



A Five-Legged Stool...a Model for CIT Program Success!!! How a Crisis Intervention Team Program can be More Than Just Training???

Nick Margiotta, MEd, CIT Coordinator, Phoenix, Arizona, Police Department
Published in: *The Police Chief*. The Professional Voice of Law Enforcement, October 2015 Edition

A Crisis Intervention Team (CIT) program, based on the "Memphis Model," is an innovative program designed to effectively assist individuals in their communities who are in crisis due to behavioral health or developmental disorders.¹ CIT is often mistakenly viewed as law enforcement training; in reality, it is considerably more. It is a program with a broad reach that relies on strong community partnerships and a vibrant crisis system that understands and responds to the role and needs of law enforcement.

The CIT program encourages officers to access crisis facilities to redirect individuals in crisis away from the criminal justice system, when appropriate. This fosters engagement in the behavioral health system for connectivity to long-term treatment and services, which leads to sustainable change in the community.² The goals that are realized through implementation of CIT programs include increased officer and consumer safety and diversion of individuals in crises away from the criminal justice system and into the behavioral health system with the goal of long-term treatment and recovery.³ The CIT model reduces both the stigma and the need for further involvement within the criminal justice system for those in crisis.⁴

CIT has existed for more than 25 years and is built on 10 core elements.⁵ Despite the longevity of the program, there is still widespread confusion in many communities concerning what a healthy CIT program really encompasses.⁶ This includes communities that have endorsed and implemented CIT training as well as communities that have yet to adopt a CIT program. To clarify, it may be useful to view CIT as a "Five-Legged Stool." This figurative stool cannot function at all with only one leg (i.e., one element of CIT), and really needs at least three legs to stand. Ideally, though, it needs all five legs to be strong, functional, and enduring.

1) Police Training

While the training of police officers is the most visible component of CIT programs, it is only one piece of a multi-level collaborative community effort. Nonetheless, the importance of the effective training of police officers cannot be underestimated. These are the individuals to whom everyone in the community turns in times of crisis. In most communities, the goal of law enforcement agencies should be to have 20–25 percent of their uniformed patrol officers trained in CIT. The 40-hour block of advanced officer training is most effective when the officers in attendance have volunteered to complete the training. Officers who volunteer to attend the program have shown initiative and

interest and will generally be more amenable to applying the new tools they have learned upon returning to their units.⁷

An important concept to emphasize to officers at the very beginning of the CIT training is that it is not meant to replace anything they have learned as officers. Police officers are always officers first. CIT training is meant to give officers additional tools to use when they are in the field interacting with individuals who may be in crisis. This includes the ability, when appropriate, to utilize their discretion and divert the individual away from the criminal justice system and into the behavioral health system. CIT training helps officers evaluate when they might use their discretionary powers and gives them the information regarding available resources to effectively and successfully accomplish this diversion.⁸

Much like a one-legged stool won't be able to stand, if a community only has this most common leg of a CIT program, it really does not function and accomplishes little, if any, tangible outcomes in a community.

2) Community Collaboration

It is vitally important that integral community partners are identified and utilized by the CIT development team. Community partners play an important role in the CIT process, and it is important to develop community ownership. This ownership can be accomplished by including individuals and organizations within the community in all phases of the CIT program's development and implementation—initial planning, training curriculum development, ongoing feedback, and problem solving. Local professionals and agencies who volunteer their time to assist in the training of patrol officers help increase the sense of community ownership and networking for CIT. It is this broad-based grassroots community collaboration that makes a CIT program achievable and sustainable. In times of fiscal challenges, budgetary cuts, and other financial constraints, the collaborative nature of a healthy CIT program helps it weather potential fiscal and political storms and permits the program to endure, providing better outcomes for officers and those in crisis.

3) Vibrant and Accessible Crisis System

Training and collaboration throughout the community are imperative for CIT. Perhaps the most meaningful leg, in order to accomplish real outcomes, is the need for a robust crisis system. Many communities have a system; however, CIT requires more than just "having" a system. It requires that the system be responsive to the needs of the police and the community as a whole. Having quality services and providers is the first step, but if they are not responsive and easily accessible, then they will not be utilized by police.⁹ Thus, the CIT goal of reducing incarceration for those individuals who need behavioral health services cannot be achieved.

Accessibility is of paramount importance when it involves police "hand-offs" to behavioral health services. These interactions need to be quick, efficient, and guaranteed, regardless of capacity, funding sources, diagnoses, entitlement, and so forth. Triage must be kept to the minimum to ensure that officers are able to return to their police duties and behavioral health crises are handled by the behavioral health system.

A critical element to accessing crisis services is to ensure that community crisis services and receiving centers operate with a "no wrong door" philosophy for law enforcement. Regardless of an individual's diagnosis or presenting issue, the behavioral health crisis system needs to be prepared to respond to an individual referred by law enforcement. Police officers must have priority access to services for the people they refer, and the behavioral health providers must not turn an individual away because he or she does not meet specific and narrow criteria.

While this accessibility may create challenges for the behavioral health providers, it is imperative that behavioral health entities collaborate within their own system in order to ensure an individual gets to the right door. Behavioral health entities should not expect police officers to navigate their system—or, even worse, prevent law enforcement offices from handing off people to their facilities.

The goal needs to be helping individuals in crisis. With that mind-set, behavioral health providers and police agencies can partner to build stronger and healthier communities.

While facility-based services operating with "no wrong door" policies are critical to a CIT program, an enhancement to consider in helping build healthy communities is the ability to also access mobile behavioral crisis responses out in the community. For communities with mobile behavioral crisis services or for those communities seeking to create this level of care, it is important to consider how these services can meet the needs of law enforcement when they are dealing with a behavioral health crisis. To make sure that the service has relevance to CIT, the key is for mobile community crisis response teams to be readily available to respond to a police request in a prioritized manner and free law enforcement from the scene as quickly as possible. This level of responsiveness is needed to increase the likelihood that police will utilize mobile crisis services, thus increasing the opportunity to stabilize individuals safely at home, when appropriate.

The behavioral health crisis system's guiding philosophy should be accessibility, with the goal to build a culture in service providers that is focused on acceptance instead of placing clinical barriers to accepting "hand-offs." A consistent, prioritized, and seamless process needs to be in place in order to adequately meet the unique needs of the police and the individuals they refer. This consistency and commitment to meeting the needs of police helps build trust between law enforcement and behavioral health providers and increases the opportunity for therapeutic hand-offs.

4) Behavioral Health Staff Training

Training of behavioral health staff is critical in fostering positive working relationships between law enforcement and the mental health community. It is important that behavioral health staff have a clear understanding of the law enforcement officer's role in the behavioral health community. Sometimes, behavioral health staff tend to incorrectly develop an impression that because an officer is CIT trained, he or she has somehow become a combination of both a law enforcement officer and a social worker. A clear delineation of the two roles should remain intact. Emphasis should be made that the goal is collaboration, not integration. A social worker who gains an understanding of CIT does not become a law enforcement officer, and behavioral health staff need to recognize that a law enforcement officer who receives some specialized training in behavioral health remains, first and foremost, an officer.

Because the world of law enforcement is somewhat misunderstood by those outside the law enforcement community, it is key for behavioral staff to gain insight into what a law enforcement response to a mental health crisis looks like. To provide that insight, law enforcement agencies may want to identify some behavioral health staff members to participate in a ride-along with a CIT-trained officer. Nothing will provide more clarity to a behavioral health worker than witnessing an officer perform all of the functions and constraints typical in patrol. Behavioral health staff can appreciate the differences between the two cultures. This appreciation promotes the beginning of an understanding that CIT-trained officers are, above all else, officers who, by choice, have received specialized training in behavioral health topics.

In addition to ride-alongs, it can be helpful for law enforcement to provide training to front-line behavioral health workers. Just as it is important for police to learn about behavioral health issues, it is also important for behavioral health staff to understand and respect the law enforcement officer's role and practices. If taught what law enforcement practices look like—and what they do not look like—behavioral health staff will become educated as how to best coordinate, collaborate, and cooperate with law enforcement officers. This has a two-fold benefit. It can lead to better interactions when law enforcement is handing off an individual, and it also can help guide behavioral health staff on appropriate times to request law enforcement involvement in a behavioral health incident.

Training for ground-level behavioral health staff can be one of the most productive undertakings to advance community understanding and appreciation of the value that CIT training brings to the community.

5) Family, Consumers, and Advocates Collaborate and Educate

The final leg—family, consumers, and advocates—is often the “forgotten” leg. Involvement of these stakeholders is truly critical to help entrench a CIT program firmly in a community. In addition to having consumers participate in the actual training curriculum, the education and training of family and consumers help increase buy-in and ownership of the program. This buy-in helps to support critical elements in the program. There are two main benefits of this element: (1) improved understanding of front-line interactions involving law-enforcement and (2) advocacy for the program needs. Supportive advocates of CIT processes and program needs are important to help foster positive relationships between the police and the community and to improve the efficacy of the program. Who better to spread that positive word than those family members and friends whose loved ones have been helped by a CIT trained officer?

A CIT program that helps to educate consumers and advocates on the resources available in their community allows them to be more engaged in the program. The development of meaningful crisis plans; tips on how to improve face-to-face interactions when law enforcement is responding to a call regarding a loved one; and increased understanding of law enforcement's typical responses, limitations, and procedures can go a long way to increasing the likelihood for successful outcomes. When both parties in the interaction are more informed and willing to respect each other's perspective, the opportunity for mutually beneficial results increases exponentially. Families and advocates who are more informed, engage in pre-crisis planning, and have reasonable expectations for the outcomes of crisis situations greatly increase the likelihood of positive outcomes and, typically, are more supportive of the overall program.

At the macro-level, this constituency can also be strategically helpful in advocating for the protection, expansion, and accessibility of precious community behavioral health crisis services. As discussed, for CIT to be effective, accessible crisis services are paramount. A CIT program's ability to protect or acquire the needed behavioral health services to adequately support a true CIT program is greatly improved when community members actively advocate for this critical piece of a CIT program. Since quality and accessibility to these services are generally contingent on the funding provided by a region's behavioral health system or by the culture and vision of the agency providing these services, the consumers of the care can be amazing allies.

Conclusion

These five main “legs” are the foundation of creating a strong CIT program. Having three or four of the legs is certainly an improvement over having none or just training, but the presence of all five legs ensures that a community has a strong and stable foundation that is systemically responsive to those individuals who are experiencing a mental health crisis. This solid foundation promotes a CIT program that can be sustainable and weather the inevitable ups and downs that are certain to occur in a community over time.

Central to the success of CIT is not only the training of the law enforcement officer, but also the education of those agencies and individuals within the behavioral health community who will be involved in the process. Successful diversion requires accessible crisis services. True collaboration can occur only when law enforcement, behavioral health agencies, and families and advocates have a clear understanding of and respect for each other's roles in a CIT program. ♦

Nick Margiotta, MEd has been a Phoenix Police Officer for 19 years, and currently is the CIT Coordinator for the Phoenix Metro Region. He is on the Board Secretary for CIT International and serves as a NAMI Arizona Advisory Board Member. He greatly acknowledges the assistance of CIT International Administrative staff, Erica Chestnut and Linda Smith, in development of this article.