Alternatives to Policing

How U.S. Cities Are Advancing Community Safety by Taking a Multidisciplinary Approach

About The Authors

Communities United (CU) is a survivor-led, intergenerational racial justice organization in Chicago. At the heart of CU's organizing is the development of grassroots leadership to build collective power to achieve racial justice and transformative social change.

Movimiento Poder Movimiento Poder is led by working-class Latine immigrants, queer, youth, women, and families. We build collective power through community organizing, leadership development and civic engagement.

Reimagine Richmond We are community members pushing our city to invest in the life-affirming resources and services Richmond needs.

Social Movement Support Lab fights systemic racism by partnering with the communities most directly affected by it and providing them with the multidisciplinary support they need to create transformative social change.

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Executive Summary

All across the U.S., and particularly within Black, Latine/x, and Indigenous communities, we have now made the police the first responders to an incredibly broad set of community problems. They have become our first option, and often our only option, when something goes wrong. As a result, from 1980 to 2017, spending on the police in the U.S. increased by 230%, from $56 billion to $185 billion (in 2023 dollars).

Nevertheless, there is a fundamental mismatch between the police skill set—which is centered around the use of violence—and what is needed to effectively address the problems they are often tasked to address. Thus, by having the police respond to issues that they are not well-suited to handle, our public safety and crisis responses are frequently ineffective at meeting residents' urgent needs and addressing root causes in order to break cycles of crime and violence. The excessive and misguided reliance on the police is also perhaps best characterized by the consistent, severe, and needless harm it causes, the systemic racism it perpetuates, and the resources it consumes that could have been used to advance more effective community safety strategies.

This report, a follow-up to the December 2022 report *Criminalization vs. Care: How the 20 Largest U.S. Cities Invest Their Resources*, is intended to support efforts to replace our current systems of mass criminalization and incarceration with "systems of community care" that advance authentic forms of safety and healthier, more equitable communities.

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Section One of this report explores the massive design failure within our current public safety system. It features an analysis of over four million 911 calls for service to police in 2022 from eight cities: Chicago, Los Angeles, Denver, Baltimore, Phoenix, Cincinnati, Richmond, and Nashville. The data reveals a severe misalignment between what residents need from their public safety systems and what they actually receive. For example:

- The overwhelming majority of calls were unrelated to urgent safety needs. In Baltimore, for example, only 363 of the 1.6 million calls were classified as "emergency." Meanwhile, 81.7% of the calls were identified as "low priority" or "non-emergency."

- Only 4% of the calls across the eight cities were for what the FBI classifies as violent offenses or reports of gunshots.

- Over 36% of the calls (1.4 million) were focused on low-level or health-related incidents such as traffic or parking issues, auto accidents, mental or physical health issues, abandoned cars, barking dogs, and loud music, fireworks, or other noise complaints.

- The vast majority of the calls for service result in police not doing anything to address community needs (e.g., not being able to locate the cause of the 911 call) or engaging in activities unrelated to criminal activity that could likely be performed more effectively by non-police personnel.

This analysis demonstrates that by relying so heavily on armed police who specialize in the use of force to address everything from noise complaints to serious violent crime, we are missing out on obvious opportunities to advance community well-being.

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Section 2

Section Two examines the 50 largest U.S. cities and the vast collection of initiatives they have underway to create viable alternatives to police intervention that more effectively address community needs.

Key findings include:

- 44 of the 50 cities have an alternative 911 emergency response program, 34 have non-police-centered violence intervention programs, 30 have health-centered responses to public safety issues, and 21 have "civilianization" initiatives (in which unarmed city employees handle incidents that had previously been addressed by police officers). Overall, a remarkable 48 of the 50 cities have at least one program or initiative within those four categories.

- These alternatives to police intervention are being implemented in every region of the country, in traditionally "liberal" cities and in traditionally "conservative" cities, under both Democratic and Republican leadership.

- When taken as a whole, these alternatives to police intervention are handling nearly every kind of call for service that police receive. In fact, for more than 90% of the 911 calls, there are already alternatives underway within major U.S. cities. In other words, these cities are collectively creating a blueprint for a dramatically different approach to community safety in the future.
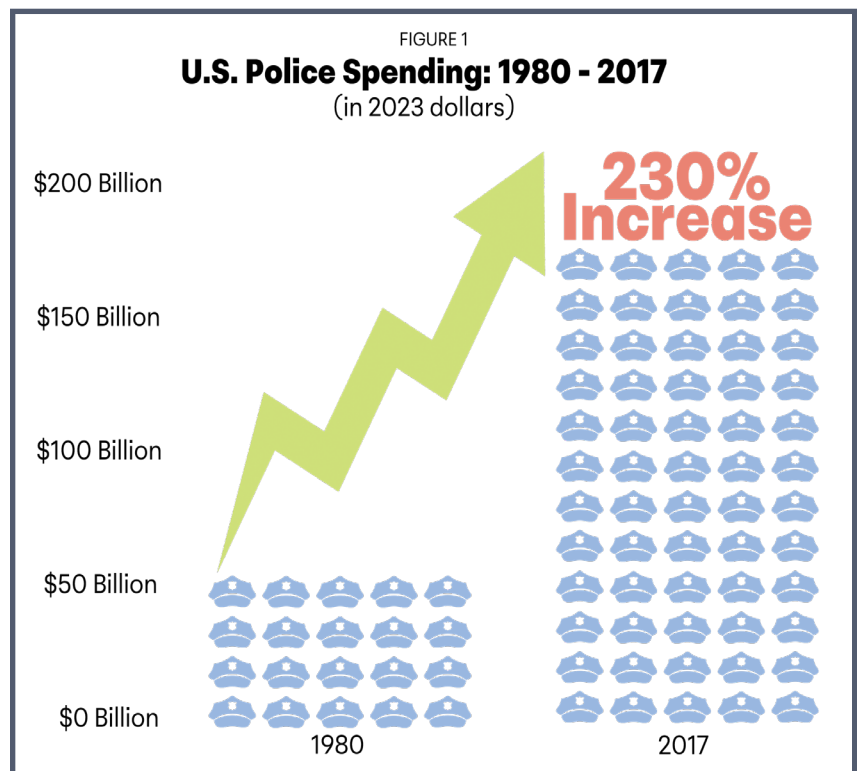
Section 3

Section Three of the report uses the alternatives to policing being developed in cities across the country to develop a multidisciplinary problem-solving approach to meeting community safety needs. Unlike the simplistic one-size-fits-all system currently used throughout the U.S., Customized Community Safety (CCS) recognizes that different types of calls require different types of responses and responders. Rather than just having police on patrol throughout the community, CCS uses a variety of trained professionals with a diverse set of skills available to respond to and, more importantly, prevent crime and violence. By making use of the specialized skills available across multiple fields and deploying them within a comprehensive and narrowly-tailored system of community care, CCS is responsive to community needs and would more effectively address crime and violence by:

- Tackling root causes
- Minimizing harm
- Promoting healing and compassionate care for everyone involved
- Providing meaningful accountability
- Enhancing community health, well-being, and equity; and
- Promoting authentic forms of safety and freedom.

Introduction

Virtually everywhere we look, our world has become highly specialized. Instead of going to general practitioners for our various health issues, we usually go to doctors with expertise in whatever our problem is, whether it is a sprained ankle, skin rash, or chest pains. Instead of going to one-room schoolhouses, our children learn from educators trained in meeting the needs of particular age groups or teaching particular subject areas. Instead of relying on one lawyer to meet our various legal needs, we now all understand that it is generally preferable to hire someone with expertise in criminal defense, contract negotiation, wills and trusts, or whatever other area of law applies to our situation. In short, for practically every aspect of our society, we have become proficient at training and hiring professionals whose skills are tailored to meet our specific needs. However, there is one glaring exception to this trend. There is one area in which we continue to operate as if specialization isn't needed, but rather that one particular set of professionals with a very narrow and specific set of skills can handle the enormous array of needs that arise in communities.

All across the U.S., and particularly within Black, Latine/x, and Indigenous communities, we have now made the police the first responders to an incredibly broad set of community problems. Over the years we have added more and more to cops' responsibilities, often in a knee-jerk fashion. Thus, whatever the social problem, our current default response is to almost always get the police involved. That ever-expanding list now includes issues of drug and alcohol use, street violence, school disruptions, car accidents, mental health crises, homelessness, street gangs, neighbor disputes, domestic violence, poor school attendance, organized crime, the drug trade, sex work, property offenses, immigration issues, financial crimes, and traffic infractions, among many others. We have made police departments our one-stop-shop for almost every public

FIGURE 1
U.S. Police Spending: 1980 - 2017
(in 2023 dollars)

230% Increase

$200 Billion
$150 Billion
$100 Billion
$50 Billion
$0 Billion

1980   2017

safety need and community crisis, many public health needs, and a variety of other tasks. They have become our first option, and often our only option, when something goes wrong. As a result, from 1980 to 2017, spending on the police in the U.S. increased by 230%, from $56 billion to $185 billion (in 2023 dollars) (see Figure 1). And we now have nearly half a million more police employees in the U.S., from 714,660 in 1980 to 1,191,694 in 2017.[1]

Nevertheless, there is a fundamental mismatch between the police skill set and what is needed to effectively address the problems they are often tasked to address. The primary skills that patrol officers possess and which distinguish them from other professionals are their ability to incapacitate people through arrests and incarceration, and their ability to employ force, both lethal and nonlethal. In other words, their "core competency" is the use of violence. It is the police whom we allow to take us away

from our families and communities and deprive us of our freedom by putting us in a jail cell (which is, of course, just a cage by another name). It is the police whom we entrust with guns and the power to use or threaten to use them against us when they deem it necessary. Perhaps above all else, it is the police whom we empower to kill us.

However, most of the issues that we task police with responding to do not require that type of intervention. Instead, what we need for effective problem-solving that best promotes community safety and well-being is often physical, mental, or behavioral health care; access to housing or employment resources; support with conflict resolution; or merely a caring person who can meet a discrete need. What community members in crisis often receive instead is a cop with misaligned skills and deadly weapons at their disposal. Not only does that make it unlikely that those community members will have their needs met, the involvement of police is inherently threatening, especially for BIPOC residents. Thus, despite the prevalence of propaganda promoting the idea that "police = safety," for nearly all community crises that occur, the responses that best promote safety do not involve police.

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To make matters worse, because of the way we have militarized our police departments in many cities, patrol officers are often outfitted as if they were in a war zone, with machine guns, assault rifles, body armor, helmets, masks, flashbang grenades, and various chemical agents. Some departments even have officers in armored tanks and attack helicopters.[2] The notion that those individuals would be the same people we send to respond to complaints about loud music, routine fender-benders, or reports of loose dogs is absurd.

To be clear, the skills unique to police may be necessary in a certain, very narrow set of circumstances. Unfortunately, though, cops have come to be treated as a magic wand that we can wave at all of our problems, with no real hope that they can truly fix them.

Along with being illogical, this approach is perhaps best characterized by the consistent, severe, and needless harm it causes. Every day, across the U.S., these misguided strategies are leading to traumatic, brutal, and often fatal encounters, particularly for Black, Latine/x, and Indigenous people. What makes these incidents even more tragic is that they could easily have been avoided if we had simply been more considerate about how we respond to community needs.

"For generations my famiily has endured brutality, fear, and trauma from the police. After decades of such experiences, many of us are in search of alternative forms of safety that prioritize the needs and demands of the community."

- Roxanne Smith, Communities United Leader
Survivor Alliance for Healing and Justice

This report, which is a follow-up to our December 2022 report *Criminalization vs. Care: How the 20 Largest U.S. Cities Invest Their Resources*, is intended to support community efforts to address the massive disconnect between what residents need from their public safety systems and what they actually receive.[3] In Section One, 911 call data from cities across the U.S. is analyzed to start to better identify what those needs are. Section Two examines the 50 largest U.S. cities and the incredible collection of initiatives they already have underway that have created viable alternatives to police intervention. Finally, Section Three presents a model for comprehensively implementing these types of alternatives to more effectively advance authentic community safety and well-being. Using Customized Community Safety, the police would no longer be the default response to every community crisis. Instead, there would be a more nuanced, multidisciplinary approach to meeting community needs and preventing crime and violence. In short, under this approach, we would start using all of the tools in our toolbox instead of just the hammer.

The intent of this research is to provide a roadmap for all people working to replace our current system of mass criminalization and incarceration with "systems of community care" that are designed around the needs of individuals, families, and communities.[4]

Section One

Any sensible public safety or crisis response system would start with an analysis and understanding of what the actual public safety and crisis response needs are within the relevant community. Our best tool for doing that is 911 (or computer-aided dispatch (CAD)) data that records all calls for police service. These datasets, which are collected by many police departments around the country, are a record of community members' 911 calls: when they called, why they called, and (sometimes) what happened as a result of their calls. (They also frequently include officer-initiated reports of their activities and requests for support from officers and other agencies.) Thus, they are the best tool we have for understanding the types of issues that communities need assistance with as well as how cops spend much of their time.[5]

To better understand this data and how it can inform public safety and crisis response systems, we selected eight cities that had recent data available and provided geographic diversity across the U.S.: Chicago, Los Angeles, Denver, Baltimore, Phoenix, Cincinnati, Richmond (CA), and Nashville.[6] We examined all 6.3 million calls for service in those eight cities in 2022 and identified all those that indicated discrete crimes, potential crimes, or other incidents for which service was requested from residents (e.g., car accidents, abandoned cars).[7] We then grouped those 4.0 million calls into one of six categories:

- Interpersonal Violence and Conflict (e.g., violent crimes, unwanted persons, fights, gunshots)

- Mental, Physical, and Behavioral Health Concerns (e.g., health emergencies, well-being checks)

- Vehicular Violations, Accidents, and Concerns (e.g., parking violations, traffic violations, car accidents, traffic hazards)

- Quality of Life Concerns (e.g., loud music and other disturbances, property offenses, abandoned cars, other non-violent offenses)

- Security Concerns (e.g., security alarms, "suspicious" persons/vehicles)

- Crime Investigation (e.g., taking reports, missing/found persons or property)

The combined total from the four million calls across eight cities is reflected in Figure 2.

Because there are some differences in the allocation of calls across the cities, in Appendix A each city's data is presented individually.

FIGURE 2

2022 911 Calls for Service:
Baltimore, Chicago, Cincinnati, Denver, Los Angeles, Nashville, Phoenix, Richmond (4 Million Calls Combined)

23.3%
Quality of Life Concerns

Music, Noise, Fireworks, Animal Calls, or Other Disturbance: 7.0%
Disorderly Person(s): 5.5%
Theft: 5.1%
Burglary/Breaking & Entering: 2.8%
Property Damage: 1.5%
Other: 1.3%

25.3%
Interpersonal Violence & Conflict

Fight/Assault/Threat/Battery: 6.9%
Trespassing/Unwanted Person: 4.6%
Domestic Disturbance: 3.7%
Domestic Violence: 2.6%
Person with a Weapon: 1.8%
Shots Fired: 1.8%
Aggravated Assault: 1.4%
Robbery: 0.7%
Rape/Sexual Assault: 0.1%
Other: 1.7%

12.4%
Mental, Physical & Behavioral Health Concerns

Check Well-Being/Wellness Check: 4.3%
Medical Assistance Needed: 3.2%
Mental Health Disturbance: 2.3%
Drug/Alcohol Offenses: 1.7%
Safety Hazard: 1.0%
Other: 0.1%

18.1% Vehicular Violations, Accidents & Concerns

Auto Accident: 7.5%
Traffic Stop: 4.7%
Parking Violation/Complaint: 3.1%
Traffic Violation/Hazard/Control: 2.4%
Other: 0.3%

5.7% Crime Investigation

General Investigation: 3.1%
Missing/Wanted/Found Person: 1.5%
Missing/Found Property: 1.1%

15.2% Security Concerns

Security Alarm: 7.1%
Suspicious Person/Car/Object: 5.3%
911 Disconnect: 2.3%
Other: 0.4%

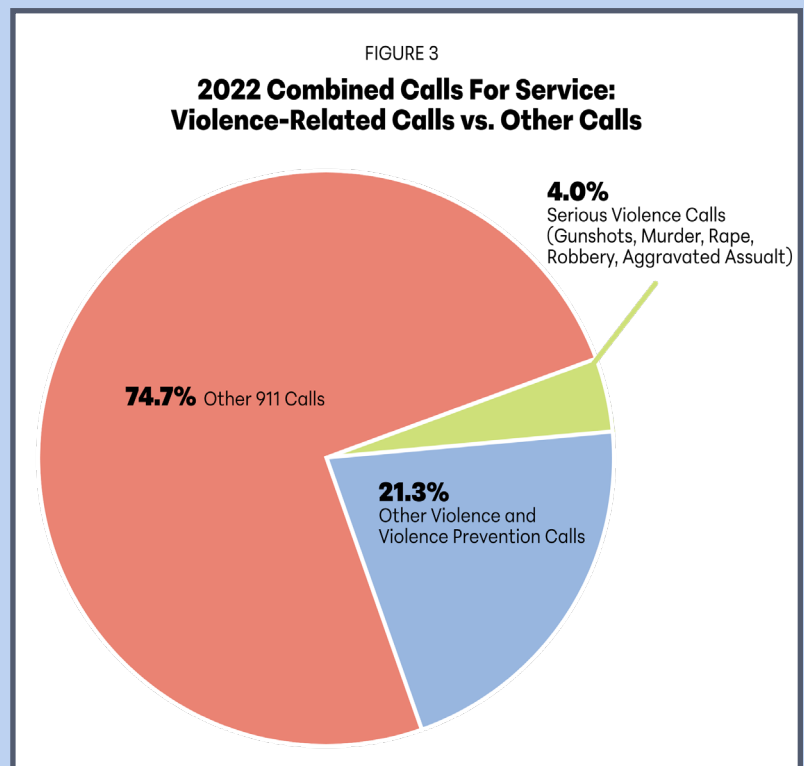# Some key findings from this data include:

Finding #1

Nearly all of these cities have more than 100 separate codes for the types of incidents that police are responding to, and many of them have more than 200. Thus, *any discussion about the need to address the "crime problem" would more accurately be described as the need to address 100+ separate types of problems*. Given that context, it is simply unreasonable to think that a police department (or any other existing agency, for that matter) would be the appropriate first-responder for all of those types of issues. The skills needed to effectively problem-solve reports of "suspicious" persons, barking dogs, child abuse, thefts, individuals experiencing mental health crises, parking violations, sexual assaults, and active shootings are radically different and extend far beyond what we could ever expect any one profession to handle.

Finding #2

Despite the widely held view that a significant amount of police officers' time is spent on violent offenses, merely 1.8% of the calls were for reports of gunshots and only another 2.2% were for what the FBI classifies as violent offenses: murder, rape, robbery, and aggravated assault (and many of those calls were likely redundant, meaning multiple calls referred to the same incident).[8] It is also important to note that a large percentage of these calls refer to incidents in which the act of violence was already complete, meaning the police were not preventing violence but merely responding to violence that had already occurred. Unfortunately, not all of the cities' data allows for differentiation between incidents of active violence (in which a prompt first responder could intervene to prevent additional harm) and already-occurred incidents of violence (in which the primary needs are likely to be medical, investigative, and administrative).
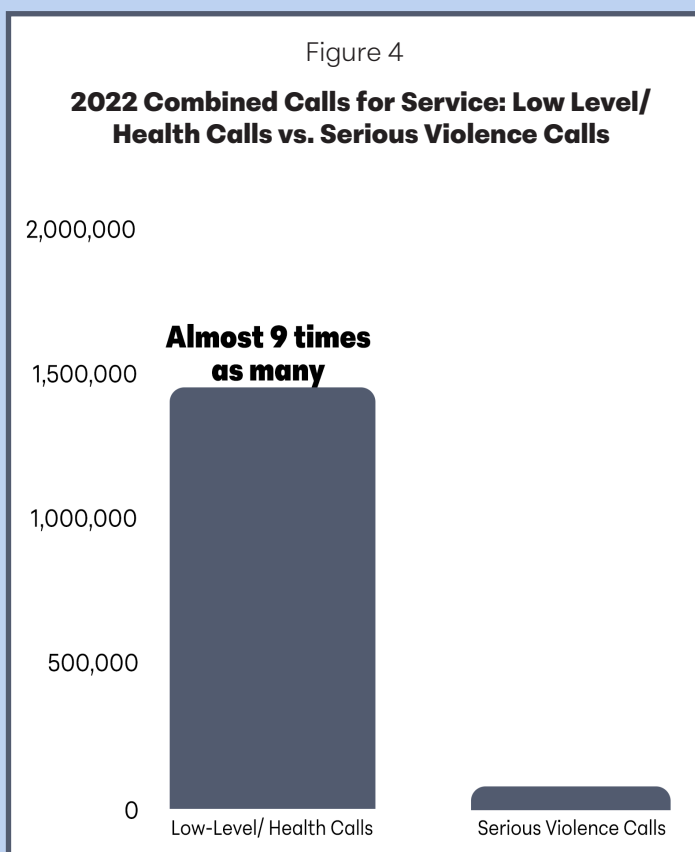
Finding #3

Beyond the reports of gunshots and violent offenses, another 21.3% of calls were for various types of incidents and conflicts—such as fights, threats, "domestic disturbances," landlord/tenant disputes, and "trespassing" and "unwanted person" calls—which indicate either that some harm was already caused or that there may be a need to intervene to prevent violence, or additional violence, from occurring. However, *nearly three-quarters of all calls for service to police (75%) were for incidents where the urgency was not apparently related to stopping, preventing, or otherwise responding to violence* (see Figure 3).

FIGURE 3

2022 Combined Calls For Service: Violence-Related Calls vs. Other Calls

4.0% Serious Violence Calls (Gunshots, Murder, Rape, Robbery, Aggravated Assault)

74.7% Other 911 Calls

21.3% Other Violence and Violence Prevention Calls

Finding #4

Within that 75% of calls that were apparently unrelated to issues of violence or potential violence, there were many calls that had little or nothing to do with public safety. Plus, a huge percentage of calls were related to incidents involving health issues, public nuisances, or other types of situations that simply do not require an armed first-responder that specializes in the use of force. For example, in those eight cities, *over 36% of the calls—or 1.4 million calls in 2022—were focused on traffic or parking issues, auto accidents, mental or physical health issues, abandoned cars, animal calls, loud music/noise, fireworks, or other disturbances.* In other words, for every call regarding gunshots or a serious violent offense, there were almost nine calls for just these categories of low-level or health-related incidents (see Figure 4).

Figure 4

2022 Combined Calls for Service: Low Level/ Health Calls vs. Serious Violence Calls

Almost 9 times as many

Low-Level/ Health Calls Serious Violence Calls

Finding #5

To further demonstrate how little police work involves the prevention of harm but rather responding to non-violent incidents or harm that has already occurred, Baltimore's data is illustrative. Baltimore classifies their 911 calls for service as emergency, high priority, medium priority, low priority, or non-emergency. In 2022, just 363 of the 1.6 million calls were identified as "emergency." Only an additional 4.3% were classified as "high priority." *An astounding 81.7% of the calls were deemed "low priority" or "non-emergency"* (see Figure 5).

Finding #6

For the cities that include the results of these 911 calls, the data indicates that a huge percentage of the calls for service to police result in no law enforcement or crime prevention activities. For example, in Richmond, the two most common outcomes were "no police action" and "unable to locate." Only one out of every 302 calls resulted in an arrest, and only 12% of the calls even warranted writing a police report. Similarly, in Nashville, only one out of every 119 calls resulted in an arrest or non-traffic citation, and most of the outcomes were apparently unrelated to criminal activity, with only 13% resulting in a police report. In other words, *the vast majority of the calls for service result in police not doing anything to address community needs or engaging in activities unrelated to criminal activity that could likely be performed more effectively by non-police personnel.*

FIGURE 5

2022 Baltimore 911 Calls For Service: Call Priority

81.7% of 911 Calls Classified as "Low-Priority" or "Non-Emergency"

Only 363 Calls Out of 1.6 Million Classified as "Emergency"

Low **13.8%**

Medium **14.0%**

911

High **4.3%**

Emergency **0.02%**

Non-Emergency **67.9%**
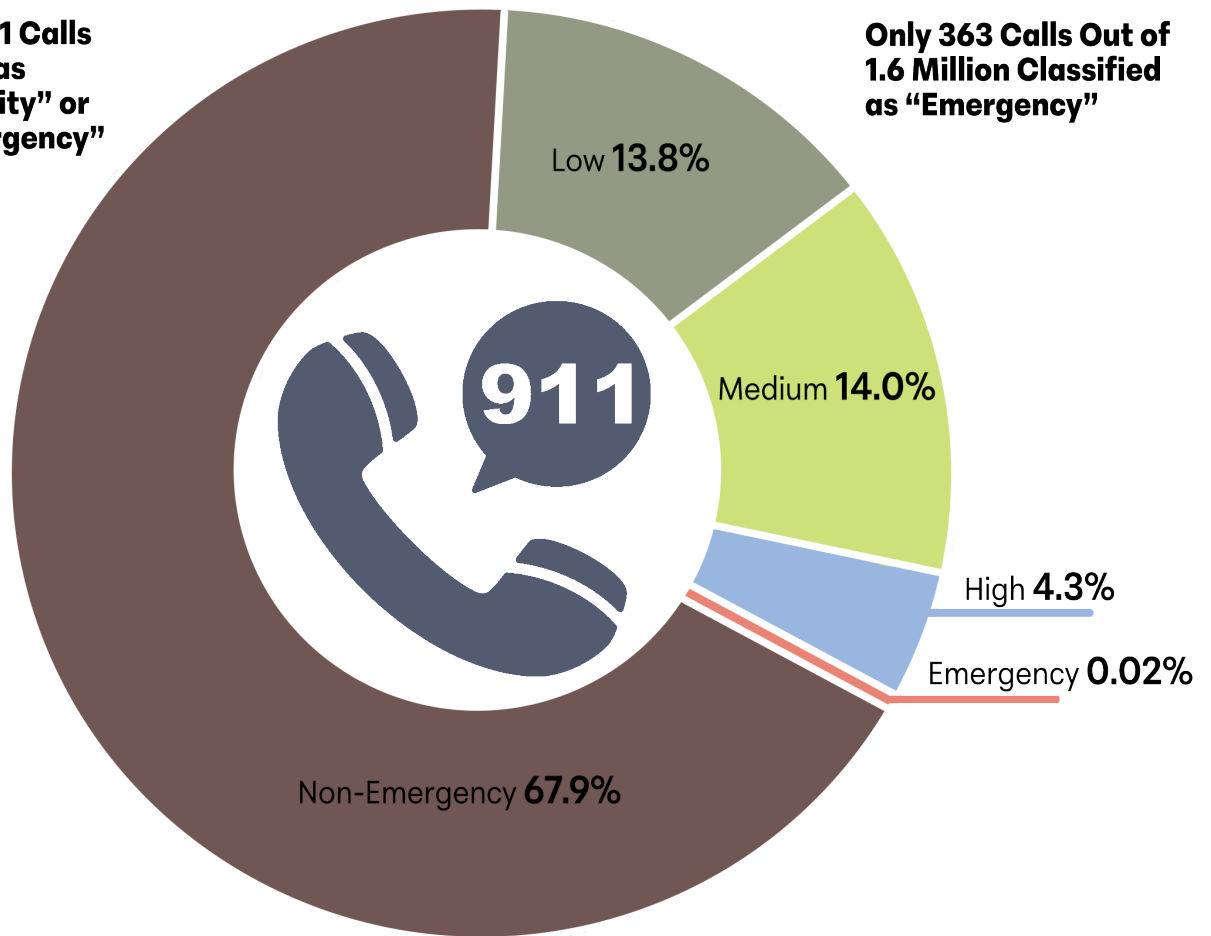
What is clear is that across these eight cities, there is severe misalignment between what police are best equipped to do and what they *actually* do. It is as if our public safety systems were designed around a hypothetical set of community problems instead of our actual set of community problems. By placing the police in these positions to address issues that they are not well-suited to handle relative to other types of professionals, our public safety and crisis responses are thus frequently ineffective at meeting residents' urgent needs and addressing root causes in order to break cycles of crime and violence. In other words, by relying so heavily on the police to address these myriad issues, we are missing out on obvious opportunities to make our communities safer.

Richmond: Two Most Common Outcomes of Calls for Service to Police

1. "No Police Action"
2. "Unable to Locate"

Section Two

ACTIVE ALTERNATIVES TO POLICE INTERVENTION ACROSS THE U.S.

A significant part of the challenge that many people have in relation to this topic is grappling with the popular narrative that police are synonymous with "crime prevention" and "safety." However, if you really analyze how crimes are prevented and how safety is created, what you find is that the overwhelming majority of that work is being done not by police, but by strong family units and communities. Countless studies have shown that when communities have well-funded public institutions, are able to meet people's basic housing, healthcare, and income needs, and have an ecosystem of caring individuals— such as childcare providers, educators, afterschool program personnel, and community resource providers—who dedicate themselves to meeting the needs of residents, then those communities are safe. When those conditions do not exist, then community safety usually suffers.[9]

In other words, these other institutions and individuals do far more than the police to prevent crime. As illustrated above, rather than preventing crime, much more often than not police are simply responding to crime that has already happened. Plus, not only is the police skill set insufficient to provide authentic safety in response to most community crises, but their inappropriate use of those skill sets (i.e., the use of force) has made many communities far less safe, particularly for Black, Latine/x, and Indigenous residents.[10]

The authors of this report represent residents of some of the most heavily-policed communities in the U.S. We are very clear that the police have not, cannot, and will not deliver safety for all our people. That is not how they were designed, that has never been how they have operated, and there is nothing to suggest that they would ever have that capability.

Yet perhaps more than anything else, the residents of our communities—and all communities— *want* and *need* safety. True, authentic safety. Fortunately, all across the U.S., cities are implementing programs and initiatives that take a broader view of how we should respond to public safety matters and community crises, and who can be effective first responders. In fact, there has been remarkable progress within the past few years in developing alternatives to police intervention.

Photo By: © Communities United

By placing the police in these positions to address issues that they are not well-suited to handle relative to other types of professionals, our public safety and crisis responses are thus frequently ineffective at meeting residents' urgent needs, addressing the root causes of harm and violence, and breaking cycles of crime and violence.

For this report, we investigated the 2021, 2022, and 2023 budgets for the 50 largest cities in the U.S. as well as their websites to determine if they had implemented, or were in the process of implementing, any programs or initiatives in the following four categories:[11]

- **Alternative Emergency Response:** programs in which non-police personnel (such as mental health professionals) respond to at least some categories of 911 calls instead of, or alongside, police officers

- **Violence Intervention Programs:** efforts to respond to incidents of violence beyond merely involving the police

- **Health-Centered Responses:** initiatives that rely on healthcare professionals and institutions to address behaviors that could otherwise be criminalized (example: sobering centers, in which publicly intoxicated individuals can receive supportive care)

- **Civilianization Initiatives:** programs in which unarmed city employees handle incidents (such as traffic issues, accident reports, and theft or property damage reports) that had previously been addressed by police officers

This research is summarized in Figure 6, and a detailed listing of each program is in Appendix B.[12] Key findings from this research include:

- A remarkable 48 of the 50 cities had at least one program or initiative within those four categories.

- 44 of the 50 cities had an Alternative Emergency Response program, 34 had Violence Intervention Programs, 30 had Health-Centered Responses, and 21 had Civilianization Initiatives.[13]

- These alternatives to police intervention are being implemented in every region of the country, in traditionally "liberal" cities and in traditionally "conservative" cities, under both Democratic and Republican leadership.

Photo By: © rawpixel.com / Adobe Stock

If you really analyze how crimes are prevented and how safety is created, what you find is that the overwhelming majority of that work is being done not by police, but by strong family units and communities.

Figure 6

Alternatives to Policing Being Used by 50 Largest U.S. Cities

Sources Local City Budgets & Websites

- 🟥 Alternative Emergency Responses
- 🟦 Health-Centered Responses
- 🟩 Violence Intervention Programs
- ⬜ Civilianization Initiatives

While the authors make no claims regarding the quality of any of these initiatives, among them are many promising models, including the following:

Albuquerque has created a Community Safety Department that operates independently from the police department and employs a public health approach. Behavioral Health Responders respond to requests for assistance regarding individuals experiencing issues with mental and behavioral health, inebriation, homelessness, addiction, and chronic mental illness. Community Responders respond to minor injuries, abandoned vehicles, car accidents, and other calls for service in the community. Street Outreach and Resource Responders provide services to unhoused individuals.[14]

Philadelphia launched a program in which, instead of the police, 125 civilian "public safety enforcement officers" are responsible for handling traffic enforcement and addressing issues such as abandoned cars on the streets.[15]

Jacksonville, like many other cities, has adopted the "Community Violence Intervention" public health strategy in which trusted members of the community become "violence interrupters" and outreach workers who are deployed in targeted areas to identify conflict and defuse it before the disputes become violent.[16]

San Francisco has created several "street response teams" to respond to a variety of mental, physical, and behavioral health needs with paramedics, clinicians, and people with lived experience with similar issues, rather than the police.[17]

Dallas created an alternative pathway for dealing with public intoxication arrests called the Recovery Services Center, which is staffed with case workers who will help individuals identify and manage substance use disorders, in addition to providing safe monitoring during custody and transportation home.[18]

Portland has created a Street Response program within the city's fire department in which, as an alternative to police responses, teams of mental health crisis responders, community health medics/EMTs, community health workers, and peer support specialists assist people experiencing mental health and behavioral health crises.[19]

In **Colorado Springs**, unarmed, civilian "Community Service Officers" respond to a variety of situations instead of police, including reports of burglary, theft, vandalism, abandoned vehicles, and parking violations, while also collecting evidence and writing crime reports.[20]

Seattle and **King County** have created a Regional Peacekeepers Collective, which is a comprehensive, trauma-informed public health approach to addressing and preventing gun violence.[21]

Los Angeles has recently allocated $14 million to create an Office of Unarmed Response that will expand the emergency response capacity for individuals other than police.[22]

Photo By: © Reimagine Richmond

While it is certainly notable that nearly every large U.S. city is pursuing alternatives to police intervention, an even more significant aspect of these examples is the broad scope of issues they are addressing. If we take the four million 911 calls across eight cities from Figure 2 above and compare them to the innovations being advanced by major U.S. cities, something remarkable becomes apparent: Taken as a whole, *these alternatives to police intervention are handling nearly every kind of call for service that police receive.*

Photo By: © Graphicroyalty / Adobe Stock

These alternatives to police intervention are handling nearly every kind of call for service that police receive.

Figure 7 includes examples of initiatives that are addressing each category of 911 calls without relying on police. Instead, they deploy mental and behavioral health professionals, paramedics, EMTs, nurses, outreach workers and violence interventionists with lived experience who can serve as "credible messengers," social workers, and civilian public safety personnel, among others.[23] (While the civilian public safety personnel are often employed by police departments, they are not armed, sworn officers and, as will be discussed below, they need not be police employees at all.) Many cities—including Tucson and Baltimore—are even hiring non-police personnel as detectives, which is a significant departure from the dominant model of police detectives.[24]

This level of innovation is a clear indictment of the dominant police-centered approach. While these programs might not currently be used to address the entire range of calls within each category, they are collectively capturing an enormous range of calls that would otherwise be tasked to armed police officers. In fact, the only categories of calls for which these cities have not evidently created alternatives to police are gunshots and other types of violence which correspond to less than 10% of the total calls. However, for more than 90% of the calls, there are already alternatives underway within major U.S. cities.

Even the most challenging violence-related calls are no longer being directed exclusively to police officers. Alongside the programs and initiatives described above, which are all being run or at least funded by local government agencies, there are a number of very promising community-run, non-governmental programs that are tackling even the most challenging community needs, such as responding to acts of violence in the community or in homes. The following are just some examples of community initiatives that are working to provide residents with more authentic forms of safety than what police can provide:

- Detroit Safety Team
- Powderhorn Safety Collective (Minneapolis)
- DC Safety Squad
- Bay Area Transformative Justice Collective
- Mental Health (MH) First (Oakland and Sacramento)
- Cambridge Holistic Emergency Alternative Response Team (HEART)
- Oakland Power Projects
- Relationships Evolving Possibilities (Minneapolis)
- CAT-911 (Southern California)

Figure 7

Examples of Alternatives to Police Used in 50 Largest U.S. Cities

Mental, Physical & Behavioral Health Concerns

- Portland Street Response
- Dallas Recovery Services Center
- Louisville Crisis Call Diversion
- San Diego Mobile Crisis Response Team
- Baltimore Crisis Response
- Washington DC Community Response Team
- New York B-HEARD
- Long Beach Community Crisis Response
- Houston Mobile Crisis Outreach Team
- San Antonio Mobile Crisis Response

Interpersonal Violence & Conflict

- Seattle Regional Peacekeepers Collective
- Ft. Worth Civilian Response Unit
- Denver STAR Program
- Los Angeles Project TURN
- Colorado Springs Alternate Response Team
- Portland Intensive Case Management Program
- Violence Interrupter and Credible Messenger Programs (many cities)
- Miami Peace and Prosperity Plan
- Detroit ShotStoppers

Security Concerns

- Albuquerque Community Safety Department
- San Francisco Street Response Teams
- Los Angeles Office of Unarmed Response
- Alarm Company and Private Security Responses (e.g., Seattle and Milwaukee)
- 911 Dispatcher Callbacks (e.g., Portland and Boston)

Vehicular Violations, Accidents & Concerns

- Philadelphia Public Safety Enforcement Officers
- Phoenix Police Assistants
- Detroit Parking Violations Bureau
- Jacksonville Community Service Officers
- Memphis Police Service Technicians
- Colorado Springs Community Service Officers

Quality of Life Concerns

- Sacramento Department of Community Response
- Oakland MACRO
- Atlanta Policing Alternatives & Diversion Initiative (PAD)
- Oklahoma City Property Crime Specialists
- Minneapolis Alternative Police Response Programs

Crime Investigation

- Tucson Professional Staff Investigators
- Portland Public Safety Support Specialists
- San Jose Community Service Officers
- Baltimore Investigative Specialists
- Fresno Community Service Officers

Photo By: © Communities United

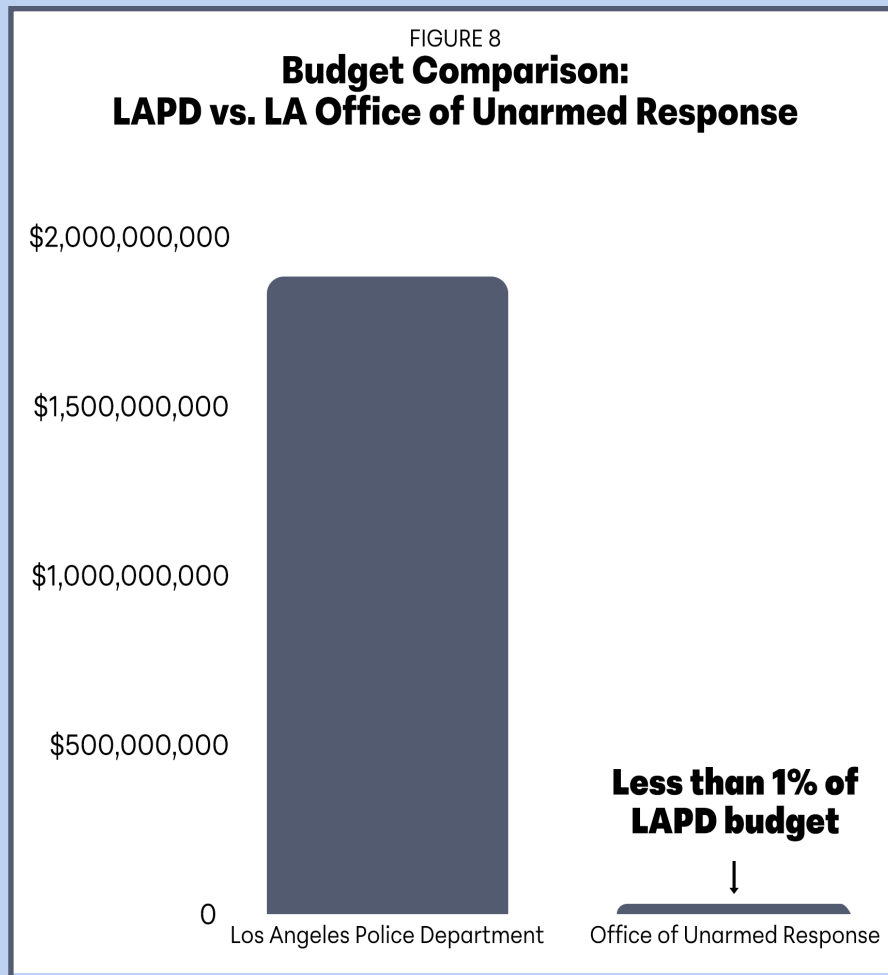*U.S. cities are collectively creating a blueprint for police-free safety.*

In other words, *U.S. cities are collectively creating a blueprint for police-free safety.* That statement may be jarring, or even scary, for some readers who have negative associations with such notions. However, we should all be able to agree on a common goal of eliminating the need for armed officers to police us. To put it another way, who wouldn't want to live in a society in which cops were unnecessary? We may have different views on the feasibility of such a goal, but we should at least be able to find unity in the pursuit of it.

Of course, while bringing these alternatives to police intervention into existence has been a critically important first step toward that goal, as we documented in our previous report, *Criminalization vs. Care: How the 20 Largest U.S. Cities Invest Their Resources,* these programs typically only receive a small fraction of the funding that police departments receive. For example, Dallas's Office of Integrated Public Safety Solutions—which "works proactively to address systemic factors that contribute to criminal activity by providing non-law enforcement solutions that improve the quality of life in the community and reduce the demand for police service"—has a budget of just $5.8 million in 2024. The Dallas Police Department, in comparison, has a budget of $657 million.[25]

Similarly, while it is undoubtedly encouraging that Los Angeles is, as mentioned above, investing $14 million in the Office of Unarmed Response, that represents less than 1% of the budget of the Los Angeles Police Department (or what we might call the "Office of Armed Response"), which is $1.9 billion (see Figure 8).[26]

In short, there is a dire need for an approach to public safety and community crises that is aligned with what communities actually need.

FIGURE 8

**Budget Comparison:
LAPD vs. LA Office of Unarmed Response**

$2,000,000,000	
$1,500,000,000	
$1,000,000,000	
$500,000,000	**Less than 1% of LAPD budget** ↓
0	
Los Angeles Police Department	Office of Unarmed Response

Police Overtime and Extra Pay

While the popular narrative around police officers is that they are underpaid public servants, the reality is that using cops to address any issue is typically the most expensive option. There are police officers across the country making outrageous amounts of money each year, largely from overtime pay and other types of extra pay. For example:[27]

- New York City spent $837 million on police overtime in 2021.

- Chicago spent $198 million on police overtime and "supplemental pay" in 2022.

- In 2022, one Oakland police officer made $568,416 including $376,998 in overtime and another $34,674 in "other pay."

- In Richmond, a majority of cops received more than $175,000 in salary, overtime, and "other pay" in 2023. One Richmond Police Department sergeant's compensation was $454,862, including $309,842 just in overtime and "other pay."

- In 2022, the Mayor of Nashville had a salary of $180,000. There were 21 police employees who were paid more than him.

Section Three

CUSTOMIZED COMMUNITY SAFETY

In the early 1900s, when there was widespread recognition that corporate monopolies were concentrating too much power within large companies and their executives, President Theodore Roosevelt's administration launched a strategy of aggressive "trust-busting" in which antitrust litigation was used to break up monopolies. That period—part of the so-called "Progressive Era"—ushered in many of the worker and consumer protections that remain critically important today. It is also reminiscent of the conditions we face today in the field of public safety and crisis response.

Police departments in cities across the U.S. have become public monopolies that are consuming

Photo By: © Reimagine Richmond

Even the idea of a local police department as the center of a community's public safety and crisis response is a severely antiquated idea that is poorly suited for modern needs.

more and more of our public budgets with every passing year. Law enforcement agencies have become so powerful that they not only enforce the law; they are by far the most influential organizations in *making* the laws and policies that they will then enforce. They are so powerful that they are typically not even subjected to standard budgetary practices in which there is an assessment of needs and then a corresponding determination of how best to allocate community resources to meet those needs. For example, to create school budgets, there is an analysis of how many children need to be served and then how many teachers are needed to staff those classrooms. For police, there is typically no such determination. The operating principle in many cities is to almost instinctively raise police budgets every year regardless of community need, police effectiveness in addressing crime and violence, or the impact on other critical areas of the budget.

Beyond that, the excessive reliance on the police skill set consumes resources that could have been used to advance more effective community safety strategies, routinely causes devastating harm all across the country, often severely detracts from community health and well-being, is perhaps the most obvious threat to individual and collective freedom we have in this country, and is one of the largest drivers of systemic racism in the U.S. Plus, despite what police often claim, *true safety does not come from armed officers, but rather from healthy, well-resourced, and equitable communities employing the best strategies available to both prevent and respond to each particular type of violence and harm.* And the best strategies rarely, if ever, involve cops.

Given the overwhelming failure of the police-centered approach to public safety and crisis response, the obvious question becomes: What should we be doing instead?

First, we must rethink how we respond to crime. Instead of making police the first responders to almost all public safety and public health issues, we need to start using all of the tools in our toolbox. Our responses should be designed to fit the problems that arise and the goals in responding to crime

and violence should be minimizing harm, promoting healing and compassionate care for everyone involved, providing authentic accountability, and preventing such incidents from recurring. [28]

Second, we must recognize that even the idea of a local police department as the center of a community's public safety and crisis response is a severely antiquated idea that is poorly suited for modern needs.[29] Thus, rather than a local police department, each community should instead have a comprehensive, multidimensional community safety system designed to address the full spectrum of community needs.[30] Rather than just having police on patrol throughout the community, we should have a variety of trained professionals with a diverse set of skills available to respond to and, more importantly, prevent crime and violence. When you call 911, switchboard operators should have a menu of options available to craft the appropriate response, depending on the circumstances. Ultimately, not only would we wind up criminalizing far less behavior, we would become far more effective at solving community problems and breaking cycles of crime and violence. Thus, we could expect that what we currently think of as the criminal justice system would progressively shrink over time, in contrast to the steady growth of the past several decades.

To support communities who are interested in advancing higher forms of community safety, we have used the alternatives to policing being developed in cities across the country to develop a model called Customized Community Safety (CCS). CCS is a comprehensive and transformative approach to addressing community safety needs and allocating community resources. It makes use of the specialized skills available across multiple fields and seeks to deploy them within a holistic system of community care that addresses the root causes of crime and violence and advances community safety, health, and equity. In other words, it is designed to move from the simplistic and severely limited public safety approach that we use currently (see Figure 9) to a narrowly-tailored, prevention-focused, problem-solving approach to addressing community problems (see Figure 10).
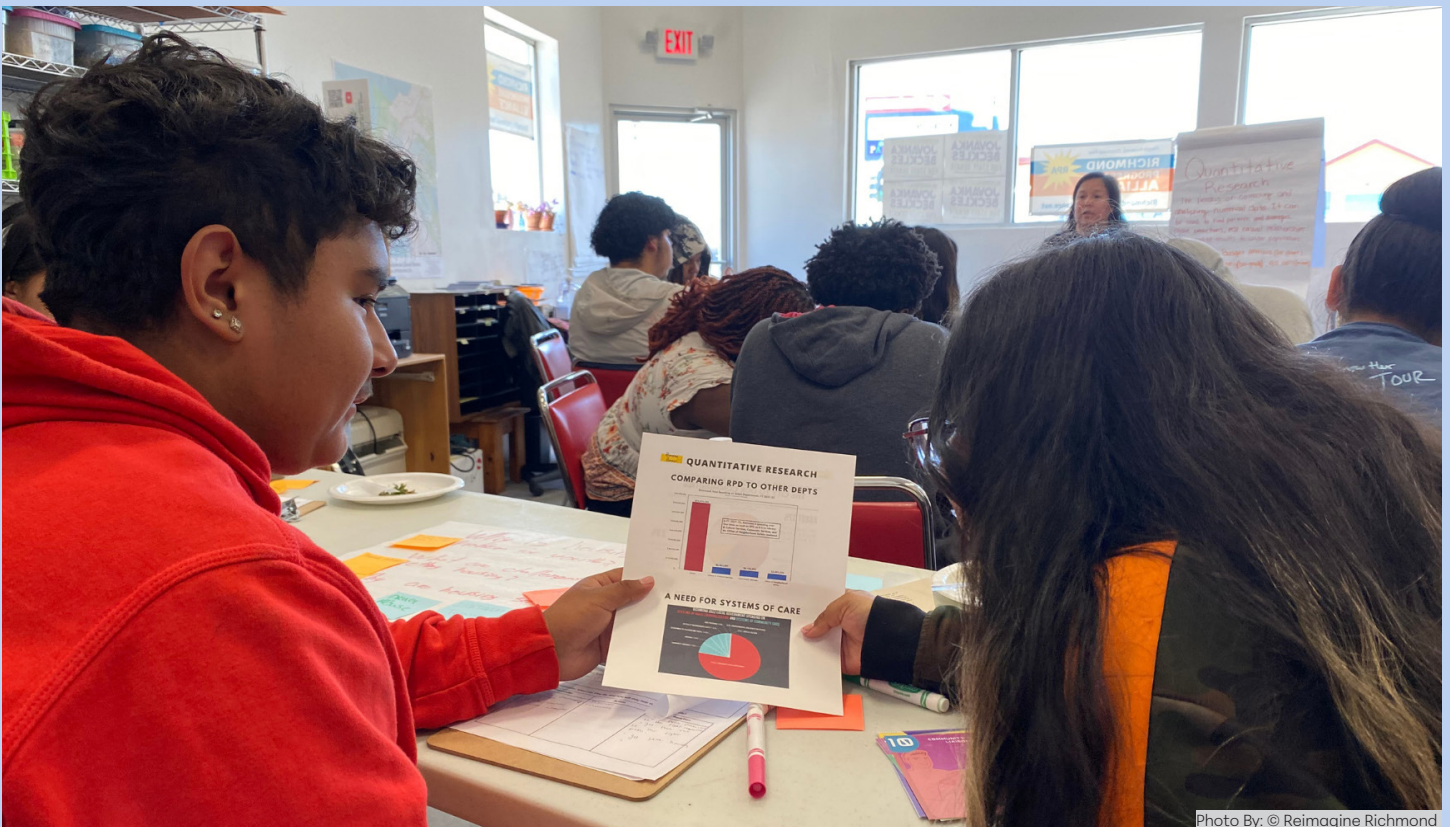
Photo By: © Reimagine Richmond

Figure 9

Standard 911 Response System

All across the U.S., and particularly within communities of color, we have now made the police the first responders to an incredibly broad set of community problems. They have become our first option, and often our only option, when something goes wrong.

By having the police address issues that they are not well-suited to handle, our public safety and crisis responses are frequently ineffective at meeting residents' urgent needs and addressing root causes in order to break cycles of crimes and violence.

The excessive and misguided reliance on the police:

Fails to produce authentic safety in response to most community crises.

Often severely detracts from community health and well-being.

Consumes resources that could have been used to advance more effective community safety strategies.

Causes devastating harm.

Threatens our individual and collective freedom.

Is one of the largest drivers of systemic racism in the U.S., leading to traumatic, brutal, and often fatal encounters every day for Black, Latine/x, and Indigenous people in particular.

Figure 10

Customized Community Safety

A multidisciplinary system of care for authentic community problem-solving, well-being, and equity

CCS is a comprehensive and transformative approach to meeting community safety needs. Unlike the simplistic one-size-fits-all system currently used throughout the U.S., CCS recognizes that different types of calls require different types of responses and responders.

Rather than just having police on patrol throughout the community, we would have a variety of trained professionals with a diverse set of skills available to respond to and, more importantly, prevent crime and violence.

By making use of the specialized skills available across multiple fields and deploying them within a narrowly tailored, trauma-informed, and culturally responsive system of community care, CCS is responsive to community needs and would more effectively address crime and violence by:

- Tackling root causes
- Minimizing harm
- Promoting healing and compassionate care for everyone involved
- Providing meaningful accountability
- Enhancing community health, well-being, and equity; and
- Promoting authentic forms of safety and freedom

To align the CCS system with the needs of a particular community, there is an eight-step process.

Step #1

Create a CCS Team to lead the design process.
While CCS can be implemented by any city government in a top-down fashion, we recommend a participatory, community-led process in which a variety of (non-police) stakeholders—and particularly those who have been most heavily impacted by crime, violence, and policing—form a CCS Team that is empowered to design community safety and crisis responses that best meet the needs of their families and communities, while also providing oversight following implementation.

Step #2

Develop a comprehensive crime and violence prevention strategy.
As shown in Figure 10, at the center of CCS is prevention. Before a CCS Team even begins to decide how to respond to crime and violence, they must first analyze what is driving crime and violence in their communities and how best to prevent it. Within many communities, and particularly communities with predominantly Black, Latine/x, and Indigenous residents, what we find is that while policymakers have been overinvesting in the criminal legal system, they have been underinvesting in, or divesting from, strategies that are critical for stopping crime before it starts, including:

- Improving educational opportunities

- Creating more living-wage jobs and financial support for low-income families

- Providing higher-quality physical, mental, and behavioral healthcare

- Expanding early childhood education, afterschool programs, job opportunities for youth, and other wraparound supports for young people

- Increasing affordable housing options

- Providing extensive wraparound support for crime survivors/victims and other vulnerable populations

For example, Chicago spends over seven times as much on the criminal legal system as it does on the systems of community care that address the root causes of crime and violence.[31] Such disparities must be addressed to have any real hope of creating authentic community safety.

Step #3

Identify the types of issues for which the community needs supportive responses.
Beyond prevention, the response model of CCS is based on the different categories of 911 calls described above. Thus, unlike the current one-size-fits-all system used throughout the U.S., it recognizes that different types of calls will require different types of responses and responders. The CCS Team will use their local 911 call for service data to identify the types of issues that are surfacing in their community and for which they will need to craft responses.[32] Figure 2 provides six broad categories of typical calls, but the exact composition of those calls will, of course, differ across communities.

Step #4

Identify the individual, family, and community needs associated with those issues.
For each type of issue that arises, there is a particular set of needs that accompany it. For example, when there is a conflict between two people, there could be—depending upon the circumstances—needs for de-escalation, mediation, harm reparation, healing, mental or behavioral health support, and the identification of community resources to address underlying needs. Calls related to "suspicious persons" may require emergency medical support, mental or behavioral health support, identification of community resources, and simply a skilled communicator to identify what, if any, safety threat exists. Reports of theft may require someone who can document the loss, investigate the issue, and identify strategies for repairing the harm caused and addressing the root causes of the incident.

For each type of issue, the CCS Team must identify the specific needs that arise for the individuals and families involved, as well as the needs of the entire community to best promote community well-being and prevent any additional harm being caused in the future.

Figure 11

Customized Community Safety Process

1. Create a CCS Team to lead the design process.

2. Develop a comprehensive crime and violence prevention strategy.

3. Identify the types of issues for which the community needs supportive responses.

4. Identify the individual, family, and community needs associated with those issues.

5. Determine what types of skills are needed to most effectively address those needs.

6. Craft responses that match the necessary skills with the identified needs.

7. Decide what role armed police officers are going to play in this system, if any, in the short-, medium-, and long-term.

8. Align the municipal budget with the decisions made in Steps 1-7.

Step #5

Determine what types of skills are needed to most effectively address those needs.
Once the needs associated with particular issues are identified, the next step is to identify the skills required for responding to those needs. These may, again, differ across communities. However, the most commonly-needed skill sets include the following (all of which should be trauma-informed and culturally responsive, with interpretive services available as needed):

- Emergency medical care

- Mental health support

- Behavioral health support (including harm reduction)

- Violence and conflict intervention and de-escalation

- Restorative and transformative justice practices for addressing violence and harm[33]

- Advisory support (from credible messengers with specialized knowledge and/or lived experience relevant to particular populations)

- Healing support for survivors and perpetrators of violence and harm

- Community resource mobilization, such as for housing, employment, and public benefit opportunities

- Compassionate outreach to people in need

- Community problem-solving

- Investigative support

"Many of our community crises that we call 911 for can be diverted into alternative response teams. All mental, physical, and behavioral health concerns should be diverted to an alternative response team that will find the root cause instead of a quick fix like the police. For example, drug and alcohol crises should be responded to by mental health workers. Just because people suffer from drug and alcohol use doesn't mean we should push them to the side. They are people and they deserve access to care just as much as others."

-Angela Aranda, Reimagine Richmond

Step #6

Craft responses that match the necessary skills with the identified needs.
Once the necessary skills are identified, the CCS Team must then create its own version of the Community Problem-Solving Wheel pictured in Figure 10. It should engage in community asset mapping to identify residents who already possess these skill sets and how additional people can be trained to fill whatever gaps remain. While it can certainly be advantageous to have individuals with formal university training in some of these areas—such as licensed psychologists and social workers—the (not uncommon) lack of such personnel should not be a hindrance. (If we can arm new police officers with badges and guns after just a few months of training, then surely we can create comparable processes for other types of professionals.)

Again, while these decisions will be unique to each community, as a starting point we recommend identifying the following types of personnel:

- Medics/EMTs

- Mental health workers

- Behavioral health workers

- Violence and conflict interventionists

- Restorative and transformative justice practitioners

- Credible messengers

- Community healers

- Community resource coordinators

- Unarmed community safety workers (non-police)

- Criminal investigators (non-police)

The CCS Team must then identify which personnel are going to respond to which types of calls. In some cases, that may be an individual. In other cases, it may be multi-person response teams with the appropriate mix of skills to respond to the needs associated with particular types of calls. Communities can also elect to create teams that specialize in particular target populations, such as youth, gang-involved individuals, sex workers, survivors of domestic or intimate partner violence, and members of the LGBTQIA+ community. In all cases, though, the goal should be moving away from the misguided approach of treating one type of professional as the default responder to all, or nearly all, types of incidents. Instead, communities should be crafting nuanced responses based on which personnel are best positioned to respond to each type of incident in ways that promote community safety and well-being.

Importantly, guardrails must be established to ensure that CCS responses do not result in alternative forms of policing and criminalization (which has, unfortunately, become a common occurrence because of how heavily police ideology has influenced our society over the past 40+ years).

Step #7

Decide what role armed police officers are going to play in this system, if any, in the short-, medium-, and long-term.

While CCS envisions a multidisciplinary response, it does not preclude the possibility that armed police officers will be included among the potential responders. Certainly, there are those for whom the CCS model will represent a profound ideological shift and they will be highly resistant to the idea that police skill sets will become obsolete, particularly for violent or potentially violent incidents. Others will point out that introducing armed responders into violent and potentially violent situations often escalates those situations, and that there are communities across the U.S. and around the world that routinely demonstrate the efficacy of unarmed individuals filling these and other roles currently occupied by the police. They might also note that in countries such as Ireland, England, Scotland, New Zealand, and Norway, even the police are not typically armed.[34]

The authors are not naïve about the very real and severe violence that is all too common in many communities. Indeed, the cities we represent have suffered far more than most from the impact of community violence. We also recognize that because of the prevalence of guns in this country, for the foreseeable future there will be a need to have some form of armed presence to prevent the emergence of new forms of oppression and domestic terrorism, as well as the type of violent insurrection that was attempted on January 6, 2021. Nevertheless, our view is that our best chance at creating authentically safe, healthy, and equitable communities will come from moving to a system that does not rely on armed police officers.

We also acknowledge that these are difficult decisions that should ultimately be made based on the particular needs and resources within a community. If a community does decide to keep armed police officers, it is our strong recommendation that their mission be defined very narrowly. In particular, there is a clear need to flip the dominant response model. Instead of police being the default and other professionals responding to—at most—a small fraction of the calls for service, the presumption should be that the response will not involve police. Only in circumstances in which their particular skills are applicable—when the use of force is needed to prevent additional violence or harm—should they be involved. Even then, though, they should be required to use the least amount of force necessary. They should also be accompanied by other professionals from the Community Problem-Solving Wheel—such as mental and behavioral health workers, violence and conflict interventionists, and restorative or transformative justice practitioners—who can attempt to resolve incidents through non-violent strategies.

In short, instead of being the first option, police would become—at most—the last resort for responding to calls for service. Plus, over time, as the CCS model addresses the community problems that drive cycles of crime and violence, the need for police involvement would shrink. The CCS Team should account for such reductions in the role of police over time.

Step #8

Align the municipal budget with the decisions made in Steps 1-7.
Historically, there has been a massive disconnect between how public resources have been allocated and what is needed to promote authentic community safety. The role of the CCS Team is to "right-size" budgetary allocations so that they match the community needs they identify. Put simply, public investments for each type of responder should align with the size of that responder's role. (As a practical matter, because police budgets are typically astronomically higher than the budgets of the other types of professionals discussed above, this will require a substantial reallocation of resources away from the police.)

Beyond these eight steps, there are certainly other complexities that must be navigated, particularly those related to developing the necessary public and political support to implement CCS and whether CCS response teams should be community-based or directed by government agencies. However, rather than addressing those here, we want to initially focus solely on what it would look like for communities to come together to solve this problem. In future publications we will discuss strategies for addressing entrenched power around these issues, shifting the public narrative around police and crisis response, designing these systems, and handling other implementation challenges.

Photo By: © Communities United

Conclusion

One of the best parts about living in the U.S., we are told, is the choices we have. We get to choose among 50+ different breakfast cereals at the grocery store, among dozens of styles of jeans at the clothing store, and among thousands of movies on our streaming services. One area in which we typically have had no choice at all, though, is with regard to community safety and crisis response. Currently, if we call 911, we have to assume that the responders will be police, and we have to accept all of the associated risks and limitations. However, there is absolutely no good reason why we cannot have more options at our disposal, and we shouldn't have to settle for something as obviously flawed and dangerous as involving cops in all of the various community problems that arise.

There are certainly those who fiercely oppose this type of choice. One of the key strategies to delegitimize "Defund the Police" campaigns was to frame the debate as being a choice between having police and having nothing; having no one to respond to your call for help. The unspoken assumption was that police were the only option. But as CCS demonstrates, it doesn't have to be that way. We can create community safety and crisis response systems in which we have real options for meeting our needs. Those choices may be more complicated than having to navigate an entire grocery store aisle devoted to breakfast cereals, but they are the ones we need if we are ever to create a truly safe, healthy, equitable, and free country.

Photo By: ©Reimagine Richmond

One of the key strategies for delegitimizing the "Defund the Police" campaigns was to frame the debate as being a choice between having police and having nothing; having no one to respond to your call for help. The unspoken assumption was that police were the only option. But as CCS demonstrates, it doesn't have to be that way. We can create public safety and crisis response systems in which we have real options for meeting our needs.

BALTIMORE

21.3%
Vehicular Violations, Accidents & Concerns

27.5%
Quality of Life Concerns

8.4% Crime Investigation

14.1%
Interpersonal Violence & Conflict

9.9%
Mental, Physical & Behavioral Health Concerns

18.9%
Security Concerns

CHICAGO

18.6%
Quality of Life Concerns

26.2%
Interpersonal Violence & Conflict

16.2%
Security Concerns

17.5%
Mental, Physical & Behavioral Health Concerns

17.2% Vehicular Violations, Accidents & Concerns

4.3% Crime Investigation

CINCINNATI

20.0%
Interpersonal Violence & Conflict

30.3%
Vehicular Violations, Accidents & Concerns

6.2% *Mental, Physical & Behavioral Health Concerns*

16.0%
Quality of Life Concerns

17.4%
Crime Investigation

10.2%
Security Concerns

DENVER

23.3%
Interpersonal Violence & Conflict

24.4%
Quality of Life Concerns

14.3%
Security Concerns

21.5%
Vehicular Violations, Accidents & Concerns

2.9% Crime Investigation

13.5%
Mental, Physical & Behavioral Health Concerns

LOS ANGELES

26.9%
Quality of Life Concerns

34.1%
Interpersonal Violence & Conflict
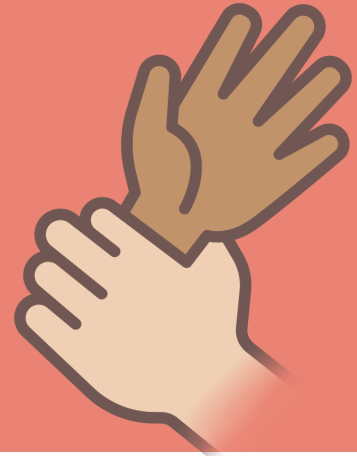
6.3% Crime Investigation

9.1%
Security Concerns

8.4%
Mental, Physical & Behavioral Health Concerns

15.1%
Vehicular Violations, Accidents & Concerns

NASHVILLE

37.7%

Quality of Life Concerns

13.6%
Security Concerns

28.8%

Vehicular Violations, Accidents & Concerns

8.6%
Interpersonal Violence & Conflict

9.8%
Mental, Physical & Behavioral Health Concerns

1.5% Crime Investigation

PHOENIX

20.1%

Quality of Life Concerns

32.5%

Interpersonal Violence & Conflict

13.5%

Mental, Physical & Behavioral Health Concerns

19.5%

Security Concerns

3.7% Crime Investigation

10.8%

Vehicular Violations, Accidents & Concerns

RICHMOND

26.7%
Quality of Life Concerns

28.6%
Security Concerns

6.9%
Mental, Physical & Behavioral Health Concerns

13.9%
Interpersonal Violence & Conflict

18.2%
Vehicular Violations, Accidents & Concerns

5.6%
Crime Investigation

Appendix B

Albuquerque, New Mexico
MOBILE CRISIS TEAM (MCT) CLINICIANS: "MCT Clinicians are independently licensed mental health professional who work in a team with a uniformed law enforcement officer. MCTs co-respond to high-acuity mental and behavioral health emergencies. MCT clinicians provide professional behavioral health services to, de-escalate crises involving, and link individuals who are experiencing mental health emergencies to appropriate services in the community."[35]

VIOLENCE INTERVENTION PROGRAM (VIP): "The VIP team uses a public health approach to intervene in the cycles of violence in Albuquerque through addressing the social determinants of health and disparities that underlie and drive the increases in violent gun crime."[36]

COMMUNITY-ORIENTED RESPONSE & ASSISTANCE (CORA) RESPONDERS: "CORA Responders work with victims, families, and communities impacted by tragedy and violence. . . . CORA responds with a trauma-informed approach to educate on cycles of grief and healing while connecting people to service providers and resources." [37]

BEHAVIORAL HEALTH RESPONDERS (BHRS): "BHRs work in pairs and respond in person or by phone to requests for assistance with individuals experiencing issues with mental and behavioral health, inebriation, homelessness, addiction, chronic mental illness as well as other issues that do not require police, fire or EMS response. These responders have education and experience in fields including social work, counseling, social services, health, and peer support, often having extensive familiarity with the resources and services available in our community. They focus on addressing any immediate crisis then connecting individuals to the services they need."[38]

MEDICAL SOBERING CENTER: "A safe, supportive, and supervised environment to provide medical care for publicly intoxicated individuals until they are sober. Gateway's Sobering Center will add a vital resource to Albuquerque's continuum of care for substance abuse, taking strain off of hospitals and Emergency Departments. The 50-bed center will be one of 40 in the country. The sobering center will be a connection point to longer-term substance abuse resources, both inside the Gibson Health Hub and elsewhere in the Albuquerque area."[39]

COMMUNITY RESPONDERS: "[P]rovide support to community members in need of assistance related to inebriation, homelessness, addiction and mental health. They respond to minor injuries or incapacitation, abandoned vehicles, non-injury accidents, needle pickups, or other calls for service in the community."[40]

STREET OUTREACH AND RESOURCE RESPONDERS: "THIS TEAM WILL PROVIDE STREET OUTReach in coordination with other City departments and community-based organizations to individuals experiencing homelessness in encampments; conduct in-person assessments; and assist with screening, organizing and prioritizing reports regarding homeless encampments. This team will play no role in code enforcement regarding encampments and will focus on connecting individuals to long-term services."[41]

Arlington, Texas
BEHAVIORAL HEALTH LAW ENFORCEMENT UNIT (BHLEU): "[BHLEU] will staff four Crisis Intervention Specialists (civilian) paired with four Behavioral Health Response Officers. The unit will respond to calls identified as having a behavioral health component. They will work with patrol to mitigate crisis, identify solution-focused interventions, divert from jail, and connect citizens with available resources. Our continued partnership with the MHMR Law Liaison program provides APD an opportunity to inject another team of mental health professionals into these encounters and work in conjunction with specialized officers to achieve stabilization, develop positive rapport with law enforcement and provide connectivity to services. The Arlington Police Department utilizes a hybrid approach in which Behavioral Health Response Officers (BHRO) on patrol are partnered with MHMR Law Liaisons to form a Co-Responder Team. They conduct follow-ups and engage individuals struggling with behavioral health issues by providing resources. BHROs are also paired together to form a Crisis Intervention Team for calls and follow-ups."[42]

Atlanta, Georgia

POLICING ALTERNATIVES & DIVERSION INITIATIVE (PAD): "PAD partners with ATL311/ Supportive Services to facilitate outreach to individuals experiencing concerns related to mental health, substance use or extreme poverty. Community members in Atlanta can call 311 . . . regarding issues of community concern related to behavioral health or poverty. A Community Response team responds to the referral request, engages the person, and assesses what their needs are—whether that's a warm meal, clean clothes, or transportation to a shelter. Individuals with open and eligible criminal cases in the City of Atlanta or Fulton County are provided with long term case management, legal navigation, and housing support."[43]

Austin, Texas

EXPANDED MOBILE CRISIS OUTREACH TEAM (EMCOT): EMCOT serves people in psychiatric crisis. "Austin-Travis County Emergency Medical Services (EMS), Austin Police Department (APD), and Travis County Sheriff's Office (TCSO), as well as other law enforcement agencies, can request EMCOT through the 911 call center for real-time co-response for psychiatric crises. EMCOT connects people to treatment appropriate for psychiatric crises, diverting them from emergency rooms and jails."[44]

NEIGHBORHOOD PEACE PROJECT: "The program funds community outreach, relationship building, and resource connection to support residents at-risk of/already experiencing violence to change their trajectory."[45]

TRAUMA RECOVERY CENTER: "[P]romotes survivor-centered healing and removes barriers to care for underserved survivors of violent crime."[46]

HOMELESS OUTREACH STREET TEAM (HOST): A collaboration between police officers; behavioral health specialists; paramedics; and social workers that works to address the needs of houseless people and connect them to resources. The goal of the program is fewer arrests, citations, and bookings, increasing community safety, and reducing emergency room usage.[47]

Bakersfield, California

Baltimore, Maryland

BEHAVIORAL HEALTH 9-1-1 DIVERSION PILOT PROGRAM: "Baltimore launched the Behavioral Health 9-1-1 Diversion Pilot Program with the goal of diverting certain behavioral health-related 9-1-1 calls from law enforcement to experienced mental health professionals through the Here2Help hotline. . . . When 9-1-1 call takers identify a call as appropriate for diversion they transfer the call to the Here2Help line, a mental health services line operated by Baltimore Crisis Response, Inc. (BCRI) and staffed by trained mental health clinicians. Here2Help can resolve calls over the phone or dispatch a team of clinician responders. The central mission of this pilot program is to match individuals to the most appropriate and available resources when they call for assistance and reduce unnecessary police encounters with people in behavioral crises."[48]

BUILD HEALTH CHALLENGE – HEALING TOGETHER: PREVENTING YOUTH VIOLENCE IN UPTON/DRUID HEIGHTS: This collaboration will develop a comprehensive youth violence prevention plan for the Druid Heights and Upton neighborhoods. The initiative is led by the Druid Heights Community Development Center, the University of Maryland School of Social Work, the Adams Cowley Shock Trauma Center at the University of Maryland Medical Center, the Baltimore City Health Department, and community-based organizations.[49]

MOBILE CRISIS RESPONSE: "Our team of clinicians, peers, and nurses work in tandem with our call center team to be the first responders to residents experiencing a behavioral health crisis. Our responders are available 24/7 to help residents seeking assistance from community providers, hospitals, and police in the least restrictive alternative available. This service helps reduce ER wait times and police involvement."[50]

EMERGENCY ROOM VIOLENCE INTERRUPTION PROGRAM: "A partnership between the Baltimore City Health Department and local hospitals was established to encourage emergency room doctors to stop treating traumatic injuries as only medical problems. To ensure continuity of care, treatment begins in the hospital resulting in physicians referring victims of violence to appropriate services in the community. As a preventive measure, this program will provide resource cards and other tools to youth."[51]

INVESTIGATIVE SPECIALIST: "[A] new classification that would create a civilian detective corps that would be larger than what BPD currently has in its staffing plan. The BPD would be among the first

in the nation with this classification and has the potential to set a national standard on staffing allocations for law enforcement agencies." [52]

Boston, Massachusetts
MENTAL HEALTH CRISIS RESPONSE: "As one step to promote safety, justice, and healing in every neighborhood, the City of Boston is committed to strengthening our response to mental health crises. In April 2021, the Mayor asked the Health and Human Services Cabinet (HHS) and the Boston Police Department (BPD) to design a pilot program. The goal of the program is to increase the role of mental health workers, and decrease the role of police in responding to mental health crises." There are three different programs: (1) Co-Response: police officers paired with mental health workers from Boston Medical Center's Boston Emergency Services Team; (2) Alternative Response: "We are developing a new unit made up of a Boston Emergency Medical Services (B-EMS) EMT and a mental health worker. This unit will respond to mental health calls that do not present a public safety risk and will be available citywide." (3) Community-Led Response: "Community-led response empowers peers and community members to provide mental health supports to neighbors in need." [53]
2023 SUMMER SAFETY STRATEGY: "The Mayor's Office, in tandem with other City of Boston Departments and constituents of the communities most impacted by community violence, will develop a comprehensive community violence prevention, intervention, recovery, and community-building

framework. This framework will be implemented during the Summer of 2023, and will roll over into a year-round priority. Our framework aims to acknowledge the root causes and social determinants of violence, while also proactively intervening in conflicts to prevent violence from occurring or escalating. These programs and initiatives represent the work that City departments are currently participating in, while also highlighting the existing gaps in services that we want to address. Centering the safety and well-being of the community, we create pathways to opportunities so that all Bostonians can thrive." [54]
BOSTON EMERGENCY SERVICES TEAM: "The Boston Emergency Services Team and The Cambridge Somerville Emergency Services Program provide 24-hour response to adults and youth in need of crisis intervention for mental health and substance use concerns. Experienced psychiatrists, advanced nurse practitioners, registered nurses, master's level clinicians, mental health workers, family partners, and certified peer specialists make up our team. We deliver services in the community (e.g., homes, schools), at the urgent care centers, and, if necessary, at local emergency departments, to address medical or safety concerns." [55]

Charlotte, North Carolina
COMMUNITY POLICING CRISIS RESPONSE TEAM: "In an effort to provide a humane, compassionate and effective law enforcement response to crises involving community members with behavioral or substance abuse issues, the CMPD has created the Community Policing Crisis

Response Team (CPCRT). The CPCRT includes Master's-level mental health clinicians who accompany Crisis Intervention Team officers to incidents involving a behavioral health and/or substance-abuse crisis." [56]
CIVILIAN ASSISTANCE RESPONSE ENGAGE SUPPORT (CARES) TEAM: "Charlotte has evolved its service model in responding to low risk calls for service that involve people struggling with mental illness, substance abuse issues and homelessness. The CARES team connects patients to resources, such as counseling, transportation to treatment and non-emergency intervention." [57]
ALTERNATIVES TO VIOLENCE: "The City of Charlotte partners with Alternatives to Violence through street outreach to targeted areas of the city. We disrupt violence by mediating conflict and preventing retaliation. Additionally, we engage the community in events and public education designed to change cultural norms. Our program also provides individualized interventions, such as support with housing, employment or in addressing trauma, that target individuals aged 14-25 identifed as most at risk of violence." [58]
HOSPITAL-BASED VIOLENCE INTERVENTION: "This multidisciplinary program—combining the efforts of medical staff with trusted community-based partners—pairs victims of violence aged 15 to 24 who enter Atrium's Level 1 Trauma Unit in Carolinas Medical Center with wraparound services to help prevent them from becoming future perpetrators or repeat victims of violence. In other words, the program aims to break the cycle of violence that often

materializes as a result of an initial incident."[59]

Chicago, Illinois
CRISIS ASSISTANCE RESPONSE AND ENGAGEMENT (CARE): "Seeks to ensure that individuals experiencing a mental health crisis are assisted by teams of behavioral health professionals, with resources to address their unmet health and social needs. The CARE team responds to 911 calls with a mental health component Monday-Friday 10:30am-4:00pm in three pilot areas. When the CARE team responds to an individual in crisis they offer de-escalation, mental health assessment, referrals to community services, and transport to community-based destinations as appropriate."[60]
SERVICE COORDINATION AND NAVIGATION (SCAN): "A strengths-based, youth-driven program that connects young Chicagoans who are at the highest risk of involvement in violence with services that meet their individual needs. Participating youth are paired with a full-time 'Navigator' who helps them identify and accomplish individualized goals. Navigators connect youth to programs, services, and benefits necessary to build a stable pathway to success. SCaN partner agencies are deeply embedded within the community to provide services in the spaces where participants live and develop strong communities."[61]
SOBERING CENTER: "Provide a safe place for publicly intoxicated individuals to sober up as an alternative to the emergency room or jail and, where appropriate, to provide a bridge to recovery. Individuals will be brought to the facility either by the Police Department, the Fire Department,

or as a walk-in and will stay at the facility until they are sober and are in a condition to speak with a clinician."[62]

Colorado Springs, Colorado
COMMUNITY RESPONSE TEAM (CRT): "The CRT program was developed to assist patients suffering from acute behavioral health crisis by employing cross-agency collaboration to integrate behavioral health services into the broader healthcare spectrum. Using the flexibility of emergency services, but with a mindset of healthcare integration, teams identify behavioral health needs and work to connect patients to a larger collaborative healthcare team. CRT engages patients that have extensive and often complicated diagnoses, who encounter significant medical, social, and behavioral health barriers posing potential risk to themselves or others and provides a progressive alternative to a strictly law enforcement response. Designed to respond to behavioral health crisis calls from 9-1-1 and the state crisis line, the CRT team decreases the time between a patient's call for help and their receipt of definitive services. This eliminates prolonged and often detrimental emergency room stays where little to no behavioral health intervention or treatment is performed."[63]
ALTERNATE RESPONSE TEAM (ART): "The Alternate Response Team (ART) consisting of a Crisis Navigator and an EMT is responding to appropriate low acuity call types such as: medical check the welfare, mental health check the welfare and unwanted person calls. The ART team assists and navigates the individual of concern

into the correct resources and/or disposition of care. Through the [ART], members of our community experiencing a crisis receive appropriate access to the right care in an expedient fashion. At the same time, CSPD Patrol officers are able to respond to call types that are more appropriate for their mission and their training. As a result of this addition of ART to a continuum of crisis response in our city, our citizens in need receive definitive care in a timely manner while our CSPD patrol officers are more readily available to respond to the law enforcement concerns for which they are trained. The end result is that all citizens across our community benefit from increased 9-1-1 response availability, a healthier social environment and a healthier citizen population."[64]
SUPER UTILIZER PROGRAM: "The Super Utilizer Program endeavors to assists frequent users of the 9-1-1 system and the emergency departments (six visits to the ED or six 9-1-1 calls within a 6-month period) in Colorado Springs with their physical, medical and behavioral health needs through outreach, assessment, connection to community resources and care navigation. Referred patients are offered the opportunity to participate in a voluntary intervention designed to find resources and address barriers to healthcare access; this intervention can last for up to 12 months. Commonly identified barriers include lack of adequate housing, food, transportation options, primary care physicians (PCPs), medical specialists, insurance, and behavioral health treatment. The CARES team consists of intake providers, medical navigators, and

behavioral health clinicians. The navigation teams are designed to provide integrated intensive interventions to members who consent to treatment. This allows community resource providers to keep vulnerable populations healthy rather than only providing reactive emergency services."[65]

COMMUNITY SERVICE OFFICERS (CSOS): "CSPD Community Service Officers (CSOs) assist police officers by responding to and investigating lower-priority calls for service. As a result of the CSO Unit taking over these calls for service, police officers are able to respond to higher-priority calls in a timely manner. CSOs do not respond to any calls for service where the incident is in-progress or the suspect is still on scene. . . . Some Situations CSOs Might Respond: burglary—commercial and residential; theft—misdemeanor and felony; motor vehicle theft, including recovery; criminal mischief (vandalism); writing supplemental reports to crimes; abandoned vehicle complaints; parking complaints and traffic hazards; traffic control at traffic accident scenes. Additional duties include: evidence collection; found property calls."[66]

Columbus, Ohio

MOBILE CRISIS RESPONSE UNIT (MCR): "[P]airs specially-trained Columbus Division of Police officers and Columbus Public Health clinicians to de-escalate and stabilize crisis situations, conduct thorough needs assessments, and connect or transport patients to appropriate resources. This includes referral to follow-up services including secondary response teams."[67]

RIGHT RESPONSE UNIT: "This unit embeds a social worker from Columbus Public Health in the Emergency 911 Call Center to assist with triaging calls and determining the best response to de-escalate crisis situation and connect patient with appropriate resource to resolve crisis situation."[68]

COLUMBUS CARE (COMMUNITY/ ACTION/RESILIENCE/ EMPOWERMENT) COALITION: "We help Columbus become a Trauma Informed Community. We envision neighborhoods that embrace and understand the impact of trauma. From schools to libraries, our community will be able to identify and intervene when trauma occurs to promote healing and resiliency. Resilience is at the core of healing from trauma. The Columbus CARE Coalition provides the services and care you need, when and where you need them, to be strong again."[69]

RAPID RESPONSE EMERGENCY ADDICTION CRISIS TEAM (RREACT): "RREACT is a multi-agency team of Columbus Division of Fire Paramedics, Columbus Division of Police Intervention Team Officers, and Clinicians from Central Ohio Area Agency on Aging, Franklin County Family and Children First Council, Southeast Healthcare, and Base Camp Recovery working to combat the opiate crisis. The team connects individuals and families with resources for Substance Use Disorder treatment and recovery services, including transportation to treatment. RREACT's holistic approach is guided by its motto of Recovery, Compassion, and Support."[70]

SPECIALIZED PROGRAM ASSESSING RESOURCE CONNECTIVITY (SPARC): "SPARC is a multi-agency Emergency Medical Service outreach team of Columbus Division of Fire Paramedics and Clinicians from Central Ohio Area Agency on Aging who assist individuals identified through 911 calls and community referrals to address their medical and social needs. SPARC's mission is to assess, stabilize, and connect individuals, including older adults, with resources and services to improve their quality of life and health capital. SPARC's holistic approach is guided by its motto of Compassion, Support, & Connection."[71]

Dallas, Texas

MOBILE CRISIS INTERVENTION UNIT: "Program staffs Mobile Care Coordinators at each Dallas Police Department (DPD) patrol division to provide direct access to mental health clinicians, medical oversight, and general social support/resources (i.e. food, housing, transportation, shelter/ safety) needs that are otherwise known to place strain on police officer response times and create an influx in repeat or crisis 9-1-1 callers."[72]

R.I.G.H.T. CARE PROGRAM: "A multidisciplinary mental health response unit, that includes a behavioral health clinician stationed in the 9-1-1 call center and a field team: Dallas Police Officer, Dallas Fire Rescue and Social Worker. The objective of this team is to provide Dallas residents with the most appropriate level of care during mental health crisis and to divert patients from jail and unnecessary hospitalization." [73]

VIOLENCE INTERRUPTERS PROGRAM: "Dallas Cred identifies individuals in high violent crime areas that may be involved in crimes of violence and intervene to prevent further acts of violence

or retaliation. Identified individuals are mentored and provided alternatives and opportunities to break the cycle of violence and incarceration."[74]

RECOVERY SERVICES CENTER: "We have invested in creating an alternative pathway for dealing with public intoxication arrests. This budget funds a Recovery Services Center, staffed with case workers who will help individuals identify and manage substance use disorders, in addition to providing safe monitoring during custody and transportation home."[75]

Denver, Colorado

SUPPORT TEAM ASSISTED RESPONSE PROGRAM (STAR): "STAR provides person-centric mobile crisis response to community members who are experiencing problems related to mental health, depression, poverty, homelessness, and/or substance use issues. . . . When someone calls 911 for something like a mental health crisis, substance use issue or even something like homelessness or poverty, their call can now be routed to STAR. STAR sends a behavioral health professional and a paramedic to the person in distress. When the STAR mobile unit arrives, the individual in crisis can be assured that the interaction is grounded in a harm reduction, trauma-informed philosophy. The team, dressed in street clothes, provides direct clinical de-escalation and community service connections, as well as on-demand resources such as water, food, clothing and basic living supports."[76]

OFFICE OF COMMUNITY VIOLENCE SOLUTIONS: "[S]erves as a 'think tank' and partner in Denver's comprehensive and collaborative approach to addressing violence in the community. OCVS convenes an extensive network of federal, state, and local government agencies, local businesses, community-based, grassroots, and faith-based organizations, and residents to work collaboratively to address violence. OCVS supports the development of innovative strategies through coordination and financial support to multiple organizations and efforts around the city that align with the efforts within Denver's violence reduction model in the areas of community engagement and mobilization, prevention, secondary prevention, intervention, and violence interruption."[77]

BEHAVIORAL HEALTH SOLUTIONS CENTER: "[A] 24/7/365 first responder drop-off location for individuals in the community experiencing a behavioral health crisis."[78]

CIVILIAN CRASH INVESTIGATORS: "The Denver Police Department added 15 new people but they aren't officers, they're Crash Report Technicians. The civilians are trained to respond to crashes with only minor or no injuries."[79]

Detroit, Michigan

CRISIS INTERVENTION TEAM (CIT): "The CIT is comprised of two (2) trained police officers and one (1) professional mental health care person. The CIT is tasked with responding to police runs involving citizens having mental crisis issues. The team also engages with individuals on a daily basis that may also be suffering from these same types of issues. CIT connects these individuals to resources, including housing, substance abuse assistance as well as mental health care."[80]

SHOTSTOPPERS: A community violence intervention program where the City partners with local community-based organizations with a strong history of working on violence prevention. Groups that successfully reduce homicides and shootings will earn performance grants that can double their annual budget.[81]

PARKING VIOLATIONS BUREAU: "[M]anages the City's parking ticket processing and fine collection program and supervises parking regulations through its civilian ticket writing personnel (Parking Enforcement Officers). Enforcement efforts focus on ensuring public safety, creating parking availability, protecting the residential quality of life, and improving parking program compliance."[82]

El Paso, Texas

CRISIS INTERVENTION TEAM (CIT): ". . . CIT is a community partnership between the El Paso County Sheriff's Office (EPCSO) and Emergence Health Network (EHN), the official local mental health authority. Together, Sheriff's Office Deputy and EHN clinician respond to calls and provide assistance and resolution to any crisis or high-risk situation that may involve a citizen in a behavioral or mental health crisis. The EPCSO and EHN provide options for safer and more effective responses to dynamic law enforcement incidents involving persons in suspected mental health crisis and situations involving persons with a diagnosed or suspected mental illness and/or intellectual disability. As such, the CIT specialize in responding effectively to El Paso County's mental health crisis situations,

communicated through agency dispatch calls or while out on patrol."[83]

Fort Worth, Texas
CIVILIAN RESPONSE UNIT: "These civilians who are not armed, do not respond to calls where a suspect is on the scene or likely to return. CRU personnel investigate the call, collect evidence (including fingerprinting) and write the police report. . . . Common calls and reports that CRU responds to are: assault by threat; burglary; criminal mischief; fraud; harassment; info only reports; and theft."[84]

Fresno, California
MENTAL HEALTH TRIAGE AND RESPONSE PROGRAM: A non-law enforcement response to mental health crisis calls for service.[85]
ADVANCE PEACE FRESNO: "Advance Peace Fresno is a community based public health and safety strategy that aims to transform lives and build healthier, safer, and more just communities by putting an end to cyclical and retaliatory gun violence in urban neighborhoods. . . . We serve the population affected by gun violence (active actors and likely victims, often one and the same) by providing transformational opportunities and placing them in a high touch, personalized fellowship in order to help develop and heal the lives of those affected the most."[86]
COMMUNITY SERVICE OFFICERS: Respond to low-level calls, process criminal complaints, and write police reports.[87]

Houston, Texas
CRISIS INTERVENTION RESPONSE TEAM: "CIRT is Houston's co-responder program partnering a Houston CIT officer with a masters-level licensed professional clinician from The Harris Center for Mental Health and IDD. The officer and clinician attend roll-call together and ride together in a patrol car. CIRT is our highest level response to individuals in serious mental health crises."[88]
HOLISTIC ASSISTANCE RESPONSE TEAMS (HART): Dispatches 911 and other calls to "interdisciplinary unarmed, first responder teams, trained in behavioral health and on-scene medical assistance. The HART program aims to improve community health and safety by quickly providing the appropriate response to residents experiencing homelessness, behavioral health issues, or non-emergency health or social welfare concerns, and to reduce unnecessary law enforcement or hospital-based interventions for non-emergent 911 calls."[89]
CURE VIOLENCE: "The Cure Violence model trains and deploys outreach workers and violence interrupters to mitigate conflict on the street before it turns violent. These credible messengers are trusted members of their communities and use their street credibility to model and teach more effective ways to communicate and resolve conflict. CURE Violence is a three-pronged violence prevention strategy designed to 1) detect and interrupt planned violent activity 2) acknowledge behavioral changes of high-risk individuals and 3) acknowledge changing community norms. Credible messengers will be hired and trained on mediation best practices as they work to curb retaliation and de-escalate violence in communities with strong social tensions."[90]

RELENTLESS INTERRUPTERS SERVING EVERYONE (RISE): "A community-based solution to reducing gun violence using a public health approach that operates outside and is complementary to law enforcement. This pilot program utilizes credible messengers to interrupt violence and defuse immediate tensions in effort to help build long-term peace while creating a safer community for everyone. This is achieved by employing members of the community who have had similar life experiences to those at highest risk of committing acts of violence or becoming a victim of violence."[91]
MOBILE CRISIS OUTREACH TEAM (MCOT): "An interdisciplinary mobile team comprised of psychiatrists, registered nurses, licensed master's level clinicians, bachelor level clinicians, and psychiatric technicians specializing in crisis intervention. . . . MCOT provides services to children and adults who are experiencing a mental health crisis."[92]

Indianapolis, Indiana
MOBILE CRISIS ASSISTANCE TEAM (MCAT): "[A] collaboration between the Indianapolis Emergency Medical Services (IEMS), the Indianapolis Metropolitan Police Department (IMPD), and Eskenazi Health Midtown Community Mental Health that responds to mental health, substance use, and medical crises. This coordinated response is designed with the ultimate goal of diverting individuals in behavioral health crises away from the criminal justice system and emergency department and towards treatment and social services. The MCAT team is comprised of a police officer,

a paramedic, and a licensed mental health professional who is trained in how to de-escalate situations. The team responds to crises calls (e.g. mental health crisis, drug overdose, suicide ideation/attempt) throughout the city, and team members are trained to link individuals to the most appropriate services."[93]

OFFICE OF COMMUNITY VIOLENCE REDUCTION: "This effort is . . . supported by the Indy Peacemakers—activists from local neighborhoods who act as violence interrupters and provide operational assistance to grassroots neighborhood groups engaged in violence prevention."[94]

ASSESSMENT AND INTERVENTION CENTER (AIC): "[Provides] 24/7 assistance navigating mental health, addiction, homelessness and other socio-economic issues influencing an individual's overall health and well-being. The AIC is FREE and can be utilized by any Marion County resident, although it is strategically situated on the Community Justice Campus to facilitate easy referrals for those trapped in the cycles of the criminal justice system."[95]

CLINICIAN-LED COMMUNITY RESPONSE TEAM: "[C]omprised of licensed behavioral health professionals dedicated to providing short-term assistance to people in crisis. . . . Clinicians respond to 911 calls based on specific information from the caller to the 911 dispatcher. Dispatchers are trained to ask specific questions to determine if the Clinician-Led Community Response team is only required to respond without law enforcement. Once determined, a clinician and peer support specialist will arrive on scene. The clinician and peer

support specialist will assess the person having a mental health crisis and define the next steps. The response team will have the ability to receive assistance from the Mobile Crisis Assistance Team (MCAT) and Indianapolis Metropolitan Police Department (IMPD) in case there is a threat during their visit. Clinicians are trained in de-escalation tactics, safety planning, crisis intervention, and providing access to available community resources and partners for those with a mental health crisis."[96]

Jacksonville, Florida

CO-RESPONDER PROGRAM: "Partners a police officer with a licensed mental health professional to respond together on calls for service involving mental health crises."[97]

CURE VIOLENCE JACKSONVILLE: "[T]rains and deploys both violence interrupters and outreach workers in targeted areas to identify conflict and diffuse it before the disputes become violent. These persons are trusted members of the community they serve. . . . The goal of these trained community members foremost is to teach and model communicative ways to resolve conflicts peaceably among high-risk individuals."[98]

COMMUNITY SERVICE OFFICERS (CSOS): "[P]erform the following services: assisting with searches; investigating traffic crashes; preparing and issuing Uniform Traffic Citations for non-criminal violations; responding to and handling abandoned vehicles; assisting and transporting stranded motorists; performing traffic related duties; responding to illegally parked cars; handling substation duties; acting as

Crossing Guards; and handling special events where large crowds and traffic issues may cause a problem."[99]

Kansas City, Missouri

AIM4PEACE: "[A] public health approach to reduce shootings and homicides and reverse the violence epidemic in Kansas City, MO. Aim4Peace focuses on the neighborhood factors that most often contribute to violence, helping those who are considered at highest risk of committing offenses due to their living or employment situation."[100]

Las Vegas, Nevada

Long Beach, California

COMMUNITY CRISIS RESPONSE (CCR): "The program consists of specialized, non-law enforcement teams who respond to non-medical, non-violent calls-for-service with a focus on behavioral health and quality of life issues. The field team consists of a Crisis Intervention Specialist, Public Health Nurse and Peer Navigator. The CCR team is also supported by a Program Manager and a Team Supervisor who can provide supplemental support and consultation to the team as needs arise."[101]

LONG BEACH ADVANCING PEACE INITIATIVE (LBAP): "[LBAP] Initiative is a community-driven system created to improve safety. LBAP uses a public health and trauma-informed approach. LBAP helps organizations and residents build safe and healthy neighborhoods. We support violence prevention and public safety by providing training such as: violence prevention volunteer training, defensive pedestrian training, conflict resolution, restorative

justice, grant preparation, procurement process information, funding training, and event planning support."[102]

Los Angeles, California

OFFICE OF UNARMED RESPONSE: "The Office of Unarmed Response will house the city's existing alternative response programs, including the Call Redirection to Ensure Suicide Safety; the Crisis and Incident Response through Community-Led Engagement; Gang Reduction and Youth Development; Summer Night Lights; and the Domestic Abuse Response Team."[103]

SYSTEMWIDE MENTAL ASSESSMENT RESPONSE TEAMS (SMART): "In 1993, Los Angeles was one of the first communities to develop and implement its police-mental health co-responder SMART program to supplement MEU activities. This program, which is co-supported by the Los Angeles County Department of Mental Health (LACDMH), helps uniformed officers effectively respond to and link people in crisis to appropriate mental health services. Currently 12 – 14 SMART Units are deployed on a 24/7 basis."[104]

CIRCLE: "CIRCLE, which stands for Crisis and Incident Response through Community-led Engagement, is a 24/7 unarmed response program that deploys trained teams to address non-urgent LAPD calls related to unhoused individuals."[105]

THERAPEUTIC TRANSPORTATION PROGRAM: Led by the Fire Department, this program is a new model for unarmed crisis response that dispatches mental health workers to some 911 calls for emergency assistance in nonviolent situations.[106]

DOMESTIC ABUSE RESPONSE TEAMS (DART): Multidisciplinary crisis response teams that pair social service providers and domestic violence victim advocates with LAPD police officers to respond to 911 emergency calls involving incidents of domestic violence.[107]

PROJECT TURN (THERAPEUTIC UNARMED RESPONSE FOR NEIGHBORHOODS): Provides training in traditional talk therapy, yoga, meditation, healing circles, and other therapeutic healing modalities to community intervention workers.[108]

MAYOR'S OFFICE OF GANG REDUCTION AND YOUTH DEVELOPMENT (GRYD): "Established in July of 2007 to address gang violence in a comprehensive and coordinated way throughout the City. . . . Over the years, GRYD developed and implemented a Comprehensive Strategy to drive funding and practice decisions across areas designated as GRYD Zones. GRYD currently provides gang intervention and prevention services in 23 GRYD Zones throughout the City of Los Angeles, along with regional juvenile reentry services, community engagement programming, and various other initiatives."[109]

CRISIS RESPONSE TEAM (CRT): "CRT's mission is to support crisis survivors on the worst day of their lives. Volunteers with the CRT undergo extensive training in crisis care, intervention, and working with other city departments. The CRT responds to homicides, suicides, death notification assistance, domestic violence support, officer involved shootings, infant deaths, and serious traffic collisions. With over 250 screened and highly-

trained volunteers, the CRT works in collaboration with many city, county, and community-based organizations to ensure that Angelenos have crisis care and support at their sides during their most traumatic moments. Volunteers are deployed to incidents and provide on-scene emotional support, counseling, connections to resources, and follow-up calls to ensure that people impacted by a traumatic incident have the support they need to begin the process of healing."[110]

CALL REDIRECTION TO ENSURE SUICIDE SAFETY (CRESS) PROGRAM: "Through the CRESS pilot, LAPD will collaborate with the Didi Hirsch Suicide Prevention Center (SPC) to create a 9-1-1 call diversion program to divert identified mental health calls to the SPC. . . . The overarching goal of this pilot is to redefine community safety by ensuring Los Angeles residents in mental health or suicidal crisis receive appropriate and timely support. In addition, LAPD indicates that the implementation of this pilot will not only save the City money, but may also save lives."[111]

Louisville, Kentucky

CRISIS CALL DIVERSION PROGRAM: A non-police 911 response program in which" [s]even of the 11 people hired for the pilot program are on the mobile response team responding in the field to initial calls; two are in a Behavioral Health Hub at MetroSafe, triaging calls; and two are case managers who provide follow-up and connection to services after the call."[112]

OFFICE FOR SAFE & HEALTHY NEIGHBORHOODS: Coordinates and funds a wide variety of violence

prevention and intervention programs.[113]

PIVOT TO PEACE: "A hospital-based program providing the opportunity for victims of stabbings and gunshot injuries, with the assistance of case workers and other community resources, to identify and address the factors in their lives that have put them at risk for violence. It is an opportunity to turn their lives around and make a change. Participants receive hospital-linked violence intervention and community wraparound case management services, including mental health support and training in nonviolent conflict resolution for participants and family members. By connecting gunshot victims to case managers and peer support specialists who aide in the process of healing, obtaining employment, and achieving educational goals, Pivot to Peace has successfully reduced injury recidivism in 95% of its participants."[114]

Memphis, Tennessee
VIOLENCE INTERVENTION PROGRAM (VIP): "[P]rovides proactive and holistic support to individuals in Memphis affected by violence. VIP reduces violence in our community by engaging at-risk individuals affected by or vulnerable to gun violence through suppression and prevention. VIP recognizes that there are victims on both sides of the gun and engages individuals most at risk for being involved in gun violence or retaliatory violence in the following three ways: intervention, focused deterrence; and outreach and support. VIP Participants are given information, support, and resources to help them change their lives."[115]

POLICE SERVICE TECHNICIANS (PSTS): PSTs operate out of the Traffic Division and investigate motor vehicle crashes as well as assist with traffic control at special events.[116]

Mesa, Arizona
MESA POLICE DEPARTMENT CRISIS INTERVENTION TEAM (CIT): "[I]ncludes specially trained Mesa Police officers and civilian employees committed to assisting persons with mental illnesses and other brain disorders. These officers and civilian employees are spread throughout the department in various roles including patrol, investigations, crime prevention and many more. The CIT program is not a specific unit within the police department, but rather a department-wide program focused on police training and community collaboration."[117]

Miami, Florida
"MIAMI-DADE TO SEND MENTAL HEALTH PROS ON NONVIOLENT CALLS"[118]

PEACE AND PROSPERITY PLAN: "[T]akes a strategic prevention, intervention, and re-entry approach that looks at the whole child, family, and community, with a focus on the neighborhoods most affected, and addresses the social and economic disparities at the root of gun violence – targeting resources toward community revitalization needs and economic insecurity. Key impact areas: (1) Prevention including job creation, internships and apprenticeships, support for families, counseling and enrichment programs, and one-stop, comprehensive neighborhood service centers; (2) Entry programs for returning citizens that are focused on job training,

placement, supportive housing, and counseling; (3) Alternative programs for intervention including education, training, redirection, and treatment; (4) Community revitalization addressing neighborhood blight through remediation, beautification, and accelerating critical public works improvements; (5) Economic investments in housing, commercial, and business development."[119]

MIAMI CENTER FOR MENTAL HEALTH AND RECOVERY:
"Miami-Dade County has been working with the Eleventh Judicial Circuit Criminal Mental Health Project and stakeholders from across the community to plan and develop a first-of-its-kind mental health diversion and treatment facility for individuals with serious mental illnesses involved in or at risk of becoming involved in the criminal justice system. The Miami Center for Mental Health and Recovery will operate from a fully renovated facility designed to house services that are difficult to access or unavailable elsewhere in the community. The building will include a central receiving center, an integrated crisis stabilization unit and addiction receiving facility, various levels of residential treatment, transitional housing, day treatment and day activity programs, outpatient behavioral health and primary care, dental and optometry services, vocational rehabilitation and employment services, classrooms and educational spaces, post-treatment housing assistance, a courtroom, and space for legal and social service agencies. By housing a comprehensive array of services and supports in one location, and providing re-entry assistance upon

discharge, many of the barriers to navigating community mental health and social services will be eliminated. The services planned for the facility will address critical treatment needs that have gone unmet in the past and reduce the likelihood of recidivism to the justice system, crisis settings, and homelessness in the future."[120]

Milwaukee, Wisconsin

CRISIS ASSESSMENT RESPONSE TEAM (CART): "CART teams consist of a mental health clinician and a trained law enforcement officer who partner together to co-respond to mental health crisis calls in the community. When on site, CART provides assessment and stabilization services and works to assist the individual in obtaining voluntary treatment as an alternative to being involuntarily detained or arrested."[121]

RESILIENCY IN COMMUNITIES AFTER STRESS AND TRAUMA (RECAST): "[A]ims to help Milwaukee's youth and families who are most vulnerable to systemic and community violence/trauma. The project promotes resilience and equity through the implementation of crisis response coordination, trauma-informed care trainings, increased access to trauma-informed behavioral health services and youth social-emotional learning programs. In addition, there are new hubs in various parts of the city that focus on community healing through a cultural lens."[122]

CRISIS MOBILE TEAM (CMT): This "non-police mobile response" provides in-person assessment, stabilization, linkage to services, and appropriate follow-up afterwards.[123]

Minneapolis, Minnesota

UNARMED PUBLIC SAFETY RESPONSES: "The City is working with residents to co-design new ways to address public safety issues."[124]

OFFICE OF NEIGHBORHOOD SAFETY: "Our goal is to create healthy and thriving communities that are free from violence. We strive to help: (1) Prevent violence before it begins; (2) Step in at the first sign of risk; (3) Heal victims after an incident. Led by Neighborhood Safety, this work includes: strategic initiatives, investment in community-driven strategies, and capacity building work to help organizations with the shared goal of a violence-free community."[125]

BEHAVIORAL CRISIS RESPONSE (BCR): "[BCR is] provided free of charge for Minneapolis residents. The service provides: crisis intervention, counseling, and referrals and connection to support services."[126]

NON-POLICE CITY STAFF WILL TAKE THEFT AND PROPERTY DAMAGE REPORTS AND COLLECT EVIDENCE[127]

Nashville, Tennessee

OFFICERS FROM METRO NASHVILLE POLICE DEPARTMENT will be riding with behavioral clinicians as they are dispatched to crisis calls. "There will be a total of six clinicians from the Mental Health Cooperative across the two precincts. The clinicians will be assigned to make first face-to-face contact with residents when dispatched. They'll also conduct follow-up calls to gauge additional behavioral health needs."[128]

COMMUNITY VIOLENCE INTERVENTION AND PREVENTION INITIATIVE: "This program . . . will

take a public health, community-focused approach to address the root causes of violence in Nashville's most vulnerable neighborhoods. The Office of Community Safety will hire and train 'Credible Messengers' with lived experiences in overcoming violence. A coalition of neighborhood leaders will guide this effort, so solutions are guided by those Nashvillians who live in the communities affected."[129]

PARTNERS IN CARE: "The Partners in Care program is a collaboration between the Metro Nashville Police Department, Mental Health Cooperative, and other metro government agencies created to better serve individuals in the community who are experiencing a behavioral health crisis. The Partners in Care program strives to improve access to care for individuals experiencing a behavioral health crisis, divert consumers from the criminal justice system and into the health care system, all while improving the communication and coordination across all systems of care, and increasing the safety of all involved in these crisis interactions."[130]

New York, New York

BEHAVIORAL HEALTH EMERGENCY ASSISTANCE RESPONSE DIVISION (B-HEARD): "B-HEARD is part of New York City's commitment to treat mental health crises as public health problems— not public safety issues. For the first time in New York City's history, teams of health professionals—including EMTs/paramedics and mental health professionals—are responding to 911 mental health calls through a pilot program that launched in spring 2021."[131]

CO-RESPONSE TEAMS (CRT): CRT is a collaboration between the

New York City Police Department and the Department of Health and Mental Hygiene. "CRT is a pre- and post-crisis intervention. Each team includes two police officers and one behavioral health professional. These teams work 14 hours per day, 7 days per week, to serve community members presenting with mental health or substance use challenges who are at an elevated risk of harm to themselves or others. The teams offer short-term engagement to facilitate connections to care and linkages to support services."[132]

CRISIS MANAGEMENT SYSTEM: "This network deploys teams of credible messengers who mediate conflicts on the street and connect high-risk individuals to services that can reduce the long-term risk of violence. Teams of 'violence interrupters'—typically credible messengers who have turned their lives around—engage individuals most likely to be involved in gun violence. The teams work to deescalate disputes before crisis or violence erupt and connect high-risk individuals to extensive networks that provide job training, employment opportunities, mental health services and legal services to increase the likelihood of long-term violence reduction." The Crisis Management System also includes School Conflict Mediation services, Therapeutic Mental Health Services, and an Anti-Gun Violence Employment Program, among other wraparound supportive services.[133]

Oakland, California
MOBILE ASSISTANCE COMMUNITY RESPONDERS OF OAKLAND (MACRO) PROGRAM: "[MACRO] is a community response program for non-violent, non-emergency 911 calls. The purpose of MACRO is to meet the needs of the community with a compassionate care first response model grounded in empathy, service, and community. MACRO's goal is to reduce responses by emergency services (Fire & Police), resulting in increased access to community-based services and resources for impacted individuals and families, and most especially for Black, Indigenous, and People of Color (BIPOC)."[134]

DEPARTMENT OF VIOLENCE PREVENTION (DVP): "[DVP] pursues a public health approach to dramatically reduce violent crime through community-led violence prevention and intervention strategies for individuals, families and communities most-impacted by violence."[135]

VEHICLE ENFORCEMENT UNITS: "As part of the City's Fiscal Year 2021-2023 Budget and in fulfillment of recommendations in the Reimagining Public Safety Task Force, City Council directed staff to transfer staff positions and resources from Oakland Police Department (OPD) to OakDOT in an effort to have civilian matter experts respond to community requests for service that were previously fulfilled through Police staff."[136]

Oklahoma City, Oklahoma
CHAMPIONS TEAM: "A new mobile crisis team is available to Oklahoma City police responding to mental health calls, bringing a licensed therapist, case manager and other resources directly to the person in need."[137]

PROPERTY CRIME SPECIALIST: "The primary purpose of a PCS is to respond to non-emergency calls for police service, such as property crimes, public nuisance complaints, vandalism crimes, and other incidents that do not require the presence of a commissioned police officer. Essential job functions include: conducting initial criminal investigations in the field and/or over the telephone; completing crime incident and/or supplemental information reports; interviewing crime victims and witnesses; performing basic crime scene processing for property crimes, such as, collecting latent fingerprints, swabbing for DNA, collecting and packaging potential evidence, taking crime scene photographs, submitting evidence, and introducing evidence or testifying in court."[138]

Omaha, Nebraska
CO-RESPONDER/CORE SQUAD: "The goal of the program is to provide the right intervention at the right time in an effort to prevent unnecessary arrests, decrease trips to the emergency rooms and reduce repeat calls for service for our law enforcement partners. The Co-Responder's primary responsibility is to respond on scene with a law enforcement officer on calls when behavioral health is identified as a possible contributing factor. Additionally, Co-Responders conduct outreach and follow-up calls to individuals who had police contact as a result of a behavioral health crisis, with the intention of getting the individual the help they need to avoid future police contact."[139]

Philadelphia, Pennsylvania
COMMUNITY MOBILE CRISIS RESPONSE: "A network of four nonprofit organizations that each run multiple units of non-police mental and behavioral health

experts."[140]

COMMUNITY CRISIS INTERVENTION PROGRAM: "CCIP combats violence by intervening where the violence is most prevalent. We use credible messengers who are products of Philadelphia's most violent neighborhoods as outreach workers to foster meaningful relationships with would be perpetrators as well as law abiding residents. CCIP works to provide those involved in criminal activities with positive alternatives. We respond to neighborhood crisis with mediation and resources and a willingness to support anyone looking for a peaceful alternative."[141]

NETWORK OF NEIGHBORS: A free, community-driven trauma response network operated by the Department of Behavioral Health and Intellectual disAbility Services. "We work to reduce violence and trauma by responding more effectively to it — by working alongside the community to address their experience, defining needs and boundaries, and putting community safety and choice first."[142]

RAPID EMPLOYMENT AND DEVELOPMENT INITIATIVE (READI): The model, currently deployed in Chicago, relentlessly engages those highly at-risk and connects them to cognitive behavioral therapy, paid transitional jobs, and support services.[143]

HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS (HVIP): "A collaborative of medical staff and community partners that provide trauma-informed care for patients who have suffered a violent injury. The care provided by HVIPs extends beyond the hospital bedside by serving as a bridge between the hospital and community-based services after injury. . . . HVIPs connect these patients with a variety of community-based services such as victims assistance help, housing, legal support, employment, and mental health services among others. They can also provide support to the victims' families and others who witnessed the violence."[144]

PUBLIC SAFETY ENFORCEMENT OFFICERS: "125 civilian, uniformed safety officers began working in March 2023. These officers have the ability to issue citations for some traffic offenses, direct and manage traffic, and enforce parking and traffic regulations, like parking in a crosswalk or double parking, or unpermitted right-of-way closures or encroachments. Traffic officers would also coordinate with the police department around crashes and other disturbances."[145]

Phoenix, Arizona

COMMUNITY ASSISTANCE PROGRAM (CAP): Operated through the Phoenix Fire Department, CAP responds to mental and behavioral health crises, providing on-scene crisis intervention, victim advocacy/ services, and behavioral health assistance.[146]

MOBILE VICTIM ADVOCATE: Responds on-scene at the request of the Phoenix Police to assist victims of domestic and sexual violence and other violent crimes.[147]

POLICE ASSISTANTS: "Police Assistants handle non-injury accidents, parking issues, lost or found property and a list of other things not requiring a sworn police officer."[148]

Portland, Oregon

PORTLAND STREET RESPONSE (PSR): "[PSR], a program within Portland Fire & Rescue, assists people experiencing mental health and behavioral health crises. The goal of Portland Street Response is to update our first responder system by providing an additional compassionate first response option when 911 is called on someone experiencing low-acuity behavioral health issues. PSR is dispatched by The Bureau of Emergency Communications (BOEC) to respond to non-life-threatening crises currently responded to by Police and Fire, such as behavioral health issues and welfare checks."[149]

STREET LEVEL OUTREACH PROGRAM (SLO): "[SLO] workers engage with youth/young adults between the ages of 8 to 18 years old who are at risk of becoming a victim or perpetrators of violence. The goal is to reduce their risks and limit their future involvement with the criminal justice system. SLO workers are contracted through culturally specific Community Based Organizations (CBOs). SLO workers also attends after-school sporting events/activities, evening scholars, and community events along with constantly monitoring designated hot spots around the city. As Violence Interrupters, they are present and responds to Hot Spot areas. Hots spots are a combination of specific areas, spaces, places, events, and people that have a history of violence and crime which increases the risk of potential conflicts occurring and resulting in injury."[150]

INTENSIVE CASE MANAGEMENT PROGRAM: "Consists of credible messengers (Life Coaches and Intensive Case Managers) who work with those who are at the highest risk of being a victim or

perpetrator of gun violence. They establish trusting relationships with clients and help them mitigate risk factors while connecting them to services, supports, and opportunities for 18 months, by having direct ongoing contact."[151]

TRAUMA AND VIOLENCE IMPACTED FAMILIES PROGRAM (TVIF): "TVIF was created to provide support for youth/adults and families to break intergenerational ties that perpetuate violence within the community. Utilizing a public health approach, the program gives victimized individuals/families economic and mental health relief while recovering from gun violence incidents, extends ICM to services families, connects gun violence impacted youth/adults and families with pro-social assistance."[152]

HEALING HURT PEOPLE PDX (HHP PDX): "[A] hospital-based intervention program that models the national best practices. HHP PDX Coordinator visits and provides resources and referrals to victims of intentional trauma (i.e., shootings and stabbings), particularly victims of color, shortly after they've been admitted to the hospital. Research shows that it is vital to connect with an induvial within the first four hours after a shooting occurs. This is when victims are most willing to consider making real change."[153]

PUBLIC SAFETY SUPPORT SPECIALIST (PS3): "The Public Safety Support Specialist Program was created to enhance community engagement opportunities and reduce the number of armed police officers responding to lower priority calls for service. With PS3s taking over the low priority calls, officers are freed up to respond to 911 calls." PS3s write police reports for non-emergency situations, respond to non-injury traffic collisions, conduct follow-up on property crimes, process evidence or property, assist police officers in searching for missing persons, assist drivers in stalled vehicles and summon other necessary assistance, and assist with temporary street closures, detours and other public service duties identified by police supervisors.[154]

Raleigh, North Carolina

ADDRESSING CRISES THROUGH OUTREACH, REFERRALS, NETWORKING, AND SERVICE (ACORNS) TEAM: "The ACORNS team combines social workers and law enforcement officers who are tasked to help by using the most appropriate and least invasive interventions possible. The team is available to help any Raleigh resident who's in crisis, with the goal of preventing future crisis for that person."[155]

MOBILE CRISIS RESPONSE TEAMS:[156]

Sacramento, California

DEPARTMENT OF COMMUNITY RESPONSE: An "alternative response model for 911 calls that do not require traditional emergency services, such as those provided by the police and fire departments."[157]

OFFICE OF VIOLENCE PREVENTION: "The Office of Violence Prevention works directly with young people at a high risk of falling into gangs or those who are gang associated through community organizations like Brother to Brother and Voice of the Youth. The City's Youth, Parks, and Community Enrichment Department (YPCE) also works with OVP to offer Youth Pop Up activities that create safe spaces for young people on Friday and Saturday nights. OVP will be deciding how to best allocate the new funding in the coming months."[158]

ADVANCE PEACE (AP): "AP interrupts gun violence in U.S. urban neighborhoods by providing transformational opportunities to young men involved in lethal firearm offenses and by placing them in a high-touch, personalized Fellowship. At its core, Advance Peace (AP) is a violence-reduction program that saves both lives and money. It expends positive resources on the small percentage of individuals who are most likely to commit or become victims of gun violence, but whom law enforcement is unable to build a case against. With closure rates of shooting cases under 30% in some cities, there is an immediate need to address the violence that traditional law enforcement practices have had difficulty curbing. AP's response provides customized proactive opportunities and services to change the mindset of the individuals perpetuating the violence. Unless and until police can remove them from the streets, those at the center of firearm hostilities should be pushed toward ending their violent behavior themselves. In each of our partnering communities, AP supports community goals to reduce cyclical gun violence, save lives, and improve the health and well-being of impacted neighborhoods."[159]

OFFICE OF COMMUNITY OUTREACH: "Neighborhood Resource Coordinators work in the field responding to community requests received through the City's 3-1-1 system. NRC teams engage with individuals and

families, working to connect them with services and empower them to be involved in solutions to obstacles they may face. Through the City and County of Sacramento's partnership agreement, which provides increased availability of behavioral health services for our community, DCR field staff can effectively connect community members to a broader spectrum of services designed to aid the most vulnerable in our community."[160]

San Antonio, Texas

ON-SCENE CRISIS RESPONSE/ COORDINATED RESPONSE: An alternative response to police calls that introduces a dedicated multidisciplinary response team to address mental health calls in one of the six police substations. This program enhances "the City's response to mental health calls by expanding staffing levels to the Mobile Integrated Healthcare (MIH) Program for a paramedic to provide treatment to individuals suffering from acute behavioral and/or emotional disorders. Additionally, clinicians are added to be on-scene community advocates that will be trained in rapid intake and triage to identify if a person needs a more intensive clinical intervention and notify specialized services when appropriate."[161]

FAMILY ASSISTANCE CRISIS TEAMS (FACT): FACT offers crisis intervention services to victims and their families.[162]

MOBILE INTEGRATED HEALTHCARE: "This program uses patient--centered, mobile resources in the out--of--hospital environment. The San Antonio Fire Department/ Mobile Integrated Healthcare (SAFD/MIH) program aspires to provide and improve the wellness and healthcare delivery to our citizens by extending the Fire Departments reach out into the community."[163]

San Diego, California

MOBILE CRISIS RESPONSE TEAM (MCRT): The MCRT offers support to people experiencing a behavioral health crisis. "Team members are behavioral health experts and include a licensed mental health clinician, case manager, and peer support specialist. These clinical teams provide assessments, de-escalation, and connect the person to the right services for them. Transportation to local services is also available, if needed."[164]

PSYCHIATRIC EMERGENCY RESPONSE TEAM (PERT): The San Diego Police Department has licensed clinicians assigned specifically to patrol units; clinicians respond to calls (along with an officer) related to people experiencing mental health crises.[165]

NO SHOTS FIRED PILOT INTERVENTION & PREVENTION PROGRAM: A "two-phased, comprehensive outreach and wraparound supportive services program for gang members."[166]

San Francisco, California

STREET CRISIS RESPONSE TEAM (SCRT): "SCRT provides rapid, trauma-informed emergency care to people in acute crisis. SCRT teams address urgent behavioral health and wellness issues. They provide linkages to critical resources for people with complex health needs such as urgent care, emergency shelter, substance-abuse treatment, mental health and medical clinics, and residential programs. SCRT units are staffed with a Community Paramedic, an Emergency Medical Technician (EMT) or second paramedic, and either a Peer Counselor or a Homeless Outreach Team (HOT) specialist."[167]

STREET VIOLENCE INTERVENTION PROGRAM (SVIP): "The SVIP employs people to conduct street-level outreach in assigned neighborhoods. SVIP workers build relationships in their neighborhood, and work with the community there to prevent street violence."[168]

BEHAVIORAL HEALTH RESPONSE TEAM: "In an effort to reduce the presence of sworn officers at public health sites, the Department of Public Health's (DPH) budget includes resources to replace Sheriff's deputies at Laguna Honda, Zuckerberg San Francisco General Hospital (ZSFGH), and other patient care sites with trained health care professionals and community members. Specific sites, such as ZSFGH's Emergency Department and Psychiatric Emergency Services will continue to have a Deputy Sheriff present, given history of staff and patient safety issues that cannot be fully prevented with clinical intervention or by the new health care security staffing. However, at most ZSFGH locations, psychiatry nurses will function as a Behavioral Emergency Response Team (BERT) to prevent crises. At Laguna Honda, Sheriff's deputies will be replaced by trained cadets, who are unarmed, unsworn civilian staff. Additionally, training on de-escalation, crisis management strategies, and trauma-informed care will be provided to all safety staff at public health sites."[169]

STREET OVERDOSE RESPONSE TEAM (SORT): "SORT connects with people in the critical moments after they experienced an overdose.

Community paramedics can initiate medication-assisted treatments, such as buprenorphine, in the field to better assist individuals with substance use disorders, rescue kits, educational materials, and with support to get into substance use treatment and shelter. Follow up teams include a street medicine specialist from the Department of Public Health, peer specialists and behavioral health clinicians." [170]

EMS-6: "This is the first team that brought together community paramedics with clinicians. The EMS-6 team works with people who use emergency services the most. Many are experiencing homelessness and face substance use and/or mental health disorders. EMS monitors 911 calls, and gets calls from caseworkers to respond to people who need help. They provide urgent care and transport people to the hospital or to shelter." [171]

COMMUNITY POLICE SERVICE AIDES: "[CPSAs] are required to wear uniforms, do not carry firearms while providing supportive duties to police officers that do not require peace officer powers. They work at a variety of assignments throughout the Ten (10) Police Stations as well as the Airport Police Bureau, performing a variety of important jobs including directing traffic; enforcing vehicle codes and municipal parking ordinances at the San Francisco International Airport; helping to protect restricted areas; accepting and processing complaints in person or over the telephone; completing and filing reports and forms; maintaining and ordering supplies; assisting ill or injured citizens; assisting in receiving, storing, and releasing of property, and providing crowd control during events and emergencies." [172]

San Jose, California

COMMUNITY MOBILE CRISIS RESPONSE TEAM: "Teams screen and assess crisis situations over the phone and intervene wherever an individual exhibits mental health symptom, may be suicidal or at-risk and need an evaluation for psychiatric hospitalization. They provide an immediate response and deliver crisis intervention services at locations throughout the county." [173]

PSYCHIATRIC EMERGENCY RESPONSE TEAMS (PERT): "This new team will include a Deputy Sheriff and a licensed clinician to safely respond and assist residents who are experiencing a crisis. The intent behind the PERT program is to assist residents with immediate psychiatric services, de-escalate incidents involving someone in crisis, and to provide the best quality of care." [174]

IN-HOME OUTREACH TEAM (IHOT): "[P]rovides brief clinical support and linkage to behavioral health services to residents of Santa Clara County identified as having multiple contacts with Emergency Psychiatric Services, Emergency Rooms, Behavioral Health Urgent Care, the Criminal Justice System, and/or Mobile Crisis Response Team within the span of a year. IHOT works to connect these residents to the ongoing support and treatment that they need within the Behavioral Health system." [175]

MOBILE RESPONSE AND STABILIZATION SERVICES: "Provides stabilization and support services for children, youth, and young adults (through age 20) experiencing mental health crisis in Santa Clara County. Therapeutic teams will consult,

assess for safety, and intervene through crisis counseling with the goal of community stabilization. Post Crisis Stabilization services will be provided to ensure linkage, referral, and care coordination to existing providers and/or refer for ongoing services." [176]

COMMUNITY SERVICE OFFICER: "The CSOs are deployed throughout San Jose to help police officers by responding to and investigating lower priority calls for service. This allows police officers to remain available to respond to higher priority emergency calls and have more time for proactive enforcement. CSOs perform limited enforcement duties like issuing parking citations, and towing abandoned vehicles. The types of calls the CSOs respond to and investigate include: burglary—commercial, residential, vehicle; petty theft; grand theft; vehicle theft—initial report and/or recovery; vandalism; non-injury traffic collisions; missing persons; road hazards; directs and controls crowds and traffic at accidents or special events, including setting up cone and/or road flare patterns; abandoned vehicles; assistance with crime scene investigation." [177]

Seattle, Washington

TRIAGE TEAM: "Building off of the City's work to reimagine policing and community safety, Mayor Jenny A. Durkan announced a proposal to create a new specialized triage response that will provide an alternative model for some non-criminal 9-1-1 calls and reduce the need for a sworn officer response for some calls. The specialized responses will include professionals that are experts in outreach, behavioral health, and have tangible connections

to the communities that they will serve. When at full capacity, this specialized response could respond to the potentially 8,000 – 14,000 non-emergency wellness check calls currently handled by sworn officers at the Seattle Police Department."[178]

REGIONAL PEACEKEEPERS COLLECTIVE: "Through a unique public health approach, the Regional Peacekeepers Collective seeks to prevent and eliminate youth gun violence -- and provide the life-affirming care and resources to the young people and families who are most impacted by unjust systems."[179]

HEALTH ONE: "[T]he Seattle Fire Department's Mobile Integrated Health response unit. Launched in 2019, it is designed to respond to individuals immediately in their moment of need and help them navigate the situation - whether they need medical care, mental health care, shelter or other social services. Health One is a multidisciplinary team, with firefighters and case managers each bringing unique skills and approaches to the scene. The goal of the Health One program is to reduce the impact of non-emergent calls on Seattle Fire's Operations Division, and to better connect individuals in need with appropriate care and services." [180]

COMMUNITY SERVICE OFFICER UNIT: "The Seattle Police Department's (SPD) Community Service Officer (CSO) Unit is comprised of non-commissioned outreach specialists who are trained and work as liaisons between the community and the SPD. Through outreach, engagement, and ongoing relationships, CSOs will bridge gaps and help individuals access essential resources such as housing, health care, and treatment. It is a collaborative effort involving local police, social service providers and communities intended for non-criminal calls for service, education, public safety, and outreach. CSOs do not carry weapons nor enforce criminal laws. Instead, respond to non-emergent calls for service and perform a variety of public safety-related community service and outreach work that does not require the enforcement authority of a sworn police officer."[181]

Tucson, Arizona

PROFESSIONAL STAFF INVESTIGATOR: "The Tucson Police Department is excited to announce the new position of Professional Staff Investigator (PSI). PSIs are non-commissioned criminal investigators. They do not have arrest powers. They will work alongside police detectives investigating criminal incidents, conducting follow-up, collecting evidence, preparing reports and developing probable cause. They will work under the supervision of a police sergeant."[182]

Tulsa, Oklahoma

COMMUNITY RESPONSE TEAM: "Comprised of a Tulsa Police officer, Tulsa Fire Department paramedic, and a Family & Children's Services (F&CS) clinician, the team responds to 911 calls that involve someone in a mental health crisis, first assessing emergent needs and following that response up with mental health help."[183]

TULSA SOBERING CENTER: "At the discretion of the detaining police officer, adults detained for public intoxication, who have not committed any other crimes, can be taken to the Tulsa Sobering Center for a 10-hour period to 'sleep it off' in a safe clean environment. During their stay, participants are provided with food and a cot. Participants must complete the minimum 10-hour period. During their stay at the Tulsa Sobering Center, individuals can receive information about and access to counseling and rehabilitation programs for substance abuse at their discretion. . . . At the end of the holding period, adults are released from Tulsa Sobering Center without criminal charges, court dates or a record of arrest." [184]

Virginia Beach, Virginia

MOBILE CO-RESPONSE TEAM (MCRT): "This team is a CIT trained police officer and mental health clinician, responding together, to crisis calls in the field. This allows for an expedited response to the scene, ensures safety, makes an accurate and compassionate assessment of needs, develops a plan to accomplish treatment, and can evaluate the individual in crisis as required, and transport the individual to a treatment facility. The MCRT not only allows for jail diversion, but diversion from emergent facilities, when other dispositions, such as private providers, same day access, or any outpatient and/or voluntary route can be reached."[185]

ADULT MOBILE CRISIS RESPONSE (MCR): "[MCR] provides a rapid response, assessment, and early intervention to residents and visitors in the City of Virginia Beach, City of Norfolk, and the Eastern Shore of Virginia when they experience a behavioral health crisis. The services will assist individuals experiencing a crisis or escalating emotional/behavioral symptoms which have

impacted their ability to function in their family, living situation, community, school, or work environment. MRC Clinicians will meet individuals in an environment where they are comfortable to facilitate relief and resolution of the crisis, through an array of services offering prevention of acute exacerbation of symptoms, treatment, linkage, referrals, and community collaboration."[186]

YOUTH MOBILE CRISIS SERVICES: "Crisis services are available through a regional collaborative. If your child is experiencing a mental health or substance use crisis, simply call 9-8-8. A telephone assessment to determine the level of need will be provided free of charge, and if needed, a team of crisis clinicians can be dispatched to your location to assist with the crisis."[187]

Washington, District of Columbia

COMMUNITY RESPONSE TEAM: "[S]pecialized, rapid response units to be dispatched to mental health-related 911 calls instead of automatically deploying police officers."[188]

VIOLENCE INTERVENTION INITIATIVE: "[A] collaborative community engagement strategy designed to support District residents in reducing gun-related violence in our communities. The initiative achieves this work by: developing tactics to address potential conflicts; stabilizing communities following a violent conflict; offering support to individuals at high risk of being directly involved in violence, whether as a victim or perpetrator. This work is supported through a three-pronged approach incorporating a public health perspective and the provision

of services to address residents' physical and mental health needs. It focuses on all persons affected by violent acts, including victims, perpetrators, and their support systems/network. . . . Full-time violence interrupters dedicate 30 hours per week to engaging high-risk individuals and 10 hours per week to engaging community partners, ceasefire and mediation efforts, attending community events, and training."[189]

PEOPLE OF PROMISE INITIATIVE: "[A]n interagency strategy designed to disrupt cycles of violence, poverty and incarceration by relentlessly outreaching to individuals at imminent risk of victimization or involvement in violent crime and connecting them to support and services."[190]

MOBILE CRISIS SERVICES (MCS): "Mobile crisis services teams respond to adults throughout the District who are experiencing a psychiatric crisis whether in the homes or on the street and who are unable or unwilling to travel to receive mental health services. Clinicians also are available to provide counseling support after traumatic events whether personal or community wide."[191]

THE MAYOR'S PROPOSED FY24 BUDGET includes "18 additional staff to support civilianization efforts, reducing the need for sworn officers to cover civilian roles and duties."[192]

Wichita, Kansas

ICT-1 (INTEGRATED CARE TEAM): "ICT-1 is a multidisciplinary, co-responder program aimed at providing resources to those in the community experiencing mental health crisis. The team is a collaborative effort between Sedgwick County and the City

of Wichita and is comprised of a Qualified Mental Health Professional, a Law Enforcement Officer, and a Paramedic. They respond to emergent mental health crisis in the community, identified through the 9-1-1 system and the COMCARE Crisis system. By integrating mental health, medicine, and law enforcement into a cooperative team, ICT-1 is uniquely suited to creatively identify and deliver the most appropriate resource that vulnerable populations need in their most fragile of moments. The team responds to patients who are experiencing suicidality, substance use issues, psychosis and delusions, and many other mental health issues that are emergent enough that cannot wait for other resources."[193]

VIOLENCE INTERRUPTERS PROGRAM: "As a strategy to combat gun violence, the city is identifying partnerships, resources, workers, and program structures to implement a Violence Interrupter site."[194]

COMMUNITY SUPPORT SPECIALISTS: "Embedded within the police department and assist WPD in connecting families with public health programs for parent skill building, mental health or substance abuse services, and similar safety network supports. The goal of the two non-commissioned staff employees is to assist law enforcement in responding to incidents involving children at risk because of abuse, neglect, or are otherwise in need of early intervention for a safe and supportive environment."[195]

COMMUNITY SERVICE OFFICERS: "[R]espond to accidents, write traffic tickets, and answer dog barking calls."[196]

Endnotes

1   Bureau of Justice Statistics, *Justice Expenditure and Employment Extracts: 1980 and 1981*, https://bjs.ojp.gov/content/pub/pdf/jeee-8081dagfes.pdf (pgs. 1-2); *Justice Expenditure and Employment Extracts:* 2017, https://bjs.ojp.gov/data-collection/justice-expenditure-and-employment-extracts-series#1-0 (Table 1, Table 4); Bureau of Labor Statistics, *CPI for All Urban Consumers (CPI-U), All Items in U.S. City Average, All Urban Consumers, Not Seasonally Adjusted.*

2   Radley Balko, *Rise of the Warrior Cop: The Militarization of America's Police Forces* (New York: Public Affairs, 2014); American Civil Liberties Union, *War Comes Home: The Excessive Militarization of American Policing,* January 2014.

3   https://www.communitiesunited.org/_files/ugd/7de017_2872264e10994eb8bf74551c678f5594.pdf.

4   *Criminalization vs. Care: How the 20 Largest U.S. Cities Invest Their Resources.*

5   Note that there is of course more to the current role of most police officers than responding to citizen calls. They also engage in a variety of other investigative duties, administrative duties, and what they often refer to as "proactive" policing.

6   Most of the data was available online on municipal websites or through the Police Data Initiative, https://www.policedatainitiative.org/datasets/calls-for-service/. Denver's data was acquired through a public records request.

7   Where data was inconclusive, we attempted to contact the local police departments to have them provide clarity. However, in some cases, the police departments did not respond to multiple requests, in which case the inconclusive data was not included in the four million calls reflected in this analysis.

8   Federal Bureau of Investigation, *2018 Crime in the United States*, https://ucr.fbi.gov/crime-in-the-u.s/2018/crime-in-the-u.s.-2018/topic-pages/violent-crime#:~:text=Definition,force%20or%20threat%20of%20force.

9   Mariame Kaba & Andrea J. Ritchie, *No More Police. A Case for Abolition* (2022), pgs. 64-70.

10   *No More Police*, pgs. 41-44.

11   U.S. Census Bureau, *City and Town Population Totals: 2020-2022*, https://www.census.gov/data/tables/time-series/demo/popest/2020s-total-cities-and-towns.html. When websites and budgets were unclear, news reports were also sometimes used to identify these programs and initiatives.

12   Note that it is likely that this data is conservative. There are almost certainly additional programs or initiatives among these cities that were simply unidentifiable through budgetary and website research. Note also that in some cases, the programs or initiatives may be run by the corresponding county as opposed to the city.

13   Note that many of these cities had more than one program or initiative within a category.

14   "Albuquerque Community Safety," https://www.cabq.gov/acs/acs.

15   Tom MacDonald, "First Group of Philly's Public Safety Enforcement Officers Sworn In," *WHYY* (3/10/23), https://whyy.org/articles/philadelphia-public-safety-enforcement-officers-first-group/.

16   Cure Violence Jacksonville, https://www.coj.net/cureviolencejax.

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