

# Deflection Planning Proposal

February 2, 2021

## **Background**

The Louisville community has experienced collective trauma throughout the past year. The Breonna Taylor case and the local response to the protests that followed reinforced longstanding mistrust of law enforcement among many community members. At the same time, Louisville Metro Police Department (LMPD) has experienced turnover in leadership and high rates of attrition among the force, making comprehensive emergency response even more challenging. The events of 2020 represent a public demand for change and highlight an expectation that Louisville Metro Government make thoughtful commitments to honoring historical injustices while also ensuring public safety.

The process of healing requires re-conceptualizing public safety and emergency response systems in a way that honors the needs and wishes of the community and maximizes use of already limited resources. One such way is to provide social and clinical support services as an alternative or auxiliary to police and EMS. Calls appropriate for deflection fall into two categories: those that would benefit from rapid social service response and do not need police response and calls that require police response that would be enhanced by the presence of a social services support person.

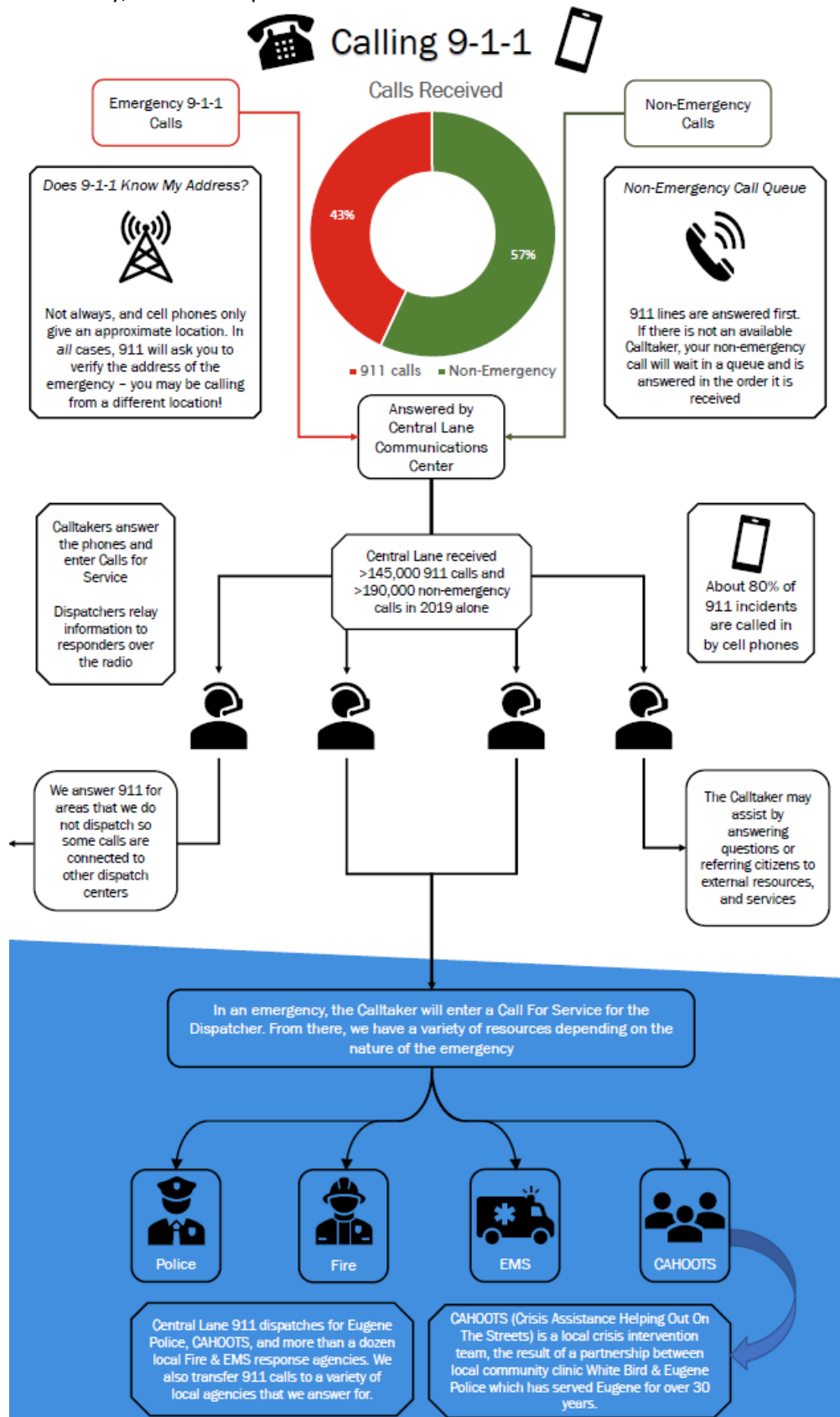
The CAHOOTS (Crisis Assistance Helping Out On The Streets) mobile intervention program implemented in Eugene, Oregon, is one example of an evidence-based model for deflection. In this model, the Eugene Police Department (EPD) has partnered with White Bird Clinic, a local Federally Qualified Health Center (FQHC) that offers a full-range of medical, dental, and behavioral health services, as well as drug and alcohol treatment. As an established health entity, White Bird Clinic is able to leverage its resources, including specially trained staff, to provide crisis intervention services when calls to the emergency line are better suited to a response by the social service team.

When dispatched, the CAHOOTS team consists of a medic and a behavioral health provider who can provide immediate stabilization and assessment to meet the physical and emotional needs of members of the community. Additionally, the team can provide information, referrals, and advocacy to encourage the appropriate use of a wide array of other community-based services. If necessary, CAHOOTS can transport individuals to the emergency department, crisis center, detox center, or shelter to connect them to the needed resources. Ultimately, the CAHOOTS teams provide a broad range of services including:

- Crisis counseling;
- Suicide prevention, assessment, and intervention;
- Conflict resolution and mediation;
- Grief and loss;
- Substance abuse;
- Housing crisis;
- First aid and non-emergency medical care;
- Resource connection and referrals; and
- Transportation to services.<sup>i</sup>

Calls to the 911 call center are assessed for an appropriate emergency response, and dispatch one or more of several resources, including the CAHOOTS Team. The determination process is outlined in Figure 1.

Figure 1. Lane County, OR 911 call process<sup>ii</sup>



It is important to note that the COHOOTS team serves as a primary responder for only 5-8% of calls that would otherwise result in officer dispatch. In other scenarios, CAHOOTS partners with EPD in a joint response, or a primary responder might call the CAHOOTS team after assessing the needs of the situation.

Recent projects in Louisville that have used evidence-based interventions initiated in other cities have clearly demonstrated that Louisville's unique needs must be considered during local planning and implementation. Moreover, community buy-in is essential. Thus, any model applied to the Louisville community may need to be adjusted according to the context and relationships of this community.

### **Objectives**

The Commonwealth Institute of Kentucky (CIK) in the School of Public Health and Information Sciences (SPHIS) at the University of Louisville (UofL) seeks to support the work of Louisville Metro to meet the following objectives:

1. To design a pilot program deflecting a percentage of calls entering the 911 system to a non-police response focused on problem-solving, de-escalation, and referral to appropriate community services. This program should intend to:
  - a. Decrease LMPD runs for non-emergency medical care and behavioral health issues.
  - b. Provide immediate and appropriate professional response to behavioral health crises.
  - c. Decrease the incarceration rate of individuals who present with behavioral health issues.
  - d. Increase the number of people accessing appropriate social and medical services quickly.
  - e. Decrease the number of repetitive calls from any single individual.Ultimately, this program should increase efficient and effective use of LMPD and LMDC resources and reduce costs associated with incarceration and ancillary services (e.g., EMS).
2. To develop a long-term, feasible, and sustainable plan for Metro-wide implementation of a deflection program.

### **Scope of Work**

This proposal considers the substantial planning and community investment that must occur to implement a deflection project in Metro Louisville. For the 4.5-month timeline of the planning process, CIK will serve as project coordinator to examine how evidence-based interventions can be applied and adapted to meet the unique needs of Louisville Metro for sustainable programming. This requires that the planning process reflect upon the full context of the community, which includes understanding similar or complementary efforts that are already in process and how past experiences may influence community response to something new. Louisville has learned a number of lessons by implementing and studying other community-based interventions, which are essential to consider in planning for a deflection model in Louisville:

1. Buy-in at multiple levels, from frontline staff to organizational leadership, is critical.
2. Community engagement from the very beginning is also essential and may encourage uptake among residents and leaders.
3. Local government should be strategic in the approach to planning and implementation, specifically as it relates to how a new intervention fits in among other similar initiatives already in place.
4. Pilot programs should have the full financial support needed to be successful. If replicating another evidence-based program, the funding should be enough to implement with fidelity.

### Data Collection and Analysis

CIK will analyze local data to better understand the need and population that a deflection crisis team would serve, as well as to inform intervention design and implementation planning. First, data can demonstrate the volume and distribution of emergency calls and LMPD responses currently in place. Additionally, CIK will examine specific responses of LMPD's Crisis Intervention Team (CIT) program to understand the nature of the calls and how they might qualify for a crisis team response, both with and without LMPD accompaniment. Furthermore, these data can be used to complete a cost-benefit analysis of the program as it relates to the efficient use of community resources.

CIK will also collect and analyze qualitative data to better understand what happens during a typical shift by observing in the 911 Call Center and by riding with patrol officers. These observations will be used to further understand current operations and workflow, in order to design new protocols that meet the needs of front-line staff. Observations would occur across shifts and days of the week, and ride alongs would be conducted in LMPD divisions throughout Metro Louisville to capture variations that occur. The team will be able to describe what a non-police response, or a shared response might look like as well.

#### Data :

- 911 Call Center data and observation; calls will be categorized by need, geographic area, and response
- LMPD data and observation; runs will be assessed for averaged time required, LMPD and community resources used, outcomes, and CIT engagement
- Louisville Metro Department of Corrections data can assist in understanding the use of community resources for cost-benefit forecasting
- Community focus groups and key informant interviews will be conducted to ensure the model is planned within the larger context of services and programming, and meets the needs of the Louisville community

### Intervention Design

CIK proposes to integrate known best practices, using evidence established in other cities across the US, with the specific needs and nuances of the Louisville community. This requires thoughtful and comprehensive planning, with a complete understanding of both current operations and how adjustments impact workflow and front-line staff.

As the region's Community Mental Health Center, Seven Counties Services, Inc. (SCS) will be engaged in planning Louisville's deflection model. SCS is well positioned to offer their mental health and substance abuse treatment expertise and infrastructure to the application of a deflection model locally. Throughout the planning process, SCS staff will chart calls that are likely candidates for deflection and consider interface strategies between the 911 call center and the SCS crisis hotline. SCS will build protocols for both deflection and co-response efforts, including a decision tree to guide the 911 call center and plans for linking individuals to needed services following a crisis response. Additionally, SCS will develop a plan and materials for training 911 call center staff and LMPD officers for pilot implementation of the deflection program.

The planning process will include consultation with the CAHOOTS team of Eugene, Oregon. CIK and SCS will meet with city officials who have visited and directly observed the CAHOOTS program and determine whether additional exposure is warranted, or if there are similar programs that have been

executed regionally and might offer the lessons they have learned. CIK also will engage other national consultants, such as those at the Ohio Center for Criminal Justice Excellence, for guidance on model development and for provision of additional training materials and consultation.

It is recommended that evaluation is planned from the initial conception of program design, and CIK will lead this effort. Not only is evaluation key to understanding the effectiveness of the intervention and the productivity of associated costs, but it can expand the awareness of actual practices within organizations and can promote continued improvement. Evaluation also adds to the larger body of evidence that supports best practices around such models.

### Community Engagement

It is common to see limited involvement of stakeholders in initial conversations about a new idea. Decisions are then made without input from all perspectives and these can become barriers to the project's success. Given this tendency, multiple partners should be included in the planning process to understand how they perceive this project fits into our community and their organization's other ongoing work.

CIK will partner with leaders from city government including:

- Louisville Metro Police Department
- Office of Resilience and Community Services
- Office of Safe and Healthy Neighborhoods
- Louisville Metro Department of Corrections
- Louisville Metro Criminal Justice Commission
- Louisville Metro Department of Public Health and Wellness

CIK also proposes to convene representatives from advocacy organizations and members of the community to consider community needs and ensure the plan for the program is responsive to the call for justice outlined in *A Path Forward for Louisville*. Invited community organizations include:

- Center for Health Equity
- The Urban League
- American Civil Liberties Union of Kentucky
- Coalition for the Homeless
- Louisville Downtown Partnership
- Neighborhood Associations
- CLOUT
- Other Community Leaders

Transparency around the planning process is crucial. CIK proposes to keep Louisville residents and stakeholders informed through community conversations, as well as through use of earned media and social media.

**Deliverables**

- An interim report by April 30, 2021
- A final report by June 30, 2021, including:
  - Louisville Deflection Model design, including procedures and a decision tree to guide the 911 center and an operating model for services
  - Comprehensive training materials
  - Implementation and evaluation plans
  - Louisville Deflection Model 3-year budget
  - Cost-benefit forecast

## Budget and Budget Justification

This budget includes project oversight from February 15, 2021, through June 30, 2021.

<b>Budget Category</b>	<b>Request</b>
Personnel	69,214
Fringe Benefits	9,957
Materials & Supplies	3,000
Travel	12,500
Community Engagement	3,000
Subcontract: SCS Program development	80,564
Subcontract: IU Research faculty	6,051
Consultation	20,000
<b>Subtotal</b>	<b>204,286</b>
Indirect (18%)	26,770
<b>TOTAL REQUEST</b>	<b>\$231,056</b>

Personnel costs include salary and fringe benefits for a CIK senior Executive in Residence (totaling 300 hours) to provide project oversight and assist in model and training design, the time of one Commonwealth Scholar who will provide research oversight and evaluation design, and the time of three additional Commonwealth Scholars (one of who will subcontract via Indiana University) to collect and analyze data. Additionally, this budget allows for the time of a staff project manager, 840 hours provided by graduate research assistants, and a subcontract with Seven Counties Services for their work. Materials and supplies include costs associated with qualitative research (i.e., recorders, batteries, transcription costs), while funds are also allocated to travel and consultation required for program development. Community engagement funds will be used to provide stipends to members of the community who dedicate their time in an advisory capacity, as well as to host community conversations. Facilities and administration costs are budgeted at 18% of direct costs.



## References

---

<sup>i</sup> White Bird Clinic. *CAHOOTS: Crisis Assistance Helping Out On The Streets*.

<https://whitebirdclinic.org/cahoots/>

<sup>ii</sup> Eugene Police Department. (n.d.). *Infographic: How Central Lane 911 Processes Calls for Service*.

<https://www.eugene-or.gov/DocumentCenter/View/56581/911-Process-Infographic>