



Crisis Intervention Team

2.5.13

What is a Crisis Intervention Team? A Crisis Intervention Team (CIT) operates as a "pre-booking jail diversion program designed to improve outcomes of police interactions with people with mental illnesses." NAMI, CIT Toolkit, CIT Facts. Established in Memphis in 1988 in response to a local, preventable tragedy, the "Memphis Model" has now been adopted in over 2500 communities across the country and has emerged as a best practice in community response to people with mental illness in crisis.

The reason diversion of people with mental illness, development disabilities, and traumatic brain injuries is so important is highlighted in the Disability Rights Washington (DRW), 2013 report "Lost and Forgotten: Conditions of Confinement While Waiting for Competency Evaluation and Restoration." The report points out that many of these individuals are arrested for low level crimes that may even get dismissed, yet they "are being held in county jails from several weeks to months awaiting evaluation or restoration of their competency to stand trial." DRW, p. 3. Often the time held in custody is longer than if they had been tried and convicted for the underlying crime. Being held in jail worsens their conditions and the human cost and suffering, not to mention the cost to the system, is huge. In 2009, Spokane County Consultant David Thompson, Ph.D. identified waiting time for competency hearings as a significant problem in Spokane County.

What are Spokane City and County Doing Now? A Spokane CIT training program was adopted in 2001 as a collaborative effort between Spokane Mental Health and the Spokane Police Department. The goal was to train 20% of Spokane Police Officers. The Police Department reported that between 2001 and 2011 Spokane trained:

- 64 staff from Spokane Police Department
- 12 deputies from the Spokane County Sheriff's office
- 48 staff from Spokane Mental Health and Family Service Spokane
- 7 staff from Sacred Heart Medical Center
- 28 Corrections Officers from Dept. of Corrections

The Department noted that "[a] conscious decision was made to train law enforcement, community corrections officers and mental health professionals together rather than just law enforcement officers which is the prevailing model in other cities." Letter from Spokane Police Department, 7.2.11.

What are Other City, Counties and States Doing? Several states have implemented CIT programs statewide, including Maine, Connecticut, Ohio, Georgia, Florida, Utah, and Kentucky.

How Can Spokane City and County Improve? Spokane needs to expand its Crisis Intervention Team Program, and ensure that it conforms to the core elements of the “Memphis Model” of CIT. In this model all local law enforcement agencies equip suitable teams of patrol officers with specialized skills for crisis de-escalation and networks are created and maintained linking first responders, mental health professionals, triage/ respite facilities, therapy courts, corrections departments, and families. These community partnerships are vital to the success of the program as are regular training and annual updates.

Those individuals who present to law enforcement with drug and alcohol issues similarly need specialized attention.

Adequate crisis units must be established so that law enforcement has places to take individuals with mental health or drug/alcohol issues.

How will Spokane City and County Benefit by Implementing these Changes?

- Cost Savings: CIT interventions allow law enforcement to quickly transfer people to the mental health treatment they need, saving officer time. Fewer individuals with mental illness are arrested and booked into costly jail beds. Re-arrests are also reduced. SWAT teams are required less frequently,
- Safer Communities: Officers who are trained in dealing with people experiencing psychiatric emergencies are less apt to be injured themselves. In Memphis officer injuries were reduced by 80%. In addition, the person with the emergency is less likely to be injured. Police shootings in the community declined in Albuquerque after CIT was begun.
- Better Outcomes: CIT interventions link more people with needed mental health services which reduce recidivism.

Links for More Information:

NAMI, CIT Toolkit, CIT Facts,

<http://www.nami.org/Template.cfm?Section=CIT&Template=/ContentManagement/ContentDisplay.cfm&ContentID=56149> (9.6.12)

Fred Osher, M.D. and Faye S. Taxman, Ph.D., "Understanding Criminogenic Needs: Untangling the Role of Mental Health and Substance Abuse," Making the Most of Second Chances, February 24, 2011,

http://www.nationalreentryresourcecenter.org/documents/0000/0999/Taxman_Osher.pdf (9.27.12).

Sources of Information:

Letter from Spokane Police Department, 7.2.11.

NAMI, CIT Toolkit, CIT Facts,

<http://www.nami.org/Template.cfm?Section=CIT&Template=/ContentManagement/ContentDisplay.cfm&ContentID=56149> (9.6.12)

Disability Rights Washington, "Lost and Forgotten: Conditions of Confinement While Waiting for Competency Evaluation and Restoration 2013,"

http://www.disabilityrightswa.org/reports#lost_and_forgotten, (1.31.13)

David R. Thompson, Ph.D., "DAR Phase 2, Results from the Discovery Analysis and Resolution (DAR) Process, A Compilation of Ideas Collected and Derived From Discussions with Spokane County Elected Officials and Professional Staff, Focused on Spokane County's Legal-Justice System, Version: 12 November 2009," prepared for Spokane County Board of County Commissioners, p. 9-10.

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