Utilizing SC's Crisis Care Continuum to Deflect from the Criminal Justice System

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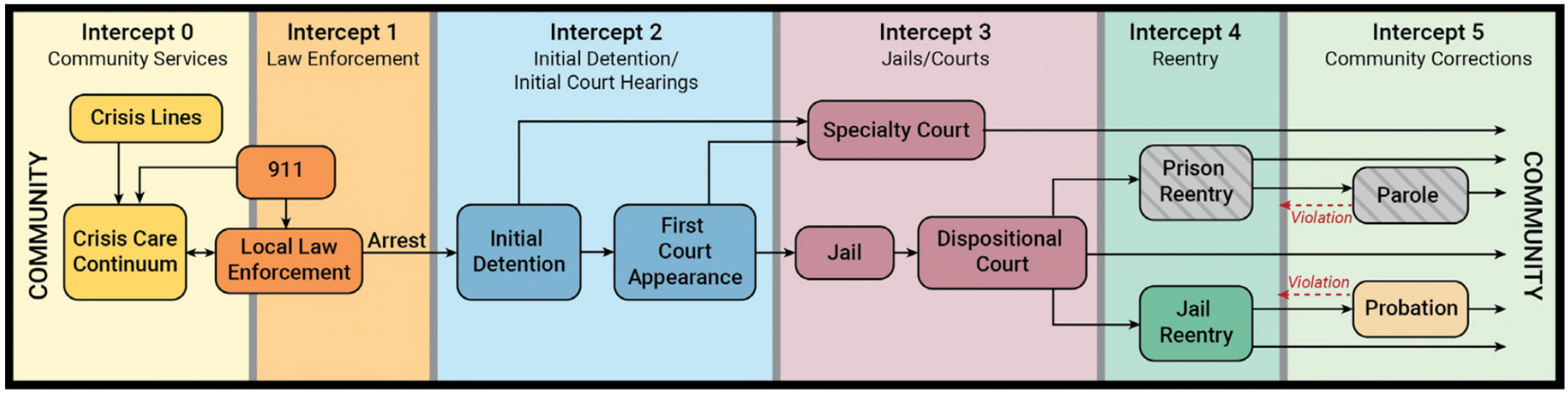
SCDMH Mobile Crisis Program Manager

Objectives

1. Participants will be given a brief overview of the SIM and its purpose.
2. Participants will be able to identify intercepts 0-5 and understand how to use the tool as it applies to deflection and diversion.
3. Participants will learn about the programs and resources available through DMH at each intercept.
4. Participants will be given an overview of the SC Crisis Care Continuum and understand how it can be used as it applies to diversion opportunities.

Sequential Intercept Model (SIM)



- Depicts how individuals with mental health and substance use disorders encounter, enter, and move through the criminal justice system.
- Used by communities to identify resources and gaps in services at each intercept to create strategic action plans at the local level.

SIM: Overview of Intercepts 0-5

Intercept 0: Community Services

- Deflection opportunities to get people into local crisis care services.
- Resources are available without *requiring* people in crisis to call 911, but sometimes 911 and law enforcement are the only resources available.
- Connects people with treatment or services instead of arresting or charging them with a crime.

Key Elements for Deflection

- Warmlines and Crisis Lines that provide an alternate to 911
- Crisis Care Continuum
- LE friendly crisis services- peer living rooms, CSUs, etc.
- Peer led crisis support services
- SUD early diversion strategies

Intercept 1: Law Enforcement

- 911
- Involves local Law Enforcement/other emergency service providers who respond to people with mental and substance use disorders.
- Allows opportunity for deflection by sending person to treatment rather than being arrested or booked into jail.

Key Elements for Deflection

- Training for dispatchers to identify mental health calls
- LE training on identifying and de-escalating mental health crises
- CIT/Co-Response Model teams
- Data sharing to more easily identify friendly faces

Intercept 2: Initial Court Hearings/ Initial Detention

- Person is arrested and potentially booked into the Detention Center.
- Diversion opportunities to community-based treatment are identified by jail clinicians, social workers, or court officials during jail intake, booking, or initial hearing.

Key Elements for Diversion

- Screening for mental health and substance use disorders, such as the brief jail mental health screen
- Data matching- linking information different systems have on individual to determine all needs
- Pretrial supervision/diversion services to avoid decompensation while waiting for case resolution
- Post booking release- possible discharge to treatment

Intercept 3: Jails/Court

- Involves diversion to community-based services through jail or court processes and programs *after* a person has been booked into jail.
- Includes services that prevent the worsening of a person's illness during their stay in jail or prison.

Key Elements for Diversion

- Specialty Courts- Veteran, MH, AOD
- Jail based programming or partnerships with community-based MH/SUD providers
- Jail liaison clinicians

Intercept 4: Re-Entry

- Involves *supported* reentry after jail or prison to reduce further justice involvement for people with mental and substance use disorders.
- Reentry coordinators, peer support staff, or community in-reach can link people with proper mental health and substance use treatment services.

Key Elements for Diversion

- Transition planning for reentry
- Medication access/bridge prescription when released
- Warm hand off from corrections to providers
- Benefits/Healthcare coverage when released
- Peer support services

Intercept 5: Community Corrections

- Probation/Parole
- Involves community-based criminal justice supervision with *added supports* for people with mental and substance use disorders to prevent violations or offenses that may result in another jail or prison stay.

Key Elements for Diversion

- Mental Health training for PPP
- Specialized, smaller caseloads with MH/SUD
- MAT to reduce risk of relapse/overdose
- Access to recovery supports-housing, employment, expungement, etc.

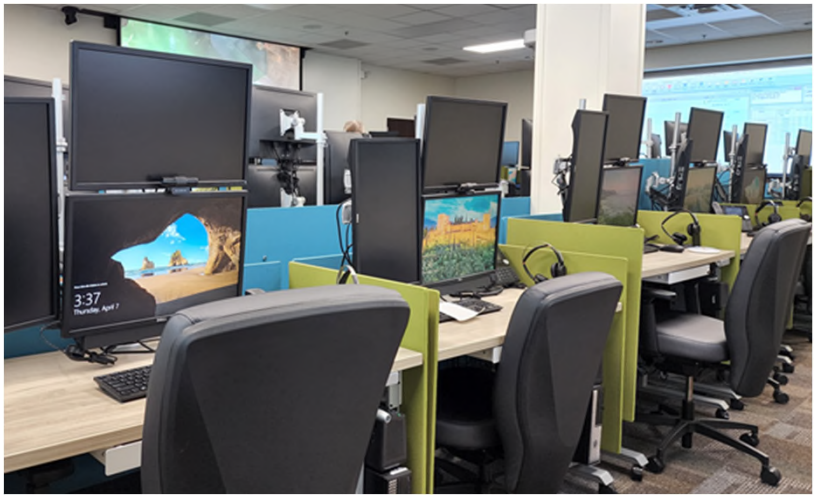
Deflection Opportunities

Intercepts 0 and 1- The Crisis Care Continuum

What is The 988 Crisis Care Continuum

- Allows individuals experiencing a mental health crisis to be supported by those trained in mental health interventions
- More than a number you call - It involves an entire system of care from:
  - Someone to answer the phone
  - Someone to respond
  - A safe place for the person to go

Who Do You Call?- Intercept 0



MHAGC Call Center, Greenville SC

988 Call Centers in South Carolina:

- Accept Calls and Texts via 988, and Chats via 988sc.org or 988lifeline.org
- Mental Health America of Greenville County; SCDMH opened a second call center located in Charleston, SC in July 2023.
- Designated lines for Veterans, Spanish, and LGBTQ+
- Interpreter services now available as of Sept.
- Listen, Assess, Collaborate, and Connect

*There are national back up call centers that answer calls when the local call centers are not able to answer the incoming call.

Who Responds?- Intercept 0/1

- 24/7/365 community-based crisis response in all 46 counties of South Carolina.
- Diversionary program whose goal is to prevent unnecessary psychiatric hospitalizations, incarcerations, or emergency department admissions through safety planning and other alternatives.
- Types of Responses:

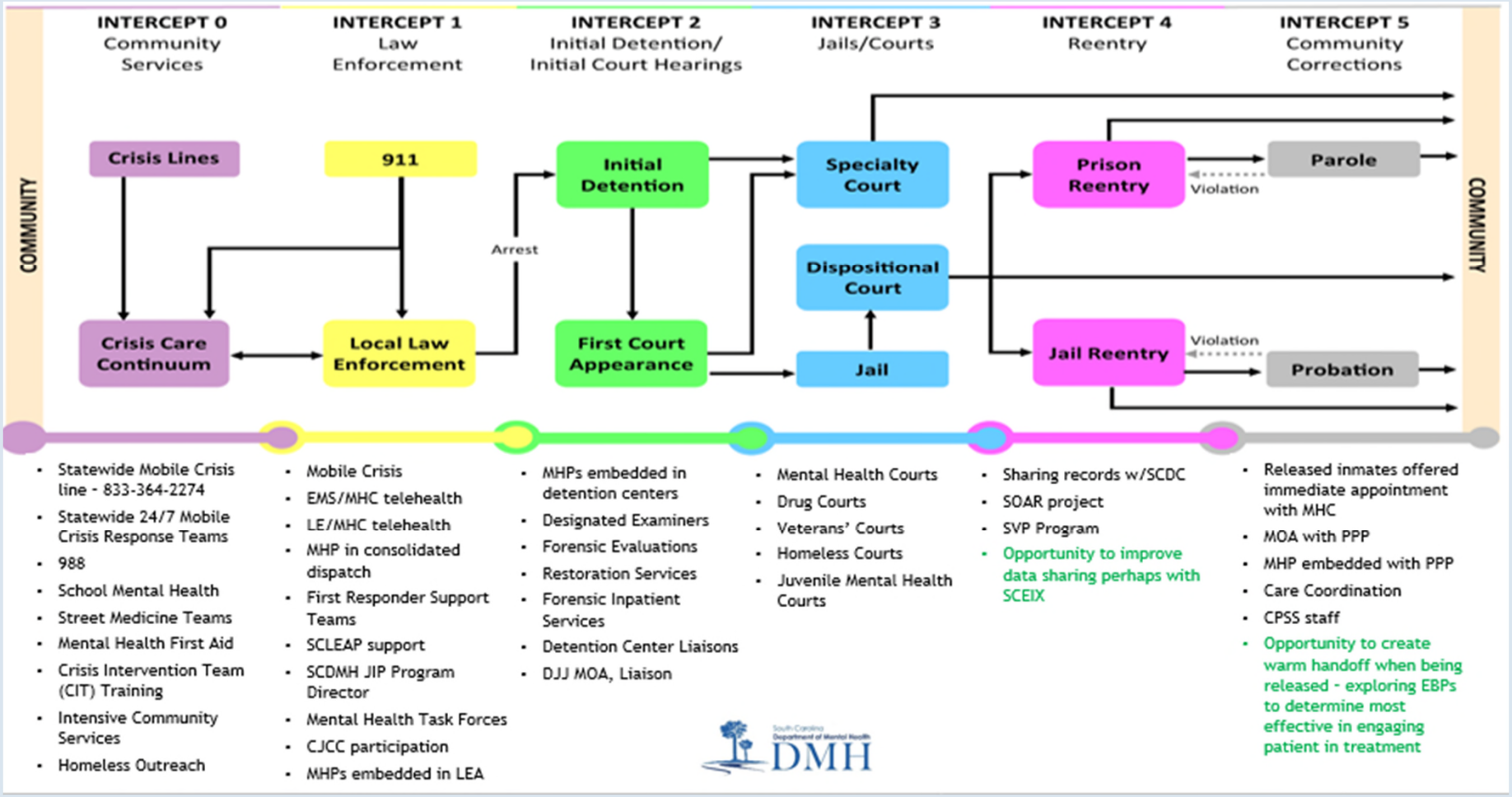
  Telephone– safety plan and connect to service

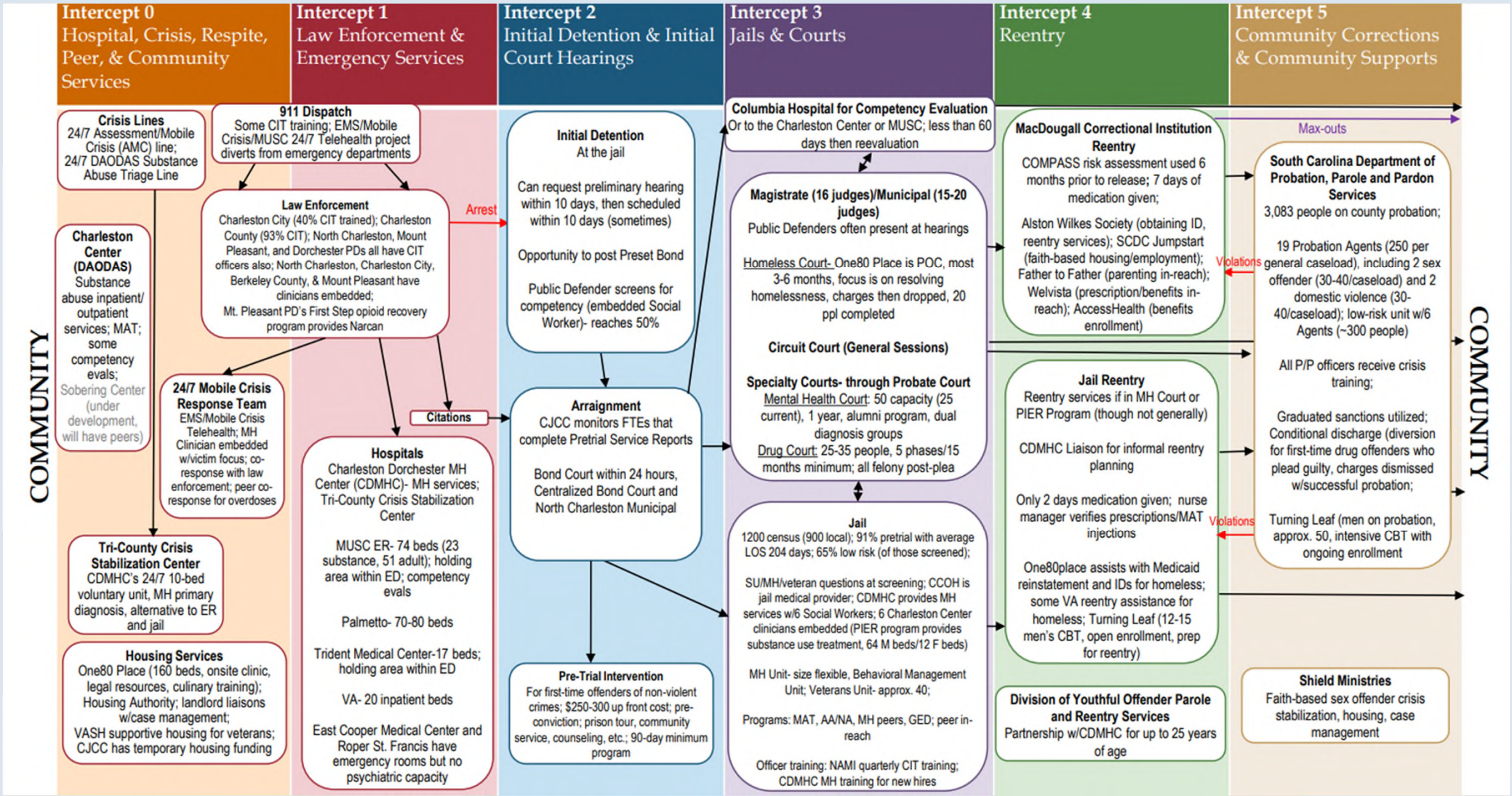
  Tele-psych (where available)– video assessment

  Mobile- Two-member team co-response with LE on-site within 60 minutes

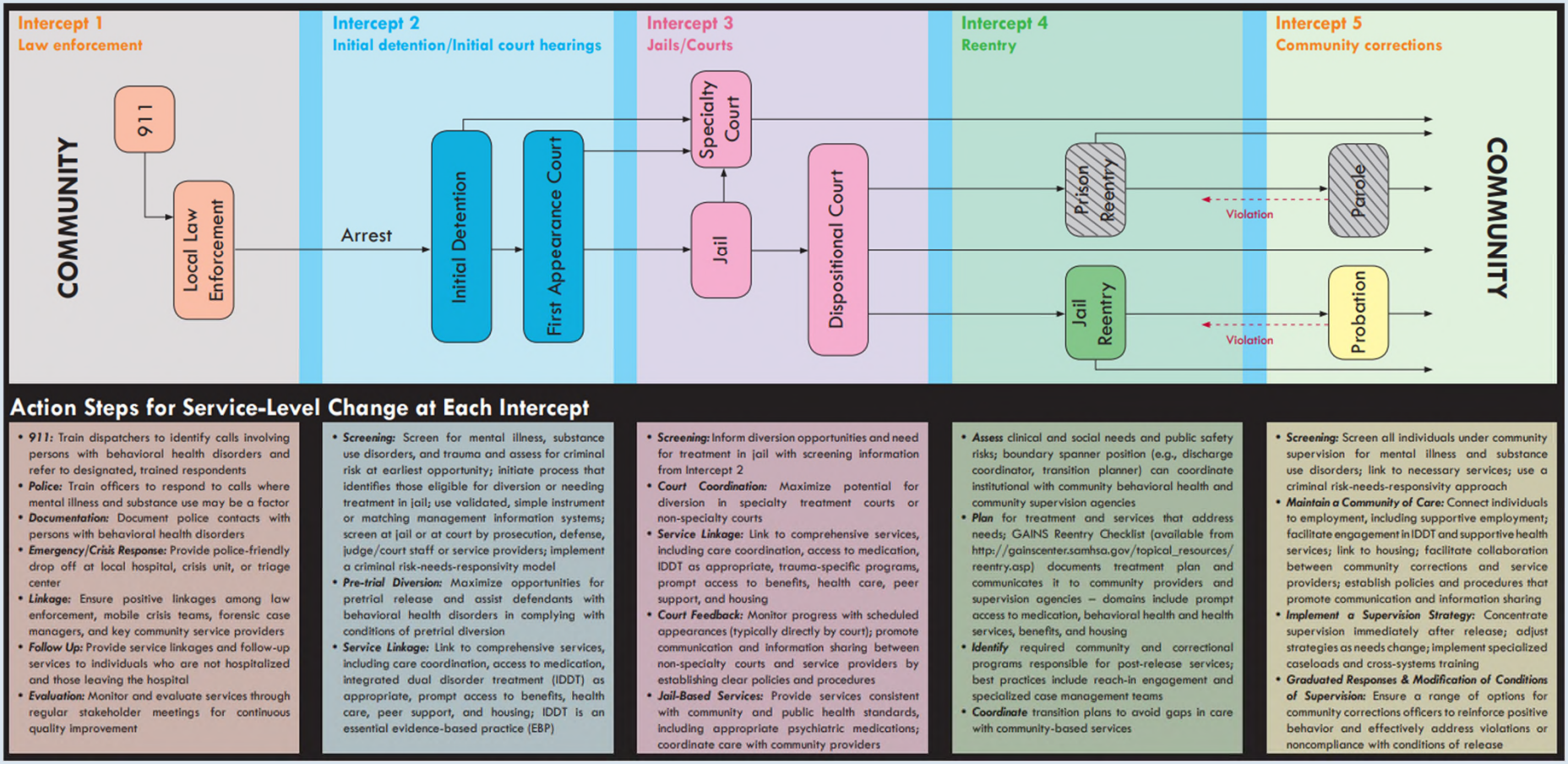
MOBILE CRISIS HOTLINE: (833) 364-2274

SCDMH SIM


INTERCEPT 0
Community Services
INTERCEPT 1
Law Enforcement
INTERCEPT 2
Initial Detention/ Initial Court Hearings
INTERCEPT 3
Jails/Courts
INTERCEPT 4
Reentry
INTERCEPT 5
Community Corrections
COMMUNITY
Crisis Lines
911
Initial Detention
Specialty Court
Prison Reentry
Parole
Violation
Arrest
Dispositional Court
COMMUNITY
Crisis Care Continuum
Local Law Enforcement
First Court Appearance
Jail
Jail Reentry
Violation
Probation
Statewide Mobile Crisis line - 833-364-2274
Statewide 24/7 Mobile Crisis Response Teams
988
School Mental Health
Street Medicine Teams
Mental Health First Aid
Crisis Intervention Team (CIT) Training
Intensive Community Services
Homeless Outreach
Mobile Crisis
EMS/MHC telehealth
LE/MHC telehealth
MHP in consolidated dispatch
First Responder Support Teams
SCLEAP support
SCDMH JIP Program Director
Mental Health Task Forces
CJCC participation
MHPs embedded in LEA
MHPs embedded in detention centers
Designated Examiners
Forensic Evaluations
Restoration Services
Forensic Inpatient Services
Detention Center Liaisons
DJJ MOA, Liaison
Mental Health Courts
Drug Courts
Veterans' Courts
Homeless Courts
Juvenile Mental Health Courts
Sharing records w/SCDC
SOAR project
SVP Program
Opportunity to improve data sharing perhaps with SCEIX
Released inmates offered immediate appointment with MHC
MOA with PPP
MHP embedded with PPP
Care Coordination
CPSS staff
Opportunity to create warm handoff when being released - exploring EBPs to determine most effective in engaging patient in treatment
DMH


Intercept 0
Hospital, Crisis, Respite, Peer, & Community Services
Intercept 1
Law Enforcement & Emergency Services
Intercept 2
Initial Detention & Initial Court Hearings
Intercept 3
Jails & Courts
Intercept 4
Reentry
Intercept 5
Community Corrections & Community Supports
COMMUNITY
COMMUNITY
Crisis Lines
24/7 Assessment/Mobile Crisis (AMC) line; 24/7 DAODAS Substance Abuse Triage Line
911 Dispatch
Some CIT training; EMS/Mobile Crisis/MUSC 24/7 Telehealth project diverts from emergency departments
Law Enforcement
Charleston City (40% CIT trained); Charleston County (93% CIT); North Charleston, Mount Pleasant, and Dorchester PDs all have CIT officers also; North Charleston, Charleston City, Berkeley County, & Mount Pleasant have clinicians embedded;
Mt. Pleasant PD's First Step opioid recovery program provides Narcan
Arrest
Charleston Center (DAODAS)
Substance abuse inpatient/ outpatient services; MAT; some competency evals;
Sobering Center (under development, will have peers)
24/7 Mobile Crisis Response Team
EMS/Mobile Crisis Telehealth; MH Clinician embedded w/victim focus; co-response with law enforcement; peer co-response for overdoses
Citations
Hospitals
Charleston Dorchester MH Center (CDMHC)- MH services; Tri-County Crisis Stabilization Center
MUSC ER- 74 beds (23 substance, 51 adult); holding area within ED; competency evals
Palmetto- 70-80 beds
Trident Medical Center-17 beds; holding area within ED
VA- 20 inpatient beds
East Cooper Medical Center and Roper St. Francis have emergency rooms but no psychiatric capacity
Tri-County Crisis Stabilization Center
CDMHC's 24/7 10-bed voluntary unit, MH primary diagnosis, alternative to ER and jail
Housing Services
One80 Place (160 beds, onsite clinic, legal resources, culinary training); Housing Authority; landlord liaisons w/case management;
VASH supportive housing for veterans; CJCC has temporary housing funding
Initial Detention
At the jail
Can request preliminary hearing within 10 days, then scheduled within 10 days (sometimes)
Opportunity to post Preset Bond
Public Defender screens for competency (embedded Social Worker)- reaches 50%
Arraignment
CJCC monitors FTEs that complete Pretrial Service Reports
Bond Court within 24 hours, Centralized Bond Court and North Charleston Municipal
Pre-Trial Intervention
For first-time offenders of non-violent crimes; $250-300 up front cost; pre-conviction; prison tour, community service, counseling, etc.; 90-day minimum program
Columbia Hospital for Competency Evaluation
Or to the Charleston Center or MUSC; less than 60 days then reevaluation
Magistrate (16 judges)/Municipal (15-20 judges)
Public Defenders often present at hearings
Homeless Court- One80 Place is POC, most 3-6 months, focus is on resolving homelessness, charges then dropped, 20 ppl completed
Circuit Court (General Sessions)
Specialty Courts- through Probate Court
Mental Health Court: 50 capacity (25 current), 1 year, alumni program, dual diagnosis groups
Drug Court: 25-35 people, 5 phases/15 months minimum; all felony post-plea
Jail
1200 census (900 local); 91% pretrial with average LOS 204 days; 65% low risk (of those screened);
SU/MH/veteran questions at screening; CCOH is jail medical provider; CDMHC provides MH services w/6 Social Workers; 6 Charleston Center clinicians embedded (PIER program provides substance use treatment, 64 M beds/12 F beds)
MH Unit- size flexible, Behavioral Management Unit; Veterans Unit- approx. 40;
Programs: MAT, AA/NA, MH peers, GED; peer in-reach
Officer training: NAMI quarterly CIT training; CDMHC MH training for new hires
MacDougall Correctional Institution Reentry
COMPASS risk assessment used 6 months prior to release; 7 days of medication given;
Alston Wilkes Society (obtaining ID, reentry services); SCDC Jumpstart (faith-based housing/employment); Father to Father (parenting in-reach); Welvista (prescription/benefits in-reach); AccessHealth (benefits enrollment)
Violations
Jail Reentry
Reentry services if in MH Court or PIER Program (though not generally)
CDMHC Liaison for informal reentry planning
Only 2 days medication given; nurse manager verifies prescriptions/MAT injections
Violations
One80place assists with Medicaid reinstatement and IDs for homeless; some VA reentry assistance for homeless; Turning Leaf (12-15 men's CBT, open enrollment, prep for reentry)
Division of Youthful Offender Parole and Reentry Services
Partnership w/CDMHC for up to 25 years of age
Max-outs
South Carolina Department of Probation, Parole and Pardon Services
3,083 people on county probation;
19 Probation Agents (250 per general caseload), including 2 sex offender (30-40/caseload) and 2 domestic violence (30-40/caseload); low-risk unit w/6 Agents (~300 people)
All P/P officers receive crisis training;
Graduated sanctions utilized; Conditional discharge (diversion for first-time drug offenders who plead guilty, charges dismissed w/successful probation;
Turning Leaf (men on probation, approx. 50, intensive CBT with ongoing enrollment
Shield Ministries
Faith-based sex offender crisis stabilization, housing, case management

Next Steps…



Action Steps for Service-Level Change at Each Intercept

- ***911:*** Train dispatchers to identify calls involving persons with behavioral health disorders and refer to designated, trained respondents
- ***Police:*** Train officers to respond to calls where mental illness and substance use may be a factor
- ***Documentation:*** Document police contacts with persons with behavioral health disorders
- ***Emergency/Crisis Response:*** Provide police-friendly drop off at local hospital, crisis unit, or triage center
- ***Linkage:*** Ensure positive linkages among law enforcement, mobile crisis teams, forensic case managers, and key community service providers
- ***Follow Up:*** Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
- ***Evaluation:*** Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement

- ***Screening:*** Screen for mental illness, substance use disorders, and trauma and assess for criminal risk at earliest opportunity; initiate process that identifies those eligible for diversion or needing treatment in jail; use validated, simple instrument or matching management information systems; screen at jail or at court by prosecution, defense, judge/court staff or service providers; implement a criminal risk-needs-responsivity model
- ***Pre-trial Diversion:*** Maximize opportunities for pretrial release and assist defendants with behavioral health disorders in complying with conditions of pretrial diversion
- ***Service Linkage:*** Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDDT) as appropriate, prompt access to benefits, health care, peer support, and housing; IDDT is an essential evidence-based practice (EBP)

- ***Screening:*** Inform diversion opportunities and need for treatment in jail with screening information from Intercept 2
- ***Court Coordination:*** Maximize potential for diversion in specialty treatment courts or non-specialty courts
- ***Service Linkage:*** Link to comprehensive services, including care coordination, access to medication, IDDT as appropriate, trauma-specific programs, prompt access to benefits, health care, peer support, and housing
- ***Court Feedback:*** Monitor progress with scheduled appearances (typically directly by court); promote communication and information sharing between non-specialty courts and service providers by establishing clear policies and procedures
- ***Jail-Based Services:*** Provide services consistent with community and public health standards, including appropriate psychiatric medications; coordinate care with community providers

- ***Assess*** clinical and social needs and public safety risks; boundary spanner position (e.g., discharge coordinator, transition planner) can coordinate institutional with community behavioral health and community supervision agencies
- ***Plan*** for treatment and services that address needs; GAINS Reentry Checklist (available from http://gainscenter.samhsa.gov/topical_resources/reentry.asp) documents treatment plan and communicates it to community providers and supervision agencies – domains include prompt access to medication, behavioral health and health services, benefits, and housing
- ***Identify*** required community and correctional programs responsible for post-release services; best practices include reach-in engagement and specialized case management teams
- ***Coordinate*** transition plans to avoid gaps in care with community-based services

- ***Screening:*** Screen all individuals under community supervision for mental illness and substance use disorders; link to necessary services; use a criminal risk-needs-responsivity approach
- ***Maintain a Community of Care:*** Connect individuals to employment, including supportive employment; facilitate engagement in IDDT and supportive health services; link to housing; facilitate collaboration between community corrections and service providers; establish policies and procedures that promote communication and information sharing
- ***Implement a Supervision Strategy:*** Concentrate supervision immediately after release; adjust strategies as needs change; implement specialized caseloads and cross-systems training
- ***Graduated Responses & Modification of Conditions of Supervision:*** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release

Resources

Sequential Intercept Model Overview

- https://www.samhsa.gov/criminal-juvenile-justice/sim-overview

Brief Jail Mental Health Screen

- https://www.prainc.com/wp-content/uploads/2015/10/bjmhsform.pdf

Sequential Intercepts for Developing Criminal Justice-Behavioral Health Partnerships

- https://www.prainc.com/wp-content/uploads/2015/10/SIMBrochure.pdf

Thank you

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Using 911 Data to Inform Public Safety Responses: The Carolinas Cohort Project

October 20, 2023

RTI INTERNATIONAL | Arnold Ventures | UCHICAGO URBANLABS

Cohort Project Participants

CITY OF DURHAM

Raleigh

City of BURLINGTON NORTH CAROLINA

The City of GREENSBORO

Winston-Salem

ROCK HILL SOUTH CAROLINA

TOWN of CARY NORTH CAROLINA

Cohort Partners & Stakeholders

- City and Couty Emergency Medical Services (EMS)
- Local Mental Health Service Providers
- City and County Police Departments
- City Fire Services
- City and County Emergency Dispatch Centers
- Local Homeless Service Providers

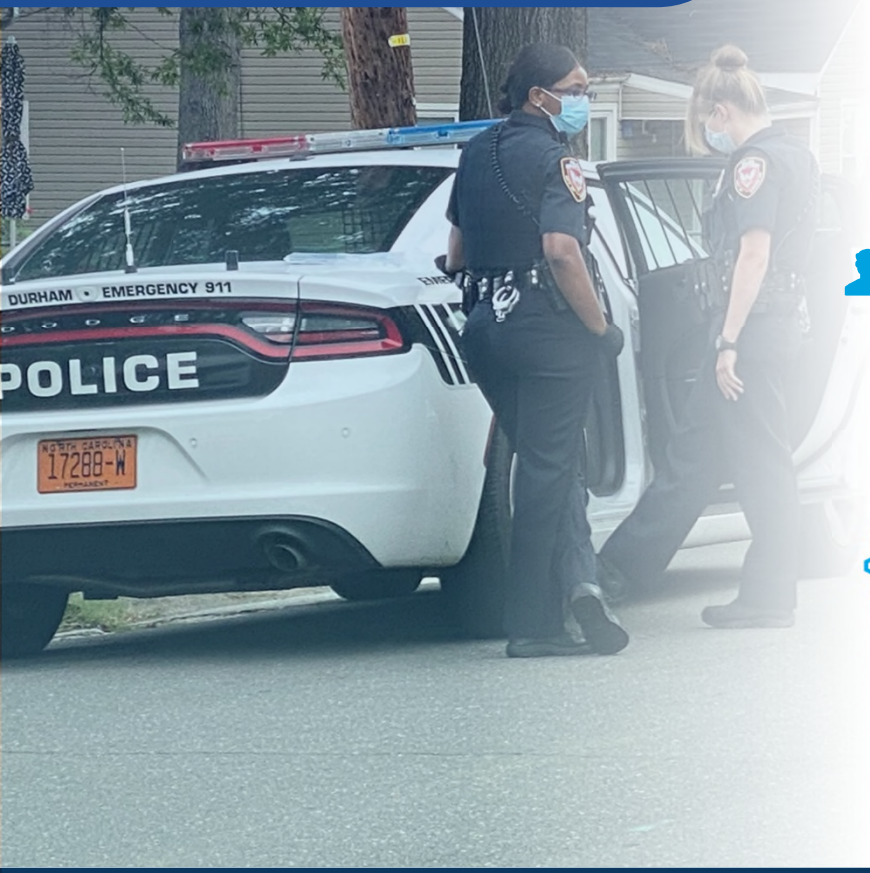
Project Goals

1. Help cities understand their community needs through an analysis of calls for service data

2. Help identify alternative response interventions that fit community needs and align with available resources

3. Support the implementation and rapid evaluation of alternative response interventions

Project Overview



Initiative

1) Establish a data-driven understanding of the nature of the Police Department's workload/service portfolio;
2) Utilize research-informed assessments to determine whether more effective alternative responses exist; and
3) Implement pilot interventions to test the efficacy of any identified alternatives.

Partnership

Given the many benefits associated with shared learning, the City of Durham invited RTI, TJCOG, and other cities in the Carolinas to join this effort.

Implementation

Phase 1: Collect 911 Calls for Service (CFS) data*

Phase 2: Explore evidence-based alternative responses

Phase 3: Implement pilot project(s)

Phase 4: Evaluate pilot project(s)

*Will be an iterative process that incorporates other data sources as needed

Getting Starting

November 2020

Durham Police Department
CALLS FOR SERVICE

INTRODUCTION

Evaluating community needs by analyzing call-for-service data allows for a demand-driven understanding of both what public safety resources are in demand (citizens' calls to 911) and which city departments are being called upon to meet that demand. City governments do not routinely analyze call-for-service data to make decisions about how public safety resources should be allocated, even though doing so would be logical. Thus, this analysis is a first step in better understanding community needs and current law enforcement responses. More broadly, it is an essential and foundational step toward the goal of better aligning the correct public resources with the needs expressed by each call for service.

METHODS

The call data for Durham Police Department contain information for 1,028,650 incidents. RTI International analyzed this data set with three primary goals: (1) describe the nature of calls in the data set; (2) describe close codes applied to calls overall; and (3) describe close codes applied to calls, broken down by nature codes. Our analysis focused primarily on two columns in the data set: "nature group" and "close code." Because an extensive number of original categories are used in each of these columns, we condensed the categories into a more manageable number of groups. The original "nature group" column contained 369 values, which we recoded into 18 groups: Alarm; All Other Property; All Other Violent; Deceased Person; Directed Patrol; Disturbance; Domestic or Family; General Assistance; In Progress, Other; In Progress, Violent; Medical/Fire Assistance; Mental Health; Police Administrative; Proactive Policing; Quality of Life; Sex Offenses; Traffic-Related; and Warrant Service. Likewise, the original "close code" variable contained 78 values, which we condensed into a nine-category taxonomy (Referred Outside of Law Enforcement; Referred to Other Law Enforcement Agency; Closed Investigation; Resolved Without Report; Ongoing Investigation; Other; No Arrest; Noncustodial Police Action; Arrest/Arrest Report; Mental Health/Crisis Intervention Team, Resolved Without Report), and also into a three-category taxonomy (Arrest, No Arrest, Mental Health). We then analyzed and reported counts and percentages for nature codes and close codes, as well as for close codes by each nature code (i.e., cross-tabulations between nature and close codes).

for many different variations of 911 calls for first responders to quickly relay the type of For example, the dispatch of a disturbance rbance with a weapon, or a disturbance with he first responder about response priority and afety units may have several thousand codes early displaying risk factors such as age within

, effectively analyzing hundreds of different alysis more digestible, RTI has worked with law up different call types for an effective display.

officer's daily activity. Some categories may des, to understand important details. A major ner to show that a report was completed. The ade on scene, and it may not include other hough these data exist in other administrative captured in the CAD database. Subsequent o the 911 call-for-service data depending on ity.

1 ...e Nature Codes, recoded into 18 categories

Call Type	Frequency	Percentage
Alarm	59,795	6
All Other Property	75,677	7
All Other Violent	9,018	1
Deceased Person	63	0
Directed Patrol	303,925	30
Disturbance	32,180	3
Domestic or Family	20,122	2
General Assistance	263,615	26

1. RTI International

- Develop analysis report
- Meet with city staff to discuss the research
- Present data and research
- Conduct additional analyses

2. Cohort Cities

- Meet with RTI directly to tailor next steps for their organization
- Determine what additional analyses they need
- Share data and research with stakeholders
- Decide what they want to accomplish by using alternative responses

3. Cohort—Monthly Meetings

- Discuss what alternatives Cohort sites seem most interested in and timeline for implementation
- Share progress and experience with implementation of pilots

Calls for Service Research

- Residents have relied on the police for many of the same issues for over five decades
- Much of the research is focused on interventions rather than about the nature of the call
- Solutions are too often implemented without sufficient resources and plans for sustainability and data can be narrowly assessed

911 Calls For Service Research

Who Calls 911 and Why?

- Most police calls tend to come from socioeconomic disadvantaged areas
- Majority of calls are for assistance (support), nuisance abatement, traffic problems, or the regulation of interpersonal disputes
- Only 20 percent of calls involve violent or property crime

911 Calls For Service Research

How are 911 calls resolved?

- Most calls do not result in arrest
- Most calls require the officer to perform some type of support role involving consensual resolution
- Officers work within the structural and organizational restraints imposed by the law and their organizations but mostly work to resolve issues without resorting to enforcing the law

Limitations of CFS Research

- Initial call designations are not necessarily a good predictor of how calls end up being resolved
- Mental health issues are not well documented on calls for service
- Citizens are not asked if they would prefer a response other than a police officer
- Although calls for service can be categorized into “non-police type calls”, there is no way to distinguish whether call outcomes are the result of the *potential* for law enforcement action. The *potential* for arrest or other mechanisms of enforcement may play a role in getting members of the public to voluntarily choose desired behavior; this authority does not exist for a non-sworn city employee or a third-party employee.

911 Mental Health CF

- When no resources are available officers are left with deciding
  - Determining if they fit the criteria for an involuntary commitment
  - Determining if they will voluntarily go with the officer to get mental health treatment
  - Determining if they have committed a crime so they can take them to jail
  - Trying to talk to them into discontinuing the behavior or moving to another area

- If mental health is not the primary issue, then this data is often not captured in the CAD system

Alternative Strategies: Customized

Overview: There is no one-size-fits-all approach to implementing alternative responses that exist in other jurisdictions.

Purpose: The purpose of a customized approach is to tailor an alternative response (that was developed to meet the specific needs of another jurisdiction) to meet local needs.

Call Natures Appropriate for Alternative Response: Flexible and dependent on outcomes of interest.

Defining and Identifying Mental Health CFS

RTI INTERNATIONAL

February 2021

DEFINING, IDENTIFYING, AND RESPONDING TO MENTAL HEALTH CALLS FOR SERVICE: DEVELOPING AND PILOTING A STRATEGY FOR BETTER MEASUREMENT

PURPOSE

This technical overview is designed to provide jurisdictions with information about ways to improve the documentation and tracking of mental health-related calls in the 911 computer-aided dispatch (CAD) system.

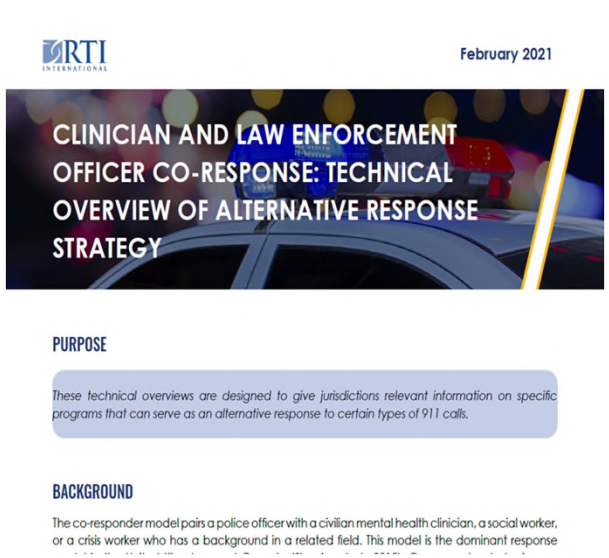
BACKGROUND

A call to 911 generates a description of the call's nature, either by the call taker or by the systematic program used to ask questions of the caller. Classifying certain types of calls, such as those concerning mental health, can be difficult because of the dynamic nature of certain situations and the limited amount of time to collect relevant details. However, either of two approaches

There are two approaches for better measuring the proportion of calls related to mental health:

- Retrospectively review the unstructured text in the 911 call notes field to identify calls involving a person experiencing mental health symptoms
- Modify existing practices to implement the CAD technology in a way that allows for the better capture and documentation

Alternative Strategies: Co-responder Model


RTI INTERNATIONAL

February 2021

CLINICIAN AND LAW ENFORCEMENT OFFICER CO-RESPONSE: TECHNICAL OVERVIEW OF ALTERNATIVE RESPONSE STRATEGY

PURPOSE

These technical overviews are designed to give jurisdictions relevant information on specific programs that can serve as an alternative response to certain types of 911 calls.

BACKGROUND

The co-responder model pairs a police officer with a civilian mental health clinician, a social worker, or a crisis worker who has a background in a related field. This model is the dominant response

Overview: Pairs police officers with civilians who are mental health clinicians or social workers. Police officer provides safety assessment; civilian performs mental health assessment.

Purpose: The purpose of the co-responder model is to reduce arrests, injuries, and involuntary commitments.

Call Natures Appropriate for Alternative Response: Co-responders are responding on-scene via 911, as secondary responders, or can focused on follow-on support after initial 911 call (or both).

Alternative Strategies: CAHOOTS


RTI INTERNATIONAL

February 2021

CAHOOTS: TECHNICAL OVERVIEW OF ALTERNATIVE RESPONSE STRATEGY

PURPOSE

These technical overviews are designed to summarize relevant information on specific programs that jurisdictions can use as alternative responses to certain types of 911 calls.

BACKGROUND

Crisis Assistance Helping Out On The Street (CAHOOTS) is one example of a program that pairs crisis workers—clinicians or social workers—with emergency medical services (EMS) workers to

Overview: A program that pairs crisis workers—clinicians or social workers—with emergency medical services (EMS) workers to respond to people experiencing mental health crises.

Purpose: CAHOOTS was developed as an innovative community-based public safety system to provide first response for individuals in crisis related to mental illness, homelessness, and addiction.

Call Natures Appropriate for Alternative Response: The CAHOOTS team handles conflict resolution, welfare checks, substance abuse, suicide threats, wound care, transportation and other mental health-related calls.

Alternative Strategies: Diversion at Dispatch


RTI INTERNATIONAL

February 2021

POINT OF DISPATCH DIVERSION: TECHNICAL OVERVIEW OF ALTERNATIVE RESPONSE STRATEGY

PURPOSE

These technical overviews are designed to provide jurisdictions with relevant information on specific programs that can serve as an alternative response to address certain types of 911 calls.

BACKGROUND

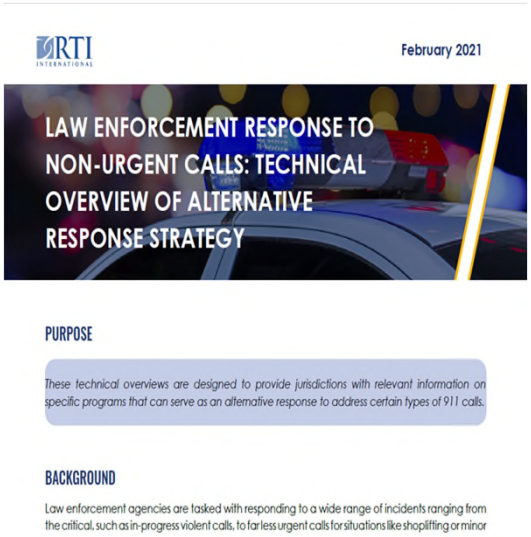
Point of Dispatch Diversion refers to the strategy of employing alternative crisis response services to address 911 calls. It can take the form of sending non-law enforcement personnel to a crisis

Overview: This intervention can take the form of sending non–law enforcement personnel to a crisis or transferring the 911 call to an individual who could address the issue over the phone.

Purpose: Point of Dispatch Diversion refers to the strategy of employing alternative crisis response services to address 911 calls.

Call Natures Appropriate for Alternative Response: Emergency calls that typically result in transport to a hospital Emergency Department.

Alternative Strategies: Non-Urgent Call Diversion


RTI INTERNATIONAL

February 2021

LAW ENFORCEMENT RESPONSE TO NON-URGENT CALLS: TECHNICAL OVERVIEW OF ALTERNATIVE RESPONSE STRATEGY

PURPOSE

These technical overviews are designed to provide jurisdictions with relevant information on specific programs that can serve as an alternative response to address certain types of 911 calls.

BACKGROUND

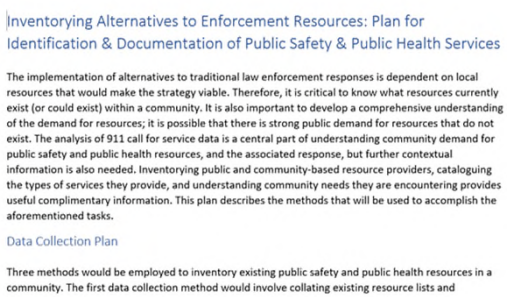
Law enforcement agencies are tasked with responding to a wide range of incidents ranging from the critical, such as in-progress violent calls, to far less urgent calls for situations like shoplifting or minor

Overview: Alternative responses to non-urgent calls have taken the form of an in-person civilian response, telephone response units, and online reporting.

Purpose: Diverting non-urgent calls reduces the law enforcement workload and reduces the number of in-person police-public interactions.

Call Natures Appropriate for Alternative Response: Non-urgent calls, minor traffic accidents, calls that don’t require law enforcement action.

Inventorying Service Provider Resources



Inventorying Alternatives to Enforcement Resources: Plan for Identification & Documentation of Public Safety & Public Health Services

The implementation of alternatives to traditional law enforcement responses is dependent on local resources that would make the strategy viable. Therefore, it is critical to know what resources currently exist (or could exist) within a community. It is also important to develop a comprehensive understanding of the demand for resources; it is possible that there is strong public demand for resources that do not exist. The analysis of 911 call for service data is a central part of understanding community demand for public safety and public health resources, and the associated response, but further contextual information is also needed. Inventorying public and community-based resource providers, cataloguing the types of services they provide, and understanding community needs they are encountering provides useful complimentary information. This plan describes the methods that will be used to accomplish the aforementioned tasks.

Data Collection Plan

Three methods would be employed to inventory existing public safety and public health resources in a community. The first data collection method would involve collating existing resource lists and

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Police Officer Focus Group Insights

- Overview of participant demographics of officers and insights provided
- Officers were grouped by rank and experience so they would feel participate freely.

Main Takeaways

- Focus groups provide the operational perspective and summarize collective knowledge about potential alternative responses.

Verifying Information

Verifying sources - some of what is being cited is repeating the same inaccurate or incomplete statistics:

- The cost savings to cities being reported about CAHOOTS is not accurate
- The percent of calls attributed to violent crime is not accurate
- The ratio of risk attributed to potentially fatal encounters by the mentally ill is not accurate

The Need for Evaluation

- Many interventions are currently being implemented—most with relatively little evidence about whether they work
- RTI and the University of Chicago have the expertise to tailor city-specific pilots based on promising practices
- Rapidly evaluating pilot programs across many cohort cities will allow us to see which are most promising and warrant further investment and scaling
- Testing is the only way to determine that these practices are not only effective but safeguard that they are not harmful to the community

Questions & Contact

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