Department of Management
Division of Data, Planning, and Improvement

PROCESS & OUTCOMES EVALUATION OF CO-RESPONDER PROGRAMS IN TWO IOWA CITIES

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Key Findings

Programs

Two co-responder programs were evaluated by The State of Iowa Department of Management Division of Data, Planning, and Improvement (DOM-DPI). The Marshalltown Police and Community Team (MPACT) is a collaboration between Marshalltown Police Department (MPD) and YSS of Marshall County (YSS) and provides mental health crisis response and follow-up when MPD officers determine that a referral to MPACT is appropriate. The Ames Alternative Response for Community Health (ARCH) is a collaboration between Mary Greeley Medical Center, Ames Police Department, and the Iowa State University Police Department. It provides crisis response to 911 calls regarding mental health needs and outreach services in the community.

This evaluation report describes the implementation process, logic model for each program, daily operations, and outcomes for MPACT and ARCH and concludes with themes recognized from both programs.

Lessons Learned

- Each community recognized a need to better address calls made to 911 regarding mental health crises for the following key reasons:
    - Existing first responders are needed to address criminal, fire, and medical emergencies, but they were spending their time responding to non-criminal, non-medical, non-violent emergencies.
    - Calls to 911 for mental health crises, or crises resulting from substance use and/or homelessness, were increasing.
    - Often, the same people were calling 911 or causing it to be called and were not being helped in the long-term.
    - Existing resources for law enforcement, fire, and Emergency Medical Services (EMS) had limited options for resolving mental health or behavioral issues which resulted in arrests and use of the Emergency Room (ER) to provide a temporary solution.
- A champion emerged to lead the efforts to expand first responder options. This champion was well known, respected, and inclusive in efforts to address the need by connecting with community agencies and organizations.
    - In Marshalltown, the champion was the Chief of Marshalltown Police, who then recruited the second champion, the Director of YSS of Marshall County.
    - In Ames, the champion was a community-oriented hospital Paramedic who then recruited the second champion, the Mental Health Liaison from the Ames Police Department.
- Funding was generously provided to staff and to equip the new co-responders program.
- Measures for program operations and outcomes were determined at the onset and data was collected, which allowed the program to track services delivered and the effects on clients.

- Regular review of collected data allows for data-driven decisions.
- Having a process for continuous quality improvement where program challenges, successes, and opportunities are openly discussed with key players allows for the program to evolve.
- Measuring outcomes allows the program to track changes made in the first responder system and the impacts for clients who were helped.
- Having a process for communicating back to stakeholders what the program has done regarding feedback is a crucial aspect of the continuous quality improvement cycle.
    - This is especially important as the co-responder is developing and defining what types of calls and clients are appropriate for the co-responder program, and what services the program offers.
- Turnover in the co-responder role affects the availability of services which creates frustration with other first responders.

Successes

- Co-responder programs increase the first responder resources for addressing the concerns from non-emergency 911 calls thereby allowing law enforcement, fire, and EMS to respond to criminal, fire, and medical emergencies.
    - MPACT responded to 262 cases, involving 601 individuals, in 2024.
    - 96.9% of police surveyed agree that MPACT reduced the time they spent on non-criminal calls.
    - ARCH dispatched to 552 calls in 2024, and they were the only first responder dispatched to 358 of those calls (64.9%).
- Co-responder programs improve outcomes for clients.
    - 93% of MPACT clients accepted recommendations made by Advocates.
    - 80% of MPACT stakeholders and 75% of ARCH stakeholders who worked with clients said that MPACT clients have better adherence to treatment plans.
    - 40.6% of police surveyed agreed that MPACT reduced arrests and 75% agreed that MPACT de-escalated the crisis at the scene.
- Stakeholders appreciate the existence of the co-responders, because of their ability to improve response to mental health crises in the community.
    - 72.7% of MPACT stakeholders and 88.2% of ARCH stakeholders surveyed either strongly agreed or agreed that the co-responder program was a successful addition and important program in the community.

Barriers

- Sustained funding is needed for the programs to operate.
    - MPACT has funding through 2026.
    - ARCH has funding through June 30, 2025.
- Finding and obtaining funding is difficult and time-consuming.
- Staffing turnover affects service availability.

Cost Savings

- Co-responder programs can save unnecessary ER use and some arrests, and time spent on calls by first responders (law enforcement, fire, and EMS).
    - MPACT presence saved between $6,690 and $15,060 in avoided arrests and between $9,000 and $18,000 in avoided ER visits in 2024.
    - ARCH presence saved between $160,144 and $202,831 in avoided responses by other first responders and avoided ER visits in 2024.
- Other benefits are difficult to calculate because co-responder programs are an investment. For example, it is difficult to quantify the savings resulting from follow-up/community services provided to clients longer term and the savings resulting from having additional first responders.
    - Introducing a co-responder model provides a new service, not simply replacing other first responders.
    - The outcomes for this new program are difficult to quantify the costs. For example, improved client adherence to treatment involves a baseline understanding of that client's adherence to treatment, and improvement may be incremental.
    - The "time saved" by adding co-responders does not reduce the total time needs for other first responders. The benefit is that law enforcement, fire, and EMS are allowed to respond to other calls while co-responders attend to mental health calls.
    - Tracking avoided outcomes, such as avoided arrests or avoided ER visits, captures some case outcomes, but these outcomes would not be guaranteed because not all calls would result in arrests or ER visits.
    - In addition, sometimes arrests and ER visits are the appropriate outcomes so there are times when they shouldn't be avoided.
    - There are privacy rules for each agency/institution that serves clients, and it is challenging to collect and combine the data to determine what services are having an impact on each client.

Introduction

Law enforcement is the default first responder to 911 calls when there is no fire or medical emergency. Shortages in sworn officers leave many police departments and sheriff's offices with ongoing vacancies[1] while calls to 911 have increased in volume (number of calls) and many calls require a response to mental health crises. However, law enforcement officers are trained to respond to criminal concerns and generally not specifically trained to address mental health crises.[2,3] Research has found that over 60% of calls to 911 are not criminal, fire-related, or medical in nature, thereby suggesting that a different type of response could better meet the caller's needs.[4,5] 911 calls related to substance use, mental illness, homelessness, and poverty would be better served by a social services response to de-escalate mental health crises and connect individuals to community services.

The *Suicide and Crisis Line,* 988, was launched nationally in 2022[6] and is an alternative to calling 911 for those who need to talk to someone immediately because they are experiencing a mental health crisis. While 988 has been successful with over 12 million phone, text, or chat contacts nationally since rollout, 911 continues to receive calls for people in mental health crisis.

Iowa offers *Your Life Iowa,*[7] a state-based phone, text, or chat resource for those experiencing crises regarding mental health, suicidal thoughts, substance use, and gambling. There is also the statewide Mobile Crisis Response system, an organized response of mental health professionals who can travel when requested to any community to meet with someone experiencing a mental health crisis.[8] Another Iowa resource is *Safe and Sound*, an anonymous reporting system allowing for family and friends to call with concerns about individuals who may be suffering from mental crisis and/or may become a threat to themselves or others.[9] While these programs are successful and provide options for individuals experiencing mental health or other crises, 911 continues to receive calls for people in crisis.

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[1] https://www.theiacp.org/sites/default/files/2024-11/IACP_Recruitment_Report_Survey.pdf
[2] Gates, S., Ariel, B, and Assaraf, N. (2024). Responding to nonemergency calls for service via video: A randomized controlled trial. Criminology & Public Policy, 1-23.
[3] Midgette, G. and Reuter, P. (2024). Diverting 911 calls: lessons from early adopting urban jurisdictions. Criminology & Public Policy 23:777-799.
[4] Saleh, A.Z., Appelbaum, P.S., Liu, X., Stroup, T.S., and Wall, M. (2018 May-June). Deaths of people with mental illness during interactions with law enforcement. Int J Law Psychiatry. 58:110-116.
[5] Vera Institute. (2022). 911 Analysis: Call data shows we can rely less on police. https://vera-institute.files.svdcdn.com/production/downloads/publications/911-analysis-we-can-rely-less-on-police.pdf
[6] Federal Communications Commission. 988 Transition History. https://www.fcc.gov/988-suicide-and-crisis-lifeline#:~:text=The%20goal%20is%20to%20help,reach%20a%20local%20crisis%20center.
[7] https://yourlifeiowa.org/
[8] https://iowaaeamentalhealth.org/find-support/iowas-mobile-crisis-outreach-map/
[9] https://safeandsoundiowa.gov/

Iowa has 424 law enforcement agencies, including 264 local police departments, 101 sheriff's offices, and 59 other agencies.[10] According to a 2022 survey of 174 Iowa law enforcement agencies,[11] when dispatched to address calls from mental health crises, officers transport the caller to the hospital (71% of agencies); deal with the situation themselves (54% of agencies); contact crisis trained officers or the statewide mobile response (39% of agencies); contact mental health providers or Social Workers (36% of agencies); transport to a crisis drop-off center (23% of agencies); or make an arrest/place someone in custody (14% of agencies). Fifteen agencies (10%) had a mental health professional on staff. Most law enforcement agencies (72%) employed staff or officers who had taken training in crisis intervention. With fewer than half of Iowa's law enforcement agencies contacting mental health providers or social workers, the need for new and innovative approaches in response to non-violent, non-criminal emergency calls has led to the development of co-responder programs.

Co-responder programs have been gaining popularity as another option for responses to 911 calls. First introduced in Los Angeles in 1991, co-responder programs are staffed by non-armed, civilian (non-sworn officers) mental health professionals who de-escalate emotionally charged situations and serve as a bridge between 911 callers and community services. Staffing co-responder models with mental health professionals touts a more appropriate response than dispatching armed law enforcement officers whose presence, or training, may increase the tension of the scene. Co-responders can manage non-violent, non-criminal scenes and this allows for law enforcement to be available to address violent and criminal situations.[12] Co-responder programs vary in staffing, operations, qualifications of responders, characteristics, and funding. As such, there is a "lack of consistent programming guidance".[13]

There are at least 35 co-responder programs operating in Iowa.[14] Two of these programs, Marshalltown Police and Community Team (MPACT) and Alternative Response for Community Health in Ames, were evaluated in 2024 by the Department of Management's Division of Data, Planning, and Improvement (DOM-DPI). This report documents the program evaluation process and findings for each co-responder program and provides key findings for starting, operating, and sustaining co-responder programs.

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[10] Census of Law Enforcement Agencies, 2018, https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/csllea18st.pdf

[11] Gilleland, S., Jahic, I., and Calderon, J.L. (2022, March 1). Iowa Department of Human Rights. Law enforcement's response to the mental health crisis: Preliminary findings of a statewide assessment [Presentation]. Justice Advisory Board Meeting, Des Moines, IA.

[12] International Co-Responder Alliance, ICRA, https://www.coresponderalliance.org/About#Co-Responder

[13] Uding, C.V., Moon, H.R., and Lum, C. (2024). The status of co-responders in law enforcement: findings from a national survey of law enforcement agencies. Policing: An International Journal. 10/21/24.

[14] Email survey of law enforcement agencies. (2024). Division of Data, Planning, and Improvement. Department of Management.

Methodology

DOM-DPI outlined this project in the Statistical Analysis Center 2023 grant application that was funded by the Bureau of Justice Statistics. MPACT and ARCH submitted letters of support for the grant application.

The DOM-DPI lead researcher reached out to the program administrators of MPACT and ARCH in early 2024 to discuss the project. Subsequent meetings with program teams occurred to discuss the evaluation and data needs. Since their inception (MPACT in 2021, and ARCH in 2022), both programs track calls and service data that is shared with their funders and stakeholders.

This evaluation project offered each program an external evaluation of the implementation, operation, and outcomes of their program which resulted in a comprehensive report for each program. Additionally, this evaluation project contributes to the burgeoning co-responder programs in Iowa and the nation.

Process evaluation questions inquire about the formation and operation of the program:

- How did the idea for the program begin?
- Who were the key players in making the program a reality?
- What were the inputs that were required to create the program?
- What are the inputs that are currently required to operate the program?
- What services does the program provide? How do those services meet the program's mission, vision, and values?
- What administration does it take to operate the program?
- What data does the program track, and how is that data used?
- What are the challenges that have affected how the program got started and operates?
- What works well in how the program started and operates?
- What has been unexpected or surprising during the program's beginning and ongoing operation?
- How does the program recognize that changes in its structure or operation are needed, and then what is the process for addressing that change?

Outcome evaluation questions inquire about the impact on clients that the program intended to address:

- Did participation with program Advocates reduce immediate criminal or Emergency Room (ER) involvement?
- Did participation with program Advocates reduce future criminal or ER involvement?
- For what clients did the program help to improve adherence to their mental health or health care treatment?
- For what clients did the program help to improve their living arrangements?

- Did the program reduce time spent on mental health issues by law enforcement or other first responders?

The research questions and measures were developed in collaboration between the evaluators and program team members. A copy of the evaluation questions template is included in the Appendices.

This evaluation process included both qualitative and quantitative data collection through:

- In-person, video, and telephone interviews with team members.
- In-person, video, and telephone interviews with multiple stakeholder groups.
- Online surveys with multiple stakeholder groups that were shared through program email contact lists.
- Online and print surveys of clients that were disseminated by program staff.
- Documentation of program services, policies, and procedures.
- Client program data on program services they received, which was shared confidentially per a Data Sharing Agreement (DSA).
- Client charges and convictions data using the Justice Data Warehouse.

Human Subjects Protection and Confidentiality of Data

This program evaluation project was reviewed by the DOM-DPI Institutional Review Board and the data collection, analysis, and reporting met criteria to protect the personal information and confidentiality of clients and participants. DSAs were signed by DOM-DPI and both co-responder programs. The client and stakeholder surveys and informed consent statements are provided at the end of this report. The Appendices include surveys and other information regarding data collection.

Justice Data Warehouse

To examine the data, DOM-DPI staff compiled data from the Justice Data Warehouse (JDW), a central repository of key criminal justice information maintained by DOM-DPI. The data in this report reflect information from the Justice Branch's Case Management System. The data reflect the official records contained in the case management system at the time the information was extracted to the JDW. Some edits to these records may have occurred within the case management system after the extraction, and such updates would not be included in this analysis. All data is from the JDW unless otherwise noted.

Two Cities in Iowa

This project focused on two cities in Iowa: Marshalltown in Marshall County and Ames in Story County. Both are in central Iowa. Marshalltown is known for its cultural diversity. Ames is known for being home to the second largest university in the state, Iowa State University, and has a high college student population. Census statistics

were taken from the U.S. Census website and reflect the most recent numbers that were available in 2024 (see Table 1).[15,16,17]

Table 1. Census Statistics for Iowa, Ames, and Marshalltown

Census Statistics			
Location	Marshalltown	Ames	Iowa
Population	27,574	65,686	3,241,488
Households	10,127	25,445	1,303,763
Land size in miles^2	19	28	55,853
White	56%	77.6%	83.1%
Black	2.7%	3.7%	4.5%
American Indian or Alaska Native	1.6%	0.6%	0.6%
Asian	5.2%	9.4%	2.7%
Native Hawaiian or Pacific Islander	0.0%	0.1%	0.3%
Two or more	15.7%	5.3%	2.2%
Hispanic or Latino	33.1%	4.9%	7.4%
Foreign-born	19.1%	10.9%	5.7%
Language other than English spoken at home	33.3%	13.4%	8.9%
Female	48.9%	47.1%	49.9%
Age 65 years and older	16.9%	10.7%	18.6%
Under 18 years	27.1%	11.5%	22.8%
Population with high school diploma or equivalent or higher	82.1%	97.5%	93.2%
Population with bachelor's degree or higher	19.7%	63.5%	30.9%
Owner-occupied housing	66.9%	42.9%	71.5%
Employed	66.5%	64.2%	66.4%
Median annual household income	$68,854	$60,102	$73,147
Median monthly rent	$864	$1040	$949
Living in poverty	14.0%	25.9%	11.3%

[15] U.S. Census Ames https://www.census.gov/quickfacts/fact/table/amescityiowa/PST045224
[16] U.S. Census Iowa https://www.census.gov/quickfacts/fact/table/IA/PST045223
[17] U.S. Census. Marshalltown https://www.census.gov/quickfacts/fact/table/marshalltowncityiowa/PST045224

Marshalltown Police And Community Team (MPACT)

The Marshalltown Police and Community Team (MPACT) is a collaboration between Marshalltown Police Department (MPD) and YSS of Marshall County and provides mental health crisis response and follow-up when MPD officers determine that a referral to MPACT is appropriate.

Implementation

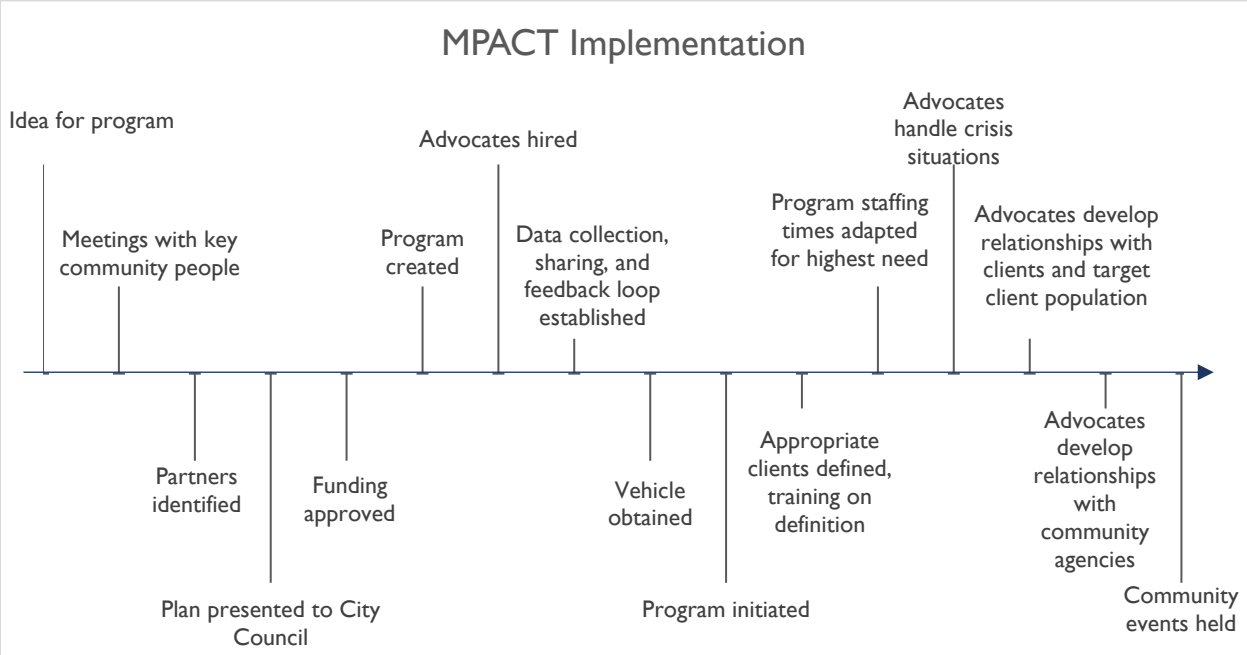
Community Need

The idea for MPACT started in 2020 when MPD Police Chief recognized that officers were frequently being dispatched to 911 calls for mental health crises making police the default mental health crisis responders. While police officers are interested in helping all 911 callers, the intention is for police to be used to address violent and criminal situations. When law enforcement is deployed to calls that are not violent or criminal, their skills may not offer the best resolution for the caller. Additionally, the response prevents them from being able to respond to violent or criminal calls.

> *"When law enforcement goes to the scene, you get a law enforcement response, skill set, and solutions. If the scene does not need a law enforcement response and solution, then a different group is needed at the scene."*
>
> *Marshalltown Police Chief*

Coupled with sworn officer vacancies and staffing requirements, full-time officers were filling available shifts resulting in overtime pay. The Chief of Police sought a new approach that would benefit the community and MPD and reached out to the Director of YSS of Marshall County. Together, they conceptualized a mental health response program (see Figure 1). In 2021, the Police Chief and YSS Director presented their idea for a pilot project to the Marshalltown City Council who unanimously approved $150,000 for the development and implementation of MPACT. This was made possible due to the champions' high regard in the community, proposed program framework, and long history of accomplishments that benefitted Marshalltown. Also important is the community's proactive and progressive nature. Interested and influential community leaders met regularly to discuss programming and MPACT operations, including law enforcement, business members, Social Workers, and school representatives. Since the original pilot project funding, MPACT has been funded by community donors, and local, state, and federal funds. It is currently funded through 2026.

Figure 1. MPACT Implementation Process



Program Description

MPACT serves the City of Marshalltown and is administered by YSS of Marshall County with Advocates located at the Marshalltown Police Department. YSS of Marshall County provides all human resource duties, such as staffing, scheduling, supervision, policy development, performance reviews, and vehicle maintenance. MPD provides office and meeting space, equipment, and direct access to law enforcement.

MPACT Community Advocates are trained Human Service Advocates. Funding supports two full-time Advocates who are available during high need times, 2pm to 12am six days per week. When police are dispatched for a non-criminal, non-emergency situation, MPD contacts MPACT's Community Advocates who respond to calls involving mental illness, family conflict, substance abuse, and emotional/behavioral situations. Their involvement allows MPD to return to the field and allows the Advocates to establish a relationship with clients. Advocates de-escalate situations in the field and provide case management services free-of-charge to those clients.

MPACT has been accredited nationally by the Commission on the Accreditation of Rehabilitation Facilities (CARF) since December 2021.

MPACT is also a member of the International Co-Responder Alliance, a group that promotes co-responder programs. MPACT Advocates and team members attend the annual conference to learn about new and cutting-edge ideas in co-responder programs.

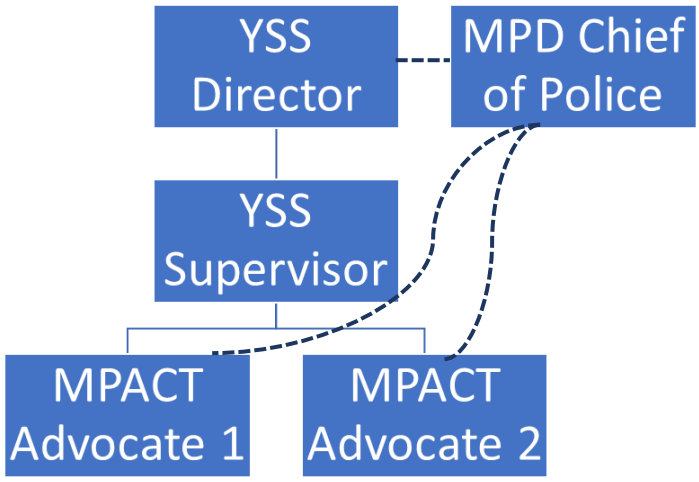
Mission & Vision

MPACT Community Advocates resolve mental and behavioral health calls by connecting individuals and families to community social services in cases when law enforcement intervention is not required. The program expects to reduce unnecessary arrests, prevent and deter (re)entry into the criminal justice system, improve call outcomes, and build positive community relationships with the Marshalltown Police Department.

Program Service & Operations Structure

The program is a structured line hierarchy through YSS of Marshall County with the MPD Chief holding a staff role (see Figure 2). MPACT Advocates are YSS employees with the benefits and obligations of that agency. Since MPACT is a new service sector of YSS, policies and procedures were developed to address the program operations. MPACT Advocates have offices at the MPD with ready access to the MPD Chief and officers. This location fosters working relationships with officers and allows the Chief to provide input on MPACT services.

Figure 2. MPACT Administrative Hierarchy



MPACT operates with YSS staff (Advocates), administration and supervision, and a vehicle with maintenance needs. YSS also offers training for Advocates and other stakeholders and coordination with MPD. MPD provides office space and equipment (e.g. safety vests, radios). See Figure 3 for a summary of MPACT's inputs and outputs.

Figure 3. MPACT Inputs & Activities

Inputs
Advocates
Administration
Supervision
Office space & equipment
Coordination between YSS and MPD
Vehicle purchase, maintenance
Training
Funding



Activities
Refer appropriate cases to advocates.
Advocates respond to cases on scene, walk-ins, or referrals.
Advocates follow up with clients.
Advocates contact other agencies to access or coordinate care for clients.
Advocates provide transportation if needed.
Administration promotes awareness of MPACT.
Process for communicating successes, challenges, solving problems, & improvements
Administration collects and shares data.
Seek funding.
Survey MPD annually.

Program activities include services and outreach for clients as well as program administration needs for the continuing operations of the program. Clients are referred to MPACT Advocates by officers. Advocates respond to referrals at the scene, at the MPD office, or wherever they are needed to meet with clients. Advocates establish working relationships with clients and help clients prioritize and problem-solve while also connecting with various service providers in the community to whom clients are referred. Advocates assist clients in arranging for transportation or they transport clients to appointments.

Administratively, MPACT holds a monthly meeting where team members can discuss program operations, successes, challenges, and ideas for improvement. MPACT administration also collects service delivery data and generates monthly reports for tracking and understanding where the program is spending resources. The program administrator surveys police officers annually to measure how well MPACT is viewed and used by officers to measure if the program is fulfilling its mission. Funding the program is a primary activity for the YSS Director and the MPD Chief and both spend considerable time connecting with potential funders and writing for grants to ensure the program can continue.

MPACT outputs identify what the program accomplishes through service delivery and can be measured to gauge the program's success. MPACT activities generated a list of measurable outputs that are identified in Figure 4.

Figure 4. MPACT Outputs & Outcomes

Outputs Tracked Monthly/Yearly
Work schedule established, revised
cases responded to.
Demographics (de-identified)
cases documented.
active vs declined cases.
follow-ups with clients.
contacts made for clients in community.
referrals made.
and type of marketing efforts.
Current list of community services.
vehicles owned, purchased, maintained.
and type of trainings for staff.
and type of funding sources identified.
and type of funding sources applied for.
MPD survey administered annually.
MPD survey results analyzed.

Outcomes
Improve client adherence to mental health treatment plan.
Reduce MPD time spent on mental health/non-criminal situations.
Reduce arrests for mental health caused situations.
Reduce client need for mental health ER visit.
MPD values MPACT.
Community agencies value MPACT.

The purpose of MPACT is to make a difference in the lives of people who are in the midst of a crisis to reduce the number of times that a mental health crisis would result in an arrest or hospital emergency room visit, and to reduce police time spent on non-violent, non-criminal calls and situations. In order to make these goals, the program must have funding in addition to trained and equipped staff.

MPACT relies on data to inform staffing levels, funding, and clients provided with services. The program also relies on data where experienced individuals must make assumptions. For example, measuring avoided arrests and ER visits is inherently difficult because it is an outcome that did not occur. Therefore, assumptions are made by Advocates and officers regarding if a client would have been arrested or taken to the ER if MPACT was not involved. See Figure 5 for a summary of these measures.

Figure 5. MPACT Program Measures

Measures
Fully staffed, trained, and equipped.
clients provided services.
clients with signed case management agreements.
clients with active treatment plans with appropriate agencies in community.
clients with housing concerns and safe housing.
cases where MPD became available for service when advocates arrived.
clients who were de-escalated in crisis and were not arrested.
& time spent with frequent callers who call advocates and not 911.
clients who were de-escalated in crisis and did not need hospital.
clients who go to ER was appropriate decision.
MPD opinion of MPACT remains high on annual survey.
Community members opinion of MPACT remains high by financial support and attendance at community events.
policy changes influenced by MPACT.
Program challenges/problems are tracked and resolved via monthly meeting.

Process Improvement

The MPACT Team meets monthly where they can discuss new situations, challenges and solutions. Since inception, MPACT has addressed the following subjects:

Staffing:

- The program started with two community Advocates, seven days each week, 10 hours each day. The program has experienced turnover in the Advocate role due to other opportunities. Currently, staffing has been stable and available six days each week, 10 hours per day, with some crossover time between the Advocates.
- Advocates tracked the number of calls for MPACT services that were outside scheduled hours for May 2024 and found 64 calls had come in for them. They followed up on those calls once they were on shift.
- Case management, or the ability for Advocates to follow-up with clients and help to facilitate access to existing services, is an important part of what MPACT offers.
- MPACT staffing discussions include a desire to increase staffing, expand services to add a medical component to the team, and to assist with triaging the calls to determine appropriate cases for MPACT to be dispatched.

Access to client information:

- Part of MPACT's effectiveness is that they have permission to access a client's history of 911 calls and the Advocates can add notes of their intervention with that client.
- MPACT Advocates have had success developing relationships with Marshalltown jail and court systems. This has allowed for Advocates to be involved in setting up community services for someone prior to them leaving jail and proactively communicating with probation or parole officers.

Providing appropriate services and saving police time:

- MPACT Advocates help with people who make frequent calls to 911 for non-criminal concerns. This benefits the client who calls because they are receiving the appropriate assistance. Additionally, it benefits the police department because police are freed up to address calls requiring a law enforcement response.

Potential pushback from pilot project funding:

- MPACT was funded by the City Council as a response to the champions' program proposal. This triggered some discussion as to why this program wasn't put out for competitive bid so that other agencies could have applied for the funding.

Data collection:

- Data collection is manual, and monthly reports are manually tabulated. A better data tracking system would be beneficial. One program, Julota (https://www.julota.com/) is created specifically for co-responder programs and is being considered by program administration.
- MPACT's goal is to create a public-facing dashboard that highlights the team's activities toward homelessness, substance use issues, and mental health.

Policy changes:

- MPACT initiated community policy change by highlighting the effect of homelessness on the community. A new committee to address homelessness was created.

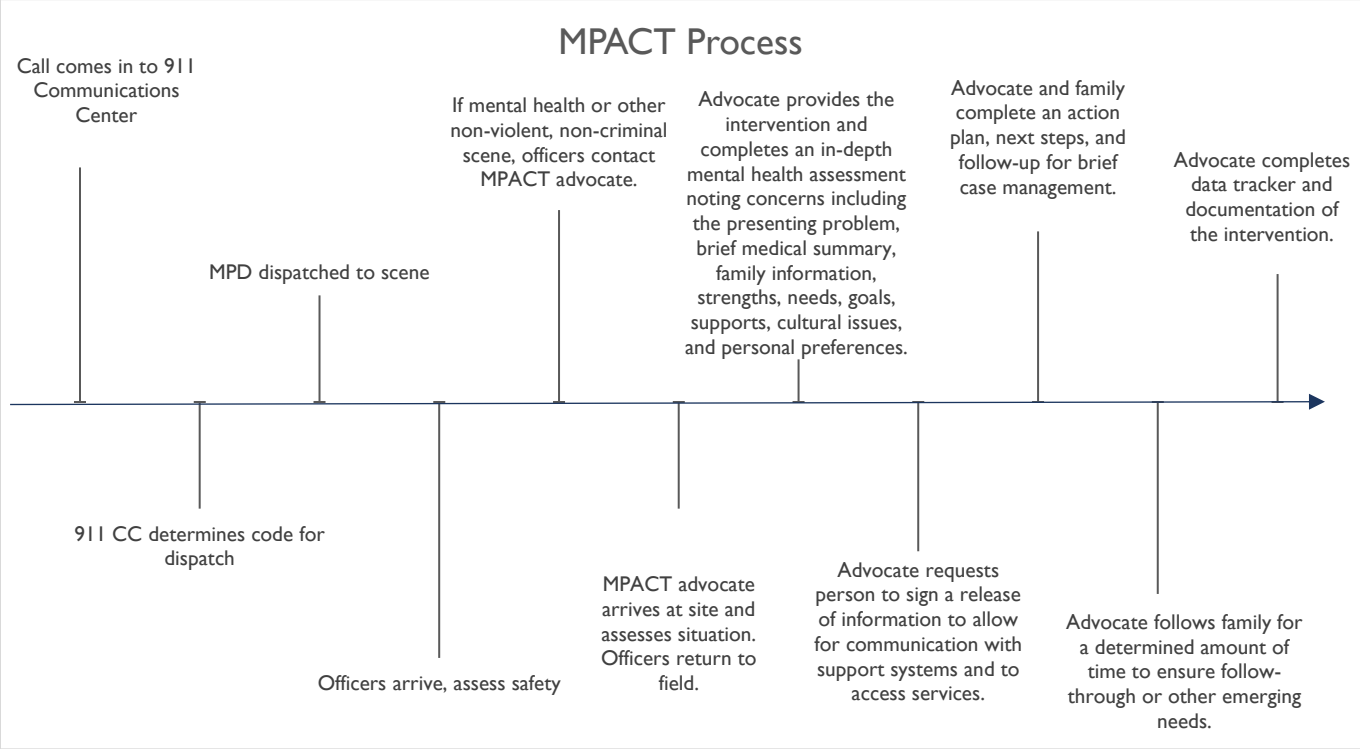
MPACT Dispatch Procedure

The dispatch and response to calls process is illustrated in Figure 6. MPACT Advocates are stationed at the MPD and carry the same type of radio used by officers. This allows for the Advocates to be aware of the calls being dispatched to officers. First, the MPD officers assess the safety of the scene and whether the MPACT Advocate's presence would be beneficial. Next, the officers contact the Advocate and requests they join at the scene. The Advocate arrives and, with the officer, they determine whether the officer should stay or if the officer can be returned to service. The Advocate provides immediate intervention and then collects an in-depth mental health assessment. This includes family circumstances, medical history, personal strengths, needs, goals, cultural issues, personal preferences, and other relevant information. MPACT Advocates ask the person if they are willing to

sign a “Release of Information” (ROI) form so that Advocates may contact service providers on the client’s behalf. Clients may refuse, which is respected, and Advocates provide services and support without communicating with other service providers. Clients can change their mind later and sign the ROI which would allow Advocates to communicate with service providers in the future.

MPACT Advocates work with the client and their family to create an action plan so that the client and family understand their next steps. Advocates also follow-up with clients and families by phone call or text and provide case management services to help further resolve the issues that created the crisis. Advocates assess clients, the situation, interventions, and case management services to determine if a particular case had a high likelihood of resulting in an arrest or ER visit if MPACT had not intervened.

Figure 6. MPACT Process for Responding to Calls



Outcomes

MPACT Performance Measures

MPACT collects data and generates a monthly report on services delivered. Table 2 reports data from 2021 through 2024 and shows how MPACT expanded its data collection through the years. In 2024, MPACT Advocates responded to 262 calls and provided services to 601 individuals, of which 7% were juveniles. The primary issue was homelessness (30% of clients). Advocates made 2,083 follow-up contacts with clients and to agencies on behalf of clients.

Table 2. Reported MPACT Performance Measures 2021-2024

Outputs: Services Delivered	2021	2022	2023	2024
"Appropriate cases" defined and all trained on definition	Yes	Yes	Yes	Yes
Work schedule established, revised	Yes	Revised	Revised	Revised
# calls responded to	350	262	362	262
# people responded to	509	494	801	601
# people responded to who were under 18 years		59	68	43
% of cases primary issue: homelessness	22%	24%	28%	30%
% of cases primary issue: domestic violence	9%	8%	13%	18%
% of cases primary issue: mental health	45%	21%	32%	19%
% of cases primary issue: substance use	3%	2%	2%	4%
% of cases primary issue: family conflict	18%	12%	18%	10%
% of cases "other" issue/welfare checks	15%	32%	30%	3%
% cases where client(s) accepted recommendations	94%	96%	93%	93%
# follow-ups with clients		361	506	1104
# contacts made with clients and for clients in community		628	941	2083
% of contacts made for issue of homelessness				32%
% of contacts made for issue of mental health				34%
# calls when MPACT helped client avoid ER				10 (3.8%)
# vehicles purchased, maintained	1	1	1	1
# calls where law enforcement was put back in service			339 (93.6%)	255 (97.3%)
# calls when MPACT helped client avoid arrest				18 (6.9%)
MPD survey administered annually	Yes	Yes	Yes	Yes
MPD survey results analyzed	Yes	Yes	Yes	Yes

MPACT collects additional data that is used for internal tracking and discussion, including:

- Number of cases that have complete documentation.
- Number of active, declined, and closed cases.
- Number of referrals made to community services.
- Number of transports provided to clients.
- Number of meetings with other agencies.
- Number and type of marketing efforts.
- Number of community presentations.
- Updated list of community services.

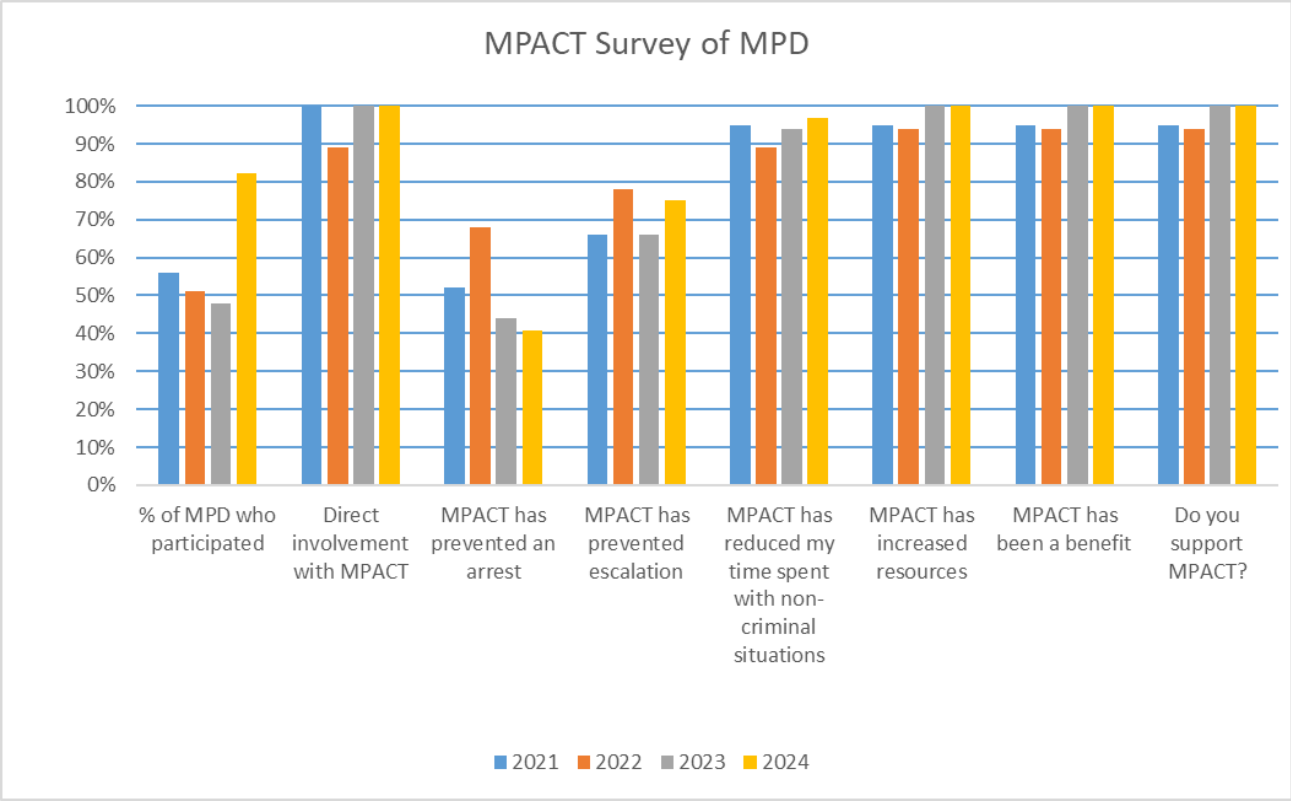
- Number and type of trainings for staff.
- Number and type of funding sources identified.
- Number and type of funding sources applied for.
- Changes in community policies, practices, and services inspired by MPACT.

MPACT Survey of Marshalltown Police Department

MPACT surveys all sworn MPD officers annually. The questions asked are listed below and the survey responses from 2020 through 2024 are illustrated in Figure 7.

1. Have you had direct involvement with MPACT?
2. Has MPACT's involvement likely prevented an arrest (if warranted) on your shift?
3. Has MPACT's involvement likely prevented an escalating situation from becoming worse?
4. Has MPACT's involvement reduced your time spent dealing with non-criminal situations?
5. Has MPACT's involvement increased your resources to provide assistance to the public?
6. Has MPACT's role and engagement been of benefit to you in your capacity at the MPD?
7. Do you support MPACT's continued partnership with MPD?

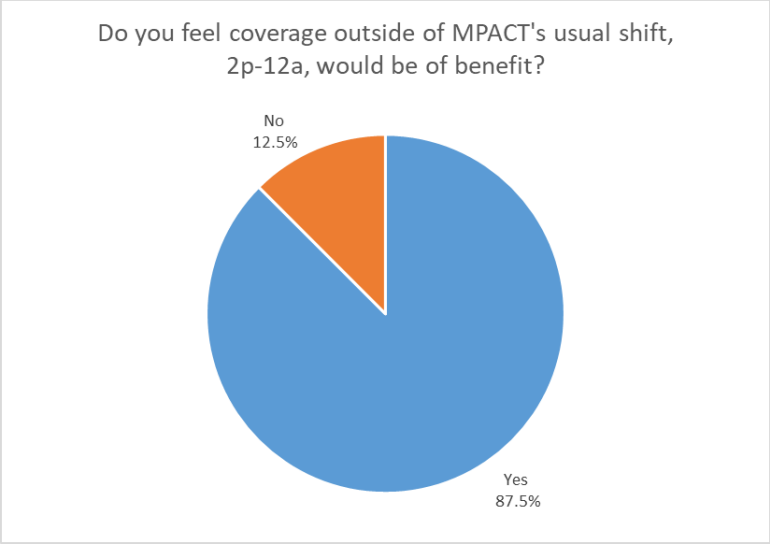
Figure 7. Results of MPACT Survey of Marshalltown Police Department 2021-2024



The survey results from all years shows high percentage of officers with direct involvement with MPACT. Further, officers report that MPACT 1) reduces their time spent in non-criminal situations, 2) has increased their available resources in dealing with mental health crises, 3) has been a benefit, and 4) that they support continuing MPACT. Specifically in 2024, almost all survey respondents (96.9% in 2024) agree that MPACT reduced their time spent on non-criminal situations. MPACT prevented the escalation of a situation in the experience of 75% of officers and arrest in the experience of 40.6% of officers. This lower percentage response regarding arrests indicates that, irrespective of the existence of a co-responder program, not all calls responded to by police are for illegal activities and would result in arrest.

MPACT asked law enforcement to provide their opinion regarding available hours. The majority of officers (87.5%) agreed that MPACT coverage should expand their hours of availability (see Figure 8).

Figure 8. Results from 2024 MPACT MPD Survey (N=32)



The MPACT MPD Survey results show that all officers are aware of MPACT, find the program beneficial and support its continuation.

MPD Officers noted on the 2024 survey that they would like to see more Advocates, more MPACT coverage, and bilingual services and/or bilingual Advocates. Comments and feedback regarding MPACT was overwhelmingly positive, although there was one negative comment and suggestion for improvement. The MPACT team discussed the feedback, both good and bad, and made some changes in their process to improve services delivered to clients and stakeholders.

Transparency to Community

MPACT shares program data, updates, and accomplishments with the community to report how their invested dollars are working within the community. This also affords MPACT the opportunity to advertise their services in order to strengthen relationships within the local agencies, encourages future clients to use their case management

service, and encourages future investment in the program. MPACT regularly reports to the Marshalltown City Council, holds community meetings, and submits program updates to local media outlets (i.e. radio, newspaper, and TV).

MPACT is described on the webpages of YSS of Marshall County, the City of Marshalltown, and the Marshalltown Police Department. MPACT does work with juveniles and partners with the Marshalltown public schools, but it is not linked to the school webpage.

MPACT Interviews and Surveys

Team Members and Stakeholders Results

Stakeholders for the MPACT program include MPACT administration, Advocates, police, community agencies that provide services used by MPACT clients, the Marshalltown Mayor, the Marshalltown City Council Members, media, financial supporters, lawmakers, and the general public. Stakeholder groups and individuals, and their contact information, were identified by the MPACT team and shared with DOM-DPI researchers. Email and phone contacts were made with stakeholders describing this program evaluation and inviting all stakeholders to participate in an online survey. In-person, virtual, and phone interviews were conducted with 18 stakeholders including MPACT Advocates and Administrators Interviews were conducted as open conversations using the questions to guide the discussion. Researchers also asked for clarification and probed for deeper understanding of responses. Researchers then reviewed the interview summaries and identified themes.

Stakeholders:

- Interact with MPACT in their professional capacity and as fellow community members with the MPACT team members.
- Were knowledgeable about MPACT because of interacting with the program on behalf of clients, and because of MPACT presentations, media, and word of mouth.
- See MPACT's goals as relieving a burden from police by responding to calls that are primarily for people in crisis, thereby allowing police to focus on enforcing the law.
- View MPACT as both a police program and a social services program.
- State that there is great value in MPACT providing needed services at the moment they are needed and go to the person who needs the services.
- See how MPACT connects with people in crisis, and connects those people with resources such as medications, emergency or ongoing medical care, counseling, housing, food needs, transportation, job skills, and application assistance.
- See MPACT Advocates navigate the health and social service system with the client, helping the client overcome barriers to accessing what they need to be healthy and productive. Advocates make sure the clients don't "get lost" while trying to access services.

- Are supportive of MPACT because Advocates are knowledgeable, responsive, hard-working, and effective.
- View MPACT as part of their team. Police report that MPACT helps them with their community policing model.

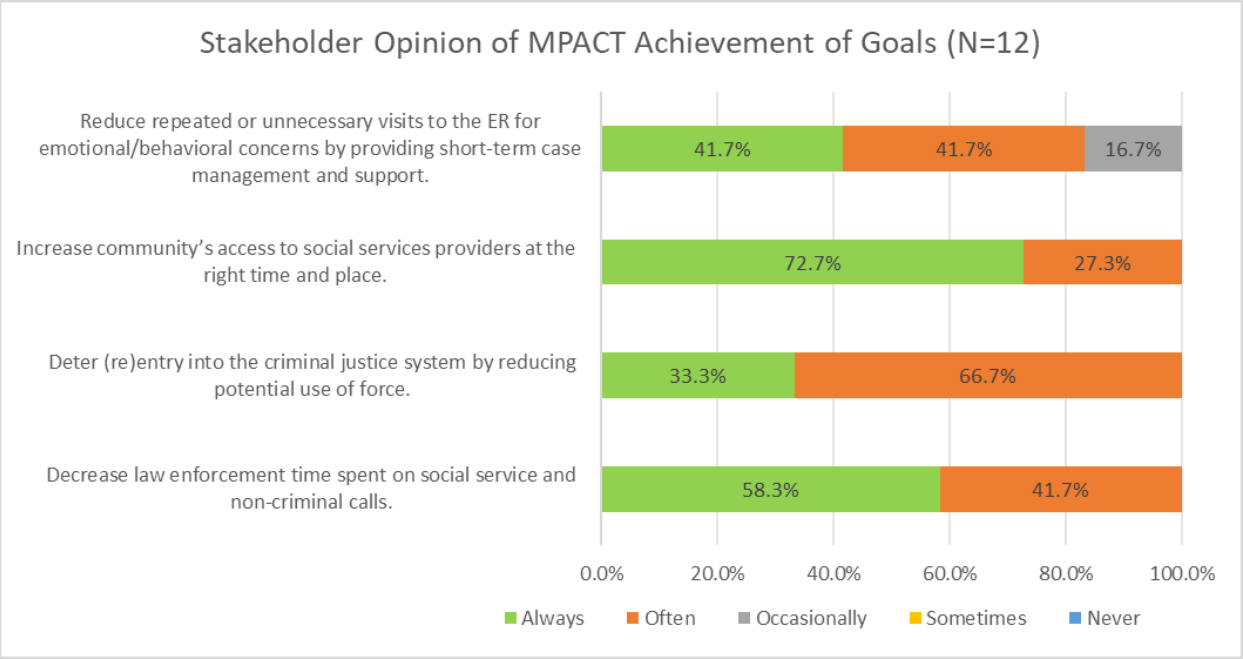
> "*Officers want people to be helped, and when they cannot help, they feel stressed and unsatisfied. MPACT helps the people in the community, and that helps police officers feel happy and satisfied.*"
>
> *Marshalltown Police Officer*

- Believe that some in the community do not know about MPACT or do not understand their services.
- Learn about MPACT through (in descending order) TV or newspaper, community events, reports at city council, and presentations given at agencies.
- Prefer MPACT share information quarterly or monthly.
- Want more MPACT hours, more Advocates, locations for MPACT at the schools and library, and Advocates who speak different languages.
- Want stability in the Advocate role. Currently, the Advocate position is entry-level and there has been turnover.
- Credit MPACT for helping the community recognize that homelessness is not adequately addressed in Marshalltown. There are no safe spaces for people who are homeless, and campgrounds want to limit people who have issues such as substance abuse. Further, clients often want to stay in Marshalltown, but shelters are out-of-county.
- Recognize that more public transportation is needed.
- Believe that If MPACT went away, there would be a decreased ability to serve people in a timely and compassionate way.
- Reported that it would be a tragedy for Marshalltown if MPACT went away.
- Are proud of the program.

There were 12 stakeholders who responded to the online survey. Participants were asked their opinion on how well MPACT has met its goals (see Figure 9).

- 100% of stakeholders responded that MPACT "Always" or "Often" increases the community's access to social services, deters entry or re-entry into the criminal justice system, and decreases the amount of time law enforcement spends on non-criminal calls.
- 83.3% of stakeholders indicated that MPACT "Always" or "Often" reduces ER visits for emotional/behavioral concerns.
- Stakeholders were given the choices of "Sometimes" and "Never," but no one used those options.

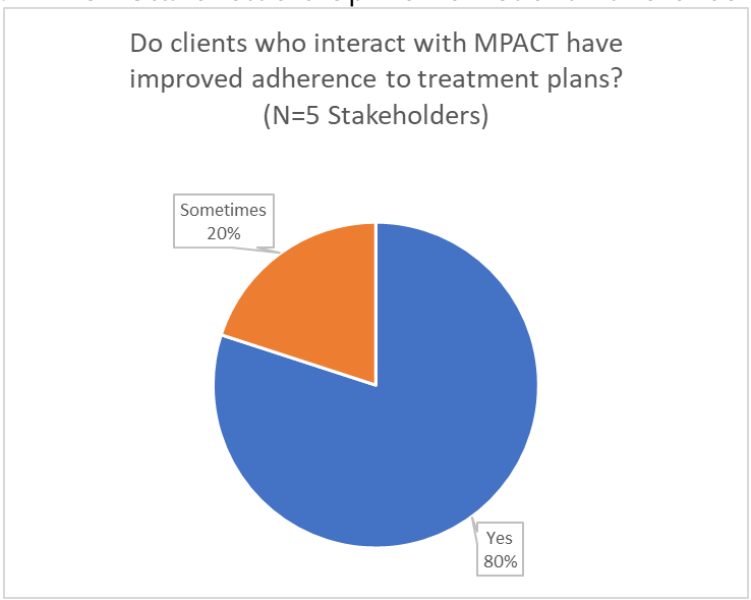
Figure 9. MPACT Stakeholders' Opinions on Program Achievement of Goals



One of MPACT's outcome goals is to assist in clients' adherence to mental health medication and treatment plans. Stakeholders were asked their opinion regarding the improved adherence to treatment plans among MPACT clients (see Figure 10).

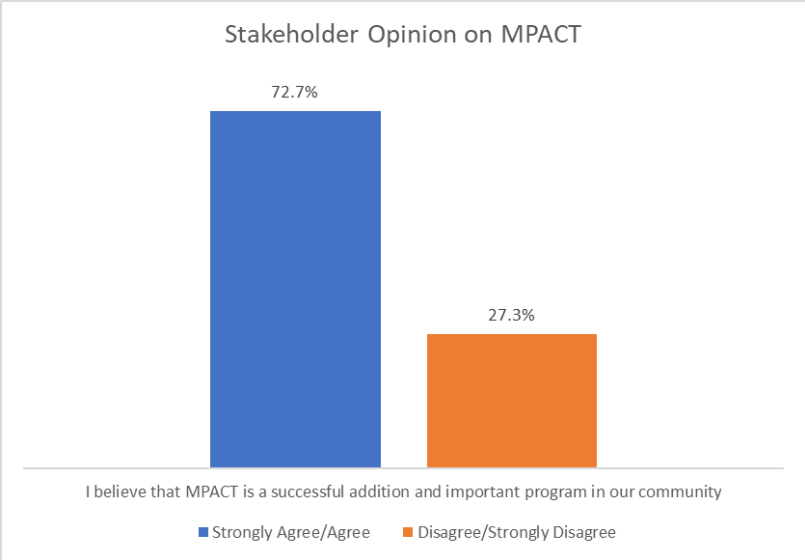
- 59% of stakeholders were not involved in client treatment plans.
- Of the five stakeholders who knew this information, four of responses were "Yes," and one of responses were "Sometimes."

Figure 10. MPACT Stakeholders Opinion on Client Adherence to Treatment



Stakeholder responses indicated that 72.7% agreed that MPACT is a successful addition and important program in the community (see Figure 11).

Figure 11. MPACT Stakeholder 2024 Opinion on Program (N=11)



Client Survey Results

Clients are defined as anyone for whom MPACT Advocates have provided mental health, social services, or case management services at the request of MPD.

The client perspective is important, but elusive. Clients who need social support for financial or housing concerns do not often have a consistent phone number, address, or email. In consultation with MPACT, it was decided that contacting clients using their phone numbers would be the most successful method for seeking their feedback for this evaluation. DOM-DPI researchers created a survey in both online and paper form that was shared with clients by the MPACT Advocates. A total of four clients completed the survey, which is a low response and cannot be considered representative of all clients. Because of this, DOM-DPI researchers discussed the usefulness of the information. It was ultimately decided to share the results because it provides a baseline of client survey responses.

Clients make multiple calls to 911, and either police or MPACT Advocates respond to their calls (see Figures 12 and 13).

Figure 12. Number of Times MPACT Client Called 911 (N=4)

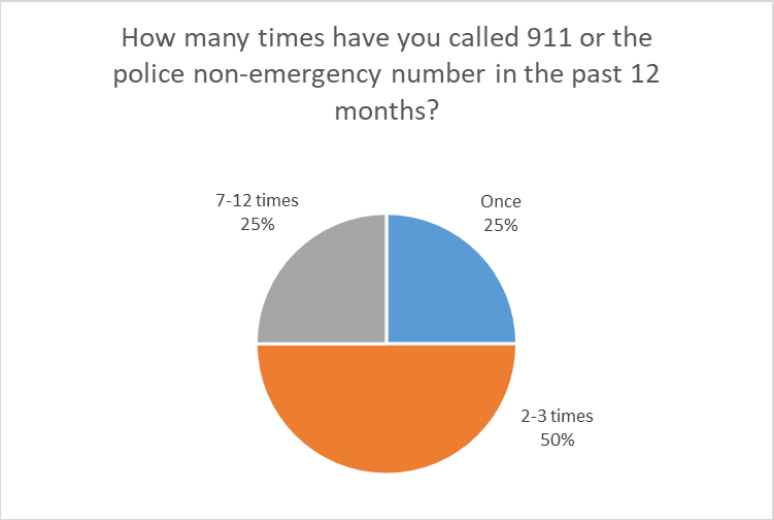
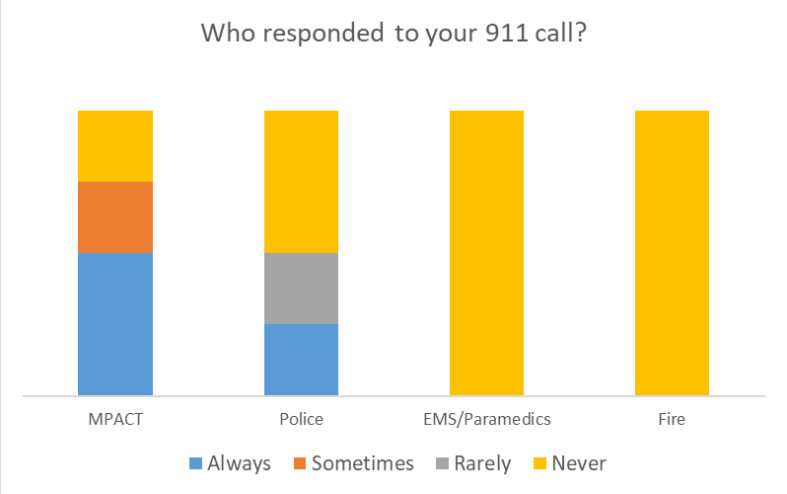


Figure 13. Who Responded to MPACT Client's Call (N=4)



Clients reported being satisfied with their experiences with MPACT. All four respondents reported that they were treated with respect, felt cared about by the MPACT Advocates, and felt the Advocates were knowledgeable and provided them with needed resources and services. After the clients' interactions with MPACT, they were all able to either stay in their home or to stay in a place of their choosing. Clients' comments reflected their positive experiences with MPACT Advocates (see Figures 14 and 15).

"*They are wonderful!*"

"*If it was not for MPACT, I would end up in jail again or the hospital.*"

Figure 14. MPACT Client Opinion on Their Experiences (N=4)

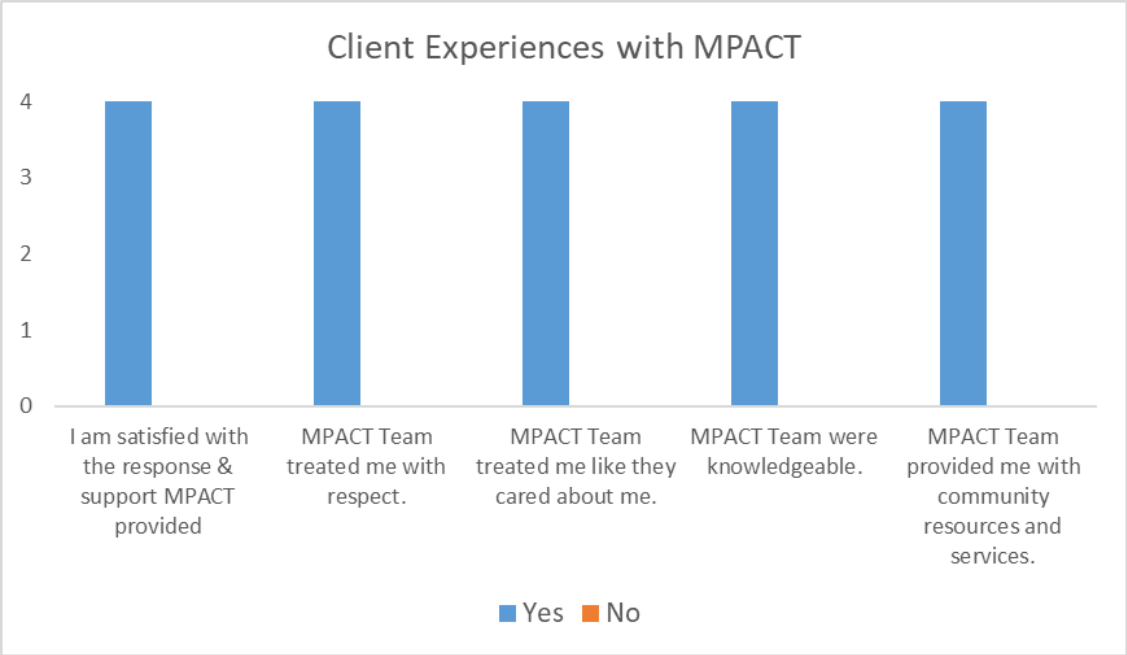
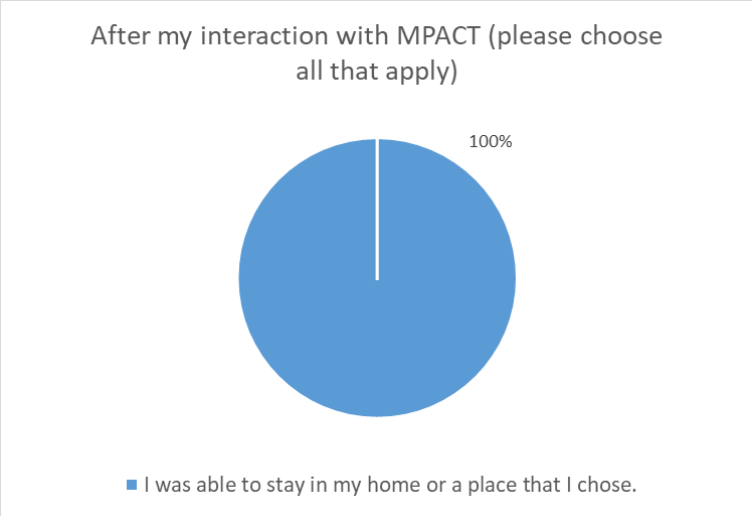
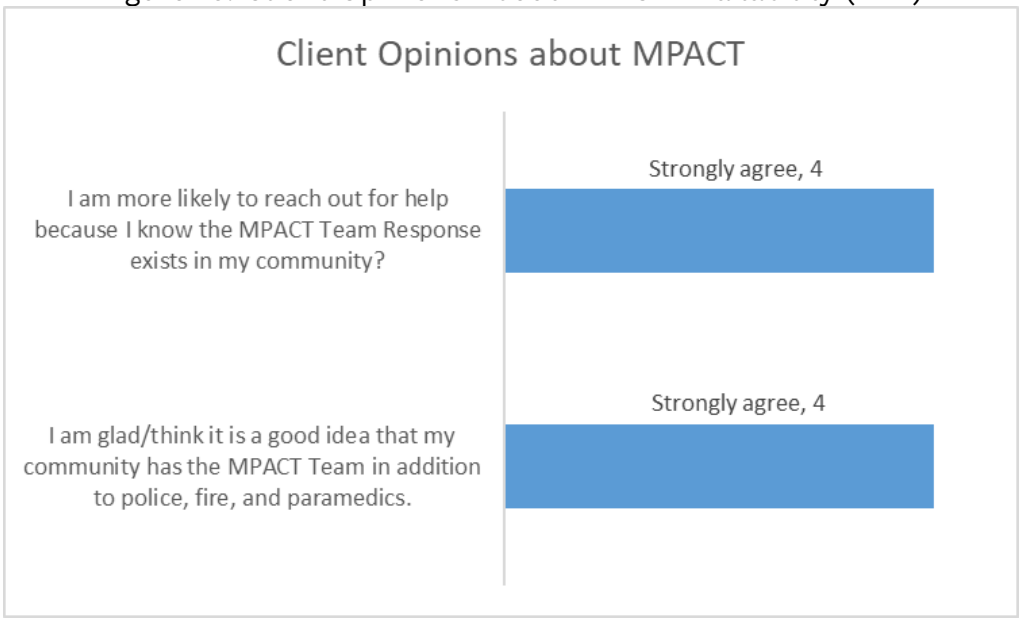


Figure 15. Results of Client's Interaction with MPACT (N=4)



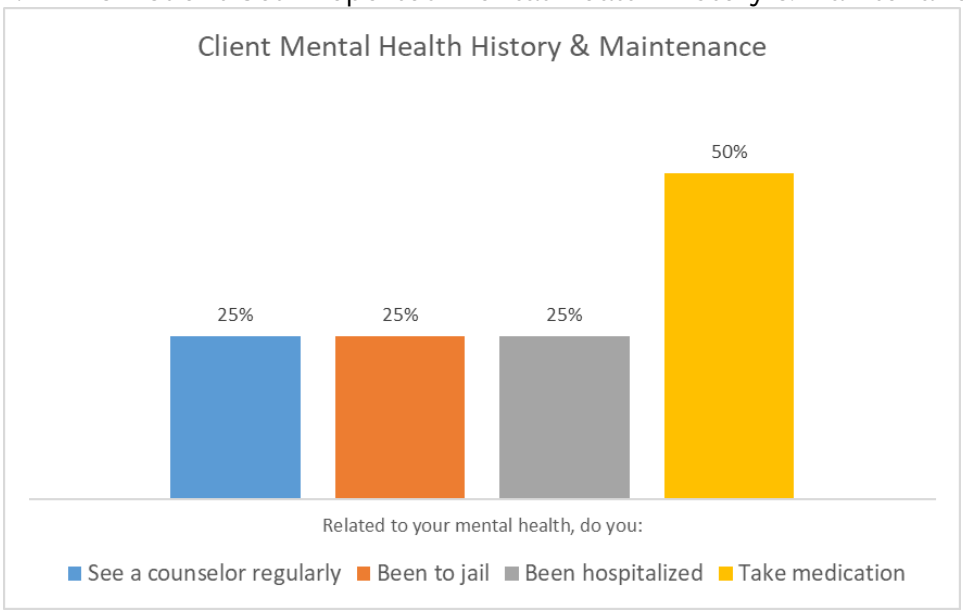
Clients are glad that MPACT exists and report being more likely to reach out for help (see Figure 16).

Figure 16. Client Opinions About MPACT Availability (N=4)



One out of the four clients reported having been to jail, and one hospitalized due to their mental health condition. Two out of the four clients reported taking medication. One out of the four reported seeing a counselor or therapist or psychiatrist regularly (see Figure 17).

Figure 17. MPACT Client Self-Reported Mental Health History & Maintenance (N=4)



Program Outcomes

Outcomes measure the changes in the community, based on the program's effect. MPACT tracks when law enforcement officers can return to service because MPACT Advocates responded to the call. They also track the number of calls where arrests and/or ER visits were avoided due to the Advocates' intervention (see Table 3).

- 80% of stakeholders who worked with clients reported better client adherence to treatment plans.
- 97% of MPACT response to cases allowed officers to return to service.
- 97% of officers reported their time spent on non-criminal cases was reduced.
- 18 times when MPACT helped cases avoid resulting in an arrest.
- 10 times when MPACT helped cases avoid resulting in an ER visit.
- 100% of officers reported they support the continued partnership with MPACT.
- 73% of stakeholders reported they believe that MPACT is a successful addition and important program.

Table 3. Reported MPACT Outcomes 2021-2024

Outcomes	Measure	2021	2022	2023	2024
Improved client adherence to treatment plan	Stakeholder Survey Agreed "Clients adhere to treatment plan"				80%
Reduced MPD time spent on non-criminal, non-violent calls	# (%) of calls when LE returned to service			339 (93%)	255 (97%)
	MPD Survey Agree "MPACT has reduced my time spent with non-criminal situations"	95%	89%	94%	97%
Reduced arrests	Case assessment by advocates				18 (7%)
	MPD Survey Agree "MPACT has prevented an arrest"	52%	68%	44%	41%
Reduced use of ER for non-criminal, non-violent calls	Case assessment by advocates				10 (4%)
MPD values MPACT	MPD Survey Agree "Do you support MPACTs continued partnership with the MPD?"	95%	94%	100%	100%
Community values MPACT	Stakeholder Survey Agree "I believe that MPACT is a successful addition and important program in our community"				73%

Avoided Arrests and ER Visits

MPACT's outcome goals are to reduce arrests and reduce unnecessary visits to the ER in response to mental health or behavioral issues that are not criminal or violent. Avoided arrests and ER visits are tracked by MPACT Advocates who handle the cases. They decide whether the situation would have escalated to the point where the situation would have resulted in an arrest or ER visit if they had not been involved.

Cost Savings from Avoided ER Visits

A 2020 study found that the average cost of an ER visit for mental health or substance use disorder (MSUD) was approximately $520, which is $669 in 2024 dollars.[18,19] An Iowa pricing review found that Iowa hospitals charge an average of $1,377 per ER visit,[20] while another article found Iowa ER visits cost an average of $1,506 in 2024.[21] Karaca and Moore found that 70% of all MSUD ER visits were from five different diagnoses: alcohol-related disorders, anxiety and fear-related disorders, depressive disorders, suicidal ideation/attempt, and psychotic disorders.

Using the range of cost of ER visits, $669 to $1,506, and applying it to the 10 cases in 2024 that avoided an ER visit, the MPACT intervention gross savings benefit was between $6,690 and $15,060.

Cost Savings from Avoided Arrests

Quantifying the cost of an arrest is more complicated. Various research articles discuss law enforcement costs, but only for violent or serious crimes.[22,23,24] The current evaluation sought estimates of law enforcement costs for the types of low-level crimes that would result in MPACT's involvement, such as disorderly conduct, disturbance, mental illness, nuisance, suspicious activity, trespassing, or welfare checks. Items to consider and calculate include officer time when responding to a call (including drive time and post-call paperwork) and if the individual is taken to jail (which includes administrative time for booking and cost of housing and feeding that person while in jail). Additional taxpayer costs could include court fees and court appearances, and if the individual requires a public defender for legal representation. Lastly, additional costs for arrested individuals may include job loss or income loss.

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[18] Karaca, Z. and Moore, B.J. (2020). Costs of emergency department visits for mental and substance use disorders in the United States, 2017. Statistical Brief. Healthcare Cost and Utilization Project. https://hcup-us.ahrq.gov/reports/statbriefs/sb257-ED-Costs-Mental-Substance-Use-Disorders-2017.jsp

[19] U.S. Inflation Calculator. https://www.usinflationcalculator.com/

[20] Hospital Pricing Specialists. (2020). https://us13.campaign-archive.com/home/?u=1a6098161a983d6c3d429e1b6&id=61be4ecea6

[21] Smith, B. (Aug. 23, 2024). Emergency room visit cost with and without insurance in 2024. https://www.talktomira.com/post/how-much-does-an-er-visit-cost

[22] Chaidez, J.C. (November, 2012). How to calculate the cost of a youth arrest. OJP. NCJ 241618.

[23] McCollister, K.E., French, M.T., and Fang, H. (Jan. 13, 2010). The cost of crime to society: New crime-specific estimates for policy and program evaluation. Drug and Alcohol Dependence. 108:1-2, 98-109. Doi: 10.1016/j.drugalcdep.2009.12.002 https://pmc.ncbi.nlm.nih.gov/articles/PMC2835847/#:~:text=Miller).,calculate%20per%2Doffense%20corrections%20costs.

[24] Urban Institute. Criminal justice expenditures: Police, Corrections, and Courts. https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/criminal-justice-police-corrections-courts-expenditures#:~:text=In%202021%2C%20state%20and%20local,on%20courts%20(1%20percent).

Dr. Logan Lee, Associate Professor of Economics at Grinnell College, reviewed published literature on the subject and provided a pragmatic estimate that the initial cost of an arrest (based on the amount of time officers might spend during the incident, arrest, and delivery to jail) could be between $500 and $1,000.[25] Using these numbers, MPACT intervention gross savings benefit for 18 avoided arrests in 2024 is between $9,000 and $18,000.

The purpose of MPACT is to respond to non-violent, non-criminal calls. Although these types of calls do not typically result in arrests, they do take a great deal of time to deescalate and resolve. Therefore, the greatest benefit may not be avoided arrests, but instead the amount of law enforcement time that has been saved and the avoidance of future mental health crises due to the investment by the MPACT Advocates in client well-being and connection to community services.

Total Cost Savings from Avoided Arrests and ER Visits in 2024

The estimated total cost savings of MPACT based on the savings to avoid an ER visit for 10 clients and avoided arrest of 18 clients is between $15,690 and $33,060.

Unquantified cost savings

- Officer time
    - MPD Officers were able to return to service to answer other calls for 255 calls when MPACT Advocates took over the scene.
    - Once a person is established as an MPACT client, they can call MPACT Advocates directly instead of calling 911 and requiring a dispatch.
- Officer satisfaction
    - Officers are motivated to help and keep citizens safe and they feel satisfaction in knowing that MPACT exists and provides the help that citizens need and that officers do not have the allotted time or specific training to provide.
- Client health
    - Clients accepted recommendations made by MPACT Advocates which improves health and safety.
    - Recommendations help clients identify and pursue solutions for safety, housing, treatment, and counseling.
    - Healthier clients are more productive citizens.
- Improved client access to services
    - MPACT Advocates work with clients to identify what factors keep the client from accessing services.
    - Advocates then make connections with service providers to remove barriers.
    - Advocates encourage clients to actively pursue using community services for treatment and solve problems.
- Reduced crises
    - Healthier clients have fewer crises requiring emergency intervention.

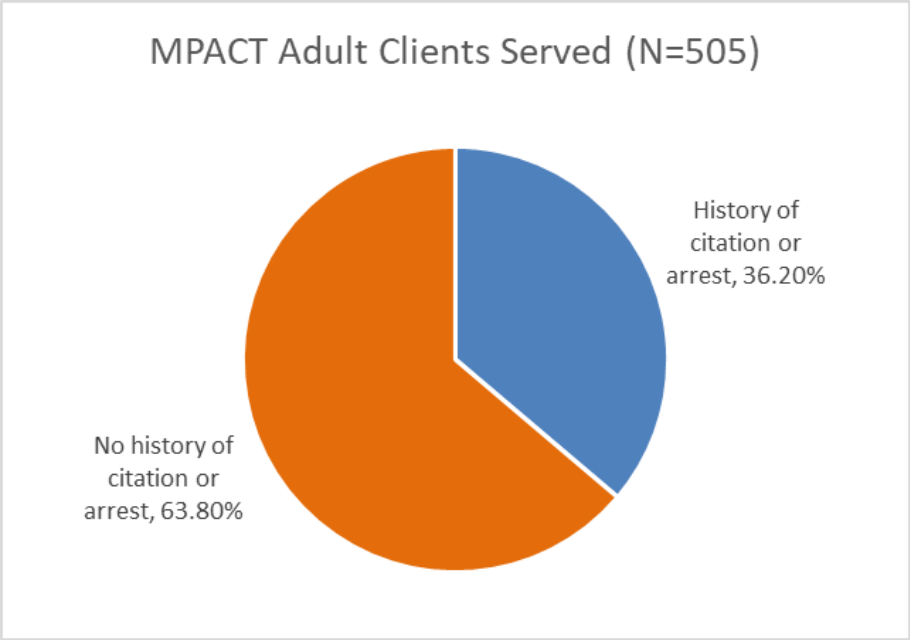
[25] Personal communication.

MPACT Client Judicial Involvement

MPACT provides support, services, and assistance to clients who experience a crisis, whether from mental illness, homelessness, substance use, or conflict. MPACT wants to help these clients to have systems in place that promote stability and avoid future crises. One measure of MPACT's influence is to compare clients' judicial involvement before and after engaging with MPACT. Since one of MPACT's goals is to reduce arrests, this analysis used arrest and citations data and not convictions data.

MPACT securely provided DOM-DPI with a list of adult client identifiers. The data were cleaned and, out of 633 adult clients, a sample population of 505 adult clients had the information required to match to arrest and citation data obtained from the Justice Data Warehouse (JDW). Incidents of judicial involvement that occurred between January 1, 2015, and December 31, 2024 (i.e., a 10-year window) that resulted in a citation or arrest were identified for 183 MPACT clients (see Figure 18).

Figure 18. MPACT Adult Clients with Arrests or Citations between 2015-2024



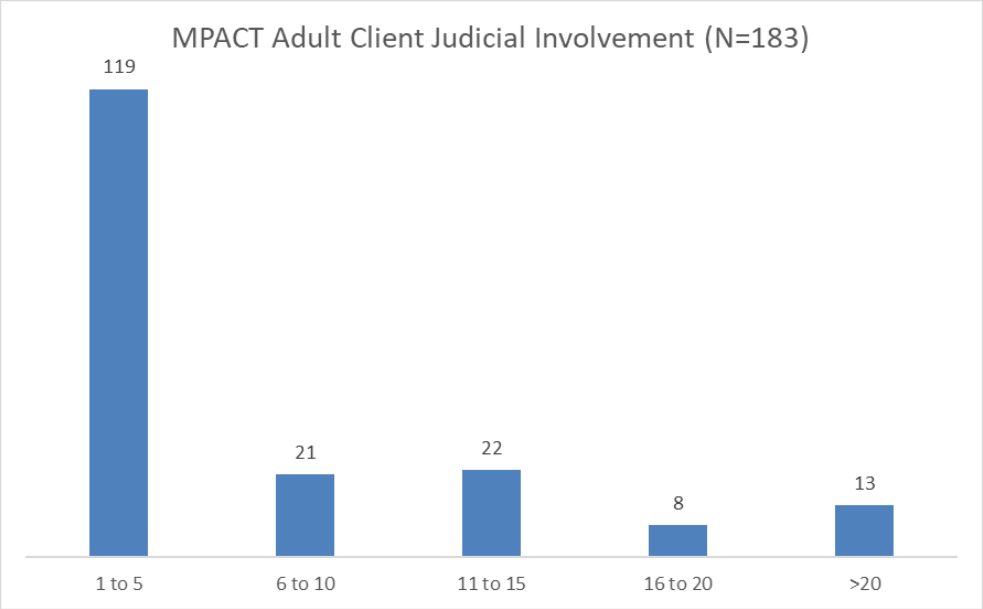
This analysis focused on the sample of 183 adults who had a history of arrest or citation and who were served by MPACT. The average age of clients was 39.5 years, with a range of 18 to 74 years. Demographic data was obtained from the JDW.

Of the 183 clients:

- 36.6% (N=67) had an identified gender in the JDW which was 51% male and 49% female.
- 35.0% (N=64) had identified race or ethnicity in the JDW which consisted of 71.9% Caucasian; 20.3% Black; 4.7% Asian; and 3.1% Hispanic.

Of the clients who had an arrest or citation, the average was 6.8 (range of 1-45). Sixty-five percent of clients had between 1 and 5 offenses (see Figure 19). This includes involvements both before and after interaction with MPACT.

Figure 19. Number of Citations or Offenses per Adult MPACT Client



There were 1,250 offenses for the 183 clients between January 1, 2015, and December 31, 2024 (10-year span). Of those, 829 of citations or arrests occurred prior to the first MPACT intervention date and 421 occurred after the initial MPACT intervention date (these numbers include citations or arrests that occurred on the same date as the MPACT intervention).

The ten most frequent charge descriptions for MPACT clients are provided in Table 4.

Table 4. MPACT Client Top Ten Most Frequent Offenses

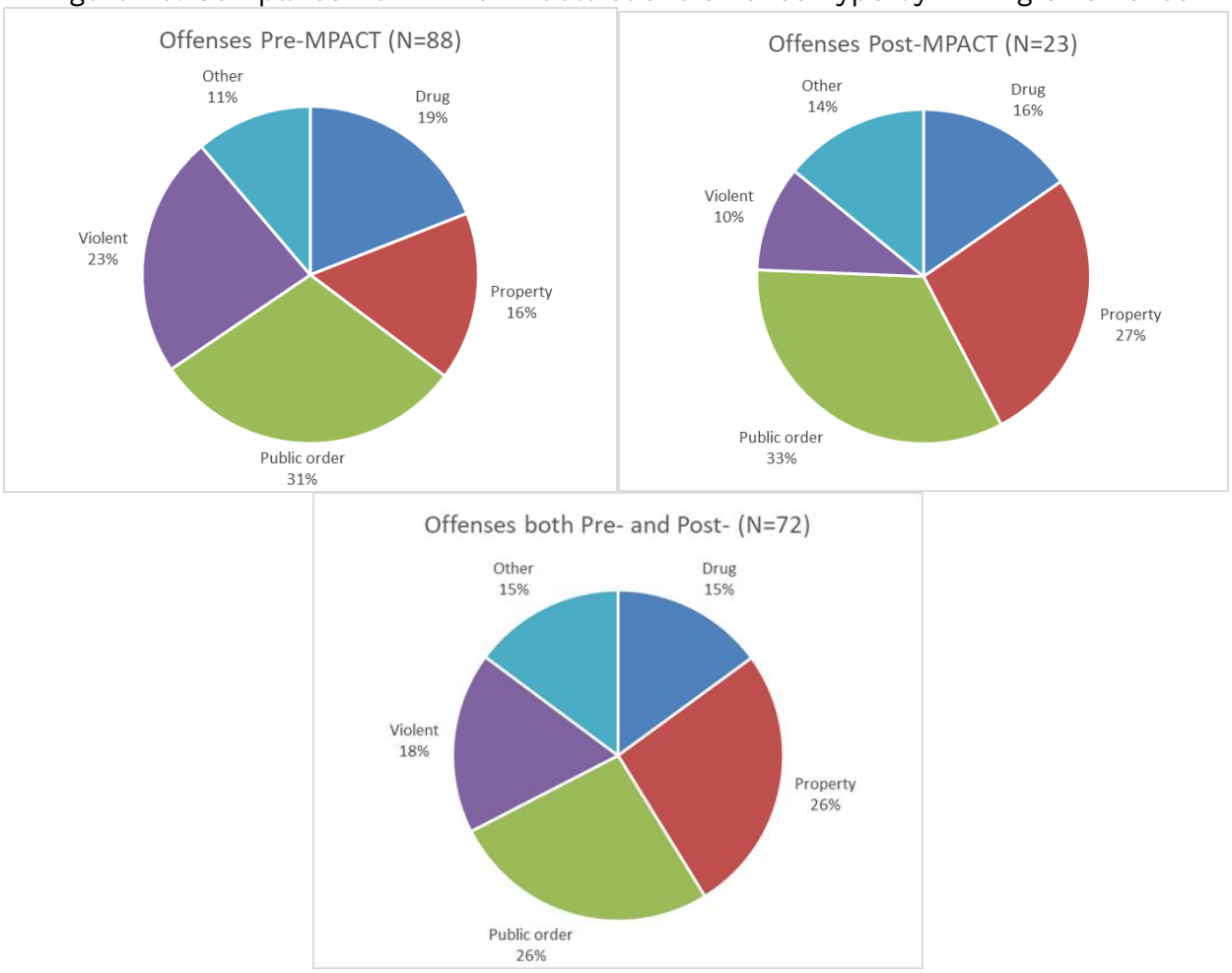
Top Ten Most Frequent Offenses for MPACT Clients		
Charge Description	**N**	**%**
Violation of probation 1985	127	69.4%
Possession of drug paraphernalia	102	55.7%
Theft 5th degree	89	48.6%
Public Intoxication	67	36.6%
Driving while barred	44	24.0%
Interference with official acts	43	23.5%
Criminal mischief 5th degree	36	19.7%
Assault	33	18.0%
Harassment	32	17.5%
Theft 3rd degree	31	16.9%

Clients were categorized into three groups for comparison:

- Clients who only had arrests or citations prior to MPACT.
- Clients who only had arrests or citations after MPACT.
- Clients who had arrests or citations both before and after MPACT.

The following pie charts show the similarities and differences in the citations for the three different groups (Figure 20). Most of the offenses are public order and property offenses for all three groups, although the pre-MPACT group had more violent citations than the other two groups.

Figure 20. Comparison of MPACT Adult Client Offense Type by Timing of Offense



The numbers of offenses in each of the three groups are different, with pre-MPACT intervention averaging 4.4 offenses per client; post-MPACT intervention averaging 3.4 offenses per client; and the clients who have both pre-MPACT and post-MPACT averaging 11 offenses per client (see Table 5). The pre- and post-MPACT group was further reviewed and found that for those clients, they averaged 6.2 offenses before their interaction with MPACT and 4.8 on average after MPACT (see Table 6). All three categories show that after the client's initial involvement with MPACT, the number of

arrests and citations was lower. While numerically different, the number of offenses by group was not statistically significantly different.

Table 5. Comparison of Number of Offenses by Timing of Offense

Category	Client N	Judicial Inv N	J.I./Client
Judicial Involvement Pre-MPACT	88	383	4.4
Judicial Involvement Post-MPACT	23	78	3.4
Judicial Involvement both Pre- and Post-	72	789	11

Table 6. Comparison of Number of Pre/Post-MPACT Offenses

Judicial Involvement both Pre- and Post-MPACT (N=72)		
	Judicial Inv N	J.I./Client
Jud Inv Pre-MPACT	446	6.2
Jud Inv Post-MPACT	343	4.8

MPACT Program Overview and Summary

The MPACT program was conceived after the Chief of Police recognized that his police officers were spending a lot of active time on non-criminal, non-violent calls. The Chief of Police and the Director of YSS of Marshall County proposed a co-responder pilot program which was funded by the city council and started in 2021.

Community Support:

- The community had a need, and the idea was championed by two highly regarded, long time members of the community.
- The community had a history of being innovative and community leaders were interested in increasing access to services that would help the public.

Funding:

- Initial funding came from the city council.
- Additional funding has come from grants.
- The program has funding through 2026.

Program Description:

- The program's mission is to deploy Advocates who resolve mental and behavioral health calls by connecting individuals and families to community social services in cases when law enforcement intervention is not required.
- Service location is defined as within city limits.
- MPACT was designed to use existing systems. For example, it is administered by YSS of Marshall County and located in the Marshalltown Police Department.
- Officers respond to calls and determine if MPACT should be deployed.
- MPACT Advocates have a designated vehicle for deploying to a scene.
- Advocates have the same radio as police.
- Advocates have access to client call history.

Case Management:

- Advocates provide case management services for clients.

Data Driven:

- MPACT identified goals, measures, and collected data from the beginning, and the information collected has been adapted as the program seeks to monitor its progress.
- Data is collected from daily notes and manually entered into predetermined categories.
- An automated data tracking system would be beneficial. One program, Julota (https://www.julota.com/) is a program created especially for co-responder programs and has been reviewed by the program administration as a possibility.
- Annual surveys of the MPD officers to gauge police opinions.
- "Avoided arrests" as a program outcome should be considered in the context of MPACT's involvement in non-violent, non-criminal calls that are not inclined to result in an arrest.

Systems Thinking:

- MPACT established systems for identifying successes, challenges, and opportunities through monthly meetings and surveys.
- Embracing change is important in order to improve services.

Transparency and Striving for Excellence:

- MPACT generates regular reports with service data and shares this information with the community.
- MPACT is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) since 2021.
- MPACT is part of the International Co-Responder Alliance and team members attend the annual conference.

Challenges:

- Since the program is not funded 24/7, scheduling staff during the highest need times is a challenge.
- Sustained funding for the program is necessary for the program to continue.
- Hearing negative feedback is emotionally difficult, but necessary and Advocates and administration take all feedback seriously.
- While MPACT has a system in place to collect, encourage, and discuss all feedback, they do not yet have a feedback loop to share what changes have come from negative and positive feedback.

Success:

- MPACT has stable staffing with two highly regarded Advocates.
- People in the community who are suffering from mental health, substance use, or housing crises are being helped through MPACT services.
- Police report that Advocates reduce officer time spent with non-criminal calls.
- MPACT interventions have helped de-escalate people in crisis and helped to avoid the outcomes of arrests and/or ER visits.

- Client judicial incidents were numerically lower after MPACT was involved with clients.
- MPACT initiated community policy change by highlighting the effect of homelessness on the community resulting in a new committee to address homelessness.

Future Goals include:

- Sustained funding for the program.
- Increased coverage through more Advocates.
- Expanding availability of translation/interpretation resources to provide services in different languages.

Alternative Response for Community Health (ARCH)

The Ames Alternative Response for Community Health (ARCH) is a collaboration between Mary Greeley Medical Center, Ames Police Department, and the Iowa State University Police Department which began in October 2022. It provides crisis response to 911 calls regarding mental health needs and outreach services in the community. Services include de-escalating crises at the scene, providing mental health triage and crisis counseling services, problem-solving immediate needs, providing resources for the person/people to contact, and appropriate use of emergency behavioral assessment in the hospital emergency room.

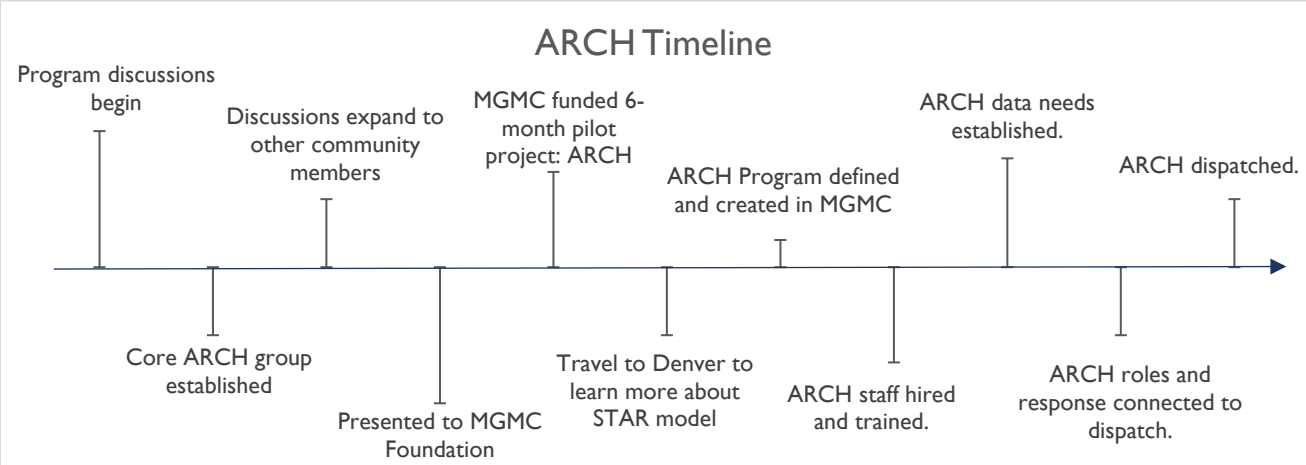
Implementation

Community Need

ARCH began when a Mary Greeley Medical Center (MGMC) Paramedic met with an Ames Police Department Mental Health Liaison to discuss the influx of mental health and substance use calls for services (including mental health conditions that co-occurred with drug use). Even though Ames has many resources for people who have mental health needs or substance use issues, they saw the same individuals repeatedly and wanted to mitigate incidents in their community.

Additional police department personnel and community members joined the meetings, including Mobile Crisis Response, mental health providers, city council members, and the mayor. The champions wanted to approach the community needs inclusively and to reduce any feelings of competitiveness in providing services. The goal was to meet the needs of the community, not duplicate available services. Through discussions, a clear vision developed for a program that would provide crisis services, connect individuals with wrap-around services so they can access on-going help, and provide proactive services to help people avoid arrest and emergency room visits. The program champions modeled the Ames program after STAR out of Denver, Colorado. MGMC Foundation members heard about the efforts to address mental health and substance use needs by Paramedics and asked the champions to present at their meeting which resulted in funding for a 6-month pilot project (see Figure 21). Current funding is a joint investment by MGMC Foundation and the City of Ames through June 2025.

Figure 21. ARCH Implementation Timeline



Program Description

ARCH is a two-person team consisting of a Social Worker and a Paramedic or Emergency Medical Technician (EMT) who respond to 911 calls using an ARCH response vehicle that is equipped to provide care wherever the caller is located. The vehicle has basic first aid supplies for treating minor medical needs, as well as water, food and other resources. After a medical assessment is completed by the Paramedic, a thorough needs assessment is completed by the Social Worker, who then determines a suitable next step. The ARCH team is available five days per week, Monday-Friday, with two or three days per week into the evening for a total of 56 hours per week.

Mission & Values

ARCH values compassion, dignity, peace, and mercy.

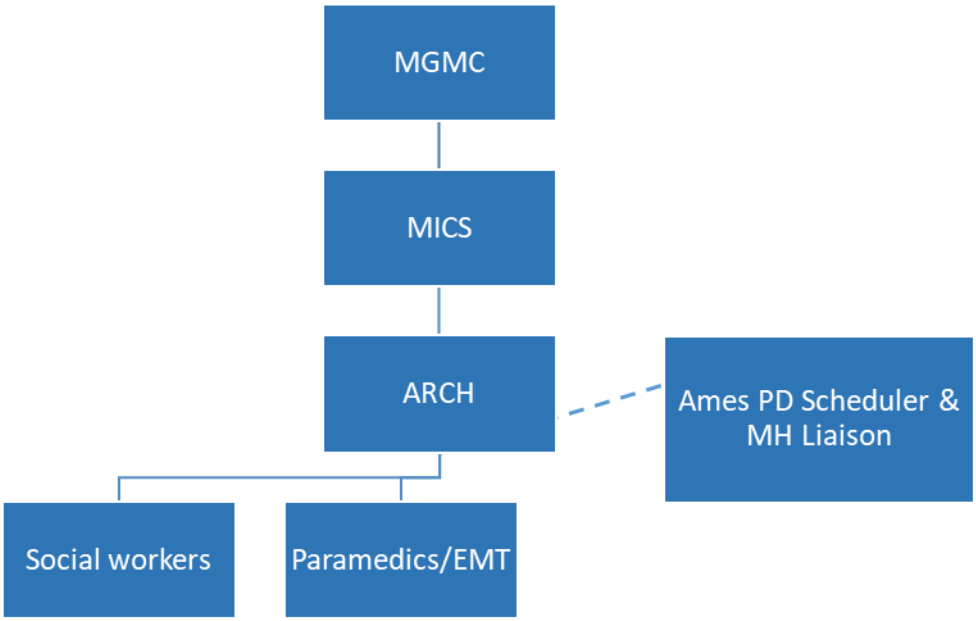
The program's goals include:

1. Respond to welfare checks.
2. Offer alternative outcomes for 911 calls that involve people suffering from mental health crisis, substance abuse issues, or suicidal persons.
3. Decrease Emergency Department (ED) visits for persons experiencing mental health crisis, substance abuse issues, or suicidal persons.
4. Provide an additional first responder resource for 911 calls.
5. Provide support in the community in the fight against opioids and substance abuse.

Program Operation & Structure

ARCH is a MGMC Mobile Intensive Care Services (MICS) program that is staffed through the EMS (see Figure 22).

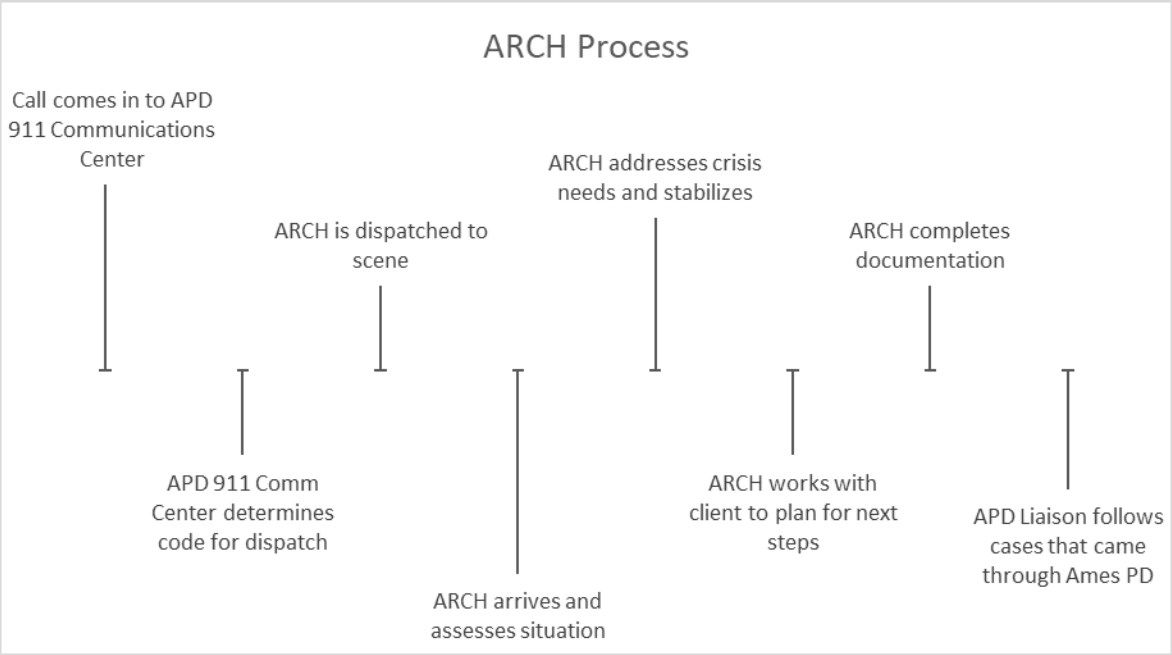
Figure 22. ARCH Administrative Hierarchy



ARCH Dispatch Process

ARCH is dispatched by the Ames Police Department (APD) 911 call center. Story County Sheriff's Office and Iowa State University each have their own emergency call center and can forward their calls to the Ames Police Department if needed. Prior to ARCH, the dispatch options were police, fire, or EMS. ARCH is an additional option which keeps police officers responding to criminal calls versus being the default first response sent to mental health calls. ARCH is dispatched as first responders who are equipped to address the clients' immediate needs and assist them in creating a safety and treatment plan (see Figure 23).

Figure 23. ARCH Process for Responding to Calls



ARCH is also called to the Emergency Department (ED) for help with clients having behavioral and mental health concerns. This helps to reduce referrals for inpatient behavioral health assessment, which is important since MGMC is at capacity for behavioral health beds most of the time and turns away upwards of 250 referrals per month.

The Ames dispatchers have a formal list of conditions and decision-tree steps that result in the appropriate service being dispatched. ARCH can be dispatched for welfare checks, suicidal persons, mental health crisis, and nonviolent calls. Additionally, because the ARCH team includes a Paramedic, they are able to conduct a medical assessment and pronounce death at a scene. ARCH can address mental health crises differently than Paramedics. For example, if a client talks about suicide, Paramedics are required to immediately take the client to the ED. However, ARCH has the skill to assess risk, provide counseling, and assist the client with a safety plan prior to determining the need for hospitalization. ARCH uses the same radio system as police, fire, and EMS and they can make notes on current calls and access the history of calls. ARCH may be deployed to a scene along with other services. For example, witnesses to accidents may need emotional support while waiting to talk with police about the accident.

ARCH has its own vehicle, uniform, and the response does not include sirens or other conspicuous activity. They are also able to respond to a mental health or behavioral crisis immediately. This effort supplements the statewide Mobile Crisis Response system which may take up to an hour to arrive at a scene depending on where it is deployed from. ARCH and the Mobile Crisis Response System serve the same clients, and ARCH has often found the Mobile Crisis Response cards in the clients' homes.

Figure 24. Arch Inputs and Activities

Inputs
ARCH staff
MGMC administration
Coordination between ARCH and other first responders
Dispatch options and training
Coordination between ARCH and APD
Vehicle purchase, maintenance
Training
Funding



Activities
ARCH is appropriately dispatched.
ARCH responds to scene.
ARCH Team assesses medical and mental health needs.
Creates plan with client.
Advises clients of and connects clients to resources.
ARCH provides transportation (if needed).
ARCH and others promote awareness of the program and services.
ARCH connects with and learns about community services.
Documents and collects data.
ARCH generates and shares reports.

ARCH documents the number of clients served and uses call information to generate monthly reports. ARCH works closely with the Ames Police Department and the Police Department Liaison who provides follow-up with all mental health calls that come into the police department. ARCH team members maintain their clients' privacy and confidentiality by only sharing limited information with police and others.

ARCH delivers its services and manages the program operations (see Figure 25) by having a shared definition and understanding of what cases are appropriate for ARCH, staffing, responding to calls and documenting services offered, establishing client plans, making referrals and contacts with other agencies for clients, following-up with clients, providing transportation, meeting with and presenting to other agencies, and identifying funding sources.

Figure 25. ARCH Outputs

Outputs
"Appropriate cases" defined, others trained on definition.
Work schedule established revised.
calls responded to.
calls recorded/documented
Type of call/service need.
Cases reviewed for QA with ARCH Team and others.
#, Type ARCH follow-up with clients
#, Type ARCH referral for follow-up with clients
transports provided.
meetings at, presentations to other agencies.
Current list of community services.
vehicles purchased, maintained.
and type of trainings for staff.
and type of funding sources identified.
and type of funding sources applied for.
Monthly, annual reports completed.

ARCH services and activities include in-person meetings with clients and communicating through phone calls, text, and email. Some individual calls can take up to three hours and/or require multiple engagements throughout the day. ARCH averages three calls per day and works as a go-between for clients and community agencies to provide a more permanent solution.

Examples of ARCH services have included:

- Conducting welfare checks and communicating with the caller who requested the check.
- Providing transportation.
- Meeting clients at the ED where ARCH provides emotional support and advocacy for clients.
- Assisting in arranging for needed services including food, housing, clothing, household supplies, and mental health support.
- Providing support, information, counseling, problem-solving, and advocacy during calls with other first responders. This allows them to meet family/client needs while allowing other first responders to focus on their duties of safety and medical care.
- Providing translation services, as appropriate, for clients in the community.

ARCH saw turnover in its full-time Social Worker with a vacancy from August through mid-October which affected the program's ability to respond to calls during that time. A new Social Worker was hired, trained, and the ARCH Team is functioning again at 56 hours per week.

The addition of the new Social Worker created an opportunity to review the program with stakeholders. One of the changes that came from new conversations was a community need for ARCH to do more prevention and intervention outreach to reduce the need for 911 crisis calls.

ARCH has also become a crucial player in Ames' efforts to reduce the homeless population in the community. ARCH outreach includes weekly hours at the Ames Public Library with a Social Worker from MGMC where they interact with people who are homeless. ARCH and the Social Worker develop relationships with these individuals and connect them to community services.

ARCH uses data collected through MICS and data that the team members input manually. The data collected includes call information, client demographics, other first responders who were dispatched and present at the scene, services provided, and an assessment of avoided arrests or ER visits (See Figure 26). This information is reviewed monthly and reports generated annually.

Figure 26. ARCH Measures

ARCH Measures	
Date	With police response, then PD back in field
Start and end time	PD was requested for safety reasons
Total time on call	Ambulance response avoided
Day of week	With ambulance response
Nature of call	ARCH response, but ambulance transported
All agencies dispatched/on scene	Fire response avoided
High school student?	With fire response
College student or employee?	ED visit avoided
Homeless issue?	ED visit outcome
Veteran/Active military?	Primary need address, MH and/or medical
ARCH support at CPR/medical call	Mobile crisis on-call
Transport	EMT/paramedic skill set used/needed
ARCH only response	Grief or post-death support
Police response avoided	Call but ARCH unavailable
With police response	Narcan used?

Outcomes

Through the services provided and the activities involved in program operations, ARCH strives to make a difference in outcomes that are important in the community. ARCH is the preferred program to respond to welfare checks. ARCH's existence is intended to reduce the time police, EMS, and fire responders spend on mental health situations, ultimately helping avoid arrests and visits to the ER. Additionally, having a team who can address medical and mental health needs during crisis and create a

safety plan for the client, is intended to improve clients' health and wellbeing through improved adherence to treatment plans.

ARCH Measures

ARCH measures for outputs and outcomes are presented and discussed in the annual report submitted to MGMC administration, MGMC Foundation, and shared with the Ames City Council and Ames Police Department (see Table 7). The data show that in 2024:

- ARCH dispatched to 552 calls.
- Of those calls:
    - ARCH was the sole responding team on 358 calls.
    - Welfare checks accounted for 30.3% of the calls,
    - Police were on the calls with ARCH in 30.3% of the calls.
    - Mental health issues were the primary concern for 37.0% of calls,
    - Suicidal persons were the primary concern for 13.0% of calls.
    - The ARCH Team was called to the ER in 15.6% of the calls.
- The average time ARCH spent on calls was 39 minutes.
- 220 calls came in during hours that were outside of ARCH's schedule.

Table 7. ARCH Annual Reporting Measures

ARCH Annual Reporting Measures	2023	2024
Total calls	467	552
Arch only calls	302	358
Days in service	232	244
Calls outside ARCH schedule	559	220
Ave time on call (mins)	36	39
Calls concerning or involving HS students	41	59
Calls concerning or involving ISU students or employees	23	32
# Welfare checks	200	167
% Calls for suicidal person	9.2%	13.0%
% Calls primary issue: Mental Health	30.4%	37.0%
% Calls primary issue: Medical		4.5%
% Calls primary issue: Outreach		4.0%
% Calls: Other	17.6%	10.7%
# ARCH calls to ER		86
# Calls with Fire Response	28	45
# Calls with Ambulance/EMS	56	69
# Calls with Police	113	167
# Calls with Mobile Crisis Response	3	1

ARCH tracks outcomes as part of their call documentation. Using the team's knowledge of first responder dispatch criteria, ARCH assesses whether police, EMS

ambulance, or fire would have been dispatched if ARCH was not available. The team members also assess and determine whether the person in crisis would have needed to go to the ER had ARCH not been available. Based on the numbers, ARCH has prevented and reduced the unnecessary use of police, fire, EMS, and hospital/ER resources (see Table 8).

Table 8. ARCH Reported Outcomes

ARCH Outcomes	2023	2024
# Welfare checks performed.	200	167
# Avoided police response	259	327
# Avoided fire response	61	264
# Avoided ambulance response	94	223
# Avoided ER visits	57	51

Cost Savings from Avoided Police, Fire, and EMS Dispatch

ARCH administration provided estimated cost per dispatch for police, fire, and ambulance (see Table 9). ARCH's availability helped to save between $160,144 and $202,831 in avoiding ER visits and unnecessary calls to other first responders.

Table 9. Estimated Cost Savings from Avoided Police, Fire, and EMS Responses

Cost Savings in 2024	#	Estimated cost	Estimated savings	
Avoided police response	327	$75	$ 24,525	
Avoided fire response	264	$300	$ 79,200	
Avoided ambulance response	223	$100	$ 22,300	
Avoided ER visits	51	$669-1506	$ 34,119	$ 76,806
Range of savings (Low/High)			$ 160,144	$ 202,831

Cost Savings from Avoided ER Visits

Using the range of cost of ER visits described previously, $669 to $1,506, and applying it to the 51 cases in 2024 that avoided an ER visit, the ARCH intervention gross savings benefit was between $34,119 and $76,806.

ARCH Client Survey

ARCH records information on each dispatch, but not necessarily on each client or group of people they met with. As part of the program evaluation, clients were sent links to an online survey. The survey link was sent out by ARCH to the clients for whom they had emails or phone numbers. Since ARCH provides services during crises and often serves a population who regularly moves or changes their phone number, it is unknown how many clients received the request to participate in a survey.

Two clients responded to the survey. This is a low response and cannot be considered representative of all clients. Because of this, DOM-DPI researchers discussed the usefulness of the information. It was ultimately decided to share the results because it provides a baseline of client survey responses.

Both respondents had each called 911 once, and ARCH responded to both; one of the calls was with EMS (see Figure 27). The clients both indicated positive experiences with ARCH on every question, and both "strongly agreed" that they were glad that Ames had ARCH and that because of ARCH, they were more likely to reach out for help (see Figure 28). One client reported that they were able to stay in their own home and one client reported that they were taking medication for a mental health condition.

Figure 27. Client Perception of their Experiences with ARCH

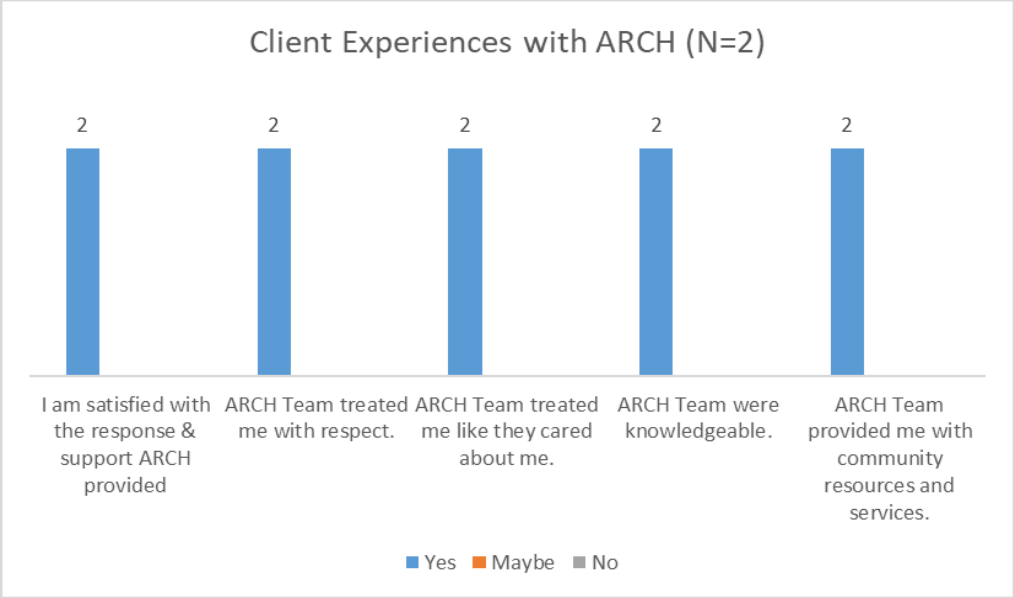
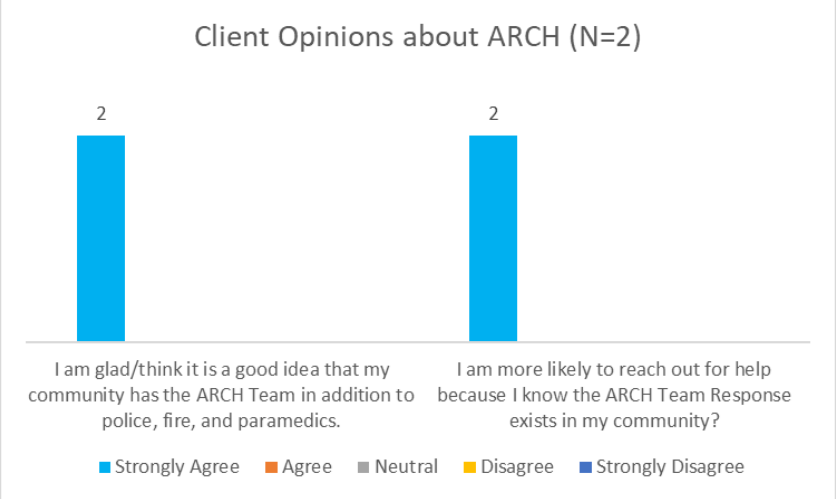


Figure 28. Client Opinions about ARCH

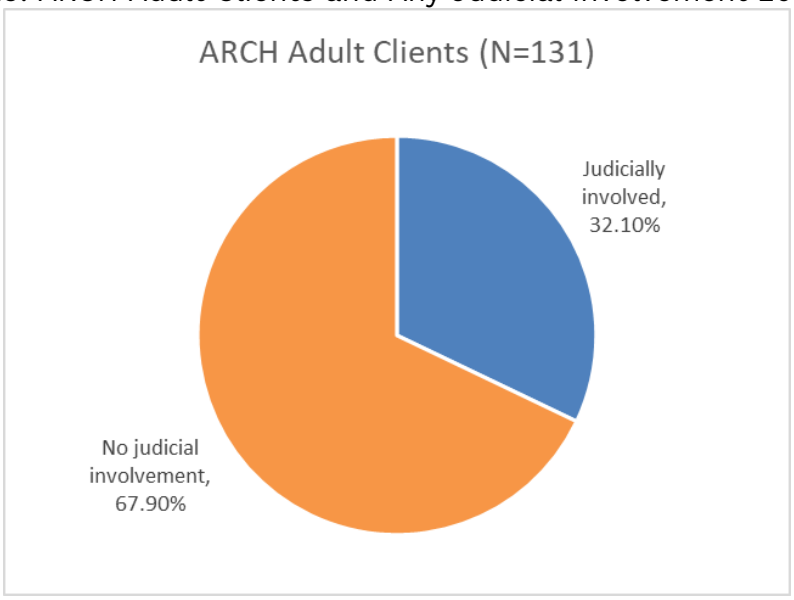


ARCH Clients Judicial Involvement

Co-responder programs like ARCH are intended to reduce the call response frequency to and time spent by other first responders. Principally, police who are often the default response to calls for mental health crises. This connection with law enforcement makes understanding the history of ARCH clients' citations and arrests an important aspect of this program evaluation.

ARCH securely provided DOM-DPI with a list of adult client identifiers. The data were cleaned and, out of 423 adult clients, a sample population of 131 adult clients had the information required to match arrest and citation data obtained from the JDW. Incidents of arrests or citations during a 10-year window (January 1, 2015 - December 31, 2024) were identified for 42 (32.1%) ARCH clients who were all provided ARCH services in 2024.

Figure 29. ARCH Adult Clients and Any Judicial Involvement 2015-2024



Demographic information was not available for all 42 ARCH clients who were judicially involved. Information that was available in the JDW indicated that there were 14 Caucasian clients, 2 Black clients, and 1 Hispanic client. There were 11 females, and 8 males served. The average age of ARCH clients was 40 years, with a range from 20 to 74 years.

Further, for the 42 clients who were judicially involved, 233 offenses occurred on 170 different dates (see Table 10). Nearly all of the dates of offenses (N=161) occurred prior to ARCH's involvement with the client with only 9 occurring after.

Table 10. Offenses and Dates of Occurrence for ARCH Clients

10-Yr Judicial History of ARCH Clients (N=42)			
	Total	Mean	Range
Offenses	233	5.5	1 to 20
Dates resulting in offenses	170	4.0	1 to 16

ARCH clients' judicial offenses included public order (37.8% of offenses), violent (20.6%), property (17.2%), and drug offenses (14.2%) (see Figure 30). The ten most frequent offenses for ARCH clients are listed in Table 11.

Figure 30. ARCH Client Offenses by Type of Crime

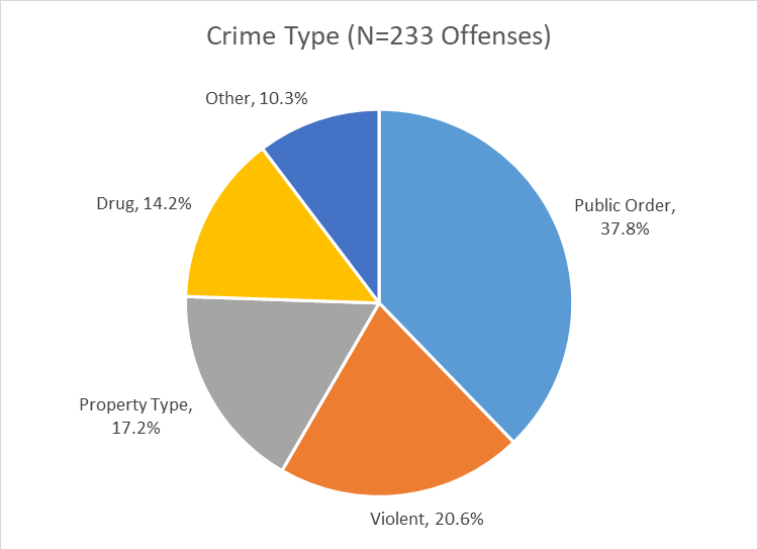


Table 11. ARCH Clients Most Frequent Offenses

Ten Most Frequent Offenses for ARCH Clients		
Charge Description	N	%
Possession of controlled substance	32	13.7%
Theft 5th Degree	24	10.3%
Assault	23	9.9%
Violation of probation	19	8.2%
Interference with official acts	15	6.4%
Violation of protective order	15	6.4%
Driving while barred	14	6.0%
Public intoxication	12	5.2%
Disorderly conduct	10	4.3%
Harassment 3rd Degree	5	2.1%

ARCH Stakeholders Interviews and Survey

Stakeholders were identified as all first responder groups, Ames City Council members, MGMC Foundation, hospital-based providers, community-based providers, Iowa State University Safety Department, and other interested people. Stakeholder groups and individuals were contacted by the DOM-DPI researcher via telephone or email to inform them of the program evaluation, request an interview, and were sent informed consent forms. Interviews were held with police, community agency providers, MGMC administration, and the Ames Mayor. An online survey was created and the link sent to stakeholders from the ARCH Team, Ames Police Department, Ames Police Department Liaison, and directly from the DPI researcher.

Stakeholder Interviews

The following summarizes the multiple and various interviews and conversations with stakeholders.

Stakeholders are aware of ARCH.

- Stakeholders were aware of ARCH, how it was funded and dispatched, and that the ARCH Team connects with people suffering from mental health crises and puts those people in contact with resources.
- ARCH relieves a burden from law enforcement and other first responders.

Funding is important.

- Funders (MGMC Foundation and Ames City Council members) feel positively about their investment and believe ARCH is making a difference in the community by responding to mental health crisis calls.
- Funding is provided through June 30, 2025.

The hospital is proud of housing the program.

- MGMC administration is proud of the program and considers it a needed and useful service out of the hospital's Mobile Intensive Care Service (MICS).
- Stakeholders discussed potential future services including home visits, teen program, and providing community Paramedic services.

Law enforcement thinks of ARCH positively.

- Law enforcement stakeholders reported being pleased with ARCH services when they are on shift and take calls. Law enforcement wants more ARCH availability, more outreach by ARCH in the community, and the ability to provide follow-up services to clients.
- Law enforcement and dispatchers would like to have a way to track the outcomes of clients, how many cases were resolved in a positive way, and whether people are getting the mental health help they need.

Stakeholders would like to see more outreach done by ARCH.

- Community stakeholders value ARCH and would like to see ARCH provide outreach services at various community locations, such as at schools or the library. Please note, library outreach has been added since the stakeholder interviews took place.
- Stakeholders would like to have clients provided with case-management or wrap-around services to help reduce future mental health crises.

Stakeholders want ARCH available consistently.

- Stakeholders felt the impact of staff turnover in the ARCH Social Worker because ARCH was not as available to respond at certain times.
- Stakeholders were interested in improving the consistency of ARCH staffing and availability.

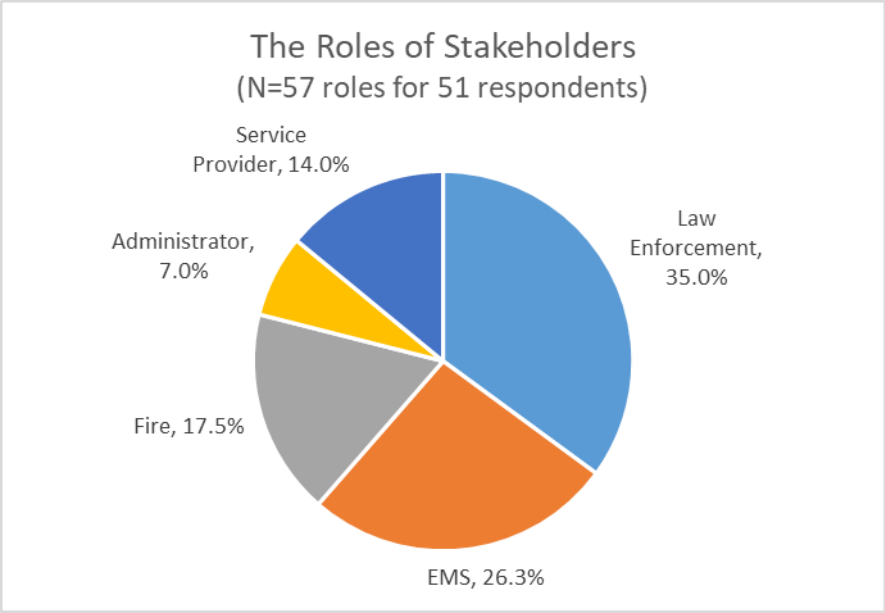
Homelessness.

- Stakeholders reported that homelessness is not adequately addressed in Ames and there are limited resources and a need for affordable housing.
- Ames has seen an increase in homeless people since April 2024.
- Once the weather gets cold, there will be an increase in phone calls about homeless people needing welfare checks.

Stakeholder Survey

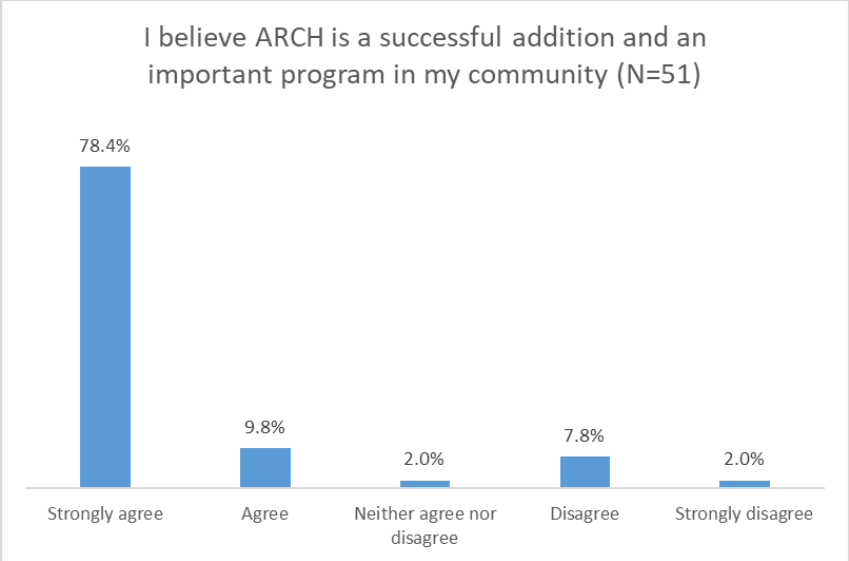
There were 51 stakeholders who responded to the online survey, including representatives from law enforcement, EMS, fire, administration, and service providers. Respondents have interacted with ARCH while on calls, in the ER, through client referrals, crisis services, or during ARCH presentations (see Figure 31).

Figure 31. ARCH Stakeholders and Their Roles



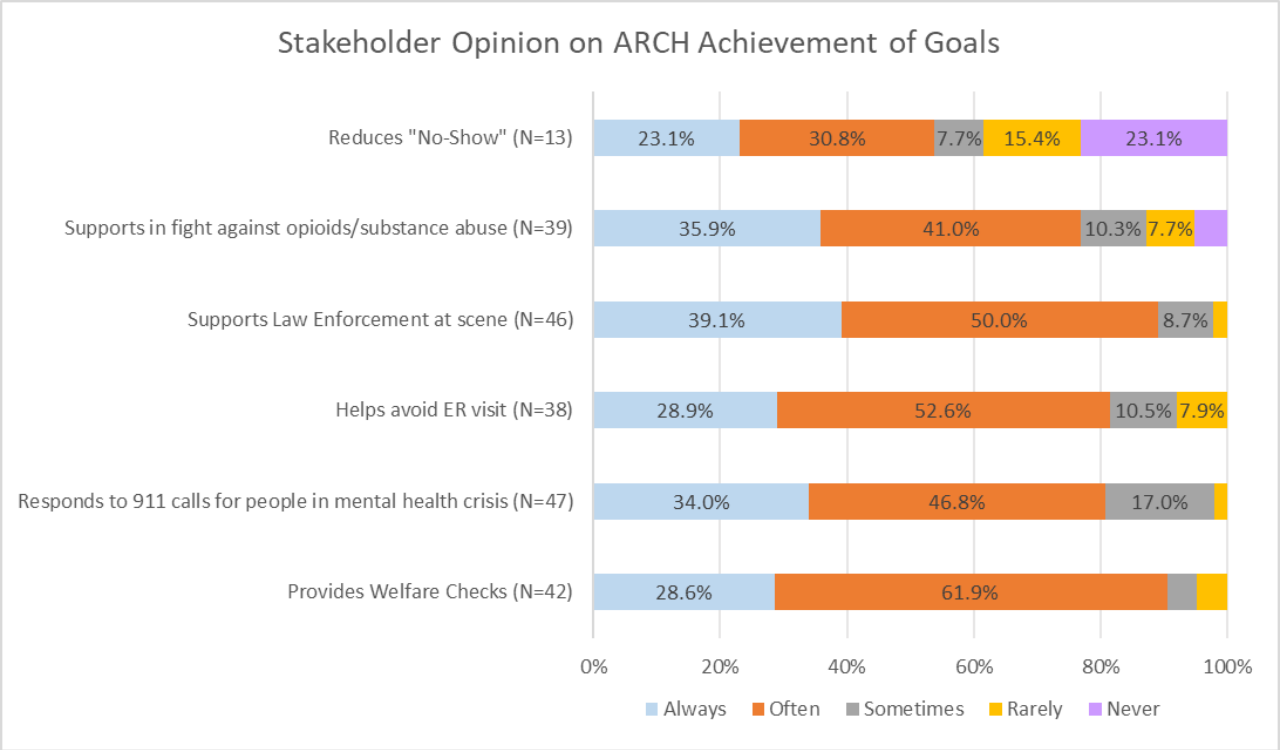
Most stakeholders (88.2%) agreed that ARCH is a successful addition and an important program in the community (see Figure 32).

Figure 32. Stakeholders Opinions About ARCH



Stakeholders were asked to share their opinion on how well ARCH meets its stated goals. Stakeholders who reported “I don’t know” were removed from the total. As illustrated in the following graph, 90.5% of stakeholders believed that ARCH either always or often successfully conducts welfare checks and 89.1% responded that it supports law enforcement (see Figure 33). 53.9% of stakeholders indicated ARCH can improve reducing “no-show” patients at the outpatient clinic and 76.9% indicated that ARCH supported the community in preventing and reducing substance use.

Figure 33. Stakeholders Opinions about ARCH Achievement of Goals



Comments among stakeholders indicated that ARCH provided therapeutic mental health services and were appropriate for non-law enforcement calls.

If ARCH went away, stakeholders reported that clients would not be as quickly connected to services, and there would be an increased workload for police, fire, and EMS responders.

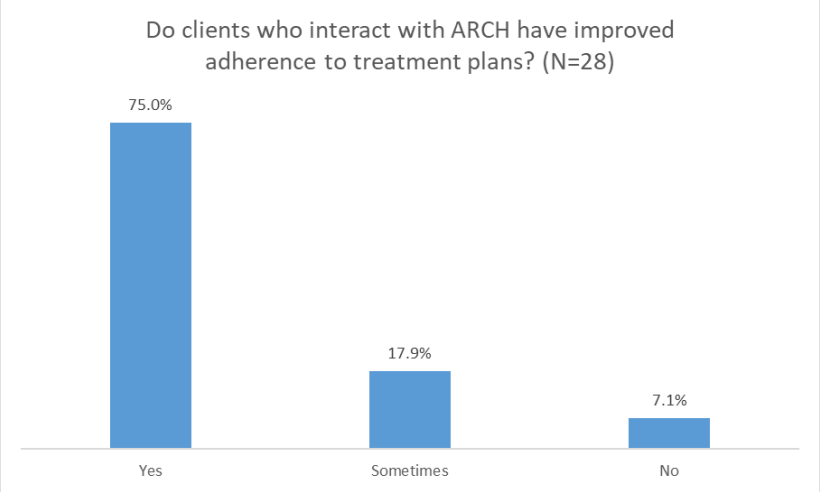
Overwhelmingly, comments were positive. However, a few comments indicated that ARCH's role in the community could be improved.

Stakeholders had the following recommendations for ARCH:

- Increase ARCH availability through more hours and more staff.
- More stability or consistency in hours.
- Increase ARCH services to include check-ins with people in their homes.
- Provide more community outreach.
- Expand ARCH to the county, not just Ames.
- Support for stable and continued funding.

Stakeholders who either worked with clients or felt knowledgeable to answer were asked to give their opinion on client adherence to treatment plans. Of the 28 who responded, 75% reported that clients who interact with ARCH have improved adherence to treatment plans (see Figure 34).

Figure 34. Stakeholders Opinions on ARCH Involvement and Client Improved Adherence to Treatment Plans



Stakeholders reported that ARCH communicates with them primarily through email, in-person, by phone, or via presentations. Over 50% of stakeholders preferred that ARCH communicate with them monthly or weekly (see Figures 35 and 36).

Figure 35. Stakeholders Opinions on How ARCH Communicates

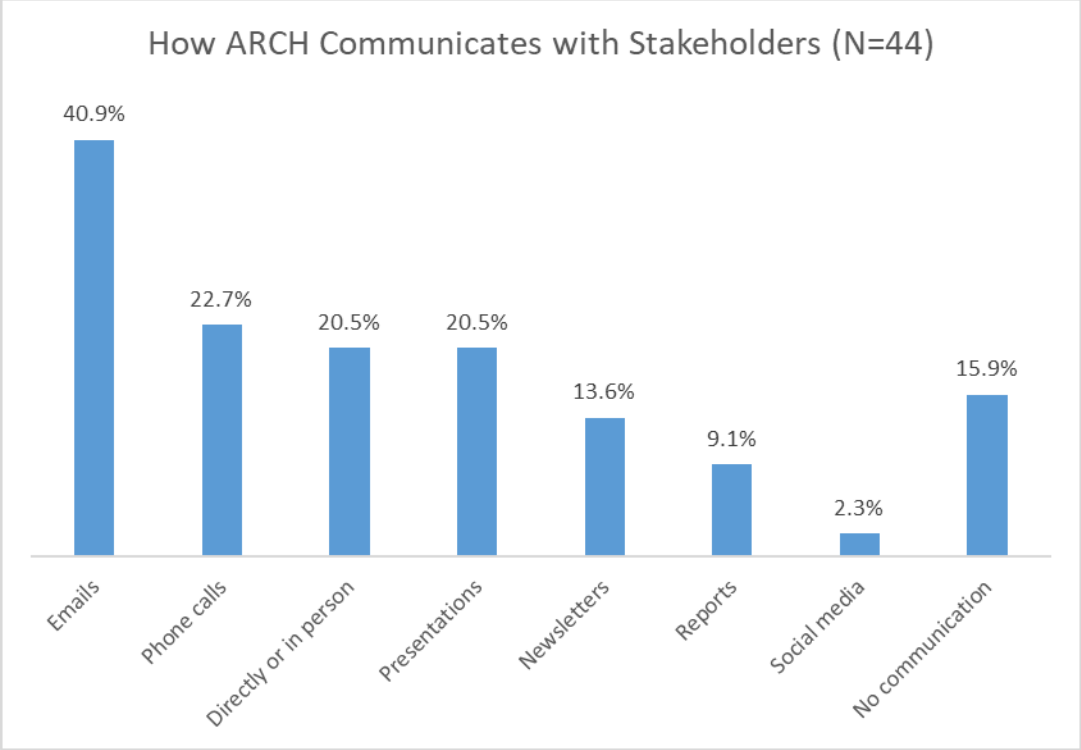
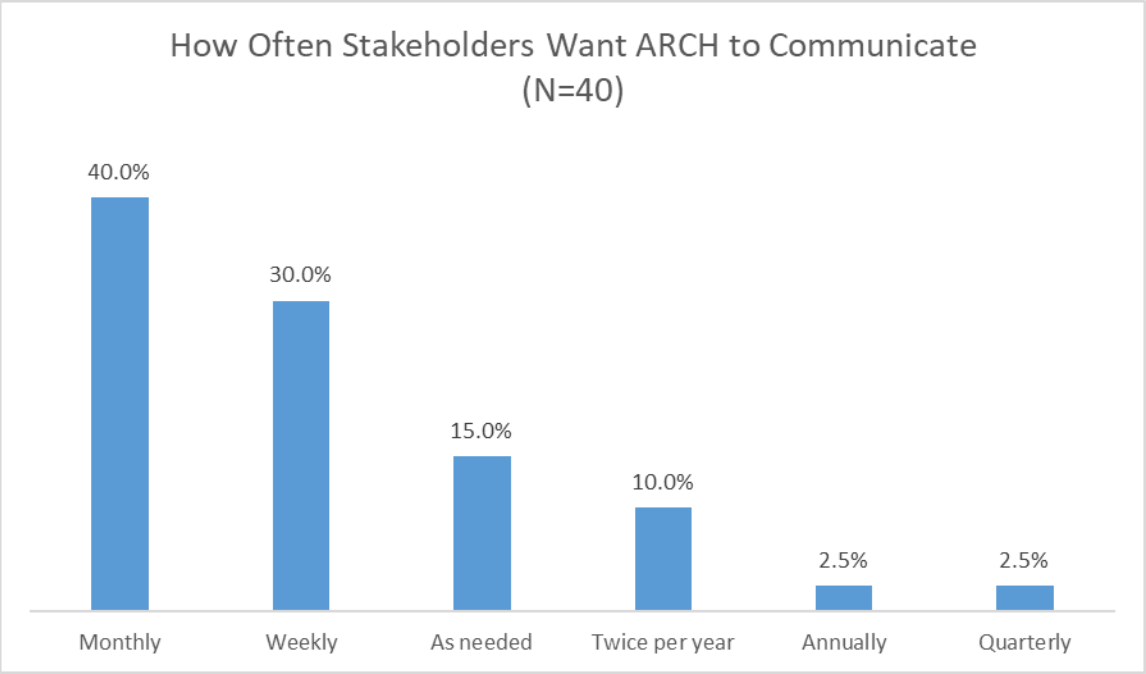


Figure 36. Stakeholders Opinions on Desired Frequency of Communications



ARCH Program Overview and Summary

ARCH started in 2022 after a hospital Paramedic joined forces with the Ames Police Department Mental Health Liaison to improve the community's response to mental health, substance use, homelessness, and welfare checks. The program was funded through the MGMC Foundation and administered through the MGMC Emergency Medical Services department. ARCH was modeled after the STAR co-responder program in Denver.

Community Support:

- ARCH was well-regarded among long-term and respected professionals who were knowledgeable and connected to other first responders.
- There was a recognized need to respond to welfare checks.
- Homelessness has been increasing in the community and ARCH could help connect people with available services.
- The hospital was interested in offering the program through the existing EMS department.

Funding:

- The MGMC Foundation provided the initial investment for a six-month pilot project.
- The program is currently jointly funded by MGMC Foundation and the City of Ames.
- The program is funded through June 2025.

Program Description:

- The program serves Ames as an additional first responder option, supplementing police, fire, and EMS.
- The program responds to mental health crises, non-criminal behavioral crises, on-scene counseling for death scenes, and conducts welfare checks.
- Services are delivered by two people: a Paramedic and Social Worker (or mental health counselor).
- ARCH has its own vehicle and approach to scenes.
- ARCH uses the same radio as other first responders so that they have equal authority and information.

Crisis Response:

- ARCH was implemented as a crisis response program. Outreach activities are growing as community need is identified.

Data Driven:

- ARCH collects data using the EMS call log system. This provides detailed information about the calls.
- Data is routinely reviewed to make decisions regarding scheduling.
- Data is manually collected on clients and other information is collected that isn't tracked in the EMS call log system.

Continuous Improvement:

- ARCH is a hospital-based program and adheres to hospital hierarchy and requirements.
- As needed, ARCH meets with APD Mental Health Liaison, other police representatives, and other community members to communicate and brainstorm.

Challenges:

- ARCH depends on a mostly informal system for soliciting feedback for change. Without a formal process, there is no system for ongoing feedback from the community, clients, and stakeholders to identify shared concerns and efforts being made to address them
- Outreach is one of the goals of the program, but the program is structured as a crisis response program. Expanding the reach of the program might entail evolving the program beyond the EMS structure.
- Due to confidentiality of health records, and the crisis response model, it is difficult for ARCH to know health and treatment outcomes for clients who had experienced a mental health crisis.

Successes:

- ARCH has successfully integrated into the Ames first responder system and has responded to calls requiring the skill set provided by medical and mental health specialists.
- The existence and responsiveness of ARCH has reduced the number of calls and the time spent on various mental health, non-criminal, non-medical calls by law enforcement, fire, and EMS.

- The majority of stakeholders support ARCH and want to see more availability and services provided through ARCH.
- Stakeholders reported that ARCH has improved client adherence to treatment plans.
- Client feedback about ARCH services, while limited, is positive.
- Outreach efforts are increasing with ARCH having scheduled hours at the library.

Future Goals:

- Sustained funding for the program.
- Expand hours of coverage for the program.

Conclusions on the Evaluations of Two Co-Responder Programs

This program evaluation concludes that co-responder programs provide value to the first responder systems in both communities evaluated. This value stems from the reduced burden on police, fire, and EMS systems, while simultaneously providing appropriate response and problem-solving for non-criminal, non-violent situations identified from 911 calls. Co-responder programs expand the services available for communities thereby creating an avenue to connect clients with existing services.

Two different models of co-responder programs were evaluated, and commonalities were recognized.

Implementation:

1. There is an identified community need to better address mental health, substance use, homelessness, and behavioral issues that are neither categorically criminal nor medical emergencies.
2. This community need is championed by someone who has subject matter authority.
3. The champion engages others and organizes community support. In the communities studied, champions included the Chief of Police, the Director of a community services agency, a Paramedic, and the Police Department Mental Health Liaison.
4. Funding is obtained.
5. The co-responder program is defined, and an administrative structure is established which involves both line and staff relationships in the hierarchy.
6. The co-responder program model is created with an investment of inputs and specified activities, outputs, and outcomes.
7. The measures for tracking activities, accomplishments, outputs, and outcomes are determined at the onset of the program and data points established.

Evaluation findings:

1. Crisis response is crucial.
    - Co-responders need to meet the clients in the community as soon as possible once the call for assistance has been received.
    - One benefit of co-responders is to reduce the burden on other first responders (police, fire, and EMS). MPACT responded to 262 cases involving 601 individuals. ARCH responded to 552 and were the sole first responder for 358 of those calls.
    - 96.9% of police surveyed agree that MPACT reduced the time they spent on non-criminal calls
    - According to 75% of police survey respondents, co-responders de-escalate crisis scenes.
    - 75% of ARCH and 80% of MPACT surveyed stakeholders who worked with clients said that clients have better adherence to treatment plans.

2. Case management is important and helps clients.
    - 93% of clients follow the recommendations made by Program Advocates.
    - Case management allows co-responders to help clients:
        - Navigate service systems for treatment or housing/food/safety needs.
        - Overcome barriers to access.
        - Encourage the continued pursuit of solutions.
3. A process for continuous quality improvement with a feedback loop is beneficial.
    - A co-responder program that includes a routine opportunity to ask, “What is working? What isn’t working? Why?” provides for a system that collects this feedback and can make programmatic adjustments.
4. Monthly and annual summaries of activities, accomplishments, outputs, and outcomes are important.
    - Regular data collection, sharing, and use of data insights provide useful information to the program staff, administration, and stakeholders regarding how well the program is meeting its goals.
    - Sharing program data with stakeholders and the community promotes transparency and trust in the program.
5. Client feedback should be incorporated.
    - Client feedback for co-responder programs is difficult to obtain, and only 6 clients participated in program surveys.
    - Programs that are intended to meet client needs benefit by asking clients whether they believe their needs were met.
6. Stakeholder feedback should be incorporated.
    - Co-responder programs are community programs and often funded by groups or individuals within the community. Having a method to measure stakeholder’s perspectives will help the program gauge their success in the community.
    - 72.7% of MPACT stakeholders and 88.2% of ARCH stakeholders surveyed either strongly agreed or agreed that the co-responder program was a successful addition and important program in the community.
    - ARCH adopted a new outreach service based on stakeholder feedback.
7. Quantify and calculate cost of avoided activities, such as avoided use of other first responders’ services, and avoided arrests or ER visits.
    - Measuring avoided need for other first responders helps to quantify the value of the additional services of co-responders.
    - MPACT presence saved between $6,690 and $15,060 in avoided arrests and between $9,000 and $18,000 in avoided ER visits in 2024.
    - ARCH presence saved between $160,144 and $202,831 in avoided responses by other first responders and ER visits in 2024.
    - Measuring avoided arrest or ER use outcomes should be viewed cautiously because in many co-responder situations, arrests, or ER visits would not have been the outcome irrespective of the presence of a co-responder program.

8. Recognize that the co-responder program is adding a new service to clients and the community. It is not simply a program that reduces time spent by law enforcement on mental health calls.
    - MPACT Advocates made 2,083 contacts in the community for 601 clients. This included 1,104 contacts made directly with clients.
    - Co-responder programs require funding in order to provide these services.
    - Both programs have experienced staff turnover which affected hours available to offer services during the vacancy and the search process.

Appendices

Co-Responder Program Evaluation Questions

Co-Responder Program Evaluation Questions	
Questions	**Location of information**
Who are the stakeholders?	
Employees	
Police	
Social services agency(ies)	
Clients	
Financial supporters	
Community agencies/people that provide items or services	
General Public	
Stakeholder demographics (age, race, gender)	
Stakeholder knowledge of program?	
Stakeholder interaction with program?	
How does the program communicate with stakeholders?	
What are the program's goals for the number and type of stakeholders?	
Prior to program	
What were the issues that created the need for the program?	
How many calls prior to the program were non-criminal, non-emergent?	
Who responded, and how much time did it take, for managing the calls that now qualify for co-responders?	
How many non-criminal, non-violent calls resulted in citations?	
How many non-criminal, non-violent calls resulted in arrest?	
How many non-criminal, non-violent calls resulted in an ER visit? And resulting hospitalization?	
How many "frequent flyers" called in to 911 or non-emergency? How many calls per "frequent flyer"?	
After program, clients and services	
What issues were addressed by co-responder team?	
How many calls were non-criminal, non-emergent? During week, month, year?	
Who responded, and how much time did it take? During week, month, year?	
How many non-criminal, non-violent calls resulted in citations? Monthly or annually?	
How many non-criminal, non-violent calls resulted in arrest? Monthly or annually?	

How many non-criminal, non-violent calls resulted in an ER visit? And resulting hospitalization? Monthly or annually?	
How many non-criminal, non-violent calls resulted in referral to needed services? Monthly or annually?	
How many of referrals actually followed through with obtaining services? Monthly or annually?	
How many “frequent flyers” called in to 911 or non-emergency? How many calls per “frequent flyer”?	
How many “frequent flyers” have a relationship with MPACT or MPD Liaison or community agencies?	
How many clients had signed ROI forms?	
How many clients had health plans created with MPACT?	
How many clients were contacted after the initial meeting?	
What is the average number of contacts made by MPACT with clients?	
What are client goals? (e.g. numbers served, etc.?)	
What are some client success stories?	
What are some frustrations with client success, and what has been done or what would the program like to do to address them?	
How many clients have housing? Substance use issues? Employment?	
Staffing	
What is the current program staffing?	
How has it changed since the program started? Why?	
What training do staff receive?	
What are staffing success stories?	
What are frustrations with staffing patterns examples, and what has been done or what would the program like to do to address them?	
What are staffing goals?	
Please include job descriptions.	
Process	
What is the current process for MPACT?	
How has the process changed, evolved, and why?	
What are the process improvements? How did they come about?	
What are the process success stories?	
What are the process frustration examples, and what has been done or what would the program like to do to address them?	
What are process and operational goals?	
Long-Term Goals	
Continue and expand program with sustained funding. Where will this funding come from?	

Have citations, arrests, and ER visits been reduced for people with mental health issues?	
Understand savings from reduced citations, arrests, and ER visits?	
Are people with mental health issues receiving more or consistent mental health care from community agencies?	
What policies have changed? Police, Paramedics, fire, community, state?	
How many community agencies know about the program? How do they know about the program? What do they know about the program? What is their opinion about the program?	
Funding	
How is the program funded? What is the time frame of this funding?	
What information do funders require from the program?	
What is the cost of the program?	
What are some frustrations with funding? What has been done or what would the program like to do to address those frustrations?	
What are funding goals?	
Other evaluation questions?	

Examples of Data Variables

That Co-Responder Programs Might Collect Monthly or Annually

"Appropriate cases" defined and all trained on definition
Work schedule established, revised
cases/calls responded to
calls from various dispatch origins (e.g. 911, 988, direct, police, fire, EMS)
people responded to.
% people responded to who were under 18 years
% people male, female
% people race/ethnicity
% of cases involving juveniles
% of cases primary issue: homelessness
% of cases primary issue: domestic violence
% of cases primary issue: mental health
% of cases primary Issue: sexual assault
% of cases primary issue: substance use
% of cases primary issue: family conflict
% of cases primary issue: welfare checks
# cases documented.
# active cases, # declined, # closed cases.
% cases where recommendations were accepted
# follow-up contacts with clients.
# contacts made with clients and for clients in community.
% of follow-up contacts made for issue of homelessness.
% of follow-up contacts made for issue of mental health.
# referrals made.
# transports provided.
# Avoided police response
# with police response
# Avoided EMS response
# with EMS response
# Avoided Fire response
# with Fire response
# Avoided arrests
# result in arrest
# Avoided ER visits
# result in ER visit
# Avoided Mobile Crisis Response
# with Mobile Crisis Response
# and type of marketing efforts.
Current list of community services.
vehicles purchased, maintained.
and type of trainings for staff.
and type of funding sources identified.
and type of funding sources applied for.
Survey(s) administered, analyzed
Community changes inspired by co-responder program

Client Survey Questions

1. How many times have you called 911 or the police non-emergency number for assistance/ mental health issue/ crisis/ etc. in the past 12 months?
    a. 1
    b. 2-3
    c. 4-6
    d. 7-12
    e. 13 or more calls
2. Who responded to your 911 or non-emergency calls? Never, Rarely, Sometimes, Frequently, Always, N/A
    a. CORESPONDER
    b. Police
    c. Paramedics
    d. Fire
    e. Other
3. Based on my personal experience(s) with CORESPONDERS: No, Somewhat, Yes
    a. I am satisfied with the CORESPONDER PROGRAM Team response/support provided.
    b. CORESPONDER PROGRAM Team treated me with respect.
    c. CORESPONDER PROGRAM Team treated me like they cared about me.
    d. CORESPONDER PROGRAM Team were knowledgeable.
    e. CORESPONDER PROGRAM Team provided me with community resources and services.
4. Please answer the following on a scale of 1 to 5, where 1 is “Strongly Disagree” and 5 is “Strongly Agree.”
    a. I am glad/think it is a good idea that my community has the CORESPONDER PROGRAM Team in addition to police, fire, and Paramedics.
    b. I am more likely to reach out for help because I know a mental health response team exists in my community?
5. After my interaction with CORESPONDER PROGRAM,
    a. I was able to remain where I was/stay in my home.
    b. I was able to stay in a place that I chose.
    c. I was transported to the hospital.
    d. I was transported to jail.
    e. N/A
6. Please choose all that apply:
    a. I have been hospitalized for a mental health crisis or condition.
    b. I have been taken to jail for a mental health crisis or condition.
    c. I take medication for a mental health issue.
    d. I see a therapist or counselor regularly for my mental health.
7. I received a follow-up phone call from the CORESPONDER PROGRAM Team after our interaction.
    a. Yes, and I appreciated that follow-up.
    b. Yes, but I did not need the follow-up.
    c. No, and I would have appreciated a follow-up call.
    d. No, and I did not need a follow-up call.
8. What additional services/help/support do you wish the CORESPONDER PROGRAM would provide?

Stakeholder Interview Questions

Interview Questions

Stakeholder Group _____

1. How do you interact with the CORESPONDER PROGRAM?
2. What do you know about CORESPONDER PROGRAM?
3. What do you see as the goals of the CORESPONDER PROGRAM?
4. How does CORESPONDER PROGRAM communicate with you?
5. What need does CORESPONDER PROGRAM fill? Or, what does CORESPONDER PROGRAM do? How well does the program meet the needs of its target population?
6. How do you gauge the success (or failure), effectiveness (or ineffectiveness) of the CORESPONDER PROGRAM?
7. How often do you need to receive the information that you want in order to gauge the program?
8. How does CORESPONDER PROGRAM impact the community in which it operates?
9. What would change for you if the CORESPONDER PROGRAM went away?
10. In what ways would you improve the CORESPONDER PROGRAM?

How would you complete the following:

If CORESPONDER PROGRAM can have _____ and _____, then
they can (do) _____ and _____, which will result in _____ and _____.

Service Providers

1. Do clients who interact with CORESPONDER PROGRAM have improved adherence to treatment plans?

Stakeholder Survey

Questions

1. What is your role when you interact with CORESPONDER PROGRAM?
    a. Law enforcement
    b. EMS/Paramedic/EMT
    c. Fire
    d. Member of group that provided funding
    e. City Council
    f. Administrator of a program or service (not a direct care provider)
    g. Medical service provider
    h. Service provider: medical, mental health, substance use treatment, housing/shelter.
    i. Community corrections
    j. General member of the public
2. Overall, I believe that ARCH is a successful addition and important program in my community. (Strongly Agree, Agree, Disagree, Strongly Disagree, I don't know)
3. In your opinion, how well does CORESPONDER PROGRAM achieve its goals? (Never, rarely, sometimes, often, always, I don't know)
4. In what ways have you seen CORESPONDER PROGRAM make a difference in the community? (Open ended)
5. What would change for you or your agency if the CORESPONDER PROGRAM ended? (Open ended)
6. What recommendations do you have to improve the CORESPONDER PROGRAM?
7. How does the CORESPONDER PROGRAM communicate with you?
    a. Reports at meetings
    b. Presentations at agencies
    c. Media (TV, radio, newspaper)
    d. Social media (Facebook, Twitter, etc)
    e. Newsletters
    f. Emails
    g. Phone calls
    h. Other
8. How often should CORESPONDER PROGRAM communicate with you?
    a. Weekly
    b. Monthly
    c. Twice per year
    d. Annually
9. Other
10. If you work with clients, do you find that clients who interact with the CORESPONDER PROGRAM do better with adhering to their treatment plan?
    a. Yes
    b. No
    c. Sometimes
    d. This question is not applicable to me or my agency.
11. What additional information would you like share with the evaluators about the CORESPONDER PROGRAM?

Sample of MPACT Activities

- An Evening with MPACT.
- Coffee with a Co-Responder.
- Quarterly reports to Marshalltown City Council.
- Local newspaper.
- Local news coverage.
    - October 21, 2020 Radio Iowa https://www.radioiowa.com/2020/10/21/marshalltown-police-to-have-social-workers-embeded-with-officers/
    - June 23, 2021 Des Moines Register https://www.desmoinesregister.com/picture-gallery/news/2021/06/23/marshalltown-police-department-program-mpact-community-team-human-services-police-reform-iowa/7728231002/
    - July 5, 2021 We Are Iowa https://www.weareiowa.com/video/news/local/partnership-between-marshalltown-police-department-and-yss-marshall-county-aims-to-reduce-burden-on-officers/524-e7a7e405-f6bc-479f-93c2-f43b6827fa9d
    - October 11, 2021 KCRG https://www.kcrg.com/2021/10/11/marshalltown-police-receives-federal-mpact-program-grant/
    - Dec 30, 2021 KCCI https://www.kcci.com/article/iowa-marshalltown-continues-successful-social-worker-program-mpact/38641265
    - May 18, 2023 Tama Toledo News Chronicle https://www.tamatoledonews.com/news/local-news/2023/05/18/mpact-on-toledo/
    - Feb 29, 2024 KFJB https://www.1230kfjb.com/2024/02/29/mpact-hires-a-new-Advocate/
    - April 6, 2024 Times Republican https://www.timesrepublican.com/news/todays-news/2024/04/mpact-community-Advocate-provides-helps-for-various-problems/
    - April 24, 2024 KCCI https://www.kcci.com/article/marshalltown-mpact-police-community-team-intervention-program-iowa-police/60597577

Sample of ARCH Activities

- Regular meetings with the ARCH Team.
- Annual report presented to the MGMC Foundation.
- News and Media
    - February 10, 2025: Pilot Program Seeks to Assist Homeless Population in Central Iowa https://woc1420.iheart.com/content/2025-02-10-pilot-program-goes-after-homeless-population-in-central-iowa/
    - Mental health crisis response program launches in Ames https://www.kcci.com/article/mental-health-crisis-response-program-launches-in-ames/41628741
    - New alternative response program connects Ames residents to mental health resources https://iowastatedaily.com/283812/news/alternative-response-program/
    - ARCH Aims to Serve Those in Crisis https://www.mgmc.org/foundation/donor-stories/arch/

2022 Law Enforcement Survey Results

In March 2022, DOM-DPI staff conducted a mixed-method exploratory study with law enforcement agencies in Iowa to better understand existing response strategies for mental health calls in police departments across the state. A quantitative survey followed by a qualitative survey was administered with law enforcement agencies across the state. A total of 174 agencies completed the quantitative survey, constituting a 46.4% response rate. A total of 61 agencies completed the qualitative survey, representing a 35.1% response rate. The quantitative survey demonstrated that 66.1% of agencies reported responding to calls where someone is in a mental health crisis. Quantitative data has demonstrated that different agencies use different approaches in addressing mental health crises. While some agencies report utilizing Crisis Intervention/Mobile Response Teams (24.4%), the vast majority reported that they oftentimes deal with the person in crisis themselves and/or transport to the hospital (54% and 71%, respectively).

Preliminary results from 152 Iowa law enforcement agencies were presented to the JAB in 2022.

- "How often does your agency respond to calls involving someone experiencing a mental health crisis?"
    - Always, 5.2%
    - Very often, 24.2%
    - Often, 37.9%
    - Sometimes, 32.7%
    - Never, 0%
    - When transposed into ordinal numbers, Always=4, Very often=3, Often=2, Sometimes=1, Never=0. The average score was 2.0.

- Staff or Partnership
    - 68% had partnership
    - 10% had staff

- Agencies with officers or staff who had CIT certification
    - Yes, 72.3%
    - No, 21.1%
    - Unknown, 6.6%

- Response Strategies
    - Transport to hospital, 71%
    - Deal with person in crisis myself, 54%
    - Contact CIT/MRT to co-respond, 39%
    - Contact MH provider/Social Worker, 36%
    - Transport to crisis drop-off center, 23%
    - Arrest/place in custody, 14%

- On a scale of 1-5, where 1 is the lowest and 5 is the highest, our agency needs
    - Greater access to mental health professionals = 3.8
    - More funding resources/opportunities = 3.8
    - Training on assessing the client and/or situation = 3.2
    - training on approaches to de-escalation strategies = 2.9
    - more information on types of mental health programs or partnerships that may be available = 3.6

Gilleland, S., Jahic, I., and Calderon, J.L. (2022, March 1). Iowa Department of Human Rights. Law enforcement's response to the mental health crisis: Preliminary findings of a statewide assessment [Presentation]. Justice Advisory Board Meeting, Des Moines, IA.