

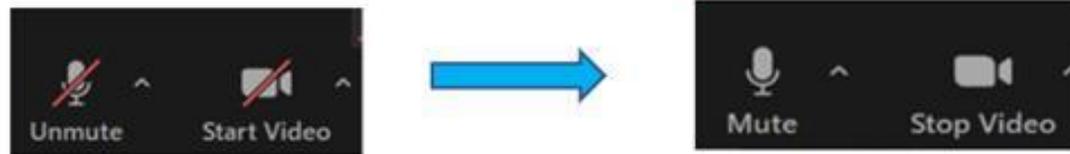
Data-Driven Justice and Stepping Up Initiative: *Coordinating a System Response to 911 Dispatch*

January 27, 2021

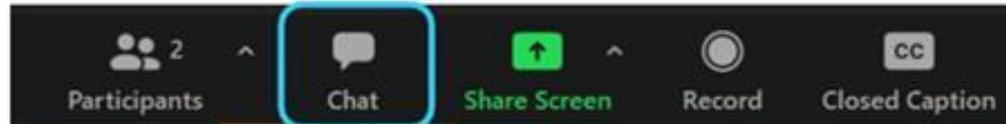


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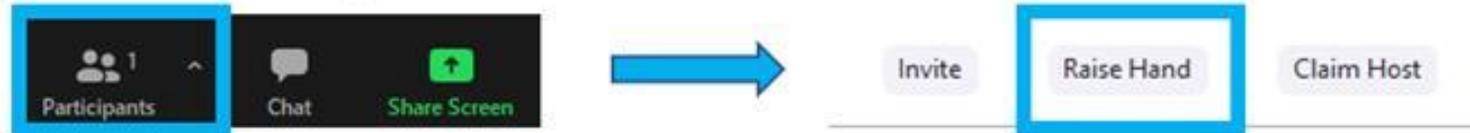
To mute/unmute and start/stop video:



To access the chat box:



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This webinar is being recorded. The recording and slide deck will be available on the event webpage.





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URBANLABS

Science in Service
of Cities.

Understanding Law Enforcement Response

S. Rebecca Neusteter, PhD
Executive Director, UChicago Health Lab

January 27, 2021

OUR APPROACH

WE PARTNER WITH CIVIC LEADERS TO:



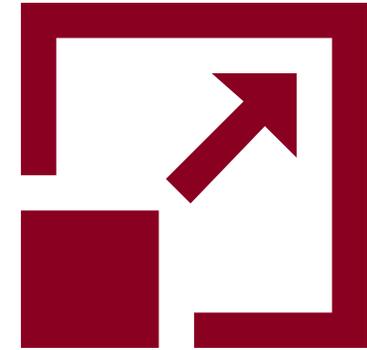
IDENTIFY

Promising solutions to urban challenges



TEST

The most promising urban policies and programs



SCALE UP

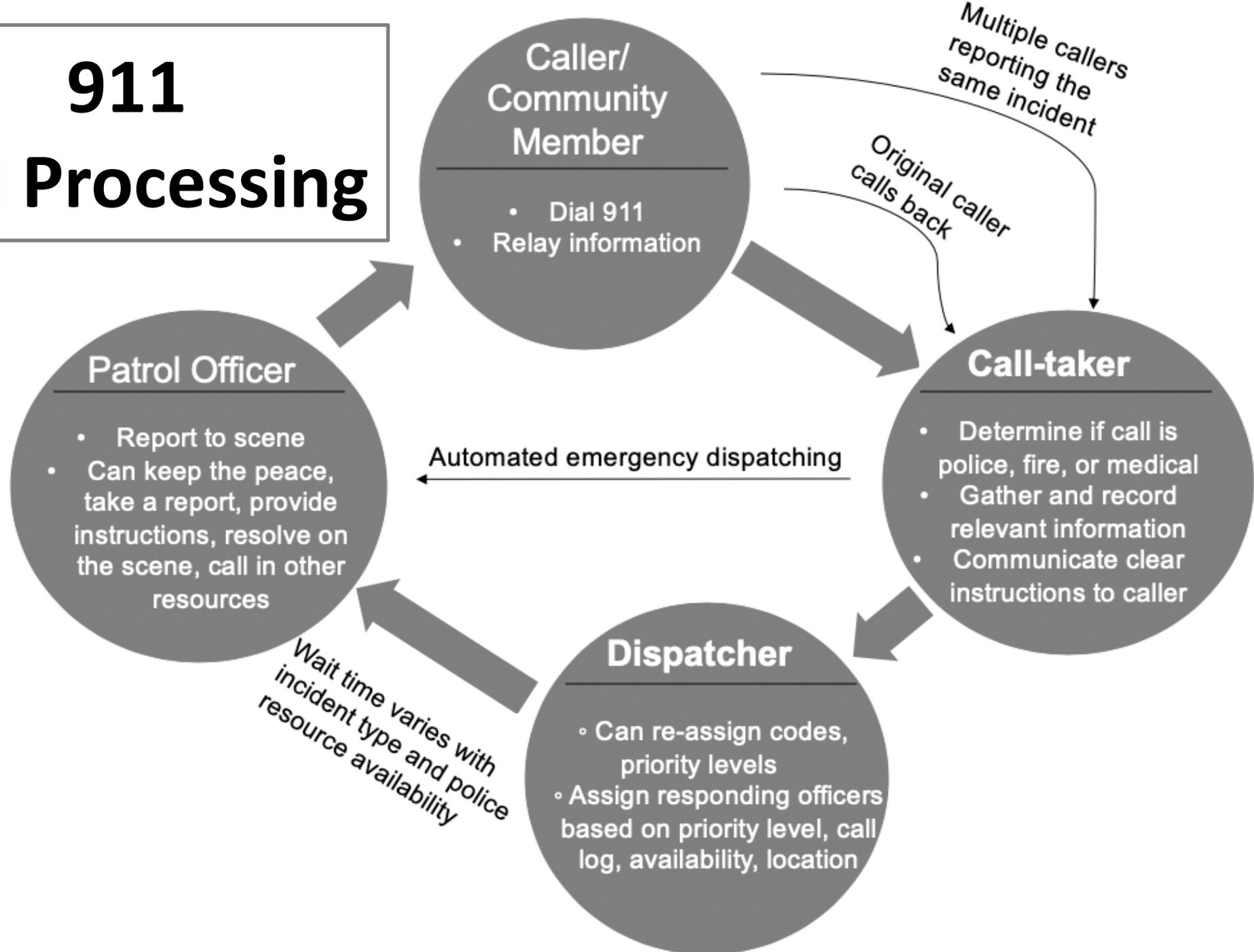
The most effective and cost-efficient policies and programs



911 Calls for Service: Putting the Pieces Together



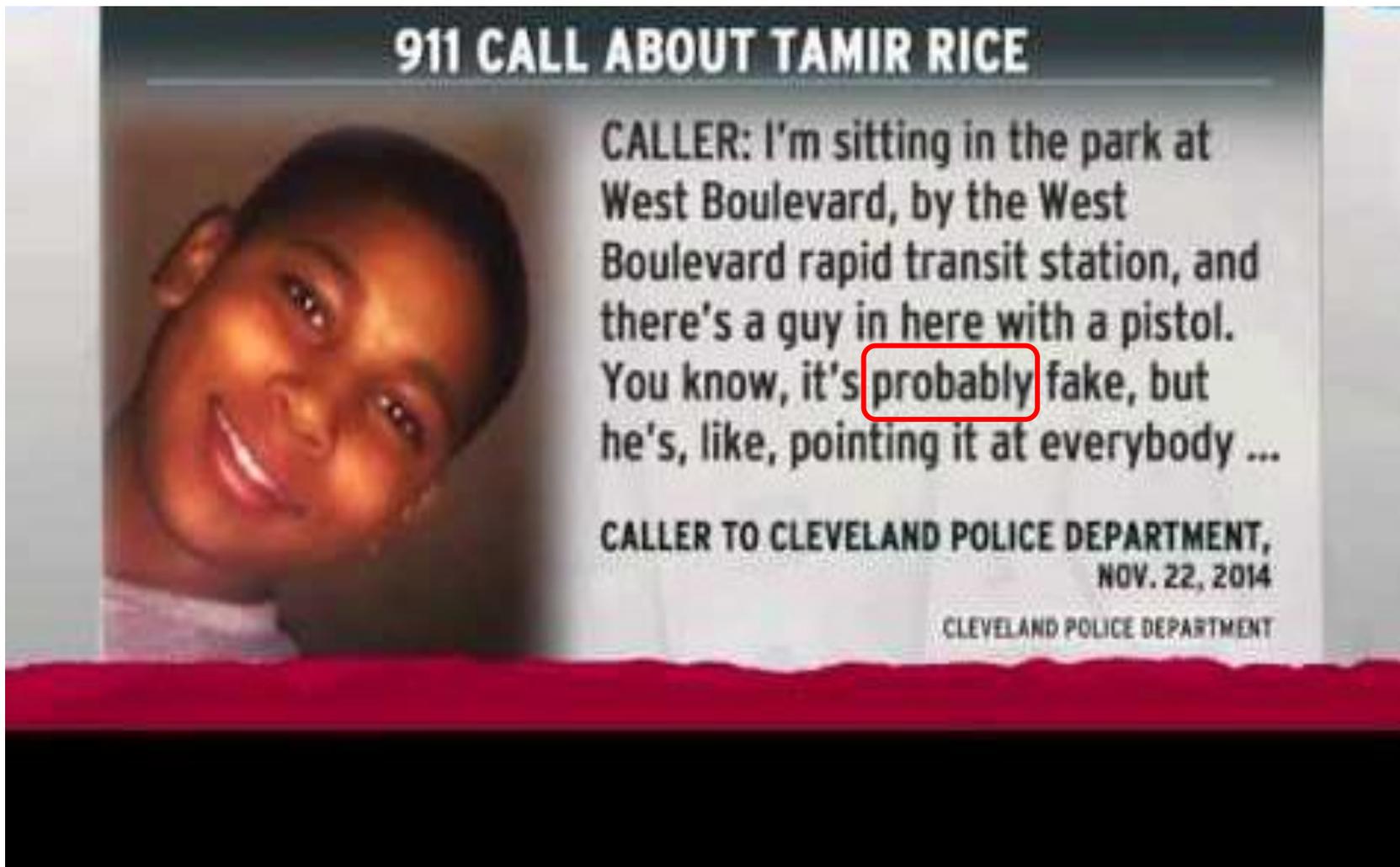
911 Call Processing



The Game of Telephone



With Life and Death Consequences



Why Should We Examine the 911 System?



Understanding Police Response Through 911 Dispatch



Key Findings from 911 Audio Analysis

Are 911 call data entered reliably into CAD systems (i.e., are different call takers likely to record information similarly), and does this vary by call type?

Call Type	N	Priority level match	Researcher call type match	Narrative match
Randomly Selected	50	70%	54%	76%
Disturbance of the Peace	10	40%	30%	70%
Domestic Violence	10	90%	60%	60%
Use of Force Eliciting	9	67%	44%	67%
Mental Health	10	50%	40%	80%
Repeat Callers	5	40%	80%	100%
Total	94	65%	51%	74%
Interrater Reliability	18	67%	56%	72%

Key Findings from 911 Descriptive Analysis

What is the volume of 911 calls received, and how does this vary by incident-type, time of day, and geographic location?

	Agency 1 (2016, 2017)	Agency 2 (2016, 2017)	Agency 3 (2017, 2018)	Agency 4 (2016, 2017)	Agency 5 (2016, 2017)
Total across both years	137,426 calls of 508,902 CAD entries	601,072 calls of 833,145 entries	405,289 calls of 877,217 CAD entries	639,657 calls of 848,176 CAD entries	290,701 calls of 833,344 CAD entries
Priority type	2 Non-emergency	3&4 Non-emergency	2&3 Non-emergency	1 Non-emergency	3 Non-emergency
Incident type	Disturbance of the Peace	911 Hang Up; Welfare Check	Disturbance	Complaint/other	Premise Check
Day of the week	Friday	Friday	Saturday & Sunday	Tuesday	N/A
Time of day	1pm–7pm	Noon–8pm	3pm–10pm	Noon–8pm	2pm–10pm

Key Findings from 911 Descriptive Analysis

What proportion of police activity—especially enforcement—is proactive (i.e., officer initiated, such as traffic stops and directed patrols) versus reactive (i.e., in response to 911 calls/reported incidents)?

		Agency 1 (2016, 2017)	Agency 2 (2016, 2017)	Agency 3 (2017, 2018)	Agency 4 (2016, 2017)	Agency 5 (2016, 2017)
What proportion of police activity is proactive versus reactive?	% of CAD entries that are 911 CFS	2016: 25% 2017: 29%	2016: 71% 2017: 73%	2017: 54% 2018: 40%	2016: 82% 2017: 75%	2016: 35% 2017: 35%
	% of CAD entries that are officer-initiated	2016: 75% 2017: 52%	2016: 29% 2017: 27%	2017: 46% 2018: 60%	2016: 29% 2017: 37%	N/A

Call Volumes By Incident Type: Agency 1

2017

Incident Type	Frequency	Percent	Incident Type	Frequency	Percent
Total Crime	86448	27.3	Behavioral Health	4335	1.40
Alarms	12586	4.00	Officer Needs Help	5	0.00
Violent Crimes	2636	0.80	Call-related Issues	77964	24.50
Domestic Violence	19236	6.10	Warrants	483	0.20
Property Crimes	22515	7.10	Status Offense	3253	1.00
Other Crimes	29475	9.30	Fire	54	0.00
Complaints/ Environmental Conditions	26216	8.20	Callback	6912	2.20
Service Assignments/Statuses	53611	16.90	Sex Offense	1675	0.50
Accidents/Traffic Related	13397	4.20	Drugs	2219	0.70
Missing Persons	1321	0.40	Liquor Violations	262	0.10
Suspicion	17065	5.40	Missing	22550	7.10

Call Volumes By Incident Type: Agency 2

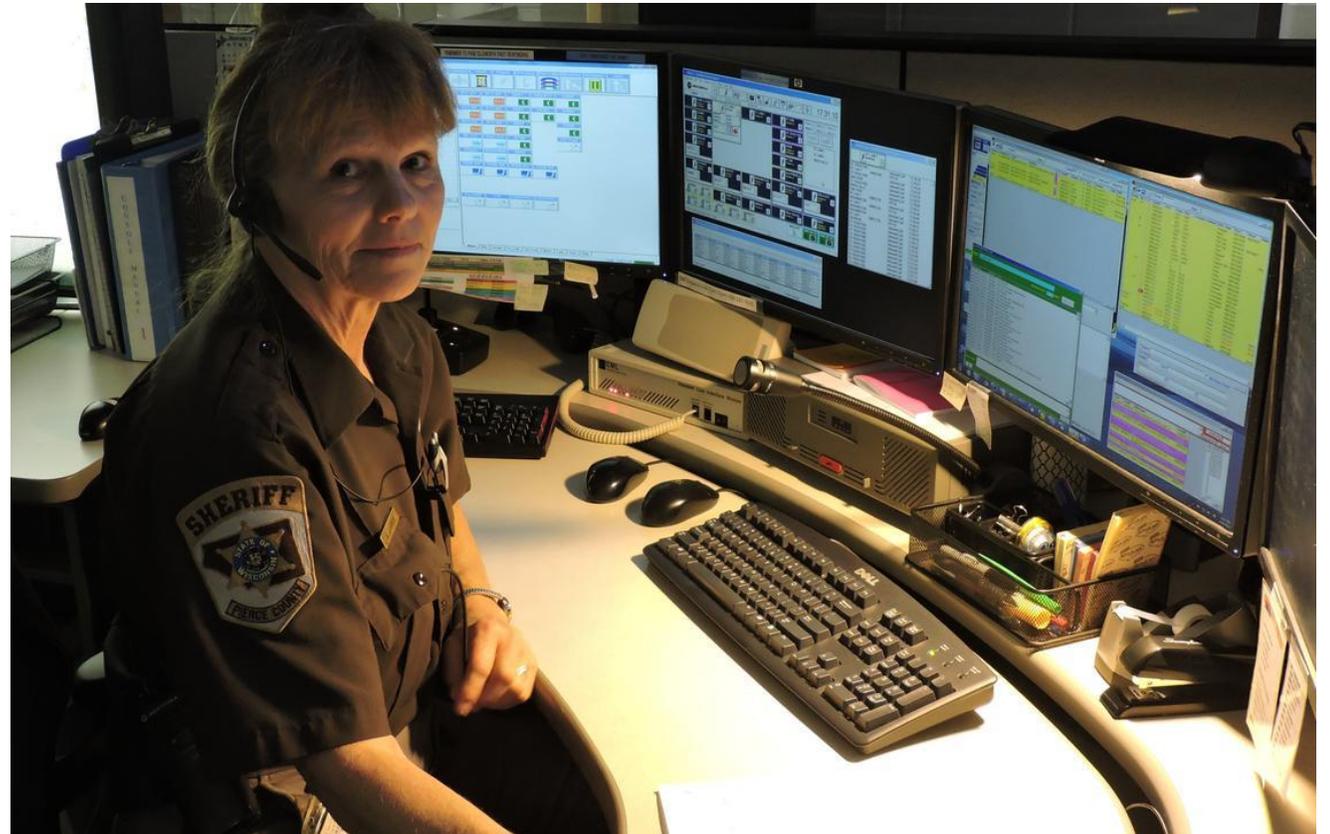
2017

Incident Type	Frequency	Percent	Incident Type	Frequency	Percent
Total Crime	17632	26.8	Missing Persons	470	0.70
Alarms	5046	7.70	Proactive	960	1.50
Violent Crimes	950	1.40	Property Check	715	1.10
Domestic Violence	4326	6.60	Reports	961	1.50
Property Crimes	1240	1.90	Suspicion	2352	3.60
Other Crimes	6070	9.20	Health	3012	4.60
Complaints/ Environmental Conditions	16283	24.70	Behavioral Health	1566	2.40
Service Assignments/Statuses	18013	27.30	Emergency Call for Help from Officer	N/A	N/A
Traffic Related	2525	3.80	Hang Ups and Deferred Calls	547	0.80
Missing	879	1.30			

TRANSFORM911

Centralize and evaluate evidence base surrounding current 911 system, identify limitations and opportunities, spark creativity and innovation in alternative approaches, and develop explicit policy recommendations for state and federal policymakers to achieve system change at local and national levels.

1. Advancing national dialogue
 - People's history of 911
 - Community of practice
 - National virtual roundtable
2. Centralizing knowledge and resources
3. Building blueprints for change



Thank you.

For Comments or Questions Contact

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Valley Communications Center 911

Lora Ueland, CPE RPL

Executive Director

www.valleycom.org



Established in 1977

142 employees

Serving:

9 Police Agencies

14 Fire Agencies

1 Paramedic/EMS

1 Correctional Facility

600,000 calls for service in 2020

911 Systems & Data Sources



Telephone

Owned by King County

CAD (Computer Aided Dispatch)

Owned by Valley Com

Radio

Owned by regional radio consortium

Limited data shared across all
3 systems



*We are drowning in data and starved for information.
Data is useless unless you can convert it to information
and ultimately into knowledge. Eric D. Brown*

911 of the Future (Right Now)



Mental Health Co-Responder Program

988 National Suicide Hotline

Racial Equity & 911

Changing Role of 911



Adapt to needs of today

Integral to deploying alternative emergency services

NG911 data sets changing – texts, pictures, videos, telematics

What got us here, isn't going to get us there. Marshall Goldsmith

Presentation Overview

- History of the Behavioral Health Initiative: Funding of our MCT
- Mobile Crisis Teams/Non-Law Mobile Crisis Teams
- Other Aspects of the Crisis Continuum:
 - Community Engagement Teams, LEAD, and Crisis Stabilization Unit
- Challenges and Next Steps



History of the Behavioral Health Tax

- 2014 Ballot initiative to impose a $\frac{1}{8}$ of 1 percent gross-receipts tax
 - Tax implemented in July 2015
 - Community Partners Inc. (CPI) developed a roadmap for including community input and creating a governance structure.



Mobile Crisis Teams (MCT)



- Collaborative program between Bernalillo County and the City of Albuquerque
- MCT's respond to individuals experiencing a nonviolent behavioral health crisis that necessitates a 911-response
- There are six MCT teams (4 APD, 2 BCSO) and two Non-Law MCT teams (2 BCFD)



Program Eligibility Requirements/ Who We Serve

- Target Population: Individuals experiencing a behavioral health related crisis including children, adolescents and adults.
- Appropriate 911 calls are dispatched to law enforcement MCTs and scene requests to Non-Law Enforcement MCTs



How is MCT Dispatched to a Scene ?



- Call to the 911 Dispatch
- Use of the Emergency Medical Dispatch (EMD) Protocols
- Behavioral Health Tab (to determine eligibility)
 - Immediate Threat?
 - Not every mental health call is appropriate
- If appropriate they send dual response of MCT and field unit



Non Law Enforcement Mobile Crisis Teams (NLMCT)

- NLMCT responds to requests from scene requests
- NLMCT's are comprised of one behavioral health clinician and one Paramedic certified in Enhanced Crisis Intervention Training



New Mexico Crisis and Access Line



Preliminary Call Data

Table 1: Calls for Service

Call Event	Count
Dispatched	5,370
Enroute	5,154
On-Scene	4,297

Table 2: Dispatched CFS by Call Type

Call Types	Count	Percent
Suicide Related	1,321	24.7%
Behavioral Health	1,167	21.8%
Welfare Check	596	11.1%
Request Contact	445	8.3%
Suspicious Person	379	7.1%
Other	<u>1443</u>	<u>27.0%</u>
Total	5,351	100%



Other Programs in our Crisis Continuum

- Resource Reentry Center
- Law Enforcement Assisted Diversion (L.E.A.D.)
- Community Engagement Teams
- Crisis Stabilization Unit



Challenges and Next Steps

- Challenges
 - Safety of Non-Law MCT teams
 - City and County dispatch systems working together
 - Maintaining a clinical workforce
- Next Steps
 - NLMCT expansion (more teams, scene clearing not required)
 - Expansion of peer teams



Questions & Comments



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Crisis Call Diversion

Chiara Jaranilla

Crisis Call Diversion Program Manager, The Harris Center

Jennifer Battle, MSW

Director of Access, The Harris Center

The CCD Partners

 **The HARRIS CENTER** for
Mental Health and IDD

Transforming Lives

 **The HARRIS CENTER** for
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Transforming Lives

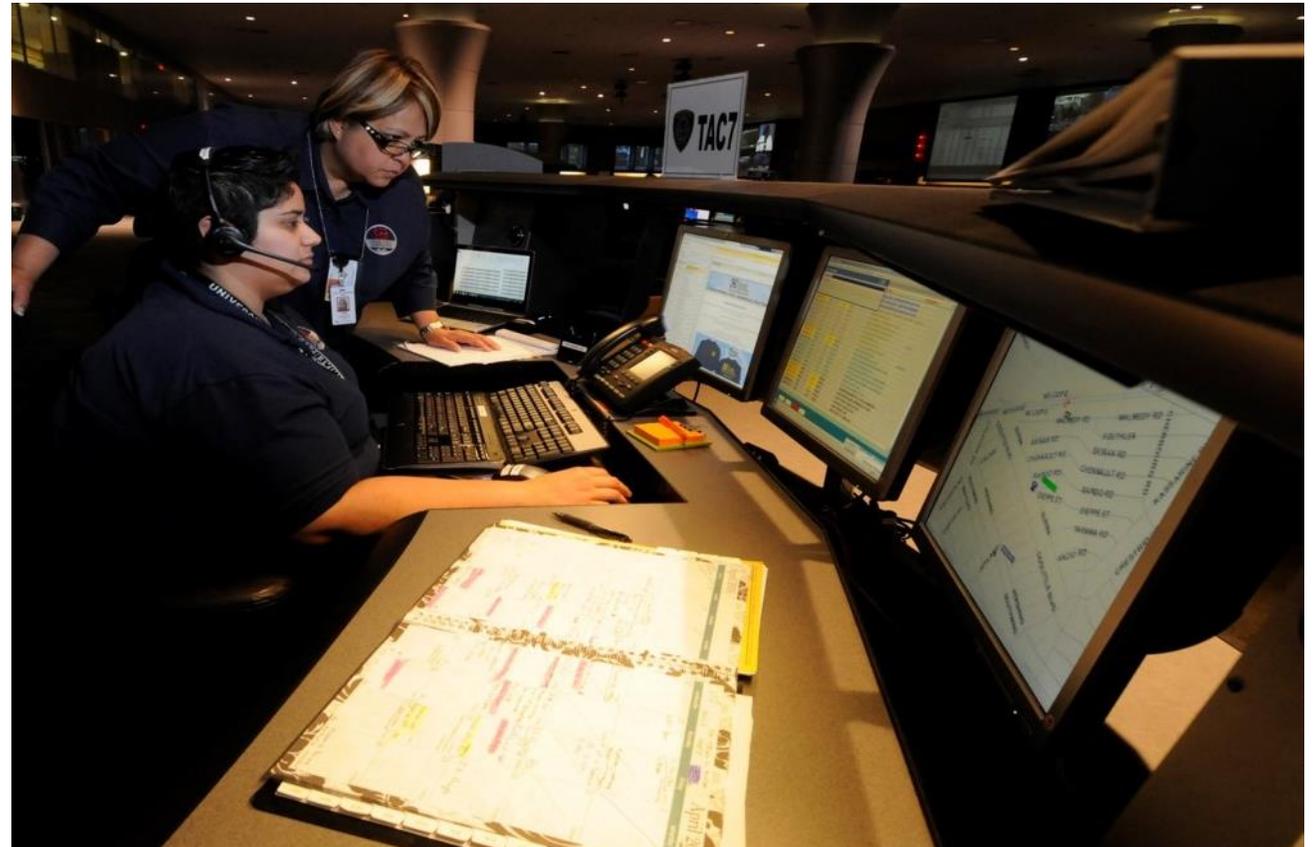


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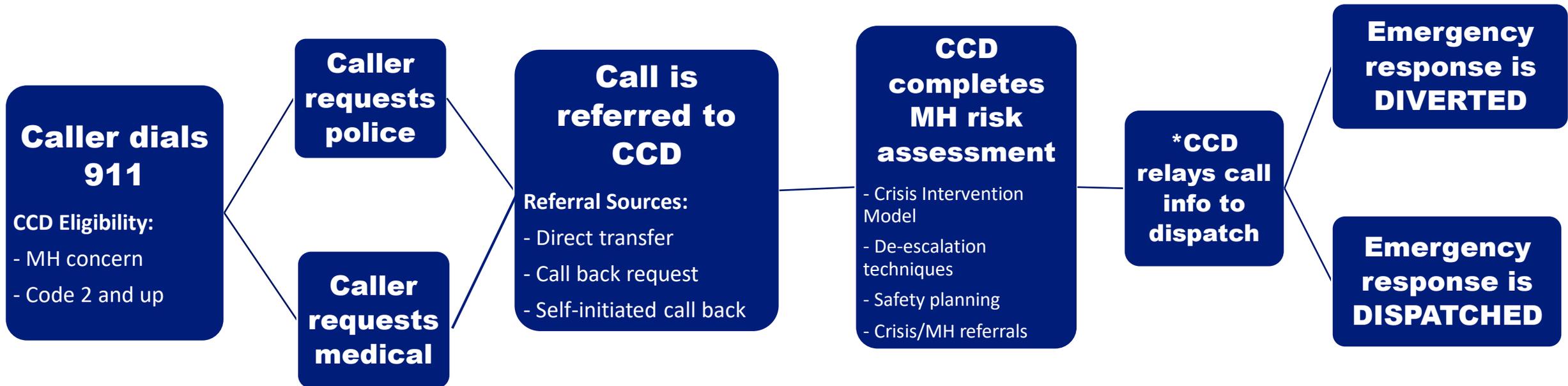


The CCD Mission Statement

To assist first responders and persons in crisis by providing empathy, connection, de-escalation, and linkage to the right-sized care.



The CCD Call Flow



CCD Referral Sources

Referrals to CCD can be made via:

- **Direct call transfer**
 - **Call back request**
 - **Self-initiated call back**
-
- 911 Call Takers
 - HFD Call Takers
 - HPD Dispatchers
 - Watch Command / Dispatch Supervisors
 - Police Desk Unit
 - Teleserve
 - Patrol
 - Computer Aided Dispatch (CAD)

911 Call Taker / HFD Call Taker

Triage Questions for CCD Eligibility

- **911 Call Taker – for Codes 2 and up only**
 - ✓ Are you aware of or do they appear to have mental issues? (Has to be a “Yes” response)
 - ✓ Is this call in reference to their mental state? (Has to be a “Yes” response)
- **HFD Call Taker – for calls endorsing mental health concerns**
 - ✓ Are you currently attempting to kill or harm yourself or anyone else? (Has to be “No” or “Unknown” response)
 - ✓ Are there any weapon involved? (Has to be “No” or “Unknown” response)
 - ✓ Awake Now? (Has to be “Yes” or “Unknown” response)
 - ✓ Is there any bleeding? (Has to be “No” or “Unknown” response)
 - ✓ Is this call within CCD’s operating hours? (Has to be “Yes” to transfer to CCD)

CCD Training

Classroom Training

- **Crisis Intervention Theory**
- **Cultural Awareness and Trauma Informed Care**
- **Empathetic Listening**
- **Privacy and Confidentiality**
- **Adult Mental Health Overview**
- **Children's Mental Health Overview**
- **Substance Use Overview**
- **Intellectual & Developmental Disabilities Overview**
- **Assessing for Suicide Ideation**
- **Assessing for Violence / Homicide Ideation**
- **Safety Planning and De-Escalation**
- **Mandatory Reporting**
- **Harris Center Outpatient Services**
- **Harris Center Crisis Services**
- **Documentation and Outcomes**
- **Crisis Timeframes**
- **Follow Up Activities**
- **Anasazi (EHR) Training**
- **Computer Aided Dispatch Training**

CCD Training

Shadowing Shifts / Ridealongs

- Outpatient Clinic Shadowing
- 24hr Crisis Line Shadowing
- Mobile Crisis Outreach Team Ridealong
- Neuropsychiatric Center Shadowing – 24hr psychiatric ER
- CCD Phone Counselor Shadowing
- 911 Call Taker Shadowing
- HFD Call Taker Shadowing
- HPD Dispatcher Shadowing
- Police Desk Unit Shadowing
- HPD Patrol Ridealong

Training can take 2-3 months, pending CJIS clearance and trainee readiness.

Staffing & Target Outcomes

CCD Staffing:

- **Hours: 6:00am – 10:00pm Mon – Sun**
 - Closures for agency holidays, staff trainings, etc.
- **5 Crisis Phone Counselors**
- **1 Team Lead**
- **1 Program Manager**

Monthly Targets:

- **Assess 400-500 911 calls for service per month**
- **Divert 200-300 total 911 calls for service away from emergency response**
 - 200 HPD Diversions
 - 50 HFD Diversions

Crisis Call Diversion Successes:

March 2016 – April 2020



Transforming Lives

6,192 calls diverted completely away from law enforcement response between March 2016-April 2020

Equivalent of 9,288 hours of police time and \$1,133,136.

2,252 calls diverted completely away from fire department response between June 2017 – April 2020

At an estimate of \$1404 per response this is \$3,161,808.

2,748 community referrals provided to callers

Include mental health/ substance use treatment, primary medical care, basic needs, and others

Identified 1,328 callers who were current clients of The Harris Center

Alerted their treatment teams to the 911 interaction

76 patient referrals sent to MCOT for follow up

MCOT is the Mobile Crisis Outreach Team staffed by the Harris Center with a psychiatrist that respond to client's location

Have completed 2,616 safety plans with callers

Concrete strategies that include coping skills and steps to take to reach out for appropriate help

Challenges

Historical Challenges

- Approval for co-location at the Houston Emergency Center
- Telecommunicator Licensure

Ongoing Challenges

- CJIS Renewals
- ECD or MHD?

Program Funding

- **Original Funding for the pilot program was provided for 2 years by:**

HOUSTON ENDOWMENT INC.

A PHILANTHROPY ENDOWED BY JESSE H. AND MARY GIBBS JONES



- **Current Funding is provided by:**



TEXAS
Health and Human Services

House Bill 13 Community Mental Health Grant

Questions?

Feel free to send inquiries to:

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