

Navigating Mental Health Crisis in the Community

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Agenda

- Definition of a Crisis
- Mental Health Crisis
- Crisis Resources
- Crisis Assessment
- Emergency Certificate/PREE
- What is CIT?

Definition of Crisis

- A crisis is an overwhelming reaction to a threatening situation in which a person's usual problem solving strategies fail to resolve the situation, resulting in a state of disequilibrium



A crisis presents an obstacle, trauma or threat, but it also offers the opportunity for either growth or decline.

Mental Health Crisis

- A **mental health crisis** is a non-life threatening situation in which an individual **is**:
 - exhibiting extreme emotional disturbance or **behavioral** distress
 - considering harm to self or others
 - disoriented or out of touch with reality
 - has a compromised ability to function
 - is agitated and unable to be calmed.

Mental Health Crises often occur as a result of medication and treatment non-compliance.

Mental Health Crisis

- Evidence that a person is experiencing a mental health crisis may include:
 - Talking about suicide
 - Talking about threatening behavior
 - Self-injury that does not need immediate medical attention
 - Alcohol or substance abuse
 - Highly erratic or unusual behavior
 - Eating disorders
 - Not taking prescribed psychiatric medications
 - Being emotionally distraught, very depressed, angry, anxious, irritable
 - Paranoid thinking
 - Not taking care of basic needs (i.e. not eating, not showering, not sleeping, refusing to get out of bed, etc.)

WHO DO I CALL??



911??

211??

Mobile
Crisis??
CIT??

988??

Action Line??

Mobile Crisis

- **Each LMHA (Local Mental Health Authority) has their own regional crisis line number.**
- **You can find which region covers your area on the the DMHAS website.**
<https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/Crisis-Services>
- **CMHC covers: New Haven, Hamden, Bethany and Woodbridge. 203-974-7713**

Action Line/211

- **1-800-HOPE-135**
- **(1-800.467.3135)**
- **211**
- **For adults (over 18) in distress**
- **Available 24/7, 365 days a year**

988

- **Formerly known as the National Suicide Prevention Lifeline**
- **24/7 access to trained crisis counselor**
- **Provide referral to resource and a warm hand off to mobile crisis and/or emergency service as needed.**

Who can request a mobile crisis assessment?

ANYONE!!

- ✓ The person in Crisis
- ✓ Family members
- ✓ Friends
- ✓ Other Community providers
- ✓ Neighbors
- ✓ Police Officers



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Types of Mobile Crisis Calls

➤ Wellness Check

- ✓ Client has missed several appointments and we can't get in contact with them
- ✓ There is no history of risk (suicide, aggressive behavior, weapons, etc)
- ✓ There is no indication that the client needs to go to the hospital.
- ✓ Re-engage client in services
- ✓ "Check up"

Types of Mobile Crisis Calls

- Mobile crisis without police
 - ✓ Client is experiencing an increase in symptoms
 - ✓ Client wants help, but symptoms impair ability to come into the office
 - ✓ Client is receptive to assessment and willing to actively engage
 - ✓ There is no (or minimal) history of risks

Types of Mobile Crisis Calls

- Mobile Crisis Co-Response with Police
 - ✓ Client is experiencing a significant increase in symptoms
 - ✓ Client may be increasingly agitated (verbally and physically)
 - ✓ Safety risks: suicide, violence and aggression, weapons
 - ✓ High likelihood that client will need to be transported to the hospital and does not want to go

911

- Imminent risk to self or others
- 30 minutes is too long a wait for mobile crisis team to respond
- There are times when the team recommends calling 911, but will also respond to the call to assist with assessment

What to say when calling 911

- ❖ Family member is experiencing a mental health crisis
- ❖ Describe the crisis
- ❖ You may request a CIT trained officer, but know there may not be one available.
- ❖ As much as you are able to, be ready to provide information about diagnosis, treatment, medications, etc.
- ❖ Let call taker know if the person has any known weapons i.e. gun, knives or edged weapons, screwdrivers or any object that can cause serious injury.

Mobile Crisis Assessment

- ❖ Obtain collateral information
- ❖ What is going on TODAY??
 - Why today?
 - Why now?
- ❖ Mental Status Exam
 - Orientation
- ❖ Risk assessment
 - Danger to self (plan, intent, means)
 - Danger to others (plan, intent, means)
 - Ability (or inability) to care for self and others

CT General Statute 17a-503

LCSW/APRN EC (Emergency Certificate)

PREE (Police Request for Emergency Evaluation)

- Criteria for completing certificate
 - Danger to self (plan, intent, means)
 - Danger to others (plan, intent, means)
 - Gravely Disabled
- It is a TRANSPORTATION certificate
 - The certificate is for the client to be transported to the hospital for FURTHER evaluation
 - It is NOT a 72 hour committal form
 - “The person shall be examined within twenty-four hours and shall not be held for more than seventy-two hours unless committed”

What is CIT?



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The Connecticut Alliance to Benefit Law Enforcement

The Connecticut Alliance to Benefit Law Enforcement is a non-profit organization that promotes police-community partnerships and provides specialized training to law enforcement professionals on issues related to mental health.

CABLE's Board consists of family and persons with lived experience of mental illness, law enforcement and mental health professionals who are passionate about CABLE's mission.



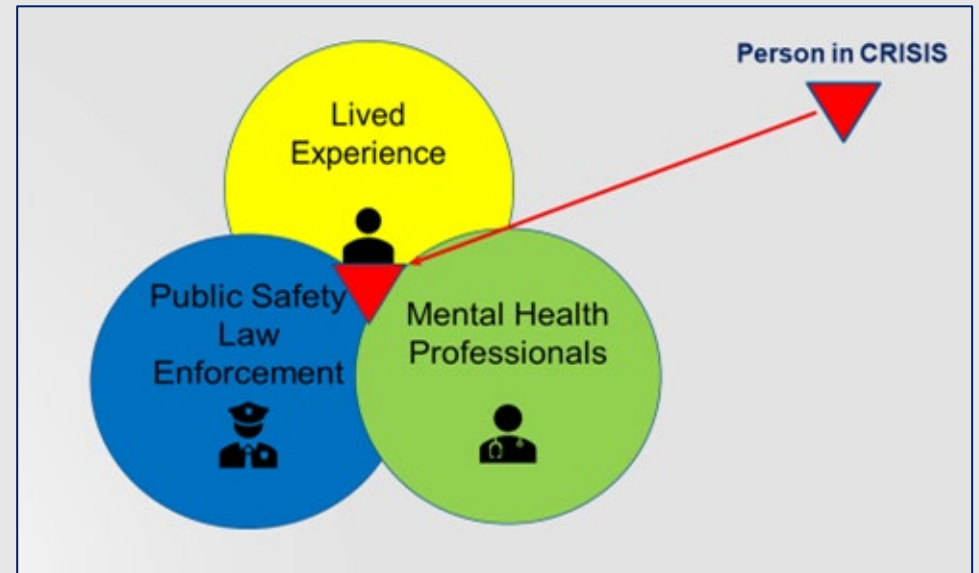
CABLE'S Mission

To enhance the mental health and well-being of those in law enforcement and the communities they serve.



What is CIT for Law Enforcement?

- A specialized law enforcement response to individuals in a serious mental health crisis.
- CIT Officers are specially trained police officers to respond to reported incidents where mental illness is a potential factor.



What CIT is...

- Specialized training for law enforcement and other first responders on mental health and substance use disorders.
- Training that helps to connect individuals with appropriate resources.
- A proactive approach that relies on partnerships for effective intervention.
- Communication and connection tools that can be used with anyone.



Why CIT?



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Origins of CIT

- September 24, 1987 - Memphis, TN.
- Police encountered 27-year-old Joseph Dewayne Robinson in the street outside his mother's house as they responded to a 911 call from Robinson's mother.
- Robinson's mother had called police dispatch to report that her son, who had a reported history of mental illness and substance abuse, had been using cocaine and was cutting himself and threatening people.
- According to responding officers, Robinson did not respond to verbal requests and lunged at the officers, who shot him multiple times.

Origins of CIT

- In response to this incident, community organizers, civil administrators, the Universities of Memphis and Tennessee, and the Memphis Police Department came together to organize the Memphis Police Department's Crisis Intervention Team.
- Its recommendations became the Memphis model of CIT, with a goal to reduce lethality during police encounters with people with mental/substance abuse disorders and to divert, when appropriate, away from the criminal justice system and into the civil treatment system.
- Now known as the “Memphis Model”

Why Do We Need CIT?

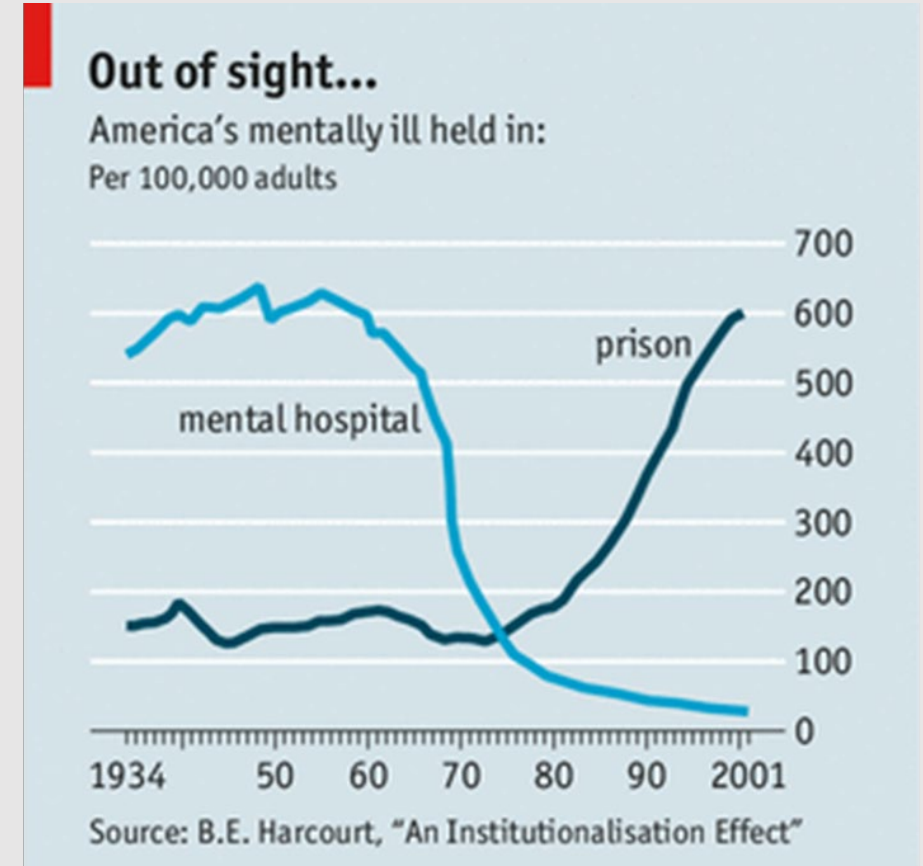
(We are not Mental Health Professionals. Why is this our problem?)

- Deinstitutionalization
- Stigma
- Millions of Americans suffer from a mental health or substance use disorder in any given year
- We are a 24/7, 365 operation
- People living with mental illness may have barriers to appropriate care

Why Do We Need CIT?

(We are not Mental Health Professionals. Why is this our problem?)

- The process of moving severely mentally ill people out of large state institutions and then closing part or all of those institutions.
- Based on the principle that severe mental illness should be treated in the least restrictive setting.
- Began in 1955 with the introduction of chlorpromazine, the first effective antipsychotic medication
- In 1955 - 558,239 severely mentally ill patients in the nation's public psychiatric hospitals.
 - 1994 - 71,619,
 - 2018 - 52,099 (National Mental Health Services Survey)
- Most of those who were deinstitutionalized from the nation's public psychiatric hospitals were severely mentally ill.
- Many individuals ended up homeless and imprisoned



Current Issues

Calls for reform/clinician response to 'non-violent' mental health calls.

Increasing rates of mental illness in the community.

Lawsuits/liability

Inadequate resources for those living with mental illness

Frustration from law enforcement as to how to handle calls involving mental health issues/inadequate training



Goals of CIT

- To develop a basic understanding and respect for the fundamental rights of and proficiency in interacting with people with mental illness.
- To provide assistance to individuals who are in crisis.
- Reduce officer injuries and use of force.
- Reduce amount of officer time spent on CIT calls.
- To interact with those in crisis or living with a mental health condition with compassion.

How CIT Works

- Dictated by policy
- Dispatcher screens call
- CIT Officer sent if available
- CIT Officer uses his/her special training and increasing experience to obtain positive outcomes
- Rapport is built with both consumers and mental health professionals

New Haven CIT

- Embedded Clinician Model
- Role of CIT Clinician
 - Clinician receives a copy of all PEER forms (mailbox outside of patrol)
 - Clinician also receives all 2612 reports via e-mail.
 - Once a week, clinician does a ride along with CIT trained officer.
 - During ride along, clinician and officer do a follow up visits based on reports received.
 - If a mental health related call comes in during ride along, clinician and officer often respond to call.

Anticipated Outcomes of CIT

⊕ Diversion to mental health care rather than the criminal justice system for those in crisis;

🧠 Improved safety of individuals living with mental illness and/or substance use disorders;

🚶 Improved officer safety;

👥 Extended skills for officers;

🔗 Decreased repeated law enforcement interactions with same individuals in crisis;

🍷 Increased community resources for law enforcement officers;

🔪 Decreased liability and litigation for officers;

🤝 Improved relations with community

Benefits to the Community

Connecticut

CIT program study of CIT in New Haven, New London, Waterbury and Hartford Police Departments and their mental health partners:*

**Study conducted by the
Department of Mental
Health and Addiction
Services for FY 2007-2008*

Referrals through CIT contacts resulted in 1500 persons with mental illness being referred to mental health services