NAMI
National Alliance on Mental Illness

CIT Toolkit
CIT Facts

What is CIT?

Crisis Intervention Teams (CIT) are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses.

The first CIT was established in Memphis in 1988 after the tragic shooting by a police officer of a man with a serious mental illness. This tragedy stimulated a collaboration between the police, the Memphis chapter of the National Alliance on Mental Illness, the University of Tennessee Medical School and the University of Memphis to improve police training and procedures in response to mental illness. 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. To locate a CIT program near you, visit the University of Memphis website at: http://www.cit.memphis.edu/USA.htm.

The Memphis Model of CIT has several key components:

- A **community collaboration** between mental health providers, law enforcement, and family and consumer advocates. This group examines local systems to determine the community's needs, agrees on strategies for meeting those needs, and organizes police training. This coalition also determines the best way to transfer people with mental illness from police custody to the mental health system, and ensures that there are adequate facilities for mental health triage.

- A **40 hour training program** for law enforcement officers that includes basic information about mental illnesses and how to recognize them; information about the local mental health system and local laws; learning first-hand from consumers and family members about their experiences; verbal de-escalation training, and role-plays.

- **Consumer and family involvement** in decision-making, planning training sessions, and leading training sessions.

Why Do We Need CIT?

CIT equips police officers to interact with individuals experiencing a psychiatric crisis, by:

- **Providing specialized training.** Police officers report that they feel unprepared for "mental disturbance" calls and that they encounter barriers to getting people experiencing psychiatric symptoms quickly and safely transferred to mental health treatment. CIT addresses this need by providing officers with specialized training to respond safely, and quickly to people with serious mental illness in crisis. Officers learn to recognize the signs of psychiatric distress and how to de-escalate a crisis — avoiding officer injuries, consumer deaths and tragedy for the community. In addition, CIT officers learn how to link people with appropriate treatment, which has a positive impact on fostering recovery and reducing recidivism.

- **Creating a community collaboration.** Due to critical shortages in community mental health services, police officers have become first line responders to people with serious mental illness who are in a psychiatric crisis. When these crises occur, officers often have no options other than to arrest the individual, due to the lack of protocol or coordination between law enforcement and the mental health system. By creating relationships between law enforcement and mental health services, CIT can facilitate agreements that get people quickly transferred to mental health treatment, while reducing the burden on police and corrections. Speedy transfers to treatment save police time and money, and reduce the need for costly emergency psychiatric services.

CIT Works — for law enforcement, for consumers, and for the community.

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.[1,2] Pre-booking diversion, including CIT, also reduced the number of re-arrests by 58%.[3]

- 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.[3]

- CIT training reduces officer stigma and prejudice toward people with mental illness.[4]

- CIT officers do a good job of identifying individuals who need psychiatric care[5] and are 25% more likely to transport an individual to a psychiatric treatment facility than other officers.[6]

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%.[7]

- After the introduction of CIT in Albuquerque, the number of crisis intervention calls requiring SWAT team involvement declined by 58%.[8.]

- In Albuquerque, police shootings in the community declined after the introduction of CIT. [9]

- 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. [10]

CIT Works in Rural Communities: Many rural communities have created regional collaboratives for CIT. For example, successful rural CIT programs exist in the New River Valley in Virginia, and in Cambria County, Pennsylvania.

References

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