

# Redesigning the 911 Emergency Call System Response for Behavioral Health Crises

*Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems*

Research-in-Progress Webinar  
March 24, 2021  
12-1pm ET

**Welcome** Chris Lyttle, JD – Systems for Action

**Presenters** William Riley, PhD – Arizona State University  
Matthew Moody, LAC – Crisis Response Network  
Det. Sabrina Taylor – Phoenix Police Department  
Kailey Love, MBA, MS – Arizona State University  
George Runger, PhD – Arizona State University

**Q&A**



**William J. Riley, PhD** is professor for the Science of Health Care Delivery in the College of Health Solutions at Arizona State University (ASU). Riley is a leading authority in health care finance and serves as the director of the National Safety Net Advancement Center, which assists safety net organizations respond to health care payment reform. Riley is also a national and international expert in quality improvement methods, techniques, and implementation. He leads translational research projects in international settings, oral health value-based care, and multisector alignment to achieve a culture of health. Riley has more than 20 years' executive experience as a former president and chief executive officer (CEO) of several health care organizations, including a Blue Cross Blue Shield of Minnesota subsidiary, a large multispecialty medical group, and an integrated delivery system. Prior to joining ASU, he was the associate dean for the School of Public Health at the University of Minnesota.

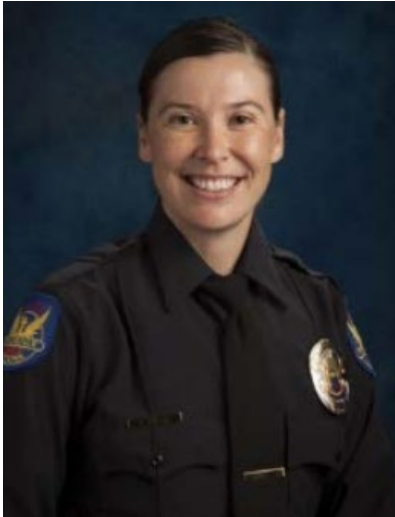
Contact: [william.j.riley@asu.edu](mailto:william.j.riley@asu.edu)



**Matthew Moody, LAC** serves as the Director, Contact Center Operations at Crisis Response Network. In this role, he oversees 100 employees in a crisis contact center that fields over 25,000 calls per month. He has over twelve years of experience in the behavioral health field, specializing in case management, crisis, and counseling services. Matthew is passionate about veteran support, increasing public knowledge of mental health issues, and reducing mental health stigma. With a strong desire to prevent suicide, Matthew leads innovative change to improve the lives of those with mental illness.

Matthew is a licensed counselor in Arizona, earned a Bachelor of Psychology degree and a Master of Science degree in Counseling from Arizona State University. Matthew also serves on the Board of Directors for Mental Health America of Arizona as President.

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**Detective Sabrina Taylor** has been a police officer for 17 years. She served 5 years on the Los Angeles Police Department and 12 years with the Phoenix Police Department. Sabrina has been a Crisis Intervention Team (CIT) certified officer for 10 years and is currently assigned to the Phoenix Police CIT Squad as the coordinator. She is also a board member of CIT International and assists other agencies with their CIT programs.

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**Kailey Love, MBA, MS** serves as a Research Project Manager in the College of Health Solutions at Arizona State University. In this role, she manages several large health-related research projects. Her research interests include quality improvement, process engineering, and population health informatics. She has a Masters of Science in the Science of Health Care Delivery, a Master in Business Administration, and is currently pursuing a doctorate in Biomedical Informatics.

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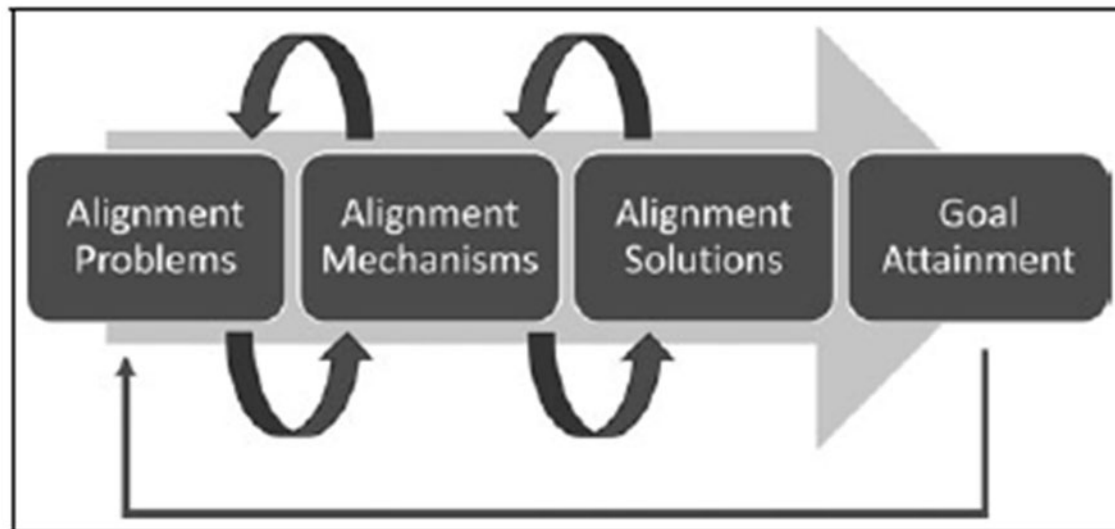
- The care fragmentation for BHD's is a striking example of overlapping financing mechanisms, conflicting policies and an institutionalization bias in our health care system

- This study co-locates a behavioral health specialist in the 911 emergency dispatch center to reduce law enforcement involvement with persons experiencing a behavioral health crisis.
- The goal of the study is to align community resources to divert people from entering the justice system and better serve persons experiencing a behavioral health crisis.



- The reliance upon law enforcement to respond to individuals experiencing a behavioral health crisis represents a fundamental systems misalignment in many communities.
- One example of this systems misalignment is the 911 emergency dispatch center which has become the first point of contact for many individuals and families experiencing behavioral health crises.
- However, a preponderance of the community calls to a 911 emergency dispatch center related to behavioral health crises do not require law enforcement involvement, which is typically the only option available for 911 dispatchers.

# Framework for Multisector Alignment Research



**FIGURE** Framework for Multisector Alignment Research

Source: Riley WJ, Love J, Runger G, Shafer MS, Pine K, Mays G. Framework for Multisector Alignment Research. *J Public Health Manag Pract.* 2020. DOI: 10.1097/PHH.0000000000001275

- We test the hypothesis that co-locating a behavioral health specialist in the emergency dispatch center will increase the diversion of police dispatched for behavioral health crises
- Reducing the incarceration rate related to calls to the 911 emergency dispatch center for persons experiencing behavioral health crises.

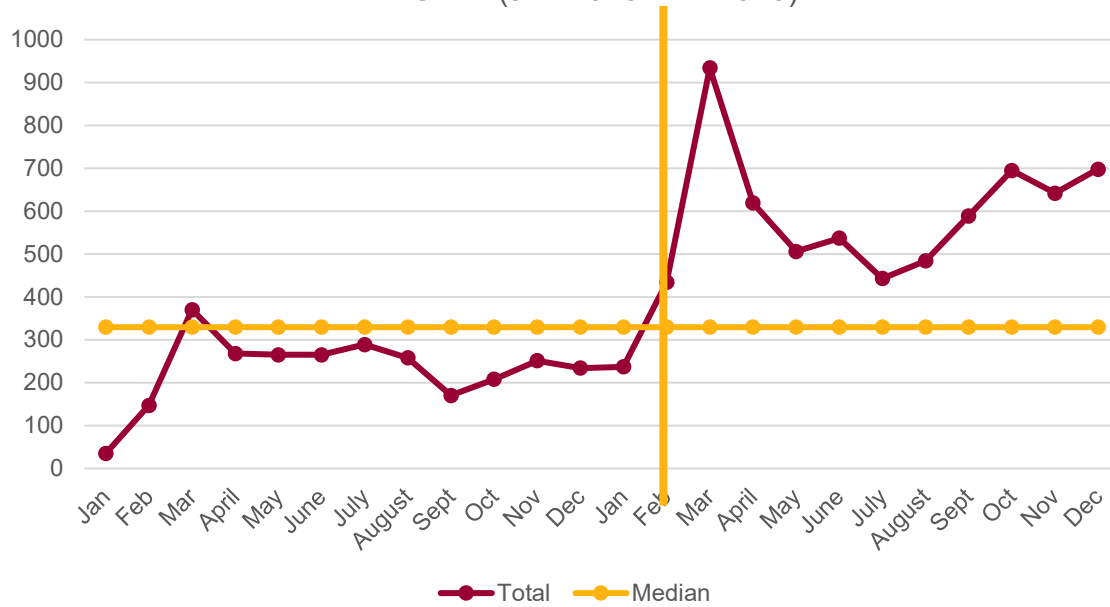
- This study is a longitudinal analysis with a comparison group.
- We apply the Framework for Multisector Alignment Research Model.
- The setting is the emergency dispatch center for Phoenix, Arizona; the 5th largest city in the nation which processes over 2 million calls annually.

- The presence of a behavioral health specialist in the 911 dispatch center resulted in a 300% increase in calls designated as a behavioral health crisis.

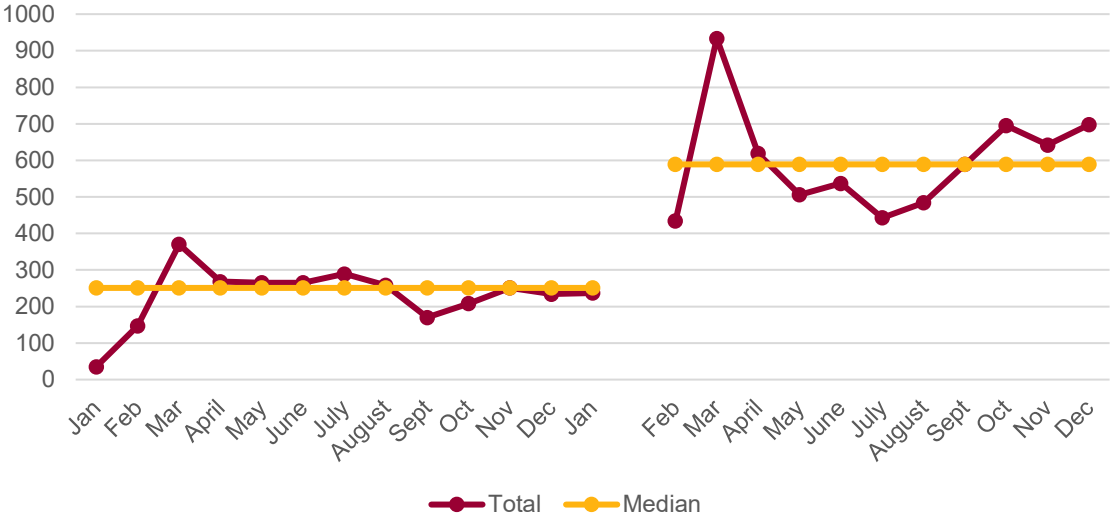
# Total 911 Calls (2017)

Type of Call	Number of 911 Calls	Percent
Phoenix Police Department (PPD)	2,155,000	91%
Phoenix Fire Department (PFD)	215,178	9%
Total	2,370,178	100%

Phoenix Police Department, 911 Dispatch Center  
Total Calls Involving CRN  
Run Chart (Jan 2019-Dec 2020)



Phoenix Police Department, 911 Dispatch Center  
Process Shift  
Total Calls Involving CRN  
Run Chart (Jan 2019-Dec 2020)





# Role of Behavioral Health Co-Location in 911 Dispatch Center

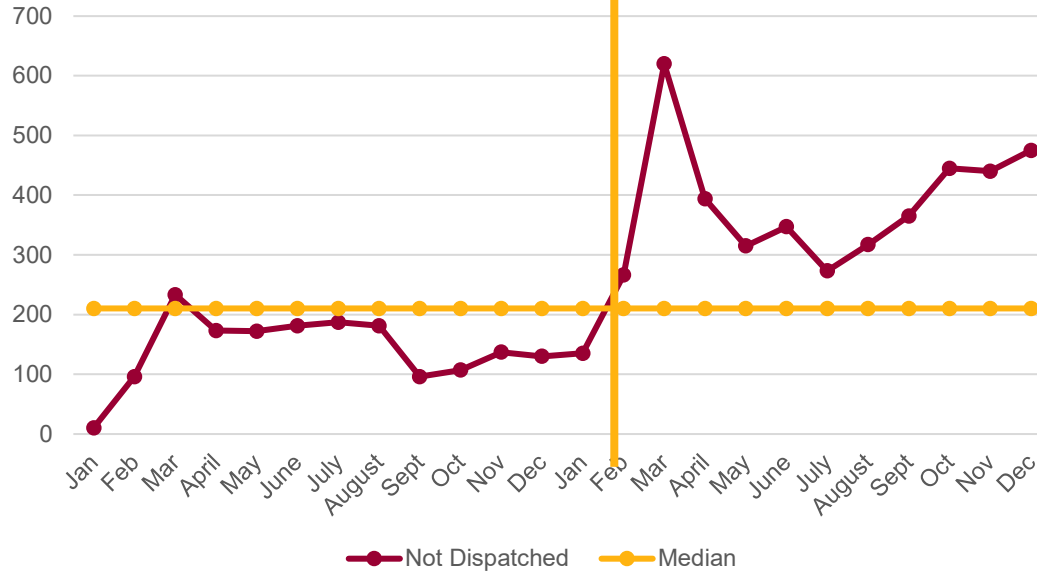
- Why?
  - National Police Foundation Recommendation #9
  - Culture Shift

# Role of Behavioral Health Co-Location in 911 Dispatch Center

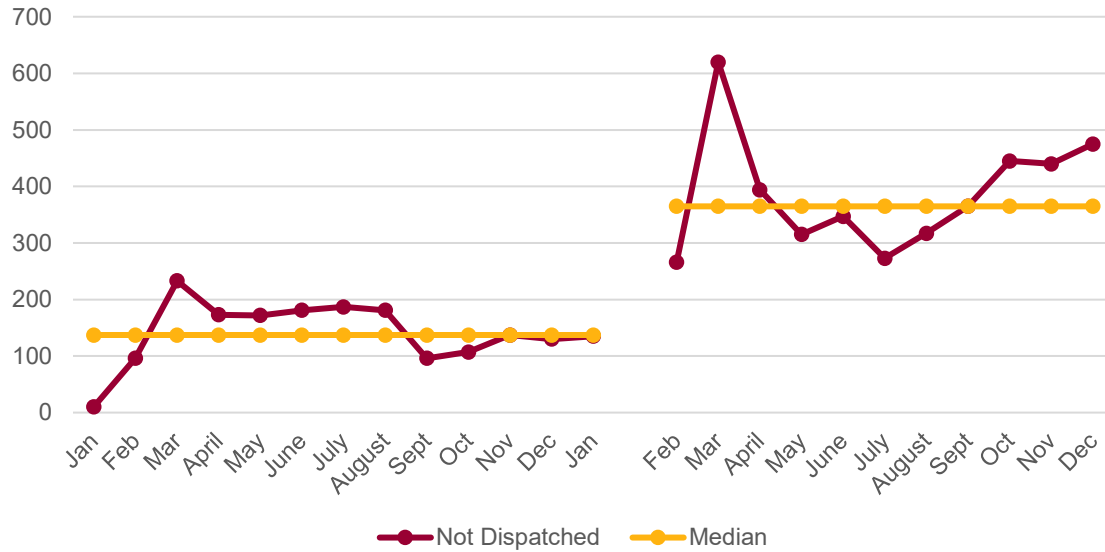
- What you do? How you do it?
- What are barriers?
- What are successes?

- There was also a 20% decrease in the dispatch of a police officer for behavioral health crisis related 911 calls.

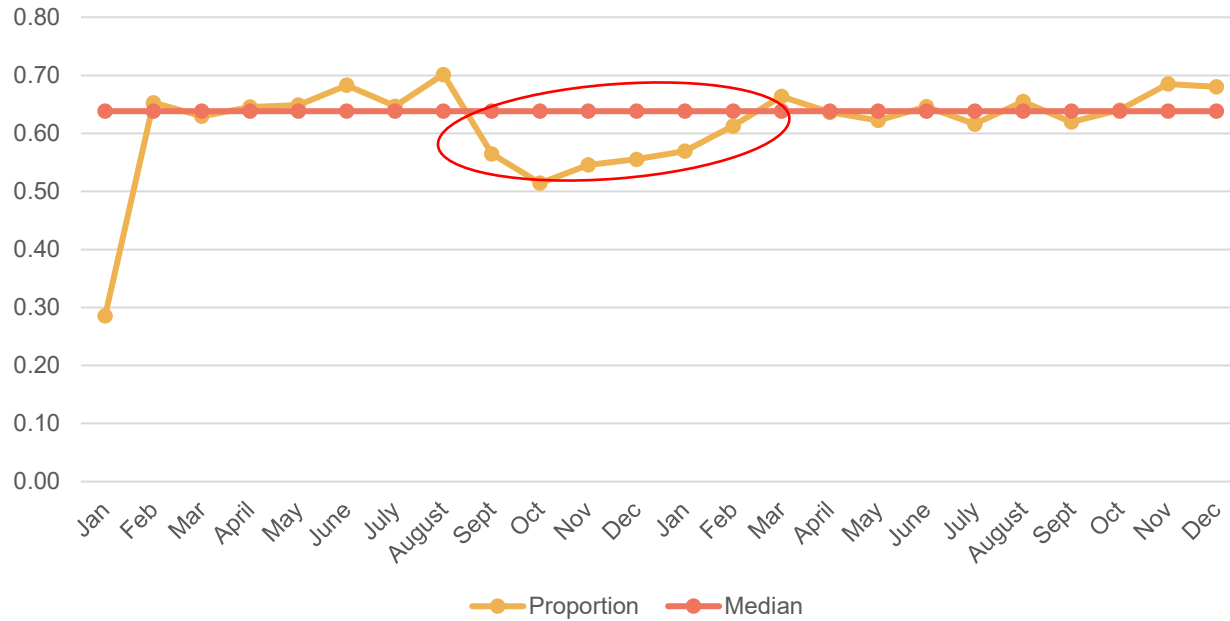
# Phoenix Police Department, 911 Dispatch Center Number of Police Dispatches Diverted Run Chart (Jan 2019-Dec 2020)



Phoenix Police Department, 911 Dispatch Center  
Process Shift  
Number of Police Dispatches Diverted  
Run Chart (Jan 2019-Dec 2020)



# Phoenix Police Department, 911 Dispatch Center Rate of CRN Calls Resulting in Police Officer Diversion Run Chart (Jan 2019-Dec 2020)



- A substantial portion of the 2.4 million annual calls to 911 for PPD are behavioral health related.
- There is a strong stakeholder consensus that the current multisector system is poorly aligned to serve these patients appropriately, with poor care coordination, and inefficient use of limited public safety resources.

- Behavioral health co-location in 911 emergency dispatch center significantly increases the use of behavioral health expertise by 135% (from Median of 251 to Median of 589)
- Behavioral health co-location in 911 emergency dispatch center significantly increases the police officer diversion by 166% (from Median of 137 to Median of 365)
- Although the use of CRN has improved dramatically, the rate of diversions for calls involving CRN have remained stable (with the exception of an undesirable special cause from Sept through Feb).

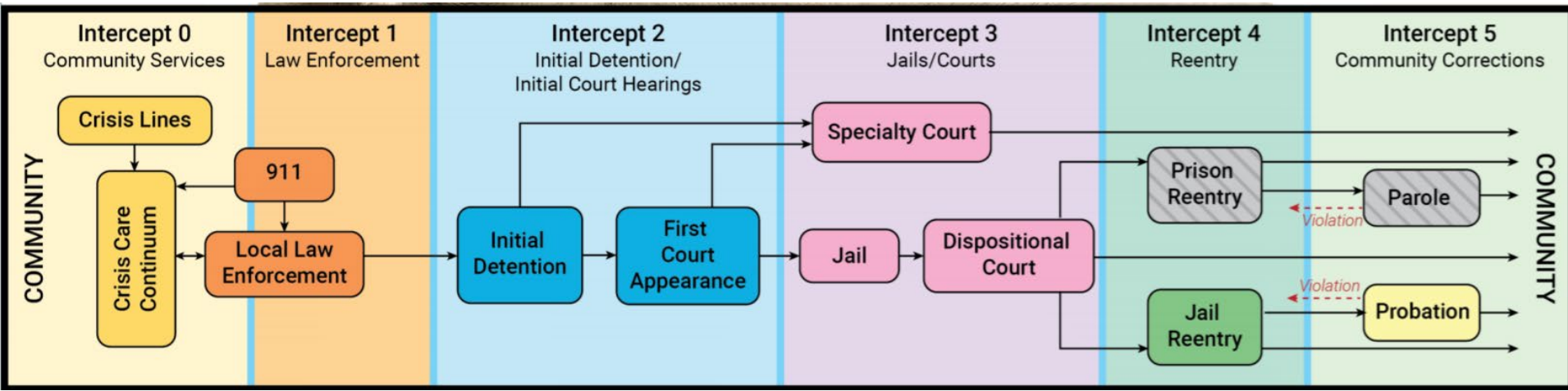


- The co-location of a behavioral health specialist in a 911 emergency dispatch center substantially increases the recognition of behavioral health crises among dispatchers and reduces the dispatch of police officers.
- As the use of law enforcement for behavioral health crises declines, the likelihood of incarceration is reduced.
- The study findings contribute to a very limited evidence-base regarding the impact of behavioral health co-location in a 911 emergency dispatch center for improving coordination of care for persons experiencing behavioral health crises by diverting law enforcement involvement.



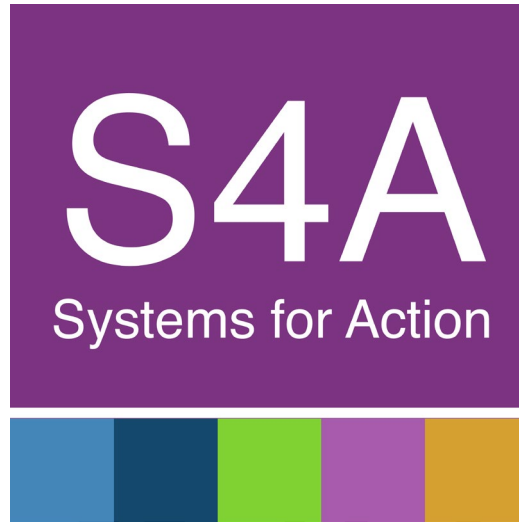
- **Detective Sabrina Taylor** has been a police officer for 17 years.
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- She is also a board member of CIT International and assists other agencies with their CIT programs.

# Sequential Intercept Model



Reference: <https://www.prainc.com/wp-content/uploads/2017/08/SIM-Brochure-Redesign0824.pdf>

# Questions?



[www.systemsforaction.org](http://www.systemsforaction.org)

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One will be emailed to you.

# New Funding Opportunity

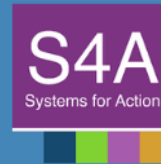
\$2 million is available to measure solutions to the **wrong-pocket problem:**

when costs and benefits for promising solutions aren't distributed evenly, implementation costs are drawn largely from one set of pockets while benefits flow into alternative sets of pockets.



## 2021 S4A Call for Proposals

Click [here](#) to view the  
Informational Webinar Recording



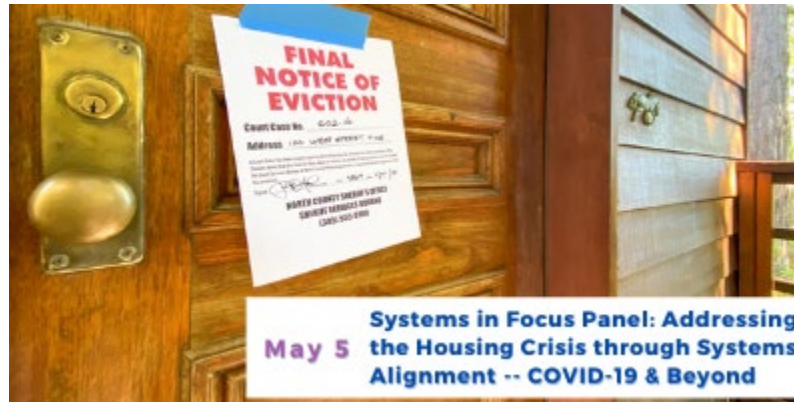
### Additional CFP Resources

- [Funding Opportunity Brochure](#)
- [Informational Webinar Q&A](#)
- [Informational Webinar Slides](#)
- [Infographic: S4A CFP at a Glance](#)

Learn more: <http://systemsforaction.org/funding-opportunities-2021>

# Upcoming Webinars

Biweekly on Wednesdays at 12pm ET



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