



Shasta County  
**Health & Human  
Services Agency**



# Crisis Intervention & Response Team (CIRT)

## Enhanced Mobile Response Team





Supportive Partnerships





# Collaborative Partnership

Who makes up the CIRT team?

- 1 Shasta County Deputy Sheriff
- 1 Shasta County Mental Health Clinician
- 1 Redding Police Officer

Who else as resources?

- Mercy Medical Center Paramedic Supervisor
- Shasta County Peer Support Specialists & Case Managers

# What

- The goal of these partnerships is to ensure the safety of all, to respond effectively, and to improve access to services and supports for people experiencing a mental health crisis.

# Why



## Responding On Scene to Behavioral Health Calls for Service:

- Identifying and engaging people with behavioral health needs in face-to-face encounters can require additional behavioral health expertise to assist in keeping officers, the individual, and bystanders safe. Even with significant specialized training, officers often face challenges when trying to manage an encounter with a person with behavioral health needs or when trying to deescalate a crisis. Behavioral health care providers can assist law enforcement on-scene with assessing the seriousness of symptoms and behaviors related to mental illness in several ways.

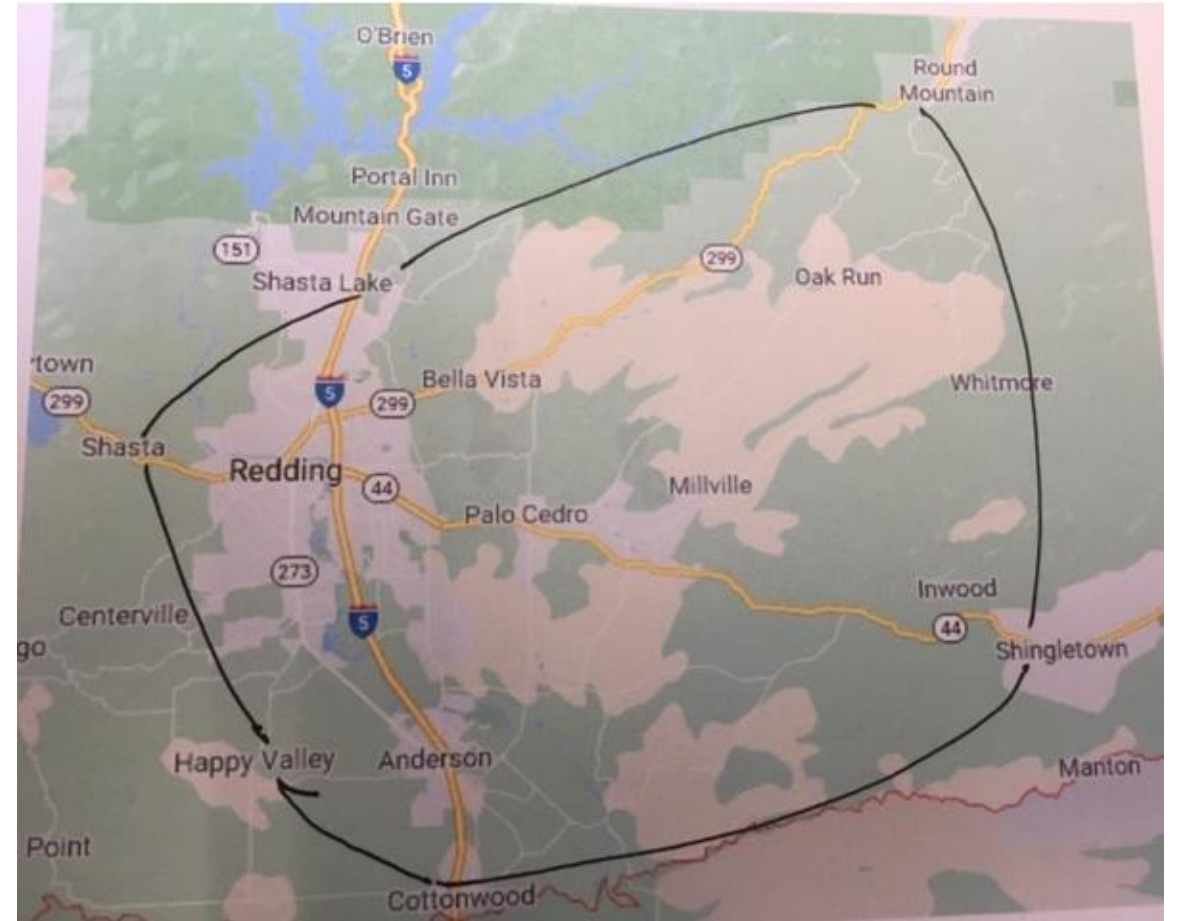
# In-kind

- SUV paid for through donation to the police department
- Substation downtown – all office furniture is donated



# Response Areas

Shasta Lake to Cottonwood, Happy Valley  
to Round Mountain/Shingletown



# Trainings

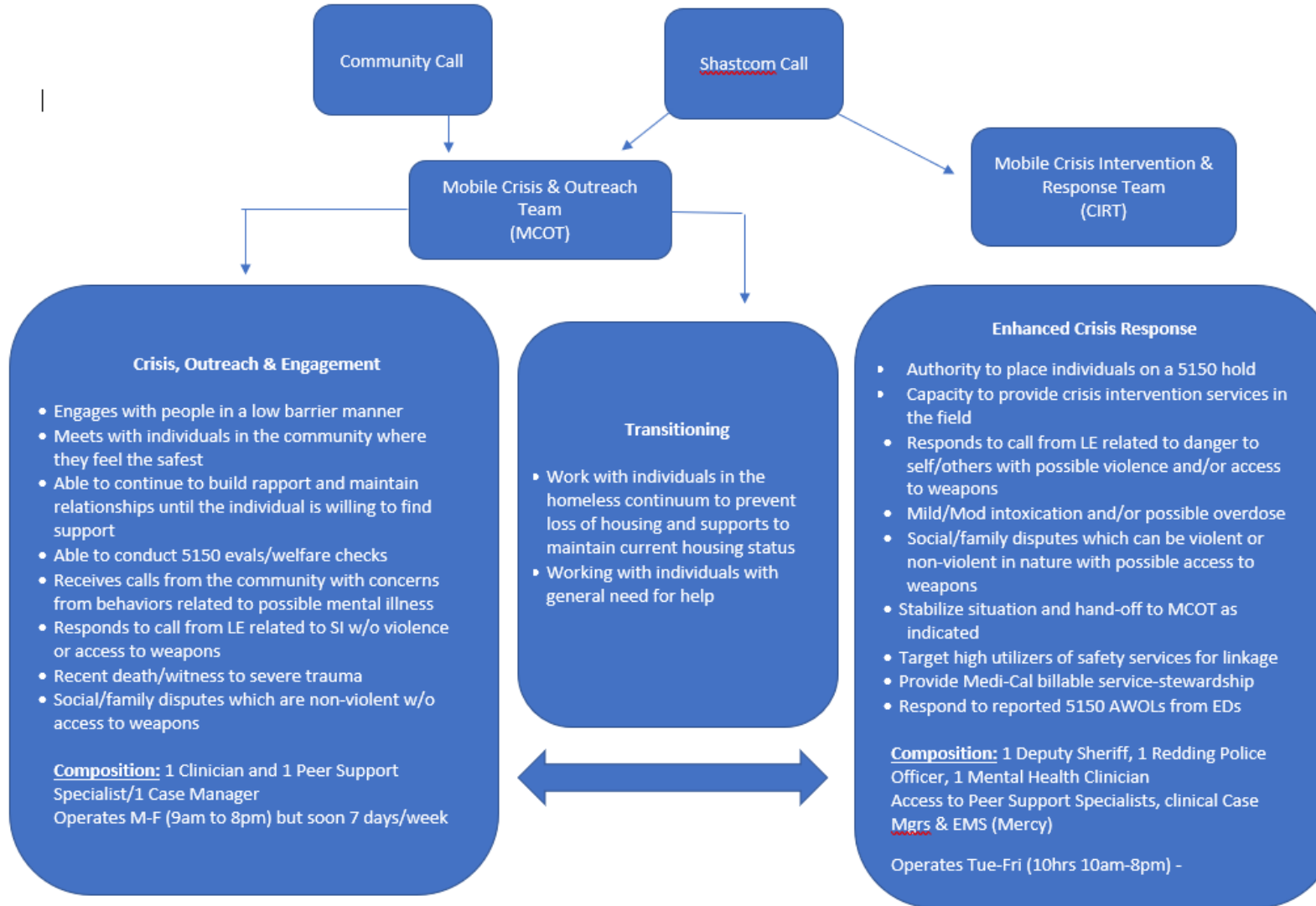
- CIT – Crisis Intervention Training and/or Advanced CIT
- Mental Health 1<sup>st</sup> Aid
- Motivational Interviewing
- POST – Peace Officer Standards & Training



# Shasta County Mobile Crisis Teams

- Hill Country – Mobile Crisis and “Outreach” Team (MCOT)
- Enhanced Team – Crisis Intervention & Response Team (CIRT)

## SHASTA COUNTY MOBILE CRISIS RESPONSE CONTINUUM



# Outcomes



- Preventing/reducing officer injuries
- Reduce quality of life crimes
- Reduce jail bookings
- Increasing officer job satisfaction
- Reduce law enforcement responses by measuring number of requests for backup by both mobile crisis response teams
- Reduce fatal encounters with persons experiencing extreme mental crisis and a means to harm themselves or others (E.g. weapons) and law enforcement officers
- Reducing the need for police to be first responders for non-criminal situations
- Track length of time on calls
- Reduce overcrowding in emergency departments with number of unique individuals presenting to local emergency rooms for SUD/psychiatric evaluation
- Reduce number of unique inpatient psychiatric hospitalizations
- Identify High Cross-System Utilizers of community safety resources & increase linkage of High Utilizers to appropriate resources (i.e. housing (temporary or permanent), residential SUD services, inpatient psychiatric treatment and transition to residential stabilization services, ?)
- Decrease number and/or duration of High Utilizer usage of community crisis services
- Increase the number of High Utilizers engaged in ongoing and preventative services across systems



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Questions?

