CNA | ALTERNATIVE 911 DISPATCH MODELS: A RESOURCE GUIDE

AN ESTIMATED

240 MILLION

CALLS ARE MADE TO 911 IN THE US EACH YEAR.

According to the National Emergency Number Association (NENA), 911 dispatch centers in the US receive an estimated 240 million calls each year. In the traditional dispatch model, all public safety calls are directed to the police. However, an overreliance on police to respond to these types of calls has led to a growing movement calling for alternatives to primary police dispatch.
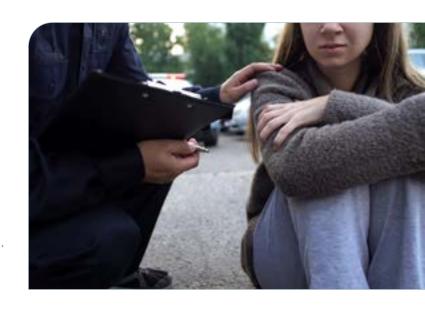
Law enforcement officers routinely interact with people experiencing mental health crises. When a bystander, family member, friend, or colleague witnesses an individual experiencing a mental health crisis, they generally call 911 rather than a mental health professional. Unfortunately, according to a Washington Post database, police-involved shootings in the US have killed over 5,680 people since January 1, 2015, with 1,359 (23 percent) of those deaths involving a person with a mental health condition.

To better position their officers to address mental health crises, many law enforcement agencies have sought alternatives to arresting or hospitalizing people who need help. **In the co-responder model**, health care clinicians are paired with law enforcement professionals in cooperation units. The co-responder concept increases first responder efficiency, improves mental health crisis encounters, and builds relationships between law enforcement and their communities.

PURPOSE

This guide **identifies examples of successful alternative diversion models** throughout the country to aid police agencies and community organizations. Since programs are often tailored to meet the requirements of a community, diversion implementations vary greatly. Popular programs include restorative justice, truancy prevention, mental health, law enforcement collaborations with social workers, and mentoring programs. This resource guide contains the following:

- **Examples of social worker and police collaborations:** Social services and police agencies work together to address mental health, domestic violence, the needs of victims of assault, and juvenile delinquency.
- **Examples of 911 dispatch diversion programs:** 911 initiatives divert calls from citizens experiencing mental health crises and substance abuse issues to trained professionals rather than law enforcement.
- **Summary of best practices:** We summarize the best practices that 12 agencies around the country use in their alternative response models .
- **Other useful resources:** We offer additional resources for developing and implementing alternative police dispatch models.

SOCIAL WORKER AND POLICE COLLABORATIONS

Given the financial ramifications of the COVID-19 pandemic — lack of revenue, high unemployment, and less flexible funding — many states and municipalities are searching for methods to save money on policing and pretrial imprisonment in the next years. This crisis provides a chance to improve law enforcement training, repair community confidence, and reallocate scarce funds to holistic services. An example is social worker and police collaborations, which enable social service agencies and police agencies to work together to address mental health, domestic violence, the needs.

ADVOCATES — FRAMINGHAM, MASSACHUSETTS

The Advocates initative offers pre-arrest co-response programs to several police departments throughout Massachusetts. The collaboration between clinicians and law enforcement has successfully diverted individuals experiencing a mental health crisis into appropriate treatment.

ALBUQUERQUE COMMUNITY SAFETY (ACS) — ALBUQUERQUE, NEW MEXICO

Callers using 911 or 311 can be connected to the ACS program, which includes four types of responses: Mobile Crisis Team clinicians, behavior health responders, community responders, and street outreach and resource responders. ACS sends certified behavioral and mental health and social services personnel to non-violent and non-medical calls.

AURORA MOBILE RESPONSE TEAM (AMRT) — AURORA, COLORADO

The unique AMRT partnership joins an Aurora mental health clinician with a Falck Rocky Mountain paramedic to provide trauma-informed crisis intervention and de-escalation services on site.

CRISIS ASSISTANCE RESPONSE AND ENGAGEMENT (CARE) — CHICAGO, ILLINOIS

CARE teams are trained to respond to mental health emergencies and to connect residents in need to crisis centers, shelters, and other resources. CARE teams typically include plainclothes officers trained in crisis intervention, paramedics, and mental health professionals. When the CARE team responds to a crisis, they de-escalate, assess the individual's mental health, refer them to community resources, and transfer them as needed. CARE follows up with all clients within 30 days.

MENTAL HEALTH SUPPORT TEAM (MHST) — TUCSON, ARIZONA

The MHST unit diverts citizens with mental health conditions and addiction from jail by serving as an entry point to mental health and drug abuse treatment. The goal is to prevent criminal incidents by prompt and comprehensive follow-up and early intervention.

PLYMOUTH COUNTY OUTREACH (PCO) — PLYMOUTH COUNTY, MASSACHUSETTS

PCO is a collaboration of over 20 police departments in Plymouth County, Massachusetts, that provides resources to divert individuals from the criminal justice system. The Outreach Team responds in plainclothes and unmarked vehicles in less than 72 hours after an overdose. PCO collects real-time data and targets hot spots throughout the county.

SOCIAL WORK POLICE DIVERSION — ALEXANDRIA, KENTUCKY

In Kentucky, two social workers have joined the Alexandria Police Department. Although they work with the police, they do not have arresting authority or carry guns. Instead of a cruiser, they drive an unmarked vehicle . They wear polo shirts and carry a radio with a panic button. Their priority is to provide follow-up to individuals experiencing a mental health crisis.

STOP, TRIAGE, EDUCATE, ENGAGE, AND REHABILITATE (STEER) — MONTGOMERY COUNTY, MARYLAND

STEER's goal is to direct people in need of substance abuse treatment away from jail to an intervention program. STEER officers use a screening tool to determine candidacy for this program that can be used on-view or during a service call. The STEER program holds charges in abeyance while the person is seeking services. The STEER model brings evidence-based practices currently used in other parts of the criminal justice system to police at the front end of the justice continuum.

911 DISPATCH DIVERSION PROGRAMS

Through 911 diversion programs, 911 calls are dispatched to non–law enforcement responders. Listed below are initiatives that have incorporated such programs into their alternative response models.

AUSTIN'S 911 — AUSTIN, TEXAS

Austin's 911 dispatchers have routed thousands of mental health calls to clinicians to improve the response to mental health issues. Further improvements have included a collaboration between the Emergency Communications Center and the Crisis Call Diversion program. This partnership diverts all mental health calls to the Emergency Communications Center's crisis clinician.

CRISIS ASSISTANCE HELPING OUT ON THE STREETS (CAHOOTS) — EUGENE, OREGON

The CAHOOTS initiative offers 24/7 mobile crisis intervention in Eugene and Springfield, Oregon. Citizens' calls are dispatched through the Eugene police-fire-ambulance communications center. CAHOOTS shares a central dispatch with the Eugene Police Department and reacts to family conflicts, suicide threats, and public disturbances.

24/7 CRISIS DIVERSION — EDMONTON, CANADA

The 24/7 Crisis Diversion project diverts nonemergency calls from 911, decreasing the burden on police and other emergency agencies. It also decreases the need for costly medical, legal, and police involvement. 24/7 Crisis Diversion is a collaboration between Boyle Street Community Services, Canadian Mental Health Association, and HOPE Mission; REACH Edmonton Program stakeholders include Edmonton Police Services and Emergency Medical Services.

SMART911 SEATTLE POLICE DEPARTMENT — SEATTLE, WASHINGTON

Smart911 is a free tool that allows anyone in the US to create a Safety Profile for family members. Using the tool, 911 call takers can access important information, including any disclosed medical conditions.

SUPPORT TEAM ASSISTED RESPONSE (STAR) — DENVER, COLORADO

This program dispatches co-responder teams that include clinicians and emergency medical technicians to assist individuals experiencing a mental health crisis.

THE PARTNERSHIP BETWEEN AUSTIN 911, THE EMERGENCY COMMUNICATIONS CENTER, AND THE CRISIS CALL DIVERSION IS SOLELY RESPONSIBLE FOR DIVERTING ALL MENTAL HEALTH CALLS TO THE CENTER.

SUMMARY OF BEST PRACTICES

This section highlights important considerations for developing an alternative response program.

IDENTIFYNG AND INVOLVING KEY STAKEHOLDERS:

Include key agency representatives, direct service providers, community members, and consumers. Understand problems, strengths, weaknesses, gaps, and redundancy in the existing human service network. Define the purpose, what must be done to achieve this purpose, and how to take those actions. Align activities, core processes, and resources . Alter existing programs to shift to a results-oriented approach and serve new clients.

FUNDING AND RESOURCES:

Several respondents received funds from local mental health agencies and from state agencies such as state-level departments of mental health . Federal funding is also available through the Local Law Enforcement Block Grants program and the Substance Abuse and Mental Health Services Administration (SAMHSA). Most agencies reported using in-house resources including academy and in-service training about how to respond to people experiencing a mental health crisis.

BUILDING COLLABORATIONS:

A collaborative partnership between a law enforcement agency and the individuals and organizations it serves is essential to finding answers to community problems. The process of building and sustaining collaboration is ongoing and circular. It begins with developing a shared vision and ends with developing, implementing, and assessing the action plan.

POLICE INTERACTION AND MENTAL HEALTH:

Police involvement with people with mental health conditions is grounded in two common law principles:

1. The power and responsibility of the police to protect the safety and welfare of the public

2. Parens patriae, which dictates protection for disabled citizens, such as those with mental health conditions

OTHER USEFUL RESOURCES

This section highlights in-depth diversion strategies that aim to increase public safety by avoiding jail and other harmful repercussions. The resources discussed offer a lower danger to public safety and a higher chance for rehabilitation.

POLICE-MENTAL HEALTH COLLABORATION (PMHC) TOOLKIT BY THE BUREAU OF JUSTICE ASSISTANCE

Communities often struggle to create police mental health programs and may not know how to create a sustainable system. This toolkit provides steps for building the foundation of a mental health program

TIPS FOR IMPLEMENTING A 911 DISPATCH DIVERSION PROGRAM BY THE COUNCIL OF STATE GOVERNMENTS JUSTICE CENTER

To determine the needs of their communities, many jurisdictions participate in a systems mapping exercise designed to understand any gaps in crisis services.

PRE-ARREST DIVERSION (PAD) PROGRAM FOR PEOPLE EXPERIENCING A MENTAL HEALTH CRISIS BY RTI INTERNATIONAL

Most arrests are for nonviolent, minor offenses; there are several opportunities to implement less costly alternatives to conventional criminal justice approaches. The PAD model redirects individuals who have made low-level errors in judgment offenses.

988: REIMAGINING CRISIS RESPONSE BY THE NATIONAL ALLIANCE OF MENTAL HEALTH

988 provides crisis systems across the country with much-needed assistance.

THE POLICE ASSISTED ADDICTION & RECOVERY INITIATIVE (PAARI) BY REHABCENTER.NET

PAARI is a national network of nearly 600 police departments in 34 states. PAARI primarily supports non-arrest or early diversion program models that reach people before they enter the criminal justice system. PAARI programs are customized based on the community and can utilize multiple law enforcement entry points to treatment, including self-referrals to the station and risk- or incident-based outreach. Cross-sector collaboration and partnerships are vital to these programs, which are often supported by clinicians, social workers, recovery coaches, and trained volunteers.

SAMHSA RURAL COMMUNITY MODEL

Implementing crisis response and pre-arrest diversion models for people with mental and substance use disorders can be challenging in rural areas. SAMHSA provides strategies to help rural communities adapt these models to wide geographic areas and limited budgets.

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