



PO Box 974, Schenectady, New York 12301

## NAMI Schenectady E-News

Special CIT (Crisis Intervention Team) Edition – March 2023

Acting Editor\*: Cynthia Seacord Send address changes, requests to discontinue and comments to: [namischenectady@gmail.com](mailto:namischenectady@gmail.com)  
or leave a brief message at #518-986-9114 Visit our website at: [namischenectady.org](http://namischenectady.org)

*Please offer to write and/or edit our newsletter!*

### CIT Summary for NAMI

*By Mike Heim for NAMI-Schenectady*

I attended the Crisis Intervention Team (CIT) Program Initiative kick-off meeting held January 31-February 1, 2023 in Clifton Park. Other Schenectady attendees included two Schenectady police officers, two representatives from Northern Rivers, and one representative from Schenectady County Mental Health (MH). Unfortunately, Darin Samaha did not attend as I had hoped to meet him.

This workshop was attended by representatives from Schenectady and three other counties: Clinton, Jefferson, and Livingston. The Program was presented in 2 half day sessions, an afternoon and a morning, and it was well filled with speakers and some group activities. All the presenters were outstanding.

**Background and history of CIT programs:** In the late 1980's, a tragedy related to mental illness occurred in Memphis Tennessee that prompted a call for a crisis team. This became a nationwide initiative and much of NYS CIT program development is based on the "Memphis Model," where the police department uses a crisis intervention team approach.

The NYS CIT program initiative consists of:

- Development of core team and Steering Committee
- Sequential Intercept Mapping (point of interaction where person can be diverted from criminal response)
- CIT training for Law Enforcement (40 hour program with salary offset provided)

- Mental Health First Aid Training for Public Safety (8 hour - 1 day)
- Program Evaluation (metric capture)

CIT Programs address two problems:

- 1) Adverse Incidents / Tragic outcomes
- 2) Disproportionate incarceration of those with serious mental illness (SMI)

The defined solution is addressed by two main goals:

- 1) Change crisis response to minimize when law enforcement officers (LEOs) are first responders to persons in emotional distress. (Done in part by intercept mapping)
- 2) When LEOs are the first responders, ensure they have knowledge, skill and support to de-escalate situations and divert persons from Criminal Justice (CJ) and Juvenile Justice (JJ) systems when appropriate. (Done in part through training)

A CIT program's success requires partnership / collaboration with many groups, including Law Enforcement, 9-1-1 Personnel, Mental Health providers, Advocates, Consumers / Service Users, County Government and Others.

The NYS CIT program has been developed in over 40 NYS counties and other jurisdictions. Albany and Troy/Rensselaer were among the first during the period 2004 - 2014. Since then, 5 to 9 NYS counties and other jurisdictions have started formal CIT program development each year.

**Notes and highlights from daily sessions:** A major emphasis of CIT program is diversion, and many examples were provided of successful diversion, which included remediation of high-volume users, use of peer counselors (hired and provided by MH support companies), and LEO drop-offs to Crisis Stabilization Centers or Drop Off Centers.

A list of “Divert to What?” was provided, including:

- Hospital Psychiatric Emergency Department
- Crisis Stabilization Centers / Drop Off Centers
- Mobile Crisis Team Follow-Up
- Outpatient Mental Health Appointment
- Outpatient Chemical Dependency Appointment
- Social Services / Shelter
- Follow-up by CIT

Also noted was that in Schenectady, LEOs were advised that Ellis Hospital, for several months, has “diverted” MH drop offs away from its emergency room to other locations as far away as Glens Falls. My note is this is not the diversion we need. All in all, here are many great ideas and programs that provide terrific support and safety when these places are operating and have resources to accommodate the people who need the services.

As noted, the presenters were all outstanding, and the wealth of knowledge and “hands-on” experience that was shared provides a lot of hope and enthusiasm for success of CIT. Speakers from the Office of Mental Health (OMH) on diversion had many examples of success stories, and others were shared by Sgt. Chris Bax of Clarkstown PD (Rockland County). His focus was on how CIT programs benefit police, and on the solutions they came up with to appropriately divert people to MH treatment and substance abuse treatment after arrest but before arraignment. A program called LEAD (?) was mentioned. The presentations by NAMI directors were also very inspirational.

A NYS OMH Division of Forensic Services, Diversion Center rep spoke of why diversion is so important. One slide was especially informative and offered several statistics:

- Prevalence of SMI in state prisons is 2-4 times higher than in the community.
- Suicide accounts for one third of deaths in prison.
- While 68% of all jail inmates have a diagnosable substance abuse disorder, fewer than 15% get appropriate treatment.

A stated goal of the Diversion Center is “support jurisdictions in the development, implementation, and evaluation of initiatives to reduce arrest and incarceration of persons with SMI”. The Diversion Center has several different pilot programs underway and spoke of the success of a few. Its slides noted DASH - Diagnostic Assessment Stabilization Hub and related programs, LEO drop off, Telehealth for LEOs, High Utilizers, 911 Call Diversion (Dispatcher Training model). LEMHRS or Law Enforcement Mental Health Referral System and connects LEOs with behavioral health service system. This program has been especially successful in rural regions.

Other examples of promising programs in place at Broome County, Dutchess County, Essex County, and Clinton County provided details of 911 Diversion, Stabilization Center, and On-Line Referrals.

Next steps noted in our workgroup for Schenectady related to measuring outcomes including:

- 1) Reduce high volume calls for location / individuals
- 2) Coordinated program referrals
- 3) List of resources available.

Lieutenant Ryan Macherone spoke for our group presentation and was very detailed in his knowledge and experience on what we can build upon.

The final session of the two days was “Next Steps” presented by Jennie Dixon, Assistant Director of the Institute for Police, Mental Health & Community Collaboration, with Don Kamin and Rana’ Meehan. She provided a copy of the Program Implementation Guide which lays out what the next steps are. (Note: Mike gave us with a copy of this document to make available to others upon e-mail request.) She notes that establishing a Steering Committee is the first priority. In addition, each locality needs to schedule a Sequential Intercept Model (SIM) mapping workshop with the Institute. There’s lots more to do but as noted from the many people with first hand experience, they have some programs and ideas that truly work!

*Mike was grateful to have the opportunity to participate in this program, and is willing to continue in whatever area he can add value.*

## ***Plans (so far) for 2023***

Our board has been planning in order to build upon what we accomplished in 2022. We welcome your participation in all our upcoming events. **And** your ideas! Here's the inside scoop!

- The Ellis Family Education and Support Group that meets on Wednesday evenings in B-3 Conference Room is going strong. We have been successful at getting a notice about this meeting into the **Daily Gazette's Community Notes**. This spring we plan to periodically feature guest speakers representing service providers in our community who will share with us a bit about what they do and how they help.
- April 22 **Earth Day** – join us as we plant and do some “clean-up” in a local park. TBA
- **May is Mental Health Awareness Month** and we will be taking part in a NAMI Ribbon Campaign. After a “ribbon-bee” we need people to put up the ribbons heralding NAMI and its mental health mission.
- NAMI Schenectady will participate at May information tabling events that include May 20<sup>th</sup> **Niska-Day**. Stop at the “community tent” and say “hi.”
- August 18<sup>th</sup> – mark your calendar for our **Summer Social** at the Pavilion in Central Park. Planning is underway for this fun afternoon that will run from 4 to 8 pm. Part of the fun is in the planning!!!
- On Saturday, October 7<sup>th</sup> we will join our friends of NAMI Capital Region in Albany for its **NAMI WALK**. It's never too early to mark your calendars and plan to join our Schenectady Wellness Walkers (or a team of your own) to enjoy a brisk walk and raise money and awareness for NAMI!

## **NAMI Schenectady Calendar**



- **Board Meeting:** Thurs. 4/13/2023 at the Swanker Room, Hon. Karen B. Johnson Schenectady Co. Public Library, Liberty at Clinton, from 6 to 7:45pm. All are welcome. Masks desired. Agenda: NAMI Walk Planning, round out calendar for 2023.
- **Ellis Family Education & Support Group,** Every Wednesday 6 p.m. Conference Room B-3 Ellis Hospital, 1101 Nott Street
- **Earth Day 2023:** The times and locations of our Saturday April 22 projects will be announced and posted on our website.

### **Eager to Run a NAMI Family to Family Class**

We want to offer this special NAMI Signature Course to members of our community who have loved ones living with mental illness. You do not have to be a NAMI member to attend, and the course is free. Family to Family is taught in 8 class sessions that run 2-1/2 to 3 hours. NAMI Schenectady will offer the course in person once we have the minimum number of persons willing to commit to taking the course. Family to Family is designed to help family members understand and support their loved one while maintaining their own well-being. The course includes information on illnesses such as schizophrenia, bipolar disorder, and PTSD, as well as on kinds of treatment and navigating “the system.” Thousands of families who have “graduated” describe the program as life-changing. Family to Family classes are led by trained NAMI members who have loved ones living with mental health challenges. They volunteer their time to teach this class because they know it helps!

E-mail or leave us a detailed warm-line phone message if interested in registering or obtaining more information about NAMI Family to Family.