Program Demographics

A CIT agency program is a community wide program built around a single police agency that utilizes CIT trained officers in its community's crisis response system. A CIT agency program may or may not independently conduct CIT 40-hour trainings, which will be addressed under the training section, but must have some components of CIT programming.

Contact Information

Agency Name

Street Address

City / Town

State / Province

Zip Code / Postal Code

Country

Contact

Contact's Email Address

Contact's Phone Number

Program's / Agency's Website

Jurisdictional Information

What is the population of your jurisdiction?

[   ]

Number of sworn law enforcement officers?

[   ]

Number of currently trained CIT officers?

[   ]

What is the target percentage of patrol officers to be trained as CIT officers?

[   ]

Number of civilian staff?

[   ]

Does your agency provide correction services?

[   ]

Does your agency provide emergency medical services?

[   ]

Please click on the box of any associated CIT programs available to your agency:

☐ CIT Regional Program

☐ CIT State/Province Wide Program

If you selected either of the above programs, please describe if and how your agency program participates, supports, and collaborates with them.

[   ]

Depth of Program

CIT programs have three significant responsibilities: developing community collaboration, often using a CIT Steering Committee; transforming a community's crisis response system that integrates several components to provide easy access to crisis care in the least intrusive manner; and training.

ON-GOING MULTI-DISCIPLINARY CIT COMMITTEE - A CIT agency program could involve a steering committee, workgroup, or some other formal body that oversees the program and looks for opportunities to further develop community crisis response services. This committee can include members representing the agency, behavioral healthcare services, advocates, and persons with lived experience.

Does your program have an on-going committee that oversees the program?

◯ Yes

◯ No

Comments:

INTEGRATED CRISIS RESPONSE SYSTEM - An integrated crisis response system is one that incorporates various levels of response or services for people in crisis. An integrated crisis response system goes beyond the standard police response of law enforcement evaluation and provides alternate ways for individuals to get help in a crisis.

Does your crisis response system include components other than the standard police response?

◯ Yes

◯ No

Comments:

TRAINING - A CIT agency program may or may not conduct various training such as de-escalation training, mental health awareness training, 40-hour CIT training, etc.

Does your program conduct CIT training, de-escalation training, mental health awareness training, or any other training that would be associated with crisis response?

◯ Yes

◯ No

Comments:

On-going Multidisciplinary CIT Committee

If you clicked on yes, that your program has an on-going committee that oversees the program under Depth of Program, please complete the questions on this page. Otherwise, please scroll down and click on next.

Please click on the box next to each discipline represented on the CIT Committee:

- [ ] Sworn Agency Personnel
- [ ] Emergency Communications Personnel (Dispatch Services)
- [ ] Mental Healthcare Services Personnel
- [ ] Behavioral Health Oversight Authority
- [ ] Substance Use Services Personnel
- [ ] Emergency Medical Services Personnel
- [ ] Hospital or Receiving Center Personnel
- [ ] Advocates - Family Members or Concerned Parties
- [ ] Advocates - Persons with Lived Experience
- [ ] Advocacy Organization Personnel (i.e. NAMI, Mental Health America)
- [ ] Veteran's Services Personnel
- [ ] Judicial Services Personnel
- [ ] Housing Services Personnel
- [ ] Corrections Services Personnel
- [ ] Other (please specify all other disciplines represented on the committee)

How often does this committee meet?

Are minutes of the meetings maintained?
(If yes, we will request copies of the minutes of the two most recent meetings.)

◯ Yes

◯ No

Please describe the extent to which your steering committee reflects the community served:

Please provide any additional information that you would like the evaluators to consider regarding the CIT Committee:

Integrated Crisis Response System

If you clicked on yes, that your crisis response system includes other components other than the standard police response under Depth of Program, please complete the questions on this page. Otherwise, please scroll down and click on next.

Please click on the components of your integrated crisis response system:

☐ Crisis Line

☐ Emergency Communications 911 Crisis Triage - capable of diverting calls to the crisis line when appropriate

☐ Warm line

☐ Mobile Crisis Response Team - non law enforcement team able to respond independently from law enforcement to crisis calls for service

☐ Mobile Crisis Response Team - embedded co-response of clinician and law enforcement officer

☐ Non Law Enforcement Transportation - transportation, other than law enforcement vehicle, for crisis services (ambulance, secure transport, crisis van, etc.)

☐ Access Center - often part of a hospital's emergency department that provides crisis services utilizing a "living room" model

☐ Dedicated Crisis Receiving Center - a separate structure from hospital services that is dedicated only for crisis services

☐ Detoxification Center - a center that is not part of the criminal justice system that provides substance use services and detoxification services (could be part of a dedicated crisis receiving center)

☐ Other (please specify)

If you clicked on crisis line, is your crisis line available 24-hours each day of the year?

◯ Yes

◯ No

If no, what are the days and hours the crisis line service is available?

[ ]

If you clicked on warm line, is your warm line available 24-hours each day of the year?

◯ Yes

◯ No

If no, what are the days and hours the warm line service is available?

[ ]

If you clicked on mobile crisis response team - non law enforcement, what disciplines make up the team?

☐ Behavioral Health Clinicians

☐ Certified Peer Specialists

☐ Emergency Medical Services

☐ Other (please specify all other disciplines that make up the team)

[ ]

If you clicked on mobile crisis response team - non law enforcement, are they available 24-hours each day of the year?

◯ Yes

◯ No

If no, what are the days and hours the mobile crisis response team is available?

[ ]

If you clicked on mobile crisis response team - non law enforcement, can this team respond to crisis calls for service independently of law enforcement?

◯ Yes

◯ No

Comments:

[ ]

If you clicked on mobile crisis response team - non law enforcement, what is the average response time?

[ ]

If you clicked on mobile crisis response team - non law enforcement, what is an estimated percentage of crisis calls for service they respond to that does not require law enforcement response?

◯ Yes

◯ No

Comments:

Is there any type of a memorandum of agreement between the different services?

(If yes, we will request copies of the memorandum of agreements.)

◯ Yes

◯ No

Please identify at least one improvement that has been made in the past few years in your crisis response system or one that is currently being addressed:

Please provide any additional information that you would like the evaluators to consider regarding the crisis response system:

Training

If you clicked on yes, that your program conducts CIT training, de-escalation training, mental health awareness training, or other training that would be associated with crisis response under Depth of Program, please complete the questions on this page. Otherwise, please scroll down and click on next.

Please click on the box next to the various training your agency currently conducts or provides on an on-going basis:

☐ 40-hour CIT training

☐ CIT refresher / advanced training

☐ De-escalation and/or behavioral health awareness training for law enforcement officers

☐ De-escalation, behavioral health awareness and/or triage training for emergency communications (dispatch) personnel

☐ De-escalation and/or crisis system awareness training for emergency medical services personnel

☐ De-escalation and/or crisis system awareness training for community members

☐ Behavioral health staff training on CIT programs and police culture

☐ CIT program awareness presentations

☐ Other (please specify)

If you checked 40-hour CIT training, please answer the following questions in detail:

How often is it provided?

Is it completed in a 1-week period?

What is the maximum class size?

Is the training available to non-law enforcement personnel and if so, what qualifies to attend?

If non-law enforcement can attend, what is the percentage of class makeup regarding law enforcement and non-law enforcement personnel?

Do attendees self-select to attend?

Are attendees screened for suitability and if so, how?

Is it mandatory training?

Is there a minimum time of service requirement to attend?

Do persons with lived experience provide some of the instruction?

Are site visits incorporated into the training?

Is scenario-based training included in the training?

Is there required testing to successfully complete the course?

Does the course certify the officer as a CIT Officer and if so, how long is the certification?

If the course provides certification, what are the recertification requirements?

Is there any other information you would like us to know about your 40-hour CIT training?

If you checked CIT refresher / advanced training:

How long is the training?

How often is it provided?

Is it limited to only CIT officers?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked de-escalation and/or behavioral health awareness training for law enforcement officers:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked de-escalation, behavioral health awareness and/or triage training for emergency communications personnel:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked de-escalation and/or crisis system awareness training for emergency medical services personnel:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked de-escalation and/or crisis system awareness training for community members:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked behavioral health staff training:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

Do you have training syllabus'/lesson plans for the various trainings?
(If yes, we will request copies of the materials.)

◯ Yes

◯ No

Please provide any additional information that you would like the evaluators to consider regarding training:

Certification Application - CIT Agency Program - Program Name

CIT Program Structure

We will now discuss CIT program structure as it pertains to CIT Core Elements and best practices.

CIT Programs require coordinating leadership carrying out the day-to-day tasks of the program. Which of the following are key personnel of the program?

☐ Law Enforcement CIT Coordinator

☐ Mental Health CIT Coordinator

☐ Advocacy / Community CIT Coordinator

☐ Other (please specify)

From those listed above, please list which are full-time positions dedicated solely to CIT program coordination:

Please describe how these coordinators work together and what services each provides:

Have the coordinators attended a CIT International CIT Coordinator Certification Course?

◯ Yes

◯ No

Please provide any additional information including the names of those coordinators who have attended a CIT International CIT Coordinator Certification Course.

[text box]

Does your agency have written policy directing the utilization of CIT Officers? *(If yes, we will ask for a copy of this policy.)*

◯ Yes

◯ No

Does your agency have written policy directing required triage of behavioral health calls for service and redirecting those to a crisis line that do not require a law enforcement response? *(If yes, we will ask for a copy of this policy.)*

◯ Yes

◯ No

Does your agency require all patrol supervisors and watch commanders to receive CIT awareness training to be able to understand the benefits of CIT and how to support a CIT Officer in carrying out their duties?

◯ Yes

◯ No

Is there any additional information you would like the evaluators to know in regards to how your agency encourages supervisors to support CIT?

[text box]

If an arrest occurs for a person with a mental illness, does the community/program have a mechanism to divert such persons accused of misdemeanor offenses from jail when appropriate or if booked into a jail facility, ensure that persons with mental illness receive treatment?

◯ Yes

◯ No

If yes, please describe:

Is there a documentation process for tracking encounters between CIT officers and mental health consumers which is shared with the mental healthcare system on an on-going basis?

◯ Yes

◯ No

If yes, please describe:

Is there a process in place to provide regular feedback to both CIT officers and mental health system providers for continuous quality improvement?

◯ Yes

◯ No

If yes, please describe:

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Are there program data collection processes in place, such as training outcomes, calls for service, call dispositions, recidivism, use of force incidents involving persons in crisis, etc.?

◯ Yes

◯ No

If yes, please describe:

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Does the program have established strategies for maintaining and sustaining the program such as newsletters, websites, meetings, roll-call training, etc.?

◯ Yes

◯ No

If yes, please describe:

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Is there a process in place to allow recognition of members of the program who excel at providing outstanding service?

◯ Yes

◯ No

If yes, please describe:

Please provide any additional information that you would like the evaluators to consider regarding program structure:

Certification Application - CIT Agency Program - Program Name

Financial Aspects

We will now discuss the funding of the agency program.

Is there a written budget for the agency program?

◯ Yes

◯ No

Please describe the major budgeted expenses:

What are the funding sources for the agency program and what are their percentages of the budget?

Please explain the funding sustainability of your program:

Please provide any additional information that you would like the evaluators to consider regarding program funding:

Certification Application - CIT Agency Program - Program Name

Documentation

Please upload as many of the following files that you have. If there is more than one document for a requested upload, please combine them into a single PDF. Files uploaded need to be in PDF format and less than 16MB. You are allowed 20 uploads total.

Please name the files by the name of the requested materials for easy recognition if possible.

Please upload a roster of the CIT steering committee.

Choose File　　**Choose File**　　No file chosen

Please upload the minutes of the two most recent steering committees meetings.

Choose File　　**Choose File**　　No file chosen

Please upload all Memorandum of Agreements between the different services involved in the integrated crisis response system.

Choose File　　**Choose File**　　No file chosen

Please upload all Memorandum of Agreements between the CIT agency program and any other associated CIT program.

Choose File　　**Choose File**　　No file chosen

Please upload any and all policies or procedures regarding the CIT program.

Choose File　　**Choose File**　　No file chosen

Please upload any and all policies or procedures regarding triaging by emergency communication services.

Choose File　　**Choose File**　　No file chosen

Please upload any and all data collection forms regarding the CIT program.

Choose File　　**Choose File**　　No file chosen

Please upload any and all evaluation documentation regarding the CIT program.

Choose File **Choose File** No file chosen

Please upload any training syllabus'/lesson plans of the various trainings.

Choose File **Choose File** No file chosen

Please upload a 40-hour CIT training syllabus/lesson plan/learning objectives.

Choose File **Choose File** No file chosen

Please upload a copy of the 40-hour CIT training schedule.

Choose File **Choose File** No file chosen

Please upload a copy of the 40-hour CIT training curriculum listing number of hours for each topic

Choose File **Choose File** No file chosen

Please upload a completed set of 40-hour CIT training evaluations.

Choose File **Choose File** No file chosen

Please upload letters of support from core partnered organizations.

Choose File **Choose File** No file chosen

ADDITIONAL DOCUMENTATION - Use this upload for any additional documenting requested above or for any other documenting you would like the evaluators to consider.

Choose File **Choose File** No file chosen

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Choose File **Choose File** No file chosen

ADDITIONAL DOCUMENTATION - Use this upload for any additional documenting requested above or for any other documenting you would like the evaluators to consider.

Choose File **Choose File** No file chosen

Please provide any additional information that you would like the evaluators to understand about your submissions of documentation: