

Mental health crisis at center of many Utah police shootings. Are officers prepared?

Tribune database of 10 years of police shootings shows more than 40% involved someone in a mental crisis.

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When Utah police shoot at someone, it is often a person in a mental health crisis.

A new Salt Lake Tribune data analysis, a first for the state, shows that at least 42% of police shootings in the past decade involve a person in crisis or who is suicidal.

They were people like Matthew Hilbelink, whose wife called police on an August day in 2020 after he bought a gun and texted that he wanted to end his life. Alexis Hilbelink thought the police would take him to inpatient treatment. Instead, officers fatally shot him in an empty parking lot in Holladay after they said he pointed the gun at them.

Or Aaron Griffin, who was shot that same day more than 40 miles away in Clinton. An officer pulled him over for a traffic violation. Griffin drove away, leading police to a field where he shot at officers and hit a police dog named Mik. Officers returned fire, killing him.

And weeks after that, in Salt Lake City, Linden Cameron's mother called police for help getting the 13-year-old boy, who has autism and was in crisis, to a hospital. Cameron's mother warned the dispatcher that Linden's grandpa was killed by police eight months earlier and law enforcement set him off.

Body camera footage shows that even as police approached the house, they were worried.

"We could call [the] sergeant and tell him the situation," one of them said. "Because I'm not about to get in a shooting because he's upset."

"Yeah," another officer replied, "especially when he hates cops, it's going to end in a shooting."

At the end of a chase, that officer shot Cameron, who was unarmed. Cameron survived but was severely injured.

These examples show how different these encounters can be, but there are clear trends. People regularly call 911 for help with someone in an acute crisis, and police officers have little training for how to respond.

Ian Adams, executive director of Utah State Fraternal Order of Police, said it's true officers don't get enough mental health training, but he said departments don't have "the funding and resources and operational capacity" necessary to combat a societal problem. And, he said, officers shouldn't have to do so.

"What do you want officers to do? Do you want officers to be your front-line defense for homelessness?" Adams asked. "Do you want your officers to be the front-line defense for

mental illness going untreated in the community? Well, then there's going to be some bad outcomes."

As part of a yearlong investigation, The Tribune and the PBS series FRONTLINE took on the task of identifying cases in which mental health played a factor in a police shooting. Law enforcement in Utah doesn't uniformly track or report this information. Reporters had to dig into 911 logs and audio recordings, watch bodycam footage, read police reports and investigative follow-ups. Beyond these law enforcement records, they also examined news reports and conducted interviews with family members — all with the goal of determining whether people were in crisis when they were shot.

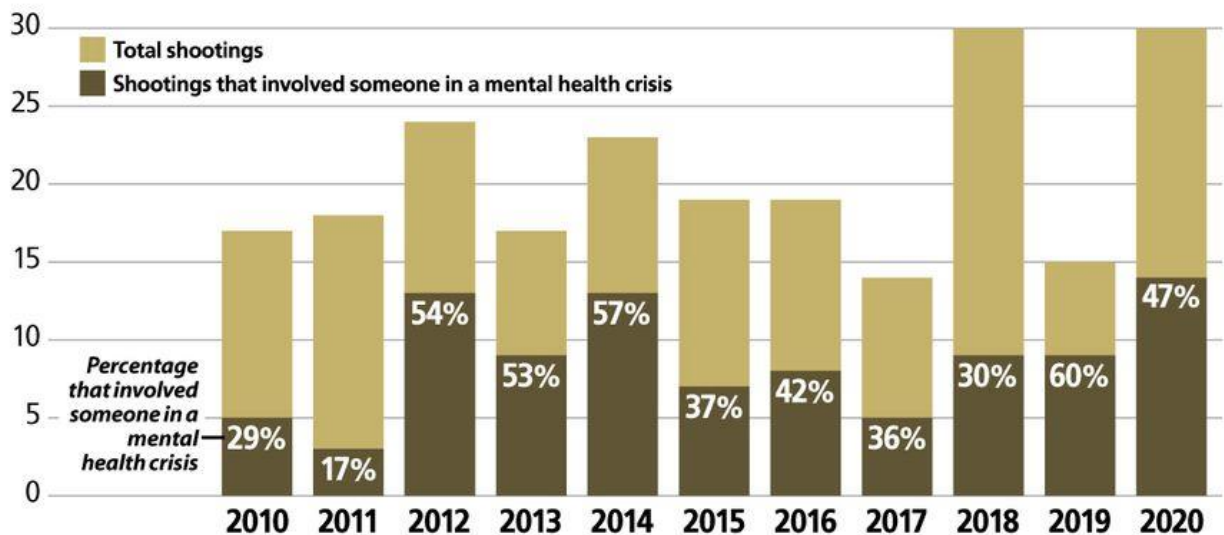
In the 226 police shootings reviewed from 2010 to 2020, at least 95 people were suffering a mental health crisis, had a mental disability or expressed a desire to end their own lives. More than half of the 95 encounters ended with the subject dying, most often by police gunfire. Nine times the person died by suicide.

Nearly every one of the people shot at had some kind of weapon, or something officers mistook for a weapon. Most often — in 66% of these shootings — the person had a gun.

Of the 95 people in crisis, 79% of them were suicidal.

Police shootings involving those in mental health crisis

In the past decade, there wasn't a year when Utah police didn't shoot at someone in crisis.



Source: Salt Lake Tribune police shooting database

GRAPHIC BY CHRISTOPHER CHERRINGTON | The Salt Lake Tribune

(Christopher Cherrington | The Salt Lake Tribune)

Some years, just 17% of cases involved someone in a mental health crisis. Other years, it was as high as 60%. But there wasn't a year when police didn't shoot at someone in crisis.

"I'm concerned. Everybody should be concerned that number of people are arriving in fatal encounters with police," Adams said. "But that's not the same thing as saying that's a police problem. I think [it is] more usefully framed and seen as a societal problem."

Adams also said it is highly probable that more people shot at by police were in crisis, beyond those identified in law enforcement documents or a family member.

“It’s very, very likely,” he said, “that that is a low number.”

Mental illness and policing

Utah has a greater challenge with mental health than many other states. Data from the Centers for Disease Control and Prevention shows the state has the nation’s sixth highest suicide rate, and experts told The Tribune that the need for mental health resources is unmet and keeps growing.

In response, some law enforcement agencies in the state have hired more social workers and turned to crisis intervention training, although until recently there was no statewide requirement officers receive any mental health or de-escalation training. That requirement begins in July 2022. Lawmakers have also passed laws and allocated millions to roll out new training and other resources, like unarmed crisis response teams and crisis line apps.

It’s a start, but affordable mental health help in this state outpaces supply, according to a 2019 report. That report from the University of Utah found that nearly 1 in 5 Utah adults “experience poor mental health.” Suicide was the leading cause of death for Utahns between ages 10 and 24.

That was before the coronavirus pandemic, which brought uncertainty, financial hardships and the emotional trauma of being isolated and losing loved ones.

Amanda McNab, with crisis services at the U.’s Huntsman Mental Health Institute, said it is not surprising so many police shootings involve people in a mental health crisis. That’s because when people are in crisis, they’re in “fight, flight or freeze” mode. Their behavior — like moving quickly or not listening to officer commands — could make officers fearful.

“And officers are taught: [at the] end of the day, you go home to your family,” McNab said. “So they’re going to be a little more reactive, a little more protective in those moments.”

People who call 911 for noncriminal mental health issues may not think of this.

“They probably never expected that their loved one would be killed,” said Jason Stevenson, with the American Civil Liberties Union of Utah. “But that’s what happened. That is a tragedy we should be seeking to avoid. A lot of people think that police shootings are just these natural and unstoppable aspects of law enforcement. But we don’t believe that police shootings are inevitable.”

That’s why McNab and others said the goal should be to reduce those 911 calls and to fund more services outside of law enforcement, so crisis response teams are available 24/7 around the state. This is also a goal of many in law enforcement. As an example, Salt Lake City is working to get more social workers to respond to 911 calls about mental health issues.

A Tribune data analysis showed that from June 2013 to June 2020, 5.29% of all 911 calls to Salt Lake City police were related to mental health. Those are calls like “psychiatric problem” in which officers would know they are dealing with a mental health issue.

In cities like Layton and Logan, that percentage over the past decade was lower — 2.34% and 3.24%, respectively.

Adams said that bolstering non-law enforcement crisis services was “a reasonable first effort,” but he questioned how much that would reduce police contacts with people in mental crisis. He wanted earlier interventions.

“I’m talking about much more in-depth societal support for people early on in their needs,” he said, “rather than letting them get to the point where they are a threat to others, at which point it becomes a crisis that police must respond to.”

Gap between people and services

The state has a slew of mental health programs to try to meet the growing need. One of the most prominent is the Utah CrisisLine, 800-273-TALK, for those who are in some kind of emotional or psychiatric distress.

Rachel Lucynski, who manages crisis services at the Huntsman Mental Health Institute, said the demand is growing “every single month and certainly year over year.”

From July 2019 to June 2020, the CrisisLine, a 24/7 service, received more than 70,000 calls. This fiscal year, the numbers jumped to more than 92,000, Lucynski said.

The team of mental health professionals de-escalated a situation over the phone or in person in the vast majority of calls, asking for law enforcement help 2% of the time, Lucynski said, only when a call seemed overtly dangerous.

People can call the Warm Line (801-587-1055) for those who aren’t exactly in crisis but need someone to talk to. State officials have also launched the SafeUT app.

Yet Nathan Crippes, an attorney with Utah’s Disability Law Center, said there’s a big gap in services for people who are struggling. There aren’t enough supportive housing and treatment options.

So, he said, it’s not surprising that so many people in a mental health crisis are shot at by police.

“There’s a stigma,” Crippes said. “There’s this perception that people with mental illness, there’s this idea of recovery and cure. The reality is, for a lot of folks, it’s a lifelong condition. And rather than acknowledging that side of things as a society, we stigmatize and kind of put the blame on the individuals.”

Salt Lake County District Attorney Sim Gill recalled a painful phone call he had years ago from a mother.

“What felonies does my son need to commit so he can get into your mental health courts?” he recalls her asking. “Because that’s the only way we can afford medical care for our son.

“Think about that. It’s a mother calling a prosecutor to talk about what felonies she can have her son commit in a safe way,” Gill said. “So her son could be charged, so they can get him to mental health court, because they don’t have other means of access to mental health treatment.”

Stevenson, with the ACLU, said The Tribune's data exposes an urgent problem that should be addressed. He said while policymakers have so far taken a piecemeal approach to police reform, more sweeping change should be considered.

Police taking steps

One recent reform effort will take effect in July. It requires officers to spend 16 of their required 40 hours of annual training on de-escalation, arrest control and mental health response, like crisis intervention team training, commonly called CIT.

The Tribune observed portions of this training, put on by the state-funded nonprofit CIT Utah, in Davis County in November.

Officers spent 40 hours that week — much of it in a classroom inside the Layton Police Department — learning how to identify signs of mental illnesses, disabilities and disorders and how to respond to people experiencing them.

Layton police Lt. Travis Lyman told the class that sometimes law enforcement has had “misconceptions” about CIT training — that it’s “a lot of warm and fuzzy stuff. You know, we’re advocating not taking anybody to jail and all that kind of stuff. But I think it’s not so much that way anymore,” he said. “I think people understand the value of what this week is about.”

He told the group — mostly men, including Davis County Sheriff Kelly V. Sparks and Centerville Police Chief Paul Child — that he hoped they leave with an understanding of different mental illnesses and strategies to calm someone in crisis.

He also wanted them to gain “a whole boatload of empathy for people who have mental illness” and a “whole bunch of resources to be able to respond to calls for service more effectively” — like where they can send someone for treatment and when someone would be better off going there instead of jail.

Officers listened to lectures on mental health. They watched videos. They also put on headphones that played recordings of voices, telling them “You’re the one” or “You eat s---,” as they tried to do basic tasks, simulating a mental illness.

They heard these voices while trying to memorize 20 random items — a Flavorade drink packet, a yellow lighter, a “used” Q-tip, a handcuff key — in one minute. Or relay a report from a fictional crime scene (In one case, the victim was stocking shelves at a grocery store when a customer threw a can of soup at him.)

They also had lunch at Davis Behavioral Health with people who use the mental health resources there.

At week’s end, they went through a series of scenarios to practice and be evaluated on what they learned.

In one, Dr. Todd Soutor, intensive services director at Davis Behavioral Health and the executive director of CIT Utah, sat on a chair and played a drunken man contemplating jumping off a roof because he had gotten a temporary court order — called an ex parte — saying he couldn’t see his children. He thought “ex parte” meant his ex-wife was throwing a party.

“Do you know what this party thing is?” Soutor asked one of the role-playing officers.

“The ex parte? Is it an order where you can’t see your kids?” a trainee responded.

“What are you? French?” Soutor said, adding mockingly, “Par-tay.”

The officers switched in and out of this scene until they resolved the crisis by explaining there is no party, the order was temporary, and he might get to see his kids again.

Soutor told the class they did a good job.

“You achieved contact very well,” he said, “and I almost forgot I was supposed to be threatening to jump off this thing because I was engaged in the communication because you guys drew me to that.”

The officers “boiled it down to essentials,” figured out the problem and fixed it. He asked them to think about what comes next.

“Try to find the long-term solution,” he said. Call a mobile crisis team. Connect him with people who can help him with substance use issues if he has them.

Maj. Scott Stephenson, director of Utah’s Peace Officer Standards and Training, often called POST, spent months outlining the types of training — like this CIT training — that meet the new law’s guidelines.

These courses are intended to teach officers how to arrest people safely, using the least amount of force possible. Others would cover how to calm an encounter by retreating or talking someone down, and teach “mutual respect and sanctity of life as foundational principles of de-escalation,” according to Stephenson’s training documents.

He told The Tribune in an email that as mental health challenges in the state have risen, he’s adjusted training accordingly.

Stephenson said he added a two-hour course to basic training for cadets called “Understanding Autism.” He said POST is always looking for ways to improve the curriculum.

“The key to continued improvement,” he said, “is to never get complacent.”

Salt Lake City police have created a dedicated crisis intervention team and require all officers to be CIT-certified.

After one of its officers shot Cameron, the 13-year-old diagnosed with autism, Salt Lake City made some changes. This year, it became the first city to have all of its first responders complete KultureCity’s Sensory Inclusive certification, given after they watch a 35-minute video explaining autism and sensory issues and take a quiz.

And when auditors found in April that most police calls for a mental health crisis happen later at night, Salt Lake City shifted and staggered the hours its crisis intervention team works so someone is on between 8 a.m. to 8 p.m., spokesman Brent Weisberg said. The shifts previously went from 6 a.m. to 4 p.m.

Changes to the law

State legislators in January also passed a bill that says officers shouldn't shoot a suicidal person if people pose a threat only to themselves.

More than a year since her husband was killed, Alexis Hilbelink is skeptical if the law would have helped.

She questions what it means for people to be a threat only to themselves. Matthew Hilbelink had a gun, but he was alone in the parking lot. Unless you count the officers. Or someone who may pass by.

"So it's really up to the police to use their own judgment. And everything's so fast paced. You know, you got to act quickly," she said. "Would it have changed? I don't know. I think that they could have done it a lot differently than they did."

More changes could come during the 2022 legislative session, which starts Jan. 18.

Rep. Andrew Stoddard, D-Midvale, said he plans to introduce legislation that would offer state funding to help police agencies better respond to mental health crises. The details are still being worked out, he said, but one idea is to have social workers contracted with the state but available to police departments through a grant process.

Stoddard said he recently started meeting with Salt Lake County's Unified Police, specifically the mental health unit, which includes a sergeant, a detective and a social worker who respond to calls.

"Police officers there will make sure everything's safe," he said, "and the social worker will go in and stabilize the situation, and then help this person through whatever criminal justice process they might end up in."

He said he wants to replicate that model on a statewide level.

"I love the police, and they have a super important role in our society," Stoddard said. "But they're not trained mental health professionals. And I think it's OK to admit that. And for years, we've been asking the police to respond to everything. So I feel bad when they get a bad rap for situations that go awry because we, as a society, put them there by saying, when people don't know who to call, they call 911 and you respond."

From a policy perspective, Adams, with the FOP, said lawmakers shouldn't mandate additional training until the state fixes its "missing data problem."

"We need more careful thinking and evidence on which to base these decisions," Adams said. "And until we actually decide to do that — and I would just point out the state of Utah still does not have a well-funded system of doing this kind of criminal justice research — then we'll never find those answers."

Another new government intervention is an alternative to 911. It's 988, a number just for mental health calls, and it will roll out in July 2022, McNab said. In the meantime, she said, crisis teams are collaborating with 911 dispatchers, specifically in Salt Lake City, to handle more mental health calls.

According to a report from the Virginia-based nonprofit Treatment Advocacy Center, “reducing the likelihood of police interaction with individuals in psychiatric crisis may represent the single most immediate, practical strategy for reducing fatal police encounters in the United States.”

But as these new interventions are phased in, people will continue calling 911 and police will continue to respond to people in a crisis. And as the past 10 years of data shows, there will be times when officers feel compelled to shoot.

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