

CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 1.1 Welcome

Welcome to today's training. Today's topic is Crisis Intervention Teams: Advocacy for Police, Clinicians, Consumers, and Communities, a part of the myLearningPointe course library.

Slide 1.2 Course Instructions

When viewing this course, you will need to click the Next button on the bottom right of this course player at the end of each slide. To view the last slide watched, click Previous. The Pause and Play buttons are on the bottom to the left of the green Progress bar. The Progress bar also performs the fast forward and rewind functions. Click in the Progress bar to move back or forward in the current slide. You can also navigate the course using the menu outline on the left. You might find other information relevant to the course in the Resources tab located at the top. When viewing the final slide of this course, please let it play to its end.

Slide 1.3 Speaker Introduction

My name is Dr. Kristy McKiness, and I am a licensed clinical professional counselor at KM Institute LLC in Aurora IL. I am also an adjunct faculty member at Northern Illinois University in the mental health counseling graduate program. Let's get started with today's presentation. Mental health related calls are a prevalent part of police officers' routine duties. Because these calls have continually become more common and require a host of skills to keep officers, mental health consumers, and the community safe, special attention should be given to the mental health training that police officers receive. This training therefore covers the history and development of Crisis Intervention Team (CIT) training, the importance of the training in maintaining officer and consumer safety, and also the benefits of CIT training for communities. Our goal is that this presentation will increase your awareness, confidence, and resources for CIT training in your community and surrounding communities.

Slide 1.4 Course Objectives

After completing this course, participants should be able to:

- Identify the origin, purpose, and function of Crisis Intervention Teams (CIT)
- Know how you can support CIT in your community
- Understand the types of CIT programs and how these programs serve to advocate for police officers, clinicians, mental health consumers, and communities

Slide 1.5 Course Introduction

CIT has important developmental initiatives that remain prevalent in today's society. Therefore, understanding the events that lead to the formation of CIT, knowing how to identify if local police departments have CIT programs, identifying how CIT programs benefit communities, and understanding different types of CIT programs will help you to form partnerships with local police departments. These partnerships will help to coordinate care for the mental health consumers that are served by both police officers and mental health professionals. Increasing communication and partnerships between law enforcement officers and mental health professionals will assist both industries with understanding each other's responsibilities, perspectives on serving mental health consumers, and also with improving communication during these processes. CIT also brings together professionals from mental health court, emergency rooms, families of consumers, and psychiatrists as these practitioners all render support to mental health consumers.



CRISIS INTERVENTION TEAMS:

Advocacy for Police, Clinicians, Consumers, and Communities

Slide 1.6 Course Overview

This training reviews the recent literature on the ongoing developments of the Crisis Intervention Team (CIT) specialized crisis intervention program. Different CIT models are used depending upon the available resources within communities. National and international CIT models will be reviewed, and opportunities to identify CIT resources in your local community are discussed. CIT is a rapidly growing program that evolved from an incident that occurred in 1988. This training will now describe the origins of CIT, and discuss how and why CIT has continued to evolve in the last 24 years.

Slide 1.7 Activity

In this course CIT stands for _____.

Slide 2.1 Crisis Intervention Teams: History and Purpose

First, let's take a look at the history and purpose of Crisis Intervention Teams (CIT).

Slide 2.2 Purpose

Expanding our understanding of the origins of important training programs such as CIT helps to recognize the relevance of sustaining these curriculums. Due to budget deficits, decreased mental health services, de-institutionalization, criminalization and recidivism, and safety issues, the preliminary issues that initiated CIT development remain current in today's society. Therefore, understanding situations that lead to CIT helps to recognize ways to continue and expand CIT training opportunities.

Slide 2.3 Why CIT?

"CIT gives officers more tools to do their job safely and effectively. It helps keep people with mental illness out of jail, and get them into treatment, where they are more likely to get on the road to recovery.

- CIT improves officer safety. After the introduction of CIT in Memphis, Tennessee, officer injuries sustained during responses to "mental disturbance" calls dropped 80%.
- CIT is the best program. Compared to other jail diversion programs, officers say CIT is better at minimizing the amount of time they spend on mental disturbance calls, more effective at meeting the needs of people with mental illness and better at maintaining community safety.
- CIT saves public money. Pre-booking jail diversion programs, including CIT, reduce the number of re-arrests of people with mental illness by a staggering 58%. Individuals who encounter a CIT-trained officer receive more counseling, medication and other forms of treatment than individuals who are not diverted—services that keep them out of expensive jail beds and hospitals. For example, in a study in Detroit, housing an inmate with mental illness in jail costs \$31,000/year, while community-based mental health treatment costs only \$10,000/year."

NAMI, "What is CIT" <http://www.nami.org/Law-Enforcement-and-Mental-Health/What-Is-CIT>

CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 2.4 History: The Triggering Event

Where did the creation of CIT come from? CIT training was created after the death of a mentally ill man in Memphis, Tennessee in 1988. The man was known to several veteran police officers on the department due to frequent contact with them in relation to his mental illness symptoms of schizophrenia. One incident with this man involved officers on the department who were unfamiliar with him as well as his mental illness. When officers responded to the call involving this man, they observed him standing with a knife making suicidal statements. When officers attempted to de-escalate the man, he became agitated by their commands. He responded by making a swift lunging motion with the knife toward police, and was shot and killed. Although the police officers responded appropriately according to their policy and attempt to maintain safety, a life was lost.

Slide 2.5 History: The Response

In response to this loss, Memphis police officers, community members, mental health providers, and mental health consumers collaborated to brainstorm opportunities that would prevent similar situations. Their collaboration and brainstorming resulted in the creation of CIT training. CIT programs are collaborative partnerships between mental health providers and law enforcement officers that aim to de-escalate individuals who are in crisis, and prevent criminalization of individuals with mental illness. For purposes of this training, the word 'crisis' is meant to reflect children, adolescents, and/or adults who are experiencing symptoms of mental illness, PTSD, or who are intoxicated.

Slide 2.6 Activity

CIT began in 1988 following the death of a mentally ill man in _____.

Los Angeles, California

Louisville, Kentucky

Memphis, Tennessee

Minneapolis, Minnesota

Slide 3.1 The CIT Training Process

The Crisis Intervention Team training process

Slide 3.2 Training Process Components

In order to understand the significance of CIT programs, it is important to understand the training process. There are core constructs embedded in all CIT training sessions. These constructs aid in the ongoing development of CIT training programs in the United States, Canada, Australia, and Sweden. The constructs include stakeholder involvement that supports CIT sustainability. The professional organization of CIT International therefore created the motto that CIT training is "more than just training." Volunteer officers, training constructs, and creating sustainability of CIT programs are factors that are embedded to CIT training. We'll now take a look at these factors in more detail.



CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 3.3 “More Than Just Training”

CIT training is the foundation of CIT implementation models. In order to send police to the training, collaborative community relations must be established to ensure all stakeholders are aware of policies and procedures. Jails, emergency rooms, hospitals, community mental health agencies, mental health courts, and police departments must establish collaborative policies to prepare for the interventions of police officers with people experiencing a mental health crisis. This collaborative partnership is an early intervention model that helps to prevent the criminalization of mentally ill individuals in crisis.

For example, a police officer who comes in contact with a person who is in crisis will have an increased skill set to de-escalate the individual and recognize signs/symptoms of mental illness. Therefore, the officer may recognize that the person needs to be transported to a mental health facility rather than jail. This example also highlights the importance of involving local mental health facilities to be prepared for officers to bring individuals to their facility, or to request assigned on-call crisis clinicians to the scene.

In addition to aiding in the prevention of criminalizing mentally ill individuals, recent CIT research indicates that CIT trained police officers use less physical force and more verbal de-escalation techniques than their non CIT trained counterparts. This measure leads to decreased injuries to officers as well as the individuals with whom they come into contact. This factor is especially important given that approximately 10 percent of cases to which officers respond are mental health crisis calls.

Clearly, CIT trained officers use an expanded skill set that they acquire during CIT training. These skills advocate for decriminalization, decreased injury, and community partnerships that improve service delivery for individuals in crisis.

Slide 3.4 Voluntary Training

How are officers selected to complete CIT training, and how does this process reflect “more than just training?”

Only those officers who volunteer for CIT training are eligible to complete the training process. Research indicates that officers best suited for CIT involvement self-select to complete the training. The literature also indicates that officers who volunteer for CIT training have a family member or friend who has received mental health services. Although not all police officers who volunteer to become CIT trained may know someone who has received mental health services, research supports that the majority of officers who complete the training have increased empathy and understanding for mental illness.

Therefore, CIT trained officers advocate for the safety of mentally ill individuals and the community by volunteering to improve their approaches to working with mental health crisis calls. They advocate for restoration of safety without unnecessary use of force or criminalization. Some CIT trained officers also choose to become members of the National Alliance on Mental Illness (NAMI) and/or CIT International to advocate for mental health services, and other officers volunteer their time as trainers and presenters with professional organizations. Officers’ increased empathy and understanding of mental health issues help to promote CIT training at the professional level while also improving officers’ first hand encounters with mental health crisis calls.

CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 3.5 Training Constructs

What does the CIT training process involve? The CIT training involves a combination of didactic training as well as experiential learning.

Didactic topics include: signs and symptoms of mental illness, PTSD, substance abuse, psychotropic medications, involuntary committal, multicultural competency, de-escalation techniques, and working with individuals with disabilities. The experiential learning component involves extensive role plays, and use of activities. The role plays depict real-life scenarios officers can and do encounter in their daily work as first responders.

For example, a role play scenario may reflect a situation where an officer is dispatched to a retail store where a homeless person is running around the store and going in and out of the restroom. CIT officers-in-training are confronted with actors who portray this scenario to make it as real as possible. As the scenario develops, the officers learn that the individual at the store is not responding to their commands because the person is deaf. The officers also learn that the person is paranoid due to intoxication. This realistic scenario depicts how officers learn skills to work with individuals in crisis in ways that can effectively de-escalate the person as well as restore safety without criminalization.

The role play actors as well as those who present didactic trainings are often officers who have previously completed CIT training, mental health professionals, and mental health consumers. At times, family members of mental health consumers also take part of the training process. Many officers report that learning from mental health consumers and their families is a powerful learning tool during their CIT training process.

Slide 3.6 Sustainability

How does CIT continue to grow nationally and internationally? CIT implementation models are comprised of more than training police officers about mental health. A key element of creating CIT programs for communities is the collaboration of stakeholders. As mentioned earlier in this training, stakeholders must form a partnership because of the policies and protocols that will be modified/implemented to meet the needs of CIT programs. Therefore, the local jails, hospitals, schools, mental health agencies, etc., must collaboratively create policies that support all stakeholders involved. This venue reflects the available community resources that are specific to each community.

For example, if a small rural community does not have a local community mental health agency, then forming partnerships with neighboring community agencies is essential. This process takes time and compromise by each participating stakeholder. But, by involving numerous stakeholders, each stakeholder helps to maintain accountability for everyone involved. So, hypothetically, if CIT officers stop referring and transporting individuals in crisis to their partnered mental health agency, it is likely that this issue would be raised at the administrative level between the agency and police department. Each stakeholder contributes a service to better serve people in crisis, and therefore makes CIT more than just a training that police officers complete.

CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 3.7 Sustainability con'd

Another venue for creating CIT sustainability is attending the annual CIT International conference. This conference offers opportunities for networking, attending workshops beneficial to mental health practitioners and police officers, and learning ways to implement/maintain CIT programs in communities.

When communities prepare to implement CIT programs, selecting a model that is best suited for the community is essential. As you can see, CIT is a multifaceted program that involves empathy, training, and sustainability by all stakeholders involved. These measures contribute to the ongoing growth of CIT programs throughout the United States and other countries. Specifically, NAMI notes that over 2,700 communities have incorporated CIT programs and a representatives from 46 states attended a recent CIT International conference.

Given that different models are used according to communities' resources we'll now take a look at the individual CIT models more closely.

<http://www.nami.org/Get-Involved/Law-Enforcement-and-Mental-Health>

<http://citinternational.org/2016-attendance.html>

Slide 3.8 Activity

The CIT program constructs include _____ involvement that supports CIT sustainability.

Judicial authorities

Law enforcement

Stakeholder

Tax payer

Slide 3.9 Activity

The expanded skill set of CIT trained officers has the added benefits of: (select all that apply)

Decreased criminalization

Decreased injury to officers and consumers

Improved community stakeholder involvement

Increased admissions in mental health facilities

Slide 3.10 Activity

Research indicates that officers best suited for CIT involvement are nominated by their supervisor to complete the training.

True

False

CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 3.11 Activity

Didactic training topics include all of the topics listed below except:

De-escalation techniques

Family counseling

Involuntary committal

Multicultural competency

Psychotropic medications

PTSD

Signs and symptoms of mental illness

Substance abuse

Working with individuals with disabilities

Slide 3.12 Activity

Role play actors as well as those who present didactic training sessions are often officers who have previously completed CIT training, mental health professionals, and mental health consumers.

True

False

Slide 4.1 CIT Implementation Models

CIT implementation models.

Slide 4.2 Models Overview

There are three types of CIT models. Each model uses a different type of partnership with mental health professionals and law enforcement officers.

CIT models differ per the presenting problems and jurisdictional characteristics unique to each police department and city resources. Key factors in creating and maintaining a CIT program include the availability of mental health resources, modification of police and mental health policy, additional training for both police and mental health clinicians, financial resources, and interdisciplinary collaboration. These variables vary per community and police department, and therefore the exact CIT model utilized is tailored to best fit the needs of the environment. However, literature consistently cites that most specialized programs appeared to generally conform to one of three models; the police-based specialized police response, the police-based specialized mental health response, and the mental-health-based specialized mental health response. Let's now take a look at each model in more detail.



CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 4.3 Police-Based Specialized Police Response

Police-Based Specialized Police Response operates by utilizing those officers with specialized mental health training. They are dispatched to mental health calls rather than officers who have not completed the training. Dispatchers are trained to recognize mental health calls, and dispatch them accordingly to CIT officers if a CIT officer is on duty and available. Community citizens that are aware of the CIT services can also request a CIT officer. The CIT officers serve as liaisons to the formal mental health system. The Memphis CIT program is an example of this type of program.

Slide 4.4 Police-Based Specialized Mental Health Response

The second type of model is the Police-Based Specialized Mental Health Response. This is a model where mental health professionals (not sworn officers) are employed by the police department to provide on-site and telephone consultations to officers in the field responding to a mental health call. This type of model is often referenced as a mobile crisis unit. The city of Toronto, Canada uses this model, and a psychiatric nurse accompanies a CIT officer to all mental health calls to which the officer is dispatched.

Slide 4.5 Mental-Health-Based Specialized Mental Health Response

The third model is the Mental-Health-Based Specialized Mental Health Response includes partnerships or cooperative agreements that are developed between police and mobile mental health crisis teams. These models operate independently of the police department. This model differs from the previous two models in that mental health professionals may provide a crisis intervention service, but do not ride along with officers to accompany them with each mental health crisis call. Instead, clinicians are contacted on an as-needed basis per officers' discretion.

Slide 4.6 Community Resources and CIT Models

How do communities select which CIT model is best for them? During the collaboration stage of initiating a CIT program, community stakeholders gather to discuss implementation and/or modifications to policies and procedures that will support a CIT program. During this process, available community resources are identified.

For example, funding for CIT training, available community mental health agencies and staff, and hospitals are among the primary factors considered when implementing a CIT program. If the community is in a large urban setting, there is a likelihood that more resources will be available. These communities may have the resources for a police-based specialized mental health response model, such as Toronto, Canada. In contrast, small rural communities may not have as much available funding, or available mental health services. Therefore, these types of communities may decide to utilize the police-based specialized police response model.

Each community needs and resources are unique, and should be taken into consideration when implementing CIT programs.

CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 4.7 Activity

Drag (match) the model name to its description

Mental-Health-Based Specialized Mental Health Response	operates by utilizing those officers with specialized mental health training.
Police-Based Specialized Mental Health Response	mental health professionals (not sworn officers) employed by the police department provide on-site and telephone consultations to officers in the field responding to a mental health call.
Police-Based Specialized Police Response	includes partnerships or cooperative agreements that are developed between police and mobile mental health crisis teams. These models operate independently of the police department.

Slide 4.8 Activity

A community should select a CIT model based on what resources? (select all that apply)

Available community mental health agencies and staff

Funding for CIT training

Hospitals

Size of the community

Answer: A community should select a CIT model based these primary resources: funding for CIT training, available community mental health agencies and staff, and hospitals. While the number of people in a community may impact the resources available, a small community with all the needed resources could make the same model selection as a large urban area.

Slide 5.1 CIT and Your Community

Crisis Intervention Teams and your community.

Slide 5.2 CIT Presence

How do you know if CIT exists in your community? There are different ways to ascertain whether a CIT program is available in your community. Many police departments and/or communities advertise CIT on their websites. You can also contact the police department to inquire whether the department has a CIT program, and inquire about information regarding the program model. Finally, CIT officers are provided CIT pins that are worn on officers' uniforms. These pins provide a sense of pride to the officer for completion of CIT training, and serve to advertise CIT services to the community.

CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 5.3 CIT Advocacy

Knowing that the community in which you and/or your client resides has available CIT services is beneficial in situations such as calling for a wellbeing check on a client. If calling such a check on a client, you may specify that a CIT officer be dispatched to the scene. Similarly, if police are needed when in session with a client, requesting a CIT officer is a way to advocate for your client, you, and the responding officers.

Educating others about CIT services in your community can also benefit your clients. Informing clients and their families regarding CIT can be a helpful endeavor for them should police ever need to be contacted. Literature shows that consumers who are educated about CIT are less fearful of police and are better able to de-escalate in the presence of a police officer.

A strong CIT program needs you to reach out and build partnerships in your community. Most CIT programs are developed by local communities, sometimes with neighboring jurisdictions, so law enforcement executives, mental health directors and other community leaders need to commit to the program.

Before you start training, you will want to think about ensuring police and the emergency department (or other crisis service) coordinate with each other.

Slide 5.4 Differentiating Intervention from Treatment

Differentiating intervention from treatment is important in relation to understanding the role and services of CIT officers. CIT training does not prepare officers to provide mental health treatment, but rather to provide effective and proactive crisis intervention skills when interacting with individuals who are experiencing a mental health crisis. This distinction is important to recognize in order to strengthen and maintain the CIT partnership between law enforcement personnel and mental health clinicians.

Professionals from each vocation can improve coordination of care for persons experiencing a mental health crisis by having an understanding of each profession's scope of practice in relation to the acute needs of a person in crisis. Law enforcement officers who come into contact with people in crisis do not have the resources or training to provide on-scene treatment. Furthermore, treatment is an ongoing process that cannot take place in the amount of time officers have available to them to respond to a situation.

Although mental health professionals are trained in the provision of crisis intervention, clinicians are not trained in the legal procedures to restore and maintain safety to citizens, themselves, and the community that law enforcement officers are trained to provide. The recognition of the service delivery scope of law enforcement officers and mental health professionals assists with decreased time spent on-scene to resolve crisis calls, and assists professionals from each vocation to understand their role in crisis intervention calls. These measures aid in more efficient and effective service delivery for individuals experiencing a mental health crisis.

Slide 5.5 Activity

Police officers, mental health professionals and families of consumers are all part of CIT advocacy.

True

False

CRISIS INTERVENTION TEAMS: Advocacy for Police, Clinicians, Consumers, and Communities

Slide 6.1 Conclusion

Conclusion

Slide 6.2 Course Summary

We have discussed several elements about CIT programs and training. Let's review the main concepts presented in this training:

We have identified the origins of CIT as well as the factors that promote ongoing growth of the CIT program, outcomes of CIT training, the importance of stakeholder involvement, officer selection for CIT training, how CIT is "more than just training," the different CIT models, how to recognize and use CIT in your community, and differentiating crisis intervention from treatment regarding CIT services.

You may be wondering as to additional resources for CIT involvement and advocacy. Let's take a look at additional avenues for you to support, and be supported by CIT.

Slide 6.3 CIT Resources

Prolific CIT resources are available, but those that are provided in this training offer fundamental education and opportunities to advocate for CIT. Each of these resources may be accessed under the resources tab of this course.

The first is the link to the professional organization of CIT International mentioned throughout this training. This site offers opportunity to become a member as well as provides extensive information on CIT. The second link for the CIT Center in Memphis also offers education about CIT programs and training resources. NAMI's website provides you the opportunity to register with NAMI as a non-member for no charge. During the registration process, you can select newsletters and information to be emailed to you including the quarterly *CIT In Action* newsletter. All of these resources provide information on how to start a CIT program, and provides extensive information and resources about this process. Whether or not you elect to become a member of CIT International or NAMI, you will have many opportunities available to you through these resources to advocate for CIT, and therefore advocate for consumers of mental health services.

Slide 6.4 Important Points

Keep in mind these important points:

- Purpose and foundation of CIT
- Core elements and curriculum of CIT
- CIT outcomes
- Types of CIT programs
- CIT sustainability and partnerships
- Your role with advocacy for CIT

Slide 6.5 Thanks for Joining Us

Thanks for joining us. We hope you enjoyed today's training. Now all you have to do is take and pass the assessment to obtain your CEU's. This course will exit to your assessment upon completion of the timeline. Good luck!