



## Memorandum

**Date:** 08/30/21

**To:** Tom Folie

**From:** Evan Henspeter and Dakota County Social Services Team

### **RE: 9-1-1 Transfer of Mental Health Calls to Dakota County Crisis Response Unit**

#### **Context/Need for Protocol**

Due to changing laws, (e.g. use of force law statute and Travis' Law), community interest in alternative response models, and recognition of the importance of trauma-informed practice, there is need to change the way 9-1-1 system responds to mental health crisis. Dakota County, in partnership with our public safety agencies, aims to be a leader and innovator in the system change process.

**Goals/Objectives of New Protocol:** Provide Dakota County residents with effective response to mental health crisis (both via phone and in-person through our existing county crisis response process); reduce trauma; provide equitable service delivery; improve community safety; collaborate across systems; define roles; integrate public services; educate community; and empower residents by offering alternatives to enforcement as a response to 911 calls. Expected outcomes for residents:

1. Effective and safe response at the time of crisis
2. Access to services at the time of crisis and follow-up to ensure underlying issues and needs are addressed
3. Access to the right services at the right time, which could include assessment and intervention
4. Trauma-informed responses

#### **Considerations**

**Voluntary services.** County-based social services for mental health and substance use disorders are predominantly accessed on a voluntary basis. Individuals have the right to refuse engagement with the social service delivery system under most circumstances.

**Response capacity and timing.** The mental health and crisis response service delivery system in Dakota County is not currently funded or equipped to provide immediate mobile response across the entire county.

**Training for DCC dispatchers and CRU staff.** Prior to implementation, staff will receive training on protocols. Discuss training plan. **Discuss.**

**implementation timeline.**

**Current Protocol**

- Dispatch receives call, determines it fits the “25 Psychiatric/Abnormal Behavior/Suicide Attempt” situation.
- Dispatch follows established decision tree\* which currently involves dispatch of law enforcement and/or medics.

**Commented [LA1]:** Emphasis that this is DCC protocol.

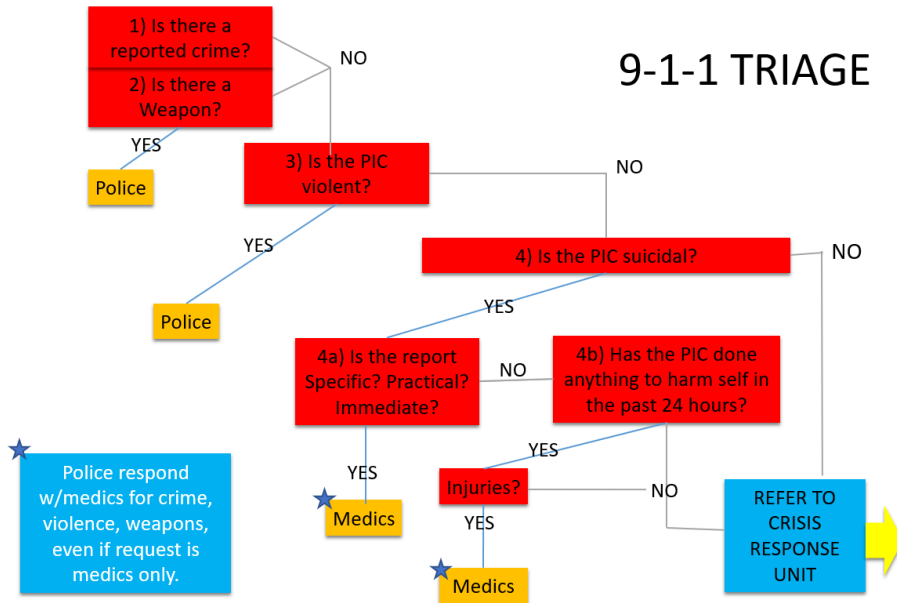
**Proposed Pilot**

- Dispatch receives call, determines it fits the “25 Psychiatric/Abnormal Behavior/Suicide Attempt” situation.
- Dispatch follows established decision tree.
- Calls that meet the “25-A-1” or “25-A-2” code will be referred to Dakota County Crisis Response Unit (CRU) at 952-891-7171.
  - If suicidal, the individual does not describe PLAN or INTENT.
  - The individual has not done anything to harm self in the past 24 hours resulting in injury.
  - The individual is not believed by Dispatch to be in danger of harm to others.
- Dispatch will offer the caller the choice to transfer: “Do you want to talk to a mental health responder/counselor/professional who can help you instead of law enforcement?”
  - If no, defer to standard options.
  - If yes,
    - Dispatch communicates directly with Crisis Response Unit Staff and provides NAME, LOCATION, CALL BACK NUMBER, and DESCRIPTION OF SITUATION
    - Dispatch will monitor call for a brief time to determine the parties are able to communicate with each other.
    - Crisis Staff will transfer back to Dispatch if additionally gathered information leads to concerns about imminent or immediate risk.

**Commented [HE2]:** Has NAMI weighed in on this aspect?

**Commented [LA3]:** Would like to get feedback from a variety of perspectives as to what label sounds most helpful and least intimidating.

## Triage Visual



## Contingencies

- Dispatchers will revert to previously established protocols (e.g. referring to police or EMS) if Crisis Response Unit does not answer the phone within 3 rings.
- Dispatchers will revert to previously established protocols if the caller does not want to be transferred to Crisis Response Unit.

## Crisis Response Unit Process

- CRU staff will utilize existing triage process to determine “best response.”
- A mobile response will be provided within 30-60 minutes (depending on location) if
  - caller requests a mobile response from the Crisis Response Unit; and
  - staffing resources are available; and
  - the staff member judges the situation to be safe to provide in-person response
  - CRU staff may call 911 or the non-emergency number to request law enforcement co-response
- CRU staff will notify Dispatch if they are responding in-person for the purpose of... [discuss with CRU, DCC and LE].
- CRU will transfer the call back to DCC if they determine the calls needs a LE or EMS dispatch. [Discuss process for call transfer].

**Commented [HE4]:** Is this realistic? Otherwise, may want to be more general or increase time to 30 – 60 minutes.

**Commented [LA5]:** I think we should talk through this a little more with Dispatch and LE reps. If a PO goes out to a high risk client, I believe the PO notifies 911 so the PO shows up as an active CAD call and local LE knows to monitor for safety... but maybe there are already established protocols that Tom has in place when his staff go in the field that do not require 911 to be notified.

### **Recommendations for Initial Evaluation of Pilot and Check-ins**

- The proposed protocol will be reviewed after (minimum) 2 weeks of piloting and refined as needed.
- # of "25-A-1" and "25-A-2" calls received by Dispatch in designated time period and # of calls successfully transferred in same designated time period.
- # of "25-A-1" and "25-A-2" calls not answered within 3 rings
- # of Dispatch-transferred calls that CRU needed to re-engage 9-1-1
  - Qualitative information and examples will also help us learn why an elevated level of support was needed.
- Random sampling of successfully transferred calls will be contacted by social services (volume TBD) for the purpose of getting "user experience" feedback.
  - Do you feel you received a satisfactory resolution to your call/concern?
  - Did you feel you had a choice in being transferred to Crisis Response Unit (alternative) vs. Law Enforcement/EMS (traditional)? If yes, what was the main reason you made that choice?
  - Before calling 9-1-1 did you know how to contact Dakota County Crisis Response Unit directly?
  - After talking to Crisis Response Unit do you know how to contact the Crisis Response Unit directly if there is a future need?
  - Other feedback you would like to share for the purpose of improving the overall experience of interacting with 9-1-1 and/or Crisis Response Unit?

**Commented [HE6]:** This may better fit under evaluation

**Commented [LA7]:** Assumes caller was agreeable to the transfer and CRU answered within 3 rings.

### **Pilot Timelines**

- Finalize details of pilot (9/10)
- Dispatcher and CRU training on new pilot process (9/15)
- Test call period 9/16-9/30
- Check-in on test calls (9/30)
- Official pilot roll-out (10/1)
- Review every two weeks