

Call Notes

Friday Adult Issues Conference Call with Dr. Ken Duckworth and Guests Maj. Sam Cochran, and Ron Honberg

November 30, 2007

Introduction: Crisis Intervention Teams (CIT)

Ron Honberg, NAMI Director of Policy and Legal Affairs, introduced Major Sam Cochran, coordinator of the Memphis Police Department's Crisis Intervention Team (CIT). Major Cochran introduced the history of CIT, and emphasized that, while it's seen a police training program, CIT is actually a community program designed to address the problem of criminalization of people with mental illnesses.

The idea for CIT started in 1986 in Memphis when NAMI family members recognized that law enforcement officers didn't have sufficient training to deal with people experiencing a mental health crisis. For instance, in 1987, a man who was cutting himself with a knife was shot and killed by the police. The public reacted very negatively to this event, and it led to the creation of a taskforce to develop strategies for improving the safety of consumers, officers and the public, in these kinds of encounters. Since law enforcement are first responders, and using mental health professionals as first responders wasn't practical, the task force determined that police need to have better training in responding to crises involving someone with a serious mental illness. In collaboration with community members, including consumers and family members and mental health professionals, they developed the CIT model. The basis of CIT is 3-fold: A community collaboration; police training; and fighting stigma.

To bring CIT to your community, Major Cochran suggests developing a taskforce and examining how your community system works. Get the input of people working on the front lines. Talk with consumer and family advocates about the needs of people with serious mental illnesses. Examples of issues that may arise include reducing the occurrence of handcuffing people with serious mental illness for long periods of time; or facilitating their transfer from police custody to a mental health treatment facility.

Question and Answer: Key Points

- Law enforcement officers may at times have to handcuff someone with a serious mental illness to ensure the safety of officers and those in crisis. However, they can work to make the experience less traumatic by recognizing that it is not a pleasant experience; being discrete, if possible;

and minimizing the amount of time before the person is transferred to mental health service facility.

- When a community does not have treatment facilities to accommodate persons coming from police custody, persons with serious mental illnesses are often charged unnecessarily for minor offenses.
- A caller asked: When police are responding to a crisis call, do they use sirens? That depends on the severity of the situation; in an emergency, they will use sirens. The caller expressed concern for how law enforcement could mitigate anxiety producing stimuli for a person already in crisis.
- Regarding funding, Maj. Cochran indicated that some possible funding sources for CIT programs are the Bureau of Justice Assistance Mental Health/Criminal Justice Collaboration Grants, and the Byrne Law Enforcement Grants.
- The role of consumer and family advocates in CIT should be ongoing. Groups like NAMI and MHA can get buy-in from community leaders, law enforcement and mental health providers. Consumer and family advocates also have an outreach role – fighting stigma and making sure that CIT is portrayed positively in the media.
- The process of initiating CIT should start with a core group of dedicated law enforcement, mental health providers, and NAMI advocates. They can expand based on agreed-upon principles. Once this team is established and they have attained a fundamental understanding of CIT program objectives, Maj. Cochran recommends coming to Memphis for training to advance their understanding of how the program can be effectively implemented in their community. In the early stages, it may be more practical for a community to seek training from a neighboring city or town that already has CIT, before starting their own training sessions.
- When evaluating the effectiveness of CIT, one good method is to track officer injury rates, and the rates of misdemeanor charges (i.e., disorderly conduct) in mental disturbance calls prior to and after establishing a CIT program.
- Chicago's CIT program is an example of how CIT can be adapted to a larger jurisdiction.
- There is a great need for support for people with SMI in prisons. Training corrections officers in CIT is one way to help them recognize the signs of mental illness and help people get treatment. Treatment in prison is also important for helping with successful re-entry into the community.

Further Resources and Information:

The 4th Annual CIT Conference will be in Atlanta, in November 2008. Stay tuned for more details.

To learn more about diversion programs, visit Criminal Justice Mental Health Consensus Project at <http://consensusproject.org/issue-areas/law-enforcement/>.

To Learn More about Funding:

BJA Justice and Mental Health Collaboration Grants
<http://www.ojp.usdoj.gov/BJA/grant/JMHCprogram.html>

Byrne Law Enforcement Grants
<http://www.ojp.usdoj.gov/BJA/grant/byrne.html>