

Mental Health Check Team 6 Month Progress Report

When the Mental Health Check Team (MHCT) began over 6 months ago we were unsure where the concept was headed. Deputy Chief Gandy had a policy and general idea of what we wanted to accomplish, but the understanding was this was a fluid concept. The team and its goals have changed from that original concept and the following information will give you an idea of where we are today.

The team was originally given a list of 48 individuals consisting of subjects who had multiple baker acts or EDP calls for service. The goal was to partner with a navigator from Directions for Living and attempt contact with these subjects. During this process we hoped to connect these subjects with services, prevent unnecessary calls for service and hopefully gain a rapport with them. The initial goal was for the team to identify five to ten subjects that the team would make contact with on a regular basis to assist them or set them up with mental health services. I met with Directions in a series of meetings prior to the start date and we identified a group about 12 subjects from the original list of 48.

The team quickly realized the list was out of date and these twelve subjects moved from their locations or were in residential programs. The team transitioned to the other thirty-six subjects on the original list. Over the next few weeks the team attempted or made contact with as many of them as possible. It should be noted that we did not contact two subjects based on hazards or past violence. We again found that the majority of these subjects moved out of Clearwater, were homeless or changed addresses. The team maintained contact with two subjects from the original list one of them suffering from dementia / neglect and the other continued to move between Largo and Clearwater.

Some of these subjects felt they did not need help or were in a mental health crisis (not to a baker act level). We continued to contact these subjects until they openly refused our services.

To become more efficient, I began researching data from ACISS and calls for service. This allowed the team to locate recent incidents which resulted in new clients. This continued for the next 3 months to form the current list. The team also receives referrals from Vice / Intel, SRO's, Officers and Supervisors.

Numbers:

- 48 original subjects on the list
 - 37 subjects unable to be located
 - 2 subjects assisted by the team
 - 2 violent or hazards preventing contact with civilian
 - 1 duplicate entry
 - 6 refused services and team efforts
- 27 subjects on the current list (constantly changing)
 - 9 signed up for services and weekly contacts are made
 - 2 possible sign ups
 - 2 currently in a residential program
 - 10 subjects listed on the “Contact MHCT” list
- 121 Mental Health Checks made by the team through mid February.

Issues identified:

- The team quickly realized the original list was not going to work and new method had to be created to get a current list.
- The Hostage Negotiator uniform became a distraction to the subjects and neighbors
- Scheduling became an issue with shift work
- The team and navigator found that several subjects are signed up for or receiving services from another provider
- Several of the subjects are homeless in Pinellas County
- Calls for service were occurring with clients and the team was not aware of them
- Department personnel not aware of the purpose or goals of the team.
- Paperwork for signing up for services is excessive
- Services were too slow after subjects signed up
- Juveniles in schools or needing parental consent
- Exparte and Court issues

Changes Made:

I began to “mine” current data from ACISS in an effort to identify the focus group of five to ten subjects. This made the list fluid with new information being added weekly and subjects that could not be contacted were removed. The team is attempting contact with the subjects

signed up for services and new subjects are added weekly. Currently two members of the team meet with the navigator once a week for 5 hours. The times have been shifted to maximize contacts.

The team uniform was changed to the class C. By removing the drop-down holsters and Police Negotiator shirts we are more approachable. This uniform change also draws less attention when meeting with the clients.

The team attempts to go out on Tuesdays, but this became an issue with shift change and promotions of the team members. To accommodate this some shifts were moved to Thursdays. I plan to have the jobs entered into Power Details in the future to allow members to bid for the shifts they want.

Potential clients having services through other providers, specifically the VA and Suncoast, has been an issue. There is no simple fix to this issue as our MOU is with Directions for Living. It was discussed in the future to have a Navigator that is not affiliated with a specific company but has contacts at multiple agencies. It should be noted that the team still makes contact with some of these subjects to ensure they remain engaged in services.

In the future the team will have to work alongside the Downtown Bike Team to identify and meet with homeless subjects in need of services. If the team expands in the future this would be a priority. The issue would be finding a way to stay in contact with this demographic.

The team found that calls for service were taking place with current list of clients and we would not be notified. This created an issue when meeting with the clients on a weekly basis. I had dispatch enter "Contact MHCT" in the hazard field for these locations. The team also conducted line up training to explain the purpose, goals and objectives of the team. The training was well received, and I continue to receive emails of subjects that may benefit from the services provided by our team.

The excessive paperwork is a product of Directions for Living and there is no current shortcut for this issue. We also expressed an issue with Brian getting caseworkers assigned to cases when needed. This is being addressed and hopefully we will have it worked out in the near future.

Our Navigator would suggest to family members to obtain an Exparte order for some of the subjects in need. The issue came after the Exparte was executed without our knowledge. These subjects would go to a facility and be released with no support. This would make the process ineffective.

Directions for Living Navigator:

Brian has prior Law Enforcement Officer experience and he understands the bigger picture. He has shown his ability to speak with all subjects and is always able to provide advice. He is great asset to the team and hopefully he will continue to work with us into the future. He is dedicated to and understands the goals of this team. Brian remains in contact with me and the team with updates on clients even on days when the team is not working.

Success:

As mentioned the team has responded to 121 Mental Health Checks since starting our weekly schedule. The following is a brief synopsis of a few of the success stories for the team:

An elderly client suffers from dementia and she was a constant caller to the PD. Most calls for service were for non PD issues. In the 6 months prior to the team making contact the client called the PD or had calls for service at her residence at least 10 times. Once contact was made we were able to make a referral to DCF and contact family. Since that time the team has made contact 4 times and there have been no calls for service at her address.

A married couple who both suffer from mental illness and calls for service. The male also suffers from alcoholism. I put this family on the list after a SWAT call out at their residence in September. At that time the male was intoxicated, armed and threatening his wife. The team was able to keep in contact with them and sign both up for services. Both subjects were at rock bottom and wife was preparing to walk away from her marriage. The husband is currently sober, attending an outpatient program and utilizing a caseworker from Directions for Living. The wife has also been utilizing a caseworker from Directions for Living. Since signing up both subjects there have been no calls for service. This couple is a perfect example of a positive rapport that was built between them and the team. The couple frequently calls Brian or team members with questions or updates.

A mother and daughter had multiple calls for service and Baker Acts at their residence. The team began weekly contacts and were able to identify the changes in their behavior. The team Baker Acted the daughter in November and she remained in a program for a few weeks. The team reengaged with both subjects and were able to see changes again over a months' time. The team then Baker Acted both the mother and daughter in December. The daughter remains in a program and the team is continuing to work with her mother. A DCF referral was also done in this case to get services in the residence.

A female client was a frequent caller to the PD and well known in patrol. She would act paranoid to Officers, though she would not meet the criteria for Baker Act. There were over 30 calls for service prior to the MHCT contacting her and her family. The female was originally

against services, but she would speak with the team when we went to her home. Brian was able to sign her up for services after several visits. She was arrested along with her step father during the time she was working with the team. After the arrest she began taking her medications and would speak with the team on a regular basis. The calls for service slowed to just a handful in the past 4 months as the family continues to work with the team.

A male subject was not a frequent caller to the PD, but his neighbors were. There were several calls for service for him yelling and screaming from his residence. There were approx. 8 calls for service prior to the team making contact with the subject. Since December the team has met with him several times. In fact, when the team and Officers attempted to contact with him he would just yell at them through an upstairs window. Now, he comes downstairs and sits outside to speak with us. Brian is currently signing him up for services and there have only been 2 calls for service at his residence since our contact.

Another male subject had been Baker Acted on a few occasions prior to the team making contact. He is currently living in a Boley Center apartment in our city. We made contact and learned he was already a client of Directions for Living. The team makes weekly contacts and he is assigned a caseworker. The client is doing well and is keeping current with his medications and appointments.

The team was made aware of a subject who had been Baker Acted several times in the past year. This subject resides with his mother, but post Irma had to move in to another family members house. When we originally made contact, he refused to speak with us, however his family was appreciative of our efforts. After multiple contacts he now comes out of the house and speaks with the team weekly. His family reports he remains current on his medications and has not been Baker Acted since contacts started.

These are just a few of the success stories of the team. The 6 members of the team have seen firsthand what services, or a simple weekly contact can make with these clients. There are some subjects that just refuse to allow us to help them, but even these brief conversations give the team an insight on their mental state, thought process, threat to themselves or the threat to the public.

Other Teams:

I have had conversations with Sgt. Bowman who oversees the Pinellas County SO Mental Health Unit. Currently her team is comprised of 2 other corporals and herself. They are no longer handling active calls for service, however they are assigned to reports of subjects who have 3 or more Baker Acts or EDP's in a two-year time period. Her current duties include tracking these subjects to determine calls for service, supervising the CISM team and conducting CIT training

for the department. They also have a MOU with Directions for living, but their navigator is able to do referrals to other agencies.

I have read online about other Mental Health Teams operating across the country. There are full time teams in the Pacific Northwest that are funded by local hospitals. These teams respond to active calls for service as well as maintain a list of clients. In Oregon there are agencies with Mental Health Response Team which responds to all Baker Act and EPD calls. LA County uses the Psychiatric Mobile Response Team which has a counselor assigned to the team in an effort to make contacts with subjects in crisis less violent. Some agencies on the west coast have gone so far as to assign a Psychiatrist or Counselor to every squad. Obviously, the mental health crisis set in on the west coast much earlier than our area. However, the Police Department and Sheriff Office reaction to the crisis seems to be the same. I would like to reach out to some of these agencies and attempt to learn from their teams.

MHCT Team Input:

All the members of the team were asked for notes, ideas and comments for this report. All the team members agree that Brian is a key member of the team and without him the success we have had would not be possible. Several members would like a full-time counselor that would not have a connection to a specific company and would have the ability to act if services are needed. Another future concept would be to have immediate access to assist clients with receiving medications or shots (injectable medications). Getting the medications or shots to these subjects when needed could prevent them from going into crisis. They would all like to make contacts with “fresh Baker Act” subjects in an effort to fill the gap in mental health services. This gap occurs when subjects are released and don’t have anyone to assist them with follow up services.

The Future:

Every member of this team agrees that 5 hours a week is not enough time to make all the contacts we would like, but they understand the difference we are making. The process was slow at first and we had very little success, but that has changed over the last few months. As the team gains momentum and more contacts are made we hope to continue to lower calls for service where PD may not be required while making valuable contacts. I am often asked if there is enough work to make this a fulltime team and the answer is a resounding yes. I don’t feel that the Police Department should be responsible for filling an obvious gap or lack of services for the public in Mental Health, however we will always be the first ones called if these subjects are in crisis.

To build on our success, the team will have to be copied on Baker Acts and EDP’s. This will allow the team to make contact with subjects when they are still medicated or willing to get

help. We will also need to figure out a process for assisting the homeless population and juveniles.

In closing, the team had a slow start as we learned how to best apply these resources within the guidelines given to us. However, in recent months we signed up clients, located our focus client list and have personally seen the difference this team has made in their lives.