

Meeting Agenda

Community Advisory on Public Safety Commission

Thursday, August 21, 2025 at 4:00 pm – 5:30 pm

Allison Conference Room (#225), Showers Building, 401 N. Morton Street

The public may also access the meeting at the following link:

<https://bloomington.zoom.us/j/82433252101?pwd=B3a4BFrfgNYUmQ8DC0CpJSbhk6EtmC.1>

- I. ROLL CALL
- II. APPROVAL OF AGENDA AND APPROVAL OF MEMORANDA/MINUTES
- III. REPORTS (if any)
 - A. Co-Chairs
 - B. Individual Members
 - C. Staff
 - D. Public / Public Comment
- IV. OLD BUSINESS
 - A. Discussion: Equitable Policing in the Community
 - i. Open Floor for Questions and Comments
- V. NEW BUSINESS
- VI. TOPIC SUGGESTIONS FOR FUTURE AGENDAS
- VII. ADJOURNMENT

CAPS Commission Goals and Purpose:

Perform research and gather data on the perceptions and preferences about public safety from community members, with specific focus on perceptions and preference data gathered from minority community members, individuals who are disabled, and other often marginalized community members

Research evidence-based alternatives to traditional policing

Identify best practices in public safety globally and evaluate the efficacy of such practices for implementation in Bloomington.

Make recommendations to the Common Council, the Board of Public Safety, and/or the Mayor or the Mayor's designee on policies and programs that enhance public safety for all community members.

Bloomington City Community Advisory on Public Safety Commission meetings can be watched on the following websites:

- Community Action Television Services (CATS) – <https://catvstv.net>
- YouTube – <https://youtube.com/@citybloomington>

Background materials and packets are available at <https://bloomington.in.gov/council/public-safety-advisory/meetings?year=2025>

Pursuant to applicable law and policy, the following details are provided regarding the officers serving on this commission:

- Members: Robert Freeman-Day (Co-chair), Jason Michálek (Co-chair), Sharon Wainshilbaum, Erin McNeil, Karshin Nair, Kamala Brown-Sparks, Birgit Newman, Cale Ulery
- Appointed by: Common Council
- Term: Beginning 2/1/2024; Expiration 1/31/2026



Monroe County 911 Review Committee

FINAL Recommendations for Alternatives to Police Response to 911 Calls for Service

August 2, 2023

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EXECUTIVE SUMMARY

Several forces converged to warrant an examination of the City of Bloomington's response to 911 calls for service:

- The total number of 911 calls for service responded to by Monroe County Central Emergency Dispatch has steadily increased for the past two years.
- The categories in which we are seeing the largest increase of calls are non-violent, non-criminal requests for welfare checks and follow-ups, and calls related to mental health or substance abuse disorder.
- Our first responder agencies (police, dispatch, fire, and ambulance) are challenged by nationwide shortages in sworn police officers, dispatch operators, firefighters, and emergency medical technicians (EMTs).
- Monroe County has a strong network of nonprofit agencies working with resident populations who use first responder resources.
- There is strong support from the Office of the Mayor and the City Council for an exploration of alternatives to our current response to non-violent, non-criminal calls.

For those reasons, the Monroe County 911 Review Committee was convened to examine the emergency response system from a holistic point of view. The full charter for this Committee can be found in [Appendix 1](#). Appendices [2](#) and [3](#) identify representatives from all the agencies involved in this research effort and the makeup of working groups, respectively. [Appendix 4](#) contains the source materials used by the Research and Best Practices Working Group which includes case studies of alternative 911 responses by over 40 comparison cities.

An analysis of the current state validated the assumptions of overburdened public safety agencies and a lack of sufficiently detailed data to be able to answer questions about how well we are meeting the evolving needs of the community. Additional barriers identified include irregular coordination of data and communication among existing alternative emergency response teams, insufficient funding of existing community resources, and siloed organizational structures that prevent inter-agency collaboration and innovation.

Details of 16 Recommendations to address those barriers based on the output of six working groups, including analysis and literature review of alternative response strategies in other cities, can be found in the [Conclusion and Recommendations](#) section. A high-level summary of seven of those 16 recommendations are listed below and were included in a July 28, 2023 memo to Mayor Hamilton and Deputy Mayors Mary Catherine Carmichael and Larry Allen as the highest priority and/or highest positive impact actions recommended. Greater detail including budgeting and resources necessary to implement those seven recommendations are included in the [Conclusion and Recommendations](#) section of this document.

Recommendation #1 - Inter-Agency Review of All Dispatch Protocols

While fire and ambulance continually review one another's protocols, they could benefit from a review of how police services are attached to their calls to ensure those resources are not overburdened. Similarly, as police protocols are being developed, they could benefit from a

review by ambulance and fire services to ensure the appropriate number and type of their resources are being attached to appropriate responses.

Recommendation #2 - Implement Police Protocols in Dispatch with Inter-Agency Continuous Improvement Evaluation

Implementation of police protocols in Dispatch was completed in late July 2023. By participating in a regular inter-agency review of the data from all three entities (police, fire, ambulance) the protocols for all agencies can be refined, opportunities for using non-sworn police responses more broadly and directly can be defined, and scenarios for calls that could be shifted to the Social Worker in Dispatch, the Interdisciplinary Team detailed in Recommendation #6, or the Nurse in Dispatch in Recommendation #7 can be identified.

Recommendation #3 - Evaluate and Optimize Dispatch Operations

To support, stabilize, and position this critical *first* first responder group and its operations, we recommend that a public safety-specific, Indiana-based operational consultant like [Ritter Strategic Services](#) go beyond a 2019 Novak organizational assessment to evaluate and optimize current Dispatch operations, their organizational position, and their operational culture. Additionally, such a consultant could also recommend actions to prepare for changes brewing in the Indiana State Senate. (See [Indiana Senate Bill 316](#)).

Recommendation #4 - Fund Community Response Programs More Robustly

Through the Stride Center, Centerstone provides services that divert adults from incarceration and connects them to social services. Additionally, their Rapid Response Team and Mobile Crisis Unit deliver clients to necessary services and/or deliver services directly to the client.

If fully funded, the combination of these three services have the potential to address and prevent police response to call types related to mental health concerns. As police protocols are implemented and refined and the future volume of calls that could benefit from a non-police response are identified, it will be necessary to ensure that our ability to respond to these types of calls is being prepared *now*.

Additionally, as the Police Social Worker and Fire Mobile Integrated Healthcare (MIH) programs mature, they will refer more clients to other community resources like HealthNet. Thinking downstream and funding these entities *now* will ensure that they have the capacity to serve these new clients.

Recommendation #5 - Implement a Social Worker in Dispatch

Implementing a Social Worker in Dispatch is already budgeted and planned for. This recommendation is to complete the review of all protocols, implement the police protocols, complete the operational assessment of Dispatch and implement relevant findings *before* integrating this new service into the Dispatch workflow.

Recommendation #6 - Pilot Two Types of Interdisciplinary Response Teams

Pilot and evaluate the impact of two kinds of teams:

1. Team #1: a Downtown Resource Officer (DRO)-like representative, a Mobile Integrated Healthcare (MIH) worker, and a Social Worker to respond to virtually any type of “Welfare Check” call.
2. Team #2: a Mobile Integrated Healthcare (MIH) worker, a Social Worker, and a community- or peer-based resource like a member of Centerstone’s adult counseling or response services to respond to a narrower profile of call types than Team #1 until more granular data from police protocols in Dispatch indicate sub-types that would be safe and appropriate for this team.

Recommendation #7 - Implement a Nurse in Dispatch

Much like embedding the Social Worker in Dispatch, embedding a nurse there would allow callers with very low acuity medical or trauma conditions to be triaged and referred to settings such as primary care, dental care, urgent care, or even self- care at home.

CURRENT STATE

The first task of this Committee was to assess the current state of our response to 911 calls for service and identify: the current volume; the needs expressed in the calls; which agency is responding; how we know whether the caller is receiving the most appropriate service for their need; and all the players in the community response ecosystem.

Call Volume

Refer to [Figure 1.1](#) for the volume of 911 calls for service by responding organization for the years 2020-2022 and note the following:

- In 2022, the Monroe County Central Emergency Dispatch dispatched services for 11 agencies totalling 120,838 calls. *For perspective, this represents an average of roughly 14 calls per hour.*
- In addition to deploying emergency services, Telecommunicators at Central Dispatch also support other agencies by fielding after-hours calls and requests for information.
- Year over year, the highest volume of calls (40-44%) are responded to by the Bloomington Police Department (BPD), followed by the Monroe Sheriff’s Department (26-31%), IU Health Emergency Medical Services (EMS) (13-15%), and the Bloomington Fire Department (BFD) (4-5%).

- 911 total calls for service increased by 7% from 112,714 in 2020 to 120,838 in 2022 and service response increased for all agencies served with the exception of Monroe County Sheriff's Department, Ellettsville Police Department, and the three Fire Departments that were absorbed into the Monroe Fire District in 2021 (Van Buren, Northern Monroe, Benton). Only the Monroe County Sheriff's Department is seeing a year over year decrease in service response.

911 Calls for Service by Responding Organization by Year 2020-2022

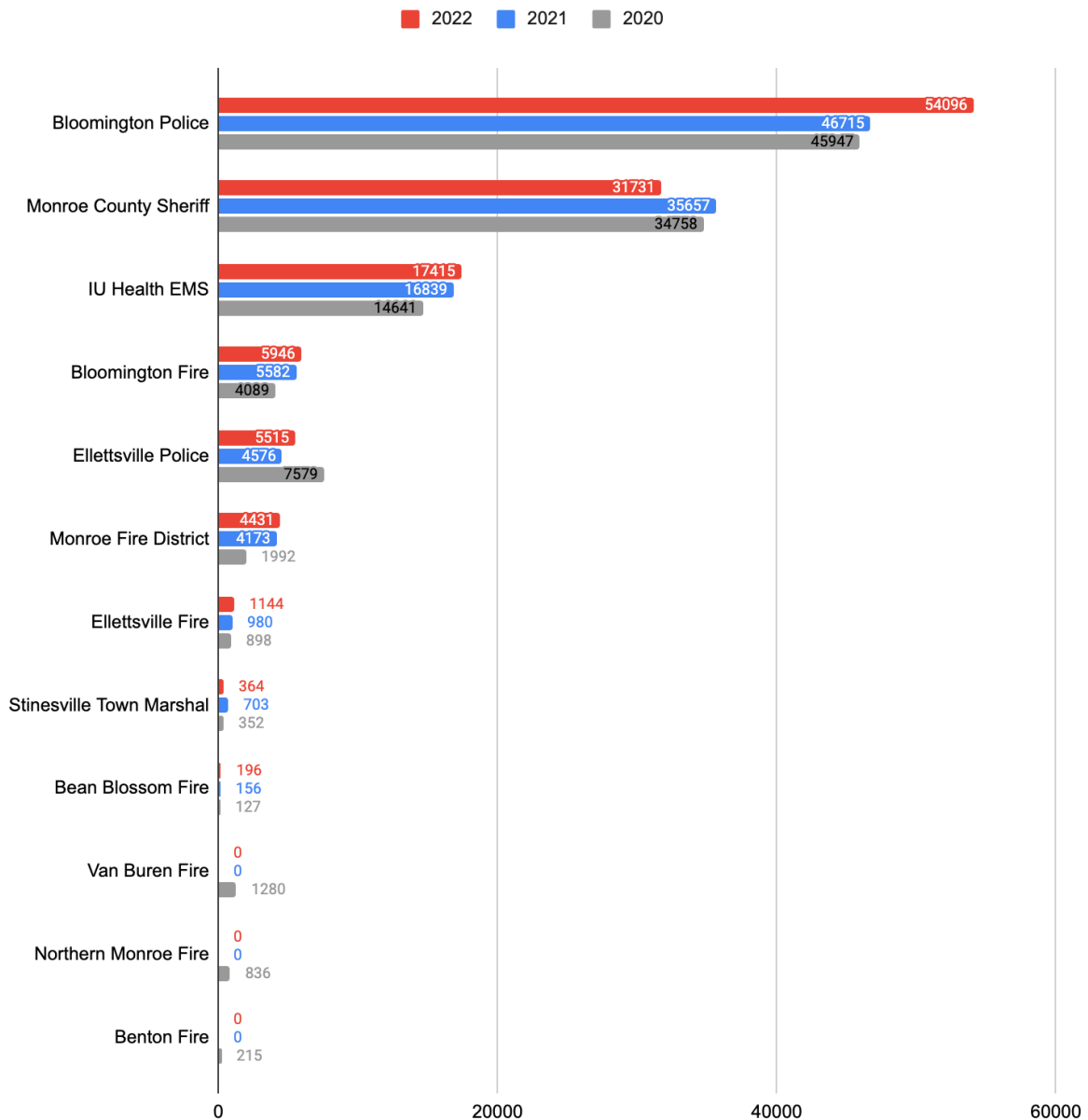


Figure 1.2 Top Ten Call Natures* by Volume 2016-2022

Source: BClear Open Data Portal

*Not every call nature could be considered for an alternative response because there are some that require enforcement of a law or the presence of a specific responder. These are the top 10 of 57 call natures that were identified as potential candidates for an alternative response.

Existing First Responder Staffing Resources

- As of February 9, 2023, there were 17 openings for sworn Police Officers, 18.5 openings for non-sworn police personnel, 10 vacant Dispatcher positions, 10 vacant Fire positions, and only two open positions in the Sheriff's Department. Lifeline - who runs the ambulance service for the area - reported 10 vacant EMT positions in the Bloomington-based crew.
- **BPD**
 - Sworn Officers - at 54,096 calls/year, sworn officers are responding to just over 148 calls/day or just over 6 calls/hour.
 - Downtown Resource Officers (DRO) are sworn police officers with the same duties and responsibilities as every other police officer, with the added aspect that they have an intentional focus on working in the downtown core with those who are without a home or those who are at risk of becoming so, responding to calls for service involving them and trying to bring services to bear to get to the root of mental health and substance abuse. DROs typically have a broader spectrum of involvement with social service and mental health groups than many other officers, but just as 'regular' officers, the DROs answer calls for service, however, they will not be called to respond to a traffic accident. As of March 6, 2023, BPD has one DRO.
 - Since 2020, BPD has had a team of four Community Service Specialists (CSS). These are non-sworn staff who represent an alternative response and assist in areas such as traffic accident reporting, traffic direction, and taking reports of low level crimes not in progress. This team has so far been able to respond to ~ 4.8% of calls that would have otherwise been responded to by sworn officers. This call volume represents ~ 2,200-2,600 calls per year or 6-7 calls/day. In 2022, BPD was approved for four additional CSS, increasing the team to 8 CSS.
 - Since 2021, BPD has had a team of three social workers who average more than 5 client interactions per social worker per day resulting in at least one referral per day. In 2022, BPD was approved for one additional social worker to be placed in Dispatch which BPD oversees; the position is currently open.
- **BPD - Central Emergency Dispatch**
 - Primary emergency clients of Dispatch are the residents and visitors to our communities, the resource departments of City Police, City Fire, County Police, County Fire, IU police, and regional ambulance services. Secondary clients include City and County administration and the County Justice System as Dispatch receives calls requesting information about their services (not dispatching services - just answering questions) as well.

- At 120,838 calls per year, Dispatch is answering an average of 331 calls per day or roughly 14 calls per hour which does not include the administrative work for secondary clients.
- While Dispatch deploys emergency services for multiple agencies in the region, they are organizationally situated within the Bloomington Police Department.
- Dispatch protocols are in place for Fire and Ambulance services. Police protocols are in development and are planned to be in place by July 18, 2023.
- **BFD**
 - At 5,946 total calls, BFD responds to an average of 16 calls per day, 6-7 of which are categorized as Rescue/EMS.
 - A Mobile Integrated Healthcare program was established in 2023 and delivers Community Paramedicine Monday through Friday from 8am to 5pm. This team of four targets frequent callers to 911, visits them where they are, and connects them to care and services to help them establish independence and prevent them from needing to call 911.
 - The crew operates primarily by referral from BFD, BPD, IU Health Emergency Department, and Township Trustees, however they are capable of responding to active emergent calls.
- **Lifeline EMS**
 - The IU Health ambulance service for the south central region serves Monroe, Lawrence, and Orange counties and responds to 40-50 calls for service per day.

Community Response Ecosystem

- Community and Family Resources Department (CFRD) has had one After-hours Ambassador since 2019. This role serves the downtown core area and is a liaison to businesses, Indiana University (IU) students needing information or assistance after 5pm, and assists people who are unhoused. Roughly 25-30% of this role's time is spent assisting people who are unhoused in the downtown area. This role may be called upon to support the work of BPD officers, specialists, and social workers, but is not officially dispatched to calls for service, so it is not possible to cite how many calls per day this person supports.
- Centerstone
 - *Stride Center*: While not a *response* to 911 calls for service, the Stride Center for Crisis Diversion opened in 2020 and serves as a critical 24/7 alternative to incarceration or hospitalization for people experiencing substance use or mental health crises. BPD, BFD, and CFRD responders have Stride Center literature that can be distributed to residents with whom they interact, regardless of whether they decide to be transported to the Center.
 - *Mobile Crisis Unit*: Established in 2023, the Mobile Crisis Unit is an in-person (60-minute radius) or telehealth resource for mental health crisis services for anyone five years and older. The unit assists folks in problem-solving, deescalating, triaging, and connects people to treatment or other resources. The Unit is not deployed by Central Dispatch; instead, the person, their caregiver, the After-hours Ambassador, or the first responder agent must know their phone

number and contact them directly. Additionally, the state's 988 Suicide and Crisis Lifeline may refer calls to this Unit. Per the Vice President of Adult Services for Centerstone, roughly 80% of all calls to this Unit can be resolved on the phone. This unit is staffed 24/7 with a team of two mental health professionals.

- *Rapid Response Team*: Established in December of 2022, this team delivers crisis care follow-up within 12-24 hours. Patients enter this system by way of referral which may come from having received assistance from the Mobile Crisis Unit, family members, local providers, or other local agencies.
- Below are additional community partners to whom first responders refer for various services.
 - HealthNet (urgent/emergent as well as proactive medical, dental, social, mental services)
 - Middleway House (domestic abuse referrals)
 - Beacon, Friends' Place, New Hope for Families, Wheeler Mission (shelter referrals)
 - [Multiple Food Pantries](#) (emergency food referral)
 - [Multiple Counseling Agencies](#) (substance abuse counseling referrals)
 - [Multiple Counseling Agencies](#) (emergency mental health counseling referrals)
 - [Multiple Health Care Agencies](#) (physical healthcare referrals)

An April 6, 2023 meeting involving representatives from BPD, BFD, CFRD, and Centerstone included a discussion about how the four agencies will often serve the same residents, but might not know about the care/information/referrals already provided as well as any information that would be helpful to the responder's safety when interacting with the resident (for example, if the person is neuroatypical or has post traumatic stress disorder (PTSD) and specific triggers). BPD, BFD, and Centerstone all have case management platforms that meet their needs, but into which the other agencies do not have access for privacy reasons. This lack of information sharing prevents responders from building on previous work with that same client that is necessary to get them to a point of stability and independence; ultimately where the client does not need to call 911.

Current State Summary

Our review of the current state provided us with the following information:

- The volume of 911 calls received has increased year over year for every responding agency except Monroe County Sheriff's Department and Ellettsville Police. Only the Sheriff's Department is seeing a net decrease.
- BPD, Central Dispatch, BFD, and Lifeline EMS are all experiencing staffing shortages. While a shortage in any of the agencies is a concern, the 31% vacancy rate in Dispatch is notable as their Telecommunicators are the *first* first responders.
- By far, the highest volume of service responses are from BPD.
- The general call categories with the highest volume that are also potential candidates for alternative response based on their likelihood of being non-violent and not involving criminal activity are: Welfare Check IP, Theft NP, Traffic Hazard, Motorist Assist, and Mental Health IP - some of which are already being responded to in alternative ways.

- Welfare Check IP is a very broad category and includes a wide variety of scenarios.
- The call volume for Mental Health IP is comparatively small at 867 per year in 2022 or 2-3 per day, but is rapidly increasing; the 2022 volume of calls in this category is nearly three times what it was just two years prior in 2020.
- There is an acknowledgement within the larger Monroe County community of the importance of providing mental health support as evidenced by social workers in BPD, increased involvement by the CFRD After-hours Ambassador, and the establishment of Centerstone's Mobile Crisis Unit and Rapid Response Team. However, the lack of information sharing between the responding agencies prevents them from coordinating care and may be increasing their safety risk unnecessarily.

What we do *not* know is whether our responses to 911 calls for service are *right-sized*, meaning we do not know whether we have sent both the appropriate *type of service* for the need as well as the appropriate *amount of resources* (number of personnel, size/type of vehicle, etc.) required.

BARRIERS TO IDEAL STATE AND SOLUTION OPTIONS

The City's goal is that every 911 caller is efficiently provided with the most appropriate service for their needs. When exploring our current state, we found gaps in our understanding of how well we are currently meeting that goal, how well we are sharing information, and how we are including continuous improvement and in the service delivery processes. Those gaps and potential solution options are presented here.

Gap: Call Volume for Dispatch Telecommunicators

As mentioned in the [Current State](#) section of this document, urgent/emergent calls to Central Dispatch total 120,838 calls per year which equates to an average of roughly 14 calls per hour. In addition to deploying emergency services, Telecommunicators at Central Dispatch also support other agencies by fielding after-hours calls and requests for information. If additional alternative responses will be added to the protocols in the future, it would benefit the Telecommunicators to be able to fully focus on the urgent/emergent calls and manage the non-urgent/emergent calls differently.

Solution option: Implement a Social Worker in Dispatch. Having a Social Worker as a member of the Dispatch team would allow Telecommunicators to flow some calls to them AND provide an opportunity to de-escalate or provide services by phone instead of assuming that services need to be provided in the field with a sworn officer present. This position is already budgeted and planned for, however has proven difficult to fill. This recommendation is to provide more structure and support for the position by contracting with a public-safety-specific, Indiana-based consultant like [Ritter Strategic Services](#) to comprehensively evaluate Dispatch operations including how a Social Worker would integrate into that workflow.

Solution option: Implement a Nurse in Dispatch. Much like embedding the Social Worker in Dispatch, embedding a nurse there would allow callers with very low acuity medical or trauma conditions to be triaged and referred to settings such as primary care, dental care, urgent care, or even self-care at home.

Solution option: Pilot the establishment of a Telephone Response Unit (TRU) to answer non-urgent, non-emergent calls to allow Telecommunicators to focus on emergencies. This group may also answer administrative calls needing a person 9a-5p Monday through Friday.

Solution option: Pilot software using artificial intelligence (AI) and machine learning to answer frequently asked questions from incoming calls on administrative lines. Use the TRU as human backup 9a-5p Monday through Friday; send to voicemail all other times. Use reporting from software to continually improve and refine the questions that can be answered. As with the TRU, this option would allow Telecommunicators to focus on emergencies.

Gap: Data

Success Measures

To fulfill the ideal state, we first need to understand what success would look like. How would we know whether we are making progress toward our goal of a right-sized response *for the five chosen call categories* (Welfare Check IP, Theft NP, Traffic Hazard, Motorist Assist, and Mental Health IP)?

Solution Option: Define the measures of success, the data needed and who owns the data for each measure, how often the data is needed, and establish a baseline year that represents data before alternative responses were introduced (so, before BFD's MIH, BPD's Social Worker in Dispatch, and Centerstone's Mobile Crisis Unit). Initial thoughts on success measures are included in Table 2.1 below.

Table 2.1 - Proposed Success Metrics

Metric	Data Needed (Data Owner)	Reporting Frequency	Baseline 2022 Values
[Call Category] - Decreased % of calls resulting in use of force	- Total number of [Call Category] calls (BPD Dispatch) - Number of [Call Category] calls resulting in use of force (BPD Records)*	Monthly	% of these calls resulting in use of force/ month
Reduction in the number of 911 "superusers"	# of people who call for 911 service 12 or more times per year (BPD Dispatch)	Monthly	# of superusers

Metric	Data Needed (Data Owner)	Reporting Frequency	Baseline 2022 Values
Reduction in the number of 911 calls per “superuser” identified in baseline year	# of people who call for 911 service 12 or more times per year (BPD Dispatch) # of times each superuser called 911 in 2022 (BPD Dispatch)	Monthly	# calls/superuser
[Call Category] - Increased positive feedback from individuals receiving service	Automated survey call or text (Does not exist yet)	Monthly	Customer Satisfaction (CSAT) score

**Starting in late April/early May of 2023, BPD added an “observance code” field to the Dispatch Computer Aided Dispatch (CAD) system. The goal of adding this field is to provide information about how a call was resolved within the same computer system instead of needing to access multiple systems.*

Situational Awareness

The ultimate scenario to ensure that the right resources are being sent for a need is to have eyes on the situation before the resources are dispatched. In our current environment, the “eyes on the situation” are attached to the service being dispatched, but what if they weren’t? What if there was a way to get real-time video of what is happening before human resources are sent to the scene? Drones could help. The Drone as a First Responder (DFR) program resulted from an FAA pilot project and began with the Chula Vista Police Department in California. The DFR program launches a drone at the time of 911 dispatch and is designed to provide eyes on the scene prior to the arrival of ground units. The drone provides invaluable real-time situational awareness by streaming live video to officers or other first responders before they reach the scene. The Chula Vista drones are flown remotely by teleoperators provided by a third-party company - [Flying Lion](#). Chula Vista Police Chief Roxanna Kennedy says DFR is one of the most effective de-escalation tools in her department’s toolbox. [Droneresponders.org](#) created a national DFR working group to share information on policies, privacy, safety cases and concepts of operations (CONOPS) through an online resource center. At this time, there are 16 departments actively deploying DFR programs and more than 100 agencies interested.

Source : <https://www.chulavistaca.gov/departments/police-department/programs/uas-drone-program>

Solution option: Explore the feasibility and public acceptance of using drones to increase situational awareness through remote sensing capabilities.

Data Limitations

Because of privacy and security requirements as well as an historical lack of police protocols used in Dispatch, data describing current 911 service delivery is limited. The success metrics proposed in [Table 2.1](#) are all quantitative ones with the exception of the last one (Increased positive feedback from individuals receiving service) which is qualitative. To collect the qualitative data needed by that metric would require follow-up interaction via an interview or survey with people who received service; this is not a system currently in place.

Solution Option: Implement police protocols in Dispatch. Doing so will automatically create sub-categories that will help us better understand the nature of larger call types. For example, the call types “Welfare Check” or “Follow Up” do not give us enough descriptive information to understand whether a call within those types would be appropriate for a non-sworn officer response. Note: BPD and Dispatch completed the initial implementation of police protocols in July 2023.

Solution Option: Use existing public safety data that is publicly available in radio streams to provide more context than what is available. The geographical and political proximity of Indiana University to the City of Bloomington provides many opportunities to leverage their research and expertise. The [IU Crisis Technologies Innovation Lab \(CTIL\)](#) is an organization uniquely qualified to support this effort. CTIL is staffed with professionals and students who are computer science experts, informatic experts, and data scientists who also have experience working in public safety or experience working with technology specific to public safety. This group could transcribe and decode the radio feed and provide regular analysis of the findings to help us better understand progress toward our ideal state, unidentified barriers, and unintended consequences that might not be captured in our official systems.

Data about the Future

As we use data to understand our current state and how well we are progressing toward an ideal state, human behavior will continue to change which will require a modified response by us. A modified response may mean that we need public safety personnel and/or community partners with different skill sets and capacity.

Solution option: Leverage our partners at CTIL to construct data models that consider what we know about our current state as well as trends within the United States to inform the professional development that is provided to public safety staff, the skill sets that are included or emphasized in job positions, and the staffing levels required to meet the projected demand for services.

Gap: Sharing Information across Agencies

This topic is somewhat covered in the data section, however information sharing is more about the processes and the systems we use to communicate and transfer the knowledge about the data than how to collect the information.

Inter-agency and Interdisciplinary Collaboration and Continuous Improvement Review Cycles

As mentioned in the [Current State Summary](#) section, we lack an evaluation of whether we are providing both the appropriate *type of service* for the need as well as the appropriate *amount of resources* (number of personnel, size/type of vehicle, etc.) required.

There are some efforts already underway that could help in closing this gap. Dispatch uses a software program called ProQA that helps Telecommunicators determine the appropriate resource to dispatch. The protocols used by the software are determined by the first responder agencies being deployed. On a monthly basis, the agencies who have defined protocols meet to review quality assurance reports generated by the system. The quarterly review is a continuous improvement loop that helps Dispatch and the first responder agencies understand what is working well and what needs to be examined and/or improved.

Solution option: Adopt protocols for law enforcement response to calls for service and involve them in the monthly protocol review. At present protocols are in place for Fire and ambulance services. BPD developed and completed the initial implementation of law enforcement protocols in July 2023. The next step is for BPD to review how police services are attached to Fire and ambulance calls to ensure their resources are not overburdened. Similarly, ambulance and Fire services could review police protocols to ensure the appropriate number and type of their resources are being attached to appropriate responses. Adopting protocols is not an action that is ever “complete”; regular reviews of the use and impact of the protocols will be a requirement that each agency must assume going forward.

Solution option: Form an interagency team made up of responders from the six current alternative response strategies to optimize the work they are doing individually and plan for cross-agency initiatives and training opportunities. The current alternative responses strategies include BPD DRO, BPD Community Service Specialists (CSS), BPD Social Workers, BFD MIH, CFRD’s After-hours Ambassador, and Centerstone’s Adult Programs. Some combination of representatives from each of these groups currently meet irregularly. This recommendation is to acknowledge their interdependence and recognize them as a team with an established common vision, mission, and goals; clarified roles and responsibilities so that each responder type is leveraging its strengths and not duplicating efforts of the others; and learning from each other through cross-training opportunities.

Solution option: Pilot two types of interdisciplinary response teams. As documented in chapter three (“Deploy Appropriate Responses”) in the [National League of Cities’ Toolkit](#), many cities in the US are implementing interdisciplinary teams for 911 calls that have some combination of known social, medical, or behavioral/mental health needs. This recommendation proposes a pilot and evaluation of two approaches:

1. Team #1: A team consisting of a DRO-like representative, a MIH worker, and a Social Worker.

- a. The DRO would ensure the physical safety of the team while the specific conditions for dispatching this team are being defined and added to the Dispatch protocols.
 - b. This team could respond to virtually any type of “Welfare Check” call.
- 2. Team #2: A team consisting of a MIH worker, a Social Worker, and a community- or peer-based resource like a member of Centerstone’s adult counseling or response services.
 - a. The purpose of this team would be to serve residents in need of specific social, medical, or behavioral/mental health services and help determine the difference in impact and outcomes to a response to these types of calls when sworn officers are not present.
 - b. This team would initially respond to a narrower profile of call types than Team #1 until more granular data from police protocols in Dispatch indicate sub-types that would be safe and appropriate for this team. The initial call types would be determined in large part by the responders themselves and with enough clarity to convey that information to Dispatch.

Both teams may also leverage other community resources like the City’s After Hours Ambassador, HealthNet, and IU Health’s Paramedicine Unit.

Enabling Responder Safety and Patient/Client Continuity of Care

As mentioned in the [Current State Summary](#) section, responders from different agencies may all work with the same client but be unaware of the web of interactions or interventions experienced by the patient/client. The lack of shared information prevents responders from being able to use past interactions to move the patient/client toward stability and independence. For example, if the BFD MIH team met with a patient/client and at the end of their visit referred the person to a wound care specialist, and maybe the After-hours Ambassador encountered the person downtown at a later time, they could ask about the visit. Maybe in that conversation the After-hours Ambassador learns that they never scheduled a visit because they didn’t have a ride or had anxiety about what the wound specialist would say, etc. they could move the care forward instead of starting from scratch. Similarly, if the BPD social work team met with a patient/client who has PTSD and is triggered by seeing men with beards, that would be vital information for the After-hours Ambassador to know!

Solution option: Community service coordination software solutions are cloud-based software-as-a-service platforms that transform the disconnected patchwork of local service providers/responders into a well-coordinated network that can proactively manage and support individual care management. The software would allow BPD, BFD, and Centerstone (or any other vetted public partner) to enter information into their own case management system with no change to their process. These systems talk directly with each system and can pull a subset of only the information the community partner needs. They are HIPAA compliant, secure, and used by many different communities.

Solution option: Apply to be part of the [Harvard Government Performance Lab's Alternative 911 Emergency Response Cohort](#) (GPL) to receive expert assistance in expanding the program. As part of assistance from GPL or other professionals, explore establishing a Local Response Unit envisioned as a combination of Centerstone's outreach personnel along with embedded medical and law enforcement support that can be dispatched to specific calls for service from the 988 service or directly from the 911 Center.

Gap: Funding

Open since September of 2020, the Stride diversion center serves as a caring place of transition for people suffering from substance use and mental health disorders. The center fulfills a community-wide need for people experiencing substance use or mental health crises who need a connection to care and a place to go rather than hospitalization or imprisonment. Many times the options are *hospitalization* or *jail*. The goal of the Stride Center is to deescalate the situation and connect the guest with resources in the community.

The center provides diversion for individuals in crisis for up to 23 hours where they can:

- Talk to trained professionals.
- Receive support and care.
- Have a snack and take a shower.
- Learn more about available resources.

The availability of this resource not only provides residents in need with the appropriate services, but repeat contact could prevent these folks from using 911 services and thereby contribute to a reduced demand.

Additionally, Centerstone's Rapid Response Team and Mobile Crisis Unit deliver clients to necessary services and/or deliver services directly to the client.

The Stride Center regularly applies for funding from the IU Health Foundation, however, matching grants from the City can strengthen their applications. The City's grants to this organization totaled \$25,000, but ended in 2022.

As the BPD Social Worker and BFD MIH programs mature, they will refer more clients to community resources like Centerstone and HealthNet. Thinking downstream and funding these entities now will ensure that they have the capacity to serve these new clients.

Solution option: Fund Centerstone and HealthNet programs more robustly to both fund more staff and position themselves better in other grant applications by showing deep community commitment to their existence.

Gap: Organizational Structures

Referencing the language used in their recent notice of intent to unionize, the very first goal cited by Dispatch employees is to be recognized by the City as first responders. As mentioned

in the [Current State](#) section of this document, Dispatch has several internal and external clients, but is organizationally positioned within the police department.

Solution option: Contract with a public-safety-specific, Indiana-based consultant like [Ritter Strategic Services](#) to evaluate the best method for elevating the function and organizational power of Dispatch to recognize it as a first responder entity. Additionally, review and assess Human Resources functions within the department and its culture to strengthen their ability to attract and retain Telecommunicators. Finally, assess how Dispatch could prepare for changes brewing in the Indiana State Senate. (See [Indiana Senate Bill 316](#)).

CONCLUSION AND RECOMMENDATIONS

The Bloomington community is not starting from zero on an alternative response strategy, however, there are gaps in the data that prevent a full understanding of the *impact* of recent and planned progressive strategies like the addition of Community Service Specialists, Police Social Workers - including situating one in Dispatch, a Mobile Integrated Healthcare team, After-hours Ambassadors, and strong community partners like Centerstone, HealthNet, and IU Health. Before forming an additional alternative response team, it is recommended that the City be able to gauge the current efficacy and progress of the current six alternative responses.

In addition to the gaps in data, there are also gaps in the processes and funding that would allow the sharing of pertinent information across agencies for the benefit of those responding and those being served as well as for collective continual improvement.

Finally, there are previously unexplored alternative response options suitable to our community that build on our current strategy and show promise for lessening the burden on all agencies responding to 911 calls for service.

For those reasons, we recommend the actions below. *Recommendations with a red asterisk (*) denote items that the Steering Team identified as highest priority for 2024 funding and as having the highest potential positive impact. Resources required for implementation as well as potential impact have been quantified for only those options.*

Short-term - Begin in 2023

***Inter-Agency Review Of All Dispatch Protocols**

Budget Request: \$0 (use existing ambulance, fire, and police and data analysis personnel)

Implementation Timeline: Q3-Q4 2023

Impact: *Unknown call reduction - reduced burden on all three agencies by optimizing the number of resources sent to each call*

Protocols for ambulance and fire services were implemented in 2021. Their performance is reviewed collectively with the Dispatch Supervisor each quarter or as anomalies are detected in

the data. Depending on the findings, the protocols may be revised, or training of or instruction to Telecommunicators may be refined. Many call types attach multiple services to the response.

While fire and ambulance continually review one another's protocols, they could benefit from a review of how police services are attached to their calls to ensure those resources are not overburdened. Similarly, as police protocols are being developed, they could benefit from a review by ambulance and fire services to ensure the appropriate number and type of their resources are being attached to appropriate responses.

*Implement Police Protocols In Dispatch With Inter-Agency Continuous Improvement Evaluation

Budget Request: \$0 (use existing police and data analysis personnel)

Implementation Timeline: Q3-Q4 2023

Impact: *Unknown call reduction - reduced burden due to reduction in the number of resources sent to each call*

Before additional services like BPD's progressive idea to add a Social Worker in Dispatch can be implemented, BPD must define all of their protocol pathways within the ProQA software as BFD and ambulance services have done. Once the Telecommunicators are using the police protocols in their computer assisted dispatch (CAD) platform, there will be data with a much finer level of detail that can be used to examine how well the police responses aligned to the person's need, as well as whether the number of police dispatched was appropriate for the need.

By participating in a regular inter-agency review of the data from all three entities (police, fire, ambulance) the protocols for all agencies can be refined, opportunities for using non-sworn police responses more broadly and directly can be defined, and scenarios for calls that could be shifted to the Social Worker in Dispatch, a proposed Interdisciplinary Team, or a proposed Nurse in Dispatch can be identified.

Form An Interagency Review Team Made Up of the Alternative Responders

This team would meet regularly to clarify roles and responsibilities for each agency and how they can leverage each others' strengths; review success metric data and discuss what is working well, what could be improved, and follow up on any assigned actions; and discuss cross-agency initiatives and training opportunities.

Review and Implement a Community Service Coordination Software Solution

This recommendation is already in progress with the Bloomington Fire Department.

Medium-term - Begin in 2024

*Evaluate and Optimize Dispatch Operations

Budget Request: \$60,000

Implementation Timeline: Q3-Q4 2023

Impact: Unknown

During the six months of this working group's exploration, Dispatch reported 10 vacant positions, meaning that they were operating with just 60% of their necessary staffing. Staffing shortages in Dispatch centers is a national trend currently. Additionally, the staff of the Monroe County Central Emergency Dispatch voted to unionize in 2023. The American Federation of Labor and Congress of Industrial Organizations (AFL-CIO) recognizes that when a group of employees unionize, it is a signal that their needs are not being met.

To support, stabilize, and position this critical *first* first responder group and its operations, we recommend that a public safety-specific operational consultant like [Ritter Strategic Services](#) evaluate and optimize current Dispatch operations, recommend the best method for elevating the function and organizational power of Dispatch to recognize it as a first responder entity, review its Human Resources functions and organizational culture and recommend actions to strengthen the ability of Dispatch to attract and retain Telecommunicators. Additionally, such a consultant could also recommend actions to prepare for changes brewing in the Indiana State Senate. (See [Indiana Senate Bill 316](#)).

While the impact of this recommendation is listed as “unknown” we believe strongly that the outcomes hoped for in the other recommendations cannot be fully realized without the evaluation and support of this struggling entity.

*Fund Community Response Programs More Robustly

Budget Request: \$250,000

Implementation Timeline: Q1 2024

Impact: Increased capacity for providers of physical and mental health resources in our community

As with other cities that have built robust community response teams, we hope to fund multiple agencies; at this present moment, only Centerstone has established programs with which we can coordinate an alternate response. Through the Stride Center, this vital community partner provides services that divert adults from incarceration and connects them to social services. Additionally, their Rapid Response Team and Mobile Crisis Unit deliver clients to necessary services and/or deliver services directly to the client.

If fully funded, the combination of these three services have the potential to address and prevent police response to call types like disturbances, welfare checks, follow-ups, harassment, mental health, vandalism, disturbance, intoxication, public indecency, and panhandling. As police protocols are implemented and refined and the future volume of calls that could benefit from a non-police response are identified, it will be necessary to ensure that our ability to respond to these types of calls is being prepared *now*.

Additionally, as the Police Social Worker and Fire MIH programs mature, they will refer more clients to other community resources like HealthNet. Thinking downstream and funding these entities now will ensure that they have the capacity to serve these new clients.

*Implement the Social Worker in Dispatch

Budget Request: \$0 (this position is already funded)

Implementation Timeline: Q2 2024

Impact: *Decrease the # of calls responded to by anyone by 1,200/year*

Implementing a Social Worker in Dispatch is already budgeted and planned for. This recommendation is to complete the review of all protocols, implement the police protocols, complete the operational assessment of Dispatch and implement relevant findings *before* integrating this new service into the Dispatch workflow.

*Pilot Two Types of Interdisciplinary Response Teams

Budget Request: \$717,500

Implementation Timeline: Q2 2024

Impact: *Decrease the # of Welfare Check and/or Mental Health calls or follow-ups responded to by sworn officers by 2,500; reduce repeat callers within these categories by connecting them to services and following up*

As documented in chapter three (“Deploy Appropriate Responses”) in the [National League of Cities Toolkit](#) many cities in the US are implementing interdisciplinary teams for 911 calls that have some combination of known social, medical, or behavioral/mental health needs. This recommendation proposes a pilot and evaluation of two approaches:

1. Team #1: A team consisting of a Downtown Resource Officer (DRO)-like representative, a Mobile Integrated Healthcare (MIH) worker, and a Social Worker.
 - a. The DRO would ensure the physical safety of the team while the specific conditions for dispatching this team are being defined and added to the Dispatch protocols.
 - b. This team could respond to virtually any type of “Welfare Check” call.
2. Team #2: A team consisting of a Mobile Integrated Healthcare (MIH) worker, a Social Worker, and a community- or peer-based resource like a member of Centerstone’s adult counseling or response services.

- a. The purpose of this team would be to serve residents in need of specific social, medical, or behavioral/mental health services and help determine the difference in impact and outcomes to a response to these types of calls when sworn officers are not present.
- b. This team would initially respond to a narrower profile of call types than Team #1 until more granular data from police protocols in Dispatch indicate sub-types that would be safe and appropriate for this team. The initial call types would be determined in large part by the responders themselves and with enough clarity to convey that information to Dispatch.

Both teams may also leverage other community resources like the City's After Hours Ambassador , HealthNet, and IU Health's Paramedicine Unit.

The estimated costs consider salary and benefits for the six core team members, two vehicles, uniforms, computers, an office, and supplies. It is assumed that this team would be able to use the community service coordination software employed by the Fire Department to track client interactions and provide continuity of care.

The impact assumes that both teams work an 8-hour shift 5 days/week; that Team 1 can handle up to 8 calls or follow-ups per day, that Team 2 will start with a lower volume of calls until the data shows that we have earned the right to increase their volume by increasing their call type mix.

While the request is to construct a new team with new positions, this team could be piloted using existing resources with almost no financial impact.

*Add a Nurse in Dispatch

Budget Request: \$226,500 in year 1; \$177,500 in subsequent years

Implementation Timeline: Q3 2024

Impact: *Divert 1,600 calls/year from EMS services; an unknown quantity of low acuity medical calls being responded to by police and fire but current coded as something else; reduce repeat callers within these categories by connecting them to services and following up*

Much like embedding the Social Worker in Dispatch, embedding a nurse there would allow callers with very low acuity medical or trauma conditions to be triaged and referred to settings such as primary care, dental care, urgent care, or even self- care at home.

Unlike embedding the Social Worker in Dispatch, protocols for nurse triage are known and available to purchase as a separate ProQA module called "LowCode". These protocols are used widely outside the US but are gaining in popularity in the US since the COVID pandemic. The protocols provide a replicable, standardized approach to phone triage that minimizes malpractice risk. The "LowCode" module also includes an option to integrate telehealth for even more accurate diagnosis by the nurse.

In order to use LowCode, Dispatch must have attained Accredited Center of Excellence (ACE) status in the Medical Priority Dispatch System (MPDS). Implementing this option would also require close coordination with IU Health and Lifeline Emergency Medical Services to ensure compliance with any Indiana-specific emergency medicine requirements.

The request considers salary and benefits for a full-time registered nurse, evaluation and training necessary for Dispatch to obtain ACE status, and the initial cost for the software and its setup. The greatest impact will be to ambulance services and the emergency department, however, this strategy would also decrease the number of low acuity medical calls that are coded as something else (welfare check, follow-up) currently responded to by fire and police, but those cannot be quantified until the police protocols are implemented.

NOTES:

- *Licensing for the software in subsequent years would cost half of what it does in the year of setup, so the request for future years would be \$177,500.*
- *Per ProQA there are National Institutes of Health Innovation Grants available to encourage more US cities to adopt these protocols right now. Additionally, it may be possible to approach IU Health or the IU Health Foundation to contribute to the initial and/or ongoing cost given the potential for positive impact to the Emergency Department.*
- *Oversight by a Medical Director is a potential requirement for this recommendation that is still being explored.*

Review “Observance Code” Data

Determine whether the information captured is useful with its current definition and use or if the definition and/or use need to be modified. Do this no earlier than May 2024 (to ensure a sufficient amount of data). Ideally, information from this field will help to determine if there are low-risk/high value scenarios that are good candidates for an alternative response.

Pilot a Telephone Response Unit (Tru) To Answer Non-Urgent, Non-Emergent Calls

Pilot the establishment of a Telephone Response Unit (TRU) to answer non-urgent, non-emergent calls to allow Telecommunicators to focus on emergencies. This group may also answer administrative calls needing a person 9a-5p Monday through Friday.

Pilot Software Using Artificial Intelligence (AI) and Machine Learning

Pilot the use of software using AI and machine learning to answer frequently asked questions from incoming calls on ONLY the administrative lines. Use the TRU as human backup 9a-5p Monday through Friday; send to voicemail all other times. Use reporting from software to continually improve and refine the questions that can be answered. As with the TRU, this option would allow Telecommunicators to focus on emergencies.

Determine what Insights Are Possible by Evaluating Radio Transmissions

Fund a partnership with IU CTIL to transcribe, decode, analyze, and provide insights from public safety radio transmissions.

Long-term - Begin in 2025

Join a National Cohort Exploring Alternative 911 Responses

Use the success metric data to determine whether we have “earned the right” to expand our alternative responses. If so, apply to be part of the [Harvard Government Performance Lab's Alternative 911 Emergency Response Cohort](#) to receive expert assistance in expanding the program. Leverage the GPL or other professionals in establishing a Local Response Unit envisioned as a combination of Centerstone’s outreach personnel along with embedded medical and law enforcement support that can be dispatched to specific calls for service from the 988 service or directly from the 911 Center.

Use Data Modeling to Determine Future Emergency Worker Skill Sets and Capacity Needs

Fund a partnership with IU CTIL to use our data and trends across the United States to create a model that will help leaders of all public safety agencies operating in the City to understand future public safety needs and what that means for skill set development and capacity building.

Explore Drone Supplementation

Explore the feasibility and public acceptance of using drones to increase situational awareness through remote sensing capabilities as was done in [Chula Vista, California](#).

APPENDIX 1 - COMMITTEE CHARTER

Purpose

The 911 Review Committee will examine the response paradigm of all Monroe County Emergency Services to determine the appropriateness of those agencies tasked with responding to the full range of calls for service.

Mission Statement

The Monroe County 911 Review Committee is committed to examining the apparatus of emergency response from a holistic point of view to identify the most appropriate resources and services to all calls for services. The committee will examine each call type to determine if other services than those which have been traditionally responsible might offer advantages in progressing our shared goals of public safety, civility, and community justice.

The Committee

The committee is made up from representatives of each of the agencies serviced by Monroe County Central Emergency Dispatch. Further, so that the best data and operational planning can be achieved, members from all levels of the representative organizations have been asked to participate in order to maximize subject matter input from all levels of experience. The committee will be led by BPD Director of Civilian Operations Sarah Taylor, with support from Innovation Director Devta Kidd. Subgroups may be formed as needed.

The committee intends to seek input from not only 'standard' emergency service providers but will also be looking to local social service agencies that are participating in the new 988 mental health services program, to explore the alternative of having them enter the response apparatus for some calls for service within Monroe County. The committee also will review models from other jurisdictions that have successfully modernized 911 responses.

Expected Timeline and Deliverables

The committee expects to meet every other week over the next six months beginning in January 2023, in order to recommend by June 2023 any potential changes in responsibility of the agencies that respond to calls for service.

The committee will examine each call (for service) type to determine the continued appropriateness and practicality of current practices versus alternatives, in order to recommend any potential changes in response protocols or agencies that could more fully or efficiently preserve or establish public safety, civility and community justice.

APPENDIX 2 - LARGE GROUP MEMBERS AND THEIR AGENCY AFFILIATIONS

Name	Title and Organization
Chris Clouse	Town of Ellettsville Deputy Fire Chief
Dustin Dillard	Monroe County Fire Chief
Michael Diekhoff	City of Bloomington Chief of Police
Gabriela Esquivel	City of Bloomington Sworn Police Officer
George Robinson	Town of Ellettsville Police Chief Deputy Marshal
Jordan Hasler	City of Bloomington Sworn Police Officer
Jimmie Durnil	Town of Ellettsville Marshal/Chief of Police
Devta Kidd	City of Bloomington Office of the Mayor Director of Innovation
Kevin Patton	Town of Ellettsville Fire Chief
Kate Pedigo	IU Health / Lifeline - Director, Regional Emergency Medical Systems
Melissa Stone	City of Bloomington Police Social Worker
Jason Moore	City of Bloomington Fire Chief
Scott Oldham	City of Bloomington Deputy Police Chief
Ryan Pedigo	City of Bloomington Police Captain
Ruben Martí	Monroe County Sheriff
Russell Brummett	Monroe County Sheriff's Department Chief Deputy
Jeffrey Rodgers	City of Bloomington Police Detective
Sarah Taylor	City of Bloomington Police Director of Civilian Operations
Jayne Washel	City of Bloomington Deputy Fire Chief
Zachary Weisheit	City of Bloomington Sworn Police Officer
Myrick Williams	City of Bloomington Police Captain

APPENDIX 3 - WORKING GROUP MEMBERS AND THEIR AGENCY AFFILIATIONS

STEERING TEAM

Mike Diekhoff	City of Bloomington Police Chief
Devta Kidd	City of Bloomington Office of the Mayor Director of Innovation
Jason Moore	City of Bloomington Fire Chief
Sarah Taylor	City of Bloomington Police Director of Civilian Operations

“988” WORKING GROUP

Melissa Stone (Lead)	City of Bloomington Police Social Worker
Charles Culp	City of Bloomington Community and Family Resource Department After-hours Ambassador
Linda Grove-Paul	Centerstone Vice President of Adult Services
Steve Miller	Monroe County Veterans Affairs Director
Shelby Wood	City of Bloomington Fire Department Mobile Integrated Healthcare Supervisor

DATA ANALYSIS AND BEST PRACTICES WORKING GROUP

Devta Kidd (Lead)	City of Bloomington Office of the Mayor Director of Innovation
Bradley Burleson	City of Bloomington Police Data Analyst
Cherrice Fuller	City of Bloomington Police Data Analyst
Heather Lacy	City of Bloomington Assistant Attorney
Lillian Mercho	City of Bloomington Office of the Mayor Intern
Jill Minor	City of Bloomington Utilities Data Analyst
Ryan Pedigo	City of Bloomington Police Captain
Dr. David Wild	Indiana University Luddy School Professor of Informatics

DISPATCH WORKING GROUP

Sarah Taylor (Lead)	City of Bloomington Police Director of Civilian Operations
Jarrold Bailey	City of Bloomington Police Dispatch Telecommunications Supervisor
Karin Davis	City of Bloomington Police Dispatch Assistant Manager
Ruth Keselich	City of Bloomington Police Dispatch Telecommunicator

FIRE AND EMS WORKING GROUP

Jason Moore (Lead)	City of Bloomington Fire Chief
Chris Clouse	Town of Ellettsville Deputy Fire Chief
Dustin Dillard	Monroe County Fire Chief
Kevin Patton	Town of Ellettsville Fire Chief
Kate Pedigo	IU Health / Lifeline - Director, Regional Emergency Medical Systems
Dr. Corrina Repetto	IU Health Emergency Medical Director
Jayme Washell	City of Bloomington Deputy Fire Chief

LAW ENFORCEMENT WORKING GROUP

Mike Diekhoff (Lead)	City of Bloomington Police Chief
Jimmie Durnil	Town of Ellettsville Marshal/Chief of Police
Gabriela Esquivel	City of Bloomington Sworn Police Officer
Rubin Marte	Monroe County Sheriff
Scott Oldham	City of Bloomington Deputy Police Chief
George Robinson	Town of Ellettsville Police Chief Deputy Marshal
Jeffrey Rodgers	City of Bloomington Police Detective
Zachary Weisheit	City of Bloomington Sworn Police Officer
Myrick Williams	City of Bloomington Police Captain

APPENDIX 4 - SOURCES

2023 City of Bloomington State of Public Safety Report

<https://bloomington.in.gov/sites/default/files/2023-02/State%20of%20Public%20Safety%20Report%202023.pdf>

City or County	Population Served by the Program	Research Item	Content Location
Columbus, OH	906,528	- "911 Right Response Unit," - Mobile Crisis Response teams - initiatives to engage with people who have suffered overdoses	https://www.dispatch.com/story/news/local/2022/11/02/alternative-911-response-mental-health-drug-overdose-columbus-police/69611828007/
PROGRAM: Transform 911 - Academic Research from the University of Chicago that is based on information gathered from over 100 entities using an alternative to police response to 911 calls for service	n/a	Blueprint for Action	https://www.transform911.org/resource-hub/transforming-911-report/alternative-first-responders/ and https://www.transform911.org/blueprint/
An amalgamation of: St. Petersburg, FL Rochester, NY Denver, CO Eugene, OR Springfield, OR San Francisco, CA Olympia, WA Portland, OR Toronto, Canada	Various - report covers 9 cities - the aspects of each individual city can be found by city name in this spreadsheet.	Civilian Crisis Toolkit	https://www.vera.org/civilian-crisis-response-toolkit

City or County	Population Served by the Program	Research Item	Content Location
Baltimore, MD Burlington, VT Cincinnati, OH Detroit, MI Hartford, CT New Orleans, LA New York, NY Seattle, WA Tucson, AZ	Various - report covers 9 cities of 15.6 million community-initiated 911 calls between Jan 2019 and November 2021	911 Analysis	https://www.vera.org/downloads/publications/911-analysis-we-can-rely-less-on-police.pdf and https://www.vera.org/downloads/publications/911-analysis-civilian-crisis-responders.pdf
Travis County (includes Austin, TX)	~ 1M	Austin City Case Study	https://drive.google.com/drive/folders/1ExYzL1TLQGqpAKSU6yRf-lbDd7VJ8038?usp=share_link and https://www.austintexas.gov/edims/document.cfm?id=302634 and https://csgjusticecenter.org/publications/expanding-first-response/program-highlights/austin-tx/
Long Beach, CA	455,000	Pilot program will send some civilians to mental health-related 911 calls	https://lbpost.com/news/long-beach-health-department-to-launch-community-crisis-response-team
Ithaca, NY	32,108	Suggestions from the City of Ithaca's Reimagining Public Safety Working Group on How to Implement the City of Ithaca's New Public Safety Agency	https://www.cityofithaca.org/DocumentCenter/View/13725/WG_IthacaReport_Final

City or County	Population Served by the Program	Research Item	Content Location
West Allis, WI (Milwaukee)	569,330	As Milwaukee looks for alternatives to the police response to 911 calls, the acting chief says he is open to ideas from the city task force	https://www.jsonline.com/story/news/crime/2021/07/30/milwaukee-police-911-diversion-task-force-focuses-mental-health/5423193001/ and https://www.jsonline.com/story/news/local/milwaukee/2021/05/27/if-milwaukee-leaders-search-other-options-than-police-911-calls/5086281001/ and https://lawenforcementactionpartnership.org/wp-content/uploads/2023/01/LEAP-Milwaukee-Community-Responder-Report-1.pdf
Eugene, OR	175,096	Cost/Benefit Analysis of Eugene, OR's CAHOOTS Program	https://docs.google.com/document/d/1yLFKeUPpFXTwA4-wdyANDVbsN2FxaBe/edit?usp=share_link&ouid=116948054533349598053&rtpof=true&sd=true
Durham, NC	285,527	Durham, NC HEART Alternative 911 Response	https://www.durhamnc.gov/4576/Community-Safety and https://www.durhamnc.gov/DocumentCenter/View/46275/HEART-dashboard-guide-August-2022?bidId= and https://app.powerbigov.us/view?r=eyJrIjojMWQ1YzViMGYtYmI1MC00NWZjLTg1NWUtMjdjNzk3NWNIYzU0liwidCI6IjI5N2RlZjgyLTk0MzktNDM4OC1hOEA4LTM1NDhhNGVjZjQ3ZCJ9&pageName=ReportSection7606ef27f6ee056e6f9f

City or County	Population Served by the Program	Research Item	Content Location
Fayetteville, NC	208,778	State of NC LEAD (Law Enforcement Assisted Diversion) Program	https://www.nchrc.org/programs/lead/
Statesville, NC	28,844	https://www.statesvillenc.net/departments/police/divisions/community_police_services	City website https://www.statesvillenc.net/departments/police/divisions/community_police_services
Greensboro, NC	298,263	The Behavioral Health Response Team (BHRT)	https://www.greensboro-nc.gov/departments/executive/office-of-community-safety/bhrt#:~:text=The%20City's%20BHRT%20consists%20of.treatment%2C%20whenever%20appropriate%20and%20available and https://user-kcmpnye.cld.bz/Behavioral-Health-Response-Team-2022-Annual-Report
State of North Carolina	Various cities in NC	North Carolina cities explore alternatives to police response for non-violent emergency calls	https://www.reckon.news/news/2021/08/it-doesnt-have-to-be-this-way-north-carolina-cities-explore-alternatives-to-police-response-for-non-violent-emergency-calls.html and https://lrs.sog.unc.edu/bill-summaries-lookup/H/786/2021/H786
Seattle, WA	733,919	US LEAD (Law Enforcement Assisted Diversion) Programs	Seattle, Washington LEAD Program: http://leadkingcounty.org and https://www.axios.com/local/seattle/2023/03/09/alternative-911-seattle-police-mental-health

City or County	Population Served by the Program	Research Item	Content Location
Santa Fe, NM	88,193	https://www.lead-santafe.org https://santafenm.gov/news/alternative-response-unit-expands#:~:text=The%20ARU%20was%20established%20by%20of%20social%20and%20behavioral	Santa Fe NM Gov website https://santafenm.gov/news/alternative-response-unit-expands#:~:text=The%20ARU%20was%20established%20by%20of%20social%20and%20behavioral
Portland, OR	641,162	Multnomah County, Oregon LEAD Program: https://multco.us/law-enforcement-assisted-diversion https://www.opb.org/article/2022/03/28/portland-street-response-oregon-mental-health-crisis/	Portland Street Response https://www.portland.gov/streetresponse
Baltimore, MD	576,498	https://consentdecree.baltimorecity.gov/behavioral-health-and-consent-decree/9-1-1-diversion https://mayor.baltimorecity.gov/news/press-releases/2021-05-07-mayor-scott-implement-cutting-edge-9-1-1-diversion-pilot-program	City's Emergency Response Network/ Baltimore Crisis Response Inc. (BCRI) https://www.bcreponse.org/
Bangor, ME	31,921	ABC News: Social workers to respond to mental health calls in Bangor rather than police officers (Oct 2022)	https://www.newscentermaine.com/article/news/health/mental-health/bangor-maine-plans-to-send-social-workers-to-911-calls-about-mental-health-rather-than-police-crisis-intervention-team-bangor-maine/97-d4d12693-4c16-4187-a035-6b8849b4cbb2

City or County	Population Served by the Program	Research Item	Content Location
Charleston, WV	48,018	Mental Health Response Team/Coordinator	https://www.charlestonwv.gov/news-items/tue-05042021-1549/mental-health-coordinator-21
Huntington, WV	46,025	Crisis Intervention Team	https://www.herald-dispatch.com/news/huntington-launches-response-team-focused-on-homelessness-mental-health/article_0eecf6f6-9010-5e85-98b6-a45d1097944a.html
Los Angeles, CA	3.849 M	Call Natures that LAPD are no longer able to send sworn officers to	https://ktla.com/news/local-news/lapd-may-no-longer-send-armed-officers-to-these-police-calls/
St. Petersburg, FL	258,201	Community Assistance and Life Liaison (CALL)	https://police.stpete.org/call/index.html
Rochester, NY	210,606	People in Crisis (PIC)	https://www.cityofrochester.gov/crisisintervention/
Denver, CO	711,463	Support Team Assistance Response (STAR)	https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program and https://www.science.org/doi/pdf/10.1126/sciadv.abm2106
New York, NY	8.468 M	Behavioral Health Emergency Assistance Response Division (B-HEARD)	https://mentalhealth.cityofnewyork.us/b-heard and https://mentalhealth.cityofnewyork.us/wp-content/uploads/2022/10/FINAL-DATA-BRIEF-B-HEARD-FY22-TOTAL.pdf

City or County	Population Served by the Program	Research Item	Content Location
Eugene, OR Springfield, OR	237,352	Crisis Assistance Helping Out On The Streets (CAHOOTS)	https://whitebirdclinic.org/cahoots/ and https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis
San Francisco, CA	815,201	Street Crisis Response Team (SCRT)	https://sf.gov/street-crisis-response-team and https://www.sfdph.org/dph/files/IWG/SCRT_IWG_Issue_Brief_FINAL.pdf
Portland, OR	641,162	Portland Street Response (PSR)	https://www.portland.gov/streetresponse and https://public.tableau.com/app/profile/pdxstreetresponse
Olympia, WA	55,919	Crisis Response Unity (CRU)	https://www.olympiawa.gov/services/police_department/crisis_response_peer_navigators.php
Toronto, Canada	2.93 M	Community Crisis Support Services (CCSS)	https://www.toronto.ca/community-people/public-safety-alerts/community-safety-programs/toronto-community-crisis-service/ and https://www.toronto.ca/wp-content/uploads/2023/01/8e71-Toronto-Community-Crisis-Service-Jan-2023-Evaluation-Reportaccessible.pdf
Harris County, TX	4.728 M	Harris County TX Alternative 911 Response	https://publichealth.harriscountytexas.gov/chvps

City or County	Population Served by the Program	Research Item	Content Location
Farmington Hills, MI	83,292	Crisis Intervention Team certification - voluntary 40 hour mental health training program for law enforcement officers	https://www.nami.org/Advocacy/Crisis-Intervention/Crisis-Intervention-Team-(CIT)-Programs and https://www.wilx.com/2023/03/10/michigan-police-officers-train-mental-health-crisis-response-de-escalation/
St. Croix County, WI	95,044	Behavioral Health Emergency Services	https://www.sccwi.gov/251/Behavioral-Health-Emergency-Services
Albany County, NY	313,743	Albany County Crisis Officials Responding and Diverting (ACCORD)	https://www.albanycounty.com/home/showdocument?id=22105
Albuquerque, NM	562,599	Albuquerque community safety (ACS) -- made up of: - Mobile Crisis Team (MCT) - Behavioral Health Responders - Community Responders - Street Outreach and Resource Responders Community-oriented response and Assistance (CORA_ - Violence Intervention Program (VIP)	https://www.cabq.gov/acs/document/s/acs-monthly-informational-report-january-2023.pdf and https://www.cabq.gov/acs/our-response
Atlanta, GA	496,461	Policing Alternatives and Diversion (PAD) - aka LEAD	https://www.atlantapad.org/resources-reports and https://static1.squarespace.com/static/5e9dddf40c5f6f43eacf969b/t/61fa9aa619a4275489b0a1f4/1643813542541/LEAD+Flow+Chart.pdf

City or County	Population Served by the Program	Research Item	Content Location
Aurora, CO		Crisis Response Team (CRT)	https://www.auroragov.org/residents/neighborhood_resources/aurora_mobile_response_team#:~:text=The%20program%20operates%20throughout%20Aurora,Aurora%20Mobile%20Response%20Team%20support.
Chicago, IL	2.697 million	Crisis Assistance Response and Engagement (CARE) pilot project	https://www.chicago.gov/city/en/sites/public-safety-and-violence-reduction/home/CARE-Dashboard.html and https://www.chicago.gov/content/dam/city/sites/public-safety-and-violence-reduction/pdfs/CARE-one-pager-ENG.pdf and https://www.chicago.gov/content/dam/city/sites/public-safety-and-violence-reduction/pdfs/CARE%202022-Annual%20Report-12-7.pdf
Fairbanks, AK	32,702	Crisis Now Mobile Crisis Team (MCT)	https://alaskamentalthtrust.org/wp-content/uploads/2022/05/Crisis-Now-Implementation-Update-May-2022.pdf
Louisville, KY	628,594	Crisis Intervention Team Program	https://louisvilleky.gov/mayor-greg-fischer/document/louisville-metro-alternative-responder-model-research-and-planning
Missoula, MT	74,822	Missoula mobile support team	https://www.ci.missoula.mt.us/DocumentCenter/View/59477/MST-Pilot-Evaluation--Data?bidId=

City or County	Population Served by the Program	Research Item	Content Location
OTHER RESOURCES			
USA	n/a	Department of Justice Smart Policing Initiative	https://bja.ojp.gov/program/smart-policing-initiative-spi/overview and https://www.smart-policing.com/about/spi-overview?page=2
USA	n/a	National League of Cities' "Reimagining Public Safety A Toolkit for Cities and Towns"	https://www.nlc.org/resource/reimagining-public-safety-a-toolkit-for-cities-and-towns/

CAPS Commission Response to

[FINAL Recommendations for Alternatives to Police
Response to 911 Calls for Service Report](#), published Aug 2, 2023

By the Monroe County 911 Review Committee

September 13, 2023

1. *(p20) Medium-term - Begin in 2024 *Evaluate and Optimize Dispatch Operations Budget
Request: \$60,000 Implementation Timeline: Q1 2024 Impact: Unknown*

CAPS' Response: The CAPS Commission strongly objects to the recommendation for the City to fund a contract with Ritter Strategic Services to “evaluate and optimize Dispatch operations.” There is no evidence that the selection of this firm was made in a way that reflects the needs, priorities or desires of the community, or that any other firms were even considered.

More importantly, the specific goals of this project are not clearly identified. There is no explanation provided for how the persistent staffing problems in the Monroe County Dispatch might be resolved by Ritter, whose stated specialty on their website is “reducing operating costs and overhead.” The CAPS Commission maintains that any re-design of existing dispatch operations and procedures should be performed with the explicit goal of reducing the ongoing harm experienced by marginalized residents from the existing public safety system, and improving overall community safety outcomes, not simply reducing cost. For this reason, the Commission asks the City not to fund this recommendation.

2. *(p24) Long-term - Begin in 2025 Use Data Modeling to Determine Future Emergency Worker Skill Sets and Capacity Needs*

CAPS' Response: The CAPS Commission is pleased to see this similar recommendation to what it also recommended in its Alternative Public Safety Report, which is for the City to collaborate

with IU CTIL (Crisis Technologies Innovation Lab) to identify and begin tracking important public safety indicators. The Commission supports this funding request. To avoid working in silos and improve information-sharing across all public safety-oriented organizations and entities within Bloomington, the CAPS Commission hereby requests that it also be included as an equal partner to BPD in this planned collaboration with IU CTIL.

3. (p24) Long-term - Begin in 2025 Explore Drone Supplementation

CAPS' Response: There is no evidence included in the MC 911 Review Report that correlates the use of drone technology with improving community safety outcomes. Furthermore, the CAPS Commission is concerned that the use of drones to respond to calls for help in our community may be perceived as a costly, unnecessary and militaristic response to the symptoms of growing threats to public safety that only serves to prevent the city's resources from being better allocated in ways that strategically address the root causes of the increasing number of calls for help.