

The **CRISIS** Initiative

Connection to **R**ecovery through
Intervention, **S**upport & **I**nitiating **S**ervices

The **CRISIS** Initiative



In 2016 BSI-SNTF applied for and was awarded a **COPS Anti-Heroin Task Force (AHTF)** Investigation Grant

This grant has a community outreach component.

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Community Outreach Component

- The Crisis Initiative was developed utilizing the Crisis Intervention Team (CIT) concept as its starting platform.
- Working and collaborating with the Dept. of Mental Health and Addition Services (DMHAS) - Southeastern Mental Health Authority we expanded the CIT concept and added an addiction component to it.

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Purpose

- To develop a collaborative team approach between the CT State Police, the Dept. of Mental Health and Addiction Services and to establish procedures for referring and handling of incidents involving individuals with heroin/opioid and other addiction disorders, mental health conditions and other crisis incidents.

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Purpose Cont.

- To establish guidelines and protocols for the Connecticut State Police working with Southeastern Mental Health Authority, and other substance abuse and mental health organizations.

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Purpose Cont.

- To collaborate with a multi-disciplinary group of professionals within a community coming together and establishing partnerships designed to address the critical issues of identifying and referring individuals with heroin/opioid disorders, other addiction and mental health conditions

Starting the Pilot Initiative

- In our initial assessment we utilized the 2015 – 2017 Connecticut State Police NARCAN responses. 21 were in the town of Griswold. Two other towns had 6 CSP responses, the rest were 5 and below.
- We looked at other community outreach programs and attended a Police Assisted Addiction and Recovery Initiative (P.A.A.R.I) RI workshop. We took away best practices that other programs identified. The main one was to have a LCSW assigned to the LE agency.

Starting the Pilot Initiative

- We attended the CABLE Crisis Intervention Team Training. We utilized the information provided in the 40 hours class as our starting platform to develop the initiative, and to develop our policy and procedures.
- We met with and developed a partnership with DMHAS SMHA. Through this collaboration SMHA provided a Full-Time Licensed Clinician LCSW assigned to Troop E (Montville).
- We met with and developed partnerships with Griswold Pride (LPC) and town leaders, and other local organizations.

Starting the Pilot Initiative



Initial Focus is Troop E Area:

Utilizing the Crawl – Walk – Run Concept

- Initial concept was to introduce this as a Pilot Program to the Troop E area of operation with a focus on the Town of Griswold / Jewett City.
- Working with DMHAS we developed The CRISIS Initiative Policies / Procedures. They were reviewed by the leadership of the CSP & DMHAS-SMHA. The policy and procedures were distributed to Troop E in June 2017.

Starting the Pilot Initiative

The policies and procedures were utilized to develop the “Roll-Call training” for the Troop E personnel.

CRISIS Initiative Procedures Roll Call Training

- In the month of June 2017 BSI-SNTF conducted 4 Roll Call Trainings with Troop E personnel.
 - Troop E Resident SGTs and Troopers
 - all three shifts of Patrol Personnel / Dispatchers

Starting the Pilot Initiative

- On February 2018 we conducted a follow-up “Roll Call Trainings” all three shifts with Troop E personnel.

“How can we improve the CRISIS Initiative”.

- We meet with the Troop E Leadership and DHMAS partners on a regular basis discussing improvements.
- We have offered our Initiative to other LE agencies in the SE CT Troop E area.

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BENEFITS

- **Provides a Licensed Clinician Social Worker (LCSW) co-located with CSP.**
- Clients working with the LCSW are provided a path into the DMHAS System for navigating towards recovery.
- Provides Troopers/Dispatchers with tools, to safely and effectively perform CRISIS duties.
- Mental Health and Addiction CRISIS response is immediate.

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BENEFITS:

- Provides communities with a healthier quality of life
 - Safer Neighborhoods
 - Community Trust Building
 - Enhances Community Policing through “Patrol Outreach”.
- Based on the Memphis, TN. CIT program: Responses to same location will be minimized
 - Reduced utilization of manpower
 - Reduces consumption of resources i.e. Narcan
 - Reduces use-of-force during CRISIS events by utilizing de-escalation techniques.
 - Provides a path into the DMHAS System for those seeking help

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DEFINITIONS:

- **Crisis Intervention Team (CIT):** A partnership between the Connecticut State Police, substance abuse and mental health professionals, and the community that seeks to achieve the common goals of safety, understanding, and service to persons in crisis, and their families.

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DEFINITIONS: Cont.

- **Crisis Intervention Team Clinician (CIT):** The CRISIS Intervention Team (CIT) Clinician is a Licensed Clinical Social Worker (LCSW) that has law enforcement liaison duties. Full Time DMHAS employee co-located with the CT State Police. The CIT Clinician is specifically assigned to The Crisis Initiative program.
- **Mobile Outreach Team (MOT):** Mobile Outreach Staff are assigned to the MOT. They are another resource available to law enforcement when the CIT Clinician is not available, to include Licensed Clinician Social Worker (LCSW), Registered Nurses (RN), Licensed Practical Nurse (LPN), Advanced Practice Registered Nurse (APRN), Mental Health Associates, and Psychiatrists. Available from 0800-2200 hours (10 p.m.) 7 days.

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The CRISIS Initiative Referral Procedure:

There are four (4) instances identified that can generate a CIT referral:

- **Patrol Outreach**
- **Client Identification**
- **Emergency Committal (EC)**
- **Arrest**

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The CRISIS Initiative Referral Procedure (Cont.):

Patrol Outreach

- In the normal course of daily responsibilities, Troopers to include Resident Troopers, CIT Clinician, who identify individuals throughout their community that would benefit from services of this initiative. If individual is willing, a referral form should be completed and submitted to the full-time CIT Clinician at Troop E.

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The CRISIS Initiative Referral Procedure:

Client Identification

- Individual willfully acknowledges mental health and/or substance abuse disorder and request help.
- Client identification may occur during Patrol Outreach, Walk-In to Troop or Phone Contact with the above.
- *LE personnel shall make all efforts to connect the on-duty CIT Clinician with the client.*

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The CRISIS Initiative Referral Procedure (Cont.):

Emergency Committal (EC):

- For LE personnel there is “No Change” follow your existing Dept. procedures.
- **But.....If the CIT Clinician is available, or if MOT is available, they will assume emergency committal responsibilities.**

The **CRISIS** Initiative Procedures

The CRISIS Initiative Referral Procedure:

It is our vision for this initiative to maximize the first two referral procedures:

- Patrol Outreach
- Client Identification

and if that is accomplished it will minimize the opportunity for arrest to take place. Thus being proactive instead of reactive.

ARREST

- If the individual is willing a referral form will be completed and submitted to the CIT Clinician

The CRISIS Initiative vs. Traditional CIT

- How is this CRISIS Initiative different from traditional CIT?
 - Traditional CIT focuses on Mental Health issues where as our initiative added an Addiction component.
 - Troop E area is over 700 square miles which is larger than any major municipality in CT.
 - The LCSW works independent, or can work with a Trooper; where as the traditional CIT clinician is with a LE officer.
 - The LCSW has an assigned state vehicle where traditional CIT rides with a LE Officer.
 - LCSW is able and conducts follow-up contacts.

Successes

- Over 553 referrals so far to date as of May 2020.
- With an additional 479 clinician follow up contacts, this has made a positive impact with the clients and the families members involved.
- Troopers transferred out of Troop E area have utilized their CIT training in other Troop areas.

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