Data-Driven Justice and Stepping Up Initiative:
Coordinating a System Response to 911 Dispatch
January 27, 2021
Instructions

To mute/unmute and start/stop video:

To access the chat box:

To raise/lower your hand:
This webinar is being recorded. The recording and slide deck will be available on the event webpage.
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

**Caller/Community Member**
- Dial 911
- Relay information

**Call-taker**
- Determine if call is police, fire, or medical
- Gather and record relevant information
- Communicate clear instructions to caller

**Dispatcher**
- Can re-assign codes, priority levels
- Assign responding officers based on priority level, call log, availability, location

**Patrol Officer**
- Report to scene
- Can keep the peace, take a report, provide instructions, resolve on the scene, call in other resources

Wait time varies with incident type and police resource availability

Multiple callers reporting the same incident

Original caller calls back
The Game of Telephone
With Life and Death Consequences
Why Should We Examine the 911 System?
Understanding Police Response Through 911 Dispatch

America’s First 911 Call Made To This Phone On February 16, 1968
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?

<table>
<thead>
<tr>
<th>Call Type</th>
<th>N</th>
<th>Priority level match</th>
<th>Researcher call type match</th>
<th>Narrative match</th>
</tr>
</thead>
<tbody>
<tr>
<td>Randomly Selected</td>
<td>50</td>
<td>70%</td>
<td>54%</td>
<td>76%</td>
</tr>
<tr>
<td>Disturbance of the Peace</td>
<td>10</td>
<td>40%</td>
<td>30%</td>
<td>70%</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>10</td>
<td>90%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Use of Force Eliciting</td>
<td>9</td>
<td>67%</td>
<td>44%</td>
<td>67%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>10</td>
<td>50%</td>
<td>40%</td>
<td>80%</td>
</tr>
<tr>
<td>Repeat Callers</td>
<td>5</td>
<td>40%</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>94</td>
<td><strong>65%</strong></td>
<td><strong>51%</strong></td>
<td><strong>74%</strong></td>
</tr>
<tr>
<td>Interrater Reliability</td>
<td>18</td>
<td>67%</td>
<td>56%</td>
<td>72%</td>
</tr>
</tbody>
</table>
## 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?*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total across both years</strong></td>
<td>137,426 calls of 508,902 CAD entries</td>
<td>601,072 calls of 833,145 entries</td>
<td>405,289 calls of 877,217 CAD entries</td>
<td>639,657 calls of 848,176 CAD entries</td>
<td>290,701 calls of 833,344 CAD entries</td>
</tr>
<tr>
<td><strong>Priority type</strong></td>
<td>2 Non-emergency</td>
<td>3&amp;4 Non-emergency</td>
<td>2&amp;3 Non-emergency</td>
<td>1 Non-emergency</td>
<td>3 Non-emergency</td>
</tr>
<tr>
<td><strong>Incident type</strong></td>
<td>Disturbance of the Peace</td>
<td>911 Hang Up; Welfare Check</td>
<td>Disturbance</td>
<td>Complaint/other</td>
<td>Premise Check</td>
</tr>
<tr>
<td><strong>Day of the week</strong></td>
<td>Friday</td>
<td>Friday</td>
<td>Saturday &amp; Sunday</td>
<td>Tuesday</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Time of day</strong></td>
<td>1pm–7pm</td>
<td>Noon–8pm</td>
<td>3pm–10pm</td>
<td>Noon–8pm</td>
<td>2pm–10pm</td>
</tr>
</tbody>
</table>
## 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)?

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% of CAD entries that are 911 CFS</td>
<td>2016: 25%</td>
<td>2016: 71%</td>
<td>2017: 54%</td>
<td>2016: 82%</td>
<td>2016: 35%</td>
</tr>
<tr>
<td></td>
<td>2017: 29%</td>
<td>2017: 73%</td>
<td>2018: 40%</td>
<td>2017: 75%</td>
<td>2017: 35%</td>
</tr>
<tr>
<td>% of CAD entries that are officer-initiated</td>
<td>2016: 75%</td>
<td>2016: 29%</td>
<td>2017: 46%</td>
<td>2016: 29%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2017: 52%</td>
<td>2017: 27%</td>
<td>2018: 60%</td>
<td>2017: 37%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Call Volumes By Incident Type: Agency 1

### 2017

<table>
<thead>
<tr>
<th>Incident Type</th>
<th>Frequency</th>
<th>Percent</th>
<th>Incident Type</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Crime</td>
<td>86448</td>
<td>27.3</td>
<td>Behavioral Health</td>
<td>4335</td>
<td>1.40</td>
</tr>
<tr>
<td>Alarms</td>
<td>12586</td>
<td>4.00</td>
<td>Officer Needs Help</td>
<td>5</td>
<td>0.00</td>
</tr>
<tr>
<td>Violent Crimes</td>
<td>2636</td>
<td>0.80</td>
<td>Call-related Issues</td>
<td>77964</td>
<td>24.50</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>19236</td>
<td>6.10</td>
<td>Warrants</td>
<td>483</td>
<td>0.20</td>
</tr>
<tr>
<td>Property Crimes</td>
<td>22515</td>
<td>7.10</td>
<td>Status Offense</td>
<td>3253</td>
<td>1.00</td>
</tr>
<tr>
<td>Other Crimes</td>
<td>29475</td>
<td>9.30</td>
<td>Fire</td>
<td>54</td>
<td>0.00</td>
</tr>
<tr>
<td>Complaints/Environmental Conditions</td>
<td>26216</td>
<td>8.20</td>
<td>Callback</td>
<td>6912</td>
<td>2.20</td>
</tr>
<tr>
<td>Service Assignments/Statuses</td>
<td>53611</td>
<td>16.90</td>
<td>Sex Offense</td>
<td>1675</td>
<td>0.50</td>
</tr>
<tr>
<td>Accidents/Traffic Related</td>
<td>13397</td>
<td>4.20</td>
<td>Drugs</td>
<td>2219</td>
<td>0.70</td>
</tr>
<tr>
<td>Missing Persons</td>
<td>1321</td>
<td>0.40</td>
<td>Liquor Violations</td>
<td>262</td>
<td>0.10</td>
</tr>
<tr>
<td>Suspicion</td>
<td>17065</td>
<td>5.40</td>
<td>Missing</td>
<td>22550</td>
<td>7.10</td>
</tr>
</tbody>
</table>
## Call Volumes By Incident Type: Agency 2

### 2017

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

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.
Thank you.

For Comments or Questions Contact

S. Rebecca Neusteter, PhD
Executive Director
Health Lab
University of Chicago

rebeccaneusteter@uchicago.edu
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 a 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**

<table>
<thead>
<tr>
<th>Call Event</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Event</td>
<td>5,370</td>
</tr>
<tr>
<td>Dispatched</td>
<td>5,154</td>
</tr>
<tr>
<td>Enroute</td>
<td>4,297</td>
</tr>
</tbody>
</table>

**Table 2: Dispatched CFS by Call Type**

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

Charlie Verploegh, PhD
Assistant Director
Department of Behavioral Health Services
5901 Zuni SE, Albuquerque, NM 87108
Email: ceverploegh@bernco.gov
C: (505) 221-7357
www.bernco.gov/dbhs
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
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

**Caller dials 911**

**Caller requests police**

**Caller requests medical**

**Call is referred to CCD**

Referral Sources:
- Direct transfer
- Call back request
- Self-initiated call back

**CCD completes MH risk assessment**

- Crisis Intervention Model
- De-escalation techniques
- Safety planning
- Crisis/MH referrals

*CCD relays call info to dispatch*

**Emergency response is DIVERTED**

**Emergency response is DISPATCHED**

**CCD Eligibility:**
- MH concern
- Code 2 and up
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.
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

- 6,192 calls diverted completely away from law enforcement response between March 2016-April 2020
- 2,252 calls diverted completely away from fire department response between June 2017 – April 2020
- 2,748 community referrals provided to callers
- Identified 1,328 callers who were current clients of The Harris Center
- Equivalent of 9,288 hours of police time and $1,133,136.
- At an estimate of $1404 per response this is $3,161,808.
- Include mental health/substance use treatment, primary medical care, basic needs, and others
- Alerted their treatment teams to the 911 interaction
- MCOT is the Mobile Crisis Outreach Team staffed by the Harris Center with a psychiatrist that respond to client’s location
- 76 patient referrals sent to MCOT for follow up
- Have completed 2,616 safety plans with callers
- Concrete strategies that include coping skills and steps to take to reach out for appropriate help
- 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.
- Include mental health/substance use treatment, primary medical care, basic needs, and others
- Alerted their treatment teams to the 911 interaction
- MCOT is the Mobile Crisis Outreach Team staffed by the Harris Center with a psychiatrist that respond to client’s location
- 76 patient referrals sent to MCOT for follow up
- Have completed 2,616 safety plans with callers
- Concrete strategies that include coping skills and steps to take to reach out for appropriate help

Equivalent of 9,288 hours of police time and $1,133,136.
At an estimate of $1404 per response this is $3,161,808.
Include mental health/substance use treatment, primary medical care, basic needs, and others
Alerted their treatment teams to the 911 interaction
MCOT is the Mobile Crisis Outreach Team staffed by the Harris Center with a psychiatrist that respond to client’s location
76 patient referrals sent to MCOT for follow up
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

  Episcopal Health Foundation

• Current Funding is provided by:

  City of Houston

  Texas Health and Human Services

  House Bill 13 Community Mental Health Grant
Questions?

Feel free to send inquiries to:

Chiara Jaranilla, Crisis Call Diversion Program Manager
Chiara.Jaranilla@TheHarrisCenter.org
NACo Contacts

Khea Pollard
Program Manager – Justice
kpollard@NACo.org

Charlotte Resing
Program Manager – Justice
cresing@naco.org