



Introducing Community Responders

How To Dispatch the Right Response to Every 911 Call

By Betsy Pearl and Amos Irwin | March 11, 2021

See also: "The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call" by Amos Irwin and Betsy Pearl

Today, law enforcement officers spend a considerable portion of their time responding to low-priority 911 calls related to quality-of-life issues or social service needs. In an analysis of 911 data from five American cities, the Center for American Progress and the Law Enforcement Action Partnership (LEAP) found that from 23 percent to 45 percent of calls for service were for less urgent or noncriminal issues such as noise complaints, disorderly conduct, wellness checks, or behavioral health concerns.¹

Many of these police calls for service could be safely resolved by trained civilians experienced in finding long-term solutions to the root causes of community concerns. Dispatching civilians in lieu of officers can reduce unnecessary police responses and help prevent unjust arrests and uses of force, which disproportionately affect communities of color and people with behavioral health disorders and disabilities.² It would also free up law enforcement resources, allowing officers to spend more time on key tasks such as addressing serious crime and building proactive relationships with communities.

To improve outcomes for residents and officers alike, LEAP and CAP propose that cities establish a new branch of civilian first responders known as "Community Responders." As envisioned, Community Responders would be dispatched in response to two specific categories of calls for service that often do not need a police response:

- Behavioral health and social service calls. Community Responders trained as
 paramedics, clinicians, or crisis intervention specialists could effectively respond
 to lower-risk 911 calls related to mental health, addiction, and homelessness.
 Community Responders should also include peer navigators, whose personal
 experiences with behavioral health and social service needs can help build bridges
 with individuals involved in these 911 calls.
- 2. Quality-of-life and conflict calls. Community Responders could be dispatched in response to 911 calls for nuisance complaints and nonviolent conflicts, which may include reports of suspicious people, neighbor disputes, youth behavioral

issues, trespassing, and even some simple assaults that do not involve weapons. Community Responders who respond to these calls should be qualified credible messengers—professionals with deep connections to the community and extensive training in conflict mediation.

According to a recent CAP and LEAP report, across eight American cities, Community Responders could respond to an between 21 percent and 38 percent of 911 calls; an additional 13 percent to 33 percent of calls could be resolved administratively without dispatching an officer.³ Promisingly, a number of localities have already implemented civilian-first response programs that incorporate elements of the Community Responder model, including:

- Austin, Texas. The Expanded Mobile Crisis Outreach Team (EMCOT) allows 911 call-takers to transfer calls for service related to mental health crises to clinicians embedded within the 911 dispatch center. Although clinicians are often able to de-escalate crises over the phone, they can also dispatch teams of EMCOT counselors and mental health professionals to the scene. After the initial crisis, EMCOT follows up with clients to offer linkages to community-based supports and appropriate social services.4
- Denver. The Support Team Assisted Response (STAR) program dispatches teams of paramedics, mental health professionals, and peer navigators in response to certain 911 calls related to behavioral health and substance use. Launched as a pilot in June 2020, STAR responded to roughly 750 calls in its first six months, all of which were safely resolved without police backup.⁵
- Eugene, Oregon. The Crisis Assistance Helping Out On The Streets (CAHOOTS) program, established in 1989, dispatches medical and crisis intervention professionals in lieu of police to provide wellness checks and behavioral health crisis interventions, as well as substance use-related de-escalation, family conflict mediation, and basic medical treatment. By 2019, CAHOOTS teams were responding to roughly one-fifth of all 911 calls, only 1 percent of which required police assistance.⁶ In more than three decades of operation, CAHOOTS reports that it has never had a critical incident or serious injury to staff or the clients it serves.⁷
- Olympia, Washington. The Crisis Response Unit (CRU) employs civilian crisis interventionists, trained to respond to individuals experiencing behavioral health crises, substance use disorders, and other social service needs. In addition to responding to calls for service, the CRU conducts regular outreach to frequent clients, providing proactive support to prevent crises before they occur. The CRU also works hand in hand with Familiar Faces, a long-term peer support program that helps individuals with complex behavioral health needs access housing, health care, and other key harm-reduction services.8

• San Francisco. The Street Crisis Response Team (SCRT) program launched in November 2020 as a partnership between the city's Department of Public Health and Fire Department. Through the SCRT, 911 dispatchers can send teams of community paramedics, behavioral health clinicians, and peer specialists in response to calls for service related to mental health and substance use concerns.⁹

Across the country, support for civilian first responders is on the rise: Nearly 8 in 10 American voters are now in favor of diverting mental health- and substance use-related 911 calls to trained nonpolice professionals. ¹⁰ Importantly, police leaders themselves are joining the movement to shift away from the status quo. "Every patrol officer knows that we respond to the same addresses and the same people over and over," explained retired police officer David Franco, a more than 30-year veteran of the Chicago Police Department. ¹¹ "Instead of sending an officer to put a Band-Aid on the issue for a day or two, we should send mental health and de-escalation experts, who are actually equipped to find long-term solutions."

If your jurisdiction is interested in exploring the Community Responder model, please contact Betsy Pearl at bpearl@americanprogress.org or Amos Irwin at amos@lawenforcementaction.org.

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Endnotes

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