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'We are ahead of the curve:' Danbury area police offer unique approach to working with mental health experts

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Justin Cullmer, New Milford Police community care coordinator, talks with a client in the parking lot of a local food business. Wednesday, July 15, 2020, in New Milford, Conn.

Photo: H John Voorhees III / Hearst Connecticut Media

If the New Milford police get a call about a homeless person, it is not always a cop who responds.

“We have a very unique approach,” Police Chief Spencer Cerruto said. “We realize that social services are an important part of the overall picture.”

The killing of George Floyd and other Black people by cops have led to nationwide calls for police resources and funding to be shifted to social services.

The draft of the police reform bill expected to go to the state legislature asks local departments to look into using social workers to respond remotely, in-person or with an officer to mental health calls.

But some departments in the state already have mental health clinicians who respond to these types of calls and then follow up with clients to ensure they are receiving services. This is on top of training in crisis intervention that some officers in even more departments undergo.

“They (law enforcement) are out in the community,” said Wayne Kowal, with State Police. “They can recognize if someone is in crisis, but they are not social workers. To recognize that you have a person in crisis and connect that person to a social worker, that is the key to success to any initiative.”

Newtown and Danbury share a clinician paid for by the state, while a dozen other communities, including New Haven, Bridgeport and Stamford, also have these state clinicians. Other towns have access to mobile crisis teams.

New Milford’s position is unique, however, because the town pays for the community care coordinator, who has his own vehicle and can respond to calls by himself.

“We are ahead of the curve,” Cerruto said.

Opioid epidemic

In some cases, the opioid epidemic led departments to develop this model.

“We knew we couldn’t arrest our way out of the opioid crisis,” Cerruto said. “We knew there had to be a more holistic approach.”

The department realized this could apply to other aspects like mental health, too.

“We noticed there was a void in how we handle these situations,” Cerruto said. “We want to make sure the community gets the appropriate services. And not only that, we need to make sure it’s done in a timely fashion.”

State police added a clinician in 2016 to Troop E, which covers the southeastern part of the state, because of the high use of naloxone — a life-saving drug that can reverse an overdose — in that region.

The clinician has their own vehicle to respond to and follow up on mental health calls, Kowal said. They also train troopers on how to handle people in a crisis.

“Whenever you can connect a person in crisis to services and to avoid arrest, that is a homerun for the individual,” said Kowal, who is the training program coordinator for the statewide narcotics task force. “It is a homerun for everybody.”

The position used to be full-time, but is now covered by two part-time clinicians. A mobile outreach team covers when the clinician is not available, he said.

Police’s role in social services

Danbury’s program, however, grew out of a general need.

“Mental health in the community has been primarily a police function for those people that don’t have private insurance and for anyone that’s in need of some help,” said Shaun McColgan, deputy chief.

The city has seen an increase in crisis intervention calls since it started tracking them five or six years ago.

There were 630 of these calls in 2019 and 279 so far in 2020, although some cases, such as a “well-being check,” may be connected to mental health, but not classified as a crisis call, he said.

Since 2015, Danbury has had a clinician who normally rides along with officers and conducts follow-up visits with clients alongside a plainclothes detective, McColgan said. The lack of uniform is meant to comfort clients, he said.

Much of the clinician’s work is on hold due to coronavirus precautions, including the inability to share the bullet-proof vests that civilians must wear in police vehicles, he said. But the clinician still reviews calls or conducts follow-ups, mainly virtually.

Justin Cullmer, the New Milford community care coordinator, works with the senior center and local social service, housing and other agencies. He drives clients to treatment or other appointments and assists at the soup kitchen, too, where he connects with clients and agencies.

“It’s an opportunity for me to build relationships with a lot of people who are struggling,” he said.

Shifting funding?

The vast majority of police work is service related, rather than fighting crime, said Hasan Arslan, an associate professor at Western Connecticut State University who studies police use of force.

“Clearly, it makes more sense to employ social workers in a police department than to make social workers out of cops,” he said.

But he noted shifting police funding to social services should be tested and observed carefully. Budgetary concerns and backlash from cops and unions may be obstacles.

The theory is a good one, McColgan said.

limits?"

He said he doesn't want a system where mental health calls go to social workers from 9 a.m. to 5 p.m. on weekdays and then to the police on evenings, nights and weekends.

"I don't know of any 24-hour-a-day, seven-days-a-week service that exists to help people other than police departments," McColgan said.

Rather than taking money away from police, departments need more funding so additional officers can be trained, Bethel Lt. Robert Durkin said. He said officers would welcome the support from mental health experts.

"We're just scraping the surface of what's going on with an individual," Durkin said.

"Whereas, the mental health professionals are trained to get a little deeper."

Training and expanding

Having more clinicians trained on crisis intervention would allow the state to expand to other communities, said the spokeswoman for the state Department of Mental Health and Addiction Services. A clinician's salary ranges from about \$72,000 to \$97,000 a year.

More than 3,000 cops and their mental health partners have been trained on crisis intervention through the Connecticut Alliance to Benefit Law Enforcement, the organization's founder said. This includes officers in Danbury, Bethel and New Milford, as well as state troopers.

About 22 Danbury officers have been trained on this since 2009. This includes McColgan, who praised the program, saying it has helped cops learn how to deescalate situations.

Still, he said some officers are better suited to help those with mental health than others.

"I don't think every officer would make a great CIT (crisis intervention training) officer, just like every cop can't be a great SWAT officer," McColgan said.

He roughly estimated the team is used six to 10 times a year.

This has been effective because mental health calls come at random times, Durkin said.

“That’s a tough thing to be able to staff 24/7,” he said. “That’s the difficult part, is knowing when these calls are going to occur.”

Different communities have different needs and resources, which would affect their abilities to bring on mental health experts, Cerruto said.

But New Milford has seen great successes, he said.

For example, the town has gone from having a dozen 12 homeless individuals to one or two at any given time.

“Every community should have a position like this,” Cerruto said. “It’s been that beneficial to us.”

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