

Report on the Activities of the Behavioral Health Task Force: Crisis Encounters/Intervention

Prepared for the City Council of Albuquerque

Part 1: Introduction

The purpose of this document is to report the activities and recommendations of the Crisis Encounters/Intervention working group. Several meetings were conducted and there was a plethora of knowledge brought to the group. We focused on evaluating procedures, resources and instances where a person may reach an acute crisis level. We also studied how to map and refer individuals in law enforcement referrals and non-law enforcement referrals. It was critical to identify gaps in service and intervention criteria in the metropolitan area. We reviewed different methods of dealing with crisis situations; incarceration models, referrals to behavioral health networks and emergency room referrals. The group also concentrated on an attainable action plan with current resources as well as future resources.

Part 2: Background

Police officers are often faced with complex issues when addressing crisis situations where mental illness or emotional disturbance might be a factor. These situations require the officer to make difficult judgments about the mental state and intent of the individual, and require special skills and abilities to deal with the person to avoid potential violence.

In January 1997, the Albuquerque Police Department incorporated the Crisis Intervention Team concept. This innovative approach to crisis management has added a new dimension to law enforcement. Highly trained uniformed specialists patrol the streets of Albuquerque providing rapid response to these often-volatile calls for service. The officers draw from training and experience to implement the appropriate intervention, thereby minimizing use of force and risk to persons in crisis and police personnel.

The Crisis Intervention Team is composed of 228 skilled police officers distributed equitably throughout the city. This team responds to over 200 crisis calls each month and transport nearly 50% of the persons contacted for professional mental health care as a jail diversion measure. The Albuquerque Police Department also employs a Crisis Intervention Unit, comprised of a lieutenant, sergeant, four detectives and a psychiatrist. The work closely with the Crisis Outreach and Support Team (COAST) which is made up of six CIT trained civilians who provide/link individuals with resources. The Department also deploys a Crisis Negotiations Team in the event that a SWAT call is initiated.

This program exemplifies the Albuquerque Police Department's dedication to our community's needs by providing the highest standard of police service in partnership with the city's health care providers.

City Council Action:

TBD

B. Task Force Formation and Meetings

See Minutes

Part 3: Overview of Study/Prior Study

Providing specialized training. Police officers report that they feel unprepared for "mental disturbance" calls and that they encounter barriers to getting people experiencing psychiatric symptoms quickly and safely transferred to mental health treatment. CIT addresses this need by providing officers with specialized training to respond safely, and quickly to people with serious mental illness in crisis. Officers learn to recognize the signs of psychiatric distress and how to deescalate a crisis — avoiding officer injuries, consumer deaths and tragedy for the community. In addition, CIT officers learn how to link people with appropriate treatment, which has a positive impact on fostering recovery and reducing recidivism.

Creating community collaboration. Due to critical shortages in community mental health services, police officers have become first line responders to people with serious mental illness who are in a psychiatric crisis. When these crises occur, officers often have no options other than to arrest the individual, due to the lack of protocol or coordination between law enforcement and the mental health system. By creating relationships between law enforcement and mental health services, CIT can facilitate agreements that get people quickly transferred to mental health treatment, while reducing the burden on police and corrections. Speedy transfers to treatment save police time and money, and reduce the need for costly emergency psychiatric services.

CIT Works — for law enforcement, for consumers, and for the community.

CIT helps keep people with mental illnesses out of jail, and gets them into treatment.

Studies show that police-based diversions, and CIT especially, significantly reduce arrests of people with serious mental illnesses. Pre-booking diversion, including CIT, also reduced the number of re-arrests by 58%. In a one-year study of pre-booking jail diversion, including CIT, participants in jail diversion programs spent on average two more months in the community than non-diverted individuals. Individuals diverted through CIT and other programs receive more counseling, medication and other forms of treatment than individuals who are not diverted.

CIT training reduces officer stigma and prejudice toward people with mental illness.

CIT officers do a good job of identifying individuals who need psychiatric care and are 25% more likely to transport an individual to a psychiatric treatment facility than other officers.

CIT reduces officer injuries, SWAT team emergencies, and the amount of time officers spend on the disposition of mental disturbance calls.

After the introduction of CIT in Memphis, officer injuries sustained during responses to “mental disturbance” calls dropped 80%. After the introduction of CIT in Albuquerque, the number of crisis intervention calls requiring SWAT team involvement declined by 58%.

Officers trained in CIT rate their program as more effective at meeting the needs of people with mental illness, minimizing the amount of time they spend on “mental disturbance” calls, and maintaining community safety, than officers who rely on a mobile crisis unit or in-house social worker for assistance with “mental disturbance” calls

NAMI

Part 4: Recommendations

1. Expand the Fast Track Program, to prevent jail recidivism.

The Fast Track Program is a comprehensive program that assists jail inmates in integrating into society after their release. It successfully enrolls them in Medicaid, Social Security Disability, and other such programs if needed so they can adapt to living outside jail after their release.

2. Create a Drop-Off Center for Police to take mentally ill clients.

- The Center should be a no-refusal center that accepts all clients who are taken there.
- The Center should be able to hold clients for 48 to 72 hours and stabilize clients with medications, etc.
- The Center should be comfortable for clients and non-punitive. Those clients deemed dangerous should have a place to be held until they are no longer dangerous and be re-evaluated and stabilized before releasing to the community or another psychiatric facility.
- The Center should be staffed with Masters level and above professionals who can diagnose, prescribe, and dispense medications on site.
- The Center should be modeled after other successful centers around the country, such as the ones in Tucson or San Antonio.
- The Center should be funded continuously, and not have to fear loss of funding due to City or State Administration changes.

3. Change the way Medicaid pays for inpatient stays

Medicaid for-profit funding sources should consider extending patient stays when needed, and not forcing clients out of inpatient stays, and possibly on the streets, simply because their profit margin may suffer.

4. Create Crisis Intervention Teams (Advanced CIT) that have both mental health professionals and police, and teams that have only mental health professionals. (MOBILE CRISIS TEAM)

- Consider having mental health professionals ride-along with police on CIT shifts.
- Expand shifts to 24 hour, 7 days, 365 days a year.
- Divide up the teams based on I-25, a West Team and an East Team.

5. Change the way HIPPA restricts professionals from discussing patients with each other. Currently, the many steps we have to take in order to discuss a patient are very cumbersome and require many steps, especially if we do not have access to the patient or a fax machine, or the time for the Release of Information to get to the target professional.

- Clarify what conversations HIPPA allows and what is not allowed.
- Perform new HIPPA training for professionals that is
 - Clear
 - Concise/Brief training -No more than 30 minutes-
 - Non-Threatening

GOALS

1. Have a smooth non-violent transition between the client who is potentially dangerous and the care that s/he needs.

Components:

- a. Training the Police on mental illness
- b. De-escalating the client by professionally trained mental health personnel, including Police.
- c. Transporting the client to needed care facilities.

2. Giving the client the care they need:

Components:

- a. Evaluating and treating the client at these facilities
- b. Lengthening patient stays when necessary so the client is assuredly stable when released and is no longer at risk for harming self/others

- c. Providing the client with after-hospitalization resources so they do not become dangerous in the future
- d. Providing clients that have been jailed with resources to survive in the outside world once they're released
- e. Enabling professionals to discuss clients with each other without fear of being sued by the client for HIPPA violations or without fear of being fined for HIPPA violations**

Revamp Kendra's Law or Assisted Outpatient Treatment

Educate the public about calling APD when there's a mental health crisis: If it's non-emergent They need to request CIT.

Train Dispatch to screen for need for CIT? **HB93**

Citywide MOU/Multi Disciplinary Team

Change state law to allow mid-level issue C of Es**

One Stop Shop should also be the transition center **Tucson, AZ Model**

Telepsychiatry for Albuquerque residents, not just for rural New Mexicans

List of Acronyms Used

Albuquerque Police Department (APD)

Albuquerque Police Officers Association (APOA)

City Council of Albuquerque (CCOA)

City of Albuquerque (COA)

New Mexico Open Meetings Act (OMA)

Subject Matter Experts (SME)