Memphis Crisis Intervention Team

Overview
Randolph Dupont, PhD

University of Memphis
School of Urban Affairs and Public Policy
Department of Criminology and Criminal Justice

rdupont@memphis.edu
Community Intervention Strategies (901) 678-5523

© copyright 2008
Please Note:

The information provided is intended for use in public policy briefings. It is designed to assist in providing information about the Memphis CIT Model to community leaders and key stakeholder groups.

For reasons related to copyright restrictions, this information is not for publication or use without the written permission of the author. Contact Dr. Dupont for further information. Thank you.
Crisis Intervention Team
Memphis Model

- “This is policing for the 21st Century”
  *Police Chief Charles Moose (1997)*

- “This program should be imitated in every city in America”
  *E. Fuller Torrey (1996)*

- “… the most visible pre-booking diversion program in the U.S.”
  *Hank Steadman and colleagues (2000)*
Best Practice Model

- NAMI (1996) National Alliance for the Mentally Ill
- American Association of Suicidology (1997)
- National Association of People of Color Against Suicide (1999)
- Amnesty International (1999) *Race, Rights and Police Brutality*
- White House Conference on Mental Health (1999)
- Department of Justice (2000)
- Department of Health and Human Services SAMHSA (2000)
First Responder Model

• **Advantages**
  – excellent immediacy of response (Deane et al, 1997)
  – changes nature of intervention
  – reduces injuries, use of force (Dupont & Cochran, 2000)
  – changes attitudes/perception (Borum et al, 1998)
  – lowers arrest rates (Steadman et al, 2000)
  – increases healthcare referrals (Dupont & Cochran, 2000)
  – clarifies lines of responsibility (immediately)
Furor sparks call for crisis team

New options needed on handling of mentally ill, says alliance

By William C. Bayne
Staff Reporter

Approached aggressively, a person with severe mental problems may react aggressively — either fighting or fleeing from law enforcement officers or others trying to help.

"There's magic in the manner," said Ann Dino, president of the Alliance for the Mentally Ill of Memphis, the organization that suggested the task force approach for dealing with uncontrollable people with mental illness.

She said a better approach to Joseph Robinson, the 27-year-old man who was shot repeatedly and killed last Thursday by police, might have "prevented the tragedy."

On Monday, Mayor Dick Hackett announced he would speed up plans to create a crisis intervention team, which would include mental health professionals, to deal with people who have mental problems and are violent.

No evidence has emerged to show Robinson had a history of mental illness. A relative who had called police to subdue him said he was "trying to cut his throat, acting like he's on drugs," police reported.

Mrs. Dino and others with the alliance met with Police Director John Holt before Thanksgiving last year asking for a task force approach to handling the uncontrollable mentally ill.

She said Holt seemed receptive to the idea and assigned Police Lieutenant John Dwyer to research the proposal.

"You have to have the research in order to see what best will work in connection with the crisis you have," she said yesterday, "Los Angeles has the best one in the country, but it took them two years to work out the kinks in their operation."

Part of the research, she said, pointed out changes needed in ordinances and state laws about the handling of emergency commitments.

She praised Dwyer's work as excellent and said that cooperation was tremendous between the Police Department and City Hall. She said the first-year startup cost for the task force would be about $500,000, but she did not know the annual operating cost.

"John Dwyer's research showed the task force would pay for itself," in savings to the Police Department and other agencies, she said.

Asked why it took so long for the city to announce the plan, she said, "Sometimes it just takes some hollering and screaming to get something done. It's sad that it took this tragedy for something to happen, but maybe something good is going to come out of it."
Force of Empathy

Md. Police Are Trained to Respond Better to Mentally Ill

By PHUONG LY
Washington Post Staff Writer

Sgt. Ron Smith's first task was to buy a newspaper, get his change in nickels and ask the clerk her name.

Easy enough, usually. But this day, screaming voices filled his head, channeled through a headset he was required to wear. And when he started talking, the 7-Eleven employee stepped away from him, wondering about his requests.

Other Montgomery County officers—all with voices screaming in their ears—tackled other tasks. Two read a story and then answered questions; another pair slowly composed geometric shapes with toothpicks. One officer recited a list of words, hesitating a little as he spoke.

"Here's a situation where you can't blend in," Smith said later, with the earphones off. "You're a public spectacle."

The exercises were part of a revolutionary training course for Montgomery police officers that simulates the everyday reality of many of the mentally ill. The goal is to teach police how to better handle emergency calls involving mentally ill citizens and reduce the use of dead-

See POLICE, 85, Col. 3
## Integrated Crisis Services For Behavioral Emergencies

A Community Partnership Since 1988

<table>
<thead>
<tr>
<th>Memphis Police Services</th>
<th>Mental Health Community</th>
<th>NAMI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patrol Division</td>
<td>University of Memphis</td>
<td>National Alliance</td>
</tr>
<tr>
<td>Crisis Intervention Team (CIT)</td>
<td>University of Tennessee</td>
<td>For The Mentally Ill</td>
</tr>
<tr>
<td></td>
<td>Regional Medical Center</td>
<td>NAMI Memphis</td>
</tr>
<tr>
<td></td>
<td>VA Medical Center</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lakeside Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community MHC and others</td>
<td></td>
</tr>
</tbody>
</table>
Goals

– Improve Officer and Consumer Safety
  - Immediacy of Response
  - In-Depth Training
  - Team Approach
  - Change Police Procedures

– Redirect Consumers from Judicial System → Health Care System
  - Single Source of Entry
  - No Clinical Barriers
  - Minimal Officer Turnaround Time
Planning Group

- Government
- Law Enforcement
- Judiciary
- Advocates
- Citizens/Consumers
- Health Care
- Mental Health

Local Resources

CIT Model
Crisis Intervention Team Model

Dispatch → Officer → Citizen Event → Disposition

- Introductory Training
- Identify CIT Officers
- New Procedures
- Volunteer
- Patrol Role
- New Role
- Selection
- Specialized Training
- Maintain Safety Skills
- De-Escalation Skills
- New Procedures
- Lead Intervention
- De-escalation Skills
- Officer Discretion
- Receiving Facility
- User Friendly
Mental Health Emergency System

• **Considerations**
  - Diagnosis and Referral (Honesty versus Expediency)
  - Referral Sources (Open-end/On Demand)
  - Community Interface (Professional and Advocacy)
  - Training Environment (Burnout)
  - Team Approach (Multifaceted Needs)

• **Barriers**
  - Lack of Mental Health Funding
  - Turf Issues
  - Political Disinterest
  - Legal Issues
  - Risk Assessment
  - Police Culture
Mental Health Models

• University Hospital Emergency Room
• Regional Medical Center ER
• Community MHC Crisis Triage/Hospital
• Community MHC Crisis Triage/Free Standing
• State Hospital Triage
CIT Training

- Scenario Based
- Exposure
- Specialized Knowledge
- Officer Expertise
Crisis Escalation Cycle

- Uncertainty
- Questioning
- Refusal
- Demanding
- Generalized Acting Out
- Specific Acting out
- Recovery
- Rapport
- Cooperation
Police Response to Emotionally Disturbed Persons

Models of Police Interactions with the Mental Health System

Policy Research Associates (PRA)
• Principal Investigator: Henry Steadman, PhD
• Co-investigator: Joseph Morrissey, PhD
• Co-investigator: Randy Borum, PsyD
• Project Coordinator: Marty Deane, MA

• Funded by:
  National Institute of Justice (NIJ)
• Presented at:
  American Public Health Association (APHA)
  Annual Meeting (1997)
Maintain Community Safety? Officer Ratings

<table>
<thead>
<tr>
<th>Metropolitan Police Systems</th>
<th>Percent Moderate to Very Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service Officer</td>
<td>50</td>
</tr>
<tr>
<td>Mental Health Mobile Crisis Team</td>
<td>51.9</td>
</tr>
<tr>
<td>Memphis Crisis Intervention Team</td>
<td>68.4</td>
</tr>
</tbody>
</table>
Minimize Officer Call Time? Officer Ratings
Borum et al. (1998)

- Community Service Officer: 20.6%
- Mental Health Mobile Crisis Team: 7.3%
- Memphis Crisis Intervention Team: 53.8%

Metropolitan Police Systems
Crisis Response Times
Deane et al (1997)

Response Percentage

Time to Response in Minutes

00 to 05
06 to 10
11 to 15
16 to 20

CIT
CSO
MCU
Maximum Response Time
Deane et al (1997)

Time to Response in Minutes

Intervention Program

CIT
CSO
MCU
Jail Arrest Evaluation Data

- **National Estimates**
  - Sheridan & Teplin, 1986; Borum et al, 1998 20%

- **CIT**
  - Steadman et al, 2000 2%

- **Reports to County Government**
  - *Daily Census Count*
    - Zager (1990) 2.5%; Dupont (1998) 3.5%
  - *Monthly Arrests Screened for MI*
    - Dupont (1998) 5.0%, CMS (1999) 5.2%
  - *Individuals Eligible for ROR*
    - Pretrial Services (1999) 0.5%
TACT Barricade Calls

Calls per 1000 Events

<table>
<thead>
<tr>
<th>Years</th>
<th>Calls per 1000 Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>84-87</td>
<td>0.045</td>
</tr>
<tr>
<td>88-91</td>
<td>0.035</td>
</tr>
<tr>
<td>92-95</td>
<td>0.030</td>
</tr>
<tr>
<td>96-99</td>
<td>0.025</td>
</tr>
</tbody>
</table>
The following research was funded by the U.S. Department of Health and Human Services Substance Abuse and Mental Health Service Administration Criminal Justice Jail Diversion Project Grant SM 53274.

Appreciation for their assistance in this project is gratefully acknowledged.
Mental Health TX (P<.0001)
Re-Arrest Probabilities at 3 Months: During Past 30 Days (P<.05)
CIT Diversion - Compared to Jail  
(after 90 days) 

- better connection to community treatment 
- improved mental status symptoms 
- lower rate of re-arrest 

Criminal Justice Jail Diversion Project
References


