

COMMUNITY RESPONDER TEAMS

The combined effects of a deadly pandemic, skyrocketing inflation, and a housing crisis have pushed many Erie County residents to the edge. In 2022, we had a [spike in opioid-related deaths](#). We had [overcrowded psychiatric emergency rooms](#) where patients had to wait for days for care. We had the [second-highest rate of evictions](#) in New York State. On top of it all, gun violence and a horrific mass shooting traumatized whole communities. Long before the pandemic, low-income communities and communities of color were the most vulnerable communities to economic hardships and health inequities. This is due to hundreds of years of systemic racism, violence, and disinvestment. While all county residents are hurting from today's crises, these frontline communities bear the brunt of these life-threatening conditions.

Crisis intervention and mental health support systems must account for these complex realities. Right now, police officers respond to nearly all calls in Erie County—even when no crime has occurred. Instead, public health-related calls should be handled by healthcare professionals. **When someone in desperation calls 911 due to mental health, substance use, homelessness, poverty, or other social or health needs, a community responder team of health professionals and peers should be dispatched.** It's time to start meeting public health needs with responsive, community-driven health care.

THE STATUS QUO IS FAILING US

Surprisingly, most calls to 911 are not about emergencies or crimes. In 2019, [over 95%](#) of 911 calls handled by the Erie County Sheriff were noncriminal calls for service (e.g., accidents, alarms, nonviolent disputes, etc.). Violent crimes—including murder, forcible rape, and arson—made up just 1.3% of calls. Even so, police are the default responder for nearly *all* 911 calls. In the best-case scenario, sending police to a call where they aren't required wastes time and money. As we know from too many recent examples (George Floyd, Daniel Prude, Willie Henley, and so many more), the worst-case scenario can be deadly.

[One in every five](#) deaths by police have something in common; they involve a person with a known mental illness. Further, people with untreated mental illness are [16 times](#) more likely to be killed during a police encounter than others stopped by police. In many cases, this is a failure of the healthcare system, too. Between [10-33%](#) of people with severe mental illness first gain access to mental health treatment through a law-enforcement encounter.

So many people in need go without help until they are at the point of crisis. They fall through the many holes in the healthcare safety net before hitting the pavement of the criminal legal system, where individuals who need treatment often end up experiencing *more* trauma in their interactions with police. Outcomes are worse for people of color—Black Americans are killed by police at over [twice the rate](#) of white Americans. It doesn't have to be this way. **By sending healthcare workers and peers as first responders before a situation escalates into a crisis, people can be connected with the help they need when they need it.**

WHAT IS A COMMUNITY RESPONDER TEAM?

Community responder teams (CRTs) are first responders, just like firefighters and police officers. **They are health professionals (typically EMTs, nurses, social workers, or other mental health clinicians) and trained peers.** Including both professionals and peers ensures that teams have the necessary expertise and lived experience to assess and resolve crisis and non-crisis situations related to health and social issues—primarily mental health, substance use, homelessness, poverty, and other social disturbances or quality of life concerns.

Unlike co-responders, who accompany police on certain calls, community responder teams respond independently to 911 calls within their purview. Common calls fielded by CRTs in other municipalities are for public intoxication, people sleeping in public locations, persons who seem disoriented or are behaving erratically, or people panhandling, loitering, or soliciting. **CRTs typically respond to various crisis and non-crisis situations that are likely to involve a behavioral health or social need as long as there are no weapons, violence, or threats reported.** Just like other first responders, they can be called to a scene by another first responder when needed. They can also call on others for backup.

BENEFITS OF CRTS

Community responder teams have a host of benefits. Sending health professionals instead of police to health-related calls lessens the likelihood of traumatic police interactions. Further, having another type of first response to handle lower-risk calls frees up emergency services to respond faster to actual emergencies without ignoring the real but less urgent needs of other calls.

Most important, community responder teams link people with the care they need. Most teams can provide care immediately on site, as well as transport individuals to longer-term facilities. This reduces the burden on costly public resources like ambulances, emergency rooms, jails, and courts. Community responder teams are about ensuring the right response at the right time to community needs. Addressing the root cause of many low-level crimes and social disturbances by meeting health needs builds safer, stronger communities.

A CRT pilot begins by fielding a few specific 911 call codes; for example, "Check Welfare," or "Assist Public." After the call is screened and dispatched, the team responds in person, typically in a van equipped with basic supplies: food, warm clothing, hygiene, and first aid supplies. Once on-site, teams assess the situation and provide assistance, such as active listening, de-escalation, problem-solving, providing material help or information, giving basic first aid, or transporting and linking someone to a shelter, crisis center, treatment facility, case management, or other longer-term care.

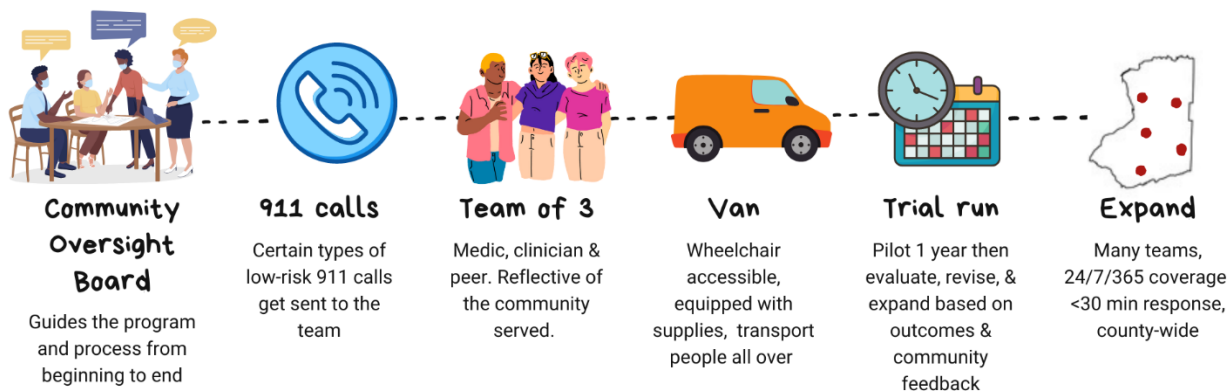
PILOTING A TEAM IN ERIE COUNTY

Community responder teams are of, by, and for the communities served. It's crucial that directly-impacted community members plan, staff, and oversee programs to provide care that is truly person-centered and trauma-informed. **Peers and frontline community members should compose at least 75% of the decision-making oversight board.**

A robust CRT pilot with salaries and benefits (equal to those of other first responders), a sustainable staffing schedule, a vehicle, supplies, and equipment would cost around \$500,000. CRTs have demonstrated significant cost savings to municipalities over time because CRT programs divert many calls from more expensive public resources.

Erie County residents deserve to be treated with compassion and dignity always, but especially in moments of crisis. We need a Community Responder Team now!

PILOT PROPOSAL



Learn more and share your thoughts: linktr.ee/CommunityResponders4EC

