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SHERIFF AND COMMUNITY MENTAL HEALTH PARTNER TO BRING CO-RESPONSE TO WASHTENAW COUNTY, MI

ESSAY
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Related: Washtenaw County Co-Response Unit (CRU) Pilot Evaluation from University of Chicago's Health Lab

ONE SUMMER NIGHT IN YPSILANTI TOWNSHIP

"Don't hurt them!" I heard this appeal from a Black male driving by what he likely interpreted as the start of an unprovoked police encounter with a civilian. At a quick glance, this driver's perception makes sense. He saw two bulletproof-vest-clad uniformed individuals emerging from a subdued undercover police vehicle and approaching a Black female passively panhandling. This drive-by plea was likely motivated by recent incidents of Black people receiving fatal or excessive force from law enforcement for non-violent offenses. Yet, unbeknownst to the general public, this was not technically a police engagement at all. Instead, it was a pilot alternative response effort co-led by the Washtenaw County Sheriff's Office (WCSO) and Washtenaw Community Mental Health (CMH) called the Co-Response Unit (CRU). This essay captures evidence from over 100 hours of observations of CRU and related operations as well as interviews with key stakeholders as part of an implementation evaluation led by the University of Chicago's Health Lab.

YEARS BEFORE THIS SUMMER NIGHT

Nearly a decade prior to that summer night, in fall 2014, Washtenaw County residents were rattled when 40-year-old Aura Rosser, a Black woman, was killed by an Ann Arbor police officer.[1] Ann Arbor Police Department was responding to a violent domestic disturbance 911 call and arrived while Ms. Rosser was visibly armed with a knife and fighting her partner.[2] Ms. Rosser ignored the officer's requests to drop her weapon and was fatally shot while approaching them in an "attack position."[3] Yet, Ms. Rosser's violent disposition was likely mental health-related and linked to her recently stopping her prescribed psychiatric medications in addition to consuming a mix of cocaine and alcohol that night.[4]

The year Ms. Rosser died, studies approximated that 32% of fatal police encounters involved those experiencing a mental health crisis.[5] Typically, these encounters begin with a 911 call. It is estimated that between 21% and 38% of 911 calls, nationally, are related to mental health, substance use, homelessness, and other social service-related issues.[6] According to officials in Washtenaw County, approximately one-third of WCSO's 53,000 annual calls for service are mental health-related.[7] Moreover, recent Washtenaw County dispatch data reveals that 911 calls related to emotionally disturbed persons — a common proxy for calls related to mental health — increased 63% from 2018 to 2022.[8]

Despite typically lacking adequate training for responding to mental health crises, police are often the default option for 911 calls related to mental health issues. In Washtenaw County, approximately 69% of mental health calls involving WCSO deputies did not require a police response.[9] Without proper de-escalation training for responding to mental health crises, police may resort to physical force, leading to an arrest or serious injury. Nationally, since 2015, approximately 2,000 individuals in the midst of a mental health crisis have been killed by police.[10] Furthermore, individuals with mental health-related issues in Washtenaw County have longer jail stays and higher recidivism rates, beginning what often becomes the process of a lifelong carceral relationship.[11,12]

Finally, when considering race, another troubling trend is revealed: Black people are three times more likely to be killed during police interactions. Since 2015, Black Michiganders have made up 30% of all fatal police shootings in the state and one-quarter of the fatal police shootings related to mental health crises.[13] Yet, Blacks only make up 15.3% of the state's population.[14]

Overall, growing awareness of the fatal intersection of race, mental health, and policing has heightened calls for alternative first response models at the national and local levels.

POLITICS AND THE QUEST FOR ALTERNATIVE RESPONSE IN WASHTENAW COUNTY

Defunding the police became a national movement after police killed George Floyd in 2020.

Consequently, many municipalities reallocated monies away from police departments to social service and community programs. Yet before 2020, some locales had already adopted or piloted alternative response programs for behavioral health-related emergencies, including CAHOOTS in Oregon.[15] These alternative first response programs typically exclude or minimize the use of police.[16]

UNARMED RESPONSE VS. CO-RESPONSE

In 2021, Ann Arbor joined this movement when its City Council voted unanimously to develop an "unarmed public safety response program" to serve the Ann Arbor community.[17] The unarmed response model is a type of alternative first response that uses unarmed civilians, rather than police, for emergency calls. These "civilians" can include trained clinicians, paramedics, and other community and mediation outreach workers.[18,19] In response to Ann Arbor City Council's resolution, the Coalition for Re-envisioning Our Safety (CROS), formed by local subject matter experts, created a proposal with recommendations for the development and operation of Ann Arbor's unarmed response program. CROS's proposal included the following philosophies about police and first response:[20]

1. Non-police professionals should be responding to certain types of crises
2. Police can cause significant harm to communities, and
3. Police cannot be re-trained to be something different.

The CROS proposal was included as part of the Ann Arbor city administrator's comprehensive report to city council in December 2021.[21] That report also included news that the Washtenaw County Sheriff's Office and Community Mental Health were co-developing another alternative first response model: a co-response model. Co-response models utilize teams comprised of multiple first response entities, including police and mental health providers.[22] Some co-response models are implemented with all entities being dispatched as a single unit, such as CARE in Chicago and CRT in Colorado Springs.[23] Ann Arbor officials saw added value in a co-response model but argued that an unarmed crisis response, separate from law enforcement and Community Mental Health, was still needed within Ann Arbor's first response landscape.[24]

In 2022, Ann Arbor hired Public Sector Consultants (PSC) to survey community members, businesses, and organizations to gauge public interest in establishing an unarmed response program in Ann Arbor. In 2023, PSC submitted its formal report, including recommendations for creating and operating Ann Arbor's URM. Ann Arbor next planned to outsource unarmed response services and contract with a third-party vendor. Yet, despite multiple solicitations, Ann Arbor received only one proposal — rejected for not meeting program requirements — and was forced to reallocate dedicated unarmed response program funds to other public projects.[25] However, Ann Arbor City Council remains committed to establishing an unarmed response model in the city.[26]

Overall, Ann Arbor's quest for an unarmed response illustrates the political context from which CRU emerged and continues to operate. Thus, CRU's deployment did not reflect unanimous agreement on what an alternative response should look like in Washtenaw. Yet, as I describe next, the motivations for CRU reflect the shared belief that alternatives to traditional policing are critically needed.

THE CONTINUUM OF FIRST RESPONSE IN WASHTENAW COUNTY

> *"Our real job is managing two primary things when we're on the scene. ... risk and need ... should determine which responder you send. And here's the thing ... there's always a little bit of both. I've yet to see a call where it's just strictly one and not the other."*
>
> - Jerry Clayton, retired Washtenaw County sheriff [27]

The elements of "risk" to officers and public safety versus "needs" of the alleged offender(s) in first response are paramount to WCSO's conceptual "continuum of community responders" framework, which entails five unique response types:[28]

1. police-only response,
2. clinician-only response,
3. coordinated response,
4. co-response unit, and
5. unarmed community response.[29]

Coordinated response typically involves police or social workers communicating directly to coordinate a first response approach. Before CRU, coordinated responses were common between CMH and law enforcement. For example, police may contact CMH when engaging a known CMH client, or CMH may request police assistance with pick-up orders for individuals known to be violent.[30] Yet, as CMH Director Cortes and other staff shared, these coordinated efforts can be undermined if responding officers lack skills and temperament for mental health crises.

"There's always going to be law enforcement that just doesn't really want to work in this space and there's the ones that are really good at it, but the randomness of success becomes exponential. ... When we do that coordinated response with law enforcement, it looks completely different depending on what [police department] you're working with, because every single PD has got their own characteristics and personality."

- Trish Cortes, CMH director

Washtenaw County's co-response model involves police and social workers working in tandem. As Director Cortes suggests, co-response is ideal when staffed with law enforcement trained to respond to mental health crises. Furthermore, a co-response model could be particularly critical for prison diversion or deflection for people experiencing a mental health crisis, given their higher rates of recidivism.

"Here's why co-response makes so much sense: if you just manage the risk and not the need, which is what police have done forever, we're not addressing root cause issues. We're not addressing the behavioral challenges... that cause people to behave a certain way. So, what do you get? The same cycle: re-offending, the recidivism... because all we're doing is holding people, managing risk and not need."

- Jerry Clayton, retired Washtenaw County sheriff

THE CRU PILOT

Washtenaw County's CRU pilot began June 8, 2022, with Ypsilanti Township as its designated jurisdiction (See Figure 1).[31] CRU included one police officer and one master's-level CMH social worker. Each was chosen for their track record of effectively managing mental health-related engagements, and their extensive history working with each other's agency.

During the pilot, CRU operated out of a converted undercover police car with "subdued" WCSO markings visible around the vehicle and no lights mounted on the top.

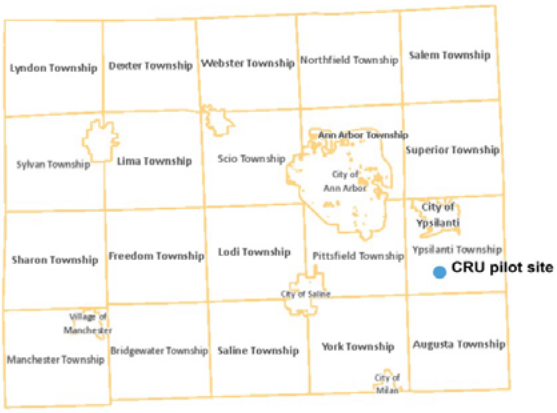

Figure 1: Map of Washtenaw County with CRU pilot site[32]

Bold lettered decals reading "Co-Response Unit" line the sides and back of the CRU vehicle. The CRU uniform consists of a black shirt and tan-like pants, with each CRU member visibly wearing a bulletproof vest displaying their respective agency insignia.[33] The WCSO deputy wears a "belt," consisting of a standard-issue firearm, taser, and other tools usually worn on police duty.

CRU can be dispatched to 911 calls and receive requests for service from CMH's crisis team, which is available 24/7 to respond to urgent needs that could result in harm. Per WCSO policy, Metro Dispatch Center 911 dispatchers should only utilize CRU for behavioral health-related events, including: "disruptive conduct, attempted or threatened suicide, overdoses, gravely disabled subjects, and individuals experiencing a behavioral crisis and emotional trauma."[34] CRU engagements can be self-initiated, at CRU's discretion, when on patrol. For example, CRU can initiate engagements when seeing individuals appearing in distress or in need of resources (e.g. dumpster diving, pan-handling, sleeping in their car, etc.). Pending approval, CRU may go beyond its assigned jurisdiction of Ypsilanti Township, if requested.[35]

During the pilot period, CRU worked 12-hour shifts from 7 p.m. to 7 a.m., with the days of operation varying. During the first 18 months of operation, CRU worked 204 shifts, averaging approximately 11 shifts per month (See Table 1).[36]

TABLE 1: TOTAL SHIFTS WORKED BY MONTH

YEAR	MONTH	TOTAL SHIFTS WORKED
2022	JUNE	9
2022	JULY	15
2022	AUGUST	12
2022	SEPTEMBER	9
2022	OCTOBER	7
2022	NOVEMBER	9
2022	DECEMBER	12
2023	JANUARY	10
2023	FEBRUARY	13
2023	MARCH	14
2023	APRIL	5
2023	MAY	10
2023	JUNE	13
2023	JULY	12
2023	AUGUST	14
2023	SEPTEMBER	8
2023	OCTOBER	6
2023	NOVEMBER	8
2023	DECEMBER	18
		204

As part of the Health Lab's implementation evaluation, I conducted interviews with CRU staff and leadership. I logged over 100 hours of ethnographic observations with CRU, the Metro Dispatch Center, and CMH's crisis team between May and December 2023. At these sites, I observed call takers and dispatchers at Washtenaw County's Metro Dispatch Center and participated in ride-alongs with the CRU team and CMH crisis team.[37]
Collectively, I observed multiple stages of the engagement process. The following sections detail specific themes identified from these activities.

HOW IS CRU WORKING?

When CRU first began engaging individuals, people often assumed CRU was police. Consequently, many appeared apprehensive when approached. Yet, months later, I witnessed increased recognition with welcoming phrases like *"I've heard about you guys."* Some people now approached CRU with updates or called and texted them for help and resources.

In less than a year, CRU had built a credible reputation in the community, most critically with local business owners (e.g., gas stations, convenience stores) and their staff. Businesses were frequent callers of 911 for issues such as loitering, panhandling, and sometimes trespassing.[38] Often, the individuals involved were people whom CRU often engaged. CRU succeeded in encouraging businesses to request CRU when calling 911 or to contact CRU directly. Instead of arresting these individuals for the risk they seemingly posed to businesses and their customers, CRU was providing services to address the underlying needs driving their adverse interactions with businesses.

SPENDING SUFFICIENT TIME AND USING APPROPRIATE SKILLSETS

CRU engagements often entailed some element of perceived criminality. Early in the pilot, CRU was dispatched to a local restaurant for an individual loitering and refusing to leave as staff prepared to close. CRU arrived and offered the person snacks, clothing, and transportation. The individual, surprised but grateful for the snacks and clothes, revealed they needed to charge their phone to call for a ride. CRU helped to charge their phone, and another responding officer took them to meet their ride.

I twice observed CRU responding to 911 calls involving intoxicated individuals. One had fallen down the stairs, and another was walking in oncoming traffic. CRU spent over four combined hours on these two engagements, speaking with each individual's family members to coordinate the most appropriate response and to help check them into the hospital. This illustrates a key contribution of CRU: time spent on scene.

Another key contribution is CRU's ability to offer real-time clinical evaluation. For example, CRU's CMH staff quickly connected each individual's behavior to the potential influence of substance use. They also identified comments made by each individual that suggested the potential for self-harm. This allowed CRU to legally petition for psychiatric evaluations for both individuals after safely sobering up at the hospital. Neither engagement resulted in an arrest despite violent and uncooperative behavior, including kicking an assisting officer. In both cases, these behaviors resulted in the use of handcuffs or restraints, but for the purpose of de-escalation and individual safety rather than arrest.

A significant number of CRU's engagements dealt with housing insecurity. One night, CRU spotted an individual known to be without housing, dumpster diving. CRU interacted with this person often, and soon the individual's friends—also known to CRU—arrived. CRU suspected one of the friends of being involved in a recent shoplifting incident. Yet, CRU only offered each individual food and clothing, and provided vouchers to a local thrift shop to obtain clothes.

Another time, I observed a CRU engagement with a woman living in a makeshift camp in the woods. Earlier, police responded to a domestic abuse call involving this woman, but she had a new emergency involving poison ivy. CRU transported her and her dog to one of CMH's care centers to shower, receive treatment, and locate temporary pet-friendly housing. CRU spent multiple hours that night locating housing and collecting personal belongings from the person's campsite. Many with housing insecurity also struggled with substance abuse. When drug use was involved, CRU focused on treatment and helped some enter rehab.

Additionally, issues of trespassing were common for those who were housing insecure. Near the end of my observations in fall 2023, a business property owner filed eviction notices for people living in a homeless campsite on the property. With winter approaching, CRU coordinated with CMH's Projects for Assistance in Transition from Homelessness (PATH) to help campsite tenants locate alternative campsites or more stable housing. CRU could not stop the eviction, but they proactively assisted in securing alternate living arrangements.

Lastly, there was one case with potentially fatal consequences that I did not observe but learned about from CRU officials. Deputies requested CRU respond to an individual who had originally called 988 — the 24/7 nationwide suicide and crisis hotline.[39] This individual claimed to have a "hit list" of people they wanted to kill with ideations of conducting a "public shooting." 988 staff contacted local police, and the responding officers eventually requested assistance from CRU.

"I knew additional questions to ask, like safety assessment questions, … his plans, his intent, how detailed the thoughts he was having with this 'hit list.' … There was a lot of flags to me that were safety issues still, even though he had calmed down quite a bit. I was able to … use my clinical skills … to justify why I still felt he was a safety issue."

- CRU's CMH staff

While on scene, CRU learned that this individual had a number of firearms. Though the person was a CMH client, the ideations of public violence and possession of firearms were previously unknown to CMH.

CRU successfully convinced the individual to agree to a hospital psychiatric evaluation. CMH was alerted to the individual's developing mental health symptoms, and the weapons were confiscated without issue. Further psychiatric evaluation revealed that these new behaviors were part of a previously undetected mental health disorder. Consequently, CMH developed a new treatment approach for this individual. In total, this engagement lasted several hours, including time securing the weapons and submitting clinical notes.

Collectively, the small sample of cases presented here reflects the promise of CRU. Furthermore, it illustrates two unique contributions CRU adds to Washtenaw County's first response landscape. First, CRU can commit extensive time to engagements, which frees up the time of police officers and 911 call-takers. The above cases lasted for hours, and staffing levels don't allow traditional first responders to commit such time to a single 911 call or engagement. Second, the inclusion of CMH ensures the appropriate skillset is available to effectively de-escalate or evaluate the complexities of mental health engagements.

The value of these contributions was illuminated when I shadowed the night shift of 911 dispatchers and call-takers. They shared how often they are tasked with talking for extended periods with individuals struggling with mental health issues who just want someone to "talk to." Yet, given that Washtenaw Metro Dispatch receives about 700 calls daily, spending such time on a single call or engagement stymies the ability of call takers and officers to respond to other emergencies.[40] Overall, these observations illustrate CRU's potential as an effective first response option for mental health-related engagements and individuals in need of other social services, like housing.

AVAILABLE WHEN NO ONE ELSE IS

CRU operates overnight from 7 p.m. to 7 a.m., a time when most social services, programming, and public transportation are closed or scarcely available. Thus, at a critical time, CRU is a critical connection point to social and mental health services. For example, during CRU's first 18 months, 213 engagements involved CMH clients at hours when regular CMH services were closed.[41]

When these interactions occur, CRU's CMH staff can securely access CMH-client records and note concerns that CMH should follow up on. For example, the previously mentioned panhandler reported being hungry, but needed money to purchase food, which is why they were panhandling. CRU's CMH staff confirmed that this individual was a CMH client with a scheduled CMH appointment the next day. The CMH staff noted CRU's engagement in this individual's CMH file and included that the person was experiencing food insecurity; CRU provided food and CRU's contact information before departing. Moreover, at times, CRU served as a connection point to CMH services for individuals in need of social and mental health support, but who were not yet connected to CMH.

Additionally, CRU identifies potential clients for WCSO's Law Enforcement Assisted Diversion and Deflection program (LEADD). During our evaluation period, CRU had 58 LEADD-related engagements. The deputy for CRU's pilot unit worked directly with LEADD, updating them on new developments and potential clients. CRU has also been a critical connection point for CMH's Projects for Assistance in Transition from Homelessness (PATH) program. PATH's daytime outreach hours were limited, due to staffing constraints, and occurred when many campsite tenants were away working, panhandling, or doing other activities.[42] CRU's shift starts when many are returning to their campsites to turn in for the night, allowing CRU to follow up on PATH's daytime outreach.

CRU also serves as a transportation option during hours when public transportation is unavailable. For example, the Ann Arbor Area Transportation Authority (AAATA) services Ypsilanti Township, but service hours for most bus routes end by midnight and don't restart until 7 a.m. Thus, CRU can assist those who need after-hours transportation to housing or a hospital.

Overall, CRU's operating schedule helps keep critical social services in reach during off-hours.

CULTURAL INTERPLAY BETWEEN LAW ENFORCEMENT AND SOCIAL SERVICES

Finally, CRU's team composition allows for cultural learning opportunities between law enforcement and social services. For example, I asked CRU's deputy about differences between WCSO deputies and CMH in how they understand "progress" with substance abuse, an issue present in many of their engagements. The deputy explained his evolving mindset since joining CRU:

"[At CMH], they think going from two-tenths of heroin a day to one-tenth of heroin a day is winning. .... From the cop side, it's still like, 'No, you're still doing heroin.' It's not a success. From the social worker side, it's harm reduction. ... It's like a hard thing to grasp because ... I straddle ... a world of definitives. If you hit somebody, you go to jail. ... I don't go, 'Well, this time you only punched them four times. You're doing really good. You're not going to go to jail this time.' It's kind of a weird shift for us."

- CRU deputy

CRU's deputy cited a specific individual, whom CRU regularly engaged, who was struggling with substance abuse. CRU helped this individual enter rehab, only to relapse months later. The deputy struggled to interpret this as progress.

"[They] went from 15 days clean to 90 days clean, then [they] relapsed. And last time [they] didn't make it that long, or [they] relapsed after two months instead of after a month. So, to them [social workers], it's all a win. To us [police], it's like it's super hard to understand that's a win. [The CRU CMH staff] is making me try to change my mind."

- CRU deputy

WCSO requires its deputies to be trained to respond to mental health crises. Yet CRU provides on-the-job training opportunities for both agencies to learn from one another. While WCSO officers gain new interpretations of "progress" from substance abuse, CMH staff learn to identify safety threats in the environment that could undermine de-escalation efforts or clinical evaluation attempts. Thus, given concerns about police involvement in mental health crises, CRU provides a learning opportunity for two agencies that are sometimes at odds philosophically.

CONCLUSION

The Health Lab's formal evaluation period concluded approximately two years into the CRU pilot, just as a second CRU unit was nearing deployment.[43] CRU continues operations under Clayton's successor, Sheriff Alyshia Dyer. Some Washtenaw County voters and local government officials still desire a separate unarmed response program in Ann Arbor and county-wide. Plans exist to utilize portions of future millage funds to bring an unarmed response unit to fruition.[44]

At first glance, CRU looks like a traditional police response because they use an undercover police car, one member is armed, and both members wear bulletproof vests. Thus, the beginning example of a driver's plea for CRU not to "hurt" the panhandler is understandable. However, that driver left too soon to witness the calm and thoughtful engagement that ensued. During CRU's pilot period, no one was shot by CRU.[45] CRU often connected people to shelter, supplies, and food. CRU referred some people to enter rehab or secure housing, and they recommended others to the sheriff's diversion program. These are promising indicators that meet some of the goals of an unarmed response model and suggest CRU can be a viable crisis-response option, complementing a future unarmed response program.

The death of Aura Rosser still looms over conversations of alternatives to traditional policing in Washtenaw County. Yet, years later, the progress of CRU suggests the county is better equipped to engage others like Ms. Rosser in moments where individuals' mental health needs are as critical as the safety risks they may pose.

ACKNOWLEDGMENTS

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ENDNOTES

1. Ann Arbor is geographically contained within Washtenaw County and has its own police department.
2. AAPD is not affiliated with WCSO. AAPD is the sole provider of police services in the city of Ann Arbor.
3. Source: Michigan Department of State Police: Original Incident Report.
4. Ibid
5. Khan, H., Miller, M., Barber, C., Azrael, D. "Fatal Police Shootings of Victims with Mental Health Crises: A Descriptive Analysis of Data from the 2014–2015 National Violent Death Reporting System." Journal of Urban Health 101.2 (2024): 262-271.
6. Irwin, Amos, and Betsy Pearl. "The community responder model: How cities can send the right responder to every 911 call." Center for American Progress (2020).
7. Source: "A Community Collaboration Model for Crisis Intervention" given at the Problem Oriented Policing Conference(April 2022) by Derrick Jackson (WCSO) and Lisa Gentz (CMH).
8. Source: Call data received from Washtenaw's Metro 911-Dispatch Center (2023).
9. Ibid (Jackson and Gentz 2022).
10. Source: Fatal Police Shootings Database (2015-2024). Washington Post.
11. Ibid (Jackson and Gentz 2022).
12. "How a Liberal Michigan Town Is Putting Mental Illness at the Center of Police Reform", Politico Magazine, 2021.
13. Ibid (Fatal Police Shootings Database)
14. Source: Brookings Institute of 2022 ACS five-year estimates and CDC 2010-2015 estimates.
15. Smith, Anna V. "There's already an alternative to calling the police." Mother Jones (2020).
16. Subramanian, Ram, and A. Arzy. "Rethinking how law enforcement is deployed." Brennan Center for Justice (2022).
17. Resolution R-21-129 Directing the City Administrator to Develop an Unarmed Public Safety Response Program.
18. Thompson, Christie. "Sending Unarmed Responders Instead of the Police: What We've Learned." The Marshall Project, July 25 (2024).
19. The Policing Project at NYU School of Law is a leading research center on the subject of alternative response and provides in depth descriptions of alternative response models.
20. This plan was published in January 2022 on the CROS and released in an online petition.
21. Interim Report on Unarmed Police Response (Resolution R-21-129) submitted to AACC on 12/21/21.
22. Seo, Chunghyeon, Bitna Kim, and Nathan E. Kruis. "Police response models for handling encounters with people suffering from mental illnesses: A survey of police chiefs." American Journal of Criminal Justice 46.5 (2021): 793-814.
23. CARE no longer operates as a co-response model.
24. Ibid (Interim Report on Unarmed Police Response).
25. The first Request for Proposal (RFP) was issued in 2022(RFP # 22-28). An RFP was reissued in 2023(RFP # 23-42), but eventually cancelled later that year.
26. AACC issued a resolution in 2024(R-24-019) reaffirming the commitment to establishing URM in Ann Arbor.
27. Jerry Clayton held the position of Sheriff throughout Health Labs formal evaluation period.
28. A description of WCSO's continuum of first responders was released in 2024. Additionally, Sheriff Clayton detailed this continuum in an op-ed on community safety published in Crain's Detroit Business in March, 2024.
29. In this conceptual framework unarmed "community" response "involves grassroots community responders." These grassroot responders could include services dedicated to housing, food and transportation. In this framework unarmed community response would be an option that call takers and dispatchers at Washtenaw's 911-call center would be trained to know when to direct calls to unarmed community response services.
30. A pick-up order, also known as an "order for examination/transport" is "a petition alleging the individual is a person requiring treatment and requesting hospitalization or a combined treatment."
31. Ypsilanti Township was ideal for a few reasons. First, the township solely contracts with WCSO for police services and the CRU-assigned WCSO officer, whose salary is paid by the townships taxpayers, would be servicing their constituents. Second, early data analyses revealed a high prevalence of engagements ideal for CRU.
32. Created using Washtenaw County's online Geographic Information System software: Map Washtenaw.
33. WCSO officers usually wear the same color pants and top.
34. Washtenaw County Sheriff's Office Special Operating Order Co-Response Unit – Pilot Program (Sheriff/CMH), Reference Number: 11.11 Standard Operating Order (SOO).
35. Though Ypsilanti Township is CRU's jurisdiction, CRU can go beyond the township if requested and approved by the WCSO commanding officer on shift. For the period covering our analyses, CRU had 124 engagements occur outside of Ypsilanti Township. Less than half of those out-of-jurisdiction engagements (53) were in Ypsilanti City.
36. Source: WCSO's CRU activity log data.
37. Shadowing was only done at Metro-Dispatch on nights that CRU was working, but shadowing with CMH's Crisis Team did not align with nights CRU was working.
38. Trespassing often took the form of camping and squatting on business property.
39. Michigan has one 988 center that covers the entire state. 988 connects with local services closest to the caller to help. 988 has help centers located in all 50 states and territories, including D.C., Guam, Saipan and Puerto Rico.
40. Source: WCSO Metro Dispatch Center official.
41. Ibid (CRU activity log data).
42. According to conversations with CMH PATH staff daytime hours were limited to the hours of 6 am to 2 pm.
43. The second CRU unit was launched in July 2024.
44. In November 2024 Washtenaw County voters renewed a millage funding mental health support in the county. This millage was originally approved in 2017 and has supported several collaborative efforts between WCSO and CMH. Additionally, in January 2025, Ypsilanti City Council passed a resolution calling on Washtenaw County to allocate funding for URM in the county.
45. Interviews with CRU's Deputy revealed that over the first 18 months there were only two times where force was used.