

# **Nassau County Mental Health Response**



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# *Introduction*

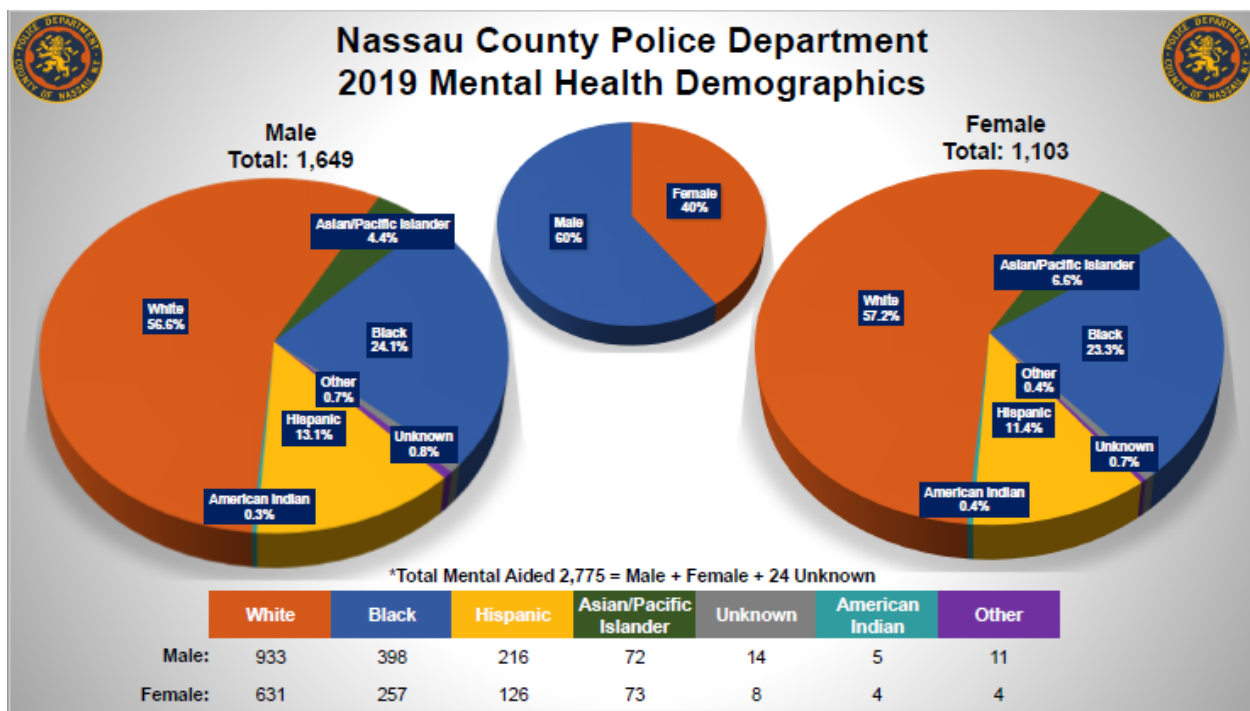
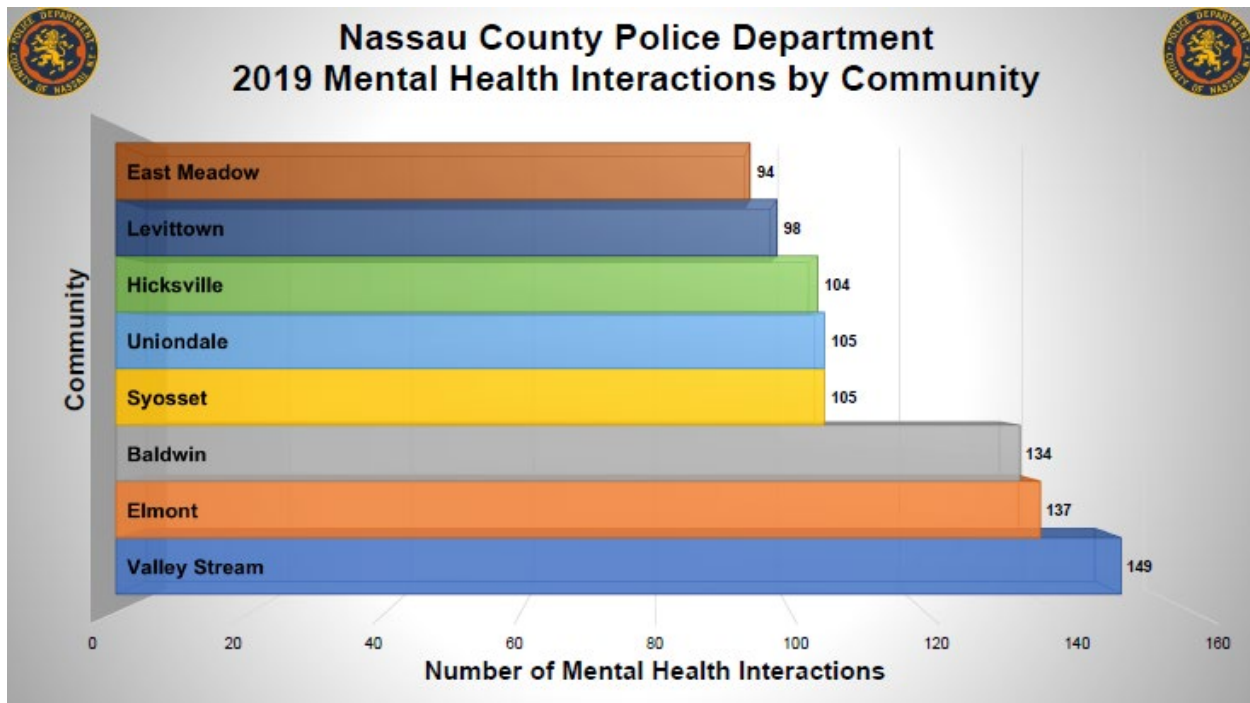
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The Centers for Disease Control and Prevention define mental health as “a person’s emotional, psychological, and social well-being.” They go on to say that it affects how individuals think, feel, and act. Ultimately, mental health impacts how individuals handle stress, relate to others, and make choices.

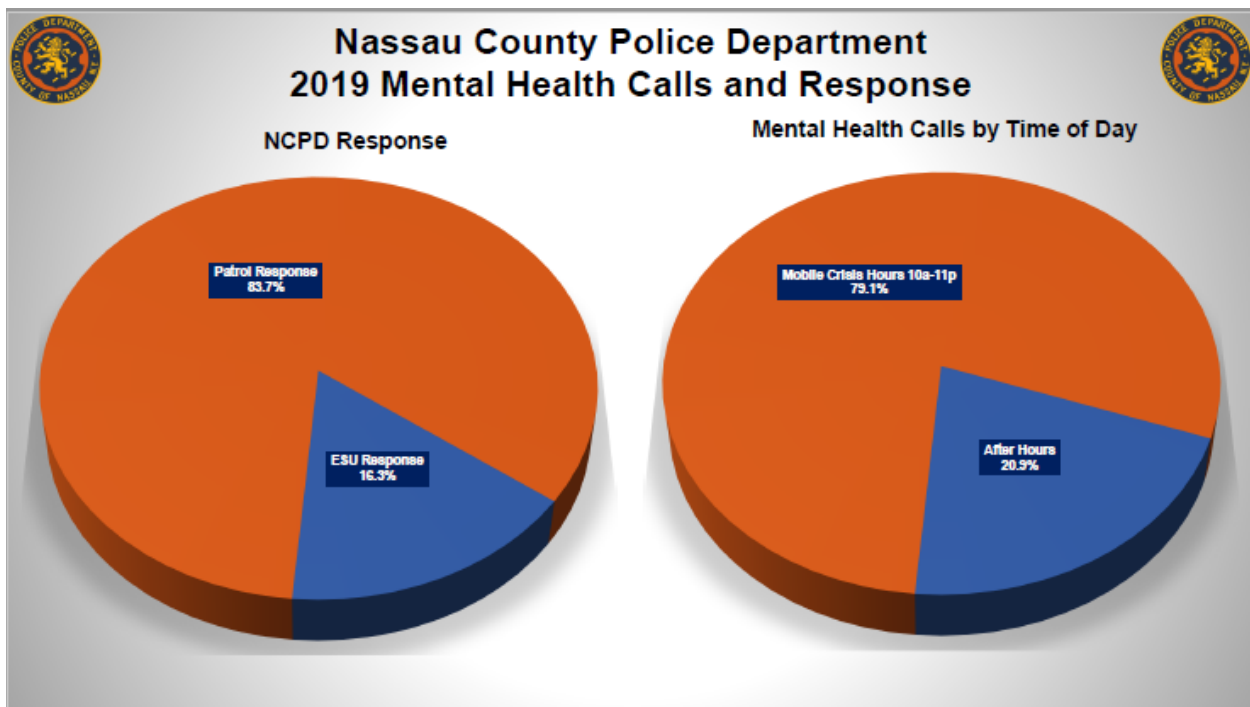
An average of 1 in 5 Americans suffer from a mental illness. Furthermore, 1 in 25 Adult Americans will live with a serious mental illness such as schizophrenia, bipolar disorder or major depression that impacts their daily living ([mentalhealth.gov](http://mentalhealth.gov)). In 2018 suicide was the second leading cause of death for individuals between the ages of 10 and 34 years ([cdc.gov](http://cdc.gov)). It is these individuals who suffer from serious mental illness and/or suicidal ideation that often have interactions with EMS, Law Enforcement and Community Mental Health Programs.

In Nassau County, 911 calls for mental distress are known as “Mental Aided Calls”. This distress can include non-compliance with medications, active symptoms (including, but not limited to hallucinations or delusions), family conflict due to mental health symptoms or crisis and threats to harm self or others.

In 2019 there were 2,775 Mental Aided Calls in Nassau County. The below diagrams reflect the communities and demographics of those hardest hit by mental health concerns.



Of the 2,775 calls for service, 456 of them required additional response by the Emergency Services Unit due to violence or threat thereof. Four of these responses note the use of physical force to maintain officer and community safety.



### **NCPD Response to Mental Aided Calls**

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The policy of the Nassau County Police Department is to assist persons who are in need. This includes rendering necessary aid in a humane and sensitive manner to persons who appear to be suffering from mental illness or disability. Currently, Nassau County Police Officers are trained in accordance with the Mental Health Department of Criminal Justice Services Curriculum. Topics covered include: Crisis Intervention, De-Escalation and Professional Communication, Hostage Negotiation, Autism Awareness and Interview and Verbal Skills. This training is both lecture and reality based, meaning that they are taught the skills and then expected to implement them during role-play activities.

Further education and training are provided to those officers who are selected to be a part of the Emergency Services Unit (ESU) or the Hostage Negotiation Team. These officers are called out to aided calls when there are threats of violence or barricade situations.

Presently, when a member of the community dials 911 for assistance with a mental health crisis, the Communications Operator gathers the following information:

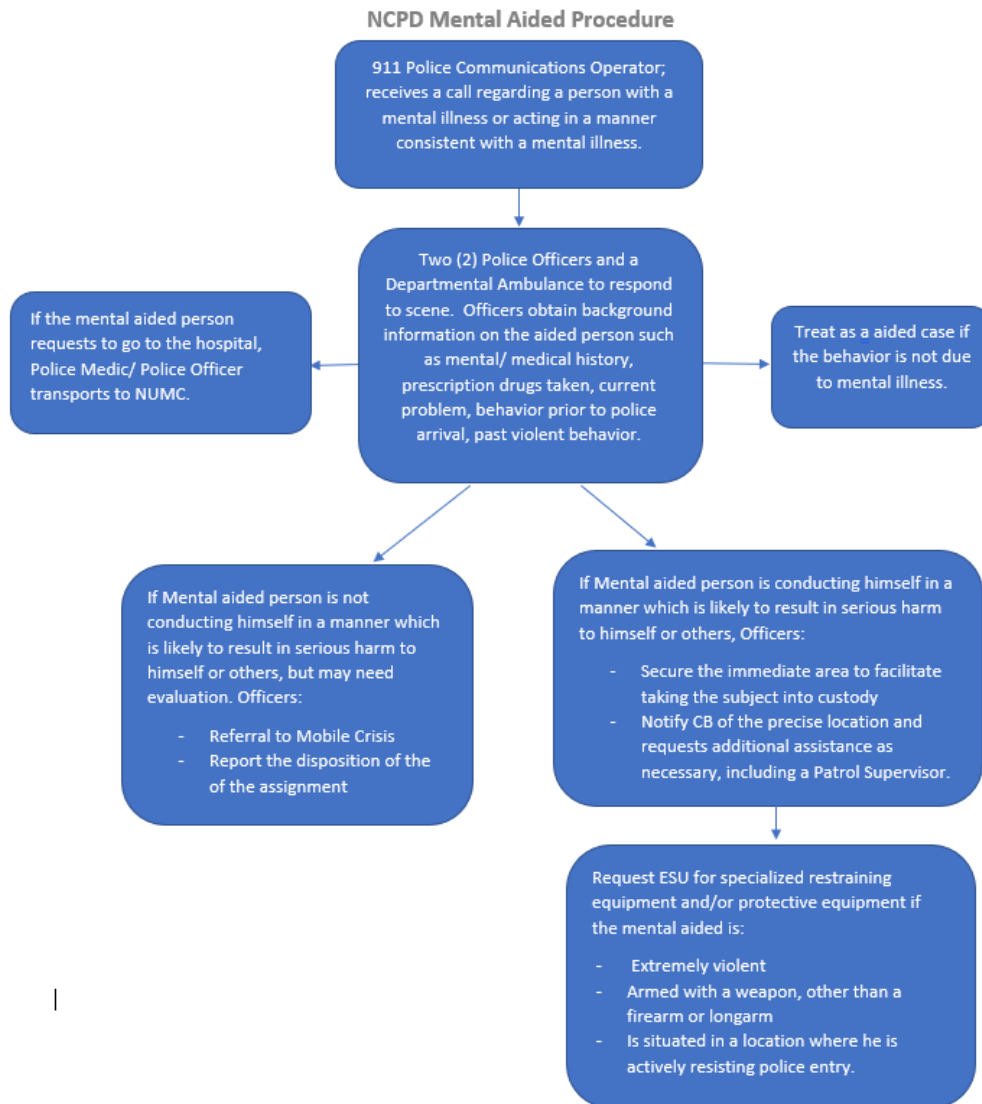
- 1- Mental/medical history
- 2- Prescription/illegal drugs being taken
- 3- Current problem
- 4- Current or past violent behavior

Two Police Officers and an Ambulance are dispatched to the address.

Once on scene, Officers assess the situation to determine if the case meets department mental aided criteria and if the mental aided person is conducting him/herself in a manner which is likely to result in serious harm to self or others.

- If safety at the scene is not an issue, the Officers may consider a referral to the Mobile Crisis Outreach Team and report the disposition of the assignment.
- If safety at the scene is an issue, the area will be secured and a patrol supervisor will be requested. A supervisor may also request additional assistance including a second ambulance or the Emergency Services Unit in the event of an armed person or a hostage/barricade situation.

The below flow chart reflects the procedure outlined above:



## Mobile Crisis Response

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The Nassau County Mobile Crisis Team (NC-MCT) was established in 1985 with the vision to be a community resource that is accessible and available to all Nassau County residents to assist in providing behavioral health crisis intervention services that are evidence based, trauma informed, and recovery oriented.

The NC-MCT's mission is to provide on-site behavioral health crisis stabilization, assessments, referrals and linkages to community services with the objective of reducing unnecessary psychiatric hospitalizations and inpatient hospitalizations. The goal is to provide support and improve the lives of Nassau residents, ensuring that those most in need have access to care; and to reduce the risks of future crises by providing a prompt response and resolution of the immediate crisis.

The Mobile Crisis Team (MCT) responds to various community locations in the 287 square miles that is Nassau County and conducts on site assessments and interventions due to crises and situational emergencies. Sites are usually homes but also include Employee Assistance Program offices, educational institutions and social service housing shelters. The primary objective of the MCT is, whenever possible, to maintain clients in their natural environment via the use of safety plans, crisis stabilization, emotional support, family support, etc.

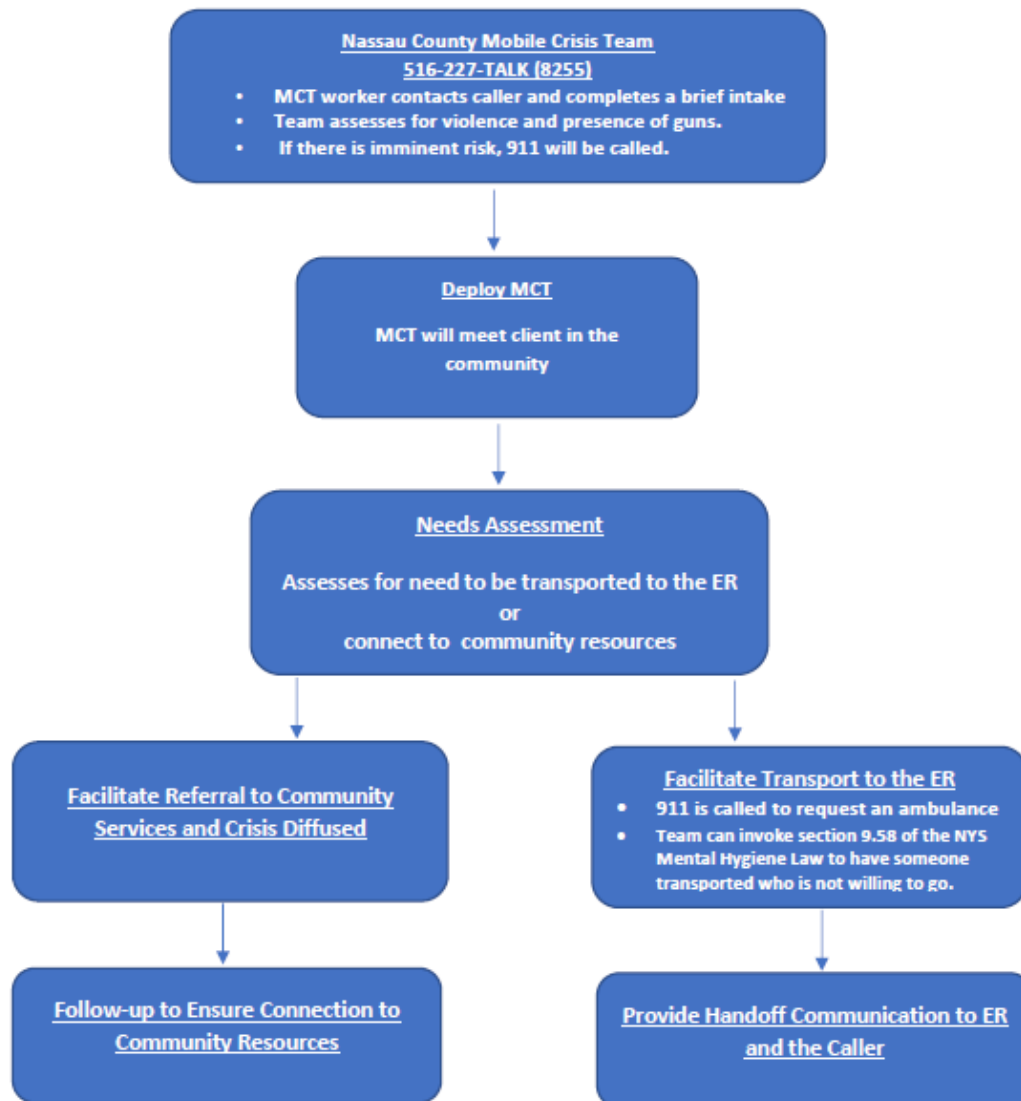
It is operated by South Shore Child Guidance Center, which is a partner agency of EPIC Long Island. Its current hours of operations are seven-days a week, from 10 am to 11pm. The professional teams are composed of master's level licensed clinical social workers with extensive experience in mental health, addiction and trauma informed care. There are currently four teams, each with two licensed mental health clinicians.

The NC-MCT possesses the 9.58 status allowed under New York State Mental Hygiene Law section **§9.39** MHL Emergency Admission for Immediate Observation, Care, and Treatment where it stipulates:

- (a) A physician or qualified mental health professional who is a member of an approved mobile crisis outreach team shall have the power to remove, or pursuant to subdivision (b) of this section, to direct the removal of any person to a hospital approved by the commissioner pursuant to subdivision (a) of section 9.39 or section 31.27 of this chapter for the purpose of evaluation for admission if such person appears to be mentally ill and is conducting himself or herself in a manner which is likely to result in serious harm to the person or others.
- (b) If the team physician or qualified mental health professional determines that it is necessary to effectuate transport, he or she shall direct peace officers, when acting pursuant to their special duties, or police officers, who are members of an authorized police department or force or of a sheriff's department, to take into custody and transport any persons identified in subdivision (a) of this section.



The NC-MCT services are currently accessed through Nassau County's Helpline 227-Talk (8255). The operational flow chart below describes the process by which the crisis team responds to a person in crisis.



Utilization of crisis response services originates with a telephonic intake request through the 227-Talk Helpline. The helpline is staffed by New York State Department of Education licensed social workers, employees of The Nassau County Department of Human Services. The helpline has built in redundancies to ensure that roll over calls and after hour calls are never missed with a

collaborative partnership with the Long Island Crisis Center. Intake referral requests may include self-referrals by individuals in crisis, their families or friends, behavioral health and health care providers, crisis hotlines, 911 operators, law enforcement and other sources.

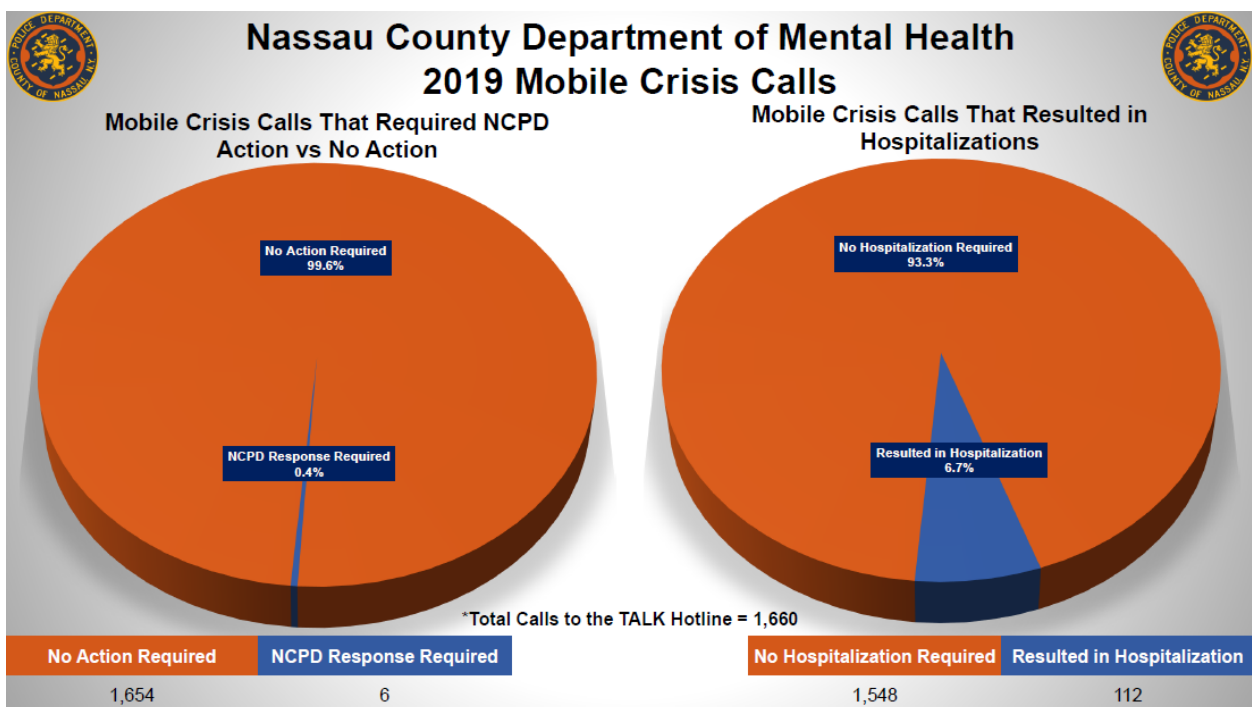
Telephonic assessment currently includes an assessment of risk of harm to self and others; current and recent history of substance use; an assessment of intoxication and potential for serious withdrawal. All callers are asked about their history of psychiatric treatment, any medical problems and all medications, including prescriptions for mental health or medical problems and medication assisted treatment for substance use disorders. Protective factors such as family, self-help groups, and friends are identified as supports and strengths. The presenting problem and the immediate need for help is identified. Subsequent to the telephonic screening, it is determined if further evaluation is needed via a mobile crisis team.

This intake information helps the crisis call intake worker determine whether a mental health emergency exists and if a formal, crisis assessment is warranted with a face-to-face assessment and intervention. If this is the determination, the case is referred to the Mobile Crisis Team, who then determines the appropriate level of response to the crisis.

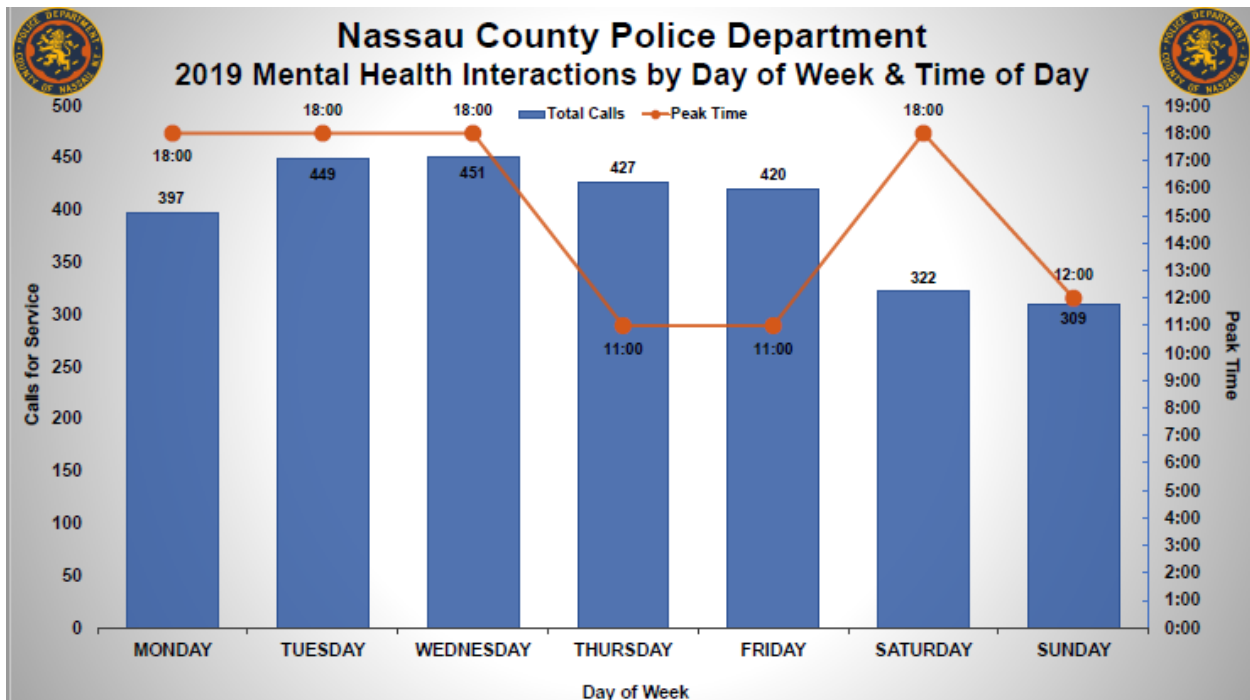
The crisis call intake workers are culturally, linguistically and racially diverse. The system utilizes and provides any or all services that will meet the immediate and ongoing needs of individuals in crisis. These services include:

- Service coordination with community mental health providers, county social service agencies and referrals to hospitals.
- Responding to referrals from hospital emergency departments, law enforcement, community mental health providers, county social service agencies; and individuals in the community.
- Using local law enforcement as an escort when safety concerns exist.
- Providing consultation to local law enforcement and accompanying law enforcement on calls that are mental health crises or emergencies
- Conducting mental health crisis assessments or substance related crisis assessment for individuals in the community.
- Collaborating with human service, health and behavioral health providers; and other service providers in the community.

In 2019 the NC-MCT conducted 1,660 intake evaluations of people in crisis. Most of the referrals came from the community with the exception of 2% or 27 referrals made by the police. A total of 7% or 112 people in crisis required further psychiatric assessment in the emergency room with a total of 5% or 75 individuals being admitted inpatient for psychiatric care and stabilization. The 112 individuals requiring further assessment necessitated a 911 call by the NC-MCT for police and EMS assistance in transporting the person in need to the hospital. 100% of all intakes and face to face interactions received follow up calls and/or visits to ensure that the individual/family was connected with treatment and/or support services. Also, 100% of all intakes and face-to-face interactions had a referral to some type of service in the system of care.



In 2019, 24% of the 911 Mental Aided calls were placed outside Mobile Crisis hours of operation and were handled by Patrol and EMS.



## *Response in Other Jurisdictions*

In August of 2020 after passage by the Nassau County Legislature, County Executive Laura Curran signed a bill creating a commission tasked with researching, reviewing and evaluating alternative approaches to mental health response. The commission reviewed several models that have been implemented nationally to determine which would best serve Nassau County. The following are different types of police mental health collaborations reviewed:

- Crisis Intervention Team (CIT)- Officers specially trained to respond to mental health crisis in an effort to assist individuals with accessing treatment rather than ending up in the criminal justice system due to behaviors. The CIT model was first developed in Memphis has come to be known as the “Memphis Model” ([citinternational.org](http://citinternational.org)).

- Co-Responder Team- team of specially trained officers paired with qualified health professionals to respond together on mental health crisis calls. Co-responder teams are defined by the Department of Justice and are currently operational in Gainesville, Florida and multiple counties in Colorado.
- Mobile Crisis Team- team of mental health professionals skilled at helping stabilize people during law enforcement encounters and general crisis; available to law enforcement and community. Tasked with diverting individuals from unnecessary arrests and/or emergency room visits.
- Case Management Team- Team to provide outreach, follow up and ongoing case management to select priority people who have repeat need for emergency services (often used in addition to another Police Mental Health Collaboration model).
- Crisis Assistance Helping Out on The Street (CAHOOTS)- Developed in Eugene, Oregon. 911 dispatchers assess calls and if there is violence or criminal activity, the police are dispatched. All other calls related to homelessness, mental health, addiction issues and any other crisis like situations are dispatched to CAHOOTS. The team included a medic and a bachelor's level crisis worker who travel in a van.

## *Pilot Program*

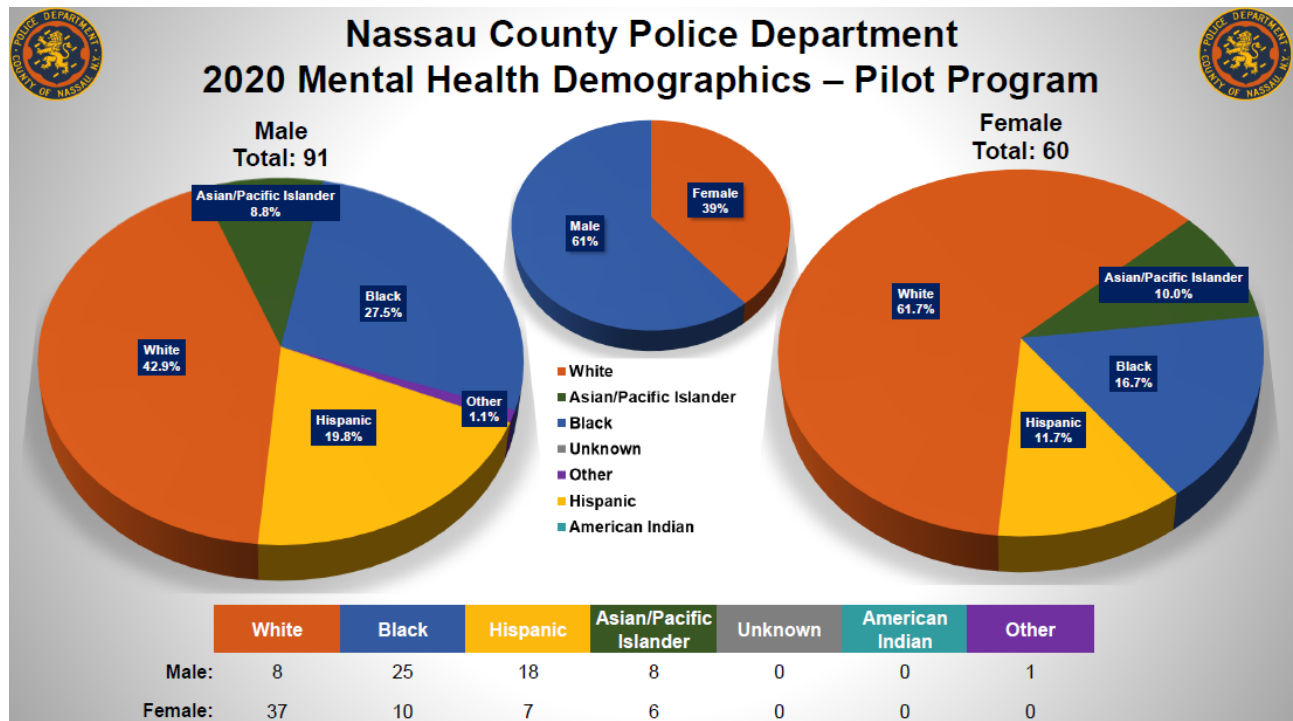
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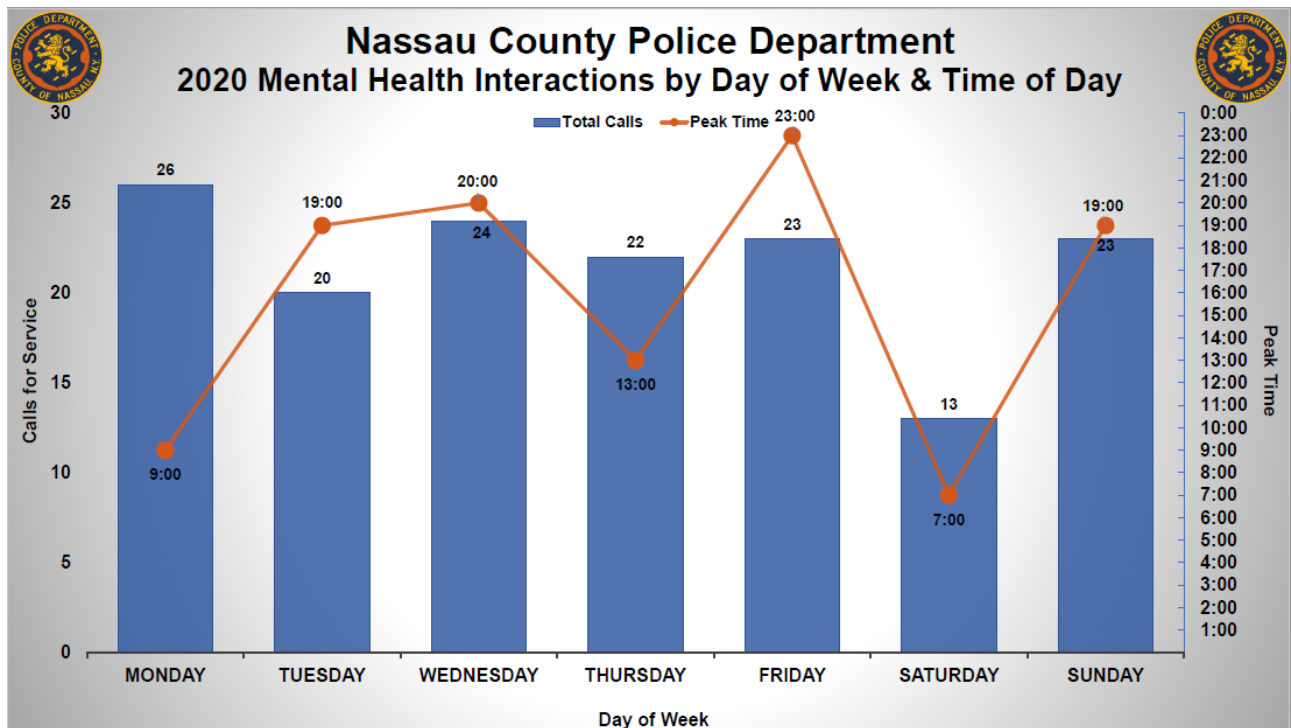
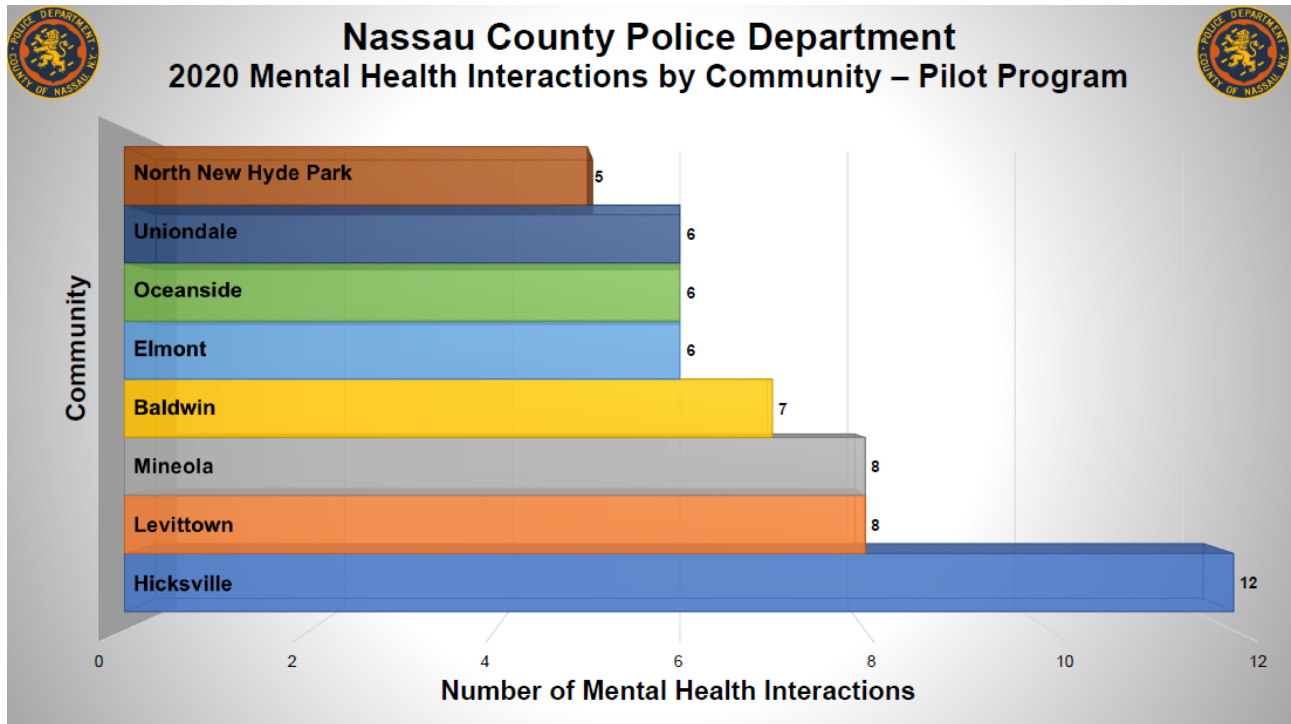
For a two-week period from November 30, 2020 to December 14, 2020 a mental health pilot program was conducted by the Nassau County Police Department and Mobile Crisis. The purpose was to gather an understanding of community needs for mental health resources through enhanced communication and cooperation between NCPD and Mobile Crisis. The data from the pilot demonstrated the following:

- 151 mental aided calls came in through 911
- 135 notifications to mobile crisis

- 54 calls came in outside mobile crisis hours of operation
- 111 calls indicated threat of harm to self or others and resulted in hospital transport by NCPD
- 4 calls were from repeat callers

Images below depict call breakdown by individual demographics, call day and call time.





# *Recommendations*

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In 2019 Nassau County Police Department and Mobile Crisis responded to a combined total of 4,435 calls related to mental health. Considering current events like the COVID19 pandemic and unemployment rates, it is not surprising that the number of mental aided calls for 2020 has surpassed that of 2019. In response to the growing need for services, Nassau County Executive Laura Curran announced that her budget included funding for two additional psychiatric social workers at the Department Human Services to expand the Nassau County Mobile Crisis Team.

Stakeholders from both the Office of Mental Health and the Nassau County Police Department have met to discuss models that are currently in place as well as recommendations for improvement in the delivery of mental health services. It is the objective of this committee to ensure the use of all resources available when responding to a mental aided call. To that end, a three-prong approach involving Response, Hospital Care and Aftercare is outlined below:

## **RESPONSE**

When a Mental Aided call comes in to 911, the Communications Bureau (CB) Operator will engage the caller and ask recommended questions to determine who should be dispatched.

Questions include whether or not the aided is a danger to themselves or others, whether or not the aided is violent or aggressive at the time of the call and whether or not the aided has access to or possession of a weapon at the time of the call.

- Non-criminal / non-violent calls will be referred to Mobile Crisis.
  - o Once on scene Mobile Crisis will assess the individual and make a determination for next steps, including requesting EMS transport or referral to community programming.
- In the case potential violence or weapons on the premises the CB will dispatch patrol, a supervisor and notify the Mobile Crisis Team to co-respond to the site of the crisis.
  - o Once on the scene and the perimeter has been secured by the police and if appropriate, the Mobile Crisis team will conduct clinical assessments to determine intervention and level of care needed.



## **HOSPITAL CARE**

- Collaboration between NCPD, Mobile Crisis and ER staff
- Development of Psychiatric Urgent Care (Living room model)
- Expanded tele-psychiatry services with ER
- Quicker access to PD and Aftercare with Mobile Crisis

## **AFTERCARE**

- Improved MCOT follow-up efforts
- Increase community awareness of MCOT through marketing

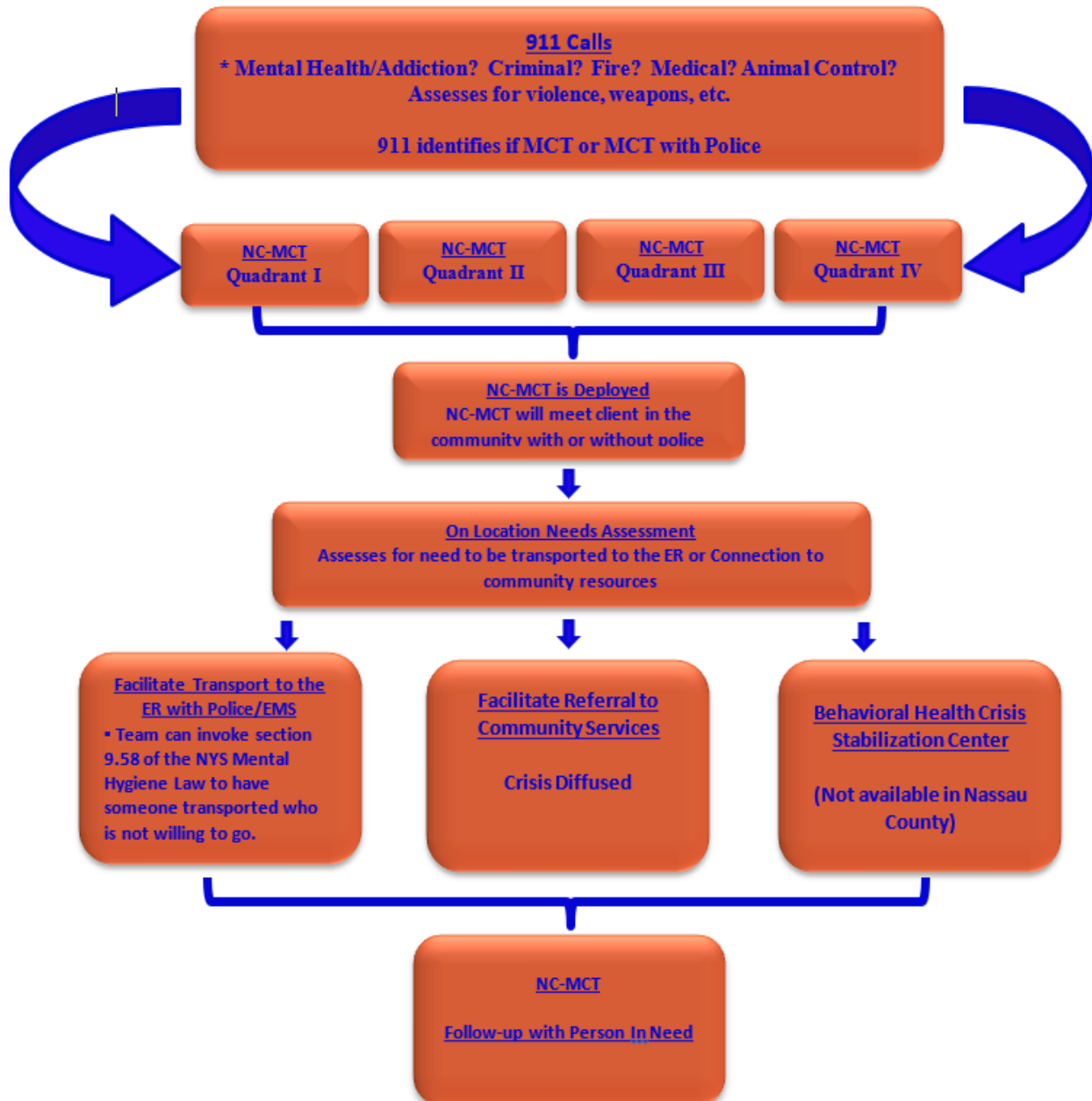
In order to support these changes in procedure, the following recommendations were made:

- 1- In partnership with Mobile Crisis, the Nassau County Police Department will provide Communications Bureau Operators with additional training in order to properly dispatch a mental aided call when it comes in.
- 2- Post Academy training on Mental Health will be provided to Patrol Officers on an ongoing basis to ensure they have the most effective and up to date tools when interacting with a mental aided. Introduction to Mobile Crisis will be included in this.
- 3- All patrol vehicles will be equipped with flyers on Mobile Crisis and local resources, so that officers can provide the information to family members and significant others of mental aided while on scene.
- 4- Identification of a liaison between Police and MCT to review, evaluate and improve standards of practice by establishing quality assurance guidelines.
- 5- The hours of operations of the MCT should change from (10am -11pm) seven days a week to (8am-12am) seven days a week. The data provided by the Nassau County Police Department showed that the most calls came during the hours of 8am -12am. This will require an expansion in teams for the coverage of multiple shifts. Overnight hours from

12am-8am are excluded due to the low volume calls. Instead, the teams will follow up on calls that the police receive during the overnight hours.

- 6- Strengthen collaboration with the Psychiatric Emergency Department at NuHealth-Nassau University Medical Center.
- 7- Nassau County will greatly benefit having a Behavioral Health Crisis Stabilization Center. This is a community based 24-hour crisis stabilization model that offers an alternative to hospital emergency department visits and psychiatric admissions. It is a safe environment that offers respite, rapid stabilization, reduction in crisis symptoms, brief counseling services, care coordination, evaluations, referrals and linkages. It is a multidisciplinary team design to maintain the person in need in the community. Ideally, this could be a place where a person with a mental health crisis can be brought by police for immediate care.
- 8- Long term goals for Mobile Crisis to support this endeavor will include expansion of staff to the current contracted organization, South Shore Child Guidance Center. This entity is designated by New York State Office of Mental Health.
  - Five (5) additional teams will be needed comprised of two (2) clinicians for a total of 10 additional clinical staff.
  - In addition, two bachelor's level social workers will be needed in the role of case managers to provide connections and follow-up visits.
  - One Clinical Coordinator for administrative oversight and program operations.
  - County will be divided into quadrants with assigned MCT each day to cover that area. The team will respond to all calls in that catchment area. This will reduce the travel time and enable quicker response to community.
  - Police will have Quadrant Specific phone number for each Team.

Below is a flow chart of the proposed policy and procedure.



## **Cost Analysis**

The hourly cost for Mobile Crisis staff can range from \$24 to \$57 an hour. The clinical staff are at the higher end of the hourly salary, which means that a two-person clinical team would cost approximately \$114 an hour. Typically, a mobile crisis site visit can range between one to two hours depending on the nature of the crisis for an average cost of \$228 per call.

Currently, the average mental aided call requires 2 police officers, 1 supervisor and one ambulance on scene for approximately 2 hours. Since the officers are on shift and being paid regardless of call type, there is no additional cost to the police department. However, this proposed plan will allow for NCPD to respond to fewer mental aided calls, freeing up Officers and EMS to answer other 911 calls and conduct enforcement.

## **Projected Operating Budget**

The table below summarizes budgetary options for the implementation of alternative approaches to mental health response. The current crisis response system under the Nassau County Office of Mental Health, Chemical Dependency and Developmental Disabilities Services operates with a cost \$1,400,746 consisting of \$1,028,270 from NYS-OMH and \$372,476 from Nassau County.

Expansion Budget Option 1 involves adding two additional staff to the 227-Talk Helpline; expanding the NC-MCT by adding five teams for a total of ten clinicians, two care coordinators, one Clinical Coordinator; and adding two additional staff to the Long Island Crisis Center for the evening and overnight calls. The hourly cost per staff including fringe under the proposed expansion budget can range from \$24 to \$57 an hour. The clinical staff are at the higher end of the hourly salary which means that a two-person clinical team would cost \$114 an hour. Typically, a mobile crisis site visit can range between one to two hours depending on the nature of the crisis. The total proposed expansion for option 1 is \$1,930,587.

Expansion Budget Option 2 includes all of the cost identified in option 1. Additionally, it includes the potential costs of developing a crisis stabilization program as described on pages 17 and

18. The range in operational cost is identified to be between \$3, 930,587 to \$5, 930,587 depending on the size of the program.

<b>Alternative Approaches to Mental Health Response Proposed Budget</b>				
<b>Partnerships</b>	<b>Current Budget</b>	<b>Expansion Budget Option 1</b>	<b>Expansion Budget Option 2</b>	<b>Comment</b>
Nassau County Office of Mental Health, Chemical Dependency & Developmental Disabilities (227Talk Helpline)	OMH State Aid=\$202,186 County Fund=\$119,668	\$200,000.00	\$200,000.00	Expansion consist of 2 additional staff for 227-Talk Helpline
South Shore Child Guidance Center/EPIC	OMH State Aid=\$724,806	\$1,580,587 (Include travel and IT equipment)	\$1,580,587 (Include travel and IT equipment)	Expansion consist of 5 additional Team with 2 clinicians each (10 clinicians), 2 care coordinators and 1 Clinical Coordinator. Total is 13 additional staff.
Long Island Crisis Center	OMH State Aid=101,278 County Fund=\$252,808	\$150,000	\$150,000	Expansion consist of 2 additional staff
Proposed Behavioral Health Crisis Stabilization Center	No Crisis Stabilization Center	No Crisis Stabilization Center	Projected cost \$2 million to \$4 million	Operational cost will depend on size of program
<b>Total Cost</b>	<b>\$1,400,746.00</b>	<b>\$1,930,587</b>	<b>\$3, 930,587to \$5, 930,587</b>	

## *Conclusion*

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The Nassau County Police Department and Mobile Crisis are committed to this partnership and ensuring that community members have access to the services they need.

# *References*

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[www.cdc.gov](http://www.cdc.gov)

[www.mentalhealth.gov](http://www.mentalhealth.gov)

NCPD Policy and Procedure

Mobile Crisis Policy and Procedure

# Appendices

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## NASSAU COUNTY MOBILE CRISIS TEAM

South Shore Child  
Guidance Center

**In a Crisis, Please Call**  
516-227-8255



## NASSAU COUNTY MOBILE CRISIS TEAM

60 Charles Lindbergh Boulevard  
Suite 260  
Uniondale, NY 11553  
516-227-8255

[www.epicli.org/southshore](http://www.epicli.org/southshore)

## NASSAU COUNTY MOBILE CRISIS TEAM

A COMMUNITY  
SERVICE PROGRAM OF  
SOUTH SHORE CHILD  
GUIDANCE CENTER

516-227-8255



The Nassau County Talk Line  
for children and adults  
in crisis.



### WHAT IS THE MOBILE CRISIS TEAM?

**The Mobile Crisis Team** consists of licensed professionals (social workers and nurses) specially trained to respond to a wide range of serious and potentially disabling mental health problems. The team is mobile and designed to respond quickly to individuals and/or families in need of crisis intervention at a home or anywhere in the community. The team members travel to the home or location in Nassau County to provide on-site, professional and supportive crisis intervention for any child or adult experiencing an emotional disturbance, interpersonal crisis or psychiatric emergency.

*The Nassau County Mobile Crisis Team is a service provided through the joint efforts of the New York State Office of Mental Health, Nassau County Division of Mental Health, South Shore Child Guidance Center, the Nassau County Police Department and the Emergency Program at Nassau University Medical Center (NUMC).*

### WHAT IS THE FUNCTION OF THE MOBILE CRISIS TEAM?

The primary function of the team is to offer an alternative to police intervention or to assist police with the goal of minimizing a potential crisis in the community. Team members assess the problem, evaluate the psychological condition, functional level, environment, and safety of the individual(s) or family(s) in crisis. Referrals are made to the most appropriate treatment provider or facility, using all available resources in the community. In addition, there is follow up on all referrals to assure continuity.

### HOW DO YOU ACCESS THE MOBILE CRISIS TEAM?

Call the Nassau County Talk Line at **(516) 227-8255**. The referral is then forwarded to the team. A clinical staff member will contact the referral source for additional information. Following a brief telephone intake, staff will determine if a site visit is indicated.

### HOURS OF OPERATION

Nassau County Mobile Crisis will respond between the hours of 10AM and 11PM - 7 days a week.

Referrals can be made seven days a week. Referrals made during non-business hours will be handled by staff on the next business day.

