Sequential Intercept Mapping (SIM) Helps Communities

Patrick Mulvihill, Communications Coordinator, GOBHI, Inc.

Leaders in Oregon communities have been taking a hard look at the intersections of mental health and justice, as well as strategies we can approach together.

The program “Sequential Intercept Mapping” (SIM), facilitated by Oregon Center on Behavioral Health and Justice Integration, helps communities identify existing community resources, service gaps, and opportunities for improved coordination and communication among professionals in the fields of mental health, substance abuse, and criminal justice.

Recent SIM workshops in Columbia County (March 1) and Wasco County (March 13) were well attended and productive in identifying community-wide approaches to this complex issue. Participants in each session created a map detailing the flow of criminal justice contact from arrest to incarceration, referral and access to services, and points for diversion from the justice system. They considered strategies for system changes implemented by other communities in rural Oregon and across the nation.

To learn more, please visit www.ocbhji.org.
On March 24, a specialized training called Certified Crisis Intervention Specialist (CCIS) was held at the Oregon Public Safety Academy. The training was held as a pilot project last year and was very well received. CCIS is a three day training that develops advanced skills in crisis intervention and de-escalation.

To be eligible, applicants must have a minimum of three years’ experience in their field and have attended a 40-hour CIT program. Participants who complete the training achieve the National Anger Management Association’s “Certified Crisis Intervention Specialist” certification, which is recognized by courts nationally. The training is 3 days in length and is the only specialized Best Practices for First Responder program authorized by the National Anger Management Association (NAMA). Upon completion, the graduate is eligible to apply to NAMA for the CCIS credential. CCIS training includes:

- Professional certification training in crisis intervention
- Academic modules and scenario-based competency exercises
- Language and engagement Procedures
- Meaningful content in self-awareness, anger management, readiness for duty, and resilience
- Evidence-based, best practices in de-escalation
- Practical knowledge in brain-body activity of the Person-In-Crisis (PIC)

What are participants saying about the CCIS training?

- “Fantastic. Truly helpful training that can be utilized every day.”
- “Training focal point was officer safety, community safety and crisis intervention. Have not had this type of training during my law enforcement career.”
- “Everything we learned here is in some way helpful in my work, peer support team and personal life.”
- “Amazing! Best training I’ve ever been to! Dynamic, user friendly, informative and engaging.”

CCIS was developed by Andy Prisco, CAMS III, CCIS-V and Laura Moss, CAMS IV, CCIS-IV. Andy is the Founder of the Psychiatric Emergency Response Team program within the State of Washington’s Department of Social and Health Services. Andy’s many years of experience in the fire service in Washington state lends itself well to the quality of the content of the CCIS program. Laura is a writer, teacher and Authorized Supervisor and Diplomat for the National Anger Management Association (NAMA). As Co-Director of Growth Central, she teaches and trains therapists, social workers and counselors to work with court-mandated anger management clients.

Editor’s note: The driving force to bring CCIS to Oregon has been Linda Maddy who is one of two Behavioral Health Program Coordinators at DPSST. Linda’s passion and drive to help develop safe, caring and compassionate first responders runs deep. Linda’s work with Andy and Laura to develop the first-ever train the trainer program for CCIS in Oregon will, no doubt, impact the first responder landscape in the state, and beyond, well into the future.
Join CIT International Today!

CIT INTERNATIONAL, INC.

*Improving Responses to People in Crisis*

**MORE THAN JUST TRAINING:**

Community Collaboration ● A Vibrant and Accessible Crisis System ● Police/First Responder Training ● Behavioral Health Staff Training ● Family/Consumer/Advocate Participation

JOIN THE MOVEMENT!

CIT International is a non-profit organization supporting local, national and international efforts to improve responses to people affected by mental illness.

For more information about CIT or how to become a member, please visit www.citinternational.org or (888)738-CITI (2484).

About CIT Programs

The Crisis Intervention Team (CIT) Model is a solution focused community response to helping people with mental illness. CIT programs bring stakeholders together from the law enforcement, behavioral health and advocacy sectors, along with people with lived experience with mental illness, to develop solutions for safely re-directing people in crisis away from the judicial system and into the health care system whenever appropriate.

About the CIT International Annual Conference

The CIT International Annual Conference, which takes place in August of each year, draws approximately 1,000 people largely from the law enforcement, behavioral health, and advocacy sectors. There are over 100 workshops related to topics involving the intersection of law enforcement, mental health, and criminal justice fields.

CIT was founded in Memphis, TN in 1988 as a key component to the community’s demand for safer first responder crisis services. CIT is founded on principles of dignity, understanding, kindness, hope and dedication.

Benefits of CIT Membership

- Access to resources from around the country
- Access to subject matter experts
- Reduced cost to attend the annual CIT conference
- Membership to a highly respected organization
- Access to resources to strengthen your local community program
We Honor our Veterans
2019 DPSST CIT International Conference Scholarships

Deadline to apply: 5:00 pm on June 28th, 2019

Information and how to apply: DPSST is pleased to announce the availability of scholarships to attend the 2019 CIT International Conference in Seattle, Washington August 26th through 28th. DPSST is offering a limited number of scholarship grants in the amount of $800. These are available to employees of DPSST constituent agencies. The scholarships are reimbursement type grants and are limited to one per agency.

Information about the conference can be found at www.citconferences.org.

The request must be submitted on agency letterhead and should include a brief statement about the requesting agency’s efforts to engage in specialized mental health training for criminal justice professionals and/or mental health professionals and advocates working with or within the criminal justice system (i.e.: CIT programs or training, Mental Health First Aid, etc.).

To apply, please submit to kevin.rau@state.or.us addressed to DPSST Director Eriks Gabliks.

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To apply, please submit a request to eilene.flory@gobhi.net.
The Oregon State Hospital—Then and Now

Micky Logan, Legal Affairs Director, Oregon State Hospital

Oregon State Hospital (OSH) has changed tremendously since it was built in 1883. For example, in the early 1900s, the hospital was overcrowded and patients were housed in dormitories.

Today, OSH is no longer overcrowded. Patients either have their own room or one roommate. Every patient room has its own bathroom – except for three units in Junction City. Every unit also has activity rooms, outside air porches and “sensory” rooms where patients can unwind and relax when they aren’t attending treatment groups.

Treatment Malls at OSH are places where patients go for several hours each day for a variety of classes and groups. This gets patients off their units so they can engage with other patients and staff. It also provides another way for the hospital to provide active treatment.

Another difference for OSH patients now (compared to when the hospital was built in 1883) is that no patient is here for life. OSH follows the recovery model, which means we believe every patient can and will get better and return to their life in the community.

The day a patient is admitted, the patient’s treatment team (made up of the patient him or herself, a psychiatrist or nurse practitioner, psychologist, nurse, social worker, treatment care plan specialist and others) begin working on the patient’s discharge plan. The discharge plan focuses on the things the patient needs to get well, manage symptoms, and be successful in the community. As the patient works through his or her recovery, the team updates the treatment plan accordingly.

The median length of stay for OSH patients is much shorter than it once was. Civil patients have a median length of stay of 118 days. The hospital’s “guilty except for insanity” patients have a median length of stay of 815 days. And “Aid and Assist” patients have a median length of stay of 77 days.

Thus, no patient is at OSH “for life.” Just like any hospital, OSH is charged with helping people get better and return to their lives in the community. OSH is just one stop on their journey.
**SUICIDE LIFELINE**  
Call 800-273-8255 (24/7/365)  
Text **273TALK** to 839863  
(8am-11pm PST daily)

**SENIOR LONELINESS LINE**  
Call 503-200-1633  
We support seniors in our community who are feeling lonely and having difficulty connecting.

**ALCOHOL & DRUG HELP-LINE**  
Call 800-923-4357 (24/7/365)  
Text **RecoveryNow** to 839863  
(8am-11pm PST daily)  
For individuals and family members seeking crisis intervention, treatment referral, and chemical-dependency information.

**211INFO**  
Call: 211  
Download the 211info App  
Go to: [211info.org](http://211info.org)  
For information on resources in your community.

**YOUTHLINE**  
Call 877-968-8491  
Text **teen2teen** to 839863  
Chat at [www.oregonyouthline.org](http://www.oregonyouthline.org)  
A teen-to-teen crisis and help line. Contact us with anything that may be bothering you; no problem is too big or too small! Teens available to help daily from 4-10pm Pacific Time (off-hour calls answered by Lines for Life).

**MILITARY HELPLINE**  
Call 888-457-4838 (24/7/365)  
Text **MIL1** to 839863  
(8am-11pm PST daily)  
Support for service members, veterans, and their families that is independent of any branch of the military or government.

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**Early Assessment and Support Alliance (EASA)**  
EASA is a network of programs and individuals across Oregon who are focused on providing rapid identification, support, assessment and treatment for teenagers and young adults who are experiencing the early signs of psychosis. EASA is designed as a transitional program, with the goal of providing the education and resources the person needs to be successful in the long-term. Most individuals participate in EASA for about two years, although that timeframe varies.

Find your local EASA program at [http://www.easacommunity.org/easa-programs.php](http://www.easacommunity.org/easa-programs.php)

**Oregon Family Support Network (OFSN)**  
Children, youth and families OFSN works with have complex challenges resulting from mental or behavioral health disorders. These families and youth also struggle with many obstacles and barriers, including poverty, domestic violence, homelessness, disconnection from family, untreated mental health and addictions, as well as profound traumatic experiences. The OFSN network is best described as peer delivered service. Families and youth come to OFSN for education and training, community supports, advocacy and/or for family partner services through behavioral health systems. Actual services within a County or region can be different. This is because OFSN contracts individually with counties and behavioral health systems, as well as receiving grant monies.

To find information about regional OFSN offices, go to: [http://www.ofsn.org/ofsn-regional-offices-oregon/](http://www.ofsn.org/ofsn-regional-offices-oregon/).
A Safe Space for Teens and Young Adults to Talk About Their Challenges Related to Mental Illness

Reproduced from the OK2TALK.org website

Living with mental illness may sometimes leave you feeling hopeless and alone. Often, you may not know what’s wrong or you may even feel like you’ve done something wrong. Even when you do understand what’s happening, you may find it hard to talk about what you’re going through with friends and family. The stigma associated with having a mental illness often makes it hard to talk openly about your feelings and experiences. We want you to know that help is available. OK2TALK is a community where teens and young adults struggling with mental health conditions can find a safe place to talk about what they’re experiencing by sharing their personal stories of recovery, tragedy, struggle or hope. Anyone can add their voice by sharing stories, poems, inspirational quotes, photos, videos, song lyrics and messages of support in a safe, moderated space. We hope this is the first step towards helping you get the support you need to feel better.

For more information go to: OK2TALK.org.

NAMIWalk Northwest Coming May, 19th—SAVE THE DATE!

Kevin Rau, Behavioral Health Program Coordinator, DPSST

On Sunday, May 19, NAMI Oregon will host the 17th annual 5K NAMIWalks Northwest event in Portland, the largest mental health event in the Northwest. The public is invited to participate in the walk to help raise awareness, funds, and support for mental health advocacy. Last year, approximately 7,500 participated in the day’s events, raising about $238,000. Funds raised will support local NAMI programs and services, which have been described as “life-changing” and “life-saving.” NAMI programs are offered free of charge to individuals living with mental illness, as well as family members and other loved ones. One in four adults in the United States lives with a mental illness, as does one in 10 children.

Participants will gather at the Eastbank Esplanade to enjoy some camaraderie and music, as well as to get information about programs and organizations in Oregon. Check-in time for the event is at noon and the walk starts at 1:00 pm. Once again this year, we have entered a team called “Oregon Crisis Intervention Teams”. All involved with CIT in Oregon are invited to join our team. To join the team or to make a donation on behalf of our team, go to the NAMIWalks web page and search for our team at: NAMIWalk Northwest.

Questions about joining the “Oregon Crisis Intervention Teams” team can also be directed to Kevin Rau at kevin.rau@state.or.us.
CIT for Telecommunicators Debuts as Statewide Effort

Micky Reed, Supervisor, Portland Bureau of Emergency Communications

A critical element of an effective Crisis Intervention Training (CIT) program is the emergency communications call takers and dispatchers. A committee of 9-1-1 and behavioral health professionals from across Oregon worked for nearly a year and a half to develop a 16-hour CIT specifically tailored to meet the needs of call takers and dispatchers around the state. We created this curriculum in accordance with the CIT core elements, realizing that telecommunicators are often overlooked in the 40-hour course.

In February, we invited telecommunicators from around the state to participate in the first course scaled to meet the needs of large and small agencies, and it was a great success! Participants were excited and gave overwhelmingly positive reviews. They appreciated having a training that was focused on call taking and dispatching and were especially grateful when presenters recognized their role in early de-escalation.

Our next training will be hosted by Hood River Co. Dispatch Center in the fall. For more information contact, Erica Stolhand, at estolhand@hoodriversheriff.com.

NAMI Releases New Crisis Guide

Reproduced from NAMI.org

NAMI is proud to release “Navigating a Mental Health Crisis: A NAMI Resource Guide for Those Experiencing a Mental Health Emergency.” NAMI developed this guide to support people experiencing mental health crises and their loved ones.

This potentially life-saving guide outlines what can contribute to a crisis, warning signs that a crisis is emerging, strategies to help de-escalate a crisis and resources available for those affected. Also included is information about advocating for a person in crisis along with a sample crisis plan.

When a person has a mental health condition, the potential for a crisis is never far from [that person’s] mind. Crises can occur even when a person is in treatment. Unfortunately, unpredictability is simply the nature of mental illness.

So, it’s important to address a mental health emergency quickly and effectively. People with mental illness—and those who care for them—need information. However, that information is not always readily available and the search for answers may require more energy and persistence than possible. And unlike other health emergencies, people experiencing mental health emergencies often don’t receive instructions or materials on what to do or what to expect after a crisis.

That’s why we created this guide, so people experiencing mental health emergencies and their loved ones can have the answers and information they need when they need it.
NAVIGATING a mental health CRISIS

WARNING SIGNS of a Mental Health Crisis

- **Inability to perform daily tasks** like bathing, brushing teeth, brushing hair, changing clothes
- **Rapid mood swings**, increased energy level, inability to stay still, pacing; suddenly depressed, withdrawn; suddenly happy or calm after period of depression
- **Increased agitation** verbal threats, violent, out-of-control behavior, destroys property
- **Abusive behavior** to self and others, including substance use or self-harm (cutting)
- **Isolation** from school, work, family, friends
- **Loses touch with reality (psychosis)**, unable to recognize family or friends, confused, strange ideas, thinks they’re someone they’re not, doesn’t understand what people are saying, hears voices, sees things that aren’t there
- **Paranoia**, suspicion and mistrust of people or their actions without evidence or justification

WARNING SIGNS of Suicide

- Giving away personal possessions
- Talking as if they’re saying goodbye or going away forever
- Taking steps to tie up loose ends, like organizing personal papers or paying off debts
- Making or changing a will
- Stockpiling pills or obtaining a weapon
- Preoccupation with death
- Sudden cheerfulness or calm after a period of despondency
- **Dramatic changes** in personality, mood and/or behavior
- **Increased drug or alcohol use**
- Saying things like “Nothing matters anymore,” “You’ll be better off without me,” or “Life isn’t worth living”
- **Withdrawal** from friends, family and normal activities
- **Failed romantic relationship**
- **Sense of utter hopelessness** and helplessness
- **History** of suicide attempts or other self-harming behaviors
- **History** of family/friend suicide or attempts

NAMI
National Alliance on Mental Illness
www.nami.org

facebook.com/NAMI  @NAMICommunicate  NAMICommunicate  notalone.nami.org  ok2talk.org

NAMI HelpLine: 800-950-NAMI (6264)  Text *NAMI* to 741741 to reach the Crisis Text Line
## CIT International Certified CIT Coordinators in Oregon

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CIT Program Coordinator Information

Note: Program information is subject to change

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<th>Clackamas County CIT</th>
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<tr>
<td>Coordinator: Julie Bitz</td>
<td>Coordinator: Deputy Nate Newsome</td>
<td>Coordinator: Sgt. Mike Minor</td>
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<td>Email: <a href="mailto:jbitz@co.clackamas.or.us">jbitz@co.clackamas.or.us</a></td>
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<td>Email: <a href="mailto:JamesA.Stegemeyer@portlandoregon.gov">JamesA.Stegemeyer@portlandoregon.gov</a></td>
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<tr>
<td>Douglas County CIT</td>
<td>Morrow County CIT</td>
<td>Hillsboro Police Department</td>
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<tr>
<td>Coordinator: Colleen Roberts</td>
<td>Coordinator: Chris Humphreys</td>
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<tr>
<td>Coordinator: Lt. Jamie Russell</td>
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<td>Lane County CIT</td>
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<td>Coordinator: Sgt. Steve Sieczkowski</td>
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<td>Clatsop County CIT</td>
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<td>Coordinators/Emails:</td>
<td>Coordinator: Ridg Medford</td>
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<tr>
<td>Polk County Sheriff's Office</td>
<td>Washington County CIT</td>
<td>University of Oregon Police Department</td>
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<td>Coordinators/Emails:</td>
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Upcoming CIT Training Events

Malheuer County CIT (for DOC) - July 2019
Douglas County CIT—September 2019
Yamhill County CIT—October 2019
CITCOE seeks contributors for the Oregon CIT Newsletter

The CITCOE Newsletter staff want to make the Oregon CIT Newsletter a valuable tool for everyone who has an interest in advancing the impact of CIT in Oregon. To do that, we need your help! We are seeking information for articles on new and innovative programs, CIT success stories, effective partnerships and existing and/or emerging CIT programs, as well as coming CIT related events.

If you have an idea for an article for the Oregon CIT Newsletter, please let us know.

Contact: kevin.rau@state.or.us

CITCOE Team

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