





CRISIS CALL DIVERSION PROGRAM

A collaborative program with Travis County Integral Care



CCD focuses on diverting appropriate mental health related calls received by APD's Emergency Communications Division to a Call Center Clinician (C3) imbedded on the Operations Floor. The goal is to engage the caller in addressing mental health issues in the mental health treatment system as opposed to the criminal justice system. The C3 position will serve as an add-on service to a 911 Operator answering a call with a suspected or confirmed behavioral health crisis component.



The C3 provides the caller with complete triage screenings, assists with de-escalation of crisis, completes safety planning, dispatches Integral Care's crisis teams, and provides other community referrals as necessary.

If the C3 determines the caller is in need of immediate services, or the caller still requests law enforcement response, the C3 connects the caller to law enforcement with a specific dispatch request.

CRISIS CENTER COUNSELORS (C3)

- C3s are available Monday through Friday 8AM – 12AM and Saturdays 10AM – 8PM
- Future expansion plans include having a C3 available 24/7
- C3s will work at workstation 1 in the APD area of the Operations Floor
- C3s will log into the Computer Aided Dispatch (CAD) and the Solacom (911) systems to receive transfer from 911 Operators

CALLS NOT ELIGIBLE FOR C3 INTERVENTION

- 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 (overdose or detox) or exhibiting violent behavior
 - *Generally, EMCOT or PES can assess a person who is intoxicated on a mood altering substance if they can: 1) stand without assistance, and 2) can participate in the assessment in a meaningful way.*
- An individual threatening or at imminent risk of hurting self or others/ of killing self or others
- When an individual has committed a crime (e.g. family violence)
- Hot Shot calls (calls where life and/or property are in imminent danger)
- Priority 1 calls, with the exception of Check Welfare Urgent calls if the call does not have other disqualifiers

CALLS ELIGIBLE FOR C3 INTERVENTION

- 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, which a C3 can potentially resolve with intervention and there is no risk of violence
- Callers requesting police due to psychosis or an altered mental state and are **NOT** physically violent towards themselves or others.
- Parents requesting police due to child behavioral issues, regardless of whether the child has a known MH diagnosis. Parents requesting police to assist with child discipline or “parenting” issues
- Repeat callers with a known MH history
- A caller experiencing a mental health crisis and requesting a Mental Health Officer
- A caller experiencing an 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.
- Second party callers concerned about the welfare of someone who has a known or potential mental health history or who is potentially suffering a mental health crisis.

WAYS A C3 MAY ASSIST CALLERS IN ABSENCE OF DIVERSION.

- The C3 have many opportunities to assist the caller and APD without diverting the call.

C3s ...

- Are a source of support for the caller during his/her immediate crisis
- Provide resources to better prepare the caller to handle future mental health related crisis. C3s provide referrals during the call or during follow up calls.
- De-escalate the crisis prior to APD arriving on scene, which creates a safer environment for the caller and first responders.
- Provide additional information to the 911 Operator, which would otherwise be unknown to first responders arriving on scene.

9-1-1 OPERATOR PROCESS

1. Operators must complete the mandatory Mental Health (MH) field in CAD for EVERY call for service (*Effective 9-December 2019*). The mandatory field indicates whether a situation may include a MH component. The mandatory field is a drop down field with the following options:
 - No (*No or unknown MH component*)
 - Yes (*Confirmed or potential MH component*)
 - Yes – C3 UA (*C3 transfer eligible call, however, the C3 is unavailable*)
2. 911 Operators will ask the mandatory mental health screening question on every call for service.


“Are you aware or does it appear the subject is in mental health crisis?”

REPORTING

The Emergency Communications Division (hereinafter referred to as the Division) will track all mental health call data using two methods:

1. The MH field in CAD
2. Two new final disposition codes officers will use to close a call for service with a MH component, 10-8-11 Report/MH and 10-8-12 No Report/MH.

Using a method of identification and tracking at the onset of a call for service and at the end of a call for service will allow a comprehensive data set for mental health calls answered and responded to by APD.



The Division will include data on MH calls for service in the monthly CompStat report and provide a quarterly overview of MH calls to the Command and Executive Staff during the quarterly CompStat meetings.

The Division will track the following data sets in a Response Time Report Summary, in comparison charts, incident mapping, and in a Dashboard view including a Percentage by Priority, Percentage by Area Command, Percentage by Council District, and Incident Counts by Address.

- All dispatched calls for service with a verified or suspected MH component
- C3 transferred calls
- C3 transfer eligible calls – C3 unavailable