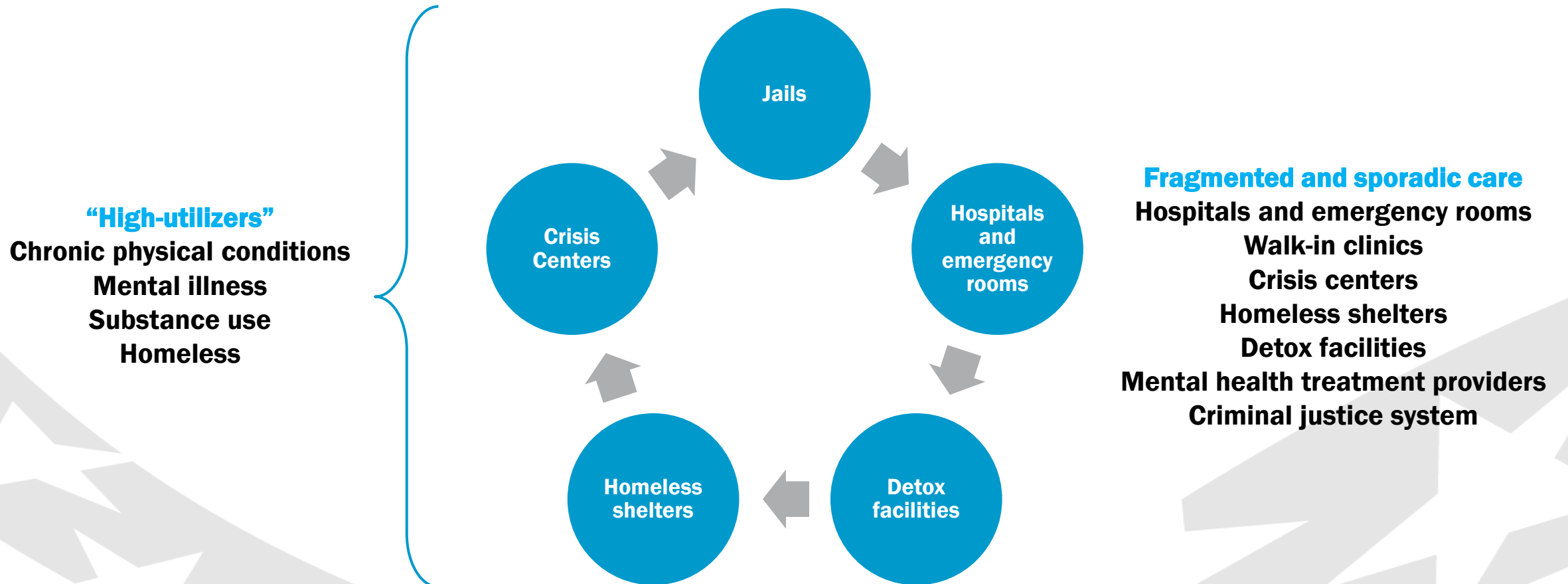


Data-Driven Justice

Nina Ward
NACo Sr. Program Manager



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



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



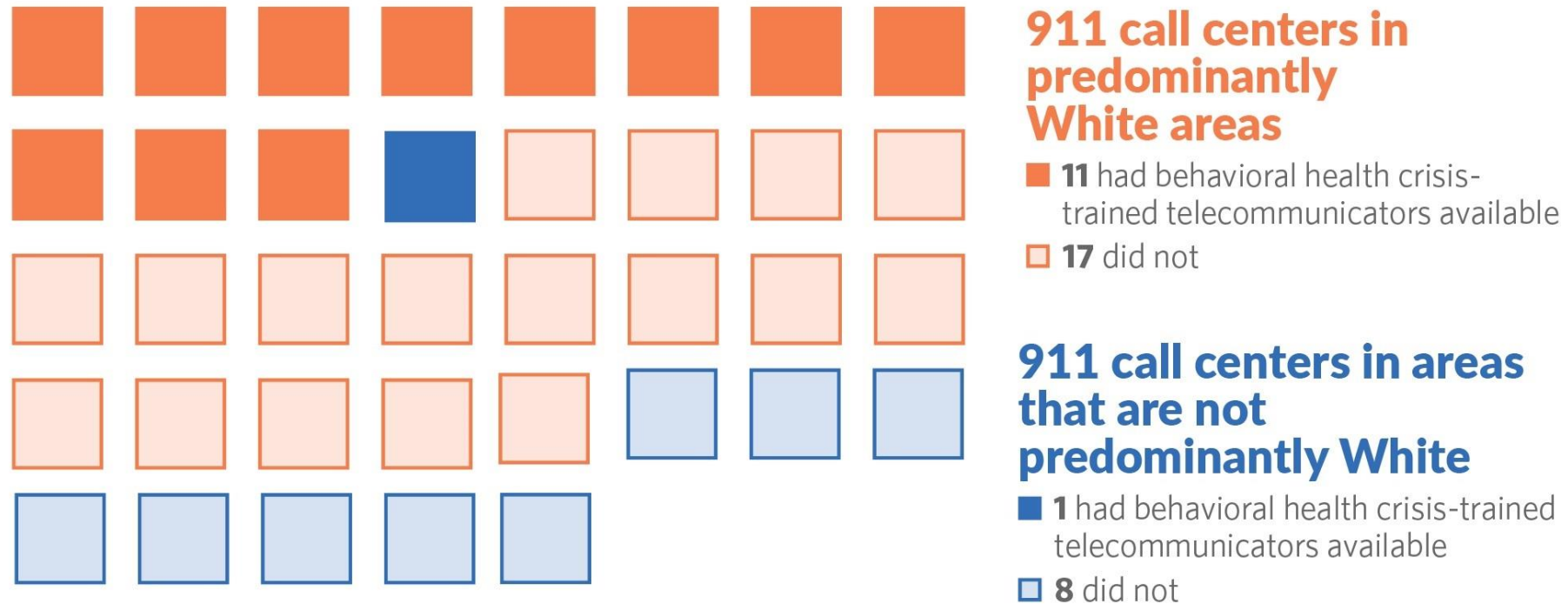
Colleen McCollough, Program
Manager: 911 Call Center,
Integral Care

Training, emergency response options, and data reporting are key areas for improvement, says Pew study

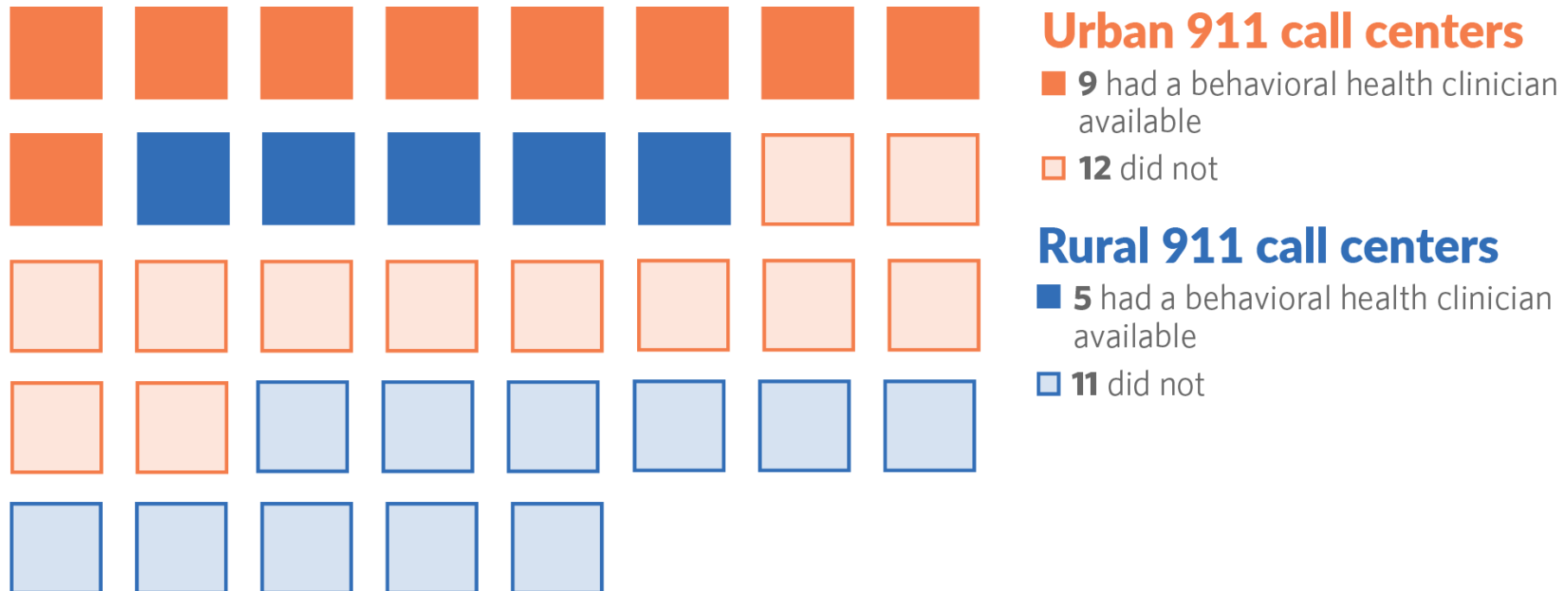


New Research Suggests 911 Call Centers Lack Resources to Handle Behavioral Health Crises

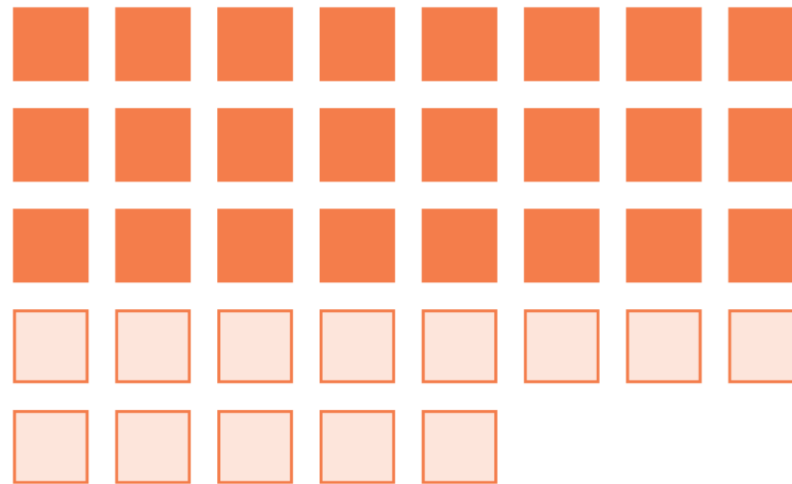
Less than 1 in 3 responding call centers have staff with behavioral health crisis training



Less than half of call centers in study didn't have access to behavioral health clinicians



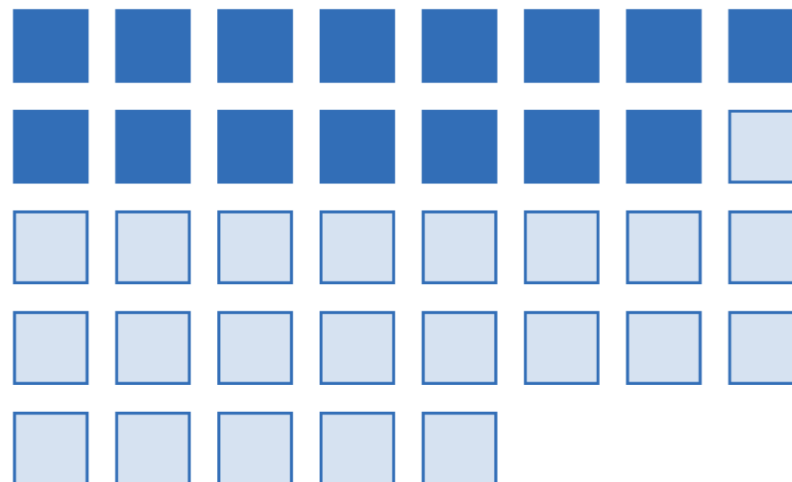
Crisis trained law enforcement were the most frequently-identified specialized responders



Crisis-trained law enforcement

■ 24 call centers had access

□ 13 call centers did not have or know of access

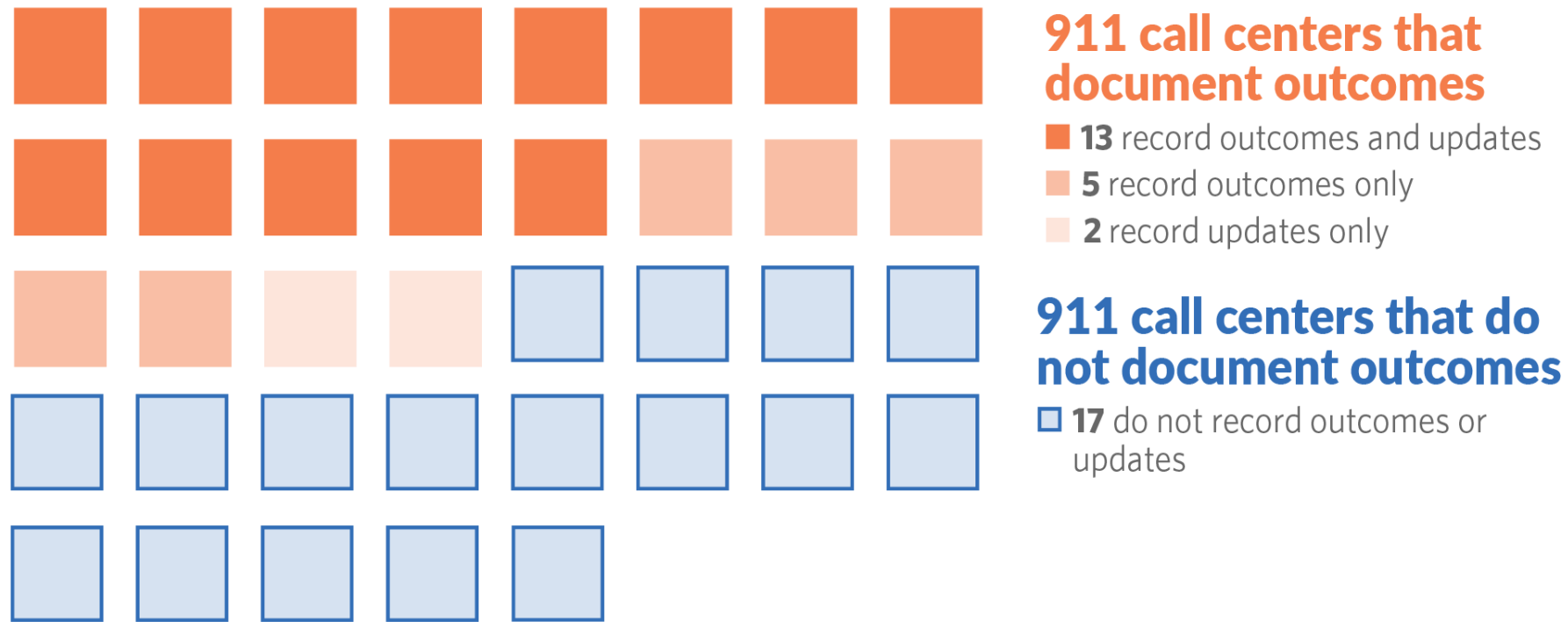


Mobile crisis team

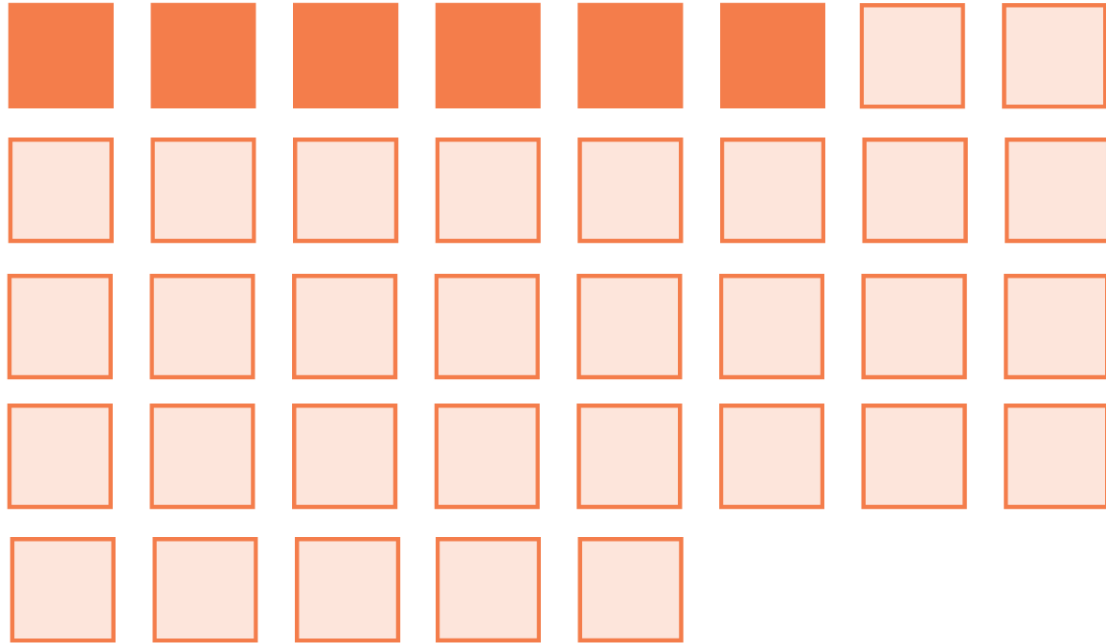
■ 15 call centers had access

□ 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

| | | | | | |
|---|-----------------------------------|---|---|---|---|
|  Where We Were | Inbound mental health call to 911 | Police, Fire or EMS? | 911 call taker dispatches officer | Officer responds to the scene | Responding officer can dispatch MHO and/or EMCOT |
|  Where We Are Now | Inbound mental health call to 911 | Police, Fire, EMS or Mental Health Services? | Non Mental Health: 911 call taker dispatches officer Mental Health: 911 call taker transfers to C3 | Officer responds to the scene C3 provides telephone counseling and de-escalation | Responding officer can dispatch MHO and/or EMCOT EMCOT dispatched as appropriate for follow-up |

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

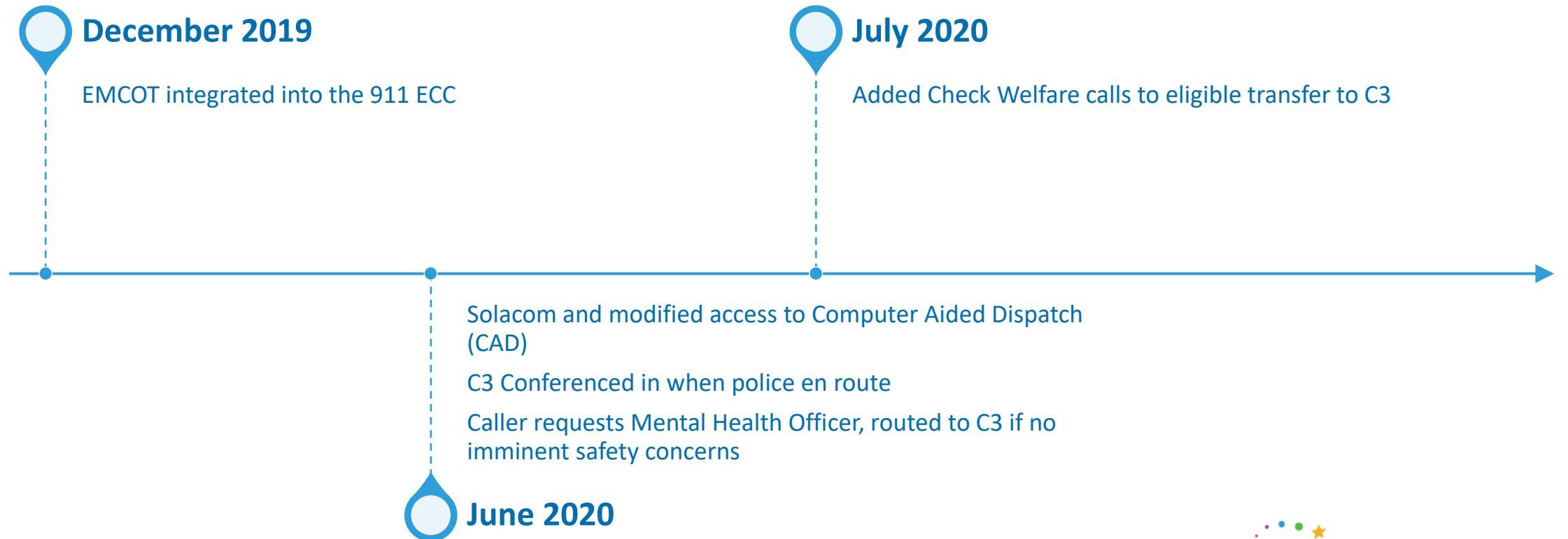
Safety Planning

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



Call Center Diversion Timeline FY 20 and 21



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

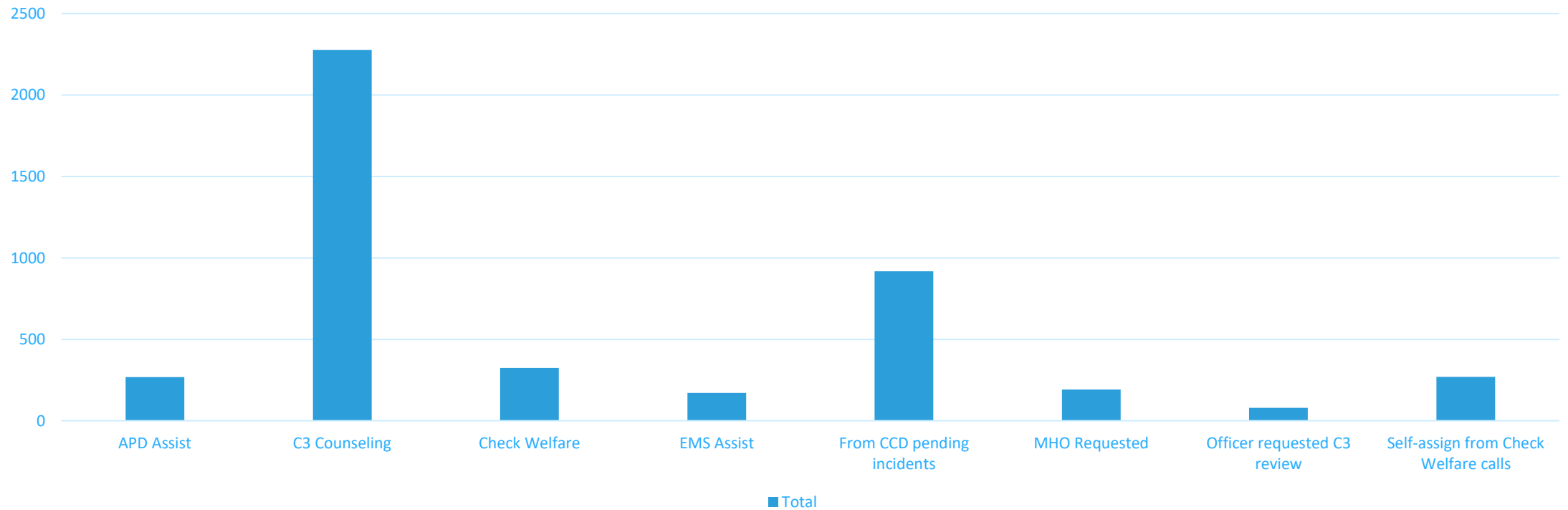
An individual threatening, or at imminent risk, of hurting self or others/ of killing self or others

When an individual has committed a crime

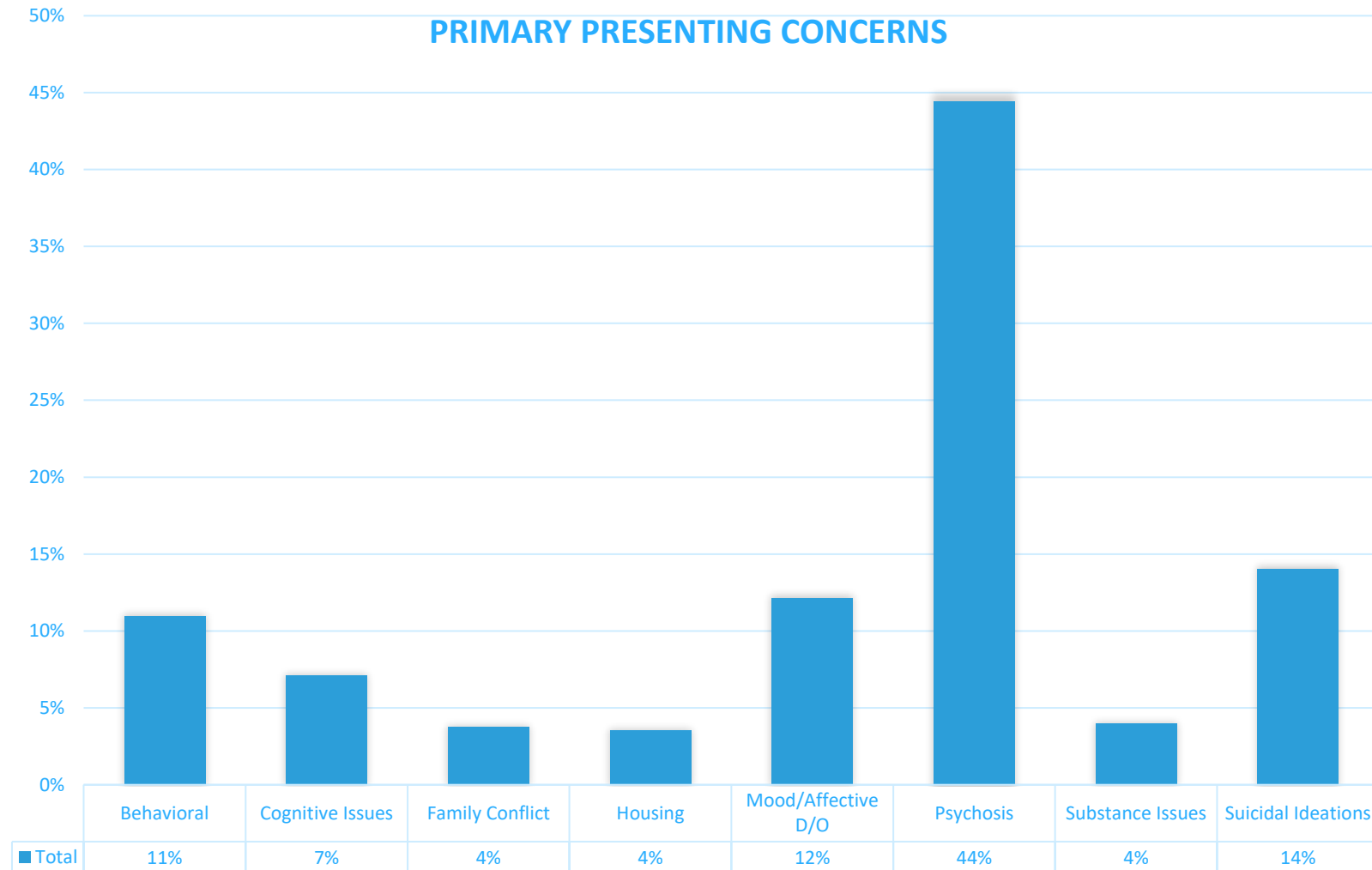
FY 2021 Data (10/1/2020-9/30/21)

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

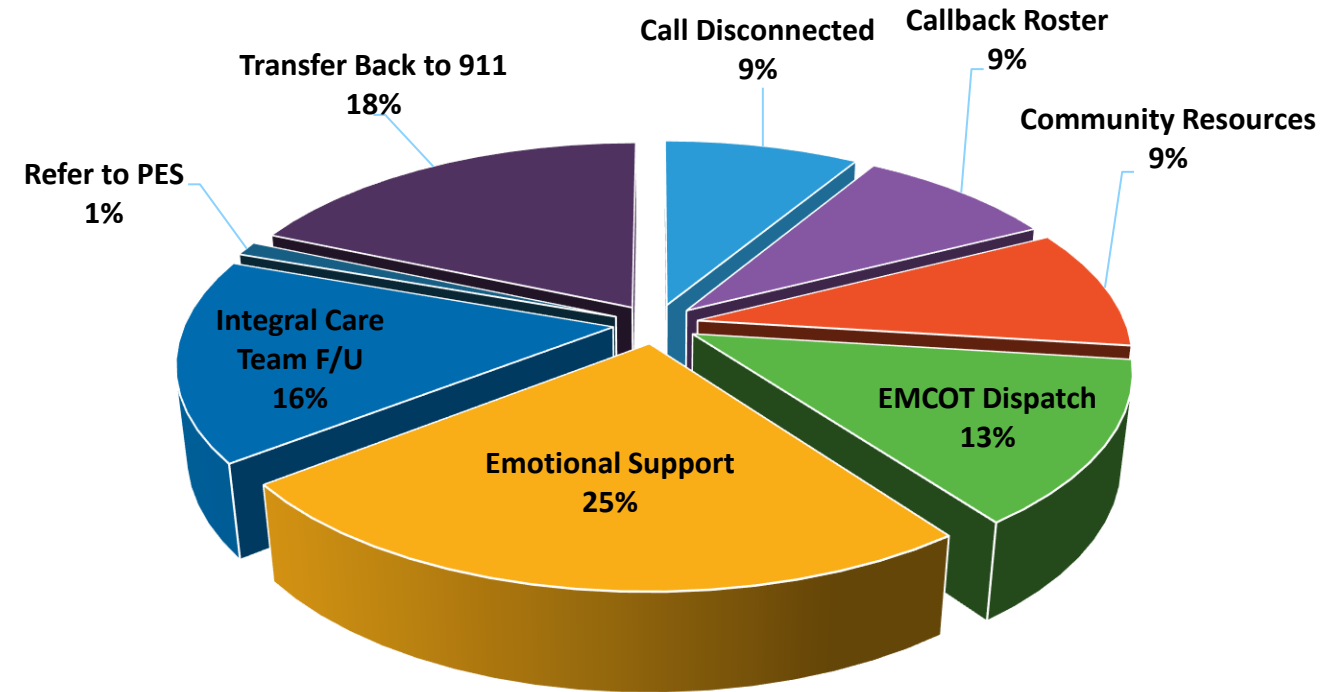
Call Types



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



Primary Outcomes: 10/1/20-9/30/21



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

City of Philadelphia





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.

*Fuller, D.A., Lamb, H.R., Biasotti, M, & Snook, J. (2015). *Overlooked in the Undercounted: The Role of Mental Illness in Fatal Law Enforcement Encounters*. Arlington, VA: Treatment Advocacy Center. Available from <http://tacreports.org/overlook-undercounted>



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)



911 Triage Strategy To Date

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



911 Triage Strategy: DBHIDS Partnerships and Collaboration

Philadelphia Police Department:

- Providing CIT training since 2007 (3,349 officers to date)
- Developing decision trees to define eligible calls for transfer
- Developing protocols for transferring behavioral health-related calls from 911 to the embedded Crisis Navigators and/or Philadelphia Crisis Line (PCL)

Managing Director's Office of Criminal Justice:

- MacArthur Safety and Justice Challenge since 2015
- Criminal Justice Advisory Board (CJAB)

The Harvard Kennedy School's Government Performance Lab (GPL):

- 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
- TA will focus on 911 triage strategy and PCL/mobile crisis expansion

Other National Jurisdictions:

- Researching models successfully implemented in other jurisdictions and collecting materials to help guide our work in Philadelphia
- E.g., Austin, TX; Houston, TX; Phoenix, AZ



911 Triage Strategy: Next Steps

Expand Embedded Behavioral Health Crisis Navigators

- Co-location at 911 radio room
- Will take calls transferred directly from 911 that are behavioral health-related with no public safety risk or active crime
- Tied into the PCL system and can dispatch mobile crisis teams if needed

Adapt 911 Behavioral Health Script to Support Mobile Crisis Expansion

- Script and embedded Crisis Navigators will quickly and thoroughly triage calls to the most appropriate response
- The goal is to avoid law enforcement when indicated

Enhance Philadelphia Police Department's Call Transfer Protocol

- Developing protocols to direct suicide and non-suicide behavioral health-related calls to the Crisis Navigator and/or PCL



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City of Philadelphia



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and INTELLECTUAL disABILITY SERVICES

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