



# BRIDGING THE GAP: CCSO MENTAL HEALTH BUREAU

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# Overview



- Background/History
- Significant Events
- Philosophy Shift
- Development and Approach of SMI
- Where we are now



# Background



- June 2015
- Critical Incidents
- Internal support for CCSO members
- External support for the community
- Treatment Courts
- Liaison with community resources

# PHILOSOPHY:

- ① Prevention
- ① Intervention
- ① Treatment
- ① And Wellness

# IT ALL STARTS WITH PARTNERSHIPS:

## ⦿ Internal in the Agency

- MHB, Corrections, CIB, Patrol, Intel, VNB, Jail Medical, Civil Process, etc.

## ⦿ External to the Agency

- Other Law Enforcement Agencies, SAO, OPD, Judicial, Treatment, Probation, DLC (local MH facility), Other area MH facilities, NAMI, Hunger & Homeless Coalition, Shelters (Homeless & DV), Sober Living, Transitional Living, ETC...



# Internal Support



- Members Assistance Program
- Peer Support
- Critical Incident Stress Management
- Officer Involved Shootings
- Officer Involved Critical Incidents
- Support for Family Members
- Ombudsman
- Confidential



# External Support



- CIT – Team Approach
- Liaison with Community Resources
- Liaison with other Law Enforcement Agencies
- Treatment Courts - Partnerships
- Facilitate Change
- Removal of Obstacles and Barriers
- Better for people in crisis



# External Support



- CIT – Team Approach (Memphis Model)
- Florida ranks 49<sup>th</sup> for Mental Health Funding. SWFL receives approx. 33% less than nearby regions
- Over 1300 graduates of CIT
- Diversion/cost 2 to 3x more to house a person with mental illness in jail
- Better continuity of care with the partnerships created





# Has To Be A Better Way To Approach A Problem



- Decrease risk to Deputies
- Decrease risk to Community
- Decrease waste of taxpaying dollars
- Decrease Deputy injuries
- Decrease Subject injuries
- Break The Cycle
- Decrease liability to Deputies and Agency



# Better Way To Approach A Problem



- Notify the MHB of High Risk Individuals
- All incidents where the core issue is a mental health crisis AND a threat to public safety is identified followed up by the CCSO MHB.
- Deputies (LEO & CO & Re-Entry) notify MHB of possible Problem Solving Courts candidates.



# Baker Act (BA)



- Deputies handle Baker Acts more than arrests for Burglary etc.
- Harm to self or others
- Suffer from neglect or refuse to care for him/herself and such neglect poses a real and present threat of substantial harm to his or her well-being

# Mental Health Intervention Team

- MHIT Purpose
- Partnership with DLC – LCSW on staff at CCSO
- Conduct follow-up on individuals that are high risk, high needs
- Check on individuals who are in need of treatment and are calling frequently for officers to respond to problems they might be having

# Law Enforcement Assisted Diversion Program

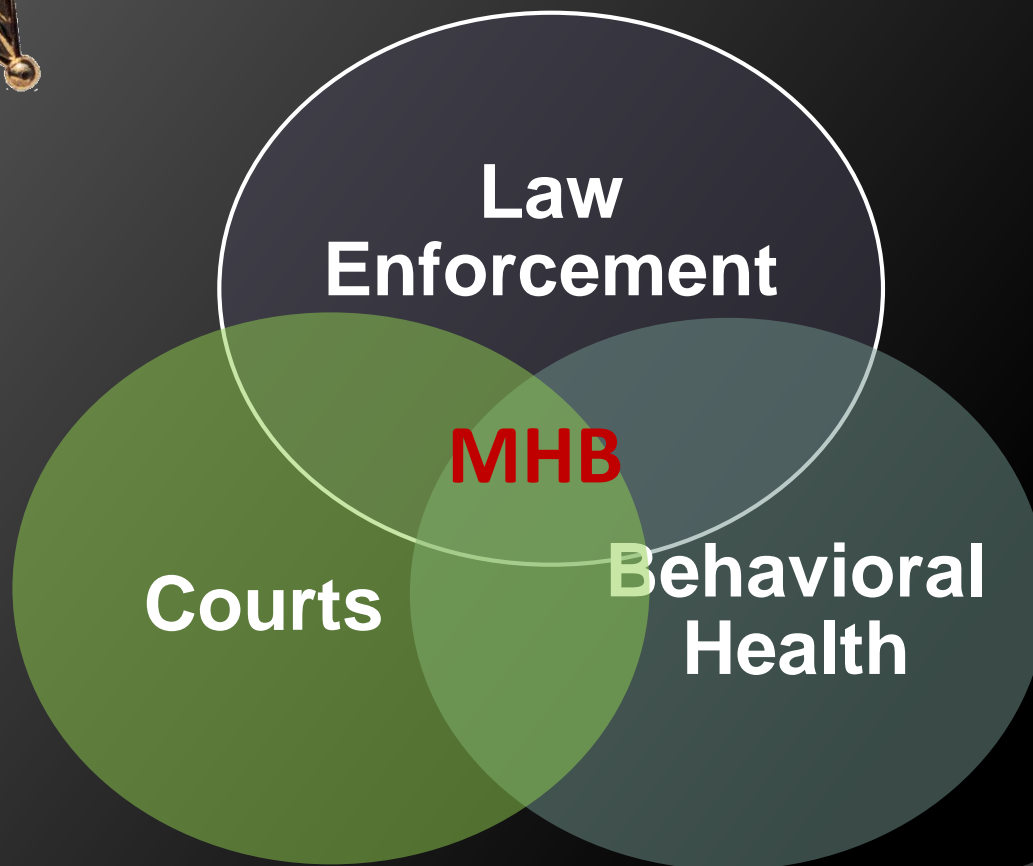
- LEAD
- Partnership with DLC
- Diverting eligible individuals to treatment rather than the Criminal Justice System.
- Committed to saving lives and improving our community's quality of life and safety.

# How to activate assistance

- ① Anyone can call the CCSO
- ① Ask to connect with the MHB
- ① Ask the various other partnerships in the community on how to connect with CCSO MHB



# Better Way To Approach A Problem



Still there isn't an easy solution, however there are better approaches

# Case Examples:

## ◎ Female:

- Arrested numerous times for trespass
- In cell in fetal position – Thinks is an Angel
- Could not even go to court or sign OPD paperwork
- Psychotic and off meds
- Located family and came up with a plan
- After 4yrs still have in MH case management and has not been back in jail



# Case Examples:

## ● Male:

- Arrested numerous times for trespass
- Propensity for violence
- Psychotic and off meds
- Located family (out of state) and came up with a plan
- 3yrs later has not returned to jail

# Non-Violent Encounter De-Escalation

- Your safety is first, last, always, forever!
- Your safety is always a priority
- Community's safety
- Individual's safety
- There are times when words fail...act!

# Trauma Informed Care:

Not: What's wrong with you?

Trauma Informed: What happened to you?

# Strategies and De-Escalation

# Calm, Assess, & Facilitate:

- ⦿ **C.A.F. Model** – Calm, Assess, Facilitate
- ⦿ **CALM** – To decrease the emotional, behavioral, and mental intensity of a situation
- ⦿ **ASSESS** – To determine the most appropriate response as presented by the facts
- ⦿ **FACILITATE** – To promote the most appropriate resolution based on an assessment of the facts presented

# Benefits of the C.A.F. Model:

- ① “Fluid Process”
- ① Helps define the intervention
- ① Provides a blueprint
- ① Enhances Officer safety
- ① Your initial encounter can often facilitate the direction of the encounter and a practical resolution

# Calm:

- ⦿ Slow
- ⦿ Concise
- ⦿ Compassion
- ⦿ Respect
- ⦿ Care
- ⦿ Dignity

# Assess: Evaluate the Situation

- Goal: determine the most appropriate response as presented by the facts
- Assess for a mental health condition/or substance use/or both
- Assess for orientation (time, place, person)
- Focus on verbal, behavioral and environmental indicators
- Be aware of signs of suicide and/or violence
- Medical emergencies
- Medical/physical conditions that could mimic mental health condition
- Behavior (actions, gait, movement, mannerisms)
- Emotions/Mood steady or sustained emotional state assess, expressions and feeling tone
- False Beliefs & Perceptions – delusions and hallucination
- Appearance – dress, grooming, posture, gestures, facial expressions
- Speech – rate, volume, and pace, abnormalities
- Thinking Form – flow of thought



# Facilitate: Response Resolution

- The goal is to promote the most appropriate disposition/resolution to the crisis situation based on the assessment of the facts gathered, policy and legal obligation of the deputy or professional with the person.

# Conflict Communication vs. Crisis Communication

- Could be different than De-Escalation
- Conflict Communication is usually used on criminal suspects
- Crisis communication – tactics associated with de-escalation, are mostly used on noncriminal subjects, including persons in crisis

# We have to listen more!

- We tend to direct and give orders but we don't always listen
- Sometimes a few minutes of listening could...
- make a difference in your life
- make difference in the subjects life
- And can de-escalate to a positive resolution
- Sometimes when a person is in crisis all they need to be is heard
- Listen more!

# De-Escalation

- De-Escalation is not use of force
- We want to talk someone down
- De-Escalating is bringing someone who is ridden with high anxiety/aggression down to a more calm state physically and emotionally
- Our job is to bring the person down so they can make a good choice
- Reassure, Reassure, Reassure...people need to know there is hope
- Tone of our voice matters. People may not remember what you said but they remember how you made them feel
- Time, Distance, and Calm...check your reactionary gap!
- Cover, Space, Time, and Calm – your safety first!
- Fight or Flight...give them space
- Environmental obstacles – remove and reduce, create calm
- Non-Verbal Communication – body language, gender, # of people, veteran, etc.

# De-Escalation

- ⦿ Active listening skills – if we are talking more than the subject, then we need to listen more
- ⦿ Establish rapport
- ⦿ Keep reassuring the subject that you are there to help
- ⦿ Do not escalate the situation!
- ⦿ Be the calming presence in the room
- ⦿ If needed tell the person to stay where they are and as long as he/she remains where they are that you will not hurt them
- ⦿ Patience, patience, patience!
- ⦿ Calm is contagious
- ⦿ Can reduce injuries
- ⦿ Gives us the time we need to take care of a situation
- ⦿ Gives us more time to focus on the mental health condition

# What We Know

- 90% of crisis situations are emotionally driven – create calm
- Anxiety and Aggression is driven by fear or the unknown – talk
- It is about fear – they may be afraid of you!
- People who are allowed time and space to talk about how they FEEL are in a better position to control their feelings.

# The Tenants of Emergency Service Personnel

- Be polite
- Be professional
- Be respectful
- Be compassionate
- Be caring
- Be safe
- Listen
- Communication becomes a mind-set...

# Observe:

- Does the person present an immediate danger?...must attempt to immediately resolve this
- Are there any obvious physical injuries or signs of illness that would explain bizarre behavior? Get EMS rolling



Questions you want to ask and  
have answered in a crisis  
evaluation

# Orient the Person:

- What is your name?
- What day of the week is it?
- What time of day:
- Where are you? What town are you in?
- Do you know who I am?
- Do you know why I am here?
- When was the last time you slept?
- When was the last time you had something to eat?
- Have you taken any drugs or have you been drinking?
- Do you have any one in the area who can assist?  
(Family, Friends, etc.)
- How did you get here?

# Orient the Person:

- Have you been diagnosed with a Mental Health Condition, are you on meds?
- Are you taking your meds?
- When was the last time you saw your doctor?
- Do you want to harm yourself or other?
- Have you ever attempted suicide in the past?
- Has there been a recent traumatic event in your life? (Loss of family, friend, or pet)
- Are you hearing voices? What are they saying to you?
- Are you seeing things?
- Have you had this problem before?
- **Ask questions that fit the particular situation**

# ACT:

- ⦿ Use requests rather than commands to gain cooperation
- ⦿ Understand a persons desire or purpose for doing what they are doing
- ⦿ Emphasize why you want to talk to him/her
- ⦿ Encourage two-way participation in the conversation
- ⦿ Build hope
- ⦿ Focus on strengths
- ⦿ Demonstrate confidence and compassion
- ⦿ Avoid sympathy...use empathy
- ⦿ Use "I" statements
- ⦿ Stay in the here and now...not what happened last month
- ⦿ Validate their feelings
- ⦿ Make no promises you cannot keep
- ⦿ Silence is golden
- ⦿ Be aware not only what you say but how you say it

# ACT:

- Effective verbal intervention
- Specific
- Concise
- Calm
- Relaxed
- Steady
- Direct
- “Nice and Slow”

# What To Do:

- Be patient, accepting, encouraging but remain firm
- Indicate you are trying to understand
- Give hope...you don't intend to harm them
- Speak slowly and quietly, pause between statements
- Make them aware of their behavior (speech, pattern, content)
- Be transparent
- Meet their basic needs

# Be Aware:

- ⦿ Person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds (voices), or the environment
- ⦿ People experiencing a crisis or a mental health condition often have a hard time processing what others are saying at “normal” speed...slow it down
- ⦿ Allow for some extra mental processing time to avoid an unnecessarily combative situation
- ⦿ Some medication that treats mental health conditions have some side effects that may require medical attention

# General Guidelines for Verbal Intervention:

- Maintain a safe distance
- Maintain intermittent eye contact
- No eye contact (understand cultures, perceptions)
- Use clear tone of voice
- Use voice volume lower than that of the individual
- Use relaxed, well balanced posture



# Strategic De-escalation:

- Give the person permission to vent, otherwise violence may see to be the only option
- Ensure quiet to avoid escalation due to external influences
- Do not use reason or logic...many times they are not currently reasonable...could also escalate a situation and counterproductive
- Offer alternatives that gives the person choices and control

## Self Awareness (things to avoid):

- What you wear – uniform can be intimidating – acknowledge that
- Hands/Hand movements
- Facial expressions/Fear
- Your body language...their body language
- Laughing
- Breathing heavy, sighing
- Your tools (Taser, Firearm, Handcuffs, etc.)
- Your back-up
- K-9

# Verbal Intervention:

- Do not answer threatening questions directly, instead, respond by referring to the action and your concern
- (Example: Have you ever seen someone blow their head off? Your question scares me, I don't know how to respond, but I can help you if you will let me)

# Setting Limits:

- ⦿ Recognize that you cannot force a person to respond appropriately, results in a power struggle
- ⦿ When you set limits you are offering a person choices
- ⦿ Limits better received when the positive choice and/or consequences are stated first
- ⦿ Must be simple/clear
- ⦿ Reasonable
- ⦿ Enforceable
- ⦿ Remember – you are in control, lead the way, offer guidance, and provide structure and above all be patient

# Paranoid Thoughts:

- Often involves delusional or false beliefs
- Do not engage but validate and offer a solution, stay calm
- To the person it is real
- They may be in crisis but they know when you are making fun of them...this could break all rapport that you have developed

# Hallucinations:

- Validate the experience
- Do not tell them you hear the voices or see the bugs too
- Have the person focus on you and your voice
- Offer help and safety

# Delusional:

- ⦿ Again validate their thoughts and recognize their view
- ⦿ Indicate it may not be your view, but you are willing to help
- ⦿ Do not argue or debate
- ⦿ Focus the person on what you need them to do
- ⦿ Stay calm and offer a solution

# Psychotic and Aggressive:

- ⦿ Allow person to vent energy, maintain a safe distance, talk in low voice, broken record, provide reassurance



# Mania:

- Ask concise, specific, concrete questions;
- Use the broken record technique
- Try to get the person to slow down
- Be calm and patient

# Conscious but non-responsive:

- Common in individuals diagnosed with Autism
- Determine if the subject has a medical issue or is deaf
- Speak using low tone of voice
- Slow volume of speech
- Be sensitive to any reply from the individual
- Ask if something has happened to them
- Ask if they are scared

# Suicidal Person:

- ⦿ What position is the person putting you in (possible suicide by cop?)
- ⦿ Present in calm, understanding, non-judgmental manner
- ⦿ Listen, Listen, Listen
- ⦿ Suggest alternatives
- ⦿ Survivors, family
- ⦿ Be active in offering hope and help
- ⦿ Avoid debating the value of life, minimizing their problems, or giving advice
- ⦿ Ask the person directly about suicide
- ⦿ Encourage to seek help
- ⦿ Talk...ask them to “stay a little longer”



? Questions ?



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