Coordinating Alternative First Response: Key Lessons and Recommendations from New Orleans

Contents

Introduction

Across the country, cities and counties are rethinking their approach to behavioral health crises and public safety. Rather than default to police intervention, local governments have invested in alternative first response services, which dispatch trained civilian professionals to answer 911 calls involving behavioral health crises and other health and social concerns.[1] More than 100 alternative first response teams are now operating nationwide, addressing unmet health and social needs with care, equity, and support—and reducing the risk of unnecessary harm, arrest, or incarceration.[2]

Launching and sustaining successful alternative first response requires significant organizational collaboration and system transformation. To date, these investments have yielded considerable benefits. The growing body of research on alternative first response shows that 911 systems can appropriately triage and dispatch calls; teams of crisis workers, medics, peer support specialists, and trained civilians can effectively and safely serve as first responders; and police can be freed up to focus on other public safety concerns.[3]

In June 2023, New Orleans launched the Mobile Crisis Intervention Unit (MCIU), a citywide, 24/7 mobile response team dispatched through 911 and staffed by behavioral health professionals, peer support specialists, and crisis workers. MCIU was designed to offer a rapid, non-police response to people experiencing behavioral health crises—particularly those who might otherwise fall through the cracks in the health and public safety systems.

The Vera Institute of Justice (Vera) partnered with the New Orleans Health Department (NOHD) and service provider Resources for Human Development (RHD) to support MCIU through its first year. Vera provided technical assistance with program implementation and advised on best practices based on lessons learned from Vera's toolkit for civilian crisis response programs; helped develop MCIU's data dashboard and community advisory board; and conducted 16 interviews and focus groups with MCIU staff, leadership, partners, and community stakeholders to support the evaluation of the new service.[4]

This report highlights what worked well, what challenges emerged, and what other cities and counties can learn from MCIU's first year. The report outlines three critical lessons from New Orleans for building the infrastructure to launch and sustain alternative first response, focused on (1) interagency coordination, (2) data infrastructure, and (3) community engagement.

The report closes with recommendations for local leaders—including elected officials, government agencies or departments overseeing alternative first response, and alternative first response leaders from government agencies and/or contracted service providers—who wish to leverage their unique roles to implement alternative first response.

MCIU's early results show what is possible when communities prioritize care over enforcement—and invest in a more just and responsive public safety system.

About the New Orleans Mobile Crisis Intervention Unit

MCIU was developed after years of community advocacy moved lawmakers to recognize that people with behavioral health needs are at risk of unnecessary harm, arrest, and incarceration when the only option for concerned family and community members is calling the police.[5] Dispatched through 911 and staffed by behavioral health professionals, peer specialists, and crisis workers, MCIU provides a rapid, mobile, non-police response for people experiencing nonviolent behavioral health crises.

MCIU is operated and staffed by RHD, a contracted service provider, in partnership with NOHD and in collaboration with partners across the city's emergency response, public safety, and health systems. RHD hired a program director and assistant program director to manage staff and operations, hired a dedicated data analyst, and assigned senior-level leaders to provide administrative and operational support. NOHD is responsible for managing RHD's contract for MCIU. NOHD managers and staff from the behavioral health programs team supported MCIU's implementation by coordinating MCIU's city government partners, community advisory board, and data and reporting.[6]

> **In its first year of operation, MCIU responded to 2,448 calls—almost 30 percent of all behavioral health–related 911 calls. MCIU's capacity to respond to behavioral health–related 911 calls allows police to focus on serious and violent crime.**

Since its launch, MCIU has celebrated many successes:

- MCIU launched as a citywide service, available 24 hours a day and seven days a week, every day of the year.[7]
- In its first year of operation, MCIU responded to 2,448 calls—almost 30 percent of all behavioral health–related 911 calls.[8] MCIU's capacity to respond to behavioral health–related 911 calls allows police to focus on serious and violent crime.[9]
- MCIU responded effectively and safely to high-need calls. Nearly 40 percent of MCIU calls involved presentations of psychosis, including hallucinations, delusions, and symptoms of thought disorders.[10] Despite this high level of need, MCIU resolved close to 65 percent of all calls without transporting the person to a hospital emergency department or other place of care by using psychoeducation, safety planning, and referrals.[11] MCIU staff also reported feeling safe on 99 percent of all calls to which they responded.[12]
- Community members who received a response from MCIU had predominantly positive experiences, specifically noting MCIU's fast response time and ability to address the immediate issue.[13] One community member who had called 911 and MCIU for a family member said, "I really love the concept of MCIU. I feel like this is long overdue to have a unit that's trained for these types of situations."[14]
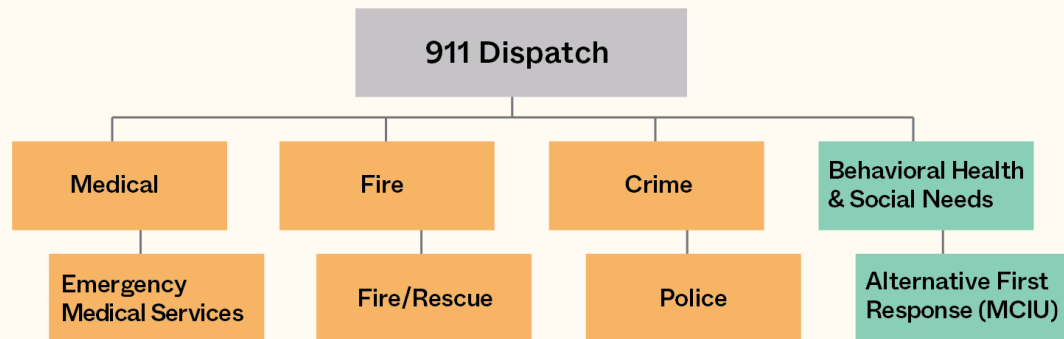
More information about MCIU can be found on RHD's and NOHD's websites and in MCIU's evaluation reports.[15]

Figure 1

MCIU is the newest branch of New Orleans's emergency response system

The Mobile Crisis Intervention Unit is the newest branch of New Orleans's emergency response system.

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Alternative first response is the newest branch of the emergency first response system. In New Orleans, this is the Mobile Crisis Intervention Unit.

Adapted from Resources for Human Development's New Orleans Mobile Crisis Intervention Unit diagram of the Emergency Response System, https://www.rhd.org/wp-content/uploads/2023/02/Emergenyc-response-spectrum.png.

Methodology

From December 2023 to August 2024, Vera completed a total of 16 interviews and focus group discussions with MCIU stakeholders. The interviews and discussions focused on stakeholder knowledge about MCIU, involvement in planning and implementation, and reflections on successes and challenges.

- Vera completed nine interviews and group discussions with stakeholders from partner agencies, including representatives from Orleans Parish Communication District (911), VIA LINK (988), New Orleans Police Department, New Orleans Fire Department, New Orleans Office of Homeless Services and Strategy, Law Enforcement Assisted Diversion program, and University Medical Center's hospital emergency department.

- Vera completed three focus group discussions with MCIU staff and MCIU leadership from NOHD and RHD.

- Vera completed four interviews with community stakeholders representing a range of personal and advisory experiences with MCIU, including one community member who received support from MCIU as the person in crisis and in need of support; two community members who called 911 and MCIU for support for a family member; one member of MCIU's participant experience committee; and one member of MCIU's community advisory board.

The following lessons and recommendations on interagency coordination, data infrastructure, and community engagement are drawn from the insights shared in the interviews and group discussions with MCIU stakeholders.

Interagency Coordination

Planning and operationalizing alternative first response requires coordination across 911 (and, when applicable, other crisis lines) and other first responders (police, emergency medical services [EMS], and fire), other crisis response units (such as Crisis Intervention Team [CIT], co-response, or traditional mobile crisis units), and health and social service providers. Effective coordination ensures shared knowledge, supports buy-in, helps develop standard operating procedures and protocols, and develops strong communication channels (such as interagency meetings) for collaborative planning and problem-solving.

When designing alternative first response, local government and alternative first response leaders should establish and sustain coordination practices and effectively engage the leadership and staff of key partners.

Lesson: successful alternative first response depends on strong interagency partnerships

1. Leverage interagency partnerships to adapt or develop new protocols.

MCIU was designed to be a new branch of the city's emergency response system. To effectively integrate MCIU with 911 dispatch and other first responders, New Orleans had to both adapt and develop new protocols for field operations, cross-agency communication, data sharing, and technology.

For example, New Orleans adapted existing protocols in providing MCIU teams with access to the 911 computer-aided dispatch and radio channels in their vehicles. Access to this technology allowed MCIU to receive call-related information and communicate with the 911 dispatcher and other first responders on their way to respond. New protocols were needed, however, to inform staff about MCIU and guide how they collaborate with MCIU in the field. To meet this need, the city's police, EMS, and fire departments developed trainings and internal processes.

Strong interagency relationships were also critical for securing buy-in among other agency leaders and streamlining implementation of new protocols. According to police representatives, NOHD's relationships and position within city government ensured police department leadership's comfort with approving new protocols that guided the department's collaboration in the field with MCIU.[16]

MCIU also identified two opportunities to improve communication and feedback processes with partners adjacent to the emergency response system. The first involved the 988 Suicide and Crisis Lifeline (988), which transfers a very small percentage of 988 calls to 911 when there is an imminent risk to someone's life.[17] MCIU received feedback that some 988 callers may experience distress when they are transferred to 911 if they are not sure whether MCIU, police, or other first responders will be dispatched. Although directly dispatching MCIU from 988 is not currently possible, this feedback prompted reflection on how 988 and 911 operators could support 988 callers and inform them about what to expect when they are transferred to 911.[18]

Second, MCIU received feedback that their staff should provide hospital emergency departments with written and electronic summaries about clients, similar to those that police and EMS share with hospitals.[19] Since receiving this feedback, MCIU has worked more closely with the hospital to

improve the process for emergency department drop-offs and provide hospital staff with more information about MCIU clients.

2. Dedicate time and resources to interagency partnerships and coordination, including key stakeholders in planning and implementation.

MCIU understood that effective working relationships were critical to its success, and MCIU leadership was intentional in developing and sustaining strong partnerships with its 911 and first responder partners.

MCIU used three key strategies to cultivate and maintain interagency partnerships: manage the cadence of regular meetings and ad hoc consultations; ensure meetings were productive, not just informational; and engage the right representatives.

First, MCIU convened regular interagency working group meetings with leadership and manager-level representatives from RHD, NOHD, and the city's 911 and first response agencies. For MCIU launch planning, RHD and NOHD leadership met biweekly and engaged key partners for their input and feedback on MCIU's design. Once MCIU launched, RHD and NOHD convened regular interagency working group meetings with leadership and manager-level representatives from the city's 911 and first response agencies, meeting weekly for the first six weeks of MCIU's operations, scaling back to biweekly meetings for another six weeks, and then moving to monthly meetings.

Second, MCIU leadership strategically used their interagency meetings to go beyond simply sharing updates and information. Instead, they asked their partners for advice, they reviewed data together, they struggled through problem-solving, and they were honest with each other when protocols and practices needed to be refined.

> **"We could present our officers with real data and say, 'Listen . . . they're doing work now and this is the success [rate]. This is the call volume that they're taking. This is what they're actually doing.'"**

Third, MCIU also ensured that the right people from each agency were at meetings to facilitate data sharing, manage protocol updates, implement trainings for their agency, or generate support for this new service. For example, MCIU meetings included representatives from the police department's CIT and Education and Training Division; their participation helped engage police officers and increase awareness and understanding of MCIU and its benefits for both officers and the public. Because police department representatives were invested in MCIU's success and were actively participating in the interagency working group meetings, they were able to share MCIU data and success stories with police officers in their trainings and roll calls. New Orleans police CIT representatives noted, "We could present our officers with real data and say, 'Listen . . . they're doing work now and this is the success [rate]. This is the call volume that they're taking. This is what they're actually doing.'"[20] This helped to overcome initial skepticism toward MCIU.

3. Strategize collaboratively, early, and often to sustain funding.

Sufficient and sustainable funding from city or county general budgets is essential for establishing and integrating alternative first response as a branch of local emergency response systems. In addition to city or county funding, local leaders may secure federal grants for some aspects of planning, expansion, technical assistance, data infrastructure, and evaluation, and may bill Medicaid for some services. NOHD and RHD have been strategic about collaboratively securing funding for MCIU from a combination of the city's general fund and federal grants, as well as by planning to bill Medicaid (a jointly funded state and federal program).[21]

RHD's first-year contract for MCIU, which covered time for planning and development prior to launching in June 2023, was funded entirely by the city's general fund. When RHD's contract for MCIU was renewed in 2024, NOHD had been able to secure federal grant funding from the Department of Justice and a congressional direct spending project grant from the Substance Abuse and Mental Health Services Administration to supplement city general fund contributions for MCIU's contract.[22]

MCIU leadership emphasized the importance of providing services to everyone regardless of insurance status and that the rates and potential amount of reimbursement from Medicaid can cover only a small portion of what is needed for MCIU's overall budget. With all this in mind, NOHD and RHD collaborated to plan for Medicaid billing in the future: NOHD incorporated the provider's responsibilities for Medicaid billing into the MCIU contract, and RHD was chosen to run MCIU, in part because city officials were confident in the service provider's experience and capacity to manage the additional administrative work for Medicaid billing.

Key resources for interagency coordination and funding

For additional lessons and best practices for coordination and collaborative planning and operations with key partners, see

- Jackson Beck, Aaron Stagoff-Belfort, and Jason Tan de Bibiana, "Program Planning and Community Collaboration," *Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police* (New York: Vera Institute of Justice, 2022), https://www.vera.org/civilian-crisis-response-toolkit.
- David Zaffran, "Engaging Local Government Staff," *Reform/Transform: Creating a Community Responder Program* (The Local Progress Impact Lab, 2022), https://reformtransform.org/policy-reforms/creating-a-community-responder-program/.
- Council of State Governments Justice Center, "Community Engagement and Collaboration with Key Stakeholders," *Expanding First Response: A Toolkit for Community Responder Programs* (Council of State Governments Justice Center, 2022), https://csgjusticecenter.org/publications/expanding-first-response/topics/stakeholder-collaboration.
- Jason Tan de Bibiana, Kerry Mulligan, Aaron Stagoff-Belfort, and Daniela Gilbert, *Coordinating Safety: Building and Sustaining Offices of Violence Prevention and Neighborhood Safety* (New York: Vera Institute of Justice, 2023), https://www.vera.org/publications/coordinating-safety.

- Government Performance Lab, Harvard Kennedy School, "Six Tools for Implementing Active Contract Management" (The Government Performance Lab, Harvard Kennedy School, 2019), https://govlab.hks.harvard.edu/insight/6-tools-for-active-contract-management.

For an overview of considerations for funding and financial sustainability for alternative first response, see

- The Policing Project at NYU Law, "Financing Alternative Response," 2023, https://www.safetyreimagined.org/designing-a-reimagined-system/financing-alternative-response.
- Council of State Governments Justice Center, "Financial Sustainability for Community Responder Programs," *Expanding First Response: A Toolkit for Community Responder Programs* (Council of State Governments Justice Center, 2022), https://csgjusticecenter.org/publications/expanding-first-response/topics/financial-sustainability-for-community-responder-programs.
- National Association of Counties and National Association of County Behavioral Health and Developmental Disability Directors, "County Funding Opportunities to Support Community Members Experiencing a Behavioral Health Crisis," December 11, 2024, https://www.naco.org/resources/county-funding-opportunities-support-community-members-experiencing-behavioral-health.

Data Infrastructure

Data-informed planning and operations are critical to successful alternative first response. Prior to launch or expansion, jurisdictions should analyze 911 call data and protocols to understand what volume and types of calls should receive an alternative first response. They should also identify the key performance metrics and associated data sources to monitor and evaluate performance. Once alternative first response is up and running, it should routinely share data with partners, including community stakeholders.

Local government and alternative first response leaders should consider how they can strengthen data-informed practice for all phases of planning and operations and ensure alternative first response has the required staff capacity and technical resources for its data needs.

Lesson: strengthening data infrastructure and practices supports successful operations and transparency

1. Routinely review 911 call data, alternative first response data, and feedback from staff and community members to inform design and operations.

MCIU has prioritized data-informed decision-making and continued improvements to its data infrastructure, contributing to its successful launch and subsequent troubleshooting.

Because New Orleans had previously existing data practices in place, certain new cross-agency agreements and technical solutions were not necessary. For example, well before MCIU's launch, a foundational analysis of mental health–related 911 calls in New Orleans was widely shared with

community and government stakeholders by community advocates and Vera researchers through community organizing campaigns, media, and presentations to city council.[23] Access to this detailed data contributed to a shared understanding among key partners—such as 911 and police—of the need for an alternative first response approach in New Orleans.[24] The 911 call data also informed a critical program design decision: launching MCIU as a citywide service, available 24 hours a day, seven days a week. After the launch, police representatives described the 24/7 availability as a game-changer that created buy-in among officers and community members.[25]

Additionally, as part of previously existing standard practice, New Orleans's 911 agency had dedicated staff and processes for regularly reviewing 911 call audio for quality assurance. These established review processes enabled 911 representatives to bring insights about crisis-related calls to MCIU's interagency working group meetings.[26]

Since its launch, MCIU and its partners have continued to strategically review 911 call and MCIU response data. To plan and adapt optimal staffing patterns to maintain 24/7 coverage, MCIU leadership regularly monitors data on the volume of 911 calls diverted to MCIU.[27] And to ensure the right calls are being triaged and dispatched to MCIU and other first responders, MCIU and its partners have continued to audit 911 and MCIU's data and processes.[28]

While MCIU was able to build on a strong foundation, it also required new processes and technical solutions, some of which are still being refined. For example, RHD chose an electronic health record (EHR) system that is widely used by 988 call centers and mobile crisis teams dispatched by 988 rather than 911.[29] MCIU soon realized the EHR was not yet as effective for enabling their 911-dispatched team to manage documentation in the field or integrate data with 911.

For example, when MCIU launched, the EHR was not available on cell phones, only on laptops and tablets. Seeing MCIU staff take notes on a tablet while responding to 911 calls exacerbated symptoms of paranoia for some people.[30] Staff adapted by leaving the tablet in their bag or vehicle and adding in the required documentation after the call, but the inability to document in real time had drawbacks, such as inefficiency and inaccurate or less detailed recall.[31] A mobile app is being developed for MCIU's EHR that should improve documentation processes for staff in the future.[32]

MCIU also dedicated additional staff to dispatch coordination, data management, and data analysis. This reduced the burden of manual data entry and improved data access for staff in the field across the 911 computer-aided dispatch (CAD), calls received over the radio, and the EHR. Another potential solution that 911 and MCIU considered but have not yet implemented is developing an application programming interface for the 911 CAD, which would support real-time integration of call data from the 911 CAD into MCIU's EHR.[33]

2. Use data dashboards for data-informed operations and public transparency.

MCIU and its partners developed a public-facing data dashboard to display historical and up-to-date data on MCIU's operations, outcomes, and impacts. MCIU, 911 and police partners, and Vera reviewed existing alternative first response dashboards and determined how the MCIU dashboard should visualize MCIU's goals and related performance indicators. The Microsoft Justice Reform Initiative granted RHD funds to develop the dashboard, and Slalom, a business and technology consulting firm, and the city's Office of Performance and Accountability managed the dashboard's

technical build and integration into the city's information technology infrastructure. In July 2024, just after MCIU's first year, the dashboard launched publicly.[34]

> "[MCIU's data dashboard] not only empowers our residents with crucial information but also enhances our ability to support individuals with unmet behavioral health needs. By providing real-time data and fostering data-driven decision-making, we are setting a new standard for emergency response in New Orleans."

As an internal resource, the dashboard helps MCIU and its partners monitor key metrics and goals and continue to make data-informed adjustments to operations. As a public-facing resource, the dashboard aims to promote community education and transparency. It has been shared with MCIU's participant experience committee and community advisory board. The dashboard displays information that the general public may be interested in, such as the types of issues and needs MCIU addresses, average response times, and response outcomes.

Mayor LaToya Cantrell noted that "[MCIU's data dashboard] not only empowers our residents with crucial information but also enhances our ability to support individuals with unmet behavioral health needs. By providing real-time data and fostering data-driven decision-making, we are setting a new standard for emergency response in New Orleans."[35]

3. Investigate cross-agency and -system data infrastructure to support a more robust continuum of care.

MCIU's unique position between the emergency response and behavioral health systems has allowed leadership, staff, and partners to observe and identify the gaps in the continuum of care for people with behavioral health needs. After the first year of operation, MCIU and its partners reflected that enhanced data infrastructure would allow New Orleans to support people beyond their moments of crisis and interactions with MCIU.[36] For example, improved data systems that link client information across multiple agencies could flag people who are frequently interacting with different services (for example, 911, police, MCIU, and hospitals). MCIU (and other first responders) could then use that information to connect frequent users to appropriate longer-term and preventive supports—with the ultimate goal of reducing their need for 911 interactions and emergency hospitalizations.

Such a system does not yet exist in New Orleans and would require careful consideration of privacy and surveillance concerns, in addition to technical aspects of data linkage and sharing.[37]

Key resources for data infrastructure and practices

For recommendations on key metrics that should be tracked and associated sources of data, see

- Gabriela Solis Torres and Aloka Narayanan, "Essential Metrics for Alternative Emergency Response Programs" (The Government Performance Lab, Harvard Kennedy School, 2024), https://govlab.hks.harvard.edu/metrics-alternative-emergency-response.

For additional considerations on 911 CAD software and integration with electronic health records and other data systems for alternative first response, see

- The Policing Project at NYU Law and Dignity Best Practices, "Alternative Response and 911 Computer Aided Dispatch (CAD): Lessons Learned from the Field," 2023, https://assets-global.website-files.com/622ba34c0b752e795eb9334b/64e3a8422b9b50f592720cdc_Computer%20Aided%20Dispatch%208.18.23.pdf.

For a regularly updated list of data dashboards, reports, and evaluations from other programs, see

- The Fourth Branch Institute, "Resources," 2025, https://www.4thbranch.org/resources.html.

Community Engagement

To ensure that alternative first response meets people's needs, the perspectives and recommendations of community members with lived experience of behavioral health crises and responses must inform planning and ongoing operations.

Local government and alternative first response leaders should consider strategies to increase accountability to directly impacted community members when designing the new service and as part of ongoing oversight.

Efforts for broad public awareness and education are also critical, but distinct. Being responsive to community feedback and strengthening public perceptions and understanding of alternative first response will make alternative first response more effective and sustainable. Long-term public transparency and community education will build trust, reduce fears of calling 911, and clarify the role of alternative first response in the emergency response system.

Lesson: raising public awareness and prioritizing meaningful community engagement are essential

1. Create opportunities for meaningful community participation during planning and implementation.

MCIU was created in response to community demands for change, such as the Orleans Parish Prison Reform Coalition's Help Not Handcuffs advocacy campaign, which led to the city council's Crisis Intervention Strategy Task Force.[38] As planning for MCIU's launch continued, strong community involvement remained a critical component.

Planning. After receiving its contract, RHD convened a series of focus groups with the people most impacted by behavioral health crises: people with personal experience with behavioral health crises, family members, and service providers.[39] Data from the focus groups informed crucial questions about MCIU's design, such as how MCIU vehicles and uniforms should look and feel to community members, what resources and supplies MCIU teams should carry, and what would make an MCIU response most helpful to people in crisis.

Implementation. MCIU has used three strategies for community feedback and engagement:

- RHD convenes a participant experience committee quarterly that provides feedback on the quality of MCIU's program delivery and related efforts, such as the public-facing data dashboard. Committee members are paid a consulting fee for participating in meetings, and transportation expenses are covered for in-person meetings. The committee includes community members who participated in the earlier focus groups, and people who complete MCIU's survey (described in the next bullet point) and provide their contact information are also invited to attend the committee meetings.[40]

- RHD and Vera collected feedback about firsthand interactions with MCIU through brief multiple-choice surveys distributed by MCIU staff and posted on MCIU's website and through in-depth interviews conducted by Vera researchers. Forty-five surveys and four interviews were completed, with more participation by family members and others who called for help for someone else than by MCIU clients.[41] Surveys and interviews included feedback on how quickly MCIU responded and if MCIU helped resolve the immediate issue and make connections to other supports.[42] NOHD and RHD used data from the surveys and interviews to monitor program quality.[43]

- NOHD established a community advisory board for MCIU. The board is tasked with sharing feedback on MCIU's policies and practices, assessing MCIU's performance, and presenting its assessment annually to the city council's quality-of-life committee. MCIU leadership attend board meetings, and representatives from partner agencies (such as 911, police, and homeless services) are also invited to share updates and answer questions from the board. Like the participant experience committee, board members receive a stipend for participating in meetings, and some of the board's expenses for community outreach and other activities are covered by RHD's budget for MCIU. Community advisory and oversight boards can have limited impact if they are not adequately empowered and resourced and government is not responsive to their feedback and recommendations.[44] For NOHD, it was important that the board be set up to promote community oversight, with clarity on roles and decision-making processes and power. To that end, Vera conducted a field scan and developed a governance document for NOHD outlining the board's structure and expectations for board members, MCIU leadership, and partner agencies. Vera also helped NOHD establish the community advisory board, helping to recruit board members and planning initial meetings to orient the board to MCIU's data and national best practices for alternative first response. Since the initial meetings, board members have taken on more responsibility setting meeting agendas and forming subcommittees to organize community outreach and education, collect feedback and review data to assess MCIU's performance, and prepare their assessment for city council.

> **"[The] more the community sees [MCIU in the community], the more they request for them."**

2. Implement and sustain marketing and community engagement strategies to increase broader public awareness of alternative first response.

Throughout its first year, MCIU implemented a marketing and community engagement strategy to increase public awareness of the new alternative first response service. The campaign used TV and radio ads, billboards, and social media, and MCIU leadership and staff regularly attended community events. Data from 911's quality assurance reviews suggested the campaign's efforts paid off: 911 observed an uptick in callers asking for MCIU to be dispatched, usually family members or neighbors concerned about someone who was in crisis or unhoused in their neighborhood. Representatives from 911 speculated that "the more the community sees [MCIU in the community], the more they request for them."[45]

Community stakeholders and staff identified two areas for improvement related to public awareness and understanding of when it is appropriate for MCIU to respond. First, some family members had fears about the possibility of police being dispatched when they call 911 hoping for a response from MCIU.[46] Second, MCIU staff experienced inappropriate expectations about their role. For example, MCIU staff reported that community members expected MCIU to involuntarily remove a family member from their home or relocate a neighbor who was unhoused.[47]

Key resources for community engagement and collaboration

For additional lessons and considerations for meaningful community engagement and collaboration throughout program planning and operations, see

- Jackson Beck, Aaron Stagoff-Belfort, and Jason Tan de Bibiana, "Program Planning and Community Collaboration" and "Ongoing Oversight for a Community-Driven Program," *Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police* (New York: Vera Institute of Justice, 2022), https://www.vera.org/civilian-crisis-response-toolkit.
- Council of State Governments Justice Center, "Community Engagement and Collaboration with Key Stakeholders," *Expanding First Response: A Toolkit for Community Responder Programs* (Council of State Governments Justice Center, 2022), https://csgjusticecenter.org/publications/expanding-first-response.
- David Zaffran, "Community Engagement," *Reform/Transform: Creating a Community Responder Program* (The Local Progress Impact Lab, 2022), 18, https://reformtransform.org/policy-reforms/creating-a-community-responder-program.

Recommendations for Local Leaders

To implement alternative first response with robust interagency coordination, data infrastructure, and community engagement, local leaders should leverage their unique roles and prioritize the following recommendations.

City council or county board members should leverage their critical role securing funding and establishing expectations to ensure that alternative first response has sufficient funding, time, and authority to

- operationalize interagency coordination;

- build staff capacity and technical support for data and technology needs; and
- implement robust community engagement, education, oversight, and accountability processes.

Agency or department heads supporting alternative first response should leverage their authority and cross-agency relationships to

- foster collaboration among key partners (911, emergency response, public safety, and health and social service providers);
- facilitate and formalize data-sharing agreements and practices; and
- prioritize community collaboration and accountability during planning and implementation.

Alternative first response leaders—including from government agencies and/or contracted service providers—should dedicate time and resources to

- engaging the leadership and staff of key partners and sustaining communication channels and venues for collaborative planning and problem-solving;
- identifying near-term and long-term data infrastructure needs as early as possible; and
- considering multiple strategies for community engagement and collaboration.

Conclusion

Successful alternative first response prioritizes care over enforcement and collaboration over silos. Incorporating these services into a local public safety ecosystem can transform public safety service delivery. But, like any innovation, alternative first response requires institutional investment to ensure impact and sustainability.

The launch of MCIU in New Orleans demonstrates how interagency partnerships, robust data infrastructure, and meaningful community engagement contribute to success. The lessons in this report also suggest that while state and federal funding are important, this kind of shift in public safety strategy ultimately requires effective infrastructure at the city or county level. MCIU is a valuable example of successful public safety innovation at the service delivery level and of the role of a standalone agency that sits outside the criminal legal system—in this case NOHD—in managing processes and resources to anchor sustainable and transformational approaches to public safety.

Now is the time for city and county leaders to build on this momentum, commit to long-term investment, and scale alternative first response to ensure every community has access to timely, coordinated, and appropriate responses in moments of crisis.

About citations

As researchers and readers alike increasingly rely on public knowledge made available online, "link rot" has become a widely acknowledged problem for creating useful and sustainable citations. To address this issue, the Vera Institute of Justice is experimenting with the use of Perma.cc (https://perma.cc), a service that helps scholars, journals, and courts create permanent links to the online sources cited in their work.

Credits

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Jason Tan de Bibiana, Jackson Beck, and Kerry Mulligan, *Coordinating Alternative First Response: Key Lessons and Recommendations from New Orleans* (New York: Vera Institute of Justice, 2025).

Endnotes

[1] Christie Thompson, "Sending Unarmed Responders Instead of Police: What We've Learned," The Marshall Project, July 25, 2024, https://perma.cc/A5NH-UG97; see also Barry Friedman, Max Markham, and Scarlet Neath, "A Revolution in Public Safety Is Underway," *New York Times*, May 30, 2025, https://www.nytimes.com/2025/05/30/opinion/911-public-safety-george-floyd.html; and Law Enforcement Action Partnership (LEAP), "Protected: Nationwide Map of Community Responder Programs," forthcoming 2025, https://lawenforcementactionpartnership.org.

[2] Thompson, "Sending Unarmed Responders," 2024.

[3] LEAP, "Nationwide Map," forthcoming 2025. A 2021 review of data on responses and staff safety from alternative first response programs in seven U.S. cities found that of more than 23,500 calls responded to across the seven programs, only 0.014 percent involved the need for police back-up and there were no serious injuries reported by staff: Rachel Bromberg, "Busting Myths About Safety and Community Responder Teams," Council of State Governments Justice Center, October 7, 2021, https://perma.cc/9TZD-MFNJ. See also Claire Ryder, "Staff Experience of Safety in a Civilian Crisis Response Program," (PhD diss., Thomas Jefferson University, 2024). For a regularly updated list of data dashboards, reports, and evaluations from other programs, see also The Fourth Branch Institute, "Resources," 2024, https://www.4thbranch.org/resources.html.

[4] For Vera's toolkit for civilian crisis response programs, see Vera Institute of Justice, "Civilian Crisis Response: A Toolkit for Equitable Alternatives to Police," 2022, https://www.vera.org/civilian-crisis-response-toolkit.

[5] Orleans Parish Prison Reform Coalition, "Help Not Handcuffs," December 21, 2021, https://web.archive.org/web/20211221183218/https://opprcnola.org/helpnothandcuffs; and Nick Chrastil, "City Rolls Out Non-Police 911 Mental-Health Response," The Lens, June 1, 2023, https://perma.cc/732G-GCFK.

[6] Resources for Human Development's (RHD's) program director and senior-level leaders and New Orleans Health Department's staff and managers worked in close collaboration to support the Mobile Crisis Intervention Unit's (MCIU's) launch and ongoing operations and are collectively described as MCIU leadership in this publication. RHD, "New Orleans Mobile Crisis Intervention Unit," 2025, https://www.rhd.org/nomciu.

[7] RHD, "New Orleans MCIU," 2025.

[8] RHD, *New Orleans Mobile Crisis Intervention Unit (MCIU) First Year Evaluation* (New Orleans: RHD, 2025), 25, https://perma.cc/GZ66-9FNK.

[9] One of MCIU's goals is to divert nonviolent emergency behavioral health calls away from police and other emergency first responders. See RHD, "New Orleans MCIU," 2025; and New Orleans Police Department, @NOPDNews, X (June 15, 2023, 4:40 p.m.), https://x.com/NOPDNews/status/1669444853845876739.

[10] MCIU's outcome data tracks all calls they are dispatched to, including a category for "calls disengaged," which includes instances when the person in need is no longer on scene when MCIU arrives. For the subset of calls when MCIU does engage with the person on scene, close to 75 percent of calls were resolved in the community without needing transporting. See RHD, *New Orleans MCIU First Year Evaluation*, 2024, 27; and MCIU's dashboard: New Orleans Health Department, City of New Orleans, "Mobile Crisis Intervention Unit (MCIU)," 2025, https://nola.gov/next/behavioral-health/topics/mciu.

[11] RHD, *New Orleans MCIU First Year Evaluation*, 2024, 27.

[12] Ibid., 28; see also Ryder, "Staff Experience of Safety," 2024.

[13] RHD, *New Orleans MCIU First Year Evaluation*, 2024, 29–30.

[14] Community stakeholder—called 911 and MCIU for family, May 2024 interview, on file at Vera.

[15] See RHD, "New Orleans Mobile Crisis Intervention Unit," https://perma.cc/RNH5-64UQ; NOLA.Gov, "Behavioral Health: Mobile Crisis Intervention Unit (MCIU)," https://nola.gov/next/behavioral-health/topics/mciu/; and RHD, "New Orleans Mobile Crisis Intervention Unit Publications," https://www.rhd.org/nomciu/mciu-publication/.

[16] New Orleans Police Department, January 2024 interview, on file at Vera.

[17] Substance Abuse and Mental Health Services Administration, "988 Frequently Asked Questions," https://www.samhsa.gov/mental-health/988/faqs.

[18] VIA LINK, April 2024 interview, on file at Vera; 988 directly dispatching MCIU is not currently possible due to constraints in the state's current contract with 988 providers. See RHD, *New Orleans MCIU First Year Evaluation*, 2024, 40.

[19] Emergency department psychiatrist, July 2024 interview, on file at Vera.

[20] New Orleans Police Department, January 2024 interview, on file at Vera.

[21] RHD, June 2024 interview, on file at Vera.

[22] See City of New Orleans, "Motion-M-24-64," Quality of Life Committee Meeting, February 5, 2024, select attachment labeled "M-24-26" under no. 3 on the Meeting Agenda, https://cityofno.granicus.com/MediaPlayer.php?view_id=7&clip_id=4778; and United States Senate Committee on Appropriations, "FY 2023 Congressionally Directed Spending," dashboard (Washington, DC: United States Senate Committee on Appropriations, 2023), select: Labor, Health and Human Services, Education, and Related Agencies under the Funded Projects section, and see p. 144, https://www.appropriations.senate.gov/fy-2023-congressionally-directed-spending.

23 Data on mental health–related 911 calls in New Orleans were highlighted by the Orleans Parish Prison Reform Coalition in 2021 as part of its Help Not Handcuffs Campaign. See Katy Reckdahl, "Help, Not Handcuffs: New Orleans Looks for a Better Way to Respond to Mental-Health Crises on Its Streets," NOLA.com, June 30, 2021, https://www.nola.com/news/crime_police/help-not-handcuffs-new-orleans-looks-for-a-better-way-to-respond-to-mental-health/article_69843fe8-d824-11eb-b9b7-632a9a48f217.html; researchers from the Vera Institute of Justice's Louisiana office also presented data on mental health–related 911 calls to the New Orleans city council and the Crisis Intervention Strategy Task Force in 2022. Confirmation of presentations and timelines provided by Dr. Kim Mosby, Vera Louisiana Associate Director of Research.

24 Orleans Parish Communication District, January 2024 interview, on file at Vera.

25 New Orleans Police Department, January 2024 interview; and RHD, *New Orleans MCIU First Year Evaluation*, 2024, 22, 34.

26 Orleans Parish Communication District, January 2024 interview, on file at Vera.

27 MCIU leadership, January 2024 focus group, on file at Vera; RHD, *New Orleans MCIU First Year Evaluation*, 2024, 9.

28 MCIU leadership, January 2024 focus group; RHD, *New Orleans MCIU First Year Evaluation*, 2024, 37. See also MCIU's efforts since 2024 to increase the number of 911 calls directly dispatched to MCIU and MCIU solo responses: Harvard Kennedy School Government Performance Lab, "Expanding Alternative Emergency Response in New Orleans," https://perma.cc/25SP-FDC9.

29 RHD, *New Orleans MCIU First Year Evaluation*, 2024, 36.

30 RHD, *New Orleans Mobile Crisis Intervention Unit (MCIU) Implementation and First 90-Days Summary*, 2023, 24, https://perma.cc/4AQT-LUCJ.

31 Ibid.

32 Ibid., 23.

33 RHD, *New Orleans MCIU First Year Evaluation*, 2024, 36; an application programming interface, or API, is an interface that connects data across different software applications and enables data access, security, and controls. See National Library of Medicine, "Application Program Interface (API)," https://perma.cc/B2EZ-FG8V.

34 NOLA Newswire, "New Orleans Health Department Launches Innovative Dashboard for Mobile Crisis Intervention Unit," press release (New Orleans: NOLA Newswire, July 12, 2024), https://perma.cc/RP84-8W3E.

35 NOLA Newswire, "Innovative Dashboard for MCIU," 2024.

36 New Orleans Police Department, January 2024 interview, on file at Vera; Law Enforcement Assisted Diversion, December 2023 interview, on file at Vera.

37 For an example from the health care sector, see the Camden Coalition Community Health Information Exchange, which collects secure medical information across multiple sources and providers and helps identify individuals with complex medical and social needs. Camden Coalition, "Health Information Exchange," May 7, 2025, https://camdenhealth.org/work/health-information-exchange.

38 Orleans Parish Prison Reform Coalition, "Help Not Handcuffs," 2021; Sade Dumas, "A New Sheriff in Town," *Inquest*, February 19, 2022, https://perma.cc/4XHP-UNEC; Nick Chrastil, "After Troubled Pilot Program, City Moving Forward with Plan to Respond to Mental Health Emergencies Without Police," The Lens, October 7, 2022, https://perma.cc/U9DK-DQ2X.

39 RHD, "MCIU First 90-Days Summary," 2023, 25; and RHD, *New Orleans MCIU First Year Evaluation*, 2024, 10.

40 RHD, *New Orleans MCIU First Year Evaluation*, 2024, 11.

41 Collecting feedback from community members who have directly received a response has been challenging for MCIU and programs in other places, due to the time-limited format of the services and the circumstances of a person's moment of crisis. For examples that have been relatively successful due in part to strong community partners, referral networks, and research staff capacity, see Greg Townley and Emily Leickly, "Portland Street Response: Year Two Evaluation," Portland State University Homelessness Research & Action Collaborative, 2023, select Download, https://archives.pdx.edu/ds/psu/41099; Megan McDaniel, Siva Sundaram, Deepa Manjanatha, et al., "'They Made Me Feel like I Mattered': A Qualitative Study of How Mobile Crisis Teams Can Support People Experiencing Homelessness," *BMC Public Health* 24 (2024), article no. 2183, https://perma.cc/DY3H-VHEL.

42 RHD, *New Orleans MCIU First Year Evaluation*, 2024, 14.

43 Ibid., 11.

44 See Taleed El-Sabawi and Jennifer J. Carroll, "A Model for Defunding: An Evidence-Based Statute for Behavioral Health Crisis Response," *Temple Law Review* 94 (2022), https://papers.ssrn.com/abstract=3683432.

45 Orleans Parish Communication District, July 2024 interview, on file at Vera.

46 Family members of MCIU participants, April 2024 and May 2024 interviews, on file at Vera.

47 MCIU staff, March 2024 focus group, on file at Vera.