



School-Based Crisis Intervention Team (CIT)

School Based CIT

In August 15, 2022, the school-based initiative went live with a partnership with El Paso Independent School district where our CIT specialists co-respond to the mental health crisis calls and assist with de-escalation and evaluations of students at the schools to ensure that students and families are being offered services in the community. We are now currently serving 2 school districts in El Paso County.



School Based Crisis Intervention Team



School-Based CIT is made up of 6 CIT specialists, a Lead therapist and a licensed program manager.

- 7 Available Units
- 07:00 am to 07:00 pm
- 5 days a week

Criteria for School-Based CIT encounters

Emergent Calls

- * Danger to self (Suicide threats or attempts).
- * Active self harm behavior (e.g Cutting, burning, head banging, hair pulling).
- * Active psychosis that creates a crisis for the student. (e.g. Hallucinations, delusions, paranoia).
- * Danger to others (Homicidal thoughts or behaviors)
- * Making threats or plan to hurt other people.

If criteria is met, School administration or school counselors generate a police call and request CIT assistance.

Benefits of School-Based CIT

- * Proper linkage to services (Within EHN-LMHA, or with a proper community referral)
- * Diverting children/adolescents from Emergency Rooms, jail, or JPD
- * Direct Admission to inpatient psychiatric facilities if needed
- * Assisting officers to reduce or prevent the use of force
- * De-escalation, Triage, and evaluation while crisis is taking place
- * Follow-ups on cases that require welfare checks and further intervention

CIT RESPONSE

As soon as the call comes out, we use name and date of birth to begin doing research on client such as;

- DIAGNOSIS
- MEDICATIONS
- OPEN/CLOSED TO SERVICES
- MEDICAL HISTORY
- PSYCHIATRIC HISTORY
- PAST CIT ENCOUNTERS
- TRIGGERS / "HOOKS"

Intervention

Our CIT unit uses the 7-step model for crisis intervention;

1. Initiating contact
2. Identify problem
3. Providing support
4. Examining solutions
5. Making plans
6. Obtaining commitment
7. Follow up

Intervention (special needs)

* CIT – CIS working together.

Intervention differences

* Time

* Approach

* Space

* Focusing on Basic Needs

* Difference in Dispositions

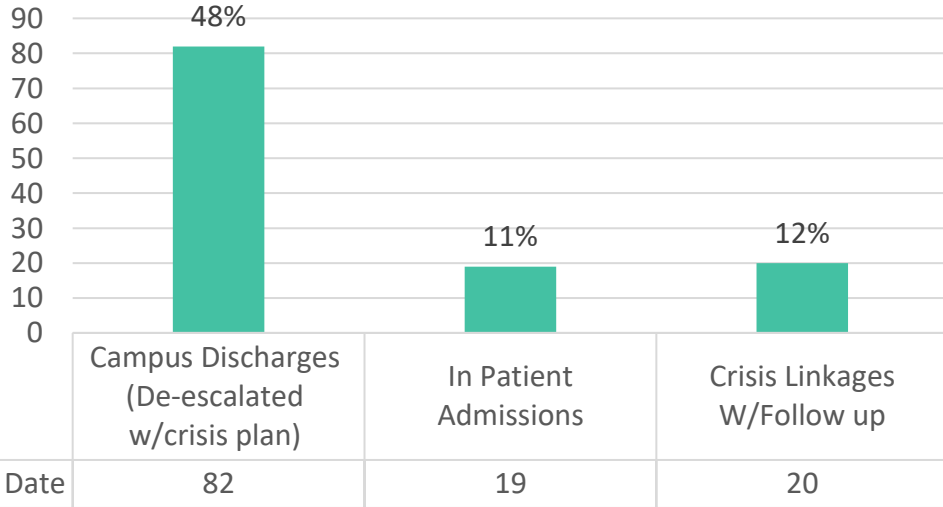
* Providing Resources to families

Statistics

September 2022 thru March 2023

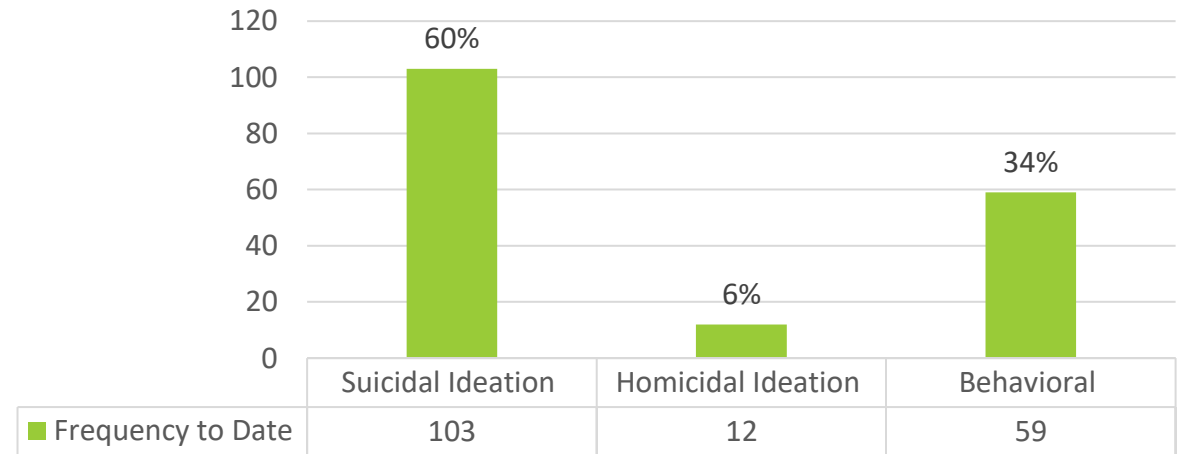
Total Encounters:172

Total Encounters



■ Frequency to Date

Frequency to Date



■ Frequency to Date

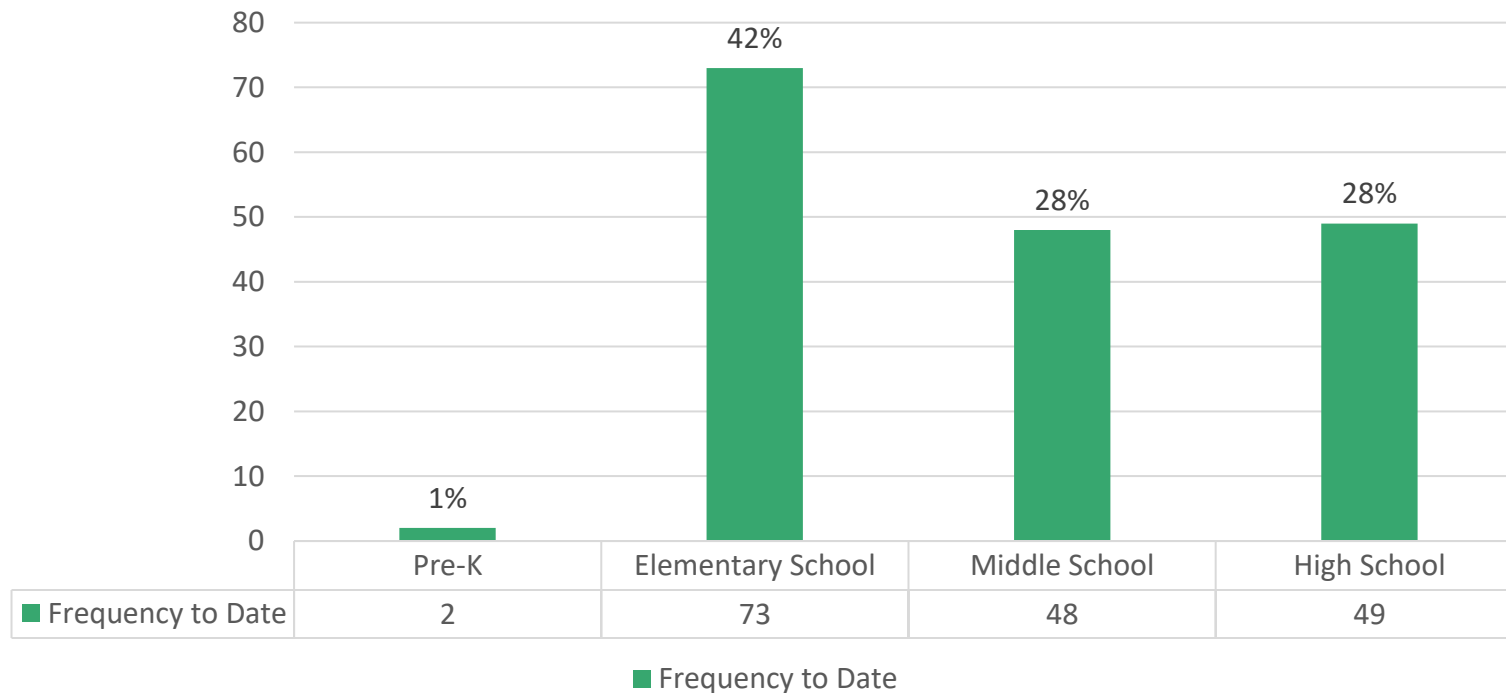
Note: 12% of these dispatched calls (21 calls) involves SUDs abuse.

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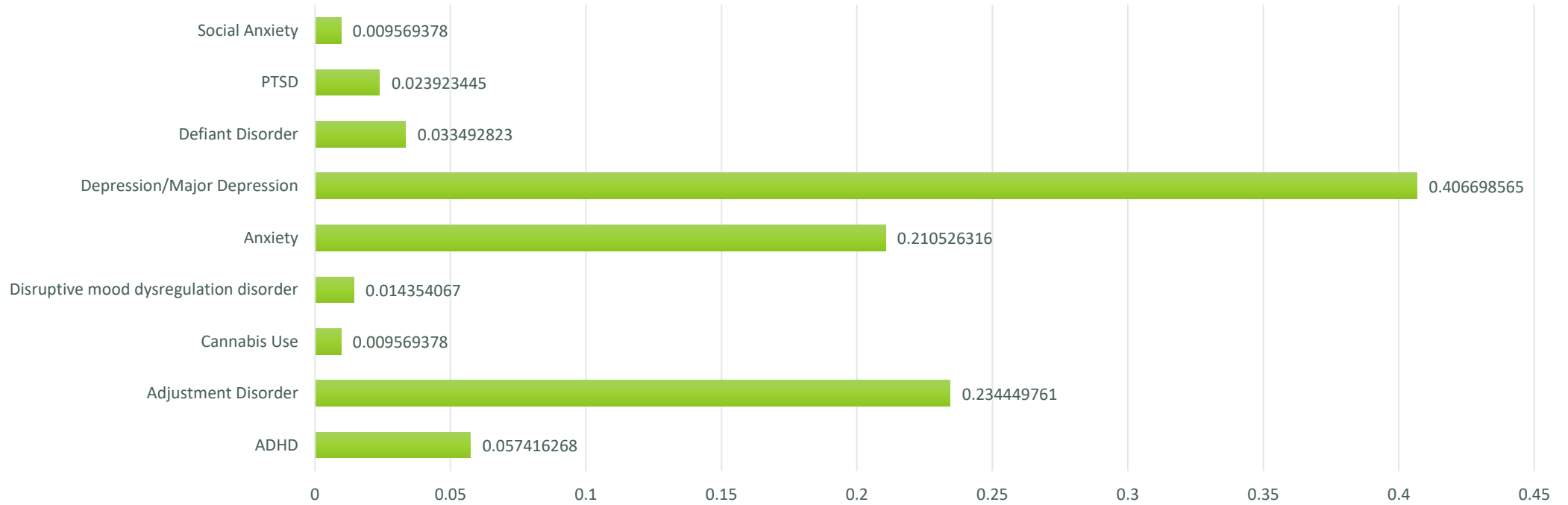
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Frequency to Date



Prevalent Diagnosis

Prevalent Diagnosis 2022-2023



Implementation Challenges & Recommendations

- ❖ Schools operate in silos.
- ❖ Change in culture and mental health awareness. Training, training, training.
- ❖ The bigger the district the bigger the challenge.
- ❖ Identify key administrators and leaders to begin the development of the program.
- ❖ School PD, Administrators, Counselors and Nurses need to be involved in order for protocols and response to be effective and timely.
- ❖ Meetings at least every month to identify gaps and opportunities for program improvement.
- ❖ Case staffing and reviewing body camera footage of encounters a great training tool.
- ❖ EDO training for CADs.

Community Impact

- ❖ Intervention & mitigation at the earliest stages.
- ❖ Prevention of school violence.
- ❖ Proper identification of students with IDD or autism.
- ❖ Reduction in suicides for CADs.
- ❖ Access and sharing of critical information for CADs in the community.
- ❖ Community linkage to appropriate mental health services.
- ❖ Increased awareness and education of crisis and mental health needs for CADs.
- ❖ Change in school culture and crisis response for a healthier CAD population.
- ❖ Results lead to other school district “buy ins” for program expansion.

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Thank you