Need for Community-Based Alternatives to Law Enforcement in Behavioral Crisis Transport

To the Editor: Law enforcement transport for individuals in behavioral health crises, often involving handcuffs and restraints, results in significant financial costs and psychological trauma, reinforcing criminalization and stigma while worsening mental health conditions.[1,2] Involuntary commitment laws, while protective, can discourage help seeking due to legal and economic consequences such as limitations on firearm access and employment opportunities.[3] Although beneficial, crisis intervention team programs face limitations due to reliance on law enforcement.[4] These issues emphasize the need for community-based models like North Carolina's Behavioral Evaluation and Response (BEAR) Team, which provides compassionate crisis support at no cost to the patients.[5]

This report, based on publicly available information and insights from the director of the BEAR team, examines how alternative approaches can mitigate trauma and foster recovery. Currently, the BEAR team is funded through opiate settlement funds, US Department of Justice grants, and the American Rescue Plan Act. Services are provided at no cost to patients, as medical insurance or Medicaid does not cover these intervention services, and per their assessment, it is often more costly to bill insurance than to receive reimbursements. Looking ahead, the team plans to continue relying on grants, as several funding opportunities are available, and the city has agreed to support this initiative should grant funding become unavailable.

Since the program's inception, few adjustments have been made to adequately address community needs. The original grant funded 6 crisis counselors, which proved insufficient for 24/7 service. To ensure adequate coverage, the team added 4 more counselors starting in 2025. While the initial structure did not account for round-the-clock service, extending

Table 1.

Key Aspects of the Behavioral Evaluation and Response (BEAR) Team

1. Structure and size
The BEAR team consists of 10 mental health crisis counselors and 1 director. It is housed within the Winston-Salem Fire Department and operates 24/7
2. Experiences and qualifications of the BEAR team members
The crisis counselors are either master's-level mental health counselors or bachelor's-level social workers
Each team member has a minimum of 5 years of experience working with individuals with high acuity, with most having 15–20 years of experience
Training in master's in mental health counseling, certified information security manager, and motivational interviewing have been found helpful
No psychiatrist on call within the BEAR team. If psychiatric services are required, patients are transported to facility-based 24/7 crisis facilities or behavioral health urgent care
3. Collaboration with law enforcement
The BEAR team is dispatched from the 911 communication center
If law enforcement, fire department, or EMS engage with an individual who needs mental health services, they call the BEAR team directly for assistance
4. Assisting and transporting high-risk psychiatric patients
The BEAR team is trained to handle aggressive, psychotic patients or those at risk of harm
The team responds to patients experiencing substance use issues or overdoses
Transport vehicles are equipped with a barrier and security features to ensure safety during transport
The team can transport patients to psychiatric facilities within-county and out-of-county facilities or providers
5. Situations when the BEAR team would not respond
The BEAR team does not respond if an individual in a psychiatric crisis has sustained severe physical injuries requiring immediate medical attention
Medical clearance is not routinely performed, and it is based on responders' assessment
If medical clearance is needed, EMS is called to assess and manage the medical needs of the individual during transport
6. Notification and triage process work for the team deployment
Individuals can request the BEAR team by calling 911 or directly contacting them at 336-705-3668
7. Funding and insurance coverage
The BEAR team is funded through opiate settlement funds, US Department of Justice grants, and the American Rescue Plan Act
There is no cost for this service to patients or individuals
Services are not reimbursed by medical insurance or Medicaid
8. BEAR team's experience so far
The BEAR team's approach has been successful in meeting community needs by reducing unnecessary law enforcement interactions and emergency department visits
Since May 2023, the BEAR team has helped with over 4,000 calls and spent an average of 86 minutes on the crisis scene, which reduced the burden on law enforcement
Patients experiencing mania and psychosis in the outpatient clinic with prior trauma from being transported in handcuffs by law enforcement, have been successfully transported by the BEAR team to the emergency department. Patients later thanked the outpatient psychiatry clinic and BEAR team for bypassing law enforcement
9. Major barriers to community-based alternatives like the BEAR team
Maintaining community awareness of the BEAR team's services

availability is crucial for providing a true alternative to law enforcement.

Since May 2023, the BEAR team has responded to over 4,000 calls, spending an average of 86 minutes on each crisis scene, effectively alleviating the burden on law enforcement. The team has observed that their services are beneficial to a wide array of patients, except those who voluntarily decline help. Staff members equipped with advanced training in mental health counseling, certified information security management, and motivational interviewing have proven to be highly effective. Furthermore, the team's cross-training has been particularly valuable in high-acuity situations, where they often serve as the sole initial resource. We have summarized key aspects of the BEAR team's functioning in Table 1 to encourage similar approaches for scalability in community-based crisis response.

Emulating the BEAR team's success could reshape crisis intervention across the nation. Potential barriers to implementing community-based crisis responses include insufficient funding, limited mental health resources, public misconceptions about mental health and crisis intervention, and acuity and aggressiveness of patients. Establishing effective community-based programs requires long-term financial commitment, public education, and policy reform to destigmatize mental health crisis response as part of essential public health services.

In summary, the financial and psychological costs of law enforcement–based responses to behavioral crises highlight the urgent need for community-based alternatives. North Carolina's $10 million funding represents a significant step toward humane crisis intervention.[1] This funding supports the development of specialized mental health crisis teams that decrease law enforcement involvement, fostering a more compassionate response. Programs like the BEAR team provide a promising framework, yet wider implementation of community-based models is essential to address behavioral health crises sustainably. With proper investment and policy reform, community-based crisis response systems can improve recovery outcomes, restore trust in mental health services, and reinforce public health infrastructure.

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