

# WHAT IS CIT?

## GOALS OF THE CRISIS INTERVENTION TEAM MODEL



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## CRISIS INTERVENTION TEAM

Developed in Memphis, TN, after a fatal shooting by a police officer of a person in mental health crisis, a CIT model uses a 40-hour intensive training to qualify certain officers to respond to mental health crises. Under a typical CIT model, somewhere between 20-25% of a department's officers would receive this training and be prioritized in calls that involve a mental health component. However, the model itself is only the beginning. A department with strong CIT and mental health crisis response will continue innovating, reviewing policy and ensuring accountability.

## CIT IN ACTION POLICY TO OUTCOMES

The CIT model aims to create a cycle of improvement through its focus on partnerships with community advocates and mental health professionals, involving them in every step from setting policy to dispatching calls for service to providing alternatives to jail time.

For example, creating a 24/7 drop-off center as opposed to jail booking requires partnership with local psychiatric care providers, creates an opportunity to connect those in crisis to care, and prevents trauma.

Different models, for example between voluntary and mandatory training, might be right for different communities. See our Community Guide for a discussion of different models both within CIT and drawing from other best practices.



**1**

### IMPROVE SAFETY

CIT focuses on improving safety during law enforcement encounters for *everyone* involved.

**2**

### CONNECT TO SERVICES

The CIT model provides pathways to redirect away from a law enforcement response and connect people to the resources they need.

**3**

### INVOLVE SPECIALISTS

Recognizing that there are going to be calls for service where law enforcement are required, the CIT model recommends strategic use of law enforcement alongside mental health professionals.

**4**

### REDUCE TRAUMA

CIT aims to equip responders to reduce trauma involved in a mental health crisis, focusing on contributing to the person's recovery process.

# DEVELOPING CIT

## EVOLUTION OF A CRISIS INTERVENTION TEAM MODEL



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### BRING EVERYONE TO THE TABLE

1. Map out where the biggest problem areas are with the stakeholders who would know best.
2. 'Follow the Flow': who is ready with a plan? Avoid areas with heavy resistance.
3. What do we know? Where are the gaps in the data?

### START SOMEWHERE

1. Address gaps in data. Better understanding of the problems can help generate energy and inform a better response.
2. What can happen now? Better training, site visits, etc.
3. Start addressing the biggest areas of concern, and gather data on CIT measures as well.

### GROW AND IMPROVE

1. Reach out to more stakeholders once the ball is rolling, both from inside the community and the wider area.
2. Start implementing bigger changes, like 24/7 centers and pushing for better legal policy.
3. Community outreach and trust-building.

### PARTNERSHIPS & COMMUNITY

Diverse stakeholders including advocacy groups, mental health professionals, hospitals, community members, and more map the existing system to identify problems and work towards community-driven solutions.

### CURRICULUM & RESPONSE

Training, tactics, and day-to-day operations are built from community input. CIT trained dispatchers know to redirect non-emergency calls to relevant resources; CIT officers work with mobile crisis responders and physicians; and the system focuses on care.

### IMPROVEMENT & ACCOUNTABILITY

A virtuous cycle of review and improvement, involving the community while always seeking new partners, means that CIT doesn't stagnate and isn't happy with results until the community is. Once CIT has begun, more groups can be trained and brought on board.



### HOW TO BUILD CIT IN YOUR COMMUNITY

*Although there are different pathways to improving a community's mental health response, all of them start with bringing the community to the table.* Begin by connecting police to local advocates and mental health services that can articulate where the problems are in your community's response. Once the ball is rolling, next steps will become clearer.

There are solutions to policy problems out there, with a little searching. For example, our Community Guide recommends a few measures to help CIT remain budget-friendly, such as sharing training sessions with other partners and using materials easily discoverable online.

# MODELS OF CIT

## WHAT FITS BEST TO YOUR COMMUNITY'S NEEDS AND RESOURCES?



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### VOLUNTARY MODEL

- Considered the standard model
- 40-hour CIT training taken on voluntarily by officers
- All officers still do mental health training
- Goal of 20-25% CIT officers on duty per shift
- Clear refresher training policy, re-certify if three years have gone without refresher training
- Clear chain of authority

### WHY VOLUNTARY?

A voluntary model lets those officers that give mental health topics importance be the first responders. Some officers will even have lived experience either with themselves or their family which leads them to seek out available additional training for those with mental health crisis. CIT officers are recognizable and dispatchers can prioritize them in the event of a crisis.

In building a voluntary model, it's important to establish leadership and point-of-contact roles for CIT, both for the sake of accountability and to be able to best integrate and work with alternative responses and other stakeholders like PEER and mobile crisis units.

### TIPS TO CONSIDER

**INTEGRATE ALTERNATIVE RESPONSES, BUILD UP THOSE RESOURCES ALONGSIDE CIT**

**SET UP A CIT COORDINAOR AGREED UPON BY COMMUNITY STAKEHOLDERS**

**COLLECT DATA ON USE OF CIT, NUMBER OF TRAINED PERSONNEL AND RANK**

### WHY MANDATORY?

A mandatory model can often be built out of a voluntary model, after sufficient resources for CIT training and operations have been laid out. If a department has seen good results from CIT but wants better coverage, a mandatory model could help.

In building a mandatory model, it's recommended that some officers still be elevated to a "bumped-up" status. Advanced CIT for Youth, Veterans and the FBI Crisis Negotiations Team are good options.

Like in a voluntary model, there should be refresher and re-certification training. Don't neglect veteran officers in training protocol. Because this model is more costly, consider cost-effective measures like shared training.

### MANDATORY MODEL

- Model that many departments are moving toward after experiencing success with CIT
- All officers, including veteran officers, receive either full or shortened CIT training
- "bumped-up" cadre of CIT officers who receive advanced or specialized training
- Consider sharing training with community/ecosystem