

# LEAP Dayton Community Responder Report

## July 1, 2021

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## Summary

In July 2020, Dayton convened five working groups of community members to address how the city could reimagine public safety. The Community Engagement Committee saw significant risks in sending armed police to intervene in low-level calls for service. One of their principal recommendations was for the city to develop a civilian first responder model to handle calls for service that do not require an armed police response but that are currently handled by police.

On November 24, 2020, the City Commission accepted [Recommendation #1](#), to establish a civilian first responder model. On April 1, 2021, the City accepted Recommendation #7, to ensure civilian first responders are dispatched for juvenile calls.

To design a model tailored to Dayton, the City contracted with the Law Enforcement Action Partnership (LEAP), a 501(c)(3) nonprofit organization that has studied these “community responder” models [across the country](#). LEAP conducted hundreds of hours of research on existing models, interviews to understand Dayton’s current first response system, and analysis of Dayton calls for service data.

We have identified three key recommendations for first response alternatives in Dayton.

**Recommendation 1: Mediation Responders**

Our first recommendation is for the City of Dayton to establish a “mediation responder” program, in which civilians trained by and housed in the Dayton Mediation Center would be directly dispatched by the Regional Dispatch Center (RDC) to handle low-level calls for service in place of police. We recommend that mediation responders begin by handling best-fit call types that make up 8 percent of all citizen-initiated police calls for service, or about 11,000 calls per year. As the program grows, we have identified another 14% of calls for service that can be taken on initially via officer referral.

**Recommendation 2: Crisis Now Model**

Our second recommendation is for the City of Dayton to work with Montgomery County Alcohol Drug And Mental Health Services (ADAMHS) to orient the new Crisis Now model toward a more central role in handling calls for service. ADAMHS has contracted with RI International and BHL to provide a mental health hotline, first responder program, and other services for all of Montgomery County by the end of calendar year 2022. This model is a strong fit to handle roughly 11.5% of current police calls for service, with growth potential to handle another 8.4% through careful screening. However, in order for the Crisis Now model to fill this role, it will have to include two features that are often low priorities: a pathway for RDC to transfer calls to Crisis Now, and the appetite to handle calls beyond narrow mental health boundaries. ADAMHS shares Dayton’s interest in these priorities.

**Recommendation 3: Administrative Alternatives**

The Dayton Police Department has established several administrative alternatives to reduce the burden on officer resources. Most relevant to diverting officer response is the Telephone Reporting Unit (TRU), which is able to take certain low-level reports over the phone so that patrol does not need to be dispatched to the scene. We recommend expanding TRU staffing and the boundaries on TRU-eligible calls. We estimate that with simple changes, TRU could handle at least an additional four percent of all calls for service. We also recommend increasing public awareness of online reporting, an existing system that is vastly underutilized. These reforms would significantly reduce uniformed responses while maintaining effective service.

**Opportunities for Alternative Response**

We explored the opportunities for alternative response systems in Dayton through calls for service data provided by RDC and the Dayton Police Department. We focused on data from calendar year 2019, since the COVID-19 pandemic made 2020 and 2021 call data exceptional.

Data shows that Dayton police received about 190,000 calls for service in 2019, of which about 76,000 were officer-initiated and 133,000 were citizen-initiated. Of the citizen-initiated calls, police responded to 114,000. About 24 percent are low- or medium-priority calls that stem from minor disputes, mental health, substance use, or homelessness-related issues. About 29 percent are administrative calls primarily in need of a report. Nine percent relate to suspicious persons, and six percent are alarm calls, the vast majority of which are false alarms. About 16 percent are disputes that could potentially become more violent. Calls appropriate for armed police response make up the final 17 percent. For this report, we examined the 83 percent of calls that did not clearly call for an armed police response.

Dayton's results are similar to the eight cities we investigated in our [Community Responder report](#). A substantial portion of 911 calls involve quality of life issues and other low-priority incidents for which the presence of armed officers is unnecessary and an ineffective use of public safety resources.

Our report estimated that between 23 and 37 percent of police calls for service in each city could be handled instead by what we call "community responders." Instead of dispatching an armed officer to the scene, cities around the country are implementing models that send trained civilian first responders with lived experience and behavioral health skills, particularly for lower-risk 911 calls involving mental health, addiction, and homelessness. Community responders effectively lighten the load for law enforcement by handling low-priority calls so that police can spend more time preventing and investigating serious crime.

The CAHOOTS program in Eugene, Oregon, which began in 1989, is the founding model for community responders. CAHOOTS provides a team of specialists in medical and crisis intervention services to provide a specialized civilian response to 911 calls related to behavioral health and social service needs. Following CAHOOTS, the Crisis Response Unit (CRU) and Support Team Assisted Response (STAR) programs emerged in Denver and Olympia, respectively. Since the killing of George Floyd, a handful of other cities from San Francisco to Austin have already rolled out community responder programs, and many more are in planning stages.

## Mediation Responders

### Summary

Dayton's Community Engagement Committee brought a different focus to community responders than most existing programs. While existing programs primarily address calls related to mental health, addiction, and homelessness, the Community Engagement Committee was most interested in calls related to low-level conflict, from neighbor disputes to juvenile disturbances. The Committee's March 25th meeting, for example, focused on how responders could prevent conflict between juveniles and their parents from escalating and leading into the justice system.

Fortunately, Dayton has an outstanding resource in this area. The Dayton Mediation Center is already a national leader in conflict intervention services, including extensive community involvement and unique referral services from the police and courts.

We recommend that the City of Dayton establish a "mediation responder" program in which appropriate police calls for service are handled instead by phone and in-person responders from the Dayton Mediation Center. Employing mediation-trained responders could be a critical asset in saving police resources, effectively de-escalating conflict, resolving long-standing conflicts through referral to mediation and other services, and preventing negative or even dangerous altercations between officers and community members.

Mediation responders could address a significant share of low-risk calls for service. Our detailed call analysis concluded that 10,000 police calls for service in 2019 could have been entirely handled by mediation responders, with growth potential of another 17,000 that could be handled initially after screening by officers and eventually by an established mediation responder program.

We believe that in addition to benefiting Dayton, a first-of-its-kind mediation responder program would attract attention from jurisdictions around the country and from the media. While existing community responder programs like CAHOOTS in Eugene, Oregon have captured national attention, they are built from a mental health perspective. Cities across the country are following suit but realizing that perhaps an even larger share of calls for service relates to low-level conflict rather than mental health. Dayton's program would be the first to focus a community responder program on these calls by approaching them from expertise in mediation.

### **Dispatch Process**

One common road-block for jurisdictions interested in community responder models is designing the process by which a 911 call can be dispatched to the responders. The process must be secure, ensuring the responder's safety, transferring the full information each step of the way, and preventing any calls from falling through the cracks. The process must be locally tailored, matching the structure and technology of the emergency response system -- which is different in virtually every city.

### **Pathway to Responder**

The City of Dayton's 911 and police non-emergency calls for service are handled by the Regional Dispatch Center (RDC), which serves jurisdictions across Montgomery County. Inside the RDC, calls are received by call-takers, who select a call type and priority level and enter call notes in the Computer Aided Dispatch (CAD) system. That information appears immediately in the police dispatch queue, which police dispatchers call out over the radio to officers. Calls can either be assigned to a squad car by a dispatcher, or they can be "self-dispatched," meaning that dispatch does not assign a unit but rather waits for an available unit to claim the call. Self-dispatched calls are also referred to as silent dispatch, because they are not verbally broadcast over the radio. Most low-priority calls are self-dispatched, including 88 percent of calls in our Category 1.

Dayton already has a built-in alternative dispatch procedure for the Telephone Reporting Unit (TRU), a group of officers within the City of Dayton who can take reports and handle minor incidents over the phone. When call-takers identify a call as TRU-eligible, they label it with "TRU" in the unit ID and let the caller know that TRU will call them back shortly. TRU officers are able to view these flagged calls on a screen, claim a call, and dial the caller back.

We recommend that Dayton's mediation responders use essentially the same procedure as TRU. The call-takers could label the call with "MED," and mediation responders could view the call queue and claim a call using an iOS app on a tablet, which they could carry across the city. Responders could dial the caller back while traveling to their location, which is a technique already practiced by [innovative police officers](#) to speed up the response, gather better information, and ensure safety.

This procedure would be distinct from dispatch of existing community responder programs, including CAHOOTS in Eugene, Oregon, CRU in Olympia, Washington, and STAR in Denver, Colorado. In those cities, after call-takers enter the call in the CAD system, the dispatchers relay all the information over police radio. They can assign a call to the community responder team, who carry a police radio, just as they would assign it to a particular patrol unit. Dispatch can also announce a call and wait for a unit to self-dispatch, in which case community responders can self-dispatch if the call type is appropriate. Law

enforcement can request them over the radio and citizens can call police and request the team as well. The CRU team can request to take calls that are relayed over the radio even if the call is not the default call type that they normally handle. Dayton's Mobile Crisis Response Unit currently uses this practice, so it is familiar both in the RDC and with DPD officers.

Police radio access can allow quicker officer response in case the team is concerned about their safety. However, existing programs do not report any close calls in which a rapid police response made the difference. If mediation responders are not on police radio, it only adds a few seconds for them to notify RDC and send a call for backup over the radio. Some of the drawbacks of police radios are the high costs of purchasing and maintaining them, the need for extensive training in radio jargon and protocol, and increased non-emergency radio traffic. Police radios could also hurt the mediation team's public perception, since they could be more closely associated with police. Perception has been a key challenge for the CRU program in Olympia, though it is unclear whether the radios are an important part of shaping this perception.

### **Mediation Phone Responder**

Many calls would benefit from the de-escalation and connection to services provided by a mediation responder but would not require an in-person presence. Those calls could be handled by a phone responder, who would be housed at a workstation in the Mediation Center. The phone responder would use the same process to receive calls, including tablet technology to view and claim appropriate calls for service. They would be able to handle calls more efficiently, with no travel time and as a single responder rather than a team of two. The phone responder could connect the call to an in-person responder if it turned out to require an in-person response.

Data from existing programs suggest that a significant portion of mediation responder calls could be handled via phone only. In Austin's EMCOT community responder program, a phone responder decides whether to handle the call themselves or dispatch an in-person responder. The phone responders have been handling over 80 percent of all calls fielded by the program. In the case of Arizona's mental health crisis line, which has the capacity to dispatch in-person responders, the crisis line handles about 85 to 90% of calls via phone only.

We recommend that Dayton's program include both in-person and phone-only mediation responders. The dual approach would make the program more efficient and flexible. It would also allow for a [direct-line option](#) for people who did not want to go through RDC and risk a police response.

### **Call Types**

Call-takers categorize police calls for service into different "call types" in every jurisdiction. The Mediation Center and Police Department have already recognized the call type "neighbor dispute" as a natural fit for mediation services. DPD sends a list of each day's neighbor dispute calls to the Mediation Center, which follows up with those addresses to attempt to engage the individuals in mediation. Police and Mediation Center staff agreed that with proper screening, those calls could be handled by trained mediation first responders.

Since existing community responder programs are centered on mental health rather than mediation expertise, they mostly address a different set of call types. However, CAHOOTS is the default responder

for a few call types relevant to mediation responders: public assist, counseling and mediation, and emergency messages (e.g. death notifications). Albuquerque's program is planning to take on noise complaints, though it has not yet launched.

We examined RDC's police call types to identify additional types that could potentially be handled by mediation responders. We then scrutinized those call types by reviewing dozens of actual Dayton call records for each type, including the call types, priority levels, modifying circumstances, dispositions, and call notes. We also discussed them with local law enforcement and the Mediation Center.

We identified two categories of call types that would benefit greatly from mediation responders. Both categories would require screening.

Category 1 calls would be an immediate fit for the program, either by phone or in-person. Category 1 calls include: peace officer request, loud noise complaint etc, juvenile complaint, trespass complaint, neighbor trouble, barking dog, fire works in progress, loitering - gathering in area, loud party complaint, roommate trouble, and emergency notification (Figure 1).

***Figure 1: Category 1 call types and Percent of total calls for service in 2019***

Call Type	Total calls (#)	Total calls (%)	Screened calls (#)	Screened calls (% of total)
Peace Officer Request	4610	3.5%	3939	85.4%
Noise Complaint	2078	1.6%	1993	95.9%
Juvenile Disturbance	2261	1.7%	1678	74.2%
Trespassing	1157	0.9%	958	82.8%
Neighbor Dispute	1134	0.9%	849	74.9%
Barking Dog	582	0.4%	568	97.6%
Fireworks	345	0.3%	271	78.6%
Party Complaint	122	0.1%	113	92.6%
Roommate Trouble	157	0.1%	106	67.5%
Loitering	74	0.1%	70	94.6%
Emergency Notification	49	0.0%	45	91.8%
<b>Total</b>	<b>12569</b>	<b>9.4%</b>	<b>10590</b>	<b>84.3%</b>

Category 2 calls could be handled by mediation responders via officer referral, since officers would be screening each call to ensure safety and appropriateness. While these call types involve some more volatile incidents, they also represent situations that would benefit greatly from mediation services: domestic complaint, disorderly subject, investigation of threat, and harassment (Figure 2).

***Figure 2: Category 2 call types and Percent of total calls for service in 2019***



Call Types	Number (total)	Percent (total)	Number (screened)	Percent screened (out of total)
Domestic Dispute	6217	4.7%	1845	29.7%
Disorderly Subject	6392	4.8%	4325	67.7%
Threat	2013	1.5%	336	16.7%
Harass	927	0.7%	533	57.5%
Total	15549	11.7%	7039	45.3%

### Call Screening

The RDC's 911 call-takers ask screening questions for all incoming calls to determine the urgency of response and flag any warning signs of danger to responding officers. They record this information in the call notes and can adjust the priority level and call type accordingly. They also already have experience following a [specific screening protocol](#) to judge whether an alternate response may or may not be appropriate, thanks to Dayton's TRU program.

Existing community responder programs all depend on call-takers to ask screening questions to ensure that responders are not sent into unsafe situations. The Eugene call-takers screen for CAHOOTS response by asking if there has been physical harm to persons, if there is an immediate threat of physical harm to persons, if any weapons are present or likely to be present, and whether a crime has occurred or is likely to occur. If the answer to any of the screening questions is yes, they dispatch police. If a serious injury has occurred, they dispatch EMS. These are similar to the questions that call-takers anywhere would ask for a call going to police. Some jurisdictions that use more detailed call types, including San Francisco and Rochester, did not have to add any extra screening questions when they implemented community responder programs, because they had already been gathering all the necessary information to prepare police for the scene.

Existing programs have shown tremendous success in call screening. CAHOOTS handles about 19 percent of all police calls for service, and [less than 1 percent of calls](#) require police backup. Not only has their screening process achieved over a 99 percent success rate, the remaining 1 percent does not put responders in danger -- in over three decades, the program has never had a casualty, and police and program staff are unable to remember an injury or close call. Denver's STAR program has only operated for a year, but their screening process has proven flawless -- so far [no calls](#) have required police backup or resulted in arrest.

We recommend that Dayton work with the RDC to develop a simple screening protocol for mediation responder calls, following the TRU protocol that RDC call-takers already know well. A draft call screening protocol that could be utilized by RDC call-takers for mediation responders is [here](#).

Using a familiar format and clear guidelines for the call types and screening protocol will reduce the need for call-taker and dispatcher training. However, this training is essential to ensuring that the protocol is followed and calls are directed to mediation responders. Existing programs have struggled to change

decades of practice in sending police to these calls. Involving RDC early on in the development of responder training will help secure RDC's buy-in to fully train and adopt the protocol.

### **Officer Referral**

Currently, the Dayton Mediation Center receives referrals from individual police officers who believe that a conflict would benefit from the mediation services. The Center has already earned the confidence of many officers within the police department, who issue frequent referrals.

Existing community responder programs all allow officers to refer appropriate situations to community responders. Whether the officer has been dispatched to a call or stumbled upon a situation "on view," they can call over the radio to summon responders. Since 911 call-takers are operating on limited information from a single person's perspective, they often send police to calls that turn out to be appropriate for community responders. As a result, officer referral is an important source of community responder calls. In Denver, the STAR team receives 40% of their calls from officer referral.

We recommend that Dayton's mediation responder program allow for officer referral. If an officer responded to a call and wanted to refer it to mediation responders, they could notify the dispatcher over the radio to reassign the call to the mediation responders. Once the mediation responders finished the call they were on, they would see the new call marked for them on their tablet screen.

Officer referral would allow mediation responders to safely begin handling calls in Category 2 and beyond, since the scenes were checked by officers. The types of conflicts in Category 2 cause immense frustration for officers, who respond to the same addresses over and over without any tools for effective resolution. These situations can boil over into violence over time if the root issues are not addressed. Resolving a few of these conflicts would win the mediation responders many champions within the police department.

Officers should receive education in the program to maximize referrals. Existing programs like CAHOOTS and CRU saw gradual increases in referrals as officers gained trust through firsthand experience with the programs. In Dayton, the program would be well-situated to receive officer referrals, since officers have already seen evidence of the Mediation Center's success. Still, officers generally only refer a small minority of eligible calls, because it is difficult to change decades of police culture and practice. They refer more calls when they receive clear guidelines on call types -- such as our Category 2 -- that they can personally screen for appropriateness. Officers should also receive education on the benefits of the program. Involving the police department early on in the development of responder training will help establish "champions" within DPD -- officers who already refer calls to the Mediation Center and who can act as a "credible messenger" to promote officer referral and increase DPD's commitment to educate officers on this issue. If these champions present firsthand stories of mediator success, they can drive the growth of officer referrals.

### **Direct Line**

Community members have voiced an important concern: some callers are so worried about triggering a police response that they will not call 911 or even the police non-emergency line. Even if they know that the call center is equipped to send mediation responders, they may fear that the call center will send the

police. Indeed, if the call-taker's screening determines the call to be ineligible for mediation responders, their fear could be justified, causing conflict and loss of trust in the program.

For this reason, several jurisdictions offer a "direct line" number that callers can use to summon community responders with no potential for police response. In Denver, anyone can dial a direct number (720-913-STAR). The call will be received by the same call-taker in the emergency call center who handles 911 and police non-emergency calls, but that call-taker can see that the call came in via the STAR direct line, and they will not send the police. Unfortunately, RDC call-takers do not have the capability to see if a caller reached them by dialing a ten-digit number instead of 911. In Olympia, certain agencies, service providers, and businesses who will not call 911 are given the community responder team's cell phone number. This approach runs into trouble as call volume rises, since responders have to juggle handling an incident while hearing calls both over the radio and on their cell phone.

In light of RDC's existing technology, we recommend that the Dayton Mediation Center establish a direct phone number routed to the mediation phone responder workstation(s). The phone responder could pick up a direct call if they were available. If they were on a call, the caller would be instructed to leave a message with a call-back number, and phone responders would return the call as soon as possible. This approach was suggested by the RDC.

## **Responder Team Details**

### **Responder Agency**

The Dayton Mediation Center is a pioneering institution in the field, founded in 1986. The Center has 4-5 full time staff, 80 volunteers, and 6 contractors funded by the City of Dayton. They receive about 2,500 referrals per year and mediate about 1,250. The Mediation Center's business hours are 8am to 5pm Monday through Friday. They also do mediations in the evenings or the weekends as necessary. They already have a positive relationship with the police department, receiving referrals directly from officers and daily reports on neighbor disputes from the Montgomery County Regional Dispatch Center. They have also built extensive trust in the community through a diverse group of staff and volunteers. In fact, the five Dayton working groups to reimagine policing were facilitated by Mediation Center staff.

Existing community responder programs are housed within a variety of city agencies and external nonprofits. Externally-run programs include CAHOOTS in Eugene, which is run by the White Bird Clinic, STAR in Denver, staffed by the Mental Health Center of Denver, and EMCOT in Austin, which is run by Integral Care. The CRU responders in Olympia recently transitioned to become city employees in order to retain staff and improve collaboration with city agencies. In Rochester, the FACIT team recently moved from the Police Department to the Department of Recreation and Youth Services. Albuquerque and Ithaca are building entirely new Community Safety Departments. These decisions depend on the local landscape, in particular the presence of existing local city or nonprofit infrastructure that provides a natural fit for the program. Several existing programs have suggested that hiring responders as city employees improves retention and relationships with other city agencies, which is crucial to the success of the program.

We recommend that the mediation responders are hired, trained, and employed by the Mediation Center. Dayton is fortunate to have a national leader in the mediation space that has already spent years

developing strong relationships with local community members, city agencies, and other stakeholders. The City of Dayton will need to provide funding to the Mediation Center to take on new full-time staff members.

### **Responder Background and Hiring**

The Dayton Mediation Center has existing staff and volunteers with backgrounds in counseling and lived experience with conflict, counseling, and behavioral health issues. The Mediation Center values diversity and has trained many individuals whose background reflects the neighborhoods they serve.

Existing community responder programs have struggled to achieve diversity of race and lived experience due to their focus on mental health and medical credentials. With two responder spots per team, CAHOOTS chooses one behavioral health clinician and an EMT or nurse, and STAR employs a clinician and a paramedic. CRU and EMCOT staff two behavioral health clinicians or counselors. SCRT in San Francisco squeezes three staff onto each team so that they can include a peer support specialist alongside a clinician and community paramedic. Finding clinicians well-suited to the community responder role is already a challenge, limiting their ability to achieve racial diversity and hire those with lived experience.

Yet community response programs benefit enormously from including those with lived experience and community ties. Staff of the Olympia CRU program credit much of their success to peer navigators, who work alongside them to engage difficult-to-reach individuals. By having “walked in the shoes” of those they serve, peers can understand and connect where other responders would give up. Just as police start out at a great disadvantage simply because their sirens, badges, and guns set off emotional triggers, a responder who reflects the demographics and understands the culture of the neighborhood will start out with an instant advantage.

With a focus on mediation skills rather than specialized credentials, Dayton has strong potential to hire responders who reflect the demographics and lived experience of the individuals they will serve. The hiring pool will be open to community members who are shut out of participation in other community responder programs. The Mediation Center has decades of hiring experience and local connections that can enable them to identify and attract diverse candidates.

### **Responder Training**

The Mediation Center specializes in mediation training -- they train their employees and volunteers to not only practice mediation but to train others to practice it. Mediation skills are closely related to the core requirements for a successful first responder: de-escalation, understanding trauma and triggers, situational awareness, motivational interviewing, unconscious bias, and cultural competency. They also already have the knowledge and connections to train responders on referrals to [key follow-up services](#).

Actual mediation takes careful preparation and significant time -- luxuries that the mediation responders will not have in the field. They will not attempt to replicate a standard mediation process on the fly but rather de-escalate the situation and connect to appropriate services to prevent a repeat occurrence. The Mediation Center will have to develop and teach a new approach that applies mediation principles but moves at the pace of first responders.

While the Mediation Center enters this space with expertise in training and de-escalation, they can learn from the specialized training processes that existing community responder programs have developed. Responders will need training in the dispatch system, to understand both the contents of a call file -- the

call type, priority level, and jargon-filled call notes -- and how to view and claim calls through their tablet iOS app. When CRU was established, the responders conducted more than a month of ride-alongs with the Olympia Police Department to absorb the many practical lessons of first response. Training is also available from the White Bird Clinic, which has trained many existing community responder programs. Their training covers important topics including self-care.

Mediation responders should also receive basic training related to mental health and addiction. They should be trained in reversing opioid overdose using naloxone (Narcan), which only requires a few minutes and no prior medical training. They should be able to recognize the signs of common mental health issues as well as alcohol and drug intoxication. While their calls for service center on low-level conflict rather than behavioral health issues, there is significant overlap. A keyword analysis of Category 1 calls suggested that about 23 percent relate to behavioral health, including 28 percent of neighbor disputes, trespassing complaints, and juvenile disturbances, and 11 percent of noise complaints (Figure 3).

**Figure 3: Category 1 Calls Flagged as Behavioral Health-Related**

Call Type	Total	Behavioral Health-Flagged (#)	Behavioral Health-Flagged (%)
Peace Officer Request	3939	1021	25.9%
Noise Complaint	1993	226	11.3%
Juvenile Disturbance	1678	474	28.2%
Trespassing	958	292	30.5%
Neighbor Dispute	849	238	28.0%
Barking Dog	568	68	12.0%
Fireworks	271	30	11.1%
Party Complaint	113	29	25.7%
Roommate Trouble	106	30	28.3%
Loitering	70	17	24.3%
Emergency Notification	45	11	24.4%
Total	10590	2436	23.0%

If the in-person mediation responders [carry police radios](#), they will need significant training on the jargon of police radio. The CRU team reported a steep learning curve in understanding and feeling comfortable speaking up on police radio. If responders do not receive this training, they are likely to either stay silent and miss out on calls or upset dispatchers and police by breaking the unwritten rules. Misuse of police radio can also create safety concerns for themselves or others.

We recommend that the Mediation Center manage the training for mediation responders. The Center's trainers can participate in police ride-alongs to gather practical experience and build trust with police. They can work with the RDC to understand the dispatch system and build trust with call-takers and

dispatchers. The same is true for other city agencies and service providers -- designing the training doubles as an opportunity to build relationships that will be crucial to the program's success.

### Responder Supplies

Beyond the tablet technology purchase and licensing, the primary concern is a vehicle. Existing CR programs acquire vans that are large enough to fit a wheelchair and sizable luggage (such as a Sprinter van), since a large part of their work involves unhoused people.

We recommend that each mediation responder team carry emergency medical supplies such as naloxone (Narcan) and EpiPens, as well as comfort items like water, snacks, blankets, and socks. These supplies can avoid the need for a medical response.

### Responder Need

Ideally, the program would handle all appropriate Category 1 calls for service, as well as new direct line calls and officer referrals. Our analysis identified 11,000 Category 1 calls appropriate for first response by mediation responders. In Category 2 we identified 7,000 calls that appeared appropriate for officer referral to mediation responders.

[Officer referrals](#) would depend on the effectiveness of officer education about the program. Officers should particularly be encouraged to refer Category 2 calls, which would benefit long-term from a mediation-informed response. Olympia's CRU program receives over 400 officer referrals per year. We hope that Dayton could exceed this number in the first year, with clear guidelines and DPD champions, but we recognize the challenge that this will pose.

New direct line calls would also depend on the effectiveness of public and agency education. The Atlanta community responder program PAD found that 40 percent of low-level quality of life calls came in to police non-emergency numbers rather than 911, suggesting that people are already seeking alternatives to 911. Significant media attention to this issue can help reach the public, in addition to the Mediation Center's existing connections and outreach to frequent callers. Still, the direct line may begin by attracting just one new call per day, or about 300 calls. Experience shows that both of the latter two categories would grow over time, depending on the full adoption of the program. If the program stays limited in size, it would lack the visibility and quick response times necessary to encourage increased calls.

We estimate that a full-time two-person mediation responder team and one phone responder could handle roughly 2,500 calls per year. This estimate relies on [numbers from the CAHOOTS](#), CRU, CCD, STAR, and EMCOT programs. This total exceeds the reach of other pilot programs because phone-only responders increase the efficiency -- they work alone and lose no travel time in between calls. However, they need to be paired with in-person responders, because they tend to handle only the "lower-hanging fruit," while the in-person responders handle more sensitive calls with greater long-term impact.

With 18,000 calls ready for mediation responders, Dayton has the volume of calls to justify more than six shifts, or eighteen total responders. The City should work with the Mediation Center to plan a phased-in roll-out, since hiring and training eighteen responders at once would pose a challenge.

Phased-in roll-out would also bring side benefits. As the initial mediation responders begin their work, they will generate the awareness needed to increase officer referrals and direct line calls from

community members and service providers. The first shift of mediation responders will also provide for effective ride-along training once the second shift of responders has been hired. As the program reviews calls with RDC and the police department, they will identify more calls that can be handled by mediation responders.

In the event of a slow shift with few calls, mediation responders can take time between calls to personally educate key frequent-caller agencies, businesses, and police about their services, or to check in on referrals. CRU staff in Olympia have found this personal outreach to be crucial in increasing community and officer referrals. Mediation responders can also follow up with individuals whom they or the Mediation Center have assisted in the past and received permission to contact again.

In the event of a busy shift, Dayton citizens do not need to worry about a loss of response time. Police only respond to 87 percent of Category 1 calls (Figure 4), and their response time averages 41 minutes (Figure 5).

We recommend that the City immediately take steps to authorize funds that will allow the Mediation Center to dedicate a staff person to design a training program and work on hiring eighteen responders on a phased-in basis.

**Figure 4: Percent of Calls Receiving a Police Response**

Call Type	Number	Police Response (#)	Police Response (%)
Peace Officer Request	3939	3468	88.0%
Noise Complaint	1993	1765	88.6%
Juvenile Disturbance	1678	1444	86.1%
Trespassing	958	868	90.6%
Neighbor Dispute	849	782	92.1%
Barking Dog	568	519	91.4%
Fireworks	271	120	44.3%
Party Complaint	113	100	88.5%
Roommate Trouble	106	81	76.4%
Loitering	70	66	94.3%
Emergency Notification	45	39	86.7%
Total	10590	9252	87.4%

**Figure 5: Current Average Police Response Time to Category 1 Calls**

Call Type	Number	Response Time (Avg, in Minutes)
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Peace Officer Request	3939	27.0
Noise Complaint	1993	36.0
Juvenile Disturbance	1678	34.0
Trespassing	958	27.0
Neighbor Dispute	849	32.0
Barking Dog	568	43.0
Fireworks	271	40.5
Party Complaint	113	40.5
Roommate Trouble	106	32.0
Loitering	70	35.5
Emergency Notification	45	32.0
Total	10590	34.5

### Responder Staffing

The mediation responders would be hired as new employees within the Mediation Center, but their positions would differ significantly from existing positions within the Center. Mediation Center employees are accustomed to a relatively traditional office schedule. The Center is open Monday through Friday, 8am to 5pm, though it can open after hours as necessary. Full-time staff are accustomed to 8-hour workdays.

Existing community responder programs operate on a first responder schedule. Responder shifts focus not on business hours but on peak hours for calls for service, which in the case of Dayton TRU run from 3 to 11pm. Like many other first responders, CAHOOTS responders work 12-hour shifts.

Unlike CAHOOTS, we recommend 8-hour shifts. Eight hour shifts are considered safer than 12-hour shifts as consistent exposure to trauma and stress can lead to fatigue, decrease focus, and negatively impact decision making skills.

We recommend that mediation responders work shifts that are timed to match calls for service volume. Calls are relatively consistent across days of the week (see Figure 6). For a single shift, data analysis shows that peak hours from 3 to 11pm constitute more than half of all calls per service (see Figure 7). For two shifts, 9am to 5pm and 5pm to 1am would cover more than 85 percent of all calls per service. Since 85 percent equals over 15,000 calls, it would provide enough call volume for six teams on these two shifts alone (Figure 8).

***Figure 6. Day-of-week analysis for mediation responder calls.***

Day of Week	Incidents (Category 1, #)	Incidents (Category 1, %)
Sun	1474	13.9%
Mon	1457	13.8%



Tue	1431	13.5%
Wed	1561	14.7%
Thu	1420	13.4%
Fri	1605	15.2%
Sat	1642	13.8%

***Figure 7. Time-of-day analysis for mediation responder calls.***

Hour of Day	Incidents (Category 1, #)	Incidents (Category 1, %)
0	419	4.0%
1	332	3.1%
2	243	2.3%
3	181	1.7%
4	109	1.0%
5	111	1.0%
6	99	0.9%
7	211	2.0%
8	273	2.6%
9	349	3.3%
10	419	4.0%
11	473	4.5%
12	466	4.4%
13	501	4.7%
14	493	4.7%
15	593	5.6%
16	641	6.1%
17	755	7.1%
18	752	7.1%
19	667	6.3%
20	632	6.0%
21	646	6.1%
22	660	6.2%
23	565	5.3%

**Figure 8. Volume for mediation responder calls by shift.**

Shift	Percent of Total Daily Calls	Number of Annual Calls	Number of 3-person teams
1 shift: 3 - 11pm	50.5%	9087	3.6
2 shifts: 9am - 1am	85.3%	15350	6.1
Total	100%	18000	7.2

## Budget

### Budget Impact

The CAHOOTS program saves the Eugene Police Department approximately [\\$8.5 million per year](#) based on the number of calls they take and the costs of associated police response alone. This represents over \$350 per call. We estimate a lower bound of the cost-per-call for the Dayton Police Department at \$136 by dividing the total patrol operations budget by the total number of calls handled. This is an underestimate, since it includes only the operations budget, not the capital budget. So the short-term value of each three-person mediation responder team handling 2,500 calls per year for the City of Dayton could be roughly estimated at somewhere between \$340,000 and \$890,000 per year.

This estimate only includes the immediate police response prevented. Some of these calls for service lead to more serious outcomes that require more resources and have long-term impacts. Since the police's principal tools are handcuffs and citations rather than mediation training, they end up resolving many incidents by making an arrest or writing a report of a minor crime. Most notably, 10 percent of trespassing cases and 7 percent of juvenile disturbances end in arrest (Figure 9). Category 1 calls were responsible for 262 arrests and 579 reports in 2019. Our estimate does not include the benefit of preventing unnecessary arrests and reports, both to police and other criminal justice system resources.

**Figure 9: Arrests and Reports for Category 1 Incidents**

Call Type	Number	Arrests (#)	Arrests (%)	Report Taken (#)	Report Taken (%)
Peace Officer Request	3939	33	0.8%	223	5.7%
Noise Complaint	1993	3	0.2%	3	0.2%
Juvenile Disturbance	1678	112	6.7%	226	13.5%
Trespassing	958	60	6.3%	59	6.2%
Neighbor Dispute	849	4	0.5%	40	4.7%
Barking Dog	568	0	0.0%	1	0.2%
Fireworks	271	0	0.0%	0	0.0%
Party Complaint	113	0	0.0%	0	0.0%
Roommate Trouble	106	1	0.9%	3	2.8%

Loitering	70	0	0.0%	0	0.0%
Emergency Notification	45	0	0.0%	0	0.0%
Total	10590	213	2.0%	555	5.2%

Our estimate also does not include the long-term benefit of mediation responders helping to permanently resolve ongoing conflicts, which prevents future police calls and criminal offenses. We expect other significant benefits, from keeping families together and safe to avoiding tragic officer-involved incidents. In addition to saving resources, this program is an investment in Dayton's future.

### **Budget Source**

The Dayton Mediation Center is currently funded by the City of Dayton general fund, the Montgomery County Sheriff's Office, Cares Act grants, peer contracts, and several local courts.

Existing community responder programs are funded by a variety of local, federal, and private sources. The Olympia CRU team is funded by a property tax levy passed by the City Council to fund downtown walking patrol and street response team. CRU team also received a grant through the state association of police chiefs and sheriffs. The Baltimore BCRI team receives significant funding from state and federal behavioral health block grants, the National Suicide Prevention Lifeline, and Medicaid reimbursement for face-to-face services. Rochester's new PIC, a 4-member team, is funded by the City Council with funds set aside for racial equity initiatives.

Given the program's benefit to reducing reliance on Dayton Police Department resources, we believe that it should be funded directly by the city. We also believe that federal grants will become available in the next year, and that private funds can be attracted to expand this pioneering mediation-based model -- as long as the city is prepared to meet the donor requirements of federal and private dollars.

### **Pilot Preparation Phases and Budget**

The first step involves hiring a single FTE to lead this program within the Mediation Center. Once that individual is on staff, the mediation responder program should consider three phases: program development, training, and operation. Program development involves funding the single FTE to work with the consultant to develop the mediation training plan, hire responders, purchase a vehicle, continue stakeholder engagement, and work on community engagement. We estimate 3 months for this phase of preparation and hiring. The training phase involves three or six additional FTEs, depending if the city plans for one initial responder team or two initial teams. This phase will last two months, and would include internal and external training, ride-along field training, and initial tests of technology and both phone and in-person response. The operation phase carries the same cost as training but begins to bring benefits -- the program has moved from training and testing to full-time operation.

Several criteria should be met prior to initiating operation. That criteria includes: formalizing call screening and dispatch protocol; training personnel; creating an oversight committee; acquiring necessary technology; and testing technology systems and response protocols. It would not be unrealistic to expect operation to begin in February 2022.

The budgets for existing community responder (CR) programs are primarily staff cost. For example, about three quarters of Albuquerque’s \$4 million pilot budget goes to city and contractor staffing. Aside from staff, a significant portion of community responder budgets goes to technology purchase and licensing fees, where the primary equipment cost is vehicle purchases.

Figure 10 contains ballpark estimates for the first six months of pilot development, training, and operation -- starting once the initial FTE is on board -- for either one or two initial responder teams. Figure 11 estimates the total cost of the first twelve months. In scenario one, the second responder team is hired once the first team begins operation. In scenario two, two responder teams are hired and trained together. Pace of hiring should be determined in consultation with the Mediation Center and in consideration of the applicant pool.

**Figure 10. Budget estimate: First six months.**

<u>One Initial Responder Team</u>		<u>Two Initial Responder Teams</u>	
<b>Total cost</b>	<b>\$174,850</b>	<b>Total cost</b>	<b>\$274,600</b>
<b>Personnel cost</b>	<b>\$138,250</b>	<b>Personnel cost</b>	<b>\$237,000</b>
FTE cost per month	\$6,583	FTE cost per month	\$6,583
FTE months	21	FTE months	36
<b>Equipment cost</b>	<b>\$36,600</b>	<b>Equipment cost</b>	<b>\$37,600</b>
Vehicle purchase	\$30,000	Vehicle purchase	\$30,000
Police radio	\$3,500	Police radio	\$3,500
Radio fees	\$300	Radio fees	\$300
Workstation and tablet	\$1,000	Workstation and tablet	\$1,000
Cell phone	\$800	Cell phone	\$800
Misc. Supplies	\$1,000	Misc. Supplies	\$2,000
Uniforms (3)	\$300	Uniforms (6)	\$600
Vehicle gas/maintenance	\$500	Vehicle gas/maintenance	\$800

**Figure 11. Budget estimate: First year.**

<u>One Initial Responder Team</u>		<u>Two Initial Responder Teams</u>	
<b>Total cost</b>	<b>\$393,900</b>	<b>Total cost</b>	<b>\$556,400</b>
<b>Personnel cost</b>	<b>\$355,500</b>	<b>Personnel cost</b>	<b>\$513,500</b>
FTE cost per month	\$13,167	FTE cost per month	\$13,167
FTE months	54	FTE months	78
<b>Equipment cost</b>	<b>\$38,400</b>	<b>Equipment cost</b>	<b>\$42,900</b>
Vehicle 2 purchase	\$30,000	Vehicle 2 purchase	\$30,000

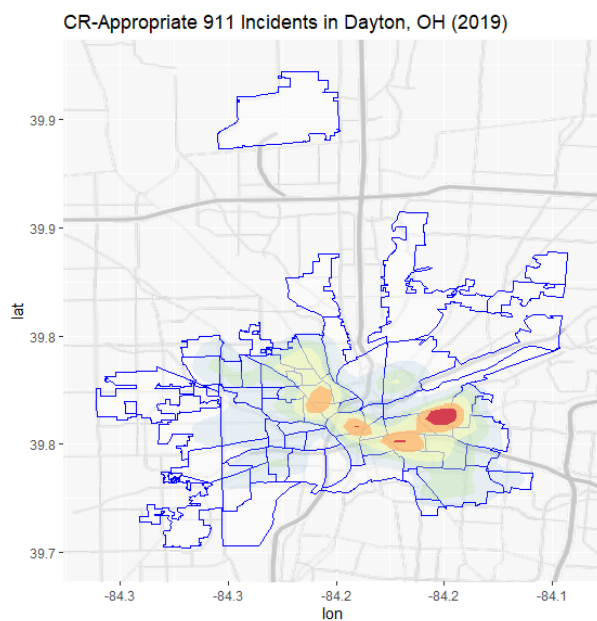
Police radio	\$3,500	Police radio	\$7,000
Radio fees	\$600	Radio fees	\$600
Workstation and tablet	\$1,000	Workstation and tablet	\$1,000
Cell phone	\$800	Cell phone	\$800
Misc. Supplies	\$2,500	Misc. Supplies	\$3,500
Uniforms	\$600	Uniforms	\$600
Vehicle gas/maintenance	\$2,500	Vehicle gas/maintenance	\$3,300

More funding would be necessary as the program expands to four shifts -- and beyond, with the expansion of officer referral and potential direct response for Category 2 calls.

**Call Geography**

Category 1 calls are spread across Dayton’s neighborhoods and police districts (Figures 12, 13, and 14). Since the Community Engagement Committee expressed concerns about the racial demographics of neighborhoods that would be served by Community Responders, we included a demographic analysis of calls in each neighborhood. While 43% of the Dayton population is black, the Category 1 calls came from neighborhoods that were on average 43% black.

**Figure 12: Heat Map of Category 1 Calls**



**Figure 13: Category 1 Calls by Neighborhood**

Neighborhood	Number of calls	Police District	Total Population	% Black
Belmont	594	EPOD S	9481	3.3%
Old North Dayton	540	EPOD N	5902	17.4%
Burkhardt	504	EPOD N	4009	11.0%

Wright View	448	EPOD N	3640	14.1%
Eastern Hills	385	CPOD	2196	47.0%
Linden Heights	384	EPOD S	5565	5.1%
Downtown	379	EPOD N	4886	9.8%
Twin Towers	361	EPOD S	2903	11.7%
North Riverdale	351	WPOD N	4346	67.3%
Walnut Hills	350	EPOD S	4965	8.5%
Westwood	303	WPOD S	5604	97.2%
Hillcrest	284	WPOD N	3366	74.6%
Old Dayton View	277	WPOD N	1356	87.1%
Five Oaks	243	WPOD N	3009	73.2%
Residence Park	235	WPOD S	3820	97.1%
Riverdale	220	WPOD N	1325	62.7%
Historic Inner East	218	EPOD N	2893	7.9%

**Figure 14: Category 1 Calls by Police District**

Police District	Incidents (#)	Incidents (%)	Time to Arrive on Scene (Avg)
Second District	3304	0.312	28 mins
Fifth District	3033	0.287	39 mins
First District	2025	0.191	27 mins
Third District	1612	0.152	38 mins
Central Business District	586	0.055	17 mins

### Key service connections

Existing community responder programs stress that their effectiveness hinges on effective connections to services. In the short term, one crucial resource is a drop-off center for individuals who need to stabilize from a mental health crisis or intoxication. In the long term, they need the ability to connect individuals to everything from housing to medical care and mental health and addiction treatment, so that the individuals are able to stabilize their situation long-term and prevent a similar call for service the following week. Since existing programs center on mental health and addiction, their immediate and long-term service connection needs are different from those of the mediation responder program.

The Dayton Mediation Center has decades of experience referring people to local services, since the conflict that leads individuals to mediation often stems from other needs, from unresolved trauma to poverty. The Center already possesses information and relationships to design referral materials, protocols, and training for responders.

Given the prevalence of mental health and addiction issues at the root of mediation-related calls, the four pillars of the [Crisis Now](#) model will become invaluable resources, particularly the drop-off stabilization center slated to open in 2022.

Ultimately, the chief resource for mediation responders will likely be the Mediation Center itself. The resource is crucial to stabilizing and resolving long-term conflicts so that they decrease over time. The Center now handles 2,500 referrals per year. Increasing their capacity to meet community needs should greatly expand the effectiveness of conflict outcomes.

We recommend that the consultant assist the Mediation Center in compiling materials and planning training on external resources for referral.

### Community Engagement

Dayton is one step ahead on community engagement, since community responders originally came out of the Community Engagement Committee itself. In addition, the Mediation Center's Community Engagement Division is already connected to local [neighborhood associations](#), businesses, and the neighborhood leadership institute. These existing connections will be invaluable for community feedback, buy-in, and publicity for the direct line.

In order to engage the community, we recommend releasing a community survey to the five working groups as well as local community groups working in this area.

In [Denver](#), while the STAR program has been in operation for a year, it was originally piloted by the Police Department, and community groups are deeply involved in shaping its future. Denver is an instructive example of the importance of community buy-in even in the pilot stages, so that later community engagement does not need to overhaul a complex system.

We recommend that once the city approves key points of the model, we work with the consultant to develop a community survey that explains the purpose and general structure of the program while gathering input on key questions. Questions should cover meaningful yet realistic choices in the program's design. Potential questions could include:

1. Present the list of Category 1 call types/definitions and ask if the caller should be able to "opt out" of a mediation response and summon the police.
2. Present the list of Category 2 call types/definitions and ask if mediation responders should be sent with the caller's permission.
3. How important is it for the mediation responders themselves to reflect the background of the neighborhoods in which they most often respond?
4. Should mediation responders wear a clearly identifiable uniform and drive a marked car? (distinct from the uniforms/markings for city agencies)
5. If in-person responders carried a police radio as opposed to a cell phone, would that pose a problem in gaining community trust? (Explain pros and cons of carrying radio)
6. How can we best reach community members so that they know about the program, both to understand its purpose if they encounter a responder in the field and to call the direct number/request responders if they encounter an issue?
7. What agencies, service providers, and other likely callers should we inform about the program?
8. Who should serve on the long-term oversight committee?
9. What data do you want to see gathered about the program as it is implemented?

### Agency Education

Existing programs find specific service providers, city agencies including libraries and transit, businesses, and other frequent callers to be important sources to educate about the program. In Olympia, a small number of key institutions drive calls to the CRU direct line.

In Dayton, common call locations for the 2019 data include Wilkinson Plaza, Saint Vincent Hotel, the downtown RTA hub, and the Daybreak Center (Figure 15). We recommend that the consultant or Mediation Center reach out to a longer list of these locations to share the survey and earn their confidence in the program.

**Figure 15: Common Category 1 Call Locations**

Location	Incidents
WILKINSON PLAZA	85
SAINT VINCENT HOTEL	41
RTA HUB DOWNTOWN	36
BILTMORE TOWERS	33
CLAYPOOL APTS NO2	30
DAYBREAK CENTER	30
VICTORIA MANOR APTS	27
BP OIL	26
HOLLYWOOD GAMING AT DAYTON RACEWAY	24
ALL IN ONE	23
CLAYPOOL APTS NO1	23
WENTWORTH APTS	23
LAKWOODS	23
FOREST GLEN APTS	22
KROGER	20
GETTYSBURG GATEWAY SHELTER FOR MEN	20

### Impact Evaluation

The Mediation Center has worked with academic research partners in the past to conduct evaluation of Center referrals from law enforcement. The Center recommended leading researchers in evaluation of mediation diversion from law enforcement, including Lorig Charkoudian in Maryland.

Impact evaluation has been a blind spot for CAHOOTS, the only long-time community responder program, but rigorous studies are now underway. Denver's STAR program is rapidly becoming the leader in this space, tracking data on calls that could have been handled but were outside the pilot area, service referrals, etc. Olympia tracks the call types, root causes of calls, and sources of calls.

We recommend that the consultant work with a research partner to develop a list of indicators that the mediation responders can feasibly track for impact evaluation purposes. These indicators should include



number of calls, call type, referrals, direct services provided, and any instances of police backup or arrest. Ideally these indicators could be tracked on the same tablet used for call dispatch, but in a separate app. In the case of referrals, this data could be a source for following up with the corresponding service providers to assess service uptake.

An evaluation plan would be a strong selling point for private funders, many of whom prioritize academic research results. It would also elevate the program's status in the world of academics and mediation experts.

### **Oversight/Monitoring**

A committee of three members from each of the five working groups is developing a longer-term structure for oversight of the working groups' recommendations. The lifespan of this interim committee is six months.

We recommend that the long-term oversight body be closely involved in review of mediation responder program testing and operation. The Mediation Center should be meeting with the police department and RDC weekly during the end phases of training and beginning of operation, and members of the oversight body should be included. These review sessions will ensure both responder and public safety are valued, including the need to restrict or expand call types and screening questions. Participating in these review sessions will provide the oversight body members with the background and jargon necessary to weigh in on these in-the-weeds yet important program decisions. The weekly reviews and oversight body participation should remain in place as long as necessary, likely long-term as the program continues to expand.

## **Mental Health/Addiction/Homelessness**

### **Option 1: Crisis Now**

#### **Summary**

ADAMHS has contracted with RI International and BHL to implement their Crisis Now model during calendar years 2021 and 2022. ADAMHS's intention is to provide civilian mental health professional response to mental health, addiction, and some homelessness related calls across Montgomery County. The Crisis Now model contains four pillars: call hotline (2021); dispatch to civilian responders (2022); 23-hour observation unit (2022); and a long term facility (2022).

The City of Dayton should expect that the Crisis Now option will be fully operational by the end of calendar year 2022. Those expectations are shared by ADAMHS, who we believe will prove to be a valuable partner in ensuring that RI International deploys contracted services in an effective and timely manner.

#### **Dispatch Process**

##### **Pathways to Dispatcher**

The Crisis Now model primarily operates through a separate phone number for citizens in need of Crisis Now services (223-CALL). By the summer of 2022, the national mental health hotline 988 is estimated to

be online, so that a national and local public education campaign can direct people to call 988 for mental health issues, and in Montgomery County those 988 calls would go to the Crisis Now hotline. The crisis hotline staff can resolve calls over the phone, a service that could launch as early as July 2021. In 2022, the hotline staff will have the capacity to not only handle calls via phone but to dispatch in-person responders.

A crucial question is whether the hotline will receive calls forwarded from the regional dispatch center. No matter how much publicity the new hotline and 988 receive, most citizens will continue to call 911 or the police non-emergency line. This 911-to-hotline transfer process is already taking place in Baltimore City, Maryland. Baltimore's RDC equivalent forwards specific mental health-related calls to Baltimore's BHL equivalent -- the Here to Help Hotline, run by Baltimore Crisis Response, Inc (BCRI). The transfer is a "warm handoff," meaning that all the information received and gathered by 911 call-takers -- from GPS location to answers to screening questions -- is passed on to the hotline call-takers. The hotline staff can then dispatch in-person clinician responders to appropriate calls.

We recommend that Dayton ensure that BHL prioritizes creating a process to receive calls coming into RDC. ADAMHS indicated that they agree with the importance of RDC transferring appropriate calls to Crisis Now. BHL indicated that they do not generally prioritize making a connection to 911 call centers, though they have some experience in this area. BHL has reached out to RDC to begin a conversation. We have confirmed that RDC does have the technological capability to transfer appropriate calls to the Crisis Now call center. We hope that BHL can take advantage of this option and work on the technological side to make this process as "warm" a handoff as possible. The transfer process could begin with a limited set of calls that can be handled over the phone, even before Crisis Now responders are on the street in 2022.

### **Call Types**

ADAMHS intends for the Crisis Now system to handle calls related to mental health, suicide, intoxication and drug addiction concerns, and some loitering (homelessness) complaints. BHL traditionally focuses on a narrower definition of mental health calls, and we are unsure if ADAMHS has communicated its broader definition to BHL.

Initial review of Dayton calls for service suggests the following call types could be handled by Crisis Now responders, with proper screening: welfare check, mental health, suicide complaint, person unresponsive, public drunkenness, and individual begging. These call types total about 11.5% of all calls for service. Most of those calls would be appropriate for handling by Crisis Now, with a small percentage screened out for an initial police or co-response based on the presence of weapons, violence, or other red flags. Many calls would also be appropriate within the disorderly subject and drug activity call types, which make up an additional 8.4% of all calls. A significant share of those calls would require police response, but they could be screened for Crisis Now response.

We recommend that Dayton and ADAMHS advocate for BHL to accept a broader range of calls involving intoxication, addiction, homelessness, and welfare checks. The consultant could prepare specific examples of calls from the call types above in order to anchor this discussion in the actual incidents that RDC is currently sending to police.

### **Call Screening**

Transferring calls from the RDC to Crisis Now would require call-takers to conduct a similar screening as for mediation responders: whether a crime has occurred or is likely to occur; if there has been physical harm to persons; if there is an immediate threat of physical harm to persons; and if any weapons are present or likely to be present. If the answer to any of the above is yes, the RDC should dispatch police instead of transferring the call. If injury has occurred, the RDC should dispatch EMS.

We recommend that Dayton encourage BHL to work with the RDC to develop a simple screening protocol for Crisis Now transfers, following the TRU protocol that RDC call-takers already know well. ADAMHS already trains RDC call-takers and dispatchers on appropriately handling mental health related calls. If the RDC is enabled to transfer calls to Crisis Now, this training can provide an important opportunity to ensure that RDC follows this protocol.

### **Dispatch to Responder**

Pillar One of the Crisis Now model, the crisis hotline, will handle most calls. However, some calls to the hotline would benefit from an in-person response. In Pillar Two of the Crisis Now model, the hotline will dispatch in-person mental health and addiction responders, including clinicians, psychiatrists, nurses, and people with lived experience. It should be expected that some of the workforce could come from clinicians currently working with co-responder units, including Dayton's Mobile Crisis Response Unit (MCRU). RI International is beginning the process of identifying and recruiting these responders, but deployment should not be expected prior to 2022.

Until responders are hired by RI International, most mental health and addiction-related calls requiring in-person response will necessitate police dispatch or Mobile Crisis Response Unit (MCRU) co-response.

### **Budget**

#### **Budget Source**

ADAMHS is providing the funding and contracting with RI International to implement the Crisis Now model.

### **Complementary Services**

The Pillar One hotline and Pillar Two responders will be joined by two complementary services within the Crisis Now framework:

- Pillar Three: 23-hr observation unit - Officers and community responders will be able to transport persons in mental health crisis to a 23-hr observation unit, significantly reducing officer wait time and saving emergency room and hospital resources. Health Care Emergency Departments and the Montgomery County Jail are two partners that should see relief. Those in crisis should achieve better outcomes by being connected to mental health professionals in an environment specifically designed to address their needs.

- Pillar Four: long term facility - This unit provides three to five days of inpatient mental health care. Long-term stabilization, including updated and refilled medication and treatment plans, is crucial to preventing a similar call the following week.

Pillars Three and Four are projected to be deployed in 2022. RI International is currently identifying properties well-suited to house 23-hour observation and inpatient services.

ADAMHS will be collaborating with existing services, such as One-Fifteen, to address addiction services.

### **High-utilizer case management**

One key service for existing community responder programs has been case management for high utilizers. Mental health calls often involve the same repeat callers or subjects. While it is a positive step to send community responders to handle these calls rather than police, cities have benefited greatly by setting up programs dedicated to serving high utilizers. When Olympia's CRU team interacts multiple times with a specific individual, they can refer them to the Familiar Faces program for long-term case management. The Familiar Faces team employs Peer Navigators who conduct long-term follow-up with specific high utilizers. They build relationships with their clients to stabilize their situation and dramatically reduce negative interactions with citizens and police, as well as 911 calls. San Francisco and other cities run similar programs, receiving referrals from the community responders.

We recommend that Dayton discuss with ADAMHS and RI International the potential for establishing a high-utilizer program similar to Familiar Faces. This program would interface well with the Crisis Now model, as a potential "fifth pillar."

### **Impact Evaluation**

Impact should be measured by both ADAMHS and the City of Dayton. Metrics should include, but are not limited to: number of calls diverted to community responders; number of calls handled by BHL dispatchers; number of arrests and criminal charges; number of emergency department transports by officers; hours of patrol and investigative efforts impacted; public perception; impact on public safety related statistics; and holistic impact on DPD budget.

### **Community Engagement**

The implementation of community responders was recommended by Dayton citizens in the Community Engagement Committee, one of five working groups intentionally addressing issues of equity, social justice and criminal justice reform in Dayton. City commissioners approved the recommendation. While this group focused on the need for non-mental health-related responses, they would still welcome news of the Crisis Now plans.

### **Public Education**

ADAMHS is currently developing public education and marketing strategies for Crisis Now dispatch services, pillar one. Because ADAMHS is contracting with RI International, it is expected that they will hold the primary responsibility for educating the public in the region they serve. It is recommended that a representative from the City of Dayton collaborate with ADAMHS to ensure education and marketing strategies for all four pillars are effectively communicated to the citizens of Dayton.

### **Oversight/Monitoring**

A committee of 3 members from each working group will oversee the implementation of alternate responder programs. The lifespan of this committee is six months. Implementation of the Crisis Now model will potentially take over one year to complete, and its impact will be ongoing. It will be important for Dayton to roll out a long-term oversight body that can continue to monitor progress with the Crisis Now model and represent Dayton's interests.

### **Agency Education**

We recommend that Dayton and ADAMHS collaborate in developing and implementing Crisis Now education for agencies within Dayton. Because of ADAMHS's relationships and expertise in mental health and addiction care, and its knowledge of contracted service expectations with RI International, ADAMHS's contribution is imperative. Dayton can provide knowledge of and connections to local agencies such as libraries or the RTA, service providers, businesses, and other institutions that experience a high frequency of mental health, addiction, and homelessness-related calls. Together, Dayton and ADAMHS can identify and educate stakeholders most likely to benefit from the use of Crisis Now services.

## **Option 2: Dayton Stand-Alone Model**

### **Summary**

We believe that the Crisis Now model has tremendous potential to meet Dayton's needs for a mental health-related community responder program. The Crisis Now model offers a standardized county-wide approach that shares provider resources, allows for significant jurisdictional cost savings, allows local departments to better strategically deploy officers, and minimizes competition for mental health and addiction community responders. Though we are planning on the success of the Crisis Now model, the City of Dayton should consider the possibility that the model will not meet community needs and be prepared to examine alternatives, such as a Dayton stand-alone model. Breakdowns in the Crisis Now model could happen for a variety of reasons, to include: non-existent or deficient communication between BHL and RDC, RI International services are not as robust as expected, RI International responders are not as effective as expected.

Dayton currently addresses mental health and addiction calls for service with its co-responder Mobile Crisis Response Unit. The community has been clear that they want a community responder model able to handle calls that do not need officer co-response. If Crisis Now will not fill this need, Dayton can consider contracting with a community provider or expanding the Mediation Center's responder program to incorporate mental health and addiction responses. We believe that by the time it is clear if the Crisis Now model will meet Dayton's needs in this area, the City will be able to judge the progress of the Mediation Center's program to determine if expanding the program to cover mental health would be feasible.

### **Model Structure**

If Dayton does choose to pursue its own responder system for mental health-related calls, we would recommend following the mediation responder model as a guide for most program details, including dispatch process, call screening, officer referral, direct line, responder hiring, responder hours, and

budget source. Below we briefly discuss the components that would be distinct from the mediation responder model, due to the different nature of the calls.

### **Call Types**

Dayton could use existing community responder programs to identify analogous call types for a stand-alone responder model.

In Eugene, CAHOOTS is the default responder for calls including: public assistance, transport request, certain suicidal subjects, housing crises, counseling and mediation, subject down, and emergency messages (e.g. death notifications). For other call types, including intoxicated persons, dispatchers can send CAHOOTS at their discretion. For welfare check, other suicide calls, or trespassing, they can send the community responders at the discretion of the caller. Because there is some overlap between these calls and calls recommended for mediation response, a Dayton program could leave those calls to the Mediation Center.

Initial review of Dayton calls for service suggests the following call types for consideration: welfare check, mental health, suicide complaint, person unresponsive, public drunkenness, and individual begging. Some calls would also be appropriate within drug activity and disorderly subjects.

### **Responder Agency**

Dayton would have two principal options: contracting with an external mental health services provider, or expanding the Mediation Center's responder program to incorporate mental health and addiction responses.

If the City preferred to contract with an external mental health services provider, ideally it could find a trusted local partner similar to the White Bird Clinic in Eugene, the Mental Health Center of Denver, or Integral Care in Austin, which those cities contract to lead community responder programs. At this time, we are not aware of local agencies ready to take on this responsibility, but the issue would merit further investigation.

If the mediation responder program proceeds successfully, the City can approach the Mediation Center about incorporating mental health and addiction response. Since the mediation responders would already be handling some mental health- and addiction-related calls, the program would already have developed key training and connections. Housing the responder programs side-by-side would also increase efficiency from RDC's dispatch perspective.

### **Responder Background**

Existing models utilize responders with similar backgrounds. CAHOOTS chooses one behavioral health clinician and an EMT or nurse, STAR employs a clinician and paramedic, CRU and EMCOT staff two behavioral health clinicians or counselors, and SCRT in San Francisco and CRU in Olympia have found positive outcomes by involving peer counselors with lived experience.

### **Responder Training**

Training can be completed in-house in collaboration with ADAMHS and associated agencies specializing in mental health and addiction care. The CAHOOTS training program would provide a good model -- all

CAHOOTS team members need to complete over 500 hours of training that include topics from de-escalation training and crisis intervention to defensive driving and responder wellness.

### **Responder Need**

We recommend analysis of potential calls for service volume be conducted once there is more clarity on the structure of the program. The experience of the mediation responders would greatly inform this analysis. Currently, we estimate

### **Budget Source**

In addition to city, state, and federal sources similar to the mediation responder program, mental health-related responders are eligible for potential reimbursement from Medicaid. In the case of Eugene's CAHOOTS program, the White Bird Clinic receives Medicaid reimbursement as a federally registered health center in an area of need.

## **Administrative Alternatives**

### **Summary**

In addition to calls better suited for mediation and mental health responders, Dayton police data reveals frequent calls for service that need an official but not in-person response, such as taking a report. In particular, police spend a significant amount of time and energy responding to calls that are primarily for insurance purposes: car accidents without injuries; minor theft complaints; and reports of property damage.

Since people currently report these issues almost exclusively by calling 911 or police non-emergency numbers, we focus here on phone-based alternatives, though additional alternatives are covered below.

### **Telephone Reporting Unit (TRU)**

Like other innovative jurisdictions, Dayton has already developed a Telephone Reporting Unit (TRU) to handle calls that do not require an in-person response. TRU is a group of Dayton Police Department officers located in the Western District. They can take reports and handle minor incidents over the phone. However, our data analysis suggests that utilization of TRU is far below its potential. We recommend expanding the use of TRU and other administrative alternatives in order to reserve police resources for public safety priorities.

### **Dispatch Process**

RDC call-takers follow the same process for TRU calls that we recommend for mediation responder calls. When call-takers identify a call as TRU-eligible, they label it with "TRU" in the unit ID and let the caller know that TRU will call them back shortly. From their office in the Western District, TRU officers are able to view these flagged calls on a screen, claim a call, and dial the caller back. If the issue merits filing a report, they fill in the same report they would complete at the scene of an incident.

If the caller insists on receiving an in-person police response, the TRU officer will telephone them back and collect the information for the report, but they will also request that RDC dispatch a crew.

## Call Types

Dayton TRU is already approved to handle a long list of low-priority call types with proper screening. This section discusses each of Dayton's most common TRU call types (Figure 16), along with their screening protocol and the potential for expansion.

***Figure 16. Administrative alternative call types.***

Administrative calls	Number	Percent
ACCIDENT	8666	6.5%
ALARM COMPLAINT	7989	6.0%
THEFT COMPLAINT	5024	3.8%
PARKING COMPLAINT	2789	2.1%
CRIMINAL PROPERTY DAMAGE	2185	1.6%
DISABLED VEHICLE	1245	0.9%
ABANDONED VEHICLE	962	0.7%
TOTAL	28860	21.7%

## Non-Injury Accident

Car accidents are Dayton's most frequent call type appropriate for TRU, making up 6.5% of all citizen-initiated police calls for service. Most of these calls do not require medical attention, assistance clearing the road or routing traffic, or any action beyond exchanging contact and insurance information and driving away. Police expressed significant frustration at having to respond to constant accident calls with no public safety purpose.

Accidents can be handled by TRU as long as there is no one injured on the scene, the car is still driveable, and there is no presence of weapons, risk of violence, or need for evidence collection. Accident calls that fit these criteria are categorized with the modifying circumstances "Property" or "Hit & Run." Current protocol also sets a damage limit of \$1,000 for TRU-eligible accidents, which is difficult to judge over the phone. Aside from the damage limit, data analysis of accident call modifying circumstances suggests that up to 6,217 accident calls per year -- 72 percent of all accident calls, and 4.7 percent of all citizen-initiated calls for service -- would potentially be appropriate for TRU.

Call data shows that out of roughly 6,217 potentially eligible accident calls in 2019, only 11 were handled by TRU. It appears that RDC call-takers are either extremely careful about the damage limit or do not feel comfortable sending these calls to TRU. Police noted that community members expect an in-person police response to accidents. They may want the police to document responsibility for insurance purposes or simply feel shaken and want a feeling of security.

Other jurisdictions have demonstrated that the bulk calls can indeed be handled by telephone reporting units. The Baltimore City Police Department in Maryland's default approach is to handle all non-injury, non-serious car accidents via TRU, as long as a TRU officer is available -- with no damage threshold. If both vehicles are driveable, the drivers are insured, and there is no hostility, the TRU officer does not even need to file a report. The officer can provide the CAD number assigned to the incident if requested



and close the call. The determination of fault is made by the two insurance companies. In most cases, unless one vehicle rear-ended the other, each driver's insurance carrier will pay for their own insured's damages.

We recommend that Dayton clarify with TRU and RDC that non-injury accidents are eligible for telephone reporting and consider eliminating the low damage threshold (the car will still need to be safely driveable). The City may consider notifying the public of this change in order to explain its purpose -- to focus law enforcement resources on public safety rather than insurance claims.

### **Alarm Complaint**

The second most frequent call type related to administrative alternatives is alarm complaint, constituting 6.0% of all calls for service. While an alarm could signal a burglary in progress or a more dangerous situation, 99 percent of alarms in most jurisdictions are false. These calls constitute a significant burden on police, often requiring two officers to spend half an hour clearing the call. Jurisdictions fall into the trap of asking "Could one of these thousand calls be a crime in progress?" without asking "Could police have done more to improve public safety with these thousand hours?"

In Dayton, when a home alarm system was triggered, it used to create an automated call to 911, and of course almost all calls turned out to be false alarms. Today, the larger alarm companies usually have an employee who will call the contact person on their account when their alarm is triggered. Usually, the person will pick up and explain that it was a mistake. The alarm company will only call the police if they are unable to confirm it is a false alarm. Most of the current alarm calls come from these alarm company employees. Also, when an address is associated with three false alarms, RDC adds the address to a Do Not Respond list and stops dispatching a response. Dayton police also charge individuals an administrative fee for all false alarms. These changes have significantly reduced false alarms. Still, one in sixteen calls for service is an alarm complaint, and the many remain false alarms.

Camden County, New Jersey has been a leader in reducing false alarms for ten years. Today, Camden does not respond to any automated alarm calls (not including panic or hold-up buttons), requiring residents to pay for an alarm company that will attempt to verify the alarm before calling the police.

We recommend further investigation of strategies to reduce alarm complaints, since these calls remain frequent. RDC could stop dispatching officers to automated alarm calls, which are now a minority and almost always false. Further analysis could potentially identify companies that were not doing due diligence or companies that excelled in screening. Communication with these companies could suggest innovations, such as attaching multiple phone numbers to an account. Further research would be worth the effort to help prevent one in sixteen calls from wasting officer time.

### **Theft complaint**

The third most frequent administrative call type, theft complaint, makes up 3.8% of all police service calls. Unlike car accidents and alarms, theft complaints do represent a criminal matter. However, few burglaries result in arrest, and very few theft cases are solved unless the victim has information or evidence to identify a suspect. Without suspect information or clear evidence, thefts are rarely investigated, since investigative resources are focused on serious and violent crime. The vast majority of theft cases are simply recorded for insurance claim information, and for insurance purposes there is no need to require police to travel to the scene.

Dayton TRU can already handle theft complaints if there is no information or evidence on the suspect, with the exception of grand theft auto, firearms, and hazardous materials or devices. Dayton's TRU protocol also sets a value threshold at \$1,000, which could prevent TRU from handling a report of a stolen cell phone.

Out of 5,024 phoned-in theft complaints in 2019, 300 were handled by TRU. While this is an order of magnitude higher than accident calls, it still only represents 6.0 percent of all theft complaints. Since these 300 calls comprise 15 percent of all calls handled by TRU, to some extent the limiting factor may be limited TRU staffing. However, TRU is able to handle 41 percent of callers simply requesting an officer call-back, which suggests TRU is generally available for closer to 40 percent of eligible calls, far more than 5.8 percent. The limiting factor may be that RDC call-takers are refraining from using TRU for the vast majority of theft complaints, perhaps due to the low value threshold or lack of clarity on screening.

The cities of Seattle, Milwaukee, Baltimore, and Chicago all divert theft reporting calls to their Telephone Reporting Units. Seattle and Milwaukee, for example, set a value threshold of \$25,000 in lost property, and Baltimore sets a threshold of [\\$15,000](#). Baltimore City has increased TRU-eligible theft calls by allowing officers to receive picture or video evidence via cell phone. While most kinds of evidence need to be collected on scene, theft evidence often does not -- for example, a photo of the stolen item or a surveillance video of the suspect. These cities also divert appropriately screened stolen license plate and stolen motor vehicle calls to TRU, which Dayton does not but could consider adding.

As with accident calls, we recommend that Dayton clarify with TRU and RDC that most theft complaints are eligible for telephone reporting and consider eliminating the damage threshold. The City may consider notifying the public of this change in order to explain its purpose -- to allow law enforcement to serve as public safety officers rather than insurance adjusters.

### **Abandoned Vehicle and Parking Complaint**

Abandoned vehicle and parking complaint calls together constitute 2.8% of all calls for service. These calls are low priority and usually not time-sensitive. Dayton currently dispatches a dedicated officer to abandoned vehicle calls to mark the tire and confirm the next day that the car has not moved. If parking complaints are in the downtown area where parking enforcement operates, they can be handled by parking enforcement rather than the police. However, officers are still responding to 40 percent of these calls.

Other leading jurisdictions handle abandoned vehicle calls through TRU for initial recording and parking complaint calls through parking enforcement. Location, model, license plate, and even VIN information can be communicated to TRU over the phone.

Since the calls are so frequent, it may be worth further investigation into how police response can be avoided. The officer handling abandoned cars could work with TRU to assemble a list so the officer dedicates fewer shifts to marking cars, creating time to handle other calls on the street or within TRU. In this case, the abandoned vehicle call type would need to be added to the TRU protocol. [Neighborhood Assistance Officers](#) could play a more central role in checking the scene and marking tires of abandoned vehicles. Parking enforcement may be able to handle a wider geographic range of parking complaints or begin handling abandoned vehicles.

Disabled vehicle calls are similarly worth further investigation, since they comprise 0.9% of Dayton calls for service. They are handled by TRU in other cities, since they are similar to abandoned vehicle calls as long as they do not involve a citizen in distress or roadway hazard.

Small innovations in handling these frequent calls can save significant police resources.

### **Criminal Property Damage**

Criminal property damage calls make up 1.6% of Dayton calls for service. If a property damage call does not involve a suspect on scene, known suspect, or clear evidence to collect, it is similar to a theft complaint claim -- the responding officer will not investigate the incident, so the visit is essentially a formality for insurance purposes. Accordingly, these calls are eligible for Dayton TRU with proper screening, and 7.4 percent are already being handled by TRU. Other cities including Milwaukee and Chicago also list destruction of property on their TRU call list.

Further analysis of these calls can reveal if TRU is handling most eligible calls or only a small portion. If the latter, Dayton should follow up as with theft complaints to ensure that TRU is maximizing its potential to relieve police resources.

### **Responder Need**

In 2019, Dayton TRU handled 1,967 calls, only 476 of which fell into the above call types of interest. We estimate that in the above call types alone, at least 4,300 calls were TRU-eligible.

With no travel time between calls, a single TRU officer is able to handle twice as many calls as a patrol unit. A single full-time TRU officer may handle 2,000 calls per year.

We recommend prioritizing increased TRU staffing, since there appears to be sufficient need to double current capacity. The staffing increase should be accompanied by the specific changes to TRU protocol and call-taker practice recommended above for non-injury accidents, theft complaints, and criminal property damage.

### **Responder Staffing**

The Dayton TRU unit is staffed primarily by officers on light duty for medical or administrative reasons. Officers can volunteer for it, but few do. It operates Mon-Fri, from 8am to 10pm.

Other jurisdictions also staff their TRU units with light duty officers. Baltimore City struggles with consistent staffing, since officers often return to the street, miss shifts for medical reasons, or go on leave.

We recommend seeking police volunteers and hiring civilian police staff to supplement TRU staffing. While only a commissioned officer can file a police report, civilians can take an accident report, which would make up about a third of all TRU calls if considered eligible. Civilian staff could potentially be drawn from existing civilian volunteer groups, such as the [Neighborhood Assistance Officers](#). Civilian staff are far easier and faster to hire than officers, and they are a more cost-effective option for calls that do not require officers. Civilian staff can handle accident calls, TRU officers can focus on filing police reports, and patrol officers can focus on public safety.

### **Other Alternatives**

Dayton can also reduce uniformed responses by raising awareness of and expanding other alternatives, which include online reporting, Neighborhood Assistance Officers (NAOs), parking enforcement, and the Dayton Delivers app.

## Online Reporting

Dayton residents can report a large range of incidents through the online system. Particularly for incidents that only require an administrative record and no police response, online reporting saves significant resources. Only certain incident types are eligible for eligible reporting: fraud, harassing phone call, identity theft, lost property, property damage (accidental), theft (non-vehicle), and theft (vehicle-related). Dayton's website contains clear definitions of these call types and a detailed list of screening questions for citizens to review before filing an online report. These questions are similar to TRU screening questions.

Despite Dayton's extensive list of call types and clear screening questions eligible for online reporting, the system is rarely used. In 2019, only 212 online reports were filed.

Many other cities have similar online reporting systems, with a similar list of eligible incidents in [Baltimore City](#) and [Seattle](#). However, the utilization is not comparable -- Seattle's CopLogic system is receiving about 20,000 reports per year, 100 times more than Dayton.

While citizens are accustomed to calling the police when a crime occurs, they are also accustomed to adopting rapid online replacements for phone and in-person processes that have been around for 50 years but are much slower and less efficient. Through strategic public education, Dayton community members can recognize the benefits of online reporting the same way they learned to use apps on their phone to replace the need for taxi services and travel agents. RDC and TRU can also help guide people to file online reports. Finally, the app Dayton Delivers could offer a police reporting tool to help improve the ease and interface of online reporting.

## Civilian Response

Civilian responders are a valuable resource for the police. Using civilians in place of police officers where appropriate saves sworn officer resources. Often civilian responders are trained for specific situations such as traffic control, so they are even better suited to those situations than an officer who has to specialize in everything.

### Neighborhood Assistance Officers

Dayton's Neighborhood Assistance Officers (NAOs) are trained civilian volunteers who assist at emergency scenes and with non-enforcement matters. There are currently approximately 24 NAOs in Dayton. They assist with traffic control, emergencies, natural disasters and special events. They can also inspect the scene of low-risk situations and communicate to dispatch if police intervention is required.

NAOs carry police radios and listen to calls coming over dispatch. Currently, RDC does not directly dispatch NAOs, since they do not track which NAOs are in service at a given time. NAOs listen to the radio and request to carry out the service.

Other police agencies staff civilian officers to help shoulder the burden of low-level issues that would otherwise fall on patrol. Camden County's Community Service Officers (CSOs) are civilian police employees that perform low-level law enforcement duties. CSO is a paid position, and there are currently nine CSOs. They respond to non-emergency, low-priority calls for service including theft, non-injury traffic accidents, and criminal damage. Their main responsibilities include to inspect property

damage and accident sites and to take and record complaints from citizens who go in-person to police stations. Tucson, Arizona also employs paid civilian CSOs for similar report-taking roles.

Dayton could consider changes so that RDC could dispatch NAOs to assist with administrative calls, such as marking abandoned cars. These changes might include a more formal schedule for NAOs, so that RDC would know when they were available for dispatch.

## Next Steps for the City of Dayton

### Recommendation 1: Mediation Responders

1. The limiting factor for this program will likely be the hiring and training of responders. We recommend that the City immediately take steps to authorize funds that will allow the Mediation Center to dedicate a staff person to work with the consultant to design a training program and begin hiring.
2. Seeking community input at the earliest possible stage is crucial to securing community buy-in. We recommend that the City immediately present this plan and associated questions to the implementation committee, members of the Community Engagement Committee, and other community groups for feedback.
3. We recommend that the City and Mediation Center -- with LEAP's help -- present this plan to RDC and the police department for feedback and initial discussions of training needs and other collaboration.
4. A planning and oversight committee that includes Mediation Center staff, police, LEAP, consultant, RDC, and community members should be quickly developed to oversee the timeline and deliverables, discuss important community and police feedback, and develop a communication plan for the resolution of more detailed protocol and feedback needs.

### Recommendation 2: Crisis Now Model

1. The City, LEAP, and the consultant should engage in regular communication with ADAMHS and BHL to ensure that BHL and RDC are moving forward in discussions of a pathway for RDC to transfer appropriate calls to the Crisis Now hotline.
2. The City, LEAP, and the consultant should engage in regular communication with ADAMHS, BHL, and RDC to ensure an appropriately wide range of calls can be transferred.
3. Work with ADAMHS to create an oversight group for Crisis Now that includes county and city government, community representatives, and strategic mental health and addiction service providers.
4. Collaborate with ADAMHS and RI International to publicize the Crisis Now hotline with the Dayton community and key stakeholders.

### Recommendation 3: Administrative Alternatives

1. Discuss revising TRU protocol with police leadership and RDC. Determine through further conversation with Dayton TRU and data analysis if TRU capacity needs to be expanded, and create a plan for expansion.

2. Develop a communication plan to educate the public on TRU changes and the benefits of online reporting. Make sure the plan is developed with broad input, including a diverse group of community members, patrol officers, and service providers.
3. Convene a committee to oversee the implementation of TRU changes and public communication to identify barriers and ensure maximum benefits.