

Date 05/22/2006

WHEREAS, the City of Des Moines Police Department is filing a grant application through the U.S. Department of Justice, Bureau of Justice Assistance, 2006 Justice and Mental Health Collaboration Program to request funding for the expansion of the Mobile Crisis Response Team; and,

WHEREAS, the total amount applied for is approximately \$204,177, with a \$40,835.40 in-kind match; and,

WHEREAS, the 2006 Justice and Mental Health Collaboration Program grant is for a total of 30 months; and

WHEREAS, this funding will allow the Mobile Crisis Response Team to expand coverage to 24 hours, seven (7) days a week; and

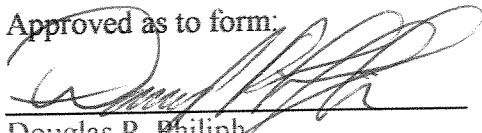
WHEREAS, the Police Department will be responsible for the administration of the grant; and,

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Des Moines, Iowa, that the grant application for the 2006 Justice and Mental Health Collaboration Program is hereby approved, with the Mayor authorized to sign the application on behalf of the City, with the City Clerk to attest to the Mayor's signature, and the City Manager and his staff directed to take any and all steps necessary to timely file and execute such application.

(Council Letter Number 06- 312 attached)

Moved by _____ to adopt

Approved as to form:



Douglas P. Philip
Assistant City Attorney

COUNCIL ACTION	YEAS	NAYS	PASS	ABSENT
COWNIE				
COLEMAN				
KIERNAN				
HENSLEY				
MAHAFFEY				
BROOKS				
VLASSIS				
TOTAL				
MOTION CARRIED	APPROVED			
Mayor				

CERTIFICATE

I, DIANE RAUH, City Clerk of said City hereby certify that at a meeting of the City Council of said City of Des Moines, held on the above date, among other proceedings the above was adopted.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal the day and year first above written.

City Clerk

JUSTICE AND MENTAL HEALTH COLLABORATION PROGRAM
C DFA 16.745m
BJA-2006-1381

PROGRAM NARRATIVE

1. Statement of need.

The Mobile Crisis Response Team (MCRT) is a collaborative effort with the Des Moines, Iowa Police Department, The Polk County Iowa Sheriff's Department and Eyerly-Ball Community Mental Health Services (EBCMHS). The MCRT was created as a result of recognition by the Des Moines Police Department and Polk County Sheriff's Department's inefficiency and ineffectiveness in the police interactions involving people with mental illness.

The hours of operation were 2 p.m. to 2 a.m., Thursday through Monday, when the program started on September 7, 2001. To accommodate the increased usage of the staff, the program was expanded to a 20/7 program in 2002. In September of that same year, the MCRT was expanded to include the western suburbs of Polk County and by the end of the year Mobile Crisis was serving all eleven law enforcement agencies in Polk County.

Unfortunately, expanding the program to provide 24 hour availability has been unsuccessful since the last expansion in 2002. Funding to provide for additional staffing has been discussed with the primary funding agency, Polk County Health Services (PCHS) but no funds are available to augment the program. The Mobile Crisis Team is comprised of five (5) full-time, four (4) part-time and six (6) PRN's (pro re nata) staff. These positions are filled by registered nurses, licensed independent social workers (LISW), a case manager and a law enforcement liaison.

The MCRT has responded to a total of 7,165 calls from the beginning of the program, September 2001 to the present. In fiscal year 2005 (July 1, 2004 to June 30, 2005), the Mobile

Crisis Response Team responded to 1,894 calls, or an average of 158 calls per month. Ten months into the current fiscal year MCRT has responded to 1,813 calls, or an average of 175 calls per month, for a 9% increase over the prior year.

Law enforcement agencies in Polk County have become dependent on MCRT to assist them on calls related to mental health. Registered psychiatric nurses and mental health professionals are dispatched at the request of law enforcement to complete assessments and stabilize situations with on-site crisis counseling. The Mobile Crisis Response Team provides on-site assessments, dispenses medication in the field if necessary, makes referrals, and transports clients to those services. In addition, they are prepared to provide case coordination and follow-up, linking clients to needed services. This is a particularly important function for clients who have ongoing mental health issues but have stopped taking medications or have “cycled-out” of the system. Because MCRT is able to stabilize clients in the field and reconnect them to needed services, most clients are able to remain in their own homes. For those who have previously experienced jail or hospitalization, this is a welcome change.

Forty percent (40%) of MCRT calls are regarding people with suicidal ideations, 9% relate to psychosis, 8% relate to domestic violence and 6% are related to substance abuse. Diagnoses vary from depressive disorders to chronic mental illness such as schizophrenia, bipolar disorders and age-related diagnosis such as dementia. The average age of a client is between 18 and 29. Gender type has consistently been half male and half female. Seventy-nine percent of the individuals served are Caucasian, 42% have government funded insurance, 24% are uninsured and 21% have private insurance.

The Mobile Crisis Response Team targets two separate populations: law enforcement and individuals with mental illness in crisis situations in Polk County. Polk County is seat to the

capital of Iowa, Des Moines. According to the 2000 U.S. Census Bureau census, there are 374,601 residents residing in a land area of 569 square miles. Currently, MCRT serves all eleven of the police departments in Polk County as well as serving the fire department's Emergency Medical Services (EMS) of the same geographic area.

The quality and quantity of the service provided by Mobile Crisis would be negatively impacted without funding to expand the program to provide service to all residents of Polk County. Crises occur at all hours of the day and night and program availability needs to be expanded to meet that need.

2. Proposed Project Approach.

Expansion of the program to cover the hours of 2:30 am to 6:30 am, when the Mobile Crisis Response Team is not in service will address the unmet needs of those individuals who are in crisis during that time. A safety net of services will be available for those individuals who may previously have fallen through the cracks. This will lead to the following outcomes:

- Improved client outcomes
- Decrease in repeat calls
- Lower rate of involuntary commitments
- Reduction in the use of the jail
- Less police time spent on mental health calls
- Less violent outcomes for clients/police officers/lives saved

Currently, there has been a decrease in the number of persons being jailed and involuntarily hospitalized. There are some 60 fewer persons being hospitalized each year since the inception of the MCRT program. The cost of commitment is about \$1,500 per person for the process itself, not including other peripheral charges. This savings is about \$90,000 just for the

commitment process. From 60-80% of those people who have been kept out of hospitals have been those with insurance. The savings will increase with the additional hours of service. Diversion from jail will be a by-product of the extension of hours. As a result of the Mobile Crisis team, only 3% of individuals assisted in Polk County go to jail. In an April 8, 2006 *Des Moines Register* newspaper article, it was stated that about 34% of the 8,800 prisoners in Iowa's prison system have been diagnosed as mentally ill.

Initial contact to consumers, as mentally ill individuals are called, is made by one of two ways. Police officers are called to a location regarding some type of disturbance. The officer makes initial contact with the individual and if he determines the individual involved may have mental health issues, the Mobile Crisis Response Team is requested. The second method of contact is when a call received into the Police Communications Center is clearly related to a mental health issue, e.g. a suicidal person; MCRT is dispatched at the same time the police are dispatched. All staff members carry police radios and are able to respond immediately when called. MCRT completes a mental health assessment of the individual and will then assist him/her to reconnect with a current service provider, refer them to services if there is no current provider and/or coordinates with hospitals for voluntary hospitalizations or assists with an involuntary hospitalization if warranted. MCRT will also provide transportation for clients to needed services.

Since the start of the program, September 1, 2001 to May 10, 2006, approximately 7,165 assists have been made. Of that number, 196 or 3% were taken to jail. 27% or 1,911 needed to be hospitalized, either voluntarily or involuntarily. 70% of the individuals a law enforcement agency and Mobile Crisis come in contact with are assisted at the scene. Prior to the inception of Mobile Crisis, there were only three options; incarceration, hospitalization or leaving.

The Mobile Crisis Response Team is designed to place trained mental health professionals on the street with officers as first responders to assist with the management of calls involving individuals with mental illness. Licensed psychiatric nurses and mental health professionals are dispatched at the request of law enforcement to complete assessments and stabilize situations with on-site crisis counseling, referral for services or assist with hospitalizations. With a doctor's order, licensed nurses may administer medication to lessen immediate symptoms in order to avoid expensive hospitalizations and provide immediate relief to a symptomatic consumer. The goal of this process is to assist the client in stabilizing them in the field by using crisis intervention techniques, the use of natural supports such as family and friends or fast-acting physician prescribed medication until the appropriate services can be arranged. In the instance that stabilization cannot be achieved, the individual is transported to an area hospital or if warranted, taken to jail.

Mobile Crisis generally does not handle strictly substance abuse calls and will make a determination as to whether an individual is suffering from a drug abuse issue or mental health/drug abuse issue. If the call is for substance abuse, the crisis worker may take the individual to the hospital for treatment. A dual diagnosis of mental health/drug abuse is handled as any other mental health call. Follow-up to Mobile Crisis call outs are handled the next day. Clients are either contacted by phone or a visit is made by the case manager and the police liaison. In some cases, follow-up is done by calling the individual's provider providing a release has been signed or contacting their physician when medication has been given. Follow-up assures the client receives appropriate services and referrals to entitlements such as food stamps, preparing a Social Security application, referral to therapy, seeing a psychiatrist or Homeless or Senior Outreach.

Funding for housing placement was initially included in the funding for the Mobile Crisis program. It was found that there were very few individuals who needed this type of service. A request was made to reprogram the funds into a staff person. If the team comes across someone who needs respite and has no place to go, they are provided a room at a local motel for the night.

The Mobile Crisis Response Team is housed in the Des Moines Police Department building. The suburbs of Des Moines as well as other cities in the county have steadily increased their usage of the team. This increase is due in part to increased knowledge of the indicators of mental illness gained during annual training and a comfort level due the regular face-to-face contact with Mobile Crisis staff members. Mobile Crisis provides improved services to law enforcement, community providers and individuals by providing appropriate evaluation, triage and treatment recommendations. Mental health professionals from the area hospitals that have frequent interaction with Mobile Crisis have stated that clients are more likely to be appropriate for hospital evaluation and crisis workers serve as liaison between the hospital staff and police.

3. Project Management and Collaboration.

83% of the calls to Mobile Crisis are made from Des Moines Police Dispatch about Des Moines residents. The Mobile Crisis Response Team is housed within the Des Moines Police Department building and officers frequently stop in to see how an individual they were called out on is doing. The high usage of the MCRT is in part due to the accessibility of the crisis team and the high comfort level of the officers because of the close daily contact.

The team is contacted through one of three public safety answering points (PSAP), Des Moines Police Dispatch, Polk County Sheriff's Dispatch or Westcom Communications, which provides dispatching services to the western suburbs of Polk County. The Polk County Sheriff's

office, West Des Moines Police and Ankeny Police have used the team the most outside of Des Moines but all agencies in the county have needed their assistance in the past year.

Key stakeholders include representatives from Polk County Health Services, Eyerly-Ball Community Mental Health Center, and the Des Moines Police Department. Each of these players is directly involved in the process and contributes their own staff and organizational resources to the effort. Other participants include the Altoona, Ankeny, Clive, Johnston, Pleasant Hill, Polk City, Urbandale and West Des Moines police departments, the Polk County Sheriff's Office, Broadlawns Medical Center (county funded hospital) Iowa Lutheran Hospital, Mercy Psychiatric Services and Magellan, a health care management organization for Title XIX. Usage of the program by law enforcement has increased each year. With the program expanding to cover 24 hours, the agencies will be able to utilize the crisis workers any time; day or night.

The primary barrier to expanding the program is funding. Continuous and substantial funding has always been a concern of the program. Without the commitment of funds provided by Polk County Health Services (PCHS), as the county funder for mental health services in Polk County, and the blessing from the governing body of Polk County, the Board of Supervisors, the program initiatives already in place may not have been possible. Without a continuous and substantial funding base, the quantity and quality of the service would be negatively affected.

4. Evaluation and Continuation Plan

Success of the expansion of the program will be measured in part by the number of consumers assisted. A continuation of the low percentages of individuals either hospitalized or jailed is anticipated. Statistics maintained currently by the Mobile Crisis staff will be continued. A focus on the additional hours of services is to be expected.

Since the inception of the program, records have been kept to include the following:

- *Age and Reason Report*—report with a breakdown by age; 0-17 and then every ten years of age listing reasons for the calls.
- *Diverted From Jail Report*
- *Hospital Counts*—report listing all the hospitals in Polk County and the number of individuals admitted medically, evaluated, involuntarily or voluntarily hospitalized.
- *Substance Use Involved*—describing alcohol, drug use or both.
- *Transportation Report*—number of individuals transported to a hospital by Mobile Crisis Team each month.
- *Age and Sex Report*—broken down by age, number of male and female individuals assisted each month in each category.
- *Call City Report*—listing of law enforcement agencies assisted by month.

The statistics kept that drive these reports will be continued and possibly expanded to provide data for performance measures. An increase in the statistics for those diverted from jail will indicate success in those assisted and an increase in the number of law enforcement agencies using Mobile Crisis will signify the support necessary for sustainability of the program.

Polk County does not have a mental health court but a law passed by the Iowa Legislature in 2004 under §812.6 *Placement and treatment* allows the court to order pretrial release if the defendant does not pose a threat to public safety, is qualified for pretrial release, agrees to cooperate with treatment and will obtain that mental health treatment designed to restore that individual to competency.

The Mobile Crisis Response Team has been recognized by the County of Polk and the City of Des Moines in 2002 for an innovative program that has made a significant impact on the

community. In March of 2004, Des Moines Chief of Police, William McCarthy, wrote an editorial in the *Des Moines Register* focusing on the benefits of the program to the police and the community. The latest recognition for the program came on March 9, 2005, when the American Red Cross honored Iowa “Heroes of the Heartland”. The Mobile Crisis Response Team was presented the award under the 911 Dispatcher category for “an effective, innovative asset to our community”.

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PROJECT TIME AND TASK PLAN

Expansion of the Mobile Crisis Response Team will require hiring staff that will meet very specific requirements. MCRT staff are mental health professionals and registered nurses. Staff must be loyal to this innovative model and have a clear understanding of the benefits of the collaboration of mental health professionals and police. They must then be able to develop positive working relationships with police. Staff must develop a balance between being assertive to complete the task of MCRT as well as remain within the boundaries of a mental health professional. Staff persons must be able to work independently and make decisions quickly and accurately. They must also be able to remain calm in crisis and sometimes dangerous situations. Staff will be required to work non-traditional hours including holidays and weekends. It will be imperative that staff understand program functions prior to hiring and accepting a position with the Mobile Crisis Response Team. It is anticipated that hiring staff for the expansion of the program will take 6-8 weeks. Procedural training of the new hire generally takes an additional two weeks. This training involves the new staff person riding along with a Mobile Crisis worker to observe calls for service, developing a comfort level in answering the police radio and establish familiarity with the police officers working their shift.

Once the two week field-training is completed, the new staff workers will be on their own to take calls for assistance. It is anticipated that in less than three months after the award of the grant funds, the expansion of the Mobile Crisis Response Team to 24 hour coverage will be complete.

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BUDGET DETAIL

A. Personnel

<u>Name/Position</u>	<u>Salary & Benefits Year 1</u>	<u>Salary & Benefits Year 2</u>
1) Licensed Independent Social Worker	\$47,500	\$48,925
2) Registered Nurse	\$52,000	\$53,560
	\$99,500	\$102,485
		TOTAL \$201,985

B. Travel (tentative)

<u>Purpose of Travel</u>	<u>Location</u>	
Implementation Planning Meeting	Washington D.C.	
1. One-day workshop:	4-member team @ \$548	
Airfare	\$275/trip	
Hotel	\$155/night x 1 night = \$155	
Per-diem	\$34/day x 2 days = \$68	
Incidentals (taxi, cab, etc.)	\$50	
Total	\$548	
		TOTAL \$2,192

Budget Summary

<u>Budget Category</u>	<u>Federal Request</u>	<u>Non-Federal Match</u>	<u>Total Budget</u>
Personnel	\$201,985	\$40,397.00	\$242,382.00
Travel	\$2,192	\$438.40	\$2,630.40
	\$204,177	\$40,835.40	\$245,012.40

BUDGET NARRATIVE

A request of \$201,985 to cover the salaries of a licensed independent social worker (LISW) and a Registered Nurse to provide services to cover the four hour deficit in the Mobile Crisis program.

Travel expenses in the amount of \$2,192 are requested to fund a one day workshop hosted in Washington D.C. by the Bureau of Justice Assistance for Implementation category applicants. The date of the workshop will be determined at a later date.