



Recovering and Building a
NEW ERA
for Everyone

EQUITY & RECOVERY AGENDA: ERA

PERSON IN CRISIS TEAM PILOT PLAN

Executive Summary
January 4, 2021

FY 2020-2021

Department of Recreation and Human Services
Dr. Daniele Lyman-Torres, Commissioner
www.cityofrochester.gov/crisisintervention

Blieve.



City of Rochester, NY
Lovely A. Warren, Mayor
Rochester City Council



Executive Summary

Table of Contents

- Executive Summary 2
- Crisis Response-
Person(s) In Crisis Team 4
- Funding and Expenses 11
- Key Metrics..... 12
- Evaluation and Scalability..... 13
- Contact Information and
Advisory Committee..... 15
- Acknowledgments..... 15
- Appendices 15
- References..... 15

Background

In September 2020, The City of Rochester announced the creation of a new Crisis Intervention Services Office. This office is comprised of 4 service units. The Family and Crisis Intervention Team (FACIT) and Victim Assistance Unit were both long-running community support programs within the Rochester Police Department (RPD). These two units were moved as a part of legislation passed by Rochester City Council into the new office. In addition, two new response teams were commissioned to be a part of this office. The Homicide Response Team has the purpose of providing a community wide coordinated response to families and neighbors impacted by homicides. Finally, the Crisis Response Team (or PIC Team) was commissioned to create a 24/7, law enforcement alternative response of trained professionals to address behavioral health and related crises occurring in the City of Rochester. **This pilot plan exclusively focuses on the crisis response team development and pilot launch.**

A Shift to Human Services

The creation of the Crisis Intervention Services Office prompted the City of Rochester to return to providing human services as a formal function. This function and office was assigned to the Department of Recreation and Youth Services, thereby, changing the name to the Department of Recreation and Human Services (DRHS). This shift recognizes the need for increased efforts to ensure equitable access to supports and services for residents of the City of all ages and confronting many challenges.

Crisis Intervention Services Office

Family Crisis Intervention Team

Crisis counselling to victims directly after crisis has occurred

Assesses and counsels clients and connects to services

Coordinates between service providers and follow up case management

Victim Assistance Unit

Crisis support services after a crime

Home or hospital visits

Explanation of the criminal justice system

Referrals to other agencies

Transportation to and from court for victims and witnesses who have exhausted all other means of transportation

Assistance in filing NYS Crime Victim Compensation

Homicide Response Team*

Responds with 4-6 member team to each homicide and support families of victim(s) by **connecting them** to support services provided by FACIT, VAU and other providers **(Coordinated Response)**

Team will also support neighbors with grief services and meditation to prevent retaliation or continued violence

Person(s) in Crisis Team*

Formed to be a **law enforcement alternative** response to mental health, domestic violence and other identified crisis calls **(First Responder)**

Team will be Emergency Response Social Workers

Working on 911/211 dispatch, protocols and team training with a comprehensive advisory committee

*New Team

Pilot plan

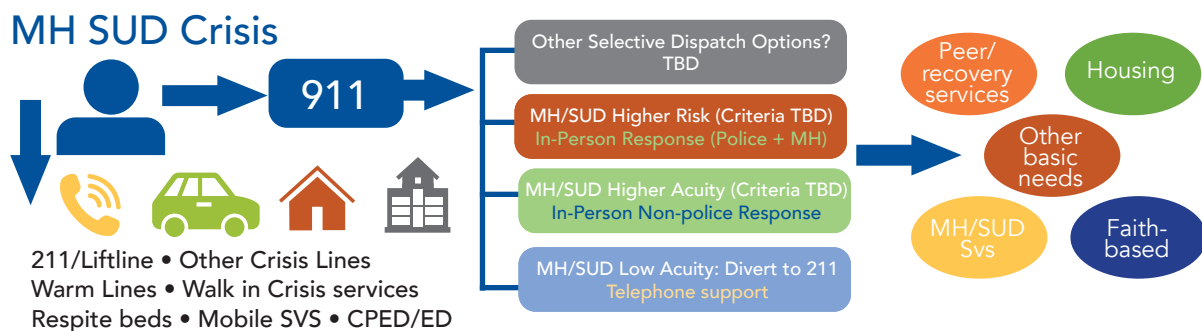
The FACIT and Victim Assistance Units had been long standing programs which were transitioned to DRHS from RPD in their current state for further evaluation. The Homicide Response Team had been in the planning stages for two years as a part of the Roc Against Gun Violence Coalition spearheaded by City Council Vice President Willie Lightfoot. The Homicide Response Team was formally launched in November 2020. The formation of a first responder team of behavioral health professionals for the crisis response required a coordinated and comprehensive planning process to develop a pilot plan. An advisory committee was formed and began meeting on October 1, 2020 with a goal of completing a pilot plan by 12/31/2020 for a January 2021 launch. This plan represents the work of the advisory committee and the support of many national examples and models for law enforcement alternative responses. The pilot will run through June 30, 2021.

Looking Ahead

Following a six month pilot of a crisis response team, the Homicide Response Team and the transition of the FACIT and Victim Assistance teams, there will be a thorough evaluation of the services. This assessment will inform the recommendations and formal structure to be introduced in the FY 22 budget process.

This plan is in full alignment with the Monroe County Task Force plan (Appendix 1.1), the community wide Systems Integration Initiative, and represents a portion of the work that needs to be done as a part of the community transformation of service delivery. The implementation of additional phases will be assessed and considered at outlined milestones and may require additional resources.

Figure One - Taskforce Goal Overview



Goal 1: Increase connection to community crisis services that meet the need (**avoid 911 call/ de-escalate crisis**)

Strategy: Develop/implement culturally responsive education and outreach so individuals, families and providers understand the full range of crisis supports available

Goal 2: Divert MH SUD crisis calls coming in to 911 to the most appropriate response option, **activating law enforcement only when needed**

Strategy: Develop/implement 911 Diversion and Selective Dispatch Pilots

Goal 3: Strengthen supports post-crisis to address full range of needs to **stabilize and prevent future crisis.**

Strategy: Redesign process for linkage to support post-crisis, leveraging peers and developing longer term relationships needed to support stability and recovery.

- Build cultural responsiveness/diversity of support options to better align with community needs
- Acknowledge and address mistrust among black, brown and indigenous communities that have not been well-served by the current system
- Reduce stigma—earlier help seeking—avoid the crisis in the first place
- Leverage peers/activate informal supports
- Transparency: evaluate results, share with all stakeholders, refine based on what the data shows



Crisis Response - Person(s) In Crisis Team

Purpose

Increase efficiency for identifying and connecting individuals with the appropriate level of care during crisis situations. Engage individuals with solutions that influence behaviors by providing information needed to make informed decisions, better understand their mental health status, and know when to seek which level of care. Provide guidance and support for family members and friends of the person experiencing the crisis, work to reduce dependence on law enforcement and emergency medical services, for non-violent/non-legal type issues, and strive for diversion from the emergency department.

Team Composition and Coverage

The PIC Team be comprised of **Emergency Response Social Workers**. The detailed qualifications and job description can be found in Appendix 1.2. These behavioral health professionals will be assigned to work in teams of two (2) at all times. There may be peak times in which there will be 2 PIC Teams on duty. Coverage will include a 24/7 call response to all of the City of Rochester. The jurisdiction of this team is limited to the City of Rochester as it is an initiative funded by City constituents and under the administration of the Mayor of the City of Rochester.

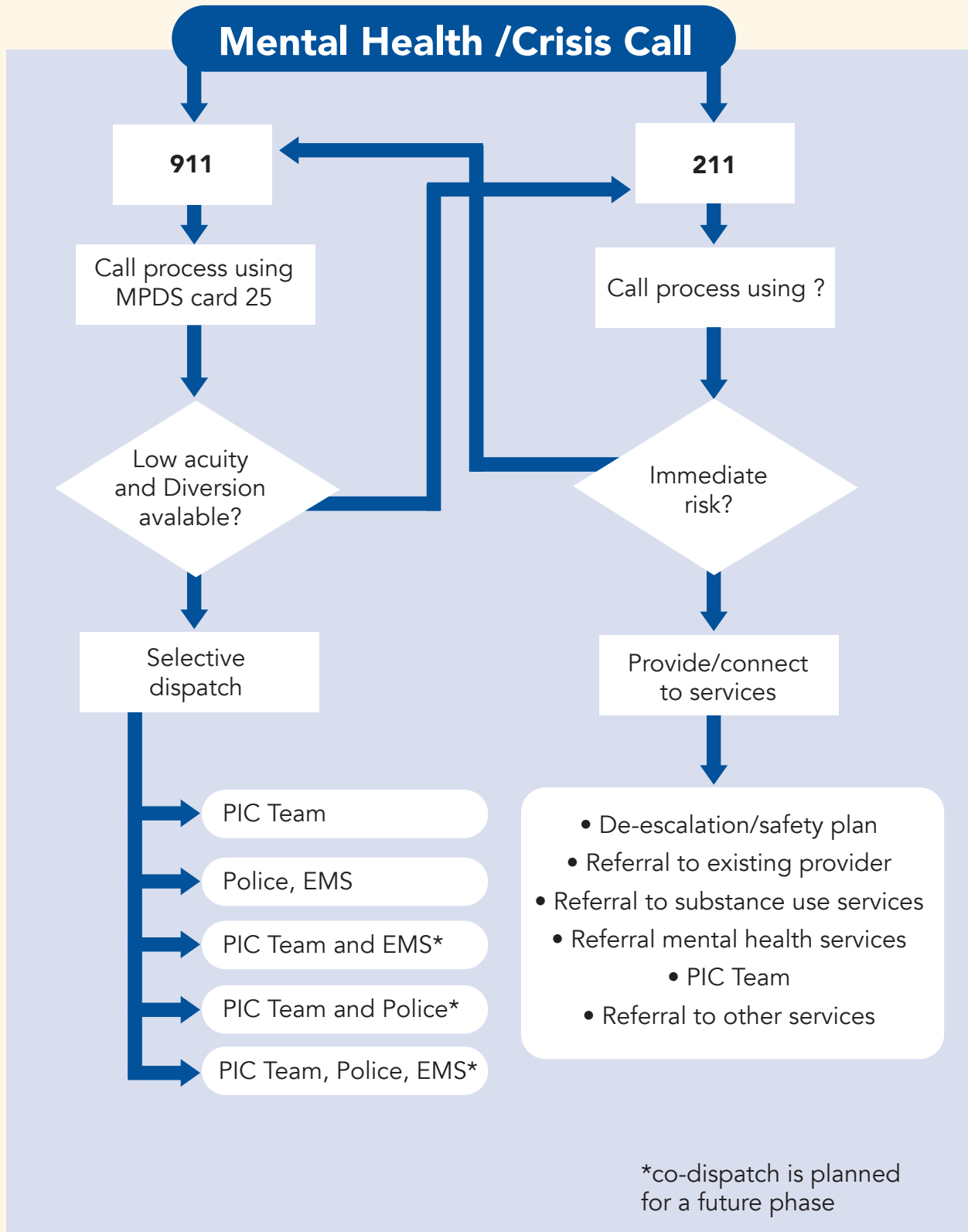
Crisis line

There is a strong desire to provide an alternative to 911 for the community to call for behavioral health crises and to reach the PIC Team without requiring 911 answering resources. 211/Lifeline is a 24/7 human services and crisis hotline serving the Finger Lakes region and operated by Goodwill, Inc. 211 has become a number that Rochester residents rely on for access to referrals and connections to local services. By partnering with 211, the City of Rochester can ensure that the telephonic counselors answering calls for behavioral health crises can get people connected to services directly, or be served by the PIC Team if an in person response is indicated.

Call taking and dispatching are two distinct functions. The publicized number for the Crisis Intervention Services Office and specifically for the PIC Team will be 211. It was decided that given the nature of the PIC Team work in the field that **911 will provide the dispatching services** so that two-way communications between the PIC Team and other emergency services such as EMS and law enforcement stay easily accessible should those resources be required. In addition, the calls planned to be diverted to the PIC Team in this pilot and in subsequent phases are calls that are currently being given to EMS or law enforcement for response and come in through 911. The flow chart below includes information from the Monroe County Task Force Report as well as outlines the call flow for the implementation of the PIC Team. Both work flows rely on 211/Lifeline. **Calls coming in to 211 which are appropriate for the PIC Team will be sent to 911 for the PIC Team to be dispatched.**

Selective Dispatch

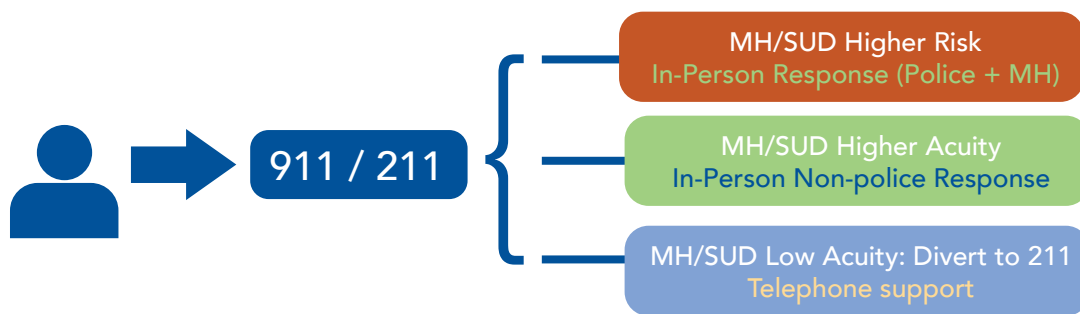
Using a flow chart, the ability to assess and assign calls coming in through 911 and 211 was analyzed by call type and a variety of factors which assigns an acuity level or level of complexity/severity to a call. The model below outlines how calls coming in categorized as "mental health" can be routed using this risk analysis process. Another flowchart in Appendix 1.3 provides a horizontal overlay of the two call flows.





The selective dispatch work group settled on creating three (3) tiers of levels which can be addressed in the new system which includes telephonic support (diversion) and the PIC Team (selective dispatch). The third or highest level of risk or acuity will be considered a co-dispatch situation in which law enforcement, EMS and the PIC Team could be dispatched together. **The initial pilot phase will focus only on Tiers 1 and 2 which include telephone support and PIC Team response.** Tier 3 would be addressed in future phases of implementation.

Person(s) in Crisis Team (PIC Team) Selective Dispatch First Responders



There will be a three-tiered approach

- Lowest acuity calls will be directed to a telephone support service
- Low-mid acuity calls will be directed to the PIC team
- Mid-high acuity calls will be directed to co-dispatch (FIT or PIC with RPD),
Co-dispatch is a future phase for PIC Team

Call Types Selected for Pilot

The “25 Card” consists of EMD call codes used by 911 Emergency Communications and Public Safety providers (Fire, Police, EMS) as a common language to assign calls to categories for service delivery and tracking. There are a number of codes on this list and variants include weapons, violence, severe bleeding, etc. In Appendix 1.4 the full City Response Team Matrix can be found. The codes selected for the pilot are: “25A1”, “25A2” and “25B3”. This represents 2,671 City calls based on data from (2019) 911 records. That is out of a total of 6,159 calls in the categories reviewed. **Therefore, this pilot is estimated to divert 43.4% of these call types away from law enforcement or EMS and to the PIC Team.**

Additional call types have been identified for future phases of implementation from the “25” card, but also can come from other categories to be explored such as “wellness checks.”

On-Scene protocols

A significant amount of analysis developed the work flow for this pilot at every level. There are detailed on-scene protocols based on assessing the scene for safety, completing an analysis of the situation or crisis, providing immediate support and de-escalation, and making real time connections and enrollments when appropriate.

Some of the risk level assessment for the pilot level cases is outlined below:

Level 1: Low Risk

Client Profile:

The individual is in need of intervention due to subjective distress and/or mild level of dysfunction or difficulty in coping with current stressors. The individual would not seem to require hospitalization but may benefit from consideration for additional short term formal services.

Level 2: Moderate Risk

Client Profile:

The individual is in need of timely intervention due to the inability to cope with current stressors. Risk of harm to self or others is not pressing at time of contact due to the presence of other reliable supports or due to lack of plan or intent. Person is considering harming themselves, but doesn't have plan or means – could be given alternatives.

Care network

In order for the intervention to be successful, the network of available supports and services must be in place and ready to partner with the Crisis Intervention Services Office. A detailed resource list was compiled by the Advisory Committee is included in Appendix 1.5. Some of the key points include:

Chemical Dependency:

Service Partners: Delphi Rise, Evelyn Brandon, Huther Doyle.

Service Gap: Evelyn Brandon and Huther Doyle do not offer services during nights and weekends. The 24 hour service Delphi offers is the detox open access.

Mental Health:

Preferred Partners: Liberty Resources, Spiritus Christi Mental Health Center, Catholic Family Services, U of R Emergency Mental Health services, and Rochester Regional Crisis Center.

Service Gap: Only U of R and Rochester Regional offer services during weekend and evening hours.



Domestic Violence:

Preferred Partners: Willow Domestic Violence Center, RESTORE and Resolve.

Service Gap: Only Willow has weekend and overnight service hours available.

Housing:

Preferred Partners: DHS after-hours, YWCA, Demitri House, Catholic Family Services including shelters-Francis Center Men's Shelter, Sanctuary House, and Place of Hope.

Service Gap: Bed capacity at shelters is at times an issue. Different shelters are geared toward different demographics i.e. gender, age, mothers/families.

Older Adult Services:

Preferred Partners: Life Span Elder Abuse Center, Adult Protective Services

Service Gap: Adult Protective services is the only evening and weekend service provider, and that is in the event there is a life-threatening situation.

Individuals with Differing Abilities:

Preferred Partners: Center for Disability Rights

Service Gap: Provider does not offer services after 5 pm or on weekends.

Youth Resources:

Preferred Partner: Center for Youth

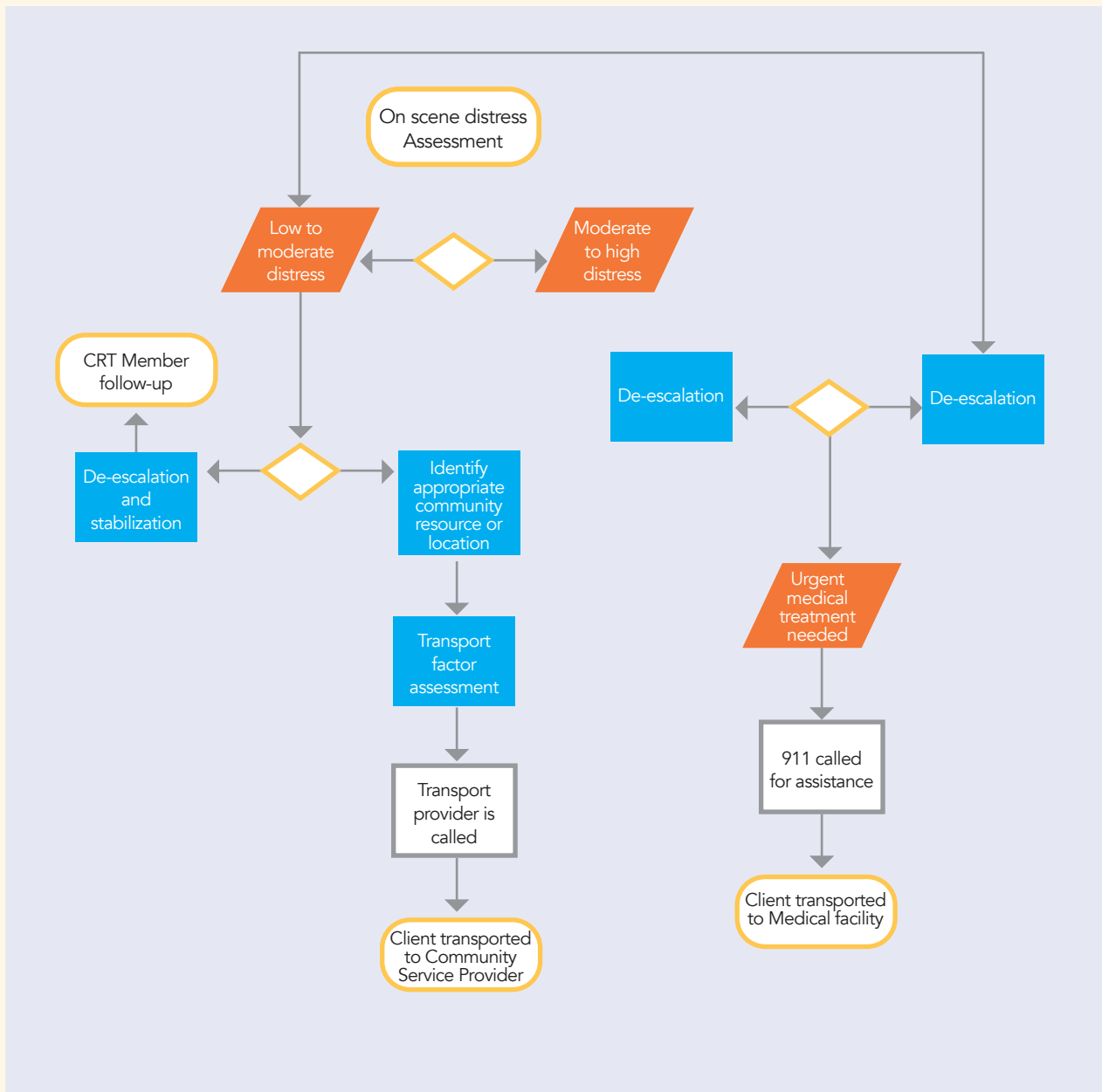
Service Gap: Capacity for shelter beds and other programs can be a challenge.

Peer Integration

The use of people in recovery from mental health and substance abuse disorders has been recognized as a critical component of successful health outcomes for individuals in crisis (Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting, Inc., 2017). The Advisory Committee has made a commitment to continuing to review how to best integrate peer navigators into the Crisis Intervention Services Office and with the work of the PIC Team in particular. **It is anticipated that the pilot will inform where and how to best activate peer navigators and allow for the identification of funding needed to recruit, train and staff peer support personnel in the model.**

Client transportation

A significant finding in the development of the pilot plan is the limited availability of transportation during overnight hours outside of emergency medical or law enforcement responses. There are a number of factors which were considered regarding decisions for providing transportation. A transportation matrix and checklist has been created, and transportation will be ensured as a cost of operating the pilot. For transportation not requiring an ambulance, and not limited by accessibility needs, use of ride share services allows for the best "on-demand" service platform. A wide range of options including public transportation may be applicable depending on the individual circumstances of each encounter.



Transportation Options Model (Crystal Benjamin-Bafford, 2020)



Documentation and Short Term Case Management

Documenting the encounters with residents in crisis as well as the connections to service will be completed using iCarol software as provided in partnership with 211/Lifeline. The system will allow for the secure and compliant capturing of resident information, consent to provide support, access to updated referral information, and the ability to follow up on responses to close the loop. The partnerships with organizations and agencies in the Care Network is critical in providing a meaningful connection that leads to improved outcomes for people in crisis.

Each encounter with an individual or family will be tracked and followed up on for 90 days. This short term case management will ensure enough time to connect individuals with the care or service coordination which is widely available and provided by a number of community based organizations and medical service providers. Information on the encounter and support provided will be maintained for future reference or to support reoccurring needs.

Clinical Consultation and Training

The Emergency Response Social Workers require clinical supervision to ensure that they are able to provide effective, ethical, and responsible services to clients. In addition, the supervision should also assist with the technical development of skills for the social worker or mental health professionals. The outline of training provided initially and potentially ongoing is listed in Appendix 1.6.

iCarol
Software for 2-1-1 Services

www.iCarol.com
1-888-4-iCarol
info@icarol.com

2-1-1 is an invaluable resource for information and referrals to health and human services, and connections to aid in the wake of disaster. The Coronavirus pandemic has again proven just how critical 2-1-1 services are. iCarol empowers your service to be a leader for trustworthy I&R in your community.

Collaborate with Partners
Take your partnerships with CBOs to the next level by inviting them to have direct, secure access to share referrals and program capacity.

Curate a Database of Community Services
Maintain a comprehensive inventory of:

- Meal delivery services and food pantries
- Government organizations
- Aging and Disability resources
- Community-Based Organizations (CBOs)
- And more...

Automate Updates to Service Information
Ensure data accuracy, save time and maintain AIRS Accreditation by automating update requests.

- Email update requests directly from within iCarol
- Provide a secure portal for CBOs to submit updates
- Review, edit, apply, and track directly in iCarol

Meet People Where They Are
As voice calling declines, particularly among younger generations, you need to provide services on multiple channels. iCarol offers:

- 2-way SMS/Texting
- Live Chat
- Referral sharing by phone, email, SMS, or Live Chat
- Self-service search of your resource database embedded into your website
- Intake, assessments and applications on your website

Document Interactions and Collect Data

- Customize forms to collect the information you need
- Track Met/Unmet needs
- Follow up to gauge success, track outcomes, and measure customer satisfaction

Harness Your Data
Take advantage of the variety of ways to export and exchange data in and outside of iCarol.

iCarol to iCarol:

- Allow partners to view and refer from your database
- Coordinate with partners to share resource editing responsibilities
- Enable editing restrictions, controlling what your partners can edit

iCarol to non-iCarol technology:

- Manually export, on demand or schedule automated exports to an SFTP site
- Robust API for near-real time access to data
- Share resource data in iCarol's standard CSV, AIRS XML 3.0, or Open Referral (HSD5 v1.0) formats

What can I do with iCarol?

- Provide comprehensive I&R on a variety of communication channels
- Categorize resources with custom or built-in 2-1-1 Taxonomy tools
- Transmit data to 2-1-1 Counts
- Send outbound referrals from 898-211
- Provide rapid disaster response
- Track needs, service gaps, and outcomes
- Generate revenue from your data
- Meet AIRS standards for accreditation

iCarol is a trademark of CharityLogic, Inc. All rights reserved 2004-2020

Funding and Expenses

Pilot Start up and Operations

Staffing: The pilot for the PIC Team will include:

- 1 FTE Coordinator
- 2 FTE Emergency Response Social Workers
- 1 PTE Emergency Response Social Worker
- 10 Per Diem Emergency Response Social Workers

Contracted Services

- White Bird Clinic (CAHOOTS)- Technical assistance and training
- 211/Lifeline-Call center services, telephone triage, iCarol System, care network coordination
- Coordinated Care Services-Clinical consultation and training
- Transportation Planning-Client transportation plan development

Impact on FY 22

The pilot is being supported with \$650,000 transferred from contingency by City Council. These funds were set aside during the completion of the FY 21 budget and allocated to racial equity initiatives. The remaining funding is coming from the existing FY 21 DRHS Budget. The funding for a full year of operations will be evaluated and considered in the development of the FY 22 budget.

Capital Considerations

In addition to office configuration and set up, capital expenditures for vehicles and small equipment has been considered in the pilot funding and will be reflected in the CIP requests for DRHS in future years.

Pilot Expenses FY 21

Staffing	\$479,200
Supplies and Materials	\$9,600
Training and Contracted Services	\$143,500
Other Operating Expenses.....	\$30,500
TOTAL.....	\$662,800

*\$300,000 authorized by Rochester City Council on September 15, 2020.
 \$350,000 is pending City Council approval on January 19, 2021.*



Key Metrics

Given the stated purpose for the alternative response pilot, below are a set of metrics to be refined and monitored throughout the pilot as well as subsequent phases. Goals (KPIs) should be established in each metric area by the end of the pilot phase, and can serve as a means for determining future implementation and funding sources.

Percent of Calls Transitioned

Reduce the number of behavioral health and lower acuity calls traditionally responded to by law enforcement or EMS (The Justice Collaborative Policing Task Force, 2020).

Impact on ED/hospital utilization

Reduce the number of individuals transported to the emergency department that could be instead addressed in a non-hospital setting (The Justice Collaborative Policing Task Force, 2020).

Outcomes for Individuals

Along with documenting meaningful connections to services, i.e. enrollment in ongoing case management, other KPIs can be established and tracked regarding the reduction in the number of non-warrant arrests that result during a 911 response (The Justice Collaborative Policing Task Force, 2020).

Cost-Benefit Analysis

One critical metric will be to monitor and analyze comparing the investment into the PIC Team and related Crisis Intervention Services Office programming with the costs of sending law enforcement or EMS for the same interventions.

Evaluation and Scalability

Evaluation

The Advisory Committee established to draft and build the pilot plan will continue to provide oversight of the pilot, the establishment of key metrics, and a timeline with resource needs for future phases.

- Launch-January 21, 2020
- 30 Day evaluation-troubleshoot initial issues
- 60 Day evaluation-establish reporting on key metrics
- 90 Day evaluation-review short term case management services
- 120 Day evaluation-make recommendations for adjustments and next phase
- 180 Day evaluation-complete pilot evaluation and plan for next phase

Future phases

Future phases will be dependent on the outcomes of the pilot, the availability of community services, and the access to required resources to cover expenses. Incremental expenses include: staffing, technology, peer integration, transportation expenses, contracted services, and administrative expenses.



Contact Information and Advisory Committee

Dr. Daniele Lyman-Torres: Commissioner

(585) 428-7962 • daniele.lymantorres@cityofrochester.gov

Alia Henton-Williams: Manager of Crisis Services

(585) 428-1303 • alia.hentonwilliams@cityofrochester.gov

Crisis Response Team Advisory Committee:

LaShay Harris, Rochester City Council South District
Mary Lupien, Rochester City Council East District
Sgt. Stephen Boily, Rochester Police Department
Carol Borsa, Goodwill 211/Lifeline
Karen Buss, 911 Emergency Communications
Meghan de Chateaufieux, Willow Domestic Violence Center
Pastor Theresa Crocker, Faith Hope and Charity Worship Center
Dr. Jeremy Cushman, University of Rochester, Monroe County, City of Rochester
Cameron Farash, Liberty Resources
Renee Fischer, Brighton Police Department
Timothy Frost, AMR
Leslie Gordon, BSW
Dre Johnson, LMSW
Jennifer Lake, Goodwill 211/Lifeline
Amy Mills, 911 Emergency Communications
Ese Monymihan-Ejaife, Mental Health Immediate Action Alliance
Dr. dt ogilvie, RIT/City of Rochester
Heather Penrose, Mental Health Immediate Action Alliance
Mark Phillipy, AMR
Felicia Reed-Watt, Psychotherapist and Leadership Coach
Dr. Erik Rueckmann, URMC
Dr. Melanly Silas, MCC
Van Smith, Recovery House
Deborah Turner, Goodwill 211/Lifeline
Anne Wilder, CCSI
Tricia Williams, CCSI
Kelly Wilmot, Monroe County Office of Mental Health

Acknowledgments

The inception, development, funding and launch of the crisis response PIC Team pilot would not be possible without the vision, support, and hard work of the following:

- Mayor Lovely A. Warren
- Rochester City Council
- The Crisis Response Team Advisory Committee
- Senior Management Team
- Department of Recreation and Human Services Team
- Contracted Service Providers
- Community Input

Appendices

1. Monroe County Task Force Report
2. Job Description for Emergency Response Social Worker
3. 12.7.2020 Draft Call/Dispatch Workflow
4. City Response Team Matrix
5. Care Network Resource List
6. Training and Clinical Supervision

References

1. A Sample Process for Developing a Community Based Emergency First Responders (EFR) Program, The Justice Collaborative Policing Task Force (September 2020)
2. Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide, SAMHSA (2018)
3. Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit.



[f](#) [in](#) [t](#) [i](#) [y](#)
City of Rochester, NY