

ENHANCING THE MOBILE CRISIS TEAM:

CONNECTICUT



“Monthly meetings between police and clinicians have been helpful in processing interactions, making improvements and clarifying roles in responding to behavioral health crises.”

–Dana Begin, Project Director

VISION

The vision of the enhanced mobile crisis team project is to provide more accessibility to police responding to calls involving individuals who are in crisis. In 2020, Connecticut passed the Police Accountability Bill that permitted law enforcement officers to be sued for injury endured during “use of force” and required police departments to study the feasibility of using social workers in some capacity to respond to mental health calls. The Bill sparked conversations between police and mental health agencies to collaborate on new approaches to reduce hospitalizations and arrests involving people with behavioral health disorders. The Sequential Intercept Map’s Intercept “0” outlines strategies for collaboration between mental health clinics and law enforcement agencies to prevent justice involvement. What began as a conversation between the East Haven police chief, BHcare (the local mental health authority of six shoreline communities), and the Connecticut Department of Mental Health and Addiction Services (DMHAS) led to submission and award of this TTI funded project.

JAIL DIVERSION APPROACH

With TTI funding, BHcare’s existing Mobile Crisis Team expanded services to 24/7 coverage, enhanced after

hours clinical care, and added video conferencing by smart phone available to law enforcement officers. When a police officer encounters an individual in a behavioral health crisis, officers can use this feature to facilitate a virtual crisis assessment between the individual and the mobile crisis team. The officer can also directly consult with the mobile crisis team. DMHAS anticipates that police will spend less time responding to behavioral health calls and arrest fewer people in a behavioral health crisis.


MEASURING PROGRESS

The project was launched in November 2020 and has collected data on a number of important outcomes including:

- Diversions from jail;
- Diversion from hospitalization;
- Time spent by officers responding to calls;
- Recidivism and incarceration rates;
- Persons outreached and engaged in treatment;
- Number/types of services provided;
- Number of repeat calls to the same location;
- Trust between law enforcement and mental health crisis team.

(FROM THE) SAMHSA SEQUENTIAL INTERCEPT MAP BROCHURE

INTERCEPT 0
Expanding the Sequential Intercept Model to prevent criminal justice involvement

 <p>Crisis Response</p> <p>Crisis response models provide short-term help to individuals who are experiencing mental or substance use crisis and can divert individuals from the criminal justice system. Crisis response models include:</p> <ul style="list-style-type: none"> • Certified Community Behavioral Health Clinics • Crisis Care Teams • Crisis Response Centers • Mobile Crisis Teams 	 <p>Police Strategies</p> <p>Proactive police responses with disadvantaged and vulnerable populations are a unique method of diverting individuals from the criminal justice system. Proactive police response models include:</p> <ul style="list-style-type: none"> • Crisis Intervention Teams • Homeless Outreach Teams • Serial Inebriate Programs • Systemwide Mental Assessment Response Teams 	 <p>Tips for Success</p> <ul style="list-style-type: none">  Strong support from local officials  Community partnerships  Law enforcement training  Behavioral health staff training
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In addition to these outcome data, both mobile crisis teams and police officers are automatically prompted to complete a brief survey about their perception of the project when they submit case reports on the behavioral health call response. Data is expected to be analyzed during 2022.

INTEGRATION WITH CRISIS SYSTEM

Connecticut employs a “no wrong door” approach to crisis calls. The United Way operates the state’s 211 information line, the ACTION line (the centralized call center for adults in crisis) and is a National Suicide Prevention Lifeline provider, soon to become the 988 call center for the state. Calls are screened and appropriately routed to an adult Mobile Crisis team for clinical assessment and a mobile in-person response as needed. Callers requiring further assistance are referred to the mobile crisis teams in the callers’ vicinity. Connecticut has two publicly accessible crisis bed registries that include treatment beds for mental health and addiction services. There are currently no crisis stabilization settings in the state. Locally, the project benefits from integration with police departments in the area. Police departments and the mobile crisis team meet monthly to address problems and find solutions.

BEHAVIORAL HEALTH EQUITY

Crisis care is not simply a “one and done” event and is a critical portal to recovery. The project intends to collect data on gender, race, and ethnicity.

PROJECT LEGACY

This is a pilot project among many different models of police and mental health collaboration across the state. The enhanced elements of the project, including telephonic connectivity with police and the availability of clinical staff 24/7, are likely to be maintained after TTI funding is expended.

WHAT HAS AN ENHANCED MOBILE CRISIS TEAM TAUGHT US?

After years of calling on mobile crisis teams mainly to evaluate individuals who are in acute crisis and in need of hospitalization, police officers need training, encouragement, and positive experiences to fully utilize the telephonic and in-person resources of an enhanced mobile crisis team. Monthly meetings between police departments and mobile crisis teams are an effective way to improve relationships between the two agencies and resolve problems.

For further information on this project, contact Dana Begin, Director of Evidence-Based Practices and Grants, at Dana.begin@ct.gov.