INSTITUTE FOR SOCIAL RESEARCH

# Evaluation Status Report
# Mobile Crisis Teams

**June *2020***

## Program Purpose

The program has two primary purposes. First, the resolution of the on-scene crisis through the provision of on-scene crisis management, assessment and referrals. Second, to provide case management and referral services post-crisis to reduce future contacts with the criminal justice system and emergency health system.

Funded Approaches: In this City/County collaboration, six Mobile Crisis Teams (MCTs) provide specialized responses to 911-calls involving a behavioral health element. This is a co-responder model: two-person response teams with an MCT trained law enforcement member and an MCT trained master's level behavioral health clinician.

**EVALUATION PROGRESS**

*Program Began: March 2018*

✓ Evaluability Assessment

✓ IRB Protocol Approval
As of February 2018

■ Process Evaluation
Report August 2020

☐ Outcome Evaluation

**Legend:**
✓ Done ■ Active/On-going
☐ Not yet undertaken

## Program Implementation Status

MCT funded four teams in May 2018 and expanded to six teams in June 2019. There are currently four Albuquerque Police Department (APD) teams and two Bernalillo County Sheriff's Office (BCSO) teams. Case management services by the behavioral health providers was scheduled to begin in early 2020.

## Technical Assistance Provided the MCT Working Group

The MCT Working Group includes members from: the City of Albuquerque Department of Family and Community Services, Behavioral Health & Wellness Division; the Bernalillo County Department of Behavioral Health Services (DBHS); the City of Albuquerque Emergency Operations Center; Bernalillo County Emergency Communications; APD and BCSO supervisors and officers; and supervisors and clinicians from the contracted community-based behavioral health provider. ISR receives calls for service data (CFS) monthly and reports that information to DBHS. This information is used by the working group for scheduling decisions and DBHS reports it to the Bernalillo County Board of Commissioners.

CFS data provides insight into how MCTs were deployed. Table 1 reports the progression of events from dispatch to team on-scene from March 2018 through May 2020, for all MCTs. *Dispatched* is a call to which an MCT was sent, *enroute* is when an MCT accepted the call and was travelling to the scene, and *on-scene* was when an MCT reported they were at the scene of the call.

**Table 1: Calls for Service**

| Call Event | Count |
|---|---|
| Dispatched | 5,370 |
| Enroute | 5,154 |
| On-Scene | 4,297 |

Table 2 presents the most common CFS call types for which MCTs were dispatched. Suicide related and behavioral health calls accounted for 46.5% of all MCT CFS. MCTs dispatched to calls to check on the status of a person (i.e., welfare check, request for contact, suspicious person) made up 26.5% of the (CFS). Approximately 79 different call types (other) made up the remaining 27.0% of CFS, including calls such as missing person, traffic stop, and family dispute.

**Table 2: Dispatched CFS by Call Type**

| Call Types | Count | Percent |
|---|---|---|
| Suicide Related | 1,321 | 24.7% |
| Behavioral Health | 1,167 | 21.8% |
| Welfare Check | 596 | 11.1% |
| Request Contact | 445 | 8.3% |
| Suspicious Person | 379 | 7.1% |
| Other | 1443 | 27.0% |
| **Total** | **5,351** | **100%** |

# Preliminary Evaluation Insights

Given that all APD officers receive at least 40 hours of Crisis Intervention Training, a primary research question for the MCT program is: *What is the added value of an MCT response, compared to a standard APD or BSCO response, to individuals experiencing behavioral health crises?*

The insights discussed in this report are based on a synthesis of data collected to date: they are preliminary observations. The final process evaluation report is forthcoming in September 2020.

DATA SOURCES ACCESSED

- ✓ Program Materials
- ✓ Discussion with Providers
- ✓ Service Delivery Observations
  November 2018-August 2019
- ■ Administrative Records
  Ongoing from March 2018
- ☐ Staff and Admin. Interviews
  TBD
- ☐ Focus Groups
  TBD
- ☐ External System Linkage Data
  TBD

**Legend:** ✓ Available ■ Active Collection ☐ Not yet undertaken

## Data Availability, Access and Complexities

ISR collects data from six sources to evaluate the performance of the MCTs. Complexities arise from:

- Definition and creation of key data elements, e.g., call dispositions, time on-scene, and call types.
- Differences in BCSO and APD communication systems, command structures, policies and procedures, and MCTs being dispatched to each other's area commands.
- Changes in protocols and data collection as the program evolved, especially in behavioral health care reporting.
- Differences between APD and BCSO in
  - Conditions for MCT dispatch and response requirements.
  - Use of reporting procedures and forms, e.g., CIT Contact Forms.

## Program Implementation

- There are Standard Operating Procedures (SOP) for APD MCTs; there is no specific MCT SOP for BCSO.
- From ride-along observations, interactions with clients were consistent with many best practices for dealing with individuals experiencing a behavioral health crisis and with APD SOP.
  - MCT members exhibited calm demeanors and dealt with clients appropriately.
  - Team members seemed to both understand and agree upon their roles; they appear collegial.
  - MCTs appeared to follow procedural safety and engagement guidelines, including securing the scene before allowing clinician access.
  - The majority of clients were transported to the hospital and a minority were left in the community. Eight of the 15 transports to the hospital were by a Certificate of Evaluation. There was one arrest in 23 calls.
- A preliminary review of APD MCT CIT data of suicide, behavioral health, and welfare checks found that arrests were rare. This is generally true for all police contacts.
- The post-call case management component of this program is underdevelopment. Until this part of the program is in place we are limited to evaluating the short-term outcome focused on call resolution aspects of MCTs.
- For confirmed crisis calls during MCT scheduled service hours preliminary analysis shows:
  - MCTs are more likely than general field officers to transport an individual to emergency psychiatric care. Potential differences in call types and dispositions will be explored at length in the upcoming process evaluation report.
  - MCT Responses take more time than general field units and require more officers. Future analysis will account for call type and other factors that might show variations in the effects of MCT on on-scene call times.

## General Summary

*There is evidence that the MCT teams follow best practices when interacting with people experiencing behavioral health crises, in team interactions, and for clinician safety. The dispatch and use of MCTs warrants further analysis before determinations of added-value can be made. The intended case management aspect of this program is nascent and not currently evaluable. Inconsistencies in call classifications, disposition categories, use of CIT forms, etc., result in data that cannot be easily used for program management or evaluation.*