

Wilmington, Delaware
June 18, 2025

#xxxx

Sponsor:

**Council
Member
Darby**

WHEREAS, community response teams, or civilian crisis response teams, are partnerships that pair non-uniform professionals, such as mental health specialists, with peer counselors and trained civilians to provide direct services to individuals experiencing emotional, psychiatric, or substance abuse-related crises; and

WHEREAS, the objectives of community response teams are to link individuals in mental or emotional distress with the assistance that is appropriate to their needs; divert the resource demands of responding to mental health calls from law enforcement officers to trained professionals; ensure that individuals experiencing mental or emotional health crises receive consistent, culturally-competent responses when they need them most. The isolation, reduced access to care, and other traumas experienced during the COVID-19 pandemic have further augmented the number of individuals at risk of having a severe mental or emotional crisis, however, healthcare utilization for non-COVID care remains below pre-pandemic levels; and

WHEREAS, in 2021, the National Institute of Mental Health estimated that 57.8 million adults, or one in five Americans aged 18 or over, live with some type of mental illness. Approximately 14.1 million American adults, or 5.5%, struggle with severe mental illness. 16.9% of adults in Wilmington reported having mental health concerns for more than 2 weeks in a month, and 83.9 per 100,000 people lost their lives to opioid overdoses; and

WHEREAS, research has repeatedly shown that people with mental illness are more likely to have negative interactions with law enforcement. An analysis of police use of force and serious injury data published by the *BMC Psychiatry* medical journal found that “persons with serious mental illness” experienced the use of police force at 11.6 times the rate of persons

without serious mental illness. Individuals with serious mental illnesses were also 10.7 times more likely to be injured during encounters with law enforcement than those without serious mental illnesses. On April 12, 2023, the News Journal reported that a man with suicidal ideation was critically injured during a 911 emergency call response involving police; and

WHEREAS, not only do the nature and frequency of interactions with law enforcement officers foster fear and mistrust of uniformed officers, but the trauma of negative encounters with officers can also aggravate an individual's mental health. According to the Ruderman Family Foundation, over half of the nation's incarcerated population has a mental illness. Even at the earliest stages of life, researchers have found that the lack of appropriate accommodations for youth with non-apparent disabilities and trauma-induced mental illness has fueled the School-to-Prison and Foster-Care-to-Prison Pipelines; and

WHEREAS, in an analysis by the Washington Post, it was found that nearly a quarter of officer-involved shooting fatalities nationwide were individuals who suffered from acute mental illness at the time of their deaths. People with untreated mental illness were 16 times more likely to have fatal encounters with police than those following a treatment plan; and

WHEREAS, many Wilmington Police Department (WPD) officers have received crisis intervention training, however, it is not a standard requirement for a law enforcement officer to recognize mental health problems ad hoc. Community response teams have been found to perform better than crisis intervention teams that include uniformed law enforcement officers. An evaluation of New York's Behavioral Health Emergency Assistance Response Division (B-HEARD) Zone 7 team, which fields calls in East Harlem and parts of Central and North Harlem, found that traditional responders, or teams of New York Police Department (NYPD) officers and emergency medical service (EMS), requested assistance from the B-HEARD team

twice as much as the B-HEARD team called for backup from the NYPD and EMS. 13% more people accepted medical assistance from the B-HEARD team. 82% of people serviced by a traditional response were transported to the hospital. By contrast, the B-HEARD team transported 50% of clients to hospitals. 25% were assisted onsite, 20% were transported to a community-based care location, and everyone served by B-HEARD was offered follow-up care; and

WHEREAS, the challenges facing our City continue to outpace what we have equipped our police to handle independently. Nationwide, the difficulties maintaining authorized strength and the variety of roles that today's law enforcement officers are expected to fulfill are taking a personal toll on their mental health. According to the National Alliance on Mental Illness (NAMI), law enforcement officers report higher rates of depression, burnout, PTSD (post-traumatic stress disorder), and anxiety than the general population. In 2017, more police officers died by suicide than in the line of duty; and

WHEREAS, in an analysis of 911 call data from Detroit, Michigan; Hartford, Connecticut; Minneapolis, Minnesota; New Orleans, Louisiana; Portland, Oregon; Richmond, California; Seattle, Washington; and Tucson, Arizona it was estimated that between 33 and 68% of calls for service could be addressed without dispatching an armed officer. Community response teams have been proven effective at relieving the burden of non-criminal calls for service so that police officers can focus on the work that they have been trained to do; and

WHEREAS, there have been previous discussions with the Purzycki Administration, Police Chief Campos, and Council Members regarding the necessity of developing a community response team, as well as committee presentations by representatives of Law Enforcement Action Partnership (LEAP) to provide Council Members and the public with a

forum to receive information directly from this organization and have their questions answered. Wilmington has the opportunity to benefit from an analysis of police call-for-service from the LEAP. The call-for-service analysis will assess emergency calls to determine the volume of calls that could be managed without police intervention, what resources would be required to assemble a local community response team, and other key logistical details of establishing an effective, consistent community-based response to mental health-related incidents.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF WILMINGTON that this Legislative body urges the Administration and Wilmington Police Department (WPD) to coordinate with LEAP to provide the data necessary to complete a call-for-service analysis, which is the first phase in assessing local demand for community response team services, in our City.

BE IT FURTHER RESOLVED that this Council appeals to the Administration and WPD to make the resources and necessary budgetary funding available to carry out the findings and recommendations provided by LEAP to complete the subsequent phases required to establish a community response team that is equipped to meet the unique needs of Wilmingtonians.

Passed by City Council,

ATTEST: _____
City Clerk