

Louisville Metro Emergency Services / MetroSafe Crisis Call Deflection Program

In partnership with Seven County Services



- Data Analysis and Overview
- Development of Program
- Implementation of Program



Crisis Call Diversion (CCD) focuses on diverting non-emergent mental health related calls away from LMPD and to a Behavioral Health Hub located in the 911 center. Crisis Triage Workers (CTW) will be available in MetroSafe from 1400-2200 7 days a week and can receive eligible calls transferred directly from 911 Operators.

Crisis Triage Workers Core Functions:

- Call Diversion
- Call Consult
- Call De-escalation

Calls Not Eligible for CTW Intervention:

- An individual in ***physical possession*** of firearms, knives, or any other weapons (i.e., simply having a weapon in the home is not a disqualifier)
- An individual under the influence of alcohol or drugs to the extent requiring medical intervention (overdose or detox)
- An individual ***in the process of*** hurting/killing self or threatening to hurt/kill others with the means and intent
- An individual requiring medical attention because of a self-inflicted injury
- An individual with known violent tendencies (i.e., dangerous location indicator) or exhibiting violent behavior
- When the individual in crisis or another person on scene has committed a violent crime (e.g., family violence)
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- Within the first 5 months, over 400 calls were diverted directly from a 911 caller to the CTW sitting in the 911 center. These calls were further triaged, and some were either closed out (which meant the CTW resolved the issue) or passed on to the MCRT (Mobile Crisis Response Team) for a response in the field.
- Additionally, there were almost 2000 - 911 calls that came into the center that were coded as “Deflection Not Available” which meant it was either outside of the 4th Division, or outside of the 2pm to 10pm time frame where the CTW’s were working. This data clearly shows a need for expansion as additional Seven Counties staff become available.



Louisville Metro Crisis Call Diversion Program Pilot Evaluation

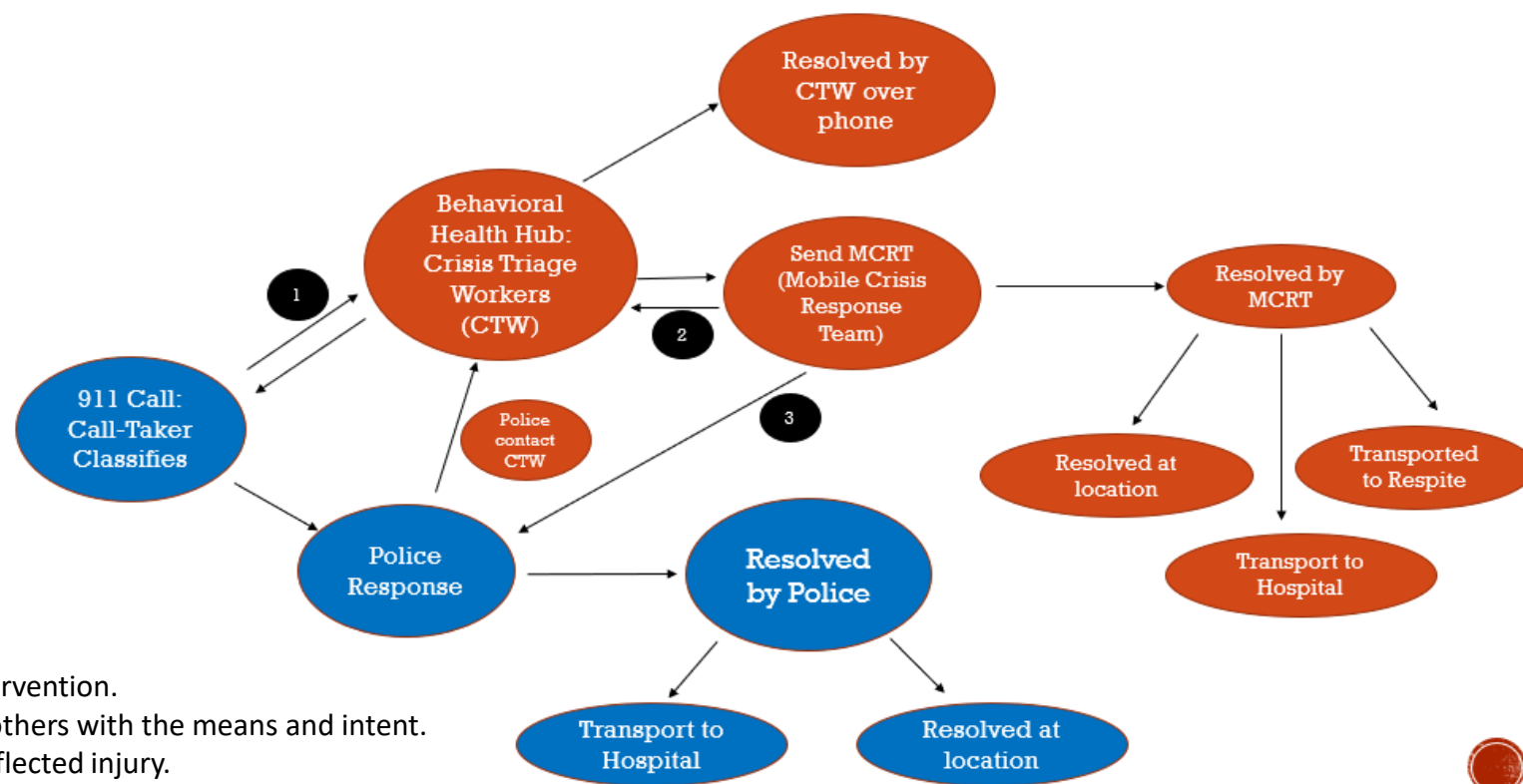
CCDP Operations During Study Period (March 21-May 8, 2022)

Inclusion Criteria

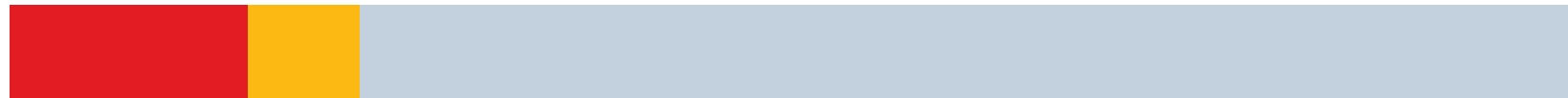
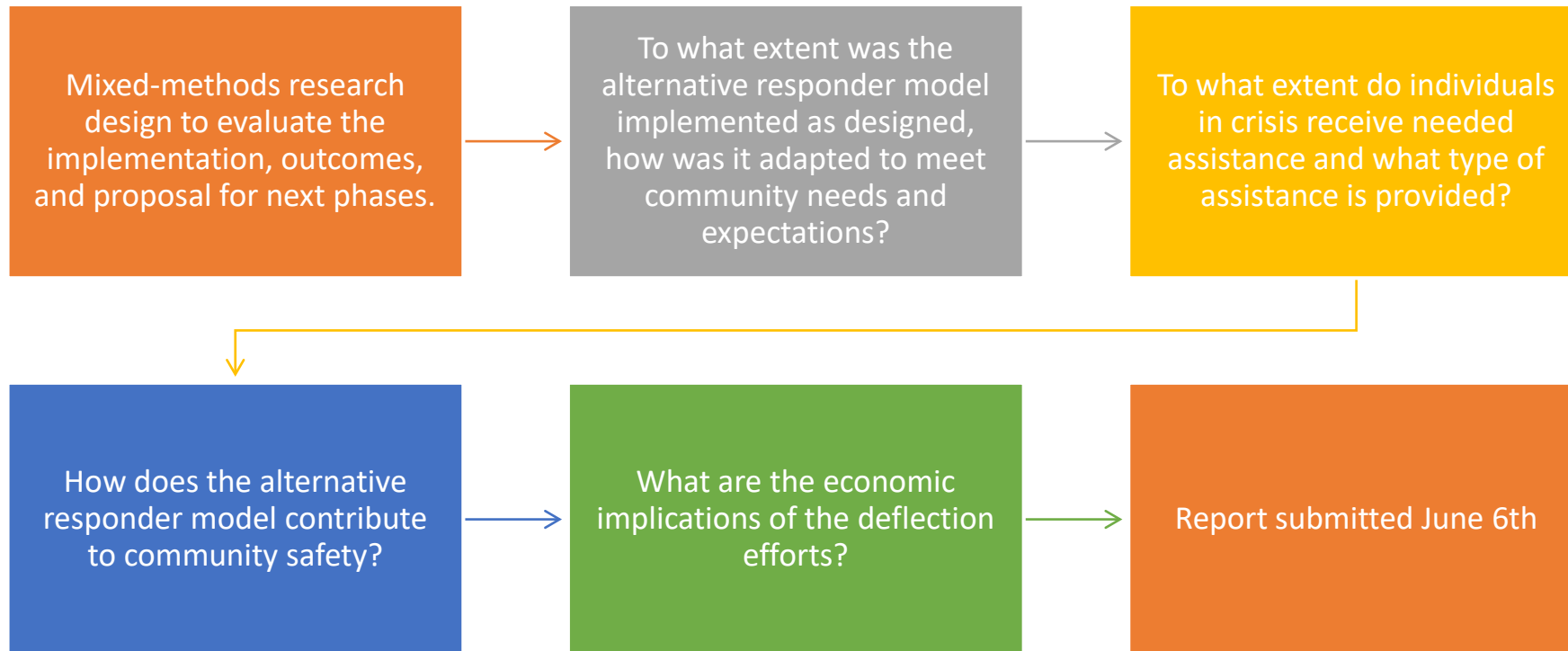
- Fourth Division
- 2 p.m. to 10 p.m.
- CIT calls only (non-violent)
 - 1st party
 - 2nd party
 - Frequent callers
 - Police request

Exclusion Criteria

- Physical possession of weapon
- Under the influence of alcohol/drugs requiring medical intervention.
- In process of hurting/killing self or threatening to hurt/kill others with the means and intent.
- An individual requiring medical attention because of self-inflicted injury.
- An individual with known violent tendencies.
- If violent crime occurred.



Research Questions and Process





What Happened During the Intervention?

- Intervention Period
 - 2 p.m. -10 p.m., Mar 21-May 8, 2022
- 1,259 total behavioral health events across LMPD divisions
 - 1014-CIT– 957
 - 1014-MIW– 74
 - 1014-Assist Deflection– 7
 - 1014-Deflection Not Available– 92
 - **Deflection– 119**
- 55 Deflection events in 4th Division
 - CTW only– 27 events
 - CTW + MCRT– 28 events
- 64 Deflection events in other Divisions

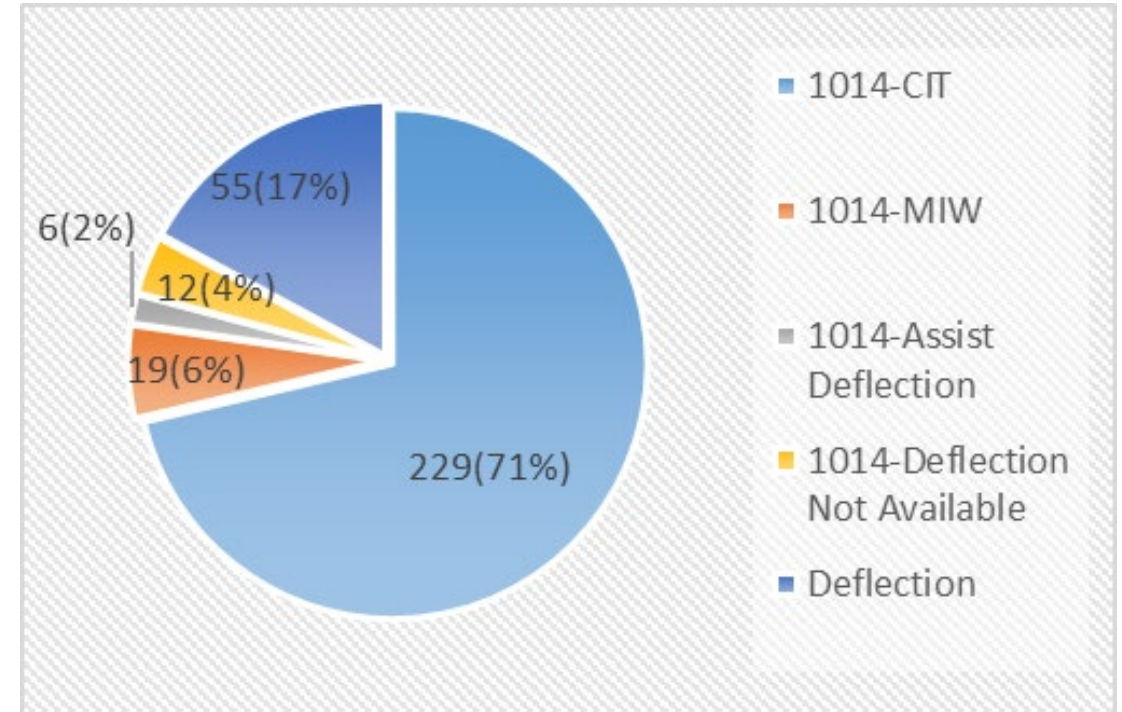
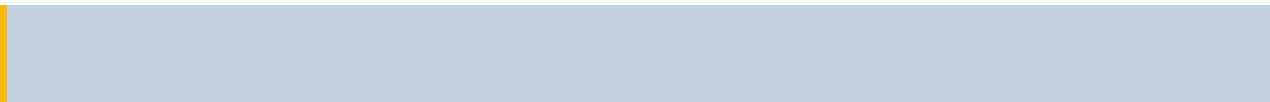


Figure I. Number and Percent of Fourth Division Behavioral Health Events by Classification (2 p.m. to 10 p.m., Mar 21-May 8)



How Were the Fourth Division Calls Resolved?

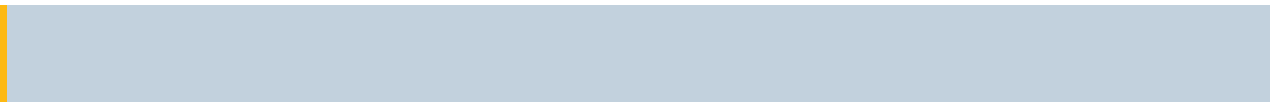
- LMPD (n=266)
 - No resolution document=207
 - Voluntary Hospitalization=27
 - Involuntary Hospitalization=18
 - Stabilized on site=12
 - Jail=1
 - Other=1
- CTW (n=55)
 - Stabilized over phone=21
 - Sent back to MetroSafe=6
 - Sent to MCRT=28
- MCRT (n=28)
 - Stabilized on site=5
 - Voluntary hospitalization=9
 - Respite=5
 - Other=9





Deflection Crisis Support and Referrals

- CTW (events=93)
 - Delivered 600 forms of crisis support.
 - Provided 14 referrals.
- MCRTs (events=28)
 - Provided 227 forms of crisis support.
 - Provided 40 referrals.
- Case Managers (events=7)
 - Provided 15 referrals.





Resource Utilization

- Average Intervention Time per deflection-eligible event in Fourth Division
 - “1014-Deflection_Not Available,” LMPD response= 27:10
 - “Deflection,” CTW-only response=16:57
 - “Deflection,” CTW and MCRT response=39:03
- Cost analysis revealed differences in per event costs driven by volume. Cost effectiveness is obtainable.
- What is the scenario in which the resources used to run CCDP offset the resources that are saved for police?
 - Daily (8-hour shift) CCDP capacity ranges between 8.2-24.3 events.*
 - CCDP deflecting 13.744 events per day is equivalent to releasing two officer's time.



Stakeholder Perceptions

- Finding 1: Stakeholders agree there is a need for the intervention.
- Finding 2: There is general excitement about the intervention though some are more uncertain than others.
- Finding 3: Stakeholders generally agree about the evidence they need to see to consider the intervention a success though there are some key differences by stakeholder type.
- Finding 4: Stakeholders generally feel prepared for the intervention but express additional training needs, especially related to expansion of the intervention.
- Finding 5: There are varying degrees of knowledge of the intervention among stakeholders.
- Finding 6: A variety of challenges emerged during implementation that should be addressed in upcoming phases to ensure success.
- Finding 7: Some facilitators of success are emerging.
- Finding 8: Safety concerns limit expansion and trust.
- Finding 9: Widespread uncertainty about CCDP's volume.
- Finding 10: Staffing concerns create barriers to expansion.
- Finding 11: Respite space is limited and idiosyncratic for behavioral health crisis.

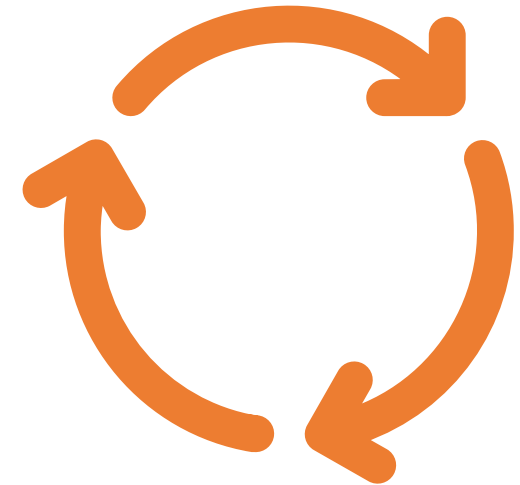


Expansion



Recommendations

1. Continue with process and outcome evaluation to drive data-informed decision-making related to implementation and expansion.
2. Improve CCDP data collection in MetroSafe, LMPD, and Seven Counties Services.
3. Strengthen infrastructure for expansion.
4. Improve CCDP education and awareness by developing education material for responders and a public education campaign.
5. Secure long-term funding.
6. Expand respite space and services to meet a broader range of behavioral health needs.
7. Develop and standardize training specific to CCDP.



Proposed Evaluation Plan FY 2023

Continue with evaluation
with additional inquiries.

- Conduct 911 call review to validate behavioral health call classifications.
- Expand community outreach
- Examined potential impact on Fire/EMS events.
- Examine services provided beyond CCDP and interview individuals who utilized CCDP.
- Analyze crisis support and referrals provided in respite space.
- Deeper dive into repeat callers.
- Expand economic analysis to respite.
- Interim report January 2023 and final report June 2023.



There is a clear need for
Crisis Call Diversion
Program (CCDP) in Louisville

The CCDP is a promising
model with cost and time
savings.

More education is needed
to improve operations and
build trust and confidence
in CCDP, particularly in the
community.

The long-term success of
CCDP is in its evolution.

Long-term investment is
needed

Key Findings

Thank you! Questions?

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