

Arizona First Responder Systems and Mental Health Integration

Implementing Effective Community-specific Alternate Response Strategies and Collaborations



September 2023 Mental health advocates have been working to integrate mental health support into the first responder system, aiming to improve access for individuals in crisis and equip traditional first responders with the necessary tools.

Overview

First responder systems in the United States have traditionally focused on efficiently dispatching and responding to emergencies such as heart attacks, motor vehicle collisions, community safety issues, robberies, or house fires. Mental health emergencies present unique challenges as they are often influenced by a range of factors including social, genetic, environmental, and healthcare access issues that may have persisted for years or even decades. Recognizing this, mental health advocates have been working to integrate mental health support into the first responder system, aiming to improve access for individuals in crisis and equip traditional first responders with the necessary tools.



“LINKAGE TO TIMELY CRISIS SUPPORT CAN MEAN THE DIFFERENCE BETWEEN A FATAL OR RESTORATIVE TRAJECTORY FOR AN INDIVIDUAL EXPERIENCING A MENTAL HEALTH CRISIS.”

Paul Galdys, global mental health advocate and Deputy CEO at RI International

Global data and the persistent advocacy from mental health advocates indicate that early access to mental health care leads to more positive outcomes for individuals. Approximately 20% of Americans live with a mental health condition, and up to half do not receive ongoing mental health care.^{1,2} Integrating mental health services within the first responder system can potentially address this issue by providing access points for mental health stabilization and ongoing care.³ While experts in law enforcement, the fire service, and emergency medical services (EMS) agree that traditional first responders may not always be the most suitable responders for individuals experiencing a mental health crisis, there are ample opportunities to enhance partnerships and skills to better support individuals in crisis.

To further understand mental health services and opportunities for improved emergency response integration across Arizona, Vitalyst Health Foundation (Vitalyst) called upon first responder and mental health system experts from across the state to better understand and inform this ongoing work. Throughout 2022, Vitalyst engaged key informants from across Arizona’s fire, EMS, law enforcement, and mental health systems. Vitalyst also sought survey feedback from a diverse range of first responder agencies to inform the current state of mental health integration across fire, EMS, and law enforcement agencies. This report highlights ongoing opportunities presented by key informants and survey respondents across multiple sectors.

This report will provide a comprehensive examination of these critical topics, shedding light on the current state of first responder and mental health integration. It will also showcase the diligent efforts of various stakeholders in Arizona.

For years Vitalyst has supported sharing knowledge across Arizona’s emergency response continuum in the context of mental health integration and applauds the advances that have already been made. Vitalyst also acknowledges that communities across Arizona face diverse challenges in crisis response practices within the complexities of racial and cultural relations, rural and frontier communities, and tribal sovereignty. Actions must be taken to address these disparities to effectively serve the state.

Glossary of Key Report Terminology

Successful integration efforts between first responder and mental health systems rely on collaboration among a diverse range of stakeholders. To establish a common understanding among all stakeholders involved in this integration work, this report will reference various terms and concepts shared by the stakeholders. The following is a brief list of terms used throughout this report to create a common connection:

988 Suicide & Crisis Lifeline (988): Implemented in summer 2022 as a direct result of federal legislation, 988 is the national network of local crisis centers that provide free and confidential emotional support to people in suicidal crisis or emotional distress 24/7. Arizona’s 988 system offers crisis support services remotely and through mobile crisis services.

Arizona Health Care Cost Containment System (AHCCCS): Arizona’s Medicaid agency responsible for providing healthcare programs to low-income residents. AHCCCS administers Arizona’s Crisis System, which supports individuals in crisis regardless of their health insurance coverage.

Arizona Treat and Refer Program: Establishes fire and EMS-based programs aimed at connecting community members with ongoing care. Approved EMS agencies’ medical directors can create protocols and standards to treat patients in place or refer them to the appropriate level of care, such as primary or urgent care providers or psychiatric care.

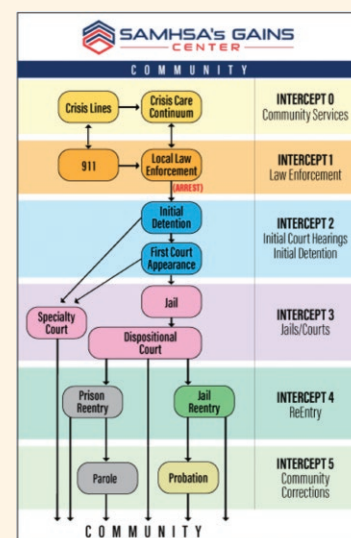
Centers for Medicare & Medicaid Services (CMS) Emergency Triage, Treatment, and Transport (ET3): Started in 2020, this federal program engaged 160 ambulance care teams across the U.S. in a small-scale demonstration project. The ET3 goal is to test a payment model that provides additional resources to ambulance teams, aiming to connect community members with the appropriate level of care while containing costs associated with unnecessary emergency care and transportation. CMS announced in June 2023 plans to end the ET3 demonstration effort by December 31, 2023. In July 2023 CMS sought public input from current participants which illustrated various implementation challenges that CMS is currently considering to inform future directions of the program. Key challenges to implementation shared by stakeholders included the CMS requirements to use an ambulance and telehealth for ET3 encounters. Stakeholders noted many ET3 encounters did not warrant an ambulance thanks to enhanced 911 triage efforts as well as the emergence of alternative response units to support individuals with non-acute medical and psychiatric needs.

Fire and Emergency Medical Services (EMS) Providers: Public or private entities that provide fire and EMS services in Arizona. Communities typically have public fire services operated by municipalities or locally governed fire districts, while some communities may have private fire services. EMS services are provided by both public and private fire agencies, and ambulance transport services may be provided by these agencies or an external private ambulance service.

First Responders: Traditionally includes professionals from fire services, emergency medical services (EMS), and law enforcement. With the integration of mental health crisis response, professionals in emergency dispatch and mental health crisis response also play a critical role in this continuum.

Law Enforcement (LE) Services: Provided at the municipal, county, federal, and tribal levels in Arizona. Most communities have municipal, county, and/or tribal law enforcement responses through the 911 system.

Sequential Intercept Model (SIM): Referred to in the criminal justice and mental health communities, SIM supports connecting individuals with mental health or substance use disorder treatment at the earliest feasible point. Intercept 0 in the SIM framework represents the opportunity for first responders to connect individuals experiencing mental health crises with community-based resources, preventing escalation to higher intercept points. Mental health advocates emphasize the importance of all first responders supporting individuals with mental health needs to consider their potential SIM trajectory and ultimately reduce incarceration rates.⁴



Source: www.samhsa.gov/criminal-juvenile-justice/sim-overview

Continuing the Journey of Integration

In order to further understand mental health services and opportunities for improved emergency response integration, challenges, opportunities, and current innovations were discussed during several community conversations held throughout Arizona in 2021 and rooted in the screening of the HBO Emmy-award winning documentary, *Ernie & Joe: Crisis Cops*. The film, which features the ongoing reimagining of policing and emergency response in America, highlights a system where all first responder partners work to address mental health crises as a social- and health-related encounter rather than one that is solely criminal in nature.

Several hundred Arizona residents from urban, rural, and tribal communities attended these community conversations, including personnel from the fire service, emergency medical services (EMS), law enforcement, healthcare, social services, housing, state and local elected and appointed officials, and mental health advocates.

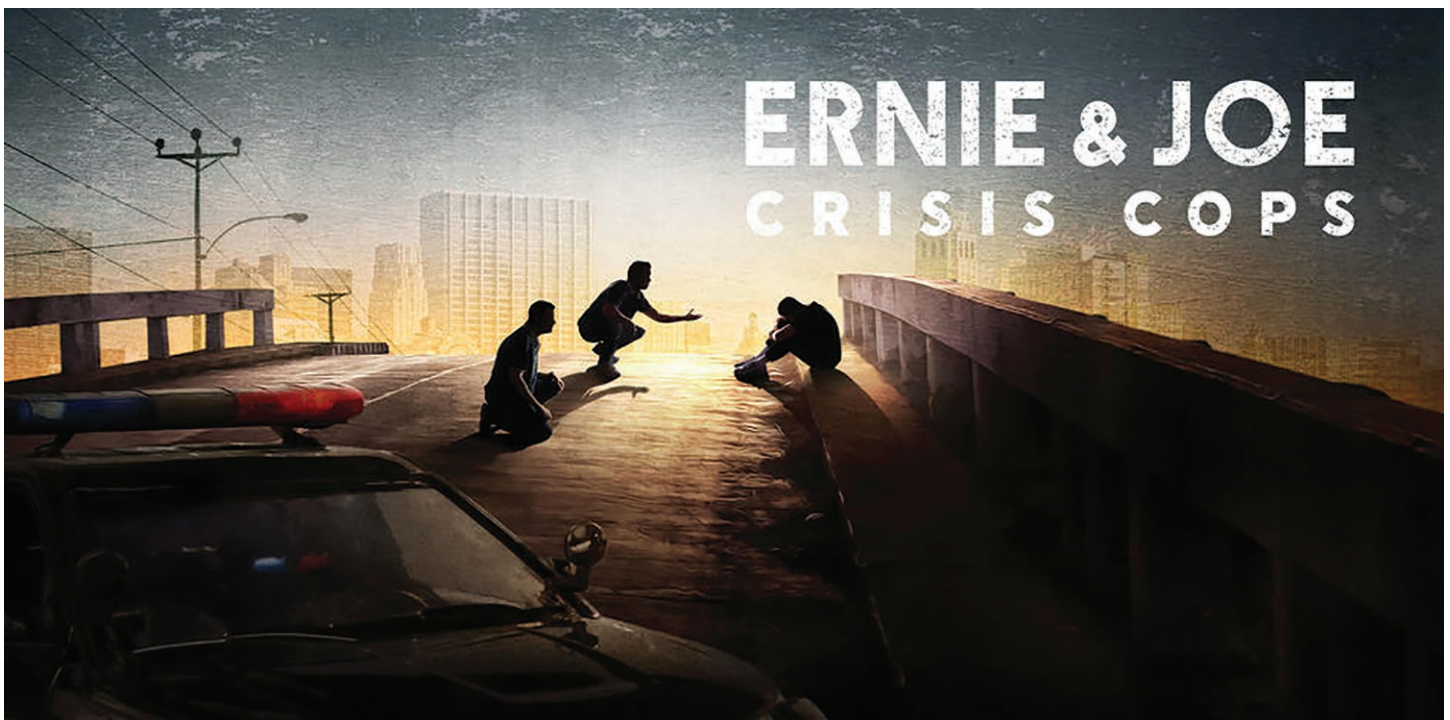
Together, participants identified the following core, actionable ways to continue advancing first responder and mental health integration throughout Arizona:

- **Activate effective cross-sector collaboration** between partners including first responders (law enforcement,

fire, EMS), health (physical and mental), social service, and criminal justice fields to improve systems that support people in crisis.

- **Build upon systems** that equip first responders with options for treatment and transportation of individuals in mental health crisis beyond jail or an emergency department (expand crisis support access and financial compensation to incentivize integration).
- **Improve first responder mental health education** via *Crisis Intervention Team (CIT)* and *Crisis Support Training (CST)* for law enforcement, fire/EMS, and emergency dispatch to strengthen skills to support community members and peers in crisis.

These initiatives have each been echoed by key informants and survey respondents which continued to inform this report. Today, these actions continue with added momentum as pandemic-era funding, political will, and community advocacy efforts remain focused on improving first responder and mental health integration. While there is sustained momentum, much work remains to truly integrate first responder and mental health systems across Arizona.



Arizona Investments in Alternate Response

The importance of cross sector collaboration and system integration to build more robust alternate response practices is illustrated by Jay (name changed to protect his privacy), a 40-year-old man who lives and works in Arizona. His story represents how a variety of factors can impact mental health status—factors like housing stability, substance use disorder, and mental trauma, which are all inextricably linked—and why integration of effective first responder and mental health systems must be multidisciplinary to address the root causes of any crisis.

Jay has what he refers to as “strained relationships” with his family, substances, and himself. Raised in a chaotic environment where substance misuse and generational trauma were pervasive, he experienced multiple Adverse Childhood Experiences. Then, after rear-ending a car while under the influence, he knew it was time for a change. Fortunately, first responders also recognized his need for specialized support. Thanks to a collaborative approach to Jay’s 911 call, the Phoenix Police Department’s response engaged police officers who had specialized training in mental health and substance use disorders. Responders were prepared with constructive pathways to support Jay’s situation.

Historically, jails and emergency departments have been the de facto facilities in a situation like Jay’s. Traditionally, Jay would have cycled through the criminal justice system or would have been evaluated and most likely released at a local emergency department. Fortunately, because of integration efforts between first responder and mental health systems, Jay was instead visited by a Maricopa County-based jail diversion team and linked with mental health resources provided through expanded state and federal resources for interventions and collaborations.^{5,6} Instead of a prolonged stay in a correctional facility, Jay received therapeutic and social support. Although he knew he was not off the hook and would be held accountable for the collision, he welcomed the opportunity for primary mental health care and support.⁷ Recently, Jay said with tears in his eyes that he was taking his mental health care more seriously now than ever before. He felt supported in a way he had not been previously.

Behind Jay’s experience was the culmination of many years of work to expand crisis response services in the City of Phoenix. The first responder system he experienced was one that is evolving to better connect individuals in the community to services beyond jail or an emergency department.

In May 2021, the Phoenix City Council allocated \$15,000,000 to expand their fire department’s Community Assistance Program (CAP) resources. This included the addition of nine behavioral health units with paid staff to strengthen the program’s existing volunteer-staffed crisis response units that have responded to a wide array of critical calls such as house fires, drownings, and homicides since 1995.

JAIL DIVERSION PROGRAMS HAVE SEEN INCREASING SUCCESS WHEN RESOURCED TO SUPPORT INDIVIDUALS WHO OFFER MEDICAL AND SOCIAL SUPPORT WHILE ALSO ADDRESSING ROOT CAUSES OF JUSTICE SYSTEM INVOLVEMENT.⁶





According to Maricopa County-area mental health crisis providers, there were nearly 29,000 referrals from county law enforcement agencies to crisis providers in 2021. The Phoenix Police Department alone accounted for about 15,000 referrals to crisis walk in centers and mobile crisis teams in 2021, a figure that dropped to about 12,000 referrals to those same providers in 2022. Multiple stakeholder initiatives such as continued 911 protocols to screen individuals for mental health needs, less reliance on petitions for forced treatment, and the addition of several more around-the-clock community-based mental health resources such as Mind 24/7 and other walk-in crisis care centers may account for this reduction. Mental health advocates continue to encourage this trend towards upstream intervention and immediate crisis response versus a law enforcement response whenever feasible via 911 or 988.

Phoenix has built its crisis response strategies upon mental health training, and many other agencies throughout Arizona have similarly expanded response strategies as well. Alternative response programs have blossomed in recent years, again with varying degrees of integration across Arizona communities. The state's alternate response program features vary from community to community; some programs use a co-response model where a law enforcement officer or firefighter/Emergency Medical Technician is coupled with a mental health provider, while some agencies assess an individual's physical and

mental health needs during an initial 911 call and immediately link to 988 resources or a local mobile crisis team, removing law enforcement or fire/EMS from the response scenario altogether.

Historically, fire and EMS agencies offered only transport to an emergency department for individuals experiencing mental health crises while law enforcement practices have included transport to jail or a similar pathway as fire and EMS. Relatively recent efforts within fire and EMS agencies have expanded options to initiate mobile crisis resources, transport directly to a mental health facility, or perhaps provide treatment in place by a trained mental health provider either embedded in a first responder agency or through telemedicine. About 55% of respondents to Vitalyst's late 2022 first responder system outreach indicated that a process currently exists for responding to an individual experiencing a mental health crisis through the 911 system, while more than 40% of agencies did not note any specific response procedures. Further coordination between first responders and crisis system providers was a need echoed repeatedly by the survey feedback.

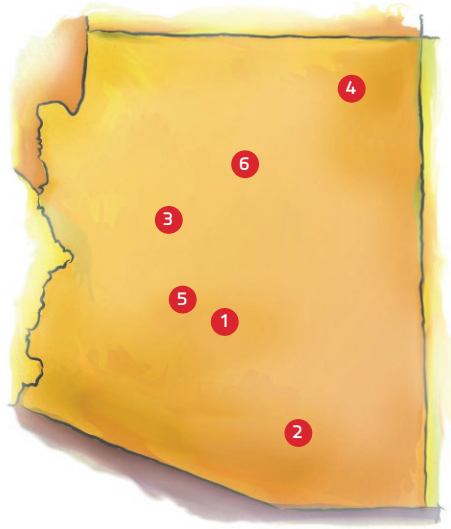
Key informant and survey respondents shared a variety of mature and emerging alternate response strategies aimed at better linking first responders and mental health professionals.

Key Informant Responses

| AGENCY | LOCATION | ALTERNATE RESPONSE SUMMARY |
|---|----------|---|
| City of Mesa | 85629 | 911 integrated crisis response dispatch |
| Central Arizona Fire and Medical Authority | 86314 | Terros and Spectrum Health partnership for field crisis response and direct transport to mental health facility |
| City of Chandler | 85225 | 24/7 crisis response practitioners housed within the City's fire department who respond via 911 system activation |
| City of Yuma | 85365 | 911 crisis screening and potential Crisis Intervention Team coordination to support EMS and law enforcement diversion |
| Coconino County | 86001 | Co-response model active to support individuals experiencing mental illness as identified by 911 or upon deputy response |
| City of Flagstaff | 86001 | CARE Unit is co-staffed with Flagstaff Fire Department and Terros Health personnel includes alternate 911 screening and dispatch for direct CARE Unit response |
| Gila River EMS | 85147 | Coordinates with external crisis response team |
| City of Goodyear | 85395 | Embedded crisis response team co-staffed with firefighter/paramedic and a crisis response coordinator |
| Town of Guadalupe | 85283 | Fire/EMS/LE coordination with local mental health crisis provider |
| Town of Marana | 85365 | 911 screening for crisis needs. Direct crisis response initiated |
| Town of Payson | 85541 | 911 screening and potential direct transfer to crisis services or law enforcement/EMS response |
| Hopi Tribe | 86042 | Growing LE partnership with community crisis services for sole crisis response or co-response with LE |
| City of Phoenix | 85040 | 911 screening and possible transfer to 988 crisis line or dispatch of City crisis mobile team only or co-response with police |
| Pima County | 85713 | 911 screening for transfer to crisis professional or co-response; partnership with Arizona Complete Health and embedded mental health professional in 911 call center |
| Rio Rico Medical & Fire District | 85614 | Upon fire/EMS response and assessment, a mental health crisis team can be requested depending on regional availability |
| Southeastern Arizona Communication (SEACOM) | 85635 | 911 screening and dispatch of regionally available resources to callers' location. Variable resources based upon caller location |
| Southern Yavapai Fire Department | 86332 | Crisis team activation and direct transport to psychiatric facility is available |
| City of Surprise | 85374 | 911 or field-based activation of treat and refer protocols to initiate crisis response and direct behavioral health facility transport |
| City of Tempe | 85281 | 911 screening and dispatch of embedded crisis team or co-response with fire or law enforcement |
| Verde Valley Ambulance | 86326 | Upon 911 response, field crisis response may be initiated or direct transport to mental health facility may take place |
| Yuma County | 85364 | Upon County Sheriff response, mobile crisis resource may be requested for field response |
| Navajo Nation Division of Behavioral & Mental Health Services | 86515 | Regional crisis response and outpatient crisis services available to Native American people residing on and around the Navajo Nation |
| Yavapai County | 86301 | 24/7 mobile crisis team integration to support jail and emergency department diversion |

Continuing the Journey of Integration

Highlighted below are several alternate response strategies shared by stakeholders from across Arizona that integrate some combination of fire, EMS, and/or law enforcement strategies to better respond to community member mental health needs.



1 City of Mesa

Mesa’s crisis team diverted about 3,500 911 calls to behavioral health experts in 2022, up by 90% from 2021. This is just one of many innovative efforts the City of Mesa has integrated to support community members experiencing crisis. For years, Mesa has paved the way on alternate response for Arizona and other states.



Photo credit: Nick Oza/The Republic

“MHST STRIVES TO DECREASE THE NUMBER OF INCARCERATED MENTALLY ILL INDIVIDUALS BY ACTING AS AN ENTRY POINT INTO MENTAL HEALTH TREATMENT.”

<https://twitter.com/TPDMentalHealth>

2 City of Tucson

Tucson Police Department’s Mental Health Support Team (MHST) is a co-responder unit that pairs law enforcement officers with mental health clinicians. The MHST, along with the crisis mobile teams and crisis response center, helps to provide citizens with connections to local supportive services.

Tucson Police Department is among two Arizona agencies featured as US Department of Justice Law Enforcement-Mental Health Learning Sites with their ongoing “strategies to improve the outcomes of encounters between law enforcement and people who have mental health needs”. Tucson and Yavapai County have been leaders in the law enforcement space of mental health response practices.

3 Yavapai County

The County's Reach Out Program is a part of the Yavapai County Sheriff's Office with specific efforts along the Sequential Intercept Model (SIM) continuum to support jail diversion and coordinated re-entry following incarceration. Reach Out Program pre-arrest diversion efforts are targeted at SIM intercepts 0 and 1 to support crisis de-escalation and Crisis Response Team integration.

4 Hopi Tribe

A growing partnership between the Hopi Tribe and Terros Health includes expanding the collaboration with Hopi Law Enforcement Services to engage crisis service providers at the earliest point possible during a call response.

5 City of Surprise

Surprise Fire-Medical was one of Arizona's first fire/EMS agencies to begin providing treat and refer services and the first Arizona fire/EMS agency to begin using the Arizona Health Information Exchange. These factors have allowed the City to use data and local health resources to support individuals experiencing a crisis.

6 City of Flagstaff

In spring 2023, the City of Flagstaff celebrated its first year of redesign and implementation of new partnerships across 911 dispatch, law enforcement, fire, EMS, crisis, and the community's network of providers to connect individuals in crisis to the resources that are the best fit for their particular needs. The Community Alliance, Response, and Engagement (CARE) Unit is an alternate response collaboration between Terros Health Mobile Crisis and the Flagstaff Fire Department.

CARE is focused on providing a multidisciplinary response to individuals experiencing a mental health or substance use disorder crisis in the Flagstaff community. Driven by partnerships at the city and community-level, the CARE Unit has been built around how best to support and connect resources for individuals in crisis in a manner that is culturally responsive, trauma informed, and multidisciplinary.

In its first year of operation, CARE data indicates a significant reduction in the number of individuals arrested during CARE hours of operation. Alternatively, CARE operations data illustrates increased community capacity to link resources that address mental health, substance use disorder, housing, and transportation needs.



Photo courtesy: Matt Eckhoff

Evolving Beyond 911

The National 988 Suicide & Crisis Lifeline (988) went live nationally in summer 2022. 988 is the access point for individuals to call upon for “rapid entry into a coordinated crisis system and reduce reliance on 911.”⁸ Most frequently, Arizona-based 988 resources are offered to an individual remotely or through the dispatch of mobile crisis resources.

MORE THAN 70% OF CRISIS LINE INTERACTIONS RESULTED IN COMMUNITY STABILIZATION, MEANING INDIVIDUALS EXPERIENCING CRISIS WERE ABLE TO REMAIN IN PLACE WITH COORDINATION OF CARE SUPPORTED OVER THE PHONE BY CRISIS SYSTEM PROVIDERS.

Critics of alternate response programs and 988 have voiced concern related to the safety of removing law enforcement from the response; however, alternate response and 988 administrators alike indicate this has not been an issue. The thoughtful design of 911 and 988 screening tools, dispatch protocols, and field criteria each have worked together to support alternate response programs and 988 successes. Program administrators stress that training is key to ensure protocols are thoughtfully designed, implemented, and updated as necessary.

Of approximately 33,500 crisis calls received in May 2023, Solari Crisis and Human Services, one of Arizona’s crisis service providers, reported that 1,000 calls (3%) were referred to law enforcement, a figure consistent across 988 interactions where very few calls have required referral back to the 911 system once in the crisis service system.^{9,10,11} These statistics hold steady across many alternate response programs such as the City of Flagstaff CARE program, where approximately 1% of calls were referred to law enforcement for scene involvement.

More than 70% of crisis line interactions resulted in community stabilization, meaning individuals experiencing crisis were able to remain in place with coordination of care supported over the phone by crisis system providers. In the other 30% of cases, crisis transport or mobile crisis support was coordinated to further assess and support individuals. This low rate of conversion speaks to the evidence behind crisis interactions, stabilization, and linkage to care.



Equipping First Responders for Crisis Response

In what mental health system experts have likened to a watershed moment for mental health integration, efforts to equip first responder systems to address mental health crises continue to gain traction and maintain an interest from a vast majority of adults throughout the US.¹² The excitement around 988 and enhanced emergency dispatch processes is also coupled by system partners with a focus on what should come next.

First Responders and Mental Health Education

A growing number of Arizona first responder agencies offer staff training to equip law enforcement, fire, and emergency medical services (EMS), and 911 dispatch professionals with valuable tools for identifying and de-escalating mental health crises. Interestingly, given current national attention on first responder and mental health integration, there is no cross-cutting mandate for crisis intervention education among law enforcement or fire/EMS professionals; with such trainings not universal nor mandatory across Arizona first responder agencies.

Even without a mandate, though, many Arizona first responder agencies have offered some type of crisis education. Input received from Arizona first responder agencies surveyed by Vitalyst in 2022 indicated the most common training courses were the *40-hour Crisis Intervention Team (CIT)*, *8-to-40-hour Crisis Response Team (CRT)*, or the 8-hour *Mental Health First Aid (MHFA) for Public Safety* or *Fire/EMS* training. More than a third of respondents to Vitalyst's recent outreach indicated their agency offered CIT and MHFA training, while 16% indicated access to CST training. Approximately 30% of survey responses indicated no agency-based mental health training is offered, though many of these agencies indicated a desire for resources to support training as they are not necessarily funded by available agency funding.

While each specific training is designed to support first responder education regarding mental health crisis, de-escalation techniques, and referral practices to mental health resources, the breadth and depth of mental health topics covered in each training varies. Many first responders call for more training to support first responder and

mental health integration. Additionally, many agency and system experts have identified foundational mental health education as an important factor to integrate mental health protocols and workflows to better assist individuals in crisis.



Future Directions for Integration

In considering future directions for integration, there are several key areas stakeholders point to, including key factors to assess integration success and opportunities for continuous improvement. Key measures to focus on include:

Reduction in arrests/incarceration: Through partnerships, measure the number of individuals with mental health needs who are diverted from the criminal justice system and instead receive appropriate mental health care and support.

Decrease in emergency department visits: Track the number of mental health crisis-related visits to emergency departments and assess whether there is a decrease as a result of effective crisis response and alternative pathways to care.

Increase in successful crisis interventions: Monitor the volume of individuals in mental health crisis who receive timely and appropriate support, leading to positive outcomes and reduced risk of harm to themselves or others. Mental health system experts also share the possibility of assessing changes in community safety indicators, such as reductions in incidents involving individuals with mental health issues, decreases in violence or harm related to mental health crises, and decreasing incidents of officer-involved shootings.

Cost-effectiveness: Compare the costs associated with traditional responses (e.g., emergency departments, incarceration) to the costs of alternative response models, considering factors such as reduced utilization of costly resources and improved long-term outcomes.

System experts emphasize the importance of cost-effectiveness in sustaining crisis integration efforts.

The potential cost savings of connecting an individual in crisis with a mental health professional from the outset can create a significantly different financial outcome compared to traditional emergency response. Crisis response in the field and subsequent mental health stabilization may cost \$500 as opposed to an emergency department visit and associated ambulance transport to and from an ED, which could easily surpass \$2,500.

For reference, the rate for ambulance transport in Arizona is regulated by the ADHS and ranges from \$769 to \$3,147 base rate plus mileage per transport depending on the ambulance agency. Arizona's Treat and Refer program currently covers only approved Medicaid beneficiaries and will reimburse an approved EMS agency \$251.64 for treatment in place and/or referral to an approved provider. The CMS ET3 model is testing reimbursement rates of 75% of a transport fee, or about \$577 to \$2,360 for an Arizona ambulance service provider. CMS will cease as a demonstration effort at the end of 2023, Arizona public and private health plans may continue reimbursement efforts to support the Treat and Refer and ET3 goals to improve patient outcomes.

Furthermore, criminal justice system partners highlight a variety of costs associated with services provided in the

jail setting, such as health services, mental health competency examinations, and the fact that jail is often not the best therapeutic environment for mental health treatment. These costs are often carried by the county in which an individual is receiving jail services.

Similarly, following the failure of ballot Proposition 310 in the 2022 general election, where approximately 200 fire districts in Arizona sought to diversify funding streams to support fire district operations, several fire districts are now questioning whether they can sustain fire operations, let alone be available to respond to emergency medical calls or operate programs focused on mental health integration.

Integration advocates have shared interest in exploring additional opportunities for crisis providers to collaborate to engage Medicaid resources. Arizona's crisis response system is built upon Medicaid resources for all individuals experiencing a mental health crisis throughout the state. Crisis providers are often sub-contracted entities under one of Arizona's Medicaid regions, which advocates say leads to differing crisis responses throughout Arizona based on population density, local resources, etc.

Advocates say AHCCCS's collaboration among regional providers may open opportunities to advance crisis system delivery. Under Arizona's 1115 Waiver and Whole Person Care Initiative, Arizona has specific tools to advance promising practices to further advance crisis care integration practices.

For example, Arizona's 988 call hub is funded by AHCCCS and administered by Solari Crisis and Human Services as the overarching access point for a variety of Arizona hot/warm-lines. System advocates stress there is variability in crisis response and stabilization resources by community location and size for individuals experiencing a mental health crisis.

Currently, Arizona has no pending or approved legislation to ensure sustained 988 system funding.

Advocates continue to point to comprehensive first responder integration strategies as prime opportunities for action at the local, state, and national level by policy makers and first responder system leaders. The National Alliance on Mental Illness (NAMI) collaborates to track federal and state-level 988-related policy.¹³

Additional Integration Resources for First Responders

All key informants and most survey respondents to Vitalyst’s late 2022 outreach consistently requested further resources to support integration efforts. Requests for mental health education, policies and procedures, and referral linkages were key among topics requested. Survey respondents indicated interest in meetings, conferences, and informal information sharing as key methods for continuing integration education and implementation. Included here are key resources related to the topics discussed.

Key Integration Resources

| RESOURCE | DETAILS AND CONTACT INFORMATION |
|---|--|
| Ernie & Joe: Crisis Cops | Free access to the film and resources for all US public safety agencies through 2024 ernieandjoethefilm.com |
| 988 Crisis Jam | Archived resources and live weekly remote meeting highlighting crisis system advancements including across first responder systems talk.crisisnow.com |
| Crisis Support Team (CST) Training | Arizona Fire School continues to host CST trainings azfiretraining.org/course-listing-registration-information |
| Arizona Crisis Intervention Team Association | CIT education, implementation technical assistance arizonacit.org |
| CIT International | National advocacy to improve crisis response systems citinternational.org |
| Crisis Now | National advocacy for transforming crisis mental health care. Includes resources for local crisis care crisisnow.com/about-crisis-now |
| Arizona Health Care Cost Containment System | AHCCCS Crisis System Details azahcccs.gov/BehavioralHealth/crisis.html |
| Arizona Treat and Refer Program | Program details and expectations for alternate response and destination guidelines azdhs.gov/preparedness/emergency-medical-services-trauma-system/index.php#tr-ems-agency-recognition |
| CMS Emergency Triage, Treat, and Transport (ET3) Model | Active federal demonstration project details and updates innovation.cms.gov/innovation-models/et3 |
| Transform911 | Explores how the nation’s 911 system can better prioritize health and safety and ensure the right responder is dispatched at the right time transform911.org |



TO LEARN MORE ABOUT AN ARIZONA PROGRAM HIGHLIGHTED IN THIS REPORT, CONTACT HELLO@KOMINOTE.ORG. SEVERAL FIRE/EMS ORGANIZATIONS HAVE PROTOCOLS/OTHER DETAILS TO SHARE.

Moving Forward

STRATEGIES EMPLOYED ACROSS THE STATE SHOW PROMISING RESULTS, SUCH AS INCREASED DIVERSION OF CALLS TO BEHAVIORAL HEALTH EXPERTS, REDUCED INCARCERATION RATES OF MENTALLY ILL INDIVIDUALS, IMPROVED JAIL DIVERSION, AND ENHANCED COMMUNITY CAPACITY FOR RESOURCE LINKAGE.

Throughout Arizona, alternate response programs continue to develop, each with a community-specific approach. Some communities have adopted co-response models, where mental health providers work alongside law enforcement or fire/EMS personnel. Others have established direct linkages to crisis resources, removing the involvement of law enforcement or fire/EMS in certain scenarios. These programs emphasize assessing individuals' physical and mental health needs during the initial 911 call and providing appropriate support during the response.

Examples from survey respondents and key informants illustrate the diverse range of strategies employed across the state. These initiatives have shown promising results, such as increased diversion of calls to behavioral health experts, reduced incarceration rates of mentally ill individuals, improved jail diversion, and enhanced community capacity for resource linkage. However, challenges persist in rural and tribal communities, where limited resources and communication barriers exist, as well as in some urban areas where alternate response strategies have yet to be implemented.

Overall, the investments and strategies implemented in Arizona are paving the way for more comprehensive and compassionate approaches to mental health crisis response. By diverting individuals from the criminal justice system and emergency departments and connecting them with appropriate support, Arizona is prioritizing the well-being and care of its residents facing mental health crises.



Considering Jay’s pathway once again, the earliest point of mental health integration can lessen the severity of mental health challenges for an individual, their family, and their community. In Jay’s case, mental health care led to his ability to address and manage trauma, which he asserts led him to substance use in the first place. Now employed in a full-time job that he loves, he beams with pride.

Jay’s trajectory was directly impacted by the core components of what has been echoed by stakeholders throughout this report:

- Activate effective cross-sector collaboration between partners—including first responders, healthcare, social service, and criminal justice fields—to improve systems that support people in crisis.
- Build upon systems that equip first responders with options for treatment and transportation of individuals in a mental health crisis beyond jail or an emergency department (expand crisis support access and financial compensation to incentivize integration).
- Improve first responder mental health education via *Crisis Intervention Team (CIT)* and *Crisis Support Training (CST)* for law enforcement, fire/EMS, and emergency dispatch to strengthen skills to support community members and peers in crisis.

By continuing to implement community-specific alternate response strategies and prioritizing effective cross-sector collaboration, Arizona continues to work toward comprehensive and compassionate approaches to mental health crisis response, leading to improved outcomes for individuals like Jay and their communities.



ACTIVATE EFFECTIVE CROSS-SECTOR COLLABORATION



BUILD UPON SYSTEMS THAT EQUIP FIRST RESPONDERS



IMPROVE FIRST RESPONDER MENTAL HEALTH EDUCATION



Sources

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| Bureau of EMS & Trauma System | Coconino County Sheriff's Office | Sierra Vista Unified School District |
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| Arizona Fire and Medical Authority (AFMA) | Copa Health | Southeastern Arizona Communications (SEACOM) 9-1-1 |
| Arizona Health Care Cost Containment System | Daisy Mountain Fire & Medical | Southern Yavapai Fire Department |
| Arizona State University Police Department | Drexel Heights Fire District | Sun City Fire and Medical Department |
| BlueCross Blue Shield Arizona-Health Choice | Fort Mojave Mesa Fire Department | Surprise Fire-Medical |
| Buckskin Fire District | Foundation for Senior Living | Tempe Fire Medical Rescue |
| Camp Verde Marshals Office | Gila River Emergency Medical Services | Terros Health |
| Central Arizona Fire and Medical Authority | Gila River Healthcare | Town of Marana Police Department |
| City of Avondale Fire & Medical | Guadalupe Fire Department | Town of Payson Police Department |
| City of Chandler Fire Department | Guardian Air Transport | University of Arizona College of Medicine Phoenix / Banner University Medical Center Phoenix |
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