

Public Safety Committee











Crisis Intervention Team

- **Specialized Co-Responder Teams:** A CIT-trained officer pairs with a licensed clinician to respond to mental health, substance use, and behavioral health crises citywide.
- **Structured Operations:** Led by a CIT Coordinator and clinical supervisors, teams work day/afternoon shifts, respond to live crisis calls, and conduct risk-based follow-ups.
- **On-Scene Roles:** Officers ensure scene safety while clinicians perform assessment and de-escalation, determining whether referral, treatment conveyance, or custody is appropriate.
- **Documentation & Compliance:** All encounters are recorded in clinician notes, Field-Based Reporting, and Brazos Forms; officers complete required state mental health paperwork for involuntary transports.
- Safety & Outcomes Focused: Guided by safety protocols, coordinated decision-making, and de-escalation standards to stabilize crises, link individuals to services, and improve community and officer safety.







Current Dispatch Process

Call taker triages and determines where call goes



Call is transferred to EMS, Fire, or Police



CRT or CIT Officer dispatched if mental health related





Future Dispatch Process

- Non-Violent Mental Health calls will be transferred to mental health professionals housed within EMS dispatch
- The mental health professionals will provide counseling and referrals to services
- If determined that an EMS or Police response is necessary, the mental health professional has the ability to transfer the call back to EMS or Police Dispatch





Connect and Protect Grant Status Update

- After initial grant receipt, collaboration meetings, research, and travel to investigate other agencies was initiated and completed. Internal review required possible rescoping of project.
- Rescope documents were completed and submitted after input from stakeholders including Council in Sept. 2025.
- The Federal government shutdown delayed approvals and responses.
- On November 25, the grantor approved the rescope of the project, the City immediately applied for time extensions and budget adjustments to meet the rescope. Those requests are pending.
- The City has prepared Requests for Proposals for all services contemplated in the rescope and will post them as soon as final approvals are received by the grantor.
- The City has re-established the collaboration board and begun meetings as required in the grant.





EMS Community Outreach & Engagement

• EMS visited Columbus Division of Fire, EMS Outreach Team S.P.A.R.C (Specialized Program Assessing Resource Connectivity) and RREACT (Rapid Response Emergency Addiction Crisis Team).

 Learned about the compassionbased screening model that allowed their teams to assess and process situations based on deflection and diversion.







EMS Community Outreach & Engagement

Drug / Alcohol Substance Usage - Sergeant Gwen McCue

- Post-opioid overdose outreach interventions are becoming increasingly common as a public health tool that includes harm reduction initiatives
- Provide navigation for pathways to treatment.

High utilization/ Non-emergent calls - Sergeant Jalina Lockhart

- Based on data that can be provided, our high utilization callers determine that the common non-emergency issues range between mental health crises and social service needs... i.e., elderly population and behavioral health crisis
- Identify and address factors that could be barriers in overall wellness.

Referrals - Captains, Field Personnel, Dispatchers and Community members

- Captains will send information from field personnel pertaining to overdoses or individuals seeking help to Sergeant Mc Cue for initial contact.
- Captains will obtain information from dispatchers/ field personnel regarding high utilizers or individuals seeking additional non-medical resources and forward information to Sergeant Lockhart.
- If unable to reach Sergeant McCue or Sergeant Lockhart, there will be a general email or phone number provided.

Follow Ups - EMT Tenise Beavers

- After the initial contact, a resource contact list will be available referencing the date time nature of call and requested resource information.
- This information determines the individuals' specific needs and is essential to developing an alternative response strategy

Community Paramedicine - Sergeant Monica Orange and Paramedic Christopher Shenk

- As part of the follow up recommendations for home visits maybe required especially if there is no contact made by phone.
- Initial home visit time frame duration could last up to a 1 hour
- Home visit will consist of but not limited to assessment of vitals, medical history, medication lists and evaluations of living conditions.





In the early hours of November 10, 2025, Third District officers received a call for a person threatening the driver of a bus.

Officers were quickly met with a challenging dilemna.





