

who we are

Boston-based community organizing groups successfully organized and advocated for the development of **a community-led mental health crisis response that does not involve law enforcement.** Last year, the City of Boston agreed to allocate funding to develop a community-based crisis response model. **The City School and Boston Liberation Health and 14 community members** from across the city responded to the call to design this model. We then sought feedback from community groups, residents, and providers from across the city. We invite you to read further about the elements of our plan.



COMMUNITY-BASED MENTAL HEALTH CRISIS RESPONSE

values

- Mental health crisis response that doesn't involve the police in any way and is rooted in community
- Accessible citywide across Boston
- Accessible 24/7
- FREE and fully funded, so there is no charge to callers
- Centering needs of communities most impacted by policing: Black and Indigenous people and people of color; undocumented people; disabled people; unhoused people; people who use drugs; survivors; young people and young adults; and trans, non-binary, and queer people
- Responders reflect these communities and include peers who have similar lived experiences
- A non-carceral and consent-based response

funding & implementation

Divert funds from law enforcement in city budget to create a new city program focused on community-based mental health response

Engage the community in all aspects of implementation

Establish a community oversight and accountability board that will evaluate the program

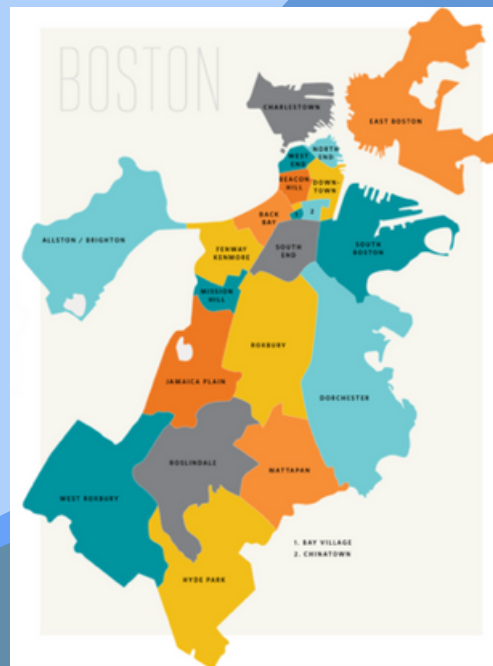
services

- Harm reduction services, including naloxone distribution
- Warmline services and peer phone support for callers
- Street outreach
- Conflict de-escalation, including in cases where police have been called without consent
- Medical and psychological first aid
- Resource information & referral
- Safe transportation to hospital
- Optional follow up with clinicians, including mental health treatment referral

CRISIS RESPONSE FUNDING, SERVICES, AND SCOPE

scope of response

- Someone having a mental health crisis (suicidality, etc)
- Sick visits and wellness checks
- Safety or health concerns related to substance overuse (people being intoxicated, alcohol or drugs) or syringe disposal
- Gender-related or intimate partner violence
- Safe non-police transportation to a hospital or a different location related to a mental health crisis
- Noise-related concerns
- Support for caretakers handling someone's mental health crisis
- Significant incidents of trauma, including support around community violence, and/or incidents of racism or other systemic oppression, including police violence
- Neighbors unsure how to respond to a situation they are witnessing
- De-escalation support to someone if police are called to mental health crisis without consent



staffing

staff characteristics

- Black and Indigenous people and people of color
- People with lived experience of mental health crisis
- People from the communities served
- Linguistically diverse and with different abilities
- People with strong analysis of racial, social and disability justice

staffing model

- **Community response teams in each neighborhood** including both responders (trained as outreach workers and street medics) and drivers
- **Operations staff in central location** including dispatch staff, administrative staff, clinicians and community organizers
- While clinicians will not be part of the response team, mental health professionals can be part of the operations staff to provide consultation and supervision to responders in the field

BOSTON'S MODEL: OPERATIONS, DISPATCH AND STAFFING

to reach support

- Independent 3-digit call number accessible through an app and by text
- Diversion of appropriate calls from 911 and 988
- Direct messages through social media platforms
- **Dispatch team accessible to all communities** (ie. deaf and blind people, people with intellectual challenges, and reachable in multiple languages)

dispatch and response process

- Calls will be assessed using standard protocols
- Response will be dependent on the nature of the call
- Dispatch staff will provide phone-based support to callers
- Team will collect the minimal data needed for response from callers and individuals. Identification will not be collected
- In cases where an incident is not appropriate for the team, callers will be notified as such. Calls will not be diverted to 911
- All responders will work on teams outfitted with resources to support response needs
- Response teams will be located throughout the city in every neighborhood
- Responders will be familiar with neighborhoods & neighborhood organizations
- They will coordinate and collaborate with other outreach teams

staff training

Trauma informed care | EMT training, first aid, street medic & CPR training | De-escalation, conflict resolution and mediation | Domestic and gender-violence response and survivor support training | Racial, economic, gender, queer and disability justice training | Psychological first aid | Harm reduction training including using naloxone training | Training on major mental health challenges, including supporting individuals with auditory and visual hallucinations, such as Hearing Voices, and Alternatives to Suicide Training | Certified Peer Specialist Training