

## THE VENTURA COUNTY CRISIS INTERVENTION TEAM

### INTRODUCTION

Services of a mental health crisis team have been provided to Ventura County residents for twenty years and the team has had a mobile response capacity since 1988. Members of the Crisis Intervention Team (CIT) are trained to assess the condition of a distressed individual and to provide appropriate counseling. Their services are available to anyone in Ventura County who is dealing with a serious mental health crisis.

In its Final Report, the 1995-96 Grand Jury recommended increased interaction between the crisis team and police departments and that team members be involved whenever police receive a call designated "5150" (danger to self or others). Newspapers reported several incidents in 1997 where law enforcement personnel handled crisis situations without the assistance of mental health professionals. Disturbances related to mental health crises continue to be a frequent source of 911 calls in Ventura County. The Health, Education and Welfare Committee decided to ascertain the present status of the CIT and to determine how well it can respond whenever emergency intervention is needed with mental health problems.

### INQUIRY

- Members of the Grand Jury gathered information from the following sources:
- Review of the 1995-96 Grand Jury's report concerning the crisis team.
- Interviews with the Behavioral Health Department's Chief of Adult Systems of Care, who also was the Acting Director of Emergency Intervention Services during 1997. Supplemental information was supplied by a Deputy Director of the Behavioral Health Department.
- Interviews with individual patrol officers in the communities of Camarillo, Oxnard and Ventura.
- An interview with the director of Turning Point Foundation, a nonprofit mental health rehabilitation agency located in Ventura.
- Attendance at meetings and interviews with members of the Ventura County Alliance for the Mentally Ill, an organization representing the interests of mental patients and their families.

### FINDINGS

A monthly average of 2,400 contacts are made with the CIT, most by phone. Approximately 1,000 of these require on-scene intervention and

about 400 result in hospitalization. The number of calls has increased by 25% since 1995.

The operating budget for the CIT during the fiscal year 1997-98 is \$1,871,000, constituting 5% of the Behavioral Health Department Budget. The team accounts for only 1% of all reimbursed mental health services delivered in Ventura County.

Ninety percent of calls for assistance involve nonviolent situations. Attempted or threatened suicide is the most common emergency, but many calls result from serious emotional crises with which individuals are unable to cope.

Calls from the general public reach the team through a hotline listed in telephone directories. Other calls for emergency intervention are made by hospitals, outpatient facilities and private therapists.

Private psychiatric hospitals have emergency response teams, but they do not respond in conjunction with law enforcement. Their involvement usually is with assessment for voluntary admission. Under Section 5150 of the State Welfare and Institutions Code, responsibility to order civil commitment rests with official county agencies. Authority to hold persons involuntarily is delegated to private institutions on a very limited basis.

Law enforcement officers may request the team's assistance for a 5150 call received through the 911 system. Although the team gives highest priority to such requests, they seldom can reach the site of a disturbance immediately. The officer at the scene has neither direct communication with responding team members nor an accurate estimate of their arrival time. Conditions may arise to make a long wait impractical or violent behavior may develop to prohibit the team's participation. If the disturbed individual becomes combative or commits a criminal act, an arrest will follow without opportunity for mental health intervention. When hospitalization is required, the team can provide transportation in a special van but only if violence has not been a factor. Experienced officers often find it expedient to handle 5150 disturbances without requesting the team's involvement.

The CIT must call for assistance from law enforcement if violent behavior is involved as team members cannot intervene when their own safety is at risk. Law enforcement officers refer to these calls as "from mental health" and sometimes had difficulty distinguishing crisis team members from mental health caseworkers when describing specific incidents. Some officers feel they have responded to requests in which the potential for violence is very limited or that they have been asked to remain unnecessarily during lengthy assessment interviews.

Mental health and law enforcement administrators meet regularly regarding policies for dealing with mental health problems and a CIT supervisor trains officers in emergency intervention methods. Patrol officers who must work cooperatively with team members stated they do

not fully understand reasons for some of the team's policies. However, both groups spoke highly of one another's skills and professionalism.

Within Ventura County's system of mental health services, the CIT links long term care in community clinics to confinement during severe behavioral crises. Hospitalization is not required when the team's intervention can reduce distress and restore composed behavior.

Families and others who care for the chronically mentally ill call for help only when their own efforts cannot resolve an approaching crisis. Although experience tells them the situation is serious, they may have difficulty convincing the CIT that on-scene intervention is necessary. If the behavior they describe is potentially violent, the team will not come unless assured that law enforcement also has been summoned. These caretakers feel specific phrases should be agreed upon by which they can obtain immediate and coordinated emergency assistance in a single call. They also feel input from those who have worked closely with the individual should be given credence, especially in decisions regarding hospitalization.

Currently twenty-seven clinical staff members are assigned to the CIT. Their number has increased by seven (25.9%) since the 1995-96 Grand Jury's report was written. All are licensed psychologists, psychiatric nurses, mental health associates (experienced psychiatric technicians) or psychiatric social workers. Some have been part of the team for ten, fifteen or twenty years.

The CIT and its telephone hotline operate on a 24-hour basis. Team members are dispatched in pairs to crisis locations from their headquarters within Hillmont Psychiatric Center in Ventura. The telephone is never untended. Two or three teams are on duty during peak afternoon and evening hours.

Since 1995 one team has been based at the Thousand Oaks Sheriff's Station seven days a week, but only from noon to midnight. When this team is not on duty or out on an intervention, calls automatically are transferred to Ventura and a team can be dispatched to the East County. Response time varies from forty minutes to one hour.

The CIT responds to all situations which can be resolved on the telephone but cannot respond at all times with on-scene intervention. It must assess risk and respond to needs with highest priority.

## **CONCLUSIONS**

The CIT's ability to provide an immediate mobile response to emergency situations is limited by the distance it must travel from its Ventura headquarters. This especially is true in the East County when the team stationed there is not available.

Generally good rapport and cooperation exist between the CIT and law enforcement agencies. However, the team's skills are not being utilized effectively in response to 911 calls. Team members and law enforcement

personnel who respond to mental health emergencies have no means of direct communication during the interval between dispatch and arrival. A less than wholly unified perception of procedures further hampers the efficacy of both groups to provide ideal intervention.

Those requesting assistance for the chronically mentally ill feel their needs are not being met by the CIT. One major area of concern is a lack of clear communication during initial phone contact.

The CIT works most effectively with nonviolent individuals for whom they can provide comfort and safety until an immediate crisis works itself out.

## **RECOMMENDATIONS**

- The CIT should be expanded to include 24-hour mobile response from its Thousand Oaks location.
- Serious consideration should be given to placing mobile crisis response units at outlying police stations during peak hours.
- The CIT should be equipped with radios that provide direct communication with law enforcement officers during mutual response to mental health emergencies.
- Policy changes should be considered which would allow the CIT to participate actively in partnership with law enforcement during potentially violent mental health crises.
- The team's vans should be used to transport individuals who have been subdued and placed in restraints.
- Effort should be made to promote use by law enforcement officers of the CIT as a resource in handling 5150 emergencies.
- A system of key words and phrases should be developed to provide concise behavioral descriptions and to facilitate clear communication among law enforcement personnel, caretakers of mentally ill patients and the CIT. Only one phone call should be necessary to summon a mobile response.
- The CIT should increase efforts to work closely and harmoniously with private agencies and individuals who care for the chronically mentally ill in Ventura County.

## **RESPONSE REQUIRED**

Behavioral Health Department

Crisis Intervention Team