

Advancing Crisis

| Communications:

Highlighting Models of 911/988 Collaboration

April 11, 2024



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Housekeeping

- This webinar is being recorded
- Please share questions anytime
- For any tech trouble, please chat NACo staff via Zoom or email Leenah at lhegazy@naco.org.

Agenda

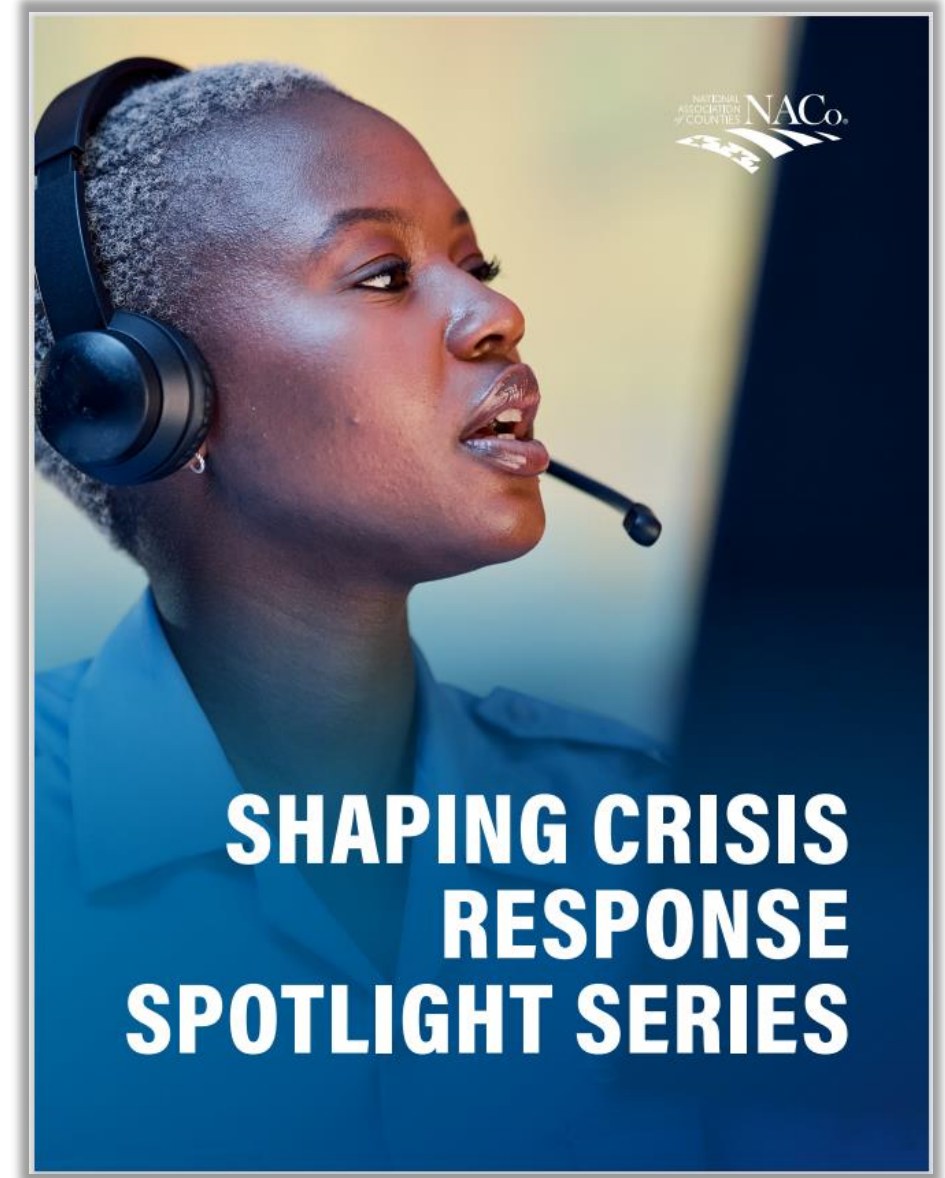
- Welcome & Introductions
- Crisis Communications Overview
- County Spotlights
 - *Travis County, Texas*
 - *Fairfax County, Virginia*
- Q&A
- Closing

Behavioral Health at NACo

- Following and encouraging FCC's work on 988 geolocation efforts
- Expanding programs and projects
 - Familiar Faces Initiative
 - Stepping Up Initiative
 - Opioids Solution Center
- Advocating for stronger intergovernmental partnerships
- Partnering to advance thought leadership
- Developing resources

NACo Resource on 911/988 Crisis Response Models

- Counties are developing and implementing innovative solutions in support of 911/988 collaboration
- Exciting improvements are coming regarding geolocating of callers



SPEAKERS



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Clinical Psychologist
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Director of Crisis
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Integral Care



**Christina
Manning**

Management Analyst
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Fairfax-Falls Church
Community Services
Board



Lisa Potter

Director of Diversion
Initiatives

Fairfax County





Crisis Communications *Overview*



COUNTY SPOTLIGHT

Travis County, Texas

Advancing Crisis Communication: Highlighting 988/911 Collaboration

Marisa Malik, LPC

Director of Crisis Services and Justice Initiatives



Integral Care supports adults and children living with:

- **mental illness**
- **substance use disorder**
- **intellectual and developmental disabilities**

We help people build health and well being so everyone has the foundation to reach their full potential.



What you hear when you call:



You have reached 988

Spanish, press 2

Veterans Crisis, press 1

LGBTQI+ under 25, press 3

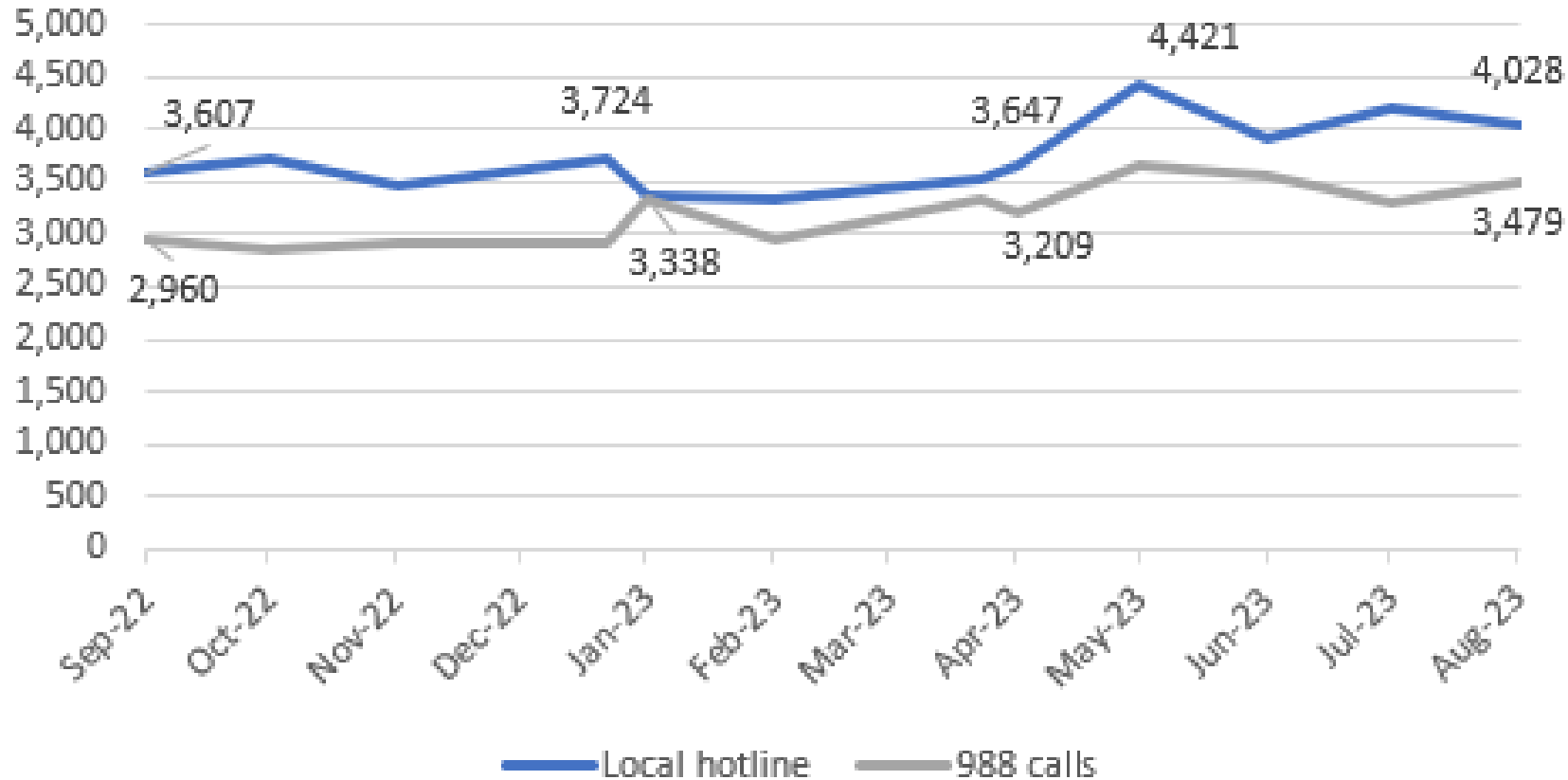
Otherwise stay on the line

988 Highlights & Impacts in Texas

- Texas: 3rd highest call volume
- In-State answer rate increasing
 - 30% to 86% (and going up!)
- Increase in staff
 - Funding
 - Remote work/technology
- All 254 Texas counties covered
- Minimal Impact on LMHA services:
 - Approximately 7% of calls receive a referral to a LMHA.
- Minimal Impact on 911/Emergency Services:
 - Less than 2% of calls require an emergency response

All crisis calls FY23

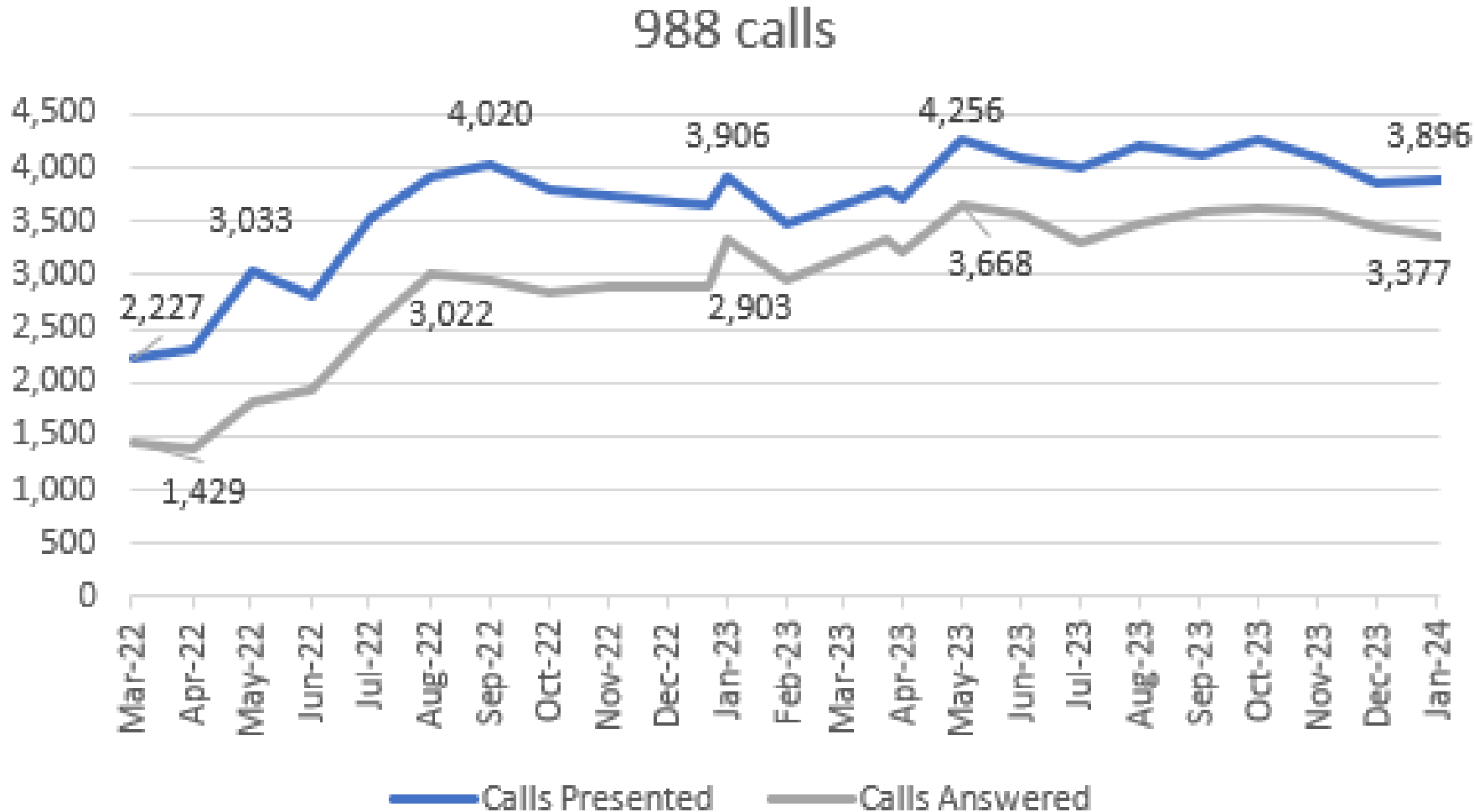
Total calls answered FY23



- Approx. 7,000 total crisis calls/mo.
- Approx. 4,000 local crisis calls/mo.
- Approx. 3,200 988 calls/mo.
- Answering 988 for **71 counties**



988 call volume: Mar 2022 – Jan 2024



TOTAL Presented: 84,684
TOTAL Answered: 68,210

Average answer rate: 80%
(*increase* from 64% to 89%)

**July 16, 2022: 988 rollout



911 partnerships

- **2006**: MCOT beginnings
 - Goal: diversion & re-routing
 - Co-response
- **2011**: Training
- **2012**: “It all started with pancakes”
- **2013**: MCOT expansion
 - First responders' dispatch
- **2019**: Co-location in 911 Call Center
- **2021**: Mental Health option added



Call Center Diversion (CCD)

- CCD focuses on diverting appropriate mental health related calls received by Austin Police Department's Emergency Communications Division to a Center Crisis Clinician (C3) imbedded on the Operations Floor.
- The goal is to engage the caller in addressing mental health issues in the mental health treatment system as opposed to the criminal justice system.
- The C3 provides the caller with complete triage screenings, assists with de-escalation of crisis, completes safety planning, dispatches Integral Care's crisis teams, and provides other community referrals as necessary.

9-1-1 Calls Appropriate for C3 Transfer

- Callers experiencing a mental health (MH) crisis and **NOT** actively attempting suicide or physically violent toward themselves or others
- Callers indicating there is a verbal dispute or disturbance only with a MH component
- Callers requesting police due to psychosis or an altered mental state
- Parents requesting police due to child behavioral issues
- Repeat callers with a known MH history
- A caller experiencing a mental health crisis and requesting a Mental Health Officer
- A caller experiencing a mental health crisis and the call does not meet the transfer criteria, if the 911 Operator believes the C3 could assist in de-escalation prior to the officers' arrival.
- Second party callers concerned about the welfare of someone who has a known or suspected mental health history

911 Calls Ineligible for C3 Transfer

- An individual in possession of firearms, knives, or any other weapons
- An individual under the influence of alcohol or drugs to the extent requiring medical intervention (overdose or detox) or exhibiting violent behavior
- An individual threatening or at imminent risk of hurting self or others/ of killing self or others
- When an individual has committed a crime (e.g. family violence)
- Hot Shot calls (calls where life and/or property are in imminent danger)
- Priority 1 calls, with the exception of Check Welfare Urgent calls *if* the call does not have other disqualifiers

Mobile Crisis Outreach Team Model

- Serves individuals who are experiencing a mental health crisis in Travis County
- Prevent over-use and misuse of emergency departments, psychiatric hospitalizations, and unnecessary law enforcement involvement
- Right care, right place, right time
- Response Team Composition:
 - 1 clinician from referrals received from first responders
 - 2 clinician team from referrals received from C3
 - 1 clinician co-response with Community Health Paramedic
 - 1 clinician, 1 Community Health Paramedic, 1 CIT officer



Key Strategies

- Site Visits
- Observations (Call Takers/MCOT)
- Build relationships with first responder partners
- Interlocal, Memorandum of Understanding
- Integrate Emergency Communication Centers (benefits to same location)
- Data Collection

Lessons Learned

- Technology
- Training
- Recruitment for positions



EMCOT Data FY23

Field Response Team

- 2,212 unduplicated served
- 2,431 dispatches received

- 100% diverted from arrest
- 95% diverted from POED
- 92% diverted from ED transport/admission

Call Center Clinicians (C3s)

- 6,295 calls
- 4,579 eligible for diversion
- 2,421 unduplicated served

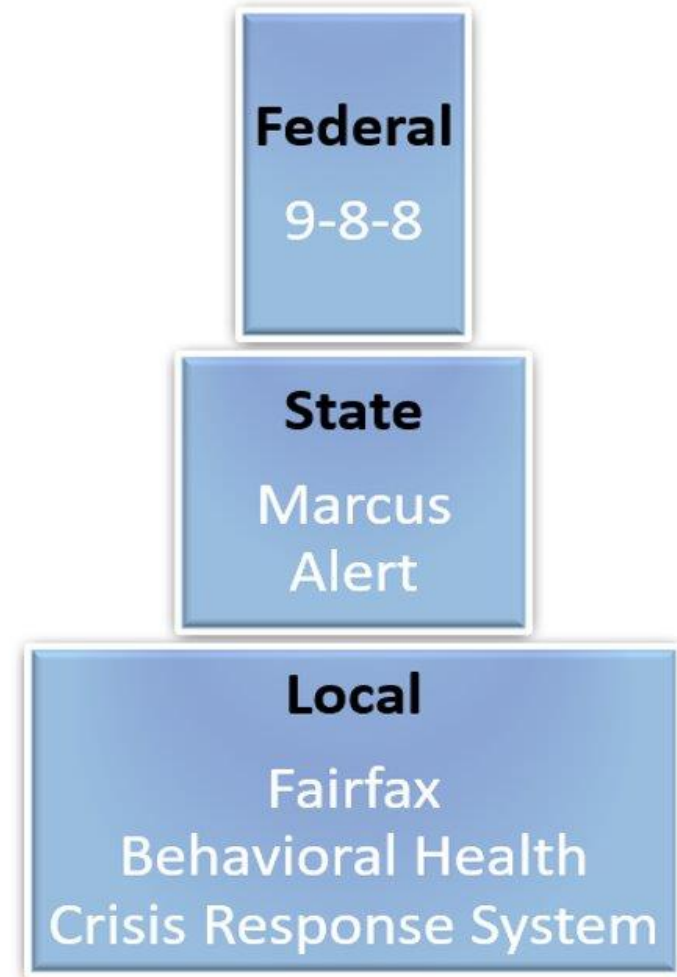
- 86% diverted from police response



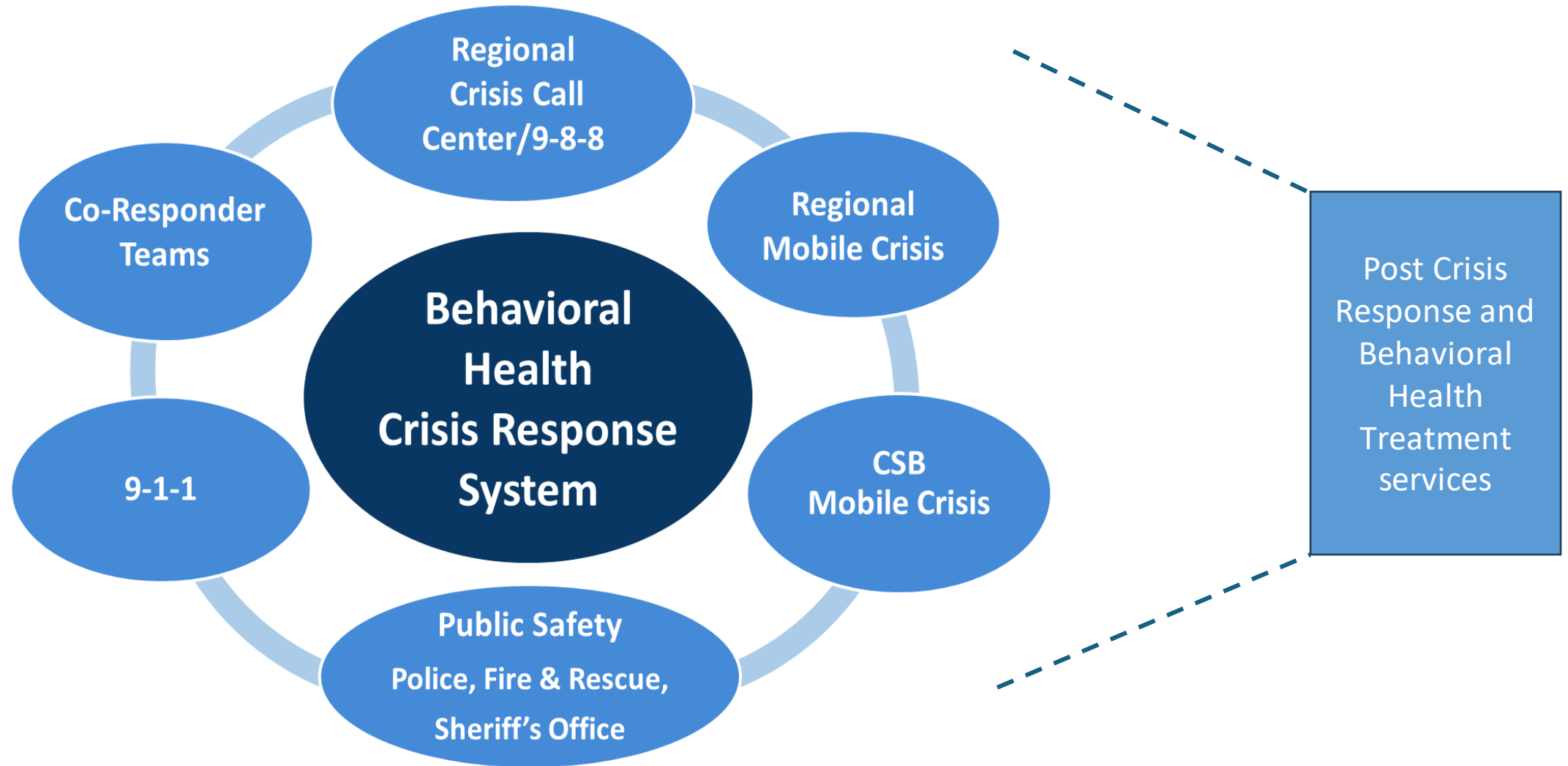
COUNTY SPOTLIGHT
Fairfax County, Virginia

Fairfax County, Virginia

- Cross-system Diversion First initiative
- State law - Marcus Alert
- Alignment with behavioral health crisis response system



Fairfax County Behavioral Health Crisis Response System



Fairfax County Planning

- Cross-System Team
- Shared Definition of Risk & Common Language
- Response Protocols
- PSAP & First Responder Priority Lines into 988



Response Protocol Options:

- 9-8-8 Regional Crisis Call Center
- Regional Mobile Crisis
- CSB Mobile Crisis

Response Protocol Options:

- Co-Responder
- Public Safety with CSB Mobile Crisis
- Transport to Merrifield Crisis Response Center or Hospital

Fairfax County Challenges

- Patience – shifting the response system culture takes time
- 9-8-8 recent launch
 - Area codes outside Virginia are prevalent – lack of geo-routing impacts access to local resources
 - 988 awareness in the community is still building
- Multiple jurisdictions
- Multiple data systems
- Consistency of messaging across agencies



Fairfax County Lessons Learned



Early implementation taught us:

- Most calls with a behavioral health component have no imminent risk
- There are calls with no imminent risk are not appropriate for 9-8-8
- Ongoing training is necessary (both standardized and agency specific)
- Quality improvement is best when it is system focused

Fairfax County Recommendations

- Have a dedicated project manager and champions in all disciplines
- Use lessons learned from other jurisdictions and determine what would best for your locality
- Consider existing services and leverage resources and relationships
- Acknowledge organizational differences in culture, philosophy and approach
- Identify policies, procedures, training and tools that will need to be developed
- Use data to inform planning and implementation decisions





Questions? | Feedback

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Your input matters!

Please take 2 – 3 minutes to share your thoughts with us

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THANK YOU!

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