NAMI Ask the Expert | Help Not Handcuffs:
Part 2: Legislation & Community Models
March 25, 2021
Frequently Asked Questions

CAHOOTS – Crisis Assistance Helping Out On The Streets

General/History:

1. **What person/group first advocated for the CAHOOTS effort?**
   The CAHOOTS program was developed in 1989. It was created by White Bird Clinic as the need for this service was identified in the community. Local law enforcement and White Bird Clinic saw the potential for a mobile crisis response to help meet the needs of the community while alleviating officers of some of that additional responsibility.

2. **What is the difference between CAHOOTS and paramedics?**
   CAHOOTS operates within the scope of EMTs. We are not an ambulance and are not designed to transport medically unstable patients. We are not equipped to do medical interventions while transporting.

3. **Is CAHOOTS a non-profit or part of the government?**
   CAHOOTS is a program of the White Bird Clinic 501(c)(3) non-profit.

Funding/Resources:

4. **What can CAHOOTS do to get more personnel/beds so that they can respond more promptly and effectively?**
   CAHOOTS has been rapidly expanding in recent years and is working on building the internal capacity necessary to meet the growing needs of the community. This looks like a combination of pursuing increased funding, process review/improvement, and advocating for the needs of the community.

5. **How is this program funded? How do we get more information about federal funding opportunities and other logistical aspects of CAHOOTS?**
   CAHOOTS is funded through contracts with the City of Eugene, City of Springfield, and Lane County. The city funding comes through contracts with the Police Departments.
   - https://whitebirdclinic.org/cahoots/
   - https://www.eugene-or.gov/4508/CAHOOTS

6. **Is there a charge for CAHOOTS services to the recipient?**
   CAHOOTS services are 100% free for clients.

7. **Could CAHOOTS and other crisis response models be part of the Black Lives Matter discussion about repurposing funds that are going to law enforcement?**
   CAHOOTS has been included in some of the discussions about possible ways to reallocate law enforcement funds. The CAHOOTS program is a unique model that operates independently, but partners and contracts with local police agencies to provide a client-centered mobile crisis intervention service embedded into the current public safety structures.
   - https://whitebirdclinic.org/racism-is-a-public-health-crisis/

Staffing/Training:

8. **What training or qualifications do CAHOOTS crisis workers receive/need to have?**
   QMHA eligibility and two years of experience in crisis intervention or delivery of mental health services in non-traditional settings.

9. **How many hours is the training program?**
   New CAHOOTS hires typically undergo 500+ hours of on-the-job training as well as "classroom" style trainings. We routinely offer ongoing trainings to staff.

10. **Is the training culturally appropriate? I.e., does it include cultural considerations that may be important when responding to a call? Is there language support if an individual does not speak the same language as the responding CAHOOTS team?**
    CAHOOTS has access to a phone-based interpreter service in the field. Cultural competence is crucial to providing trauma-informed, accessible care. CAHOOTS has recognized room for improvement in this area and has been implementing and embedding relevant trainings to our ongoing and onboarding processes. Restorative justice trainings are one example.

11. **Are your crisis workers licensed clinicians?**
    We have a range of backgrounds and licensure on our team, including QMHAs, QMHPs, RNs, LCSWs, etc.

12. **How many staff do you have in total? How do you rotate to ensure staff have breaks to rest, but the program is still covered 24/7?**
    The CAHOOTS team is currently about 40 total employees. Breaks are requested through dispatch. If there are no calls holding that require an immediate response, the team will take a break. In the situation that an urgent call comes in during that time, the team can and will respond if there isn't another team available.

13. **Do CAHOOTS team members take time off for health and wellness?**
    Yes. Self-care is a crucial part of providing quality crisis intervention. CAHOOTS is working on building more deliberate structures to support the health and wellbeing of each team member because they are inarguably the most valuable resource.

14. **Do you accept volunteers? If so, how can people volunteer?**
    The CAHOOTS program does not utilize volunteers in the field due to the nature of the work. White Bird Clinic does have volunteer opportunities.

15. **How do you protect yourself when responding to a crisis?**
    Scene safety is always the number one priority. CAHOOTS teams work in pairs and that dynamic is fundamental to maintaining scene awareness and communication. When someone is engaged with the client, their partner will monitor the scene. Being unarmed and using a de-escalation approach can reduce the perception that the CAHOOTS team is a threat. If a scene becomes unsafe in a way that warrants law enforcement response, CAHOOTS can call for police backup using their radio.

16. **Has anyone on your team been injured on a call?**
    There have been no severe injuries or deaths to CAHOOTS staff during calls.

Advocacy/Starting a mobile crisis response model in my area:

17. **Is there technical assistance available in setting up a similar program?**
    Information about consulting can be requested on the website:
    - https://whitebirdclinic.org/cahoots/

18. **How did you initially coordinate with law enforcement? In my area, we have a patchwork of unrelated outreach teams and providers including churches, homeless outreach teams, mental health or medical providers, etc. How do we all coordinate?**
    Coordination between community resources is extremely important and admittedly challenging when agencies are often stretched thin. Develop common spaces, set up meetings, share information and resources. Each community resource is stronger with the others.

    For CAHOOTS, the initial coordination with law enforcement came as a result of White Bird Clinic providing care to people that were struggling in some way but did not necessarily need a law enforcement response or to be arrested. This alleviated some of that responsibility of law enforcement and was seen as mutually beneficial.

19. **My college is considering implementing a mobile crisis hotline for mental health crises as an alternative to calling our university police. Would it be a good idea to have something like this on a college campus or would make more sense to do a city-wide crisis program?**
    The scale and scope will likely vary depending on need and is for each area to decide! CAHOOTS does respond to our local university and college.

20. **Has CAHOOTS been piloted in larger communities? Eugene, Oregon has a population of 168,000 and I am in California in a county with 3.3 million people**.
    The STAR program in Denver is one example of another program. There are areas in California working on developing programs inspired by CAHOOTS.

Crisis Intervention:

21. **What is your average response time when you receive a call? What is the wait-time on a busy night?**
    Response times for CAHOOTS can vary from minutes to hours depending on the nature of a call and how busy the day is. Increasing capacity is an ongoing goal, but not at the expense of quality. Acuity is a factor in response times, so some may wait longer than others depending on the nature.

22. **How does CAHOOTS handle confidentiality/HIPAA requirements? Also, what kind of documentation do you do?**
    CAHOOTS adheres to HIPAA requirements. Client privacy is a high priority due to the sensitive nature of the work and valuing the trust of community and clients. CAHOOTS maintains records in a private and secure database.

23. **Does the CAHOOTS team enter their calls into the dispatch (CAD) system if they go to a call that dispatch has not sent them to? And are the calls updated with dispatch/CAD as they are being handled?**
    CAHOOTS communicates with dispatch who updates the CAD appropriately. Unless a team is flagged down, calls almost exclusively originate through dispatch.

24. **For calls that end up requiring law enforcement officers, what was the determining factor to involve them?**
    If someone is requesting law enforcement services, CAHOOTS can request officers. The team may also determine the need to involve officers when a client is unable or unwilling to engage with CAHOOTS voluntarily in a way that is safe for all involved. Client and team safety is our number one priority.

25. **In which situations will law enforcement defer to you for crisis intervention?**
    Many, but broadly speaking law enforcement will predictably defer to CAHOOTS for mental health crises that are non-criminal and non-violent in nature.

26. **What training do dispatchers receive to effectively recognize behavioral health/crisis calls vs. other 911 calls so they can appropriately dispatch police or CAHOOTS?**
    The dispatchers have their own protocols, policies, and trainings to determine this. This infographic is from the EPD website:
    - https://www.eugene-or.gov/DocumentCenter/View/56581/911-Process-Infographic

27. **Can you insist/request that a person go to a mental health facility if they seem depressed?**
    CAHOOTS cannot do anything without a client's consent. The teams' role is to assess the goals of the client and help them achieve those. CAHOOTS can provide counseling and information to empower the client to make informed decisions about what care to engage in. If someone must go somewhere against their will, that is a law enforcement responsibility, and a CAHOOTS team may request them at that time.

Post-intervention:

28. **I am a consumer and have been escorted to a psychiatric facility many times. I know there is a need for better coordination between law enforcement and mental health support personnel. I am concerned that not enough attention is given to a person's care after a crisis. Does CAHOOTS help with post-crisis follow-up/treatment needs?**
    CAHOOTS is a crisis response in an "as needed" sense and does not currently do follow-up unless that client requests another response. CAHOOTS does do referrals and resource-connection in an effort to connect clients with ongoing support.

Other:

29. **Have the number of calls for police decreased alongside the increase in calls for CAHOOTS? I'm wondering if the 20,000+ calls represent calls that would have all gone to police/EMS, or if they're additional calls now that CAHOOTS is available.**
    The Eugene Police Department did their own analysis of this that is on their website. Their findings state that the diversion rate is likely between 5-8% of EPD calls for service. That means that 12-15% of the calls CAHOOTS responds to are needs in the community that otherwise do not get a response. It's impossible to tell how many of those calls would later rise to a level that warranted a different response, but there is a preventative component.

    - https://www.eugene-or.gov/DocumentCenter/View/56717/CAHOOTS-Program-Analysis

30. **About what percentage of localities in the United States have similar mobile crisis response programs?**
    A very small, but growing percentage!

988/NAMI

General:

1. **What is 988 and how does it change mental health crisis response?**
   In 2020, Congress passed a new law to make 988 the nationwide three-digit number for mental health crisis and suicide prevention, operating through the existing National Suicide Prevention Lifeline. By July 2022, all telecommunications companies will be required to route 988 calls to the Lifeline, which has a nationwide network of call centers.

   While 988 will "go-live" nationwide by July 2022, it is up to our state to ensure there are crisis services so 988 callers actually receive the help they need. States now have an opportunity to act to build more comprehensive crisis services. Ideally, each state will work toward having these three components in place:

   - Crisis Call Centers that are fully funded to provide 24/7 expertise with trained staff who can offer immediate support and connect people in crisis – and their families – with local services when they need it.

   - Mobile Crisis Teams that can be dispatched when a person needs more support than can be provided over the phone. Mobile crisis teams with experienced mental health professionals meet people where they are and should be available to de-escalate crisis situations and connect people to additional care, if needed.

   - Crisis Stabilization Programs that can help stabilize a person in crisis in a home-like environment, identify longer-term treatment needs, keep a person from needing more intensive care and ensure a warm hand-off to follow-up care.

2. **Is each state REQUIRED to implement 988?**
   Whether states act or not, 988 will be activated by all phone carriers by July 2022, as directed by the Federal Communications Commission (FCC). State action is needed to define what services are to be available when people call 988, to create implementation and oversight bodies and reporting requirements, and to ensure funding mechanisms so that there are robust services available to support people in crisis.

3. **Can you describe the issues involved with the interoperability of 988 with 911?**

   988 crisis call centers will need to be interoperable not only with 911, but also with emergency medical services (EMS) and other non-behavioral health crisis services. The 988 system will need to be capable of connecting callers to other emergency lines and resources as needed and for 911 and other emergency lines to connect callers to 988.
   Given the need to determine protocols for transferring calls from one system to another, depending on the caller's needs, it is important for states to create implementation bodies that ensure a high level of coordination and collaboration between various crisis and other response systems.

4. **What role would law enforcement, particularly CIT-trained officers, play in a local 988 system?**

   One of NAMI's priorities is to keep people with mental illness out of the criminal justice system. The best way to do that is ensure that people do not come into contact with law enforcement in the first place. For 988, this means having non-law enforcement mobile crisis response options readily available.

   Law enforcement will continue to have an important, but much more limited, role in mental health crisis response. Non-law enforcement mobile crisis teams will still need law enforcement backup for certain calls, although we expect that number to be low based on current best practice models. Estimates based on existing mobile crisis team programs show that law enforcement backup in is needed in less than 5 percent of mobile crisis team responses.

   Law enforcement also may encounter a person in a mental health crisis. There will be a need for officers who are trained to recognize and respond to mental health crises through Crisis Intervention Team (CIT) or similar training and to be coordinating with the crisis response continuum.

Funding:

5. **How will 988 and crisis services be funded?**
   NAMI anticipates a significant increase in call volume and call complexity for 988 compared to current calls to the National Suicide Prevention Lifeline. While we do know what the future demand for 988 will be, we do know the need for mental health support is greater than ever with rates of mental illness, substance use and suicidal ideation all increasing due to the pandemic. Additionally, the transition to any easy-to-remember dialing code for mental health emergencies may make it easier for people to reach out for help. Finally, more people may be willing to call 988 compared to 911, which often results in a law enforcement response.

   States may not yet have the full continuum of crisis services (24/7 crisis call centers, mobile crisis teams and crisis stabilization programs) available in every corner of the state. Building out these services is likely to be a multi-year effort. To fund these programs, states will likely use multiple funding streams:
   - State general funds appropriated by the state legislature
   - Use of federal funds, such as the crisis services set aside in the Community Mental Health Services Block Grant
   - Billing of eligible services to Medicaid, Medicare and commercial insurance
   - User fees designated for 988 crisis services, which are a monthly fee on all phone bills within the state

6. **What are user fees and why are they important?**
   To meet the anticipated demand for 988, states will need a reliable revenue stream to support 988 so that every caller receives the help they need. The federal 988 law gave states the authority to charge 988 user fees on monthly phone bills. Ideally, this fee will be charged on all phone bills – landline, mobile and Voice over Internet Protocol (VoIP). This creates a consistent, stable source of revenue much less vulnerable to fluctuations in the economy than state general funds.

   Federal legislation included several allowable uses of 988 user fees. Beyond call centers, NAMI recommends user fees be used to cover non-billable mobile crisis team services and crisis stabilization services.

   It is up to each state to take action to implement a fee. If a state acts to charge a fee, the amount will vary based on state and will depend on the anticipated call volume for 988 and the crisis services needed in the state.

7. **Are there grants to establish mobile response teams after someone calls 988?**
   Yes! In the American Rescue Plan Act, signed into law in March 2021, Congress provided $15 million in grants to states through the Centers for Medicare and Medicaid Services (CMS). We anticipate guidance on how states can access those grants soon.

   Additionally, each state receives a Community Mental Health Services Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) each year. In the FY 2021 block grant, states were given additional funds – five percent of the total block grant – to be used for crisis services. These funds could be used to help with startup costs for mobile crisis teams.

8. **Question: What federal funding opportunities are available to support programs like CAHOOTS?**
   In the American Rescue Plan Act passed in March 2021, a version of the CAHOOTS Act was enacted, which allows states to opt in to three years of an enhanced 85% Medicaid Federal Medical Assistance Percentage (FMAP) rate, which would result in federal funds paying for 85% of Medicaid-billable mobile crisis costs.

Advocacy:

9. **Question: How can I talk about mental health crisis response with my legislator?**
   First, connect with your state NAMI organization, state mental health agency or other leaders on mental health in the state to see where current efforts are and if any legislation is pending. Once you know what the current landscape is, sharing your story – your own personal experience with crisis services or that of a loved one – can be powerful with legislators. This one-pager goes over the challenges with our current system and how the system NAMI envisions can change how we respond to people in crisis. Encourage their support of 988 implementation legislation, including user fees, and state general funds for crisis services.

   Your story *matters*. You are a constituent, and legislators need to hear how they can help the people that live in their district. Many will be supportive of a change to how we respond to crises, but they may not know where to start or what they can do. Your advocacy can make a different.

   You can also sign up for NAMI's advocacy alerts on federal issues at nami.org/takeaction. NAMI will let you know when there are opportunities to influence your Representative and Senators on federal legislation.

10. **How do we know mobile crisis units are needed?**
    We know that, in many states, mobile crisis teams play a vital role in addressing the needs of people in crisis who cannot be helped over a phone. In fact, some states, like Connecticut, also have child and youth-specific mobile crisis teams. The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Guidelines for Behavioral Health Crisis Care specifically notes that mobile crisis teams are a core part of the crisis care continuum that should be in every community.

11. **Will the focus on crisis services take attention away from other needed services?**
    Developing a robust crisis system is critical in order to reduce costly—and often traumatic and tragic—encounters with law enforcement, as well as to reduce emergency department visits and inpatient hospitalizations. In doing so, a strong crisis system can help communities turn their attention to other parts of the system that could help prevent crises from occurring in the first place, like Supportive Housing and Supported Employment/Education programs, Coordinated Specialty Care for early psychosis, Assertive Community Treatment (ACT) teams, and other intensive services and supports.