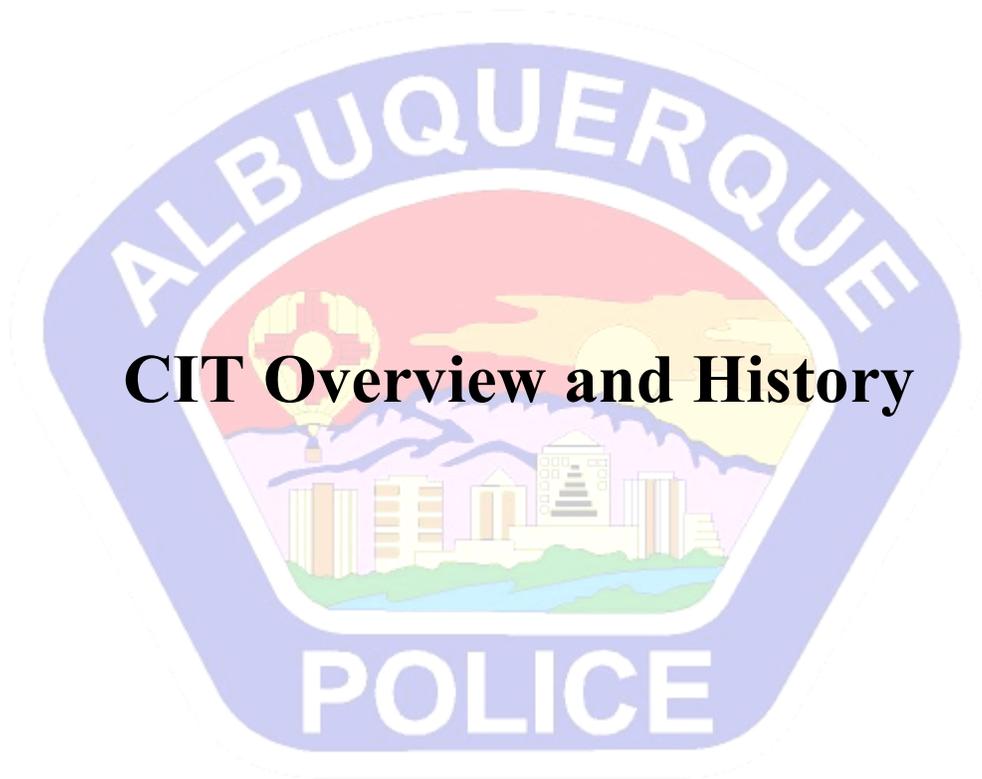


Crisis Intervention Team Training



Student Guide

CIT Overview

The term "CIT" is often spoken about when it comes to training and a law enforcement program. The below definitions are taken from some of the national leaders in the movement of CIT.



Definitions:

The Crisis Intervention Team (CIT) is an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships. The CIT Model was first developed in Memphis and has spread throughout the country. It is known as the "Memphis Model." CIT provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community. CIT is a program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change.

-Dupont, Randolph, Sam Cochran, and Sarah Pillsbury. "Crisis Intervention Team Core Elements." (2007). Print. University of Memphis.



CIT (Crisis Intervention Team) programs are local initiatives designed to improve the way law enforcement and the community respond to people experiencing mental health crises. They are built on strong partnerships between law enforcement, mental health provider agencies and individuals and families affected by mental illness.

History of CIT

Mental health contacts and intervention by law enforcement became part of the profession with the deinstitutionalization of nonviolent mentally ill patients in the 1960s. The goal was to allow people receiving treatment in an institution to continue to receive the treatment but from community service agencies. The money saved by hospital closing was to be transferred to outpatient community programs.

The money intended for outpatient services never found its way to the community. Funding for outpatient treatment services and programs are still lacking in most areas of the United States. This left a gap for people who were in need of services. Without the assistance many people stop their treatment programs; which resulted in many people becoming unstable while living in the community, with their families who were ill equipped to be caregivers.

When people living with the illness became psychotic or had poor quality of life in communities, the police became the go to resource for helping. Law enforcement has always been there to serve the most vulnerable in their community, which historically was viewed as victims of crime. With the lack of resources and treatment for people with mental illness they became the most vulnerable in many communities leading officers to become front line mental health workers.

METRO

MEMPHIS, WEDNESDAY, SEPTEMBER 30, 1987

THE COMMERCIAL APPEAL

***** SECTION B



Ann Dino

Furor sparks call for crisis team

New options needed on handling of mentally ill, says alliance

By William C. Bayne
Staff Reporter

Approached aggressively, a person with severe mental problems may react aggressively — either fighting or fleeing from law enforcement officers or others trying to help.

"There's magic in the manner," said Ann Dino, president of the Alliance for the Mentally Ill of Memphis, the organization that suggested the task force approach for dealing with uncontrollable people with mental ill-

ness.

She said a better approach to Joseph Robinson, the 27-year-old man who was shot repeatedly and killed last Thursday by police, might have "prevented the tragedy."

On Monday, Mayor Dick Hackett announced he would speed up plans to create a crisis intervention team, which would include mental health professionals, to deal with people who have mental problems and are violent.

No evidence has emerged to show Robinson had a history of

mental illness. A relative who had called police to subdue him said he was "trying to cut his throat, acting like he's on drugs," police reported.

Mrs. Dino and others with the alliance met with Police Director John Holt before Thanksgiving last year asking for a task force approach to handling the uncontrollable mentally ill.

She said Holt seemed receptive to the idea and assigned Patrolman John Dwyer to research the proposal.

"You have to have the research in order to see what best

will work in connection with the assets you have," she said yesterday. "Los Angeles has the best one in the country. But it took them two years to work out the kinks in their operation."

Part of the research, she said, pointed out changes needed in ordinances and some some laws about the handling of emergency commitments.

She praised Dwyer's work as excellent and said the cooperation was tremendous between the Police Department and City Hall. She said the first-year start-up costs for the task force would

be about \$50,000, but she did not know the actual operating costs.

John Dwyer's research showed the task force would pay for itself in savings to the Police Department and other agencies, Mrs. Dino said.

Asked why it took so long for the city to announce the plan, she said, "Sometimes it just takes some hollering and screaming to get something done. It's sad that it took this tragedy for something to happen, but maybe something good is going to come

Please see T-208N, Page B2

In September 1987 Memphis, TN police responded to a 911 call involving a young man with a history of mental illness who was cutting himself with a knife and threatening suicide. When officers responded to the location they had ordered the man to drop the knife. The man became more upset and ran towards the officers with the knife still in his hand. Officers then discharged their firearms killing the man.

Officers were trained to use deadly force when they perceive their own or someone else's life to be in grave danger. This incident was criticized because the perception on the call was the only life in danger was the man who wanted to kill himself. This occurred during a time of racial tension in Memphis and the man was African-American while both officers were white. This incident was the catalyst for the creation of the Crisis Intervention Team (CIT) in Memphis.



The Memphis Police Department joined in partnership with the Memphis Chapter of the National Alliance for the Mentally Ill (NAMI), mental health providers, and two local universities (the University of Memphis and the University of Tennessee) in organizing, training, and implementing a specialized unit. This unique and creative alliance was established for the purpose of developing a more intelligent, understandable, and safe approach to mental crisis events. This community effort was the genesis of the Memphis Police Department's Crisis Intervention Team.

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 more than 2000 communities in more than 40 states, and is being implemented statewide in several states, including Maine, Connecticut, Ohio, Georgia, Florida, Utah, and Kentucky.



University of Memphis CIT Center 2015

Sam Cochran was the coordinator of the Memphis Police Services Crisis Intervention Team (CIT). He retired from the Memphis police department as a Major after over 30 years of service and now provides consultation to CIT programs throughout the nation. He holds a Masters degree in Political Science from the University of Southern Mississippi. In addition to his nationally recognized work with the CIT program, Major Cochran was a coordinator for the Hostage Negotiation Team and the Critical Incident Services (CIS) for the Memphis Police Department. During his time as a law enforcement officer, Major Cochran (ret.) served in uniform patrol, the investigative division and was been an instructor at the training academy.

He is nationally known for his work in the field of crisis intervention. In addition to receiving the City University of New York (CUNY) John Jay College of Criminal Justice, Law Enforcement News Person of the Year Award (2000), the National Alliance of the Mentally Ill (NAMI) has named their annual law enforcement advocacy award after Sam Cochran. He has worked with police departments throughout the nation as well as departments in Canada, Australia, and England.

Randolph Dupont, PhD is a Professor and Clinical Psychologist at the University of Memphis School of Urban Affairs and Public Policy, Department of Criminology and Criminal Justice. Previously, he was a professor at the University of Tennessee Center for the Health Sciences where he directed the Regional Medical Center Psychiatric Emergency Services for 14 years. He was the principal investigator for the Tennessee Health and Human Services SAMSA Jail Diversion Research project and is currently a principal investigator in the National Science Foundations grant to study the use of advanced computer technology to train law enforcement officers in crisis de-escalation techniques.

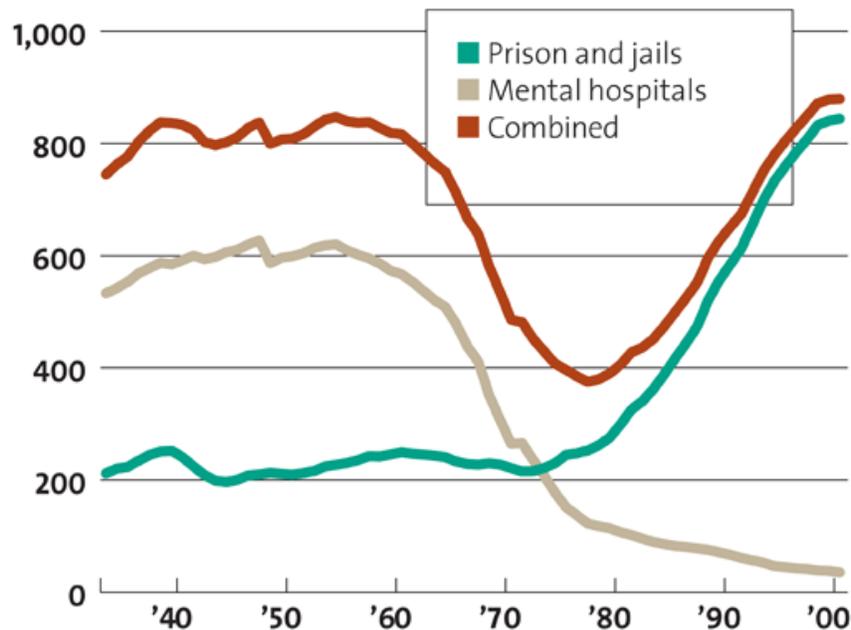
Dr. Dupont is a nationally recognized expert in the fields of mental illness and crisis de-escalation systems and is the lead consultant and key instructor for the Memphis Police CIT program. He also directs the trauma recovery program for both the Memphis Police and Fire Departments. He has trained a wide variety of professionals, including those involved in criminal justice, fire, emergency medical services, healthcare, social service as well as business and industry.



University of Memphis CIT Center 2015

Jail Diversion

Locked Up. But Where?
Rates of institutionalization, per 100,000 adults



Before the creation of the CIT program responding to common calls involving someone living with a mental illness like disturbing the peace or minor misdemeanor offenses would often result in the person being taken directly to jail. This increased the population of the jail with people who would be better suited in a medical facility and created safety concerns for inmates. Memphis created the concept of jail diversion; taking known or suspected individuals showing signs of a mental illness to the hospital for treatment first before they entered the court system.

CIT Statistics



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. Pre-booking diversion, including CIT, also reduced the number of re-arrests by 58%.
- 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.
- CIT training reduces officer stigma and prejudice toward people with mental illness.
- CIT officers do a good job of identifying individuals who need psychiatric care¹ and are 25% more likely to transport an individual to a psychiatric treatment facility than other officers.

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%.
- After the introduction of CIT in Albuquerque, the number of crisis intervention calls requiring SWAT team involvement declined by 58%.
- In Albuquerque, police shootings in the community declined after the introduction of CIT.
- 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.

History in APD

Police Crisis Team Honored

Officers Deal With Mentally Disturbed

BY GUILLERMO CONTRERAS

Journal Staff Writer

Mental health professionals on Saturday hosted a banquet to honor the Albuquerque Police Department and its fledgling Crisis Intervention Team.

The team is made up of officers who were selected for their ability to help defuse potentially volatile situations. The officers are trained to deal with people with mental-health problems that might put them or others at risk or who are threatening suicide.

The team was assembled in January, when 30 officers began taking classes instructed by mental health professionals. Part of the training includes how to talk people with mental health disorders out of committing crimes or from hurting themselves or other people.

Since then, 92 APD officers have been trained, including the department's SWAT team.

Outgoing Police Chief Joe Polisar, who spoke briefly at Saturday's banquet, said that in the late 1980s and early 1990s, the APD was criticized severely for the way it handled crisis-related incidents.

The department looked for ways to better deal with those situations. Members of the department heard about a program in place since 1988 in Memphis, Tenn., and two representatives were sent there to examine it in 1994.

The APD began networking with members of the mental health field and eventually established the team here.

L.J. Lovell, a case manager for the University of New Mexico's Mental Health Center, told the 150 people at the dinner that officers have recognized that some people need mental health evaluation and not incarceration.

Sgt. W. Gene Pettit, who coordinates APD's Crisis Intervention Team, says the program has been very successful. In the past three months, officers have taken an average of 85 to 89 people to mental health facilities — instead of to jail.

The department is gearing up for another class Nov. 17. To participate, officers have to volunteer and go through a rigid screening process. Officers are often chosen for their communication and tactical skills, including good judgment in high-pressure situations. They get 40 hours of training.

Pettit said he looks to the future when "the Crisis Intervention Team would no longer be looked upon as a change. It would be looked upon as tradition."



Dr. Donn Hubler APD Psychologist	Sgt. Gene Pettit CIT Coordinator
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In 1996 Sgt. Gene Pettit was assigned the task of starting a CIT program for the Albuquerque Police Department (APD). He began networking to build collaboration with the community. With a joint effort the University of New Mexico, NAMI, and the APD put on their first 40-hour CIT class that graduated January 31st, 1997. The class was taught in collaboration with community experts at the local resources that were available to officers.

The APD was an innovator in expanding the CIT program in law enforcement. By creating a unit of full time sworn officers for follow up with individuals living with mental illness the APD created a standard for police intervention in crisis situations. APD was the first department to have a psychiatrist employed to assist in guidance on police crisis intervention.

The APD and the Department of Justice created a settlement agreement in 2015 outlining changes in the CIT program to include increase in data collection, training, and increase in detectives.



Crisis Training Cuts SWAT Deployments, Police Official Says

BY STEVE SHOUP
Journal Staff Writer

Training officers to deal with people who are mentally ill or suicidal has reduced the number of SWAT team deployments and the number of mentally ill people who wind up in jail, a police crisis specialist said.

"I think (crisis intervention training) has put the Albuquerque Police Department on the cutting edge of police work, especially in the Southwest," Sgt. Gene Pettit, who oversees APD's crisis intervention programs, said during a presentation Thursday to the city's Police Oversight Commission.

APD started training crisis intervention specialists in 1997. Now the department has 108 officers with crisis training, which is about a quarter of the officers on patrol, Pettit said. Officers with the training are available at all hours in all parts of the city.

Crisis officers handle routine patrols like other officers, but are called to incidents such as domestic violence, someone threatening suicide or behaving strangely or dangerously, Pettit said.

Officers handle about 300 crisis calls a month. Of those, about 48 percent of the people involved are using alcohol or illegal drugs, 12 percent have a weapon, 36 percent are threatening suicide, 61 percent are mentally ill, or are a combination of some of those categories, Pettit said.

The officers have been trained to talk to distressed people, find out how to defuse a crisis and how to get

the person help. Consequently, only 12 percent of people handled by the crisis officers go to jail or its alcohol detoxification unit, while 48 percent are taken or referred to mental health services. The remainder of the crisis cases are handled at the scene of the call.

Only 1 percent of crisis calls result in use of force, such as chasing or restraining someone, which results in injury to a distressed or mentally ill person, Pettit said.

The SWAT team is used much less often to handle suicidal people now that crisis officers are available, Dr. Donn Hubler, APD's staff psychologist, told the commission.

The combination of crisis training and APD's less-lethal weapons, such as bean-baglike shotgun projectiles, have saved lives, Pettit said.

The Police Oversight Commission was created by the City Council last year after public outcry over the number of fatal shootings by APD officers in recent years.

In other business, the commission hopes to select three candidates to fill the new post of independent review officer, who is also part of the new police oversight system. Commission chairwoman Jill Marron said the commission will review the candidates in July and forward the names to the mayor and City Council.

The commission will also seek public comment at its July meeting on its proposed rules on handling appeals of citizens' complaints against police officers, Marron said.

Collaboration

On September 1st, 2015 a memorandum of understanding was signed between the APD, Bernalillo County Sheriff's Department, and the Rio Rancho Police Department. This marked a unique advancement in CIT for New Mexico creating the first metro team to assist the state's largest metropolitan area.



The APD CIT program collaborates with the following organizations:

- National Alliance on Mental Illness (NAMI)
- University of New Mexico (UNM)
- Mental Health Response Advisory Committee (MHRAC)
- St. Martin's Hospitality Center
- Noon Day Ministries
- Health Care for the Homeless
- CABQ Community and Family Services
- New Mexico Solutions
- Agora Crisis Center
- Albuquerque Heading Home Project
- Depression Bipolar Support Alliance (DBSA)
- Forensic Intervention Consortium
- Presbyterian Hospitals
- Veteran Affairs Hospitals
- And many more

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