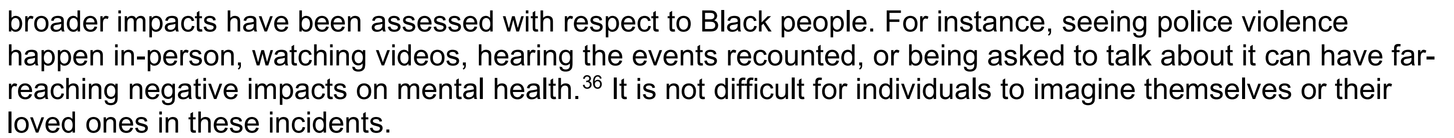
Mapping Police Violence (MPV) tracks police killings defined as "a case where a person dies as a result of being shot, beaten, restrained, intentionally hit by a police vehicle, pepper sprayed, tasered, or otherwise harmed by police officers, whether on-duty or off-duty."[23] According to MPV, in 2020 Black and Hispanic people represented almost half of all police killings (27 and 21 percent, respectively) despite comprising substantially less than half of the U.S. population (13 and 17 percent, respectively). Black people were "more likely to be killed by police, more likely to be unarmed, and less likely to be threatening someone when killed."[24] In fact, most police killings of unarmed persons (46 out of 81) were of people of color.[25]

Racial disparities in police killings are a nationwide problem. An assessment of police killings on a per capita basis, in 37 of the largest cities in the U.S., found that from 2013-2020 police killed Black people at higher rates than White people in 34 of these jurisdictions.[26] Another study of police killings found that over a 16-year period, Native Americans were killed by police at a higher per capita rate relative to other racial groups.[27]

Analyses of the Washington Post's database of fatal police shootings since 2015 have also consistently found racial disparities in police-caused fatalities. A recent assessment of the database, examining fatal shootings from 2015-2020, concluded that these fatal killings are "a public health emergency that contribute to poor health for BIPOC" (defined as Black, Indigenous, and people of color).[28] It found that Native Americans, Black people, and Hispanic people had much higher death rates relative to White people. A summary of this report stated that researchers "quantified the impact on BIPOC in terms of years of life lost — a way of measuring premature deaths that gives greater weight to death at a younger age — and found an average 31,960 years of life lost annually in the U.S. due to police shootings."[29] Police killed Native Americans, Black people, and Hispanic people at higher rates than White people when an individual was armed. Similarly, unarmed Black and Hispanic people were killed at higher rates than White unarmed people. An intersectional analysis of the Washington Post's database (examining race, age, and gender) published in the Annals of Epidemiology also found that police are five times more likely to shoot and kill Black men over 54 who are unarmed as compared to similarly situated White men.[30]

People with a mental illness or who are experiencing a mental health emergency are particularly vulnerable when they encounter the police; and within this vulnerable group racial disparities are persistent. According to the Washington Post database, since 2015, at least 23 percent of individuals killed by the police had a mental illness.[31] The same intersectional analysis in the Annals of Epidemiology mentioned above, concluded that unarmed Black men who showed signs of mental illness were more likely to be fatally shot than their White counterparts.[32] This was the fate of Daniel Prude. He died after police put him face down in a spit hood and pinned him to the ground as he was having a mental health emergency. Officers were there because his brother dialed 911 seeking help for Daniel. His death was ruled a homicide due in part to asphyxiation.[33] Such trends appear to be unabated. The New York Times reported that of the 64 people killed by police during a three-week period of Derek Chauvin's trial for the murder of George Floyd, over half were "Black and Latino" and "more than a dozen involved confrontations with people who were mentally ill or in the throes of a breakdown."[34] MPV found that mental health or welfare checks resulted in police killing 119 people in 2017, 122 people in 2018, 123 people in 2019, and 97 people in 2020.[35] This underscores the imperative of limiting police contacts with people experiencing a mental health emergency and understanding the extent to which factors like race, class, LGBTQ+ status, gender, and mental illness shape police officers' decisions to utilize fatal force.

It is not only police killings that warrant attention, but any unnecessary non-lethal force. Data about non-fatal force by police is tracked at an even more dismal rate than lethal force—meaning there is virtually no visibility or accountability. Even though non-lethal force may not kill a person, it can still be quite violent and traumatic. Non-fatal force can involve handcuffing, choking, tasing, pushing, kicking, hitting with fists, hitting with a police vehicle, use of police batons, K-9 attacks, unwarranted firearm deployment, and verbal abuse. The harms of lethal and non-lethal police force extend beyond the person subjected to these interactions. Some of the



broader impacts have been assessed with respect to Black people. For instance, seeing police violence happen in-person, watching videos, hearing the events recounted, or being asked to talk about it can have far-reaching negative impacts on mental health.[36] It is not difficult for individuals to imagine themselves or their loved ones in these incidents.

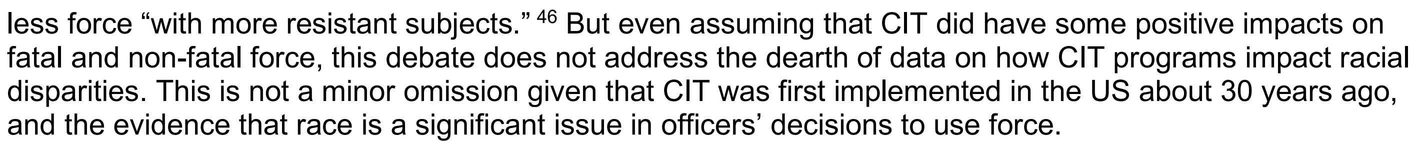
There is too little data on how police force is unevenly deployed. The known disparities, however, paint a grim picture. They also raise serious questions about the equity of a suicide prevention structure that attempts to incorporate police as partners in lieu of creating systems that eliminate unnecessary police contacts. Given the disparities for Native American, Black, and Hispanic people, any police contact is more likely to be unwanted, stressful, harmful, or lethal. The data that does exist on police force points one way—suicide prevention infrastructure should limit police intervention if it is to move forward to a more racially equitable model.

Co-Responder Models and Crisis Intervention Training Lack an Evidence Base Showing they Reduce Racial Disparities in the Use of Force

Co-responder models are popular models for providing improved response to individuals in mental health emergencies, likely because police are frequently first responders. Co-responder models can take various forms, but overall, they rely on the premise that police can become better partners in crisis response if they receive more (and the right) training and by partnering with a mental health or substance abuse professional.[37] There are merits to these models. Any merits, however, must be measured against the lack of evidence showing that co-responder models reduce racial disparities in officers' use of force. In general, whether such models positively impact overall aggregate use of force is often identified as an area for future study.[38] As discussed in this report by the Center for American Progress and Law Enforcement Action Leadership, racial disparities in use of force are partly what has motivated shifts towards use of civilian-responder models to respond to low-priority 911 calls, including mental health calls.[39]

Often, officers who are part of a co-responder team have received training through crisis intervention team (CIT) programs.[40] CIT is a program that consists of 40 hours of training to assist police in responding to individuals in crisis or who have a mental illness with the goal of producing better outcomes when police respond to these calls or encounter such individuals.[41] CIT programs train officers on de-escalation techniques. CIT programs also facilitate coordination between police officers, mental health providers, and other stakeholders with a goal of achieving diversion to mental health or other services, rather than incarceration or other criminal justice outcomes.[42] CIT is regarded by some as a community-based method of improving police response that can help address the lack of mental health infrastructure and support.[43] Some of the benefits of CIT programs include: (1) officers' improved attitudes and knowledge about mental illness; (2) reduction in officer injuries when responding to a mental health crisis; (3) officers spending less time on mental health response; and (4) cost savings (through greater use of diversion over incarceration).

These are important benefits, but of concern is the lack of evidence and robust research on whether CIT programs reduce racial disparities in the use of force. Even with respect to officers' use of force generally, at best there is ongoing debate about the extent to which CIT models (which can widely vary) contribute to any decline in overall force**.** To illustrate, a recent evaluation of peer-reviewed studies on the effectiveness of CIT programs by Michael Rogers, Dale McNiel, and Renée Binder, found that although a primary purpose of CIT programs is to reduce "citizen injuries," there is "a lack of evidence for effectiveness in terms of its original goal of reducing lethality during police encounters with people with mental health and substance use disorders."[44] Although an article published in the Journal of the American Academy of Psychiatry and the Law takes issue with this finding, it nonetheless acknowledges that "there is no fidelity tool to support measurement" of lethal force given "significant variation in CIT implementation," classifying fatal encounters as "extremely tragic" rare events.[45] These authors also acknowledge finding no direct effect of CIT on use of force, with an exception for



less force “with more resistant subjects.” [46] But even assuming that CIT did have some positive impacts on fatal and non-fatal force, this debate does not address the dearth of data on how CIT programs impact racial disparities. This is not a minor omission given that CIT was first implemented in the US about 30 years ago, and the evidence that race is a significant issue in officers’ decisions to use force.

Public health interventions can embrace new, promising practices, but a core tenet is also to promote evidence-based best practices. This raises the question of what other programs, models, or strategies that incorporate best practices can be utilized to better promote mental health and suicide prevention for people of color. Eliminating police violence is a central priority for many communities of color. Commitment to racial equity would include incorporation of these concerns when formulating the role that officers will officially serve in suicide prevention and mental health response activities. An important point raised by Rogers et al. is that when jurisdictions pour resources into CIT programs there is an opportunity cost; that is, there is a lost opportunity to direct those resources to more effective programs. It is these types of alternate models that have the power to reduce police violence by reducing police involvement in suicide prevention that this issue brief will now address.

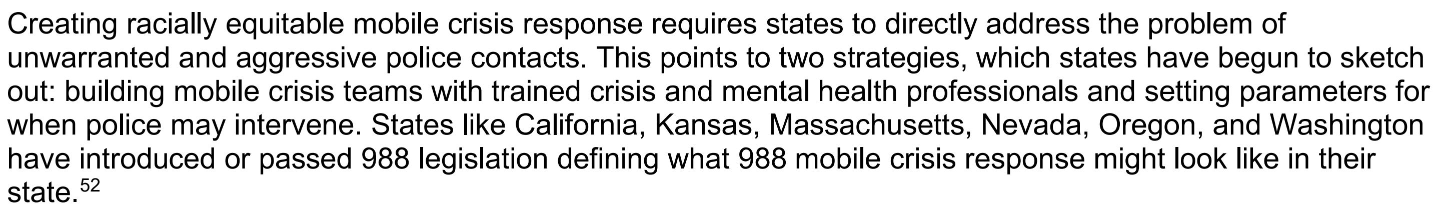
The National Suicide Prevention Lifeline and 988: Equitable Mobile Crisis Response

The federal government has made the National Suicide Prevention Lifeline (NSPL) and the Veterans Crisis Line nationally accessible using the new dialing code 988 by July 16, 2022.[47] Like 911, 988 provides one number which individuals, their family, friends, and loved ones can remember easily during a crisis. A primary benefit is to divert people from using 911, a system poorly equipped to respond to people experiencing a mental health crisis, and to provide greater access to crisis counselors. Moreover, 988 has the power to promote a greater understanding of mental health emergencies as part of the human experience that is not an aberration, but a need that must be addressed just as health emergencies are addressed. Accordingly, 988 will provide access to both suicide prevention and mental health crisis counseling.

Crisis intervention is an evidence-based suicide prevention tool. The FCC’s report on 988 emphasized the “life-saving benefits” of crisis call centers, such as a study demonstrating up to a 25 percent decrease in self-harm after callers spoke with lifeline counselors.[48] There is evidence that crisis call centers can reduce the utilization of police. Specifically, the report highlighted that “for callers at imminent risk of . . . suicide, counselors sent emergency responders with the caller’s cooperation in 19% of the cases; in another 55% of cases, counselors were able to help callers avoid suicide without police or ambulance services.”[49] Part of the promise of 988 is the abandonment of 911 as the de facto crisis line, which frequently results in police unnecessarily being sent as primary responders.

The National Suicide Hotline Designation Act of 2020 authorized states and Tribal governments to collect a fee to assist with routing 988 calls and to provide “acute mental health, crisis outreach and stabilization service[s].”[50] As part of the transition to 988, many states have begun to pass or propose legislation to support 988 in their state including building frameworks for what 988 mobile crisis response would look like in their state. Mobile crisis response may differ across jurisdictions. In general, as explained by the National Alliance on Mental Illness (NAMI), 988 mobile crisis response teams are an important component of crisis response and can be utilized to provide on-site services, including de-escalation, facilitating transportation to other services, and connecting individuals to other services.[51]

Such legislation represents an opportunity to create mobile crisis response that does not unnecessarily rely on police in lieu of building teams that are centered on mental health and other qualified professionals. It is therefore critical that states do not default to ineffective methods that unnecessarily incorporate the police.



Creating racially equitable mobile crisis response requires states to directly address the problem of unwarranted and aggressive police contacts. This points to two strategies, which states have begun to sketch out: building mobile crisis teams with trained crisis and mental health professionals and setting parameters for when police may intervene. States like California, Kansas, Massachusetts, Nevada, Oregon, and Washington have introduced or passed 988 legislation defining what 988 mobile crisis response might look like in their state.[52]

The legislation is varied in its potential to deliver on the promise of 988 to abandon a 911-type model that delivers police to people in crisis. There are two important questions that states diverge on, which make them more or less well-positioned to fulfill this promise. First, who is on the mobile crisis team? Some state 988 legislation has set forth the composition of teams that may constitute a mobile crisis response team. The legislation usually contains up to three different types of teams with different professionals (e.g., mental or behavioral health professionals and peer support specialists) in different settings. As relevant here, some legislation expressly incorporates police officers. In Nevada, mobile teams include jurisdiction-based teams and teams established by emergency medical service providers (with behavioral health professionals and peer recovery providers). Mobile teams may also include a team established by a law enforcement agency composed of: (1) law enforcement officers; (2) individuals professionally qualified in psychiatric mental health; and (3) peer recovery support providers.[53] For the reasons already discussed, building police into 988-related crisis response fails to counter racial disparities in police officers' use of force.

The second question is: does the state include any limits on law enforcement intervention? Even in states that propose mobile crisis teams that may not include law enforcement, officers may still be called to intervene. Therefore, it is important to have in place clear criteria for when that may occur. Proposed legislation in California, Idaho, and Massachusetts currently includes specific limiting standards.[54] Massachusetts legislation states that "[m]obile behavioral health crisis responders shall collaborate with local law enforcement agencies and include police as co-responders in behavioral health teams only as needed to respond in high-risk situations that cannot be managed without the assistance of law enforcement personnel." Identical language is also included in Idaho's legislation.[55] This is also generally the standard that NAMI has endorsed.[56] The Substance Abuse and Mental Health Services Administration has also recommended limiting law enforcement participation in mobile crisis response to support justice system diversion. [57] This same logic applies to supporting a system that does not perpetuate racial disparities in police force.

Proposed California legislation would set forth more specific standards governing police contacts. It would require transferring calls made to 911 to 988 when there is a "clearly articulated suicidal or behavioral health crisis," specific criteria for when and how police may be deployed simultaneously with a mobile crisis team, and even more stringent limits on when police who are not co-responders can respond without waiting for a mobile crisis team.[58] In contrast, states like New York, Oregon, and Washington do not have specific language limiting law enforcement. Proposed legislation in Oregon and early versions of a law passed in Washington did initially include language similar to the Massachusetts bill, but in both cases this language was eliminated.[59]

In this snapshot of evolving 988 state legislation, much of which is still pending, states have started to envision a more robust suicide prevention and mental health infrastructure via expanded mobile crisis response. Two primary strategies have emerged to reduce reliance on police: building mobile crisis teams with a mental health focus without the inclusion of law enforcement; and setting specific narrow standards for when officers may be utilized. Many jurisdictions have publicly endorsed the goal of achieving racial health equity in this context. It is crucial that the 988 dialing code, like 911, does not cause people of color to worry whether dialing that number will bring support or harm to their loved ones or themselves. The purpose of 988 is to get people to dial with the confidence that qualified professionals who understand the mental health struggles that a person may be experiencing will respond. A truly inclusive system that validates that confidence must comprehensively address the problem of unnecessary police contacts.

At least 12 states have passed laws implementing an anonymous school tip line (CO, FL, MI, NC, NE, NV, OH, OK, OR, PA, UT, WY), although other localities also have tip lines operating on both the state and local level.[60] Tip lines typically operate 24 hours a day and allow students, or others, to anonymously report tips through a mobile app, a webpage, or by telephone. Tip lines not only allow students to report tips, but, depending on the program and tip, may also connect students to crisis counselors, intervention by school officials and/or law enforcement, or other forms of follow-up. Anonymous school tip lines were initially created in response to school shootings as a way for students or others to report violence and threats to student and staff safety. As discussed more below, it has become apparent that the greatest needs are related to students' own well-being, in contrast to violent threats to others. In the 12 states mentioned above, tips related to poor mental health, especially suicide-related tips, are among the highest reported types of tips received. On reflection, this is not surprising given that suicide is the second leading cause of death for middle and high school aged youth.[61]

This reality underscores why tip lines that have a law enforcement orientation should shift to a mental health and crisis care model. This would provide at least two benefits: (1) the tip lines would better serve students' needs for mental health and crisis support; and (2) it would not perpetuate a system that formalizes racial inequities in policing in covert ways that go unnoticed (particularly in programs ostensibly designed to aid students). Below is a table illustrating 12 tip line programs that have been implemented through state legislation. As demonstrated in the table, most are law-enforcement oriented, meaning the person who answers and triages tips is embedded in a law enforcement agency, such as a state police department, state homeland security, a state department of public safety, highway patrol, or state attorney general's office. In contrast, only three states (NE, NC, UT) have trained crisis counselors, operating within either a non-profit or university, directly respond to and triage tips. This parallels national trends. A nationwide survey assessing tip line programs found that during the 2018-2019 school year, 51 percent of schools had a tip line program. Almost all involve school administrators in their program, over-half involve law enforcement, and only a quarter "involve mental health professionals or students as active partners."[62]

As identified in the table, however, suicide-related tips, defined by programs as either suicide, "suicide threats," or suicidal ideation, were among the top three reported tips in nine states: CO, MI, NE, NV, NC, OR, PA, UT, WY. The other three states have not yet disclosed their top tips. In five of these states suicide-related tips were number one (CO, MI, NE, UT, WY). According to America's Health Rankings by the United Health Foundation, nationally some of these states like Colorado, Utah, and Wyoming have some of the highest number of adolescent suicides per 100,000 youth (ages 15-19), although states like North Carolina and Pennsylvania do not.[63] This indicates that the tip lines have tapped into deep unmet needs of youth across the nation even in states that have lower numbers of youth deaths by suicide. Suicide deaths, suicide attempts, and suicidal ideation are influenced by a complex array of protective and risk factors. Still, established risk factors such as bullying (both being bullied and/or bullying), self-harm, and depression also dominated the top tips in several of these states.[64]

Also concerning is that in some states this trend increased during virtual learning due to the COVID-19 pandemic. Colorado saw yearly increases in tips, but during the initial months of virtual learning in 2020 tips to Colorado's Safe2Tell program declined by 7 percent; however, "suicide threats" remained the top reported tip and there was an increase in reports of self-harm and "suicide threats."[65] Pennsylvania's Safe2Say Something program also experienced an increase in "life safety" tips, which includes suicide and self-harm, during a period of virtual learning starting in March 2020; previously life safety tips represented 17 percent of all tips, but rose to 37 percent of all tips received.[66] This occurred despite an overall decrease in tips during this time. Anonymous school tip lines are an important tool that can fill gaps in much needed suicide prevention infrastructure. In trying to mitigate one problem (school violence) states have uncovered other unmet needs, relating to students' mental health and well-being, that pose no threat to others.

There are also the unmet needs of students of color to reduce police interactions facilitated by schools, which, for example, have harmed Black students.[67] Law enforcement led tip programs cannot meet these demands. As demonstrated in the table, state legislation often permits personnel working for a law enforcement agency to decide how to triage tips without setting specific limits on when officers (as opposed to school administrators) may receive and respond to tips. This often takes the form of state laws adopting a vague "and/or" model directing that tips be sent to school administrators and/or law enforcement, but not setting specific criteria for those decisions.

Another issue is that there is also generally little to no disclosure of officer involvement, including how often they intervene, criteria for deploying or involving officers, outcomes, and racial or other demographic disparities. Even when there is a report on a tip line program that publicly discloses information on officer intervention, the information is extremely limited. For instance, the SafeOregon program report discloses that law enforcement may be contacted along with school officials for "urgent" tips, which can include online suicidal ideation posts, but provides no information on outcomes. According to Florida's tip app, FortifyFL, tips are sent to school officials and copies of tips are automatically sent to local law enforcement or sheriffs. There is no public information about the program, much less what happens when officers are involved. Ohio state law requires schools participating in SaferOhio, or another anonymous tip line program, to annually report information on disciplinary actions related to tips, mental wellness referrals, and race and gender demographic data related to both. But this information is not publicly available. Bringing more transparency to police involvement is a much-needed reform to strengthen the equity aspects of these programs.

Some states have implemented promising programs that better promote racial health equity. As mentioned, tips in Nebraska, North Carolina, and Utah are all directly routed to trained crisis counselors who respond to and triage tips. Nebraska's state law also requires that professionals answering tips must be trained on de-escalation methods in order to minimize law enforcement intervention. Some of the states that do not initially directly connect tipsters to crisis counselors have implemented requirements to re-direct certain tips to trained crisis counselors. Michigan requires that tips suggesting that a psychiatric emergency is occurring must be referred to the county's psychiatric crisis line. Colorado recently reformed its tip line to limit police intervention and increase access to crisis counseling. State law previously required all tips be promptly sent to school officials, or a public safety or law enforcement agency, but Colorado amended the law so that tips relating to mental health or substance use can be sent to the statewide behavioral health system instead.

Colorado's reform came after reports of officers responding to suicide-related tips and using aggressive policing tactics, such as handcuffing.[68] Police contact, even absent aggressive tactics, can itself be traumatizing. As one student told a local newspaper: "It's terrifying for any high schoolers to have, like police officers in full uniforms with guns on their belt come to your door and talk to you about, like, your sadness."[69] As expressed by this student, facilitating police contacts for crisis and mental health concerns can be traumatizing and also conveys the message that these issues are connected to criminal behavior.

The table below summarizes information about a sample of 12 states that have passed laws implementing tip-lines, highlighting differences (and similarities) in who receives the tips, how the tips are triaged, and whether there is public information on law enforcement involvement. Information summarized below is generally derived from relevant state statutes, annual program reports, and program websites.

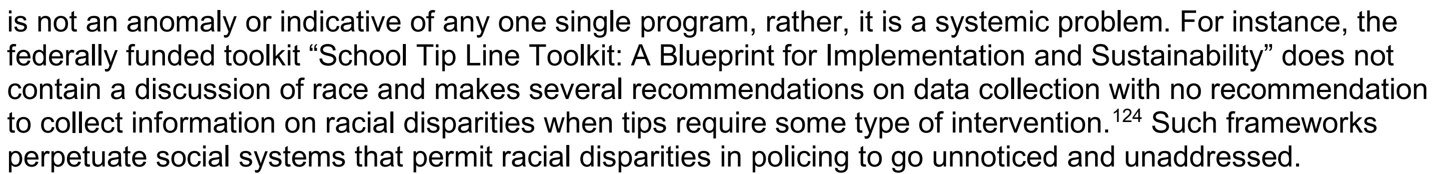
Select States Laws Implementing School Tip-lines

State Program	Who Receives the Tips?	How Does the Program Triage Tips?	Information on law enforcement (LE) Intervention?	Top 3 Tip Categories (by year or school year)
CO Safe2Tell[70] Colo. Rev. Stat. § 24-31-606	Analysts at the CO Information Analyst Center in the Dept. of Public Safety[71]	Tips must promptly be sent to school teams and/or LE.[72] The law was revised in 2020 so that mental health or substance use related tips may instead be sent to the state's behavioral crisis response system.[73]	Limited. Annual report says "welfare checks" were performed by school officials, School Resource Officers (SROs), and LE, including for over 50% of "suicide threats" without further information.[74]	2019-2020 SY[75] 1. **Suicide Threats** (3,821) 2. Drugs (1,468) 3. Bullying (1,286)
FL FortifyFL[76] Fla. Stat. § 943.082	Mobile App FortifyFL[77]	FortifyFL promptly sends tips to school officials; local LE or sheriffs automatically receive copies and state-level officials can access tips.[78]	By statute program information is exempt from public records disclosure and no public reports have been published.	No publicly available information.
MI OK2Say[79] Mich. Comp. Laws § 752.913	Technicians in the MI State Police Intelligence Operations Division[80]	Tips are forwarded to school officials, LE, Community Mental Health (CMH) or the state's dept. of health and human services. State law requires tips "suggesting" a psychiatric emergency must "immediately" be referred to the county's CMH psychiatric crisis line.[81]	Limited. Most incidents were forwarded/referred to school officials (1,004), followed by LE (460), and then either online resources, counseling, or crisis lines (379). Of 3,743 tips in 2020, LE intervened 11.1% of the time.[82]	2020[83] 1. **Suicide Threats** (896) 2. Drugs (456) 3. Other (anxiety, stress, depression, harassment) (436)
NE Safe2HelpNE[84] Neb. Rev. Stat. LB 322 § 4	Boys Town National Hotline crisis counselors contracted by NE Dept. of Education[85]	Counselors triage and offer crisis services; state law requires training in de-escalation to minimize LE involvement and notifying a defined school-based team that includes at least one mental health professional.[86]	Currently limited. State-wide program is new (July 2021). In 2020, however, the smaller pilot program, resolved 81% of suicide threat tips without LE.[87]	2020[88] 1. **Suicide Threats** 2. Drugs 3. Bullying
NV SafeVoice[89] Nev. Rev. Stat. § 388.1455	Communication specialists in the NV Dept. of Public Safety, Division of Investigation[90]	Tips may be forwarded to a school multi-disciplinary team, LE, or crisis line. By law a multi-disciplinary team must include three school staff, a school administrator, and either a school counselor, psychologist, social worker, or similar person.[91]	Limited. Report contains overall number of tips, follow-ups, arrests, cases cleared, charges laid, and administrative discipline, but no further details.[92]	2019-2020 SY[93] 1. Bullying (1,232) 2. **Suicide Threats** (637) 3. HandleWithCare (592) (police notification re: student exposed to traumatic event)[94]
NC Say Something (Sandy Hook Promise)[95] N.C. Gen. Stat. § 115C-105.51	SHP crisis counselors contracted by NC Dept. of Public Instruction[96]	Counselors categorize tips as "life safety or non-life safety" and send tips to the school team. If there is an "imminent threat" LE are dispatched via 911.[97]	Program report does not disclose specific information on LE intervention.[98]	2019-2020[99] 1. Bullying/Cyber Bullying 2. Cutting/Self-Harm 3. **Suicide/Suicide Ideation**
OH SaferOH[100] Ohio Rev. Code § 3313.6610	Generally, Ohio Homeland Security analysts.[101]	Tips are forwarded to local school officials, law enforcement, or the Ohio School Safety Center.[102]	Districts must report disciplinary actions, mental wellness referrals and racial/gender demographic of students subject to these actions to the state departments of education and public safety. By statute, program	No publicly available information

			information is not a public record.[103]	
OK Oklahoma School Security Institute Tipline[104] Okla. Stat. tit. 74, § 51.2d	OK School Security Institute within the OK Office of Homeland Security	Tips are forwarded to school officials and law enforcement.[105]	No published program reports or information.	No publicly available published information
OR SafeOregon[106] Or. Rev. Stat. § 339.329	Venders contracted by the OR State Police[107]	Technicians can respond to "immediate needs," and tips are forwarded to the appropriate responding agency including school officials and LE.[108]	Limited. Program report states LE may have been contacted for "urgent" tips (e.g., suicide ideation online postings; 23.6% of all tips) and are automatically contacted for "critical" tips (0.6%).[109]	2019-2020 SY[110] 1. Bullying, Harassment (483) 2. Drugs (303) 3. **Suicidal Ideation – reported by other** (232)
PA Safe2Say Something (Sandy Hook Promise) 24 Pa. Cons. Stat. § 13-1303-D	Analysts in the PA Office of Attorney General Crisis Center[111]	Tips are labeled "life safety" or "non-life safety" then forwarded to school officials and to LE via 911 when necessary.[112]	Program report does not disclose specific information on LE intervention.	2019-2020 SY[113] 1. Bullying/Cyber Bullying (3,608) 2. **Suicide/Suicide ideation** (2,576) 3. Cutting/Self-Harm (2,139)
UT SafeUT[114] UT Code § 53B-17-1202	Master's level crisis counselors at the Huntsman Mental Health Institute[115]	The statute directs that crisis counselors send tips to school officials or LE if necessary or required by law. In practice, non-urgent tips are sent daily to school officials; tips of a "more threatening nature" may involve LE.[116]	Program report does not disclose specific information on LE intervention.	2019-2020 SY[117] 1. **Suicide** (39%) 2. Bullying (21%) 3. Depression (16%)
WY Safe2Tell WY[118] Wyo. Stat. § 9-1-603(a)(ix)	WY Highway Patrol Communications Center[119]	Highway Patrol dispatchers forward tips to designated school officials and LE.[120]	Program report does not disclose information on LE intervention.[121]	2019-2020 SY[122] 1. **Suicide Threats** (249) 2. Drugs (178) 3. Vaping/Juul (164)

The table illustrates that when states pass laws implementing tip lines, they have overwhelmingly been situated in law-enforcement environments. This is not an anomaly. The 2018-2019 national survey of schools with tip lines found that the majority of state-led tip lines were administered by a state law enforcement or public safety agency (45 percent); and although at the district-level it was much lower (14 percent), it still remained the second option.[123] Utilizing qualified professionals such as crisis counselors aligns with evidence-based best practices, compared to utilizing a law enforcement framework and response, to address crisis and mental health incidents. Programs that do so are better equipped to support students and do not risk exacerbating racial inequities in policing.

Embedding a tip line within a law enforcement structure, with little effort to understand what impact that has on students of color means that the tip lines are not realizing their full ability to promote racial health equity for students in their schools. It is essential that states do not treat racial equity as a secondary concern, which itself reflects a form of structural racism (e.g., continuing to treat race as unimportant to students' health and well-being despite widespread evidence to the contrary). Doing so maintains a system in which youth are treated as a homogenous group, ignoring relevant racial disparities in who is subjected to police violence. This



is not an anomaly or indicative of any one single program, rather, it is a systemic problem. For instance, the federally funded toolkit "School Tip Line Toolkit: A Blueprint for Implementation and Sustainability" does not contain a discussion of race and makes several recommendations on data collection with no recommendation to collect information on racial disparities when tips require some type of intervention.[124] Such frameworks perpetuate social systems that permit racial disparities in policing to go unnoticed and unaddressed.

That these programs were initially conceived to primarily address violence to others (e.g., school shootings) may have initially provided a rationale for a law-enforcement model. The fact that suicide-risk is so predominant in schools means it is time to reimagine these tip lines to serve the needs of mental health support and safety for all students, including students of color. The most promising programs are those that put trained crisis counselors in the front line, such as in Nebraska, North Carolina, and Utah—these models represent more equitable and just suicide prevention programs, with greater power to prevent students being exposed to aggressive policing by implementing a system that avoids unnecessary police contacts.

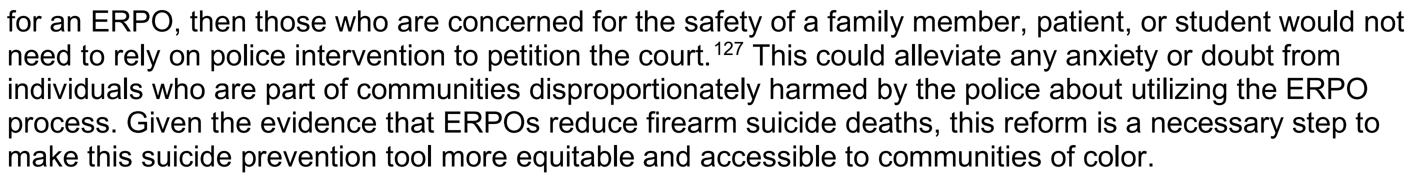
Many of the programs discussed above incorporate at least some evidence-based features, and it is possible to draw from aspects of these different programs to understand how the law can codify best practices that further racial health equity. Some of the most promising features include: (1) directly connecting tipsters to trained crisis counselors in the first instance; (2) automatically triaging mental health and substance use related tips to a behavioral crisis response system (side-stepping any requirement to send the tips to the police); (3) directing tips to school based teams that include a mental health professional/social worker; (4) setting specific standards for when law enforcement may intervene; (5) publicly disclosing the type and frequency of tips received; (6) collecting data on racial demographics and tip follow-ups; and (7) publishing public annual reports that disclose law enforcement and other interventions and outcomes.

It is exceedingly difficult to tackle a problem that is invisible. Tip line programs should be lauded for their efforts to provide a system for youth, who have been struggling during the pandemic, to have a voice and raise concerns about their own well-being and that of their peers. It is time to elevate these programs by directly acknowledging the impacts that police use of force has on youth—especially Hispanic, Black, Native American, and LGBTQ youth—and working to build programs that do not increase unwarranted police contacts that operate without transparency.

Reducing Police Intervention When Reducing Access to Lethal Means (Firearms)

Reducing access to lethal means is another key tool used to prevent suicide. Extreme Risk Protection Orders (ERPOs) permit a specified individual, such as law enforcement or a family member, to petition a court to obtain a civil order to temporarily remove a person's firearm if the person poses a danger to themself or others. ERPOs also generally prohibit a person from obtaining another firearm during the duration of the order and can be ordered even when an individual does not possess a firearm at the time.[125] There is evidence that ERPOs can reduce firearm suicide deaths. In Indiana and Connecticut, firearm removal laws have been shown to reduce the number of firearm related suicides.[126]

According to the Giffords Law Center, ERPO procedures vary by state, including differences in the standard of proof required for a court to issue an ERPO, the ability to obtain an ex parte order, the duration of an ERPO (usually a year), and who can petition the court to issue an ERPO. The Giffords Law Center has identified 19 states and DC that have ERPO laws. In all the jurisdictions, except one, police can petition the court to obtain an ERPO. Only 13 jurisdictions allow family or household members to petition. Very few permit mental health care providers, health care providers, or school staff to petition. If all jurisdictions expanded the petition process to allow family or household members, mental and health care providers, and school staff to petition



for an ERPO, then those who are concerned for the safety of a family member, patient, or student would not need to rely on police intervention to petition the court.[127] This could alleviate any anxiety or doubt from individuals who are part of communities disproportionately harmed by the police about utilizing the ERPO process. Given the evidence that ERPOs reduce firearm suicide deaths, this reform is a necessary step to make this suicide prevention tool more equitable and accessible to communities of color.

After a court ordered ERPO, the person who is the subject of the ERPO must surrender their firearms. According to the Giffords Law Center, most jurisdictions require that the individual surrender their firearm(s) to a law enforcement agency. Only six states allow individuals to surrender their firearms to someone else, such as a qualified firearms dealer or another specified eligible individual. This presents an opportunity for jurisdictions to make the process more equitable by expanding the surrender options as six states have done. This would mean that at the petition and surrender points individuals could avoid an encounter with police officers. These would be reasonable reforms given that ERPOs can be and have been used to protect an individual from self-harm and fatality, not harm to others. If there is no risk of immediate danger, and no threats to others, those seeking an ERPO should be able to do so without having to weigh fears and anxieties about bringing police into their households or risk interactions that could escalate.

Conclusion

Meeting the aspirations of achieving racial health equity means identifying barriers and removing them. This issue brief has identified law and policies levers that can be pulled both in the areas of crisis response and lethal means restriction to remove unnecessary police intervention in suicide prevention activities. This is an important step to take given that excessive police force has resulted in a disproportionate number of Black, Hispanic, and Native American lives lost and other harms. It is also a widely shared focal point for reform sought by many communities of color. This brief has identified practical ways to achieve this goal and has illustrated why suicide prevention mechanisms must not continue to operate as if all policing issues can be resolved by more training or through partnership. As a society, we are at point where we must continue to learn and reflect on what it looks like to heed these calls for less policing and what it means to be equitable. This issue brief has provided some solutions in the spirit of encouraging not only reform, but further dialogue and reflection.

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[1] Definition of intersectionality, MERRIAM-WEBSTER.COM, https://www.merriam-webster.com/dictionary/intersectionality.

[2] I use the term "race" to denote race and ethnicity, both of which are socially constructed categories, largely informed by evolving labels developed by the U.S. government, which are exclusionary and arbitrary. Because of this, and that these distinctions often do not correspond to the self-identification of many people of color, I will use the term race as a general term, rather than reinforce the race/ethnicity distinction. For insight into how these categories develop in the U.S. see, Research Topics, *What Census Calls Us*, PEW RESEARCH CENTER (February 6, 2020), https://www.pewresearch.org/interactives/what-census-calls-us/.

[3] Congressional Black Caucus Emergency Task Force on Black Youth Suicide and Mental Health, *Ring the Alarm the Crisis of Black Youth Suicide in America*, 6-7, 21, WATSONCOLEMANHOUS.GOV (2019), https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf (discussing how youth suicide preventions have been primarily tested on White youth populations and raising issues of effectiveness for Black youth, disparities in funding, and offering funding priorities).

[4] Bridget M. Kuehn, *Disparities in Suicide Persist Despite Overall Dip in US Suicide Rate*, JAMA (April 13, 2021), https://jamanetwork.com/journals/jama/article-abstract/2778483

[5] Farida B. Ahmad & Robert N. Anderson, *The Leading Causes of Death in the US for 2020*, JAMA (March 3, 2021), https://jamanetwork.com/journals/jama/fullarticle/2778234.

[6] Roni Caryn Rabin, *U.S. Suicides Declined Overall in 2020 but May have Risen Among People of Color*, N.Y. TIMES (Updated Sept. 10, 2021), https://www.nytimes.com/2021/04/15/health/coronavirus-suicide-cdc.html; Lakeidra Chavis, *More suicides by Black Cook County residents in 2020 than in any year in over a decade*, CHICAGO SUN TIMES (February 19, 2021), https://chicago.suntimes.com/2021/2/19/22290148/suicide-black-cook-county-residents-rise-mental-health-covid-coronavirus.

[7] Michael Johnson, et al., *Racial Differences in Statewide Suicide Mortality Trends in Maryland During the Coronavirus Disease (COVID-19) Pandemic*, JAMA (December 16, 2020), https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2774107 (researchers concluded that during a defined period of government ordered "progressive closure" in response to COVID-19 the number of daily suicides declined by almost half for White people, but doubled for Black people compared with the mean daily count of suicides in 2017 and 2019); Thomas O. Mitchell & Luming Li, *State-Level Data on Suicide Mortality During COVID-19 Quarantine: Early Evidence of a Disproportionate Impact on Racial Minorities*, PSYCHIATRY RESEARCH (January 2021), https://www.sciencedirect.com/science/article/abs/pii/S016517812033290X?via%3Dihub (comparing dates during " a period of strict stay-at-home quarantine orders" with dates from the previous six years and concluding that completed suicides were at a "6-year low for Whites and a 6-year high for non-Whites").

[8] Lakeidra Chavis, *More suicides by Black Cook County residents in 2020 than in any year in over a decade*, CHICAGO SUN TIMES (February 19, 2021), https://chicago.suntimes.com/2021/2/19/22290148/suicide-black-cook-county-residents-rise-mental-health-covid-coronavirus.

[9] Aneri Pattani, *Pandemic Unveils Growing Suicide Crisis for Communities of Color*, KHN (August 23, 2021), https://khn.org/news/article/pandemic-unveils-growing-suicide-crisis-for-communities-of-color/ (noting that initial state data indicated a decrease in suicide deaths by White people, despite rises in the number of Hispanic people, Black people and individuals categorized as "'other'" who died by suicide)

[10] OMH, *Mental and Behavioral Health – American Indians/Alaska Natives* (Updated May 19, 2021), https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=39.

[11] Elly Stout, *Black Lives Matter in Suicide Prevention,* SUICIDE PREVENTION RESOURCE CENTER (June 26, 2020), https://sprc.org/news/black-lives-matter-suicide-prevention.

[12] The Trevor Project surveyed youth surveyed ages 13-24. The Trevor Project, *National Survey on LGBTQ Youth Mental Health* (2021), https://www.thetrevorproject.org/survey-2021/?section=Introduction.

[13] Id. Racial categories listed are the categories used by the Trevor Project in its national survey.

[14] Id.

[15] Id.

[16] Congressional Black Caucus Emergency Task Force on Black Youth Suicide and Mental Health, *Ring the Alarm the Crisis of Black Youth Suicide in America*, 6-7, 21, WATSONCOLEMANHOUS.GOV (2019), https://watsoncoleman.house.gov/uploadedfiles/full_taskforce_report.pdf.

[17] *Id*.; Jeffrey A. Bridge et al., *Age-Related Racial Disparity in Suicide Rates Among US Youths from 2001 Through 2015,* JAMA PEDIATRICS (July 2018), https://jamanetwork.com/journals/jamapediatrics/fullarticle/2680952.

[18] Aneri Pattani, *Pandemic Unveils Growing Suicide Crisis for Communities of Color*, KHN (August 23, 2021), https://khn.org/news/article/pandemic-unveils-growing-suicide-crisis-for-communities-of-color/.

[19] FBI, National Use-of-Force Data Collection, https://www.fbi.gov/services/cjis/ucr/use-of-force, (Last visited, September 24, 2021).

[20] FBI National Press, *FBI Releases 2019 Participation Data for the National Use-of-Force Data Collection,* (July 27, 2020) https://www.fbi.gov/news/pressrel/press-releases/fbi-releases-2019-participation-data-for-the-national-use-of-force-data-collection.

[21] FBI, *FBI Releases 2019 Participation Data for the National Use-of-Force Data Collection,* (July 27, 2020) https://www.fbi.gov/news/pressrel/press-releases/fbi-releases-2019-participation-data-for-the-national-use-of-force-data-collection; Mychael Schnell, *Only about 27 percent of police*

departments supply use-of-force data to FBI: report, THE HILL (June 6, 2021), https://thehill.com/policy/national-security/fbi/557596-only-about-27-percent-of-police-departments-supply-use-of-force.

[22] The Guardian, *The FBI is supposed to track how police use force – years later, it's falling well short* (Amended May 18, 2021) https://www.theguardian.com/us-news/2021/may/17/fbi-police-use-of-force-data-records.

[23] Mapping Police Violence is an independent research collaborative that collects nationwide data on police killings in order to quantify how police violence impacts communities. Mapping Police Violence, *About the Data*, https://mappingpoliceviolence.org/aboutthedata (Last visited September 24, 2021).

[24] Mapping Police Violence, *2020 Police Violence Report*, https://policeviolencereport.org (Last visited September 24, 2021).

[25] Id. According to MPV this consisted of: 27 Black people, 15 Hispanic people, 2 Native Americans, 2 Asian or Pacific Islander people, 31 White people, and 4 people whose information was unknown.

[26] Samuel Sinyangwe, *The Police Departments with the Biggest Racial Disparities in Arrests and Killings*, FIVETHIRTYEIGHT (February 4, 2021), https://fivethirtyeight.com/features/the-biden-administration-wants-to-address-racial-bias-in-policing-what-cities-should-it-investigate/.

[27] Lakota People's Law Project, *Native Lives Matter: The Overlooked Police Brutality Against Native Americans* (November 21, 2017), https://lakotalaw.org/news/2017-11-21/native-lives-matter-the-overlooked-police-brutality-against-native-americans.

[28] Elle Let, et al., *Racial inequity in fatal US police shootings, 2015-2020*, JOURNAL OF EPIDEMIOLOGY & COMMUNITY HEALTH (2021), https://jech.bmj.com/content/75/4/394.

[29] Brita Belli, *Racial disparity in police shootings unchanged over 5 years*, YALE NEWS (October 27, 2020) https://news.yale.edu/2020/10/27/racial-disparity-police-shootings-unchanged-over-5-years.

[30] Kara Manke, *Stark racial bias revealed in police killings of older, mentally ill, black men*, BERKELEY NEWS (Oct. 5, 2020) https://news.berkeley.edu/2020/10/05/stark-racial-bias-revealed-in-police-killings-of-older-mentally-ill-unarmed-black-men/. This study looked at fatal shootings from 2015 through 2019, of Black and White males with known armed status; Marilyn D. Thomas, et al., *Black and unarmed: statistical interaction between age perceived mental illness and geographic region among males fatally shot by police using case-only design*, ANNALS OF EPIDEMIOLOGY (January 2021).

[31] The Washington Post, Fatal Force (Updated September 24, 2021), https://www.washingtonpost.com/graphics/investigations/police-shootings-database/.

[32] Kara Manke, *Stark racial bias revealed in police killings of older, mentally ill, black men*, BERKELEY NEWS (Oct. 5, 2020) https://news.berkeley.edu/2020/10/05/stark-racial-bias-revealed-in-police-killings-of-older-mentally-ill-unarmed-black-men/; Marilyn D. Thomas, et al., *Black and unarmed: statistical interaction between age perceived mental illness and geographic region among males fatally shot by police using case-only design*, ANNALS OF EPIDEMIOLOGY (January 2021).

[33] Sarah Maslin Nir, *Rochester Officers Will Not be Charged in Killing of Daniel Prude*, N.Y. TIMES (Updated March 6, 2021), https://www.nytimes.com/2021/02/23/nyregion/daniel-prude-rochester-police.html; Rachel Martin, *Daniel Prude's Death Ruled A Homicide. He Was Restrained By Police*, NPR (Sept. 3, 3030) https://www.npr.org/2020/09/03/909086022/daniel-prudes-death-ruled-a-homicide-he-was-restrained-by-police.

[34] John Eligon and Shawn Hubler, *Throughout Trial Over George Floyd's Death, Killings by Police Mount*, N.Y. TIMES (Updated August 26, 2021), https://www.nytimes.com/2021/04/17/us/police-shootings-killings.html.

[35] Mapping Police Violence, Police Violence Map, https://mappingpoliceviolence.org (Last visited September 24, 2021).

[36] Sirry Alang, et al., *Police Brutality and Black Health: Setting the Agenda for Public Health Scholars,* 107 AM. J. PUB. HEALTH 662, 663 (May 2017), *available at* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5388955/pdf/AJPH.2017.303691.pdf; Jacob Bor, et al., *Police Killings and Their Spillover Effects on the Mental Health of Black Americans: A Population Based, Quasi-experimental Study,* 392 THE LANCET 302, 309(June 20, 2018), *available at* https://europepmc.org/article/PMC/6376989.

[37] Ashley Krider, et al., *Responding To Individuals in Behavioral Crisis Via Co-Responder Models: The Role of Cities, Counties, Law Enforcement, and Providers*, 3-8, POLICY RESEARCH INC. & NATIONAL LEAGUE OF CITIES (January 2020), https://www.theiacp.org/sites/default/files/SJCResponding%20to%20Individuals.pdf.

[38] Id. at 3 (the report notes that whether co-responder models reduce officers' use of force is an area for future study)

[39] Amos Irwin and Betsy Pearl, the Community Responder Model How Cities Can Send the Right Responder to Every 911 Call, CENTER FOR AMERICAN PROGRESS (October 28, 2020) https://americanprogress.org/article/community-responder-model/. As discussed in this resource, such models have already been implemented in some jurisdictions. For an example see: Eugene Police Department, CAHOOTS, https://www.eugene-or.gov/4508/CAHOOTS (CAHOOTS is funded through the Eugene Police Department, but the mobile team includes a nurse or EMT and an experienced crisis worker)

[40] Amy C. Watson, et al., *Crisis Response Services for People with Mental Illnesses or Intellectual and Development Disabilities: A Review of the Literature on Police-based and Other First Response Models*, 14-15, VERA INSTITUTE OF JUSTICE (October 2019), https://www.vera.org/downloads/publications/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities.pdf.

[41] Ashley Krider, et al., *Responding To Individuals in Behavioral Crisis Via Co-Responder Models: The Role of Cities, Counties, Law Enforcement, and Providers*, 4, POLICY RESEARCH INC. & NATIONAL LEAGUE OF CITIES (January 2020), https://www.theiacp.org/sites/default/files/SJCResponding%20to%20Individuals.pdf (the report notes that whether co-responder models reduce officers' use of force is an area for future study)

[42] Mental Health America, Position Statement 59: Responding to Behavioral Health Crisis, https://www.mhanational.org/issues/position-statement-59-responding-behavioral-health-crises.

[43] National Alliance on Mental Illness, Crisis Intervention Team (CIT) Programs, https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs (Last visited September 27, 2021).

[44] Michael S. Rogers, Dale E. McNiel and Renée L. Binder, *Effectiveness of Police Crisis Intervention Training Programs*, THE JOURNAL OF THE AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW (Sept. 2019), http://jaapl.org/content/early/2019/09/24/JAAPL.003863-19.

[45] Amy C. Watson and Michael T. Compton, What Research on Crisis Intervention Teams Tells US and What we Need to Ask, Journal of the American Academy of Psychiatry and the Law (December 2019), http://jaapl.org/content/47/4/422.full.

[46] Id.

[47] April Shaw, *What to Know About "988," A New National Suicide Prevention Lifeline Number,* THE NETWORK FOR PUBLIC HEALTH LAW (Oct. 21, 2020), https://www.networkforphl.org/resources/what-to-know-about-988-a-new-national-suicide-prevention-lifeline-number/.

[48] Wireline Competition Bureau Office of Economics and Analytics, *Report on the National Suicide Hotline Improvement Act of 2018*, FEDERAL COMMUNICATIONS COMMISSION, 17 (Aug. 14, 2019), https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf.

[49] Id.

[50] Cong.Gov, S. 2661 – National Suicide Hotline Designation Act of 2020, https://www.congress.gov/bill/116th-congress/senate-bill/2661/text

[51] NAMI, *More Than a Number Building Your Community's 988 Crisis Response System*, https://www.nami.org/getattachment/43600aa2-34db-4fb0-964c-3b86927f768f/Advocacy-Resource-on-988-Crisis-Response-System-Vi.

[52] As of August 31, 2021.

[53] Nev. Rev. Stat. § SB 390, § 3 (2022), bill accessible at: https://www.leg.state.nv.us/App/NELIS/REL/81st2021/Bill/8095/Text.

[54] As of September 15, 2021.

[55] An Act to Better Coordinate Suicide Prevention Services, Behavioral Health Crisis Care, and Emergency Services Through 988 Implementation, Bill S.1274 , 192nd (2021), available at: https://malegislature.gov/Bills/192/S1274; Suicide and Mental Health Crisis Access, S.B. 1125, 66th Legislature, First Regular Session (2021), available at: https://legislature.idaho.gov/sessioninfo/2021/legislation/S1125/.

[56] NAMI, *More Than a Number Building Your Community's 988 Crisis Response System*, https://www.nami.org/getattachment/43600aa2-34db-4fb0-964c-3b86927f768f/Advocacy-Resource-on-988-Crisis-Response-System-Vi.

[57] SAMHSA, National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit Executive Summary, 5 (Feb. 24, 2020), https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf.

[58] Mental Health: 988 Crisis Hotline, AB-988, California Legislature (2021-2022), available at: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB988

[59] An act to amend the county law, in relation to a 9-8-8- suicide prevention and mental health crisis hotline system, S.B. S6194B, The New York State Senate (2021-2022), available at: https://www.nysenate.gov/legislation/bills/2021/s6194/amendment/b (proposed legislation calls for 988 crisis hotline centers to coordinate with other 988 crisis hotline centers and 911 "for the appropriate deployment of a mobile crisis team and/or law [enforcement], and when appropriate" but does not set standards governing such deployments); Relating to Behavioral Health; declaring an emergency, H.B. 3069 B, Oregon State Legislature (2021), available at: https://olis.oregonlegislature.gov/liz/2021R1/Measures/Overview/HB3069 (early bill versions state that mobile crisis intervention teams must include law enforcement as co-responder "only as needed to respond in high-risk situations that cannot be managed without the aid of law enforcement"; the bill is still making its way through committee); Wash. Rev. Code §§ 71.24.0001-0004, available at: https://app.leg.wa.gov/billsummary?BillNumber=1477&Initiative=false&Year=2021#documentSection (an early draft of the legislation contained more robust requirements to expand the state's mobile rapid response crisis teams and were cut from the final bill, along with the requirement that the teams "include police as coresponders in behavioral health teams only when public safety is an issue and the situation cannot be managed without law enforcement assistance"; the bill as passed into law scaled back the creation of mobile teams generally, instead, calling for assessment into costs and feasibility of expanding and deploying these or other teams statewide)

[60] This issue brief will focus on 12 states with state-legislated tip lines, as a representative sample of how state legislated tip lines generally operate, rather than a state-by-state analysis of all tip lines, or even all state legislated tip lines.

[61] The Jason Foundation, Facts & Stats, https://jasonfoundation.com/youth-suicide/facts-stats/ (Last visited September 28, 2021).

[62] Michael Planty, et al. *Tip Lines For School Safety: A National Portrait of Tip Line Use*, 1, RTI INTERNATIONAL (February 2020) https://files.eric.ed.gov/fulltext/ED609959.pdf.

[63]America's Health Rankings, National Teen Suicide, UNITED HEALTH FOUNDATION (2020), https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/teen_suicide/state/ALL.

[64] National Center for Injury Prevention and Control, Division of Violence Prevention, *The Relationship Between Bullying and Suicide: What We Know and What it Means for Schools*, CDC (April 2014), https://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf (identifying bullying and being bullied as posing the highest risk for suicide-related behavior compared to youth who report other involvement with bullying); Substance Abuse and Mental Health Services Administration, *Treatment for Suicidal Ideation, Self-Harm, and Suicide Attempts Among Youth*, 4 (Dec. 2020), https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-002.pdf; Suicide Prevention Resource Center, Risk and Protective Factors (Last visited September 28, 2020), https://www.sprc.org/about-suicide/risk-protective-factors.

[65] Office of the Attorney General, State of Colorado, *Safe2Tell Annual Report August 1, 2019 – July 31, 2020*, 2, 5 (2019-2020), https://safe2tell.org/sites/default/files/u113/2019-2020%20Safe2Tell%20Annual%20Report.pdf.

[66] Office of the Attorney General, Commonwealth of Pennsylvania, *Annual Report 2019-2020 School Year*, 8 (2019-2020), https://www.safe2saypa.org/wp-content/uploads/2021/01/2019-2020-S2SS-Annual-Report-FINAL.pdf.

[67] Ryan King & Marc Schindler, A better path forward for criminal justice: Reconsidering police in schools, THE BROOKINGS INSTITUTE (April 2021), https://www.brookings.edu/research/a-better-path-forward-for-criminal-justice-reconsidering-police-in-schools/.

[68] Jessica Seamon, *Crisis Point: Teens increasingly turn to Safe2Tell for suicide, mental health emergencies. But Colorado doesn't track what happens next*, LOVELAND REPORTER-HERALD (Updated Sept. 28, 2020), https://www.reporterherald.com/2020/09/26/colorado-youth-mental-health-teen-suicide-safe2tell-coronavirus/.

[69] Id.

[70] Colorado Office of Attorney General, Safe2Tell Colorado, Implementation Guide, https://safe2tell.org/safe2tell-colorado-implementation-guide (Last visited September 28, 2021).

[71] Colorado Office of Attorney General & Safe2Tell, *Colorado Safe2Tell Annual Report August 1, 2019 – July 31*, 4, https://safe2tell.org/sites/default/files/u113/2019-2020%20Safe2Tell%20Annual%20Report.pdf.

[72] Colorado Office of Attorney General, Safe2Tell Colorado, Law Enforcement, https://safe2tell.org/law-enforcement (Last visited Sept. 28, 2021).

[73] Colo. Rev. Stat. § 24-31-606.

[74] SRO stands for student resource officers. Colorado Office of Attorney General & Safe2Tell, *Colorado Safe2Tell Annual Report August 1, 2019 – July 31*, 6, https://safe2tell.org/sites/default/files/u113/2019-2020%20Safe2Tell%20Annual%20Report.pdf.

[75] Colorado Office of Attorney General & Safe2Tell, *Colorado Safe2Tell Annual Report August 1, 2019 – July 31*, 11-12, https://safe2tell.org/sites/default/files/u113/2019-2020%20Safe2Tell%20Annual%20Report.pdf.

[76] Attorney General State of Florida, Fortify Florida, http://myfloridalegal.com/pages.nsf/Main/FE19DC4FA82A2F8C8525837C00400C14 (Last visited Sept. 29, 2021).

[77] FortifyFL, Suspicious Activity Reporting App, https://www.getfortifyfl.com/ (Last visited Sept. 29, 2021).

[78] Id.

[79] OK2SAY, MICHIGAN.GOV (Last visited, Sept. 29, 2021).

[80] Michigan State Police, *OK2Say 2020 Annual Report*, https://www.michigan.gov/documents/ok2say/2020_AnnualReport_MSP_ADA_ver13_724455_7.pdf.

[81] Mich. Comp. Laws § 752.913; Michigan State Police, *OK2Say 2020 Annual Report*, https://www.michigan.gov/documents/ok2say/2020_AnnualReport_MSP_ADA_ver13_724455_7.pdf.

[82] The program defines incidents as distinct from tips and to be a single event, which may generate more than one tip. Michigan State Police, *OK2Say 2020 Annual Report*, https://www.michigan.gov/documents/ok2say/2020_AnnualReport_MSP_ADA_ver13_724455_7.pdf. Public reports must include the number of tips forwarded to local law enforcement and school officials, referrals to mental health services, and information on the nature of and response to tips. Mich. Comp. Laws § 752.918.

[83] Michigan State Police, OK2Say 2020 Report, https://www.michigan.gov/documents/ok2say/2020_AnnualReport_MSP_ADA_ver13_724455_7.pdf

[84] Safe2HelpNE, SAFE2HELPNE.ORG (Last visited Sept. 30, 2021).

[85] The initial pilot program also contracted with the non-profit Boys Town. Nebraska made the Safe2Help program statewide, effective July 2021. Neb. Rev. Stat. LB 322 § 4.

[86] Neb. Rev. Stat. LB 322 §§ 3(7), -4(4).

[87] Kateri Hartman, *Initiative could extend life-saving practices for K-12 schools across the state*, NEBRASKA NEWS SERVICE (Feb. 27, 2021), https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/16089.

[88] Topic statistics are from 2020 Safe2Help Nebraska pilot program in Douglas County, Nebraska. Kateri Hartman, *Initiative could extend life-saving practices for K-12 schools across the state*, NEBRASKA NEWS SERVICE (Feb. 27, 2021), https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/16089.

[89] Safe Voice Nevada, SAFEVOICENV.ORG (Last visited Sept. 30, 2021).

[90] Office for a Safe and Respectful Learning Environment, *Report to the Legislative Counsel Bureau on the Implementation of SafeVoice Nevada*, 2 https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/16089 (Last visited Sept. 30, 2021).

[91] Nev. Rev. Stat. §§ 388.1455(2)(a) ,-14553(1)(1); Nevada Department of Education & Nevada Department of Public Safety, SafeVoice Show you care. Use your voice, http://safevoicenv.org/uploadedFiles/safevoicenvnvgov/Content/Home/IntroductiontoSafeVoicetipReportingSystem.pdf (Last visited Oct. 1, 2021).

[92] Office for a Safe and Respectful Learning Environment, *Report to the Legislative Counsel Bureau on the Implementation of SafeVoice Nevada*, 4 https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/16089. This information is required to be reported. Nev. Rev. Stat. §§ 388.1455(5)(c), -14557.

[93] Office for a Safe and Respectful Learning Environment, *Report to the Legislative Counsel Bureau on the Implementation of SafeVoice Nevada*, 2-3 https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/16089.

[94] By statute, "[t]he Handle with Care Program must enable a law enforcement officer or agency to notify the Program when a child who may attend a public school is exposed to a traumatic event or other event that may affect his or her ability to succeed at school." Nev. Rev. Stat. Ann. § 388.14538(1)-(2). The reports are included in the SafeVoice program summary report. HandleWithCare reports include exposure to domestic violence.

[95] Press Release, *NC State Superintendent Mark Johnson Announces Partnership With Sandy Hook Promise to Provide the Say Something Anonymous Reporting System Statewide in 2019-20*, SANDY HOOK PROMISE (May 30, 2019), https://www.sandyhookpromise.org/press-releases/nc_state_superintendent_mark_johnson_announces_partnership_with_sandy_hook_promise_to_provide_the_say_something_anonymous_reporting_system_statewide_in_2019_20/.

[96] The North Carolina Center for Safer Schools, *A Resource Guide on School Safety*, 22, https://www.dpi.nc.gov/media/8963/open (Last visited Sept. 29, 2021).

[97] Press Release, *NC State Superintendent Mark Johnson Announces Partnership With Sandy Hook Promise to Provide the Say Something Anonymous Reporting System Statewide in 2019-20*, SANDY HOOK PROMISE (May 30, 2019), https://www.sandyhookpromise.org/press-releases/nc_state_superintendent_mark_johnson_announces_partnership_with_sandy_hook_promise_to_provide_the_say_something_anonymous_reporting_system_statewide_in_2019_20/; Asheboro City Schools, Say Something Anonymous Reporting System, https://www.asheboro.k12.nc.us/SaySomethingAnonymousReportingSystem.aspx (Last visited Sept. 29, 2021).

[98] The North Carolina Center for Safer Schools, *A Resource Guide on School Safety*, 19-24, https://www.dpi.nc.gov/media/8963/open (Last visited Sept. 29, 2021).

[99] Id. at 23. These numbers reflect the 2019 through 2020 school year. In an assessment of tips covering a year during the COVID-19 pandemic, January 2020-December 2020, depression/anxiety was the third most reported tip, followed by drug/use/distribution, and then suicide/suicide ideation. A.P. Dillon, *'Say Something' reporting app for NC schools shows high number of self-harm and suicide tips*, THE NORTH STATE JOURNAL (March 25, 2021) https://nsjonline.com/article/2021/03/say-something-reporting-app-for-nc-schools-shows-high-number-of-self-harm-and-suicide-tips/.

[100] Safer Ohio, OHIO.GOV, https://ohio.gov/wps/portal/gov/site/residents/resources/safer-ohio (Last visited Sept. 20, 2021).

[101] The statute allows schools to use SAFEROH or an anonymous reporting program of the school's choice.

[102] Ohio School Safety Center, Safer Ohio School Tip Line, https://ohioschoolsafetycenter.ohio.gov/wps/portal/gov/ossc/pre-k-12-schools/school-safety-resources/safer-ohio-school-tip-line (Last visited Sept. 30, 2021).

[103] Ohio Rev. Code § 3313.6610(B),(C).

[104] Oklahoma School Security Institute, Welcome to the Oklahoma Security Institute Tipline, https://www.ok.gov/ossi/tipline/app/index.php (Last visited Sept. 30, 2021). The Institute recently made the tip line accessible through text. Tess Maune, *Oklahoma Creates Texting Tip Line for School Threat Reporting*, NEWS ON 6 (Jan. 22, 2021), https://www.newson6.com/story/600af01cfddba80bf7a61119/oklahoma-creates-texting-tip-line-for-school-threat-reporting.

[105] Oklahoma School Security Institute, About Oklahoma School Security Institute, https://www.ok.gov/schoolsecurity/ABOUT/index.html (Last visited Sept., 30, 2021). OK School Security Institute Tipline Program Website: The program website and statute have very limited information on tip triage and do not specify what tips warrant follow up or who is sent.

[106] SafeOregon, SAFEOREGON.COM, https://www.safeoregon.com (Last visited Oct. 1, 2021).

[107] North Clackamas Schools, SafeOregon Tip Line, https://www.nclack.k12.or.us/district/page/safeoregon-tip-line (Last visited Oct. 1, 2021).

[108] SafeOregon, SAFEOREGON.COM, https://www.safeoregon.com/resources/student-resources/ (Last visited Oct. 1, 2021).

[109] SafeOregon, *Oregon Statewide School Safety Tip Line 2019-2020 Annual Report*, 2, https://2a92d64405.nxcli.net/wp-content/uploads/2020/07/SafeOregon-2019-2020-Annual-Report.pdf.

[110] Id. at 3.

[111] Safe2Say Something, Frequently asked questions, https://www.safe2saypa.org/faq/#51 (Last visited Oct. 1, 2021).

[112] Commonwealth of Pennsylvania Office of Attorney General, *Safe2Say Something Annual Report 2019-2020 School Year*, 3, https://www.safe2saypa.org/wp-content/uploads/2021/01/2019-2020-S2SS-Annual-Report-FINAL.pdf.

[113] Id. at 5.

[114] Safe UT, SAFEUT.ORG, https://safeut.org (Last visited Oct. 1, 2021).

[115] Previously known as the University Neuropsychiatric Institute. Utah State Board of Education, SafeUT, https://www.schools.utah.gov/safehealthyschools/programs/schoolsafetycenter/safeut (Last visited Oct. 1, 2021).

[116] SafeUT, *SafeUT 2019-2020 Annual Report*, 4, https://safeut.org/sites/g/files/zrelqx271/files/media/documents/2021/2020safeut-annual-report.pdf.

[117] Id. at 6.

[118] Safe2Tell Wyoming, SAFE2TELL.ORG, https://www.safe2tellwy.org (Last visited Oct. 1, 2021).

[119] Safe2Tell Wyoming, Law Enforcement, https://www.safe2tellwy.org/lawenforcement (Last visited Oct. 1, 2021).

[120] Id.

[121] A disposition report by the appropriate school official and/or law enforcement, detailing each Safe2Tell tip follow-up and outcome, is required although the report does not disclose this information as it relates to law enforcement intervention and outcomes.

[122] Safe2Tell, *Safe2Tell Wyoming Annual Report: 2019-2020 School Year Overview & Report*, https://589ba156-fe7c-4e70-8c18-f3222b9270ed.filesusr.com/ugd/91152c_37d1ee65236c44d29d28b8f421b5e6ac.pdf.

[123] In the report a state attorney general's office, which represents 21% of state administered programs, is not included under the definition of law enforcement or public safety agency. Michael Planty, et al., *Tip Lines For School Safety: A National Portrait of Tip Line Use*, 7, RTI INTERNATIONAL (February 2020) https://files.eric.ed.gov/fulltext/ED609959.pdf.

[124] Michael Planty, et al., *"School Tip Line Toolkit: A Blueprint for Implementation and Sustainability*, RTI INTERNATIONAL (2018) https://www.ojp.gov/pdffiles1/nij/grants/252537.pdf.

[125] Giffords Law Center, Extreme Risk Protection Orders, https://giffords.org/lawcenter/gun-laws/policy-areas/who-can-have-a-gun/extreme-risk-protection-orders/#removal-laws (Last visited Oct. 1, 2021).

[126] Jeffrey W. Swanson, Understanding the Research on Extreme Risk Protection Orders: Varying Results, Same Message, PSYCHIATRY ONLINE (Aug. 5, 2019) https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900291. As discussed in the article cited here, researchers are currently engaged in debate about the extent to which gun removal laws contribute to non-firearm deaths.

[127] Johns Hopkins Bloomberg School of Public Health provides examples of who can petition in states, as well as comprehensive resources on ERPOs. Johns Hopkins Bloomberg School of Public Health, Extreme Risk Protection Orders: A Tool to Save Lives, https://americanhealth.jhu.edu/implementERPO (Last visited Oct. 1, 2021).