

Overview of the Champaign County Crisis Intervention Team

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)

Sergeant Joel R. Sanders
Urbana Police Department
(217) 384-2320
sanderjr@urbanaininois.us

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 states mental health population*

System's Impact on Law Enforcement

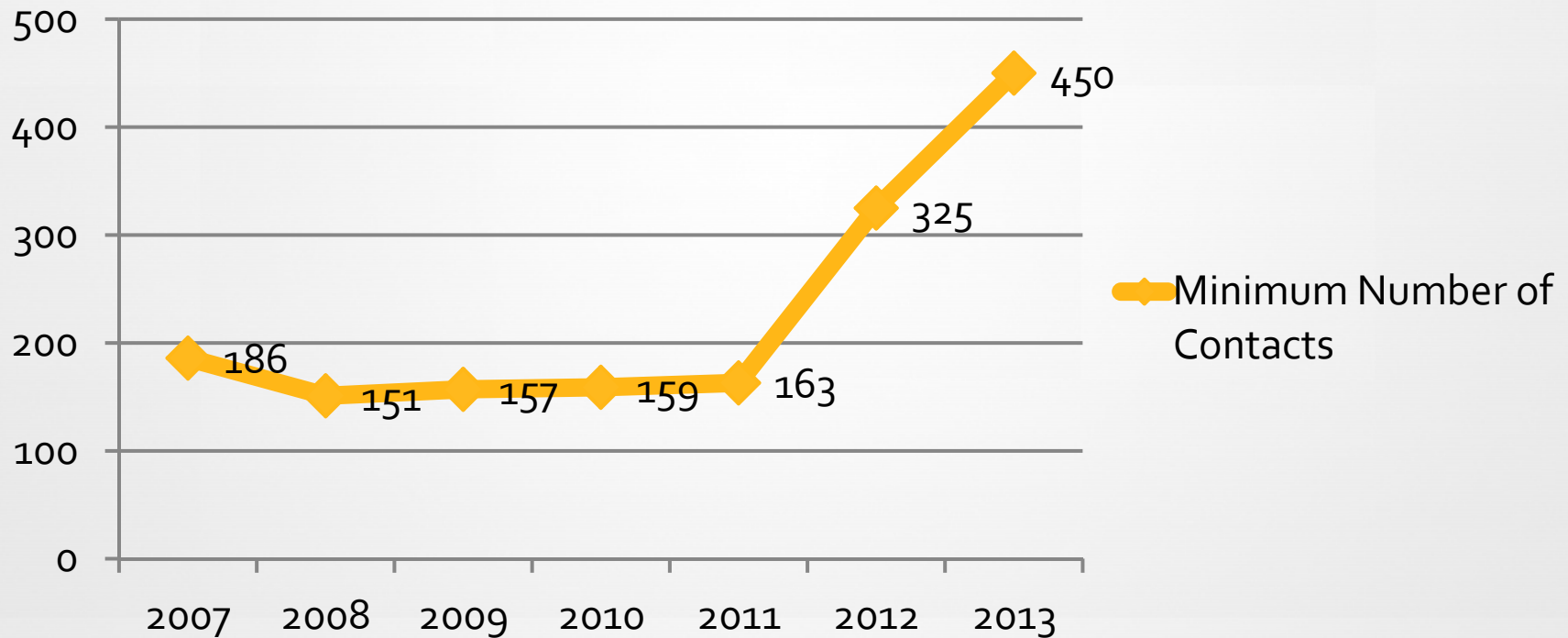
- **Decreased Services**
- **Increased contacts**
- **Inadequate options**

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



Increased Contacts

Crisis Intervention Call Tracking Form

File Number _____ Event Number _____ Date/Time _____
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 ___

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 FI card here):

dob _____ race ___ sex ___ ht. ___ wt. ___ hair ___ eyes ___

DLN _____ SSN _____

Address: _____ TX: _____

Workplace: _____ TX: _____

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

Synopsis: _____

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**

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