Perspectives on Reimagining America’s Emergency Response System

Virtual Webinar
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Moderator:
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Overview

• Welcome and introductions
• Brief presentation of Abt study
• Moderated discussion
• Q&A
Introductions

Holly Swan
Abt Associates

Amber Widgery
National Conference of State Legislatures (NCSL)

Charlotte Resing
National Association of Counties (NACo)

Sue Polis
National League of Cities (NLC)
Purpose

• Provide a decision-making framework to improve response to individuals experiencing a crisis as a result of substance use, mental health, or homelessness challenges

• By organizing programs into types, agencies can use the framework as a starting point to select a particular program to adopt, or develop their own program using the components outlined for a particular type of program.
Methods

• A systematic review of the range of approaches that have been implemented by first responder agencies in the United States

• Organizes specific programs (for example, the Oregon-based CAHOOTS program)
  – Based on common features (responding agency, response activities, desired outcomes)
Findings

• Three overarching program models
  – Outreach and Prevention
  – Intervention at 911 call
  – Intervention by first responder at the scene of a crisis

• Program models have common goals and general response

• Different types of programs within each of these program models
**Outreach and Prevention**

**SPECIALIZED OUTREACH**
- Specialized unit of first responders
  - Conduct general outreach to homeless populations

**PAIRED OUTREACH**
- First responder paired with a clinician or social worker
  - Conduct general outreach to homeless populations
  - Conduct targeted outreach to frequent utilizers known to have SMI/SUD

**TEAM-BASED OUTREACH**
- Multi-disciplinary teams including first responders, clinicians, and social workers
  - Conduct general outreach to homeless populations
  - Conduct targeted outreach to frequent utilizers known to have SMI/SUD

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**Conduct needs assessments**

**Link individuals to treatment/services through:**
- Referral
- Direct transport
- Logistical assistance

**Link individuals to treatment/services through:**
- Referral
- Direct transport
- Logistical assistance
  - Possible on-site, real-time clinical treatment (if paired with a clinician)

**Link individuals to treatment/services through:**
- Referral
- Direct transport
- Logistical assistance
  - On-site, real-time clinical treatment
Intervention at 911 Call

SPECIALIZED DISPATCH
- Dispatcher trained in crisis intervention assesses nature of the call
- Dispatcher de-escalates by phone, if needed
- First responder dispatched to the scene, if needed

EMBEDDED DISPATCH
- Embedded clinician assesses nature of the call
- Embedded clinician de-escalates by phone, if needed
- Clinician facilitates referral to treatment
- First responder dispatched to the scene

TRANSFER TO CRISIS CENTER
- Dispatcher trained in crisis intervention assesses nature of the call
- Dispatcher transfers call to external crisis center
- First responder dispatched to the scene, if needed
Intervention by First Responder

- **SPECIALIZED RESPONSE**
  - Crisis Identified
    - 911 center
    - Police/fire department
  - Specially trained responder dispatched to the scene
  - Referral or Direct Transport to:
    - Treatment/services
    - Diversion program

- **EMBEDDED CO-RESPONSE**
  - Crisis Identified
    - 911 call center
    - Police/fire department
  - Responder and clinician or social worker dispatched to the scene together
  - De-escalation & Assessment
    - Clinician/social worker may provide treatment or services on-scene
  - Referral or Direct Transport to:
    - Treatment/services
    - Diversion program
    - Case manager
  - Follow Up
    - Managed by embedded clinician

- **MOBILE/VIRTUAL CO-RESPONSE**
  - Crisis Identified
    - 911 call center
    - Police/fire department
  - Responder dispatched to the scene, clinician or multi-disciplinary team called to the scene separately
  - De-escalation & Assessment
    - Specialized member(s) of team may provide treatment or services on-scene or virtually
  - Referral or Direct Transport to:
    - Treatment/services
    - Diversion program
    - Case manager
  - Follow Up
    - Managed by specialized member(s) of the team

**Secondary Response**
- Targeted outreach

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Evidence Gaps

• Rigorous research is scarce
• Bulk of research is around CIT
• A handful of quasi-experimental program evaluations
  – LEAD (specialized response)
  – Project ETHAN (mobile co-response)
  – HOME (team-based outreach)
  – Hero Help (voluntary walk-in)
• More research and evaluation is needed
Evaluation

• Logic modelling
  – Various outcomes of interest
  – Data collection elements

• Process and impact evaluations

• Rapid Cycle Evaluation

• Dissemination and shared learning
Considerations

• What issue am I trying to address? What am I trying to accomplish?
  – Agencies to be involved in the response
  – Required partnerships and coordination
  – Local laws and policies
  – Sources of payment or reimbursement for services
  – Required technology and other resources
  – Scale of the program
  – Training specific to the type of responder and the type of crisis
Reimagining America’s Crisis Response Systems
Discussion Question

• From your experiences, what factors are important to consider when working to improve crisis response to vulnerable populations, particularly in the context of criminal justice/police reform?
Reimagining America’s Crisis Response Systems
Thank you!

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