

REIMAGINING PUBLIC SAFETY



RPS ISSUE BRIEF SERIES: Welfare Checks

This brief is part of a series on different types of community issues and complaints to which police are asked to respond. In each brief we discuss the nature of the issue, review traditional policing strategies, and explore opportunities to adopt novel approaches.

Top Takeaways:

When someone calls 911 with concerns about the wellbeing of a family member, friend, or neighbor, we usually dispatch the police to conduct a “welfare check.”

Very often, welfare checks are precipitated by mental health, substance use, or medical crises, which most officers are not trained to address. In tragic cases, the unannounced arrival of armed strangers in uniform can result in conflict, injury, or death.

There are several approaches jurisdictions may adopt in seeking to improve their response to welfare checks.

- Use alternative and co-response programs that deploy unarmed professionals. These models may include behavioral health response teams, peer responders, or community service officers.
- Enhance existing officer response mechanisms by incorporating Crisis Intervention Team training.
- Helping vulnerable individuals plan ahead by sharing treatment preferences and contact information in case of an emergency.

An elderly relative has stopped returning phone calls, a next-door neighbor hasn't picked up their newspaper for days, a driver appears slumped over in their parked car—these are the kinds of situations that often prompt concerned family members or friends to dial 911 and request a “welfare check.” Although these calls rarely include reports of a suspected crime—and much more commonly concern mental illness, physical disability, or a medical crisis—in most places, we dispatch the police to respond.

This Really Matters.

This happens a lot. In one large U.S. city, welfare checks account for 7 percent of the total call for service volume. To put this number in perspective, residents requested a welfare check more often than calls for theft, burglar alarms, or noise complaints. In the same city, welfare checks occurred about as often as calls related to domestic violence.

In short, welfare checks represent a significant number of the daily calls for service to 911 and a huge claim on the time and attention of police departments.

Unfortunately, police officers rarely are trained to address the human, medical, or social conditions that prompt welfare checks. And in some tragic cases, by entering a private space without sufficient warning, the police can precipitate violent confrontation, injury, or death. According to the Washington Post, between 2019 and 2021, there were at least 178 instances in which officers shot and killed an individual they were called upon to assist.¹

Even when tragic outcomes are avoided, relying on the police to conduct welfare checks can result in other unintended harms:

- Unannounced police-centered welfare checks can make individuals resistant to treatment by disrupting treatment plans or negatively impacting the vital trust between doctors, therapists, and their patients.²
- Knowing that police will be the responders may reduce the willingness of certain family and friends to call for help.^{3,4}
- There is no evidence that sending the police to conduct welfare checks is effective in reducing harmful outcomes, such as preventing suicide.⁵

Use of Alternative Responders to Achieve Better Outcomes

Alternative response models are more likely to benefit individuals who are the subject of welfare checks, reduce the likelihood of harm, and build trust among community members, police, and other

service providers. Although some sub-set of welfare checks still might necessitate police presence if the call involves violence or a threat of violence, most can be handled—and handled better—by alternative responders. Here are several options:

BEHAVIORAL HEALTH RESPONSE TEAMS

Several jurisdictions have launched **alternative response models to address mental or behavioral health issues**. Some of these models also respond to welfare check calls, such as the **Behavioral Health Responders in Albuquerque, New Mexico**.

PEER RESPONDERS

Some behavioral health teams include **peer responders**. These are individuals who have personal experience with the issue that they are called to address, such as mental health or substance use.

The most widely replicated alternative response model is **Eugene, Oregon's CAHOOTS (Crisis Assistance Helping Out on The Streets)**. Notably, 75 percent of CAHOOTS responders identify as a 'peer,' or an individual with lived experience in housing insecurity, incarceration, substance use, or neurodivergence.⁶ This intimate knowledge of what it means to experience a specific crisis means that CAHOOTS responders are uniquely equipped to work with and for community members.

COMMUNITY SERVICE OFFICERS

Some police departments have **community service officer programs**. Community service officers typically are unarmed, have limited or no enforcement authority, and respond to non-urgent and non-violent community issues. These teams can be (and sometimes are) used to respond to welfare checks.

Alternative Response Considerations

When planning an alternative response model for welfare checks, you should be sure to evaluate two critical issues—hours of operation and scale.

- 1. Hours of Operation.** One of the key benefits of using police officers is their availability to respond to community issues 24/7/365. If alternatives are not available around the clock, police likely will remain the default response for welfare checks outside alternative response hours. This could blunt the effectiveness of new programming and/or produce confusion among 911 callers and dispatchers. See [Providing 24/7 Service](#) for further reading.
- 2. Scale.** Given the sheer number of welfare checks, alternative programs must launch at sufficient scale to meet the needs of your jurisdiction. Limiting alternative resources to one or two vans or teams may not meet community demand adequately, resulting in the continued dispatch of officers to welfare checks, and confusing the community as to who will respond if they call. See [Getting Started: Working with Data](#) for further reading.

See [Designing A Framework For First Response: Decision Points For Jurisdictions](#) for an in-depth exploration of additional issues to be considered when establishing alternative response models.

Improve Police Response

Even after you launch your alternative response program, it is likely that police officers still will attend to welfare checks involving weapons or threats of violence. To address this challenge, more than 2,700 departments across the United States offer [Crisis Intervention Team \(CIT\)](#) training, a 40-hour, specialized curriculum designed to improve police response to individuals living with a mental health diagnosis or substance use problem.

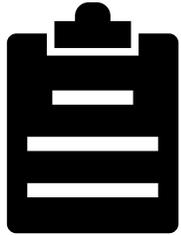
In addition, you can improve officer response by equipping officers with more information during crisis encounters in the field. To this end, some jurisdictions have developed vulnerable persons notification systems through which residents voluntarily submit information regarding a mental health condition or developmental disability. Upon running an individual's background, this flag either allows the dispatcher and officer direct access to the information supplied by the person or prompts officers to contact a specialist who can lend their expertise in addressing the individual's immediate needs.

Fort Smith, Arkansas Police Department launched its [Vulnerable Persons Database](#) in 2020, which seeks to enhance officers' response to individuals experiencing a mental health crisis by equipping them with vital information, such as how to best approach an individual or whether they have any life-threatening medical concerns.

The National Institutes on Mental Health has funded a [five-year, randomized control study](#) regarding vulnerable persons notification systems in 25 counties throughout the state of Georgia, expected to conclude in 2023. Researchers hypothesize that residents who opt into the officer flagging system will be less likely to be arrested and experience fewer gaps in mental health treatment and care.

Although providing access to individuals' diagnoses, treatment plans, and preferences may improve officers' ability to respond compassionately and effectively to individuals in crisis, keep in mind that privacy considerations may limit the flow of information to the police department.

Preventatively Planning Ahead



What's even better than responding effectively to a crisis? Preventing a crisis in the first place. We recommend a close look at preventative measures that can give loved ones, caretakers, and service providers the tools they need to support vulnerable individuals, potentially averting a call to 911 for a welfare check in the first place.

A Psychiatric Advance Directive (PAD) allows people with mental illness to document their treatment preferences and emergency contacts before a crisis occurs. PADs give patients a sense of empowerment and can improve attitudes towards treatment, while also enabling collaborative preparation between mental health consumers, treatment providers, family, and law enforcement.⁷ Even so, because welfare checks are often initiated by concerned family members or friends and not psychiatric practitioners, PADs may be a useful tool for only a limited number of welfare calls.

Technology also can help. Medical alert devices have been in existence for decades and may be accessible at low or no cost. Some systems will alert emergency contacts if the device is activated or registers a problem, such as a fall. The ability to reach family and loved ones easily and quickly can prevent the types of situations that lead to welfare checks and police responses, especially for the elderly.⁸

Endnotes

1 Gerberg, J. A. L. (2022). When calls for help result in police shootings. *Washington Post*. <https://www.washingtonpost.com/investigations/interactive/2022/police-shootings-mental-health-calls/>; Amdur, E. (2021). Welfare checks can kill: Tactics for better outcomes. *Police 1*. <https://www.police1.com/patrol-issues/articles/welfare-checks-can-kill-tactics-for-better-outcomes-RuqgJQw6h0EypcSZ/>

2 Vitiello, E., & Moseley, D. D. (2021). Navigating care from afar: ethical considerations for police welfare checks. *Psychiatric services*, 72(11), 1345-1347.

3 McKechnie, J. (2021). A Community Caretaking Policy: Why Mental Health Professionals Should Respond to Welfare Checks When No Exigencies Are Present. *Creighton L. Rev.*, 55, 227.

4 Schapiro, R. (2018, April 5). Families of mentally ill fear calling police may turn into deadly encounter. *NY Daily News*. Retrieved October 5, 2022, from <https://www.nydailynews.com/new-york/families-mentally-ill-fear-calling-police-turn-deadly-article-1.3917552>

5 *Id.* at 1345.

6 This sentence here should have the following citation “Peer-Led Mobile Crisis Response: How It Works – A Greenfield People’s Budget. (n.d.). Retrieved October 5, 2022, from <https://peoplesbudgetgreenfield.com/cahoots/>

7 Vitiello, E., & Moseley, D. D. (2021). Navigating Care From Afar: Ethical Considerations for Police Welfare Checks. *Psychiatric services (Washington, D.C.)*, 72(11), 1345–1347. <https://doi.org/10.1176/appi.ps.202000732>

8 Warrington, D. J., Shortis, E. J., & Whittaker, P. J. (2021). Are wearable devices effective for preventing and detecting falls: an umbrella review (a review of systematic reviews). *BMC public health*, 21(1), 2091. <https://doi.org/10.1186/s12889-021-12169-7>.