



Knoxville Police Department Co-Response Team

BACKGROUND report

RESPONDING TO A NEED

How we started and why. In 2020, the Knoxville Police Department and McNabb Center expanded their existing partnership to create the Co-Response Team (CRT). The CRT consists of a KPD Sergeant and a Master’s Level Clinician who respond to calls for service specific to individuals experiencing a behavioral health crisis. The CRT began accepting calls for service in October 2020 and has responded to a total of 199 calls through May 4, 2021.

CURRENT DAILY OPERATIONS



An Officer and Master’s Level Clinician ride in the same vehicle the entire shift.



The CRT operates during day shift: 08:00AM – 6:00PM.

CALL FOR SERVICE RECEIVED

Ways CRT receives a call:



Dispatch



Another Officer



Community Referral

RESPOND TO CALL

Overview

1. Team works to de-escalate situation

2. Ensure safety of all individuals on scene

3. Conduct initial mental health assessment

Disposition of encounter depends on several factors and outcomes can range from:



Provide referral or linkage to resources and community care



Transport individual to ER, BHUCG, CSU, or in limited cases jail



Knoxville Police Department Co-Response Team

OBJECTIVES

report

The following outlines the CRT objectives and describes the potential impact of expanding the Co-Response Team beyond the existing one (1) team.

Objectives related to increasing the number of Co-Response Teams:



One Team



Multiple Teams

Improve response to CRT focused calls for service.

CRT and patrol officers both respond to calls for service.

Reduce need for patrol to respond to calls that can be handled by CRT teams. Create more opportunity to improve and provide immediate response to crisis calls.

Reduce the number of mental evaluation transports by EMS.

CRT can transport individuals reducing the need for EMS resources for non-medical calls.

Increase capacity to transport individuals across shifts and during peak hours.

Expand the response to CRT related Calls.

CRT actively responds to calls as they are available and are aware of the call for service.

Multiple teams will allow for calls across shifts to be answered.

Increase coverage during peak call hours.

Most CRT calls occur after 12:00PM and follow existing call patterns increasing throughout the afternoon.

Existing team shift ends at 6:00PM, increasing teams will support calls into evening hours.

Reduce the time that patrol is on CRT Calls.

Average CRT call time runs 62 minutes. Once scene has been determined safe, patrol leaves.

Be available to respond to calls to reduce patrol officers time on scene and away from other calls.

Increase post-call Follow-up to support improved consumer outcomes.

Less than a third of follow-ups occur within 72-hours. Current team capacity limits follow-up to phone.

Additional teams would allow for more face-to-face follow-up with individuals, family members, and caregivers after a crisis to reduce the likelihood of further crisis situations.



The CRT has developed a data collection process that allows them to collect, track, and report on several measures to show the frequency of calls for service, types of encounters and their dispositions, as well as the overall impact of the team. The following charts and data review shows the CRT activity over the period of 10/1/2020-5/4/2021.

Number of Calls

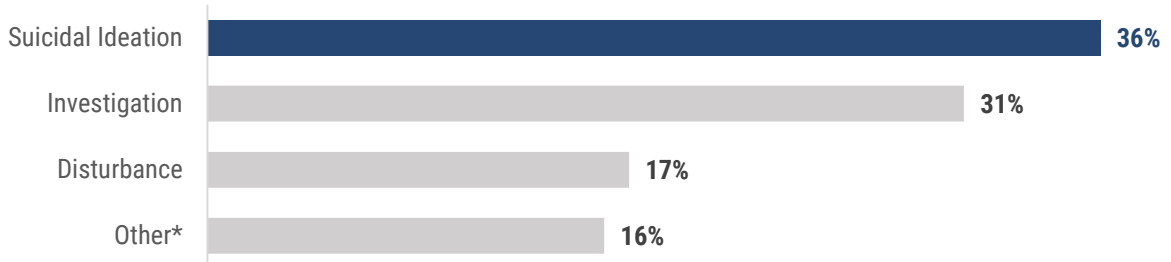
The CRT responded to **199 calls for service** between 10/1/2020-5/4/2021.

Length of Call

The average CRT call for service averages **62 minutes**. The max time spent on a CRT call was 7 hours 18 minutes.

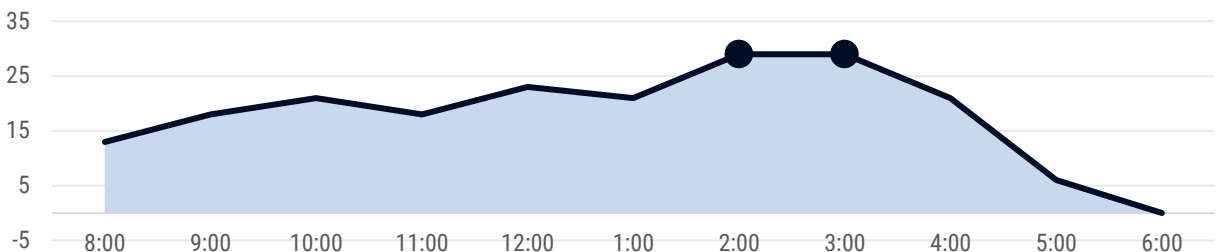
Call Type

Over a third (36%) of all CRT calls responded to were to individuals experiencing **suicidal ideation** (n=199).



Time of Day

Most CRT calls for service are after 12:00PM and **peak between 2:00PM and 3:00PM** (n=199).



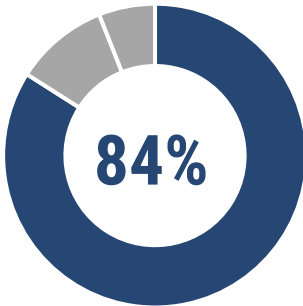


Knoxville Police Department Co-Response Team

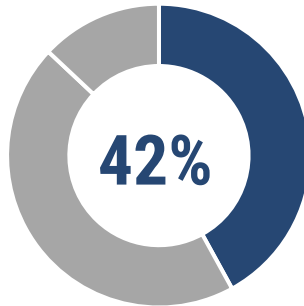
IMPACT report

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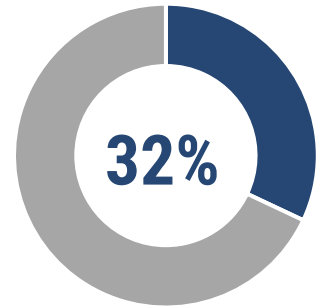
The CRT has resulted in:



Of individuals had one encounter with the CRT



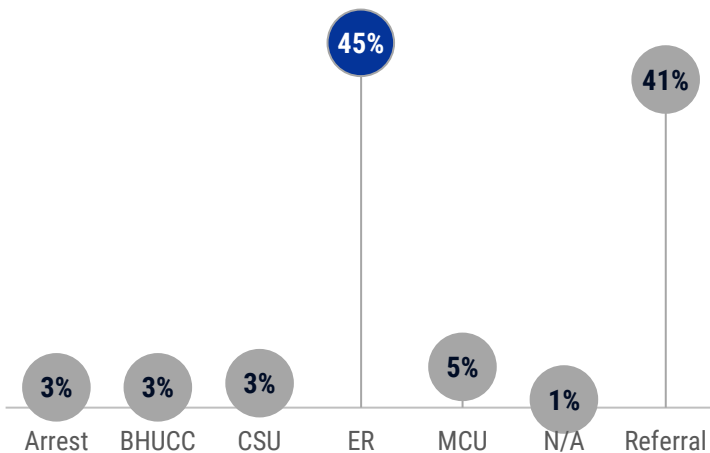
Able to remain in place and receive resource information



Received a follow-up within 72 hours of initial CRT contact

Call Outcome/Disposition

Almost **half** of CRT calls result in transport to the ER (n=199).



Expected benefits of CRT

Reduced repeat calls for service.

Reduced patrol officer time on scene.

Reduced ambulance transport to ER.

Increased linkage to resources and community care.

Reduced arrests and jail admissions.

Increased post-crisis follow-up to reduce likelihood of a new crisis situation arising.



Why it matters. It is important to consider the factors that lead to missed opportunities to respond to calls for service related to behavioral health crises. While the goal is to respond to all behavioral health crisis calls for service during the shift, achieving this can sometimes be difficult with only one team.

OBJECTIVE | Decrease the number of missed CRT calls for service

Increasing the number of CRTs can...

On average, **6** behavioral health crisis calls are missed each week.

OTHER FACTORS | Capacity of current CRT, impacts ability to respond to calls.

Dedicated CRT Officer performs other law enforcement responsibilities.

When dedicated CRT Officer is off:

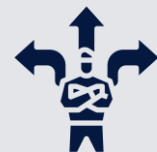
- Lack of back-up CIT Officer for Responder to ride-along with.
- Removes Patrol Officer from regular duties.



Provide for additional opportunities to respond to individuals experiencing a behavioral health crisis.



Decrease the need for patrol to respond to behavioral health crisis calls and **time away from other patrol functions.**



Allow for flexibility when other non-CRT related activities arise for team members.