

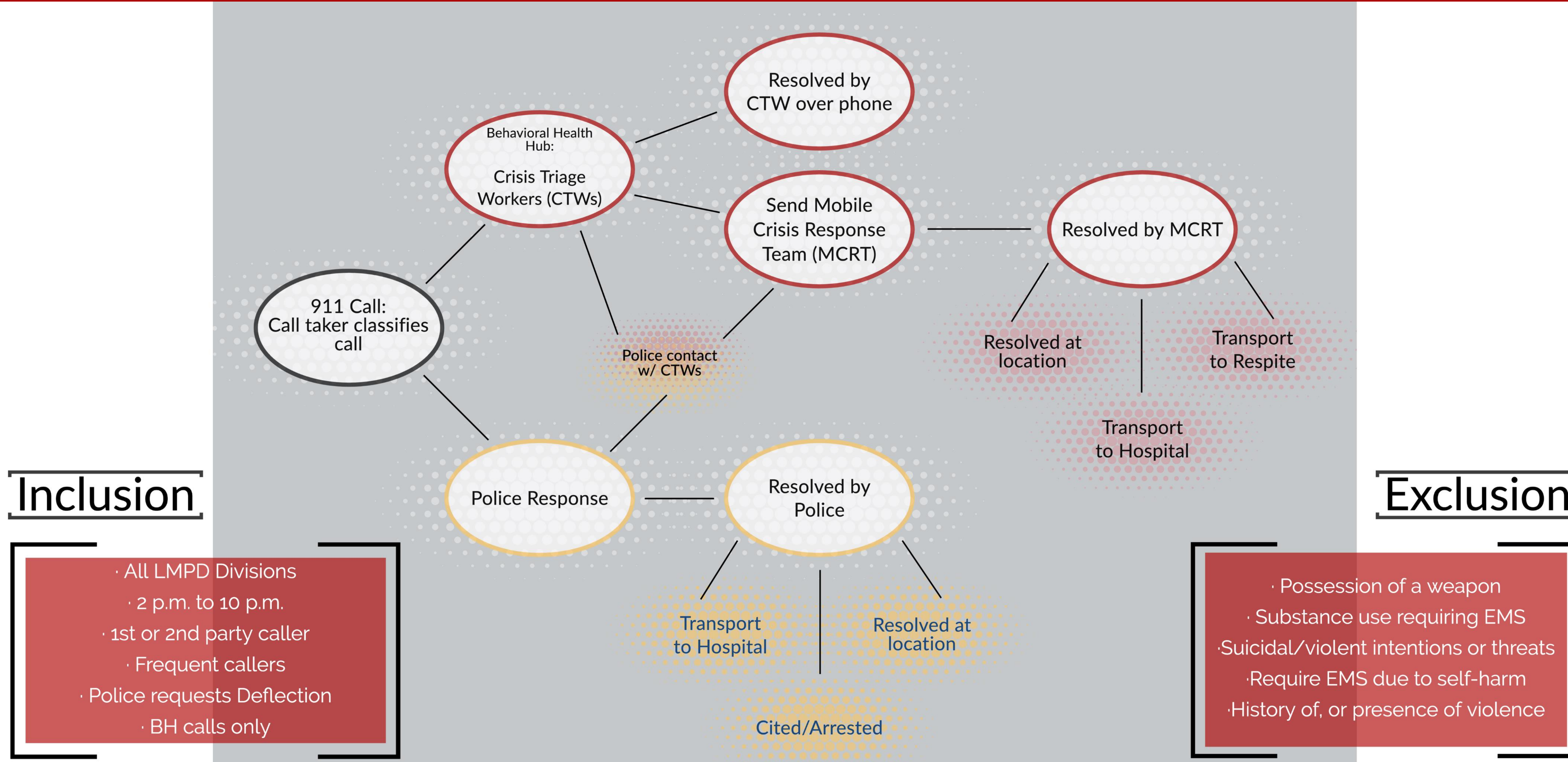
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Background

- 22.5% of Kentuckians report living with AMI
- Kentucky has 123 areas with a shortage of mental health professionals, leaving many without proper care
- Alternative responder models (ARM) provide an avenue to care by partnering with law enforcement
- ARMs identify individuals who may benefit from crisis intervention and connect individuals to appropriate, holistic services
- Aims to deflect individuals in crisis from transportation to jail or a hospital
- In January 2021, the Commonwealth Institute of Kentucky (CIK) assessed how an ARM could be applied and adapted to meet the needs of Louisville Metro, in the context of identifying behavioral health crises through 911 calls.

Crisis Call Diversion Program Model



Components

Crisis Triage Worker
CTWs work alongside call takers to divert BH calls and deescalate when needed.

Mobile Crisis Response Team
MCRTs provide assistance on scene and transport to resources.

Respite
A space for stabilization and referral to resources, available 24/7.

Objective

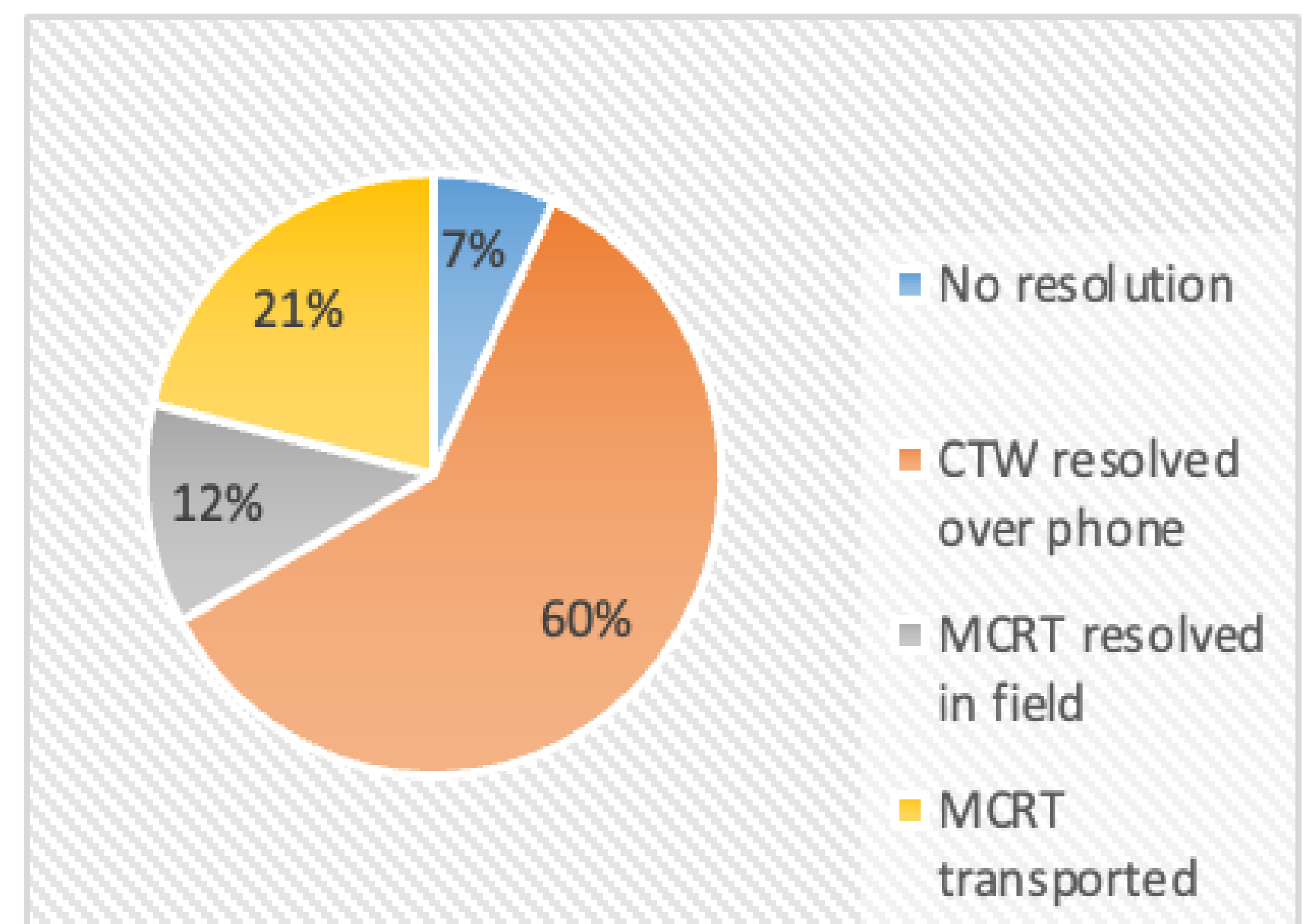
- To evaluate the impact of the pilot phase of the Crisis Call Diversion Program (CCDP) in Louisville Metro

Methods

- CIK was contracted to evaluate the first nine months of CCDP implementation
- The Consolidated Framework for Implementation Research guided the mixed methods evaluation and was focused on four research questions:
 1. To what extent was the CCDP implemented as designed and how did it adapt?
 2. To what extent did individuals in crisis receive assistance and what type was provided?
 3. How does CCDP contribute to community safety?
 4. What are the economic implications?

Key Findings

Figure I. CCDP Resolutions



- There is a strong demonstrated need for CCDP in Louisville Metro.
- The CCDP responded to 919 calls in its first 40 weeks of operation, representing 13% of all behavioral health calls received across all divisions.
- 92% of CCDP responses resulted in a deflection from law enforcement, saving a substantial amount of LMPD officer time.
- The CCDP team was able to provide personalized crisis support in 93% of calls, proving it to be a promising model for behavioral health assistance.
- Community engagement is necessary for expansion of this model, which is dependent on long-term educational and financial investments.

Key Recommendations

- Expand data collection across the CCDP to allow for a better understanding of specific services and referrals utilized.
- Strengthen infrastructure so that CCDP can continue to grow and expand effectively.
- Increase awareness of CCDP in the community and implement a process for community member input into implementation and evaluation.
- Expand the respite space to meet a broader array of behavioral health needs.

Research Brief

A current brief can be accessed by scanning the QR code below.



"I would like to see more education and more information put out to the public, more utilization of media in that way. I think that people need to know more about what's out there. There's not enough information on what this... And I know it's been on the news and so forth, but there's a of people who don't watch the news, a lot of people who don't watch television. They do connect to social media, though. I know people who would just love it, because they have issues that they don't want to call 911 for because there are mental health stuff going on." (Administrator)