FACT SHEET

Alternative Dispatch Programs

A Strategy for Improving Emergency Responses and Reducing Police Violence

6.4.2021
Introduction

<4%

Fewer than 4 percent of 911 calls are related to violent crime, even in cities with high homicide rates.

S. Rebecca Neusteter et al., "Understanding Police Enforcement: A Multicity 911 Analysis" (Vera In...)

Approximately 240 million calls are made to 911 every year in the United States.¹ Only a small fraction of these calls are for serious or violent crimes. Even in communities with high homicide rates such as Baltimore, Camden, New Haven, and New Orleans, fewer than 4 percent of 911 calls are related to violent crimes.² Instead, the majority of these calls are related to incidents of disorderly conduct, noise complaints, suspicious people or cars, mental health issues, substance use, and homelessness.³

At the same time, police in America kill an average of 1,062 people and injure more than 50,000 others every year.⁴ Nearly all police killings of civilians (95 percent) involve an officer’s firearm, with an average of three fatal police shootings occurring every day.⁵
Though every police shooting is not necessarily preceded by a 911 call for service, too often a 911 call for help with a difficult situation escalates into a deadly police-civilian encounter. And both Black Americans and people with serious mental illnesses are at heightened risk during these encounters. Black Americans are nearly three times more likely to be shot and killed by police than white Americans, and one in four people shot and killed by police displayed symptoms of mental illness at the time of the encounter.6

Police officers dispatched to these crises often lack the training necessary to resolve them. Primary topics covered in the average 21-week law enforcement training academy include weapons, defensive tactics, use of force, legal education, and operations. Meanwhile, recruits receive only one week’s worth of training on topics like conflict mediation, problem solving, partnership building, and cultural diversity, and a little more than a day’s worth of training on responding and reacting to mental illness.7

While training around when and how to appropriately use force is vital for police when responding to serious crimes, the emphasis—both during initial training and in regular crime statistics and strategy meetings—on use of force can leave officers underprepared for the incidents they encounter most often.
The widespread use of 911 as a crisis intervention tool—despite the tendency to result in unnecessary uses of force in crises—has both law enforcement and community members alike asking: Are police always the most appropriate first responders to 911 calls?

Programs that deploy public health professionals and crisis workers to situations involving mental health, substance use, and homelessness—referred to as alternative dispatch programs—offer an emerging solution that can save lives and provide critical services to those in need. Alternative dispatch programs utilize first responders who are specifically trained to resolve the emergencies that most commonly arise in communities with methods that address root problems and minimize the risk of force or deeper involvement with the justice system. These programs provide communities with a critical means for addressing crises, while also freeing police to focus on preventing and solving serious crimes.

Key Components of Alternative Dispatch Programs

Alternative dispatch programs operate by having civilians—such as mental health and social service professionals—respond to select calls for service in cases where their specialized training makes them better equipped to address the issue than traditional enforcement or armed officers would be on their own. Civilian responses are commonly recognized as a beneficial response to incidents including episodes of mental illness, self-harm/suicide risks, homelessness, substance use, select neighbor disputes, and noise complaints—and this list continues to expand as these programs develop. Such professionals can be staffed within 911 call centers, deployed as part of a team of first responders along with uniformed officers, or deployed alone as first responders themselves. The setup of such a program can vary depending on the community’s resources and needs. Regardless of the approach, alternative dispatch programs seek to provide communities with quality emergency services while simultaneously reducing unnecessary arrests and uses of force, hospital and emergency department visits, and related costs.
Examples of Alternative Dispatch Programs

There are several existing and emerging programs that cities can look to as they explore quality emergency services for their communities. While not exhaustive, the list of programs below demonstrates different approaches cities have taken or are looking to implement.

CAHOOTS IN EUGENE, OREGON

Crisis Response Helping Out On The Streets (CAHOOTS), which operates out of the White Bird Clinic in Eugene, Oregon, is the longest-running alternative dispatch program. For over three decades, CAHOOTS has provided residents of Eugene and nearby Springfield with access to free, trained, civilian first responders for emergency situations involving mental health, substance abuse, and homelessness. As part of the program, mental health professionals and medics are dispatched by the police department's central 911 system in response to non-criminal calls for service, instead of police officers. On average, CAHOOTS responders require police assistance in just 2 percent of calls. This saves the city of Eugene an estimated $8.5 million annually in public safety costs plus an additional $14 million in ambulance trips and emergency response costs. Initially, CAHOOTS only provided services during select times and days of the week and served a limited area. However, when the cost-saving and treatment benefits became clear to city officials, the program was expanded to include 24/7 coverage in two cities.
“If you have the wrong individuals responding and they don’t recognize that medical emergencies and behavioral health emergencies can sometimes overlap and mirror each other, decisions could be made that have tragic outcomes.”

Ben Brubaker, White Bird Clinic

STAR IN DENVER, COLORADO

Denver, Colorado’s Support Team Assisted Response (STAR) program began as a six-month pilot in June 2020. Funded by the Caring for Denver Foundation and a related November 2018 ballot initiative to support mental health and substance use programs, STAR is an expansion of the city’s 2016 alternative dispatch program. Depending on the needs of the situation, a central dispatcher can deploy just the police, police along with mental health professionals, or a STAR van (i.e., mental health professionals alone) to respond to a 911 call. Operating eight hours per day, five days per week in one police district, the pilot program responded to an average of 29 incidents per week, with mental illness and/or homelessness being a primary concern in over 60 percent of the incidents.
“Since becoming mayor, I have prioritized within my administration building a more community-oriented public safety approach. We know that a police response is not always the appropriate response for people who are in crisis and need support. That’s why Denver’s STAR program dispatches health professionals and case workers to certain 911 calls instead of an armed officer. Expanding reforms and prioritizing a diverse network of support services for our first responders ensures the health and safety of every resident, visitor and business in Denver.”

Michael Hancock, Mayor, City of Denver

CCD IN HOUSTON, TEXAS

First implemented in 2015, Houston’s Crisis Call Diversion (CCD) program triages non-life threatening mental health calls to telehealth professionals from the Harris Center for Mental Health and Intellectual and Developmental Disabilities, staffed within the 911 call center. These professionals perform a variety of duties including mental health assessments, creating suicide and violence safety plans, and social services referrals. A 2017 internal evaluation found that the CCD program processed over 7,000 calls in a year and diverted nearly 30 percent of them from a police patrol response. This saved Houston an estimated $860,218 annually.

EMERGING PROGRAMS ACROSS THE COUNTRY
More cities have taken steps to explore and implement alternative dispatch programs. In June 2020, Mayor Tim Keller of Albuquerque, New Mexico, announced the forthcoming Albuquerque Community Safety Department, which, once launched, will serve as a first-of-its-kind civilian public safety branch for responding to non-violent and mental health-related incidents. Similarly, Portland, Oregon launched its own alternative dispatch pilot program, Community Health Assessment Team (CHAT), as of January 2021. CHAT responds to crises related to homelessness and/or behavioral health. In February 2021, mental health services were added as a fourth option for callers requesting a 911 emergency response in Austin, Texas. Callers who choose that option will be connected to a mental health clinician from the city’s Expanded Mobile Crisis Outreach Team. Many other cities across the country, including New York City, New York; San Francisco, California; Philadelphia, Pennsylvania; Oakland, California; and Rochester, New York are exploring similar options or building upon existing programs.

“We were basically saying that poverty, trauma, and substance abuse were criminal issues, because we were sending police officers to them, and we really wanted to change that.”

Albuquerque’s Chief Administrative Officer, Sarita Nair

Recommendations

Creating alternative dispatch options that involve connecting people in crisis with the mental health and social services they need is a key component of Everytown’s strategy for preventing police gun violence. It was also the central focus of an August 2020 Mayors Against Illegal Guns (MAIG) University session attended by more than 50 leaders from 30 cities. Based on conversations with city leaders who have firsthand experience with alternative dispatch programs,
as well as preliminary analysis of existing programs, Everytown recommends that city leaders undertake the following steps to ascertain whether alternative dispatch programs are appropriate for their communities:

1. In consultation with the police department, analyze 911 call data to identify common incident types to inform deployment strategies and prioritize impact areas;

2. Engage in community outreach throughout the duration of any program or pilot for community awareness, input, and buy-in;

3. Identify potential crisis response, mental health, and social service providers; coordinate responses; and provide clarity of roles;

4. Determine potential funding sources;

5. If alternative dispatch is found to be appropriate, launch an initial pilot program before rolling out citywide.

6. Track and analyze data on program processes (e.g., number of calls responded to, police contacts diverted/follow-ups needed, types of calls addressed, call resolutions, etc.) and outcomes (e.g., uses of force, hospital admissions, crime, arrest rates, cost, etc.), to inform evidence of what drives success.

To learn more about alternative dispatch programs, how they work, and resources for cities looking to implement them, please email Naureen Kabir, senior policy advisor for Community Safety Initiatives, at nkabir@everytown.org.
Everytown Research & Policy is a program of Everytown for Gun Safety Support Fund, an independent, non-partisan organization dedicated to understanding and reducing gun violence. Everytown Research & Policy works to do so by conducting methodologically rigorous research, supporting evidence-based policies, and communicating this knowledge to the American public.


Everytown analysis of 2013 to 2019 data from Mapping Police Violence (accessed June 4, 2020) and population data from the US Census. From 2013 to 2019, 1,725 non-Hispanic Black Americans were fatally shot by police (a rate of 6.13 per million), and 3,166 white non-Hispanic Americans were fatally shot by police (a rate of 2.29 per million). This may underestimate the true rate, as race was unknown for approximately 10 percent of the reported deaths. The National Violent Death Reporting System 2009–2012 also shows Black Americans killed by police at a rate 2.8 times higher than white Americans (with 17 states participating), see Sarah DeGue et al., “Deaths Due to Use of Lethal Force by Law Enforcement: Findings From the National Violent Death Reporting System, 17 U.S. States, 2009–2012,” *American Journal of Preventative Medicine* 51, no. 3 (November 2016), https://bit.ly/3wJYPcr. Centers for Disease Control and Prevention’s (CDC’s) data on 2010 to 2014 deaths categorized as legal intervention shows a rate of police killings of Black males ages over the age of 10 as 2.8 times higher than for white males over the age of 10, see James Buehler, "Racial/Ethnic Disparities in the Use of Lethal Force by US Police, 2010–2014," *American Journal of Public Health* (January 2017), https://bit.ly/3s82gWW. Everytown analysis of 2013 to 2019 data from Mapping Police Violence (accessed June 4, 2020) and population data from the US Census. Persons with unknown or unclear information about symptoms of mental illness or those indicated as being under the influence of drugs or alcohol are excluded from analysis.


The terms “alternative dispatch,” “mobile crisis teams,” and “co-response” are sometimes used interchangeably as they have significant overlaps. To learn more about the unique characteristics of mobile crisis teams and co-response, see: Maritt Kirst et al., “Examining Implementation of Mobile, Police-Mental Health Crisis Intervention Teams in a Large Urban Center,” *Journal of Mental Health* 24, no. 6 (November 2, 2015): 369–74, https://doi.org/10.3109/09638237.2015.1036970; Ashley Krider et al., “Responding to Individuals in Behavioral Health Crisis Via Co-Responder Models:

9 Ashley Krider et al., “Responding to Individuals.”


18 Quote sent via email, March 19, 2021


23 David Williams, “New York City will send mental health teams instead of police to respond to some 911 calls,” CNN, November 11, 2020, https://cnn.it/2RpChxF.


29 Pilot programs are generally scaled down, hyper-local, and set to run for a predetermined amount of time.