CIRT (Crisis Intervention Response Team)

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Agenda

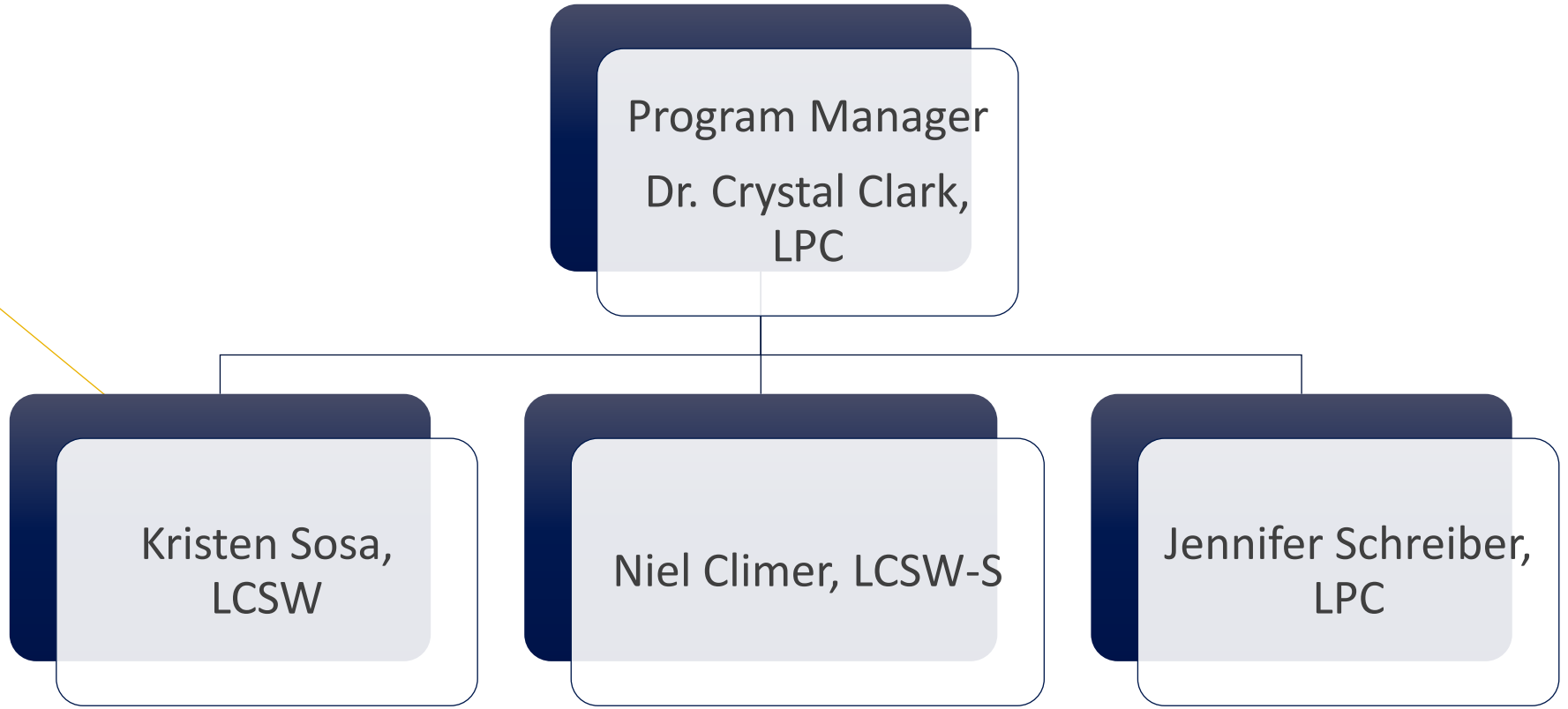
- What is CIRT
- Types of Licensure
- Dispatch and CIRT
- KPI’s
- Questions

What is CIRT?

CIRT (Crisis Intervention Response Team)

- City-based mental health response program
- Co-response with law enforcement
- CIRT Goals:
  - Ensure **immediate safety** for clients, staff, and community
  - **De-escalate** crises using trauma-informed approaches
  - Conduct rapid mental health and **risk assessments**
  - Stabilize the situation and reduce emotional intensity
  - Connect individuals to appropriate **services** and supports
  - Divert from unnecessary hospitalization or law enforcement involvement
  - Promote continuity of care through coordination and **follow-up**
  - Build community trust through compassionate, culturally competent response

CIRT is a specialized team made up of licensed mental health clinicians who are trained to assess a person's mental state, help calm stressful situations, and connect individuals to ongoing care and services. These clinicians respond alongside police officers when needed, or independently for low-risk situations.



Operating seven days a week
7 AM – 11 PM

Mental Health Clinician Roles Comparison

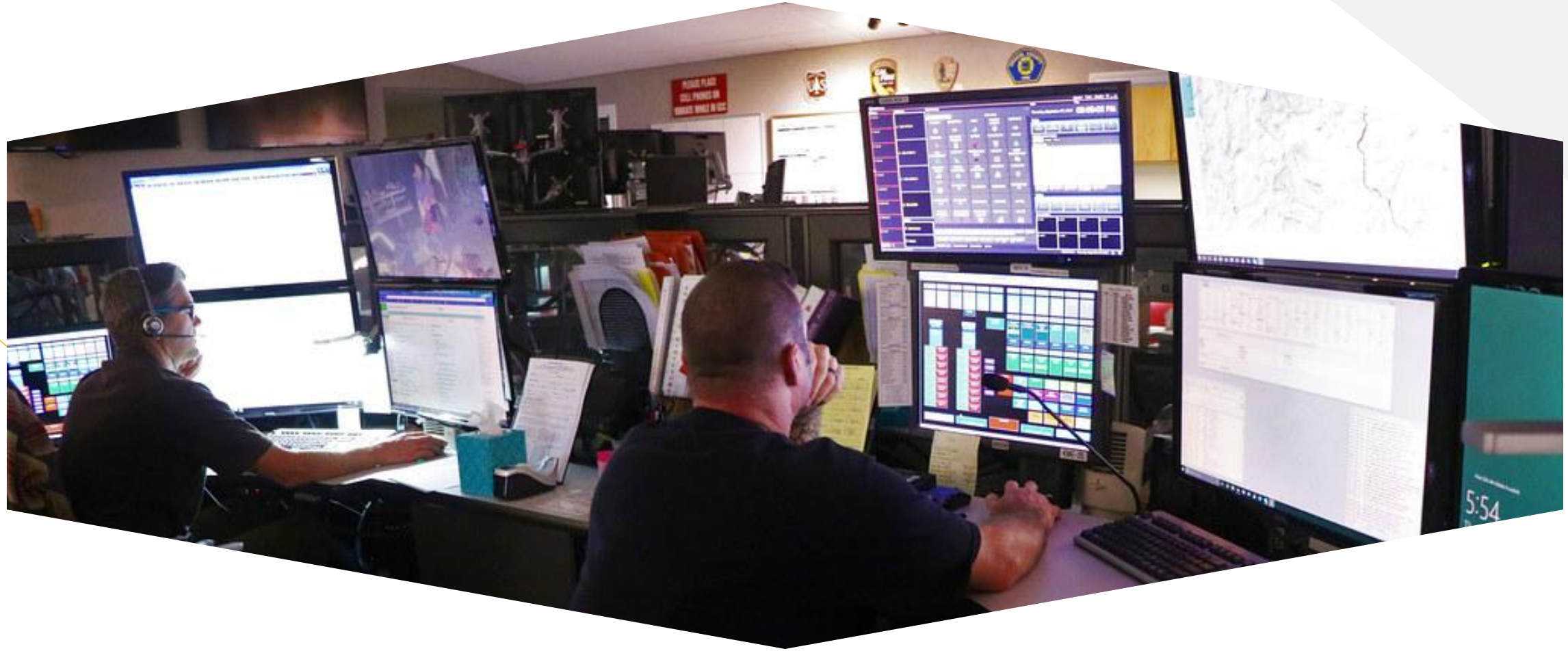
QMHP	LPC	LCSW
Qualified Mental Health Professional	Licensed Professional Counselor	Licensed Clinical Social Worker

Capability	QMHP	LPC	LCSW
Education	Bachelor's	Master's	Master's
Licensed	No	Yes	Yes
Independent Practice	No	Yes	Yes
Diagnose & Treat	No	Yes	Yes
Supervision Required	Yes	No	No
Crisis Response	Primary Role	Available	Advanced
Complex Assessments	Basic	Comprehensive	Comprehensive+
Private Practice	No	Yes	Yes

Legend:

- Yes / Supported
- Partial / Varies
- No / Not Supported
- Education / Reference

Dispatch & Mental Health Calls



Call Flow Process

911 or Dispatch receives call

Dispatch screens for safety threats and mental health indicators.

Based on need and safety threats, sends:

- Officer Only
- Officer and Clinician
- Officer only, then Clinician follow up after scene is safe

CLINICIAN AVAILABILITY: Officers and Clinicians are available 7:00 AM – 11:00 PM daily. Outside these hours (11:00 PM – 7:00 AM), only Officers are dispatched for emergency calls. On-call CIRT officers remain available and can be contacted if needed during off-hours.

Current Response Process

Step 1: Arrival and Scene Safety

Officer arrives first and assesses safety
Clinician stages nearby and does NOT enter immediately
Officer determines if weapons, aggression, or immediate danger exist

Step 2: Scene Clearance

Officer secures the environment
Confirms there is no active threat to clinician safety
Only after this does the clinician approach

Step 3: Introduction

Officer introduces clinician as part of the response team
Establishes authority, trust, and structure
Example: “This is our mental health clinician who’s here to help figure out what support you need”

Clinician and Officer Roles

Clinician	Officer
• Clinical assessment (mental status exam, risk assessment) • Suicide/homicide risk evaluation • Identifying psychiatric vs situational crisis • Determining level of care needed • Creating stabilization and referral recommendations • Documenting clinical findings and rationale	• Scene safety and control • Legal authority and detention powers • Transport if required • Final enforcement decision-making authority • Supporting clinician safety and structure on scene

Assessment Process

Once safe and engaged, clinician assesses:

- Orientation (person, place, time, situation)
- Mood and affect
- Thought content (delusions, paranoia, suicidal or homicidal intent)
- Behavior and impulse control
- Substance involvement
- Support system availability
- Prior history (if accessible)
- Immediate risk level

Then determines:

- Can this be stabilized in the field?
- Does this require crisis center?
- Does this require hospital?
- Does this require Emergency Detention Order?

Disposition Options (End of the call)

- Safety plan, including follow-up from Clinician
- Voluntary services
  - MHMR referral
  - UBH / inpatient voluntary admission
  - Outpatient follow-up
- Medical hospital
  - If symptoms may be medical (intoxication, delirium, injury, unknown cause)
- Emergency Detention Order (EDO)
  - If the person poses substantial risk of serious harm and is unable/unwilling to seek voluntary care
  - Legal mechanism that allows involuntary transport for psychiatric evaluation
  - To protect individuals who are at immediate risk due to mental illness.
  - Not used as a punishment or an arrest

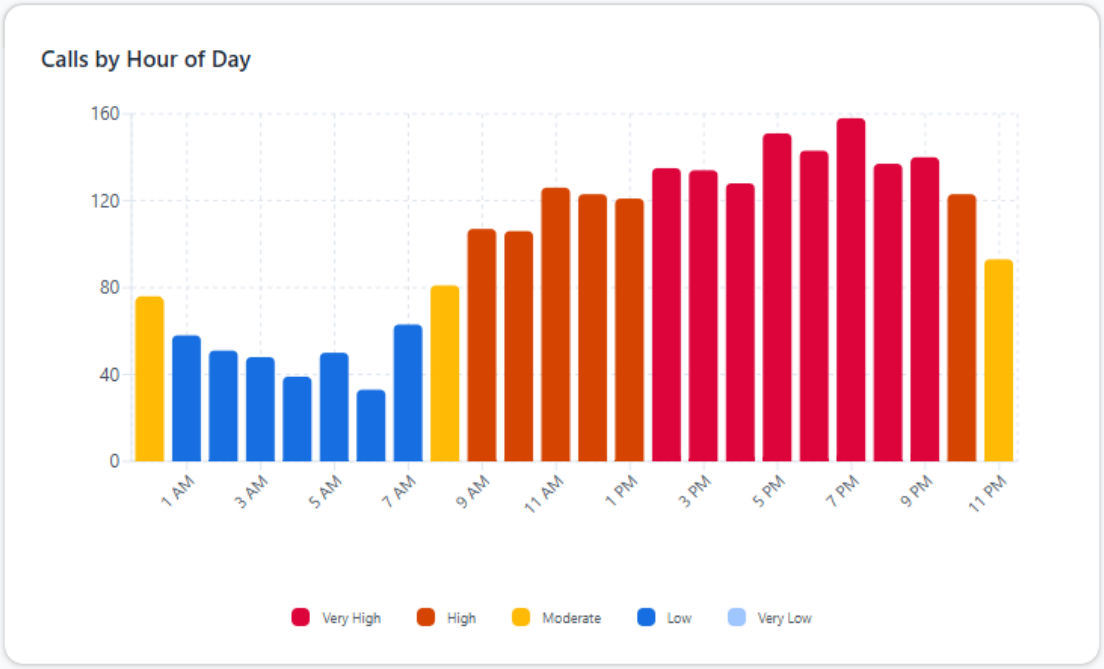
CIRT’s Service Levels

Peak Call Times

Peak Times for Mental Health Related Calls

Distribution of all mental health-related calls by hour of day

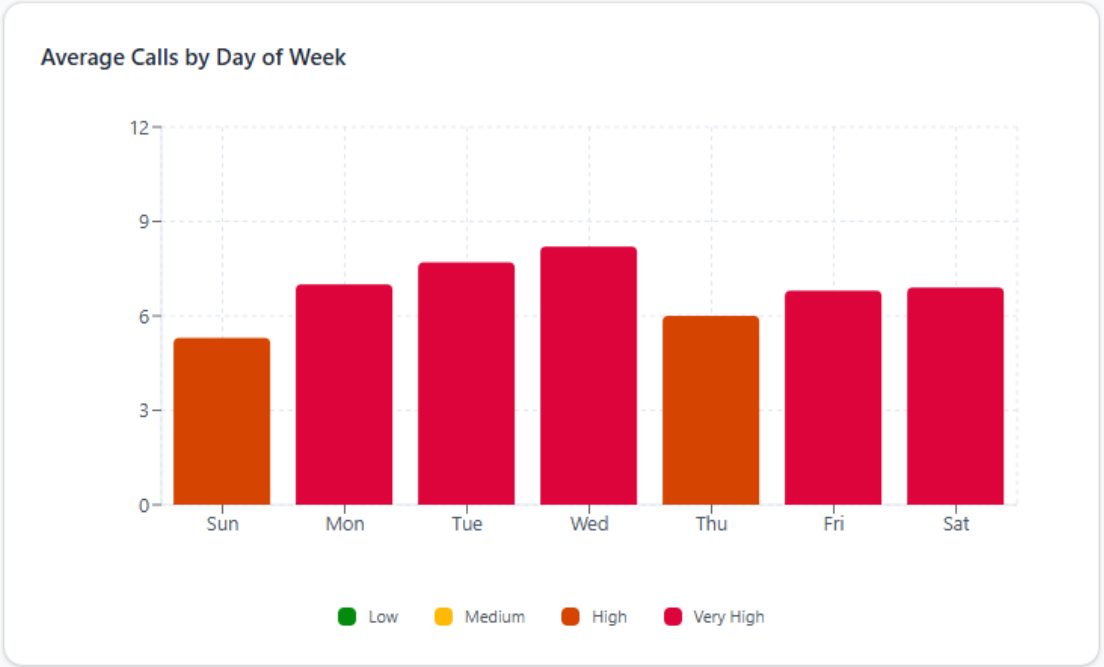
Total Calls	Peak Hour	Peak Hour Range
2424	7 PM	2 PM - 10 PM
		46.5% of total calls



Peak Days for Mental Health Related Calls

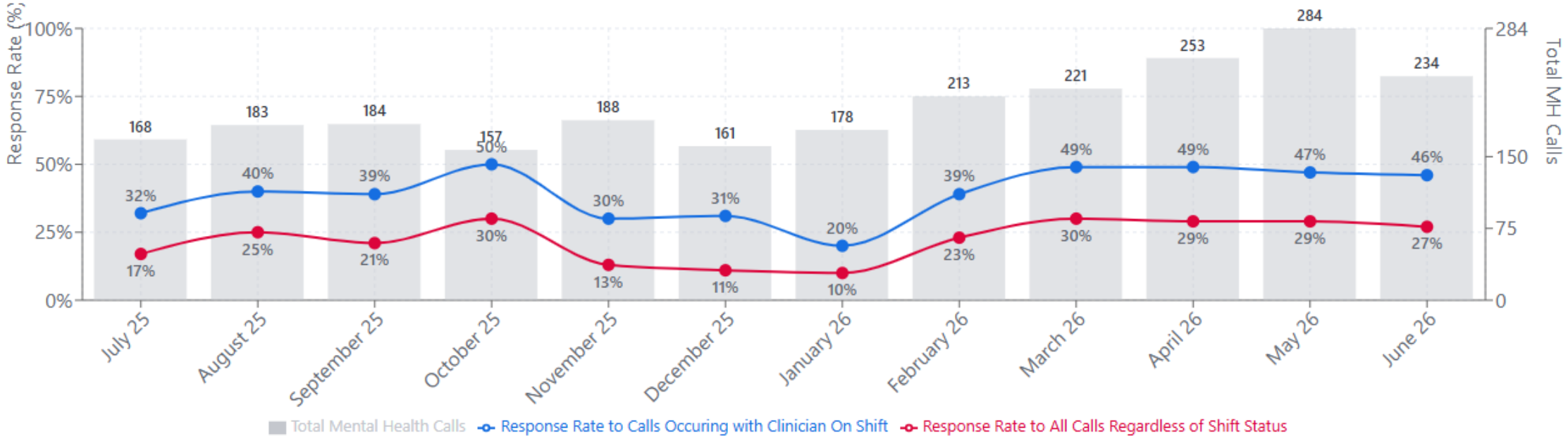
Average number of mental health-related calls per day of week

Total MH-Related Calls	Highest Average Day	High Average Days
2,424	Wednesday	Mon, Tue, Wed, Fri, Sat
	8.2 avg calls	



Total Mental Health Calls

CIRT Response Rate to Mental Health Coded Calls by Month (Rolling 12-Month Period): Response Rate to Calls Occuring with Clinician On Shift (Blue Line) vs Response Rate to All Calls Regardless of Shift Status (Red Line)



What Success Looks Like

- Fewer repeat crisis calls
- Less jail incarceration for mental illness
- Reduced load on law enforcement
- Faster connection to treatment
- Safer outcomes for officers and residents
- Stabilization in the community over time

Challenges We Face

- High repeat utilizers
- Gaps in housing and long-term treatment access
- Calls that don’t clearly qualify for clinician response
- Delays in hospital placement or acceptance

Questions?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Downtown Square
DCTA Transit Center
Development Services