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# Dispatching Community Responders to 911 Calls

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# Introduction and summary

U.S. cities rely on police as the default responders for most 911 calls, whether they concern a person shouting at a bus stop or a child who refuses to go to school. In most cities, these kinds of issues constitute a significant portion of calls made to 911 call centers.<sup>1</sup> Too often, police are tasked with handling a host of situations that are not about criminal activity, but are about other social issues, without the additional training or resources to respond appropriately. Defaulting to dispatching a police response to these types of 911 calls undermines public safety by diverting resources away from serious and violent crime while neglecting the underlying needs that drive people to call 911 to begin with.<sup>2</sup> It can also have a range of unintended consequences, especially for people of color and people with behavioral health disabilities who have been disproportionately harmed by the criminal justice system, where an encounter with police could escalate rather than de-escalate matters.<sup>3</sup>

Dispatching community responders to 911 calls can improve both short- and long-term outcomes by ensuring that specially trained professionals are available to assist people with certain situations that require de-escalation, conflict resolution, and connections to community-based care. Particularly as jurisdictions across the country struggle to recruit and retain police officers, they are beginning to address these issues by dispatching community responder teams to low-risk calls instead of police.<sup>4</sup>

When developing community responder programs, city leaders frequently ask how their 911 call center can best identify calls and direct them to the new teams. To ensure the right response is provided in each situation, 911 call centers may need to alter how they choose which team to dispatch.<sup>5</sup> 911 call centers must effectively identify eligible calls without delaying call times or overburdening their already stretched staff.

## Defining community responder programs

Trained civilian community responder teams can safely and effectively handle many 911 calls by providing immediate response and making connections to long-term, community-based care.<sup>6</sup> Community responder programs involve dispatching teams of at least two specially trained, unarmed professionals with a range of skills, including de-escalation and conflict resolution, and who can provide linkages to community-based services and supports.<sup>7</sup> In many jurisdictions, these programs also offer the caller phone-based support, which can successfully de-escalate or resolve a crisis without dispatching an in-person team.<sup>8</sup> When needed, community responder teams respond to calls for service in a dedicated vehicle and can provide on-site assistance and voluntary transportation to services.

In a previous report, the Center for American Progress and the Law Enforcement Action Partnership (LEAP) estimated that between 21 percent and 38 percent of calls currently routed to police are low-risk situations that involve conflict resolution, behavioral health, homelessness, service needs, or quality-of-life concerns and can be managed successfully by community responders.<sup>9</sup>

This report is designed to guide cities seeking to safely and effectively adapt their dispatch systems to integrate community responder models into their first response services. The authors use the term “cities” throughout this report for simplicity, but one of the first questions officials must answer is who runs dispatch services, which can occur on a local, regional, or state level.<sup>10</sup>

This report proceeds in three parts. First, it explains the standard police dispatch process and distinguishes between three different models that cities use to dispatch community responders.<sup>11</sup> Second, it highlights the opportunities and challenges with each of these dispatch models. Third, it addresses the following frequently asked questions about community responder dispatch:

1. Why do some community responder programs handle significantly more calls than others?
2. How does dispatch determine that a call is appropriate for community responders?
3. How do community responders make an impact beyond 911 calls?
4. How does community responder dispatch relate to the new 988 number?

5. How should cities engage community stakeholders in designing and implementing community responder dispatch?
6. Does community responder dispatch create a liability risk for cities?

This report includes information from local government officials, community responder program operators, and call center staff shared with authors during informal interviews. The report also includes comments from call takers and dispatchers culled from qualitative interviews conducted by the Reimagining Public Safety (RPS) project at the New York University School of Law.<sup>12</sup>

# Overview of dispatch models

One of the first decisions a city must make when establishing a community responder model is when and how responders are dispatched. This report distinguishes between three dispatch structures for community responder models: 911 call center-led dispatch, embedded professional-led dispatch, and external hotline-led dispatch. Often, jurisdictions implementing community responder programs employ one of these three models, or a combination thereof.

To understand the differences between these community responder dispatch models, it is crucial to first summarize the typical process of a 911 call to police dispatch.

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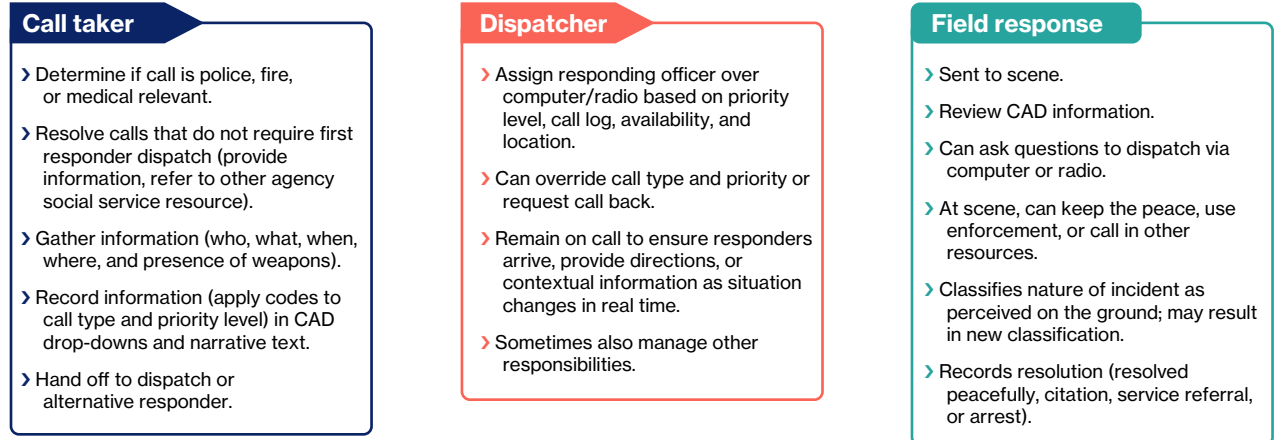
## Police dispatch system

While every 911 call center is different, many share standard features.<sup>13</sup> Typically, when someone calls 911, the call is routed to an area's designated 911 call center, where a call taker picks up the phone. The call taker quickly determines if the caller is reporting a fire or medical emergency, in which case the call taker switches to the fire or emergency medical services (EMS) call-taking procedure or transfers the call to a separate fire or EMS call taker.<sup>14</sup> For all other calls, the call taker screens them for a police response, rapidly identifying the type of call, the level of priority, and gathering the essential details from the caller.

As the call taker asks questions to learn more about the caller's situation, they typically start typing notes into a computer-aided dispatch (CAD) system, which creates a digital file specifically for that call and notes the time of day.<sup>15</sup> The call taker classifies the call as a specific call type and priority level. If the call taker classifies the call as appropriate for a police response (by assigning a police call type), the CAD system will show the digital CAD call file to a police dispatcher, often sitting near the call taker.<sup>16</sup> The police dispatcher will read the call file and, in order of priority, assign it to a patrolling police unit. Often the police dispatcher will assign the call by reading the information out loud over the police radio system and entering the police car's unit number in the digital CAD call file.<sup>17</sup> The police officers then see the call information on their in-car computer, also known as a mobile data terminal.<sup>18</sup>

FIGURE 1

## Call-taking and dispatch process



Source: Transform 911, "Transform 911: Assessing the Landscape and Identifying New Areas of Action and Inquiry" (Chicago: University of Chicago, 2022), p. 24, available at [https://bpb-us-w2.wpmucdn.com/voices.uchicago.edu/dist/e/2911/files/2022/07/Transforming-911\\_-Assessing-the-Landscape-and-Identifying-New-Areas-of-Action-and-Inquiry.pdf#page=24](https://bpb-us-w2.wpmucdn.com/voices.uchicago.edu/dist/e/2911/files/2022/07/Transforming-911_-Assessing-the-Landscape-and-Identifying-New-Areas-of-Action-and-Inquiry.pdf#page=24).

In some cities, the dispatcher does not assign every call to a specific police unit. Instead, they announce the call via the radio or input it into the CAD system, and an officer volunteers to handle the call. For example, the city of Dayton, Ohio, uses this “self-dispatch” procedure for low-priority calls.

For the dispatch process to be successful, the call taker must quickly and accurately convey the crucial information about each call to the police dispatcher, who then must convey it to the responding officers. Call takers are trained to assess risks on each call, make rapid decisions, and triage to the right response. In addition, they must seek updates from the caller to stay informed about the situation in real time. Once the responder on scene completes their interaction, they or the dispatcher closes the call in the CAD system.

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## 911 call center-led dispatch

Many cities’ community responder programs rely on the same 911 call taker and dispatcher roles as police.<sup>19</sup> When a 911 call taker identifies a call as appropriate for community responders, they note it in the digital CAD call file for the police dispatcher. The police dispatcher then dispatches a community responder team to the call as if the team were another police unit, which might involve calling

for them over the police radio and/or sending the call file to their mobile data terminal.<sup>20</sup> In Albuquerque, New Mexico, and in Dayton, rather than relying on the dispatcher to make the assignment, the community responder teams view calls in their CAD system and volunteer for calls via self-dispatch.

Examples of cities using 911 call center-led dispatch include:

- Denver, Colorado
- Eugene, Oregon
- Olympia, Washington
- Chicago, Illinois
- Cincinnati, Ohio
- Durham, North Carolina<sup>21</sup>
- Albuquerque, New Mexico<sup>22</sup>
- Dayton, Ohio<sup>23</sup>
- St. Petersburg, Florida<sup>24</sup>
- San Francisco, California<sup>25</sup>

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## Embedded professional-led dispatch

This model involves embedding specially trained professionals into the 911 call center.<sup>26</sup> When a 911 call taker recognizes that a call may be appropriate for community responders, instead of directing the police dispatcher to send community responders, they forward the call to the embedded professionals through a “warm handoff,” meaning that the call taker stays on the call to introduce the professional and share any key details that the caller already conveyed over the phone. The embedded professionals can guide call takers, helping them determine how to route a call. The embedded professionals often have specialized skills in behavioral health, de-escalation, and mediation. As a result, embedded professionals can often resolve matters over the phone or dispatch community responders when needed. Since these professionals are co-located in the 911 call center along with call takers and dispatchers, they have access to the same CAD system. They can transfer calls back to call center staff if and when the circumstances require a police or EMS response.

Examples of cities using 911 embedded professional-led dispatch include:

- Austin, Texas
- Louisville, Kentucky
- Houston, Texas
- St. Louis, Missouri



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## External hotline-led dispatch

In some jurisdictions, 911 call takers forward calls appropriate for community responders to an external hotline, which handles both the call-taking and the dispatch of community responders.<sup>27</sup> These external hotlines include behavioral health crisis lines; local city lines that handle quality-of-life concerns, including trash and water service issues such as 311 or 211; and hotlines run by external local service providers. All these separate call centers can handle the transferred calls from 911 over the phone and dispatch a team of community responders within an hour. Most of the external lines also receive calls directly from the community. In some rare circumstances, external hotline call takers must send a call back to the 911 call center because a police or EMS response is necessary.

Examples of cities using external hotline-led dispatch include:

- Atlanta, Georgia (311)
- Toronto, Canada (211)
- Baltimore, Maryland (988/suicide prevention hotline)
- San Diego, California (mental health crisis hotline)
- Dayton, Ohio (mediation center)<sup>28</sup>

# Benefits and challenges of each dispatch model

This section explores in greater detail the differences between the three primary dispatch models and each model's benefits and challenges. Often, the advantages of a given dispatch model also bring corresponding limitations.

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## 911 call center-led dispatch

Every city has a unique 911 dispatch process; none were built with community responders in mind. In 911 call center-led dispatch, the dispatcher generally relays calls to the community responders like it does to a police unit, since community responders carry a radio and routinely have a tablet or computer to view CAD information. The dispatcher primarily needs the call taker to signal whether community responders or police should handle a call. The dispatcher's job can be more complicated if they must choose between multiple varieties of community responder teams to dispatch, or if teams are only available for certain hours of the day or serve a limited geographic area. Relying on existing dispatch systems that have been in place for years will require cities to enshrine policy, training, and professional culture changes to ensure that community responders are dispatched effectively.

The call taker must do extra work to indicate whether a call is eligible for community responders. The call taker is accustomed to asking screening questions so the responders know the type of call, urgency, and any risk factors on scene. In multiple cities that have launched community responder programs, call center staff reported that call takers spend little time asking additional screening questions to determine if a call is appropriate for community responders.<sup>29</sup> Rather, call takers rely on program protocols, specialized training, and their professional discretion to guide their decision-making. The call taker can inform the dispatcher that a community responder is appropriate via the CAD system<sup>30</sup> by selecting a drop-down field or making a quick note in the call narrative.<sup>31</sup> The primary challenge is more cultural than technical, since call takers often hesitate to send calls to unarmed responders when they have spent their entire careers sending calls to police.

In many cities, call takers are used to diverting calls to specialized first responder units. A number of cities have formed co-responder teams, composed of one police officer and one clinician, who provide a first response to mental health-related calls. Other cities have community service officers (CSOs)—who are not sworn officers but often volunteers or individuals hoping to become police—and send them to take basic police reports.<sup>32</sup> When a call appropriate for co-responders or CSOs comes in, the call taker recognizes that the call can go to a specialized unit, checks to see if any specialized units are available, and assigns them the call. When dispatching CSOs, call takers must remember to conduct screening to ensure responder safety, since CSOs have no weapons and limited training. Dispatch centers can often adapt their specialized responder dispatch method to accommodate community responder programs.<sup>33</sup>

Community responders can then review the CAD information to arrive on the scene well informed. Like officers, they usually carry a tablet or have an in-car computer that displays the CAD information, including the address, phone number, and call narrative. They may recognize the address, names, or other details in the call narratives since many calls come from people who frequently call 911. Community responders can also dial the caller’s phone number from their cell phone to gather more information and reassure the caller they are on the way.

## **Benefits of 911 call center-led dispatch**

**Ease of implementation.** 911 call center-led dispatch requires the fewest changes to the status quo—requiring no new staff positions within the dispatch center and no new technology to transfer calls to an external hotline. Since dispatch centers are overstretched in almost every city, the fewer changes the center needs to make, the more quickly and easily the city can launch its community responder program.

**Efficiency.** 911 call center-led dispatch is more likely to efficiently handle a large volume of community responder calls than the other methods. Each call taker can determine on their own whether to dispatch a call to community responders without needing to hand off the call to an embedded professional or another call taker at an entirely different call center. Two community responder programs handling a large volume of calls—Eugene’s Crisis Assistance Helping Out on the Streets (CAHOOTS) and Denver’s Support Team Assisted Response (STAR)—both use 911 call center-led dispatch.

Callers also appreciate that they only need to talk to one person. In cities where the 911 call taker must transfer the caller to another line, callers often want to avoid being transferred.<sup>34</sup>

**Tandem dispatch.** As discussed below, when a call taker discovers a disqualifying circumstance and cannot send community responders to handle a call alone, in some cities they can send either police or EMS alongside community responders in “tandem dispatch.” The city will find it easiest to facilitate tandem dispatch if they use 911 call center-led dispatch for their community responders because the 911 dispatchers are already accustomed to coordinating joint police and EMS dispatch. If a city uses embedded clinician- or external hotline-led dispatch, it must develop a system for the embedded clinician or external hotline dispatcher to coordinate with 911 dispatchers for tandem dispatch.

**Rapid police backup.** While community responders rarely summon emergency police backup once they arrive on scene, cities want to ensure the safety of their responders. In emergencies, 911 call center-led dispatch allows community responders to summon police backup slightly faster than external hotline-led dispatch because they are in direct contact with dispatch via the radio. That said, responders can summon police quickly regardless of the dispatch method, responders only summon emergency police backup in extremely rare cases,<sup>35</sup> and none of the cities the authors engaged with have reported any incidents of call subjects harming community responders.

## Challenges of 911 call center-led dispatch

**Culture change.** While cities design their community responder program to handle certain categories of calls, the call taker ultimately has discretion over which calls should go to them. Call takers are trained to think critically and solve problems in a wide range of situations that they will encounter when they answer the phone.<sup>36</sup> Call takers have spent their careers sending nonfire and nonmedical calls to the police. They know that most calls are relatively innocuous, but they have learned to be risk averse. Perhaps they once classified a call as a low-risk family disturbance only to have the officer show up to see a man waving a gun. They worry about the potential risk of liability in sending unarmed professionals to a scene where something could go wrong, a risk that LEAP and the NYU Policing Project will assess in forthcoming publications.

Cities may find that call takers continue to assign calls that are eligible for community responders to police out of habit or an abundance of caution. In interviews with RPS, one dispatcher stated, “From me in the chair, if [responders]

can't protect themselves, I'm not sending them by themselves. ... It's a liability that ... then falls on us, as the dispatcher."<sup>37</sup> One call taker acknowledged that she always sends police alongside community responders to calls concerning public intoxication or suicide, even though these calls for service in her community qualify for a sole response by community responders. These concerns are common across cities.<sup>38</sup>

Cities can help change call takers' habits by creating opportunities for call takers to get to know responders so that they can become comfortable trusting responders and understanding their skill sets. Cities cannot start this process early enough; they can involve call takers in discussions of program design, they can bring call takers in to lead trainings for responders, and cities can have responders sit in their dispatch centers for practical training. A Vera Institute of Justice study reported that Phoenix's program has benefited from several types of cross-disciplinary training.<sup>39</sup> In Dayton, 911 call center staff became significantly more comfortable with the Mediation Response Unit (MRU) program after joining them for ride-alongs.<sup>40</sup> Program staff can share information with the call center staff about successful outcomes when community responders provide meaningful support and connections to care. Staff can also show call takers evidence from other cities demonstrating the safety of these programs for responders.

Cities should design clear call taker protocols and carefully train call center staff on them. Eugene and Denver have shared their community responder dispatch protocols for the benefit of other cities.<sup>41</sup> Call takers will be more likely to use the new system if they feel safe because policy dictates which call types to send to community responders and which circumstances of a given call would require a police response. Cities can gather input from call takers in creating these products through interviews and focus groups.

Some cities circumvent call center hesitancy by allowing community responders to self-dispatch to calls they believe are a good fit for their services. Dayton's MRU responders can view calls for service pending for police and assign the calls instead to themselves. In Olympia, when the Crisis Response Unit team hears a dispatcher announce a call for police that they would like to handle, they can radio in to "poach" the call. The community responder teams with a self-dispatch option should frequently debrief with dispatch and police to promptly address any concerns around which calls they poach.<sup>42</sup>

**Call taker job quality, training, and support.** This dispatch method requires that call takers understand which calls are appropriate for community responders, which requires training. Call centers are generally understaffed and need help adding additional training. They are under tremendous pressure to answer calls rapidly and keep call times down. The federal government classifies their positions as “administrative support” instead of “protective service,”<sup>43</sup> which limits their compensation and career growth opportunities, increasing staff turnover. Turnover heightens workplace strain for call takers and dispatchers, who frequently feel overburdened and undervalued. To mitigate these challenges, cities should focus efforts on improving overall job quality for 911 call takers.<sup>44</sup>

Dispatch supervisors often hesitate to add a new type of training to their already full plate. That said, all three dispatch models require call taker training.<sup>45</sup> Eugene’s call center reports that dispatching community responders does not add any significant workload.<sup>46</sup>

**Community accessibility.** In focus groups with residents, community members expressed hesitancy to contact 911 for fear that a police response could lead to arrest, use of force, or another unwanted outcome.<sup>47</sup> This is particularly true for people of color who have reported greater mistrust of police.<sup>48</sup> As a result, if a person can only summon the community responder team by dialing 911, some individuals may decide not to call to avoid a police response.

Cities generally respond to this concern by creating a separate “direct line” that anyone can call to request community responders. Toronto uses a “no-wrong-door” approach, where callers can reach the community responder team by dialing 911, 211, or a direct line.<sup>49</sup> In the frequently asked questions section of this report, the authors discuss direct lines in greater detail. Cities can also help allay concerns by sharing with the public data that show that the program handles many calls and rarely involves the police<sup>50</sup> and by incorporating historical context and cultural competency into the call taker training program.<sup>51</sup>

**Call center geography.** 911 call centers can struggle to dispatch calls when their geographical boundaries do not align with those of the city implementing community responders. While most large cities such as Seattle and Baltimore run their own 911 call centers, smaller cities share their call centers with surrounding towns. For example, Dayton is dispatched by the Montgomery County Sheriff’s Office, which handles dispatch across the county. To create its MRU program, Dayton had to work with the county dispatch to develop a plan under which call takers would proceed differently for Dayton calls than for calls from county dispatch’s other

partner agencies. This plan required some extra work for county dispatch staff. As a result, while Dayton had clout as county dispatch's largest customer, the city was careful to involve and earn buy-in from county dispatch throughout the process.

A less common but significant challenge is when cities are split among multiple 911 call centers. An extremely large city such as Los Angeles may want to implement community responders across a geographical area served by more than one 911 call center. Each dispatch center usually has its own unique system for identifying calls for police dispatch, with its own CAD system, call types, and screening questions. For multiple dispatch centers to smoothly divert calls to the same community responder team, they must coordinate carefully, perhaps harmonizing aspects of their dispatch process or CAD usage and developing a memorandum of understanding.

**Equipment.** To be dispatched by 911, community responders need 911 radios and CAD-enabled tablets or mobile data terminals. This equipment costs more than the phones and tablets used by external hotlines. Officials need to give additional time and attention during the planning process to integrate new equipment with the complexities of the existing dispatch system.

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## Embedded professional-led dispatch

In the embedded professional model, when the 911 call taker determines a call to be appropriate for a community responder, they transfer the call directly as a warm handoff to the embedded staff with specialized skills, meaning that the call taker stays on the call to introduce the professional and share any key details that the caller already conveyed over the phone. The embedded professionals can also provide guidance to call takers, helping them determine how to route a call. Embedded professionals are generally forwarded calls from individuals or their family members needing assistance with mental health or substance use.

The embedded professional then decides whether to send community responders based on established protocols, the notes provided by the 911 call taker, the additional information they gleaned directly from the caller, and information available from past calls at the address or an individual's electronic health records.<sup>52</sup> They possess expertise in speaking to people in crisis and recognizing signs of particular behavioral health issues over the phone.<sup>53</sup> They can counsel callers and connect them to resources, which often allows them to avoid dispatching an in-person responder entirely. If an in-person response is needed, the embedded staff directly dispatch their responder team, as in Austin and Louisville.<sup>54</sup>

Embedded professionals are often employed by a local behavioral health authority or service provider, with the 911 call center as their designated work site. These staff are specially trained to provide phone-based counseling, de-escalate crises, and connect people to community-based care. While they are not under the same supervision structure as call center staff, they still must operate within the constraints of the call center. As such, 911 call centers can establish clear protocols dictating the roles and responsibilities of the embedded professionals and when they will need to take direction from call center leadership.

In rare cases, the embedded professional may need to transfer a call to another call taker. They can transfer calls back to police dispatch for violent incidents; to fire/EMS for fires and medical emergencies; and to social service lines to request other municipal and community-based services.

### **Benefits of embedded professional-led dispatch**

**Specialized expertise.** This model can improve the quality of information-gathering for some calls since the professional can better recognize signs of mental health issues over the phone and communicate with people in crisis. In some circumstances, they can access an individual's behavioral health records and view their health care history.<sup>55</sup> They can then provide more information and context to community responders about the person's needs and existing ties to service providers. In some models, embedded behavioral health professionals can transmit relevant health information directly to the community responder teams if the city establishes appropriate information-sharing policies and practices that consider the necessary confidentiality and privacy considerations. For example, Louisville added an extra crisis triage worker to fill the additional functions of a dispatcher—reviewing the history of previous calls involving the address or individual, pulling their electronic health records, and staying in contact with the responders from start to finish.<sup>56</sup>

Some cities with 911 call center-led dispatch have added embedded clinicians to their 911 call centers just to assist over the phone, not to dispatch the call. For example, in Durham, call takers send most community responder-eligible calls to the dispatcher for dispatch to the community response teams. However, when they identify a caller who would benefit from speaking with a phone clinician, they route the person to an embedded clinician.<sup>57</sup>

**Knowledge sharing and culture change.** This model also increases knowledge sharing between call center staff and the behavioral health professionals. By co-locating professionals in the call center, 911 staff have formal and informal



opportunities to learn from the professionals and vice versa. Behavioral health professionals can show how de-escalation and counseling skills can turn a likely arrest or involuntary commitment into a positive interaction. Call center staff can learn the value of dispatching community responders rather than police by witnessing the embedded professionals in action. Embedded professionals also appreciate the complexities of the call taker's responsibilities and the stress associated with the role. Embedded professionals can offer support directly to call takers during and after difficult calls and ensure that the program functions within the operational constraints and stressors of the call center. As discussed above, cities need to prioritize culture change to reverse decades of habit and begin diverting significant numbers of calls.

**Medium-risk calls.** The embedded behavioral health professional can also assist with calls that are too risky for community responders. While police are en route to the scene, the call taker can conference with the embedded professional to de-escalate matters over the phone. By the time officers arrive, the professional may have already stabilized the situation, or at least the professional can prepare officers for what awaits them.

**Phone-only efficiency.** In less critical situations, embedded professionals can also resolve calls without needing to dispatch community responders. They are trained to provide phone-based counseling and de-escalation, and these skills can sometimes defuse the situation to such a degree that emergency response is no longer needed. After stabilizing the situation, the professional can satisfy the caller's future needs by referring to community-based services, sometimes even scheduling an appointment while the caller is still on the line. By replacing an in-person response with a phone-only response, the professional strengthens responder bandwidth and addresses the caller's needs more quickly. In Austin, professionals manage to handle calls entirely over the phone with surprising regularity; they handle 80 percent of the calls transferred to them through a phone-only response, only dispatching the in-person clinician team to 15 percent of the calls.<sup>58</sup>

This phone-only benefit is important when addressing the needs of frequent 911 callers. Call center staff often must interact with people who call 911 or a non-emergency line multiple times per week, or even multiple times per day, with the same issues, often individuals experiencing a mental health disability.<sup>59</sup> Embedded professionals can connect with these callers and encourage them to take advantage of community-based care and treatment that can change their behavior over the long term.

**Call taker workload.** This model reduces the burden on the 911 call takers to assess a caller’s specific needs. While they are still responsible for identifying which calls are appropriate for the embedded professional to handle, the embedded professional is responsible for deciding which calls should be handled by community responders. This allows 911 call takers to move on to the next call more efficiently.

## Challenges of embedded professional-led dispatch

**Staffing.** A key barrier to the embedded professional model is resources.<sup>60</sup> Staffing shortages and recruitment challenges also pose significant barriers to successful implementation. Cities need to staff embedded professionals for all hours that responders are on the street, with enough capacity to receive calls from the 911 call takers without slowing down the dispatch process. This requires cities to hire a significant number of embedded professionals. Cities must also create specialized training for the professionals to learn the dispatch process and other call-center protocols. To enter CAD notes, cities must also pay to certify professionals as call takers.

**Space.** Space within 911 call centers is limited in many places, which can make identifying workstations for the embedded professionals challenging. Embedded professionals need dedicated workstations in the 911 call centers giving them access to the CAD system and their behavioral health systems. They are often physically co-located near 911 call takers to ensure a streamlined process and achieve the knowledge-sharing benefits of the model. Cities can struggle to carve out extra space among their call takers and dispatchers.

**Dispatch efficiency.** Another challenge of the embedded professional-led dispatch model is that every call must be funneled through the embedded professional to dispatch a community responder. While the professional can efficiently resolve many first-person calls over the phone without sending an in-person team, most community responder-eligible situations are third-person calls—the caller is not the person experiencing the crisis—that require an in-person response. The professional acts as call taker, phone counselor, and dispatcher and spends significant time with each caller, making them unavailable to take new calls as they come in. Having a limited number of embedded professionals can create a bottleneck. Callers often either must endure significant wait times to reach the embedded professional or are entirely unable to reach them. Cities using this model should ensure that call takers are not funneling calls to police simply because insufficient embedded professionals are available.

Austin has responded to this issue by creating a call queue. If a clinician is unavailable, and if the person is safe and would like a call back from a clinician, the call taker can place the call into a queue, and the clinician will call the person back when they become available.<sup>61</sup>

**Narrowing call types.** Embedded professionals provide significant added value for a small portion of the broad range of calls eligible for community responders. Embedded mental health professionals, for example, contribute great value to first-person mental health calls when speaking directly to the person in crisis.<sup>62</sup> By contrast, when the embedded professional cannot speak directly to the person experiencing a mental health crisis or a close family member, they can do less to assist.<sup>63</sup> In fact, most mental health calls eligible for community responders are third-person calls placed by a stranger, neighbor, or business owner concerned about the situation.<sup>64</sup> And most calls eligible for community responders do not primarily involve mental health, but rather verbal disputes, trespassing, suspicious persons, intoxication, and other service needs.<sup>65</sup> LEAP reviewed 911 calls in Milwaukee and estimated that only 18 percent of community responder-eligible calls involved behavioral health.<sup>66</sup> Most of the remaining calls primarily relate to conflict resolution. Embedded professionals could add some value to these other calls. However, cities have not been eager to hire more professionals for an unknown benefit, so embedded professional programs have expanded less than 911 call center-led dispatch programs.

Cities can enjoy the benefits of embedded clinicians without giving up this broader range of calls by incorporating them into 911 call center-led dispatch. Cities must choose between limiting themselves to a small fraction of calls or hiring enough embedded professionals to field every community responder call. As mentioned above, in Durham, the call taker forwards mental health crisis and suicidal subject calls to the embedded clinician, while sending other eligible calls to the police dispatcher to send a community responder team.<sup>67</sup> In cities that use self-dispatch, the responders can view the call taker's CAD entry and self-dispatch directly.<sup>68</sup>

## **External hotline-led dispatch**

In cities with external hotline-led dispatch, when a 911 call taker receives a call appropriate for community responders, they transfer it from 911 to an external hotline. The hotline then handles the call-taking and dispatch of community responders. Any caller, from the public to the police, can call the external hotline directly to reach the community responders. Specific external hotlines used for

this purpose include Atlanta’s model leveraging the 311 social service line,<sup>69</sup> the MRU direct phone line in Dayton,<sup>70</sup> and the Here2Help behavioral health crisis line in Baltimore, which receives local suicide prevention and 988 calls.<sup>71</sup>

To rely on external hotlines to divert calls away from 911, cities must develop the technology to transfer calls, call information, and transfer protocols to clarify each agency’s responsibilities. When a 911 call meets the criteria for a community responder, call takers do not simply forward the caller to the external hotline number and hang up. As with embedded professional-led dispatch, they must conduct a warm handoff. The external hotline staff then ask additional questions using their call-taking protocol.

Although rarely used, cities should develop specific protocols for the circumstance in which the external hotline call taker must route a call back to 911 for a police or EMS response. The Policing Alternatives and Diversion (PAD) Initiative in Atlanta reported that out of 1,000 calls screened by 311 for PAD in 2022, the 311 call takers did not transfer any calls back to the 911 call center.<sup>72</sup> Other jurisdictions report transferring calls back to 911 in certain instances, such as when the caller explicitly requests police or when the caller’s needs exceed the scope of the program’s services.<sup>73</sup>

## Benefits of external hotline-led dispatch

**Overcoming hesitancy to call 911.** The external hotline model allows community members to call the external hotline directly to access the community responder teams without having to go through 911 in the first place. Some community members refuse to call 911 even if their city has a community responder program because they have had negative experiences with the police and are afraid that dispatch might still send the police. In focus groups with community members across the country, residents reported that they frequently request the ability to directly request community responders without having to call 911. If their city uses the external hotline model, individuals can call directly with less fear of a 911 police response.<sup>74</sup> However, community members have also expressed support for accessing community responders via 911 because they already know how to use it and do not need to worry about learning a new number and exactly what situations the program will address.<sup>75</sup>

**Reduction of 911 call burden.** If the city conducts sufficient public education and the public begins to call the external hotline directly for community responders, this model can divert calls from the 911 call center, reducing the burden on the 911

call takers over the long term. As people learn to call the external hotline directly, they help normalize the idea that police are not needed to solve the types of social problems that community responders handle.

In the short term, the external hotline model saves 911 dispatcher bandwidth. It removes 911's responsibility for dispatching these calls, allowing the 911 dispatcher to focus on calls for police. The burden instead falls on the external hotline staff. The model can benefit the city if the hotline has more available bandwidth or can more easily add bandwidth compared with 911.

**Phone-only efficiency.** As with embedded professionals, external hotlines have the capacity to resolve many callers' issues over the phone.<sup>76</sup> Behavioral health hotlines offer de-escalation, phone-based counseling, and connections to community-based services and supports. The external hotline can control how often staff send in-person responses by setting protocols for when to dispatch community responders.

**Hotline potential.** Community responder dispatch can help alter the public image of a hotline. For example, in Atlanta, the 311 hotline has traditionally dispatched other types of in-person city services, such as waste and water maintenance. But these services generally come with much longer wait times. Callers may associate the hotline with these long wait times. By adding community responder dispatch to their service offerings, the hotline can establish a new reputation by demonstrating their capability to dispatch rapid in-person responses.

## Challenges of external hotline-led dispatch

**24/7 capacity.** For this model to be successful, the external hotline must have the capacity to handle transferred calls over the phone 24/7 and to rapidly dispatch a team of community responders. External hotlines are often limited in their call taker and in-person responder capacity.<sup>77</sup> For example, many suicide-prevention hotlines plan for long wait times for an in-person response.<sup>78</sup> Wait times prevent hotline responders from handling common time-sensitive situations such as public disturbances that may spill over into the street or otherwise escalate if left unchecked for an hour or more. Other hotlines such as 311 generally do not operate 24/7 and can only dispatch community responders during operating hours.<sup>79</sup> To handle a significant share of community responder-eligible calls, external hotlines typically need to hire significantly more in-person responders during less traditional working hours.

**Staff capacity.** If 911 call takers are to transfer additional calls to external hotlines, a thorough review of the 911 call data is needed to ensure that the external hotline staff can handle the increased volume. For example, Atlanta transfers public indecency calls from their 911 call center to 311 to dispatch community responders.<sup>80</sup> This single call type adds only a small volume to 311's plate. Similarly, Baltimore's 911 diversion program currently transfers only a few low-volume call types from 911 to the Here2Help hotline.<sup>81</sup> As stakeholders in both cities decide to add higher-volume call types for diversion from 911 to their external hotline, they may need to consider funding an increase in hotline staff.

**Narrowing call types.** Depending on its specialty, the external hotline may not be willing to take on the full range of call types eligible for community responders. For example, Baltimore's Here2Help hotline specializes in behavioral health with first-person callers (the person calling is the person experiencing the crisis). As Baltimore attempts to divert more calls from 911, the hotline is unlikely to take on calls unrelated to behavioral health, such as noise complaints or neighbor disputes, since they are not a good fit for the call takers' expertise. In general, if cities begin diverting 911 calls to their local suicide prevention hotline, they may struggle to later expand beyond the small fraction of first-person behavioral health calls.<sup>82</sup>

**911 hesitancy to transfer.** External hotline dispatch requires 911 call takers to make enhanced screening decisions—to transfer calls from their system to an entirely different call center. While 911 staff tend to be cautious in screening calls for every dispatch model, they are extremely hesitant when their decision will remove the caller from the 911 system. As a result, cities with external hotline dispatch models will find it most straightforward to make clear-cut rules on which calls to transfer, such as Atlanta transferring any call in the public indecency call type. However, most high-volume call types contain some calls that are not appropriate for community responders, thus call takers must use their discretion when choosing which calls to transfer. Consequently, being abundantly cautious, 911 call takers will likely continue sending most calls to the police. Cities can attempt to reduce their hesitancy by acquainting 911 staff with external hotline staff, which builds trust. Cities can monitor the volume of call transfers and follow up when the volume falls below expectations.

**Call transfer drop-offs.** When callers are transferred from 911 to an external hotline, they may become frustrated and even hang up, particularly if they are asked to share the same information or the external hotline has a significant wait time.

The 911 call taker can help address this issue by explaining to the caller why and where the call is being transferred and stay on the line with the caller until the external hotline answers. In Toronto, when 911 call takers transfer callers to 211, they have found many callers to be frustrated by the transfer process.<sup>83</sup>

**Transfer technology.** The 911 system automatically inputs key information into the CAD notes for each incoming call, such as details about the event and the caller's location. However, the 911 call center does not have an automatic way to transfer location information or other relevant information to the external hotline's system. Cities may need significant technological support to automatically transfer information that 911 receives to the external hotline, which will avoid making callers answer unnecessary or repeat questions.

**Direct line public education.** Cities should educate the public about their community responder program so that callers understand the benefits. Cities using external hotline-led dispatch have a particularly compelling incentive to dedicate resources to community education: to inform the public that they can call the external hotline directly to request a community responder and what the potential is for a community response versus a police response in various situations.

Cities can conduct public education through press coverage,<sup>84</sup> social media campaigns, billboards, providing fliers to social service providers, and other efforts.<sup>85</sup> They can also analyze CAD data to identify frequent callers and call locations—from transit hubs and libraries to businesses and residences—and inform those callers of the hotline. The community engagement process should involve a strong effort to reach various organizations and individuals who may use the hotline. Unless the new direct line achieves unprecedented levels of publicity, most people will likely continue to call 911 and be transferred to the hotline.

**Divided loyalties.** The other dispatch models put city agencies in control of setting the priorities and goals. In external hotline-led dispatch, some hotlines are run by outside organizations that may have their own priorities and goals. This model also puts the external hotline in competition with the 911 call center when it comes to resources and staff recruitment. If the city wants to make changes to a program run by another organization, it must consult with the external hotline and cannot implement changes unilaterally.

# Frequently asked questions

As city and community leaders work to develop and implement community responder programs, they encounter many of the same challenges and raise many of the same questions. This section addresses common questions about these programs.

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## Why do some community responder programs handle significantly more calls than others?

This section explores how cities can take full advantage of deploying community responders to handle 911 calls. While many cities have created community responder programs, some programs handle a fraction of 911 calls while others handle a more significant percentage. Most programs are expanding their call volumes every year, taking on new call types, increasing hours of operation, and enlarging geographic service areas. As a result, some programs field significantly more calls than others because they have explicitly chosen to handle a much wider variety of situations without the assistance of law enforcement. Jurisdictions have to wrestle with two initial questions as they assess when to dispatch community responder teams:

- What call types should be considered appropriate for community responders?
- What questions should call takers ask to determine if a call meets those criteria?

## Understanding call types

With proper training, community responder teams can handle a variety of low-risk calls. In a previous report, CAP and LEAP estimated that between 21 percent and 38 percent of calls for police service are low-risk situations that involve conflict resolution, behavioral health, homelessness, service needs, or quality-of-life concerns that can be handled by community responders.<sup>86</sup> Call takers code each call into a call type. They already code some of these calls into narrow call types that identify a relatively specific issue, such as “neighbor dispute,” “noise complaint,”



“suicide attempt,” or “intoxicated person.” However, call takers often code most calls into catch-all categories such as “disturbance” or “disorderly,” which contain a greater variety of calls with differing risk levels.

When cities create community responder programs, they often establish consensus about which call types are most appropriate for community responders. If programs start with just a few call types, they soon expand to others as the programs prove effective. Cities should plan to reassess their list of call types regularly to identify expansion opportunities.

Community responder programs can handle a variety of call types but only some calls within a call type. For example, community responders could handle a “welfare check” call about a person yelling at a trash can, but not a welfare check involving a suspected house break-in. Cities should not shy away from choosing a call type just because that call type is not 100 percent appropriate for community responders. With proper training and guidance, 911 call takers are skilled at assessing context to determine which calls within a given call type category are eligible for community responders and which are not.

Unfortunately, it is not easy to determine which types of calls community responders must handle based on the call type names alone. If stakeholders want to make sure their city is sending community responders to all eligible call types, they must understand more about call type categorization, including the difference between police and medical call types.

**Police call types.** The majority of 911 calls are classified according to police call types, which typically cover any call that is not a fire or medical emergency. A single police call type may contain a wide variety of high- and low-risk calls, some involving violence, weapons, medical emergencies, or a police-only action such as searching private property. Since every city uses unique police call type categories, it is difficult to look at a city’s list of police call types and determine an exact volume of calls eligible community responders could handle.<sup>87</sup>

Unfortunately, call takers in many cities lump the largest shares of calls into miscellaneous catch-all categories, such as “trouble” (about 22 percent of police calls in Louisville in 2019),<sup>88</sup> “complaint other” (about 17 percent of calls in New Orleans),<sup>89</sup> and “disorderly” (15 percent of calls in Baltimore).<sup>90</sup> Moreover, call type names can be misleading; in Atlanta, for example, about half of the “fight in progress” calls in 2019 involved a verbal dispute rather than a physical altercation.<sup>91</sup>

“Call narratives” can help determine which police call types are relevant to community responders. Call narratives are the free-form notes that 911 call takers record while on the phone with a caller. Call takers document key details about the call’s circumstances. For example, the notes may say, “Caller states 19-year-old white female cousin refusing to leave the apartment, appears intoxicated.”<sup>92</sup> By examining the call narratives for a sample of calls within a call type, cities can better assess if call takers should divert a significant percentage of a specific call type to community responders. That percentage is rarely 100 percent, since a single police call type often contains both high- and low-risk calls.<sup>93</sup>

Program planners should assess call narratives early in the planning process to estimate the type of responder skills needed, the number of responder teams needed, and to gather feedback from all stakeholders on which calls are best handled by community responders. Recognizing that call narrative data can have sensitive and personal identifying information, cities should be cautious about their use. Cities can engage community stakeholders in an informed discussion about call types for the community responder team by sharing anonymized sample call narratives, with more details about community engagement discussed later.

In some cities, planners can easily distinguish between high- and low-risk calls by using a scripted decision-tree approach. For example, Durham and Cincinnati use the Priority Dispatch Corporation’s Emergency Police Dispatch (EPD) protocol, which provides call takers with a decision tree of questions to ask for every type of police call.<sup>94</sup> The ProQA software system walks call takers through the EPD decision tree, prompting them to ask specific questions until they arrive at a specific call type and suggested dispatch response.<sup>95</sup>

The EPD decision tree system enables Durham and Cincinnati to dispatch community responders to a wide range of calls. Because of the decision tree, their call takers do not lump calls of varying risk levels into the same call types regardless of whether they involve weapons, violence, or medical needs. Instead, the EPD decision tree sorts calls into more than 1,000 “final determinant” call subcategories. When each city created its community responder program, the administrator identified which of those specific final determinants were appropriate for community responders. They then mapped the configuration for these calls to unique call types with unit recommendations instructing the dispatcher to send community responders rather than police, if available.<sup>96</sup>

**Medical call types.** Medical call types are easier to dispatch because they are far more specific than police ones. In most cities, when a 911 call comes in related primarily to a person’s medical needs, the call taker asks detailed questions to

sort the call into a very specific call type according to the nationally standardized Emergency Medical Dispatch (EMD) protocol. Many cities use the EMD software system from the Priority Dispatch Corporation, which guides the call taker through a scripted decision tree that tells them exactly which questions to ask and in what order.<sup>97</sup> When they reach the last branch of the decision tree, they arrive at a very specific call type within the standardized EMD system.

Because medical call types often contain this built-in risk assessment, several cities have found it most straightforward to start with community responder programs only handling a few medical call types. Dispatchers send most medical calls to EMS rather than police. However, most cities send police in addition to or instead of EMS to handle a small number of psychiatric call types, known as the “25-card.”<sup>98</sup> The 25-card contains subcategories sorted by urgency and risk level, from high-acuity delta to mid-acuity beta and low-acuity alpha-level calls.<sup>99</sup> All alpha-level calls should be appropriate for community responders, so they are often the lowest-hanging fruit for cities starting a community responder program, especially when the program is specifically intended to address mental health issues. Unfortunately, these call types generally comprise a tiny percentage of the total calls eligible for community responders.<sup>100</sup>

Some calls can fit within both police and medical call types, so cities can switch their categorization to meet their dispatch needs. For example, most cities have a police call type such as “mental health.” Many of those calls could instead be categorized in the medical dispatch system under the psychiatric 25-card. Since San Francisco’s Street Crisis Response Team (SCRT) team includes a paramedic and is dispatched through the EMS system, the call center staff now categorize lower-acuity mental health crisis calls as medical 25-card calls for an SCRT or joint-SCRT/EMS response instead of using the police call type for a police response.<sup>101</sup> Similarly, many calls within the police call type “wellness check” could be categorized instead under the medical 32-card “medical nature unknown.” Since San Francisco’s SCRT team includes a paramedic and is dispatched through the EMS system, they are moving many lower-acuity calls formerly categorized as wellness checks—which get a police response—to the 32-card for an SCRT or joint-SCRT/EMS response.<sup>102</sup>

Community responder programs have unrealized potential to handle other low-risk medical call types currently handled by EMS.<sup>103</sup> In many cities, EMS handles basic calls requiring no formal medical training, such as “transport”—bringing someone to a medical appointment or urgent care—or “lift assist”—assisting someone with getting up or navigating in their wheelchair. With basic training,

community responders can potentially handle low-risk, low-urgency medical call types currently handled by EMS. As Denver has expanded its STAR program, it has begun dispatching STAR to handle some EMS calls.<sup>104</sup> Austin avoids an ambulance response for some low-urgency EMS calls by sending a clinician from their Expanded Mobile Crisis Outreach (EMCOT) team alongside an EMS community health paramedic (CHP).<sup>105</sup> The authors expect other cities to follow suit to alleviate the strain on their emergency medical systems, particularly those that include an EMT or community paramedic on their community responder team. One challenge in taking over EMS calls is that they are often dispatched by separate medical dispatchers using separate dispatch systems.

### **Expanding call types for community responders**

As cities select call types, they must also consider which type of responder is best equipped to handle specific call types. Some cities start their community responder programs with psychiatric call types or with narrow mental health-related police call types such as “welfare check,” “suicidal,” or “mental health crisis.” As a result, they hire peer specialists, social workers, or mental health clinicians.

However, to remove calls from police queues and receive the full benefits of a community responder program, cities must also divert conflict-related calls. As discussed above, most 911 centers receive more low-risk calls coded as conflict rather than behavioral health.<sup>106</sup> Call takers sort verbal conflict-related calls into call types that suggest conflict such as “family disturbance,” “juvenile disturbance,” or “neighbor dispute,” but also catch-all call types such as “disorderly,” “trouble with subject,” “assist citizen,” or “civil matter” and types that name a legal violation, such as “trespassing,” “noise complaint,” or “leaf blower violation.” Some of these calls involve behavioral health, but programs generally do not consider it appropriate to send mental health experts to mediate a neighbor dispute involving a barking dog. Instead, these situations are appropriate for staff trained in mediation, conflict resolution, and cultural competency—as in Dayton’s Mediation Response Unit.<sup>107</sup>

Several existing programs are handling both behavioral health and conflict-related calls. The Albuquerque Community Safety Department staffs two types of community responder teams—one for behavioral health calls and one for nonbehavioral health calls.<sup>108</sup> Dayton, where the MRU focuses on resolving conflict, recently received a grant to establish a crisis response unit to handle behavioral health-related calls.<sup>109</sup> In Denver, the clinician-led STAR program has always handled a significant number of conflict-related trespass calls, mostly from businesses that

want individuals to leave their premises.<sup>110</sup> To handle a broader range of conflict calls, as of March 2023, Denver is developing plans for a new program of mediation responders to operate alongside STAR.<sup>111</sup>

When programs create different teams for behavioral health- and conflict-related calls, they must determine how 911 can dispatch the appropriate team. In Albuquerque, call takers and dispatchers do not directly dispatch the teams because they are uncomfortable determining which call should go to which type of team. Currently, dispatch notifies all teams of each eligible call, and then one of the teams will self-dispatch and claim the call over the radio.<sup>112</sup> With this system, dispatch can leave the decision to the responders themselves. Dayton and other cities using self-dispatch could adopt this approach—if the teams communicate well and do not intrude on the responsibilities of other responders. In cities such as Durham, Cincinnati, and Atlanta that use the EPD system, the operations administrator could simply set certain final determinants that would recommend the behavioral health team, and others that would recommend the conflict resolution team.

In short, as cities create or expand community responder programs, they can look beyond behavioral health calls and consider which conflict resolution calls could also be handled by community responders. In assessing these calls, planners should review call types and narratives. They can use this data to gather community input and guide which skills and credentials to prioritize when hiring responders, as well as how many responder teams to deploy. Cities should reassess their call types and call volumes regularly as their programs develop and grow.

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## **How does dispatch determine that a call is appropriate for community responders?**

### **Call screening questions and process**

Once a call taker has determined that an individual call fits one of the types appropriate for the community responder program, that call must also pass the call taker's screening. If call takers use a more restrictive screening process, they will likely screen out more calls and assign them to police instead. It is worth noting that callers also play a role in the call taker's ability to screen a call, depending on the amount and quality of information they provide. While each city should tailor its screening protocol to that city's call-taking system—with guidance from call takers—every city should look for the same disqualifiers that would make a call ineligible for community responders. The four key disqualifiers are:

1. Weapons<sup>113</sup>
2. Credible threat of violence<sup>114</sup>
3. Emergency medical needs<sup>115</sup>
4. Urgent police-only need, such as entering a residence or vehicle without consent or retrieving crime scene evidence

If the situation requires a nonurgent, police-only need—such as nonurgently entering a residence without consent or filing a police report—those are considered an exception. If dispatch sends community responders, it does not pose a danger to them or anyone on scene. When the responders arrive and recognize the police-only need, they can simply radio dispatch to request police follow-up. Many cities have created successful alternatives to sending armed patrol officers to handle some of the more administrative police-only actions such as filing reports or managing lost property.<sup>116</sup> These alternatives include directing callers to online theft reporting or dispatching unarmed community service officers.

Cities should avoid adding additional screening questions to the list. For example, some cities have considered adding the question, “Has a crime been committed?” If someone calls about a serious crime, call takers will screen it out based on other disqualifiers, such as violence or the need to file a police report. If they are calling about a low-risk situation that may, for example, involve trespassing or solicitation, call takers may not need to send the call to police. Many crimes and violations are minor disturbances, from jaywalking and trespassing to panhandling, littering, or having a messy front yard.<sup>117</sup> Cities and states largely made these behaviors against the law in the first place because they wanted the behaviors to stop causing conflict, yet outlawing them has often not prevented these conflicts.<sup>118</sup> Community responders can resolve such conflicts without threatening punishment.

Community members and call takers can benefit when cities send community responders to resolve minor disturbance calls that may technically involve a minor crime or violation. Community members benefit because community responders work to change behavior without fines, threats, or arrests. For example, Atlanta’s PAD program successfully handles calls involving solicitation, public indecency, and other low-risk behaviors related to being chronically unhoused.<sup>119</sup> Call takers benefit because they need not worry about determining whether someone has technically committed a minor crime or violation, but rather determine the appropriate response for the situation.

Cities with existing programs have tried two primary approaches to guide call takers screening for community responders:

- **The all-noes-lead-to-yes approach.** Cities using this approach decide on a general scope for the community responder team. For example, in Brooklyn Park, Minnesota, the Alternative Response Team's (ART's) scope includes calls related to mental health, substance use, homelessness, and social service needs. Any time a call taker receives a call not appropriate for fire or EMS, they first decide if the call falls within ART's scope. If it does, the call taker screens the call for disqualifiers. If the call taker asks about each of the disqualifiers and receives all noes, then they can send community responders.<sup>120</sup>
- **The default call types approach.** Cities using this approach provide call takers with a list of default community responder call types. They instruct call takers to send those types of calls to community responders by default unless they encounter a disqualifier. Albuquerque divided its call types into green, yellow, and red categories. Green call types go to community responders by default. In contrast, yellow call types generally go to the police but could go to a community responder at the call taker's discretion. Red call types go to police only.<sup>121</sup>

Regardless of the screening method, call takers have spent much of their careers sending these types of calls to the police. Even if they are fully comfortable with the new program, they likely cannot undo prior training and practice overnight. They need time and support to remember to consider every eligible call for community responders, particularly since they must make quick decisions under pressure.

In addition, many call takers are not comfortable sending unarmed responders on day one of the program. As a dispatch supervisor stated in an interview with RPS, referring to Denver's STAR Program, "I think some of the problems we've been seeing, um, the call takers are still so safety focused, that they don't realize [that clinicians have been] dealing with these people on the street for a long time without police assistance. And so they're afraid to send them out there without knowing the whole story. Um, so they don't always add STAR when they should."<sup>122</sup>

Call takers may send more calls to community responders if their city begins with the default call type approach. While all-noes-lead-to-yes may be more inclusive, it is less direct. With a concrete list of call types in hand, call takers can more easily overwrite years of habit and training and follow a new process for those specific call types. They are grounding their decisions in the call type categories they have been using for years, rather than in a brand-new scope. By contrast, if call takers are suddenly expected to adopt the all-noes-lead-to-yes approach, to simplify their decision, they will likely take the mental shortcut of

deciding which call types fit within the scope. In practice, they will effectively take the default call type approach—and use a shorter call type list, sending fewer calls to community responders.

As call takers become comfortable with community responders, cities may experience greater success with the broader all-noes-lead-to-yes approach. When Denver launched STAR, the 911 call center developed a list of default call types for STAR, as well as specific screening questions for each call type.<sup>123</sup> As the program has matured and call takers have become familiar with the new responders, the 911 center still provides a list of call types and concrete examples but encourages call takers to divert calls beyond the list, getting closer to an all-noes-lead-to-yes approach.<sup>124</sup> Eugene has operated the CAHOOTS program for more than 30 years, but agency protocols still provide call takers with a list of call types and situations well suited for CAHOOTS.<sup>125</sup>

Cities can achieve the best of both approaches by involving 911 staff in planning. 911 staff can provide input on what protocols and training would help them set new habits to screen calls for community responders efficiently. At the same time, they will become more informed about and comfortable with the program. In the long term, programs flourish when they continually compare their expectations with results on the ground and treat the inevitable discrepancies as opportunities to grow rather than find reasons why it will not work.

Cities can also employ additional staff in the call center to assist with community responder dispatch. Albuquerque now employs ACS staff on the call center floor, where they can claim calls for ACS and guide call takers on which calls qualify for ACS. After adding staff to the center, ACS' call volume substantially increased.<sup>126</sup> San Francisco already had dispatch supervisors reviewing low-acuity police calls for service while they waited in queue, so they trained these supervisors to recognize and reassign calls that the Homeless Engagement Assistance Response Team (HEART) could handle.<sup>127</sup>

Finally, cities can hire staff with 911 call center experience to assist the community responder program. Durham, for example, hired the city's 911 operations administrator to serve as operations administrator for its new Community Safety Department.<sup>128</sup>



## Training and engagement of call takers

To ensure eligible 911 calls are identified and diverted to community responders, cities should create specialized training and provide it cost free for call takers.<sup>129</sup> These training sessions should be rolled out to all call center staff across all shifts. Training is essential for supervisors, enabling them to guide call takers in implementing the new process.

Call takers are often required to complete initial and ongoing training. Trainings can involve the following components:

- **De-escalation.** Training programs can teach techniques on using verbal communication to de-escalate a situation.
- **Mental health.** To give call takers the skills needed to respond to callers experiencing a mental health crisis, many jurisdictions rely on crisis intervention team training for 911 support, such as in Philadelphia,<sup>130</sup> or mental health first aid training, such as in Austin.<sup>131</sup> In Austin, embedded professionals follow an eight-hour mental health first aid course and follow up their training with additional ongoing verbal de-escalation training.<sup>132</sup>
- **Information sharing.** Training programs can include information on the best techniques and practices for gathering and sharing information between call centers and community responders.
- **Motivational interviewing.** Training can provide an opportunity to learn the technique of motivational interviewing through scenario-based practice, such as to encourage callers to stay on scene, provide updates, or even render aid.
- **Engagement with community responder teams and/or embedded professionals.** Training programs can convey understanding the best practices for engaging with community responder teams, including embedded professionals and the roles that both the call center and community responders should oversee.
- **Conflict resolution.** The call takers for Dayton’s MRU direct line practice “transformative mediation/conflict intervention,” a specific form of conflict intervention combined with crisis management and nonpolice-oriented de-escalation skills.<sup>133</sup>

- **Call transfers.** Programs provide guidance on the best practices for learning when to transfer calls and how to transfer calls to external hotlines if the program provides such an option.
- **Simulation training.** It can be helpful to incorporate simulation-based training elements to allow call takers to practice the new process.

Call taker and dispatcher training programs should provide clear guidance on identifying mental health and substance use disorders, homelessness, and other community needs.<sup>134</sup> The training should include practical scenarios with calls appropriate for a community responder. It should also include a section on identifying disqualifiers, including urgent medical support. For example, it is important to train staff to identify when a community responder can independently handle an overdose, acute intoxication, or person experiencing withdrawal and when an emergency medical response is needed.

Call taker training programs should also incorporate material on implicit racial and disability bias and the role that call takers and dispatchers can play in challenging or reinforcing those biases. Without proper training, call takers and dispatchers may be more likely to perceive calls from people from predominantly Black and brown communities or those with specific types of disabilities as more dangerous or higher risk. Studies of diversion programs have shown that white people are more likely to be diverted, while people of color are more likely to receive a traditional law enforcement response.<sup>135</sup> Call takers may similarly decline to divert people of color to community responder programs unless cities make deliberate efforts to counteract racial bias.<sup>136</sup> Cities can also track the demographics of call subjects to investigate whether call takers are more likely to send police to calls involving people of color.

Community stakeholders and organizations should actively participate in the training of call takers and dispatchers to provide the trainees with invaluable insights into the community's culture and needs, with a specific focus on individuals who have experience calling 911. From the pilot launch of community responders to annual evaluations, community stakeholders should be able to provide feedback and critiques of the program. For example, in 2020, Denver launched its STAR program, which takes an intentional approach to training.<sup>137</sup> The STAR program trains the 911 dispatchers and call takers on all Denver community resources. By helping call takers and dispatchers understand why certain resources should be dispatched, it empowers them to make better-informed decisions.

911 centers should provide staff with written training manuals that summarize the key components of the training that they can reference while working. These materials should include written protocols to outline how dispatch will interact with the community responder program. These written protocols should explain the operations of the community responder team, the call types that are eligible for community responders, exclusionary criteria, and any geographical or time-of-day limitations of the program. The protocols should detail the process for call takers to communicate to dispatchers whether a call is eligible for community responders. 911 centers can add these protocols to their standard operating procedures. They should create them in whatever form is most effective at communicating both the content and the importance of these new call-taking processes, including cheat sheets to serve as daily reference guides.

## Sample protocols and other guidance

- Denver’s STAR dispatch reference guide can be found [here](#).
- Several CAHOOTS protocol documents from Eugene can be found [here](#).
- The University of Chicago Health Lab created a guide to assessing the completeness of a dispatch protocol [here](#).

Cities should engage call takers, dispatchers, and supervisors while developing and implementing their policies and training. 911 staff can help ensure that the list of call types is practical and that the screening process is reasonable. They can identify roadblocks, such as a bottleneck of calls waiting for an embedded professional or factors preventing them from gathering the information they need to screen calls properly. Once the program has launched, they can provide feedback on an ongoing basis to ensure that the policies and processes are guiding them to dispatch community responders effectively. Cities can bring together call takers, dispatchers, and community responder teams in field training and informal settings to establish a shared understanding of their respective roles and expertise.<sup>138</sup>

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## How do community responders make an impact beyond 911 calls?

While community responder programs focus on handling 911 calls for service, they can also handle calls to non-911 numbers. In addition to providing solo first responses, they can take on additional situations: tandem dispatch, police referral, “second responses”<sup>139</sup> to follow up with individuals they previously served, and proactive engagement.

## **Police nonemergency lines**

Today, many calls eligible for community responders come into police nonemergency lines rather than 911 because callers recognize that their noise complaint or neighbor dispute is not a true emergency. In many cities, callers who dial the 10-digit police nonemergency line will reach the same call taker as if they had dialed 911, though they may have to wait longer.<sup>140</sup> Therefore, the dispatch center can use the same 911 community responder dispatch process for calls to the non-emergency line.

## **Community responder direct lines**

When cities create community responder programs, many intend to attract new calls from people who want help but want to avoid involving police. Eugene, which has the only decades-old community responder program, does not have a direct line for CAHOOTS. Still, callers often request CAHOOTS immediately upon reaching the call taker. Eugene receives a significantly higher volume of calls eligible for community responders than otherwise similar jurisdictions.<sup>141</sup>

Denver and other cities have created a new 10-digit direct line that callers can dial to summon community responders but not police.<sup>142</sup> In Denver, these callers reach the same call taker as if they had called 911, but the call taker can tell that the caller dialed the direct line.<sup>143</sup> The call taker can largely handle a direct line call the same way as a 911 call. In Denver, if they discover a disqualifier and cannot safely dispatch community responders, and see a need for a police response, they explain to the caller why they need to dispatch police rather than community responders.<sup>144</sup> Cities should consult with dispatch stakeholders to determine the options to deliver direct line callers an appropriate and efficient response.<sup>145</sup>

## **Handling medium-risk calls with tandem dispatch**

When a call taker identifies a disqualifier during the screening process, they can potentially include community responders through tandem dispatch, also known as co-response or dual dispatch. If the caller mentions a weapon or credible threat of violence, the call taker may not send community responders alone for their safety. However, the call taker may believe that community responders would otherwise be helpful on scene, such as if the call relates to mental health, substance use, homelessness, or conflict resolution. In this situation, many cities arrange tandem dispatch, meaning that the dispatcher sends both community responders and police to the scene.<sup>146</sup> The community responders can either approach

the scene first while the police stand by or vice versa, depending on the apparent severity of the disqualifiers. If a call taker considers a call appropriate for tandem dispatch, they should have a shorthand code to recommend that option to the dispatcher. The dispatcher can then dispatch the community responder team and police in the same manner as they would dispatch two police units.

Cities should only use tandem dispatch when disqualifiers require a police presence. Often, dispatch will overuse tandem dispatch out of an abundance of caution. These cities lose many benefits of sending community responders instead of police. In one such city overusing tandem dispatch, police saw that the new program was not taking calls from their plate, and they became frustrated with the program.

### **Receiving referrals from patrol**

Even cities with the most rigorous screening processes will at times dispatch police to handle calls that turn out to be appropriate for community responders. A caller may raise disqualifiers that turn out to be false or otherwise prevent the dispatcher from ruling out disqualifiers. If officers arrive on scene and recognize that the call is eligible for community responders, they should have the option to refer the call to community responders. Officers also become aware of situations while out in the community on patrol—“on-view”—that they want to refer to community responders. In both cases, they can often radio dispatch to notify the community responder team. If necessary, officers can remain on scene until the community responders arrive. Officer referral is an important source of community responder calls. In Denver, the STAR team receives about 35 percent of their calls from officer referral.<sup>147</sup> The share of officer referrals is expected to decline over time, as 911 and community responder personnel learn which calls are repeatedly referred by officers and can begin to dispatch them directly to community responders.

Cities can increase referrals by building trust and understanding by involving existing first responders in the community responder planning process. Some community response programs, such as Dayton’s Mediation Response Unit, have attributed the success of their programs to engagement with government personnel such as the police and fire departments and 911 call centers in the planning stages of their work, explaining that community responders can help to reduce the underlying problems of repeat 911 calls and allow police the ability to focus on more pressing matters. Officers also need to receive clear instructions on disqualifiers and situations eligible for community responders so that they do not become frustrated by trying to refer ineligible calls.

## Initiating proactive encounters

While community responders are on the street, they also encounter situations appropriate for their direct engagement. In Eugene, for every 100 calls that CAHOOTS diverts from police, CAHOOTS handles about 34 on-view situations they identify in the community.<sup>148</sup> These proactive encounters are crucial opportunities for community responders to address issues before they boil over as conflicts, crises, or relapses. In these situations, community responders can simply radio in to let the dispatcher know they are unavailable for a call.

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## How does community responder dispatch relate to the new 988 number?

In 2022, the 988 Suicide and Crisis Lifeline was officially implemented nationwide so that anyone with a behavioral health need can dial 988 to receive timely support.<sup>149</sup> Although the hotline is officially in effect nationwide, many states report that there has been limited funding and infrastructure available to support the demands of these efforts at the scale needed for successful outcomes.<sup>150</sup> In fact, only eight states—California, Colorado, Nevada, Washington, Minnesota, Oregon, Virginia, and Delaware—have passed comprehensive measures to increase funding to address the expected call increase.<sup>151</sup>

As states work to implement 988, some cities have leveraged their community responder programs to support these efforts. For instance, in Eugene, the 988 call center sometimes calls for support from CAHOOTS when a caller needs an in-person response and it has limited capacity.<sup>152</sup> In Louisville, the 988 call center relies on the Crisis Call Diversion Program any time they need a nonpolice in-person response.<sup>153</sup> Illinois passed legislation requiring that all 988 call centers can dispatch an in-person response, which may encourage jurisdictions to create community responder programs or expand the capacity of existing programs for this purpose.<sup>154</sup>

Some cities using external hotline-led dispatch already direct 988 calls and community responder 911 calls to the same place. Baltimore diverts first-person mental health calls to the Here2Help hotline, which also receives all local 988 calls. In Austin, if the 988 crisis line needs an in-person response, it can dispatch the Mobile Crisis Outreach Team, which Integral Care staffs, the same service provider as the EMCOT team accessed through 911.<sup>155</sup>

In some areas, the 988 system has enough support that community responder teams can transfer calls to the hotline. Denver’s STAR program has been able to transfer some of its calls to the 988 system in eligible instances where the caller is dealing with a mental health crisis, such as suicidal ideations.

Cities should coordinate between their 911 and 988 call centers to ensure the correct calls are routed to the proper response, to educate the public on the right number to call, and to limit the number of times that calls need to be transferred between 911 and 988.

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## **How should cities engage community stakeholders in designing and implementing community responder dispatch?**

In seeking to adapt emergency first response systems, cities must have engagement and buy-in from community stakeholders to develop the trust needed to make these reforms successful. Public safety and public trust are mutually dependent—neither is sustainable without the other. The design and implementation of a community responder program should involve meaningful, transparent, and ongoing engagement with residents about emergency communications and dispatch. Jurisdictions often employ a combination of engagement activities, including focus groups, advisory committees, surveys, town hall meetings, and interviews.

Among the questions jurisdictions should ask during community engagement efforts are: What are the reasons people call 911? What are the reasons that residents hesitate to call 911 and why? Do they perceive the system to be fair or biased, and is it? Do they trust the system can dispatch a response that will meet their needs, and can it? What are the outcomes of these calls to 911? The answers to these questions should inform the design of any changes being made to emergency communications and dispatch as part of an alternative response program.

When designing community engagement strategies, jurisdictions should focus on neighborhoods, institutions, and individuals that call upon 911 most frequently. Focusing on engagement with the sources of calls is important because they are most likely to feel the direct impact of any changes in the public safety system and are most likely to have experienced the historic—and present—inequities surrounding law enforcement encounters. Intentional efforts should be made to engage with individuals with direct experience with the first response system and current community-based services.<sup>156</sup>

Throughout all phases of the program, community experts need to be at the table for necessary conversations. The authors acknowledge there is not a one-size-fits-all model for conducting community engagement, but there are several principles worth striving to incorporate when soliciting community input on designing and implementing community responder models and the critical systems, such as call-taking and dispatch, that support them. These are:

**Transparent, open, and genuine partnership.** Meaningful community engagement is not a box-checking exercise, and if it is treated as such, participants will recognize that for what it is. Jurisdictions must see community experts as true partners in preserving public safety during the design, development, and implementation of community responder programs. To this end, hosting one-off or irregularly occurring town halls and listening sessions is insufficient to address the full range of community safety concerns. Residents have long demanded justice and equitable public safety systems, and part of ensuring that the government meets that demand is by establishing transparent mechanisms for community input and oversight over the lifespan of the program.<sup>157</sup>

At the same time, providing endless opportunities for residents to share their perspectives and vocalize anxieties into a microphone is likely to prove financially and logistically unsustainable for cities to maintain—and may inadvertently alienate communities that have long expressed the harms they experience because of policing and wonder why they are doing it yet again. Jurisdictions should not overpromise on their ability to take community feedback on certain decisions when there are real legal or operational constraints, while also being clear about when and how to incorporate community expertise.<sup>158</sup> Jurisdictions should establish a plan for sharing data and information about how the 911 system operates so that community partners can have the necessary context to give informed feedback and so that they know what they may be able to realistically expect.

One valuable alternative may be for cities to meet on an ongoing basis with a subset of residents and local businesses who can give feedback and provide a level of oversight and guidance on new safety strategies. This allows jurisdictions to intentionally inform community partners about the operations and constraints of the dispatch process, the roles of community responder teams, and the importance of community collaboration to the success of the overall effort.<sup>159</sup>

**Respect for and responsiveness to history.** Local leaders, organizations, and residents in the community have likely engaged around issues of public safety and policing long before any community responder effort, and these conversations have been informed in part by the broader history of unequal treatment, injustice,



and harm experienced by communities of color in policing and other fields. There must be a genuine effort to acknowledge the truth of this history and to understand who has led action around these issues in the community, looking to their subject matter expertise to support and guide new efforts.

Often, calls for establishing community responder teams come directly from community stakeholders as part of broader calls to action around police reform or racial equity. For example, Long Beach, California, revisited relevant dispatch policies with the community partners who had been part of developing their comprehensive “Racial Equity and Reconciliation Initiative” report.<sup>160</sup> An explicit goal of the community engagement process was to create a feedback loop with those trusted partners, which was accomplished through town halls and focus groups over six months.<sup>161</sup> As a result of these efforts, substantive changes were made to the program name, geographic service area for the pilot, responder training program, and service provider partners. It also built momentum and public support for the program.

**Accessibility.** Every effort should be made to design engagement strategies that are as accessible and inclusive as possible. In-person meetings should be held in neutral locations that are easily and physically accessible via public transportation. Whether taking place virtually or in person, translation services should be made available, as well as any necessary or appropriate Americans with Disabilities Act accommodations. Opportunities for contribution also should be provided outside traditional Monday through Friday, 9 a.m. to 5 p.m. hours to avoid conflicting with residents’ work obligations. The police department is not the place to host these conversations.

Jurisdictions should consider when community engagement activities should include direct engagement with law enforcement. Structured conversations with community members, police officials, and other government representatives are an important part of the engagement process. To make those conversations meaningful, everyone must acknowledge that there is a power imbalance between participants in these community meetings. The Policing Project has designed a model for jurisdictions to follow when preparing for a successful town hall meeting:

- Identify the purpose of the meeting.
- Build an agenda tailored to the meeting purpose.
- Conduct outreach, including a description of the meeting’s purpose and agenda.
- Consider a third-party facilitator, especially if the meeting’s purpose is to consult or collaborate.

- Choose a venue that allows people to participate in a meaningful way.
- Set up a physical space and facilitation style to enhance people’s ability to participate.
- Record action items to ensure they are not forgotten.
- Report back to the community on actions taken in response to the meeting.

Jurisdictions following these steps can counter power imbalances during community meetings and can empower the community stakeholders to engage further following the meeting.<sup>162</sup>

**Compensation.** People should not work for free, and that is especially true for individuals from affected communities. For residents who have been enlisted to provide formal, ongoing input or oversight, compensation will help facilitate their participation and demonstrate that their perspective and expertise are genuinely valued. Budgeting for this purpose is essential.

Meaningful community engagement is crucial to any successful effort to adapt dispatch systems in ways that truly reimagine public safety. Efficiently and effectively directing 911 calls and dispatching the appropriate responder to a crisis is a nuanced task that is essential to get right.<sup>163</sup>

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## Does community responder dispatch create a liability risk for cities?

Several city attorneys have inquired if creating a community responder program could put the city or city staff at greater risk of civil lawsuits. Forthcoming reports by LEAP and the NYU Policing Project will address the issue of community responder liability in depth.

# Conclusion

Cities nationwide are developing, implementing, and expanding community responder programs to improve the quality of services provided to people calling 911 for help. Community responder programs can address urgent community needs, connect people to long-term care, and improve public safety. As cities take on the complex task of standing up and integrating community responders into the broader emergency response system, they must adapt dispatch policies and practices. For community responder programs to meet community needs and support law enforcement, cities must fully consider which dispatch model best fits their situations and how they will assess the implementation over time. Now more than ever, cities nationwide have an opportunity to successfully cement the role of the community responder in the broader public safety ecosystem, and getting dispatch right is critical to achieving that goal.

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## Acknowledgments

The authors would like to acknowledge their colleagues who supported the research and development of this report at every stage. It would not have been possible without their efforts and expertise. This includes Akua Amaning and Anuja Gore from the Center for American Progress; Lionel King and Daut'e Martin with the Law Enforcement Action Partnership; and Evan Douglas, Katie Camp, and Freya Rigterink from the NYU Policing Project.

The authors also wish to thank the local experts whose perspectives, experiences, and lessons learned contributed immeasurably to the development of this report.

Additionally, the authors would express their gratitude to the reviewers whose crucial contributions helped shape and refine this report: Melissa McKee, Anne Larsen, and Carleigh Sailon from the Council of State Governments Justice Center; Gabriela Solis and Aloka Narayanan from the Harvard Kennedy School Government Performance Lab; Scarlet Neath, Charlotte Reising, and Matt Malone from the Center for Policing Equity; Rebecca Neusteter, Jason Lerner, and Sarah Scaffidi from the University of Chicago Health Labs; Daniela Gilbert, Denise Chandler, Jackson Beck, and Jason Tan de Bibiana from the Vera Institute of Justice; Rachel Bromberg from the International Crisis Response Association; Jason Friesen from Trek Medics; Gabrielle Wong from accesSOS; Alicia Burns from 911 SME; Marquisha Johns, Jill Rosenthal, and Lily Roberts from the Center for American Progress; Kerry Lynch from New London, Connecticut's, safety dispatch program; and Dr. Jessica Gillooly, assistant professor, Department of Sociology and Criminal Justice, Suffolk University.

## Interviews with subject matter experts and leaders of jurisdiction community responder programs

Interview date	Jurisdiction name	Interviewee name	Interviewee role and organization
November 21, 2022	Dayton, OH	Raven Cruz Loaiza	Mediation response unit coordinator, Dayton Mediation Center
November 30, 2022	Atlanta, GA	Chyna Quarker	Director of community response services, Atlanta Policing Alternatives and Diversion Initiative
December 8, 2022	Albuquerque, NM	Mariela M. Ruiz-Angel	Director, Albuquerque Community Safety Department
		Joshua Reeves	Division manager, Albuquerque Community Safety Department
March 16, 2023	Denver, CO	Andrew Dameron	Director, Denver Support Team Assisted Response
March 16, 2023	Baltimore, MD	Quinita Garrett	Director of call center and system coordination, Baltimore Crisis Response Inc.
May 9, 2023	Austin, TX	Marisa Aguilar Malik	Practice administrator of crisis services, Austin Expanded Mobile Crisis Outreach Teams and Psychiatric Emergency Services
May 16, 2023	Louisville, KY	Nicole Wiseman	Unit manager of the Louisville Crisis Call Deflection Program, Seven Counties Services
May 27, 2023	Amherst, MA	Earl Miller	Director of Amherst Community Responders for Equity, Safety and Service
June 12, 2023	Durham, NC	John Zimmerman	Operations administrator, Durham Community Safety Department
August 2, 2023	San Francisco, CA	Katherine Chu	Police alternatives policy adviser, Office of San Francisco Mayor London N. Breed
August 16, 2023	San Francisco, CA	Robert Smuts	Deputy director, San Francisco Department of Emergency Management
August 21, 2023	Cincinnati, OH	Bill Vedra	Director, Cincinnati Emergency Communications Center
October 16, 2023	Hennepin County, MN	Tony Martin	Director of emergency communications, Hennepin County Sheriff's Office

# Appendix

## APPENDIX A

### Featured community responder programs

Jurisdiction	Program name	Program description	Dispatch model
Albuquerque, NM	Albuquerque Community Safety (ACS) <a href="#">Source.</a>	ACS is a cabinet-level public safety department within the Albuquerque city government that operates independently and in coordination with the police and fire departments. ACS responders trained in behavioral and mental health, crisis intervention, de-escalation, cultural healing, and more can be dispatched by 911 to respond to nonviolent and nonmedical calls.	911 call center-led dispatch
Atlanta, GA	Policing Alternatives and Diversion (PAD) initiative <a href="#">Source.</a>	Atlanta's PAD initiative responds to calls to ATL311/Supportive Services or their direct line that involve behavioral health or quality-of-life concerns. Once deployed, PAD responders work to engage individuals to assess their immediate needs and provide appropriate resources and services.	External hotline-led dispatch
Austin, TX	Expanded Mobile Crisis Outreach Team (EMCOT) <a href="#">Source.</a>	Austin's EMCOT can be deployed through 911 dispatch to respond to people in psychiatric crisis. EMCOT helps divert people away from jails and emergency rooms by providing connections to community-based, residential, or inpatient treatment and services on a voluntary basis.	911 embedded professional-led dispatch
Baltimore, MD	Baltimore Here2Help hotline <a href="#">Source.</a>	Under the Behavioral Health 911 Diversion program, 911 call takers transfer calls appropriate for community responders to Here2Help, a local mental health crisis line. Here2Help can resolve calls over the phone or dispatch a team of clinical responders that specialize in behavioral health crises.	External hotline-led dispatch
Chicago, IL	Crisis Assistance Response and Engagement (CARE) program <a href="#">Source.</a>	Chicago's CARE program provides responders for 911 calls that involve a mental or behavioral health component in 11 pilot areas around the city. CARE is made up of three different teams: <ul style="list-style-type: none"> <li>• An alternate response team that can respond to "low-risk 911 calls with a mental health component"</li> <li>• An opioid response team that provides "24-72 hour follow up in person with individuals who have experienced a non-fatal opioid overdose"</li> <li>• A multidisciplinary response team that can respond to "low and moderate risk 911 calls with a mental health component"</li> </ul>	911 call center-led dispatch
Cincinnati, OH	Alternative Response to Crisis (ARC) <a href="#">Source.</a>	ARC is a pilot program of the city of Cincinnati designed to help individuals in crisis by deploying the most appropriate and least invasive response. When needed, the 911 call takers dispatch a two-person response team to respond to calls related to "low-risk crisis situations" in lieu of police. ARC responders can provide crisis de-escalation and connections to services.	911 call center-led dispatch

*continues*

<b>Jurisdiction</b>	<b>Program name</b>	<b>Program description</b>	<b>Dispatch model</b>
Dayton, OH	Mediation Response Unit (MRU) <a href="#">Source.</a>	MRU provides an alternative response in “low emergent situations.” MRU can help resolve calls over the phone or dispatch two-person teams trained in “crisis response, de-escalation, conflict resolution and community development and relationship building.”	Both 911 call center-led dispatch and external hotline-led dispatch (mediation center direct line)
Denver, CO	Support Team Assisted Response (STAR) <a href="#">Source.</a>	Denver’s STAR program dispatches teams with a behavioral health clinician and paramedic to respond to 911 calls related to mental health, substance use, resource needs, and more.	911 call center-led dispatch
Durham, NC	Holistic Empathetic Assistance Response Teams (HEART) <a href="#">Source.</a>	The DCSD is made up of four crisis response units – crisis call diversion, community response teams, care navigation, and co-response – that are able to provide different resources and support to communities.	911 call center-led dispatch
Eugene and Springfield, OR	Crisis Assistance Helping Out on the Streets (CAHOOTS) <a href="#">Source.</a>	CAHOOTS operates 24/7 and provides the Eugene-Springfield area with a wide range of supportive services for people in crisis, including crisis counseling, suicide prevention, housing services, and first-aid and nonemergency medical care. CAHOOTS dispatches teams made up of a medic and a crisis worker.	911 call center-led dispatch
Louisville, KY	Crisis Call Diversion Program (CCDP) <a href="#">Source.</a>	Louisville’s CCDP diverts some 911 calls to community responders to provide a nonpolice response. When a person calls 911, call takers can transfer calls to embedded crisis triage workers, who can provide de-escalation or support in drafting a safety plan by phone. If an in-person response is needed, the embedded professionals deploy mobile responders to provide in-person support.	911 embedded professional-led dispatch
Olympia, WA	Crisis Response Unit (CRU) <a href="#">Source.</a>	Olympia’s CRU, housed within the Olympia Police Department, dispatches teams of two behavioral health specialists to provide supportive services to the community. CRU services include conflict resolution and mediation, housing referrals, first aid and nonemergency care, and resource connections.	911 call center-led dispatch
San Diego, CA	Mobile Crisis Response Teams (MCRT) <a href="#">Source.</a>	San Diego’s MCRT provides support to people experiencing behavioral health crises by dispatching behavioral health specialists to respond to calls rather than law enforcement. MCRT teams provide assessments, help to de-escalate situations, and connect people to services.	External hotline-led dispatch
San Francisco, CA	Street Crisis Response Team (SCRT) <a href="#">Source.</a>	San Francisco’s SCRT can dispatch a paramedic, EMT, or peer specialist to respond to calls from the community and provide access to services such as treatment or housing support. It is a community health approach to people experiencing mental health and substance use crises in San Francisco. The street crisis teams have the unique expertise to respond to people in crisis and de-escalate disruptions in the community.	911 call center-led dispatch

## Explainer: Three models of community responder dispatch

Model	Model overview	Cities using this model
911 call center-led dispatch	When a 911 call taker identifies a call as appropriate for community responders, they make a note in the digital computer-aided dispatch (CAD) call file for the police dispatcher. The police dispatcher then dispatches a community responder team to the call as if the team were another police unit.	<ol style="list-style-type: none"> <li>1. Denver, CO</li> <li>2. Eugene, OR</li> <li>3. Olympia, WA</li> <li>4. Chicago, IL</li> <li>5. Durham, NC</li> <li>6. Albuquerque, NM</li> <li>7. Dayton, OH</li> <li>8. St. Petersburg, FL</li> <li>9. San Francisco, CA</li> </ol>
Embedded professional-led dispatch	Professionals trained in behavioral health, de-escalation, and mediation sit next to police dispatchers in a 911 call center. When a 911 call taker identifies a call as appropriate for community responders, they forward the call to embedded professionals through a “warm handoff,” meaning that the call taker stays on the call to introduce the professional and share details the caller already conveyed over the phone.	<ol style="list-style-type: none"> <li>1. Austin, TX</li> <li>2. Louisville, KY</li> <li>3. Houston, TX</li> <li>4. St. Louis, MO</li> </ol>
External hotline-led dispatch	When a 911 call taker identifies a call as appropriate for community responders, they forward the call to an external hotline. External hotlines include behavioral health crisis lines, social service lines such as 311 or 211, and hotlines run by external local service providers. These call centers have the capacity to handle the transferred calls from 911 and quickly dispatch a team of community responders.	<ol style="list-style-type: none"> <li>1. Atlanta, GA (311)</li> <li>2. Toronto, Canada (211)</li> <li>3. Baltimore, MD (988/suicide prevention hotline)</li> <li>4. San Diego, CA (mental health crisis hotline)</li> <li>5. Dayton, OH (mediation center)</li> </ol>



## Endnotes

- 1 Amos Irwin and Betsy Pearl, "The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call" (Washington: Center for American Progress, 2020), available at <https://www.americanprogress.org/article/community-responder-model/>.
- 2 Ibid.
- 3 Ibid.
- 4 Jackson Beck, Aaron Stagoff-Belfort, and Jason Tan de Bibiana, "Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police" (New York: Vera Institute of Justice, 2022), available at <https://www.vera.org/civilian-crisis-response-toolkit>.
- 5 911 call centers are more formally known as public safety answering points or emergency communications centers. These call centers also handle calls to 10-digit police nonemergency lines and other sources. Still, the authors use "911 call center" throughout this report for simplicity. The authors discuss nonemergency lines in the FAQ section – in Amherst, Massachusetts, more calls relevant to community responders come in via the nonemergency line than via 911. See Law Enforcement Action Partnership, "Amherst Community Responder Report: Figure 4" (Medford, MA: 2021), p. 19, available at <https://lawenforcementactionpartnership.org/wp-content/uploads/2021/12/LEAP-Amherst-Community-Responder-Report-Final-1.pdf>.
- 6 The authors define community responder programs as teams of civilians providing in-person first responses to 911 calls. Cities have also developed similar programs that do not meet this definition, such as phone-only diversion programs, co-responder programs, community service officer programs, police social workers, safety ambassador teams, homeless outreach teams, and external hotline crisis response services. See Transform911, "Blueprint Chapter Seven: Ensuring the Right Response at the Right Time" (Chicago: 2022), available at <https://www.transform911.org/blueprint/chapter-7-response/>.
- 7 Ashtan Grace Towles, "Explainer: A Breakdown of Community Responder Program Staff Models and Structures," The Council of State Governments Justice Center, September 7, 2021, available at <https://csgjusticecenter.org/2021/09/07/explainer-a-breakdown-of-community-responder-program-staff-models-and-structures/>.
- 8 Ibid.
- 9 These percentages change depending on what is counted as a police call for service. The authors counted 911 and nonemergency calls from the public that were routed to the police. The authors did not count calls from other police departments or automatic gunshot alerts from a city's ShotSpotter technology. The authors did not count officer-initiated CAD events, such as an officer checking in on a high-crime hot spot. See Irwin and Pearl, "The Community Responder Model."
- 10 Andrew Hartsig, "Calling 911: Funding and Technological Challenges of County 911 Call Centers" (Washington: National Association of Counties, 2017), available at [https://www.naco.org/sites/default/files/documents/cfl\\_911-Funding.pdf](https://www.naco.org/sites/default/files/documents/cfl_911-Funding.pdf).
- 11 While community responder programs can be created at the county, region, and state levels, this report is focused on existing programs established through cities.
- 12 RPS is an ongoing research project that explores the perspectives of first responders (e.g., dispatch, call takers, police, alternative responders, etc.), local calls for service data, and the public safety values and concerns of community members. This work is currently being conducted in Tucson, Denver, Chicago, San Francisco, and Minneapolis.
- 13 Some large cities generally handle their own 911 dispatch, while many medium-sized and smaller cities generally contract with the county sheriff or another county-level agency to provide 911 dispatch.
- 14 In Austin, the caller is explicitly asked if the call is related to police, fire, medical, or mental health. The city added mental health as an option because of its community responder program.
- 15 U.S. Department of Homeland Security, "Tech Note: Computer Aided Dispatch Systems," September 2011, available at [https://www.dhs.gov/sites/default/files/publications/CAD\\_TN\\_0911-508.pdf](https://www.dhs.gov/sites/default/files/publications/CAD_TN_0911-508.pdf).
- 16 Many smaller jurisdictions use one-stage dispatch, meaning that the same person answering the call is also dispatching the responders. Kerry Lynch, public safety dispatcher, New London Police Department, interview with authors via email, August 3, 2023, on file with authors; In 2021, 66 percent of public safety answering points were small in size, meaning that they had between one and five equipment positions. See National 911 Program, "National 911 Annual Report: 2021 Data" (Washington: 2021), available at [https://www.911.gov/assets/2021-911-Profile-Database-Report\\_FINAL.pdf](https://www.911.gov/assets/2021-911-Profile-Database-Report_FINAL.pdf).
- 17 Many dispatch centers use this setup, in which a call taker is on the phone with the caller while a dispatcher is on the radio with officers, called "two-stage dispatch." It can confirm with the dispatch center whether they use two-stage, one-stage, or a hybrid model. For example, some cities use modified one-stage dispatch, in which the call taker also handles dispatch for high-priority calls, but the dispatch supervisor handles dispatch for low-priority calls.
- 18 Police in some small jurisdictions still do not have mobile data terminals in some or all of their police vehicles, in which case they rely on information shared over the police radio. Kerry Lynch, public safety dispatcher, New London Police Department, interview with authors via email, August 3, 2023, on file with authors; John S. Hollywood and Zev Winkelman, "Improving Information-Sharing Across Law Enforcement: Why Can't We Know?" (Santa Monica, CA: RAND Corporation, 2015), available at <https://www.ojp.gov/pdffiles1/nij/grants/249187.pdf>.
- 19 See also the Council of State Governments Justice Center, "Community Responder Programs: Understanding the Call Triage Process" (New York: 2021), available at [https://csgjusticecenter.org/wp-content/uploads/2021/12/CRP\\_Understanding-the-Call-Triage-Process\\_FINAL.pdf](https://csgjusticecenter.org/wp-content/uploads/2021/12/CRP_Understanding-the-Call-Triage-Process_FINAL.pdf).
- 20 In some cities, including Eugene, community responders only learn about incoming calls via the radio, because they do not have mobile data terminals. As a result, if CAHOOTS is on a call and dispatch wants to let them know there is a growing queue of more urgent calls waiting for them, dispatch has to notify them over the radio, which briefly interrupts the team's work. For more information, see the CAHOOTS dispatch protocols at Law Enforcement Action Partnership, "Eugene Oregon CAHOOTS Program," available at <https://lawenforcementactionpartnership.org/eugene-oregon-cahoots-program/> (last accessed October 2023).

- 21 Durham also has embedded clinicians who receive mental health crisis and suicidal subject calls via warm handoff from the call taker. Call takers send all other community responder-eligible calls to the dispatcher to contact the Community Response Team (CRT) in-person teams. If the clinician decides that a caller should receive an in-person CRT response, they can contact the dispatcher.
- 22 Albuquerque's Community Safety Department staffs distinct teams of behavioral health and nonbehavioral health responders. Dispatch notifies the teams of each eligible call, and one team then self-dispatches to claim the call. Mariela M. Ruiz-Angel, director, Albuquerque Community Safety Department, interview with author via Zoom, December 8, 2022, on file with author.
- 23 When Dayton's dispatch center receives a low-priority call, they record it in the CAD system and wait for a police unit to volunteer or self-dispatch. As a result, Dayton uses self-dispatch for their Mediation Response Unit as well. The responders review the list of pending low-priority calls on their tablet and assign themselves to the calls they can handle. The authors also list Dayton as an external hotline-led model, because the 911 center also transfers some calls to the mediation center, where a staff member attempts to de-escalate over the phone and can dispatch responders if necessary.
- 24 St. Petersburg's external service provider does not have access to CAD or 911 radio. In order to dispatch the Community Assistance and Life Liaison (CALL) team, dispatch emails the CAD information for a specific call to the CALL team supervisor. The CALL supervisor then calls a special phone number to confirm receipt with the dispatch supervisor and emails the call information to responders. Megan McGee, assistant director, Administrative Services Bureau, St. Petersburg Police Department, interview with authors via Zoom, June 13, 2023, on file with authors.
- 25 San Francisco's call center identifies and dispatches calls for the SCRT team using the same system as EMS – the Emergency Medical Dispatch system – because each team includes a paramedic. For the new HEART team, which handles low-acuity calls mostly relating to homelessness, call center supervisors review the queue of calls waiting for police and assign eligible calls to HEART. Robert Smuts, deputy director, Department of Emergency Management, city and county of San Francisco, interview with authors via Google Meet, August 16, 2023, on file with authors.
- 26 The Council of State Governments Justice Center, "Embedding Clinicians in the Criminal Justice System" (New York: 2022), available at [https://csgjusticecenter.org/wp-content/uploads/2022/01/Field-Notes\\_Embedding-Clinicians-Across-the-Criminal-Justice-System\\_508.pdf](https://csgjusticecenter.org/wp-content/uploads/2022/01/Field-Notes_Embedding-Clinicians-Across-the-Criminal-Justice-System_508.pdf).
- 27 Transform911, "Transforming 911 Report: Chapter 3: 911 Hotline Alternatives" (Chicago: 2022), available at <https://www.transform911.org/resource-hub/transforming-911-report/hotline-alternatives/>.
- 28 The authors list Dayton as 911 call center-led dispatch because Dayton's mediation responders can self-dispatch to calls that appear in the CAD system. The authors also list them as external hotline-led dispatch, because the 911 center also transfers calls to the mediation center, where a staff member attempts to de-escalate over the phone and can dispatch responders if necessary.
- 29 These cities include Eugene and Denver. In Durham and Cincinnati, where they ask questions using Priority Dispatch's EPD decision tree, the decision tree guides the call taker to ask the same questions whether the call will be handled by community responders or police. See the police call types in this report. Steven Zeedyk, communications supervisor, Eugene Police Technical Services Division, interview with authors via email, May 26, 2023, on file with authors; Andrew Dameron, Denver 911 director, Denver Support Team Assisted Response, interview with authors via Zoom, March 16, 2023, on file with authors.
- 30 Each city with a community responder program has invented its own method for call takers to convey this decision to dispatchers. For example, the call taker may write a pre-decided "short code" in the call notes that tells the dispatcher to send community responders. Denver 911 call takers add a "slash code" when filling out the call type, which the CAD system automatically converts into a full sentence of instructions for the dispatcher. Eugene added separate call types ("incident codes") for CAHOOTS, so there is a welfare check call type for CAHOOTS and a separate welfare check call type for police. The call taker selects the appropriate call type depending on whether they would like the dispatcher to send CAHOOTS or police. Andrew Dameron, Denver 911 director, Denver Support Team Assisted Response, interview with authors via Zoom, March 16, 2023, on file with authors; Steven Zeedyk, communications supervisor, Eugene Police Technical Services Division, interview with authors via email, May 26, 2023, on file with authors.
- 31 Some cities track what ruled out a particular call. If the city does not use a consistent method, it makes the CAD data harder after the fact to assess whether community responders are being dispatched to their full potential. The analyst has to obtain all the call narrative data, hunt within it for a specific phrase, and hope that the call taker spelled it the same way each time.
- 32 Cities that dispatch CSOs to handle significant numbers of calls normally handled by sworn officers include Tucson, Arizona, and San Jose, California. In other places, including Seattle, Baltimore, Maryland, and Staten Island, New York, call takers divert simple police report calls to telephone reporting units or instruct callers to file an online crime report.
- 33 When adapting a CSO dispatch process for community responders, call takers may need to provide more careful screening to account for more risk in the call types. In many cities, CSOs only handle call types that are entirely low-risk, such as for a parking complaint or lost property, so dispatchers can be comfortable sending CSOs just by looking at the call type. By contrast, community responders can handle a share of calls within call types that contain other potentially risky calls. The dispatcher cannot send community responders simply based on the call type name alone. Instead, the call taker asks screening questions to determine if the call has any disqualifiers. If the call taker finds no disqualifiers, they let the dispatcher know to dispatch community responders. This system ensures safety while keeping the dispatch process moving swiftly.
- 34 Rachel Bromberg, executive director, International Crisis Response Association, personal communication with authors via email/phone, July 4, 2023, on file with authors.
- 35 Data from the Eugene Police Department suggest that CAHOOTS calls for emergency backup in about 0.2 percent of cases (25 out of 13,854 calls in 2019). An analysis of 23,500 responses found that community responders only called for emergency backup in 0.014 percent of cases. See Eugene Police Department Crime Analysis Unit, "CAHOOTS Program Analysis" (Eugene, OR: 2020), available at <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis#page=6>; Rachel Bromberg, "Busting Myths About Safety and Community Responder Teams." The Council of State Governments Justice Center, October 7, 2021, available at <https://csgjusticecenter.org/2021/10/07/busting-myths-about-safety-and-community-responder-teams/>.
- 36 National Emergency Number Association, "Recommended Minimum Training Guidelines for the Telecommunicator" (Alexandria, VA: 2016), available at [https://www.911.gov/assets/Minimum\\_Training\\_Guidelines\\_for\\_911\\_Telecommunicator\\_2016.pdf](https://www.911.gov/assets/Minimum_Training_Guidelines_for_911_Telecommunicator_2016.pdf); Kerry Lynch, public safety dispatcher, New London Police Department, interview with authors via email, August 3, 2023, on file with authors.

- 37 Jessica Gillooly, Tamara Leech, and Brenda Bond-Fortier, "Transforming Denver's First Response Model: Lessons in Multi-level Systems Change" (New York: NYU Policing Project, 2023), available at [https://uploads-ssl.webflow.com/622ba34c0b752e795eb9334b/6508ac471a0f4d1d8b8d93ab\\_Transforming%20Denver%27s%20First%20Response%20Model\\_Lessons%20in%20Multi-level%20Systems%20Change.pdf](https://uploads-ssl.webflow.com/622ba34c0b752e795eb9334b/6508ac471a0f4d1d8b8d93ab_Transforming%20Denver%27s%20First%20Response%20Model_Lessons%20in%20Multi-level%20Systems%20Change.pdf).
- 38 See, for example, Jackson Beck, Melissa Reuland, and Leah Pope, "CASE STUDY: Robust Crisis Care and Diverting 911 Calls to Crisis Lines" (Phoenix: Vera Institute of Justice, 2020), available at <https://www.vera.org/behavioral-health-crisis-alternatives/robust-crisis-care-and-diverting-911-calls-to-crisis-lines>.
- 39 Ibid.
- 40 Raven Loaiza, mediation response unit coordinator, Dayton Mediation Center, interview with authors via Google Meet, August 16, 2023, on file with authors.
- 41 For example, see Law Enforcement Action Partnership, "Denver Support Team Alternate Response (STAR) Program, STAR Alternate Response Combined Reference Guide," February 1, 2023, available at <https://lawenforcementactionpartnership.org/denver-support-team-alternate-response-star-program/>; Law Enforcement Action Partnership, "Eugene Oregon CAHOOTS Program," available at <https://lawenforcementactionpartnership.org/eugene-oregon-cahoots-program/> (last accessed November 2023).
- 42 Cities using self-dispatch need to get community responders partial access to CAD so they can view call information, either using a tablet or mobile data terminal. For more considerations about CAD access, see NYU Policing Project, "Alternative Response and 911 Computer Aided Dispatch (CAD): Lessons learned from the field" (New York: 2023), p. 8, available at <https://www.safetyreimagined.org/designing-a-reimagined-system/alternative-response-and-911-computer-aided-dispatch-cad>.
- 43 Transform911, "Blueprint Chapter Five: Advancing the Workforce" (Chicago: 2022), available at <https://www.transform911.org/blueprint/chapter-5-workforce/>.
- 44 Crystal Weise, "The Business Case for Good Jobs" (Washington: Center for American Progress, 2023), available at <https://www.americanprogress.org/article/the-business-case-for-good-jobs/>.
- 45 The other dispatch models also require the call takers to transfer the caller, which means the call taker has to explain the transfer to the caller.
- 46 Steven Zeedyk, communications supervisor, Eugene Police Technical Services Division, interview with authors via email, May 26, 2023, on file with authors.
- 47 Jessica Gillooly, Tamara Leech, and Brenda Bond-Fortier, "Transforming Denver's First Response Model (New York: Policing Project at NYU School of Law, 2023), available at <https://www.safetyreimagined.org/research-papers/transforming-denvers-first-response>.
- 48 Justin T. Pickett, Amanda Graham, and Francis T. Cullen, "The American Racial Divide in Fear of the Police" (SoCArXiv Papers: 2021), available at <https://osf.io/preprints/socarxiv/9hwv7/>.
- 49 Rachel Bromberg, executive director, International Crisis Response Association, interview with authors via email, July 4, 2023, on file with authors.
- 50 For example, see HEART, "Home," available at <https://app.powerbigov.us/view?r=eyJrjoiMWQ1YzVIMGYtYm-l1MCOONWM3LTg1NWUtMjdiNzYzU0liwidCI6IjI5N2RlZjg1LTK0MzktNDM4OC1hODA4LTM1NDhhNGVjZjQ3ZCJ9&pageName=ReportSection7606ef27f6ee-056e6f9f> (last accesses November 2023); City Council of Cincinnati, "Alternative Response to Crisis (ARC)," available at <https://insights.cincinnati-oh.gov/stories/s/Alternative-Response-to-Crisis/kv37-3fpq/> (last accessed November 2023).
- 51 Beck, Stagoff-Belfort, and Tan de Bibiana, "Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police: Chapter 3: Staffing an equitable response."
- 52 Stephanie Hepburn, "How Co-location at 911 Call Centers Strengthens Behavioral Health Connectivity, Whether In-person or Virtual," CrisisNow, October 26, 2021, available at <https://talk.crisisnow.com/how-co-location-at-911-call-centers-strengthens-behavioral-health-connectivity-whether-in-person-or-virtual/>. Jurisdictions leveraging electronic health records in their embedded clinician-led dispatch models will need to develop specific safeguards to protect the confidentiality of that sensitive information.
- 53 While some cities staff clinicians in this role, Louisville does not require clinician degrees and labels its embedded professionals crisis triage workers. They commend this approach for increasing the hiring pool and the focus on lived experience. Nicole Wiseman, unit manager, Crisis Call Deflection Program, Seven Counties Services, interview with authors via email, May 16, 2023, on file with authors.
- 54 Transform 911, "Implementation Case Studies: Austin, TX: Mobile Crisis Outreach Team (MCOT)," available at <https://www.transform911.org/resource-hub/case-studies/austin/> (last accessed November 2023).
- 55 In Austin, the embedded clinicians are able to find the electronic health records for about 40 percent of callers. The program primarily serves first-person callers, where the caller is the person experiencing the mental health issues. The vast majority of community responder-eligible 911 calls are third-person calls in which the caller is a stranger, and the majority involve conflict resolution rather than mental health issues. As a result, this percentage would be much lower if the program served the greater universe of eligible calls, because embedded clinicians would not find relevant health records for most third-person or nonbehavioral health calls. In Austin and Louisville, the embedded clinicians are certified as dispatchers, so they can also access criminal justice information in the CJIS system. Marisa Aguilar Malik, practice administrator of crisis services, Austin Expanded Mobile Crisis Outreach Teams and Psychiatric Emergency Services, interview with author via Zoom, December 1, 2022, on file with author; Law Enforcement Action Partnership, "Milwaukee Community Responder Report: Figure 9" (Medford, MA: 2022), p. 27, available at <https://lawenforcementactionpartnership.org/milwaukee-report/>; Law Enforcement Action Partnership, "Amherst Community Responder Report: Figure 2."
- 56 Nicole Wiseman, MPA, unit manager, Crisis Call Deflection Program, Seven Counties Services, interview with authors via email, May 16, 2023, on file with authors.
- 57 Specifically, the call takers send mental health crisis and suicidal subject calls to the embedded clinician. John Zimmerman, operations administrator, Durham Community Safety Department, interview with authors via Zoom, June 12, 2023, on file with authors; City of Durham Holistic Empathetic Assistance Response Team, "Community Safety," available at [https://www.durhamnc.gov/4576/Community-Safety#:~:text=Crisis%20Call%20Diversion%20\(CCD\)%3A,of%20life%20calls%20for%20service](https://www.durhamnc.gov/4576/Community-Safety#:~:text=Crisis%20Call%20Diversion%20(CCD)%3A,of%20life%20calls%20for%20service) (last accessed October 2023).

- 58 Marisa Aguilar Malik, practice administrator of crisis services, Austin Expanded Mobile Crisis Outreach Teams and Psychiatric Emergency Services, interview with author via Zoom, December 1, 2022, on file with author; The Council of State Governments Justice Center, "Integral Care's Expanded Mobile Crisis Outreach Team - Austin, TX," August 16, 2022, available at <https://csgjusticecenter.org/publications/expanding-first-response/program-highlights/austin-tx/>; Integral Care, "Annual Report FY 2021" (Austin, TX: 2021), available at <https://integralcare.org/en/fy2021annualreport/#data>.
- 59 Steven Zeedyk, communications supervisor, Eugene Police Technical Services Division, personal communication with authors via email/phone, May 26, 2023, on file with authors.
- 60 The Pew Charitable Trusts, "New Research Suggests 911 Call Centers Lack Resources to Handle Behavioral Health Crises," October 26, 2021, available at <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2021/10/new-research-suggests-911-call-centers-lack-resources-to-handle-behavioral-health-crises>.
- 61 Marisa Aguilar Malik, practice administrator of crisis services, Austin Expanded Mobile Crisis Outreach Teams and Psychiatric Emergency Services, personal communication with author via email, May 9, 2023, on file with author.
- 62 Ibid.
- 63 Ibid.
- 64 Private analysis conducted by the Law Enforcement Action Partnership.
- 65 Irwin and Pearl, "The Community Responder Model."
- 66 Law Enforcement Action Partnership, "Milwaukee Community Responder Report: Figure 9"; Law Enforcement Action Partnership, "Amherst Community Responder Report: Figure 2."
- 67 John Zimmerman, operations administrator, Durham Community Safety Department, interview with authors via Zoom, June 12, 2023, on file with authors.
- 68 Austin has developed another method for handling third-person check welfare calls: The embedded clinician can review the CAD call notes and claim calls that can be handled by the community responder team without actually speaking to the caller. The clinician may still face a bottleneck, since they cannot review CAD notes and claim calls while they are on the phone with a caller.
- 69 J.D. Capelouto, "An alternative to 911: Atlanta 311 line now takes non-emergency mental health, drug calls," *The Atlanta Journal-Constitution*, February 2, 2021, available at <https://www.ajc.com/news/atlanta-news/an-alternative-to-911-atlanta-311-line-now-takes-non-emergency-mental-health-drug-calls/QKQTMAAAREJAH-FE2J53HDLYTRCM/>.
- 70 Dayton Mediation Center, "Mediation Response Unit," available at <https://www.daytonmediationcenter.org/copy-of-mediation-response-unit-mru#:~:text=Please%20contact%20the%20MRU> (last accessed November 2023).
- 71 City of Baltimore, "City of Baltimore Consent Decree: Behavioral Health 911 Diversion," available at <https://consentdecree.baltimorecity.gov/behavioral-health-and-consent-decree/911-diversion> (last accessed April 2023); Quinita Garrett, director of call center and system coordination, Baltimore Crisis Response Inc., interview with author via Zoom, March 16, 2023, on file with author.
- 72 Once on scene, responders notified police for follow-up in a few cases: when a person on scene requested a police response or when responders saw the need for an involuntary commitment. Chyna Quarker, director of community response services, Atlanta Policing Alternatives & Diversion Initiative, interview with author via Zoom, November 30, 2022, on file with author.
- 73 Quinita Garrett, director of call center and system coordination, Baltimore Crisis Response Inc., interview with author via Zoom, March 16, 2023, on file with author.
- 74 Crisis line calls may still result in police dispatch, as outlined in Chapter 5 of the Vera Institute toolkit. See Beck, Stagoff-Belfort, and Tan de Bibiana, "Civilian Crisis Response: Chapter 5."
- 75 Tamara G.J. Leech and Katie Camp, "Transforming First Response in Chicago: Thoughts, Direction, and Feedback from Some of the Most Affected Communities (New York: NYU Policing Project, 2022), available at <http://www.drtgjeech.com/current-projects.html>.
- 76 Quinita Garrett, director of call center and system coordination, Baltimore Crisis Response Inc., interview with author via Zoom, March 16, 2023, on file with author.
- 77 Steve Eder, "As a Crisis Hotline Grows, So Do Fears It Won't Be Ready," *The New York Times*, March 13, 2022, available at <https://www.nytimes.com/2022/03/13/us/suicide-hotline-mental-health-988.html>.
- 78 Information obtained from interviews conducted by LEAP with suicide prevention hotline directors in Ohio, Georgia, Arizona, and Maryland.
- 79 In Atlanta, 311 operates from 7 a.m. to 7 p.m.
- 80 Fox 5 Atlanta Digital Team, "Atlanta's 311 call center to start handling certain calls 911," Fox 5 Atlanta, November 17, 2022, available at <https://www.fox5atlanta.com/news/atlantas-311-call-center-to-start-handling-certain-calls-911-used-to-handle>.
- 81 Quinita Garrett, director of call center and system coordination, Baltimore Crisis Response Inc., interview with author via Zoom, March 16, 2023, on file with author.
- 82 As discussed in the embedded professional challenges section, most mental health calls eligible for community responders are second or third person, placed by a stranger, neighbor, or family member concerned about the situation. Most calls eligible for community responders do not involve mental health at all – they involve verbal disputes, trespassing, suspicious persons, intoxication, and other service needs. LEAP reviewed 911 calls in Milwaukee and Amherst and estimated that only 18 percent and 44 percent of community responder-eligible calls involve behavioral health, respectively, ascribing the rest to conflict resolution and other nonbehavioral health needs. Law Enforcement Action Partnership, "Milwaukee Community Responder Report: Figure 9"; Law Enforcement Action Partnership, "Amherst Community Responder Report: Figure 2."
- 83 Rachel Bromberg, executive director, International Crisis Response Association, interview with authors via email, July 4, 2023, on file with authors.
- 84 Chronicle Editorial Board, "SF has at least 8 homeless response teams. Here's who to call for help," *The San Francisco Chronicle*, January 28 2023, available at <https://www.sfchronicle.com/opinion/editorials/article/san-francisco-homeless-emergency-17744589.php>.

- 85 As another example, Dayton's Mediation Response Unit has released several videos, including a walkthrough of the daily operations of the unit, a presentation on the effectiveness of the unit, and a Q&A between Dayton's chief of police and the MRU coordinator. Dayton, Ohio - City Government, "Inside Dayton - The Mediation Response Unit," YouTube, May 20, 2022, available at <https://www.youtube.com/watch?v=sWY18W7d-EU>; Dayton, Ohio - City Government, "Presentation on Effectiveness of Mediation Response Unit," YouTube, August 18, 2022, available at [https://www.youtube.com/watch?v=HqhHiOR4\\_LA](https://www.youtube.com/watch?v=HqhHiOR4_LA); Dayton, Ohio - City Government, "Q & A on the Dayton Mediation Response Unit," YouTube, April 4, 2023, available at <https://www.youtube.com/watch?v=QxuepV0z9uU>.
- 86 These percentages change depending on what is counted as a police call for service. The authors counted 911 and nonemergency calls from the public that were routed to the police. They did not count calls from other police departments or automatic gunshot alerts from a city's ShotSpotter technology. The authors did not count officer-initiated CAD events, such as an officer checking in on a high-crime hot spot. Irwin and Pearl, "The Community Responder Model."
- 87 Efforts are underway to standardize call classification nationally so that jurisdictions can seamlessly transfer calls between systems. See Approved American National Standard, "Public Safety Communications Common Incident Types for Data Exchange" (Daytona Beach, FL: 2019), available at <https://www.apcointl.org/-/documents/standard/21032-2019-common-incident-type-for-data-exchange/?layout=default>.
- 88 Law Enforcement Action Partnership, "Louisville Police Calls for Service Analysis," March 2021, available at <https://lawenforcementactionpartnership.org/louisville-analysis/>.
- 89 CAP/LEAP analysis conducted based on 2019 calls for service data. See Center for American Progress and Law Enforcement Action Partnership, "Community Responder Model Analysis" (Washington: 2019), available at <https://docs.google.com/spreadsheets/d/1EyS SsC3dDJFetqCCwzmJkPrkF5eJbJVzL1fMozMxA2M/edit#gid=393070490>.
- 90 As mentioned above, these percentages change depending on what is counted as a police call for service. The authors counted 911 and nonemergency calls from the public that were routed to the police. The authors did not count calls from other police departments or automatic gunshot alerts from a city's Shotspotter technology. The authors did not count officer-initiated CAD events, such as an officer checking in on a high-crime hot spot. Law Enforcement Action Partnership, "LEAP Baltimore City Police Calls For Service Analysis," December 2020, available at <https://lawenforcementactionpartnership.org/wp-content/uploads/2023/03/LEAP-Baltimore-City-Police-Calls-For-Service-Analysis-2.pdf>.
- 91 Information from private analysis conducted by the Law Enforcement Action Partnership.
- 92 In call taker shorthand, this narrative might read: "Comps 19yo wf cousin ref to leave apt appears ETOH."
- 93 For LEAP's analyses of the percentages of calls eligible for community responders within the call types used by Milwaukee and Amherst, see Law Enforcement Action Partnership, "Milwaukee Community Responder Report: Figure 3"; Law Enforcement Action Partnership, "Amherst Community Responder Report: Figure 2."
- 94 John Zimmerman, operations administrator, Durham Community Safety Department, interview with authors via Zoom, June 12, 2023, on file with authors; Bill Vedra, Cincinnati Emergency Communications center director, interview with authors via Google Meet, August 21, 2023, on file with authors.
- 95 Agencies that use EPD cannot easily change some of the questions in the decision tree. Cincinnati stakeholders expected call takers' frustration when making the switch to EPD, but found primarily that it helped reduce call takers' stress by eliminating some guesswork. Like most cities, Cincinnati was already using the scripted EMD system for 911 EMS calls. Bill Vedra, Cincinnati Emergency Communications center director, interview with authors via Google Meet, August 21, 2023, on file with authors.
- 96 Because this system sorts all of Durham's calls into final determinants, although Durham was only piloting the community responder team in one-third of the city, it could easily predict the potential call volume for community responders across the entire city. John Zimmerman, operations administrator, Durham Community Safety Department, interview with authors via Zoom, June 12, 2023, on file with authors; Bill Vedra, Cincinnati Emergency Communications center director, interview with authors via Google Meet, August 21, 2023, on file with authors.
- 97 In some cities, when the initial call taker identifies a call as needing an emergency medical response, they forward the call to a different Fire/EMS call taker who asks these specific medical questions and assigns a medical call type. Robert Smuts, deputy director, Department of Emergency Management, city and county of San Francisco, interview with authors via Google Meet, August 16, 2023, on file with authors.
- 98 Robert Smuts, deputy director, Department of Emergency Management, city and county of San Francisco, interview with authors via Google Meet, August 16, 2023, on file with authors.
- 99 For example, determinant descriptors for the 25A02 call type include suicidal, nonthreatening, and alert. By definition, 100 percent of calls within this type are non-threatening, meaning that the call taker would not have to conduct additional screening to assess risk. See The City of Rogers, "EMD with Response Codes," available at <https://www.rogersar.gov/DocumentCenter/View/1022/EMD-With-Response-Codes-42010-PDF?bidId=> (last accessed November 2023).
- 100 For example, Baltimore City receives about 600,000 police calls for service each year, and the 911 diversion program diverted 300 calls between April 2022 and April 2023 – 0.05 percent. See City of Baltimore, "Behavioral Health 9-1-1 Diversion," available at <https://consentdecree.baltimorecity.gov/behavioral-health-and-consent-decree/9-1-1-diversion> (last accessed November 2023).
- 101 The police call type for mental health crisis calls is 800, so mid-acuity calls in this type are known as 800b. Robert Smuts, deputy director, Department of Emergency Management, city and county of San Francisco, interview with authors via Google Meet, August 16, 2023, on file with authors.
- 102 Robert Smuts, deputy director, Department of Emergency Management, city and county of San Francisco, interview with authors via Google Meet, August 16, 2023, on file with authors.
- 103 In many cities, the fire department runs EMS and handles EMS calls.
- 104 Andrew Dameron, Denver 911 director, Denver Support Team Assisted Response, interview with authors via Zoom, March 16, 2023, on file with authors.
- 105 Marisa Aguilar Malik, practice administrator of crisis services, Austin Expanded Mobile Crisis Outreach Teams and Psychiatric Emergency Services, personal communication with author via email, May 9, 2023, on file with author.

- 106 The Law Enforcement Action Partnership's Amherst community responder report estimated that 40 percent of community responder-eligible calls made to police involved conflict mediation, while 32 percent involved a clinician response. LEAP's Milwaukee community responder report estimated that 71.9 percent of calls made to police required responders to possess conflict resolution skills, while 17.9 percent required responders to possess mental health experience. See Law Enforcement Action Partnership, "Milwaukee Community Responder Report: Figure 9"; Law Enforcement Action Partnership, "Amherst Community Responder Report: Figure 2."
- 107 Dayton's MRU handles the following call types: peace officer request, loud noise complaint, juvenile complaint, trespass, neighbor trouble, barking dog, fireworks in progress, loitering, gathering in area, loud party complaint, roommate trouble, emergency notification, and wellness check. As mentioned below, responders practice "transformative mediation/conflict intervention," a specific form of conflict intervention combined with crisis management and nonpolice-oriented de-escalation skills. Cherise D. Hairston, ACC, CPCC, mediation coordinator, Dayton Mediation Center, interview with authors via email, May 23, 2023, on file with authors. For more information on transformative mediation/conflict intervention, see Institute for the Study of Conflict Transformation, "Certification," accessed at <https://www.transformative-mediation.org/Assessment-&-Certification> (last accessed November 2023).
- 108 ACS also manages other teams that conduct proactive outreach and follow-up, allowing ACS to coordinate along the continuum of care. Mariela M. Ruiz-Angel, director, city of Albuquerque Community Safety Department, interview with authors via Zoom, December 8, 2022, on file with authors.
- 109 The city of Dayton was awarded a \$1.4 million grant from Ohio Criminal Justice Services, a division of the Ohio Department of Public Safety. Cherise D. Hairston, ACC, CPCC, mediation coordinator, Dayton Mediation Center, interview with authors via email, May 23, 2023, on file with authors.
- 110 Between January 1, 2022, and July 1, 2022, Denver STAR responded to 257 trespass/unwanted party calls out of 2,837 total calls for service. Denver Public Safety 911 Communications, "Support Team Assisted Response (STAR)" (Denver, CO: 2022), available at [https://www.denvergov.org/files/assets/public/public-health-and-environment/documents/cbh/2022\\_midyear\\_starreport\\_accessible.pdf](https://www.denvergov.org/files/assets/public/public-health-and-environment/documents/cbh/2022_midyear_starreport_accessible.pdf).
- 111 Andrew Dameron, Denver 911 director, Denver Support Team Assisted Response, interview with authors via Zoom, March 16, 2023, on file with authors.
- 112 Mariela M. Ruiz-Angel, director, city of Albuquerque Community Safety Department, interview with author via Zoom, December 8, 2022, on file with author.
- 113 "Weapon" is not always a clear-cut disqualifier. Call takers and callers make subjective, context-based decisions about what counts as a weapon, such as who is holding a pair of scissors and why. In Albuquerque, since unsheltered people often possess a weapon for self-protection, if the caller acknowledges that there is a weapon on scene but it does not appear to be relevant to the call, the city will still send its community responders. Mariela M. Ruiz-Angel, director, city of Albuquerque Community Safety Department, interview with author via Zoom, December 8, 2022, on file with author.
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- 136 Sometimes, call takers receive calls that do not merit a response at all, such as "suspicious person" calls in which the only thing making the caller suspicious is the person's race. This training can also empower call takers to decline to send any response.
- 137 Andrew Dameron, Denver 911 director, Denver Support Team Assisted Response, interview with authors via Zoom, March 16, 2023, on file with authors.
- 138 See, for example, NYU Policing Project, "Decision Points for Jurisdictions: Focus on Dispatch," available at <https://www.safetyreimagined.org/focus-on-dispatch> (last accessed November 2023).
- 139 "Second responses" are an important complement to the work of first responders. Second responders follow up with individuals involved in calls and continue longer-term engagement to support individuals in a variety of ways, including addressing barriers to care and helping develop plans to prevent future crises. For example, Chicago's CARE team follows up with each individual after one, seven, and 30 days. See City of Chicago, "Crisis Assistance Response and Engagement Program (CARE)," available at <https://www.chicago.gov/city/en/sites/public-safety-and-violence-reduction/home/CARE-Dashboard.html> (last accessed November 2023); Harold A. Pollack and Amy C. Watson, "From Crisis to Care: Improved Second Response to Mental Health Crises," Milbank Memorial Fund, December 2, 2020, available at <https://www.milbank.org/quarterly/opinions/from-crisis-to-care-improved-second-response-to-mental-health-crises/>.
- 140 In some cities, nonemergency calls ring at a front desk in the police station itself during hours when it is staffed for walk-ins. These cities have a process in place for the receiving officer to transfer the call or pass on information to 911 dispatch if necessary. As a result, the city might be able to dispatch community responders either by transferring the caller for 911 call center-led dispatch or by following the process for officer referral to community responders.
- 141 Steven Zeedyk, communications supervisor, Eugene Police Technical Services Division, interview with authors via email, May 26, 2023, on file with authors.
- 142 Transform 911, "Implementation Case Studies: Denver: Support Team Assisted Response (STAR)," available at <https://www.transform911.org/resource-hub/case-studies/denver/> (last accessed November 2023).
- 143 In Denver, for a 911 call, the call-handling system plays a recording in the call taker's voice, saying "911, what is your emergency?" to start the call. For a direct line call, the computer system instead plays, "[Community Responder program name], how can I help you?" The call taker hears the recording as well and knows it is a direct line call. This function is available in the Intrado VIPER 911 system. In another city, the call taker sees a different "caller ID" signifying which number the caller dialed to reach them. Andrew Dameron, Denver 911 director, Denver Support Team Assisted Response, interview with authors via Zoom, March 16, 2023, on file with authors.
- 144 If the call is STAR-eligible, but STAR is not available at that time, the call taker will explain that STAR is not available and confirm twice that the caller does not want a police response before canceling the call. See Law Enforcement Action Partnership, "Denver Support Team Alternate Response (STAR) Program, STAR Alternate Response Combined Reference Guide."
- 145 Cities will need a different approach if their existing system does not allow call takers to determine that a given caller dialed the direct line. One option would be for the call taker to pause in every call for which dispatch might send a police response and ask the caller, "Are you okay with receiving a police response?" 911 call center leadership and other partners would likely reject this option because it would add an awkward question to the majority of their calls. Alternatively, cities with a low call volume could potentially give out the responders' or supervisors' cell phone number as a "direct line," bypassing the 911 call center entirely, though community responders would likely then have to conduct the call screening themselves, and those calls would not be included in the CAD system. Cities could send direct line calls to a new line placed in the 911 call center (and even hire dedicated dispatchers to answer that line), though those calls would likely not be included in the CAD system either. Albuquerque has found a creative, if cumbersome, workaround: Callers can dial 311 and request ACS. The ACS supervisor on duty then receives an email and notifies the responder teams, who can self-dispatch and claim the call. In Raleigh, North Carolina, community members can fill out an online form to request a response from the ACORNS co-responder program. Mariela M. Ruiz-Angel, director, city of Albuquerque Community Safety Department, interview with author via Zoom, December 8, 2022, on file with author.
- 146 Other cities already have operational co-responder programs, which pair one officer with one clinician.
- 147 Denverite, "STAR Program Evaluation, January 8, 2021, p. 4, available at [https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR\\_Pilot\\_6\\_Month\\_Evaluation\\_FINAL-REPORT.pdf](https://wp-denverite.s3.amazonaws.com/wp-content/uploads/sites/4/2021/02/STAR_Pilot_6_Month_Evaluation_FINAL-REPORT.pdf).
- 148 Ibid.

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- 152 Steven Zeedyk, communications supervisor, Eugene Police Technical Services Division, interview with authors via email, May 26, 2023, on file with authors.
- 153 Nicole Wiseman, MPA, unit manager, Crisis Call Deflection Program, Seven Counties Services, interview with authors via email, May 16, 2023, on file with authors.
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