

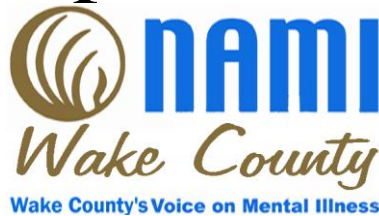
Self-Help Manual

Starting a CIT Program

A Step by Step Guide



Compliments of



ACKNOWLEDGMENTS

This “guideline” has been assembled by Gerry Akland of NAMI-Wake County to serve as a resource for other counties contemplating starting a CIT program. This guidance is based on the experiences of starting the pilot CIT program in Wake County. Crystal Farrow’s dream of having a CIT program in WC made us believe that it could happen. The guidance reflects tremendous efforts, dedication and commitment by the three law enforcement agencies involved – Cary Police Department, Raleigh Police Department and the Wake County Sheriffs Office. In particular, the extra effort by Lt. Chris Hoina, Cary PD, Captain Gene Gaskins, Raleigh PD, and Sgt. Kim Wrenn of the WCSO is recognized. Similarly, from the mental health side -- Dr. Robert Kurtz, DHHS, Chris Wassmuth, WCHS, and Ann OShel, ASAP –patiently helped the rest of us learn some of the basics of mental health and de-escalation skills. Long before this effort was started, Richard Greb of NAMI recognized the need for a CIT program and together with Ms. Farrow, helped to keep us aware of that need. Iris Kapel, NAMI-WC, became the force that joined with Crystal to open the doors of the LEA supervisors to give CIT a chance. We also had CFAC representation and leadership from Dr. John Ely. And finally, resources were provided through the Governor’s Advocacy Council to help support travel to Memphis.

If you have questions or comments, they should be directed to Gerry Akland:
gakland@nc.rr.com; 919-266-0766

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STARTING A CIT PROGRAM In North Carolina

Background

The Crisis Intervention Team (CIT) program is a community partnership consisting of law enforcement officers, mental health providers and mental health consumers and family members. All community partners work together to understand mental illness, invest time and effort to avert crisis, work to de-escalate crisis and direct the consumer to appropriate care.

The program is implemented through the law enforcement agencies. The specially trained patrol officers provide these services to mentally ill individuals and their families in times of crisis – 24 hours a day, seven days a week. Because law enforcement officers are generally the first ones called to work with a consumer in crisis it is imperative that the officer understand issues that the consumer may be experiencing as a result of his/her mental illness. The CIT program brings about a new culture to the law enforcement agencies in ways that they view those with mental illness, as well as dealing with other members of society.

The overall goal of the CIT training program is to treat mental illness as a disease, not a crime. CIT officers receive forty hours of specialized training in mental illness, crisis intervention techniques involving role playing, and individual interactions with individuals with mental illness in various stages of recovery so that they will be better prepared to work with the consumer in crisis. The objective is to stabilize the crisis and get the consumer to the appropriate resource for appropriate care. Historically, mentally ill consumers in crisis have ended up in jail. Every year about 800,000 people with severe mental illness are incarcerated in U.S. jails. A U.S. Justice Department study found that 60% of the people with severe mental illness in jail do not get treatment. In North Carolina, 6,000 to 7,000 inmates receive mental health services.

For a glimpse of what it is like for people with mental illness in prisons, click on this link--
<http://www.pbs.org/wgbh/pages/frontline/shows/asylums/view/>

The CIT program is a pre-booking, jail diversion program. This means that the officer-consumer interaction does not result in an arrest, and the paperwork report is on a Crisis Intervention Team report form. (Each law enforcement agency will need to develop its own report form to best suit its own internal needs.) This reduces the number of cases for the Criminal Justice System to address, and it reduces the number of beds needed in our jails. Obviously, the CIT program differs from a mental health court that is a post-booking, jail diversion program. In places that have a mental health court, a judge seeks non-jail solutions, including mental health treatment, for the consumers.

Benefits

The CIT program can reduce the costs of time and money associated with jailing and court proceedings. In addition, there are benefits to each of the partners. For example, proven benefits of the program to law enforcement include:

- decreased number of injuries to the officers
- decreased use of force
- improved use of alternatives to arrest and jail
- decreased time officers spend in the crisis unit (involuntary commitments)
- reduced myths and stigma of mental illness among law enforcement

- improved relationships for officers and community

The benefits of the program for mental health include:

- extended crisis response systems
- increased opportunity for earlier intervention
- improved treatment outcomes

The benefits of the program for the consumer/their families include:

- decreased number of injuries to the consumer
- better relationships between consumers and law enforcement officers
- removed stigma of unnecessary incarceration in local jails
- improved access to treatment
- increased chance that the consumer will receive continuous care

Introductory Steps

The lead organization who most often starts the process for establishing the CIT program in the community is the local NAMI affiliate. This is often the result of affiliate members learning about the program at national or more recently the state NAMI meetings. This is actually changing in North Carolina with the word getting out to the law enforcement agencies across the state at their own statewide meetings that the CIT program is an effective way of law enforcement officers to interact with the consumers in ways that will result in positive outcomes. In many counties, jails are over-crowded, and it may not seem reasonable to members of the community to add to the jail over-load problem, or continue to finance new jail construction, by incarcerating consumers who have been charged with relatively minor crimes, such as trespassing, impeding traffic, and loitering. In a report issued by the NC Department of Corrections, consumers were 30% more likely to be sentenced to jail than others convicted of similar crimes. Furthermore, when consumers were charged with trespassing, they were 4 times more likely to be sentenced to jail than non-consumers. And once sentenced to jail, they were in jail on average about 25% longer.

So the first step is for the affiliate to become immersed in the facts about the CIT program. One of the best ways of doing this is to make a call to:

Robert Kurtz, PhD
 Program Manager
 Justice Systems Innovations
 NC Division of MH/DD/SAS
 Raleigh, NC 27699-3008
 919-715-2771; fax 919-733-4665
 bob.kurtz@ncmail.net

During this call, ask Dr. Kurtz to come to your next NAMI affiliate meeting and give a presentation about the CIT program. He can help arm you with the facts that you will need to proceed. Furthermore he can be a continuing resource for you as you develop your program.

The next step might be to talk with a law enforcement person who is CIT trained. This will give you some experience with talking to an officer who understands consumers, their needs, their illness, and most importantly, that the officer can give consumers a sense of dignity. One officer who has provided help to others across the state and who would be an excellent resource for you to call is:

Lt. Chris Hoina
 CIT Coordinator for Cary PD
 120 Wilkinson Ave.

Cary, NC 27512-8005
919-460-4903; fax 919-460-4904
Chris.Hoina@townofCary.org

Assembling the Team

Historically the lead responsibility for assembling the team again has rested with NAMI. Often there was a tragic community event involving the police response to a consumer in crisis that resulted in injury or death, usually to the consumer. Today in North Carolina and across the nation, NAMI is encouraging communities to start a CIT program. So initially the responsibility for getting the message to the other partners will likely fall on a volunteer at the local NAMI affiliate. This was the case in Wake County where our CIT program has been operational since October 2005, after about 10 years of trying.

Assuming that NAMI is the initiator of the action, the next step is to line up a strong ally from the mental health treatment community. This person must feel strongly that treatment for a mentally ill person is best offered in the community rather than in our jail system **and** there is a place where assessment and/or treatment can be off offered 24 hours a day, 7 days a week. It is **not acceptable** to get the officers to a position where they want to divert the consumer from jail to a mental health location, only to find that there is no such place or there is more demand for help than places to get it. In addition, there must be a commitment to the law enforcement officers that the assessment treatment center will expedite the transfer of custody of the consumer so that the officer can return to his assignment. This suggests that there are two basic rules that must be accepted as operating standards for the mental health treatment community, prior to engaging the Law Enforcement Officials:

Rule One: There must be a place where officers can bring the person in crisis for mental health assessment and/or treatment, and it is available 24/7. This may be separate from, or a part of, an existing hospital or clinic. It must be set up to handle voluntary, involuntary, and mandatory commitments.

Rule Two: Procedures for handling transfer of custody should be worked out in advance so that the officer who transports the consumer can leave as soon as possible. There is no better way to dampen an officer's enthusiasm for the program than having to sit with a consumer for hours while waiting for the system to assume custody or wait while the consumer is being assessed without being able to leave because of procedural issues. **Exhibit A** (located in the Appendix) is provided as an example of our transfer of custody arrangements. Another example is provided in the Appendix (**Exhibit F**) for New Bern, North Carolina.

The next step will be to set up an appointment with the local police chief or sheriff. Prior to this step, hopefully there is already a "positive relationship" with the local department. This may have resulted from a personal invitation to the police chief or sheriff to attend a local NAMI meeting, or maybe a special meeting set up to get to know your officers. To assist in this step, the Wake County CIT partnership, if invited to do so, may be able to provide an officer to say a few words of encouragement about how the program is working in Wake County and provide a resource to help answer questions your officer(s) may have. (Start with Lt. Hoina and if he is unable to attend, he would assist by finding an alternative officer or perhaps call your police department beforehand.)

NAMI has a CIT Tool Kit available on their website that has been prepared by a retired director of training for the Akron Police Department, Michael Woody. In this Tool Kit is a helpful description of ways to deal with the local police department. You might notice that Mr. Woody suggests that one would start a CIT program first by getting “buy-in” from the police or sheriff before seeking support from the mental health system. This might be explained by his coming from law enforcement. It was our experience that it was much easier to first get aligned with the mental health system and together approach the law enforcement officials. This was easier because we already had an on-going relationship with the mental health system – every family with a mentally ill family member most certainly has had some interaction. Furthermore, with mental health reform, the LME and NAMI have had many opportunities to interact and establish contact points from which to build. And finally, law enforcement agencies have a very unique culture based on their law enforcement training, and their role in the community (A person with a gun can be intimidating.) However, beyond that image, you will find caring individuals who want to keep our communities safe. We are all encouraged by the very recent strong endorsement by many of the local Police Departments and Sheriff’s Offices across the state, which suggests that the partnership willingness already exists. This suggests that it will only take someone to make the first step to get the parties together.

Getting Started

There are many ways to get started and all could work. Our approach is offered as one example.

First, a group of us went to Memphis for a short 21/2-day introduction to their CIT program as well as to discuss general issues we might face as we begin our program. Major Sam Cochran of the Memphis PD and Dr. Randy Dupont of UT Memphis have shaped the CIT program into the model it is today, and they are the masters! At this introductory educational step, two very important venues were visited that should be a part of the educational process for all CIT trainees. We all participated in an 8-hour ride along with a Memphis CIT officer as he/she did their normal assignment. Second we toured the mental health facility where the officers transfer custody. The ride along, even for our officers, offered the opportunity to exchange perspectives, and for some, it allowed us to witness a de-escalation as he/she dealt with a consumer in crisis. For those of us who have never been in a police car, at least when it was moving, it was a real-life experience complete with sirens, fast moving cars, and lots of paperwork. This was for all of us a very memorable part of the trip.

Rule Three: At least one member of each of the partnerships should be included in the introductory training. This is the first step toward forging a tight bond among the partners which is essential for a successful program.

It is quite expensive for even 3 members to travel to Memphis for 3 days. In the absence of having resources available to the group to cover the costs, a cheaper alternative can be accomplished by visiting the Wake County program (or in the near future, other CIT programs across the state, e.g., Durham). Essentially this would consist of training along with the Wake County officers who are going through the course. In addition, we would devote a morning while the officers are visiting community sites to address items that would be tailored to your specific community. We would encourage the ride along trip with the officers to take place in your own community simply because the week of training is already stretching our law enforcement partners

resources and adding another thing to occupy their time with schedules, consent forms, etc., is asking too much. However we will have our graduated CIT officers participating in the role playing, and they will be available to give first hand accounts of their experiences. We would also provide an abbreviated tour of the Wake County Crisis and Assessment Services (CAS). One pre-requisite we have for our officers is that they take part in a one-on-one tour of the facility which will take about 4 hours. We want the officers to be knowledgeable as to what one might expect would happen when they are transported to the CAS. Similarly we ask that the CAS staff responsible for the CIT program do a ride along with the officers so that they can relate to experiences the consumer might have had before arriving at the CAS.

The Training Course

Exhibit B is a course outline for the 40-hour class we held last December. The overall course content followed the curriculum presented in Memphis to the 12 of us who attended (called the “J” team). This “J” team was responsible for organizing the curriculum, as well as working out all the logistics associated with the training. We tailored our course to be more compatible with our community and topics of higher interest to our committee. For example, in Memphis we toured the VA hospital and had a most memorable group discussion with the staff and a group of veterans undergoing treatment for Post Traumatic Stress Disorder (PTSD). This specific topic was not chosen for inclusion in our curriculum because similar facilities and group treatment programs are not readily available. Instead we briefly mention PTSD as an example of a mental illness. On the last day we follow up with a more general discussion about brain traumas. This leads to the next three rules:

Rule Four: The lead trainer should be an officer. The course is set up for law enforcement officers. They are more comfortable if one of their own is in charge. This helps establish the environment of the classroom and the officers feel more free to interact and express concerns about things they are hearing. This is especially important whenever there is something said that might impact on the officer’s safety.

Rule Five: Draw on local experts to present the course material. A local person can bring added meaningful, local examples to the discussion. Furthermore, they may already know some of the officers taking the course so that an immediate bond can be established.

Rule Six: To the extent possible, the organizing group must select proven speakers, those who can make the learning more enjoyable and “active” rather than boring and passive.

Referring to Exhibit B, it can be seen that there are essentially four broad themes to the training program. The first theme is to give the officers an understanding about what is “CIT”? How does it differ from other police academy programs? Why is it needed? Mixed into all of this is the history of the program – how it was started in Memphis. We intend to work with the officer in understanding that he/she is a problem solver; one who can handle the situation safely for all those involved. NAMI brings the term “dignity” into the presentations and discussions. Just as an officer would not take a person on the street who is having a seizure to jail, the person sitting on a park bench yelling at voices need not be taken to jail, either. Both are suffering from illnesses, and both need

treatment. It is also important for all the officers to understand the legal aspects, policies and procedures, and the mental commitment laws governing their duties related to CIT. There are specific State statues that cover this which are discussed. Within this discussion we try to openly discuss the use of force issues, transporting consumers (with or without handcuffs), and especially that the officer has the opportunity to exercise discretion in the way to handle each case. We also emphasize that at no time do we want to sacrifice the officer's safety – that is primary!

The second theme is to give the officers a broad understanding of mental illness, types of mental illness and personality disorders, treatments, and side effects resulting from their medications. Within this module and scattered throughout the five days are talks about special sub-populations living within the community but who need special considerations when encountered by the police. These include adolescents, geriatric and autistic people, homelessness, substance abuse, and suicide intervention. Approximately 1/3 of the training hours are devoted to giving the officer an understanding of the broad nature of mental illness, the broad spectrum of the illness, and possible ways to interact with each type.

The third theme is to provide the officers opportunities to visit several community sites that are involved in treating the mentally ill and related symptoms, and see consumers in various stages of recovery. We don't want the officers to go away from this class thinking that consumers are always in crisis. Hopefully it is only rarely that the consumer will be in a situation that will require police intervention. Prior to their field visits, the officers will be asked to generate questions that they might ask consumers. For our next class, we will have the officers interact with one another, taking turns being the officer and the consumer. The goal is to get them to be comfortable about asking questions of "strangers" so that when they go to the sites they will engage in communication with the consumers. Field visits are spread out over two mornings.

The fourth theme involves the actual role playing exercise. We develop the scenarios based on real experiences that officers have had in the field, involving various types of crisis, varying degrees of family, friend, and neighbor interactions (or is it interference?). We set up our scenarios in at least 3 different classrooms to allow more opportunity for all officers to have an active part. Prior to the actual exercise, the officers are taught de-escalation techniques and active listening skills. They are provided a sheet of "do's" and "don'ts" which they can practice on each other. The actual scenarios are evaluated by trained (mental health professionals), as well as CIT officers and other class members. They find that evaluating their peer performances as well as having their peers evaluate their performances strengthens the concept. The final scenario is also evaluated by a CIT trained, certified Law Enforcement trainer. This evaluation becomes a part of each officer's permanent record. It should be noted that even though the scenarios are based on real experiences of other officers, the real training will begin once the officer is back on patrol where he/she can practice his/her newly acquired skills. In each subsequent class, we try to capture any significant differences between the past scenarios and the real life encounters that the past CIT officers experience so that the training can evolve with what is happening in the community.

The last afternoon we spend talking about community resources, contact names for various services in the community, and other issues that may be of special interest. For example in Wake County, the officers are very interested in the transportation issues

associated with transporting consumers to a state hospital, especially once Dix is closed. The program ends with a formal graduation ceremony where his/her local police chief or the sheriff presents the officer his certificate. Obviously the chief or sheriff will not always be able to attend, so a superior officer can be designated. We take an individual picture for each graduating officer as well as a group picture. This is followed with a reception with cake and other snacks prepared by NAMI volunteers.

The course material can be obtained by emailing gakland@nc.rr.com or calling 919-266-0766. The handbook, a 3 ring binder, is prepared by NAMI WC.

Other Important Considerations

CIT Pin -- It is important for the officers to have a CIT pin that can be worn on the uniform. Our first CIT training class was given the responsibility to design such a pin, and their efforts are shown as **Exhibit C**. We provided very broad guidance in the process. One consideration the officers had was it should be a pin that could be recognized by neighboring jurisdictions. One suggestion would be to replace "Wake County" with your local county or municipality. Also the date would reflect the date when the CIT program was established in your community. These pins are being recognized by consumers, as well as the CAS staff. They represent an "understanding" officer to the person in crisis. The digitized logo can be emailed to you by contacting: Gerry Akland; gakland@nc.rr.com. There is a local source who can get the pins made for about \$3.25 each (including tax), on orders of 300 pins or more. The pins would cost about \$5.00 each without a volume discount. Since the local supplier has already constructed the basic design prototype (the original artwork took about 6 weeks or longer to work out the logo and color scheme), they could change the name and start date and have the pins available in about 2 weeks (according to their salesperson.)

CIT Report Form – A unique report form needs to be developed for the CIT program. The Wake CIT form is provided as **Exhibit D**. Because there is no other record of the incident, this form is used internally by the department to capture reporting statistics and by the mental health facility to capture information for their needs. At the earliest stage of involvement, it is important to have this form developed jointly by all partners. In this way, everyone can be referring to the same information and uniform reporting is possible. We would strongly encourage all NC CIT programs to have a report form that captures the information provided in Exhibit D to the extent possible. This would assist program evaluators to make comparisons of outcomes for the State.

During the training, the form is filled out after the officers complete the role playing scenarios to give them an opportunity to ask questions about things they may not understand what information is being requested.

Pre-CIT Data Form – One thing we failed to do before starting the CIT program in Wake County was to consider how we would measure the progress of the CIT program once it got started. **Exhibit E** is an example of a form that might be used for this purpose. Notice that the pre-CIT information would have to come from available law enforcement records. Something simple and easily available would suffice. A conversation with a local professor or other person in the community who is familiar with performance indicators about what might be important measures of performance for your program could prove extremely advantageous.

Costs of Training – Funding for law enforcement training is already included in the statewide community college system budget. Accordingly the facility and other costs can be absorbed by their budget, provided they are brought into the training partnership early on, once the decision to have a CIT program is made. Every law enforcement agency should have a training supervisor who knows how who to contact at the community college.

To comply with the law enforcement standards for training, we had to overcome the requirement that all presenters must be a “law enforcement certified instructor.” This was done through a sub-contract mechanism whereby Wake Technical Community College contracted with NAMI Wake County to provide the instructors for this class. This is important because most of the presenters are not from law enforcement, but rather from mental health treatment or other program areas. Furthermore, all presenters are volunteers from their organizations and departments. Consequently they are not paid for teaching this course (except by their place of regular employment). In order to get credit for the course, NAMI maintains a roster of attendance for the attendees, and serves as the host of the class. In addition, a course evaluation and instructor evaluation is maintained as part of the subcontract. (We also use this as feedback to us to modify the course as suggested.)

It is important to recognize that it is a major commitment for the law enforcement partner to allow their officers to be away from their duties for a week. This places an extra burden on the other staff who must cover for them as well as their supervisors.

Dispatcher Training – A critical part of the CIT program is the orientation for the dispatchers. This has proven to be more troublesome than expected. A 40 hour course is not necessarily needed, however. The Cary Police Department has come up with a half-day class for their dispatchers/telecommunicators which explains the need for the dispatcher to identify the types of 911 calls that might require a CIT officer to respond. Details about this program and questions that might be asked by the dispatcher are available from Lt. Hoina. (See Introductory section above, for contact information.)

Other Policy and Procedures – Some law enforcement agencies and mental health agencies require the creation of an independent policy and procedure document to address the specific CIT program. **Exhibit F** serves as an example of policy and procedures that were drafted for the Orlando Police Department. Section 150I.0 pertains to the Crisis Intervention Team.

Follow Up

Once the CIT program is operational, there should be routine follow up meetings of the organizing committee. We have found that there are minor “glitches” that can occur and can usually be resolved quite easily. This may be more of a problem when there are multiple agencies serving the area, e.g., sheriff’s department and local municipalities. Other than small problems, scheduling new officers for the training and review of the progress of the program should be high on the agenda. Each agency will want to be able to measure and report progress toward goals. This goes back to the earlier discussion above with regards to obtaining pre-CIT baseline data. Everyone will want answers to questions like, How many jail diversions have occurred? Are the officers saving any time at the Assessment Center? Is the paperwork burden better? What effect does CIT-training have on the number of jail diversions by the officer within the

agency? These questions become the focus of some of the discussion during these routine meetings. There may be a need for a short in-service course for the CIT officers during the year to get feedback from the officers as a group and address specific issues they may be having related to their CIT role.

Community Relations

We failed in not recognizing the opportunity for getting the local press involved in the development of our CIT program. Had they been involved more at the beginning, it may have been easier to get special stories out about the program. In fact they would probably be asking to do more reporting on the program.

It is NAMI's responsibility to help the community learn about the CIT program. We need to help the community understand that a "swat team" approach to dealing with a mentally ill person in crisis is conducive to a harmful outcome with someone getting hurt or killed. Mentally ill people in crisis do not respond favorably to a command or a show of force. Furthermore, the law enforcement agencies realize that their encounters with the mentally ill are increasing, especially as a direct result from mental health reform. They are increasingly more open to new approaches and we need to be there to help show a way for that to happen. And the press (and other media) can be our ally in this effort. We want the community to know how the officers are responding to the members of the community who are mentally ill and are also serving as examples by helping to reduce stigma.

Although the local affiliate is not likely to control what is reported in the news, we can report some of the CIT success stories in our local newsletter. In addition, the local NAMI should host a yearly awards ceremony for the outstanding CIT officers and all the CIT officers who have served the community. We include all CIT officers on our NAMI-WC newsletter mailing list so that they can keep up with what we are doing in the community, and to serve as a reminder for upcoming educational meetings or other activities of our affiliate. We have even had a CIT officer volunteer to help us in one of our activities.

Another way to get the information out to the public is through the police departments. For example the Portland Oregon police department has their own CIT newsletter that reports news related to their CIT program. (See www.portlandonline.com/police or www.portlandpolicebureau.com). Another excellent web site is the Connecticut CIT site, www.ctcit.gov. It is exciting to see how the CIT program is transforming the way the police department and the mental health community interact as partners. NAMI has established a NAMI CIT Technical Assistance Resource Center and it publishes an electronic newsletter, *CIT in Action*. (Contact Bonnie Sultan at BonnieS@nami.org to be added to the email list.)

Final Thoughts

Keep a scrapbook of local articles that are published involving your local law enforcement agency and the mentally ill. Some of these accounts may not end with positive outcomes, i.e., without a jail diversion outcome. Hopefully others will be more enlightening. Share these stories with others across the state. We are at the beginning of a new era in law enforcement and a record of its progress will make a significant contribution to the history of our society's treatment of mental illness.