# Missoula's Crisis Intervention Team Program Highlights

Improving community and statewide responses to behavioral health crises

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CIT Program Manager

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CIT Data Analyst

**CJCC Meeting** 

May 13, 2022

## Crisis Intervention Team



Crisis Intervention Teams are local initiatives designed to improve the way law enforcement and the community respond to people experiencing behavioral health crises.



They are built on strong partnerships between law enforcement, criminal justice system, first responders, behavioral health provider agencies, and individuals and families impacted by these disabilities.

## Goals of Crisis Intervention Team



#### Improve Safety:

Officer/Responder, community & person in crisis



#### **Increase Connections:**

Effective & timely behavioral health services



#### **Increase Community**

**Supports:** Only use LEO for criminal concerns or imminent threat to safety



#### Improve Client Outcomes:

Reduce Trauma for person in crisis and promote long-term Recovery

## The Memphis CIT Model

- Established in 1988 in Memphis, Tennessee after a fatal police shooting of an individual with a known history of mental illness who was wielding a knife.
- Resulted in renewed community attention to police interactions with individuals experiencing mental health crises.
- Partnered with University of Memphis, University of TN,
   The National Alliance on Mental Illness (NAMI), reps from multiple MH service providers and advocacy groups



# Criminal Justice & CIT

Deinstitutionalization



#### **Today's Broken Mental Health System**



## Memphis Model Core Elements



( )

#### ONGOING ELEMENTS

1.Partnerships: LawEnforcement, Advocacy, FirstResponders, Mental Health2. Community Ownership:Planning, Implementation &Networking

3. Policies and Procedures

#### OPERATIONAL ELEMENTS

4. CIT: Officer/Responder,
Dispatcher, Coordinator
5. Curriculum: CIT Training,
Mental Health First Aid
6. Mental Health Receiving
Facility: Emergency Services

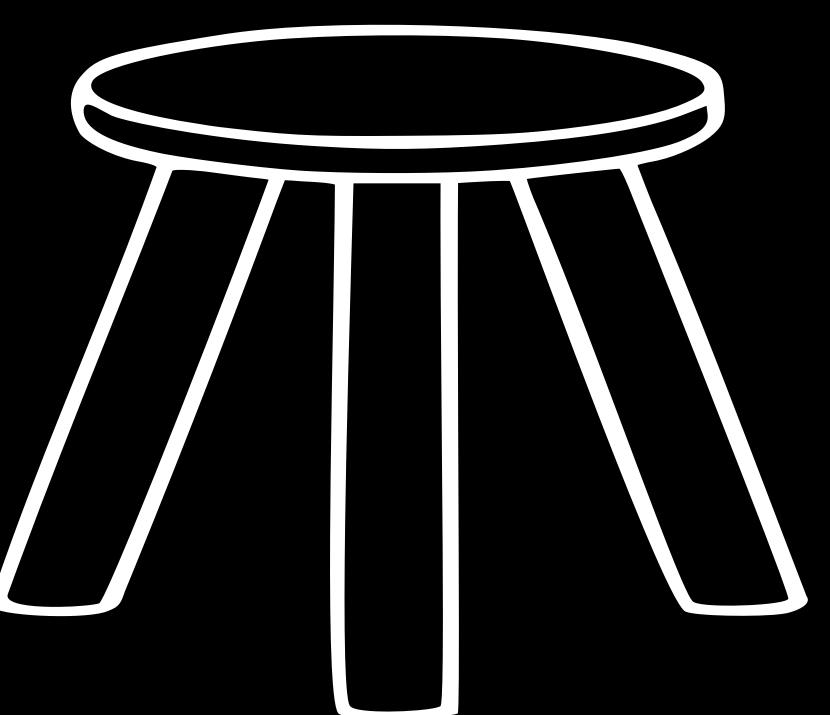
#### SUSTAINING ELEMENTS

- 7. Evaluation and Research
- 8. Continuing Education
- 9. Recognition and Honors
- 10. Outreach: Developing CIT in other communities



Did you know?
CIT is more than just a training.

# CIT Partnerships: "Three Legged Stool"



**Law Enforcement Community** 

• Standard Operating Procedures

• Emergency Responder Partners

Operational CIT

• General CJ participants

• Training and Standards

#### Advocacy

- Consumers/Individuals with a Mental Illness
- Family Members
- Advocacy Groups
- Help voice the support, ideas and concerns of consumers and family members

#### **Mental Health**

- Providers, Educators, Practitioners and Trainers
- Integrated Crisis Response System

Adapted from: https://dbhds.virginia.gov/assets/document-library/archive/library/forensics/ofo%20-%20cit%20three%20legged%20stool.pdf

Components "CIT Model" of an **Emergency** Integrated Communications/911 Crisis **Emergency** Law Enforcement Response **Medical Services** System **Emergency** 

**Mobile Crisis Team Warm Line Mental Health** Remain at Scene Department **Receiving Center** 

Crisis Line

Bruno, R.L. (2016, April). Crisis Response System Development. Paper presented at the CIT International Conference Coordinator Certification Course, Chicago, IL.

## CIT History in Missoula

- 2007 CIT Montana is created.
- **2015** Theresa and Ben recruited as Coordinators. CIT Montana helps Missoula host a 2-day refresher for LE who received CIT training prior to Memphis Model 40-hour CIT Basic Academy.
- 2016 Missoula hosts first annual 40-hour CIT Basic Academy
- 2018 Identified in Sequential Intercept Mapping Workshop, pilot MSW practicum program with Business Improvement District Officers
- **2020** Theresa is hired to implement CIT Program as indicated by Memphis Model Best Practices. Housed in Fire Department.
- 2021 Alana is hired as the CIT Data Analyst. Practicum Student Program expanded and titled "Wellness and Resource Access Program."
- **2022** CIT Program moves from Missoula Fire Department to Missoula Police Department. Office is co-located with two Missoula County Programs.

#### Mental Illness and the CRIMINAL **JUSTICE SYSTEM**

People with mental illness deserve help, not handcuffs. Yet people with mental illness are overrepresented in our nation's jails and prisons. We need to reduce criminal justice system involvement and increase investments in mental health care.

About 2 million times each year,

people with serious mental illness are booked into jails.



66% of women in prison reported having a history of mental illness, almost twice the percentage of men in prison.



Nearly 1 in 4 by police officers between 2015-2020 had a mental health condition. Suicide is the of death for people held in local jails.



An estimated with serious mental illness are held in solitary confinement inside U.S. prisons.

#### **COMMUNITIES**



**70%** of youth in the juvenile justice system have a diagnosable mental health condition.

Youth in detention are 10x more likely to suffer from psychosis than youth in the community.

About **50,000 veterans** are held in local jails — 55% report experiencing mental illness.





Among incarcerated people with a mental health condition, non-white individuals are more likely to be held in solitary confinement, be injured and stay longer in jail.

#### **ACCESS TO CARE**

About 3 in 5 people (63%) with a history of mental illness do not receive mental health treatment while incarcerated in state and federal prisons.

Less than half of people with a history of mental illness receive mental nealth treatment while held in local jails.

People who have health care coverage upon release from incarceration are more likely to engage in services that reduce recidivism.

Data from the U.S. Department of Justice and other select sources. Find citations for this resource at nami.org/mhstats









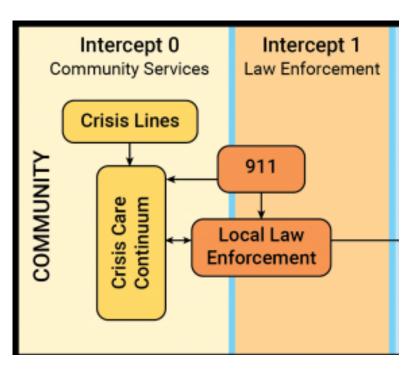
#### Criminal Justice Approaches: Sequential Intercept Model (SIM)

#### Prevent

Unnecessary arrests

#### **Pre-Arrest Diversion**

In an effort to prevent arrests, trained LE utilize de-escalation skills and community 24/7 crisis lines and teams to provide MH tx and support to divert from jail



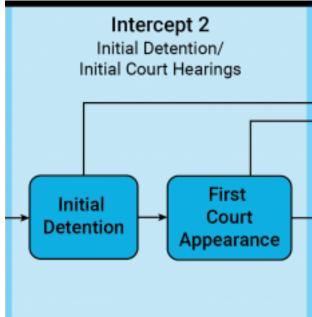
#### Increase

ID of people with SUDs & MI in jail

#### **Inmate Screening**

At time of booking, all IMs screened for SUDs and MI.

Those needing further assessment are connected to appropriate providers and provided to the court.

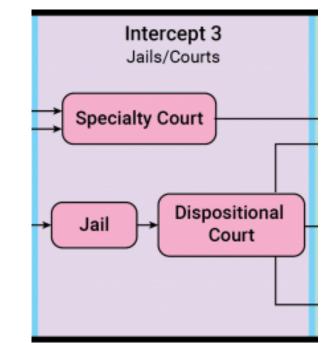


#### Shorten

Average LOS in jaill

#### **Assessment Coordination**

IMs meeting criteria receive an The jail collaborates with Pre-Trial assessment and a tx plan is developed. Collaboration occurs between jail, MH, and the courts for determination of whether alternate services are appropriate

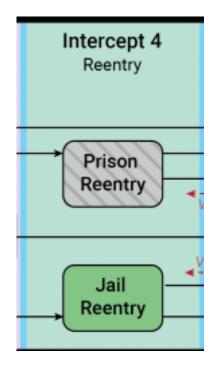


#### Reduce

# of people with SUDs & MI in jail

#### **Release to Treatment**

Services and the courts for diversion to tx. Services begin within 24 hours of release and transportation is provided to ensure success.

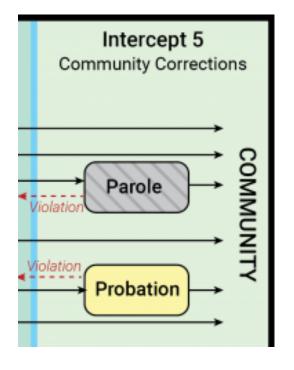


#### Lower

recidivism ratesl

#### **Track, Report & Support**

Progress tracked in the program through jail, pre-trial services, and MH. Released IMs provided reentry support through employment, housing, coaching and other comm resources.



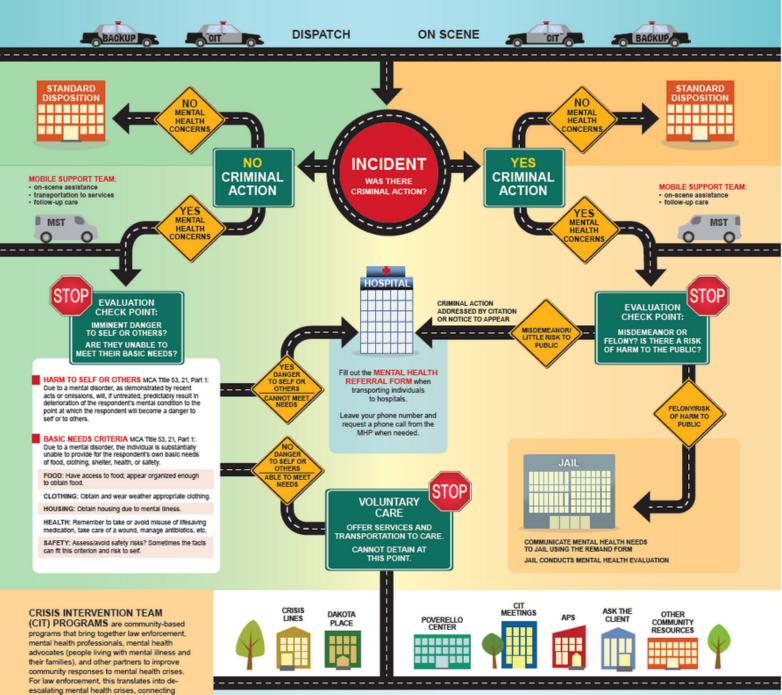


<b>Agency:</b> □ MPD □ N	MCSO □ MST □ Othe	er:		Incide	ent/Ca	se Report	Numl	oer:		
		<b>MENTAL</b>	HEAL	TH REFERRA	AL FC	<u>DRM</u>				
	LA	W ENFORCE	MENT:	COMPLETE QU	ESTIO	NS 1 - 28				
			Incider	nt Information						
1. Subject Name:							2.	Subject	t DOB:	
3. Subject Address:			City:	City:			State:		Zip:	
4. Incident Address:			City:	City:			State:		Zip:	
5. Officer Name:			6. E	6. Badge #:			7. Incident Date:			
8. Admission status:	Voluntary 🗆 Involur	ntary 🗆 Subje	ct Unde	Under Arrest 9. Officer Phone #:						
10. Receiving Facility:	Providence St. Pat's	☐ Communit	y Medic	al Center 🗆 WM	имнс/	Dakota Pl	ace 🗆	Other: _		
			Natur	e of Incident						
11. Suicidal: ☐ Threat ☐ Attempt Means:  12. Violent: ☐ Toward:			☐ Actio				ability to meet basic needs: od □ Clothing □ Shelter □ Health □ Safety			
14. Please explain:										
21. Behaviors Evident at Time of Ir		aviors and Subst		sion; □ Disorganized	speech	; □ Delusion	s – Spec	ify		
in #22; 🗆 Unusually scared/frig	ghtened; □ Angry/uncoop	erative; □Halluci	nations – S	Specify in #22; 🗆 Mar	nic (eleva	ated mood, i	nflated			
self-esteem, pressured speech, 22. Specify Delusions and/or Hallu		ed (sadness, loss	of interest	, loss of energy, feeli	ngs of w	ortniessness	5).			
				Compliance:  Yes	□ No □ l	Unsure				
f yes, which substance (if known):			lease explain:							
25. Known Medication: a. If yes, which medication (if known):				b. If yes, list the medication provider (if known):						
☐ Yes ☐ No ☐ Unsure										
•		Incident Injurie		<u>.</u>						
26. Was the individual injured dur	ing the incident? ☐ Yes ☐	] No ☐ Unsure	If ye	es, state the nature o	of the inju	ury below.				
7. Did the subject injure anyone during the incident?   Yes   No  Unsure   If yes, state the nature of the injury below.										
	MHP: CC	MPLETE QUEST	IONS 1 - 6	5						

MHP Follow Up Review – Identify whether this is a voluntary or involuntary MH referral (LE question #8) & review questions #1 – #27;

#### MISSOULA CIT RESPONSE

LAW ENFORCEMENT DISTRIBUTION ONLY



people to necessary community resources and

CIT MONTANA

promoting long-term, client driven outcomes.

POINT PEOPLE FOR CONCERNS

CIT Law Enforcement Coordinator

IN THE SYSTEM:

Theresa Williams. CIT Program Manager

Sgt. Ben Slater,

- . Crisis Text Line: text BRAVE to 741741
- National Suicide Prevention Lifeline: 1-800-273-8255
- National Alliance on Mental Illness Helpline: 1-800-950-6264 Montana Warm Line: 1-877-503-0833

#### DAKOTA PLACE CRISIS STABILIZATION FACILITY:

(406) 332-3349

Crisis Stabilization facilities provide short term, intensive, inpatient support for adults experiencing a life-threatening crisis. Clients work with their treatment team and crisis facility staff to resolve the crisis and to develop a plan for the client's care after leaving the crisis facility.

MOBILE SUPPORT TEAM: The Mobile Support Team can provide on-scene assistance, transportation (depending on circumstances) and follow-up services. For on-scene support, attach the MST unit to the call. For follow-up services, fill out the Mobile Support Team After Hours Referral Form.



POVERELLO: The Poverello Center provides emergency shelter, veterans services, hot meals, and sack lunches. For individuals experiencing a mental health crisis, connection to these necessary basic need-related services can de-escalate some crises related to housing and food insecurity.

CIT MEETINGS: The Crisis Intervention Team facilitates Stakeholder Coordination Meetings with Missoula service providers and first responders. If you are having frequent contact with an individual due to a suspected mental health and/or substance use diagnosis, alert Sgt. Ben Slater or Theresa Williams.

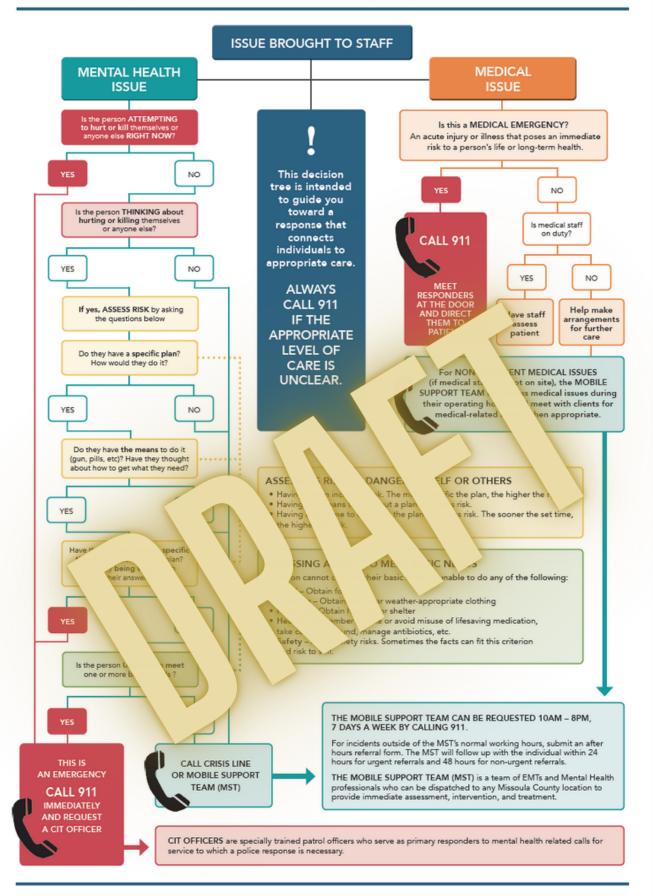


APS: Adult protective services investigates reports of the alleged abuse, neglect, self-neglect, or financial exploitation of adults (60 years or older) and people with disabilities (18 years or older). Submit a report over the phone (1-844-277-9300) or online (www.dphhs.mt.gow/sltc/aps)

ASK THE CLIENT: Ask the client if they have a case manager or other service provider they would like to contact. This question will improve continuity of care and ensure the client gets the care they need.

#### MEDICAL & MENTAL HEALTH DECISION TREE





## DATA ANALYST

Responsible for gathering and interpreting data to demonstrate the program's effectiveness, inform future program decisions, and identify gaps in Missoula's crisis response system.

	Mission Critical Data	Intermediate Data	Advanced Data
Partnerships	Community Partnerships Partner Engagement	Partners Outcomes Partner Satisfaction	Strength of Partnerships  Community Engagement  Impact on Service Use Patterns
Training	Training Participation	Trainee Outcomes	Impact on Response Quality
Operations	Baseline response need Baseline CIT officer need	Call Disposition Injury Rate Use of Force	Call Descriptors  Impact on Diversion  Impact of Recidivism

Key Measures

## CIT Stakeholder Coordination Team Meetings

25 meetings held 51 stakeholders attended 18 agencies represented 192 duplicate cases discussed

### CIT Leadership Roundtable

4 meetings held 63 leaders attended 18 agencies represented



	Total	
Cli	62	
	Housing/Homelessness	17
	Law Enforcement	24
Referring	Behavioral Health	17
Agency	Hospitals	4
	Fire/EMS	1
	Other Agency	1
	Housing	43
	Behavioral Health	53
or:	Frequent LE Contact	29
Client Concerns	Frequent Utilization	23
Concerns	Substance Use	19
	Incarceration	7
	Safety	35
	Housing/Homelessness	47
	Law Enforcement	35
Collaborating	Behavioral Health	51
Agencies	Hospitals	20
	Fire/EMS	15
	Other Agency	16
	Need-Related Win	13
Client Outcomes	Service Connection	10
	Outreach	4
	Care Coordination	15
Jacomes	Follow Up	26
	"Be on the lookout"	16
	Mental Health Evaluation	2

# CIT Stakeholder Coordination Meeting Client Outcomes

January 10th - April 18th

## CIT Basic Academy #6 Evaluation

- Pretests and posttests were completed before and after the academy,
- Satisfaction surveys were completed at the end of each training day,
- A full CIT Basic Academy #6 Evaluation Report will be distributed among stakeholders in June.

Training Day	Average Satisfaction Rating
Day 1	4.30 out of 5 stars
Day 2	4.33 out of 5 stars
Day 3	4.31 out of 5 stars
Day 4	4.42 out of 5 stars
Day 5	4.80 out of 5 stars
Overall	4.43 out of 5 stars

OVERALL SATISFACTION



Average rating of 4.43 out of 5 stars

### Net Promoter Score

Net Promoter Score			
Promoters	77%		
Passives	20%		
Detractors	3%		
Average score	<b>9.03</b> out of 10		
Overall Score	<b>74</b> out of 100		

Net Promoter Scores measure the likelihood that participants will recommend the training to others.

- **Promoters** (score 9-10) are loyal enthusiasts who will refer others and fuel growth,
- Passives (score 7-8) are satisfied but unenthusiastic and vulnerable participants,
- **Detractors** (score 0-6) are unhappy participants who can impede growth through negative word of mouth.

"A Net Promoter Score between 71 and 100 is the holy grail of NPS and is rarely attainable. A NPS score in this range indicates the program is considered to be among the best in their industry" - Qualtrics





Educating the mind without educating the heart is no education at all.

-Aristotle





## Looking Ahead

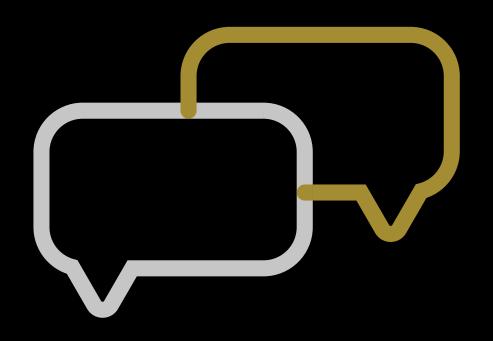
- 2nd CIT Academy this winter?
- Continue efforts to increase behavioral health awareness and stigma reduction
  - Mental Health First Aid
  - Navigating Crises in the Workplace
- Continue to support the Strategic Alliance's efforts of a Crisis Receiving Facility
- Establish a CIT Crisis Protocol and Policies and Procedures
- CIT Program Evaluation Report
- Expand the Wellness and Resource Access Program
- Recruit volunteer Mental Health & Advocacy Program Coordinators
- Establish ongoing in-services for CIT Officers

## CIT is about...

CIT is about system transformation
CIT is about partnerships/relationships
CIT is about community engagement
CIT is about advocacy
CIT is about specialized training
CIT is about leadership
CIT is about you



## QUESTIONS/ COMMENTS?



#### Theresa Williams

CIT Program Manager, Missoula Police Department 406-552-6398 williamst@ci.missoula.mt.us

For additional resources, to nominate a CIT Officer and to learn more about Missoula's Crisis Intervention Team, visit us online by scanning the QR code below:

