



**Bernalillo County  
Behavioral Health  
Initiative: Preliminary  
Review Mobile Crisis  
Teams Clinician  
Encounter Data**

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## Introduction

Mobile Crisis Teams (MCT) in Bernalillo County, New Mexico are designed to improve the outcomes of 911 police calls for service (CFS) in which an individual is having a behavioral health crisis by having both an officer and licensed clinician respond to the crisis. This report describes data collected by the clinicians assigned to the MCTs and provides insight into the services provided by clinicians to clients involved in MCT calls for service. This report is based on data from the months of February 2018 through October 2018 provided by Hope Works. Hope Works is the agency responsible for the clinicians involved in MCTs. Within this time period there was a total of 773 clinician encounters from four clinicians. There were also two encounters provided by an additional clinician that are not included in this review. A clinician encounter occurs when there is a documented encounter on a CFS between a citizen and a clinician. Not all MCT calls for service include a clinician encounter with a citizen. This can occur for a variety of reasons, including calls where the MCT was canceled enroute to the call, when contact with the citizen did not occur, when the decision was made to transport the client prior to the arrival of the MCT on scene, or when a scene could not be made safe for the clinician to make contact with the client.

This review includes a number of sections. The first section reports the number of clinician encounters during the reporting period and compares these encounters to the calls for service with on-scene times during the reporting period. In the second section, we report on self-reported client demographic information. In the third section, we report on the calls for service clinician information. In a separate review we report calls for service data and in this review we broadly compare counts of calls for service to clinician encounters.

## Clinician Encounters

Clinicians complete paperwork each time they encounter a citizen during a dispatched call for service for which they arrive on scene. For a variety of reason noted above not calls for service result in an encounter between a clinician and citizen.

Table 1 reports on the total number of clinician encounters by month. Four clinicians were working as of March 2018. However, the MCTs were not fully trained until June 2018. September had the highest number and percent of clinician encounters (120 and 16%).

	Count	Percent
February	2	0.3
March	51	6.6
April	85	11.0
May	96	12.4
June	89	11.5
July	109	14.1
August	117	15.1
September	120	15.5
October	104	13.5
Total	773	100

Table 2 reports the number of clinician encounters by the day of the week. The largest number of clinician encounters occurred on Wednesday, followed by Tuesday, and Thursday. These three days account for 59% of all encounters. This differs from when the four MCTs work. Three, three teams work on Wednesday and all four teams work on Thursday. Thursday is the MCTs day for meetings and this is why Thursday does not account for a large percent of the encounters. .

Table 2 MCT Clinician files by Day of the Week			
	Count	Percent	Number of Teams Working
Sunday	37	4.8	1
Monday	122	15.8	2
Tuesday	154	19.9	2
Wednesday	160	20.7	3
Thursday	142	18.4	4
Friday	83	10.7	3
Saturday	75	9.7	2
Total	773	100	

Table 3 reports on calls for service with clinician encounters. For the purposes of this review a shift is defined as any day in which there was at least one encounter documented for a client. This method of determining shifts, creates an undercount of the total days clinicians worked, as some of the days the clinicians worked, may never have had clinician involvement. For MCTs the typical shift is a ten hour day. During this reporting period, there were 394 shifts, with the most shifts a clinician having worked being 121 shifts. The average call for service with a clinician encounter lasted 69 minutes and the average number of clinician encounters per shift was two encounters.

Table 3 Calls for Service with a Clinician Encounter					
Measure	Clinician				Total
	A	B	C	D	
Shifts Worked	121	81	95	96	394
Cases	289	168	149	167	773
Cases per Shift	2.4	2.1	1.6	1.7	2.0
Average CFS Length in Minutes	76.7	77.5	56.6	67.0	69.4
Average Minutes Worked on CFS per Shift	184.1	162.8	90.6	113.9	138.8

Table 4 is a comparison of the calls for service data with the Hope Works clinician data. For this comparison we use the total counts of these separate data sets. The calls for service data contains information about the MCT, and the Hope Works data provides information about clinician encounters. This table includes information from February 2018 through September 2018. During this time period there were 401 shifts in which an MCT was dispatched at least once, there were 363 shifts in which a MCT was on scene at least once, and 338 shifts with at least one clinician encounter. We do not expect there to be a clinician encounter on shifts in which an MCT is never on scene. However, it is important to

note how many total shifts a MCT is dispatched compared to the total number of shifts with clinician encounters.

Based on only the calls for service data, MCTs were on scene 91% of the shifts worked, and based on both data sets, there were only clinician encounters 84% of the shifts worked. This means that for every 10 shifts a MCT worked approximately 9 of those shifts had a MCT arrive on scene, and for every 10 shifts, approximately 8 of those shifts have a clinician encounter. When we compared shifts a MCT was on scene, to the shifts in which a clinician encounter occurred, we found a clinician encounter occurred 93% of the time. This means that for every 10 shifts in which a MCT is on scene, approximately 9 of those shifts have a clinician encounter.

	Count	Percent Comparison of MCT Shifts with a Dispatch Time
MCT Shifts with a Dispatch Time	401	100
MCT Shifts with an On Scene Time	363	90.5
Shifts with a Clinician Encounter	338	84.3

### Client Demographics

Table 5 reports the race/ethnicity of clients served by MCTs. Race/ethnicity is self-reported, determined by the client’s record, or in some situations is reported by the clinician. The majority of clients were White (42%), followed by Hispanic (36%), African-Americans (4.4%), and American Indians (4.0%). Other includes Asian, Pacific Islander, or an identification of “other”. Unknown is a refusal to respond or missing information.

Race	Count	Percent
White	324	41.9
Hispanic	277	35.8
African American or Black	34	4.4
American Indian	31	4.0
Other	18	2.3
Unknown	89	11.5
Total	773	100

The average age MCT clients was 38 years old. The youngest client was 8 years old and the oldest client was 89 years old. Table 6 reports the identified gender of clients served. Almost 56% of clients were male.

	Count	Percent
Male	426	55.5
Female	340	44.3
Transgender	1	0.1
Total	767	100

Missing 6

Table 7 reports on diagnoses that originate from either self-reports, collateral sources (i.e. family, providers, and legal records), or from a clinician providing a provisional diagnosis. Diagnoses with less than 5 occurrences are included in the “Other” category. The most common diagnoses were PTSD (15.4%), Bipolar Disorders (13.3%), and Depressive Disorders (12.3%).

Table 7 Client Diagnoses		
Disorders	Count	Percent
ADHD	23	3
Alcohol Abuse	11	1.4
Anxiety	67	8.7
Autism	8	1.0
Bipolar	103	13.3
Borderline Personality	11	1.4
Dementia	9	1.2
Depressive	95	12.3
Intellectual Disability	7	0.9
Oppositional Defiant	7	0.9
PTSD	119	15.4
Schizoaffective	18	2.3
Schizophrenia	79	10.2
Substance Use	25	3.2
Traumatic Brain Injury	18	2.3
Other	16	2.1
Total	773	100

Table 8 reports on the total number of reported client diagnoses. Fifty-one percent of clients had no or no known diagnoses, with 29% having one diagnosis, and 20% having two or more diagnoses.

Table 8 Total Number of Client Diagnoses		
	Count	Percent
0	396	51.2
1	225	29.1
2	90	11.6
3	45	5.8
4	9	1.2
5	8	1.3
Total	773	100

Table 9 reports the past 30 days substance use, legal involvement, inpatient hospitalization, and psychiatric emergency services on clients. This information comes from self-reports from clients or collateral sources including family, officer’s on scene, and the APD Real Time Crime Center (RTCC). The RTCC provides officers in the field with information about people, such as if they have a history of mental illness, in real time when officers are dispatched to calls. Staff can also access law enforcement databases and certain cameras around the city. Thirty-two percent of clients reported using substances in the past 30 days, 11% reported some form of legal involvement in the past 30 days, 6% reported inpatient

hospitalization in the past 30 days, and 12% reported using psychiatric emergency services in the past 30 days.

Fifty-nine percent of clients had no reported substance use, legal involvement, inpatient hospitalization, or psychiatric emergency services in the past 30 days. Twenty-seven percent of clients responded to involvement in one of the listed categories, and 15% percent of clients reported involvement in two or more of the listed categories in the past 30 days.

Table 9 Client's Substance Use, Legal Involvement, Hospitalization and Psychiatric Emergency Services			
In the Past 30 Days	Count	Percent	Total Clients
Substance Use	244	31.6	773
Legal Involvement	86	11.1	773
Inpatient Hospitalization	46	6.0	773
Psychiatric Emergency Services	94	12.2	773

### Section 3: Call for Service Clinician Information

Table 10 reports the chief complaint for the call for service with a clinician encounter. The chief complaint was determined by a combination of items including the details of the 911 call or reports from officers on scene requesting the MCT as well as the presenting problem indicated by the clinician determined on scene with the client. Suicide (47%) was the most common complaint for calls for service resulting in a clinician encounter followed by psychosis (20.3%) and aggressive or threatening behavior (12.1%). These three complaints account for 79.4% of all complaints.

Table 10 Chief Complaint		
Chief Complaint	Count	Percent
Aggressive or Threatening Behavior	91	11.8
Childhood Disorder/Behavioral Issue	18	2.3
Degenerative Disorders	16	2.1
Developmental or Cognitive Issues	9	1.2
Homelessness	16	2.1
Homicidal	10	1.3
Medical	5	0.6
Mood Lability or Restriction	16	2.1
Other	32	4.1
Psychosis	153	19.8
Substance Use	34	4.4
Suicidal	354	45.8
Unknown	19	2.5
Total	773	100

Table 11 reports the calls for service in which a clinician encounter was initiated. A jumped call is a CFS in which an officer requests aid in general and the MCT responds, whereas an officer request CFS is a call

in which an officer directly requests a MCT team. The majority of CFS start directly from a 911 call (48%). Jumped calls accounted for about 25% of clinician encounters, and 19% of the time clinician encounters were the result of an officer request.

Table 11 MCT Calls for Service Initiation		
	Count	Percent
911 Call	370	47.9
Jumped Call	189	24.5
Officer Request	127	16.4
Unknown	87	11.3
Total	773	100

Table 12 reports the number of clinician encounters with clients with a “face to face” evaluation of the client. A “face-to-face” evaluation occurs when a clinician is able to conduct an assessment with the client. The assessment could be an extensive biopsychosocial assessment lasting an hour or it could be as short as a clinician observing a client’s behavior first hand for a short period of time. The key to the face-to-face evaluation is the clinician personally seeing and/or speaking with the client. Almost 75% of the clinician encounters involved a face-to-face evaluation of the client.

Table 12 Face to Face Evaluations with Client		
	Count	Percent
Yes	566	73.2
No	207	26.8
Total	773	100

Table 13 reports the clinical dispositions for the CFSs with an encounter. Medical transport occurs when the client is determined by EMS to need transportation to services due to medical concerns. Voluntary transport is when a clinician encourages a client to receive mental health aid and the client agrees. A certificate of evaluation (CofE) is when a clinician writes an order that the individual needs psychiatric services due to mental health concerns and is taken to a medical facility. A 43-1-10 is when N.M.STAT.ANN § 43-1-10 is invoked by an officer to detain a client and the client is transported for psychiatric services. Other/Unknown is when a client cannot be located, is deceased or the final decision was not reported. Almost 3% of calls resulted in the arrest of the client. Fifty-five percent of calls resulted in the client being transported, and 31% of calls resulted in the client being left in the community.

	Total	
	Count	Percent
Arrest	20	2.6
Medical Transport	43	5.6
Voluntary Transport	62	8.0
Certificate of Evaluation	198	25.6
43-1-10	119	15.4
Left in the Community	242	31.3
Other/Unknown	89	11.5
Total	773	100

Table 14 reports the end location of a clinician encounter. Thirty percent of clinician encounters ended with the client being taken to the University of New Mexico Hospital, followed by home (22%), Unknown, Presbyterian Hospital, Other, and Lovelace Hospital. In total 50% had an end location of a hospital and 2.4% had an end location of the Metropolitan Detention Center. The other category includes transport to other facilities, referral to other resources, if the individual was homeless and was left in the community, and end locations stated as other. The unknown category is when an end location cannot be determined such as when a client was never located or the individual was deceased.

	Count	Percent
Presbyterian Medical Center	116	15.0
Lovelace Medical Hospital	66	8.5
University of New Mexico Hospital	195	25.2
Veterans Affairs Medical Center	10	1.3
Metropolitan Detention Center	19	2.4
Other	73	9.4
Home	170	22.0
Unknown	124	16.0
Total	773	100.0

Table 15 reports the type of referrals made to clients from the clinician encounters. There were 773 client encounters with 158 encounters in which clinicians were unable to provide services. They may have been unable to provide services due to client refusal, a scene not being able to be secure, or CFS outcome being determined before the arrival of clinician. Most clients were referred to a psychiatric evaluation (62%). Community Engagement Team (CET) referrals were made 25% of the time and clients were referred to continue working with their current treatment providers 17% of the time. CETs are a program whereby a licensed clinician and certified peer support specialist provide on-site engagement to aid individuals and their families dealing with mental illness and/or substance use. A referral to resources is information about or provision of some community support. This can be providing the number to the New Mexico Crisis and Access Line (NMCAL), AGORA Crisis Center, providing bus passes to clients, or to other resources. New referrals are providing clients referrals into psychiatric or case management providers. This can be to Hope Works, the Family Guidance Center, Awake and Aware, and other service providers. Other indicates a referral to Albuquerque Police Department, Albuquerque Public Schools, Bernalillo



County Sheriff’s Office, Crisis Outreach and Support Team, or the Child Youth and Families Department. Unable to provide services is when a referral to services is not possible or unwanted.

Table 15 Referrals from Clinician Encounter			
	Count	Percent	Total Clients
Psychiatric Evaluation	381	62.0	615
Ongoing Treatment	105	17.1	615
CET	151	24.6	615
Resources	69	11.2	615
New Referrals	97	15.8	615
Other	18	2.9	615

**Conclusion**

This is a first preliminary review of the MCTs clinician encounter data. Future reviews of the clinician encounter data will include more nuanced information about referrals, diagnoses, and include a greater number of months. We will also further investigate why clinician encounters only occurred in 84% of the shifts worked by a MCT, and what clinicians can do or have done when mental health crises are limited in occurrence or do not occur during their shift.

Between the months of February 2018 and October 2018 there were 773 clinician encounters. The majority of clients were White or Hispanic (78%), and male (55%). Most clinician encounters occurred from a direct 911 call dispatching a MCT (48%). The most common chief complaint on calls for service resulting in a clinician encounter was suicide (46%). Seventy-three percent of clinician encounters included a face to face evaluation with the client. Fifteen percent of clients report PTSD. Thirty-two percent of clients responded to having used substances in the past 30 days, 11% reported having legal involvement in the past 30 days, 6% reported having been in inpatient hospitalization in the past 30 days, and 12% reported psychiatric emergency services in the past 30 days. Only 3% of client encounters resulted in an arrest of the client, 55% resulted in the transport of the client, and 31% of client encounters resulted in the client being left in the community.

The University of New Mexico Hospital was the most used end location for any transport reason (46%). Forty-nine percent of the clients received a referral for psychiatric evaluation. The average call for service with a clinician encounter took 69 minutes, with an average of 2 cases per shift having an encounter. September had the most clinician encounters, and Wednesday has been the day with the most clinician encounters. Between the months of February 2018 through September 2018, 63 MCT shifts (16%) did not have a clinician encounter.