**Systems Subcommittee Job Description**

**What are the subcommittee’s goals?**

The systems subcommittee is responsible for researching the current crisis response and service delivery systems. The subcommittee will research the linkages between systems and the procedural or operational guidelines currently in place. The goal of this subcommittee is to understand the structure of the current crisis response system.

In addition, the subcommittee should foster a constructive dialogue with front line staff about how the current system works and how it can be improved. In most cases the subcommittee will be seeking input from front-line workers such as patrol officers and emergency room nurses; however expert consultants may also have valuable insights. It’s important to remember that a crisis can occur at any time of the day or night. It’s vital to understand how a crisis is addressed in the middle of the night or on weekends, when community mental health centers are closed and law enforcement officers are the only responders available. At these times, hospital emergency rooms are the most common receiving facilities.

**What should the subcommittee know before getting started?**

It’s very important to proceed with respect, sensitivity and professionalism. Most communities find their crisis response and service delivery systems have barriers and challenges. Often the policies and procedures of agencies have unintended consequences for other agencies in the community. The subcommittee should gather information from 911, law enforcement, jails, hospitals, mental providers and court. It is rarely the fault of any one agency and improvements can only be made by working together constructively. Investigating systems can sometimes create opportunities for criticism, mistrust and hard feelings. Care should be taken not to create divisions within your partnerships or with potential partners. If the subcommittee remains focused on its goals, discussing these issues together should help members from different partner organizations understand one another’s perspectives and create stronger commitments to working together for positive change.

**What additional resources might be helpful?** *(All resources available online at:* [*http://cit.memphis.edu/resources*](http://cit.memphis.edu/resources)*)* ***General Resources***

University of Memphis CIT Center, [*Crisis Intervention Team Core Elements*](http://cit.memphis.edu/pdf/CoreElements.pdf) (page 16)

NAMI, [*Responding to Youth with Mental Health Needs: A CIT for Youth Implementation Manual*](http://www.nami.org/citforyouth) (Step 2)

Jackson TN CIT Meeting Summary

Memphis (TN) Crisis Assessment Center Description

Consensus project documents post booking diversion and mental health courts

***Memoranda of Agreement***

Rockbridge & Bath Regional Area (VA) CIT Program MOA

Wake County (NC) CIT Program MOU

Charlottesville Area (VA) CIT Program MOA

***Systems Mapping***

Pennsylvania Mental Health and Justice Center of Excellence, [Cross-Systems Mapping](http://www.pacenterofexcellence.pitt.edu/service_training.html).

Memphis Crisis Response System Flowchart

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| **Task** | **Instructions** |
| **Gather information from front-line law enforcement officers and 911 communications personnel** | To better understand the initial crisis response, talk with 911 communications personnel and front line law enforcement officers, who are typically the first responders during a mental health crisis. Ask uniform officers (including those assigned to night and weekend shifts) about the procedures they follow during crisis events. How do communications personnel identify a call as relating to mental health crisis? Where do officers take a person experiencing a mental health crisis, how long does it take and what challenges are present? In addition, ask for a copy of the agency’s policy and procedure relating to mental health crisis response.  |
| **Gather information from jails, probation and parole and court systems** | To better understand what happens when an individual with mental illness is arrested, gather information from a variety of sources within the criminal justice system. Ask jail administrators whether there is mental health screening, what percentage of their inmates are on psychotropic medications and what concerns or problems they face associated with inmates with mental illness. Ask administrative judges whether there are court-based diversion programs, such as mental health courts, and whether judges have appropriate mechanisms for referring individuals for needed mental health care. Ask public defenders about the existence of pre-trial release programs, post-booking jail diversion programs and any services available to individuals with mental illness involved in the court system. Ask probation and parole officers whether they have concerns about individuals with mental illness under their supervision and whether they make referrals for mental health services.  |
| **Gather information from front-line healthcare providers** | Visit the receiving site or sites where officers frequently deliver people needing crisis or psychiatric services, including crisis centers and emergency rooms. Ask nurses and other providers what the receiving process is like from their perspective. When a law enforcement officer brings in a person for a mental health evaluation, what happens? Do officers identify people needing emergency psychiatric care correctly? Does the receiving facility have resources to offer multiple levels of care or referrals? How does this process work and what challenges are present? In addition, ask for a copy of the agency’s policy and procedure relating to mental health crisis response.  |
| **Gather information from people living with mental illness and their families**  | Talk with individuals living with mental illness and their family members who have experienced a crisis response. What was the experience like for them? How did the process work and what challenges were present?  |
| **Gather information from mental health agency leaders** | Interview leaders service provider agencies in the community to capture a clear picture of both crisis and non-crisis services. Ask whether law enforcement officer can access these services. For example, ask what services are available for people who need assistance but are not eligible for an emergency psychiatric hold. Are there crisis stabilization facilities, respite care or shelter services available that law enforcement might be unaware of? Where community services are available, what is the procedure for law enforcement to refer an individual for these services? If an emergency room or mental health agency makes a referral to other services or agencies is there a follow-up to make sure the person received services? The subcommittee should also inquire about the availability of substance abuse, homeless, veterans’ and other services that individuals living with mental illness may need. In addition, ask for a copy of the agency’s policy and procedure relating to mental health crisis response.  |
| **Create a diagram of your community’s service system** | Using the University of Memphis’s flowchart as an example, create a diagram of the service system in your community. A visual will help you notice gaps and opportunities for better coordination.  |
| **Research best practice crisis response models** | Research how other communities have created a successful crisis response that is integrated with other existing community services, so that the services provide a continuity of care 24 hours, 7 days a week. Look at the crisis response in the CIT community you visited. Also review crisis response models from other communities. Keep in mind that moving towards a model crisis system may take many incremental steps.  |
| **Develop recommendations for the steering committee** | Create a report on the subcommittee’s findings for the steering committee, including recommendations for improvements to systems coordination. The recommendations should include: 1. What policies and procedures should be created or changed. 2. Opportunities for improved collaboration. 3. Short and long term goals for better crisis response and service delivery. |