

EXAMPLES OF EXISTING CO-RESPONSE/ALTERNATIVE RESPONSE MODELS IN FIVE CITIES

Denver, CO [link](#)

Support Team Assisted Response (STAR) program

Summary

The STAR Program in Denver is a community-based initiative to address certain 911 calls with mental health professionals and paramedics instead of police officers. It is an example of an **alternative response model** being implemented currently to provide better care for individuals experiencing mental health crises, substance abuse issues, homelessness, or similar nonviolent situations.

The goals of the STAR program include:

- ★ Decreasing police involvement in nonviolent, behavioral health-related incidents.
- ★ Providing specialized care to individuals in crisis.
- ★ Reducing unnecessary arrests or hospitalizations.
- ★ Fostering trust within the community.

This is how a call involving the STAR team would play out.

When a 911 call fits specific criteria (e.g., mental health issues, welfare checks), the STAR team is dispatched.

The team typically consists of a licensed mental health clinician and a paramedic.

They arrive in a specially equipped van to provide on-site care and connect individuals with appropriate resources.

Benefits of the program

Improved Outcomes for Individuals in Crisis:

- The program diverts nonviolent calls to trained professionals, providing care that is tailored to respond to mental health and substance abuse issues.
- STAR teams often connect individuals with resources, reducing unnecessary arrests or hospitalizations.

Cost Efficiency:

- STAR responses are significantly less expensive than traditional police interventions, saving public funds

Reduction in Crime:

- Areas served by STAR experienced a 34% reduction in criminal offenses, showing that the program helps de-escalate situations without escalating legal issues.

Community Trust and Safety:

- The program fosters trust by reducing the presence of law enforcement in nonviolent scenarios, which can be especially important in communities wary of police involvement

Supports Police Resource Allocation:

- By addressing nonviolent calls, STAR frees up police officers to focus on more serious crimes.

Drawbacks to the program

Limited Coverage and Hours:

- STAR currently operates during limited hours (e.g., 6:00 a.m. to 10:00 p.m., Monday through Friday) and does not yet offer 24/7 service, which restricts its availability

Scaling Challenges:

- Expanding the program to serve more areas and operate around the clock requires significant funding, staff training, and additional vehicles

Dependence on External Funding:

- Although STAR has received support from foundations like Caring for Denver, its long-term sustainability depends on consistent funding, which can be uncertain

Potential Overlap with Existing Services:

- Critics argue that while STAR is promising, it might duplicate the work of other crisis response initiatives if not properly integrated.

Eligibility Criteria:

- The program is limited to nonviolent calls, which may leave gaps in response to incidents that don't fit neatly into its criteria.

Effectiveness

The STAR Program has demonstrated considerable effectiveness in addressing nonviolent crises by offering an alternative to police intervention. From June 2020 to December 2023, the STAR team responded to 7,464 calls, addressing issues such as mental health crises, homelessness, and substance use. More importantly, there were no arrests or tickets during these calls, showing its ability to de-escalate situations effectively. Additionally, one study found a 34% reduction in reported crimes in neighborhoods served by STAR, demonstrating its impact on community safety (*Wellpower*.) Lastly, STAR responses cost an average of \$151 per incident, which is far less than the average \$646 cost of traditional police responses. This would result in a more effective use of public funds, and less budget wastage overall (*National League of Cities*.)

Sources for further research

Caring for Denver

"Denver, CO: Community Response Model." *Caring for Denver*,
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Kotalik, Liz. "Denver STAR Program Sees Promising Results." *9News*, 11 Feb. 2021,
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Boston, MA [link](#)

Boston Emergency Services Team (BEST)

Summary

Boston's **Co-Response** Program, developed through a collaboration between the Boston Police Department (BPD) and the Boston Emergency Services Team (BEST) at Boston Medical Center, aims to better address mental health crises and police response. Since its inception in 2011, the program has integrated Master's-level clinicians with law enforcement officers to co-respond to incidents involving mental health emergencies.

To reiterate, the goals of the program include:

- ★ Providing safe, de-escalated responses to mental health crises with police and clinicians working together.
- ★ Prioritizing connecting individuals to mental health services instead of the criminal justice system.
- ★ Building trust by addressing crises compassionately and clinically
- ★ Reducing reliance on emergency services and allocating resources to more high-need areas like Dorchester and Roxbury.

Benefits of the program

Improved Crisis Outcomes

- Integrating clinicians with police officers serves to help de-escalate tense situations, ensuring safer and more effective responses for individuals in mental health crises.

Reduction in Arrests

- The program emphasizes stabilization and connects individuals to services instead of the criminal justice system, reducing arrests and court involvement.

Community Trust

- The focus on compassionate, clinical responses builds trust in the community, especially in underserved areas like Dorchester and Roxbury.

Efficient Use of Resources

- Diverting mental health cases from emergency departments and traditional law enforcement frees up resources.

Data-Informed Expansion

- Analysis of 911 call patterns allows for targeted deployment of resources to areas with the highest need.

Drawbacks to the program

Limited Scope and Coverage:

- The program relies on a limited number of clinicians and does not yet provide full citywide or 24/7 coverage, leaving gaps in service availability.

Resource Constraints:

- Scaling the program requires significant funding, training, and collaboration, which can be challenging to sustain long-term

Police Presence Concerns

- Some critics argue that the inclusion of law enforcement in responses may deter individuals in crisis from seeking help, particularly in communities with strained police relationships

Dependence on Partnerships:

- The program's success depends heavily on the collaboration between police, clinicians, and community organizations, which requires ongoing coordination and commitment that may be difficult to maintain.

Effectiveness

Further research and studies are needed to determine the effectiveness of the program in practice.

Sources for further research

Boston Police Department. "Mental Health Month: BPD's Co-Response Model With Boston Emergency Services Team (BEST) Clinicians." *Boston Police Department*, www.police.boston.gov/may-mental-health-month-best. Accessed 3 Dec. 2024.

Boston Police Department. "Mental Health." *Boston Police Department*, www.police.boston.gov/mental-health-services. Accessed 3 Dec. 2024.

Watson, Amy C., et al. "Outcomes of Co-Response Teams: A Quasi-Experimental Evaluation." *Policing: A Journal of Policy and Practice*, vol. 15, no. 3, 2021, pp. 1802–1814. Oxford Academic, <https://doi.org/10.1093/police/paab027> Accessed 3 Dec. 2024.

The Boston Sun. "City Announces Pilot Program for Mental Health Emergency Responses." *The Boston Sun*, 2024, www.thebostonsun.com/city-announces-mental-health-pilot-program Accessed 3 Dec. 2024.

Portland, OR [link](#)

Portland Behavioral Health Unit (BHU)

Summary

The Portland Behavioral Health Unit (BHU) is a specialized division of the Portland Police Bureau (PPB) designed to help manage behavioral health crises involving individuals with known or suspected mental illnesses or substance use issues. It is an example of a **co-response** model.

The program features three key components: Enhanced Crisis Intervention Team (ECIT), Behavioral Health Response Teams (BHRT), and the Service Coordination Team (SCT).

These teams collectively have the following goals:

- ★ Provide coordinated services to individuals in mental health crises.
- ★ De-escalate potentially dangerous situations.
- ★ Provide community resources to minimize unnecessary criminal justice involvement and ensure appropriate care.

Benefits of the program

Specialized Response

- The BHU integrates mental health professionals into crisis responses, improving outcomes through expertise in de-escalation and community resource connections.

Reduced Reliance on Police

- By pairing officers with clinicians, the program diverts individuals from the justice system and into appropriate care facilities.

Cost Savings

- A study found significant cost reductions, with \$10 saved in community and justice system expenses for every dollar spent on the SCT program.

Comprehensive Training

- Officers receive extensive crisis-intervention training to handle complex behavioral health scenarios effectively.

Drawbacks to the program

Resource Constraints

- Limited availability of treatment facilities and housing options often delays or limits the program's ability to provide comprehensive care.

Selective Service Criteria

- Not all individuals in crisis qualify for BHU interventions, potentially leaving some without adequate support.

Systemic Gaps

- Broader systemic issues, such as insufficient upstream investment in mental health infrastructure, can undermine the program's effectiveness.

Effectiveness

More research and data is needed to determine effectiveness of the program in practice.

Sources for further research

Portland Police Bureau. "Behavioral Health Unit: Program Overview." Oregon Knowledge Bank, State of Oregon, 2023, okb.oregon.gov.

Behavioral Health Unit Advisory Committee. "Meeting Minutes and Program Reports." Portland.gov, City of Portland, 2024, www.portland.gov.

Leighton, Lielah. "Decisive Action Could Help Portland's Dysfunctional Behavioral Health System." The Lund Report, 2024, www.thelundreport.org.

New York City, NY [link](#)

Behavioral Health Emergency Assistance Response Division (B-HEARD)

Summary

The Behavioral Health Emergency Assistance Response Division (B-HEARD) in New York City is an innovative mental health response initiative that partners emergency medical services (EMS) and mental health professionals to address non-violent 911 calls involving behavioral health crises. This program is an example of an **alternative response** model.

Goals of the program:

- ★ Aims to treat mental health emergencies as public health issues rather than safety concerns.
- ★ To deploy teams that consist of paramedics and mental health clinicians to provide immediate, on-site care and appropriate follow-up support.

Benefits of the program

Health-Centered Response

- Expert care teams use their expertise to de-escalate situations, conduct physical and mental health assessments, and connect individuals with necessary services without the involvement of police, unless safety risks arise.

Reduction in Hospitalization

- A significant portion of individuals assessed by B-HEARD teams are connected to community mental health services instead of being transported to emergency rooms, reducing unnecessary hospitalizations.

Community Care Integration

- B-HEARD works in partnership with local behavioral health providers, ensuring individuals are linked to ongoing support.

Drawbacks to the program

Limited Coverage

- The program is currently a pilot, operating only in select areas.

Not for Violent Emergencies

- B-HEARD teams are not dispatched in cases involving violence, weapons, or imminent harm, these calls are still handled by police and traditional EMS teams.

Reliant on Availability

- Response times may be affected by the availability of B-HEARD teams, especially in high-demand areas.

Effectiveness

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Limited Coverage

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Not for Violent Emergencies

- B-HEARD teams are not dispatched in cases involving violence, weapons, or imminent harm, which means these calls are still handled by police and traditional EMS.

Reliant on Availability: Response times may be affected by the availability of B-HEARD teams, especially in high-demand areas

Effectiveness

The program has demonstrated positive outcomes, with a substantial increase in the percentage of mental health 911 calls it handles. In fiscal year 2024, the program responded to 73% of eligible calls in pilot areas, a significant improvement from previous years. Nearly 43% of individuals served were connected to community-based behavioral health services instead of emergency rooms (*NYC Health + Hospitals*.)

Sources for further research

"B-HEARD: 911 Mental Health Emergency Health-Centered Response Pilot Project." *New York City Mayor's Office of Community Mental Health*, 2021, <https://mentalhealth.cityofnewyork.us/wp-content/uploads/2021/05/B-HEARD-One-Page-r-FINAL-5.27.2021.pdf>.

"Mayor Adams Announces Key Milestones and Strategies to Improve Crucial 911 Mental Health Crisis Response Initiative." *NYC Health + Hospitals*, 20 Sept. 2024, <https://www.nychealthandhospitals.org/press-release/mayor-adams-announces-key-milestones-and-strategies-to-improve-crucial-911-mental-health-crisis-response-initiative>.

"B-HEARD 911 Mental Health Response." *Mayor's Office of Community Mental Health*, 2021, <https://mentalhealth.cityofnewyork.us>.

Austin, TX [link](#)

Expanded Mobile Crisis Outreach Team (EMCOT)

Summary

The EMCOT program in Austin, Texas, is designed to provide rapid, specialized crisis intervention for individuals experiencing mental health crises. Established as an extension of the Mobile Crisis Outreach Team (MCOT), EMCOT integrates mental health professionals into 911 call centers to **co-respond with first responders or independently address** non-violent behavioral health emergencies. This makes the program a unique combination of the two response models.

Program goals

- ★ Offer county-wide support during mental health crisis calls.

- ★ Provide follow-up care for up to 90 days to those who are in need of support.
- ★ Ensure long-term stabilization through services like counseling, medical assessments, and case management.

Benefits of the program

Timely and Specialized Care

- EMCOT connects individuals to appropriate mental health services quickly, reducing the reliance on emergency rooms and law enforcement for non-violent crises.

Cost-Effectiveness

- Diverting individuals from traditional emergency services reduces overall public expenditure.

Community Engagement

- EMCOT prioritizes community-based solutions, offering resources and support tailored to individuals' needs.

Integration with First Responders

- The program trains first responders and provides telehealth support, allowing police and EMS to return to their primary duties more quickly.

Drawbacks to the program

Resource Limitations

- EMCOT faces challenges with funding, staffing, and scaling services to meet demand across Travis County.

Service Gaps

- Limited capacity in follow-up and transitional care can hinder long-term recovery and stabilization.

Complex Coordination

- Integrating with multiple agencies and jurisdictions can create logistical challenges.

Effectiveness

EMCOT has been successful in diverting many mental health crises from traditional emergency pathways like police intervention and incarceration. Its collaborative approach with first responders is widely praised, and its services significantly improve outcomes for individuals in crisis by providing specialized care at the scene. However, the program's impact is limited by funding constraints and the broader lack of comprehensive mental health infrastructure in the region (*Criminal Legal News*.)

Sources for further research

Criminal Legal News. "Travis County, Texas, Efforts to Keep Mentally Ill Individuals Out of Jail Face Funding, Infrastructure, and Information Management Challenges." *Criminal Legal News*. 2023. www.criminallegalnews.org.

Integral Care. "Mobile Crisis Outreach Team Overview." *Austin City Council - Public Safety Committee*. August 17, 2020. <https://services.austintexas.gov/edims/document.cfm?id=345430>

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