

**Quarterly MAP Meeting  
4/24/23**

- I. Overview of agenda
- II. Program updates
  - a. St. Lawrence expansion: DCS obtained 4 additional iPads from a community donation – those have been deployed to 4 local LE departments, in addition to the iPads already in use at the sheriff's office
  - b. Cayuga expansion: re-deployed resources that were not being used elsewhere and sheriff's office found resources to purchase additional iPads as well, for a total of 21 at the department – every road patrol deputy at CCSO now has an iPad in their car
  - c. Rockland re-deployment: Clarkstown PD is no longer using MAP because there is a rapid in-person MH response available, and those iPads are now in Haverstraw and Stony Point PDs
- III. Outcome data in Ontario County
  - a. Outcome of MAP sessions: 80% of individuals were able to remain at the scene following their MAP sessions
  - b. Outcome of MAP-related 9.41s: 74% of individuals brought to the hospital under 9.41 following a MAP session were admitted to the inpatient unit
  - c. Outcome of all 9.41s: 29% of all individuals brought to the hospital under 9.41 were admitted to the hospital (this data includes all MAP-related and non-MAP-related 9.41s)
  - d. This data seems to indicate that MAP sessions help to identify individuals who need psychiatric admission, and support individuals who do not need psychiatric admission with remaining in the community
- IV. Stakeholder survey
  - a. Sent to law enforcement departments and mental health agencies who have been involved in MAP for some time, will be sent to other departments/agencies in the future
  - b. Preliminary results
    - i. Training: over half of respondents reported that they had not attended in-person or online training and received either informal training or no training
    - ii. Reasons for offering iPad: most popular responses revolved around clinical evaluations, resident preference, and de-escalation support
    - iii. Issues with MAP (LE): technology issues, wait time for mental health call-back, and residents declining to use the program
    - iv. Issues with MAP (MH): primarily technology issues
    - v. MAP effectiveness (MH): clinical evaluation to determine if a transport was needed
    - vi. Follow-up services (MH): arranged always, occasionally, or frequently
      1. MH agencies on the meeting reported that sometimes individuals decline follow-up services or are already linked to services
- V. Discussion question: how do LE and MH deal with individuals when they are under the influence of substances?
  - a. Law enforcement thinks it can be useful with de-escalation
  - b. Some mental health agencies have policies that prevent clinicians from evaluating someone who is over the legal limit, which can be difficult to determine in the field; unknown recency and amount of use creates safety and liability concerns for allowing someone to remain in the community
  - c. Other mental health agencies will attempt to assess anyone who is able to engage even if they are under the influence, and/or gather enough information to plan for a follow-up
- VI. Meeting frequency poll: most responses are in favor of ongoing quarterly meetings