

# Replicating CIT in Rural Settings: *Challenge, Innovation, Transformation*

Victoria Cochran, JD  
Consulting and Facilitation  
Blacksburg, Virginia



1. An overview of Memphis Model CIT
  - History
  - Core elements
  - Goals
2. New River Valley CIT
  - Rural challenges
  - Rural changes
3. Successful rural strategies
  - Techniques
  - Outcomes



## *What Is CIT?*

An exemplary practice of police intervention with persons with mental illness

Utilizes highly trained law enforcement 1<sup>st</sup> responders

Occurs at the initial contact with police BEFORE any charges are placed

## *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)



## How Did CIT Get Started?

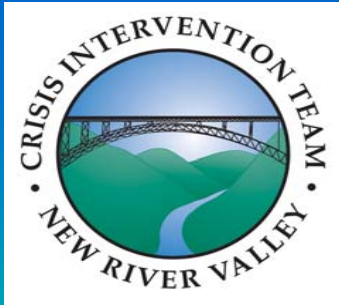
Memphis, 1988

Response to two incidents which resulted in the deaths of individuals with mental illness involving police

Mandated change in training and response to mental health crisis



What are the core elements of CIT?



# 1. Cadre of highly trained patrol officers

## ➤ Officers are:

Self-selected

Supervisor approved

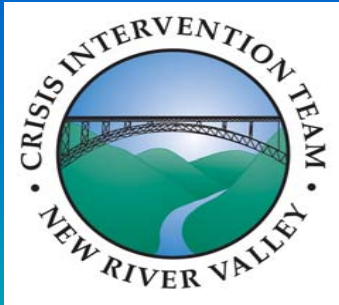
Road experienced

## ➤ Officers receive:

Initial 40 Hour Training

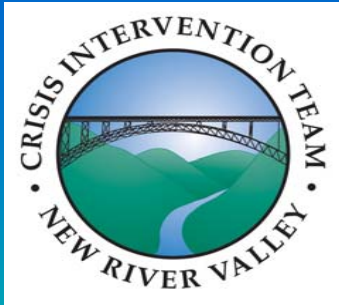
Didactic • Experiential • Practical

Annual In-service Training



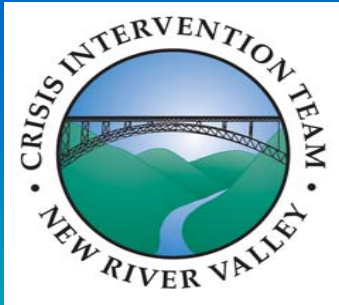
## 2. Additional personnel training

- Incorporates 2 – 6 hour dispatcher training
  - Skills to identify MH crisis calls
  - Verbal de-escalation
  - Systems/policy changes



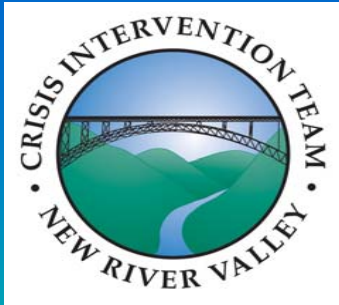
### 3. Therapeutic drop off location – NOT jail

- 24/7 alternative to jail or lock up
- Reduces stigma
  - Clinical response to clinical issues
- Streamlined process
  - Reduces officer turnaround time
  - Speeds access to assessment &Tx for PMI



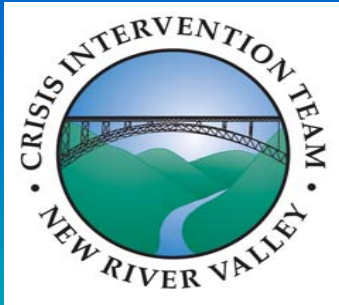
## 4. Creates new policies and procedures

- CIT as targeted responder
- CIT percentage of patrol = 24/7 availability
- CIT as lead officer on scene regardless of rank
- New MH/LEO protocols for therapeutic drop off
- Transportation/safety issues



## 5. Benefits from evaluation and research, e.g.

- Injury rates
- Arrest rates
- Hospital and jail bed days saved
- PMI satisfaction
- Other



## 6. Community Partnership and Ownership

- Overcoming barriers
- Meeting changing needs
- A forum for communication and advocacy
- Celebrating accomplishments



- CIT is *not simply a training program for selected police officers*
- CIT is *a process of addressing system change for crisis care within a community as a whole*
- CIT is *about responsibility to the community, family members, and consumers of mental health services*

**CIT IS A MINDSET**



# CIT: The Three Legged Stool

“C” Community

“I” Infrastructure

“T” Training



Amish Friendship Bread

or

Grandma's Chicken Soup



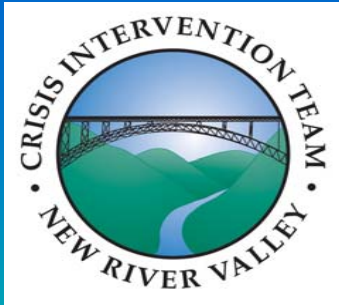
# 1. Community Partnership and Ownership

- Overcoming barriers
- Meeting changing needs
- A forum for communication and advocacy
- Celebrating accomplishments



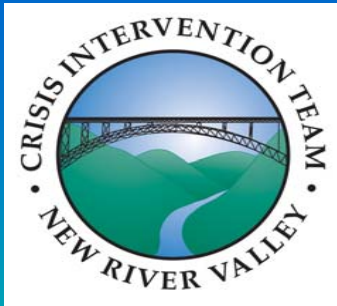
## 2. Infrastructure (policy, procedures, Tx)

- CIT as targeted responder
- CIT percentage of patrol = 24/7 availability
- CIT as lead officer on scene regardless of rank
- New MH/LEO protocols for therapeutic drop off
- Streamlined process
  - Reduces officer turnaround time
  - Speeds access to assessment &Tx for PMI
- Addresses transportation/safety issues



## Treatment and services

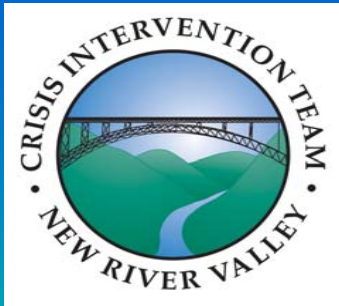
- Therapeutic drop off location – NOT jail
  - 24/7 alternative to jail or lock up
  - Reduces stigma
  - Clinical response to clinical issues
  - Detox, outpatient referral, crisis stabilization



### 3. Training

Highly trained patrol officers

- Who
  - Self-selected
  - Supervisor approved
  - Road experienced
- 40 Hour Training
  - Didactic
  - Experiential
  - Practical



- Special training for all dispatchers
  - Skills to identify MH crisis calls
  - Verbal de-escalation
  - Understanding of systems change

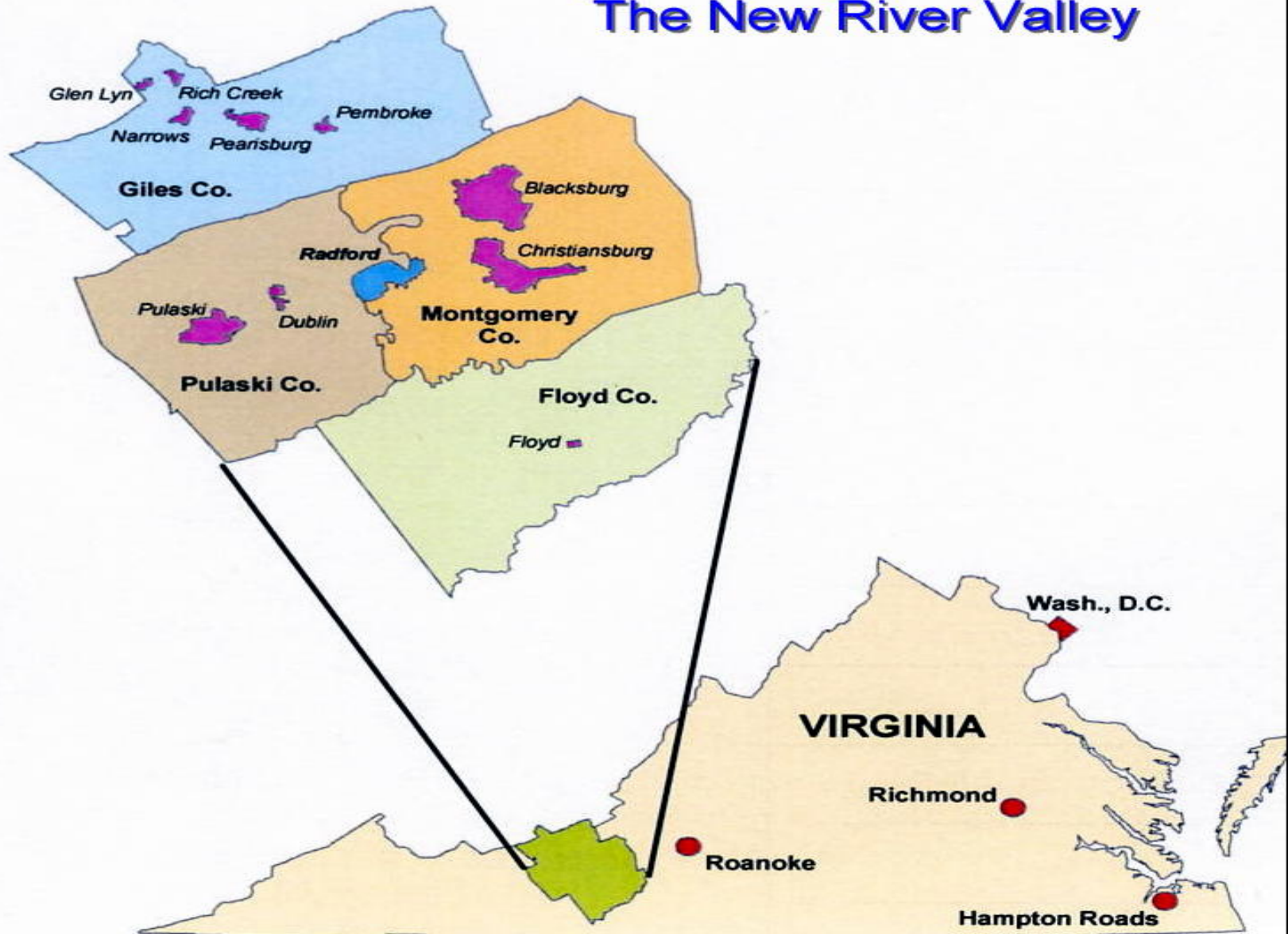


Development of CIT in the New River Valley:

The Nation's First Rural, Multi-Jurisdictional CIT

Unique Challenges  
Unique Strengths  
Unique Approaches

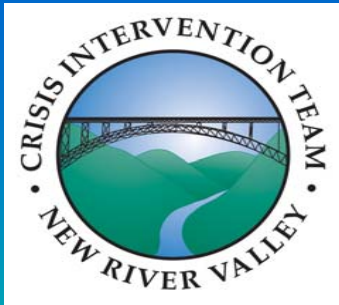
# The New River Valley



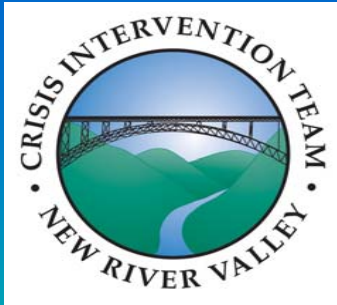
NRVCIT Catchment Area



**A beautiful place to  
live and work...**

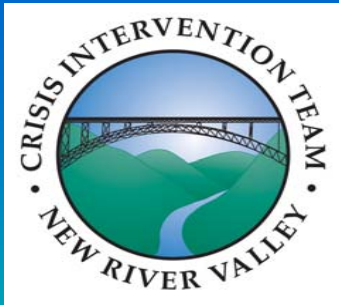


...a challenging place to  
address jail diversion issues



## Demographics, systems and resources:

- 1,458 square miles (1,097 considered rural)
- Population 166,712
- Four counties, one city (pop. 15K, ten towns)
- Fourteen separate law enforcement agencies
- 250 uniform patrol officers
- Two jails, two major universities
- One public community mental health agency
- One private hospital with a small behavioral health unit
- Nearest state psychiatric hospital two hours away



## Montgomery County Jail

Booked 4400 individuals in 2005

- ~60% non-violent crimes
- ~75% released w/in 72 hrs.
- ~220 average daily census

## New River Valley Regional Jail

Average Daily Census: ~600 inmates

- About half within catchment's service area
- 16% anticipated to have MI/co-occurring SA disorders





- Public mental health needs met by one Community Services Board agency tasked to address multiple behavioral health needs
- No public mental health in-patient beds available in the NRV

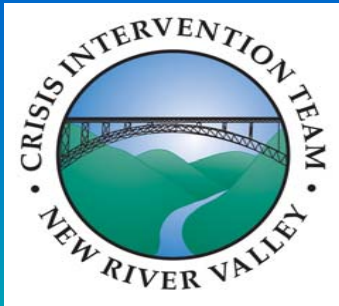


Nearest state hospital facility  
is two-hours away



# The Mechanisms for Making Change in *Any* Community

1. Identifying the needs
2. Targeting the programmatic solutions
3. Identifying and organizing the stakeholders
4. Identifying the leaders/power brokers
5. Acknowledging barriers
6. Allowing ownership in developing solutions
7. Consistent organizational support
8. Leadership - “The Boundary Spanner”

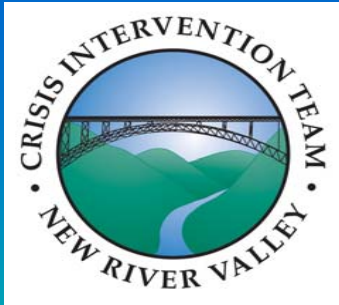


*Development Resources*  
Two SAMHSA Community Action Grants  
for Consensus Building, Planning and  
Implementation of CIT

Current Options:  
BJA – MIOTCRA; Byrne Grants  
Local and State Government Funds  
United Way  
Community Foundations

*Sustainability Funding*



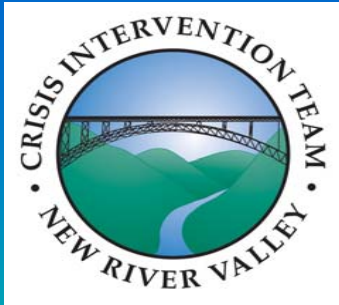


# New River Valley Crisis Intervention Team

Phase I      Community Consensus Building

Phase II      Development and Implementation  
Training  
The Bridge Drop Off Center

Phase III      Outreach to Interested Communities  
40 Hour Training  
Consultation  
Train the Trainer



## Phase I

65 Stakeholders Organized in 3 Strands

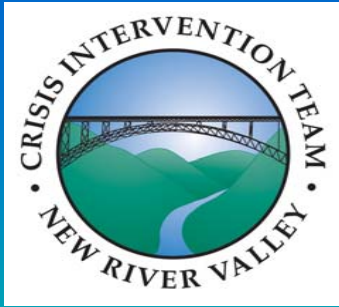
- PMI/advocates/family/community
- Law Enforcement Leaders
- Mental Health System Leaders

Work synthesized by Leadership Team



## Who Should Be at the Table?

- Leaders and key officers from area enforcement agencies
- Representatives governmental entities
- Consumers, family members and advocates
- Public and private mental health care providers
- Magistrates
- Community organizations (NAACP, PTA, Rotary, Lions)
- Judiciary
- Prosecutors/lawyers
- Corrections
- Community opinion leaders



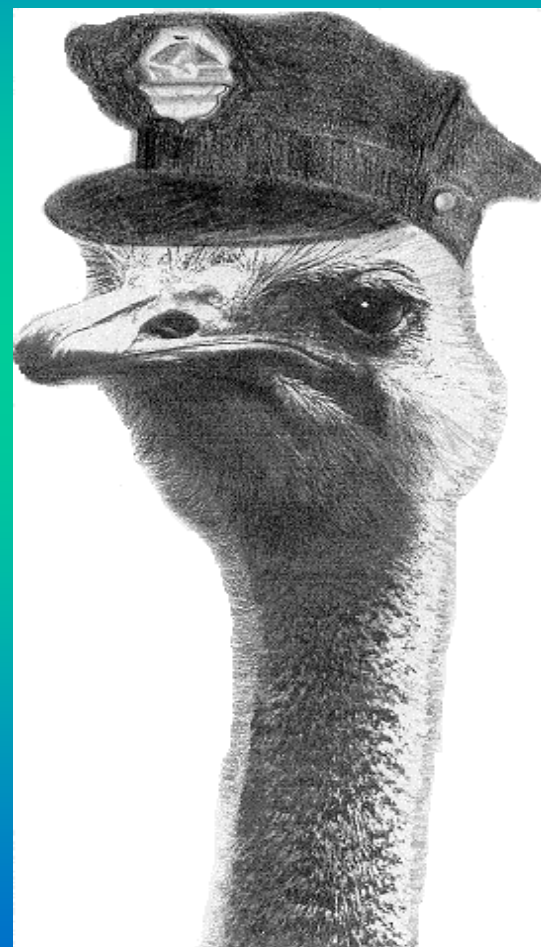
*Now that you have them at the table...*

*...what do you do to keep them there?*



## Our Mascot: CIT Officer Sandy

Sandy the Ostrich,  
featured in the MHA's  
"Don't Hide from Mental Health!"  
media campaign





Our Theme:  
*"It's All About  
Change!"*

Our Activity:  
*"The Change Game"*





## Organizing the Meetings: An Example

- Agenda
- Notebooks
- Change game
- Focus group meetings
  - Mental Health Strand: 11/14/02
  - Consumer/Community Strand: 11/26/02
  - Law Enforcement Strand: 12/02/02

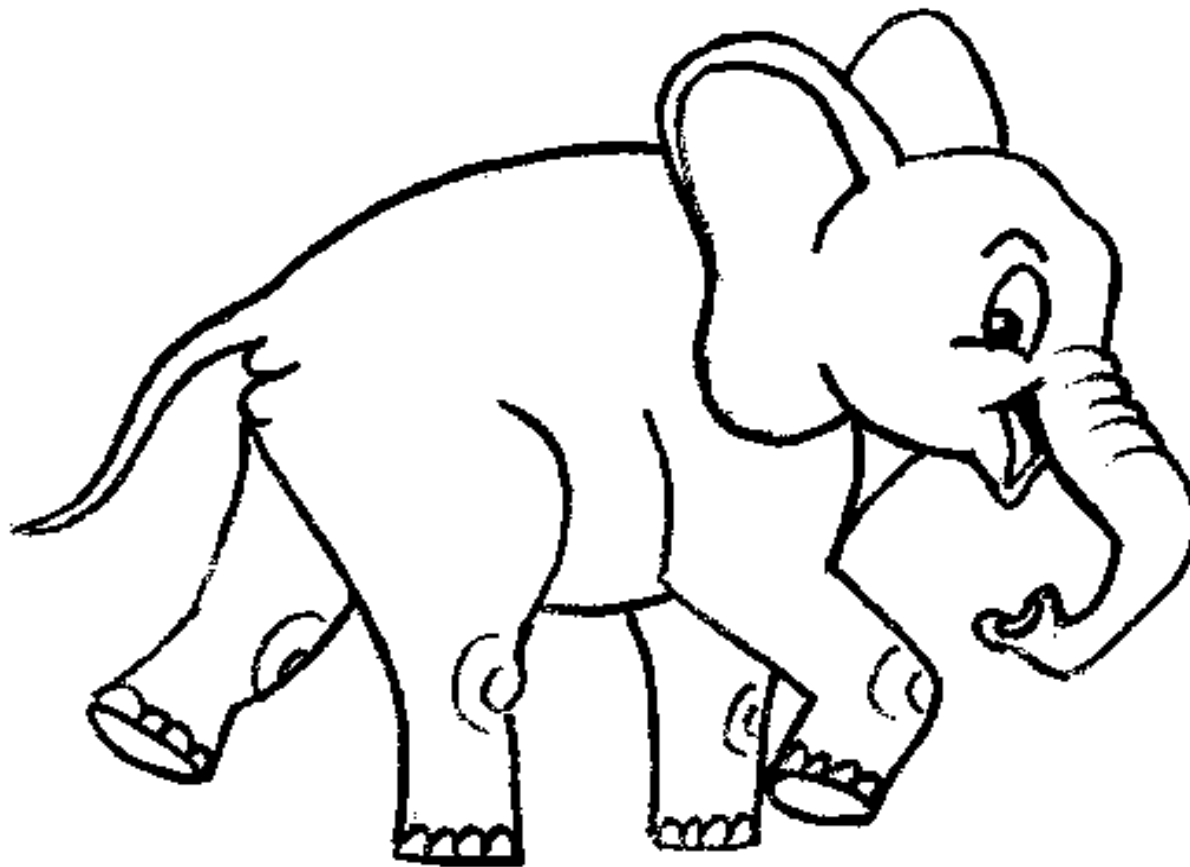


How do you eat an elephant?

One bite at a  
time!



# Meet "CIT" THE CONSENSUS ELEPHANT





## A Trunk

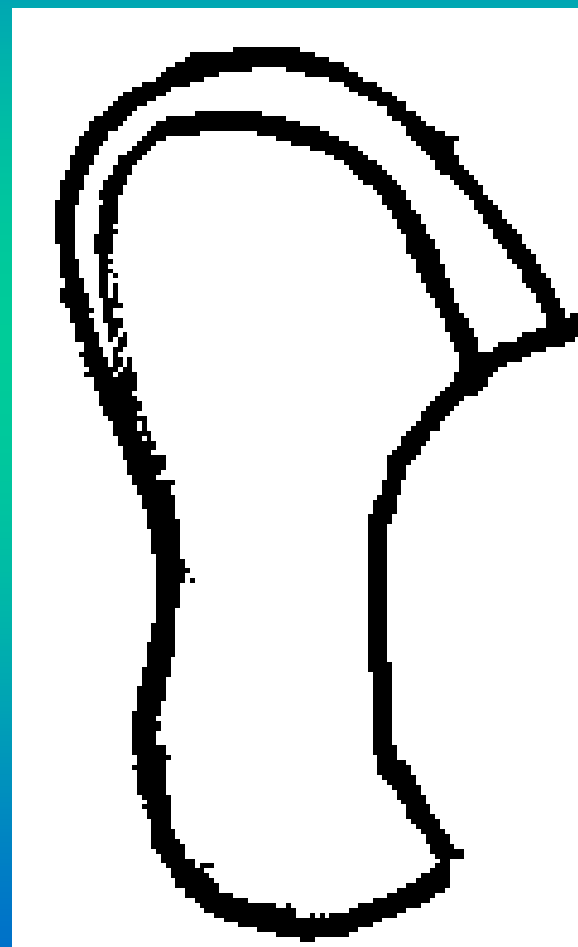
- Meeting fellow stakeholders
- Creating a Leadership Team
- Developing relationships between strand members
- Enjoying meals together

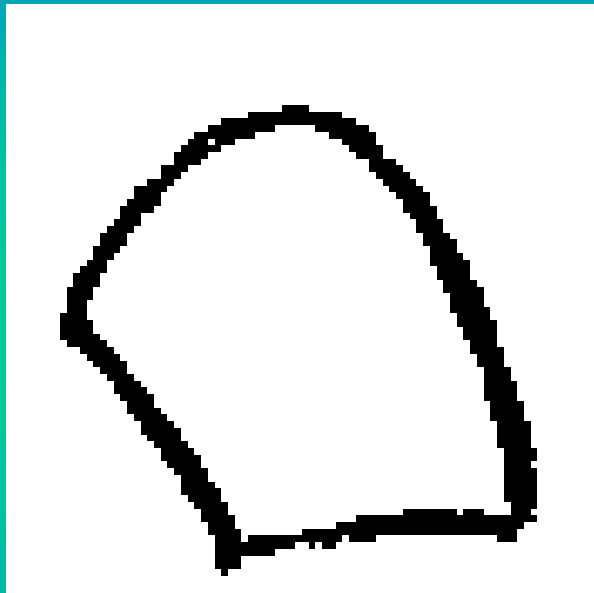




- Learning about current intervention practices
- Discussing issues arising from current practices
- Identifying current problems from each strand's perspective

## An Ear





**Another Ear**

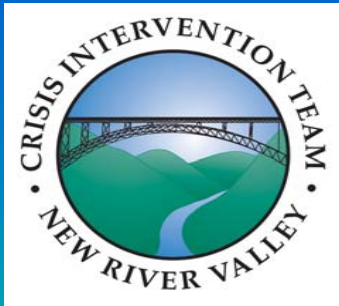
- Learning about CIT
- Reviewing CIT literature
- Discussing Leadership Team's Memphis findings



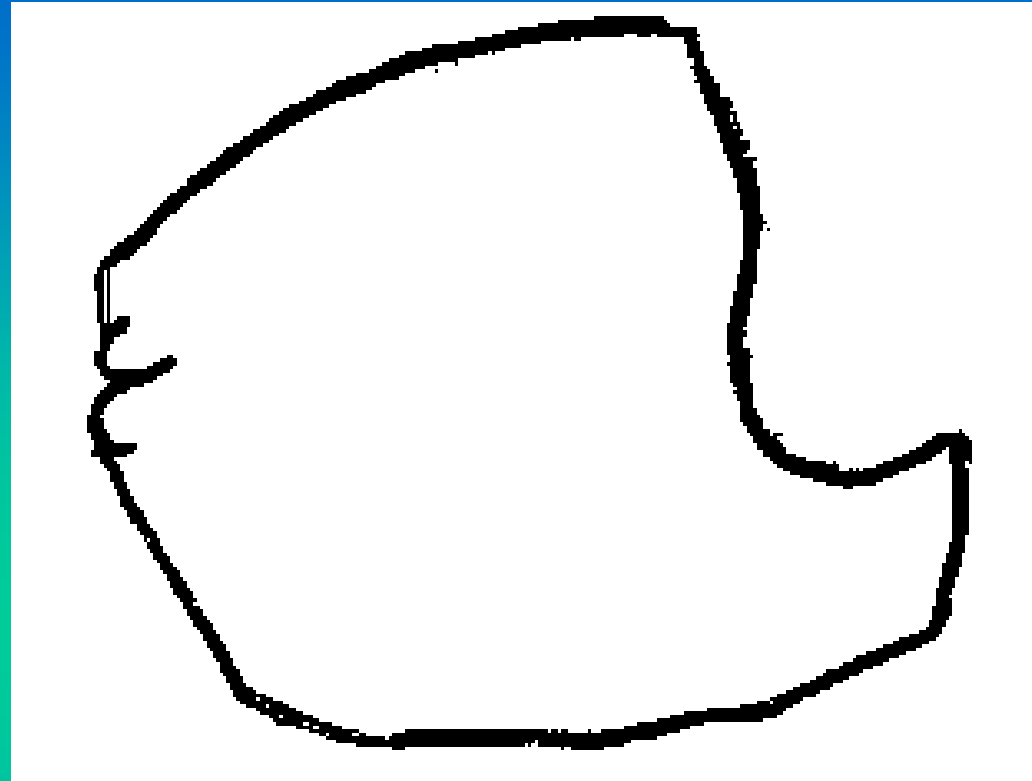
- Examining issues in strand meetings
- Identifying barriers to implementation  
--Resources, stigma, geography, etc.
- Identifying the means of overcoming these barriers

## A Head





A Body



- Day long retreat to discuss identified issues with creators of the CIT Model



## A Back Leg

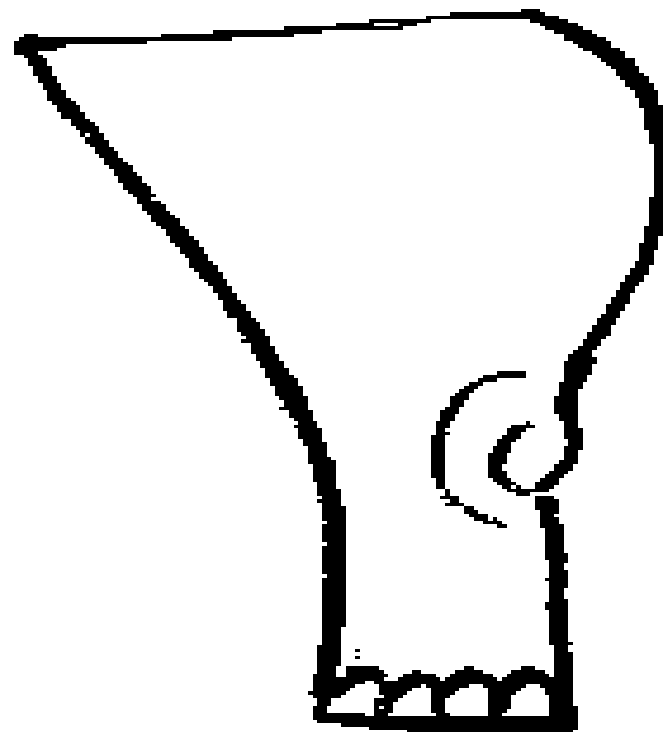


- Identify law enforcement agencies willing to implement the training
- Identify and work through jurisdictional issues
- Identify and work through legal issues



## Another Leg

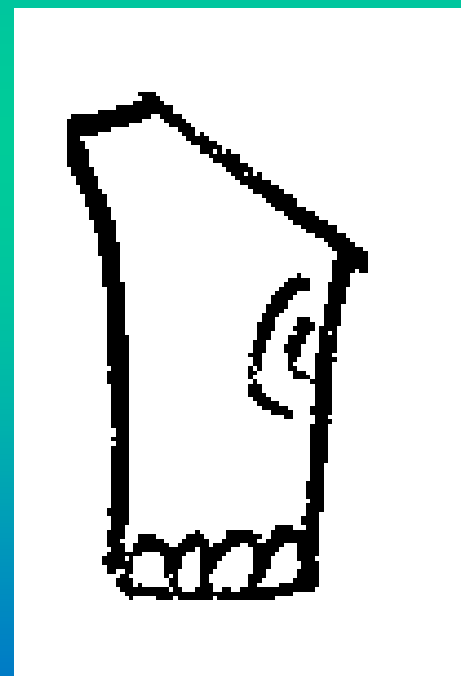
- Address any necessary ACCESS organizational changes
- Address coordination of mental health care resources
- Address above from each strand's perspective

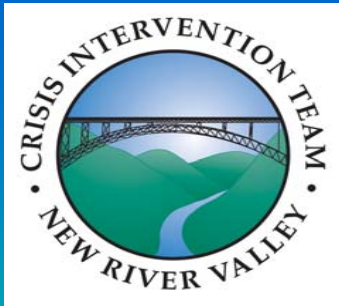




## Yet Another Leg

- Determine means of developing a no refusal drop off location and examine related issues





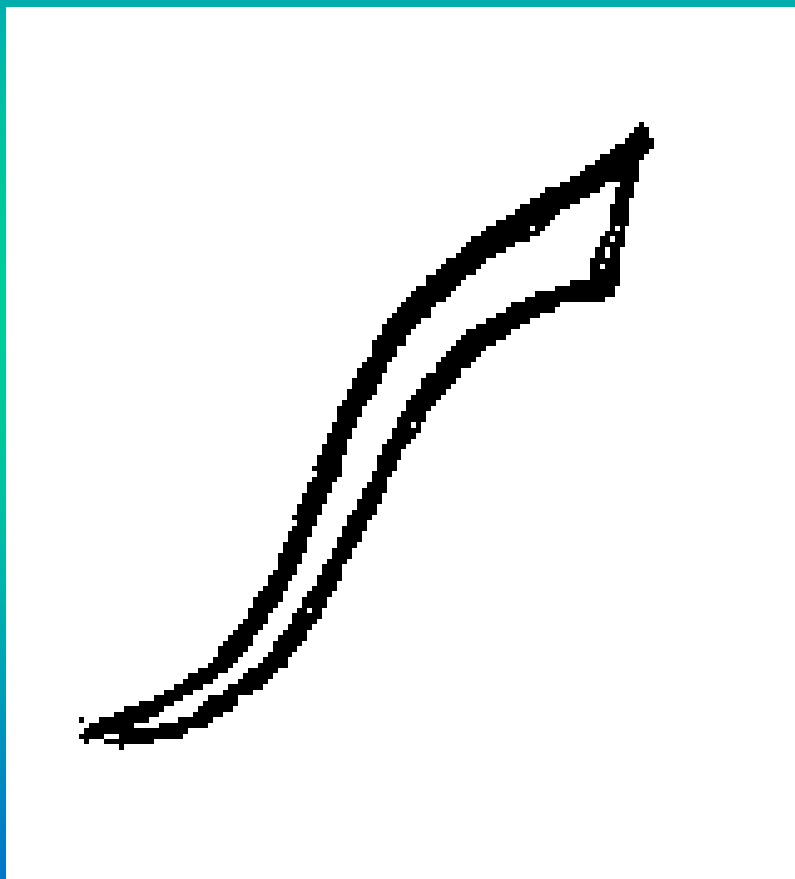
- Develop community awareness and support
- Develop resources for implementation

**Front Leg**





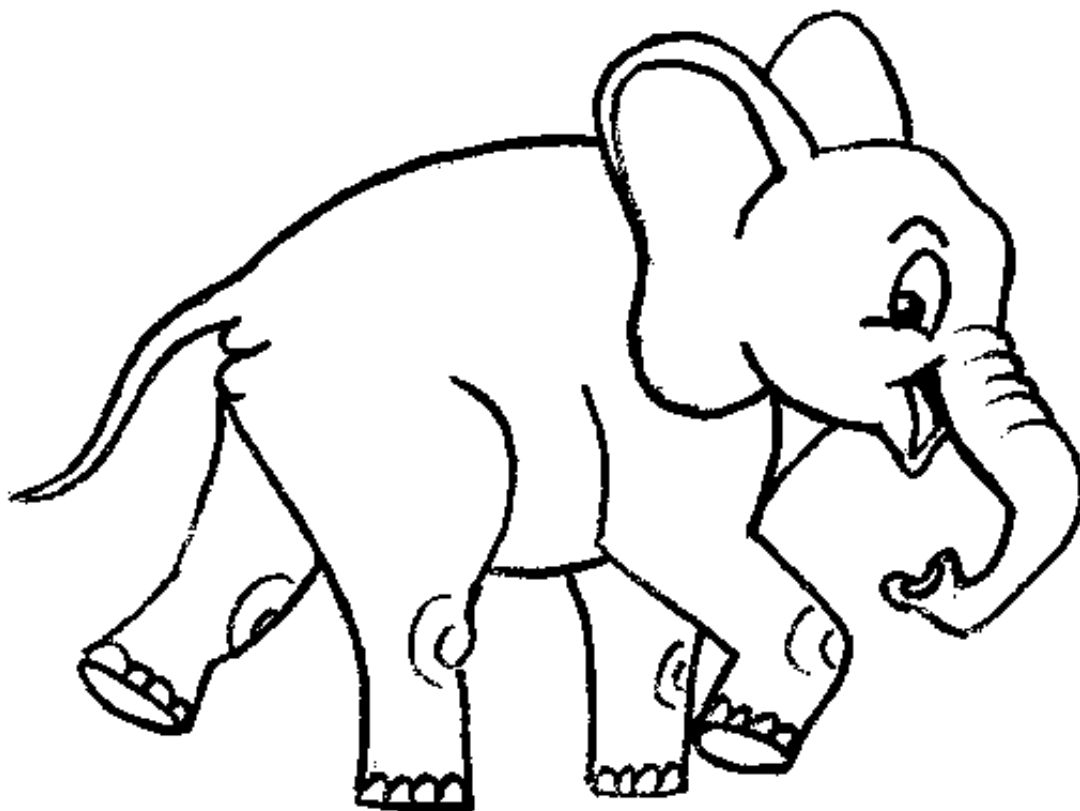
## A Tail

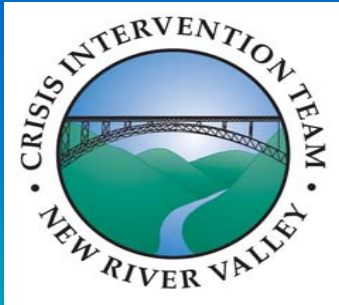


- Develop community resources and referral for people with mental illness
  - ✓ Transitional housing
  - ✓ Substance abuse treatment
  - ✓ Out patient counseling
  - ✓ Community forums



**ONE BITE AT A TIME!  
MMMMM!!!!**





# “Crossing the River”

Overcoming stagnation  
and moving the process forward



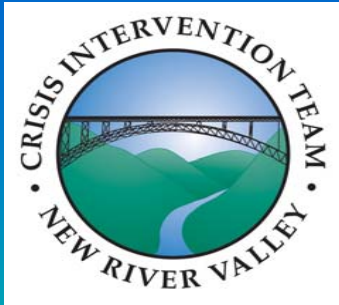
# Let's Celebrate Consensus!

A Look at Where We've Been  
and  
How We Got Here...



## Quantifying and Recognizing the Value of the Work

- 1 Exemplary practice: Memphis Model CIT
- 50 Dedicated, hardworking, determined stakeholders
- 8 Stakeholder meetings
- 12 Leadership team meetings
- 15 Committee meetings
- 4 Strand meetings
- 3 Days in Memphis (one night on Beale Street!)
- 2 Days of Memphis in the NRV
- 25 Pounds of steak
- 1500 Salads, sandwiches, cookies, bagels (not one donut!)
- 2000 Volunteer hours



## Phase II

- Adapting the 40 hour training

  - Identifying faculty

  - Adapting curriculum

  - DCJS approval

- Creating policy

  - Chiefs & Sheriffs Group

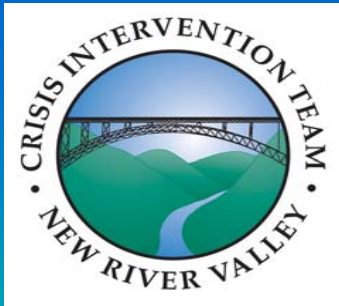
  - Handcuffs

- The Bridge "Drop Off"

  - ES coverage 25%

  - Video hook up to magistrate

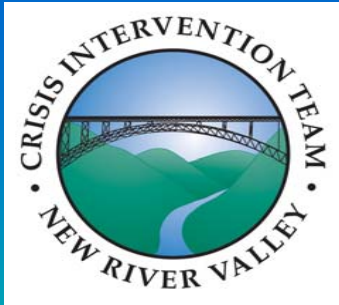
  - The 4 hour ECO conundrum



**No refusal 24 hour crisis drop off center--**

**Concept modified to create  
THE BRIDGE  
(primary emergency assessment site)**

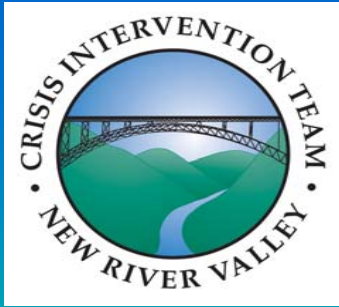




## Phase III

### NRV CIT Outreach Efforts

1. Consultation
2. Coordination with Memphis CIT
3. Core police/MH faculty training
4. Train the Trainers for local sustainability

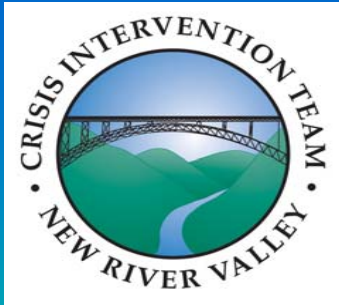


## How Has Law Enforcement Responded to CIT?

1. Some preliminary numbers in the New River Valley

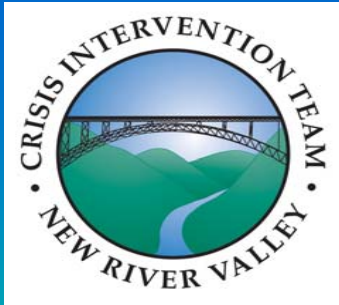


<b>Question</b>	<b>Total Response</b>
1. Approximately how many mental health related calls have you responded to since completing your CIT training?	<b>194</b> (194-208)*
2. Of those calls, how many were you specifically dispatched to because of your CIT status?	<b>93</b> (93-100)
3. In how many of those calls do you think your CIT training made a positive difference in the outcome?	<b>131</b> (131-142)
4. In how many of those calls did the subject require assessment through NRVCS ACCESS?	<b>93</b> (93-99)
5. Of those calls that resulted in assessment, how many individuals were assessed at The Bridge?	<b>3</b>



# How Has Law Enforcement Responded to CIT?

## 2. Statistical Response in Memphis



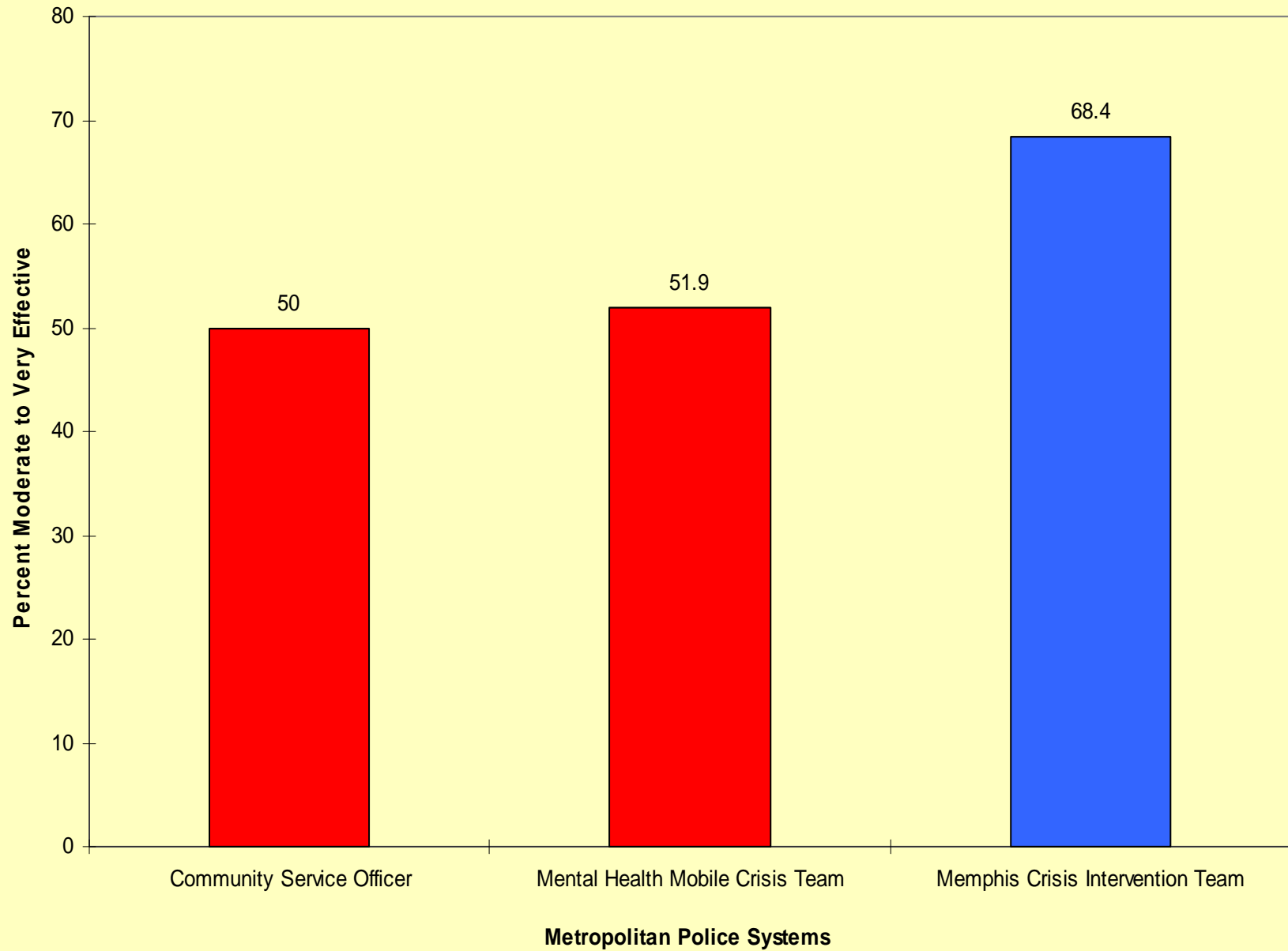
## Police Response to Emotionally Disturbed Persons Models of Police Interactions with the Mental Health System

Principal Investigator: Henry Steadman, PhD  
Co-investigator: Joseph Morrissey, PhD  
Co-investigator: Randy Borum, PsyD  
Project Coordinator: Marty Deane, MA

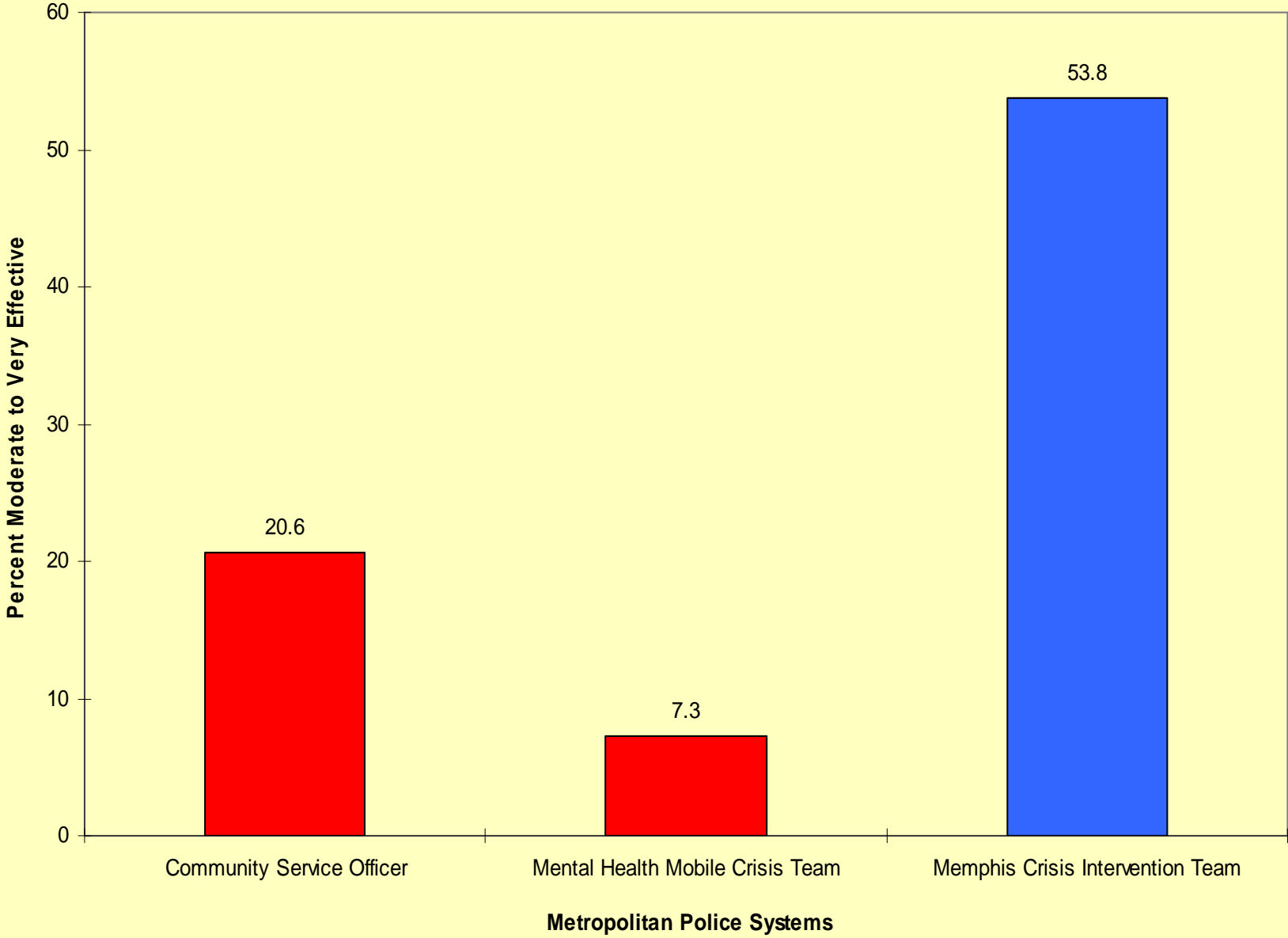
Funded by:  
National Institute of Justice (NIJ)

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

**Maintain Community Safety? Officer Ratings**  
**Borum et al (1998)**



**Minimize Officer Call Time? Officer Ratings**  
**Borum et al (1998)**





## The Crisis Intervention Team

**C**atalyst for systems change,  
**I**nnovation and  
**T**ransformation

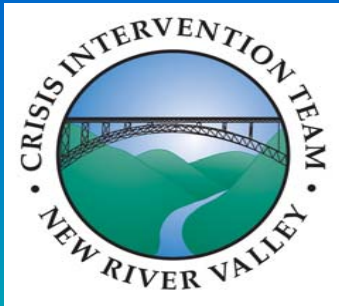
“It’s more than just training!”

- Major Sam Cochran



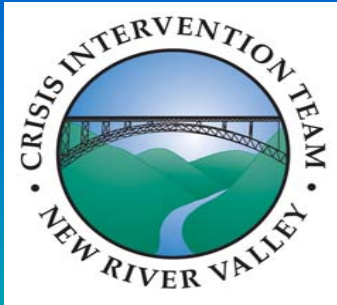
## RESULTS OF CIT IMPLEMENTATION

- Positive impact on stigma and knowledge
- Decrease need for higher levels of police intervention (e.g., deadly force, SWAT, hostage teams)
- Decrease officer and consumer injuries
- Lower arrest rate of persons with mental illness
- Re-direct those in crisis from the jail to the mental health care system
- Increases public confidence and support



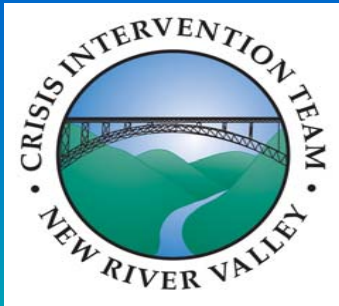
## Benefits For Law Enforcement:

- Enhanced community policing efforts
- Quicker return to regular patrol duties
- Risk of injury is significantly reduced
- Fewer inappropriately incarcerated individuals
- Decrease need for higher levels of police intervention (e.g., deadly force, SWAT, hostage teams)



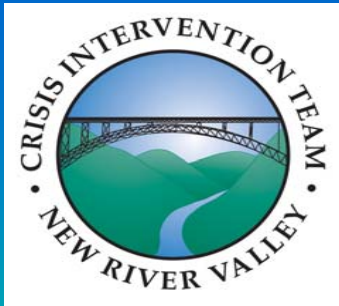
## Benefits For the Community:

- Officers spend more time in the community
- Reduced costs as PMI are diverted from jails and into community treatment
- Mental health and substance abuse problems are addressed sooner and more consistently
- Increased public confidence and support



## Benefits For the Persons with Mental Illness:

- Improved relationships among PMI, family, community and CIT Officers
- Reduced stigma from assessment in local jails
- More timely, efficient, and therapeutic intervention, assessment and treatment
- Lower arrest rates for PMIs
- Re-direct those in crisis from the jail to the mental health care system



For further information contact:

**Victoria Cochran, JD**  
**Consulting and Facilitation**  
**2175 Maple Lane**  
**Blacksburg, VA 24060**  
**540/392-4101**  
**[vcochran2@radford.edu](mailto:vcochran2@radford.edu)**

