Police officers across the country have ended up on the front line of the American public mental health system, doing a job they didn’t sign up for, trying to fill holes they didn’t create. (A World of Hurt, The Washington Post)
Agenda

- Mental Health System Overview
- System’s Impact on Law Enforcement
- Crisis Intervention Team as a Response
Mental Health Overview

• One in four people have a behavioral health issue

• One in seven (13.6 million) have a serious mental illness such as schizophrenia, major depression or bipolar disorder
  • Approximately 1.1% of American adults live with schizophrenia
  • Approximately 2.6% live with bipolar disorder

• The two most prevalent mental health disorders are anxiety (18.1%) & depression (6.7%)
Mental Health Overview

• Approximately 5.4% or 526,000 Illinois residents had a severe mental illness in 2012

• 175,000 children Illinois —7 percent of the population under age 18 — had a serious emotional disorder in 2012

• It is estimated two-thirds of all Illinois residents who suffer will go without treatment
Mental Health Overview

- Illinois veterans with more than one deployment are extremely vulnerable to PTSD
  - University of Illinois has a large veteran population
  - There are two National Guard facilities and one Army Reserve Unit in Champaign/Urbana
- Champaign/Urbana has a connection to three active shooters
- Excited Delirium (ED) is a reality and occurs often in Champaign County
Mental Health Overview

- In 2006 2.4% of the state budget was spent on mental health agency services*
- Since 2008 state funding for mental health has been cut by over $101 million dollars*
- Illinois’ public mental health system provides services to only 19% of the state’s mental health population*
System’s Impact on Law Enforcement

- Decreased Services
- Increased contacts
- Inadequate options
Decreased Services

- Mental health facilities are closing
- There are fewer and fewer community based services available
- Mental health provider jobs are being eliminated
- Police officers are forced to perform the role of a social worker
Increased Contacts

Minimum Number of Urbana Police Contacts

- 2007: 186
- 2008: 151
- 2009: 157
- 2010: 159
- 2011: 163
- 2012: 325
- 2013: 450

Minimum Number of Contacts
Increased Contacts

Crisis Intervention Call Tracking Form

File Number _______ Event Number _______ Date/Time _______
J-Case/Event__ (yes/no)
Location ______________________________
Primary Offc. # CIT on Scene__ (yes/no) CIT Badge # _______
Officer Injury: yes _ no _ Subject Injury: yes _ no _
If yes detail the Injury _______________________
Dispos: No Action Taken ______ Petition ______
Arrest ______ Charge ______ Referral ______ Where _______
Subject Name: __________________________
Last _______ First _______ Middle _______

Need F10 entry or F10 update? Yes _ No _
F10 Info (officer safety, medication, nature of disorder, contact info, doctor, unusual habits, other?):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If not already on a police report (F1 info – or attach an F1 card here):
dob ___________ race ___ sex ___ ht. ___ wt. ___ hair ___ eyes ___
DLN ___________ SSN ___________
Address: ___________ TX: ___________
Workplace: ___________ TX: ___________
Vehicle: color ___ yr ___ make ___ model ___ body ___ license/state _______
Synopsis: ____________________________________________

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Inadequate Options

Only three viable options

• Hospitalization
• Incarceration
• Do Nothing
Hospitalization

- Involuntary admission requires a diagnosis be psychological, not behavioral.
- If behavior disorder diagnosis violates the criminal code:
  - Prosecution treats incident as a mental health issue
  - The mental health community views incident as criminal
- With the hospital option there is typically a short time span between contacts and is not a solution.
Incarceration

• Mental illness may manifest in criminal action and is not a free pass to commit crime

• Prosecution of an individual with mental illness is difficult at best

• Arrest provides an immediate resolution, yet does not provide a long term solution

• Arrest leads to stopgap incarceration
Do Nothing

• Asking an crisis worker to respond to the scene is not practical

• Leaving a subject on scene does not solve the problem and does not protect society or the subject

• With no other options police end up back at jail or the hospital
All Options Result in High Recidivism

- All area police departments encounter “super-users”
- “Super-users” get passed around from system to system
- This recidivism creates
  - High cost for each contact
  - Increased liability to officer and department
  - An exasperated problem through stopgap dispositions
Crisis Intervention Team as a Response

- CIT is intended to:
  - Create a safer, more practical and unified law enforcement response
  - Guide individuals with a mental or behavioral health issue and their support people to appropriate services
  - Educate peers and the community, regarding law enforcement’s role and participation in the mental health system
  - Provide alternatives to arrest
  - Reduce need for future police response
Benefits of CIT

• CIT officers may make observations missed by non-CIT officer

• CIT will be utilized to make these observations
  • On all suicidal subjects and any call reasonably believed to involve mentally ill individual
  • Any situation where a non-CIT officer or supervisor believe there is a need
  • If CIT is not available, a supervisor may request one from a neighboring jurisdiction.
Benefits of CIT

- CIT officers have significant responsibility and authority on scene
  - CIT officers are on scene to assist the primary officer, or supervisor with
    - Interaction with the individual in crisis
    - Call progression decisions
    - Dispositional options
Benefits of CIT

• CIT program places specific expectations on CIT officers
  • Investigate from a behavioral health perspective
  • Respond to the behavioral health issues and symptoms
  • Be familiar with local service agencies and how to utilize them
  • Evaluate the totality of the event
    • Seek most appropriate disposition, not necessarily the most expedient
Benefits of CIT

• Attempt to identify
  • Family members
  • Direct witnesses
  • Others who may be able to provide information
• Regardless of the incident disposition a CIT officer should
  • Attempt to identify current or previous treatment plans
  • Be prepared to refer the individual and/or family to appropriate resource
  • Assist the individual and/or family with making contact to the proper agency
Benefits of CIT

• If incident involves a criminal offense
  • As much as practical account for the individual’s behavioral health status
  • Find out if Justice Involved Client and/or has a Wellness Recovery Action Plan (WRAP) in place.

• Arrest remains an option
  • Alternatives to arrest should be considered when appropriate.
  • Officers should be able to articulate the decision making process in a report.
CIT Disposition Options

- Voluntary
  - Connect to Family/Friends
  - Refer to mental health provider
  - Transport to hospital

- Involuntary
  - Hospital
  - Arrest
CIT Support and Needs

- **Support**
  - Community Elements Outreach Worker
  - METCAD premises Alert
  - United Way 211

- **Needs**
  - CIT officers trained toward needs of juveniles
  - More options/resources for juveniles
  - Voluntary adult drop-off facility
  - Segregated mental health wing at CCSO
  - More Adult resources and tools
Crisis Intervention Call Tracking Form

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J-Case/Event_____(yes/no)

Location ______________________________________

Primary Ofc. #_____ CIT on Scene _____(yes/no) CIT Badge # ________

Officer Injury: yes ___no ___ Subject Injury: yes____no____
If yes detail the Injury ______________________________________

Disposition: No Action Taken ______ Petition ______
Arrest _____ Charge___________ Referral _____Where______________

Subject Name: __________________________________________
Last     First    Middle

Need F10 entry or F10 update? Yes ___ No ___

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___________________________________________________________________________
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___________________________________________________________________________
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If not already on a police report (Fl info – or attach an Fl card here):

dob ___________ race ___ sex ___   ht. ___ wt. ___ hair ___ eyes ___
DLN ___________________   SSN ________________

Address: ________________________________________________ TX: _____________

Workplace: ____________________________________________ TX: _____________

Vehicle: color ____ yr ____ make ____ model ____ body ____ license/state _____

Synopsis: __________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

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