



Community Rapid Response Teams

Provide non-emergency medical and mental health care

"The Street Crisis Response Team has proven that we can respond to calls of people in crisis with compassion and clinical skills without having to rely on emergency rooms, ambulances, and law enforcement" - [Mayor Breed, San Francisco](#)

Overview

Community Rapid Response Teams (CRRTs) are composed of medical and mental health professionals, community members, and, as needed, translators. Their primary purpose is to respond to emergency calls that are non-violent, thereby reducing the strain that police departments feel in responding to 911 calls and allowing people experiencing things like mental health crises and homelessness to be connected to necessary services rather than arrested or risking law enforcement violence.

CRRTs provide non-emergency medical care, first aid, and transportation to services. The team should be dispatched to attend to calls related to: homelessness, intoxication, disorientation, substance abuse and mental illness problems, and dispute resolution. These teams do **not** respond to in-progress crime, violent situations, or life-threatening medical emergencies.

Problem

Police are not well equipped to respond to non-violent behavior, such as mental health crises, substance abuse, or homelessness. The main program used in Delaware to train police officers on how to navigate mental health crises is [limited to just eight hours](#). [One study by the Treatment Advocacy Center in 2015](#) showed that "at least **1 in 4** fatal law enforcement

encounters involves an individual with serious mental illness”. This overlaps with the increased police presence in communities of color, and how that has led to Delaware’s prison population being 64% Black while the state population is only 20% Blackore specifically, 86.8% of those in prison for drug offenses are Black, according to [the Prison Policy Initiative](#). It is imperative that we stop jailing people involved in non-violent substance usage, mental health crises, homelessness, and other community health related issues. The Wilmington City Council [declared racism to be a public health crisis](#) in 2020, and the formation of CRRTs helps to address one aspect of that public health crisis.

Policy Solutions

The focus is engaging people in crisis and connecting them to rehabilitative services, rather than putting them in jail just to get them off the streets.

The goal is to have teams that operate 24/7; however some programs start with smaller availability times while they prove the concept, and then seek further funding to increase their teams size and support. Teams should include an EMT, a behavioral health clinician, a community member and an individual with direct experience utilizing social services and navigating mental health crises and/or homelessness, and, depending on the location, a translator in a language(s) other than English. CRRTs respond only to non-urgent, non-violent calls triaged to the program through the 911 dispatch system. The team should be authorized to provide medical assessment and triage, crisis intervention, de-escalation, transportation and resource connection for community members in need.

One city with data-driven evidence of success is San Francisco’s MentalHealthSF response team program, which responded to over 5,000 calls in the first year and approved adding another team to the unit with six additional staff [\[source\]](#). According to city reports, San Francisco’s program “diverted more than one-third of all 911 calls (38%) for ‘mentally disturbed persons’ from law enforcement cumulatively during its first year of operation” [\[source\]](#). Additionally, “Most people who [this program] serves (76%) are currently experiencing homelessness” [\[source\]](#).

CRRTs should operate in strict collaboration with community councils and representatives, and should focus the initial rollout in those communities that also experience the highest rates of 911 calls, police patrols, and police misconduct. This will ensure it is positioned to reduce the largest proportion of harm in the initial rollout phase. Looking at Denver’s Support Team Assisted Response (STAR) program, demographic data from 759 people served between June 2020 and January 2022 show that while Denver’s population is 9.8% Black, 29.3% Latino, and 3.3% multiracial [\[source\]](#), the STAR program served a population that was 22% Black, 7% Latino, and 11% as multiracial [\[source\]](#).

CRRTs should include an actual community member in each unit. The Bronx Stand Up to Violence (SUV) program is run through the local Jacobi Medical Center and connects ex-gang members from the area with those who are hospitalized for gun violence. It also helps these community members serve as mediators in their communities. Neighborhoods in SUV’s target areas have seen a 60-70% decrease in shootings [\[source\]](#). While CRRTs do not respond to violent or in-progress crimes, a core function of the teams should include people with direct lived

experiences that match the population the teams are serving. Activists in Denver are pushing for this addition to the Denver STAR program as well [\[source\]](#).

Potential Objections

There is a risk that the government groups that enact these programs may ignore community activists, such as [what is happening with the STAR program in Denver](#). In this case, the program both misses out on being better because it is ignoring the on-the-ground experiences of people who live in the communities, and also hampering their ability to be part of rebuilding trust between government service agencies (such as police) and the communities they work in.

There are also differences among funding sources. Some programs run in tight partnership with police departments (see [the CAHOOT's program in Resources section](#)) and are funded from police budgets, while others are housed under a city's department of health (see [Denver's STAR program](#)). Being contracted under the police department gives access to a much larger budget, however it could cause conflicts of interest when designing the program. Being contracted under a department of health matches the intent of the program much better than policing. However, health departments may struggle to maintain funding in light of increasing policing budgets, and therefore the program will likely need to pursue outside grants to supplement a full budget.

Opponents may fear that a program that receives funding either partially or fully from the policing budget is a “defunding the police” measure. However, cities that have implemented these programs receive requests from police officers themselves to add more funding and more staff to these response teams, as the response teams alleviate burdens from the policing force and reduce the number of 911 calls that the police have to respond to. For example, [Chief Police Pazen in Denver said](#), “We have more than enough work with regards to violent crime, property crime and traffic safety, and if something like STAR or any other support system can lighten the load on mental health calls for service, substance abuse calls for service, and low-level issues, that frees up law enforcement to address crime issues.”

The CAHOOTS program in Oregon sees 5-8% of 911 calls diverted to this program, saving police precincts time, energy, and money. If we look at what the median of that range would mean for Wilmington, diverting **6.5% of 911 calls** would mean **6,246 fewer calls** that police officers have to respond to (based on [2021's data of 96,098 total calls for service by the WPD](#)). This is reflected in other programs, where some of the biggest proponents of Community Response Team expansion are the police departments themselves.

Resources for More Information

Model legislation

- Denver's [Support Team Assisted Response](#) (STAR)
 - STAR has handled 2,700 calls between June 2020 and January 2022. However, the STAR operation manager said “there were approximately 11,000 calls to Denver emergency services that could've been handled by STAR in that time” if they had had more staff, vans, and resources allocated to the program. [\[source\]](#)

- Operates 6am-10pm, M-F
 - Goal is to be in more neighborhoods, and 24/7 response times; need \$3mil more [[source](#)]
 - Started being funded under the Denver Police Department, but later moved to live under Denver Department of Public Health Environment (DDPHE)
 - Additional documentation
 - [STAR Expansion Committee: Charter and Proposals for Expansion](#)
 - [Advisory Committee](#)
 - [Mental Health Center of Denver's info page on STAR](#)
- Eugene, Oregon's [Crisis Assistance Helping Out On The Streets](#) (CAHOOTS)
 - [Brochure on summary of services](#) (Operates 24/7)
 - White Bird Clinic is the contracted agency that provides the services for the CAHOOT program, and they are paid out of the police department's budget
 - Description of [funding through the Eugene Police Department](#)
 - Diverts 5-8% of Calls from Police
 - [Contract](#) between the city of Eugene, OR and the White Bird Clinic to provide these services
 - [Brochure](#) on how they process 911 calls
- [Boston Emergency Services Team](#) (BEST)
 - [Data on calls responded to](#)
- San Francisco's [MentalHealthSF](#)
 - [Issue Brief](#) from the Implementation Working Group
 - *"The Crisis Response Street Team shall be a city-wide crisis team led by the Department that operates 24 hours per day, 7 days per week, to intervene with people on the street who are experiencing a substance use or mental health crisis, with the goal of engaging them and having them enter into a system of treatment and coordinated care."*
 - After one year, they had responded to over 5,000 calls and approved adding another team to the unit with six additional staff [[source](#)]

Additional Resources

- Minneapolis working to improve [behavioral health calls](#)
 - Currently running [four pilot studies](#) that cover:
 - Use mobile behavioral health crisis response (BCR) teams
 - Train 911 dispatch to assess behavioral health calls
 - Embed behavioral health professionals in 911
 - Train non-police City staff to take theft and property damage reports and collect evidence

Potential Expansion

- [Washington State Coalition Against Domestic Violence](#) runs a community response program specifically for domestic violence cases
- [MHFirst Oakland](#) is a community-run, phone-support-only community response program

Unintended Consequences

This may highlight a need for further social services, as one of the goals of a community response team is to connect the individuals they are sent to with long-term care and resources (e.g. substance abuse treatment, housing, etc). Having more documented need for these services could strain the budgets of those organizations that serve those populations.