What is a CIT?
Why Do You Need One in Your Community?

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Interviewed by Justice Evelyn Lundberg Stratton, Supreme Court of Ohio

This is the first article in a series about effectively dealing with mentally ill offenders in the criminal justice system. Justice Evelyn Lundberg Stratton, Supreme Court of Ohio, has had a longtime interest in developing solutions to this problem and has formed the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts for that purpose. The first article addresses effective police interventions; stay tuned for more articles on this topic in future issues.

Dr. Mark Munetz has been involved in developing a CIT program in Akron. CIT stands for "Crisis Intervention Team," and refers to a collaborative effort between law enforcement and the mental health community to help law enforcement officers handle incidents involving mentally ill people. The Akron program has been in place since May 2000, and has had great success.

Justice Stratton: What is a CIT and how and why did it begin?

Dr. Munetz: The first CIT program began in Memphis, Tennessee. In 1987, 27 year old Joseph Dewayne Robinson was shot and killed during an incident with the Memphis Police Department. This shooting outraged the community. From this community crisis emerged in 1988 a new way of doing business for both the police and the mental health community in Memphis, based on a collaborative effort designed to help police officers identify and deal with mentally ill people.

Stratton: How did the need for programs such as this one come about?

Munetz: Deinstitutionalization allowed a large proportion of individuals with serious mental disorders to live successfully in their community. Unfortunately however, a sizable minority of people who in the past would have been treated in state hospitals has instead ended up in nursing homes, homeless shelters, jails and prisons. A 1998 report from the U. S. Department of Justice estimated the nation's jails and prisons held 283,800 mentally ill inmates, representing 16% of state prison inmates, 7% of federal inmates and 16% of those in local jails. In Ohio, according to Ohio Department of Rehabilitation and Corrections statistics, in March 2000 there were 6,393 mentally ill prisoners, of whom 3,051 were severely mentally disabled.

Stratton: Those are some staggering statistics. Can you tell us what you have personally observed in your home county?

Munetz: In Summit County, the Alcohol, Drug Addiction and Mental Health Services Board did a study several years ago and found that in a one year period nearly 8% of the people we knew to be severely mentally disabled (SMD) had at least one incarceration in the County Jail. We found that in addition to a serious psychiatric disorder like schizophrenia or bipolar disorder, 87% of a sample of these individuals also had a history of substance abuse; 70% were actively abusing substances at the time of their incarceration; and half of the crimes they were charged with could be directly or indirectly related to their substance abuse. Clinicians subjectively reviewed each case and estimated that *fully half* of the subjects would have been appropriate for diversion to treatment if we had diversion programs available.

Stratton: What conclusions did you draw from your findings?

Munetz: We noticed that police officers in our community were functioning as quasi-mental health workers without ever having been asked or trained. Patrol officers estimate that between 5 and 10% of the calls they respond to involve a person or persons with mental illness. We looked around at examples like the Memphis tragedy, and decided to do something about it in Akron. We studied the Memphis CIT model and developed one of our own.

Stratton: Tell us about the meat and potatoes of the CIT program.

Munetz: The CIT is a community-based collaboration between law enforcement, NAMI (National Alliance for the Mentally Ill), mental health consumers, mental health providers and local universities. Volunteer patrol officers receive 40 hours of training in mental illness and the local mental health system. The training is provided free of charge by the mental health community, providers, consumers and family members. Many of the providers are university faculty. Trainers are encouraged to spend a shift riding along with police officers before participating in the CIT training program. It is thought that both law enforcement and mental health providers need to walk for a while in each other's shoes. The training focuses on providing practical techniques for de-escalating crises. Officers learn to integrate their police training with some different approaches to a person they believe has a mental disorder. Role playing is utilized to make the experience as real as possible. Officers go on field trips into the community to learn first hand about the treatment system and treatment alternatives to jail. The local NAMI chapter hosts a graduation ceremony and officers are awarded CIT pins that they wear on their uniforms.

Stratton: What did Memphis find after implementing their program?

Munetz: The Memphis CIT manual describes the relationship between the police and the mental health community before and after the CIT program began.

Before CIT:
• Police were *not* prepared to deal with the mentally ill.
• Family members of the mentally ill *distrusted* police (police were only called after

situations escalated beyond their control).
• Criminal Justice and Mental Health systems were *adversaries*.
• Police response often resulted in *arrest* and *injuries*.

After CIT:
• Crisis response: *Immediate*
• Officers are *highly skilled* in verbal de-escalation techniques.
• Family members of mentally ill *request* CIT officers on situations.
• A *partnership* provides solutions to mental health issues.
• Most patients are taken to medical facilities *without injury* or charges.

Stratton: Are other communities using this program, too?

Munetz: Yes. Not only has CIT been effective in Memphis, its success has now been replicated in communities throughout the country. With some modifications for local needs, CIT programs are in place in Albuquerque, Portland, Oregon, and Waterloo, Iowa.

Stratton: What about Ohio?

Munetz: We have had a CIT program in Akron since May 2000. Toledo also recently developed a CIT program, and other communities have contacted us for information.

Stratton: Can you give us a sort of how-to based on your experience in Akron? First, let's start with the mental health community. What must their contribution be?

Munetz: The mental health community must provide good training at no cost to law enforcement. In Akron, the Summit County ADM Board collaborated with NAMI Summit County and the local consumer group, and took responsibility for organizing and financing the CIT training. The curriculum includes reviews of specific common mental disorders including substance abuse, legal issues, overviews of the local mental health and addiction system and the mental retardation system. In addition, officers talked with consumers and family members so officers were exposed from the start to the subjective, human aspects of mental illness. We prepared a training manual with basic readings, laminated lists of psychiatric medications and color pictures of the same as well as key phone numbers, sample emergency evaluation forms ("pink slips") and other practical material.

Stratton: That sounds very informative. What sort of hands-on training did you do?

Munetz: The highlight of the training was several hours reviewing de-escalation techniques taught by staff from the psychiatric emergency service. Officers did site visits, which included exposure to the psychiatric emergency service facility, a consumer-run social center, group homes and a chance for the police to "ride along" in the community with a case manager.

Stratton: Excellent. Any other hands-on practical training?

Munetz: The final morning of training was spent at the Clinical Performance Center at the Northeastern Ohio Universities College of Medicine. Actors simulated scenarios involving mentally ill persons in crisis. Pairs of officers were asked to enter a room, which represented the crisis scene; the rest of the trainees were in the adjoining room watching on video monitors. The goal in each scenario was for the officers to convince the person in crisis to leave and go to the psychiatric emergency room for evaluation. For the purposes of the exercise, use of force was considered an unsuccessful intervention. Officers clearly found the role playing stressful, but also felt it was the most useful part of the training and an excellent way to conclude the week.

Stratton: What about law enforcement? What is critical to their role?

Munetz: Well, after 18 months of coordinating the Akron CIT program, Lt. Michael Woody, Director of Training for the Akron Police Department has developed some clear ideas about the critical elements for a successful program. Most importantly, officers must want to be in the program. Not every police officer is suited for CIT. Lt. Woody requireed that interested officers apply in writing for the program, unusual within the APD. As part of his strong commitment to the importance of CIT being voluntary, CIT officers were not offered additional pay. Officers also need less lethal weapons for dealing with the mentally ill in crisis situations. In Memphis, officers keep in their patrol cars a shot-gun type apparatus that fires small beanbag-like projectiles. Akron CIT officers were supplied with M-26 Advanced Air Tasers, a laser sighted weapon which can fire two electrodes on a 21 foot tether. APD's early experience has been very positive with the taser; after 20 uses over the first 16 months of the program, there have been no adverse outcomes and it is believed that several lives were probably saved.

Stratton: What success have you had in Akron with your CIT program?

Munetz: In the first 16 months of operation, Akron CIT officers had 483 encounters with mentally ill persons. 45% of these encounters resulted in referral to the county's psychiatric emergency facility and another 37% were referred to hospital emergency departments. Of the first 483 encounters, only 29 (6%) have resulted in arrest! That figure is very close to those in Memphis. Increasingly CIT officers are identifying people in need of ongoing mental health care on a non-emergency basis and refer such individuals to the system's intake department. The mental health system and CIT are talking about formalizing a means for outreach for those so identified who will not present on their own.

Stratton: Those are pretty impressive numbers, Dr. Munetz.

Munetz: Yes, our experience in Akron suggests that CIT can and should be part of every community in Ohio.

Stratton: How can other communities get started?

Munetz: The Ohio Department of Mental Health recently awarded the Summit County ADM Board a grant to establish a Coordinating Center of Excellence (CCoE) in Mental Health Criminal Justice Jail Diversion Alternatives. The Board has contracted with Northeastern Ohio University College of Medicine to operate the Center. One purpose of the CCoE is to help other communities around the state develop pre-arrest diversion programs like CIT. Lt. Woody believes that every police department has a responsibility to handle mental illness calls in the most responsible, effective way, and that CIT is a way to bring that about. Personally, I have found my participation in the CIT program one of the most rewarding things I have done as a psychiatrist. I believe that every mental health system should assist local law enforcement in developing and maintaining CIT programs.

Stratton: The level of collaboration in Akron is admirable. As an expert in the field, what assistance can Akron lend to other communities?

Munetz: The Memphis model is a "train-the-trainers" model, so training needs to be a local effort. However, we strongly encourage anyone interested in developing a CIT in their community to contact the CCoE through its Director JoAnn Harris or myself (both at 330-762-3500 or jharris@neoucom.edu or mmunetz@neoucom.edu) or Lt. Woody directly at the Akron Police Department Training bureau (330- 375-2276). We will come to your community and discuss CIT or invite potential trainers (from law enforcement or mental health) to our next CIT training course.

Stratton: Dr. Munetz, thank you for sharing your wealth of information on a program that is certainly making inroads on a very difficult problem. Hopefully other communities will take you up on your offer.

Munetz: We hope to hear from many of you.

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