During this convening session, workgroup chairs presented details of the following recommendations:

1. Emphasize trauma-informed, culturally-sensitive, person-centered response
2. Collect data to understand needs, iterate on progress, and support accountability
3. Build toward sustainable positive outcomes for everyone involved in the system
4. Create community-led accountability to support desired impact

This document contains anonymous feedback from session attendees on the given questions following this presentation, conducted through the Mentimeter website. We suggest citing this document as “Public feedback during Transform911’s Alternative First Responders workgroup convening session on March 2, 2022.”

For additional information or inquiries, visit transform911.org, email us at transform911@uchicago.edu, or follow us on Twitter @T911HealthLab.
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

<table>
<thead>
<tr>
<th>Nothing except how to get there</th>
<th>To be empathetic and to understand community crisis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous community safety practices.</td>
<td>ability to &quot;parse&quot; language (words) and tone.</td>
</tr>
<tr>
<td>safety plan</td>
<td>Any known mental health or substance abuse history or issues</td>
</tr>
<tr>
<td>My mental health history only (strictly) if it relates to immediate and genuine officer safety.</td>
<td>What places they can take me for help</td>
</tr>
</tbody>
</table>
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- Response Address
- Number of Patients
- Nature of illness/injury (reason for 911 call)
- Others on scene - other resources responding
- Mental health background if possible
- Language preference, domestic violence de-escalation, immigration status (if no ICE should be called), trauma from men (prefer women), gender issues
- Existing diagnosis.
- Where you are located
- How to connect with a range of people with empathy and directness
- Typical languages spoken in households
- Mental health/health history
- Languages spoken by the people experiencing the emergency
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- Medical Info
- I want them to be from the neighborhood or a similar neighborhood
- Who I think needs to be here to help.
- Some background on any previous mental health crisis
- Health or other emergency; other folks at the location; sirens on or off
- Knowing the history of the neighborhood and past friction between the parties.
- Whether repeat calls and if so, how frequent
- Racial Demographic they are responding to.
- Who is there
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- What the emergency is? Are there any weapons?
- If there is mental health issues involved
- If there is a mental health or abuse issue.
- History of calls w/ certain houses and neighborhoods or individuals
- If substance use is involved
- If a weapon is present

I want them to have training and access to behavioral health consultation.
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- Know who are community leaders are, know the makeup of the community, know the language needs
- I would want them to know that a police response may not be required or wanted.
- The dominant culture and any major sub-cultures in the neighborhood
- Recent emergencies
- A current real-time list of resources available for me to be taken to in any kind of mental health crisis (that does not include jail).
- Who, what, when, where, why and how of the incident and the up-to-date history of the individual and location involved when possible
- - any weapons
- It depends... this will be so different for everyone!
- Community's experience with first responders and social service agencies? How the experience impacts trust
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- Medical care and where the resources are and transporting folks with dignity
- Scene Safety issues, any known patient issues because mental health crisis can often be confused with uncooperative subjects/patients.
- to have de-escalation and mental health first aid skills and training
- If children are present
- Cultural norms
- Location
- Specific details of the emergency requests...so that the appropriate response can be provided. Mental health request vs. a property crime report require a drastically different response.
- How to de-escalate situations
- How to connect with people
- Know the culture
- If there is a specific threat
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- What languages are the community members speaking. What cultural considerations need to be considered. Do we have someone on our team familiar with that neighborhood or community.
- Who in the community do they trust?
- As much information as possible to facilitate the appropriate response and level of support based upon the actual issue.
- Weapons present
- I would like responders to be better-prepared regarding intellectual/developmental disabilities--and to have access to specific information e.g. through Smart911 to alert them to distinctive issues.
- Limited history of mental health conditions
- recent trauma experienced in the neighborhood
- The call history of the person calling 911. e.g. to help identify frequent fliers who may likely be hypersensitive and help officers tone down response attitude.
- HOW to engage me
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- Knowing that "mental health" and "substance use" history can be misleading too can elicit bias/discrimination too
- History of the neighborhood. Is there a reason for distrust of first responders, especially police.
- Is it safe. All homes have weapons, but contextual information as to the environment is important.
- Where an individual can be transported
- The housing situation and needs of the person/people involved
- If people present have anxieties about law enforcement or first responders
- Know that they have what they need and are equipped to handle the emergency
- Will children be present
- What kind of help the caller actually wants
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- I'd like them to know my preferred outcome. (i.e. no arrest/detainment, etc.)
- Immigration status should not matter, but knowing what languages are spoken, cultural information etc.
- Are cognitive or physically disabled individuals at the location?
- Awareness of hot point community issues to contextualize what is happening. Could be as simple as no hot water.
- Is there a person onsite who helps the person in crisis feel safe, i.e. a family member, loved one etc. who can help with communications between First responder and that individual.
- Re: criminal histories recorded - what can be done when we have all officer contact, DV history, and criminal history. BUT what if the person has reformed since? How do we capture someone who has gone through treatment and turned their life around?
- Having a reference material of what different cultures in the community consider to be Safety for them. Not assuming the answer to that.
- Responders have what they need to engage meaningfully and do their work effectively in terms of people and resources etc.
- If you are familiar with a responder, you prefer to help you.
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

- Can the person calling in a medical emergency actually open the door or are they immobilized?
- The name of the officer who responded previously so current responding officer could contact and get any background information.
- If they have a number that calls frequently maybe look with concern rather than prejudice.
- Behaviors a person might show when distress that could be misinterpreted as threatening by outsiders.
- Geographically assign responders so relationships can be built with neighborhoods and people.
- Correct pronouns to use.
- If community representatives should be called or notified.
- Power-with versus power-over.
- First there needs to be resources available 24/7. This is not then norm in most communities. Making this a community priority with a realistic timeline of implementation and funding.
What context or information would you want a first responder to know before they come to help with an emergency in your neighborhood?

Municipal dollars have to be reallocated from law enforcement. Public safety has to be redefined.
How do you think we can ensure that alternative response agencies have the staff, funding, and resources they need?

- Start smaller but with high quality, build proof of concept, show that the demand is there, then expand.
- Ensuring federal, state and city budgets reflect priorities.
- Show a cost saving.
- Recognizing the 911 professional as a first responder and raising the pay to attract talent.
- There is a movement to fund Mobile Teams through Medicaid. This would help, but providers still have to have aggressive HR practices.
- Lower politician salaries
- We need to shift focus and funding from responding to crime to addressing the issues precipitate crime, like poverty and access to services. This may require some overlap of funding initially.
- Pay strong attention to responder attrition. Figure out what kind of resources are needed to keep them from burning out.
- Two important things are (1) having evidence on savings and effectiveness that senior level politicians and stakeholders buy into, (2) helping communities understand the potential so they magnify the political advantages for elected officials.
How do you think we can ensure that alternative response agencies have the staff, funding, and resources they need?

- Utilize grant funding to support grassroots efforts up front, then use data to advocate for line-item funding in state/local budgets.
- Proper interface with Medicaid—where possible—is critical for sustainable funding and resources in alternate response.
- Reallocate dollars from multiple systems that will be involved: police, mental health, public safety.
- Grants need to relax certification and data reporting requirements so community orgs that have organic emergency response aren’t locked out.
- Community needs to demand it - there are tremendous cost savings possible, but they are distributed across entities. Physicians should demand this: insurance (!) private & public should pay (mental health parity).
- closed loop engagement with the community (and larger community) to share what you got for the resources, and capture any feedback-changes or recommendations from this information.
- Local Municipalities and State Agencies need to develop the 4th arm of response being alternative response with standing general fund budget allocations.
- We must understand costs much better. The cost variance is easily (imo) 3:1. Understanding this, combined with understanding the number of calls that could be diverted, would help prioritize updating.
- 988 Legislation is being used to established dedicated tax funding—could be explored here as well.
How do you think we can ensure that alternative response agencies have the staff, funding, and resources they need?

- Tie budget to a performance system based on iterative improvement. It won't necessarily work well the first year. Be patient but require improvement. Don't just fund it or buy it regardless of outcomes.

- Unionize the alternatives....

- Mobilize and empower communities to understand how they can make policy changes happen that support what they want to see in public safety.

- Expanding the definition of Public Safety to include prevention efforts as well as non-traditional First Response like we've been talking about.

- Positive outcomes, socially and financially, will provide a pathway for alternative response becoming a permanent branch of emergency response similar to police/fire/EMS.

- Appeal to the impacted agencies showing a cost saving much like the community paramedic program that the hospitals help fund to keep repeat admissions down.

- Getting buy-in from cities to contribute budget, whether through new departments or community partners

- Use data to show decision-makers that allocating resources to these services leads to better outcomes for the community

- What are the social-cost returns? Eg, we need to develop a social value and use that metric in combination with the financial costs to identify benefits in updating our responses. A man in the home has huge social value vs. in jail.
How do you think we can ensure that alternative response agencies have the staff, funding, and resources they need?

- Push for holistic governance from both the electeds and the community, all voices get to be heard so that the community provides, supports, and sustains the appropriate infrastructure to support alternative responses as one component of a system.
- Offering relevant supervision and co-reflection for community responders—sometimes peer supervision and peer support.
- Pay alternative first responders well enough to afford to live in the community they are serving within.
- Designate current staff from agencies to be a part of the alternative response team.
- Public education regarding optional resources to call/engage when in crisis.
- In terms of staffing, need to make sure funding sources will support/reimburse for peers and other responders that are not MSWs. Create certification programs at the community college level for behavioral health outreach/response.
- By receiving support from the communities they serve and from the cities. Education equity for the responders and the team working.

TRANSFORM 911
How do you think we can ensure that alternative response agencies have the staff, funding, and resources they need?

- **What is the value to our local economies for people diverted from jail as our mental health repository vs. their being in the workforce contributing to the communities economic sustainability.**
- **Continue to research and evaluate progress to prove that what you are doing is working.**
- **Use peers on crisis response teams. We know peers have significant levels of success in reaching people where they are. And pay them accordingly (not minimum wage!).**
- **Some states have issued a phone tax to fund 988 and crisis services, this is a VERY regressive tax but Tmobile said it would absorb the charges for its clients.**
- **Support alternative responders (and first responders) mental health. High stress leads to burnout and staffing shortages, and the lower the pay the shorter their tenure.**
- **Not asking organizations to prove that they are effective, when police depts are constantly funded w/o having to prove anything.**
- **Pay medical and behavioral health responders. Good salaries, good benefits, paid time off, and mental health support.**
- **Agencies and those with lived experience provide training in specific areas such as training and certifying community members to support the response effort ie cpr, creating safety, how to talk to community members.**
- **reallocating existing funding, like funding for additional law enforcement staffing or change training offerings (eg. de-escalation vs over-emphasis on weapons.)**
How do you think we can ensure that alternative response agencies have the staff, funding, and resources they need?

- Share aggregated data with the public on a near real-time basis so advocacy orgs and others can contribute to policy, budgeting, and priorities on a more informed basis.

- Change state/municipal legislation to mandate 9-1-1 funds be made available to alternative response agencies.

- Establish a rating agency/certification process

- Be honest and open about what role the Police Unions play in funding

- Build out infrastructure with permanent funding

- We must define success in ways that centers community needs and that of personnel working as first responders - including 911 professionals because they ARE first responders

- Tap into philanthropy

- Repurpose some of the dedicated and hardworking 911 responders to be a part of the team and give them supports, training and back-up to be meaningful participants.
What do you think is missing from these recommendations that is really important to consider when it comes to alternative first responders?

We shouldn't stick to police, fire, or mental health responders only. For instance, imagine when 911 is called the dispatcher has a number of a personal contact who should be called whenever police or crisis-responders respond.

For calls like mental health crisis, how do we intervene before someone reaches the point of a crisis. Early intervention can and should be a first response.

They should be part of a larger crisis system: SAMHSA’s someone to call, someone to go, a place to go. So many of the alternatives being considered are siloed from this system.

How to encourage 24/7 alternative response agencies/organization/resources.

That everyone who touches a victim in an emergency/911 situation is kind, caring, and interested.

Aggregate data on involuntary detainment to measure how community responders can shift this reliance.

Create talent pipelines for youth and community college students to become telecommunicators for 911/988 and alternative crisis response.

Items that go above or beyond this group—eg potential acts of terrorism.

How do agencies collaborate in the emergency response ecosystem? Reflect on cases where the best response wasn’t what happened and figure out how to improve together?
What do you think is missing from these recommendations that is really important to consider when it comes to alternative first responders?

1. We need to compensate and safeguard alternative responders on par with traditional first responders.
2. The accessibility individuals have in our communities, land lines etc...
3. Relaxing call taking standards to ensure important information is obtained and considered when determining appropriate response.
4. Method of transport! Most of these initiatives seem to forget about or assume that EMS services will be the method of transport. Reimbursement does not exist if the goal is an alternative destination (i.e. not a hospital).
5. On the spot mediation/conflict engagement training... de-escalation and also non-escalation for community responders.
6. Training all responders to be prepared for the presence of firearms.
7. Recognition that we are in a time of experimentation.
8. That there are services, and processes to follow up with those who are impacted by the emergency - debriefing supports etc.
What do you think is missing from these recommendations that is really important to consider when it comes to alternative first responders?

- **We haven't talked at all about community expectations that police respond to their concern, whether minor or not, that sometimes infringes on another person's rights.**

- **We need to combat structural barriers that prevent access to employment - like widespread criminal convictions, particularly for people of color.**

- **Supporting the bigger ecosystem of responders - sponsored trainings for responding to suicidal thoughts, hearing voices, minor conflict.**

- **Who will stand to make money with alternative response units? Will the data of private providers be publicly available? Will they be integrated with existing 911 or tangential/competing with them?**

- **Adding to the 'We shouldn't...': The point is by contacting a neighbor or loved one who might co-respond it could help deescalate the situation more quickly and effectively.**

- **Educating the public on appropriate resources in their community to reach out to prior to engaging 911 or instead of engaging 911.**

- **Funding parity: federal funding should be made available for 911 call center operations/tech much as they are for LE operations/tech. There should also be salary parity between 911 pros and other first responders.**

- **How best to engage existing response systems, but not necessarily show deference to them. A more holistic response platform requires greater community engagement, not just relying on Law, Fire, EMS, & existing ECC leadership.**

- **Recognizing the place mutual aid, neighborhood groups and other types of non-formal responses are integral to community-based safety.**
What do you think is missing from these recommendations that is really important to consider when it comes to alternative first responders?

- There needs to be ongoing communication at a high/system level between typical first responders and alternative first responders to ensure success.
- City gov'ts should cover alternative responders under their liability insurance, or at least provide them free legal support as they formalize their crisis response work.
- Care for the alternative responders. It is heavy work. Our Seattle fire dept has been sure to build therapy into their alternative response teams.
- seconding--not putting harsh standards of efficacy for non-police responders that are not also applied to police.
- With domestic abuse, can follow-up offer counseling?
- Publicly defining what an "emergency" and "crisis" are. With follow up resources that may not meet those definitions.
- share info across agencies while being mindful of need to maintain individual/family privacy.
- ability to recognize and address problem spaces (physical locations) and not limit responses to people involved.
- Making space for safe consumption spaces and drug users unions to play a role in communities.
What do you think is missing from these recommendations that is really important to consider when it comes to alternative first responders?

- Pushing back on laws that continue to be racially and culturally unjust
- Question the caller to ensure the call actually warrants a response (and isn't racially motivated, a Karey/Becky, etc.)
- Acknowledging the continued institutional trauma that many community members continue to experience, not only from police but also many social services that engage with detainment and coercion
- A third-party opt-in database where people with known mental health issues (with a likelihood to call for support) could enter their 'phone tree' of support. There's a lot of risk in this, but done well could be very supportive without police interv.
- We must address issues impacting the ability to access employment - the high rate of criminal arrests convictions is a big issue here. So many people have criminal convictions that bars them from these jobs, when the convictions don't relate to the job
- How 911-data is captured and used as a tool of surveillance to catch people up--like gang databases

Breaking down what's actually needed in "mental health" calls--less assessment and more about connection and power-with