



SLIDE 15.1 TITLE SLIDE

COMMUNITY RESOURCES

Time: 60 minutes

Slides: 25

Purpose: This module should be tailored to the community/jurisdiction that the training is occurring in. It is meant to inform participants about resources they can use in their community when responding to people experiencing crises. This module should include information about local disability organizations, hospitals, mental health clinics, local advocacy groups, and other relevant resources such as community mental health centers and substance use providers. Bring in guest speakers from the local emergency room and other emergency mental health and substance use services to describe their facilities and organizations or have representatives from the mental health and IDD service systems that are familiar enough with those services to present an overview.

Learning Objectives:

Upon completing this module, participants should be able to:

1. Describe the mental health, substance use, and developmental disability service systems in their state, as well as basic eligibility requirements for services;
2. Identify services that can be of assistance to law enforcement in emergency situations; and
3. Identify services that law enforcement can refer individuals/families for follow-up services (when no immediate intervention is needed after de-escalation has occurred).



NOTE: This module may be taught by 1–3 people in the community. It does not have to be taught by mental health or IDD experts. It is recommended that a person (or persons) familiar with all community resources presents this module so that a broad range of resources can be explained.

Presenters should be provided a template or guidelines on what information should be provided within this module. It is recommended that a field training officer or coordinator in crisis response meets with the presenters of this module ahead of time to develop “Law Enforcement Resource Cards” for distribution at the training. The cards should contain information (e.g., phone numbers) that will be helpful to officers when they need assistance “in the moment,” as well as referral resource information that can be provided to citizens who may not need an immediate intervention beyond law enforcement de-escalation, but who could benefit from following up with a local provider or advocacy organization. It is encouraged that the site set up a resource table on the side of the training room where local presenters can leave handouts, cards, or items for the officers.

If a resource that is listed in this module is not available in your community or you choose not to cover some of these resources, remember to delete the slide template for that resource. Be sure to update the participant binders and resource guide for this module to match any changes that are made to the slides.



Trainer Note: This template contains suggestions for the Community Resources presentation. Additional pertinent information should be included to better describe local service availability.

The purpose of this presentation is to (1) increase participants’ knowledge and understanding of resources that are immediately available to them and to individuals experiencing a behavioral health- or IDD-related crisis, and (2) increase participants’ awareness of the broader array of services available in the community and how these agencies work together so they can suggest referrals to individuals and/or family members when law enforcement intervention does not require the use of involuntary commitment process or other more restrictive immediate action. The goal is to ensure people receive services appropriate to their needs in the least restrictive environment possible.

There are several ways to present local resources. One way is to invite 1–3 people from behavioral health and IDD agencies such as disability service providers, hospitals or crisis units, mental health services, substance use services, case management, crisis lines, and warm lines to speak to the training participants.



Another way is to hold a community resource fair in which several local community resources gather and bring information about their services and allow the participants to rotate around to the various agencies and organizations and ask questions. If this is done, it is still important to have a more formal presentation related to the hospital or crisis unit process as that is the front door of the mental health system that officers use and it gives them a chance to better understand the process and to discuss issues. In some communities, officers may be using the crisis system to respond to individuals with IDD, who often are not in a state of crisis. In general, hospital services are not appropriate or helpful to individuals with IDD. Instead, officers need to become familiar with developmental disability services in the community, including emergency services. Involuntary commitment and jail/detention should be the last resort when responding to these populations.

Another way communities have shared local resources is to bring in a panel of 4–5 representatives to share key local resources relevant to officers. Each person takes about 15–20 minutes to present their services and provide handouts for the officers. Regardless of the presentation format, it is essential to include services provided by peer and/or self-advocacy groups in the community.

In the example below, you would use 1–3 people to present the crisis response system, developmental disability services system, and mental health and substance use services systems.

Background Information for Preparation

The Community Resources module starts with a presentation by the local/regional hospital(s). This takes around 20–25 minutes, including discussion. The PowerPoint template on the following pages provides an outline of the suggested topics to be addressed during the presentation. If the hospital has not done a presentation like this previously, you can provide the template as a starting point. It is particularly helpful if the hospital can include a few pictures to enhance the presentation as most police officers have not seen the inside of the local inpatient unit. Throughout the presentation, it is important to discuss who may benefit from hospital services, as well as describe the communities that may be inappropriately referred to the hospital, including those with IDD and Alzheimer's, unless there is an immediate medical problem that needs to be addressed.

To begin, it is recommended that the hospital representative briefly review the evaluation process, how admission decisions are made, and the process of referrals when somebody is not admitted. It is also helpful if that person can talk briefly about the psychiatric inpatient unit and detox services, if applicable.



It is not unusual for officers to have complaints about the hospital. Be mindful to keep the dialogue productive and not simply a complaint session. The intent of the dialogue with the hospital is not to necessarily resolve any longstanding issues but to identify those challenges that will need to be followed up on by arranging a meeting with pertinent parties (e.g., law enforcement administration, county mental health, developmental disability services, and hospital administration).

Following the hospital presentation and a brief break, an overview of other community services or programs should be presented. Some localities have representatives from different programs present a brief overview of their program. Others have one or two people present an overview of the system. Regardless of how the information is presented, it should be organized in a way that is easy to follow and helpful to officers. A template of the community resources presentation has been included in your materials.

Presenters should provide enough details about the programs so the officers understand who is served and how referrals can be initiated. The presentation does not need to be overly detailed about the different treatment interventions or services within each program (e.g., officers do not need to know that Cognitive Behavioral Therapy (CBT) is offered at the clinic).

As previously mentioned, it is helpful if pictures or other visual aids (e.g., agency videos) are included in the presentation. Officers may have responded to some of the agencies, and programs that will be discussed, and seeing pictures of the buildings may make it easier for them to identify resources in the community.

It is recommended to create “Law Enforcement Resource Cards” for distribution during the Community Resources section. These cards, typically pocket-sized, should contain the names and numbers of local providers that law enforcement can use in making referrals “in the moment” (e.g., how to contact the mobile crisis team for immediate referral and determine their response time). The cards can also be used by law enforcement to provide information to the individual and/or family about follow-up care when situations do not require immediate action with a behavioral health professional or from a developmental disability service provider. Make sure the site has set up a resource table where these and other resource materials can be placed after handing them out.

If resource cards are developed and used, it is important that these cards are updated before each class, so the information remains current. You may also point out that some law enforcement officers store community resource and referral information in their computers for easy access.



Module Overview

- Community Resources in [SITE NAME]
Presenter Name, Title
Contact Information
- Hospital and/or Crisis Units
- Mental Health Services
- Substance Use Services
- IDD Services
- Older Adult Services
- Peer-related Services


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SLIDE 15.2 MODULE OVERVIEW



Trainer Note: Use this slide to briefly introduce the topics that will be discussed in the module. Reinforce the processes and services for individuals with IDD. Those processes and services for individuals without co-occurring mental health conditions may be different.

Hospitals and/or Crisis Units





- [Hospital Name]
Presenter Name, Title
Contact Information
- Hospital Services and Processes
 - Appropriate situations for hospital services (IDD vs. MH?)

SLIDE 15.3 HOSPITALS AND/OR CRISIS UNITS



Trainer Note: This template contains suggestions for hospital presentations. Hospital personnel should alter this presentation by adding other pertinent information that will be helpful to law enforcement to better understand the process of what occurs when they bring individuals to your facility for an evaluation. Discuss who is appropriate for various hospital services, highlighting differences between mental health and IDD. In some communities, officers may be using the crisis system to respond to individuals with IDD, who often are not in a state of crisis. In general, hospital services are not appropriate or helpful to individuals with IDD. Instead, officers need to become familiar with developmental disability services in the community, including emergency services.

Evaluation Process



- Process of police bringing individuals into the hospital
 - Any “interface issues” at the front end?
- Medical Clearance
 - Why and what does this involve?
 - Alcohol level
- Referral to psychiatry when sober

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SLIDE 15.4 EVALUATION PROCESS



Trainer Note: Fill in local information related to the information on the slide. Insert a picture of the medical clearance area, if available.



Evaluation in the Emergency Department or Crisis Center/Unit



- Psychiatric Evaluation: sources of information
 - **Documentation**
 - Verbal and written reports from law enforcement
 - Patient Interview
 - Previous Records
 - Collateral Sources (Family/friends, treatment team, others in community)

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SLIDE 15.5 EVALUATION IN THE EMERGENCY DEPARTMENT OR CRISIS CENTER/UNIT



Trainer Note: Cover each point on the slide. Stress the importance of law enforcement documentation when discussing documentation. Focus on mental health services. Add a picture of the psychiatric evaluation area, if different from the medical clearance area.

Evaluations Involving Youth



Is there anything specific to youth that should be mentioned?

- Importance of having parents accompany child

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SLIDE 15.6 EVALUATIONS INVOLVING YOUTH

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N

Trainer Note: Add a picture of any youth-specific area, if applicable.



Interventions When Not Admitted



- Problem-Solving
- Safety Planning
- Possibly Medication
- Referrals
 - Mental Health Treatment
 - Chemical Dependency Programs
 - Shelters
 - Other

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SLIDE 15.7 INTERVENTIONS WHEN NOT ADMITTED

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N**

Trainer Note: Highlight each point on the slide by supplying local information.

Staffing	
Staff	Number of Staff
<ul style="list-style-type: none">• Psychiatrist• Other staff?	<ul style="list-style-type: none">• Does it vary by day vs. evening and nights?

SLIDE 15.8 STAFFING



Trainer Note: Highlight each point on the slide by supplying local information.



Inpatient Unit(s)

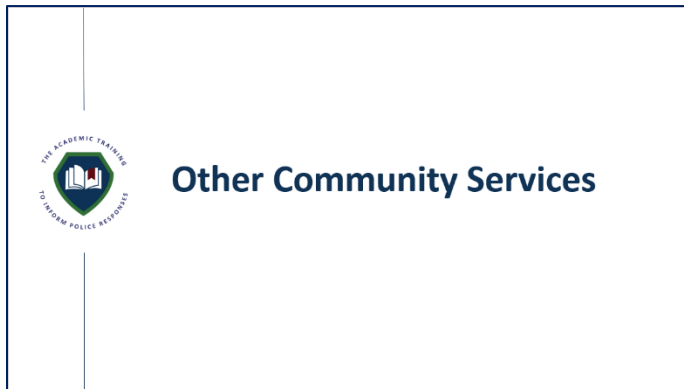


- What happens on the unit?
- Why is it helpful to people?
- Average/typical length of stay

SLIDE 15.9 INPATIENT UNIT(S)



Trainer Note: Add a picture of the inpatient location. Add a picture of a patient's room. It is important to emphasize that the length of stay in a crisis unit or inpatient psychiatric hospital can be short because these settings are not meant to be treatment settings. They are designed to evaluate, stabilize, and ensure the person is safe and able to be discharged to a less restrictive environment. Point out that our communities have limited resources and, at times, the needs of the individual don't seem to be met by the inpatient unit when officers drop them off in an emergency. Their role is often to stabilize and assess for risk of harm. They often provide recommended referrals but are not equipped for long-term service delivery.



SLIDE 15.10 OTHER COMMUNITY SERVICES



Trainer Note: Use this slide to transition from the hospital to other community services.

Mobile Crisis Team



- Who will they see?
 - Specific crises? (MH vs. IDD, etc.)
- Referral process
 - Information needed
- Hours of coverage
- How quickly can they respond?

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SLIDE 15.11 MOBILE CRISIS TEAM



Trainer Note: Highlight each point on the slide by supplying local information. Discuss whether the mobile crisis team serves individuals with IDD, and if not, what other resources might be available.

NOTE: If you do not have a mobile crisis team, delete this slide.

Other Crisis Services



- Crisis and/or Peer Respite?
- Crisis Drop-off/Crisis Stabilization Center
- Crisis Hotline(s)
- Warm Lines

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SLIDE 15.12 OTHER CRISIS SERVICES



Trainer Note: Highlight each point on the slide by supplying local information regarding criteria, evaluation processes, hours of operation, and other relevant information for law enforcement. Include information about which services are available to those experiencing a mental health or substance use crisis and those that provide support to the IDD community. Highlight the work the community has done for the implementation of 988. It would be helpful to explain the 988 processes in the community, since it may be new to some of the officers.



Partial Hospitalization (if applicable)



- Eligibility Criteria
- Typical referral process
 - From Emergency Department, inpatient and/or outpatient services
- What is the treatment approach?
- Average/typical length of stay

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SLIDE 15.13 PARTIAL HOSPITALIZATION (IF APPLICABLE)



Trainer Note: Highlight each point on the slide by supplying local information. Provide a photo, if available.

NOTE: If you do not have partial hospitalization or wish not to include this, delete this slide.

Local/Regional Detox and/or Rehab Units




- Eligibility criteria
- Length of stay
- Typical referral sources upon leaving detox/rehab

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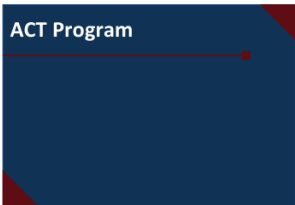
SLIDE 15.14 LOCAL/REGIONAL DETOX AND/OR REHAB UNITS



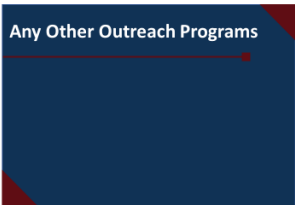
Trainer Note: Highlight each point on the slide by supplying local information. Provide a photo, if available. A picture of the building where detox services are offered reminds officers that they may have been there in the past.

Assertive Community Treatment (ACT) 

ACT Program



Any Other Outreach Programs



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SLIDE 15.15 ASSERTIVE COMMUNITY TREATMENT (ACT)



Trainer Note: Provide examples and photos of these local resources, if available.
Discuss whether ACT serves individuals with IDD.

NOTE: If you do not have ACT Teams, delete this slide.



Assisted-Outpatient Treatment (AOT)



- List if an AOT program is available in your community

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SLIDE 15.16 ASSISTED OUTPATIENT TREATMENT (AOT)



Trainer Note: Provide examples and photos of these local resources, if available.



Mental Health Clinics



- List
Brief description of services criteria and hours of operation

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SLIDE 15.17 MENTAL HEALTH CLINICS




Trainer Note: Provide examples and photos of these local resources, if available. Discuss whether these clinics serve individuals with IDD.

Provide the following information:

- Service overview
- Who is eligible?
- Who is not eligible?
- How to contact/operating hours
- Resources in off hours

Substance Use and Chemical Dependency Clinics



- List

Brief description of services criteria and hours of operation

- List

Brief description of services criteria and hours of operation

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SLIDE 15.18 SUBSTANCE USE/CHEMICAL DEPENDENCY CLINICS



Trainer Note: Provide examples and photos of these local resources, if available. Discuss whether these clinics serve individuals with IDD.

Provide the following information:

- Service overview
- Who is eligible?
- Who is not eligible?
- How to contact/operating hours
- Resources in off hours



IDD Services



- Description of services provided
- Local Care/Case Management Agencies

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SLIDE 15.19 IDD SERVICES



Trainer Note: Provide examples and photos of these local resources, if available.

Provide the following information:

- Service overview
- Who is eligible?
- Who is not eligible?
- How to contact/operating hours
- Resources in off hours



Older Adult Services



- Description of services provided
- Local Care/Case Management Agencies

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SLIDE 15.20 OLDER ADULT SERVICES



Trainer Note: Provide examples and photos of these local resources, if available. Discuss whether these services assist individuals with IDD.

Provide the following information:

- Service overview
- Who is eligible?
- Who is not eligible?
- How to contact/operating hours
- Resources in off hours



Care/Case Management



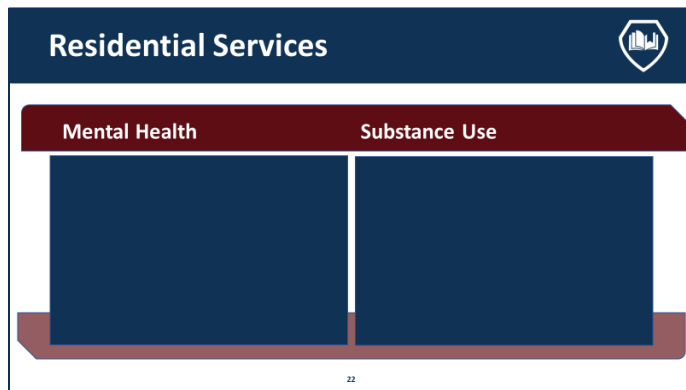
- Description of services provided
- Local Care/Case Management Agencies

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SLIDE 15.21 CARE/CASE MANAGEMENT



Trainer Note: Provide examples and photos of these local resources, if available. Include an overview of case management services for both mental health and for IDD.



SLIDE 15.22 RESIDENTIAL SERVICES



Trainer Note: Provide examples and photos of these local resources, if available. Include an overview of residential services for mental health conditions and substance use disorders.

Residential Services (continued)	
Youth-Specific	Developmental Disability

SLIDE 15.23 RESIDENTIAL SERVICES



Trainer Note: Provide examples and photos of these local resources, if available. Include an overview of residential services for youth and people with developmental disabilities.



SLIDE 15.24 OTHER SUPPORT AND EDUCATIONAL SERVICES



Trainer Note: Add any pictures that you may be able to. Trainers should add slide(s) for other peer support services/self-advocacy programs, if available. Include an overview of supports and services for people with IDD.

Please use this link: <https://www.nami.org/findsupport>. This gives officers an easy resource to find their local program. Emphasize that law enforcement officers can become NAMI members.

NAMI also provides a publication to help communities identify the gaps and opportunities in their existing system that will enhance their efforts to divert people from justice system involvement. This publication is useful in ongoing strategic planning for the CRIT program.




Handouts:

- 1) NAMI – “Divert to What? Community Services That Enhance Diversion”:
<https://www.nami.org/Support-Education/Publications-Reports/Public-Policy-Reports/Divert-to-What-Community-Services-that-Enhance-Diversion/DiverttoWhat.pdf>
- 2) “Law Enforcement Response to People with Developmental Disabilities: Steps for Deflection and Pre-Arrest Diversion”

The Treatment Advocacy Center advocates for AOT legislation in communities. AOT is the practice of providing community-based mental health treatment under civil court commitment, as a means of:


- 1) Motivating an adult with a mental health condition who struggles with voluntary treatment adherence to engage fully with their treatment plan, and
- 2) Focusing the attention of treatment providers on the need to work diligently to keep the person engaged in effective treatment.





Module Wrap-Up

Questions?



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SLIDE 15.25 MODULE WRAP-UP



Trainer Note: If there is time left in the module, use it as an opportunity to get feedback from participants. Were any of the resources mentioned in the presentation new to them? Were there any resources not mentioned that they have had success with? This encourages partnership building, resource, and information sharing. Remember to encourage participants to take handouts from the resource table before moving on to the next module.

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