



THE FLORIDA CRISIS INTERVENTION TEAM (CIT) PROGRAM

Mission Statement

The mission of the Florida CIT Coalition is to promote the Florida CIT Program Model for its adoption in all Florida Communities and to foster excellence using the core key elements

Adopted March 18, 2005
By the Florida CIT Coalition

CRISIS INTERVENTION TEAM (CIT) STATE OF FLORIDA PROGRAM MODEL

Introduction:

Crisis Intervention Team (CIT) began in Memphis in the late 1980s and has been widely adopted around the country. CIT is an effective police response program designed for first responders who handle crisis calls involving people with mental illness including those with co-occurring substance use disorders. CIT emphasizes a partnership between law enforcement, the mental health and substance abuse treatment system, mental health advocacy groups, and consumers of mental health services and their families.

As CIT has developed in different communities, local adaptations have been made to various elements of the program. Each community has its own unique issues that might effect CIT implementation. Rural communities are especially challenged to adapt CIT successfully. Rural law enforcement agencies are often small and cover extensive geographical regions. It is believed that CIT can be successfully implemented in both urban and rural communities.

Background:

In order to be successful in implementing CIT and achieving its goals, a group of stakeholders in Florida that have been involved with developing CIT in their communities have been working together since March 2004 to develop consensus around CIT for Florida. The group, known as the Florida CIT Coalition, believes that there are certain critical elements that determine the effectiveness of CIT. There is a concern that absent these core elements, CIT will be less effective. For this reason, individuals from CIT programs in 13 counties in Florida have developed this document outlining a summary of those elements believed necessary for CIT programs to be maximally effective. These elements are based on the Memphis Model. Development of these core elements is a work in progress. Eventually the Florida CIT Coalition hopes to turn these core elements into a fidelity self-assessment tool and lay the groundwork to create the vision for CIT in Florida – that all communities will have a CIT program based on these core elements.

Originating members of the Florida CIT Coalition included representation from mental health providers, law enforcement agencies and NAMI or other advocates from: Brevard County, Broward County, Duvall County, Hillsborough County, Manatee County, Miami-Dade County; Orange County, Palm Beach County, Pasco County, Pinellas County, Seminole County, Sarasota County and Volusia County. Other involved stakeholders included representation from The Florida Mental Health Institute at the University of South Florida, Florida International University, the Department of Children and Families, Federal Department of Law Enforcement, the Florida Council for Community Mental Health and the Florida Alcohol and Drug Abuse Association

Purpose of this Document:

The Florida CIT Coalition developed this document to lay out the guiding principles for the Florida CIT program, based on the Memphis CIT Model. This document outlines for those communities who are conducting a CIT program or those who wish to implement CIT the core elements that they will subscribe to. It is understood that developing and implementing CIT based on these core elements is a process over time, which often begins with the 40 hour training. It is further understood that in order to be successful with full implementation of the Florida CIT program, both community involvement and a commitment by key stakeholders with a dedication of necessary resources is a must. This document also expresses the desire of those communities doing the Florida CIT program and those wishing to implement CIT will strive to reach these agreed upon core elements in order to have an effective CIT program and one that is a best practice.

Goals for Florida CIT Programs:

CIT is a community partnership between law enforcement agencies, the local mental health and substance abuse treatment systems, mental health advocacy groups, and consumers of mental health services and their families. CIT is more than just training. It establishes Teams of trained officers within each law enforcement agency to respond effectively to people with mental illnesses, including those with co-occurring substance use disorders that are in crisis.

Communities which establish CIT programs do so with the following goals in mind:

- Better prepare police officers to handle crises involving people with mental illnesses, including those with co-occurring substance use disorders
- Increase law enforcement officer safety, consumer safety and overall community safety
- Collaboratively, make the mental health system more understandable, responsive and accessible to law enforcement officers to the greatest extent possible with community resources
 - Supply law enforcement officers with the resources to appropriately refer people in need of care to the mental health/substance abuse treatment system
 - Improve access to mental health/substance abuse treatment in general and crisis care in specific for people who are encountered by law enforcement
- Divert people with a mental illness who are in crisis from the criminal justice system whenever possible which is consistent with the Baker Act or Marchman Act

This document is separated into two parts: the Core Elements of the Florida CIT program and the Core Elements for the Training Curriculum.

Part I – Core Elements: Florida CIT Program

Florida CIT Core Elements – Model Fidelity:

The following are what the Florida CIT Coalition believes to be the core elements of successful CIT programs for the state of Florida:

1. Using a Generalist/Specialist model meaning that officers are drawn from the patrol officer base and within their general duties as a patrol officer. These officers are the ones with the specialized training to respond to crisis calls involving people with mental illnesses, including those with co-occurring substance use disorders.
2. Selection of CIT officers after training: Although potential CIT officers should be identified prior to the training, it is after the training that the final selection of CIT officers for the agency Team should be made. CIT officers should be volunteer patrol officers. There should be a selection process to identify those officers with good interpersonal and communications skills that would make them a good candidate for CIT. There can be different methods used by different agencies to select CIT officers. Suggested methods for selection may include:
 - An application to join CIT
 - Interview to determine motivation and appropriateness (fit)
 - Review of personnel file (performance and discipline)
 - Psychological assessment/testing
3. CIT Pin: Officers who are selected to be on the CIT Team will be issued an agency authorized CIT pin to wear on their uniform. This pin establishes the identity of the officer as a CIT trained officer and provides recognition to consumers, family members, staff at receiving facilities and the public of CIT trained officers.
4. Size of CIT Force: The goal of CIT is to have enough CIT trained law enforcement officers to allow for maximum and adequate coverage 24 hours a day, seven days a week.
 - Smaller agencies may need to train all or most of their officers to achieve adequate coverage
 - Generally it takes several years for a department of any size to develop an optimal number of CIT officers

5. A CIT coordinator committed to the program within the police/sheriff department with enough authority to oversee the program within the law enforcement department.
 - Ideally each law enforcement agency with a CIT program has a designated CIT Coordinator
 - The CIT Coordinator position should be filled with a person who is given the authority to coordinate and oversee the program, as well as ensure maintenance of the program for the agency
 - Policies and procedures within each agency that identifies who the CIT officers are on each shift and a dispatch protocol to ensure a CIT officer handles the encounter whenever possible.
6. A mental health/substance abuse coordinator(s) committed to the program with enough authority to coordinate and oversee the program from the mental health/substance abuse treatment system side. This coordinator will be actively involved with planning and implementing the training of CIT officers as well as participating in the maintenance of the program.
7. Representation from NAMI, Mental Health America or other mental health advocacy organizations that also provide coordination and oversight within CIT from the perspective of family and consumer involvement.
8. The mental health/substance abuse treatment system is responsive to CIT officers and will allow for a smooth transition for CIT officers as they transport individuals for crisis services.
 - The mental health/substance abuse system will receive individuals identified by CIT officers who are in need of crisis services, voluntary and involuntary.
 - User friendly “drop-off” process that include quick turnaround time for the officer.
9. Policies and procedures within both the law enforcement agencies and mental health/substance abuse agencies that outline the roles and responsibilities of each party. Where written and mutual agreements are necessary or desirable between and among agencies, this will be accomplished.
10. CIT training class should be offered at least annually, if not more frequently within existing resources. The intensive training attempts to provide a common base of knowledge about mental illness and co-occurring substance use disorders and a basic foundation from which officers can build. The program is not aimed at making CIT officers mental health/substance abuse professionals. The program is intended to provide officers with the skills to:
 - Understand and recognize signs and symptoms of mental illness, including those with co-occurring substance use disorder, as well

as understand how mental illness and co-occurring substance use effects individuals, families and communities

- Recognize whether those signs and symptoms represent a crisis situation
- De-escalate mental illness crises
- Know where to take consumers in crisis
- Know appropriate steps in following up on these crises such as:
 - contacting case managers or other treatment providers
 - providing consumers and family members with referral information to mental health/substance abuse treatment agencies or advocacy organizations like the local NAMI and Mental Health America.

11. Trainers/presenters who are willing to learn about police work and to become “police familiar” as they provide training to the officers. Trainers/presenters must include mental health/substance abuse treatment professionals, family members of individuals with serious mental illness, individuals who themselves have serious mental illness (“consumers”), and people (preferably experienced CIT officers) who are able to assist in role-playing to help officers develop their de-escalation skills.

- Each trainer/presenter will develop their lesson plan around the goals and objectives established for each section of the curriculum
- Class or school coordinator(s) should meet with trainers/presenters prior to training for coordination and continuity of the materials
- Trainers/presenters should be encouraged to go on “ride-alongs” with police officers to experience what it is like walking in police officer’s shoes.
- Trainers/presenters are informed about officer and community safety issues and about the use of force continuum used by each law enforcement agency
- Trainers/presenters receive an evaluation for feedback and to ensure maintaining the most effective trainers

12. Periodic refresher trainings, updates, reviews, etc. via meetings, training circulars, conferences, etc. should be made available to CIT officers. This should occur at least on an annual basis and focus on issues related to dealing with persons with mental illness in crisis, including those with substance use disorders.

13. An abbreviated form of CIT training/awareness is provided to dispatch call takers so that they are knowledgeable about the CIT program and able to identify probable mental illness and co-occurring substance use disorder crisis calls.

14. Method for collecting data and statistics on CIT encounters and their outcomes. This may involve a tracking form. This information should be shared on a regular basis with CIT officers, upper management, the mental health coordinator and at

- any community forum used for mental health system improvement and problem solving.
15. Processes or systems in place to provide regular feedback to both CIT officers and mental health system providers and administrators when problem situations arise. These may include formal and informal mechanisms for sharing information.
 16. Regularly scheduled meetings of CIT coordinators, mental health coordinators, family/consumer and other key stakeholders to address system concerns, ensure that the program stays on course and to work on growth and sustainability of CIT. These meetings may be done through already established groups such as coalitions, task forces, steering committees, advisory groups, etc.
 17. Recognition to the CIT Program and officers is strongly recommended, when feasible. This may include an annual appreciation banquet or some other forum for community celebration.
 18. Communities are encouraged to develop unique strategies for maintaining and sustaining CIT such as newsletters, web sites, meeting with other jurisdictions, etc.

Part II – Core Elements: Training Curriculum

The training emphasizes understanding of mental illnesses, including substance use disorders and how it affects a person's life, the development of communication skills, practical experience and role-playing. Also officers are exposed to mental health professionals, consumers and family members both in the classroom and in the field during site visits.

This intensive training attempts to provide a common base of knowledge about mental illness and give the officers a basic foundation from which to build. The course is intended to provide officers with skills to:

- Recognize signs and symptoms of mental illness and co-occurring disorders
- Recognize whether those signs and symptoms represent a crisis situation
- De-escalate mental illness crisis
- Know where to take consumers in crisis
- Learn about jail diversion options
- Know appropriate steps to follow up, such as contacting case managers, providing families with community resources, etc.
- Learn how to problem-solve with the treatment system

The curriculum outlined below will be standardized and still allow some flexibility for each community to reflect the unique aspects of the given community. All curricula will include the following:

INTRODUCTION

1. An introduction to the Memphis Model CIT program
2. Purpose of training
3. Learning Objectives

KNOWLEDGE BASED

1. Understanding and recognizing specific signs and symptoms of serious mental illnesses. Emphasis should be placed on the kinds of disturbed behavior officers will see in people in a mental illness crisis
2. Understanding and recognizing mental illnesses in various populations, i.e. children, adolescents, adults and older adults
3. The common problem of co-occurring disorders including co-occurring substance abuse and mental illness, along with co-occurring developmental disability, medical and homelessness
4. Understanding and differentiating mental retardation from mental illness
5. The influence of culture and ethnicity on the topic of mental health and how it is dealt with inside those cultures and ethnicities should be discussed as it applies to the cultural and ethnic make up of the particular community
6. An overview of psychiatric medications, their uses and their side effects

LEGAL ISSUES AND PROCESSES

1. An overview of the Baker Act and Marchman Act
2. An overview or sharing of CIT processes as it relates to all the agencies involved
3. Discretion, decision-making and handling of criminal charges

FAMILY AND CONSUMER INTERACTION AND PERSPECTIVE

1. An overview of mental illness and those with co-occurring substance use disorders from multiple perspectives, including persons with mental illness, those with co-occurring substance use disorders, family members with loved ones with mental illness and co-occurring substance use disorders, and mental health and substance abuse treatment professionals. Substantive amounts of interaction between CIT officers-in-training and mental health consumers and their families will make the core training session more effective
2. Site visits which give officers an opportunity to talk with consumers and emergency mental health/substance abuse treatment personnel

PROBLEM SOLVING AND SKILL BUILDING

1. Risk assessment for suicide and violence
2. Comprehensive training in how to de-escalate a mental illness crisis

3. Sufficient practice, through role playing, in the de-escalation of mental illness and those with co-occurring substance use disorder crises so that all students are involved directly in the role-playing

COMMUNITY RESOURCES

1. An overview of the local mental health/substance abuse treatment systems and what services are available
2. Contact information of key individuals within the system

OTHER TOPICS UNIQUE TO ONE'S COMMUNITY

-Examples-

EVALUATION OF INSTRUCTORS AND OVERALL CLASS

GRADUATION CEREMONY

Class size should be capped at 30 individuals for optimal learning.

THIS DOCUMENT WAS ADOPTED AS THE OFFICIAL FLORIDA CIT PROGRAM MODEL BY THE FLORIDA CIT COALITION ON MARCH 18, 2005. THIS DOCUMENT WILL BE SUBJECT TO CHANGE AS THE VISION AND PROCESS FOR CIT CONTINUES IN FLORIDA.

