

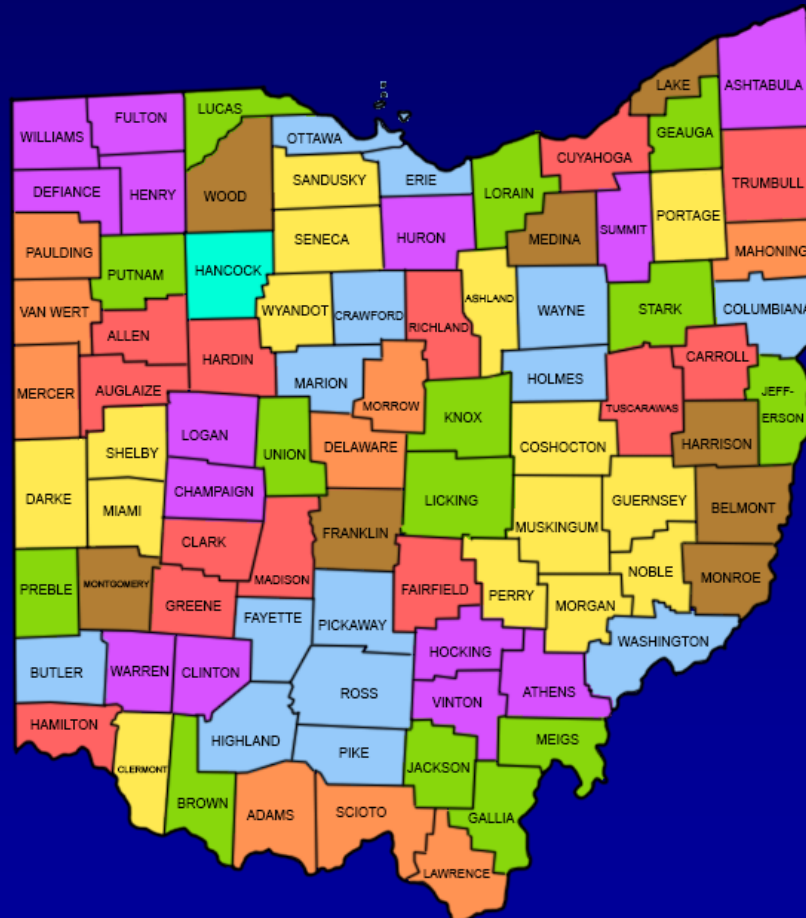
Crisis Services

Four Perspectives

Ruth McDaniel LSW
Crisis Coordinator for RWC

**RURAL TRI-COUNTY
INTEGRATED CRISIS
SERVICES**

- Integrated Crisis services for Miami, Darke, and Shelby Counties



Evolution of Crisis Services since

2011

Services

- Offered in concert with
 - Jails
 - Law Enforcement Officers

Changes?

- What changes would make service provision more effective?

Lt. Dennis Jeffrey
Columbus Division of Police

Crisis Response begins with the call and effective deployment of CIT



Training for call takers

- It is critical that call takers are properly trained to assess calls for mental illness
- Without proper 10-coding the officer responding will not have proper information
- While OPOTA mandates crisis response training for officers there is nothing for call takers and 911 personnel

Training

- An eight hour initial training that covers at a minimum:
 - Signs and symptoms of mental illness
 - AOD
 - Recognizing signs of suicide
 - De-escalation model (EAR)
 - Community Resources

Training Continued

- This year CPD will attempt to have some dispatchers attend CIT Basic Course
- Goal will be to have a core group with additional skills to assist with calls
- These dispatchers will then liaison with Patrol CIT Officers on certain calls
- Will provide broader perspective from call to resolution on the street

Identification of CIT

- The ability to identify CIT Officers is key
- CPD utilizes entering officers into the CAD
- Having Sergeant's identify officers that our CIT at mark-in
- Dispatcher make hand written card
- Supervisor awareness of mental health runs and ensuring CIT Officers dispatched

Follow up

- Getting a CIT Officer to crisis calls is only first step
- Getting the consumer to a place of safety and care is primary goal
- Performing follow up with mental health providers and consumer is also needed
- This may prevent the next crisis
- Builds rapport and relationships

Statistics/ Data

- Learning Objectives
 - CIT Utilization Form
 - Who gets the Data?
 - Benefits of Data Collection

CIT Utilization Form

- Filled out by both CIT and Non-CIT Officers
- Used on all CIT calls
- Breaks down reports into trackable categories
- Demographics can be collected
- Tracks CIT Officer usage

Who gets the Data?

- Police administrators
- ADAMHS Board
- Emergency Psychiatric Services
- Hospital
- City Administrators and City Council
- NAMI
- Jail

Benefits of Data Collection

- Data driven police work
- Litigation
- Transparency
- Training
- Future needs
- Grants
- Trends

Lt. Dan Harmon
Findlay Police Department

Roles of CIT Officers in Rural Communities

- Learning Objectives
 - Training
 - Selection
 - Dispatching and response
 - Where do we go from here?
 - Comparison to large metropolitan departments

Training

- 40 hour CIT class
- Combined class
- Bi-annual CIT updates mandated by policy
- Psychological First Aid
- Required for Negotiators
- Dispatcher training

Selection

- Everyone gets trained?
- Hiring process
- Years of experience

Dispatching and Response

- Computer Aided Dispatch
 - Obtains initial information
 - Alerts Officers to possible dangers or cautions
- Tactical/ Safe approach
- Calming factor on scene
 - Remove distractions
 - Utilize people/ family that can assist
 - Obtain information for Crisis Team/ Hospital/ Jail

Where do we go from here?

- Jail
- Station
- Hospital
- Resolve on scene
- Pink slip

Comparison to Larger Urban Areas

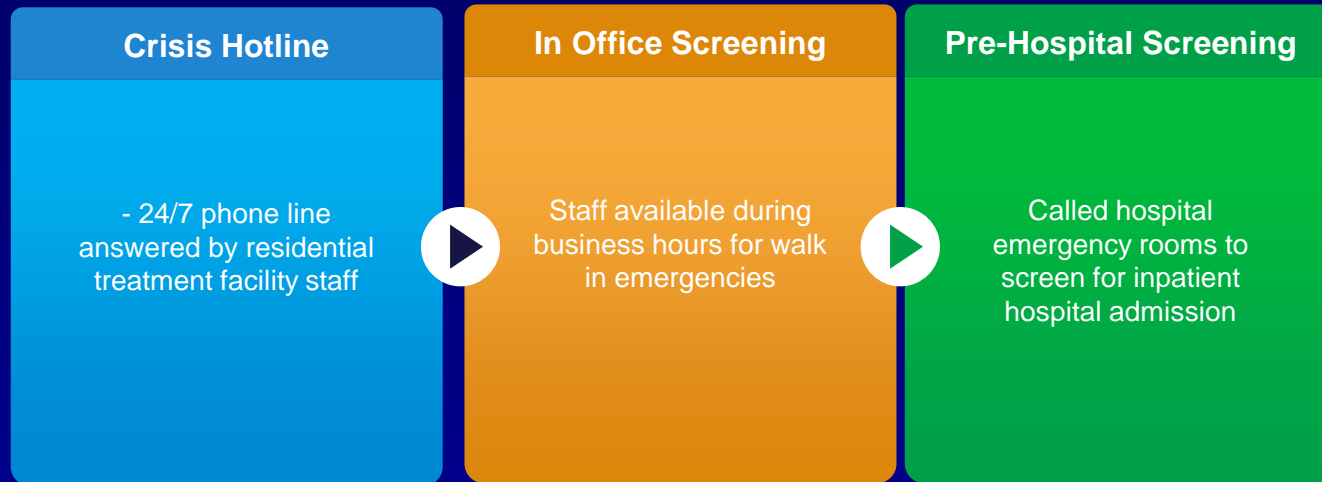
- Percentage of Officers trained
- Locations of disposition
- Community resources
- Specialized response and follow up teams

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A Crisis Continuum

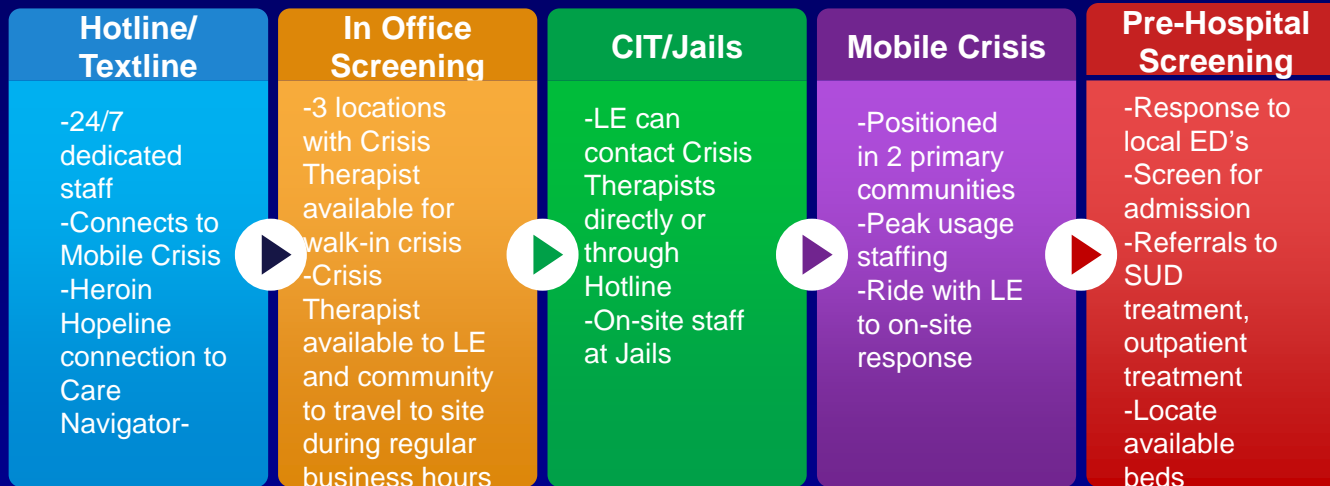
Mental Health Recovery Services of
Warren & Clinton Counties

Where We Started



2011

Where We Are



2017

The Details

Hotline/ Textline

- 24/7 dedicated staff
- Connects to Mobile Crisis
- Heroin Hopeline connection to Care Navigator



Hotline becoming Affiliated with the National Suicide Prevention Hotline “Lifeline”



Trained and supervised paid staff

Partnership with OMHAS for Crisis Textline



The Details

In Office Screening

- 3 locations with Crisis Therapist available for walk-in crisis
- Crisis Therapist available to LE and community to travel to site during regular business hours

Lebanon, Wilmington, Springboro in-office



Dedicated staff or supervisor available

Travel to scenes of crisis or “wellness” checks as requested by LE anywhere within 2 counties



The Details

CIT/Jails

- LE can contact Crisis Therapists directly or through Hotline
- On-site staff at Jails

- 200 trained officers





The Details

Mobile Crisis

- Positioned in 2 primary communities
- Peak usage staffing
- Ride with LE to on-site response



The mobile crisis worker will respond to location provided by referral source but will not enter the scene until the police determine the scene to be safe. They will conduct a clinical assessment of the situation and provide crisis intervention services that may include de-escalation, risk/triage, and lethality determination.

PD responsibilities

- Officers to secure scene when called out
- Demographic information of recent overdoses in the community for follow up with Quick Response Team
- Accompany staff for QRT in cases of opiate overdoses
- Access to wireless service

The Details

Pre-Hospital Screening

- Response to local ED's
- Screen for admission
- Referrals to SUD treatment, outpatient treatment
- Locate available beds



- Memorandum of understanding is entered into between Provider Agency and Hospital for the purpose of providing efficient and effective mental health crisis intervention services to the citizens.
- Face to Face consultations can only be completed AFTER the patient is medically cleared for discharge from the Emergency Department.
 - If patient arriving to ER or being admitted for overdose of drug or alcohol, treat first. Do not call SOLUTIONS COMMUNITY COUNSELING until patient is partially clear, i.e. alcohol level less than 0.08.
 - For female patient obtain a urine pregnancy test.
 - Lab results must be available at time of call to the hotline.
- Provider Agency is acting in the capacity of a consultant to Hospital; therefore involuntary admissions (pink slips) need to be completed by the Emergency Department physician. The Provider Agency Health Officer will consult with the physician, ED staff, the chart, and then perform a face to face evaluation with the patient. The Health Officer will provide a recommendation regarding clinical findings and disposition, and will document said findings. If admission is needed, the Health Officer will assist in placement.

