

NAMICon 2020

A Virtual Event • July 13-14

Together Toward Tomorrow

Using CIT to Reduce Stigma, Trauma and the Role of Police in Crisis Response

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Healthcare, Not Handcuffs

- ❑ **NAMI and the importance of advocacy in changing crisis response in your community.**



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Police as THE first responder

- ❑ Reliance on the criminal justice system
- ❑ Mental health crisis happens outside of business hours
- ❑ De-valuing and underfunding mental health care



NAMI & CIT

- ❑ **1986 Memphis, TN**
- ❑ **Demanding something better**
- ❑ **Changing hearts and mind with our personal stories**



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“Over the past thirty years, CIT has become a movement of change. Thousands of communities have been inspired to make their crisis response systems safer . . . ”



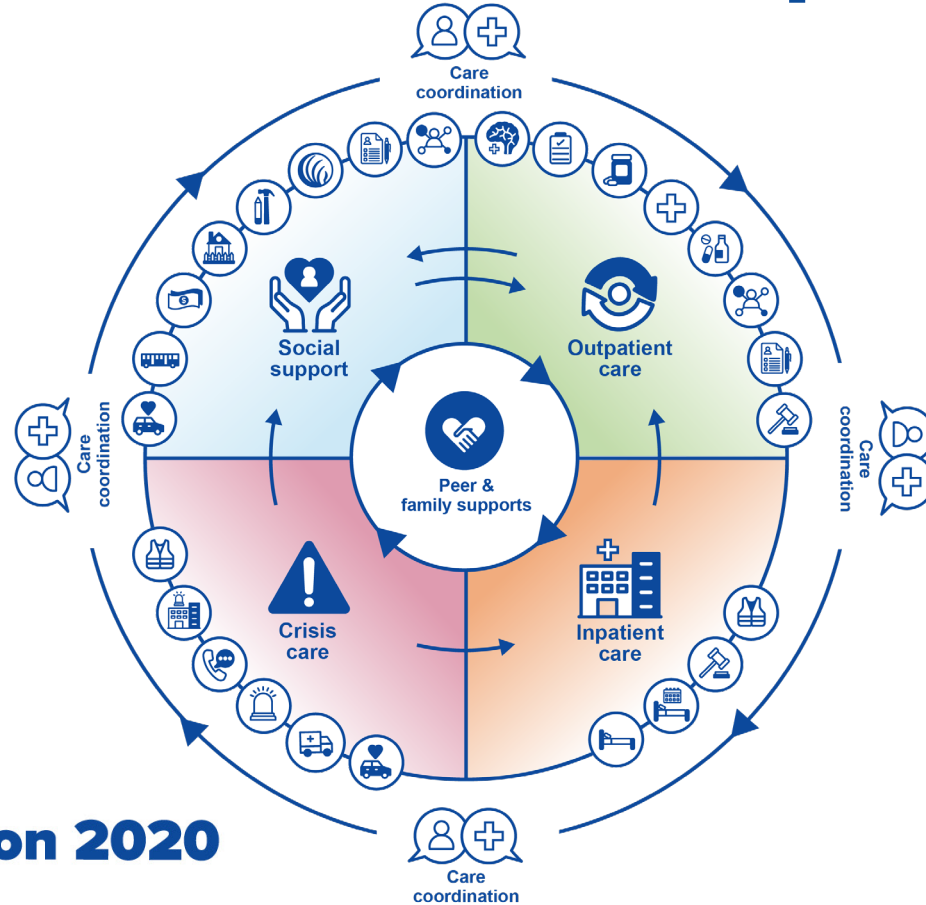
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CIT is more than just
training . . . DO MORE
THAN JUST TRAINING!

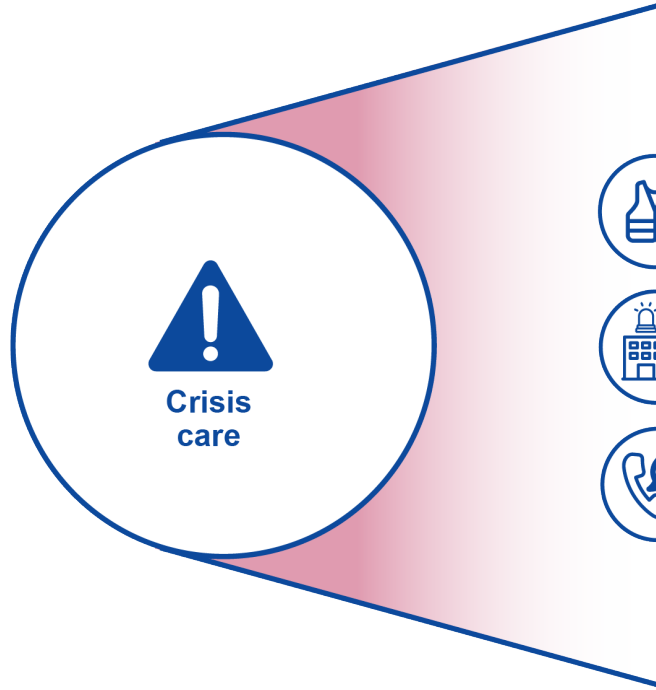


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Build a better response



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Crisis care



Crisis respite



Crisis centers



Crisis hotlines



Mobile crisis teams



Crisis transportation



Mobile outreach



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Convene



- Law enforcement executives
- Governors/mayors/legislators
- State Mental Health Directors
- Directors and Executives of Social Service Agencies
- Hospital Representatives
- State Medicaid Directors



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Provide Your Expertise



- Personal experience
- Knowledge of
 - Mental health system
 - Criminal justice system
- What does the community want to see?



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Advocate

- ❑ Hold leaders accountable
- ❑ Demand resources and change laws



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

Unintended consequences of:

- To get a clinician, you have to get a cop
- Mandating CIT training
- Handcuffs to get healthcare?



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EMBEDED CO-RESPONSE

To get a clinician, you have to get a cop


- ❑ 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

Adding social workers to police cars does not shift responsibility away from law enforcement



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HANDCUFFS TO GET HEALTHCARE

 POLICE DEPARTMENT	<p><i>THE POLICE RESPONSE:</i></p> <p><i>What to expect...</i> <i>Who will respond to your crisis?</i></p>
<ul style="list-style-type: none">• Officers will detain your family member, which <i>will include handcuffing</i> and is for the safety of everyone, including your family member.	
<ul style="list-style-type: none"><input type="checkbox"/> Weapons or access to weapons<input type="checkbox"/> Name of your family member in crisis<input type="checkbox"/> Age of family member<input type="checkbox"/> Height & weight of family member<input type="checkbox"/> Clothing description of family member<input type="checkbox"/> CURRENT location of family member<input type="checkbox"/> Diagnosis (Mental Health and/or Medical)<input type="checkbox"/> Current medications (On or Off?)<input type="checkbox"/> Drug use (current or past)<input type="checkbox"/> Triggers (what upsets them?)<input type="checkbox"/> State what has helped in previous police contacts<input type="checkbox"/> Identify other persons in the residence or at the location <p>IMPORTANT: <i>You are asking a stranger to come into your home to resolve a crisis. They will only have the information that you provide to them. It is a good practice to <u>gather</u> as much of this information as possible <u>before</u> a crisis occurs.</i></p>	<ul style="list-style-type: none">• Your statements and historical information are an important part of the mental health investigation (CA WIC §5150.05).• Officers will inquire about any firearms or other deadly weapons, and in most cases will seize them for safe-keeping (pursuant to CA WIC §8102).• Officers will notify the Mental Evaluation Unit and a SMART unit (officer & clinician) will be dispatched if available.• If your family member is an adult, the officers and/or the SMART unit cannot disclose information about him/her due to medical records-related privacy laws. <p>NON-EMERGENCY</p> <p>Department of Mental Health ACCESS – 1-800-854-7771 National Alliance on Mental Illness NAMI 1-800-950-6264</p>



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In Milwaukee, \$1.2 million police mental health training plan misses the mark

Special to the Milwaukee Journal Sentinel Published 8:00 a.m. CT June 8, 2018 | Updated 4:21 p.m. CT June 11, 2018



(Photo: Mike De Sisti/Milwaukee Journal Sentinel)

Hamilton tragedy.

CONNECT FRET LINKEDIN COMMENT EMAIL MORE

The plan was announced a week before Christmas 2014 and felt like a gift to a city that had been rolling for months.

At last, Milwaukee would adopt a better way for police to handle people in the midst of a mental health crisis. No one wanted another Dontre

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DoJ / US Attorney's Office Joint Investigation findings:

“[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.”

Unintended Consequences of Mandating CIT training

So-what can we do?



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Core Elements of the CIT Model as the Foundation

Crisis Intervention Team Core Elements

The University of Memphis
School of Urban Affairs and Public Policy
Department of Criminology and Criminal Justice
CIT Center¹

September, 2007

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² Ms. Pillsbury is currently with the U.S. Department of Justice Federal Bureau of Investigation (FBI).

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

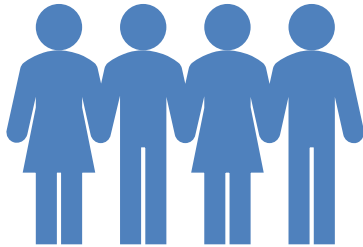
- ❑ Evaluation and Research
- ❑ In-Service Training
- ❑ Recognition and Honors
- ❑ Outreach: Developing CIT in Other Communities



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www.CITInternational.org

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.



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See Watson, A.C., Compton, M.T. & Draine, J.N. (2017). The Crisis Intervention Team (CIT) model: An evidence-based policing practice? *Behavioral Sciences & the Law*. 35 (5-6) 431-441. DOI: 10.1002/bsl.2304

CRISIS INTERVENTION TEAM (CIT) PROGRAMS:

A BEST PRACTICE GUIDE FOR TRANSFORMING
COMMUNITY RESPONSES TO MENTAL HEALTH CRISES

Foreword by **Angela Kimball**, Acting Chief Executive Officer, NAM[®], the National Alliance on Mental Illness
Preface by **Major Sam Cochran** (ret.) and **Randolph Gopfert, PhD**, Co-Chairs, CIT International



A Publication of CIT International

August 2019



CIT International's Guide to Starting and Sustaining CIT Programs



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**Federal
Recommendations:**

ISMICC



**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



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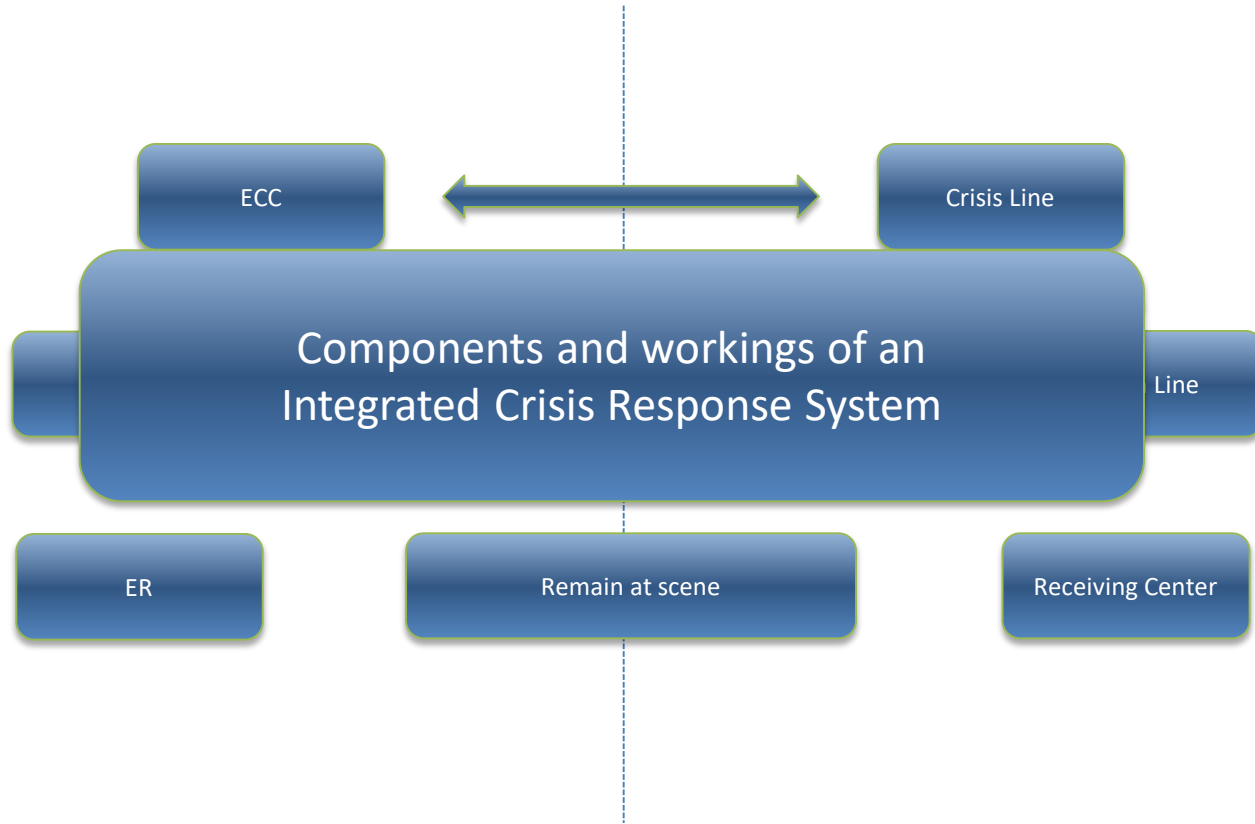
ISMICC

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..”*



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Discussion



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