

# Effective Early Diversion Follow-Up and Engagement in Services:

## An Advancing Early Diversion Summer Series webinar

### Presenters:

Wanda D. Jofré, LCSW, CIT Clinician, CT Mental Health Center

Sergeant Michael Fumiatti, CIT Coordinator, New Haven Police Department

Teresa Pemberton, LMFT, BH Program Supervisor, San Luis Obispo Behavioral Health Department

Lorena Cramins, Licensed Psychiatric Technician, CAT Team, County of San Luis Obispo, CA

Toby DePew, Sheriff's Deputy, CAT Team, County of San Luis Obispo, CA

August 19, 2019  
1:00-2:00pm ET

Hosted by SAMHSA's GAINS Center



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# Welcome and Housekeeping



Brian Case  
*Senior Project Associate  
Criminal Justice Division  
Policy Research Associates, Inc.*

# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Substance Abuse and Mental Health Services Administration (SAMHSA) or the U.S. Department of Health and Human Services (HHS).

# Introducing Today's Presenters: Wanda Jofré, LCSW



- Is a Clinical Social Worker at the CT Mental Health Center (CMHC) providing in home and community based crisis de-escalation services as a Crisis Intervention Team Member.
- Serves as the liaison between the CT Mental Health Center (CMHC) and the New Haven and West Haven Police Departments.
- Provides the following trainings to various police departments: Law Enforcement and Citizens with Special Needs, Mental Health Awareness, Mental Health Crisis.
- Provides mental health training at the Statewide CIT training offered by CABLE (CT Alliance to Benefit Law Enforcement).

# Introducing Today's Presenters: Sergeant Michael Fumiatti



- Serves as District Manager for Fair Haven, CT.
- Serves as CIT Coordinator for New Haven Police Department (NHPD).
- Acts as the Officer-In-Charge (OIC) for the Hostage Negotiation Team.
- Provides mental health recertification training within the New Haven Police Department.
- Participates in statewide CIT training as an instructor.

# Introducing Today's Presenters: Teresa Pemberton, LMFT



- Is the Behavioral Health Program Supervisor at San Luis Obispo Behavioral Health Department, San Luis Obispo, CA.
- Supervises the forensic programs in San Luis Obispo behavioral health which include the Community Action Team (CAT), Forensic Reentry Services, and Mental Health Diversion.
- Has 17 years of experience working in the substance abuse and mental health field with adults, youth, perinatal, co-occurring, and forensic populations.
- Has run multiple treatment courts, which provide a team approach between the substance abuse provider, probation, and the courts.
- Has supervised a variety of grants that offer the ability to try innovative services that will benefit the community.

# Introducing Today's Presenters: Sheriff's Deputy Toby DePew



- Is the San Luis Obispo County Sheriff's Deputy with the Community Action Team (CAT)
- Has served as San Luis Obispo (SLO) County Sheriff's Deputy since 2013.
- Has served as Chaplain Coordinator, Peer 2 Peer Coordinator, and as a member of Patrol, Dive Team, Bike Team, CIT regional group of nearby counties, and the Community Action Team.

# Introducing Today's Presenters: Lorena Cramins, LPT



- Is a Licensed Psychiatric Technician with the Community Action Team (CAT) at San Luis Obispo Behavioral Health Department, San Luis Obispo, CA.
- Has worked with Atascadero State Hospital, California Men's Colony State Prison, In-home Health Care, Law Enforcement Medical Clinic (LEMC) at San Luis Obispo Jail, Homeless Outreach Team, Mental Health Evaluation Team, Out-Patient Mental Health, Jail Psych. Services, and Community Action Team.
- Has 18 years of experience working in mental health.

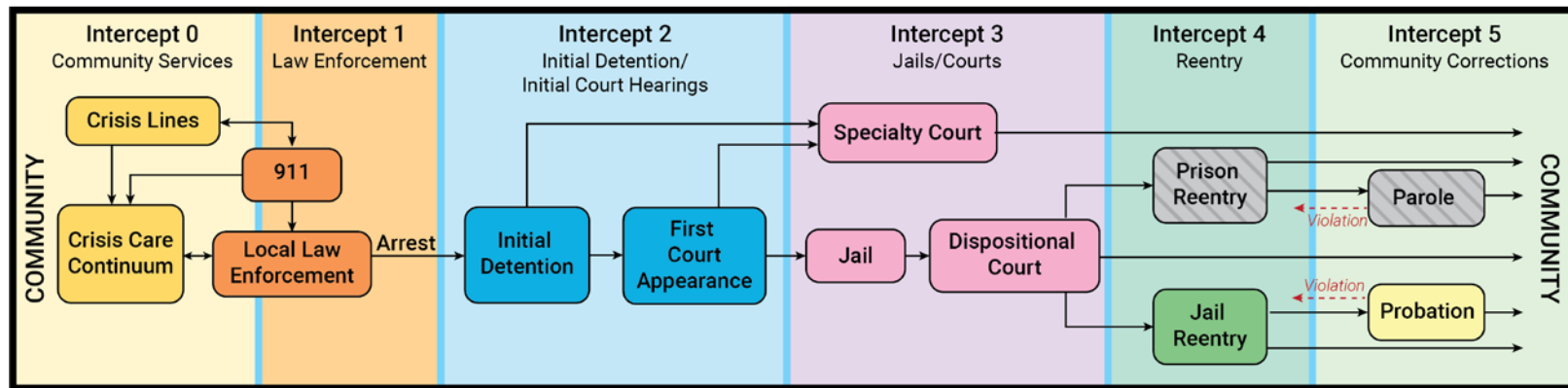


# Supporting the Local Continuum of Crisis Care

- Follow-Up and Engagement in Service
  - Helps stabilize individuals after a crisis and supports their recovery.
  - Provides more immediate services while the individual waits for an appointment with a treatment or service provider.
  - Increases medication adherence, re-linkage to existing case managers/coordinators, and more rapid access to treatment.
  - Creates confidence among team members that individuals will be supported and not slip back through the cracks of the justice or behavioral health systems.
  - Reduces frequent utilization of crisis and justice services.

# How Do We Even Begin?

- Follow-up: Reducing the cycle of justice and emergency systems involvement



Abreu, D., Parker, T. W., Noether, C. D., Steadman, H. J., & Case, B. (2017). Revising the paradigm for jail diversion for people with mental and substance use disorders: Intercept 0. *Behavioral Sciences & the Law*, 35(5-6), 380-395. <https://doi.org/10.1002/bsl.2300>  
© 2019 Policy Research Associates, Inc.

## Follow-up and Engagement in Services:

A critical part of creating an effective local continuum of crisis care.

# Crisis Intervention: A Collaboration between Mental Health and Law Enforcement

Wanda D. Jofré, LCSW, CIT Clinician CT Mental Health Center  
Sergeant Michael Fumiatti, CIT Coordinator, New Haven Police Department



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# New Haven/West Haven Crisis Intervention Team (CIT) Program



## Team Members

- Sergeant Fumiatti - CIT Coordinator, New Haven Police Department
- Wanda D. Jofré, LCSW, CIT Clinician, Connecticut Mental Health Center
- Officer Audrey Jefferson, CIT Coordinator, West Haven Police Department

# New Haven/West Haven Crisis Intervention Team (CIT) Program

## New Haven

- Designated officer provides CIT Clinician with all police reports involving mental health related calls.
- Officers leave a copy of all PEER (Police Emergency Evaluation Request) Forms in the patrol room at the police department.

## West Haven

- Designated officer receives all mental health related reports and discusses them with the CIT Clinician.

# New Haven/West Haven Crisis Intervention Team (CIT) Program

## Ride alongs

- On Mondays, CIT Clinician does a ride along with a CIT Trained Officer.
- On Wednesdays, CIT Clinician does a ride along with CIT Coordinator.

## Follow ups

- During the ride along, the CIT Clinician and officer conduct follow-up visits on reports received.
- During the follow up visits, the CIT Team collaboratively check-in with the person to check the person's status; learn about the hospital visit and discharge plan; understand what, if any, barriers to treatment exist; and learn what additional resources or support are needed.



## Crisis Assessment

- If a mental health related call comes in during the ride along, the CIT Clinician and Officer will respond and the CIT Clinician will complete the mental health evaluation.
- If it is determined that the client needs to go to the hospital, the CIT Clinician will complete the Emergency Certificate and the client will be transported to the hospital via ambulance.



A CIT Clinician is available during business hours to respond to crisis calls. She is also on-call telephonically 24/7 so that officers may reach her should they have any questions or concerns about a call or if they want to make a referral.

## Mobile Crisis

- Often, calls to the CMHC Crisis Center will request a mobile crisis evaluation in the community.
- Mobile crisis clinicians will contact local police departments to request police presence. In doing so, both the clinician and police work collaboratively to complete assessment and determine the best plan. Any and all information obtained for the assessment is shared with police, so that there is a collaborative approach.

# Benefits of Training and Collaboration

- Improves community relations
- Saves manpower
- Reduces officer and suspect injuries
- Increases professionalism
- Increases negotiation skills in a variety of crisis situations
- Reduces liability and litigation
- Improves perception of police
- Reduces distractions

# Follow up and Engagement in Services

Teresa Pemberton, LMFT, Behavioral Health Program Supervisor  
Lorena Cramins, Licensed Psychiatric Technician, BH -CAT Team  
Toby Depew, SLOCO Sheriff Deputy, CAT Team  
County of San Luis Obispo, California



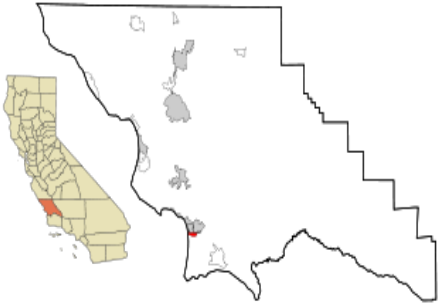
**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

# San Luis Obispo Community Action Team (CAT)



# About our County

- San Luis Obispo County is a medium sized county.
- Population of 282,000.
- The county has many rural areas.
  - The total county area is 3,616 square miles.
  - The unincorporated communities represent 26% of the census.
  - The County Sheriff's department provides law enforcement services in the unincorporated areas.



Grey areas are incorporated areas

# Community Action Team (CAT) Design

- We partnered with our Sheriff's department and added services to the existing Community Action Team (CAT) officers.
- We provided the addition of behavioral health staff and case managers.



# Staffing Challenges and Solutions

- Culture adjustment
  - Law enforcement and behavioral health have not historically worked together.
  - There is a need to build relationships and educate on the mission.
- Case managers
  - These staff are recruited through County Drug and Alcohol (DAS) services.
  - DAS has developed a strong case management program.
  - DAS has provided training for the San Luis Obispo case managers.



# Staffing Challenges and Solutions

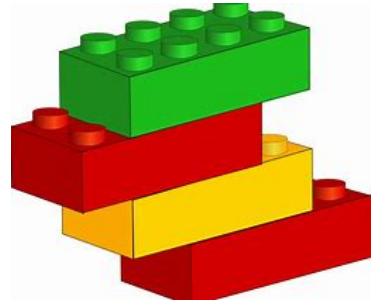
## Therapist versus Licensed Psychiatric Technicians

- We considered the information from other agencies around the state.
  - We experienced difficulty recruiting therapists for the position.
- We made the decision to utilize Licensed Psychiatric Technicians(LPT).
  - In California, this is similar to a Licensed Vocational Nurse (LVN) that has extensive training in working with psychiatric patients.
  - Our LPTs have worked in the community and the jail.



# Multidisciplinary Team

- Co-responder model – (*not quite there yet*).
  - Staffing limits
- Collaborative and flexible
  - Needs-Based
    - Sometimes Law Enforcement and behavioral health go out together.
    - Sometimes just a behavioral health Licensed Psychiatric technician (LPT).
    - Sometimes just a behavioral health case manager.



# TIME, TIME, AND MORE TIME

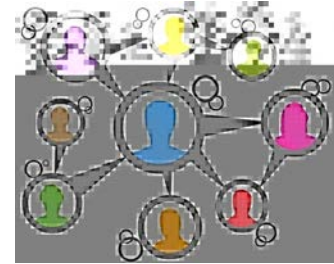
Our priority population has extremely high needs.

- One client can take hours and days to stabilize.
- There are multiple agencies to which clients may be connected:
  - Drug and Alcohol Services
  - Mental Health
  - Medical care with a Primary Care Physician (PCP), Hospital Emergency Room (ER), among others
  - Psychiatric Health Facility (PHF) unit
- Finding housing or sober-living beds takes daily contact with providers.



# Referrals

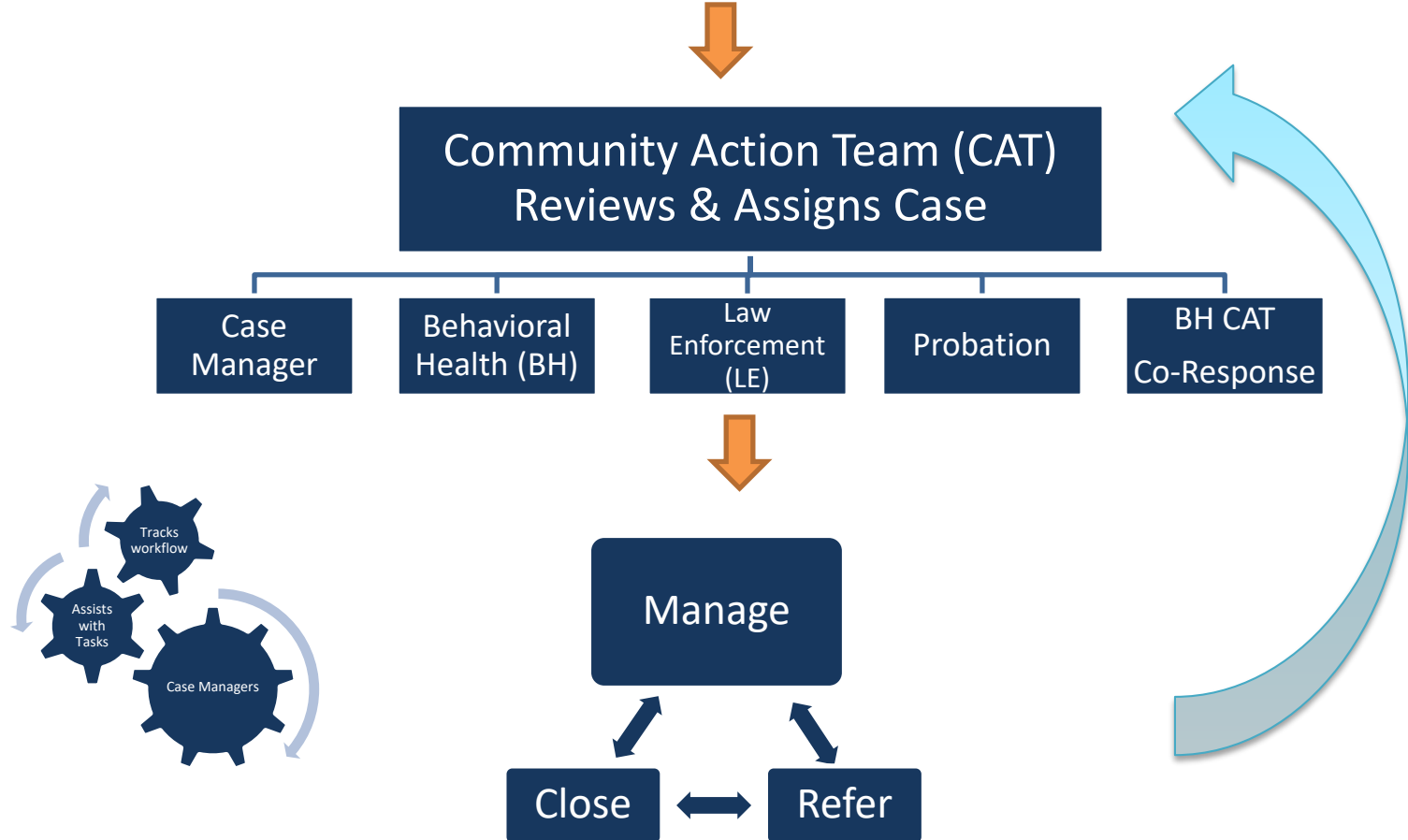
- From law enforcement, jail, and probation
  - Referrals start with the first team member contacted. Meetings are held weekly to review clients being served.
- Coordination with the Jail
  - Release dates are provided and planning begins upon approval.
- Sheriff's Top 10 List – Stepping Up Initiative
- Law enforcement referrals
  - Referrals are often based on repetitive calls for service.
  - Referrals can prevent law enforcement involvement at a later date.



# Referrals

- Once contact is made with the client, appointments are set to meet again for check-in or appointments.
  - Appointments are made with resources in the community.
  - Check-ins occur as often as needed.
  - The team does whatever it takes for the client.
    - i.e. Guarding client's belongings while they are at an appointment.

# Referrals- Jail / Law Enforcement / Probation



# San Luis Obispo County Referral and Resource Options





# Maximizing Resource Options

## Lessons Learned

- An increased demand on existing resources creates tension.
- It is important to have a resilient mindset.
  - We are going to keep working on this.
    - Take the client as far as we can.
  - Treat providers with respect.
    - Teach clients to treat the provider with respect.
  - Advocate for the client.

# Maximizing Resource Options

## Solutions

- Reach out and build relationships with the community partners.
  - Use presentations.
  - Make personal visits to community agencies.
- Continue to case manage until the client is stable so partner agencies don't feel “dumped on.”
  - Keep asking: Different staff have different answers.
  - Try different angles.

## Developing rapport

- Starts months ahead.
  - Jail referrals have had one of the best outcomes.
  - Introduce the team.
- Can take multiple visits to build trust. Don't give up.
- Provide some immediate resources.
  - Food, clothing, and supplies are important.
- Advocate for the client.
- Practice intensive case management.

## Transportation to appointments

- Transport clients to appointments, do not just offer bus passes.
- Attend appointments with the client if they accept.
- Keep case open longer to provide on-going support with multiple agencies or providers until the client is more stable.

# Additional Materials for Download



SAMHSA's GAINS Center • 800.311.GAIN • gains@prainc.com



## Effective Early Diversion Follow-up for Engaging Individuals in Services and Recovery

WEBINAR SUPPORTING DOCUMENT

AUGUST 2019

### The Importance of Follow-up Teams

After initial mental health crisis calls are made to emergency response systems, individuals often need follow-up to avoid falling into crisis again. While law enforcement officers are frequently the first to respond to mental health crises, follow-up provided by multi-disciplinary teams can decrease demand on emergency and public services, promote recovery, increase public safety, address system gaps, and provide linkage to care.

### Best Practices for Successful Follow-up

- *Establish and deploy multidisciplinary teams.* Teams should consist of law enforcement, clinicians, and system navigators. Including law enforcement, with appropriate training in understanding and responding to behavioral health issues, can enhance safety, enabling field-based, brief case management.
- *Practice inclusive collaboration.* Follow-up resources are unique in each community and can only be grown and maintained through partnerships, including those between hospitals, providers, charities,

community members, peers, advocates, law enforcement, and the larger criminal justice system.

- *Acknowledge and bridge professional cultural barriers [e.g., values, beliefs, attitudes, policies, and practices] between law enforcement and the community.* Cultural barriers between those that enforce laws, those living with mental illness, and those who work within the mental health community need to be addressed early and consistently.
- *Establish a consulting committee.* Partners need a clear voice in building local capacity to identify referral sources, build partnerships, and identify and address any upcoming issues.

### Defining Roles and Responses

- *Establish clear responsibilities and expectations.* The team should consider several questions when defining team member responsibilities. For example, what constitutes a "case"? How long are cases kept active? Should law enforcement focus on safety only, or are they part of a caseworker model? Who on the

# Thank You!

## Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

[www.samhsa.gov](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)

Teresa Pemberton  
Behavioral Health Program Supervisor  
[tpemberton@co.slo.ca.us](mailto:tpemberton@co.slo.ca.us)

Toby DePew  
CAT Team, County of SLO  
[tdepew@co.slo.ca.us](mailto:tdepew@co.slo.ca.us)

Lorena Cramins  
BH -CAT Team  
[lcramins@co.slo.ca.us](mailto:lcramins@co.slo.ca.us)

Wanda Jofré, LCSW  
CT Mental Health Center  
[Wanda.Jofre@ct.gov](mailto:Wanda.Jofre@ct.gov)

Sergeant Michael Fumiatti  
New Haven Police Department  
[MVFumiatti@newhavenct.gov](mailto:MVFumiatti@newhavenct.gov)

## GAINS Center for Behavioral Health and Justice Transformation

The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

<https://www.samhsa.gov/gains-center>

1-800-311-4246