

New Orleans Mobile Crisis Intervention Unit (MCIU)

First Nine Months Summary

Resources for Human Development



Executive Summary

Resources for Human Development launched the Mobile Crisis Intervention Unit (MCIU) in New Orleans on June 1, 2023. This program was created in response to a request by the city's health department and is program funded through the city of New Orleans. MCIU serves as the fourth branch of the emergency response system, responding to behavioral health crises called into 9-1-1. The MCIU vision is that community members receive the most appropriate response to their crisis when they call 911 to create a safer and healthier New Orleans. The MCIU mission is to create the fourth branch of the emergency response system in New Orleans to more effectively respond to behavioral health crises called into 9-1-1 and to provide caring, effective, and innovative crisis response.

MCIU deploys highly specialized civilian-only response teams to provide effective, innovative crisis response that centers the dignity and worth of every individual we serve. The program goals include providing a rapid, face-to-face mobile response to provide intervention for those in a behavioral health crisis in the community, 24/7. MCIU offers assessments, supports, and ensures connection in the least restrictive setting possible as an effective resolution to a crisis. All RHD programs, including MCIU, provide services that are consistent with evidence-based practices. The MCIU team offers telephonic support, ensures resource connections, and referrals to the few calls that do not require a face-to-face intervention. MCIU is integrated into the New Orleans' 911 dispatch emergency response system to fill the services gap of behavioral health crisis response. Their work reduces the use of other emergency responders, such as law enforcement and EMS, in crises outside of their professional scope. Finally, the team provides follow up to crisis to ensure community members are successfully connected to the most appropriate level of care and support.

In the first nine months of operations, the team conducted 2078 face-to-face interventions for an average of 8 interventions per day with the highest volume month being January with an average of 10 interventions per day. The team's average response time is 15 minutes and average length of time on scene is 20-40 minutes. The demographics of the residents served by MCIU generally matched the demographics of New Orleans as a city. Staff feedback was an important part of the first nine months of service. In 99% of face-to-face interventions, staff reported feeling safe. In 95% of interventions, staff felt that they were successfully able to support the residents in crisis. For 99% of calls, staff felt they had the right training to be able to respond appropriately. When asked if they had enough support during an intervention, 100% of staff reported that they did.

In addition to the positive quantitative data collected in the first nine months, MCIU leadership heard from a variety of community members and partners about the impact the MCIU team has had on the City of New Orleans and its residents. RHD is proud to partner with The City of New Orleans, the New Orleans Health Department, and the wider New Orleans emergency response system to provide this Mobile Crisis Intervention Unit.

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Definitions and Acronyms

BHL- Behavioral Health Link: RHD’s mobile crisis specific electronic health record

CAD- Computer Aided Dispatch: Systems that are utilized by dispatchers, call- takers, and 911 operators to prioritize and record incident calls, identify the status and location of responders in the field, and effectively dispatch responder personnel. First responders, including the MCIU team, receive information on calls they need to respond to through the CAD system.

Harvard Kennedy School Government Performance Lab (GPL): based in the School’s Taubman Center for State and Local Government, supports state and local governments across the country in designing and implementing solutions to pressing social problems.

ICRA- International Crisis Response Association: a network dedicated to supporting cities across Canada and the United States in developing crisis response teams led by mental health experts, including licensed clinicians and peer support workers.

MCIU- Mobile Crisis Intervention Unit: The Resources for Human Development program contracted with the City of New Orleans to provide this service.

NOHD- New Orleans Health Department: Health Department for New Orleans who is managing the MCIU program contract.

NOPD- New Orleans Police Department

OHSS- Office of Homeless Services and Strategy: The Office of Homeless Services and Strategy program provides support and resources for those experiencing homelessness in the community.

OPCD- Orleans Parish Communications District: 911 dispatch center for New Orleans.

RHD- Resources for Human Development: The national health and human services organization who is contracted with the City of New Orleans to provide this service.

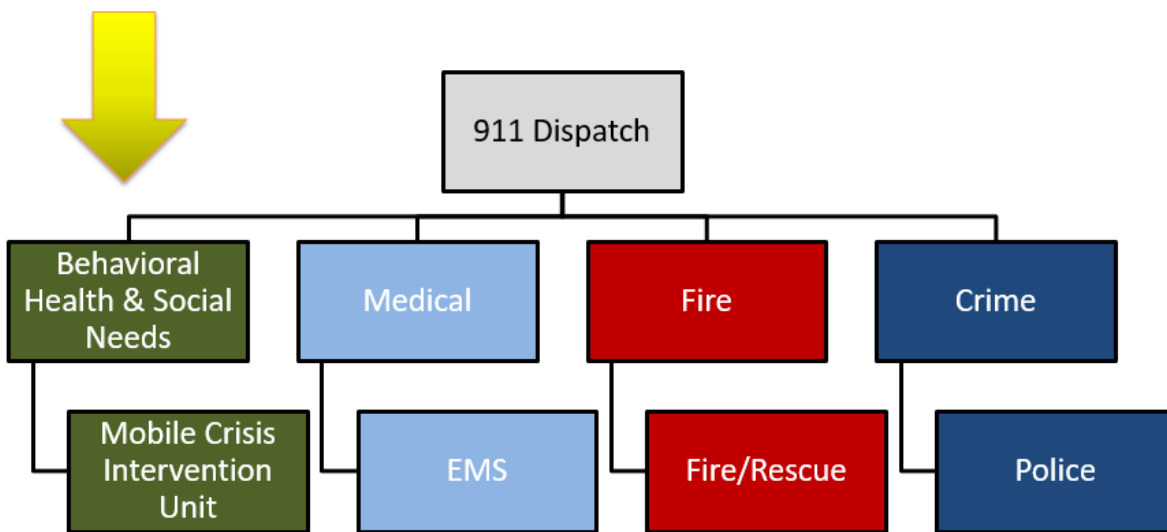
SAMHSA- Substance Abuse and Mental Health Services Administration: the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

Vera- Vera Institute for Justice: A community advocacy organization working with RHD and NOHD

Introduction

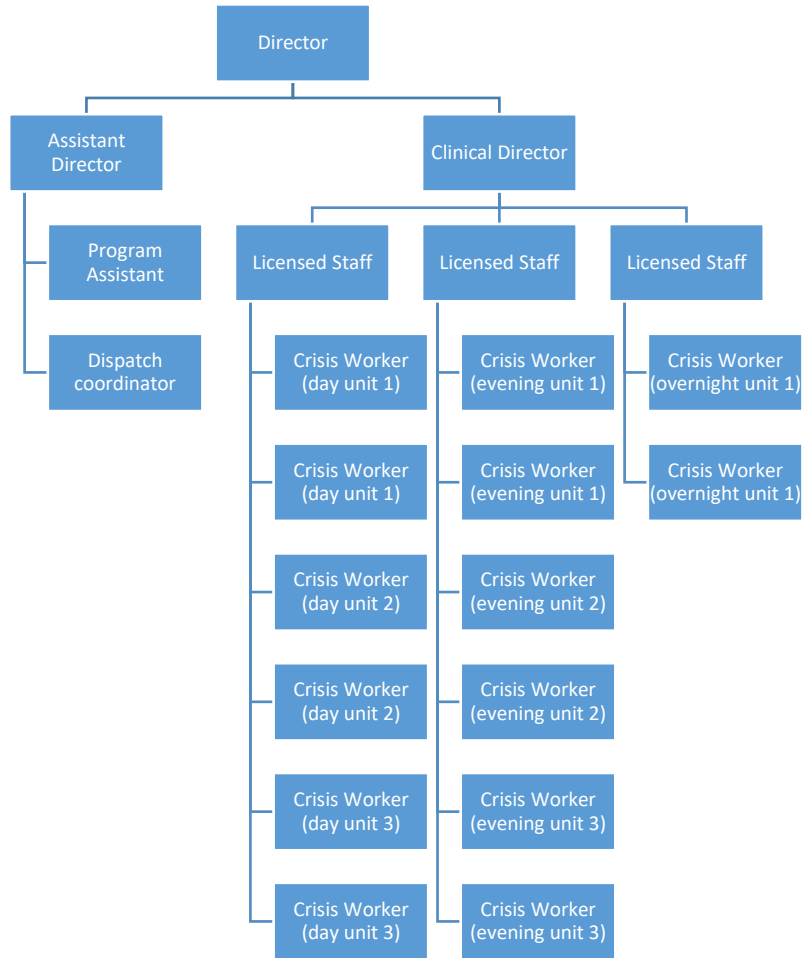
On June 1, 2023, Resources for Human Development (RHD) in partnership with the New Orleans Health Department (NOHD) launched the fourth branch of the emergency response system in Orleans Parish, the Mobile Crisis Intervention Unit (MCIU). MCIU is staffed by behavioral health first responders who are dispatched by 911 to behavioral health crises in the community. After the first 90 days, RHD provided a summary report, which included implementation work and information on the first 90 days of service delivery. This report will summarize 90-180 days of service delivery from September 1 through November 30, 2023.

4th branch of the emergency response system



The main purpose of the 180-day summary is to provide progress updates and upcoming plans to our stakeholders. It provides a useful progress check internally to ensure we are on track to meet our timeline and goals to date. Finally, it provides an opportunity to review of lessons learned and develop plans for any upcoming adjustments needed for the overall success of the program.

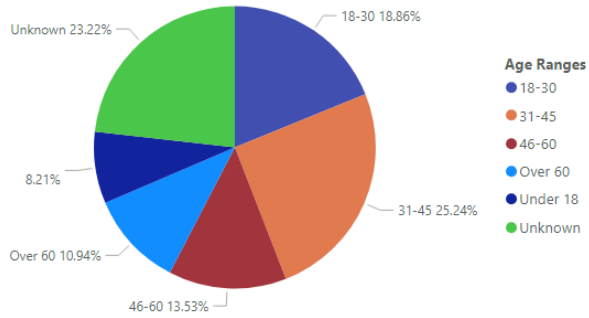
Org Chart



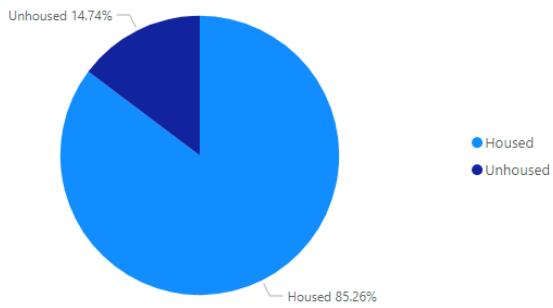
Participant Engagement

Total calls in first nine months: 2078, response time: 15 minutes, time on calls: 20-40 minutes

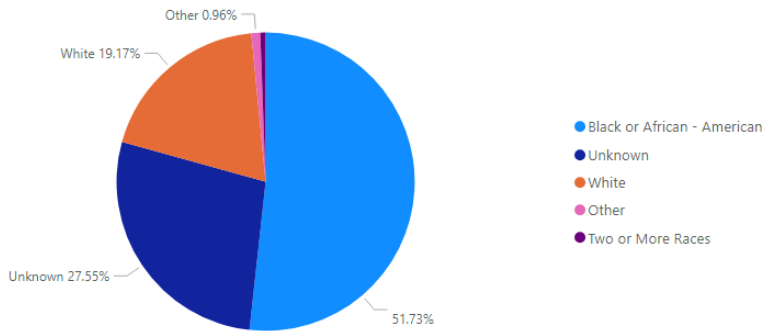
Age Ranges



Housing



Race

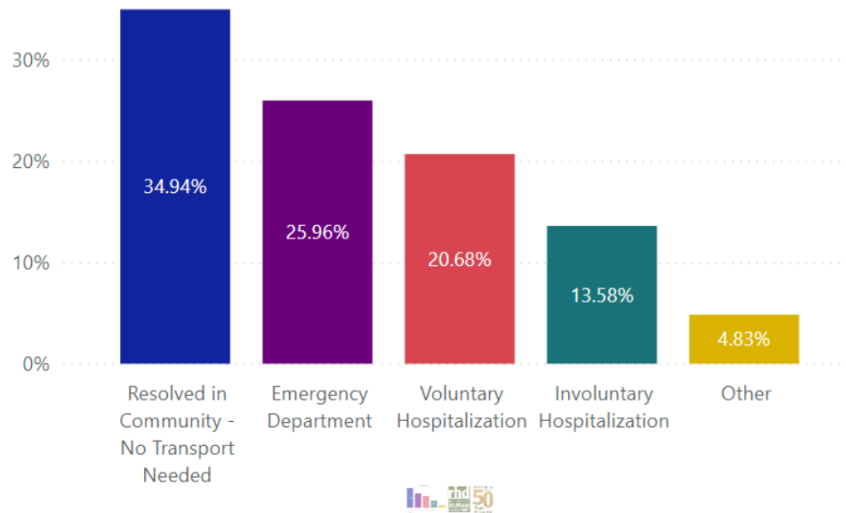


Data Analysis and Reporting

Data

All data should at this point be considered an approximation, as there have been challenges in data collection. Although these numbers may not be precise, we believe that they provide useful information about the need for this service.

Outcomes

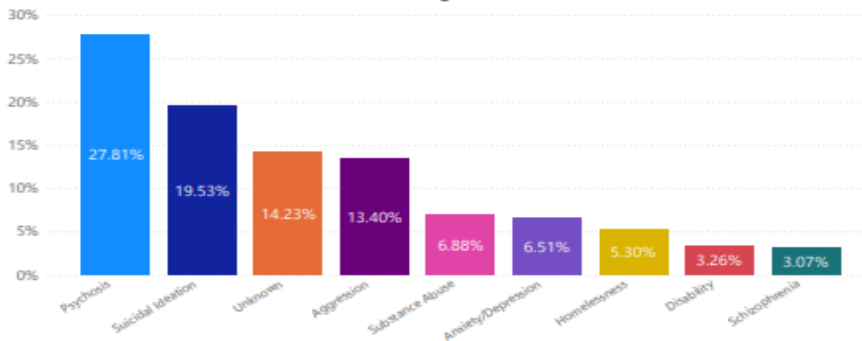


- **Resolved in the Community:** the MCIU team was able to support the individual in staying in the community through psychoeducation, referral to community providers and services, safety planning, and connection with natural supports.
- **Emergency Department:** the MCIU team transported the individual to an emergency department for additional care but we were not notified of the final disposition or level of care.
- **Voluntary Hospitalization:** the MCIU team facilitated a voluntary admission to a psychiatric hospital.
- **Involuntary Hospitalization:** the MCIU team facilitated an involuntary admission to a psychiatric hospital.
- **Other:** cases that don't fall into the other categories such as the individual no longer on the scene when MCIU arrives, known as "gone on arrival."

Total Cases

2078

Presenting Problem



Staff Experience Feedback

In our electronic health record, at the end of each face-to-face intervention, we ask our staff a series of questions about their experience. The data below are the results from the first 180 days.

Do you feel safe on this call?

99.54% said YES

Were you able to successfully provide assistance/support to the individual?

95% said YES

5% said NO

Did you have enough support on this call?

99.74% said YES

Are there any training topics that would have made you feel more prepared for this call?

99% said NO

There were multiple requests for how to adapt interventions for individuals who have autism. This training is scheduled for spring 2024.

Qualitative Evaluation of Program

Below is qualitative feedback we have received from partners, community members, and staff.

Article on reduction of crime attributing some of the progress to MCIU:

https://www.nola.com/news/crime_police/new-orleans-goes-a-week-without-shootings-or-homicides/article_09b3c950-4e5e-11ee-acbc-5fc9296b10fb.html

“My team is giving high praise to the new mobile crisis intervention unit! Thank you for making this happen!” - Elizabeth (EQA public schools)

“I’ll tell you, the feedback from the field is amazing. Every time one of my officers encounters someone from the MCIU team, I get nothing but amazing feedback. They are so grateful to have partners in the field with such in depth clinical knowledge to help us make those decisions whenever we just aren’t quite sure what to do. They are so grateful for that partnership and the people you have in place in these green shirts, they are truly heroes.”

-New Orleans CIT Coordinator, Desi Broussard

MCIU has been successful in that it has provided relief for the other branches (fire, police, and EMS) from calls that are not under their umbrella but that in the past these other branches have had to respond to because there were no other alternatives. MCIU has saved the fire department resources and improved their response times because they are only responding to calls they are appropriate for.

-Summarized feedback collected by Vera Institute of Justice from the New Orleans Fire Department

“People need clinical support in addition to housing so they can be successful. Can’t have one piece of the puzzle without the other.” – Nate Fields, Director of Office of Homeless Services and Strategy

Feedback from participants and their natural supports:

"Ms. Tyesha was very kind and answered all my questions concerning one of my participants. Ms. Jazz, Ms. A, & Mr. Tyrus were very friendly and made me feel like they are a great resource for our mental health court. Everyone I interacted with was very nice and was very knowledgeable!"

"The quick response to coming out to school. Working together as a team to get the help student needed. Assisting with make necessary phone calls to parent."

"Professionalism both from caller and the young guy who came out to resolve the problem."

"All of these professionals were timely, supportive, and above all concerned about the safety and well-being of all parties. Their expertise was invaluable in a difficult moment."

"Mrs. Tyesha Davis, the guy Mr. Johnathan, the director that came out. Awesome service, speedy, professional. I'm very impressed with this service; will use in my family as well. Thanks a lot. Will recommend to everyone"

"I am so very appreciative that this service exists. Thank you!"

"They where prompt, professional, and solved the issue. Everyone was awesome 🙌 kudos"

"I don't want the circumstances, but they certainly helped to fix them."

Challenges and Lessons Learned

The primary unforeseen challenges in the first 90 days were related to data and that continued through the first 9 months of the program. We designed our electronic health record for crisis services, Behavioral Health Link (BHL), based on our experience with traditional mobile crisis teams imbedded in the community and on BHL's experience with 988 call centers. After the launch of the program, it quickly became apparent that our design did not support the first responder speed at which our team was operating. There were several elements that we found would not serve the needs of this new team.

We meet regularly with BHL to work through each of these issues to identify solutions. We developed a plan for adjusting the functionality of BHL to meet the needs of a fast-paced, first responder team. These fixes required new mapping of processes and programming effort of BHL's side which is taking several months to implement. To help manage our data collection efforts, we hired a dispatch coordinator to assist with the data entry of new calls to ensure we are capturing all call data not only for Computer Aided Dispatch (CAD) but also for calls received over the radio. We also hired a data analyst dedicated to BHL to ensure the complex and ever-evolving data needs are being met.

Finally, we are working with OPCD to develop an API that will allow call data from CAD to feed directly into BHL within a few minutes of being received by OPCD. This will reduce data entry needs for RHD staff and reduce the likelihood of data entry errors. OPCD is also exploring the option of adding the Chrome browser to the CAD devices so that staff can access BHL through the CAD devices rather than having to carry a second device such as a tablet or laptop. BHL is planning to release an app within the next year which would enable easy access on phones as well.

Other lessons learned from MCIU came from expanding our work beyond 911 calls and adding support during city-wide events. Mardi Gras was the largest city-wide event over the first 9 months. By and large, MCIU's integration into the public safety aspects of Mardi Gras was very smooth. There were some lessons learned about access issues at all necessary points on the parade which have already been discussed with our public safety partners. The other lesson learned from Mardi Gras was about how we might be most useful. While on the parade route, MCIU staff found that they could be instrumental in helping lost children get re-connected with their families. In future, we will intentionally plan to support the existing efforts related to lost children. This will include developing documentation processes so we can report back to the larger public safety system on the number of children we supported.

Collaboration and Stakeholder Engagement

MCIU leadership and staff connected with key stakeholders including the local organization Unity, Homeless Outreach, RTA, and the New Orleans school system. In addition to making these essential connections for collaboration and partnership, MCIU was added to NOPD roll call.

In October 2023, MCIU hosted a launch event to celebrate and educate about the new service. Approximately one hundred members of the community, behavioral health providers, city officials, and other first responders joined us at The Rooftop on Basin. New Orleans Councilmembers Eugene Green and Oliver Thomas spoke along with NOHD Director Dr. Jennifer Avegno and New Orleans CIT Coordinator Desi Broussard. MCIU leadership was able to share key metrics and successes. Most of the MCIU day staff were able to be in attendance when not responding to calls in the community.



Participant Experience

To maintain a relationship with our participant and their natural supports throughout the life of the program, we have a participant experience webpage: <https://www.rhd.org/nomciu/experience/>. This page provides a link to a participant experience survey, participant experience committee, and community advisory board. When the MCIU team provides an intervention, they leave a card with a QR code for this website and encourage either participants or their natural supports to provide feedback. Our teams also have paper versions of the survey with self-addressed and stamped envelopes to mail back to RHD for people who can't or don't want to use technology. These paper surveys also have a line to express interest in joining the participant experience committee or the community advisory board.

The participant experience survey is available for anyone who has interacted with the MCIU team—participants, their supports, other professionals. The survey results are used to inform program quality—to preserve what we're doing well and correct for what isn't working for our participants.

The participant experience committee is another way for RHD to elicit feedback from community members, particularly those we have served. The participant experience committee

meets quarterly in person. The committee members are paid a \$100 consulting fee and provided with an Uber voucher for transportation to and from the meeting. RHD staff provide data and programmatic updates to the committee members. We ask for feedback on anything new that we've implemented and give the members a chance to share what they've heard in the community about the MCIU service.

In addition to RHD's efforts engage community members, to promote community oversight and ongoing collaboration with program leaders, the New Orleans Health Department (NOHD) launched a Community Advisory Board (CAB) for the MCIU. Broadly, CAB members are tasked with sharing feedback on MCIU policies and performance with NOHD and RHD staff, as well as other relevant agency representatives, to ensure that program activities reflect the insights of directly impacted community members and ultimately meet community needs. A link to the CAB application is available on RHD's MCIU participant experience website. Monthly CAB meetings have occurred since December 2023 and the members are settling into their roles on the board.

Participant Experience Committee

The Participant Experience Committee (PEC) met first in June 2023. In lieu of a committee meeting in October, all PEC members were invited to the MCIU Launch Event. Unfortunately, none of the regular PEC members were able to attend, although other community members were present. The PEC picked up its normal committee meeting schedule in December 2023. The MCIU Director presented data to the PEC and members were able to highlight the data points they were most interested in seeing on a public facing dashboard which is set to launch by the end of the first year of MCIU service.

Participant Experience Survey Results

MCIU staff encourage participants and their natural supports to complete the participant experience survey after interacting with MCIU. Staff leave a card with a website and QR code that links to the [participant experience page](#) with information on the survey, Participant Experience Committee, and Community Advisory Board. If participants prefer, the staff have paper surveys with self-addressed, stamped envelopes that can be completed and mailed in. There were no paper surveys received in the first 9 months.

There were 29 surveys completed in the second quarter of the program.

MCIU Responded Quickly	4.6
MCIU helped address my immediate issue	4.6
MCIU helped connect me to other services and supports	4.2
I felt respected by MCIU staff	4.5
I felt safe in my interaction with MCIU	4.5
I prefer MCIU for crisis support, rather than another first responder (e.g. fire, police, EMS)	4.2
I would recommend MCIU to a friend/family member in need of crisis support	4.5
I was aware of MCIU before today's interaction	3.4
Overall, I am satisfied with the services I received from MCIU	4.5

The lowest score was around awareness of MCIU prior to the response. RHD launched a second marketing campaign for MCIU in 2024 to increase awareness of the service in the community.

What did you like about the MCIU service?

- All of these professionals were timely, supportive, and above all concerned about the safety and well-being of all parties. Their expertise was invaluable in a difficult moment.
- Professionalism both from caller and the young guy who came out to resolve the problem.
- The quick response to coming out to school. Working together as a team to get the help student needed. Assisting with make necessary phone calls to parent.
- Ms. Tyesha was very kind and answered all my questions concerning one of my participants. Ms. Jazz, Ms. A, & Mr. Tyrus were very friendly and made me feel like they are a great resource for our mental health court. Everyone I interacted with was very nice and was very knowledgeable!
- The staff they sent for this interaction were familiar with individual having the crisis & responded quickly & calmly.
- Everyone with MCIU was very professional and responded to the crisis in a timely manner.
- I am happy to now have this resource available when needed. Overall, it was a great experience working with the MCIU.
- I don't want the circumstances, but they certainly helped to fix them.
- I am so very appreciative that this service exists. Thank you!
- Respectful and explained things in a way I can understand.
- Took care of the problem and brought him where he needs to be.

Community Engagement

One priority for the program in the first 9 months was visibility in the community. MCIU staff were able to attend several community events including:

Halloween at schools and Columbia Park housing units to hand out candy (October 2023).



MCIU visited with Judge Marcus Delarge, New Orleans mental health court (October 2023)



Greater New Orleans Out of the Darkness Walk (November 2023).



MCIU worked with other first responders to help support public safety during Mardi Gras. MCIU staff worked along the parade route supporting people in distress and assisting lost children get reconnected with their families. (February 2024)



MCIU also supported the Office of Homeless Services and Strategy (OHSS) when they cleared out encampments. OHSS recognized that relocation can be distressing for people and proactively asked MCIU staff to accompany them on scene and be available to support and de-escalate. OHSS and MCIU staff agreed this was a successful partnership as police were not needed on scene as much as they have been in the past because MCIU was able to immediately intervene when needed, allowing OHSS to focus on relocation.

National Landscape

During implementation, RHD joined the International Crisis Response Association (ICRA), which brings together cities from the U.S. and Canada who are looking to start civilian crisis response programs. The monthly meeting allows for sharing of ideas and asking for advice from other cities. In January 2024, RHD presented the MCIU model and received strong positive feedback from the leadership and attendees. RHD continues to be an active and regular participant.

Through ICRA and word of mouth, RHD has connected with entities in other cities who are pursuing a civilian crisis response model. RHD met one-on-one with people from several cities in the US and Canada to share information about the MCIU program. These cities include Baton Rouge, LA, Orlando, FL, Vancouver, BC, Barrie, ON, Chicago, IL, Sacramento, CA, Cleveland, OH, Cambridge, MA, Los Angeles, CA, and St. Petersburg, FL, Mesa, AZ. RHD remains available to other cities to provide advice or answer specific operational questions to support a national adoption of civilian crisis response programs.

Following the success of the MCIU launch, RHD was awarded a contract in Allegheny County, Pennsylvania to provide civilian crisis response from 911 calls. Harvard Kennedy School Government Performance Lab (GPL) is providing technical assistance to Allegheny County for this program. Through this, RHD has been able to connect with GPL's network nationally.

The Substance Abuse and Mental Health Services Administration (SAMHSA) partnered with Vibrant 988 in December 2023 to host a summit in Washington, D.C. with providers and city officials from across the country who were leading in crisis response. MCIU's program director was invited to attend and serve on a panel discussing mobile crisis response.

When MCIU was first designed in 2022, there were approximately 50 cities in the United States offering civilian crisis response from 911, most of them launched since January 2021. Today, there are over 160 cities in the United States with civilian crisis response programs. New Orleans' MCIU program was one of the first cities to offer the service city-wide 24/7 from the beginning. It was the first program to be identified as the "fourth branch" of the emergency response system.

Future Plans

Potential Expansions:

A key boundary that MCIU has had to navigate is the “scope creep” that could easily happen unintentionally due to the enthusiasm of staff and needs in the community. NOHD and RHD leadership have agreed that in the first year of the program, MCIU will stick to the original goals and responsibilities of the service to ensure that we are providing a high-quality service and not overwhelming the staff with additional requests outside of their scope.

One key change we are hoping to formalize after the first year of service is to be officially designated by the city as first responders. While we meet the Louisiana State regulations for first responders, are eligible for first responder perks in New Orleans, and are colloquially referred to as first responders in New Orleans by both city and community partners, we are hoping to have a formal designation assigned in the second year of service. To move in that direction, we have collaborated with the New Orleans Department of Homeland Security to integrate our services into citywide emergency planning including.

Program Evaluation:

Our initial plans were to conduct a comprehensive evaluation at the end of the first year of service delivery. As we grapple with the challenges of accurate and complete data collection this first year, it has become clear that the first-year evaluation would yield inconclusive results. While there are some aspects of our original evaluation plan which we will still complete for the first year, we have decided, in partnership with NOHD, to conduct the comprehensive evaluation at the end of year two.

In November 2023, Jefferson University’s Institutional Review Board (IRB) approved a mixed-methods study of MCIU staff’s experience of safety in the field. This study will analyze both quantitative and qualitative data. Quantitative data will include open-ended survey questions and staff interviews. These interviews are being conducted between December 2023 and April 2024. All staff who have been responding in the field for at least 90 days will be invited to participate in the interviews. The quantitative data will include the staff safety question asked at the end of every intervention as well as the staff experience surveys conducted every six months. This study is expected to be completed in August 2024.

Researchers from the Vera Institute of Justice are partnering with RHD and NOHD on the evaluation of MCIU’s first year of operations. Vera is synthesizing feedback and recommendations from MCIU program and system partners, participants, and community stakeholders through interviews and group discussions. Vera is focusing on documenting successes, challenges, and promising practices to inform program implementation and adaptations relating to the cross-agency and cross-sector coordination of MCIU.

To date, Vera has completed 7 interviews and focus group discussions with key program and system partners, including interviews with representatives from Orleans Parish Communication District, New Orleans Police Department, New Orleans Fire Department, New Orleans Office of Homeless Services and Strategy, Law Enforcement Assisted Diversion

program and focus group discussions with MCIU staff and with MCIU leadership from NOHD and RHD. And to complement MCIU's anonymous participant experience survey, Vera is also inviting MCIU participants and community stakeholders to participate in interviews and group discussions to share their feedback and recommendations. For this, MCIU's Participant Experience Committee and Community Advisory Board have advised Vera on strategies for outreach to community members who have received services from MCIU.

By the end of MCIU's first year of service, RHD and NOHD, with the support of Microsoft and Slalom, will launch a public facing dashboard on the NOHD webpage to share MCIU data. This dashboard, powered by PowerBI, will share how much MCIU did (volume of calls), who they did it for (demographics of individuals served), and how well they did (performance indicators). The dashboard will also share staff information and stories from the field.

Conclusion

From RHD's perspective, the implementation and the first 9 months of the MCIU program were wildly successful. The data continues to shower MCIU responding to a high percentage of behavioral health calls to 911. MCIU staff appear to be meeting the community needs in a timely and effective manner. While there is always room for growth, the first 9 months of the MCIU program went a smoothly as we could have hoped.

As the program continues to develop and grow, MCIU hopes to be able to expand their scope and reach in the New Orleans community. The leadership team is in ongoing conversations with NOHD about where else MCIU can be supportive within the emergency response system. In future years, we hope to have a specific role for the MCIU team during city-wide emergencies such as natural disasters. The first step in that direction was taken during Mardi Gras when MCIU provided support along the parade route in partnership with the other first responders. MCIU is also continuing to work with our technology partners to ensure that the data we are collecting is complete and accurate.

RHD continues its gratitude for the amazing partnership with NOHD, OPCD, NOPD, and our other public safety and community support partners. The city of New Orleans welcomed the MCIU program completely from the first day and we attribute MCIU's success to this deep commitment from the city to ensuring that those living in Orleans Parish get the most appropriate response to their emergencies.