



Transcript: Innovations in Justice—The Importance of Crisis Intervention Teams: An Interview With Major Sam Cochran of the Memphis Police Services

The Bureau of Justice Assistance Justice Podcast Series is designed to provide the latest information in justice innovations, practices, and perspectives from the field of criminal justice. In this edition, Ruby Qazilbash, Senior Policy Advisor at the Bureau of Justice Assistance, interviews Major Sam Cochran of the Memphis Police Department about the crucial role of a crisis intervention team and how this program can be implemented in both large and small law enforcement departments.

Ruby Qazilbash: Hello, friends and colleagues. I'm Ruby Qazilbash for the Bureau of Justice Assistance. We invite you to join our conversation with Major Sam Cochran, the former Crisis Intervention Team Coordinator for the Memphis Police Department and currently with the University of Memphis. Through the justice and mental health collaboration program, BJA has been able to support the specialized police-based programs to improve responses to people with mental illnesses. Crisis intervention teams are the first and most replicated model of these specialized police-based programs. And Major Cochran developed the first crisis intervention team for Memphis in 1998.

Major Cochran, thank you for taking the time to talk with us today. Can you describe for the audience what are crisis intervention teams?

Major Sam Cochran: The crisis intervention team, traditionally, has been framed under the concept of a first responder, law enforcement program. I think that the overall intent is a better response, better services, with mental illness issues in crisis circumstances.

Ruby Qazilbash: One thing that I am keenly aware of is that of the nearly 18,000 U.S. police agencies, 86 percent serve populations of less than 50,000 and have fewer than 50 full-time sworn personnel. What do you tell these small departments about implementing CIT successfully?

Major Sam Cochran: You can do it. CIT is flexible, it is a breathing model that allows for the smaller communities to do also—implement and engage in CIT—and when I use CIT, obviously I am talking within terms of the crisis intervention team.

Sometimes counties are extremely rural. And maybe there's only just a handful of municipalities within the county. Sometimes CIT has actually been implemented from a regional perspective; you might be where you have two or three

counties that are very closely—they're connected. There's been some communities in Virginia that have clearly represented that regional concept and so they bring in from two or three different counties, communities coming together. So repeating, CIT can be implemented from a large department, [in] which they may have a lot of multiple resources within that large community. It can be created from one or two small communities, or even expanded even further from a regional concept.

Ruby Qazilbash: How do you advise smaller communities and smaller departments in developing CIT, who don't have as rich of a resource pool when it comes to those community mental health resources?

Major Sam Cochran: First of all, there's multiple partnerships, but let's just identify the three partnerships that clearly are taking a strong leadership to make this happen. Law enforcement, mental health providers, and then the third partnerships—strong partnership—is that of advocacy, family members or individuals who have mental illness themselves. And, quite frankly, probably the two strongest advocacy groups is that of NAMI, the National Alliance on Mental Illness [www.nami.org], and Mental Health of America [www.nmha.org/].

And to go specifically back to your question, what about those communities that are really struggling with regards to resources? Well, every community is going to have to do what they can do. In fact, sometimes a community will say, "Well, we don't have this or we don't have that, so let's wait on developing the crisis intervention team program until we develop this." And we strongly suggest that you don't do that. You do the best that you can under the circumstances. You look at those local mental health providers, one of the partnerships, and you say, "What can you do?" and having people to come to the table to discuss this, they will be able to provide something, some level of service.

You also should look at what the state can do. You see, you have different levels of services. You have state level of services and then you have a county level of services, or a local community level of services, and that level of services could be that of training. You could approach the state, oftentimes under the title of the State Department of Mental Health Services, and say, "We need assistance." And I think most of the state representatives can within their means, or within their terms, can help provide some type of services.

Implementing CIT in many ways is developing a platform, a community platform. It brings something very tangible that the community can grasp hope to. CIT is an ongoing growing process; you still have to struggle with issues of cutbacks from time to time, [and] advocacy of demanding services.

So as you develop this something tangible that's called crisis intervention team, you bring in those local leaders that are supporting this. You bring in mental health, you bring in that voice of advocacy, and you bring in law enforcement. They start to identify systems or infrastructures to those systems as to what works and what doesn't work. That's powerful because that provides a platform for the CIT process, or the CIT model, to say to the state or to the county or to the community, "We need this level of services."

And so that small community, once they start on CIT, it may not be the perfect model, but they start to say, "You know, we need more case managers or we need more outreach programs, or we need more alcohol and drug services. We need more housing services." So you start bringing in those other partnerships that filter into this. You start to recognize, and you start to create systems. And I think CIT helps to introduce that level of service.

Ruby Qazilbash: Talk to me about making the case for CIT. So some research has been done on law enforcement encounters with people with mental illness. We know that they're relatively infrequent, but that they tend to take a much longer period of time until resolution. And even more infrequently, encounters can become violent. How does law enforcement effectively make that case to their mental health partners, especially when states are experiencing such economic crisis these days?

Major Sam Cochran: If you start looking across the country at what's happening, we're continually putting people into the criminal justice system, in my opinion unnecessarily. And specifically to that, of what is referred to as minor-related charges often reflecting conduct-related, misdemeanor-type charges. And we're making an effort, CIT is making an effort, only because it is helping to bring this partnership of systems and services working more closely together.

Yet remember, the law enforcement is addressing immediate crisis services within the community. So a decision is going to have to be made. So, if I'm a law enforcement officer at 10 o'clock at night, and a decision needs to be made, what am I going to do? Because number one, I've got to protect the individual. Number two, I've got to protect the community. Many times, as I already suggested to you, that first initial contact with law enforcement can be very traumatizing. CIT helps to bring about a higher level of education and a higher level of understanding. Oftentimes, family members will very appropriately present their message within terms of "stigma is harming our people" and literally harming our nation. I think the word stigma is appropriate; however, if you really look closely at it, and I know sometimes I get a little overpassionate, I'm not sure if the word's not prejudice. From a law enforcement perspective, if you're not careful, and you're coming across an individual that is ill because of an illness, no fault of their own, because of conduct-related issues and law enforcement officers, they know the systems, they know how

they work or don't work, or the systems are not even in place in some places. Oftentimes, if you are not careful, the officers will tend to say, "Well the community doesn't care, so if the community doesn't care, why should I care?"

So law enforcement tends to overuse the criminal justice system to address that and the criminal justice system is not the place and in many, if not most, circumstances relating to mental illness issues. So from that perspective, I think that law enforcement needs to make a case that we want to protect the individual.

All right, then that brings about implementing a CIT model. Some communities have a very quick turnaround. They're able to work out cooperation and they bring in, law enforcement brings in an individual for crisis services, either voluntary or involuntary. And because of that partnerships, they are able to separate the law enforcement officer from the individual in crisis relatively quick.

Ruby Qazilbash: And mental health services takes over.

Major Sam Cochran: That's right. We have challenged the introductory level of mental health services. But oftentimes, and that introductory level into the mental health services involving hospitals, private hospitals that are following the emergency commit law and receiving any individual and waiting for an evaluation, waiting for other things, and yet they're still having to perform emergency services. Well, you have to get administrators at the table to work out these things. These, we have the potential of changing our country in a profound way. I am not naïve to say this is going to happen because the truth of the matter is CIT has been around now for 22 years, but thanks to the federal government and the grant programs that they're doing, we're making a strong impact. So you're going to see CIT more and more because of that platform that is instilling within the communities.

We talk about making changes, but we want to make those changes that are actually fulfilling the purpose and intent of this great country. And that's serving our people and recognizing that mental illness is an illness and it's not a crime just to have a mental illness and that's important. But by and large, I think look at the data, and look at the data that the federal government has sponsored. Clearly, the numbers are just out of control, with regards to the people that are into systems that don't need to be here.

Ruby Qazilbash: Let me ask you one final question. What do you see coming down the pike for CIT, as far as how police agencies will need to adapt in the next 5 to 10 years to further improve implementation of the model, and even as we talked about, adaptation into other fields?

Major Sam Cochran: I think that the CIT is adapting to the needs of their community. They're saying, "We're having so much demand for law enforcement services, we have to be able to move very fluidly through all of those demands." And I think that is one of those things that CIT has to help to define the different roles. And roles, I'm meaning handoffs. Law enforcement understands their role of responding to crisis services and to addressing those, but they're saying, "Okay, we did our role. Now we are looking for the other partnerships to step up." And I think that's going to be,

continually going to be a challenge because oftentimes funding, many times within mental health services, is encumbered on the local and county governments. And then you have state governments, and I'm being perfectly candid with you, many times, the state is looking for the local county municipality to do more, and oftentimes, the municipality in the county is looking [for] more from the state saying, "We don't have the resources." The states are struggling with regards to their own economic issues. And I think it can be cost-effective if you put forth state funding at that beginning level of the services. And, I don't think the states have identified that yet; not all the states, some are doing better than others, but I think this is going to have to be a cooperation and I think law enforcement is going to have to step up and be much more verbal in expressing this. I think the federal government can help in facilitating that line of communications, by recognizing the state needs to take on at least an immediate crisis services at the very beginning level and how can we direct this individual into sustainable treatment and services as opposed to just bringing them in, cursorily giving some

type of introduction to crisis services, only for this individual to subsequently fail within just a very short period, and then it circles back around.

So yes, I think CIT for the future is going to have to be much more intense with regards to looking at the systems and the services and the infrastructures to those systems.

Ruby Qazilbash: Well, thank you, Major Cochran, for taking the time out of your busy schedule. Thank you for your amazing career in public service to the people of Memphis, and for assisting communities across the country.

Closing: Thank you for taking the time to join us for this conversation. If you found the discussion interesting, we encourage you to visit the BJA web site for more innovative ideas and best practices at www.ojp.gov/BJA. From all of us here at BJA, thank you for tuning in to today's podcast. We hope you will join us again for another edition of BJA's Justice Podcast Series.

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