



**SHAPING CRISIS
RESPONSE
SPOTLIGHT SERIES**

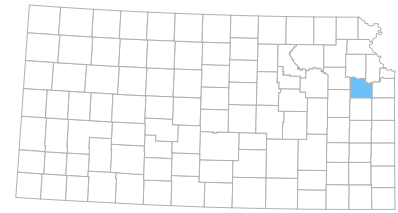
The National Association of Counties (NACo), in collaboration with The Pew Charitable Trusts and RAND, hosted a series of conversations with county leaders to understand the progress, challenges and lessons learned from 911/988 interoperability across various models, including embedded clinicians, call transfer and co-located response. This series spotlights the work of five innovative counties shaping crisis response systems.

These spotlights were created with support from The Pew Charitable Trusts.

DOUGLAS COUNTY, KAN.

County Seat: Lawrence, Kan.

Population: 118,785



Douglas County exemplifies how investment in partnerships between local systems and human services can streamline behavioral health care. Kansas Suicide Prevention Headquarters (KSPHQ), located in Douglas County, is Kansas's primary crisis call center — responding to 988 calls placed in 103 out of the state's 105 counties. Since 988 calls route to call centers based on a phone number's area code, people calling from a different location often experience delays in reaching the closest call center with nearby services.

To overcome this problem, KSPHQ created a 911/988 transfer program that utilizes 911 location technology so that callers within the counties that KSPHQ serves, regardless of their phone's area code, are located and transferred directly to KSPHQ. Piloted in Douglas County, this program incorporates a "quick button" that local 911 call centers can press to swiftly transfer callers to KSPHQ crisis counselors, minimizing wait time. KSPHQ's 988 quick button is an integral part of streamlining

access to Douglas County's new continuum of care, which includes the Mobile Response Team (MRT) that KSPHQ can dispatch to provide on-site behavioral health crisis support and the [Treatment Recovery Center](#), where people in need of crisis observation or stabilization can go.

To facilitate the program's implementation, Douglas County funded a program coordinator who works alongside a 911 law enforcement liaison at KSPHQ. Together, they developed criteria for diverting cases to enhance the number of calls transferred from 911 to 988. Douglas County also provided funding for KSPHQ to hire call supervisors to enhance care coordination. **Currently, 81 percent of calls made to the Douglas County Crisis Line, managed by KSPHQ, are resolved on the phone and 86 percent of the mobile crisis team interventions result in keeping people in the community, avoiding hospitalization or incarceration.**



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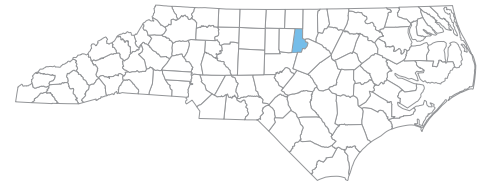
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NACo would like to thank Jared Auten, Kansas Suicide Prevention HQ, for sharing information on Douglas County.

DURHAM COUNTY, N.C.

County Seat: Durham, N.C.

Population: 324,833



Durham County leverages a strategic partnership with the City of Durham to create a community-driven vision for public safety and crisis response. In 2019, Durham County and the City of Durham formed an inter-governmental planning committee to solicit feedback from the community and develop key recommendations. Across several assessments, there was an overarching desire for an alternative public safety department to address behavioral health concerns. In response, the county-city planning committee recommended the establishment of the Community Safety Department (DCSD) to create unarmed, equitable and community-centered responses.

In 2022, DCSD launched its flagship [Holistic Empathetic Assistance Response Team \(HEART\)](#) program with four crisis response units spanning the continuum of behavioral health care.

- When someone calls 911, HEART's Crisis Call Diversion (CCD) unit is available to assist with mental health clinicians who are embedded within Durham's 911 call center.
- If necessary, the Community Response Teams comprised of mental health clinicians, peer support specialists and Emergency Medical Technicians are dispatched.



- Alternatively, if there is a greater safety risk, the Co-Response unit, including a licensed clinician and Crisis Intervention trained police officer, intervenes.
- Finally, HEARTS's Care Navigation unit follows up with community-based care options.

Within HEART's first year, its CCD unit responded to nearly 2,500 calls transferred from 911 dispatchers, providing follow-up care to 53 percent of callers and diverting 30 percent of callers from unnecessary in-person responses.

Durham County's commitment to reducing the number of people with mental illnesses in jail began and has persisted since 2015 when it joined the [Stepping Up Initiative](#). Since then, the Durham County Justice Services Department has invested in various long-term supportive services, including substance use treatment, reentry services, food and housing services, employment readiness and cognitive behavioral intervention. This provided the foundation for the Durham County Justice Services Department to work with the HEART program to develop a process for diversion, aftercare and follow-up care. Overall, these thoughtful partnerships are pivotal to delivering a holistic approach to behavioral health care.

NACo would like to thank Leigh Mazur and John Zimmerman, Durham Community Safety Department, Roshanna Parker, Durham County Justice Services Department, and Helen Tripp, Durham County Community Paramedics, for sharing information on Durham County.

LOS ANGELES COUNTY, CALIF.

County Seat: Los Angeles, Calif.

Population: 10,014,009



Los Angeles (LA) County is the most populous county in the United States, with over 10 million residents, 70 public safety answering points (PSAP) centers and 80 law enforcement agencies, making the integration of 988 and 911 a challenge. However, LA County embraced this undertaking by launching a comprehensive call diversion program to make behavioral health care as accessible as traditional emergency responses. This effort began in February 2021 with a one-year pilot program funded by the Innovation Commission at the Mayor's Office. The program contracted LA's Didi Hirsch Mental Health Services (Didi Hirsch), the nation's first and largest Suicide Prevention Center, to respond to mental health calls transferred from the Los Angeles Police Department (LAPD). **Following the five-month pilot, the LAPD allocated additional funding to the transfer program and expanded the contract, effectively increasing operability from its initial eight hours to 24 hours a day, seven days a week services.** Since then, law enforcement agencies within LA County, as well as several neighboring counties, have joined the LAPD in participating in the call transfer program.



Early demographic data collection indicates that the transfer program reaches more men and people of color.

Didi Hirsch's call transfer program utilizes a warm-transfer model that allows one group to transfer callers to the crisis line with a single click.

Understanding that 911 dispatchers receive critical calls and require a speedy response, Didi Hirsch maintains a separate queue that gives the highest priority to calls transferred from the LAPD. Limiting a caller's wait time when transferred to 988 is a crucial component of streamlining access to behavioral health care as it minimizes the likelihood of dropping calls or that people will redial 911.

The University of Southern California's School of Social Work is partnering with the call transfer program to evaluate its impact and is finding groundbreaking results.

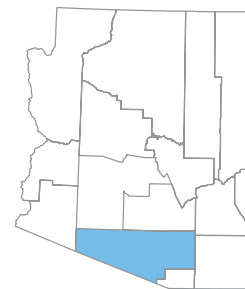
Due to compounding barriers such as social stigma, medical mistrust and lack of cultural competence, men, particularly men of color, have historically had limited access to behavioral health care. LA County is one of the most diverse regions in the U.S. and, with further examination, can serve as a valuable resource for determining if call transfer programs effectively reach populations that traditionally have limited access to behavioral health care.

NACo would like to thank Shari Sinwelski and Sandri Kramer, Didi Hirsch Mental Health Services, for sharing information on Los Angeles County.

PIMA COUNTY, ARIZ.

County Seat: Tucson, Ariz.

Population: 1,043,433



Pima County is as a leader in crisis response as one of the first communities in the country to embed clinicians within its 911 operating system. In 2015, 911 dispatchers began to reroute behavioral health-related calls to the Pima County Crisis Line, a community hotline with counselors available 24/7. Recognizing 911 dispatchers were apprehensive about rerouting calls to a new partner, a few years later, Pima County piloted a co-location model with clinicians embedded within the 911 public safety answering point (PSAP) centers. This pilot provided behavioral health as a fourth option for callers in addition to police, fire and EMS.

To coordinate protocols and build comradery between the crisis counselors and 911 dispatchers, the teams meet twice a month to discuss overlapping data and identify patterns of call types and mobile dispatch. This practice was fundamental through the onset of the COVID-19 pandemic and its corresponding social distancing protocols as it helped facilitate the transition to a virtual co-location model. **As COVID-19 restrictions were lifted, the success of the virtual model made it easier to continue to offer behavioral health crisis care as a 24/7 call option by retaining remote clinicians during low-volume shifts.**

Upon transfer from 911, crisis counselors assess whether the caller needs telephonic or in-person support by a Mobile Crisis Team (MCT). **To determine which MCT to deploy, Pima County utilizes a dispatch optimization tool that GPS tracks MCT's locations and monitors their status using a color-coding system indicating whether they are available, in route or offline.** Having the location and status readily available allows clinicians to strategically access resources to ensure that the closest available MCT is responding to a crisis.

911 dispatchers transfer about 1,000 calls monthly to their embedded clinicians, proving consistent communication and adaptability between implementers are essential to building an effective behavioral health responses. Organizations nationwide have recognized Pima County's success in dispatch diversion, with data indicating that clinicians resolve 80 percent of their calls over the phone and the MCTs resolve the majority of the remaining calls without the need for further service.



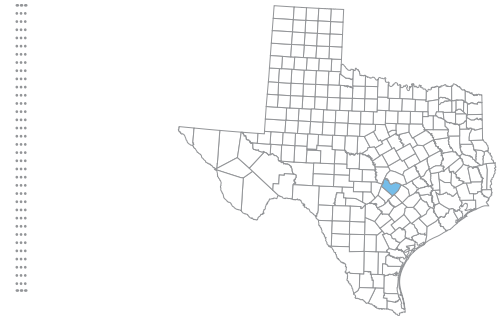
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NACo would like to thank Sarah Launius, Sharon McDonough and Katie Wilkinson, City of Tucson, for sharing information on Pima County.

TRAVIS COUNTY, TEXAS

County Seat: Austin, Texas

Population: 1,290,188



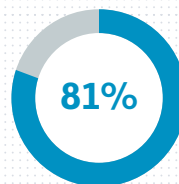
Travis County's commitment to transforming behavioral health care into a readily available emergency resource is apparent the minute 911 dispatchers ask, "Are you calling for police, fire, EMS or mental health services?"

In 2019, Travis County expanded its partnership with Integral Care, the local mental health and intellectual and developmental disability authority, creating the Crisis Call Diversion Program (CCD), which introduced co-location in its 911 public safety answering points (PSAP) centers. **In under six weeks, Travis County shifted some of the employees from Integral Care's Expanded Mobile Outreach Team (EMCOT) to new roles as Crisis Center Clinicians (C3s), who serve as trained behavioral health experts embedded within 911 PSAP centers.**

Travis County introduced a call tree to assess the eligibility to divert calls to C3s. This call tree prompts 911 dispatchers to ask whether weapons are present, if a crime is occurring and if other people are in immediate danger. If the situation is deemed safe, the dispatcher passes the

call to a C3, who is co-located in Travis County's PSAP, guaranteeing a seamless transfer. Once a C3 is on the line, they draw from their specialized training to evaluate and provide appropriate care including de-escalation, emotional support and community resources. If an in-person response is needed, all call takers can dispatch an EMCOT unit, offering in-person behavioral health support with or without law enforcement and EMS.

In only three and a half years, the CCD increased its full-time employees from six and a half to 19, who are available 24 hours a day, 365 days a year. **In 2022, C3's handled 6,981 calls and diverted 81 percent of calls away from law enforcement, reducing the demand on law enforcement while streamlining access to behavioral health care for Travis County residents.** Looking forward, the county seeks to improve its technology and data-sharing abilities between C3s and law enforcement agencies to provide the best possible care in times of crisis.






C3's diverted 81 percent of calls away from law enforcement, while streamlining access to behavioral health care.

NACo would like to thank Marisa Malik, Kedra Priest and Colleen McCollough, Integral Care, for sharing information on Travis County.



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