



Community Alliance, Response & Engagement

## City of Flagstaff Program Update

In Flagstaff and nationwide, the 911 system is heavily used for behavioral health related concerns. This is especially true in Flagstaff, due to a wide range of factors including high levels of homelessness, weather, Flagstaff's location at the intersection of two interstate highways and near Tribal lands, and the prevalence of substance use in our community. While existing 911 responders (Fire, ambulance (EMS), and law enforcement) are crucial for the health and safety of the community, these responders typically don't have the time, skillset, and resources to provide an optimal response in situations where the primary concern is related to mental health or substance use. Additionally, Flagstaff emergency personnel respond to a very high number of calls categorized as "man down" dispatches, in which a third party reports an individual in public displaying an altered state of consciousness, often due to the effects of substance use.

### **Flagstaff 911 Statistics – 2020:**

#### **Flagstaff Police Department**

- 2,896 mental health related calls
- 3,318 low priority alcohol related calls

#### **Flagstaff Fire Department**

- 2,531 public intoxication responses
- 419 behavioral health type responses

*Data courtesy of Flagstaff Police Department*

For years, the Flagstaff Fire (FFD) and Police (FPD) Departments, Indigenous Circle of Flagstaff, City of Flagstaff Indigenous Commission, and City Council have sought alternatives to responding to these social, mental health, and substance use issues in the community. Recent nationwide attention on alternatives to traditional policing provided the final momentum that led the Flagstaff City Council to approve the creation of, and funding for, the CARE Unit.

The Community Alliance, Response, and Engagement (CARE) Unit is an alternate response collaboration between Terros Health Mobile Crisis and the Flagstaff Fire Department (FFD). The overarching mission of CARE is to contribute to a more compassionate and equitable community by providing a targeted, culturally responsive, trauma informed, multidisciplinary response and connection to resources for mental health and substance use concerns.

City 911 dispatch sends the team of one crisis clinician and one FFD emergency medical technician (EMT), each with unique skillsets to a variety of 911 calls that would otherwise have required a full emergency response including some combination of fire truck, ambulance, and/or law enforcement. Currently, CARE runs from 9am to 7pm, 7 days per week. Terros Health provides a Lead clinician, two full-time clinicians, two part-time clinicians, and oversight from its Clinical Manager for Coconino County, Sirène Lipschutz and Director of Northern Arizona Crisis Services, Bryan Gest. Flagstaff Fire Department uses a rotation of its full EMT workforce, with FFD Captain Mike Felts providing oversight.

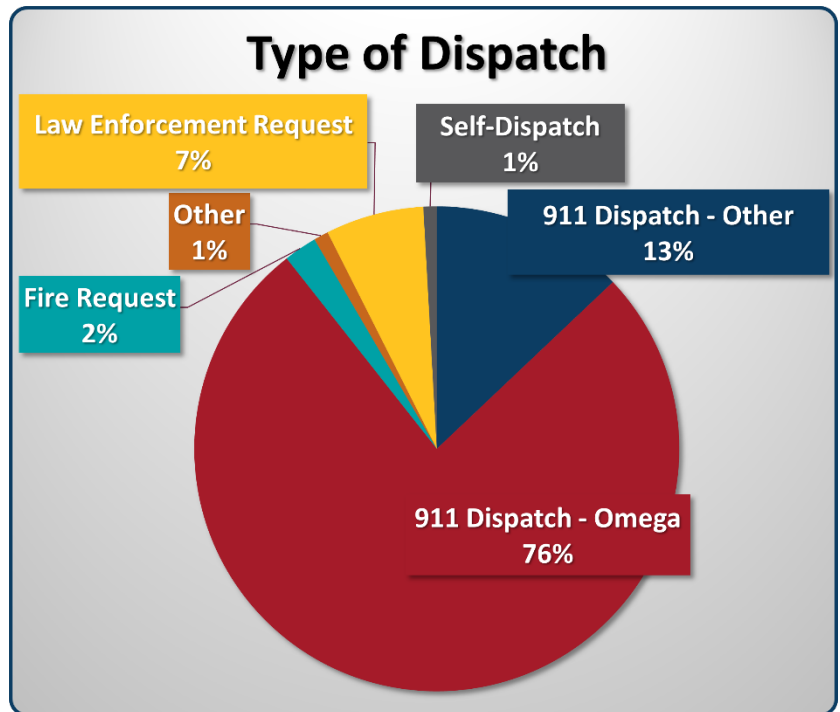


The goals for CARE include:

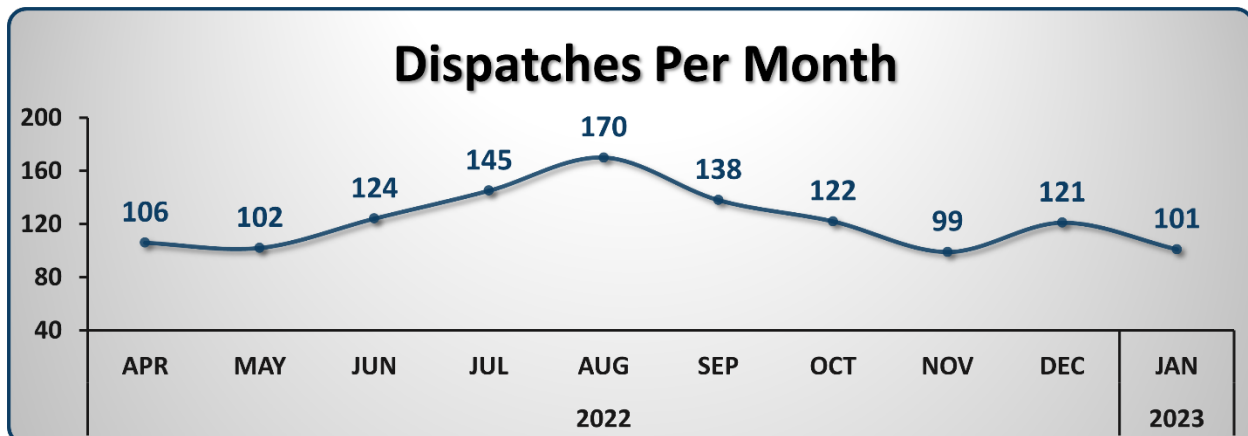
- Decreased usage of full Fire Department and/or ambulance responses to “man down” and other non-medically urgent 911 calls.
- Decreased law enforcement and criminal justice involvement for individuals with substance use and behavioral health concerns.
- Decreased medical and psychiatric hospitalizations for individuals for whom other treatment and resources are available.

## CARE UNIT INITIATION

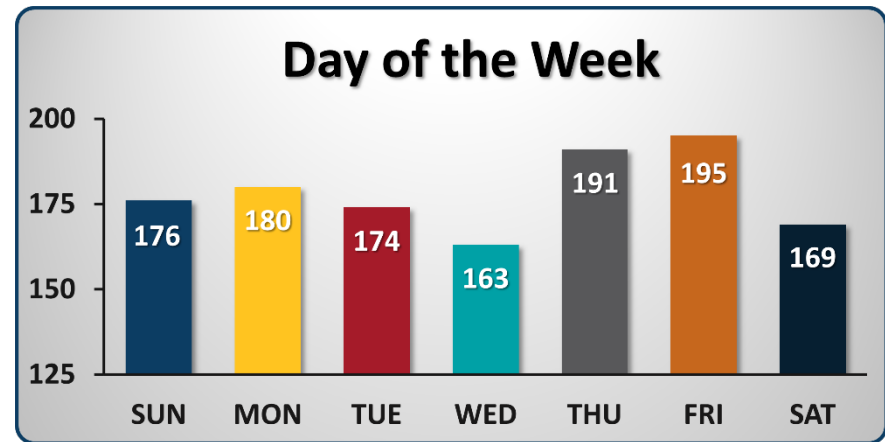
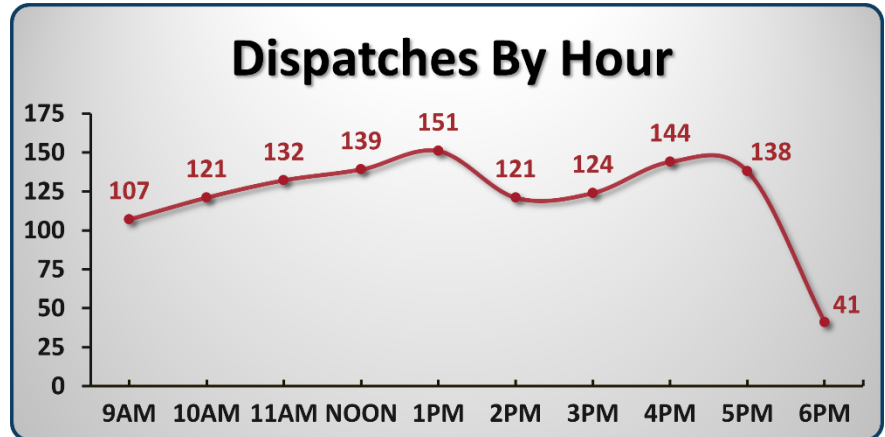
After months of program development and training, the CARE Unit began operations on March 28, 2022. Between April 2022 and January 2023, **CARE has responded to over 1,100 calls from Flagstaff 911 dispatch**, each of which would have otherwise resulted in the dispatching of one or more of a fire truck, ambulance, and/or law enforcement. **A significant majority of CARE Unit dispatches were for non-medically emergent “man down” calls (designated as “Omega” responses).** Other ways in which CARE has been activated include direct requests from Fire or Law Enforcement already on-scene, direct observations of a person in need by CARE Unit personnel, and through 911 dispatches for other behavioral health concerns.



In its first full month of operations (April 2022), CARE received 106 dispatches. **CARE Unit usage peaked in the summer months, with August experiencing 170 dispatches.**



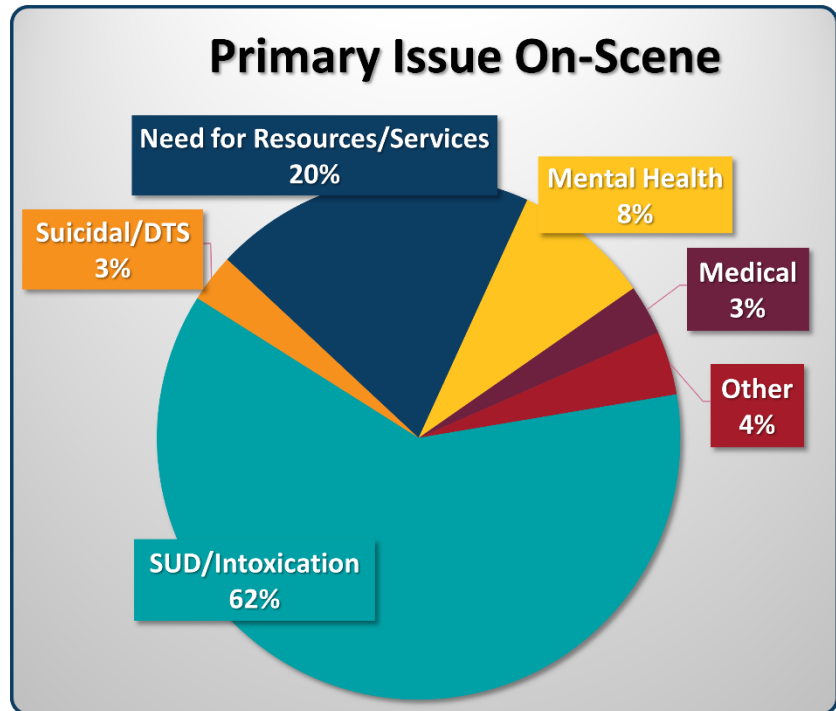
The CARE Unit’s hours of operation, 9am to 7pm, were based on pre-existing data on 911 call volume for “man down” and other behavioral health related issues. Dispatch **volume tends to slowly increase throughout the morning, peaking at 1pm.** The CARE Unit has responded to a relatively low number of dispatches from 6pm to 7pm. Although the factors contributing to this are not fully understood, these low numbers are partially a result of CARE staff utilizing the last hour of their shift to complete administrative and documentation requirements during the first few months of operations while initial processes and routines were being finalized. **Thursday and Friday have thus far been the busiest days of the week.**



## CARE UNIT ON-SCENE

CARE is able to spend significantly longer with individuals on scene than other first response units. This allows the team to build rapport with individuals, gain a better perspective of their current presenting issue and needs, and provide individualized intervention and resources. **The average time spent on scene is 21 minutes, and it is not uncommon for the Team to spend an hour or more with individuals** (the longest time spent was 2.5 hours) to adequately address their concerns. Although each individual has a complex story and set of circumstances that contributes to their current condition, a single “primary issue” is identified for each response. **The primary issue on scene has predominantly been those related to substance use and intoxication (81%),** followed by mental health concerns, non-emergent medical issues, suicide risk, and needs for connection to resources and services. Not only is CARE staff trained to provide a person-centered, trauma-informed, and culturally humble response, they bring with them diverse strengths and skillsets. The CARE Unit includes staff who are from Flagstaff and surrounding areas, staff who are peer support certified, and staff who speak Navajo.

The CARE Unit has been utilizing a Terros Health-provided van as its response vehicle, equipped with basic needs items to give to individuals served and equipment needed for basic medical assessment and triage. Within the next few months, CARE will receive a custom-built vehicle provided by the City of Flagstaff that allows for a more effective and efficient response. The Unit is currently based out of Fire Station 6 on Lake Mary Road. Unlike other first responders, CARE is not able to utilize “lights and sirens” to arrive on scene. **The average response time, from the point of being dispatched to arriving on-scene, has been 11 minutes.**



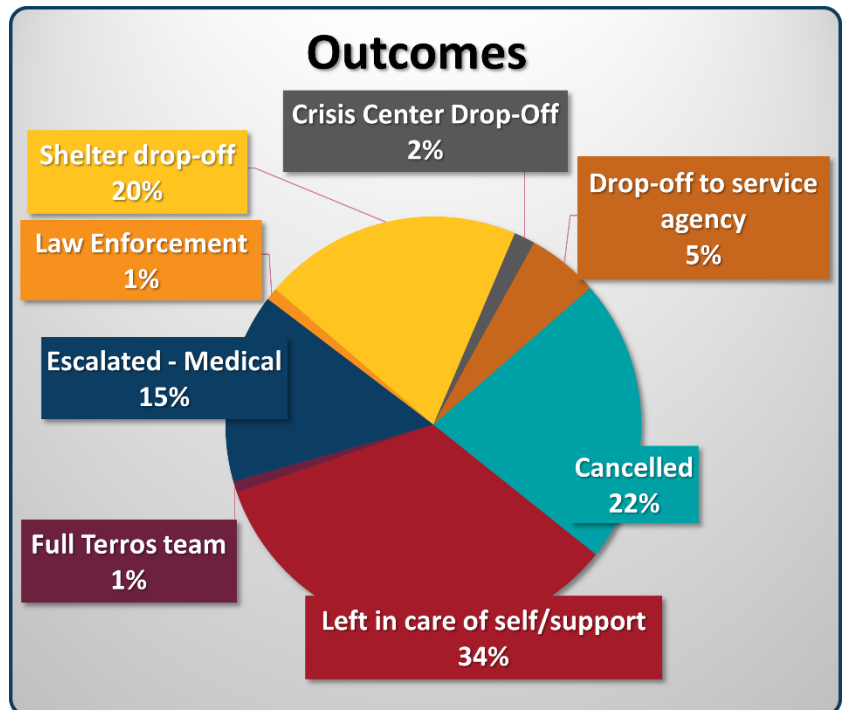
While on-scene, CARE staff promote the values of cultural relevance, sensitivity, and humility encourage culturally relevant health and healing practices. The CARE Unit carries traditional items, such as abalone shells, sage, and cedar in the field to provide to individuals as requested.

## CARE UNIT DISPATCH OUTCOMES

In contrast to other first responder units, CARE has significant flexibility to move forward with an individualized outcome that is in the best interest of the person served. For example, when a Fire or EMS unit responds to a “man down” dispatch, the outcome is nearly always an ambulance ride and admission to Flagstaff Medical Center’s Emergency Department. When the CARE Unit responds to “man down” calls, the individual served is screened by the EMT on scene for emergent medical concerns, and if none are present, the person can be provided with support, resources, connections to services, and/or can be transported to nearly anywhere within city limits that supports the person’s recovery and wellbeing.

**The most common outcome has been that the individual being served remains in the community with additional resources, basic needs, connections to resources, and/or with the presence of a supportive person (34% of the time).** A large number (20%) of CARE responses have resulted in individuals being taken to a local shelter, and some are taken directly to behavioral health and social services agencies. **Only 1% of CARE Unit responses have resulted in law enforcement involvement due to safety concerns.**

Approximately 22% of CARE dispatchers are classified as “cancelled,” most often due to the Team not being able to locate the individual.

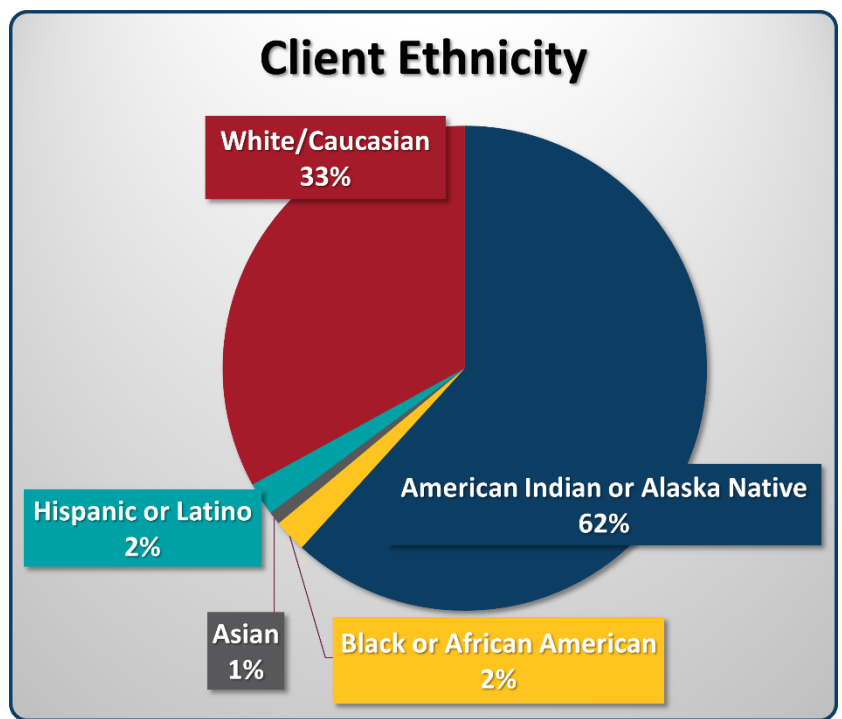


## POPULATIONS SERVED

The CARE Unit serves a wide range of populations throughout the Flagstaff community, including both permanent residents and individuals who are passing through or staying in town temporarily.

CARE responders avoid assumptions about ethnicity, recording only what is self-reported by individuals served. Ethnicity data was collected on around 35% of all individuals seen. **Of the individuals who self-reported their ethnicity, around 62% were Native American**, a number significantly disproportionate to the population in Flagstaff. Individuals identified as White/Caucasian comprised most of the rest of the responses, with very small numbers of individuals identified within the categories of Hispanic or Latino, Asian, and Black or African American.

CARE aims to collect data related to the frequency with which the same individuals are being seen more than once, and/or within short periods of time.



Due to the emergent nature of CARE Unit responses, and the high number of individuals seen who are experiencing altered states of consciousness, we are often not able to obtain an individual's name, making it difficult to track whether the person has been seen previously or not. We are working toward problem solving these barriers to be able to provide this data in the future.

## PROACTIVE OUTREACH AND BASIC NEEDS

In addition to responding to calls for services through 911 dispatch, the CARE Unit drives throughout the city, looking for and proactively reaching out to individuals who may benefit from basic needs and resources. This proactive outreach helps build rapport with individuals as well as the community as a whole. It also helps to prevent future calls to 911 by addressing individuals' unmet basic needs before situations escalate into an emergency. Basic needs provided include sandwiches, water, snacks, blankets, hygiene items, bus passes, and clothing items.

### Proactive Outreach

- Approximately 1,100 proactive outreach "trips" provided by CARE since inception.

### Basic Needs Distributed

- Over 1,000 sandwiches
- Approximately 350 bus passes
- Dozens each of blankets, winter coats, hats, and gloves

## PERFORMANCE METRICS

CARE set several initial performance metrics to demonstrate the effectiveness of the unit. One measure is to reduce the number of mental health and substance use related crisis calls handled by FPD and FFD and to reduce the number of instances of 911 being called repeatedly for the same individual. **The CARE Unit diverted 1,038 calls from FFD and FPD between March 28<sup>th</sup> 2022 and January 31, 2023.** At this time we do not have reliable data to demonstrate whether or not CARE has reduced the number of repeated individuals.

The CARE Unit also set, as a performance metric, a reduction in the number of arrests, jail bookings, and prosecutions for alcohol related offenses (such as public intoxication, trespassing, etc). While it is difficult to confirm a causal relationship, **alcohol related arrests between 9am and 7pm (the operating hours of the CARE Unit) were down significantly from April through September 2022 compared to the same timeframe in 2020.** However, prosecution data show an increase of 67 alcohol-related cases in 2022 compared to 2021. Additional analysis is needed in this area.

An additional performance metric established for the CARE Unit is a reduction in number of individuals transported to emergency department for alcohol and/or substance use. **Data shows that CARE reduced the number of EMS transports to the emergency department by 983.**

ARRESTS (Apr through Sept 9am to 7pm)		
	2020	2022
Public Consumption	337	51
Trespass (2nd/3rd)	154	96
Alcohol Shoplifts	69	43
Obstruction	43	10
Obscene Conduct	41	18
Public Sexual Indecency	12	8
<b>Total:</b>	<b>656</b>	<b>226</b>

*Data courtesy of Flagstaff Police Department*

## COMMUNITY PARTNERSHIPS

The Flagstaff community benefits from the contributions many different community agencies, and CARE relies heavily on partnerships with and existing resources and services. CARE staff have developed a “warm hand-off” process with Flagstaff Shelter Services to ensure that individuals who are taken there are given the support they need. The Flagstaff Family Food Center provides CARE with the food and water that is distributed each day. Mountain Line (NAIPTA) has offers bus passes for CARE to disseminate to individuals lacking transportation resources. Snow Mountain River (SMR), Care1st Health Plan, and others donate clothing items to give to individuals at risk for exposure to the elements. Flagstaff Police Department, The Guidance Center, Native Americans for Community Action (NACA), and Flagstaff Medical Center are among the CARE Unit’s other partners.

## SUMMARY

The Community Alliance, Response, and Engagement (CARE) Team is an alternative response unit, comprised of a Terros Health Crisis Specialist and a FFD EMT that responds to mental health and substance use related calls to 911. Launched in late April 2022 and operating between 9am and 7pm, CARE has responded to over 1200 dispatches. The Unit has diverted large numbers of calls that otherwise would have necessitated law enforcement, fire, or EMS response, has decreased drop-offs to Flagstaff Medical Center Emergency Department. Although more time and data is needed to see the full community-level effects, there are indications that the presence of the CARE decreases criminal justice involvement, as indicated by the decrease in arrests in 2022 compared to 2020 for substance-related offenses during the hours the Unit operates.