



Policy Advisory Report Proposal: Crisis-Related Calls for Service and Effective Practices for Diversion to Non-Police Crisis Responders

Nashville Organized for Action and Hope (NOAH) Criminal Justice Working Group requested that the Community Oversight Board (COB) research mental illness related calls for service focusing on two primary topics. First, the amount of calls for service that are mental illness related in order to estimate the necessary scope of a non-police response program. Second, the procedures used by 911 call takers to divert calls to non-police crisis intervention resources. This proposal takes a slightly broader view focused on disaggregating the types of calls police receive to identify areas where non-police responders may be able to address community needs.

Background

In communities around the country—including Nashville—the role of police in responding to individuals in crisis is being evaluated. Of particular concern are individuals in mental health crisis. Nationwide, people with acute mental health crises comprise approximately 25% of all people killed by police.¹ People with mental illness who are killed by police are less likely to be armed and less likely to be attacking officers than people killed who do not have mental illnesses. People with mental illnesses also represent a large portion of people booked into jails. Davidson County Sheriff Daron Hall is cited in *The Tennessean* as stating that approximately 30% of the 37,500 people booked into Davidson County jail annually have a mental illness.²

Metro Nashville Police Department (MNPd) has partnered with the Mental Health Cooperative since 2000 to provide mobile crisis services and a pre-arrest diversion into mental health evaluation and stabilization services. In figures from the Mental Health Cooperative, police (Primarily MNPd but also Berry Hill, Goodlettsville, Airport, and Park Police) initiated 823 crisis assessments between January 1, 2020 and October 14, 2020. These individuals were evaluated by a mental health professional and those who would have previously been arrested were diverted from jail.

Even with the expansion of services for crisis intervention, many community groups have identified unmet needs for people in crisis. Several have called for Nashville to create a non-police crisis response program modeled on the Crisis Assistance Helping Out in the Streets (CAHOOTS) program in Eugene, Oregon. The CAHOOTS model is that 911 calls and non-

¹ Emma Frankham, “Mental Illness Affects Police Fatal Shootings,” *Contexts* 17, no. 2 (2018): 70–72.

² Jessica Bliss and Jordyn Pair, “Nashville’s Behavioral Care Center Lays a New Foundation,” *The Tennessean*, August 15, 2018, <https://www.tennessean.com/story/news/2018/08/15/mental-illness-criminal-justice-jail-alternative/994874002/>.

emergency calls are screened for eligibility for a non-police crisis response. The calls that qualify for non-police response are dispatched to a team of crisis specialists. Teams usually consist of an EMT and a mental health professional, but they can also include trained peer support specialists. The success of programs like CAHOOTS relies on community buy-in and close partnerships with community mental health service providers.

According to an analysis by the Eugene Police Department (EPD) Crime Analysis Unit, CAHOOTS diverted approximately 5% to 8% of EPD calls for service in 2019.³ CAHOOTS arrived at 15,879 calls for service with the most common call categories in descending order being: Check Welfare, Assist Public, Transport, Suicidal Subject, Disorderly Subject, Intoxicated Subject, Traffic Hazard, Found Syringe, Criminal Trespass, Dispute, and 92 other categories. CAHOOTS called EPD for backup in 311 instances. Only 8% of the backup calls required EPD units to respond with lights and siren.

In light of the unmet need for community-based crisis services, NOAH requested that the COB work to estimate the number of calls for service that may be eligible to be diverted to an alternate crisis response program if Nashville were to implement a CAHOOTS-based model of crisis intervention. NOAH also requested that the COB research best practices for the Department of Emergency Communications to screen and dispatch calls to alternate responses.

Previous recommendations from the COB

The COB has previously issued one recommendation related to mental illness and individuals in crisis. On October 23, 2020, the COB issued “Policy Advisory Report on Use of Force Consent Decrees” which recommended the MNPd begin work to create a crisis intervention team (CIT) that would respond with mental health professionals when possible (see recommendation #3).⁴ CIT is compatible—and most successful—when other crisis services are also available. Matching the service to the needs of the situation likely would create more beneficial outcomes for those needing services. A non-police crisis program may also co-respond to incidents with CIT officers when necessary.

Proposed Study

This report will focus on the potential to divert calls for service from police response to non-police crisis teams. Specifically, we will focus on three interconnected questions:

1. How many calls for service and which types of calls for service could be diverted to non-police crisis responders out of the calls for service received by MNPd?

³ Eugene Police Department Crime Analysis Unit, “CAHOOTS Program Analysis,” August 25, 2020, <https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis>.

⁴ Community Oversight Board, “Policy Advisory Report on Use of Force Consent Decrees” (Nashville, TN: Metropolitan Government of Nashville and Davidson County, October 23, 2020), <https://www.nashville.gov/Portals/0/SiteContent/CommunityOversight/docs/PolicyAdvisoryReports/UseOfForceConsentDecrees-Approved.pdf>.

2. Are there geographic areas where divertible calls are concentrated which should be prioritized by a pilot alternative response program?
3. What are effective practices for emergency communications screening and deciding which calls are diverted to non-police responses?

Methodology

To research the types of call that could be diverted, Metro Nashville Community Oversight (MNCO) research staff will review publications from cities implementing non-police crisis response programs and contact those programs to learn about the dispatching process. If possible, we will review call diversion estimates from cities implementing similar programs. Based on these conversations we will aim to identify the effective practices for diverting calls to appropriate responders.

In Nashville and Davidson County, calls for police services are taken by the Department of Emergency Communications and information is stored in databases that include the call type and outcome. MNCO will analyze the number of calls based on call type and estimate a plausible range for the number of calls for service that could be diverted. Any estimate will be based on assumptions that we will outline in detail.

Finally, after estimating the amount of calls that may be diverted to non-police crisis responders, MNCO will conduct a geospatial analysis of MNPd calls for service for the categories of calls eligible for diversion. We will aim to identify the priority areas where future programs for crisis intervention should focus.

Community Engagement

In the process of collecting information for this report, MNCO research staff will engage with community experts in community-based crisis intervention. Community groups may include but are not limited to the Mental Health Cooperative, the National Alliance on Mental Illness Davidson County chapter, Vanderbilt Behavioral Health, Centerstone, TN Department of Mental Health & Substance Abuse Services, Gideon's Army, and NOAH. We will engage with the Department of Emergency Communications and MNPd to discuss their call screening and dispatch processes as well as identify data that can be leveraged to create more accurate demand estimates.

Broader Impact

Estimating the scale of police calls for service that could be diverted to an alternative crisis response program is the first step to estimating the cost and implementation of a program. This project will support community organizations in their advocacy as well as inform Metro Government leadership about the need for crisis response alternatives. The results of the research may inform policy decisions about how to pilot and scale non-police crisis services in Nashville.

References

- Bliss, Jessica, and Jordyn Pair. "Nashville's Behavioral Care Center Lays a New Foundation." *The Tennessean*. August 15, 2018.
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