



911 Distressed Caller Diversion Program in Broome County, New York

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Background

Historically, calls made to 911 centers by or about individuals experiencing emotional distress result in the dispatch of law enforcement officers. However, many have observed an over-response to 911 calls; police are not needed to respond to every 911 caller. Efforts to divert 911 calls from law enforcement have increased in the context of recent police reform initiatives. Many localities realize that routing some calls from police to other services (e.g., crisis hot lines, mobile crisis teams) results in more optimal responses.

A [Sequential Intercept Model Mapping Workshop](#)¹ was conducted in 2015 in Broome County, New York, as part of the development process for its Crisis Intervention Team (CIT) program. Results of the mapping highlighted an opportunity to divert some 911 calls from law enforcement to other services—and avoid unnecessary use of force and incarceration that sometimes occurred in response to individuals experiencing a behavioral health-related crisis.

Community Partners

Shortly after consulting with a program operating in Houston, Texas,² a large group of community partners met regularly to discuss the development of a 911 diversion project. Included among the community partners were Broome County's Emergency Services Office (that

operates the 911 center), the local police department, individuals overseeing the county's mobile crisis team, the 24/7 crisis hot line, and Care Compass Network. Care Compass Network is a not-for-profit organization created to help implement New York's Medicaid redesign plan and agreed to fund parts of the 911 Distressed Caller Diversion initiative. The group articulated three main project goals:

1. provide more optimal service to individuals in distress,
2. reduce trauma to individuals in crisis, and
3. keep police officers available for calls that could not be diverted to other service providers.

Risk Assessment/Decision Guide

The partners developed a risk assessment tool to assist 911 personnel with diverting calls from law enforcement that were considered to have no to minimal risk of harm to self or others. As seen in the risk assessment tool on page 2, 911 telecommunicators are guided through the diversion process. In response to callers who indicate they are an immediate risk to themselves or others, law enforcement and/or the mobile crisis team is dispatched. Other calls are transferred, with permission from the caller, to the local crisis hot line for further assessment, stabilization, and problem-solving. The hot line can transfer calls back to 911 if the need arises.

- 1 Dan Abreu, Travis W. Parker, Chanson D. Noether, Henry J. Steadman, and Brian Case, "Revising the Paradigm for Jail Diversion for People with Mental and Substance Use Disorders: Intercept 0," *Behavioral Sciences & the Law* 35, no. 5–6 (September 2017): 380–95, <https://doi.org/10.1002/bsl.2300>.
- 2 The Harris Center for Mental Health and IDD, "911 Crisis Call Diversion Pilot Project," accessed January 27, 2021, <http://www.nascod.org/wp-content/uploads/2012/07/911-Crisis-Call-Diversion-Program-Overview.pdf>.



Broome County 911 Call Diversion Emotionally Distressed Caller Risk Assessment

QUESTIONS

“Are you (or the person you are calling about) attempting to hurt or kill yourself or anyone else right now?”

YES
“Maybe” or “silence” is considered **YES**
Dispatch Law Enforcement

NO

“Are you (or the person you are calling about) thinking about hurting or killing yourself or anyone else?”

YES
“Maybe” or “silence” is considered **YES**

NO
Transfer

PLAN

Do you have a plan? How would you do it?

Reports a specific plan

Does **not** have a specific plan

MEANS

Do you have the means (gun, pills, etc.) to do it? Have you thought about how to get what you need?

YES

NO

TIME FRAME

When would you do this?

Has decided upon a specific time or is vague

Has no definite time frame

ACTION

Transferred Rejected
Dispatch Law Enforcement
Continue to assess for immediate safety

“It sounds like it would be helpful if you could talk to someone for a little longer to help sort through what the best option for you is at this point. I’m going to connect you with a member of our crisis network team to help you.”

Transfer Accepted
Transfer to 762-2302 or use on button in dial directory

- Provide CFS#
- Stay on line
- Introduce caller
- Provide brief summary call
- Dispatch CIT 1-9 to call
- MHL Diversion disposition

Liability Concerns

Altering long-established procedures of dispatching police to all calls raised liability concerns among the stakeholders. Who would be responsible “if something happened” that could have been prevented by a police presence? Discussions with the county attorney were held to consider the concern. He agreed that an optimal response to mental health-related calls is to connect residents to mental health resources. Indeed, some have argued that the mere presence of police can sometimes inadvertently escalate a situation.³ The county attorney approved the project after reviewing the specific protocol that was developed, including the safeguards in the process (i.e., the ability to quickly return a call to 911 and have police dispatched when needed).

Dispatcher Training

An 8-hour training was developed to introduce the risk assessment procedure and call transfer process. In addition to focusing on how to assess the level of dangerousness to self or others (as guided by the risk assessment tool), the training included information about the county’s CIT program, verbal indicators of common types of mental disorders, and context for understanding when individuals become suicidal. Active listening was emphasized and practiced during scenario-based training. A review of community resources was also part of the training. All dispatchers received the training on an overtime basis. Staff from the local hotline were invited to attend the training to increase the familiarity and collaboration between the two groups; several staff members accepted the invitation.

Outcomes

Since the project’s initiation in 2018, almost 3 percent of all the mental health-related calls to 911 have resulted in transfers to the local hotline. There have been no adverse outcomes, and calls diverted to the hotline were successfully de-escalated and stabilized 87 percent of the time. Stakeholder meetings have focused on ways to increase the volume of calls that are transferred. Nevertheless, the savings in Medicaid expenditures in preventing transports (via ambulance) and the cost of emergency department visits exceeded the cost of implementation.

ABOUT

Academic Training to Inform Police Responses

For police officers, responding to situations involving individuals with behavioral health issues and/or intellectual and developmental disabilities in a safe, effective manner can often present a significant challenge. Although police routinely responds to calls involving persons with behavioral health issues and intellectual and developmental disabilities, the lack of resources and knowledge for these encounters remains a troublesome reality. Seeking to address the need for additional training and resources, researchers from the School of Criminal Justice at the University of Cincinnati, in collaboration with Policy Research Associates, The Arc of the United States’ National Center on Criminal Justice and Disability, and the International Association of Chiefs of Police, are working on an academic training to inform police responses to people with behavioral health issues and/or developmental disabilities.

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3 Laura Usher, Amy Watson, Ron Bruno, Suzanne Andriukaitis, Don Kamin, Carol Speed, and Sabrina Taylor, *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises* (Memphis: CIT International, 2019), <https://www.citinternational.org/bestpracticeguide>.