

ARP FUNDING

Are American Rescue Plan (ARP) funds solely directed to state and local government entities or is funding available to nonprofit organizations who may coordinate programs and partnerships or directly provide services.

The funds are only available to government entities, states, counties, tribal governments and metropolitan cities. However, local governments may determine to contract with non-profits to implement their programs/priorities.

What is the process and timeline for requesting ARP funding for these programs?

These funds have come to local governments- both county and city; most local governments have received their first half of their funding allotment.

They are formulating plans for how to use the funds consistent with the goals of ARP. Contact your local municipality or county to determine your community's process for allocating their ARP funding.

How do we develop these programs to have sustainable funding?

Regarding ARP, these funds will be eligible to be spent through 2026, although planning needs to be concluded by 2024. For many communities to justify a continued investment, documented outcomes and cost savings may be required. It will be important to determine what indicators will be measured and collect a baseline upon initiation of the program. (the context of alternative response models, think ER hospitalization cost and law enforcement time).

NOTE: In order to thoroughly evaluate cost-savings, communities should determine which cost centers would be impacted and begin tracking upon initiation of program.

GRANT FUNDING

What extent has grant funding been a part of your programs, growth and operation?

Buncombe - "It's been huge. We started with a combination of a few different grants, both public health and public safety combined. Our current team has now been absorbed by county funding. But we're still obviously seeking the (grant) funding to expand and be able to staff the different teams that we're hoping to build out."

Note: Grant funding can be very valuable for initial pilot programs. Buncombe County's pilot program was launched with funds from a regional foundation.

Chapel Hill – "We started in 1972 as a pilot with two social work interns. The town found the value in it and immediately went ahead and just hired somebody. We've always been direct employees of the Town of Chapel Hill and have no grant funding.

I think a lot of programs do use grant funding and I think it's important. There's a lot of creative ways to seek out grant funding. Johnson County, Kansas has a co-responder that's funded through their ABC board as part of their substance abuse intervention.

Some agencies will partner with their local mental health provider (LME) and share the cost through an MOU agreement by putting mental health providers from their local agencies inside of the police department.”

Pitt County - “Our program right now is solely run through grant funding that is received from Trillium LME (Local management Entity.) The whole program right now is completely dependent upon those co-respondent positions and the mobile crisis is completely dependent upon the grants that are received by IFS through Trillium.”

NOTE: IFS is [Integrated Family Services](#) and offers a array of mental health services for families in Eastern North Carolina, including behavioral health crisis.

ALTERNATIVE RESPONSE PROGRAM

Do these co-response models work through 911 dispatch systems and services.

Chapel Hill - “Ours are a combination. We’re dispatched through the county 911 system. Our crisis unit listens to the radio just like a police officer- able to respond to 911 calls just as an officer would. There are follow-ups from police reports that were taken.”

Buncombe County and Pitt County utilize 911 dispatch services in their model.

Does your any team include expertise on people with intellectual disabilities and/or autism?

Chapel Hill - “It’s important when hiring co-responders to consider about the different types of cases that you’re going to respond to. Our bachelor's level clinician comes from a background working with children that had both mental health and intellectual disabilities, and she ran a group home for them.

We also have somebody on our team who's worked with sex offenders. We’ve had somebody on our team that's got a history of working with college students. It’s important to have a range of experiences– and have folks able to collaborate and train other in their area of expertise.”

NOTE: Communities should consider Issues of intellectual/developmental disabilities when planning their alternative emergency response. One resource to connect with is [NC Start](#). NC Start are statewide community support programs for individuals (18 and above) with intellectual/developmental disabilities and complex behavioral or mental health needs. Crisis prevention and intervention services are provided through crisis response, clinical consultation, training and respite.

Is NC legislative approval required to begin these programs?

No. However, in cases where involuntary commitment is required, it is important that all responders understand the legal process in North Carolina for such action.

DATA

Can you share the population served through the crisis COVID response, either daily or annually, some data on that.

Chapel Hill - "One of the things that we've just got for our program through CARES (Coronavirus Aid, Relief, and Economic Security Act) spending at the end of last year was a new database that is allowing us to track data. We've actually never really tracked data prior to this and I don't have any annual data on how many individuals are served. What I can share is that on a daily basis, each clinician, so there's four on the team, are assigned anywhere between four and five cases for follow up.

On an average day, they're going to follow up on anything between 16 and 20 police reports that were taken. In addition, they'll be providing field responses. On average, each one of them is going to respond in the field at least once a day. That gives you a little bit of a summary.

There could be multiple people served per case report. For instance, for domestic violence we might follow up with the victim, but if the perpetrator has mental health issues, we might connect them to services as well."

Do we have any data on the benefits to recidivism from using co-responder programs?

Chapel Hill - "Co-responder programs are really new in communities and hard to track this data because they're just getting started. One of the exciting parts about it is we know that it's at least de-escalating situations and providing an immediate response.

It's connecting folks to services and through time and important data tracking, we'll be better able to report about recidivism."

Pitt County - "We don't have numbers. We're so new in doing this. I can say that we have noticed that through historical information on our calls for services to certain homes that we are not doing repeat visits after there has been that connection to provide services through our co-responders or through mobile crisis. We have noticed this decrease in going to the same location for the same mental crisis over and over and over again. Unfortunately, new ones pop up and, and then of course we have to then move forward and handle those."

Note: It is important to note that if alternative emergency response programs are successful, many individuals would receive treatment instead of entering the criminal justice system. An equally important indicator to track is "repeat calls for service". If a community is beginning an alternative emergency response model and recidivism is a desired outcome, it will be vital to anticipate how to measure recidivism rates and generate a comparison, either historical or based on continued traditional response methods.