



# CHALLENGES and PROMISES of CIT

Understanding the “MORE” ...

CIT is *MORE* Than Just Training

**2<sup>nd</sup> Annual Conference:**  
**Better Outcomes at the Intersection of MH and Criminal Justice**

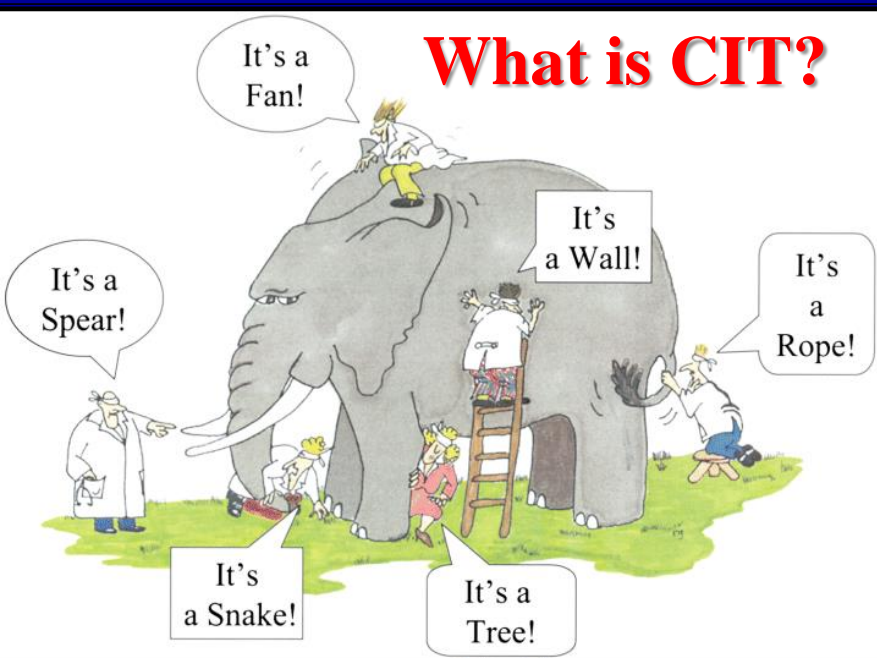
**December 3, 2017**  
**Miami, Florida**

**Sam Cochran, M.S**  
**CIT International, Co-Chairperson**

**[sam.cochran@shelby-sheriff.org](mailto:sam.cochran@shelby-sheriff.org)**

# This Presentation is intended to...

- Assist communities understanding CIT
- Assist communities starting CIT
- Assist communities enhancing CIT
- Assist communities sustaining CIT



# Can CIT Be Defined?

Yes – No – Maybe – It Depends

Is Defining CIT a “Roadblock”

Or

A Starting Point ?

# From the beginning... CIT was all about:



- ✓ **Safety – Safety – Safety (everyone)**
- ✓ **Specialty Role – CIT as a Specialist**

# CIT the Basics

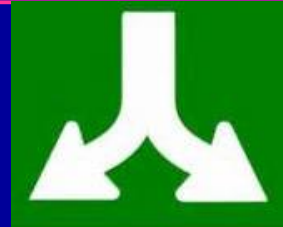
Law Enforcement - First Response - MI Crisis



- ✓ Collecting information
- ✓ Call Classification
- ✓ Dispatching CIT

“Leaders”

Future “Leaders”



Uniform Patrol



CIT Specialist

1 (CIT) + #'s (Generalist)

Generalist

## Before CIT

**METRO**  
THE COMMERCIAL APPEAL  
MEMPHIS, WEDNESDAY, SEPTEMBER 30, 1987

### Furor sparks call for crisis team

New options needed on handling of mentally ill, says alliance

By William C. Boyce  
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 Dizio, 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 Hickock 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. Dizio 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 Patrolman John Dwyer to research the proposal.

"You have to have the research in order to see what best will work in connection with the needs you have," she said yesterday. "Los Angeles has the best one in this 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 rules that have about the handling of emergency commitments.

She praised Dwyer's work as excellent and said the cooperation was tremendous between the Police Department and City Hall. She said the first-year study up course for the task force would

begin with the task force did not have a meeting yesterday.

"John Dwyer's research showed the task force would pay the 'cost' in savings to the Police Department and other agencies," Mrs. Dizio said.


Almost 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 good to be going to come."

Please see TIMES, Page B1

## Memphis 1987

## After CIT

**The Washington Post**  
**METRO**  
WEDNESDAY, DECEMBER 27, 2000  
**Force of Empathy**



As part of a Montgomery training program to improve officers' understanding of the problems of the mentally ill, Sgt. Rodney Hill tries to form shapes with toothpicks while hearing a cacophony of voices on a headset.

**Md. Police Are Trained to Respond Better to Mentally Ill**

By PRITCHARD L.  
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—lacked 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

as 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-

Officers Aaron Bailey, left, and Sgt. Rodney Hill to a mentally ill patient.

See POLICE, B5, Col. 1

## Washington Post 2000



# Curing Police Problems with Mental Illness

February 1999

Donald Turnbaugh, President, NAMI Pinellas County Florida. The Police Chief



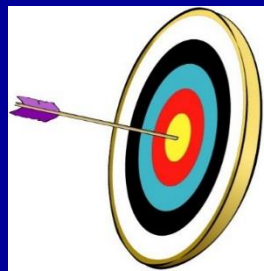
“This unique partnership of police, mental health providers and advocates is more than just training for the police.



It can change the way society looks at and deals with mental illness.



It is community policing at its best – an opportunity for police to enhance their image, gain public trust, show professionalism and demonstrate their sensitivity to community needs.”





Michele Saunders, LCSW  
Vice President  
CIT International

People fail to get along  
because they fear each other;  
they fear each other because  
they don't know each other;  
they don't know each other  
because they have not  
communicated with  
each other.

---

Rev. Dr. Martin Luther King, Jr.  
1929-1968

“ I am concerned that sometimes Mental Health and Advocacy are **NOT** fulfilling their rightful placement as to ***CIT Ownership and Leadership***. This displacement or absence fails to initiate or achieve community changes that are vital and necessary to structure and sustain CIT as a community program. ”

*Michele Saunders*

November 2017



Henry J. Steadman, Ph.D.  
Founder & President: Policy Research  
[hsteadman@prainc.com](mailto:hsteadman@prainc.com)



## Law & Psychiatry October 2016

### Police Responses to Persons With Mental Illness: Going Beyond CIT Training

<http://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201600348>

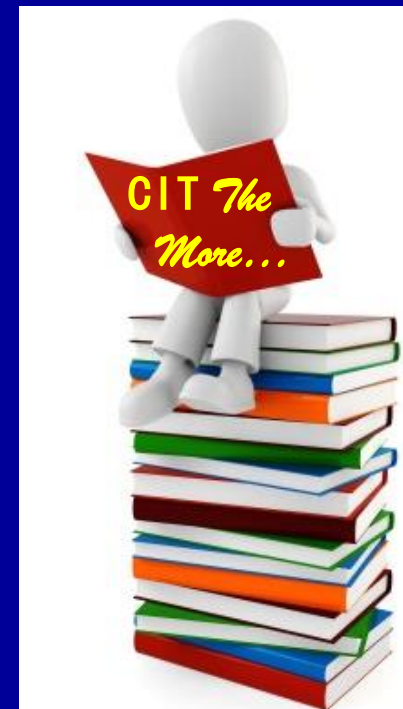
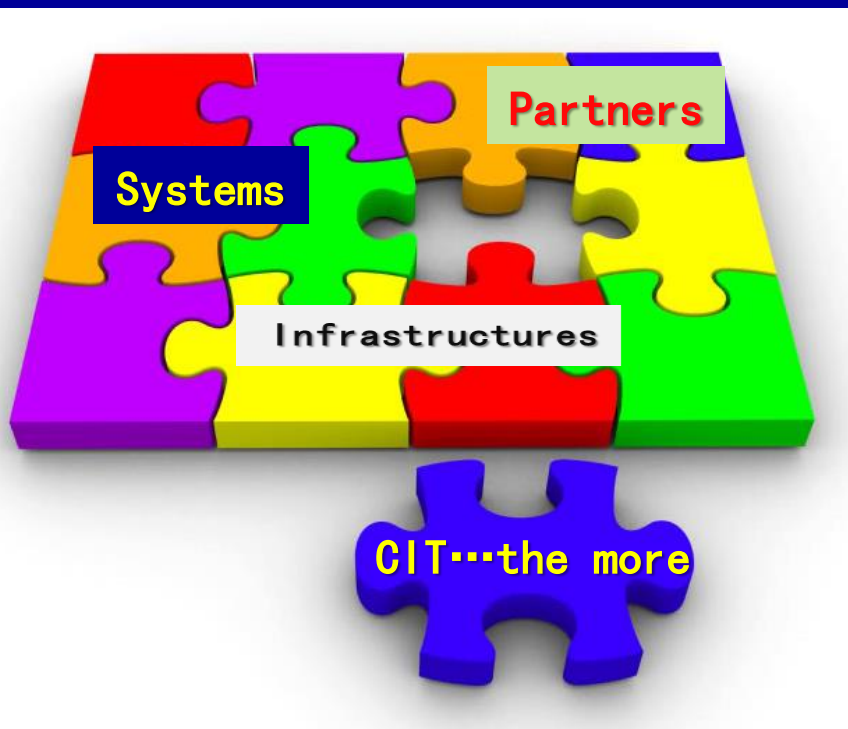


David Morrisette, Ph.D., LCSW  
Center for Mental Health Services, SAMHSA  
[david.morrisette@samhsa.hhs.gov](mailto:david.morrisette@samhsa.hhs.gov)

- ❑ *“What more is needed for effective integration?  
The core concept of a novel approach reframes a basic CIT  
question...”*
- ❑ *“It is time to go beyond **CIT training** as the sole law  
enforcement response...”*
- ❑ *“The following catch phrase... by Sam Cochran... **CIT is More...**”*

CIT is '*MORE*' Than Just Training ...

What does the 'more message' mean ???



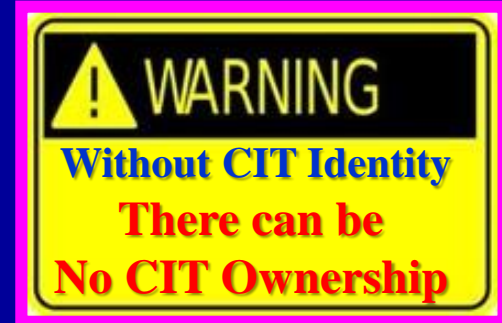
CIT is “Not” a law enforcement program:



*CIT is a Community Program*  
*(More Than Training)*

- ✓ Partnerships – engaging (MORE)
- ❑ CIT must have (establish) an Identity (MORE)
- **Whereby:** Identity brings forth CIT Ownership

**Please**



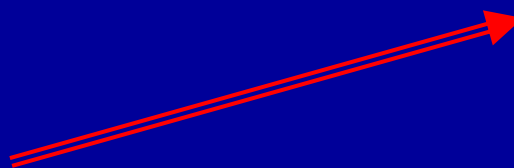
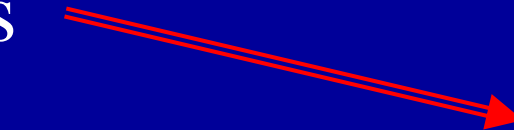
Partnerships



Identity



Ownership



**Defines  
And  
Sustains  
CIT ...**

***The  
MORE***



# ‘Roadblocks’ to CIT Identity

## CIT **RED** Flag ....



CRITICAL ISSUES IN POLICING SERIES

*March 2016*

*Police Executive Research Forum*

*Washington, D.C. — page 61 —*

“As we read about these incidents that upset our communities, often it says that the involved officers were trained in CIT. **And we ask, how can this be?**”

Everyone is a  
CIT Officer

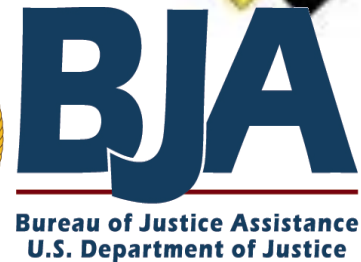
... And we ask, how can this be?

## News ... Investigative Reports

- 1 [http://www.justice.gov/crt/about/spl/documents/apd\\_findings\\_4-10-14.pdf](http://www.justice.gov/crt/about/spl/documents/apd_findings_4-10-14.pdf)
- 2 [http://www.justice.gov/sites/default/files/opa/press-releases/attachments/2014/12/04/cleveland\\_division\\_of\\_police\\_findings\\_letter.pdf](http://www.justice.gov/sites/default/files/opa/press-releases/attachments/2014/12/04/cleveland_division_of_police_findings_letter.pdf)
- 3 <http://www.consentdecreemonitor.com/Media/Default/Documents/Third%20Quarterly%20Report%20of%202014.pdf>
- 4 [http://media.oregonlive.com/portland\\_impact/other/PPB%20Letter%20of%20Findings.pdf](http://media.oregonlive.com/portland_impact/other/PPB%20Letter%20of%20Findings.pdf) see pages 19, 20, 21, 40
- 5 <https://www.documentcloud.org/documents/2600605-assessment-report.html>



# CIT Research Reading & Information



THE UNIVERSITY OF  
**MEMPHIS**®

Department of Criminology  
and Criminal Justice

[cit@Memphis.edu](mailto:cit@Memphis.edu)





Henry J. Steadman, Ph.D.  
Founder & President: Policy Research  
Associates, Inc.  
Delmar, NY 12054  
[hsteadman@prainc.com](mailto:hsteadman@prainc.com)



Michael T. Compton, M.D., M.P.H.  
Professor of Psychiatry at  
Columbia University College of  
Physicians & Surgeons  
[mtc2176@cumc.columbia.edu](mailto:mtc2176@cumc.columbia.edu)



Mark R. Munetz, M.D.  
The Margaret Clark Morgan Foundation  
Endowed Chair in Psychiatry  
Northeast Ohio Medical University  
[mmunetz@neomed.edu](mailto:mmunetz@neomed.edu)



# CIT Outcomes in Chicago

## CIT Research



Amy C Watson, PhD

Jane Addams College of Social Work

- CIT trained officers directed **18% more of the persons with mental illnesses to mental health services** than non-CIT officers
- CIT officers **used less force** at higher levels of resistant demeanor than non CIT colleagues
- Officers (both CIT and non-CIT)
  - i. View CIT as a useful program **AND**
  - ii. CIT officers report it improves their abilities to respond effectively.

work supported by NIMH R34 MH081558. The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of NIMH



Henry J. Steadman, Ph.D.  
[hsteadman@prainc.com](mailto:hsteadman@prainc.com)



# Police Response to Emotionally Disturbed Persons

*Analyzing New Models of Police Interactions  
with the Mental Health System*

Police Research Associates (PRA)

Principal Investigator

Henry Steadman, PhD

Policy Research Associates

Co-investigator

Joseph Morrissey, PhD

Univ. of North Carolina-Chapel Hill

Co-investigator

Randy Borum, PsyD

Duke University

Marty Deane, MA

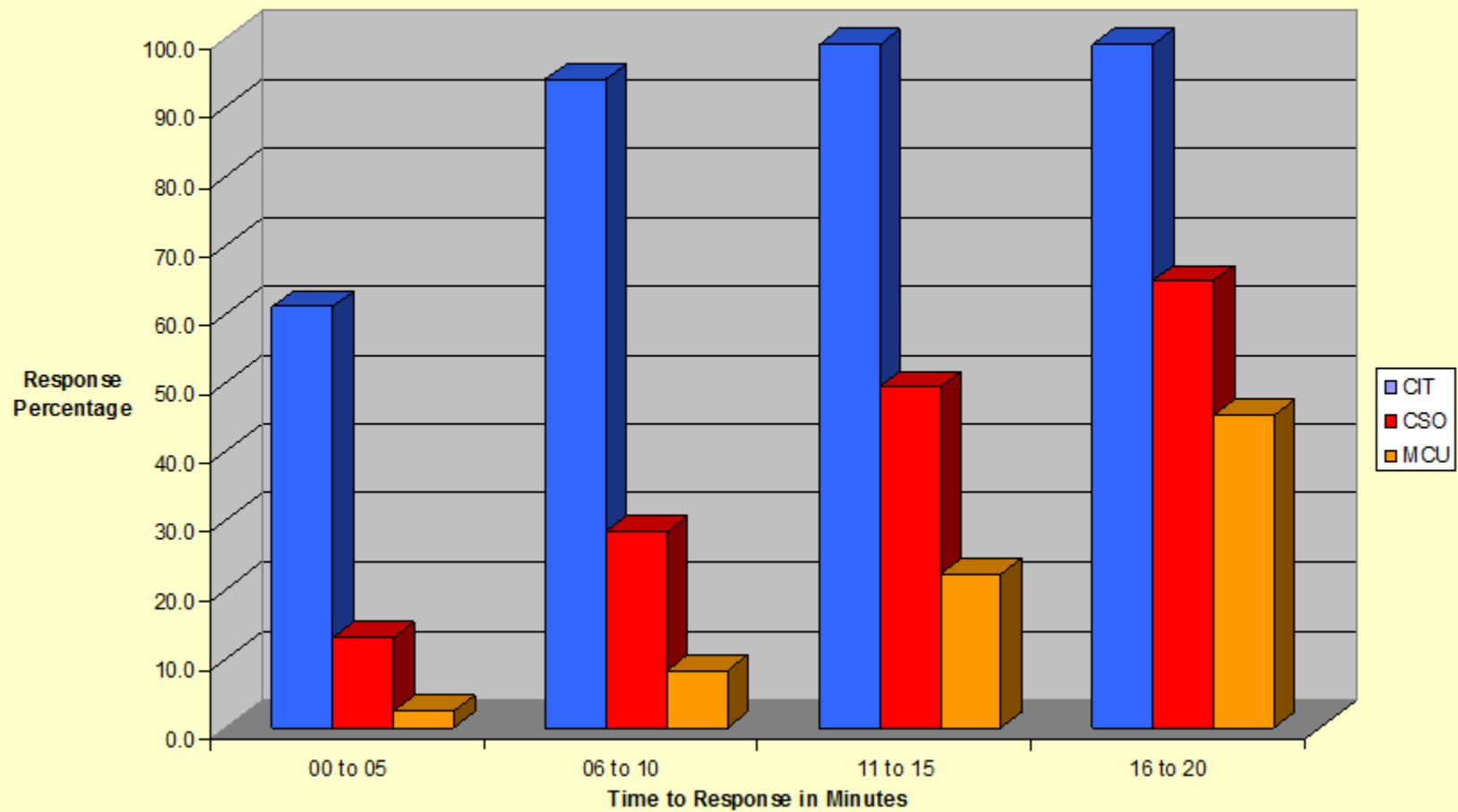
Project Coordinator

Policy Research Associates

Funded by: National Institute of Justice (NIJ)

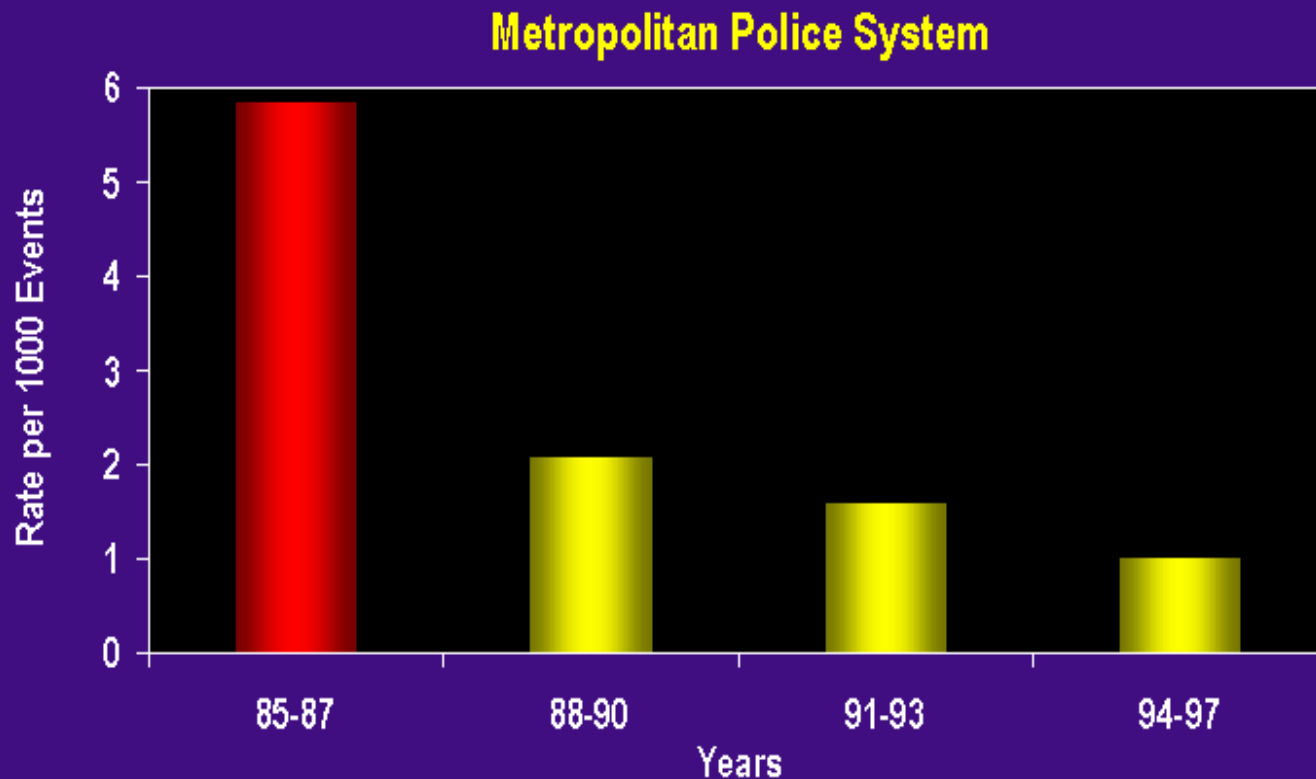
Presented at: American Public Health Association  
(APHA) Annual Meeting (1997)

**Crisis Response Times**  
**Deane et al (1997)**





# Officer Injuries During Mental Illness Crisis Events







Randy Borum, Ph.D.  
University of South Florida  
borum@usf.edu

# CIT Research



Dr. Judy Hails  
*California State University*  
Judy.Hails@csulb.edu

– January 2003 –

## **Police Training and Specialized Approaches to Respond to People With Mental Illnesses**

[http://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1043&context=mhlp\\_facpub](http://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1043&context=mhlp_facpub)

“ Providing intensive training to all officers may be helpful in some ways, **but it does not** inherently create a specialized response. The key distinction is this: Training all officers assumes that – **as a result** – all officers will be equally skilled in responding to these specialized calls. ”



Randy Borum, Ph.D  
University of South Florida  
[borum@usf.edu](mailto:borum@usf.edu)

# CIT Research



Larry Thompson, Ph.D  
*University of South Florida,*  
[thompson@fmhi.usf.edu](mailto:thompson@fmhi.usf.edu)

January 2006 -- by the Mental Health Law & Policy at Scholar Commons  
[http://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1547&context=mhlp\\_facpub](http://scholarcommons.usf.edu/cgi/viewcontent.cgi?article=1547&context=mhlp_facpub)

## *Crisis Intervention Team (CIT): Considerations for knowledge transfer*

**“ Without energetic, committed program leadership,  
CIT is at risk to “die on the vine.”**

*You Can't Have a Journey Without a Destination*

*Your “Destination” is CIT*

*Start your “Journey” with a CIT Road Map*



*Explore CIT*



*“Elements”*

[www.citinternational.org](http://www.citinternational.org)

# ***You can't have a journey without a Destination***

***Explore CIT***



***“Elements”***

[www.citinternational.org](http://www.citinternational.org)

## ***Ongoing Elements --***

Partnerships: Law Enforcement, Advocacy, Mental Health  
Community Identity & Ownership, Planning, Implementation & Networking  
Policies and Procedures

## ***Operational Elements --***

CIT: Officer, Dispatcher, Coordinator (LE, MH, Advocate)  
Curriculum: CIT Training (40-hours)  
Mental Health Receiving System / Emergency Services

## ***Sustaining Elements --***

Evaluation and Research  
CIT Advance or Refresher Training  
Recognition and Honors – Enhance CIT Identity  
Outreach: Developing CIT in Other Communities



**CIT Journey ...  
Explore  
CORE ELEMENTS**

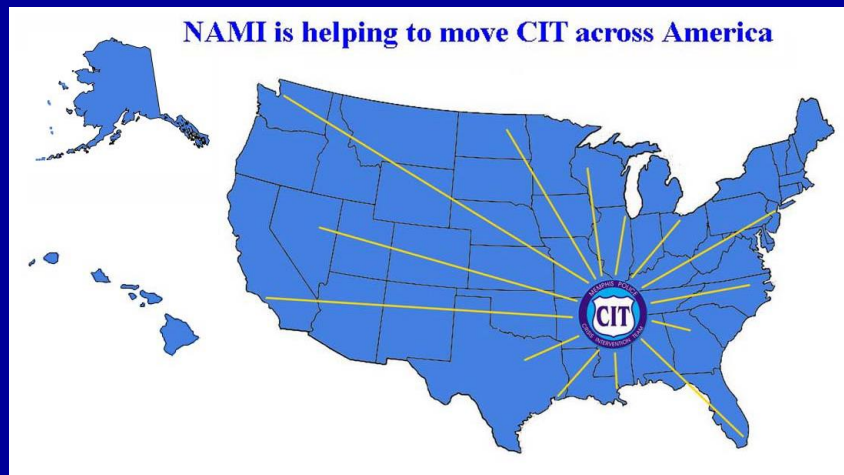


# The CIT MORE is about Relationships

Relationships – working together with trust and respect



## Building Roads & Bridges



# Community Partnerships Require Attention

- Establishing a “taskforce” or committee – “partnerships”



One person can  
make a difference



If you're on a mission it's  
good to have a leader with  
everyone working together



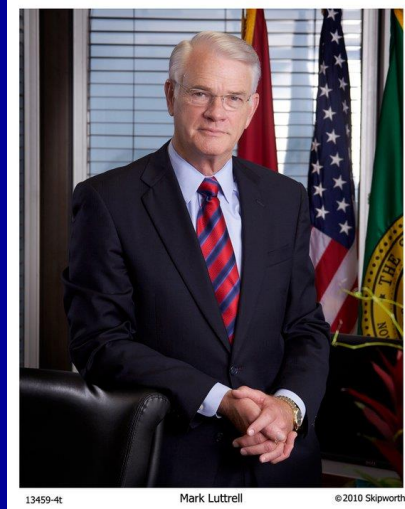
Yes, one person can  
make a difference –  
But others need to  
also be engaged



# “More” - Requires The Engagement of Community Leaders



**Mayor Sandra Bradbury**  
**Pinellas Park, FL**



**Mayor Mark Luttrell**  
**Shelby CO., TN**



**Mayor Jim Strickland**  
**Memphis, TN**

# **“The More” – Requires**

## **Ownership of Criminal Justice Leaders**

### **Sheriffs**



**Sheriff Billy Sollie**  
**Lauderdale CO, MS**



**Sheriff Bill Oldham**  
**Shelby CO, TN**

### **Police**



**Mike Rawlins**  
**Police Director**  
**Memphis, TN**

### **Corrections**



**Robert Moore**  
**Chief Jailer**  
**Shelby CO, TN**

**Shared Community Ownership**

# **“The More” – Requires**

## **Community M H Services - Engaging within CIT Ownership**



**Grand Opening  
Virginia Beach  
Crisis Assessment Center**



**VA Medical Centers**



**Hospitals & ER's**

## **Mental Health Crisis Services**

### **Emergency Services and other Crisis Services**

- a. Long Term and Short Term Goals: “On-Going”
- b. Seamless Access and Delivery of Service
- c. Various Specialized Crisis Services
- d. How or What Role Does CIT participate -- Crisis Services ?

# The MORE of “CIT” – Requires Advocates Developing & Nurturing CIT Identity & Ownership



Barbara Schneider  
FOUNDATION



NATIONAL COUNCIL  
FOR BEHAVIORAL HEALTH



1 in 5 Americans







# CIT Training



- ❑ Forty (40) Hour Training
- ❑ Use multiple trainers with subject matter expertise
- ❑ Verbal De-escalation: Use a “CO-Trainer Model”  
Mental Health & Law Enforcement
- ❑ Selecting and Preparing Trainers
- ❑ Selecting Officers for CIT Training – “*Specialist*”
  - ✓ Volunteer (encouragement is acceptable)
  - ✓ Experience – demonstrating... “leadership”
  - *Also: Supporting Maturity & Good Judgment*

# *Training – Potential Problems*

- ▶ Lack of preparation of trainers
- ▶ Class size too large
- ▶ No selection (consideration) of officers
- ▶ Losing trainers
- ▶ Learning methods not varied enough
- ▶ Not understanding purpose of ‘site visits’
- ▶ Training gets ‘stale’
- ▶ CIT Officers are Not recognized as a Specialist







# Sustaining CIT

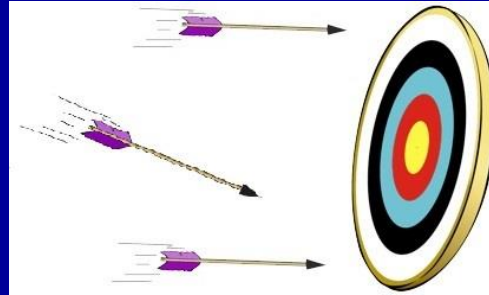
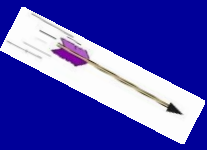
CIT requires an Identity



# Can CIT be “Lost” ?



# Lost As --- Missing the CIT Target ?



1. “Leaders” move-on: Failure to replace CIT “leaders”
2. Minimize role of “Coordinators” / Nurturing CIT
3. Withdrawal of one-or-more Partners
4. Law Enforcement dominance / controlling
5. Minimize “focus” of CIT Core Elements
6. Training becomes “primary” (only) role
7. Failure to implement or address Short and/or Long Term Goals
8. Not supporting and/or addressing MH infrastructures / systems
9. Failure to obtain or losing CIT Identity --- *thereby*,
10. CIT Ownership **cannot** be achieved



Your Presence  
Makes The CIT International Conference

**A *MORE* PLACE**



[www.citinternational.org](http://www.citinternational.org)