



**BEHAVIORAL HEALTH ADVISORY BOARD (BHAB)
ACTION ITEM APRIL 6, 2023**

**BHAB CRIMINAL JUSTICE (CJ) SUBCOMMITTEE - 2023 ANNUAL REPORT
RECOMMENDATIONS**

MOBILE CRISIS RESPONSE TEAM (MCRT)

1. Based upon reports that MCRT teams are having difficulty covering calls for service, share data on response times for all calls based on geographic location and time of day, to guide adjustments in staffing to improve responsiveness. *Is there a dollar amount for staffing, source of issue with staffing?*
 - Need MCRT workgroup within BHAB
 - How they came up with dollar amount-should be in contract
2. Given the challenge of separate data systems for MCRT and LE dispatch, quickly ensure that these data systems are linked, to provide anonymous data on how each potential behavioral health call was assessed for possible MCRT or PERT referral, and where each call was sent (to LE, MCRT, or PERT).
3. Based on requests for information in Section #2, the provision of data by the LE Dispatch Systems and the LE agencies, should help clarify the actual referrals to PERT based on the decision trees and codes used. We would like to receive these by 6/30/23, so that adjustments can be made to our goals for the rest of the year.
4. Review the MCRT contract data to assess client wait times for services after leaving a stabilization center; and if necessary, establish a new behavioral health referral system to ensure services for a warm handoff for clients.
5. Have all dispatch systems share the decision trees that they use to identify clients appropriate for referral to MCRT.
6. Ensure that comprehensive training of LE officers in the field, dispatchers, and mental health is an integral part of their continuing education to ensure effective communication and referrals.
7. Establish a comprehensive data collection system (outside of HIPPA requirements) to have better communication among all service providers funded by Behavior Health Services.

COUNTY JAILS

8. Work with the Sheriff to establish transparency within the jail system for the booking of all individuals that includes appropriate behavioral health screening and assessment tools, and a timely determination of placement (diversion), treatment (MH/SA) and/or placement in jail with a plan to provide the appropriate services. This must include a

flowchart illustrating the steps involved with each new arrestee that includes a MH/SA screening and comprehensive assessment conducted by a behavior health professional, with a treatment referral or custody plan.

9. Provide an organizational chart, job descriptions, and policies and procedures that show the roles of NaphCare, Inc. and other MH/SA staff, when they are utilized, and the authority they have in the referral of arrestees. In addition, describe MH/SA training that is received by Sheriff deputies to work seamlessly with the BH professionals.
10. Implement crisis stabilization services in the jails or adjacent to the facilities to provide MH/SA services for arrestees that need them.
11. Support the CJ Committee's goal to join with other criminal justice community coalitions to increase oversight of medical professionals working in jails to ensure that they work cooperatively with BHS on data and program transparency.
12. Ensure that the screening and assessment system is transparent to the community and uses best practices to show that the jail system provides appropriate MH/SA services to all inmates who need them.
13. We rely on input from our BHS liaisons, the ATI Task Force, our community members, and the professional partners who regularly participate in our monthly meetings. Therefore, our goals reflect an ever-changing landscape and are flexible and dynamic.

It is, THEREFORE, the CJ Subcommittee seeks BHAB's approval in support of the above recommendations.