

# Specialized Police Response in Pennsylvania: Moving Toward Statewide Implementation





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## Executive Summary

There is significant interest in and need for specialized police response (SPR) training in Pennsylvania. This document begins with a description of the current need in this area. It then summarizes the various existing promising forms of training that fall within the domain of SPR. These include the intensive Crisis Intervention Team (CIT) training; the less intensive, more general Mental Health First Aid (both 8 and 12 hour curricula); and advanced CIT for veterans' issues and correctional settings. The content and costs of training in each of these areas are included in the discussion, as well as current status of CIT programs in Pennsylvania and other states' efforts to implement SPR training on a statewide base. Several next steps in developing a statewide SPR training in Pennsylvania are suggested, including:

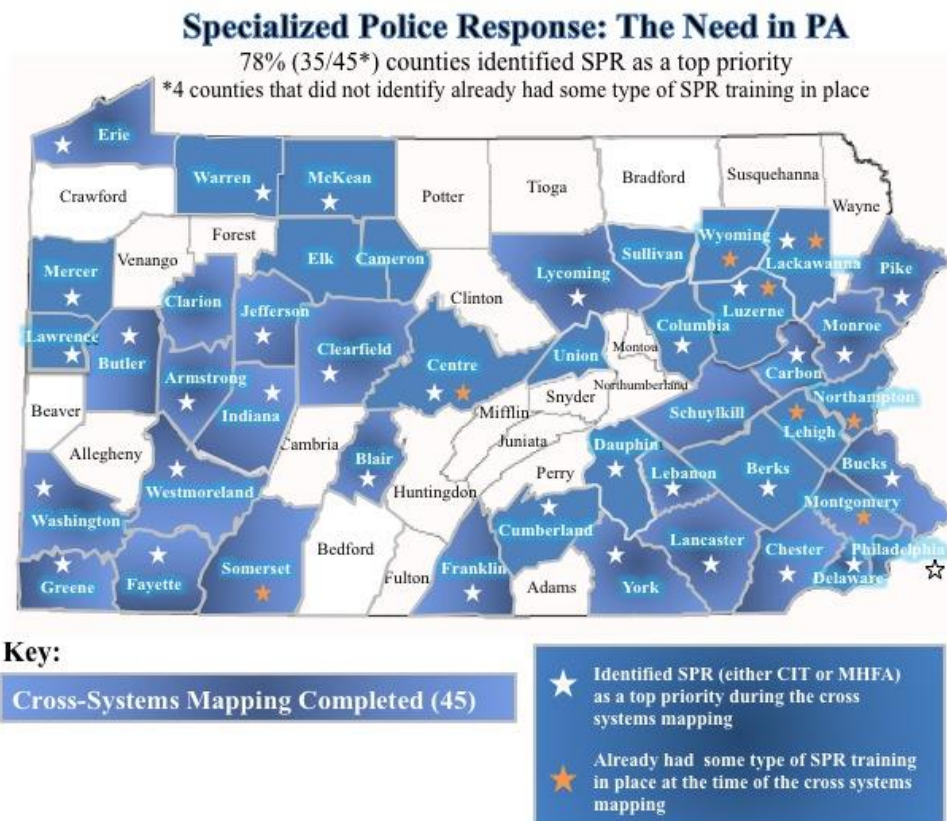
1. Create a "toolkit" that would provide a blueprint for implementation with a focus on the community partnerships necessary to make these local initiatives successful. This would involve developing a model curriculum using the most current adult learning approaches, including PowerPoint slides, handouts, and experiential activities such as role-plays to teach and refine skills in de-escalation
2. Develop model protocols for call-taker, dispatch, police, crisis behavioral health, and information-sharing responses
3. Organize and provide regional trainings for
  - a. Implementing CIT
  - b. Mental Health First Aid instructors
4. Compile a list of individuals skilled in providing the various training components
5. Offer training at the state level so that localities could send staff to learn how similar training can be offered locally. These could take advantage of the following state conferences:
  - i. Pre-conference workshop for the Annual Forensic Rights and Treatment Conference (previously offered in 2010 and 2012)
  - ii. Annual Forensic Rights and Treatment Conference
  - iii. Annual Veterans Jail Diversion Conference
6. Convene a council of specialized police response coordinators from both law enforcement and behavioral health systems to share information and assist in local implementation
7. Establish a technical assistance and resource center for CIT and MHFA program development, maintenance, and expansion
8. Provide guidance on program evaluation to monitor outcomes of the local and state efforts

## Justification for Specialized Police Response: The Need in Pennsylvania

There is significant interest in and need for specialized police response (SPR) training in Pennsylvania demonstrated through identification of SPR training needs during Cross System Mapping workshops, results from a statewide 2010 SPR survey, and a Mental Health/Criminal Justice Task Force report outlining best practices for Intercept One diversion efforts in the Commonwealth.

### Cross Systems Mappings Specialized Police Response (SPR) Priorities

- ❖ There is significant interest and need for training in specialized police response in Pennsylvania. A total of 35 of the 45 counties that have completed a cross-systems mapping workshop in the Commonwealth since 2009 have expressed interest in starting or expanding specialized police response training and behavioral health partnerships to divert individuals with mental illness and other behavioral health problems from the criminal justice system. Four of the ten remaining counties had an existing Crisis Intervention Team (CIT) or Police School program.



1/20/16

<b>Crisis Intervention Team (CIT) and Mental Health First Aid (MHFA)  Identified as Specialized Police Response Training Priorities  in Cross Systems Mapping Workshops in Pennsylvania  As of January 2016</b>			
County	Date of Mapping	CIT as a Priority	MHFA as a Priority
Western Region (PCCD rep: Bobby Juip)			
Westmoreland	May 2010	Yes	No
Jefferson	August 2010	Yes	No
Fayette	December 2010	Yes	No
Indiana	March 2011	Yes	No
Clarion	August 2011	No	No
Butler	February 2012	No	Yes
Armstrong	February 2012	No	Yes
Greene	March 2012	Yes	Yes
Washington	May 2012	No	Yes
Erie	July 2012	Yes	Yes
McKean	May 2013	Yes	Yes
Lawrence	August 2013	Yes	Yes
Warren	November 2013	Yes	No
Mercer	June 2015	Yes	Yes
South Central Region (PCCD rep: Karri Hull)			
Franklin	June 2012	Yes	No
Clearfield	January 2011	Yes	No
Blair	June 2011	Yes	Yes
York	September 2011	Yes	No
Somerset	December 2011	No	No
Centre	April 2015	Yes	No
Northeast Region (PCCD rep: Jennifer McConnell)			
Schuylkill	November 2010	No	No
Lycoming	May 2011	Yes	Yes
Monroe	July 2011	Yes	Yes
Carbon	October 2011	No	Yes
Pike	June 2012	Yes	No
Luzerne	July 2013	Yes	Yes
Union	March 2014	No	No
Wyoming	July 2015	No	No
Sullivan	July 2015	No	No
Southeast Region (PCCD rep: Kim Mackey)			
Philadelphia *	May & June 2009	Yes	No

Lancaster *	June 2009	Yes	No
Montgomery *	October 2009	No	No
Delaware	May 2010	Yes	No
Chester	June 2010	Yes	No
Bucks	September 2010	Yes	Yes
Lebanon	February 2011	Yes	No
Northampton	June 2013	No	No
Lehigh	August 2015	No	No
Dauphin	November 2015	Yes	Yes
Berks	November 2015	No	Yes

**Total: 35/45 counties identified CIT and/or MHFA as a priority**

- Community stakeholders strongly support preventing people with mental illness from inappropriately entering the criminal justice system, while also increasing the safety of consumers, law enforcement, and the community
- Focus has been on training for law enforcement, but also on improving the partnership between law enforcement and crisis services to improve prompt access to crisis services
- Many of the counties are specifically interested in implementing the Crisis Intervention Team (CIT) model
- Others are concerned that the 40-hour CIT training requirement would be excessive for their smaller law enforcement jurisdictions – and thus are more interested in MHFA training specifically for public safety staff
- MHFA is fairly new to the U.S. (2008) but there has been increasing interest, especially in the last year. There is a particular interest in the 8-hour pilot public safety version of MHFA. The 8-hour time frame is particularly appealing, as many local law enforcement jurisdictions are short-staffed and stretched thin with fiscal problems.
- Many of the counties interested in MHFA want to provide this training to law enforcement (the primary target for CIT) *and* broadly across criminal justice/behavioral health. We saw this countywide interest first in Blair County last summer and have often seen a larger interest in MHFA across systems since then.
- Of the five counties that did not prioritize CIT or MHFA, three are already implementing CIT (Somerset and Northampton) or another specialized police response, Police School/Crisis Intervention Specialist (Montgomery), and a fourth has utilized the Family Training and Advocacy Center (FTAC) for law enforcement training (Schuylkill). The fifth county (Clarion) did not prioritize a specific training model (e.g. CIT or MHFA), but voted for a more general law enforcement and crisis cross-training initiative as their third priority.

## Specialized Police Responses to People with Behavioral Health Problems in Pennsylvania: A Survey of the Commonwealth

- ❖ In 2010-2011, the Mental Health and Justice Center of Excellence conducted a survey of 84 law enforcement representatives, 31 County Office of Mental Health personnel, and 21 Criminal Justice Advisory Board personnel from 33 counties throughout the Commonwealth. Results indicated:
  - Over half (56%) of law enforcement respondents reported that their counties had not engaged in training on behavioral health issues.
  - The most common reasons cited for not having such training were lack of availability of training and budgetary concerns.
  - Of those who had engaged in such training, CIT was the most frequently-cited model.
  - There was strong overlap among the groups (law enforcement, County Office of Mental Health professionals and CJAB personnel) regarding their viewpoint about needs, opportunities, and barriers. When asked to select from among three areas in which additional resources are needed, all 3 groups chose “training on mental health issues” most frequently as their first choice, followed by crisis mental health services and substance use resources.
  - Training and issues related to training (e.g. access, funding, standardization, information regarding persons with mental illness) were the most prevalent themes across questions and groups.
  - For more information on the survey, see **Appendix A**.

## Developing a Statewide, Strategic Plan to Guide Pennsylvania’s Response to People with Mental Illnesses Involved with the Criminal Justice System

- ❖ In April, 2007, the Mental Health/Criminal Justice Task Force held its first meeting to assess the criminal justice system’s response to people with mental illness in Pennsylvania. The task force adopted the Sequential Intercept Model as a framework for this assessment. During the first meeting of the Task Force, three sub-committees were formed to develop a report on intercepts one, two, and three. The intercept one sub-committee was comprised of the following members:
  - ❖ P. Karen Blackburn – Co-Chair
    - Problem Solving Courts Coordinator
    - Administrative Office of Pennsylvania Courts*
  - Major Mark Lomax – Co-Chair
    - Director of Training
    - Pennsylvania State Police*

- Lt. Francis Healy  
Special Advisor  
*Philadelphia Police Department*
- William Kaiser  
Police Education Training Specialist  
*Pennsylvania State Police*
- Dr. Donald Kline  
Executive Director  
*Montgomery County Emergency Services*
- Amy Rosenberry  
Executive Director  
*Pennsylvania Police Chiefs Association*
- Chief Daniel Strailey  
*Montoursville Police Department*

This sub-committee produced a comprehensive report regarding specialized police response initiatives, Pennsylvania-specific information, and recommendations for future PA work around intercept one. Highlights of this report included the following:

- ❖ Approximately 70% of the Commonwealth receives law enforcement from local police departments. There are approximately 1,150 local police departments in Pennsylvania, composed of nearly 22,430 local police officers. The remaining 30% of law enforcement is provided by the Pennsylvania State Police, which has over 4,000 officers. As part of the required basic training approved by the Municipal Police Officers Education and Training Commission (MPOETC), local police officers receive 11 hours of training in disability-related issues, including physical and mental disabilities, and approximately 12 hours on issues pertaining to Behavioral Management and Crisis Intervention, Dispute and Conflict Resolution, Suicide, Barricaded Person, and Hostage Incidents. The Pennsylvania State Police academy curriculum includes approximately 16 hours of comparable training.
- ❖ The committee members emphasized three important features considered essential to the success of any program:
  - Perhaps the most important component of Intercept one is infrastructure, which must include 24/7 crisis intervention services as well as policies and procedures allowing efficient and effective processing.
  - There is a need for a coordinator, a “boundary spanner,” who would be responsible for follow-up to ensure that individuals involved in these incidents were linked to appropriate services. This individual would also be responsible for trouble-shooting and monitoring program operations.



- Finally, there is a need for relationship building and improvements in communication between law enforcement officers and treatment providers. This partnership has been reported by over 80 law enforcement agencies surveyed by the Police Executive Research Forum as “crucial to the success of any program” (Reuland, 2004).
- ❖ The intercept one sub-committee also provided a list of 10 essential elements for successful specialized police response initiatives:
  - Collaborative Planning and Implementation
  - Program Design
  - Transportation and Custodial Transfer
  - Treatment Supports and Services
  - Call-Taker and Dispatcher Protocols
  - Specialized Training
  - Stabilization, Observation and Disposition
  - Information Exchange and Confidentiality
  - Organization Support
  - Program Evaluation and Sustainability
- ❖ For the complete 2007 intercept one subcommittee report; see:  
[http://www.parecovery.org/documents/Adult\\_Justice\\_Strategic\\_Plan.pdf](http://www.parecovery.org/documents/Adult_Justice_Strategic_Plan.pdf)

## Specialized Police Response Programs: An Overview

**Yellow Highlighted Counties** indicate that they received PCCD funding as part of the funding announcement “Specialized Behavioral Health Training for Law Enforcement and Justice Practitioners “

**Green Highlighted Counties** indicate prior PCCD funding (JAG Funds) to support Specialized Police Response Programs

Training Model	Description	Where in Pennsylvania?
CIT	<p>Crisis Intervention Team (CIT) is a 40-hour training program of police-based first responder crisis intervention, developed and delivered in partnership with community mental health agencies and advocacy groups.</p> <p>The Crisis Intervention Team (CIT) model, first developed and implemented by the Memphis Police Department in 1988, emphasizes building partnerships among law enforcement, consumers, mental health care providers, family members, and members of the community.</p>	<ul style="list-style-type: none"> <li>• Adams</li> <li>• Allegheny</li> <li>• <b>Armstrong</b></li> <li>• <b>Blair</b></li> <li>• Bucks</li> <li>• <b>Butler</b></li> <li>• <b>Cambria</b></li> <li>• <b>Carbon</b></li> <li>• <b>Centre</b></li> <li>• Clearfield</li> <li>• Delaware</li> <li>• Fayette</li> <li>• Fulton</li> <li>• Franklin</li> <li>• Jefferson</li> <li>• Lancaster</li> <li>• Lackawanna</li> <li>• <b>Lehigh</b></li> <li>• Luzerne</li> <li>• <b>Mifflin</b></li> <li>• <b>Monroe</b></li> <li>• <b>Northampton</b></li> <li>• Philadelphia</li> <li>• Somerset</li> <li>• <b>Westmoreland</b></li> <li>• Wyoming</li> <li>• <b>York</b></li> </ul> <p><b><u>In Development</u></b></p> <ul style="list-style-type: none"> <li>• Clinton</li> <li>• Huntingdon</li> <li>• <b>Indiana</b></li> <li>• Juniata</li> <li>• Lycoming</li> </ul>

		<ul style="list-style-type: none"> <li>• Pike</li> </ul>
Regional CIT Programs		<ul style="list-style-type: none"> <li>• Cambria/Somerset</li> <li>• Carbon/Monroe/Pike/Northampton</li> <li>• Fulton/Franklin</li> <li>• Jefferson/Clearfield</li> <li>• Clinton/Lycoming</li> <li>• Mifflin/Juniata/Huntingdon</li> <li>• Westmoreland/Butler/Armstrong/Indiana</li> </ul>
Advanced CIT addressing veterans, military culture, and trauma topics	Specialty CIT courses specifically designed to target issues faced by military veterans. Each VA Medical Center has a Veterans Justice Outreach Specialist who can provide training for law enforcement.	<ul style="list-style-type: none"> <li>• Allegheny</li> <li>• Armstrong / Indiana</li> <li>• Centre</li> <li>• Philadelphia</li> <li>• Lancaster</li> </ul>
CIT for Youth	To address this crisis and better meet the needs of youth living with mental illness, communities around the country have expanded their Crisis Intervention Team (CIT) to address the specific needs of youth	<ul style="list-style-type: none"> <li>• Centre</li> <li>• Lancaster</li> </ul>
MHFA - 8-hour community course	Mental Health First Aid is offered in the form of an interactive 12 or 8-hour course that presents an overview of mental illness and substance use disorders in the U.S. and introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, overviews common treatments, and provides an Action Plan to address behavioral health challenges.	<p>Currently, it is too complex to capture how many counties actively have MHFA training.</p> <p>Data shows<sup>1</sup>, however, there are MHFA certified instructors in 75% (50/67) of counties in Pennsylvania.</p> <p>See <b>Appendix B</b> for full list of counties that have MHFA instructors.</p>

<sup>1</sup> Data was obtained from the National Council website "Find a Course" feature (<http://www.mentalhealthfirstaid.org/cs/take-a-course/find-a-course/>)

<p>MHFA - Public Safety 8-hour</p>	<p>This pilot 8-hour course has been modified for public safety employees. Time has been decreased and eating disorder material excluded.</p>	<ul style="list-style-type: none"> <li>• Piloted in Philadelphia 2-12</li> <li>• Blair</li> <li>• Pennsylvania DOC</li> </ul>
<p>Crisis Intervention Specialist (CIS) Police School</p>	<p>The Montgomery County Emergency Service (MCES) provides a three-day Crisis Intervention Specialist (CIS) School for law enforcement and criminal justice personnel. The CIS School is designed to train law enforcement and criminal justice personnel in dealing with mental health consumers in crisis.</p>	<ul style="list-style-type: none"> <li>• Montgomery</li> </ul>
<p>FTAC - Family Training and Advocacy Center training</p>	<p>FTAC offers training sessions to police, corrections, and probation and parole officers in Pennsylvania.</p> <p>In addition, FTAC conducts trainings for case managers, residential workers, and managed care professionals on a variety of topics, including recovery and treatment issues from a family perspective.</p>	<ul style="list-style-type: none"> <li>• Various locales throughout the Commonwealth</li> </ul>

## Crisis Intervention Team (CIT)

**What is it?** CIT is an innovative program of police-based, first responder crisis intervention involving community health care and advocacy partnerships based on a nationally recognized model developed by the Memphis, Tennessee Police Department in 1988. The core elements of CIT<sup>2</sup> include:

1. Ongoing Elements
  - a. Partnerships: Law Enforcement, Advocacy, Mental Health
  - b. Community Ownership: Planning, Implementation, & Networking
  - c. Policies and Procedures
2. Operational Elements
  - a. CIT: Officer, Dispatcher, Coordinator
  - b. Curriculum: CIT Training
  - c. Mental Health Receiving Facility: Emergency Services
3. Sustaining Elements
  - a. Evaluation and Research
  - b. In-Service Training
  - c. Recognition and Honors
  - d. Outreach: Developing CIT in Other Communities

Available research on the effectiveness of CIT suggests that the program is successful in improving officers' attitudes, knowledge, and confidence regarding people with mental illness and interactions with them. CIT also appears to be effective in connecting people with mental illness to mental health services. No empirical studies have examined whether CIT reduces officer or consumer injuries. Existing research evidence is not conclusive about whether CIT is effective in reducing police officers' use of force against persons with mental illness. The program is widely popular with many implementing agencies reporting positive results. (See the CoE summary of evidence on CIT or Heilbrun et al., 2012, for a comprehensive review of available empirical evidence on CIT.)

### Training Components:

Under this model, patrol officers receive 40 hours of training provided by community mental health professionals, family and consumer advocates, and experts in related fields in responding to citizens experiencing a behavioral crisis. Training covers a variety of topics:

- ❖ Recognizing signs and symptoms of mental illness and other behavioral health challenges
- ❖ Overview of medications used in the treatment of mental illness
- ❖ Substance abuse and co-occurring mental illness
- ❖ Mental illness in special populations (e.g. veterans)
- ❖ Consumer and family perspectives

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<sup>2</sup> Dupont, R., Cochran, S., Pillsbury, S. (2007). *Crisis Intervention Team core elements*. Memphis, TN: University of Memphis School of Urban Affairs and Public Policy.

- ❖ Suicide and violence awareness and intervention
- ❖ Cultural issues
- ❖ Crisis intervention and de-escalation
- ❖ Specific community resources (tailored to each locality)

The emphasis is on mental health knowledge, crisis resolution/de-escalation skills, officer/citizen safety, and access to community services. Typically, the goal is to have 20-25% of patrol officers trained in any given CIT jurisdiction.

#### **CIT International Conference:**

**CIT International** is a non-profit membership organization whose primary purpose is to facilitate understanding, development and implementation of CIT programs throughout the United States and in other nations worldwide. Its mission is to promote and support collaborative efforts to create and sustain more effective interactions among law enforcement, mental health care providers, individuals with mental illness, their families and communities and also to reduce the stigma of mental illness. For more information go to: <http://citinternational.org>.

The 2016 annual CIT International Conference will be held in Chicago, IL on April 25<sup>th</sup> - 27<sup>th</sup>, 2016. To register please visit: <http://citconferences.org/>

Past CIT International presentations can be found at:  
<http://citconferences.org/PostConfInfo.html>

## Advanced CIT for Veterans' Issues

Several CIT programs (including those in Chicago and Virginia) have developed specialty CIT courses specifically designed to target issues faced by military veterans. These programs range from 8 hours (Virginia) to 40 hours (Chicago) in length, and are intended to augment CIT officers' knowledge and skills when in contact with this population.

### Veteran-Focused Training - 4-hour CIT/MHFA Training Enhancement

A veteran-focused curriculum has been developed by Drexel University College of Medicine/Behavioral HealthCare Education and the Pennsylvania Department of Human Services (DHS) for law enforcement officers and related justice personnel who have completed either CIT training or MHFA. The goals of this training are to:

- Crosswalk military and police culture as a resource for engagement;
- Examine issues facing veterans that may lead to crisis situations and police intervention;
- Identify effective tactics when encountering distressed veterans;
- Develop partnerships with resources as alternatives to arrest/incarceration of veterans.

The 4-hour session is interactive and includes PowerPoint slides, video clips and situational vignettes, group discussion, and tactical development activities. This training has been developed to be offered by veterans with knowledge of the criminal justice system, CIT trained officers, VJO representatives, and other key stakeholders.

#### Module Design

- **Part 1:** *Scope of the Issue*
  - National and local
- **Part 2:** *Military Culture*
  - Developing common ground between military and police cultures and ethos
- **Part 3:** *Behavioral Health Challenges Facing Veterans\**
  - Invisible wounds, behaviors and contributing Factors
- **Part 4:** *A Call for Action*
  - Now that you've found them, what to do?
  - Tools, Resources and Partnerships for Diversion
  -

For information on the curriculum, contact Donna N McNelis, Drexel College of Medicine/Behavioral HealthCare Education at 215 831-6923 or [donna.mcnelis@drexelmed.edu](mailto:donna.mcnelis@drexelmed.edu)

## CIT for Youth

Approximately 13 percent of youth live with a serious mental illness. Only about 20 percent of these youth receive the treatment they need. Instead, all too often they end up in the juvenile justice system, where a significant percent of youth are living with one or more behavioral health disorders. To address this crisis and better meet the needs of youth living with such disorders, communities around the country have expanded their Crisis Intervention Team (CIT) to address the specific needs of youth.<sup>3</sup>

### **NAMI: CIT for Youth Manual**

[http://www.nami.org/Content/NavigationMenu/Find\\_Support/Child and Teen Support/CIT\\_for\\_Youth/CITYouthWorkbook\\_Web.pdf](http://www.nami.org/Content/NavigationMenu/Find_Support/Child_and_Teen_Support/CIT_for_Youth/CITYouthWorkbook_Web.pdf) )

[https://www.nami.org/template.cfm?section=CIT\\_for\\_Youth](https://www.nami.org/template.cfm?section=CIT_for_Youth))

- This manual is designed to provide step-by-step guidance on implementing CIT for Youth. It includes the common, critical steps that diverse communities across the country have taken to successfully implement CIT for Youth programs. It illustrates steps with real-life case studies and materials, including worksheets and templates, from these communities. The steps to implementation include:
  - building community partnerships;
  - conducting asset mapping;
  - planning and coordinating;
  - planning a CIT for Youth training; and
  - measuring effectiveness and ensuring sustainability.

### **National Center for Mental Health and Juvenile Justice (NCMHJJ): Specialized Youth Training for CIT Officers**

<http://www.ncmhjj.com/wp-content/uploads/2013/07/CIT-Y-Brief-2012.pdf> - Pilot Studies

<http://cfc.ncmhjj.com/request-assistance/request-training/> - Form to Request Training for CIT-Y

- The Crisis Intervention Teams for Youth (CIT-Y) training instructs officers certified in the 40-hour CIT program on how to expand their skills to address the unique needs of adolescents with mental health issues. It covers important topics such as adolescent development, common psychiatric disorders among youth, crisis response techniques, and community options for youth.
- Supplemental 8-hour training curriculum
- 7 Module Curriculum
  - i. Module 1: Introduction

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<sup>3</sup> NAMI (2011). *Responding to youth with mental health needs: A CIT for Youth implementation manual*. Accessed at:

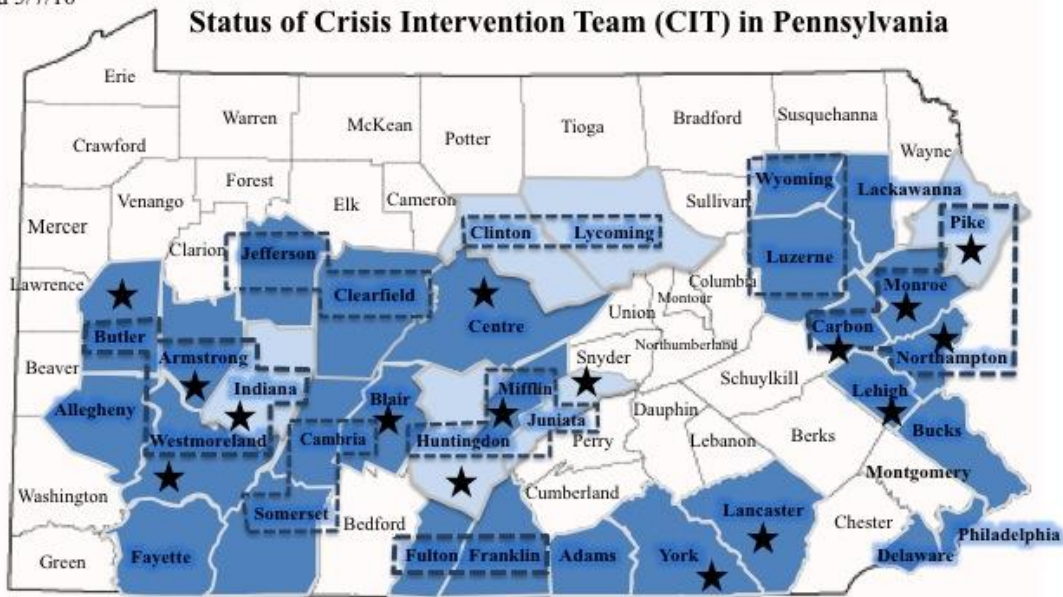
[http://www.nami.org/Content/NavigationMenu/Find\\_Support/Child and Teen Support/CIT\\_for\\_Youth/CITYouthWorkbook\\_Web.pdf](http://www.nami.org/Content/NavigationMenu/Find_Support/Child_and_Teen_Support/CIT_for_Youth/CITYouthWorkbook_Web.pdf)



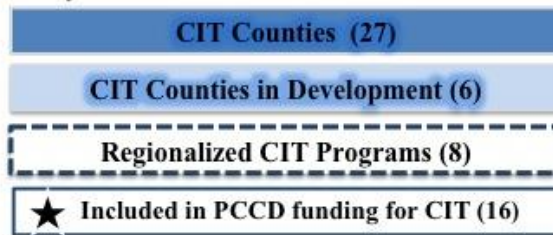
- ii. Module 2: Adolescent Development
- iii. Module 3: Adolescent Psychiatric Disorders and Treatment Interventions
- iv. Module 4: Crisis Intervention and De-Escalation Techniques
- v. Module 5: Family Experience
- vi. Module 6: Legal Issues
- vii.** Module 7: Connecting to Resources

# Status of Crisis Intervention Team (CIT) Programs in Pennsylvania

Updated 3/7/16



Key:



## Crisis Intervention Team (CIT) Training Programs in Pennsylvania – Contact Information As of March 2016

County	Name of Specialized Police Response/Crisis Intervention Team (CIT) Program	Year Program began	County Contact/ Website
Adams	CIT	2012	Contact: Eric Beyer, CIT Coordinator/County Detective Agency: Adams County District Attorney's Office Phone: (717) 334-6781 x. 287

			Email: <a href="mailto:ebeyer@adamscounty.us">ebeyer@adamscounty.us</a>
Allegheny	CIT	2007	Contact: Patty Poloka Phone: Email: <a href="mailto:patricia.poloka@pittsburghpa.gov">patricia.poloka@pittsburghpa.gov</a>
Blair	CIT	2014	Contact: Sheriff Mitchell F. Cooper Agency: Blair County Sheriff's Office. Sheriff Phone: 814-693-3100 Email: <a href="mailto:mcooper@blairco.org">mcooper@blairco.org</a>
Bucks	CIT	2009	Contact: Sgt Andrew Aninsman Agency: Bensalem Twp Police Email: <a href="mailto:aaninsman@buckscit.org">aaninsman@buckscit.org</a>  Contact: Sharon Curran Agency: Lenape Valley Foundation Email: <a href="mailto:scurran@buckscit.org">scurran@buckscit.org</a>
Cambria/ Somerset	Laurel Highlands Region CIT	2007	Law Enforcement Coordinator Contact: Det. Kevin Gaudlip Phone: 814-266-8333 ext. 8636 Fax: 814-255-4736 Email: <a href="mailto:kgaudlip@richlandpd.com">kgaudlip@richlandpd.com</a>  NAMI Coordinator Contact: Wendy Stewart Phone: 814-535-3166 Fax: 814-539-3318 Email: <a href="mailto:wstewart@laurelhighlandscit.com">wstewart@laurelhighlandscit.com</a>  Bedford/Somerset County MHMR Contact: Tom Bender Phone: <a href="tel:814-443-4891">814-443-4891</a> ext. 4245 Email: <a href="mailto:tomb@besmhm.dst.pa.us">tomb@besmhm.dst.pa.us</a>  <b>Website:</b> <a href="http://www.laurelhighlandscit.com">www.laurelhighlandscit.com</a>
Centre	CIT	2010	Contact: Tracy Small Agency: CIT Coordinator Phone: 814-933-7101 or 814-237-1172 Email: <a href="mailto:centrecountycit@gmail.com">centrecountycit@gmail.com</a>  <b>Website:</b> <a href="http://www.co.centre.pa.us/centreco/cit/default.asp">http://www.co.centre.pa.us/centreco/cit/default.asp</a>

Clearfield	CIT		Contact: William Mendat Agency: Community Connections of Clearfield-Jefferson Counties Phone: (814) 371-5100, Ext. 359 Email: <a href="mailto:bmendat@ccc-j.com">bmendat@ccc-j.com</a>
Delaware	CIT	2012	Contact: Dr. Josh Thomas Agency: CIT Project Manager Phone: 302-427-0787, ext. 115 E-mail: <a href="mailto:jthomas@namide.org">jthomas@namide.org</a>
Fayette	CIT	2012	Contact: Dave Rider Agency: FCBHA - MH Program Director Email: <a href="mailto:DaveRider@FCBHA.org">DaveRider@FCBHA.org</a>
Franklin/Fulton	South Central Region Crisis Intervention Team	2013	Contact: Cori Seilhamer Agency: Franklin Fulton Mental Health/Intellectual Disabilities/Early Intervention Phone: 717-267-5387 Email: <a href="mailto:caseilhamer@franklincountypa.gov">caseilhamer@franklincountypa.gov</a>  <b>Website:</b> <a href="https://www.facebook.com/SouthCentralRegionCIT/info">https://www.facebook.com/SouthCentralRegionCIT/info</a>
Jefferson	CIT		Contact: William Mendat Agency: Community Connections of Clearfield-Jefferson Counties Phone: (814) 371-5100, Ext. 359 Email: <a href="mailto:bmendat@ccc-j.com">bmendat@ccc-j.com</a>
Lancaster	CIT	2010	Contact: Teri Miller-Landon Agency: Adult Probation and Parole Services, Division Director Special Supervision Phone: 717-299-8181 Fax: 717-390-7729 Email: <a href="mailto:MillerTE@co.lancaster.pa.us">MillerTE@co.lancaster.pa.us</a>

Lackawanna	CIT	2009	<p>Contact: Marie Onukiavage  Agency: NAMI PA: Scranton Area. Executive Director  Phone: 570-342-1047  E-mail: <a href="mailto:marieo@namipascranton.org">marieo@namipascranton.org</a></p> <p><b>Website:</b>  <a href="http://www.scrantonareacit.org/index.html">http://www.scrantonareacit.org/index.html</a></p>
Lehigh	CIT	2013	<p>Contact: Mr. Drew Taylor  Phone: 610-782-3583  Email: <a href="mailto:sdrewtaylor@lehighcounty.org">sdrewtaylor@lehighcounty.org</a></p>
Luzerne	CIT	2013	<p>Contact: Kelly Petherick  Agency: Community Counseling Services  Phone: 570-552-6000  Email: <a href="mailto:kapetherick@commonwealthhealth.net">kapetherick@commonwealthhealth.net</a></p>
Mifflin	CIT	2015	<p>Contact: Erica Clarke  Agency: Mental Health Probation and Parole Officer  Office Phone: 717-248-3953  Email: <a href="mailto:clareric@co.mifflin.pa.us">clareric@co.mifflin.pa.us</a></p>
Monroe/Carbon/ Pike	CIT	2012	<p>Contact: Brian D. Watson  Agency: Northampton County Mental Health, Deputy Director of MH  Phone: 610-829-4815  Email: <a href="mailto:BWatson@northamptoncounty.org">BWatson@northamptoncounty.org</a></p>
Northampton (Carbon, Monroe, and Pike)	Regional CIT Program	2010	<p>Contact: Brian D. Watson  Agency: Northampton County Mental Health, Deputy Director of MH  Phone: 610-829-4815  Email: <a href="mailto:BWatson@northamptoncounty.org">BWatson@northamptoncounty.org</a></p>

Philadelphia	Philadelphia RESPONDS CIT	2007	<p>Contact: Captain Francis T. Healy, Esq.  Agency: Special Counsel to the Commissioner  Phone: (215) 686-3022  E-mail: <a href="mailto:francis.healy@phila.gov">francis.healy@phila.gov</a></p> <p>Contact: Michele Dowell, MSW  Agency: Philadelphia Dept. of Behavioral Health,  CIT Coordinator  Phone: 215-546-0300 ext 3511  E-mail: <a href="mailto:mdowell@pmhcc.org">mdowell@pmhcc.org</a></p>
Westmoreland	CIT	2014	<p>Contact: Lieutenant Kathleen Logan  Agency: Westmoreland County Park Police  Phone: 724-850-4285  Email: <a href="mailto:klogan@co.westmoreland.pa.us">klogan@co.westmoreland.pa.us</a></p>
York	CIT	2010	<p>Bryan Rizzo, Chief, Northeastern Regional Police  Department  Kimberly Preske, Executive Director, NAMI PA  York County  April Billet-Barclay, Director of Probation  Services, AOYCC  Dr. Kathleen Jansen, Licensed Psychologist,  Wellspan Behavioral Health</p> <p>Contact: <a href="mailto:namiyc@gmail.com">namiyc@gmail.com</a></p>

## Statewide Crisis Intervention Team (CIT) Program Survey (Draft 3/20/16)

In an effort to further enhance the Commonwealth's response to specialized populations, the Mental Health and Justice Center of Excellence (CoE) in collaboration with the Pennsylvania Commission on Crime and Delinquency (PCCD), Department of Human Services (DHS), and the Pennsylvania Chiefs of Police Association (PCPA), gathered more information on Crisis Intervention Team (CIT) programs throughout the state through an in-depth statewide survey.

### Methods

In February (2/18) and March of 2016 (3/1, 3/7 and 3/15) a survey was sent to the Coordinators (p. 17) from 19 CIT programs representing 27 counties in Pennsylvania (listed below). The survey was distributed via the Qualtrics Survey System and consisted of 13 questions regarding CIT training, data collected, and perceived strengths of the program. The counties surveyed were:

1. Adams
2. Allegheny
3. Armstrong/Butler/Westmoreland
4. Blair
5. Bucks
6. Cambria/Somerset
7. Centre
8. Clearfield/Jefferson
9. Delaware
10. Fayette
11. Franklin/Fulton
12. Lackawanna
13. Lancaster
14. Lehigh
15. Luzerne/Wyoming
16. Mifflin
17. Northampton/Monroe/Carbon
18. Philadelphia
19. York

### Results

#### **Completion Rates (as of 3/20/2016):**

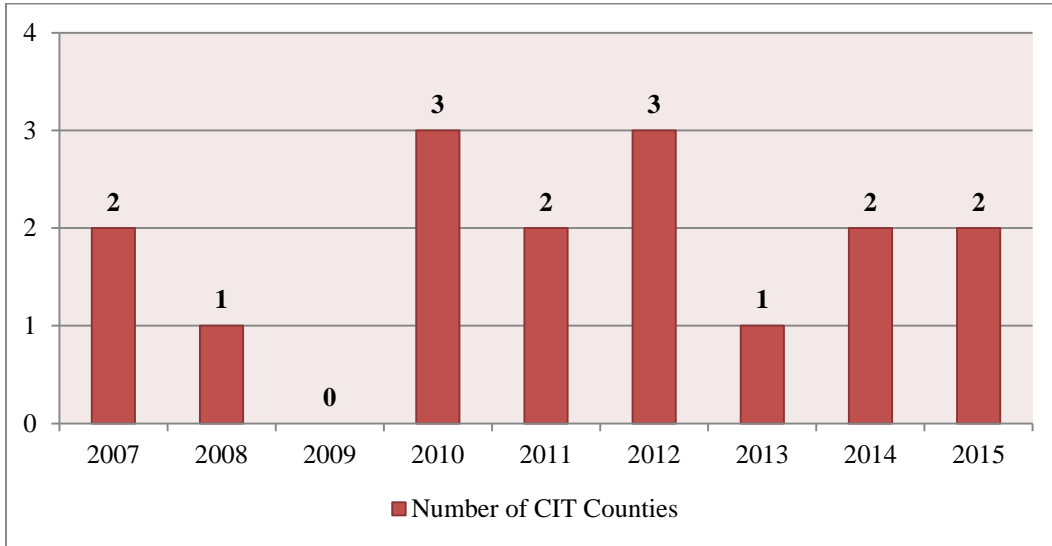
- 74% (14/19 CIT Programs) counties completed the survey
- 10% (2/19 CIT Programs) partially completed the survey
  - One program partially answered the questions
  - One program did not include all the counties covered by their CIT program
- 16% (3/19 CIT Programs) did not complete the survey

*The following is a summary of the responses for each question in the survey.*

**Q1. What county/counties does your CIT program cover? (N=16 CIT Programs responded; 100% completion rate)**

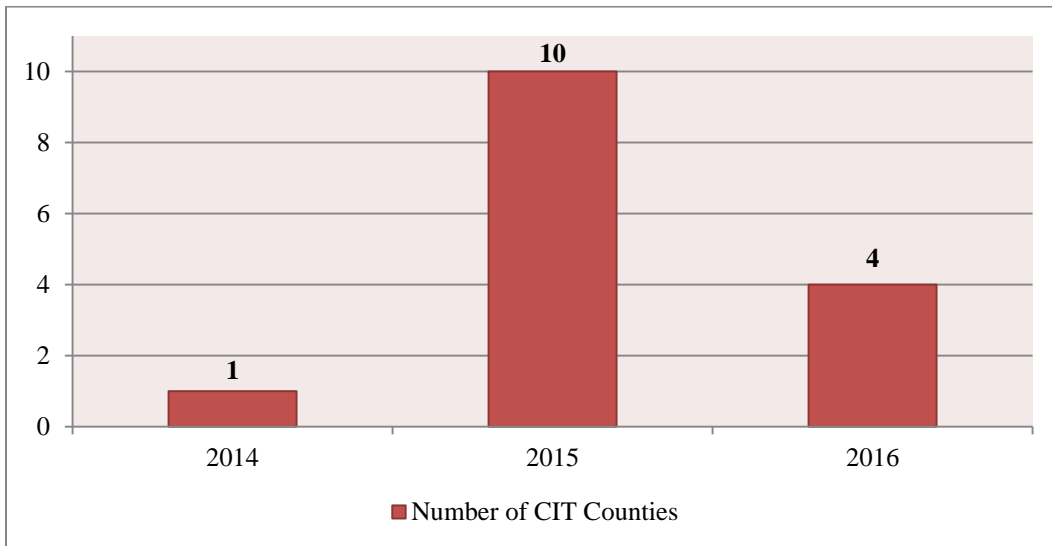
- 69% (11/16) CIT programs cover one county
- 25% (4/16) CIT programs cover two counties
- 6% (1/16) CIT program covers three counties

**Q2. What year was your first CIT training conducted?** (N=16 CIT Programs responded; 100% completion rate)



- Roughly two-thirds (75%, 12/16) of the CIT programs started at least 3 years ago

**Q3. When was your most recent training?** (N=15 CIT Programs responded; 94% completion rate)



- 20% (3/15) of CIT programs did not conduct a training within the last 12 months



**Q4. If not within the last 12 months, what were the challenges that prevented that?**

(N=14 CIT Programs responded; 87% completion rate)

- Program stalled due to clear lack of leadership
- April scheduling conflicts with many other training, plan to have future fall training
- Planning; police department availability; trainer availability

**Q5. What is the total number of CIT patrol officers in your county as of December 2015?**

**Q6. What is the total number of patrol officers in your county as of December 2015?**

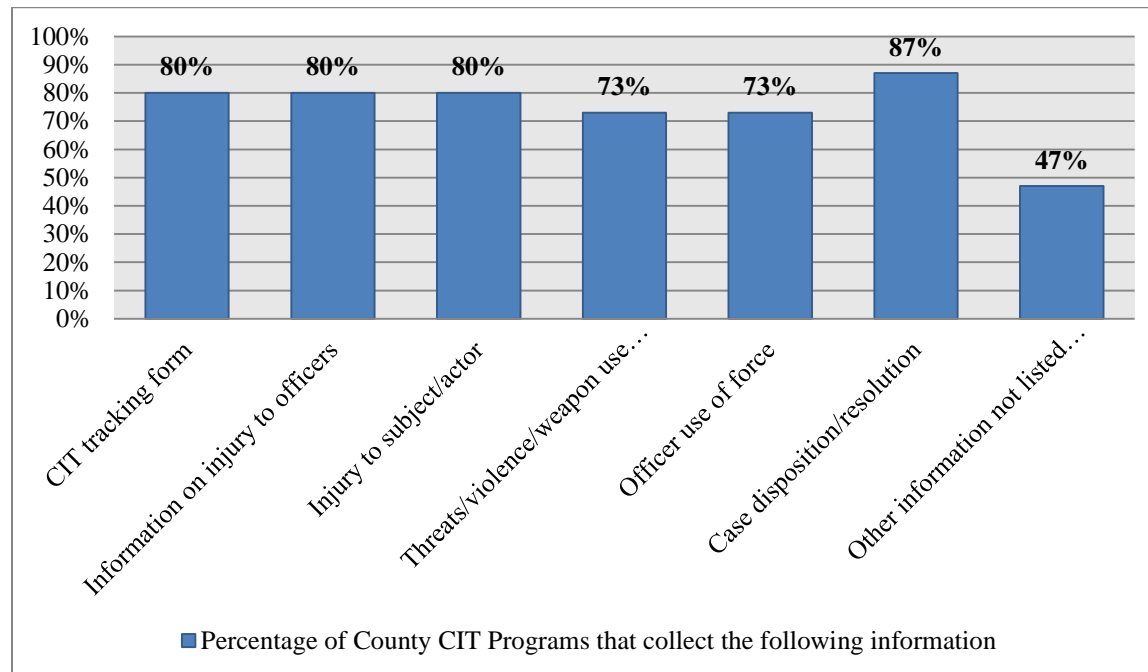
(N=15 CIT Programs responded; 94% completion rate)

CIT Program	Counties	County Class*	Total CIT Trained Patrol Officers	Total Patrol Officers in the County	Percentage (when available) of patrol officers trained in the county
Adams	Adams	5	16	97	16%
Allegheny	Allegheny	2	350	Unknown	
Armstrong/Butler/Westmoreland	Armstrong	6	3	Unknown	
	Butler	4	20	Unknown	
	Westmoreland	3	4	Unknown	
Cambria/Somerset	Cambria	4		Unknown	
	Somerset	6		Unknown	
Centre	Centre	4	100	160	62%
Clearfield/Jefferson	Clearfield	6	8	Unknown	
	Jefferson	6	14	Unknown	
Fayette	Fayette	4	25	Unknown	
Franklin/Fulton	Franklin	4	13	Unknown	
	Fulton	8	0	Unknown	
Lackawanna	Lackawanna	3	67	266	25%
Lancaster	Lancaster	3	107	Unknown	
Lehigh	Lehigh	3	29	Unknown	
Mifflin	Mifflin	6	8	Unknown	
Northampton	Northampton	3	300	Unknown	
Philadelphia	Philadelphia	1	2338	6600	36%
York	York	3	82	Unknown	
		<b>Total</b>	<b>3484</b>		

- Class 1 (population ≥1,500,000), Class 2 (population 800,000-1,499,999), Class 3 (population 210,000-499,999), Class 4 (pop 145,000-209,999), Class 5 (pop 90,000-144,999), Class 6 (pop 45,000-89,999), Class 8 (pop <20,000). This information is provided to serve as an indicator of counties which may be an appropriate comparison.

Additionally, **6 state police officers** have been trained from 3 CIT programs.

**Q7a. Below are several types of information you may be collecting. Please check all that apply.** (N=15 CIT Programs responded; 94% completion rate)



**Q7B. If you would prefer to simply send us your data form or send it in addition, it can uploaded to this survey**

- Two counties uploaded their CIT data sheet. Please email Katy Winckworth-Prejsnar ([kw494@drexel.edu](mailto:kw494@drexel.edu)) for access to those data sheets.

**Q8. What are the strengths of your CIT program?** (N=15 CIT Programs responded; 94% completion rate)

- Commitment of trained officers, community and training team
- Many municipal departments recognize the value to them as police officers. For some departments, the value to the consumer may be secondary.
- Investment by most departments, great feedback from officers, investment by providers/presenters
- The presentation of our speakers
- Continuing to train officers which has resulted in desired outcomes on the street.
- Role plays, support from commissioners and chiefs, relationships developed, communication, available resources, trainers knowledge
- Committed core group of trainers/board members
- Community partnerships and networking, Law Enforcement Buy-In, Assisting other counties with CIT start-up efforts
- Good collaboration with police departments. Very good voluntary faculty for the training. "Taylor" made to Lehigh County.
- Buy-in from Police Chiefs; strength of trainers

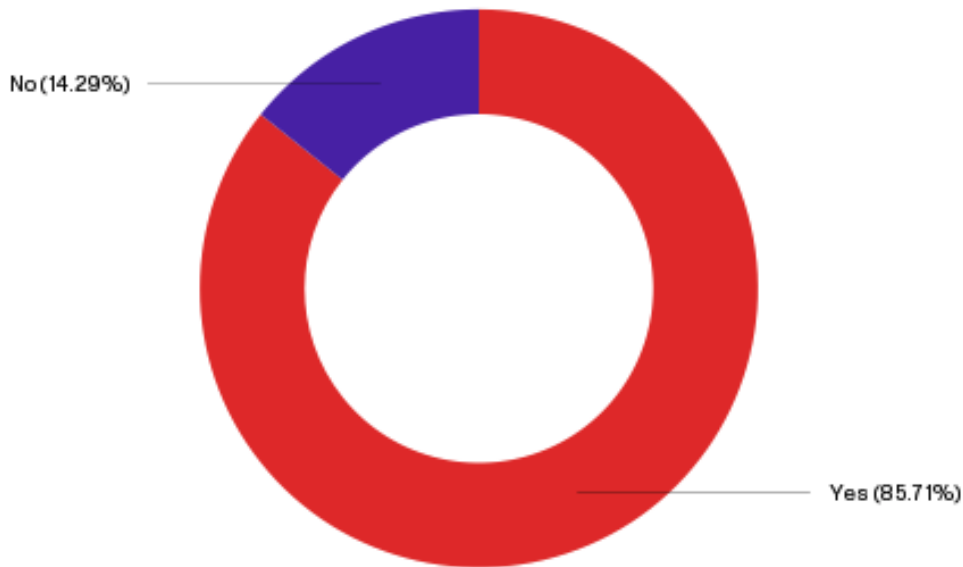
**Q9. Does your CIT program include a training component on Veterans?** (N=15 CIT Programs responded; 94% completion rate)

- 100% answered yes

**Q10. Does your CIT program train probation and/or parole officers?** (N=15 CIT Programs responded; 94% completion rate)

- 80% answered yes
- 20% answered no

**Q11. Would you be interested in sharing CIT best practices with other counties?** (N=15 CIT Programs responded; 94% completion rate)



**Q12. Will you (or someone from your program) be attending the 4th Annual State CIT Meeting on March 23rd, 2016?** (N=15 CIT Programs responded; 94% completion rate)

- 100% answered yes

**Q13. Is there any specific technical assistance (TA) that your CIT program would find helpful?** (N=15 CIT Programs responded; 94% completion rate)

- How to fund initially and then ongoing a full or part time CIT Coordinator?
- Forum to talk with each other more often, state wide data collection, training materials, train the trainers on updated topics
- Not currently
- Assistance with sending helpful supporting information to CIT trained officers - follow up info
- Not that I can think of at this time

**Summary & Implications**

- High response rate (74%)
  - Indicates high involvement statewide
  - The CoE will follow-up with programs that did not respond
- That majority of responding CIT programs have been operating for several years and continue to provide ongoing training
  - 75% (12/16) roughly two-thirds of the CIT programs started at least 3 years ago
  - Of the 12 CIT programs that had their first training prior to 2013, only 17% (2/12) have not conducted a CIT training in the last year.
  - Barriers to ongoing training include scheduling conflicts and police availability
- A total of 3,484 patrol officers and 6 state police officers have been trained in CIT among the 15 CIT programs.
  - The Center of Excellence will continue to investigate the number of patrol officers covered by each CIT program to judge the “saturation” of CIT within the program region. The Memphis model advocates that 20-25% of patrol officers are trained in CIT.
- Current available responses indicate that the majority of counties collect a common set of outcomes from CIT encounters. This consistency provides an opportunity for cross-county comparisons of CIT outcomes.
- The majority of counties (73% (11/15)) feel positively about their CIT programs in terms of the commitment from key stakeholders (e.g. trainers, officers, community partners)
- All surveyed CIT programs include a training component for Veterans, putting Pennsylvania in line with current best practices
- The majority of responding programs indicated a willingness to share information about their CIT programs (85%) and multiple counties requested additional CIT information (e.g training and follow-up materials, outcomes). Based on this, the COE will take the following steps:
  - Pursue survey information from the counties that did not complete the survey as of 3/21/16

- Further examine the “saturation” of CIT within the regions covered by the CIT programs survey
- Report the results of an ongoing multi-county evaluation of CIT in Pennsylvania (funded by PCCD and expected to be completed by 8/30/16)

### **Annual PA Statewide CIT Meeting**

PCCD and DHS/OMHSAS, in partnership with Centre County CIT, host an annual event that provides attendees with a full day of information on Crisis Intervention Team (CIT) and other Specialized Response Programs (SPR) from across the Commonwealth and their effectiveness in local communities. Attendees have the opportunity to network and exchange ideas with their state-level peers and colleagues.

The Fourth Annual Statewide CIT Meeting will be on **March 23, 2016** at the Days Inn, State College. Major Sam Cochran (Ret.) (<http://cit.memphis.edu/sam.html>) will serve as this events' main speaker. For more information, see <http://www.pccd.pa.gov/training/Pages/2016-Statewide-CIT-Meeting.aspx#.VpAZm8A4HoA>.

For more information on past Statewide CIT Meeting, please see **Accomplishments To Date Towards a Statewide SPR Effort in Pennsylvania** (p. 57).

# Mental Health First Aid

## What It Is

Help provided to a person developing a mental health problem or experiencing a crisis until professional treatment is received or the crisis resolves.

- ❖ Created in Australia in 2001 at the University of Melbourne, now in 14 countries
- ❖ Brought to U.S. in 2008 through work by National Council for Community Behavioral Healthcare (National Council), Maryland State Department of Health and Mental Hygiene, and Missouri Department of Mental Health
- ❖ More than 50,000 people have been trained in 47 states and the District of Columbia
- ❖ In at least 22 of those states, the training was supported by state or local governments, typically by paying for employees to take the course, says Susan Partain of the National Council. Several states – including Arizona, Colorado, Georgia, Maryland, and Missouri – already have statewide programs, which require some public workers and citizens to complete training as part of their job.
  - In Rhode Island the course is part of police officer training
  - Austin, Texas, offers it to every public library employee.
  - Maryland offers it at every community college – something several other states are considering
  - Missouri partners with faith-based organizations, since the clergy is often “the first place people go when they feel stressed,” says Edwin Benton Goon, the state’s program coordinator.
  - Arizona toyed with the idea a few years ago, but really invested in the program after a mentally ill man shot U.S. Rep. Gabrielle Giffords in Tucson in January 2011.

## What It Isn’t

- ❖ MHFA is NOT intended to be a CIT substitute
  - In jurisdictions that currently have CIT and MHFA training, MHFA functions as a complementary training
  - In areas that cannot spare officers for 40 hours of training (particularly small rural areas), MHFA serves as an efficient training re basic behavioral health issues
- ❖ MHFA is NOT only for law enforcement
  - This training is useful for a variety of individuals, including law enforcement, crisis workers, EMS, fire departments, social services, primary care physicians, family members, military, corrections, etc.
  - MHFA is intended to function similarly to Red Cross First Aid, providing community members with basic training to handle crises until professional care can be obtained

**Outcome data** from four published randomized controlled trials in Australia (see <https://www.mhfa.com.au/cms/evaluation-publications/> for a summary of the available empirical literature in this area) indicate that MHFA:

- ❖ Increases mental health literacy
- ❖ Expands individuals' knowledge of how to help someone in crisis
- ❖ Connects individuals to needed services
- ❖ Reduces social distance from individuals with mental health challenges

These studies suggest that MHFA has demonstrated effectiveness with groups such as the general public; government workers; high school teachers; football coaches; farmers; and minority communities such as Chinese, Vietnamese, Australian Aboriginal and Torres Strait Islander. MHFA appears particularly promising for those who are in frequent contact with others. However, since outcome research has apparently not yet been conducted with police and MHFA, this tool should be considered promising rather than having as-yet empirically demonstrated effectiveness for use by police officers.

### **Training Components:**

#### **8-hour Adult Mental Health First Aid training offered by certified instructors**

- Content:
  - Overview of mental health problems
    - ◆ Depressive disorders
    - ◆ Anxiety disorders
    - ◆ Psychotic disorders
    - ◆ Substance use disorders
  - MH First Aid for crisis situations
  - MH First Aid for non-crisis situations
- Uses videos, interactive activities, and speakers
- Been modified for law enforcement, vets, people with schizophrenia, etc.
- Curriculum has been modified to focus on a variety of special populations including veterans, people with schizophrenia, rural areas, etc.
  - Spanish and Military/Veterans/Family versions of Adult Mental Health First Aid curriculum are now available
    - Existing Adult Mental Health First Aid instructors take a webinar and complete an online test in order to be eligible to teach these modified courses described below.

#### **8-hour Law Enforcement/Corrections/Public Safety curriculum is now available**

- Piloted in Philadelphia starting in February 2012
- Blair County has also been trained in the 8-hour pilot Public Safety curriculum
- Pennsylvania Department of Corrections trained an instructor class in March 2014
- A tailored supplement that builds upon the effectiveness of the standard Mental Health First Aid curriculum by focusing on the unique experiences and needs of law enforcement, corrections, and public safety audiences. This supplement is intended to blend with the existing 8-hour adult / "core" MHFA course and is **not** appropriate for use with the youth MHFA curriculum.
- Specifically, instructors will qualify for the Public Safety designation if they meet the following criteria:



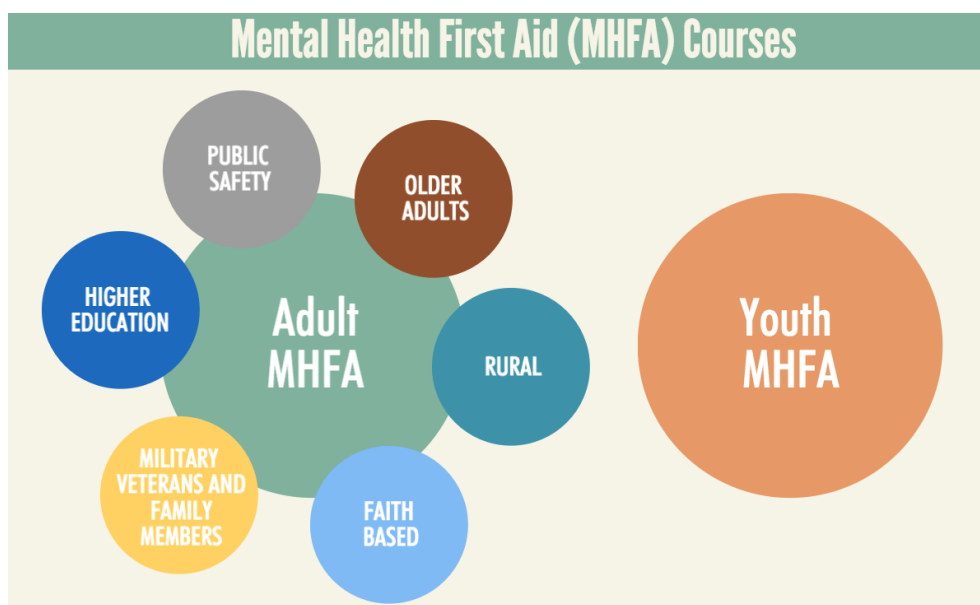
- The instructor has completed at least 2 trainings for Law Enforcement, Corrections, and/or Public Safety groups in a given training year\*,
- The instructor has completed the [webinar orientation](#) for the Law Enforcement, Corrections, and Public Safety Curriculum Supplement.
- The instructor has successfully passed a brief quiz for the Law Enforcement, Corrections, and Public Safety Curriculum Supplement (with a score of 70% or better).

### 8-hour Youth (ages 12-18) MHFA is now offered

- 07/15/2013 - 07/19/2013 Philadelphia hosted the 5-day youth MHFA Instructor course
- More information on this, and other youth MHFA instructor training go to: [http://www.mentalhealthfirstaid.org/current\\_instructor\\_courses.php?CourseType=5dayyouth&city=&State=&postcode=&search=](http://www.mentalhealthfirstaid.org/current_instructor_courses.php?CourseType=5dayyouth&city=&State=&postcode=&search=)

### 8-hour Mental Health First Aid: Military Members, Veterans, and their Families is now offered

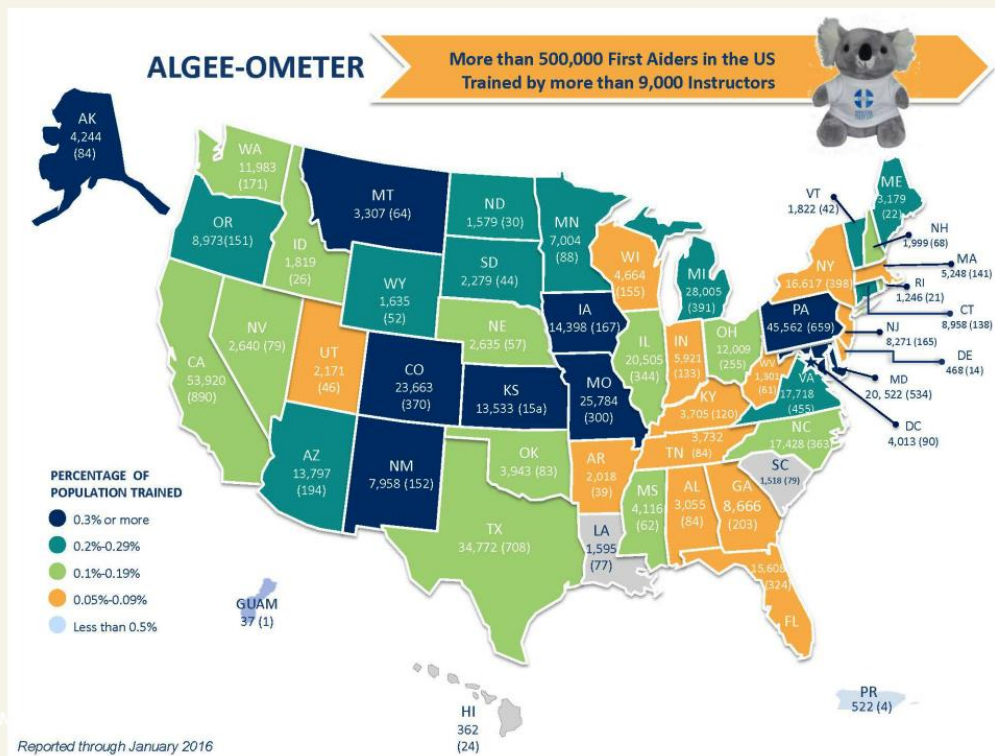
- Key components of Mental Health First Aid for Veterans include:
  - A discussion of military culture and its relevance to the topic of mental health
  - A discussion of the specific risk factors faced by many service members and their families such as trauma, both mental and physical, stress, separation, etc.
  - Applying the ALGEE action plan in a number of scenarios designed specifically for service members, their families and those that support them
  - A review of common mental health resources for service members, their families and those who support them
- For more information please go to:
  - <http://www.mentalhealthfirstaid.org/cs/veterans-military/>



## 5-day instructor certification training

- Individuals
  - \$2,000 fee per person (\$1,850 for National Council Members), and is inclusive of the five days of instruction, breakfast & lunch throughout the course, materials needed to teach the 12-hour course, and ongoing technical assistance once certified
  - National Council offers training sessions several times a year in locations around the country
- Groups
  - National Council will provide a class on-site for estimated \$32,000 cost (for National Council Members) for as many as 30 participants
- Modifying for specific target populations
  - Curriculum intended to be applicable across populations but current work on developing "curriculum modules" that will help trainers to "reframe the context" of the standard curriculum to highlight or address relevant issues
  - Public Safety module currently being piloted in Philadelphia, New York City, and other localities
- Instructors have access to training materials and ongoing technical assistance after completing training (there may be a small fee if there is a DVD component)

# ALGEE-OMETER - MHFA Statistics by State



In a state-by-state count, Pennsylvania ranks:

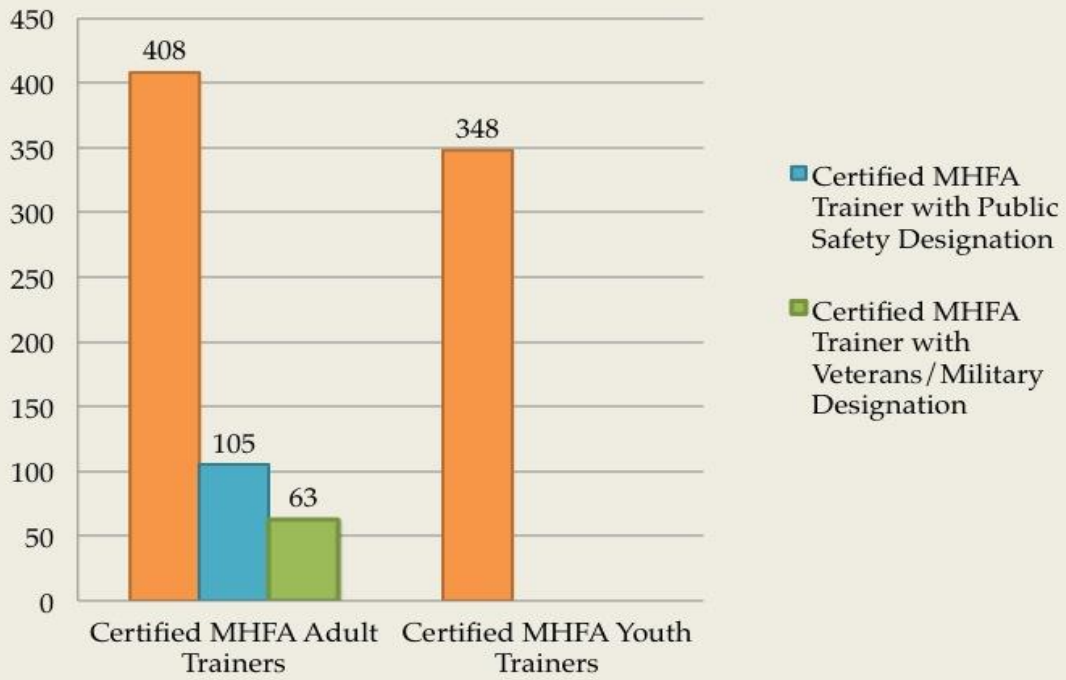
-2nd highest numbers of first aiders trained (45,562)

-3rd highest number of instructors (659)

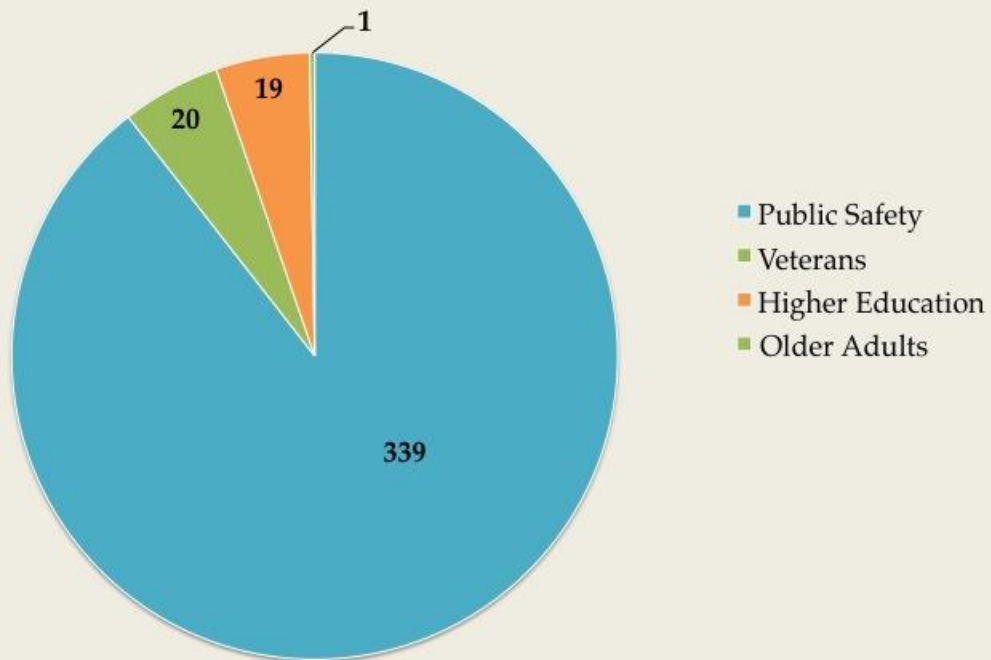
-8th highest percentage of the population trained in MHFA (0.326%)

Source:  
<http://www.mentalhealthfirstaid.org/cs/algee-ometer/>

### Status of Certified MHFA Trainers in Pennsylvania as of November 2015



### Total Number of Specialized Courses Taught in Pennsylvania as of November 2015



### Example: MHFA - Modified for Law Enforcement in Rhode Island

- ❖ Partnership between Rhode Island Municipal Police Academy and a community mental health center (and now with the state organization of community mental health centers)
- ❖ One of seven pilot locations in the United States for the modified MHFA program
- ❖ More than 200 officers in Rhode Island received the tailored mental health training
- ❖ 36 of 38 Rhode Island law enforcement jurisdictions trained to date
  - Also trained:
    - Dispatchers, correctional officers, and university police
- ❖ Developed a manual of training materials
  - Use a Train the Trainer approach to disseminate to various law enforcement jurisdictions
  - Four days of training:
    - Day 1
      - Mental illness
      - Brain chemistry --- very much a “broken brain” approach
    - Day 2
      - Strategies for dealing with people
    - Day 3
      - Role plays --- practicing those strategies
        - Bring in Emergency Services staff for their experience and to help develop relationships with law enforcement
        - Also bring in trained LE officers
    - Day 4
      - “Teach back” cases
- ❖ The new training helps our officers better understand people with mental illnesses so they [the police] can respond appropriately without compromising safety,” said Chief Anthony Silva, executive director of the Municipal Police Training Academy in Rhode Island. Chief Silva said the training – a 12-hour certification course offered to help average citizens respond to psychiatric emergencies until professional help arrives – had to be tailored to include the police perspective along with the mental health perspective. “Police have to learn more than the signs and symptoms of mental illness,” said Lieutenant Joseph Coffey, who initiated the training at the police department in Warwick, Rhode Island. “Police officers need to look at the total situation while considering how to avoid injury to themselves and to the person in crisis.”<sup>4</sup>

### Example: MHFA – Statewide Probation Initiative in Missouri

1. Accomplished (as of March 2011)

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<sup>4</sup> Found in the NATIONAL COUNCIL MAGAZINE (2013) ISSUE 1 p. 70-71.  
<http://old.thenationalcouncil.org/galleries/MHFA-gallery/National%20Council%20Magazine%20MHFA%20for%20Web.pdf>

- a. Trained approximately 100 Instructors and over 1000 people in MHFA
  - b. Completed two day update session with current Missouri MHFA Instructors
  - c. Areas of focus
    - i. **Higher Education**
      - 1. Approximately 24 Instructors trained
      - 2. 9 institutions of higher education
    - ii. **DMH**
      - 1. 5 Instructors
      - 2. Central Office and Fulton State Hospital
    - iii. **Other State Agencies**
      - 1. Several state agencies have sent individuals to MHFA and Instructor trainings
      - 2. Corrections
        - a. Plan to train up to 20 Instructors in Training Academy
        - b. Focus first on Probation and Parole and then Corrections
        - c. Plan to train 3000 probation officers
      - 3. Division of Children's Services
        - a. Plan to train up to 6 Instructors
        - b. Focus on staff going into family homes
      - 4. Public Safety
        - a. 4 highway patrolmen took the course in SE Missouri and there are ongoing discussions with the agency about promotion to their training academy
    - iv. **Faith-based Communities**
      - 1. Missouri Foundation Grant to conduct MHFA for leadership of faith-based communities
2. Planning for the future
- a. Working with MIMH and Comprehensive Mental Health on a sustainability strategic plan that would provide a statewide presence to administer a coordinated MHFA program within Missouri based under an agreement with DMH. The Missouri Mental Health Foundation will also be brought into the discussion regarding marketing of MFHA.
  - b. In addition to receipts from the sale of all MHFA manuals and materials nationally, sustainability will be built on selling both 5-day and 12-hour courses. The planning is also exploring other specific funding sources including a major private corporation, the United Way, foundations, and SEMA. There may also be opportunities within the prevention elements of Healthcare Reform and a possible new SAMHSA Mental Health Awareness Grant to help sustain the effort.

### Example: MHFA – Statewide Initiative in Maryland<sup>5</sup>

- ❖ Began training instructors in Mental Health Associations, provider groups, at colleges and universities, in health facilities, and in social service agencies throughout the state
- ❖ Recently, the state completed an effort to train nearly 100 instructors from law enforcement and corrections, a move that led to the Maryland Police and Correctional Training Commissions' goal of training more than 10,000 correctional staff across 27 state institutions and 45 community supervision offices
- ❖ That experience, and the partnership of Harford County Department of Community Services, led to the Harford County Sheriff's Department, with jurisdiction over both the county's law enforcement and correctional facilities, becoming one of the first public safety agencies in the nation to operationalize Mental Health First Aid. "
- ❖ The Harford County Sheriff's Department made MHFA a prerequisite for officers applying to other special teams such as the Crisis Intervention Team, Critical Incident Stress Management Team, and the Crisis (Hostage) Negotiations Team

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<sup>5</sup> Found in the NATIONAL COUNCIL MAGAZINE (2013) ISSUE 1 p. 88-90.  
<http://old.thenationalcouncil.org/galleries/MHFA-gallery/National%20Council%20Magazine%20MHFA%20for%20Web.pdf>

## Crisis Intervention Specialist (CIS) Police School

The Montgomery County Emergency Service (MCES) provides a 3-day Crisis Intervention Specialist (CIS) School for law enforcement and criminal justice personnel. The CIS School is designed to train law enforcement and criminal justice personnel in dealing with mental health consumers in crisis.

The school is provided to all levels of the law enforcement and criminal justice communities to help them understand and deal more effectively with a mentally ill individual. The school focuses on crisis intervention, mental health law, competency, mental health disorders, mental retardation, substance abuse, suicide, medications and terminology. The first two days of the school are spent in the classroom; while the third day is spent in the hospital or in the community with trained and experienced mental health professionals. This third day helps the officers identify mental illness, and they learn through direct experience the appropriate ways to interact with those individuals who suffer from a severe mental health disorder. All workbooks and materials are provided.

CIS certified officers can provide:

- Crisis Intervention & stabilization
- Interview & assessment
- Conflict resolution
- Forensic diversion to avoid incarceration and criminalization of the mentally ill
- Referral to appropriate community-based services

A 3-day advanced school is also offered, which includes:

- One day of direct experience with a mental health professional.
- Crisis Negotiations - Active Listening
- Suicide by Cop
- Predatory behavior - focusing on stalking
- Sex crimes as it applies to MH, MR, D&A (paraphilias)
- Stress Management as it applies to law enforcement
- Anger Management
- Role Plays
- Each Advanced School is tailored to the needs of the class.

For more information, see: [http://www.mces.org/pages/cjs\\_lawenf.php](http://www.mces.org/pages/cjs_lawenf.php).

**Contact: Donald F. Kline, Ph.D.**

Agency: Montgomery County Emergency Services, Criminal Justice Director

**Phone:** 610-279-6100

Email: [dkline@mces.org](mailto:dkline@mces.org)



## Family Training & Advocacy Center (FTAC)

The Family Training & Advocacy Center (FTAC) provides support to families and family groups dealing with a loved one's behavioral health and/or addiction issues throughout Pennsylvania. With extensive staff experience in behavioral health advocacy and teaching, the FTAC provides education support to families and training to stakeholders and care providers in the behavioral health community. The primary responsibilities of the FTAC include developing and providing training programs for behavioral health providers and other stakeholders, such as:

- Criminal justice professionals, including police, corrections officers and parole/probation officers
- Mental health professionals, including psychiatrists, social workers, case managers, residential workers and managed care professionals
- Government agencies
- Providing county policy makers and families with updates on legislation that affects the behavioral health system
- Active participation in OMHSAS and OMPAP committees that affect service delivery of behavioral health services
- Supporting county government in addressing behavioral health/forensic issues by providing consultation on new program development and specific forensic issues

For more information, see: <http://dbhids.org/family-training-advocacy-center>.

**Contact: John B. MacAlarney II, J.D.**

Agency: FTAC, Vice President, Training

Phone: 717-314-7701

Fax: 215-599-5177

## CIT/MHFA and Pennsylvania Department of Corrections (DOC)

The PA DOC started providing CIT in 2012 with technical assistance from the Center of Excellence and attendance at the National Institute of Corrections Training Academy's workshop on CIT. The CIT training for the PA DOC was developed based on the National Institute of Corrections' curriculum developed specifically for correctional settings (NOTE: The new Director of Training for PA DOC, Michael Dooley, formerly worked for the National Institute of Corrections and was involved in developing the national corrections CIT curriculum). CIT enhances frontline correctional staffs' knowledge and skills, aiding administrators in improved management and care for a special population, reducing liability and cost, improving community partnerships for increased access to resources and supports, and increasing safety for all. Those officers whose position within institutions put them in close contact with the mentally ill have been prioritized for this critical training.

Trainings occur several times per year and classes typically include dozens of officers and corrections personnel. During 2015, nearly 900 of the DOC's 15,000 employees were trained in the area of Crisis Intervention Team (CIT) training. The DOC is planning to offer this training to the Pennsylvania county prisons in the future.

In addition to nearly 900 employees having received CIT training, all DOC employees, contract employees, volunteers, etc., have received training in the area of MHFA, with continued training of new employees now taking place during new employee basic training.

The DOC had 35 employees trained by the National Council to deliver the program in March 2014, and the DOC was the first organization to obtain and administer the new law enforcement version of the program. These staff trainers, with assistance from PCCD, were deployed throughout the state prison system to plan and implement the program between April 2014 and March 2015. As of March 31, 2015, every DOC employee was trained in the area of MHFA through a collaboration with the PA Commission on Crime and Delinquency. Moving forward, new DOC employees will receive the course during their basic training.

For more information, see: <http://www.cor.pa.gov/initiatives/Pages/Mental-Health-Services.aspx#.Vt7YqaQo59A> and [DOC Meets Aggressive Goal for Mental Health Training](#)

## Statewide Infrastructure

An effective statewide effort must include:

- ❖ A state-level structure designed to spread SPR programs throughout the state
- ❖ Strategies to maintain the quality of these programs so they adhere to the essential elements of SPR programs
- ❖ Mechanisms to ensure sustainability of programs over time

### Overview of Statewide Efforts (General)

- ❖ Collaboration structure
  - Leader is a state-level organization (such as mental health and advocacy) or a large law enforcement agency.
  - Additional partners include a range of mental health and criminal justice agencies, as well as advocates, legislative members and citizens.
  - Committee meets quarterly or as necessary to address problems and track progress.
- ❖ Staffing and funding
  - Funding is obtained through state, local and federal grants.
  - Staffing often on volunteer basis in the beginning. Once more funding is acquired, programs provide at least a coordinator to oversee recruitment and training.
- ❖ Goal is to reach entire state

### Advantages of Statewide Efforts

- ❖ States allocate the vast majority of mental health resources.
- ❖ State law authorizes police powers for emergency mental health evaluations and custody.
- ❖ State leaders can coordinate ongoing support and technical assistance to local communities.
- ❖ Statewide approaches can facilitate regional pooling of resources.
- ❖ Statewide structures can dramatically increase the number of SPR programs implemented nationally.

### Structure

According to the recent “Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives” monograph published by Justice Center under the Bureau of Justice Assistance, a statewide effort typically begins when an organization or other entity – either public or private, and often nonprofit – determines that there is both an interest in implementing SPRs throughout the state and a need to support local jurisdictions interested in implementing these programs. Although a single organization takes the lead in establishing the statewide effort, that lead agency works closely with advocates and with mental health and law enforcement agency

professionals. In this way, the state-level structure mirrors the collaboration among these three primary groups of stakeholders needed for all effective SPR programs.

Statewide efforts have three consistent features:

- (1) a lead agency or organization that operates at the state level
  - a. Advocacy Agency as Lead (CT)
  - b. Mental Health Agency as Lead (OH)
  - c. Law Enforcement Agency as Lead (UT)
- (2) assigned staff and dedicated resources, and
- (3) strong state-level partnerships with other entities.

For more information specifics about the concepts above please see p. 1 of the “Statewide Law Enforcement/Mental Health Efforts: Strategies to Support and Sustain Local Initiatives” monograph found at:

[https://www.bja.gov/Publications/CSG\\_StatewideLEMH.pdf](https://www.bja.gov/Publications/CSG_StatewideLEMH.pdf)

## Objectives

To achieve a state’s mission to spread SPR programs, states listed three primary objectives: support local SPR programs as they develop, encourage programs to adhere to best practices, and sustain efforts statewide.

- Supporting Local Agencies to Develop a SPR
  - Recruiting New Jurisdictions
    - *Regionalized Coordination:* In a regionalized coordination approach, state organizers recruit a primary agency in a catchment area or county, then work closely with community partners from law enforcement and mental health and advocacy agencies/groups to get a SPR program up and running. Organizers next identify a regional SPR coordinator who is responsible for recruiting other communities within the area.
    - *Centralized Coordination:* In a centralized approach, coordinators organize recruitment of all communities across the state. Although training may be regionalized, the state-level organization remains the main access point for recruitment and training. In this strategy, state coordinators begin by recruiting agencies they know are willing to be or already involved in a SPR program, then build on those successes.
  - Enlisting Existing Programs
  - Coordinating Efforts of Smaller Jurisdictions
- Encouraging Local Agencies to Adhere to Key SPR Elements
  - Collaboration at the Local Level
  - Training

- Law Enforcement and Mental Health Agency Response Policies
- Sustaining Efforts Statewide
  - Providing Expertise
  - Planning for Personnel Turnover
  - Engaging Government Officials
  - Conducting Evaluation Research

## Overview of Statewide Efforts (Specific)

### **Connecticut Alliance to Benefit Law Enforcement, Inc. (CABLE) - CT**

<http://www.cableweb.org/>

#### *Coordinating at the State Level*

The Connecticut Alliance to Benefit Law Enforcement (CABLE) is the lead organization for statewide efforts across the state. CABLE is a grassroots not-for-profit research and training collaborative of law enforcement and mental health professionals, families, and consumers living with mental illness, and institutions of higher learning. The organization's board of director's works closely with leaders in the Department of Mental Health and Addiction Services (DMHAS) Division of Forensic Services, the Spector Criminal Justice Training Network, Inc., the Connecticut Office of the Chief State's Attorney, the Connecticut State Police, and NAMI-Connecticut.

#### *Supporting Collaboration at the Local Level*

In 2004, through grant funding provided by a BJA Justice Assistance Grant (JAG), five urban jurisdictions implemented CIT training and were tasked with developing a multidisciplinary infrastructure to support CIT program planning. When a jurisdiction expresses interest in implementing a CIT program, CABLE brings together the relevant stakeholders to develop and define the program model for their community and provide resources and suggestions. CABLE's director then initiates a dialogue between the law enforcement department and the mental health authority to demonstrate how mental health providers can assist law enforcement officers.

#### *Developing Curriculum for Statewide Use*

The New London Police Department worked with CABLE to develop a CIT curriculum based on the Memphis model. It contains core content areas such as de-escalation, psychiatric medications, and signs or symptoms of mental illness. Other modules have been included on additional topic areas, including the autism spectrum, veterans' issues, and post-shooting trauma. CABLE obtained POST certification for parts of the curriculum to help officers meet annual in-service training requirements.

### *Conducting Training for Localities*

CABLE has historically conducted trainings in a centralized location, but has started to offer regional trainings *success*

All participating law enforcement agencies must provide CABLE with a “CIT policy” outlining the agency’s protocols that will support a CIT program. CABLE allows flexibility in the policy so that localities may tailor it to their community’s needs; however, the policy must include core CIT elements, such as working with mental health clinicians and specialized dispatcher procedures. CABLE holds an annual meeting that serves as a refresher course for all CIT-trained officers throughout the state.

### *Collecting and Analyzing Data*

DMHAS engaged researchers at the University of New Haven to conduct a multisite outcome evaluation of CIT. This project collected data on injury rates to officers and consumers, rates of arrest and diversion, numbers of consumers connected to treatment, the cost impact of such programs, consumer satisfaction with treatment, and officer satisfaction with the program and confidence in their new skill sets. As of October 2012, the findings of this study have not been published.

## **Colorado Regional Community Policing Institute (CRCPI) - CO**

### *Coordinating at the State Level*

In 2002, a multidisciplinary legislative task force selected the CIT model to improve statewide outcomes from police encounters with people who have mental illnesses. This task force chose the Colorado Regional Community Policing Institute (CRCPI) to develop specialized training and garner community participation.

The CRCPI ended its CIT manager’s coordination role in 2009, when the state met its goal of CIT participation in every region. At that time, an officer association ([www.CITAC.us](http://www.CITAC.us)) agreed to maintain a website that would serve as the information-sharing hub throughout the state for CIT training opportunities. The CRCPI continues its support, however, by providing schedules, contact information, and regular updates to this information repository. In addition, CRCPI staff also offers some mental health training to police officers throughout the state and provides continuing education on a few discrete topics (e.g., veterans’ post-traumatic stress disorder and adolescents as a target population).

### *Supporting Collaboration at the Local Level*

Each of the ten regions has formed a steering committee to oversee CIT development in their respective areas. This committee includes mental health practitioners, law enforcement personnel, and advocates. They are responsible for designating a coordinator for the region's activities. Each law enforcement agency that implements CIT assigns a coordinator to serve as the liaison between his or her agency and the region.

#### *Developing Curriculum for Statewide Use*

After examining curricula in use around the nation, staff at the CRCPI and Colorado's Peace Officer Standards and Training (POST) developed an in-service, 40-hour specialized CIT curriculum for statewide use. This POST-certified curriculum identifies which modules should be tailored to address region-specific issues – for example, sections requiring locally-based resource information. CRCPI staff provided this curriculum to each regional training committee as a starting point for their trainings.

#### *Conducting Training for Localities*

Prior to 2009, a state-level CIT manager coordinated train-the-trainer conferences for each of the regional steering committees to support independence and long-term sustainability at the regional level and facilitate local training. Although the CIT manager position no longer exists at the state level, CRCPI continues to provide education opportunities related to CIT, such as an eight-hour coaches' class for instructors to learn how to apply scenario-based training.

#### *Facilitating Ongoing Success*

Colorado's organizing efforts resulted in ten CIT regions, most of which represent a single county including several law enforcement agencies paired with a single mental health entity. (Two counties merged to form a multi-county region.) As of May 2009, these regions have been supported and empowered to operate independently (i.e., conduct their own outreach and training) without formal state support.

#### *Collecting and Analyzing Data*

CRCPI staff created a data collection form for local departments to track their program's processes and outcomes.

### **Florida Crisis Intervention Team Coalition - FL**

<http://www.floridacit.org/foridaresources.htm> (Contact: Dr. Larry Thompson (813) 974-9003 [Larryt@usf.edu](mailto:Larryt@usf.edu))

- ❖ The Florida CIT Coalition began 10 years ago as a way to organize and share information about CIT programs around the state. It started with 2 CIT programs, and has grown to 10 – 12 active initiatives.
  - When the Coalition was formed, Florida conducted 3 Train-the-Trainer retreats (funded through grant dollars) based on the Memphis model
  - Current trainers are all volunteers and often travel to interested regions to help jump start new CIT programs
- ❖ Voluntary program; not a formalized organization.
  - Helped avoid delays associated with bylaws and politics of applying for 501(c) 3 status
  - Can be difficult when donations or grant funds are received (no formal mechanism in place to handle donations)
    - Solution: Coalition has partnered with 2 advocacy groups (Partners in Crisis and NAMI). When donations are received, partner acts as financial administrator (receives overhead from the donation) and Coalition is able to use the remaining amount.
- ❖ Coalition members meet quarterly in a central location (Orlando)
  - Typically 2-3 representatives from each of 10-12 CIT programs (note: some programs cover several police jurisdictions)
  - Decreased travel budgets have made the meetings a bit difficult
  - Whenever possible, the meetings are planned around other events stakeholders will be traveling for (e.g. NAMI conference)
- ❖ Florida CIT Coalition provides Continuing Education Opportunities as well as CIT training assistance
  - Try to organize one day-long CE workshop each quarter
  - Workshops are held in various locations around the state to allow for statewide participation
  - Topics focus on issues relevant to local police and have included:
    - Excited delirium
    - VA presentation on PTSD
  - Workshop speakers are volunteers; workshops are free of charge
  - Attendance has been excellent (100 – 125 officers per CE training)
- ❖ Hurdles for the Florida CIT Coalition:
  - Funding – Little to no official funding, although occasionally receives small grants or donations. Lack of funding has contributed to issues with the following:
    - Public Relations tools – it has been difficult to find funding to print flyers and promote the coalition



- Website – Coalition did develop a website, but lacks the funding to keep it up to date
  - Data collection – Florida has made it a priority to collect and assimilate data re: CIT programs and outcomes. However there is no funding for a data specialist and this initiative has been unsuccessful thus far.
- ❖ Florida Crisis Intervention Team Coalition YouTube Channel
    - Collects YouTube clips relevant to CIT training for Law Enforcement
    - <http://www.youtube.com/user/FloridaCITCoalition>
  - ❖ The CIT Coalition developed the Florida CIT Program Model, based on the Memphis model, to guide local communities in their development and implementation of a CIT program. A *Core Elements* guide was created for communities, which outlines the guiding principles of the Florida CIT program and the core elements of the training curriculum. The guide can be found at <http://www.floridacit.org/Florida%20CIT%20Program%20document%20for%20the%20website.pdf>
  - ❖ The Florida CIT Coalition has attempted several strategies to collect statewide data regarding the growth of CIT throughout the state and its effectiveness. This has been challenging as many communities do not have the resources or personnel to collect data regularly. The coalition relies on individual communities that collect and report data for their own area and to demonstrate their efficacy. At this writing, the coalition has begun work with a doctoral student at the University of Central Florida and Orange County Corrections to conduct a survey of CIT officers, both in corrections and on the road, to measure attitude and behavior change. The expected completion of this dissertation project is April 2013.

### **Georgia Bureau of Investigations (GBI) and NAMI-Georgia - GA**

#### *Coordinating Collaboration at the State Level*

The Georgia Bureau of Investigations (GBI) and NAMI-Georgia coordinate the statewide effort, which grew out of a successful CIT program implementation in Atlanta in 2004. The GBI is a state agency that provides assistance to the state's criminal justice system for criminal investigations, forensic laboratory services, and computerized criminal justice information. The CIT program is collaboratively sponsored by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), NAMI-Georgia, the Georgia Association of Chiefs of Police, and the Georgia Sheriffs' Association. An advisory board meets quarterly to oversee program implementation, coordinate grant funding, provide systems and legislative updates, and address challenges. Two CIT program administrators manage the statewide effort, with one representing GBI and one representing NAMI. The CIT program administrators work

with regional NAMI coordinators and local law enforcement agency coordinators (CIT-trained officers tasked by their departments for this role) to conduct statewide CIT trainings.

#### *Supporting Collaboration at the Local Level*

Local law enforcement coordinators host and facilitate trainings, assist with securing class locations, and help arrange transportation for site visits.

#### *Developing Curriculum for Statewide Use*

In 2003, staff from GBI, NAMI-Georgia's Executive Board, and the Georgia Public Safety Training Center studied CIT training curricula used in Houston, Memphis, and St. Louis to identify modules best suited for use in Georgia. The resulting 300-page curriculum was POST-certified by the state, and since 2004, it has been used in all CIT trainings. The curriculum is under revision at this writing.

#### *Conducting Training for Localities*

The state CIT program administrator works with regional NAMI coordinators and local law enforcement coordinators to set up the first training. NAMI-Georgia staff assists by creating training calendars in collaboration with host law enforcement agencies, identifying NAMI affiliates to assist in the training, helping to find training facilities, registering class participants, identifying professional mental health treatment provider trainers and family members and consumers as presenters, and preparing materials. The coordinators draw upon a NAMI-Georgia grant to reimburse expenses incurred by NAMI affiliates.

#### *Facilitating Ongoing Success*

GBI takes requests to coordinate CIT training from law enforcement executives who have learned about the statewide program through their trade associations (such as the state chiefs and sheriffs associations whose members serve on the CIT advisory board) and from NAMI affiliates that often learn about CIT through NAMI-Georgia.

Each year, regional NAMI coordinators, local law enforcement coordinators and officers with advanced de-escalation training attend an annual refresher course convened by GBI and NAMI-Georgia. In this one-day event, attendees are given recent information on CIT, updated on the CIT model and the importance of maintaining fidelity, and have the chance to identify any needs or areas for improvement in the statewide effort. Attendees receive POST credit for this event.

The GBI provides in-service training for CIT officers during an annual two-day conference, which includes an awards banquet. These meetings provide an opportunity

to refresh skills, create connections between officers, and recognize individual officers' exceptional commitment to CIT.

### *Collecting and Analyzing Data*

Emory University has collected data from CIT officers to evaluate training impacts. This research study<sup>6</sup> found that law enforcement officers trained in CIT were more likely to divert a mental health consumer to treatment than arrest.

## **Illinois Law Enforcement Training and Standards Board (ILETSB) - IL**

### *Coordinating Collaboration at the State Level*

In 2001, the Illinois state legislature charged the Illinois Law Enforcement Training and Standards Board (ILETSB) with coordinating a task force to explore safety issues during situations involving law enforcement and people with mental illnesses, and to develop recommendations based on their findings. ILETSB subsequently was tasked with providing additional training opportunities for law enforcement on responding to these situations. After reviewing different models, the agency determined that CIT was the best fit in Illinois-- and since 2003 has provided CIT training to law enforcement officers across the state. As of January 2012, more than 2,500 law enforcement officers have been certified as CIT officers in Illinois.

### *Supporting Collaboration at the Local Level*

Illinois has 16 Mobile Training Units (MTUs) that deliver in-service training to law enforcement officers across the state. MTUs are not-for-profit governmental entities directed and administered by an advisory board composed of local elected officials, local criminal justice administrators and the director of ILETSB (the Board). The ILETSB CIT Coordinator works with regional CIT facilitators (under contract) and the Board's 16 regional MTUs to identify new sites for CIT training based primarily on requests from local jurisdictions. The CIT facilitators host informational meetings with communities interested in CIT. These meetings include representatives from the MTU, area law enforcement agencies, mental health service providers, other social service agencies, emergency room professionals, state attorneys, advocates, and people who have disabilities.

The MTUs continue to build and foster relationships between law enforcement and mental health or other disability partners through the process of developing and teaching the local-emphasis CIT training. The Board, CIT facilitators, and MTU staff

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<sup>6</sup> Compton, M.T., Esterberg, M.L., McGee, R., Kotwicky, R.J. and Oliva, J.R. (2006). Brief reports: Crisis intervention team training: Changes in knowledge, attitudes, and stigma related to schizophrenia. *Psychiatric Services*, 57 (8), 1199-202.

encourage ongoing collaboration on program activities between law enforcement and mental health service providers after the conclusion of the formal CIT training. Local communities are also encouraged to develop “mutual aid agreements” when possible, which further fosters collaboration across jurisdictions.

#### *Developing Curriculum for Statewide Use*

Through the use of independent contractors, seasoned CIT officers, local NAMI partners, subject-matter experts and in consultation with experts from Memphis, ILETSB has approved a 40-hour curriculum for use in training statewide.

The Board, in collaboration with these partners, continually examines the 40-hour curriculum to ensure the topic areas are relevant and updated. This evaluation process has led to the creation of an update/refresher course, a CIT course for dispatchers, and a CIT curriculum with a focus on juveniles.

#### *Conducting Training for Localities*

Through funding from ILETSB, the MTUs host the CIT training statewide. The MTUs, along with the Board and CIT facilitators handle all aspects of the 40-hour training. MTUs are responsible for logistics, such as managing registrations, securing facilities, printing materials, and arranging for food for the panel luncheon. Additionally, they secure all instructors for the 40-hour course, from statewide instructors to local stakeholders who are experts in their respective fields for a regional flavor. Of note, since 2008, ILETSB has increased the intensity of their role-play exercises during trainings by using professional actors with specialization in improvisational acting along with state-certified CIT officers for peer-to-peer evaluation of participants’ actions. Their live role-play exercise, which is videotaped and used for debriefing, gives all attendees an opportunity to apply their new CIT skills and review best practices that they can add to their own “tool belt.”

#### *Facilitating Ongoing Success*

ILETSB staff has a supportive board that encourages the continuing efforts of the CIT program. Through strengthened partnerships with NAMI, the board promotes the basic, youth, and refresher CIT training statewide and was recently recognized by NAMI National for Illinois’ dedication to this important program.

#### *Collecting and Analyzing Data*

No reported statewide data collection or analysis is being conducted at this writing.

## NAMI Maine CIT - ME

Website: [http://www.namimaine.org/event\\_detail.php?id=194](http://www.namimaine.org/event_detail.php?id=194)

For more Information contact Gil Soucy at: (207) 622-5767 or [gsoucy@namimaine.org](mailto:gsoucy@namimaine.org)

- ❖ Note: for examples of successful CIT grant applications in Maine, see: <http://www.nami.org/Template.cfm?Section=CIT&Template=/ContentManagement/ContentDisplay.cfm&ContentID=61258>

### *Coordinating Collaboration at the State Level*

NAMI-Maine took the lead in implementing CIT throughout the state after the national organization adopted CIT as part of its public policy platform in 2001. NAMI-Maine designated a Criminal Justice Program Coordinator to oversee its CIT work. Additionally, NAMI-Maine's Director of Criminal Justice Programs (DOCJP) provides oversight of the statewide effort. The DOCJP assists with aspects of training, measures program outcomes, prepares quarterly reports to funders, and ensures fidelity to the national model.

After successful implementation of CIT in Portland in 2005, NAMI-Maine convened a steering committee to focus on providing specialized training and program support throughout the state. The steering committee includes leaders from the Maine Department of Public Safety (specifically, the Criminal Justice Academy and Emergency Medical Services Bureaus), the Maine Behavioral and Developmental Services, and the Maine Department of Corrections. Committee members speak to policymakers and media about their issues and develop strategies to make CIT and specialized training appealing to agencies.

### *Supporting Collaboration at the Local Level*

NAMI-Maine helps communities develop leadership groups to oversee planning and training. With law enforcement support for the training initiative, the Criminal Justice Program Coordinator invites all licensed mental health service providers, NAMI members, consumers, and other relevant professionals in a particular jurisdiction to an initial planning meeting. After this meeting, the coordinator asks interested individuals to participate in an ongoing committee, which serves as the CIT working group for the jurisdiction.

### *Developing Curriculum for Statewide Use*

NAMI-Maine personnel developed a core set of training modules based on the Memphis model for use statewide. Each locality is encouraged to add modules that address local circumstances. (For example, in Portland, a module was added for responding to people of foreign descent because of the city's large immigrant population.) NAMI-Maine members have also modified the curriculum for rural counties by creating a module that

is intended for other emergency responders (emergency medical responders and fire services personnel) in addition to police. NAMI-Maine reports being first in the nation to adapt CIT for corrections personnel in their county jail and state prison system. They were recognized by SAMHSA with the 2007 Science to Service award for their corrections implementation.

#### *Conducting Training for Localities*

The coordinator supports the local working group to host the training by identifying trainers, coaching them on using the curriculum, and providing experienced trainers from other jurisdictions. NAMI-Maine also provides a full day of training at the Maine Criminal Justice Academy to all cadets enrolled in the 18-week academy. The training is an overview of mental health issues, legal issues, and de-escalation skills, and is designed to be a pre-CIT class.

#### *Facilitating Ongoing Success*

The Criminal Justice Program Coordinator responds to requests from interested communities and convenes a meeting to answer questions and generate program support. A representative from various police and sheriff's departments often attends meetings to tailor the presentation to law enforcement leaders. NAMI-Maine also sends press releases about upcoming trainings to law enforcement agencies to increase awareness of CIT.

NAMI-Maine has provided regionally-based continuing education for CIT officers. They have created an 8-hour Child CIT course (based on various national models) as an add-on to the 40-hour CIT course or as a stand-alone training for professionals. The Criminal Justice Program Coordinator convenes regional meetings of CIT supervisors quarterly to explore issues common across jurisdictions (e.g., problems with a provider) and to share successful strategies.

#### *Collecting and Analyzing Data*

NAMI-Maine collects copies of completed "CIT contact data sheets" to track the number of contacts to help obtain funding.

### **Ohio Criminal Justice Coordinating Center of Excellence (CCoE)**

<http://www.neomed.edu/cjccoe/> (Contact: Ruth Simera, MEd, LSW, Center Coordinator; [rsimera@neomed.edu](mailto:rsimera@neomed.edu); 330 325-6670)

- ❖ Funded by Ohio Department of Mental Health with some funding from Ohio NAMI
- ❖ 84 out of their 88 counties have CIT

- 6,157 out of 23,366 officers = 26% of the LE in the state are trained
- ❖ Ohio NAMI partners in this effort
- ❖ Lt. (ret.) Mike Woody is their consultant; started first CIT in Ohio
- ❖ Their CCoE provides:
  - Online toolkit plus articles and other resources on their website
  - Connections to key state players that support CIT efforts across the state
  - Ohio NAMI and Lt. (ret.) Mike Woody meet with county to help them begin
    - 1, 2, or 4 hour meetings
  - Recommendations for trainers around the state that excel at specific components of the training
    - For instance, Paul Lilly, PhD (now a consultant with them) on mental health aspects of de-escalation and Sgt. Mike Yohe of Summit County from law enforcement side.
    - Encourage the counties to “wean” themselves from those out of county trainers over time and substitute with local folks
  - Twice a year meetings with local CIT Coordinators across the state to get their input, share information, encourage peer to peer learning, and provide support
    - Typically 10 till 3 meetings; NAMI provides food
  - Encouragement for local CIT programs to continuously evaluate and improve their CIT programs
  - Mini-grants to implement CIT
  - Lending library
  - Online trainings
- ❖ No longer offer formal Train The Trainer programs
  - Instead recommend different existing CIT programs for different components; Encourage them to go out and see them
  - Want them to grow their CIT trainers locally within that local culture
- ❖ For more in depth information on their training statistics across Ohio go to: <http://www3.neomed.edu/cjccoe/uploads/OHIO%20CIT%20OFFICERS%20April%202013.pdf>

### **Virginia CIT Coalition - VA**

Website: [www.vacitcoalition.org](http://www.vacitcoalition.org)

The Virginia Crisis Intervention Team (VACIT) Coalition is a collaborative membership group. Members include individuals interested in learning about or supporting CIT initiatives and representatives from CIT programs throughout Virginia, regardless of whether their local program is in initial stages of development, still working to implement various aspects of the CIT program or a fully operational CIT.

Virginia’s CIT programs started in the New River Valley in 2001. From 2001 – 2004, that community worked with the originators of the CIT model in Memphis, Tennessee, to develop the nation’s first rural, multi-jurisdictional CIT program. From 2004 – 2009, New River Valley CIT worked with the Department of Criminal Justice Services (DCJS)

to provide technical assistance and identify funding sources to initiate several additional programs, including those in the Thomas Jefferson Area, Mt. Rogers, Hampton/Newport News, and Virginia Beach.

In 2009, responding to increasing interest in CIT program development, sections 9.1-102, 9.1-187, 9.1-188, 9.1-189 and 190 of the Code of Virginia were amended. The legislation provides a more effective, consistent process for CIT development and oversight, directing the Department of Criminal Justice Services in conjunction with the Department of Behavioral Health and Developmental Services (DBHDS) to "...support the establishment of crisis intervention team programs in areas throughout the Commonwealth..."

The goals for CIT programs are included in the Code of Virginia, §9.1-187, and are generally oriented toward reducing injuries to both law enforcement and citizens, reducing arrest of persons in behavioral health crisis, improving access and linkage to appropriate community treatment and supports, and promoting dignity and respect for individuals with behavioral health disorders. In 2011, DBHDS and DCJS, along with the leadership from the Virginia CIT Coalition<sup>1</sup>, developed a guidance document (Essential Elements for the Commonwealth of Virginia's CIT Programs) to establish consistent minimum requirements for the development and implementation of CIT programs in Virginia.

As of August 2012, Virginia has 30 CIT Programs. These 30 programs are active in 101 of Virginia's 134 localities (75% of the state). Eighty-three percent of Virginia's total population lives in an area with a CIT Program initiative underway. CIT programs are classified as either operational, developing, or in planning. Of the 30 CIT programs, 9 are operational, 12 are developing, and 9 are in planning.

As of 2012, 191 criminal justice agencies were participating in a CIT program. Agencies include police departments, sheriff's offices, corrections, other first responder agencies, probation, dispatch and emergency communications. Compared to the total number of law enforcement agencies in Virginia (as reported by DCJS, December 2012), 46% of Police Department and Sheriffs Offices have trained CIT officers (147/319), 48% of Corrections agencies have CIT officers (11/23), 44% of University Police have CIT officers (14/32) and 15% of Dispatch/Emergency Communications agencies (5/33) have CIT trained dispatch officers

According to a 2012 report, a total of 4,337 individuals completed a 40-hour CIT Training. Of that total, 3,758 were Police, Sheriffs Deputies, or Jail Corrections Officers, 333 were Other First Responders (EMS, Fire, Rescue), and 246 were Mental Health professionals. Compared to the total number of active law enforcement officers in Virginia as reported by DCJS (December 2012), the total number of CIT trained Law Enforcement represents 13% of all Law Enforcement across the state.

- ❖ Virginia contracts with three regional CIT training programs around the state. Each program receives approximately \$25,000/year to provide training to requesting programs and mentor existing CIT initiatives. These programs are:



1. New River Valley Crisis Intervention Team Program – Provides CIT training to law enforcement officers in the New River Valley and across the state

Website: [http://www.mhanrv.org/crisis\\_intervention.html](http://www.mhanrv.org/crisis_intervention.html)

Email: [mhainfo@mhanrv.org](mailto:mhainfo@mhanrv.org)

Phone: (540) 951-4990)

2. Thomas Jefferson Area CIT - coordinates and provides CIT training and policy and procedures for the Charlottesville/Albermarle area.

Phone: (434)-296-2441 Ext:117

Email: [thomasvh@oar-jacc.org](mailto:thomasvh@oar-jacc.org)

3. Hampton-Newport News CIT coordinates and provides CIT training and policy and procedures for the Hampton-Newport News area.

Website: <http://hampton.gov/cit/>

Phone: 757.788.0086

Email: Dean Barker ([rbarker@hnnscsb.org](mailto:rbarker@hnnscsb.org))

Services provided by Virginia CIT Training Programs include:

- ❖ Training and technical assistance to help localities throughout Virginia develop and sustain CIT programs
  - It is recommended that a minimum of 12 officers in a given locality complete the full CIT training (40 hr Memphis Model curriculum)
  - Some of these officers will then participate in a 2.5 day "Train the Trainer" program
    - Officers must be certified law enforcement instructors to participate in the Train-the-Trainer program (this is to ensure that the CIT training will be recognized by the state as continuing education hours for officers)
  - This helps local programs become self-sustaining and tailors the training to the specific needs of the region.
- ❖ Abbreviated 4-8 hour CIT trainings customized specifically for dispatchers
  - Training length varies depending on the size of the community
  - Having trained dispatchers who are able to identify mental health crisis calls and dispatch CIT Officers when appropriate is integral to the success of the CIT Program
  - Provided four dispatcher trainings to date with goal to train 100 percent of all New River Valley police dispatchers

- ❖ Eight hour continued education ‘refresher courses’ for current CIT officers
  - Example: 8 hour course specific to veterans issues

Future directions for Virginia’s CIT programs:

- ❖ VA is currently collaborating with their Veterans Association to develop a statewide training specific to veterans issues
- ❖ A corrections-specific curriculum may be developed
  - Currently, corrections officers are welcome in local CIT trainings (and they have attended); however the curriculum has not been modified to target this population.
- ❖ A 40-hr CIT training modified for school resource officers has also been suggested
  - Would focus primarily on issues of childhood and adolescence

*Virginia Outcome Data:*<sup>7</sup>

Virginia’s statewide CIT initiative is widely supported by law enforcement and criminal justice stakeholders, mental health providers, consumers and family members. Among the 17 programs providing training, participants consistently rate it between 4 and 5 on a 5-point scale, often commenting that it is best training they have ever received. Still among the challenges CIT faces is the development of a consistent and comprehensive method for collecting and analyzing outcome measures. Individual programs, among them, Blue Ridge, Hampton-Newport News, Thomas Jefferson Area and Virginia Beach, have collected local data verifying reductions in officer time, reduced costs for incarceration, reductions in injuries and arrests. Due to the overwhelming diversity of processes and data bases among individual criminal justice agencies in identifying and cataloging relevant mental health calls and CIT responses, statewide outcome data are not yet available. However, the Thomas Jefferson Area program is utilizing DCJS Byrne grant funding to help develop an effective statewide data plan. Additionally, the three new programs which received funding to create Assessment Sites (Chesapeake/Portsmouth, Henrico and New River Valley) will be providing quarterly reports to DBHDS that will provide information describing both the foregoing law enforcement encounter data, as well as clinical outcomes for persons receiving services through the Assessment Site.

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<sup>7</sup> Obtained from Virginia’s Crisis Intervention Team Programs 2012 Survey Results and Status Report. Please see <http://www.dbhds.virginia.gov/documents/Adm/CIT%202012%20Inventory%20Survey%20Report%20and%20Analysis%20-%201%2015%2013.pdf> for more information

## CIT Utah

Website: <http://www.citutah.com>

The Salt Lake City Police Department, along with state and local agencies, created a committee in 2000 to evaluate how law enforcement throughout the country dealt with mental health issues. The Memphis CIT Program was identified and selected as the model.

Two Salt Lake City police officers were sent to Memphis to attend the Memphis Police Department's CIT Academy. These officers returned as CIT Coordinators and worked with the committee to start a statewide program with its first academy being held in April of 2001.

In 2008, CIT International, Inc. was founded with CIT Utah being represented as a founding member on its Board of Directors.

Organizations and agencies that comprised the CIT Utah Committee included the Salt Lake City Police Department, the National Alliance on Mental Illness (NAMI) Utah Chapter, the Veteran's Administration, the Utah Division of Substance Abuse and Mental Health, the University Medical Center, Valley Mental Health, and the Salt Lake City Grants Office.

The CIT Program is a program of the State of Utah Division of Substance Abuse and Mental Health. The Salt Lake City Police Department is the administrating agency while the Salt Lake City Police Department is responsible for coordinating and promoting the CIT Program efforts throughout the state. The Academy and instruction were refined through the first sixteen academies held in Salt Lake City. Officers from across the state attended these academies.

This training did not address the second program goal of establishing a "system" that includes law enforcement as a "team member" of mental health care. To achieve the second goal, officers would need to interact and become "partners" with the mental health providers, hospitals, resources, and other agencies in their communities. Officers in and around the Salt Lake Valley partnered with these individuals and their resources through the activities provided during the CIT Academy. Officers from other counties did not receive this benefit. With this in mind, regional academies were implemented to address the remainder of the state.

The State of Utah Division of Substance Abuse and Mental Health is the state's mental health authority and oversee the public mental health system. The state's 29 counties provide or contract with independent mental health providers to become the mental health authority of their counties. This has formed 11 mental health catchment areas also known as mental health centers.

To facilitate a regional academy, at least one law enforcement agency and the area's mental health center need to identify a person of their organization as a CIT Regional Coordinator and become partners in promoting a Regional CIT Program. The Salt Lake City Police Department's State Program Director and State Program Coordinator will provide training to the Regional Coordinators, assist the region with the development of the training academy, and help build the required partnerships for the program. All instructors, site locations, and participants will be from the local area. The Salt Lake City Police Department will continue to maintain the role of administration for the State CIT Program; however, all advancements of the CIT Program in the region will be the responsibility of the Regional Coordinators.

- From 2001 - 2010, the Salt Lake City Police Department facilitated several training academies per year, training over 500 officers from 42 agencies across the state of Utah.
  - Roughly 14% of law enforcement in the state has CIT training

#### *Utah CIT Outcomes*

In 2009, the directors of the CIT program in Salt Lake City elected to begin a formal, external evaluation of the program, and hired an outside program evaluation agency, Bach Harrison, L.L.C., to conduct the evaluation. The evaluation examined the effectiveness of the CIT program within the Salt Lake City Police Department and the local community by analyzing survey data and police archival records related to the CIT program. Surveys were conducted with police officers, police dispatchers (please see full report), mental health providers, CIT consumers and the families of CIT consumers. Archival data were gathered to address the frequency of CIT and non-CIT response to mental illness related cases, recidivism among mentally ill individuals utilizing police services, medical and psychiatric dispositions of cases, and variables detailing use of force by suspects and police.

A brief summary of the outcomes of the study are presented below. For a copy of the full report, please visit [www.citutah.com](http://www.citutah.com)

- CIT officers (relative to non-CIT officers) were significantly more
  - willing to form close social relationships with the mentally ill
  - concerned about and empathic with the mentally ill
  - knowledgeable about mental illness
  - likely to know about community resources and recognize them as useful
  - likely to indicate their training had prepared them well for dealing with the mentally ill
- CIT officers (relative to non-CIT officers) were rated by providers as significantly more
  - prepared to deal with the mentally ill in crisis
  - knowledgeable about mental illness

- thorough when completing Temporary Emergency Involuntary Commitments
- accurate when completing Temporary Emergency Involuntary Commitments
- capable when communicating patient information
- accurate in terms of transporting patients truly in need of critical mental health care
- likely to accompany a mentally ill person in crisis into the mental health care facility
- respectful to the mentally ill when accompanying them into the mental health care facility
- CIT officers (relative to non-CIT officers) were rated by mentally ill consumers as...
  - producing significantly more favorable interactions
  - significantly more likely to be contacted in the future
- CIT officer (relative to non-CIT officer) response was related to significantly:
  - reduced need for consumer/suspect medical hospitalization
  - increased arrests (neither a favorable or unfavorable outcome)
- **Joint Resolution**  
 In 2011, the legislature and the governor passed a concurrent resolution that recognized "the positive approach and best practices of the CIT Utah Program and encouraged development of active crisis intervention team programs throughout the State.

### **Washington State Criminal Justice Training Commission (WSCJTC) Statewide CIT**

Website: <https://fortress.wa.gov/cjtc/www/> (Contact Bob Graham- Program Manager of Washington State Criminal Justice Training Commission [BGraham@cjtc.state.wa.us](mailto:BGraham@cjtc.state.wa.us))

- ❖ Before any statewide program was developed, Washington State had several police agencies running their own CIT programs:
  - Seattle PD
  - Olympia
  - Vancouver/Clark County
  - Wenatchee
  - Spokane
- ❖ The **Washington State Criminal Justice Training Commission (WSCJTC)** is the Basic Law Enforcement Academy, Corrections Academy, which conducts a majority of the Advanced and Specialty training for LE, Corrections, and Telecommunicators in Washington.
  - WSCJTC offers CIT Training at the statewide level for a variety of classes. Those include:
    - Crisis Intervention Team 40-Hour Basic

- Crisis Intervention Team Advanced
  - CIT Force Options
  - CIT Executive Roundtable Training
  - Mental Health First Aid for Criminal Justice
  - Crisis Intervention Team (CIT)-Youth
- ❖ WSCJTC CIT training is currently offered statewide by agencies that include, but are not limited to:
  - Wenatchee Police Department
  - Longview Police Department
  - Kennewick Police Department
  - Olympia Police Department
- ❖ The **Washington State Criminal Justice Training Commission** received \$26,000 in legislative funding to develop a statewide model curriculum. With this funding they also ran three pilot courses in Tacoma, Kitsap County and Kennewick. An additional \$306,000 was awarded to implement the program statewide.
- ❖ The first steps included soliciting pre-existing programs and assisting with funding expansion of those. Additionally, back fill for the agencies coordinator, meals for the attendees, instructor costs and presentation materials were funded. The first full year of the program assisted with funding 19 full forty hour CIT courses across the state.
- ❖ The following year funding was cut from the \$306,000 to \$16,000. That year they awarded \$1,000 mini grants to each CIT program that conducted at least one training. The following year and each year since they have received no state funding for CIT programs.
- ❖ Washington's largest county, King County (home of 60% of the state's population and home of Seattle and 6 of our largest 10 cities) had been collecting a 1/10<sup>th</sup> of one percent sales tax for Mental Illness and Drug Dependence (MIDD). It was decided to spend some of this tax money on providing CIT to Law Enforcement. The Sheriffs' department spent several years trying to get a CIT program running and in 2010 decided to contract with **Washington State Criminal Justice Training Commission** to provide the training. They are in the second year of contracting with the county to provide CIT. In addition to the 40-hour basic course they conduct an 8-hour in-service course, 8 hour Youth CIT advanced course, and an 8-hour Force Options course that covers tactical and use of force considerations with persons in mental health crisis. Mental Health First Aid has also been incorporated into the Training Commission's menu of training options.
- ❖ With indirect monies from the contract, **Washington State Criminal Justice Training Commission** hosted a second Regional CIT Conference August 2012, and the first Force Options course outside of King County
- ❖ Suggestions for a Statewide Initiative from Washington State:

- Consult with already established CIT programs in your state
- CIT should be regionally specific as a large part of curricula is teaching the officers the resources that are available in the area

**Statewide Law Enforcement/Mental Health Efforts:  
Strategies to Support and Sustain Local Initiatives (December 2012)**

Monograph published by Justice Center under the Bureau of Justice Assistance (BJA)

[https://www.bja.gov/Publications/CSG\\_StatewideLEMH.pdf](https://www.bja.gov/Publications/CSG_StatewideLEMH.pdf)

**An Overview of Eight Statewide  
Specialized Policing Response Strategies**

STATE	LEAD AGENCY	PARTNER AGENCIES	STAFFING	FUNDING	TRAINING BEGAN
<b>Colorado</b>	Colorado Regional Community Policing Institute (CRCPi)	POST; Dept. of Criminal Justice, Office of Research and Statistics; Dept. of Mental Health; NAMI	Full-time CIT manager until May 2009, but no paid staff at the state level since then	Federal grant funding ended 2007, followed by the 10 regions' independent funding	2002
<b>Connecticut</b>	Connecticut Alliance to Benefit Law Enforcement (CABLE)	Dept. of Mental Health and Addiction Services (DMHAS); NAMI-Connecticut; Spector Criminal Justice Training Network; Office of the Chief State's Attorney; CT State Police	Executive Director (ED) of CABLE is a part-time position	ED is paid through CABLE's operating budget; DMHAS reimburses law enforcement agencies up to \$1,500 per officer for overtime/backfill during the training	2004
<b>Florida</b>	Florida CIT Coalition	Mental Health Institute; FLPIC; NAMI; Florida Dept. of Law Enforcement	Volunteer CIT Coordinator	Private grants	2004
<b>Georgia</b>	Georgia Bureau of Investigation and NAMI	GA Dept. of Behavioral Health and Developmental Disabilities (DBHDD); the Georgia Association of Chiefs of Police, and the Georgia Sheriffs' Association	Two CIT Program Administrators—one from GBI and one from NAMI	DBHDD funding and federal grant	2004
<b>Illinois</b>	Illinois Law Enforcement Training and Standards Board (ILETSB)	NAMI; Mobile Training Units	ILETSB CIT Coordinator and contract, regional CIT facilitators	ILETSB operating funds, which are provided by the state	2003
<b>Maine</b>	NAMI	Maine Dept. of Corrections; Maine Behavioral and Developmental Services; Maine Dept. of Public Safety	Director of Criminal Justice Programs and Criminal Justice Coordinator	Federal and private grants	2002
<b>Ohio</b>	Criminal Justice Coordinating Center of Excellence (CJ/CCOE)	Ohio Dept. of Mental Health (ODMH); NAMI; Ohio Supreme Court; Ohio Attorney General's Office; Office of Criminal Justice Services	Law Enforcement Liaison; one full-time and three part-time staff members; Mental Health Consultant	Annual ODMH grants; NAMI funding from Office of Criminal Justice Services and Ohio Attorney General's Office	2001
<b>Utah</b>	Salt Lake City Police Department (SLCPD)	Division of Substance Abuse and Mental Health; NAMI	Two SLCPD detectives assigned to coordinate the statewide effort	Funding from a contract with the Division of Substance Abuse and Mental Health; program revenue	2001



## Training Costs --- CIT

### The Laurel Highlands Region CIT Program:

- ❖ For Laurel Highlands Region CIT to conduct five day training in county/community:
  - \$3,000 for roughly 20 police officers
- ❖ To go to Laurel Highlands Region for a CIT five day training:
  - \$350 per person
- ❖ Officer Dan Marguccio, formerly of the Laurel Highland Region CIT Program, described issues faced by small police departments (Cambria County has over 50 departments with less than 50 officers each.) Despite these issues, response to CIT training has always been overwhelmingly positive.
- ❖ Cambria County has been able to streamline the training process; they can train 20 officers for under \$3000. Upon completion of the CIT program, officers receive a certificate and four continuing education credits from a local college.
- ❖ Officer Marguccio has also seen huge improvements in relationships between crisis and law enforcement as a result of CIT training. Cambria CIT trainees have come from multiple systems including probation, local jail staff, judges, and state prison staff (SCI Cresson).
- ❖ Non-law enforcement staff completes the standard CIT training, although some role-play activities can be tailored to specific settings, such as corrections. Cambria has also conduct Train-the-Trainer workshops for individuals in other counties.

### Miami-Dade County Crisis Intervention Team (CIT):

- ❖ 3,600 law enforcement officers have been trained since 2003
- ❖ The financial costs for starting and supporting CIT training have been minimal in Miami-Dade's initiative
  - Cost for a full-time position with benefits (Miami-Dade County pays for the position)
  - Minimal costs for local, state (to attend statewide CIT committee) and national travel
  - Local subject matter experts and law enforcement officers **volunteer** their time to present for 40 hour CIT training
  - Costs relating to training (materials) are absorbed by the police departments

### Virginia CIT Coalition

- ❖ Funding for Virginia CIT programs has developed from an initial \$150,000 Federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to the New River Valley in 2001, to a complicated patchwork of Federal and state grants, ongoing state General Funds for jail diversion and local program contributions. An overview is provided in the table below, showing the major funding categories and amounts received by all of Virginia's CIT programs over the past 11 years from 2001 - August 2012.

**Funding Source \*FY 2002-2013**

**Amount**

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DBHDS Ongoing General Funds for Jail Diversion	\$1,251,960
DCJS Federal Byrne Grant Funds	\$2,894,516
DCJS/DBHDS General Fund Grants for CIT	\$441,703
DBHDS CIT General Fund Planning Grants for CIT	\$144,755
Other (Federal/State/Local)	\$504,000
<b>Total</b>	<b>\$5,236,934</b>

- ❖ The Virginia Department of Behavioral contracts with three regional CIT training programs around the state. Each program receives approximately \$25,000/year to provide training to requesting programs and mentor existing CIT initiatives.
- ❖ In 2011, the Virginia Department of Behavioral Health sent out an RFP and awarded 6 CIT planning/startup grants to new initiatives around the state. Each recipient was awarded \$30,000 to hire a part-time coordinator and help defray initial training costs.

#### **Georgia Crisis Intervention Team**

- ❖ Georgia conducts the one-week training for 20 officers for a total of \$5000, or \$250 per officer. This budget includes a part-time CIT coordinator at NAMI Georgia; funding for research on the outcomes of Georgia CIT; as well as travel and lodging for instructors (Information courtesy of NAMI Georgia.)

#### **Utah Crisis Intervention Team**

- ❖ Utah trains 550 officers across the state of Utah annually with a budget of \$95,000, or approximately \$175 per officer. This budget also covers costs for continuing education classes and CIT training for corrections officers. (Information courtesy of Detective Ron Bruno, CIT Utah.)

#### **Washington State Criminal Justice Training Commission (WSCJTC) Statewide CIT**

- ❖ A full-time civilian coordinator, a full-time training Sergeant and a part-time consultant who assists with training and program development/improvements
- ❖ Instructors and role players for the mock scenes
- ❖ Lunches throughout the week
- ❖ Back fill costs
  - Decided early on that in the present fiscal climate that the only way they would get officers into a weeklong class was to provide funding to back fill the position
  - They developed a formula on the average salary of deputies and officers in the county across all the agencies and came up with a formula to provide the agencies back fill money

Note: See **Appendix C** for a 'Cost of CIT' document from the National Alliance on Mental Illness

## Training Costs --- Mental Health First Aid

- ❖ Train The Instructor (TTI) trainings
  - If an individual attends one of National Council's Train The Instructor five-day programs open nationally:
    - Tuition for the instructor course is \$2,000 per person (\$1,850 for National Council Members), and is inclusive of the five days of instruction, breakfast & lunch throughout the course, materials needed to teach the 12-hour course, and ongoing technical assistance once certified, unless otherwise noted.
  - If a community contract with National Council to bring the TTI to their community:
    - \$31,500 per training program; 30 trainee instructors per training program
    - Provided only by National Council for Behavioral Health
    - Other costs include:
      - Location
      - AV equipment
      - Refreshments
    - Washington and Pike Counties have recently offered training locations for regional TTIs

## Accomplishments to Date Toward a Statewide SPR Effort in Pennsylvania

**December 2010** Pennsylvania Mental Health and Justice Center of Excellence Pre-Conference Workshop: Expanding Specialized Police and Collaboration with Behavioral Health Systems in Pennsylvania

- Held prior to the Annual Forensic Rights and Treatment Conference, Harrisburg Sheraton, Harrisburg, PA on November 30<sup>th</sup>, 2010
- This 1-day workshop focused on the initial law enforcement-crisis services response to individuals with behavioral health challenges in crisis who come in contact with police, aka “Intercept One.” It was presented by Kirk Heilbrun, PhD, Patricia Griffin, PhD, David DeMatteo, JD, PhD, Edward Mulvey, PhD, Carol Schubert, MPH, and Lt. Michael Woody (Ret) of Ohio.
- Breakout sessions focused on strategies to develop and expand specialized police response initiatives locally; the role of data in seeking and implementing change; teaching the intervention skills necessary for successful de-escalation; involving consumers, family members, and advocacy groups in these efforts; and facilitating collaboration between law enforcement and crisis services

**August 2011** Pennsylvania Commission on Crime and Delinquency (PCCD) and the CoE held a meeting with community stakeholders and national experts in to discuss developing a plan for a statewide effort to provide Specialized Police Response and enhanced Law Enforcement/Behavioral Health collaboration. Presenters included:

- Melissa Reuland - Police Research Consulting
- Sergeant (Retired) Lis Eddy – Consultant, Washington State Training Commission
- Bryan V. Gibb - Director of Public Education, National Council for Community Behavioral Healthcare

**December 2012** Pennsylvania Mental Health and Justice Center of Excellence Pre-Conference Workshop: Expanding Specialized Police and Behavioral Health Response in Pennsylvania

- Held prior to the Annual Forensic Rights and Treatment Conference, Harrisburg Sheraton, Harrisburg, PA on November 27, 2012
- This one-day workshop focused on the law enforcement/crisis services/staff response to individuals with behavioral health challenges in crisis who come in contact with such individuals in community, correctional, and forensic settings. The conference highlighted varying specialized police response programs from across the Commonwealth, and provide information on the status of specialized response training in corrections as well.
- Break-out sessions included: The Value of Training Officers in Specialized Responding; Implementing CIT in Your Community, Involving Consumers and Family Members in Law Enforcement Training; Implementing Mental Health

First Aid (MHFA) in Your County; Implementing CIT in State Prison, Jail, and Forensic Settings; Autism, Adolescence, Sexuality, and the Criminal Justice System; Addressing Veterans, Military Culture; Probation & Parole's Perspective on Special Police and Behavioral Health Response and Trauma; Law Enforcement and Crisis Services Working Together; and Teaching De-escalation Skills.

- A closing session solicited input from workshop participants on needed next steps in Pennsylvania to expand successful specialized response training initiatives and collaborations between law enforcement/corrections and behavioral health statewide. The panel featured various perspectives from across the state describing their challenges, barriers, and success with specialized responding training and interventions. Additionally, a session on "*How to assess the implementation and effectiveness of CIT in your community*" was presented during the main Forensic Rights and Treatment Conference.
- Received positive feedback as well as suggestion for moving forward

**March 2012** Centre County hosted the First Statewide CIT Symposium

**September 2013** Pennsylvania Commission on Crime and Delinquency (PCCD) in partnership with The Department of Human Services/Office of Mental Health and Substance Abuse Services (OMHSAS) released the *Specialized Behavioral Health Training for Law Enforcement and Justice Practitioners* funding announcement. The CoE and PA Chiefs of Police Association were tasked with coordinating the awarded sites.

**March 2014** Second Annual Statewide CIT Meeting

- Consisted of a half-day meeting for the CIT counties/ programs who were already established and attended the statewide meeting last year, as well as a full-day meeting for those counties who are in the beginning stages of developing CIT.

**April 2014** Nine counties received funding for *Specialized Behavioral Health Training for Law Enforcement and Justice Practitioners*.

SPR programs funded include:

- Crisis Intervention Team Training (CIT)
- CIT for Veterans
- Mental Health First Aid for Adults
- Mental Health First Aid for Youth

For more information on training statistics from the nine above sites, see **Appendix D**.

**March 2015** Third Annual Statewide CIT Meeting

- PCCD, Centre County, and CoE hosted the Third Annual Statewide CIT Meeting on **March 24<sup>th</sup>, 2015** in State College, PA. Carol Schubert, Edward Mulvey, and Katy Winckworth-Prejsnar presented the morning of the meeting.

**February 2016** Statewide Crisis Intervention Team (CIT) Program Survey

- In an effort to further enhance the Commonwealth's response to specialized populations, the Mental Health and Justice Center of Excellence (CoE) in collaboration with the Pennsylvania Commission on Crime and Delinquency (PCCD), Department of Human Services (DHS), and the Pennsylvania Chiefs of Police Association (PCPA), is gathering more information on Crisis Intervention Team (CIT) programs throughout the state through an in-depth statewide survey.

**March 2016** Fourth Annual Statewide CIT Meeting

- Major Cochran (<http://cit.memphis.edu/sam.html>) will conduct two sessions during the event: CIT and the Community: Partnerships, Responsibility, Accountability and "MORE"; and Verbal De-Escalation: Performance and Skills are the Mosaic Art of CIT.

## Next Steps for Pennsylvania

Questions to be addressed:

1. What SPR approach (or combination of approaches) will best address the current needs in Pennsylvania?
2. How will the training be delivered (e.g. regionally, locally, etc.)?
3. Can some of the training be provided “virtually” (online or on a CD)?
4. How will the training be funded?
5. What is the timeline for rolling out the initiative?

Ideally, a PA statewide initiative would include:

- Menu of options that communities can choose from
- County Readiness Questionnaire
  - See National Institute of Corrections Academy version as one possibility
- Regional training
  - Incorporating strategies to incorporate county specific information on behavioral health/advocacy/criminal justice resources and collaboration
- A “toolkit” that would provide a blueprint for implementation with a focus on the community partnerships necessary to make these local initiatives successful
- A model curriculum using the most current adult learning approaches
  - PowerPoint slides, handouts, and experiential activities such as role plays that teach and refine skills in de-escalation
- Promotion of uniform implementation
  - With funds from PCCD, Edward Mulvey and Carol Schubert conducted a multicounty study of CIT in Pennsylvania. One product of the study is matrix of “essential elements” for crisis intervention training that can serve as a benchmark for counties. The matrix is available on the Center of Excellence website at:  
<http://www.pacenterofexcellence.pitt.edu/documents/Core%20elements%20matrix%20for%20CIT%20conference.pdf>
- Model protocols for call taker, dispatch, police, crisis behavioral health, and information sharing responses
- List of individuals skilled in providing the various training components to support a peer-to-peer effort; i.e., help localities reach out to localities experienced in implementing CIT, MHFA, etc.
- Training provided at a state level so that localities could send staff to learn how similar training can be offered locally

- A council of specialized police response coordinators from both law enforcement and behavioral health systems to share information and assist in local implementation
- Guidance on program evaluation to monitor outcomes of the local and state efforts

### Further Questions to Consider in Developing a Statewide Effort

1. What will be the structure of the statewide effort?
  - ❖ What lead agency or organization will operate this initiative at the state level?
    - Advocacy Agency as Lead?
    - Mental Health Agency as Lead?
    - Law Enforcement Agency as Lead?
  - ❖ Determination of assigned staff and dedicated resources
  - ❖ How to maintain strong state-level partnerships with other entities
  
2. What will be the structure of the statewide effort?
  - ❖ What lead agency or organization will operate this initiative at the state level?
    - Advocacy Agency as Lead?
    - Mental Health Agency as Lead?
    - Law Enforcement Agency as Lead?
  - ❖ Determination of assigned staff and dedicated resources
  - ❖ How to maintain strong state-level partnerships with other entities
  
3. Working meeting of current CIT programs inviting them to assist in this effort
  - ❖ Who would be invited?
    - Current CIT programs
    - State Police
    - Pennsylvania Chiefs of Police
    - PCCD
    - OMHSAS
    - CoE
    - DOC
    - Probation & Parole
  - ❖ Advance work --- Survey could be used to address these issues
    - Curriculum, videos, and resources they're willing to share
    - Their strengths:
      - Presenters on specific topics
      - Collaborations between behavioral health and law enforcement
      - Advocacy groups' involvement



- Other strengths?
    - Schedule of upcoming CIT trainings that they would be willing to allow others to observe
    - Training they're willing to provide either at no cost or with a fee
  - ❖ Agenda
    - Develop a model curriculum for Pennsylvania
      - What might be able to be provided "virtually" (online or on a CD)
      - Power point presentations
    - Develop a tool kit for implementation in Pennsylvania
    - Target who might benefit from receiving training
      - Local law enforcement
      - University/school police
      - Hospital security
      - Others?
    - Flesh out statewide dissemination strategy
      - Small grants to support local implementation?
      - Funding to support officers' overtime?
      - Website to support initiative?
    - Plan for regular quarterly or every 6 month meetings of local CIT Coordinators
4. How will objectives of a statewide effort be maintained?
- ❖ How will new jurisdictions be recruited?
    - Regionalized Coordination?
    - Centralized Coordination?
  - ❖ How will existing SPR programs be enlisted?
  - ❖ How will smaller jurisdictions be coordinated?
  - ❖ How to encourage local agencies to adhere to key SPR elements
    - Collaboration at the local level
    - Training
    - Law Enforcement and Mental Health Agency response policies
  - ❖ Sustaining Efforts Statewide?
    - Providing expertise
    - Planning for personnel turnover
    - Engaging government officials
    - Conducting evaluation research

#### Disseminating MHFA – Public Safety version statewide

1. Working meeting of current MHFA programs?
2. Regional Train The Instructor (TTI) trainings --- offered in each of the four PCCD regions
  - ❖ 5 day training --- \$31,500 per training program; 30 trainee instructors per training program

- Provided by National Council for Community Behavioral Healthcare
  - ❖ Other costs include:
    - Location
    - AV equipment
    - Refreshments
  - ❖ Washington and Pike Counties have recently offered training locations for regional TTIs
    - Washington, Pike, Franklin, Lycoming, and Berks Counties have staff that are interested in being trained as instructors
      - Include representatives from law enforcement, 911, probation, day reporting centers, and behavioral health
  - ❖ Instructors previously certified for the standard 12 hour version of MHFA could be certified to teach the 8 hour public safety version after observing the first two days of the TTI training
    - National Council on Community Behavioral Healthcare must make decision re how they will go forward with this
    - Butler, Allegheny, Monroe, Philadelphia have certified 12 hour instructors who would like to be certified to teach the 8 hour public safety version
3. Small grants to support local implementation?
  4. Include local MHFA Coordinators into regular statewide CIT Coordinator meetings?
  5. CoE website to provide continuing support

## APPENDIX A: COE Specialized Police Response Survey

### Background

The Specialized Police Responses survey was developed by the PA Mental Health and Justice Center of Excellence in response to a request by Judge Zottola and members of the Mental Health and Justice Advisory Committee (MHJAC). Surveys were distributed throughout the Commonwealth of Pennsylvania with the assistance of PCCD and OMHSAS. Three groups were included in the survey: law enforcement representatives, county mental health personnel and county Criminal Justice Advisory Board (CJAB) members. Responses were returned to PCCD between December 2010 and January 20, 2011.

The goals of the survey were to elicit information in four areas:

- 1) What program activities are Pennsylvania law enforcement agencies doing to improve their specialized response to people with behavioral health challenges?
- 2) What additional resources (e.g., training, mental health services) do law enforcement agencies need in the future?
- 3) What are Pennsylvania behavioral health agencies doing to improve the law enforcement response to people with behavioral health challenges?
- 4) What additional resources (e.g., training, mental health services) do behavioral health agencies need in the future?

Responses to the survey were received from a range of individuals in multiple counties throughout the State. Eighty-four law enforcement personnel representing 33 distinct counties, 31 county mental health personnel from 27 distinct counties and 21 CJAB members from 16 counties responded to the survey.

A complete report of survey results is available from the Center of Excellence. This document provides a summary of key findings related to law enforcement personnel, organized by question topic.

### *What program activities are Pennsylvania law enforcement agencies doing to improve their specialized response to people with behavioral health challenges?*

- The majority (56%) of counties represented indicate that they have not received training on behavior health issues. The most common reasons for this lack of training include: lack of training availability (41%), financial barriers (34%) and barriers related to the officers time (25%)
- The majority of counties (55%) indicate they are collaborating with their county mental health office or community-based service providers to address problems related to individuals with behavioral health challenges. The most common change to police response from this collaboration is that officers provide referral information to people in crisis (88% of responses chose this option as an outcome from the collaboration) and officers interview family members and others who

have information about the person's behavior in the past and the presence of weapons (80%).

***What additional resources does your law enforcement agency need in the future to better respond to people with behavioral health challenges?***

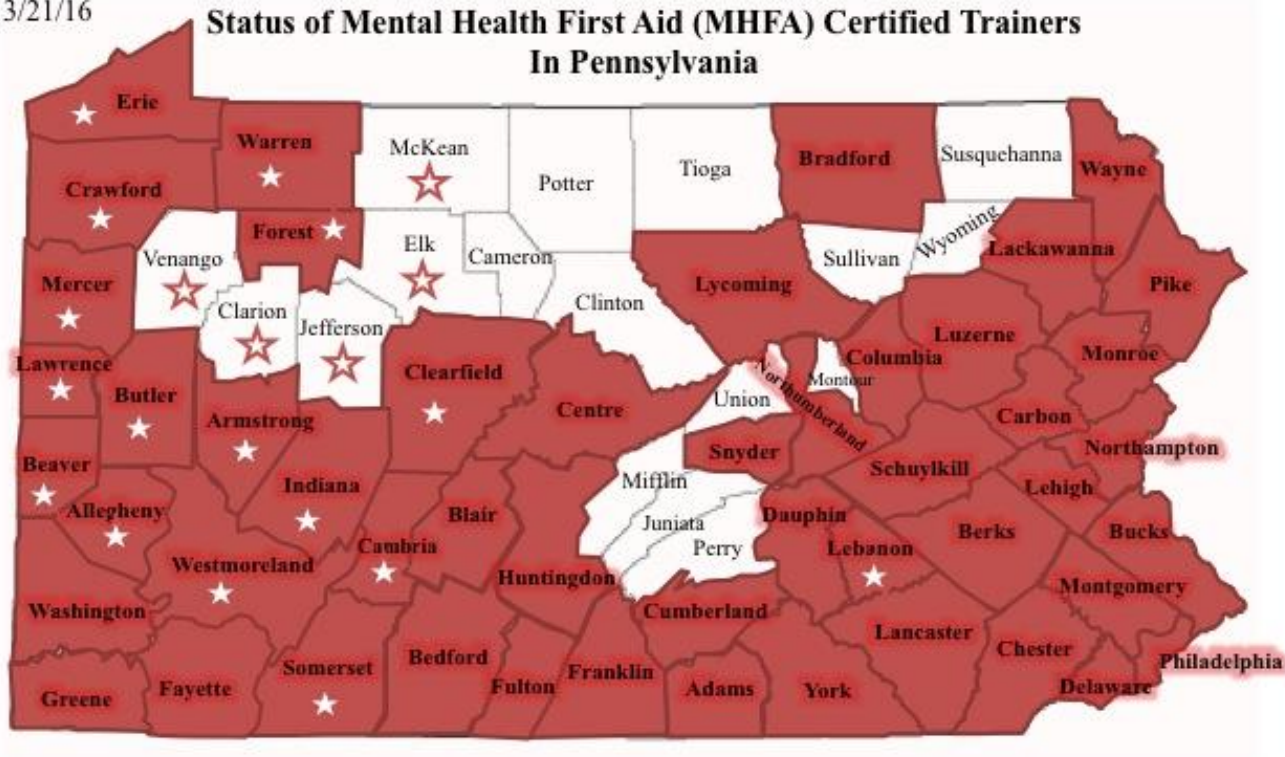
- When asked to indicate additional resources they feel would benefit them, law enforcement officers overwhelmingly indicated the need for training on mental health issues (82% of responses selected this option)
- Crisis mental health services and substance use resources were also common responses (58% and 54% of responses, respectively, selected these options)

***Describe how your agency could improve their response to people with behavioral health challenges.***

- Officers frequently indicated the need for more and better training (62% of responses) and the need for more trained personnel (19% of responses) in order to improve their response to people with behavioral health challenges.
- The most common barriers to change offered by officers were: financial issues (funding, 49% of responses), manpower issues (constraints due to the time commitment needed to complete the training (33%) and the need for better access to training (21%)

## APPENDIX B: Mental Health First Aid (MHFA) Certified Trainers in Pennsylvania

Updated 3/21/16



**Key:**



Source: <http://www.mentalhealthfirstaid.org/cs/take-a-course/find-a-course/>

## APPENDIX C: NAMI Cost of CIT Toolkit



### CIT Toolkit The Cost of CIT



Because CIT is developed through community collaborations, it can be accomplished at low cost, through mostly volunteer efforts. In fact, asking partner organizations to commit their resources to CIT creates a sense of ownership over the program, which leads to long term sustainability.

#### Consider the following:

**Coordination and Planning:** Any member of the community partnership – NAMI, the mental health agency, law enforcement, the local college or university, or the local government - may have on their staff a person who can act as coordinator to plan training sessions and coalition meetings.

**Instructors:** Local mental health professionals, educators, consumers and family members are often willing to donate their time as CIT instructors. Contact your local NAMI, your local college or university and your mental health agency.

**Facilities:** Many CIT programs are able to host trainings at the law enforcement training academies or university facilities for little or no cost.

**Materials:** Law enforcement agencies may be willing to donate the cost of pins and brochures. Other printing costs may also be outsourced from within the partnership.

**Salary:** Officers selected for training should be volunteers who are invested in the program, rather than motivated by a pay increase. Some communities, but not all, offer CIT-trained officers a token increase in pay in recognition of their specialized skills. Law enforcement agencies may be to cover any additional staff costs incurred by taking officers off the beat for the training.

**Sustained Funding:** Once your program is established, you may be able to sustain funding for ongoing trainings by opening the classes up to officers from other communities and charging tuition.

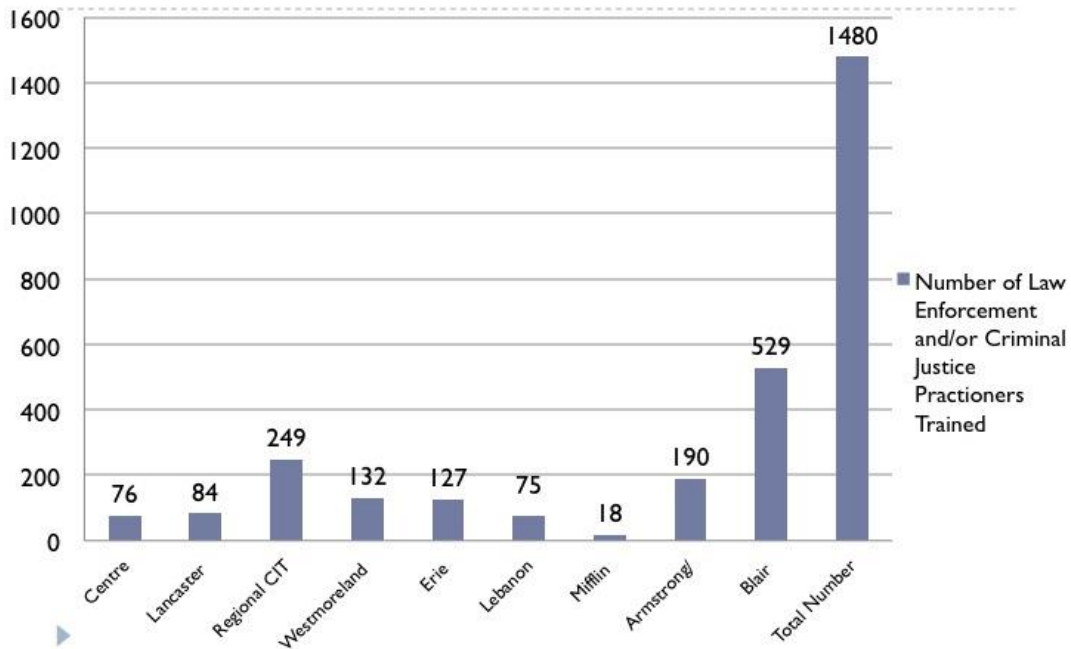
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The **Georgia Crisis Intervention Team** conducts the one-week training for 20 officers for a total of \$5000, or **\$250 per officer**. This budget includes a part-time CIT coordinator at NAMI Georgia; funding for research on the outcomes of Georgia CIT; as well as travel and lodging for instructors. (Information courtesy of NAMI Georgia.)

The **Utah Crisis Intervention Team** trains 550 officers across the state of Utah annually with a budget of \$95,000, or approximately **\$175 per officer**. This budget also covers costs for continuing education classes and CIT training for corrections officers. (Information courtesy of Ron Bruno, CIT Utah.)

## APPENDIX D: Specialized Behavioral Health Training for Law Enforcement and Justice Practitioners Training Numbers

**SPR 9 Funded Sites Training Numbers  
Individuals Trained from April 2014 – February 2016**



**SPR Funded Sites Training Numbers  
Number of Individuals Diverted from April 2014 – February 2016  
(3 Sites did not report diversion numbers)**

