Transforming Dispatch and Crisis Response Services: Meeting Challenges with Innovation

Presented by:

Ruth Simera, MEd, LSW
Peggy Heil, LCSW
Abigail Tucker, PsyD
Ben Melendrez
Robert Smuts
Simon Pang

March 2, 2021 2:00 - 3:30 pm ET
Welcome and Introduction

Dr. Robin S. Engel
Principal Investigator
Academic Training to Inform Police Responses
University of Cincinnati
Opening Remarks

Cornelia Sigworth
Associate Deputy Director
Bureau of Justice Assistance
Office of Justice Programs
Today’s Moderator

Mike Hatch, MPA
Senior Project Associate
Academic Training to Inform Police Responses
The preparation of this webinar was supported by Grant No. 2020-NT-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice’s Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Justice.
Introducing Today’s Presenters

- Ruth is the Executive Director of the Coordinating Centers of Excellence in the Department of Psychiatry at Northeast Ohio Medical University.

- Ruth was previously the Director of the Ohio Criminal Justice Coordinating Center of Excellence (CJ CCoE), and now oversees the three centers of excellence, including the CJ CCoE, the Best Practices in Schizophrenia Treatment (BeST) Center, and the Ohio Program for Campus Safety and Mental Health.

- Under the CJ CCoE, Ruth oversaw the statewide CIT dissemination and technical assistance activities and the Ohio Sequential Intercept Mapping initiative. Previously, Ruth worked 26 years in community mental health, three years in juvenile justice, and ten years as instructor in Applied Conflict Management at Kent State University.
Introducing Today’s Presenters

- Margaret “Peggy” Heil works in the Office of Research and Statistics in the Colorado Division of Criminal Justice at the Department of Public Safety.
- She is a licensed clinical social worker with over 35 years of experience in criminal justice behavioral health administration, service delivery, and research.
- In her current position, she promotes effective interventions for justice-involved individuals with behavioral health needs by facilitating policy and research development through the coordination of behavioral health-related grants and participation on multiple behavioral health-related boards and committees.
Introducing Today’s Presenters

• Abigail S. Tucker, PsyD is a licensed psychologist in Denver, Colorado.
• Dr. Tucker currently serves on the Colorado Commission Criminal and Juvenile Justice, Colorado Department of Youth Services Community Board Northeast Region, and supports local and state taskforce efforts on matters related to the nexus of justice system and behavioral health.
• Dr. Tucker serves as Adjunct Faculty at Nova Southeastern University in both their College of Psychology and for the Fischer College of Education and Criminal Justice.
• The focus of her ongoing research and practice includes emergency responder psychology, the intersection of behavioral health and social justice, and suicide prevention.
Introducing Today’s Presenters

- Ben has served with the Albuquerque Police Department (APD) since 2003 and is currently assigned as a detective in the Crisis Intervention Unit.
- He has spoken on the topic of mental health and officer wellness at several national conferences and works closely with the Behavioral Sciences unit at APD.
- Before becoming a detective, he served for 14 years as a police officer.
- Prior to joining the police department, Ben served in the U.S. military.

Ben Melendrez
Introducing Today’s Presenters

• Robert Smuts is the Deputy Director of the San Francisco Department of Emergency Management, overseeing the city’s PSAP. He has held this position for seven years.

• Prior to this role, Robert was Chief Administrative Officer for the City of New Haven, CT for seven years.
Introducing Today’s Presenters

• Simon Pang is the Section Chief of Community Paramedicine for the San Francisco Fire Department (SFFD).
• He has been in the fire service for 25 years as a firefighter, paramedic, and rescue captain.
• His interests are finding innovative, cross-boundary, collaborative solutions to fill gaps in the system of care.
Training of CIT Dispatch Trainers

Ruth H. Simera, MEd, LSW
Executive Director
Coordinating Centers of Excellence
Northeast Ohio Medical University
Coordinating Centers of Excellence (CCOE)

NEOMED

COORDINATING CENTERS of EXCELLENCE

CRIMINAL JUSTICE COORDINATING CENTER of EXCELLENCE
A NEOMED CCoE

OHIO PROGRAM for CAMPUS SAFETY & MENTAL HEALTH
A NEOMED CCoE

BEST PRACTICES IN SCHIZOPHRENIA TREATMENT CENTER
A NEOMED CCoE
Ohio History Timelines

1999: Memphis CIT orientation and training
May 2000: Training in Akron
June 2000: Training in Toledo
May 2001: Criminal Justice CCOE
June 2001: ACMIC @ Supreme Court of Ohio
2004: Ohio CIT Consensus Document
2005: First National CIT Conference in Columbus, Ohio
Key Criminal Justice CCoE Partners

- National Alliance on Mental Illness of Ohio
- Ohio Department of Mental Health and Addiction Services
- Law Enforcement Liaison – CIT Coordinator
- Ohio Department of Public Safety - Office of Criminal Justice Services and OSHP
- Ohio Department of Rehabilitation and Correction
- Stepping Up Ohio
- Peg’s Foundation
Key Criminal Justice CCoE Partners (cont’d)

- Retired Ohio Supreme Court Justice Evelyn Stratton
- CIT Coordinators Group
- Ohio Chapter of the Association of Public Safety Communications Officials (APCO)
- Ohio Office of the Attorney General & OPOTA
  - Crisis Intervention training block (24 hours)
  - Task Force on Criminal Justice & Mental Illness
Historic Crisis Intervention Team Training Information

09/01/2020
Full-time Ohio Peace Officers Only

Equivalence of Officers Trained since 2000

- 21%+
- 16% - 20%
- 11% - 15%
- 6% - 10%
- 1% - 5%
- 0%

PR Peer Review
CIT in Ohio by Law Enforcement Agencies

May 2000 - August 2020

- 100%: 20 Counties
- 75% - 99%: 29 Counties
- 50% - 74%: 28 Counties
- 20% - 49%: 11 Counties
#3 - Prioritize training for 911 call-takers and dispatchers in all Ohio communities
1. Many models exist for CIT dispatch/call-taker training – we model an 8-hour version
2. Training must meet local needs
3. Participants should be experienced in the local CIT program: coordinators, trainers, CIT officers, mental health providers, etc.
4. Focus on the content and provide resources – model some of the presentations
5. Discuss specific needs of 911 workers
6. Express goal for participants to implement training in their community
1. Welcome and Introductions
- Presented by CJ CCoE
- Introduction to CIT
- Big Sky Video
- Manual Overview

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<tr>
<th>Time</th>
<th>Topic</th>
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<td>7:45 – 8:00</td>
<td>Registration</td>
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<td>8:00 – 8:30</td>
<td>Welcome and Introductions</td>
<td>Mike Woody</td>
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<td>What does an officer need? – Identifying CIT Calls</td>
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<td>9:10 – 9:45</td>
<td>PTSD, TBIs and Trauma</td>
<td>Officer Tricia Knoles</td>
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<td>Mental Illness, Intellectual Disabilities, Substance Use Disorders</td>
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<td>12:30 – 1:30</td>
<td>De-escalating/Active Listening Skills</td>
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<td>3:00 – 4:00</td>
<td>Scenario Based Training</td>
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<td>Self-Care and Resources</td>
<td>Officer Tricia Knoles</td>
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<td>4:40 – 5:00</td>
<td>Questions, Group Photo, Certificates, Evaluations and Dismissal</td>
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*This course is funded by the Ohio Department of Mental Health and Addiction Services*
2. What does an officer need?

- Presented by Officer (Futo)
- Identifying CIT Calls
- Collecting and Sharing Information
3. PTSD, TBIs and Trauma

- Presented by Officer Knoles
- Past dispatch experience
- Brain development
- Defining trauma
- Effects of trauma
- Personal experience
4. Mental Illness, Intellectual Disabilities, Substance Use Disorders and Medications Overview
   • Presented by Psychiatrist
   • Adult and Youth
5. De-escalating & Active Listening Skills
   • Presented by Officer (Futo)

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6. Consumer Perspective
  • Presented by a community member with lived experience

7. Suicidal Callers
  • Presented by a mental health provider or community mental health board representative
  • Facts vs. Myths
  • Prevalence
  • Goals of call-taker
  • Intervention strategies
8. Scenario-based Training
   • Co-facilitated by law enforcement and mental health trainers
   • Alternative approaches to skill development and practice

9. Self-care and Resources
   • Presented by Officer Knoles
   • Trained Peer Support

This course is funded by the Ohio Department of Mental Health and Addiction Services
Dispatcher/Call-Taker Training of CIT Trainers

2017-2018

82 participants
37 counties
Thank You!

Ruth H. Simera, MEd, LSW
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https://www.dropbox.com/sh/75iha9bq5jnuu56/AACiweKrXhi_HMfRFc3Q073ya?dl=0
Colorado Justice Mental Health Collaboration Program: Dispatch/Crisis Services Collaboration

Peggy Heil, LCSW
Behavioral Health Specialist
Colorado Division of Criminal Justice

Abigail S. Tucker, PsyD
SHE Consulting, LLC
Sequential Intercept Model

**Selected area of focus: Intercept 0 & 1**
- Greatest potential to prevent criminal justice involvement
- 911 is more likely to be called than the state crisis line
Goal: Decrease the number of individuals with mental health disorders who end up in jail by default
Colorado's Statewide Crisis Services and Crisis Support Line

- Colorado developed crisis services including a statewide crisis line in response to the Aurora theater shooting in July, 2012
- The state is divided into 7 crisis services regions that align with the state’s Medicaid regions
• **Add behavioral health response** as fourth category along with law enforcement, fire, and emergency medical services post-911

• **Integrate behavioral health services** as part of emergency response

• **Finish with a connection** (intentionally broad to include behavioral health, physical health, case management, family/faith-based supports, housing, peer support services, crisis services, etc.)
New stakeholders added:

• Advocacy groups
• Individuals with lived experience
• Regional accountable entities
• Colorado Consortium for Prescription Drug Abuse Prevention
• Colorado Office of Behavioral Health Co-Responder Program
Where are we now?

**Committed**

Staying true to the aim of a Statewide Justice & Behavioral Health Collaboration

**Advancing**

Holding strong to the shared vision to shift the culture and add Behavioral Health as 4th category of Emergency Response, integrate behavioral health services in emergency response and finish with a connection

**Developing**

Developing a Process Map & Menu: Cultivating Colorado Informed Justice & Behavioral Health Practices for communities to select, pilot, duplicate and share
Pilot Model

911 Call involving Emotional Distress
(Track: Nature Code, # to Crisis, # back to 911)

- Crime or immediate safety threat such as a weapon
  - Law Enforcement
- Immediate medical threat such as drug overdose
  - Emergency Medical Services (EMS)
- Emotional distress without crime, immediate threat, or weapon
  - Crisis Line

Disposition Code

- General Law Enforcement Officer
- CIT – Crisis Intervention Team (LE)
- Co-Responder Team (LE + MH)
- General EMS
- EMS + Clinician
- Psychiatric Emergency Technician
- Crisis Line call only (hot & warm line)
- Crisis Mobile Unit

Develop Model Process to select most appropriate Best Practice Model

- Standardize data for needs assessment & program evaluation

Determine

- Number of Agencies the ECC Support
- Locally Available Intervention Resources

Explore Options

- Staffing mental health provider or peer support person in ECC
- First Responder asks if there is a Psychiatric Advance Directive – Who do they want to have it?
- App for First Responder to help individual obtain support services
- Drop off facility options
Process Mapping & Concept Development: Powered by Stakeholder Feedback

• SIM Intercept 0
  • Continue to support Colorado crisis system
  • Expand behavioral health care access
  • Fight stigma with awareness & trainings
Process Mapping & Concept Development: Powered by Stakeholder Feedback (cont’d)

• SIM Intercept 0 & 1
  • Opi-rescue Treatment Mapping
  • PSAP/Public Safety Telecommunicators (PST) standards and training
  • Develop PSAP/PST Codes/Workflow
  • Integration behavioral health at PSAP
• SIM Intercept 1
  • Opi-Rescue treatment engagement push notification
  • Psychiatric Advanced Directives accessible to emergency health & behavioral health care providers
  • Current pilot: PST triage to crisis line/988
Next Steps

• Peer visit to Houston (virtually)
• Monitor pilot of 911 dispatch to Colorado crisis support line
• Support development of PSAP codes that support policy evaluation and resource need identification
• Explore options to increase treatment mapping and treatment engagement at Intercept 0 & 1 as well as post-crisis
• Create and propose to stakeholders a Colorado Informed Practices Process Map & Menu for Justice & Behavioral Health Collaboration
Thank You!

Abigail S. Tucker
Tucker.Abigail@gmail.com
Peggy Heil
Peggy.Heil@state.co.us
Albuquerque Police Department’s Intellectual and Developmental Disability Training for Telecommunicators

Ben Melendrez
Detective
Albuquerque Police Department
A. State law mandates 20 hours mental health training
   1. Eight hours of Mental Health First Aid (MHFA)
   2. Eight hours of APD-created curriculum
      a. Includes 1 hour of IDD/Autism spectrum instruction
      b. NAMI peer panel with individuals with lived experience
   3. Four hours of scenario-based training
      a. One scenario includes a caller living with Autism Spectrum Disorder
Telecommunicator 1-hour IDD class

- Define IDD and provide examples
- Prevalence and etymology of IDD
- Communication difficulties + strategies with scenario reinforcement
- Destigmatize the population (meeting people with IDD)
Albuquerque Police Department’s View on IDD Curriculum

- Identified a need for IDD specific training
- Department works closely with local IDD providers
- The need and implementation of IDD curriculum has been supported by the top tiers of APD leadership
- Implemented in all phases of officers/telecommunicators career from academy to annual training
Thank You!

Detective Ben Melendrez
Transitioning 911 Response: San Francisco’s Street Crisis Response Team (SCRT) Pilot Program

*Robert Smuts*
Deputy Director
San Francisco Department of Emergency Management

*Simon Pang*
Section Chief of Community Paramedicine
San Francisco Fire Department
San Francisco (SF) Background

• SF is the second densest major US city, with 880,000 people in 47 square miles
• SF is unified City/County, and SF Department of Emergency Management (DEM) PSAP handles Police, Fire, Sheriff and EMS
  o All operators are cross trained for call-taking and all dispatch roles
• Annually, SF PSAP handles ~1.2m incoming calls; and dispatches 415,000 police, 125,000 EMS and 32,000 Fire incidents (not counting “On View” incidents from units in the field)
• SFFD handles ~80% of EMS incidents requiring a transport unit, with the remaining 20% handled by two private ambulance companies
Program Background

• Mental Health SF legislation (late 2019)
  o Includes “street crisis response team”
• Mayor London Breed’s commitment to police reform (Summer 2020)
  o Includes call for behavioral health experts to respond to non-violent incidents on the street
• Community Planning Processes for Police Reform
  o Several parallel planning tracks engaging related issues
• Street Crisis Response Team jointly planned by SF Department of Public Health and SF Fire Department, with significant support by SF Department of Emergency Management (which runs SF’s PSAP)
Key Elements of Crisis Systems

Someone to call
Must be well publicized and easy to use

Someone to respond
Well trained, trauma-informed and culturally competent

A place to go
True “no wrong door” services that are welcoming

Linkage to ongoing care
Staff to support warm handoffs to stabilizing services
Street Crisis Response Team Goal and Strategies

**Goal:** Provide rapid, trauma-informed response to calls for service to people experiencing crisis in public spaces in order to reduce law enforcement encounters and unnecessary emergency room use.

1. Identify 9-1-1 calls that will receive behavioral health and medical response rather than law enforcement response.

2. Deliver therapeutic de-escalation and medically appropriate response to person in crisis through multi-disciplinary team (paramedic + behavioral health clinician + peer).

3. Provide appropriate linkages and follow up care for people in crisis, including mental health care, substance use treatment, and social services.
Program Details

• Team Staffing
  o Community paramedic (on rig)
  o Behavioral health clinician (on rig)
  o Peer health worker (on rig)
    o Multi-disciplinary team dedicated to linkages and follow up care coordination

• With a paramedic, the team operates within the EMS system. SCRT responds to a narrower incident definition than crisis assistance programs in some other communities (CAHOOTS, for example)

• San Francisco is exploring other alternative response teams with a focus on less acute incidents
Street Crisis Response Team Deployment and Linkage

Emergency, identified by self or concerned bystander

Dept of Emergency Management
9-1-1 call triage

Non-behavioral health issue
SFPD or SFFD/EMS

Behavioral health incident, violent (e.g. weapon involved)
SFPD/CIT

Behavioral health incident in public setting*, nonviolent – ADULT only*
Street Crisis Response Team**
Resolve crisis in the community
Linkage to crisis facility or social service
Follow up support to link to care

Non-behavioral health issue

Behavioral health incident, violent (e.g. weapon involved)

Behavioral health incident in public setting*, nonviolent – ADULT only*

*Phase 1
**During active shift and available for new calls in specified catchment area
Phase 1 Dispatch Workflow

Initial Questioning Determines
Call Fits 800 Definition –
“Mentally Disturbed Individual”

- Is the person a threat to
  themselves or others; is there a
  weapon?
  - Y
    - Call interrogated using police
      key questions; entered as
      800ST tied-call
    - 800-B
      - Y
        - Call dispatched as normal unless SCRT
          cancels 800-B before unit on scene
      - 25-A-0
        - Y
          - Is SCRT available?
            - N
              - Call pends
            - Y
              - HS has SCRT review – is call eligible?
                - Y
                  - 25-A-0 canceled; 800-B
                    dispatched; entry made in
                    25-0-A with reason for 22
                - N
                  - SCRT Dispatched; 800-B is
                    changed by HS to 800-I, which
                    is rebroadcast by PD channel
              - Call sent for dispatch
        - 25-A-0
          - N
            - 800-A – Police dispatched

Note: Call-takers will no longer
create 800-B’s, which will all be
replaced by 800ST. 800-B will
result on channel, so PD units will
not see a change.

Getting from Point A to Point B:

- The incidents SCRT is focusing on used to be police calls coded “800” with a B-level priority.
- As the SCRT phases in, dispatch jointly creates a medical call for them and a police call. One agency will respond, and dispatch will cancel the other.
- Call is processed using police dispatch protocols. SCRT unit reviews text of the run to determine if it qualifies.
- Instead of retraining 200 dispatch staff for tweaks, SCRT staff can make adjustments in dispatch eligibility for Phase 1.
Phasing Up

• Phase 1 launched 11/30/20, starting with one team business hours M-F and gradually adding hours, weekends and a second team

• Phase 2 planned for 3/31/21
  o Switch from using police call-taking protocol to Emergency Medical Dispatch protocol using ProQA from Priority Dispatch
    ✓ No longer send up a police incident
    ✓ SCRT and/or EMS response to all calls
  o Six teams, operating 24/7 on or soon after Phase 2 date
Challenges and Initial Experience

• Challenges
  o Data baseline
  o Implementation bumps
  o Flexibility v Clarity
• Initial outcomes and impressions
• Planning for Phase 2 (and beyond)
Looking Ahead

- Partnership development
- Community input, including people with lived experience of a behavioral health crisis
- Target implementation timeline
  - First team live by November 30, 2020
  - Two teams live by January 31, 2021
  - Six total teams live by March 31st, 2021
  - Future expansions pending pilot evaluation
- Continuous process improvement
Thank You!

Robert Smuts
Simon Pang

Special thanks to Angelica Almeida, PhD; and Lauren Brunner, MPH, for program visualization slides, as well as their leadership planning and implementing the Street Crisis Response Team program.
911 Distressed Caller Diversion Program in Broome County, New York

Sr. Michael Heslin, RN, M.S.N., Mental Health Association of the Southern Tier and Broome County Mental Health Department
Don Kamins, Ph.D., Institute for Police, Mental Health & Community Collaboration

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-reliance on 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 Integrated Model Mapping Workshop" was conducted in 2016 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 incapacitation 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, 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 Compact Network. Care Compact Network is a non-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 appropriate 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 not considered to have an immediate risk to themselves or others. A list of the risk assessment tool is on page 2. 911 telecommunication are guided through the diversion process in response to callers who indicate they are an immediate risk to themselves or others; law enforcement and 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.


Download the 911 Distressed Caller Diversion Program in Broome County, New York – Webinar Supporting Document!
Thank you for attending!

Learn more about the Academic Training to Inform Police Responses at https://www.theiacp.org/projects/academic-training-to-inform-police-responses