

Memphis Crisis Intervention Team

Overview

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The information provided is intended for use in public policy briefings. It is designed to assist in providing information about the Memphis CIT Model to community leaders and key stakeholder groups.

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Crisis Intervention Team

Memphis Model

- “This is policing for the 21st Century”
Police Chief Charles Moose (1997)
- “This program should be imitated in every city in America”
E. Fuller Torrey (1996)
- “. . . the most visible pre-booking diversion program in the U.S.”
Hank Steadman and colleagues (2000)

Best Practice Model

- NAMI (1996) National Alliance for the Mentally Ill
- American Association of Suicidology (1997)
- National Association of People of Color Against Suicide (1999)
- Amnesty International (1999) Race, Rights and Police Brutality
- White House Conference on Mental Health (1999)
- Department of Justice (2000)
- Department of Health and Human Services
SAMHSA (2000)
- CUNY, John Jay College of Criminal Justice
Law Enforcement News (2000)

First Responder Model

- *Advantages*

- excellent immediacy of response (Deane et al, 1997)
- changes nature of intervention
- reduces injuries, use of force (Dupont & Cochran, 2000)
- changes attitudes/perception (Borum et al, 1998)
- lowers arrest rates (Steadman et al, 2000)
- increases healthcare referrals (Dupont & Cochran, 2000)
- clarifies lines of responsibility (immediately)

METRO

MEMPHIS, WEDNESDAY, SEPTEMBER 30, 1987

THE COMMERCIAL APPEAL

SECTION 1

Furor sparks call for crisis team

New options needed on handling of mentally ill, says alliance

By William C. Bayne
Staff Reporter



Ann Dino

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 state 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 \$500,000, but she did not know the annual operating cost.

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

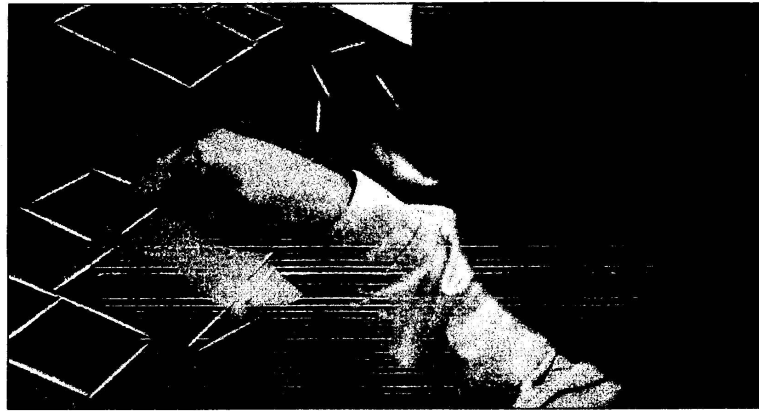
Asked why it took so long for the city to announce the plan, she said, "Sometimes it just takes some hollering and screaming to get something done. It's sad that it took this tragedy for something good to be going to come

Please see TMSM, Page B12

MIETRO

WEDNESDAY, DECEMBER 27, 2000

Force of Empathy



PHOTOS BY MICHAEL WILLIAMSON—THE WASHINGTON POST

As part of a Montgomery training program to improve officers' understanding of the problems of the mentally ill, Sgt. Rodney Hill tries to form shapes with toothpicks while hearing a cacophony of voices on a headset.

Md. Police Are Trained to Respond Better to Mentally Ill

By PHUONG LI
Washington Post Staff Writer

Sgt. Ron Smith's first task was to buy a newspaper, get his change in nickels and ask the clerk her name.

Easy enough, usually. But this day, screaming voices filled his head, channeled through a headset he was required to wear. And when he started talking, the 7-Eleven employee stepped away from him, wondering about his requests.

Other Montgomery County officers—all with voices screaming in their cars—tackled other tasks. Two read a story and then answered questions; another pair slowly composed geometric shapes with toothpicks. One officer recited a list of words, hesitating



Officers Aaron Salloy, left, and P.O. Dolan listen to a mentally ill patient.

a little as he spoke.

"Here's a situation where you can't blend in," Smith said later, with the earphones off. "You're a public spectacle."

The exercises were part of a revolutionary training course for Montgomery police officers

that simulates the everyday reality of many of the mentally ill. The goal is to teach police how to better handle emergency calls involving mentally ill citizens and reduce the use of dead-

See POLICE, B5, Col. 1

Integrated Crisis Services For Behavioral Emergencies

A Community Partnership Since 1988

Memphis Police Services

Patrol Division
Crisis Intervention Team
(CIT)

Mental Health Community

University of Memphis
University of Tennessee
Regional Medical Center
VA Medical Center
Lakeside Hospital
Community MHC and others

NAMI

National Alliance
For The Mentally Ill
NAMI Memphis

Goals

– Improve Officer and Consumer Safety

- Immediacy of Response
- In-Depth Training
- Team Approach
- Change Police Procedures

– Redirect Consumers from Judicial System → Health Care System

- Single Source of Entry
- No Clinical Barriers
- Minimal Officer Turnaround Time

Planning Group

Government
Law Enforcement
Judiciary
Advocates
Citizens/Consumers
Health Care
Mental Health



Local Resources



CIT Model

Crisis Intervention Team Model

Dispatch → Officer → Citizen Event → Disposition

Introductory Training

Identify CIT Officers

New Procedures

Volunteer

Patrol Role

New Role

Selection

Specialized Training

Maintain Safety Skills

De-Escalation Skills

New Procedures

Lead Intervention

De-escalation Skills

Officer Discretion

Receiving Facility

User Friendly

Mental Health Emergency System

- *Considerations*

- Diagnosis and Referral(Honesty versus Expediency)
- Referral Sources(Open-end/On Demand)
- Community Interface (Professional and Advocacy)
- Training Environment (Burnout)
- Team Approach (Multifaceted Needs)

- *Barriers*

- Lack of Mental Health Funding
- Turf Issues
- Political Disinterest
- Legal Issues
- Risk Assessment
- Police Culture

Mental Health Models

- University Hospital Emergency Room
- Regional Medical Center ER
- Community MHC Crisis Triage/Hospital
- Community MHC Crisis Triage/Free Standing
- State Hospital Triage

CIT Training

- Scenario Based
- Exposure
- Specialized Knowledge
- Officer Expertise

Crisis Escalation Cycle

- Uncertainty
- Questioning
- Refusal
- Demanding
- Generalized Acting Out
- Specific Acting out
- Recovery
- Rapport
- Cooperation

Police Response to Emotionally Disturbed Persons

Models of Police Interactions with the Mental Health System

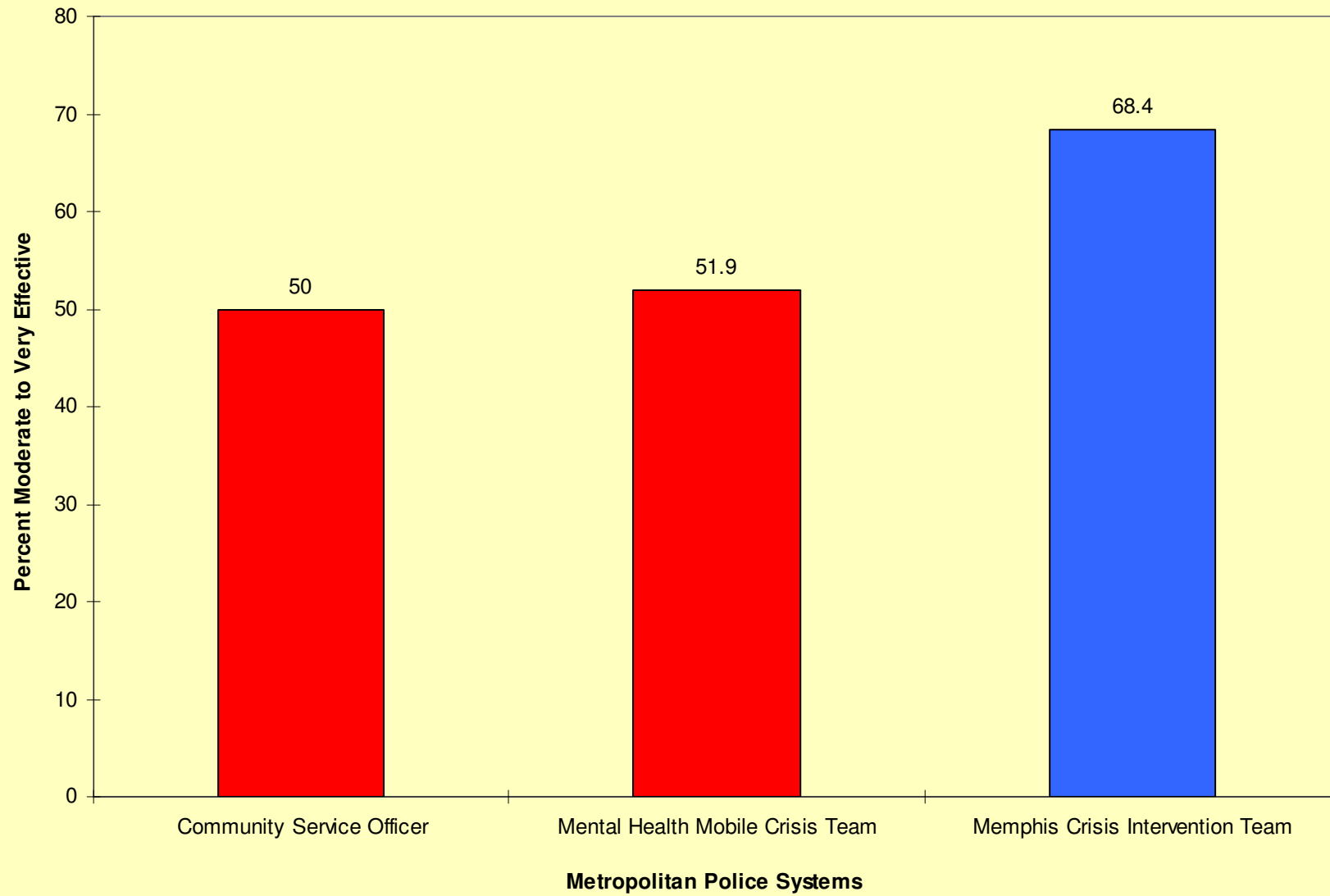
Policy Research Associates (PRA)

- Principal Investigator: Henry Steadman, PhD
- Co-investigator: Joseph Morrissey, PhD
- Co-investigator: Randy Borum, PsyD
- Project Coordinator: Marty Deane, MA

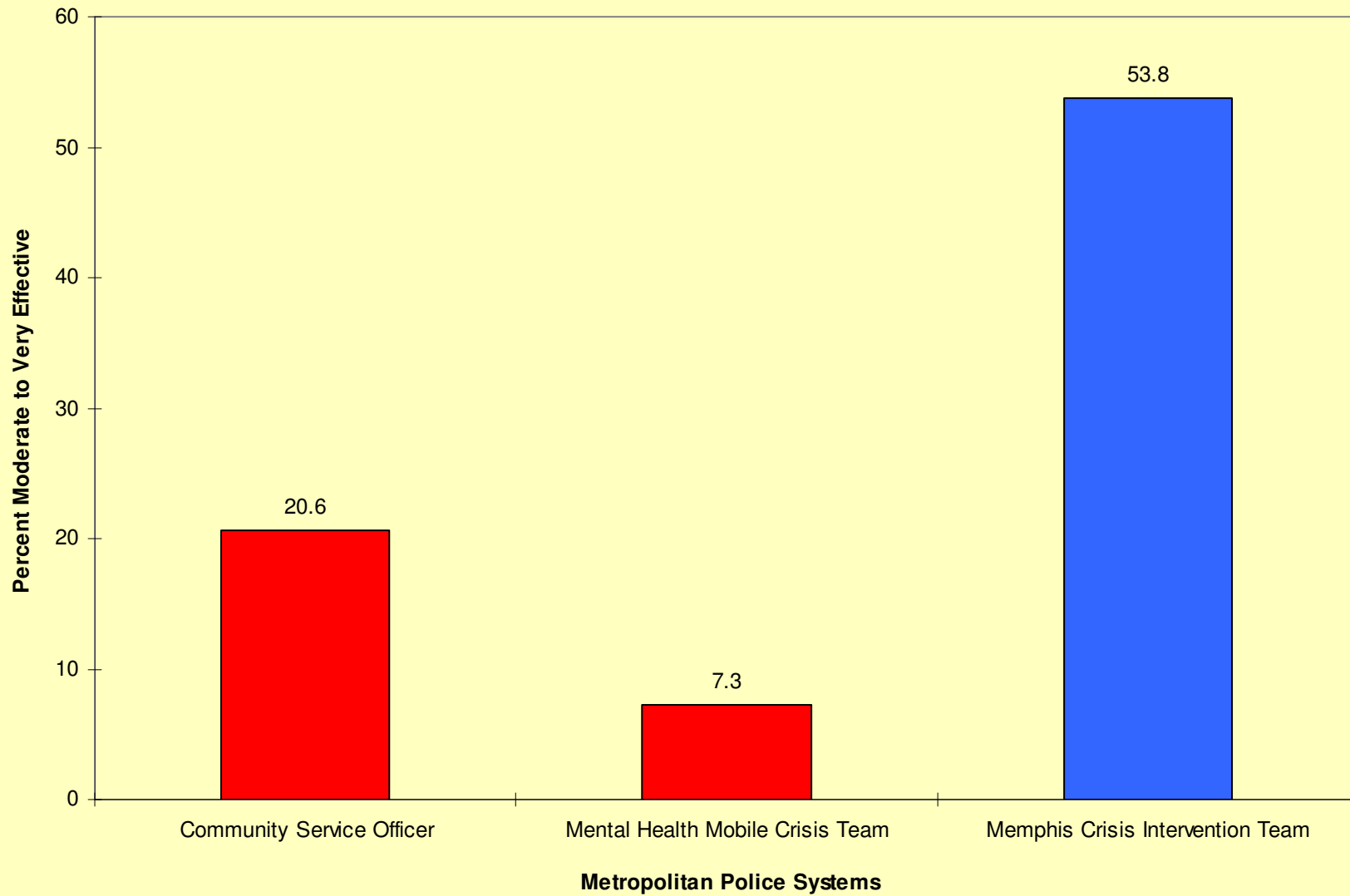
- Funded by:
National Institute of Justice (NIJ)

- Presented at:
**American Public Health Association (APHA)
Annual Meeting (1997)**

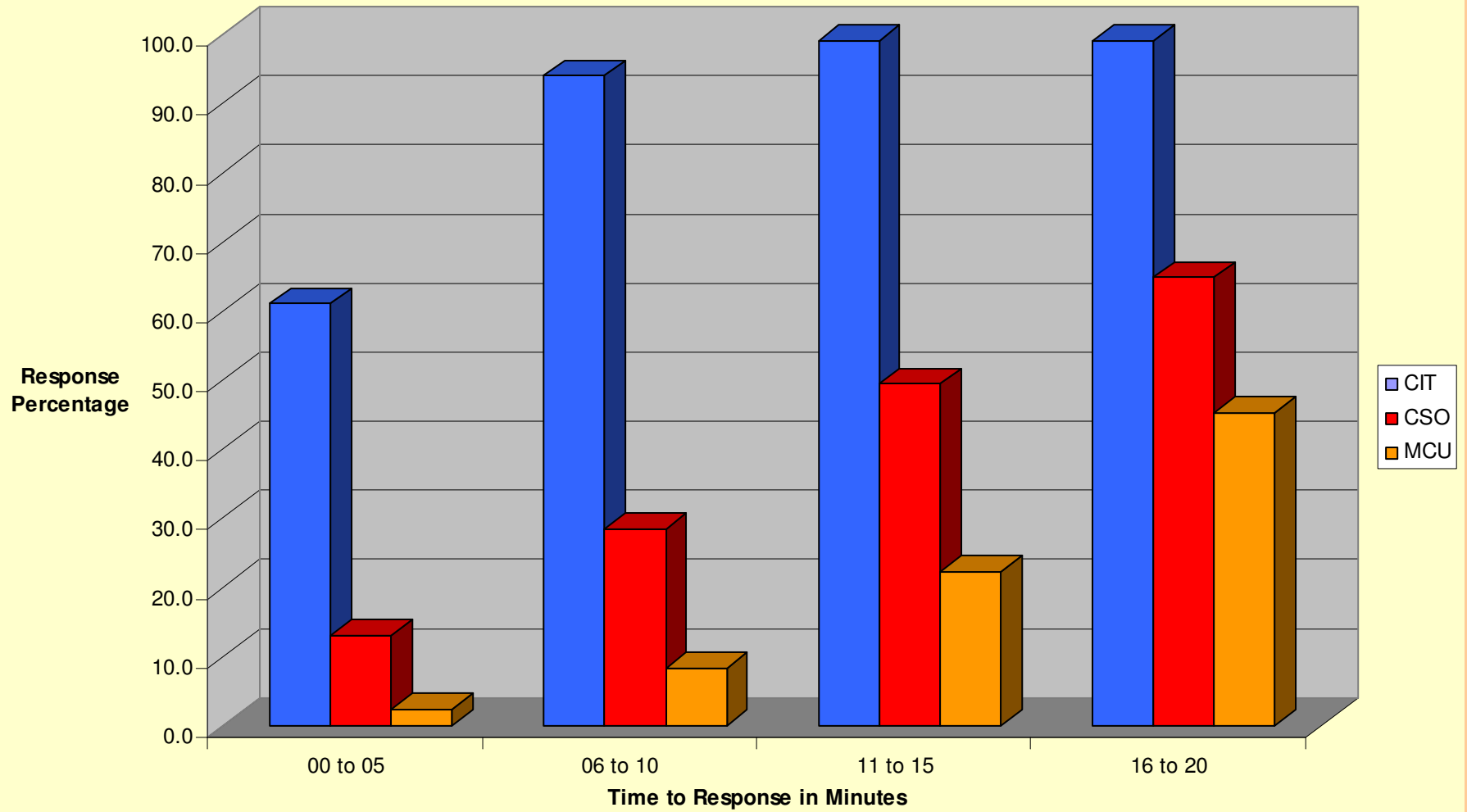
Maintain Community Safety? Officer Ratings
Borum et al (1998)



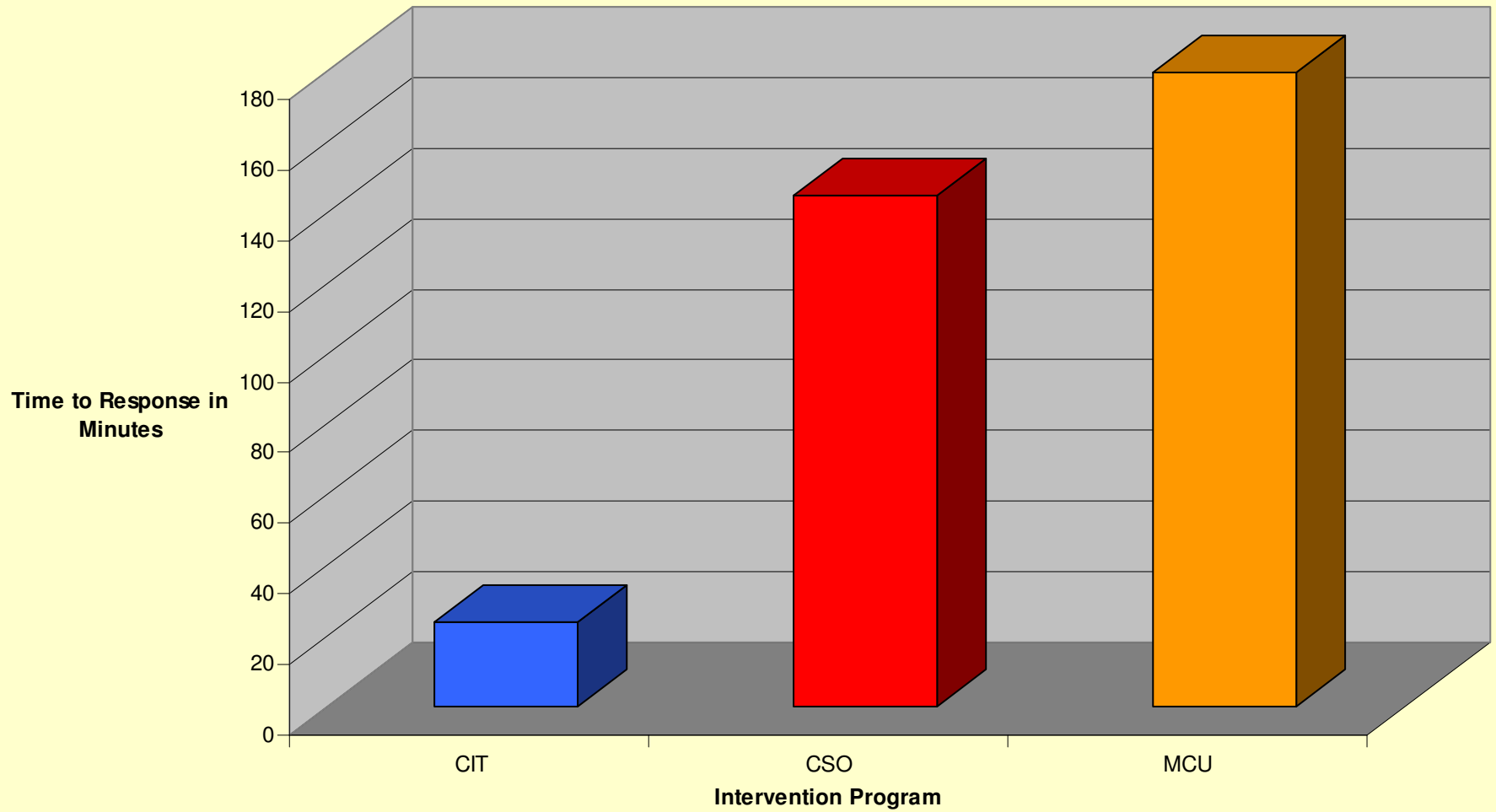
Minimize Officer Call Time? Officer Ratings
Borum et al (1998)



Crisis Response Times Deane et al (1997)



Maximum Response Time
Deane et al (1997)

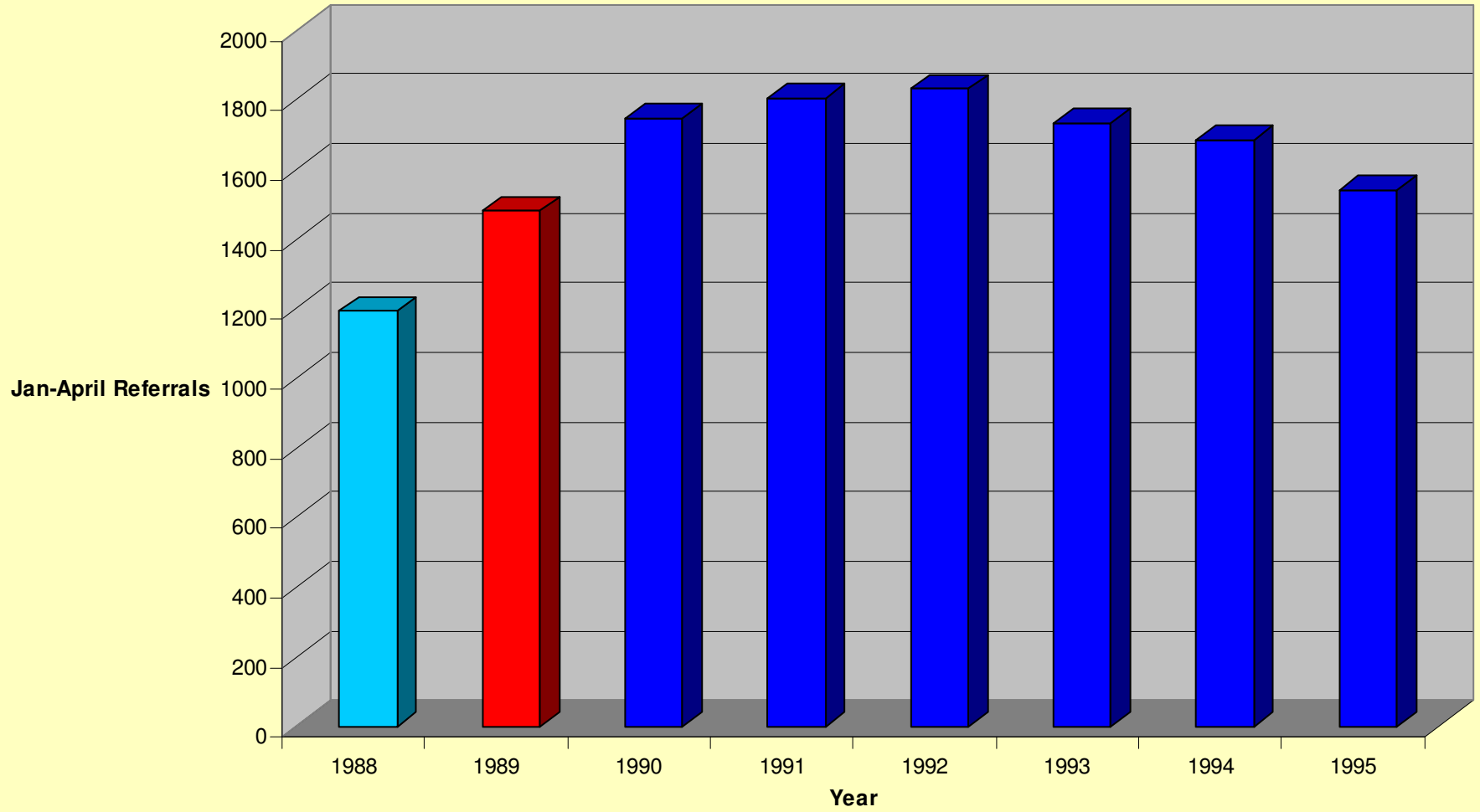


Health Care Referrals, Impact on Arrest and Officer Safety

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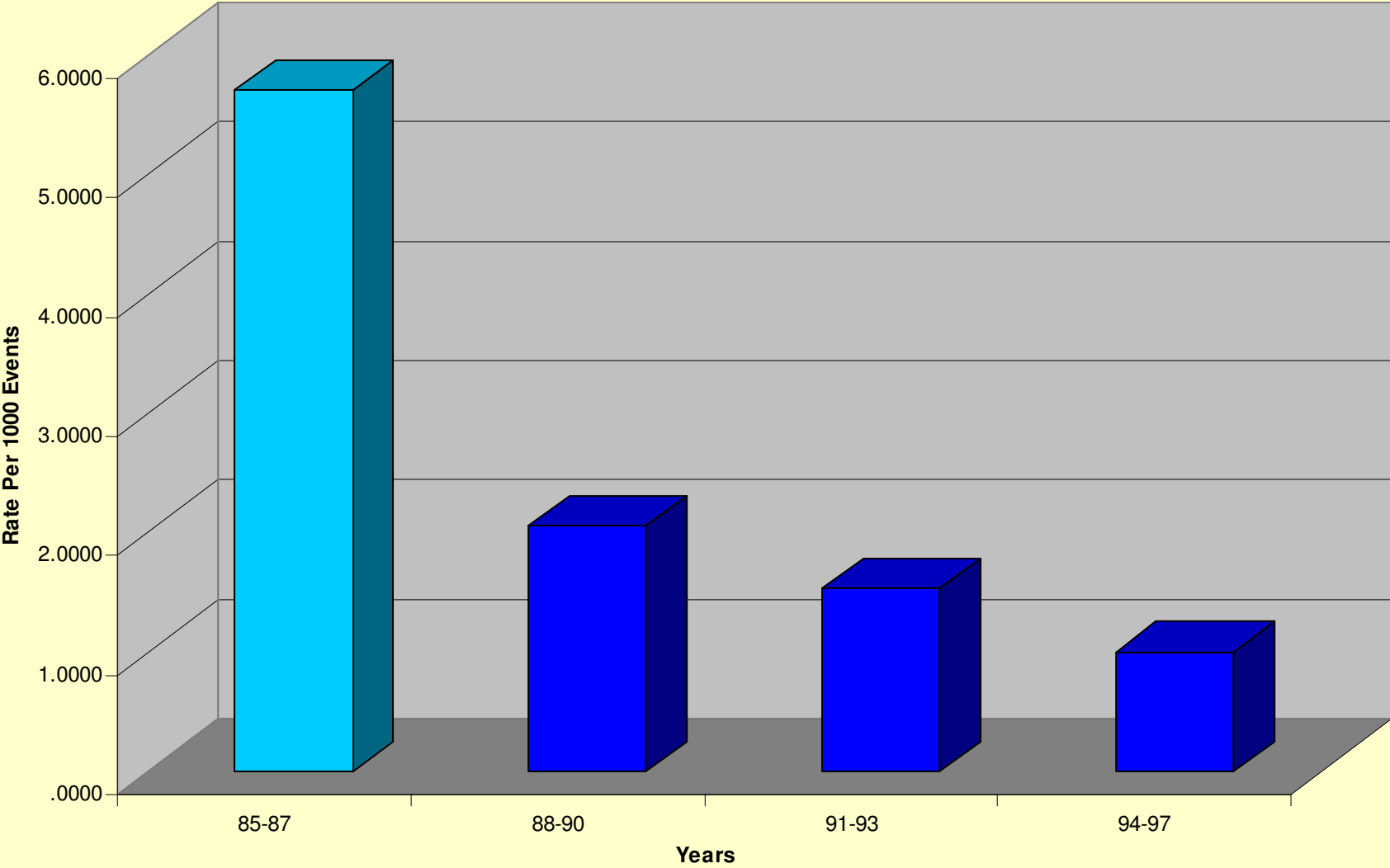
CIT ER Referrals



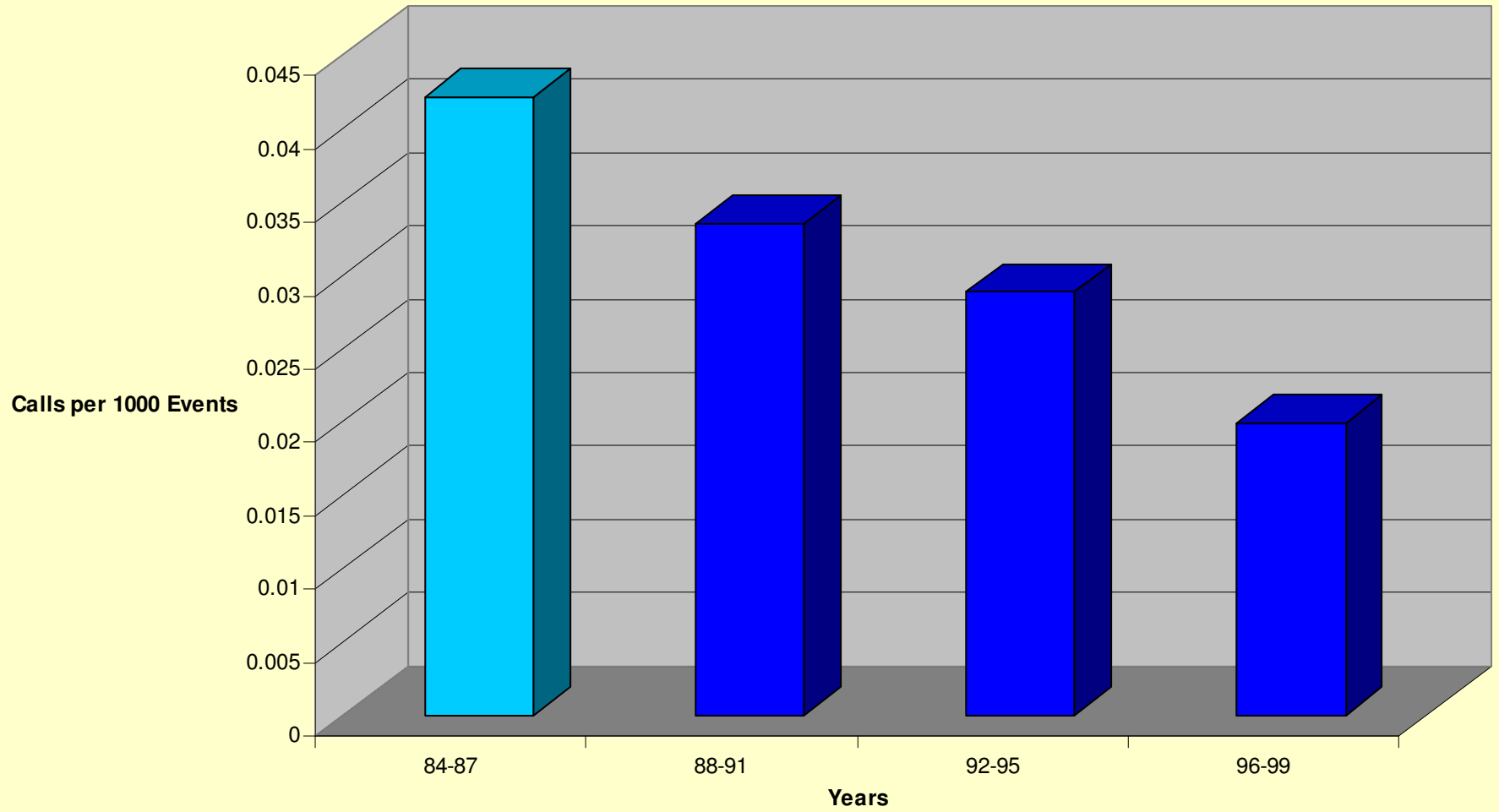
Jail Arrest Evaluation Data

- *National Estimates*
 - Sheridan & Teplin, 1986; Borum et al, 1998 20%
- *CIT*
 - Steadman et al, 2000 2%
- *Reports to County Government*
 - *Daily Census Count*
 - Zager (1990) 2.5%; Dupont (1998) 3.5%
 - *Monthly Arrests Screened for MI*
 - Dupont (1998) 5.0%, CMS (1999) 5.2%
 - *Individuals Eligible for ROR*
 - Pretrial Services (1999) 0.5%

Officer Injuries During MI Events



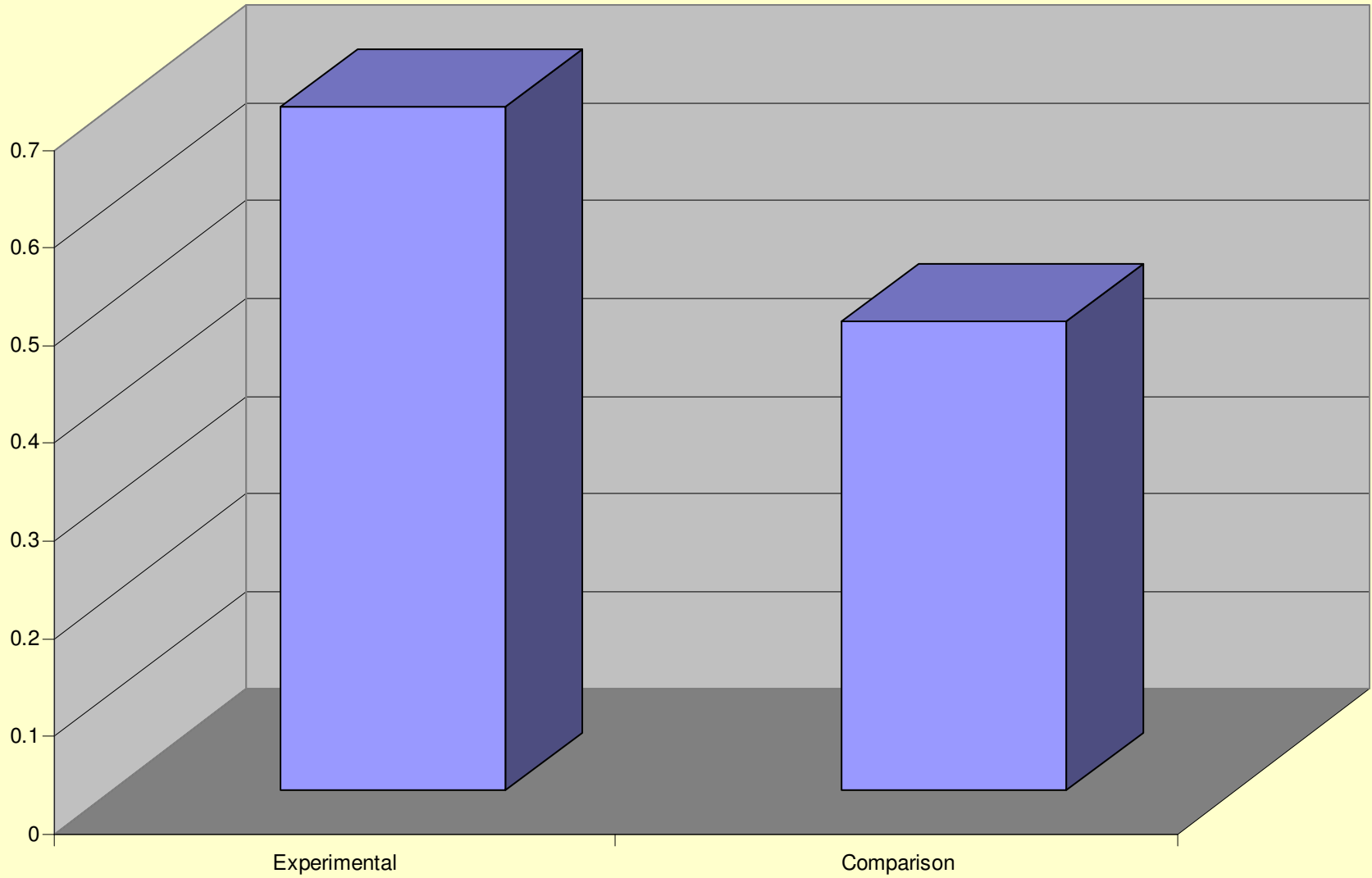
TACT Barricade Calls



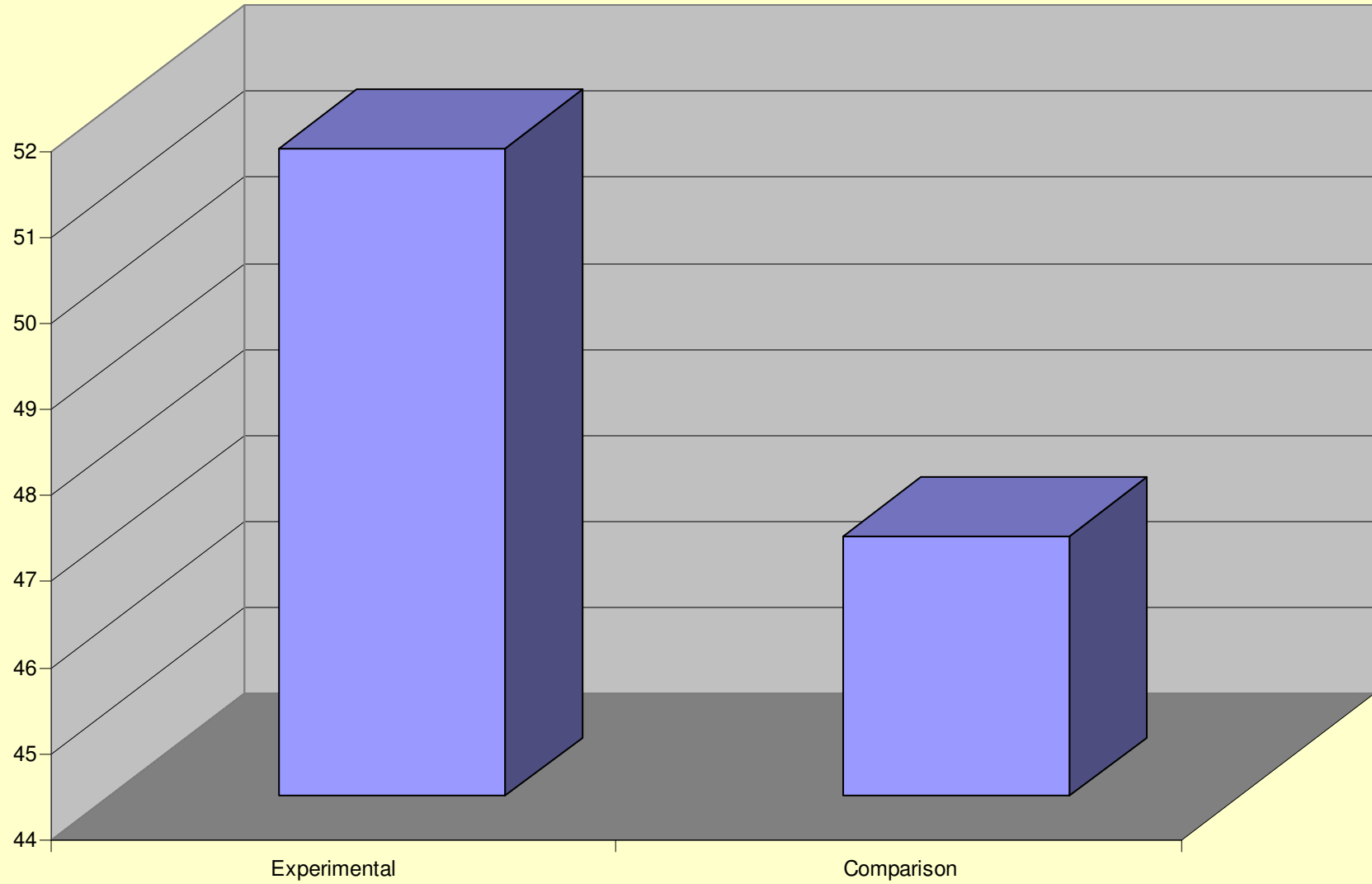
SAMHSA

- The following research was funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Service Administration Criminal Justice Jail Diversion Project Grant SM 53274.
- Appreciation for their assistance in this project is gratefully acknowledged.

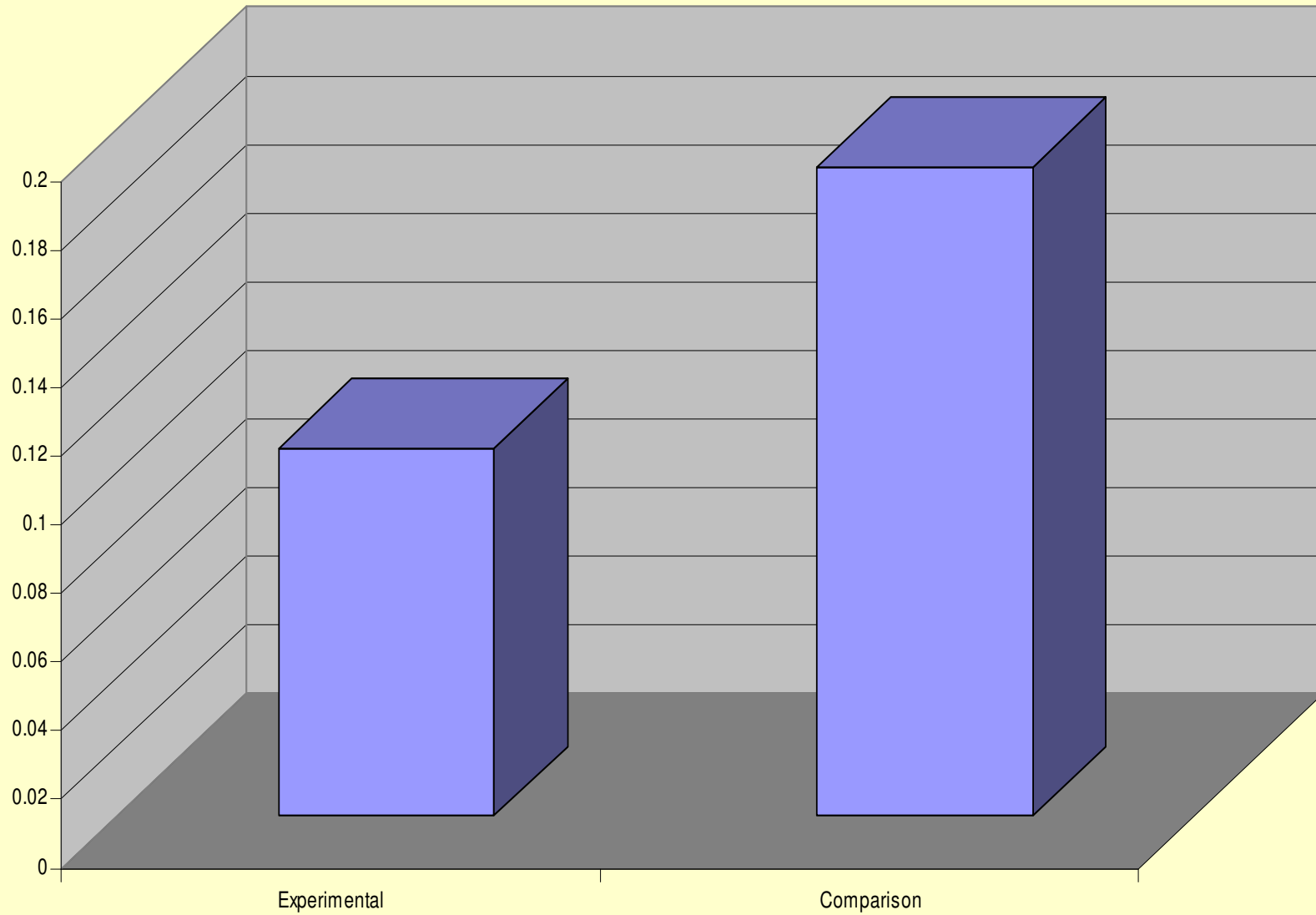
Mental Health TX (P<.0001)



CSI: Symptoms (P<.0001)



Re-Arrest Probabilities at 3 Months: During Past 30 Days ($P < .05$)



CIT Diversion - Compared to Jail

(after 90 days)

- better connection to community treatment
- improved mental status symptoms
- lower rate of re-arrest

* SAMHSA: Final Report, Dupont (2003)

Criminal Justice Jail Diversion Project

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