

## ESTABLISHING A LIVING ROOM MODEL CRISIS CENTER STAFFED AS NEEDED BY MOBILE CRISIS TEAMS:

# NEW YORK

(WESTCHESTER COUNTY)



**“Police officers do not have to be the first responders to every 911 call every time. Firefighters respond to fires, EMS respond to medical emergencies — why can’t crisis counselors respond to behavioral health emergencies?”**

—Mark Guilianno, Project Director

### VISION

Following the death of George Floyd at the hands of law enforcement in 2020, New York State asked its municipalities to develop and recommend police reforms. Westchester County established and coordinated five major initiatives that would enable alternative responses to behavioral health crisis calls that had typically resulted in police dispatch: preparing for the national 988 crisis call line, training EMS on psychological first aid, increasing CIT training and community partnerships, expanding mobile crisis teams by eight, and training 911 dispatchers to screen and divert emergency calls from police to behavioral health resources. TTI funds were used to design a screening protocol, modified from a Los Angeles Police Department protocol, and train 911 call takers to assess and divert appropriate calls to behavioral health resources rather than dispatching law enforcement based on the caller’s risks and needs. Westchester County has 31 public safety answering points (911 sites) managed by municipal agencies and 8 sites covered by state police. Figure 1 is a version of the decision tree used for training.

### JAIL DIVERSION APPROACH

Calls to 911 are screened for imminent danger including suicide and behavioral health concerns using the screening protocol illustrated in Figure 1 – Diversion Risk/Responsivity Guide. The guide provides guidance to determine level of risk and appropriate action. Calls that are determined to pose no threat to public safety are diverted to crisis call lines, warm lines, or mobile crisis teams.

### MEASURING PROGRESS

The project involved training call takers in 31 municipal public safety answering points (911 call centers). 426 call takers have participated in the training. 911 call centers diverted six calls in December 2021 when the project was implemented. Diversions had steadily grown to 19 in March and appeared on track to reflect further increases.

### INTEGRATION WITH CRISIS SYSTEM

The success of this project is dependent upon the other prongs of police reform underway in Westchester County including expanded capacity of mobile crisis teams and 988 call centers to take on calls diverted to them by

FIGURE 1: MODIFIED VERSION OF THE 911 DECISION TREE TO DIVERT CALLS

Westchester County 911 Diversion Risk/Responsivity Guide		
<b>HIGH RISK</b>  <b>4</b>	<b>IMMEDIATE THREAT TO PUBLIC SAFETY (SELF/OTHERS)</b>  Is the person and other people in immediate danger?	<b>ACTION</b> Deploy Emergency Law Enforcement - Emergency Service Unit - Response.  Stage EMS and/or Mobile Crisis Response Team if appropriate.
<b>MODERATE RISK</b>  <b>3</b>	<b>CALLER NEEDS IN PERSON ASSESSMENT (LE/MH)</b>  Is the person themselves at risk of danger?	<b>ACTION</b> Deploy a CIT Officers and/or MCRT EMS may be required
<b>LOWER RISK</b>  <b>2</b>	<b>CALLER NEEDS IN PERSON ASSESSMENT</b>  Is the person at a lower risk of danger?	<b>ACTION</b> Deploy MCRT Or Divert to Crisis Network Team if appropriate.
<b>IMMEDIATE REMOTE</b>  <b>1</b>	<b>CALLER NEEDS IMMEDIATE SUPPORT VIA PHONE</b>  Does the person require immediate support but does not require an in person assessment?	<b>ACTION</b> Divert to a member of the CNT.
<b>NO CRISIS</b>  <b>0</b>	<b>CALLER NEEDS SUPPORT SERVICES OR WARMLINE</b>  Does the person simply need someone to speak to or is the person in need of access to non-emergent supports?	<b>ACTION</b> Divert to CNT. The CNT will connect to a peer support warm-line or other supportive services as appropriate.

911. In addition to hospital emergency departments, Westchester County has a Living Room model walk-in crisis center.

### BEHAVIORAL HEALTH EQUITY

Among the Westchester County communities most engaged in expanding CIT officers and participating in 911 diversion are those in larger cities that have a disproportionate share of people who are Black, Latino and living in poverty. By diverting people in crisis away from law enforcement and towards behavioral health care, individuals in these communities are more likely to gain access to treatment for behavioral health disorders rather than risk injury or involvement with the justice system.

### PROJECT LEGACY

The training and Risk/Responsivity Guide for 911 dispatchers are now available for continued use. A sample policy and procedure is also available for

police departments to revise and employ. Efforts are underway to introduce aspects of the training into police academy program, CIT training, and annual training opportunities for officers.

### WHAT HAS 911 DIVERSION TAUGHT US?

Even with the implementation of 988, people will continue to call 911 for help with a behavioral health crisis. This and similar projects in New York state indicate that dispatchers who staff 911 call centers are eager for training to better respond to behavioral health related calls and want to divert no- and low-risk calls to 988 and other crisis resources rather than law enforcement. Although it has been identified in the Sequential Intercept Map as a key issue at Intercept 1, 911 dispatch is often overlooked in developing diversion strategies.

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