Guidelines for Crisis Intervention Teams (CIT) In North Carolina

NC – CIT Advisory Committee

North Carolina Department of Crime Control and Public Safety
Governor's Crime Commission

Beverly Eaves Perdue, Governor
Reuben F. Young, Secretary

Linda W. Hayes, Chair
David E. Jones, Director

February 16, 2009

Dear Citizens of North Carolina:

The Governor's Crime Commission is proud to endorse the development of Crisis Intervention Teams (CIT) in North Carolina, and this document, ***Guidelines for Crisis Intervention Teams (CIT) in North Carolina.*** CIT programs provide law enforcement officers the knowledge and skills they need to de-escalate persons in crisis. CIT emphasizes providing treatment instead of incarceration for persons with mental illness, when this can be done at little risk to public safety, and improves outcomes for both consumers of mental health services and for the law enforcement officers who intervene with them during crises.

Our commitment to the development of CIT programs in our state is long-standing and has never wavered. The Governor's Crime Commission provided funding for the development of the first CIT program in North Carolina, for the development of additional CIT programs in our state, and for the first North Carolina CIT conference held in 2008. The ***Guidelines for Crisis Intervention Teams in North Carolina*** was developed by representatives from all of North Carolina's currently existing CIT programs, compiles the wisdom of their shared experiences, and it provides both the guidance and tools to help develop effective CIT programs that achieve the positive benefits for which CIT programs are well-known, including:

- Reducing the unnecessary incarceration of persons with mental illness
- Decreasing officer injury rates
- Decreasing consumer's rates of injury
- Improving community relationships
- Decreasing costs to the criminal justice system

We urge North Carolina communities and law enforcement agencies that don't already have a CIT program to consider working together in partnership to begin one, and to use this guide as a springboard to its development.

Sincerely,

David Jones

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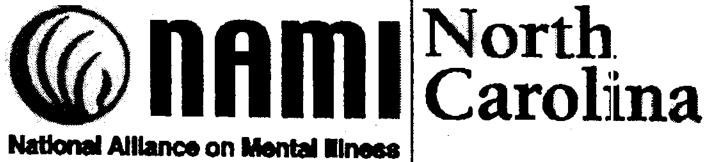

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Finally- an effective solution to the national practice of criminalizing people who live with mental illness! That solution is the law enforcement training called Crisis Intervention Team training. The National Alliance on Mental Illness (NAMI) North Carolina through its affiliates is very proud to support CIT training throughout our state. Through the hands on work of our grass roots – all those who live with mental illnesses, we are beginning to see that communities that have this in place see successful outcomes: getting people to treatment, not jail.

What makes CIT so successful? The partnership of CIT is the heart of its success: family members and people with mental illness, working together with law enforcement and providers. When law enforcement personnel learn through this training to recognize the signs of mental illness they can respond differently, by helping people get treatment. This is profound because it interrupts the cycle of criminalization. Police and law enforcement become community helpers in the largest sense- everyone works together, to achieve remarkable change, person by person. And the thing about CIT is that there is a "win" for everyone – certainly for the family members and people living with mental illness, they are no longer taken to jail. For law enforcement, they help people get what they need; they avoid injuries and worse, deaths. For providers, they are connected to the person in crisis and can intervene and be effective in providing treatments that work, in a timely manner, in their home communities, often interrupting costly and disruptive hospitalizations.

We provide this as guidance to help groups new to CIT have assistance in organizing their efforts, and to prevent them from having to re-invent the wheel. It is also helpful to more established groups looking to achieve the best possible quality while protecting local flexibility.

CIT is all about communities working together, differently, to make their community a better place. Everyone wants their local community to be the best it can be- and by partnering together, with few to no resources, you can make a huge difference. Please help us create this positive change in your community. It's a partnership, and it works. And there is still much to do. Get on board!

Debra G Dihoff

Debra Dihoff, MA
Executive Director
NAMI North Carolina

Guidelines for Crisis Intervention Teams in North Carolina

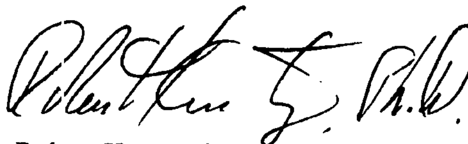
Preface

Throughout North Carolina, law enforcement, mental health professionals, and advocates are joining in partnership to establish Crisis Intervention Teams (CIT). CIT programs are police-based pre-booking jail diversion programs that provide law enforcement the knowledge and skills they need to de-escalate persons in crisis, emphasize treatment rather than jail time for persons displaying symptoms of mental illness, and improve outcomes for both officers and consumers following encounters between law enforcement and persons with mental illness.

The growth of CIT has been dramatic in North Carolina, but its expansion has raised questions about what constitutes a CIT program. This document attempts to answer those questions by defining components of and establishing guidelines for CIT in North Carolina. By doing so, it provides guidance for both existing and newly developing CIT programs in our state. This document was developed with input from a variety of sources, including other reports attempting to define and identify the elements of CIT programs.[1234] While generally compatible with the core elements indicated in those reports, this document focuses specifically on how CIT is defined in North Carolina, with consideration of the laws, resources, and systems unique to our state. It represents a consensus of individuals representing mental health organizations, law enforcement agencies, consumers and advocacy organizations, and representatives from all currently existing CIT programs in North Carolina.

We hope that the burgeoning CIT partnerships in North Carolina will find this document useful. Electronic copies of this document and the tools it contains are available at the following website: http://www.dhhs.state.nc.us/mhddsas/justice/cit/index.htm. Requests for Word versions of these tools or questions about this document may be addressed to me at Bob.Kurtz@ncmail.net or by telephone at 919 / 715-2771.

Sincerely,



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[1] Dupont, R., Cochran, S., & Pillsbury, S. (2007). ***Crisis Intervention Team: Core Elements***. University of Memphis.

[2] Schwarzfeld, M, Reuland, M. & Plotkin, M. (2007). ***Improving responses to people with mental illness: The essential elements of a specialized law enforcement-based program.*** Council of State Governments Justice Center. New York.

[3] Florida CIT Coalition (2005). ***The Florida Crisis Intervention Team Program Model.*** www.NAMI.org.

[4] Ohio CIT Coordinators Committee. (2004). ***Expert consensus document: Core elements for effective crisis intervention team (CIT) Programs.*** www.neoucom.edu/CJCCOE/support/CITcoreElements9_2_04.pdf

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Guidelines for CIT in North Carolina

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 # 1: Collaboration

CIT is a partnership. It is not led by any single entity or individual, but by a consortium of organizations and individuals representing law enforcement agencies, mental health providers, local management entities, advocates and others. The partnership plans the CIT program, sets its goals, guides its implementation, and is responsible for its success.

The Partners

While each of the partners involved in planning and implementing CIT will have certain designated responsibilities, it is important that decision-making and ownership of the CIT program is shared among all the involved partners, as well as shared responsibility for CIT's success. Typical partners involved in CIT include:

- Advocates (family and consumers),
- Local management entity,
- Providers of MH/DD/SA services,
- Local law enforcement agencies, including police departments and sheriff's offices,
- Community colleges,
- And others interested in improving mental health / law enforcement efforts.

Meetings

The CIT partnership needs to meet regularly to plan the initial CIT training, and to work out processes and procedures for CIT. Meetings will need to be held more frequently for new and developing CIT programs, and less frequently for established CIT programs, but the CIT partnership must continue to meet regularly and at least quarterly in order to:

- Establish a foundation for a sustainable partnership of common understanding and respect where differences of understanding and communication can be worked out before they become problems.
- Have a venue to share information about successes and opportunities for improvement of CIT. This is especially important as it relates to needed changes in the training program or augmentation of the training program to improve CIT.
- Provide a forum for discussion for handling special situations and problems as they arise.
- Make use of opportunities to recognize the synergy of the program throughout the community, and to begin using the partnership to explore other opportunities for addressing issues involving persons with mental illness and criminal justice involvement.
- Formulate measurable performance goals (such as implementation of CIT by all law enforcement agencies in a county) and review progress towards these goals.
- Consider ways to eliminate barriers to participation in CIT and methods for marketing CIT to local law enforcement agencies and others.
- Advise participants about needs and gaps in service, and plans for meeting those needs.

Roles and responsibilities of the partners involved with the CIT

The roles and responsibilities of the partners involved in CIT may vary from program to program, and each CIT partnership should develop and agree upon the roles and responsibilities of each of the involved CIT partners. Typical roles / responsibilities for each of these partners are as follows:

Family members and those living with mental illness / Advocates for CIT:

Advocacy organizations and individuals (NAMI, consumers, family members, and others) have a vital role in planning and implementing CIT programs. Advocates (family members and consumers in particular) provide a perspective that is necessary to the CIT planning process, and essential to its effective implementation. Advocates can help plan sites visits for officers to have contact and dialogue with consumers. They can set up and facilitate panel discussions between officers and consumers, and provide family member perspectives and share experiences (both good and bad) in dealing with law enforcement during crises. Consumers and family members may assume responsibility for a variety of tasks necessary to the implementation of CIT including, but not limited to:

- Participating on consumer or family panels to share consumer / family member perspectives and engage in dialogue with prospective CIT officers,
- Recruiting agencies to participate in CIT,
- Participating in dialogues with officers during site visits,
- Marketing CIT to the community, including to consumers of MH/DD/SA services,
- Providing refreshments during CIT classes,
- Hosting CIT award ceremonies and events to recognize CIT agencies and officers,
- Working with the LME, community college, or others to help sponsor CIT programs, order CIT pins, and advocate for legislation promoting CIT, raise funds, and apply for grants.
- Helping to assure the on-going integrity of the CIT model through participation in planning committee meetings.

Advocates participating in CIT efforts should be prepared and committed to participating in CIT planning meetings, events, trainings, and other activities necessary to promote CIT.

The Local Management Entity (LME):

CIT is often said to be "more than just training." The LME, as overseer and manager of the local MH/DD/SAS system of care, must assure that services exist in their community to support CIT efforts. The existence of an adequate crisis response system is of particular importance to CIT, especially the ability of law enforcement to quickly and easily divert an individual to treatment instead of to jail. The goal for the LME should be to provide a crisis system that makes it at least as convenient for the law enforcement officer to take an individual to treatment instead of jail. While this may be most effectively accomplished through establishing a 24/7 crisis unit with drop-off capability, other alternative crisis response programs, such as mobile crisis teams, may be used where crisis units are impractical or unaffordable. The benefits of CIT training alone are such that the lack of a 24/7 crisis unit should never be considered a barrier to providing this

training to officers. Treatment services and supports should also be assured by the LME to make certain that individuals diverted to treatment receive it at a level and intensity sufficient to meet their needs. In addition to assuring local systems' capacity to support CIT, LME staff can carry out a variety of tasks to support CIT, or contract these tasks to a provider. These tasks include:

- Coordination of the 40 hour training, including liaison with community college for course needs, arranging for trainers and role players, managing enrollment in CIT classes,
- Compiling and tracking data from the CIT forms, producing and distributing reports,
- Coordination of the ongoing meetings with law enforcement, advocates, and mental health services to improve consumer access and care,
- Coordination of follow up "advanced" or "refresher" CIT training,
- Putting together packets and collating training manuals for CIT officers,
- Arranging officer's site visits to mental health facilities,
- Recruitment of new Law Enforcement agencies/departments,
- Maintenance of the training manual with needed updates,
- Storage of records / CIT data sheets,
- Arrange for backup instructors,
- Maintain and update lists of law enforcement agencies and planning committee members,
- Manage mailings (meeting reminders), and
- Coordination of marketing and recognition activities/events.

Mental Health Professionals / Providers:
Most of the instruction for CIT officers will be provided by volunteer community mental health professionals. These mental health professionals may work for the LME or as private providers in the community. Specific responsibilities of these mental health providers may include but not be limited to:

- Developing and providing classroom instruction to law enforcement officers about mental illness, medications, and related topics,
- Serving as role-players for the scenarios during the CIT training,
- Providing feedback to officers on ways to improve their de-escalation skills,
- Assisting in planning CIT training programs,
- Representing their agency in meetings to coordinate services and help establish procedures and protocols to support CIT, and to
- Provide CIT officers access to their facilities for site visits, information about the services they provide, and opportunities to interact with consumers during site visits.

Law Enforcement Agencies:

The active involvement of Police Departments and the Sheriff's Offices in the development and implementation of CIT is crucial, and law enforcement agencies interested in participating in CIT programs will need to be willing to carry out to certain responsibilities necessary to ensure its success. These include:

- Helping to develop, and then signing and adhering to, a Memorandum of Understanding (MOU) with other the CIT partners. This MOU should clearly indicate the goals of CIT and the responsibilities of the various partners involved in the local CIT program.
- Selecting law enforcement officers (LEO) to receive CIT training. Officers selected to be on the CIT team should be experienced and committed to a career in law enforcement, possess the natural skills and abilities to deal effectively with people in crisis, and have an interest in helping persons with mental illness. It is strongly urged that law enforcement agencies recruit volunteers for CIT training.
- Assuring that their officers / deputies attend the full forty (40) hour classroom training, and providing them the time to attend this training.
- Assigning a lead officer (with the rank of sergeant or above) to represent their agency at planning meetings, as the contact for other involved agencies, and to coordinate CIT within their law enforcement agency.
- Providing a certified law enforcement instructor who is CIT certified to attend the 40 hour classroom training session. This individual should help supervise the classroom, help maintain the integrity of the CIT training, and assure that CIT training and curriculum does not compromise officer safety procedures. Providing a certified law enforcement instructor for each CIT class is a responsibility that can be shared by the various law enforcement agencies within a CIT partnership.
- Maintaining a roster of CIT officers.
- Providing CIT trained officers to evaluate prospective CIT officers during role plays in the training course.
- Implementing a process that ensures that a CIT officer is available to respond to a mental health call for service.
- Collecting data for their agency following implementation of CIT, (i.e. number of calls involving CIT officers, disposition, etc).
- Educating the community about the availability of CIT Officers to respond to mental health calls and how the public may access a CIT officer.
- Identifying and recruiting other law enforcement agencies to be a part of the CIT Program.

Community Colleges:

Typically, staff members from local Community College Law Enforcement Continuing Education Departments help facilitate CIT trainings by providing the training facilities and equipment, by certifying the training, and by providing funds for the training. Specific responsibilities include:

- Providing the classroom(s), training equipment (LED projectors, TVs, DVD player, etc.)
- Registering the officers and deputies in the course,
- Providing certificates upon graduation from CIT training,
- Printing materials, handouts, and manuals for CIT officers,
- Developing a contract with a partner agency to help fund CIT training, and
- Attending CIT organizational meetings, as needed.

 # 2: CIT Training

CIT officers in North Carolina receive a minimum of 40 hours of specialized training designed to assist them to better understand and respond more effectively to persons with mental illness, and in a manner that enhances both their safety and the safety of the public.

Curriculum

The CIT curriculum is typically delivered over a 40-hour week of intensive training provided primarily by volunteer mental health professionals, advocates, and CIT trained law enforcement officers. It consists of three parts; classroom lectures designed to impart specialized knowledge in relevant areas; site visits / consumer panels designed to increase law enforcement awareness of mental health resources and to address attitudes and stigma regarding mental illness; and scenario based de-escalation skills training using role play exercises. CIT training should include blocks of instruction covering the following areas:

- An introduction / orientation to CIT and the CIT partnership (delivered on the first day).
- An overview of the mental health system (delivered by the LME director or designee).
- Symptoms and signs of severe mental illness.
- Medications for treatment of mental illness.
- Personality disorders.
- Substance abuse and co-occurring mental illness and substance abuse.
- Developmental disabilities.
- Dementia and aging.
- Children's / adolescent's mental health.
- Legal issues and mental health law.
- Suicide intervention.
- Post-traumatic stress disorder and effects of trauma.
- Community resources, including training on accessing emergency / crisis services.
- Family and consumer perspectives.
- Crisis intervention / de-escalation skills training
- Use of force continuum, including when to use and not use less lethal weapons.

While these content areas should be covered by any CIT curriculum, each CIT program should retain the flexibility to include additional blocks of training that address unique needs of a community or areas of special focus important to the local CIT stakeholders. For example, a CIT program in a community with a VA hospital may wish to emphasize Veteran's mental health, while a CIT program in a racially or ethnically diverse community may wish to train officers on diversity. Optional blocks of instruction offered through CIT trainings in North Carolina have included excited delirium, an auditory hallucination simulation exercise, homelessness, and the mental health of law enforcement officers. Decisions regarding the CIT training should be made by a collaboration that includes law enforcement, mental health professionals, advocates and other stakeholders so that an appropriate range of perspectives is represented and to assure that the training meets the needs of both the officers and the community.

Site Visits / Consumer Panel

Site visits by law enforcement officers to local agencies are an essential component of CIT training. Site visits should be arranged, as much as possible, to include contact between officers and consumers of mental health services. Ideally, these site visits should include opportunities for dialogue between consumers and officers about mental illness, law enforcement procedures, and recovery. These site visits serve several purposes:

- To familiarize CIT officers with local resources and the mental health system,
- To strengthen relationships between local mental health providers and law enforcement,
- To address stigma and myths about mental illness through dialogue with consumers of mental health services.

Many CIT programs have chosen to supplement their site visits with a consumer panel presentation to the CIT officers. Typically, these consumer panels are composed of persons in various stages of recovery from mental illness who live in the community, including some who no longer need the support of a residential facility or psycho-social rehabilitation to maintain stability. These consumer panel presentations help address myths of mental illness by showing officers that people can recover from mental illness and lead rewarding and productive lives.

De-escalation skills training / role playing

Training on de-escalation skills is an essential part of any CIT curriculum, and should be taught (or co-taught) by a certified law enforcement instructor. This training should include the benefits / advantages of using de-escalation skills. The trainer should also discuss de-escalation skills and less lethal weapons as a part of the use-of-force continuum, and address situations in which these skills and weapons should and should not be used. De-escalation skills should be taught both by lecture and example and by having officers / trainees practice these skills through realistic scenario-based role playing. Typically, role play groups are composed of experienced clinicians, experienced and certified CIT officers, and trainees. The clinicians participate both as role players and provide feedback to trainees on their crisis de-escalation skills. CIT certified officers provide feedback to trainees on their officer safety skills, as well as on their use of de-escalation techniques. Role play groups must be small enough to allow each officer / trainee sufficient opportunity to practice their de-escalation skills. Scenarios upon which the role plays are based may be derived from actual situations encountered by officers in the line of duty.

Training of 911 telecommunicators

911 telecommunicators are often the first point of contact for the community regarding persons in mental health crisis, and they play a vital role in the success of any CIT program. To function effectively as part of the CIT program, they must be able to:

- Recognize and identify when a call concerns a person in a mental health crisis,
- De-escalate persons in crisis,
- Be familiar with their CIT program, including relevant protocols and procedures, and
- Be able to dispatch a CIT officer to the scene.

To assure that 911 telecommunicators have this knowledge and these skills, training on CIT must be provided to all 911 telecommunicators. This training may be an abbreviated form of CIT training that focuses on the skills and knowledge that 911 telecommunicators must have to be able to support a CIT program.

 # 3: Evaluation

CIT programs collect and analyze data to demonstrate the impact of their program, to inform decisions about CIT, and to help guide implementation of their CIT program.

Research on CIT

CIT programs have been shown through research to have a great many benefits. Formal studies of CIT programs have demonstrated their success in[5]:

- Reducing officer and consumer injury rates,
- Increasing referral rates of persons with mental illness to treatment by law enforcement,
- Improving law enforcement attitudes about persons with mental illness,
- Improving law enforcement knowledge about mental illness and community resources,
- Improving collaboration between law enforcement and mental health agencies,
- Improving law enforcement officers' ability to identify persons who are mentally ill,
- Improving law officers' confidence in their ability to help people with mental illness,
- Reducing the arrest rates of persons with mental illness,
- Improving symptoms in persons with mental illness who were diverted by a CIT officer,
- Reducing costs to the criminal justice system.

Continuous Quality Improvement of CIT

Each CIT program should collect, analyze, and review data as part of a continuous quality improvement process to evaluate the success of their CIT program. For example, student evaluations of CIT trainings can provide information that informs the planning committee on which trainers to retain, which to replace, and what parts of the CIT training need improvement. Success towards specific goals and objectives of CIT can also be measured, and the goals and objectives of CIT programs may vary from community to community. For example, some CIT programs may be interested in improving attitudes of law enforcement towards persons with mental illness, while other CIT programs may be more interested in reducing arrest rates of persons with mental illness. The objectives and goals of the CIT program should determine what methods and tools are chosen to measure their success. Technical assistance in determining appropriate tools for measuring the success of their CIT programs may be obtained from the Division of MH/DD/SAS by contacting Bob Kurtz, Ph.D., at 919 / 715-2771 or via email at Bob.Kurtz@ncmail.net.

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[5] Compton, M, Bahora, M, Watson, A., & Olivia, J. (2008) *A comprehensive review of extant research on crisis intervention team (CIT) programs.* **Journal of the American Academy of Psychiatry and Law**. *36, pp.47-55.*

The CIT data sheet

All North Carolina CIT programs are encouraged to use the North Carolina CIT data sheet (see Appendix A) to collect basic data on each CIT encounter. This data sheet is being used in most of the CIT programs in North Carolina. Use of this tool will not only enable CIT programs to collect descriptive statistics helpful in managing their CIT programs, but may enable cross program comparisons of these data. Instructions for completing this datasheet are also included in Appendix A.

> **# 4: Infrastructure Development**
>
> ***Partners in CIT assure that an infrastructure exists to support CIT. An adequate system of crisis services must be available to support CIT, and agencies shall implement the policies and procedures necessary to support CIT. The local CIT collaborative shall work together to establish these systems changes and the inter-agency agreements that are needed for the success of their CIT program.***

Crisis services system

The success of a CIT program will depend upon the adequacy of the crisis system available to support it. A system of crisis services may include a 24 /7 emergency mental health receiving facility with drop-off capacity that can provide a very quick turnaround for law enforcement. In rural areas where 24 / 7 emergency mental health receiving facilities are not feasible, efforts must be made to adapt the crisis system to better meet the needs of consumers and law enforcement. For example, mobile crisis teams may be used by law enforcement to facilitate obtaining emergency mental health treatment for consumers. Special training and protocols could be put in place to help assure the smooth and rapid hand-off from CIT officer to mobile crisis staff. However, regardless of the structure of the crisis system, the transfer of custody of consumers from law enforcement to mental health treatment needs to be at least as quick, easy and convenient for law enforcement as it is to take a consumer to jail. Failure to provide the crisis infrastructure to enable this rapid transfer of custody of consumers from law enforcement to treatment may undermine the trust of law enforcement, and may endanger the collaboration upon which CIT is built.[6]

Policies and procedures to support CIT.

Law enforcement agencies participating in CIT need to develop policies and procedures to assure that the actions of their staff support the implementation of their CIT program. Policies / procedures will need to be developed to assure that 911 tele-communicators dispatch CIT officers to mental disturbance calls. Policies / procedures may also be needed to empower CIT trained officers to take the lead when intervening in mental health crises. Mental health agencies and LMEs may need to establish policies that guide their staff in responding to referrals from

[6] **NOTE:** Although some areas of the state may currently lack the crisis response services necessary to support full implementation of CIT, the lack of these services should not constitute a barrier to providing CIT training to law enforcement. However, it is essential for CIT officers to be able to quickly transfer custody of the consumer in crisis to a mental health treatment provider

CIT trained law enforcement officers. The policies / procedures to support CIT should fit their local system and be developed in partnership with their local CIT collaborative. Sample policies and procedures being used to support CIT in North Carolina are provided in Appendix B.

Inter-agency Agreements

CIT is a partnership that requires a variety of organizations and agencies working in collaboration to be effective. All of the partners will have vital responsibilities and roles to play in the success of the CIT program. Inter-agency agreements, such as Memoranda of Understanding (MOU), can help assure clear expectations and mutual understanding of the roles and responsibilities of each of the partners. Establishing these inter-agency agreements can help institutionalize the CIT program, and help prevent misunderstandings that might otherwise endanger the CIT partnership. While these inter-agency agreements should be negotiated between local CIT partners and reflect the needs of the local partnership, a sample MOU from Wake County's CIT program is provided in Appendix C.

Technical Assistance

The North Carolina Division of MH/DD/SAS encourages the development and expansion of CIT programs throughout the state. NC Division of MH/DD/SAS staff members are available to provide technical assistance during all phases of program development. Persons interested in developing new CIT programs or in improving existing CIT programs are encouraged to contact Bob Kurtz, Ph.D., for assistance at 919 / 715-2771 or via email at bob.kurtz@ncmail.net. Additional advice and suggestions for your CIT program may be found in the compilations of "lessons learned" by other CIT programs contained in attachment D of this document.

Acknowledgements

This document is the product of many dedicated individuals who convened to form the North Carolina CIT Advisory Committee. They included representatives from all of the CIT programs in North Carolina, and from the primary stakeholder groups involved in CIT in our state, including the police, sheriffs, local management entities (LMEs), mental health providers, NAMI, consumer advocates, community colleges, public health departments, and the Mental Health Association. These individuals and the agencies and CIT programs they represent included:

Sgt. Robert Cardwell, Moore County Sheriff's Office, Moore County CIT
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