Data-Driven Justice

Reduce repeat incarceration of individuals with complex needs who cycle through multiple public systems

“High-utilizers”
Chronic physical conditions
Mental illness
Substance use
Homeless

Fragmented and sporadic care
Hospitals and emergency rooms
Walk-in clinics
Crisis centers
Homeless shelters
Detox facilities
Mental health treatment providers
Criminal justice system

Jails
Hospitals and emergency rooms
Detox facilities
Homeless shelters
Crisis Centers
911 Dispatch: Innovations in Addressing Behavioral Health Crises

SPEAKERS

Tracy Velazquez, Researcher, The Pew Charitable Trusts

Tiffany Russell, Project Director, Mental Health and Justice Partnerships, The Pew Charitable Trusts

David Ayers, Criminal Justice Program Manager for the Behavioral Health and Justice Division, Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Kate Reed, Stepping Up Supervisor, Philadelphia Department of Behavioral Health and Intellectual disAbility Services

Colleen McCollough, Program Manager: 911 Call Center, Integral Care
New Research Suggests 911 Call Centers Lack Resources to Handle Behavioral Health Crises
Less than 1 in 3 responding call centers have staff with behavioral health crisis training

911 call centers in predominantly White areas
- 11 had behavioral health crisis-trained telecommunications available
- 17 did not

911 call centers in areas that are not predominantly White
- 1 had behavioral health crisis-trained telecommunications available
- 8 did not
Less than half of call centers in study didn’t have access to behavioral health clinicians
Crisis trained law enforcement were the most frequently-identified specialized responders.

**Crisis-trained law enforcement**
- 24 call centers had access
- 13 call centers did not have or know of access

**Mobile crisis team**
- 15 call centers had access
- 22 call centers did not have or know of access
Crisis call data is not always accurately documented in computer systems.
Data on 911 crisis calls was seldom reported by responding centers.

6 of 37 responding 911 call centers report data on behavioral health crisis calls.
“Mental Health Services” as an Option when calling 911: Integral Care’s Mental Health Clinicians Diverting 911 Calls to Provide a Healthcare Response

Colleen McCollough, LCSW-S, Program Manager, Integral Care
Mobile Crisis Outreach Team Model

- Serves individuals who are experiencing a mental health crisis in Travis County
- Removes barriers to seeking mental health crisis care
- Collaborates with key partners in the community at key intercept points
- Community based
- Crisis stabilization in least restrictive environment of care
- Prevent over-use and misuse of emergency departments, psychiatric hospitalizations, and unnecessary law enforcement involvement
- Right care, right place, right time
# Background

<table>
<thead>
<tr>
<th>Where We Were</th>
<th>Inbound mental health call to 911</th>
<th>Police, Fire or EMS?</th>
<th>911 call taker dispatches officer</th>
<th>Officer responds to the scene</th>
<th>Responding officer can dispatch MHO and/or EMCOT</th>
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<tr>
<th>Where We Are Now</th>
<th>Inbound mental health call to 911</th>
<th>Police, Fire, EMS or Mental Health Services?</th>
<th>Non Mental Health: 911 call taker dispatches officer</th>
<th>Officer responds to the scene</th>
<th>Responding officer can dispatch MHO and/or EMCOT</th>
<th>Mental Health: 911 call taker transfers to C3</th>
<th>C3 provides telephone counseling and de-escalation</th>
<th>EMCOT dispatched as appropriate for follow-up</th>
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Call Center Diversion (CCD)

Goal of CCD is to engage eligible callers in the mental health treatment system as opposed to the criminal justice system.

The C3 position serves as an add-on service to a 911 Operator answering a call with a suspected or confirmed behavioral health crisis component.

CCD counselors are embedded within the 911 Call Center.
Call Center Diversion (CCD): Clinician Roles

- Triage assessments
- Safety Planning
- Dispatch Integral Care crisis teams or other referrals
- De-escalation
- Refers back to law enforcement or EMS for immediate safety concerns or upon client request
Call Center Diversion Timeline FY 20 and 21

December 2019
- EMCOT integrated into the 911 ECC

June 2020
- Solacom and modified access to Computer Aided Dispatch (CAD)
  - C3 Conferenced in when police en route
  - Caller requests Mental Health Officer, routed to C3 if no imminent safety concerns

July 2020
- Added Check Welfare calls to eligible transfer to C3
Call Center Diversion Timeline FY 20 and 21

October 2020
C3 added for EMS Call Takers

February 2021
“Are you calling for Police, Fire, EMS or Mental Health Services?”

May 2021
24/7 coverage at 911 ECC
Call Process Added:
• Consult
• Patrol officer requesting C3 follow-up
• C3 review of CAD for self-assignment of calls
Current Call Types

Live Transfers to C3s

- C3 Counseling and Check Welfare: Police not assigned to call, C3s speak with caller and determine outcome.
- APD Assist: Police assigned and on route to call, C3s provide de-escalation.

C3s initiate calls to clients

- From CCD Pending Incidences: Police not assigned, 911 call taker places call in queue. C3 determines outcome.
- Self-assign from Check Welfare Calls: C3s look through city-wide pending incidences for calls in which there is a mental health component.
- Officer requested C3 review: Police assigned to a call. Officers request C3 attempt to speak with caller prior to going to scene.
9-1-1 Calls Eligible 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.
- Third 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 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
FY 2021 Data (10/1/2020-9/30/21)

- Total Transferred Calls: 4,500
- Diversion rate of eligible calls: 81%

Call Types

- APD Assist
- C3 Counseling
- Check Welfare
- EMS Assist
- From CCD pending incidents
- MHO Requested
- Officer requested C3 review
- Self-assign from Check Welfare calls

Total
FY 2021 Data (10/1/2020-9/30/21)

**Primary Presenting Concerns**

<table>
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<tr>
<th>Concern</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Behavioral</td>
<td>11%</td>
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<tr>
<td>Cognitive Issues</td>
<td>7%</td>
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<tr>
<td>Family Conflict</td>
<td>4%</td>
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<tr>
<td>Housing</td>
<td>4%</td>
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<tr>
<td>Mood/Affective D/O</td>
<td>12%</td>
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<tr>
<td>Psychosis</td>
<td>44%</td>
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<tr>
<td>Substance Issues</td>
<td>4%</td>
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<tr>
<td>Suicidal Ideations</td>
<td>14%</td>
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**Total** 11% 7% 4% 4% 12% 44% 4% 14%
Primary Outcomes: 10/1/20-9/30/21

- Call Disconnected: 9%
- Callback Roster: 9%
- Community Resources: 9%
- EMCOT Dispatch: 13%
- Emotional Support: 25%
- Integral Care Team F/U: 16%
- Transfer Back to 911: 18%
- Refer to PES: 1%
- Transfer Back to 911: 18%
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
911 Triage Strategy and Planning

David Ayers  Criminal Justice Program Manager

Kate Reed  Stepping Up Initiative Supervisor
Behavioral Health Crisis Expansion in 911

DBHIDS envisions a crisis system in which there is “no wrong door” to behavioral health treatment. Crisis services are available 24/7 to everyone, anywhere. Philadelphia’s approach to behavioral health crises is to develop a continuum of response options for the needs and circumstances of each 911 or Philadelphia Crisis Line call.
Why a 911 Triage Strategy?

• Individuals with untreated mental illness are 16 times more likely to be killed during a police encounter than other civilians approached or stopped by law enforcement.*

• People with untreated severe mental illness are involved in at least 1 in 4 and as many as half of all fatal police shootings.*

• There is a need for increased unarmed emergency response teams that reduce reliance on traditional law enforcement and connect Philadelphians to mental and behavioral health services, substance use treatment, and other forms of support.

911 Triage Strategy Components

This effort has been a collaboration between the Philadelphia Police Department, the Department of Behavioral Health and Intellectual disAbility Services, and the Managing Director’s Office of Criminal Justice since early 2019. This Program has three primary components:

1. **Implementation of a 911 Call Triage Infrastructure that is designed to better identify behavioral health crisis calls to 911 and route them to alternative non-police responses**

2. **Improving the routing and dispatch of response teams based on the nature of the call/event (e.g., CIT officer, CIRT team, mobile crisis response team, or a crisis line counselor)**

3. **Expansion of the Crisis Intervention Response Team (CIRT) Program to respond to 911 calls and requests from patrol officers for help with people in crisis (teams of a mental health professional paired with a CIT-trained police officer to jointly respond to behavioral health related crisis calls/incidents)**
Embedded Behavioral Health Navigators at 911 (September 2020)
• Observe and serve as consultants; provide education and support to 911 call-takers and dispatchers; host Lunch & Learns with 911 staff to help build rapport and trust

Development and implementation of Behavioral Health Script for 911 call-takers (November 2020)
• Set of questions all 911 call-takers ask to determine whether a call has a behavioral health component and to determine the most appropriate response

Enhanced training program based on CIT curriculum for all 911 staff (November 2020)
• Over 91% of all 911 staff have been trained to date

Revision of the Behavioral Health Script for 911 call-takers (April 2021)
• Shortened the script and made it easier for 911 call-takers to follow
<table>
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<tr>
<th><strong>911 Triage Strategy: DBHIDS Partnerships and Collaboration</strong></th>
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<tbody>
<tr>
<td><strong>Philadelphia Police Department:</strong></td>
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<tr>
<td>• Providing CIT training since 2007 (3,349 officers to date)</td>
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<tr>
<td>• Developing decision trees to define eligible calls for transfer</td>
</tr>
<tr>
<td>• Developing protocols for transferring behavioral health-related calls from 911 to the embedded Crisis Navigators and/or Philadelphia Crisis Line (PCL)</td>
</tr>
<tr>
<td><strong>Managing Director’s Office of Criminal Justice:</strong></td>
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<tr>
<td>• MacArthur Safety and Justice Challenge since 2015</td>
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<td>• Criminal Justice Advisory Board (CJAB)</td>
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<tr>
<td><strong>The Harvard Kennedy School’s Government Performance Lab (GPL):</strong></td>
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<tr>
<td>• One of five jurisdictions in the country chosen to receive technical assistance to accelerate and enhance the implementation of alternative 911 responses through a highly competitive application process</td>
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<tr>
<td>• TA will focus on 911 triage strategy and PCL/mobile crisis expansion</td>
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<tr>
<td><strong>Other National Jurisdictions:</strong></td>
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<tr>
<td>• Researching models successfully implemented in other jurisdictions and collecting materials to help guide our work in Philadelphia</td>
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<td>• E.g., Austin, TX; Houston, TX; Phoenix, AZ</td>
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## 911 Triage Strategy: Next Steps

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<th>Expand Embedded Behavioral Health Crisis Navigators</th>
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<tr>
<td>• Co-location at 911 radio room</td>
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<tr>
<td>• Will take calls transferred directly from 911 that are behavioral health-related with no public safety risk or active crime</td>
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<tr>
<td>• Tied into the PCL system and can dispatch mobile crisis teams if needed</td>
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<th>Adapt 911 Behavioral Health Script to Support Mobile Crisis Expansion</th>
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<td>• Script and embedded Crisis Navigators will quickly and thoroughly triage calls to the most appropriate response</td>
</tr>
<tr>
<td>• The goal is to avoid law enforcement when indicated</td>
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<th>Enhance Philadelphia Police Department’s Call Transfer Protocol</th>
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<tbody>
<tr>
<td>• Developing protocols to direct suicide and non-suicide behavioral health-related calls to the Crisis Navigator and/or PCL</td>
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</table>
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