



The Alternative Responder Project

Final Report
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Executive Summary

Interest is growing nationally and in North Carolina in alternative responder programs to better promote public safety, more effectively use law enforcement resources, connect people with needed services, and reduce reliance on the justice system to address social issues like homelessness and mental health and substance use crises. Alternative responder programs can take a variety of forms, including police-based programs, co-responder programs, and community-based models.

Executed in partnership with the North Carolina Association of Chiefs of Police, this project used a survey, interviews, and case studies to identify existing and planned-for alternative responder programs in North Carolina and to provide information about these programs, their benefits and challenges, and recommendations from police departments and their program partners on implementing them. We hope this information will be helpful to police departments and the communities they serve as they work to promote community safety and wellness.

Key project takeaways:

Police departments and community organizations have implemented and are interested in a variety of alternative responder programs. Programs already exist in geographically and politically diverse communities and in rural, suburban, and urban jurisdictions. Over one-third of police departments are considering a new alternative responder program.

Mobile crisis programs are most common; the greatest interest for the future is in mental health co-responder programs. Sixty-one percent of departments report having a mobile crisis program in their community. Departments that are considering implementing a new program are most interested in mental health co-responder programs.

Programs are not easily categorized. We use the terms police department-based programs, community-based programs, and co-responder programs. However, programs do not fit into neat categories. Some co-responder programs, for example, are housed in police departments, others in community organizations. Similarly, some programs—like homeless outreach programs—can be either police department-based or community-based.

Some programs are relatively new; others have long track records. While national attention on alternative responder programs is new, some programs—like community-based homeless outreach programs—have been around for decades.

Programs use varied staffing strategies. Alternative responder programs are staffed by a variety of professionals. In addition to officers, staff include mental health professionals, substance use treatment providers, social workers, paramedics and EMS, and peer support specialists, among others.

Collaboration occurs in varied ways. Police departments collaborate with programs in different ways, including providing direct and indirect referrals, receiving back-up support during calls, and participating in program development.

Alternative responder programs offer a range of benefits. Departments identified many program benefits, including promoting community trust; connecting people to services to address root causes of behavior; reducing repeat calls for service and officer use of force; improving efficiency and effectiveness of law enforcement resources, including freeing up officers to focus on pressing public safety matters; freeing up jail space; and promoting court appearances. One surprising program benefit is officer wellness. Programs alleviate pressures officers face when dealing with complex issues like mental health crises and homelessness. Officers also turn to program staff for counseling services.

Program integration matters. In interviews, department and program staff noted that for police-based and co-responder programs, integration within the department is a key factor for success.

Service availability limits effectiveness. Limited local services and resources, like housing and behavioral health services, constrain programs' potential to address root causes of behavior and interrupt the cycle of repeat crisis calls.

Departments and partners have concrete recommendations for new programs. These include starting with an assessment of needs and resources, intentional staffing, building officer buy-in, having strong leadership, securing sustainable funding, starting small and adapting over time, and not being afraid of change.

Introduction

Social issues like homelessness and mental health and substance use crises frequently land at the doorstep of the criminal justice system. As first responders, law enforcement officers are tasked with addressing these issues, often without appropriate training or support. Using the criminal justice system to address these problems can be more expensive and less effective than connecting people with needed services. And it can put officers and community members at risk.

As a result, interest is growing nationally and in North Carolina in alternative responder programs to better promote public safety, more effectively connect people with needed services, and reduce reliance on the justice system to address social issues like homelessness and mental health and substance use crises. Alternative responder programs can take a variety of forms, including police-based, co-responder, and community-based models. While individual police departments and other community organizations have begun implementing alternative responder programs, there is no common understanding of how many communities are doing so or what the programs are and how they operate. Accordingly, every community that wants to implement a program must reinvent the wheel.

This project, executed by the [UNC School of Government Criminal Justice Innovation Lab](#) (the Lab) in partnership with the [North Carolina Association of Chiefs of Police](#) (NCACP), helps address that knowledge gap. Through a survey, interviews, and case studies, it provides a landscape scan of existing and planned-for alternative responder programs in North Carolina and offers recommendations from communities engaging in this work. By identifying which communities have implemented programs and how they have done so, the project seeks to facilitate collaboration for impact and new program development.

Funding for this project was provided by the Richard J. Reynolds and Marie M. Reynolds Foundation. The Foundation had no involvement in the project or preparation of this report.

Project Team

The project team included the following North Carolina law enforcement leaders:¹

- Deputy Chief James Avens, Elizabeth City Police Department;
- Chief Reed Baer, Hickory Police Department;
- Chief Marc Godwin, Raeford Police Department;
- Chief Marcel Goffington, Garysburg Police Department;
- Chief Stacy Harrell, Pinetops Police Department;
- Chief Chris Hatton, Sylva Police Department; and
- Chief Orlando Rosario, Stantonsburg Police Department.

¹ James Nolette, former Assistant Chief of the Fayetteville Police Department, also served on the project team. At the time the final report was produced, he was no longer with the department.

The project’s research team included Professors Jessica Smith and Leisha DeHart-Davis, both of the UNC School of Government; C. Ross Hatton, Lab Research Specialist; and Maggie A. Bailey, Lab Assistant Director.²

Methodology

To better understand alternative responder programs in North Carolina, we collected data through three activities: a survey of NCACP member departments; follow-up interviews with a sample of survey respondents; and case studies of four alternative responder programs. We executed the survey in June 2022 and conducted the interviews and case studies in late 2022 and early 2023, respectively.



Survey

The survey was adapted from a national one developed by the University of Cincinnati Center for Police Research and Policy.³ Survey questions asked about:

- **Police department-based programs**, such as crisis intervention teams; homeless outreach programs; and case management programs, where specially trained staff respond to crisis calls and/or follow up with individuals in crisis.
- **Community-based programs**, like mobile teams of mental health, disability, or social service staff that respond to calls alone or in partnership with medical professionals.
- **Co-responder programs**, where mental health, substance use, or social service staff respond with law enforcement to calls for services. These programs may be housed within a police department or another community organization.
- **Training** for police department personnel to prepare them to respond to calls involving people in crisis.
- **Community partnerships** between police departments and community organizations to respond to crisis calls.

We distributed the survey to the NCACP’s 208 police department members.⁴ 142 departments responded to the survey—a 68% response rate.



68%

of departments
completed the survey

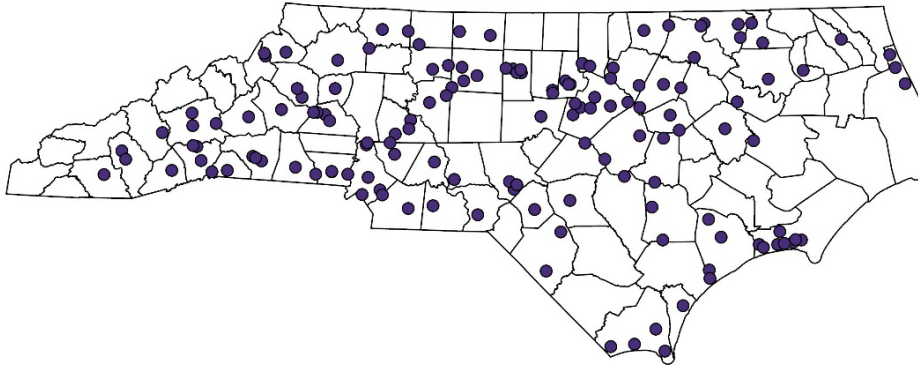
² Additional contributors include: Alexander Cowell, Lab Research Director, for research design and report preparation; Hannah Turner, Lab Project Manager, for report preparation; and Kayla Bowen, UNC School of Government Graphic Designer, for report design.

³ Preliminary findings from the national survey of the largest police departments can be found [here](#). The only North Carolina police departments included in that survey were the Raleigh and Charlotte-Mecklenburg Police Departments.

⁴ The survey was sent to one NCACP member from each police department. Most NCACP members are from municipal police departments; other members include special agencies, such as college or university police departments.

The map below shows the geographic distribution of departments that responded to the survey. In terms of population, demographics, and economic metrics of communities served, the responding departments are a representative sample of NCACP membership.

Map of Survey Participants



Interviews

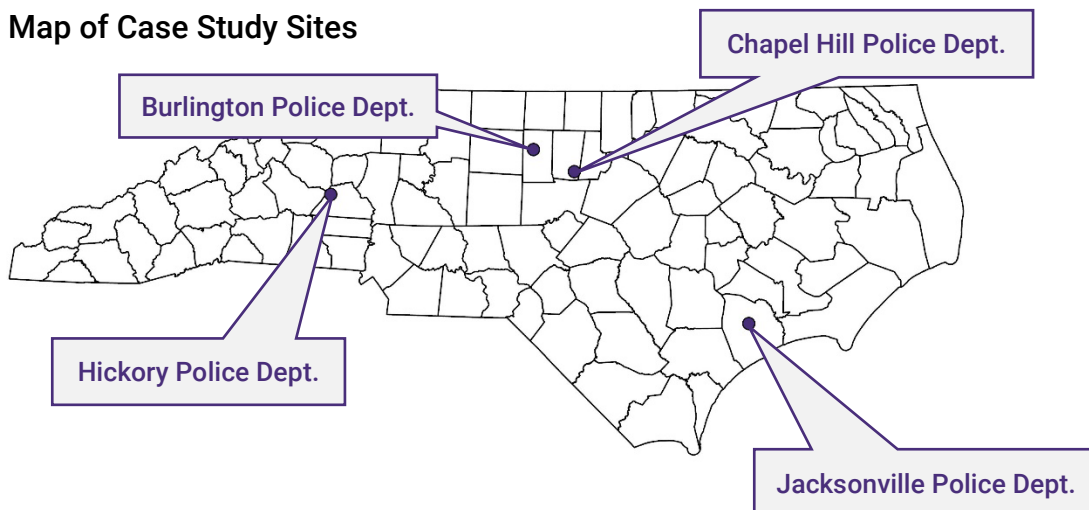
To learn more about the programs reflected in the survey data, we conducted follow-up interviews with a sample of police departments. From the thirty-five departments that volunteered to be a case study site in their survey responses, we identified fifteen that reported the most programs, partnerships, and trainings and invited them to participate in interviews. Nine departments did so. After this work, we selected four programs to be case study sites.



Case Studies

Finally, we completed case studies of four programs. We conducted additional interviews with program staff and reviewed reports, budgets, and other documents. The case studies offer more details about the programs' daily operations, benefits, successes, and challenges. We also asked sites for their recommendations on program implementation.

Map of Case Study Sites



Findings

This Findings section has five parts. The first part gives an overview of alternative responder programs in North Carolina, summarizing current and planned-for programs, as reported in the police department survey.

The second part provides more detail on specific program models. This part focuses on some of the most common programs and on programs of greatest interest to stakeholders. We include information on co-responder and community-based models in response to stakeholder interest in programs that reduce or remove police involvement in responding to social issues like homelessness and mental health and substance uses crises. This part summarizes survey findings for each model, broadly describing the prevalence and structure of these programs across the state. Findings from the follow-up interviews are included in this part as “Program Highlights,” providing brief illustrations of different models in action.

The third part provides information on law enforcement training on responding to crises and partnerships to implement or collaborate on alternative responder programs.

The fourth part offers case studies of four programs. The case studies include more information about how the programs are funded, what their daily operations look like, and the benefits, successes, and challenges the departments have encountered.

Finally, to assist departments interested in implementing or participating in a local alternative responder program, the fifth part outlines recommendations from the four case study sites.

Types & Locations of Programs

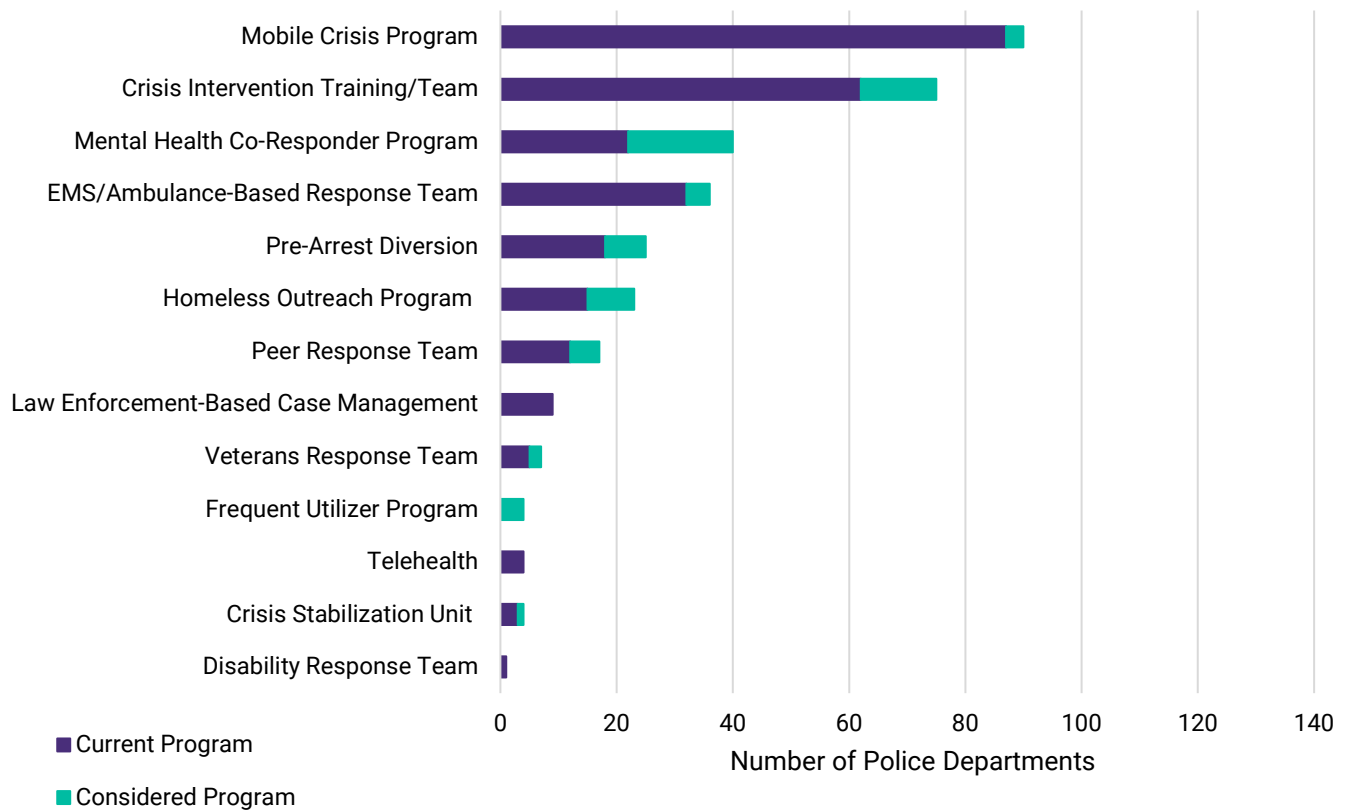
Eighty-three percent of departments report having at least one alternative responder program, either housed within their department or at another community organization. The figure below shows the type and number of current and considered programs.⁵ Mobile crisis programs are the most common (61% of departments report having a mobile crisis program in their jurisdiction). Mental health co-responder programs are of greatest interest to departments: 13% of departments are considering implementing a mental health co-responder program.

83%

of departments have at least one alternative responder program, either housed in the department or at another community organization

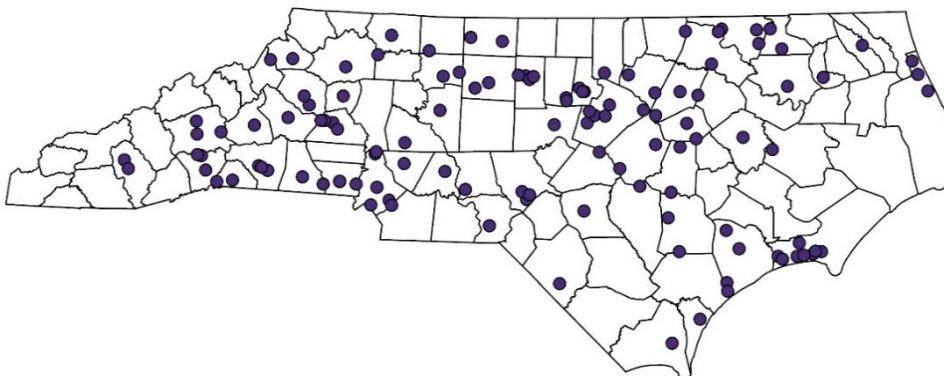
⁵ The survey asked about Crisis Intervention Teams (CIT) as an alternative responder program. While many departments report having a CIT program, we learned through follow-up interviews and feedback from the project team that CIT often is limited to training for law enforcement rather than being a program that involves a coordinated response from other professionals. Therefore, we do not discuss CIT as a program model in this report. However, we discuss the role of CIT training as a supportive factor for implementing alternative responder programs in the report’s Training & Partnerships section.

Frequency of Current & Considered Alternative Responder Programs



The map below shows the geographic distribution of current programs in North Carolina. Programs are reported throughout the state, in rural, suburban, and urban communities.

Map of Current Alternative Responder Programs



Specific Program Models

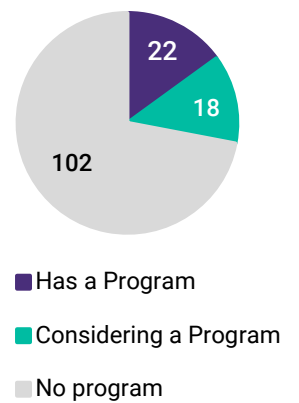
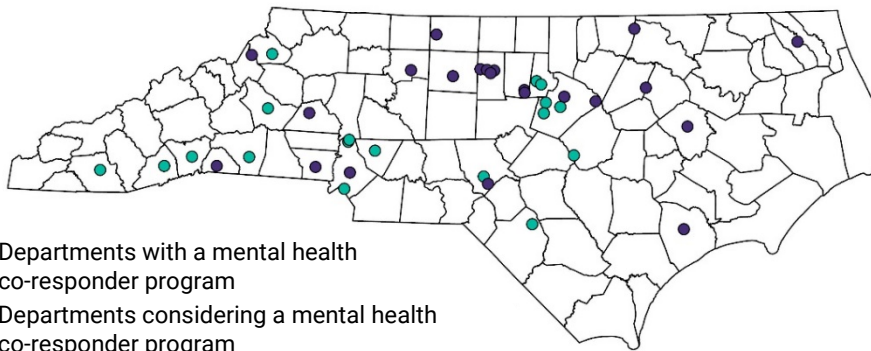
Mental Health Co-Responder Programs

Mental health co-responder programs involve mental health professionals responding with police to service calls, either arriving with officers or being called to the scene later.



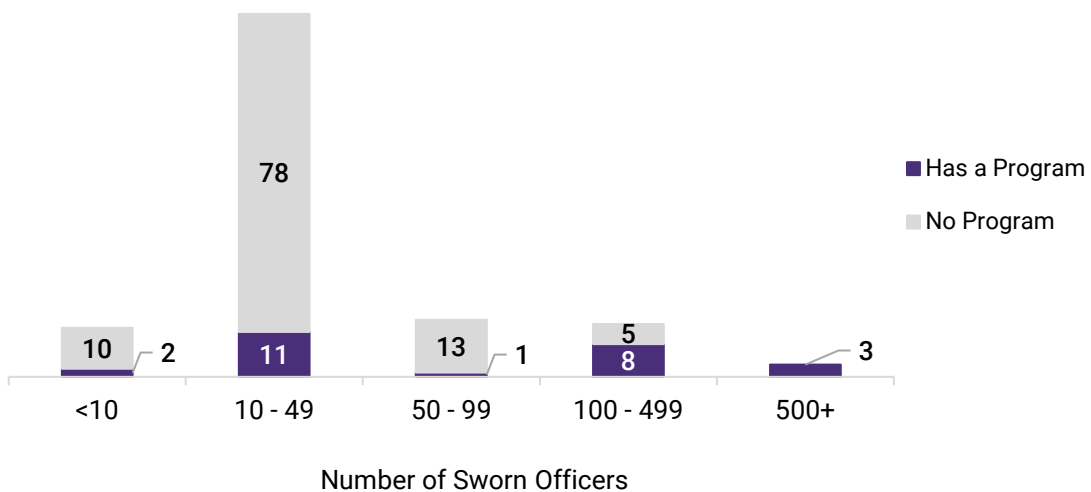
Location & Frequency of Mental Health Co-Responder Programs

Forty police departments (28% of survey respondents) report that they have or are considering implementing a mental health co-responder program. Those departments are located throughout the state and in diverse communities.



Mental Health Co-Responder Programs by Department Size

Larger police departments are more likely to have a mental health co-responder program. However, because smaller departments are more common, half of all programs are in departments with less than fifty sworn officers.



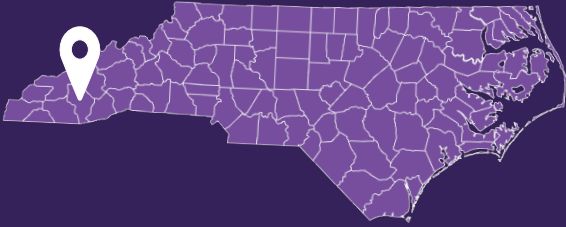


Program Highlight

Sylva Police Department Community Care Program

Leveraging local resources in a small community

Town of Sylva



What is it? Created in 2021 in partnership with Western Carolina University (WCU), a master’s-level social work intern is embedded in the department as Community Care Liaison, providing support, case management, and referrals to people in crisis. By serving as a field placement site for WCU’s Master of Social Work Program, the program comes with no extra cost to the town, a key consideration for a small jurisdiction with limited resources. Officers make a referral to the liaison after interacting with someone who might need services. The liaison also co-responds to calls involving people who lack housing, are experiencing a mental health crisis, or otherwise need support, stepping in once the officer has assessed safety risk.



Department Size

15 Sworn Officers

What’s the impact? The department says the program is well received by officers and the community. Officers regularly make referrals to the liaison and value the liaison’s skills during co-response. The department receives positive comments from those served by the program and the broader community. The department estimates that the program served forty to fifty people in its first year.



Size of Community Served

2,618*

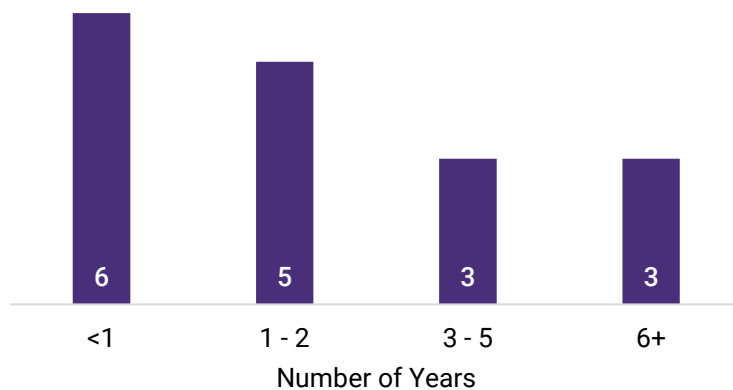
What’s next? The department has received grant funding to hire a full-time Community Care Liaison. At least three other police departments aim to replicate the program.

*Source: U.S. Census Bureau



Mental Health Co-Responder Program Age

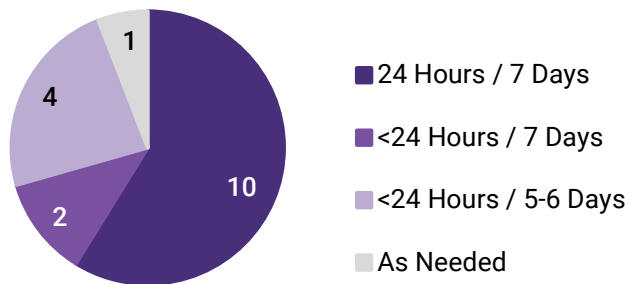
Most programs are relatively new and are less than two years old.





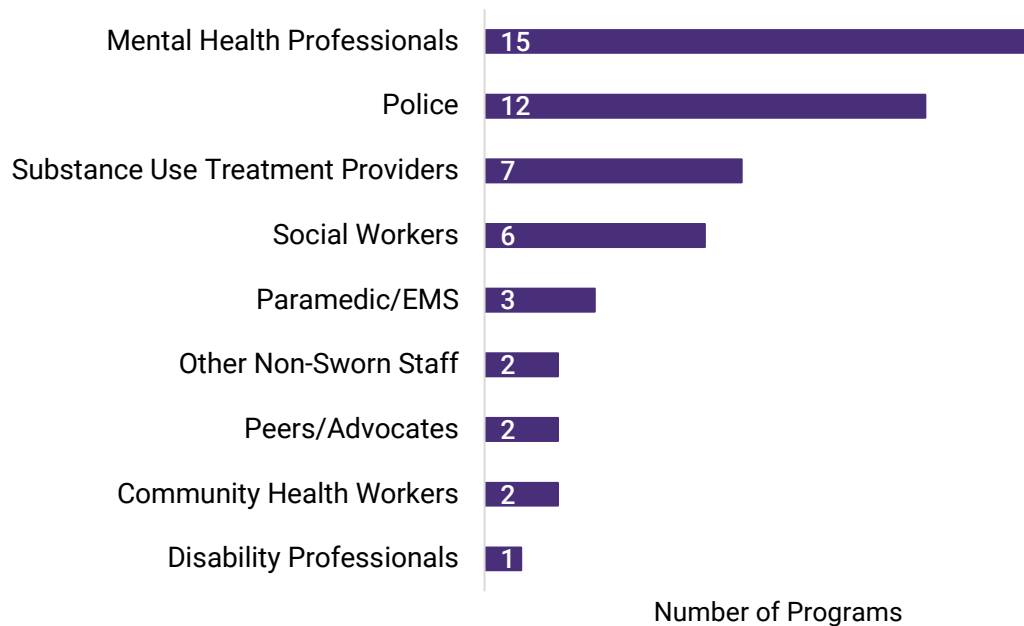
Hours of Operation of Mental Health Co-Responder Programs

Most programs operate 24/7, and nearly all operate most days of the week.



Mental Health Co-Responder Program Staffing

Mental health co-responder programs are most commonly staffed with mental health professionals, police, substance use treatment providers, and social workers.





Program Highlight

Charlotte-Mecklenburg Police Department Community Police Crisis Response Teams

Building on co-response to expand alternative responder programs

City of Charlotte & Mecklenburg County



Department Size

1,942 Sworn Officers



Size of Community Served

1,145,392*

*Source: U.S. Census Bureau

What is it? Created in 2019, the Community Police Crisis Response Team program is a partnership between the Charlotte-Mecklenburg Police Department, which serves the City of Charlotte and surrounding Mecklenburg County, and local behavioral health services. Twelve teams consisting of a police officer and a mental health provider serve as first responders for low-level mental health-related calls. They also provide follow-up services, particularly for people with a history of law enforcement interactions. Follow-up can occur at the scene or later, providing longer-term support through resources and case management services to help avoid future crises.

What's next? The department is launching a new pilot. Rather than dispatching an officer for low-level calls involving mental health crises or homelessness, an EMT and a mental health care provider will respond.

Want to Learn More?

Read the case studies of three mental health co-responder programs:



[Burlington Law Enforcement Crisis Counselor Program](#)

[Chapel Hill Crisis Response Unit](#)

[Jacksonville Crisis Response Program](#)

These departments report having a mental health co-responder program:

Aberdeen Police Department	Greensboro Police Department
Beech Mountain Police Department	Greenville Police Department
Burlington Police Department	Haw River Police Department
Catawba Valley Medical Center Co. Police	Jacksonville Police Department
Chapel Hill Police Department	Madison Police Department
Charlotte-Mecklenburg Police Department	Raleigh Police Department
Columbus Police Department	Rocky Mount Police Department
Elizabeth City Police Department	Littleton Police Department
Elon Police Department	UNC Hospitals Police Department
Gaston College Campus Police	Winston-Salem State University Police Department
Graham Police Department	Zebulon Police Department

Community-Based Homeless Outreach Programs

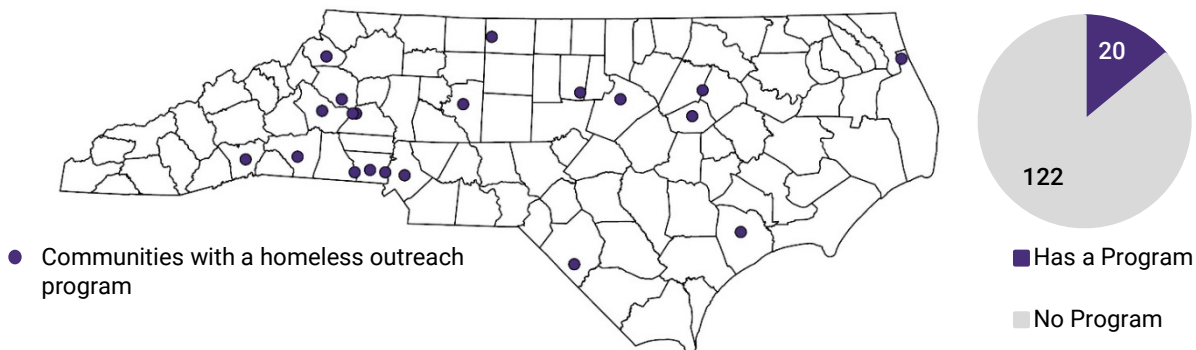
Homeless outreach programs connect people experiencing homelessness to resources and services to address immediate and long-term needs, including housing assistance, health care services, and employment support. Some programs also provide case management services, working with individuals until they secure stable housing.

The survey asked about both police department-based and community-based homeless outreach programs. Findings for both approaches are aggregated in the figure on page 7. However, this section focuses on community-based programs in response to stakeholder interest in those models.



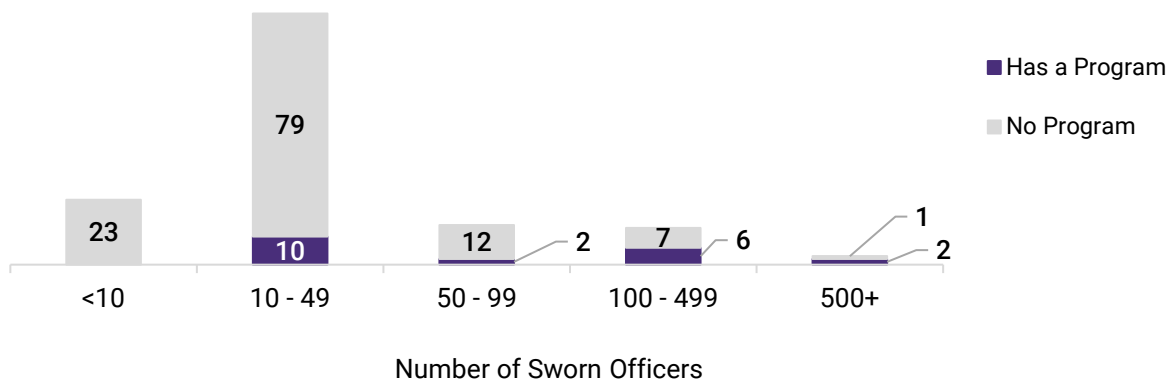
Location & Frequency of Community-Based Homeless Outreach Programs

Twenty departments (14% of survey respondents) report having homeless outreach programs in their communities. Homeless outreach programs are located throughout the state but are more concentrated in western North Carolina.



Community-Based Homeless Outreach Programs by Department Size

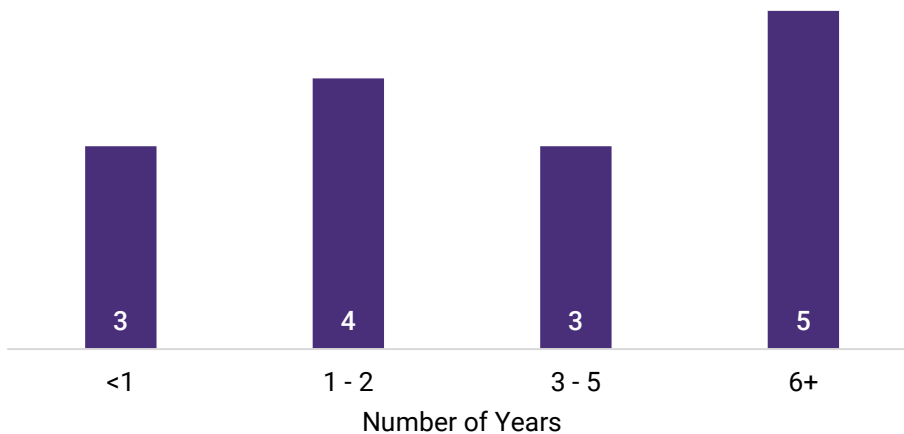
Larger departments are more likely to have a homeless outreach program in their communities; none of the smallest departments have one in their communities. However, given that there are more small departments than large ones, half of all homeless outreach programs are in communities with departments that have less than fifty sworn officers.





Community-Based Homeless Outreach Program Age

Some departments do not know how long their community's program has been in place. For departments that reported program age, responses varied—some programs are relatively new while others are well-established. Notably, two departments work with programs that are more than ten years old; three work with programs that are more than twenty years old.



Community-Based Homeless Outreach Program Staffing

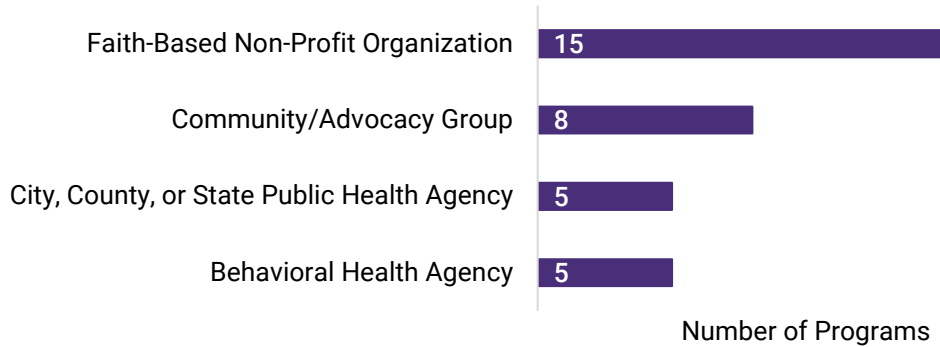
Homeless outreach programs are mostly staffed by community health workers, peers and advocates, and social workers, though other professionals have roles.





Operating Agency for Community-Based Homeless Outreach Programs

Most homeless outreach programs are operated by faith-based non-profit organizations, though other groups also operate these programs.

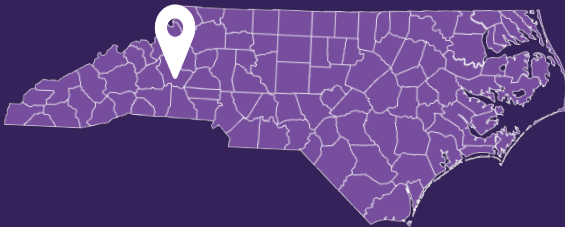


Program Highlight

Morganton Department of Public Safety Homeless Outreach Program

Providing referrals to a local nonprofit service provider

City of Morganton



Department Size

61 Sworn Officers



Size of Community Served

17,602*

*Source: U.S. Census Bureau

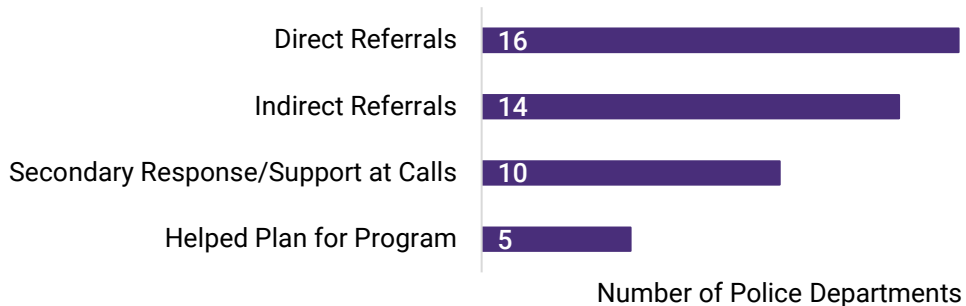
What is it? The department partners with a local nonprofit to connect individuals who lack housing to community services. The nonprofit offers food, transportation, behavioral health resources, and case management services. When responding to calls involving people experiencing homelessness, officers provide individuals with information about the nonprofit. The department's Community Services Lieutenant meets regularly with the nonprofit to assess the effectiveness of referrals, and department supervisors track interactions with those experiencing homelessness. The Lieutenant also does encampment visits, follows up with people who lack housing, and maintains relationships with city and county service providers.

What's next? The department hopes to secure funding to hire a non-sworn Community Navigator to provide case management services to those experiencing homelessness. The Community Navigator may be embedded with an officer in a co-responder unit, responding to low-level calls involving people experiencing homelessness.



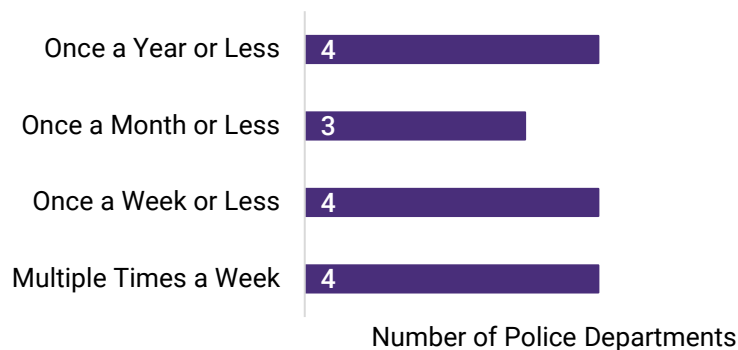
Police Department Collaboration with Community-Based Homeless Outreach Programs

The most common type of collaboration between police departments and homeless outreach programs is through direct and indirect referrals. A direct referral is when a department member gives the person's information to the program; an indirect one involves giving program information to the person experiencing homelessness. Nearly all collaboration is informal; only one department has a formal agreement in place with a community-based homeless outreach program.

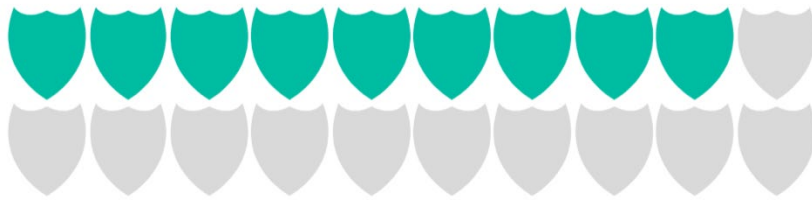


Calls for Police Back-Up from Community-Based Homeless Outreach Programs

The number of calls by homeless outreach programs for police back-up varies substantially, with some departments being called multiple times per week and others being called far less frequently.



While this section focuses on community-based homeless outreach programs, survey results indicated that homelessness is a cross-cutting topic of concern for police departments.



45%

of departments have or are considering a training or program to respond to homelessness

Want to learn more?



Read the case study of the [Hickory Community Navigator Program](#).

These departments report having a homeless outreach program in their community:

Belmont Police Department	Jacksonville Police Department
Boone Police Department	Kings Mountain Police Department
Chapel Hill Police Department	Lexington Police Department
Charlotte-Mecklenburg Police Department	Long View Police Department
Duck Police Department	Madison Police Department
Fairmont Police Department	Morganton Department of Public Safety
Gaston County Police Department	Raleigh Police Department
Hendersonville Police Department	Rocky Mount Police Department
Hickory Police Department	Spindale Police Department
Hudson Police Department	Wilson Police Department

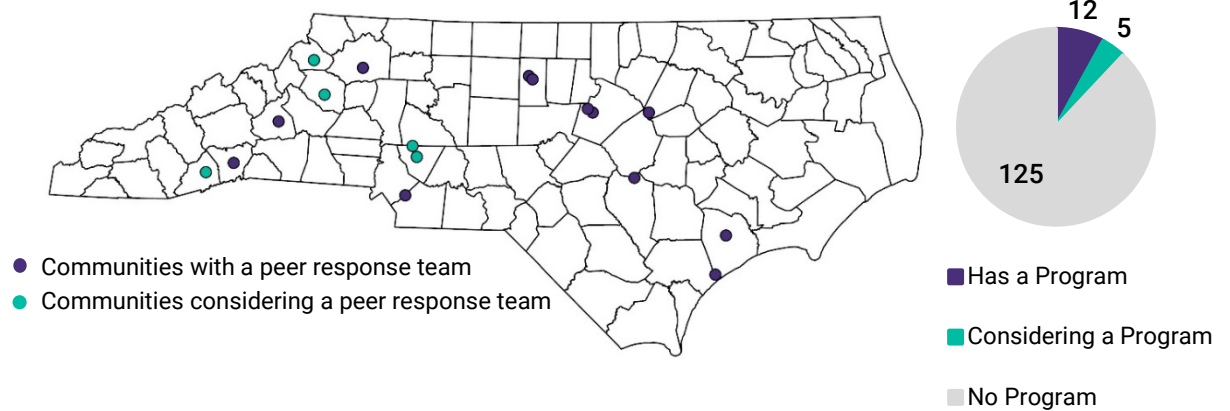
Peer Response Teams

Peer response teams refer to programs where individuals who have lived experience with mental health and substance use disorders assist community members in crisis. These teams can fill a variety of roles, including providing case management and peer counseling. Their lived experiences enable them to connect with individuals in crisis and model the potential for recovery. As reported by police departments, all of these programs are housed in community organizations, and some are involved in co-response.



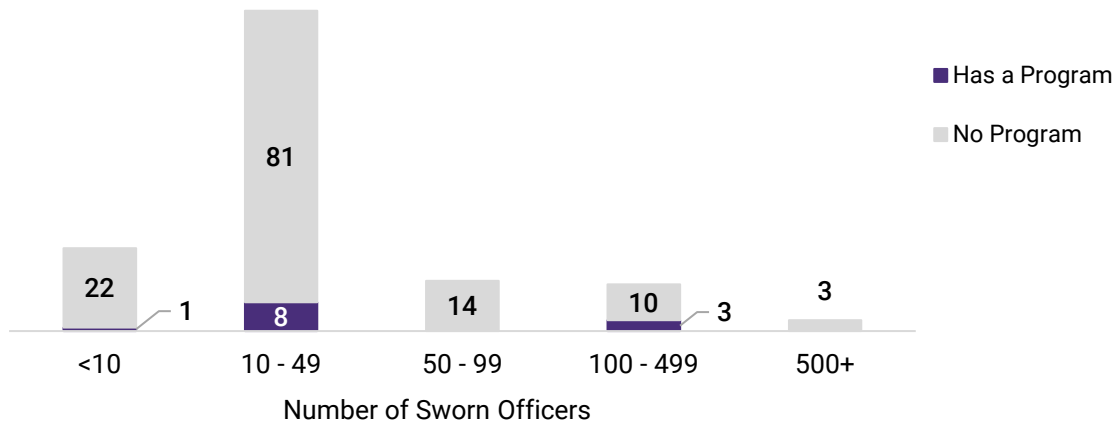
Location & Frequency of Peer Response Teams

Seventeen police departments (12% of surveyed departments) report that a peer response team exists or is being considered in their community. Those departments are mostly located in central and western North Carolina.



Peer Response Teams by Department Size

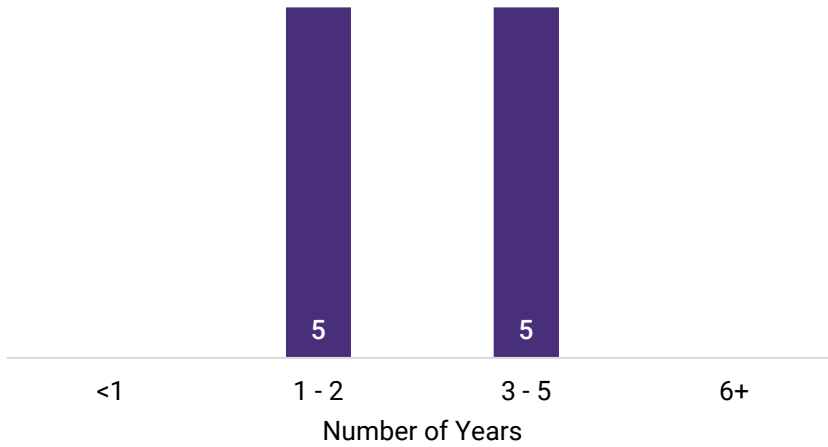
Most peer response teams are located in communities with smaller police departments.





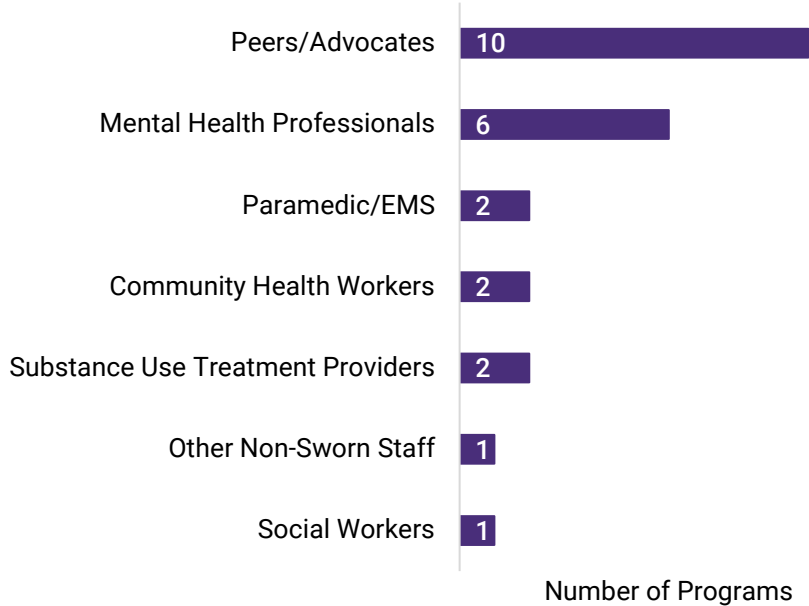
Peer Response Team Age

Not all departments have information about the age of the peer response team. Those that do report that the programs have been established for one to five years.



Peer Response Team Staffing

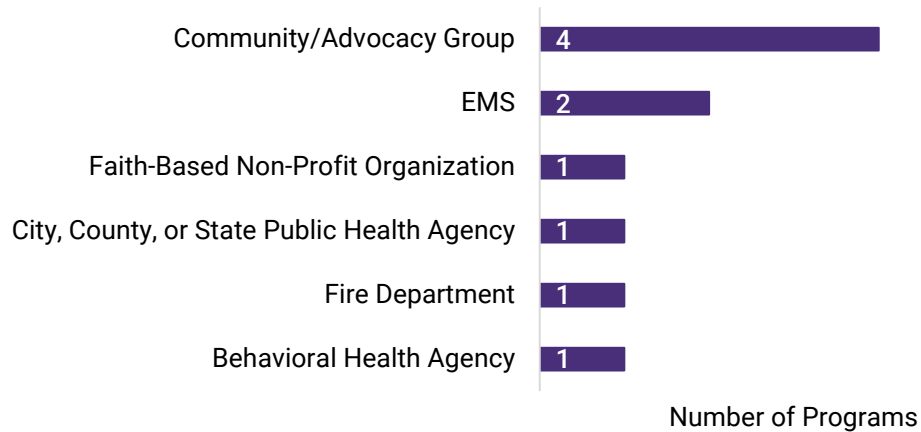
Peers, advocates, and mental health professionals most commonly staff the peer response teams.





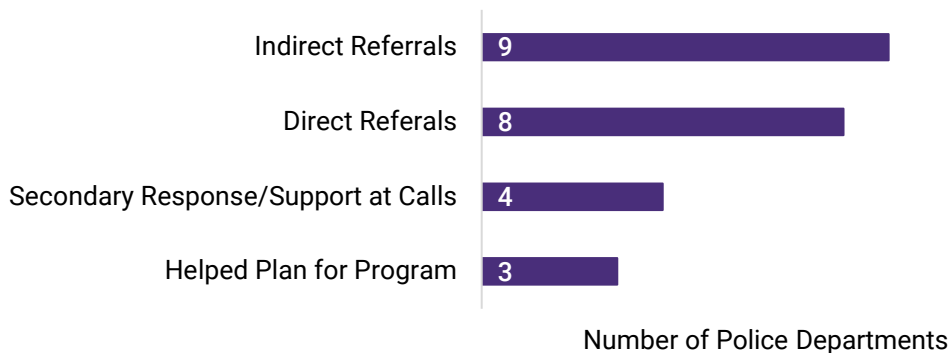
Operating Agency for Peer Response Teams

Peer response teams most commonly are operated by community or advocacy groups, though other agencies also do so.



Police Department Collaboration with Peer Response Teams

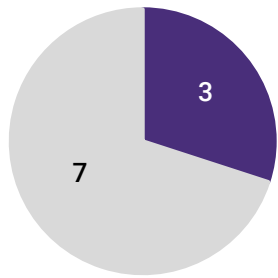
Police departments most commonly collaborate with peer response teams by providing direct or indirect referrals. A direct referral is when a department member gives the person's information to the program; an indirect one involves giving program information to the person.



The Chapel Hill Police Department's Crisis Response Unit includes a peer support specialist. This role focuses less on co-response with police and more on follow-up after an incident and proactive outreach to connect individuals to services. The peer support specialist works mostly with individuals who are experiencing homelessness, as many in that population also suffer from mental health and substance use disorders. The peer support specialist builds relationships with community members to promote trust and prevent future crises.

For more information about Chapel Hill's Crisis Response Unit, see the [case study](#).

Collaboration between police departments and peer response teams is typically informal. Only three departments have formal agreements in place.



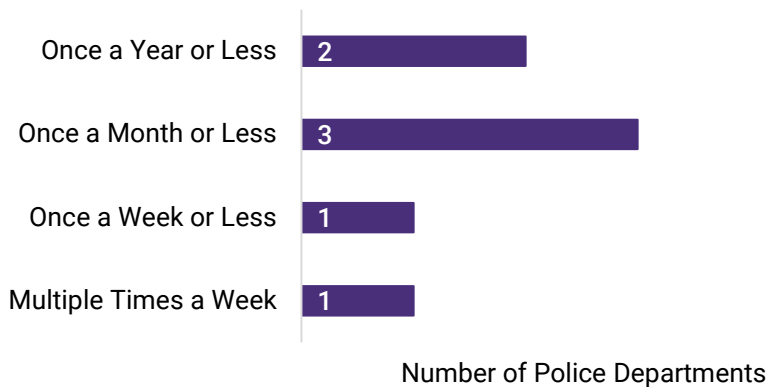
■ Have Formal Agreement

■ No Formal Agreement



Calls for Police Back-Up from Peer Response Teams

Not all departments can identify how often officers were called as back-up for a peer response team. For those that can, most report being called infrequently.



Want to Learn More?

These departments report having a peer response team in their community:

Burlington Police Department	Middlesex Police Department
Cary Police Department	Morrisville Police Department
Graham Police Department	Newton Grove Police Department
Hendersonville Police Department	Surf City Police Department
Jacksonville Police Department	Stallings Police Department
Marion Police Department	Wilkesboro Police Department

Mobile Crisis Programs

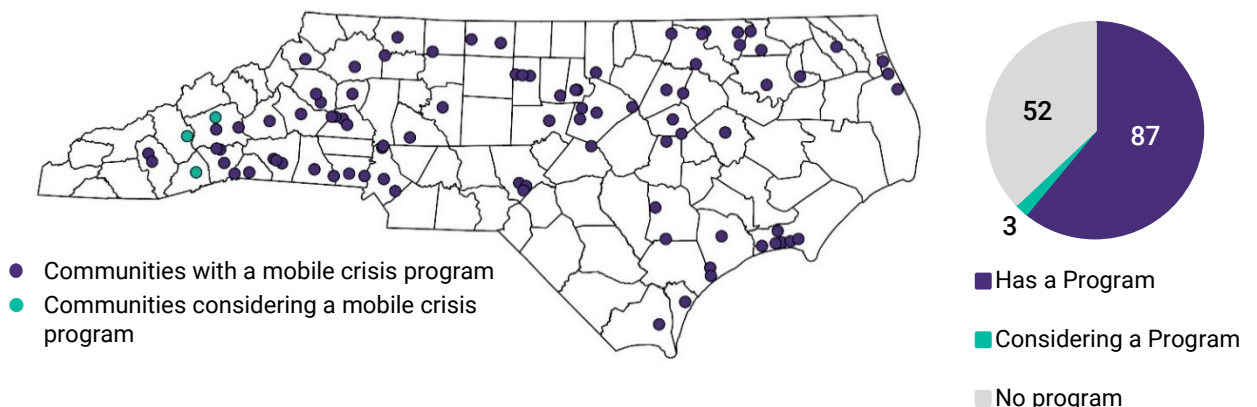
Mobile crisis programs refer to teams of health care and/or social work professionals who respond to crises and provide a variety of services, including connections to medical care, on-scene counseling, and follow-up support. As reported by police departments, all of these programs are housed in community organizations, and some are involved in co-response.

Mobile crisis programs have existed in all 100 North Carolina counties since at least 2012 through contracts with the local management entities/managed care organizations (LME/MCOs).⁶ However, early reporting indicated that there was wide variability in service utilization.⁷ We have learned through other projects that this is still true in many jurisdictions; stakeholders have reported that response times can be long and many officers and community members do not know that these programs are available. These themes were reiterated in project interviews and in survey responses—although these programs exist in all North Carolina counties, not all responding departments reported having a program in their community.



Location & Frequency of Mobile Crisis Programs

Eighty-seven police departments (61% of survey respondents) report having a mobile crisis program in their community. Three report that they are considering implementing such a program. Communities that have or are considering a mobile crisis program are located throughout the state.



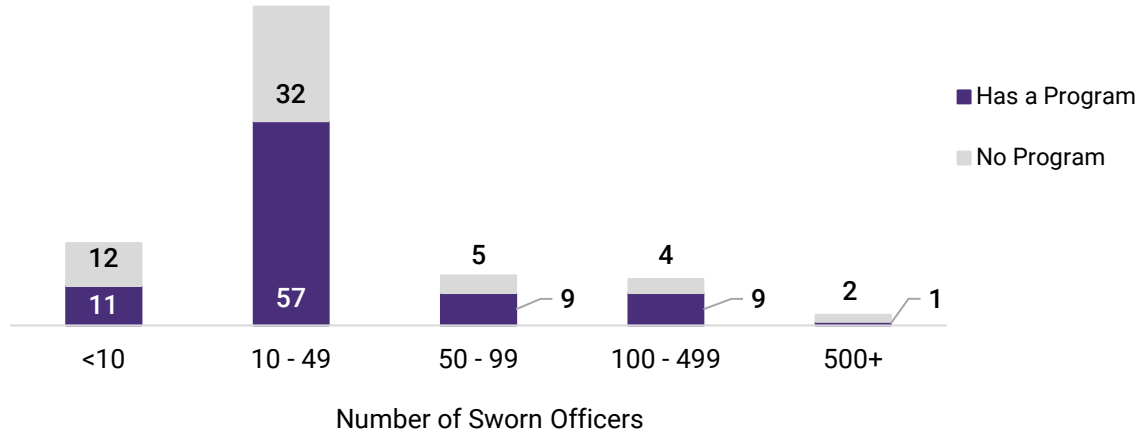
⁶ 2013 Annual Report on the Transitions to Community Living Initiative. NC Department of Health and Human Services. April 24, 2014. <https://www.ncdhhs.gov/documents/files/2013-annual-report/open>

⁷ *Id.*



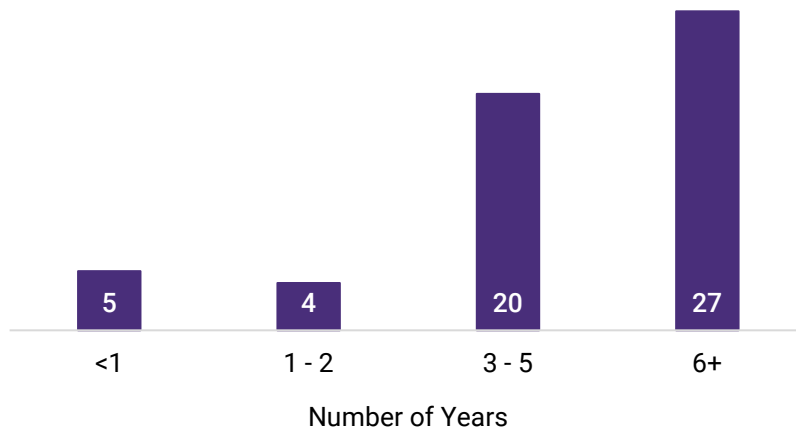
Mobile Crisis Programs by Department Size

Departments of all sizes have mobile crisis programs in their communities. However, given that there are more small departments than large ones, most programs are in communities with departments that have less than fifty sworn officers.



Mobile Crisis Program Age

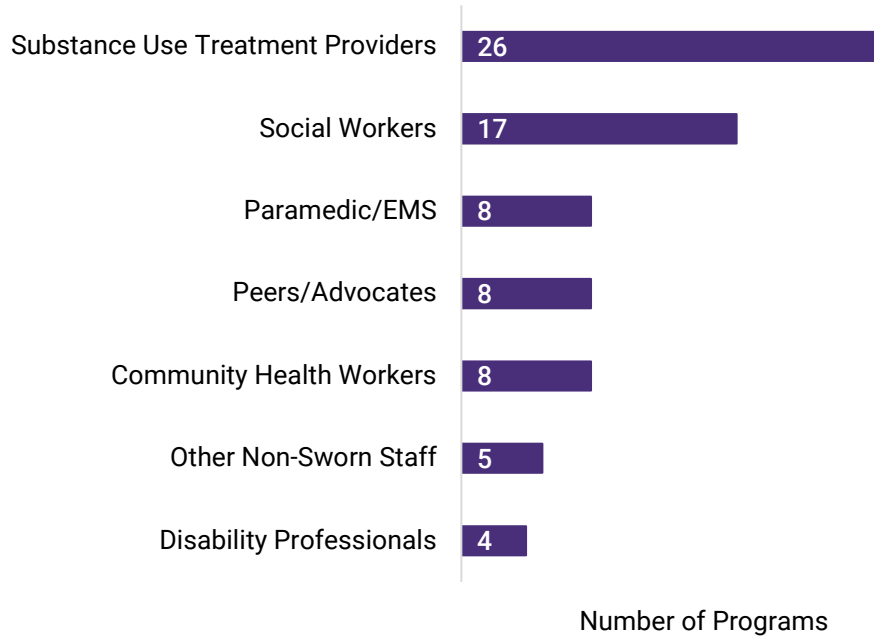
Most mobile crisis programs have been in place for three or more years.





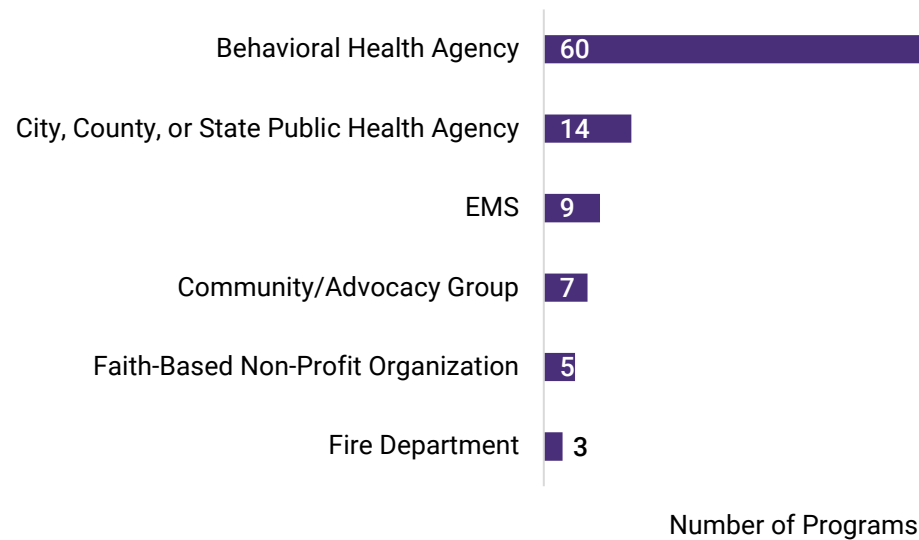
Mobile Crisis Program Staffing

Most mobile crisis programs are staffed by substance use treatment providers and social workers.



Operating Agency for Mobile Crisis Programs

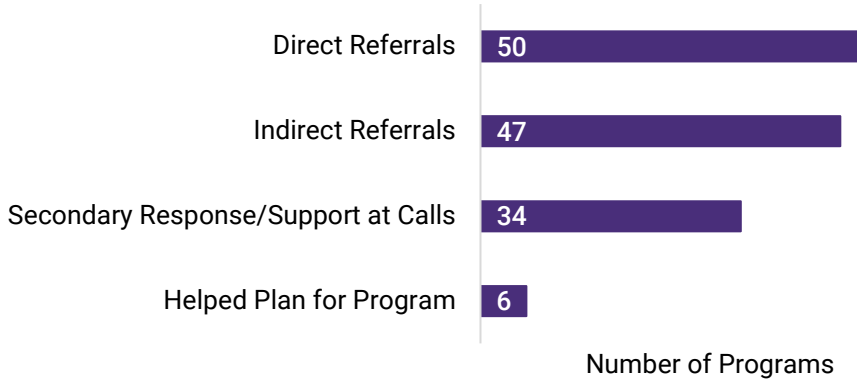
The majority of mobile crisis programs are operated by behavioral health agencies.



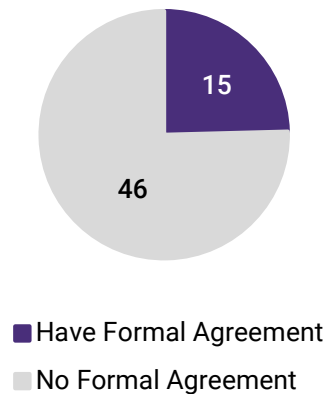


Police Department Collaboration with Mobile Crisis Programs

The most common type of collaboration between police departments and mobile crisis programs is through direct and indirect referrals. A direct referral is when a department member gives the person's information to the program; an indirect one involves giving program information to the person.



Most collaboration is informal; few departments have formal agreements in place with a mobile crisis program.



Calls for Police Back-Up from Mobile Crisis Programs

Not all departments have information on how often they are called as back-up to a mobile crisis program. For those that have that information, calls for back-up most commonly occur once a month or less.



Calls for police back-up for mobile crisis programs most commonly occur **once a month or less**.

Want to Learn More?

These departments report having a mobile crisis program in their community:⁸

Aberdeen Police Department	Enfield Police Department	NC State University Police Dept.
Ahoskie Police Department	Fletcher Police Department	Newport Police Department
Angier Police Department	Forest City Police Department	Newton Police Department
Apex Police Department	Fremont Police Department	NC State Ports Authority Police Dept.
Asheville Police Department	Garysburg Police Department	Pine Knoll Shores Police Dept.
Atlantic Beach Police Dept.	Gaston County Police Department	Pinehurst Police Department
Beaufort Police Department	Greenville Police Department	Pittsboro Police Department
Belmont Police Department	Haw River Police Department	Regional Airport Authority Department of Public Safety
Black Mountain Police	Hendersonville Police Department	Reidsville Police Department
Boiling Spring Lakes Police Dept.	Hickory Police Department	Rocky Mount Police Department
Boone Police Department	Holly Ridge Police Department	Rutherfordton Police Department
Burlington Police Department	Hudson Police Department	Saluda Police Department
Catawba Valley Medical Center Co. Police	Indian Beach Police Department	Shelby Police Department
Chapel Hill Police Department	Jacksonville Police Department	Southern Pines Police Department
Charlotte-Mecklenburg Police Dept.	King Police Department	Spindale Police Department
China Grove Police Department	Kings Mountain Police Department	Stantonsburg Police Department
Columbus Police Department	Kitty Hawk Police Department	Surf City Police Department
Conway Police Department	Lenoir Police Department	Sylva Police Department
Cornelius Police Department	Lexington Police Department	Taylorsville Police Department
Creedmoor Police Department	Littleton Police Department	Wallace Police Department
Davidson Police Department	Long View Police Department	Warsaw Police Department
Dobson Police Department	Madison Police Department	Weldon Police Department
Duck Police Department	Marion Police Department	Western Carolina University Police Department
Durham Tech Police Department	Matthews Police Department	Wilkesboro Police Department
Edenton Police Department	Morganton Dept. of Public Safety	Wilson Police Department
Elizabeth City Police Department	Morrisville Police Department	Windsor Police Department
Elkin Police Department	Murfreesboro Police Department	Woodland Police Department
Elon Police Department	Nags Head Police Department	Wrightsville Beach Police Dept.
Emerald Isle Police Department	Nashville Police Department	

⁸ As noted above, although mobile crisis programs exist in all 100 counties, not all law enforcement units know about the programs.

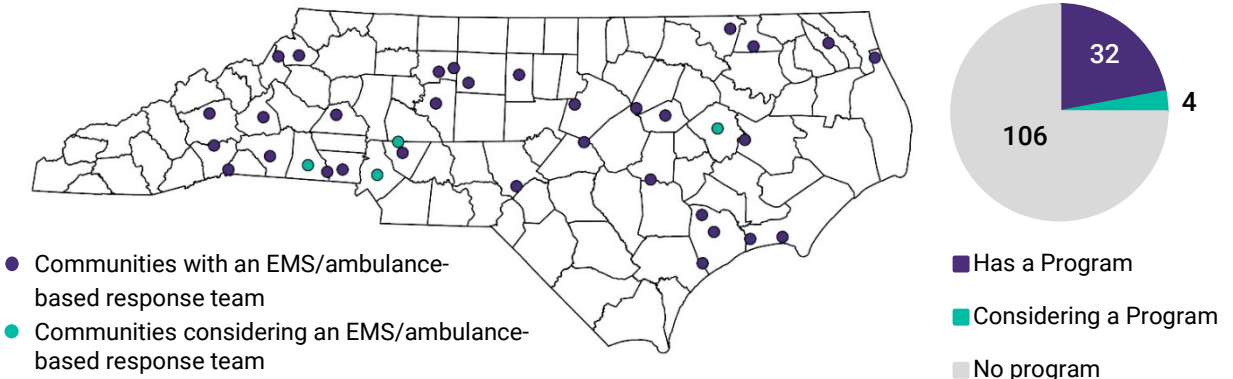
EMS/Ambulance-Based Response Teams

EMS/Ambulance-based response teams refer to teams of medical professionals such as paramedics and emergency medical technicians who provide emergency medical care, such as administering Naloxone, and connect people to appropriate mental health and/or substance use services. As reported by police departments, all of these programs are housed in community organizations, and some are involved in co-response.



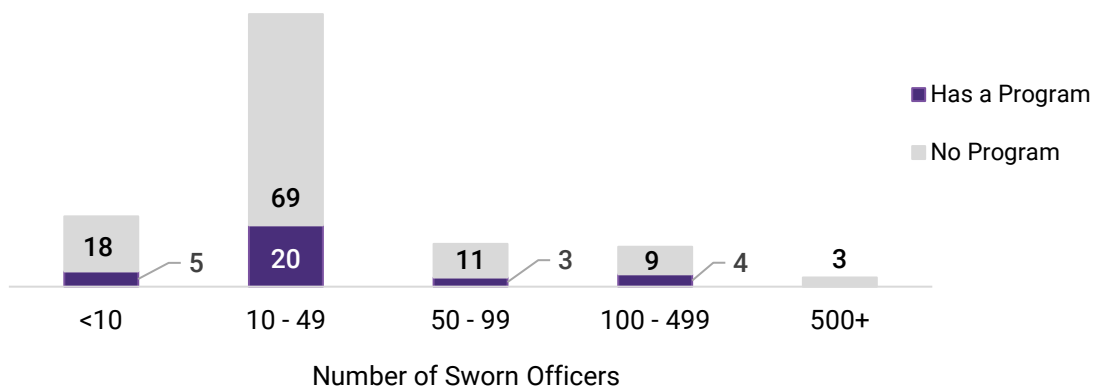
Location & Frequency of EMS/Ambulance-Based Response Teams

Thirty-two departments (22% of survey respondents) report having EMS/ambulance-based response teams in their community. An additional four departments (3%) report that such a team is being considered in their community. Those departments are located across the state and in diverse communities.



EMS/Ambulance-Based Response Teams by Department Size

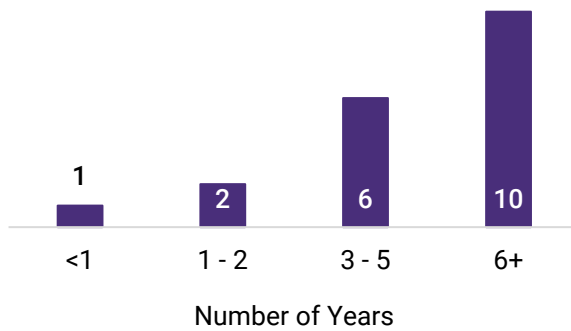
Both large and small departments report having EMS/ambulance-based response teams in their community, though none of the largest departments (500+ officers) report having one in their community.





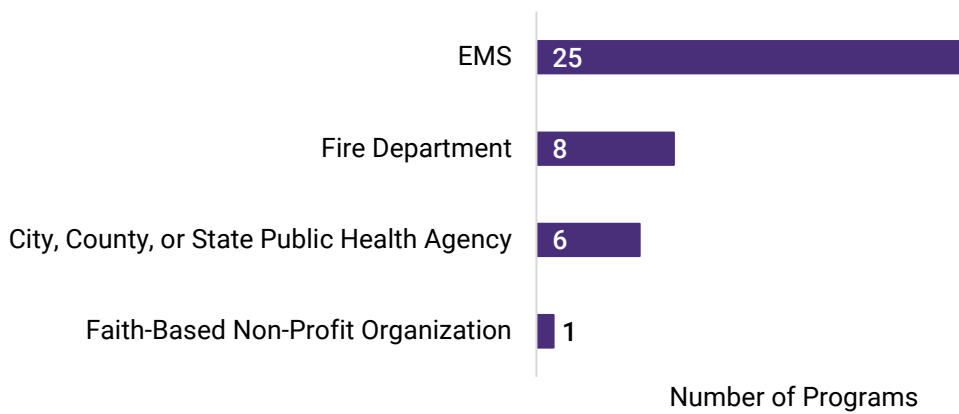
EMS/Ambulance-Based Response Team Age

Most EMS/ambulance-based response teams are well-established. In fact, seven are more than twenty years old.



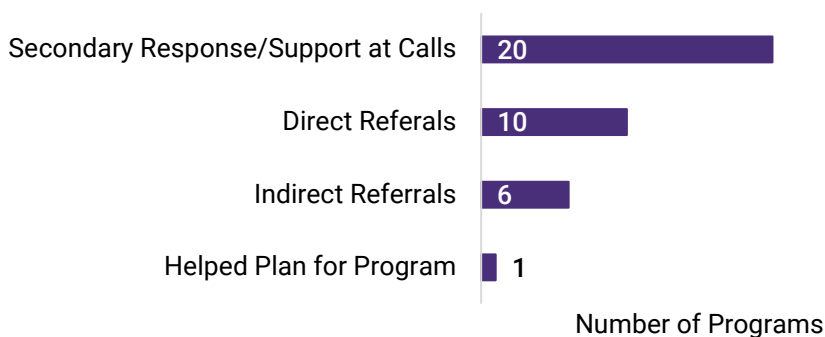
EMS/Ambulance-Based Response Team Staffing

Nearly all EMS/ambulance-based response teams are staffed by EMS.

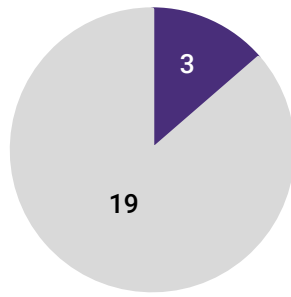


Police Department Collaboration with EMS/Ambulance-Based Response Teams

The most common type of collaboration between police departments and EMS/ambulance-based response teams is for police to provide secondary responses or support at calls for service.



Most police departments collaborate informally with these teams; only three departments have a formal agreement in place.



■ Have Formal Agreement

■ No Formal Agreement



Program Highlight

Angier Police Department EMS Response Team

Partnering with EMS for mental health crisis calls

Town of Angier



What is it? The department works closely with Harnett County Emergency Medical Services (EMS) to respond to mental health-related calls. Dispatch proactively includes EMS in the response to a mental health crisis call, and EMS assesses the individual once law enforcement has determined that it is safe to do so.



Department Size

17 Sworn Officers



Size of Community Served

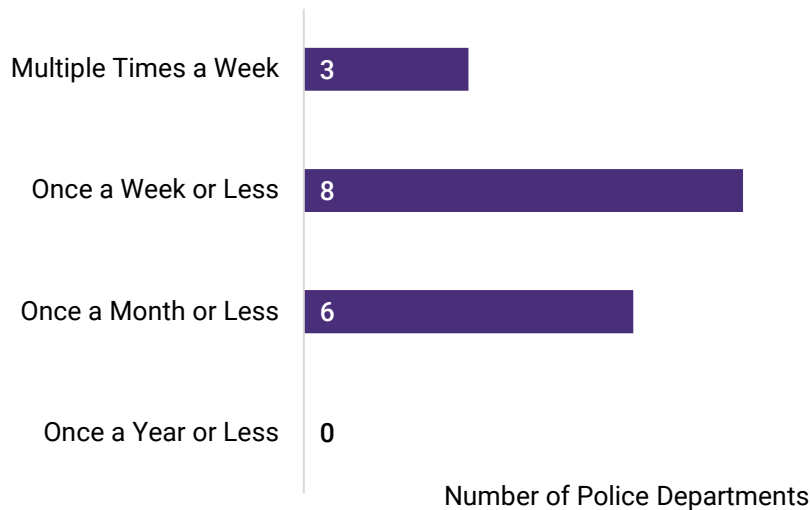
6,099*

*Source: U.S. Census Bureau



Calls for Police Back-Up from EMS/Ambulance-Based Response Teams

Not all departments have information on how often they are called as back-up to EMS/ambulance-based response teams. For those that have that information, calls for back-up most commonly occur once a week or less.



Want to learn more?

These departments report working with an EMS/Ambulance-Based Response Team:

Aberdeen Police Department	Guilford Technical Community College
Ahoskie Police Department	Holly Ridge Police Department
Angier Police Department	Jacksonville Police Department
Atlantic Beach Police Department	Kernersville Police Department
Beech Mountain Police Department	Kings Mountain Police Department
Boone Police Department	Lexington Police Department
Cape Carteret Police Department	Marion Police Department
Catawba Valley Medical Center Co. Police	Middlesex Police Department
Chocowinity Police Department	Morrisville Police Department
Concord Police Department	Mount Olive Police Department
Conway Police Department	Richlands Police Department
Duck Police Department	Saluda Police Department
Elizabeth City Police Department	Spindale Police Department
Fletcher Police Department	Weaverville Police Department
Gaston County Police Department	Wilson Police Department
Graham Police Department	Winston-Salem State Univ. Police Dept.

Other Models

Two other program models are pre-arrest diversion and law enforcement-based case management. Thirteen percent of departments report having a pre-arrest diversion program, while nine departments (less than 1%) report having a law enforcement-based case management program.

Pre-arrest diversion programs give officers discretion to connect individuals with substance use or mental health needs to services rather than making an arrest. One common program is Law Enforcement Assisted Diversion (LEAD), which diverts individuals with substance use disorders from arrest and into treatment.

Law enforcement-based case management programs are models where officers identify and refer individuals who have mental health needs or are experiencing homelessness to case management services.



Since 2018, the Hickory Police Department has partnered with the

Catawba County Sheriff's Office and local behavioral health agencies on a LEAD program. Officers provide a warm handoff to a case manager to assess the individual's needs. The department reports that before the onset of the COVID-19 pandemic, about 80% of people diverted through LEAD were not cycling back into the criminal justice system.



Program Highlight

Fayetteville Police Department Community Liaison Program

Embedding case managers in the police department

City of Fayetteville



Department Size

432 Sworn Officers



Size of Community Served

208,873*

*Source: U.S. Census Bureau

What is it? The department's case management program was created in 2022 to assist people with frequent law enforcement interactions. Two non-sworn positions—a mental health community liaison and a homeless community liaison—provide case management services for people in crisis. When an officer encounters someone in crisis, they flag the interaction for a liaison, who then follows up with the individual to determine what resources or referrals they need. The department estimates it gets five to ten new mental health crisis calls every twenty-four hours. That fact, and the ongoing nature of follow-up with clients and referrals from night shift patrols, means that the liaisons have large caseloads. The liaisons also bring together local government and nonprofits to promote coordination among service providers.

What's next? The department will formalize these positions into a Community Assistance, Response, Engagement & Stabilization (CARES) Unit to provide various crisis intervention, case management, and outreach services.

"The jail is not a mental health hospital. And it's not a facility for homeless people."

Training & Partnerships

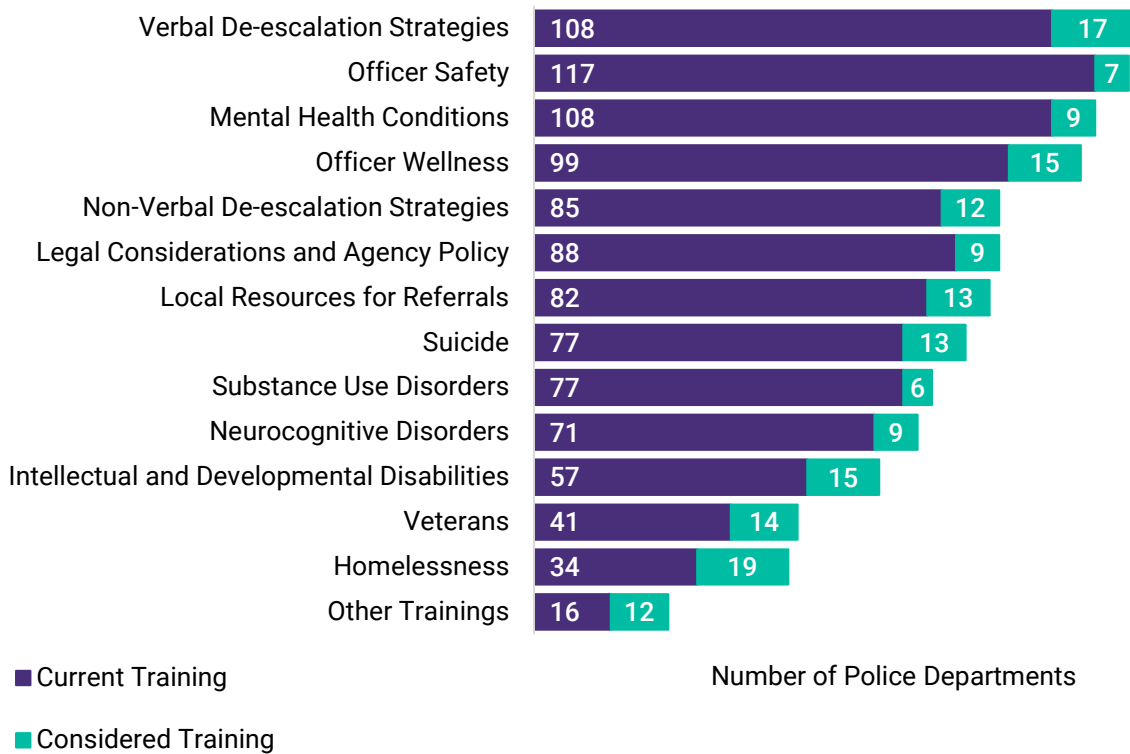


Current & Considered Training

Police departments report that they most frequently use training to address social issues and mental health and substance use crises. Ninety-four percent of responding departments report that they provide one or more associated training. The most common types of training are on verbal de-escalation strategies, officer safety, and mental health conditions. Fifty-eight percent of departments are considering adding training on at least one additional topic. While a relatively small number of departments currently offer training on homelessness, that is the topic of greatest interest for new training.

94%

of departments train on at least one topic to help officers to respond to people in crisis





In interviews, departments noted that training is a reinforcing strategy for implementing alternative responder programs. They referenced Crisis Intervention Team (CIT) training as a resource for both officers and 911 dispatchers to help them better respond to individuals in crises.

- CIT training for Fayetteville 911 dispatchers helps them identify when people are experiencing a mental health crisis and gives them de-escalation skills to use before police arrive.
- Charlotte-Mecklenburg Police Department provides CIT training for dispatchers and their Computer Aided Dispatch system indicates which on-duty officers are CIT-trained, allowing them to divert calls to trained officers.
- All Jacksonville Police Department officers receive CIT training, which leadership says has helped to promote a de-escalation approach. The department also trains officers in the Integrating Communications, Assessment, and Tactics (ICAT) course, which equips officers with skills to verbally de-escalate potential use-of-force situations. The department has seen a reduction in use-of-force incidents since implementing these trainings.



Types of Community Partnerships

Most departments have partnerships with community organizations to respond to social issues like homelessness and mental health and substance use crises. Seventy-nine percent of responding departments report partnering with at least one organization. Mental health service providers are the most common community partners, followed by behavioral health advocacy groups and substance use treatment providers.

79%

of departments have at least one community partnership to respond to issues like homelessness & substance use & mental health crises



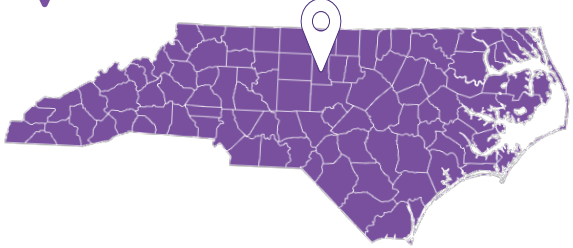













Burlington Law Enforcement Crisis Counselor Program

A partnership with a local behavioral health agency

Quick Facts

 <p>Program Type Mental health co-responder</p>	 <p>Service Area City of Burlington</p> 
 <p>Program Start Date 2015: Pilot program 2016: Expanded program</p>	 <p>Department Size 145 Sworn Officers</p>
 <p>Staffing 2 full-time licensed clinical mental health counselors</p>	 <p>Size of Community Served 59,287 (Source: U.S. Census Bureau)</p>
 <p>Hours of Operation Day Shift: 8 AM to 5 PM Night Shift: 4 PM to 12 AM Monday – Friday</p>	 <p>Key Partners Burlington Police Department RHA Health Services City of Burlington</p>
 <p>Funding Burlington Police Dept. diverts funding for one full-time employee to contract with RHA. RHA pays the difference between the contract amount & the cost of 1 licensed clinician. RHA bills the Local Management Entity/Managed Care Organization to offset costs & fund a second clinician for night coverage.</p>	 <p>Equipment Computer, radio & vehicle</p>
	 <p>Call Volume Since 2016, counselors have co-responded to 1,269 calls for service.</p>

Background

The Burlington Police Department established the program in collaboration with the City of Burlington and RHA Health Services, a regional provider of behavioral health, disability, and substance use services. The program involves two licensed clinical mental health counselors embedded in the police department to assist with mental and behavioral health calls. The department's motivations for creating the program included addressing rising mental health-related calls and implementing best practices to respond to those calls.

Program Scope & Responsibilities

The bulk of the counselors' day (60%) is spent connecting individuals to services in response to referrals from officers or community organizations (e.g., Crossroads Sexual Assault Response and Resource Center). Officers can make referrals to counselors by email, text, or radio. Referrals from community organizations can include requests that the counselor coordinate assessments for individuals or otherwise help connect them to services. The counselor often connects individuals to RHA's services.

Counselors also help with call responses. They monitor calls using the law enforcement dispatch system and help officers remotely. For example, the counselor may provide information to an officer who is interacting with someone the counselor has connected with previously.

Counselors also are co-responders. After responding to a call and determining that an individual is in crisis or needs support, the officer radios the counselor to respond to the scene. Once on the scene, the counselor conducts a risk assessment, determines whether the individual needs immediate services or if future follow-up is possible, and makes a direct referral for services

as necessary. The officer stays on the scene with the counselor until the call is completed. Because they are monitoring calls, counselors sometimes proactively reach out to officers to ask if they should co-respond.

The counselors' role has expanded to include leading officer trainings on recognizing and responding to mental health issues. Counselors also provide officer wellness support. They assist with incident debriefs as a member of the police department's peer support team and, more informally, provide mental health support for officers dealing with personal and work issues.

Benefits

The program has benefitted the Burlington community and the police department. The police department reports that it has helped reduce officer use of force, officer time on calls, and call volume due to fewer repeat calls, a primary program goal. Also, the counselor serves as a resource for law enforcement, helping them respond to calls.

"Officers are expected to carry out a bunch of different roles. [The program] gives them extra support, so they know that they're not alone and they don't have to make some of those decisions, sometimes in a realm that, honestly, they may not have any training prior to coming into this position."

The department tracks the number of co-response calls that end in arrest. This number has consistently declined from twelve (5.6%) in 2018 to zero in 2021.



In 2021, 0 co-response calls ended in arrest

Counselors help residents navigate a complex system and connect them to services they might not otherwise receive. The program also helps to destigmatize mental health issues. Officers better understand mental health crises and are better equipped to keep themselves and the community safe. This has helped to improve community trust and relations with local law enforcement.

“There is a family who had an adult son with schizophrenia, and the mom actually expressed to the officers that the son chooses to live in Burlington because he knows that the officers understand mental health and he feels safe in Burlington with these officers.”

Factors for Success

Staffing

Consistent staffing is important, as a position vacancy can reduce the program’s capacity. In 2021, a counselor position was vacant for five months, leading to a 37% decline in co-responses and a 46% decline in referrals.

Data

Program partners said that it took several years after the program started to figure out data collection and reporting. Further, integrating mental health and substance use referrals into the police department comes with HIPAA-related data-sharing limitations.⁹ As employees of RHA Health Services, the counselors have access to sensitive health information and must make careful determinations about what can be shared with law enforcement.

Service Availability

Because the program involves connecting individuals to services, a lack of health care system capacity is a key structural issue for the program’s success. For example, if the local hospital does not have capacity to accept an individual with mental or behavioral health needs, the person does not receive services, and this can result in repeat crisis calls.

Organizational Integration

The counselors’ integration into the police department impacts whether officers trust and use the program. Being proactive by, for example, monitoring dispatch systems and giving officers information as they respond to calls, helps build relationships and facilitates officer buy-in to the program.



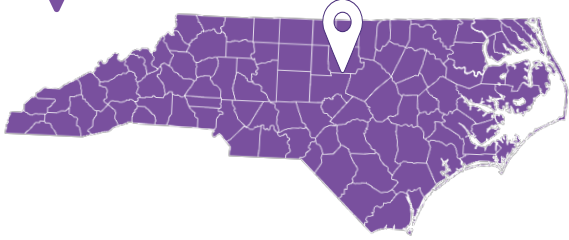









“For cops, we very much need to know you, to trust you to work with you ... I think it’s very important ... that [the] person ... integrate[s] themselves into the agency’s way of doing things.”

While the counselors’ willingness to be proactive helps facilitate officer trust and the broader program, having an embedded program is critical to the counselors’ ability to be proactive and integrated. Although employed by RHA Health Services, the counselors work within the police department and are present and visible for other law enforcement personnel.

⁹ HIPAA is the Health Insurance Portability and Accountability Act. It protects patient health information from being disclosed without the patient’s consent.

Chapel Hill Crisis Response Unit

An established program that has been scaled over time

Quick Facts	
 <p>Program Type Mental health co-responder</p>	 <p>Service Area Town of Chapel Hill</p> 
 <p>Program Start Date 1973</p>	 <p>Department Size 102 Sworn Officers</p>
 <p>Staffing 8 full-time employees: 6 Crisis Counselors 1 Peer Support Specialist 1 Transit Crisis Counselor</p>	 <p>Size of Community Served 61,128 (Source: U.S. Census Bureau)</p>
 <p>Hours of Operation 24/7 coverage Office hours: 7 AM to 12:30 AM After hours, staff rotate being on call</p>	 <p>Funding Funded by the Town of Chapel Hill</p>
 <p>Key Partners Orange County Rape Crisis Center; Orange County Community Paramedics; Orange County Criminal Justice Resource Department; UNC & Duke Hospitals; The University of North Carolina at Chapel Hill; Interfaith Council for Social Service; Compass Center; Freedom House Recovery Center; Alliance Health</p>	 <p>Equipment Radios, computers, databases, 3 vehicles, cell phones, office phones & bullet-proof vests</p>  <p>Call Volume In 2022, the Crisis Response Unit responded to 3,522 events.</p>

Background

The Town of Chapel Hill Police Department's Crisis Response Unit may be one of the oldest of its kind in the United States. Established in 1973, the unit was originally staffed by one social worker, who worked on domestic and family disputes and with justice-involved and at-risk juveniles. The unit's size and role has evolved, and its longevity has ingrained co-response into department culture, with most officers not knowing any other policing model. As one officer put it, "co-response is second nature to us."

Program Scope & Responsibilities

The Crisis Response Unit is staffed by eight individuals: six Crisis Counselors, one Peer Support Specialist, and a Transit Crisis Counselor. Crisis Counselors' primary role is to stabilize people in crisis, assess their immediate and ongoing needs, and connect them with resources and services. The Peer Support Specialist fills a similar role but brings a lens of personal experience with recovery from mental health and/or substance use disorders. Because of this, the Peer Support Specialist can connect with individuals who might otherwise be mistrustful of treatment or struggling to recover. The Crisis Counselors and the Peer Support Specialist are embedded within the police department. The Transit Crisis Counselor is embedded in the town's Transit Department, which operates Chapel Hill's fare-free transit system. The Transit Counselor trains transit staff on de-escalation strategies and responds to crises that occur on the system's buses.

The unit becomes involved in calls for service in a few ways. First, officers may call the unit and ask someone to respond to the scene if the subject of the call is in crisis or if victims need emotional or mental health support. Second, the unit monitors dispatches and reaches out to officers on the scene to provide information on people they

know or to ask if officers want the unit at the scene. After a unit member arrives, officers might remain on the scene, depending on the circumstances. Finally, Crisis Counselors receive calls from community partners and residents and will either initiate a response with officers or provide support in other ways (e.g., phone consultations, referrals to partners).

The unit also has other functions. After a crisis incident, the unit checks in with community members and provides additional support. They review police reports and reach out to individuals who did not require immediate crisis response, such as checking in with burglary victims. The Peer Support Specialist builds relationships with people experiencing homelessness, sometimes providing basic needs and connecting them with other services. Unit members serve on various community boards and participate in community events to build relationships and stay informed of available resources. The unit also conducts trainings for officers to help them respond to people in crisis.

Benefits

The department reports that the unit benefits the department and the broader community. Staff note that connecting people with services to address the root causes of behavior is a better outcome for the community. The warm hand off from responding officers to unit members who can connect people to services offers options beyond the jail or the hospital.

"Officers run from call to call ... get the information, write the report, move on to the next one. Crisis counselors help community members find the resources they need."

Officers perceive that mental health-related calls are increasing in the community and feel that having a responder who is not wearing a law enforcement uniform and who has specialized

knowledge of available resources improves community trust in the police. The unit also enables a more efficient and effective use of resources, freeing up officers to focus on law enforcement, rather than addressing situations they may not be equipped to handle.

“[Officers] are not trained to be a licensed therapist or a licensed counselor, and, in some instances, you don’t know how to respond to someone who is crying. Because you’re not just here to respond and stop any violence or react to the crimes that are happening. Nobody really trained you on how to handle a mother who’s just lost her son.”

The unit supports officers in their high-stress roles, whether as an informal confidant or through an official debrief. Crisis Counselors are certified to lead critical incident debriefs after traumatic calls and when high-profile police-involved shootings make the news.

“Having the co-responders there to be able to talk about it and debrief in an almost informal manner [is helpful] because a lot of times officers are resistant to come and sit together after the fact, and say, hey, we’re going to debrief, and we’re going to talk about how we feel our emotions.”

Factors for Success

Organizational Integration

Being located in the police department has allowed strong partnerships to develop between officers and unit members, which staff believe boosts officer use of the unit and the quality of the services provided to the public. Officers note that unit members have taught them better approaches for responding to individuals in crises, and they have taught unit members safety protocols.

“I think we’ve been fortunate that we can cultivate the relationships between the crisis unit and officers much easier because of the crisis unit’s location in the police department. ... [T]here’s a level of trust there too, with them working closely with law enforcement.”

Community Relationships

The unit builds relationships with community organizations to facilitate referrals and help clients navigate complex services. Some service providers or health care organizations might be mistrustful of sharing information with law enforcement agencies; having staff with social work credentials helps alleviate these concerns and promotes coordination between the unit and providers. Building trust with providers and raising awareness of local resources improves the services for community members.

Service Availability



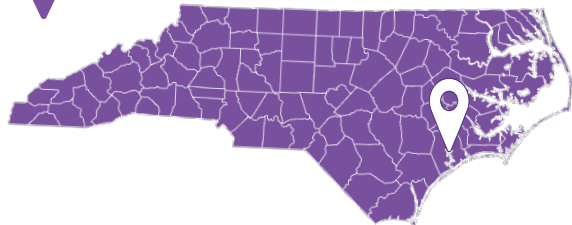









Unit members acknowledge that there are gaps in the system. Health care services for mental health and substance use are limited and difficult to navigate, particularly for uninsured or underinsured individuals. Insufficient housing is also a challenge. Without adequate services, people may cycle back into crisis.

Multidisciplinary Team

Having a team of responders helps prevent burn out, as the responsibility for crisis response and follow-up does not fall entirely on one staff member. Unit members encourage each other to take care of themselves and pitch in when a member needs a break. Additionally, the team can draw on each other’s skills and strengths to handle different situations. They have varied backgrounds in psychology and social work, and the Peer Support Specialist has the training and life experience to build rapport with people in crisis. This diverse expertise enables a more holistic approach to crisis response.

Jacksonville Crisis Response Program

A multidisciplinary approach to co-response

Quick Facts	
 <p>Program Type Mental health co-responder</p>	 <p>Service Area City of Jacksonville</p> 
 <p>Program Start Date 2017</p>	
 <p>Staffing 3 full-time employees: 1 Crisis Counselor 1 Substance Abuse Counselor 1 Licensed Clinical Social Worker</p>	 <p>Department Size 132 Sworn Officers</p>
	 <p>Size of Community Served 70,420 (Source: U.S. Census Bureau)</p>
 <p>Hours of Operation 8 AM to 6:00 PM Monday - Friday On-call service available 24/7</p>	 <p>Key Partners Dix Crisis Intervention Center, local hospitals, CG Counseling, Onslow County Health Dept., Onslow County Community Paramedics, Veterans Justice Initiative, Veterans Services of the Carolinas, Trillium Health Resources</p>
 <p>Funding Crisis Counselor and Licensed Clinical Social Worker positions funded through Governor’s Crime Commission grants. Substance Abuse Counselor position funded through the Bureau of Justice Assistance’s Comprehensive Opioid & Substance Use Prevention Program (COSSUP).</p>	 <p>Equipment Computers, radios, vehicle, bulletproof vests & clothing allowance</p>
	 <p>Call Volume From May 2017 to March 2023, the unit responded to 12,085 calls for service.</p>

Background

In 2016, the Jacksonville City Council asked the Police Chief and Public Safety Director why crisis response was important. He told the council that every year the department was putting 17,000 public safety hours into mental health emergencies—the equivalent of eight full-time police officers and \$1,000,000 that could be used for other public safety purposes. This information helped lay the foundation for Jacksonville’s program.

Program Scope & Responsibilities

The department’s multidisciplinary crisis response unit takes a holistic approach to helping people in crisis. Hired through a combination of state and federal grants, the team includes a Crisis Counselor, who is a clinical neuropsychologist; a Substance Abuse Counselor; and a Licensed Clinical Social Worker. The unit provides a variety of services, including co-responding to calls. Unit staff may be dispatched in three ways. First, for calls that are flagged as potential mental health or substance use issues, dispatch will contact an available unit member to accompany law enforcement to the scene. Second, when officers arrive on the scene and determine that an individual would benefit from services, they call the unit. Finally, unit members monitor calls and self-dispatch if their services are needed. The unit also is on call in a telehealth capacity, to assist responding officers on substance use calls when transport to the hospital is refused.

The unit’s role extends beyond responding to emergencies. After the initial call for service, unit members provide people with referrals or case management services, ensuring warm hand-offs to other services. They also are involved in community outreach, task forces, and other collaborative efforts, depending on their expertise. For example, the Substance Abuse

Counselor coordinates substance use prevention education in the local school system. The unit also provides witness and victim services, offering counseling support and referrals to children and adults who have experienced trauma.

Finally, the unit has a role in officer wellness. The unit provides individual counseling to officers, coordinates trainings on behavioral health topics, and assists with incident debriefs. Officers also will stop by unit members’ offices to decompress or seek advice about work or personal issues.

Benefits

According to the department, the unit has helped people access needed services and navigate the complex and fragmented mental health and substance use treatment systems. Unit members note that the people they serve often do not know what resources are available, how to access them, and how to determine whether insurance will cover services—barriers that can feel overwhelming.

Having specialized staff who can respond to mental health and substance use crises frees up officers to focus on violent crimes. Meanwhile, the unit can help people access services, hopefully preventing crises from escalating in the future. Ultimately, the department believes this approach improves the community’s quality of life.

“If you’re a police leader and you’re not addressing mental health in the community, then it’s going to catch up with you and the community.”

Finally, increased attention to mental health issues has helped to promote officer wellness. Crisis responders are a resource for officers to address their own mental health needs, and

having in-house support helps reduce the stigma that may prevent an officer from getting help.

“Gone are the days of ‘I have to be a superhero, and nothing phases me, nothing bothers me.’ The culture has had a shift and people are more open to seeking that assistance before it becomes a problem.”

Factors for Success

Service Availability

The City of Jacksonville partnered with other agencies to expand local mental health and substance use services. Established in 2019 with funding from state appropriations, the Dix Crisis Intervention Center is a collaborative effort between the City of Jacksonville; RI International; Onslow, Craven, and Carteret Counties; local hospitals; and Trillium Health Resources. The Center’s “Living Room Unit” provides community members with up to five days of mental health and crisis stabilization, along with non-hospital medical detoxification services.

“Before the Dix Center, the officers had two choices for community members in crisis: take someone to jail or to the hospital, where mental health services were non-existent.”

However, while these are important resources, the department acknowledges that limited service capacity remains a problem. This is particularly so for individuals struggling with substance use—while there are services for detoxification and other acute issues, there may not be sufficient space in long-term treatment facilities or services to support people in recovery. As a result, people may end up in crisis again.

Organizational Integration

The Crisis Counselor has been with the department since 2017 and played a significant

role in getting officer buy-in for crisis response by doing ride-alongs, having casual office conversations, and inviting officers to community meetings. This relationship-building helped integrate the unit into daily operations, providing a smoother transition for the addition of the Substance Abuse Counselor and Licensed Clinical Social Worker in 2020 and 2022, respectively.

Community Relationships

Unit members report that building community relationships and staying informed about local organizations and the services they offer is essential. Their connections with entities like local mental health clinics, veteran and military family services organizations, and social services help facilitate referrals and coordination among providers.

Multidisciplinary Team

Unit members bring a variety of backgrounds and perspectives to their work. Combining expertise in clinical neuropsychology, nursing, substance use treatment, and social work, they can draw on each other’s expertise to better serve clients.



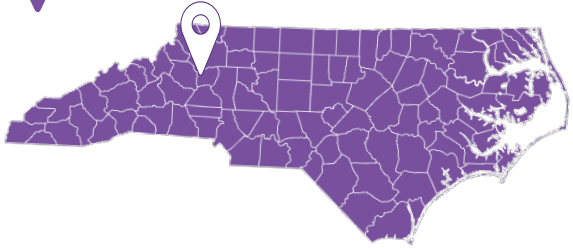









Officer Training

All department officers receive crisis intervention training, reinforcing crisis response efforts by promoting a de-escalation mindset and helping officers identify mental health issues. The department has seen a 60% reduction in use-of-force incidents since 2012, which department leadership attributes to crisis intervention training.

“[Crisis intervention] training helps police officers address situations with a better outcome. Understanding where people are mentally and being able to de-escalate those situations creates a safer community for everybody.”

Hickory Community Navigator Program

Leveraging community relationships to assist people experiencing homelessness

Quick Facts	
 <p>Program Type Homeless outreach</p>	 <p>Service Area City of Hickory</p> 
 <p>Program Start Date 2019</p>	
 <p>Staffing 1 full-time non-sworn employee</p>	 <p>Department Size 122 Sworn Officers</p>
	 <p>Size of Community Served 44,084 (Source: U.S. Census Bureau)</p>
 <p>Hours of Operation 8:30 AM – 5:00 PM Monday – Friday</p>	 <p>Key Partners Hickory Police Department Informal partnerships with local agencies & community organizations</p>
 <p>Funding Funded by Hickory Police Dept. Annual cost for salary, benefits & equipment is approximately \$71,200, not including variable costs (e.g., vehicle fuel)</p>	 <p>Equipment Vehicle, uniform, cell phone, laptop & radio</p>
	 <p>Call Volume Since 2019, the program has received 292 referrals; of these, 155 received case management services.</p>

Background

The Hickory Police Department established the Community Navigator program to address high call volume for people experiencing homelessness. Leadership saw that housing instability was a root cause of many low-level and repeat calls for service (such as panhandling and trespassing). The City Council also believed that the underlying problem was impeding economic development efforts. To address these goals and concerns, the department established the Community Navigator program to connect individuals experiencing homelessness to services, support co-response with officers, and coordinate with local non-profits.

Program Scope & Responsibilities

The Community Navigator is a police department staff member. Approximately 40% of the Community Navigator's typical day consists of co-responding with officers. The remaining 60% of their time is spent on case management, educating the community, and coordinating and developing relationships with community organizations.

During a co-response, an officer may respond first and then radio the Community Navigator for assistance, or the two may respond together. When the Community Navigator arrives at the scene, the officer may or may not remain there, depending on the situation. As the Community Navigator's caseload has grown, the Navigator spends more time on case management and less time co-responding with officers.

Many referrals to the Community Navigator are made by officers when responding to calls or on patrol. After a referral is made, the Community Navigator acts as a case manager, conducting assessments, making service referrals (e.g., to the local substance use treatment facility), and developing plans for the person to obtain

permanent housing. In some cases, local service providers, like the local managed care organization, may contact the Community Navigator for help with their own clients. Some people experiencing homelessness hear about the program through word of mouth and contact the Community Navigator directly for assistance.

The Community Navigator also coordinates with partner organizations, like the local Cooperative Christian Ministry and the broader Hickory community, to avoid duplication of services and educate partners about addressing the root causes of homelessness. Also, the Community Navigator helps people find housing or transportation after being released from jail. Finally, the Community Navigator fosters relationships with local housing agencies and landlords to ensure that housing opportunities are available. The department reports that landlords are more likely to rent to individuals when they are connected to local services.

Benefits

The program has helped individuals find stable housing, reconnect with family, and connect to services. As of the end of 2022, fifty-five individuals have been rehoused or connected to their family. In doing so, the program also has helped achieved a key program goal: reducing call volume for low-level offenses.

The program also helps officers connect people to services. While officers provide information to individuals experiencing homelessness, it can be hard for officers to stay on top of changes at local service organizations. For example, the local Salvation Army might experience staffing turnover or implement a policy change impacting hours of operation or drug testing requirements. By keeping officers current on these changes, the Community Navigator makes it easier for officers to help connect individuals to services. Also, the Community Navigator alleviates stress officers

experience when working with people experiencing homelessness and helps to break the cycle of justice system involvement.

“We had dealt with this individual on patrol ... he suffered from a traumatic brain injury ... And there were a number of incidents where he had pulled weapons on officers ... And [the Community Navigator] got him plugged in [to services].”

The program also benefits the local jail and court system. When individuals experiencing homelessness end up in jail, the Community Navigator works to get them needed resources (e.g., connecting to family) after they're released, helping to minimize the consequences of detention. The Community Navigator also provides services to victims and witnesses, helping to provide stability and ensure their availability for court proceedings.

Factors for Success

Community Relationships

Before joining the department, the Community Navigator had ten years of experience working as the local Salvation Army Shelter Director and had established relationships with local service providers and people experiencing homelessness. These relationships help facilitate referrals and coordination between service providers (like the shelter, Salvation Army, and Cooperative Christian Ministry) and other agencies like the local jail.

“None of what I do is possible without community support, without the nonprofits to assist, walking us through the process. It's about those relationships in our community and our community working together. I don't think one organization, one agency can do it all.”

The importance of relationships also extends to the department's relationships with the communities they serve. Being willing to connect with services through law enforcement requires trust, and lack of community trust in officers can undermine crisis response efforts.

Building on Strengths

The department previously had implemented a Law Enforcement Assisted Diversion (LEAD) program, which aims to divert individuals with low-level drug offenses out of the criminal justice system and into treatment services. That program provided the department with experience connecting individuals to services and highlighted the need for a new program to assist people experiencing homelessness. Once the Community Navigator program was in place, it was able to achieve early successes, which helped spread awareness of the program.

“We had some early success, really quick, and so word has spread. We've seen people just coming off the street. It's word of mouth from another homeless individual in the community.”

Service Availability

A significant program obstacle is the limited capacity of local agencies to house or provide services to people experiencing homelessness. There are limited beds at the local shelter, and Catawba County, where Hickory is located, also is experiencing a housing shortage. That shortage is compounded by increasing rents.

“We are currently in a housing shortage in our county. We've seen rents almost double overnight because of supply and demand ... it's almost gotten stagnant, where you can't move folks out of the shelter into housing, so you can't move any unsheltered homeless into your shelters.”

Although Hickory has limited capacity to address the housing and other service needs of people who lack housing, it has comparatively greater services than nearby communities. Because of this, people experiencing homelessness may be redirected to Hickory. This has placed greater strain on Hickory's services and resources. Also, the program's one Community Navigator cannot respond to every call, especially as case management needs have grown.

"The frustrating thing for me is already being on another call or having a standing appointment with an existing client, so you can't get out in front of the new one. I think we intended for this just to be a warm hand-off to someone else ... but ultimately, what happens with all kinds of issues is there's sometimes no one to pass them off to."

Complex Needs

Many people experiencing homelessness have mental or behavioral health needs and may be resistant to receiving services. Also, managing these complex needs can make it challenging for people to retain housing, and eviction can result.

Data

Many service organizations that work with people experiencing homelessness share data through the Homeless Management Information System.¹⁰ To use that system, the Community Navigator must agree not to use the data for law enforcement purposes, such as making an arrest. This can complicate data sharing among organizations. Also, HIPAA's privacy requirements restrict the Community Navigator's ability to manage and coordinate health services. The Community Navigator often needs information from multiple organizations (e.g., substance use treatment facilities and mental health providers), and the individual typically must authorize the release of information at each organization, which can be logistically difficult to obtain.

Finally, existing systems for law enforcement data collection have limited ability to document information about homelessness or case management. As a result, officers may need to spend extra time logging information about their interactions with individuals experiencing homelessness.

"We don't want more reporting that's going to take [officers] off the road. We don't want to reinvent the wheel and make their job more difficult. I don't want officers to not refer people to me because it's too complicated."

¹⁰ The U.S. Department of Housing and Urban Development requires organizations serving individuals experiencing homelessness to create a local continuum of care and share client-level data regarding the provision of services through a system called the Homeless Management Information System.

Recommendations from Case Study Departments

Staff involved with the Burlington, Chapel Hill, Hickory, and Jacksonville programs have the following recommendations for other police departments considering establishing an alternative responder program:

- 1. Start by assessing community needs & resources.** All four departments recommend starting with an assessment of local needs and resources. Jacksonville and Hickory staff emphasize that what works in one community might not work in another, and identifying local needs and resources is a critical first step. To do so, Chapel Hill staff recommend looking at calls for service, meeting with community organizations to understand the needs they serve, and asking officers what issues they see in the field. Burlington staff recommend starting data collection early to assess needs and lay the foundation for program evaluation, identifying the types and number of calls the new program would target. Burlington and Hickory staff also advise coordinating with other organizations like service providers, the local jail, District Attorney's office, and pretrial release program; these entities may have relevant data or be able to identify target populations and outcomes to monitor. Understanding these needs will help the department assess the expertise and licensure needed by program staff. Burlington staff also recommend identifying potential partner organizations and the resources they can offer.
- 2. Select program staff intentionally.** Burlington staff recommend selecting program staff to align with department culture, to promote strong partnerships between officers and program staff. Jacksonville staff suggest selecting crisis responders with diverse professional backgrounds; employing licensed professionals from numerous disciplines broadens the department's crisis response skillset and helps responders meet a variety of needs. Hickory staff recommend selecting staff with experience working with the community, as well as the patience, compassion, and persistence needed to work with people experiencing crises.
- 3. Scale the program over time.** Chapel Hill staff advise that departments cannot address every problem at once and that it is better to start with a pilot program or a single staff member who can bring a new perspective to the department. Burlington staff echo this, noting that starting with a time-limited or smaller program allows the department to learn from experience and refine implementation.
- 4. Build officer buy-in.** Chapel Hill staff recommend building support for the program by helping officers understand that crisis response frees them up to do the law enforcement functions for which they are trained. Chapel Hill staff also suggest intentionally incorporating crisis response into the department's structure and culture so that services are visible to officers.
- 5. Have strong leadership.** Chapel Hill staff note that leadership must convey strong support for the program: if crisis response is not a leadership priority, it will be difficult to build officer buy-in. Burlington staff emphasize that there should be a department point person for program staff to contact with problems. They add that because of staff turnover in the department and in partner organizations, departments need to plan for program sustainability.

6. **Identify funding sources.** Programs need funding both to start up and be sustainable. In some cases, partner organizations may be able to support the program, but Burlington staff recommend identifying other funding sources.
7. **Monitor and adapt the program over time.** Burlington staff note that adapting and iterating on the program over time can help build out from strengths and realize additional program benefits that may not have been envisioned initially. Although not a case study site, Fayetteville Police Department staff echoed this in interviews, stating that departments should start with local needs and adjust as needed. They added, “no matter what model you go with, it’s a living, breathing model, and it will evolve to what you need it to be.”
8. **Do not be afraid to try something new.** Jacksonville staff point out that implementing a program requires a new approach to law enforcement. While there may be an initial adjustment period, they encourage departments to be open to learning how to use these new resources.

Limitations

Departments may define programs differently. While the survey and report categorize programs based on standard models, individual departments’ programs may not fit neatly into one category. Departments may have listed the same program in response to more than one survey question, resulting in the potential for some double counting.

Survey findings are limited to NCACP members that responded to the survey. Since not all North Carolina police departments are NCACP members, additional programs may exist.

Next Steps

In fall 2023, we will launch Phase II of the project. Phase II involves an empirical evaluation of one or more alternative responder programs to help stakeholders understand their impact.

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