

Allegheny County Crisis Stakeholder Group Resource Library

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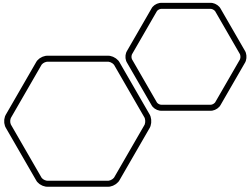


Overview

This guide:

- Presents some general approaches to 911 Dispatch and Police & Mental Health Collaborations found in other jurisdictions
- Highlights various crisis response services organized by the following local jurisdictions:
 - Harris County (Houston), TX
 - Bexar County (San Antonio), TX
 - Pima County (Tucson), AZ
 - Los Angeles, CA
 - Charleston, NC
 - Oregon (Salem, Eugene-Springfield, and Portland)
 - Denver, CO
- Each jurisdiction's services and supports are categorized under the following components of the crisis continuum:
 - Prevention
 - Early Intervention
 - Response
 - Post Crisis Stabilization





General Approaches



General 911 Dispatch Approaches



911 Call Diversion Programs

Embedding mental health professionals into call centers to work alongside 911 dispatchers



911 Operator and Dispatcher Trainings

Implementing mental health/CIT training for 911 dispatchers to improve understanding and decision making for callers with MH issues



Dispatching BH Professionals from 911

CAHOOTS and other similar models that dispatch BH professionals directly from 911 (without police)



General Approaches to Police & Mental Health Collaborations



Proactive outreach

Building relationships and trust with community, ppl and (as needed) connecting them to resources

Many police departments have a homelessness outreach unit



CIT and Mental Health Awareness trainings

Beyond law enforcement, many places also train mental health workers, call takers and dispatchers, emergency medical technicians, paramedics, and firefighters in these areas



Co-responders

Social workers/MH clinicians and police respond to calls for service together; often a special unit embedded in police department



Addressing individuals who frequently call for service

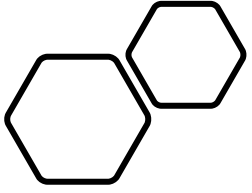
Identifying and providing case management support to individuals who repeatedly call for service

Maintaining a database of caller history to inform future responses



Jail Diversion to Crisis Center

Some sort of triage/crisis center to divert individuals with BH needs from jail or emergency departments



Resources by Local Jurisdiction

Harris County (Houston), TX

Prevention

- **Homeless Outreach Team:** Police/comm org partnership to provide services to people experiencing homelessness

Response

- **Crisis Call Diversion Program:** 911 call takers added questions about MH to call screening process; if call is MH related can live transfer to crisis counselors (housed in 911 call center) – if needed, they can recommend a CIRT dispatch (co-responder team) and are working to be able to dispatch mobile crisis team (no officers) directly from 911
- **Mental Health Unit in Houston PD:** 33 CIT trained officers and 20 clinicians
- **Crisis Intervention Response Team (CIRT):** the CIT officer and masters-level licensed clinician attend roll-call together and ride together in a patrol car.
 - Units ride citywide with the sole responsibility of responding to the most serious CIT-related calls; they are not in the calls-for-service loop (12 full time units); perform proactive and follow-up investigations too.
- **Clinician and Officer Remote Evaluation (CORE) program:** Patrol officers respond to BH calls with iPad; have remote master's level licensed professional counselors to virtually evaluate an individual to help determine what health service, if any, the individual needs.
 - Advantages: lower cost, ER and jail diversion, better triage of calls, can do more cases in a day (works remotely/no travel).
 - Need to get started: video conferencing software, telecommunications, and device

Post Crisis Stabilization

- **Chronic Consumer Stabilization Initiative (CCSI) :** This program identifies people who are in frequent contact with HPD officers and pairs them with a mental health case manager – addresses underlying problems. This program has won awards.

Bexar County (San Antonio), TX

The Restoration Center offers the following programs which reflect both Early Intervention, Response, and Post Crisis Stabilization services:

- Main Programs:
 - **Crisis Care Center** – 16 bed walk-in mental health clinic; crisis line; mobile team
 - **Crisis Stabilization Unit** – triage services, medical attention and observation; max 48 hour stay; police drop-off (avg drop off time ~15 min)
 - **Sobering Unit** – safe place to sober (bed, bathroom, water, snacks); voluntary; 4-5-hour avg stay; 420 served per month; must be escorted by law enforcement (no walk-ins)
 - **Detox Room** – voluntary; 3-4-day avg stay; 20 males, 8 females
 - **Crisis Inpatient Unit**: 30 inpatient beds; 5-7 day stay
- Additional Information:
 - Operated by Center for Health Care Services, the Mental Health authority for Bexar County
 - 24/7 crisis services for all Behavioral Health challenges (mental health crisis and substance use crisis).
 - Co-located with a primary care clinic, opioid addiction treatment services, drug court, outpatient transitional services
 - Across the street is Haven for Hope: a 962-bed homeless facility (they work collaboratively)

Pima County (Tucson), AZ

Prevention

- **Homeless Outreach teams:** 2 teams housed in the Tucson Police Department – one focused on people living in structures (i.e., abandoned buildings) other focuses on public spaces (i.e., parks). Team is made up of officers and social workers from BH provider doing proactive outreach (Program 1 year old – placed 200 people into housing)

Early Intervention

- **Mental Health Support Team (MHST):** A specially trained unit that includes a captain, lieutenant, sergeant, two detectives, and seven field officers that serve as a mental health resource for other officers, community members, and health care providers. Officers wear civilian clothes and ride together in unmarked cars to help proactively defuse situations by reducing potential associations with past law enforcement experiences.

Response

- **Crisis Response Center:** “One-stop” hub for a comprehensive, coordinated crisis care – it’s an alternative to jails and hospitals
 - 24/7 access to emergency psychiatric and substance addiction treatment services for both adults and youth
 - Operated by Connections Health Solutions– all services paid by Regional Behavioral Health Authority (RBHA)
 - Psychiatric Urgent Care (Walk-in) Clinic: immediate access to psychiatric services
 - 23-hour observation unit – rapid assessment, early intervention, proactive discharge planning, staff with integrated team
 - Secure entrance for law enforcement to bring people to treatment rather than to jail (~50% served brought in by LE)
 - Average drop off is less than 10 min, so that law enforcement officers can return to the field
 - Short Term Inpatient Unit: continued treatment, recovery support, discharge planning - 15 beds; avg patient stay is 4 days
 - Co-located with Crisis Call Center and crisis mobile teams; community partners such as BH clinics; MAT center and breezeway connects it to a 66-bed inpatient psychiatric hospital and mental health court

Post Crisis Stabilization

- **Familiar Faces Program** – This is their program for individuals who frequently utilize services; they have multi agency meetings to discuss patient needs and develop improved crisis/service plans

Los Angeles, CA

Generally uses a multilayered approach that includes triage by trained dispatchers, 24-hour triage line, co-response teams, follow-up case managers, and focused community engagement

Early Intervention

- **Triage Desk:** Fields calls from patrol officers seeking guidance for managing situations involving people who appear to have mental illnesses. The triage officer consults the MEU database to learn if the person in question has a history of police contacts. A triage mental health nurse sits alongside the officer and can check the LACDMH databases to identify the case manager, psychiatrist, or treatment centers.

Response

- **Systemwide Mental Assessment Response Team (SMART):** a specially trained LAPD officer and a clinician can be dispatched to work with that individual and divert them to a mental health facility. The triage staff determines whether to dispatch a SMART team or have the patrol officer take the person directly to a mental health facility. As of 2017, they deploy 17 SMART teams on a 24/7 basis

Post Crisis Stabilization

- **Case Assessment Management Program (CAMP):** People who frequently call for service or need interventions are referred to the CAMP coordinator for follow-up. Those follow-up reports and related database have limited access to ensure privacy protections.
 - They identify individuals with mentally illness who frequently use emergency services and work with the Los Angeles County Department of Mental Health to engage those individuals using a case management approach to link them to services.

Charleston, SC

Response

- Generally uses the telehealth technology on 911 calls identified as psychiatric in nature.
 - They first send an ambulance to evaluate the individual for medical needs. If no medical concerns, a CCEMS supervisor is dispatched to the scene, with the telehealth equipment.
 - Virtually, the clinician provides a full emergency mental health assessment, and coordinates linking the individual directly to the appropriate level of care.
 - In the first year, conducted 772 calls; 56% diverted from ED, estimated cost saving \$1.1M

Oregon

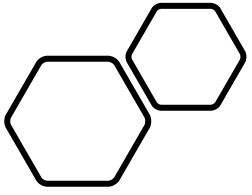
Response

- **CIT training for 911 Operators:** developed their own Public Safety Telecommunicator CIT training (adapted the 40-hour CIT training for 911 professionals). Piloted the voluntary program in **Salem, OR**.
- **CAHOOTS (Crisis Assistance Helping Out On The Streets):** Mobile crisis intervention 24/7 in the **Eugene-Springfield Metro area**. Unique because wired into the 911 system and respond to most calls without police. Dispatched via police radio on the same frequencies as patrol (listen to police radios via earbuds) collaborate closely with police
 - Team consists of a medic (nurse, paramedic or EMT) & a crisis worker experienced in BH - all team members complete over 500 hours of training that emphasizes de-escalation and crisis intervention to resolve situations
 - Handle non-criminal crises involving people who are experiencing homelessness, disoriented, intoxicated, mentally ill, or enmeshed in an escalating dispute
 - Provide immediate stabilization, assessment, information, referral, advocacy & (in some cases) transportation to the next step in treatment – all voluntary
 - Cahoots handles ~20% of calls dispatched by 911 (saves City of Eugene \$8.5 million in public safety spending annually)
 - In 2019, out of a total of roughly 24,000 CAHOOTS calls, police backup was requested only 150 times.
- **Portland Street Response:** Pairs paramedic with BH qualified health worker (considering peer supports and community health workers) – will be hiring city workers (not contracting with community organization). Model focuses on alternative responses to people who are unhoused: respond to calls that are scenario based, such as unwanted person, welfare checks, etc.
 - City council just approved \$4.8 million for pilot (6 teams)
 - Worked with Portland State University to survey unhoused population to understand their needs and inform model: decided on vans, with no lights or sirens, casual uniforms for staff

Denver, CO

Response

- **Denver Alliance for Street Health Response (DASHR):** Pairs MH clinician and a paramedic to be dispatched through 911 or separate phone number
 - Provide free medical care, first aid, or mental health support for a broad range of non-criminal emergencies such as drug overdoses, suicidal individuals, mental illness problems, intoxication, and more.
 - Operates 10am-6pm – when highest volume of public health emergency calls are received by Denver 911 (eventually want to scale it up to 24/7).
 - [350 calls](#) so far without the need for police.



Appendix



Additional Resources

- CSG Justice Center. Police Mental Health Collaboration Framework: <https://csgjusticecenter.org/publications/police-mental-health-collaborations-a-framework-for-implementing-effective-law-enforcement-responses-for-people-who-have-mental-health-needs/>
- SAMHSA National Guidelines for Behavioral Health Crisis Care – Best Practice Toolkit
 - Toolkit: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>
 - Executive summary: <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-services-executive-summary-02242020.pdf>
- Abt Associate: Reimagining America’s Crisis Response Systems: https://www.abtassociates.com/files/Projects/PDFs/2020/reimagining-crisis-response_20200911-final.pdf
- HMA: A Community Guide for Development of Crisis Diversion Facility: A Model for Effective Community Response to Behavioral Health Crisis: https://www.healthmanagement.com/wp-content/uploads/AVCrisisFacilityGuidebook_v6.pdf
- National League of Cities. Series of issue briefs on local responses to mental illness, substance use, homelessness.
 - Brief 1: https://www.nlc.org/sites/default/files/users/user57164/YEF_MentalHealth_IssueBrief_Final.pdf
 - Brief 2: https://www.nlc.org/sites/default/files/2019-09/YEF_MentalHealth_IssueBrief2_v1.pdf
 - Brief 3: https://www.opioidlibrary.org/wp-content/uploads/2020/01/YEFHW_MentalHealth_SubstanceUseHomelessness_FINAL_102919v1.pdf