APCO International
Leaders in Public Safety Communications®

Supplemental Emergency Responder Recommendations

APCO ANS 1.124.1-2024

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FOREWORD

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EXECUTIVE SUMMARY

In response to public comment and concern, governmental entities have been realigning public safety responses to service calls involving persons in a behavioral health-related crisis and/or distressed persons with quality-of-life concerns, including those needing other services, referrals, linkages, connections, and transport to the next step in care. This realignment includes consideration of an alternative response when it is determined traditional public safety services, i.e., law enforcement, fire, EMS, may not be the most suitable options. For the purposes of this standard, the term "supplemental emergency responder" can include clinicians, social workers, peer specialists, mobile crisis unit or other locally designated community or alternative responder. This standard is intended to provide guidance on how to work with the supplemental emergency responders and incorporate such response into the traditional Emergency Communications landscape. This standard addresses how the Emergency Communications Center (ECC) can incorporate incident processes currently in place to leverage the use of supplemental emergency responders, including dispatches in lieu of law enforcement, for non-violent situations, or as a co-response, pairing law enforcement with behavioral health professionals.

This standard was created in response to:

- The emergence of supplemental emergency responders across the country and abroad along with a need for Public Safety Telecommunicators (PSTs) and ECCs to answer and process incoming calls related to behavioral health crisis and dispatching these responders to lower acuity service calls.
- A lack of general knowledge concerning supplemental responders. This gap in knowledge includes the definition and role of the supplemental emergency responder, the creation of a program designed to utilize the supplemental emergency responder and providing education to ECC staff, managers, supervisors, and additional staff as well as other stakeholders.
- The standards and methods of engaging, managing, and coordinating with the supplemental emergency responders regarding when to transfer calls to other entities.
- Recent trends involving decision-making capacity and capability, including screening processes and/or decision-making matrices used by PSTs, or triaging the call by clinicians embedded or outside the ECC.
- The necessary creation of policies, procedures, written protocols, and memoranda of understanding or agreement (MOU/MOA) to facilitate the use of supplemental responders.

This standard contains recommendations for policies, procedures, and written protocols defining the use of supplemental emergency responders, including agency responsibilities for the management of PSTs and ECC staff. It also includes an example of operational workflow in both text and graphic format. Finally, the standard contains appendices with call types, useful terminology, references, and summaries of lessons learned from the ECCs who have implemented a supplemental emergency

responder program. There are also links within this standard providing more information for a thorough, detailed, and in-depth understanding of a supplemental emergency responder.

Chapter One

INTRODUCTION

There is a growing appeal to create and implement a differential response to calls for service involving behavioral health-related crises and/or distressed persons with quality-of-life concerns. Traditional emergency response systems involve sending law enforcement, fire, and/or EMS, which may not be the most suited to address the needs of the incident. Supplemental emergency responders are used by some ECCs to respond to lower acuity calls for persons in crisis and persons needing additional social services or assistance after a risk assessment is completed. These responders may be co-responder units with either a law enforcement officer, fire service personnel, or emergency medical services (EMS) personnel included, or non-traditional responders consisting of clinicians, other support personnel, or a combination of these.

Upon receipt of a 9-1-1 call to the ECC, the PST is responsible for obtaining enough information to determine an appropriate response. This determination could include dispatch by the agency, transfer to another agency, or coordinated response by numerous professionals appropriate for the reported situation.

In response to the public's concern, ECC leadership may consider the possibility of various responses and continue to evaluate the types of responses and responders already in place. Guidance is provided in this standard in the form of information and lessons learned from ECCs in the U.S. who have implemented supplemental emergency responder programs. The purpose of these programs, which come in various forms and formats, is to help ECC leadership create an informed practice approach. This standard will consider technical Next Generation 9-1-1 (NG 9-1-1) capabilities, implementation needs, and practical administration policy needs, i.e., MOUs/MOAs and backup response considerations.

SCOPE

Some local, regional, and state government jurisdictions are now looking for response options other than those traditionally available. Calls to 9-1-1 traditionally resulting in dispatching law enforcement, fire, and/or EMS may be replaced or supplemented by other responders. This standard is intended to guide ECCs when they work with supplemental emergency responders and incorporate such responses into the traditional 9-1-1 landscape. The standard will address how the ECC can incorporate current call-taking processes and adapt them to sending supplemental responders, including dispatching social workers, clinicians, or other locally designated alternatives for non-violent situations instead of dispatching law enforcement. The standard will not make recommendations about the type of supplemental responders to be engaged or any directives that local leadership should place into the operational workflows of their ECCs.

Chapter Two

Agency Responsibilities

SCOPE

This chapter outlines the agency's responsibilities in preparing to manage incidents for call taking, dispatching, and referral of supplemental emergency responders ensuring the PST's skills remain current for response.

2.1 General

2.1.1 The agency shall develop and maintain policies, procedures, and/or written protocols for the utilization of supplemental emergency responder(s) and their programs.

2.1.2 The agency should be cognizant of the application of national, state, local, and tribal law, the changes at different levels of government, and local community expectations regarding supplemental emergency responders.

2.1.3 The agency shall ensure policies, procedures, and/or written protocols for adapting to supplemental emergency responders remain up to date and accessible to ECC staff.

2.1.4 The agency should align its call processing policies, procedures, and written protocols with industry standards to ensure consistency relating to supplemental emergency responders.

2.1.5 The agency shall develop policies, procedures, and/or written protocols concerning the release of any and all information to supplemental emergency responders.

2.1.6 The agency shall be cognizant of federal, state, local, and tribal law(s) concerning the release of information, i.e., Health Insurance Portability and Accountability Act (HIPAA).

2.2 Training and Continuing Education

2.2.1 The agency shall provide the PST with initial and continuing education training to appropriately assess and respond to incidents involving the need for supplemental emergency responders.

2.2.2 The agency shall provide the PST with training on accessing 988 and other behavioral health-related hotlines.

2.2.3 The agency shall identify through policies, procedures, and/or written protocols the processes for transferring calls to supplemental emergency responders.

2.2.4 The agency shall identify through policies, procedures, and/or written protocols current, relevant, and up-to-date information regarding all resources.

2.2.5 The agency shall maintain a level of current education[1] for call processing and dispatching supplemental emergency responders.

2.2.6 The agency shall identify through policies, procedures, and/or written protocols the type of continuing education to be provided, as applicable, according to local, state, federal, and/or tribal laws.

2.2.7 The agency should provide information to the PST regarding resources in support of managing stress while managing calls related to dispatching supplemental emergency responders.[2]

2.2.8 The agency should provide quality assurance and quality improvement reviews for PSTs including documentation of reviews, steps to improve skills and knowledge for utilizing supplemental emergency responders.

2.2.9 The agency should provide specific training and resources to the PST regarding the following:

2.2.9.1 General knowledge of local, state, federal, and/or tribal laws as applicable.

2.2.9.2 Understanding and skills to apply confidentiality rules, HIPAA law, and other related laws, policies, procedures, and/or written protocols regarding the release of health-related information.

2.2.9.3 Availability of resources

2.2.9.4 Community outreach and engagement

2.2.9.5 Medical services

2.2.9.6 Volunteer groups and other organizations

[1] APCO ANS Crisis Intervention Techniques and Call Handling Procedures, 3.1.3
[2] APCO ANS Crisis Intervention Techniques and Call Handling Procedures, 5.3

2.3 ECC Relationships with Supplemental Emergency Responder(s)

2.3.1 The agency shall develop and maintain collaborative relationships, trust, and rapport with supplemental emergency responder(s) and program staff.

2.3.1.1 The agency shall keep all stakeholders informed of the development of policies, procedures, and/or written protocols associated with supplemental emergency responses.

2.3.1.2 The agency shall explore joint training opportunities, ensuring a collaborative relationship.

2.3.2 The agency shall be responsible for encouraging communication regarding supplemental emergency response programs that may be available over time and sharing such with agency staff.

2.3.3 The agency shall develop and provide policies, procedures, and/or written protocols for call processing and dispatching of supplemental emergency responders and the unique challenges associated with such, including:

2.3.3.1 Community need

2.3.3.2 Unhoused population

2.3.3.3 Legal or illegal use of substance

2.3.3.4 Domestic violence

2.3.3.5 Behavioral healthcare recipients

2.4 Data Collection

2.4.1 The agency should develop and maintain data to evaluate the utilization and dispatching of supplemental emergency responders.

2.4.2 The agency should use the data collected to evaluate key performance indicators.

2.4.3 The agency shall provide training to ECC staff regarding the release of information obtained through data collection.

Chapter Three

Public Safety Telecommunicator (PST) Responsibilities

SCOPE

This chapter outlines the public safety telecommunicator's responsibilities in preparing to manage incidents for call taking, dispatching, and referral of supplemental emergency responders ensuring their skills remain current for response.

3.1 General

3.1.1 The PST shall adhere to the agency's policies, procedures, and/or written protocols regarding the use and engagement of supplemental emergency responders.

3.1.2 The PST shall maintain the necessary skills and knowledge, while identifying calls for service that present the opportunity to utilize supplemental emergency responders.

3.1.3 The PST should be able to discuss general concepts and definitions related to supplemental emergency responses.

3.1.4 The PST shall utilize policies, procedures, and/or written protocols when dispatching resources, i.e., law enforcement, fire, EMS, supplemental emergency responders, etc.

3.1.5 The PST shall identify jurisdictional boundaries and dispatch incidents to the appropriate agency, as applicable.

3.1.6 The PST shall make notifications of calls involving supplemental emergency responders, as indicated in the agency's policies, procedures, and/or written protocols, including Critical Incident Stress Management (CISM)/peer support teams.

3.1.7 The PST shall monitor the safety of all units on scene, including supplemental responders, to include conducting status checks and taking appropriate action on new or updated information.

3.1.8 The PST shall adhere to agency policies, procedures, and/or written protocols regarding notification of transport by the supplemental emergency responders to a secondary location.

3.1.8.1 The PST shall document and provide the facility name, type, address, and point of contact for the facility receiving the individual.

3.2 Training and Continuing Education

3.2.1 The PST shall attend, actively participate, and successfully complete all training, to include continuing education, related to supplemental emergency responders.

3.2.2 The PST should seek opportunities to increase their skills, knowledge, and interaction with supplemental emergency responders through training.

3.3 PST Relationships with Supplemental Emergency Responder(s) and Staff

3.3.1 The PST shall adhere to policies, procedures, and/or written protocols regarding the engagement and professional relationship between themselves and the supplemental emergency responders.

3.3.2 The PST shall develop and maintain a collaborative relationship with supplemental emergency responder(s) and program staff.

3.4 Data Collection

3.4.1 The PST shall adhere to the agency's policies, procedures, and/or written protocols regarding the collecting of data, maintaining the integrity of the data and providing such data to others.

Chapter Four

Operational Workflow

SCOPE

This chapter identifies the operational workflow[3] for the PST in managing behavioral health-related crisis calls for service and the dispatching of supplemental emergency responders. This chapter includes examples of interview techniques and questions to be utilized by the PST to effectively obtain critical information for supplemental emergency responders. Many of these calls may involve quality-of-life issues, particularly among unhoused populations who may have a need for non-emergency medical evaluation, treatment, and/or immediate shelter and related basic needs. The objective is to utilize supplemental emergency responders, when appropriate and when available, in lieu of and/or in addition to law enforcement, fire, and/or EMS personnel.

4.1 Utilization of Supplemental Emergency Responders

4.1.1 The agency shall develop and maintain policies, procedures, and/or written protocols identifying the following:

4.1.1.1 Questions to be asked and answered with the potential for utilizing supplemental emergency responders.

4.1.1.2 Criteria used when dispatching supplemental emergency responders and how to manage communications during the call.

4.1.1.3 Scene safety issues, i.e., where first responders are sent after supplemental emergency responders and/or when requested by those in the field/on scene.

4.1.2 The agency shall provide screening processes and/or decision-making matrices as well as policies, procedures, and/or written protocols regarding the inclusion and/or response of an embedded clinician within the ECC under certain behavioral health circumstances, if applicable.

4.1.3 The agency shall list steps/tasks within the creation of the policies, procedures, and/or written protocols for utilizing supplemental emergency responders, especially for calls involving behavioral health crises or other calls indicative of such (see Appendix A).

[3] See Appendix B

4.2 Call Taking and Processing

4.2.1 The PST shall relay all pertinent information to responding units.[4]

4.2.2 The PST shall use appropriate prioritization procedures according to agency policy, procedures, and/or written protocols.

4.2.3 The PST should recognize the need to reclassify the incident as a behavioral health crisis as updated information is received and when suitable as determined by the agency.[5]

4.2.4 The PST should ask and obtain answers to the following non-exhaustive list of questions, according to agency directives:

4.2.4.1 Is the person armed with a weapon? If yes, what kind of weapon?

4.2.4.2 Is the person using or threatening to use violence or physical force?

4.2.4.3 Has the person already harmed themselves and/or others?

4.2.4.4 Is the person expressing threats, identifying a method and/or opportunity to harm themselves or others?

4.2.4.5 Is the person involved in a verbal or physical argument? If so, identify the relationship.

4.2.4.6 Is the person committing, involved in, or reporting a crime?

4.2.4.7 Is the person displaying signs of impairment, incoherence, or otherwise unable to communicate and answer questions?

4.2.4.8 Is the person unwilling or unable to speak on the phone?

4.2.5 The PST should recognize that behavioral health crisis calls may be classified as requests for welfare checks when the requesting party is not in direct contact with the person of concern.

4.3 Assignment of Call Types and Prioritization

4.3.1 The agency shall develop policies, procedures, and/or written protocols identifying call types and priority levels, defined by the agency, to be utilized by PSTs when dispatching supplemental emergency responders.

[4] APCO ANS Crisis Intervention Techniques and Call Handling Procedures, Appendices
[5] APCO ANS Crisis Intervention Techniques and Call Handling Procedures, Appendices

4.3.2 The agency shall develop policies, procedures, and/or written protocols to assess violence or the threat of violence to determine a co-response or for only sending law enforcement.

4.3.3 The agency shall develop policies, procedures, and/or written protocols that identify low to moderate acuity calls that are non-violent, where the use of supplemental emergency response may be appropriate.

4.3.4 The agency should determine the types of behavioral health and quality-of-life related calls suitable for dispatching supplemental emergency responders and referrals based on proper screening.

4.3.5 The PST should recognize signs and symptoms related to individuals experiencing a behavioral health crisis, regardless of how information was received, by managing appropriate screening and/or decision-making matrices defined by the agency.

4.4 Call Transfer to Alternative Hotlines

4.4.1 The agency should develop policies, procedures, and/or written protocols for transferring calls to 988 and other behavioral health-related hotlines.

4.4.2 The agency shall provide information to the PST about alternative hotlines for specific identity groups.

4.4.3 The PST should provide referral services according to agency policy.

4.5 Conclusion of Call for Service

4.5.1 The agency shall develop policies, procedures, and/or written protocols identifying operational tasks to be completed prior to closing the call for service.

4.5.2 The agency should create call types within its CAD system to reference calls involving the use of supplemental emergency responders.

4.5.3 The agency should analyze data in the Computer Aided Dispatch (CAD) system, if applicable, as it may be useful for identifying the type of calls most appropriate for supplemental emergency responders.

Appendix A Call Types and Common Terminology

Emergency Type	Key Dispatch Words/Phrases
Behavioral Health Issue	▪ Mention of behavioral health issues, cognitive functioning, or brain-based disorder: • History of a diagnosable condition • Dementia and/or Alzheimer's • Traumatic Brain Injury • Hallucinations ▪ "MH" = Mental Health/PST request ▪ "BH" = Behavioral Health/PST request ▪ Failure to use prescribed medication ▪ CIT officer request
Substance Use	▪ Inappropriate use of drugs, legal, illegal, and/or prescribed ▪ Overdose ▪ Under the influence, i.e., intoxication
Attempted Suicide/Self-Harm	▪ Engaged in suicidal action/self-harm ▪ Expressed suicidal thoughts/ideation
Welfare Check	▪ Mention of behavioral health issues, cognitive functioning, or brain-based disorders ▪ Mention of substance use history ▪ Quality-of-life issues, including needs for immediate shelter
High Frequency Contact with first responders	▪ First responder(s) recognizes name, address, etc. as a frequent contact

Table 1 Call Types and Common Terminology[6]

[6] https://www.apcointl.org/~documents/standard/11201-2021-cit-and-call-handling?layout=default

APPENDIX B OPERATIONAL WORKFLOW

ECC Operational Workflow with Supplemental Responders

911 Call Taking—Answering the Incoming Call/Text-to-911:

Greeting: 911 what is the address of your emergency?

- Obtain and verify the address/location where the incident is taking place.

Call Processing & Handling Techniques

- Determine incident type.
- Initiate incident documentation through a computer-aided dispatch (CAD) system, or other applicable records management systems and/or processes.
- Identify questions to be asked and answered with the potential for utilizing supplemental emergency responders.
- Identify scene safety issues for all involved, i.e., the caller, bystanders/witnesses, others on scene, and first responders.
- Utilize decision making matrices regarding the inclusion and/or response of an embedded clinician, as applicable.
- Identify indicators related to the behavior displayed by an individual possibly experiencing a behavioral health issue when information is provided either by the person in crisis or a third-party.
- Utilize de-escalation techniques as appropriate.

Assigning Call Types and Prioritization Levels

Adhere to agency policies, procedures, and/or written protocols and guidelines when categorizing call types and determining priority levels for incidents, distinguishing between emergency and non-emergency situations when dispatching supplemental emergency responders.

- Recognize the appropriate time required to reclassify the incident as a behavioral health crisis, considering updated information and agency-determined criteria.
- Recognize low to moderate non-violent calls, non-medical situations or Text-to-911 instances where it is appropriate to deploy supplemental emergency responders.
- Recognize moderate to high-risk situations where the involvement of first responders is appropriate, i.e., law enforcement, fire, and EMS.
- Recognize the categories of behavioral health and quality-of-life related calls that warrant dispatching supplemental emergency responders or referral based on appropriate screening.

Transfer Call to Alternative Hotlines

Adhere to agency guidelines when redirecting and transferring callers to alternative hotlines.

- Behavioral Health – 988
- Local and State Behavioral Crisis Assessment Lines
- Alternative hotlines for specific identity groups

Dispatching Responder(s) into the Community

Some types of calls may necessitate the deployment of supplemental emergency responders once the scene has been declared safe by law enforcement.

- Law Enforcement – additional specialized units
- Fire
- EMS
- Co-responder – LE/CIT Training, Clinician, Peer Specialist
- Alternate Non-LE Responder – non-violent low to moderate acuity
    - EMS, Clinician
    - EMS, Clinician, Peer Specialist

Conclusion of the Call

Adhere to agency guidelines regarding operational tasks that need to be completed prior to closing the service call.

- Communication with the supplemental emergency responder(s).
- Referral, i.e., social services.
- Follow-up, i.e., providing resources and/or transportation for medical appointments, court appearances, and/or other needs.
- Utilize disposition codes, if applicable, within the CAD, as they can be valuable for analyzing the types of calls most suitable for supplemental emergency responders.

APPENDIX C SURVEY RESPONSES AND LESSONS LEARNED

The Supplemental Emergency Responder Recommendations Working Group and APCO liaison conducted original survey research to gather information from leaders of ECC operations and supplemental emergency responder programs in jurisdictions across the United States. The surveys were sent via email to leaders in different cities. APCO International received completed surveys from ECC leaders in Albuquerque, Denver, Portland, and San Francisco, as well as leaders from supplemental emergency responders in Albuquerque and Houston. The surveys provide a contextual understanding of the ECCs and supplemental responder programs, including details about their agencies and programs, perspectives on how the programs work, how improvements could be made, and lessons learned from these ECC and program leaders. See survey responses below:

Denver 9-1-1 – https://denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Department-of-Public-Safety/Emergency-Services/Emergency-9-1-1-Communications

Denver STAR - https://www.denvergov.org/Government/Agencies-Departments-Offices/Agencies-Departments-Offices-Directory/Public-Health-Environment/Community-Behavioral-Health/Behavioral-Health-Strategies/Support-Team-Assisted-Response-STAR-Program

Intro: Denver Police has a Co-Response program with multiple units operating 24/7 with clinicians paired with LEOs, and dispatched directly to 9-1-1 calls for service. Denver Fire has co-responder units that can be dispatched for victim assistance post-fire. STAR consists of a behavioral health specialist and a paramedic operating in civilian clothes, in vehicles marked with a STAR logo. These units can be dispatched directly by Denver 9-1-1 to 9-1-1, non-emergency, and STAR-line calls for service.

Lessons learned: Ongoing conversations between field responders and dispatch; continual process improvement efforts to ensure the program(s) is/are evolving effectively; community engagement and feedback are crucial to achieving buy-in and trust in a post-George Floyd world; Data collection should be baked into all processes and procedures.

Portland Bureau of Emergency Communications – https://www.portland.gov/911

Portland Street Response - https://www.portland.gov/fire/streetresponse

Intro: Portland Street Response (PSR) teams are dispatched by the Bureau of Emergency Communications (BOEC) fire dispatchers to low acuity mental, behavioral health, and substance use calls across the city of Portland, OR. PSR responds primarily to welfare checks that were traditionally sent to Police. In addition, they may add themselves to Fire dispatched calls related to mental and behavioral health. PSR teams are available citywide 7 days a week, from 8:00 AM to 10:00 PM. They

plan to expand to 24/7 service and eventually have a total of 20 teams. They currently have 6 teams in service now.

Lessons learned: What worked well: - BOEC was involved early in implementing this alternative response program. We were able to influence the call types dispatched and inform PSR's process for responding to calls. – BOEC identified that additional staffing was required to take on the new workload and those positions were included in the PSR budget request. – The program started with a small response area first so that it would be easier to identify problems/solutions quickly with lower call volume. - BOEC met with PSR weekly to coordinate and troubleshoot any issues that were happening between dispatch and teams in the field. - BOEC anticipated what data would be frequently requested and built the internal processes around reporting. - BOEC still participates in PSR's new hire training so that we can help responders understand our needs for radio communication. BOEC also hosts sit-alongs with dispatchers for PSR teams. - Since the public really loves alternative responders, they request PSR for incidents beyond the program's scope. BOEC asked PSR to promote that asking for PSR does not ensure callers will get them. Things to do differently: - Ensure that the alternative response teams have internal policies for how to respond to calls, request additional resources, and how to handle holding calls at the end of the shift. - Ensure that the alternative response teams have identified how co-response will work with other emergency responders. For example, when PSR requests medical/police /fire, it is unclear who should arrive first to the scene and who should stage. Another related question -- who is authorized to cancel the call on a combined incident? - Ensure that the alternative response teams have all equipment and training needed before go-live. There was public pressure to get started as quickly as possible, but the basic components were not ready. Finally, PSR wanted to hire people with lived experience of mental health crises. Since some of those folks have a criminal record, BOEC had to align our processes to eliminate access to CJI. This is something that needs to be considered early in program development.

Albuquerque Police Department – https://www.cabq.gov/police

Intro: Mobile Crisis teams, consisting of a mental health clinician and an officer are available to us. We also have Albuquerque Community Safety which is a department with community support specialists, behavioral health clinicians which are a 24/7/365 department, independent of Police and Fire.

Lessons learned: ACS went live two years ago. The program has been successful and has resulted in a diversion of over 28,000 calls from a PD response to an ACS response. In the development of ACS, there was a very strong focus on training ECC staff on how to best screen calls/incidents for the safety components due to ACS staff being civilian responders. Initially, ACS would only meet consumers in a public space but they have now expanded to internal contacts when appropriate for them to do so (some welfare checks for example). A call for ACS is entered by PD call takers for ACS. The call populates to Fire/EMS for dispatching. Within the next 90 days, calls will be fully handled by the APD ECC which will allow for stronger incident control. What I mean by this is currently, Fire has responders look at pending incidents and select which events they go to. When ACS moves to APD for dispatching, calls will be assigned priorities and dispatchers will send based on the priority structure rather than units self-initiating dispatch. Approximately six months after ACS went live, we had an ACS responder

imbedded in the center during day hours. This allowed for many questions to be answered and for the responder to divert calls staff were initially concerned with sending them on. They attended briefings and maintained an open dialogue with staff which benefited all sides.

Albuquerque Community Safety - https://www.cabq.gov/acs

Intro: ACS is a cabinet-level public safety department, meaning we operate independently from and in collaboration with APD and AFR. What makes ACS different is our use of a public health model with a non-law enforcement-led response. ACS allows 911 dispatch to send trained professionals with backgrounds in behavioral and mental health and social services to non-violent and non-medical calls. The goal is to deliver the right response at the right time and to improve access to the broad range of social services from government and community-based organizations.

Lessons learned: ACS has many lessons learned in its two-and-a-half years of existence. A Department like this one should have robust community input, a constant quality-assurance cycle, and be willing to address challenges quickly. Training should be a major focus, understanding that this is a novel program and anything that Responders are trained on is an endorsement for them to use those skills. Be prepared to use time effectively, either to grow the program rapidly or to refine in times where growth has slowed. Finally, remember that perfect can be the enemy of progress, so don't let decision paralysis interfere with meaningful improvements.

San Francisco Department of Emergency Management –
https://www.sf.gov/departments/department-emergency-management

Street Crisis Response Team - https://www.sf.gov/street-crisis-response-team

Intro: Street Crisis Response Team (SCRT) and Homeless Engagement Assistance Response Team (HEART) - SF has several teams: SCRT (part of FD/EMS taking mid-acuity calls), HEART (taking low priority homelessness related formerly PD calls), Mobile Crisis (part of DPH, responding when PD calls them to a scene)

Lessons learned: involve the PSAP early, especially if new team is planning on taking anything beyond low priority calls - figuring out who backstops the new team when they are unable to respond in the designated time period (more of an issue with medium or higher priority calls) and how that works can be very complicated; SCRT in SF has a paramedic as part of the team, and turning police calls into medical calls has also proved very, very complicated.

Houston Crisis Call Diversion – https://www.houstoncit.org/ccd/

Intro: We have a supplemental responder program with crisis phone counselors embedded in the 911 call center. The 911 Telecommunicators will transfer the call to the program's dedicated phone number or the crisis phone counselor can identify 911 calls waiting for response and reach out to the caller for mental health risk assessment over the phone. The crisis phone counselor will communicate assessment findings to 911 Telecommunicators and determine if the call can be diverted to an alternative response unit that can respond without law enforcement, fire, and/or EMS.

Lessons learned: Improving the way we respond to emergencies in our communities will require much collaboration across agencies, organizations, and professional fields. It will require much flexibility, and communication from all parties because in most places, this is a new concept in 911. The program will need advocacy and support from all levels, from high level stakeholders to those involved in daily operations.

APPENDIX D DSM-5-TR™ 2022[7]

Mood Disorders, p. 13
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Thought Disorders, p. 14
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- **New DSM-5-TR (2022) Edition:**
  Neurocognitive Disorders. In DSM-5-TR (pp. 667-732), Washington, DC.

Substance Use Disorders, p. 15
Footnote: APA. (2017). Substance Use Disorders, p. 15. In DSM-5 (pp. 481-590), Washington, DC.

- **New DSM-5-TR (2022) Edition:**
  Substance-Related and Addictive Disorders. In DSM-5-TR (pp. 543-665).

ABBREVIATIONS/ACRONYMS

988	The three-digit number to reach the Suicide and Crisis Lifeline
ADA	American with Disabilities Act
ANS	American National Standards
ANSI	American National Standards Institute
APCO	Association of Public-Safety Communications Officials
CAD	Computer-Aided Dispatch
CISM	Critical Incident Stress Management
DEM	Division of Emergency Management
ECC	Emergency Communications Center (replaces the acronym PSAP)
EMD	Emergency Medical Dispatcher
EMS	Emergency Medical Services
HIPAA	Health Insurance Portability and Accountability Act
LE	Law Enforcement
NG911	Next Generation 9-1-1
PSAP	Public Safety Answering Point (currently referred to as ECC)
PSR	Psychosocial Rehabilitation Report
PST	Public Safety Telecommunicator
RMS	Records Management System
SDC	Standards Development Committee
SOP	Standard Operating Procedure

GLOSSARY

988 SUICIDE AND CRISIS LIFELINE: The 988 Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. https://988lifeline.org/

AGENCY: The hiring authority or also referred to as the Authority Having Jurisdiction (AHJ); the agency or body that defines the roles, responsibilities, policies and procedures, and performance standards that direct the activity of the public safety telecommunicator (PST). In multi-discipline centers, the agency governs the operation providing call taking/dispatch and related services to customer agencies. In single discipline centers, a single agency may direct these services for one or more departments within a service area. Both have the duty to define training appropriateness, content, format, and continuing education requirements.

AMERICAN WITH DISABILITIES ACT (ADA): Legislation that protects citizens from discrimination based on a disability, which is defined as a physical or mental impairment that substantially limits a major life activity. The biggest impact of this law for telecommunicators is in receiving 9-1-1 calls from hearing impaired callers. 9-1-1 must provide equal access to all callers.

ASSOCIATION OF PUBLIC-SAFETY COMMUNICATIONS OFFICIALS (APCO): Founded in 1935, APCO International is the world's oldest and largest organization of public safety communications professionals. APCO's 40,000+ membership includes those who manage, operate, build and support public safety communications systems for law enforcement, fire, emergency medical and other public safety agencies. The association supports its members – and the general public – by providing industry expertise, professional development, technical assistance, advocacy and outreach. The association is based in Daytona Beach, Florida, with executive offices in Alexandria, VA.

CALL CLASSIFICATION: Systems adopted by ECC's for telecommunicators to use analyzing incoming calls. Variables typically include nature of the incident, seriousness of the incident, and the time lapse since the occurrence of the incident.

CALLTAKER: A telecommunicator who processes incoming calls through the analyzing, prioritizing, and disseminating of information to aid in the safety of the public and responders.

CALLS FOR SERVICE: A telephone call taken at an emergency communications center (ECC) from a party reporting a law enforcement concern and requesting a response. Telecommunicators work in the dual roles of call-takers and dispatchers to process and record calls for service.

CALL TYPE: Refers to the who may respond, i.e., law enforcement, fire, EMS; refers to the importance of the call, i.e., in progress, just occurred, delayed; refers to nature of the incident, i.e., suicide, major accident, structure fire.

COMPUTER-AIDED DISAPTCH (CAD): An electronic database that provides the telecommunicator with call information, response unit availability and other resources in order to facilitate calltaking and dispatch.

CONFIDENTIALITY: As it relates to the work of the telecommunicator, confidentiality is the obligation to not disclose or communicate protected information. The telecommunicator shall demonstrate comprehension and

application of the agency's confidentiality policies and rules regarding the discussion or release of information acquired in the workplace to the public, the media, or others.

CRITICAL INCIDENT STRESS MANAGEMENT (CISM): An intervention protocol developed specifically for dealing with traumatic events. It is a formal, highly structure and professionally recognized process for helping those involved in a critical incident to share their experiences, vent emotions, learn about stress reactions and symptoms and give referral for further help if requires. It is a confidential, voluntary, and educative process sometimes called psychological first aid.

DESCRIPTIVE INFORMATION: Provides details that describe persons or vehicles for the purpose of identification. For people, this information includes age, height, weight and race.

DISPATCH: Involves the broadcast of initial information, response/acknowledgement by units in the field, broadcast of any supplemental information as well as maintain contact with responding units for backup, coordination, and status checks. Preliminary dispatch is the initial dispatch providing only the most pertinent information, such as location and nature of reported incident. Post-dispatch refers to broadcasts and actions taken after the initial dispatch.

EMERGENCY COMMUNICATION CENTER (ECC): Previously referred to as PSAP, this is a facility equipped and staffed to receive emergency calls requesting police, fire, emergency medical services, and other public safety services via telephone and other communications devices.

EMERGENCY MEDICAL DISPATCHER (EMD): A telecommunicator who provides dispatch services by analyzing, prioritizing, and processing calls while maintaining radio contact with responders to ensure safe, efficient, and effective responses to calls for emergency medical services, in accordance with local, state, tribal, or national standards.

EMERGENCY MEDICAL SERVICE (EMS): System designed for use by telecommunicators to assist them in evaluating patient symptoms using predetermined criteria and responses. Emergency Medical Services (EMS) include the personnel, operations, equipment and vehicles that provide both on-scene emergency medical care and transportation to medical facilities.

FIRE SERVICE: The agency that provides emergency response to emergencies involving fire, hazardous materials and, in many jurisdictions, rescues.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996: is a federal law requiring the creation of national standards to protect sensitive patient health information from being disclosed.

LAW ENFORCEMENT: Law enforcement refers to the agency responsible for the deterrence of crime and enforcement when a law has been violated.

LAW ENFORCEMENT DISPATCHER: Telecommunicators not only take calls, but they perform dispatch duties as well. In some ECCs, calltaking and dispatch may be done by the same person.

MUTUAL AID: A process of supplying supplemental personnel, equipment or other resources to an incident to assist agencies that may be in danger of becoming overwhelmed in their response. These procedures are normally predetermined and are spelled out in mutual aid agreements between response agencies.

PRIORITIZATION: Prioritization requires the analysis of several factors regarding the call for service. The seriousness of the crime is an important consideration as calls can range from reports of nuisances up to life-threatening situations. Another factor is the time of occurrence which can range from in-progress (the highest priority) to just happened to some unknown time in the past.

PRIORITY LEVEL: The priority assigned to each call helps determine which resources should respond and how quickly. Priority 1 – life threatening emergency call; priority 2 – non-life-threatening emergency call; priority 3 – non-emergency call.

PSYCHOSOCIAL REHABILITATION REPORT (PSR): Psychosocial rehabilitation is the process that facilitates opportunities for persons with chronic mental illness to reach their optimal level of independent functioning in society and for improving their quality-of-life. It involves various interventions, such as therapy, social support, vocational training, and skill development, aimed at improving a person's functioning and quality- of-life. Reports are not available to those outside the immediate care of the patient. National Library of Medicine - National center for Biotechnology Information

PUBLIC SAFETY ANSWERING POINT (PSAP): See definition of ECC.

PUBLIC SAFETY TELECOMMUNICATOR (PST): The individual employed by a public safety agency as the first of the first responders whose primary responsibility is to receive, process, transmit, and/or dispatch emergency and non-emergency calls for law enforcement, fire, emergency medical, and other public safety services via telephone, radio, and other communication devices. The telecommunicator must gather the pertinent information to analyze the call, by nature, time lapse, and priority. The telecommunicator must determine the appropriate resources to respond and then coordinate that response. The telecommunicator is also responsible for unit safety and needs to relay any supplemental information that might become available as well as check unit status. In addition, the telecommunicator opens incident records and logs information into the dispatch and record management systems.

SECOND PARTY CALLER: Defined as a person who is on scene with the person in need of law enforcement, fire, EMS, or mental health intervention.

SHALL: Within the context of this standard, "shall" indicates a mandatory requirement.

SHOULD: Within the context of this standard, "should" indicates a recommendation.

STANDARD OPERATING PROCEDURES (SOP): a written directive that provides a guideline for conducting an activity. The guideline may be made mandatory by including terms such as "shall" rather than "should" or "must" rather than "may."

SUPPLEMENTAL EMERGENCY RESPONSE: Is indicative of how ECCs can incorporate call taking processes currently in place to adapt to the use of supplemental responders such as social workers, mental health professionals, or other locally designated supplemental responders for non-violent situations.

SUPPLEMENTAL INFORMATION: Following initial dispatch, a telecommunicator may broadcast supplemental information, as it becomes available. It includes more detailed information concerning the reported incident, such as any known or suspected hazards, potential life threats to citizens, current medical status of patients, and any known exposure problems.

THIRD PARTY CALLER: Defined as a person who is not on scene with the person in need of law enforcement, fire, EMS or mental health intervention. This person usually has information regarding the situation but is not on scene.

WEAPON(S): A broad category of instruments used to attack or defend, including knives, guns and blunt instruments. Telecommunicators need to be aware of the threat of weapons when taking calls. Many common objects can become lethal weapons in certain circumstances.

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