

COMMUNITY RESPONSE TEAM

ANNUAL REPORT

February 2018-2019

Program

An integral part of the City of Tulsa's Community Policing program, the Community Response Team (CRT) is an innovative, three-person co-responder model between the Tulsa Police Department (TPD), Tulsa Fire Department (TFD) and Family & Children's Services' Community Outreach Psychiatric Emergency Services (COPES) with project management from Mental Health Association Oklahoma. The Tulsa Area United Way provided a community collaboration grant allowing CRT to operate on Tuesdays and Wednesdays from 9:00 am to 7:00 pm. This program began formally in February 2018 and has been renewed for year two.

The CRT is a more efficient and effective utilization of resources and brings a mental health professional into the mix to respond to 911 mental health calls of which TPD sees 13,000 annually. This interdisciplinary team approach effectively triages and de-escalates individuals in mental health crisis. When appropriate, a CRT intervention diverts individuals from costly stays in jail, hospital emergency departments and inpatient behavioral health hospital stays to reduce unnecessary overutilization and connect individuals to outpatient behavioral health services and supports.

To learn more about Community Policing in Tulsa, visit the City of Tulsa website (cityoftulsa.org) and search for dashboards.

Demographics

- **Gender:** 50% Male/50% Female
- **Veteran Status:** 8% Veteran
- **Median Age:** 40
- **Housing Status:** 71% in Stable Housing, 20% Homeless, 9% Temporarily Housed
- **Connection to Services:** 47% were not already connected to some type of behavior health services

Outcomes

Data below is for year one of operations. Emergent calls are those that originated from a 911 call. When there are no holding 911 calls, the CRT team conducts Follow-Up calls. Of the 649 attempts to make contact, the CRT team was able to contact 400 individuals. 249 individuals were unable to be contacted for various reasons including the CRT unable to locate individuals or the call was cancelled prior to CRT arrival.

Responses to a Call	#	%
Emergent	553	85%
Follow-Up	96	15%
Total	649	

Units Released

A 911 response can result in 2-3 Police units, an Ambulance and multiple Fire units. One of CRT's goals is to create a more efficient utilization of fire, police and hospital emergency department services. In the first year, it was anticipated that 500+ first responders would be released into service to take higher priority calls because of the CRT response. Actual results in the first year exceeded estimates by 65%.

Metric	Goal	Result	
Units Released	500	EMSA	66
		Fire	30
		Police	727
Total		823	

Saving Lives

A CRT response saves lives by reducing suicide through inclusion of a mental health professional in the response to a 911 call. To date, no individuals that the CRT has responded to have died by suicide.

Diversion

Through intervention from the CRT, individuals with mental illness are often diverted from the criminal justice system and emergency departments, which decreases additional trauma and enhances positive outcomes. In the first year, the CRT diverted 36 individuals from going to jail or the emergency room and 18 individuals from going to psychiatric urgent care. As year two gets underway, better tracking will be put in place to more accurately capture diversions.

Metric		Goal	Result
Diversions	Jail	-	18
	ER		18
	Urgent Recovery Center		18
Total			54

Based on outcomes from a similar model in Colorado Springs, a 60% benchmark was developed to be de-escalated, stabilized in place, and/or linked to resources and mental health services, with a care plan to meet their continuing needs, rather than needing to be admitted to a medical or mental health facility. Communities differ in how data is categorized thus we did not reach the 60%, but we are very pleased with the stabilized in place rate at 51% for Tulsa.

Metric	Goal	Result
Stabilized in Place	60%	51%

Success Stories

1. Several people saw a suicidal woman standing on the edge of the Peoria Avenue overpass above the Broken Arrow Expressway and called police to intervene. Officers quickly responded to the scene and shut down Peoria and then called the CRT, which took over negotiations with the woman. While talking with the woman, the CRT learned that she was from out of state but recently had been living homeless in Tulsa. About two hours after the standoff began, the CRT talked the woman back down, allowing Peoria and the expressway to reopen. Part of her willingness to climb down was due to the CRT reassurance that she would not be arrested or taken away in handcuffs. The woman's life was saved, she was taken to the hospital to be treated and did not face charges.
2. The CRT was dispatched to a call from a mother concerned that her son was suicidal and refusing to seek any help. He initially fled from the CRT and they had to search to locate him. After speaking with the family and continuing to look for him around the area he was last seen, the CRT was able to locate him, and the COPES clinician began speaking with him about the situation. He shared that he was overwhelmed and frustrated with his situation. His mother shared concerns that he had a plan to end his life and that he had come very close the night before to acting on this plan. Although he was resistant to seeking help, with his mother's assistance, the CRT was able to get the client into treatment with the Family and Children's Services' Crisis-Care Center. He received treatment there and was able to get into outpatient therapy upon his discharge.

Next Steps

- Identify gaps in back-end process to support the CRT expansion
- Conduct cost benefit analysis
- Strategic planning for expanding days of operation
- Re-train citizens to call COPES and not 911 for mental health help

