Transforming Lives





Crisis System Reform:

Funding the Police Reform Taskforce's Recommendations

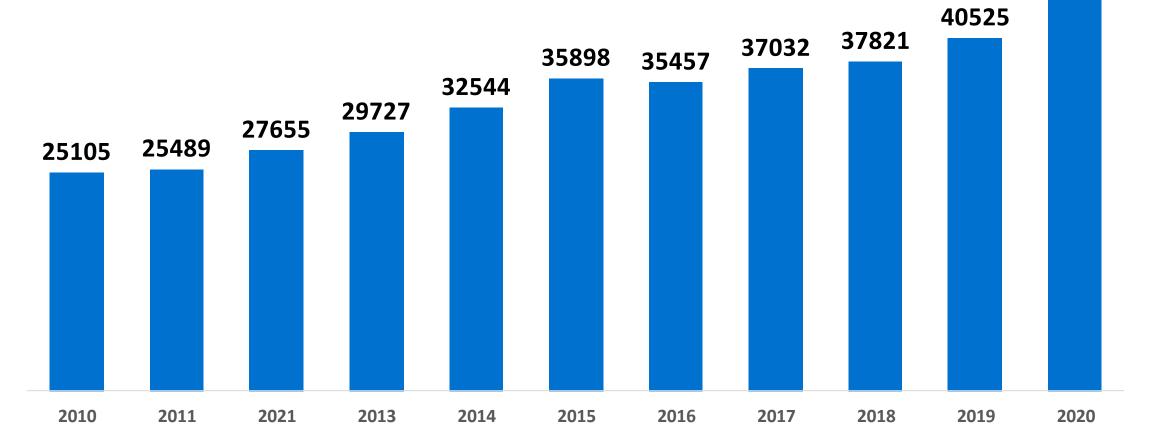
Presented By: Wayne Young MBA, LPC, FACHE The Harris Center, Chief Executive Officer

Growing Need: Total Houston Police Department (HPD) Crisis Intervention Team Calls for Service

Mental Health and IDI

45855

Calls Volumes are Trending Upward Annually



Source: Houston Police Department, Mental Health Division

Programs Impacted by Taskforce Recommendations



 \bigstar **Clinician and Mobile Crisis Crisis Call** Officer **Diversion Outreach** Remote Teams **Evaluation** Rapid

Recommendation: Expand Current Program Response

Recommendation: New

Program

Recommendation: New Telehealth **Resources to Officers**

Crisis Intervention Response Teams

Recommendation:

Crisis Call Diversion (CCD)







Crisis Call Diversion Collaboration



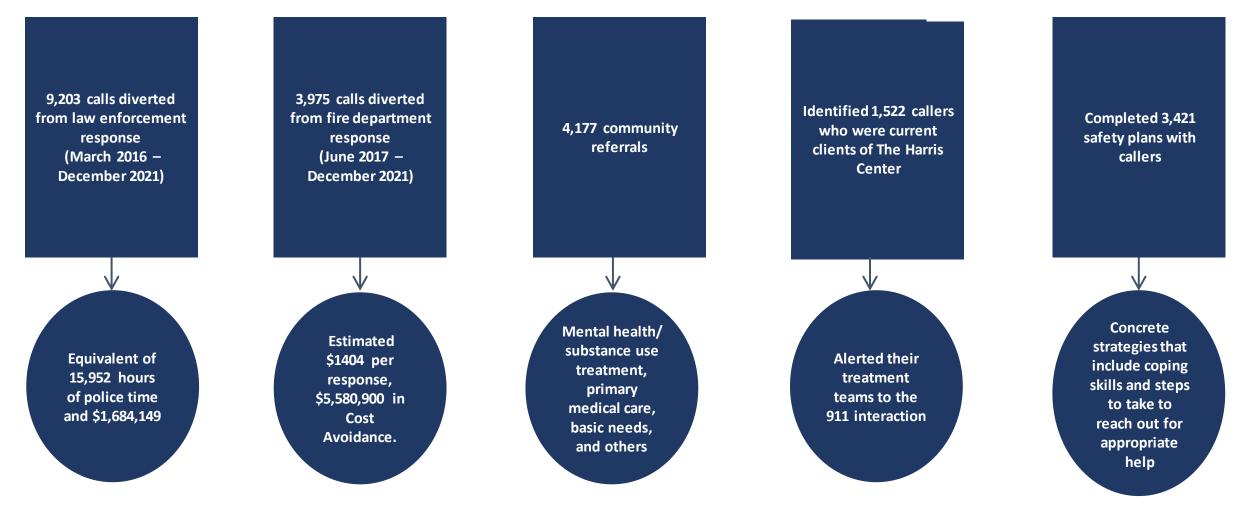
- Answers non-crime/non-violent types of CIT calls-for-service in lieu of sending EMS and/or patrol officers to the scene.
- Provides enhanced service to mental health consumers not directly available to patrol, such as community mental health referrals and Mobile Crisis Outreach Team (MCOT) responses.
- CCD program went live on March 29, 2016, with full Houston Fire Department participation on December 15, 2017.
- Estimated Cost Avoidance to first responder community after program costs is \$821,600 per year.



Crisis Call Diversion



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Note: In 2020, CCD answered 4,527; de-escalated 547; made 982 referrals, and diverted 2,116 calls.

Success Story



- A business called 911 to request a welfare check on a client who recently lost a family member.
- The CCD Counselor initiated a reach out call to the client. The CCD Counselor assessed for imminent risks. The client stated she has been sad since her family member died. The client denied that she had a plan, intent, or access to means to commit suicide. The CCD Counselor empathized with the client's grief; explored coping skills and protective factors; and provided the client with community referrals to The Harris Center's Crisis Line, Bo's Place, and the Grief Recovery Center for emotional support.
- The CCD Counselor followed up to find that the client had an appointment with the Grief Recovery Center. The client stated she was feeling better after talking and thanked the CCD Counselor for the resources and for following up.



Recommendation: Expand the Crisis Call Diversion (CCD) program by extending coverage by mental health counselors to 24/7, increasing the number of counselors in the program to handle more calls, and expanding the type of calls that the mental health counselors can answer, as appropriate. The estimated cost is \$272,140.

Amount to be Considered by City Council: \$272,140 per year

Mobile Crisis Outreach Team (MCOT) Rapid Response



- MCOT Rapid Response Teams are a non-law enforcement alternative response to nonviolent, non-criminal, mental health 911 calls that CCD could not divert over the phone.
- MCOT Rapid Response Team would include a Licensed Clinician or Master Level Clinician paired with a Bachelor Level Clinician per team.



MCOT Rapid Response Team: Eligibility Criteria

Appropriate for MCOT RR

- Client is over the age of 3
- Client is currently experiencing OR at risk of experiencing a mental health crisis
- Client has mental health needs and experiences significant barriers to accessing mental health services independently
- Client is physically located in Harris County
- Client has ability to remain safe until MCOT arrives on the scene

Inappropriate for MCOT RR

- Risk of aggressive or violent behavior; threat of violence
- Inappropriate sexual behavior
- Weapons/drug use present that client refuses to secure
- Any criminal matters involved in the call
- Any medical emergencies, including suicide in progress

Success Stories



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A bus station security guard called 9-1-1 about an adult male who was experiencing a severe anxiety attack. Her call was connected to the Crisis Call Diversion team.

She reported that the man did not threaten to harm himself or others and did not appear to have any weapons. The man said he had "lost everything" and was anxious and depressed.

The Crisis Call Diversion counselor deployed the Mobile Crisis Outreach Team's Rapid Response members to assist the man in crisis.

The Rapid Response members completed an assessment; helped stabilize his anxiety; and helped him reconnect with his family who lived out-of-state.



Recommendation: Increase the number of Mobile Crisis Outreach Teams by 18 teams and re-brand the model to receive referrals directly from 911 call takers in HEC via police band radios. The estimated cost of this recommendation is \$4.3 million and would include 18 new MCOT Rapid Response teams.

Amount to be Considered by City Council: \$4,221,412 per year

Clinician and Officer Remote Evaluation Program (CORE)

- Works to improve response to calls involving a person with mental illness, the CORE program connects a law enforcement first responder with a mental health clinician using a tablet and HIPAA-compliant technology.
- Implemented by Harris County Sheriff and Constables



Positive Outcomes

- Increases public safety
- Improves triage of mental health crisis calls in the field
- Fills gaps of limited mental health workforce
- Prevents unnecessary transports to the Harris County Jail, treatment facilities and hospital emergency rooms



CORE Evaluation



• Evaluated by University of Houston Downtown in Oct. 2020

Survey Question	% of "Yes" Responses
Would you have called CIRT if you did not have an iPad?	88%
If you did not have the assistance of the clinician, would you have transported the consumer to the NPC/hospital/ER?	78%
Did the clinician help you de-escalate the consumer?	86%
Did the clinician help you identify/access resources you would not otherwise have identified/accessed?	89%
Did the clinician help you decide what course of action to take with the consumer?	93%
Do you believe the clinician helped you handle the call in a shorter period-of-time than if you responded without the clinician?	88%









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- **Key Outcomes**
- 42% were resolved
- 58% resulted in transportation to hospitals
- 1 person was transported to jail
- 1 person was transported to Juvenile Detention



Recommendation: Implement the Clinician-Officer Remote Evaluation ("CORE") program to provide telehealth technology to 80 HPD CIT-trained officers in patrol. The estimated cost of providing CORE services to 80 HPD officers is \$847,875.

Amount to be Considered by City Council: \$847,875 per year



Crisis Intervention Response Teams (CIRT)

CIRT partners a Crisis
 Intervention Trained deputy with
 a master's level clinician and is
 the highest-level response to a
 person in serious mental health
 crisis.



- HPD currently has 12 CIRT co-responder units.
- In 2020, CIRT responded to 5,416 calls for service and 2,053 emergency detentions for involuntary psychiatric evaluations.



CIRT: Evaluation Outcomes



- Findings from a 2020 evaluation of HPD 25,227 CIRT responses (since 2014):
 - Only 4.1% of all calls result in incarcerations. Fewer than one in 20 individuals are transported to jail.
 - Almost 25% of all calls are resolved at the scene and referred to services as appropriate.
 - About 70% of calls are resolved by transport to crisis or emergency services at The Harris Center's Neuropsychiatric Center or at one of the 38 area hospital emergency departments.



Recommendation: Increase the number of CIRT teams by 24 new teams, including staff, vehicles, and equipment. The estimated cost is \$8.7 million.

Amount to be Considered by City Council : \$796,035 per for clinicians and technology \$1,254,853 for officers and equipment (\$104,752 is vehicle expense that will only occur 1 time)

Total: \$2,050,888 per year for 6 new CIRT teams..

Summary of Initiatives



