

**BCC Meeting:  
July 21, 2020  
Research Notes**

**Item No. 11A5  
File No. 201239**

**Researchers: JFP & VW Reviewer: PGE**

RESOLUTION DIRECTING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO EXAMINE THE FEASIBILITY OF CREATING AND IMPLEMENTING A COUNTYWIDE MOBILE CRISIS INTERVENTION PROGRAM THAT IS MODELED AFTER THE CRISIS ASSISTANCE HELPING OUT ON THE STREETS ("CAHOOTS") PROGRAM, OR OTHER SIMILAR PROGRAM THAT DEPLOYS BEHAVIORAL HEALTH FIRST RESPONDERS; AND PROVIDE A REPORT

**ISSUE/REQUESTED ACTION**

Whether the Board should direct the Mayor to conduct a feasibility study and produce a report regarding the creation and implementation of a countywide crisis intervention program modeled after the Crisis Assistance Helping Out on the Streets (CAHOOTS) program, which dispatches a civilian response team, including a certified medic and trained behavioral health crisis worker, to address certain emergency and non-emergency calls.

**PROCEDURAL HISTORY**

**Prime Sponsor: Commissioner Barbara J. Jordan, District 1  
Department/Requester: None**

This item was forwarded to the BCC with a favorable recommendation by the Chairwoman's Policy Council at its July 13, 2020 meeting. Prior to passage, the Operation Coordinator for the Crisis Assistance Helping Out on the Streets (CAHOOTS) program, Timothy Black, provided a presentation of this program which operates in the cities of Eugene, Oregon and Springfield, Oregon. After the presentation, Commissioner Jordan shared that calls regarding domestic violence and mental health—categories which might fall under the purview of a Miami-Dade County civilian response team—comprise about 4.5% of the total 911 calls made in Miami-Dade County,

Chairwoman Edmonson and Commissioners Bovo, Martinez, Moss and Sosa expressed concern that such a program might result in defunding of the police department. Mr. Black of the CAHOOTS program added that funding for the program in Oregon is supplemental in nature as funding was added to, not taken from, the police department's budget to support the program.

Commissioner Martinez questioned whether the civilians responding to crisis calls in place of police officers would have the authority to issue Baker Acts and requested that this be addressed in the study. Commissioners Bovo and Martinez were concerned that civilian response to certain 911 calls could potentially result in dangerous situations which cannot be contained. Commissioner Sosa added that, and confirmed with the Assistant County Attorney, that the County may be liable in certain tort cases that may result from civilian response to emergency situations.

Commissioner Sosa asked the department if police officers are already trained on behavioral matters and trained to de-escalate situations, to which the MDPD responded that all Miami-Dade police officers receive Crisis Intervention Team (CIT) training and are CIT-certified. The training is through the Miami-Dade Public Safety Training Institute in coordination with the Eleventh Judicial Circuit Criminal Mental Health Project.

**ANALYSIS**

The purpose of this item is to direct that a study be conducted exploring the feasibility of implementing a County program similar to Eugene, Oregon's CAHOOTS program, wherein a crisis intervention team comprised of trained medical staff (nurse or EMT) and experienced behavioral crisis workers is dispatched in place of police to address certain non-criminal, mental health and social services-related 911 matters. The National Alliance on Mental Illness states that the lack of mental health crisis services across the U.S. has resulted in law enforcement officers serving as first responders to most crises. According to Bureau of Justice Statistics

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(BJS) 2015 data published in a July 2019 BJS Technical Report, law enforcement agencies reported the decedent having exhibited mental-health problems in 18% of all arrest-related deaths in the United States.

In Florida, law enforcement’s predominant role in handling mental health matters is prescribed in statute. Florida’s Mental Health Act, more commonly known as the Baker Act, allows, under certain circumstances, involuntary detainment of individuals with mental illness, or those suspected to suffer from mental illness, in a mental health treatment facility for up to 72 hours for examination. The Act can be instilled by law enforcement, a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker. If initiated by anyone other than law enforcement, a law enforcement officer is to transport the individual to a mental health treatment facility if other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available.

The CAHOOTS program provides an alternative: a civilian program where unarmed first responders collaborate with the local police and fire rescue to provide immediate stabilization in case of urgent medical need or psychological crisis, assessment, information, referral, advocacy, and in some cases, transportation to the next step in treatment. CAHOOTS responds, primarily independently, to about 17% of the calls coming from the public through Eugene's public safety communications center. Of the approximately 24,000 calls for CAHOOTS service, 150 calls required police intervention. According to CAHOOTS’ Operations Coordinator, the program costs \$2.1 million annually and is saving the community approximately \$20 million annually in diversions from jails, hospitals, and police contact. The model for this program serving for the Eugene-Springfield metropolitan area (population 382,067) has been adopted by Denver, Colorado (population 727,211) in the form of a six-month pilot program established in June 2020. St. Petersburg, Florida (population 265,351) will implement a similar program beginning October 2020. Miami-Dade County, with a population of 2,716,940 where roughly 9% of the population suffers from severe mental illness, would be the largest jurisdiction in the nation to employ a CAHOOTS model program.

Below is a list of exclusively civilian run crisis intervention units that respond to specific non-criminal 911 calls on issues such as substance abuse and mental health crises.

<b>Crisis Assistance Helping Out on The Streets (CAHOOTS)</b>	
<b>Jurisdiction</b>	Eugene, Oregon
<b>Date Established</b>	1989
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• Crisis Counseling</li> <li>• Suicide Prevention, Assessment, and Intervention</li> <li>• Conflict Resolution and Mediation</li> <li>• Grief and loss response</li> <li>• Substance Abuse intervention</li> <li>• Housing crisis response</li> <li>• First Aid and Non-Emergency Medical Care</li> <li>• Resource Connection and Referrals</li> <li>• Transportation to Services</li> </ul>
<b>Method of Operation</b>	911 dispatchers filter calls they receive. If they are violent or criminal, they are directed to police. If they are within CAHOOTS' purview, the van-bound staff will address the call. CAHOOTS is dispatched through the Eugene police-fire-ambulance communications center. Each team consists of a medic (either a nurse or an EMT) & a crisis worker (who must have several years of experience in the mental health field).

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<b>Fiscal Impact</b>	Program cost is approximately \$2.1 million annually. The City appropriates additional funds to the Eugene Police Department for the purpose of contracting with the White Bird Clinic for implementation of the CAHOOTS program.
<b>Community Assistance Liaison (CAL)</b>	
<b>Jurisdiction</b>	St. Petersburg, Florida
<b>Date Established</b>	Proposed effective date: October 2020
<b>Services Provided</b>	Responses to: <ul style="list-style-type: none"> <li>• Disorderly intoxication</li> <li>• Drug overdose treatment</li> <li>• Intoxicated person</li> <li>• Mental health crisis</li> <li>• Suicide crisis</li> <li>• Mental health transport</li> <li>• Disorderly juvenile/ truancy</li> <li>• Disorderly juvenile at elementary schools</li> <li>• Panhandling</li> <li>• Homeless complaints</li> <li>• Neighborhood disputes</li> </ul>
<b>Method of Operation</b>	CAL will handle calls related to the non-criminal issues outlined above.
<b>Fiscal Impact</b>	The police department will divert \$3,125,000 in federal grant funding and redirect \$3,800,000 from the city to the new CAL unit.
<b>Crisis Response Unit (CRU)</b>	
<b>Jurisdiction</b>	Olympia, Washington
<b>Date Established</b>	April 2019
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• Crisis counseling</li> <li>• Conflict resolution and mediation</li> <li>• Grief and loss</li> <li>• Substance abuse intervention</li> <li>• Housing crisis response</li> <li>• Harm reduction</li> <li>• First aid and non-emergency medical care/connections</li> <li>• Resource connections and referrals</li> <li>• Transportation to services</li> </ul>
<b>Method of Operation</b>	The Crisis Response Unit is a partnership between Olympia Police Department and Recovery Innovations International to provide free, confidential, voluntary crisis response assistance. Calls may be initiated by CRU members, referred by police or fire crews, or come directly from emergency dispatchers.
<b>Fiscal Impact</b>	Olympia contracted with Recovery Innovations International to staff CRU at an annual cost of \$497,000 plus \$110,100 in startup costs
<b>Support Team Assisted Response (STAR)</b>	
<b>Jurisdiction</b>	Denver, Colorado

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<b>Date Established</b>	Six-month pilot program implemented in June 2020
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• Mental health crisis intervention and management</li> <li>• Substance abuse crisis intervention</li> <li>• Transportation to substance abuse or mental health treatment center with STAR van</li> <li>• First aid and non-emergency medical care/connections</li> </ul>
<b>Method of Operation</b>	If a 911 operator receives a call about a non-criminal situation, STAR sends a paramedic and clinician to handle the situation appropriately.
<b>Fiscal Impact</b>	\$208,141 from Caring4Denver Foundation grant. Caring4Denver is a voter-approved, taxpayer-funded organization whose mission is to address Denver's mental health and substance misuse needs.
<b>PAM (Psykiatrisk akut mobilitet, i.e., Psychiatric Emergency Response Team)</b>	
<b>Jurisdiction</b>	Stockholm, Sweden
<b>Date Established</b>	2015
<b>Services Provided</b>	<ul style="list-style-type: none"> <li>• Mental health crisis intervention and management</li> <li>• Suicide prevention and intervention</li> <li>• Substance abuse intervention</li> </ul>
<b>Method of Operation</b>	A PAM response is initialized by a call from the public to the Emergency Call Center (ECC) in Stockholm County. An emergency call operator receives the call and identifies a mental health related crisis suitable for PAM. Priority 1 means immediate action, and emergency vehicle lights are turned on during turn out. Suicide threats or attempts are typically assigned highest priority level. Cases with low priority (level 3) are usually pure transportation cases. The response team includes mental health nurses and paramedics. PAM responds to 130 calls per month on average.
<b>Fiscal Impact</b>	Unavailable

**Other Civilian Response Team Models**

*Crisis Intervention Team Model*

In addition to exclusively civilian run crisis response units, other models also exist to aid police response to non-criminal related issues, such as substance abuse and mental health crises. One such model is increased mental health crisis management training for police officers, such as the Crisis Intervention Team (CIT) program developed in Memphis in 1988. The CIT program provides crisis intervention training with the goal of promoting both officer safety and the safety of the individual in crisis, as well as diverting individuals with mental illness and/or addictions from the criminal justice system due to illness-related behaviors, and instead facilitating their access to medical treatment. CIT programs exist in over 2,700 communities nationwide. In Miami-Dade County, the Eleventh Judicial Circuit Criminal Mental Health Project (CMHP) was established in 2000 with a 40-hour Crisis Intervention Team (CIT) training component for law enforcement officers aimed at reducing the nearly 11,000 jail bookings per year that involve individuals with serious mental illnesses. In 2016, the CMHP reported that, as a result of local diversion programs, the average daily census in the County jail system dropped from 7,200 to less than 4,000 inmates. The current in facilities inmate population is 3,229 (as of July 16, 2020).

*Co-Response Model*

Alternatively, the co-response model, wherein law enforcement and behavioral health specialists are paired to respond to behavioral health related matters, is the predominant model of police-based mental health crisis response in Canada and the United Kingdom with prevalence in the United States and Australia. The law enforcement/behavioral health teams utilize the combined

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expertise of the officer and the behavioral health specialist to de-escalate situations and assist individuals with behavioral health issues in finding the proper services. In New York City, the Department of Health and Mental Hygiene and the New York City Police Department collaborate for pre- and post-crisis intervention. Each team includes two police officers and one behavioral health professional. The teams offer short-term engagement to facilitate connections to care and linkages to support services and targets individuals with mental health or substance use challenges who are at an elevated risk of harm to themselves or others.

The Los Angeles Police Department partners with the Los Angeles County Department of Mental Health for its Systemwide Mental Assessment Response Team (SMART) program, helping police officers effectively respond to and link people in crisis to appropriate mental health services. A Triage Desk fields calls from patrol officers seeking guidance for managing situations involving people who appear to have mental illnesses. The triage officer consults its database to learn if the person in question has a history of police contacts. A triage mental health nurse sits alongside the officer and checks databases to identify the individual's case manager, psychiatrist, or appropriate treatment centers. The triage staff determines whether to dispatch a SMART team or have the patrol officer take the person directly to a mental health facility.

In Colorado, there are two approaches to the co-response model depending on the locality. The officer and behavioral health specialist either ride together in the same vehicle for an entire shift, or the behavioral health specialist is called to the scene, and the call is handled together. On scene, the team works to de-escalate the situation, and provides behavioral health screening and assessment, call disposition planning and referral or linkage to needed services.

A 2000 study examining the mobile crisis team program in DeKalb County, Georgia, that paired police officers with psychiatric nurses to respond to 911 calls identified as psychiatric emergencies, compared calls the mobile crisis teams handled with those handled by police alone over a three-month period. The study found no significant difference in arrest rates. However, calls the mobile crisis teams handled were significantly more likely to be resolved without psychiatric hospitalization of the subject (55 percent vs. 28 percent) and costs were 23 percent lower than for calls handled by police alone.

The Boston Police Department's co-responder program involves clinicians riding with police officers to provide on-scene de-escalation, crisis intervention, assessment, referrals, and linkage to care. Some perspectives from officers involved in the program are that having a clinician in the police car allowed for rapid response to people in crisis and that the clinicians helped de-escalate people and put them at ease, but the clinician was also an additional person they had to protect.

*Miami-Dade County Approach*

In addition to the Crisis Intervention Team training mandated for Miami-Dade police officers, the Miami-Dade Police Department launched a Threat Management Section in June 2018 tasked with preventing people with serious mental illnesses from reaching a crisis point or potentially shooting others with firearms by establishing relationships with these individuals who come in frequent contact with MDPD. Among the missions of the Threat Management Section is to connect these high service utilizers with community services and treatment. MDPD works with Banyan Health, which operates a mobile crisis team that travels to an individual's home for treatment as well as with South Florida Behavioral Health Networks, the entity that manages state behavioral health funds for uninsured individuals in Miami-Dade and Monroe Counties, to aid individuals through the treatment process.

**ADDITIONAL INFORMATION**

Crisis Response Services for People with Mental Illnesses or Intellectual and Developmental Disabilities: A Review of the Literature on Police-based and Other First Response Models (October 2019)

<https://www.vera.org/downloads/publications/crisis-response-services-for-people-with-mental-illnesses-or-intellectual-and-developmental-disabilities.pdf>

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**APPLICABLE LEGISLATION/POLICY**

**Chapter 394, Part I, Florida Statutes**, outlines the Florida Mental Health Act.

[http://www.leg.state.fl.us/Statutes/index.cfm?App\\_mode=Display\\_Statute&URL=0300-0399/0394/0394PARTIContentsIndex.html](http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0394/0394PARTIContentsIndex.html)