

Quarterly MAP Meeting
10/23/23, 2-3PM

- I. Welcome and review of agenda

- II. Updates since last meeting
 - a. No changes/expansions since last meeting, as we were waiting on funding updates
 - i. NYS OMH will be funding MAP moving forward
 - b. Active: 12 counties, 23 law enforcement departments, 14 mental health agencies
 - c. Total calls since start of MAP: 1240 (as of 10/19/23)

- III. Post-Session Survey Completion Rates
 - a. The post-session surveys allow us to collect the vast majority of data that we use to identify issues (such as wait time for MH to call back) and demonstrate the success of the program (such as over 75% of residents remain at the scene after a MAP session versus being transported elsewhere)
 - b. Post-session survey completion rates are compiled in Tableau as well, but we compiled a simple table to briefly view here so that departments/agencies can see their individual completion rates
 - c. Brainstorm barriers/strategies to improve post-session survey completion rates?
 - i. Potsdam PD: Some calls that are missing surveys could be calls that should not “count” – e.g., LE was unable to connect with MH, etc.
 - 1. Suggestion: add an option for officers/clinicians to fill out a survey when a session didn’t happen, to help us collect information on why a call didn’t take place successfully OR
 - 2. Institute: Please reach out to Jordan with any Zoom calls that should be deleted so we don’t wrongly assume that a survey was not completed for that call
 - ii. Potsdam PD: overall MAP call volume probably impacts survey completion rates – if a department isn’t pushing MAP, surveys are probably not a high priority either
 - 1. Suggestion: track overall MH 911 call volume vs MAP utilization
 - 2. Institute: we have started reaching out to DCSs/Chiefs/Sheriffs to try to collect MH 911 data to allow us to make these comparisons and identify opportunities for significant increases in MAP utilization, recognizing that not every MH 911 call is appropriate for MAP
 - iii. Potsdam PD: officer experience with the program likely impacts willingness to complete survey, especially if it’s their first time using the program
 - 1. Citizens Advocates: MH staffing issues can and have impacted wait times, continuing to push for improvements such as dedicated MAP staff
 - 2. Spectrum: small process changes have made a difference in wait times for calls back

- a. Suggestion: regional approach to MAP, would depend on individual localities and the resources they have available and catchment areas they are permitted/designed to serve

IV. Stakeholder Survey Results

- a. Preliminary results were reviewed in April, these “final” results for 2023 contain many more responses, but there was not a significant difference in the breakdown of answers
- b. Shared key takeaways from the Institute’s internal review of results:
 - i. We are concerned about the number of officers/clinicians who have not participated in the in-person training or the online training and have only received “informal training” from a colleague or no training at all
 - 1. We are in the process of re-designing our website and re-recording our online training videos to ensure they are up to date; we will send those out when they’re completed and ask everyone to watch (15 minutes) either for the first time or for a refresher
 - ii. Results indicate that there are likely “superusers” of MAP in individual departments who are conducting the majority of calls, but also many officers who have never used the program – would be great to connect those groups to have broader utilization throughout departments.
 - iii. MH wait time is a significant issue (see discussion above)
 - iv. LE and MH answers to “When has MAP been helpful?” indicate that the program is effective in exactly the way it’s designed to be: to assess individuals for transport, provide de-escalation support, and connect to resources and services

V. Open Q&A / Discussion

- a. Cayuga SO: seeing an increase in MH calls that require 9.41, as well as resistance to using iPad for MAP session
 - i. Plan is to review some bodycam footage to learn more about reasons for resistance (e.g., discomfort with technology, paranoia, officer description of program, etc.); could be helpful to refresh department on most effective ways to offer the program to residents

Next meeting: Monday 1/22/24, 2-3PM

Institute will email reminder and Zoom link again about a week ahead of time.