



A Five-Legged Stool...a Model for CIT Program Success!!!

How a Crisis Intervention Team Program can be More Than Just Training???

The Crisis Intervention Team (CIT) Program, based on the "Memphis Model", is an innovative Program designed to effectively assist individuals in their communities who are in crisis due to behavioral health or developmental disorders. While CIT is mistakenly viewed as Law-Enforcement "Training", in reality it is considerably more. It is a broad-reaching Program, which relies on strong community partnerships and a vibrant crisis system that understands and responds to the role and needs of law enforcement. The CIT Program encourages officers to access crisis facilities, when appropriate, to redirect individuals in crisis away from the criminal justice system. This fosters engagement into the behavioral health system for linkages to long term treatment and service which affects sustainable change in the community. The goals that are realized through implementation of CIT Programs include increased officer and consumer safety, diversion away from the criminal justice system and into the behavioral health system, hopefully leading to longer-term treatment and recovery. The CIT Model reduces both stigma and the need for further involvement within the criminal justice system.

CIT has existed for over twenty-five years and is built on 10 Core Elements. Despite the longevity of the program, there is still wide-spread confusion in many communities around what a healthy program really encompasses. This includes communities who have endorsed and implemented CIT training as well as communities who have yet to adopt the CIT Program. To help clarify, it may be useful to view CIT as a "5-Legged Stool." Our figurative "Stool" cannot function at all with only one leg (i.e. just training police), and really needs at least three legs to stand; and ideally needs all 5 legs to be strong, functional and enduring.

1) Police Training

While the training of police officers is the most visible component of CIT programs, it is only one piece of a multi-level community collaborative effort.

The importance of the effective training of police officers cannot be underestimated. These are the individuals to whom everyone in the community turns to in times of crisis. In most communities, the goal of law enforcement agencies should be to have 20-25% of their uniformed patrol officers CIT trained. The 40 hour advanced officer training is most effective when the officers in attendance have volunteered to complete the week-long training. Officers who volunteer to attend the program have shown initiative

and interest and will generally be more amenable to applying the new tools they have learned upon returning to their units.

An important concept to emphasize to officers at the very beginning of the CIT week is that this training is not meant to replace anything they have learned as officers. Police officers are always officers first. CIT training is meant to give officers additional tools to use when they are in the field interacting with individuals who may be in crisis. This includes the opportunity, when appropriate, to utilize their discretion and divert the individual away from the criminal justice system and into the behavioral health system. CIT training helps officers evaluate when they might use their discretionary powers and gives them the information regarding available resources to effectively and successfully accomplish this diversion.

Much like a one-legged stool won't be able to stand, if a community only has this most "common" leg of a CIT Program, it really does not function and accomplishes little, if any, real tangible outcomes in a community.

2) Community Collaboration

It is vitally important that integral community partners are identified and utilized by the CIT development team. Community partners play an important role in the CIT process and it is important that Community ownership can be developed. This is accomplished by including Individuals and organizations within the community in all phases of developing and implementing the CIT program – from initial planning, training curriculum, and ongoing feedback and problem solving. Local professionals and agencies who dedicate their time, without charge, to assist in the training of patrol officers, helps to increase the sense of community ownership and networking for CIT. It is this broad-based grassroots community collaboration, that makes a CIT Program achievable and sustainable. In times of fiscal challenges, budgetary cuts, etc., the "in-kind" nature of a healthy CIT Program, helps it weather potential fiscal and political "storms" and permits the Program to endure, providing better outcomes for officers and those in crisis.

3) Vibrant and Accessible Crisis System

Training and collaboration throughout the community is imperative for CIT, but perhaps the most meaningful leg, in order to actually accomplish real outcomes, is having a robust Crisis System. Many communities "have" a system, however, it is more than just "having" a system. It requires that the system be responsive to the needs of police and community as a whole. Having quality services and providers is the first step, but if they are not responsive and easily accessible, then they will not be utilized by police. Thus, the CIT goal of reducing the amount of incarceration for those individuals who need behavioral health services, would not be achieved.

Accessibility is of paramount importance when it involves Police "hand-offs" to behavioral health services. These interactions need to be quick, efficient and guaranteed, regardless of capacity, funding sources, diagnosis, entitlement, etc. Triage must be kept to the minimum, to ensure that police officers are able to return to their police duties and behavioral health crises remain within the behavioral health system. A critical tenet to accessing Crisis Services is to ensure that community crisis services and "receiving centers" operate with a "no-wrong door" philosophy for law-enforcement. Despite an individual's diagnosis or presenting issue, the behavioral health crisis system needs to be prepared to respond to an individual referred by law enforcement. Police must have priority access to services for the people they bring and the behavioral health provider must not turn an individual away because they do not meet specific and

narrow criteria. While this may create challenges to the behavioral health provider, it is imperative that behavioral health entities collaborate within their own system in order to ensure an individual gets to the right door. Behavioral health entities should not expect Law-Enforcement to navigate their system, or even worse, prevent law-enforcement from handing off people to their facility. Rather than exercising utilization management techniques with police officers, the goal needs to be helping individuals in crisis. With that mindset, behavioral health can continue to partner with police in order to build stronger and healthier communities.

While Facility-based services operating with "No-Wrong Door" are critical to a CIT Program, an enhancement to consider to help build healthy communities is the ability to also access mobile behavioral crisis responses out in the community. For communities with mobile behavioral crisis services or for those communities seeking to create this level of care, it is important to consider how these services can meet the needs of law enforcement when they are dealing with a behavioral health crisis that can be handled out in the community. To make sure that the service has relevance to CIT, the key is for mobile community crisis response teams to always respond to a police request in a prioritized manner, and then free law-enforcement from the scene as quickly as possible. This level of responsiveness is needed to increase the likelihood that police will utilize mobile crisis services, thus increasing the opportunity to stabilize individuals safely at home, when appropriate.

The Behavioral Health Crisis System's guiding philosophy should be "Accessibility," with the goal to inculcate a culture in service providers which is focused on acceptance, rather than placing clinical barriers to accepting hand-offs. A consistent, prioritized and seamless process needs to be the expectation of the services provided by the behavioral health crisis system, in order to adequately meet the unique needs of the police. This consistency and commitment to meeting the needs of police helps build trust between law enforcement and behavioral health and increases the opportunity for therapeutic hand-offs.

4) Behavioral Health Staff Training

Training of behavioral health staff is critical in fostering positive working relationships between law enforcement and the mental health community. It is important that behavioral health staff have a clear understanding of the law enforcement officer's role in the behavioral health community. There is sometimes a tendency for behavioral health staff to incorrectly develop an impression that because an officer is CIT trained, they have somehow become a combination of both, a law enforcement officer and a social worker. A clear delineation of the two worlds should remain intact. Emphasize that the goal is collaboration, not integration. A social worker who gains an understanding of CIT does not become a law enforcement officer and behavioral health staff need to recognize that after a law enforcement officer receives some specialized training in behavioral health, that officer remains, first and foremost, a cop.

Because the world of law enforcement is somewhat misunderstood by those outside the law enforcement community, it will be key for behavioral staff to gain insight into what a law enforcement response looks like. To provide that insight, law enforcement agencies may want to identify some behavioral health staff members to participate in a ride-along with a CIT trained officer. Nothing will provide more clarity to a behavioral health worker than to witness an officer perform all of the functions and constraints typical in patrol. Behavioral health staff can appreciate the differences between the two cultures, and the image of the officer will no longer be seen as that of a behavioral health worker. This

promotes the beginning of an understanding that CIT trained officers are, above all else, officers...who, by choice, have received specialized training in behavioral health topics.

In addition to ride-alongs, it can be helpful for law enforcement to provide training to front-line behavioral health workers. Just as it is important for police to learn about behavioral health issues, it is also important for behavioral health staff to understand and respect the law enforcement officer's role and practices. By highlighting what law enforcement practice looks like...and what it does NOT look like, behavioral health staff will become educated as to how best to coordinate, collaborate and cooperate with law enforcement officers. This has a two-fold benefit. It can lead to better interactions when law-enforcement is handing-off an individual, but also can help guide behavioral health staff on appropriate times to request law-enforcement involvement in a behavioral health incident.

Training for ground-level behavioral health staff can be one of the most productive undertakings to advance community understanding and appreciation of the value that CIT training bring to their community.

5) Family/Consumers/Advocates Collaboration-Education

The final leg, family/consumers/advocates, is often the "forgotten" leg. Involvement of these stakeholders in CIT programs is truly critical to help entrench a CIT Program firmly in a community. In addition to having consumers participate in the actual training curriculum, the education and training of family/consumers/recipients helps to increase buy-in and "ownership" of the Program. This helps to support critical elements in the Program. There are two main ways this can benefit: Improved understanding of front-line level interactions involving law-enforcement and Advocacy for the Program needs. Supportive advocates of CIT processes and Program needs are important to help foster positive relationships between the police and their community, and improve the efficacy of the program. And who better to spread that positive word than those family members and friends whose loved ones have been helped by a CIT Trained Officer.

A CIT Program that helps to educate consumers/advocates on the resources that are available in their community, are able to be more engaged in the Program. The development of meaningful crisis plans, tips on how to improve face-to-face interactions when law-enforcement is responding to their loved-one, and increased understandings of law-enforcement's typical responses, limitations and procedures, go a long way to increasing the likelihood for successful outcomes. When both parties in the interaction are more informed and willing to respect each others' perspective, the opportunity for mutually beneficial results, increases exponentially. Families/advocates who are more informed, engaged in pre-crisis planning, and have reasonable expectations for the outcomes of crisis situations, greatly increase the likelihood of a positive outcome and typically are more supportive of the overall Program.

At the macro-level, this constituency can also be strategically helpful in advocating for the protection, expansion and accessibility of precious community behavioral health crisis services. For CIT to be effective in a tangible fashion, accessible crisis services are paramount. A CIT Program's ability to protect or acquire the needed behavioral health services to adequately support a true CIT Program is greatly improved when these community members actively advocate for this critical piece of a CIT Program. Since quality and accessibility to these services is generally a function of the funding provided by a region's behavioral health system and/or by the culture/vision of the agency providing these services, the consumers of the care can be an amazing ally.

Conclusion:

These five main "Legs" are the foundation of creating a strong CIT Program. Having three or four of the "Legs" is certainly an improvement over having none or just training for police. Having all five legs ensures that your community is on its way to having a strong and stable foundation that is systemically responsive to those individuals who are experiencing a mental health crisis. This solid foundation promotes a Program, which can be sustainable and weather the inevitable ups and downs that are certain to occur in a community over decades.

Central to the success of CIT is not only the training of the law enforcement officer, but also the education of those agencies and individuals within the behavioral health community who will be involved in the process. Successful diversion requires accessible crisis services. Only when law enforcement, behavioral health agencies and families/advocates, have a clear understanding and respect of each other's roles in a CIT Program, does true collaboration occur.