

RESOLUTION

WHEREAS, El Paso MHMR d/b/a Emergence Health Network ("EHN"), a Local Mental Health Authority and Community Center is established under the Texas Health and Safety Code; and

WHEREAS, the City of El Paso ("City") and Emergence Health Network desire to work together to carry out various functions for the smooth operation of the 9-1-1 system and desire to develop the capacity to respond to 9-1-1 calls related to mental health emergencies; and

WHEREAS, the CITY and EHN agree that there is mutual benefit to establish a mechanism for diversion of mental health crisis calls from the 9-1-1 system to EHN; and

WHEREAS, in accordance with the City of El Paso Procurement and Sourcing Policy, the requirements of these procurements will be fulfilled by a non-competitive award.

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

That the Mayor be authorized to sign an Interlocal Agreement between the City of El Paso and EHN with the mutual benefits to establish a mechanism for diversion of mental health crisis diversions from the 9-1-1 system to EHN.

APPROVED this 7th of February, 2023.



THE CITY OF EL PASO

Oscar Lesser
Oscar Lesser
Mayor

ATTEST:

Laura D. Prine
Laura D. Prine
City Clerk

APPROVED AS TO FORM:

Carlos L. Armendariz
Carlos L. Armendariz
Assistant City Attorney

APPROVED AS TO CONTENT:

Jonathan P. Killings
Jonathan P. Killings, Fire Chief
El Paso Fire Department

STATE OF TEXAS)
)
COUNTY OF EL PASO) **INTERLOCAL AGREEMENT**

THIS agreement ("Agreement") was entered into on the date of execution by the last signatory to the Agreement, by and between the CITY OF EL PASO, TEXAS, a home rule municipal corporation, ("CITY"), and the EMERGENCE HEALTH NETWORK, a political subdivision of the State of Texas, ("EHN") by and through their duly authorized officials.

RECITALS

WHEREAS, Chapter 791 of the Texas Government Code authorizes local governments and political subdivisions, including the CITY and the EHN, to enter into agreements with each other to perform governmental functions and services; and

WHEREAS, the Texas Interlocal Cooperation Act, authorizes and encourages local political subdivisions to enter into agreements for the provision of governmental and administrative functions and services. Texas Government Code, Ch. 791; and

WHEREAS, EHN is a Local Mental Health Authority and a governmental unit of the State of Texas pursuant to Texas Health and Safety Code, Ch. 533 and 534 and is governed by Texas Public Information Act, Ch. 552, Texas Government Code and has the authority to enter into this agreement pursuant to Texas Government Code, Ch. 791; and

WHEREAS, the CITY and the EHN desire to work together to carry out various functions for the smooth operation of the 9-1-1 system and desire to develop the capacity to respond to 9-1-1 calls related to mental health emergencies made available for all of the purposes set forth herein in the interests of efficiency for both entities; and

WHEREAS, under Section 772.302, Health & Safety Code, the CITY and the EHN are encouraged "as units of local government and combinations of those units to develop and improve emergency communication procedures and facilities in a manner that will make possible the quick response to any person calling the telephone number 9-1-1 seeking police, fire, medical, mental health, and/or other emergency services"; and

WHEREAS, The CITY and EHN agree that there is mutual benefit to establish a mechanism for diversion of mental health crisis calls from the 9-1-1 system to EHN, and further, EHN and the EL PASO COUNTY 911 DISTRICT have already entered into an agreement to provide workspace and use of the El Paso 9-1-1 Computer Aided Dispatch (“CAD”) system at the El Paso Regional Communications Center for the purpose of operating a 9-8-8 hotline and a local mental health crisis/9-1-1 diversion service; and

WHEREAS, the CITY and EHN recognize that each have a critical role in the response to mental health emergencies within El Paso and acknowledge an agreement would improve efficiency and effectiveness as governmental units as well as benefit the citizenry of El Paso.

NOW, THEREFORE, for and in consideration of the mutual covenants and agreements as set forth herein, the parties agree as follows:

1.0 ESTABLISH A 9-1-1 MENTAL HEALTH DIVERSION PROGRAM

1.1 The CITY and EHN hereby mutually establish a mental health emergency services 9-1-1 call diversion program (“PROGRAM”), which will divert mental health crisis calls to a specially trained team thereby freeing up critical emergency resources.

2.0 SCOPE OF SERVICES

2.1 The parties acknowledge and expressly agree that in all things relating to this Agreement the CITY and EHN are performing governmental functions, as defined by the Texas Torts Claims Act. The parties hereby agree that the CITY and EHN enter into this Agreement as governmental entities for the purpose of performing a governmental function.

2.2 Responsibilities of the CITY

2.2.1 The CITY agrees to coordinate the provision of mental and behavioral health crisis services for calls coming into the 9-1-1 system as provided by the Crisis Call Diversion Program Policy established by 911 Communications and EHN.

2.3 Responsibilities of EHN

2.3.1 EHN agrees to provide crisis mental and behavioral health services to callers of the 9-1-1 system as provided in Crisis Call Diversion Program Policy.

2.3.2 EHN agrees to staff the call center with certified Crisis Hotline Specialists.

3.0 CONSIDERATION

3.1 The parties hereby find that each party has a role in the provision of mental and behavioral health crisis emergency services to the community. The collaboration and services each provides for successful operations are done in exchange for monetary remuneration that constitutes good and adequate consideration under this Agreement.

4.0 TERM AND TERMINATION

4.1 Effective Date. This Agreement shall become effective on the date of execution of the last signatory to the Agreement and shall remain valid until a written notice of termination is given by either party in accordance with the provisions of Sections 4.2 or 4.3.

4.2 Termination. Either party may terminate this Agreement by providing written notice to the other party not fewer than 180 calendar days prior to the termination of this Agreement. This Agreement may also be terminated at any time by mutual agreement of the parties.

4.3 Termination for Cause. The parties further agree that either party may terminate this Agreement in whole for cause as set forth herein. Such termination may be made for failure of one party to substantially fulfill its contractual obligations, pursuant to this Agreement, and through no fault of the other party.

4.4 Termination Shall Not Be Construed As Release. Termination by either party shall not be construed as a release of any claims that the terminating party may be lawfully entitled to assert against the other party. Further, the terminated party shall not be relieved of any liability for damages sustained by the terminating party by virtue of any breach of this Agreement.

4.5 Effect of Termination. Except as otherwise provided herein, all duties obligations, or undertakings as are set forth by CITY and EHN shall cease upon termination of this Agreement; provided, however, that the termination of this Agreement shall not preclude the parties from working together to provide 9-1-1 services.

5.0 AMENDMENT

5.1 This Agreement shall be modified only by a written amendment signed by both parties. From time to time, the scope of services in Crisis Call Diversion Program Policy may be amended by mutual agreement, in writing. Changes to Crisis Call Diversion Program Policy do not materially alter the terms of this Agreement.

6.0 RISK ALLOCATION -LIMITATION OF LIABILITY

6.1 Liability. This Agreement is not intended to alter or reallocate any defense or

immunity authorized or available to either party by law. Each party shall be solely responsible for fiscal penalties, fines, or any other sanctions occasioned as a result of a finding that violations of any applicable local, state, or federal regulations, codes, or laws occurred as a result of that party's actions.

6.2 Exclusion of Incidental and Consequential Damages. Independent of, severable from, and to be enforced independently of any other enforceable or unenforceable provision of this Agreement, neither party shall be liable to the other party (nor to any person claiming rights derived from such party's rights) for incidental, consequential, special, punitive, or exemplary damages of any kind - including lost profits, loss of business, and further including mental anguish and emotional distress - as a result of a breach of any term of this Agreement, regardless of whether the party was advised, had other reason to know, or knew of the possibility thereof, except as expressly provided herein. Neither party hereto shall be liable to the other party or any third party by reason of any inaccuracy, incompleteness, or obsolescence of any information provided or maintained by the other party regardless of whether the party receiving said information from the other party was advised, had other reason to know, or knew thereof.

6.3 Intentional Risk Allocation. CITY and EHN each acknowledge that the provisions of this Agreement were negotiated to reflect an informed, voluntary allocation between them of all risks (both known and unknown) associated with the transactions associated with this Agreement. The disclaimers and limitations in this Agreement are intended to limit the circumstances of liability. The remedy limitations, and the limitations of liability, are separately intended to limit the forms of relief available to the parties.

6.4 Indemnification. As a condition of the granting of this Contract, the Contractor or its insurer will INDEMNIFY, DEFEND AND HOLD the CITY, its officers, agents and employees, harmless and defend CITY from and against any and all claims, losses, liabilities, costs and other expenses resulting from, or relating to, the negligent acts or omissions of EHN in connection with the representations, duties and obligations of EHN under this Agreement under Section 4.

7.0 GENERAL PROVISIONS

- 7.1 Compliance with Laws. In the performance of their obligations under this Agreement, the parties shall comply with all applicable federal, state, local laws, ordinances and regulations.
- 7.2 Governing Law. This Agreement shall be construed and interpreted in accordance with the laws of the State of Texas, along with any applicable provisions of the federal law, the City Charter, and/or any ordinance of the CITY.
- 7.3 Venue. The parties hereto agree that this Agreement shall be enforceable in El Paso, Texas, and if legal action is necessary to enforce it, the exclusive venue shall lie in El Paso County, Texas. Should the need for dispute resolution arise, the venue is in El Paso County, Texas.
- 7.4 Current Revenues. Pursuant to Section 791.001(d)(3), Texas Government Code, each party paying for the performance of governmental functions or services will make those payments from current revenues available to the paying party.
- 7.5 No Waiver. The failure of either party at any time to require performance by the other party of any provision of this agreement shall in no way affect the right of such party to require performance of that provision. Any waiver by either party of any breach of any provision of this Agreement shall not be construed as a waiver of any continuing or succeeding breach of such provision, a waiver of the provision itself, or a waiver of any right under this Agreement.
- 7.6 Severability. All agreements and covenants contained in this Agreement are severable. Should any term or provision of this Agreement be declared illegal, invalid, or unenforceable by a court of competent jurisdiction, the remainder of this Agreement will not be affected; and in lieu of each provision that is held to be illegal, invalid, or unenforceable, there will be added as part of this Agreement, a provision which preserves the intention of the unenforceable provision, but which complies with the law.
- 7.7 Amendment and Assignability. This Agreement and the obligations hereunder shall not be amended, assigned, transferred, or encumbered, in any manner without the written consent of the other party.
- 7.8 Section Headings. The paragraph or section headings contained in this Agreement are for reference purposes only and shall not in any way control the meaning or interpretation of this Agreement.

7.9 Notices. Any notice, demand, request, consent, or approval that either party may or is required to provide to the other, shall be in writing and either personally delivered or sent via United States Postal Service certified mail return receipt requested, addressed to the other party at the following address(es) provided below:

City of El Paso
Attention: City Manager
P.O. Box 1890
El Paso, Texas 79950-1890

Emergency Health Network
Attention: Kristen D.
Daugherty, CEO
201 E Main,
Suite 600
El Paso, Texas 79901

Changes may be made to the above addresses and addressees through a timely written notice provided to the other party.

7.10 Execution and Counterparts. This Agreement may be executed in any number of counterparts; each of which when so executed and delivered shall be deemed an original, and such counterparts together shall constitute only one instrument. Any one of such counterparts shall be sufficient for the purpose of proving the existence and terms of this Agreement and no party shall be required to produce an original or all of such counterparts when making such proof.

8.0 COMPLETE AGREEMENT

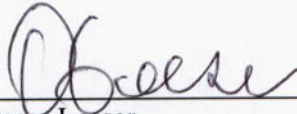
8.1 This Agreement supersedes any and all other agreements, either oral or written, between the parties hereto with respect to the subject matter hereof, and this Agreement, together with any attachment(s) attached hereto, constitutes the entire agreement between the parties relating to the terms and conditions of the Agreement. The parties expressly acknowledge and warrant that there exists no other written or oral understanding, agreements, or assurances with respect to such matters except as are set forth herein. Unless expressly stated, this Agreement confers no rights on any person(s) or business entity(s) that is not a party hereto.

This Agreement shall not be construed against or unfavorably to any party because of such party's involvement in the preparation or drafting of this Agreement.

In the event that it is necessary during the term of this agreement to revise the scope of service to further clarify the responsibilities of the parties with regard to the services provided therein or CITY (Fire Chief) and the EHN designee shall be authorized to negotiate and approve such revisions and amendments. All such revisions and amendments shall be reduced to writing and filed with the originals of this agreement as held by each party.

8.2 Warranty of Capacity to Execute Agreement. The person signing this Agreement on behalf of each party warrants that he/she has the authority to do so and to bind each party to this Agreement and all the terms and conditions contained herein.

City of El Paso



Oscar Lesser
Mayor

02/07/2023

Date

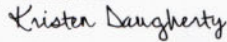
APPROVED AS TO FORM:



Carlos L. Armendariz
Assistant City Attorney

Emergence Health Network

DocuSigned by:

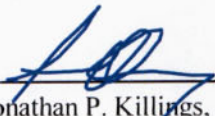


Kristen D. Daugherty
CEO

1/26/2023 | 1:00 PM PST

Date

APPROVED AS TO CONTENT:



Jonathan P. Killings, Fire Chief
El Paso Fire Department

CRISIS CALL DIVERSION PROGRAM POLICY

City 911 Communications telecommunicators will receive and triage inbound calls using the appropriate protocol triaging software.

- If the Telecommunicator obtains information from the caller indicating the situation is an emergency and includes a mental or behavioral health component and results in PROA protocols #25, #121, or #127.
 - the 9-1-1 Telecommunicator will create a CAD, call for service for awareness of EHN
 - the covering EPPD Dispatcher will dispatch the nearest Crisis Intervention Team (CIT) to the call as the primary unit on the appropriate, CAD, call for service.
 - If CIT is not available or not on duty to dispatch, the EPPD Dispatcher will dispatch the nearest EPPD unit per current guidelines.
 - If the Telecommunicator determines the situation meets the elements of a mental or behavioral health call as a result of the IAED protocol result code #25-A-2, the Telecommunicator will
 - verbalize the script for transferring the caller to a Crisis Specialist (CS)
 - Transfer the call to a CS and disconnect from the call
 - If the Telecommunicator determines the situation meets the elements of any other call, without an MH aspect, the 9-1-1 Telecommunicator will process as per current guidelines.
- a. If the caller requests Mental Health Services, the 9-1-1 Telecommunicator will utilize the IAED protocols to determine a result code indicating Mental Health Services only are needed. If the call meets the elements to transfer the caller to the CS, the 9-1-1 Telecommunicator will

verbalize the script for transferring the caller to a Crisis Specialist, transfer to call to a (CS), and disconnect from the call.

- If during the processing of the MH services request, the 9-1-1 Telecommunicator determines another agency's response is needed, the 9-1-1 Telecommunicator will initiate the CAD call for service for that agency to respond and document the need in the event remarks.

If the caller requests a Police or Fire response outside of the City of El Paso, the 9-1-1 Telecommunicator will process as per current guidelines.

- b. If the caller requests an EMS response outside of the City of El Paso, the 9-1-1 Telecommunicator will launch the appropriate PROQA discipline and triage the call according to standard.
- If during the processing of the EMS services request, the 9-1-1 Telecommunicator determines the situation meets the elements of a mental or behavioral health call as a result of the IAED protocol result code #25-A-2,

the Telecommunicator will create a CAD, call for service, for awareness to EHN,

- a CAD, call for service to the corresponding Police agency,
 - verbalize the script for transferring the caller to a Crisis Specialist, transfer to call to a (CS), and disconnect from the call.
2. When a caller dials the non-emergency number, a 3-1-1 Universal Agent
 1. If the caller is an established repeat caller with an event history of mental illness, the non-emergency operator will
 - The non-emergency operator will create a CAD call for service for awareness of EHN.
 2. Verbalize the script for transferring the caller to a Crisis Specialist, transfer the call to a (CS), and disconnect the call.
 3. If during the processing of the call the CS determines that response is needed by another agency, the CS will transfer the call to the appropriate agency for processing.
 - b. If the caller requests any type of mental health services request, the non-emergency operator will transfer the call to a 9-1-1 telecommunicator for processing and determining the appropriate response necessary.

Crisis Specialists (CS)

- CSs are available 24/7/365.
- CSs do not report to a City of El Paso Communications Supervisor; however, CSs will advise the EHN AOD or shift supervisor when they arrive and depart the 9-1-1 Floor.
- CSs will advise the EHN AOD and shift supervisor if he/she is running late or cannot make the assigned shift.
- CSs utilize Computer Aided Dispatch (CAD) system and EHN Medical Records to ensure call documentation, call de-escalation, and completion of lethality assessment per Information Item V and American Association of Suicidology (AAS) standards.
- CSs will access EHN medical records system through EHN technology and login including email, collaboration tools, call-logging systems, training material, and other supporting the client interaction process.
- CSs will advise the shift supervisor of any questions or issues he/she has while on the Operations Floor including equipment, Operations protocol, immediate call-related issues, or personnel concerns.
- CSs will advise the Control Center when he/she leaves the workstation for breaks or lunch.
- CSs will notify a CS Team Manager/Lead or MCOT, Practice Manager, on any MCOT personnel concerns or for clinical staffing needs.
- Upon call transfer from the 9-1-1 Telecommunicator, CSs will introduce himself/herself using the phone counselor introduction as a guide.
- CSs may speak with the original caller, or any individual located at the location who is familiar with the reason for the 9-1-1 call.
- CSs complete Hotline Lethality screenings, assist with de-escalation of the crisis, complete safety planning, dispatch EHN's MCOT, and provide other community referrals as necessary.
- CSs perform the following functions:
 - Receive diverted non-emergent mental health calls for service with CS.

- Provide consult to the 9-1-1 Telecommunicators for active mental health calls requiring a police response.
- Speak to callers to de-escalate the caller prior to police arrival; making the situation safer for the caller and police.

What if the CS determines a police response is appropriate during or after CS intervention?

- If information disclosed during the call requires a police response, CS will initiate a CAD event for a call for service in the respective EPPD dispatch group and transfer the caller back to a 9-1-1 Telecommunicator after gathering/processing the EHN workflow. The CS encourages callers to follow safety plans discussed during the assessment and will stay on the phone with the caller until a police unit arrives on the scene. The 9-1-1 Telecommunicator will stay on the line with the CS and caller to update the call with relevant citizen or officer safety information until a patrol officer arrives on the scene or until policy dictates.

If the caller asks for an estimated time of arrival, the 9-1-1 Telecommunicator or CS will inform the caller that a Dispatcher has their call and will arrive as soon as possible according to policy, dependent on who is engaged with the caller. The CS will not provide the caller with an estimated time of arrival of the police.

What occurs if the caller requests police even though there is no reason for police to respond?

- Although the primary goal of the CCD Program is to divert calls away from police when a response is not required, CSs will never pressure callers into declining police intervention.
- The CS will conference in a 9-1-1 Telecommunicator if a caller demands a police response. [Yes, this is appropriate. A CAD event/call for service should be generated in the respective EPPD dispatch group as a copied event if a CCD program one was generated, or if the existing event that generated the CCD program transfer is still open, a transfer is all that is needed.

Ways a CS may assist callers in absence of diversion.

The CS have many opportunities to assist the caller and EPPD without diverting the call.

CSs ...

- Are a source of support for the caller during their immediate crisis.
- Provide resources to better prepare the caller to oversee future mental health-related crisis. CSs provide referrals during the call or during follow-up calls.
- De-escalate the crisis prior to EPPD arriving on the scene, which creates a safer environment for the caller and first responders.
- Provide additional information to the 9-1-1 Telecommunicator, which would otherwise be unknown to first responders arriving on the scene.

What are the possible outcomes of police interventions?

- Crisis Intervention Team (CIT) Assessment – Once a CIT arrives on scene, he/she will assess the situation for risk and/or suicidal (SI) or homicidal (HI) ideations.
 - **Limited Role of Police** – When or if CIT is witness to or views evidence indicating the individual has expressed SI, HI, psychosis, or other symptoms indicating the individual is a danger to themselves or others. If the CIT determines the citizen is in need of an involuntary mental health intervention, the CIT will follow EPPD policy regarding Emergency Detention Orders (EDO). If the CIT staff determines the individual does not meet the criteria for an EDO, CIT can complete an in-field assessment to the following; inpatient hospitalization for stabilization, Extended Observation Unit, outpatient linkage to EHN services with crisis hotline follow up, or offering resource package for community support.
 - **MCOT requests, transport to Crisis/EOU or transport to an emergency department** – If a client is unable to be assessed in the field, the patrol officer or CIT will follow EPPD policy regarding when to request MCOT. The patrol officer or CIT may also transport the client to EHN's Crisis Unit/Extended Observation Unit (EOU) or an appropriate Hospital Emergency Room.
 - **Crime** – If the responding police unit determines a crime was committed, officers will complete a report as per policy. If the individual who committed the crime is still on scene, officers may arrest the individual as per Department policy.
 - **Warrant** – Officers may arrest wanted individuals even if the individual was not involved in criminal activity at the time. If a caller asks if officers will arrest him/her due to a warrant, the CS will inform the caller officers have discretion on making arrests.

The following are **Guidelines** used to determine whether a 9-1-1 call is appropriate for CS intervention. **Guidelines are subject to change.**

CS Intervention Exclusionary Criteria:

- An individual in **physical possession** of firearms, knives, or any other weapons (i.e., simply having a weapon in the home is not a disqualifier)
- An individual under the influence of alcohol or drugs requiring medical clearance
- An individual in the process of hurting/killing self or threatening to hurt/kill others
- An individual requiring medical attention because of a self-inflicted injury
- An individual with known violent tendencies or exhibiting violent behavior
- When the caller in crisis or another individual on the scene has committed a violent crime (e.g., family violence assault)

A CS can be conference into a call that meets CS Intervention Exclusionary criteria at the discretion of the 9-1-1 Telecommunicator.

Calls Appropriate for 9-1-1 Diversion:

- Callers experiencing a Mental Health (MH) crisis and **NOT** actively attempting suicide or physically violent toward themselves or others.

- Callers indicating there is a verbal dispute or disturbance only with a MH component, which a Crisis Specialist can potentially resolve with intervention and there is no risk of violence.
- Callers requesting police due to psychosis or an altered mental state and are **NOT** physically violent towards themselves or others.
- Parent requesting police due to their child having behavioral issues, regardless of whether the child has a known MH diagnosis. Child behavioral issues can involve a MH related component.
- Parents requesting police to assist with child discipline or “parenting” issues.
- Repeat callers with an established MH history in the previous events.
- Callers experiencing a MH crisis and requesting a Crisis Intervention Team (CIT) and the call is transfer eligible. ***Telecommunicators will not provide the option of a CIT; Telecommunicators will transfer the caller to the Crisis Specialist.***
- Callers experiencing a MH crisis and the call does not meet the transfer criteria, if the 9-1-1 Telecommunicator believes a Crisis Specialist could assist in de-escalation efforts prior to the officer’s arrival.
- Third party callers concerned about the welfare of someone who has a known or potential mental health history, or who is potentially suffering a mental health crisis.
- 9-1-1 Telecommunicators can conference a Crisis Specialist as a consult during a 9-1-1 call when the caller is experiencing a mental health crisis and the call does not meet 9-1-1 Diversion transfer criteria.
- 9-1-1 Telecommunicators can transfer repeat callers that might not otherwise trigger necessity for transfer for mental health or behavioral health if they suspect a possible mental health issue.

Additional Call Ineligible for 9-1-1 Diversion:

- 9-1-1 calls received as a transfer from the Crisis Hot Line, hospitals, or minor emergency clinics.
- Incidents involving a violent crime.
- Incidents involving physical violence toward any person.
- Incidents involving public nudity, public lewdness, or Indecent Exposure.
- Incidents involving a potential of bodily injury or death to any person.
- Incidents involving domestic violence, or which have the potential to escalate to domestic violence.

9-1-1 Telecommunicators

Telecommunicators will ask the following MH screening question in an attempt to identify a potential MH component and obtain further MH information to convey to officers before officers arrive on scene to improve the safety of the person in crisis and the officer.

- “Are you aware or does it appear the subject is suffering a mental health crisis?”
- Does the subject have any weapons readily available?
- Does the subject appear to be under the influence of alcohol or drugs to the extent requiring medical assistance?
- Is the subject threatening to harm himself, herself, or someone else and has the means and intent?
- Has the subject committed a violent crime, e.g., assault?

Telecommunicators should listen carefully for key words or phrases indicating a possible mental health condition, such as:

- "I'm concerned he may harm himself."
- "She has hurt herself before."
- "He's acting despondent."
- "Rambling or not making sense"- whether it be first or third party

Telecommunicators will ask the MH screening question for the following call types:

- Disturbance calls
- Domestic calls

9-1-1 telecommunicators step by step protocol to transfer call to CS

CS Responsibilities

Upon transfer of a call from the 9-1-1 Telecommunicator, the CS will:

Follow CS CAD procedure.

1. Provide de-escalation and telephonic intervention services including safety planning and assessment.
2. Complete lethality assessments to determine suicidal and homicidal ideations per American Association of Suicidology and Information Item V standards.
3. Complete any necessary follow-up calls to maintain safety of caller.
Provide documentation to report call outcome and referral for completed call.

Reporting

EHN will collect data to include:

- Hotline Lethality Screenings for review and outcomes
 1. Call Distribution Reporting
- Call volume, answer rate, abandonment rate

Program Analysis

The CCD program requires continuous analysis to ensure the protocol and data collection is effective and efficient. Continuous program analysis includes:

- Daily communication with the CSs by the Team Leads, Program Manager and/or the Program Director
- Weekly review of call distribution, call volume, answer rate, availability rate, short-long abandonment rate and staffing ratios by Program Manager and/or Program Director.

- Weekly call review conducted by Team Leads.
- Weekly or Monthly data review between 9-1-1 and CCD program leads.
- 9-1-1 will forward a select sample of calls to EHN for quality assurance purposes.

Notes; Things to Consider

Reference to types of mental health related calls

Non-Emergency

1. Habitual callers that call the non-emergency line to avoid getting cited for 911 abuse. These callers typically only ramble and get upset when interrupted by operator.
2. Callers requesting officers for other calls that might include a subject with a mental health issue.

9-1-1 Operator

1. Habitual callers that ramble and have an established history, these callers usually do not make sense and might get upset if interrupted.
2. Habitual callers with an established MH history who report non mental health related crimes such as "people on their roof" "someone breaking into their home" "children missing or in danger".
3. Domestic events where caller is reporting a violent family member having mental health episode. Situations on subject's behavior vary; subjects may be destroying property, threatening themselves or other family members, or just not acting right. The 911 call taker should determine if the call is appropriate to be sent to the diversion program or if response is necessary.
4. 3rd party callers or passerby callers reporting an unknown person suffering mental health crisis.
5. 3rd party callers reporting a known person with a mental health crisis such as possible suicidal ideations.
6. Calls from other EHN specialists, veteran crisis hotlines, outside agencies or national crisis hotlines reporting a caller with a mental health crisis.
7. Welfare checks requested by mental health facilities due to the patient's mental history and not showing up to appointments or leaving appointment in distress but no suicidal ideations mentioned.
8. Welfare checks requested and threats reported by FT. Bliss due to a soldier with mental health problems. Soldier may have not reported to base or voiced suicidal ideations.
9. 3rd party caller reporting suicide threats seen on social media platforms. Information may be limited.