

Vision: A Community Responder Program for Bloomington/Monroe County

City Councilmember Isabel Piedmont-Smith

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Goal: Improve the safety of the community by sending the most qualified emergency responders in response to 911 calls.

What is a Community Responder Program (CRP)?

A CRP is an emergency response service that does not involve the police and is instead staffed by mental health professionals. It can be run directly by a local government or a local government can contract with a nonprofit organization to provide the services. [More information and examples found here.](#)

What are the benefits of a CRP, as measured by programs in other cities?

1. Provides a better, more effective response to several different types of calls for service that are more appropriately met by a social service intervention than a law enforcement intervention.
2. Reduces exposure to armed police, potential use of force, and entanglement with the criminal legal system, thereby reducing harm for, in particular, low-income people and communities of color that are historically overpoliced and overexposed to these dangers.
3. Allows police to focus on responding to, investigating, and solving violent crime and other emergencies that more appropriately call for an armed response by freeing up time previously spent on these calls.
4. Reduces criminalization of behavior that stems from mental health or substance misuse and does not in itself constitute a crime.
5. Diverts calls from Fire, EMS, and/or emergency rooms, thereby reducing costs and overcrowding of ERs.

Common features of CRPs

1. Teams of 2-3 responders including a social worker. Often other team members include a peer counselor and an EMT. All have specialized training.
2. Dispatched through the 911 Central Dispatch system - requires training of dispatchers, and is usually limited to certain hours of operation. When the CRP is not operating, the calls go to police, fire, or EMS.
3. The CRP team takes time to not only resolve the immediate emergency but connect the person to services AND follow up with the person in the coming days.
4. When not on calls, the CRP teams build relationships with members of the community who are unhoused or otherwise underserved.
5. CRP teams have radio contact with police in case they need backup. Most programs have found that armed backup is rarely needed.

Some of the many cities that have CRPs

Springfield, OR - [CAHOOTS](#) program
Albuquerque, NM - [ACS](#) program
Durham, NC - [HEART](#) program
Denver, CO - [STAR](#) program

Amherst, MA - [CRESS](#) program
Indianapolis, IN - [CLCR](#) program (pilot)
Evanston, IL - [CARE](#) team
Bellingham, WA - [ART](#) program

Current options in Bloomington

- 911 Dispatch has one social worker position
- BPD employs 4 social workers, but they are embedded and work for police (See #2 above, under Benefits)
- Stride Mobile, run by Centerstone, has limited staff - not linked into 911 system

Examples of Community Responder Programs

	Evanston, IL CARE Team	Durham, NC HEART Program	Denver, CO STAR program	Olympia, WA CRU program	Indianapolis, IN Clinician-Led Community Response	Bloomington STRIDE Mobile
How developed	Parks & Rec had program for high risk youth (“opportunity cases”), and their outreach staff formed the start of the CARE Team	Started with violence interrupter program. Study of 3 years of 911 calls (nearly 1 million), use of force analysis, survey and focus groups with police and first responders	Built up from a co-responder program which paired mental health professionals with police officers starting in 2016	Started with grant-funded Familiar Faces program = peer navigators that conduct outreach with clients recommended by downtown police officers. Further grant funds allowed expansion to CRU.	A precursor, the MCAT program, was within the police dept and included a police officer and clinician. City hired an activist working on equity for Black residents in mental health to help start the CLCR pgm. Herman Whitfield case in 2022.	Stride Center developed as a “third option” other than hospital or jail for people who come in contact with law enforcement while having a mental health or SUDS issue. Stride Mobile developed from there to have an on-call presence for emergencies.
Year launched	2024	2022	2020	2019	2023	2023
Housed in which dept	Parks & Recreation Dept - now called Community Services Dept.	Community Safety Dept.	City Health Dept. contract	Police Dept	Office of Public Health and Safety contract	N/A - independent of city and county govt
Team make-up	2 people with specialized training	3 people: Mental health clinician, peer support specialist, EMT	2 people: 1 EMT and 1 behavioral health clinician	2 people with specialized training	2 people: 1 clinician and 1 peer support specialist	2 people: 1 crisis specialist, and 1 peer certified counselor
Annual call	1,816 (24 per	8,062 (28 per	7,657 (11 per	2,000 (36 per	925 (1 per 1,000	518 between Apr

volume	1,000 residents)	1,000 residents)	1,000 residents)	1,000 residents)	residents)	2023 and Mar 2024
Program budget	\$400,000	\$2 million	\$6.2 million	\$550,000	\$2 million	
How calls come in	Central dispatch - "Our dispatch is our #1 champion." City runs the dispatch.	Central dispatch. A HEART staffer works at dispatch.	Central dispatch	Central dispatch, run by the county govt. CRU teams independently identify which calls are appropriate for their response. Also called upon by police directly.	Central dispatch	Separate dedicated phone number
Co-response, or response with CRP only?	Both	Both	Both	Both	With CRP only	Both
Financial arrangements	No funds moved from police dept.	Vacant positions were moved from police and other depts to HEART	Contract with the Mental Health Center of Denver	Initially contracted, the staff are now city employees.	Contract with Stepping Stones Therapy Center	Program run by Centerstone and reliant on grants
Unique characteristics	Partnered with Oakton Community College to train team members. Oakton developed an Emergency Crisis Responder Certificate program.	Examination of 911 data before the program was started showed that 90% of class had nothing to do with violent crime, and less than 1% ended with arrest.	In first 4 years, 41% of individuals served were referred to formal mental health or substance use treatments. 38% of people served were transported to a community resource.	There are some parts of the city where the CRU team won't go without police officers.	Availability of co-response program (MCAT) as well as program that does not involve police.	Not tied into 911 dispatch nor 988 mental health hotline. Serves a 5-county area.