SANTA FE FIRE DEPARTMENT

BESO + CARE

Building on ARU's work and preparing for the next stage of community crisis response

Behavioral Engagement and Support Office
Crisis Assistance Response & Engagement Unit

The program has grown beyond its original pilot identity

FY21/22

ARU established

Grant-funded and Fire Department positions

FY23/24

Permanent operation

Grant-funded positions incorporated into SFFD

CY23–25

Sustained demand

An established part of SFFD's response system



BESO + CARE

A defined office, field unit and career pathway

BESO and CARE serve distinct, connected functions

BESO

Behavioral Engagement and Support Office

- Office-level leadership and program development
- Community engagement and provider coordination
- Case management, quality improvement and accountability

CARE UNIT

Crisis Assistance Response & Engagement

- Emergency and non-emergency field response
- De-escalation, assessment and appropriate disposition
- Connections to resources and continued support

Both remain part of the Santa Fe Fire Department.

Working groups helped shape BESO and CARE

Several cross-departmental working-group sessions brought the people responsible for response, dispatch, policy and public communication into the same conversation.

- SFFD
- SFPD
- RECC / Dispatch
- City Council
- Community Services
- Emergency Management
- City Communications / PR

Working-group accomplishments

Provider Collaboration Meeting established
RECC dispatch-protocol work underway
Clearer program identity and roles



CARE activity, recognition and community service

1,017 **CARE responses in 2026**

Year-to-date through October 16

Historical average: approximately 5% of SFFD call volume

Statewide recognition	The City of Santa Fe Alternative Response Unit received a 2026 Behavioral Health Star Award.
Service in the community	CARE staff also support community events and partnerships outside the emergency-response setting.
Follow-through beyond the call	Field encounters can lead to case management referral and continued engagement when appropriate.





RECC dispatch protocols are nearing completion

01

Current practice

Staff review pending calls and receive referrals from SFFD or SFPD

02

Joint meetings

RECC and BESO reviewed call types, exclusions and safety criteria

03

Finalizing criteria

Final criteria will determine when RECC directly pages CARE

04

Implementation

Preparing the protocols for the October rollout

Several joint meetings are complete. Final protocol review and rollout preparation are underway.

Current CARE response scope

GOOD CARE CANDIDATE

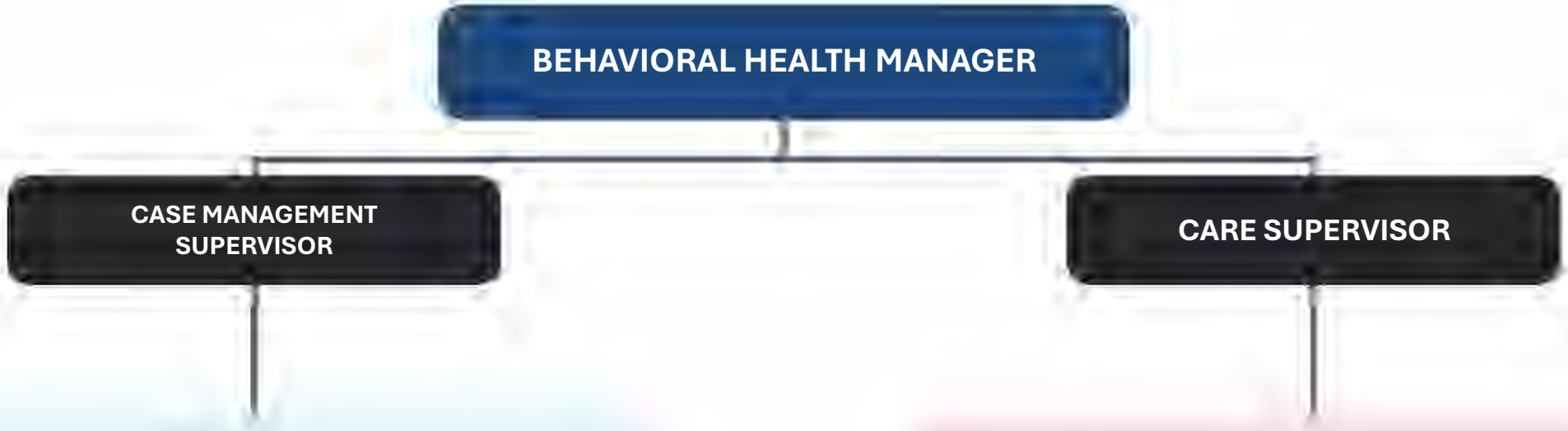
- Behavioral-health or emotional distress without an immediate high-risk threat
- Requests for resource navigation, outreach or welfare support
- Calls involving vulnerable individuals where specialized engagement may reduce escalation
- Follow-up or coordination needs connected to repeated emergency-system use

OTHER OR ADDITIONAL RESPONSE

- Unsafe or unsecured scenes
- Immediate threats of violence or serious criminal activity
- Medical emergencies beyond the unit's scope
- Situations requiring involuntary intervention or higher-level clinical authority

These examples guide current judgment. RECC and BESO are finalizing the specific dispatch criteria together.

How BESO is organized



CASE MANAGEMENT

Case Managers

Navigation, coordination, transportation and follow-through

CARE UNIT

CRISIS RESPONDER I

CRISIS RESPONDER II

Field response and de-escalation

One office. Two connected service functions.

Crisis Responder II adds EMT capability to the CARE response

EMT capability

National Registry EMT certification and current CPR/BLS credentials

Basic on-scene overview

Check for signs of serious injury or illness and determine when Fire/EMS is needed

Field leadership

Coordinate the response, support team members and help determine the appropriate next step

CARE remains a crisis response unit. Fire/EMS handles medical emergencies and hospital transport.



From crisis response to continued connection



Meeting people where they are

Case Managers provide navigation, transportation and follow-up in offices, homes and community settings.

1	**Field contact**	CARE, SFFD or SFPD identifies immediate needs and whether continued support may help
2	**Referral and intake**	BESO Case Management reviews the referral, urgency and appropriateness
3	**Case management**	Identify priorities and barriers; coordinate navigation, appointments, transportation and advocacy
4	**Supported connection**	Help the client connect with ongoing resources, follow up as appropriate and transition out of BESO support

BESO helps bridge the space between crisis response and ongoing community support.

Collaboration makes the continuum work

SHARED INFORMATION

Know what is available

Providers share current services, capacity, eligibility and referral requirements.

CLEARER ROLES

Coordinate without duplicating

Coordination identifies overlap, reduces duplicated effort and keeps each provider focused on its role.

FEWER GAPS

Keep people connected

Direct communication helps prevent people from being lost during referrals and transitions.

REGIONAL CONNECTIONS

Expand the network

Gateway Center has offered a tour and may include Santa Fe providers in future coalition meetings.

CARE matches the next step to the person's need

CARE can transport to public locations and community resources when the person does not need ambulance-level care.

ASSESS

Behavioral and social needs within current staff scope

DE-ESCALATE

Create time and support voluntary engagement

CONNECT

Refer and/or transport to an appropriate public or community resource or location



Fire/EMS takes over when a person has a medical concern or needs hospital evaluation or treatment.

How BESO and CARE will measure progress

RESPONSE

Are appropriate calls reaching CARE?

- Call volume and call type
- Response availability
- Unit-hours utilization

CONNECTION

Are people reaching useful next steps?

- Disposition and referrals
- Completed connections to services
- Case-management engagement

SYSTEM IMPACT

Is the model improving public safety?

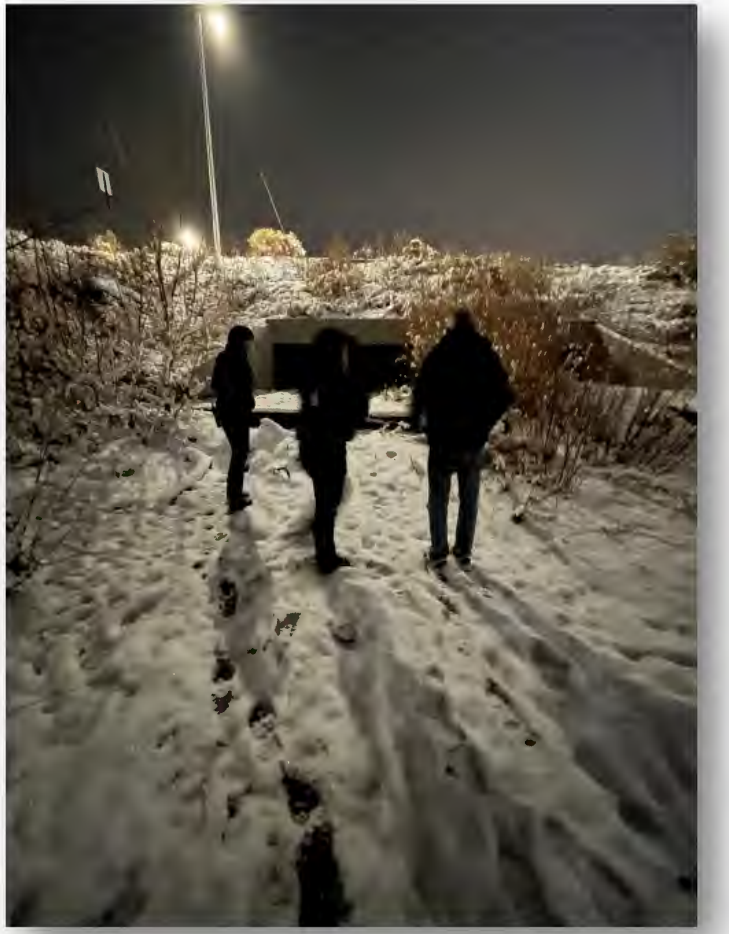
- Need for Police/Fire/EMS co-response
- Repeat emergency utilization
- Escalations and safety events

CAPACITY

Does staffing match demonstrated demand?

- Caseload and follow-up capacity
- Calls unavailable due to staffing
- Training and retention

The staffing transition is already underway



EMT-B TRAINING

Staff pursuing the Crisis Responder II role will attend the EMT-B portion of the SFFD academy as the CARE workforce develops.

TWO-UNIT GOAL

After academy training, the program intends to return to operating two CARE units as staffing allows.

INTERIM SUPERVISION

The Case Manager Supervisor will continue supervising CARE until the City can revisit classification changes.

The final staffing structure will follow the City's classification and HR processes.

BESO and CARE make the work easier to understand

The names are changing. The commitment remains the same: meet people where they are and help them reach the right next step.

- A clear public identity
- Defined field response roles
- Continued case management support
- Stronger provider collaboration
- Results that guide future adjustments



Community crisis response grounded in dignity, judgment and follow-through