



Center For  
POLICING EQUITY

# ***Mental Health Alternative First Response***

## **Community Roadmap**

Creating systems that provide care-centered responses for people experiencing mental health crises is a crucial component of building safe, healthy, and equitable communities. Despite the fact that **mental illness is not a crime**, people with mental health conditions are far more likely to be arrested<sup>1</sup>, injured<sup>2</sup> and killed<sup>3</sup> by the police.

**Alternative first response programs**, which are being implemented in communities across the country, send health professionals and other community-based workers instead of police officers to respond to calls in which community members require mental health or crisis intervention services, substance use or stabilization services, and other social support services. The implementation of the national 988 Suicide & Crisis Lifeline (988) in July 2022 opens the door for communities to reimagine who responds to emergency calls, what a community-led alternative first response can look like, and where people can be directed during moments of crisis or distress.

## Purpose

One of the primary aims of **Community Up** is to translate the Center for Policing Equity's (CPE's) policy expertise and materials to accessible resources that community members interested in public safety redesign in their locality can use to inform and guide their work. With the recent release of our *Redesigning Public Safety: Mental Health Emergency Response* white paper and *Care Not Punishment: Equitable Responses to Mental Health Emergencies* webinar, we are publishing this **action-oriented roadmap** to help guide community members interested in developing alternatives to or otherwise advancing their community's approaches to mental health emergencies that don't involve police.



*CPE recommends that **alternative responders** be deployed to mental health and other crisis-related calls, like housing instability and substance use, when no threat of violence exists.*

<sup>1</sup> Teplin, L. A. (1984). Criminalizing mental disorder: The comparative arrest rate of the mentally ill. *American Psychologist*, 39(7), pp. 794–803. [doi.org/10.1037/0003-066X.39.7.794](https://doi.org/10.1037/0003-066X.39.7.794); McCauley, E. J. (2017). The cumulative probability of arrest by age 28 years in the United States by disability status, race/ethnicity, and gender. *American Journal of Public Health*, 107(12), pp. 1977–1981. [doi.org/10.2105/AJPH.2017.304095](https://doi.org/10.2105/AJPH.2017.304095)

<sup>2</sup> Laniyonu, A., & Goff, P. A. (2021). Measuring disparities in police use of force and injury among persons with serious mental illness. *BMC Psychiatry*, 21(1), p. 500. [doi.org/10.1186/s12888-021-03510-w](https://doi.org/10.1186/s12888-021-03510-w)

<sup>3</sup> Kindy, K., Tate, J., Jenkins, J., and Mellnik, T. (2020, October 17). Fatal police shootings of mentally ill people are 39 percent more likely to take place in small and midsize areas. *The Washington Post*. [washingtonpost.com/national/police-mentally-ill-deaths/2020/10/17/8dd5bcf6-0245-11eb-b7ed-141dd88560ea\\_story.html](https://www.washingtonpost.com/national/police-mentally-ill-deaths/2020/10/17/8dd5bcf6-0245-11eb-b7ed-141dd88560ea_story.html)

## How to use this roadmap

Like any other roadmap, ours is intended to guide you to your desired destination; not all roads must be traveled. Throughout the roadmap, links guide you to particular sections based on what you perceive to be your or your community's needs. While there's no harm in reading this roadmap in its entirety, we suggest following these guiding links according to your interests and needs in order to make sure you are absorbing the information most relevant to your goals.

Here is a brief layout of the remaining contents of this roadmap:

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1

### Mental health care treatment is largely unavailable and inequitable.

Approximately 14.2 million adults live with a serious mental illness.<sup>4</sup> In 2020, only 64.5% of those people received treatment.<sup>5</sup> Nearly two-thirds of Black people who need mental health care services do not receive them.<sup>6</sup>

2

### Most police encounters with mentally ill individuals do not involve crime or a threat of violence.

People with mental health conditions are no more likely than anyone else to act violently.<sup>7</sup> It is estimated that 7% to 10% of all police encounters involve a person who has mental illness. Most of these encounters do not involve any violence, and some don't involve a crime at all.<sup>8</sup>

3

### There are disparities in police contact with people experiencing mental illness.

Due to inequitable mental health care access and quality, Black people may be more likely to experience mental health emergencies that are handled with a police response.

Sending police to respond to mental health crises, can lead to preventable arrest, use of force, institutionalization, injury, or death.

Behavior that deviates from societal norms is not necessarily a sign of mental illness, and sending police to these situations can also lead to harm and preventable contact with the criminal legal system and other institutions.

Since 2015, **21% of people killed by the police** in the United States had a known mental illness.

<sup>4</sup> National Institute of Mental Health. Statistics: Mental Illness. [nimh.nih.gov/health/statistics/mental-illness](https://nimh.nih.gov/health/statistics/mental-illness)

<sup>5</sup> National Institute of Mental Health. Statistics: Mental Illness.

<sup>6</sup> Substance Abuse and Mental Health Services Administration. (2022, January 11). 2020 national survey on drug use and health. Table 8.17B. [samhsa.gov/data/report/2020-nsduh-detailed-tables](https://samhsa.gov/data/report/2020-nsduh-detailed-tables)

<sup>7</sup> Seena Fazel et al., "Schizophrenia and Violence: Systematic Review and Meta-Analysis," PLOS Medicine 6, no. 8 (2009).

<sup>8</sup> Wood, J. D., Watson, A. C., & Fulambarker, A. J. (2017). The "gray zone" of police work during mental health encounters: Findings from an observational study in Chicago. Police Quarterly, 20(1), pp. 81–105. [doi.org/10.1177/1098611116658875](https://doi.org/10.1177/1098611116658875)

<sup>9</sup> U.S. Department of Health and Human Services. (2001). Mental health: Culture, race, and ethnicity: A supplement to mental health: A report of the surgeon general. Chapter 2. Culture counts: The influence of culture and society on mental health. [ncbi.nlm.nih.gov/books/NBK44249/](https://ncbi.nlm.nih.gov/books/NBK44249/)

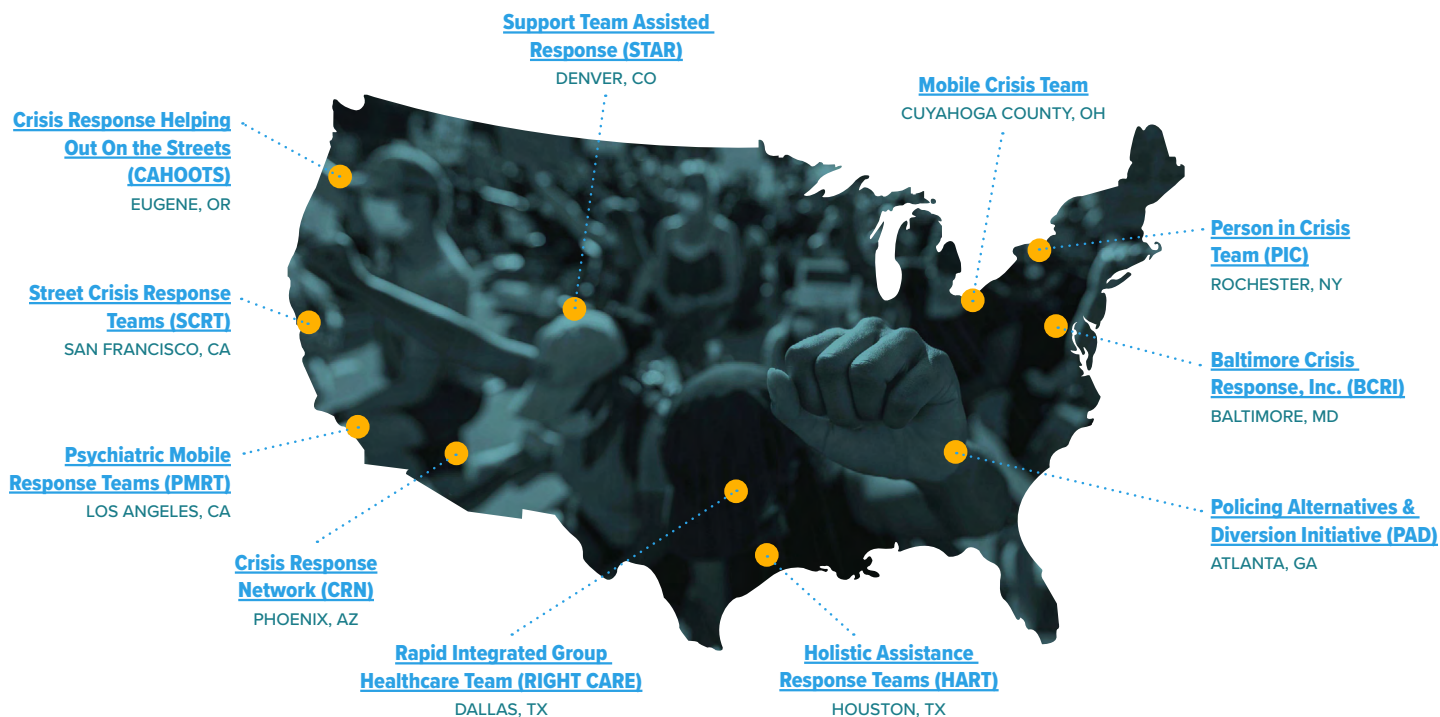
<sup>10</sup> Shah, P. V. (2019). A use of deadly force: People with mental health conditions and encounters with law enforcement. Harvard Human Rights Journal, 32, pp. 207–221. [harvardhrj.com/wp-content/uploads/sites/14/2019/07/Shah\\_A-Use-of-Deadly-Force.pdf](https://harvardhrj.com/wp-content/uploads/sites/14/2019/07/Shah_A-Use-of-Deadly-Force.pdf)

<sup>11</sup> Jenkins, J., et al. (Updated 2023, January 25). Fatal force. The Washington Post. [washingtonpost.com/graphics/investigations/police-shootings-database/](https://www.washingtonpost.com/graphics/investigations/police-shootings-database/)

# 4

## What is “alternative first response?”

Alternative first response typically refers to programs in which behavioral health or mental health professionals, social workers, peers, or other community-based or local government workers respond to emergency calls for service in lieu of a police officer. Here are some examples of alternative first response programs nationwide<sup>12</sup>:



**Alternative first response programs reduce unnecessary police contact, thereby decreasing burden on police departments and connecting residents to the care they need.**

[CAHOOTS](#) diverts between 3 - 8% of Eugene Police Department’s calls for service annually and provides crisis intervention, basic medical care, mediation, and referral and transportation to social services.<sup>13</sup>

During Denver’s [STAR](#) pilot period, during which they provided medical assessments, crisis intervention, de-escalation, transportation, and connection to additional resources and services, no calls resulted in arrest, injury, or police backup.<sup>14</sup>

Cities have found that alternative first response programs can save millions of dollars that otherwise would have been spent on police response. For example, CAHOOTS has saved the City of Eugene an estimated average of \$8 million on public safety costs and \$14 million in emergency medical costs annually.<sup>15</sup>

There is also evidence that alternative first response programs can reduce crime in communities. During Denver’s STAR pilot period, the city saw 1,400 fewer reports of low-level criminal offenses, or a 34% decrease.

<sup>12</sup> Beckett, K., Stuart, F., & Bell, M. (2021, September 2). From crisis to care. Inquest. [inquest.org/from-crisis-to-care](https://inquest.org/from-crisis-to-care)

<sup>13</sup> Eugene Police Department, CAHOOTS

<sup>14</sup> City of Denver, Support Team Assisted Response (STAR) Program.

<sup>15</sup> “Cahoots Media Guide - White Bird Clinic,” [whitebirdclinic.org/wp-content/uploads/2020/06/CAHOOTS-Media-Guide-20200624.pdf](https://whitebirdclinic.org/wp-content/uploads/2020/06/CAHOOTS-Media-Guide-20200624.pdf).



## About 988

- **988 is a national, 24/7 hotline which has replaced the previous 10-digit National Suicide Prevention Lifeline.** By separating mental health calls from 911, which typically dispatches armed law enforcement, 988 offers an opportunity for states to redesign how they respond to mental health emergencies without having to redesign their dispatch system.
- Calls to 988 will be **answered by someone trained in mental health crisis response** who can either resolve the situation over the phone or dispatch crisis services.
- Significant funding for scaling or building unarmed, community-based crisis response is needed in many communities so that people who call 988 are met with **appropriate, noncoercive responses** that connect them to care. State policymakers can maximize the potential of 988 by funding community-based and care-centered crisis services.
- Communities can support effective rollout by creating clear criteria for assessing the response needed for 988 calls. **For more information on how to best use 988 in your community, [click here](#).**

## Share resources and information with your community about the importance of alternative first response



**Share** this community roadmap and CPE's [Redesigning Public Safety: Mental Health Emergency Response white paper](#) about the disparities in law enforcement contact with individuals experiencing mental health crises.



**Use** this [988 Partner Toolkit](#) to build awareness about [988](#) on social media and within your personal networks.



**Contact** your state and local lawmakers to advocate for the funding, development, and expansion of non-law enforcement mental health and crisis response programs. Ask them to use SAMHSA'S [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#) to guide the development and expansion of non-law enforcement mental health and crisis response programs.



**Advocate** for the full funding of 988 and comprehensive crisis service systems at the state level by sharing resources like the [988 Model Bill Template for 2023 Core State Behavioral Health Crisis Services Systems, States' Options and Choices in Financing 988 and Crisis Service Systems](#), and the [988 Convening Playbook for States, Territories, and Tribes](#) with your state lawmakers.

# Alternative First Response Roadmap

**Does your community have an alternative first response program in place?**

**NO**

**Proceed to**  
**Your Community Does Not Have  
An Alternative First Response Program**

**YES**

**Proceed to**  
**Your Community Already Has  
An Alternative First Response Program**

**NOT  
SURE**



[See definition above](#) for clarity.



Check your city, police department, or health and human services department website.



[Use this template](#) to email your city councilperson or law enforcement agency to determine if there are any programs whereby health professionals and other community-based workers are sent to mental health, substance use, or housing instability related calls without police officers (alternative first response) or alongside police officers (co-response).



# Your community does not have an alternative first response program

*Note: this includes communities that have co-response programs in which police officers are still sent alongside mental health professionals to mental health calls.*

1

## Research whether there are emerging efforts to support alternative first response in your community.

**Are there currently any bills** at the local or state level which support alternative first response programs or mental health emergency response?

**Are there any existing funding plans** at the state or local level that will support an alternative first response program or mental health emergency response in your community? ([see here](#))

**Are there any activists or community based organizations** already advocating for the creation of an alternative first response program?

**If the answer to any of these questions is “yes,”** we recommend touching base with relevant stakeholders ([see here](#)) to better understand existing efforts that you may be able to join, or to inform additional efforts as needed.

2

## Assess your community's police calls for service and mental health infrastructure.

**Check any available data** on the police department website regarding law enforcement behavioral health and mental health calls for service (from 911 or 311).

**Request information** from your police department or city public safety department or encourage your local city or county representatives to obtain and share this information.

Submit a [public records request](#) to your city or police department and obtain key information such as:

- How many calls for service involving mental or behavioral health does your police department respond to?

If mental health and behavioral health calls are not currently categorized in calls for service data, event reasons including the following terms can often be considered as mental and behavioral health calls:

- “Mental health”
- “Emotionally disturbed”
- “Suicide”
- “Behavioral health”
- **Note:** Terms such as “citizen assist,” “welfare check” or “disturbance” can sometimes also indicate a mental health related event, but more information on these calls is required to make this categorization.

- How many of these calls, as far as you can tell, do not involve the threat of violence?
- How many of these calls resulted in police using force?
- How many of these calls resulted in involuntary commitment?
- How many of these calls resulted in referrals to (and acceptance or refusal of) community-based mental health resources?
- How many calls were placed to 988?
- How many calls were transferred between 988 and 911?

**Research mental health services** currently available in your community. Identify the following resources:

- Counseling and care coordination services, community-based support and rehabilitative programs, psychiatric medical services, outpatient clinics, and youth and school-based counseling programs.
- Health and social service resources such as a local public health department, community care clinics, family services, caregiver resources, homelessness services, substance use services, and more.

### 3

## Identify community stakeholders.

Community stakeholders are those who are and/or will be necessary for the development and sustainability of an alternative first response program as well as for generating investment in behavioral health services. Likely stakeholders include:

- Directly-impacted people
- Community members
- Community-based organizations
- Churches and faith-based organizations
- Social service agencies
- 911 dispatchers
- First responders (police, fire, EMS)
- Behavioral health providers
- Emergency room and hospital professionals
- 988 crisis call takers
- Local and state government representatives

Advocate for and/or help organize an engagement process that allows for meaningful input and collaboration between stakeholders, ensuring those directly impacted by inequitable public safety systems have a voice and are centered in the conversation.

- **Bookmark** [PolicyLink's Community Engagement Guide for Sustainable Communities](#) as a resource for meaningful community engagement.
- **Consider** using the following questions to facilitate conversations with key stakeholders about community safety:
  - What does public safety mean to you?
    - What programs, services and actors are involved?
    - Who or what is not involved?
    - What does safety feel like?
  - Who should have a say in what public safety looks like?
  - What role should comprehensive mental health care play in public safety?
- **Identify** potential lead agencies that could house an alternative first response program that addresses community mental health and public safety needs.



4

## Identify and advocate for funding.

Sustainable funding sources are key to successful alternative first response programs. Use the [988 Crisis Response State Legislation Map](#) to identify how much funding has been allocated to crisis response in your state. Consider the following avenues for funding an alternative first response program and check out these grant writing resources from [Grants.gov](#) and [Instrumentl](#) for tips on how to apply for grants.

### Local Funding

- Visit your city and county government websites for information about available funding for mental health programs and services.
- Ask your city or county lawmakers about:
  - Any opportunities to allocate funds from the annual budget to an alternative first response program.
  - Whether they are willing to file legislation for the local government to fund an alternative first response program, for example via a phone bill tax, sales tax, vice taxes (tobacco, alcohol, marijuana), or opioid settlement funds.
- [Explore the possibility of a ballot initiative](#) to fund a community crisis response program so that it can be voted upon by residents in a future election.

### State Funding

- Explore using Medicaid to fund an alternative first response program. States are currently eligible to opt in to provide services for mobile crisis care through the Medicaid program. Reach out to [your state's Medicaid Director](#) for more information.
- Ask your state representatives about other opportunities to apply for state funding to support an alternative first response program.
- Advocate for a bill at the state level to fund alternative first response.

### Federal Funding

- **American Rescue Plan Act (ARPA)**  
Identify if your state still has ARPA funds available that your local community could allocate to an alternative first response program.
- **Substance Abuse and Mental Health Services Administration (SAMHSA)**  
Check the SAMHSA [Grants Dashboard](#) to identify potential funding opportunities related to alternative first response programs.
- **988 Lifeline**  
Check the [988 Planning Grants](#) webpage to identify potential funding opportunities related to crisis response.
- **Bureau of Justice Assistance (BJA)**  
Check the [U.S. Department of Justice: Bureau of Justice Assistance Available Funding webpage](#) to identify potential funding opportunities related to alternative first response programs.

5

## Advocate for an alternative first response program pilot.

**Speak with your local representatives** and other community stakeholders about developing an alternative first response program pilot that is informed by data and community feedback. Some considerations:

- **Calls for Service Eligibility**

Call types that the program responds to should be directly informed by the community's calls for service data so that the types of calls the program commits to handling are translatable to law enforcement, and can thus be diverted from law enforcement where applicable.

- **Service Hours**

Police, fire, and EMS have historically been the only public service available to us 24/7, 365 days a year; as such, alternative services should try to be similarly available, especially during peak call times and when associate services are available for first responders to transport individuals to care.

- **Partner Organizations**

Community-based behavioral health providers and crisis responders should be culturally humble and values-aligned with the goals of the alternative first response program in order to provide effective services.

- **Service Provision**

Services provided should meet community needs based on calls for service data and information regarding substance use. Responders should be resourced with items such as clothing, food, blankets, naloxone, and hotel vouchers that can be distributed to community members in need.

**Ensure that there is a plan in place** to collect data on the program pilot. Ask key stakeholders whether and how they plan to assess if the program is:

- Reaching directly-impacted populations and improving mental-health related outcomes for them.
- Reducing racial disparities in contact with law enforcement in terms of use of force and arrest rates.
- Reducing the number of law enforcement interactions with community members experiencing mental health crises.
- Connecting community members with the mental health resources they need, and otherwise improving their overall well-being.
- Reducing crime or calls for police service.
- Reducing public safety costs.

**Connect with communities** that have implemented alternative first response programs for their guidance and support.

CPE and The Council for State Governments (CSG) Justice Center have partnered to launch [Unlocking Democracy](#), a community-centered resource program designed to empower stakeholders seeking to build more equitable public safety systems through various learning communities, adaptive community resource hubs, and more. [Fill out this form](#) to express interest in participating in our [Learning Communities for Policing Alternatives](#)—one of Unlocking Democracy's flagship initiatives.

6

## Identify sustainable funding and expansion opportunities.

- Once a program has been piloted, continue identifying opportunities to receive long-term funding to sustain the program ([see here](#)). Funding for data collection and evaluation should be included in the program budget.
- Engage in community conversations to identify any gaps in meeting the mental and behavioral health needs of community members, and potential solutions for providing more holistic services.

7

## Build and share resources and information with your community about the importance of alternative first response opportunities.

- **Share** this community roadmap and CPE's [Redesigning Public Safety: Mental Health Emergency Response white paper](#) about the disparities in law enforcement contact with individuals experiencing mental health crises.
- **Use** this [988 Partner Toolkit](#) to build awareness about [988](#) on social media and within your personal networks.
- **Contact** your state and local lawmakers to advocate for the development and expansion of non-law enforcement mental health and crisis response programs. Ask them to use SAMHSA'S [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#) to guide the development and expansion of non-law enforcement mental health and crisis response programs.
- **Advocate** for the full funding of 988 and comprehensive crisis service systems at the state level by sharing resources like the [988 Model Bill Template for 2023 Core State Behavioral Health Crisis Services Systems](#), [States' Options and Choices in Financing 988 and Crisis Service Systems](#), and the [988 Convening Playbook for States, Territories, and Tribes](#) with your state lawmakers.





## Your community already has an alternative first response program

1

### Advocate for publicly accessible program data and evaluation opportunities.

Data collection and program evaluation are crucial for the sustainability of alternative first response programs and their expansion nationwide. If sufficient data has not yet been collected on the program, ask the program managers and service providers to **commission a study into the effectiveness of the existing program**. Speak with program stakeholders regarding the possibility of creating a dashboard to track program data, like the one used by Durham's [Holistic Empathetic Assistance Response Team \(HEART\)](#).

Evaluate if the program is achieving its intended impact by:

- Reaching out directly to impacted populations to survey their mental-health criminal legal related outcomes. Connect with legal aid organizations that work with these populations to see if they have standing data.
- Checking for reductions in the number of law enforcement interactions with community members experiencing mental illness.
- Checking for reductions in rates of disparities in use of force, arrests, and contact with law enforcement for communities disproportionately impacted by mental health crises, like Black and Brown communities, the LGBTQ+ community, and unhoused people.
- Checking for reductions in public safety costs and crime rates.
- Surveying if community members are getting connected with the mental health resources they need.
- Documenting the lived experiences of impacted community members and putting them in conversation with data.



2

## Advocate for a community advisory board for the alternative first response program.

**Advocate** at the local level for the formation of a community advisory board to help keep residents invested in the alternative first response program, build trust, and maintain rapport between the community and the systems that serve them. For example, Denver's STAR program created a [Community Advisory Committee](#) to ensure that STAR remained aligned with its community values through its expansion process.

3

## Identify sustainable funding and expansion opportunities.

- **Identify opportunities**—through, for example, the [988 Crisis Response State Legislation Map](#), [Grants.gov](#), and [InstrumentI](#)—to sustain long-term funding ([see here](#)).
- **Engage in community conversations** to identify any gaps in meeting the mental and behavioral health needs of community members, and potential solutions for providing more holistic services.
- **Use** [PolicyLink's Community Engagement Guide for Sustainable Communities](#) as a guide for meaningful community engagement to inform program expansion.

4

## Share resources and information with your community about the importance of alternative first response.

- **Share** this roadmap and CPE's [Redesigning Public Safety: Mental Health Emergency Response white paper](#) about the disparities in law enforcement contact with individuals experiencing mental health crises.
- **Use** this [988 Partner Toolkit](#) to build awareness about [988](#) on social media and within your personal networks.
- **Contact** your state and local lawmakers to advocate for the development and expansion of non-law enforcement mental health and crisis response programs. Ask them to use SAMHSA'S [National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit](#) to guide the development and expansion of non-law enforcement mental health and crisis response programs.
- **Advocate** for the full funding of 988 and comprehensive crisis service systems at the state level by sharing resources like the [988 Model Bill Template for 2023 Core State Behavioral Health Crisis Services Systems](#), [States' Options and Choices in Financing 988 and Crisis Service Systems](#), and the [988 Convening Playbook for States, Territories, and Tribes](#) with your state lawmakers.



## Additional Resources

### CPE Resources

- [Redesigning Public Safety: Mental Health Emergency Response White Paper](#)
- [Redesigning Public Safety: Mental Health Emergency Response Recommendations](#)
- [Care Not Punishment: Equitable Responses to Mental Health Emergencies Webinar](#)
- [Email Template for Contacting Local Elected Officials](#)
- [Unlocking Democracy Resources](#)

### 988 Resources

- [988 Model Bill Template for 2023 Core State Behavioral Health Crisis Services Systems](#)
- [988 Partner Toolkit](#)
- [988 Crisis Response State Legislation Map](#)
- [988 Planning Grants](#)
- [States' Options and Choices in Financing 988 and Crisis Service Systems](#)
- [988 Convening Playbook for States, Territories, and Tribes](#)

### Funding Resources

- [Grants.gov](#)
- [InstrumentI](#)
- [SAMHSA Grants Dashboard](#)
- [Ballot Initiative](#)
- [U.S. Department of Justice: Bureau of Justice Assistance Available Funding](#)

### Community Resources

- [CSG Justice Center's Expanding First Response: A Toolkit for Community Response Programs](#)
- [CSG Justice Center's Expanding First Response Assessment Tool](#)
- [Local Progress Impact Lab's Reform/Transform: Creating a Community Responder Program](#)
- [Vera's Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police](#)
- [PolicyLink's Community Engagement Guide for Sustainable Communities](#)
- [Denver STAR Community Advisory Committee](#)
- [Public Records Request for Use of Force Data](#)

### Authors

Jiadi Chang  
Cierren Edmondson, M.P.A.  
Keiana West

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Max Markham, J.D.  
Christopher Mebius, M.C.J.  
Scarlet Neath, M.P.P.  
Charlotte Resing, J.D.  
Reece Sisto, M.Sc. Development Studies  
Shakina Williams



## Stand With Us

For more information about CPE's work  
and to get involved, please contact us at:  
[ce@policingequity.org](mailto:ce@policingequity.org)