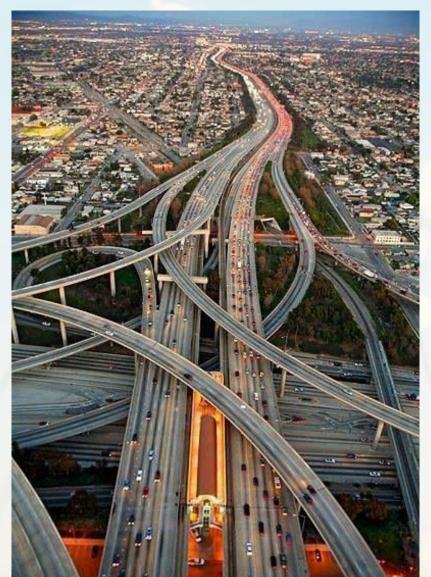
From 9-1-1 to Call Diversion to 9-8-8:The Future of Crisis Response

Lyn Morris, LMFT
Chief Operating Officer
Didi Hirsch Mental Health Services

Sandri Kramer
Projects and Grants
DHMHS Suicide Prevention Center

DH

Didi Hirsch SPC/LAPD 911 Diversion: The Long Lead-In...



- Law Enforcement Negotiation Teams on the Crisis Lines (30+ years)
- Planting the Seed (2005)
- Patience and Persistence
- Connections! (2016)
- Timing and Opportunity (2020)

Didi Hirsch SPC/LAPD 911 Diversion: Why?

- Impact of mental health calls on public
 - Stigma/criminalization
 - It matters who responds
 - Involuntary hospitalization
- Impact of mental health calls on law enforcement
 - Resources
 - Emotions
 - Suicide-by-Cop and Disengagement



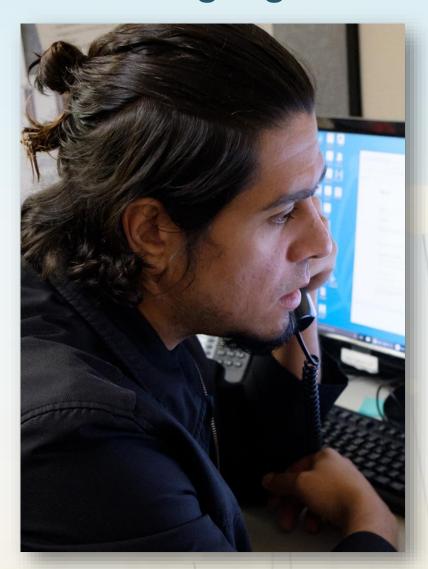
Didi Hirsch SPC/LAPD 911 Diversion: What if...?



Didi Hirsch SPC/LAPD 911 Diversion: Working Together







911 Call Diversion FLOW Incoming 911 Call Call is triaged and assessed for appropriate response and/or Medical Emergency diversion. without Law **Enforcement Needs** Call Type Coding **LAFD 911** Mental Health Certain call types are considered **Emergency with** for diversion to Didi Hirsch SPC: Access to/deploy Law Enforcement 1. Suicide Attempt therapeutic vans Needs 2. Possible Suicide Attempt if appropriate Mental Illness 4. Possible Mental Illness Does the call involve any of these criteria? Subject is violent **Assess Eligibility** 2. Subject is armed with a weapon/object and the public is at Does the call involve any of these criteria? risk 1. Subject needs medical attention Welfare checks 2. Subject on a structure/bridge in public area 4. Subject has possibly committed a 3. Subject has a weapon and is in public with criminal act due to mental illness others present Subject's behaviour is high risk 4. Subject has a weapon, is inside a (jumper, barricade, other high risk residence/building and with others present behaviour) 6. Critical incident (any call where SMART may assist with deescalation) Divert to Didi Hirsch **SMART PATROL** LAPD Dispatch transfers the call using a SPC designated line w/the highest answer priority, Unit Unit containing following information: 1. Incident Number Possible Real-Time Access* 2. Caller Phone Number, Location, Name 911 Dispatch will be 3. Any Essential Call Details *Preliminary pending LAFO/DMH review alerted for calls with imminent safety Follow-Up concerns. All diverted calls are Safety Need offered a minimum of Call Management one follow-up call. Follow-up contacts will Call is managed like all crisis line include re-assessment calls and includes risk assessment. of risk, confirmation of safety planning and overall safety plan, and deescalation. linkage to resources.

Didi Hirsch SPC/LAPD 911 Diversion: How?



Didi Hirsch SPC/LAPD 911 Diversion: How?



Assess Eligibility

Does the call involve any of these criteria?

- 1. Person needs medical attention
- 2. Person on a structure/bridge in public area
- 3. Person has a weapon and is in public with others present
- 4. Person has a weapon, is inside a residence/building and with others present

03





"I am going to transfer you to a (Didi Hirsch Suicide Prevention Center) Crisis Line Counselor. You may hear some clicks or tones. Please don't hang up. I want to ensure you are safe so I am going to provide the counselor with some background information while you stay on the phone."

"This is 9-1-1 with a transfer. I am on the phone with [caller name] and they are calling about [situation]."



Didi Hirsch SPC/LAPD 911 Diversion: Outcomes so far...

Number of calls diverted						
Feb – Sep '21: 1,163		911 Redirect	All Calls			
		YTD Percentage	YTD Percentage			
	Response Outcomes					
	Facilitated Rescue	5%	0%			
	Non-Facilitated Rescue	14%	3%			
	911 Redirect	6%				
	Follow Up Outcome					
	Follow Up Accepted	22%	0.9%			
	Follow Up Reached	62%	61%			
/ /	Follow Up Linked	31%	27%			
	Demographics: Gender					
	Female	36%	52%			
11	Male	63%	45%			



DH

- 9-I-I dispatch and crisis line cultures
- National understanding of what 9-1-1 means
- Changing perceptions: Law enforcement and crisis center collaboration: The way forward to 9-8-8









9-8-8ANSWERING THE CALL





SUCCIDENT SUICIDE NATIONAL SUICIDE NATIONAL SUICIDENT SU

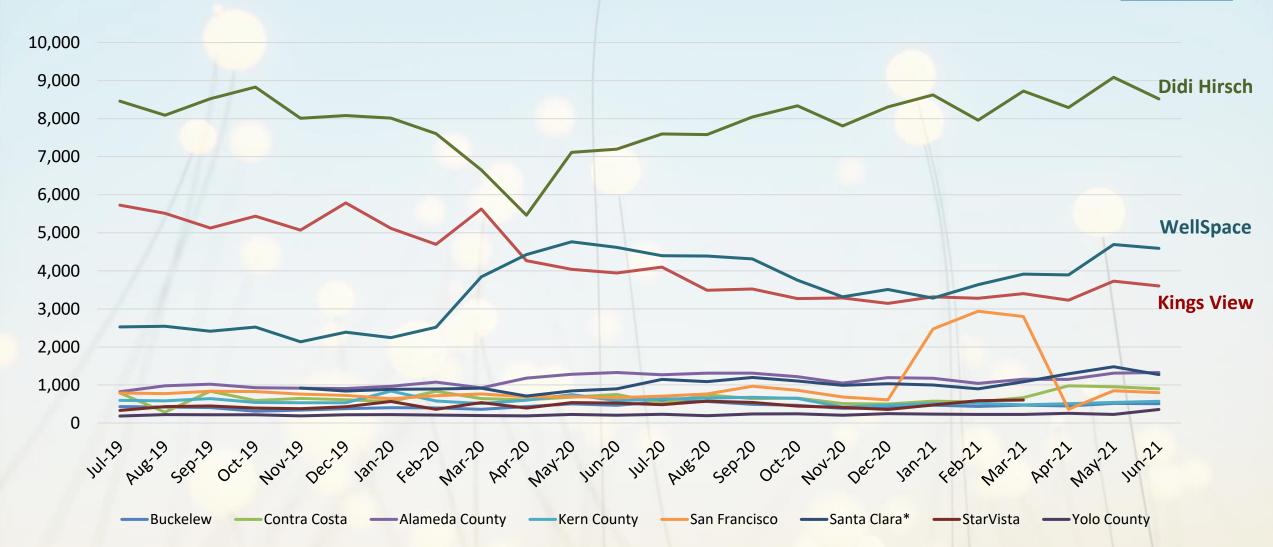
Didi Hirsch Suicide Prevention Center





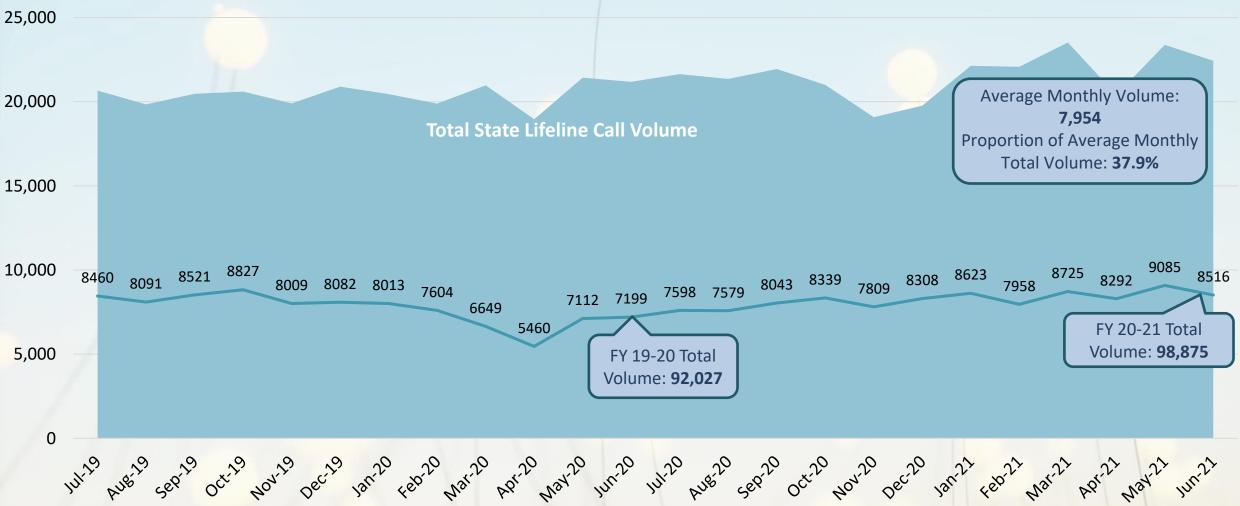
- Largest and most comprehensive suicide prevention center
- Inaugural member of the Lifeline
- 128,000 calls/chats/texts
- 1 of 3 Spanish Crisis Lines 24/7 in nation
- 1 of 3 Disaster Distress Helpline in nation

9-8-8 in California



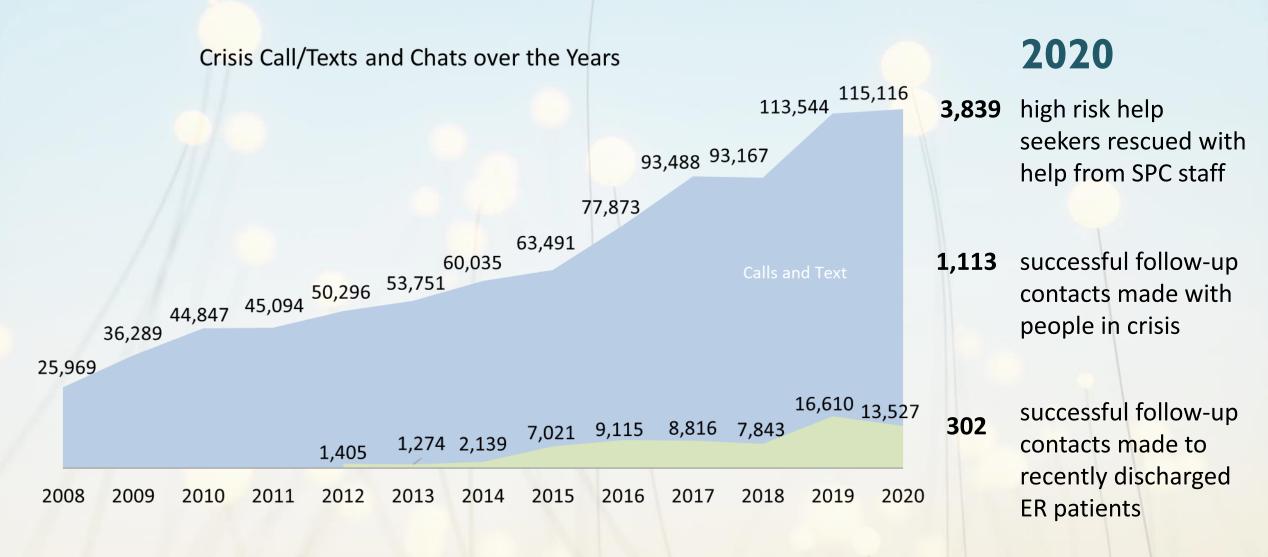
9-8-8 in California: Didi Hirsch SPC





Didi Hirsch SPC Profile





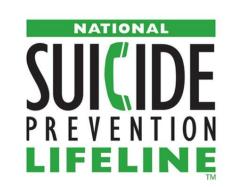




	CALLERS	CHATTERS	TEXTERS
< 25 YEARS OLD	43%	70%	95%
< 18 YEARS OLD	16%	41%	90%
BIPOC	64%	32%	51%
Female	53%	69%	81%
Transgender/Questioning	1%	7%	10%
Self-Rated Suicide Intent at Start (out of 5)	2.7	2.8	2.9
% Intent Reduced	77%	78%	80%

Back to 9-8-8 or... I-800-273-8255





1-800-273-8255



9-8-8
ANSWERING THE CALL



What is 9-8-8?

- America's first 3-digit number dedicated to mental health and suicide crisis
- Approved by FCC and Congress in 2020
- Must be implemented nationwide by July 16, 2022
- Call volume to crisis lines are expected to triple in the first 18 months.









What happens if you call 9-1-1?
What happens if you call 9-8-8?
What if you need help beyond crisis line support?

- Psychiatric Mobile Response
- MEU SMART
- LASD MET

Where can you go?

- Crisis Stabilization Centers
- Peer Respite Centers
- Short-term Crisis Residential Homes





What's needed for 988 to be effective?

- **Someone to answer the call**. 24/7 call centers that are adequately staffed by mental health professionals who are trained to respond to crises.
- Someone to provide help. Mobile response teams that are equipped for differing scenarios.
- **Someplace to go for treatment**. Crisis stabilization services that also connect people to follow-up care.

9-8-8: Our Role









9-1-1, 9-8-8, and the Journey Ahead in Crisis Care

What If...

- Working together
- Better People Care
- Safer Communities
- Saving Lives



From 9-1-1 to Call Diversion to 9-8-8: The Future of Crisis Care





Thank you!