

The Current State of Crisis Intervention Teams: A National Perspective

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The Big Problem

- **Approximately 7 percent of all police contacts in urban settings involve a person believed to have a mental illness (Deane et al, 1999)**
- **The likelihood of mental illness among people confined in state prisons and local jails is three to four times higher than in the general population (Ditton, 1999)**
- **Compared with other inmates, it is *at least twice as likely* that these individuals will be injured during their incarceration (James & Glaze, 2006)**

The Growth of CIT

- ***Then:***
 - **1988**
 - **Lt. Sam Cochran developed a new approach, partnering with mental health colleagues**
 - **First Crisis Intervention Team in Memphis, TN**
(www.citinternational.org/cit-overview.html)
- ***Now:***
 - **Almost 30 years later**
 - **Nearly every state has at least one CIT**
 - **2,600 communities in 45 states** (Usher, 2013; U of Memphis, 2015)
 - **11 states have statewide CIT initiatives** (NAMI, 2015)
 - **International interest**
 - **Adaptation and application in other settings (e.g. jails)**

Population Served by CIT

- **49% of the US population resides in jurisdictions that have CIT programs (TAC, 2013)**

TOP FIVE		BOTTOM FIVE	
STATE	% OF POPULATION	STATE	% OF POPULATION
Utah	97	South Carolina	10
Florida	97	New York	5
Ohio	88	Michigan	3
North Carolina	87	Massachusetts	3
Colorado	86	Vermont	1

- **States without CIT programs: Delaware, Alabama, Arkansas, West Virginia, and Rhode Island**

Essential Elements

Officer training

Police-MH partnerships

Learning Outcomes

Officer Attitudes

- decreased social distance from persons with mental illness
- confidence responding to MH crises
- responsiveness of mental illness to appropriate treatment

Skills

- verbal crisis de-escalation

Knowledge

- origins and effects of mental illness
- MH services

Services

- access to custodial MH center
- community tx options

Behavioral Outcomes

Reduced injuries during police encounters mentally ill

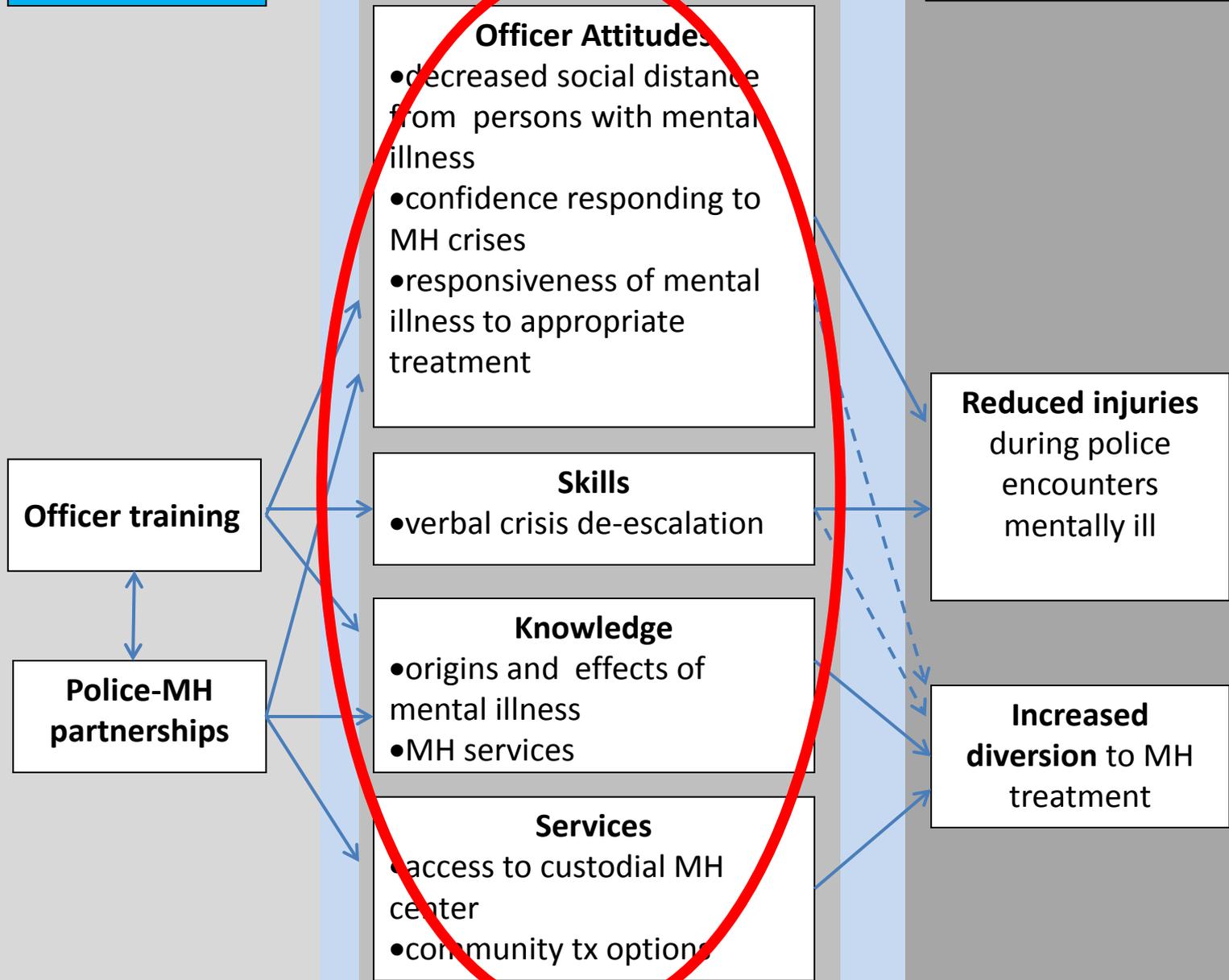
Increased diversion to MH treatment

CIT Conceptual Model

Essential Elements

Learning Outcomes

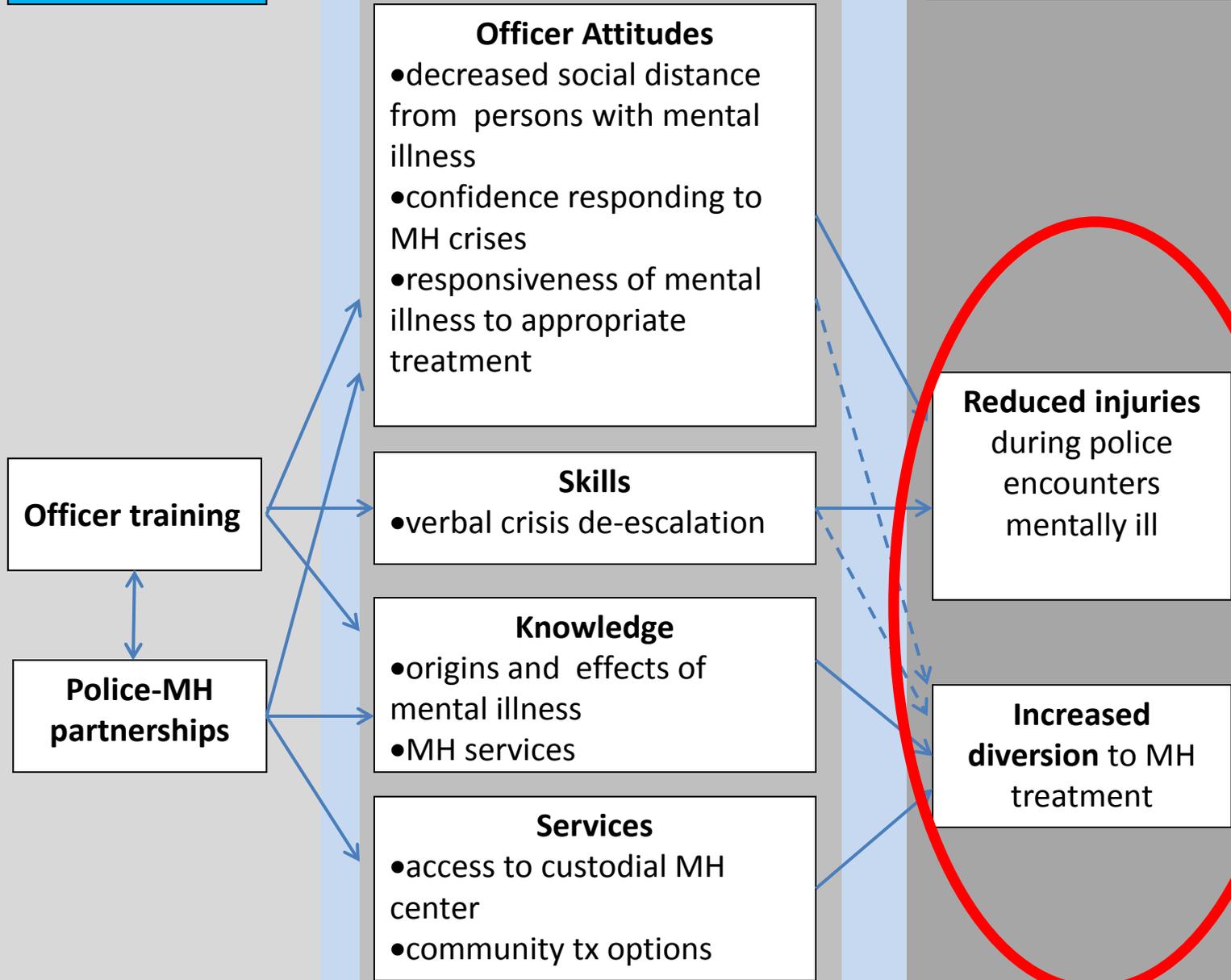
Behavioral Outcomes



Essential Elements

Learning Outcomes

Behavioral Outcomes



CIT Conceptual Model

Most Recent Research Findings

What do we know about CIT? (attitudes and arrest)

- **Sizable and persisting improvements in knowledge, attitudes, and skills**
 - knowledge of mental health issues
 - diverse attitudes about mental illnesses and their treatments
 - self-efficacy for interacting with someone with psychosis or suicidality
 - social distance stigma reduced
 - de-escalation skills
 - referral decisions
- **CIT training *appears to* decrease likelihood of arrest (increased referral/transport)**

What do we know about CIT? (use of force)

- **In one study, no effect on level of force used**
 - **only 12% of incidents resulted in use of force**
 - **CIT-trained officers were significantly more likely to report verbal engagement or negotiation as the highest level of force used**
 - **CIT officer slower to resort to use of force for an increasingly resistant subject (compared to non-CIT officer)**
 - **study did not account for characteristics of the situation**
- **In another study, CIT training only affected the use of force when taking into account the subject's demeanor**
 - **subject resistance produces significant effects on officer use of force.**
 - **CIT officer slower to resort to use of force for an increasingly resistant subject (compared to non-CIT officer)**
- **CIT officers may be able to recognize resistant demeanor as symptoms of a mental illness and thus implement de-escalation techniques**
- **In a situation involving a physically resistant subject, all officers may find force necessary to control the situation and maintain safety of all involved (CIT training doesn't influence this)**

What do we know about CIT? (cost)

- Medium-size city 9 years after the program's initiation (Louisville, Kentucky)
- **Costs** associated with officer training, increased emergency psychiatry visits, and hospital admissions compared with the **Savings** associated with diverted hospitalizations and reduced legal bookings
- In addition to other benefits, a CIT program provides approximately \$1 million in savings annually
 - fewer referrals from jail to state psychiatric hospital since significantly fewer SMI in jail
 - averted admissions to institutions (e.g., hospitals, psychiatric facilities, jail) - person stabilized on scene

Themes

- **Continued evidence that CIT produces change in officer knowledge and attitudes**
- **Still little research related to changes in officer behavior; but emerging research suggests that**
 - **characteristics of “the scene” matter: If the subject is physically resistant, there is use of force for both CIT and non-CIT officers**
 - **characteristics of the subject matter: CIT officers slower to use force with an aggressive subject compared to non-CIT officers**
- **Some evidence of cost savings to various agencies**
- **Key component of relationship with MH providers still unexplored**