Implementing CIT in Your Community: Improving Officer and Community Safety

Law Enforcement and Community: Crisis Intervention Team (CIT) Program Implementation

CIT International Conference
August 26, 2019
Panel Overview

- Introductions and Project Overview
- Strategic Planning and Partnership Building
- National Training Curriculum and Tools
- CIT Implementation Experience:
  - Huntsville Police Department - Huntsville, Alabama
  - St. Tammany Parish Sheriffs Office - Slidell, Louisiana
- Data Gathering and Evaluation
- Questions and Wrap-up
Panel Presenters

- **Brian Case, MA**
  Senior Project Associate, Policy Research Associates, Inc.

- **Dan Abreu, MS, CRC, LMHC**
  Senior Project Associate, Policy Research Associates, Inc.

- **Major Wharton Muller**
  CIT Coordinator, St. Tammany Parish Sherriff’s Office

- **Travis Parker, M.S., L.I.M.H.P., C.P.C.**
  Program Area Director, Policy Research Associates, Inc.

- **Lieutenant Jonathan Ware**
  CIT Coordinator, Huntsville Police Department

- **Michele Saunders, LCSW**
Program Overview

**Mission:** To implement the BJA VALOR Crisis Intervention Team (CIT) Model Program in four law enforcement agencies within the United States.

**Goal:** To strategically deliver, revise, and evaluate the implementation of the already-developed BJA CIT (Effective Community Responses to Mental Health Crisis) Model Program.

**Objective:** The implementation of a CIT model will 1) enhance knowledge and skills in responding to community members with mental illness; 2) directly impact officer safety; 3) build positive law enforcement & community relationships; and 4) result in safer communities.
CIT Goals

- Promote and support recovery
- Provide safety, quality of life for all
- Divert from jail, and into treatment
- Link to comprehensive, appropriate, and integrated community-based services
Selected agencies engaged in comprehensive strategic planning for program rollout, including program design, implementation, and partnership-building to promote effective and safer responses to persons experiencing a mental health crisis. Agencies participating in this project have assisted BJA and PRA to develop a model CIT implementation program and guide that other law enforcement (LE) agencies and communities may use to create their own CIT strategies and programs.
Strategic Planning
and
Partnership Building
CIT is about...

- Identity
- Leadership
- Investment and Ownership
- Knowledge of Model

- Commitment to Model
- Partnerships
- Improved Systems of Care
- Safety & Diversion
Divert to what?

- Hospital Psychiatric Emergency Department
- Crisis Stabilization Centers / Drop Off Centers
- Mobile Crisis Team Follow-up
- Outpatient Mental Health Appointment
- Outpatient Chemical Dependency Appointment
- Social Services / Shelter and/or
- Follow-up by CIT
The “Unsequential” Model
Sequential Intercept Model
**Partnership** between:

- Law Enforcement
- 911 Personnel
- Mental Health Provider Community
- Persons with lived experience

- Consumer Advocacy & Family Support Groups
- Government
- Others…

**Emphasis on Safety & Diversion**

**PARTNERSHIP**

- Collaboration
- Performance
- Plan
- Teamwork
- Synergy
- Success
- Win-Win
LE not aware of many of the existing community resources supporting MH & SU Crisis

Currently no linkage between the crisis line, and/or 211 and 911

Lack of information sharing among LE, MH, Jails and Courts—HIPAA

No / limited peer support in hospitals, jails, courts or during reentry due to lack of funding or resources

Lack of basic needs: meals, affordable housing resources, homeless shelters, and transportation is limited and impacts continuity of care

Lack of community knowledge of existing resources supporting MH & SU Crisis
**GAPS**

**AND**

**PRIORITIES**

**COMMON GAPS AND PRIORITIES**

---

**LE not aware of many of the existing community resources supporting MH & SU Crisis**

**Currently no linkage between the crisis line, and/or 211 and 911**

**Lack of information sharing among LE, MH, Jails and Courts—HIPAA**

**No / limited peer support in hospitals, jails, courts or during reentry due to lack of funding or resources**

**Lack of basic needs: meals, affordable housing resources, homeless shelters, and transportation is limited and impacts continuity of care**

**Lack of community knowledge of existing resources supporting MH & SU Crisis**

---

**Educate LE on information and referral resources and Expand Crisis Care Services—Stabilization Unit and/or Drop-off Center**

**Integration of 911 and Crisis Lines**

**Improve Information Sharing Between Systems—At all stages of the Sequential Intercept Model, gather data to document the processing of people with mental health and substance use disorders through the criminal justice system locally.**

**Expand the utilization of peer support across intercepts**

**Increase and improve transportation, shelter, and housing options with potential links to services**

**Community Education through public relations campaigns training, outreach, and information sharing in schools, Churches, and community events**
National Training Curriculum And Tools
TRAINING PREPARATION

- Started with modifying the BJA National Curriculum
- Introduced the training schedule
- Selected and prepared trainers
  - Trainers observed first 40 hour training conducted by the Valor Team
- How to set up the training – logistics and community partners
- Train the Trainer – 2.5 days
- Provided all materials to include Instructor Guide, Participant Guide, Train the Trainer Materials
# BJA VALOR: Law Enforcement and Community: Crisis Intervention Team Training

*Based on Best Practices from CIT Programs Nationwide*

40-hour Curriculum Matrix | Based on University of Memphis CIT Matrix

<table>
<thead>
<tr>
<th>TIME</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00</td>
<td>M1</td>
<td>Welcome and Training Overview</td>
<td>M9</td>
<td>Anxiety and Post-Traumatic Stress Disorder</td>
<td>M17</td>
</tr>
<tr>
<td>8:30</td>
<td>M2</td>
<td>CJ/CIT Overview</td>
<td>M10</td>
<td>Psychopharmacology</td>
<td>M18</td>
</tr>
<tr>
<td>9:00</td>
<td>M3</td>
<td>Introduction to Mental Health and Mood Disorders</td>
<td>M11</td>
<td>Substance-Related and Addictive Disorders</td>
<td>M15</td>
</tr>
<tr>
<td>9:30</td>
<td>M4</td>
<td>Psychotic Disorders</td>
<td>M12</td>
<td>Culture &amp; Mental Health</td>
<td>M16</td>
</tr>
<tr>
<td>10:00</td>
<td>M5</td>
<td>Administrative Tasks: Questions &amp; Answers</td>
<td>M13</td>
<td>Suicide</td>
<td>M17</td>
</tr>
<tr>
<td>10:30</td>
<td>M6</td>
<td>Personality Disorders</td>
<td>M14</td>
<td>Assessment, Commitment, and Legal Considerations</td>
<td></td>
</tr>
<tr>
<td>11:00</td>
<td>M7</td>
<td>Neurocognitive Disorders</td>
<td>M15</td>
<td>Site Visits</td>
<td>M19</td>
</tr>
<tr>
<td>11:30</td>
<td>M8</td>
<td>Neurodevelopmental Disorders in Children, Youth, &amp; Adolescents</td>
<td>M16</td>
<td>Administrative Tasks: Questions, Mental Health Post-Course Evaluation &amp; Dismiss</td>
<td></td>
</tr>
<tr>
<td>12:00</td>
<td>Administrative Tasks: Lunch</td>
<td>M18</td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:30</td>
<td></td>
<td>M20</td>
<td>Liability and Legal Considerations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:00</td>
<td>M5</td>
<td>Personality Disorders</td>
<td>M19</td>
<td>Administrative Tasks: Post-Course Evaluation, Graduation &amp; Presentation of Certificates</td>
<td></td>
</tr>
<tr>
<td>1:30</td>
<td>M6</td>
<td>Neurocognitive Disorders</td>
<td>M21</td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td></td>
</tr>
<tr>
<td>2:00</td>
<td>M7</td>
<td>Neurodevelopmental Disorders in Children, Youth, &amp; Adolescents</td>
<td>M22</td>
<td>Local Resources</td>
<td></td>
</tr>
<tr>
<td>2:30</td>
<td>M8</td>
<td>Disruptive, Impulse-Control, &amp; Conduct Disorders in Children, Youth, &amp; Adolescents</td>
<td>M18</td>
<td>Administrative Tasks: Questions, Mental Health Post-Course Evaluation &amp; Dismiss</td>
<td></td>
</tr>
<tr>
<td>3:00</td>
<td>M9</td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td>M20</td>
<td>Liability and Legal Considerations</td>
<td></td>
</tr>
<tr>
<td>3:30</td>
<td>M10</td>
<td>Psychopharmacology</td>
<td>M21</td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td></td>
</tr>
<tr>
<td>4:00</td>
<td>M11</td>
<td>Substance-Related and Addictive Disorders</td>
<td>M22</td>
<td>Local Resources</td>
<td></td>
</tr>
<tr>
<td>4:30</td>
<td>M12</td>
<td>Culture &amp; Mental Health</td>
<td>M19</td>
<td>Administrative Tasks: Post-Course Evaluation, Graduation &amp; Presentation of Certificates</td>
<td></td>
</tr>
<tr>
<td>5:00</td>
<td>M13</td>
<td>Suicide</td>
<td>M21</td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td>M17</td>
<td>Scenario-Based Skills Training / De-escalation Communication Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M18</td>
<td>Scenario-Based Skills Training / De-escalation Scenarios</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td>M19</td>
<td>Scenario-Based Skills Training / De-escalation Scenarios</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td>M20</td>
<td>Liability and Legal Considerations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td>M21</td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Administrative Tasks: Questions &amp; Dismiss</td>
<td>M22</td>
<td>Local Resources</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KNOWLEDGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding Mental Illnesses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Risk Assessment and Prevention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use &amp; Co-occurring Disorders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment Laws &amp; Legal Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Juveniles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Elderly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Veterans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developmental and intellectual Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KNOWLEDGE</td>
<td>EXPERIENCING, SENSITIZING, BUILDING EMPATHY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding Mental Illnesses</td>
<td>Hearing Voices exercise</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>Community Site Visits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Risk Assessment and Prevention</td>
<td>Meeting with persons with lived experience (Peers)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use &amp; Co-occurring Disorders</td>
<td>Family perspective</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment Laws &amp; Legal Issues</td>
<td>Communication skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Juveniles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Elderly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Veterans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developmental and intellectual Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KNOWLEDGE</td>
<td>EXPERIENCING, SENSITIZING, BUILDING EMPATHY</td>
<td>EXPERIENTAL, PRACTICAL APPLICATION SKILL BUILDING AND PROBLEM SOLVING</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding Mental Illnesses</td>
<td>Hearing Voices exercise</td>
<td>Communication &amp; De-escalation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td>Community Site Visits</td>
<td>Scenario based-training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide Risk Assessment and Prevention</td>
<td>Meeting with persons with lived experience (Peers)</td>
<td>Coaching &amp; Feedback</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance Use &amp; Co-occurring Disorders</td>
<td>Family perspective</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment Laws &amp; Legal Issues</td>
<td>Communication skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Juveniles</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Elderly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Veterans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developmental and intellectual Disabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Hearing Voices exercise
- Community Site Visits
- Meeting with persons with lived experience (Peers)
- Family perspective
- Communication skills
- Communication & De-escalation
- Scenario based-training
- Coaching & Feedback
CIT International Introduces New Resource

During this project CIT International developed the CIT Implementation Guide for the field.
Huntsville Alabama
CIT Implementation Experience
Huntsville Alabama
CIT Implementation Experience
Huntsville by the Numbers

- Agency size – 450 sworn
- Population - 196,289
- Area – 217 sq. miles
- Municipal Agencies – 14
- CIT Officers – 35
- CIT Trainers – 10
- CIT Steering Committee – 30 (mostly made up of our previous existing North Alabama Mental Health Coalition)
Collaboration / Program Partners

Huntsville Team

23rd Judicial Circuit
Madison County, Alabama

Bureau of Justice Assistance (BJA) VALOR
Policy Research Associates (PRA)
Crisis Intervention Team International (CITI)
International Association of Chiefs of Police (IACP)
National Alliance on Mental Illness (NAMI)
Enhanced Safety
If we had to do it over...

- Make sure your implementation team is the right size for your agency, in retrospect ours should have been larger.

- The CIT Coordinator should be full time especially during the initial phases so they can focus their attention on the project. I was reassigned twice during our implementation and it hindered progress and at times my partner in this process carried extra work. So making sure your administration understands the work this will take is essential.
We are looking at the reduction in calls and the reduction in repeat callers as well as monitoring uses of force on identified mental health calls pre and post.
St. Tammany Parish Louisiana
CIT Implementation Experience
St Tammany by the Numbers

- Agency size – 711 employees
- Population - 256,327 (2017 estimates)
- Area – 1,124 sq. miles
- Municipal Agencies – 7
- CIT Officers – 24
- CIT Trainers – 13
- CIT Steering Committee - 9
Collaboration / Program Partners

St. Tammany Parish Team

- Bureau of Justice Assistance (BJA) VALOR
- Policy Research Associates (PRA)
- Crisis Intervention Team International (CITI)
- International Association of Chiefs of Police (IACP)
- National Alliance on Mental Illness (NAMI)
Enhanced Safety

- De-escalation Techniques
- Improved Citizen Encounters
- Tool Box
- Officers Comfortable With Resources
If we had to do it over...

- Dream Bigger
- Research Other Programs
- Solicit More Involvement
- Better Data / Stat Collection
Measures for Success

- Community Outreach
- Collaborative Working Relationships
- Information Sharing
- Statistical Changes
- Program Growth
Evaluation Objectives

Objective 1
• Determine the effectiveness of the BJA VALOR CIT training program in meeting its goals and learning objectives.

Objective 2
• Examine the impact of the BJA VALOR CIT training program on key indicators in each law enforcement agency’s jurisdiction.
Data Collections

Training
• Pre-test/post-test of content in the mental health modules
• Audience response system for immediate feedback on each module
• Observation checklist of scenario-based skills training
• Training experience questionnaire (40h/TTT)

Post-Training
• Telephone interview with officers
• Focus group with stakeholders
• Focus group with officers
• Impact measures (pre and post)
Useful Aspects of the 40-Hour Training According to Officers

“Officers are more hands-on. We’re more practical. We learn by doing.”

- Scenario-based skills training
- Hearing voices
- Community resources
- Site visits
- Liability and legal considerations module
- Videos
Officer Recommendations for Improving the 40-Hour Training

Module-Specific Recommendations

- **Signs and Symptoms**: Make information practically-oriented and less clinical.
- **Psychopharmacology**: Remove module and provide officers with a handout detailing relevant terms and information about interactions.
- Increase time spent on *Scenario-based Skills Training and Site Visits*

Other Recommendations

- Add content on officer wellness and resiliency
- Adding practical training component on responding to people with dementia
- Train call-takers and dispatchers
- Train emergency medical services
Resources

- Officers learned about more community resources than they knew about before the training.
- Officers relied on the emergency department as the primary drop-off point.
- Outpatient providers who will receive active consumers or offer open intake assessments.

Challenges

- Lack of access to crisis centers (changing in St. Tammany Parish and Huntsville).
- CIT doesn’t meet the needs of repeat callers/familiar faces.
- People refuse to be transported to providers who rely on telemedicine.
Officer Recommendations for Supporting CIT & Improving Crisis Response

- Annual CIT Refresher training
- Community resource guide updated on an annual basis
- Establishing a drop-off alternative to the emergency department.
- Department policies for CIT officers on responding to specific situations (e.g., suicide, dementia).
- Wellness and resiliency/peer-to-peer programs for all officers
- Training for EMS and call-takers/dispatchers; If not CIT then another mental health training
- Alternative strategies other than CIT for intervening with repeat callers/familiar faces and people unwilling to seek treatment
Wrap-Up

Questions?