

## Crisis Intervention Team (CIT)



***"It's more than just Training"*** Memphis motto

The original CIT model was developed by Major Sam Cochrane, Memphis Police Department and Dr Randolph Dupont, University of Tennessee in 1988 after the tragic police shooting of a mentally ill individual. Since the inception of CIT in Memphis there have been no further tragedies involving police interventions with mentally ill persons in crisis.

CIT is a US gold standard of best practice, and has been replicated in over 500 cities in the USA and now growing in Canada and Australia.

The number of police contacts in BC has been estimated to range from 15-45% of all calls for service. The Canadian Mental Health Association, BC Division study stated that 30% of the mentally ill population accessed the mental health system for the first time through police contact, therefore making police de facto care providers.

The RCMP implemented the first multi-agency integrated Crisis Intervention Team program in the lower mainland of BC in 2006. This was the first multi-disciplinary CIT program of its kind in Canada.

The CIT program has been extremely successful in uniting multi-disciplinary first responders with the common goal of providing effective first response, safe resolution, appropriate disposition and follow up care for emotionally disturbed persons in crisis. As of Feb 2009 the CIT program is now evolving to the next stage of development under the shared leadership of the RCMP - Pacific Region Training Centre and the Canadian Mental Health Association- BC Division with the goal of promoting a provincial standard in CIT.

CIT is a comprehensive community based model centering on inter-services involvement to ensure mutual respect and continuous positive relations.

The CIT program incorporates 2 main functions:

**Multi-disciplinary community based training:**

- 5 days of training provided to inter-agency emergency service workers that will increase knowledge and recognition of various symptoms of mental health disorders.
- Learn crisis communication skills to assist with establishing rapport, engaging and de-escalating a mentally ill person who may be in an emotional or cognitively disturbed state.
- Build knowledge of different agencies roles, responsibilities and limitations.
- Integrated training fosters stronger working relationships that assists with "real time" crisis calls back I the community.

**CIT Liaisons and Community Committees:**

- CIT Liaisons represent their agencies in a leadership role as a "go to person".
- provide internal and external awareness/PR of the CIT program
- co-facilitate community level internal and external training with health professionals
- encourage community care/recovery plans to assist with the chronic/high risk mentally ill individuals.
- promote accountability to each agency and encourage bridging of services to enhance the effectiveness of "first response" and crisis call reductions.
- liaisons also represent their agencies by developing and maintaining a CIT Community Committee to maintain inter-agency collaborations, review and assess community issues and concerns and promote community based resolutions to benefit the client and stakeholders.

**Benefits of the CIT program;**

- reduction of injury to clients, the public and first responders ( Memphis PD reduced police officer injuries by 40%)
- divert mentally ill clients into the mental health system rather than justice system ( US National average arrest rate of mentally ill clients is 20%, CIT reduced rate to 2%)
- reduces calls for service by focusing on the prolific/chronic/high risk mentally ill clients
- increase public confidence in the roles of our community first responders
- decreased need for ERT/Negotiator assistance
- reduced wait times for police in Emergency Rooms
- members report feeling more confident and capable when interacting with an mentally ill person in crisis.

The BC CIT program is governed by a BC CIT Committee which represents law enforcement, health authorities, families and clients with direct experience, advocacy groups, crown counsel and several other important stakeholders.

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