

Crisis Call Diversion

Community-based Response Programs



 *The*
HARRIS
CENTER *for*
Mental Health and IDD

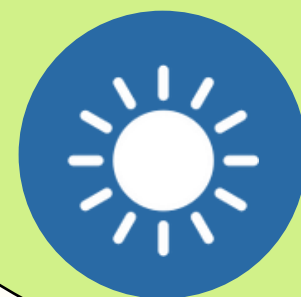


The
HARRIS
CENTER *for*
Mental Health and IDD

The Harris Center is the largest provider of community-based behavioral health and IDD services in the State of Texas. Located in Houston, Texas, The Harris Center provides a full continuum of services to better serve one of the most diverse and multicultural communities in the nation.



Mental Health Treatment



Intellectual and Developmental Disabilities



Comprehensive Psychiatric Emergency Program

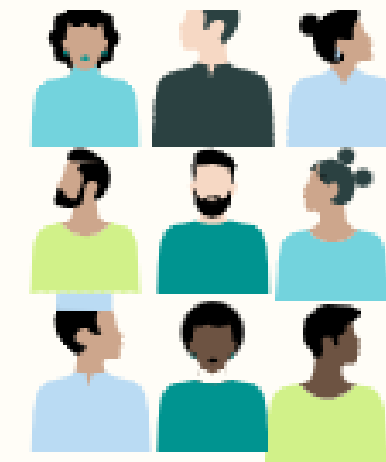


Justice Involved Services



Crisis and Access Line 24/7

88K
PEOPLE SERVED



93
ACCESS POINTS

FY 2022

307K CRISIS SERVICES

656K ADULT MH SERVICES

142K CHILD MH SERVICES

210K CRISIS/ ACCESS CALLS ANSWERED

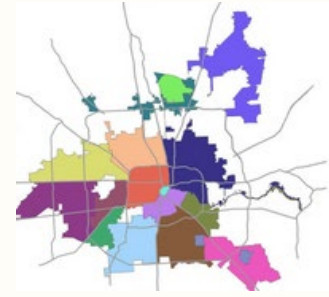
The City of Houston

It is the fourth -most populous city in the United States after New York City, Los Angeles, and Chicago.

THE HOUSTON POLICE DEPARTMENT (HPD) IS THE PRIMARY LAW ENFORCEMENT AGENCY SERVING THE CITY OF HOUSTON.

IT IS ONE OF SIX ORIGINAL DEPARTMENTS SELECTED BY THE US COUNCIL OF STATE GOVERNMENTS AS A LEARNING SITE FOR SPECIALIZED PROGRAMS RESPONDING TO MENTAL HEALTH.

2023



665 MI²



2.3M



2.2M



2.21 PER 1000



18 CIRT UNITS



Shared Goals of Community-based Response Models



Reduce reliance on first responders

One of the key expectations is to reduce the reliance on law enforcement and other first responders as the primary responders to mental health crises



Collaboration and Coordination

Alternative mental health response models involve collaboration between mental health professionals, law enforcement, emergency medical services, and other community stakeholders to ensure a coordinated and comprehensive response.



Diversion from the criminal justice system

The goal is to connect individuals in crisis with appropriate mental health services utilizing the least restrictive means possible.



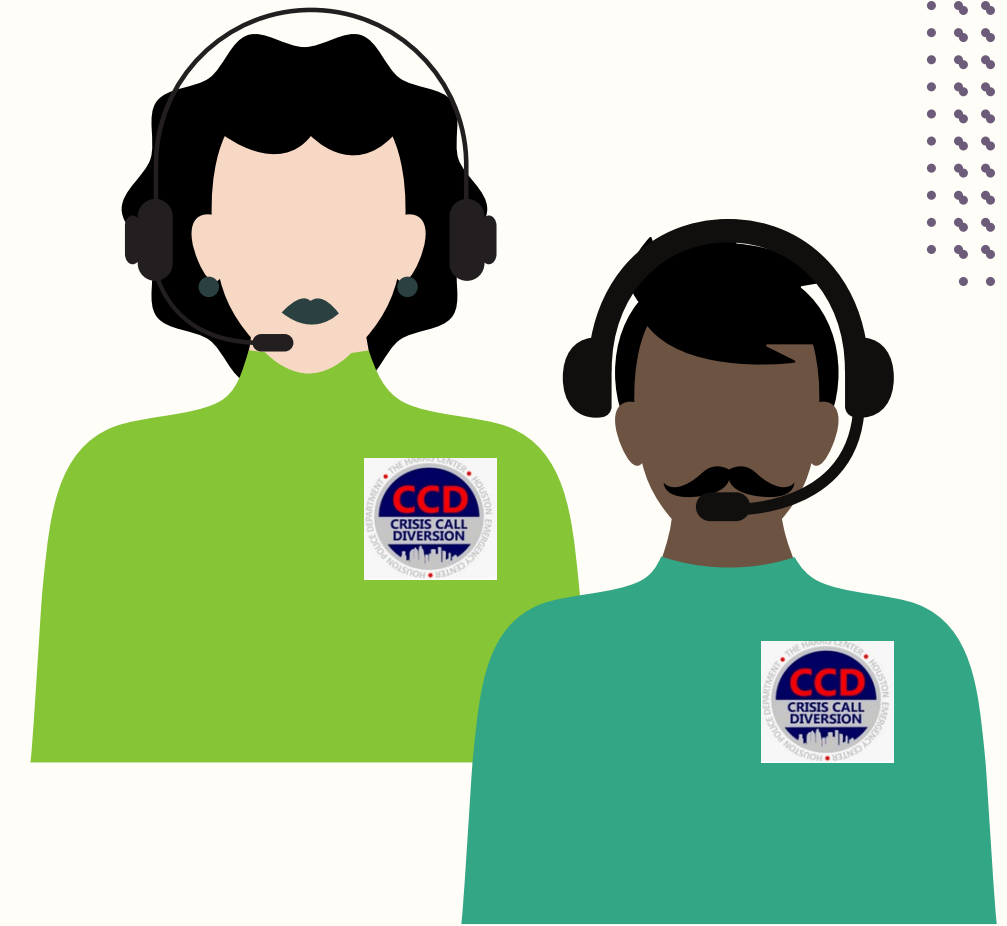
Safety

The primary goal is to ensure the safety of our crisis responders, the individuals experiencing a mental health crisis, and our community.



CRISIS CALL DIVERSION

A community-based response model with multiagency collaboration designed to identify and redirect non-emergent, non-life-threatening CFS that are mental health crisis related (CIT) away from first responder resources (police and EMS) and toward Harris Center for Mental Health & IDD mental health professional phone counselors embedded in our Houston Emergency Center.



2015

Program Implementation.
Started with five counselors
available weekdays from 10a-7p

2017

Houston Fire Department
joined the collaboration

2021

MCOT Rapid Response
was added as a fourth
option for dispatch

2022

Subrecipient of ARPA
funding from the City of
Houston to expand to

24/7/365

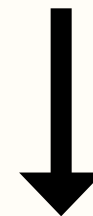
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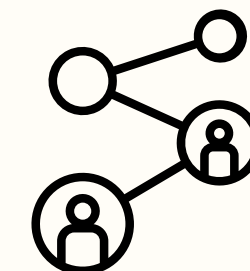
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31%

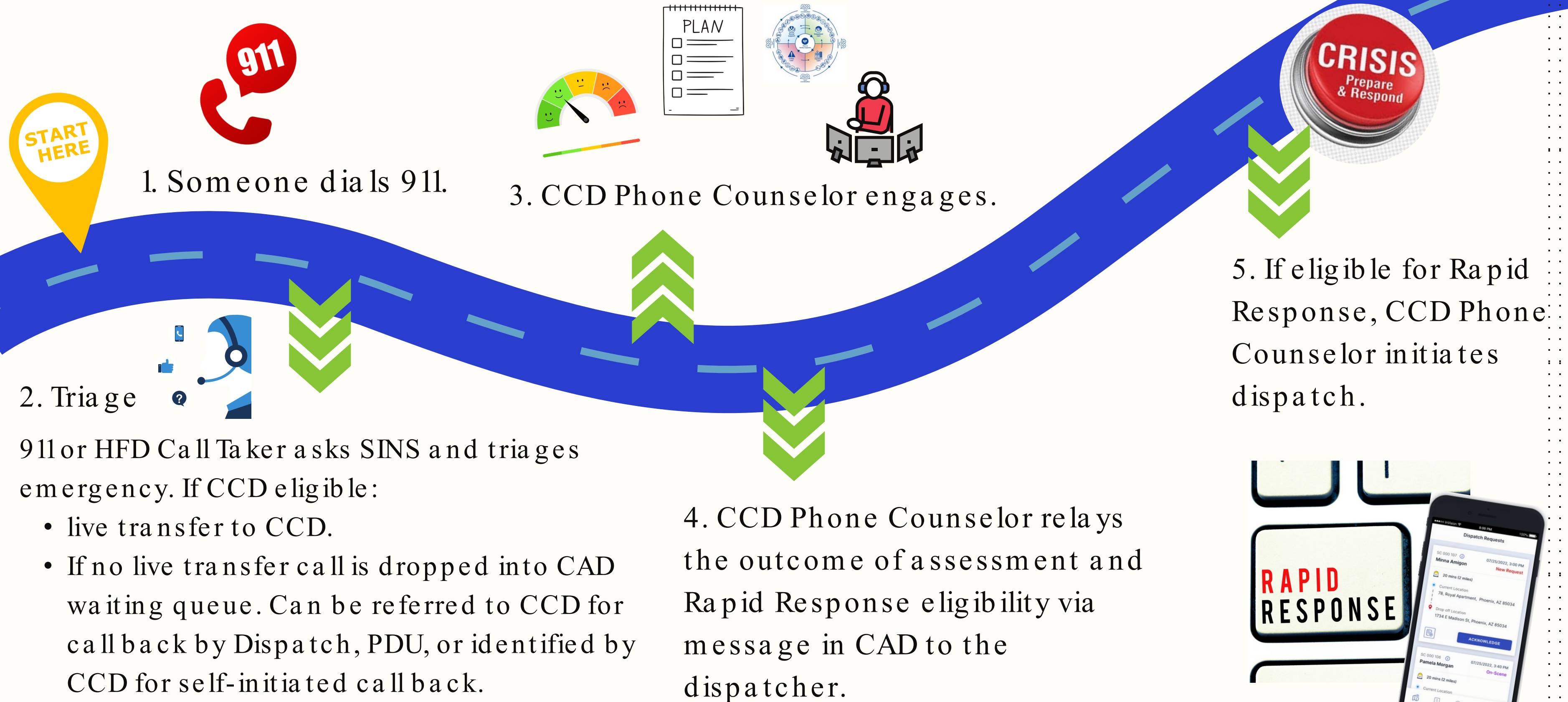


2111



2023
OUTCOMES

ROADMAP: CCD AND RAPID RESPONSE



* Can be referred to CCD retroactively by Patrol by sending a CAD message to Dispatcher to relay call to CCD.

Call Taker Triage Questions for CCD Eligibility

911 Call Taker

- Are you aware of or do they appear to have mental issues? (Has to be a “Yes” response)
- Is this call-in reference to their mental state? (Has to be a “Yes” response)

HFD Call Taker – for calls endorsing mental health concerns

- Are you currently attempting to kill or harm yourself or anyone else? (Has to be “No” or “Unknown” response)
- Are there any weapons involved? (Has to be “No” or “Unknown” response)
- Awake Now? (Has to be “Yes” or “Unknown” response)
- Is there any bleeding? (Has to be “No” or “Unknown” response)
- Is this call within CCD’s operating hours? (Has to be “Yes” to transfer to CCD)



CCD commonly assists on the following call types

CIT CALL CODES:

- 2150 - Suicide/Just Occurred/Weapon Unk/CIT
- 2151- Suicide / Just Occurred / No Weapon / CIT
- 2841- Welfare Check / Threat of Suicide / CIT
- 2842 - Welfare Check / Urgent / CIT
- 3041- Disturbance / CIT
- 3052 - Trespasser / Prowler / CIT
- 3082 - Suspicious Person / CIT
- 3842 - Welfare Check / CIT

CCD CALL ELIGIBILITY



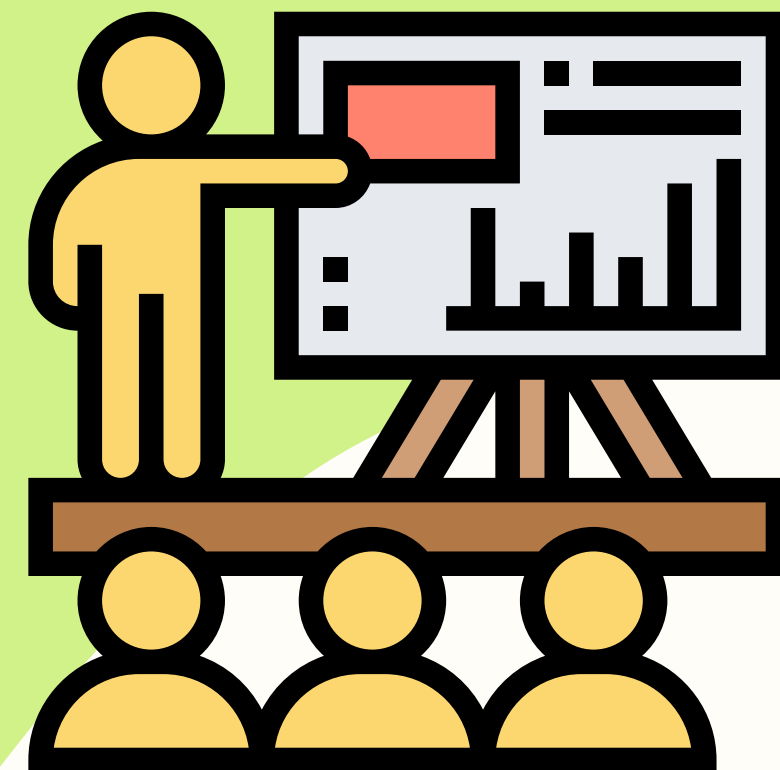
NON-CIT CALL CODES:

- 3040 - Disturbance / Unknown Weapon
- 3044 - Disturbance / Family
- 3050 - Trespasser / Prowler
- 3080 - Suspicious Person
- 4089 - Suspicious Event
- 5030 - See Complainant / Unknown

Training

CCD provides 200+ hours of crisis intervention training in -house, consisting of instructor -led, roleplay and situation -based training, combined with hands -on shadowing, observation, and ride along shifts with CCD partners.

- Trauma-Informed and Recovery Oriented Care
- Confidentiality and Privacy Rights
- Culturally and Linguistically Appropriate Care
- Multicultural Awareness
- De-escalation and Effective Listening
- Motivational Interviewing
- Screening and Assessment- Suicide Risk Assessment, Violence Risk Assessment
- Universal Precautions-Counseling on Access to Lethal Means (CALM) and Safety Planning Intervention
- Risk Formulation and Mitigation and Coordination of Care-appropriate crisis interventions and resources, best practices for least restrictive care in accordance with stepped care model, and utilization of emergency personnel, when needed.



PROGRAM STATS

2016 – 2023

37K

Calls for Service (CFS)

- CCD has answered on 37,268 CFS since its implementation.

20K

LE and EMS Diversions

- Diversion rates of 39% for LE and 70% for EMS.
- Equivalent to \$12.9 million in first responder resource reallocation.

3K

Rapid Response Dispatches

- 2,832 CFS referred to an alternative clinician-only crisis response team.

7K

Safety Plans Completed

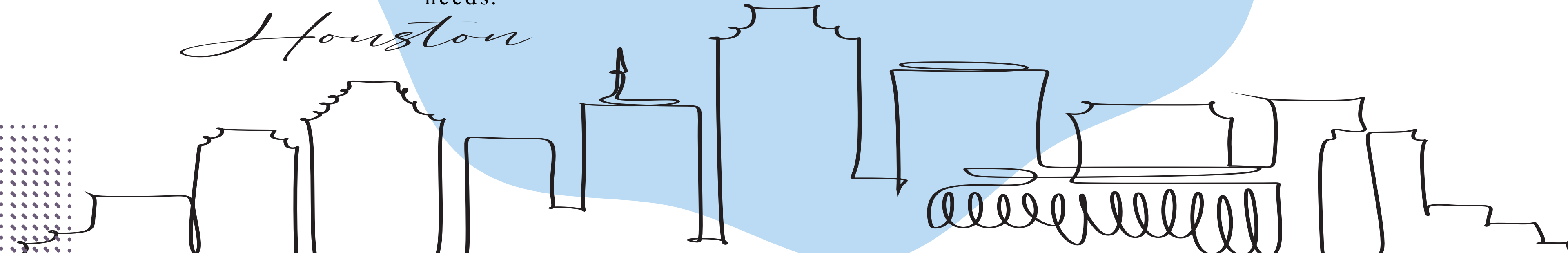
- Utilizing means restriction and exploring actionable steps to increase safety in crisis situations.

11K

Community Referrals Provided

- 11,248 referrals provided connecting callers to resources for mental health, IDD, substance use, domestic violence, youth, and other basic needs.

Houston



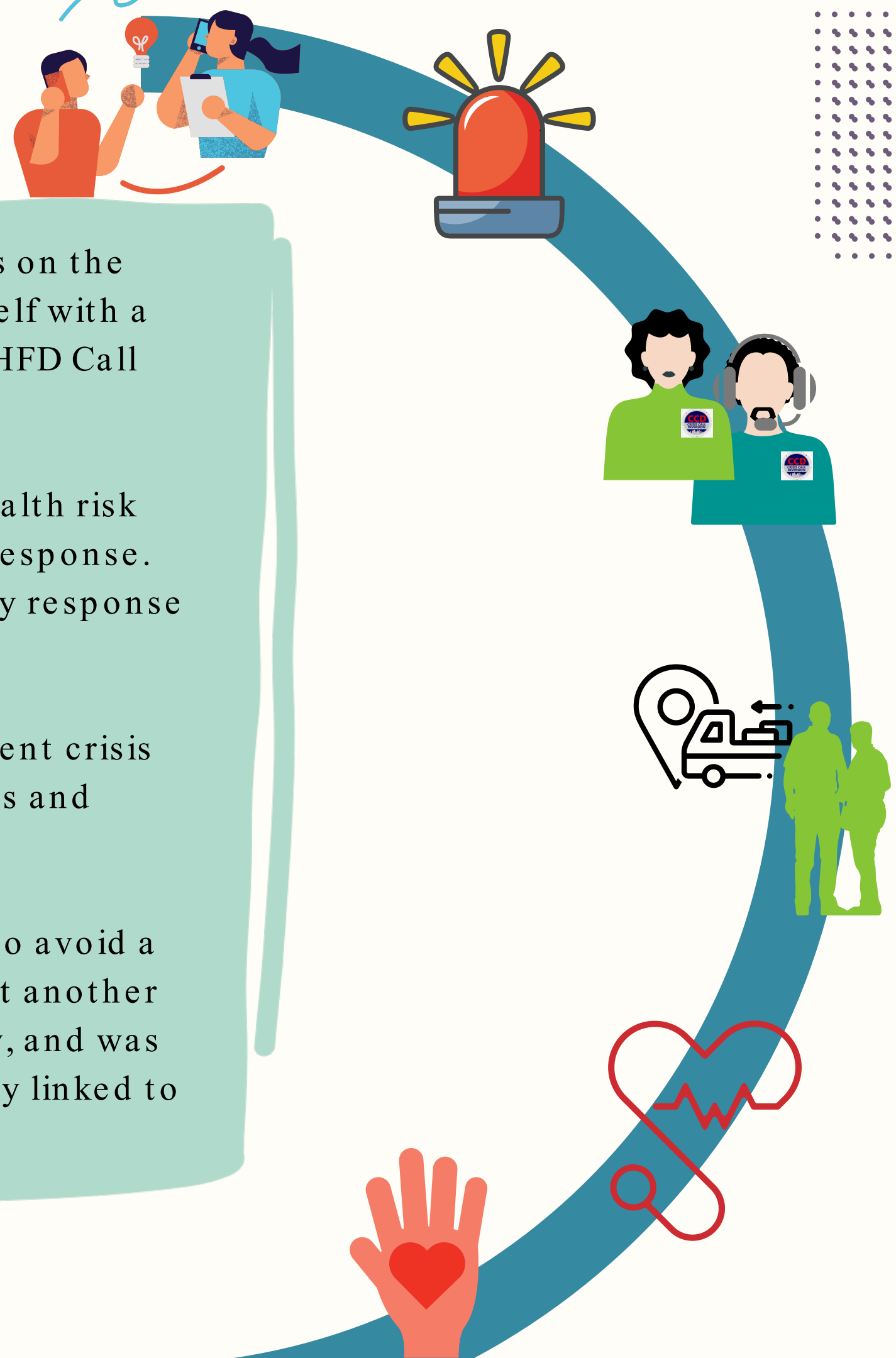
A Concerned Citizen

A concerned citizen contacted Houston 911 for a woman who was on the ground, crying uncontrollably, and reporting she wants to kill herself with a plan to jump off a bridge. The caller was connected to CCD by an HFD Call Taker.

The CCD crisis phone counselor was able to complete a mental health risk assessment and determined the call was eligible for MCOT Rapid Response. CCD communicated the call findings to HPD Dispatch and emergency response was able to be diverted.

Rapid Response was able to engage the client, de-escalate the current crisis episode, and learn that she had a history of mental health issues and unsuccessful attempts to engage in services in the past.

Rapid Response clinicians were able to safety plan with the client to avoid a need for higher level of care and the client agreed to give treatment another chance. She was able to see the MCOT psychiatrist on the same day, and was supported by MCOT services until she was stabilized and successfully linked to long-term care.



QUESTIONS

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Contact Us

rapid.response@theharriscenter.org

crisiscalldiversionsupervisors@theharriscenter.org

Visit the Harris Center website

