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evaluation of the Effectiveness of the Crisis Intervention Team in
Butte County, California**

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Creating a High Performance Crisis Intervention Team: An evaluation of the effectiveness of the
Crisis Intervention Team in Butte County, California

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ABSTRACT

The Crisis Intervention Team in Butte County, California, is a collaborative effort of several agencies such as law enforcement, mental and behavioral health, consumers, and their families. This paper will evaluate the effectiveness Crisis Intervention Team (CIT) in Butte County. This author reviewed related scholarly CIT dissertations by using various databases such as EBSCO and Google Scholar. The methodology for research of this study is through surveys, interviews, and participant observation. This research project will target CIT officers, non-CIT officers, behavioral health staff and supervisors, and consumer in Butte County over an eight-week period. This study revealed the increase understanding of the person with mental illness. This paper offers recommendation to create a high performance Crisis Intervention Team. A further area for research is as a study of stigmatization of law enforcement toward consumers. The paper will target the CIT in Butte County over an eight-week period.

Chapter 1 - Introduction

In 1987, Memphis, Tennessee police officers responded to a call for service involving a suicidal person who was cutting himself with a knife. The suicidal person held the knife and approached the officers. The police officers fatally shot the suicidal person. After public outcry from this incident, a partnership formed among the National Alliance on Mental Illness, University of Memphis, the University of Tennessee and the Memphis Police Department helped develop a specialized unit called Crisis Intervention Team (CIT). This specialized unit was created after Memphis Police Officers responded to a call for service involving a person with mental illness. At that time, the responding officers did not have sufficient training in people with mental illnesses and/or developmentally disabilities. The officers used lethal force upon this person. The result was Crisis Intervention Team (CIT). Memphis Police Officers voluntarily attended this 40-hour CIT academy. According to the National Alliance on Mental Illness (NAMI), over 35 states now use the “Memphis Model”.

The purpose of the CIT program is to improve street-level law enforcement officers’ response to people with mental illnesses or developmental disabilities. One of the goals of the program is to develop a partnership with law enforcement, mental health, and consumers along with their families in order to better understand and address calls for these types of service. Below are the key components of the “Memphis Model” of CIT taken from the NAMI CIT Advocacy Toolkit website (NAMI, 2010):

- Community collaboration between mental health providers, law enforcement, and family and consumer advocates.

- A 40-hour training program for law enforcement officers that includes basic information about mental illnesses and how to recognize them; information about the local mental health system and local laws; learning first hand from consumers and family members about their experiences; verbal de-escalation training, and role-plays.
- Consumer and family involvement in decision-making, planning training sessions, and leading training sessions.

Background

California Welfare and Institution Code Section 5150 provides for a 72-hour evaluation of someone in need of mental illness treatment. The Butte County Behavioral Health 5150 Designation Handbook describes a "5150" as a means by which someone who is in serious need of mental health treatment can be transported, against their will, to a designated psychiatric inpatient facility for evaluation and treatment for up to 72-hours. Furthermore, if the medical facility feels that further treatment is indicated, the person can be held involuntarily for additional lengths of time providing he or she meet the legal criteria and is unwilling or unable to remain voluntarily.

In Butte County, one who wants to harm himself/herself or others are transported by the responding officer to the Psychiatric Health Facility (PHF) for an involuntary 72-hour maximum evaluation and treatment. The problem and key issue is the limited housing for "5150s" exist with Butte County is the PHF houses up to 16 patients. A shift in protocol in Butte County changed in the early 2000's. Another problem of ER use was not solution. Due to limited housing at PHF people held as a "5150" are transported to a local hospital emergency room. A mobile crisis

worker would respond to the hospital to evaluate the person. A problem and key issue is space limitation in the emergency rooms.

Consistent with the Memphis Model, Butte County assembled civilian and public safety personnel such as the Butte County Behavioral Health Department to educate street level officers about mental illness. The prior method for handling people with mental illness or developmental disabilities at law enforcement agencies within Butte County was not working. The Butte County Sheriff's Office became the lead agency for implementing a community Crisis Intervention Team. The Butte County Sheriff's Office has deputies who volunteer for the CIT program.

Butte County has adopted the Memphis Model of CIT. The value of the CIT program is the immediate response to people in crisis. To ensure the citizens of Butte County an immediate response the Butte County Sheriff's Office has one CIT officer on each patrol team. This provides coverage on weekdays, weekends, weeknights, and weekend nights, thereby providing a shorter response time to individuals in crisis.

The goal of the Butte County CIT program is to decrease arrests and use of force. With additional training and education, the CIT officer utilizes de-escalation techniques. Patient violence and use of restraints in the ER has decreased. Underserved consumers are identified by officers and provided with care. Officer's injuries during crisis events have declined. Officer recognition and appreciation by the community has increased. Less "victimless" crime arrests. Decrease in liability for health care issues in the jail. The cost benefit of having a CIT program.

CIT Training at Butte County

In April of 2010, approximately forty Butte County law enforcement officers, dispatchers, behavioral health members, consumers, mental health members, code enforcement officers, and members of the National Alliance of Mental Illness (NAMI) Board Members

attended a 40-hour CIT academy. Law enforcement officers from the Butte County Sheriff's Office, Chico, and Oroville Police Officers attended. The CIT academy modules include a breadth of topics such as a clinical overview of mental illness, civil commitment, and legal issues: criminal justice system and defendants with mental health issues, crisis services and mental health, and veteran services. In addition, topics spanned from developmental disorders, law enforcement post-traumatic stress disorder. The CIT academy toured off campus sites such as homeless shelters, behavioral health Crisis Stabilization Units (CSU), and the Psychiatric Health Facility (PHF).

CIT Academy Background

The Butte County Sheriff's Office solicited volunteers to attend the CIT academy. The Butte County Sheriff's Office sent e-mails to patrol deputies to seek volunteers to attend this training. Patrol schedules had to be adjusted to accommodate patrol shifts and deputies attending the course. This author worked as a School Resource Deputy and was selected to attend this course to assist with juveniles in crisis. The Butte County Crisis Intervention Team 40-hours academy began. It should be noted the academy was interrupted due to a crisis, which required many of the officers in attendance of CIT academy. Many of the officers that attended the CIT academy are also assigned to other specialized teams in addition to CIT, such as Hostage Negotiation Team, Crime Scene Investigation Team, Bomb Squads, Special Weapons and Tactics Team, School Resource Officer. The CIT academy began on February 8 and 9th of 2010 and continued on April 13-15th of 2010.

Chapter 2 - Literature Review

Overview of CIT Course

The first day of the academy, the registration took place. The CIT academy is a Peace Officer Standards and Training (POST) course in California. An overview of the CIT academy is taken from the class syllabus (CIT, 2010). Introductions were made and the topics include 5150 Welfare and Institutions admissions, mental illness, mood and thought disorders, and children with mental health issues. Other notable speakers were from Butte County District Attorney Office, Butte County Dispatch/Crisis Communication, and Veteran Affairs.

Law enforcement contacts with persons who are mentally ill and developmentally disabled are some the most challenging, potentially dangerous, and sensitive situations officers encounter (P.O.S.T, 2002). The CIT course provided a field guide to CIT officers. This field guide discusses verbal intervention, suicide, responding to violent subjects, community based resources and collaborations, incident disposition, and crime victims with disabilities.

Tours

Academy students toured Crisis Stabilization Units, Psychiatric Health Facilities, Homeless Shelters, and recovery sites. The CIT students met with consumers, counselors, and volunteers at the facilities. The original agenda of the CIT program had law enforcement and consumers eating lunch, however time constraints did not allow for the luncheon.

Risk

Dr. A. M. Corky Rey discussed the risks associated with mental illness, Excited Delirium, suicide-by-cop. Dr. Rey provided participants reading material, which includes tips for responding to people with "Excited Delirium." Dr. Rey is on the Special Weapons and Tactics Team and brings a law enforcement feel to the academy. Dr. Rey, according to his flow notes from his lecture on April 14, 2010, "Recognizes the CIT design sets a new standard of excellence for training. Rey does not propose that all encounters will end peacefully. Even the best-trained

officer may have to use lethal force under certain circumstances. This brings an issue to that of CIT literature has yet to discuss.”

Officer Peer Support

The Butte County CIT program recognizes that officers need a mental health checkup. The CIT course included the director of The Badge of Life Program: Mental Health for All Law Enforcement. The Badge of Life Program provides mental health resources for newly hired, veteran, and retired peace officers. According to the Badge of Life, “takes advantage of the resiliency within each officer, providing them an opportunity to individually build on it and learn healthy coping skills and self-care.” Critical incident and stress management for officers discuss the difficulties of critical incidents. A proper nutrition and wellness are important in coping with stress.

Communication Skills

Verbal de-escalation skills was introduced in which confidence, calmness, patients were emphasized. De-escalating techniques are used with one goal in mind-compliance. To gain compliance the CIT member will communicate by treating people kindly.

Critique

The academy ended with a round table discussion with students and instructors. The CIT coordinator recognized this academy class in the first and adjustments are in need. The round table was a free flowing discussion about improving the CIT program. Several students stated they voluntarily signed up for the course and felt stigmatize as law enforcement. Most students appreciated the tours and thought it brought a better understanding toward consumers. Most students wanted more of a how to course to implement the program in the field.

Related Literature

Literature review provides key issues addressed regarding CIT programs: (1) changes in law enforcement agencies responding to people with mental illnesses or developmental disabilities; (2) partnership: law enforcement and mental health; (3) CIT Academy literature; and (4) CIT in Butte County performance evaluation comparisons to other agencies in the State of California.

The Memphis Model of the Crisis Intervention Team (CIT) program has established itself as a prototype of law enforcement-mental health collaboration for a large number of municipalities across the country, and several states are implementing statewide training programs that seek to train approximately 20 percent of their police forces (Compton, Bahora, Watson, Oliva, 2009). The Butte County Sheriff's Office has trained approximately 40 percent of its patrol officers and nearly 20 percent of its dispatchers.

The National Alliance on Mental Illness (NAMI) CIT Resource Center mission is to supply mental health care, law enforcement, advocacy workers, and consumers with the latest information about Crisis Intervention Team (CIT) training. The Center also produces an e-newsletter, CIT in Action (NAMI, 2010). NAMI provides information on how to establish a CIT program to assist agencies in their CIT curriculum.

According to NAMI facts, more than 450,000 Americans with a recent history of mental illnesses are incarcerated in US jails and prisons, 16 percent of the probationers reported having mental disorders (NAMI, 2010). Further area of research in Butte County is the percentage of people incarcerated at the Butte County Jail with mental disorders. Moreover, an area of research in Butte County is the study of the percentage of people with mental disorders on probation in Butte County and would steps have been taken to mitigate alternative sources of treatment.

Changes in Law Enforcement Response

When police emergency dispatchers are notified of an incident that may involve a person with mental illness, they assign that call to a crisis intervention team officer. The team officer goes immediately to the scene, assesses the situation to determine the nature of the complaint and the degree of risk, intervenes as necessary to ensure the safety of everyone involved, and then determines and implements an appropriate disposition (Cochran, Deane, Borum, 2000). The Butte County Sheriff's determine through a series of questions if a crisis intervention team officer is needed. Once the crisis intervention team officer responds to the call for service, the officer determines the appropriate resources for the person in crisis.

The principal of fixed laws and administrative regulations Weber discussed relates to the issue of law enforcements response to persons with mental illness or disabilities. The responding officers evaluated the person fit into a set of criteria's set forth by law. In California, section 5150 of the Welfare and Institution (W&I) Code is a process by which someone who is in serious need of mental health treatment are transported to a designated psychiatric inpatient facility for evaluation and treatment for up to 72-hours against their will (BCBH, 2010). Law enforcement officers make an assessment for 5150 W&I. The criteria for 5150 assessment are the person is a danger to himself or herself, danger to others, or gravely disabled. Law enforcement officers are first responders and the beginning he person in seeking help.

In Butte County California, the following are designated to write a 5150 application (Butte County Behavioral Health, p. 7, N.D):

(a) a licensed mental health profession who has completed a County authorized 5150 certification training, successfully passed the 5150 examination and who holds a current certification,

- (b) Butte County Department of Behavioral Health (BCDBH) Psychiatric Health Facility (PHF) staff at out of county 5150 designated facilities utilized by the county mental health plan,
- (c) Staff of the BCDBH mobile crisis team who hold a current certification, and
- (d) Other designated staff appointed by the director who hold a current certification.

Partnership: Law enforcement and Mental Health

This author reviewed the Butte County Mental Health Board Meetings Minutes available through the Butte County web site (2009). Crisis Intervention Team program began with a representative from various Butte County Offices including Behavioral Health, Mental Health, Chico Police Department, and Butte County Sheriff's Office. The meeting minutes allowed this researcher to view a chronological timeline of the development of the CIT program. The CIT creator Sam Cochran arrived in Butte County to discuss the program. The program began in 2008 and launched its academy in 2010. Collaborative planning are often better plans, too, because they are informed by the diverse experiences and knowledge of the many stakeholders involved. The very process of collaborative planning also creates other benefits, such as healing or preventing rifts in the community (Osborne and Plastrik, p. 522/523, 2000).

The very process of collaborative planning also creates other benefits, such as healing or preventing rifts in the community (Osborne and Plastrik, p. 523, 2000). The collaboration of mental health and law enforcement builds a connection between these fields to assist the consumers. The collaboration of law enforcement agencies and mental health departments across the nation have shown a decrease in use of force, reduced the unpredictability factor, reduced stigma of consumer and law enforcement (Oliva, Morgan, Compton, 2010; Compton, Bahora, Watson, Oliva, 2008; Tucker, Van Hasselt, Russell, 2008).

Law enforcement officers are being assigned greater responsibility in our communities. In addition to providing for the safety of citizens and property, many are required to participate in activities such as Drug Abuse Resistance Education, Community Policing, Neighborhood watch, bioterrorism, and public education. Is it the best use of training dollars to prepare law enforcement officers to become experts in dealing with health care conditions (Boyd, 2006).

Performance Evaluation

As the CIT program in Butte County is still in its infancy, a macro evaluation will be conducted. Performance will be evaluated through the records information management system at the Butte County Sheriff's Office. This author will use the American Society for Public Administration's (ASPA) Center for Accountability and Performance (CAP) workbook. The workbook provides key concepts in performance evaluation.

Chapter 3-Methodology

Qualitative Approach

Purpose of Research

The purpose of this research project is to evaluate the effectiveness of the Butte County Crisis Intervention Team (CIT) Model. This qualitative research will also establish a benchmark for further research of the program. This investigation helps provide the reader information about the idea for and scope of challenges that confronts the Butte County CIT program. This writer proposed to provide recommendations on program improvement, ideas on how to improve it by specifically investigating and evaluating existing CIT performance measurements. This author is a participant observer in this study. The databases EBSCO Host and Google Scholar provided access for research on CIT.

These sub-question in which the answer will be discovered in the data, by evaluating the CIT program in Butte County.

1. Compare law enforcement agencies within Butte County (Chico and Oroville Police Departments). Comparing agencies involved with the CIT program can assist with the continuous development at the BCSO.
2. Has patient violence and use of restraints in the hospital emergency room decreased? The diversion of people with mental illnesses to facilities such as the Crisis Stabilization Unit and Enloe Medical Center Behavioral Health Unit decreases the uses of hospital utilization.
3. Have officer's injuries during crisis events declined? Through training of verbal de-escalation, the possibilities of injuries decrease.
4. Is there a reduction in "victimless" crime arrests since the implementation of CIT program? Compare with other agencies within Butte County.
5. Is there a decrease in liability for health care issues in the Butte County Jail? The Butte County Jail is staffed with a psychiatric health team, which assist with consumer needs.
6. Has there been an increase in officer appreciation and recognition in Butte County (sheriff's office and police departments). The relationship between law enforcement agencies and mental health has been strained. The CIT program may assist in improving working relations through understanding of each position.
7. Has there been a cost savings since the implementation of the CIT Program at the Butte County Jail and local hospital emergency rooms. By diverting consumers to an alternative resource, the CIT program may be cost effective for Butte County.

Basic Format of research

A pilot study was conducted, via e-mail, with Dr. Michael T. Compton a professor at Emory University in Georgia and Lieutenant Andrew Duch of the Butte County Sheriff's Office on the proposed research of the Butte County CIT program. Dr. Compton and Lt. Duch were receptive of this study. A pilot study was attempted, via email, with Sam Cochran. Sam Cochran is a retired lieutenant with the Memphis Police Department. Lt. Cochran spearheaded the Memphis Model of CIT. However, the contact with Sam Cochran was not successful.

Surveys

Surveys of officers to establish what improvements can be made from the law enforcement perspective. Surveys of consumers evaluate law enforcements response to people with mental illness or developmental disabilities has improved since the implementation of CIT in Butte County.

Primary data collection consists of 81 surveys to CIT officers, non-CIT officers, CIT dispatchers, and consumers. Data collection included CIT participating agencies such as Chico Police Department and Oroville Police Department. Data collections consist of surveys using the web site Survey Monkey. This web site proved to be a useful data collection tool as law enforcement officers works days, nights, weekend days, and weekend nightshifts. Law enforcement officers could participate using the tool when it was convenient for them.

A predicted obstacle was that management information technology systems might prevent access to the Survey Monkey web site because of security firewalls. To mitigate access, an email was sent to information services of Butte County Sheriff's Office and Chico Police Department to receive authorization to allow Survey Monkey to reach the participants.

Thirty survey questionnaires for consumers were left with the Supervisor of Club Stairway who would disseminate the surveys to consumers. This distribution method was used in order to better deliver surveys throughout the week and include weekends. A survey was sent to Butte County Behavioral Health Supervisors, Donnell Taylor using web site Survey Monkey. Donnell Taylor would then forward the survey to the Behavioral Health Employees.

Interviews

The objective of the interviews were to obtain information regarding feedback from stakeholders, emergence of roadblocks, and extending CIT training for law enforcement, mental health case managers, counselors, and consumers and their families. Three interviews were conducted for this project. The interviews are intended to gain perspectives from law enforcement and mental health. The interview with Dr. Compton is intended gain an outside perspective on CIT programs.

The interview with Lt. Andrew Duch was in person and began as structured. The further we delved into the topic of CIT the interview became more of conversation. Many of the questions were answered during our discussion. The following is a list of interview questions to Lt. Duch:

1. What type of feedback have you received from the stakeholders regarding the CIT program in Butte County? This question seeks to obtain an evaluation from officers, dispatchers, behavioral health, and consumer and their families.
2. What obstacles have emerged since implementing CIT in Butte County? This question seeks to evaluate and identify what change for the better needed to made and how it was resolved to correct.

3. Will there be an advanced CIT training for current CIT officers? Further training for CIT officers will facilitate their skills to better assist people with mental illnesses.
4. Will there be CIT training to other officers and dispatchers? Dispatchers role in determining whether a CIT officer should respond to a call depend upon the dispatcher's knowledge of people with mental illnesses. A CIT trained dispatcher will know the right questions to ask the reporting party.
5. Has there been a difference in procedures at the Butte County Sheriff's Office compared with Chico Police Department and Oroville Police Department. This question will seek to identify differences in CIT procedures and calls for service. Learning new procedures may assist CIT participating agencies to improve their program.

An interview with Donnell Taylor the Butte County Behavioral Health Supervisor began as structured. The interview moved toward a discussion about the CIT program in Butte County. The questions posed to Taylor were geared toward the mental and behavioral health rather than law enforcement. Many of the questions were answered within our discussion.

1. What type of feedback have you received from the stakeholders (officers, dispatch, consumers & families, mental/behavioral health) regarding the CIT program? Evaluating the feedback may assist the mental/behavioral health departments improve the CIT program, by measuring what improvement are needed.

2. What roadblocks have emerged since implementation of the CIT program? Some of the challenges of beginning a new program may have unforeseen roadblock. This question investigates what the roadblocks were and how they were resolved.
3. Will there be extended/advanced CIT training? The question will evaluate if additional training for mental health employees will benefit the CIT program.
4. In comparison of local agencies, is there a difference in participating CIT agencies? Compare BCSO, OPD, and CPD. The question is from the perspective of the mental health department and intends to evaluate the similarities or differences in participating CIT agencies.
5. What benefits have emerged since the CIT implementation? This question intends to evaluate the improvement of CIT response for consumers.

A telephone interview with Michael T. Compton was conducted to provide a different viewpoint outside of Butte County. Dr. Compton is an Assistant Professor at the Department of Psychiatry and Behavioral Health, Emory University, Georgia. Dr. Compton has written scholarly article regarding CIT and is currently on the State of Georgia. This intention of this structured interview was to compare and identify any significant changes in the CIT program.

BCSO Public Data

A review the Butte County Sheriff's Public Data is available through the Butte County Sheriff's Office web site. This data began after the implementation of the CIT program. This data dates from April through October of 2010. The number of CIT and 5150 calls for service were calculated and separated by date.

Butte County Behavioral Health Minutes

The Butte County Behavioral Health Minutes (BCBH Minutes) provides a timeline and goals for implementation the CIT program. The BCBH Minutes provides a monthly update on CIT.

Chapter 4-Findings

Stakeholders

This research project has used a mixed mode of methods to gather and develop the data and findings for this project.

Officers

The Butte County Sheriff's Crisis Intervention Team Officers are assigned to patrol duties. In addition to the CIT, officers patrol duties they are assigned to various positions such as Crime Scene Investigations, Special Weapons and Tactics, Hostage Negotiation Team, Bomb Squad, and School Resource Officer. This author is assigned to the Crime Scene Investigation Team and School Resource Officer in addition to patrol duties. Most of the patrol officers have volunteered for the CIT Academy. The CIT officers are dedicated to the program. This research discovered that CIT officers conducting their own follow up welfare investigation from previous call CIT calls for service. Follow-up: One great benefit of the follow-up is that it may provide significant information about the effectiveness of the intervention and provide material that can be duplicated in training (Greenstone, p. 50, 2005).

Research of the Butte County Sheriff's Office Crisis Intervention Team statistic revealed the CIT program in it first few weeks resulted in undocumented dispositions for a CIT call out. A review of the Butte County Public Logs showed an increase in CIT disposition. As the CIT program developed and the officers were, familiarizing themselves with the program, dispositions became more prevalent.

There was a great disparity between CIT and 5150 calls for service. From mid-April to mid-October there were 67 CIT calls for service compare to 189 5150 calls for service. The characteristics of the involved parties were not listed in the log. The intriguing factor for a patrol officer was the shortened amount of time it took to get the person into the proper treatment facility. The public log identifies the Butte County Sheriff's case number, responding officer, location, and synopsis.

Studies have examined how officer characteristics and situational factors influence the way in which they respond to persons with mental illness. For example, in one study, investigators found that the more-experienced officers are more likely to handle situations informally than are their less-experienced colleagues, who more likely to resolve the contact with an arrest (Watson, Corrigan, Ottati, p. 378, 2004). Through personal knowledge of officers at the Butte County Sheriff's Office and examination of the Butte County Sheriff's Public Logs showed the more experienced officer to divert the person to an appropriate resource such as Crisis Stabilization Unit. The less-experienced officers have taken the person to Butte County Jail or the local emergency room for a 5150 evaluation.

Training

Past training of officers' response to people with mental illness has been insufficient. Police are usually the first and often the only community resource called upon to respond to a crisis situations involving persons with mental illness and have been termed "de facto mental health providers," (Price, 2005).

Despite this new focus on community policing, most departments still do not provide specialized mental health training. Patrol officers are on the front line, but they generally receive little post-academy mental health training (Price, 2005).

In light of this, a survey of Butte County non-CIT trained officers. Approximately 66 percent of the respondents felt adequately prepared in responding to a person with mental illness. A 33 percent felt respondents felt fully prepared to respond to person with illness. The survey also revealed that approximately 66 percent of responding officers do not want to participate in the next CIT academy.

Post CIT Training

After the CIT academy, this author was unsure if the techniques would work into the day-to-day calls for service. A qualitative study focused on the law enforcement's perspective after the CIT 40-hour course. The study found the officers to possess (Hanafi, Bahora, Demir, Compton, p. 429, 2008):

- (1) Greater ability to recognize and respond to an individual in crisis,
- (2) Reduced stigma and stereotyping of individuals with mental illness,
- (3) Greater empathy for those individuals and their caregivers,
- (4) More patience when dealing with consumers, and
- (5) Fewer arrests and more redirection toward treatment for consumers

CIT officers' response to survey:

1. Responding officers felt the percentage of CIT officers should increase. One officer replied, "The more the better because a large portion of the citizens we (officers) contact have some type of diagnosis or mental health issue." Another respondent stated, "100 percent, the techniques learned in the CIT academy are invaluable to the street officer. They provide the street officer (deputy) with tools for assisting individuals in crisis obtain the proper help they need, rather than simply shipping them off for others to deal with." The number of trained CIT officers available to any shift should be adequate to meet the

demand load of the local consumer community. Experience has shown that a successful CIT program will have trained 25% of agency's patrol division (DuPont, R., Cochran, S., & Pillsbury, S., p. 10, 2007).

2. Responding officers believe there is an increase in safety for officers and consumers when a CIT officer called for service. The respondent relayed, "the ability to immediately build a rapport based on intelligent exchange of words concerning how and why a person feels the way they do goes a long way in decelerating the emotion at any given call." Another respondent replied, "This specialized training helps in building connections with the consumer by demonstrating and expanded understanding of their conditions, which most officers not ordinarily process. This connection then helps stabilize the situation." After the introduction of CIT in Memphis, officer injuries sustained during responses to "mental disturbance" calls dropped 80% (NAMI, 2010).
3. Development of rapport with mental health staff has improved after CIT training. A respondent wrote, "Historically, deputy/mental health interaction were full of misunderstandings and stigmas. This training was able to provide an explanation of where each side was coming from, which in turns help the other understand why they do what they do."
4. Prior to the CIT training the respondents felt either not prepared to adequately prepared. In a survey conducted of Memphis Police CIT officers were more likely to indicate that they were well prepared in situations involving people with mental illnesses (100%) compared to their non-CIT counterparts in Memphis (65%) (Compton, Bahora, Watson, & Oliva, 2008).
5. Rapport between law enforcement officers and mental health workers has improved according to two respondents. The rapport has improved overtime as officers and mental health workers

have a goal to direct the consumer to appropriate treatment. This healthy collaboration between law enforcement and mental health workers empowers the frontline from a bottom-up approach for a successful CIT program. Although state mental health authorities may want to use a top-down approach to ensure uniform, high-quality implementation, programs may be more likely to succeed if they arise as bottom-up, grassroots innovations (Krake, M. R., Morrison, A., Munetz, M. R., Woody, M., & Young, p. 1569, 2006). Employee empowerment pushes decision-making down to frontline government employees, who instead of waiting for orders to take responsibility for using the organization's resources to achieve results (Osborne & Plastrik, p. 453, 2000).

CIT Dispatchers

The Butte County Sheriff's Office has two CIT trained dispatchers who were selected to go through the academy. The survey is a comment/essay design. Both dispatchers were surveyed through the web site Survey Monkey; however, one responded to the survey. The sole respondent answered the following five questions:

1. What is your evaluation of the CIT program? The respondent wrote, "I found the class very informative. It helped me understand the different mental conditions and what questions to ask the subjects to pass information onto the deputies to assist in helping the subjects."
2. Did the CIT academy prepare you for receiving calls involving persons with mental illness or developmentally disabled? The dispatcher felt the CIT academy prepared her to receive calls regarding people with mental illnesses or developmentally disabled. Dispatchers are sending CIT officers to the most

challenging mental disturbance calls, for which officers may have less discretion as to whether to arrest the individual (Gil, Munetz, Ritter, & Teller, p. 236, 2006).

3. What percentage of all dispatchers should be trained in the CIT program? The respondent feels, “that all dispatchers should be trained in CIT.” A critical part of the CIT program is the orientation for the dispatchers. A 40-course is not necessarily needed (NAMI of Wake County, p. 10, 2005). This author agrees that an abbreviated CIT course for dispatchers would be sufficient for CIT.
4. Do you feel rapport between BCSO and BCMH has improved since the implementation of the CIT program? The respondent felt “the course gave both sides a chance to see what the others deal with on a daily basis.”
5. What improvements do you feel would make the CIT program better? The respondent felt more information on how to handle subjects in the field. In addition, the respondent would have liked to have more consumers speak during the training academy.

Behavioral Health Supervisors

Surveys were sent to 14 Butte County Behavioral Health employees. Two responded to the survey, two surveys were returned due to wrong email addresses, and 12 did not respond.

1. Evaluate the effectiveness of the Butte County CIT program. Respondent Ray Kohler replied, “Though it is a program in its infancy, so far I have found it very effective in providing law enforcement personnel the skills and knowledge to expertly respond to crisis in the community. They now respond with more empathy and patience and knowledge. The clients report some positive experiences with CIT officer.”

2. Compare local law enforcement agencies in Butte County and what differences exist, Kohler provided insight, "Chico PD already has several officers aware of and skilled in crisis intervention. Newly developed target teams also focus on chronically ill and/or homeless individuals. Gridley has not had any officers trained in CIT, nor has Paradise. The Sheriff, office has embraced and propagated the CIT mindset and has the most involvement to my knowledge."
3. What ways can improvement or lack of improvement be measured or evaluated? Respondent Robert Preston answered, "More media regarding law enforcement recognizing the need for extra training to be appreciative." Ray Kohler responded, "The incidence of 'suicide by cop' was a main target of the initial CIT pilot program. This should be measured before/after CIT implementation." Dr. Rey presented suicide by cop.
4. What type of feedback have you received from stakeholders (law enforcement, consumers, and community)? Respondent Ray Kohler wrote, "Stakeholders are happy to have police personnel respond to them in a more humane way. I observe many CIT officers reducing anxiety and crisis through their interventions."
5. From a mental and behavioral health perspective, what are the advantages have there been since the implementation of the CIT program? Respondent Ray Kohler wrote, "The primary advantage could be called de-escalation. The clients are now arriving at Behavioral Services more calm, not agitated by the police intervention, or intimidated."

Consumers

The surveys were left at Club Stairway for eight days. Club Stairway is a recovery center for people with mental illnesses. The surveys were collected and of the 30 surveys, 12 were completed. The remaining 18 surveys were misplaced.

1. Were consumers familiar with Crisis Intervention Team (CIT)? Seven of the 12 respondents were not familiar with the CIT program. Three were familiar with CIT and the remaining two were somewhat familiar.

2. Would the consumer rather speak with a CIT officer than a non-CIT officer?

Seventy-five percent stated they would rather speak with a CIT trained officer.

Comments were written on three of the surveys. One respondent stated, "The CIT training should be mandatory for officers to enable trust to be developed between them and individuals suffering from various mental illnesses." Another wrote, "It would be easier to talk and understand what is going on at the time of a crisis."

Two respondents had no preference and one would not prefer to speak with a CIT officer.

3. Does the consumer feel there is a decrease in stigmatization toward consumers since the CIT program began? Three respondents believe there has been a decrease in stigma. One respondent wrote, "More are beginning to understand what the person is going through." Another wrote, "Yes, I think there has been a decrease. People that are educated about CIT are more understanding as to why the program is necessary." Seven respondents were not sure if there has been a decrease in stigma toward consumers. One respondent believe there has not been a decrease in stigma toward consumer, but they felt better treated.

4. Is there a decline in stigmatization from law enforcement since the CIT program began? Eight respondent were did not know if there is a reduce stigma from law enforcement. Two respondents did not feel there was a reduction in stigma from law enforcement; one respondent did not answer this question.
5. Would the consumer like to attend a CIT academy? Eleven respondents would like to attend a CIT academy. One consumer had completed the CIT academy. One respondent wrote, “Yes I would because I am interested in knowing how to better handle a crisis situation I am having or someone else is having and what to do to get help for myself or someone else in a crisis.” Another stated, “Yes, I would like to go because a lot of people helped me and I would like to give something back.” A third respondent stated, “Yes, so I can better help people who are like me.”

Interviews

Three key informant interviews were conducted to get different perspectives of the CIT program: law enforcement, mental health, and an outside source. Interviews were conducted with Lieutenant Andrew Duch of the Butte County Sheriff’s Office. Lieutenant Duch is also a Butte County Mental Health Board Member and on the steering committee for the Crisis Intervention Team program. Lieutenant Duch is the Special Weapons and Tactics (SWAT) team commander and teaches verbal de-escalation techniques to officers at the Butte County Sheriff’s Office.

The interview with Lieutenant Andrew Duch of the Butte County Sheriff’s Office began as a controlled structured interview. The interview became a discussion about the CIT program.

1. What type of feedback have you received from the stakeholders regarding the CIT program in Butte County? According to Lieutenant Duch, “The feedback from

stakeholders has been positive.” Lt. Duch cited an incident in the Town of Paradise in the County of Butte involving a SWAT and CIT call occurred. The Crisis Intervention Officer ended the crises in a peaceful manner. Importantly, no injuries occurred during this crisis. The Paradise Police Department who had not originally participated in the CIT program has expressed interest. The Paradise Police Department now has a lieutenant on the CIT Steering Committee (BHB Minutes, 2010). Lieutenant Duch explained, “The CIT officer used de-escalation by being kind.” Training to deal with mental health consumers may seem low in the order of priority; however, with the continued increase in such contacts, along with the large number of returning veterans suffering from post-traumatic stress disorders (PTSD) and traumatic brain injuries (TBI), the priority list may need to be reviewed (Hammitt, p. 28, 2010). Interestingly, “There were no significant correlations between the number of CIT-Trained officers and the number of total SWAT callouts or the number of SWAT callouts responding to psychiatric crises. When considering SWAT callout rates per 100,000, again there were no significant correlations between the number of CIT-trained officers and the rate of total SWAT callouts or the rate of callouts to respond to a psychiatric crisis. Similarly, no reduction in the mean rate of either total SWAT callouts or those responding to psychiatric crises in the periods before and after CIT implementation” (Compton, Demir, Oliva, & Boyce, p. 832, 2009).

2. What obstacles have emerged since implementing CIT in Butte County? The obstacles, which have emerged, are conservatorships and case managers not being contacted while the officer is on the CIT call for service. The officer should

determine whether the consumer is assigned to a case manager or conservator.

The case manager or conservator should be contacted prior to transporting a consumer to a behavioral health facility or drop of center such as the Crisis Stabilization Unit. An obstacle this author has met is the understanding from other officers about the extra time, approximately 10 to 15 minutes, to assist and divert the person to alternate resources. Lt. Duch stated, "15 minutes of verbal de-escalation is better than five minutes of fighting." As stated above, de-escalation reduces injuries to all involved parties.

3. Will there be an advanced CIT training for current CIT officers? Advanced training for current CIT officers has not been discussed by the CIT steering committee.
4. Will there be CIT training to other officers and dispatchers? The next CIT academy will be in February of 2011 and will be offered to additional officers. The CIT program was not offered to correctional officers because the Butte County Jail has a psychiatric staff at the facility. However, "Jails have become *de facto* treatment facilities for many people with mental illnesses. However, jails are often poorly equipped to provide mental health services, and many individuals in need of psychiatric services remain untreated and are released from jail without proper treatment planning and referral, only to re-enter the criminal justice system soon thereafter" (Compton & Oliva, 2004).
5. Has there been a difference in procedures at the Butte County Sheriff's Office compared with Chico Police Department and Oroville Police Department? There

is no difference in procedure; however, Chico Police Department has responded to people who have chronic mental illnesses more so than the sheriff's office.

Lt. Duch views the CIT officer as avuncular-'an uncle' figure. The avuncular cop is concerned, confident, decisive, and empathetic. The avuncular cop is never the maddest person at the call. In addition, the avuncular cop does not escalate, but responds.

The interview with Donnell (Don) Taylor is a Butte County Mental Health Board Member and Supervisor of Butte County Mental Health. The interview with Don Taylor also began as a controlled structured; however, the interview evolved into a discussion regarding CIT. The intent of this interview is to gain a behavioral health facility perspective to a similar series of questions.

1. What type of feedback have you received from the stakeholders (officers, dispatch, consumers, & families, mental/behavioral health) regarding the CIT program? The feedback has been positive. Taylor also recognizes that CIT does not work on every call for service. This author agrees with Taylor and the CIT will direct the consumer to an appropriate resource. Taylor stated a possible Butte County Behavioral Health and Enloe Behavioral Health collaboration. This collaboration will increase space from four beds to eight. Other feedback regarding the CIT academy. CIT members would have liked additional techniques used to respond to people with mental illness. The relationship between Enloe Medical Center and Butte County Mental Health has been strained since the implementation of transporting consumers to the emergency room. However, the relation has started mend since the implementation of the CIT program.

Consumers transported to behavioral drop-off centers have opened emergency rooms beds.

2. What obstacles have emerged since implementing CIT in Butte County? Don Taylor discussed improvements to the CIT program. Taylor stated, "The first academy is a learning curve. The next academy will eliminate models." Another obstacle is not enough behavioral health staff trained in CIT. Many of the behavioral health staff did not know about consumer drop-offs. Taylor stated, "mixing people with different behavioral crisis in one room is difficult." Taylor cited California State Budget is an obstacle. The behavioral department tries to accommodate consumers with the budget given to them.
3. Will there be an advanced CIT training for current CIT officers? Advanced training has not been discussed with the CIT steering committee at the time of this writing.
4. Will there be CIT training to other officers and dispatchers? CIT training will be extended to additional behavioral health staff, consumers, and officers. The CIT extended to law enforcement agencies outside Butte County.
5. Has there been a difference in procedures at the Butte County Sheriff's Office compared with Chico Police Department and Oroville Police Department. According to Taylor, "The CIT participating agencies were on the same page." This difference is Chico Police Department's increase response to people who are chronic mental illnesses.

The interview with Dr. Compton was conducted telephonically. The interview was brief, controlled, and structured. Any significant changes in the CIT program? Dr. Compton stated,

“Most jurisdictions follow the “Memphis Model” or a similar program. The overall component of the CIT program is the same. However, in the State of Georgia, the CIT program is implemented at the state level. Nevertheless, the similarities are in the selection process for CIT. Officers selected for entry into the program are screened to ensure they possess certain personal attributes (e.g., kindness, empathy, maturity, leadership, patience, flexibility, and creativity). (Compton & Oliva, 2008).

As mentioned above, CIT in Butte County is in its infancy. Scanning 50 of the Butte County Public Logs for CIT responses revealed a slow beginning. The months of July through September the CIT calls for service increase considerably. At its start CIT, officers were responding to CIT calls for service. Hence, the disposition of the call was not monitored. Once familiarity of the CIT increased, the call disposition also increased. However, there are no reporting forms for CIT. The response for 5150's were higher than CIT during the months of May through October of 2010.

Butte County Sheriff's Office Public Log.

2010	May	June	July	Aug.	Sept.	Oct.	
5150 W&I	7	49	55	33	33	12	=189
CIT	5	8	17	14	17	6	=67

Related Literature Findings:

As mentioned above, there are similar CIT programs. In Long Beach California, law enforcement patrol officers and mental health agencies have form an advanced version of Crisis Intervention Team called the Mental Evaluation Team (MET). In this program, a patrol officer from Long Beach Police Department is accompanied by a clinician to respond ten hours a day,

seven days a week, to calls for service involving people with mental illness. The clinician provides on-scene assessment of the individual's mental health needs and ensures admission into a mental health facility, if necessary. This approach prevents unnecessary incarceration of people with mental illnesses (Council of State Governments, p. 46, 2002).

The Butte County Sheriff's Office established a peer support program for the officers. The peer support program assists officers' in need of someone to speak with about their issues. As with consumers, officers' in crisis also need assistance. There are numerous programs to assist officers in crisis, but officers do not want to be stigmatized. The number of officer suicides per year is 130-150. The first year or two of an officer's career can be the most stressful of all, emotionally. Well aware they are under scrutiny, it is at this point officers learn the art of "façade" and "mimicking" (Badge of Life, 2010).

Health information Privacy- Health Information Portability and Accountability Act (HIPPA) Act of 1996 is the minimum-state laws that provide greater privacy protections or provide greater rights to the individual to their own information will still have to be followed (CIT handout, 2010). As a first responder, CIT officers will generally have difficult time obtaining pertinent information regarding the person with mental illness or developmentally disabilities. During a crisis intervention, it is difficult to obtain a written authorization from the consumer. Release from behavioral health to law enforcement:

- Basic Rule-information may not be shared without written patient authorization unless there is an exception under both Lanterman-Petris Short Act (LPS) and HIPPA.
- Information may be disclosed pursuant to a valid written authorization by the patient or the patient's legal representative-absent coercive circumstances.

As a participant observer in the CIT program, this author took note that during a call for service there is feelings of 'being rushed' from supervisors to get to the next call for service. To improve the understanding of the CIT program, sergeants at the Butte County Sheriff's Office should receive training an abbreviated version of CIT.

Chapter 5-Conclusion

To create a high performance Crisis Intervention Team, this research project has evaluated the effectiveness of the Crisis Intervention Team (CIT) in Butte County. The purpose of this research is to provide recommendations to improve the CIT program in Butte County.

To improve the needs of the consumer, agencies in Butte County such as law enforcement, mental health, and consumers collaborated to improve response to people with mental illness. The CIT 40-hour academy provided officers with the tools to assess and determine the proper resources for the person in crisis. The CIT academy graduates have a greater empathy and patience for consumers.

There are views that a person with a mental illness should be evaluated by a mental health professional. However, law enforcement officers are the first responders to a person with mental illnesses. Often the family member calls '911' to report a loved one in crisis. A better-trained officer will provide that person in crisis with appropriate resources to improve service the person in crisis.

Areas of future research

Overall, the results of the first six month of the CIT program in Butte County were encouraging. The program thus far has improved relationships with consumers and mental health. The possibilities of officer and consumer injuries have decrease through verbal de-escalation techniques. The Butte County improved its efforts responding to people with mental

illnesses. The survey of consumers from Club Stairway the Mental Illness recovery center revealed an improved relationship between law enforcement and people with mental illness. The collaborating agencies law enforcement, behavioral health, and consumers and their families improved their relationship through an understanding of each other's position.

Policy Recommendations

Several recommendations to improve the effectiveness of the Butte County CIT program such as; opening of communications, develop a performance measuring system, and extend CIT training to dispatcher, officers, and outside county agencies.

First, recommendation is to establish a mission of the Crisis Intervention Team in Butte County. The key to performance measurement is developing an aware of what the organization does (and should be doing) from the broadest sense down to the narrowest sense (ASPA, p. 12, N.D).

Second, it is recommended that collaborating agencies open communications. CIT communications patient to law enforcement is free flowing as patients can disclose whatever he/she chooses. Law enforcement to Psychiatric Health Facility (PHF)-free flow-law enforcement can relay medical information given, observations, etc. Psychiatric Health Facility to law enforcement-restricted-PHF staff cannot provide information specific to the individual (CIT Handout, 2010).

Third, recommendation is to develop a performance measurement monitoring system. A report form should be implemented to identify characteristics of the person in crisis. The characteristic should include, age, gender, and medical issues. Appendix A offers a sample CIT report writing form. Disposition by CIT officers' call for service should include whether the consumer was transport to Butte County Behavioral Health, Crisis Stabilization Unit, or Enloe

Behavioral Health facilities. Furthermore, the time per call for service should be noted in the report.

Fourth recommendation is to extend CIT training to dispatchers, all behavioral health worker, correctional and patrol officers. Further training should extend to counties, which surround Butte. The academy should have current CIT officers to offer course recommendations and teach the law enforcement aspect of the course.

Lastly, an annual award system may be implemented. The awards are for CIT officer, behavioral health worker, presented by consumers to recognize efforts of this collaboration. These awards may assist in further reduction of barriers.

Further Areas of Research

The Crisis intervention team in Butte County offers an abundance of areas to research. The above research sub-question number seven asked, "Has there been a cost savings since the implementation of the CIT Program at the Butte County Jail and local hospital emergency rooms? A continuous research study of the Butte County CIT may assist to provide the cost-effectiveness.

A study whether a CIT trained dispatcher would improves the effectiveness of the response to a person in a critical incident. Dispatchers are the first voice the reporting party hears during a crisis. The dispatcher may assist in improving the response of the CIT officer.

Lastly, on a national level, has the CIT program improved consumer stigmatization of law enforcement? The CIT programs have concentrated on the consumer stigmatization. However, the CIT program may assist in reducing consumer stigmatization toward law enforcement.

References:

Boyd, E. (2006). "*Appropriate Use of Police Officer?*" Retrieved September 23, 2010 from

<http://www.ps.psychiatryonline.org/>

Brown, C. Harris, J. Jackson, M. Vogelsang-Coombs, V. (ND). American Society for Public Administration Center for Accountability and Performance: performance measurement concepts & techniques workbook.

Butte County Behavioral Health 5150 Designation Handbook: Behavioral Assessment Handbook.

Butte County Behavioral Health. (2010). *BCBH Minutes*. Retrieved on October 7, 2010. from

<http://www.buttecounty.net/Behavioral%20Health.aspx>

Butte County Sheriff's Office Public Log. (2010). Retrieved on October 18, 2010. from

<http://www.buttecounty.net/SheriffCoroner/PublicLogs.aspx>

Cochran, S. DuPont, R., & Pillsbury, S. (2007). *Crisis Intervention Team Core Elements*.

Retrieved on October 6, 2010. from <http://cit.memphis.edu/Publications.php>

Compton, M. T., Bahora, M., Watson, A. C., & Oliva, J. R. (2008). *A Comprehensive Review of*

Extant Research on Crisis Intervention Team (CIT) Programs. Retrieved on September

23, 2010. from <http://www.jaapl.org/cgi/content/full/36/1/47>.

Compton, M. T., Boyce, T., Demir, B., Oliva, J. R., (2009). *Crisis Intervention Team Training*

and Special Weapons and Tactics Callouts in an Urban Police Department. Retrieved on

October 7, 2010. from

- Compton, M. T., Oliva, J. (2008). *A Statewide Intervention Team (CIT) Initiative: Evolution of the Georgia CIT Program*. Retrieved on October 7, 2010. from <http://www.jaapl.org/cgi/content/full/36/1/38>.
- Council of State Governments. (2002). *Criminal Justice/Mental Health Consensus Project*. Retrieved September 24, 2010. from <http://www.csg.org>.
- Crisis Intervention Team Training. (2010). Butte County Behavioral Health 5150 Designation Handbook: Behavioral Assessment.
- Gil, K.M., Munetz, M. R., Ritter, C., Teller, J. L. S. (2006). *Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Call*. Retrieved on October 5, 2010. from <http://www.psychservices.psychiatryonline.org/cgi/content/full/57/2/232>.
- Greenstone, J. L. (2005). *The Elements of Police Hostage and Crisis Negotiations: Critical Incidents and How to Respond to Them*. Hawthorne Press. Binghamton, NY
- Hammitt, T. (2010). *Mental Illness and the potential for violence*. CATO News. California Association of Tactical Officers. San Diego, Ca.
- Memphis Police Department. (2010). *Crisis Intervention Team: The Memphis Model*. Retrieved on September 7, 2010 from <http://www.memphispolice.org/crisis%20intervention.htm>.
- Munetz, M. R., Fitzgerald, A., Lt. Woody, M. (2006). *Police Use of the Taser with People With Mental Illness in Crisis*. From Psychiatric Services Vol. 57 No. 6. <http://www.ps.psychiatryonline.org>. Retrieved on October 8, 2010.
- National Alliance on Mental Illness. (2010). *Resource Center: Crisis Intervention Team*. Retrieved on September 7, 2010 from <http://www.nami.org/template.cfm?section=CIT2>.
- O'Hara, A. & Augusta, R. (2010). *Badge of Life: Mental Health for all Law Enforcement*. Retrieved on April 14, 2010. from <http://www.badgeoflife.com/>

Osborne, D. & Plastrik, P. (2000). *The Reinventor's Fieldbook: tolls for transforming your government*. Jossey-Bass Inc., San Francisco.

Peace Officer Standards and Training. (2002). *Police response to people with mental illness or developmentally disability: a field guide*.

Price, M. (2005). *Commentary: The Challenge of Training Police Officers*. Retrieved on October 5, 2010. from <http://jaapl.org/cgi/content/full/33/1/50>

Tyuse, S. W. (2006). *Year 1 Evaluation of the Crisis Intervention Team (CIT) Program of Greater St. Louis*. Retrieved on September 22, 2010. from http://www.stlouisco.com/police/cit/pdfdir/CIT_Year1_Report.pdf.

Watson, A. C., Corrigan, P. W., Ottati, V. (2004). *Police Responses to Persons With Mental Illness: Does the Label Matter*. Retrieved on October 5, 2010 from The Journal of the American Academy of Psychiatry and the Law.

Appendix A

Sample CIT Report Form (Armfield, 2006)

CRISIS INTERVENTION TEAM REPORT

ORIGINAL REPORT# _____ (Click Here To Change Report Number)
Department Reporting _____ **Reporting for** _____

INCIDENT INFORMATION

DATE MM _____ DD _____ YYYY _____
Original Reporting Officer DSN _____ Last Name _____ First Name _____
CIT Officer DSN _____ Last Name _____ First Name _____
Location _____ **City** _____ **Zip Code** _____
Frequency/Duration _____ **Best/Severe** _____ **COMB/Good** _____

INDIVIDUAL INVOLVED IN MENTAL HEALTH CRISIS

Name Last _____ First _____ MI _____
Address _____ **City/State** _____ **Zip Code** _____ **Home Phone** _____
Gender _____ **Race/Ethnicity** _____ **Age** _____
Frequency/Duration _____ **Best/Severe** _____ **COMB/Good** _____
Diagnosis (if known) _____
Cu ☐ Received ☐ Studied ☐ On View ☐ Other _____

Received From

- (check all that apply)
- ☐ BIR
 - ☐ Boy Friend/Girl Friend
 - ☐ Business Contact
 - ☐ Citizen
 - ☐ Clerk/Counter
 - ☐ Family member
 - ☐ Friend/Acquaintance
 - ☐ Life Coach
 - ☐ Physicist/Medical Provider
 - ☐ Police Observation
 - ☐ Spouse/Partner
 - ☐ Unknown/Anonymous
 - ☐ Other, specify _____

Nature of Incident

- (check all that apply)
- ☐ Assault - Felony
 - ☐ Assault - Misdemeanor
 - ☐ Court Order
 - ☐ Disturbance
 - ☐ Deliberated offense
 - ☐ Intoxication
 - ☐ Narcotics (selling/purchasing/possessing)
 - ☐ Property crime
 - ☐ Sex crime
 - ☐ Suicide threat or attempt
 - ☐ Other, specify _____

Behavior Evident at Time of Incident

- (check all that apply)
- ☐ Agitated (e.g., pacing)
 - ☐ Belligerent or Inappropriate (angry or hostile)
 - ☐ Depressed
 - ☐ Delusions (paranoia, believing things that are not real)
 - ☐ Disorientation (not focused)
 - ☐ Disorganized speech
 - ☐ Hallucinations (seeing, hearing, feeling, tasting, or touching things that are not there)
 - ☐ Manic
 - ☐ Self Mutilation
 - ☐ Other _____

Threats/Violence/Weapons

- ☐ Weapon(s) on self (if yes)
- Type of weapon** (check all that apply)
- ☐ Knife ☐ Firearm
- ☐ Other, specify _____
- Threat of violence to**
- ☐ Self (Customer)
- ☐ Law Enforcement Officer
- ☐ Other, specify _____
- ☐ No Threat

Drugs/Substances Used
 (check all that apply)

Incident Injuries

- Before CIT Intervention*
- ☐ To Customer
 - ☐ By Self (Customer)
 - ☐ By Law Enforcement Officer
 - ☐ By Other, specify _____
 - ☐ To Other
 - ☐ By Customer
 - ☐ By Law Enforcement Officer
 - ☐ By Other, specify _____
 - ☐ To Law Enforcement Officer
 - ☐ By Customer
 - ☐ By Other, specify _____

Incident Injuries

- After CIT Intervention*
- ☐ To Customer
 - ☐ By Self (Customer)
 - ☐ By Law Enforcement Officer
 - ☐ By Other, specify _____
 - ☐ To Law Enforcement Officer
 - ☐ By Customer
 - ☐ By Other, specify _____
 - ☐ To Other
 - ☐ By Customer
 - ☐ By Law Enforcement Officer
 - ☐ By Other, specify _____

Disposition
 (check all that apply)

AUTHORS NOTE

Thank you note to all participants and those who assisted in gathering of data for this project.



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