Crisis Intervention Team
Core Elements

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SECTION 1

CIT Model
Core Elements: Summary

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.

Basic Goals:
- Improve Officer and Consumer Safety
- Redirect Individuals with Mental Illness from the Judicial System to the Health Care System

In order for a CIT program to be successful, several critical core elements should be present. These elements are central to the success of the program’s goals. The following outlines these core elements and details the necessary components underlying each element.

CORE ELEMENTS

Ongoing Elements
1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership: Planning, Implementation & Networking
3. Policies and Procedures

Operational Elements
4. CIT: Officer, Dispatcher, Coordinator
5. Curriculum: CIT Training
6. Mental Health Receiving Facility: Emergency Services

Sustaining Elements
7. Evaluation and Research
8. In-Service Training
9. Recognition and Honors
10. Outreach: Developing CIT in Other Communities
Section 3

CIT Model
Core Elements: Detailed

3.1 Ongoing Elements

1. Partnerships: Law Enforcement, Advocacy, Mental Health

A. Law Enforcement Community

Participation and Leadership within the Law Enforcement Community

Central to the formation and success of CIT is the role of the law enforcement community. Trained CIT Officers are able to interact with crisis situations using de-escalation techniques that improve the safety of the officer, consumer, and family members. In addition, the law enforcement community is able to provide care and help to consumers by transporting individuals in need of special treatment to appropriate facilities. It is also critical that all law enforcement participate in the formation of CIT and engage in all elements of the planning and implementation stages. Often those involved in the formation of the CIT program will become or help select the CIT coordinator for a particular law enforcement agency. The two main components within the law enforcement partnership are the operational Crisis Intervention Team within a law enforcement agency and general criminal justice system participants.

1) Law Enforcement: CIT Operational Component
   - Police Department
   - Sheriff’s Department

2) Law Enforcement: Criminal Justice Partnership Component
   - Corrections
   - Judiciary
     Public defender, State Attorney, Judges, Probation/Parole
   - Crime Commission/Public Safety Commission

3) Law Enforcement: Policy Development Component
   - Law enforcement command staff
   - Training and Standards
3) Advocacy Groups (continued)

Below is a list of some of the advocacy groups that have been critical to the initial development of CIT programs across the nation.

- National Alliance on Mental Illness (NAMI)
  
  NAMI is a nonprofit, grassroots, advocacy organization whose mission is to eliminate mental illnesses and improve the quality of life for those who are affected. NAMI members consist of consumers, family members, and friends of individuals with a mental illness. [www.nami.org](http://www.nami.org)

- National Mental Health Association (NMHA)
  
  NMHA is a nonprofit organization that seeks to address all aspects of mental health and mental illness. NMHA works to improve the mental health of all Americans through advocacy, education, research, and service. [www.nmha.org](http://www.nmha.org)

- Many other advocacy groups have participated in the initial development of CIT programs throughout the nation. These groups include those representing individuals with mental illness, as well as those representing local and state government, mental health agencies, and the judiciary.
2. Community Ownership: Planning, Implementation & Networking

Communities both large and small are seeking solutions to crisis issues and situations. Community collaborations and partnerships are essential to this effort. Additionally, it is important to establish community ownership, which may be described as a dedicated investment that individuals within the community have in the CIT program. Individuals and organizations within the community must have a stake in the initial planning stages; the implementation of the CIT program and its training curriculum; and ongoing feedback in order to maintain, improve, and ensure the success of CIT. Also, local professionals and agencies, who dedicate their time without charge to assist in training the patrol officers, help to increase the sense of community ownership for CIT.

A. Planning

1) Advocates
2) Citizens
3) Consumers/Individuals with a Mental Illness
4) Family Members
5) Government
6) Judiciary
7) Law Enforcement Community
8) Mental Health Community

B. Implementation

1) Leadership from Law Enforcement, Mental Health, and Advocacy Community
2) Training Curriculum

C. Networking

1) Feedback
2) Problem Solving
3. Policies and Procedures (continued)

C. Mental Health Emergency Policies and Procedures

1) Law Enforcement Referral Policies

The policies in place should allow for a wide range of inpatient and outpatient referral sources in order to accommodate law enforcement agencies with a CIT program. Barriers that prevent officers from accessing immediate mental healthcare for an individual with mental illness should be eliminated. This should be a priority as important as any other in the CIT process. In addition, policies should be set to ensure minimal turnaround time for the CIT Officers, so that it is less than or equivalent to the turnaround time in jail.
4. CIT: Officer, Dispatcher, Coordinator

C. CIT Law Enforcement Coordinator

The CIT coordinator is part of the law enforcement community and acts as a liaison by maintaining partnerships with program stakeholders in order to ensure the success of CIT. The coordinator's involvement with CIT should start from the beginning and continue through the planning, implementation, and evaluation stages. The CIT coordinator provides support to CIT officers through training and feedback. The qualifications should include leadership ability and experience as a law enforcement officer. The job responsibilities include program development, training coordination, and maintenance of relationships with community partners. The CIT coordinator also is a point of contact with the law enforcement agency for the community and brings stability to the program.

D. Mental Health Coordinator

The mental health coordinator is part of the mental health community who provides leadership and serves as a liaison with the advocacy and law enforcement communities. This position may be established or developed informally. When it is left as an informal liaison there may be several individuals who serve this function. It is important that each of them work with the overall community effort. This position has a significant operational component involving the training, curriculum and the function of the receiving facility or receiving facilities.

E. Advocacy Coordinator

The advocacy coordinator is part of the advocacy community, which includes advocates, family members, and individuals with mental illness. As with the mental health coordinator, the position may be established or developed informally. When it is left as an informal liaison there may be several individuals who serve this function. It is important each of them work with the overall community effort. This position often involves the operational components such as training, curriculum and ongoing problem solving.

F. Program Coordinator

Multi-agency CIT programs may have a need for a Program Coordinator who is largely responsible for the day to day logistics of inter-departmental communication, data collection and management, records keeping and scheduling training. This person should be familiar with the roles of three primary components of the CIT program and comfortable and effective in communicating in all three environments. Much of the role of this person will be diplomatic in nature. They may have additional duties in identifying and securing sustaining programmatic resources.
5. Curriculum: CIT Training

A. Patrol Officer: 40-Hour Comprehensive Training (Continued)

2) On-Site Visits and Exposure
   • On-Site Visits

3) Practical Skill Training/Scenario Based
   • Crisis De-Escalation Training Part I
     Basic Strategies
   • Crisis De-Escalation Training Part II
     Basic Verbal Skills
   • Crisis De-Escalation Training Part III
     Stages/Cycle of a Crisis Escalation
   • Crisis De-Escalation Training Part IV
     Advanced Verbal Skills
   • Crisis De-Escalation Training Part V
     Advanced Strategies: Complex Scenarios

4) Questions and Answers

5) Commencement and Recognition

B. Dispatch Training

All dispatchers receive a specialized course detailing the structure of CIT. The training course also addresses how to properly receive and dispatch calls involving individuals with a mental illness and crisis situations. Additional and advanced in-service training courses should also be incorporated. Topics that are covered in the dispatcher’s training course are listed below.

1) Recognition and Assessment of a CIT Crisis Event

2) Appropriate Questions to Ask Caller

3) Identify Nearest CIT Officer

4) Policies and Procedures
3.3 Sustaining Elements

7. Evaluation and Research

Evaluation and research can help measure the impact, continuous outcomes, and efficiency of a community’s CIT program. More specifically, it may help to identify whether the program is achieving its objectives and should be an ongoing part of CIT. Outcome research 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; and impacting psychiatric symptomatology for those suffering from a serious mental illness, as well as substance abuse disorders. This was all accomplished while significantly decreasing police officer injury rates. The following components are being studied within CIT, some currently and others in the planning stages of evaluation.

A. Research and Evaluation Issues

1) Development of Community Consensus
2) Improved Law Enforcement Perception of Individuals with Mental Illness
3) Increased Confidence in Interacting with Individuals with Mental Illness
4) Decreased Crisis Response Times
5) Decreased Law Enforcement Injury Rates
6) Decreased Citizen Injury Rates
7) Improved Health Care Referrals
8) Decreased Arrest Rates
9) Jail Diversion Impact
10) Increased Treatment Continuity
11) Improved Treatment Outcomes
12) Decreased Psychiatric Symptomatology
13) Impact on Recidivism Rate
14) Improved Community Perception of Law Enforcement

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9. Recognition and Honors

Recognizing and honoring CIT Officers provides a sense of accomplishment and ownership toward the program. It also gives officers an incentive to continue in their line of work. Recognition and honors can be awarded through local media, newsletters, program websites, or annual banquets. Such honors should be given to CIT Officers who have served the community in crisis situations with exceptional care and compassion, while ensuring the safety of themselves and others.

A. Examples

1) Awards
   Departmental commendation for successfully de-escalating a crisis event

2) Certificate of Recognition
   During monthly advocacy meetings, CIT Officers may be introduced to the community and given a Certificate of Recognition.

3) Annual Banquet
   CIT Officers may be recognized and honored at an Annual CIT Banquet. The following are examples of the awards that can be given:
   - CIT Officer of the Year
   - Precinct CIT Officer of the Year
   - Five- or Ten-Year CIT Service Awards
   - New CIT Officer of the Year
   - Certificate of Appreciation/Recognition
     For Individuals within the Mental Health Community
     For Individuals within the Advocacy Community
     For Other Individuals within the Community