

TRANSFORMATIONAL PROGRESS

ADDENDUM A

*Behavioral Health Emergency Response - A Self-Evaluation
of Oklahoma City's Compliance with Federal Guidelines*



July 1, 2024



Behavioral Health Emergency Response

Oklahoma City

**A Self-Evaluation of Oklahoma City's Compliance
with Federal Guidelines**

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Introduction

On May 25, 2022, President Biden issued Executive Order 14074, Advancing Effective, Accountable Policing and Criminal Justice Practices to Enhance Public Trust and Public Safety. Section 14(a) of the Executive Order directed the Attorney General and the Secretary of Health and Human Services to consult with stakeholders and to issue guidance regarding best practices for State, Tribal, local, and territorial officials on responding to and interacting with persons with behavioral health or other disabilities.

On May 31, 2023, the U.S. Department of Justice and the Department of Health and Human Services responded by publishing a report titled *Guidelines for Emergency Responses to People with Behavioral Health or Other Disabilities* (hereinafter “Federal Guidelines”).¹ The Federal Guidelines purport to outline the application of federal disability rights laws in this area, as well as best practices for responding to crises experienced by people with disabilities, including people with behavioral health disabilities, intellectual and developmental disabilities (IDD), or other cognitive disabilities, who are deaf or hard of hearing, or who are blind or low-vision.²

The Federal Guidelines effectively provide the City with a checklist of what the federal government considers to be best practices for emergency response to people with behavioral health or other disabilities. The purpose of this report is to compare the City’s behavioral health programs and services to the applicable federal recommendations. This report is organized based on the structure of the Federal Guidelines. Responses to the recommendations are not meant to be exhaustive but demonstrate how the City is satisfying the recommendations.

After extensive review, the City can report that it has already implemented or is in the process of implementing all applicable recommendations in the Federal Guidelines. The sole recommendation not yet completely fulfilled is staffing a mental health provider in the 911 Communications Center, though the City is already in the process of developing a program that satisfies this recommendation. There are a handful of recommendations that do not fall under municipal government responsibility or jurisdiction; however, in many of those cases, the City has developed partnerships to ensure they are addressed.

The City has implemented or is in the process of implementing all applicable federal recommendations.

While the Federal Guidelines provide a valuable tool for the City to evaluate itself in accordance with federal expectations, the City does not consider satisfaction of the Federal Guidelines to be a resting point. The City continues to identify needs, engage with the community, develop innovative solutions, and constantly evaluate and seek improvement with all of its behavioral health and other disability programs.

¹ Federal Guidelines may be found at https://www.justice.gov/d9/2023-05/Sec.%2014%28a%29%20-%20DOJ%20and%20HHS%20Guidance%20on%20Emergency%20Responses%20to%20Individuals%20with%20Behavioral%20Health%20or%20Other%20Disabilities_FINAL.pdf

² <https://www.justice.gov/olp/executive-order-14074-reports>

Core Principles Informing Best Practices for Responders

Person-Centered Approaches that Avoid Harm

1. Jurisdictions should deploy appropriately trained and equipped responders to ensure a safe and effective response.

- All officers currently receive the complete 40-hour CIT school in the police academy, as well as training on interacting with the deaf and hard of hearing, disability awareness, human relations, implicit bias, communication, de-escalation, community-oriented policing, and trauma-informed policing, among other things.
- All officers receive annual mental health training, at least two hours of which are mandated by CLEET.
- All officers receive de-escalation training on an annual basis, typically through a full four-hour De-escalation – Control and Defensive Tactics in-service and sector-based training through the Reality Based Training Unit, among other formats.
- De-escalation is evaluated on every incident where force is used.
- When emergency calls require a police response, the City makes it a priority to dispatch CIT Response officers. In any event, every OKCPD officer is crisis trained and equipped to respond to those experiencing a mental health crisis (see Mental Health Guide addendum).
- Including the dedicated CIT-Response team, the total number of officers who have been trained in the post-academy CIT school is 460 as of June 2024.
- Call-taker and dispatchers currently receive eight hours of mental health training.
- Call-taker and dispatchers currently receive annual mental health training.
- All School Resource Officers attend the post-academy CIT school.
- Patrol officers are equipped with iPads that will connect the person with a mental health professional without requiring them to leave the location where the officer makes initial contact. Approximately 150 iPads have been distributed to the patrol divisions but the number in use fluctuates due to maintenance and other administrative issues.
- All officers are equipped with access to numerous mental health resources, including TRUST referrals, ODMHSAS contracted mobile crisis teams, and telemedicine.
- Officers are trained on less lethal devices including OC spray, baton, CEW, and impact munitions.
- Since 2021, all recruits have been trained and issued a CEW prior to graduating from the academy.
- City-issued cell phones and a public address system installed in patrol vehicles allow officers to communicate from a greater distance to allow for more de-escalation options.
- Field based small, unmanned aircraft systems allow officers to communicate from a distance.
- The Reality-Based Training Unit has provided Integrating Communications, Assessment, and Training (ICAT) to nearly 500 field officers.

- 40mm less-lethal platforms are distributed throughout the department to ensure maximum accessibility during standoff incidents.
- 911 call takers and dispatchers can directly transfer callers to 988, 211, or enter referrals through the TRUST program without dispatching field officers to certain low acuity mental health calls.
- Following any significant incident, officers and supervisors engage in a post-incident debriefing. The debriefing is designed to critically evaluate response, tactics used, and decision-making. The debriefs are designed to identify areas for improvement or innovative approaches resulting in a positive outcome.

2. Even in crisis situations, responders should attempt to leverage the strengths of each individual they encounter and consider the person’s stated preferences to help resolve the incident safely.

All OKCPD officers are crisis trained. The core of crisis training is to recognize each individual as unique and employ processes to resolve the situation in the best interests of the individual through collaborative outcomes and minimal intervention. OKCPD regularly trains on embracing and understanding the sanctity of human life, the rights of all individuals, trauma informed policing, and the positive outcomes from appropriate intervention and treatment. These principles are put into practice through Reality-Based Training, classroom instruction, and post-incident debriefs. When time and circumstances reasonably permit, officers are trained to use de-escalation as their first response. Through ICAT and crisis training, officers are taught and demonstrate how to safely resolve situations and collaborate with residents on obtaining the best and most appropriate treatment outcome. In some cases, receiving mental health services in lieu of arrest is the result of incidents where crimes are committed (see mental health response protocol guide).

OKCPD implemented a new set of core values in 2020 to reflect the most basic principles of the department and the expectations of its employees. Among those core values are Compassion, Respect, and Equity. Every police recruit must recite these core values every day in the academy and every new police vehicle starting in 2021 displays those core values as a constant reminder.

The addendums covering Oklahoma City’s Mental Health Programs and Policies and Mental Health Response Protocol Guide describe in greater detail the training and approaches in fulfillment of this recommendation.

However, consistent with Sanctity of Life and to safely resolve incidents, the Oklahoma City Police Department has adopted the following written directives:

- Mission Statement
- Core Values
- OM 1-104 Respect for Constitutional Rights
- OM 1-105 Bias-Based Policing Prohibited
- OM 3-204 Prohibition Against Discrimination, Retaliation, and Harassment
- OM 3-307 Response to Resistance Assessments

- OM 4-302 Searches of Persons
- OM 4-303 Alternatives to Physical Arrest or Detention
- OM 4-305 De-Escalation
- OM 4-306 Physical Response to Resistance
- OM 4-306.7 Use of Less Lethal Devices
- OM 5-204 Mental Health Procedures
- OM 5-217 Public Intoxication
- OM Chapter 5 Section 3: Municipal Court Uniform Citations (Non-Traffic)

All items, can be found at the following link: [OKCPD Operations Manual](#)

The police department's goal is to end every situation peacefully and in the best interest of our residents. Specifically, the Mental Health Response Protocol Guide directs officers to use resources available to provide the best possible services to our residents. The overall desire of the police department is to provide services to residents in a location where they are most comfortable, that is the least intrusive, and helps to stabilize individuals with the least amount of intervention.

Diversion to Behavioral Health Services Whenever Appropriate

3. Jurisdictions should encourage use of the 988 Suicide and Crisis Lifeline, including through text or chat functions, and other behavioral health resources instead of relying exclusively on 911 for response to behavioral health-related calls, and should develop systems to divert appropriate 911 calls to these resources. A key function of the 988 Suicide and Crisis Lifeline is to assess for imminent risk.

- OKCPD collaborated with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) leading up to the implementation of 988 and continues to collaborate with them on a regular basis to address system efficiencies and processes.
- All police employees have received training and guidance on the 988 Suicide and Crisis Lifeline.
- On July 16, 2022, when the 988 Suicide and Crisis Lifeline went live, OKCPD posted information on calling 988 to the OKCPD Facebook page. The OKCPD Facebook page has approximately 365,000 followers.
- The OKCPD CIT Unit created informational pamphlets in multiple languages and provided them to officers. Officers are encouraged to distribute the pamphlets to residents and explain the difference between 988 and 911, and guide callers in choosing the most appropriate resource during mental health crises. Pamphlets have also been made available to the public through OKCFD, all city buildings, EMSA, hospitals, mental health care providers, and libraries.
- The State of Oklahoma has engaged in a wide-spread advertising campaign for 988 to include radio/television commercials, billboard signage, and social media posts.
- Officers have been authorized and encouraged to assist residents with contacting 988 or may contact 988 themselves to arrange for professional mental health assistance on

the scene of a mental health-related incident. Officers are actively contacting mobile crisis teams through CHAMPIONS and 988 to respond and assist with certain mental health calls.

- OKCPD 911 call takers and dispatchers have been trained in diverting behavioral-health related calls to 988, 211, or in some cases making TRUST referrals to behavioral-health providers. 911 call takers and dispatchers are actively diverting behavioral-health related calls to behavioral-health providers.

4. Where appropriate, law enforcement and dispatch should divert calls to behavioral health responders when they encounter someone demonstrating a need for behavioral health support who is not an immediate threat.

- 911 call takers and dispatchers currently receive eight hours of CIT training. Their training includes communicating with persons with mental health symptoms and disabilities, de-escalation techniques, dispatching CIT officers, utilizing 988 and other alternative response services, making TRUST referrals, and coding mental health calls for service.
- 911 call takers and dispatchers have been trained and issued a directive on diverting calls to 988. The training and directive require residents experiencing a mental health crisis to be diverted to 988 unless the individual is committing a crime or there is evidence the resident is a danger to themselves or others. When the resident needs medical attention, the call is sent to emergency medical for response.
- Officers are trained to identify when it is appropriate to assist people with contacting 988, utilizing iPads to contact a mental health professional on scene, and when to contact mobile crisis teams such as CHAMPIONS.
- 911 call takers and dispatchers and officers are actively diverting behavioral-health contacts to mental health providers by using mobile crisis teams through 988 and CHAMPIONS, contacting providers through iPads, entering TRUST referrals for alternative response, or if necessary, using a CIT-Response officer to assist in obtaining appropriate services.
- When residents are experiencing a mental health crisis, police officers are trained in, and a directive requires the use of alternative resources where possible. There are instances where officers take individuals into protective custody or make an arrest due to a crime. However, the first and overwhelming goal is to provide the most appropriate resources to an individual in crisis. In some cases, even when a crime is committed, officers can divert that individual to mental health resources in lieu of making an arrest.
- All of this is reinforced through quality assurance programs.

5. Law enforcement should develop working relationships with diverse local behavioral health providers and other providers of community services for individuals with disabilities. This may include the formation of a crisis intervention committee with a mission to build an effective regional crisis incident response that considers resources, training, local legal standards, and community expectations.

- OKCPD has current and ongoing relationships with behavioral-health providers in the Oklahoma City metro area, to include ODMHSAS, NorthCare, HOPE, Red Rock, and others. OKCPD regularly meets with these partners to ensure best practices when providing services to residents in need.
- OKCPD collaborated with and continues to collaborate with ODMHSAS as part of the 988 implementation plan.
- OKCPD collaborated with NorthCare for the rollout of the CHAMPIONS mobile crisis team program which began in May 2022.
- OKCPD and ODMHSAS collaboratively prepare training for community outreach team managers.
- In 2021, the OKCPD CIT Unit organized and began meeting with a group of local mental health care providers. Since then, the CIT Unit have scheduled a meeting every three months and invited representatives from mental health care facilities and hospitals in the OKC area.
- In 2022, the OKCPD CIT Unit invited neighboring area law enforcement agencies to meet, discuss and share issues and ideas related to mental health response. OKCPD intends to continue planning and hosting these gatherings.
- OKCPD has a close partnership with the Greater OKC chapter of the National Association of Mental Illness (NAMI).
- In 2023, the City established the Crisis Intervention Advisory Group (CIAG), which is part of the Public Safety Partnership goals developed for OKCPD. CIAG is a multidisciplinary/interagency advisory group comprised of individuals and organizations representing a wide range of disciplines and perspectives who seek to improve encounters between law enforcement and residents with mental and behavioral health disabilities. The group meets regularly to review, discuss and provide recommendations on moving forward resulting in better outcomes for residents, law enforcement, and mental health partners.
- The City of Oklahoma City is working on a request for proposal to contract with several mobile crisis teams.
- The City of Oklahoma City is implementing a Mobile Integrated Healthcare program (MIH) through the Fire Department, to include a call diversion center in the 911 Communications Center staffed with a mental health professional and attached to mobile crisis teams. This is an all-encompassing approach to alternative response in Oklahoma City while also creating a true co-response model with police when necessary. The call center will staff a mental health professional who can accept warm handoffs from 911 call takers when the criteria of the call does not demand a police or medical response. The mental health professional will triage the call and determine the most appropriate mental health response. The City will staff mobile crisis teams which can respond instantly or as appropriate for the acuity level. The unit would be the primary alternative response in Oklahoma City while still partnering with 988 and Certified Community Behavioral Health Clinics (CCBHCs) for overflow calls and field response. When a mental health-related call does demand a police response, the mobile crisis team attached to this unit will initiate a co-response with police. Once the scene is safe, the mobile crisis team will become the primary response on scene, allowing police to leave if possible.

6. A comprehensive array of crisis response services should be developed including call centers, mobile outreach, and community-based crisis services.

The City is fortunate to have a great number of behavioral health resources and community partners in the area. These resources and partners allow the City to provide a full and growing array of crisis response programs and services to its residents.

OKCPD call-taker and dispatchers have received training on diverting calls to the 988-call center and entering TRUST referrals. Officers are trained in how to contact mobile crisis teams through CHAMPIONS and 988, use tele-med through the iPad, make TRUST referrals, provide CIT response, as well as making use of other available resources.

The City is in the process of increasing crisis response services, such as establishing additional mobile crisis teams, a mental health professional in the call center, and robust mobile integrated healthcare. Finally, as part of MAPS4, the City is investing over \$44 million to provide new mental health and substance abuse services. The package includes \$12.6 million to build a new mental health crisis center and a \$24.5 million restoration center that includes a crisis center, methamphetamine detox, substance abuse services, and more.

Peer Support

7. It is generally advantageous to include in the teams responding to a crisis people whose experiences and expertise with addressing mental illness and mental health crises allow them, through person-centered approaches such as shared understanding, trust, respect, and empowerment, to help others experiencing similar situations.

OKCPD's core values are integrity, compassion, accountability, respect, and equity. Through this code of ethics and core values, all police personnel have committed themselves to serving residents. While all officers receive mental health training and exhibit these core values, CIT-Response officers have received additional training in their response and handling of mental health calls. The training emphasizes understanding of mental illness, incorporates the development of communication skills, practical experience, role-playing, and introduces recruits to mental health professionals, persons with mental illness, and family members.

Additionally, many incidents of crisis response are being diverted to 988, CHAMPIONS, TRUST, or other mobile crisis teams. Officers are also contacting mobile crisis teams and using other resources in the field, such as iPads and TRUST referrals.

In July of 2023, the Overdose Response Team (ORT) was launched to respond to patients who have recently survived an overdose. This team, comprising an OKCFD firefighter and a Certified Peer Specialist from a Certified Community Behavioral Health Clinic, offers medical follow-up after the overdose and guides individuals toward assessment and treatment services. The goal is to provide treatment opportunities to those who have experienced an overdose and their families. The ORT participates in the Narcan Harm-reduction program,

formally known as the leave behind program, and is able to provide fentanyl test strips as well.

The City of Oklahoma City is developing additional programs that are relevant to this recommendation, such as:

- **Crisis Call Diversion (CCD):** Currently in the planning stages and included in the City’s proposed FY25 budget, CCD aims to embed mental health professionals within the 911 Communications Center. CCD will help improve the effectiveness of public safety resources. This initiative will enable immediate professional mental health service delivery to 911 callers potentially experiencing a mental health crisis. CCD will operate as an in-house call center, with 988 serving as an overflow hotline for assistance. The objective is to stabilize individuals over the phone, facilitate referrals to appropriate services, or dispatch a mobile crisis team for further intervention.
- **Crisis Response Team (CRT):** This team will function as a mobile crisis team that also has enhanced overdose response capabilities. Along with the same capabilities as the Overdose Response Team, CRT will also be able to offer medically assisted recovery services. Staffed by an OKCFD paramedic and a behavioral health navigation responder, the team will be able to transport residents who are experiencing a crisis to urgent recovery centers as well as other crisis centers as needed. The CRT can also coordinate a warm handoff to a CCBHC mobile crisis team, assist the patient with a referral to a local CCBHC for a later appointment, or disengage as needed. Adopting a co-response approach, CRT will collaborate with OKCPD in incidents requiring police presence. Once the scene is secure, police officers may depart, allowing CRT to assume primary engagement. While predominantly dispatched by CCD, CRT will be integrated into both OKCPD and OKCFD radio and computer systems, facilitating a real-time and fully interactive co-response.
- **Alternative Response Team (ART):** Similar to CRT, ART is designed as a mobile crisis team that will respond to lower acuity incidents and to provide follow-up contact. Comprising the same staffing configuration as CRT, ART will not generally engage in co-response or high-acuity incidents, focusing instead on providing targeted support and resources.

8. This principle applies to the full range of crisis services.

CIT officers are trained in a full range of crisis services as outlined in the above response. OKCPD uses and partners with a wide range of services and providers for crisis services and response.

Through 988, CHAMPIONS, and 211 City first responders and dispatchers are able to connect residents to the best and most appropriate services based on needs. The City is also in the process of contracting with a mental healthcare provider to provide mobile crisis team services and implementing its own mobile response and mobile integrated healthcare program.

Trauma-informed Approaches and Recovery

9. Understanding and considering the pervasive nature of trauma in human experiences allows service providers and first responders to promote interactions and services that support healing and recovery rather than those that may inadvertently re-traumatize individuals.

The mission statement and core values of the Oklahoma City Police Department are to deliver exceptional services to our community with integrity, compassion, accountability, respect, and equity. When interacting with persons with mental illness, the department's goal is to peacefully resolve incidents and deliver the best services available with the least police involvement consistent with public safety.

All officers and academy recruits undergo comprehensive training in "Trauma-Informed Policing." This training emphasizes not only understanding the nature of trauma but also equips officers with effective strategies to interact compassionately with individuals experiencing trauma. The primary objective is to shape officers' responses in a manner that prioritizes the safety and well-being of all community members.

The curriculum delves into the profound impact of trauma on individuals, spanning from early childhood to adulthood. By fostering an understanding of the neurobiological effects of trauma, officers are better equipped to empathize with and assist those in crisis. A pivotal aspect of the training is the exploration of the "Adverse Childhood Experiences" study, highlighting the increased vulnerability of individuals who have experienced childhood trauma to issues such as drug addiction, depression, mental health disorders, and ongoing abuse.

Recognizing that a significant portion—80-90%—of patrol calls are not directly related to criminal activity, as reported by the Albany Police Department, the training underscores the importance of discerning the underlying causes of various encounters between residents and officers. Officers are trained to identify these challenges and to make informed referrals to appropriate social services, thereby promoting a holistic approach to community policing that addresses the root causes of issues and fosters trust and collaboration within the community.

Additionally, the police department works diligently to service traumatized individuals by providing appropriate crisis response. OKCPD uses all the aforementioned groups and services to help minimize the impact of law enforcement interaction with those living with trauma. Services include mobile crisis teams, de-escalation tactics to include complete disengagement, TRUST referrals, contact with 988, and contact with tele-med. When officers use complete disengagement as a de-escalation tactic, referrals are made to crisis services to ensure treatment is attempted. Additionally, the culture of OKCPD is to assist residents through reducing trauma and promoting healing. Some of the services OKCPD provides or partners with include YWCA, Palomar Family Justice Center, Victim's Services, Youth Outreach Mental Health Assessments (Wellness Checks) through the Police Athletic League (PAL's) mentorship program, and the Oklahoma City CARE Center.

10. Training and policies should emphasize understanding, respecting, and appropriately responding to the effects of trauma at all levels.

The OKCPD Operations Manual reflects the core values in written directives. De-escalation training and the Chief's Directive on sanctity of life also reflect these core values.

All field officers regularly undergo training with the department's Reality-Based Training Unit. The RBT Unit is staffed with several ICAT instructors who have provided ICAT training to hundreds of officers. ICAT training teaches officers to defuse situations involving those in crisis. Oklahoma City has the aforementioned written directives which fulfill this recommendation. The culture of the police department is to reduce trauma and promote healing as previously outlined.

All officers and academy recruits undergo comprehensive training in "Trauma-Informed Policing." This training emphasizes not only understanding the nature of trauma but also equips officers with effective strategies to interact compassionately with individuals experiencing trauma. The primary objective is to shape officers' responses in a manner that prioritizes the safety and well-being of all community members.

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11. Crisis response should be based on least restrictive standards that minimize the potential for adverse events.

When interacting with persons with mental illness, the department's goal is to peacefully resolve incidents and deliver the best services available with the least police involvement consistent with public safety.

Police officers are primarily dispatched to calls involving individuals who are experiencing a mental health crisis if they are committing a crime or are a danger to themselves or others. If dispatching criteria is not met, the call is diverted to alternative resources or a medical response if necessary. When mental health professionals refuse or are unable to respond

without an officer, a co-response is initiated. When officers must respond to a call, alternative resources are typically used once the scene is safe and there are no criminal justice requirements which must be addressed. In some cases, even if a crime was committed, alternative resources can be used to focus on mental health recovery. When a person is taken into protective custody, officers may transport the individual, or if possible, allow a mobile crisis team to transport.

The police department's goal is to divert as many incidents as possible to alternative resources. Diverting incidents typically occur during first contact with the 911 Communications Center. When officers are dispatched to an incident, they have been trained to divert to alternative resources when possible. In the event a person in crisis commits a crime, officers have been trained to evaluate the circumstances of the crime, and if appropriate, use alternative crisis response in lieu of arrest. In all cases, OKCPD employees have been trained to prioritize crisis response in lieu of law enforcement contact or arrest where possible.

12. Crisis response should maximize autonomy and utilize recovery-based approaches.

This is accomplished when the circumstances present, such as utilizing alternative resources in place of arrest for certain crimes, providing access to tele-med on iPads without requiring persons in crisis to leave their location, and striving to meet the department's goal listed above.

OKCPD uses alternative resources, when possible, as identified above. Additionally, OKCPD supports mental health court to assist those who have committed crimes work toward recovery. OKCPD has partnered with ODMHSAS in providing a CIT officer to help ensure those in need are meeting requirements of treatment or obtaining the services they need. OKCPD's goal is to use alternative response when possible and ensure those in need obtain the treatment they need through alternative responses or referrals to TRUST.

Round-the-Clock Resources

13. Crisis services should be available throughout a jurisdiction, at all times of day, and on weekends.

CIT-Response officers are represented on each shift which covers 24 hours a day and 7 days a week. OKCPD also partners with several after-hours services. Both 988 and NorthCare provide 24/7 mobile crisis team response when requested by officers. iPads with the tele-med program are distributed across all shifts and work sets to ensure 24-hour access to mental health services remotely. The Oklahoma County Crisis Intervention Center and numerous other medical facilities are available 24 hours for intake and evaluations of residents in need. The City is developing additional mobile crisis response programs with the ultimate goal of 24/7 coverage.

14. Crisis providers should connect people to ongoing community-based services that can support them after the crisis passes.

Although this recommendation is directed more to mental health care providers, the City also supports ongoing community-based services. OKCPD partners with mobile crisis teams, 988, tele-med providers, and NorthCare. TRUST referrals are also an alternative resource completed to ensure community-based services are offered to the individual. Each of these providers pursues ongoing treatment and support following initial contact.

Moreover, OKCFD's CAP program and Overdose Response Team provide proactive continued minimally intrusive community-based follow-up assistance.

15. Crisis stabilization settings should allow visitors 24 hours a day to support individuals in their recovery and communicate, coordinate, and optimize natural supports.

Oklahoma City does not currently govern, staff, or regulate crisis stabilization settings. Through MAPS4, the City will eventually construct and contract for the operation of a new mental health crisis center and restoration center. The City will work with the operators to ensure these facilities have very flexible visitation procedures, preferably 24 hours a day.

Coordination Across Systems

16. Law enforcement and mental health agency leadership should work together to examine how people with behavioral health disabilities and other disabilities are coming into contact with law enforcement and/or being incarcerated so that gaps in the service system can be identified and addressed.

With the assistance of 21CP Solutions, local service providers, and other mental health-related experts and stakeholders, the department has been critically assessing its mental health programs and directives and looking for possible improvement.

Additionally, the OKCPD CIT Unit and commanders attend meetings at regular intervals with numerous mental health agencies in the Oklahoma City metro area. The meetings discuss gaps in services, improved service opportunities, and how to divert as many law enforcement contacts as possible to mental health providers. Meetings may include representatives from OKCPD, ODMHSAS, NorthCare, OCCIC (Oklahoma County Crisis Intervention Center), HOPE, SSM Health St. Anthony Hospital, Red Rock, and 988.

OKCPD has also developed a quality assurance program to review mental health response to ensure training, equipment, and processes provide the best resources to our residents. The program requires supervisors to review a random sample of mental health calls and evaluate OKCPD's response to verify its alignment with our core values, mental health response protocol guide, and industry best practices. Following those evaluations, a working group meets monthly to discuss the reviews and identify any potential gaps in community resources or training needs as it relates to the City's mental health response. The working group is comprised of members from the local CCBHCs, OKCFD, and numerous members of OKCPD, including patrol, RBT, the CIT office, and 911 Communications personnel. The

goal is to ensure best practices are implemented and high users are identified and provided individualized response plans.

Pursuant to the OKC Public Safety Partnership, in 2023, the City launched its Crisis Intervention Advisory Group (CIAG). CIAG is a multi-disciplinary, interagency advisory group comprised of individuals and organization representing a wide range of disciplines and perspectives with the primary purpose of ensuring the City always has the most effective behavioral crisis response programs. CIAG is responsible for assisting the City with the selection of a mental health provider that can provide dedicated responses to certain mental health-related incidents, evaluating the City's mental health programs, training, and data, and make recommendations for new or improved mental health programs, policies, and training, among many other things.

17. Law enforcement and behavioral health staff should coordinate and share information, with appropriate privacy safeguards in place, so they can identify frequent utilizers of services and connect them with ongoing support with the appropriate privacy safeguards.

OKCPD tracks information including mental health transports by officers, dispositions of mental health calls, frequent callers, and the use of alternative resources. The CIT Unit shares information with appropriate privacy safeguards in place with providers on a regular basis, see previous criteria. The CIT Unit works directly with NorthCare, HOPE, Red Rock, OKCFD, and other providers to assist frequent callers and users of services. Frequent callers are provided services either through direct contact or referrals from the police department to providers.

OKCFD staffs the CAP program, which is also designed to identify high users of resources and connects those users to appropriate resources to address their needs. OKCPD has developed a quality assurance program which identifies high users of mental health services. The quality assurance program includes mental health partners. When high users are identified, the quality assurance program members develop an individualized response plan for those users to ensure they are connected to appropriate resources.

The City has established Memorandums of Understanding (MOUs) with all three local Certified Community Behavioral Health Clinics (CCBHCs) to streamline TRUST referrals made by OKCPD and OKCFD personnel. Representatives from CCBHCs actively participate in the Mental Health Quality Assurance Working Group, offering valuable feedback and expertise to shape best practices. Additionally, CCBHC professionals, along with other mental health experts, are integral members of the Crisis Intervention Advisory Group (CIAG). They consistently provide insightful feedback and guidance to enhance the City's mental health response strategies and programs.

Furthermore, OKCFD is currently in the process of issuing a Request for Proposal (RFP) for data-sharing software. This software is specifically designed to safeguard residents' privacy while facilitating seamless communication between the City and local service providers. The ultimate goal is to ensure favorable outcomes for residents experiencing mental health crises.

OKCFD is also developing a crisis response team as outlined earlier in this document which will use a mental health professional in the 911 Communications Center to accept warm-handoffs and work with crisis response teams employed by OKCFD.

18. Behavioral health and law enforcement response systems should coordinate with tribal nations on topics such as jurisdiction and available emergency behavioral health responses.

ODMHSAS has a designated tribal and multicultural liaison to facilitate communication between tribal nations and ODMHSAS. The tribal liaison will ensure the following are available to tribal nations: statewide mental health data, ODMHSAS services, programs, and policies as well as training and other behavioral health related opportunities.

<https://oklahoma.gov/odmhsas/policy/tribal-state-relations.html> provides a tribal consultation treatment map for statewide Community Mental Health Centers services.

OKCPD has a working relationship with ODMHSAS.

In 2023, the City established the Crisis Intervention Advisory Group (CIAG), which is part of the Public Safety Partnership goals developed for OKCPD. CIAG is a multi-disciplinary/inter-agency advisory group comprised of individuals and organizations representing a wide range of disciplines and perspectives who seek to improve encounters between law enforcement and residents with mental and behavioral health disabilities. One of the CIAG group members is the behavioral health director for the Oklahoma City Indian Clinic.

In January of 2024, a memorandum of understanding between the Oklahoma City Indian Clinic and the Oklahoma City Fire Department was signed to create collaboration in providing more comprehensive services related to mental health and substance abuse and to increase access to care for American Indians and Alaskan Natives.

19. Behavioral health and law enforcement response systems should coordinate with other relevant entities, such as service systems for people with physical, sensory, intellectual, and developmental disabilities, and other cognitive disabilities (including traumatic brain injuries or dementia). Many people with intellectual and developmental disabilities have recurring interactions with law enforcement that could be avoided or improved through deployment of appropriate responders familiar with their needs. Symptoms of mental disorders may present differently among people with intellectual or developmental disabilities. Further, some people with behavioral health disabilities have co-occurring intellectual and developmental disabilities that necessitate different responses. Coordination and collaboration among state behavioral health, intellectual and developmental disabilities, and Medicaid agencies is also important.

In 2019, OKCPD, the Oklahoma Department of Human Services (DHS), and NorthCare collaborated and created a pilot program enabling OKCPD officers to make referrals during their shift and for follow up by dedicated case workers with DHS and NorthCare. These case

workers directed and provided services and resources to those in need, generally within 24 hours. The program, now referred to as the Triaged Resources Urgent Support Team (TRUST) and operating city-wide, allows all officers to provide assistance and direct resources to people they interact with who are nearing a state of crisis when immediate intervention is not appropriate or possible. TRUST has now expanded to include partners like Red Rock and HOPE Community Services, with other service providers soon participating.

Since 1998, OKCPD has partnered with Gatekeepers in an effort to identify and assist vulnerable older residents in need of help, including mental health services. When OKCPD officers respond to incidents and have concerns about the wellbeing of seniors, they may contact Gatekeepers, no matter the time, and Gatekeepers will respond to the senior with a professional assessment team within 24-48 hours.

OKCPD's record management system (Axon RMS) is integrated into the computer-aided dispatch system (CAD). OKCPD is also nearly finished developing a system that identifies when a mental health contact form is completed at a location, and alerts officers subsequently responding to the same address to that previous mental health contact information. This will allow officers to tailor their response based on the history of the resident at the location of the incident.

OKCPD is developing a system to enable residents to self-report locations where individuals with disabilities reside. The self-reporting system will identify the disability and any actions officers should avoid such as loud sounds, flashing lights, etc. The reporting system will also contain family contact information.

OKCPD has regular communication with hospitals and providers such as the VA, Red Rock, and others to ensure an effective response to those in need. OKCPD's CIT Unit staff and commanders attend regular meetings with numerous mental health agencies in the Oklahoma City metro area. The meetings discuss gaps in services, improved service opportunities, and how to divert as many law enforcement contacts as possible to mental health providers. Meetings may include representatives from OKCPD, ODMHSAS, NorthCare, OCCIC (Oklahoma County Crisis Intervention Center), HOPE, SSM Health St. Anthony Hospital, Red Rock, and 988.

OKCPD works closely with ODMHSAS and other mental health service providers to establish informed and valuable behavioral health related training for police employees. Many training sessions are instructed by professional mental health providers.

OKCPD regularly provides training to all employees on recognizing disabilities, to include intellectual and developmental disabilities and how to interact with those individuals. During the police academy, officers are also given a course taught by an outside entity relating to communicating with the hearing impaired and training relating to disability awareness and interaction.

Oklahoma City Fire has developed thorough training on individuals exhibiting symptoms consistent with a traumatic brain injury (TBI), dementia, and other neurological disorders,

specifically outlining how to properly evaluate and interact with those individuals. OKCPD's training in de-escalation, ICAT, empathy, and sanctity of life helps officers more readily identify those with neurological disorders and make the appropriate referrals and diversions to the appropriate resources.

20. Behavioral health and law enforcement response systems must be knowledgeable and maintain effective partnerships with community systems and services for children and youth with serious emotional disturbance (SED), intellectual and developmental disabilities (IDD), other cognitive disabilities (like traumatic brain injuries), or learning disabilities, and their families. When children have a crisis, family members and/or legal guardians will need to be engaged to provide informed consent and to identify strengths-based approaches that help these children in crisis.

OKCPD officers have direct access to the Youth Crisis Mobile Response Hotline as well as facilities in the metro area that provide direct care to juveniles.

All school resource officers are CIT certified and have received training on the Handle with Care Program. School resource officers and the Youth Enrichment Service (YES) Unit are also instrumental in connecting students with professional mental health and other services.

YES and the Family Awareness Community Teamwork (FACT) Unit provide services to “at risk” youth and those students who are in need. The FACT Unit works directly with PIVOT, a non-profit organization that provides counseling, prevention education, and crisis intervention.

When concerns about mental health arise, OKCPD (PAL) officers will contact the child's parent or guardian and use the CHAMPIONS program as a resource. Other resources may include PIVOT, the OK Regional Food Bank, Goodwill, the HOPE Center, and OKCPD's YES Unit. The PAL afterschool program conducts wellness assessments and assists participants in getting connected to the appropriate resources.

See the previous recommendation response for further information.

21. When responders engage with family members, caregivers, and/or legal guardians, they should make referrals and connections to community resources who can provide ongoing support.

OKCPD makes direct referrals through the TRUST program or provides direct services through a mobile crisis team, tele-med, 988, 211, or local treatment facilities. Officers regularly assist and engage with family members to ensure appropriate care is provided to those in need. OKCPD's YES Unit also specializes in making these connections to the families of children who are having trouble getting to school.

Data-Driven Implementation and Evaluation of Resources

22. Law enforcement and emergency management systems should seek to develop data to identify call types associated with behavioral health needs so they can be diverted to a behavioral health response where appropriate.

When receiving emergency calls related to mental health, OKCPD's primary goal is to divert requests for assistance to professional mental health providers. 911 Communications has directives to divert mental health calls to 988 or TRUST depending on the circumstances. In general, if there are no residents in danger and no crime occurring, 911 Communications will refer the caller to 988 for assistance. 911 Communications documents these diversions using call type codes.

There are nevertheless situations where law enforcement must respond, specifically when someone may be in physical danger, or the incident involves the commission of a crime. In those instances, officers will respond and evaluate the circumstances at the scene. If the situation does not require any further police interaction, officers are trained to use tele-med technology, call a mobile crisis team, make a referral, or seek additional assistance from CIT Response Team members.

Oklahoma City's 911 Communications Center has a quality assurance program in place to randomly review mental health-related calls and ensure employees are complying with OKCPD directives. The program identifies employees performing well and acknowledges their hard work while also providing corrective action to any areas of a call marked for improvement.

Additionally, 911 Communications has created call-type codes to track the number of calls diverted to alternative resources as well as calls from alternative resources that have returned to 911 Communications for a police response.

911 Communications personnel sit on the Mental Health Quality Assurance Working Group to help sworn personnel understand their role in the call triage process while also receiving feedback from the group regarding criteria which may not require a police response.

23. Crisis responders should track contacts that result in diversion to behavioral health services to identify trends over time, including trends relating to disability, race, ethnicity, gender, sexual orientation, age, and zip code. They should also track when crisis responses result in involuntary treatment. Data collected should be used to evaluate and improve the effectiveness of services for all individuals.

Along with the implementation of OKCPD's new records management system, OKCPD launched a mental health contact form. The form is used to track the outcomes of mental health contacts. The form maintains fields to track the location of the contact, types of de-escalation used, types of alternative services requested or used, the resident's stated diagnosis, and disposition of the contact, such as a mobile crisis team, a voluntary transport to a treatment facility, or involuntary detention for a mental health assessment, among many other things. This data is collected in a comprehensive dashboard allowing for rapid assessment and review of the trends outlined in this recommendation.

Additionally, the City is developing and will be implementing in 2024, RMS to CAD integration. The integration will push the information from the mental health contact forms to CAD according to an address match. This will notify responding officers, call takers, and dispatchers of any potential mental health-related needs or concerns at the location.

Each month, the mental health working group meets to review and evaluate the City's mental health response. Using the dashboard, which collects data from the mental health contact form, CAD, IA Pro, the random sample reviews, high users, and other sources, the group evaluates the successes of that month as well as needed areas for improvement. The results of that month's group are documented and distributed to OKCPD and OKCFD's command staff for review. Direction is then provided to field personnel to ensure constant evaluation and improvement.

24. Staffing patterns should be developed using data on when calls related to behavioral health crises are most concentrated.

The CIT-Response team has increased to 200 officer positions to ensure expansive coverage across the city during all hours of the day. The CIT Unit tracks the current assignment of officers to ensure they are in a position that provides the most useful service to our residents. The CIT Unit tracks which divisions receive the most mental health calls, the types of calls, and busiest hours, allocating CIT-Response members in a manner that ensures the greatest coverage and availability. The mental health quality assurance working group also reviews data related to mental health calls and will offer recommendations to the Chief of Police and Command Staff when appropriate.

Best Practices, Policies, and Training Components

Programs, policies, and trainings focused on interactions with individuals in crisis or with disabilities should give the jurisdictions and law enforcement members the necessary information and tools to:

25. Identify individuals in crisis or with a physical or mental disability;

Through a vast assortment of training, including but not limited to, CIT, mental health, behavioral health, and trauma-informed policing, as well as through department directives, officers, call takers, and dispatchers all receive training on how to identify individuals in crisis or with physical or mental disabilities. To be sure, these employees do not diagnose people, but rather identify certain factors that can indicate they may be in crisis so that employees can respond appropriately.

Oklahoma's Council on Law Enforcement Education and Training (CLEET) requires two hours of mandatory mental health training each year for law enforcement officers. Officers also receive training on legal updates, de-escalation, the appropriate use of 988, utilizing iPads to contact a mental health professional on scene, and contacting mobile crisis teams

such as CHAMPIONS. OKCPD conducts regular training covering topics related to mental and physical health. All field officers have received the Police Executive Research Forum's ICAT training. OKCPD hosts regular reality-based training which always incorporates ICAT principles such as communication, de-escalation, and the peaceful resolution of crisis incidents. OKCPD has a less-lethal program in place which provides tools for officers to resolve potentially deadly situations without the use of deadly weapons. OKCPD also uses drones, shields, and other standoff tools to allow for extended communication in an attempt to de-escalate crisis situations. All police recruits are provided the full 40-hour CIT school. As of June 2024, 460 officers have received the full 40-hour CIT school.

26. Be aware of and experienced in principles and practices for responding to an individual in crisis or with a disability, including by diverting the individual to behavioral health services and ensuring effective communication for persons with disabilities, meaningful access to persons with limited English proficiency, and cultural competence; and

OKCPD employs bilingual call takers and bilingual officers to include officers certified in ASL services. OKCPD also has a Bilingual Unit comprised of officers specializing in assisting those with communication needs. All OKCPD call takers and officers have received training on and can utilize LanguageLine Solutions, a 24/7 on demand language services provider, to assist persons with limited English proficiency. OKCPD employees receive regular training on responding to and interacting with individuals with disabilities, to include hearing, mental, physical, behavioral, and developmental disabilities. OKCPD receives regular cultural competency training to include understanding human biases in relation to the demographics of residents. OKCPD employees have received training on diversion opportunities such as 988, TRUST, mobile crisis teams, and tele-med. OKCPD officers are also equipped with newly developed Deaf and Hard of Hearing Information Cards to assist in communicating with residents who are deaf or hearing impaired. The cards were developed through the Oklahoma Department of Rehabilitation Services Oklahoma City Services for the Deaf and Hard of Hearing Unit.³

27. Ensure there are appropriate and available resources with which to connect individuals immediately after the urgent/emergency event.

OKCPD has numerous methods, regularly used, to connect individuals with services following an emergency event. OKCPD uses the iPad tele-med programs, mobile crisis teams, 988, and TRUST referrals. OKCPD also partners with Palomar, Oklahoma City's Family Justice Center, which provides wholistic services to victims of crimes to include counseling, court assistance, VPO assistance, and childcare. OKCPD's Victim Services Unit is comprised of full-time professional staff who provide services to victims of crimes. When necessary, OKCPD transports those in need to facilities in the metro area, some of which operate 24 hours a day. OKCPD also partners with the Oklahoma City CARE Center for juvenile victims.

³ <https://oklahoma.gov/okdrs/newsroom/2023/09/sdhhdeafawarenessweek.html>

Established in 2019, OKCFDs CAP program offers alternative support to individuals who frequently rely on 911 services. When identified by fire crews, these cases are referred to CAP for a thorough needs assessment. Collaborative efforts may involve partnering with the Oklahoma Department of Mental Health and Substance Abuse Services or a Certified Community Behavioral Health Clinic for behavioral health concerns.

In July of 2023, the OKCFDs Overdose Response Team (ORT) program was launched to respond to patients who have recently survived an overdose. This team, comprising an OKCFD firefighter and a Certified Peer Specialist from a Certified Community Behavioral Health Clinic, offers medical follow-up after the overdose and guides individuals toward assessment and treatment services. The goal is to provide treatment opportunities to those who have experienced an overdose and their families. OKCFD uses the iPad tele-med program.

The CAP team and ORT team each have iPads that connect residents to a mental health provider with HOPE Community Services. iPads are also assigned to crews in the field that connect residents to a provider with HOPE Community Services and Red Rock.

Call Handling, Dispatching, and Off-Ramping

28. Contacts with law enforcement can begin with a 911 call or text or a community contact between law enforcement and a person with a disability. In either case, assessment of the situation and a decision about the services that will best address the situation is key to an effective contact and successful outcome. These assessments and processes should identify opportunities to appropriately divert people from law enforcement contact and to facilitate access to the type of support that they need.

OKCPD trains all police officers, dispatchers, and call takers in crisis and disability evaluation and response. OKCPDs goal is to divert as many contacts as possible to the most appropriate response entity consistent with public safety. Diversion can happen prior to contact with a police officer through direct dispatch referrals to 988, 211, or TRUST. Additionally, field officers are equipped with 988 informational pamphlets that further public awareness of the program and help callers determine when calling the 988 Suicide and Crisis Lifeline would be more appropriate than calling 911. When making field contacts, officers are trained to divert contacts to mobile crisis teams, 988, TRUST, or tele-med. Diversion opportunities are strong and police employees take advantage of ensuring the most appropriate resources are used.

29. The new national 988 Suicide and Crisis Lifeline number offers a single number for people to call when they are having a behavioral health crisis. The 988 and 911 systems need to be closely coordinated to provide the right response for each situation. Because many calls to 911 are calls for behavioral health services or support, public safety answering points in many jurisdictions can divert a substantial portion of these calls to 988 to receive an appropriate clinical response. This type of rerouting reduces the burden on law enforcement of responding to calls

that can most effectively be handled by behavioral health clinicians and increases the likelihood that people get the support they need in a crisis. Emergency medical responders or law enforcement, sometimes in collaboration with behavioral health professionals, will still respond to situations where the person in crisis or others are at imminent risk of physical harm. Local 911 and 988 centers should establish protocols for transferring calls, as well as coordinating between text-to-911 and 988 text and chat functions, based on established criteria.

The 911 Communications Center has implemented directives identifying when a police response is necessary and when calls should be diverted to 988. In general, officers are dispatched to incidents where a person is experiencing a mental health crisis where safety is a concern, a crime is being committed, or crisis service providers request police assistance. In most other incidents, dispatch will divert the call to 988 unless a medical response is needed. All call takers and dispatchers received training on both identifying and responding to mental health as well as diverting calls to 988. New call type codes for transfers to 988 and calls received from the 988 Suicide and Crisis Lifeline have been recently implemented.

30. Jurisdictions should develop effective call triage programs to enable communities to connect people in need of emergency and non-emergency assistance to the most appropriate response as quickly as possible.

Calls are triaged by call takers and either transferred to 988, 211, or coded for a response by EMSA, fire, and/or police. Call type codes for police, fire, and medical also allow for the upgrade or downgrade of the priority level, either demanding a faster response or allowing for other calls to be prioritized. Call takers and dispatchers can also make TRUST referrals for people who may need assistance but do not need police assistance or an immediate response. In the near future, call takers will have additional resources to provide services to people in crisis, to include City mobile crisis teams, contracted mobile crisis teams, and an in-house mental health professional embedded in the 911 Communications Center.

31. Jurisdictions should highlight the availability of 988 text and chat functions in order to maximize the reach of 988.

Information on 988 was distributed to the public by the police department on its public facing social media pages. There is also information about 988 and other mental health resources on the City's Mental Health Services webpage, to include how to text or chat with 988.⁴ 988 information has also been widely publicized in the media and other communication methods funded outside of the police department. OKCPD officers have informational brochures available for public distribution when possible. 988 pamphlets have also been made available to the public through OKCFD, EMSA, hospitals, and mental health care providers, and libraries. OKCPD officers received training on 988 and its text capabilities when the hotline went live.

⁴ <https://www.okc.gov/government/mental-health-services>

32. Jurisdictions should also raise awareness of Warm Line services (phone lines providing mental health support, typically staffed by peer support workers and focused primarily on non-emergency calls) nationally and in their localities.

OKCPD and the Oklahoma City community have widely publicized both 988 and 211 for mental health support for adults and juveniles, see previous bullet. The City published a Request for Proposal to contract mobile crisis teams for mental health response. OKCFD is developing and has implemented in part the Mobile Integrated Healthcare program. One of the proposed components of MIH is called Crisis Call Diversion.

Crisis Call Diversion (CCD): Currently in the planning stages and included in the City’s proposed FY25 budget, CCD aims to embed mental health professionals within the 911 Communications Center. CCD will help improve the effectiveness of public safety resources. This initiative will enable immediate professional mental health service delivery to 911 callers potentially experiencing a mental health crisis. CCD will operate as an in-house call center, with 988 serving as an overflow hotline for assistance. The objective is to stabilize individuals over the phone, facilitate referrals to appropriate services, or dispatch a mobile crisis team for further intervention.

33. There are multiple efforts examining how to update the call taking, screening, and dispatch system and processes to better assess need and promote appropriate diversion to 988 and other behavioral health services. Some recommendations include a formalized set of screening questions at the outset of a call that help identify appropriate candidates for diversion. Examples include:

a. Transform911 -- a project led by the University of Chicago Health Lab to bring together experts to examine how to transform the nation’s 911 system. The Transform911 Blueprint for Change offers multiple recommendations in a seven-point plan for transforming 911.

b. Taking the Call – a national conference organized in part by the Council of State Governments Justice Center, with support from the U.S. Department of Justice Bureau of Justice Assistance. The conference consisted of two days of plenary sessions and breakout discussions and provided resources for jurisdictions looking to implement innovations to ensure emergency calls receive the most appropriate response.

911 Communications has a directive in place addressing mental health screening questions. The screening questions help make the determination whether a mental health call may be diverted to 988, 211, or TRUST. In general, if there is no physical danger to a person and no crime is involved, the call will be diverted.

34. Specialized Dispatch Tracking: Some jurisdictions use data systems that allow call takers and dispatchers to flag addresses of individuals with particular needs so responders can better meet those needs. Some systems also track and include information around the best ways to de-escalate a particular individual caller, words

to avoid using with the individual, treatment plans, and contact information for their behavioral health clinician.

The OKCPD CIT Unit tracks frequent mental health callers and partners with mental health providers to serve the resident. OKCPD has the ability to place a “premise” on an address notifying responding officers of a resident’s condition or needs at that location. To bolster this tracking and service provider effort, OKCPD is developing a program where residents can self-report needs and cautions directly into OKCPD’s CAD system so when employees receive a call, they have additional information at their disposal that help support how they respond. While this program is not designed exclusively for mental health designations, it will nonetheless provide an avenue for residents to provide police with mental health diagnoses, issues, and information to better inform their response. OKCPD also uses a mental health tracking form which documents the stated diagnoses and needs of a resident at a location. When one of these forms is completed, it notifies responding officers of the information when they are dispatched to that location in the future.

35. Behavioral Health Staff at Dispatch Center: One model of alternative response is to co-locate a behavioral health clinician in the call center so that call takers can do a “warm hand-off” after their screening, allowing the behavioral health expert to take over a call and become the dispatcher. This person has greater expertise to assess the needs of a caller with behavioral health or other disability and determine what supports to dispatch, if any.

OKCPD does not currently have any behavioral health providers staffed in the communications center, but the Oklahoma City Fire Department is implementing a Mobile Integrated Healthcare program to include Crisis Call Diversion. As part of this new program, they will be placing a mental health provider directly within 911 Communications. Currently, call takers and dispatchers have a direct transfer option to 988 where they can stay on the line if it is unclear what response should take place. If the call does not require police, fire, or medical, the call-taker or dispatcher releases the call to the mental health provider. If other services are required, the mental health provider can continue to serve the resident while additional emergency services are being dispatched to the scene.

Crisis Response Models

Mobile Crisis Teams

36. Mobile crisis services are generally provided by a team of people including a mental health clinician and, frequently, a peer support provider.

There are currently four mobile crisis teams operating in Oklahoma City with several more in development. OKCPD officers have direct access to NorthCare’s CHAMPIONS Team which is comprised of a therapist, case managers and peer support. Additionally, 988 partners with three additional mobile crisis teams which include HOPE, Red Rock, and Community Bridges. 988 has stated if an officer requests a mobile crisis team, they will send one to the

scene if available. The City of Oklahoma City is currently evaluating proposals for an additional mobile crisis team contracted directly in response to Oklahoma City requests, to include police and fire.

The Oklahoma City Fire Department (OKCFD) is developing and has implemented in part the Mobile Integrated Healthcare program. This is a comprehensive initiative aimed at enhancing community health and safety through specialized response teams. The MIH is comprised of several distinct components:

- **Community Advocacy Program (CAP):** Established in 2019, CAP offers alternative support to people who frequently rely on 911 services. When identified by OKCFD crews, these cases are referred to CAP for a thorough needs assessment. Collaborative efforts may involve partnering with ODMHSAS or a CCBHC for behavioral health concerns. CAP also actively engages with OKCPD's Mental Health Quality Assurance Working Group.
- **Overdose Response Team (ORT):** Launched in July of 2023, ORT is dedicated to assisting patients who have survived an overdose. This team consists of an OKCFD paramedic paired with a certified peer specialist from a CCBHC. ORT provides post-overdose medical care and directs individuals towards assessment and treatment services.
- **Crisis Call Diversion (CCD):** Currently in the planning stages and included in the City's proposed FY25 budget, CCD aims to embed mental health professionals within the 911 Communications Center. CCD will help improve the effectiveness of public safety resources. This initiative will enable immediate professional mental health service delivery to 911 callers potentially experiencing a mental health crisis. CCD will operate as an in-house call center, with 988 serving as an overflow hotline for assistance. The objective is to stabilize individuals over the phone, facilitate referrals to appropriate services, or dispatch a mobile crisis team for further intervention.
- **Crisis Response Team (CRT):** This team will function as a mobile crisis team that also has enhanced overdose response capabilities. Along with the same capabilities as the Overdose Response Team, CRT will also be able to offer medically assisted recovery services. Staffed by an OKCFD paramedic and a behavioral health navigation responder, the team will be able to transport residents who are experiencing a crisis to urgent recovery centers as well as other crisis centers as needed. The CRT can also coordinate a warm handoff to a CCBHC mobile crisis team, assist the patient with a referral to a local CCBHC for a later appointment, or disengage as needed. Adopting a co-response approach, CRT will collaborate with OKCPD in incidents requiring police presence. Once the scene is secure, police officers may depart, allowing CRT to assume primary engagement. While predominantly dispatched by CCD, CRT will be integrated into both OKCPD and OKCFD radio and computer systems, facilitating a real-time and fully interactive co-response.
- **Alternative Response Team (ART):** Similar to CRT, ART is designed as a mobile crisis team that will respond to lower acuity incidents and to provide follow-up contact. Comprising the same staffing configuration as CRT, ART will not generally engage in co-response or high-acuity incidents, focusing instead on providing targeted support and resources. This follow-up care is designed to occur within 24 hours.

These specialized teams collectively reflect the City's commitment to proactive, community-centered healthcare solutions, ensuring individuals receive appropriate care and support while reducing the strain on emergency services.

37. The team responds in real time to the location of the person in crisis, engages the person, assesses the person's needs, intervenes to de-escalate the situation, and connects the person to ongoing behavioral health services that can prevent future crises.

OKCPD uses mobile crisis teams through CHAMPIONS and 988 to provide real time on-location assistance with people experiencing mental health crisis. The City also uses and will use all the mobile crisis teams described in the previous section. In some circumstances, OKCPD is able to arrange these services without any police response at all. Other times, OKCPD will request a co-response.

38. If law enforcement is the first responder to an incident in a jurisdiction with mobile crisis services, law enforcement should also be able to request mobile crisis services for the individual if they determine that behavioral health treatment would be more appropriate than law enforcement engagement.

OKCPD has trained its officers and has seen success in requesting and receiving mobile crisis teams to locations where mental health services are required. Officers have also been trained to use a joint response when possible, during initial contact. Officers have been trained there are times they should not make contact and first allow a mobile crisis team to attempt contact where there is no evidence a weapon or physical harm is imminent. Officers use CHAMPIONS, 988, and tele-med i-Pad services to deliver professional mental health services at the scene of a call or incident.

39. The success of these teams is dependent on developing multi-disciplinary partnerships, providing cross-system training, sharing data across systems, and identifying follow-up care for referrals from the teams.

OKCPD has partnered with the previously mentioned mobile crisis teams as well as multiple agencies to include ODMHSAS, DHS, NorthCare, hospitals, NAMI, and other Oklahoma City metro law enforcement agencies to share information, discuss ideas and offer solutions. When mobile crisis teams respond to a scene, they do provide care and plan for follow-up care. If a mobile crisis team is not able to respond, officers can use TRUST referrals which are designed for follow-up care, or tele-med, 988, and 211 which provides stabilization and follow-up care. OKCPD regularly meets with these teams to discuss best practices and identify any gaps.

The City's newly established Crisis Intervention Advisory Group (CIAG) also provides the City with a multi-disciplinary/inter-agency advisory resource. The group is comprised of individuals and organizations representing a wide range of disciplines and perspectives who seek to improve encounters between law enforcement and residents with mental and behavioral health disabilities. The group meets regularly to review, discuss, and provide

recommendations on moving forward resulting in better outcomes for residents, law enforcement, and mental health partners.

40. Services should be provided where the person is experiencing a crisis (home, work, religious institution, park, school, group home, assisted living facility, nursing home etc.) and not be restricted to select locations within the region or particular days/times. If situations warrant transition to other locations, mobile crisis teams should connect individuals through in-person transfers of care, coordinate transportation where needed, and provide 24/7 access for optimal coverage.

OKCPD officers are trained and directed to connect professional mental health services at the location of the resident. This is accomplished through the response of a mobile crisis team, use of tele-med through iPad virtual meetings, assisting the resident in speaking with 988, or submitting a TRUST referral for future follow-up by NorthCare. When mobile crisis teams respond they conduct transfers if necessary. There are instances where OKCPD conducts transport, such as a voluntary request from the resident, or in circumstances where services cannot be provided at the scene, and there is an immediate threat to the resident or others. Additionally, OKCPD is bound by Oklahoma state law, Title 43A § 1-110, to provide specific transports for mental health services.

41. Best practices include incorporating trained peers with lived experience and expertise in recovery from mental illness and/or substance use disorders (SUD) and formal training within the mobile crisis team; and responding without law enforcement accompaniment, unless special circumstances warrant inclusion. Peers may support individuals' justice system diversion and following a crisis.

OKCPD does not currently regulate staff for mobile crisis response teams. However, local mobile crisis teams do respond without law enforcement and attempt to incorporate staff as outlined by this guidance.

OKCFD does incorporate individuals with lived experience into their Overdose Response Team. Additionally, trained peers and other mental health professionals are being incorporated into City staff.

OKCFD is developing and has implemented in part the Mobile Integrated Healthcare program. This is a comprehensive initiative aimed at enhancing community health and safety through specialized response teams. The MIH is comprised of several distinct components:

- **Community Advocacy Program (CAP):** Established in 2019, CAP offers alternative support to people who frequently rely on 911 services. When identified by OKCFD crews, these cases are referred to CAP for a thorough needs assessment. Collaborative efforts may involve partnering with ODMHSAS or a CCBHC for behavioral health concerns. CAP also actively engages with OKCPD's Mental Health Quality Assurance Working Group.
- **Overdose Response Team (ORT):** Launched in July of 2023, ORT is dedicated to assisting patients who have survived an overdose. This team consists of an OKCFD

paramedic paired with a certified peer specialist from a CCBHC. ORT provides post-overdose medical care and directs individuals towards assessment and treatment services.

- **Crisis Call Diversion (CCD):** Currently in the planning stages and included in the City's proposed FY25 budget, CCD aims to embed mental health professionals within the 911 Communications Center. CCD will help improve the effectiveness of public safety resources. This initiative will enable immediate professional mental health service delivery to 911 callers potentially experiencing a mental health crisis. CCD will operate as an in-house call center, with 988 serving as an overflow hotline for assistance. The objective is to stabilize individuals over the phone, facilitate referrals to appropriate services, or dispatch a mobile crisis team for further intervention.
- **Crisis Response Team (CRT):** This team will function as a mobile crisis team that also has enhanced overdose response capabilities. Along with the same capabilities as the Overdose Response Team, CRT will also be able to offer medically assisted recovery services. Staffed by an OKCFD paramedic and a behavioral health navigation responder, the team will be able to transport residents who are experiencing a crisis to urgent recovery centers as well as other crisis centers as needed. The CRT can also coordinate a warm handoff to a CCBHC mobile crisis team, assist the patient with a referral to a local CCBHC for a later appointment, or disengage as needed. Adopting a co-response approach, CRT will collaborate with OKCPD in incidents requiring police presence. Once the scene is secure, police officers may depart, allowing CRT to assume primary engagement. While predominantly dispatched by CCD, CRT will be integrated into both OKCPD and OKCFD radio and computer systems, facilitating a real-time and fully interactive co-response.
- **Alternative Response Team (ART):** Similar to CRT, ART is designed as a mobile crisis team that will respond to lower acuity incidents and to provide follow-up contact. Comprising the same staffing configuration as CRT, ART will not generally engage in co-response or high-acuity incidents, focusing instead on providing targeted support and resources. This follow-up care is designed to occur within 24 hours.

These specialized teams collectively reflect the City's commitment to proactive, community-centered healthcare solutions, ensuring that individuals receive appropriate care and support while reducing the strain on emergency services.

42. Most community-based mobile crisis programs utilize teams that include both professional and paraprofessional staff, ideally in teams of two. For example, a master's or bachelor's level clinician, including psychiatric nurses, may be paired with a trained peer support specialist with the backup of psychiatrists, psychologists, advanced practice registered nurses or other master's level clinicians who are on-call, as needed.

OKCPD does not currently regulate staff for mobile crisis response teams. However, local mobile crisis teams attempt to incorporate staff as outlined by this guidance. The City of Oklahoma City is in the development stage of forming and operating mobile crisis teams which will fulfill this recommendation.

43. Mobile crisis services should strive to be available 24/7 and can be provided to adults, children, youth and families. Service requests should be simple and coordinated, with preferred response times by the mobile crisis team under one hour (two hours in rural settings). Effective models also provide follow-up access to mental health and /or developmental disability support providers within 48 hours either via telehealth or in- person services.

The Oklahoma City metro area has access to mobile crisis teams for adults, children, youth, and families, each available 24/7 and offering follow-up care. Mobile crisis teams are reached through 988, 211, NorthCare, and Veterans Affairs. Estimated time of arrival for mobile crisis teams is typically 30-60 minutes; however, OKCPD cannot regulate the time of response of mobile crisis teams.

Additionally, the Oklahoma City Fire Department has programs in development to supplement this need:

The Oklahoma City Fire Department (OKCFD) is developing and has implemented in part the Mobile Integrated Healthcare program. This is a comprehensive initiative aimed at enhancing community health and safety through specialized response teams. The MIH is comprised of several distinct components which include:

- **Community Advocacy Program (CAP):** Established in 2019, CAP offers alternative support to people who frequently rely on 911 services. When identified by OKCFD crews, these cases are referred to CAP for a thorough needs assessment. Collaborative efforts may involve partnering with ODMHSAS or a CCBHC for behavioral health concerns. CAP also actively engages with OKCPD's Mental Health Quality Assurance Working Group.
- **Overdose Response Team (ORT):** Launched in July of 2023, ORT is dedicated to assisting patients who have survived an overdose. This team consists of an OKCFD paramedic paired with a certified peer specialist from a CCBHC. ORT provides post-overdose medical care and directs individuals towards assessment and treatment services.
- **Crisis Call Diversion (CCD):** Currently in the planning stages and included in the City's proposed FY25 budget, CCD aims to embed mental health professionals within the 911 Communications Center. CCD will help improve the effectiveness of public safety resources. This initiative will enable immediate professional mental health service delivery to 911 callers potentially experiencing a mental health crisis. CCD will operate as an in-house call center, with 988 serving as an overflow hotline for assistance. The objective is to stabilize individuals over the phone, facilitate referrals to appropriate services, or dispatch a mobile crisis team for further intervention.
- **Crisis Response Team (CRT):** This team will function as a mobile crisis team that also has enhanced overdose response capabilities. Along with the same capabilities as the Overdose Response Team, CRT will also be able to offer medically assisted recovery services. Staffed by an OKCFD paramedic and a behavioral health navigation responder, the team will be able to transport residents who are experiencing a crisis to urgent recovery centers as well as other crisis centers as needed. The CRT can also coordinate a warm handoff to a CCBHC mobile crisis team, assist the patient with a referral to a local

CCBHC for a later appointment, or disengage as needed. Adopting a co-response approach, CRT will collaborate with OKCPD in incidents requiring police presence. Once the scene is secure, police officers may depart, allowing CRT to assume primary engagement. While predominantly dispatched by CCD, CRT will be integrated into both OKCPD and OKCFD radio and computer systems, facilitating a real-time and fully interactive co-response.

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Additionally, OKCPD and OKCFD participate in the TRUST program which allows for low acuity referrals for all types of social services. These referrals are provided to the appropriate social service provider on the following working day.

44. Mobile crisis teams should have the capability to make referrals to outpatient care and to follow up to ensure that the individual's crisis is resolved, or they have successfully been connected to ongoing services. Some crisis interventions may also include the development of strategies for identification of triggers, safety planning, advance directives, including psychiatric advance directives (PADs), and related illness management to reduce future risk of crises.

Mobile crisis teams currently operating in Oklahoma City can provide resources, crisis diversion and intervention, transportation, follow-up, linkage, and advocacy.

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Each of these units can make outpatient and TRUST referrals and interact with CCBHCs as a course of standard practice. OKCFD and OKCPD regularly meet with and interact with CCBHCs including through the Mental Health Quality Assurance Working Group.

Co-Responder Teams

45. Co-responder teams include an officer trained to respond to mental health crises and a co-responder. The co-responders vary in training. For example, some may be peer support specialists while others are mental health clinicians.

The City has several co-responder options in place. First, OKCFD has a co-response vehicle staffed with a firefighter medic and a mental health professional. When a mental health response is required, this co-response team can be used. Second, OKCPD has access to several mobile crisis teams and can initiate a joint response when the circumstances allow. In many cases, the co-response occurs after officers are on scene and made the scene safe due to a potential for violence. In instances where potential violence is not an issue, mental health calls are diverted directly to mental health providers or a co-response is initiated if provider mobile crisis teams are available and willing. Third, OKCPD uses mental health referrals to providers when a police response is not needed, and provider teams cannot immediately

respond. The mobile crisis teams operate 24/7. See previous sections for further details on mobile crisis teams. The City of Oklahoma City is currently developing additional teams that would further fulfill this recommendation.

46. Research has shown that in jurisdictions with co-responder models as compared to law enforcement responses, law enforcement officers are more likely to divert individuals from the formal justice process.

OKCPD has directives in place using the co-response model. The Oklahoma City metro area has access to mental health courts where a crime occurred, but mental health played a factor. There is also a directive in place for officers to use mental health resources in lieu of arrest when circumstances allow, and mental health is a primary issue. In cases of arrest, mental health services are provided at the detention facility and mental health court may be an option for certain offenses.

47. Examples of jurisdictions implementing this service include: the Boston Police Department’s Crisis Response Team (CRT), which responded to over 1,000 calls between 2011 and 2016, with only nine resulting in arrest; the Seattle Police Department’s Crisis Response Unit (CRU) and CRT, where only 1% of calls resulted in an arrest; the Boulder, CO Early Diversion Get Engaged (EDGE) program which is estimated to save the county about \$3 million annually by reducing incarcerations and hospitalizations; and the Arlington, MA CRT which de-escalates 65- percent of its calls.

In 2023, OKCPD responded to 18,614 mental health calls for service. Out of 18,614 mental health-related calls received, only 0.96% resulted in an individual getting arrested. OKCPD has numerous programs designed to divert individuals from formal justice processes. Programs include a use of Public Inebriate Alternative, community-based mental health service providers, and directives designed to provide mental health services in lieu of arrest or without having to be taken to jail when consistent with public safety.

Crisis Intervention Training (CIT)

48. Crisis Intervention Training (CIT) programs provide training to law enforcement officers with the goal of improving outcomes of law enforcement interactions with people experiencing behavioral health crises. CIT trained officers can provide a specialized police response to individuals experiencing a behavioral health crisis in situations where police presence is needed.

OKCPD has 460 officers who have received the full CIT training program (as of June 2024). Of those 460, only 200 are allowed to be on the active team roster which would represent approximately 35% of active patrol officers (nearly 10% greater than the CIT national standard percentage). As of June 2024, 172 of the 200 positions are filled with a CIT school planned to help fill the open positions. As an addition to CIT training, OKCPD’s Reality-Based Training Unit has worked diligently to implement the Police Executive Research

Forum (PERF's) ICAT as part of the police response. Nearly every field officer has received ICAT training.

OKCPD's Crisis Intervention Team (CIT) is the City's longest standing program dedicated to responding to and providing services to people in need of mental health services. OKCPD established its CIT program in 2002 and it continues to grow. It is based on the "Memphis Model" which is considered the national standard. The CIT program aims to improve the crisis response system, advocate for services, and strengthen partnerships within the community. It is designed to develop and implement safe and preventive methods of containing emotionally charged situations that may threaten the safety of those involved.

The CIT response team is comprised entirely of a select group of officers that have a passion for working with people in crisis and have received extensive and ongoing CIT training. CIT response team officers are the go-to source for when a police response is needed to assist people in crisis in volatile situations.

CIT training consists of a five day, 40-hour program of courses taught by a variety of instructors with extensive mental health, substance abuse, and crisis response training. The training emphasizes understanding of mental illness, incorporates the development of communication skills, practical experience, and role-playing, prepares officers to safely de-escalate a crisis, determine the need for emergency detention, and get consumers to professional treatment using a variety of methods.

Training to interact with people in crisis or exhibiting mental health symptoms is not limited to CIT response team members. Every officer receives crisis training in both the academy and on a yearly basis. Every OKCPD officer is crisis trained. Since 2023, all police academy recruits receive the full 40-hour CIT school. All officers who have not received school receive yearly training through in-service, RBT, and D-CDT.

49. Success is dependent on the training the officers receive, and is most effective when law enforcement, mental health providers, individuals living with mental illness, and family and community leaders work together.

One requirement to become a CIT member is the successful completion of a five-day, 40-hour CIT training program. Training emphasizes understanding of mental illness, incorporates the development of communication skills, practical experience, and role-playing, prepares officers to safely de-escalate a crisis, determine the need for emergency detention, and facilitate persons with mental health symptoms to professional treatment using a variety of methods. CIT and other mental health training courses are also taught to police personnel by mental health professionals. The CIT Unit meets regularly with mental health providers in the Oklahoma City metro area to collaborate on current issues and trends. The issues and trends identified are presented at training each year to ensure officers are appropriately prepared to respond to those in crisis. CIT-Response officers receive additional training twice each year which includes collaboration with mental health providers and those with lived experience.

50. CIT International, a private entity that provides training and other resources to support the “Memphis Model” of crisis intervention training, generally suggests that 20-25% of a department’s frontline employees receive the 40-hour training, along with other recommendations in their Best Practice Guide for Transforming Community Responses to Mental Health Crises.

In June of 2022, with the approval of the FY23 budget, City Council formally implemented this 21CP recommendation by approving additional funding for OKCPD to increase its CIT membership. Currently, OKCPD is filling its 200 CIT member positions (172 are filled as of June 2024), which amounts to approximately 35% of active patrol officers.⁵

51. CIT training exists for call takers/dispatchers. For example, CIT International offers an 8-hour online course for 911 call takers to prepare them to identify crisis calls, understand their role in triaging these calls, and begin the de-escalation process.

OKCPD provides eight hours of mental health training, specifically designed for call takers and dispatchers, to all new call-taker and dispatcher classes, and two hours of continued mental health-related training to all call takers and dispatchers on an annual basis. All 911 Communications Center personnel have received this full eight hours of mental health training, which includes components from CIT International’s call-taker training.

OKCPD is also in the process of sending all call takers and dispatchers to CIT International’s dispatch training as well as 911 training provided by the Association of Central Oklahoma Governments (ACOG), though it will take time given the number of seats that are made available. These training programs teach call takers and dispatchers about mental illness, how to recognize specific disorders and suicidal phrases, and how to communicate with persons with mental illness. All these skills are reinforced through analysis of real-world videos and calls and role-playing scenarios. Part of the training includes call diversion to mental health providers. Currently, all 911 Communications Center employees have received an eight-hour in-service on mental health call-taking, dispatching, and response. Fifteen 911 Communications Center employees have received CIT International’s dispatch training and ten have received ACOG’s dispatch mental health training. Plans are in place to have all 911 Communications Center employees attend the CIT International dispatch training over the next few years as classes and class size is limited.

52. Promising practices for the CIT Model include:

- a. Developing strong community partnerships;**
- b. Developing cultural competence of CIT personnel;**
- c. Treating CIT as a program, not just a training;**
- d. Training enough employees in CIT to cover every shift;**
- e. Seeking volunteers to participate in the CIT program;**

⁵ These numbers are constantly in flux and are only approximations. The number of filled CIT member positions constantly fluctuates based on factors such as, but not limited to, retirements, assignment changes, and CIT course offerings.

- f. Training all front-line employees in at least a basic level of mental health awareness;**
- g. Ensuring that dispatchers are CIT-trained and prepared to respond;**
- h. Recognizing CIT-trained personnel for their work; and**
- i. Regularly evaluating and measuring the CIT program's impact and outcomes.**

OKCPDs CIT Unit regularly meets and collaborates with mental health providers within the Oklahoma City community. The relationships are strong and effective in improving mental health response. The CIT Unit uses these partnerships to ensure training includes cultural competencies in not just CIT officers but all police employees. The CIT program is not simply training but a team of 200 volunteer positions who are committed to supporting appropriate mental health response.

The CIT program is intended to improve safety for both officers and people experiencing mental health crises when they encounter each other. CIT officers at OKCPD are spread throughout the city covering all shifts and sets. OKCPD currently provides an eight-hour CIT training course designed for call takers and dispatchers. Every police officer, call-taker, and dispatcher receive yearly mental health training as developed by the CIT Unit and through their partnership with mental health providers.

In 2022, the CIT program was expanded in accordance with a 21CP Solutions recommendation to increase CIT officers while continuing to keep membership on the team voluntary. OKCPD's team capacity now exceeds the CIT International recommendation of 20 - 25% of patrol officers trained in CIT to approximately 35%. The actual percentage of officers trained exceeds the team capacity. In addition, each recruit who completes the police academy receives the 40-hour CIT training program and they become eligible for CIT team membership once they have obtained one year of field experience.

OKCPD has partnered with NAMI to develop an award for the NAMI officer of the month. This award highlights police employees who go above and beyond in mental health response and services.

The CIT Unit conducts a monthly review of their program to ensure services are being appropriately used, distributed, and corrected where needed.

The City recently developed the Crisis Intervention Advisory Group, which is made up of community members to ensure the City's mental health response is properly evaluated, staffed, trained, and effective.

The CIT Unit oversees and administers the Mental Health Quality Assurance Program which includes the Mental Health Quality Assurance Working Group. The goal of the program is to review and evaluate the City's mental health response to ensure best practices are implemented and any areas for improvement are identified. Additionally, the group identifies high users of mental health services and develops individualized response plans. The program is comprised of personnel from OKCPD, OKCFD, and local CCHBC's. Members of

this group are also part of the City’s CIAG which also provides input on the City’s mental health response.

Special Considerations for All Models

53. All staff should be trained to identify and interact with people who have intellectual and developmental disabilities (IDD). Agencies should establish connections with local providers or the State Developmental Disabilities networks, including State Protection and Advocacy systems (P&As), State Councils on Developmental Disabilities (DD Councils), and those that participate in State Medicaid programs and University Centers on Excellence in Developmental Disabilities (UCEDDs). Policies should provide guidance for interactions with people with IDD.

OKCPD has written directives and received training pertaining to non-discrimination. De-escalation is an OKCPD written directive that reminds officers when they are dealing with a non-compliant subject and time and circumstances reasonably permit, the officer shall consider whether the subject may be affected by mental impairment, mental health crisis, developmental disabilities, or other factors. OKCPD regularly provides training to all employees on recognizing disabilities, to include intellectual and developmental disabilities and how to interact with those individuals. During the police academy, officers are given a course taught by an outside entity relating to communicating with the hearing impaired. New officers also receive two hours of training relating to disability awareness and interaction. OKCPD partnerships with numerous agencies and organizations as documented in previous sections.

All police recruits participate in tabletop exercises where challenges and solutions are discussed to effectively communicate and assist children with autism. The training focuses on missing children which regularly are those experiencing some type of intellectual or developmental disability.

54. Staff should also be trained to respond to children in crisis and to work with both children and their families. Youth are at high risk of experiencing mental health crises, yet their unique circumstances— including that youth act and react differently than adults as a result of differing cognitive abilities and developmental progress—are often not included in “standard” crisis response training.

OKCPD recruits receive initial training on dealing with youth including how they are particularly susceptible to trauma. OKCPD employees also periodically receive training updates on interacting with youths in crisis.

OKCPD has numerous youth programs to engage adolescents with officers, such as the Police Athletic League (PAL), Youth Enrichment Services (YES), Family Awareness Community Teamwork (FACT), and the new Youth Advisory Board. All officers are trained on the Handle with Care Program. The FACT Unit works directly with Pivot, a non-profit organization that provides counseling, prevention education, and crisis intervention for youth

at a high risk of experiencing mental health crises. The PAL after-school program conducts wellness assessments and connects youth to services where needed.

OKCPD has access to 211 which provides a youth crisis mobile response hotline and a youth mobile crisis team for adolescents in need. OKCPD uses three facilities, The CARE Center, Mary Abbott Children's House, and The CART House in a multi-disciplinary team approach when conducting forensic interviews. These facilities provide a supportive atmosphere for children involved in the investigation of possible abuse, neglect, or other crimes. Children receive crisis mental health services and resources for the wellness of the whole family. The Palomar Family Justice Center provides staff who can also provide counseling for children ages five to eighteen years old and are certified in a trauma informed intervention designed to meet the complex mental health needs of children.

55. Staff should also be trained in how to work with older adults, including people with dementia, and their families and caregivers.

CIT officers receive additional training on awareness of mental illness vs. possible cognitive/developmental disabilities, recognizing the symptoms and when they cannot take residents with these disabilities into protective custody. New officers in the police academy are taught a two-hour block on elder abuse. They receive training on how to interact with the elderly and to recognize any potential conditions they may encounter such as mental disabilities and physical impairments. Examples of past training includes the following:

- 2012 Medical Conditions: Recognizing, Responding and Communicating: Training that compared and contrasted three medical conditions that can mimic a psychiatric or substance abuse encounter. It also identified at least two signs of diabetes and acquired brain injury (either traumatic brain injury or stroke). It recognized what F.A.S.T. (Face, Arm, Speech, and Time) stands for in the rapid identification of possible stroke.
- 2017 American with Disabilities Act: This class defined what ADA is and defines it as a Federal Civil Rights Law. In addition, it gives federal civil rights protections to individuals with disabilities similar to those provided to individuals on the basis of race, color, sex, national origin, age, and religion. Finally, officers learned the ADA guarantees equal opportunity for individuals with disabilities in state and local government services, public accommodations, employment, transportation, and telecommunications.
- 2021 Triaged Resources Urgent Support Team (TRUST) Connecting Residents to Resources: The goal of this training was to provide needed mental health services and state benefit resources to people in, or nearing, a state of crisis.
- 2022 Ashanti Alert Presentation: Training on a new missing person alert specifically for an adult who suffers from a proven mental or physical disability as documented by a source determined credible by law enforcement and is reported missing. OKCPD written directives regarding missing persons provide guidance and direction on assigned officer's duties to include, obtaining pertinent information, recognizing at-risk factors, identifying known mental or physical disabilities of the missing person, notification of additional personnel and report writing.
- 2022 Mental Health Refresher: Training given to all sworn personnel to refresh officer awareness of the department's mental health-related response.

- 2023 Mental Health Resources Video: Training conducted by the CIT Unit for all sworn officers to provide resources and assistance to those needing help.

56. Staff should be trained in evidence-based practices to appropriately respond to individuals who are experiencing crises as a result of substance use.

Officers receive training on substance use. OKCPD also partners with the Oklahoma County District Attorney’s Office, Public Defender’s Office, Court Administration, as well as health care and substance abuse counseling providers to administer the Oklahoma County Drug Court program. All officers have received training on recognition, response, and administration of Naloxone (Narcan). In 2023, OKCPD administered 248 doses of Narcan on 168 separate incidents. All officers are required to complete two hours of mental health training through the Oklahoma Department of Mental Health and Substance Abuse Services which can include substance abuse issues. CIT training includes CLEET and ODMHSA accredited courses that provide information on SUD (Substance Use Disorder) and co-occurring disorders. The course is designed to inform officers on the link between mental illness, crisis, and substance use. The training also guides the officers through de-escalating these situations and connecting to the appropriate resources. For previous training see the above sections.

57. Evidence-based staff should be trained to appropriately respond to individuals with traumatic brain injury, dementia, and other neurological disorders.

The Oklahoma City Fire Department has developed training to better equip officers in responding to calls regarding TBI, dementia, and other neurological disorders. The training will be provided to officers during the 2024 CIT in-service with plans for full-department rollout in 2024-2025. Although training is being provided, TBI’s and dementia are not considered mental illness under state law for purposes of taking people into protective custody. OKCPD staffs a licensed professional counselor who is trained in PTSD, TBI and other mental health disorders. TRIAD is a partnership between the police department and sheriff’s office to serve local senior residents. TRIAD hosts monthly meetings for senior residents, and their families. These meetings include speakers that provide information on Alzheimer’s disease, dementia, crime prevention and local resources such as Sunbeam Family Services. Officers complete a minimum of two hours of CLEET accredited mental health training each year and can choose from a variety of classes. Past training to officers includes the following:

- 2011 Mental Health Calls for Service and The Military: As veterans of the Iraq and Afghanistan war were returning from service, local law enforcement would serve as a safety net for returning service members. Becoming more familiar with the issues confronted by service members and allow law enforcement to respond appropriately.
- 2012 Medical Conditions: Recognizing, Responding and Communicating: Training that compared and contrasted three medical conditions that can mimic a psychiatric or substance abuse encounter. It also identified at least two signs of diabetes and acquired brain injury (either traumatic brain injury or stroke). It recognized what F.A.S.T. (Face, Arm, Speech, and Time) stands for in the rapid identification of possible stroke.

- 2019 Trauma-Informed Policing: Officers learned about trauma and learned how being trauma-informed can improve criminal justice system responses. Officers were taught how to identify trauma, the effects of trauma, and how to minimize or eliminate trauma, among other things.

58. Training for call takers, law enforcement, health responders, and alternative responders should incorporate implicit bias training on behavioral health CLAS (Culturally and Linguistically Appropriate Services) standards and other cultural competency models.

Police recruits receive, among other things, training on general crisis intervention, interacting with the deaf and hard of hearing, disability awareness, human relations, implicit bias, trauma-informed policing, and community-oriented policing. In 2020, professional and sworn staff received training in Fair and Impartial Policing. All new 911 Communications Center employees receive diversity training. Call takers are trained in interview techniques to ensure impartial and objective reasoning is used when processing the call based on the information provided with the goal of eliminating assumptions and bias.

59. Individuals with direct experience receiving crisis services should be involved in developing and conducting training as well as with implementation. Staff should be trained to engage in effective communication with people with disabilities. Organizations representing individuals with disabilities should be consulted, including centers for independent living, P&As, DD Councils, UCEDDs, organizations representing individuals who are deaf or hard of hearing, organizations representing individuals who use alternative and augmentative communication, and organizations representing individuals who are blind or have low vision.

OKCPD meets regularly with ODMHSA, NorthCare, OCCIC, and other organizations about issues and needs in the mental health and disabled community. Officers receive CIT training developed and presented in part by ODMHSA. Representatives from several community providers (HOPE, Saints, Red Rock, 988, etc.) attend the training to speak on the “provider panel” and address officers about what they do and how police help. Additionally, the department invites NAMI (the National Alliance of Mental Illness) to present during the CIT trainings. One speaker is usually a consumer that speaks “in their own voice,” and the other is usually a family member of a consumer who speaks from that perspective. Officers also receive instruction by the Oklahoma Office of Disability Concerns on disability awareness and interaction, and by TSHA, which serves the deaf and hard of hearing community across Oklahoma, on communication with the deaf and hard of hearing. Based on experience, research, and input from service providers, the CIT Unit creates additional mental health training and provides instruction for the department-wide in-service, CIT in-service training, and as otherwise needed.

OKCPD, in conjunction with the Oklahoma Department of Rehabilitation Services Oklahoma City Services for the Deaf and Hard of Hearing Unit, released Deaf and Hard of Hearing Information Cards to help law enforcement officers assist residents who are deaf or

hearing impaired. The cards are being carried by these residents so they can communicate with law enforcement. As of December 2023, 600 cards have been delivered to all OKCPD patrol briefing stations for officers to use when residents are not in possession of the cards.

In 2023, the City established the Crisis Intervention Advisory Group (CIAG), which is part of the Public Safety Partnership goals developed for OKCPD. CIAG is a multi-disciplinary/inter-agency advisory group comprised of individuals and organizations representing a wide range of disciplines and perspectives from the community who seek to improve encounters between law enforcement and residents with mental and behavioral health disabilities. The group meets regularly to review, discuss, and provide recommendations on moving forward resulting in better outcomes for residents, law enforcement, and mental health partners.

60. Localities should have systems and processes in place to reduce repeat encounters with individuals in crisis, including using data to identify individuals who frequently access the crisis system, developing alternative response options, establishing clear policies and procedures for encounters, actively promoting models such as peer respite and other peer-run supports, and regularly reviewing performance of all system components.

The CIT Unit, through collected data, identifies repeat callers. TRUST referrals are entered to help provide services for those callers. The fire department has assisted repeat callers with needs while the police department currently defers most of those callers to mental health providers. A mental health quality assurance program has been developed which includes, in part, identifying high users of mental health services. Individualized response plans are developed through the mental health quality assurance working group, to connect individuals with more services. High users are identified through the completion of mental health contact forms completed by officers when encountering individuals who may have mental health-related symptoms.

Crisis Stabilization Services

61. Crisis Stabilization Services facilitate resolution of crises over a short period, usually ranging from a few hours to several days. Crisis stabilization services can be delivered in a variety of settings including staffed crisis apartments, peer crisis respite centers, and community-based crisis stabilization units.

OKCPD officers use several local crisis stabilization facilities to help those persons in a current mental health crisis or persons requesting mental health help and transportation. They are called Urgent Recovery Centers. (HOPE Community Services and OCCIC). The police department does not own or manage these facilities. However, as part of MAPS4, the City is investing over \$44 million to connect residents with new mental health and substance abuse services. The package includes \$12.6 million to build a new mental health crisis center and a \$24.5 million restoration center that includes a crisis center, methamphetamine detox, substance abuse services, and more.

62. Crisis apartments were developed to ensure that crisis services can be provided in an integrated setting and, in particular, “home-like, non-hospital environments[s].”

The City does not currently own or operate any crisis apartments. However, the City does have various programs that involve directing persons in crisis to housing and wrap around services.

For example, since 2014, OKCPD has been operating a Homeless Outreach Team (HOT). HOT consists of officers dedicated completely to providing services to unhoused people and working to improve their living conditions and safety, get them housed, and get them connected to support services in collaboration with social service, mental health, and other governmental organizations on a daily basis.

In 2023, the City contracted with Mental Health Association Oklahoma (MHAOK) and created the Homeless Street Outreach Program. Pursuant to this program, MHAOK has dedicated two street outreach and crisis response teams made up of licensed clinicians and case managers. The teams help connect those experiencing homelessness to community resources for housing, mental and physical health, recovery programs, employment assistance, and other wrap-around services. The teams work closely with the HOT.

The Key to Home Partnership is a public-private partnership of over 40 organizations with the City of Oklahoma City serving as the lead agency. The partnership is currently working on the Encampment Rehousing Initiative which is focused on rehousing 500 people who are chronically homeless by the end of 2025. Outreach teams work with encampment residents to move them into housing within 4-6 weeks. Clients have access to case management services for 12 months to assist with stabilization in the home. Since September 2023, 153 people have been rehoused through the Encampment Rehousing Initiative. In addition, the Key to Home Partnership aims to reduce youth homelessness by rehousing or diverting 100 youth by the end of 2025. Beyond these milestones, Key to Home is focused on refining our community’s homeless response system to ensure homelessness in OKC is rare, brief and non-recurring.

63. SAMHSA has recognized the importance of peer support workers in crisis settings, and its National Guidelines highlight the use of peer crisis respite programs. These programs are typically staffed by individuals with lived experience with psychiatric disability, although clinical staff may be involved to support assessments.

The City does not currently own or operate any crisis centers. However, the City does use various crisis centers, urgent recovery centers, public inebriate alternatives, and other mental health-related facilities to connect residents to services and has knowledge that these facilities use peer support workers or employees with lived experience.

64. Community-based crisis stabilization units can be freestanding or part of a larger facility. In accordance with the ADA’s integration mandate and the Olmstead decision, crisis services must be offered in the most integrated setting appropriate

unless doing so would fundamentally alter the service system. These facilities provide initial screening and assessment, and short-term and longer-term stabilization in a non-hospital environment. They should accept drop-offs and walk-ins on a 24/7 basis. These settings provide law enforcement and mobile crisis teams with a safe location to bring individuals in crisis, often instead of bringing them to jail or the emergency room. These settings can effectively engage family and informal caregivers by supporting a 24 hour a day visitor policy.

The City does not currently own or operate any crisis stabilization units. However, the City does use various crisis centers, urgent recovery centers, public inebriate alternatives, and other mental health-related facilities to connect residents to services that do meet the requirements of this recommendation.

OKCPD never takes a person in need of mental health services to jail just to receive mental health services. In the event OKCPD takes someone to jail that has committed a crime and that person also happens to need mental health services, officers complete mental health evaluation records and may arrange for follow-up mental health services through the TRUST program. OKCPD also has directives in place that authorize mental health services in lieu of an arrest in specific circumstances.

De-Escalation

65. Law enforcement agencies should have policies, trainings, and mission/value statements that prioritize the need to de-escalate interactions whenever possible.

The mission of the Oklahoma City Police Department is to deliver exceptional police services to our community with integrity, compassion, accountability, respect, and equity. De-escalation is a major part of OKCPD's mission. OKCPD has directives in place that require de-escalation, regularly trains on de-escalation, evaluates de-escalation, and expects its employees to use de-escalation in every public interaction.

OKCPD directives require officers to use de-escalation tactics when circumstances reasonably permit. Officers are required to slow down and stabilize situations so that more time, options, and resources may become available for incident resolution. Officers are required to consider mental impairment, mental health crisis, and other disabilities when responding to incidents. See Police Operations Manual for more details on de-escalation directives.⁶

De-escalation tactics and concepts are also incorporated into all relevant training. All officers receive de-escalation training on an annual basis, typically through a full 4-hour De-escalation – Control and Defensive Tactics in-service and sector-based training through the Reality Based Training Unit, among other formats. All officers currently receive the complete 40-hour CIT school in the police academy, as well as training on interacting with the deaf and hard of hearing, disability awareness, human relations, implicit bias, communication, de-

⁶ <https://www.okc.gov/home/showpublisheddocument/40985/638466983532600000>

escalation, community-oriented policing, and trauma-informed policing, among other things. All officers also receive annual mental health training, at least two hours of which are mandated by CLEET.

All field officers have received ICAT training through the Reality-Based Training Unit. Officers have been trained to use drones, communication, disengagement, cover, containment, and many other methods to de-escalate situations. Less-lethal platforms have been increased to decrease the likelihood of lethal force. Every incident where force is used, de-escalation is also evaluated to ensure all reasonable efforts were made to resolve an incident with the least amount of trauma and force possible.

All of OKCPDs de-escalation directives and training are emphasized and reinforced through the department's quality assurance programs, internal review and investigation processes, and other means.

66. Recently, research involving the University of Cincinnati, the Louisville Metro Police Department, and the International Association of Chiefs of Police, produced evidence that implementation of the Integrating Communications, Assessment, and Tactics (ICAT) training program from the Police Executive Research Forum (PERF) produced a significant reduction in officer use of force following de-escalation training.

Agencies should:

- a. Link policies to evidence-informed training;**
- b. Expect all supervisors to support a culture of de-escalation;**
- c. Reward successful de-escalation efforts;**
- d. Hold officers accountable to their de-escalation policies and training; and**
- e. Enhance public reporting and transparency.**

OKCPD has four ICAT instructors who are assigned to the Reality-Based Training Unit. Every patrol officer has attended ICAT training, and every officer regularly receives de-escalation training. De-escalation efforts are evaluated after every incident where force was used. See the previous section for more de-escalation details. Where de-escalation is not properly used, officers receive corrective action.

The RBT Unit produces critical incident debrief videos originating from OKCPD events to help officers identify both excellent responses by officers and those in need of improvement. The goal is to continually develop a debrief culture where officers are continually critiquing their response both personally and collectively. RBT also uses incidents OKCPD officers encounter to develop realistic, high-stress, scenarios during sector-based training, D-CDT training, annual firearms in-service and other in-service training as needed. This training is designed to help officers implement best practices in all encounters with residents.

OKCPD has partnered with the National Alliance on Mental Illness (NAMI) to identify and honor an officer each month of the year. The program is designed to encourage officers' excellent response to mental health-related incidents.

Finally, OKCPD produces an annual report and provides it to the community. The report includes statistics on use of force as well as officer-involved shootings, among many other topics.

Access to Ongoing Community-Based Services

67. Permanent Supported Housing: Permanent supported housing includes a housing subsidy and an individually tailored package of support services to enable a person to live successfully in their own apartment or home. The services are typically delivered in mainstream housing units scattered throughout the community, to promote integration. Individuals have a lease and full tenancy rights. Participation in services is voluntary, and housing is not conditioned on individuals accepting services. Individuals receive support services to help them choose, secure, and maintain housing. In addition, they have access to a comprehensive set of services to address their individual needs; these may include case management, SUD treatment, Assertive Community Treatment, supported employment, home health services, independent living skills training, and home/environmental modifications or other services.

The City has an array of programs aimed at transitioning the unhoused into housing and connecting them to the services they need to remain housed and live a healthy and fulfilling life.

Continuum of Care is a grant program sponsored by the U.S. Department of Housing and Urban Development (HUD) designed to promote ending homelessness, provide access to programs and services, and optimize self-sufficiency. The City invests more than \$3.5 million in funds every year with the Continuum of Care Program. Local social service groups receive the funding to manage a variety of programs that address homelessness. As part of the City's program, the City has invested in two organizations that specialize in providing housing for people with mental health issues: HOPE Community Services and Red Rock Behavioral Health.

The City has partnered with the Dragonfly Home and Upward Transitions for a two-year, \$500,000, program that provides housing and other social assistance to victims of human trafficking.

The Youth Homeless Demonstration Program provides an initial \$2.97 million over two years and then approximately \$1.5 million annually for services specifically targeting unhoused youth. The City contracts with local non-profits that provide services to unhoused youth for a range of projects that are not eligible under other HUD housing programs. These include drop-in centers for youth, transitional housing, rapid rehousing and host homes, as well as a permanent supportive housing program. Case managers work with all service recipients to identify their needs and connect them to the services necessary to help them stabilize, to include social and mental health services.

In 2023, the City contracted with Mental Health Association Oklahoma (MHAOK) and created the Homeless Street Outreach Program. Pursuant to this program, MHAOK has dedicated two street outreach and crisis response teams made up of licensed clinicians and case managers. The teams help connect those experiencing homelessness to community resources for housing, mental and physical health, recovery programs, employment assistance, and other wrap-around services. The teams work closely with the HOT.

The Key to Home Partnership is a public-private partnership of over 40 organizations with the City of Oklahoma City serving as the lead agency. The partnership is currently working on the Encampment Rehousing Initiative which is focused on rehousing 500 people who are chronically homeless by the end of 2025. Outreach teams work with encampment residents to move them into housing within 4-6 weeks. Clients have access to case management services for 12 months to assist with stabilization in the home. Since September 2023, 153 people have been rehoused through the Encampment Rehousing Initiative. In addition, the Key to Home Partnership aims to reduce youth homelessness by rehousing or diverting 100 youth by the end of 2025. Beyond these milestones, Key to Home is focused on refining our community's homeless response system to ensure homelessness in OKC is rare, brief and non-recurring.

Finally, MAPS 4 will provide \$55.7 million for truly affordable housing, and this investment is expected to leverage over \$400 million in housing funding available from various sources. MAPS funds will be used to: 1) contract for new permanent supportive housing for the most vulnerable chronically unhoused people, paired with intensive case management and supportive services from existing providers; 2) preserve thousands of units of public housing, which provides a level of stability through rental assistance and access to supportive services; and 3) build new affordable housing units for people that may still be at risk or require services to succeed. This housing will help the City implement a successful "housing first" strategy by serving people experiencing homelessness and who are at risk of becoming unhoused. The City has already approved an agreement with and distributed \$11.5 million to the OKC Housing Authority.

68. Assertive Community Treatment: Assertive Community Treatment (ACT) is an individualized, highly coordinated, team-based approach that helps people with serious mental illness who are most at risk of psychiatric crisis, hospitalization, and criminal justice system involvement succeed in the community. It is one of the oldest and most widely researched evidence-based services for people with serious mental illness. ACT teams are comprised of a multi-disciplinary group of professionals, typically including a psychiatrist, a nurse, an employment specialist, a housing specialist, a SUD specialist, a peer support specialist, and other mental health professionals such as social workers, counselors, or occupational therapists. Services are delivered in community settings where the support is needed, rather than in offices or clinics. The team is available 24 hours/day, 7 days/week, for as long as needed. ACT reduces the use of inpatient services, increases housing stability, leads to better substance-abuse outcomes, and yields higher rates of competitive employment.

Although the City does not independently staff an ACT team, the City partners with groups that fulfill this recommendation. Two local Oklahoma City CCBHC's do staff PACT teams. Those CCBHC's work directly with OKCPD and OKCFD in participation with the TRUST program, Mental Health Quality Assurance Program, and a variety of other regular collaborations. The PACT team is a multi-disciplinary, team-based treatment program for individuals diagnosed with a severe mental illness who meet state criteria for intensive community-based treatment. These teams provide services 24 hours a day for people with severe and persistent mental illness. Services are provided to clients at their homes, work or in a community setting with the goal of reducing hospitalization, homelessness, and incarceration. PACT teams include psychiatrists, nurses, licensed therapists, certified case managers and recovery support specialists.

69. Peer Support Services: Peer support services are provided by peer support specialists who have navigated their own recovery process and who, through shared understanding, trust, respect, and empowerment, help others experiencing similar situations. Specific peer support services include peer respite, peer bridgers, and hearing voices groups. Peer support workers can play a variety of roles, including counseling; advocating for people in recovery; sharing resources and building skills; building relationships and community; mentoring; and helping individuals envision a different life, set goals, and make decisions.

OKCPD connects residents to mental health service providers and other partners that offer and provide peer support services. OKCFD's Overdose Response Team also includes members with lived experience.

Key Factors for Local Jurisdictions to Consider

Assess Needs

70. The first step every jurisdiction should take in designing a crisis response system—or to evaluate their current system—is to use any available data to assess the need for crisis services and the intersection with the justice system.

OKCPD is constantly evaluating its programs and guidelines and looking for ways to improve services. OKCPD is actively developing new and updating programs and guidelines related to mental health services. One aspect is the quality assurance programs the department has implemented outlined earlier in this document. The City maintains a dashboard which centralizes data extracted from mental health contact forms, CAD incidents, IA Pro, and other sources. Additionally, the City has implemented CIAG to evaluate the City's mental health response and identify areas for improvement. See all previous sections outlining how needs are assessed and solutions implemented.

In 2020 the Oklahoma City Council adopted a resolution to create a community policing working group. The group was tasked with studying and developing innovative strategies

related to crisis response training, alternative response, and officer wellness services, among other things. This process led to a contract with 21CP Solutions to investigate and report on subjects outlined in the resolution. The City not only took the 21CP Solutions recommendations and ran with them but has also identified and implemented or is in the process of implementing a number of additional programs all designed to provide the best possible services to residents experiencing a mental health crisis. Through 21CP and other programs, the City has demonstrated a desire to identify and implement best practices across a wide range of policing responsibilities.

Understand Resources

71. Jurisdictions should identify and document all existing crisis response resources along with any potential additions to the system. This process should consider resources available across the relevant stakeholder groups. Through this process, jurisdictions can identify existing gaps and prioritize the use of resources to fill them.

OKCPD continues to partner with numerous agencies to include the Oklahoma Department of Mental Health and Substance Abuse Services to ensure residents are receiving the appropriate resources. OKCPD has created new resource documents and training for officers, so they provide residents with better access in an efficient manner. OKCPD tracks and communicates all available resources to their employees. The City has created a document which outlines all current resources and that document is updated as needed. Additionally, the quality assurance program is designed to ensure all gaps in training, equipment, and partnerships are identified and resolved.

Create a Local Plan

72. As noted throughout the available best practice guides and research, any crisis/special needs plan must be directly informed by local factors and stakeholder input. Models that have worked in other jurisdictions must be adapted to the needs, personnel, geographic characteristics, demographics, resources, and other specific factors of the individual community developing its approach to responding to people experiencing a behavioral health crisis.

OKCPD will continue to partner with local agencies in the community such as our CCBHCs, ODMHSAS, hospitals, law enforcement, and others to improve the response to people experiencing a behavioral health crisis. This has been and will continue to be an ongoing effort to find the best methods for delivering quality and effective services to our community. OKCPD has created and implemented the Metal Health Response Protocol Guide which applies to all police employees. The guide provides the current plan for crisis response and is designed to be rapidly adjusted as needed. The City has strong partnerships with CCBHCs and industry experts through their involvement in our TRUST program, Quality Assurance Program, CIAG, training, and monthly meetings.

Address People in Frequent Crisis

73. Research in many areas of human behavior notes that the source of greatest need/challenge consistently is concentrated among a small number of individuals and/or locations.

The CIT Unit, through collected data, identifies frequent callers and works directly with NorthCare, the fire department, and other providers to provide them with specialized assistance. Frequent callers are provided services from providers either through direct contact or referrals from OKCPD. The Mental Health Quality Assurance working group also has the data available to identify high users of police mental health services. One of the working group responsibilities is to identify high users and develop individualized response plans. OKCFD does the same through its CAP and ORT programs.

74. Different sources of data indicate that high utilizers of behavioral health services may represent 6% of patients but generate 26% of service visits.

The City currently tracks high users of behavioral health services as well as 911 emergency services. OKCPD's Mental Health Quality Assurance Program, OKCFD's CAP program, and previously documented resources work to provide individualized response plans for high users.

75. When feasible, jurisdictions should work with county and state Medicaid offices to share data and conduct outreach to populations that may be at higher risk for repeat hospitalizations.

The City has MOUs in place with all local CCBHCs accepting referrals from police officers primarily focused on social needs such as mental health treatment. The City assists the CCBHCs in identifying high risk and repeat users of mental health services through both the TRUST program and the Mental Health Quality Assurance Working Group. Individualized response plans are developed as a part of this collaboration.

OKCFD is in the process of purchasing software for data sharing with mental health partners such as the CCBHCs and any other relevant partners. This will create a data sharing platform across a wide range of organizations and government agencies.

OKCFD staffs a full-time Overdose Response Team (ORT) which includes a Certified Peer Specialist from a CCBHC as a team member. The ORT follows-up on overdose incidents to offer training and treatment regarding substance abuse. ORT participates in the Narcan Harm-reduction program and provides fentanyl test strips.

76. Person-centered planning, psychiatric advance directives, Wellness Recovery Action Plans, and other self-directed approaches may be useful in preventing crises and avoiding coercive actions such as involuntary hospitalizations and outpatient commitments.

The City currently attempts to assist in stabilizing those in crisis in their homes or a location of their choice when possible. Involuntary protective custody is always the last option. Over the past year, alternative response resources have expanded, and plans are in place to supplement those resources. Currently the City has alternative resources available to assist with mental health response such as 211, Youth Crisis Mobile Response, mobile crisis teams (ODMHSAS contracted and NorthCare Champions), TRUST referrals, tele-med access to a provider through the iPad program, 911 call diversion to 988, Community Advocacy Program (CAP), Overdose Response Team (ORT), and other sources. All previously listed resources are used where possible. However, this recommendation is generally directed towards entities with contact post law enforcement involvement.

Promote Alternatives to Arrest Where Appropriate and Consistent with Public Safety

77. Research consistently finds that the criminal justice system does not address the underlying needs of individuals with behavioral health problems, and it can often intensify the crisis and traumatize or retraumatize people, with little to no reduction in potential criminal conduct.

OKCPD realizes mental health is sometimes a factor in an incident where a criminal violation has occurred. If the severity of the crime allows for an alternative to physical arrest, officers may receive authorization from a supervisor to proceed with the use of alternative resources in place of the physical arrest and booking into a detention facility.

The City's Municipal Court Probation Services Program has been in existence since the early 1980's. The program provides referral and supervision services to justice-involved individuals who are ordered and consent to participate in the program. The program offers participants the ability to receive treatment and participate in other appropriate services, such as mental health or substance abuse treatment. At the successful completion of probation, the defendant's original charge is often dismissed or amended to a lesser offense.

The Municipal Court launched its Community Court program in March 2020 to address the growing needs associated with the complex cases involving unhoused defendants. Municipal judges conduct court at the Homeless Alliance quarterly, outside of the criminal justice setting, at a location where people experiencing homelessness receive services. Community Court encourages treatment and services for mental health, substance abuse, and other conditions that may have contributed to the underlying offense or that are barriers to traditional housing. The program is provider-driven, and upon successful completion of the program, the original case is often dismissed and all fines and costs are suspended.

OKCPD also partners with mental health court. Mental health court allows those charged with a state crime but working to overcome mental illness to have their sentence reduced, deferred, or dismissed when they complete an appropriate treatment plan. OKCPD supports this program and works with the court to assist residents through the program.

78. Jurisdictions should develop response models and trainings that incorporate evidence-based de-escalation principles and person-centered practices that help

minimize arrest and incarceration in these instances except where necessary to ensure the immediate safety of the community.

De-escalation is a common theme throughout OKCPD operations. Not only are officers trained in and required to use de-escalation, department command reviews response to resistance incidents to ensure compliance with OKCPD's de-escalation regulations. The OKCPD Reality Based Training Unit's primary function is to conduct realistic scenario training based on real-world incidents to include ICAT training. The training allows officers to use de-escalation tactics to resolve conflicts, gain compliance through communication skills, and aims to reduce the level of force necessary to gain compliance. De-escalation tactics, post-force aid, and the sanctity of life are emphasized in every debriefing after each training scenario. Once in custody, officers can use mental health resources in lieu of arrest in some circumstances. The goal in these situations is to connect residents with needed mental health services and minimize arrest and incarceration. This goal is reflected in practice. For example, in 2023, out of 18,614 mental health-related calls for service, less than one percent resulted in arrest. See the previous de-escalation sections for further information.

Prevent and Limit Use of Force in Encounters with People with Disabilities

79. Ultimately, the goal of implementing these tools, training, and policies is to increase trauma informed services and supports to eliminate harm to individuals encountering law enforcement/first responders, including the use of seclusion and restraint, which also minimizes the risk to law enforcement officers/first responders, and community members.

OKCPD has extensive written directives that provide direction to employees and reinforce their training pertaining to interacting with persons with disabilities, or experiencing a mental health crisis. The goal of law enforcement is to safely connect people to mental health professionals as soon as possible. OKCPD supports and implements de-escalation and alternatives to arrest where possible. There are many ways OKCPD attempts to reduce the likelihood of force. Some of those ways are as follows:

- Diverting calls involving mental health to alternative resources except where a resident is committing a crime or is a danger to self or others.
- Using drone technology to increase standoff distance and allow for communication and de-escalation to occur.
- Increasing the number of less lethal devices to reduce the chances of a lethal encounter.
- Creating directives for co-response options.
- Increasing the amount of Reality-Based Training integrated with ICAT principles.
- Training officers on the use of reaction teams integrated with perimeter teams to decrease the perception of an over-response by the resident.
- Assigning CIT officers to mental health calls when available.
- Providing CIT training to all new police recruits.
- Training on disengagement when the risk of force outweighs the need for immediate intervention.
- Reinforcing time, distance, shielding as opportunities for increased de-escalation.

Some areas of training include:

- Coding mental health calls;
- How to approach and interact with persons experiencing a mental health crisis;
- How to handle individuals that are attempting or have attempted suicide;
- How to handle a barricaded person experiencing a mental health crisis;
- Alternatives to physical arrest;
- Taking medical or mental health conditions into consideration when determining the appropriate response to resistance; and
- Using interpreters and newly released deaf and hard of hearing communication cards for persons who are deaf or hard of hearing.

The Use of Sedatives Outside of a Hospital Setting to Subdue Individuals in Crisis

80. Agencies should work with their Fire/EMS medical directors on establishing policies and procedures.

OKCPD personnel do not have any authority to administer sedatives. OKCFD's medical director is currently evaluating the use of certain medications for this purpose. Once the medical director provides guidance on the protocol, directives can be considered.

81. The incident-level decision on whether to administer a sedative should not be made at the direction of or by law enforcement.

OKCPD personnel do not have any authority to administer sedatives. The decision to administer medication would be made solely by medical personnel according to protocol discussed in the previous recommendation.

The Use of Federal Resources, including Medicaid, to Implement Best Practices

82. States should consider amending Medicaid plans to expand coverage for allowable crisis-related services, such as mobile crisis response, crisis stabilization services, and peer services, as well as longer-term services including Assertive Community Treatment and peer support services.

This recommendation is directed to states.

83. States can currently choose to cover community-based mobile crisis intervention services under Medicaid and, pursuant to section 9813 of the American Rescue Plan Act of 2021, can receive an enhanced federal medical assistance percentage of 85% if the services meet certain requirements. For example, mobile crisis teams must

include at least one behavioral health care professional qualified to conduct an assessment and “other professionals or paraprofessionals with appropriate expertise in behavioral health or mental health crisis response, including nurses, social workers, peer support specialists, and others,” and the team must be trained in trauma-informed care, de-escalation strategies, and harm reduction, and must be able to respond in a timely manner. States must ensure that the mobile crisis team can, where appropriate, provide screening and assessment, stabilization and de-escalation, and coordination with and referrals to health, social and other services and supports, as needed. Mobile crisis services must also be available 24 hours a day, every day of the year. A state must demonstrate that the additional federal funds will supplement and not supplant the level of state funds spent on these services in past years. The enhanced match is available for the first 12 fiscal quarters in which a state meets the requirements during the five-year period spanning April 1, 2022 through March 31, 2027.

This recommendation is directed to states. Nevertheless, the City is currently implementing a Mobile Integrated Healthcare program through the Fire Department that will include City mobile crisis teams. As the program progresses, the City will ensure these recommendations will be incorporated. To increase funding for the Mobile Integrated Healthcare program, OKCFD has submitted a SAMHSA grant. This funding would support additional mobile crisis teams.

84. Jurisdictions may pursue available federal Medicaid match for allowable administrative costs for crisis call centers, including allowable technology tools and services. Federal Medicaid match can be used to cover certain administrative activities such as operating call centers and access lines and dispatching mobile crisis teams as needed to assist Medicaid beneficiaries.

This recommendation is directed to states.

85. Jurisdictions should consider demonstration opportunities such as the Certified Community Behavioral Health Clinic (CCBHC) demonstration under Medicaid that requires 24/7 crisis care, among other services. SAMHSA and states have also supported the development of CCBHCs outside of the demonstration program. There are more than 500 CCBHCs operating across the country, designed to ensure access to coordinated comprehensive behavioral health care by providing a set of nine core services and serving anyone who requests care for mental health or substance use, regardless of ability to pay, place of residence, or age. In March 2023, SAMHSA issued updated criteria for CCBHCs, applicable beginning in July 2024, that respond to new developments such as 988. Among other guidelines, these new criteria require CCBHCs to have a care coordination partnership with the 988 Suicide & Crisis Lifeline call center serving the area in which the CCBHC is located.

This recommendation is directed to states, but the City does partner and coordinate with CCBHC’s and ODMHSAS.

86. Jurisdictions should maximize affordable housing opportunities for people with disabilities, including through use of United States Department of Housing and Urban Development (HUD) resources such as Housing Choice Vouchers, Mainstream Vouchers, and Section 811 Project Rental Assistance. These resources, as well as the Low-Income Housing Tax Credit program, can be used to support the development of housing units for people with disabilities scattered throughout the community. In addition, Medicaid reimbursement is available for a broad array of housing-related services, including services that support transition to housing and tenancy-related services. Generally, Medicaid coverage of housing-related services and supports does not include room and board for a Medicaid beneficiary. While there are limits, states can use Medicaid, specifically through state plan amendments and waivers to address an individual’s social determinants of health (SDOH) and/or associated health-related social needs.

Continuum of Care is a grant program sponsored by the U.S. Department of Housing and Urban Development (HUD) designed to promote ending homelessness, provide access to programs and services, and optimize self-sufficiency. The City invests more than \$3.5 million in funds every year with the Continuum of Care Program. Local social service groups receive the funding to manage a variety of programs that address homelessness. As part of the City’s program, the City has invested in two organizations that specialize in providing housing for people with mental health issues: HOPE Community Services and Red Rock Behavioral Health. The City is also implementing a re-housing initiative program in partnership with OKCPD’s Homeless Outreach Team to assist the unhoused in becoming housed.

Summary of Recommendations and Next Steps

87. Government entities should provide behavioral health crisis response services in parity with the services provided to those experiencing medical emergencies.

The City provides these services and ensures residents receive assistance with medical emergencies and behavioral health crises as identified throughout this document. Additional services are in development and as new and innovative ideas become available, they will be explored and implemented where possible. OKCPD will continue to collaborate with local agencies and the ODMHSAS to ensure the best response for our residents.

The Oklahoma City Fire Department (OKCFD) is developing and has implemented in part the Mobile Integrated Healthcare program. This is a comprehensive initiative aimed at enhancing community health and safety through specialized response teams. The MIH is comprised of several distinct components:

- **Community Advocacy Program (CAP):** Established in 2019, CAP offers alternative support to people who frequently rely on 911 services. When identified by OKCFD crews, these cases are referred to CAP for a thorough needs assessment. Collaborative efforts may involve partnering with ODMHSAS or a CCBHC for behavioral health

concerns. CAP also actively engages with OKCPD's Mental Health Quality Assurance Working Group.

- **Overdose Response Team (ORT):** Launched in July of 2023, ORT is dedicated to assisting patients who have survived an overdose. This team consists of an OKCFD paramedic paired with a certified peer specialist from a CCBHC. ORT provides post-overdose medical care and directs individuals towards assessment and treatment services.
- **Crisis Call Diversion (CCD):** Currently in the planning stages and included in the City's proposed FY25 budget, CCD aims to embed mental health professionals within the 911 Communications Center. CCD will help improve the effectiveness of public safety resources. This initiative will enable immediate professional mental health service delivery to 911 callers potentially experiencing a mental health crisis. CCD will operate as an in-house call center, with 988 serving as an overflow hotline for assistance. The objective is to stabilize individuals over the phone, facilitate referrals to appropriate services, or dispatch a mobile crisis team for further intervention.
- **Crisis Response Team (CRT):** This team will function as a mobile crisis team that also has enhanced overdose response capabilities. Along with the same capabilities as the Overdose Response Team, CRT will also be able to offer medically assisted recovery services. Staffed by an OKCFD paramedic and a behavioral health navigation responder, the team will be able to transport residents who are experiencing a crisis to urgent recovery centers as well as other crisis centers as needed. The CRT can also coordinate a warm handoff to a CCBHC mobile crisis team, assist the patient with a referral to a local CCBHC for a later appointment, or disengage as needed. Adopting a co-response approach, CRT will collaborate with OKCPD in incidents requiring police presence. Once the scene is secure, police officers may depart, allowing CRT to assume primary engagement. While predominantly dispatched by CCD, CRT will be integrated into both OKCPD and OKCFD radio and computer systems, facilitating a real-time and fully interactive co-response.
- **Alternative Response Team (ART):** Similar to CRT, ART is designed as a mobile crisis team that will respond to lower acuity incidents and to provide follow-up contact. Comprising the same staffing configuration as CRT, ART will not generally engage in co-response or high-acuity incidents, focusing instead on providing targeted support and resources. This follow-up care is designed to occur within 24 hours.

These specialized teams collectively reflect the City's commitment to proactive, community-centered healthcare solutions, ensuring individuals receive appropriate care and support while reducing the strain on emergency services.

The City published a Request for Proposal (RFP) to contract mobile crisis teams for mental health response. The goal is to rapidly expand the availability of mobile crisis teams for the residents of Oklahoma City. The Crisis Intervention Advisory Group (CIAG) created a working group to review the proposals and select one or more contractors to expand mobile crisis team availability in Oklahoma City. The proposals were submitted and reviewed for selection. There is a possibility the RFP will be used to fulfill the ART under the MIH program.

88. Law enforcement should be trained in legal standards for imposing transport holds and other actions in the mental health context, and on how to work cooperatively with other crisis response professionals.

New OKCPD employees received extensive training in the mental health context. Oklahoma state law outlines mental health transport required by law enforcement, mental health facilities, and ODMHSAS. OKCPD regularly works with ODMHSAS and these facilities and receives updates on changes to state law each year. OKCPD employees receive training each year in mental health-related issues and any other legal updates. All law enforcement employees receive training on protective custody issues as well as using alternative resources where possible.

89. Jurisdictions should ensure that alternative response models and diversion facilities are open to all and serve individuals encountered by all types of crisis responders.

The City will continue to work with ODMHSAS, NorthCare, and other facilities to assist residents. The department will continue to research and collaborate on alternative response models. The City uses mobile crisis teams and diversion facilities on a regular basis but does not itself operate those teams or facilities. The facilities the City partners with fulfills this recommendation.

90. Jurisdictions should ensure that all individuals involved in a potential crisis response receive at least basic CIT training, along with annual refresher training. These trainings should be scenario-based and interactive in nature.

All officers receive full CIT training and annual mental health training. CIT-Response officers receive additional annual training, which includes scenario-based and interactive training. The Reality Based Training Unit, as mentioned above, conducts scenario-based training on real world incidents. Call takers and dispatchers receive CIT training as well. OKCPD currently exceeds the best practice for the percentage of officers with the full 40-hour CIT school.

91. Jurisdictions should ensure that all individuals involved in a potential crisis response receive cultural competence training with regular evaluation.

OKCPD and the City are committed to a policy of non-discrimination—that no person or employee shall benefit or be discriminated against, in any manner inconsistent with the Constitution, federal law, state statutes, the City Charter, ordinances, resolutions, policies, rules, or regulations. OKCPD has implicit bias training for employees. Since 2012 all new officers have been given a two-hour class titled “Cultural Awareness” which focuses on cultural competency. This class specifically defines cultural competence and breaks it down into multiple components. It describes how officers developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures. OKCPD has been conducting this training and additional similar training for many years. Examples of past training includes the following:

- 2012 Ethics and Diversity C3 Leadership - Character First: Character describes the set of values used to determine one's actions. An organization's character includes the cultural norms and values that guide its decision-making.
- 2015 Effective Citizen Interactions: This class focuses on how officers can be perceived during individual contacts with citizens. It provides awareness of policing concepts and reviews some approaches to interact with citizens effectively.
- 2016 Ethics Class: This class emphasized the importance of ethics within the police department and reviewed the OKCPD policy in reference to the Code of Ethics. Finally, this class explains why the department needs ethics and the importance of ethics and how we are judged by our own ethics.
- 2016 Department of Justice Guidance on Identifying and Preventing Gender Bias in the Law Enforcement Response to Sexual Assault and Domestic Violence: This training defined what "gender bias" was and explained that both explicit and implicit bias exists throughout society, and as a result, it can arise in various aspects of the criminal justice system.
- 2020 Fair and Impartial Policing: Describes the OKCPD core values and explains our vision along with training objectives and training goals. This training defines Bias, Implicit and Explicit.

In addition to these classes, cultural competency is included in yearly updates on mental health, DCDT training, and RBT training.

92. Jurisdictions should assess and adapt their current data collections processes and tools to ensure they are routinely collecting and analyzing data on the availability of, use of, and outcomes of the different response/service options.

OKCPD currently tracks and reviews all mental health response to ensure appropriate services are provided. In late 2023, OKCPD implemented a new records management system that included the capability to collect significant information pertaining to mental health contacts and services rendered. The data from the RMS is maintained in real time and evaluated through a dashboard. The dashboard tracks characteristics, alternative resources, tactics, and dispositions of all mental health incidents, among many other things, and populates the data in formats that allow for critical assessment. The data is used by the CIT Unit and the Mental Health Quality Assurance Working Group to identify gaps, needs, and individualized response plans for high users of mental health services.

93. Jurisdictions should include de-escalation policies and training as central to all positions across the emergency response continuum—from call taker to patrol officer/first responder, alternative responders, and follow-up service providers.

De-escalation is a central, common theme throughout OKCPD's operations. OKCPD has strong de-escalation directives and training. OKCPD directives require officers to use de-escalation tactics when circumstances reasonably permit. Officers are required to slow down and stabilize situations so that more time, options, and resources may become available for incident resolution. Officers are required to consider mental impairment, mental health crisis,

and other disabilities when responding to incidents. See Police Operations Manual for more details on de-escalation directives.⁷

De-escalation tactics and concepts are incorporated into all relevant training. All officers receive de-escalation training on an annual basis, typically through a full four-hour De-escalation – Control and Defensive Tactics in-service and sector-based training through the Reality Based Training Unit, among other formats. All officers currently receive the complete 40-hour CIT school in the police academy, as well as training on interacting with the deaf and hard of hearing, disability awareness, human relations, implicit bias, communication, de-escalation, community-oriented policing, and trauma-informed policing, among other things. All officers also receive annual mental health training, at least two hours of which are mandated by CLEET.

All of OKCPDs de-escalation directives and training are emphasized and reinforced through the department’s quality assurance programs, internal review and investigation processes, and other means.

Additionally, as OKCFD brings its mobile crisis teams online through its Mobile Integrated Healthcare program, those employees will also receive de-escalation training and directives.

94. Clinical decisions—including the use of sedatives on the frontline—should be based on person-centered practices, trauma informed approaches, and the responsibility of clinically-trained individuals.

Neither OKCPD nor OKCFD currently administer sedatives. However, OKCFD’s medical director is presently evaluating the use of medications as part of OKCFD response. If OKCFD implements a sedative or medication program, such protocols will take into consideration person-centered practices, trauma-informed approaches, the responsibility of clinically-trained individuals, and more.

⁷ <https://www.okc.gov/home/showpublisheddocument/40985/638466983532600000>