



# The CIT Model: Can We Call It Evidence-Based?

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# Overview

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The CIT Model

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Defining “Evidence-Based”

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The Evidence Base to Date

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Future Directions

# THE CIT MODEL: What is it?

## Crisis Intervention Team Core Elements

The University of Memphis  
School of Urban Affairs and Public Policy  
Department of Criminology and Criminal Justice  
CIT Center<sup>1</sup>

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Contact CIT Center at [cit@memphis.edu](mailto:cit@memphis.edu) or (901) 678-5523.

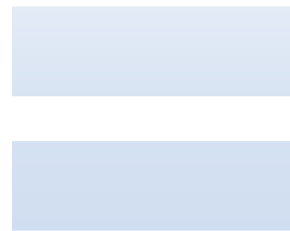
<sup>2</sup> Ms. Pillsbury is currently with the U.S. Department of Justice Federal Bureau of Investigation (FBI).

Model of Community Partnerships (LE/MH/Advocacy) that work to improve police response to persons with mental illnesses and build effective mental health crisis response systems.

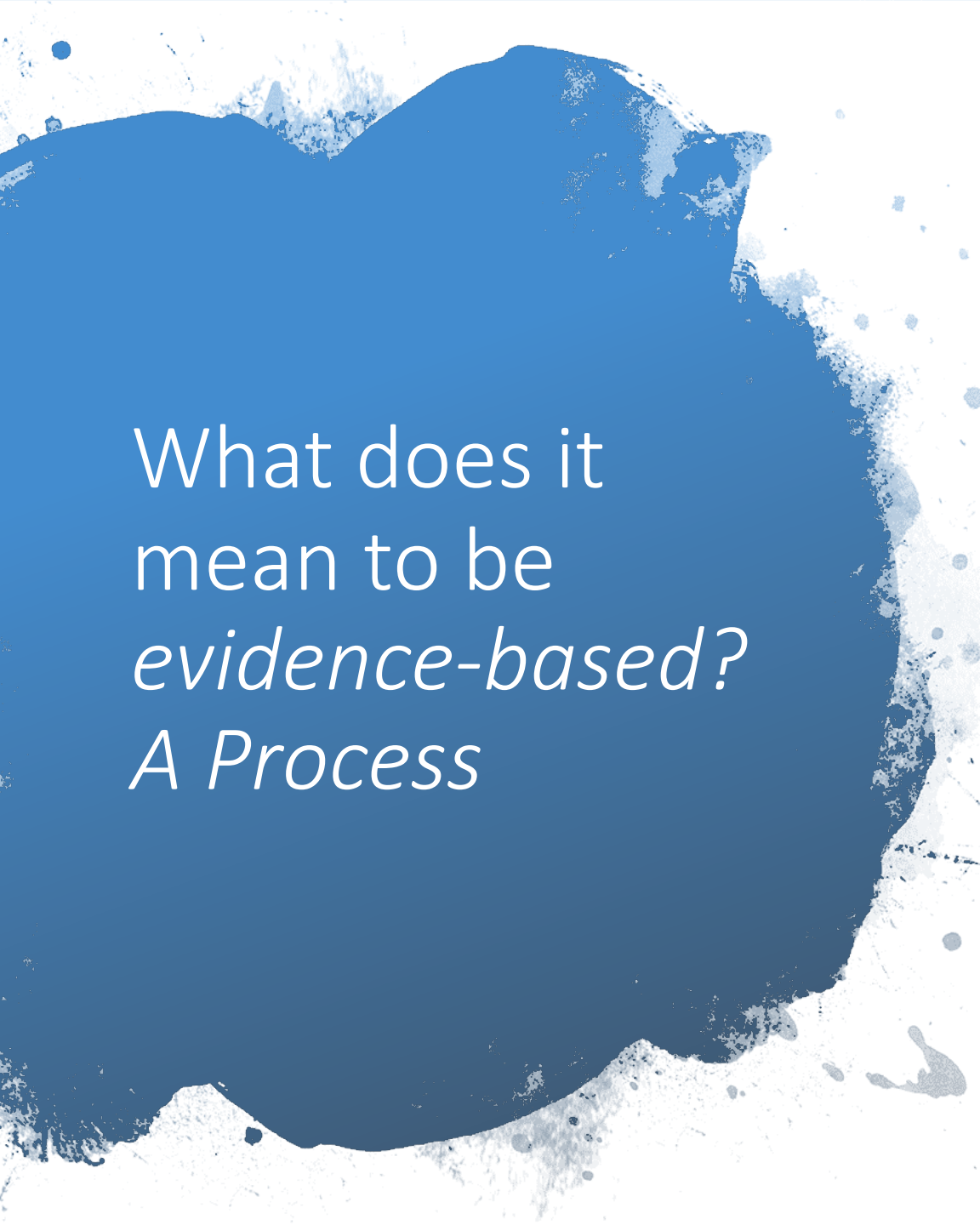
- Community and cross agency/system collaboration
- Specialized training for select officers (40 hour CIT curriculum)
- Changes in policies and procedures
- Development of options for officers to link individuals in crisis to care

Is CIT Evidence –based?  
It depends on two things...

...what you  
mean by  
“evidence-  
based”?



...and for  
what  
outcomes?



# What does it mean to be *evidence-based?* *A Process*

- **Biomedicine**: Approach to making medical practice more scientific through the use of the best available evidence from systematic research, with RCTs and meta- analyses/ systematic reviews as the “gold standard”
- **Mental health**: Process of clinical decision-making that utilizes clinical experience, critically reviewed external research, expert opinion, and client preferences
- **Policing**. *Evidence-based policing is the use of the best available research on the outcomes of police work to implement guidelines and evaluate agencies, units, and officers. Put more simply, evidence-based policing uses research to guide practice and evaluate practitioners. It uses the best evidence to shape the best practice.*  
(Sherman, 1998)

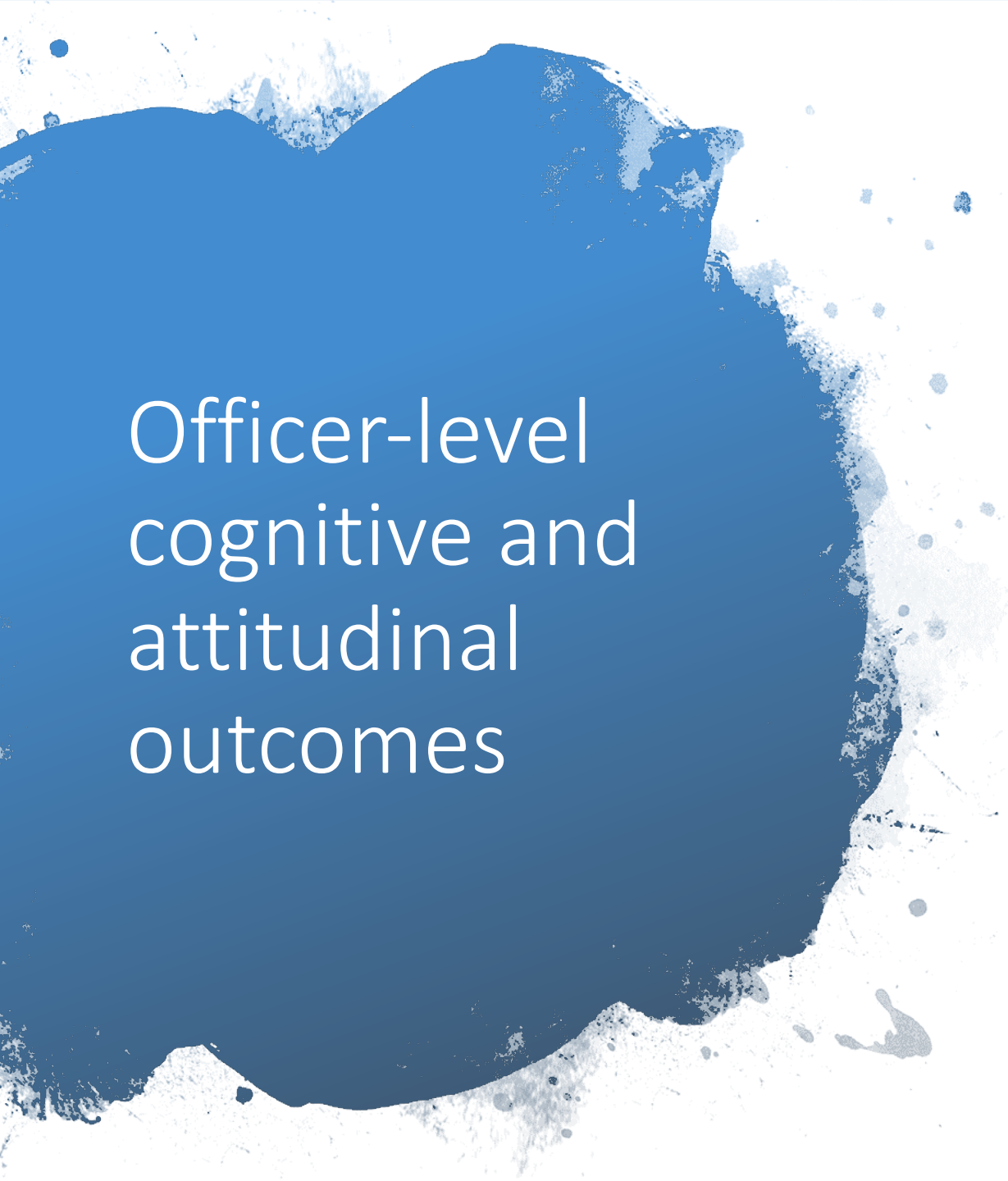
# What does it mean to be designated as *evidence-based*?

- SAMHSA NREPP criteria
  - research has examined behavioral health outcomes of the intervention
  - evidence demonstrated in at least one study with experimental design (RCT) or strong quasi-experimental (with pre/post test and comparison group) design
  - Results published in peer-reviewed journal or documented in a comprehensive report
  - Systematic reviews in the absence of the above are not sufficient
- Center for Evidence-Based Policing
  - Supported by research that is **at minimum** “moderately rigorous” –non random comparison with extensive information on pretreatment equivalence of groups, comparison group was well-matched, 2) use of multivariate controls, or 3) use of rigorous time series analysis.

# How strong is the evidence for CIT?

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It depends on the outcome of interest...



# Officer-level cognitive and attitudinal outcomes

- Studies using non-experimental and quasi-experimental designs support CIT training as effective for improving officer:
  - Knowledge
  - Attitudes
  - Desire for social distance
  - Self-efficacy for responding

Bahora, Hanafi, Chien & Compton, 2008

Compton, Esterberg, McGee, Kotwicki & Oliva, 2006

Compton et al 2014a

Ellis, 2014

Kubiak et al 2017



# Officer-level behavioral outcomes

## **Non-randomized studies with relatively strong comparisons groups**

- Use of force preferences
- Endorsement of effectiveness for de-escalation skills and referral decisions
  - Vignette studies comparing CIT and non-CIT officers (Compton et al , 2011; Compton et al 2014a)
- Use of force in encounters
- Call resolution (MH transport/linkage, arrest, resolve on scene)
  - Studies of mental health encounters comparing CIT and non-CIT officers(Compton et al, 2014b; Watson et al , 2010, 2011; Morabito et al, 2012)

## **Pre –Post CIT Implementation**

- Increased Police Transports to Triage Center-
  - (Kubiak et al 2017 )

More mental health calls identified

Increased transports to MH treatment

Proportion transports voluntary

No change in arrest rates

- (Teller et al 2006)

## Benefits of Self-Selection/Volunteering for CIT

Two linked studies, (Compton et al 2017) compared officers that volunteered for CIT training to those that were “voluntold”

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Study one examined differences on knowledge, attitudes, and skills

Officers that volunteered had better scores on measures of attitudes, stigma, self efficacy, de-escalation skills and referral decisions

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Study two examined CIT trained officers' behaviors in actual encounters

While volunteered officers were more likely to use some form of physical force,\* when they did so, they were more likely to transport or refer to mental health services and less likely to arrest.

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Note, use of handcuffs was included in use of force

# Subject, Agency and Community Level Outcomes

## **SUBJECT:**

SAMHSA Diversion study (Broner et al, 2004) Quasi-experimental study of diversion models including CIT

- Jail diversion by police increased odds of receiving mental health services at 3 and 12 month follow-up
- Diverted individuals at one of the CIT sites experienced reductions in symptoms at 3 month follow-up

## **AGENCY:**

- Confidence in response
  - Borum and colleagues (1998) found greater confidence in mental health response among officers in agencies using the CIT model compared to other models of MH response.
- Efficiency
  - Dupont & Cochran (2000) reported reduced time per call following CIT implementation

## **COMMUNITY**

- Cost Savings
  - El-Mallakh and colleagues (2014) reported cost savings from deferred hospital and jail costs

The image features a dark gray background with three overlapping circles in shades of blue. A white horizontal band is centered across the middle of the circles. The text is centered within this band.

So, does the evidence support CIT as an  
EBP?

# CIT and EBP as Designation

- The evidence supports CIT training as an EBP for improving officers' knowledge, attitudes, self-efficacy, and behavioral intentions
- Studies with strong comparison groups suggest CIT/CIT training is effective for impacting officer behavior (use of force, arrest, mental health linkage).
- Evidence that **model** implementation impacts transport/linkage outcomes- (including interrupted time-series design)
- Existing evidence for call subject, organizational, and community outcomes is limited.



# CIT and EBP as process



# Directions for future research

- Need for a CIT Model Fidelity Measure
- Examination of subject-level outcomes
- Examination of system- and population-level outcomes



Thank you!

Discussion & Questions