

Quarterly MAP Meeting

7/25/22

Participants: 64

- I. Brief presentations from current programs with high call numbers
 - a. Lockport Police Dept and Niagara County Mental Health
 - i. Over 200 calls since inception of program
 - ii. Chief and Captain set expectation that every “EDP” call should be offered iPad interaction, after ensuring officer safety
 - iii. If iPad is not used, officers have to justify reason (i.e. officer safety concern)
 - iv. Sometimes officers forget to charge iPads and they aren’t ready for next shift
 - v. Initial information exchange between LE and MH, priority is avoiding transport
 - vi. Secondary gain: officer education by observing interaction between caller and MH, officer can then improve approach/strategies on next call before involving the iPad
 - b. Ontario County Sheriff’s Department and Clifton Springs Hospital CPEP
 - i. Initially began with giving iPads to CIT trained officers, and to support other PDs in their jurisdictions before those departments were involved with MAP directly
 - ii. Rarely use iPads on overnights because of prevalence of intoxication on those calls
 - iii. OCSO notes improvement in “customer service” – minimizing chance that residents will have to wait in an ED for hours
 - iv. Initial information exchange between LE and MH
 - v. Difference from Niagara Co – CPEP consults with psychiatrist after conducting assessment to determine if resident needs transport
 - vi. Almost 90% of residents involved in iPad assessment remain in community, creating positive response from residents
- II. Q&A
 - a. How many residents remain in community after iPad assessment?
 - i. 73%
 - b. Are iPads taking place of Mobile Crisis Teams in-person dispatch?
 - i. Clifton Springs: Yes, but residents are still offered an in-person follow-up visit
 - ii. Don: iPads can be particularly useful in bridging the gap when MH ETA is long in rural areas
 - c. Do residents refuse the iPad interaction?
 - i. Lockport PD: More so at the beginning of the program, have seen improvement, now some residents request the iPad interaction
 - ii. Ontario Co SO: Rarely, agreed with above that some residents request it
 - d. Is a pick-up order still needed after the iPad assessment if transport is needed?
 - i. St. Lawrence Co: fewer designees, may need to reach out to a designee which can take time, wondering if LE would be willing to complete 9.41 based on clinician assessment/recommendations
 - ii. Don: probably depends on what officer overhears during the assessment
 - iii. LE: always nice to have a signed 9.45 but responding officer/deputy would be hard-pressed to refuse to complete 9.41 after hearing assessment/justification from MH
 - e. How do crisis stabilization centers fit into this process?

- i. Orange County: clear guidance provided that when criteria for transport is met, residents need to be brought to a 9.39 hospital, but the urgent cares/crisis stabilization centers are available for residents who don't meet criteria
 - f. What application is being used on the iPad?
 - i. Zoom for Healthcare. Calls cannot be recorded which can be helpful for residents with paranoia or concerns about privacy
 - g. Are agencies with successful MAP partnerships seeing a reduction in calls from those residents?
 - i. Lockport PD: anecdotally, "regulars" have repeat calls but residents in crisis in need of connectivity typically do not call back
 - ii. Clifton Springs and Ontario Co SO: yes, high utilizers continue to call 911, but the iPad program provides an opportunity for diversion from the ED which alleviates burden on the caller and the ED, and an opportunity for ongoing collaboration on individual cases to redirect to crisis and outpatient MH services
 - h. Do LE and MH agencies meet regularly to discuss individual cases and missed opportunities? How to navigate this with confidentiality concerns?
 - i. Ontario Co SO: Multiple LE and MH agencies across the county meet regularly to discuss high utilizers and have seen a reduction in 911 utilization as a result
 - ii. Ontario MH: everyone at these meetings signs a confidentiality agreement, law enforcement brings the names to the table and MH provides recommendations without disclosing PHI
 - iii. Seneca Falls PD: similar arrangement to Ontario Co
 - i. Are agencies billing for this service?
 - i. Ontario MH: yes, hence the consultation with psychiatrist
 - ii. Niagara MH:
 - iii. Seneca MH: not currently billing as grant funding is being used, but tracking services to predict revenue when grant runs out and program switches to billing
 - j. Connectivity issues with the iPads, particularly in rural areas?
 - i. Niagara MH: sometimes clinicians are not able to observe the environment or hear from collaterals, emphasizes importance of post-crisis care
- III. Other
 - a. Chief Peenstra (Seneca Falls PD): positive endorsement of the program, explained how his mind changed from being resistant to this program to seeing the value of both CIT and MAP
 - b. Don: reminder of the portal and Jordan's contact information

Next quarterly meeting: 10/24/22