



Neal Haight
Broome County 911

BROOME COUNTY 911 DISTRESSED CALLER DIVERSION PROGRAM

NYS 911 COORDINATORS CONFERENCE OCTOBER 30, 2019



LOCATION & NUMBERS

Southern Tier



Demographics

Population – 196,124

Median Age – 39.6

Median Household Income - \$49,064

Poverty Rate – 17.1%

Median Property Value - \$113,100

<https://datausa.io/profile/geo/broome-county-ny>

Calls for Service 2018

Total Calls – 515,025

911 Calls – 94,217

Mental Health 911 Calls – 1557

2% of all 911 calls Mental
Health Crisis



911 DIVERSION COURSE OVERVIEW

911 Diversion

What is it?

Workflow

Risk Assessment

Planning

Identifying Stakeholders

Budgeting

Training Curriculum
Creation

Policy Modifications

Implementation

Training Roll Out

Go Live

Results

Improving the Process

ALTERNATE MENTAL HEALTH RESPONSES

- Process started in 2009 – Albany summit
- Start of 3 prong Mental Health approach
 - Law Enforcement CIT Training
 - Mobile Crisis response Teams
 - 911 Diversion process

WHAT IS 911 DIVERSION?

- To identify and refer qualifying non-emergency mental health-related calls for immediate connection to a counselor
- A better way to handle emotionally distressed callers.
- Enhance the communication skills of Dispatchers
- Reduce stigma and misunderstanding of Mental Illness
- Adds a service option to Dispatchers resources
- Keeps other resources available for other calls

PLANNING

First: Who are the stakeholders?

911

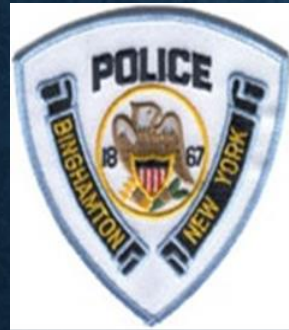
Police / Local Government Units (LGU)

Mental Health Providers / Mobile Crisis Teams

Receiving Hospitals

Anyone in the intersection of a Mental Health Crisis

INVOLVED STAKEHOLDERS



Director Don Kamin Ph.D.
Phone: (585) 613-7648 Email: dkamin@nyscit.org

HOW DID WE SELL IT/ BUY IN

- What is the best for each involved agency/consumer?
 - Provide the best possible care for a person in crisis
 - Help law enforcement remain available for priority assignments
 - Seeks to de-escalate situations and immediately connect consumers with Mental Health Professionals.
 - Seeks to reduce the burden on local health care system
- Legal/Risk Management team on board

BUY IN

- Houston Police Department has done some tremendous work in this area.
- Assisted with planning during conference calls



POLICY MODIFICATIONS

Broome County Emergency Management
incorporated the Risk Assessment into their new
Policy

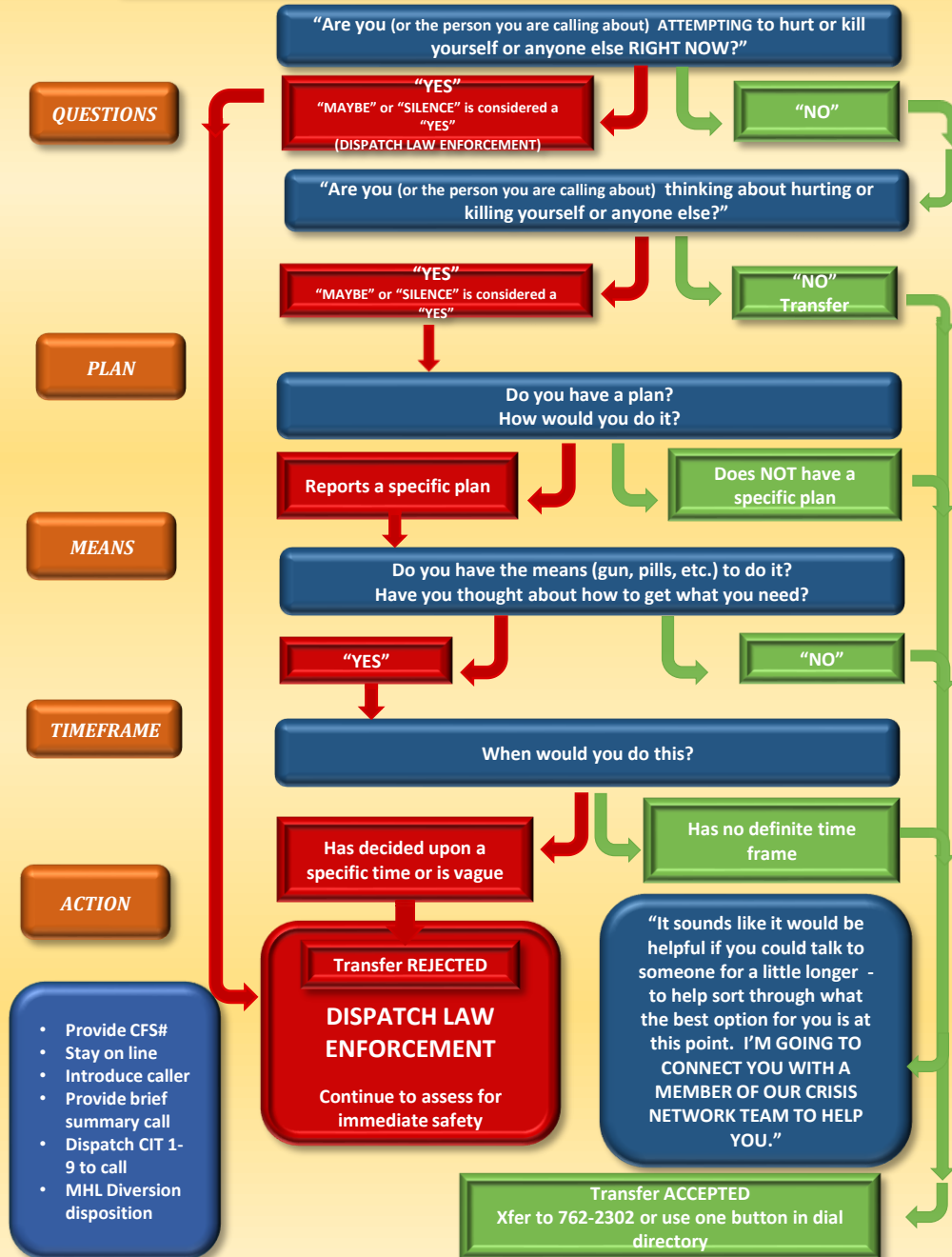
We carved out time in the 8 hour training block to
thoroughly go over the policy (Local Procedures)



POLICY INCLUDES

- Definition – “Emotionally Disturbed Caller”
- Steps for the call-taker
 - Normal call-taking procedures
 - Utilize Risk Assessment
 - Enter CAD complaint and leave open
 - Use of disposition codes

Broome County 911 Call Diversion Emotionally Distressed Caller Risk Assessment



Empathic Statements

That must be really
frustrating for you

It sounds like you're
feeling really bad.

That sounds:
scary
difficult
upsetting

You're in a tough spot.

That is a lot to deal
with.

I'm sorry to hear that.
It must be
overwhelming.

That is the last thing
you wanted.

It's hard for you to
know what to do.

Let me see if I
understand you....

Crisis Response Resources

*CPEP – (607) 762-2302 / (800) 451-0560
MHASt Mobile Crisis – (607) 766-1369
MHASt “Our House” Crisis Respite
(607) 771-8888 ext 350*

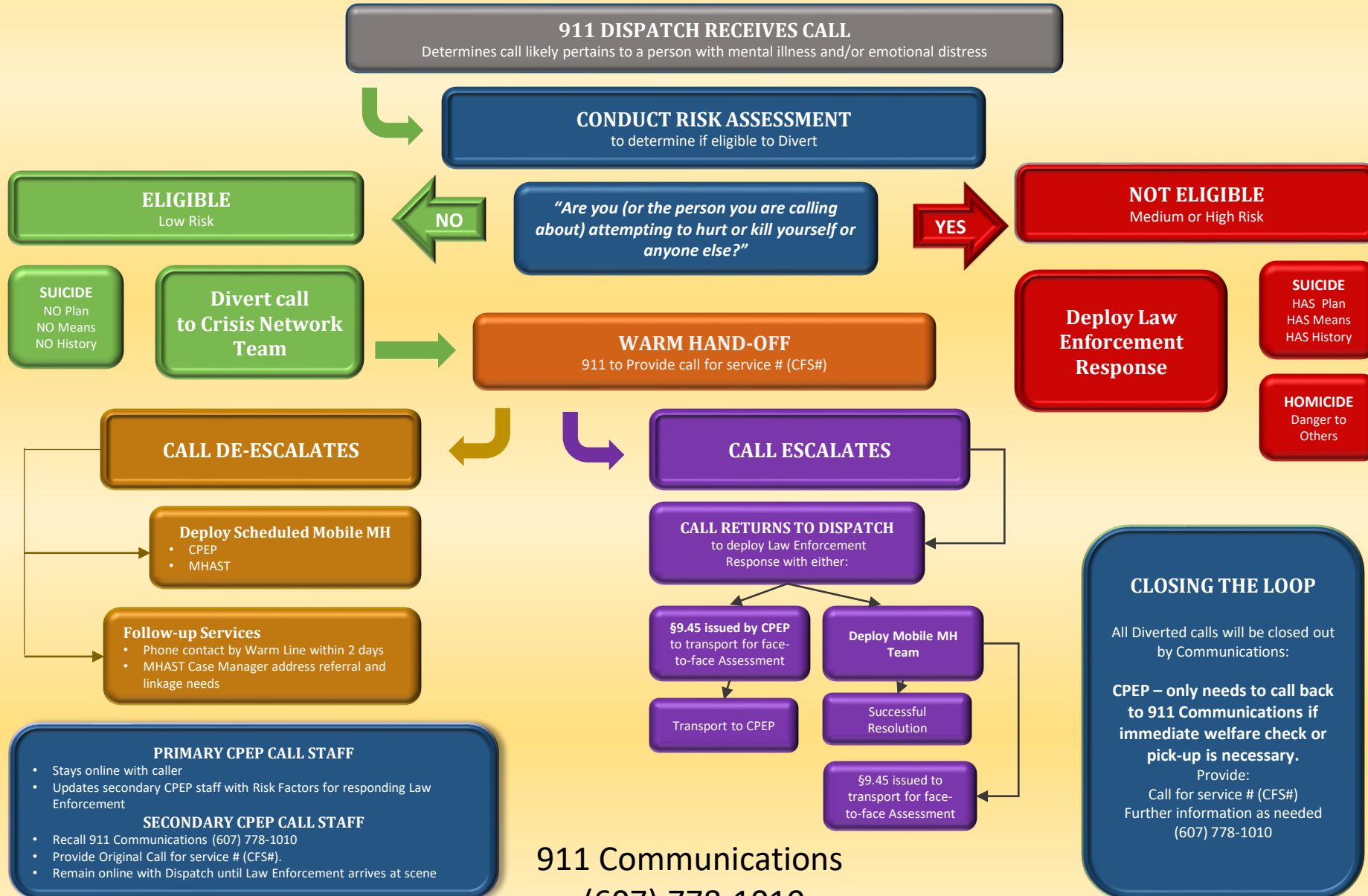
*Binghamton Police CIT trained officers
Broome County Sheriff's CIT trained officers
Vestal Police CIT trained officers
Johnson City Police CIT trained officers*

*REFER TO POCKET GUIDES FOR FURTHER
RESOURCES*

POLICY INCLUDES

- Steps to transfer caller to crisis line
 - Warm transfer to Crisis Center
 - Caller CAN refuse the transfer
 - When Crisis Center does not answer
- Steps for Crisis Center
 - Accept the call
 - Return call to 911 Center to advise outcome
 - Resolved/response required

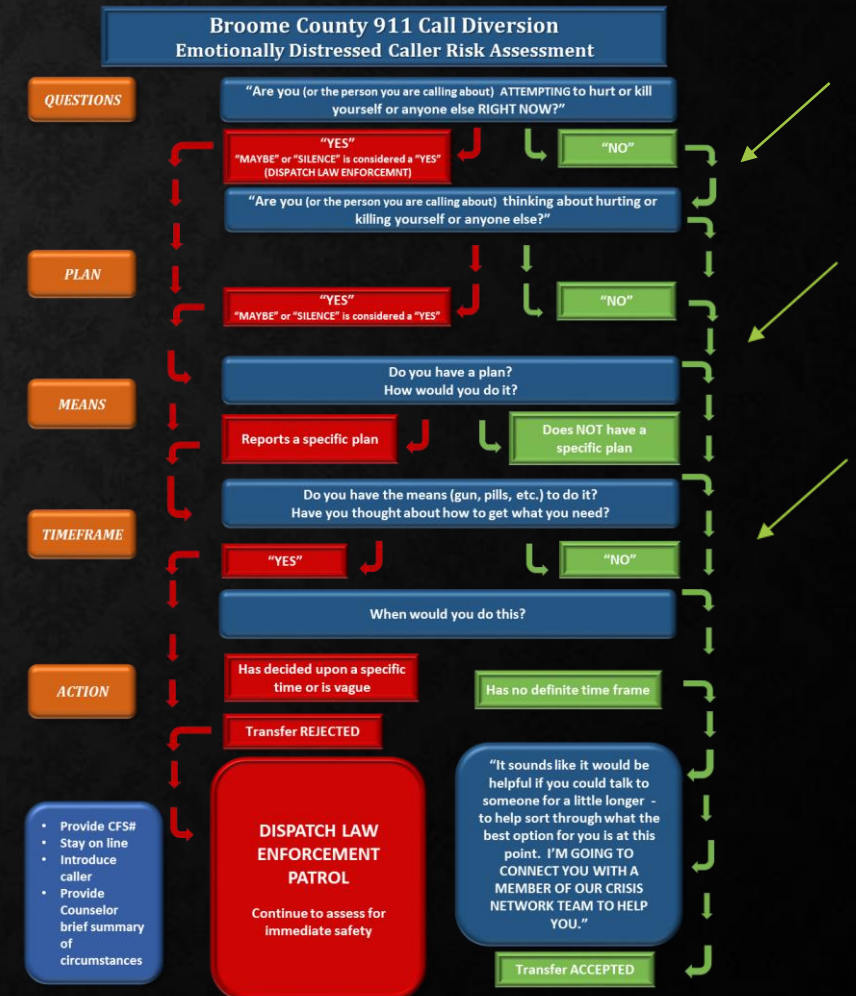
Broome County 911 Call Diversion Emotionally Distressed Caller Workflow



911 Communications
(607) 778-1010

IMPLEMENTATION

- Training took place over a 4 day period in one week in November of 2017
- We started testing the process December 2017.
- We found that we needed to clarify the arrows on the Risk Assessment.
- Went live January 1, 2018
- Trust was established between 911 and Crisis Counselors
 - Initially dispatchers had to leave calls open and counselors had to call back with results
 - This was changed to once the call is transferred, 911 can close out the call and the counselor will only call back if the call escalates or transport is still needed.



TRAINING CURRICULUM

- CIT history and implementation
- Mental Illness overview
- Assessing self harm, Suicidal potential
- Recovery, Treatment, and Medications
- Community Resources
- Active Listening and De-escalation
- Local procedures
- Scenario Based Training



What did we learn from course evaluations?

- Introduce the Risk Assessment & Policy early
- Less is more....Medications
- More Scenario Phone Calls

BUDGETING

SHOW ME THE MONEY!!!!!!!!!!

DSRIP – Delivery System Reform Incentive Payment

3aii Projects - Behavioral health community crisis
stabilization services

Materials

Food

Instructors

Overtime – 53 Dispatchers (8 Hours)

Broome County's Budget was \$21,000

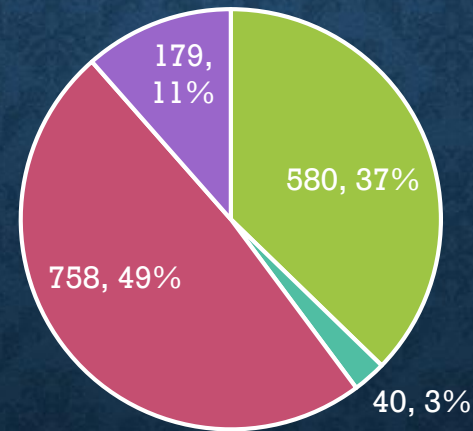


[Who is my \(PPS\) Performing Provider System \(DSRIP\)?](https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/pps_map/index.htm)

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2018 BROOME COUNTY MENTAL HEALTH CALLS FOR SERVICE

2018 Mental Health Calls for Service 1557 Total



■ Transports to CPEP ■ Crisis Calls Diverted ■ Deescalated by Law Enforcement ■ Deescalated by Mobile Crisis



IMPROVING THE PROCESS

- We are identifying high-utilizers and making efforts to connect them
- Discussions are under way to
 - Divert calls from parents of children with behavioral issues (Parental Coaching)
 - 2nd or 3rd party check the welfare calls (Mobile Crisis)
 - Persons requesting transports to Crisis Center



Recently released Best Practices guide from CIT International

<http://www.citinternational.org/bestpracticeguide>

CRISIS INTERVENTION TEAM (CIT) PROGRAMS:

A BEST PRACTICE GUIDE FOR TRANSFORMING COMMUNITY RESPONSES TO MENTAL HEALTH CRISES

Foreword by Angela Kimball, Acting Chief Executive Officer, NAMI, the National Alliance on Mental Illness
Preface by Major Sam Cochran (ret.) and Randolph Dupont, PhD, Co-Chairs, CIT International



A Publication of CIT International

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MENTAL HEALTH FIRST AID FOR FIRST RESPONDERS

1.2 million

individuals living with mental illness are in jail and prison **each year**
Mental Health America

Who Should Take the Training:

- Law Enforcement
- Corrections Officers
- Fire Fighters
- EMTs
- Paramedics
- 911 Dispatch Responders
- Other First Responders

Mental Health First Aid Training Instructors:

Mike Hatch, Crisis Intervention Team Coordinator, MHA

Lauren Greco, Project Manager, Care Compass Network

Christine Paul, Deputy Director, Chenango Health Network

Jamie Hagenbush, Population Health Coordinator, Chenango Health Network

Sgt. Tony Diles, Binghamton Police Department

Rich Shaw, Tompkins County Mental Health

Why Mental Health First Aid?

Mental Health First Aid teaches you how to **Identify, Understand, and Respond** to signs of mental illnesses and substance use disorders. This 8-hour training will provide you with the skills needed to reach out and support someone who may be developing a mental health or substance use problem and help connect them to the appropriate care. This training focuses on the unique experiences and needs of public safety personnel, giving you the tools to make a difference in your life, the lives of coworkers, the lives of family members, and the lives of those you serve in the community.

Learn how to apply the ALGEE action plan:

- **Assess** for risk of suicide or harm
- **Listen** nonjudgmentally
- **Give** reassurance and information
- **Encourage** appropriate professional help
- **Encourage** self-help and other support strategies

Mental Health First Aid Covers:

- Defuse crises
- Promote mental health literacy
- Combat stigma of mental illness
- Enable early intervention through recognition of signs and symptoms
- Connect people to care

Call us today to see how you can sign-up for this FREE training!

Contact:

Lauren Greco • (607) 240-2560 • LGreco@carecompassnetwork.org

CARE COMPASS
NETWORK

MHA | Mental Health Association
of the Southern Tier, Inc.

CHENANGO HEALTH NETWORK



FREE First Responder Mental Health training

Broome, Tioga, Tompkins, Schuyler, Cortland, Chemung, Steuben, Chenango & Delaware Counties

Contact:
Lauren Greco, Care Compass
Lgreco@carecompassnetwork.org

NEAL HAIGHT

**BROOME COUNTY
EMERGENCY SERVICES**

(607) 778-3044

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