

Chapter 2: Alternative First Responders

Introduction

The public dials 911 for a wide array of issues, not all of which are serious or urgent in nature. Many are requests for information that are handled by call takers or referred to other agencies or local nonprofits,¹ while others result in a responder being dispatched to the scene. Yet in most jurisdictions, call takers have just three options when choosing a responder: police, fire, or emergency medical services.

Even in jurisdictions that have alternatives to these three types of responders, such as mental health clinicians or mobile crisis units, call taker awareness of those resources may be limited owing to a lack of training or poor coordination between emergency communications centers (ECCs) and social and health services entities.² As a result, police dispatch is the default response to many calls for service, despite the fact that officers are not trained as social workers or behavioral health professionals. This “police first” response model places a strain on police resources, increases the odds that problems will be met with an enforcement-oriented response, and potentially exacerbates racial disparities in those responses.³

When it comes to calls for police service specifically, estimates from a five-site study suggest that the most frequent incident type is noncriminal in nature, with four in five calls pertaining to a complaint or request for an officer to perform a welfare check.⁴ A more recent nine-site study found that the vast majority of calls for service are for non-violent and non-life-threatening events.⁵ Similar findings have been replicated in studies of individual jurisdictions: in Philadelphia, about four percent of calls for service involve violent crime⁶ and approximately 65 percent of calls do not need an armed response;⁷ in San Antonio, 39 percent of calls are of the lowest priority level, with the vast majority pertaining to traffic incidents;⁸ and in Seattle, 80 percent of calls pertain to non-criminal events.⁹ These findings underscore the importance of

¹ Cynthia Lum et al., “Constrained Gatekeepers of the Criminal Justice Footprint: A Systematic Social Observation Study of 9-1-1 Calltakers and Dispatchers.” *Justice Quarterly*, 37:7, 1176-1198, DOI: 10.1080/07418825.2020.1834604.

² Pew Charitable Trusts. “New Research Suggests 911 Call Centers Lack the Resources to Handle Behavioral Health Crises,” October, 2021. https://www.pewtrusts.org/-/media/assets/2021/10/mjh911callcenter_final.pdf.

³ S. Rebecca Neusteter et al., “Understanding Police Enforcement: A Multicity 911 Analysis,” Vera Institute of Justice, September 2020, <https://www.vera.org/publications/understanding-police-enforcement-911-analysis>.

⁴ Neusteter et al., “Understanding Police Enforcement.”

⁵ Cynthia Lum et al., “Can We Really Defund the Police? A Nine-Agency Study of Police Response to Calls for Service,” *Police Quarterly* (2021), <https://doi.org/10.1177/10986111211035002>.

⁶ Jeff Asher and Ben Horwitz, “How Do the Police Actually Spend Their Time?” *The New York Times*, June 19, 2020, <https://www.nytimes.com/2020/06/19/upshot/unrest-police-time-violent-crime.html>.

⁷ Jerry H. Ratcliffe. “Policing and Public Health Calls for Service in Philadelphia,” *Crime Science* 10, no. 1 (accessed December 1, 2021): 1-6, <https://doi.org/10.1186/S40163-021-00141-0/FIGURES/4>; Cynthia Lum et al., “Constrained Gatekeepers of the Criminal Justice Footprint: A Systematic Social Observation Study of 9-1-1 Calltakers and Dispatchers,” *Justice Quarterly* 37, no. 7 (2020): 1176-1198, <https://doi.org/10.1080/07418825.2020.1834604>.

⁸ Rob Tillyer and Michael R. Smith, “Public Requests for Assistance from the San Antonio Police Department (SAPD): An Assessment of Calls for Service Received between Jan 2018-Oct 2020,” University of Texas-San Antonio Department of Criminology & Criminal Justice, 2021, <https://www.sanantonio.gov/Portals/47/Files/UTSA-Report-20201-04.pdf?ver=2021-05-06-121643-027>.

⁹ City of Seattle, “Report on Reimagining Policing and Community Safety in Seattle,” July 2021, <https://s3.documentcloud.org/documents/21018129/idd-report-on-reimagining-policing-and-community-safety-in-seattle.pdf>.

developing a greater array of alternative first responses and complementary community-based resources that focus on wellness and prevention¹⁰ while also developing more effective policing practices in response to the current climate of rising violent crime.¹¹ The question of who can respond instead of—or in ways that complement—police has become more pressing in the current policy moment, particularly given national efforts to assess and address racial biases in all aspects of the criminal legal system.¹²

Traditional responses to calls to 911 are not necessarily meeting the needs of the public, who often call 911 for non-emergency matters. As a result, many promising practices have been introduced to provide people with augmented access to appropriate medical, social service, and community resources in lieu of or in addition to police/EMS/fire response.¹³ These alternative responses can be in-person or remote, with the COVID-19 pandemic rapidly expanding the use of telemedicine for emergency services.¹⁴ Alternative responders include non-law enforcement government actors, professionals who accompany traditional responders, contracted community-based organizations, and community collectives. Potential alternative or co-responder approaches may address not only mental health and substance use, but also false alarms, animal control, domestic altercations, traffic, and calls involving low-level crimes. They may also reduce the racially disparate impacts associated with police response to calls pertaining to Black and brown people, although more research is needed to test that hypothesis, particularly given the documented racial disparities in delivery of health services.¹⁵

This review describes program examples of alternative first responder and co-responder models; highlights local jurisdictional efforts to redirect calls from an emergency government response; identifies ways these new responses can both provide a better service to communities and reduce harms to the public; summarizes the research on their implementation and impact; and puts forth research questions that can inform efforts to ensure that alternative responses meet their intended goals. The primary focus is on alternatives or complements to police responses because 911 calls for service are overwhelmingly routed to police for response. This is not because the 911 calls are clearly defined or identifiable as police calls. Rather, dispatching police is often the default for the numerous calls that are not clearly defined, such as “disturbance” and other codes that serve as a catchall for the various reasons people call 911. Indeed, even a fair share of calls to 311 leads to police dispatch.¹⁶ As such, some alternative responder models featured in this chapter operate through 311 systems.

¹⁰ Henry Goldman, “As Murders Rise, New York City Turns to a Police Alternative,” *Bloomberg CityLab*, July 30, 2020, <https://www.bloomberg.com/news/articles/2020-07-30/new-york-tries-police-alternatives-to-stop-crime>.

¹¹ David A. Graham, “America Is Having a Violence Wave, Not a Crime Wave,” *The Atlantic*, September 29, 2021, <https://www.theatlantic.com/ideas/archive/2021/09/america-having-violence-wave-not-crime-wave/620234/>.

¹² Chanelle N. Jones, "#LivingWhileBlack: Racially Motivated 911 Calls as a Form of Private Racial Profiling," *Temple Law Review* 92 (2020): 55-93.

¹³ Matt Delaus, “Alternatives to Police as First Responders: Crisis Response Programs,” Albany Law School Government Law Center, November 16, 2020, <https://www.albanylaw.edu/government-law-center/alternatives-police-first-responders-crisis-response-programs>.

¹⁴ National Highway Traffic Safety Administration, “FICEMS Releases Telemedicine Framework for EMS and 911,” Federal Interagency Committee on Emergency Services (May 2021).

https://www.911.gov/pdf/Telemedicine_Framework%20_May_2021.pdf.

¹⁵ Ziad Obermeyer et al., "Dissecting Racial Bias in an Algorithm Used to Manage the Health of Populations." *Science* 366, no. 6464 (2019): 447-453.

¹⁶ Cynthia Lum et al., "Constrained Gatekeepers of the Criminal Justice Footprint: A Systematic Social Observation Study of 9-1-1 Calltakers and Dispatchers," *Justice Quarterly* 37, no. 7 (2020): 1176-1198, <https://doi.org/10.1080/07418825.2020.1834604>;

Programs that are officer-led and designed to divert people from the criminal justice system (e.g., Law Enforcement Assisted Diversion)¹⁷ as well as those for which responding officers have determined there is a need for referral to social services (e.g., services for survivors of intimate partner violence¹⁸ and supports for survivors of opioid overdoses)¹⁹ are outside of the scope of this review. While these practices may be worthwhile undertakings,^{20,21} they do not typically represent an alternative to 911 or the use of police first responders.²² For a description of other programs that are complementary to but beyond the scope of this chapter, see the Community-Driven Responses textbox.

Figure 2.1: Community-Driven Responses

Numerous other programs and toolkits have been developed in the United States and across the world with the goal of generating options for community-driven responses and alternatives to 911 calls for service. Examples of such programs include the following:

- response units trained and equipped to provide assistance in cases of drug overdose;
- conflict resolution efforts to address situations that are unlikely to result in serious injury or harm (e.g., disputes with neighbors over parked cars or blocked driveways);
- suicide ambulances and ambulatory care akin to the psychiatric nurse response deployed through specialized clinical ambulances in Stockholm, Sweden;²³
- social services that can reasonably respond to community requests for needs, such as requests for food, when callers have no other alternatives to attend to these basic needs; and
- other alternative responses to crime and violence, such as organizations like Rose City Copwatch in Portland, Oregon through their *Alternatives to Police Toolkit*; the *Creative Interventions Toolkit: A Practical Guide to Stop Interpersonal Violence*; the *Safe OUTside the System (SOS) Collective* of the Audre Lorde Project's *Safer Party Toolkit*; and Charleston, SC's *Don't Call The Police*, community-based alternatives to the police.²⁴

These resources offer guidance around alternatives to calling 911 or seeking a police response. Given this intention, they are not a focus of the current review. However, the growing availability and importance of such options in the current landscape renders their growing development and availability noteworthy.

Lorraine Mazerolle et al., "Managing Citizen Calls to the Police: the Impact of Baltimore's 3-1-1 Call System." *Criminology & Public Policy* 2, no. 1 (2002): 97-124.

¹⁷ Dina Perrone et al., "Harm Reduction Policing: An Evaluation of Law Enforcement Assisted Diversion (LEAD) in San Francisco," *Police Quarterly*, November 2021, <https://doi.org/10.1177/1098611211037585>.

¹⁸ Craig D. Uchida et al., "Evaluating a Multi-Disciplinary Response to Domestic Violence in Colorado Springs, 1996-1999," accessed December 21, 2021, <https://www.icpsr.umich.edu/web/NACJD/studies/3282>.

¹⁹ Sarah M. Bagley et al., "A Scoping Review of Post Opioid-Overdose Interventions," *Preventive Medicine* 128 (November 1, 2019), <https://doi.org/10.1016/J.YMPED.2019.105813>.

²⁰ Susan E. Collins et al., "Seattle's Law Enforcement Assisted Diversion (LEAD): Program Effects on Recidivism Outcomes," *Evaluation and Program Planning* 64 (October 1, 2017): 49–56, <https://doi.org/10.1016/J.EVALPROGPLAN.2017.05.008>.

²¹ Stan J. Orchowsky, "Evaluation of a Coordinated Community Response to Domestic Violence: The Alexandria Domestic Violence Intervention Project – Final Report," Washington, DC: National Institute of Justice, 1999, <https://www.endvawnow.org/uploads/browser/files/Evaluation%20of%20a%20Coordinated%20Community%20Response.pdf>.

²² One exception is the Fulton County LEAD program for which social service professionals are dispatched via 311. "311 PAD Community Referral Services Flow Chart," Policing Alternatives and Diversion Initiative, accessed Oct. 15, 2021, <https://www.atlantapad.org/s/PAD-311-Community-Referrals-Flow-Chart.pdf>.

²³ The World staff and Carla Hills, "Stockholm's Mental Health Ambulance Could Help the US Rethink Policing," *The World*, September 10, 2020, <https://theworld.org/stories/2020-09-10/stockholms-mental-health-ambulance-could-help-rethink-policing-us>.

²⁴ Neusteter et al., "Understanding Police Enforcement."

State of Practice: Behavioral Health Crises

Vulnerable populations, including people experiencing homelessness and those living with disabilities or mental and behavioral health disorders, are often subjects of calls to 911, and are at risk of injury or death during police encounters.²⁵ People living with mental health and addiction disorders are overrepresented in arrests that lead to confinement in jails and prisons.²⁶ In the aftermath of the murder of George Floyd in May 2020, the national conversation has focused attention on reducing the police footprint in 911 calls for service regarding low-level crimes, addiction, mental illness, and disability. Also prominent is the call to build and strengthen community-based resources to support individuals in crisis as alternatives to police response.²⁷

Estimates of the number of calls that relate to people experiencing a behavioral health crisis, and how these crises are defined and identified, vary by location and method of assessment. Recent research found that calls pertaining to mental health concerns made up approximately 1.3 percent of the calls where police were dispatched.²⁸ Other analyses have found that 6.5 percent of dispatched calls include a person in mental health crisis.²⁹ These differences may stem from regional variations in coding and notation practices, as well as lack of clarity and missing details about these calls when they come into the 911 ECC.³⁰ Socio-economic or other jurisdictional characteristics, such as availability of resources, may also influence call frequency. Regardless, these low estimates suggest that eliminating the police response to calls that are currently identified as behavioral or mental health-related, and which do not exhibit an emergent violent crime, may not result in a significant reduction in the overall share of calls that lead to police dispatch.³¹

The number of calls, though a meaningful issue for the ECC and responding agencies alike, is not the only metric of interest. For example, agencies report that these calls are time consuming³² and complex, and they can be dangerous. An estimated one in four cases in which people are killed by police involve someone experiencing a mental health crisis.³³ Greater specificity is needed on the front end to better determine caller needs and to deploy the best response.

To improve safety during these calls and connect people to appropriate services, policymakers must address key considerations that often hinge on procedures in ECCs, which serve as hubs for

²⁵ Fatal Force: Police Shootings Database," *The Washington Post*, accessed Oct 15, 2021, <https://www.washingtonpost.com/graphics/investigations/police-shootings-database/>.

²⁶ Falconer, "Mental Illness and the Criminal Justice System: Issues and Considerations," in *Handbook on Crime and Deviance*, Marvin D. Krohn, Nicole Hendrix, Gina Penly Hall, and Alan J. Lizotte, eds. (New York: Springer Publications, 2019), 419–436.

²⁷ "How these Cities are Breaking Up the Work of Police Departments," accessed Oct 15, 2021, <https://theappeal.org/how-cities-are-defunding-replacing-the-work-of-police-departments/>.

²⁸ Lum et al., "Can We Really Defund the Police? A Nine-Agency Study of Police Response to Calls for Service" *Police Quarterly*, July 22, 2021, <https://journals.sagepub.com/doi/full/10.1177/1098611211035002>.

²⁹ Jennifer L.S. Teller et al., "Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Calls," *Psychiatric Services* 57, no. 2 (2006): 232–37, <https://doi.org/10.1176/appi.ps.57.2.232>.

³⁰ Neusteter et al., "Understanding Police Enforcement."

³¹ Cynthia Lum et al., "Constrained Gatekeepers of the Criminal Justice Footprint: A Systematic Social Observation Study of 9-1-1 Calltakers and Dispatchers," *Justice Quarterly* 37, no. 7 (2020): 1176-1198, <https://doi.org/10.1080/07418825.2020.1834604>.

³² Thomas J. Wieczorek et al., "Police Data Analysis Report: Oakland, CA," Center for Public Safety Management, n.d., <https://cao-94612.s3.amazonaws.com/documents/CPSM-Oakland-CFS-Report-Dec-2020.pdf>.

³³ Amam Z. Saleh et al., "Deaths of People with Mental Illness during Interactions with Law Enforcement," *International Journal of Law and Psychiatry* 58 (2018), <https://doi.org/10.1016/j.ijlp.2018.03.003>.

public requests for assistance, and on the availability of relevant services for vulnerable populations.³⁴ This review highlights cross-system collaboration to reduce police involvement and increase access to appropriate services and supports. These programs are proliferating quickly with the aid of new, practical stakeholder tools.^{35,36} A map depicting initiatives around the nation can be found at [Transform911](#).

Police-Based Responses to Behavioral Health Crises

Police departments and communities across the country have collaborated to implement alternative responses that aim to reduce fatal police encounters and increase access to crisis services for vulnerable populations. The two most employed approaches are Crisis Intervention Teams (CIT) and co-responder models. These models are not focused on reducing police presence. Instead, they seek to improve interactions between officers and community members. CIT programs involve substantial officer training and extensive collaboration with community partners to emphasize on-scene crisis de-escalation and connection to appropriate services instead of jail.³⁷ Co-responder models typically involve a collaboration between a police officer and mental health professional who respond together to crisis calls concerning behavioral health or other disturbances that can be linked to underlying mental health, substance use, or homelessness concerns.³⁸ (See below for further research evidence on the effectiveness of CIT intervention.)

Civilian-Based Response Programs and ECCs' Role

While mobile crisis teams (MCTs) are present in many communities, this review covers those that are dispatched by 911 or 311 call takers.³⁹ These MCTs are civilian responses that address crisis calls categorized as non-violent “nuisance” or “quality of life” crime, typically concerning mental health, substance use disorder, and homelessness.⁴⁰ The types of responders in these models vary, and can include mental health professionals, paramedics, peers with lived experience, or trained crisis responders.⁴¹ A key element of the programs dispatched by 911 professionals is the practice of allowing non-police department personnel to carry police radios so they can either monitor radio traffic to identify calls they might respond to and/or receive dispatches directly from 911 professionals.⁴²

³⁴ DeLaus, “Alternatives to first responders.”

³⁵ Council of State Governments Justice Center, “The Toolkit,” accessed December 16, 2021, <https://csgjusticecenter.org/publications/expanding-first-response/the-toolkit/>.

³⁶ DeLaus, “Alternatives to first responders.”

³⁷ Alan B. McGuire and Gary R. Bond, “Critical Elements of the Crisis Intervention Team Model of Jail Diversion: An Expert Survey,” *Behavioral Sciences and the Law* 29, no. 1 (January 2011): 81–94, <https://doi.org/10.1002/BSL.941>.

³⁸ International Association of Chiefs of Police, “Assessing the Impact of Co-Responder Team Programs: A Review of Research Academic Training to Inform Police Responses Best Practice Guide,” n.d. <https://www.theiacp.org/sites/default/files/IDD/Review%20of%20Co-Responder%20Team%20Evaluations.pdf>.

³⁹ Amy C. Watson et al., “Crisis Response Services for People with Mental Illnesses or Intellectual and Developmental Disabilities: A Review of the Literature on Police-Based and Other First Response Models,” Vera Institute of Justice, October 2019, <https://www.vera.org/downloads/publications/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities.pdf>.

⁴⁰ SAMHSA, “Executive Order Safe Policing for Safe Communities: Addressing Mental Health, Homelessness, and Addiction Report,” accessed October 18, 2021, <https://www.samhsa.gov/sites/default/files/safe-policing-safe-communities-report.pdf>.

⁴¹ Jennifer Carroll et al., “The Workforce for Non-Police Behavioral Health Crisis Response Doesn’t Exist—We Need to Create it,” *Health Affairs*, September 8, 2021, <https://www.healthaffairs.org/do/10.1377/hblog20210903.856934/full/>.

⁴² Jackson Beck, Melissa Reuland, and Leah Pope, “Behavioral Health Crisis Alternatives: Shifting from Police to Community Responses,” Vera institute of Justice, 2020, <https://www.vera.org/behavioral-health-crisis-alternatives>.

One example of this approach is Crisis Assistance Helping Out On The Streets (CAHOOTS), which started in Eugene, OR in 1989.⁴³ In this pioneering model, White Bird Clinic staff carry police radios and respond to crisis calls concerning mental health, substance use disorder, and homelessness.⁴⁴ These staff are trained for their role and are often not traditional mental health practitioners.⁴⁵ In a similar program in Atlanta, GA, team members of the Policing Alternatives and Diversion (PAD) Initiative respond to 311 callers expressing a need for resources related to behavioral health or poverty.⁴⁶

Iterations of the CAHOOTS model have emerged in Olympia, WA, Denver, CO, Austin, TX, Chicago, IL, Portland, OR, New York City, NY, Oakland, CA, and continue to propagate.⁴⁷ Specifically, Denver has replicated the CAHOOTS model through a collaboration between the police department and the Mental Health Center of Denver known as STAR.⁴⁸

Another emerging practice involves creating a new entity to respond to these calls. For example, in Albuquerque, New Mexico, instead of police or fire, 911 dispatchers can deploy a third branch of public safety – The Albuquerque Community Safety (ACS) Department.⁴⁹ The agency recruits social workers, counselors, and people with experience in the field of peer-support to be dispatched in teams of two to non-violent and non-medical crises. Unlike traditional emergency responders, they are trained to assess situations involving mental health emergencies with a goal of reducing arrests.⁵⁰

Alternative responses to calls involving someone in crisis do not always require dispatching a specialized team. In Phoenix, AZ, 911 professionals transfer calls to a mental health expert who triages the situation and either addresses the person's needs by phone or sends a mobile crisis team.⁵¹ In several other jurisdictions, including Dallas, TX,⁵² Houston, TX,⁵³ and Detroit, MI,⁵⁴ a mental health expert is present in the communications center and 911 professionals transfer the call to them for triage and appropriate response. In all cases, the call can be transferred back to the 911 professional if needed.⁵⁵

⁴³ Ben Adam Climer and Brenton Glicker, "CAHOOTS: A Model for Prehospital Mental Health Crisis Intervention," *Psychiatric Times* 38, no. 1 (January, 2021), 15-15.

⁴⁴ Beck et al., "Crisis Alternatives."

⁴⁵ White Bird Clinic, "What is CAHOOTS?" October 29, 2020, <https://whitebirdclinic.org/what-is-cahoots/>.

⁴⁶ Policing Alternatives and Diversion Initiative, "PAD 311 Community Referral Services," accessed November 22, 2021, <https://www.atlantapad.org/311-community-referrals#FAQ>.

⁴⁷ Rob Waters, "Enlisting Mental Health Workers, Not Cops, in Mobile Crisis Response," *Health Affairs* 40, no. 6 (June 1, 2021), 864-869. doi:10.1377/hlthaff.2021.00678. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00678>.

⁴⁸ Esteban L. Hernandez, "Denver's STAR Program, Sending Mental Health Pros on Certain Calls Instead of Police Officers, Is about to Get Bigger," Denverite, accessed November 22, 2021, <https://denverite.com/2021/08/30/denver-star-mental-health-police-program/>.

⁴⁹ Harry Gass, "Police Reform: Why Albuquerque Sends Social Workers on Patrol," *Christian Science Monitor*, accessed November 22, 2021, <https://www.csmonitor.com/USA/Justice/2021/1112/Why-Albuquerque-s-latest-experiment-in-policing-doesn-t-involve-officers>.

⁵⁰ Gass, "Police Reform."

⁵¹ Beck et al., "Crisis Alternatives."

⁵² "RIGHT Care Team Responds to Mental Health Crisis Calls," Parkland Hospital, February 18, 2019, accessed October 15, 2021, <https://www.parklandhospital.com/news-and-updates/right-care-team-responds-to-mental-health-crisis-c-1488>.

⁵³ "Crisis Call Diversion Program," Houston Police Department, accessed Oct 15, 2021, <https://www.houstoncit.org/ccd/>.

⁵⁴ Veronica Meadows and David Komer, "Detroit Police Expand Mental Health Crisis Response Program," Fox2 Detroit, accessed October 15, 2021, <https://www.fox2detroit.com/news/detroit-police-expand-mental-health-crisis-response-program>.

⁵⁵ Beck et al., "Crisis Alternatives."

Civilian- and Community-Based Response Programs and Needed Resources

Alternative response programs face serious workforce shortages,⁵⁶ especially in rural areas,⁵⁷ with some recommending the development of multiple pathways of entry into this workforce that focus on the skills needed rather than educational attainment alone.⁵⁸ For example, CAHOOTS crisis workers must have experience or education in their field, and the White Bird Clinic conducts extensive training,⁵⁹ while in Oakland, CA, the response program focuses on hiring people with lived experience.⁶⁰ Indeed, one of the earliest first response alternative programs in the country was established in the 1960s when Black community members in Pittsburgh felt “indignity and fear when forced to rely on police officers for transportation to the hospital.”⁶¹ In response, residents developed a community-based alternative program called Pittsburgh’s Freedom House Enterprise Ambulance Service staffed with Black community members who were trained to provide emergency medical services.⁶² A study of the program found that Freedom House paramedics provided improper treatment in 11% of cases, compared with 62% of cases improperly handled by the police.⁶³ Some posit that these findings demonstrate the potential both for alternative responses and their capacity to reduce racial disparities.⁶⁴ While Freedom House was deprioritized in favor of a citywide ambulance program and ultimately closed in 1975,⁶⁵ such creative innovations, especially as a reaction to racial inequity, continue today. For example, Chicago-based Ujimaa Medics provides training to enable community members to provide essential first aid to gun violence victims.⁶⁶

State of Practice: Domestic Violence/Intimate Partner Violence

The standard pathway for domestic violence (DV) incidents in most jurisdictions is a call to 911, from either the survivor or a third party, that results in police dispatch to the scene. DV survivors often share households with their abusers, however, making it difficult for them to call 911. Calling or threatening to call 911 during such crises may lead to increased abuse or violence from the abuser.⁶⁷ Many survivors are also unwilling to call 911 because of the consequences of

⁵⁶ Beck et al., “Crisis Alternatives.”

⁵⁷ Shinobu Watanabe-Galloway et al., "Recruitment and Retention of Mental Health Care Providers in Rural Nebraska: Perceptions of Providers and Administrators," *Rural and Remote Health* 15, no. 4 (2015), 3392. <https://www.ncbi.nlm.nih.gov/pubmed/26567807>.

⁵⁸ Beck et al., “Crisis Alternatives.”

⁵⁹ White Bird Clinic, “What is CAHOOTS?”

⁶⁰ Eric Westervelt, “Oakland Becomes Latest City Looking to Take Police Out of Nonviolent 911 Calls,” NPR, accessed Oct 16, 2021, <https://www.kuow.org/stories/oakland-becomes-latest-city-looking-to-take-police-out-of-nonviolent-911-calls>.

⁶¹ Matthew L. Edwards, “Race, Policing, and History - Remembering the Freedom House Ambulance Service,” *New England Journal of Medicine* 384, no. 15 (April 15, 2021), 1386-1389. doi:10.1056/NEJMp2035467. <https://www.nejm.org/doi/full/10.1056/NEJMp2035467>.

⁶² Edwards, “Race, Policing, and History.”

⁶³ Jared N. Day and Joe William Trotter, eds. *Race and Renaissance: African Americans in Pittsburgh Since World War II*. Pittsburgh: University of Pittsburgh Press, 2010.

⁶⁴ Eric Rafla-Yuan, Divya K. Chhabra, and Michael O. Mensah. “Decoupling Crisis Response from Policing – A Step Toward Equitable Psychiatric Emergency Services,” *New England Journal of Medicine* 384, no. 18 (May 6, 2021). DOI: 10:1056/NEJMms2035710. <https://www.nejm.org/doi/full/10.1056/NEJMms2035710>.

⁶⁵ Edwards, “Race, Policing, and History.”

⁶⁶ Alexandria Davis and Caverl, Martine, “Leave No Homie Behind: A Peer Education Approach to Urban Health Justice,” American Public Health Association 2017 Annual Meeting and Expo, November 4 – 8, 2017, https://apha.confex.com/apha/2017/meetingapi.cgi/Paper/381656?filename=2017_Abstract381656.html&template=Word

⁶⁷ Rona Kaufman Kitchen, “Constrained Choice: Mothers, The State, and Domestic Violence,” *Temple Political & Civil Rights Law Review* 24, no. 4 (June 2015): 375-99.

involving the police, which may include loss of child custody,⁶⁸ loss of housing,⁶⁹ loss of economic and social support from the partner,⁷⁰ fears of harm to the victim and abuser as the result of arrest or police use-of-force,⁷¹ and the threat of increased abuse.⁷² In some states, mandatory arrest rules in cases of domestic abuse can lead to the arrest of the survivor, in addition to or instead of the abuser.⁷³ Mandatory arrest laws have not been associated with reductions in subsequent abuse by arrestees.⁷⁴ While one study found that mandatory arrests laws may actually increase intimate partner homicides,⁷⁵ a more recent found no such evidence.⁷⁶

Some alternative first responses to DV incidents come in the form of a co-response model where two or more agencies coordinate responses. These collaborations aim to use each partner's strengths to best serve survivors and provide coordinated response and case management, including follow-up care. Involved sectors may include criminal justice, health care, social work, and nonprofit partners.

Co-responders either respond immediately to the scene or arrive once officers have responded and assessed the need for them to come. These co-responders typically provide immediate services to survivors and their families, including assessing and enhancing survivor safety, providing information about social services, and developing a plan to access these services. Examples of these true co-responder models include programs in Los Angeles, CA,⁷⁷ Richmond, VA,⁷⁸ Rochester, NY,⁷⁹ and St. Joseph County, IN.⁸⁰

While there are likely many types of domestic altercations that are appropriate to divert to alternative or co-response models, the field lacks research on how to identify which calls appropriately fall in this category. Moreover, little is known about the impact of these alternative models and the degree to which they may inadvertently pose risks to survivors. The high social costs of both over- and under-policing these extremely sensitive situations underscores the pressing need for rigorous program evaluation in this particular area.

⁶⁸ Kitchen, "Constrained choice."

⁶⁹ Anna Kastner, "The Other War at Home: Chronic Nuisance Laws and the Revictimization of Survivors of Domestic Violence," *California Law Review* 103, no. 4 (August 2015): 1047: 1048–80.

⁷⁰ Kastner, "The Other War."

⁷¹ Kastner, "The Other War."

⁷² World Health Organization, "Violence Against Women," March 9, 2021, <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.

⁷³World Health Organization, "Violence Against Women."

⁷⁴ J. David Hirschel, et al., "The Failure of Arrest to Deter Spouse Abuse," *Journal of Research in Crime and Delinquency* 29, no. 1 (February 1992): 7–33.

⁷⁵ Hirschel et al., "Failure of Arrest."

⁷⁶ You-Mi Chin and Scott Cunningham, "Revisiting the effect of warrantless domestic violence arrest laws on intimate partner homicides," *Journal of Public Economics* 179 (2019): 104072.

⁷⁷ City of Los Angeles, Office of Mayor Antonio Villaraigosa, "Evaluation Report City of Los Angeles Domestic Abuse Response Team," March 2009, <http://www.safela.org/downloads/Harder-Evaluation.pdf>.

⁷⁸ Erin Lane et al., "Second Responders Program: A Coordinated Police and Social Service Response to Domestic Violence," U.S. Department of Justice Office of Justice Programs (2004). <https://www.ojp.gov/pdffiles1/nij/199717.pdf>.

City of Rochester, "City Announces Creation of New Crisis Intervention Services Unit to Better Serve the Needs of the Community," accessed December 15, 2021, <https://www.cityofrochester.gov/article.aspx?id=21474845356>.

⁸⁰ Brie Isom, "St. Joseph County Police Department Announces Domestic Violence Response Team," WSBT News, October 21, 2020, <https://wsbt.com/news/local/st-joseph-county-police-department-announces-domestic-violence-response-team>.

State of Practice: Alternative Responses to “Low-Level” Incidents, including Traffic Accidents, Burglaries, and False Alarms

This category of response is variously defined and the subject of much discussion as communities reflect on ways to reduce police response to certain types of incidents, thereby reducing use of force and racial disparities and freeing up officer time to respond to and investigate serious crimes. Calls in this category are not exigent and arguably do not require an armed response. This category can contain low-level crimes, such as a completed burglary when the perpetrator is not on scene,⁸¹ responses to traffic accidents with no injuries,⁸² and thefts for which the perpetrator is gone.⁸³ These calls are common.⁸⁴ For example, in a recent analysis of open data on calls for service in three jurisdictions, researchers found that between 13 and 19 percent of calls involved traffic complaints.⁸⁵ Burglar alarms take up an outsized amount of law enforcement response⁸⁶ and are predominantly false alarms.^{87,88}

Some police agencies, facing serious staffing shortages in the face of the COVID-19 pandemic,⁸⁹ have reduced on-scene response to these low-level crimes and violations, which are instead routed to 311 where a report can be taken, or callers are asked to report their complaint online.⁹⁰ Efforts to reduce automated calls from burglar alarms to police have ranged from fines to educating the public on preventing and identifying false alarms to private-public partnerships that create a marketplace for alternative on-site response that can verify the alarm.⁹¹

An emerging practice is the creation of a civilian response unit, also called a community responder model, where non-armed personnel respond on scene or by phone to address complaints and manage disputes.⁹² In Tucson, for example, Community Service Officers are deployed to address minor complaints.⁹³

State of Practice: Animal Control

⁸¹ Bethany Blankley, “Austin Police No Longer Responding to ‘non-Life Threatening’ 911 Calls,” The Center Square | Texas, accessed November 22, 2021, https://www.thecentersquare.com/texas/austin-police-no-longer-responding-to-non-life-threatening-911-calls/article_fdb7f92c-22c3-11ec-a7b6-9f5ad0b58c93.html.

⁸² Blankley, “Austin Police.”

⁸³ Chris Magnus, “Tucson Police Department Meeting the Challenges of a Growing Call Load,” *Tucson.com*, June 11, 2018, <https://perma.cc/LV7W-NA4D>.

⁸⁴ Cynthia Lum et al., “Constrained Gatekeepers.”

⁸⁵ Asher and Horwitz, “How Do Police Spend Their Time?”

⁸⁶ Neusteter et al., “Understanding Police Enforcement.”

⁸⁷ Erwin A. Blackstone et al., “Evaluation of Alternative Policies to Combat False Emergency Calls,” *Evaluation and Program Planning* 28, no. 2 (May 1, 2005): 233–42, <https://doi.org/10.1016/J.EVALPROGPLAN.2004.09.004>.

⁸⁸ Erwin A. Blackstone et al., “Not Calling the Police (First).” *Regulation* 25, no. 1 (Spring 2002): 16.

<https://search.ebscohost.com/login.aspx?direct=true&AuthType=ip,shib&db=bsu&AN=6582839&site=ehost-live&scope=site>.

⁸⁹ David Aaro, “Austin, Texas, Police to Stop Responding to Nonemergencies Beginning Today,” Fox News, October 1, 2021, <https://www.foxnews.com/us/austin-texas-police-non-emergencies>.

⁹⁰ “Gilroy Police Ask Residents To Report Non-Emergencies Online Gilroy, CA Patch, accessed November 22, 2021, <https://patch.com/california/gilroy/gilroy-police-ask-residents-report-non-emergencies-online>.

⁹¹ Blackstone and Hakim, “False Calls.”

⁹² Amos Irwin and Betsy Pearl, “The Community Responder Model: How Cities Can Send the Right Responder to Every 911 Call,” Center for American Progress, October 15, 2020, <https://www.americanprogress.org/article/beyond-policing-investing-offices-neighborhood-safety/>.

⁹³ Chris Magnus, “Meeting the Challenges.”

Complaints about animals, ranging in severity from noise complaints to dog fights to reports of animal cruelty, come into 911 call centers frequently, although it is difficult to assess how frequently given that these complaints are often coded more generally as “complaints.”⁹⁴

As with calls about low-level crimes and disturbances, calls about animals can lead to officer dispatch, resulting in an inefficient use of police resources that could yield undesired outcomes owing to the presence of an armed responder. One study of small-town policing examined calls to a single ECC over two years and found the most common call to police involved animals (14 percent).⁹⁵ Alternatives to police response to such calls include animal safety hotlines (e.g., Animal Poison Control, Pet Poison Helpline, Animal Behavioral Hotline, and Animal Help Now for assistance with wildlife emergencies) and animal cruelty organizations (such as the American Society for the Prevention of Cruelty to Animals and Humane Society), which can link callers to an animal control officer. Communities also work to redirect nuisance issues, such as barking dogs and stray animals, to relevant county/city agencies or to 311.

Research Evidence

The research evidence on the effectiveness of alternative police responses is thin, and studies are largely descriptive. Much of the research that exists on behavioral health alternative responses is on CIT programs. These programs have been the subject of descriptive survey data and pretest-posttest knowledge assessments, wherein individuals are assessed at the beginning and end of the study in both control and experimental groups, for decades,⁹⁶ but the programs have yet to be subject to randomized controlled trials, which are the gold standard for valid assessment of program effectiveness.⁹⁷ In brief, literature on pretest-posttest evaluations of the CIT training component reveal that this training can successfully change officer attitudes. Observational studies of 911 call disposition reveal that when compared to their non-CIT-trained colleagues, CIT officers refer and transport people in crisis more often to mental health resources.^{98,99} A comprehensive study summarizing the literature on all facets of CIT implementation and outcomes noted improvements in officer attitudes and self-efficacy, as well as potentially safer immediate encounters related to the 911 call itself, but found limited evidence of improved long-term outcomes for the subjects of CIT-involved calls.¹⁰⁰ Although research is scant on co-responder programs, they do appear to be effective in reducing transports to emergency

⁹⁴ Neusteter et al., “Understanding Police Enforcement.”

⁹⁵ Brian K. Payne et al., “Policing in Small Town America: Dogs, Drunks, Disorder, and Dysfunction,” *Journal of Criminal Justice* 33, no. 1 (January 1, 2005): 31–41, <https://doi.org/10.1016/J.JCRIMJUS.2004.10.006>.

⁹⁶ Watson et al., “Crisis Response for People with Disabilities.”

⁹⁷ Eduardo Hariton and Joseph J. Locascio, “Randomised Controlled Trials—the Gold Standard for Effectiveness Research,” *BJOG : An International Journal of Obstetrics and Gynaecology* 125, no. 13 (December 1, 2018): 1716, <https://doi.org/10.1111/1471-0528.15199>.

⁹⁸ Erin B. Comartin et al., “Mental Health Crisis Location and Police Transportation Decisions: The Impact of Crisis Intervention Team Training on Crisis Center Utilization,” *Journal of Contemporary Criminal Justice* 35, no. 2 (May 1, 2019): 241–60, <https://doi.org/10.1177/1043986219836595>.

⁹⁹ Amy C. Watson et al., “The Crisis Intervention Team (CIT) Model: An Evidence-Based Policing Practice?” *Behavioral Sciences & the Law* 35, no. 5-6 (Sep, 2017), 431-441. doi:10.1002/bls.2304. <https://onlinelibrary.wiley.com/doi/abs/10.1002/bls.2304>.

¹⁰⁰ Amy C. Watson and Michael T. Compton, “What Research on Crisis Intervention Teams Tells Us and What We Need to Ask,” *Journal of the American Academy of Psychiatry and the Law* 47, no. 4 (2019):422-426, <https://citinternational.org/resources/Documents/Press%20Releases/What%20Research%20on%20Crisis%20Intervention%20Tells%20Us%20and%20What%20We%20Need%20To%20Ask.pdf>.

departments,^{101,102} increasing access to services, and saving health and criminal justice system time and money.¹⁰³

Descriptive research has focused on how many police calls for service are diverted to CAHOOTS and STAR. Analysis by the Eugene Police Department of the calls CAHOOTS has responded to indicates that the team has diverted approximately five to eight percent of calls for service from police response.¹⁰⁴ A six-month pilot evaluation of STAR showed that the team composed of a mental health professional and a medic addressed approximately three percent of the police department's calls for service.¹⁰⁵ Other research on mobile crisis teams has focused on those units that are called either by the person in crisis or an associate, or by law enforcement officers from the field,¹⁰⁶ and thus are not relevant to the focus of this review.

Two descriptive studies have examined DV co-responder programs. In the first, surveys of clients who received services from the Los Angeles, CA, Domestic Abuse Response Team (DART) program revealed that a large majority of clients felt they were treated with respect, listened to, and were able to obtain a safety plan and learn about different resources from the advocates. The authors commented that "nearly all respondents left their abusers." The DART program benefitted LAPD officers as well by improving officer knowledge of domestic abuse, reducing workloads, and improving efficiency.¹⁰⁷

In the second study, researchers interviewed subjects who received services from the co-responder program in Richmond, VA, called Second Responders, and compared them to subjects in a comparable geographic area who did not receive these services. These individuals who received the co-responder intervention were pleased with their experiences with the program, and were significantly more likely to have made steps toward separating from the abuser and accessing services.¹⁰⁸

A single research project looked at the impact of a program called "verified response," which activates a private security on-scene response to burglar alarms instead of police.¹⁰⁹ The security officers then call police only if a crime is confirmed. Researchers found that a single case study site saw an 87 percent reduction in police responses to burglar alarms.¹¹⁰ Apart from descriptive studies noting the frequencies of calls, there are no research studies or program evaluations of the

¹⁰¹ Stephen Puntis et al., "A Systematic Review of Co-Responder Models of Police Mental Health 'Street' Triage," *BMC Psychiatry* 18, no. 256 (2018). <https://bmcpsychiatry.biomedcentral.com/articles/10.1186/s12888-018-1836-2>.

¹⁰² Melissa S. Morabito and Jenna Savage, "Examining Proactive and Responsive Outcomes of a Dedicated Co-Responder Team," *Policing: A Journal of Policy and Practice* 15, no. 3 (September 1, 2021), 1802-1817. doi:10.1093/police/paab029. <https://doi.org/10.1093/police/paab029>.

¹⁰³ International Association of Chiefs of Police, "Assessing co-responder programs."

¹⁰⁴ Eugene Police Department, "CAHOOTS Program Analysis," accessed November 21, 2021, <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>.

¹⁰⁵ Grace Hauck, "Denver Successfully Sent Mental Health Professionals, Not Police, to Hundreds of Calls," USA Today, Feb. 6, 2021, <https://www.usatoday.com/story/news/nation/2021/02/06/denver-sent-mental-health-help-not-police-hundreds-calls/4421364001/>.

¹⁰⁶ Watson et al., "Crisis Response for People with Disabilities."

¹⁰⁷ City of Los Angeles, "Evaluation report."

¹⁰⁸ Erin Lane et al., "The Second Responders Program: A Coordinated Police and Social Service Response to Domestic Violence," Department of Justice, 2004, <https://www.ojp.gov/ncjrs/virtual-library/abstracts/second-responders-program-coordinated-police-and-social-service>.

¹⁰⁹ Blackstone et al., "False calls."

¹¹⁰ Blackstone et al., "False calls."

impacts of diverting calls away from 911 that are related to low-level crimes (e.g., burglary, theft), incidents not involving a crime, traffic accidents, or animal control.

Questions for Inquiry and Action

The research on alternative responders has not kept pace with the proliferation of such programs, rendering the outcomes and tradeoffs of their implementation largely unknown. Rigorous evaluation is needed to explore the impact of alternative responders on the safe, equitable, and effective resolution of and response to public calls for service, along with assessments of their cost-effectiveness and any unintended outcomes. In order to test these models, basic research questions must also be answered around the frequency and types of calls for police service, the accuracy of the data collected, and the nature and effectiveness of protocols designed to ensure that call takers make appropriate use of alternative responders.

- What share and types of calls to 911 and 311 result in police dispatch? What share and types of those calls result in a co-response of fire, paramedics, or mental health specialists being dispatched alongside police? To what degree does that vary by ECC, region, or state? How accurate is the coding and classification of data on call type and priority level?
- What share and types of calls to 911 and 311 are appropriate for diversion to alternative responders or co-response units? To what degree do existing alternative responder resources and co-response units meet the needs of various communities, call types, and populations? What gaps exist and by what type of calls/needs and areas of alternative responder expertise?
- Does the introduction of alternative response options dispatched through 911 change the quantity or demographic distribution of who calls 911 or the composition of calls received?
- How effective are alternative first responder programs at resolving problems and reducing police dispatch, use of force, and disparate outcomes, especially for those who reside in marginalized communities, communities of color, and areas with historically high 911 call volume?
- Are community members more or less satisfied with services they receive via alternative responders versus police officers? To what degree do services received through alternative responders affect community members' perceptions of trust in municipal services, public safety services, and the government overall? To what degree do they affect community members' future willingness to call 911 for police services? To what degree do they affect community members' future willingness to call alternative hotlines? Do these outcomes vary by type of alternative responder or type of problem or issue to which they respond?

- What is the degree to which alternative first responses increase or decrease call center professionals' abilities to answer calls efficiently and classify and triage calls accurately? To what degree does the introduction of new alternative responder options slow down or speed up the triaging and call resolution processes?
- What policies and call-taking protocols work best in identifying which calls to divert to alternative resolution or responder? To what degree do call takers comply with those guidelines? What are the differential outcomes in call resolution based on variation in call-taker compliance? What strategies work best in ensuring call-taker compliance? To what degree does call-taker engagement or training influence the accuracy of alternative responder protocols and degree of implementation fidelity?
- Recognizing that the measurement of bias in service delivery of any type is vital to an equitable and well-functioning government, to what degree do alternative first responses mitigate or exacerbate biased outcomes? How might these outcomes vary by the degree to which they are connected to/or involve the police?
- What impact do alternative response models have on measures of police and community safety? Do these impacts differ by type of community (urban, rural, affluent, marginalized) and demographic of caller and subject(s) of call?
- What share of non-police alternative responses ultimately result in police dispatch? Does this proportion vary by call type or characteristics of the community, caller, or call subject(s)? What factors are associated with calls for police dispatch that occur before arrival of the alternative response versus during or after alternative responses are attempted?
- To what degree does the addition of alternative response models affect the volume of 911 calls for police service and calls to 311 or other alternative hotlines?
- What data are needed to support triage and dispatch protocols for communities with alternative response options?
- What are community preferences for the composition of alternative response teams, avenues to access them, and the types of calls for service they should address?

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