Evaluating a Fourth-Tier Public Health Response System: Insights from Northampton's Division of Community Care DCC



DISCLAIMERS



- **Michele Farry: I have no financial interests or relationships to disclose.**
- **Anna Ganote: I have no financial interests or relationships to disclose.**
- **Jen Whitehill: I have no financial interests or relationships to disclose.**

PUBLIC HEALTH EVALUATION

City of Northampton & UMASS Amherst Evaluation Team



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By the end of this session, participants will be able to:

1. Describe Northampton's DHHS DCC program and its role within an integrated public health and emergency response system.

2. Explain how DCC's evaluation framework and data tracking inform program design and continuous improvement.

3. Identify lessons from Northampton's DHHS DCC program and its evaluation partnership with UMass Amherst that can inform community-based public health and crisis response models.

Learning Objectives

LOCAL PUBLIC HEALTH MODERIZATION

Capacity Building * Innovations * Public Health and Safety Impacts



Merridith O'leary

Commissioner
City of Northampton









Department of Health and Human Services – The DHHS

MHOA EDUCATIONAL DEVELOPMENT CENTER BEST PRACTICES TOOKLIT MODEL PROGRAMS

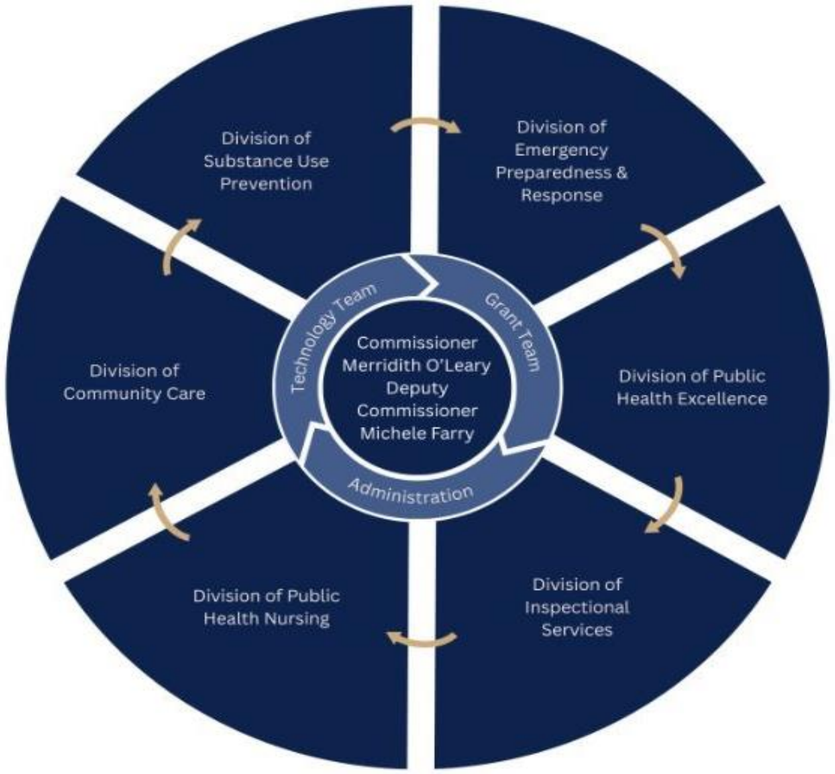


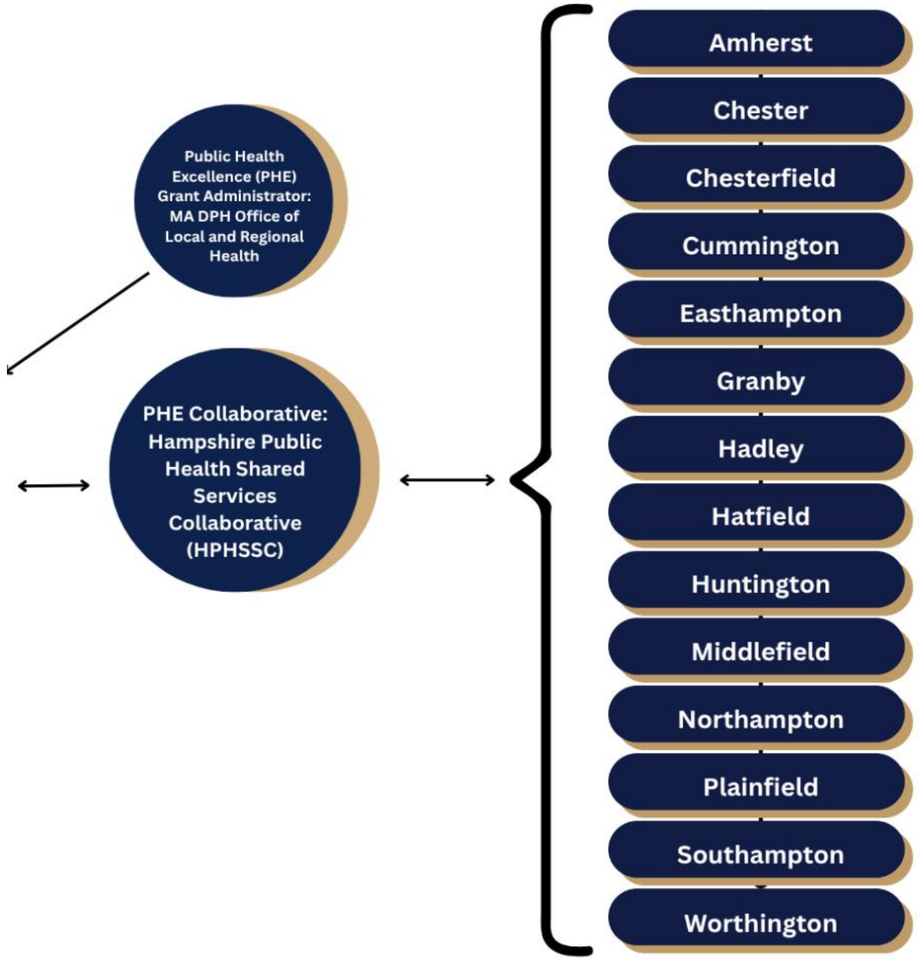
Developed by the Massachusetts Health Officers Association and Education Development Center with support from the Local Public Health Institute of Massachusetts: *This Opioid Toolkit is funded by a State Opioid Response grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Massachusetts Department of Public Health, Bureau of Substance Addiction Services.*

Section IV: Putting It All Together

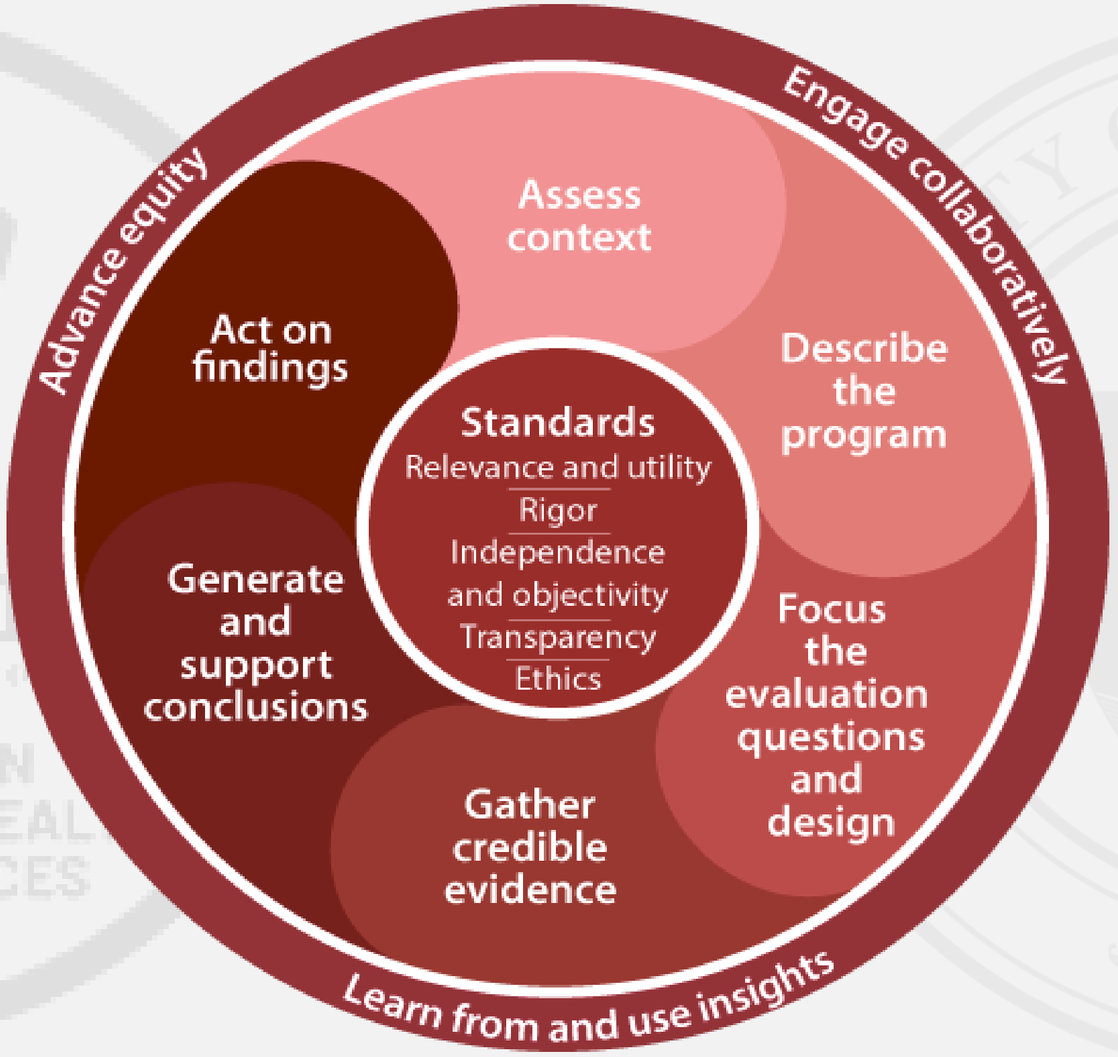
Northampton's Drug Addiction and Recovery Team

DHHS Divisions and Regional Shared Services



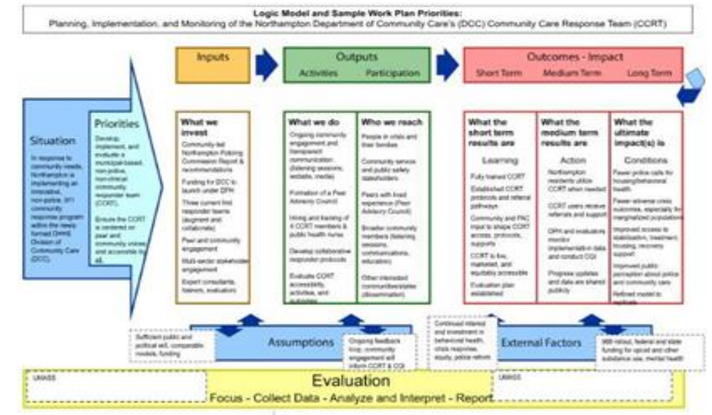


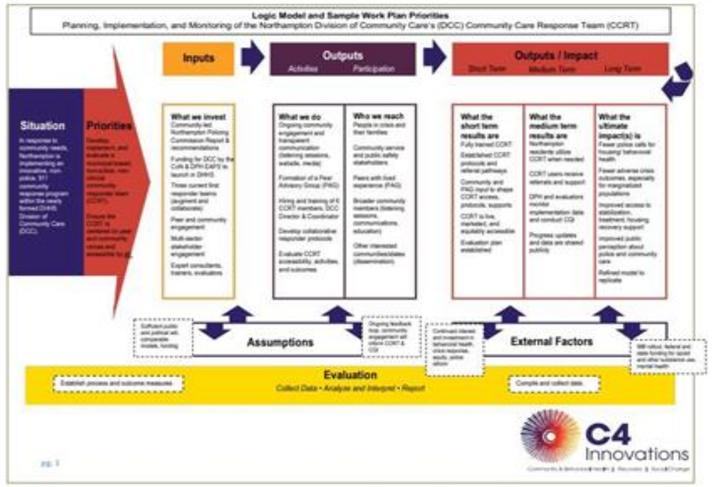
CDC FRAMEWORK for EVALUATION



STRATEGIC DEVELOPMENT

Program Logic Model





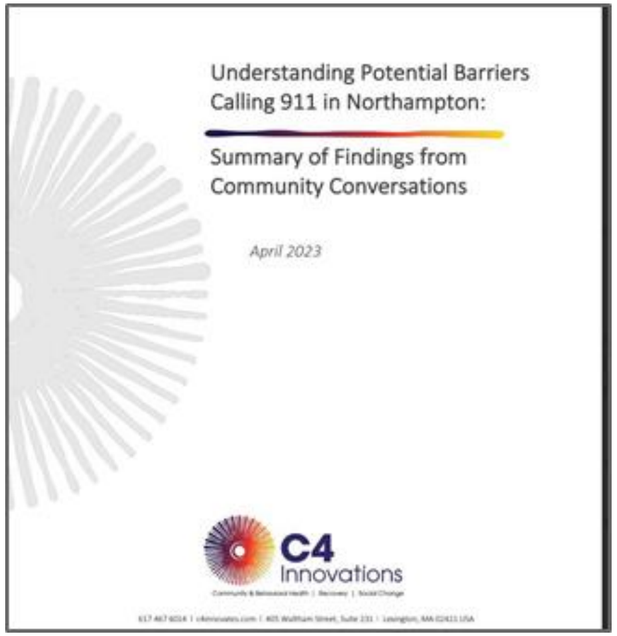
Working with Public Health Systems Partners

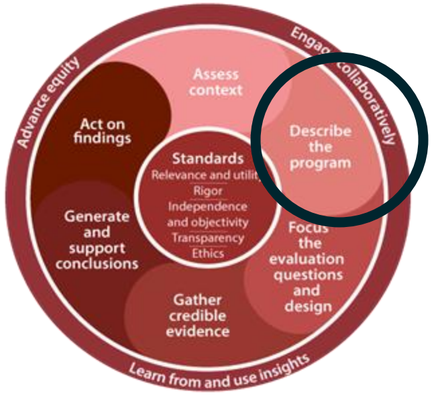
Stabilization without criminalization or hospitalization - Public Health Doing Less Harm - Systems Change

Define, collaborate and innovate new data measures

Impacts using data to identify pathways that reduce repeat utilization through follow-up

Right sizes public safety response



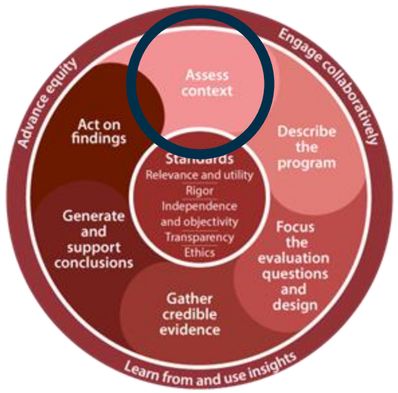


ASSESSING CONTEXT

University of Massachusetts Amherst

1. Readiness of the population
2. Interest from community/stakeholders
3. Place
4. Evaluation capacity

- **Measured via Baseline Community Survey**
- **DHHS Created, Conducted and Collaborated on Independent Local Community Health Needs Assessment (CHNA)**





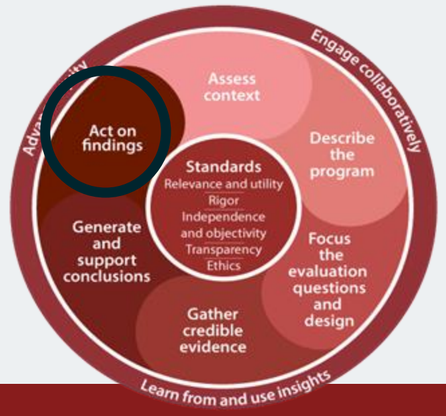
BASELINE COMMUNITY SURVEY RESULTS

AWARENESS & PREFERENCES:

- 56% had heard of the DCC pre-launch
- 60% preferred DCC for non-emergency, non-violent calls

911 PERCEPTIONS & BEHAVIOR:

- Many hesitant to intervene or call police in situations related to poverty or behavioral health



SERVICE PRIORITIES:

- Resources provided to the person and quick arrival
- Avoiding police contact important for most
- If a situation became dangerous, police involvement wanted

DIVISION OF COMMUNITY CARE

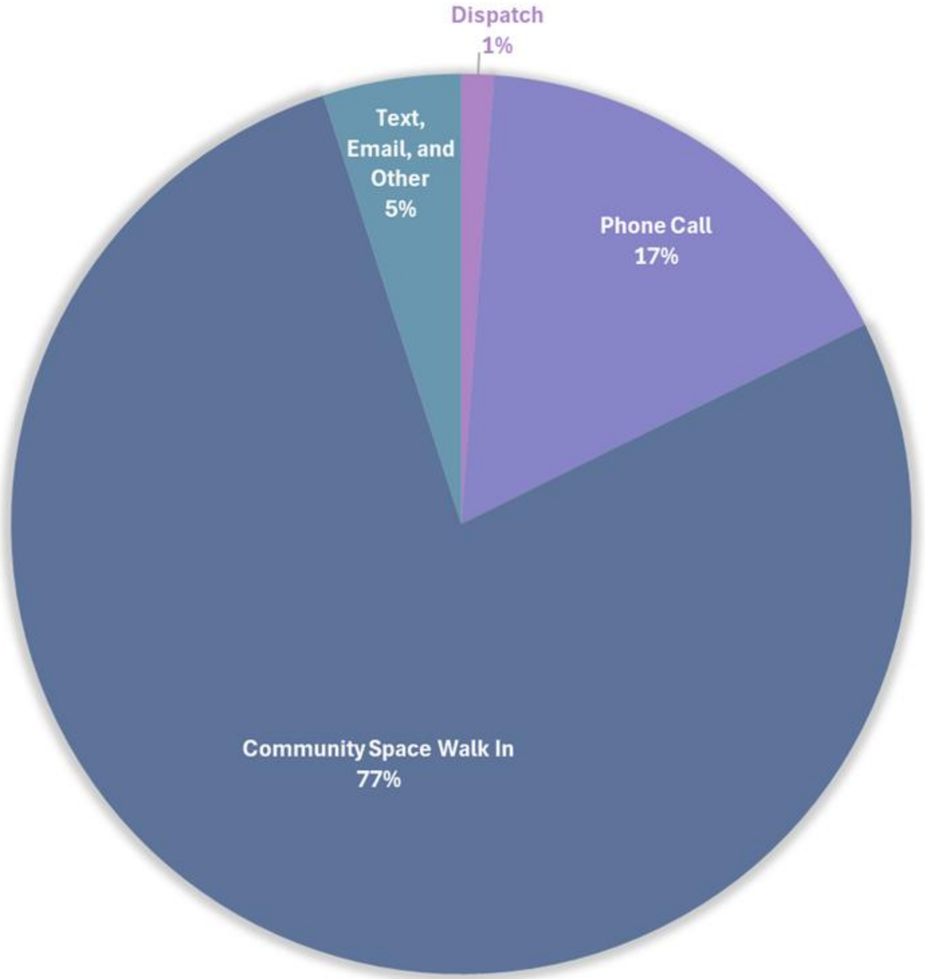
- Public health-led public safety program providing an unarmed civilian crisis response to non-violent, non-medical calls
- Offers on-the-ground de-escalation, emotional support, conflict resolution, wellness checks, and support with resource connection and navigation
- The DCC responds to crises in the moment and works to prevent crises from occurring in the future



PROGRAM OPERATIONS

- Multiple ways to connect to support:
  - Phone
  - Text
  - Email
  - Walk In
  - 911 Referral
- Direct access to the DCC is vital to community members
- The DCC fills gaps within broader public health and municipal systems

Referral Source of DCC Engagements in 2025



DATA & TRACKING SYSTEMS

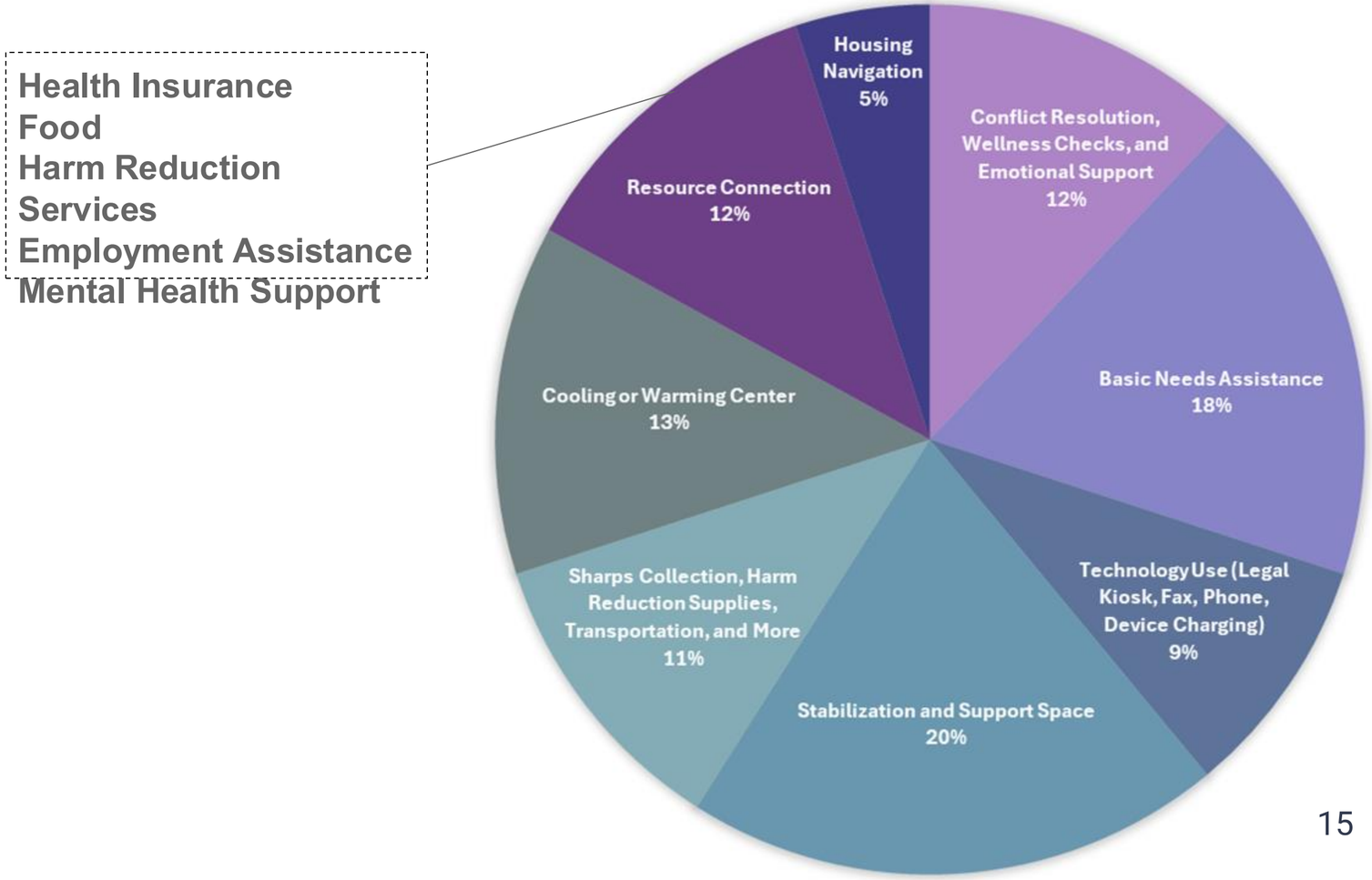
- Direct referral pathways required development of new phone programming
- Built and transformed case management system to meet program needs
- Systems used for internal data tracking and assessment, and external evaluation

DATA & TRACKING SYSTEMS

In 2025, the DCC:

had **8,460 engagements** with community members, including **1,496 calls** for services, and provided services to **864 people for the first time.**

Services Provided to Community Members in 2025



UTILIZING DATA

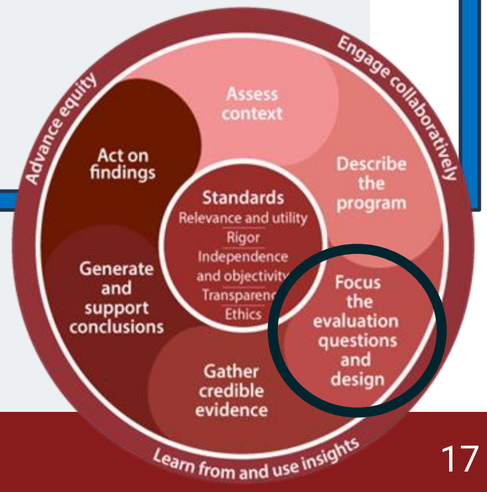
- Program design and growth are responsive to data trends and community needs
  - Specialized positions
  - Expansion of hours



- DHHS and DCC use internal system to assess and adapt, and CPE's evaluation offers evidence to make programmatic policy decisions

DCC EXTERNAL EVALUATION GOALS

- Assess the development, implementation and early impacts of the DCC's novel municipal program
- Understand how DCC integrates into Northampton's emergency-response systems and greater social service landscape
- Identify facilitators and barriers to success
- Provide ongoing feedback for improvement and sustainability



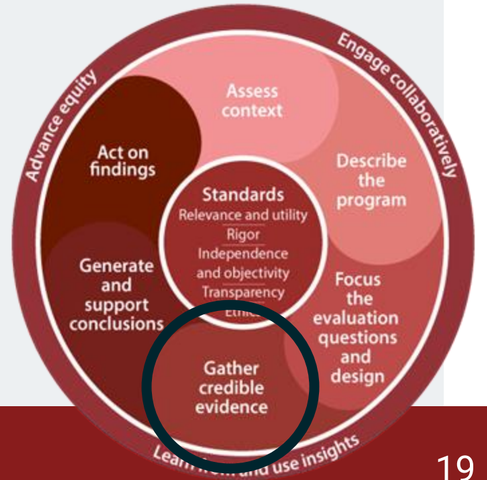
EVALUATION METHODS

Evaluation Activity	Purpose	Data Collection Period	Data Type
Community Survey	Community awareness, priorities, and preferences	Baseline	Quantitative
Community Partner Interviews	Expectations, concerns, and system integration	Baseline	Qualitative
DCC Community Responder Interviews	Frontline perspectives during early implementation	Program Year 1	Qualitative
DCC Client Interviews	Client experiences of services, spaces, and relationships	Program Year 2	Qualitative
Emergency Response Agency Interviews	System-level perspectives on collaboration, workflows, and DCC's role	Program Year 2	Qualitative
Dispatch Data Analysis	Patterns of call types, routing, and diversion to DCC	Program Year 2+	Quantitative
Client Record Analysis	Service utilization, follow-up, and client trajectories over time	Program Year 2+	Quantitative

DISPATCH DATA ANALYSIS

Purpose

- **Wanted to understand:**
  - Trends in calls to Northampton Public Safety (NPS) dispatch
  - Extent to which calls are being routed by NPS dispatch to DCC
- Considered three time periods:
  1. Baseline before DCC opened (09/2022 to 08/2023)
  2. DCC open, PRE-dispatch integration (09/2023 to 02/2025)
  3. DCC open, POST-dispatch integration (03/2025 to 06/2026)
- Total calls in analytic dataset = 138,739



DISPATCH DATA ANALYSIS

Methods

Defining a DCC-eligible call:

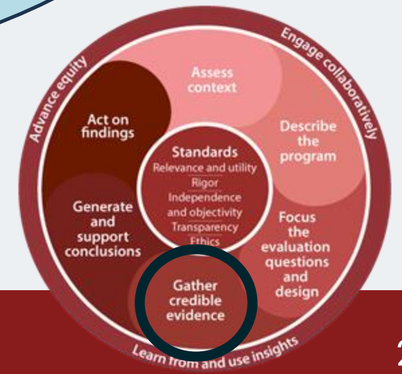
- Call reason reported to dispatch must be one of the 7 reasons on Northampton's Multiple Agency Call Flow (MACF):

1. Drunk/Incapacitated
2. Indecency/Lewdness
3. Medical - Mental Health
4. Property Lost/Found
5. Public Service
6. Public Service, Check Welfare
7. Trespassing/Unwanted Guest

Disqualification Criteria

- Violent/Life threatening (e.g., Weapon)
- Party is sick/injured
- Known dangerous person
- Caller asked to sign a complaint

- Adjusted for call eligibility/disqualification rates
- Must be during DCC operating hours

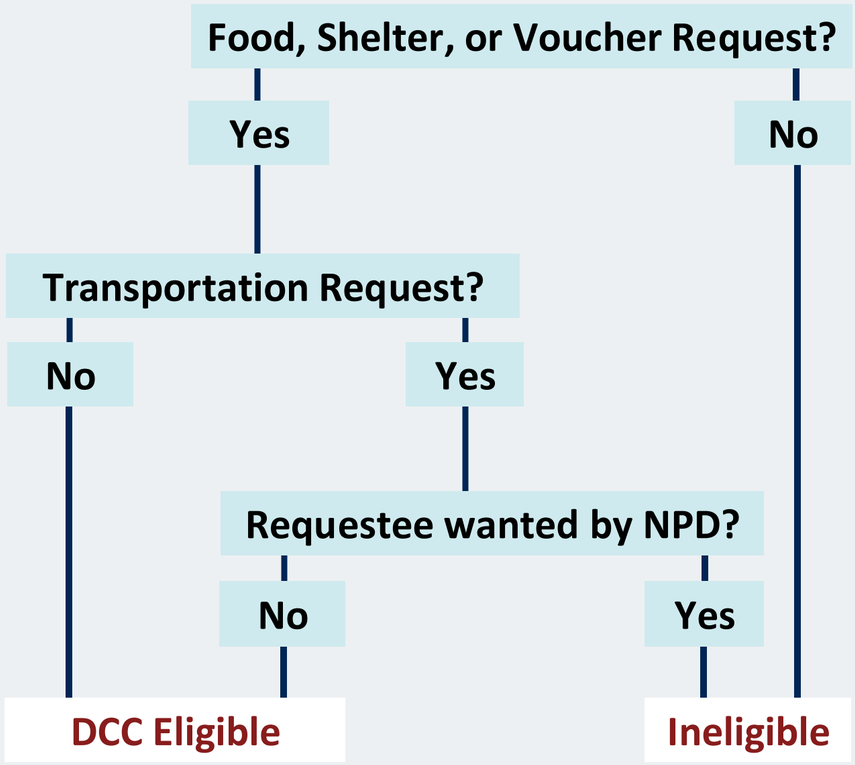


DISPATCH DATA ANALYSIS

Methods

Public Service Calls Narrative Review (examples)

- ✓ Caller requests vouchers, does not want transportation.
- ✓ Caller requests food, wants transportation, and is not wanted by NPD.
- X Caller is not requesting food, shelter or vouchers.
- X Caller requests shelter and transportation, is wanted by NPD.





Source: Law Enforcement Action Partnership. 2026.

DISPATCH DATA ANALYSIS

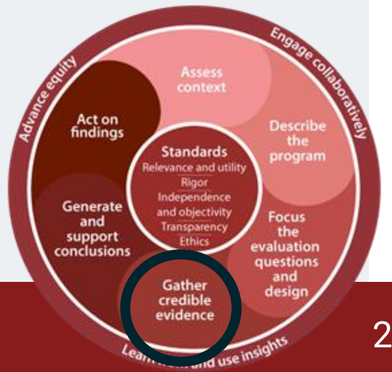
Results

Call reason	% DCC-Eligible
Drunk/Incapacitated	90.0%
Indecency/Lewdness	0.0%
Medical - Mental Health	70.4%
Property Lost/Found	10.5%
Public Service	11.8%
Public Service, Check Welfare	40.5%
Trespassing/Unwanted Guest	64.3%
All 7, weighted by call mix	**43.0%**

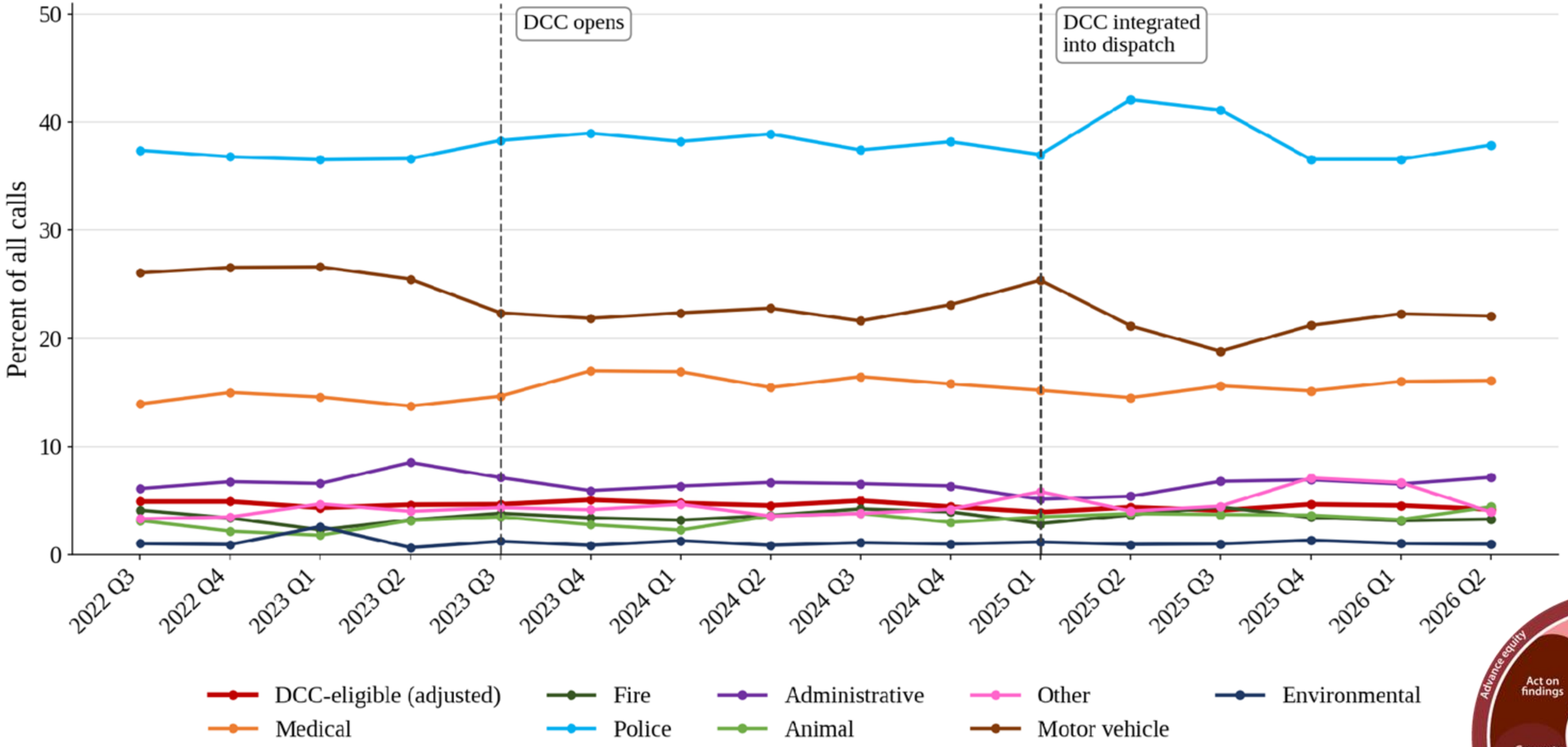
Source: Law Enforcement Action Partnership, 2026.

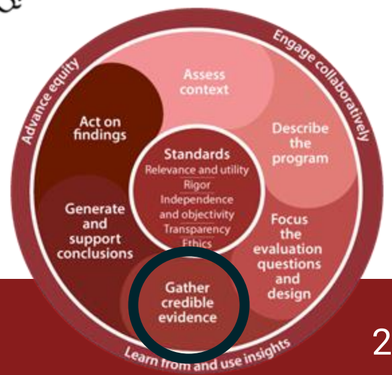
Number of DCC-eligible calls during DCC operating hours, Sep 2023 – Jun 2026:

1422

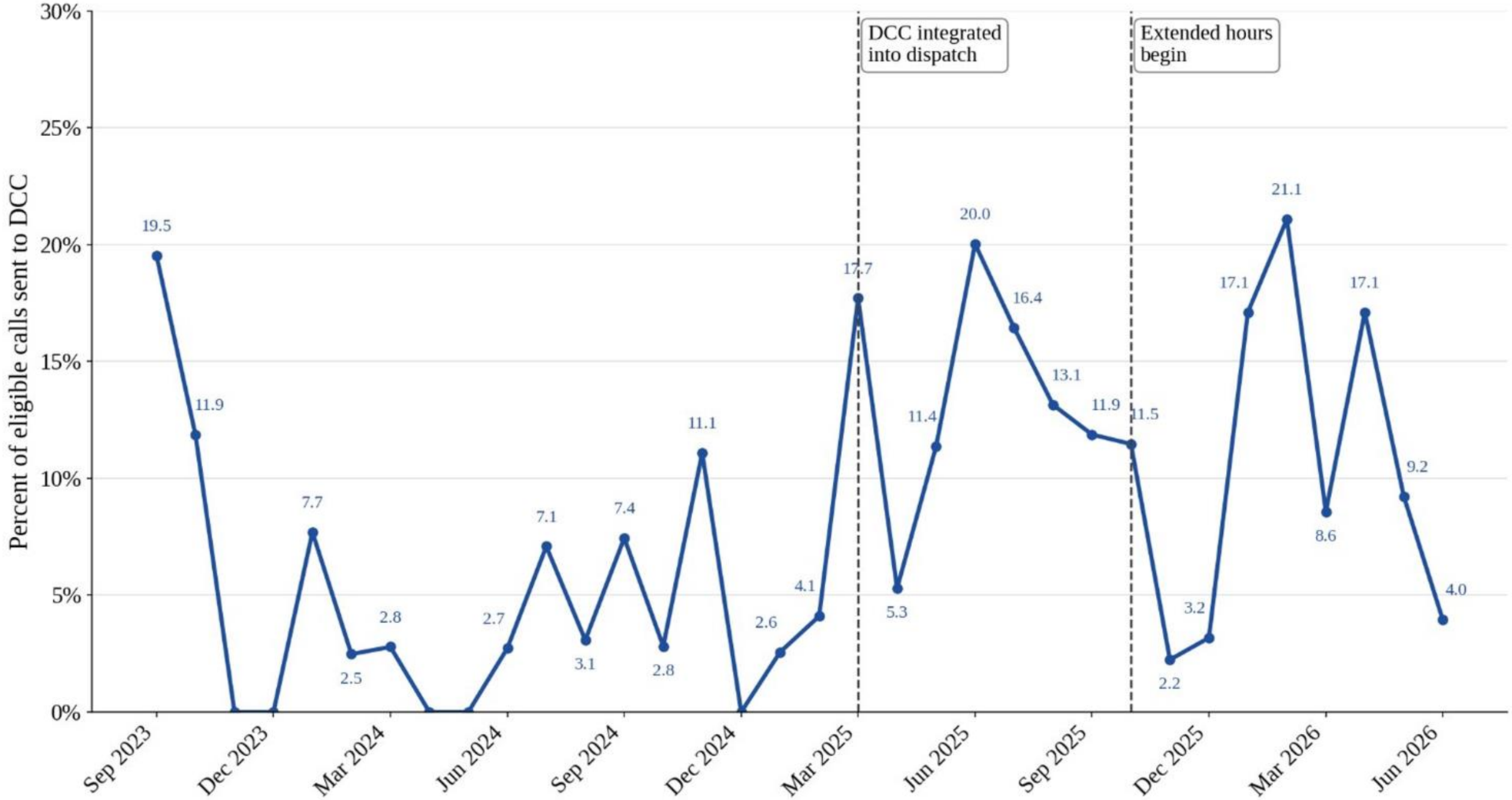


Calls to Northampton Public Safety Dispatch by Reason, 09/2022 to 06/2026





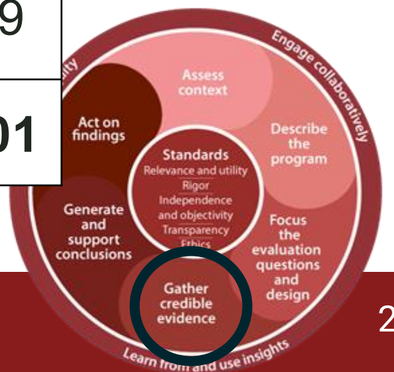
Percent of eligible calls sent to DCC during DCC operating hours



Eligible calls sent to DCC, pre- vs post-integration*

Call reason	Pre: calls	Pre: sent	Pre: % sent	Post: calls	Post: sent	Post: % sent	Fisher p
Drunk/Incapacitated	16	0	0.0	40	2	5.6	1.000
Indecency/Lewdness	8	0	n/a	10	0	n/a	n/a
Medical - Mental Health	200	1	0.7	338	0	0.0	0.372
Property Lost/Found	136	1	7.0	246	9	34.8	0.104
Public Service	117	6	43.5	329	41	105.6	0.034
Public Service, Check Welfare	336	6	4.4	561	35	15.4	0.0015
Trespassing/Unwanted Guest	195	2	1.6	294	0	0.0	0.159
All 7 call types	**1,008**	**16**	**3.6**	**1,818**	**87**	**11.5**	**<.0001**

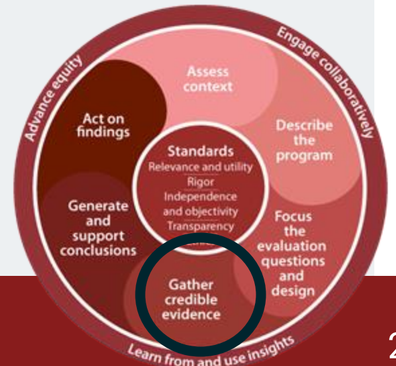
*Restricted to DCC operating hours



EMERGENCY-RESPONSE PARTNER INTERVIEWS

Purpose

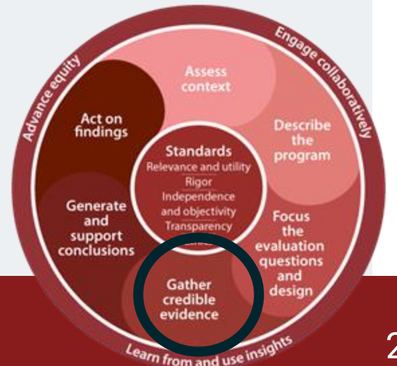
- Assess emergency response agency partners' perceptions of the DCC's formal integration into Northampton's dispatch system.
- Gauge how well the DCC's operations were fitting into existing municipal emergency response systems.



EMERGENCY-RESPONSE PARTNER INTERVIEWS

Methods

- **Data collection**: August 13 – September 30, 2025
- **Participants**: (11 total)
  - Police
  - Fire Rescue
  - Dispatch
  - Related partner agency
- **Method**: In-person semi-structured interviews
- **Analysis**: Thematic analysis of interview transcripts

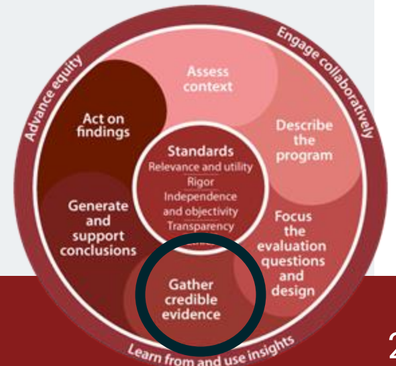


EMERGENCY-RESPONSE PARTNER INTERVIEWS

Results

Linkages & Relationships: From Initial Mistrust to Trust

- Some initial mistrust existed between agencies and the DCC due to funding originating from police budget reduction
- Despite this tension, trust has built over time through consistency and familiarity



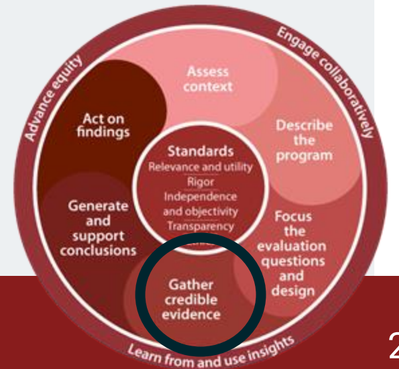
EMERGENCY-RESPONSE PARTNER INTERVIEWS

Results

Linkages & Relationships: From Mistrust to Trust

"Because we've seen them at staff meetings... it's humanizing through the consistency and the time and it all is important to the trust in public safety."

"With these regular meetings and the constant moving forward, if we say, 'Hey, we can't get you on the phone' by the next meeting, they've got an answer and they've got a plan."



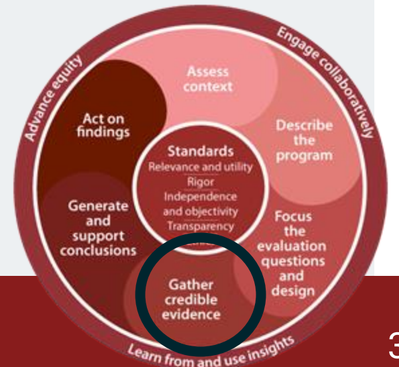
EMERGENCY-RESPONSE PARTNER INTERVIEWS

Results

Context: Barriers that Limit Call Diversion

"Their hours [were] like Monday through Friday, 8 to 4. If it's not during those times, we might have somebody who could benefit from the DCC more immediately, but they don't have someone on call.“

- Emergency responders also acknowledge the complexity of call classification and safety concerns that legitimately slow integration efforts

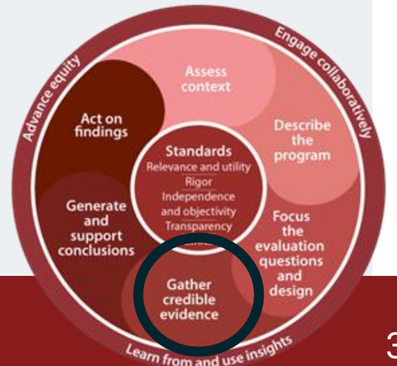


EMERGENCY-RESPONSE PARTNER INTERVIEWS

Results

Innovation: Value of the DCC's Niche in Outreach and Prevention

- Responders recognize the DCC fills a critical gap in serving populations with mental health and substance use issues that traditional emergency response cannot adequately address
- Noted how DCC provides longer-term, resource-oriented approach compared to emergency room or ambulance response
- DCC identified as effective in de-escalation and community relationship building, particularly with individuals hesitant to engage with police
- All partners support call diversion of non-emergent and non-violent calls to the DCC



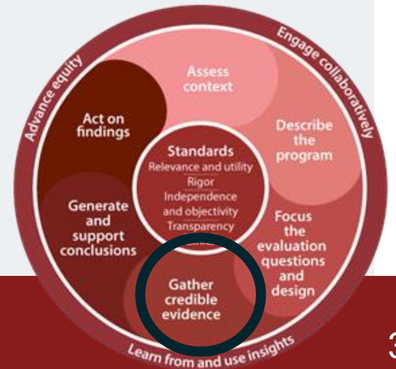
EMERGENCY-RESPONSE PARTNER INTERVIEWS

Results

Innovation: Value of the DCC's Niche in Outreach and Prevention

"There are certain [high service utilizers] that once the DCC got involved, they were able to help and find a solution to their issues, either with housing or with counseling. So there are definitely certain cases that yes, the DCC has absolutely fixed the problem, as opposed to us dealing with the same individual for years or a decade."

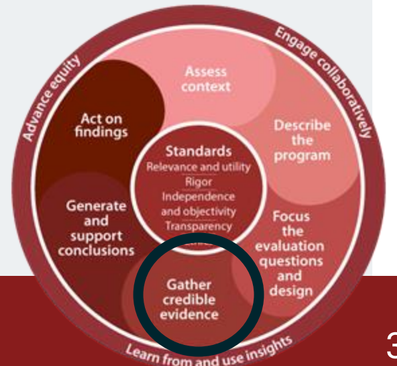
"A lot of mental health and substance use issues don't get addressed by the emergency room. Whereas the DCC has more time and more access to resources... the long-term solution isn't happening with an ambulance."



EMERGENCY RESPONSE INTEGRATION

Conclusions

- System integration allows more dispatch calls to be routed directly to DCC
  - Increased from 3.6% to **11.5% after dispatch integration** ($p < .0001$)
  - Highest in the first 6 months after integration, then eased
  - Public service and welfare checks: 86% of calls dispatch sent to DCC
- Cross-agency leadership and collaborative problem-solving are key strengths supporting continued integration
- Qualitative & quantitative findings together indicate that expansion of the “DCC-eligible” call matrix should be considered



Community Voice, Public Health Practice and Research

Academic and public health partnerships help translate community priorities and practice-based learning into evidence informed services, policy and systems change.

Together, we can strengthen accessible services, build trust and **support community health and safety**.





Q & A

CONTACT INFORMATION

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Division of Community Care:

Website www.northamptondcc.org
Email dcc@northamptonma.gov
Phone Call or Text: (877) DCC-0413
For immediate assistance, support, or to speak with a Community Responder.
Visit the DCC Community Space:
1 Roundhouse Plaza, First Floor
Northampton, MA
Walk in for in-person support and resources.

Community Responders are available:
Monday - Tuesday: 8:30 am - 4:00 pm
Wednesday - Friday: 8:30 am - 7:00 pm
Saturday: 12:00 pm - 5:00 pm