

MHDCJS Diversion/M1 Hold Recommendations

1. Pursue legislative support, funding and resources for the development and implementation of a standardized mental health protocol for all emergency call takers and dispatchers (911 call takers and dispatchers) for screening and triaging mental health crisis. The mental health questionnaire/protocol shall be used to give pertinent information to the first responders, so that they are aware and able to de-escalate and effectively manage a mental health crisis.
2. Increase overall funding to Peace Officer Standards and Training Board-P.O.S.T. This funding will be used to introduce/reorganize mental health training at the academy level. Currently, there is no curriculum addressing mental health. In addition, the funding will also allow for increased Crisis Intervention Team/CIT training for those 6,000 officers statewide who have not had it.
3. In conjunction with the data committee, develop a study to identify the efficacy of M1 holds, clinical outcomes and the need for wrap around services for those discharged from a M1 hold without continued acute and long-term care. This study will elucidate the absolute need for more mental health beds and the paucity of proper treatment for those on an M1 hold.

The M1/diversion committee is composed of a diverse group of individuals which includes two peace officers, two attorneys, a physician, the committee chair and an individual with significant lived experience. Together, we have identified significant breakdowns in mental health treatment which unfortunately leads to unnecessary arrests/charges and placement in the criminal justice system.

There is currently no usable database to evaluate the efficacy of a M1 hold. As a physician and as an individual with lived experience, I am acutely aware of the fact that patients who need mental health care are being released prematurely and sent home with a piece of paper to follow-up with their primary care doctor in three days. These are people who have

made a sincere attempt at suicide, have assaulted someone in a mental health delirium or are gravely disabled. Acute care beyond this 72 hour hold is necessary for the majority of these patients. In fact many of them need long-term care. We as a society do not have enough providers nor mental health facilities/beds to effectively treat the mentally ill. Thus, we are recommending a study in conjunction with the data committee to evaluate the M1 hold - it's efficacy, clinical outcomes and the need for wrap around services once discharged from this hold.

When individuals call 911 with an emergency, the dispatchers and call takers utilize a medical protocol to identify what the emergency is- heart attack, stroke, broken hip and the list goes on. This information is relayed to first responders prior to their arrival on scene. Mental health disease needs to be treated in the same manner. We would like to develop protocol, training and triage to be used for those with mental health disorders. Ultimately, CIT trained officers would be called to handle a mental health crisis.

The Crisis Intervention Team (CIT) program is a community partnership of law enforcement, mental health and addiction professionals, individuals who live with mental illness and/or addiction disorders, their families and other advocates. It is an innovative first-responder model of police-based crisis intervention training to help persons with mental disorders and/or addictions access to medical treatment rather than place them in the criminal justice system due to illness related behaviors. It also promotes officer safety and the safety of the individual in crisis.

Current data available states that when a CIT officer is involved in a mental health call, less than 5% of individuals are charged with a criminal offense, < 5% involve any violence and more individuals are taken to the hospital rather than jails.

In order to positively change how mental illness is managed with respect to the judicial system, more funding is needed to enhance education for peace officers. Our participating peace officers and the Director of POST feel that increased funding to POST will have a positive effect on outcomes. Introducing mental illness at the academy followed by CIT training will disrupt the current trend of arresting and incarcerating the mentally ill.