CRISIS INTERVENTION TEAM PROGRAM

Communities in Crisis
Today, crises arising from behavioral health disorders are all too common occurrences in our communities. Typically, when a community is faced with a crisis, the first reaction is to call upon law enforcement for a swift response and resolution. Police and community members both agree upon the premise that first responders’ swift response is a necessary component to public safety, so there are rarely complaints when police quickly arrive on scene. Disparity occurs and criticism arises when police and community members differ in their conceptualization of what an appropriate resolution should look like.
CIT is the bridge to narrowing that gap by providing training for officers regarding behavioral health issues and educating community members and behavioral health providers within those communities about the true role and needs of law enforcement so both sides are more able to effectively utilize each other to the benefit of consumers and their families.
CIT has traditionally been viewed as “Training for Cops”, but if one were to take a closer look at any community where an effective CIT program exists, it would be obvious that training officers is only one of several key components. The remaining components involve partnering with and educating the community, both families and behavioral health providers and creating a vibrant, easily accessible and responsive behavioral health crisis system.

What is CIT?
Based on a model developed in Memphis, Tennessee in 1988, Crisis Intervention Team programs bridge the gap between police response and mental health care by forming community partnerships. This alliance stimulates the development and realization of a transformed system where the method in which police respond to behavioral health crises is improved and utilization of behavioral health resources is increased. Crisis Intervention Team training produces officers who, through specialized training, gain insight into behavioral health crises and the system that provides services to individuals with behavioral health disorders. This knowledge allows officers to more effectively resolve crises arising from behavioral health disorders and, when appropriate, to utilize their discretionary powers to divert these individuals away from the criminal justice system and into the behavioral health system, when appropriate.

Why is CIT Necessary?
The need for CIT trained officers is growing and will only intensify over time. An increasing number of individuals live in the community with mental health disorders, developmental disabilities and substance use disorders. Calls for police to respond to these individuals during crisis events is also ever increasing. Overall, law enforcement handles this assignment well, but these serious encounters do require some specialized training.

Specifically regarding mental illness, the era of deinstitutionalization, which began in 1955, had the most significant impact on modern day policing. The PBS program, “Frontline” highlighted this phenomenon, “The magnitude of deinstitutionalization of the severely mentally ill qualifies it as one of the largest social experiments in American history. In 1955, there were 558,239 severely mentally ill patients in the nation’s public psychiatric hospitals. In 1994, this number had been reduced to 71,619.”

For more information, click here, or go to the following link:
How CIT Operates

In addition to handling their regular police service calls, the key to a truly successful program would be for CIT trained officers to respond to calls relating to persons with mental illness, as just one part of their typically daily Patrol Duties. This makes the CIT Program cost efficient within the overall context of police services. It is important to have personnel who can calm and contain situations rather than exacerbate them. While this may temporarily take a unit from its usual patrol area, that short-term loss pales in comparison to the time spent and the number of investigative hours required when a situation is poorly handled or escalates.

Dispelling some of the myths surrounding the operation of CIT might best be accomplished by indicating what CIT is NOT. There is no special unit requiring changes to the organizational structure; only on-duty, specially trained, already on-the-street Patrol Officers are required. The desire for well-rounded officers who are generalists is consistent with CIT, the only difference being that the officer has a specialty, like scuba-diving or language capability. No complicated scheduling is needed except to ensure CIT “coverage” for each shift. No costs are incurred other than the officers time for the training. The training itself is free, which is a key component to the law enforcement/behavioral health partnership, ensuring that CIT will continue to be offered cost-free far into the future.

The CIT Course

The 40 hour course is comprised around 5 key themes: Understanding Behavioral Health, Developing Empathy, Navigating Community Resources, De-escalation Skills and Practical Application. These themes can be captured and presented in several distinct core modules, depending on the composition of a given community and the resources therein. The modules are arranged methodically to create a progressive learning experience. Knowledge leads to understanding which leads to empathy which leads to the motivation to utilize newly acquired skills. Students participate in realistic, well scripted, role plays at the end of the week. This provides students the opportunity to practice new skills and allows instructors to evaluate the fidelity of the core curriculum. (More specific information on core curriculum will follow.)

Why 40 hours?

The Memphis Police Department’s 20-year highly-successful proven track record is proof enough to dispel concerns about the length of a CIT class. Although CIT may not prevent every serious incident, statistics indicate that in communities where a vibrant CIT program is in place and in practice, serious or fatal incidents decrease. Sensitivity training about mental illness or just Mental Health Awareness classes are not adequate to achieve a true shift in beliefs. Dealing with mentally ill individuals can be comparable to two people speaking different languages. They may not understand, communicate, or logically process the information or instructions given to them. The 40 hour CIT course is designed to make the officers somewhat “bi-lingual” in mental illness.

The depth, breadth, and intensity of CIT cannot be replicated by any shorter-term course. Introducing officers to actual individuals living with behavioral health disorders and their family members throughout the course of the week gives perspective to the instructional material and shatters the stigma and prejudice that surround mental illness. Whether or not it is beneficial to provide all officers with some type of overview regarding behavioral health disorders is debatable. In some cases it may be better than nothing and perhaps even valuable, but, it will never be a substitute for a full-blown CIT course. Forty hours of training, for a small percentage of officers, is a small price to pay when compared to the number of investigative hours required following one major incident. By week’s end, officers’ evaluations indicate they feel better prepared to respond more effectively to crisis situations involving persons with behavioral health disorders.
Benefits of CIT

The reduction and severity of tragic incidents alone is reason enough for implementation. Studies indicate that injuries to officers, the general public, and mentally ill individuals are reduced in communities where CIT is in place.

It provides safer interventions for officers and for consumers and families, while redirecting the individual from the criminal justice system to the behavioral health treatment system when there is a law enforcement encounter.

The savings of patrol time is another feature. No longer are officers delayed as they seek out which facility they can access, driving from facility to facility in hopes that someone will respond. Officers can be back on the street within fifteen minutes when an effective CIT program is in place, not the several hours it currently takes in many communities. Few other training programs offer a gain in patrol time.

The Crisis Intervention Team Program is a community effort joining together law enforcement and the community to work toward common goals of safety, understanding, and service to those with behavioral health disorders, including co-occurring substance use disorders.

Outcome research conducted at the University of Memphis has shown CIT to be effective in:

- Developing positive perceptions and increased confidence among police officers
- Providing very efficient crisis response times
- Increasing jail diversion among those with a mental illness
- Improving the likelihood of treatment continuity with community-based providers
- Impacting psychiatric symptomatology for those suffering from mental illness and substance use disorders
- Significantly decreasing police officer injury rates

Who Should Be Trained In CIT?

An elite assembly of specially trained uniformed patrol officers should be the desire of every Chief. CIT is an Advanced Officer Training Specialty, and does NOT require the training of every officer, it only requires a minimal number of officers. Some departments have started CIT with as few as 5% of their patrol force. Indications are that experienced officers who volunteer and are interested in CIT perform best. It is just not for every officer. Some departments consider interviewing candidates or relying on supervising officers to recommend patrol officers under their command to attend the training.

In most urban settings 20-25% of your Uniformed Patrol force seems to fill the need, while perhaps a higher rate in more rural communities may be needed to help adequate coverage throughout a community.

Starting A CIT Program

In its infancy, CIT became a reality through the efforts of a local coalition consisting of advocates, consumers, mental health providers, practitioners, politicians, and law enforcement representatives who donated their time and talent. If there’s not a CIT program in your community, you can start one. Remember, CIT is not just a training program. Training law-enforcement is one outcome, but not the only goal. Building partnerships, identifying problems and developing solutions, are the key to a successful program. Identifying what crisis resources are available, and then how to make them easily accessible is equally important to any real CIT Program. This collaboration not only increases the chances for real outcomes, but also greatly increases the likelihood of sustainability. No one person or entity can make it happen. It takes a determined approach, perhaps over several years to reach fruition. CIT can be implemented at a minimal cost. With all of these benefits, it is no wonder that CIT is described as: Community Policing at its best!