

Crisis Intervention Teams: A Study of the Benefits of the Memphis Model for Officers and Florida Agencies

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Abstract

Law Enforcement Agencies statewide are spending many hours on dealing with people diagnosed with mental illness to include those people with co-occurring substance use disorders. People who suffer from co-occurring disorders have been diagnosed with a mental illness and also have substance (drugs or alcohol) abuse. We are also dealing with people that are in some type of mental health crises which poses many officer safety issues. Are we training our members to handle these calls in the most efficient manner to improve officer safety, consumer (persons diagnosed with some type of mental illness) safety, and overall community safety? Are we getting the consumers to the best treatment options? Would Crisis Intervention Teams (CIT) benefit our agencies, consumers, and communities? Officers and Agencies using the CIT model were surveyed to attempt to answer these questions.

Introduction & Literary Review

Law enforcement officers in the distant past dealt with very few cases of mentally ill persons. Most were incarcerated in mental health facilities or were kept hidden away by family due to the stigma. "Following World War II (1939-1945), a movement emerged in the United States to reform the system of psychiatric hospitals, in which hundreds of thousands of mentally ill persons lived in isolation for years or decades." (St. Petersburg College, 2005) Many of the mental health professionals felt that the state facilities caused more harm to patients and wanted to keep only the severely mentally ill hospitalized. The 1950's brought about antipsychotic drugs which were designed to help control violent and bizarre behaviors. These new drugs also allowed people with mental illness to be treated away from hospitals usually in their homes. "In combination, these factors lead to the deinstitutionalization movement: the release, over the next four decades, of hundreds of thousands of patients from state mental hospitals. In 1950, 513,000 patients resided in these institutions. By 1965 there were only 475,000, and by 1990 state mental hospitals housed on 92,000 patients on any given night." (St. Petersburg College, 2005) The released patients were either released to their families, sent to assisted living or group homes, or ended up homeless and living on the streets. Once the laws changed and mentally ill persons were released back into society, calls for service with law enforcement have increased greatly. The problem is that law enforcement was not properly trained when this occurred and had to play catch-up. An example of this was in Memphis Tennessee in the late 1980's. There were several deaths of mentally ill persons by the Memphis Police Department. The community was upset and felt that law enforcement wasn't handling these types of cases very well and needed to improve. Memphis Police Department went about correcting this problem in a unique way by partnering with the

mental health community. This proved to be very effective and popular with the community. (Cochran, 2004)

This partnership was a totally new concept which joined traditional police training by police with CIT training being provided by the mental health providers. "CIT emphasizes the partnership between law enforcement; the mental health and substance abuse treatment systems; the mental health advocacy groups; and the consumers of mental health services and their families." (Florida CIT Coalition, 2005) This began a very unique program that was positively embraced by law enforcement and the community. The Memphis CIT model became the model adopted by many states as the best program for training law enforcement officers to deal with people suffering from some type of mental illness.

Florida began the Florida CIT Coalition in 2004 to help Crisis Intervention Teams throughout the State to work towards the same goals and objectives. The Florida CIT Coalition describes the program: "CIT is a police response program designed for first responders who handle crisis calls involving people with mental illness to include co-occurring substance use disorders. The Crisis Intervention Team (CIT) is a nationally recognized model of law enforcement training and response to people with mental illness who are in crisis." (Florida CIT Coalition, 2005) The Coalition has four primary reasons for a CIT Program:

- 1) Better prepared law enforcement officers to handle crises involving people with mental illnesses, including those with co-occurring substance use disorders;
- 2) Improved law enforcement officer safety, consumer safety and overall community safety;
- 3) Make the mental health system more understandable, responsive, and accessible to law enforcement officers;
- 4) Diversion for people with a mental illness who are in crisis from the criminal justice system whenever possible which is consistent with the Baker Act or Marchman Act. (Florida CIT Coalition, 2005)

The Coordinator for the Memphis Police Department's Crises Intervention team, Major Cochran provides a brief history of why the program began and how it works. He covers how stigma is hurtful and tragic to people with mental illness. This stigma can blind us in regards to our treatment of mentally ill persons. The article covers the importance of this specialized training for law enforcement officers and the partnership with the community. The article is a great introduction to the Memphis Model of the Crises Intervention Team which is being incorporated in many Florida Agencies today (Cochran, 2004).

The National Alliance on Mental Illness (NAMI) Website quotes the Journal of American Medical Association statistics on persons with co-occurring disorders. "Roughly 50 percent of individuals with severe mental disorders are affected by substance abuse. Thirty-seven percent of alcohol abusers and 53 percent of drug abusers also have at least one serious mental illness. Of all people diagnosed as mentally ill, 29 percent abuse either alcohol or drugs." (Drake, 2003). The Executive Director of NAMI, M. Fitzpatrick, states how disappointing the "Report to the President on Issues Raised by the Virginia Tech Tragedy" is. It doesn't provide any new information that will be useful to assisting people in need of mental health services. It also told us things that we already know especially with the "D" Rating which was the

national average in the 2003 Presidential report on Mental Illness. Fitzpatrick summed up the problem by stating Senator Robert F. Kennedy's observation after Dr. Martin Luther King, Jr. was assassinated in 1968. "There is a violence that is slower but just as deadly and destructive as a gunshot or bomb. It is the violence of institution's indifference, inaction, and slow decay. This is the kind of violence that too long has marked our mental healthcare system." (Fitzpatrick, 2007) Will our leaders begin to do the right thing when it comes to mental healthcare to bring it to an acceptable level?

Research was conducted on the Akron Police Department who implemented a Crisis Intervention Team. They had their first training session in May 2000. The data was collected from May 1998 thru April 2004. It compares statistics of voluntary versus involuntary cases along with CIT trained officers and non-CIT trained officers. The authors summarized their findings as follows: "This finding suggests that the CIT partnership between the police department, the mental health system, consumers of services, and their family members can help in efforts to assist individuals who are experiencing a mental illness crisis and interacting with the criminal justice system to gain access to the treatment system, where such individuals most often are best served." The research recommended further research in determining when to arrest or use some type of intervention when dealing with persons in some type of mental illness crisis. (Teller, 2006)

As with most preventative type of programs in law enforcement, it is sometimes difficult to determine a tangible way to measure the success of a program such as CIT. There are ways to collect data such as the Akron study, but it really can't give you specifics as to what it may have prevented. As the Coalition has outlined, "we are looking for providing safety for our officers, the consumers, and the community through the CIT Program". (Florida CIT Coalition, 2005)

Methods

Through my research, I attempted to measure the success of CIT Programs intangibly by surveying the Agency heads and some CIT officers. The first survey was sent to the twenty-nine law enforcement agency CIT Coordinators to forward to their CIT officers. The questions were based off the recommended CIT Officer curriculum developed by the Florida CIT Coalition. I utilized the SurveyMonkey.com service to produce my survey, send it, and to collect the data. The purpose was to see what benefit the CIT Officers have found with the training now that they have had a chance to use it in the field. The first survey had four parts. The first section was an introduction to the survey. The second section contained four questions that asked how long ago the person had the training, what type of law enforcement officer they were, how many times that they have utilized the training, and finally how beneficial was the training overall to the person completing the survey. The third section had fifteen questions based on the benefits of the specific areas of the specialized training that the curriculum requires. The fourth section contained six questions that asked if they would recommend the training to others, if the person felt that refresher training would be beneficial, and other opinion/comment questions.

The second survey was sent to the Agency heads and it was a self assessment of the eighteen core elements that the Florida CIT Coalition has developed. These are

recommended elements for a successful CIT Program. The survey asked the Agency head to do a self assessment of their Agency to report how they feel his/her Agency was doing in these areas. The Florida CIT Coalition reports approximately 130 law enforcement agencies in the State of Florida have a CIT Program. The Coalition had 120 email addresses for the Agency heads but I had 20 unable to deliver messages. I utilized the SurveyMonkey.com program for this survey. The second survey had four sections. The first section is an introduction to the survey. The second section has twenty questions which were drafted from the recommended core elements. The third section was four questions that asked the agency head to answer on the benefits of their agency having a CIT Program. The fourth section asked for agency information to update the Florida CIT Coalition files.

Results

Survey 1: Crisis Intervention Team (CIT) – Memphis Model Specialized Training Course Survey.

There were 344 who started the survey and 312 (90.7%) who completed the survey. Survey Monkey allows participants to skip questions so the numbers on the individual questions may not always equal the total number who took the survey. The survey was sent to twenty-nine agency coordinators of CIT programs to forward to their officers. The first survey consisted of four sections with Section 1 being an introduction to the survey. Section 2 was general questions in reference to the CIT Officer Training. The following are the four questions with the results for Section 2.








Question 1 – How long ago did you take the CIT Memphis Model Training?

- Of 341 responses, 223 (65.4%) took the training less than two years ago;
- 89 (32.6%) responses took the training three to four years ago;
- 30 (8.8%) took the training more than five years ago. 3 skipped the question.

Question 2 – What type of law enforcement officer are you?

- 160 of 339 (47.2%) responders were county law enforcement officers;
- 104 of 339 (30.7%) responders were city law enforcement officers;

The following chart shows a break down of who took the survey:

2. What type of law enforcement officer are you?			Response Percent	Response Count
City Law Enforcement Officer			30.7%	104
County Law Enforcement Officer			47.2%	160
County Detention Officer			11.2%	38
State Law Enforcement Officer			0.0%	0
University or College Law Enforcement Officer			2.1%	7
Probation/Parole Officer			0.6%	2
Other Law Enforcement Officer			0.9%	3
Not a Law Enforcement Officer			7.7%	26
			<i>answered question</i>	339
			<i>skipped question</i>	5

Question 3 - Approximately how many times have you utilized this specialized training during the course of your duties during the past twelve months?

- 198 (58.1%) stated less than fourteen times;
- 77 (22.6%) who used it 15 – 24 times;
- 34 (10.0%) who used it 25-49 times;
- 33 (9.7%) who used it more than 50 times;
- 3 skipped the question.

Question 4 - Overall, how beneficial was this Crisis Intervention Team – Memphis Model Specialized Training Course in training you to handle persons who were in some type of mental illness crisis; or suffering from some type of mental illness; and/or a co-occurring substance use disorder?

- 319 of the 337 (94.7%) answered either beneficial or extremely beneficial;
- 17 found the course of little benefit;
- 2 answered not beneficial at all;
- 7 skipped this question.

The survey monkey program allowed me to view each person's response as if it was a separate document. I was able to compare the number of years ago the training was taken to the overall benefits of the training. Of the thirty who took the training over five years ago:

- 16 felt the training was extremely beneficial;
- 13 thought it was beneficial;
- 1 reported it was of little benefit.

Of the 89 who took the training three to four years ago:

- 47 felt the training was extremely beneficial;
- 38 felt the training was beneficial;
- 4 reported of little benefit to them.

Section 3 broke down the course curriculum into fifteen questions. There were six questions that had percentages of 90% or higher for ratings of beneficial or higher (both beneficial and extremely beneficial) to the respondents. The following is the listing of these questions with the percentages listed:

1. How beneficial was the specialized training in helping you to understand and recognize specific signs and symptoms of mental illness and/or co-occurring substance use disorders?
 - 58.6% answered extremely beneficial;
 - 38.2% answered beneficial for a total of 96.8%.
2. How beneficial was the specialized training in helping you understand and recognize whether those signs and symptoms represent a crisis situation?
 - 53.5% answered extremely beneficial;
 - 42.0% answered beneficial for a total of 95.5%.
3. How beneficial was the specialized training in helping you learn to de-escalate a mental illness crisis?
 - 60.6% answered extremely beneficial;
 - 35.2% answered beneficial for a total of 95.8%.
4. How beneficial was the specialized training in providing you with an overview of the Baker Act?
 - 44.6% answered extremely beneficial;
 - 45.6% answered beneficial for a total of 90.2%.
5. How beneficial was the specialized training in providing you with the information that you need to allow you discretion, decision-making and handling of criminal charges when dealing with mentally ill subjects?
 - 45.0% answered extremely beneficial;
 - 45.7% answered beneficial for a total of 90.7%.
6. How beneficial was it to talk with consumers, family members, and mental health professionals?
 - 61.5% answered extremely beneficial;
 - 32.0% answered beneficial for a total of 93.5%.

Eight of the questions had a beneficial rate of 80% or higher for the respondents. These questions dealt with the topics of:

- Persons with developmental disabilities;
- Persons with mental retardation;
- Where to take the consumers;
- Follow up steps;
- Problem solving with the mental health treatment system;
- An overview of psychiatric medications;
- Site visits;
- Role play.

Overall, for the over three hundred people who responded to the survey, they still found these areas beneficial to them. There was one question that fell below the 80% mark and that dealt with the overview of the Marchman Act. 79.5% of the respondents stated that it was beneficial or higher.

Section 4 was conclusion and comments consisting of five questions.

- Question number 1 asked the participants “would you recommend this training to others?” Of the 311 answers, 299 or 96.1% stated yes with 12 who answered no.
- The second and third questions dealt with follow-up or refresher training. When asked how many of the participants had some type of follow-up or refresher training, 211 (67.8%) of the 311 replied no with 100 (32.2%) replying yes. When asked if refresher training would be beneficial, 266 (86.1%) of the 309 who answered this question replied yes.
- There were sixty-nine participants who took the time to write comments and suggestions for the refresher training. The final two questions dealt with areas of the training that need to be changed or updated and any topics that need to be added. The 132 responses are summarized in Appendix A.

Survey 2: Crisis Intervention Team (CIT) – Memphis Model Agency Self Assessment Survey.

The second survey was originally sent to approximately 120 email addresses of the agency heads of Departments with CIT Programs, twenty were returned due to improper email addresses. Forty-six started the survey with 43 (93.5%) completing the survey.

The second survey consisted of four sections with Section 1 being an introduction to the survey. Section 2 contained 20 questions based off the Florida CIT Coalition's recommendation of core elements for a successful CIT Program. The questions asked the Agency to self-assess their program from full implementation to not at all for each core element.



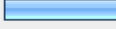
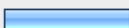
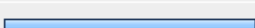

When asked if the Agency is using a Generalist/Specialist model for utilizing their CIT Officers the following are the results of 46 responses:

- 26 (56.5%) responded yes, full-implementation;
- 15 (29.5%) responded that they were working towards this at some level;
- 5 (10.9%) responded not at all.

Sixteen (34.8%) Agencies have a selection process in place for CIT Officers with twelve stating that they don't have a process at all. The remaining Agencies were at various stages of setting up a selection process. The majority of the Agencies (30 of 39 or 76.9%) report that they select the officers prior to attending the CIT training. When questioned about issuing CIT Pins to their CIT Officers:

- 64.4% (29 of 45) of Agencies state that they did issue the pins;
- 13.3% (6 of 45) of Agencies don't issue them at all;
- 22.2% (10 of 45) of Agencies are somewhere in the planning or almost there stages.

Question five deals with coverage of CIT Officers for Agencies. It appears that most Agencies are on their way to having full coverage but approximately 20% are not there at all. (See Chart below)

5. Does your Agency have enough CIT trained law enforcement officers to allow for maximum and adequate coverage 24 hours a day, seven days a week? - Smaller agencies may need to train all or most of their officers to achieve adequate coverage - Generally it takes several years for a department of any size to develop an optimal number of CIT officers			
		Response Percent	Response Count
Not at all		19.6%	9
In the planning stages		4.3%	2
In the implementation stage		17.4%	8
Periodic, but not regularly or almost there		19.6%	9
Yes – full implementation		39.1%	18
		Comments:  view	7
		answered question	46
		skipped question	0

Question six asked if Agencies have a designated CIT Coordinator and 35 (77.8%) of the 45 responses state they do have someone. Five of the Agencies report that they are in some type of planning towards this element.

The next three questions deal with the support from the mental health community and the receiving facilities. These responses ranged from 69% to 98% of positive interactions. When asked if the Agency has written policies regarding handling calls for service with persons that are mentally ill or in some type of crisis, 65.1% responded that they do with another 25.6% working towards having one. Most areas report having access to CIT Training classes at least annually.

Questions thirteen thru fifteen have to do with refresher training, CIT awareness training to dispatcher/call takers, and awareness training for middle and upper management. These three areas averaged 30% or less with full implementation. These seemed to address weaknesses throughout the responders. The Agencies that track the data on CIT calls is only at 36.4% at full implementation with 20.5% not tracking data at all.

In Section 3 consisted of four questions on the benefits of their Agency having a CIT Program.

- Question one asked overall, how beneficial do you feel it has been having a CIT Program at your agency? Of the forty responses, 24 (58.5%) stated extremely beneficial with 15 (36.6%) replying beneficial, for a total of 95% feeling it was beneficial. Fifty-one percent of the Agencies have had the program from 2004 or earlier with remainder stating that they begun their programs in 2005 or later. Of the twenty-one Agencies that started their programs in 2004 or earlier:
 - 14 responded that they felt the CIT Program was extremely beneficial;
 - 6 responded that they felt the CIT Program was beneficial;
 - 1 Agency responded that it was not beneficial at all.

When asked if they would recommend the CIT program to other Agencies, 43 of 45 (97.7%) responded that they would with one Agency stating that it would not. Finally, when asked if they felt that Florida should mandate Agencies to have a CIT Program with CIT trained members, 30 (69.8%) replied yes with 13 (30.2%) stating no. In Section 4, I had 39 Agencies provide me with their contact information which will be utilized for updating the CIT Coalition files. Many comments were posted for this survey which can be reviewed in Appendix B.

Discussion

Overall, I feel that both surveys show a positive response for CIT Programs and training. The Officer Survey was extremely positive which may correlate with the CIT concept of a “volunteer” assignment. Most of the CIT Officers seemed to have a passion for getting involved with this program and doing all they can for persons with mental illness or in some type of crisis. The CIT Officers should be commended for this. One question I wish I had asked on the survey was the amount of years that the person had been a law enforcement officer. This might have provided another angle to view with their results.

As many of us who have been involved in law enforcement know, we tend to get accused of becoming hard or callused the longer we are in this profession. When the CIT Officers were asked if they would recommend this training to others, 96% stated yes. I feel that this was a positive statement that again states that the curriculum was well received. When asked if refresher training would be beneficial, 86% said yes which indicates that there is still a large interest in this type of training. I have not found a similar study done but I feel the results are very much towards the positive effects of the training and programs. I feel that this shows that law enforcement officers in Florida generally care about people who are mentally ill and who may have a co-occurring substance abuse disorder and want to learn the best way to treat them.

Even after having the training over five years ago, 29 of the 30 responses indicated that the training was of benefit to them. Those who took the training three to four years ago reported 85 of 89 responses stating that the training was beneficial. I feel that this is a positive testament toward the long term value of the training. Looking at the overall results of the survey in reference to the curriculum, the high remarks indicate that participants found a benefit with the training and it was well received.

There were suggestions adding “Mental Health Court” field trips and training for the jurisdictions that have added this. There were also suggestions dealing with more training in regards to teenagers, the homeless people with mental illnesses, excited delirium and suicide by Cop syndromes, and additional training topics. The responses were terrific but too many to mention in this paper. I would encourage you to read the comments that are summarized in Appendix A. There was a suggestion for dispatcher training and roll call types of training. The responses I got overall seemed very positive towards this advanced training course. There seems to be a passion from the CIT Officers which would correlate with this being a volunteer program for law enforcement. The CIT Officers seem to really care about their dealings with persons suffering from some type of mental illness or a person in a crisis mode.

After reviewing the results of the Agency surveys, it seems that most Agencies could improve in the area of tracking CIT calls. The Agencies seem to do well at meetings with the mental health community and at recognizing their CIT Officers. The Agencies could also improve in the area of working with the Community to develop strategies for maintaining and sustaining CIT such as newsletters, web sites, and other resources. Overall, many of the Agencies report that they are working towards or have full implementation for many of the core elements for their CIT Programs.

In regards to the Agency survey, I feel that there is still some room for improvement with the Agencies but most surveyed are working towards successful CIT Programs. I will be sharing this data with all Agencies and the Florida CIT Coalition in hopes to assist programs in their future development. The main concern I had with the survey was the use of Survey Monkey. I found it easy to use but I got multiple complaints from at least ten Agencies that they had sent the results but I didn't receive them on the first and sometimes second attempts. There were also issues with correct email address which resulted in the surveys not being sent to all the active Agencies as reported by the Florida CIT Coalition.

Recommendation

I feel that there needs to be some specific criteria for several areas of the CIT Program, like the Dispatch/Call Takers, Middle to Upper Management Awareness training, and refresher training. This would allow for consistency and ease for the Agencies that are trying to establish these areas of training. I would recommend that the members of the Florida CIT Coalition, Agency CIT Coordinators, and trainers for CIT Training review the survey results and comments that are provided for in the two appendixes. I feel that many people took the time to write constructive comments that we should review and consider for future program improvements and updates. I also believe that the Memphis Model CIT Training Course should be presented as a salary incentive course for sworn members that have attended it. I would like to see these surveys completed again during a three to five year period so we can monitor our progress with these issues.

Lieutenant Anne-Marie Wendel has been in law enforcement since 1982. In 1989, Anne-Marie began working for the Lakeland Police Department where she currently supervises the Training Division. She has been active with many of the mental health boards in her community. Anne-Marie served in Desert Shield/Desert Storm. She obtained her AA degree from Valencia Community College and is pursuing her Bachelor's Degree in Business Management (Human Resources) from Florida Southern College.

References

- Cochran, S. (2004). Fighting stigma in law enforcement: The message has to come from the heart. Retrieved April 5, 2007, from Memphis Police Department Web site:
<http://www.memphispolice.org/Crisis%20Intervention%20Team%202.htm>
- Fitzpatrick, M. (2007, June 13). President's Virginia tech report: A disappointment. Retrieved July 6, 2007 from the National Alliance on Mental Illness (NAMI) website:
<http://www.nami.org/Template.cfm?Section=June6&Template=/ContentManagement/ContentDisplay.cfm&ContentID=47330>
- Florida CIT Coalition, (2005, March 18). Florida crises intervention team (CIT) program model. Retrieved April 5, 2007, from National Alliance of Mental Illness (NAMI) Web site:
http://www.nami.org/Content/ContentGroups/Policy/CIT/Florida_CIT_program_model.pdf
- Drake, R. (2003, September). Dual Diagnosis and Integrated Treatment of Mental Illness and Substance Abuse Disorder. Retrieved August 10, 2007, from NAMI Web site:
http://www.nami.org/Template.cfm?Section=By_Illness&Template=/TaggedPage/TaggedPageDisplay.cfm&TPLID=54&ContentID=23049
- St. Petersburg College (2005, March). Managing Encounters with the Mentally Ill. Course Manual retrieved August 2005 from the Florida Regional Community Policing Institute (RCPI) at St. Petersburg College (SPC).
- Teller, L. S., Munetz, M. R., Gil, K.M., & Ritter, C., (2006, February). Crisis intervention team training for police officers responding to mental disturbance calls. *Psychiatric Services*, 57(2), 232-237. Retrieved August 17, 2007 from Psychiatric Services Web site: <http://psychservices.psychiatryonline.org/cgi/reprint/57/2/232>

This Appendix contains the survey that was sent out to the CIT Officers who have attended the advanced training course “Crisis Intervention Team (CIT) – Memphis Model Specialized Training Course”. This survey was sent out utilizing the SurveyMonkey.com program. The survey and any comments written by the participants are listed within the survey. The comments have been consolidated to save space.

Survey 1: Crisis Intervention Team (CIT) – Memphis Model Specialized Training Course Survey for CIT Officers

There were 345 who started the survey and 312 (90.7%) who completed the survey.

Section 1: was an introduction to the survey.

“The purpose of this survey is to evaluate the CIT - Memphis Model training that you took after you have had a chance to utilize it in the field. The Florida CIT Coalition and I are interested to evaluate the benefits of the various areas of the training curriculum that you had and how useful it is in the performance of your daily duties as you work with people with mental illness or people with co-occurring substance use disorders. We also welcome any suggestions for ways the training could be updated or improved to assist you further.

Thanks for taking the time for completing this survey and thanks for your participation in the CIT Program.”

Section 2: CIT Memphis Model Training – General Questions





1. How long ago did you take the Crisis Intervention Team (CIT) - Memphis Model Training?			
		Response Percent	Response Count
Less than one year ago		32.8%	112
1 to 2 years ago		32.6%	111
3 to 4 years ago		26.1%	89
More than 5 years ago		8.8%	30
		answered question	341
		skipped question	3





2. What type of law enforcement officer are you?			
		Response Percent	Response Count
City Law Enforcement Officer		30.7%	104
County Law Enforcement Officer		47.2%	160
County Detention Officer		11.2%	38
State Law Enforcement Officer		0.0%	0
University or College Law Enforcement Officer		2.1%	7
Probation/Parole Officer		0.6%	2
Other Law Enforcement Officer		0.9%	3
Not a Law Enforcement Officer		7.7%	26
		answered question	339
		skipped question	5





3. Approximately how many times have you utilized this specialized training during the course of your duties during the past twelve months?			
		Response Percent	Response Count
Less than 14 times		58.1%	198
15-24 times		22.6%	77
25-49 times		10.0%	34
More than 50 times		9.7%	33
		answered question	341
		skipped question	3


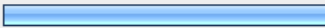


4. Overall, how beneficial was this Crisis Intervention Team – Memphis Model Specialized Training Course in training you to handle persons who were in some type of mental illness crisis; or suffering from some type of mental illness; and/or a co-occurring substance use disorder?			
		Response Percent	Response Count
Extremely beneficial		56.1%	189
Beneficial		38.6%	130
Of little benefit		5.0%	17
Not beneficial at all		0.6%	2
		answered question	337
		skipped question	7

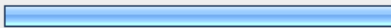
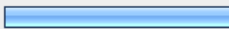


Section 3: Benefits of the specific areas of the CIT – Memphis Model Specialized Training


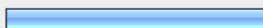


1. How beneficial was the specialized training in helping you understand and recognize specific signs and symptoms of mental illness and/or co-occurring substance use disorders?			
		Response Percent	Response Count
Extremely beneficial		58.6%	184
Beneficial		38.2%	120
Of little benefit		2.9%	9
Not beneficial at all		0.3%	1
<i>answered question</i>			314
<i>skipped question</i>			30

2. How beneficial was the specialized training in helping you understand and recognize whether those signs and symptoms represent a crisis situation?			
		Response Percent	Response Count
Extremely beneficial		53.5%	168
Beneficial		42.0%	132
Of little benefit		3.8%	12
Not beneficial at all		0.6%	2
<i>answered question</i>			314
<i>skipped question</i>			30

3. How beneficial was the specialized training in helping you understand and recognize specific signs and symptoms of persons with developmental disabilities?			
		Response Percent	Response Count
Extremely beneficial		42.9%	134
Beneficial		46.2%	144
Of little benefit		9.3%	29
Not beneficial at all		1.6%	5
<i>answered question</i>			312
<i>skipped question</i>			32

4. How beneficial was the specialized training in helping you understand and differentiate persons with mental retardation from mental illness			
		Response Percent	Response Count
Extremely beneficial		34.7%	108
Beneficial		50.5%	157
Of little benefit		12.2%	38
Not beneficial at all		2.6%	8
		answered question	311
		skipped question	33

5. How beneficial was the specialized training in helping you learn to de-escalate a mental illness crisis?			
		Response Percent	Response Count
Extremely beneficial		60.6%	186
Beneficial		35.2%	108
Of little benefit		2.3%	7
Not beneficial at all		2.0%	6
		answered question	307
		skipped question	37

6. How beneficial was the specialized training in helping you know where to take consumers in crisis?			
		Response Percent	Response Count
Extremely beneficial		48.4%	152
Beneficial		40.4%	127
Of little benefit		8.3%	26
Not beneficial at all		2.9%	9
		answered question	314
		skipped question	30

7. How beneficial was the specialized training in helping you learn the appropriate steps to follow up, such as contacting case managers, providing families with community resources, and recontacting the consumer at a later date?





		Response Percent	Response Count
Extremely beneficial		35.8%	112
Beneficial		45.4%	142
Of little benefit		15.0%	47
Not beneficial at all		3.8%	12
<i>answered question</i>			313
<i>skipped question</i>			31


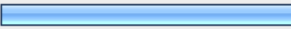
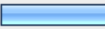

8. How beneficial was the specialized training in helping you learn how to problem-solve with the mental health treatment system?

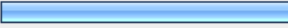
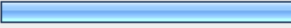


		Response Percent	Response Count
Extremely beneficial		37.0%	115
Beneficial		49.5%	154
Of little benefit		10.9%	34
Not beneficial at all		2.6%	8
<i>answered question</i>			311
<i>skipped question</i>			33





9. How beneficial was the specialized training in providing you with an overview of psychiatric medications, their uses, and their side effects?





		Response Percent	Response Count
Extremely beneficial		37.5%	117
Beneficial		46.2%	144
Of little benefit		14.1%	44
Not beneficial at all		2.2%	7
<i>answered question</i>			312
<i>skipped question</i>			32

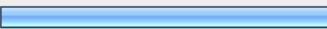



10. How beneficial was the specialized training in providing you with an overview of the Baker Act?			
		Response Percent	Response Count
Extremely beneficial		44.6%	136
Beneficial		45.6%	139
Of little benefit		5.9%	18
Not beneficial at all		3.9%	12
<i>answered question</i>			305
<i>skipped question</i>			39

11. How beneficial was the specialized training in providing you with an overview of the Marchman Act?			
		Response Percent	Response Count
Extremely beneficial		33.6%	103
Beneficial		45.9%	141
Of little benefit		16.3%	50
Not beneficial at all		4.2%	13
<i>answered question</i>			307
<i>skipped question</i>			37



12. How beneficial was the specialized training in providing you with the information that you need to allow you discretion, decision-making and handling of criminal charges when dealing with mentally ill subjects.			
		Response Percent	Response Count
Extremely beneficial		45.0%	140
Beneficial		45.7%	142
Of little benefit		6.8%	21
Not beneficial at all		2.6%	8
<i>answered question</i>			311
<i>skipped question</i>			33

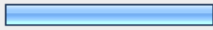
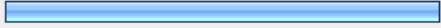
13. How beneficial did you find the site visits?			
		Response Percent	Response Count
Extremely beneficial		53.2%	164
Beneficial		33.8%	104
Of little benefit		9.4%	29
Not beneficial at all		3.6%	11
<i>answered question</i>			308
<i>skipped question</i>			36

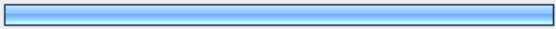


14. How beneficial was it to talk with consumers, family members, and mental health professionals?			
		Response Percent	Response Count
Extremely beneficial		61.5%	190
Beneficial		32.0%	99
Of little benefit		5.2%	16
Not beneficial at all		1.3%	4
<i>answered question</i>			309
<i>skipped question</i>			35

15. How beneficial was the role play?			
		Response Percent	Response Count
Extremely beneficial		51.1%	160
Beneficial		34.2%	107
Of little benefit		9.9%	31
Not beneficial at all		4.8%	15
<i>answered question</i>			313
<i>skipped question</i>			31

Section 4: Conclusion and Comments

1. Would you recommend this training to others?			
		Response Percent	Response Count
Yes		96.1%	299
No		3.9%	12
<i>answered question</i>			311
<i>skipped question</i>			33

2. Have you had any follow-up or refresher training in regards to Crisis Intervention Team (CIT) training?			
		Response Percent	Response Count
Yes		32.2%	100
No		67.8%	211
<i>answered question</i>			311
<i>skipped question</i>			33


3. Do you feel that refresher training would be beneficial?			
		Response Percent	Response Count
Yes		86.1%	266
No		13.9%	43
Suggestions			73
<i>answered question</i>			309
<i>skipped question</i>			35

Suggestions Summarized (Comment Text):

1. Keep up the great work! This is the best training that I have received in my 14 years in law enforcement! The more training the better. You can never have enough training. Tons of great info. Course should definitely be longer than 40 hours. Info overload when crammed into 1 week. The facilitator was well prepared and effective. Make this mandatory training for law enforcement and detention personnel. I believe all Correctional Officers and LEO's would benefit from this training.
2. Standardized, structured training. All CIT on "exact" same page "exact" same training same terminology. More guest speakers on all topics in mental health.

A must to be a member of NAMI. Different scenarios / more localized training / involve reps from the hospitals. More training on dealing with children in foster care programs with special needs.


3. Refresher training to include updates and changes in the law, diagnosis, signs and symptoms, and medications. Especially when new information or programs come out like the mental health court. Perhaps some discussion about current or past local problems or solutions since last training was provided. They should make refresher dependant on certificate, mandated by FDLE. It is always good to keep up with the current trends, and situation being experienced by fellow officers. Periodically updated community resource information. Ensure that all updates regarding facilities, changes in forms and perhaps communication regarding the types of calls and resolution of those calls between agencies would be helpful as learning tools. I feel refresher training would be most beneficial to us as Officers and to the consumers. Periodic refreshers, either on-line, or in 2-4 hour blocks would not be a bad idea. Refresher can be accomplished via roll call training. Should implement this training with In-Service training courses in individual police departments. A 4-8 hour course would be beneficial. Updated patient facilities bed availability and new facility training would help. My CIT staff is requesting refresher training quarterly. I am grateful OCSO has continued training for CIT Officers with updates. Commander Lewis is real good about keeping us apprised of new and innovative resources and resolutions to problems that may arise.
4. More role play, more contact from relatives of mentally ill, their contact/experience with LEO. Role playing is extremely beneficial. It would be helpful to have training about what has worked in the past and what hasn't worked in the past during certain crisis situations. More time should be given to psychiatric medications use and side effects. The role play was unrealistic and tactically dangerous. It concerns me that officers are being trained and using the techniques taught in this training. Yes to refresher training if there were more role playing, but no if it is an 8 hour classroom. Have role players be more aware of officer safety issues.
5. More department/care facility cooperation is needed. Possible quarterly meetings between facility staff/ police staff to better coordinate protocol between agencies.
6. Having about twenty officers come together to discuss how they implemented skills learned in CIT would be beneficial both for the officers and for determining adjustments in curriculum for future classes.
7. More integrated in-house training and expanding the CIT Team. Currently we have a Team and trained officers that seem to function on two different levels. Consistency in service delivery will benefit the overall problem.

4. Are there areas of the current CIT-Memphis Model training that need to be changed or updated?		Response Count
 view		103
<i>answered question</i>		103
<i>skipped question</i>		241

Comment Text:

1. Additional presentations or stories from consumers. I believe Deputies and Officers who have taken the training, would benefit by receiving more information that could be disseminated to family members who are dealing with other family members with mental illnesses. The resources available to consumers should be constantly updated and put in a format readily available to the responding officer. The guide we were given was not up-to-date. More on the type of help and contacts for the people in need that we deal with. Especially with 24/7 contact information for afterhours.
2. I think I walked away from this class with quit a bit of information. I would like to see this class presented from more of a law enforcement safety stand point. The instructors were very knowledgeable about subject but did not have a working knowledge of officer safety. I thought it was an overall great training program. It should be introduced, implemented into the Basic Training Academies. The training was excellent.
3. With all the current school shooting, maybe we should focus on that more. I counsel kids but can't image what signs to look for. They all seem in crisis. I would like to see more on Juveniles in reference to Baker Act. There are always conflicts in schools and with parents. Also services and programs for juveniles to access for treatment/ evaluation.
4. I feel that the scenario role playing exercise should be modeled separately because the situations are so different regarding corrections and "working the road." As a city police officer that got his start in corrections, I noticed that the corrections officers struggled with "road" type calls and vice versa for patrol officers dealing with a corrections setting. Update the role playing scenarios. They tend to take up a lot of time. Remind police officers that a "consumer" may be more willing to harm an officer than many criminals. Concentrate on officer safety and law enforcement functions first and take care of hugging consumers later.
5. Effects of TASER on the mentally ill. More on excited delirium.
6. I'm a communications officer and I attended the class that was geared towards law enforcement officers. I was told that there is a class geared towards call takers. If there is such a class, I think it should not be as long as the LEO class and it have more tips for handling calls directly with the mentally ill.

7. Call lists and Meds. More information on what medications are out there and what some side effects are when the consumer starts to decompensate. The drugs concerning mental health issues could be broken down better, The Pharmacists was too technical and tried to cover too much information in a short period of time.
8. Refresher training is critical. It has been approximately seven years since I attended the CIT course and the medications have changed in types and forms. Also I have forgotten many of the types and symptoms of mental illnesses. I don't feel changes are needed. However, jurisdictions may have specific issues that should be more strongly addressed. Our jurisdiction has a crack cocaine problem. Many of our mental health consumers self medicate with crack. This issue should be more strongly addressed in this jurisdiction during the CIT program. The line between addiction and mental health seems to be a fine one, so more information addressing specific identified needs should be implemented. More emphasis on drugs we find on the street with these consumers and what they are used for. What are the effects when someone needs medication and not taking it. What can we see in the person?
9. Either do away with the follow-up or find a way to get departments to understand how critical this is to the long term success of this type of program. Without tracking results, it is nearly impossible to determine whether or not departments are reducing the number of "repeat" customers. I would also shorten the prescription medication portion. Though it was informative and aided in prescription medication identification, it is almost too in-depth for use on a call.
10. Needs to be a version of the training geared toward Probation Officers and their duties. Add more community members from Detention, Probation, Court, EMT, Fire Department, and ER.
11. The follow up form should be changed to be able to document more follow up information.
12. A written test of some sort would be good, so you show an understanding of the "what and how" of the class.


5. Is there any topic that you feel needs to be added?		Response Count
 view		96
<i>answered question</i>		96
<i>skipped question</i>		248

Comment Text (broken into groups):

1. The teenage mentality of today and how much is illness vs. attitude. Updated training for children/adolescents.
2. Information on the new Mental Health Courts that jurisdictions are forming. Possible field trip to visit the court and talk with staff.
3. Dealing with the homeless and transients in regards to mental health issues.
4. More on TASER related issues along with defensive tactics/officer safety issues. It seems like the CIT course does not stress the use of defensive tactics and the dangers associated with mentally ill clients.
5. The Marchman Act and explain/provide pamphlet defining specific mental illness, something that I can refer to or study so that I'm familiar when I come in contact with mentally ill subjects.
6. Understanding downs syndrome or mental retardation.
7. Standard, communication with national agencies. Standardized communication processes that could transfer outside agency. Example: Florida has CIT callout. Family is mentally ill problem stems with a mentally ill inmate in Texas. A phone call and contacts made could solve issue.
8. More time needs to be spent on post traumatic stress disorder concerning our military personnel returning from the Middle East and how to handle these individuals in crisis.
9. I believe it would be good to have someone from the legal system speak on court rulings regarding true mental illness victims' verses those that are criminals.
10. More steps to take in getting help for people who are not in need of programs, but needing someone to talk to in the mental health field. After care for subjects.
11. Maybe how to more easily identify persons who are attempting to fake symptoms of mental illness - especially in the detention setting. How to distinguish between those inmates that are truly consumers versus those who are acting out.
12. A hostage negotiation course should be added as a secondary class that should be taken by officers / Deputies. All too often we are one of the first people to be called to a scene involving a person / consumer in distress.
13. Excited delirium and developmental disabilities. The events of Excited Delirium and Suicide by Cop need to be explored in greater detail.
14. Working with the fire department to transport some older victims. Securing 93 year old ladies with handcuffs so we can transport seems over the top.
15. College discipline issues.
16. Dealing with family members who themselves do not know how to deal with the illness.
17. More on mental illness verses mental retardation. There are times there is a mentally ill person who is also mentally retarded
18. The curriculum in excellent.
19. More on suicide prevention. Dealing with Officer (Law Enforcement) suicide.
20. In the group that I went through with, felt that there was no time in class to discuss the topics. The classes seemed very rushed. Went from one class to another, with no time to discuss topics.
21. Any More Hands On Training Is Very Beneficial To Everyone, Because The More Hands On Training You Get The Better You Understand What Is Going On With The Person That Needs Help..... Up to date training every 6 months a least. New

medications, signs, symptoms. Also what drugs (illegal & legal) have what effects on adults and on children.

22. Dispatcher training.
23. Training specifically related to the duties of Probation Officers.
24. A day with some time for local reps from the facilities to come in and explain the service they provide. If nothing else, a contact for afterhours when we in law enforcement are turned away with a person in need of services that the facility front desk person won't allow in. The contact should be of a higher up in the facility that can get things done after hours.
25. More time spent on Axis II disorders.

6. Please feel free to comment on any areas of this training.		Response Count
 view		85
<i>answered question</i>		85
<i>skipped question</i>		259

Comment Text:

1. Especially benefited from the site visits and speaking with people with a mental illness to get their perspective. The best training in the area I have had. I learned a lot about dealing with consumers. The virtual reality experience regarding schizophrenia was very enlightening- I cared for a family member with this diagnosis and this would have been extremely helpful to have had then. The visit to the mental health facility was very beneficial. To hear from people who are confined to this facility and their feeling on law enforcement and what officers can do with more understanding of the illness.
2. I participated in one of the first course offerings in our area. My interest was further development of my skills as a hostage negotiator. Much of the information provided was material that I was already familiar with. The mental health trainers need to recognize that law enforcement officers may not always react in the way that they would since we are also considering public and officer safety concerns.
3. I use this daily as a Resource officer. Should be part of SRO Training. Having worked in the school system as a school resource officer for 10 years, I saw a lot of the misuse of the system to excuse deviant and/or criminal behavior. We need to have a clear understanding of what true mental illness is, and stop entertaining excuses to avoid being responsible and accountable for our actions.
4. I've been an active CIT Officer since 1999 and believe the training to be the most beneficial I have received in 20 years in law enforcement. Fantastic training! Should become part of the academy training for new officers. Great tool for working on interpersonal communication especially with consumers in crisis. Training can also apply to "normal" situations as well.

5. This is good training should be required in basic LEO training. I recommend CIT training for all law enforcement officers. It is really good training. Everyone should be required to take this class. It should be a part of the academy.
6. As a Department Coordinator, I would like to see set curriculum for the call takers and refresher training.
7. Personal stress relief for officers.
8. CIT is an awesome concept, program. Mental illness needs to be dealt with in a more professional, humane manner. Once through the program it is an embarrassment to see the way "people" with mental illness are treated. The entire course really opened me up to having a deeper understanding of mentally ill people.
9. Brief the speakers on how their training will benefit Law Enforcement in their contact with "consumers" and make it clear that every situation is unique.
10. As a long time LEO, I had frequent contact with mental health patients and dual diagnosis patients (drugs, alcohol and various degrees of mental illness combined). I still found the training to be relevant and informative. I do recommend the CIT training, particularly for patrol officers and firefighter/EMT personnel.
11. Officers need to remember that CIT training does not replace officer safety needs that remain primary.
12. Very good Training. Very helpful for street officers. I am more aware of looking for symptoms of mental illness now than I was before and I am learning that the softer approach works wonders to deal with consumers in need.
13. The training opened up my eyes in reference to the de-escalation of subjects in crisis. I have also see the benefits of documentation on a daily basis of individuals that have cognitive learning disabilities, such as narratives to be available to other Officers for how we all can relate to them (i.e. what calms them, what frustrates them, responsible party info, where they live. etc). Refresher is a good idea.
14. There was one instructor, from LRMC, that seemed to cut the time our group had to spend at her unit. I felt that there was not enough exposure in the hospital environment. On the other hand, PRC was very thorough in exposing our group to there three (3) facilities.
15. Best and most applicable training I have had in the 11 plus years in my organization. This is the most beneficial, interesting and helpful training I have had in all the years I have worked in the sheriff's department. It most definitely should be required for each and every law enforcement officer everywhere.
16. As a law enforcement trainer, I recognize the need for role play, though I'm not a huge fan. The role play in this training, however, was very well-done and beneficial, I felt. I also found it VERY interesting and helpful to hear from people dealing with developmental disabilities, their own or family members, on a daily basis. Obviously I have a problem with the scenarios. I don't think any officer should put themselves in the position the trainers wanted them to. During my scenario I reacted safely for the consumer (role player) and myself. Once I made the scenario safe I then engaged the techniques I learned. ss.

17. Overall, C.I.T. is great training. The Memphis Model ties into the theories of community policing by bringing all concerned parties together to try and problem solve this world wide community issue.
18. We all need to stay on top of our communication skills, not only with those we are trying to help but also our co-workers and supervisors who may not be receptive to this type of program. This program does work if you can use it.
19. We were told in training (a year ago) that we would get cards with meds descriptions and signs of illnesses (kind of like a "cheat sheet"). We were also told we would get a list of contacts for all the different needs of consumers. We haven't received ANYTHING.
20. I particularly appreciated the expert trainers that were chosen for my course. Not only knowledgeable but spoke on a level I could comprehend.
21. The training would be more helpful if it were used more. The old style of policing is still being used where everyone goes to jail instead of using the trained officers. It would also be more beneficial to calm these subjects down by using trained officers. I feel the training is mostly beneficial regarding decision making. I feel much more confident while on scene determining whether or not to make an arrest or Baker Act someone.
22. I thought the training was excellent. The most difficult part of the program is the follow-up. I personally have never been able to follow-up with anyone, perhaps because the biggest reason is that I work midnights. I also deal with a cross section of society that is predominantly homeless and that in and of itself makes follow-up very difficult. I know of a Polk County Deputy who is responsible for responding to every CIT call but is not able to do any follow-up because calls for service have to take priority. I would like to be in a position to follow-up just to gauge how well I am doing and find out whether or not I am using the tools I have been provided in the correct manner.
23. The training was excellent and provided a wealth of information. The visit to the local mental health centers was extremely helpful as we got an inside look into what happens behind the scenes after we bring in a client. Talking with the patients of the facility was also insightful.
24. I had some knowledge of many of the discussed topics but still learned a lot more. It could be seen during role play that participants were learning as they were role playing. The site visits opened us up to the "other end" that law enforcement usually doesn't see & speak to those involved. Overall I felt it was a great training program & everyone will pick something up, rookie or veteran.
25. I am a civilian supervisor. My unit (Property & Evidence) has frequent contact with the mentally ill who is retrieving prisoner property. This training is mandatory for our unit and has been invaluable with de-escalating volatile situations.
26. Outstanding. I would consider any law-enforcement agency that is not utilizing this training to be practicing unethically and unprofessionally.
27. It has been almost 1 year since I graduated from the CIT training. I find that the information I received in this training was beneficial for me in handling just about every call I go on as a patrol officer. When a citizen requests the assistance of a police officer, they are in some form of crisis. Therefore this training has benefited me with dealing the general public.

28. Overall, I felt it was unorganized and presented by people who felt so strongly about their point of view, that any opposition by the officers in attendance was shrugged off as incorrect or improper.
29. This 40 hour course is the only true "real" training available teaching officers how to deal with these types of individuals. It makes the Baker Act or Marchman Act process extremely easy.
30. Officers need only to remember that in dealing with mentally ill, YOU HAVE TO TAKE YOUR TIME TALKING TO THEM....most calls can be wrapped up in a minute not anyone with Mental illness. I have been very successful in dealing with consumers for 6 years in jail and 5 years on the road as a Deputy. The best course I've taken and use it EVERYDAY!
31. It is very good in helping the mental health providers develop rapport with the police in the area. Once the police meet some of the mental health workers, they seem to feel more comfortable in collaborating with them.
32. I have been a hostage negotiator for over 5 years and this is now part of the curriculum for a negotiator. We just recently had Dr. Risdon Slate do a presentation for the negotiators and included several other agencies. The training has expanded beyond just CIT Officers.
33. As a Law Enforcement officer or any other professional with very limited training in this field mentioned in this survey, it is difficult in today's society to determine if the subject is in deed a person affected by a mental disorder / disability or simply playing the system. There is available to anyone (internet) search tools that one can read and study to "beat" the system.
34. An agency awareness program should be implemented into order to keep CIT Officers up to date.
35. As far as training, I like the class. In Florida, I think there is a CIT incentive training course, but this class is not credit for that. Can we put this training with the Florida training to get the incentive status for it?
36. All of the training excellent. It was beneficial to me and I can deescalate a lot of situations with knowledge of what's going on and how to handle the problem. The training helps you feel more comfortable in crisis situations. This training was extremely beneficial and I recommend this training to any officer whether brand new or senior. All new recruits should have this as part of their FTO training.

This Appendix contains survey with responses that was sent out to the Agencies that have Crisis Intervention Teams (CIT) modeled after the “Memphis Model”. This survey was sent out utilizing the SurveyMonkey.com program. This Appendix also contains a summary of the comments written by the participants. The comments have been consolidated to save space.

Survey 2: Crisis Intervention Team (CIT) – Memphis Model Agency Self Assessment Survey;

There were 46 who started the survey and 43 (93.5%) who completed the survey.

Section 1: Was an introduction to the survey.





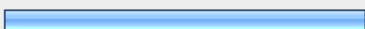

“The purpose of this survey is for Agency Leaders to self assess their Crisis Intervention Team (CIT) Program - Memphis Model against the 18 suggested core elements for a successful program. These core elements were developed by members of the Florida CIT Coalition.

This survey also asks you the benefit of having your members trained to handle persons that are in some type of mental illness crisis; or suffering from some type of mental illness; and/or a co-occurring substance use disorder.

Background:

"In order to be successful in implementing CIT and achieving its goals, a group of stakeholders in Florida that have been involved with developing CIT in their communities have been working together since March 2004 to develop consensus around CIT for Florida. The group, known as the Florida CIT Coalition, believes that there are certain critical elements that determine the effectiveness of CIT. There is a concern that absent these core elements, CIT will be less effective. For this reason, individuals from CIT programs in 13 counties in Florida have developed this document outlining a summary of those elements believed necessary for CIT programs to be maximally effective. These elements are based on the Memphis Model. Development of these core elements is a work in progress. Eventually the Florida CIT Coalition hopes to turn these core elements into a fidelity self-assessment tool and lay the groundwork to create the vision for CIT in Florida – that all communities will have a CIT program based on these core elements." The Florida CIT Coalition."

Section 2: Core Elements for Florida CIT Programs

1. Is your Agency using a Generalist/Specialist model meaning that officers are drawn from the patrol officer base and within their general duties as patrol officers? - These officers are the ones with the specialized training to respond to crisis calls involving people with mental illnesses, including those with co-occurring substance use disorders.			Response Percent	Response Count
Not at all			10.9%	5
In the planning stages			6.5%	3
In the implementation stage			13.0%	6
Periodic, but not regularly or almost there			13.0%	6
Yes – full implementation			56.5%	26
			Comments 	9
			answered question	46
			skipped question	0

Comments:

SPPD doesn't follow the CIT Plan, we just train officers in CIT that request to be trained. Our goal at this point is to have all patrol officers receive 40 hours of training in CIT. We do not have a specialized unit. We have run into scheduling problems for the training, but continue to try to get more trained. We have implemented a generalist approach to our CIT training both in terms of class composition as well with content. We want patrol officers, correctional officers and other first responders to be able to integrate CIT skills into their general duties. MDPD has a 3-Tier Model: Tier 1: All officers trained in 16-hour course, Managing Encounters with the Mentally Ill (these officers may or may not be assigned an ECD); Tier 2: CIT trained officers plus a supervisor responds (at least one CIT-trained officer/squad, all FTO squads are CIT-trained, all officers are assigned ECD(s)); Tier 3: Special Response Team (SWAT) crises negotiators. Our Victim Assistance Coordinator and Chaplain are the only people to attend so far. I have one officer under my direct command that recently used his training to talk a male subject out of committing suicide.

2. Does your Agency have a selection process to identify those officers with good interpersonal and communications skills that would make them a good candidate for CIT? - Selection of CIT officers is critical to the success of your CIT Program. Although potential CIT officers should be identified prior to the training it is after the training that the final selection of CIT officers for the agency Team should be made. CIT officers should be volunteer patrol officers.			Response Percent	Response Count
Not at all		26.1%	12	
In the planning stages		10.9%	5	
In the implementation stage		10.9%	5	
Periodic, but not regularly or almost there		17.4%	8	
Yes – full implementation		34.8%	16	
If your Agency has a selection process, please briefly describe it below:			14	
answered question			46	
skipped question			0	

Comments:







Transfer Review Board to be a Team member. Volunteers are sent to CIT training. A memo goes out requesting volunteers. Officers submit their names and are selected by the Command Staff. We currently hand pick from the volunteers or attempt to recruit appropriate candidates. Officers that apply for openings on the team are or are not recommended by their commanding officer. Usually they are older senior officers with “life experience” and are level headed. I don’t think there is a rhyme or reason for selection at this time of a particular person. All the non-FTO squad officers are volunteers, the PPOs and some supervisors are not volunteers.

3. Is your Agency selecting CIT Officers before or after CIT Training? - Although potential CIT officers should be identified prior to the training it is after the training that the final selection of CIT officers for the agency Team should be made.			Response Percent	Response Count
Before CIT Training		76.9%	30	
After CIT Training		23.1%	9	
Comments:			8	
answered question			39	
skipped question			7	

Comments:

We train all who are interested (they are answering the calls anyway) before the Team selections. Our two trainings have had a strong Corrections component, with our goal

to have all Corrections Officers receive the training due to the high percentage of inmates who have mental illness and co-occurring disorders. Look for the needed personality and character traits plus serious interest.

4. Does your Agency issue an authorized CIT Pin to your Officers who are selected to be on the CIT Team to wear on their uniform? - This pin establishes the identity of the officer as a CIT trained officer and provides recognition to consumers of CIT trained officers.			Response Percent	Response Count
Not at all			13.3%	6
In the planning stages			11.1%	5
In the implementation stage			6.7%	3
Periodic, but not regularly or almost there			4.4%	2
Yes – full implementation			64.4%	29
			Comments:  view	7
			answered question	45
			skipped question	1

Comments:

It should be THE SAME throughout Florida so all EDP's know who the CIT Officers are. Some agencies create their own pin and that can confuse the EDP. Each officer receives a pin upon completion of 40 hours training. It has not come up for discussion. What Pins?

5. Does your Agency have enough CIT trained law enforcement officers to allow for maximum and adequate coverage 24 hours a day, seven days a week? - Smaller agencies may need to train all or most of their officers to achieve adequate coverage - Generally it takes several years for a department of any size to develop an optimal number of CIT officers

		Response Percent	Response Count
Not at all		19.6%	9
In the planning stages		4.3%	2
In the implementation stage		17.4%	8
Periodic, but not regularly or almost there		19.6%	9
Yes – full implementation		39.1%	18
Comments:			7
		answered question	46
		skipped question	0

Comments:

We nearly always have one on duty. We don't keep track of this, but numerous officers have been trained in CIT. We have run into scheduling problems for the training, but continue to try to get more trained. More than half of the sworn officers are CIT trained. The commander and his assistant are very good at notifying all supervisors and team and SWAT Team personnel of their brief absences and indicate who would be acting leader when needed. Primarily use the FTO Squads.

6. Does your Agency had a designated CIT coordinator committed to the program with enough authority to oversee the program within your law enforcement agency? - Ideally each law enforcement agency with a CIT program has a designated CIT Coordinator - The CIT Coordinator should be filled with a person who is given the authority to coordinate and oversee the program, as well as ensure maintenance of the program for the agency

		Response Percent	Response Count
Not at all		11.1%	5
In the planning stages		4.4%	2
In the implementation stage		4.4%	2
Periodic, but not regularly or almost there		2.2%	1
Yes – full implementation		77.8%	35
Comments:			3
		answered question	45
		skipped question	1

Comments:

That would be me. At this time the Sheriffs Office has specific coordination that comes from the Corrections Division but not from the Patrol Division. Lt and Sgt are assigned to supervise and manage the CIT Program.

7. Does your community CIT program have a designated mental health/substance abuse coordinator from the local mental health/substance abuse agency that is committed to the program with enough authority to coordinate and oversee the program from the mental health/substance abuse treatment system side? - This Mental Health coordinator will be actively involved with planning and implementing the training of CIT officers as well as participating in the maintenance of the Community CIT program.			Response Percent	Response Count
Not at all			9.3%	4
In the planning stages			7.0%	3
In the implementation stage			0.0%	0
Periodic, but not regularly or almost there			11.6%	5
Yes – full implementation			72.1%	31
			Comments:	4
			answered question	43
			skipped question	3

Comments:

Michele Saunders from Partners in Crisis is our coordinator. The senior staff psychologist (he also provides all the training for the Managing Encounters with the Mentally Ill training and he supervises and trains the SRT crisis negotiators, and is a consultant to the overall county CIT Program thru Judge Liefman’s office.

8. Does your Community CIT Program have representation from NAMI, Mental Health Association or other mental health advocacy organizations that also provide coordination and oversight within CIT from the perspective of family and consumer involvement?			
		Response Percent	Response Count
Not at all		7.0%	3
In the planning stages		9.3%	4
In the implementation stage		4.7%	2
Periodic, but not regularly or almost there		9.3%	4
Yes – full implementation		69.8%	30
Comments:			2
answered question			43
skipped question			3

Comments:

The CIT program is using NAMI and Mental Health personnel as instructors.

9. A. Does the Community have a designated mental health receiving center that is responsive to CIT officers and will allow for a smooth transition for CIT officers as they transport individuals for crisis services? B. Does the Community have a designated substance abuse receiving center that is responsive to CIT officers and will allow for a smooth transition for CIT officers as they transport individuals for crisis services? C. Is the mental health receiving facility combined with the substance abuse receiving facility (are they combined in one location)? - The mental health/substance abuse system will receive individuals identified by CIT officers who are in need of crisis services, voluntary and involuntary. - User friendly “drop-off” process that include quick turnaround time for the officer.			
	Yes	No	Response Count
A. Does your Community have a mental health receiving facility that is responsive to CIT officers?	97.7% (43)	2.3% (1)	44
B. Does your Community have a substance abuse receiving facility that is responsive to CIT Officers?	86.4% (38)	13.6% (6)	44
C. Are the mental health receiving facility and the substance abuse receiving facility combined into one location?	53.3% (24)	46.7% (21)	45
Comments:			7
answered question			45
skipped question			1

Comments:

We are a Multi jurisdictional taskforce and have several receiving facilities. There is no specific designee for transports or transporting officers. Very have a very good working relationship. We have a mobile crisis unit that will respond to quite a few different situations. There are multiple receiving facilities in Miami-Dade country. Act Corporation & Stewart Marchman are located within the same campus serving both Volusia & Flagler Counties.

10. A. Does your Agency have a written policy that outlines how members will handle calls with persons that have a mental illness and/or co-occurring substance use disorders? - Policies and procedures within each Agency that identifies who the CIT Officers are on each shift and a call out process to ensure that a CIT Officer handles the encounter whenever possible. B. Does your Agency have written and mutual agreements within both the law enforcement agency and mental health/substance abuse agencies that outline the roles and responsibilities of each party?							
	Not at all	In the planning stages	In the implementation stage	Periodic, but not regularly or almost there	Yes – full implementation	Rating Average	Response Count
A. Does your Agency have a written policy?	9.3% (4)	18.6% (8)	7.0% (3)	0.0% (0)	65.1% (28)	3.93	43
B. Does your Agency have an agreement with mental health/substance abuse agencies?	16.7% (7)	11.9% (5)	4.8% (2)	9.5% (4)	57.1% (24)	3.79	42
Comments: view							10
answered question							44
skipped question							2

Comments:

I'm in Broward so BSO and FLPD pretty much paved the wave with the local facilities. We do not have a written agreement with the local mental health provider. Regularly scheduled meetings address any issues. We have a 'working partnership' with all the players. We have policies on how to handle these subjects but not a callout process for specific CIT Officers. All agencies take subjects to the facilities and turn away officers when they are full. Agency policy is covered in the Field Training Program. Baker Acts are carried out as outlined in the Florida State Statues. Judge Leifman has been extremely influential in establishing a partnership between law enforcement and the community mental health system. Our policy addresses the Marchman and Baker Act policies.

11. Does your Agency have access to CIT Training Classes at least annually, if not more frequently, to send its members to?			Response Percent	Response Count
Not at all	<input type="checkbox"/>		2.2%	1
In the planning stages	<input type="checkbox"/>		6.7%	3
In the implementation stage	<input type="checkbox"/>		4.4%	2
Periodic, but not regularly or almost there	<input type="checkbox"/>		2.2%	1
Yes – full implementation	<input checked="" type="checkbox"/>		84.4%	38
			Comments: view	8
			answered question	45
			skipped question	1

Comments:

We receive various school notifications throughout the year and I'm sure that the team commander attends needed courses. Training is conducted at a local college. We have run into scheduling problems for the training, but continue to try to get more trained. Classes taught at least 2 times a year. We have quarterly classes. We have monthly classes.

12. If your Agency puts on its own CIT Training Classes, does it have Trainers/presenters who are willing to learn about police work and to become “police familiar” as they provide training to the officers? - Trainers/presenters must include mental health/substance abuse treatment professionals, family members of individuals with serious mental illness, individuals who themselves have serious mental illness (“consumers”), and people (preferably experienced CIT officers) who are able to assist in role-playing to help officers develop their de-escalation skills.

		Response Percent	Response Count
Not at all		15.9%	7
In the planning stages		6.8%	3
In the implementation stage		4.5%	2
Periodic, but not regularly or almost there		9.1%	4
Yes – full implementation		29.5%	13
N/A - Our Agency does not provide this training		34.1%	15
		Comments: view	6
		answered question	44
		skipped question	2

Comments:

Training is coordinated by combo of police/S.O. Agency’s with several mental health providers. We do not specifically put on the training but we are involved in providing the venue, trainers, planning, etc. Our agency is combined with other area LE agencies to provide training. At this point, our training comes from outside the agency. Training is all conducted by outside resources. The Jackson Memorial Mental Health Trust facilitates the training for MDPD officers.

13. Does your Agency or community provide periodic refresher training, updates, reviews, etc to its CIT officers? - This should occur at least on an annual basis and focus on issues related to dealing with persons with mental illness in crisis, including those with substance use disorders.			Response Percent	Response Count
Not at all			14.0%	6
In the planning stages			30.2%	13
In the implementation stage			11.6%	5
Periodic, but not regularly or almost there			16.3%	7
Yes – full implementation			27.9%	12
			Comments:	5
			answered question	43
			skipped question	3

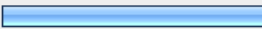





Comments:

We work with Partners in Crisis. Not always widely advertised. CIT Officers receive emails from NAMI with updates. No refresher classes have been offered yet. The Treasure Coast has only had CIT for one year so to my knowledge, there have been no refreshers as of yet.

14. Does your Agency or community provide an abbreviated form of CIT training/awareness to its dispatch/phone call takers so that they are knowledgeable about the CIT program and able to identify probable mental illness and co-occurring substance use disorder crisis calls?			Response Percent	Response Count
Not at all			29.5%	13
In the planning stages			22.7%	10
In the implementation stage			2.3%	1
Periodic, but not regularly or almost there			13.6%	6
Yes – full implementation			31.8%	14
			Comments:	9
			answered question	44
			skipped question	2

Comments:

The County dispatches for our agency, thus we have no employees doing such. We have county dispatch and cannot control this aspect of the process. Dispatchers have been attending the full CIT Training that our officers attend. I believe that our dispatchers receive training in this area. CIT training is provided to Communication Center Operators. Yes, we have Mental Illness training. Access to full CIT yes, nothing abbreviated. They get the full 40 hours.

15. Does your Agency or community CIT program offer abbreviated training or awareness to middle and upper management about the CIT program and the procedures for CIT officers?			Response Percent	Response Count
Not at all			40.9%	18
In the planning stages			15.9%	7
In the implementation stage			4.5%	2
Periodic, but not regularly or almost there			25.0%	11
Yes – full implementation			13.6%	6
			Comments:  view	4
			answered question	44
			skipped question	2

Comments:




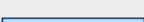


Maybe at other agencies but not MCSO. Not beyond a very basic overview of the concept. Full 40 hours. They would attend the entire class.

16. Does your Agency have a method for collecting data and statistics on CIT encounters and their outcomes? - This may involve a tracking form. This information should be shared on a regular basis with CIT officers, upper management, the mental health coordinator and at any community forum used for mental health system improvement and problem solving.			Response Percent	Response Count
Not at all			20.5%	9
In the planning stages			20.5%	9
In the implementation stage			15.9%	7
Periodic, but not regularly or almost there			6.8%	3
Yes – full implementation			36.4%	16
			Comments:	7
			answered question	44
			skipped question	2

Comments:

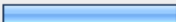



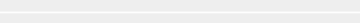

A CIT mental health data form has just recently been implemented (by CIT and non-CIT trained officers) whenever they interface with a mentally ill person. I believe that they do after action reports. Maintained and submitted by the CIT Supervisors. If we wanted to get it, we could pull it up. This is an important are we are working on. We do tracking sheets and are attempting to gather data. Victim Advocate maintains records they encounter.

17. Does your Agency have processes or systems in place to provide regular feedback to both CIT officers and mental health system providers and administrators when problem situations arise? - These may include formal and informal mechanisms for sharing information.			Response Percent	Response Count
Not at all			26.7%	12
In the planning stages			8.9%	4
In the implementation stage			6.7%	3
Periodic, but not regularly or almost there			15.6%	7
Yes – full implementation			42.2%	19
			answered question	45
			skipped question	1

18. Does your Agency participate in regularly scheduled meetings of CIT coordinators, mental health coordinators, family/consumer and other key stakeholders to address system concerns, ensure that the program stays on course and to work on growth and sustainability of CIT? - These meetings may be done through already established groups such as coalitions, task forces, steering committees, advisory groups, etc			Response Percent	Response Count
Not at all			4.4%	2
In the planning stages			6.7%	3
In the implementation stage			2.2%	1
Periodic, but not regularly or almost there			22.2%	10
Yes – full implementation			64.4%	29
			Comments:  view	5
			answered question	45
			skipped question	1

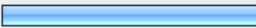



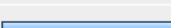

Comments:

Would be willing to participate and have volunteered to do so but have not been invited. We are on the Hillsborough County Baker Act Advisory Committee. Monthly meetings are conducted with all involved parties. Meetings are very rarely scheduled.

19. Does your Agency recognize the CIT Program and officers? - This may include an annual appreciation banquet or some other forum for community celebration.			Response Percent	Response Count
Not at all			25.0%	11
In the planning stages			15.9%	7
In the implementation stage			2.3%	1
Periodic, but not regularly or almost there			4.5%	2
Yes – full implementation			52.3%	23
			Comments:  view	7
			answered question	44
			skipped question	2

Comments:

We have a wonderful banquet yearly for the CIT officers, a local news anchor hosts. We also have a banquet at the end of each CIT class. It is very positive and rewarding. We just conducted our Annual Award Ceremony. They are recognized for a “job well done.” We have an annual awards banquet. Not the officers, the community members. We just held our first area breakfast and CIT officer of the year.

20. Does your Agency work with the Community to develop unique strategies for maintaining and sustaining CIT such as newsletters, web sites, meeting with other jurisdictions, etc?			Response Percent	Response Count
Not at all			40.0%	18
In the planning stages			8.9%	4
In the implementation stage			8.9%	4
Periodic, but not regularly or almost there			15.6%	7
Yes – full implementation			26.7%	12
			Comments:  view	3
			answered question	45
			skipped question	1

Comments:

Various community committee meetings invite jurisdictions when appropriate in Hillsborough County. This is done through the CIT Coordinator of Volusia & Flagler County – Sini Summerlin/ACT Corporation, (386) 236-1809.

Section 3: Benefits of your Agency having a CIT Program

1. Overall, how beneficial do you feel it has been having a Crisis Intervention Team (CIT) Program - Memphis Model at your Agency?			Response Percent	Response Count
Extremely beneficial		58.5%	24	
Beneficial		36.6%	15	
Of little benefit		2.4%	1	
Not beneficial at all		2.4%	1	
Comments:			6	
answered question			41	
skipped question			5	

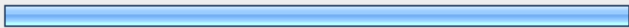


Comments:

SPPD does not the CIT Memphis Model. Don't have one—have been advocating that we initiate one. We are in the midst of developing data as it's brought to the Agency's CIT Coordinator. We are still in its infancy but noting benefits already.


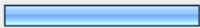

2. When did your Agency start the Crisis Intervention Team (CIT) Program - Memphis Model?			Response Percent	Response Count
2004 or earlier		51.2%	21	
2005		14.6%	6	
2006		22.0%	9	
2007		12.2%	5	
Comments:			6	
answered question			41	
skipped question			5	

Comments:

Started training in early 2000. We sent the Chaplain and the Victim Assistance Coordinator one year ago. Community has been addressing need since 2005 through Public Policy Institute. I have no history since I took the program last year. Discussions began earlier. Implementation was in 06.

3. Would you recommend the CIT Program to other Agency Directors?			Response Percent	Response Count
Yes			97.7%	43
No			2.3%	1
			Comments:  view	1
			answered question	44
			skipped question	2

Comments:
I have.

4. Do you feel that Florida should mandate all Agencies to have a CIT Program with CIT trained members?			Response Percent	Response Count
Yes			69.8%	30
No			30.2%	13
			Comments:  view	9
			answered question	43
			skipped question	3

Comments:

At least exposure to the training – each community has to decide its implementation (full or partial). There should be at least limited training mandated by FDLE. Mandating seems to be counterintuitive to the voluntary status of the Police Officers who volunteer to be CIT trained officers. I think the depts. should be strongly encouraged and perhaps some forms of incentives provided to those depts. that initially are non-responsive. This should be mandated in the FDLE standards for basic police training and all officers should be required to have this training. As long as it is not taught under the guidelines of FDLE or its authorized instructors. Unless the State of Florida is willing to fund the costs of the training and manpower replacement for the agency. Training should be incorporated into the academy training. Legislature may be able to mandate this. Law enforcement is already overwhelmed due to budget cuts in all State/Federal programs.

Section 4: Agency Information

Agencies that participated in the survey:

1. Altamonte Springs Police Department
2. Bradenton Police Department
3. Brevard County Sheriff's Office
4. Clearwater Police Department
5. Coral Springs Police Department
6. Daytona Beach Police Department
7. Eustis Police Department
8. Ft. Lauderdale Police Department
9. Ft. Pierce Police Department
10. Gainesville Police Department
11. Hillsborough County Sheriff's Office
12. Jacksonville Sheriff's Office
13. Kenneth City Police Department
14. Lake County Sheriff's Office
15. Lakeland Police Department
16. Lauderhill Police Department
17. Lee County Sheriff's Office
18. LifeStream Behavioral Center
19. Martin County Sheriff's Office
20. Miami Dade Police Department
21. Miami Dade Corrections & Rehabilitation Department
22. Ocala Police Department
23. Ocoee Police Department
24. Orange County Sheriff's Office
25. Orlando Police Department
26. Palm Beach Police Department
27. Pensacola Police Department
28. Polk County Sheriff's Office
29. Port St. Lucie Police Department
30. Santa Rosa County Sheriff's Office
31. Sarasota Police Department
32. Seminole County Sheriff's Office
33. St. Lucie County Sheriff's Office
34. St. Petersburg Police Department
35. Treasure Coast Forensic Treatment Center
36. Volusia County Sheriff's Office
37. West Palm Beach Police Department
38. Winter Garden Police Department
39. Winter Park Police Department

General Comments:

1. Is there a movement for a Florida Association of CIT Officers?
2. Monroe County SO is interested in starting a program.
3. As Co-Chair of the Hillsborough Co. CIT Committee, we are tasked with the coordinating the CIT trainings for the various jurisdictions within the County. The Sheriff's Office is closer to full implementation of the Memphis Model, followed by Tampa PD, who has the training component only (less that 15% of its force), followed by the Univ. So. FL, Tampa Intl. Airport, Temple Terrace, and Plant City in descending order.
4. Addresses a serious need. Needs wider exposure and inclusion in the basic recruit course, at least at an overview level.
5. I would like to see a more active role played by our agency.
6. All of the facility questions and provider questions are in association with the Central Florida Crisis Intervention Team. There are no actual facilities here in Winter Garden but within Orange County.
7. Law enforcement needs more direction/support on when and how to give the consumers their firearms after they have been Baker Acted!