Embedding Behavioral Health Professionals in 911 Call Centers:

Approaches to Alternative Response Workforce

Author: Gabriela Solis Torres

Contributors: Analisa Sorrells, Anna Low-Beer, and Ben Appleton

HARVARD Kennedy School

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Alternative emergency response programs aim to safely triage certain emergency calls to professionals trained to de-escalate crises and connect residents to community-based resources, such as referrals to medical treatment. These calls would otherwise go to police, fire, or emergency medical services (EMS). By diverting these calls from traditional emergency responses, alternative emergency response programs aim to reduce unnecessary criminal justice system involvement and create more equitable outcomes for communities of color and others disproportionately impacted by the criminal justice system.

To better address the needs of community members experiencing behavioral health crises, some alternative emergency response programs are hiring behavioral health professionals to work in 911 call centers. These professionals have expertise in crisis assessment, de-escalation, resource navigation, and more. **Programs use embedded behavioral health professionals in two primary roles:**

Resolving calls over the phone: Embedded behavioral health professionals provide counseling, de-escalation techniques, and connections to services to resolve behavioral health-related 911 calls.

Triage and/or dispatch: Embedded behavioral health professionals triage 911 calls and determine suitability for an alternative response team and/or directly dispatch the alternative response team.

Some alternative emergency response programs use embedded behavioral health professionals for both roles. For example, the HEART program in Durham, North Carolina has a Crisis Call Diversion team that embeds behavioral health professionals in Durham's 911 call center. There, mental health clinicians work to connect people to resources that support behavioral health-related needs and can also dispatch the department's in-person alternative response team as appropriate.

Alternative emergency response programs that have invested in embedded behavioral health professionals are producing valuable initial learnings that can help program leaders decide if this is a useful approach.

In this brief, the Harvard Kennedy School Government Performance Lab (GPL) draws on insights from our work supporting 15 participants in our 2023-24 Alternative 911 Emergency Response Implementation Cohort and interviews with four program leaders in our Community of Practice to answer common questions from alternative emergency response program leaders.

Common questions about embedding behavioral health professionals:

- What are some of the potential benefits of embedded behavioral health professionals?
- What implementation factors should I consider to determine if hiring an embedded behavioral health professional is suitable for my program?
- What other programs are using embedded behavioral health professionals?

Resolving Calls Over the Phone

Through discussions with alternative emergency response programs using embedded behavioral health professionals to resolve a subset of behavioral health-related calls over the phone, the GPL identified three potential benefits and two implementation factors.

Potential Benefits

- **Provide capacity to other 911 call takers.** The embedded behavioral health professional may provide support for traditional 911 call takers by allowing them to transfer certain types of high-intensity behavioral health calls they may not feel equipped to handle, such as those related to suicidal ideation.
- **Improve 911 call outcomes.** The embedded behavioral health professional can provide callers in need of low-level behavioral health support with immediate access to de-escalation strategies and resources over the phone. For example, if an individual calls 911 experiencing a panic attack, the embedded behavioral health professional may resolve the call by providing verbal counseling and referrals to mental health providers.
- **Right-size emergency response resources.** By resolving behavioral health-related 911 calls over the phone, the embedded behavioral health professional may reduce the need to dispatch in-person responders, including both alternative and traditional responders (i.e., police, fire, EMS). This reserves responders' capacity and resources for urgent needs that require an in-person response.

Implementation Factors

Using embedded behavioral health professionals primarily for resolving calls over the phone is best suited for jurisdictions that:

- **Receive a sufficient volume of first-party callers experiencing behavioral health challenges.** Embedded behavioral health professionals are best able to resolve 911 calls when they can talk directly to the person experiencing a behavioral health crisis to de-escalate the situation and connect them to resources. On the other hand, if a jurisdiction primarily receives second- and third-party calls — such as a family member or a bystander reporting another person's behavioral health crisis — the embedded behavioral health professional is limited in their ability to resolve the call over the phone.
- **Need additional telephonic behavioral health counseling resources.** In some jurisdictions, calls for service related to behavioral health are sufficiently addressed by 988 or a local crisis line. To avoid duplicating services, embedding behavioral health professionals to resolve 911 calls over the phone is best suited for jurisdictions that need additional telephonic counseling resources beyond what is already available.

Contingency Plans for Resolving Calls that Escalate

It is crucial to ensure the embedded behavioral health professional still has a way to quickly transfer calls for an in-person response if the call escalates. There are two primary mechanisms:

1. Transfer and/or dispatch the call directly to in-person alternative emergency response teams themselves and/or
2. Transfer the call back to 911, sometimes with the option to skip the existing queue of held calls so that the active call receives an immediate answer from traditional 911 call takers.

Case Study: Prioritizing Resolving Calls Over the Phone in Austin, TX

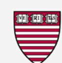
The motivation for creating the Center Crisis Clinicians program in Austin, TX — part of the city's Crisis Call Diversion Program — was to address long 911 hold times and provide relief for 911 call takers. Therefore, the role of the Center Crisis Clinicians focuses on resolving as many calls over the phone as possible without involving the police, including through de-escalation, safety planning, and referrals to community resources.

Austin, Texas

- **Program:** Crisis Call Diversion Program, Center Crisis Clinicians
- **Alternative response led by:** Integral Care, Austin Police Department, Austin-Travis County EMS, Travis County Sheriff's Office
- **911 run by:** Austin Police Department and Travis County Sheriff's Office

- **Launched:** December 2019
- **Hours of operation:** 24/7
- **Areas served:** Travis County
- **Population served:** 1.3 million

- **Call types:** Mental health, verbal dispute/disturbance with mental health component, repeat callers with mental health history, check welfare



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First, 911 call takers from the Austin Police Department and the Travis County Sheriff's Office transfer eligible first-party, behavioral health-related calls to Center Crisis Clinicians embedded in the 911 call center. The 17-person Center Crisis Clinicians team is made up of one program manager, two licensed clinician supervisors, and 14 Qualified Mental Health Professionals. Center Crisis Clinicians can also dispatch the Expanded Mobile Crisis Outreach Team (EMCOT), an in-person team also made up of clinicians, if needed.

Given that Center Crisis Clinicians are focused on resolving behavioral health-related calls over the phone, they are required to hold specific licenses in behavioral health, such as a licensed clinical social work degree or a bachelor's degree in psychology. These clinicians then apply their expertise to provide telephonic behavioral health care and decide whether to dispatch an in-person alternative response team.

According to Kedra Priest, a practice administrator of crisis services at Integral Care, since launching in December 2019, Center Crisis Clinicians have dispatched the EMCOT team for in-person support on 8-10% of calls, and Center Crisis Clinicians have resolved 80-85% of calls without having to transfer them back to police.

Triage and Dispatch of In-Person Alternative Response Teams

Through discussions with alternative emergency response programs using embedded behavioral health professionals for triage and/or dispatch of behavioral health-related calls to in-person alternative response teams, the GPL identified three potential benefits and two implementation factors.

Potential Benefits

- **Help identify additional 911 call types for diversion.** Many alternative emergency response programs begin with a narrow set of call types eligible to be diverted to alternative response teams, such as a mental health crisis or welfare checks. By receiving 911 calls, reviewing queues of active calls, and better understanding the nature and volume of certain call types, behavioral health professionals may identify additional call types that are well-suited to an alternative emergency response. For example, consider an embedded behavioral health professional that sees a call in the queue that was not originally tagged for alternative response. However, after reading the call notes, the embedded behavioral health professional believes it is suitable for an alternative response team. In some jurisdictions, the embedded professional can pull that call out of the queue and request an alternative response team for it, subject to approval.

- **Improve efficiency of triage and dispatch of 911 calls.** Emergency call centers often face staffing shortages, leaving 911 call takers overburdened. If the embedded behavioral health professional is hired in addition to allocated 911 staff slots, they may provide additional capacity by triaging calls related to behavioral health that would otherwise take up call taker time that could be used to handle other types of emergencies.

- **Increase 911 call takers' confidence in diversion to alternative emergency response teams.** Without an embedded behavioral health professional to transfer calls to, some 911 call takers may be nervous to make the final decision about whether or not a 911 call is suitable for an in-person alternative emergency response team. By using their expertise to triage and dispatch these calls, embedded behavioral health professionals may increase confidence in the program among 911 call takers.

Implementation Factors

Using embedded behavioral health professionals for triage and/or dispatch is best suited for jurisdictions that:

- **Experience 911 call center staffing shortages, longer-than-average wait times, and/or other capacity constraints that may delay the dispatch of alternative response teams.** An embedded behavioral health professional focused on triage and/or dispatch can help ease capacity constraints within 911. For example, the embedded behavioral professional may be able to identify additional calls that are eligible for alternative emergency response or improve how quickly alternative emergency response teams are dispatched.

- **Already have a public safety answering point (PSAP) that is able to accommodate behavioral health professionals to triage/dispatch calls.** Involving an embedded behavioral health professional in triage and/or dispatch processes often requires them to have access to the same technology and training that 911 call takers have for triaging and dispatching calls. Limited space or resources at a PSAP, such as a lack of desk space or computers, may make this challenging.

Case Study: Prioritizing Dispatch of Alternative Response Teams in Phoenix, AZ

In Phoenix, AZ, the Community Assistance Program (CAP) hires people with professional experience, a credential in behavioral health, and/or personal life experiences to dispatch the in-person Behavioral Health Unit. These behavioral health professionals use their expertise to respond to third-party behavioral health calls from individuals witnessing another person in crisis and determine their suitability for an in-person alternative response. Phoenix built a program that emphasized dispatch rather than resolution over the phone to fill a service gap in Maricopa County, which already has a program that diverts first-party behavioral health calls to a crisis hotline.

Phoenix, AZ

- **Program:** Community Assistance Program, Behavioral Health Unit
- **Alternative response led by:** City Manager's Office + Phoenix Fire Department
- **911 run by:** Phoenix Police Communications Bureau (primary PSAP); Phoenix Fire Department (secondary PSAP)

- **Launched:** July 2022
- **Hours of operation:** 7 days a week, 20 hours a day
- **Areas served:** City of Phoenix
- **Population served:** 1.65 million

- **Call types:** Check welfare, overdose, suicide attempt, mental illness (divert based on call characteristics, not call codes)

First, 911 call takers from the Phoenix Police Communications Bureau transfer eligible calls to behavioral health professionals embedded in the Phoenix Fire Department's call center. Those behavioral health professionals can then dispatch eligible calls to the Behavioral Health Unit, which consists of five, two-person teams. Each team has a crisis intervention specialist and a peer support specialist.

Originally, the Community Assistance Program planned to hire behavioral health professionals with master's degrees in social work to embed within 911. However, once the embedded health professional's role was defined as primarily dispatching the alternative response team, the program changed the educational requirements of the position to more closely match program needs and lower barriers to recruitment. Now, the Community Assistance Program requires that embedded behavioral health professionals have experience in the behavioral health field, such as lived experience or previous professional experience, and/or a bachelor's degree, but they are not required to be licensed clinicians.

> **"I came to this role with 15 years of experience working with many different populations, including adults with developmental disabilities, unhoused populations, folks with serious mental illness and addiction issues, and more. Now, I provide guidance to our alternative emergency response teams on how to build rapport with these individuals. I also use my experiences to better assess the needs of callers and make informed decisions about whether or not to dispatch our in-person Behavioral Health Unit."**
>
> — Derik Roof, Community Assistance Program
> Crisis Intervention Supervisor, Phoenix, AZ

Other Ways to Use Behavioral Health Professionals to Improve Call Triage

While not all alternative emergency response programs can directly embed behavioral health professionals within 911 call centers, there are other effective ways to integrate their expertise.

Through the GPL's Alternative 911 Emergency Response Implementation Cohort, we have seen programs engage behavioral health professionals to lend their expertise and improve the triage and dispatch for behavioral health-related 911 calls in two ways:

1. **Writing call triage protocols:** Alternative emergency response programs may use the expertise of behavioral health professionals to write 911 call triage questions that are more specific and clinically-focused. This allows a non-clinically trained 911 call taker to make a more nuanced determination about whether the call is suitable for an alternative response. This may include determining which behaviors a person in crisis is exhibiting — such as cursing, kicking, or punching — should or should not be eligible for an alternative response team.
2. **Training:** Alternative emergency response programs may use the expertise of behavioral health professionals to provide training to 911 call takers and dispatchers on how to best recognize and screen for calls that might be eligible for an alternative emergency response team.

To learn more about the GPL's work on Alternative 911 Emergency Response, visit our website. For governments exploring, planning, implementing, or expanding alternative 911 emergency response teams, sign up for the GPL's Alternative 911 Emergency Response Community of Practice.

The **Government Performance Lab,** housed at the Taubman Center for State and Local Government at the Harvard Kennedy School, conducts research on how governments can improve the results they achieve for their citizens. An important part of this research model involves providing hands-on technical assistance to state and local governments. Through this involvement, we gain insights into the barriers that governments face and the solutions that can overcome these barriers. By engaging current students and recent graduates in this effort, we are also able to provide experiential learning.

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Designed by Sara Israelsen-Hartley; figures by Analisa Sorrells