



Across the United States, police are expected to respond to service calls involving individuals who are experiencing real or perceived acute distress related to mental health or substance use disorders. Police officers will often be the first to say that they are not well-suited to help people experiencing such crises. This can result in:

- Unnecessary arrest and use of force;
- Missed opportunities to connect individuals with needed treatment; and
- Inefficient use of scarce police resources that could be focused on crime prevention and investigation.

Many local leaders recognize this problem and are experimenting with alternative response models, such as dispatching police officers with specialized training to respond to individuals in crisis (“crisis intervention teams”), police-mental health co-responder units (“co-responder” models), mobile crisis teams of non-law enforcement personnel to respond to behavioral health calls (“community responder” models), and clinicians embedded inside emergency call centers.

More research is needed on whether, how well, and in what contexts such programs work, with early evidence showing that some alternative response models could reduce arrests and reported offenses and increase connections to medical services. However, existing studies have not examined whether these changes in system responses result in improved public safety and health, a critical next-stage inquiry to determine whether alternative response models leave communities better off in the long term.

## WHAT WE KNOW ABOUT ALTERNATIVE CRISIS RESPONSE

- **Emergency Calls:** It is estimated that up to 20% of 911 service calls are for an acute mental or behavioral health crisis.<sup>1</sup>
- **Community Responder Models:** Two evaluations have found that community responder models can reduce arrests and reported offenses as outcomes of behavioral health crisis calls. However, alternative response teams were not legally permitted to make arrests or report criminal offenses in both study contexts. Whether such programs have longer-term positive effects on public safety merits further study.
  - › In Eugene, Oregon, the Crisis Assistance Helping Out on the Streets (CAHOOTS) program reduced the likelihood that a 911 call would result in arrest and increased access to medical services.<sup>2</sup> CAHOOTS was a mobile crisis response team of a non-uniformed mental health worker and medic that responded to calls involving mental illness, homelessness, and addiction.
  - › In Denver, Colorado, one study found that the Support Team Assistance Response (STAR) program reduced reported offenses (such as trespassing, public disorder, and resisting arrest) and had no impact on more serious offenses.<sup>3</sup> Modeled after the CAHOOTS program, the STAR approach also consists of a mental health clinician and medic providing rapid, on-site support to individuals in crisis and directing them to further appropriate care. Further evaluation is needed to determine the impact of STAR since this study’s results may be confounded by a concurrent surge in serious crime that likely pulled police away from responding to low-level crime in the target precincts.
- **Ongoing Research:** The impact of crisis intervention teams and co-responder models is not yet known, but research is currently underway with support from Arnold Ventures.<sup>4</sup>



## WHAT POLICYMAKERS SHOULD FOCUS ON

- Consider amending laws as needed to enable piloting community responder models for evaluation. In some states, statutes require that trained and certified police officers respond to all 911 calls, creating legal barriers to alternative response models. Some states are exploring changes in policy or certification practices that enable jurisdictions to utilize these approaches.
- Partnering with researchers to pilot and replicate promising community responder models, such as the CAHOOTS and STAR programs described above, with a focus on public safety, health outcomes, and other measures of individual and community well-being.
- Partnering with researchers to test the impact of other alternative response approaches, such as crisis intervention teams, co-responder models, and clinicians embedded in emergency call centers.

## ENDNOTES

- 1 Abramson, A. (2021, July/August). *Building mental health into emergency responses*. *Monitor on Psychology*, 52(5). American Psychological Association. <https://www.apa.org/monitor/2021/07/emergency-responses>.
- 2 Davis, J., Norris, S., Schmitt, J., Shem Tov, Y., & Strickland, C. (2025). *Mobile crisis response teams support better policing: Evidence from CAHOOTS* (NBER Working Paper No. 33761). National Bureau of Economic Research. <https://doi.org/10.3386/w33761>.
- 3 Dee, T. S., & Pyne, J. (2022). *A community response approach to mental health and substance abuse crises reduced crime*. *Science Advances*, 8(23), eabm2106. <https://doi.org/10.1126/sciadv.abm2106>.
- 4 Arnold Ventures. (2024, July 1). *Evaluation of the Community Wellness and Crisis Response Team co response program in San Mateo County*. <https://www.arnoldventures.org/stories/evaluation-of-the-community-wellness-and-crisis-response-team-co-response-program-in-san-mateo-county>

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