North Carolina Task Force
for Racial Equity *in* Criminal Justice

INFO SHEET

RE-IMAGINING 9-1-1: THE CASE FOR ALTERNATIVE EMERGENCY RESPONSE

Communities have begun changing how they respond to non-violent 911 calls related to behavioral health crises or social issues like homelessness. These ***Alternative Emergency Responses*** (AER) may include co-responders, where a law enforcement officer is paired with a behavioral health professional, or non-law enforcement responders who are behavioral health specialists.

Social workers, mental health clinicians and peer specialists are often best equipped to respond to people in crisis. In a Spring 2021 survey of more than 270 law enforcement agencies in North Carolina, 70% of responders said they wanted to learn more about crisis response programs. Law enforcement officers have been vocal about the need for specialized, expert support when answering these type of calls and even been open to the idea that when it is safe, law enforcement response may not be necessary at all. Research has shown that alternative responses with behavioral health specialists improve outcomes, including decreased arrests/jail admissions, decreased use of force, fewer psychiatric hospitalizations, and fewer repeat calls for service. Other benefits include less traumatic interactions during the moment of crisis and increased access to mental health services, shelter, or medication after. Having behavioral health specialists respond to these crises also frees up law enforcement to focus their time and effort on preventing and solving violent crime.

ALTERNATIVE EMERGENCY RESPONSE MODELS

Leaders often point to three particular alternative response models: *Co-Responder teams*; *STAR* (Support Team Assisted Response); and (Crisis Assistance Helping Out in The Streets). The essential component of each model is the utilization of specialized clinicians (social worker/mental health clinician) in partnership with law enforcement or EMS. *CAHOOTS* (Crisis Assistance Helping Out in The Streets). The essential component of each model is the utilization of specialized clinicians (social worker/mental health clinician) in partnership with law enforcement or EMS.

A *Co-Responder* model dispatches either a social worker or mental health clinician along with law enforcement on crisis calls. In both the *CAHOOTS* and *STAR* model, a crisis worker or mental health clinician is paired with a paramedic to respond to calls related to non-violent and non-criminal emergencies such as drug overdoses, suicidal individuals, intoxication, indecent exposure, trespass/unwanted person, and syringe disposal.

Many NC communities have invested in Crisis Intervention Training (CIT) with law enforcement. While not considered a stand-alone alternative itself, it is a valued best practice

and frequently a precursor to implementing an alternative response model. Within each of these alternative models, several configurations exist, including integration of peer specialists during a response.

A number of communities in North Carolina are deploying alternative emergency response models. They include 1) Town of Chapel Hill, 2) City of Greenville, and 3) Buncombe County.

STEPS TO GETTING STARTED

- **Assess readiness.** Analyze 911 data; emergency infrastructure - ex. community paramedicine program; community referral resources (treatment, housing, mental health services). Understand the multi-facets required for a successful alternative response system.
- **Identify partners.** Partners include EMS, law enforcement, Local Management Entity, Mobile Crisis Teams, peer specialist organizations, homeless and addiction services, intellectual/developmental disability crisis programs (START), and local hospitals.
- **Develop a realistic timeline.** Anticipate pitfalls.
- **Convene community resource partners to begin planning and selecting the best model.** Each community must decide which model works best for them. The first 6-12 months are a trial period and flexibility is required.
- **Determine data to measure outcomes and how it will be collected.** Data collection will be critical to analyzing efficacy and assuring equitable implementation.
    - Community indicators include ER visits for overdose, jail referrals, repeated 911 calls, chronic homelessness, overdose deaths, and cost savings.
    - Individual indicators include number of people housed, in recovery, and seeking treatment.
    - Collecting data by race will be essential to ensuring equitable implementation.
- **Identify potential funding streams.** Both long-term and short-term funding are needed.
    - ***Local funding*** – American Rescue Plan, Opioid settlement funds, County/City funds
    - ***Foundation funding*** – Duke Endowment, Kate B. Reynolds, Dogwood Trust (WNC)
    - ***Local management entity*** – Grants for Crisis Mobile Services
    - ***State funding***
    - ***Federal funding*** – Substance Abuse and Mental Health Administration or Bureau of Justice Assistance

BEST PRACTICES ACROSS MODELS

- 24/7 availability or coverage during peak call hours.
- Ensuring quality staff training for all team professionals, including cultural competency and CIT training. Understand the hiring challenges involved.

- Training across disciplines regarding skills, experiences, and demands of all team members.
- Inclusion of peer specialists.
- Ongoing community feedback loop for accountability and improvement.
- Framing the implementation of an AER model as re-investment in community mental/behavioral health services not as de-fund the police. Emphasize the positive aspects for law enforcement.

ABOUT THE TASK FORCE FOR RACIAL EQUITY IN CRIMINAL JUSTICE

The North Carolina Task Force for Racial Equity in Criminal Justice, which is co-chaired by Supreme Court Associate Justice Anita Earls and Attorney General Josh Stein, was established in June 2020 and made a recommendation to respond more appropriately to situations concerning mental illness, autism, intellectual disabilities, substance abuse, homelessness, and other nonemergency situations. For more information about the Task Force, please visit http://ncdoj.gov/trec or email criminaljustice@ncdoj.gov.

Public health professionals, current and retired police chiefs and sheriffs, policy experts, researchers, and related organizations helped draft this document, resulting in an information sheet informed by years of expertise in the field.