

# ATTACHMENT A



## COMMUNITY ASSISTANCE PROGRAM

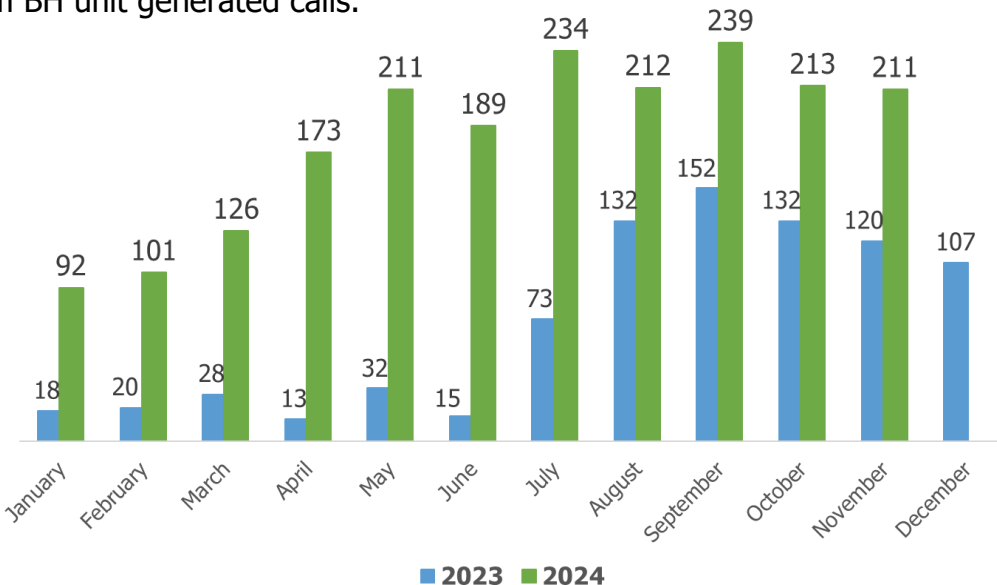
# EXPANSION AND IMPLEMENTATION REPORT JANUARY 2025

The Community Assistance Program (CAP) is comprised of Crisis Response and Behavioral Health Units. In November 2024, the CAP responded to 908 total calls for service. Calls for service reflects information generated from the Computer Automated Dispatch System (CAD). A call represents an incident in which a CAP team was dispatched. In addition, in November 2024 the Phoenix Police Communications transferred 211 calls for service to the CAP Behavioral Health Dispatchers.

The Behavioral Health Units experienced a 136% increase and the Crisis Response Units experienced a 13% increase in call volume in the first 11 months of 2024 compared to the first 11 months of 2023. The CAP currently has six Crisis Response and five Behavioral Health Units in service.

### CALLS TRANSFERRED FROM POLICE COMMUNICATIONS:

Calls transferred from Police Communications to CAP Behavioral Health Dispatchers have increased by 172% when comparing the first 11 months of 2024 to the first 11 months of 2023. This increase is attributed to ongoing collaboration with Police Communications to host CAP supervisors in the dispatch area 4 times weekly to provide communication on availability of Behavioral Health units. In November 2024, 45% of the calls for service for the Behavioral Health units were generated from a transferred call from Police Communications to a Behavioral Health Dispatcher. The remaining 55% of the calls came from co-response with police or fire and from BH unit generated calls.

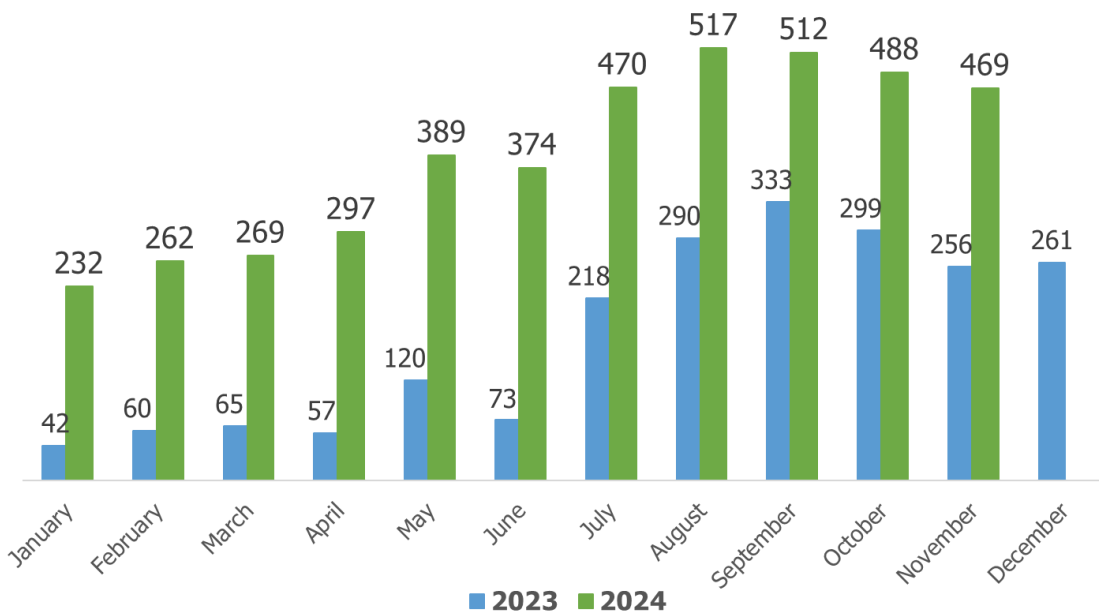


**2024 (11 months): 2,001**  
**2023 (11 months): 735**  
**2023 (Total): 842**

**Trending: 172% increase**  
**compared to the first 11**  
**months of 2023**



# BEHAVIORAL HEALTH CALLS FOR SERVICE:

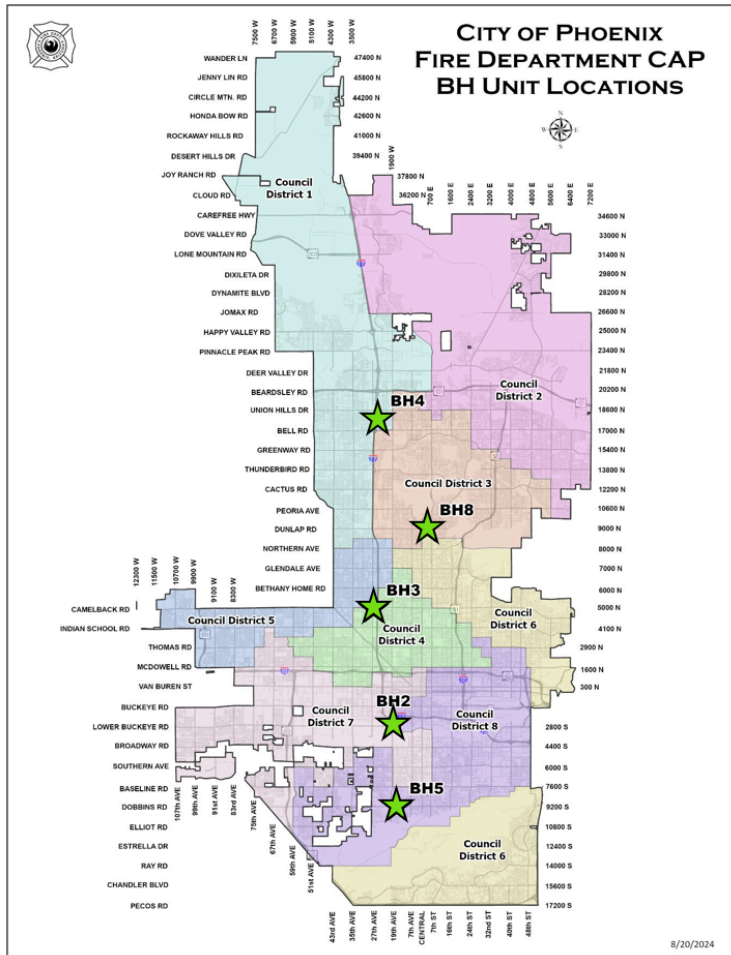


**2024 (11 months): 4,279**  
**2023 (11 months): 1,813**  
**2023 (Total): 2,074**

**Trending: 136% increase compared to the first 11 months of 2023**

Individuals assisted and services provided below are generated from an electronic care records system. CAP services may be rendered to multiple community members or customers may decline service. Thus, the number of individuals assisted may differ from the calls for service volume.

Of the 469 calls for service for the Behavioral Health Units (BHU), the units were able to make contact with a customer(s) on 248 calls for service (53%). The remaining calls were either cancelled prior to arrival or the units were not able to locate the customer upon arrival on-scene.



## BEHAVIORAL HEALTH UNIT REPORT: 11.01.2024 - 11.30.2024

Total Number of individuals assisted: 292

- Number Of Adults Contacted: 258 (88%)
- Number Of Children Contacted: 34 (12%)

Contact Outcomes:

- Resolved on Scene: 93 (38%)
- Transported: 78 (31%)
- Services Declined: 65 (26%)
- Referred to Other Public Safety Services: 12 (5%)

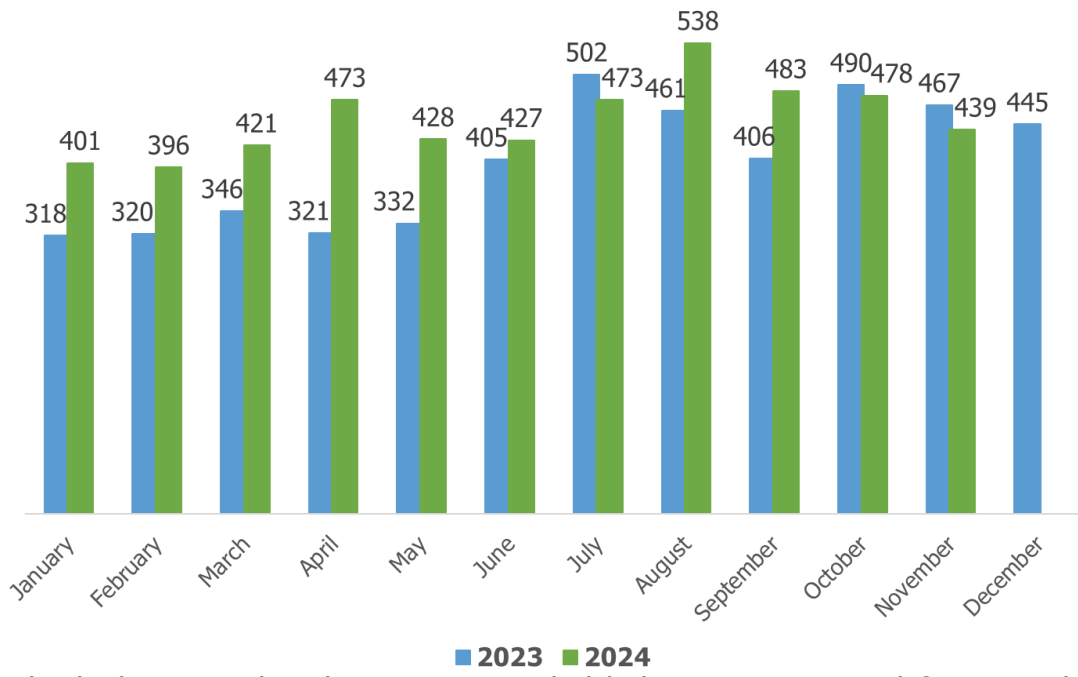
Primary BHU Call Type:

- Check Wellbeing: 71 (39%)
- Mental Health: 45 (25%)
- Other: 44 (24%)

*Referred to Other Public Safety Services: the CAP unit needed PFD / PPD on-scene to resolve the call.*



# CRISIS RESPONSE CALLS FOR SERVICE:

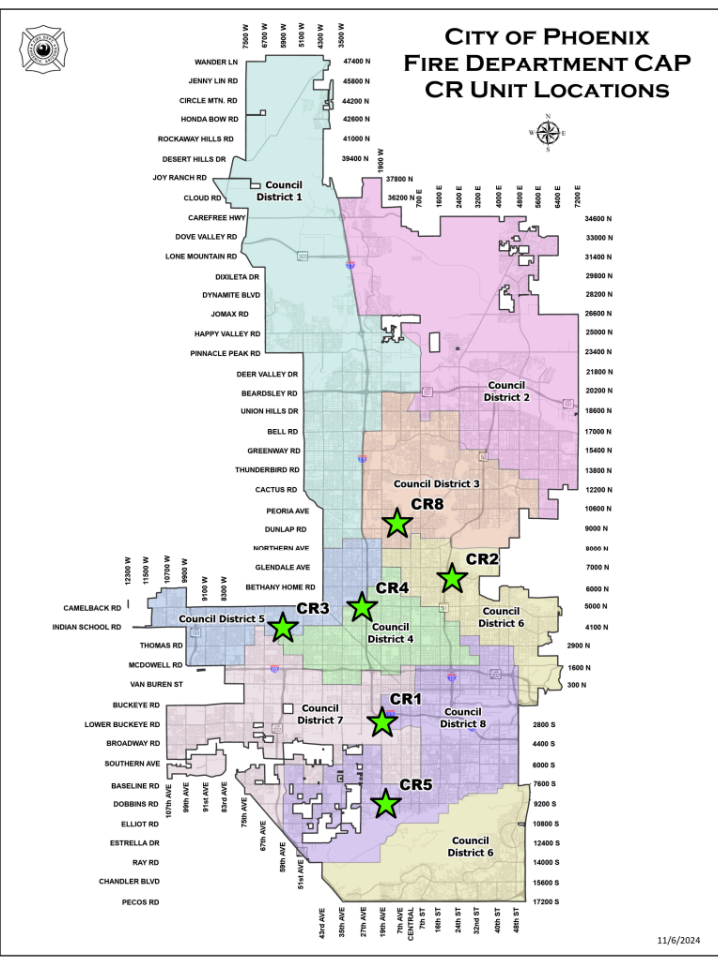


**2024 (11 months): 4,957**  
**2023 (11 months): 4,368**  
**2023 (Total): 4,813**

**Trending: 13% increase compared to the first 11 months of 2023**

Individuals assisted and services provided below are generated from an electronic care records system. CAP services may be rendered to multiple community members or customers may decline service. Thus, the number of individuals assisted may differ from the calls for service volume.

Of the 439 calls for service for the Crisis Response Units (CRU), the units were able to make contact with a customer(s) on 228 calls for service (52%). The remaining calls were either cancelled prior to arrival or were cancelled.



## CRISIS RESPONSE UNIT REPORT: 11.01.2024 - 11.30.2024

Total Number of individuals assisted: 602

- Number Of Adults Contacted: 471 (78%)
- Number Of Children Contacted: 131 (22%)

### Contact Outcomes:

- Resolved on Scene: 177 (78%)
- Transported: 28 (12%)
- Services Declined: 15 (7%)
- Referred to Other Public Safety Services: 8 (3%)

### Primary CRU Crisis Response Reasons:

- Death: 109 (51%)
- Occupant Services: 48 (23%)
- Crime: 19 (9%)

### Primary Crime-Related Calls

- Other Criminal Activity: 9 (47%)
- Domestic / Family Violence: 6 (32%)
- Child Abuse / Neglect: 3 (16%)

*Referred to Other Public Safety Services: the CAP unit needed PFD / PPD on-scene to resolve the call.*



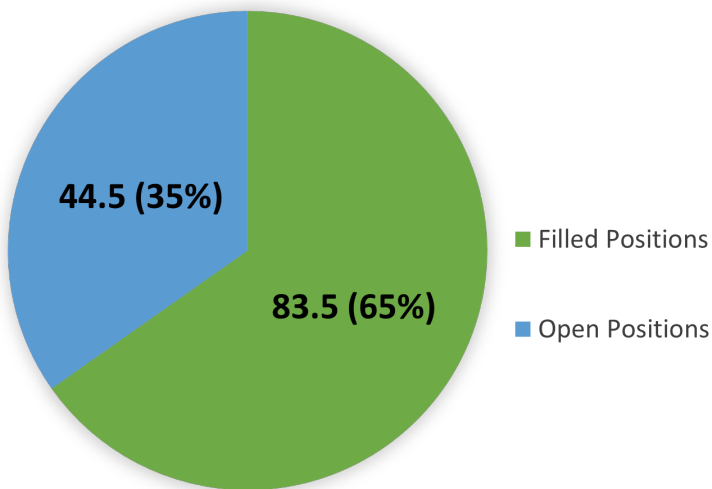
## RECRUITMENT & STAFFING:

There are 6 Crisis Response Units providing City wide coverage 5 days a week, 24 hours a day and 2 days a week, 22 hours a day. In addition, there are 5 Behavioral Health Units providing city wide coverage 7 days a week, 23.5 hours a day.

CAP has 8 active Behavioral Health Dispatchers (CAP Crisis Intervention Supervisors). The BHU Dispatchers are available 20 hours each day, Sunday – Wednesday. Thursday through Saturday, the BHU dispatch position is filled for 10 hours each day. However, CAP has a supervisor available 24 hours a day/7 days a week available by phone to take request for a Behavioral Health or Crisis Response Unit.

In November, the CAP hosted a hiring event in partnership with the Mobile Career Unit at the Burton Barr Library. After second interviews, multiple tentative offers were made for both the Crisis Intervention Specialist and Crisis Intervention Supervisor positions. Those candidates are currently in the background process. The CAP on-boarding training will begin in late January 2025.

### NOVEMBER STAFFING



The Community Assistance Program and City of Phoenix were featured in a recent publication by the Harvard Kennedy Government Performance Lab pertaining to the alternative response initiative. The full publication is available at <https://govlab.hks.harvard.edu/embedding-behavioral-health-professionals-911>.



**Embedding Behavioral Health Professionals in 911 Call Centers: Approaches to Alternative Response Workforce**

Author: Gabriela Solis Torres



Contributors: Analisa Sorrells, Anna Low-Beer, and Ben Appleton

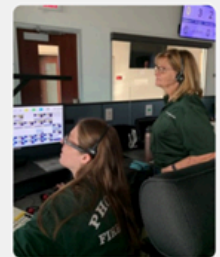


**Case Study: Prioritizing Dispatch of Alternative Response Teams in Phoenix, AZ**

In Phoenix, AZ, the [Community Assistance Program \(CAP\)](#) hires people with professional experience, a credential in behavioral health, and/or personal life experiences to dispatch the in-person Behavioral Health Unit. These behavioral health professionals use their expertise to respond to third-party behavioral health calls from individuals witnessing another person in crisis and determine their suitability for an in-person alternative response. Phoenix built a program that emphasized dispatch rather than resolution over the phone to fill a service gap in Maricopa County, which already has a program that diverts first-party behavioral health calls to a crisis hotline.

**Phoenix, AZ**

-  **Program:** Community Assistance Program, Behavioral Health Unit
- Alternative response led by:** City Manager's Office + Phoenix Fire Department
- 911 run by:** Phoenix Police Communications Bureau (primary PSAP); Phoenix Fire Department (secondary PSAP)
- Launched:** July 2022
- Hours of operation:** 7 days a week, 20 hours a day
- Areas served:** City of Phoenix
- Population served:** 1.65 million
-  **Call types:** Check welfare, overdose, suicide attempt, mental illness (divert based on call characteristics, not call codes)



First, 911 call takers from the Phoenix Police Communications Bureau transfer eligible calls to behavioral health professionals embedded in the Phoenix Fire Department's call center. Those behavioral health professionals can then dispatch eligible calls to the Behavioral Health Unit, which consists of five, two-person teams. Each team has a crisis intervention specialist and a peer support specialist.

Originally, the Community Assistance Program planned to hire behavioral health professionals with master's degrees in social work to embed within 911. However, once the embedded health professional's role was defined as primarily dispatching the alternative response team, the program changed the educational requirements of the position to more closely match program needs and lower barriers to recruitment. Now, the Community Assistance Program requires that embedded behavioral health professionals have experience in the behavioral health field, such as lived experience or previous professional experience, and/or a bachelor's degree, but they are not required to be licensed clinicians.

Embedding Behavioral Health Professionals in 911 Call Centers | Harvard Kennedy School Government Performance Lab



<https://govlab.hks.harvard.edu/embedding-behavioral-health-professionals-911>

