

## Urbana Alternative Response Task Force Meeting #2 – December 11<sup>th</sup>, 2025

The Urbana Alternative Response Task Force met in their second session on Thursday, December 11<sup>th</sup>, 2025. The meeting centered on analyzing local 911 call data, addressing stakeholder concerns, and integrating lessons from existing community responder programs nationwide.

The task force examined Urbana's 911 calls suitable for community responder intervention. These calls typically involve nonviolent, social service-oriented, or conflict resolution issues rather than criminal enforcement. Common call categories include service connection needs (housing, food assistance, social services), mental health crises, substance use, and neighborhood conflicts.

Examples from other cities demonstrate slight variations in call types handled: Dayton includes welfare checks and noise complaints; Durham addresses trespassing and intoxication; these examples illustrate the nuanced social nature of many calls.

Call narratives reveal that many situations involve complex social issues like homelessness and mental health, where callers often prefer assistance or removal rather than arrest or punitive action.

Safety emerged as a primary concern among the stakeholders. Initial skepticism about responder safety was addressed by data from national programs showing an extremely low rate of serious injury or death among community responders despite hundreds of thousands of calls handled. Program design elements like careful responder selection, extensive training, and clear protocols contribute to reducing risk.

Emergency police backup is rarely required. Community responders call law enforcement in approximately 2 to 3% of cases. For example, Durham had only 0.004% of calls needing police backup, while Denver did not call police in its first year. These referrals are primarily for non-emergency reasons such as persistent problems, legal trespassing, filing police reports, or mild escalation. Responders report feeling safe during calls, with less than 1% indicating feeling unsafe, even in cities with higher risk profiles.

Persistent issues account for about 40% of police referrals, reflecting circumstances where enforcement authority or legal intervention is necessary. Callers sometimes explicitly request police rather than community responders, underscoring the importance of respecting caller preferences and appropriate triage.

Research on outcomes such as use of force or arrests is emerging but inconclusive, with organizational culture and training heavily influencing results.

Community responder programs emphasize trauma-informed care, de-escalation, cultural competence, and conflict resolution, often differing from traditional policing culture.

Domestic violence calls remain a challenging category, requiring specialized protocols and collaboration with advocacy organizations to ensure safety for responders and victims.

Composition of responder teams varies by city, including trained civilians, clinicians/social workers, EMTs/paramedics, and peer support specialists. Credentials range from high school diplomas plus relevant experience to bachelor's or master's degrees in social services or health fields. Multilingual skills are preferred to serve diverse populations effectively. Training is comprehensive, often spanning 11 weeks or more, covering de-escalation, crisis intervention, trauma-informed care, cultural competency, reporting, and scene safety.

Stakeholders expressed degree requirements should not be overly restrictive to avoid excluding qualified individuals with valuable community insight and conflict resolution skills.

Pay rates for responders generally range from \$25 to \$50 per hour, with managers earning more. Some stakeholders advocate for pay parity with police officers to attract and retain qualified personnel given the demanding nature of the work. On-the-job training and team culture are emphasized as critical factors influencing responder effectiveness beyond formal credentials or salary.

Clear role definitions (“clarity of lane”) are essential to prevent confusion between community responders, police, and mental health services, especially in complex cases like homelessness or mental health crises.

Domestic violence calls require careful differentiation from general conflicts, with safety assessments guiding appropriate responder dispatch. Collaboration with domestic violence advocacy groups (e.g., Courage Connection) is recommended for protocol development to protect all parties involved.

Legal rights of residents, particularly those experiencing homelessness or mental health challenges, must be respected within program protocols.

LEAP prepared task force members to review 85 real call scenarios from Urbana's 911 data to evaluate their suitability for community responder handling. This data-driven exercise is designed to ground program decisions in local realities and refine response parameters.

LEAP shared it is finalizing data analyses and still scheduling one-on-one stakeholder meetings.

The next meeting will be January 29<sup>th</sup>, 2026, at 3:30 PM. Full presentation slides can be found [here](#). The full meeting can be watched [here](#).