New Orleans Mobile Crisis Intervention Unit (MCIU)

First Year Evaluation

Resources for Human Development

Acknowledgements

Resources for Human Development (RHD) created this report in partnership with the New Orleans Health Department, Vera Institute of Justice, and The Fourth Branch Institute. RHD would like to thank the staff, community partners, funders, and people we serve for your contributions to both the annual report and the success of the first year of the Mobile Crisis Intervention Unit.

Executive Summary

As part of its commitment to elevate care and prevent unnecessary hospitalizations for people experiencing mental health crises, Resources for Human Development (RHD) launched the Mobile Crisis Intervention Unit (MCIU) in New Orleans on June 1, 2023. MCIU serves as the fourth branch of the emergency response system, responding to behavioral health crises called into 911. MCIU's vision is a safer and healthier New Orleans in which community members receive the most appropriate response to their crisis. The MCIU mission is to create the fourth branch of the emergency response system in New Orleans to more effectively respond to behavioral health crises called into 911 and to provide caring, effective, and innovative crisis response. In collaboration with researchers from the Vera Institute of Justice, RHD analyzed a variety of measures including community satisfaction with the services provided, staff satisfaction, and outcomes to illustrate MCIU's successes and challenges. RHD will use the results of this analysis to scale up successful program elements and to address identified areas for improvement. This report summarizes MCIU's successes and challenges during its first year of service.

MCIU deploys highly specialized civilian-only response teams whose approach centers the dignity and worth of every individual served. Aligned with its mission, MCIU strives to provide rapid, community-based mobile crisis intervention 24/7. MCIU offers assessments, supports, and ensures resource connection in the least restrictive setting possible. All of RHD's programs, including MCIU, provide services that are consistent with evidence-based practices. For the small percentage of calls that do not warrant a face-to-face intervention, MCIU provides support over the phone and ensures resource connection and referrals. MCIU is integrated into the New Orleans 911 dispatch emergency response system, providing an easily accessible, centralized entry point for behavioral health crisis response. Functioning as the fourth branch of the emergency response system, MCIU relieves the burden of managing behavioral health crises for other emergency responders. In doing so, MCIU reduces unnecessary interactions with police and EMS while preserving the health and safety of the community. Finally, the team provides follow up to crisis to ensure community members are successfully connected to the most appropriate level of care.

In the first year of operations, MCIU conducted 2,448 face-to-face interventions, averaging 7 interventions per day. The team has been able to successfully respond to as many as 18 calls within a 24-hour period, meeting or exceeding response time goals for each call. MCIU's average response time is approximately 8 minutes and average length of time on scene is approximately 30 minutes. The demographics of residents served by MCIU closely mirror New Orleans as a whole. Staff feedback was an important part of the first year of service. In 99% of face-to-face interventions, staff reported feeling safe. In 95% of interventions, staff felt that they were successfully able to support the residents in crisis. For 99% of calls, staff felt they had the right training to be able to respond appropriately. When asked if they had enough support during an intervention, 100% of staff reported that they did.

In addition to the positive quantitative data collected in the first year, MCIU leadership heard from a variety of community members and partners about the impact the MCIU team has had on the City of New Orleans and its residents. RHD is proud to partner with The City of New Orleans, the New Orleans Health Department, and the wider New Orleans emergency response system to provide this Mobile Crisis Intervention Unit.

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Definitions and Acronyms

API- Application Programming Interface: A set of rules or protocols that enable software applications to communicate with each other.

BHL- Behavioral Health Link: The electronic health record system used by RHD's mobile crisis response programs.

CAD- Computer Aided Dispatch: Systems that dispatchers, call- takers, and 911 operators use to prioritize and record incident calls, identify the status and location of responders in the field, and effectively dispatch responder personnel. First responders, including the MCIU team, receive information on calls they need to respond to through the CAD system.

GPL- Harvard Kennedy School Government Performance Lab: Based in the School's Taubman Center for State and Local Government, GPL supports state and local governments across the country in designing and implementing solutions to pressing social problems.

ICRA- International Crisis Response Association: A network dedicated to supporting cities across Canada and the United States in developing crisis response teams led by mental health experts, including licensed clinicians and peer support workers.

MCIU- Mobile Crisis Intervention Unit: The RHD program contracted with the City of New Orleans to provide this service.

NOHD- New Orleans Health Department: The health Department for New Orleans, who manages the MCIU program at the city level.

NOPD- New Orleans Police Department

OHSS- Office of Homeless Services and Strategy: The Office of Homeless Services and Strategy provides support and resources for those experiencing homelessness in the community.

OPCD- Orleans Parish Communications District: 911 dispatch center for New Orleans.

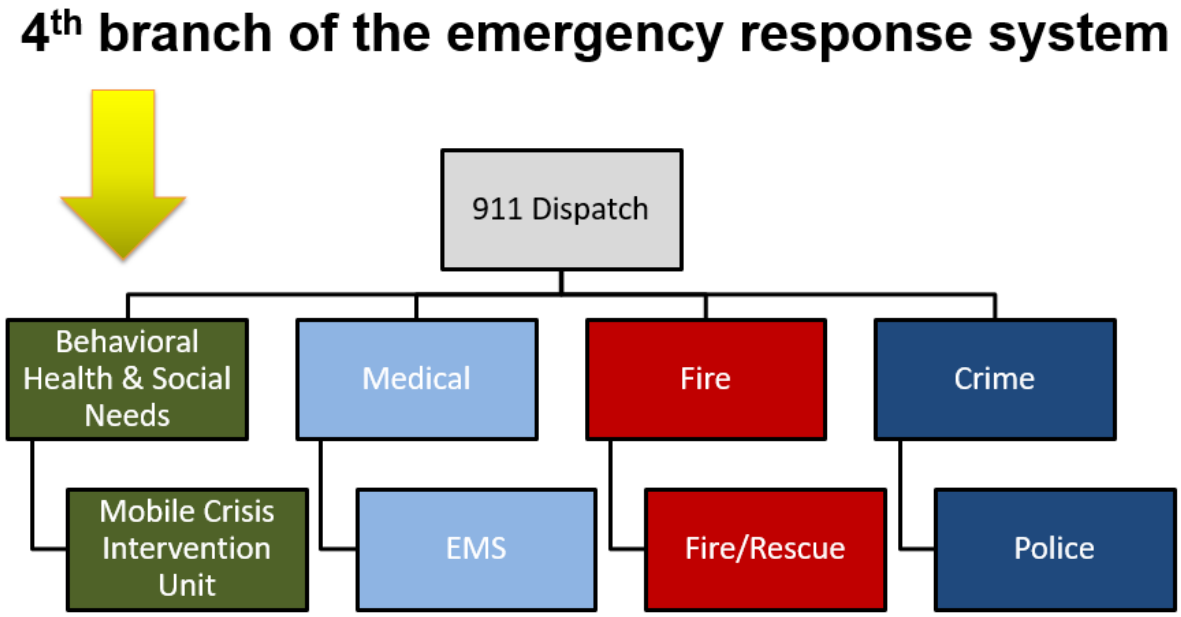
RHD- Resources for Human Development: the national health and human services organization who is contracted with the City of New Orleans to provide this service.

SAMHSA- Substance Abuse and Mental Health Services Administration: the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance behavioral health outcomes across the country.

Vera Institute for Justice (Vera): Vera is a national research, advocacy, and policy organization working to transform the criminal legal and immigration systems until they are fair for all. Vera's Redefining Public Safety Initiative worked with RHD and NOHD to support MCIU's implementation and evaluation. Vera's Louisiana Office also works to reform the criminal legal system in New Orleans and across the state.

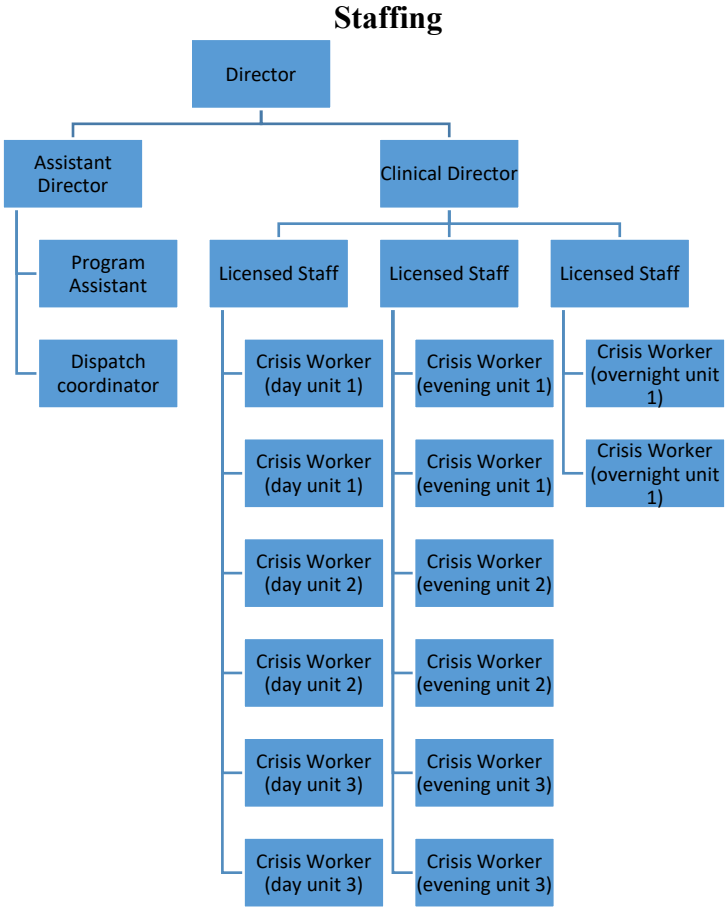
Introduction

On June 1, 2023, Resources for Human Development (RHD), in partnership with the New Orleans Health Department (NOHD), launched the fourth branch of the emergency response system in Orleans Parish, the Mobile Crisis Intervention Unit (MCIU). MCIU is staffed by highly specialized behavioral health first responders, dispatched by 911 to behavioral health crises in the community. Early in the program, RHD provided a summary report which included implementation work and information on the first 90 days of service delivery. In the spring of 2024, a 9-month report was released summarizing the progress from September 1 through November 30, 2023. This report is a summary of work in the first year of MCIU service from June 1, 2023 through May 30, 2024.



The first-year evaluation summary provides progress updates and upcoming plans for stakeholders and the community at large. RHD, in conjunction with the Vera Institute of Justice, examined both quantitative and qualitative data to determine the program's success, as measured by community satisfaction, call outcome, and staff satisfaction. RHD will use the results of this report to inform future updates to the program, with the intent of continuing to elevate service delivery and improve outcomes. Based on the findings, RHD offers recommendations to other cities and communities who are exploring adding behavioral health first responders as the fourth branch of their emergency response system.

Organizational Chart



Trainings

MCIU provides extensive training for staff on crisis management. All behavioral health first responders, regardless of prior training, experience, or education receive the same training.

- HIPAA
- CPR & First Aid
- Mental Health 101: Introduction to Serious Mental Illness
- Crisis Intervention
- Suicide & Homicide Precautions
- Systems of Care Overview
- Co-occurring Disorders
- Cultural Linguistic Competencies
- Crisis Management
- Crisis Planning with Families
- Suicide-specific Interventions/Best Practices
- MVR- General Release for Drivers Alert
- Trauma Informed Care

- Mandated Reporter
- Naltrexone
- LDH Crisis Response Training
- Mental Health First Aid
- Domestic Violence for First Responders
- CIT
- Behavioral Health Link
- Clinical Documentation
- Risk Indicators
- Columbia Scale Screener

Staff Safety

RHD places high value on the safety of all staff and participants and recognizes that first responders face significant risks in the field. Research demonstrates that one-third of EMS injuries result from patient violence. Injury rates for healthcare and social service workers are five times higher than the average for other occupations. Although individuals with mental illness account for only 3-5% of violent acts in the U.S., certain mental health crises such as those involving substance use, delusions, or hallucinations, sometimes lead to violent behavior. MCIU's program design holds safety as paramount and employs several strategies to ensure behavioral health crisis intervention poses as few risks as possible for all involved. To date, there have been no incidents of violence affecting staff.

During the first year of operations, RHD conducted structured interviews with staff to determine their perception of safety on the job and what factors influenced that perception. During interviews, staff noted specific situations they considered dangerous, such as responding to calls in New Orleans East, after dark, or when dealing with individuals experiencing mania or psychosis, particularly when coupled with substance use. The risk in New Orleans is heightened by the city's high violent crime rate. Despite these risks, the program's design contributed to staff feeling safe while on duty. Staff identified the following specific program aspects that enhanced their sense of safety:

Team structure
- Responding in pairs
- Multiple units responding at night
- Team cohesion
- Safety culture
- Staff knowing their community

Training
- Training on trauma-informed care practices
- Training on how to approach people
- Shadowing experienced behavioral health first responders
- Situational awareness
- De-escalation
- Defensive driving

Identified as Helping Professionals
- Staff uniforms
- Van is recognizable by community members

Call Safety Practices
- Screening protocols
- Confirming that police have cleared the scene for safety, when needed
- Ability to rely on police for backup, when needed

Management Support
- Management holding staff accountable for following safety protocols
- Management supporting staff leaving a scene if it feels unsafe
- Management supporting staff declining to transport if the individual is unpredictable or aggressive

In Their Own Words

Staff also shared their thoughts about safety in the field and what aspects of the program design increase that safety during interviews and focus groups conducted by a doctoral candidate as part of a dissertation on staff experience of safety in the MCIU program model. Highlights from those interviews include:

- "[The program director] is big on safety, so like, even if we were to drive up to a scene and it just didn't look safe in our opinion, there was no questions, you know, no questions asked. It's always, if you don't feel safe, you don't have to engage or get out of the car." – [MCIU staff, December 2023 interview]
- "At the end of the day, we want to go home to our families. And we're the responders that we don't have weapons. We don't even have mace. So, I have my own kids and my family that I would like to get home to, so we're extra cautious. And I would say 100% of the staff is that way." – [MCIU staff, December 2023 interview]
- "I actually feel safe provided, like I said, I'm recognized, they know, you know, they've seen the green van, or maybe you responded to a call in the area, and they see us, they're like, you know, hey, you know, thank you. Overall, yes, I generally feel safe when I'm in a van." – [MCIU staff, March 2024 interview]
- "I have to give a shout out to the police. They've done a good job of working with, partnering with us." – [MCIU staff, March 2024 interview]
- "The degree of work that we do every day, since we are dealing with those who are trying to self-harm- Every day is a great day. Every day that we save a life is a great day. Every day that we get somebody connected to the resources that they may need, or give them an appointment, or a psych eval in the hospital, is always rewarding." – [MCIU staff, March 2024 focus group]

In group discussions with researchers from the Vera Institute of Justice, MCIU staff described debriefing with supervisors and other staff and leadership described the ways in which they support their staff. (see Appendix B for information about Vera's interviews and group discussions).

- Pairings of MCIU responders rotate, so that staff are not always working in the same pairs across different shifts. MCIU staff described that they tend to debrief their calls in on the drive back from calls, and depending on how busy a given day is, they may also debrief their calls with MCIU's dispatch coordinator and other staff when they get back to the office. - [MCIU staff, March 2024 focus group]
- MCIU's director described that they are trying to build a culture of trust for staff to discuss and receive ongoing support and feedback: "I think it's important to keep up a kind of relaxed, but structured culture here [...] even as like the leader or the supervisor of a pack, we're learning that being vigilant and present with the staff, as [MCIU staff] said, informally discussing [calls, like], "Hey, what did you guys see? How did you guys see it from your lens? Like, what could we have done differently next time?" Unpack it each and every one. It may happen the next morning, but 90% of time we'll unpack it as a group, and then just giving them that ongoing feedback, right? And like, like "Let's look at this", or "What are you guys seeing?", just create that culture of trust here that this is a safe space." - [MCIU staff, March 2024 focus group]

Using and reviewing data on the volume of calls has helped MCIU manage scheduling of its staff for 24/7 operations.

- "[MCIU Director] has been using the volume data to adapt the staffing pattern all along the way" … "being led by the data and adapting as we go along based on what we're seeing and the experience that they are getting is definitely something that's helped them keep this program strong. - [MCIU leadership, January 2024 focus group]

MCIU staff described how they collaborate with other first responders on scene for co-response situations and what is helpful for supporting the participant and supporting communication between first responders. - [MCIU staff, March 2024 focus group]

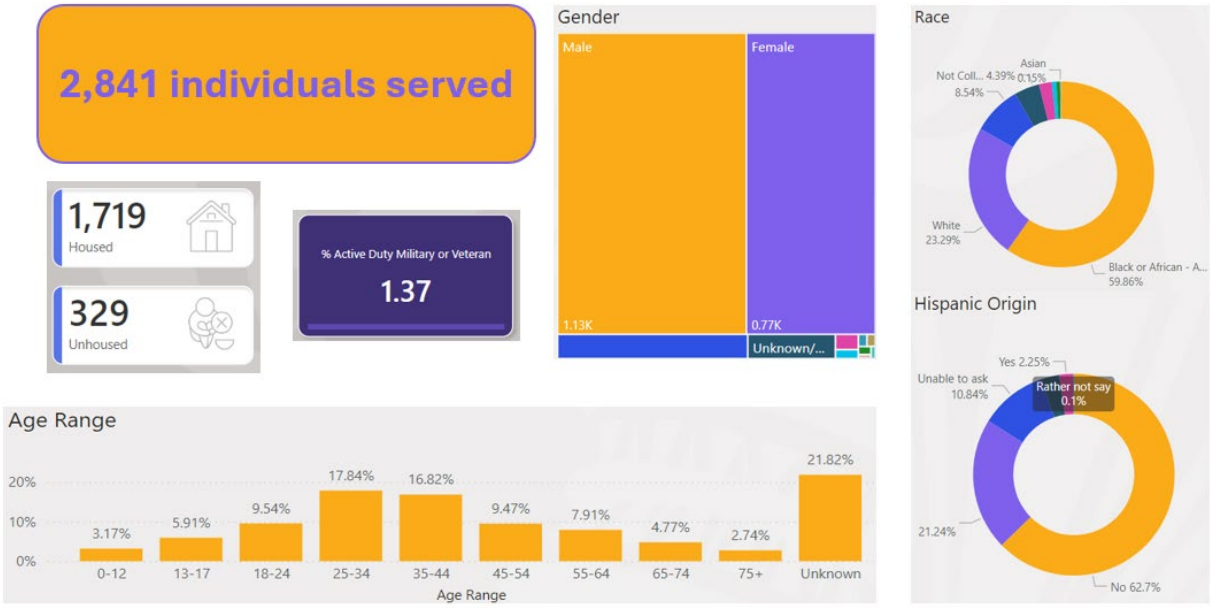
- MCIU staff shared helpful and positive examples when NOPD officers know MCIU and/or know the participant and can share info verbally and help MCIU get oriented when they arrive on scene: "I've gone out on the scenes where we've had the same officer quite a few times before and they were able to collaborate with us in a way, such that they already screened the client before we got there, and they were able to kind of pass along that information in regards to what the client is thinking and feeling at that time. We're able to utilize that when we further engage, so it's very helpful."
- MCIU staff also shared that sometimes handoffs from NOPD to MCIU are too quick and officers haven't shared relevant info or don't wait to make sure the situation doesn't escalate before they leave. MCIU staff described that sometimes this may be a matter of NOPD being short-staffed and officers are needed elsewhere, and sometimes this may be a matter of officers not realizing or considering that the situation may escalate.

Participant Engagement

RHD takes steps to ensure that programs accurately reflect the needs of communities served from inception to implementation. Prior to launch, MCIU held six focus groups with community members who had called 911 for a behavioral health crisis either for themselves or a loved one or who worked with people who might use the MCIU service. These focus groups informed program design and provided invaluable insight into enhancements that would foster success. Many of the aspects of the program, including van and uniform design, were influenced by these focus groups. The efforts to receive ongoing input from those MCIU serves are described below, along with demographic information about who MCIU served in the first year.

Participant Demographics

Below are the demographics of individuals served by MCIU in the first year of service.



Participant Experience

Participant experience is central to program success and improvement. To maintain relationships with participants and their natural supports throughout the life of the program, RHD created a participant experience webpage: https://www.rhd.org/nomciu/experience/. This page provides a link to the participant experience survey, participant experience committee, and community advisory board. When the MCIU team provides an intervention, they leave a card with a QR code for this website and encourage either participants or their natural supports to provide feedback. The teams also have paper versions of the survey with self-addressed and stamped envelopes to mail back to RHD for people who can't or don't want to use technology. These paper surveys also have a line to express interest in joining the participant experience committee or the community advisory board.

The participant experience survey is available for anyone who has interacted with the MCIU team including participants, their supports, and other professionals. The survey results are used to inform program quality.

RHD also elicits feedback from community members, particularly those served by MCIU, via the participant experience committee. The participant experience committee meets quarterly in person. Members are paid a $100 consulting fee and provided with an Uber voucher for transportation to and from the meeting. RHD staff provide data and programmatic updates to the committee members and ask for feedback on any new recently implemented initiatives. Members also have the opportunity to share what they've heard in the community about the MCIU service.

To promote community oversight and ongoing collaboration with program leaders, the New Orleans Health Department (NOHD) launched a Community Advisory Board (CAB) for the MCIU. Vera worked closely with NOHD to develop a governing document that outlined the group's structure, membership requirements, and other details, as well as a process for CAB members to make future changes. Broadly, CAB members are tasked with sharing feedback on MCIU policies and performance with NOHD and RHD staff, as well as other relevant agency representatives, to ensure that program activities reflect the insights of directly impacted community members and ultimately meet community needs. To identify members, NOHD and Vera developed and circulated a brief application, which RHD also posted on the MCIU participant experience website. During MCIU's first year, there were four CAB meetings including voting members from the community and representatives from MCIU partner agencies. Since the CAB launched in December 2023, the CAB's voting members have increasingly assumed primary responsibility for planning meetings, and they have expressed interest in supporting community education and research activities in the near future.

Participant Experience Committee

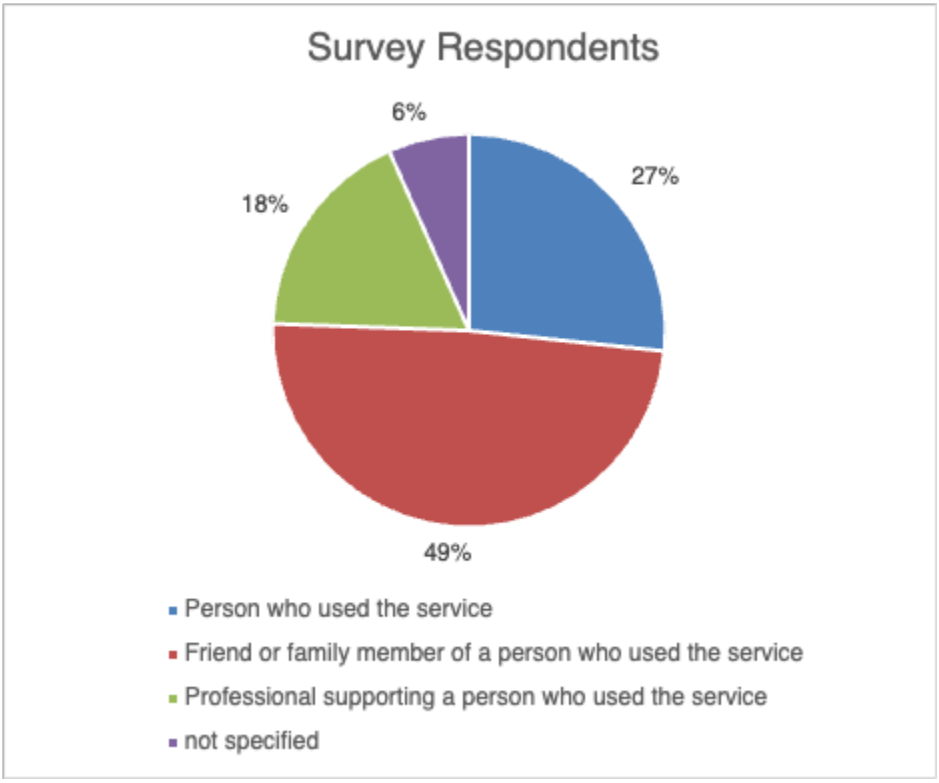
The Participant Experience Committee (PEC) met first in June 2023. In lieu of a committee meeting in October, all PEC members were invited to the MCIU Launch Event. Unfortunately, none of the regular PEC members were able to attend, although other community members were present. The PEC picked up its normal committee meeting schedule in December 2023. The MCIU Director presented data to the PEC and members were able to highlight the data points they were most interested in seeing on a public facing dashboard. In March 2024, MCIU held the PEC virtually, through zoom, to see if a virtual option would make it more accessible for community members. Unfortunately, the opposite seemed to be true with the lowest PEC attendance of the year. In-person PEC resumed in June 2024 to wrap up the first year.

The PEC has approximately six regular members with another six members who have attended sporadically. These members include individuals who would use the MCIU service, family members of those who would use the service, and professional supports who have clients who would use the service. Anyone who provides an email when completing the Participant Experience Survey is invited to attend the PEC. The demographics of the PEC roughly match those of people MCIU has served in the first with representatives of the LGBTQIA+ community, recovery community, and those who are unhoused.

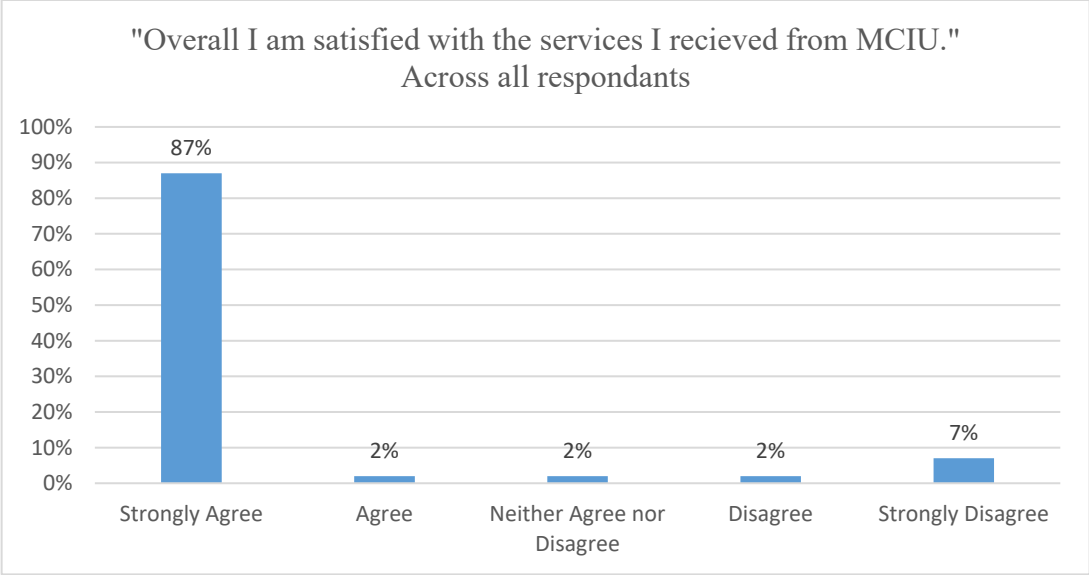
Participant Experience Survey Results

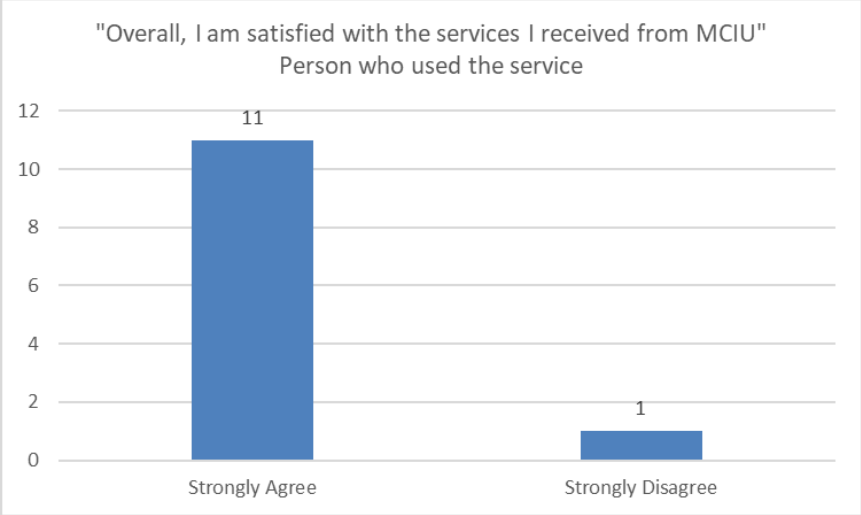
MCIU staff encourage participants and their natural supports, such as close friends and family members to complete the participant experience survey after interacting with MCIU. Staff leave a card with a website and QR code that links to the participant experience page with information on the survey, Participant Experience Committee, and Community Advisory Board. If participants prefer, the staff have paper surveys with self-addressed, stamped envelopes that can be completed and mailed in. There were no paper surveys received in the first year.

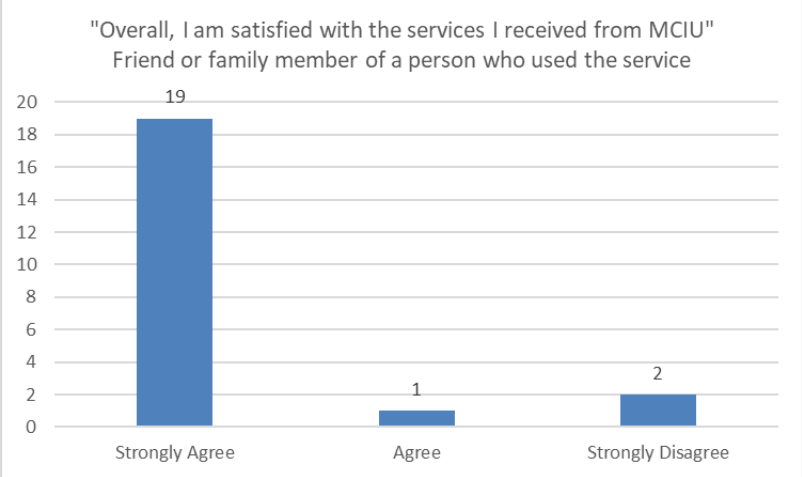
There were 45 surveys completed in the first year of the program. 22 of the surveys were completed by a friend or family member, 12 were completed by the person who used the services, 8 were completed by a professional, and 3 respondents did not identify.

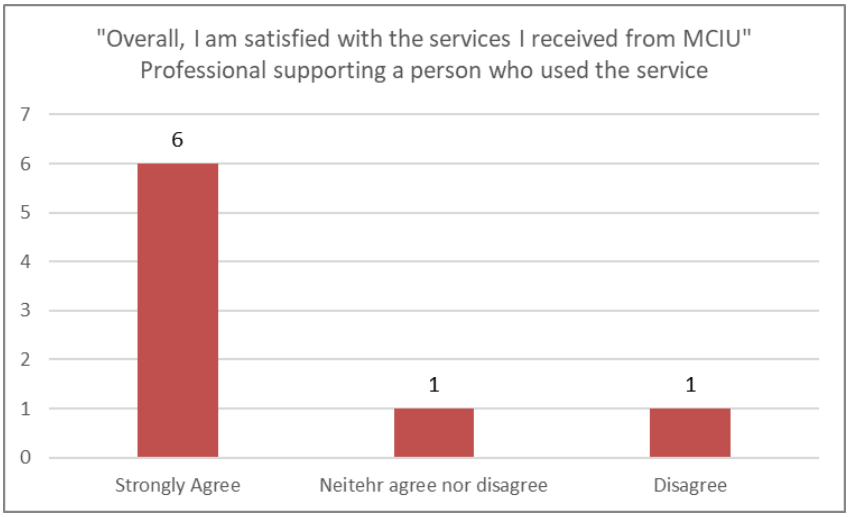


MCIU FIRST YEAR EVALUATION









All three respondents who did not identify their role in the crisis responded, “Strongly disagree” to the statement “Overall, I am satisfied with the services I received from MCIU.”

These questions were asked on a 1-5 Likert scale from “Strongly Disagree” (1) to “Strongly Agree” (5). The scores below are averages across respondents.

MCIU Responded Quickly	4.7
MCIU helped address my immediate issue	4.7
MCIU helped connect me to other services and supports	4.4
I felt respected by MCIU staff	4.6
I felt safe in my interaction with MCIU	4.6
I prefer MCIU for crisis support, rather than another first responder (e.g. fire, police, EMS)	4.3
I would recommend MCIU to a friend/family member in need of crisis support	4.6
I was aware of MCIU before today's interaction	3.5
Overall, I am satisfied with the services I received from MCIU	4.6

Throughout the year, the lowest scoring area was awareness of MCIU prior to using the service. To address this, RHD launched a second marketing campaign for MCIU in 2024 to increase awareness of the service in the community. The marketing campaign included billboards, TV spots during local sports games, and an increased social media presence. MCIU can be followed on Instagram: @mciu_nola.

There were several positive responses to the open-ended question, “What did you like about the MCIU service?” A few examples are provided below, and the full list can be found in Appendix A.

- "All of these professionals were timely, supportive, and above all concerned about the safety and well-being of all parties. Their expertise was invaluable in a difficult moment."
- "The quick response to coming out to school. Working together as a team to get the help student needed. Assisting with make necessary phone calls to parent."
- "The staff they sent for this interaction were familiar with individual having the crisis & responded quickly & calmly."

There were two notes about dissatisfaction with the service:

The first was a situation in which someone was involuntarily hospitalized and expressed anger and feelings of being misunderstood. The comments seemed to combine frustrations with police, hospital doctors, and MCIU making it hard to identify a target behavior in MCIU staff to correct. Most people served by MCIU are able to determine their own course of treatment and do not require involuntary hospitalization. The concerns expressed by this individual were shared with MCIU staff, with an emphasis on skill-building to foster high-quality service delivery during difficult outcomes.

The other note of dissatisfaction was not related to MCIU but with the large emergency response system and so is not addressed here. These concerns have been passed on to the appropriate department.

MCIU Community Interviews

In addition to feedback shared through the participant experience surveys, two family members of MCIU participants also elaborated on their experiences with MCIU through in-depth qualitative interviews with researchers from the Vera Institute of Justice. See Appendix B for information about Vera's interviews and group discussions.

Family members of participants who used MCIU shared positive feedback that MCIU responds quickly and can be accessed by 911.

- The sister of an MCIU participant remembers MCIU arriving at her family's house in about 15 minutes to respond to her brother and felt that was a very quick response. The sister reflected that, "police don't even get to the scene in 15 minutes a lot of the time." - [Community Interview 11, May 2024]

Family members of participants who used MCIU also shared concerns and fears about the possibility of police being dispatched by 911.

- The sister of an MCIU participant shared that a previous experience with police and involuntary hospitalization was very traumatic for her brother: "this is all still over text right before I went over there, and [my brother] told me, a very important thing he told me is that he did not want the police involved again." [...] The previous time that police

were called and he was involuntarily hospitalized was “really traumatic for him.” - [Community Interview 11, May 2024]

- The mother of an MCIU participant whose son has had responses from MCIU only, NOPD only, and MCIU and NOPD co-response explained that, even though NOPD was understanding and communicated effectively with her son when they responded on their own, it can be “frightening” and “kind of scary” for the person in crisis when police are responding on their own, and would prefer MCIU responding on their own, or co-responding with NOPD: “It was stressful [calling 911] because I didn’t know the attitudes of the cops and how they were going to treat [my son]. And that’s really the main scary part for someone that’s calling the cops for somebody that’s mentally irritated or they’re disturbed or they’re under the influence of drugs and they’re having a tantrum or outbreak, whatever you want to call it, and if I call the cops for them and sometimes that can be a trigger, and I don’t want, I didn’t want it to trigger my son, and then they kill my child [...] that’s what my main thing being afraid of.” - [Community Interview 09, April 2024]

Family members of participants who used MCIU shared positive feedback about how MCIU interacted with and related to the person in need of support and others on the scene when they responded.

- The sister of an MCIU participant described that MCIU staff were calm and reassuring with her brother and expressed that they were “here to help” and they wanted to ensure a positive health outcome. MCIU asked concise, straight-to-the-point questions and were able to support her brother to go to the hospital voluntarily, in an ambulance with EMS. - [Community Interview 11, May 2024]

Family members of participants who used MCIU shared mixed experiences with transportation to hospital and follow-up communication.

- The sister of an MCIU participant shared that she followed the EMS ambulance transporting her brother and MCIU van to the hospital, in her own car. When the sister arrived at the hospital, she had to find parking first, so she did not see MCIU or EMS drop off her brother. The family did not receive any additional information or communication from MCIU or EMS at the hospital. Instead, the sister checked in at the hospital reception and waiting area, and waited until the hospital staff came out to update the family. - [Community Interview 11, May 2024]
- The sister of an MCIU participant remembered receiving a follow-up call from MCIU and remembers MCIU staff asking how her brother was doing and if the sister or family had any questions for MCIU. The family was primarily waiting for updates from the hospital at the time of the follow-up call, so the sister reflected that she was not sure what questions would have made sense to ask MCIU at that time. - [Community Interview 11, May 2024]
- The mother of a MCIU participant shared that her son was brought to the hospital, and she was informed which hospital her son was being taken to, but she did not have her

own transportation to go to the hospital. The mom had to constantly call the hospital herself to ask for updates about her son. And the mom did not remember receiving a follow-up call from MCIU. - [Community Interview 09, April 2024]

Collaboration and Stakeholder Engagement

MCIU leadership and staff connected with key stakeholders including the local organization Unity, Homeless Outreach, Regional Transit Authority (RTA), and the New Orleans school system. MCIU also supported the Office of Homeless Services and Strategy (OHSS) during homeless encampment sweeps. OHSS recognized that relocation can be distressing for people and proactively asked MCIU staff to accompany them on scene and be available to support and de-escalate. MCIU was able to immediately intervene when needed, allowing OHSS to focus on relocation and reducing the need for police.

In addition to making these essential connections for collaboration and partnership, MCIU was added to NOPD roll call. NOPD roll call is a briefing that takes place at the beginning of a shift to ensure officers are prepared for the day and have all necessary updates.

In October 2023, MCIU hosted a launch event to celebrate and educate about the new service. Approximately one hundred members of the community, behavioral health providers, city officials, and other first responders attended the event at The Rooftop on Basin. New Orleans Councilmembers Eugene Green and Oliver Thomas spoke along with NOHD Director Dr. Jennifer Avegno and New Orleans CIT Coordinator Desi Broussard. MCIU leadership was able to share key metrics and successes. Most of the MCIU day staff were able to be in attendance when not responding to calls in the community.

Picture on left from left to right: Benjamin Weinger (NOHD), Jan Tarantino (RHD), Tyesha Davis (RHD), Travers Kurr (NOHD)

Picture on right: Desi Broussard (NOPD)

Community Engagement

One priority for the program in the first year was visibility in the community. MCIU staff were able to attend several community events including Trunk or Treat at Columbia Park housing units, Greater New Orleans Out of the Darkness Walk, and Mardis Gras.

Halloween at schools and Columbia Park housing units to hand out candy during Trunk or Treat (October 2023).

MCIU visited with Judge Marcus Delarge, New Orleans mental health court (October 2023)

MCIU team with Chief of Police Kirkpatrick at the Greater New Orleans Out of the Darkness Walk (November 2023).

MCIU worked with other first responders to help support public safety during Mardis Gras. MCIU staff worked along the parade route supporting people in distress and assisting lost children get reconnected with their families. (February 2024)

MCIU Staff showed up in solidarity with Officer Nippie who was diagnosed with breast cancer and continues to serve the community while sharing her story to raise awareness and inspire others. (April 2024).

New Orleans Health Department Director, Dr. Avegno spotted a person in distress on the street and without hesitation called 9-1-1. The MCIU unit arrived immediately and then received additional backup from EMS (May 2024).

MCIU and Mayor Cantrell (April 2024).

Public Awareness and Perceptions of MCIU

Resources for Human Development (RHD), the parent company of MCIU, in partnership with NOHD, conducted a public awareness campaign, which started in spring of 2023. Prior to the launch of the program, billboards and TV advertising announced MCIU's purpose and methods for contact. After the launch of the program and throughout the year, marketing efforts have included TV spots during local sporting events, radio ads, billboards, and social media campaigns. As highlighted above, the MCIU team makes an effort to attend community events in their uniforms and talk to people about their work.

MCIU staff, leadership, and partners shared observations about the public's awareness and perceptions of MCIU in interviews and group discussions with researchers from the Vera Institute of Justice (See Appendix B for information about Vera's interviews and group discussions). These program stakeholders noted expanded awareness of MCIU over the course of its first year of operation while acknowledging opportunities for continued community education. These are second-hand observations but come from staff sharing their observations informed by regularly interacting with MCIU participants and other community members and/or from leadership on behalf of their staff (e.g. CIT officers with NOPD, OPCD reviewing 911 calls, VIA LINK reviewing 988 calls).

MCIU staff shared positive feedback and perceptions of increasing public awareness from their on-scene responses, community engagement and visibility, and marketing campaign. - [MCIU staff, March 2024 focus group]

- "From my observations, I definitely like how well we've been received by the community. You know, when we're on scene or finishing up at a scene, we may have people literally thank us in-person for the work that we do […] whenever we intervene on behalf of their loved ones, it definitely relieves a lot of weight that they may have had to deal with previously when it comes to getting their family members the help that they need."
- MCIU staff shared highlights from doing outreach at community events and explaining who they are and what they do (e.g. Mardi Gras); being recognized in public when they're not actively responding (e.g. at the drive-thru picking up lunch); and seeing the MCIU ad on TV: "I mean going from, you know, our reputation and popularity being heard about mouth-to-mouth, to seeing an actual commercial on TV. You know, just chilling in my house watching TV. It's really exciting to see how much we're growing and growing."

NOPD highlighted MCIU's launch as a 24/7 service was a "game-changer" for community buy-in, as well as NOPD officer buy-in. - [NOPD, January 2024 interview]

- "If [MCIU] would have launched and said, "You can call us Monday through Friday, from eight to eight" and then switched to 24/7 later, we would not gotten the community buy-in that we got being 24/7 [from the beginning]."

NOPD shared perceptions that MCIU may still not be as familiar or recognizable as other first responders. - [NOPD, June 2024 interview]

- NOPD CIT Officers have had experiences when police were the primary responder for a person experiencing a behavioral health crisis and police called MCIU for a secondary co-response, but the person in crisis said that they don't know MCIU and thought that police were trying to trick them. NOPD suggested that even if people in crisis don't necessarily want to receive a response from a police officer, police may still be more recognizable to them than MCIU.

OPCD have observed an uptick in 911 callers who specifically ask for MCIU to be dispatched. - [OPCD, July 2024 interview]

- OPCD suggested that this has been a result of MCIU's visibility in the community: "The more the community sees [MCIU in the community], the more they request for them"
- OPCD says it has been mostly family members or neighbors calling about someone who is in crisis or unhoused in their neighborhood, who are specifically asking for MCIU to be dispatched.

OPCD also explained that they cannot always send out MCIU if this is not the appropriate response, and some 911 callers have been upset when MCIU does not respond. - [OPCD, July 2024 interview]

- Despite the specific requests, OPCD explained that they still have to follow their protocols (e.g. safety risks) and cannot always send out MCIU when 911 callers specifically request them.
- OPCD has reviewed calls when the same 911 caller has called back several times over the course of 1-2 weeks, and says to the 911 operator, as an interview participant from OPCD paraphrased: "You know, [MCIU] was advertised as a way to help people in mental health crisis. This is obviously a mental health crisis. Why did police come out? I requested this other resource."

VIA LINK explained that some 988 callers who need an in-person response have been concerned about whether police rather than MCIU will respond. - [VIA LINK, April 2024 interview]

- "There's confusion, there isn't relief amongst the community in that trusting that a different kind of unit would be showing up to support them. They don't know, in other words, that it's MCIU and not the cops showing up and they don't want to trust anybody who just shows up, even if they give VIA LINK 988 operators consent to [transfer to 911 and send an in-person response]."

MCIU staff explained that some community members and partners still do not understand MCIU's role and when it is appropriate for them to respond. [MCIU staff, March 2024 focus group]

- "You get some people that want you to take their family member by force. And when we explain we can't do that, they're mad. Or sometimes it could be someone who has a random person outside their house, and just like, "No we can't just go and grab them."
- "Even some of our partners, like [public safety partner], they want us to take people for being homeless. And it's like, it's not a crime to be homeless, and we're not the police, law enforcement, or anything like that. A lot of it is educating people on what is mental health, what is just homelessness, what is just drug addiction, and the different levels of what a crisis could possibly be like. Like just because a person is homeless doesn't mean that they're in crisis and they need to be picked up or taken away type-of thing."

National Landscape

During implementation, RHD joined the International Crisis Response Association (ICRA), which brings together cities from the U.S. and Canada who are looking to start civilian crisis response programs. The monthly meeting provides community leaders with the opportunity to exchange ideas and lessons learned in practice. In January 2024, RHD presented the MCIU model and received strong positive feedback from the leadership and attendees.

Through ICRA and word of mouth, RHD has connected with entities in other cities who are pursuing a civilian crisis response model. RHD met one-on-one with people from several cities in the US and Canada to share information about the MCIU program. These cities include Baton Rouge, LA, Orlando, FL, Vancouver, BC, Barrie, ON, Chicago, IL, Sacramento, CA, Cleveland, OH, Cambridge, MA, Los Angelas, CA, and St. Petersburg, FL, Mesa, AZ. RHD remains available to other cities to provide advice or answer specific operational questions to support a national adoption of civilian crisis response programs.

Throughout the program development in the first year, Vera Institute of Justice supported RHD and NOHD in a variety of ways including the development of the Community Advisory Board (CAB) and the public facing Dashboard. Their research into the experience of partners and community members with the MCIU program can be found throughout this report.

Following the success of the MCIU launch, RHD was awarded a contract in Allegheny County, Pennsylvania to provide civilian crisis response from 911 calls. Harvard Kennedy School Government Performance Lab (GPL) is providing technical assistance to Allegheny County for this program. Through this, RHD has been able to connect with GPL's network nationally.

The Substance Abuse and Mental Health Services Administration (SAMHSA) partnered with Vibrant 988 in December 2023 to host a summit in Washington, D.C. with providers and city officials from across the country who were leading in crisis response. MCIU's program director was invited to attend and serve on a panel discussing mobile crisis response.

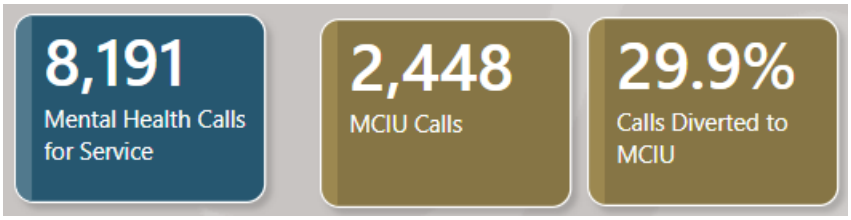
When MCIU was designed in 2022, there were approximately 50 cities in the U.S. offering civilian crisis response from 911, most of them launched since January 2021. Today, there are over 160 cities in the United States with civilian crisis response programs. New Orleans' MCIU programs was one of the first cities to offer the service city-wide 24/7 from the beginning. It was the first program to be identified as the "fourth branch" of the emergency response system.

Data Analysis and Reporting

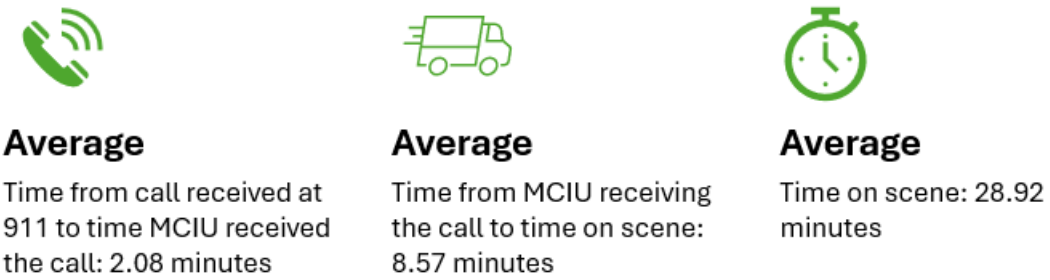
Quantitative Data

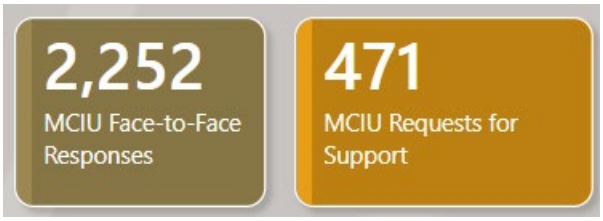
MCIU has experienced challenges in data collection in its first year, meaning that the data below is shared as an approximation. Despite these challenges, RHD believes the data provides useful information about community need for this service.

Over the course of the MCIU's first year, RHD and NOHD collaborated with a range of partners on a public-facing dashboard to promote community education and transparency while supporting the program's leadership in making data-informed decisions. Vera identified useful resources such as outwardly facing products and established dashboards from other jurisdictions and advised RHD and NOHD on specific goals and related performance indicators to guide the MCIU dashboard's content and design, then worked closely with the consulting firm Slalom as they managed the dashboard's technical build thanks to generous support from the Microsoft Justice Reform Initiative. Once Slalom completed the dashboard build, Vera, NOHD, RHD, OPCD, and the Office of Performance & Accountability collaborated to migrate the dashboard onto city infrastructure. Data is uploaded every two weeks, with multiple checks in place to ensure accuracy. The work reflected in the is included here as it was primarily conducted during MCIU's first year.



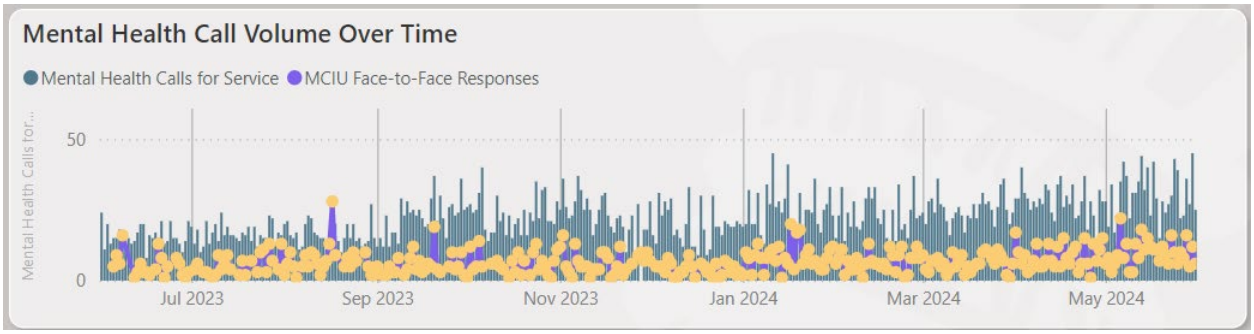
There was a total of 8,191 calls to 911 for mental health related needs including substance use as reported by New Orleans OPCD. MCIU responded to 2,448 of those calls giving nearly a 30% diversion rate from other first responders (EMS, law enforcement, fire/rescue) to behavioral health first responders. MCIU maintained a consistently fast response time during the first year of services with the average time from when a community member called 911 to when MCIU arrived on scene being just over 11 minutes.

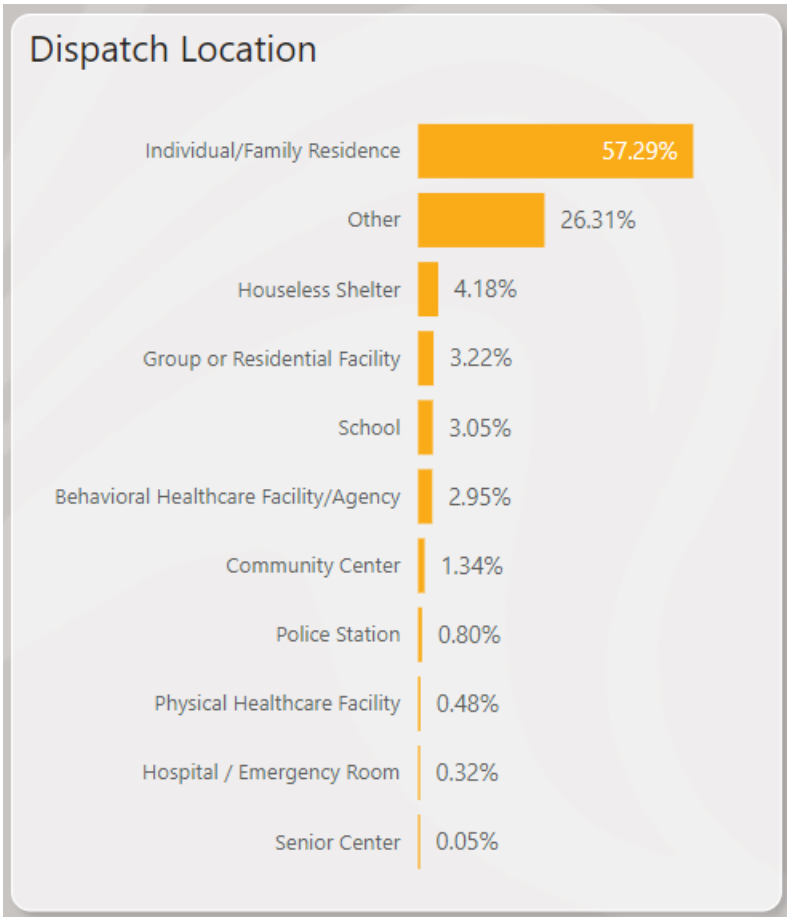




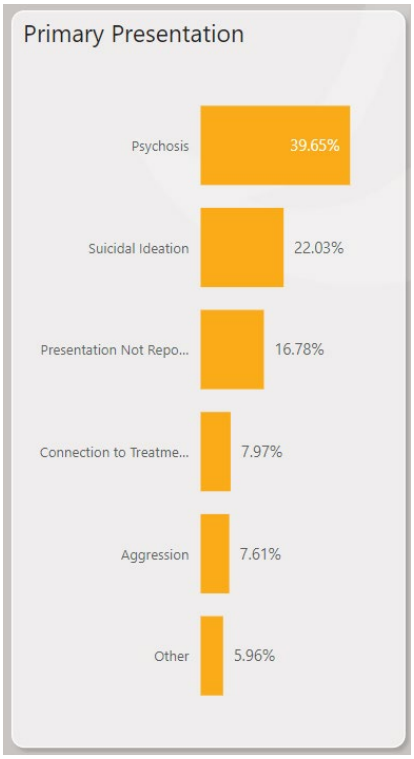
While MCIU's goal is to respond to calls independently, there are times when a situation needs multiple types of first responders. In 20% of MCIU responses, MCIU has called for support from other first responders.

As expected, MCIU's calls increased throughout the year as the 911 dispatchers became more familiar with the type of calls that were appropriate for MCIU, and other first responders learned when to ask for MCIU assistance on scene.

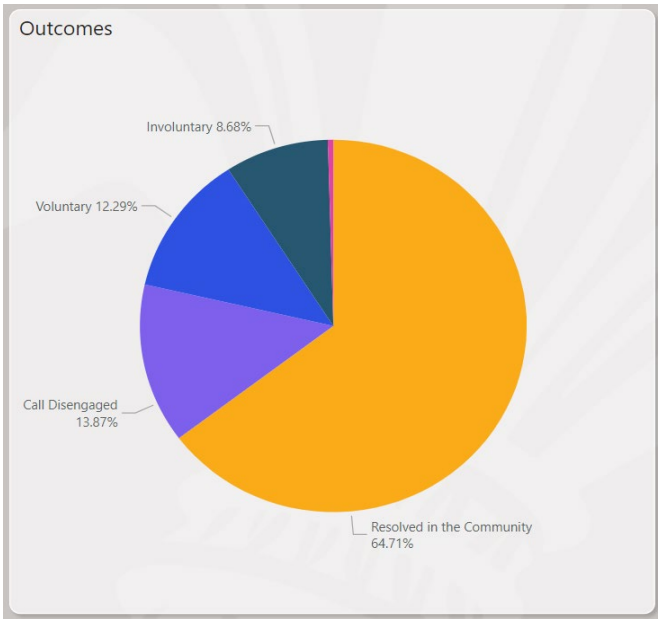




MCIU responded to most calls at individual's homes with a much smaller percentage of calls occurring in shelters, group homes, other residential settings, schools, and health centers. A significant portion of calls were coded as "other," suggesting that the options provided in the electronic health record should be refined to capture other common response locations.



MCIU recognizes that every presentation is unique, however, in an effort to give stakeholders and staff a sense of the types of call categories most often responded to by MCIU, the primary presentation categories have been grouped as follows: psychosis which includes hallucinations, delusions, and thought disorder symptoms; suicidal ideation which includes self-harm thoughts or actions; aggression which includes verbal aggression, physical aggression or acts of violence, and homicidal ideation; connection to treatment, other, and presentation not being recorded. Psychosis is the most common presentation at nearly 40% of calls that MCIU responds to.



Resolved in the Community: MCIU team supports the individual in staying in the community through psychoeducation, referral to community providers, safety planning, and natural supports.
Emergency Department: MCIU team transported the individual to an emergency department for additional care but were not notified of the final disposition or level of care. This is visible in the slight sliver of pink in the graph, making up less than 1%.
Voluntary Hospitalization: MCIU team facilitated a voluntary admission to a psychiatric hospital.
Involuntary Hospitalization: MCIU team facilitated an involuntary admission to a psychiatric hospital.
Call Disengaged: Individual no longer on the scene when MCIU arrives for example, "gone on arrival."

Transportation: When MCIU transports an individual, 78.67% of the time it is to a hospital for psychiatric assessment and 17.52% for medical needs. Less than 5% of the time transport is to another location such as a community health center, substance treatment facility, or a family member's home.

Staff Experience Feedback

At the end of each face-to-face intervention, staff are asked a series of questions about their experience via the electronic health record system. The data below are the results from the first year of service.

Did you feel safe on this call?

99% said YES

Were you able to successfully provide assistance/support to the individual?

90% said YES

10% said NO

Did you have enough support on this call?

99% said YES

Are there any training topics that would have made you feel more prepared for this call?

99% said NO

There were multiple requests for how to adapt interventions for individuals who have autism. This training occurred in the spring of 2024.

Qualitative Evaluation of Program

Below is qualitative feedback that RHD received from partners, community members, and staff.

Article on reduction of crime attributing some of the progress to MCIU.

Discussion of the program at the Mayor's Conference.

"My team is giving high praise to the new mobile crisis intervention unit! Thank you for making this happen!" - Elizabeth (EQA public schools)

"I'll tell you, the feedback from the field is amazing. Every time one of my officers' encounters someone from the MCIU team, I get nothing but amazing feedback. They are so grateful to have partners in the field with such in-depth clinical knowledge to help us make those decisions whenever we just aren't quite sure what to do. They are so grateful for that partnership and the people you have in place in these green shirts, they are truly heroes." -New Orleans CIT Coordinator, Desi Broussard

MCIU has been successful in that it has provided relief for the other branches (fire, police, and EMS) from calls that are not under their umbrella but that in the past these other branches have had to respond to because there were no other alternatives. MCIU has saved the fire department resources and improved their response times because they are only responding to calls they are appropriate for. – [New Orleans Fire Department, December 2023]

"People need clinical support in addition to housing so they can be successful. Can't have one piece of the puzzle without the other." – Nate Fields, Director of Office of Homeless Services and Strategy

Feedback from Participants and Their Natural Supports:

"Ms. Tyesha was very kind and answered all my questions concerning one of my participants. Ms. Jazz, Ms. A, & Mr. Tyrus were very friendly and made me feel like they are a great resource for our mental health court. Everyone I interacted with was very nice and was very knowledgeable!"

"The quick response to coming out to school. Working together as a team to get the help student needed. Assisting with make necessary phone calls to parent."

"Professionalism both from caller and the young guy who came out to resolve the problem."

"All of these professionals were timely, supportive, and above all concerned about the safety and well-being of all parties. Their expertise was invaluable in a difficult moment."

"Mrs. Tyesha Davis, the guy Mr. Johnathan, the director that came out. Awesome service, speedy, professional. I'm very impressed with this service; will use in my family as well. Thanks a lot. Will recommend to everyone"

"I am so very appreciative that this service exists. Thank you!"

"They were prompt, professional, and solved the issue. Everyone was awesome 👏 kudos"

"I don't want the circumstances, but they certainly helped to fix them."

"I really love the concept [of MCIU]. I feel like this is long overdue to have a unit that's trained for these types of situations, especially with the climate of how law enforcement and civilians interact, I just feel like this is a really good program to have and as a first responder, this is a really common situation." [Community Interview 11, May 2024]

Summary of Vera Evaluation Activities

Researchers from the Vera Institute of Justice's Redefining Public Safety Initiative partnered with RHD and NOHD on the evaluation of MCIU's first year of operation and focused on documenting successes, challenges, and promising practices to inform program implementation and adaptation relating to the cross-agency and cross-sector coordination of MCIU.

From December 2023 to August 2024, Vera completed a total of 16 interviews and focus group discussions with MCIU program and system partners and community stakeholders. Many of those interviews are referenced or quoted throughout this document.

- Vera completed 12 interviews and group discussions with key program and system partners, including representatives from Orleans Parish Communication District (911), VIA LINK (988), New Orleans Police Department, New Orleans Fire Department, New Orleans Office of Homeless Services and Strategy, Law Enforcement Assisted Diversion program, and University Medical Center's hospital emergency department. Vera also completed focus group discussions with MCIU staff and with MCIU leadership from NOHD and RHD.
- To complement MCIU's anonymous participant experience survey, Vera also completed four interviews with community members who called 911 and received support for themselves or for a family member and representatives from MCIU's community advisory groups (Participant Experience Committee and Community Advisory Board). The four interviews included one community member who directly received support from MCIU as the person in crisis and in need of support, two community members who called 911 and received support from MCIU for a family member, and one advisory group member.

- See Appendix B for information about Vera's interviews and group discussions.

A psychiatrist who works in the University Medical Center hospital emergency department described the value of MCIU as an alternative to patients being involuntarily transported by police - [Emergency Department Psychiatrist, July 2024 interview]

- The psychiatrist explained that the experience of being transported to the hospital in the back of a police car and placed in handcuffs as well as being involuntarily transported,

can be traumatizing and can make people less likely to cooperate with the hospital staff when they arrive at the hospital emergency department.
- The psychiatrist explained that it may be easier for hospital staff to build rapport with patients when they are transported voluntarily by MCIU.
- "The more than we cannot have to utilize the police to bring people willingly to the hospital, the better."

VIA LINK highlighted that MCIU is a unique and helpful resource for 988 callers who need an in-person response in New Orleans compared to what's available in other parts of Louisiana. For VIA LINK and 988 callers, it is helpful that MCIU is a timely response, can be accessed through 911, and is available 24/7. - [VIA LINK, April 2024 interview with Vera]

- When a 988 caller needs an in-person response, VIA LINK will explore whether a traditional (non-911-dispatched) mobile crisis team, like the Metropolitan Crisis Response Team (MCRT) in New Orleans, is appropriate. Some 988 callers in New Orleans prefer to be transferred to 911 because MCIU is available, and MCIU is a timelier response than MCRT. MCIU responds immediately to emergencies with an average 15-minute response time, while MCRT responds within 2 hours. VIA LINK will involuntarily transfer callers to 911 when there is an imminent safety issue (e.g. suicide) - this is a very small number of 988 callers.
- In other parts of Louisiana, some parishes do not have a traditional (non-911-dispatched) mobile crisis team. And, not every mobile crisis team in other parishes operates 24/7.

Partners

MCIU leadership and partners reflected on the importance of "dedicating the time" for early program planning and ongoing program operations, calibration, and advisory meetings with key program partners.

To support MCIU's launch, various partners developed now and/or adapted existing operational protocols, data infrastructure, and communication practices. Throughout MCIU's first year, there have been ongoing challenges to troubleshoot and adapt to that require coordination with multiple partners. MCIU's cross-agency and cross-sector engagement and collaboration processes have helped to ensure that the program is data- and community-informed and there have been regular opportunities to discuss and address operational issues.

- OPCD reflected that before MCIU's launch, there was already shared understanding among system partners that "police were being bogged down with a lot of mental health calls" and police were not able to provide people in crisis with the resources they needed and "there needs to be someone else to provide the appropriate response." This shared understanding was partly based on previous data analysis of mental health-related 911 calls and police responses: "We've all shared data with each other, so that's how we knew from the beginning that something else needed to happen." – [OPCD, January 2024 interview]

- MCIU leadership and partners described how MCIU's planning and calibration meetings supported cross-agency relationship building and facilitated opportunities to regularly review call and response data, and identify and troubleshoot issues:
    - "My advice would be just to make sure that you dedicate the time, right? Because it may seem like you're kind of spinning your wheels in the beginning, but those conversations are so crucially important to building the program and building the relationships between the programs. You don't know what you don't know until it comes up in a calibration meeting, right? So, we can be talking about something completely unrelated and then one of us goes, "Wait, you guys do what?" And they're like, "Yeah, you didn't know that? Like, I thought everyone knew that. Right?" And then, you know, that spurs a whole other conversation about something that we didn't even know, we didn't even have addressed. Right? So yeah, just dedicate the time." – [NOPD, January 2024 interview]
- Feedback from first responders and reviews of 911 call audio are discussed in MCIU's calibration meetings, in addition to the quantitative data that MCIU is tracking:
    - "Part of the compliance process is listening to the call audio and comparing it to the way the call ideally would have been handled and then looking at the routing […] we do test these pathways, making sure that the way that questions are answered, and the protocol is providing the appropriate routing"
    - "We rely heavily on the field responders to give their feedback because we also have our monthly [MCIU Calibration] meetings with a representative from police, fire, EMS, MCIU, the health department, and we discuss calls in those monthly meetings […] we discuss those calls that may have or may not have been routed correctly and once they're discussed we come to a consensus, and we get with our tech team if it's something that needs to be routed differently or if it's not just for understanding then we just reach an understanding on." – [OPCD, January 2024 interview]

RHD was the first contracted service provider and entity outside of traditional public safety that has been added to police radio in New Orleans. OPCD said that they provided MCIU with the same resources they provide to other public safety partners. – [OPCD, January 2024 interview]

- "I think this is probably the first time that we've had a contracted service on police radio, if I can remember correctly. I don't think we've ever had an outside public safety entity on police radio, so that's new."
- "We provided them with radios. Now they have access to CAD in their vehicles. So, it's whatever we provide to our other public safety partners, we also provide to [MCIU]."

OPCD also updated their practices so that the MCIU radio channel is now constantly monitored by OPCD staff, so MCIU has constant access to OPCD if they ever need help and/or backup and it's "seamless and quick" when MCIU and other first responders need to communicate with each other. – [OPCD, July 2024 interview]

NOPD also reflected that NOHD's role as a city agency was critical in facilitating buy-in and support for MCIU from NOPD leadership, allowing NOPD to practically support MCIU's implementation, such as getting approvals for NOPD's policies and protocols relating to MCIU. – [NOPD, January 2024 interview]

- "The fact that [MCIU] is a city-based initiative was very, very, very helpful. If it was not, I don't think we would have been successful, I don't think we would have integrated as well with them as we have, meaning I don't think I could have got a policy written about them if they weren't a city agency. […] but because it's a city initiative, and it's coming from the health department, it's kind of just like, its already rubber stamped, right, so pushing through the policy was very easy." – [NOPD, January 2024 interview]

NOPD reflected that building and sustaining awareness of MCIU among NOPD officers has taken multiple efforts and strategies, and there is still opportunity to improve awareness at the end of MCIU's first year. NOPD suggested that being able to share actual MCIU data and success stories with NOPD officers once MCIU launched has been critical, and these awareness-raising efforts have contributed to increases in officer-initiated calls to MCIU.

- NOPD observed that MCIU launched as a 24/7 service was a "game-changer" for NOPD officer buy-in, as well as community buy-in: "The second I could say to an officer, "[MCIU] are 24/7" and they'd be like, "What, they're going to respond to my scene at 2am?" … "Yep, they're going to respond to your scene at 2am." They were like, "Done." I can't speak to the logistics behind [MCIU's 24/7 service], but it builds a ton of legitimacy." - [NOPD, January 2024 interview]
- NOPD emphasized that doing face-to-face roll calls and trainings with NOPD officers about MCIU, about 1.5 months after MCIU's launch when there was actual MCIU data and success stories to share, was critical in overcoming skepticism and building officer buy-in: "A lot of the questions came about of like, "How is this going to be different? Why should we call MCIU when we called [other crisis models] in the past and it was terrible?" I think it was important that we waited a little while to do those trainings because we could at that point talk about real data. So, we could present our officers with real data and say, "Listen, guys, this isn't a new program. This program is live now. They're doing work now and this is the success rates. This is the call volume that they're taking. This is what they're actually doing." So having that real life data I think was the game changer during those conversations." - [NOPD, January 2024 interview]
- NOPD noted that officer awareness of MCIU is still an ongoing challenge and suggested that some NOPD officers may still be more aware of the disbanded "65-12" crisis response unit and/or the pre-existing, non-911-dispatched mobile crisis team (Metropolitan Crisis Response Team, MCRT) than they are of MCIU. NOPD CIT leadership and MCIU leadership have continued to collaborate closely to engage NOPD officers and increase awareness and understanding of MCIU through multiple strategies, including MCIU in NOPD in-service trainings, roll calls, daily training bulletins in June 2024, and CIT Planning Committee meetings. - [NOPD, June 2024 interview]

MCIU leadership shared that initially, some other first responders were hesitant about the MCIU model and getting their buy-in was challenging. As they got to see MCIU in action in the field, they became more understanding of each other's respective roles and are now strong MCIU partners.

- MCIU leadership described a response where MCIU, EMS, and NOPD responders were all on scene with a participant that was having a psychotic episode (the other first responders were also on scene because the participant had been issued an Order of Protective Custody for involuntary transportation and assessment). MCIU led the face-to-face engagement with the participant, and EMS got to see MCIU in action and successfully resolve the response: "One of the leaders of the EMS pulled me to the side after and just commended our work and even kind of recognized that the partnership maybe was a little slower in the beginning, but she has much more respect for it being in place." - [MCIU leadership, January 2024 focus group].

Some MCIU partners, including those who are adjacent to the emergency response system, identified potential gaps in communication and areas to improve feedback loops for their agencies and staff.

A psychiatrist who works in the University Medical Center hospital emergency department described how it would be helpful for MCIU to provide a written and electronic summary of MCIU's interactions with participants they bring to the hospital, in addition to the verbal summary they provide to the emergency department's triage nurse when they drop-off the participant. Other first responders like NOPD and EMS provide electronic summaries to the hospital a few hours after they drop-off patients, which the hospital staff can refer to when they are interacting with the patient. - [Emergency Department Psychiatrist, July 2024 interview with Vera]

- "I think it would be helpful […] for [MCIU] to give us some written narrative of their interaction with the patient, just so that it's there, and you don't have as much broken telephone."

The psychiatrist also discussed how they hope that MCIU is diverting participants with substance use needs to services like a sobering center or detox when that is appropriate, instead of bringing them to the hospital emergency department first. The psychiatrist noted that that they think this is happening, but the extent to which this actually occurs is unknown to the psychiatrist and other hospital staff because they only see who comes to the hospital emergency department, rather than seeing a full overview of MCIU's data and outcomes (e.g. via MCIU's Dashboard).

VIA LINK transfers a small number of their New Orleans-based 988 callers to 911 when they need an immediate in-person response, and described how they might improve communication for 988 callers. - [VIA LINK, April 2024 interview]

- VIA LINK explained that they "want to be as transparent as possible with callers so they can prepare themselves for 911 to arrive and hopefully assist us with getting 911 to them." Some 988 callers will stay on the line and/or share the information that the 988

operator needs to share with 911, and sometimes the caller will hang up and the 988 operators still have to call 911 with limited information.

- VIA LINK described that OPCD 911 operators do not inform VIA LINK 988 operators about what specific response (e.g. MCIU, NOPD) is being dispatched. VIA LINK recommended that if OPCD 911 is able to inform the caller and the 988 operator what response is going to be dispatched, the VIA LINK 988 operator could also help explain to the caller about what to expect: "If given that information, and on a conference call with 911, [our 988 operator] could work to explain to the caller what's going to happen and that they're going to be supported in the least invasive intervention, you know, explaining what the benefits of it are. So, we can allay some of the fears about police showing up in these communities that have been ravaged by police violence. I think that's an important part of what we can do."

Many MCIU partners, such as the Office of Homeless Services and Strategy and the Law Enforcement Assisted Diversion program, emphasized the need for a more robust continuum of care, such as crisis stabilization facilities and services and longer-term case management and treatment. A more robust continuum of care would complement MCIU's efforts as part of the emergency response system and increase the comprehensiveness of the options that MCIU can refer participants to. Partners also explained the need to improve cross-agency data infrastructure and systems to facilitate the identification of and intervention with participants who may be in need of more support:

- "The way that our data is currently set up, if a consumer is transported by NOPD today, and taken to the hospital, and then released from the hospital back on the street … two days later MCIU engages that same person and brings them to the hospital. There is no system in place that tells us that we've both interacted with the same person, and there's no kind of flags or any kind of reporting in the background that says, "Hey, you know what, we've transported this one person seven times in the past two weeks. Like, this person needs more than just crisis intervention. This person needs, you know, kind of a higher level of care to stabilize." So we've kind of talked [with MCIU] about what that could look like, and what kind of data sharing could exist where we maybe have a database where we're both looking at the same data and able to identify trends of folks who are in need of more than just [a response] in the moment of crisis." - [NOPD, January 2024 interview]

Challenges and Lessons Learned

Data

The primary unforeseen challenges during MCIU's first were data related. Some of these challenges persist. Prior to the launch of MCIU, RHD explored three different electronic health record systems with specific mobile crisis capabilities. Behavioral Health Link (BHL) was chosen because it was recommended by partners in Virgnia and met the needs of the program better than the other options. Despite the strong starting point, some adaptations were needed to support MCIU workflows. The requested adaptations were based on RHD's experience with traditional mobile crisis teams embedded in the community and on BHL's experience with 988 call centers. After the program's launch, it quickly became clear that the design did not support the speed at which the team was operating. RHD identified several elements of the system that were not suited to the needs of this new team.

RHD meets regularly with BHL throughout the program's first year to work through each issue and identify solutions. RHD developed a plan for adjusting the functionality of BHL to meet the needs of a fast-paced, first responder team. These fixes required new mapping of processes and programming effort of BHL's side which took several months to implement, and additional changes have been identified which will be implemented in the second year of the program. To help manage data collection efforts, RHD added a dispatch coordinator to assist with the data entry of new calls to ensure all call data is captured not only for Computer Aided Dispatch (CAD) but also for calls received over the radio. RHD also hired a data analyst dedicated to BHL to ensure the complex and ever-evolving data needs are met.

Finally, RHD is working with OPCD to develop an application programming interface (API) that will allow call data from CAD to feed directly into BHL within a few minutes of being received by OPCD. This will reduce data entry needs for RHD staff and reduce the likelihood of data entry errors. OPCD is also exploring the option of adding the Chrome browser to the CAD devices so that staff can access BHL through the CAD devices rather than having to carry a second device such as a tablet or laptop. BHL is planning to release an app, hopefully within the next year which would enable easy access to BHL data entry on phones as well.

Expanding services

Other lessons learned from MCIU came from expanding the scope of work beyond 911 calls and adding support during city-wide events. Mardi Gras was the largest city-wide event over the program's first nine months. By and large, MCIU's integration into the public safety aspects of Mardis Gras was very smooth. There were some lessons learned about access issues at all necessary points on the parade which have already been discussed with public safety partners. The other lesson learned from Mardis Gras was planning for the best use of staff skills. While on the parade route, MCIU staff found that they could be instrumental in helping lost children get re-connected with their families. In future years, MCIU will intentionally plan to support the existing efforts related to lost children. This will include developing documentation processes so RHD can report back to the larger public safety system on the number of children supported.

Reliance on and Integration with Other Systems

One of the largest learning curves has been the need to be reliant upon other agencies within the first responder network. Orleans Parish Communication District has been a tremendous partner, but they are an agency that juggles many of the immediate dispatch and communication needs of the City's first responders in real time. Though MCIU responded to over 2,400 diverted calls in its first year of operation, this is a small need in comparison to the larger needs of the first responder network. In early 2024, OPCD experienced some changes that impacted the calls MCIU received. Although RHD worked closely with a team of staff from OPCD, it took several months to find a solution to some of these issues as those staff from OPCD had other matters to attend to. OPCD did a tremendous job of mapping and re-mapping the MCIU call types, but MCIU was reliant on OPCD to do this work for the dispatch system to provide them with the correct set of agreed upon calls.

Similarly, MCIU has had to adapt to first responder systems. In the spring of 2024, MCIU teams had concerns about questions they felt OPCD call-takers skipped that potentially screened for violence. After a calibration meeting with OPCD, staff later understood that the language used to describe the question in the CAD system was somewhat ambiguous. It made sense to those that use the CAD system regularly at OPCD, but MCIU staff needed some training to fully understand the CAD notes. Despite having the necessary tools to integrate into the first responder system such as the Computer Aided Dispatch system and radios, the MCIU team still needed training to understand the dispatch system, line of questioning, and how calls were triaged to their team.

MCIU offers NOPD an option to call them, when officers are on a scene and feel MCIU is the most appropriate agency to incident. This was designed to catch calls that slipped through the OPCD screening process for whatever reason, and an officer on the scene can determine that incident is related to mental health and social needs. An example of this would be a call that categorized as a burglary, however, when officers arrive on the scene, they realize the individual who called 911 has dementia and likely needs additional support that MCIU can address, and officers no longer need to be on the scene. Out of concern of being unresponsive to NOPD's needs, MCIU began by responding to nearly all requests from NOPD. The fear was that if MCIU does not respond to police requests, NOPD will no longer utilize MCIU as an option. However, NOPD had requested MCIU for incidents that were outside of their scope of work—when violence or weapons were involved. Educating NOPD has become a priority over the last few months with MCIU's director working closely with NOPD's CIT sergeant, so NOPD and MCIU staff are more aligned with each other's work and ability to resolve incidents. An additional challenge is that these instances are difficult to track in BHL, which makes confronting and changing the process that much more difficult.

Messaging for Community and for other First Responders

There is more community awareness of MCIU after a year of operation than when MCIU first launched. However, there are many in the community that are still unaware of MCIU's services. Moreover, MCIU stakeholders are still seeking how to most effectively balance the promotion of MCIU services without promoting the overuse of 911 particularly with other available options such as 988. Similarly, while MCIU and NOPD have worked closely over the first year of operation, MCIU has worked less closely with other first responder partners. While historically,

most mental health calls to 911 were given to NOPD, RHD is taking efforts to ensure that other first responders such as NOEMS and NOFD are aware of MCIU services and know how and when to use them. These partnerships will likely need to be built out further in the future.

Lack of Community-Based Resources in New Orleans

Unfortunately, New Orleans is a resource desert when it comes to the immediate needs of individuals in mental health crisis. One of the most common solutions is to bring an individual who is willing to seek help to an Emergency Room for possible inpatient care. While MCIU has done a great job of triaging the needs of individuals they see and resolving a number of calls in the field by safety planning with individuals, there are very few options in terms of places of care such as short-term respite or crisis stabilization centers that MCIU staff can bring individuals other than a hospital setting. Similarly, same-day appointments for mental healthcare for individuals in crisis are very hard to come by.

Future Plans

Potential Expansion

A significant boundary that MCIU has had to navigate is unintentional "scope creep" that could easily happen unintentionally due to the enthusiasm of staff and needs in the community. NOHD and RHD leadership agreed that in the first year of the program, MCIU would stick to the original goals and responsibilities of the service to provide high-quality service and not overwhelming the staff with additional requests outside of their scope.

One key change RHD hopes to formalize after the first year of service is to be officially designated by the city as first responders. While MCIU meets the Louisiana State regulations for first responders, is eligible for first responder perks in New Orleans, and are colloquially referred to as first responders in New Orleans by both city and community partners, RHD is hoping to have a formal designation assigned in the second year of service. To move in that direction, leadership has collaborated with the New Orleans Department of Homeland Security to integrate RHD's services into citywide emergency planning including. A formal designation as "first responders" helps to solidify the program's place in the city's emergency response system by using the same designation for MCIU staff as for other branches of the public safety system. It may also make it more difficult to close the program if priorities in future administrations change. Ending a contract with a provider attracts less public attention than laying off first responders. The formal designation makes clear that MCIU provides a governmental function which offers liability protection for the city (LEAP Liability Report, p.8). Finally, designating MCIU staff as first responders' signals to current MCIU staff and any potential candidates, that becoming a behavioral health first responder is an established career worth investing in, which may help with recruitment and retention. Finally, it puts the program in a better position to secure first responder related funding to support expansion and sustainability.

Another opportunity for expansion, which was planned for during year one and has already begun as of the publishing of this report, is city-wide disaster support. MCIU leadership has been working with the New Orleans Department of Homeland Security and other emergency agencies to plan for how MCIU can support these events. MCIU staff working Mardis Gras was a first step in its integration with the city-wide safety efforts for large events. The team now has a staffing schedule, supplies, and protocols related to support during a hurricane including MCIU teams staying back to help during an evacuation. MCIU leadership will continue to work with the city and other first responders to prepare for future citywide disasters.

Program Evaluation:

RHD's initial plans were to conduct a comprehensive evaluation at the end of the first year of service delivery. After grappling with the challenges of accurate and complete data collection this first year, it has become clear that the first-year evaluation would yield inconclusive results. While there are some aspects of the original evaluation plan which will still be completed for the first year, RHD has decided, in partnership with NOHD, to conduct the comprehensive evaluation at the end of year two.

In November 2023, Jefferson University's Institutional Review Board (IRB) approved a mixed-methods study of MCIU staff's experience of safety in the field. This study will analyze both quantitative and qualitative data. Quantitative data will include open-ended survey questions and staff interviews. These interviews are being conducted between December 2023 and April 2024. All staff who have been responding in the field for at least 90 days will be invited to participate in the interviews. The quantitative data will include the staff safety question asked at the end of every intervention as well as the staff experience surveys conducted every six months. This study is expected to be completed in August 2024.

Future Considerations

There are possible expansions that are not currently planned for but will continue to be discussed with leadership. One potential future consideration is whether 988 should be able to directly dispatch MCIU rather than having to go through 911, as it does now. This is not currently possible due to constraints in the state's contract with VIA LINK, the current 988 provider. Any further discussions should include MCIU, VIA LINK, representatives from the state overseeing 988 in LA, and OPCD. Direct referral from VIA LINK could improve the experience for 988 callers as they would not have to go through the additional step of speaking with 911.

Other cities have added behavioral health staff in their 911 dispatch center. These positions support 911 call takers in identifying which calls are appropriate for the civilian crisis response team and if another first responder is needed on the scene. The behavioral health staff help call takers identify if there are calls that do not likely need an in-person response and could be handled by transferring the caller to 988. While this position might not be needed as a permanent fixture in the 911 center after the fourth branch becomes more established, while the service is new, 911 dispatchers often appreciate the support as they learn how to best use the new service. In New Orleans, this would require significant discussion and planning with OPCD, which has not yet started.

Finally, the team has already begun planning for Spring 2025 when the Superbowl will be held in New Orleans during Mardis Gras. MCIU leadership will collaborate with NOHD and other city departments to determine the necessary staffing and most appropriate ways for MCIU to support safety throughout the city with the influx of individuals expected. MCIU has already connected with other cities who have community responder models and have hosted the Super Bowl to learn from their experiences.

Recommendations for Other Cities

24/7 Launch and Staffing

Launching a behavioral health first responder program with 24/7 availability offers significant benefits, particularly in fostering community trust and securing buy-in from partners. Cities that have started with neighborhood pilots have reported feedback that residents find it frustrating when their neighbors have access to a service they do not because of a neighborhood or zip code service boundary. Other first responders including 911 dispatchers have shared that if the service isn't always available, it's hard to incorporate the use of it into their existing practices. Continuous availability not only enhances the program's credibility but also aligns it with existing emergency services, making it more reliable for those in crisis.

Planning for 24/7 staffing requires careful analysis of 911 and behavioral health call data to ensure appropriate coverage. Success in launching around-the-clock services hinges on several key factors, including sufficient funding, dedicated staffing, and established protocols supported by both agency leadership and partner organizations. For cities considering a phased approach, starting with a smaller pilot program and scaling to 24/7 coverage is a viable strategy, though it requires a clear roadmap for expansion and continuous assessment.

Collaboration with Public Safety and Emergency Response Partners

Effective collaboration with public safety and emergency response partners, especially 911 dispatch, is critical for the success of any behavioral health first responder program. Early engagement with 911 operators and dispatchers is essential to troubleshoot potential issues and align protocols with existing systems. Educating emergency responders about the new program—distinguishing it from Crisis Intervention Teams (CIT), co-responder, or traditional mobile crisis models—is a crucial step in ensuring the program's integration and functionality. This ongoing education and collaboration will support smoother dispatch processes and clarify the complementary role of behavioral health first responders in the broader emergency response network.

If there are other crisis models used in the same jurisdiction, such as CIT, co-response, or traditional mobile crisis, it is critical to engage those programs to develop clear workflows for when each program responds. Each of these models has its own strengths and challenges, as will any new model. A coordinated approach to ensure each program is operating within its scope and without duplication with other programs will create the most efficient system with the broadest coverage of services.

Data-Informed Planning and Implementation

Data plays a pivotal role in both the planning and ongoing operation of a behavioral health crisis response program. Analyzing mental health-related 911 calls before the program's launch is essential to understanding service demand and tailoring program design. Post-launch, regular review of 911 call data, feedback from first responders, and behavioral health first responder performance metrics should inform adjustments to staffing, coverage, and protocols. Regular calibration meetings with first responders and data from the 911 call center are important for

refining the program and ensuring it meets community needs efficiently. RHD recommends signing data sharing agreements with all partners prior to the launch of the program to ensure that necessary data can be accessed and that changes in leadership do not disrupt these agreements.

Data Dashboard Recommendations

A well-designed data dashboard can enhance transparency, support operational decisions, and build trust with the community. From the outset, it's critical to prioritize sustainability—both in terms of technical support and consistent funding for the dashboard. Cities should identify key questions they want the data to answer, map those questions to specific key performance indicators (KPIs), and ensure that they have access to the necessary data. As mentioned above, establishing data-sharing agreements with partners early on, securing commitments in writing, and developing procedures for regular updates and community feedback are all essential elements for successful dashboard implementation. A structured, clear update process will maintain the dashboard's relevance and utility over time.

Engage Key Stakeholders Early and Often

Engagement with key stakeholders, including 911 call centers, police departments, and community organizations, is integral to program success. In particular, close collaboration with the 911 system has been crucial for understanding how to effectively navigate triage, mapping, and dispatch processes. Partnering with local law enforcement agencies, such as NOPD's CIT training team, ensures that all first responders understand the behavioral health unit's mission and how to best utilize its services. Regular calibration meetings between first responders and behavioral health units provide opportunities to learn from challenging cases and improve coordination.

Additionally, engaging the community early—through advisory boards and participant engagement committees—helps shape the program to better meet the community's evolving needs, ensuring that it remains responsive and relevant. Feedback from those who use the service, either as the identified individual in need or as a natural or professional support for an individual in need, is essential to service design. RHD recommends that programs hold focus groups with community members prior to the launch of the service to gain insight into the hopes and fears of those who would use the service. This active and deliberate elicitation of feedback should continue throughout the life of the program.

ADA Accessibility

First responders are responsible for serving anyone who calls 911 with an emergency and should be able to respond equally to anyone, regardless of their disability status. The Americans with Disability Act (ADA) is a federal civil rights law that protects people with disabilities from discrimination in many areas of public life. The ADA covers employment, transportation, public accommodations, state and local government, and telecommunications. To ensure compliance with these laws, behavioral health first responder programs should ensure that they have the ability to safely transport those with mobility challenges, including those in wheelchairs.

Staffing

Staffing in behavioral health programs is often a challenge, particularly for those with 24/7 operations. RHD recommends several approaches for improving recruitment and retention for behavioral health first responder programs. While Medicaid funding or state regulations may create some limitations, opening up these positions to the broadest group of applicants possible, regardless of education, may create more opportunity. Researchers including Amy Watson, Leah Pope, and Michael Compton have found that key characteristics like being compassionate, a team player, not afraid of people with mental illness or their neighborhoods, having patience, and being excited about this work may be a better predictor of success as a behavioral health first responder than a license or degree. The MCIU program has a licensed clinician available to all teams for consultation but not every team has a clinician on it.

These researchers also advocate for adequate pay for behavioral health first responders. Salaries should be comparable to other first responders like police or EMTs rather than traditional behavioral health frontline staff who are often paid at or below the poverty line. RHD recommends using MIT's Living Wage calculator for your region to ensure salaries offered are adequate to attract high-quality candidates and to retain staff.

As mentioned in the report, there are several safety elements to the MCIU program to ensure staff are as safe as they can be when responding in the community. RHD recommends cities adopt these practices (see page 8 of this report). Related to safety is the consideration of staff health and wellness. The program should build in time and resources to attend to staff wellness through teambuilding, downtime, and access to comprehensive healthcare including behavioral healthcare.

Ask for Help

RHD's final recommendation for cities looking to replicate the success of MCIU in their behavioral health first responder program, is to ask for help. There are over 150 cities in the United States and dozens more in Canada with civilian crisis response programs. Many if not most of them would welcome outreach for advice or to share lessons learned. Many of these programs have put out reports like this one about their programs. There are also several organizations that provide technical assistance, training, consulting, and communities of practice including Vera Institute of Justice (Vera), Harvard Kennedy School Government Performance Lab (GPL), The Fourth Branch Institute (4BI), and the Alternative Mobile Services Administration (AMSA).

Conclusion

Based on the available data and feedback, MCIU's first year of service was wildly successful. The data continues to show MCIU responding to a high percentage of behavioral health calls to 911. MCIU staff are meeting the community needs in a timely and effective manner.

As the program continues to develop and grow, MCIU hopes to be able to expand their scope and reach in the New Orleans community. The leadership team is in ongoing conversations with NOHD about where MCIU can be supportive within the emergency response system. Efforts have already started to develop a specific role for the MCIU team during city-wide emergencies such as natural disasters. The first step in that direction was taken during Mardis Gras when MCIU provided support along the parade route in partnership with the other first responders. MCIU is also continuing to work with technology partners to ensure that the data collected is complete and accurate.

RHD continues its gratitude for the partnership with NOHD, OPCD, NOPD, and other public safety and community support partners. The city of New Orleans welcomed the MCIU program from the first day and MCIU's success is attributable to this deep commitment from the city to ensuring that those living in Orleans Parish get the most appropriate response to their emergencies.

Appendix A

This appendix provides a full list of positive comments from the open-ended question on the Participant Experience Survey. The two comments of concern are not provided here as they included identifying details. The issues raised are addressed in the body of the report.

"All of these professionals were timely, supportive, and above all concerned about the safety and well-being of all parties. Their expertise was invaluable in a difficult moment."

"Professionalism both from caller and the young guy who came out to resolve the problem."

"The quick response to coming out to school. Working together as a team to get the help student needed. Assisting with make necessary phone calls to parent."

"Ms. Tyesha was very kind and answered all my questions concerning one of my participants. Ms. Jazz, Ms. A, & Mr. Tyrus were very friendly and made me feel like they are a great resource for our mental health court. Everyone I interacted with was very nice and was very knowledgeable!"

"The staff they sent for this interaction were familiar with individual having the crisis & responded quickly & calmly."

"Everyone with MCIU was very professional and responded to the crisis in a timely manner."

"I am happy to now have this resource available when needed. Overall, it was a great experience working with the MCIU."

"I don't want the circumstances, but they certainly helped to fix them."

"I am so very appreciative that this service exists. Thank you!"

"Respectful and explained things in a way I can understand."

"Took care of the problem and brought him where he needs to be."

"The support and patience they showed."

"Everything." (4 different responders had this answer)

"When I had no other choices with my son to try to get him help, they supported me as best they could."

"I liked the presentation and clarity of information provided by the guys."

“The level of respect and understanding shown by all team members.”

“The response time was a lot faster than New Orleans Police.”

“So Gracious, and thankful for MCIU. Great Response Time. Handled love one with care.”

“Professionalism & the support given when she had to make hard decision about getting help for her husband.”

“Took care of the problem and brought him where he needs to be.”

“Quick response/ great listening and input.”

“MCIU was able to de-escalate, they cared about my son with professionalism."

“Everything was wonderful."

“One on one conversation; made me feel safe.”

“How fast they responded.”

“That they took time and talked to my son.”

“How professional the individuals present handled the situation.”

“The overall experience was great, from the director to the workers who came out to assist. I am very pleased.”

“The people there are very helpful and considerate and great listeners.”

“Very helpful and attentive.”

Appendix B

Table of Interviews and Focus Group Discussions Completed with Vera

#	Date	Type of Participant(s)	Agency or Relationship to MCIU
01	December 2023	Program and System Partners	New Orleans Fire Department
02	December 2023	Program and System Partners	Law Enforcement Assisted Diversion
03	January 2024	Program and System Partners	New Orleans Police Department
04	January 2024	Program and System Partners	New Orleans Office of Homeless Services and Strategy
05	January 2024	Program and System Partners	Orleans Parish Communications District (911)
06	January 2024	Program and System Partners	MCIU Leadership (RHD and NOHD)
07	March 2024	Program and System Partners	MCIU Staff
08	April 2024	Participant and Community	Advisory Group Member
09	April 2024	Participant and Community	Advisory Group Member and Family Member of MCIU Participant
10	April 2024	Program and System Partners	VIA LINK (988)

11	May 2024	Participant and Community	Family Member of MCIU Participant
12	June 2024	Program and System Partners	New Orleans Police Department
13	June 2024	Program and System Partners	MCIU Leadership (RHD)
14	July 2024	Program and System Partners	University Medical Center Hospital Emergency Department
15	July 2024	Program and System Partners	Orleans Parish Communications District (911)
16	August 2024	Participant and Community	MCIU Participant