CIT as a Roadmap for Narrowing the Net

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CIT INTERNATIONAL
Overview

INTRODUCTIONS & Overview

The Crisis Intervention Team Model

Research Evidence
Specialist v. Train all

BUILDING EFFECTIVE CRISIS RESPONSE SYSTEMS THAT MINIMIZE THE ROLE OF LAW ENFORCEMENT

Pushing Back on efforts that expand the role of Law Enforcement: Putting the ball back in the Mental Health System’s court

The Importance of partnerships
The Nature and Context of the Problem

- ~6-10% of all police contacts with the public involve persons with serious mental illnesses (Livingston, 2016)
- 29% of persons with serious mental illnesses in the US have police involved in pathway to care (Livingston, 2016)
- At least 1 in four individuals fatally shot by police had a serious mental illness (Fuller et al 2015, Lowrey et al 2015)
  - Data is not available on the number of officer fatalities
- Over 1 million arrests of persons with mental illnesses a year in the United States
  - Evidence regarding whether mental illness increases likelihood of arrest is equivocal (Engel & Silver, 2002)
- Responsibility to address mental health concerns in the community continues to be shifted to law enforcement
CIT as a strategy to improve police response to mental health crisis & expand non-LE options
The CIT Model

Ongoing Elements
- Partnerships: Law Enforcement, Advocacy, Mental Health
- Community Ownership: Planning, Implementation & Networking
- Policies and Procedures

Operational Elements
- CIT: Officer, Dispatcher, Coordinator
- Curriculum: CIT Training
- Mental Health Receiving Facility: Emergency Services

Sustaining Elements
- Evaluation and Research
- In-Service Training
- Recognition and Honors
- Outreach: Developing CIT in Other Communities

INTERNATIONAL CIT™ CRISIS INTERVENTION TEAM
The Crisis Intervention Team Model: Evidence

- CIT improves officer knowledge, attitudes, and confidence in responding safely and effectively to mental health crisis calls.
- CIT increases linkages to services for persons with mental illnesses.
- CIT reduces use of force with more resistant subjects.
- Findings related to diversion from arrest vary.
- Effects are strongest when CIT follows volunteer specialist model.
- Some agencies that have moved from the specialist model to mandating CIT training for all have not had good results.
- CIT programs are well suited to support implementation of ISMICC recommendations.

Current efforts to improve law enforcement response to health crisis: The road to the CJ system is paved with good intentions:

Are there unintended consequences of:

- Handcuffs to get healthcare?
- To get a clinician, you have to get a cop?
- Mandating CIT training?
Health Care
Not Handcuffs

NAMI’s ROLE IN CIT AND CHANGING CRISIS RESPONSE IN OUR COMMUNITIES

Source: NAMI National Convention 2019
“Narrowing the Net: Partnering to reduce the role of law enforcement and criminal justice system in mental health care.”
<table>
<thead>
<tr>
<th>Crisis Response</th>
<th>Mental Health Emergency</th>
<th>Develop a Care Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>CALL 911</td>
<td>CALL ACCESS (800)854-7771</td>
<td>NAMI helps families and consumers by offering Education, Advocacy, Support and Resources.</td>
</tr>
</tbody>
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PD will send a patrol unit to stabilize the crisis and detain the loved one for a mental health evaluation. During the detention, Officers will handcuff the loved one for everyone’s safety and because it is PD’s policy.

During a mental health crisis, officers/clinicians will detain the subject to determine if he/she meets the criteria for a 5150 WIC application for a 72-hour hold. Subjects will be assessed for the danger they pose to themselves, danger they pose to others, and grave disability. The Officer’s determination will be based on physical evidence, the Subject’s history, the Subject’s statements, and reliable witness statements.
EMBEDDED CO-RESPONSE
To get a clinician, you have to get a cop?
How this expands the role of LE

Benefits?
- May reduce ED transports and increase linkages to community care
- Individuals with mental illnesses and their families may prefer this to officer only response (but some evidence they prefer no LE involvement at all)

Unintended consequences?
- Presence of officer may increase stigma, trauma, criminalization, and potential use of force
- Further defines MH crisis as a LE issue—and allows us to avoid adequately funding mental health services
- Expands the role of LE/CJ in the lives of individuals with mental illnesses and their families
Mandating CIT training

One specific method of increasing the quality of training would be to ensure that Peace Officer and Standards Training (POST) boards include mandatory Crisis Intervention Training (CIT), which equips officers to deal with individuals in crisis or living with mental disabilities, as part of both basic recruit and in-service officer training—as well as instruction in disease of addiction, implicit bias.
Unintended Consequences of Mandating CIT training

"[The agency] does not, however, have a specialized team that consists of officers who have expressed a desire to specialized in crisis intervention and have demonstrated a proficiency at responding to individuals in mental health crisis. While we commend [the agency] for training all officers on crisis matters, this approach assumes incorrectly that all [of the agency’s] officers are equally capable of handling crisis situations and fails to build greater capacity among qualified officers."
IACP’s One Mind Campaign

- Four Strategies:
  - Establish a clearly defined and sustainable partnership with one or more community mental health organization(s).
  - Develop and implement a model policy addressing police response to persons affected by mental illness.
  - Train and certify 100 percent of your agency’s sworn officers in Mental Health First Aid for Public Safety or equivalent.
  - Provide Crisis Intervention Team training to a minimum of 20 percent of your agency’s sworn officers.
So-what can we do?

Putting it back in the MH System’s Court (while being prepared to assist)
Interdepartmental Serious Mental Illness Coordinating Committee

The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers

December 13, 2017
ISMICCC

10 Federal Departments / Agencies
- Secretary of the Department of Health and Human Services
- Assistant Secretary for Mental Health and Substance Use
- Attorney General, Department of Justice
- Secretary of the Department of Veterans Affairs
- Secretary of the Department of Defense
- Secretary of the Department of Housing and Urban Development
- Secretary of the Department of Education
- Secretary of the Department of Labor
- Administrator of the Centers for Medicare and Medicaid Services
- Commissioner of the Social Security Administration

14 Non-Federal Members
- Subject matter experts from behavioral health services, medical community, advocacy, law enforcement services, and academia
The ISMICC is Charged to:

- Report on advances in research on Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED) related to prevention, diagnosis, intervention, treatment and recovery, and access to services and supports;

- Evaluate the effect federal programs related to SMI and SED have on public health, including outcomes across a number of important dimensions; and

- Make specific recommendations for actions that federal departments can take to better coordinate the administration of mental health services for adults with SMI or children with SED.
Recommendation: Focus 4.2   Develop an integrated crisis response system to divert people with SMI and SED from the justice system.

“Community based mental health services must be in place to address the crisis needs of people with SMI and SED. A crisis response system should include services such as 24/7 access to crisis line services staffed by clinicians; warm lines staffed by certified peer specialist, including family and youth support specialist; non-law-enforcement crisis response teams of clinicians and other behavioral health providers able to respond independently to non-violent crisis situations and to correspond with law-enforcement when needed; and dedicated crisis triage centers. A person with SMI or SED who is in crisis should be able to get adequate mental health care in the community without contact with law-enforcement. However, until that goal is achieved, there must be plans for information sharing between crisis service providers and law-enforcement personnel. Sustaining an adequate crisis response system must be addressed through an inter-departmental group, including SAMHSA, the Centers for Medicare and Medicaid Services, the Veterans health Administration, and other federal departments.”
Mental Health America (MHA) supports coordinated efforts:

1. to identify and provide those services necessary to reduce the prevalence of mental health and substance use crises; and

2. to ensure that crises are responded to in a manner that is least damaging and most apt to result in a peaceful and therapeutic outcome. This includes providing mobile crisis response teams made up of mental health professionals and peers and linking to peer-run crisis respite or psychiatric urgent care centers.

A law enforcement response to a mental health crisis is almost always stigmatizing for people with mental illnesses and should be avoided when possible. Whenever possible, mental health crises should be treated using medical personnel or, even better, specialized mental health personnel.

Source: Mental Health America; Position Statement 59: Responding to Behavioral Health Crisis
What does a comprehensive crisis response system look like?
Components and workings of an Integrated Crisis Response System
THANK YOU!!!!!!!!

CIT INTERNATIONAL INTRODUCES NEW RESOURCE

CRISIS INTERVENTION TEAM (CIT) PROGRAMS:
A BEST PRACTICE GUIDE FOR TRANSFORMING COMMUNITY RESPONSES TO MENTAL HEALTH CRISSES

Foreword by Angela Kimball, Acting Chief Executive Officer, NAMI, The National Alliance on Mental Illness; Preface by Major Sam Cochran (Ret.) and Randolph Dupont, Ph.D., Co-Founders, CIT International

NOW AVAILABLE FOR DOWNLOAD AT:
http://www.citinternational.org/bestpracticeguide
Or stop by the CIT International Booth to purchase a copy

"There are absolutely no reasons not to do CIT. It benefits the law enforcement officer directly, it benefits the community, the courts, the local government, and the individuals in crisis. It changes lives.”
—Judge Steve ttadmon, 13th Judicial Circuit of Florida, Miami, Florida

"As parents or someone with mental illness, we are so grateful for the effort our community has made in creating its CIT program. There's more attention being paid to enhancing our crisis response system to avoid having the police respond, but when they have to, we have introduced increased knowledge, skills, and compassion by law enforcement responding to people with mental illness.”
—Fred and Kim Wainscott, Co-Presidents, NAMI Cape Cod, New York

Discussion
THANK YOU!!!!!!!