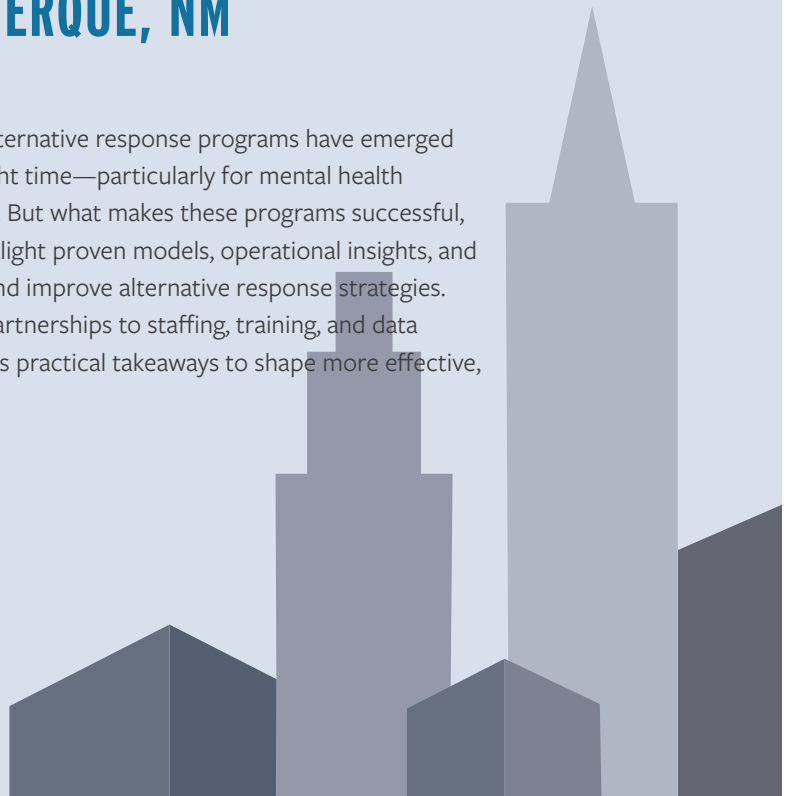




# THE RIGHT RESPONSE AT THE RIGHT TIME: RETHINKING PUBLIC SAFETY IN CITIES

**SUMMER 2025 MEETING**  
**JUL. 30 - AUG. 1 • ALBUQUERQUE, NM**

As cities across the country rethink public safety, alternative response programs have emerged as powerful tools to deliver the right care at the right time—particularly for mental health crises, substance use, and non-violent emergencies. But what makes these programs successful, sustainable, and scalable? Session speakers will highlight proven models, operational insights, and policy frameworks that help cities design, launch, and improve alternative response strategies. From cross-agency coordination and community partnerships to staffing, training, and data tracking, this panel will offer mayors and city leaders practical takeaways to shape more effective, equitable response systems in their communities.



# DISCLAIMER

For length, clarity, and printing purposes, many of these sources have been abbreviated and/or edited from their original form. To read the full, unabbreviated resources from this book, please visit our website or view them on the usb drive provided in your meeting materials.

## RESOURCES

### PAGE

1

“Sending Unarmed Responders Instead of Police: What We’ve Learned,” Christie Thompson, Jul. 25, 2025.

7

“Designing a Reimagined System,” Reimagining Public Safety, The Policing Project at NYU School of Law.

18

“12 Million Calls Initiative,” The Policing Project at NYU School of Law, 2025

20

“A Revolution in Public Safety Is Underway,” Barry Friedman, Max Markham, and Scarlet Neath, The New York Times, May 30, 2025.

23

Pages excerpted from “Unarmed Public Safety Response Pilot Update - Q4,” City of Minneapolis, MN, Mar. 29, 2023.

36

“How Durham, North Carolina, Got Police Onboard with Unarmed Crisis Response,” Ryan Levi, International City/County Management Association, May 1, 2025.

41

“Answers to common questions about the HEART crisis response program,” City of Durham, NC.

43

“Heart: Holistic Empathetic Assistance Response Team Brochure,” City of Durham, NC.

45

“Three years of service from Community Safety first responders,” City of Albuquerque, NM, May, 2025.

47

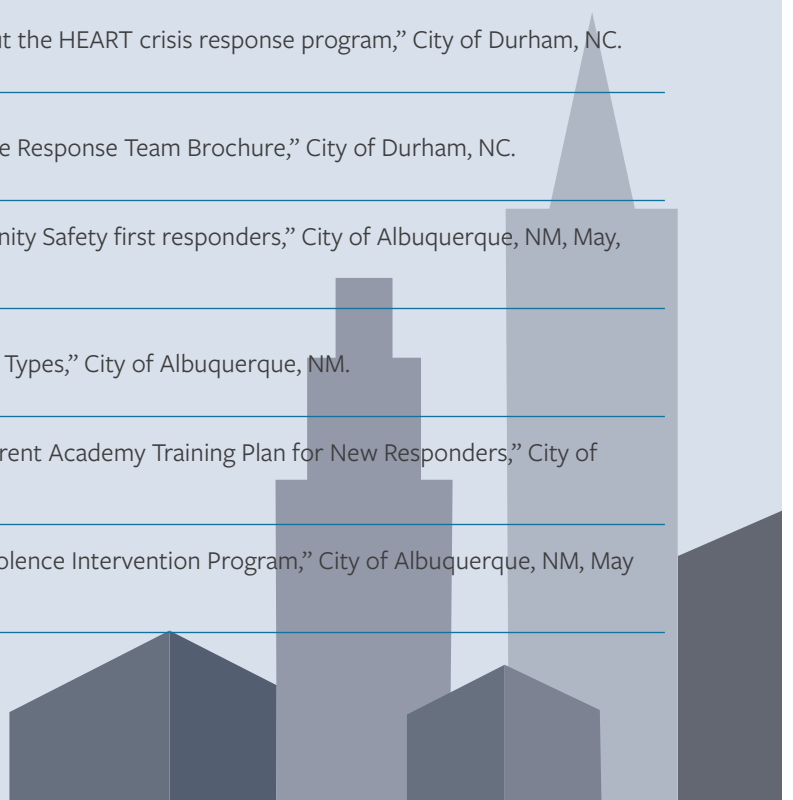
“Albuquerque Community Safety Call Types,” City of Albuquerque, NM.

48

“Albuquerque Community Safety Current Academy Training Plan for New Responders,” City of Albuquerque, NM.

49

“Albuquerque Community Safety’s Violence Intervention Program,” City of Albuquerque, NM, May 2025.



UPDATED 3:00 p.m. EDT

07.25.2024

ANALYSIS

# Sending Unarmed Responders Instead of Police: What We've Learned

There are more than 100 response teams nationwide, but experts say more research on their impact is needed.



Members of the Holistic Empathetic Assistance Response Team (HEART), an alternative to police in Durham, N.C., talk with a resident, in June 2024. ANGELA HOLLOWELL FOR TRADEOFFS

By CHRISTIE THOMPSON

Additional reporting by Ryan Levi

In the four years since George Floyd’s murder, many sweeping attempts to reform policing have faltered. But one proposal that has taken hold across the country, and continues to spread, is launching alternative first response units that send unarmed civilians, instead of armed officers, to some emergencies.

In Dayton, Ohio, trained mediators are dispatched to neighbor disputes and trespassing calls. In Los Angeles, outreach workers who have lived through homelessness, incarceration or addiction respond to 911 calls concerning people living on the street. In Anchorage, Alaska, trained clinicians and paramedics are showing up to mental health crises.

This article was published in partnership with Tradeoffs. As many programs transition out of the pilot phase, they face new challenges: How do they scale up and become big enough to meaningfully reduce the presence of police? How do cities sustainably fund these new agencies and find the right people to staff them? And are these teams on track to become the sea change in public safety that was promised?

“The Fifth Branch,” a podcast series from The Marshall Project and Tradeoffs, examines the results in Durham, North Carolina. (Listen to the podcast.) We also talked to experts across the country — some who are running these programs, some who are researching them, and some who are supporting them. Here’s what they said:

## **These programs are spreading.**

For decades, Eugene, Oregon, was the rare city that sent unarmed crisis workers and EMTs to 911 calls. Now, researchers have tracked over 100 alternative crisis response units operating across the U.S. Over half of the country’s largest cities have created such teams.

How many there are depends on how you define them. Some distinguish between mobile crisis teams, which exclusively send clinicians to mental health emergencies, and community responder programs, which send civilians to a wider range of calls. The key tenets are that they can be the first response to an emergency situation and that they arrive without armed officers. (Many cities also send clinicians alongside police in what’s known as a co-response model.) But the kinds of specialists who are being sent out, and the kinds of calls they respond to, vary significantly.

## **Not sending one of these teams could be a civil rights violation.**

In Washington, D.C., social service nonprofit Bread for the City has sued the city, claiming that sending police to mental health emergencies discriminates against people with mental health disabilities. The city started a program in 2021 to send mental health providers to those kinds of calls. But according to the lawsuit, just 327 calls were referred in the 2022 fiscal year, less than 1% of

eligible calls. A similar lawsuit is ongoing in Washington County, Oregon, which includes part of Portland.

“The reason why the police response is so harmful may not be because there’s an excessive force incident — it’s because you’re not getting effective treatment,” said Michael Perloff, interim legal director for the ACLU of D.C. and one of the lawyers on the case. “If you called the EMTs for your broken leg and they sent someone who didn’t know how to set a broken bone, that’s denying you effective care. People with mental health crises, that’s their experience with emergency response services.”

The D.C. program may have been limited by overly strict criteria. At one point, calls would not be transferred to the team if they involved someone under 18, or someone who had ingested alcohol or drugs, the lawsuit states. Even if a call was deemed eligible, the team was frequently unavailable, and police were sent instead.

In an email, a spokesperson for the D.C. Department of Behavioral Health, which runs the city’s Community Response Team, noted that the team had recently increased its number of eligible call types and decreased the number of exclusionary criteria. In a motion to dismiss the case, lawyers for the city emphasized that they are working to improve mental-health emergency services but that “the creation of new services and standards of care presents a policy argument, not a legal claim.”

The U.S. Justice Department has weighed in. In February, department officials submitted a filing in the case, arguing that the Americans with Disabilities Act does apply to emergency response systems.

That filing echoed similar findings from the Civil Rights Division’s investigations into policing in Minneapolis, Louisville, Kentucky and most recently, Phoenix, where police and the city were found to be discriminating against people with behavioral health disabilities. In one instance, a 911 operator in Phoenix failed to refer a call from a mother worried about her 15-year-old daughter in distress to a mobile crisis team. When police showed up, they tackled and handcuffed the daughter and booked her in juvenile detention.

## **Getting 911 dispatchers on board is essential.**

One challenge to scaling up these programs is dispatchers, who are often trained to err on the side of sending police. Cities have designated specific call categories to be sent to community response teams, and often use a “decision tree” of questions to determine whether a situation is safe for alternate response. But those questions take time, and 911 call centers are often overworked and under-resourced. And determining what is “dangerous” is highly subjective.

“Now there are way more layers of decision-making being added on to figure out, is this the type of call that gets police at all?” said Jessica Gillooly, a professor of sociology and criminal justice at

Suffolk University in Boston, where she studies 911 dispatch. Gillooly worked as a call taker for two years and saw firsthand the “when in doubt, send [cops] out” mentality.

“In general it’s not a fear about an entire category of calls, it’s more fear based on one incident,” said Daut’e Martin with Law Enforcement Action Partnership, an advocacy organization of police, prosecutors and others working on criminal justice reform. “If you’re a call taker who’s worked for 20 years, you know about that one time an officer showed up to the noise complaint and someone started shooting.”

Cities are looking for ways to get dispatchers on board. In Chicago, the city’s Crisis Assistance Response and Engagement (known locally as CARE) team sends a quarterly update to dispatchers with data on diverted calls and examples of people connected to services. In Durham and other cities, mental health clinicians are embedded within the 911 call center to help determine the proper response.

### **So far, these programs rarely need to call for police backup.**

There have been no known major injuries of any community responder on the job so far, according to experts. And data suggests unarmed responders rarely need to call in police. In Eugene, Oregon, which has operated the Crisis Assistance Helping Out On The Streets (known locally as CAHOOTS) response team since 1989, roughly 1% of their calls end up requiring police backup, according to the organization. Albuquerque responders have asked for police in 1% of calls, as of January. In Denver, the Support Team Assisted Response (STAR) had never called for police backup due to a safety issue as of July 2022, the most recent data available. In Durham, members of the Holistic Empathetic Assistance Response Team (HEART) reported feeling safe on 99% of calls.

Many communities are still sending alternative responders to a narrow subset of calls, and debating whether it’s safe to expand their scope. For example, many cities will only send community responders to situations that are outdoors or in public spaces. Programs are also divided on whether disputes between neighbors or within families are a proper place for crisis responders, or calls involving suicidal threats.

### **Some programs have avoided using 911.**

Many people remain leery of dialing 911 in a crisis, especially when there’s no guarantee that someone will get an alternative responder instead of police. In a survey of hundreds of residents in Portland, Oregon — where the Street Response team has been operating since 2021 — nearly half said they did not feel safe calling 911. That rate was even higher among Black and Latino respondents.

Instead of being dispatched through 911, programs in cities like Atlanta have opted to use a non-emergency line. That way, if a call coming through 311 is deemed better suited for police, the caller can make the decision whether to transfer to 911 or hang up.

“People may have hesitancy about calling 911 because it might result in a police dispatch that they don’t want,” said Moki Macias, executive director of Atlanta’s Policing Alternatives & Diversion Initiative (PAD). Macias notes there’s a tradeoff in this approach. Fewer people know to call 311, meaning the team may miss a number of potentially eligible calls.

But the separation from the police was important, she said. “Community members were asking for an actual alternative,” Macias said. “It has been really important to us to have that clear definition of our team as entirely consent-based.” That also means PAD responders cannot hospitalize someone against their will.

Some mobile crisis teams that exclusively send trained specialists to mental health crises are being dispatched through 988, the national mental health hotline launched in 2022. Often, they require the caller to be the person who needs help or a family member, rather than a bystander. Most community responder programs, which work on a wider range of calls, are not connected to the national hotline.

### **Reaching their full potential will require more money and more staff.**

Studies suggest that eventually, a large portion of current police work could be handed off to alternative responders. A 2020 review of 911 calls in eight major cities estimates that up to 68% of calls “could be handled without sending an armed officer,” according to a report by the Center for American Progress and the Law Enforcement Action Partnership.

Getting there will take buy-in from multiple government branches, a sizable and steady budget, and time. In Albuquerque — where the city created an entirely new Community Safety Department in 2021 — roughly 5% of police calls were being diverted as of September 2023. In Durham, roughly 1% of calls have been diverted from police to the city’s two-year-old crisis team so far, staffed by mental health clinicians, peer support specialists and EMTs. In Eugene, the CAHOOTS team answered around 17% of the city’s police department calls as of 2019, the most recent data available.

These are among the most established programs in the country. Most units are operating on a significantly smaller scale. Few programs operate 24/7, and many don’t yet cover their entire city.

Many programs have struggled to find sustainable funding. Some used federal money from the pandemic-related American Rescue Plan — money that is running out. Others have tried to tap into Medicaid funding, but that carries restrictions. Cities that have set aside money in their general funds have to find a way to grow these budgets in the face of deficits. New York City, for

example, has halted plans to expand its mobile crisis team after significant budget cuts. The team currently operates in less than half of the city's police precincts.

Experts also say these jobs need to be a viable career path, and that cities need to ensure there is a pipeline of people to staff the new agencies. The CAHOOTS team in Eugene has faced a staffing crisis for at least the last three years, said Mike Yoshioka, director of programs for the White Bird Clinic, which operates CAHOOTS. The positions require specialized skills, were previously paid much less than other first responders, and can easily lead to burnout as they face increasing demand. Recently, the organization increased pay for responders, which Yoshioka hopes will help with hiring.

## **We don't yet know the full impact of this type of response.**

There is still significant research to be done on the impact of these alternative response teams. A 2022 study on Denver's STAR team found a 34% drop in low-level crime in neighborhoods where the team was operating, compared to neighborhoods where it had not yet been rolled out. The impact of these programs on other metrics, such as involuntary commitments, arrests and police use of force, is yet to be seen. Studies on these are ongoing in Durham, Madison, Wisconsin and other cities.

There's limited data on how communities feel about these new programs. A survey of over 600 Durham residents found that 57% were more likely to call 911 because of the city's HEART program. A larger survey of Durham residents' views on HEART is currently underway.

Macias from Atlanta noted that without increasing other social services, like housing and mental health care, the teams risk being merely a Band-Aid for people in crisis. "There's a lot of pressure put on these response agencies without the local government building up the destination and infrastructure that people need," she said. "Sure, expand these response teams 24/7, but make sure that at 11 p.m. on a Sunday there's actually a place to bring somebody to get their needs met. Otherwise you're just making yourself feel better. But the problem's not being solved."

Christie Thompson  
Staff Writer

I report on prison conditions, immigration and mental health care.  
[View my past work](#) • [Get in touch](#)

## DESIGNING A REIMAGINED SYSTEM

### Decision Points

There is a growing consensus that we simply ask the police to do too much, and that using police as all-purpose first responders just isn't working. Not every call for help is addressed best by an armed police officer. Included in this consensus are community leaders, advocates, and police themselves, who long have recognized that officers are not one-size-fits-all social engineers and lack the training or capacity to deal with every problem society puts on them.

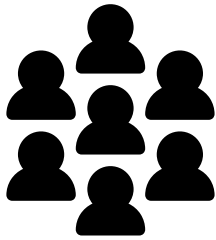
#### **So how can we redesign our first response systems to address community needs better and reduce over-reliance on police?**

For the past two years, we have engaged with jurisdictions across the country to understand their vision for public safety and consider the potential role of alternative response. Some are in the early stages of reimagining, and others already are testing approaches with programs that vary widely in their function, structure, goals, budget, size, workforce composition, call volume, dispatch model, and relationship to the community.

Our **Research Team**, comprised of quantitative and qualitative methodologists and social scientists, is learning about how communities define public safety, and how alternative response is working in communities that are trying it. It examines local calls for service data. It explores the perspectives of community members. And it talks with public safety practitioners of all sorts — from dispatchers and alternative responders, to police chiefs, police offices, and policymakers.

Our **Design Team**, comprised of experts in public health, public safety, community, government, and social services, posed and worked to answer some of the tough questions about what alternative response should accomplish, and how to solve problems associated with alternative response. It came together in a bi-weekly roundtable to discuss these issues. Throughout this process, we also reached out to numerous specialists, from academia to city halls, when we encountered specific questions and challenges on which we required additional help.

# REIMAGINING PUBLIC SAFETY



All told, we have engaged with hundreds of stakeholders, each with different roles to play.

Based on all this research and discovery, we have identified a series of key decision points that jurisdictions will face when creating, expanding, or modifying alternative response programs. We have grouped these into four stages of development a jurisdiction must pass through to create and launch a successful alternative response program:

- Engage the community
- Scope the program
- Identify the proper responders
- Focus on dispatch

What follows is a road map through these four stages, providing background, context, and suggestions to help guide decision-making. Throughout, we provide links to additional detail and real-world examples. We hope this road map will help you get started!

*In the course of our discussion we frequently refer to models that are currently used in various jurisdictions. We have not evaluated every model discussed here, and that is important work that needs to be done. But it is helpful to think in terms of concrete examples, so we include them here.*

## Engage the Community

*Reimagining public safety must be centered on community values and goals. Even the best of intentions can go astray if programs are designed without consulting the people who will be affected by them most.*

**Engage the public in program design early and continuously.** Any approach to reimagining must be built on a foundation of early and ongoing community engagement, especially with communities most impacted by policing and whose lived experiences can inform strategies for improving safety and trust. Jurisdictions might begin by identifying official and unofficial leaders, organizations, and entities that represent residents' experiences and work with them collaboratively to design a public plan for community involvement.

# REIMAGINING PUBLIC SAFETY

Jurisdictions have utilized a variety of **community engagement strategies** that offer useful models to draw upon. Several important questions to consider:

- How will your jurisdiction solicit and act upon community guidance, both initially and ongoingly?
- What structures will be put in place to ensure transparency and community buy-in in the implementation and operation of new models?
- How will your jurisdiction ensure that **advisory boards**, oversight committees, or other governance structures are demographically and culturally reflective of the communities they serve?
- Will residents who participate in providing input and/or oversight be compensated for their time?

**Message new models to the public.** Messaging cannot be an afterthought. It is essential to program success from the get-go. Before a program launches, have a clear strategy for communicating its goals, design, and means of access so that public expectations are aligned with program function. Are there credible messengers or entities in your jurisdiction that can be tapped to promote new alternatives? Have you undertaken similar public messaging campaigns in the past that you can draw on for inspiration? Can social media and new media be utilized to reach a wider range of residents? Consider these questions carefully and be sure that your message is especially well-targeted toward residents most likely to utilize new services.

**Look to other cities, but tailor models to your local needs.** Sharing information among jurisdictions is at the very heart of our work on Reimagining Public Safety, and we naturally encourage jurisdictions to draw on successful models, while also learning from those that stalled. However, every community is unique, and local factors – history, demographics, geography, resources, etc. – must be considered before simply importing a template that worked elsewhere.

## Scope the Program

*Following community engagement, the next step is scoping the program – determining its basic purpose, structure, and properties.*

**Engage practitioners and other internal stakeholders.** Alternative response programs rely on the coordination and collaboration of stakeholders across government agencies and across all ranks. Learning from practitioners of the work – from policymakers to 911 call takers, police leadership to paramedics – is a critical first step and should be part of an ongoing effort. It is important not only to learn from their insights and experiences, but also to put these different stakeholder groups in conversation with each other early in the process. This will build the familiarity and trust that will make the program successful.

**Articulate the goals of the program.** Even within a single jurisdiction, policymakers and frontline staff can have widely divergent views about the goals of an alternative responder program. Is the program intended to: Reduce calls to 911? Decrease police workload? Provide better connections to care for residents? Promote harm reduction? Decrease officer involved shootings? Any program could have some or even all of these goals, but it is vital to define program goals clearly and explicitly. That is because these goals will serve as the basis for program design, data collection, messaging to the public, and assessment of performance.

**Identify what community issues (or calls for service) to address.** This decision may sound simple, yet is anything but. It often starts with an **analysis of calls for service data** and benefits from careful collaboration with the **community**. Fortunately, there are models to draw upon. In **Ithaca, NY**, a multi-stakeholder working group led by the **Center for Policing Equity** voted to determine which calls for service should be recommended for a non-police response. Several jurisdictions, such as **Chicago** and **New York**, began with behavioral health-focused responses. Others have rolled out more specialized programs to address a particular resource gap that the community identified, such as the mediation response program in **Dayton, Ohio**. Identifying strong local partners through community capacity and resource mapping also can help to determine the substantive focus of the program, as in the case of **Atlanta's Policing Alternatives and Diversion Initiative** and **Eugene, Oregon's CAHOOTS program**. Finally, once the call types are established, cities should ensure they have a process for adjusting and adding to the call types as the program grows over time.

**Identify the services to be provided.** Once alternative responders arrive on the scene, what will they do? Some possibilities include: crisis stabilization, connection to care, transportation of people to needed services, medical care, locating and providing basic needs like food or clothing, conflict resolution, code enforcement, report writing, and scene security. Identifying intended services early is vital to program design and functionality. To cite one example, a response to behavioral health needs can be strengthened greatly when responders are authorized to transport individuals to services. Indeed, our research in Denver found that transportation to services — such as to get a prescription refilled — was an important part of the city’s STAR program, although transportation may not be an obvious function to include initially in a behavioral health responder program.

**Map the available neighborhood resources and assets, then identify the gaps.** An accurate community asset or resource map can be essential to understanding needs and service gaps. There are several things to consider as a part of this exercise: aim to include a broad range of trusted local organizations and not just the “usual suspects” of long-established service providers; consider the geographic accessibility of services, recognizing that variable response times can impact the equity of care; and, finally, evaluate barriers that may impede access to care for those who need it, such as homeless shelter rules that require sobriety or exclude pets.

**Determine costs and funding mechanisms.** We worked with the Government Finance Officers Association (GFOA) to understand **how jurisdictions fund alternative response programs** and the factors contributing to funding decisions. Overall, GFOA found that local taxes are the primary funding source, while limited use also is being made of American Rescue Plan Act funds and Medicaid reimbursement. Jurisdictions also should evaluate budget impact holistically, recognizing that costs and savings may materialize in departments or categories not previously accounted for under public safety.

**Determine operational responsibility and accountability.** Simply removing a function from the police department and placing it under another municipal department does not automatically result in improvement. Jurisdictions should determine carefully the entity best suited to manage an alternative response program, considering organizational capacity, staffing levels, leadership, and culture. Some jurisdictions have established a new department of **community safety**.

while others have situated their alternative response programs under existing health or fire departments. Once a department is selected, a number of sub-questions arise: Where will the units physically be housed — at a police or fire station? What agency is responsible for logistics and vehicle management, and do they require additional staff to do so?

**Determine geographical boundaries.** Should the program begin within certain geographical bounds or be jurisdiction-wide? If the former, how should the service area be defined? Many programs begin in limited geographical areas before they scale up, with the selection of specific neighborhoods linked to program goals. For example, [Denver launched its alternative response program](#) in the downtown corridor with limited capacity and hours. There are good reasons to start small — projects can be more successful when service providers know the populations they are serving, and focusing initially on a specific area may allow for a higher, more consistent level of service. At the same time, a geographically-limited program may pose challenges for 911 call center staff who only can dispatch alternative responders in certain neighborhoods. Containing alternatives to specific geographies and neighborhoods also may over- or under-serve certain communities. Jurisdictions should be mindful of the racial and ethnic breakdown of their local geographies when making decisions about a program's operating area.

**Select hours of operation.** Police and other public safety entities employed by the government work 24 hours a day, 7 days a week. Thus, we must ask: Should a new program also respond to calls 24/7? If not, what hours? Which days of the week? This is in part a question about resources, but also about the nature of the issues requiring response. For example, welfare check calls may appear most frequent during the evening hours; if so, a program seeking to handle the majority of these calls would need to operate during that time. Labor, contract, and shift-work issues also may influence the hours that a program functions. Finally, limitations on hours and days of operation would have to be reflected in messaging to avoid confusion on the part of the public. We address the issue of 24/7 response in greater detail [here](#).

**Plan early for evaluation, and do so consistently.** An evaluation plan, ideally managed by an experienced evaluation or research partner, should be integrated into overall program development at the earliest possible stage. This will help stakeholders and community members

# REIMAGINING PUBLIC SAFETY

assess program outcomes and consider program changes. Be cognizant of potential obstacles to data collection and review – for example, privacy restrictions can constrain the tracking of mental health and medical data, so identifying a legally-compliant data collection and evaluation system would be an essential early step.

**Consider the role of the police.** The diversion of work to alternative responders raises obvious questions about the size, scope and nature of the responsibilities that remain in the hands of the police. We have heard clearly from community members and government officials that they want the police to focus on violent crime and leave the delivery of social services to others. But if police respond only to situations that pose an immediate health or safety crisis, then opportunities to build relationships and trust with community members may be lost. In any reimagining process, communities should be engaged extensively to determine the needs, priorities, and expectations surrounding public safety generally and the role of the police specifically. In a system of reimagined public safety, the proper role of the police is one of the most important considerations.

## Define the Responders

*Once a jurisdiction has determined what it is trying to achieve with its programming and systems, it is time to dig into specifics about how the alternative system will be staffed, trained, and equipped.*

**Identify responder skills and experiences.** Different community issues require different skills and backgrounds among responders. For example, responders to calls involving unhoused persons may benefit from relevant lived experience and/or knowledge of shelter and housing options. Responders to individuals experiencing mental or behavioral health crises likely benefit from clinical training. Some skill sets are more universally useful, such as scene safety training, administration of Narcan, or conflict resolution, as discussed in [The Policing of Social Conflict](#).

**Determine infrastructure and equipment needs.** The infrastructure and equipment needs of alternative responders will vary according to their responsibilities. For example, no alternative response system can succeed without the means of connecting those in need with those who can help. Will you use your existing dispatch system, or is there some alternative? Other preliminary questions: What type of transportation or vehicles will responders require? What radio systems, computer

# REIMAGINING PUBLIC SAFETY

equipment, or electronic databases will responders need to access, and will these be housed within a vehicle or carried on-person? What life-saving equipment (e.g., first aid kits or Narcan for opioid overdoses) should responders carry? What uniform will responders wear, and what impression (if any) will it convey as to who they are? These seemingly simple logistical questions can be unexpectedly complex or even fraught. For example, in one jurisdiction we studied, dispatchers had suggested that alternative responders wear bullet proof vests to ensure their safety. The alternative responders themselves, however, objected strongly, as such equipment conflicted with the goals, philosophy, and intended public messaging of the alternative response program.

**Determine whether responders should be public employees or private/non-profit contractors.** Engaging well-regarded community organizations can provide flexibility, build trust with stakeholders and the public, and make effective use of existing capacities and relationships. However, contracting out services also can mean lower pay and benefits for alternative responders, which can impact recruitment and worker quality of life negatively. As a staggered approach, jurisdictions might consider initially launching a program with contracted services, then bring the program in-house once service levels have stabilized and the program has matured sufficiently. A hybrid approach also is a possibility, in which the city staffs its responder teams with one non-profit contractor (e.g., a clinician) and one city employee (e.g., a paramedic from the fire department).

**If responders are public employees, determine whether they are existing workers or new positions.** Civil service regulations, labor dynamics, and contractual obligations can impact any assignment to municipal employees. This issue must be evaluated carefully – and possibly negotiated – before an alternative response program can be established. In **New York City**, for example, the City negotiated with the EMS unions to include a 6 percent pay differential as additional compensation for the paramedics participating in a behavioral health response pilot.

**Decide how alternative responders will be trained, by whom, and how often.** Training can be a recurrent challenge for jurisdictions that establish alternative response programs. Although some jurisdictions have been able to organize effective multi-disciplinary training for an initial cohort of responders, the intensive resource demands of such trainings, which pull personnel from a variety of agencies, can be

difficult to replicate when there is staff turnover and a new employee starts. Making training both effective and sustainable is essential.

**Consider the legal implications of shifting police duties to alternative responders.** In some jurisdictions, there are charters, ordinances, or laws – at either the local or state level – that define the authorities and responsibilities of the police and other municipal actors in very specific terms. These regulations may need to be modified to accommodate new programs.

## Focus on Dispatch

*With the program designed and staffed, and the public engaged, it's time to consider how 911 call centers will interact with alternative responders and ultimately dispatch them to calls for service. The priorities and judgments implicit in dispatching choices are enormously complex, especially when considering the diversion of calls previously assigned to the police. Without a well-functioning dispatch service, many alternative responder models will encounter serious challenges.*

### **Evaluate the quality, breadth, and flexibility of existing 911 services.**

Many jurisdictions assume that alternative response options simply can be added to the existing 911 system. Sometimes this assumption proves correct, but not always. Before automatically embracing 911 as the means to deploy new alternatives, evaluate how your 911 system currently is used. Is it efficient? Does it have a culture rigidly aligned with traditional public safety systems and, therefore, potentially resistant to new models? Is the 911 center properly resourced in both funding and staff? Adding new layers on top of an inflexible or overtaxed dispatch system can leave alternative response models destined to fail, regardless of the quality of the program itself.

It also is important to consider where 911 is physically sited and by whom it is operationally overseen. In some jurisdictions, 911 is managed and housed within the police department, while in others it may be a standalone entity or even regionalized among multiple jurisdictions. Each arrangement potentially can affect the willingness of callers to utilize the service and the capacity of the jurisdiction to adopt new approaches. Where the 911 system is institutionally located can also have operational implications for alternative response programs. For example, if alternative responders are dispatched out of your city's fire

dispatch center, which does not communicate via radio with the police dispatch center, how will alternative responders be able to call for police back-up quickly if needed?

**Examine alternatives to 911.** Some jurisdictions already maintain additional call systems that address informational inquiries, not-for-profit engagement, or calls for non-emergency service, such as 311 and 211. If your jurisdiction has such services, and if your 911 organizational culture or capacity appears to be an obstacle, then these can be attractive options. Atlanta's alternative response program, for example, dispatches via 311. However, it is important to consider how responders and dispatchers in this model will interact with other public agencies. It also is necessary to ensure that community members, who may be accustomed to dialing 911 for all public safety matters, are educated fully about the types of calls that should now be directed elsewhere.

**Defining an emergency.** The 911 system is overrun by calls from the public, and police response times are increasing in many jurisdictions. Alternative response provides a valuable option to shift some calls from the police, but in many places new alternatives respond to but a small share of the total 911 call volume. For this reason, agencies also must have substantive conversations about what makes a call appropriate for 911 in the first place, and when other options (e.g., online resources, use of 211 or 311, responses by city agencies during business hours, etc.) should be developed or used. These conversations are difficult, political, and value-laden. You might think: Who am I to tell someone what is or is not an emergency? Isn't emergency response one of the primary traditional roles of government? But, ignoring these tough questions results in a system that cannot meet demand, puts call-takers and dispatchers in a nearly impossible position (as we've heard through our research), and sets the public up for disappointment as officers show up to calls hours later or without the skill set or training to address the caller's problem.

**Build and ensure fidelity around clear, detailed, and user-friendly protocols.** Before a new program can be launched, all participants must have a shared understanding of who will be dispatched for what types of calls, how responders will communicate with one another, how the risk of sending one form of responder over another will be assessed and by whom, and how escalations will be handled. Confusion on any of these points can quickly generate mistrust between alternative responders and traditional system actors, not to mention raise the

# REIMAGINING PUBLIC SAFETY

possibility of problems in the field. As part of our RPS project, the University of Chicago Health Lab analyzed alternative response call center protocols and developed **a call taking protocol assessment tool**, which outlines the essential categories of information and guidance that should be included in an alternative response call taking protocol. A clear protocol also will provide much-needed security and guidance for call takers, who may be concerned about their own risk and liability when assessing whether a call qualifies for an alternative response.

**Build relationships between workforces.** A healthy relationship between 911 call center staff – call takers and dispatchers – and alternative responders is essential to the success of any program. If 911 call center staff are unfamiliar with the capacity, responsibilities, and skills of alternative responders, call takers and dispatchers may be overly conservative in their decisions about when to assign calls to these responders. This relationship must be built through intentional steps, which can include: providing crisis responders with access to the call taker floor, embedding clinicians on the floor, and generally creating opportunities for responders, call takers and dispatchers to meet, get to know one another, and work together. Mutual understanding and exposure promote mutual trust.

**Set up internal oversight.** Don't fly blind. Regular review of response systems – including data tracking, after-action reviews, and formal ongoing opportunities for everyone with a role in response to convene and assess performance – is critical to building improved system response. For example, an alternative response system can be undermined if call takers simply forget to flag a call as eligible for alternative response, suggesting the need for periodic reminders or mandatory fields in the call classification system. Or, call-takers may be concerned about municipal liability or the risk to responders, and fail to utilize the alternative system without also dispatching a police response. It is important to gather and review program data on an ongoing basis in order to adjust training, processes, protocols, and other areas as needed.

**[safetyreimagined.org](https://safetyreimagined.org)**



## **Additional Resources**

**[Getting Started – Talking to Your Communities](#)**

**[Getting Started – Working With Data](#)**

**[Financing Alternative Response](#)**

**[Providing Service 24/7](#)**

**[The Policing of Social Conflict](#)**

# 12 MILLION CALLS INITIATIVE



## BACKGROUND

Every day, hundreds of thousands of people call 911 for help with issues ranging from the emotional aftermath of a violent crime or a loved one suffering from a mental health crisis, to a complaint about a noisy neighbor or a loose pet. In most communities – no matter the reason for the call – the police are sent to address these problems. But police are not trained to deal with most of these social issues. Rather, they are trained primarily in the use of force and law enforcement – tools to address violent crime and other dangerous situations. The result? A social system overburdened with recurring unmet community needs.

The growing consensus – from community members, municipal officials, public safety experts, and the police themselves – is that we ask police to do too much, most of which they were not designed to do. And there is a better way.

## A LOCAL AND NATIONAL GOAL

The City of Minneapolis recently announced a public goal of **diverting 20 percent of its 911 calls** to non-police alternative response programs – setting an ambitious but achievable national standard for municipal community safety systems.

If the 100 largest municipalities in the country joined Minneapolis, that would result in **12 million 911 calls** each year diverted from overburdened police departments to specialized alternative response systems.



## ABOUT THE POLICING PROJECT'S 12 MILLION CALLS INITIATIVE

At the Policing Project, we have been working with major cities across the country on the issue of alternative response. We have developed a research framework to identify the variety of problems to which we send the police every day that might be better suited for an alternate response – calls that can include administrative issues, code violations, quality of life problems, traffic crashes, and socially complex but non-violent incidents, among others.

Using this framework, our model examines ways to build and improve the following systems:

- **Pre-Response:**  
Resolving calls without dispatch, including via online reporting
- **Alternate Response:**  
Dispatching units other than police
- **Alternate Destinations:**  
Transportation to locations other than police stations or emergency departments, and arrest diversion
- **Second Response:**  
A system of follow-up that reduces the likelihood of future emergency response

The model identifies opportunities to resolve community concerns in a manner that reduces the likelihood of future 911 calls and improves safety for first responders and the communities they respond to. To conduct an in-depth analysis and begin expanding alternative response in your jurisdictions, you'll need:

1. Ideally, three full years of calls for service, arrest, and EMS response data
2. Support from the executive office as well as public safety agency leads
3. A cross-agency working group with the authority to make decisions
4. An identified research partner for evaluation (we can help you find this)

**No matter where your jurisdiction is in the process of incorporating alternate responses, we encourage you to sign up for the 12 Million Calls initiative and learn more by contacting Scarlet Neath at [scarlet.neath@nyu.edu](mailto:scarlet.neath@nyu.edu) and visiting [safetyreimagined.org](https://safetyreimagined.org).**

This moment represents an important opportunity to reduce the harms associated with our current system, and improve trust in local government while contributing to the growing field of alternative, non-police response.

## GUEST ESSAY

# A Revolution in Public Safety Is Underway

May 30, 2025

**By Barry Friedman, Max Markham and Scarlet Neath**

The authors work at the Policing Project at the N.Y.U. School of Law. The project works with communities and the police to promote public safety.

Something important has been happening in American policing over the past few years. A consensus is emerging across the country that the police should not be the only professionals responsible for public safety.

Since the police killing of George Floyd in May of 2020 in Minneapolis, an injustice that led to long overdue conversations about policing in America, it has become clear that police officers cannot be expected to resolve every social issue or solve every dispute or problem, whether it's homelessness, a public health crisis, finding a lost pet or responding to a minor traffic accident.

We have seen in our work that local police leaders have become increasingly vocal about their rank and file being asked to do too much. They argue that sending the police to nearly every 911 call is unnecessary, ineffective, wasteful and dangerous. Police resources are strained, and 911 callers don't get the help they need. And all too often, someone gets arrested when it was avoidable or injured or killed when unnecessary force was used.

The unarmed Mr. Floyd was killed by a police officer responding to a report that he might have used a counterfeit \$20 bill to buy cigarettes in a convenience store. In the ensuing confrontation with the police, an officer pressed his knee against Mr. Floyd's neck for more than nine minutes, killing him. His widely reported death put a spotlight on data showing that many police killings happened in response to very minor offenses and that many of the victims had behavioral issues that the police acknowledge they lack the expertise to handle.

Over the past five years, a movement of local alternative response programs that don't involve the police has flourished and redefined what the 911 system and municipal emergency response can do. The use of trained alternative responders for situations that don't require the police would mean safer communities for everyone. The police would focus on serious crimes, and more appropriate responders would deal with mental health crises, fender benders and quality-of-life issues like noise complaints.

**Sign up for the Opinion Today newsletter** Get expert analysis of the news and a guide to the big ideas shaping the world every weekday morning. [Get it sent to your inbox.](#)

By our count, there are now more than 130 alternative response programs operating across the country. Many of these programs respond to complex situations that require specially trained professionals. They are the sorts of interactions that have proved to escalate risk when an armed officer arrives on the scene. More research is needed, but early published studies show the possibilities. Alternative response teams have the potential to reduce crime, ease the burden on the police and better meet the needs of 911 callers.

In Albuquerque; Olympia, Wash.; and Rochester, N.Y., trained teams of social service workers or others respond to a range of problems, including domestic violence, homelessness, substance abuse and disputes between family members or neighbors.

Denver has a team of nonpolice responders trained to investigate property crimes. New Orleans has hired a company whose agents, all of them retired or reserve police officers, responded to about 10,000 traffic incidents instead of the police in 2024. Mental health counselors in Durham, N.C., have been embedded in the city's 911 call center to assist in diverting behavioral and mental health calls away from the police to unarmed responders trained to address those crises.

These all involve situations that don't require an enforcement response. Understaffed police departments are able to focus instead on violent crime and on responding to public safety situations that do require the police.

In 2023 the City of Minneapolis invited our organization, the Policing Project, to take stock of its emergency response services as part of a broader effort to reimagine community safety.

We found that the city was already diverting 9 percent of the calls to the police to alternative responders, including for mental health emergencies, traffic issues and animal control. At the same time, we identified other opportunities to divert even more calls from the police — by

changing policy to expand the types of 911 calls that could be sensibly assigned to nonpolice responders and by increasing the use of technology for the online reporting of minor property crimes.

In response, the city set a goal last year of redirecting 20 percent of 911 calls to responders other than the police over the next 10 years. That commitment — to our knowledge, the first of its kind for a major city — is ambitious, laudable and absolutely achievable.

Which leads to this question: What if over the next five years, even more communities follow the Minneapolis lead?

There are roughly 240 million 911 calls each year in the United States. If just 5 percent of those calls were diverted to alternative response programs — a goal our project is promoting and working with communities to achieve — that would translate to 12 million calls.

There is no one-size-fits-all solution. Each community faces its own safety concerns, and each deserves carefully tailored programs to meet its challenges, whether they are drugs, gun violence, homelessness, mental health or other problems.

As we have seen, unarmed traffic teams, often limited to issuing parking tickets or directing traffic, could also respond to vehicle collisions that do not involve injuries or criminal conduct. Teams dealing with behavioral health crises could be trained to make wellness checks and respond to reports of substance use. Mediators could address disputes between neighbors. Cities could require verification from alarm companies before the police are deployed for burglary calls, an overwhelming majority of which turn out to be false.

As more 911 calls go to alternative responders rather than the police, more situations will be met with the care and expertise they demand. It would be an important advance in redefining the role of law enforcement in the United States. And it would mean safer communities for everyone.

Barry Friedman is a law professor and the faculty director of the Policing Project at the N.Y.U. School of Law. Max Markham is the project's executive director, and Scarlet Neath is a senior adviser.

*The Times is committed to publishing a diversity of letters to the editor. We'd like to hear what you think about this or any of our articles. Here are some tips. And here's our email: [letters@nytimes.com](mailto:letters@nytimes.com).*

*Follow the New York Times Opinion section on Facebook, Instagram, TikTok, Bluesky, WhatsApp and Threads.*

---

A version of this article appears in print on , Section A, Page 19 of the New York edition with the headline: The Police Can't Be Expected To Solve Every Problem



# Unarmed Public Safety Response Pilot Update – Q4

Public Health & Safety Committee

**Presented by Performance Management & Innovation**

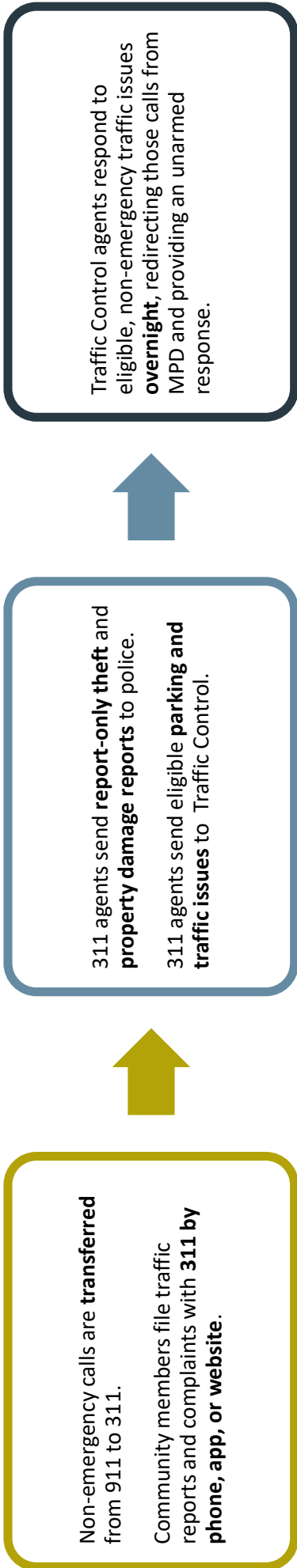
March 29, 2023

performance  
management  
& innovation



# Non-emergency response pilot summary

*These recommendations are holistic and focus on each phase of a call for service. Report-only calls were selected due to their high call volume and relatively low response risk.*



*Individual calls the City for service*

*The City receives the call*

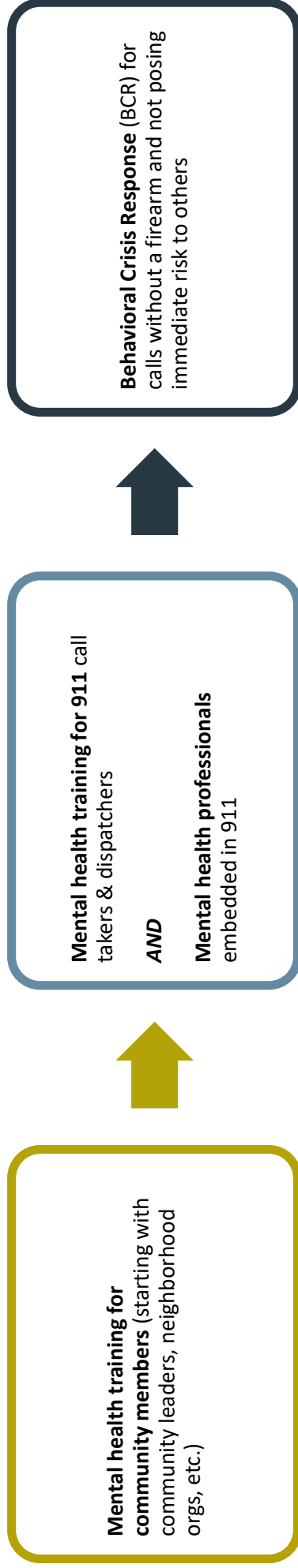
*A service is provided in response*

# Current pilot status

|                                                                  | Project Status | Updates                                                 |
|------------------------------------------------------------------|----------------|---------------------------------------------------------|
| II. Non-emergency Response Pilots                                |                |                                                         |
| Transfer non-emergency complaints and reports from 911 to 311    | Implemented    | + Implemented successfully with occasional evaluation   |
| Establish an overnight shift for Traffic Control                 | Implemented    | + Implemented without recommendation                    |
| Train civilian staff to handle theft and property damage reports | Designing      | + Designing paused amidst governance restructure shifts |

# Emergency response pilot summary

*These recommendations are holistic and focus on each phase of a call for service.*



*Individual calls the City for service*

*The City receives the call*

*A service is provided in response*

# Current pilot status

|                                            | Project Status | Updates                                                                                                    |
|--------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------|
| II. Emergency Response Pilots              |                |                                                                                                            |
| Train 911 call takers in mental health     | Implemented    | + Implemented successfully with occasional evaluation                                                      |
| Launch the Behavioral Crisis Response team | Evaluating     | + Regularly evaluating performance<br>+ Preparing for implementation and transition to Neighborhood Safety |
| Embed a mental health professional in 911  | Designing      | + Designing paused amidst governance restructure shifts                                                    |

# Key Performance Measures

*December 13, 2021 – December 31, 2022*

- + Average response rate increased from 114 calls/week through the end of Q2 to **140 calls/week** through the end of Q4
- + Responded to **+7,600 incidents** where responders were either the primary or backup response
- + Served entire City, including **every precinct, ward & neighborhood**
- + As of summer 2022, operations increased to:
  - Monday through Friday, 24 hours/day
  - Saturday and Sunday, 8am – 11pm

*Source: CAD (911)*



## Launch the Behavioral Crisis Response team

### What kinds of incidents are eligible for a BCR response?

How many calls were eligible for a BCR response?

How many calls received a BCR response?

Where are BCR teams responding?

How were these calls resolved?

How do BCR responders feel about the quality of their service?

## Eligibility Criteria

- ✓ Seems to be a behavioral or mental health crisis
- ✓ No weapon involved
- ✓ No physical violence has occurred/is occurring
- ✓ No medical emergency
- ✓ Drugs/alcohol are not escalating the situation

***Other first responder agencies may request BCR response through 911 Dispatch if the incident meets the above criteria.***

## BCR Problem Nature Codes (PNC)

***Priority 1:*** BCR – Behavioral Crisis Response

***Priority 2:*** BCRW – Behavioral Crisis Response Welfare Check

# Launch the Behavioral Crisis Response team

What kinds of incidents are eligible for a BCR response?

How many calls were eligible for a BCR response?

How many calls received a BCR response?

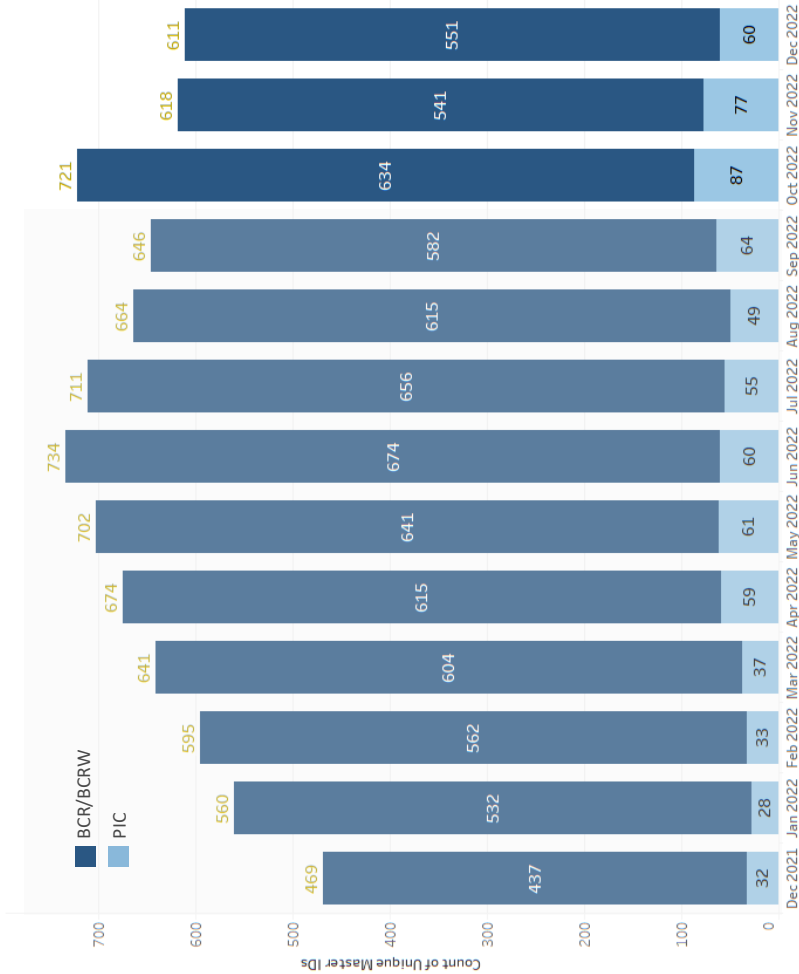
Where are BCR teams responding?

How were these calls resolved?

How do BCR responders feel about the quality of their service?

Initial Problem Nature Code Totals

(December 13, 2021 - December 31, 2022)



Source: CAD (911)

## OVERVIEW

The chart shows the number of calls that were assigned an initial PNC of **BCR/BCRW** or **PIC**. The initial PNC is assigned to initially determine the eligible first responder agency. BCR and BCRW codes dispatch the BCR while a PIC code dispatches police

## TAKEAWAYS

- + We expected to see 911 dispatchers assign BCR to most eligible calls. The reason why a police officer might still be assigned to these calls varies.
- + Van inoperability may have contributed to decrease in the number of calls assigned **BCR/BCRW** in Q3 & Q4 2022.

# Launch the Behavioral Crisis Response team

What kinds of incidents are eligible for a BCR response?

How many calls were eligible for a BCR response?

How many calls received a BCR response?

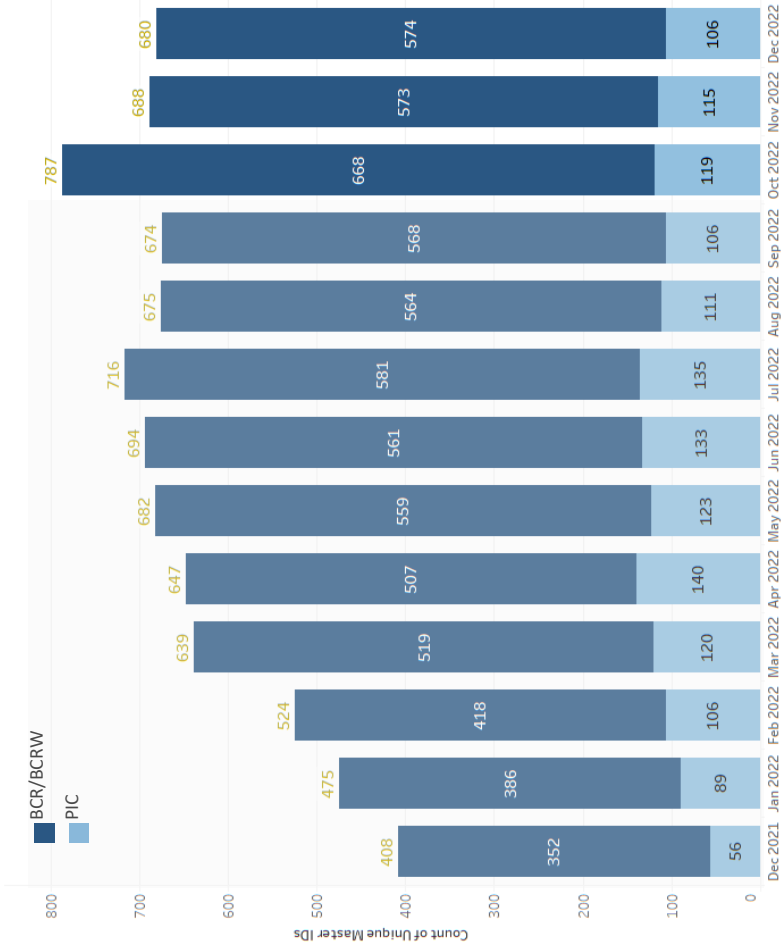
Where are BCR teams responding?

How were these calls resolved?

How do BCR responders feel about the quality of their service?

Final Problem Nature Code Totals

(December 13, 2021 - December 31, 2022)



Source: CAD (911)

## OVERVIEW

As a 911 dispatcher receives more details about a call, the call may be assigned a different PNC. The final PNC gives the most salient description of the incident and indicates which agencies were ultimately assigned to the call. The chart shows the number of calls that were assigned a final PNC of **BCR/BCRW** or **PIC**.

## TAKEAWAYS

- + Between Q1'22 to Q4'22, the average number of calls per month that received a final PNC of BCR or BCRW **increased from 441 to 605 (+37%)**.
- + Van inoperability may have contributed to decrease in the number of calls assigned **BCR/BCRW** in Q3 & Q4 2022.

Launch the Behavioral  
Crisis Response team

What kinds of incidents  
are eligible for a BCR  
response?

How many calls were  
eligible for a BCR  
response?

How many calls  
received a BCR  
response?

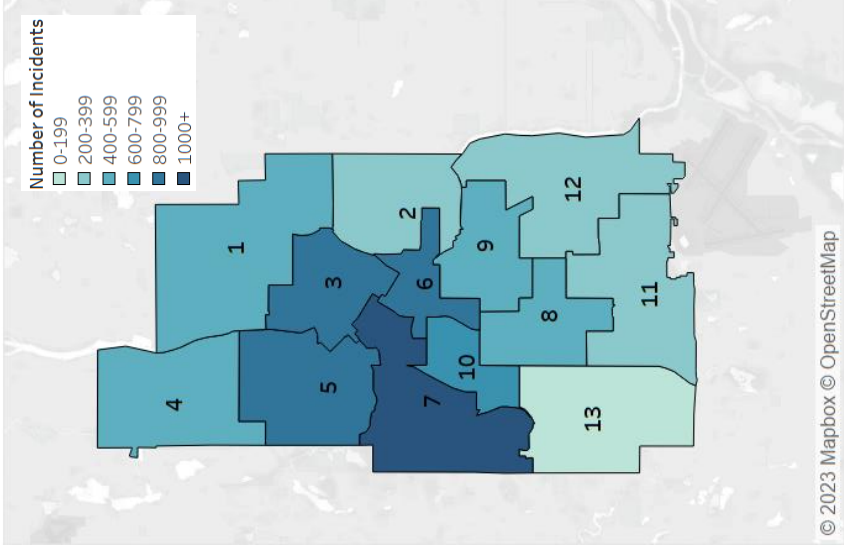
Where are BCR  
teams responding?

How were these calls  
resolved?

How do BCR  
responders feel about  
the quality of their  
service?

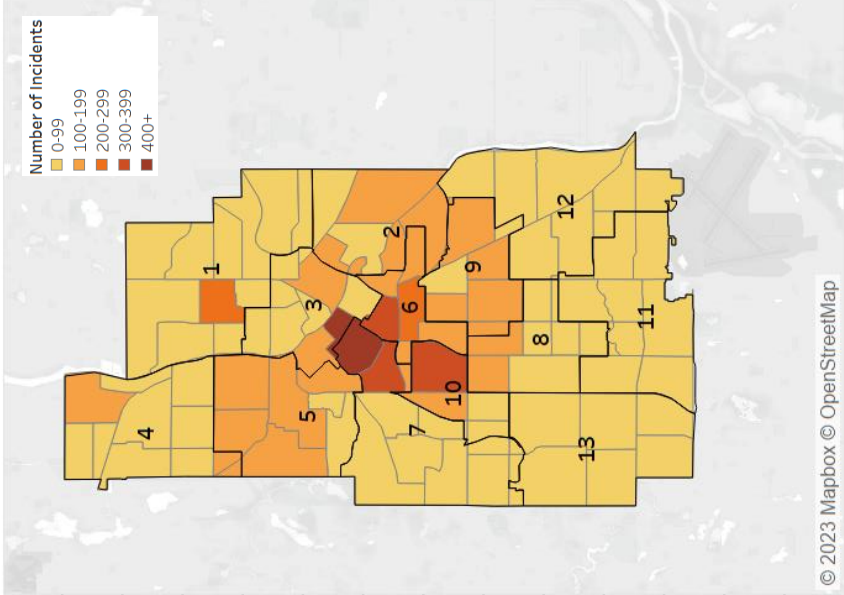
BCR Response by Ward

December 13, 2021 - December 31, 2022



BCR Response by Neighborhood and Ward

December 13, 2021 - December 31, 2022



Source: CAD (911)

## Launch the Behavioral Crisis Response team

What kinds of incidents  
are eligible for a BCR  
response?

How many calls were  
eligible for a BCR  
response?

How many calls  
received a BCR  
response?

Where are BCR teams  
responding?

### How were these calls resolved?

How do BCR  
responders feel about  
the quality of their  
service?

## Since the launch of the program, the top 3 most frequent resolutions for BCR/BCRW calls are:

- + Providing de-escalation services and resources to recipients.
- + No engagement when recipient was gone by the time BCR arrived on scene.
- + Transporting a recipient voluntarily to a destination for stabilizing services.

Launch the Behavioral  
Crisis Response team

What kinds of incidents  
are eligible for a BCR  
response?

How many calls were  
eligible for a BCR  
response?

How many calls  
received a BCR  
response?

Where are BCR teams  
responding?

How were these calls  
resolved?

How do BCR  
responders feel  
about the quality of  
their service?



**Successes**

- + More funding, thank you!
- + Getting the word out there
- + Collaboration with other first responders
- + Responder job satisfaction still high



**Challenges**

- + Staffing
- + Not enough resources/ community services for referral



**Rewards**

- + Positive community feedback
- + Excited to close gaps in care
- + Staff anecdote-  
Jessy



**Frustrations**

- + Vehicles

# Future design possibilities

*\*NOTE: \$2.5 million has been awarded to the Department of Performance Management & Innovation to continue developing our unarmed public safety pilots.*

- |                               |                                                                                    |
|-------------------------------|------------------------------------------------------------------------------------|
| + Reports of unwanted people  | + Loud music/parties                                                               |
| + Suspicious vehicles         | + Indecent exposure                                                                |
| + Suicide attempts            | + Incidents involving minors (ex. Truancy/curfew violations, abandoned/lost child) |
| + Traffic accidents           | + Tenant/neighbor trouble                                                          |
| + Victim services and support |                                                                                    |

[Home](#)

# How Durham, North Carolina, Got Police Onboard with Unarmed Crisis Response

One of the most respected alternative response programs in the country, Durham sends unarmed mental health workers to 911 calls involving mental illness and addiction.

By Ryan Levi | May 01, 2025 | PM MAGAZINE - ARTICLE

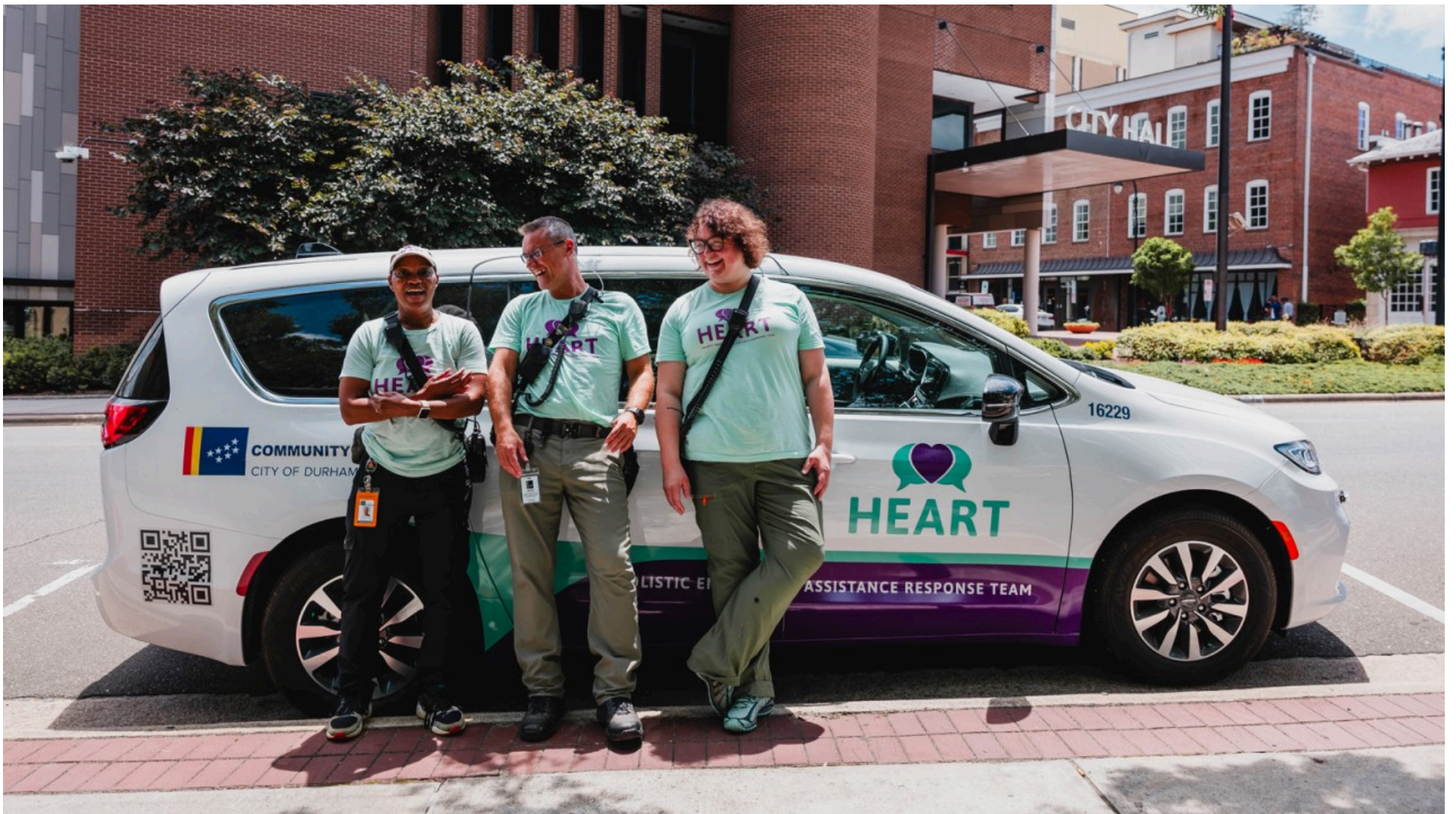


Photo credit: Angela Hollowell for Tradeoffs

Police in America [shot and killed](#) at least 2,053 people between 2015 and 2024 who were in the middle of a mental health crisis. That's 20% of all killings by police in the last decade.

Those numbers are helping to fuel a movement. Instead of sending armed police to most 911 calls, cities like Denver, Albuquerque, Houston, Louisville, and New York—more than 100 jurisdictions, all told — now send [unarmed mental health workers](#) to respond to 911 calls that involve mental illness, addiction, or suicidal thoughts.

As a reporter and producer for Tradeoffs, a national nonprofit news organization covering health policy, I spent more than a year reporting on these “alternative crisis response programs” to understand what early adopters have learned that may help other communities. We partnered with The Marshall Project, a nonprofit news organization covering criminal justice, to produce a three-part podcast series called [The Fifth Branch](#). The series focused on one of the most respected programs in the country: Durham, North Carolina's [Community Safety Department](#) and its Holistic Empathetic Assistance Response Team, known locally as HEART.

For decades, Durham had four branches of public safety — 911, police, fire, and EMS. Ryan Smith, who was tapped to lead HEART in 2021, saw his job as creating a fifth branch.

“Your house is on fire, we send fire. You're having cardiac arrest, we send EMS. There are shots fired, there is violent crime or criminal activity, we need to send law enforcement,” Smith said. “But people call 911 for a whole bunch of other reasons. And most of those reasons, because we haven't had another branch to sort them into, have gone to law enforcement.”

Tradeoffs watched HEART in action as its teams of social workers, EMTs, and peer support specialists responded to 911 calls. And we talked extensively with Durham city leaders, first responders, and program critics, as well as to the residents who had called HEART in a crisis.

Our reporting focused on some of the biggest questions that Durham—and any community interested in the alternative response approach—has to answer: How do you get buy-in to launch a new public safety branch? Is an unarmed response safe? How big should a program like HEART be?

## Birth of Durham’s Fifth Branch

Durham, like many cities, erupted in protests in the summer of 2020, after the police killings of George Floyd and others. These protests led Wanda Page, Durham’s city manager at the time, to launch an independent review of her city’s 911 data, which found that violent crime represented less than 2% of all calls. Trespassing, verbal disturbances, and mental health crisis calls made up much of the rest.

“That research let us know that the majority of the time when folks are calling 911 ... it is just a neighbor or a resident that needs assistance,” Page said in a [documentary](#) about HEART’s early days.

To respond to certain nonviolent calls, city leaders earmarked \$2.8 million in June 2021 to create the Community Safety Department. Page told residents shortly before the department launched:

*“We still need policing to help protect our community. But it is unfair to expect them to address every single issue our residents experience.”*

The new HEART team spent six months researching “unarmed response,” an approach that dates back to the 1980s. Their counterparts in early adopter cities like Denver, Albuquerque, and San Francisco shared lessons learned and data proving this work could be done safely for people in crisis and for the people responding to those calls.

Smith presented the research to the city council in January 2022 and proposed a four-part program:

1. A mental health worker inside 911 who can resolve calls over the phone.
2. Unarmed teams of social workers, EMTs, and peer support specialists to respond to nonviolent calls that involve mental illness and homelessness.
3. Pairing a mental health worker and police officer for crisis calls that involve the threat of violence.
4. Teams that connect people to longer-term support after a crisis call.

Smith believes Durham’s model is the most comprehensive in the nation. “If what we’re really doing is about sending the most appropriate response, then I want that to be available for as many people in as many moments as possible,” Smith said.

The city council greenlighted Smith’s proposal, giving him six months to build the city’s fifth branch of emergency response.

## Resistance from Police

Smith had a problem: Police officers felt attacked. Durham police sergeant Dan Leeder said many officers saw HEART as an outgrowth of the “defund the police” protests.

“Nothing is ever 100%, but it was darn close [in the police department] that this was a bad idea,” Leeder said.

*“There was a lot of trepidation about what this is going to mean for us, how this is going to affect what we’ve been doing for years.”*

Most of the officers’ concerns came down to fear: fear for their jobs, fear for residents, fear for the safety of the new responders.

Ryan Smith didn’t need police to like HEART. With backing from city manager Page and the city council, HEART was happening. But Smith believed that getting cops’ support would give his fledgling department its best chance of success. “The inability to get law enforcement buy-in can lead to programs like ours being much smaller than they need to be,” Smith said.

Luckily, he had an important ally in Durham police chief Patrice Andrews. The city hired Andrews a few months after forming the Community Safety Department, in part, because of her support for alternative response. A quarter century as a cop—most of them in Durham—had given the new chief an intimate understanding of how difficult it can be for police officers to respond to people with mental illness.

She remembers early in her career responding to a call from a woman who insisted someone had broken into her home. It quickly became clear after Andrews arrived on scene that there were no intruders. “She’d point to a lamp and she’d say, ‘They’re behind the lamp.’ And so we’d go over there and say, ‘You can’t be here,’” Andrews said.

Andrews and her partner hoped humoring the woman, and being patient with her would mollify her concerns. But the woman continued to call 911. “We kept saying, ‘You can’t call us anymore for this. We’ve told the people to get out of your home, and they’re out. You can’t call us anymore. Don’t call us anymore.’”

The calls kept coming. “We didn’t know what to do. We didn’t have the professional knowledge on how to work with someone clearly going through a moment of crisis,” Andrews said. Eventually, Andrews and her partner arrested the woman for abuse of 911 and brought her to jail. “It felt so wrong,” Andrews said of the arrest. “I knew right from wrong, but I didn’t necessarily know how to change a system that had seemingly always done it the wrong way and had gotten away with it.”

To Andrews, HEART represented a way to change a system that too often failed people in the middle of a mental health crisis. Adding a new crisis response team, Andrews hoped, would also allow her officers to focus their efforts on what they did best — fight crime. “We can do both,” Andrews said. “We can have a wonderful professional police department. We can also have amazing public safety partners in HEART.”

### How to Convince the Cops

“We can do both” became a rallying cry for Andrews and Smith. From their very first meeting, the pair agreed that HEART should be presented as a complement to good police work. “We’re not replacing you,” Andrews told officers. “You still have work that you need to do as a law enforcement officer.”

Durham’s current city manager, Bo Ferguson, echoed those sentiments.

*“It was always critically important for me that this not be perceived as something that we were taking away from the police department.”*

Ferguson directly oversaw HEART and the police department as the deputy city manager for public safety until taking over as city manager in early 2025.

Smith and his team met regularly with the police department. Andrews even invited Smith to answer patrol officers’ questions and address their concerns. Smith, as he did with the city council, presented officers with data that unarmed response could be done safely.

Smith’s campaign to win hearts and minds extended to community activists and 911, where front-line call-takers also questioned whether unarmed mental health workers should respond to crisis calls. “Every single one of our calls touches 911,” Smith said. “If this is about sending the right response, we need [911 workers] to feel really confident.”

HEART formally launched on June 28, 2022. During those early days, skeptical officers would swoop in and respond to calls meant for HEART. Others would ignore orders and engage before social workers arrived.

Sgt. Dan Leeder listened on the police radio as the new teams fanned out across the city responding to homeless people panhandling, to potential suicides, and to parents past their breaking point. He expected to hear the social workers screaming for police support. He guessed wrong. “I’ll hear these calls come out, the HEART team responding to it, and the call’s been handled,” he said. “Whatever it is they’re doing, they’re doing it right.”

Police support for the program has grown, according to an independent study. Initially, just 37% of officers thought HEART would be helpful on mental health calls; that number had risen to 67% last year.

Andrews said officers have started to come around to the idea that HEART can help them do their own jobs better. HEART estimates their responders saved Durham police officers more than 5,500 hours in the program’s first two years, leaving the short-handed department better able to respond to violent calls. Cops have even asked HEART to take over calls more than 450 times.

Seeing HEART’s work has transformed Sgt. Dan Leeder from a strident critic into one of the program’s biggest supporters. “When I’m wrong, I’m the first one to raise my hand and say, you know what? I was wrong,” Leeder said. “These people are going to help you. They’re going to make your job and your lives on this job easier.”

## Unarmed Responders Feel Safe, Too

After every 911 call, HEART responders have to tell their bosses whether they felt safe. In nearly 25,000 calls answered as of March 24, 2025, HEART responders [said they felt safe](#) 99% of the time. Other cities ([Eugene, Oregon](#); [Denver, Colorado](#); and [Albuquerque, New Mexico](#)) report their responders can do this work safely, too.

This high rate is by design. Durham sends HEART to calls like trespassing, wellness checks, and intoxication, which city data show rarely end in violence for police. To mitigate the risks that exist with this work, HEART responds with a police officer to any call with a threat of violence. HEART also provides their responders with police radios to call for backup if necessary.

*“Is there a level of risk in this job? There is,” said David Prater, one of the department’s unarmed responders. “Do I consider it an acceptable risk? I do.”*

Prater’s boss, Ryan Smith, said it’s important to acknowledge the risks involved in unarmed response, but adds that society has deemed those risks acceptable for firefighters and EMTs. As with the other branches of public safety, it’s worth putting HEART’s first responders in harm’s way, Smith argues, if that lowers the risk that someone in crisis is hurt by the police.

“I think that’s part of what being a public servant is,” Smith said. “I think government at its best is shifting burden and risk away from those that we serve to those who are signed up to be public servants.”

## “Help Is on the Way.”

Yolanda is a 38-year-old Durham resident with depression, PTSD, and bipolar disorder. (We’ve agreed to not use Yolanda’s last name to protect her family’s privacy.) She has called 911 many times when her two teenage daughters’ mental health issues have escalated into yelling, punching doors, and suicide threats. Yolanda said those phone calls are always a last resort.

“I fear[ed] that an officer was going to show up and be having a bad day and decide that today’s the day that I’m going to use my badge to be able to do whatever it is that I want to do, and nobody’s going to be able to do anything about it because I have a badge,” she said.

Since HEART launched, Yolanda feels much safer calling 911. HEART units have responded several times, de-escalating the situation and offering Yolanda and her daughters coping tools to help them prevent future fights. “When you ask for the HEART team and they say help is on the way, to me that is the biggest sigh of relief that I could possibly take during an altercation,” Yolanda said.

In a [2023 survey](#) of Durham residents, 57% said they were more likely to call 911 thanks to HEART. In the [2024 survey](#), more residents were satisfied with HEART than with any other public safety unit in the city.

It’s unclear if physical safety has improved. Researchers in Durham and a handful of other cities are studying whether unarmed responses reduce arrests, police use of force, and involuntary hospitalizations.

Anecdotally, Chief Andrews believes that working with HEART has improved how her officers do their job—a sentiment shared by many officers we interviewed. Andrews recalls a particular call where a man was dancing on top of a squad car in downtown Durham. Before HEART, Andrews said, the man would’ve been handcuffed and taken to jail. Instead, her officers spoke with the man and then called HEART. “I was so damn proud of how those officers just allowed this man to just have his space,” Andrews said. “He wasn’t hurting himself. He wasn’t hurting the officers. HEART provides us the opportunity to be a part of a different face of public safety.”

## HEART’s Biggest Challenge: Connecting People to Care After the 911 Call

HEART, in many ways, has exceeded expectations. The program has established and maintained deep support from elected leaders, law enforcement, and the community. It’s proven that unarmed mental health workers can safely respond to 911 calls that used to be answered by the police.

The challenge is what happens after HEART responds to a 911 call. Right now, the team refers residents to its Care Navigation unit. Staffed by social workers and peers with similar lived experience, navigators are responsible for connecting people to longer-term care such as housing, therapy, or addiction treatment.

“I knew that [part] would be hard,” said Ryan Smith. “I knew that it would be messy. But that it would be the hardest thing that we do? That’s the thing that surprised me.” Smith knew when he designed the program they would encounter people with problems bigger than anything social workers could solve out of a van. But he wanted to avoid his department sliding into delivering long-term care, so he limited Care Navigation to 30 days.

*“We’re not there to provide all the services,” he said. “We’re there to try to make the most of our sometimes underfunded, fragmented system of support.”*

Yet in these first three years, HEART’s efforts have regularly failed to adequately address people’s long-term problems in a month. HEART has connected just 20% of people to follow-up care.

Part of the problem is structural, Smith said. Housing and mental health services are hard to come by in Durham. Programs across the country face similar challenges.

Absent a more robust social safety net, certain individuals cycle in and out of HEART’s care. John Warasila, a real estate developer in Durham, sees HEART as well-meaning, but is upset with the program as a handful of homeless or mentally ill people continue to present problems on city streets. “[HEART] will tell us, ‘We’re working on it.’ They tell us this list of things they’re doing,” Warasilla said. “At the end of the day, it’s not resolved. So at a certain point you’re like, I appreciate all the effort that’s going into this, but this is not functioning as a solution.”

Smith has met with Warasilla and other frustrated members of the business community. HEART now directs its care navigators to contact people as soon as possible. The department is also gathering data to inform city leaders what additional services could more meaningfully help people.

“It is a larger system-wide failure and HEART is put in a position that is a very difficult one without appropriate resources,” Smith said. “We’re continuing to take seriously the concerns of [business owners]. It is a long road that we’re not shying away from.”

### City Manager Wary of Mission Creep, but Wants HEART to Grow

HEART’s inability to connect people to follow-up care has on occasion led the department to expand its role beyond first responder and care connector. HEART helped stand up an emergency cold weather shelter during one of the coldest weekends of 2024, for example. The department also has piloted a program that provides intensive ongoing support to a handful of people with significant needs.

Durham city manager Bo Ferguson appreciates that certain cases require HEART to provide what looks like more traditional social services, but he said the department must keep sight of its core function — responding to 911 calls. “I’m comfortable acknowledging the line is fuzzy and the line can move and has moved because we’re such a young program. We’re still learning how to operate in this space,” Ferguson said.

Ferguson is eager for HEART to expand operations to run 24/7. Having at least one unarmed unit on all day would push the program’s annual budget from \$5 million to \$6.5 million. Ferguson knows some elected officials and community advocates would like to see police funding diverted to beef up HEART.

“If the growth of alternative response takes a certain amount of workload off of police, and police no longer have the call volume that justifies a certain level of staffing, naturally, we’ll have a conversation about whether or not we need as many officers,” Ferguson said. “We haven’t seen that yet.”

Police chief Patrice Andrews also wants HEART to grow. But she, Ferguson, and Ryan Smith agree there’s a danger to pitting police against HEART. Andrews said cutting her budget would be difficult at a time when the city continues to grow and demand for police is only increasing.

She believes Durham — and any city doing this work — must balance responding to crisis and responding to lawlessness. “You need a level of law enforcement, but you also need that side of public safety that really is all about taking care of our populations of people that are most vulnerable,” she said. “We can do both.”



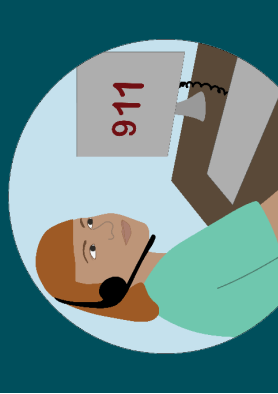
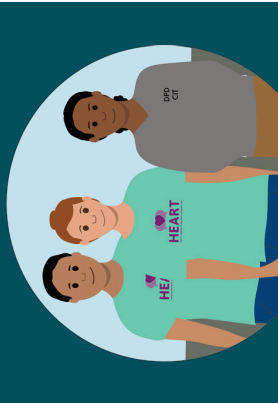
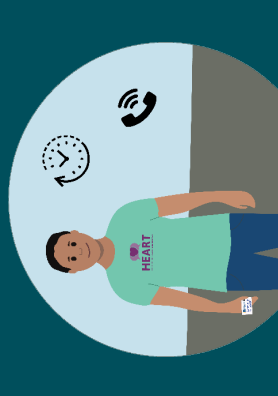
**RYAN LEVI** is a reporter and producer for Tradeoffs (tradeoffs.org).

Answers to common questions about the HEART crisis response programs



## COMMUNITY SAFETY

CITY OF DURHAM

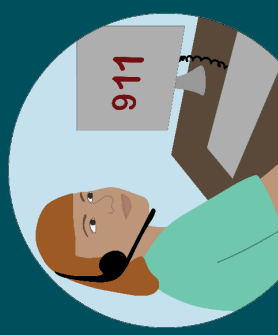
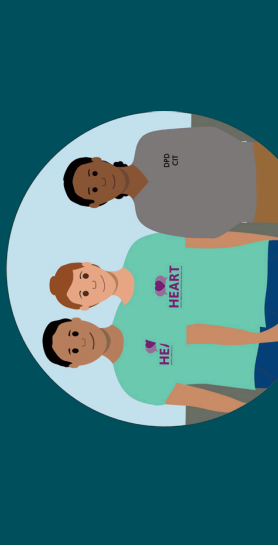
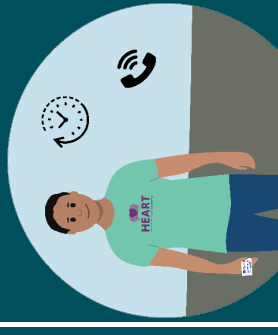
|                                                 |                                                                                                                                                |                                                                                   |                                                                                                 |                                                                            |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                 | <b>Crisis Call Diversion (CCD)</b>                                                                                                                                                                                                | <b>Community Response Teams (CRT)</b>                                                                                                                               | <b>Co-Response (COR)</b>                                                                                                                                                         | <b>Care Navigation (CN)</b>                                                                                                                                 |
| <b>What does this program do?</b>               | CCD adds clinicians to our 9-1-1 call center so we can quickly connect you to a mental health professional when you or a loved one is experiencing a behavioral health crisis                                                     | CRT dispatches unarmed, 3-person teams as first responders instead of police when you call 9-1-1 about non-violent mental health crises or quality of life concerns | COR dispatches clinicians along with CIT (Crisis Intervention Team) -trained police officers to higher risk 911 calls involving mental health crises or quality of life concerns | CN provides in-person or phone-based follow-up within 48 hours after meeting with one of our responders when you need additional support connecting to care |
| <b>Who is staffing each program?</b>            | Mental health clinicians                                                                                                                                                                                                          | Mental health clinicians, peer support specialists, and EMTs                                                                                                        | Mental health clinicians (in partnership with Durham Police officers)                                                                                                            | Mental health clinicians and peer support specialists                                                                                                       |
| <b>When might I interact with this program?</b> | When you call 9-1-1                                                                                                                                                                                                               | When you need an in-person response to a 911 call and live within Durham city limits.                                                                               |                                                                                                                                                                                  | When you need more support connecting to services after engaging one of our teams.                                                                          |
| <b>Can I request this response?</b>             | Residents should not worry about how to request the right response. Please continue to call 9-1-1 and Call Takers will route the call to the appropriate responder based on their protocol questions and the needs of the caller. |                                                                                                                                                                     |                                                                                                                                                                                  |                                                                                                                                                             |
| <b>Where does this program operate?</b>         | As of October 23, 2023, all programs operate citywide in Durham.                                                                                                                                                                  |                                                                                                                                                                     |                                                                                                                                                                                  |                                                                                                                                                             |
| <b>What are the hours of service?</b>           | 7 days a week,<br>9am–9pm                                                                                                                                                                                                         | 7 days a week,<br>9:15am–11:45pm                                                                                                                                    | 7 days a week,<br>6am–9pm                                                                                                                                                        | 7 days a week,<br>9am–9pm                                                                                                                                   |

## Answers to common questions about the HEART crisis response programs



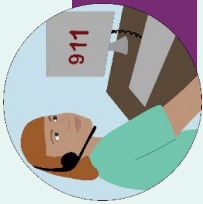
# COMMUNITY SAFETY

CITY OF DURHAM

|                                                           |                                                                                                             |                                                                                                                                                       |                                                                                                                                                                                                                                                                             |                                         |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                                           | <b>Crisis Call Diversion (CCD)</b>                                                                                                                                                             | <b>Community Response Teams (CRT)</b>                                                                                                                                                                                                   | <b>Co-Response (COR)</b>                                                                                                                                                                                                                                                                                                                                     | <b>Care Navigation (CN)</b>                                                                                              |
| <b>What kinds of calls are eligible for this program?</b> | Suicide threat, Mental Health Crisis, and other calls involving behavioral health concerns                                                                                                     | Suicide Threat, Mental Health Crisis, Trespass, Welfare Check, Intoxicated Person, Prostitution, Public Indecency, and Assist Person calls <i>where the person is not in possession of a weapon or physically violent toward others</i> | Attempted suicide; Custody issue; Involuntary commitment; and any of the following where there is an increased risk of violence and/or a weapon is present: Trespass; Intoxicated person; Panhandling / nuisance; Indecency / lewdness; Prostitution; Physical / verbal disturbance; Harassment; Threat; Reckless activity; Abuse; Threat; Domestic violence | CN follows up with our neighbors after they have had an initial interaction with one of our staff from CCD, CRT, or COR. |
| <b>Is Durham the first to do this?</b>                    | No. Durham is the first in NC, but other U.S. cities with this program include Houston, Charleston, Austin, and Philadelphia.                                                                  | No. Durham is the first in NC, but other U.S. cities with this program include San Francisco, Denver, Portland, and Albuquerque.                                                                                                        | No. Other U.S. cities with this program include Denver, Houston, Raleigh, among others. While many co-response programs run entirely out of Police or Fire depts., Durham partners two public safety depts., Community Safety and Police.                                                                                                                    | No. Some other U.S. cities with this program include Raleigh, Greensboro, and San Francisco.                             |
| <b>How were programs developed?</b>                       | All programs have been developed with a lot of careful planning that was, and continues to be, community-informed, highly collaborative, data-driven and evidence-based.                       |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| <b>How can I stay informed?</b>                           | HEART's online dashboard provides a lot of data and information on each program. View the up-to-date dashboard at <a href="http://www.durhamnc.gov/HEART-data">www.durhamnc.gov/HEART-data</a> |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |
| <b>How can I identify HEART?</b>                          | HEART responders wear matching teal shirts with distinctive logos to help you identify them in the community. View this visual identity on the following page.                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |



Visit Durham Community Safety's website to learn more:  
[www.durhamnc.gov/HEART](http://www.durhamnc.gov/HEART)



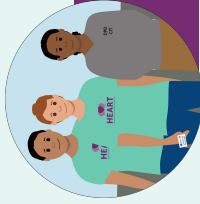
## 1 Crisis Call Diversion

**[CCD]** This program puts clinicians in our 911 call center so we can quickly connect you to a mental health professional when you or someone you know is experiencing a mental/behavioral health crisis.



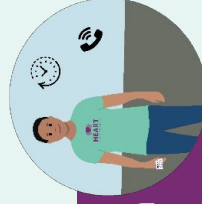
## 2 Community Response Team

**[CRT]** This program dispatches unarmed, 3-person teams as first responders instead of police when you call 911 about non-violent mental health crises or quality of life concerns.



## 3 Co-Response

**[COR]** This program sends a mental health clinician with a CIT (Crisis Intervention Team)-trained police officer to respond to higher risk calls involving behavioral health or quality of life concerns.



## 4 Care Navigation

**[CN]** This program provides in-person and/or phone-based follow-up as soon as possible after meeting with one of our first responders when you need support connecting to care.



### Keep an eye out for HEART responders!

We wear the HEART logo on our teal shirts and on our white City of Durham vehicles. For certain 911 calls, you may see us instead of police or other first responders. *Pictured:*

*Abena Bediako & Leigh Mazur, HEART's Clinical Managers*

### How can you reach HEART?

**Call 911 for all emergencies.**  
For non-emergencies, you can call 919-560-4600.

Both numbers will reach a Durham Emergency Communications Call Taker. In general, while you may request a specific kind of response, 911 Dispatchers will send the response that is most appropriate given the needs of the caller and based on whether HEART is available.

*HEART is an official City of Durham program within the Community Safety Department.*



**COMMUNITY SAFETY**

CITY OF DURHAM



HOLISTIC EMPATHETIC ASSISTANCE RESPONSE TEAM

HEART is a team of first responders (made of mental health clinicians, peer support specialists, and EMTs) operating out of the City of Durham's Community Safety Department. We provide care for 911 calls that may involve behavioral/mental health needs and other quality of life concerns.

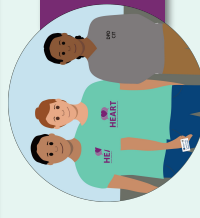
### What services does HEART provide?



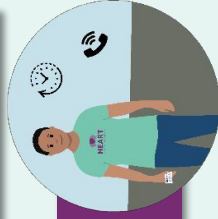
## 1 Crisis Call Diversion



## 2 Community Response Team



## 3 Co-Response



## 4 Care Navigation

## Why the name HEART?

**Holistic** When supporting our neighbors, we take into account the *whole person* and their environment, working with each individual to help find the right care for their needs.

**Empathetic** We love our Durham Neighbors. HEART strives to always be person-centered, trauma-informed & equity-focused in our work.

**Assistance** HEART assists our Neighbors in moments of crisis and follows up with them afterward to help make sure they are able to connect with the right support and resources.

**Response** Like other first responders, HEART is dispatched to certain 911 calls, arriving as quickly as possible when we are needed.

**Team** HEART responders function in teams made up of a mental health Clinician, a Peer Support Specialist, and an EMT.

## Visit our website to stay updated.

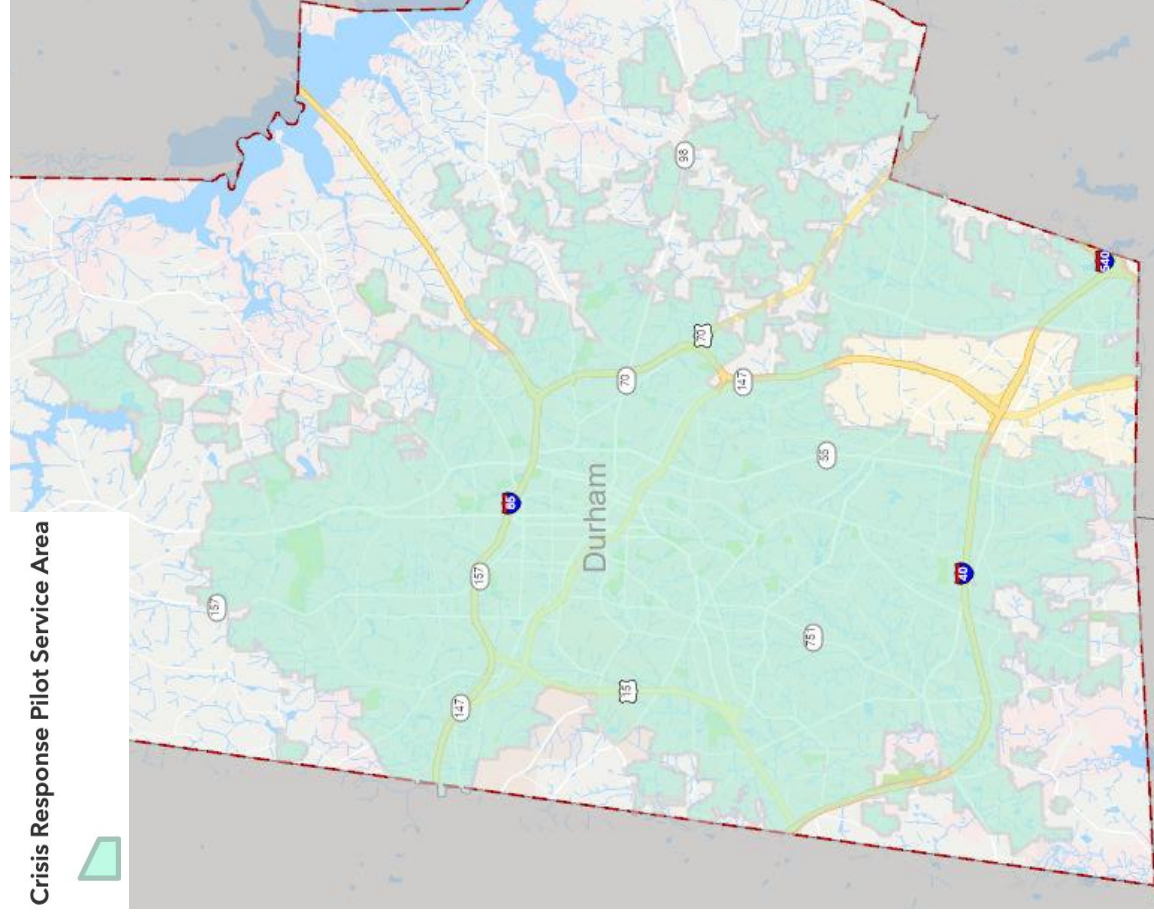
This brochure was printed in October 2023. Some program details, including operation hours, may change over time. Visit the Durham Community Safety Department website for more information, including answers to Frequently Asked Questions and ongoing updates on how HEART programs are going:

[DurhamNC.gov/HEART](https://DurhamNC.gov/HEART)



## When and where does HEART operate?

As of October 23rd, 2023, all HEART services are available citywide. That means no matter where you are in the city of Durham, a HEART response is now an option for certain 911 calls for service. View the service map below in more detail: [bit.ly/HEARTservicearea](https://bit.ly/HEARTservicearea)



**M T W Th F Sa Su**  
**ALL PROGRAMS**  
**NOW OPERATE**  
**—CITYWIDE—**  
**7 DAYS A WEEK**

**Crisis Call**  
**Diversion**  
9:00am - 9:00pm

**Community**  
**Response Team**  
9:15am - 11:45pm

**Co-Response**  
6:00am - 9:00pm

**Care Navigation**  
9:00am - 9:00pm

# Three years of service from Community Safety first responders



Thanks to the dedicated efforts of ACS First Responders, leadership, and staff, this expanding department is efficiently and safely handling thousands of 911 calls, enabling our police officers to concentrate on addressing violent crime. ACS is revolutionizing public safety, creating a nationally recognized system that benefits everyone."

— Mayor Tim Keller



## ACS'S IMPACT SO FAR

The Albuquerque Community Safety Department (ACS) responded to its first calls in September 2021. Just over three years later, we have responded to nearly 110,000 calls for service, more than 88,640 which were directly diverted from APD.

108,026

TOTAL CALLS  
FOR SERVICE SINCE  
INCEPTION

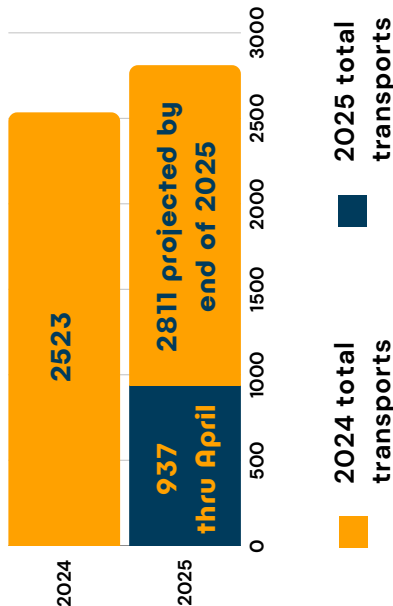
37,535

2024 TOTAL CALLS  
FOR SERVICE

## ACS TRANSPORTATION AND WARM HANDOFFS

ACS responds to individuals experiencing mental and behavioral health crises, inebriation, addiction, and homelessness. Our responders take a compassionate, trauma-informed approach to non-violent calls, ensuring individuals are treated with care and respect. ACS is dedicated to connecting individuals to essential services by providing transportation and warm handoffs to mental health services, healthcare providers, shelters, and more. In 2024, the department provided nearly 900 more transports and warm handoffs than the prior year.

### TRANSPORT YOY



3,100



average calls  
per month  
in FY 2025

12.2%



% increase in  
overall calls for  
service YoY

ONE  
ALBUQUE  
RQUE



[cabq.gov/acs](https://cabq.gov/acs)

The Community Safety Department provides Albuquerque with a holistic, empathetic, and informed response to behavioral and mental health-related 9-1-1 calls.

@cabqaocs



## ACS'S CAPACITY IS GROWING

In Year 3, ACS's Behavioral Health Responders (BHRs) continued to demonstrate their ability to safely and effectively respond to 9-1-1 and 3-1-1 calls. They have focused on higher-priority calls for service, including **welfare checks, suicidal ideation, behavioral health issues, and disturbances.**

59

Responders are  
now operating in  
the field

11

in additional  
responders current  
academy



## SUMMER OF NONVIOLENCE

Back in 2025 is ACS & Bernalillo County's Summer of Nonviolence!

Last year, the two partnered to hold the inaugural Summer of Nonviolence initiative, which focused on youth taking a pledge of nonviolence and promoting peace in the community during the summer months, when violent incidents may increase. Events this year will include drive-in movies, dances, and more!



The program aims to engage individuals and groups in meaningful ways, fostering positive behavior and providing resources for those at risk. Its goal each summer is to create a safer, more connected community through education, outreach, and collaboration with local organizations.

## ACS OPENS HEADQUARTERS

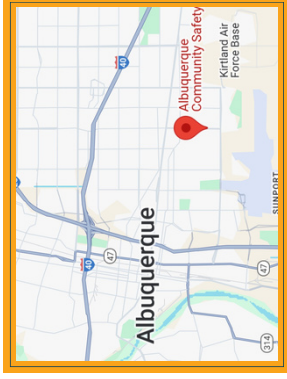
In May 2024, ACS opened its new headquarters in the International District. The building includes a dedicated space for training and a collaborative area where community members, partners, Responders, and ACS administrative staff can share ideas and work together to continue serving our city. The new headquarters is the first for an alternative health response city department in the nation.

## 100,000 CALLS FOR SERVICE

In March 2025, ACS reached a major milestone by responding to its 100,000th call for service, highlighting its critical role in providing compassionate, trauma-informed responses to 911 calls related to mental health and substance use.

## ACS GRAVEYARD CALLS

ACS is the third branch of public safety, alongside police and fire. In September 2023, the department launched its graveyard shift, ensuring 24/7 emergency response service. Since inception, the graveyard team responded to an average of 1,045 calls per month.



3,261

2024 Summer  
of Nonviolence  
participants  
across 7  
citywide  
events



19,860

Graveyard  
calls for  
service taken  
by ACS since  
launch



596

Targeted  
community  
outreach  
operations  
in 2024.



113

Current ACS  
employees  
across all  
divisions



ONE  
ALBUQUE  
RQUE

[cabq.gov/acs](http://cabq.gov/acs)

The Community Safety Department provides Albuquerque with a holistic, empathetic, and informed response to behavioral and mental health-related 9-1-1 calls.

@cabqacs





ALBUQUERQUE  
COMMUNITY SAFETY

# ACS Call Types

| TYPE                          | DEFINITION                                                                                                        | PRIORITY                                                                                                                                                                                                     |                                      |                                                     |                                                                    |
|-------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------|
|                               |                                                                                                                   | 2C                                                                                                                                                                                                           | 3C                                   | 4C                                                  | 5C                                                                 |
| <b>Behavioral Health</b>      | Subject is experiencing a BH crisis or acute challenge with a behavioral health disorder                          | Subject is in an escalated state (upset, angry, agitated, symptoms worsening, consumer's actions are likely to be escalated and/or at risk of harm to self or others if immediate response is not provided). | Subject is calm, but in distress     |                                                     |                                                                    |
| <i>Assignment</i>             |                                                                                                                   | 1 BHR unit                                                                                                                                                                                                   | 1 BHR unit                           |                                                     |                                                                    |
| <b>Disturbance</b>            | Subject causing a disturbance in a public or private place; caller requesting de-escalation                       |                                                                                                                                                                                                              | Verbal Altercation                   | Nuisance                                            |                                                                    |
| <i>Assignment</i>             |                                                                                                                   |                                                                                                                                                                                                              | 1 BHR unit                           | 1 BHR unit                                          |                                                                    |
| <b>Panhandler</b>             | Subject actively panhandling; in need of resources or in unsafe location                                          | Falling into traffic/immediate danger                                                                                                                                                                        |                                      | In a location such as narrow median                 | Panhandling no other issues                                        |
| <i>Assignment</i>             |                                                                                                                   | 1 CR Unit                                                                                                                                                                                                    |                                      | 1 CR unit                                           | 1 CR unit                                                          |
| <b>Suicidal Ideation</b>      | Suicidal ideation; not in progress                                                                                | Always                                                                                                                                                                                                       |                                      |                                                     |                                                                    |
| <i>Assignment</i>             |                                                                                                                   | 1 BHR unit                                                                                                                                                                                                   |                                      |                                                     |                                                                    |
| <b>Suspicious Person</b>      | Caller concerned about unacquainted subject who is involved in unknown or vague circumstances; non-criminal       |                                                                                                                                                                                                              |                                      |                                                     | Always                                                             |
| <i>Assignment</i>             |                                                                                                                   |                                                                                                                                                                                                              |                                      |                                                     | 1 CR unit - Default                                                |
| <b>Unsheltered Individual</b> | Caller concerned about subject(s) who appear to be unsheltered and in need of resources                           |                                                                                                                                                                                                              |                                      | Family with children present (including in vehicle) | Single Person/ Small Group/ Encampment/ Single person in a vehicle |
| <i>Assignment</i>             |                                                                                                                   |                                                                                                                                                                                                              |                                      | 1 CR unit                                           | 1 CR unit                                                          |
| <b>Welfare Check</b>          | Caller is acquainted with the subject. Caller is requesting a check on the safety and well-being of the subject   |                                                                                                                                                                                                              | Usual welfare check, no other issues |                                                     |                                                                    |
| <i>Assignment</i>             |                                                                                                                   |                                                                                                                                                                                                              | 1 BHR unit                           |                                                     |                                                                    |
| <b>Wellness Check</b>         | Caller is unacquainted with the subject. Caller is requesting a check on the safety and well-being of the subject | Concern for <b>immediate</b> safety of the subject. Subject potentially at risk of harm to self or by others.                                                                                                |                                      | Usual wellness check, no other issues               |                                                                    |
| <i>Assignment</i>             |                                                                                                                   | 1 CR unit                                                                                                                                                                                                    |                                      | 1 CR unit                                           | Default                                                            |

**BHR:** Behavioral Health Responder  
**CR:** Community Responder



## ACS Current Academy Training Plan for New Responders'

Academy is twelve (12) weeks of Instruction, followed by six (6) weeks of On-the-Job Training (OJT).

WEEK 1

Welcome to ACS - Onboarding Week

WEEK 2

Overview and Introduction Topic Week

WEEK 3

Life Saver Week

WEEK 4

Situational Awareness/Safety Week

WEEK 5

Motivational Interviewing Week

WEEK 6

Resource Week

*Trainees visit with services resource providers whom ACS refers individuals to*

WEEK 7

Social Justice Week

WEEK 8

Trauma Informed and Self Care Week

WEEK 9

Mental Health Week

WEEK 10

CAD-RMS-Radio-Driving Week

WEEK 11

WeCARE Week 1

*uses actors to simulate real-life scenarios Responders may face in the field*

WEEK 12

WeCARE Week2 and ACS Final

# Albuquerque Community Safety's Violence Intervention Program



Reducing crime requires us to think outside the box, because it's not just about enforcement, it's about prevention. Our Violence Intervention Program is creating real opportunities for people to break cycles of violence, heal from trauma and overcome addiction, rebuild their lives, and make a positive contribution to our community.

— Mayor Tim Keller



## VIP OVERVIEW

This ACS division consists of six different specialized teams that work collaboratively with specialty units such as APD's Threat Assessment Unit, Crisis Intervention Unit, Violent Crimes Unit and AFR's HEART Team and Golden Opportunity Program.

The six specialty teams include:

- Violence Intervention Program (VIP)
- School Based VIP (SBVIP)
- Opioid Education & Prevention (OEP)
- Hospital Based VIP (HBVIP)
- Youth VIP
- Community Oriented Response & Assistance (CORA)

The division's goal is to interrupt the cycles of violence through a holistic approach, tailoring the trauma informed response to individuals impacted by violence, substance abuse, crime or societal challenges.

## TRAUMA RECOVERY CENTER (TRC)

The TRC serves as the headquarters for VIP division. It is designed to combine assertive outreach, advocacy, evidence-based mental health support, and comprehensive case management for victims of violence least likely to receive the services. It is the first in New Mexico, and one of only a handful in the country. The goal is to provide a community-centered, trauma-informed, and a healing system of care for victims of violence and trauma. Services include care coordination, connection to resources, peer support, workshops/education, and trauma-informed therapy.

### CARE COORDINATION

- Survivors of violent crimes and their families will be introduced to trusted community partners who will provide short and long-term services.
- Address barriers to care
- Connections to culturally responsive community based services



### PEER ADVOCACY

- Support, accompaniment, and advocacy navigating complex systems, such as the legal, education and healthcare systems.
- Support with immediate needs such as housing, food, clothing, shelter, medical, financial benefits, employment and more.

### TRAUMA INFORMED THERAPY

- Services include group and individual therapy.
- Utilizing evidence-informed and best practices to lower distress and increase safety and wellness



ONE  
ALBUQUE  
RQUE

[cabq.gov/acs](http://cabq.gov/acs)

The Community Safety Department provides Albuquerque with a holistic, empathetic, and informed response to behavioral and mental health-related 9-1-1 calls.

@cabqacs



## VIOLENCE INTERVENTION PROGRAM

The six specialty teams work together to interrupt the cycles of violence through a community healing approach. All teams work collaboratively to conduct community outreaches after a traumatic or violent incident.

**1,416**

HOUSES AND BUSINESS  
CONTACTED AFTER HOMICIDES  
FROM JAN-MAY 2025

**181%**

MORE REFERRALS IN  
JAN-MAY 2025 COMPARED  
TO FULL YEAR 2024.

## SCHOOL-BASED VIOLENCE INTERVENTION PROGRAM (SBVIP)

Is a mentorship initiative aimed at reducing violence among youth, particularly those at the highest risk of engaging in cycles of violence and substance use. The program which is currently expanding to a fourth high school. SBVIP addresses the root causes of violence and works to improve safety in both communities and schools.

**6**

SBVIP  
student  
graduates  
in 2025  
compared  
to 1 in 2024



**68**

active SBVIP  
student  
participants  
across 3 high  
schools



**15**

referrals  
received  
in first  
month



## YOUTH VIP

In May 2025, ACS created the Youth VIP team which focuses on at-risk youth who are not in school, not currently working, and do not have a support system. This group of youth receive similar services to that of SBVIP students.



ONE  
ALBUQUE  
RQUE

[cabq.gov/acs](https://cabq.gov/acs)

## CORA

Responds to emergency situations such as homicides, human trafficking, sexual assault, emergency relocation, crisis de-escalation, resource navigation and domestic violence. The team provides immediate and compassionate on scene support to victims, families and community impacted by traumatic incidents.

**292**

High  
trauma  
referrals  
from Jan-  
May 2025



## HOSPITAL BASED VIP

Through strong partnerships with local hospitals, ACS connects with victims at a critical point on their road to recovery. By offering immediate safety planning, emotional support, and access to peer-based and behavioral health services, HBVIP helps prevent retaliation and recidivism while guiding survivors of violent crimes.

**268%**



increase in trauma unit  
referrals Jan-May 2025  
compared to FY2024

## VIOLENCE INTERVENTION PROGRAM

VIP peers work in collaboration with APD to deliver custom notifications to those identified as highest risk for retaliation or reoffending after a violence incident.

**68**

Custom  
notifications  
Jan-May  
2025



**322**

AFR and  
self  
referrals  
Jan-May  
2025



## OPIOID EDUCATION & PREVENTION

This program supports individuals and families affected by opioid use by providing overdose follow-up, education on prevention and treatment, and pathways to recovery.

@cabqacs



The Community Safety Department provides Albuquerque with a holistic, empathetic, and informed response to behavioral and mental health-related 9-1-1 calls.