

# Outline

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# Crisis Intervention Team (CIT)

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# Goals

## Improve Officer and Consumer Safety

- Immediacy of Response
- In-Depth Training
- Team Approach
- Change Police Procedures

## Redirect Consumers from Judicial System to Health Care System

- Single Source of Entry
- No Clinical Barriers
- Minimal Officer Turnaround Time

# Major Research Points

- **Officers are more confident of their de-escalation skills as a result of CIT Training.**

Borum R, Deane M, Steadman H, et al (1998) Police perspectives on responding to mentally ill people in crisis: perceptions of program effectiveness. Behav Sci Law 16:393-405, 1998

- **CIT Training changes officers' attitudes - attitudes that reflect stigma towards individuals with serious mental illness such as schizophrenia were significantly improved.**

Compton MT, Esterberg ML, McGee R, et al (2006) Crisis Intervention Team training : changes in knowledge, attitudes, and stigma related to schizophrenia. Psychiatr Serv 57:1199-1201

- **CIT Programs increase department's involvement in responding to behavioral crisis events**

Dupont RT, Cochran CS (2000) Police response to mental health emergencies – barriers to change. J Am Acad Psychiatry Law 28:228-44

Teller JL, Munetz MR, Gil KM, et al (2006) Crisis Intervention Team training for police officers responding to mental disturbance calls. Psychiatr Serv 57:232-7

- **CIT Programs improve law enforcement response times to crisis events.**

Steadman JH, Dean MW, Borum R, et al (2000) Comparing outcomes for major models of police responses to mental health emergencies. Psychiatr Serv 51:645-9

# Major Research Points (cont.)

- **CIT may decrease the need for higher level interventions such as that of the SWAT team.**  
Dupont RT, Cochran CS (2000) Police response to mental health emergencies – barriers to change. J Am Acad Psychiatry Law 28:228-44, 2000  
Bower, DL, Pettit WG (2001) The Albuquerque Police Department's Crisis Intervention Team report card. FBI Law Enforcement Bulletin 70:1-9
- **CIT officers have lower arrest rates for those with mental illness than non-CIT Officers**  
Compton MT, Bakeman R, Broussard B, Hankerson-Dyson D, Husbands L, Krishan S, et al. (2014). The police-based crisis intervention team (CIT) model: II. effects on level of force and resolution, referral, and arrest. Psychiatric Services 523-529.
- **CIT Training appears to have a positive impact on the use of force in that while lower levels of use of force are similar to non-CIT officers, the use of higher levels of force are lower in CIT officers.**  
Compton MT, Bakeman R, Broussard B, Hankerson-Dyson D, Husbands L, Krishan S, et al. (2014) The police-based crisis intervention team (CIT) model: I. effects on officers' knowledge attitudes and skills. Psychiatric Services 517-522.

# Major Research Points (cont.)

- **CIT Programs report very low arrest rates for those with mental illness, generally around 2-4%. Estimates of national arrest rates are in the range of 20%.**

## CIT arrest rates

Steadman JH, Dean MW, Borum R, et al (2000) Comparing outcomes for major models of police responses to mental health emergencies. *Psychiatr Serv* 51:645-9,

Straus G, Glenn, M, Reddi P, et al (2005) Psychiatric disposition of patients brought in by Crisis Intervention Team officers. *Community Mental Health Journal* 41:223-8

Teller JL, Munetz MR, Gil KM, et al (2006) Crisis Intervention Team training for police officers responding to mental disturbance calls. *Psychiatr Serv* 57:232-7

## National Estimates

Sheridan E, Teplin L (1981) Police-referred psychiatric emergencies: advantages of community treatment. *J Community Psychol* 9:140-7

Borum R, Swanson J, Swartz M, et al (1998) Substance abuse, violent behavior and police encounters among people with severe mental disorders. *J Comtemp Crim Just* 12:236-50

# Major Research Points (cont.)

- **CIT programs increase the rate of referrals to health and social service care with increases ranging from 20% to 90%. Analysis of the characteristics and dispositions of individuals referred by CIT officers indicated a strong similarity to groups referred to health and social service care by other referral sources including mental health professionals. These studies suggest CIT officers are making greater use of referrals to health care and social service resources while making appropriate decisions about the need for psychiatric care.**

Straus G, Glenn, M, Reddi P, et al (2005) Psychiatric disposition of patients brought in by Crisis Intervention Team officers. *Community Mental Health Journal* 41:223-8.

Teller JL, Munetz MR, Gil KM, et al (2006) Crisis Intervention Team training for police officers responding to mental disturbance calls. *Psychiatr Serv* 57:232-7.

Dupont RT, Cochran CS (2000) Police response to mental health emergencies – barriers to change. *J Am Acad Psychiatry Law* 28:228-44.

- **Individuals with serious mental illness diverted by CIT Officers to health care have improved continuity of care, improved mental status, and lower rates of re-arrest than a similar group of individuals brought to the jail by non-CIT officers.**

Dupont RT: (2002) Final Report: Criminal Justice Diversion Project. Rockwell, Md, Department of Health and Human Services, Substance Abuse and Mental Health Services Administration



# Three Major Factors for Success

- Partnership
- Continuous Training
- Education (Community, Consumers, Churches & Advocates)

# Memphis CIT Calls and Transports

Calls for:

2014

17,812

2015

17,419

2016

18,435

Total transports for:

4,754

4,760

4,695

Transports to penal facilities:

539

569

592

\*Each year less than 2% of the calls result in the subject being transported to a penal facility. In 2016, we answered 18,435 CIT calls and only 592 subjects were transported to penal facilities. This is equal to .03211. The national average is between 2 - 4%

# Officers Trained and Certified from other Agencies

2014

91

2015

85

2016

87

**\*In the past three years we have trained officers from MS, AL, AR, TX, GA, FL, CA, Uruguay and Greenland. Currently, there are over 3,000 law enforcement agencies trained in and utilizing the Memphis Model of CIT.**

# Memphis CIT Ride-a-longs

For:

2014

36

2015

39

2016

47

**\*The ride-a-longs are used as an opportunity to show local mental health providers and citizens what the average tour of duty of a CIT officer is like...**

# Memphis CIT Speaking Engagements

For:

2014

27

2015

28

2016

25

**\*The speaking engagements are used to educate the public, and mental health providers on the CIT Program.**

# Three Take-a-ways

- Invite the community (schools, civic clubs, and churches, etc.) and mental health treatment facilities to join your CIT
- Continue to strengthen and develop partnerships and invite them to CIT Training
- Build on the small wins
- Tell your story to the local media outlets

**Questions?**

