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Workforce Development in Community Crisis Response

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This paper is No. 2 of 3 in the ARRC White Paper Series, a project of the Center for Innovations in Community Safety at Georgetown Law.

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 second paper in a three-part series. Paper No. 1, *No Longer Alternative*, explores the role of CCR in an evolving community safety ecosystem. This paper 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. Paper No. 3, *Building What Lasts*, 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.

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Key Findings at a Glance

Community Crisis Response (CCR) is a core component of modern community safety, delivering care-centered responses to mental health, substance use, homelessness, and other nonviolent crises. As the field grows, one reality is clear: **who responds matters**. CCR's success depends on a skilled, supported workforce operating in complex, high-stakes environments. Drawing on nine programs in the Alternative Response Research Collective (ARRC), this paper affirms that CCR workforce is a critical infrastructure, and programs across the country are actively building it.

KEY CHALLENGES

Fragmented workforce development
No standardized competencies, credentials, or training models across jurisdictions

Barriers to hiring the right people
Traditional HR systems often exclude candidates with lived experience and community expertise

Retention pressures
Burnout, moral injury, limited advancement, and shift-based schedules drive turnover

Compensation gaps
Pay disparities undermine both workforce stability and the recognition of CCR as a co-equal branch of public safety.
Community crisis responder FTE costs typically range from $60,000 to $145,000.

PROGRESS TODAY

There is no standard training length, but programs are converging on common modalities.
Pre-service training ranges from 2 to 12 weeks, with all programs using a mix of classroom, scenario-based, field, and assessment components.

Building intentional recruitment pipelines, including pathways for individuals with lived experience

Prioritizing organizational culture, supervision, and wellness to retain staff

CCR programs are operating at every scale, from specialized teams to independent departments.
ARRC program sizes range from 10 to 130 FTEs across nine jurisdictions.

ADVANCING THE FIELD

Municipalities must treat CCR as essential public safety infrastructure and invest accordingly

States can support workforce pipelines, training infrastructure, and policy alignment

Federal action, including Medicaid reform, can create more consistent funding pathways

PART I

Introduction

Understanding the Community Crisis Response Workforce

A New Field of Practice

> ***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.*

What began as a set of local pilots has evolved into a rapidly expanding field of practice and an essential component of modern community safety systems. Though a variety of CCR models are being developed across the nation, they share a core function: **providing a trained, non-police first point of contact** for categories of crisis calls that historically defaulted to law enforcement, not because police were the right resource, but because they were often the only resource available around the clock.

The field goes by many names. Programs and researchers have used terms like alternative response, alternative first response, community response, behavioral health crisis response, and others. Throughout this paper, we use **community crisis response** to describe the field of practice, and **community crisis responder** to describe the broad workforce of professionals who staff these programs, regardless of their specific title, licensure status, or program model.

The Community Crisis Responder

Because the field is so new, the people doing this work carry a wide range of titles: crisis responders, behavioral health responders, peer navigators, community safety specialists, field mediators, and more. What they share is a function, not a credential.

Community crisis responders (CCRs) are the people who show up when someone having or observing an emergency calls for help and the situation calls for care, not enforcement. They do not map cleanly onto existing professions. The work demands a combination of skills that neither traditional clinical training nor traditional first responder training fully provides. This positions CCR as a new branch of the first response system — alongside police, fire, and EMS — who are first on-scene, rather than a follow-up social service that receives referrals from first responders. Like their counterparts in other branches, CCRs operate in uncontrolled

environments, make rapid decisions under pressure, and are dispatched through emergency systems. But the tools they bring are fundamentally different: behavioral health expertise, de-escalation skills, lived experience, and deep knowledge of community resources. The field is building a new category of first responder, and the workforce challenges that come with it require specialized solutions.

VOICE FROM THE FIELD

"What makes a good first responder isn't necessarily what makes a good clinician or what makes a good therapist. First responders are supposed to triage, they're supposed to rapidly assess, they're supposed to refer to the right system, and to connect to the right resource."

— Amy Barden, Chief
Seattle CARE Department

The field recognizes multiple valid pathways into this work. Some CCRs hold clinical licenses in social work, counseling, or psychology. Others bring experience from adjacent fields like case management, outreach, or emergency medical services. Still others enter through lived experience navigating the systems clients encounter: mental health challenges, substance use, housing instability, or the criminal legal system. What matters is not which pathway someone takes, but whether they bring the orientation the work requires.

Programs consistently report that the traits predicting success in this field do not show up on a resume. Adaptability, compassion, problem-solving, willingness to learn, and the ability to accept feedback matter as much or more than formal degrees or clinical experience. Candidates who are inflexible or who see themselves as finished experts often struggle in a profession that is still defining itself. This is a field you grow into, not one you enter fully formed.

VOICE FROM THE FIELD

"We found that some hires with strong credentials didn't want feedback. They saw themselves as experts. But this is a brand-new practice. We're all figuring it out together, and we need people willing to grapple with that. The hires that didn't work out taught us what to look for."

– Michelle Zaremba, Director
Dayton Mediation Response Unit

The Community Safety Ecosystem

CCR is one component of the broader **Community Safety Ecosystem**. Community Safety sits at the intersection of public safety and public health. It encompasses programming for community

crisis response, violence intervention, prevention, and upstream social services, like housing, healthcare, and mental health support, that shape whether communities feel and are safe.

What unites the field is a shared premise: that **safety is not simply the absence of harm, but the presence of care, support, dignity, and connection.** Many of the situations currently routed through law enforcement (e.g., mental health crises, substance use, homelessness, interpersonal disputes, welfare checks) are better understood as public health challenges that require public health responses.

This work has a wider scope than any single program or intervention. The lines between these functions are necessarily blurry. A person experiencing a mental health crisis on a sidewalk may also be unhoused, caught in a cycle of violence, and have unmet needs across multiple domains. The work does not sort neatly into silos, and neither should the workforce. Though this paper focuses on the CCR workforce, many of its lessons apply throughout the Community Safety Ecosystem.

Workforce Is Critical Infrastructure

CCR programs can't exist without frontline staff. You can secure the funding, design the call types, build partnerships with 911, and generate community support, but without trained responders who can do this work sustainably, none of it matters.

This isn't news to anyone running a program. Workforce is consistently cited as the top operational challenge across CCR programs nationwide. The demand for responders far outstrips supply. Training takes time programs don't have. Turnover undermines institutional knowledge. And burnout threatens even the most committed staff.

Yet workforce development often receives less strategic attention than it deserves. Programs spend months crafting response protocols and weeks negotiating call types, but may hire responders quickly when funding arrives, train them minimally, and only address retention after people start leaving.

This paper argues that workforce development is part of infrastructure. Just like vehicles, radios, and headquarters, your people require upfront investment, ongoing maintenance, and long-term planning. The programs that succeed will be those that treat workforce development as central to their mission, not as an afterthought.

PART II

Building Your Workforce

Decision Frameworks for Practitioners

Building a **Community Crisis Response (CCR)** program means making a series of consequential decisions about people: who to hire, how to prepare them, where to find them, how to keep them, and what future to offer them. There is no universal answer to any of these questions. Programs vary by city, by call volume, by funding structure, and by the communities they serve. But there are some important throughlines for success. This section organizes what ARRC programs have learned across five workforce domains, offering frameworks and field perspectives to help program leaders and city officials make decisions that fit their context, not someone else's blueprint.

> **VOICE FROM THE FIELD**
>
> *"There's often a disconnect between what the research tells us and how crisis decisions are made in practice. Evidence consistently shows that community-based support can be effective, while unnecessary hospitalization can sometimes cause harm. In training clinicians, I often encourage them to pause and examine their reasoning: If you believe someone requires a higher level of care, what is that decision based on? Is it grounded in the evidence and the risk assessment you've conducted, or is it being driven by personal fear or uncertainty?"*
>
> **— Tandis Hashemi, Operations Manager**
> Denver STAR

Staffing Models: Who Are Your Responders?

Beyond the Mobile Crisis Model

Early CCR programs drew on two existing models: **co-response**, pairing a licensed clinician with a police officer, and **mobile crisis**, pairing a licensed clinician with a paramedic/EMT and/or peer. Both have a place. Co-response remains the right tool for high-acuity behavioral health calls that present elevated risk to the responder or others, where 911 will dispatch police regardless. Embedding a clinician alongside the officer in those situations can produce better outcomes than sending police alone. The mobile crisis model, in turn, remains the standard for 988-based behavioral health response, where the dispatch pathway is built around clinical service delivery.

But 911-based community crisis response takes many forms, and as programs have expanded and matured, many are discovering that neither inherited model fits the full range of demand for diversion from police. The highest-volume calls diverted from 911 are often scene

assessments, health-related social needs, welfare checks, and interpersonal conflicts, situations that do not inherently require clinical behavioral health credentials or paramedic-level medical training. A disturbance in a hotel lobby, a report of someone sleeping in a doorway, a welfare check requested by a worried family member, or a neighbor dispute may be best served by responders with strong communication skills, conflict resolution training, and deep community knowledge, even if they do not have clinical licenses or EMT certification.

Programs with broader scopes, particularly those operating as **Community Safety Departments**, are designing distinct responder roles with different requirements matched to different call types. Both Albuquerque and Durham's Community Safety Departments deploy different units for behavioral health crisis, homelessness outreach, and co-response with police. Dayton's Mediation Response Unit fields responders trained in transformative conflict resolution for interpersonal disputes, and Atlanta PAD dispatches CCRs that do not need a license to calls involving health-related social needs. This approach recognizes that CCR encompasses more than mobile crisis or co-response, and that the workforce should reflect that range.

Figure 1 below maps the range of CCRs to the call types they are best suited to handle. When designing your program, consider the highest demand call types you would like to address and choose your staffing to most efficiently match the need.

Figure 1

FRAMEWORK: Align Staffing to Call Types

Match your responder profiles to your actual call volume and community need, **not an idealized model.**

Call Category	Core Skills Needed	Qualifications
Co-response to high risk situations (e.g., brandishing weapons, suicide in progress)	Co-response with law enforcement, de-escalation, clinical assessment, involuntary hold authority	Licensed clinician + Crisis Intervention Training (CIT) officer
High acuity behavioral health crisis	Clinical assessment, de-escalation, involuntary hold authority	Licensed clinician + paramedic/EMT and/or certified peer
Mid to low acuity behavioral health crisis	Rapid assessment, crisis intervention, de-escalation, social service navigation	Bachelor to Masters level or years equivalent in social services or health related field
Welfare checks (e.g., checking on a loved one you're concerned about)	Rapid assessment, rapport-building, resource knowledge, social service navigation	Bachelor to Masters level or years equivalent in social services or health related field
Interpersonal conflict / disturbances	Conflict resolution, mediation, communication skills, social service navigation	Field mediator or Bachelor to Masters level or years equivalent in social services or health related field
Health-related social needs (e.g., wellness checks, basic needs, non-acute care)	Engagement, harm reduction, social service navigation	Associate and Bachelor level or years equivalent, certified peer, community health worker, or outreach specialist
Substance use / overdose	Naloxone administration, harm reduction, medical triage, social service navigation	Associate and Bachelor level or years equivalent, paramedic/EMT, certified peer, community health worker, or outreach specialist
Homelessness outreach	Trust-building, long-term engagement, housing navigation, social service navigation	Associate or years equivalent, certified peer, community health worker, outreach specialist, or housing/care navigator

BLIND SPOT: Whose Quality of Life?

You'll often hear calls categorized as *"quality-of-life"* issues in the public safety world. But that framing centers the people observing a situation rather than the person experiencing it. We use **health-related social needs** instead: the social and economic conditions, often rooted in poverty and social drivers of health, that affect a person's ability to maintain their health and well-being (adapted from the Centers for Medicare & Medicaid Services and the National Association of Community Health Centers).

What these calls share is an underlying message from the person in crisis, a loved one, or someone nearby: *this situation is beyond what I can handle on my own.* CCR answers that call, assesses the need, and connects the person to the right resource, whether that is the responder team themselves or another service. This is the gray area where Community Safety fills the gap between public safety and public health, not as an add-on to either, but as a reimagining of what this kind of social service can be for the public.

Credentialing Decisions

Licensed clinicians are a scarce and expensive resource. Deploying them on every call, regardless of acuity, is neither sustainable nor necessary. Programs that reserve licensed clinicians for the situations that genuinely require their skills, such as involuntary holds, clinical supervision, and high-acuity crisis response, free up capacity and reduce costs without sacrificing quality. Community crisis responders, peer specialists, and other professionals bring real skills to the full range of calls that don't require licensure, and programs that recognize this build more resilient, cost-effective teams. **Figure 2** offers a framework for evaluating where licensure is essential and where other qualifications serve the community just as well.

VOICE FROM THE FIELD

"Effective responders typically bring a combination of education and experience. Many of our team members have formal credentials, including clinical training, while also drawing on practical experience that helps them navigate complex crisis situations."

— Karen Boise, Division Manager
Albuquerque Community Safety Department

Figure 2

FRAMEWORK: When Does Licensure Matter Most?

Use this framework to evaluate where clinical licensure is essential vs. where other qualifications may serve your community better.

Licensure Likely Essential	Licensure May Not Be Required
☐ State law requires licensure for service type	☐ Scene assessment and triage
☐ Co-response for calls with weapons	☐ Welfare checks
☐ Involuntary hold authority	☐ Mental health assessments
☐ Medicaid billing requires licensed clinician	☐ Safety planning
☐ Clinical supervision	☐ Health-related social needs
	☐ Interpersonal conflicts and neighbor disputes
	☐ Public nuisance calls
	☐ Homelessness outreach and engagement
	☐ Transport to providers
	☐ Follow-up care coordination and navigation

Note: Watson et al. (2025) argue against requiring master's-level credentials for all responders—ARRC program data supports this finding.

BLIND SPOT: Funding Structures Can Drive Staffing Decisions

When programs depend on Medicaid reimbursement for operating revenue, billing eligibility can quietly shape who gets hired and which calls get prioritized. Programs may drift toward credentialed clinicians and billable call types, even when communities need response to health-related social needs, welfare checks, and interpersonal conflicts that fall outside reimbursable categories. A first responder model means responding quickly and assessing the need, not prioritizing billing eligibility. If your highest-volume diversion calls aren't Medicaid-billable, your funding model needs to account for that reality. Otherwise, your staffing decisions will reflect Medicaid regulations instead of community needs.

The Emergency Medical Services (EMS) Integration Question

Some ARRC programs embed paramedics or emergency medical technicians (EMTs) on their teams; others deliberately avoid it. The decision involves cost, scope, identity, and how you want to relate to the fire department or Emergency Medical Services Authority (EMSA). Two clear examples of that spectrum are the San Francisco Street Crisis Response Team (SCRT) and the Albuquerque Community Safety Department (ACS). SCRT units are composed of a community paramedic and a peer, while ACS's primary units are composed of two behavioral health responders.

Paramedics bring field experience, comfort with 911 systems, and medical skills that expand what a team can handle on scene. Many have significant experience with people experiencing homelessness and mental health crises — one program leader noted that their fire department "might actually be the largest homeless service provider in the city." In California, community paramedicine has been formalized through state regulation with specialized training and a defined scope of practice, creating a credentialed pathway into CCR.

But EMS integration comes with real costs and strategic implications, as set out in **Figure 3**.

Figure 3

FRAMEWORK: When EMS Integration Makes Sense

Consider EMS integration when: Your call data shows a high volume of calls with medical components (vital signs, wound care, medication concerns); you want to reduce fire/EMS call volume and can make the cost case to shift resources; your jurisdiction has or is developing community paramedicine pathways; you need buy-in from fire leadership and embedding their staff builds that bridge.

Consider community crisis responder models instead when: Your call types are primarily interpersonal conflict, health-related social needs, or low-acuity behavioral health; two community crisis responders can handle the volume at lower cost than one clinician-paramedic team; you want to distinguish your program identity from the fire department rather than fold into it; EMS culture around uniformed response or involuntary holds conflicts with your consent-based, harm reduction approach.

The cost question: A clinician-paramedic dyad is significantly more expensive per team than two community crisis responders. If your call data doesn't justify the medical component, you may be paying for capacity you rarely use while fielding fewer total teams.

The identity question: Programs that embed within fire departments gain infrastructure and institutional legitimacy but risk being absorbed into EMS culture and losing the community-trust orientation that makes CCR effective. Programs that operate independently maintain that identity but may face more friction with dispatch and interoperability.

Model: California's community paramedicine, formalized through state regulation with specialized training and defined scope of practice.

Incorporating Lived Experience

Across all staffing models, programs emphasized the value of hiring people with lived experience navigating the systems their clients encounter—mental health challenges, substance use, housing instability, or the criminal legal system. These staff connect with people in crisis in ways formal credentials cannot replicate.

VOICE FROM THE FIELD

"If I said, 'I can help you,' but I've never done drugs or gone to jail, that would look a lot different than a peer with lived experience saying, 'I've been there. I know what you're going through. I know it's hard, but I was able to change my life. Let me give you that piece of hope. Let me help you.'"

— Jasmine Desiderio, Deputy Director of Violence Intervention & Prevention
Albuquerque Community Safety Department

Some programs include people with lived experience as responders; others create separate peer support roles. All face practical challenges: city HR systems, background check requirements, and Criminal Justice Information Services (CJIS) clearance for accessing 911 systems can block candidates with justice involvement histories. Creative workarounds include using staffing agencies to provide consistent and equitable payment and benefits for contractors, or structuring peer roles outside of a traditional responder classification that would access CJIS data.

Figure 4

FRAMEWORK: Navigating Lived Experience Hiring Barriers*

Common barriers and strategies programs are using include:

Barrier	Impact	Strategies Used
Automated HR screening selection does not account for or disqualifies lived experience	Quality candidates with valuable experience never get reviewed by a hiring manager	Understand HR screening system and advocate for individualized review by hiring manager
CJIS clearance for 911 access	Prevents some staff from accessing dispatch systems	Structure peer roles that do not require CJIS access; use embedded dispatch models
City HR job classification and qualifications systems	Rigid job requirements don't match CCR roles	Work with HR to create new job classifications; use contracts and staffing agencies as bridge
Licensure requirements for supervisory roles	Limits advancement for non-credentialed staff	Create parallel leadership tracks; advocate for waivers where appropriate

**These barriers are typical of programs within municipal government. Private organizations may not have the same restrictions.*

BLIND SPOT: Supervision for Staff with Lived Experience

Although lived experience can be a powerful asset, programs sometimes underestimate the level of supervision and support needed for staff working from lived experience. Responders may encounter situations that mirror their own past experiences, which can create emotional strain or trigger unresolved trauma if adequate support is not in place.

Strong supervision structures including reflective supervision, clinical consultation, and peer support are essential to sustaining this workforce. Programs that intentionally build supervision, mentorship, and wellness support into their staffing models are more likely to retain responders with lived experience while protecting both staff wellbeing and service quality.

Training: How Will You Prepare Them?

Core Competencies for Community Crisis Responders

CCR requires a unique set of competencies that draw from multiple professions but are not fully addressed in any single traditional training pathway.

Even the best social workers do not get boots-on-the-street training that mirrors the work of CCR, and formal education alone does not prepare responders for scene safety, rapid triage in chaotic environments, radio communication, or navigating 911 systems. Traditional social workers and counselors are trained for office-based practice where clients come to them voluntarily, not for showing up uninvited at someone's home because a third party called 911.

On the other hand, traditional first responder training doesn't prepare responders for trauma-informed engagement, crisis de-escalation grounded in behavioral health principles, or consent-based practice. Police and fire are trained to take charge of scenes and direct outcomes—not to co-create pathways forward with people in crisis who may not want help at all.

CCRs need elements of both, plus skills neither profession teaches: deep knowledge of local resources, cultural competency for the communities they serve, and the emotional resilience to sustain this work over time. They must build rapport in minutes, assess complex situations under pressure, and connect people to services in systems that are often overburdened or inaccessible.

Because CCR training must cover such a broad range of skills, clearly identifying core competencies can help programs prioritize training investments and curriculum development. A defined competency framework allows program leaders to determine which skills are essential for safe and effective field response, which can be developed over time, and where specialized training or partnerships may be needed.

Figure 5

FRAMEWORK: Community Crisis Response Core Competency Checklist

Regardless of structure, certain training components appear consistently across successful programs.

First Responder Essentials

- ☐ Scene safety
- ☐ Situational awareness
- ☐ Radio protocols and 911 communication
- ☐ Documentation requirements and systems (e.g., CAD, EHR, RMS)
- ☐ Lifesaving techniques (e.g., CPR/first aid, naloxone, tourniquets)
- ☐ Environmental and medical safety
- ☐ Language access

Care and Crisis Intervention Skills

- ☐ Reality-based crisis response training
- ☐ De-escalation
- ☐ Motivational Interviewing
- ☐ Mental Health First Aid
- ☐ Trauma-Informed Care
- ☐ Vicarious Trauma
- ☐ Suicidality & Safety Planning
- ☐ Human Trafficking

Resource Navigation

- ☐ Service Provider Tours
- ☐ Referral Pathways
- ☐ Coordinated Entry

Cultural Competency

- ☐ Cultural Responsiveness
- ☐ Local communities served
- ☐ Working with people with disabilities

RESOURCE: DEEP DIVE

For a detailed review of the values, core competencies, and skills for CCRs, see the National Alliance on Mental Illness resource: Building The Community Behavioral Health Crisis Response Workforce.

BLIND SPOT: A Difference in Modality Is Not a Difference in Purpose

Programs can share a common training foundation even if they diverge in primary modality, i.e., the central intervention tool responders lead with. Most programs orient around crisis intervention. However, Dayton's Mediation Response Unit is built around transformative mediation, centering empowerment and mutual recognition in conflict. The competency overlap is substantial, but the lens is different. Choose your primary modality based on your call profile and community need, not by defaulting to whatever model is most common.

Training Models and Infrastructure

Knowing what to train is only part of the challenge. Programs also have to figure out how to deliver that training with limited time, staff, and budget. There are no established best practices yet, and ARRC programs have taken different approaches shaped by their size and local context. But across that variety, four training modalities appear consistently. Every program uses them; what differs is the emphasis, sequencing, and who delivers them.

Figure 6

Examples of ARRC Training Program Modalities

Modality	What It Covers	Examples from ARRC Programs
Classroom Instruction	Foundational knowledge: behavioral health, legal frameworks, program philosophy, cultural context, local resources.	• **ACS:** Racial equity, LGBTQ+ sensitivity, Indigenous cultural competency sessions • **Dayton:** 20 hours of transformative conflict theory through the Institute for the Study of Conflict Transformation (ISCT) • **Durham:** "Foundational Mornings" on program history and social context • **Seattle:** Substance use disorder and suicide screening coursework
Reality-Based & Scenario Training	Simulated encounters, role-plays, and coached practice that build muscle memory.	• **ACS:** WE CARE cornerstone training using professional actors for reality-based CIT scenarios • **Dayton:** ISCT practice groups where hires play both mediator and party • **Durham:** Role plays with Theater Delta across multiple academy sessions • **Seattle:** Youth-in-crisis and person-down scenarios
On-the-Job & Field Training	Structured ride-alongs, shadowing, and coached field experience bridging preparation and practice.	• **ACS:** 6-week on-the-job training (OJT) with phased responsibility after academy • **Atlanta PAD:** 90-day pairing with veteran responders • **Dayton:** Ride-alongs with MRU, police, fire, housing inspectors, and dispatch • **Durham:** In-field training days with structured debriefs • **Seattle:** Multi-agency ride-alongs

Testing & Assessment	Determining readiness for independent fieldwork through evaluation or competency checks.	• **ACS:** Weekly block tests and formal OJT evaluations before independent release • **Dayton:** "Bingo card" requiring new hires to experience every MRU call type • **Durham:** Role-play assessments and supervisor sign-off • **Seattle:** Review activities and post-training surveys

> **VOICE FROM THE FIELD**
>
> *"With the ACS Academy, we try to reach learners with a variety of learning styles. We have some instructors who do strictly lecture-based presentations. We have other facilitators who may cover similar topics but offer scenario-based instruction. We also bring presenters who have lived experience with these issues so that responders hear about it from somebody who's experiencing it firsthand."*
>
> **— Karen Boise, Division Manager**
> Albuquerque Community Safety Department

Structuring Your Training Program

Programs structure their training differently. Durham's HEART Academy and Albuquerque Community Safety have built formalized academies that hire in cohorts and run dedicated pre-service training before responders take calls. Seattle's CARE Department incorporates BHCore, a statewide crisis responder training and certification program at the University of Washington, into its training program. BHCore was established through Washington's House Bill 1811 (2025), which recognized crisis responders as first responders in state law and created shared training infrastructure that other programs across the state can now access.

Other programs configure the same modalities without a formal academy. Dayton's Mediation Response Unit, with six responders, built a comprehensive training program by coordinating across more than a dozen external partners. Atlanta PAD layers structured content onto extended field-based coaching. Denver's STAR program hires credentialed clinicians through a contracted provider who delivers clinical training, while the city supplements with first responder essentials. The structure matters less than whether it addresses the core modalities and accounts for the strategic realities below.

Strategic Considerations

DECISION POINT

How will you phase training so people can get on the street?

Extended pre-service training is ideal but not always feasible, particularly for smaller programs. Phased approaches that front-load safety essentials, deploy responders with supervision, and continue building skills over time can work. But they require strong mentorship infrastructure. If your experienced staff are already stretched on call coverage, pulling them into coaching roles creates its own pressure.

DECISION POINT

Are you investing in safety essentials from day one?

Scene safety, situational awareness, radio communication, and 911 operations keep responders safe and allow them to function within emergency systems. Programs that defer this training or assume clinical backgrounds will compensate, consistently find gaps once staff are in the field. Denver identified that responders trained by their contracted provider struggled with radio communication, requiring additional investment to close the gap.

VOICE FROM THE FIELD

"We have always provided radio etiquette training. Professionals not coming from public safety don't intuitively understand how interconnected first responder communication is. So, we've incorporated role play into our training to build responder confidence and strengthen coordination with other first responders."

— Andrew Dameron, Director of Emergency Communications
City and County of Denver

DECISION POINT

Are you training for the communities you actually serve?

Cultural responsiveness is not a one-session add-on. Albuquerque's program includes dedicated sessions on Indigenous communities, the Afghan diaspora, and LGBTQ+ populations. Dayton runs a full-day race, class, and gender simulation and a session with local immigrant and refugee community leaders. The populations your responders will encounter should shape what you prioritize.

DECISION POINT

What are you outsourcing, and what does that cost you in control?

Contracting a provider for staffing or partnering with external organizations for training can be efficient, but it means less control over what responders learn and when. This is a trade-off that

comes with how your program is housed. Programs that outsource should plan for supplemental training to close predictable gaps and build feedback loops that surface problems early.

DECISION POINT

What training infrastructure already exists in your region?

Before building from scratch, look at what is available. University partnerships, state certification programs, neighboring CCR programs, and fire department training may offer components you can incorporate. San Francisco's community paramedicine program has begun sharing its training with other fire departments. Washington's BHCore is now available to programs statewide. The first question for any new program should be what exists, not what to build.

VOICE FROM THE FIELD

"It doesn't do us any good to gatekeep a proven model that others could adopt."

— Michael Mason, Section Chief
San Francisco Fire Department

BLIND SPOT: Probationary Periods

Many city employment systems default to six-month probationary periods. For CCRs, this can be dangerously short. If your training runs several weeks or months, a six-month window leaves little time to observe independent performance, provide coaching, and assess fit. Programs positioned as a branch of first response should use probationary periods comparable to police and fire.

Albuquerque moved to a one-year probationary period to give supervisors adequate time after training is complete. Other programs are exploring dedicated academy positions that sit outside the probationary clock, so formal probation begins only after training.

> *"With a cadet position, your probationary period would start after you complete the academy. Then you would be fully trained and step into your new role."*
>
> — Michelle Zaremba, Director | Dayton Mediation Response Unit

If your city defaults to six months, advocate for an extension. The cost of retaining a poor-fit responder because you ran out of evaluation time is far higher than a longer probationary window.

Integrating with 911 Systems

Your 911 center is the widest gateway to your program. If call takers and dispatchers do not know when and how to route calls to your team, your responders will not reach the people they

are meant to serve. At the same time, your responders need to be competent in the dispatch and radio systems they share with police, fire, and EMS so they do not disrupt operations for other first responders. Training has to go both ways: your staff learn 911 systems, and 911 staff learn your program.

This is not a one-time orientation. Programs that invest in sustained, institutionalized coordination with their **Emergency Communications Center (ECC)** report higher call volumes and more appropriate dispatching. The specific structure varies, but ARRC programs have converged on a common principle: the closer the relationship between your program and the 911 center, the better the results.

Figure 7

Examples of ARRC Program 911 Dedicated Staffing Strategies

Program	Staff Located at ECC
Durham HEART	Clinical staff are located at the ECC through the Crisis Call Diversion (CCD) program. DCSD also delivers ongoing in-service training for 911 staff and is now part of the 911 training academy curriculum for new call taker classes.
Albuquerque ACS	ACS triage specialists are located at the ECC. They monitor the CAD system and advise call takers and dispatchers on diversion. They also receive 311 requests and other non-911 referrals and create CAD events that dispatchers then triage and assign to ACS units.
Denver STAR	All call takers and dispatchers at the 911 Communications Center are trained to triage and dispatch STAR calls. A dedicated STAR rotation ensures staff are consistently identifying eligible calls for diversion to STAR.
Seattle CARE	The 911 center and Community Crisis Responders are housed within the same department (CARE) under shared leadership. Dispatchers and responders report to the same Chief, providing full structural integration.

RESOURCE: DEEP DIVE

For a detailed look at how one program built its triage and dispatch system from the ground up, see the Harvard Kennedy School Government Performance Lab's profile of Durham's approach: Developing Clear Triage and Dispatch Processes for Alternative Response Programs.

The profile covers how Durham worked with its 911 center to identify eligible call codes, adapt existing dispatch technology, and deliver ongoing training for call takers and dispatchers.

DECISION POINT

Are you training your 911 partners alongside your responders?

Initial training for 911 staff is necessary but not sufficient. Call taker turnover, evolving call types, and new dispatch protocols all require ongoing education. Durham delivers in-service training for 911 staff at multiple points after launch and is now embedded in the 911 academy curriculum for new classes. Build regular touchpoints with your ECC into your training calendar, not just your launch plan.

Recruitment: Where Will You Find Them?

Career Pipeline

As CCR programs expand, developing intentional and sustained talent pipelines is critical to long-term workforce stability. Rather than relying on traditional public safety hiring models, programs should design recruitment strategies that align with the unique skills required for crisis response, centering behavioral health, de-escalation, community connection, and lived experience.

Programs should:

- ☐ **Recruit from diverse talent pools** that reflect the interdisciplinary nature of the work, including:
    - Healthcare and social service professionals with behavioral health and crisis experience
    - Individuals with experience in the criminal legal system (courts, probation, reentry)
    - Nonprofit and community-based organization staff
    - Peer support networks and individuals with lived experience navigating systems such as mental health care, substance use treatment, homelessness, or reentry
    - Career changers seeking purpose-driven work
    - Graduates from fields such as social work, psychology, public health, and criminal justice
- ☐ **Recognize lived experience as a core qualification**, not an add-on, and intentionally create pathways for individuals with that experience to enter and grow within programs
- ☐ **Establish internal career pathways** that allow staff to:
    - Enter at entry-level responder roles
    - Access training and skill development

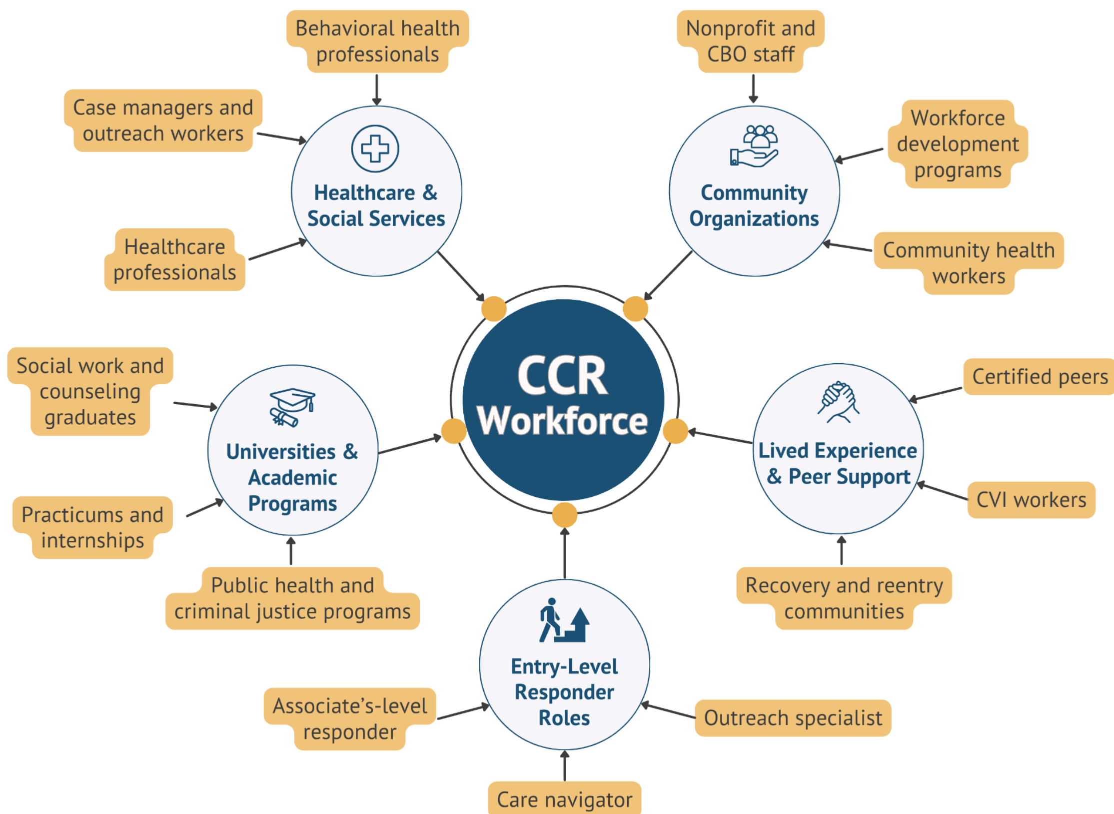
- Advance into lead, supervisory, or specialized positions over time

- ☐ **Invest in sustained partnerships** with:
  - High schools
  - Community colleges and universities
  - Workforce development initiatives
  - Community-based organizations
- ☐ **Create early entry points into the field** by:
  - Integrating CCR into academic coursework
  - Offering internships, practicums, and fellowships
  - Incorporating CCR into career counseling and workforce programs
- ☐ **Design pipelines intentionally**, recognizing that strong recruitment does not happen passively but requires ongoing outreach, relationship-building, and coordination

Programs that invest early in these strategies will be better positioned to build a diverse, skilled, and sustainable workforce capable of supporting long-term growth.

Figure 8

Talent Pipeline for CCR Programs



> **VOICE FROM THE FIELD**
>
> *"Social work traditionally offers two paths: four-walls therapy or case management. But some people are bored out of their minds in a therapy office and can't sit still behind a case file. You put them on a street corner with someone in crisis and they come alive. Those are the people who belong in this work. The field needs to do a better job of finding them, and introducing this as a career path at the undergraduate level."*
>
> **— Andrew Dameron, Director of Emergency Communications**
> City and County of Denver

Navigating HR Barriers

As CCR programs mature, many encounter human resources policies that were originally designed for traditional public safety or municipal departments. These policies—while often well-intentioned—can unintentionally limit the flexibility CCR programs need to build a workforce that reflects the communities they serve.

Common barriers include rigid educational requirements, background check policies that exclude applicants with criminal legal histories, inflexible job classification systems, and salary structures that do not align with the unique skill sets CCR responders bring. These constraints can make it difficult to recruit candidates with lived experience, peer support backgrounds, or community-based expertise who are often critical to effective crisis response.

In addition, many CCR programs face challenges recruiting licensed clinicians. The United States is currently experiencing a significant behavioral health workforce shortage, with the Health Resources and Services Administration (HRSA) projecting shortages of thousands of mental health professionals nationwide in the coming decade (HRSA, 2025). Many clinicians are already absorbed into hospitals, outpatient behavioral health systems, or private practice settings that can offer higher salaries and more predictable schedules. As a result, CCR programs that rely heavily on licensed clinical staff may struggle to recruit and retain these professionals, particularly in smaller jurisdictions or regions already designated as mental health professional shortage areas.

In many jurisdictions, CCR leaders find themselves navigating these systems while simultaneously building a new professional pathway that does not neatly fit within existing job classifications.

Creative Strategies for HR Solutions

ARRC partner programs have adopted a variety of strategies to address these barriers. Some have worked closely with municipal HR departments to revise job descriptions and qualification requirements, ensuring that lived experience and community expertise are recognized alongside formal credentials. Others, like Albuquerque's ACS, have developed tiered responder roles that create entry points that do not require advanced degrees while still providing opportunities for professional advancement.

Programs have also partnered with labor and legal departments to reconsider background check policies, particularly where past justice system involvement may actually strengthen a responder's ability to connect with community members. In some cases, jurisdictions have created entirely new job classifications for CCRs, allowing HR policies to better reflect the responsibilities and realities of CCR work.

Figure 9

FRAMEWORK: Advocating for HR Flexibility

Programs seeking to address HR barriers can benefit from a proactive approach that frames workforce flexibility as essential to program effectiveness. Key considerations include:

Strategies for CCR HR Flexibility	
1.	**Reevaluate educational requirements to ensure they reflect the actual skills needed for crisis response.** *See Figure 1 and Figure 2 for guidance on matching qualifications to programmatic need*
2.	**Recognize lived experience as a workforce qualification, not simply a personal attribute.**
3.	**Create tiered career pathways that allow responders to enter the field and grow professionally over time.**
4.	**Work with HR and labor partners early to develop classifications, compensation structures, and hiring policies that align with CCR models.**

By working collaboratively with HR departments and municipal leadership, CCR programs can begin to reshape workforce policies in ways that both maintain accountability and allow for the flexibility required to build an effective and sustainable CCR workforce.

> **VOICE FROM THE FIELD**
>
> *"One important aspect of our hiring approach is that we do not conduct background screenings. That's something that often comes up—especially in government hiring environments—but it's a policy we've intentionally avoided because of our commitment to hiring people with lived experience. At the same time, we recognize that this approach may be challenged as programs expand or become more integrated into government systems."*
>
> **— Moki Macias, Executive Director**
> Atlanta PAD

Retention: How Will You Keep Them?

Recruiting responders is only the first step in building a sustainable CCR workforce. The more difficult questions facing programs across the country are how to keep staff engaged, supported, and committed over time.

Why People Leave

ARRC programs consistently report that retention, rather than recruitment, is the biggest long-term workforce challenge. Even some of the most highly motivated and mission driven employees may leave within the first few years if the job proves unsustainable.

Programs face several recurring pressures:

- **Burnout from high-intensity crisis work**
- **Exposure to trauma and human suffering**
- **Limited career advancement pathways**
- **Compensation not commensurate with the work**
- **Shift schedules that differ significantly from traditional social service roles**
- **Organizational growing pains as program scale**
- **Lack of strong supervision or management**

The result is constant tension between the mission-driven nature of the work and the realities of workforce sustainability.

Moral Injury

Moral Injury occurs when responders encounter situations where the needs of the person in crisis far exceed the resources available to help them. Repeated exposure to systemic gaps such as lack of

housing, mental health services, detox beds or substance treatment, can create a sense of frustration and helplessness. This is also something that is observed amongst Fire and Police responders.

Responders may feel they are stabilizing the crisis without addressing root causes. Over time, this disconnect between what responders believe people deserve and what the system can provide can and will lead to emotional exhaustion or worse, desensitization.

> *"When responders have backgrounds in behavioral health, social work, or related fields, they bring the training and tools needed to de-escalate situations and stabilize a crisis. But stabilization is only the first step. What happens next is just as important. Once someone is stabilized, there must be follow-up support—whether through peer support, mentorship, or continued engagement from someone who understands what the individual is experiencing. As crisis response models evolve, the goal is to create a spectrum of support embedded within the public safety system, where responders can not only intervene in the moment but also connect people to the ongoing care they need."*
>
> **— Jasmine Desiderio, Deputy Director of Violence Intervention & Prevention**
> Albuquerque Community Safety Department

VOICE FROM THE FIELD

"Where we lose people — it's usually burnout. That's the real driver of turnover."

— Moki Macias, Executive Director
Atlanta PAD

RESOURCE: DEEP DIVE

For a detailed look at how moral injury leads to burnout, see the Frontiers in Psychiatry article, *We are still in it: a conceptual model for moral injury and burnout in alternative response programs to guide intervention*.

The model outlines causes of moral injury, impacts on responders, and intervention pathways to reduce or prevent these outcomes.

Retention Strategies

Programs with the strongest retention consistently emphasize organizational culture as a central workforce strategy. While compensation is critical to both recruitment and retention, the day to day workplace culture often determines whether responders remain in the field long enough to build experience and leadership capacity.

Culture influences whether responders feel:

- **Safe on the job**
- **Heard and respected**
- **Supported by leadership**
- **Connected to their peers**
- **Aligned with the mission of the work**

How ARRC Programs Approach This

ARRC partner programs emphasize culture-building in several ways. Many have adopted reflective supervision practices, where supervisors create space for responders to process difficult calls and discuss emotional impacts alongside operational feedback. Others prioritize team-based debriefing, allowing responders to reflect collectively after challenging incidents.

Several programs also invest in peer connection and mentorship, recognizing that strong relationships among responders can mitigate the isolating effects of crisis work. In smaller programs especially, leaders noted that informal team-building practices such as shared meals and team gatherings can strengthen relationships and build trust among staff.

Leadership visibility also plays an important role. Programs with stronger retention often maintain open communication channels between leadership and frontline responders, ensuring that operational concerns, safety issues, and staff feedback are acknowledged and addressed. Some leaders intentionally participate in ride-alongs with responders, which helps them better understand the realities of the work while demonstrating support and solidarity with frontline staff.

For CCRs who routinely encounter trauma, crisis and community distress, these factors are especially important. A supportive culture helps responders process difficult calls, learn from challenging situations, and maintain a sense of purpose in emotionally demanding work. When staff feel their experiences and ideas influence program decisions, they are more likely to remain committed even during difficult periods.

BLIND SPOT: The Scheduling Challenge

Many CCR programs underestimate the impact that scheduling structures can have on workforce recruitment and retention. Because crisis response often requires extended coverage hours and eventually 24/7 operations, responders frequently work rotating shifts, nights, weekends, and holidays.

For staff transitioning from social service, nonprofit, or clinical environments, this shift-based model can be difficult. Many professionals entering CCR roles are accustomed to more predictable daytime schedules. Early-career responders and those with lower seniority

often have limited control over their schedules, which can create strain for individuals balancing family responsibilities, school, or other commitments.

Several program leaders noted that shift work can become a quiet driver of turnover, even among responders who are deeply committed to the mission. Programs that proactively address scheduling through predictable rotations, schedule input processes, and differential pay (extra compensation for less desirable, non-standard hours) may improve both recruitment and long-term retention.

VOICE FROM THE FIELD

"The most important thing any program can do is ensure that everyone, from frontline staff to senior management, is engaged, has the opportunity to share their voice, and can see their ideas come to fruition."

— Andrew Dameron, Director of Emergency Communications
City and County of Denver

VOICE FROM THE FIELD

"We want the team to be understanding with the people we serve. We're very understanding of our team and our team having a life outside of PAD. We don't expect PAD to be their entire life. This is one component of their life, but we really do promote a healthy work-life balance."

— Denise White, Deputy Director
Atlanta PAD

Career Pathways: What Future Can You Offer?

As CCR programs mature, leaders face an important workforce question: **what long-term future can the field offer responders?** Recruiting mission-driven staff is often possible, but retaining them requires demonstrating that CCR work can develop into a sustainable career rather than a temporary role. Most CCR programs operate with relatively small teams, often fewer than 20 responders. Within these structures, creating meaningful opportunities for advancement can be difficult. Yet without clear career pathways, programs struggle to retain experienced staff and build the institutional knowledge necessary to professionalize the field.

The Advancement Gap

In many programs, formal career structures remain limited. A responder may have one or two potential promotion opportunities such as a lead responder or supervisory role before encountering a ceiling. Without **additional pathways for growth**, talented staff often leave for

positions in healthcare, social services, or government agencies that offer clearer advancement opportunities.

Budget constraints further complicate these efforts. Many program leaders would like to provide **professional development** support such as clinical supervision stipends, licensure assistance, tuition reimbursement, or specialized training. However, limited funding often means these opportunities remain informal or ad hoc rather than embedded within program infrastructure.

> **VOICE FROM THE FIELD**
>
> *"We have a lot of things we would like to do for retention that we have not been able to enact, like licensing for folks who might want to go back to school."*
>
> **— Catriana Hernandez, Community Crisis Response Manager**
> Seattle CARE Department

What Programs Are Creating

Despite constraints, some programs are building career structures. Common approaches include:

- **Tiered responder roles with increasing responsibility and pay**
- **Specialized positions, such as training coordinator, community liaison, or outreach lead**
- **Supervisory tracks for staff interested in leadership**
- **Expanded roles beyond field response, including data analysis, policy development, training design, or community engagement**

Promoting from within matters significantly for morale. Supervisors who respond to calls when short-staffed and understand the work firsthand build credibility with their teams.

> **VOICE FROM THE FIELD**
>
> *"When your supervisors have done the work themselves and still step in on calls when you're short-staffed, that matters. They're not in a corner office giving commands. Promoting from within has had a real impact on our retention and morale."*
>
> **— Denise White, Deputy Director**
> Atlanta PAD

Compensation and Parity

Another central workforce question is compensation. CCR program leaders consistently advocate for wage parity with other public safety professionals, particularly police and fire personnel.

The argument is both practical and strategic. CCRs perform first responder work, often under stressful and unpredictable conditions and competitive wages are necessary to recruit and retain qualified staff. At the same time, compensation levels signal how communities value this work. When CCR roles are compensated far below other public safety positions, it reinforces the perception that CCRs are a secondary or temporary function rather than a core component of the public safety system. Pay parity therefore plays an important role not only in workforce retention but also in **institutionalizing CCR as a co-equal branch of public safety.**

> **VOICE FROM THE FIELD**
>
> *"In New Jersey, Community-led crisis response teams were not always afforded the same level of deference or institutional credibility as other emergency response entities. As a result, these programs were at times treated as supplemental or ornamental, rather than as essential components of the state's public health and emergency response ecosystem."*
>
> **— Racquel Romans-Henry, Director of Policy and Advocacy**
> Salvation and Social Justice

Across a sample of CCR programs nationwide—including ARRC partner jurisdictions and peer programs—base responder salaries typically range from $42,000 to $118,000 annually, depending on credential requirements, local labor markets, and program structure. When benefits, training, and administrative overhead are included, the fully loaded annual cost per responder generally ranges from approximately $60,000 to $145,000. See **Figure 10** for a detailed breakdown.

> **VOICE FROM THE FIELD**
>
> *"It is my contention that there must be parity between police, fire, and community crisis responders."*
>
> **— Amy Barden, Chief**
> Seattle CARE Department

Figure 10

Typical FTE Costs Across ARRC Programs

Jurisdiction + Program	Typical Responder Role	Approx. Base Salary	Estimated FTE Cost*
Albuquerque Community Safety Department	Behavioral Health Responder	$60,000 – $72,000	$60,000 – $103,000
Atlanta PAD	Crisis Responder / Case Manager	$50,000 – $60,000	$70,000 – $90,000
Dayton Mediation Response Unit	Mediation Response Specialist	$60,000 - $91,000	$74,150 - $114,097
Denver STAR	Clinician / EMT Team Member	$60,000 – $82,000	$85,000 – $100,000
Durham Community Safety Department	Crisis Response Clinician / Responder	$55,000 – $65,000	$80,000 – $95,000
Rochester Person in Crisis Team	Crisis Intervention Team Member	$50,000 – $65,000	$75,000 – $95,000
San Francisco Street Crisis Response Team	Community Paramedic, EMT, Peer Counselor	$60,000 – $80,000	$90,000 – $120,000
Seattle CARE Department	Community Crisis Responder	$83,000 – $118,000	$115,000 – $145,000

**Salary alone understates the real cost. Most municipal budgeting assumes 30-40% additional cost for: benefits (health, retirement, leave), payroll taxes, training and certification, equipment (radios, uniforms, PPE), and administrative overhead.*

Unionization: How Will You Structure Your Workforce?

As CCR programs mature, questions of workforce structure, stability, and professional recognition are becoming increasingly central. Unionization is emerging as both a marker of legitimacy and a critical operational consideration—shaping not only how responders are supported, but how programs evolve over time.

For many responders, **union membership represents formal recognition** that this work constitutes a skilled public safety profession. It signals that CCR deserves the same protections and standards afforded to other first response fields. Through collective bargaining, unions can **help secure core workforce support such as pay equity, benefits, workplace safety protections, and formal grievance processes**. These elements are not only important for

fairness, they are directly tied to workforce stability, retention, and the long-term sustainability of programs operating in high-stress environments.

At the same time, unionization introduces structural and strategic considerations for programs that are still defining their operational models. **Responders must navigate decisions about which union best represents their workforce, how responder roles should be classified, and whether supervisory or hybrid positions are included in bargaining units.** Once unionization occurs, these decisions are no longer made unilaterally as they will require shared governance and negotiation. This complexity is particularly pronounced in CCR programs, where roles often span social services, behavioral health, and public safety functions that do not fit neatly within traditional labor structures.

Program scale further shapes these dynamics. Many CCR teams are relatively small, often consisting of 10 to 30 responders. When integrated into broader municipal labor systems, these units may sit alongside much larger police and fire unions with significantly greater membership and influence. In budget negotiations and labor discussions, these differences can create structural imbalances in bargaining power that leaders must account for.

Operational flexibility is another key consideration. Early-stage programs rely on the ability to adapt by refining protocols, adjusting staffing models, and iterating based on real-time learning from the field. **While unionization can provide important stability, it can also introduce processes that slow the pace of change if not thoughtfully structured**. Leaders emphasize the importance of approaching bargaining in a way that protects both workforce rights and the program's ability to evolve.

For many programs, unionization is not simply a workforce decision, it is a defining moment in program development. When approached strategically, it can strengthen legitimacy, stabilize the workforce, and support long-term growth. When misaligned, it can introduce constraints that are difficult to unwind. As a result, leaders increasingly view unionization as a key component of both workforce strategy and governance.

DECISION POINT

Unionization Timing

Leaders across ARRC programs consistently describe the timing of unionization as a strategic decision rather than an ideological one. Formalizing a bargaining structure too early can constrain experimentation during the developmental phase of a program. At the same time, delaying unionization for too long can undermine workforce stability, contribute to retention challenges, and signal that responder roles lack parity with other public safety professions.

Even leaders who strongly support organized labor acknowledge this tension. The challenge is not whether worker protections are necessary—they are—but how to sequence those protections in a way that allows emerging programs to innovate, stabilize, and ultimately institutionalize the field of Community Crisis Response.

BLIND SPOT: Monitoring Broader Labor Negotiations

Another practical consideration is the need for CCR leaders to remain attentive to labor negotiations occurring in other public safety departments, particularly police and fire. These negotiations often establish compensation benchmarks, benefit structures, staffing ratios, and scheduling standards that can influence expectations across the broader public safety workforce. Changes secured by larger unions may shape municipal budget allocations or create new precedents that affect how emerging CCR roles are evaluated and funded.

For this reason, **some program leaders view tracking police and fire labor negotiations as a strategic best practice.** Understanding the broader labor environment can help CCR programs anticipate shifts in compensation norms, prepare for budget negotiations, and ensure that responder roles remain competitive and sustainable within the municipal public safety ecosystem.

PART III

Advancing The Field

Policy Recommendations for Advancing Community Crisis Response

Individual **Community Crisis Response (CCR)** programs can only solve so much on their own. The challenges described throughout this paper are not unique to any single city or program. They are structural features of a field being built without the policy infrastructure, shared standards, or funding mechanisms that other public safety and public health professions take for granted. Strengthening the CCR workforce requires collective action across five areas.

Standardization Without Rigidity

The field lacks standard job titles, competency frameworks, and certification pathways. This limits professional identity, creates quality inconsistency, and prevents community crisis responders (CCRs) from carrying credentials across jurisdictions.

FIELD-WIDE

Develop national competency standards

Without shared standards, every program defines quality differently and workers cannot transfer skills across jurisdictions.

Standards should define core knowledge and skills for CCRs while distinguishing between universal competencies (de-escalation, scene safety, trauma-informed engagement) and model-specific requirements that vary by program design.

Who could lead: national associations, credentialing entities, or federal agencies like SAMHSA

STATE ACTION + FIELD-WIDE

Create portable certification pathways

CCRs currently have no way to carry recognized credentials from one program or jurisdiction to another.

State-level or national association certification programs could professionalize the field and provide quality assurance. National recognition would strengthen portability across state lines.

Model: Washington's BHCore initiative at the University of Washington

STATE ACTION

Enact liability protections for CCR staff and facilities

Workers operating in emergency settings need legal clarity about scope of practice and protections comparable to other first responders.

Legislation should indemnify CCR staff and associated facilities with protections that match the realities of field-based emergency work.

Model: Washington HB 2088 (2024), extending protections to crisis responders and facilities

Training Infrastructure

Most programs build training curricula from scratch with limited time and capacity. The result is significant variation in what responders learn and no mechanism for programs to benefit from each other's innovations.

FIELD-WIDE

Develop open-source, modular curricula

Every program reinventing training wastes resources and risks quality gaps.

Curricula should be modular so programs can adopt components relevant to their model, regularly updated based on field learning, and freely available. Established programs and academic partners could collaborate on development.

STATE ACTION

Build regional training hubs

Small programs lack the capacity to develop and deliver comprehensive training alone.

Larger programs or academic institutions could serve as regional training centers that smaller programs access. This reduces per-program costs while improving consistency, and could function as a revenue generator for larger programs.

Models: San Francisco's cross-department training program; Washington's BHCore statewide hub

FIELD-WIDE

Include dispatch in training standards

Responders can only help people if they are dispatched to appropriate calls. Dispatch training is consistently overlooked.

Standards should address both training existing 911 call takers to work with CCRs and developing embedded dispatch roles within programs.

Models: Durham's Crisis Call Diversion; Albuquerque's Triage Specialists

Strengthening the Workforce Pipeline

The pipeline of qualified candidates is too small to meet growing demand. Expanding it requires intervention at multiple points.

FIELD-WIDE

Integrate CCR into academic programs

Most social work, counseling, and public health students do not know this career path exists.

Academic programs should include CCR as a career pathway through coursework, field placements, and career counseling. Programs that partner with universities to offer internships build future applicant pools.

STATE ACTION

Invest in the peer workforce

People with lived experience bring irreplaceable value to crisis response but lack clear pathways into the field.

States and localities should fund peer workforce development, create pathways from peer certification to CCR roles, and ensure peer workers have access to the same benefits and advancement opportunities as other team members.

FIELD-WIDE

Workforce Wellness and Support

Normalize wellness and work-life balance as core components of CCR program design.

Workforce wellness should be treated as a foundational element of program infrastructure, not an optional benefit. Programs should establish baseline practices such as regular debriefing, access to mental health resources, and scheduling policies that promote work-life balance. At the field level, providers can support this shift by integrating responder wellness into training curricula, leadership development, and program design guidance. Building sustainable career pathways in CCR requires not only preparing people for the work, but ensuring they can stay in it.

PROGRAM + CITY

Reform hiring barriers that block qualified candidates

City HR systems, background check policies, and CJIS requirements often screen out effective candidates, particularly those with lived experience.

Policy reform should distinguish between barriers that protect public safety and those that simply exclude valuable workers. Programs housed in government should advocate for HR flexibility.

STATE ACTION

Recognize CCR with first responder designation

Without formal recognition, CCRs lack the benefits, protections, and professional standing afforded to police, fire, and EMS.

State legislation designating CCRs as first responders unlocks benefits, liability protections, and professional recognition. It also signals that CCR is a co-equal branch of public safety and helps programs compete for talent.

Model: Washington HB 1811, establishing co-responders as first responders under state law

Sustainable Funding

Programs cannot build sustainable workforces on grant cycles. Many of the challenges in this paper trace back to funding that is temporary, insufficient, or not designed for workforce investment. For a deeper examination of funding stability and long-term resourcing strategies,

readers are encouraged to review CICS' paper, *Building What Lasts*, which explores the structural funding models necessary to institutionalize CCR programs and support a durable workforce.

STATE ACTION

Broaden Medicaid eligibility for CCR services and providers

Narrow reimbursement rules distort program priorities. When only certain interventions and credentials are billable, programs face pressure to prioritize reimbursable calls over their broader public safety mission.

States should ensure Medicaid programs are updated to allow billing by the broad range of professionals who staff CCR teams, including peer support specialists and other paraprofessionals. State plan amendments and managed care contracts should include appropriate billing codes.

STATE + FEDERAL ACTION

Make community safety programs eligible for public safety funding

CCR programs are classified as public safety functions but are largely shut out of the funding streams that support police, fire, and EMS.

Most federal and state public safety funding streams, from COPS and Byrne JAG grants to homeland security allocations and local public safety tax revenues, were designed around traditional law enforcement and emergency services. CCR programs typically compete for behavioral health, public health, or social service dollars instead, which are smaller pools with different requirements and timelines. CCRs are first responders dispatched through 911 systems, and the funding infrastructure should reflect that. States and the federal government should update eligibility criteria for public safety grants, dedicated public safety tax revenues, and related funding streams to explicitly include CCR programs.

PROGRAM + CITY

Pursue compensation parity with police and fire

CCRs do first responder work under stressful conditions and should be compensated accordingly.

Pay parity is both a retention strategy and a statement about the value of this work within the public safety system. Cities should benchmark CCR compensation against other first responder roles in their jurisdiction.

Conclusion

Community Crisis Response (CCR) programs across the country are building a new profession in real time. They are developing innovative training approaches, recruiting from diverse backgrounds, creating cultures that sustain their people, and pioneering career pathways that did not exist a decade ago.

But they are doing so largely in isolation. Each program has been forced to solve the same challenges without the benefit of shared standards, coordinated infrastructure, or sustained investment. **This is no longer a question of innovation. It is a question of permanence.**

The promise of CCR (safe, community-centered crisis response that supports people without criminalization) depends entirely on the people doing the work. Without trained, supported, and stable teams, the model cannot scale, cannot sustain, and cannot deliver on its potential. Programs that invest in CCR workforce as infrastructure by prioritizing compensation, wellness, and career pathways are already showing what is possible.

The field must now catch up to that reality. That means building shared standards while preserving local flexibility, investing in accessible training infrastructure, reforming policies that exclude qualified workers, and aligning funding with the true cost of sustaining a professional workforce.

Workforce is not an operational detail. It is the foundation of the field. And the path forward is clear: CCR will only become a permanent part of public safety systems if governments choose to invest in it as one.

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.