

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF KENTUCKY  
LOUISVILLE DIVISION**

UNITED STATES OF AMERICA,

Plaintiff,

v.

LOUISVILLE JEFFERSON COUNTY  
METRO GOVERNMENT,

Defendant.

No. 3:24-cv-722-BJB

**SUPPLEMENTAL AMICUS BRIEF ON BEHALF OF CHIEF CHRIS BURBANK, DR. MICHAEL HOGAN, DR. DANNA MAUCH, DR. ANTHONY ZIPPLE, MARTHA KNISLEY, CENTER FOR POLICING EQUITY, NATIONAL ALLIANCE FOR MENTAL ILLNESS, NAMI KENTUCKY, NAMI LOUISVILLE, MENTAL HEALTH AMERICA, MENTAL HEALTH AMERICA OF KENTUCKY, KENTUCKY MENTAL HEALTH COALITION, JUDGE DAVID L. BAZELON CENTER FOR MENTAL HEALTH LAW, CENTER FOR PUBLIC REPRESENTATION, WELLSRING, BRIDGEHAVEN, ST. JOHN CENTER, LOUISVILLE COALITION FOR THE HOMELESS, AND KENTUCKY PROTECTION AND ADVOCACY IN SUPPORT OF THE JOINT MOTION FOR ENTRY OF CONSENT DECREE**

BAKER & HOSTETLER, LLP

Jennifer L. Brumfield  
312 Walnut Street  
Suite 3200  
Cincinnati, OH 45202  
Telephone: (513) 878-4428  
Email: jbrumfield@bakerlaw.com

Elizabeth B. McCallum (*pro hac vice*)  
Lindsey N. Simmons (*pro hac vice*)  
Orga Cadet (*pro hac vice*)  
Daniel P. Wicklund (*pro hac vice*)  
Washington Square, Suite 1100  
1050 Connecticut Avenue, NW  
Washington, D.C. 20036  
Telephone: (202) 861-1500  
Email: emccallum@bakerlaw.com  
lsimmons@bakerlaw.com

THE JUDGE DAVID L. BAZELON  
CENTER FOR MENTAL HEALTH LAW

Megan E. Schuller (*pro hac vice*)  
Ira Burnim (*pro hac vice*)  
1090 Vermont Avenue, NW, Suite 220  
Washington, D.C. 20005  
Telephone: (202) 467-5730  
Email: megans@bazelon.org  
irab@bazelon.org

CENTER FOR PUBLIC  
REPRESENTATION

Steven J. Schwartz (*pro hac vice*)  
Mona Igram (*pro hac vice*)  
5 Ferry Street, #314  
Easthampton, MA 01027  
Telephone: (413) 586-6024  
Email: sschwartz@cpr-ma.org

ocadet@bakerlaw.com  
dwicklund@bakerlaw.com

migram@cpr-ma.org

*Attorneys for Chief Chris Burbank, Dr. Michael Hogan, Dr. Danna Mauch, Dr. Anthony Zipple, Martha Knisley, Center for Policy Equity, National Alliance for Mental Illness (NAMI), NAMI Kentucky, NAMI Louisville, Mental Health America, Mental Health America of Kentucky, Kentucky Mental Health Coalition, Judge David L. Bazelon Center for Mental Health Law, Center for Public Representation, Wellspring, Bridgehaven, St. John Center, Louisville Coalition for the Homeless, Kentucky Protection and Advocacy*

**CONSENT OF THE PARTIES TO THE FILING  
FEDERAL RULE OF APPELLATE PROCEDURE 29(A)(2)**

Both Plaintiff United States of America and Defendant Louisville Jefferson County Metro Government have no objection to the filing of the supplemental amicus brief, and the Court granted permission for it to be filed by order of February 12, 2025.

**CORPORATE DISCLOSURE STATEMENT**

Pursuant to Rule 26.1 of the Federal Rules of Appellate Procedure, counsel for *amici curiae* certifies that no *amici* have a parent corporation and that no publicly held corporation owns 10% or more of any *amici*'s respective stock.

**STATEMENT PURSUANT TO FEDERAL RULE  
OF APPELLATE PROCEDURE 29(A)(4)(E)**

The undersigned certifies that no party's counsel authored this brief in whole or in part, and that no party, party's counsel, or any other person other than *amici*, their members, or their counsel, contributed money that was intended to fund preparing or submitting this brief.

Dated: March 3, 2025

By: *Jennifer L. Brumfield*

Jennifer L. Brumfield  
BAKER & HOSTETLER, LLP  
312 Walnut Street  
Suite 3200  
Cincinnati, OH 45202  
Telephone: (513) 878.4428  
Email: [jbrumfield@bakerlaw.com](mailto:jbrumfield@bakerlaw.com)

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## INTEREST OF *AMICI CURIAE*

*Amici* are disability, mental health, and law enforcement experts, disability family and professional organizations, and local entities that work every day with people with behavioral health disabilities in Louisville, Kentucky, and throughout the nation. *Amici*'s interests are set out in detail in their initial motion to file an *amicus* brief and their motion for permission to file this supplemental brief, which the Court granted on February 12, 2025.

## SUMMARY OF ARGUMENT

*Amici* file to respond to the two questions regarding the Americans with Disabilities Act (ADA) posed in the Court's January 18, 2025 order. On the first question, how dispatchers decide whether a 911 call merits a mental health or police response or both, *amici* submit a declaration from former police chief, Christopher Burbank, explaining that jurisdictions have established protocols to instruct dispatchers on how to respond to emergencies, including behavioral health emergencies, while protecting the safety of those involved. Chief Burbank describes how these protocols, like those required by the Consent Decree, have resulted in more appropriate, effective and cost efficient responses to behavioral health emergencies. On the second question, *amici* address the ADA's standard for reasonable accommodations and why the Consent Decree's provisions directing "the most behavioral health-involved and least police-involved response appropriate and consistent with public safety"<sup>1</sup> are consistent with the ADA.

## ARGUMENT

### **I. HOW DISPATCHERS AND OFFICERS DETERMINE WHETHER A 911 CALL REQUIRES A POLICE RESPONSE, A MENTAL-HEALTH RESPONSE, OR BOTH?**

Appendix A to this brief is the declaration of *amicus* and former police chief Christopher Burbank, addressing the Court's first question. Chief Burbank served in the Salt Lake City police

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<sup>1</sup> Consent Decree, Dkt 4-1, ¶ 307.

force for 14 years, with nine as Chief. He served 19 years in leadership roles for the Major Cities Chiefs Association, made up of the 75 largest policing agencies in the U.S. and Canada. He explains how “[d]ispatching offices generally have a thorough protocol for how to respond to all types of calls” including “how to determine if there is a public safety threat involved and who to dispatch to a wide array of calls.”<sup>2</sup> Dispatchers tend to have “a set of instructions” governing how they “conduct a conversation with a caller” from the start of the call to its resolution, that “enable them to handle a wide variety of situations” and “ensure that a safe and appropriate response is dispatched.”<sup>3</sup> In-person responders are trained to “adjust their approaches and modify the protocols” as they learn more information.<sup>4</sup> When a behavioral health response is available, as required by the Consent Decree, jurisdictions “develop and apply additional protocols meant to ensure appropriate use of the behavioral health response consistent with public safety. Such protocols include asking questions to determine when to dispatch a behavioral health response, when to dispatch EMTs, when to dispatch law enforcement, and when to dispatch some combination of those available responses – ensuring public safety in the process.”<sup>5</sup>

This has been researched, developed, and applied successfully in numerous jurisdictions, improving public safety and reducing unnecessary arrests for people with mental health conditions and ensuring that they get needed care.<sup>6</sup> As Chief Burbank explains, most calls regarding mental health issues come from a family member, friend, or bystander, and it is often “clear from the call description that the emergency is related to mental health concerns.”<sup>7</sup> These calls “rarely” involve violence.<sup>8</sup> People with mental health disabilities are not more likely to

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<sup>2</sup> Burbank Declaration ¶ 8.

<sup>3</sup> *Id.* ¶ 9.

<sup>4</sup> *Id.* ¶ 10.

<sup>5</sup> *Id.* ¶ 11.

<sup>6</sup> *Id.* ¶ 12-13, 18-22 (providing specific examples), 30-32.

<sup>7</sup> *Id.* ¶ 14.

<sup>8</sup> *Id.* ¶ 15.



commit, and are far more likely to be victims of, violent crime than the general population.<sup>9</sup> Accordingly, the Consent Decree requires that Louisville provide “the most behavioral health-involved and least police-involved response appropriate *and consistent with public safety*.”<sup>10</sup> As Chief Burbank explains, “public safety is baked into this process at every step.”<sup>11</sup> To address “those few behavioral health emergencies that require police to respond,” LMPD “will operate an Advanced Behavioral Health Response Program, consistent with the goals of de-escalating crises and reducing the unnecessary use of force,” thus employing the “next generation of a decades-old practice” intended to ensure the safety of everyone involved.<sup>12</sup>

## **II. WHAT LEGAL STANDARD DETERMINES WHETHER “DEFLECTION” OF 911 CALLS TO A BEHAVIORAL-HEALTH RESPONSE TEAM ARE “REASONABLE ACCOMMODATIONS” REQUIRED BY THE ADA?**

On this question, *amici* adopt and incorporate their initial brief pages 12-20, describing ADA law<sup>13</sup> requiring that people with behavioral health disabilities have equal opportunity to benefit from emergency services, and pages 25-28, addressing the Consent Decree’s reasonable modifications of Louisville’s emergency response program to comply with the ADA – including ensuring an appropriate and timely response to behavioral health emergencies. *Amici* further refer the Court to Louisville’s description of the legal standards on pages 11-15 of its February 18, 2025 brief, with which *amici* generally agree. As *amici* and the City explain, Title II “does more than prohibit public entities from intentionally discriminating against disabled

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<sup>9</sup> *Id.* ¶ 16. See also SAMHSA, *Mental Health: Get the Facts*, SAMHSA.gov (Apr. 24, 2023), (“Most people with mental health conditions are no more likely to be violent than anyone else. Only 3%-5% of violent acts can be attributed to individuals living with a serious mental illness.” And they “are over 10 times more likely to be victims of a violent crime than the general population.”).

<sup>10</sup> Consent Decree, Dkt 4-1, ¶ 307 (emphasis added).

<sup>11</sup> Burbank Declaration ¶ 9.

<sup>12</sup> *Id.* ¶ 17.

<sup>13</sup> Title II of the ADA requires government entities to make reasonable modifications to policies, practices, and procedures when necessary to avoid discrimination. See 42 U.S.C. § 12132; 28 C.F.R. 35.130(b)(7). This “reasonable modification” requirement is commonly referred to as providing “reasonable accommodations”—a term adopted from the employment provisions of Title I of the ADA. The two legal requirements differ in some ways that are not significant for these purposes. In this brief, we thus use the two terms interchangeably.

individuals”—it also includes an affirmative obligation to make reasonable modifications to ensure persons with disabilities have an equal opportunity to benefit from their programs and services, unless the modification would fundamentally alter the nature of the programs or services.<sup>14</sup> Whether a modification to the program and services is necessary to provide equal opportunity, and whether it would result in a fundamental alteration are fact-specific questions.<sup>15</sup>

Here, the parties agree on what is reasonable and required to comply with the ADA, as set forth in the Consent Decree. As Chief Burbank notes in his appended declaration, “Louisville Metro and LMPD have direct knowledge and understanding of how Louisville Metro’s dispatch, emergency services, and LMPD operate, what is feasible, and the costs involved, and they have agreed to a Decree that is reasonable and will be effective.” The parties are well positioned to determine if the proposed behavioral-health-related provisions of the Decree are reasonable and whether they require a fundamental alteration. LMPD signed the Decree to indicate its ability and willingness to implement the Decree’s terms. This is strong evidence that the proposed changes are reasonable and necessary to meet Louisville’s obligations under the ADA.

The Sixth Circuit has upheld reasonable accommodations in analogous circumstances, including requiring state prisons to modify procedures to accommodate deaf individuals;<sup>16</sup> requiring behavioral health services be provided in the most integrated setting;<sup>17</sup> reasonably modifying a state prison’s policy to meet the health needs of a disabled individual;<sup>18</sup> directing

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<sup>14</sup> *Ability Ctr. of Greater Toledo v. City of Sandusky*, 385 F.3d 901, 907 (6th Cir. 2004). *See also* 28 C.F.R. §35.130(b)(7) (When government fails to provide equal access, “reasonable modifications” must be made to accommodate individuals with disabilities.)

<sup>15</sup> *City Br.*, Dkt. 82, at 11-12 (citing *PGA Tour v. Martin*, 532 U.S. 661, 688 (2001)).

<sup>16</sup> *See McBride v. Mich. Dep’t of Corr.*, 294 F.Supp.3d 695, 712-13, 716-18 (S.D. Mich. 2018) (MDOC violated ADA by failing to provide videophones for communication needs and ASL interpreters for deaf inmates); *Trivette v. Tenn. Dep’t of Corr.*, No. 3:20-cv-00276, 2024 WL 3366335 \*30-\*31 (M.D. Tenn. July 9, 2024) (same).

<sup>17</sup> *See Pelichet v. Gordon*, No. 18-cv-11385, 2019 WL 4619742, at \*26-\*27 (E.D. Mich. Mar. 6, 2020) (refusing to dismiss claim that providing treatment for mental health disabilities required reasonable modification).

<sup>18</sup> *See Douglas v. Muzzin*, No. 21-2801, 2022 U.S. App. LEXIS 21529, at \*22 (6th Cir. Aug 3, 2022).

modification of a Medicaid system that unnecessarily institutionalized individuals with mental disabilities;<sup>19</sup> and recognizing crisis intervention or de-escalation as reasonable modifications for police encounters with children with disabilities.<sup>20</sup> Other circuits have recognized reasonable modifications to police practices including dispatching a Mobile Crisis Team.<sup>21</sup>

Critically, as Louisville explained, a government actor cannot wait until a reasonable modification is requested, but must affirmatively and proactively assess whether existing programs require reasonable modification to ensure people with disabilities have an equal opportunity to benefit from its programs and services, including soliciting feedback from individuals with disabilities and organizations serving them.<sup>22</sup> *Amici* recognize that Louisville has recently implemented its 24-hour Diversion program, as required by the Consent Decree, but believe that additional modifications and monitoring are needed to ensure full compliance with the law and the Decree, including, for example, expanding the Diversion program to allow a behavioral-health response to third party calls, so that behavioral health emergency calls from family members or friends do not automatically result in a law enforcement response, when not necessary to protect public safety.<sup>23</sup>

## CONCLUSION

*Amici* urge the Court to grant the Parties' Joint Motion to Approve the Consent Decree.

Dated: March 3, 2025

Respectfully submitted,

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<sup>19</sup> See *Waksul v. Washtenaw Cnty. Cmty. Mental Health*, 979 F.3d 426, 463-64 (6th Cir. 2020).

<sup>20</sup> *S.R. v. Kenton Cnty. Sheriff's Off.*, No. 2:15-cv-143, 2015 WL 9462973, at \*8 (E.D. Ky. Dec. 28, 2015).

<sup>21</sup> *Est. of LeRoux v. Montgomery County, Maryland*, No. 8:22-cv-00856, 2023 WL 2571518, at \*11 (D. Md. Mar. 20, 2023); *Vos v. City of Newport Beach*, 892 F.3d 1024, 1037 (9th Cir. 2018).

<sup>22</sup> City Br., Dkt. 82, at 13-14 (citing *Wilson v Gregory*, 3 F.4th 844, 859 (6th Cir. 2021); *Ability Ctr. of Greater Toledo v. City of Sandusky*, 385 F.3d 901, 910 (6th Cir. 2004)).

<sup>23</sup> See Declaration of Natalie Harris, Executive Director of the Coalition for the Homeless in Louisville, at ¶ 12. Dkt. 36-3, No. 3:24-cv-722-BJB-RSE (describing issues with Diversion responses).

BAKER & HOSTETLER LLP

By: *Jennifer L. Brumfield*

Jennifer L. Brumfield  
312 Walnut Street  
Suite 3200  
Cincinnati, OH 45202-4074  
Telephone: (513) 878.4428  
Email: jbrumfield@bakerlaw.com

Elizabeth B. McCallum (*pro hac vice*)  
Lindsey N. Simmons (*pro hac vice*)  
Orga Cadet (*pro hac vice*)  
Daniel P. Wicklund (*pro hac vice*)  
Washington Square, Suite 1100  
1050 Connecticut Avenue, NW  
Washington, D.C. 20036  
Telephone: (202) 861.1500  
Facsimile: (202) 861.1783  
Email: emcallum@bakerlaw.com  
lsimmons@bakerlaw.com  
ocadet@bakerlaw.com  
dwicklund@bakerlaw.com

THE JUDGE DAVID L. BAZELON  
CENTER FOR MENTAL HEALTH LAW

Megan E. Schuller (*pro hac vice*)  
Ira Burnim (*pro hac vice*)  
1090 Vermont Avenue NW, Suite 220  
Washington, DC 20005  
Telephone: (202) 467.5730  
Email: megans@bazelon.org  
irab@bazelon.org

CENTER FOR PUBLIC  
REPRESENTATION

Steven J. Schwartz (*pro hac vice*)  
Mona Igram (*pro hac vice*)  
5 Ferry Street, #314  
Easthampton, MA 01027  
Telephone: (413) 586-6024  
Email: sschwartz@cpr-ma.org  
migram@cpr-ma.org

*Attorneys for Chief Chris Burbank, Dr. Michael Hogan, Dr. Danna Mauch, Dr. Anthony Zipple, Martha Knisley, Center for Policy Equity, National Alliance for Mental Illness (NAMI), NAMI Kentucky, NAMI Louisville, Mental Health America, Mental Health America of Kentucky, Kentucky Mental Health Coalition, Judge David L. Bazelon Center for Mental Health Law, Center for Public Representation, Wellspring, Bridgehaven, St. John Center, Louisville Coalition for the Homeless, Kentucky Protection and Advocacy*

**CERTIFICATE OF SERVICE**

I hereby certify that on this 3<sup>rd</sup> day of March 2025, I filed a copy of the foregoing, which will electronically serve all counsel of record who have entered an appearance in the case.

By: *Jennifer L. Brumfield*

Jennifer L. Brumfield  
BAKER & HOSTETLER LLP  
312 Walnut Street  
Suite 3200  
Cincinnati, OH 45202-4074  
Telephone: (513). 878.4428  
Email: jbrumfield@bakerlaw.com

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF KENTUCKY  
LOUISVILLE DIVISION**

*Filed Electronically*

UNITED STATES OF AMERICA,

Plaintiff,

v.

LOUISVILLE JEFFERSON COUNTY  
METRO GOVERNMENT,

Defendant.

No. 3:24-cv-722-BJB

**DECLARATION OF CHRIS BURBANK**

I, Chris Burbank, upon my own personal knowledge, hereby declare:

**A. Background & Qualifications**

1. I am of the age of majority, and I have personal knowledge of the facts set forth herein.
2. I worked in the Salt Lake City Police Department from 1991 until 2015, and served for nine years as the 45<sup>th</sup> Chief of the department.
3. I was Vice President of the Major Cities Chiefs Association, an assembly of the 75 largest policing agencies in the United States and Canada, for four years and served on the Board for 15 years.
4. In 2014, I was selected as one of the 50 most influential leaders in the State of Utah, and was chosen by the Salt Lake Tribune as Utahn of the Year for 2011.
5. I have a degree from the University of Utah and am a graduate of the FBI's National Executive Institute.
6. My CV is attached.

## **B. How Dispatchers Determine the Appropriate Response**

7. Public safety is at the core of what emergency dispatchers do.
8. Dispatching offices generally have a thorough protocol for how to respond to all types of calls, including how to determine if there is a public safety threat involved and who to dispatch to a wide array of calls, including behavioral health-related emergencies. This is not new. This is how they operate. These protocols have been in place in most jurisdictions for a very long time, and are updated periodically as new practices, programs, capacities, and technologies become available.
9. Generally, they have a set of instructions they follow on how to conduct a conversation with a caller, from when they first answer a call to when it is resolved. Following their instructions, they may ask detailed questions and/or send an in-person response to assist. Ensuring public safety is baked into this process at every step.
10. When done effectively, these protocols enable them to handle a wide variety of situations and to ensure that a safe and appropriate response is dispatched. As responders attend to a situation in person and learn more information, they adjust their approaches and modify the protocols to address concerns, including physical health and mental health concerns.

## **C. Process of Applying this Protocol to Behavioral Health Emergencies & Determining When to Send Police**

11. In jurisdictions where a behavioral health response is available (as the Louisville Consent Decree requires), they follow the above-described procedure and develop and apply additional protocols meant to ensure appropriate use of the behavioral health response consistent with public safety. Such protocols include asking questions to determine when to dispatch a behavioral health response, when to dispatch EMTs, when to dispatch law enforcement, and when to dispatch some combination of those available responses – always ensuring public safety in the process.
12. As described in the proposed Consent Decree, the goal in providing an emergency response to people with behavioral health needs should be to send the least police-involved response appropriate and consistent with public safety. To achieve that, jurisdictions that have a behavioral health emergency response option develop, update, and implement policies and protocols regarding behavioral health emergency response consistent with those goals. There is a reasonable and customary process set forth in the Consent Decree for Louisville Metro and LMPD to do just that.



13. The requirements of the Consent Decree concerning 911 policies and procedures are designed to ensure that 911 dispatchers will employ the most appropriate response that ensures public safety and safeguards the rights and needs of people with mental disabilities. Such policies and protocols have existed in other jurisdictions for decades and have made those communities safer.
14. National data indicates that a large proportion of calls for assistance involving a behavioral-health issue come from a family member or friend.<sup>1</sup> The call may be requesting a wellness check or reporting a suicide threat. Some calls come from the person experiencing the crisis. Calls also come in from members of the public concerned about a person with a behavioral health issue or their behavior. In many cases, it is clear from the call description that the emergency is related to mental health concerns.
15. From my experience, behavioral health calls rarely involve violence. Most of the time, the individuals are cooperative or passive.
16. Research shows that people with behavioral health disabilities are not more violent than the population at large. In fact, they are more likely to be victims of violent crime than the general population.<sup>2</sup> This research is consistent with my experience as a police officer.
17. The Consent Decree provides that, when public safety needs require LMPD to respond, LMPD will operate an Advanced Behavioral Health Response Program, consistent with the goals of de-escalating crises and reducing the unnecessary use of force. This is the next generation of a decades-old practice of sending specialized crisis intervention teams to those few behavioral-health emergencies that require police to respond. This approach will improve the safety of police officers, people with behavioral health disabilities, and others. This, in my experience, is consistent with best practices, has been done across the country for decades, and advances public safety.
18. In sum, for dispatchers and emergency responders to make a determination about the appropriate response, including for behavioral health calls, is not new. This is deeply ingrained in their training and protocols. Best practices for how to do this while still ensuring public safety have been researched, carefully considered, and put into practice

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<sup>1</sup> Emma Frankham, *Mental Illness Affects Police Fatal Shootings*, CONTEXTS Vol. 17, No. 2, pp. 70-72 (Spring 2018) (Nationwide, 41% of police contacts with people experiencing a mental health crisis begin from a 911 call from a family member or friend), <https://journals.sagepub.com/doi/pdf/10.1177/1536504218776970>.

<sup>2</sup> *Mental Health Myths and Facts*, MENTALHEALTH.GOV, <https://www.mentalhealth.gov/basics/mental-health-myths-facts>; Heather Stuart, *Violence and Mental Illness: An Overview*, 2 WORLD PSYCHIATRY 121, 123 (2003) (“[M]embers of the public undoubtedly exaggerate both the strength of the relationship between major mental disorders and violence, as well as their own personal risk”).

since at least the 1990s. This is true in Houston, Texas; Denver, Colorado; Eugene and Springfield, Oregon; and Albuquerque, New Mexico, among many other jurisdictions.

19. For example, Crisis Assistance Helping Out on the Streets (CAHOOTS), a mobile crisis intervention program in partnership with the Eugene and Springfield, Oregon police departments, was founded in 1989 and dispatches crisis workers to provide crisis intervention, counseling, mediation, information and referral, transportation to social services, first aid, and basic-level emergency medical care. In 2019, CAHOOTS resolved almost 20% of Eugene’s 911 calls, and it is estimated to save the city over \$20 million a year.<sup>3</sup>
20. In Denver, Colorado, the city’s Support Team Assisted Response (STAR) program dispatches teams made up of a behavioral health clinician and a paramedic to assess, intervene, de-escalate, and connect individuals to needed resources. The STAR program has responded to thousands of calls that would have otherwise gone to police. A 2022 study found “robust evidence” of the program’s success, reporting a 34% drop in low-level crime, no rise in serious crime, and the cost of dispatching STAR teams to be one quarter the cost of dispatching police.<sup>4</sup>
21. In Albuquerque, New Mexico, a growing Community Safety Department (CSD) can be dispatched by 911 in lieu of police and utilizes different types of behavioral health responders, including clinicians, to resolve a wide array of situations. Over the course of two years, this department expanded its scope and more than tripled its call capacity. These are just a few examples of many.
22. The Consent Decree requirements for behavioral health emergencies are consistent with these well-established practices for safe and effective emergency response systems and will reduce unnecessary arrests of people with behavioral health conditions.

#### **D. Practical Benefits of Sending Behavioral Health Professionals**

23. Sending police officers to a behavioral health crisis diverts police from their other duties and is generally less successful than sending medical or behavioral health professionals.

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<sup>3</sup> Jackson Beck et al., *Case Study: CAHOOTS*, Vera Inst. of Just. (Nov. 2020), <https://www.vera.org/behavioral-health-crisis-alternatives/cahoots>; Scottie Andrew, *This town of 170,000 replaced some cops with medics and mental health workers. It’s worked for over 30 years*, CNN, (July 5, 2020), <https://www.cnn.com/2020/07/05/us/cahoots-replace-police-mental-health-trnd/index.html>.

<sup>4</sup> Thomas S. Dee & Jaymes Pyne, *A Community Response Approach to Mental Health and Substance Abuse Crises Reduced Crime*, 8 *Sci Advances* 1, 3 (2022), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9176742/>.

24. A police response is not an effective way to address most behavioral health emergencies. A police response too often harms people in crisis, unlike emergency responses to physical health emergencies. A response from trained behavioral health personnel can avoid police involvement in most cases and has the added benefit of reducing admission to psychiatric hospitals, emergency rooms, and jails.
25. An adequate response to a behavioral health crisis requires a slow, deliberate process with the singular goal of resolving the situation as peacefully as possible. It requires the responder to exercise patience and takes time. This is at odds with police training and protocols, as well as the many competing demands on them.
26. When police officers are sent to respond to a behavioral health crisis, they are often juggling responses to multiple other situations that require their attention, and therefore are unable to take the time needed to adequately address the behavioral health crisis at hand. Rushing these processes can result in the unnecessary arrest, injury, or death for the individual experiencing the behavioral health crisis. There are many heartbreaking accounts confirming the dangers of a police response to behavioral health emergencies. Many of these involve avoidable deaths.
27. A dedicated behavioral health response would relieve burdens on already overburdened police officers. In Houston, Texas, for example, the Crisis Call Diversion Program (CCD), developed in 2015, places mental health crisis phone counselors within 911 dispatch to provide a 24/7/365 mental health response to mental health crisis calls. In 2024, CCD processed over 7,500 calls for service to 911 and diverted about 62% of them away from first responders, resulting in \$2.7 million in cost savings for the City of Houston; calls that have CCD interventions also see a 19% decrease in officer time spent on a scene.<sup>5</sup>
28. A national survey reflects the sentiment of most police officers that they are overburdened by behavioral health crisis calls. Approximately 84% of police stated there has been an increase in the number of calls responding to behavioral health incidents over their career, 80% reported the number of time spent on these calls has increased or substantially increased, and 56% stated the increase is due to inability to connect individuals with behavioral health treatment.<sup>6</sup> The burden should be shifted to the behavioral health system, not police.

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<sup>5</sup> Hous. Police Dep't, *Crisis Call Diversion Program (CCD)*, <https://www.houstoncit.org/ccd/>; *Deploying the Appropriate Crisis Response: Lessons Learned from Houston and Harris County Texas*, Safety & Just. Challenge (Oct. 2024), <https://sjcexchange.org/viewdocument/deploying-the-appropriate-crisis-re>.

<sup>6</sup> *Survey: Police needlessly overburdened by mentally ill abandoned by mental health system*, MENTAL ILLNESS POLICY ORG (2011), <https://mentalillnesspolicy.org/crimjust/homelandsecuritymentalillness.html>.

29. Well-intentioned law enforcement responders to a crisis call often escalate the situation. The presence of police vehicles and armed officers generate anxiety for individuals in a crisis. A police response is, by definition, an armed response and often leads to the individual being handcuffed and searched. And a police response can be traumatic, particularly when guns are drawn. In effect, people with behavioral health disabilities are treated like criminals because their health emergency involves mental rather than physical health.
30. Police are also less likely than a behavioral health responder to link the individual to resources that can help address their behavioral health needs and avoid behavioral health crises in the future.
31. Behavioral health workers are better suited to deal with behavioral health crises because of their experience and specialized training. In my experience, behavioral health responders are able to deescalate behavioral health crises, provide immediate emergency counseling that resolves most situations, and help people remain in their housing and receive needed care. Behavioral health response programs are also far more successful than police at linking people to services.
32. Relying mainly or exclusively on police as crisis responders unnecessarily puts residents and officers at risk of harm and is a fundamental misuse of law enforcement resources. It also perpetuates fear and mistrust of police, while often leaving peoples' needs unaddressed.

#### **E. Economic Benefits of Sending Behavioral Health Professionals**

33. It is also less expensive to send medical or behavioral health professionals to an ongoing crisis than to send police departments. It typically requires fewer city personnel to respond with better outcomes. Doing so saves municipalities money.
34. When communities respond to individuals in crisis with law enforcement responses like arrest, court, and jail services, taxpayer costs are significantly higher than when behavioral health crisis response services are utilized pre-booking.
35. Additionally, medical and behavioral health professionals are trained and well-equipped to prevent unnecessary arrests, injuries, or deaths in a crisis, which can save lives, avoid expensive criminal proceedings and jailing, and protect a municipality from liability or lawsuits later on.

36. A 2014 study of mobile crisis teams in Louisville, Kentucky, found that while the program cost the city about \$2.5 million annually, it also saved the city nearly \$3.5 million annually in deferred hospitalizations, reduced inpatient referrals from jail, and avoided bookings and jail time.<sup>7</sup>
37. Indeed, people with behavioral health disabilities are grossly overrepresented among those in jail. Once in jail, people with serious mental illness are incarcerated longer than other prisoners, and most do not receive needed treatment. Upon release, with public benefits interrupted and a criminal record, they are more likely to be unemployed, homeless, and rearrested. This costs the taxpayers money that could be saved by providing a behavioral health response to behavioral health emergencies.
38. The experience of other jurisdictions like Denver, Colorado and Eugene, Oregon shows that it is less costly to make a behavioral-health, rather than police, response. A 2020 report showed that the behavioral health crisis response program in Eugene, Oregon saved the city \$8.5 million in public safety costs and \$14 million in ambulance and emergency room costs annually.<sup>8</sup> Other studies have found that mobile crisis services are 23% less costly than police interventions and dramatically reduce costs for inpatient hospitalization.<sup>9</sup>

**F. The Remedies & Reforms Proposed by Louisville Metro & the U.S. Department of Justice Are Effective, Reasonable, and Being Successfully Implemented in Numerous Jurisdictions**

39. Ensuring that people with behavioral health disabilities receive a health-based response rather than a police response during a behavioral health emergency, as required by the Consent Decree, serves the public interest by meeting individuals' needs without constraining police resources.
40. Here, Louisville Metro and LMPD have direct knowledge and understanding of how Louisville Metro's emergency services, dispatch, and LMPD operate, what is feasible, and the costs involved, and they have agreed to a Decree that is reasonable and will be effective.

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<sup>7</sup> Peggy L. El-Mallakh, et. al., *Costs and Savings Associated with Implementation of a Police Crisis Intervention Team*, S. MED. J., <https://sma.org/southern-medical-journal/article/costs-and-savings-associated-with-implementation-of-a-police-crisis-intervention-team>.

<sup>8</sup> Scottie Andrew, *This Town of 170,000 Replaced Some Cops with Medics and Mental Health Workers. It's Worked for Over 30 Years*, CNN (July 5, 2020), <https://www.cnn.com/2020/07/05/us/cahoots-replace-police-mental-health-trnd/index.html>.

<sup>9</sup> SAMHSA, *National Guidelines for Behavioral Health Crisis Care Best Practice Toolkit* 19 (2020), <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-healthcrisis-care-02242020.pdf>.

41. The Decree requires (i) convening a Behavioral Health Coordination and Oversight Council, (ii) providing a behavioral health emergency response to individuals experiencing a behavioral health crisis, (iii) establishing a dispatch operation with crisis triage workers, and (iv) providing training to the LMPD on how to respond to individuals with behavioral health needs.
42. These are effective measures that are being successfully implemented in numerous jurisdictions across the country.
43. The changes required by the Consent Decree are readily achievable and build on the foundation already established by Louisville Metro and LMPD.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on: February \_\_, 2025

By: \_\_\_\_\_

Chris Burbank

Confidential Resume`

**Chief (Retired) Chris Burbank**

992 S. Vista View Drive  
Salt Lake City, Utah 84108

chris.burbank@policingequity.org

801-799-3802

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**Education**

**Bachelor of Science, Sociology**

University of Utah

**Center for Policing Equity**

2015 to present

**Vice President of Strategic Partnerships**

2015 to present

Provide leadership and promote partnerships with police departments, community advocates and political entities. The Center for Policing Equity is a nonprofit organization whose mission is to end disparities in law enforcement by providing evidence-based research on racial bias and use of force. The Center produces analyses identifying and reducing causes of racial disparities. Distinguished by taking number off the spreadsheet and providing actions for the police and the communities they serve.

*Achievements:*

- Mapping the Science of Justice Convening 2018.
- Responsible for The National Justice Database reaching over 250 law enforcement agencies across the nation and covering over two thirds of the United States Population.
- Reviewed and advised the Seattle Police Department on use of force utilized during mass gathering events.

**Salt Lake City Police Department**

1991 to 2015

**Chief of Police**

2006 – 2015

Appointed to the position of Chief of Police in March 2006. Accountable for leadership of a 603-employee organization, including 445 sworn police officer positions. Provide necessary measures and direction for the protection of life and property, prevention of crime, vehicular traffic control and apprehension of criminals. Responsible for \$57 million annual budget, including state and federal grant awards. Work with residents and political entities in determining direction of community well being and safety.



*Achievements:*

- Selected as a member of the “Enlightened Fifty” most influential leaders in the State of Utah.
- Selected as one of six Police Chiefs in the nation to meet with President Barack Obama to discuss the Administration’s plan and direction concerning gun violence in America.
- Recognized in June 2013 by the Utah National Guard with their annual Minuteman Award for contributions to the well being of the State of Utah.
- Honored by the University of Utah in Recognition of continuous service and commitment to “Keeping the Dream Alive” through the annual Rev. Dr. Martin Luther King, Jr. Rally and Parade.
- Received the United States Attorney’s Office District of Utah Award, for Outstanding Service to the Community by demonstrating leadership, diplomacy, and tact in dealing with high profile protest situations.
- Testified before the United States House of Representatives Committee on the Judiciary, Subcommittee on Immigration Policy and Enforcement concerning H.R. 3808, the “Scott Gardner Act.”
- Chosen by the Salt Lake Tribune as Utahn of the Year for 2011. The state’s largest newspaper cited his handling of several high profile protest incidents and stated, “Burbank’s stature as a community leader, including a willingness to endure threats and criticism over his position on immigration enforcement, is noteworthy at a time of ebbing confidence in those elected to govern.”
- Honored by the Utah Chapter Parents of Murdered Children, Inc. for tireless effort to serve the many homicide families and a willingness to give support and to give hope.
- Recognized by the Latin America Chamber of Commerce with Simon Bolivar Award for service to the Latino community.
- Received the Arch Madsen Humanitarian Award from the Inclusion Center for Community and Justice in recognition of dedication to creating a more inclusive community.
- Testified before the United States House of Representatives Committee on the Judiciary, Subcommittee on the Constitution regarding H.R. 963, the “See Something, Say Something Act of 2011.”
- Traveled to Israel on behalf of The American Israel Public Affairs Committee (AIPAC) to further Israeli-American relations.
- Received the Caesar Chavez peace and Justice Award by the Utah Coalition of La Raza.
- Nominated and elected in 2010 by peers to the position of First Vice President for the Major Cities Chiefs Association, an assembly of the 69 largest policing agencies in the United States and Canada.
- Honored in 2010 for work on behalf of the women and children who live, play and grow in Salt Lake City by the YWCA as the Public Official of the Year.
- Recognized by the Utah Minority Bar Association as their Honoree of the Year for service to minority communities and dedication to diversity.
- Testified before the United States House of Representatives Committee on the Judiciary, Subcommittee on the Constitution, Civil Rights and Civil Liberties, Hearing on Racial Profiling and the Use of Suspect Classifications in Law Enforcement Policy.



- Received the Downtown Alliance Chairman's Award for service to the downtown community and the City.
- Responsible for creation of the Valley Police Alliance in 2009, a cooperative effort of 15 Salt Lake valley police agencies serving as Chair during its inception.
- Received special recognition in 2009 from the American Civil Liberties Union of Utah for work in protecting immigrant civil rights.
- Received the Vicki Cottrell Community Hero Award from the Utah National Alliance on Mental Illness for assistance to individuals suffering from mental illness.
- Recognized by Latino Community Center for dedication to community policing in building and maintaining a great foundation with the Latino community.
- Recognized by the Islamic Society of Greater Salt Lake in appreciation for dedicated service to the Islamic community.
- Traveled to Israel at the invitation of Anti-Defamation League (ADL) to exchange policing practices and ideas.
- In 2007, the Department received high praise for its Emergency Action Team coordination and response to the Trolley Square shooting incident.
- Recognized for management of the Destiny Norton abduction and murder investigation. The seven-day investigation resulted in the conviction of the suspect five months following the crime.

**Bureau Commander Support Services**

2005 – 2006

Managed Internal Affairs, Training, Dispatch, Records and Personnel Services. Accountable for managing the operation of the Police Department, preparing the annual budget and ensuring the functionality of police services to the community. Served as the acting Chief during the absence of the Chief. Provided leadership and direction for personnel, focusing the Police Department on service to the City of Salt Lake.

*Achievements:*

- Developed five-year departmental guidelines to ensure continuity of goals and to provide a strategic plan for the Police Department.
- Designed and produced *Interacting with the Police*, a pamphlet outlining the rights of the public when encountering police officers.

**Division Commander Internal Affairs / Training**

2005

Responsible for the oversight of complaints against personnel and direction of resulting investigations, including ensuring discipline and grievances are handled in accordance with applicable regulations, policies, laws and appropriate memoranda. Accountable for managing in-service training of sworn officers and civilian employees as well as recruit officer training. Participating in the development and preparation annually of the Police Department budget while maintaining the largest portion of the overall Department budget.

*Achievements:*

- Oversaw the development, writing and implementation of Departmental Electrical Energy Device policy.

- Participated as Chair of the Police Physical Fitness Committee with responsibility for the evaluation and potential implementation of department-wide, mandatory officer fitness standards.

**Executive Officer to Chief Dinse**

2002 – 2005

Represented the Chief of Police while functioning as a liaison with Salt Lake City Mayor Rocky Anderson, the Salt Lake City Council, the Civilian Review Board and the public. Prepared correspondence, presentations and speeches for Chief Dinse. Coordinated Department participation at Major Cities Chiefs' conferences. Consulted with and advised Chief Dinse in matters of policy, procedure, discipline and personnel.

*Achievements:*

- Designed and facilitated implementation of Employee Management and Information Tracking System (EMITS), a system established to more efficiently monitor employee career progress.
- Working in cooperation with the Salt Lake Police Association, drafted and instituted a new Police Department discipline policy. This new policy represents a dramatic and innovative shift in practice and approach to discipline management.
- Facilitated the West Point Leadership Program, a college level course established to enhance individual leader capability and provide insight into enlightened and proven supervisory techniques.

**Olympic Venue Commander**

2000 – 2002

Planned, organized and implemented the security plan for the Salt Lake Olympic Square, encompassing nine square blocks of downtown Salt Lake City and employing a staff of over one-thousand local, state and federal employees including Utah National Guard troops. Acted as Police Department liaison with the United States Secret Service.

*Achievements:*

- Recognized by Director Brian Stafford, United States Secret Service, for outstanding cooperation in support of their protective mission.
- Recognized by Governor Michael Leavitt, State of Utah, for contribution to the law enforcement volunteer program.
- Recognized by Major General Brian L. Tarbet, Adjutant General Utah National Guard, for exceptional meritorious service in support of the games.

**Pioneer Bicycle Squad Sergeant**

1999 – 2000

Daily supervision of ten bicycle officers and direction of squad's patrol functions in the downtown area. Coordinated in-service bicycle training as well as annual officer selection school. Participated in the planning and organization of "First Night" activities.

*Achievements:*

- Awarded Meritorious Unit Citation in recognition for outstanding service to the downtown area.
- Regular guest of *La Vox La Gente*, a local radio program designed to improve community and police relations.
- Organized and instated program access within the community, with a goal of providing equal access to police resources and services to all members of the community regardless of ethnicity or socio-economic status.

**S.W.A.T. Team Leader**

1998 – 1999

Supervised the Sniper section including participating as an active member of the squad. Coordinated planning and deployment of a thirty person tactical unity during high hazard warrant service, barricaded subject incidents and hostage situations.

**Training Officer**

1996 – 1998

Responsible for in-service and recruit training in all aspects of police work including firearms, ASP, aerosol defensive tools, defensive tactics and police policy and procedure. Coordinated and instruct civilian police academies designed to provide members of the public insight into police training and response.

*Achievements:*

- Awarded Distinguished Unit Citation in recognition for service to the Police Department and the community.
- Managed Career Path Program as coordinator; responsible for scheduling, testing, policy and program maintenance, including record keeping and participant relations.
- Developed and instituted Police Rifle Program. Drafted policy, instructional guidelines and instructed initial four classes.

**S.W.A.T. Team Member**

1992 – 1998

Participated in the service of over 200 high hazard search warrants, numerous barricaded subject incidents and several high profile hostage incidents. Responsible for organizing weekly in-service training including scheduling, determining training topics, instructor coordination and class instruction as team training coordinator.

*Achievements:*

- Awarded Distinguished Unit Citation in recognition for service to the City during the Salt Lake City Public Library hostage incident.
- Recognized as a Hero in the Community by Whittier Elementary School.

**Uniformed Gang Officer**

At the specific request of the department, participated in a thirty-day pilot gang unit. The effectiveness of the unit and the increasing problem of gang violence necessitated the assignment

be made permanent. Participated in daily enforcement activities designed to reduce violence and limit civilian exposure to harm.

*Achievements:*

- At the request of the Salt Lake Area Gang Project, instructed officer safety at the sixth annual Utah Gang Conference, presented to individuals in attendance from throughout the western United States.
- Developed Street Survival course for the Utah Gang Investigators' Association and instructed at numerous conferences held in the State.

### **Other Work Experience**

**DG Pro Shop – Salt Lake City, UT** 1989 – 1991  
**Owner/Manager**

Responsible for inventory, ordering, cash receipts, sales and customer relations as a partner in a small, retail sporting goods store. Managed between three to five part-time employees including payroll, taxes and social security.

**Professional Squash Player** 1988 – 1991

Turned professional in the fall of 1988 and as a member of the World Professional Squash Association (WPSA), achieved a number 38 world ranking by 1990. Responsible for instruction of private and group squash lessons as well as clinics and exhibitions.

*Achievements:*

- 1<sup>st</sup> Place H.H. Bennett Cup, 1990
- 1<sup>st</sup> Place Utah State Open, 1990, 1989 and 1988
- 1<sup>st</sup> Place Intermountain Open, 1989

**Deseret Gymnasium – Salt Lake City, UT** 1984 – 1991  
**Assistant Athletic Director**

Supervised employees, organized and directed squash, racquetball and handball tournaments. Provided fitness consultation for members. Responsible for daily gym administration, personnel issues as well as maintaining member relations.

*Achievements:*

- Organized the Deseret Gym World Professional Squash Championship. Raised sponsorship money, organized promotion and advertising and handled player relations and ticket sales.

**Fin USA** 1988 – 1989  
**Director of Squash Sales** – Salt Lake City, UT

Responsible for the advertising, promotion and sales of squash equipment nationally.

### **Professional Organizations and Training**

<b>FBI National Executive Institute Associates</b>	Current President
<b>Major Cities Chiefs Association</b>	Past First Vice President
<b>Rocky Mountain High Intensity Drug Trafficking Area</b>	Past Chairman
<b>Utah Peace Officer Standards and Training</b>	Council Member
<b>FEMA Regional Advisory Council</b>	Board Member
<b>FBI Intermountain West Regional Computer Forensics Laboratory</b>	Board Member
<b>FBI RCFL National Advisory Committee</b>	Board Member
<b>FBI National Executive Institute Associates</b>	Board Member
<b>FBI National Executive Institute</b>	Session XXX Graduate
<b>International Association of Chiefs of Police (IACP)</b>	Member
<b>National Association for the Advancement of Colored People</b>	Member
<b>Police Executive Research Forum (PERF)</b>	Member
<b>Fight Crimes Invest in Kids</b>	Member
<b>Rotary Club 24 of Salt Lake City</b>	Member
<b>West Point Leadership Course</b>	2001 Graduate