

Missoula's Crisis Intervention Team Program Highlights

*Improving community and statewide
responses to behavioral health crises*

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CJCC Meeting

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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

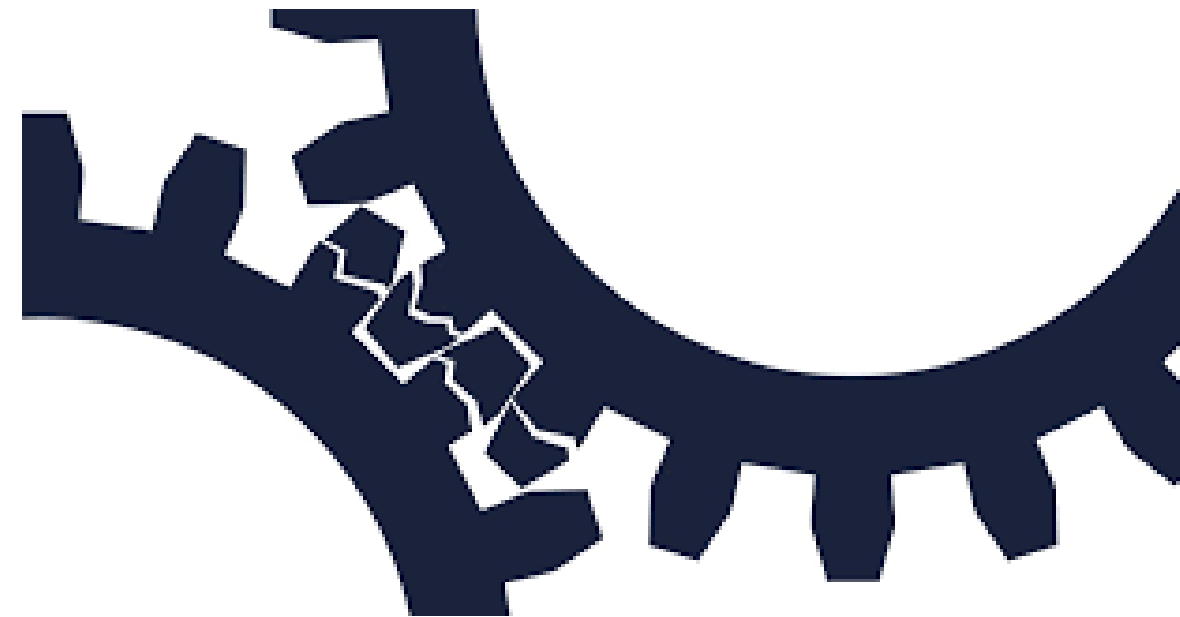


Criminal Justice & CIT

Deinstitutionalization



Today's Broken Mental Health System



Memphis Model Core Elements



■ ONGOING ELEMENTS

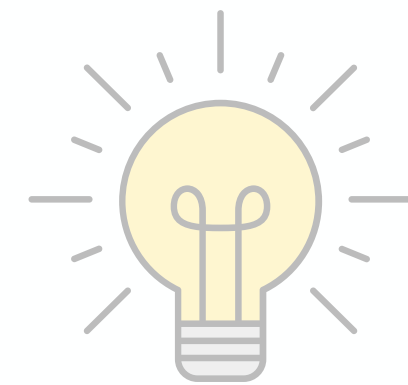
1. Partnerships: Law Enforcement, Advocacy, First Responders, Mental Health
2. Community Ownership: Planning, Implementation & Networking
3. Policies and Procedures

■ SUSTAINING ELEMENTS

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

■ OPERATIONAL ELEMENTS

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



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

CIT Partnerships: "Three Legged Stool"

Law Enforcement Community

- Operational CIT
- General CJ participants
- Training and Standards
- Standard Operating Procedures
- Emergency Responder Partners

Advocacy

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

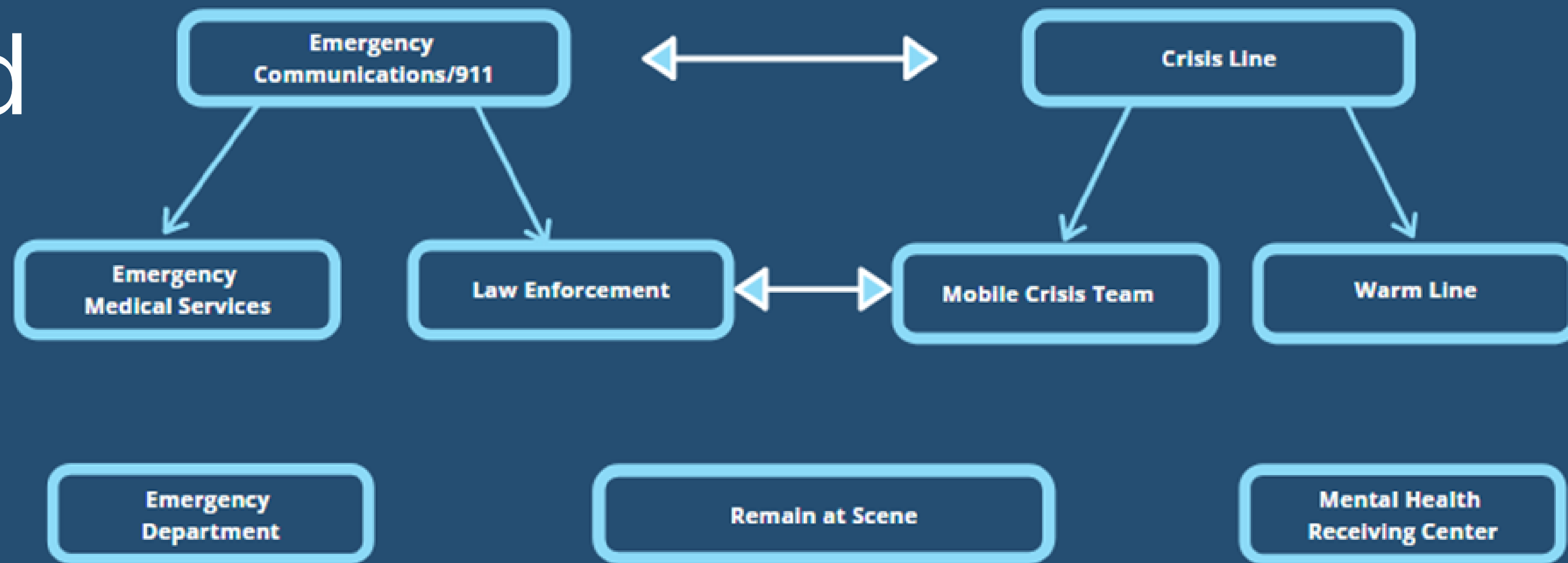
Mental Health

- 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 of an Integrated Crisis Response System

"CIT Model"



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.



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 jail

Assessment Coordination

IMs meeting criteria receive an 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

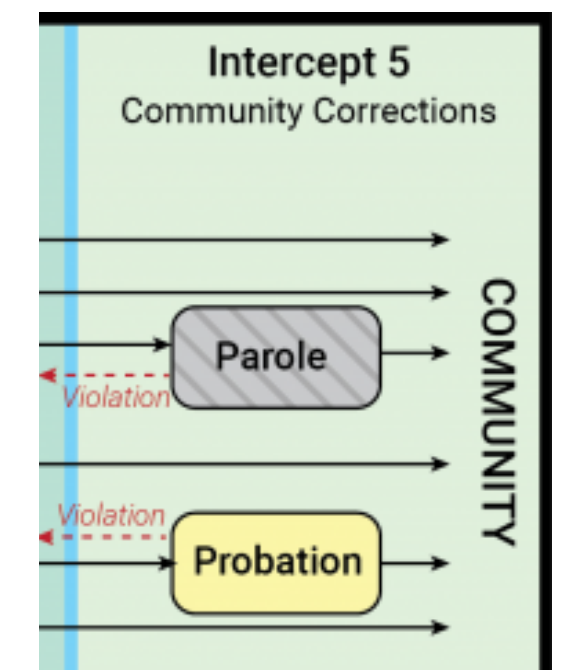
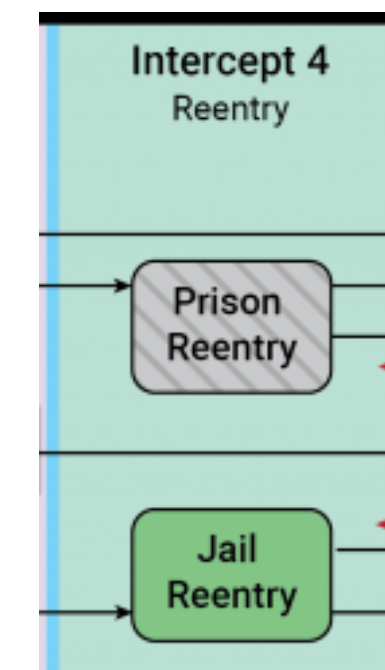
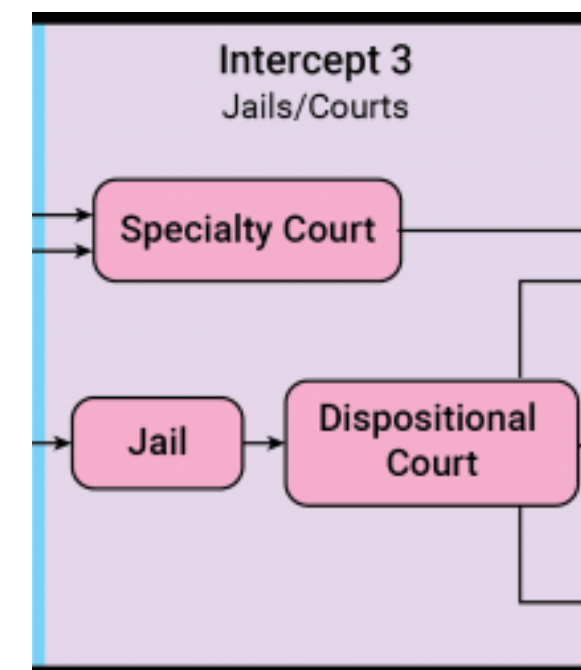
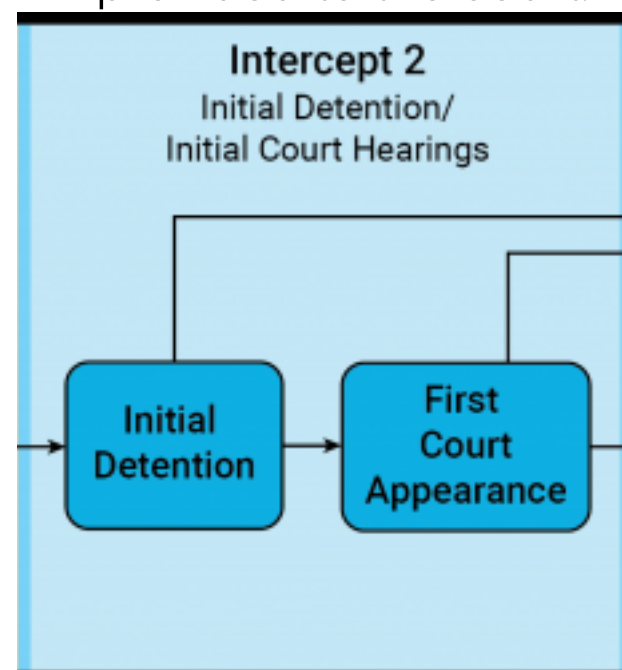
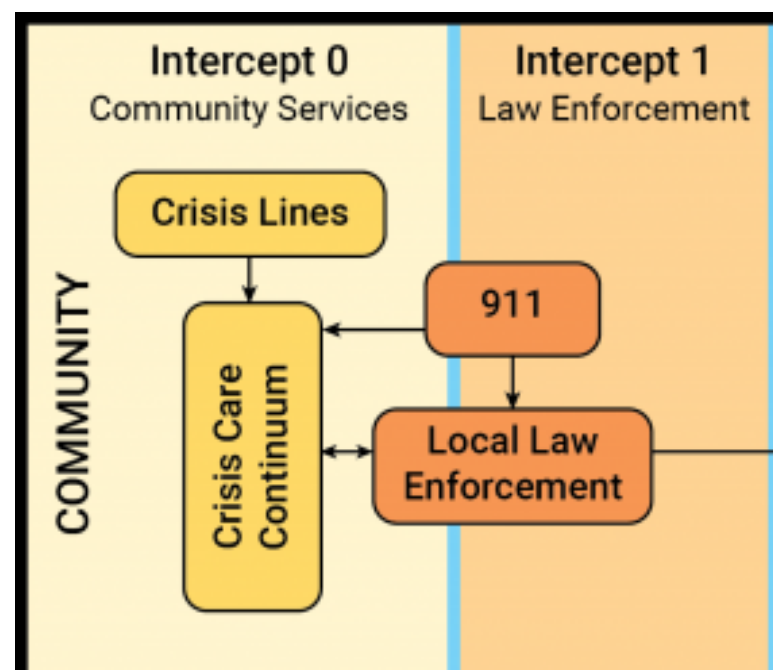
The jail collaborates with Pre-Trial Services and the courts for diversion to tx. Services begin within 24 hours of release and transportation is provided to ensure success.

Lower

recidivism rates!

Track, Report & Support

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



Diversion



Incident/Case Report Number: _____

LAW ENFORCEMENT: COMPLETE QUESTIONS 1 - 28

Behaviors and Substances		
21. Behaviors Evident at Time of Incident (check all that apply): <input type="checkbox"/> Disorientation/confusion; <input type="checkbox"/> Disorganized speech; <input type="checkbox"/> Delusions – <i>Specify in #22</i> ; <input type="checkbox"/> Unusually scared/frightened; <input type="checkbox"/> Angry/uncooperative; <input type="checkbox"/> Hallucinations – <i>Specify in #22</i> ; <input type="checkbox"/> Manic (elevated mood, inflated self-esteem, pressured speech, flight of ideas); <input type="checkbox"/> Depressed (sadness, loss of interest, loss of energy, feelings of worthlessness).		
22. Specify Delusions and/or Hallucinations:		
23. Drug/Alcohol Involvement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, which substance (if known):	24. Medication Compliance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure If yes, please explain:	
25. Known Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	a. If yes, which medication (if known):	b. If yes, list the medication provider (if known):
Incident Injuries		
26. Was the individual injured during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If yes, state the nature of the injury below.	
27. Did the subject injure anyone during the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	If yes, state the nature of the injury below.	

MHP: COMPLETE QUESTIONS 1 - 6

MHP Follow Up

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

LAW ENFORCEMENT DISTRIBUTION ONLY



Revised Date: 4/11/22

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

2021

CIT Stakeholder Coordination Meeting Client Outcomes

January 10th - April 18th

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

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



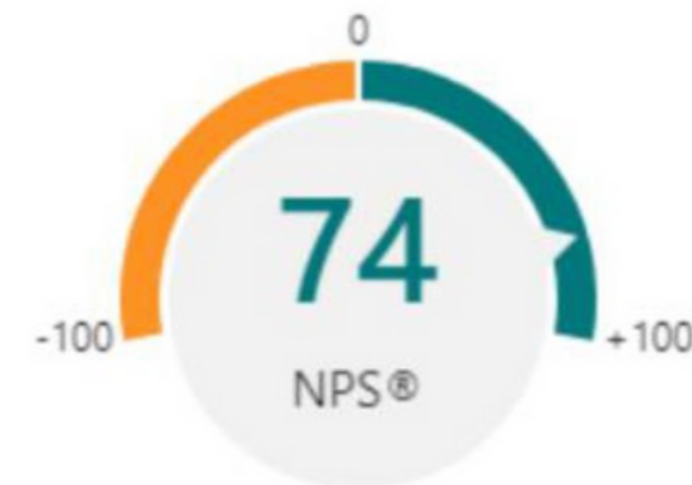
Net Promoter Score

Net Promoter Score	
Promoters	77%
Passives	20%
Detractors	3%
Average score	9.03 out of 10
Overall Score	74 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**

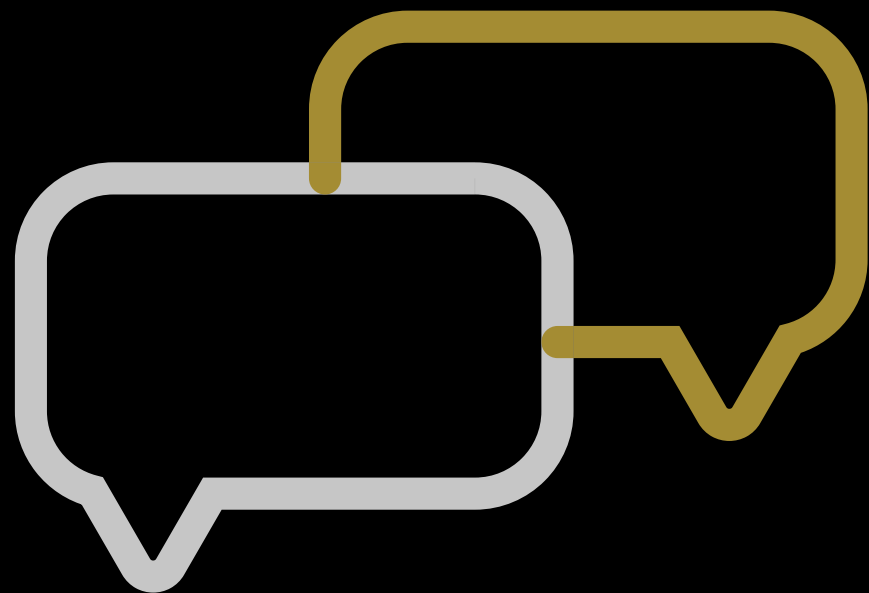
CIT is about **specialized training**

CIT is about **leadership**

CIT is about ***you***



QUESTIONS/ COMMENTS?



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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:

