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Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs

Developed by the Ohio CIT Coordinators Committee in Conjunction with the Ohio Criminal Justice Coordinating Center of Excellence

INTRODUCTION:

CIT began in Memphis in the late 1980s and has been adapted widely around the country. As CIT has developed in different communities, local adaptations have been made in various elements of the program. Each community has its own unique issues that might effect CIT implementation. Rural communities are especially challenged to adapt CIT successfully. Rural law enforcement agencies are often small and cover extensive geographical regions. We believe that CIT can be successfully implemented in both urban and rural communities.

There is little research demonstrating those elements necessary for CIT programs to accomplish their goals. However, those of us that have been involved with developing CIT in our communities believe that there are certain critical elements that determine the effectiveness of these programs. There is a concern that absent these core elements, CIT will be less effective. For this reason, CIT experts from eight established CIT programs in Ohio have developed this document, a summary of those elements we believe are necessary for CIT programs to be maximally effective. We have attempted to identify specific aspects of CIT where adaptations are necessary for rural communities. We understand this is a work in progress. Eventually we hope to turn these core elements into a fidelity self-assessment tool. Also, we hope these proposed core elements will promote future research to determine if the experts are correct.

Goals for CIT Programs:

CIT is a community partnership between law enforcement agencies, the local mental health system, mental health advocacy groups, and consumers of mental health services and their families.

Communities which establish CIT programs do so with the following goals in mind:

- Increase the feeling of safety in the general community
- Increase law enforcement officer safety
- Increase mental health consumer safety
- Better prepare police officers to handle crises involving people with mental illness
- Make the mental health system more understandable and accessible to law enforcement officers
 - Supply law enforcement officers with the resources to appropriately refer people in need of care to the mental health treatment system

- Improve access to mental health treatment in general and crisis care in specific for people who are encountered by law enforcement
- Collaboratively, make the mental health system responsive to law enforcement to the greatest extent possible with community resources
- Divert people with a mental illness who are in crisis from the criminal justice system whenever possible and collaboratively work with the court systems to reduce the incarceration rate of people with a serious mental illness who are in need of treatment when applicable

CORE ELEMENTS OF CIT

The following are what we believe to be the core elements of successful CIT programs:

1. Selection of CIT officers:

For large law enforcement agencies:

- There should be a formal selection process within the law enforcement agency. This could include:
 - A written application to join the program.
 - An interview to determine motivation to become a CIT officer.
 - A background investigation process to ensure that CIT candidates are of the highest caliber.
- Whenever possible, CIT officers will be volunteers that have good communication and interpersonal skills. No officer should be forced or ordered to be a CIT officer against his/her will.

For small law enforcement agencies:

- In smaller agencies, all officers may ultimately need to be trained as CIT officers to ensure maximum coverage and availability. Since this may not be accomplished for several years, smaller agencies are encouraged to start their program using volunteers who are interested in becoming CIT officers as much as practicable. As the program develops all officers may be expected to become CIT officers.

For Medium-sized law enforcement agencies:

- In medium-sized agencies, the law enforcement executive will have to decide whether to have a smaller team of specialists or train all to ensure coverage.

2. Size of CIT force

- The goal for all law enforcement agencies is to have enough CIT officers to allow for maximum coverage on all shifts and all days of the week,.
- For large agencies, it is estimated that this will require 20 to 25% of the patrol force to be part of the CIT .
- For large agencies, it is not wise to train significantly more officers than needed for maximum coverage. “Too many” CIT officers might reduce

the frequency of CIT encounters that each officer has, thereby decreasing his/her ability opportunities to hone his/her skills

- Smaller agencies may have to train all or most of their officers to allow for adequate coverage.
 - It generally takes several years for a department of any size to develop an optimal number of CIT officers.
3. A CIT officer committed to the CIT concept/program will be designated as the contact person for the mental health system.
 - Ideally in large agencies this officer will be designated the CIT coordinator.
 - The coordinator position should be filled by a law enforcement officer who would be given the authority to oversee the program in the agency.
 - The rank of this person would be established by the agency and that person would be imbued with the “staff authority” needed to coordinate and oversee the activities of the team.
 4. There will be a mental health coordinator(s) committed to the program who will serve as the contact person(s) for the law enforcement agencies in the jurisdiction(s) served by the mental health board or providers.
 - Ideally this coordinator will have enough authority to oversee the program from the MH system side.
 - This coordinator will be involved in planning and implementing the training as well as in the maintenance of the program.
 5. The mental health system is responsive to CIT officers and will allow for a smooth transition for CIT officers as they refer patients for crisis services.
 - The mental health system will receive individuals identified by CIT officers as in need of crisis services:
 - Quickly so that law enforcement officers can return to their other duties as quickly as possible; and
 - Without hassle (i.e., “no reject policy”)
 - Ideally a community will have one or several facilities clearly designated for mental health crises with a “no reject” policy.
 - Such facilities may be free standing crisis centers or hospital emergency departments.
 - Such facilities would have 24/7 availability.
 - A mental health mobile crisis service with a quick response may serve in place of a facility.
 - Some rural communities will not have either a crisis center or hospital emergency department. In such cases, the community will develop an acceptable response mechanism for crises identified by the CIT officers.
 - The mental health system will have procedures in place so that if it is necessary for an individual to be arrested, the CIT officer can identify the person’s mental health needs and be confident they will be addressed.

6. Trainers who are willing to learn about police work and to become “police friendly” as they provide training to the officers. Trainers must include mental health professionals, family members of individuals with serious mental illness, individuals who themselves have serious mental illness (“consumers”), and people who are able to assist in role-playing to assist officers in developing their de-escalation skills.
 - Efforts will be made to help trainers prepare for CIT presentations. Trainers need some basic knowledge about the nature of police work, police culture and how police officers best learn. These efforts may include:
 - A pre-class meeting with trainers.
 - A train the trainers meeting.
 - Written communication with the trainers.
 - Trainers are offered an opportunity to go on one or more “ride-alongs” with a law enforcement officers assigned to the patrol function, to give the trainer an opportunity to observe first hand what it is like “walking in an officer’s shoes”.
 - Trainers are informed about officer and community safety issues and about the use of force continuum that is used by law enforcement agencies in the area.
 - There will be an evaluation process so that ineffective trainers can get feedback and/or be replaced as necessary.
7. The mental health system must be willing to provide the trainers to the officers at no or low cost.
 - The training must be accessible and sustainable for both the police and the mental health system.
 - Ideally the training will be offered free to the law enforcement officers within the jurisdiction.
 - It is reasonable to expect officers from other jurisdictions (e.g., from outside Ohio) to pay the cost of materials.
 - If there is a charge for all attendees, it should be minimal, e.g., to cover the costs of materials and meals
8. A law enforcement agency must be willing to provide release time so that its personnel can attend the training.
 - For smaller agencies this may mean arranging payment of officers who attend training while off duty.
 - It may also mean arranging for overtime coverage of regular duties to allow personnel to attend training
9. An intensive CIT core training class that should be held at least once a year. For urban communities, this training should be a weeklong, 40-hour training. (Some rural communities believe they can accomplish the goals of the training in less than 40 hours. There is a lack of consensus among this group on this issue.) The

course emphasizes that CIT is a partnership between law enforcement, the mental health system, mental health advocacy groups, and consumers of mental health services and their families. As such, trainers include representatives of all identified stakeholders. The intensive training attempts to provide a common base of knowledge about mental illness; a basic foundation from which officers can build. The course is not aimed at making CIT officers mental health professionals. The course is intended to provide officers with skills to:

- Recognize signs and symptoms of mental illness
- Recognize whether those signs and symptoms represent a crisis situation
- De-escalate mental illness crises
- Know where to take consumers in crisis
- Know appropriate steps in following up these crises such as: contacting case managers or other treatment providers or providing consumers and family members referral information to mental health treatment agencies or advocacy organizations like the local NAMI chapter.

The training emphasizes development of communication skills, practical experience and role-playing. Also officers are exposed to mental health professionals, consumers and family members both in the classroom and in the field during site visits.

No two CIT curricula will be identical, as each will reflect the unique aspects of the given community. Still all courses will include the following:

- An overview of mental illness from multiple perspectives.
- Persons with mental illness
- Family members with loved ones with mental illness
- Mental health professionals

These perspectives may be provided by individual consumer and family presentations or by panels of several consumers or family members. Substantive amounts of interaction between CIT officers-in-training and mental health consumers and their families will make the core training session more effective.

- Specific signs and symptoms of serious mental disorders.
- The kinds of disturbed behavior officers will see in people in a mental illness crisis should be emphasized.
- The common problem of co-occurring disorders including co-occurring substance abuse and mental illness, along with co-occurring developmental disability and homelessness.
- The influence of culture and ethnicity on the topic of mental health and how it is dealt with inside those cultures and ethnicities should be discussed as it applies to the cultural and ethnic make up of the particular community.

- Panel discussions and role-plays of cultural differences may be particularly effective.
- Obtaining trainers from those various cultures and ethnicities (if possible) may also be effective
- An overview of psychiatric medications.
- An overview of the local mental health system and what services are available.
- An overview of mental health commitment law.
- Comprehensive training in how to de-escalate a mental illness crisis.
- Sufficient practice, through role playing, in the de-escalation of mental illness crises so that all students are involved directly in the role-playing
- Field trips which give officers an opportunity to talk with consumers and emergency mental health personnel, and to ride-along with case managers so officers get to experience what it is like walking in a case manager's shoes.
- A graduation ceremony with awarding of pins and certificates.

10. Training is provided to dispatch/phone call takers so that they are knowledgeable about the CIT program and able to identify probable mental illness crisis calls.

11. Ongoing or advance training is offered to CIT officers on at least an annual basis.

- Officers are regularly provided with reading material and other updates on mental illness issues by the mental health and/or police CIT coordinator/contact person.
- With input from the CIT officers in the field, advanced CIT training is offered annually.

12. The law enforcement department will develop policies and procedures to effectively interact with people in a mental illness crisis. This will address the roles of dispatchers, CIT officers, and non-CIT officers. These policies will include:

- A simple documentation process for tracking of encounters between CIT officers and individuals with mental illness (“the Stat sheet”);
- Stat sheets and other information are shared on a regular basis with the mental health system.

13. Regular feedback is given to both CIT officers and mental health system providers and administrators when problem situations arise.

- Each community will articulate means of both formal and informal communication between law enforcement and the mental health system. These may include:
- Sharing of statistics kept on various aspects of the program
- Sharing of stat sheets (see 12.b above)

- Regular conversations between identified CIT and mental health personnel
- Discussions at the CIT steering committee meetings. (See below.)

14. There is a regularly scheduled meeting of a CIT steering committee with representatives of the key stakeholder groups to assure that the program stays on course.
15. When feasible, the mental health community provides ongoing recognition to the CIT program and honors particular CIT officers for their excellent work. One or more officers from each CIT program is recognized as “CIT Officer(s) of the Year”. A local NAMI chapter (or ADAMHS Board) may want to take the lead in organizing and sponsoring these community celebrations.