

Police - Mental Health Provider Collaboration

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- I. What is the Crisis Intervention Team (CIT) and how does it work?
 - a) Specialized Police Officers (CIT) within the Uniform Patrol Division. First responders.
 - b) CIT is cost efficient – officers continue to perform other police duties – robbery, burglary, traffic accident calls.
 - c) CIT is integrated within the 911 and non-emergency police dispatch system.
 - d) CIT provides an immediate response – specific police policies ensure terms of **responsibility and accountability**.

- II. How and when did CIT get started?
 - a) 1986 (**prior to CIT**) family members (NAMI) expressed concerns, fears and trepidation about calling police (crisis calls involving mental illness issues).
 - b) Advocacy was intense – considerations to make changes were slow or indifferent (resistant).
 - c) 1987 police shooting event – death of a young African American man reported to having a mental illness and substance abuse (cocaine) was cutting himself with a knife.
 - d) Community outcry – police loss a tremendous amount of public confidence.
 - e) Mayor formed a community task force to address issues relating to police response to mental illness (crisis) calls. At the beginning it was all about safety.
 - i. safety for the police
 - ii. safety for the consumer
 - iii. safety for family members

- III. Task Force role and the development of the CIT model. (**CIT Model was implemented in 1988**).

- IV. CIT Partnerships / Collaboration – Police, Providers, Family members and Consumers.
 - a) Training was develop within the resources of partnerships (**no cost**)
 - b) Officers volunteered – selection process (not every officer can be a CIT Officer)
 - c) 40 hours of training also in-service training (mental health providers, family members & consumers)

- V. Success of CIT is fundamentally based on **Responsibility and Accountability** (Partnerships)
 - a) Infrastructure (Police, family members, consumers and Mental Health System)
 - b) Understanding of Goals and Objectives
 - c) Community Ownership of CIT
 - d) Accessibility of community mental health / detox resources (**a quick turn around time for police is a must – after the crisis the consumers must be separated from the police as soon as possible**)

- VI. CIT outcome data
- a) Reduction in officer & consumer injuries (mental disturbance crisis calls)
 - b) Reduction in call-outs of other special units such as SWAT or TACT (other CIT programs have reported similar results)
 - c) Crisis response times meet community, family members and consumer demands (5 to 10 minutes).
 - d) Referral to mental health system – emphasizing the CIT intent (safety & service) and maximizing efforts of not placing minor misdemeanor charges against citizens who have a mental illness.
- VII. CIT Summary
- a) CIT is not a quick fix model or approach. **CIT is more than just training.**
 - b) CIT is about providing special needs, services and care to a special population deserving of such special needs, services and care (**consumers & their families**). Emphasis is placed on the necessary foundation that mental illness is not a crime but a disease and demands special needs and services of care.
 - c) CIT is committed to efforts to recognize and eradicate stigma concerning mental illness issues.
 - d) CIT is about part of a multi-discipline service approach. Collaboration of systems are necessary – changes may be necessary.
 - e) CIT promotes education, sensitivity, understanding and the strengthening of community partnerships.
 - f) If CIT saves one life – what’s that worth?
- VIII. CIT articles and information
- a) The Journal of the American Academy of Psychiatry and the Law. “Police Response to Mental Health Emergencies – Barriers to Change.” Randolph Dupont, Ph D, and Sam Cochran, MS. Volume 28, Number 3 2000
 - b) Psychiatric Services. Frontline Reports: “Improving Police response to Mentally Ill People. Sam Cochran, M.S., Martha Williams Deane, M.A., Randy Borum, Psy.D. October 2000.
 - c) Practitioner Perspectives: Bureau of Justice Assistance. “Memphis, Tennessee, Police Department’s Crisis Intervention Team.” Betsy Vickers – July 2000.
 - d) Substance Abuse and Mental Health Services Administration (SAMHSA News). “Jail Diversion Programs Enhance Care.” Volume VIII, No. 2 Spring 2000.
 - e) Reintegration Today. “Law & Order.” Spring 2001. E-mail: **rtsubscribe@ims-chi.com**
 - f) Behavioral Sciences and the Law 16, 393-405 (1998). “Police Perspectives on Responding to Mentally Ill People in Crisis: Perceptions of Program Effectiveness.” Randy Borum, Psy.D., Martha Williams Deane, M.A., Henry J. Steadman, Ph.D., and Joseph Morrissey, Ph.D.
 - g) Major Sam Cochran – 201 Poplar – Memphis, TN. 38103. Phone 901-545-5735. May request other CIT articles – **Samcit@memphispolice.org** – must include mailing address and phone number.