Crisis Intervention Team
Overview

Offender Health Research Network Conference 2013

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To provide a brief overview of the Crisis Intervention Team (CIT) Program
The CIT Program
The Call That Started It All

• In 1988, after the police shooting, of a 27-year-old man who had mental illness, The Memphis Police Department started its Crisis Intervention Team (CIT)

• This tragic event lead to the forming of a partnership between the police department and leaders in the mental health community
Founders/Partners of the Program

- City of Memphis Mayors Office
- Memphis Police Department
- University of Tennessee
- University of Memphis
- National Alliance on Mental Illness (NAMI)
- Seven (7) Local Mental Health Facilities
The Memphis Model

• The Memphis model is an innovative police based first responder program. It is a pre-arrest jail diversion for those with mental illness in crisis.

• This program provides law enforcement based crisis intervention training.

• It works in partnership with mental health facilities to provide a system of services for individuals with mental illnesses.
• 1 in 4 Americans experience a mental health disorder in a given year

• 1 in 17 Americans live with a serious mental illness

• By 2020, Major Depressive Illness will be the leading cause of disability in women and children
Current Field Statistics

• In 2011, officers responded to 7,218 calls related to mental illness
  • January 1-June 30, 2011

• In 2012, officers have responded to 7,505 calls relating to mental illness
  • January 1-June 30, 2012
Policies of the CIT Program
MPD Policies & Procedures

• Three officers per call
  – 1 CIT, 2 Uniform Patrol

• Rendezvous
  – Closest major intersection

• Reported history
  – Flagged locations/hazards
CIT Officer Role

- Maintain scene responsibility unless otherwise directed by a Supervisor
- City wide Availability
- Deployment of less lethal options
- Currently MPD=285 Active CIT Officers
  - 25 Dispatchers
Emergency Detention TCA 33-6-401
– Allows for involuntary detention of a person to obtain medical evaluation.
– Officers can and should take a person into custody who appears to be mentally ill AND poses an immediate substantial likelihood of serious harm because of the mental illness
  – “substantial likelihood of serious harm” is defined as:
    » threats/attempt of suicide, homicide, bodily harm, or violent behavior that will continue without detention.
10% Pepper Foam

10% Pepper Foam is the preferred less lethal alternative to the SL-6. It is easier to use in smaller, contained areas such as hospitals or in close proximity to the general public or other officers. It is also much stronger than standard issue pepper spray.
MONADNOCK BATON CHART
Escalation Of Trauma By Vital And Vulnerable Striking Areas

GREEN TARGET AREAS
REASONING: Minimal level of resultant trauma. Injury tends to be temporary rather than long-lasting, however, exceptions can occur.
Except for the HEAD, NECK, and SPINE, the whole body is a Green Target Area for the application of baton blocking and restraint skills.

YELLOW TARGET AREAS
REASONING: Moderate to serious level of resultant trauma. Injury tends to be more long-lasting, but may also be temporary.

RED TARGET AREAS
REASONING: Highest level of resultant trauma. Injury tends to range from serious to long-lasting rather than temporary and may include unconsciousness, serious bodily injury, shock or death.
Evaluation Locations

Crisis Assessment Center

Lakeside Behavioral Health System

Adults

Juveniles
Procedures for Check-In and Emergency Commit

Medical Evaluation
  • RN evaluation at intake

Questionnaire
  • Mental Triage

Decision to Commit
  • Attending Physician
QUESTIONS?