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Building What Lasts

Sustaining Community Crisis Response Programs

Alternative Response Research Collective

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Preface

Across the United States, communities are fundamentally rethinking how emergency systems respond to people in crisis. **Community Crisis Response (CCR)** has evolved from a set of local pilots into a rapidly expanding and essential component of modern community safety systems. Yet while the field is growing quickly, it is still being defined in real time.

The Alternative Response Research Collective (ARRC), convened by Georgetown Law's Center for Innovations in Community Safety (CICS), was created to meet this moment. ARRC brings together leading practitioners from pioneering CCR programs across the country to document what has been built, surface shared challenges, and translate on-the-ground experience into actionable guidance for the field.

Together, these programs represent a cross-section of geographies, governance models, and stages of implementation. Through in-depth interviews with program leaders and responders, analysis of programmatic data, site visits, and ongoing collaboration as a community of practice, ARRC has worked to capture not only what programs are doing, but how they are making critical decisions in environments that are often politically complex, resource-constrained, and rapidly evolving.

The ARRC White Paper Series is designed to move beyond theory and toward practical application. These papers surface key decision points, highlight emerging models, and offer grounded insights for practitioners, policymakers, and advocates working to build, expand, or sustain CCR programs in their own jurisdictions.

This is the third paper in a three-part series. Paper No. 1, *No Longer Alternative*, explores the role of CCR in an evolving community safety ecosystem. Paper No. 2, *Who Responds Matters*, examines the workforce that staffs CCR programs, including how they are recruited, trained, retained, and compensated, and what it takes to build sustainable career pathways for community crisis responders. This paper addresses how CCR programs move beyond pilot funding toward permanent fixtures of public life.

At its core, this work reflects a simple but urgent reality: communities across the country are asking for different responses to crises. CCR programs are answering that call. The task ahead is ensuring they can endure.

Acknowledgement

This work is grounded in the leadership, partnership, and generosity of the programs that make up the **Alternative Response Research Collective (ARRC).** We are deeply grateful to the practitioners, leaders, and responders who contributed their time, expertise, and lived experience to this effort.

ARRC members did far more than participate in interviews. They shaped the direction of this work, surfaced the field's most pressing questions, and shared candid insights about both successes and challenges. Their willingness to be transparent about what it takes to build and sustain Community Crisis Response systems has made this series possible and ensures that these papers reflect real-world practice, not theory. ARRC is made possible through the collaboration of the following programs:

ARRC Programs
Albuquerque Community Safety Department (ACS)
Atlanta Policing Alternatives & Division Initiative (PAD)
Dayton Mediation Center Mediation Response Unit (MRU)
Denver Support Team Assisted Response (STAR)
Durham Community Safety Department (DCSD)
Rochester Crisis Intervention Services Person In Crisis (PIC) Team
San Francisco Street Crisis Response Team (SCRT)
Seattle Community Assisted Response & Engagement (CARE) Department
Salvation and Social Justice's Trenton Restorative Street Team (TRST)

We also extend our appreciation to the broader network of practitioners, advocates, and policymakers across the country who continue to advance this work and contribute to the growing field of Community Crisis Response. This work was made possible through the generous support of **Charles and Lynn Schusterman Family Philanthropies**, whose investments have helped elevate the voices of those building community safety systems on the ground and accelerate the development of this emerging field.

The content contained within reflects the findings of the authors and does not necessarily reflect positions of Schusterman Family Philanthropies.

Contents

Key Findings at a Glance

Community Crisis Response (CCR) programs are rapidly becoming a core component of modern community safety—providing care-centered responses to mental health, substance use, and social needs. **The field has moved beyond proof of concept. The challenge now is sustainability.**

CURRENT LANDSCAPE: A Complex and Fragmented Funding Reality

Key Challenges

- Politically sensitive, resource-constrained environments
- Funding viewed as zero-sum within public safety
- Higher burden to prove impact quickly
- Federal and state funding is unpredictable

Primary Funding Sources

- General Funds: Most stable, supports full operations
- Grants & Philanthropy: Short-term, restricted
- Medicaid: Emerging but complex

LESSONS LEARNED: What Drives Sustainable CCR Programs

The Foundation

- Local general funds are the gold standard
- Signal permanence and enable workforce + system investment

The Strategy

- Sustainable programs braid funding streams
- Use grants/philanthropy to: Pilot, Fill gaps, Build infrastructure

What Actually Sustains Programs

- Strong relationships with government + community
- Clear demonstration of value (operational, economic, equity)
- Transparent data and storytelling

Effective Advocacy

- Frame CCR as essential infrastructure
- Show system-wide impact
- Build champions across sectors

ADVANCING THE FIELD: From Individual Programs to System-Level Sustainability

Expand Funding Tools

- Dedicated local revenue (fees, targeted taxes)
- Public safety bonds
- Settlement funds (e.g., opioid litigation)
- State planning/implementation grants

System Changes Needed

- Recognize CCR as part of public safety
- Reform Medicaid to cover community-based response
- Align state/federal funding pathways

Build Collective Power

- Share tools, models, and data
- Strengthen national networks
- Establish field-wide standards

PART I

Introduction

Shape Your Funding, Shape Your Future

VOICE FROM THE FIELD

"It's that initial time period of 1 to 5 years, where defraying that cost and reducing the risk for the cities and governments financially is what's going to help spread the programs out."

– **Thomas Rowland, Chief Administrative Officer**
Seattle CARE Department

Community Crisis Response (CCR) *is the practice of dispatching trained, unarmed professionals to crisis calls involving mental health, substance use, interpersonal conflict, health-related social needs, and other situations that do not require — and may be made worse by — a law enforcement response. Effective CCR requires more than a staffing model; it depends on organizational cultures, responder training, and operational practices grounded in care rather than coercion.*

CCR programs are rapidly expanding, but the field is far from normalized, and **many new programs face an uphill battle** in getting the support needed to deliver on the promise of the field. As advocates have begun to expand the practice of CCR nationally, many have experienced difficulty transforming political will into the financial support needed to begin and maintain operations.

Even once a program has secured funding, not all money can be used in the same way, and leaders should prepare for challenges that may arise from certain funding sources. Even the most reliable revenue streams have their limits, but the right budgetary approach can make a considerable difference in the future health and wellbeing of your work. Crucially, true sustainability is more than just money. Strong community relationships and trust from local political leaders both go a significant way towards aiding any program's ongoing budget advocacy efforts.

This paper helps program leaders think through the best funding strategies for their programs, while giving advocates and policymakers the tools to make the case for reliable, long-term funding that allows CCR programs to last.

PART II

Current Landscape

How CCR Programs Are Funded

Challenges of Funding Community Crisis Response

An Evolving Practice and Shifting Winds

> VOICE FROM THE FIELD
>
> *"We are talking about a lot of big complex systems that do shift with the political winds… It's like being on a stool with three legs that are different lengths, and so you've just got to lean your weight wherever you have to to keep that stool upright."*
>
> — **Andrew Dameron, Director of Emergency Communications**
> City and County of Denver

Several dynamics have created real challenges for CCR programs, even as these models continue to demonstrate strong promise and growing demand.

1. CCR has emerged as a significant and relatively rare example of government innovation at a time when large-scale system change is increasingly difficult to achieve. While this momentum is notable, it also means that **programs are developing in environments that are often politically complex, resource-constrained, and still unfamiliar to many decision-makers.**

2. CCR covers a wide umbrella of potential models and services, each with their own approach and operational needs. The expansive (and expanding) nature of the field makes it **hard to define the work as either public health or public safety**; many programs implement elements and philosophy of both approaches. This challenge is especially present due to the newness of the practice, and its unfamiliarity among many elected leaders.

3. The current presidential administration's broad **cancellation of federal grants has highlighted the fragility of the federal funding landscape**, especially as related to work at risk of being politicized. This has demonstrated that programs cannot rely on consistent support from the federal government, making state and local funding more necessary. Programs must grapple with these challenges when developing their strategies for sustained investment.

Local Politics and the "Zero-Sum" Trap

> **VOICE FROM THE FIELD**
>
> *"We always feel like this type of spending is a net zero-sum game, right? If I'm spending $4 million here, that's $4 million I don't have somewhere else, right? And it could be coming from a large police budget, or other things in public safety, and so those things become... politically charged."*
>
> – **Thomas Rowland, Chief Administrative Officer**
> Seattle CARE Department

Local politics consistently have the greatest impact on CCR funding. Since the support of local officials like mayors and city managers is typically essential to maintain consistent local funding, program leadership must develop strong relationships and reputations with policymakers and community members or risk losing financial support. Crucially, a city's general fund is a limited pool that many entities draw from. This funding can be seen as a "zero-sum game," where **one entity's gain is seen as another's loss**, meaning that new efforts to tap into general funds may be poorly received.

This dynamic means that CCR programs often must prove their effectiveness in short order–even beyond the levels of proof that other already-existing programs must show. This requirement can be difficult to meet for several reasons, including the length of program operations, adequacy of the budget, and realistic expectations of program impact. Successful programs must thus find ways to convince local policymakers of the return on investment in their work, not only on their own merits–but as compared to other valuable programs the City hopes to fund.

Furthermore, because many who have supported reducing the size of law enforcement budgets have also supported CCR programs, there is a risk that these budgets may be perceived by policymakers and/or community members as being pitted against one another.

> **VOICE FROM THE FIELD**
>
> *"When we're trying to prove the case for the efficacy of our program, I think that we get asked questions that they're not asking law enforcement about like, 'What is the outcome?' 'Well, how is that really impacting someone's life?' 'Have you really fundamentally changed and improved their life?' I'm like, 'Are you asking that of law enforcement?'"*
>
> **– Ryan Smith, Director**
> Durham Community Safety Department

LESSONS LEARNED

Emphasizing Value and Transparency

CCR programs face a complex funding landscape, reflecting the relative newness of the profession and its role in reshaping how communities respond to crisis. While many programs begin as pilot initiatives supported by grants or short-term appropriations, long-term sustainability requires clearly demonstrating the operational, fiscal, and community value CCR brings to the broader public safety ecosystem.

To secure durable funding, programs must remain grounded in their mission while making a clear case that **CCR is not an optional innovation, it is essential infrastructure** for an evolved crisis response system.

Program leaders should consistently emphasize several areas of value:

- **Operational impact:** CCR programs safely divert appropriate calls from police, EMS, and emergency departments, ensuring people receive the right response while reducing strain on traditional public safety systems.
- **Economic value:** Deploying specialized responders to behavioral health and social crises can reduce unnecessary law enforcement involvement, hospitalizations, and other costly interventions.
- **Reliability and equity:** CCR expands access to care-centered crisis response across communities, strengthening trust and ensuring more equitable service delivery.

Because funding pathways vary widely across jurisdictions, program leaders must also develop a deep understanding of their local fiscal and political landscape. Sustainable programs often braid multiple funding streams (municipal budgets, public health funding, Medicaid reimbursement where applicable, and philanthropic support) to reduce reliance on any single source.

Clear, consistent reporting on call types, outcomes, response times, and program impact builds public trust and helps policymakers understand the value of CCR services. Transparent data practices also strengthen credibility with funders and community stakeholders.

Not All Dollars Are the Same

CCR programs usually navigate a mix of general funds, grants, and philanthropic resources. Programs have also had limited success using Medicaid for aspects of funding. While each source can play an important role in funding programs, they differ significantly in long-term sustainability, flexibility, and impact.

Figure 1 is an overview of what types of funding models have been and or can be the most beneficial.

Figure 1

Funding Model Overview

General Funds

City funds that come primarily from tax revenue.

How Funds Are Used

Personnel costs: salaries, benefits, and overtime for responders, clinicians, and support staff.

Equipment and supplies: vehicles, radios, uniforms, medical kits, technology platforms.

Training and professional development: trauma-informed care, de-escalation, cultural competency, and scenario-based training.

Program expansion: adding teams, expanding hours, or launching new response units in neighborhoods with unmet need

Benefits

- ➔ Year-to-year stability and consistency.
- ➔ Can finance the full breadth of program operational needs.
- ➔ Funds are local and are responsive to community needs.
- ➔ Signals that the city views CCR as essential local infrastructure.
- ➔ Reduced administrative burden compared to other funding sources.

Challenges

- Dependent on political will and community support.
- Changes in local leadership can shift priorities, threatening consistency.
- Competition for limited discretionary dollars within tight city budgets.
- Local revenue declines can trigger hiring freezes or cuts.
- Requires consistent education and advocacy which is especially difficult for newer programs.
- Funding might not be enough to support larger expansions.

Grants

A fixed award of money for specific usage within a set term.

How Funds Are Used

Temporary initiatives: pilot programs or experimental operations

Specific expansion: e.g., training or new call-type pilots

Infrastructure investment: data systems, technology, community engagement work, or fleet expansion

Temporary staffing: limited-term clinicians or analysts

Evaluations: program evaluations, dashboards, or research partnerships

Benefits

- ➔ Can “jump-start” programs or new models without waiting for budget cycles.
- ➔ Can be awarded from private and governmental sources.
- ➔ Can be accessed separately from local political processes.

➔ Can support current operations while programs advocate for permanent funding. ➔ Flexible funding can support new ideas or partnerships that local budget rules can't.
Challenges
• Grant funds are often limited to certain spending categories. • Grants are not guaranteed past their initial award of years, potentially creating a "cliff" unless replaced. • Reporting and procurement requirements can strain small teams. • Inconsistent personnel funding can lead to increased turnover. • Reliance can reinforce the perception of CCR as "temporary."
Medicaid A federal-state partnership that provides public, low-income healthcare access.
How Funds Are Used
Service Reimbursement: billing and payment for specific behavioral-health services
Benefits
➔ State Medicaid plans can authorize wide categories for reimbursement. ➔ Enables nationalized standardization of the practice. ➔ Can reimburse for services already being provided.
Challenges
• Startup and ongoing administrative burdens associated with the program can be prohibitive. • Medicaid funds can be threatened under some Presidential administrations.

General Funds: The Ideal Foundation

> **VOICE FROM THE FIELD**
>
> *"If your core business can be driven by general fund dollars, I think that's just the best way to do it."*
>
> — **Andrew Dameron, Director of Emergency Communications**
> City and County of Denver

General funds are local monetary reserves derived primarily from tax revenue. Using city funds means that local operations are supported by local taxes, as is the case with other first-response entities like police and fire. **Among ARRC program partners, city general funds are overwhelmingly considered the ideal funding source for CCR programs.**

General funds can represent a commitment to sustaining a program's work from city leadership, and are usually consistent year-to-year, reducing the required fundraising time for program leadership. CCR programs can use general funds broadly, providing a predictable source of flexible revenue for program costs like personnel and equipment.

Additionally, general funds are local, meaning that program leadership can focus their budget advocacy on their community's needs, and not on national discussion or federal/state requirements and timelines. Every member of the ARRC–and every major CCR program in the nation of which we are aware–relies primarily on annual appropriations from a general fund to operate.

VOICE FROM THE FIELD

"In terms of getting grant funding, having city matches, then rolling that eventually into a city budget. Those are all really good methods of starting programs, building programs, et cetera."

– Ryan Smith, Director
Durham Community Safety Department

LESSONS LEARNED

Relationship Building is Key

While local general funding advocacy is reliant on adapting to your community's political environment, fostering partnerships and relationships is also crucial. One practitioner noted that "community support," demonstrated through individuals who "show up and speak" on behalf of their program, was essential to ensure continued sustainability. Where local funding is "tied to political outcomes or political expediency," program leadership cannot rely on unconnected politicians to make "values-based decisions" based on hypothetical outcomes. Program leaders must prioritize building and maintaining strong relationships with a range of community-based stakeholders within their jurisdictions.

Relationships with the Police and Fire Chiefs can also help build support for funding. In many jurisdictions, the Chiefs are some of the strongest allies of CCR programs. CCR leaders have built these relationships by avoiding unnecessarily competitive postures. One CCR Director told us that he made sure to write to the Police Chief and the City Manager with positive feedback for individual officers every time his team saw them engage positively with the community.

Finally, **relationships with elected officials are also essential to any program's success at securing city funds.** A Denver STAR practitioner alluded to their program's appreciation from their city council and mayor as making any funding cuts unlikely. Other programs have fostered similar relationships with city managers and representatives, as those connections give programs both credibility and a seat at the table. Finding your champions within your community and bringing them with you to the finish line will go a long way towards helping you secure and maintain general funding.

Grants: Useful But Unpredictable

Grant funding includes federal, state, and foundation or other philanthropic dollars that are awarded for specific, time-bound purposes. These funds often come with strict reporting requirements, allowable-use limitations, and sunset dates. Termed "soft" money, these sources are often supplemental, non-recurring, and tied to particular scopes of work rather than ongoing service delivery. These limitations make grant funding an unsuitable long term foundation for CCR programs, but program leaders report that these funds are useful in allowing programs to be "innovative and try new things" such as hiring temporary workers to pilot new operations.

> **VOICE FROM THE FIELD**
>
> *"The problem with grants, obviously, is can you get them, how long will they last, and then most recently, will there be changes midstream while you're executing on those grants?"*
>
> – **Thomas Rowland, Chief Administrative Officer**
> Seattle CARE Department

Federal Grants

The federal government has historically used its grantmaking authority to support the development of public safety initiatives nationwide. For example, President Bill Clinton's pledge to hire 100,000 new police officers nationwide in 1994 was largely implemented through community policing grants distributed by the Department of Justice's COPS office. Presidential administrations that wish to support the development of CCR programs may decide to do so through grants distributed by the Department of Justice (likely through the Office of Justice Programs, Bureau of Justice Assistance, or the National Institute of Justice), SAMHSA, or other federal grantmaking institutions.

There are risks to pursuing federal grants in any political environment. **Federal grants can be especially cumbersome to manage, and they are not guaranteed to renew, meaning program leaders may still need to seek out new funding to support a successful pilot program.** One practitioner described receiving federal grants from the Department of Justice and SAMHSA that were used to fund their school-based violence intervention program and naloxone supplies to their first responders, respectively. However, both of these grants are in their final year, meaning that the program must find a way to make up the difference in order to continue sustaining those projects.

In the current political environment federal grants are seen as especially risky–especially multi-year grants that span Presidential administrations. The widespread cancellation of

federal grants and the chaotic remaking of the federal government at the beginning of the second Trump Administration suggests that programs may not even be able to rely on awarded grants for program development. Furthermore, a Presidential Administration may seek to leverage its grant offerings to impose policy priorities that run counter to the core values of many CCR programs. For example, the Bureau of Justice Assistance posted an open solicitation on February 19, 2026 to award $42,000,000 in grants over three years, but with the goal of "increas[ing] access to mental health and substance use treatment through civil commitment…using accountability measures that ensure compliance with treatment plans."

If and when federal grants become widely available again, leaders should make contingency plans and review solicitations carefully to ensure alignment with their core values. They **should also seek guidance from trusted partners, such as CICS or other technical support and peer CCR programs, and confer with others who can share lessons learned from navigating similar opportunities.**

> **VOICE FROM THE FIELD**
>
> *"I imagine it's been quite a while that it's been this hostile at the federal level. Which then puts downward pressure on all aggregate levels."*
>
> **– Jeffery Bustamante, Community Engagement Manager**
> Albuquerque Community Safety Department

State Grants

State grants can also provide a helpful funding supplement, but can be quite difficult to access. States typically have fewer resources to allocate than the federal government, meaning that **states without a budget surplus may be resistant to new public safety grants**. These odds are further impacted by the politics of the state; practitioners from programs in Georgia and North Carolina both expressed skepticism around state funds due to their governor and state legislature's resistance to promoting CCR.

However, a Seattle practitioner noted that **despite a state budget shortfall, Washington state continued to fund the Association of Washington Cities, which provided grant funds to their CCR program.** One San Francisco practitioner described a California sustainability measure allowing CCR programs to bill insurance companies and get reimbursed for services like transportation. However, even in a favorable political climate, this type of indirect state funding cannot be a reliable policy priority.

VOICE FROM THE FIELD

"Georgia is a red state, so our governor relies on law enforcement when he thinks of safety... but if you had a blue state with a surplus you might be onto something just really asking for those state dollars."

— **Denise White, Deputy Director**
Atlanta PAD

Philanthropy

CCR programs can use philanthropy as a supplemental funding source to support operations, pilot new approaches, and expand services not yet covered by public funding. Because CCR models are still evolving, **private grants can be especially valuable for innovation and short-term gap funding.** However, they are time-limited and should not be relied on as a primary funding source without a clear sustainability plan.

Leaders should assess alignment carefully. Some funders may introduce restrictions or requirements that conflict with CCR values or strain administrative capacity. Overreliance on a single funder can also create risk as priorities shift. Philanthropy is most effective when it supports, rather than steers the long-term vision of CCR programs.

DECISION POINT

When Should You Accept Philanthropic Funding?

Before pursuing or accepting private grant funding, program leaders should consider:

- ☐ **Alignment:** Does this funding support or shift your core mission, model, and values?
- ☐ **Sustainability:** What happens when the funding ends? Is there a plan to sustain or sunset the work?
- ☐ **Restrictions:** Are there requirements that could limit how you operate, who you serve, or how you evolve?
- ☐ **Administrative Burden:** Do reporting and compliance expectations match your team's capacity?
- ☐ **Diversification:** Are you relying too heavily on a single funder or funding stream?

Medicaid: Complex but Potentially Significant

Medicaid and Medicare are often discussed together, but they serve different populations and operate in different ways. **Medicaid** is a joint federal and state program that provides health coverage to eligible low-income individuals, including many people experiencing behavioral health needs, homelessness, or substance use challenges. Because it is administered at the state

level within federal guidelines, states have flexibility in how services are covered and reimbursed.

In contrast, **Medicare** is a federally administered program that primarily provides health coverage to individuals aged 65 and older, as well as some younger people with disabilities. Unlike Medicaid, Medicare offers far less flexibility for covering community-based, nontraditional services such as those often provided through CCR.

Recent reforms to Medicaid have allowed states to cover mobile crisis services, creating a potential pathway for CCR programs to bill Medicaid for certain types of response activities. However, this opportunity comes with administrative, clinical, and compliance requirements that may not align with all CCR models.

Prior to the passage of the American Rescue Plan Act (ARPA) in 2021, 35 states covered mobile crisis teams through a range of Medicaid services. ARPA sought to incentivize the improvement and expansion of mobile crisis services covered by Medicaid by including $15 million in state planning grants for qualifying mobile-crisis services, an enhanced 85% federal match rate for qualifying mobile crisis services until March 31, 2027, and "federal administrative matching funds for the development or implementation of technology" that could help dispatch mobile crisis units. The state planning grants were awarded to twenty State Medicaid Agencies, eight of whom received approvals for coverage of mobile crisis through state plan amendments.

Figure 2

Qualifying Mobile Crisis Services Today

Criteria for mobile crisis services to qualify for Medicaid billing
☐ **24/7/365 operation** ☐ **Staffed by a *"multidisciplinary mobile crisis team"*** ○ Must include a Qualified Behavioral Healthcare Professional (QBHP) who can provide an assessment and other team members with expertise in behavioral health or mental health crisis intervention ○ All team members must be trained in trauma-informed care, de-escalation strategies, and harm reduction ☐ **Must be able to provide the following services:** ○ Screening, assessment, stabilization, de-escalation, and coordination with health and social services as needed, as well as maintaining relationships with relevant community partners and health entities ☐ **Services provided to Medicaid-eligible populations experiencing a mental health or substance use disorder crisis outside of a facility-setting**

Billing Medicaid can be a challenge for CCR programs whose models are centered in public safety. Many of the services provided by community crisis responders (e.g., clearing non-criminal trespass calls) are not likely to be currently billable under Medicaid with the current criteria. Community crisis responders may find it strange to ask for a social security number from a person in crisis when they are responding to a third-party call. Many CCR programs do not utilize electronic health records and instead use an incident reporting database. Others do not operate 24/7/365. Still others do not require that their response teams include clinicians but instead utilize Certified Peer Support Workers.

KEY BARRIERS TO BILLING MEDICAID

- ➔ **Lack of capacity to go through the process to enroll as a provider with the State**
- ➔ **Provider ineligibility due to lack of funding or staffing to operate 24/7/365**
- ➔ **Program design does not include staff meeting the "Qualified Behavioral Health Professional" requirement. As process requirements may undermine program efficacy.**
- ➔ **Not set up to maintain electronic health records; lack of time to maintain charts while moving from emergency call to emergency call**
- ➔ **Medicaid only permits billing for active time; but in order to meet response time requirements, providers will likely incur significant expenditures paying for idle time.**

VOICE FROM THE FIELD

"For us, the Medicaid conversation has been nil because we're not a Medicaid expansion state and so… that's not even on the table for us."

— **Moki Macias, Executive Director**
Atlanta PAD

Utilizing Medicaid as a broadly applicable funding source requires CCR programs to align with national standards for mobile crisis services. These federal guidelines offer both benefits and challenges for programs in the field. On one hand, **requirements such as 24/7/365 availability can create significant barriers**, particularly for programs that do not yet have the funding, staffing, or infrastructure to operate at that level. For many CCR programs still in earlier stages of development, meeting these standards may not be feasible without substantial upfront investment. On the other hand, **national standards, when consistently**

implemented, can provide clarity and legitimacy for the field. They help establish a shared understanding of what high-quality response should look like, support more consistent service delivery, and enable stronger, more unified advocacy for broader adoption and sustained investment. In the absence of widely accepted norms, these standards can also help keep programs aligned with core service expectations.

Medicaid Reforms

In recent years, states have expanded Medicaid to cover mobile crisis and behavioral health services, reflecting a growing recognition that many 911 calls are driven by health and social needs. This creates a clear opportunity for Medicaid to help finance CCR.

However, CCR does not fit neatly within existing Medicaid frameworks. Traditional models prioritize clinical services and licensed providers, while CCR teams often deliver a broader range of support that are not consistently reimbursable.

This section outlines how states are using Medicaid today, where gaps remain, and what reforms are needed to better align funding with community-based crisis response.

State Medicaid Reforms

State Medicaid programs represent a significant portion of state budgets. On average states spend roughly 45% of general expenditures on "public welfare," largely driven by Medicaid. This makes Medicaid both a powerful and complex lever for financing CCR. Over the past several years, many states have expanded Medicaid to cover behavioral health services, including mobile crisis response. Among the nine states represented in ARRC, all but one (Georgia) have adopted Medicaid expansion, and as of late 2023, most had implemented some level of coverage for mobile crisis services. These shifts signal growing alignment between Medicaid and crisis response systems.

However, expanding Medicaid benefits is not straightforward. States often operate with constrained general funds and face ongoing challenges maintaining existing Medicaid coverage and pressures that are heightened by fluctuations in federal support. As a result, while Medicaid presents an opportunity, it is not an easily scalable or guaranteed funding pathway.

Despite these constraints, several states have demonstrated how Medicaid can support crisis response infrastructure:

- Colorado has leveraged Medicaid to reimburse behavioral health crisis services through its Behavioral Health Administration, helping sustain programs such as the STAR (Support Team Assisted Response) program in Denver, which dispatches clinicians and

paramedics to behavioral health calls. (Colorado Behavioral Health Administration, 2023).

- California implemented CalAIM, a sweeping Medicaid reform initiative that allows reimbursement for a wide range of community-based behavioral health services, including enhanced care management and community supports that complement mobile crisis response (California Department of Health Care Services, 2022).

- Oregon and Washington have used Medicaid waivers and behavioral health benefit expansions to strengthen crisis stabilization services and mobile response infrastructure within their behavioral health systems

These examples highlight a key opportunity: as states continue to evolve their Medicaid programs, **policymakers can expand reimbursement frameworks to better reflect the full range of services provided by CCR programs, not just clinical care, but also social service navigation, peer support, and stabilization.**

Federal Medicaid Reforms

Medicaid remains one of the most promising long-term funding pathways for CCR programs, but several federal policy reforms are needed to make the program more accessible and consistent for community-based crisis response models.

Currently, CCR programs fit imperfectly within existing Medicaid frameworks. Some programs have explored alignment with the Certified Community Behavioral Health Clinic (CCBHC) model, which provides enhanced Medicaid reimbursement for comprehensive behavioral health services. However, CCBHC certification requires significant infrastructure, clinical staffing, and administrative capacity, making it difficult for many CCR programs to qualify (Substance Abuse and Mental Health Services Administration, 2023).

Other jurisdictions rely on Medicaid reimbursement for mobile crisis intervention services, which were strengthened through the American Rescue Plan Act (ARPA) of 2021. ARPA allowed states to receive an enhanced 85% federal Medicaid match for qualifying mobile crisis services for a three-year period, incentivizing many states to expand crisis response coverage (Centers for Medicare & Medicaid Services, 2021). However, these services must generally be delivered to Medicaid-enrolled individuals and typically require clinical staffing, limiting the applicability for CCR programs that provide a broader mix of social service, peer support, and harm reduction interventions.

The temporary enhanced 85% federal match created momentum for mobile crisis expansion, but that incentive period has now ended. Without additional federal support, states with

already strained Medicaid budgets may have less motivation to expand reimbursement structures to include CCR services.

Several federal-level reforms could help close this gap. **Expanding federal guidance to recognize a broader range of community-based crisis response services, beyond traditional clinical mobile crisis models, would allow CCR programs to more easily qualify for reimbursement.** Similarly, renewing or extending enhanced federal matching funds for crisis response services could encourage states to continue investing in these systems.

STRATEGIES

Finding a Pathway to Making Medicaid Work

Even with recent federal cuts to Medicaid, it remains a massive national investment with significant potential for funding behavioral and traditional healthcare services provided by CCR entities. Medicaid's limitations make it currently unsuitable to serve as a CCR program's primary source of funding.

That said, some state-level reforms can help smooth the path for mobile crisis teams. In Virginia, for example, assessments can be performed via telehealth by a non-licensed qualified mental health professional or certified substance abuse counselor with real-time remote support from a supervising licensed professional–removing the need for an in-person clinician to serve on each response team. In Arizona, crisis teams do not need to take a social security number while providing treatment; first name, last name, and date of birth is sufficient to access an enrollment clearinghouse and data warehouse that contains electronic health records and Medicaid managed care enrollment information.

Braiding: Combining Medicaid with Other Funding Streams

A January 2022 Report published by the Technical Assistance Collaborative provides several examples of braiding — a strategy by which states combine Medicaid with several other funding streams to cover the variety of costs incurred by mobile crisis teams. These examples are reproduced in **Figure 3** below.

Figure 3

Examples of State Braiding Strategies

State	Funding Source(s)	Key Program/Service Details
Arizona	• County and state funding. • Capitated per member per month Medicaid (1115 waiver)based on	• Funds RBHAs to provide and oversee crisis services.

	service utilization.	• Provides minimum 24 hours of crisis services for Medicaid enrollees and 72 hours for non-Medicaid individuals. • MCO supports the individual after 24 hours.
Washington	• Block grants and general funds for Behavioral Health Administrative Services Organizations (BH-ASOs). • Managed Care Organizations (MCOs) contract with BH-ASOs.	• BH-ASOs and MCOs typically set a capitation rate for payment to ensure funding for all enrollees' crisis services.
Massachusetts	• State funds and Medicaid state plan. • Youth MCT program funded through the Medicaid state plan (as a rehabilitative service under the EPSDT program).	• Funds the Emergency Services Program (ESP), which includes Mobile Crisis Teams (MCTs). • MCOs are contractually obligated to utilize ESP services.
Georgia	• Medicaid Administrative Claiming (CMS allows up to 50% of expenditures for administering the state plan).	• Supports its crisis call center and mobile crisis services. • Requires a formal protocol to assess the Medicaid penetration rate to properly allocate costs for federal matching funds.

Even once a program has secured a reliable source of funding, smart program leaders will still seek to diversify their income sources. One practitioner noted that the "chaos at the federal level" has highlighted the unsustainability of being funded "entirely by one source of funding." Even where cities have made "permanent investments" in programs, other sources can still provide useful supplements, such as when "city policy won't let you purchase" something a program "fundamentally need[s]."

VOICE FROM THE FIELD

"Reliance on a single funding source increases vulnerability and limits sustainability. States and local advocates should pursue braided funding models that include cannabis revenue, opioid settlement funds, and direct investments from counties and municipalities."

— **Racquel Romans-Henry, Director of Policy and Advocacy**
Salvation and Social Justice

Sometimes, private philanthropic sources of funding are essential to a program's operations. Atlanta PAD, for example, "wouldn't have enough money to pay folks" if only relying on their city funding. While lucky programs can build up strategic funding reserves from their surplus sources, all programs should seek to have a funding "contingency plan" and apply for "as much private funding as possible."

Where Programs Live, and Why it Matters

City Led Model

> **VOICE FROM THE FIELD**
>
> *"So we're one of maybe less than a handful [of mediation centers] that are connected to a city government... So we're fortunate in that way because we get better pay, we have benefits, pension... and I think that's why we've been able to keep our staff as long as we have because it's a decent job."*
>
> **– Michelle Zaremba, Director**
> Dayton Mediation Response Unit

Once a CCR program is incorporated within a city, program leadership often see **consistent funds to support their core operations**. This consistency enables reliance on "permanent investments that the city is making" in the work of programs, giving staff confidence that their work will remain a key part of local community safety infrastructure, and allowing leadership to make larger plans for the future of a program. When operations are run from inside the City, political leadership may feel more "ownership" of the program and feel as though there are tighter lines of accountability and responsiveness. In addition to government employment benefits like regular raises and pensions, community crisis responders may also enjoy being seen as essential to the health, safety and wellness of communities which gives motivation to work and contributes to strong morale. Fair compensation and genuine appreciation for the work reflects that employees are valued, **enabling improved retention and development** despite the emotionally-challenging nature of the work.

City-housed programs also benefit from the local bureaucratic structure, and internal planning structures allow other city agencies to take on their administrative and logistical tasks. For example, a practitioner from San Francisco SCRT noted that their local departments of public health and of homelessness and supportive housing were able to manage their contracts and staffing for partnerships with community-based organizations. Other local departments can help with other ancillary tasks like equipment and vehicle acquisition, grant-writing, and

staffing. This expanded coordination **helps keep costs down** and allows programs to prioritize delivering outcomes, leading to a more cohesive and efficient care system for local residents.

On the other hand, placement within a city has its downsides, bureaucratic and otherwise, City-housed programs may struggle to move as quickly or as nimbly as programs that operate privately. Hiring government employees can take much longer than hiring in the private sector. City-housed programs may also face limitations from municipal human resources departments in hiring individuals with certain criminal backgrounds, even though this life experience may make the program more effective, while contracted organizations have more freedom in choosing whom to employ.

Non-Profit Led Model

Alternatively, non-profit led programs can retain their independence and ability to hold true to core organizational values. A city's political priorities may change over time, perhaps in ways that may ask internal city-led programs to take more carceral, harmful approaches to the work. Contracted programs may feel more comfortable building their own base of political support within a community, and thus may be better able to withstand political pressures than a program whose leadership reports directly to the Mayor or City Manager.

Nonprofit-led models also often benefit from deeper community trust and legitimacy, particularly in communities that may be skeptical of government-led responses. Organizations embedded in the community can build strong relationships over time, which can translate into **meaningful political support when programs face funding or operational threats.** For example, Policing Alternatives & Diversion (PAD), a nonprofit CCR program contracted by the city of Atlanta has developed deep community ties, and when faced with financial threats from city leadership, advocates and partners were able to mobilize and exert counter-pressure to sustain the program.

Operationally, nonprofits can move with greater speed and flexibility. They are often able to launch programs more quickly without lengthy procurement processes, adapt models in real time, and iterate based on community needs. This flexibility extends to hiring practices as well. **Nonprofits are typically less constrained by rigid job classifications and background check policies, allowing them to hire individuals with lived experience and community expertise who are often best suited for this work.**

Unfortunately, CCR programs housed externally from a city can only access general funds through contracts for service that run for a defined period of time. Programs may face challenges associated with contract acquisition, and even once acquired, **contracts have much less stability than a city budget line-item**. For example, PAD was required to "compete" for

their most recent contractual award despite no other entities seeking the contract. Even after the contract was awarded, the city significantly delayed payment, requiring PAD to rely on private funding to pay staff. PAD also must undergo monthly audits to continue receiving city funding, a burden unique to them among other local entities. These types of conditions can prove burdensome and unsustainable for contracted programs, especially without a long-term funding guarantee.

Contracts also can include unnecessarily restrictive terms that substantially undermine the relative flexibility that non-governmental programs otherwise enjoy. These contractual terms may be derived from flawed assumptions about how the model should operate, and can limit the ability to make adjustments necessary to meet program goals. An annual contract's lack of consistency and predictability can also significantly impede future expansion of services or personnel, as such expansions typically rely on an expectation of continued investment.

> **VOICE FROM THE FIELD**
>
> *"When you do get recessions and when budgets get really tight, the first things that get cut are contracts."*
>
> **– Ryan Smith, Director**
> Durham Community Safety Department

There is no single "correct" governance model for CCR programs. Both city-led and nonprofit-led approaches offer distinct advantages and face meaningful constraints, often shaped by local context, political environment, and program maturity.

City-housed programs can provide stability, scale, and integration within public safety systems, particularly through consistent funding, access to municipal infrastructure, and alignment with 911 and other city services. At the same time, they may face bureaucratic limitations, slower operational flexibility, and constraints in hiring and program design.

Nonprofit-led models, by contrast, can offer greater flexibility, stronger community trust, and the ability to remain grounded in care-centered values and approaches. However, they often operate with less financial stability, navigating short-term contracts, administrative burdens, and uncertainty that can limit long-term planning and growth.

The key question is not where a program is housed, but whether its structure enables it to deliver consistent, care-centered, and sustainable responses to people in crisis.

As the field continues to evolve, governance decisions should be guided by what best supports workforce stability, community trust, and long-term institutionalization within the broader **Community Safety Ecosystem.**

PART III

Advancing the Field

Policy Recommendations for Strengthening CCR Funding Streams

Policy Recommendations for Sustainability

While local municipalities are the primary funders of CCR programs, many cities do not have room in their budgets for an entire new city department. This section discusses a non-exhaustive list of alternative fundraising mechanisms for cities to use towards funding their CCR programs. Many of these approaches have been utilized to varying levels from ARRC partners and cities nationwide, and all can provide substantial funding for program operations. Many of these approaches involve levying new taxes on services, and localities should take care to ensure that neither states nor the federal government has pre-empted any proposed tax.

Key to this strategy is to ensure that any of these proposed revenue sources are statutorily dedicated to CCR. Politicians and voters alike are often more amenable to tax increases that are dedicated to addressing specific needs, especially when those specific needs are as broadly popular as providing community safety, mental health, and/or crisis response services. It can also help to dedicate taxes and fees to programs with a nexus to the service being taxed–for example, a tax on phone lines to pay for 911 services.

Dedicating revenue can reduce the risk of future cuts to the program when general fund revenues fall or when political priorities shift. Of course, dedicating revenue can also pose a risk to the program if the taxed service falls out of favor and the revenue source can no longer cover.

Digital Service Taxation

Chicago recently became the first American city to implement a "**social media amusement tax**," assessed on social media companies at $0.50 per every Chicago consumer over 100,000 in a month from whom the social media service is collecting consumer data. Justifying the tax by highlighting research linking social media consumption and poor mental health outcomes, policymakers project that the tax will generate $31 million in annual revenue, which is dedicated to funding mental health clinics and the city's mental health crisis response program. The State of Illinois is considering a similar proposal, calling it a "platform fee" that would be based on a flat number of users rather than directly tied to company revenue. Social media companies have filed a lawsuit to block the tax but, if it is upheld, it could be a strong model for funding crisis response systems in other jurisdictions.

Telecommunications Fees

A telecommunications fee is a set tax on communication services like mobile or landline telephonic services. Among these are 911 and 988 fees, which are levied by states and localities and dedicated to supporting or implementing 911 and 988 operations, respectively. Though states could use 911 fees to support 911 Centers administrative costs in connection with CCR, PSAPs already are generally underfunded. Tapping those funds further would be unwise for programs that likely need to rely on effective PSAPs to ensure high quality operations.

Instead, states and municipalities could consider levying new telecom fees for the purposes of funding community safety efforts. The ubiquity of telecom lines means that relatively low rates can generate significant revenues. As of 2024, states collected an average fee of $1.04/wired line/month and $1.05/wireless line/month, for an average of $11.91 per capita each year. These rates amount to tens, and even hundreds of millions of dollars a year in state revenue. Levying a dedicated 50 cent monthly community safety fee on the 3,000,000+ wired and wireless phone lines in the State of Colorado, for example, could generate over $18,000,000 in annual revenue.

Percentage of Existing Tax Revenue

City grant funds based on tax revenue can direct funding towards particular uses. Denver STAR has benefited from the "**Caring for Denver**" budget measure, which sets aside 25 cents from every $100 of tax revenue to be used towards funding alternatives to jail. Caring for Denver provided the original grant for STAR's pilot, and STAR still applies for around $2 million of Caring for Denver grant funds annually.

Similar initiatives in Albuquerque known as the "**Public Safety Tax**" (25 cents from every $100 taxed) and the "Municipal Hold Harmless Gross Receipts Tax" (38 cents from every $100 taxed) have directed significant revenue towards public safety objectives. However, the former tax directs most of its revenues to police and fire departments, while the latter only requires specific usage for "the city's Public Safety Budget Goal Priorities" and general municipal purposes, leaving many of these funds currently out of reach for Albuquerque's CCR entity, the Albuquerque Community Safety Department (ACS). In implementing similar measures, cities should allocate revenues directly to CCR programs that may struggle with the traditional budget process.

Public Safety Bonds

Government bonds allow individuals to loan municipalities money to support large projects. By issuing "**public safety bonds**" that must be approved by the local electorate, a city can ask their citizens to help fund their own community safety infrastructure. ACS has received funding from the City of Albuquerque's public safety bonds in three fiscal years, initially including a $7

million investment to acquire their headquarters. Subsequent public safety bonds have given ACS money to improve their facilities and expand their fleet, both which provide significant stability for the program. An important limitation of public safety bonds is that they typically only fund large, long-term investments, and not day-to-day costs.

Lawsuit Settlements

When states bring lawsuits against private corporations, an eventual civil verdict or settlement agreement can lead to a significant infusion of new one-time revenue. States often partner together in these suits, such as the "**Tobacco Master Settlement Agreement**" where 46 states settled with the four largest tobacco companies for $206 billion. Similarly, the **"OxyContin" opioid lawsuit** recently resulted in a $7.4 billion settlement. Other similar suits have led to settlements by the three largest pharmaceutical distributors ($26 billion) and the three largest pharmacy chains ($13 billion). These particular settlement agreements require at least 85% of the funds go towards abatement of the opioid epidemic using specified strategies like increasing the availability of medication-assisted treatment and wraparound services for individuals with opioid usage disorders.

While the specific usages and allocations of settlement funding are primarily set in the settlement agreement, the parties bringing the underlying lawsuit and the court typically have some discretion in dividing and directing settlement funds. This means that states interested in bolstering their crisis response may be able to leverage portions of settlement funding towards supporting local CCR programs.

Behavioral Health Taxes

A tax can be levied on goods and services considered to have a negative effect — such as tobacco, alcohol, or gambling (including lotteries) — that is traditionally implemented as a public health measure. These taxes can also be a powerful fundraising mechanism for states. Therefore, states may not actually intend to discourage the behavior taxed, as they will raise less money if they effectively disincentivize the activity. This balancing of interests suggests a potential precarity in relying on this category of taxes for sustainable funding for the field.

Gambling, for example, has recently exploded in popularity, with a number of states utilizing different options to tap into the enormous revenue generated from the practice. Currently, state taxes for gambling vary dramatically; **New York taxed total sportsbook revenues at 51% for a $1 billion** in 2024 gambling levies, while Nevada's levy of 6.75% raised $34 million in the same year. Illinois recently implemented **per-wager taxes** on sportsbooks of $0.25 on the first 20 million wagers and $0.50 thereafter. But when those charges were passed on to bettors, driving down the total number of wagers, at least some one influential policymaker

began to consider efforts to scrap the tax. Even so, Michigan may follow this approach, projecting an anticipated $36 million in revenue to help support Medicaid. Direct taxation on revenues may ultimately be more effective; Michigan also plans to raise their taxation of online casino revenues past $185 million to 36% which could create up to $136 million in new revenue.

Taxation can be expanded to newly-legalized drug markets, namely marijuana. Legislation passed in Colorado in 2017 authorized using money from the state's marijuana tax fund to finance and expand mobile crisis response programs. Colorado itself raised an estimated **$255 million from marijuana taxation in 2025 alone**, making an estimated $3 billion since 2014 with a 15% wholesale excise tax and a 15% retail excise tax. These state-level taxes typically go directly to the state's general fund, meaning that state legislators must proactively enable cities to draw from generated revenues so the money can be used for local CCR program funding. This usage of marijuana taxes likely represents a popular use of such funding, especially according to impacted populations.

Encourage Community Crisis Response Program Development Through Grantmaking

States can jumpstart CCR programs in smaller jurisdictions by providing the initial funding for pilot programs or planning grants before cities can confidently support local operations. New Jersey, for example, set aside $12 million for proposals for $2 million planning or implementation grants creating community-based CCR programs in a number of specific counties. This legislation also required applicants demonstrate a relationship with a harm-reduction center or with local community violence intervention, providing a mandatory foundation for collaborative and coordinated crisis response.

Salvation and Social Justice's Trenton Restorative Street Team (TRST) was among the recipients selected to launch a pilot under this framework. However, TRST's experience also revealed that state appropriations alone do not guarantee a smooth launch. Several pilot sites experienced months-long delays in receiving funds, in some cases approaching a year, which stalled hiring and disrupted training timelines during the critical startup phase. Contracting and compliance processes, often inherited from law-enforcement-centered administrative frameworks, created additional friction for community-based programs operating under public health and care-centered models. **State grantmaking can standardize elements of the practice** and enable fresh, community-based programs to demonstrate their value and earn the general funding needed for long-term sustainability, but states pursuing this approach should **pair appropriations with timely, predictable disbursement and administrative structures designed for community-led care rather than retrofitted from policing infrastructure.**

VOICE FROM THE FIELD

"Enacting transformative legislation is only the first step. The real challenge lies in ensuring that the implementation process truly reflects the intention and values of the law."

— **Racquel Romans-Henry, Director of Policy and Advocacy**
Salvation and Social Justice

Formally Classify Community Crisis Responders as First Responders

A sustainability measure with wide-ranging benefits for the workforce of CCR programs is for states to classify **community crisis responders (CCRs)** as first responders. This approach was suggested in a recent workforce report from Think Bigger Do Good, which noted that such legislation would extend first responder benefits and protections, like disability and death protections or worker's compensation, to frontline behavioral health workers. This tactic would **further establish the legitimacy of the practice** in each state, while providing greater employment benefits to enable increased recruitment and retention. In doing so, states can also set minimum certification and training requirements for CCRs, allowing them to define how CCRs act within their borders. This was the case in Seattle, Washington when the state passed legislation that expanded the definition of "frontline employees" to include peers and behavioral health responders. This legislative action, exemplified by the case in Seattle, reflects a growing recognition of the evolving roles and risks faced by personnel beyond traditional healthcare and emergency services.

This change is significant for several key reasons:

1. **Recognition of Integrated Care:** The inclusion acknowledges the critical role of co-response teams, which typically involve a mix of law enforcement, behavioral health specialists, and/or paramedics, working together to address crises that often have underlying public health or mental health components. These teams bridge the gap between emergency response and specialized social services, making them essential during widespread health crises.
2. **Addressing Evolving Emergency Roles:** During a public health emergency, the duties of first responders expand dramatically, often involving tasks like welfare checks, transport of potentially infected individuals, and on-site stabilization in complex, high-risk environments. By classifying them as frontline employees, the legislation formalizes their high-risk, essential status.
3. **Potential for Resource Allocation and Benefits:** The classification as a "frontline employee" often carries tangible benefits, such as priority access to personal protective equipment (PPE), hazard pay eligibility, mental health support resources, or other

state-sponsored aid programs implemented during an emergency. This ensures that those taking on integrated, high-exposure roles receive the same consideration as traditional emergency personnel.

While this specific example highlights Seattle and the state of Washington, it sets a precedent that other municipalities and states may follow as they seek to refine their emergency response infrastructure in the wake of recent global health events, ensuring a more comprehensive and equitable support system for all essential workers.

Building the Field: Coordination and Collective Power

Shared coordination and partnership within the larger CCR field of practice is an essential step towards ensuring long-term sustainability. Widespread sharing of training materials, decision frameworks, and operating lessons can **significantly reduce the initial planning burden for newly-founded programs**, allowing them to uplift their advocacy with a solid foundation of existing support. Other resources like talking points, technical assistance, networks of local funders, training personnel, and organizational structure plans can do the same, easing the burden on program champions who no longer need to reinvent the basics from scratch.

These partnerships come naturally with another crucial development; the expansion and promotion of national networks for professionals within the field of CCR. Here, policing sets a model example: many national professional organizations provide networking opportunities, information-sharing, and advocacy on behalf of law enforcement, allowing those in the field to meet and learn from one another. Through fostering connections between program leadership and their staff, **the field can be better positioned to develop collectively** and reach consensus on issues impacting them. This network would also be a significant advocacy tool towards leveraging program successes towards national recognition and support, while also providing a sustained pushback to efforts challenging the practice.

Despite individual successes at securing sustainable funding for CCR, the field as a whole cannot be sustained at the individual level. **Programs must work together to cement CCR as a fixture in the Community Safety Ecosystem**. These collective gains will help expand the recognition and acceptance of the practice, while reducing the stigma behind de-centralizing law enforcement from emergency response infrastructure. Ultimately, today's work will define the future's options, and it falls to champions at every level to work together to herald the future of community and individual safety.

LESSONS LEARNED

Communicate Success

Programs aiming for the best chance at budget advocacy should be able to showcase their accomplishments in addition to what they hope to accomplish. The most effective programs will carefully track metrics of performance attributable to their work, and ground their advocacy in those demonstrated achievements. Some potential approaches for maintaining that information include:

- A publicly-accessible "data dashboard" which can showcase metrics in easy-to-digest graphics and diagrams
- Regularly-published reports containing key programmatic information.

Significant operational statistics can also be useful advocacy tools; many programs celebrate their anniversary of operations, while others recognize major milestones like the number of total calls or individuals served. Emphasizing these occasions can help introduce program services to community members, while also serving as benchmarks of success to bolster future budget advocacy.

Conclusion

Despite clear evidence that Community Community Crisis (CCR) improves Community Safety, reduces system strain, and delivers better outcomes, many programs remain chronically underfunded and treated as optional rather than essential. ARRC partner programs continue to navigate a fragmented patchwork of funding streams, each with tradeoffs that often undermine long-term stability. Their experiences point to a clear path forward: a durable foundation of local general funds, complemented by strategic diversification; intentional investment in relationships with community stakeholders and elected leaders; and the ability to adapt within shifting political environments. But adaptation alone cannot compensate for structural underinvestment.

Importantly, this is not an untested theory. Several cities have already demonstrated that with sustained political will and local investment, CCR can be embedded as a core component of public safety infrastructure. These jurisdictions have moved beyond pilots, establishing dedicated budget lines, scaling operations, and stabilizing their workforce. Their progress makes clear that the primary barrier is not feasibility, but prioritization.

The challenge is not a lack of evidence, it is a lack of commitment. Municipalities routinely invest in traditional public safety systems as permanent infrastructure, while CCR is too often expected to prove itself repeatedly on short-term dollars. States and the federal government have yet to fully align policy and funding mechanisms with the reality that CCR is a core public function. Without meaningful shifts, such as dedicated general fund allocations, statewide policy support, and Medicaid pathways that are workable in practice, CCR will remain constrained by the very systems it is meant to improve. **Sustainable funding is not a technical problem; it is a political choice**. The field has already demonstrated what works. The question now is whether governments will choose to invest in it accordingly. Realizing the promise of CCR requires moving beyond pilots and piecemeal solutions toward permanent, institutionalized investment in the workforce and communities at the heart of this work.

> **VOICE FROM THE FIELD**
>
> *"It seems to me that the surest path to sustainability is for this work to become mainstream. Think about how many fire departments, police departments, and EMS agencies exist—it's almost unimaginable that any of them would be shut down entirely. The more we establish community crisis response as a standard branch of public safety, across more cities, the more it becomes accepted—and the more sustainable it becomes collectively."*
>
> **– Ryan Smith, Director**
> Durham Community Safety Department

Appendices

Appendix A: Model Comparison Chart

The ARRC Program Overview Comparison Chart provides a side-by-side view of each ARRC program, including jurisdiction size, year established, budget, staffing, average monthly call volume, primary call source, call types served, governance model, and team composition.