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elements of change

HIGHLIGHTING
TRENDS & ISSUES
IN THE CRIMINAL
JUSTICE SYSTEM

Crisis Intervention Teams: A Community-Based Initiative

Imagine being someone – or a family member of someone – experiencing any of the following:

- Awake for 4 days straight; wants police to kill him
- Believes he is being stalked and microwaved by “them”
- Writing in blood in a journal
- Hides in a hole he dug under the basement floor
- Lives with 30 rats in a camper
- Lost girlfriend, daughter, job, and apartment in 48 hours
- Carved “help” into thigh
- Says he wants to shoot people and set fires
- Thinks police are putting radar beams in him
- Feels he is going to hurt someone
- In bathtub full of water, clothed, with knife
- Voice told him to hurt his landlord
- Calls police regularly with stories about a man named John
- Saw white bugs crawling all over her

These are the actual written notes culled from police descriptions of calls for service in the Denver Metro Area. Each of the descriptions reflects a person in significant pain, and whose behavior may be unpredictable. How would you expect a law enforcement officer to respond? With understanding? With force? With fear? What is the best outcome for the individual? For the officer? For the public? How will the officer’s response be described in the morning newspaper?

Approximately five percent of the U.S. population has a serious mental illness, according to the National Alliance for the Mentally Ill (NAMI).¹ While the President’s New Freedom Commission on Mental Health (2003)² states that people with serious mental illness can recover and live meaningful lives as productive members of the community, this group is disproportionately found in the nation’s jails and prisons. In Colorado, the Department of Corrections (DOC) estimates that, as of June 30, 2005, 16 percent of its prison and parole population met the diagnostic criteria for serious and persistent mental illness and another nine percent were assessed with Moderate to Severe mental health needs.³ The Colorado Division of Youth Corrections reports that nearly 50 percent of males and 60 percent of females admitted to DYC in FY 04-05 were assessed with High-Moderate to Severe mental health needs using the Colorado Client Assessment Record (CCAR).⁴ Figure 1 shows that these numbers have been significantly increasing since 1998.

¹ R. C. Kessler et al., “A Methodology for Estimating the 12-Month Prevalence of Serious Mental Illness,” In *Mental Health United States 1999*, edited by R.W. Manderscheid and M.J. Henderson, Rockville, MD, Center for Mental Health Services.

² Jacobson and Greenley, 2001; U.S. Department of Health and Human Services, 2000; President’s New Freedom Commission on Mental Health, 2003.

³ Schnell, M.J. and M.O. Leibold (in progress). “An Examination of Needs of Offenders with Mental Illness in Colorado,” Colorado Department of Corrections, Colorado Springs, CO.

⁴ Management Reference Manual, FY04-05, Colorado Department of Human Services, Division of Youth Corrections, available at <http://www.cdhs.state.co.us/dyc/PDFs/MRMFY04-05.pdf>

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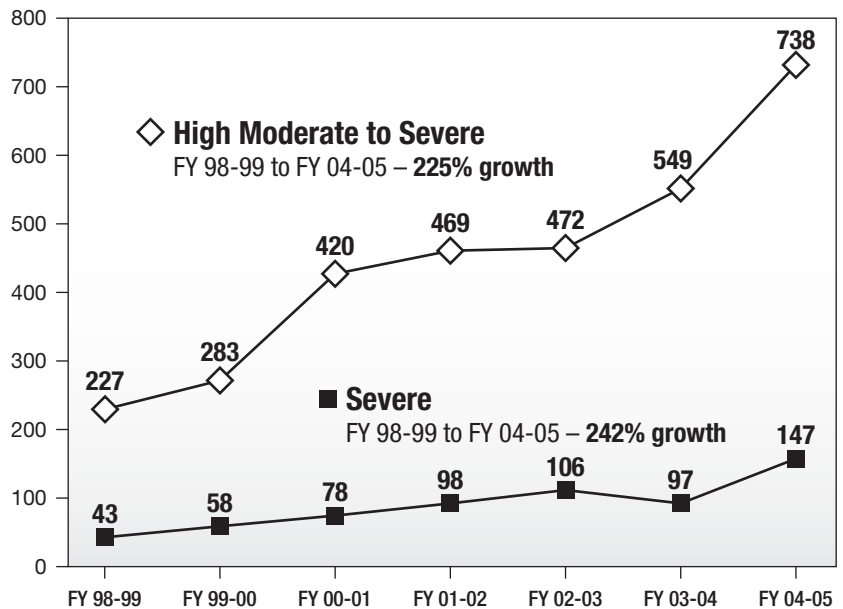
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One officer reported:

“CIT skills helped me from being hurt.”

Figure 1: Increase in numbers of DYC youth with mental health problems



* Based on the CCAR Scores Administered at Assessment

Source: Division of Youth Corrections, Research and Evaluation Unit.

This information reflects a growing problem facing every jurisdiction in the country, and profoundly affecting individuals and their families, along with the justice and mental health systems.⁵ In fact, in late 2003, Human Rights Watch issued a 215-page report based on a two year study recommending that steps should be taken at the federal, state, and local levels to reduce the unnecessary and counterproductive incarceration of low-level nonviolent offenders with mental illness.⁶

Many studies have reported the ineffectiveness of incarcerating low-level offenders with mental illness (for example, Human Rights Watch, 2003). One large-scale, national study reports that fewer than one in five jail inmates who need services receive treatment while incarcerated (James and Glaze, 2006). Not only are jails poorly suited to respond to this population, confinement conditions frequently exacerbate symptoms and create serious management problems for the facilities (James and Glaze, 2006) and difficult experiences for individuals.

Background

In 1999, the General Assembly established the Task Force on the Mentally Ill in the Justice System. One of the goals of the Task Force was to reduce criminalization of the mentally ill when appropriate. Often those with mental illness who come into contact with law enforcement have not committed a crime or the crime involved is a petty or nuisance offense that may be a symptom of the illness rather than an activity that jeopardizes public safety. In such cases, diversion is an appropriate alternative.

⁵ There is a significant literature studying the reasons for the increase in the numbers of individuals entering the justice system. The reduction of both institutional and community services for individuals with mental illness is likely a driving factor. Without treatment, behaviors often go unmanaged and eventually escalate, causing many people to come into contact with law enforcement. As we report later in this document, two-thirds of the individuals involved in CIT calls were not involved in treatment.

⁶ Ill-Equipped: U.S. Prisons and Offenders with Mental Illness (October 2003) Human Rights Watch, 350 Fifth Avenue, 34th Floor, New York, NY 10118-3299.



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When Task Force members discovered the Crisis Intervention Team initiative, they unanimously supported its implementation in Colorado as a method to divert individuals with mental illness from penetrating the justice system. With the support of federal grants from the U.S. Bureau of Justice Assistance, Colorado adopted the Crisis Intervention Team (CIT) model in 2002 to address the growing need for skilled interventions with people experiencing these types of crises. The initiative involves law enforcement training, community collaboration, and a strategic systematic response from law enforcement, mental health agencies, hospitals, mental health service consumers, and their families.

Crisis Intervention Teams (CIT)

Created by the Memphis (Tennessee) Police Department in 1988, CIT has been replicated in many major cities across the country. The Memphis PD, along with members from the National Alliance for the Mentally Ill (NAMI) who partnered with the Memphis PD, brought together local representatives from community mental health centers, hospitals and other criminal justice stakeholders to develop system-wide changes to address the special needs of this population.

Core components of the CIT program include the following:

- 1) Development of steering committees in each community comprised of local leaders who collaborate, identify and solve problems, and ensure the successful implementation of CIT;
- 2) Selective recruitment of law enforcement officers for participation;
- 3) Intensive 40-hour training of police officers who become specialists in crisis intervention and de-escalation techniques;
- 4) Improved access to mental health care and services; and
- 5) Enhanced community understanding via education and awareness of available resources.

Colorado's CIT Efforts

Colorado is unique among the CIT initiatives nationwide. Whereas most CIT efforts focus on a single community with one law enforcement agency, CIT in Colorado began as a multi-jurisdictional effort and so far has involved the training of 63 law enforcement agencies in 14 counties across the state. This happened in part because the initiative began with the statewide Task Force and was housed with the Division of Criminal Justice (DCJ), a state agency with a broader focus than one locality. The pioneer site in Colorado, the Jefferson County region, also was instrumental in ensuring the multi-jurisdictional direction of the project by recommending the involvement of multiple city agencies.

The Task Force, with agreement from local jurisdictions, asked the Division of Criminal Justice (the state justice planning agency) to partner with NAMI to facilitate the implementation of CIT in Colorado. Locating CIT at the state planning agency led to significant, initially unforeseen advantages:

- Allows for the broad transmission of the CIT initiative by establishing strong and ongoing partnerships with local stakeholders;
- Maintains fidelity to the CIT model through the integration of technical assistance, research and evaluation;
- Systematically transfers the knowledge gained to avoid “reinventing the wheel;”
- Ensures that no agency's interests are placed above another;

Compared to prison inmates, jail detainees with mental illness are approximately 50% less likely to receive mental health services while incarcerated according to data collected from interviews with 6,982 inmates in 417 jails (James and Glaze, 2006). Yet, mental illness in jails is a potentially serious problem not just for the detainee but also for the safety and effectiveness of custody procedures: jailed adults with mental illness are twice as likely to be charged with rule violations than other jail inmates, and three times more likely to be injured during a fight (James and Glaze, 2006).

Source: Mental health problems of prison and jail inmates. Bureau of Justice Statistics Special Report, by Doris James and Lauren Glaze, September 2006, NCJ 213600.

The Denver Police Department has developed a 16-hour training program for dispatchers to assist them in identifying individuals who may be struggling with severe emotional distress. Since October 2004, DPD has trained 130 call-takers and dispatchers from DPD and employees from 20 other law enforcement jurisdictions, using lecture material integrated with similar intensive role play scenarios to those of the CIT training. After receiving the training, dispatchers report that they learned to better identify “trigger words” that prompted them to ask the caller a specific line of questioning. An unexpected benefit of the dispatcher training has been the development of a common language across divisions within the department.



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DCJ's Office of Research and Statistics has been evaluating the CIT project since its inception in 2002. Evaluation data are collected from multiple sources, analyzed and regularly reported to the appropriate stakeholder groups (see organizational structure, at right). Evaluation information is used to describe and enhance program implementation, target gaps in local procedures, and spur change in the system-wide response to this population. Some of the evaluation activities include the following:

- CIT Training Evaluation Questionnaires from each 40-hour class, evaluating course content and instructors;
- CIT Officer Data Collection Instrument analysis to document "police contacts with people whose mental illness was a factor in an incident to promote accountability and to enhance service delivery" (Policy Statement #5 from the Criminal Justice/ Mental Health Consensus Project (2002) Council of State Governments, Lexington, KY) This form is also used as a referral tool for follow-up/case management services in some areas;
- CIT Officer Survey to tap perceptions of the long-term value of CIT training and its applicability to their jobs, CIT operations/policies within their agencies and their communities, and access to services.

- Provides a neutral arena to resolve traditional barriers that have long existed among law enforcement, hospitals, NAMI, and community mental health entities; and
- Ensures that ownership for CIT efforts lies with local jurisdictions while working with DCJ and other localities around the state to share resources and information.

To date, the Colorado CIT initiative has trained nearly 1800 officers using the model created by the Memphis Police Department. Colorado adopted CIT law enforcement training curricula developed by CIT stakeholders in Albuquerque; Portland, OR; and Seattle. The training uses local expert lecturers who volunteer their time and employs professional actors to engage officers in role play scenarios based on actual crisis calls. The role plays combine lecture material and dramatic scenarios that reflect citizens' terror and emotional instability--situations commonly faced by officers responding to calls from people experiencing emotional difficulties. Another key component of the training involves two site visits to local mental health facilities. These visits focus on conversations between CIT officers-in-training and the agency's clients to enhance empathy development and understanding on both officers and citizens parts.

Currently, the CIT initiative operates out of two separate units at DCJ. The agency's Colorado Regional Community Policing Institute (CRCPI) is responsible for program implementation. This includes responding to requests to implement CIT, facilitating the identification of stakeholders, coordinating the community-driven effort, organizing and overseeing the delivery of the training course, and providing on-going technical support to localities. DCJ's Office of Research and Statistics (ORS) is responsible for evaluation activities including ensuring fidelity to the CIT training curriculum and model, assessing trainers and the impact of the training, working with local law enforcement agencies to collect data on police contacts involving CIT-trained officers, and assessing responses to the CIT initiative from law enforcement and the mental health system.

Evaluation

The DCJ's Office of Research and Statistics has been assessing the CIT initiative since it began in 2002 (see sidebar). Various findings from the evaluation are the focus of this *Elements of Change*.

Colorado CIT Organizational Structure

Legislative Committee on the Mentally Ill Justice System

Task Force Mentally Ill Justice System

Division Of Criminal Justice

CRCPI
Implementation of CIT

Office of Research and Statistics
Evaluation of CIT

Regions (usually with multiple jurisdictions - see CIT map)

Local CIT steering committees
Establish plan for implementation and identify solutions to barriers

Continuing Education Subcommittee
Refresher courses

Local Law Enforcement Coordinator Committees
Review of CIT implementation issues and causes

Local CIT curriculum subcommittees
Development and modification of local CIT courses



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Impact of the Training

Hundreds of seasoned and young officers alike report that the CIT training experience is one of the best of their careers. Post-training questionnaire data from approximately 1,800 officers reveal that for many officers the course was the most difficult and energy-intensive training in their professional life, but that it was the most rewarding. Data from these questionnaires has been used to modify the course, and the training format and the instruction continues to improve accordingly.

Data from the post-training questionnaires make it clear that the focus on experiential learning—the role plays, site visits to local mental health facilities, and an exercise designed and conducted by NAMI that simulates trying to concentrate while hearing voices—are key aspects of the training. Officers continually report that these learning experiences make the lecture information come alive.

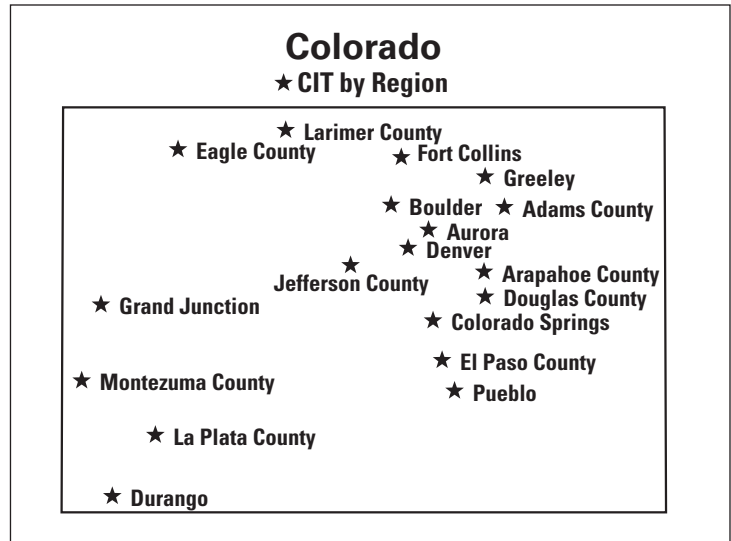
Impact on the Streets

After the training, the CIT officers report: “This stuff really works!” According to data collected by the ORS and verbal accounts to CRCPI, within days of the first CIT graduating class, many of the participants reported that their newly acquired skills and knowledge changed their responses to crisis calls and, consequently, the outcome of calls.

The data collected from CIT officers on the street indicate that the most likely outcome of these difficult contacts is the voluntary transport of individuals to appropriate mental health and psychiatric care. Data collected and analyzed on more than 3,400 law enforcement contacts has produced the following information:

- Over 76 percent of CIT calls resulted in transportation to treatment, including hospitals, detoxification centers and mental health centers.
- Only 4 percent of mental health calls involving a CIT officer resulted in an arrest.
- Almost one in five calls resulted in de-escalation of the individuals’ emotional state so that no transportation to services was required; when this occurs officers often provided referrals to community resources.
- Over half (54 percent) of the calls reported by CIT officers did not involve a weapon or any other tool or method for harming themselves or others.
- Over 96 percent of CIT calls resulted in no injuries to officers or citizens.
- The SWAT team was called in fewer than one percent of the situations.

Despite the level of distress indicated in these calls, and the confirmation by the CIT officer that this was indeed an emotionally-charged situation, only 36 percent of the citizens told the officer that he or she was currently in treatment. Further, only 56 percent reported taking medication for their mental illness. Clearly the diversion of a large proportion of this population into community mental health services is often the appropriate and necessary response.



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Children in Crisis.

An additional outgrowth of CIT training is an innovative three-day program unique to Colorado designed to educate both law enforcement (school resource officers) and school administrators on youth with mental illness. The program is called Children in Crisis and, like the 40-hour course, has been very well received by trainees. Most officers taking the CIC course are CIT trained. Officers and school administrators both report feeling as though they learned a great deal regarding effectively responding to youth in their schools who often present some of the biggest behavioral problems. Three courses have been offered thus far with 90 professionals receiving the training.

CIT Officer Survey Results

In 2005, 807 CIT officers from participating agencies were surveyed by the ORS regarding their perceptions of the CIT training and its applicability to their jobs, the CIT operations within their agencies and their communities, and access to services. The majority of the 363 officers who submitted completed surveys stated that the CIT course was a very beneficial addition to their skill set.

- Ninety-three percent reported that the training had been helpful in their ability to deal with crisis situations.
- Eighty-three percent reported that the skills gained in the CIT training helped them to maintain safety for themselves and others.
- Seventy-six percent said that they would really like to see the addition of regular refresher courses to keep their skills sharp, and many provided a variety of suggestions for topics to be covered; these ideas were later incorporated into the development of curricula for on-going refresher courses.

Officers were also asked questions regarding internal agency policies and their experiences with hospitals and mental health facilities. Findings regarding law enforcement agency policies were extremely consistent across regions. Researchers presented and discussed the findings independently with each steering committee and coordinator committee (see organization chart). Findings varied considerably from region to region regarding officers' experiences with community service facilities. The information from the survey was provided to participating agencies with recommendations for modifications.

Systems Response

The core component of CIT is the development of cooperative relationships among community agencies striving to serve this population in humane, productive ways. As such, collaboration as a project goal continued to be incorporated into CIT's objectives as it expanded around the state. Each year, the evaluation found that these goals were met and often exceeded. Many essential partnerships have been established that led to substantial changes in the traditional ways of responding to the issues presented by this population. As CIT is adopted, local mental health centers and hospitals typically become invested in working with law enforcement to create, expand or modify existing law enforcement and jail protocols, access to emergency crisis services, and service intake procedures. The following are some examples of innovations developed in response to this initiative:

- **Denver Police Department** designated a full time sergeant to work in tandem with a licensed mental health professional to organize trainings and collaborate with community mental health partners on behalf of contacts CIT officers have. Together they respond to calls for service and provide resources on the spot to citizens in crisis. They also provide follow-up case management and referrals to community services.
- The Arapahoe/Douglas CIT region acquired private funding from foundation grants to develop a case management system. Operating through the **Arapahoe Douglas Mental Health Network (ADMHN)**, three mental health professionals were hired solely to respond to CIT officers' referrals. This program has exceeded the expected number of individuals served each year of operation and is strongly valued by community stakeholders and law enforcement officers.
- A 2004 statute (**C.R.S. 30-1-104**) allows sheriff departments to collect an additional booking fee on convicted offenders, up to \$30, and 20 percent of this fee can be used to administer a community-based treatment program for offenders with mental illness



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or addiction. Another 20 percent may be used for “training of the sheriff and deputy sheriff and other local law enforcement officers, which training may include a Crisis Intervention Training component to meet the needs of offenders with mental illness” [C.R.S.30-1-119(2)(b)].

- The **Denver Police Department** has developed a 16-hour training program for dispatchers to assist them in identifying individuals who may be struggling with severe emotional distress. Since October 2004, DPD has trained 130 call-takers and dispatchers from DPD and employees from 20 other law enforcement jurisdictions, using lecture material integrated with intensive role play scenarios similar to those of the CIT training.
- The **Community Reach Center**, the public mental health center in Adams County, recently dedicated substantial funding to pay training costs for the Adams County region. The Center also designated an employee to organize and administer the CIT classes.
- Sponsored by Centura, HealthOne, Exempla, and Colorado Health Foundation, the **Mental Health Association of Colorado** is responding to hospital emergency department overcrowding by exploring the development of local crisis triage centers in the Denver Metro Area. Stakeholders have convened to address issues associated with individuals experiencing emotional distress entering emergency rooms. Issues include the lack of a secure environment to safely contain those with behavior management problems, the fact that emergency room services are the most costly access point for patients, and the long length of stay (5-7 hours) for individuals presenting with these behaviors.
- Jefferson County has recently developed a management program similar to ADMHN’s, with funding from the Colorado Health Foundation, designed to respond to referrals from probation, diversion, pretrial and jail staff as well as those from CIT officers. This program is still in its infancy stage, and as such no information is yet available to assess its efficacy. **Jefferson Center for Mental Health** will operate this program.

These efforts reflect the commitment of local CIT communities and the state of Colorado to institutionalize methods to address the needs of those with mental illness and those experiencing a broad range of emotional crises. This commitment is reflected also by the following examples of interagency resource sharing and time investment of those involved in the project:

- Volunteer CIT course lecturers,
- CIT course directors and facilitators,
- Overtime costs associated with sending multiple officers to 40 hours of training,
- CIT committee representatives in every community (see organization chart) who remain active for years,
- Law enforcement “ambassadors” who support the expansion of CIT by educating stakeholder groups about the value of CIT, providing course leadership and facilitation, and offering technical assistance to new CIT jurisdictions across the state, and
- Professional mental health consultation for law enforcement regarding specific cases on an as-needed basis.

Evaluation data has confirmed that the role plays—initially the most dreaded component of the 40-hour CIT officer training—have the greatest and most lasting impact. The class of approximately 30 officers is divided into five groups of six during the role plays. Three individuals primarily participate in these training role plays—a professional actor, a trained facilitator, and one officer trainee—while the other 4-5 officers observe. The facilitator then leads a discussion assessing the interaction. The facilitator is a police officer selected from a prior CIT class because of his or her exceptional grasp of the CIT concepts, and who has the ability to help others learn. An experiential workshop is provided to facilitators from multiple jurisdictions to hone their skills in performing this training role, adding another example of cross-system collaboration.



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SUMMARY

The Colorado CIT effort has diverted from the justice system approximately 96 percent of individuals involved in calls for services reported to the ORS by CIT officers. This translates into thousands of citizens for whom services rather than sanctions have been sought. In addition, stakeholders have invested considerable amounts of time to this initiative creating innovative system responses that prioritize humane and effective interventions. Finally, officers report that the training is excellent and has been instrumental in keeping them safe. These are significant indicators of program success.

The evaluation of CIT has been a massive undertaking by the ORS, supported by federal research grants provided by the Bureau of Justice Assistance. In the face of shrinking federal and state resources, providing data on measurable outcomes has proved invaluable to sustaining CIT in Colorado. Research findings have been reported regularly to stakeholders, from the Task Force on the Mentally Ill in the Justice System to each of the law enforcement agencies to mental health providers. The evaluation activities contribute to the growth and development of CIT programs, both as these continue to evolve within established sites and as the project expands into new sites across the state.

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