

CRISIS INTERVENTION TEAM TRAINING

Presented by
Clearwater County Sheriff's Office and
Idaho Department of Health and Welfare – Adult Mental Health

WHEN

March 25-29, 2013

WHERE

**State Hospital North
(Monday only)**

300 HOSPITAL DRIVE OROFINO, ID 83544

Valley Christian Center

3215 ECHO HILLS DRIVE LEWISTON, ID 83501

Topics Included · Introduction to Mental Illness ·
Developmental Disabilities · PTSD and TBI/ Veterans
Trauma · **Substance Use Disorders** · Mental Health
Court Program · **Civil Commitment** · Age Related
Disorders · **De-escalation Techniques** · Excited
Delirium · **Suicide/Suicide by Cop**

TO REGISTER

**CONTACT SAMY OWEN (208) 799-4440
ADULT MENTAL HEALTH**

**DEADLINE FOR REGISTRATION
MARCH 11, 2013**

FREE TRAINING

**40 HOURS
POST
CERTIFIED**

CRISIS INTERVENTION TRAINING

The Crisis Intervention Team program is a community effort enjoining both the police and the community together for common goals of safety, understanding, and service to the mentally ill and their families.

BENEFITS OF CIT

- Reduce arrests of people with serious mental illnesses.
- Reduces officer stigma and prejudice toward people with mental illness.



National Alliance on Mental Illness

NAMI

CIT Toolkit CIT Facts



What is CIT?

Crisis Intervention Teams (CIT) are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses.

The first CIT was established in Memphis in 1988 after the tragic shooting by a police officer of a man with a serious mental illness. This tragedy stimulated a collaboration between the police, the Memphis chapter of the National Alliance on Mental Illness, the University of Tennessee Medical School and the University of Memphis to improve police training and procedures in response to mental illness. The Memphis CIT program has achieved remarkable success, in large part because it has remained a true community partnership. Today, the so-called "Memphis Model" has been adopted by hundreds of communities in more than 35 states, and is being implemented statewide in Ohio, Georgia, Florida, Utah, and Kentucky. To locate a CIT program near you, visit the University of Memphis website at: <http://www.cit.memphis.edu/USA.htm>.

The Memphis Model of CIT has several key components:

- ◆ A **community collaboration** between mental health providers, law enforcement, and family and consumer advocates. This group examines local systems to determine the community's needs, agrees on strategies for meeting those needs, and organizes police training. This coalition also determines the best way to transfer people with mental illness from police custody to the mental health system, and ensures that there are adequate facilities for mental health triage.
- ◆ A **40 hour training program** for law enforcement officers that includes basic information about mental illnesses and how to recognize them; information about the local mental health system and local laws; learning first-hand from consumers and family members about their experiences; verbal de-escalation training, and role-plays.
- ◆ **Consumer and family involvement** in decision-making, planning training sessions, and leading training sessions.

Why Do We Need CIT?

CIT equips police officers to interact with individuals experiencing a psychiatric crisis, by:

- ◆ **Providing specialized training.** Police officers report that they feel unprepared for "mental disturbance" calls and that they encounter barriers to getting people experiencing psychiatric symptoms quickly and safely transferred to mental health treatment. CIT addresses this need by providing officers with specialized training to respond safely, and quickly to people with serious mental illness in crisis. Officers learn to recognize the signs of psychiatric distress and how to de-escalate a crisis — avoiding officer injuries, consumer deaths and tragedy for the community. In addition, CIT officers learn how to link people with appropriate treatment, which has a positive impact on fostering recovery and reducing recidivism.

- ◆ **Creating a community collaboration.** Due to critical shortages in community mental health services, police officers have become first line responders to people with serious mental illness who are in a psychiatric crisis. When these crises occur, officers often have no options other than to arrest the individual, due to the lack of protocol or coordination between law enforcement and the mental health system. By creating relationships between law enforcement and mental health services, CIT can facilitate agreements that get people quickly transferred to mental health treatment, while reducing the burden on police and corrections. Speedy transfers to treatment save police time and money, and reduce the need for costly emergency psychiatric services.

CIT Works — for law enforcement, for consumers, and for the community.

CIT helps keep people with mental illnesses out of jail, and gets them into treatment.

- ◆ Studies show that police-based diversions, and CIT especially, significantly reduce arrests of people with serious mental illnesses.^{1,2} Pre-booking diversion, including CIT, also reduced the number of re-arrests by 58%.³
- ◆ In a one-year study of pre-booking jail diversion, including CIT, participants in jail diversion programs spent on average two more months in the community than non-diverted individuals. Individuals diverted through CIT and other programs receive more counseling, medication and other forms of treatment than individuals who are not diverted.³
- ◆ CIT training reduces officer stigma and prejudice toward people with mental illness.⁴
- ◆ CIT officers do a good job of identifying individuals who need psychiatric care⁵ and are 25% more likely to transport an individual to a psychiatric treatment facility than other officers.⁶

CIT reduces officer injuries, SWAT team emergencies, and the amount of time officers spend on the disposition of mental disturbance calls.

- ◆ After the introduction of CIT In Memphis, officer injuries sustained during responses to “mental disturbance” calls dropped 80%.⁷
- ◆ After the introduction of CIT in Albuquerque, the number of crisis intervention calls requiring SWAT team involvement declined by 58%.⁸
- ◆ In Albuquerque, police shootings in the community declined after the introduction of CIT.⁹
- ◆ Officers trained in CIT rate their program as more effective at meeting the needs of people with mental illness, minimizing the amount of time they spend on “mental disturbance” calls, and maintaining community safety, than officers who rely on a mobile crisis unit or in-house social worker for assistance with “mental disturbance” calls.¹⁰

CIT Works in Rural Communities: Many rural communities have created regional collaboratives for CIT. For example, successful rural CIT programs exist in the New River Valley in Virginia, and in Cambria County, Pennsylvania.



National Alliance on Mental Illness

NAMI

CIT Toolkit

Criminalization Facts



Criminalization of people with mental illnesses is a significant problem:

With the decrease in inpatient psychiatric beds and declines in the availability of community mental health services, people with serious mental illnesses frequently go without the treatment and services that they need. When someone experiences a psychiatric crisis or acts out as a result of symptoms of their illness, often police are the first-line responders, and jails and prisons are increasingly used to house and treat these individuals. Once incarcerated, people with mental illnesses do not receive the services that they need, are vulnerable to abuse, and have difficulty reconnecting with services on release. The result, for many, is years of cycling through prisons and jails, shelters, and emergency rooms, which is costly for communities, a burden on police and corrections, and tragic for people with mental illnesses.

- ◆ More than 450,000 Americans with a recent history of mental illnesses are incarcerated in US jails and prisons. This includes 24% of state prison inmates, and 21% of local jail inmates.¹ Of these, about 72% have a co-occurring substance abuse disorder.² By comparison, about 6% of the general population has a serious mental illness.³
- ◆ Of probationers, 16%, or more than 500,000 people, reported having a mental disorder.²
- ◆ In one study, approximately 28% of people with serious mental illness were arrested in a 10-year period. The majority of these arrests were for non-violent charges like crimes against the public order or property offenses.⁴ Many experienced repeat arrests.
- ◆ Sixty-six percent of boys, and almost 74% of girls in the juvenile justice system meet the diagnostic criteria for at least one major mental illness.⁵
- ◆ People with mental illness who are incarcerated tend to have higher rates of homelessness and co-occurring substance abuse disorders.⁶
- ◆ People who are incarcerated who have a mental illness have experienced, prior to their incarceration, higher rates of sexual and physical abuse victimization and unemployment than other inmates.¹
- ◆ When they are incarcerated, people with mental illness often lose access to Medicare, Medicaid, and Social Security benefits. Even when benefits should be restored upon release, re-applying for benefits can be time-consuming and complex. Without case management assistance to restore benefits, prisoners re-entering communities after prison are at risk of re-offending or requiring costly emergency medical services.⁷

Criminalization creates serious burdens for police and corrections:

When people with serious mental illnesses interact with the justice system, they spend more time in prison, and they require a specialized police response and expensive psychiatric care. This creates a financial burden on police and corrections — money that would be better spent maintaining public safety and getting people with mental illnesses the treatment they need before they encounter police.

- ◆ Once arrested, individuals with mental illness and substance abuse disorders spend on average 17 more days in jail than people without these disorders who were charged with similar crimes.⁶ At Riker's Island, New York City's largest jail, inmates with serious mental illness serve on average almost 6 months more than inmates without serious mental illness.⁸
- ◆ The yearly cost of incarceration for one prisoner in both state and Federal prisons is approximately \$22,600.⁹ According to a 2004 report, taxpayers in Miami-Dade County, Florida spend \$18 per day to house inmates from the general population in jail. Taxpayers spend \$125 per day to house inmates with mental illnesses in jail.¹⁰
- ◆ Studies show that between 10-15% of police shootings are "suicide-by-cop" incidents, when the victim is suicidal and deliberately provokes the officer to shoot.¹¹
- ◆ Police officers report that responding to "mental disturbance" calls creates a significant burden on their departments.¹²

There are strategies that work:

Pre-Booking Jail Diversion:

Studies show that police-based jail diversion, and crisis intervention teams (CIT) especially, significantly reduce arrests of people with serious mental illnesses.^{13,14} These programs also better identify individuals who need psychiatric care.¹⁵ Individuals diverted through CIT and other pre-booking diversion programs receive more counseling, medication and other forms of treatment than individuals who are not diverted.¹⁶

Post Booking Jail Diversion:

Mental health courts and other post-booking diversion programs have proven effective in reducing incarceration and improving treatment outcomes. Studies of the Allegheny County (PA) and Broward County (FL) Mental Health Courts revealed that mental health courts reduced the amount of time offenders with serious mental illness spent in jail, increased the amount of mental health treatment they received, and did so at no additional cost.^{17, 18}

Supportive Housing:

Placing individuals who are homeless and who have serious mental illnesses in supportive housing with social services reduces time spent in jail, and reduces financial burdens on the criminal justice system. In one study, the reduced costs to the criminal justice system, shelters and emergency rooms made up for 94% of the cost of supportive housing.¹⁹

Forensic Assertive Community Treatment:

Forensic Assertive Community Treatment (FACT) treats individuals with serious mental illness who have been involved with the criminal justice system by providing intensive round-the-clock services in the community. In one study, FACT reduced jail days by 83%.²⁰