

Crisis Intervention Teams: Have You Refreshed Your Cit Training?

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Abstract

In an effort to improve recent methods of managing situations involving the mentally ill in crisis and the responding officer, Crisis Intervention Team was created. CIT emphasizes a partnership between law enforcement, the mental health system and their families. CIT sets out to reduce, prevent or eliminate injury to both the consumer and the officer and is presently being developed in many agencies. It is believed that CIT can be successfully implemented through the accomplishment of core elements and specially designed training. This paper is to educate the reader about the origin, philosophy, failures, and accomplishments of CIT and hopefully encourage agencies to see the importance of refresher training.

Introduction

The Crisis Intervention Team (CIT) emphasizes a partnership between law enforcement, the mental health system, mental health advocacy groups, and consumers of mental health services and their families. CIT began in Memphis, Tennessee in the late 1980s and has been adapted widely around the country. CIT officers are regular patrol officers who have gone through an intensive 40 hour training program to learn how to respond to the mentally ill in crisis. The effective CIT officer is able to respond and understand this person or *consumer* as he/she is called, demonstrating both care and sensitivity to the person and the situation (Vickers, 2000).

The Memphis CIT program is recognized throughout the United States. Several cities, including Portland, Oregon, San Jose, California, Seattle, Washington, and our very own Hillsborough County Sheriff's Office in Tampa, FL have already implemented response programs based on the Memphis model. Requests arrive daily from all over the United States for CIT training information. (Vickers, 2000).

The goals of CIT are:

- ~ to provide immediate response to crisis situations involving mentally ill persons
- ~ to manage that situation involving the mentally ill and the officer

- ~ to prevent and /or reduce the probability of injury to both the mentally ill person and the police officer responding to the call
- ~ to find appropriate care for the consumer
- ~ to establish a treatment program to prevent or reduce the possibility of repeated offense (Vickers, 2000).

But the success of CIT depends not only upon the initial training but on refresher and specialized training for CIT officers. (Vickers, 2000)

Literature Review

C.I.T. Memphis Model Origins

The reason CIT was originally created was ultimately due to the deinstitutionalization of the mentally ill in the 1960s. This process required the release of nonviolent patients back into the community. The money saved from the closing of hospitals was to be put into outpatient community programs, however, this money never found its way into the community (Memphis Police Department website, 2006). States found other ways to incorporate the savings into their budgets and many mentally ill people found themselves with inappropriate support systems and social services. Without the proper support, care and monitoring, many of these mentally ill stopped taking their prescribed medications. Still others continued to take medications that did not benefit them and suffered severe side effects with no one to help them. This domino effect, beginning with the closing of mental institutions, resulted in too many unstable mentally ill individuals living in the community with only their unprepared and unsupported family members taking on the role of caregiver. Many others found their way into the too few and overfilled group homes or on the streets. When these unfortunate mentally ill people would become psychotic they would often meet unprepared police officers and some rough handling. Mary Zdanowski of the Treatment Advocacy Center (TAC) said, "Officers were serving as frontline mental health workers". (Vickers, 2000.) And we know that too many officers and agencies are still functioning that way. One crisis after another, with one in particular occurring in Memphis, Tenn., caused a change. The death of a mentally ill African American, by police officers in fear of their own safety, became the catalyst that one year later was the program called CIT. (Memphis Police Department website, 2006).

The mayor of Memphis soon decided that a task force needed to be established and so he solicited input from the police, department heads from the medical and psychiatric centers at the University of Tennessee, the head of the psychology department of the board of education, representatives from the University of Memphis, the National Alliance for the Mentally Ill (NAMI), the managers of mental health facilities in Memphis, and local citizens. (Vickers,

2000) The common goal of this newly formed task force was to prevent the tragedy from repeating itself. (Vickers, 2000).

Memphis Police Director Walter Crews had been in charge during the time of the shooting and with his background in hostage negotiation, was asked to join this task force. "Back then if a mentally ill person was violent when the police arrived; it usually ended up with the consumer and the police being injured", he recalled. "...a plan that would allow us to insert a tool that would help us, as a police agency, bring the consumer under control...I knew immediately that education and technology would be the keystone". (Vickers, 2000)

The Memphis mayor would continue his search for a program and continued to keep it simple and as a community project. He wanted each institution involved to work together to make system changes. The task force was given the job to create a program to provide safety for the officers, for mental health consumers, and for their family members. This program was to be for the community and by the community. And as the task force grew, partnerships and relationships grew. These newly formed partnerships became committed partnerships of those affected by the needs of the mentally ill. In Memphis, these partners were the families of the mentally ill, law enforcement agencies, emergency psychiatric and medical services, hospitals and the consumers themselves. But the relationships didn't start out as a smooth ride. Health professionals and police officers are two completely different entities. Both groups brought with them their prejudices and preconceived notions about how to do their jobs effectively. More education on both parts ensued and with understanding, acceptance and partnerships began to flourish. (Vickers, 2000).

Memphis C.I.T. Model Method

CIT training at the Memphis Police Training Academy is a 40-hour training program for all CIT officers with an additional 8 hours of specialized training. The training is performed by agencies donating instructional staff on a volunteer basis, increasing a sense of personal ownership of the program (Memphis Police Department website, 2006).

The training itself consists of the basic fundamentals in recognizing mental illness; defining psychotropic medications; small-group visits to mental health hospitals facilitated by NAMI members; crisis de-escalation skills; and defense weapons training. (Vickers, 2000). Role playing and participation of veteran CIT officers in the goal and objectives decisions helps the program to be as successful as it has become. (Vickers, 2006).

The training includes video of consumers with diagnostic mental illnesses: bipolar disorder, schizophrenia, depression, obsessive compulsive disorder, etc to help officers recognize the symptoms of the illnesses. (Vickers, 2006). Learning about the different types of psychotropic medications also teaches officers what medicines they might encounter in a consumers home. Knowledge empowers and that is the underlying theme of CIT. If both officer and medical workers can speak a similar language when it comes to medications and describing a consumer's symptoms or condition this information becomes

invaluable to the doctors and ultimately to the consumer and enhances the safety of all those involved. (Vickers, 2006).

In training CIT members, we must remember that not all officers have it in them to be compassionate, especially with the mentally ill. The need to have a specially formed team, a special squad with special duties is a much better choice. Just as not everyone is cut out to be a SWAT member, not every police officer is cut out to be on the CIT. (Vickers, 2006).

Memphis C.I.T. Model Results

Before the CIT program, citizens disturbing the peace or other misdemeanor infractions, including alcoholics, drug abusers and the mentally ill, would be placed in jail. Now the mentally ill only go to jail if the responding officer considers them to be responsible for their actions. In most cases, they are transported to the medical center for triage. (Vickers, 2000). As a result of the Memphis CIT program, there is reduced stigma of danger attached to mental illness; reduced use of deadly force; reduced use of restraints; fewer injuries to officers and consumers; lower arrest rates; relief to an overburdened justice system. (Vickers, 2000).

Florida C.I.T. Model

In order for the Florida CIT model to be a successful venture in implementation and achievement of goals, a group of stakeholders that have been involved with developing CIT in their communities have been working together 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 concern that without these critical elements, CIT will not be as effective as it should be. Presently, development of these core elements is a work-in-progress for the state of Florida. Eventually the Florida CIT Coalition hopes to turn these core elements into a self-assessment tool and lay the groundwork to create the vision for CIT in Florida. The future goal being that each community would have a CIT program based on these core elements. (Saunders, et al, 2005).

CIT is more than just training. It is a community partnership establishing teams of trained officers within each law enforcement agency. Communities which establish CIT programs do so with many goals in mind. CIT training will better prepare police officers to handle crises involving people with mental illnesses, including those with co-occurring substance use disorders. CIT programs can only increase the safety of police officers, consumers and ultimately increase the safety of the overall community. Collaboratively, with community resources, this program can help to make the mental health system more understandable, responsive and accessible to law enforcement officers. These resources will enable officers the ability to appropriately refer people in need of care to the mental health/substance abuse treatment system and improve access to mental health/substance abuse treatment in general crisis

care in specific for people who are encountered by law enforcement. Lastly, CIT programs can divert people with a mental illness who are in crisis from the criminal justice system whenever possible which is consistent with Florida's Baker or Marchman Act. (Saunders, et al, 2005). Florida's Baker and Marchman Act determine that said person to be in danger of harming themselves or another person.

Florida C.I.T. Model Method

The following are what the Florida CIT Coalition believes to be the core elements of successful CIT programs for the state of Florida (Saunders, et al, 2005). Officers are drawn from the patrol base and within their general duties as a patrol officer and 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. After the training, the final selection of CIT officers for the agency team is made. CIT officers should be volunteer patrol officers and would follow these steps:

- An application to join CIT
- Interview to determine motivation
- Review of personnel file (performance and discipline)
- Psychological assessment/testing

The goal of CIT is to have enough CIT trained law enforcement officers to allow for maximum and adequate coverage 24 hours a day, seven days a week. Generally, it takes several years for a department of any size to develop an optimal number of CIT officers. Ideally, each agency with a CIT program has a designated coordinator who is given the authority to coordinate, oversee and ensure the maintenance of the program for the agency. A mental health/substance abuse coordinator committed to the program from the mental health /substance abuse treatment side will be actively involved with planning and implementing the training of CIT officers as well as participating in the maintenance of the program. There will also be 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. The mental health/substance abuse treatment system is responsive to CIT officers and will allow for a smooth transition for CIT officers as they transport individuals for crisis services. There will be policies and procedures within both the law enforcement agencies and mental health substance abuse agencies that outline the roles and responsibilities of each party.

CIT training classes should be offered at least annually, if not more frequently within existing resources. The intensive training attempts to provide a

common base of knowledge about mental illness and co-occurring substance use disorders and a basic foundation from which officers can build. The program is not aimed at making CIT officers into mental health/substance abuse professional; the program is intended to provide officers with skills. The CIT program will help officers to understand and to recognize signs and symptoms of mental illness, including those with co-occurring substance use disorder, as well as to understand how mental illness and co-occurring substance use effects individuals, families and communities. CIT officers will better recognize whether those signs and symptoms represent a crisis and how to de-escalate mental illness crises. They will know where to take the consumer in crisis and know the appropriate steps in following up on these crises, such as contacting case managers or other treatment providers or providing consumers and family member's referral information to mental health/substance abuse treatment agencies or advocacy organizations like NAMI and Mental Health Association. (Saunders, et al, 2005)

Periodic refresher training, updates, reviews, etc. will be provided to 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 abuse disorders. (Saunders, et al, 2005)

An abbreviated form of CIT training/awareness is provided to dispatch/phone call takers so that they are knowledgeable about the CIT program and the method for collecting data and statistics on CIT encounters and their outcomes may involve a tracking form. Processes or systems will be in place to provide regular feedback to both CIT officers and mental health system providers and administrators when problem situations arise. Regularly scheduled meetings of CIT coordinators, mental health coordinators, family/consumer and other key stakeholders will be held to address system concerns, to 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. Finally, communities are encouraged to develop unique strategies for maintaining and sustaining CIT, such as newsletters, web sites, meetings with other jurisdictions, etc. (Saunders, et al, 2005)

Florida CIT Model Results

A House bill was to be presented to the legislature of the State of Florida with intent to reduce the number of arrests of people with serious mental illness and reduce the use of injuries caused by force. To date, no conclusive study has been made to determine if the CIT program has indeed been proven to effectively achieve these goals, stated Deputy Stephanie Krager, CIT Coordinator from the Hillsborough County Sheriff's Office. (S. Krager, Personal Communication, 11/2008)

Hillsborough County Sheriff's Office CIT Model Background

Deputy Krager also stated that approximately seven years ago, planning efforts began to implement Crisis Intervention Teams for law enforcement officers in Hillsborough County. A partnership with local mental health professionals, Florida Partners in Crisis, Florida Hospital Association, NAMI, Hillsborough County Sheriff's Office (HCSO), and various police departments throughout Florida, etc. had become the committee known as the Florida CIT Coalition. Once a month, the HCSO meets with local mental health services (crisis centers) to evaluate pertinent mental illness situations involving law enforcement and the mentally ill. The Florida CIT Coalition, which includes the HCSO, meets quarterly. (S. Krager, Personal Communication, 11/2008)

HCSO C.I.T. Model Method

HCSO CIT is made up of uniform patrol officers who volunteer and are selected for Training. (Baker, et al, 2006). It takes administration foresight, competent and compassionate officers desiring to be trained, specialized training which includes a 40 hour training course, creation of C.I.T. Tracking form, and a partnership with mental health facilities and professionals to make a successful C.I.T. deputy in the HCSO. The training teaches officers about mental illnesses, the local service delivery system, and effective ways to deescalate someone who is experiencing a crisis due to a mental illness. HCSO strictly follows the proven record of the Memphis CIT Program stated Deputy Krager.

HCSO C.I.T. Model Results

Crisis Intervention Teams are proven to promote better public safety by reducing injuries to both law enforcement officers and citizens when responding to calls involving a mentally ill person. Additionally, such programs focus on the person receiving the treatment rather than entering the criminal justice system, which reduces the number of inappropriate arrests. The CIT Tracking form has helped the success of the HCSO CIT program as it is used to gain data and evaluate how well the program is working. There has also been the updating of Standard Operational Procedure (S.O.P.) to include the CIT Tracking form, training and the follow up procedure with CIT officers and the consumer within 30 days. Refresher courses are being designed and offered with curriculum consistently being reviewed by the CIT Coordinator. The greatest result has been becoming familiar with the funding process within Florida's legislature and campaigning for the bill that was to be introduced in 2007. Crisis Intervention Team will be successful as the HCSO continues to participate with the appropriate regional and statewide coalitions it has partnered with in the past seven years. (Baker, et al, 2006).

The question that needs to be answered is how much refresher training is currently being conducted and how that affects the goals of CIT in Florida. A recent study concerning the benefits of CIT was conducted in Florida and it

resulted in 90% of over 300 people surveyed, found that CIT specialized training was beneficial to their agency. However, when asked if they had conducted refresher training classes, 67.8% said no. 86.1% of those surveyed indicated that refresher training would be beneficial. (Wendel, 2007).

My research consisted of surveying law enforcement agencies in Florida to determine what the status may be with their refresher training in their organizations.

Method

The purpose of this research is to determine the number of law enforcement agencies, both Sheriff's agencies and municipalities within the state of Florida with active Crisis Intervention Team programs that have conducted refresher training. Another purpose of this research was to determine if funding was an issue for agencies that chose not to conduct additional training.

The data was collected through surveys sent via email to the CIT coordinators of 155 agencies, each of which are a member of the Florida CIT Coalition. The survey included asking for the number of sworn deputies within the agency, number of CIT officers, and the date that their agency was CIT certified. The main question and purpose of the survey was to determine whether or not refresher training was included in their program and how often it was offered. The type of material used in the refresher programs they conducted and how large the classes were also information that was requested. Questions were asked as to what were the positive and negative aspects of the refresher training classes. Also included was a request to explain why an agency did not conduct CIT refresher training. The due date of Dec 15, 2008 was given.

An interview with Deputy Stephanie Krager, chairperson for the CIT Refresher Committee in the Hillsborough County Sheriff's Office was also conducted. Deputy Krager has been instrumental in the implementation of regional training for the central Florida area.

Results

155 Surveys were sent out

20 completed surveys received

Return Rate: 13%

Agency Break Down

Sheriff Office:	11	55%
Police Departments:	9	45%

Active CIT Program?

20 out of 20 responded yes. 100%

Conduct CIT Refresher Training?

Yes	7	35%
No	13	65%

How Often CIT Refresher Training Conducted?

Semi-Annually	4	57%
Annually	1	14%
No Response	2	29%

Do You Require CIT Officers to Attend Refresher Training?

Yes	6	30%
No	14	70%

Of the 155 surveys sent out to agencies which were members of the Florida CIT Coalition, only 20 surveys were returned completed. This gave a return rate of 13% for this particular survey and research. The breakdown of the agencies that returned surveys was eleven Sheriff's agencies and nine Police departments. Twenty agencies out of twenty responded yes to actively using a CIT program at the time of the survey. Of these twenty agencies only six conducted CIT refresher training. Of these six agencies that conducted refresher training, four responded that their CIT training was conducted semi-annually and one answered annually. The various types of material included in refresher training at several agencies included Baker/Marchman Act Update, Hearing Distressing Voices Exercise, Geriatric and Juvenile Resources, current events/topics, CDs, guest speakers, and inquiries from CIT trained law enforcement

Discussion

In gathering information to determine how many agencies conducted CIT refresher training and the type of training used, the purpose was to produce a plethora of sound advice and experience from a multitude of agencies in Florida so as to show the importance of refresher training to the success of the program. However, in this instance the response was so low, that definitive answers were not determined and research was minimal, at best. The return rate was only 13% and of that percentage only 33% had conducted any form of refresher training. Specialized training is imperative to the success of CIT in any law enforcement agency. Perhaps with a larger pool of answered surveys, we may have seen more agencies actually conducting refresher courses.

It seems that the seemingly low response may be due to the possibility that many agencies are not performing CIT refresher training and did not want to admit to that in this survey. Finances and lack of manpower could be of the possible reasons for lack of refresher training available. It does appear that more of the larger Sheriff's Offices and the smaller Police Departments were the agencies that did return the survey.

The material used in the refresher training of the agencies represented was versatile and interesting ranging from inquiries from trained and active CIT officers to Baker/Marchman Act updates and resources pulled from geriatrics to juveniles. Some of the positive aspects of refresher training from the survey were the chance to update skills and to receive feedback from those on the front lines, dealing with situations and the success or failure of the program in those situations. Five out of the six agencies that conducted CIT refresher training also included information containing negative aspects of the training. These complaints included agencies not having the money in the budget to conduct the proper and more in-depth training they would have preferred to the lack of manpower to cover shifts and causing attendance to affect staffing. In all of the surveys completed and returned, not one had disbanded their program.

Recommendations

I would recommend this survey to be attempted again with the documentation sent to the agency head to insure that it would be answered. Perhaps a phone campaign could be utilized to communicate with CIT coordinators in each agency. It is my opinion that CIT can only be as successful as its training including refresher training education. Perhaps with a larger rate of return a more successful and complete observation would be obtainable to support this thesis.

Lieutenant Frank Baker has been with the Hillsborough County Sheriff's Office since 1981. Currently Frank is assigned to the patrol operations and also assists in coordinating the Crisis Intervention Team at his agency. Frank has a Bachelor's Degree in Criminal Justice from St. Leo University.

References

Baker, F., Locke, T., Turner, K., Krager, S. (2006, January). Hillsborough County Sheriff's Office's Crisis Intervention Team. *Got C.I.T.? Now What?*

Saunders, M., Baker, F., Wagner, R., Locke, T., Brown, G., Duran, R., & Thompson, L. (2005, March 18). Crisis Intervention Team State of Florida Model. *Core elements of C.I.T.*

Vickers, B. (2000, July). Memphis, Tennessee, Police Department's Crisis Intervention Team. *Bulletin from the Field, Practitioner Perspectives, BJA*. Retrieved November 22, 2006, from <http://www.ncjrs.gov/pdffiles1/bja/182501.pdf>

Memphis Police Department website. (n.d.). Retrieved November 2006, from <http://www.memphispolice.org/Crisis%20Intervention.htm>

Wendel, A. (2007). *Crisis intervention teams: A study of the benefits of the Memphis model for officers and Florida agencies.* Retrieved December 18, 2008 from [http://www.fdle.state.fl.us/Content/getdoc/684c19c9-23cf-4005-aca0-f6908cfbabbf/wendel-Anne-Marie-final-paper-\(1\).aspx](http://www.fdle.state.fl.us/Content/getdoc/684c19c9-23cf-4005-aca0-f6908cfbabbf/wendel-Anne-Marie-final-paper-(1).aspx)

APPENDIX A
Research Survey
CIT Refresher Training

1. How many sworn officers/deputies does your organization have, excluding jail personnel? _____
2. How many CIT officers does your agency currently have? _____
3. When was your agency CIT certified? _____
4. Do you still have an active CIT program? Yes ____ No ____
**If yes, skip to question 6*
5. If no, why was your program disbanded? _____

**If you answered no to question 4, please stop at this point and return this survey.*
6. Does your agency conduct Cit refresher training? Yes ____ No ____
**If no, please stop at this point and return this survey.*
7. If yes, how do you fund the training? _____

8. What type of material do you include in your training? _____

9. How large are your CIT refresher training classes? _____
10. What are the positive aspects of your refresher training? _____

11. What are the negative aspects of your refresher training? _____

12. How often do you conduct CIT refresher training?
Semi-annually _____
Annually _____
Other _____
13. Do you require CIT officers to attend refresher training? Yes ____ No ____
If yes, how often?
Semi-annually _____
Annually _____
Other _____

Agency _____
Person completing survey _____
Contact Phone # _____
Would you like a copy of this survey? Yes ____ No ____