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# AGREEMENT

**THIS PROFESSIONAL SERVICE AGREEMENT,** made and entered into by and between the **LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**, by and through **METRO SAFE** herein referred to as **"METRO GOVERNMENT",** and **THE UNIVERSITY OF LOUISVILLE,** with offices located at 485 East Gray Street, Louisville, Kentucky 40202, herein referred to as **"U of L",**

**W I T N E S S E T H:**

**WHEREAS,** Metro Government wishes to engage U of L to provide professional services to plan and assist in the analysis and evaluation of the pilot 911 call prioritization program; and

**WHEREAS,** U of L has been determined by Metro Government to have the experience, expertise and qualifications to necessary to provide these services; and

**WHEREAS,** pursuant to KRS 45A.380, Metro Government has determined that competition is not feasible, and that this Agreement is for professional services:

**NOW, THEREFORE,** it is agreed by and between the parties hereto as follows:

## I. SCOPE OF PROFESSIONAL SERVICES

**A.** U of L shall, at the request of Metro Government, provide services under the terms of this professional Agreement. U of L's work product may be reviewed from time to time by Metro Government for purposes of determining that the services provided are within the scope of this Agreement.

**B.** U of L, while performing the services rendered pursuant to this Agreement, may incidental thereto utilize agents or employees of U of L. However, such use must be documented in the monthly invoice submitted for those services rendered.

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**C.** If from time to time U of L needs to utilize the records or personnel of Metro Government relative to performing the services required of this Agreement, then U of L shall notify the Louisville Metro Office of Management and Budget of this need and arrangements may be made for that contingency. However, at no time shall Metro Government make available its resources without the full consent and understandings of both parties.

**D.** The services of U of L shall include but not be limited to: Data-driven program development: 1) analysis program data; b) apply findings and lessons to program evaluation; and c) design and implement a detailed evaluation plan for the pilot project, all as described on Attachment A attached hereto and fully incorporated herein.

## II. FEES AND COMPENSATION

**A.** U of L shall be reimbursed for professional services rendered according to the terms of this Agreement as set forth in Attachment A. Total compensation payable to U of L for services rendered pursuant to this Agreement shall not exceed **SIX HUNDRED TWENTY-THREE THOUSAND FIVE HUNDRED AND FOURTEEN DOLLARS ($623,514.00).**

**B.** Payment for services will be made, upon receipt of U of L's detailed monthly invoices. Payment shall only be made pursuant to a detailed invoice, which invoice shall indicate a descriptive accounting of the services performed under this Agreement and the particular nature of such service. Copies of invoices or receipts for third party charges and out of pocket expenses must be included with U of L's invoice when payment is requested. Should the agreement be terminated or canceled prior to completion of the work to be performed hereunder, Metro Government agrees to pay U of L for all work performed up to and including the date of termination.

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**C.** U of L shall only be reimbursed out-of-pocket expenses if they are reasonable in amount and necessary to accomplish the scope of services of this Agreement. Metro Government will not reimburse first class air fare, personal phone calls, short term parking expenses, or other premium type expenses. Metro Government reserves the right to reduce or disallow expenses considered excessive or unnecessary under this Agreement.

**D.** U of L, to the extent that it provides the same or related services to other parties agrees that it will not charge Metro Government for services or expenses for which it is also billing other parties which are of benefit to the other parties. Should services rendered to Metro Government under this Agreement be such that those services also benefit another party during the term of this Agreement, U of L agrees to pro-rate its billings and expenses to Metro Government appropriately and to provide documentation to all parties to verify the pro-ration of such billings. In no event will Metro Government pay bills which are considered to be double billing (i.e. billing two different parties for the same work or expense).

## III. DURATION

**A.** This Agreement shall begin July 1, 2022 and shall continue through and including June 30, 2023.

**B.** This Agreement may be terminated by submitting thirty (30) days' written notice to the non-terminating party of such intent to terminate. This Agreement may also be terminated by any party, without notice to the non-terminating party, because of fraud, misappropriation, embezzlement or malfeasance or a party's failure to perform the duties required under this Agreement. A waiver by either party of a breach of this Agreement shall not operate or be construed as a waiver of any subsequent breach.

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**C.** In the event of termination, payment for services complete up to and including date of termination shall be based upon work completed as invoiced by U of L. In the event that, during the term of this Agreement, the Metro Council fails to appropriate funds for the payment of Metro Government's obligations under this Agreement, Metro Government's rights and obligations shall terminate on the last day for which an appropriation has been made. Metro Government shall deliver notice to U of L of any such non-appropriation not later than 30 days after the Metro Government has knowledge that the appropriation has not been made.

## IV. EMPLOYER/EMPLOYEE RELATIONSHIP

It is expressly understood that no employer/employee relationship is created by this Agreement nor does it cause U of L to be an officer or official of Metro Government. By executing this Agreement, the parties hereto certify that its performance will not constitute or establish a violation of any statutory or common law principle pertaining to conflict of interest, nor will it cause unlawful benefit or gain to be derived by either party.

## V. RECORDS-AUDIT

U of L shall maintain during the course of the work, and retain not less than five years from the date of final payment on this Agreement, complete and accurate records of all of U of L's costs which are chargeable to Metro Government under this Agreement; and Metro Government shall have the right, at any reasonable time, to inspect and audit those records by authorized representatives of its own or of any public accounting firm selected by it. The records to be thus maintained and retained by U of L shall include (without limitation): (a) payroll records accounting for total time distribution of U of L's employees working full or part time on the work (to permit tracing to payrolls and related tax returns), as well as documentation of electronic payroll

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deposits, or signed receipts for payroll payments in cash; (b) invoices for purchases receiving and issuing documents, and all the other unit inventory records for U of L's stores stock or capital items; and (c) paid invoices and canceled checks (if applicable) or procurement card supporting documentation for materials purchased and for subcontractors' and any other third parties' charges.

## VI. HOLD HARMLESS CLAUSE

U of L, though vested with sovereign immunity, is subject to the Claims Commission Act, KRS 49.010-49.180 (the "Act"). Claims against U of L relating to personal injury or property damage may be filed and decided under the provisions of the Act. To the extent permitted by that Act and other applicable law, U of L shall defend, indemnify and hold harmless Metro Government from and against any and all claims against Metro Government which may result from any error or omission arising out of U of L's performance under this Agreement.

## VII. REPORTING OF INCOME

The compensation payable under this Agreement may be subject to federal, state and local taxation. Regulations of the Internal Revenue Service require Metro Government to report all amounts in excess of $600.00 paid to non-corporate contractors. U of L agrees to furnish Metro Government with its taxpayer identification number (TIN) prior to the effective date of this Agreement. U of L further agrees to provide such other information to Metro Government as may be required by the IRS or the State Department of Revenue. Metro Government acknowledges U of L's assertion that it is a non-profit tax-exempt corporation.

## VIII. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the Commonwealth of Kentucky. In the event of any proceedings regarding this Agreement, the Parties agree that the venue shall be Franklin Circuit Court, Frankfort, Kentucky. All parties expressly consent to personal jurisdiction and venue in such Court for the limited and sole purpose of proceedings relating to this Agreement or any rights or obligations arising thereunder. Service of process may be accomplished by following the procedures prescribed by law.

**IX. <u>AUTHORITY</u>**

U of L, by execution of this Agreement, does hereby warrant and represent that he is qualified to do business in the Commonwealth of Kentucky, has full right, power and authority to enter into this Agreement. Further, U of L certifies that it has the authority to contract for this services with Metro Government for U of L.

**X. <u>CONFLICTS OF INTEREST</u>**

Pursuant to KRS 45A.455:

(1) It shall be a breach of ethical standards for any employee with procurement authority to participate directly in any proceeding or application; request for ruling or other determination; claim or controversy; or other particular matter pertaining to any contract, or subcontract, and any solicitation or proposal therefore, in which to his knowledge:

(a) He, or any member of his immediate family has a financial interest therein; or

(b) A business or organization in which he or any member of his immediate family has a financial interest as an officer, director, trustee, partner, or employee, is a party; or

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(c) Any other person, business, or organization with whom he or any member of his immediate family is negotiating or has an arrangement concerning prospective employment is a party. Direct or indirect participation shall include but not be limited to involvement through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity.

(2) It shall be a breach of ethical standards for any person to offer, give, or agree to give any employee or former employee, or for any employee or former employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment, in connection with any decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling or other determination, claim or controversy, or other particular matter, pertaining to any contract or subcontract and any solicitation or proposal therefore.

(3) It is a breach of ethical standards for any payment, gratuity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract or order.

(4) The prohibition against conflicts of interest and gratuities and kickbacks shall be conspicuously set forth in every local public agency written contract and solicitation therefore.

(5) It shall be a breach of ethical standards for any public employee or former

employee knowingly to use confidential information for his actual or anticipated personal gain, or the actual or anticipated personal gain of any other person.

**XI. ENTIRE AGREEMENT**

This Agreement constitutes the entire agreement and understanding of the parties with respect to the subject matter set forth herein and this Agreement supersedes any and all prior and contemporaneous oral or written agreements or understandings between the parties relative thereto. No representation, promise, inducement, or statement of intention has been made by the parties that is not embodied in this Agreement. This Agreement cannot be amended, modified, or supplemented in any respect except by a subsequent written agreement duly executed by all of the parties hereto.

**XII. OCCUPATIONAL HEALTH AND SAFETY**

U of L agrees to comply with all statutes, rules, and regulations governing safe and healthful working conditions, including the Occupational Health and Safety Act of 1970, *29 U.S.C. 650 et. seq.*, as amended and KRS Chapter 338.

**XIII. SUCCESSORS**

This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective heirs, successors and assigns.

**XIV. SEVERABILITY**

If any court of competent jurisdiction holds any provision of this Agreement unenforceable, such provision shall be modified to the extent required to make it enforceable, consistent with the spirit and intent of this Agreement. If such a provision cannot be so modified, the provision shall be deemed separable from the remaining provisions of this Agreement and shall not affect any other provision hereunder.

**XV. <u>COUNTERPARTS</u>**

This Agreement may be executed in counterparts, in which case each executed counterpart shall be deemed an original and all executed counterparts shall constitute one and the same instrument.

**XVI. <u>CALCULATION OF TIME</u>** Unless otherwise indicated, when the performance or doing of any act, duty, matter, or payment is required hereunder and a period of time or duration for the fulfillment of doing thereof is prescribed and is fixed herein, the time shall be computed so as to exclude the first and include the last day of the prescribed or fixed period of time. For example, if on January 1, U of L is directed to take action within ten (10) calendar days, the action must be completed no later than midnight, January 11.

**XVII. <u>CAPTIONS</u>** The captions and headings of this Agreement are for convenience and reference purposes only and shall not affect in any way the meaning and interpretation of any provisions of this Agreement.

**XVIII. <u>VIOLATIONS OF AND COMPLIANCE WITH KENTUCKY LAWS</u>** U of L shall reveal any final determination of a violation by U of L or any subcontractor performing work under this Agreement ("Subcontractor") within the previous five (5) year period pursuant to KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to U of L or Subcontractor. U of L shall be in continuous compliance with the provisions of KRS Chapters 136, 139, 141, 337, 338, 341 and 342 that apply to U of L or Subcontractor for the duration of this Agreement.

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**WITNESS** the agreement of the parties hereto by their signatures affixed hereon.

**APPROVED AS TO FORM AND LEGALITY CONTINGENT UPON APPROVAL OF THE APPROPRIATION FOR THIS AGREEMENT BY THE METRO COUNCIL**

DocuSigned by: Laura Ferguson

**MICHAEL J. O'CONNELL**
**JEFFERSON COUNTY ATTORNEY**

**Date:** 9/9/2022

**LOUISVILLE/JEFFERSON COUNTY METRO GOVERNMENT**

DocuSigned by: Edward J Meiman

**EDWARD J. MEIMAN, III**
**DIRECTOR, METRO SAFE**

**Date:** 9/9/2022

**UNIVERSITY OF LOUISVILLE**

**By:** DocuSigned by: Brennan Cox
Brennan Cox

**Title:** Asst. Dir., Office of Spons. Prog. Admin.

**Date:** 9/9/2022

**Taxpayer Identification No. (TIN):**__________________

**Louisville/Jefferson County Revenue Commission Account No.:**__________________

**Approved as to form and legality:**

________________________________

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# ATTACHMENT A

## Louisville Metro Deflection Pilot

Project Dates: 7/01/2022-06/30/2023

| | | |
|---|---|---|
| **Total Salaries and Wages** | | 354,272 |
| Fringe Benefits | | 86,060 |
| **Total Personnel Costs** | | 440,332 |
| Materials & Supplies | | 20,000 |
| Other Costs | | |
| Participant compensation | | 7,500 |
| Consultant fees | | 5,000 |
| Travel | | 12,000 |
| Subcontract UC Denver-Medical School | | 13,000 |
| **Modified Total Direct Costs (MTDC)** | | 497,832 |
| Tuition | | 36,072 |
| **Total Direct Costs** | | 533,904 |
| **INDIRECT COSTS** | | |
| MTDC * | 18% | 89,610 |
| **TOTAL PROJECT COSTS** | | **$623,514** |

**Budget Justification**

| **Person** | **Role** | **Description of primary responsibilities** |
| --- | --- | --- |
| Brian Schaefer, PhD, MS<br>Associate Professor<br>Department of Health Promotion & Behavioral Sciences<br>University of Louisville | Principal Investigator and Team Lead | Dr. Brian Schaefer is an Associate Professor in the Department of Health Promotion & Behavioral Sciences at the School of Public Health and Information Sciences at the University of Louisville and a Commonwealth Scholar at the Commonwealth Institute of Kentucky. He received his PhD in Justice Administration from the University of Louisville, where he specializes in policing and criminal justice policy. For this project, Dr. Schaefer is the principal investigator and team lead. He will provide administrative oversight of research team, budgets, deliverables, and updating LMG and council on progress. He will also be lead researcher for collecting, managing, and analyzing quantitative and qualitative data for emergency responders. |
| Sara Choate, PhD, MSEd<br>Faculty Instructor<br>Department of Health Promotion & Behavioral Sciences<br>University of Louisville | Co-Priniciapl Investigator | Sara Choate is an Instructor in the Department of Health Promotion & Behavioral Sciences and a doctoral candidate in the Department of Health Management & System Sciences in the School of Public Health & Information Sciences at the University of Louisville. She brings expertise in mental health access, trauma informed care, health promotion, and training in behavioral health environments. For this project, Ms. Choate will serve as research lead for qualitative and quantitative data collection, management, and analyses for alternative responders (e.g. behavioral health hub, mobile crisis response team) and will assist in overseeing student researcher(s). |
| Patrick Possel, Dr. rer. soc., Professor<br>Department of Counseling and Human Development, University of Louisville | Co-Principal Investigator | Dr. Patrick Possel is Professor in the Department of Counseling and Human Development at the University of Louisville. He is a licensed psychologist and Director of the Cardinal Success Program. He received his doctoral degree with a specialization in Clinical Psychology from the Eberhard-Karls-Universitat in Tubingen (Germany). For this project, Dr. Possel will serve as a co-principal investigator overseeing the 911 call review analyses, including developing the final research design, developing coding instrument, revieiwng calls, analyzing data, and writing reports. He will also supervise the research coordinator. |

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**Budget Justification**

| Person | Role | Description of primary responsibilities |
| --- | --- | --- |
| Gaberiel Jones, Jr., PhD, MPH<br>Assistant Professor<br>Department of Health Promotion & Behavioral Sciences University of Louisville | Co-investigator | Dr. Geberial Jones Jr., is an Assistant Professor in the Department of Health Promotion and Behavioral Sciences at the Unviersity of Louisville School of Public Health and Information Sciences. He has a PhB in Public Health Sciences from the University of Louisville. Dr. Jones conducts reserach investigating the relationship between wealth and health outcomes, economic policy, and social equity. For this project Dr. Jones will be involed in qualitative data collection, analysis, and associated reports. Dr. Jones will also assist with overseeing graduate and undergraduate students. |
| Tanisha Howard Lewis, PhD (c ), MPH<br>Research Center Coordinator<br>Youth Violence Prevention Research Center<br>University of Louisville | Co-investigator | Tanisha Howard Lewis, M.P.H., is a research manager in the Office of the Executive Vice President for Research and Innovation (EVPRI) at the University of Louisville. She is currently a doctoral candidate in the Department of Health Promotion & Behavioral Sciences in the School of Public Health & Information Sciences at the University of Louisville. She brings expertise in culturally responsive evaluation and assessment, community engagement, the planning, implementation, and evaluation of community-based programs, and community-based systems dynamics modeling. For this project, Ms. Howard Lewis will serve as research lead for quantitative and qualitative data collection, management, and analysis for community research and will assist in overseeing student researcher(s). |
| Tony Zipple, ScD, MBA<br>Executive in Residence<br>School of Public Health and Information Sciences<br>University of Louisville | Co-investigator | Dr. Tony Zipple, a licensed psychologist, is Executive in Residence in the School of Public Health & Information Sciences at the University of Louisville. He spent 30 years as a senior executive with large mental health organizations in Boston, Chicago, and Louisville. Prior to those assignments, Dr. Zipple was an Assistant Professor of Rehabilitation Counseling and a Senior Research Associate at the Center for Psychiatric Rehabilitation at Boston University. For this project, Dr. Zipple will serve as research lead for qualitative data collection for respite care. He will also use his professional expertise to identify response capacity for alternative responder models and assist in identifying areas for model evolution. |

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**Budget Justification**

| Person | Role | Description of primary responsibilities |
|---|---|---|
| Seyed Karimi, PhD<br>Assistant Professor<br>Department of Health Management & System Sciences<br>University of Louisville | Co-investigator | Dr. Seyed Karimi is an Assistant Professor in the Department of Health Management & Systems Sciences in the School of Public Health & Information Sciences at the University of Louisville and a health economist at the Center for Health Equity at the Louisville Metro Department of Public Health and Wellness. He has a PhD in Economics from the University of Illinois at Urbana-Champaign. He brings expertise in microeconomics, statistics, and health policy analysis. For this project, he will be co-lead in building the cost-benefit analysis to understand the economic implications of the deflection efforts.” |
| Katie Yewell, PhD<br>Assistant Professor<br>Department of Health Management & System Sciences<br>University of Louisville | Co-investigator | Dr. Katie Yewell is a health economist and an assistant professor of Health Management and Systems Sciences at the University of Louisville School of Public Health and Information Sciences. She received a PhD in economics from Vanderbilt University. She brings expertise in economic modeling of costs and benefits, as well as analyzing quasi-experimental settings to understand the causal impact of policies on treated versus untreated individuals. For this project, Dr. Yewell will leverage her economic training to extend the cost-benefit analysis to understand the economic implications of the deflection efforts. She will also support analysis of the effect of the alternative responder model on impacted individuals and communities. |
| Craig Blakely, PhD, MPH<br>Dean of School of Public Health and Information Sciences<br>University of Louisville | Co-investigator | Dr. Craig Blakley is Dean of the School of Public Health & Information Sciences at the University of Louisville. He has a PhD from Michigan State University. He has extensive experience with preventing community interventions and complex evaluation efforts. For this project, Dr. Blakely will provide project oversight and a conduit to governmetn and health leaderhsip. |
| Melissa Eggen, MPH<br>Program Manager<br>Department of Health Management & System Sciences<br>University of Louisville | Policy Writer | Melissa Eggen is a Program Manager in the Department of Health Management & System Sciences (HMSS) in the School of Public Health & Information Sciences at the University of Louisville, and a Policy Analyst in the Commonwealth Institute of Kentucky. She has a MPH from the University of Illinois at Chicago and is a HMSS PhD student with a specialization in Health Policy and Management. For this project, Ms. Eggen will collaborate with co-investigators to translate data and reports into short policy documents that communicate findings to stakeholders. |

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**Budget Justification**

| **Person** | **Role** | **Description of primary responsibilities** |
| --- | --- | --- |
| Hannah Kay<br>Graduate Research Assistant<br>Department of Health Management & System Sciences<br>University of Louisville | Graduate Research Assistant | Hannah Kay is currently a master's student in the Department of Health Management & System Sciences in the School of Public Health & Information Sciences at the University of Louisville and serves as a graduate research assistant on this project. She has prior experience as an EMS and responding to individulas in behavioral health crises. For this project, Ms. Kay will assist researchers in data collection, management, and analyses of quantitative and qualtiative data collection for emergency responders. |
| TBD | Graduate Research Assistant | A graduate in the School of Public Health and Information Sciences at the University of Louisville will be hired to serve as a graduate research assistant on this project. The student will policy and quantitative analysis experience to assist in the outcome analyses associated with the evaluation plan. |
| TBD | Undergraduate research | Will assist in data collection and management for the alternative responder component. |
| TBD | Undergraduate research | Will assist in data collection and management for community research component. |
| TBD | Research Coordinator | A research coordinator will be hired to carry out the 911 call review analyses and reporting. The research coordinator will be a behavioral health professional with training and experience capable of analyzing 911 calls and identifying behavioral health indicators. |

**Additional Budget Lines**

| | |
| --- | --- |
| Travel | $12,000 is included as travel funds to continue site visits and/or bring experts to Louisville to assist in evaluation and/or community engagement. |
| Transcripts/Education Material | $20,000 is included to transcribe interviews and/or focus group recording, print data recruitment and collection materials (e.g. surveys), and educaiton material such as flyers, pamphlets or other material) |
| Consultation | $5,000 is included to hire computer programmer to expediate data analyses. |
| Participant Compensation | $7,500 is included to compensate community members who participate in research. |

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**Budget Justification**

| Person | Role | Description of primary responsibilities |
| --- | --- | --- |
| Subaward to UC-Denver | | $13,000 is included to give a subaward to UC-Denver Medical School for the purposes of hiring Dr. Liza Creel. Dr. Liza Creel was an Associate Professor in the Department of Health Management and Systems Sciences in the School of Public Health & Information Sciences at the University of Louisville, before moving to UC-Denver. She received her PhD in Health Services Research with a concentration in Health Economics from Texas A&M University School of Public Health. She brings expertise in health delivery systems and services, interorganizational relationships, and health policy. For this project, Dr. Creel will serve as coordinator for data analyses and reporting. She will use her expertise in mixed-methods research and policy evaluation to monitor and support study design and analysis, supervise the team’s policy writer, and identify recommendations for model evolution. |

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# Louisville Metro Crisis Call Diversion Program: 2022-2023 Evaluation Plan

**Louisville Metro Alternative Responder Model Evaluation Plan**

Questions about the evaluation should be sent to: Brian Schaefer, PhD, Associate Professor in Department of Health Promotion and Behavioral Sciences, School of Public Health and Information Sciences, University of Louisville. Phone: 502-852-3007. Email: Brian.schaefer@louisville.edu.

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## Overview

In the Spring 2022, the Commonwealth Institute of Kentucky conducted a process and outcome evaluation of the pilot phase of the Crisis Call Diversion Program (CCDP), submitting our report on June 6. The pilot phase used data from March 21, 2022 through May 8, 2022. This data included 70 interviews with administrators and responder groups, focus groups with 96 community members, and analyses of multiple datasets to understand the temporal-spatial distribution of behavioral health calls, the type of crisis supports provided by deflection, and program costs. The research team also provided recommendations. The complete report provides detailed information on CCDP planning, design, stakeholder perceptions, outcomes, cost analyses, and recommendations. The report provided a strong foundation for the early stages of the CCDP.

The previous evaluation had limitations largely driven by the short timeframe, which limited our ability to examine the effect of programmatic changes on outcomes and the longer-term efficacy of the intervention. As a result, it is imperative that an evaluation continues to understand the ongoing processes and outcomes associated with the CCDP. This evaluation plan will cover data from May 9, 2022, through April 15, 2022, and will be guided by the same four research questions submitted in the pilot phase evaluation plan:

**RQ1: To what extent was the alternative responder model implemented as designed, and how was it adapted to meet community needs and expectations? (Process, Implementation)**
This question addresses the critical nature of documenting implementation of the alternative responder model and adaptations that are made to understand how the program rolled out; it also provides evidence of how a program can change over time.

**RQ2: To what extent do individuals in crisis receive needed assistance and what type of assistance is provided? (Process)**
This evaluation question examines encounters with the alternative responder model, both in frequencies and in context.

**RQ3: How does the alternative responder model contribute to community safety? (Impact)**
This evaluation question explores the individual level outcomes associated with 911 behavioral health calls, deflecting avoidable institutionalizations, and understanding the extent to which the CCDP meets community needs.

**RQ4: What are the economic implications of the deflection efforts? (Impact)**
This evaluation question quantifes the cost-benefit and cost-effectiveness of the CCDP in regard to police deflection, Fire/EMS deflection, and respite.

While the evaluation plan is guided by the same four research questions, several additions to the pilot phase evaluation plan were made as a direct result of our pilot evaluation. The pilot evaluation identified several limitations and recommendations that will be incorporated into this evaluation plan. Rather than re-copy the entirety of the pilot evaluation plan, we present the substantive changes to our evaluation plan with brief explanations for each addition or subtraction. The pilot phase evaluation plan is included as an Appendix for accessibility.

## Adaptations

The following adaptations provide a brief description of the evaluation component and indicate the associated research question(s) (e.g., RQ1).

1. Researchers will review random sample of “1032-General Trouble” and “1014-Mental Health” call recordings to evaluate reliability and validity of call-taker classifications and, if necessary, develop training modules to improve processes. (RQ1, RQ2, RQ4)

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2. Track individuals beyond CCDP to better understand service and referral utilization and outcomes. It is important to understand if the alternative responders' efforts resulted in the caller utilizing referral services to know whether the CCDP is meeting one of its primary goals. To better examine patterns of referral utilization and individuals' experiences with CCDP, we will interview and/or survey individuals who have interacted with the CCDP (e.g., received assistance from CTWs, MCRTs, respite, etc.) to understand how to better meet their needs. Interviews or surveys with individuals who have refused to engage the CCDP is also important as it identifies existing gaps in the intervention. It is important to note that someone not following through on a referral is not a failure, but rather, an empirical reality of individuals seeking change. (RQ1, RQ2, RQ3)
3. Examine the frequency and form of Louisville Metro EMS and Louisville Fire responses to behavioral health calls. The evaluation plan will include interviews with EMS and Fire personnel, as well as data analysis to understand the prevalence of 911 events that could be deflected and the associated cost savings. (RQ1, RQ2, R4)
4. Analyze LMPD arrest/citation reports to further explore outcomes associated with behavioral health crises. LMPD CIT reports provide a good resource for understanding some outcomes associated with behavioral health crisis and show that few individuals go to jail. A deeper dive into LMPD arrest/citation reports will provide a more thorough understanding of the extent to which CIT reports are capturing behavioral health outcomes. (RQ2, RQ3)
5. Evaluate the impact of CCDP public education and awareness campaigns on CCDP volume. The analyses will also examine how the introduction of 988 has influenced 911 call volume for behavioral health events. (RQ1)
6. Analyze crisis support and referrals made for CCDP respite drop-offs. The analysis will look at the crisis support, treatment, and/or referrals made for individuals brought into respite. The deeper dive into respite data will allow for research to examine respite costs. (RQ2, RQ4)
7. Identify and analyze the patterns of high utilizer behavioral health 911 calls. This phase of the evaluation will expand to measure whether the CCDP is reducing the frequency of high utilizer calls, comparing call frequency within and outside operational hours. (RQ2, RQ3)

**Deliverables**

The evaluation team will provide two reports, an interim and final report. The interim report will provide an overview of the inputs and outcomes associated with the intervention using data up to December 15, 2022 and will be submitted on January 31, 2023. The final report will provide a comprehensive evaluation of the implementation and outcomes associated with the CCDP and will cover data through April 15, 2023 and will be submitted June 5, 2023. The evaluation team will also work with Emergency Management Services and Louisville Metro Council to provide periodic updates prior to the final report, in the form of research briefs or formative research memos.

**Timeline**

January 31, 2023, Interim Report

1. Will include input and outcome evaluation for CCDP activities completed by December 15, 2022.

June 5, 2023, Final Report

1. Will include complete implementation and outcome evaluation for CCDP activities completed by April 15, 2022.
2. Will include recommendations for next steps.

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# Appendix A: Louisville Metro Crisis Call Diversion Program: Pilot Evaluation Plan

This appendix provides a detailed overview of the evaluation plan used to evaluate the Crisis Call Diversion Program pilot phase. The evaluation was conducted by the Commonwealth Institute of Kentucky based in the School of Public Health and Information Sciences at the University of Louisville. The report associated with the pilot evaluation plan can be found here. The next phase of the evaluation will continue with the same structure, while adding the noted adaptations. **Please note the deliverables indicated in the Appendix reflect work already completed.**

## Overview

The alternative responder model consists of three components starting with a behavioral health hub that provides triage through Metro Safe's Emergency Operations Center, mobile crisis responders, and respite care to individuals in acute crisis stemming from a behavioral health issue. The purpose of the alternative responder model is to rapidly respond, effectively screen, and provide early intervention to help those individuals who are in active state of crisis and ensure their entry into the continuum of care at the appropriate level. This model uses a person-centered approach to defining crisis, by recognizing that callers contact 911 because they need some form of help, even if the reason for the call may not rise to the level of emergency by responders. Behavioral health crises may be related to or associated with homelessness, mental illnesses, substance abuse, aging complications, disputes, or other medical conditions. Behavioral health hub triage counselors and mobile crisis responders will ensure the safety of the person in crises, attempt to de-escalate the situation, conduct level-of-care assessments to determine an individual's needs for services and connect them to appropriate respite. In co-response calls, Louisville Metro Police Department (LMPD) officers will secure the scene and ensure safety and collaborate with mobile crisis responders to deescalate the situation.

The alternative responder model is innovative in its design and focus on adaptions specific to the Louisville community context. A thorough and rigorous evaluation will provide evidence of the program's successes in terms of both implementation and outcomes. As such, we propose both a process and impact evaluation centering on four research questions:

1. To what extent was the alternative responder model implemented as designed, how was it adapted to meet community needs and expectations? (Process)
2. To what extent do individuals in crisis receive needed assistance and what type of assistance is provided? (Process)
3. How does the alternative responder model contribute to community safety? (Impact)
4. What are the economic implications of the deflection efforts? (Impact)

## Methods

The evaluation uses a mixed methods approach for studying the alternative responder model pilot initiative, incorporating both qualitative and quantitative data. Each research question has a subset of measures that offer data and evidence about the alternative responder model.

RQ1, RQ2, and RQ4 both rely on secondary data provided by Louisville Metro Government and Seven Counties Services and qualitative data collected prospectively by the evaluation team. All proposed quantitative data analysis will extend the work previously completed and reported (see attached report), including analyses of 911 calls and callers who are deflected into the alternative responder model via the workflow proposed for the pilot. In addition, the evaluation will include empirical assessments of

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resources used or averted (increases or decreases in time, estimations of cost implications) as a result of the program. Data necessary for completing these analyses include MetroSafe 911 data and LMPD outcome data (e.g. CIT reports and associated outcomes) to examine the volume of CIT 911 events, the percentage of CIT 911 events responded to by the mobile response team, co-responders, and police, and the time out of service for each CIT event across different response types. Researchers will also extend analysis of call data to other dispatch types for patterns in mobile crisis responder alternative responses, call dispositions, and outcomes related to contacts with the mobile response team, co-responders, and police only response. Finally, mobile response team data/reports to analyze outcomes for the behavioral health triage center, mobile response team reports, and co-response outcomes for disposition of events and connections to other service entities.

While these data and analysis provide critical evidence of the alternative responder model and accountability metrics for Louisville Metro Government, the context surrounding an intervention is an additional factor above and beyond the resources provided specifically for the intervention. As such all three research questions also incorporate primary data collection and qualitative data analyses to document implementation characteristics that may explain variations in implementation and the mechanisms that may promote various outcomes and community perceptions. This surrounding contextual information can inform strategies to strengthen future evolutions of the alternative responder model.

**RQ1: To what extent was the alternative responder model implemented as designed, and how was it adapted to meet community needs and expectations? (Process, implementation)**
Documenting implementation of the alternative responder model, and the adaptations that will be made, is critical to understanding how the program rolled out and providing evidence of how a program can change over time.

<u>Measures:</u> Tables 1-6 summarize the measures that serve as indicators of implementation, including both descriptive quantitative data (Tables 1, 3, and 6) and qualitative data (Tables, 2, 4, and 5) that show the process of the alternative responder model roll-out. The qualitative aspects of the evaluation are guided by the Consolidated Framework for Implementation Research (CFIR), an evidence-based typology for doing implementation research. Implementation research determines whether program activities have been implemented as intended and how the implementation is perceived by various stakeholders, including those who are served through the program in the community. The CFIR includes five domains including intervention characteristics, outer setting, inner setting, characteristics of the individuals involved, and the process of implementation.[1] The CFIR, through detailed qualitative data collection and analysis of each domain, guides understanding of the internal and external factors that contribute to the success of an intervention, as well as any unexpected changes or outcomes. The CFIR informs all four research questions, but certain domains are more specific to certain research questions than others and therefore we emphasize particular CFIR domains in correspondance with relevant research questions.

| **Table 1: Research Question 1: Quantitative Measures** |
|---|
| RQ1: To what extent was the alternative responder model program implemented as designed, how was it adapted to meet community needs and expectations? (Process) |

[1] Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science.* 2009;4(1):50.

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This research question seeks to document the process of program implementation, how funding relates to specified programing and outputs, and how programming evolves.

| Subquestion | Measures |
|---|---|
| What percent of calls are deflected to the mobile crisis responders? | # calls to BH Hub/ total calls to 911 |
| What are the types of CIT calls deflected to the mobile crisis responders? | # calls dispatched to responders by subtheme type: safety, traffic, self-harm, intoxication, dispute, crisis. |
| Of the identified calls for deflection, what percentage requires a mobile response?<br>• mobile crisis responders<br>• Police<br>• Co-response | # calls dispatched to responders/<br># calls to BH Hub |
| What percent of CIT calls receive LMPD response?<br>• Emergent/high risk<br>• BH Hub determination<br>• Alternative responder model capacity | # LMPD CIT dispatches/ # CIT calls |
| What percent of LMPD dispatches could have been diverted?<br>• Call types | # identified calls/ # LMPD dispatches<br>• 10-codes |
| What percent of mobile crisis responders responses result in subsequent call to emergency responders for additional support? • Police | # calls for additional responders/ # mobile crisis responder dispatches |
| What are the trends in calls overall, and those deflected to mobile crisis responders, by time/day/month? | # calls by shift/date/call type |
| What is the average time per call referred to Behavioral Health Hub? | Minutes on phone from transfer to end/dispatch/transfer |
| What is the timeframe for a mobile crisis responder response?<br>• Arrival<br>• On scene<br>• Service time | • Minutes from dispatch to arrival<br>• Arrival to clear<br>• Dispatch to clear |
| What is the number of citations and arrests for CIT dispatches? | # arrests for CIT related events before/after alternative responder model launch<br># citations for CIT related events before/after alternative responder model launch |

**Table 2: Research Question 1: Qualitative Measures**

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RQ1: To what extent was the alternative response model implemented as designed, how was it adapted to meet community needs and expectations? (Process)

This research question seeks to document the process of program implementation, how funding relates to specified programing and outputs, and how programming evolves. The measures below are derived from the five constructs outlined in the CFIR and focus on the domains individuals involved and implementation process.

| Construct | Measures |
|---|---|
| Individuals Involved | Skills and experience (education); knowledge and beliefs about populations in behavioral health crises; strategies for improving access to services • How does training evolve for the alternative responder model?<br>• How does hiring practices evolve for the alternative responder model? ○ What are the qualifications of persons hired for each role? ○ What are the compensation packages for persons hired?<br>• What safety concerns exist for responders? |
| Implementation Process | Feedback to alternative responder model staff on strategy and outcomes; frequency and functionality of staff teams; value of financial resources provided to staff; overall engagement of staff and population served<br>• What community education is provided about the alternative responder model?<br>• What barriers to program implementation are encountered, and how are barriers addressed?<br>• How do implementation strategies adapt based on barriers, lessons learned, and community need?<br>• How do personnel perceive collaborations and how do these perceptions evolve? |

In addition to these constructs, the evaluation team will examine fidelity to the proposed alternative responder model, focusing on what was implemented according to plan and what was adapted. These data points will be documented by the evaluation team.

Data collection: The primary data sources for the quantitative data are MetroSafe, LMPD, and Seven Counties Services (SCS). Provision of these data to the evaluation team is essential to successfully completing the evaluation.

The qualitative portions of the evaluation will collect data using focus groups, interviews, field observations, and surveys. The evaluation team will interview representatives with upper level management roles within Louisville Emergency Management Services (MetroSafe), Seven Counties Services (SCS), the alternative responder model, and Louisville Metro Police Department, as well as from front-line workers from the same entities. In addition, focus groups with community members will provide perspectives on community perceptions of the alternative responder model, its implementation, and outcomes. The evaluation team will coordinate efforts with Spalding University to provide community perspectives, without duplicating efforts.

Data analysis: Quantitative data analysis will incorporate descriptive and trend analyses to demonstrate the alternative responder program roll-out. The analyses will examine trends and outcomes beginning June 1, 2019 and continue through 5/31/2022, to understand changes in call volume, response types, practices, and outcomes before and after implementation.

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Qualitative data coding will be conducted using qualitative software ATLAS.ti. Initial codes will be based on CFIR, chosen because of its focus on service delivery and recognition of the relevance of context to implementation. Employing template analyses, we will compare interview and other qualitative data to codes based on this framework, as well as compare emergent findings to prior research. Each community will be analyzed separately, then compared to describe differences between settings.

**RQ2: To what extent do individuals in crisis receive needed assistance and what type of assistance is provided? (Process)**
This evaluation question explores encounters with the alternative responder model – both in frequencies and in context. Table 3 summarizes the metrics that serve as indicators of alternative responder model encounters and interactions.

**Table 3: Research Question 2 – Quantitative Measures**

**RQ2: To what extent do individuals in crisis receive needed assistance and what type of assistance is provided? (Process)**

This research question seeks to assess the extent to which alternative responders contribute to the emergency response system and personal safety.

| Subquestion | Measures |
|---|---|
| Of the calls identified for deflection, what percentage receives a mobile response? | # calls dispatched to mobile crisis responders/<br># calls to BH Hub |
| What services does the mobile crisis responders provide? | Example categories of service:<br>• De-escalation<br>• Material goods<br>• Transportation<br>• Suicide intervention<br>• Welfare check<br>• Narcan<br>• Referral<br>• Hospitalization |
| What percent of individuals who receive a mobile crisis responders onsite services require transportation away from the scene of crisis?<br>• To where? | # rides / # dispatches<br># hospitalizations / # dispatches |
| How do individuals utilize the respite community center? | Categories of service:<br>• Respite<br>• Counseling<br>• Referral |

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| | |
|---|---|
| To what resources are individuals linked following intervention? | Categories of service:<br>• Respite<br>• Counseling<br>• Referral<br>• Follow-up |
| How has the frequency of calls from 911 familiar callers changed? | # Incoming calls per familiar caller pre-post intervention, measured monthly<br># of repeat interactions by volume and type (e.g., multiple arrests, hospitalizations, BHH contacts) |

**Table 4: Research Question 2: Qualitative Measures**

**RQ2: To what extent do individuals in crisis receive needed assistance and what type of assistance is provided? (Process, mobile crisis responders Encounters)**

This research question seeks to assess the extent to which alternative responder model contribute to the emergency response system and personal safety. The measures below are derived from the five constructs outlined in the CFIR and represent the primary aspects of CFIR that will address Research 2. A sample of sub-research questions are provided to elucidate the issues studied in each domain.

| Construct | Measures |
|---|---|
| Outer Setting | Availability of mental health treatment facilities locally and by division; other health and human service availability; federal, state, and local resources available to support service delivery; fit between alternative responder's model processes and community values, routines, and incentives; population characteristics<br>• To what resources are individuals linked following alternative responder model?<br>• How does the alternative responder model impact behavioral health resource capacity? |
| Inner Setting | Alternative responder model staff structure (e.g., size, diversity; resources; time and space for meeting); access to resources; linkage of alternative responders to other activities in Seven Counties Services, MetroSafe, and LMPD interactions; work climate; leadership support within and beyond the alternative responder model.<br>• How do individuals in crisis experience interactions with the alternative responder model?<br>• What role does case management play following a crisis call?<br>• What are individual outcomes for services received? |

Data collection: The primary data sources for the quantitative data are MetroSafe, LMPD, and Seven Counties Services (SCS). Provision of these data to the evaluation team is essential to successfully completing the evaluation. Qualitative data will come from interviews, focus groups, field observations, and/or surveys of personnel at MetroSafe, LMPD, and Seven Counties Services (SCS).

Data analysis: Quantitative data analysis will incorporate descriptive and trend analyses to demonstrate the model roll-out. Data collection will start on the project's launch date and continue through 5/31/2022 for the evaluation.

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Qualitative data coding will be conducted using qualitative software ATLAS.ti. Initial codes will be based on CFIR, chosen because of its focus on service delivery and recognition of the relevance of context to implementation. Employing template analyses, we will compare interview and other qualitative data to codes based on this framework, as well as compare emergent findings to prior research. Each community will be analyzed separately, then compared to describe differences between settings.

**RQ3: How does the alternative responder model contribute to community safety? (Impact)**

To measure short term impact, the evaluation team anticipates focusing on community stakeholder perceptions of the alternative responder model, specifically the extent to which it contributes to community safety. Table 5 outlines the questions we seek to answer, and the primary data sources for these measures.

**Table 5: Research Question 3: Qualitative Measures**

RQ3: How does the alternative responder model contribute to community safety? (Process)

This research question seeks to evaluate the extent to which an alternative responder model meets community expectations and how programmatic operations adapt based on community need. This research question seeks to document the perceptions of community stakeholders of the alternative responder model. Community stakeholders include community members who have and have not interacted with the model and emergency responders. The measures below are derived from the five constructs outlined in CFIR. The emphasis on *perceptions* requires that all five constructs are examined in this research question. A sample of sub-research questions are noted to elucidate the topics examined for each construct.

| Construct | Measures |
|---|---|
| Outer Setting | Availability of mental health treatment facilities locally and by division; other health and human service availability; federal, state, and local resources available to support service delivery; fit between alternative responder model processes and community values, routines, and incentives.<br>• What do community members who have not used the service know about the alternative responder response?<br>• What are the community's perceptions of the program? |
| Intervention Characteristics | Role clarity; training and technical assistance; facilitating/constraining administrative systems; capacity for data and information sharing<br>• What expectations do members of the community have of the alternative responder team?<br>• How has use of community services changed following the implementation of the alternative responder model? |

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| | |
|---|---|
| Inner Setting | Linkage of alternative responders to other activities in Seven Counties Services, MetroSafe, and LMPD interactions; work climate; leadership support within and beyond the alternative responder model.<br>• How does the behavioral health hub team impact the 911 Call Center?<br>• What safety concerns exist for community members regarding the mobile crisis responder's response protocol?<br>o How are they addressed?<br>• What is LMPD's assessment of the mobile crisis responders during co-response?<br>• How are LMPD and mobile responders interacting during co-responses? |
| Individuals Involved | Skills and experience (education); knowledge and beliefs about populations in behavioral health crises; strategies for improving access to services<br>• How do LMPD perceive the effectiveness of the alternative responder's model? |
| Implementation Process | Feedback to alternative responder model staff on strategy and outcomes; frequency and functionality of staff teams; value of financial resources provided to staff; overall engagement of staff and population served<br>• How do LMPD perceive the effectiveness of the alternative responder model?<br>• How does the behavioral health hub impact the 911 Call Center? |

Data collection: The primary data sources for RQ3 will come from focus groups, interviews, field observations, and/or surveys for community members and agencies involved in the model including personnel from SCS, MetroSafe, and LMPD. the qualitative data are MetroSafe, LMPD, and Seven Counties Services (SCS). Provision of these data to the evaluation team is essential to successfully completing the evaluation.
Data analysis: Qualitative data coding will be conducted using qualitative software ATLAS.ti. Initial codes will be based on CFIR, chosen because of its focus on service delivery and recognition of the relevance of context to implementation. Employing template analyses, we will compare interview and other qualitative data to codes based on this framework, as well as compare emergent findings to prior research. Each community will be analyzed separately, then compared to describe differences between settings.

**RQ4: What are the economic implications of the deflection efforts? (Impact)**
Under this research question, the evaluation team will extend economic evaluations that began during the planning phase. The underlying goal is the weigh the costs of deflection with the potential benefits of the program, and to characterize those in the context of resource expenditures elsewhere. (e.g. LMPD).

| **Table 6: Research Question 4: Quantitative Measures**<br><br>RQ4: What are the economic implications of the deflection efforts? (Impact)<br><br>This research question seeks to understand costs of the program, compared with potential benefits/outcomes. | |
|---|---|
| **Construct** | **Measures** |

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| How do the costs of deflection off-set those of typical protocols? | • Cost of deflection<br>• Cost of police response<br>• Cost of mobile response<br>• Cost of co-response<br>• Cost of deflection<br>• Hospitalization<br>• Jail diversion |
|---|---|

Data Collection and Analysis: We will rely on data reported and analyzed under RQs 1-3 to construct a cost effectiveness model to compare costs of the alternative responder model with those anticipated without the model.

**Deliverables**

The evaluation team will provide a final evaluation report. The final report will provide a comprehensive evaluation of the implementation and outcomes associated with the pilot program and will cover data through 5/08/2022. The evaluation team will also work with Emergency Management Services and Louisville Metro Council to provide periodic updates prior to the final report.

**Timeline**

June 6, 2022 Final Evaluation Report

1. Will include complete implementation and outcome evaluation for pilot activities completed by 5/08/2022.
2. Will include final proposal for next phases in the alternative responder model.