

# Crisis Intervention Teams and Mobile Crisis Management

Kate Murphy

The Crisis Intervention Team (CIT) model is a law enforcement-based jail-diversion program for those experiencing crisis as a result of mental health problems. The use of crisis intervention teams is growing across North Carolina. According to an email message from Bob Kurtz, PhD, of the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services in the North Carolina Department of Health and Human Services, in February 2011, more than 4,000 (about 18%) of the state's law enforcement officers were CIT-certified at that time.

The first CIT initiative was developed in Memphis, Tennessee, in 1988 in the wake of a tragedy there. The Memphis CIT program now serves as a national model for taking a proactive approach to assisting individuals in crisis who might otherwise serve jail time [1]. To become CIT-certified, law-enforcement officers undergo 40 hours of training in which they are taught the signs of a mental health crisis and de-escalation skills; officers are also provided with resources for diverting people in crisis from jail by linking them to treatment when this can be done at little risk to public safety [2]. In many instances those in crisis are connected to treatment through the mobile crisis management system.

Southeastern Center for Mental Health, Developmental Disabilities, and Substance Abuse Services facilitates CIT training in Brunswick, New Hanover and Pender counties. In southeastern North Carolina, the relationship of law enforcement officers to the local mobile crisis management system is integral to the CIT program and starts during training. A representative of the mobile crisis system attends CIT trainings to discuss the partnership between mobile crisis clinicians and officers and to explain how to contact mobile crisis dispatch and to access mobile crisis services.

Calls received from CIT officers differ somewhat from other calls to mobile crisis dispatch. Heather Strickland, the mobile crisis management supervisor for RHA Behavioral Health Services in Wilmington, North Carolina, notes that these calls are generally about emergency situations and that specific information about the person in crisis is often not available. "We always have clinicians on call, so that these calls are responded to immediately," says Strickland. A mobile crisis management clinician will meet the person in crisis and the CIT officer wherever they are for a face-to-face assessment. If involuntary commitment is not needed, the clinician can assist in transporting the person in crisis to an appropriate location for other assistance.

Corporal Greta Mallard, CIT Coordinator for the Wilmington Police Department, says, "The development of the mobile crisis team has been a great asset to the officers of the Wilmington Police Department. Having the capability of getting a person in crisis assistance, without having to automatically take out involuntary commitment papers,

benefits both the police department and the individual."

The success of the CIT and mobile crisis management programs is reflected in a number of outcomes. Success in Southeastern Center's catchment area is particularly evident in a decrease in admissions of local residents to Cherry Hospital, the region's state psychiatric hospital. Local admissions to Cherry Hospital have dropped: 65 people were admitted in the first quarter of 2011, but only 27 in the first quarter of 2012.

Officer Lonnie Waddell of the Wilmington Police Department, who received the National Alliance on Mental Illness—Wilmington's "CIT Officer of the Year" award for 2011, remembers one instance in which involuntary commitment was prevented. A man with suicidal ideation had contacted his mother in Ohio, who then contacted Wilmington police. When Officer Waddell arrived at the man's home, he spent some time talking with him, gathering his medical history and learning that he had not been taking his medication. Concluding that there was no need for an arrest or involuntary commitment, Waddell then called mobile crisis dispatch. "Mobile crisis clinicians have resources that I don't have," he says. "Some people don't need to go to the hospital or jail; the issue can be handled in their home, where they feel safe and comfortable."

Sergeant Mike Howell, CIT Coordinator for the New Hanover County Sheriff's Office, summarizes the importance of the relationship between the mobile crisis management system and CIT officers: "Mobile crisis is a great resource for officers when assisting someone in crisis. Because mobile crisis can more appropriately respond to these types of calls, the relationship with law enforcement results in a better outcome for the consumers and the community at large." **NCMJ**

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## Acknowledgment

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## References

1. About CIT. The University of Memphis CIT Center Web site. <http://cit.memphis.edu/aboutus.html>. Accessed April 13, 2012.
2. CIT. Southeastern Center for Mental Health, Developmental Disabilities and Substance Abuse Services Web site. <http://www.secmh.org/index.php?content=consumers&catid=22&desc=CIT>. Accessed April 13, 2012.

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