CIT Research: What Do the Data Tell Us?

Northeast Ohio Medical University

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Overview of presentation

- Overview of Criminal Justice CCoE and CIT in Ohio

- Importance of research on CIT

- Discussion of current CIT research

- Challenges to collecting research and lessons learned

- What data should we collect?

- Resources for doing research

Learning objectives

1. Review current research trends and findings on CIT

2. Understand the challenges in conducting research on CIT, as well as the importance of such research

3. Learn research tools and resources for completing research in your community
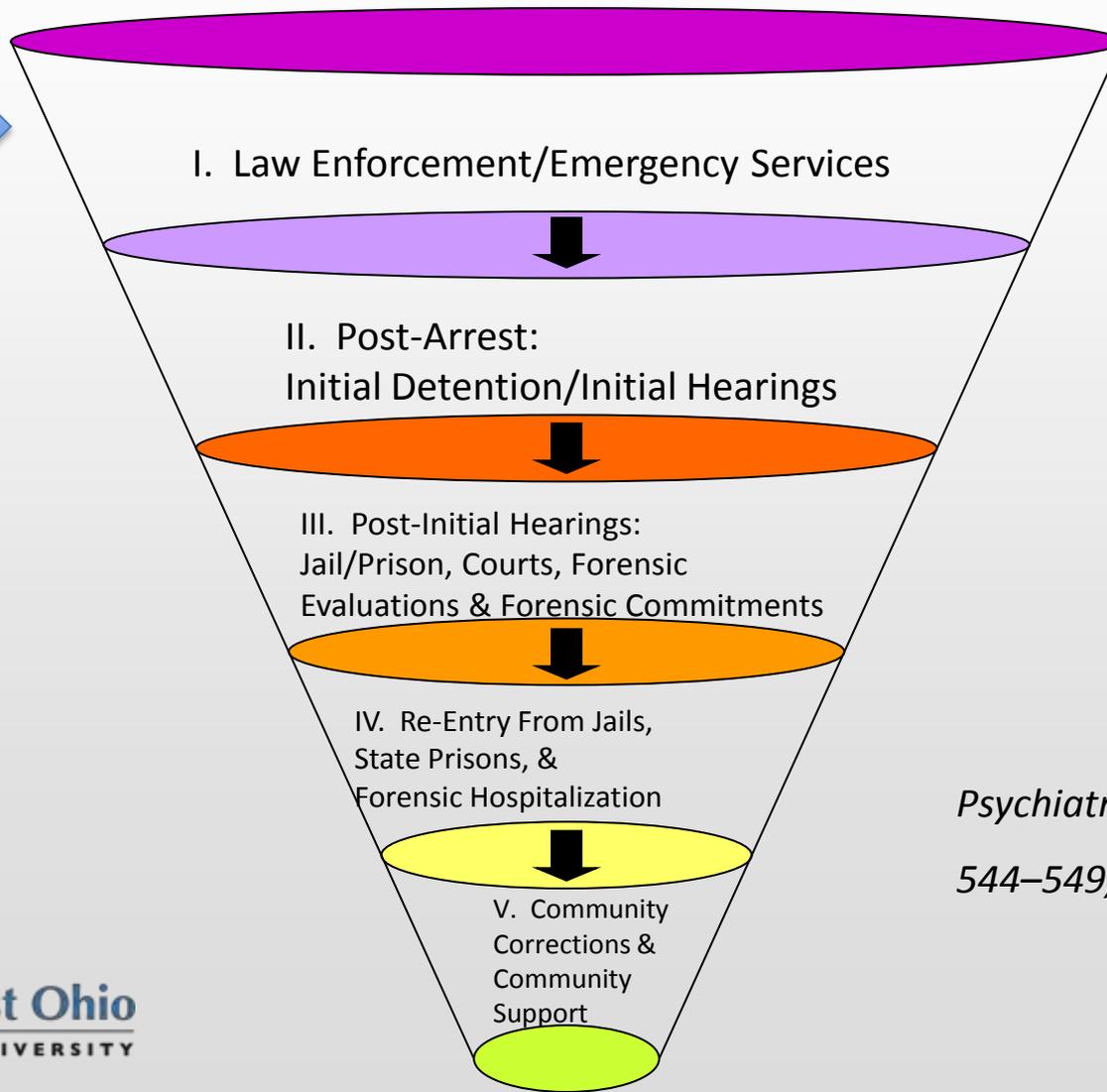
Criminal Justice Coordinating Center of Excellence (CJ/CCoE)

- In May 2001 the Summit County ADM Board was designated by ODMH to be a CCoE to help in the state-wide elaboration of jail diversion programs
  - The Department of Psychiatry at Northeast Ohio Medical University operates the Center

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The Sequential Intercept Model

Best Clinical Practices: The Ultimate Intercept

CIT

I. Law Enforcement/Emergency Services

II. Post-Arrest:
Initial Detention/Initial Hearings

III. Post-Initial Hearings:
Jail/Prison, Courts, Forensic
Evaluations & Forensic Commitments

IV. Re-Entry From Jails,
State Prisons, &
Forensic Hospitalization

V. Community
Corrections &
Community
Support

Psychiatric Services 57:

544–549, 2006

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Ohio CIT Statistics

- 77 of 88 counties in Ohio have CIT-trained officers (as of July 2012)
- 5,660 officers have participated in CIT
  - 449 Ohio law enforcement agencies
  - 67 county sheriff departments
  - 53 university and college police departments
- 24 percent of sworn law enforcement in the state have participated in CIT

Research – moving beyond tracking numbers of officers trained

For example:

- Are families or consumers willing to call 911?
- Are there fewer injuries or less use of force in CIT encounters?
- Are fewer individuals with SPMI arrested?
- Are more individuals with SPMI referred to treatment?
- Do individuals referred stay engaged in treatment?
- What are the essential elements to effective CIT programs
  - Based on empirical evidence vs. consensus
    - For example, are volunteer officers really critical to success

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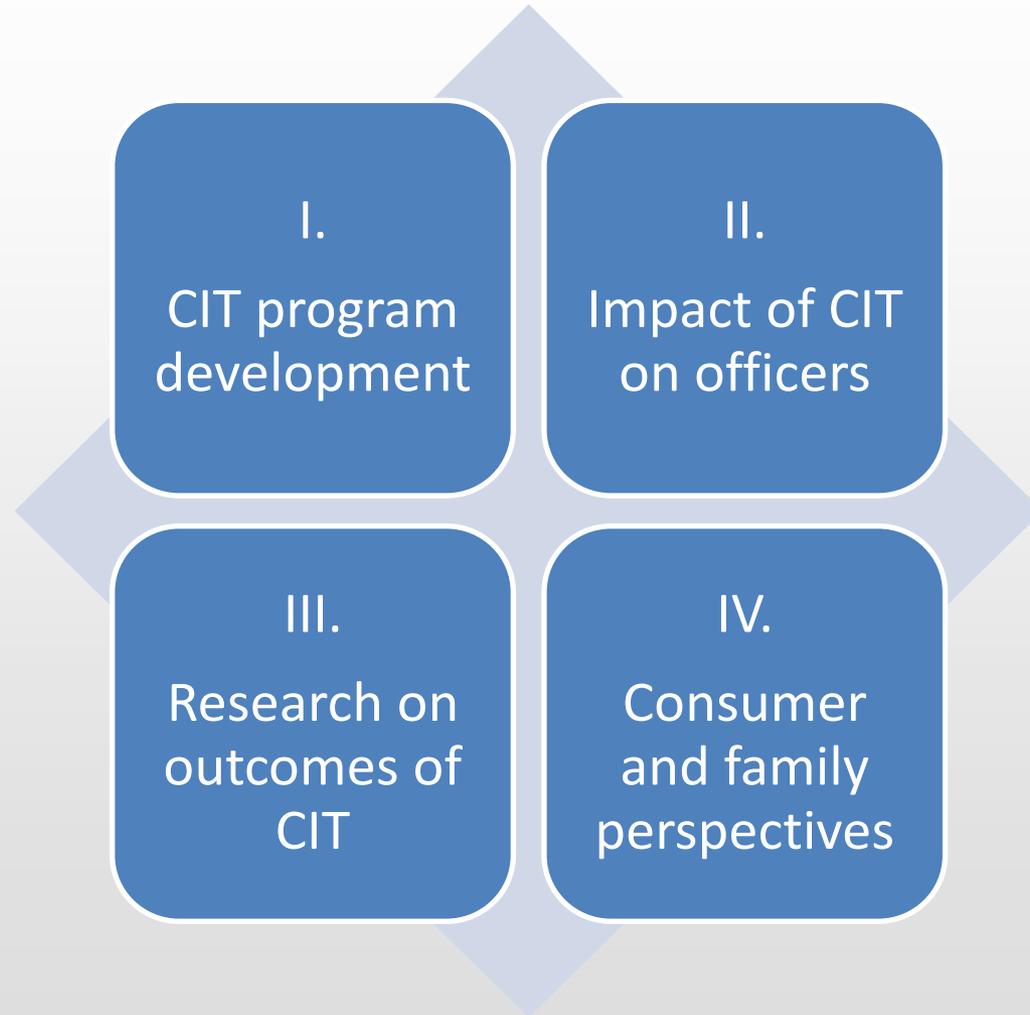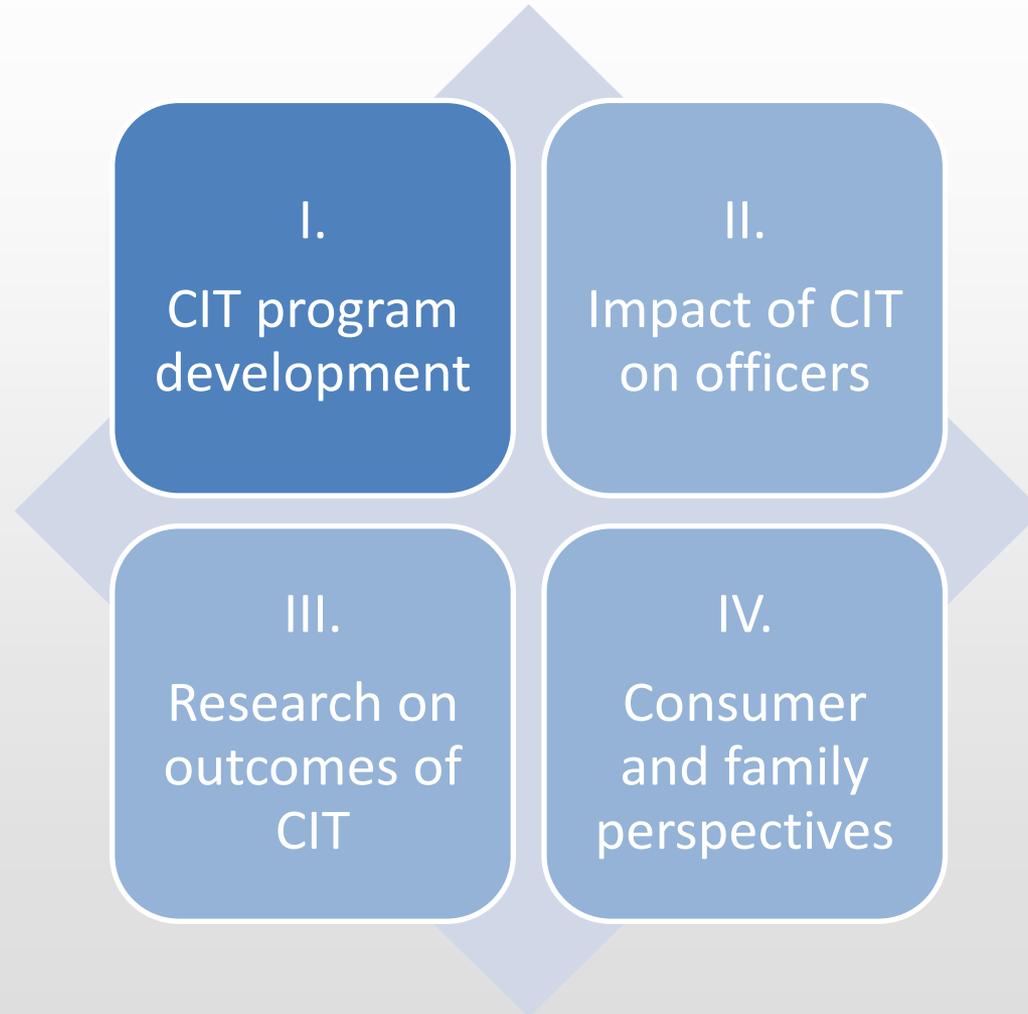# Why is research on CIT important?

What's in it for me?

Why is research on CIT important?

- Program evaluation and improvement
- Policy formation, locally and nationally
- Funding to support CIT programs, as well as other jail diversion programs
- Ultimately, research benefits all by improving interactions between law enforcement and individuals experiencing a mental health crisis

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Review of current research on CIT

I.

CIT program development

II.

Impact of CIT on officers

III.

Research on outcomes of CIT

IV.

Consumer and family perspectives

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CIT program development research

- Focus group study in Ohio:
    - CJ CCoE has completed focus groups in 13 counties since 2006
    - 120 participants representing criminal justice, mental health, consumers and consumer advocates
    - Project goals:
        - Needs assessment of community
        - Evaluation of technical assistance provided by CJ CCoE

CIT program development research

- Focus group findings:
  - CIT has lead to development of cross-system steering group for CIT and other jail diversion efforts
  - Improved **communication** and **efficiency** between criminal justice and mental health systems
  - Increased **trust** among stakeholders
  - CIT has positively **improved interactions** between police officers and jail administrators and individuals with mental illness

CIT program development research

- Focus group findings:
  - Consumers and consumer advocacy groups are vital to raising awareness of the CIT program and in their role during CIT training
  - CIT in rural communities (Skubby et al. 2012)
    - Barriers related to working with smaller departments over a large area
    - Lack of resources for mental health services
    - Collaboration is crucial to overcome barriers
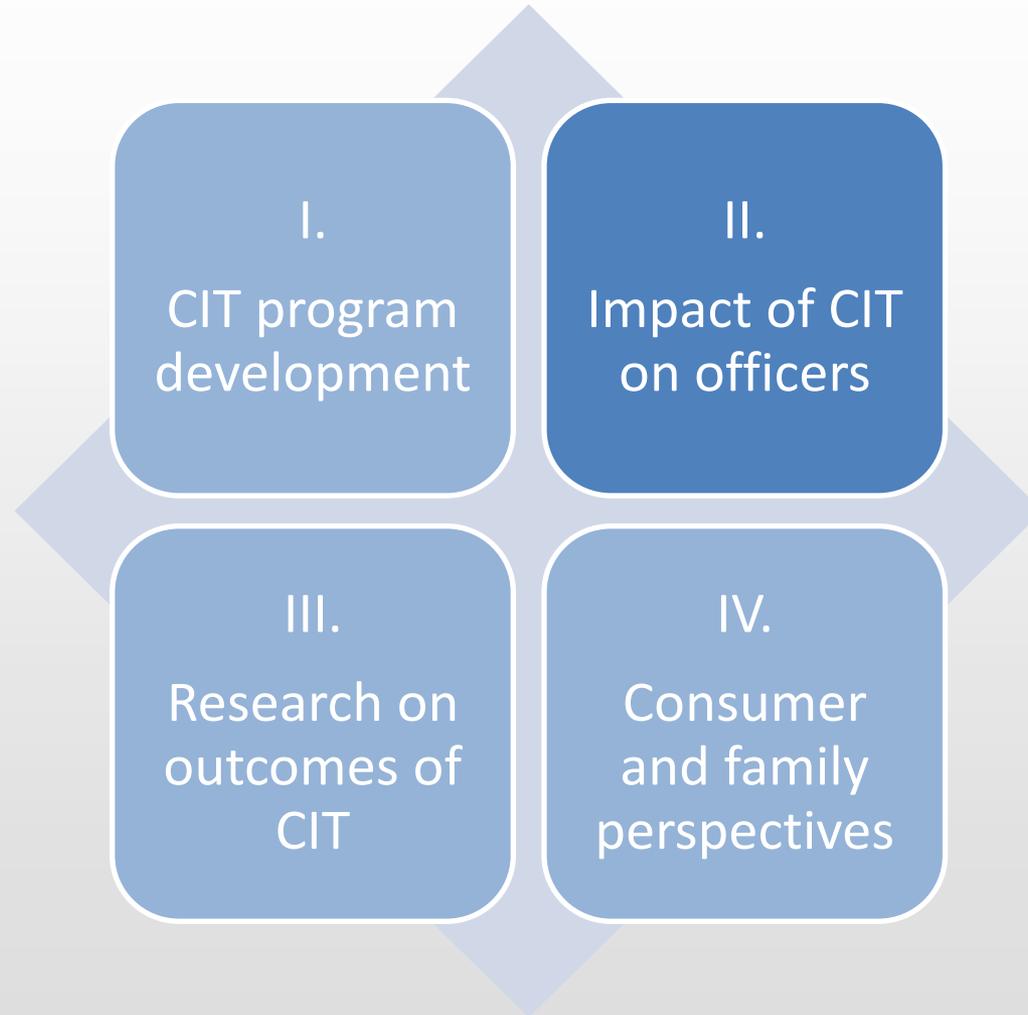
CIT program development research

"Just like anything else, you build a road- and then you have to build a freeway- and then you have to build an expressway. And that's what we're looking at. We're now on an easy-to-take road where we basically had a gravel road. Now we're on a paved road and we're moving. Everybody's moving in the same direction."

- mental health stakeholder

CIT program development research

- Other research on program development:
  - Identifying core elements (McGuire and Bond 2011)
    - Philosophy and collaboration
      - Presence of a program coordinator ("boundary spanner")
      - Mutual respect
    - Officer training and officer roles
      - CIT is intensive training
      - De-escalation
    - Mental health services
      - Rapid transfer of responsibility

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Impact of CIT on officers

- Officer interactions with individuals experiencing a mental health crisis
  – Knowledge gained about mental illness and mental health services
  – Skills and techniques
  – De-escalation
  – Communication

Officer interactions with individuals experiencing a mental health crisis

- Knowledge gained about mental illness and mental health services
    - CIT increases knowledge about mental illness (Compton et al. 2006; Hanafi et al. 2008)
    - CIT officers have increased ability to recognize signs of mental illness (Bonfine et al. under review; Hanafi et al. 2008; Wells & Schafer 2006)
    - CIT officers endorse clinical and medical explanations for the causes of mental illness, instead of personal characteristics or family upbringing (Demir et al. 2009)
    - CIT officers report better awareness of mental health services available in community (Bonfine et al. under review; Wells & Schafer 2006)

Officer interactions with individuals experiencing a mental health crisis

- Skills and techniques
  - Skills learned in CIT are used to determine disposition (Canada et al. 2011; Ritter et al. 2011)

- De-escalation
  - CIT officers are more likely to use de-escalation techniques than non-CIT officers (Canada et al. 2011)

- Communication
  - Compared to non-CIT officers, CIT officers use active listening and patience within interactions (Canada et al. 2011)
  - CIT officers reported increased comfort in talking with consumers and family members (Wells & Schafer 2006)

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Officer interactions with individuals experiencing a mental health crisis

"You know, first of all, we be thinking about our safety. They're going off…. When I'm going into the situation now, I'm looking at it, you know, how can I calm this person down?… I look at them in a totally different way, just how can I calm the situation down and then we all get outta here safely."

-CIT officer

Canada et al. 2010

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Impact of CIT on officers

- Officer's perception of preparedness
  - CIT officers felt more prepared in situations involving mental illness than non-CIT officers (Borum et al. 1999)
  - CIT officers reported feeling better prepared to handle MI calls after CIT than before (Ritter et al. 2010)
    - An increase of 26% to 97% of CIT officers felt at least moderately prepared after CIT
  - Compared to non-CIT officers, pre-CIT officers felt less prepared to handle calls involving MI

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Impact of CIT on officers

- Confidence in abilities
  - Improved **confidence** and **self-efficacy** in responses to calls involving persons with MI (Compton et al. 2008; Compton et al. 2006; Hanafi et al. 2008)

Impact of CIT on officers: building confidence in abilities

- What aspects of CIT are associated with a CIT officer's confidence in abilities?
    - Preparedness of officer to respond to individuals with a mental health crisis
    - De-escalation techniques/skills
    - Access to mental health services for individuals with mental illness
    - Perceived preparedness of non-CIT officers
    - Frequency of talking about mental illness with friends and family

Source: Bonfine et al. (under review)

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Impact of CIT on officers: attitudes about the department

- What aspects of CIT are associated with CIT officers' perception of departmental effectiveness?
  - Preparedness of officer to respond to individuals with a mental health crisis
  - Overall safety
  - Evaluation of community: helpfulness of mental health system
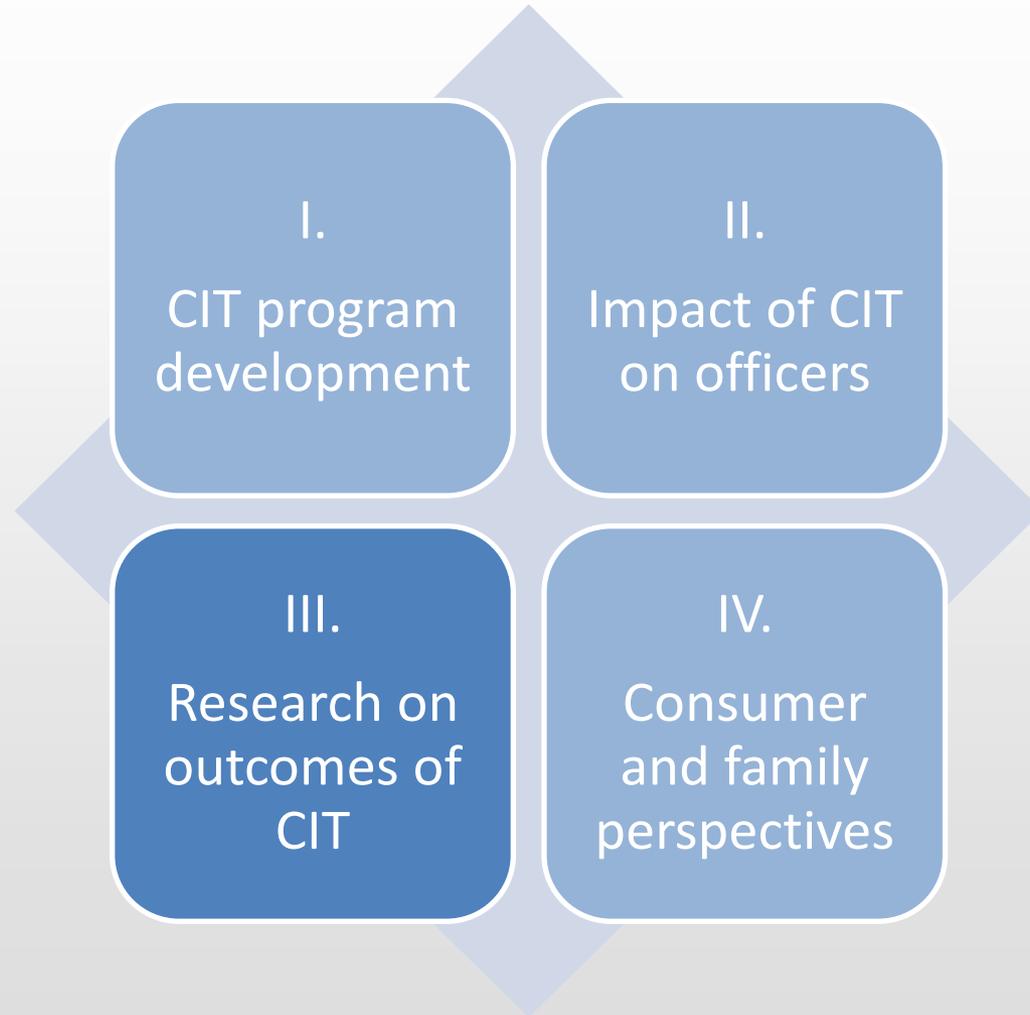
Source: Bonfine et al. (under review)

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Impact of CIT on officers

- Officer's attitudes about individuals with mental illness
  - After CIT, officers perceived lower levels of desired social distance after CIT (Bahora et al. 2009; Compton et al. 2006)
  - CIT results in improved attitudes about:
    - aggressiveness among individuals with MI after participating in CIT (Compton et al. 2006)
    - dangerousness and unpredictability (Ritter et al. 2010)
  - CIT officers reported that CIT helped them identify and correct stigmatizing attitudes and behaviors (Hanafi et al. 2008)

Impact of CIT on officers

- Empathy towards persons with mental illness
  - CIT officers report greater **empathy** towards consumers and caregivers after participating in CIT (Compton et al. 2011; Hanafi et al. 2008)
  - Compton and colleagues (2011) found **no difference in the level of empathy or mindfulness** towards persons with MI when comparing non-CIT, volunteer CIT and CIT-trained officers who had been assigned to participate in CIT
    - Volunteer CIT officers did have more prior exposure to mental health issues and professionals
   - Need to look at selection effects

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Research on outcomes of CIT

- Disposition of calls
  - CIT increases referrals of the to MH system
  (Ritter et al. 2011; Steadman et al. 2000; Teller et al. 2006; Watson et al. 2010)
  - Arrests: mixed results
    - some studies show reduced arrest rates (Franz & Borum 2010; Steadman et al. 2000)
    - some studies report no change in arrest rates (Teller et al. 2006; Watson et al. 2010)
  - Handling the situation on scene: mixed results
    - Are CIT officers are deciding to transport these calls to treatment? Or are they resolving crises on scene, with no need to transport?

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Disposition of calls

Teller et al. 2006

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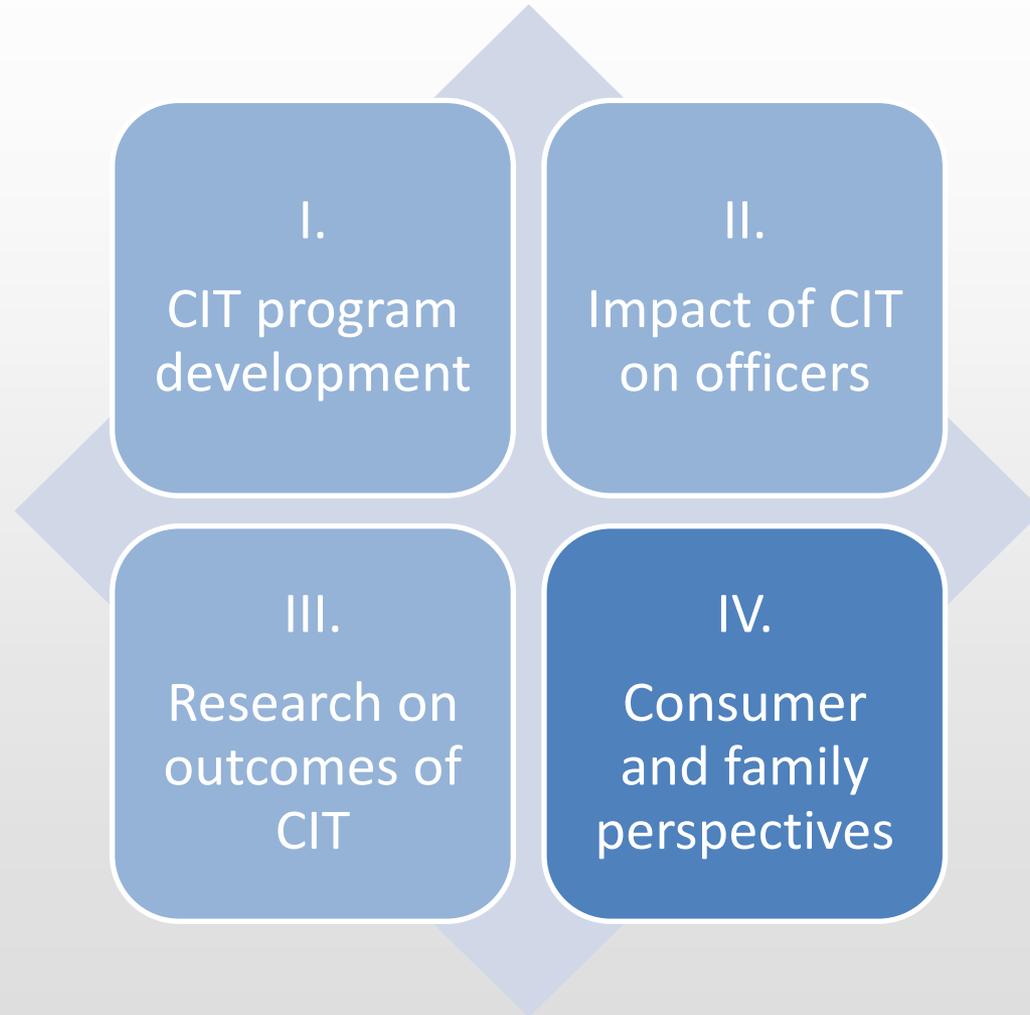MEDICAL UNIVERSITY
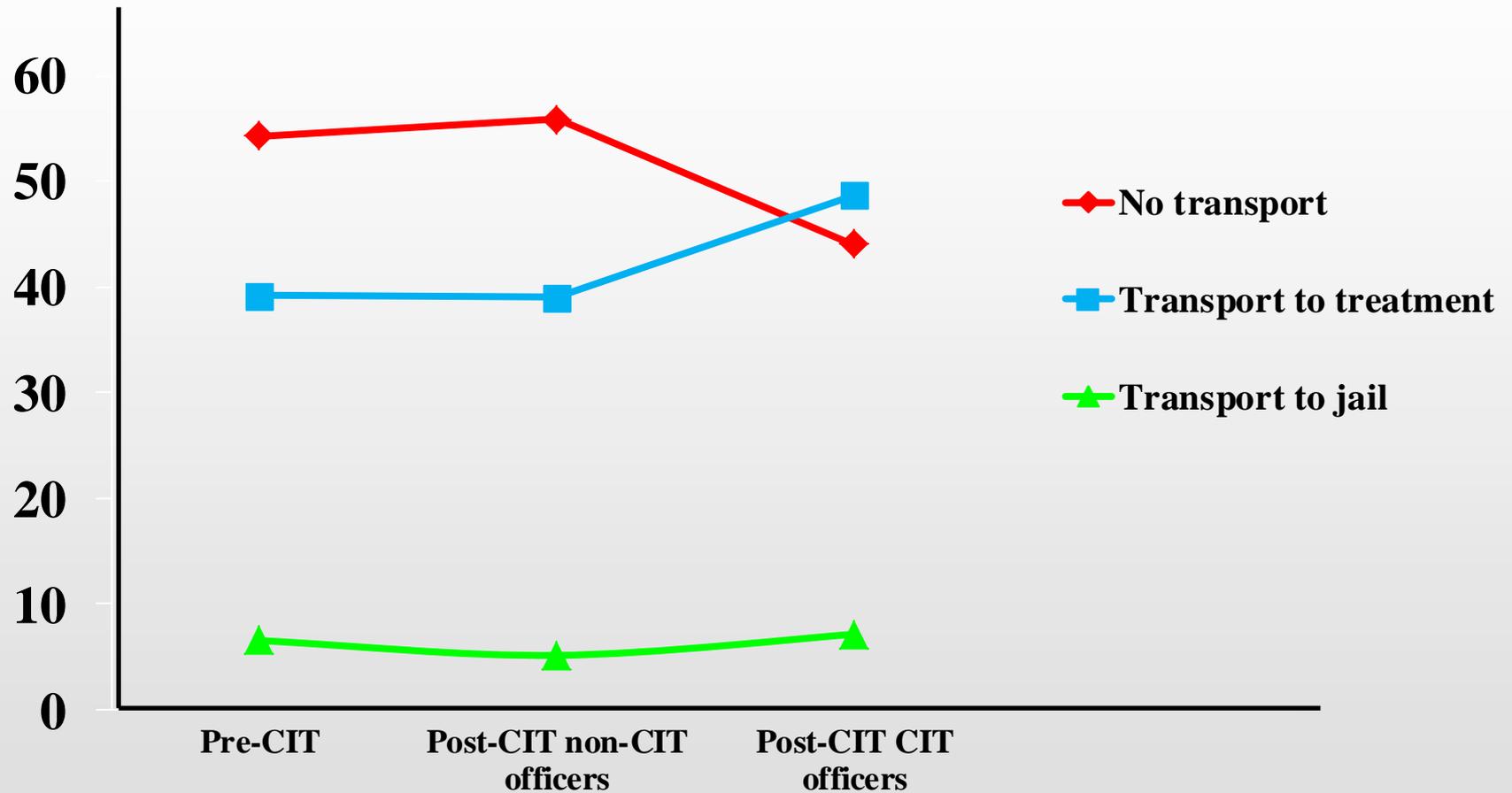
Research on outcomes of CIT

- Other outcomes:
  - Effectiveness of MH and CJ systems
    - CIT resulted in referral to treatment in communities with greater availability of services (Watson et al. 2011)
    - Carry-over effect of CIT:
      - Non-CIT officers reported their department is more effective at meeting the needs of MI (Borum et al. 1999)
  - Cost implications of CIT for MH and CJ systems
    - Reduced expensive SWAT calls (Reuland et al. 2009)
    - In Memphis, TN (Steadman and Naples 2005)
      - Diverted group: higher community MH costs
      - Non-diverted group: higher jail costs
      - *Which system do you think had the greater cost?*

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Research on outcomes of CIT

- Other outcomes:
  - Safety for officers, citizens
    - CIT program in San Jose (CA) reported a decrease in officer injuries one year after program start (Reuland et al. 2009)
    - CIT officers used force conservatively, even when subjects presented an increased risk for violence (Morabito et al. 2012; Skeem and Bibeau 2008)
  - Recidivism ?
    - Individuals referred to MH treatment by law enforcement experienced fewer subsequent contacts with CJ system (Steadman and Naples 2005)
    - ….but so did others who were not diverted by LE

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Consumer and family perspectives

- Watson and colleagues (2008):
  - Interviews with 20 individuals with mental illness
  - Findings:
    - Persons with mental illness feel vulnerable and fearful of police
    - The way police interacted with them made a big impact
  - Advice for police officers:
    - Treat persons in crisis like human beings
    - Stay calm
    - If you suspect mental illness, ask about it!

Consumer and family perspectives

- CIT connects individuals with mental illness in crisis to treatment system
- Fruitful avenues of research:
  - General attitudes towards police/law enforcement
  - Involvement of family members in CIT
  - Ultimate outcome: Does CIT lead to treatment engagement <u>and</u> sustainment?

What data should we collect?

What data should we collect?

- Individual-level data
  - Officer assessments about CIT (before/after training; CIT/non-CIT)
  - Consumer assessments
  - Family perspective
  - CIT stakeholders, coordinators, community members
- Research techniques
  - Surveys
  - Interviews
  - Focus groups

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What data should we collect?

- Systems-level data
  - Criminal justice system data sources:
    - Arrest data
    - Use of force
    - CIT officer reports
    - Computer aided dispatch data
  - Mental health system data sources:
    - Referral and follow-up information on cases brought in by CIT
  - Costs incurred by both systems

Challenges to doing research on CIT

Challenges to doing research on CIT

- Lack of consensus on the importance of doing research
- Lack of cross-system understanding
- Lack of institutional or departmental support
- Lack of resources (time, skills and money)
- Lack of consistency in data availability, data coding, etc.

What other challenges are there?

Challenges to doing research on CIT

Resources for doing research

Resources for doing research

- Build in institutional support for research
  - Use local resources
  - Include research and program evaluation as central pillars of the programs you are implementing
  - Online support and references
- Resources packet
  - Sample officer report sheet
  - Useful websites
  - References
- cjccoe.neomed.edu

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Promoting Jail Diversion Alternatives for People with Mental Disorders

Home | About | Crisis Intervention Team | Jail Diversion in Ohio | Jail Diversion Research | Partners & Links

Ohio Program for Campus Safety and Mental Health

You are here: **Home**

Search: Enter Search...   Submit

Home

The **Ohio Criminal Justice Coordinating Center of Excellence** (CCoE) was established in May 2001 to promote jail diversion alternatives for people with mental illness throughout Ohio. The Center is funded by a grant from the Ohio Department of Mental Health to the County of Summit Alcohol, Drug Addiction and Mental Health Services Board. The ADM Board contracts with the Northeast Ohio Medical University to operate the Center.

Believing that it is not a crime to have a mental illness, the Criminal Justice CCoE hopes to reverse the trend in what has become known as "criminalization of the mentally ill." This complex problem requires complex solutions. The CJ/CCoE promotes the Sequential Intercept Model, to assist communities in systematically approaching efforts to divert people with mental disorders from unnecessary arrest and incarceration.

The Criminal Justice CCoE welcomes opportunities to partner with communities throughout Ohio to develop programs at any level of intercept. We believe the essential ingredient for any successful jail diversion program is partnership across systems. All key players in all aspects of the mental health, addiction, and criminal justice communities need to talk regularly and forge a commitment to work together. We are eager to help make this happen throughout Ohio.

Ohio's Crisis Intervention Team (CIT) Initiative

View Ohio's Crisis Intervention Team (CIT) Initiative

run time: 14 minutes

News

08/03/12
CIT Training Resources
Check out the CIT Lending Library.
[More]

07/27/12
Dutiful Minds
Check out the current issue of our newsletter *Dutiful Minds*.

Previous editions of *Dutiful Minds* can be found here.

12/02/11
Dispatcher Training
Statewide Dispatcher Training was held at NEOMED on November 29, 2011. Click here to learn more.

[More]

Discussion / Questions

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Thank you!

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