

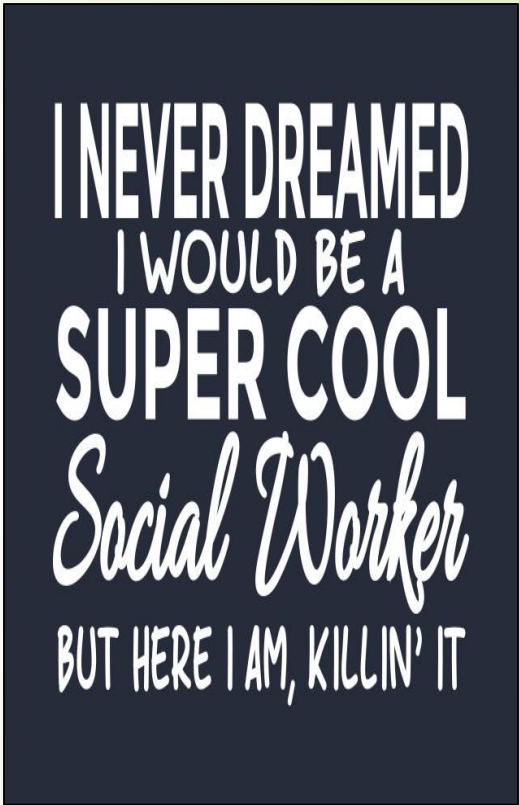
Denver Crisis Intervention Response Unit

Creating Sustainable Mental Health
Collaborations with Law Enforcement



Program Manger
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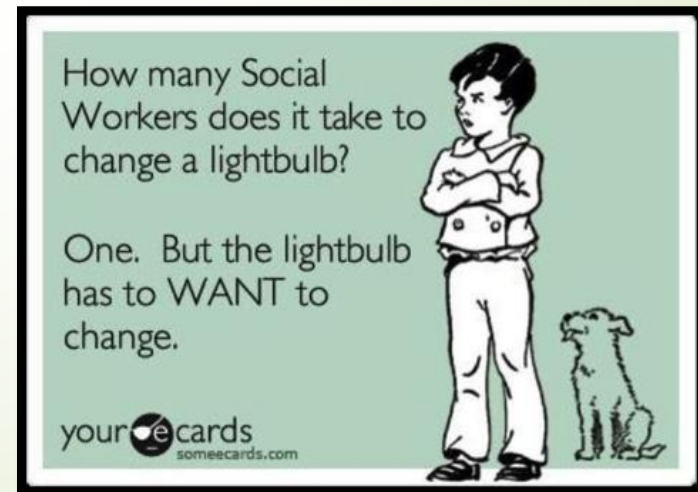
I NEVER DREAMED
I WOULD BE A
SUPER COOL
Social Worker
BUT HERE I AM, KILLIN' IT

History of Police Crisis Intervention Response

- On September 24th, 1987 Memphis Police responded to a 27 year old US Navy veteran who had a history of mental illness. Self harm led to this individual passing away. As a result Memphis Police Department collaboratively worked with two local universities, the National Alliance on Mental Illness (NAMI) to developed a 40 hour training program for law enforcement to learn how to recognize mental illness and de-escalate individuals.
- In 2002 the Denver Police Department (DPD) initiated their Crisis Intervention Training program.
- In 2008 DPD began a two pronged approach in crisis intervention by initiating the DART team. Consisting of two CIT Officers that worked in tandem with clinicians from the Denver Health Medical Center's (DHMC) Psychiatric Emergency Department responding assess individuals for need of hospitalization due to being a danger to themselves/others or gravely disabled due to a mental illness (CRS 27-65-105).
- As of today, the department has 98% of their officers trained in CIT and has developed an infrastructure for identifying individuals in need of assistance. Further trainings are in motion as well. Additional behavioral health, de-escalation and communication trainings have been or are being developed Denver Police Officers and other first responders.

Program Design

- Reinforce, foster, and create effective, collaborative partnerships between police and other first responders, mental health practitioners in order to direct customers to appropriate resources; reduce hospitalization and improve system response
- Provide short term case-management and pro-active follow-up care to reinforce appropriate interventions and to ensure engagement
- Reduced number of persons with mental health issues in the jail system
- Improve information sharing as appropriate across systems and service providers through formalized communications and processes;



Why Have Clinicians

- Too many arrests
- People not being linked to services after interactions with the police
- Officers frustrated responding to the same people over and over
- Officers frustrated by lack of resources/options to provide help
- Lack of communication between police and community mental health
- Mental health calls ending with poor results
- Time and resources utilized by officers on mental health calls and lack of follow up

"I do this for the money" said no social worker ever.



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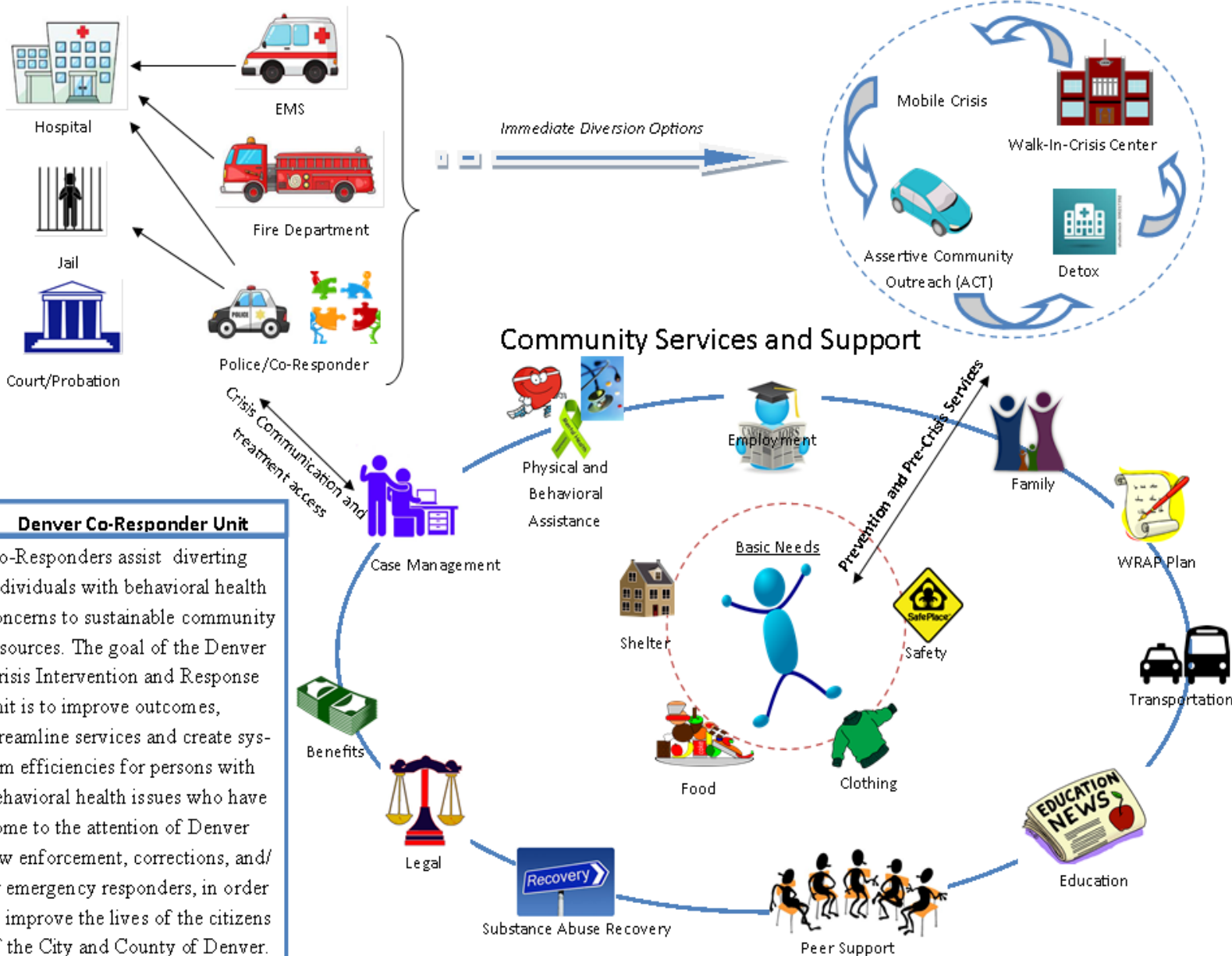
Co-Responder Construct

Mental Health Center of Denver clinicians are paired with a police officer each day, and are assigned calls based on the dispatch queue. Officer and clinician teams then determine which calls to respond to based on their level of assigned urgency and severity as well as clinician expertise. Program activities include but are not limited to:

- Residence distress calls
- CPS and APS calls
- Collaboration with specific units
- Incidents at schools
- Public disturbance calls
- Walk the Beat program on 16th St. Mall
- Social Media disturbances/threats
- Suicidal individuals



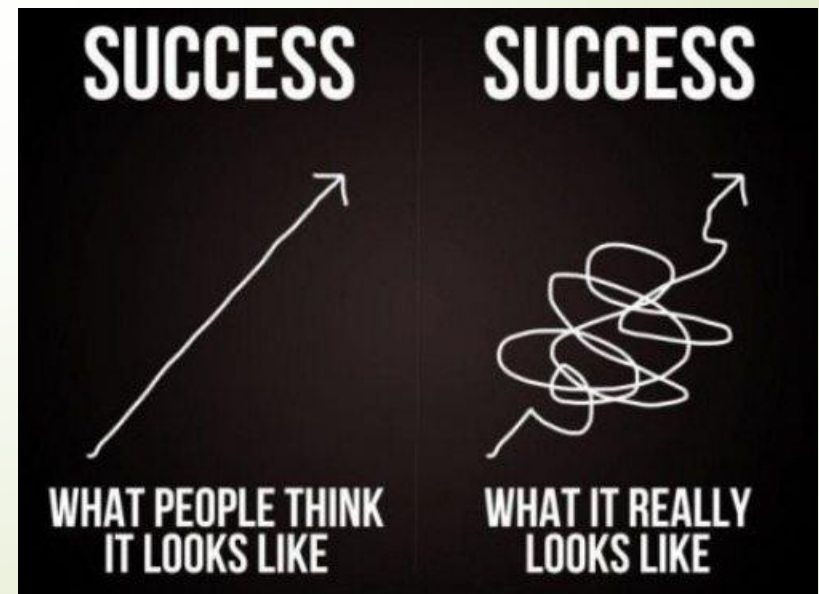
Crisis Intervention and Response Unit (CIRU) Community System



Approaches: Client Centered Motivational Interviewing Trauma Informed Evidence Based Recovery Focused Harm Reduction

Clinicians: Not just pretty Faces 😊

- Clinicians as of May 1st 2018 are present in every District. They attend roll call and are then partnered with an Officer assigned shifts. The Officer/ Clinician are assigned calls based on the dispatch queue, and also determine which calls to respond to based on their level of assigned urgency as well as clinician expertise.
- In addition to working with Patrol, CIRU receives frequent referrals from Intel Detectives, SVU, and related community partners.
- Clinicians work seven days week
- Clinicians are scheduled 1000-2200.





Progression Through Learning and Observing

- Connection with Harm Reduction Action Center
- The Gathering Place Support and Proactive Engagement
- St. Francis Center Outreach Team
- Outreach Court Support
- Hoarding Task Force
- Denver Forensic Collaborative
- Social Impact Bond Teams
- Proactive support with community mental health providers
- Jail/Sheriff frequent flyers

Behavioral Health Navigator

Duties of BHN:

- ▶ Identify high utilizers and inmates struggling with mental illness at the Denver Downtown Detention Center.
- ▶ Connect inmates at the DDC with mental health treatment at MHCD.
- ▶ Conduct assessments in the jail, so clients are fully enrolled in services when they are released from DDC.
- ▶ Ensure a warm handoff to treatment team upon client's release.
- ▶ Present at specialty courts to connect clients in these programs to mental health treatment.



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