

# *Pittsburgh Bureau of Police*

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*Crisis Intervention Team*  
*Est. 2007*



# What is the Crisis Intervention Team?

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- A cooperative effort between the PBP, Allegheny County Mental Health, State and County Corrections System.



# Crisis Intervention Team

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- History-Memphis, 1988
- Decriminalize mental illness
- In 2007, CIT in 29 states



# Allegheny County Office of Behavioral Health Forensic Services Grants

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**Criminal Justice Mental Health  
Collaborative of Allegheny County  
and the City of Pittsburgh  
Bureau of Justice Assistance,  
U.S. Dept. of Justice  
and  
Allegheny Jail Diversion Program  
Pennsylvania Commission on  
Crime and Delinquency**

# ALLEGHENY COUNTY RESPONSE

## Sequential Intercept Model

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- **Intercept 1**
  - **Policed Based Crisis Intervention Team (CIT)**
- **Intercept 2**
  - Forensic Diversion Program
  - Jail Diversion (Pre-booking) Program
- **Intercept 3**
  - Mental Health Court
  - Drug Court
- **Intercept 4**
  - Forensic Support Services
  - CROMISA
- **Intercept 5**
  - State Forensic Support Services
  - CROMISA



# WHY C.I.T.?

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- Officer Safety
- Public Safety
- Effective and Efficient Policing



# OFFICER SAFETY

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- C.I.T. Certified Officers get into less physical confrontations than non-C.I.T. certified Officers.
- Increased availability of C.I.T. Officers is directly correlated with lower rates of on-the-job Officer injury.



# PUBLIC SAFETY

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- Officers armed with specific training increase the safety of the public.



# EFFECTIVE & EFFICIENT POLICING

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- o Faster call resolution with positive results is a “win-win” situation.

# GOALS

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**System Goal: To divert non-violent individuals with mental illness and co-occurring disorders to treatment.**

## **Project Goals:**

- Reduce the number of incidents in which the police and/or the public are injured.**
- Reduce the rate of arrest of youth, men and women in the target group.**



## GUIDING PHILOSOPHY

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**Jails are not treatment facilities. Community-based treatment facilities are necessary for the treatment of individuals with mental health issues.**

# CIT Overview

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- Diversion into the Mental Health System and away from the Corrections System can be done in one of three ways.
- 1- by **officers recognizing the symptoms** of mental illness and helping to get the willing person to an evaluation center.
- 2- by **making the Intake** section of the jail **aware** of the possible problem, they can let the mental health worker on site aware of the subject so they can work with them on a treatment plan prior to arraignment.
- 3- the **jail** is able to **divert after sentencing**.



# COURSE CONTENT

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- Welcome/Intro to CIT
- Overview of Mental Illness
- Disorders (mood, thought, & personality)
- Hearing Distressing Voices
- Tactical Communications



# COURSE CONTENT

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- Developmental Disabilities & Brain Disorders
- Suicide Prevention
- Substance Abuse & Co-occurring Disorders
- Post Traumatic Stress Disorders



# COURSE CONTENT

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- Psychotropic Medications
- Community Resources
- Site Visits
- National Alliance on Mental Illness (NAMI)
  - consumer and family perspectives



# COURSE CONTENT

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- Intervention of Children and Adolescents
- Diversity and Mental Illness
- Liability, Legality, and Ethics
- CIT: 4 Step
- Closed door session (new)



# FOLDER, EXPENSES, SCHEDULE

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- Content, Changes, Supplies
- Instructors, Facilities, Cost to Police Departments
- SCHEDULE-sample



# CIT

## Crisis Response

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- CIT Officers are never called in from home to respond
- Another tool on the Officer's toolbelt
- Increases safety



# TRAINING OBJECTIVES

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1. Identify appropriate police response to calls for service involving persons with mental illness
2. Describe current mental health treatment philosophies, practices and weaknesses
3. Review useful de-escalation techniques
4. Identify common interactions between police and people with mental illnesses
5. Identify departmental policies and procedures for handling calls involving persons with mental illness.



How did we get where we are?

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The current mental health service philosophy emerged from two important historical events:

The emergence of psychotropic medications for the treatment of mental illness and

The deinstitutionalization movement and shutting down of state hospitals.

# What is the philosophy of current community-based treatment?

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Based on the premise that a person's rights include not being isolated from the community because he or she has a mental illness (least restrictive environment).

Intended to provide quality mental health services of prevention, referral, treatment, rehabilitation, and support without relying on institutions (hospitals) unless absolutely necessary



# What are some weaknesses of community mental health care?

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Community mental health services are still developing.

They have not always been able to provide appropriate services for people with serious, long-term mental illnesses



# Weaknesses (con't)

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- Many community-based mental health organizations are closed overnight and on weekends—the times when people with mental illnesses may most need the services.
- The money saved by closing hospitals is seldom reallocated to community mental health centers.



## What crimes are people with mental illnesses commonly victims of?

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- Children with mental illnesses may be molested or otherwise abused. Children are often unable to appropriately identify the suspect.
- Adults with mental illness may be easily robbed or become the victim of con artists. They have the same or a greater chance of being victimized as the general population, but have less of a chance for a successful prosecution.



## When do most encounters occur?

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- Most will be during the evening shift, fewer during the day shift, and fewest during the night shift.
- People with mental illnesses are most vulnerable in the evenings and during weekends and holidays-times when their usual support systems are not likely to be available. These are also the times when mental health agencies are often closed

## Frequently encountered situations:

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- A confused, disoriented individual who does not know where he or she is or how he or she got there.
- Shoplifting of beer, wine or small food items.
- An individual demonstrating bizarre or unusual behavior or being aggressive, destructive, assaultive, or violent.
- A homeless individual sleeping in the doorway of a store, inside an all-night fast food establishment or in the lobby of a bank with a 24-hour ATM.

# Why do police become involved with people with mental illnesses?

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- The police have a 24-hour, seven-day-a-week, mobile emergency response capacity. When in doubt, the public calls the police.
- Police officers have authority to detain, arrest and use force, if necessary.
- Few members of our community are aware of the 24-hour Mobile Crisis Team available through RESOLVE CRISIS NETWORK.

# MERCY BEHAVIORAL HEALTH CENTRAL RECOVERY CENTER -Triage Site -

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**Officially opened August 6<sup>th</sup>, 2007**

**No Eject/Reject 15 minute turnaround**

- **330 South 9<sup>th</sup> Street, South Side**
- **Alternative to jail and hospital**
- **Available 24 hours/day, 7 days/week**
- **Provides intake, screening, assessment and crisis intervention**
- **Overnight-72hr. respite beds**
- **Referrals for services**
- **Coordination with Police and Behavioral Health & Justice Related Services**

# RE:Solve Crisis Network

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- Opened July 1, 2008
- 333 North Braddock Avenue in North Point Breeze
- Services available:
  - Walk-in Crisis (home-like atmosphere)
  - Telephone Crisis
  - Mobile Crisis
- Training



# Factors Surrounding the Police Response

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- Most contacts between police officers and people who have mental illnesses are reported *based on the nature of the incident* (rescue call, loitering, disorderly subject, Crime Victim, etc.) rather than the illness of the person(s) involved.

# Mental Disorders in America



- An estimated **26.2 percent** of Americans ages 18 and older—about 1 in 4 adults—suffer from a diagnosable mental disorder in a given year.
- When applied to the 2004 U.S. Census residential population estimate, this figure translates to **57.7 million people**.
- The main burden of mental disorders is concentrated in a much smaller proportion of the population. **6 percent** or 1 in 17 adults suffer from a serious mental illness.
- Mental disorders are the leading cause of disability in the US and Canada for ages 15 – 44.

- Source: The National Institute of Mental Health  
“The Numbers Count: Mental Disorders in America”  
(2004)



# Remember....

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- Individuals with mental illness:
  - Are people just like you
  - Have thoughts and feelings
  - Have families, hobbies, and go on vacation
  - Work and go to school



# For mental health services and resources in Allegheny County

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Refer to 2009 WHERE TO CALL booklet  
or

Call 9-1-1 and ask if a CIT Officer is  
available



# Progress

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- Compare (then and now...GREEN!)
- CIT Certified (as of 4/16/10)
  - PBP **110**
  - other County Agencies **41**
  - civilians **14**



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