**Community Engagement Team (CET) Target Population**

Currently, the target population for the CET cannot be definitively established. The possible population of people who may benefit from CET services can be estimated in a variety of ways. The broadest population can be estimated using population estimates of all people in the community with mental health difficulties. SAMHSA estimates the prevalence of people in Bernalillo county with mental health problems in one year is approximately 136 people per 1,000 aged over 18 per one year (SAMHSA, 2014).

More specific estimates can be derived from individuals contacting the NM Crisis Access Line (NMCAL), individuals who come in contact with APD’s Crisis Intervention Unit (CIU) and Crisis Outreach and Support Team (COAST), 911 calls that are for mental health that are not related to a crime, hospital emergency room and psychiatric emergency service contacts that do not require emergency treatment, and families and individuals who are seeking help. Currently data from all these sources either is not available or does not exist to provide an estimate. NMCAL handles approximately 1,400 calls per month statewide and approximately 35% of these calls originate in Bernalillo County. CET could respond to “routine calls” and likely handle “urgent calls.”[[1]](#footnote-1) We estimate this to be an average of 500 calls per month for individuals 18 years of age and older. People from both call levels may possibly seek a rapid response to an event from the CET.

Preliminary data from the UNM Psychiatric Center Psychiatric Emergency Services (PES) suggests that a segment of individuals who present to the PES or Psychiatric Urgent Care Center (PUCC) may be eligible for CET services. This primarily includes individuals who have a lower acuity level upon arrival. In discussions with PES staff individuals who present with a Level I or Level II acuity level and who are not eligible for PES services may be eligible. Table 1 provides a monthly estimate for Level I and Level II clients.

The estimate shown in Table 1 is the average number of individuals by each time period (calendar year 2015 and January 2016 – October 2016) and the average number of individuals for the entire time period who were assessed by PES as being Acuity Level I and Acuity Level II. Based on our review, for the time period of January 2015 through October 2016 there were an average of 18.1 individuals per month assessed as Acuity Level I and 30.1 individuals per month assessed as Acuity Level II.

Table 1 – PES Acuity Level

|  |  |  |  |
| --- | --- | --- | --- |
| Acuity Level | 2015 | 2016 (thru October) | Total |
| Level I | 20.4 | 15.4 | 18.1 |
| Level II | 55.3 | 33.4 | 30.1 |
| Total | 75.7 | 48.8 |  |

Some preliminary data is also available using APD CIT related data and Bernalillo County Sheriff’s Department (BCSD) data. The data provided by APD showed that between January 2016 and October 2016 of 2,064 CIT related incidents reported by APD field officers 1,606 (51.6%) were transported to area hospitals that includes UNM’s PES. It is not known what portion of these calls would be eligible for CET services. APD also provided COAST data. Between January 2016 and October 2016 COAST assisted 300 unique mental health consumers and COAST staff contacted 1,049 individuals that were not the result of a call for service. COAST staff also contacted 348 individuals who were originally a call for service. According to APD, COAST’s primary objective is to safely resolve the behavioral health crisis causing police interaction by referring the individual with behavioral health disorder or in behavioral health crisis, to professional mental health services.

Using BCSD data from March 2015 through March 2016 there were 506 (average 38.9 a month) mental patient calls and 349 (average 26.8 a month) suicide threat calls. While we don’t know the final disposition of these calls there is no reason to believe, that similar to APD, a portion of these calls would be eligible for CET. Following this rationale, we believe that less than 50% of these calls might be eligible for CET.

1. Routine Calls: Call is resolved with de-escalation of the caller. Caller is offered a referral to local resources. Caller initiates next steps. Urgent Calls:Call requires de-escalation. A determination is made, with consultation from clinical supervisor, that an outbound call will be scheduled to follow up with the caller. Emergent calls: require immediate emergency attention. [↑](#footnote-ref-1)