

Statewide Law Enforcement/ Mental Health Efforts

Strategies to Support and Sustain
Local Initiatives



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Statewide Law Enforcement/ Mental Health Efforts: *Strategies to Support and Sustain Local Initiatives*

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Introduction

Nationwide, law enforcement agencies in rapidly increasing numbers have embraced specialized policing responses (SPRs, pronounced “spurs”) to people with mental illnesses.¹ These efforts, which prioritize treatment over incarceration when appropriate, are planned and implemented in partnership with community service providers and citizens. The two most prevalent SPR approaches are Crisis Intervention Teams (CITs) and police-mental health co-responder teams.

CITs, pioneered by the Memphis (TN) Police Department, draw on a self-selected cadre of officers trained to identify signs and symptoms of mental illness, to de-escalate any situation involving an individual who appears to have a mental illness, and to connect that person in crisis to treatment. The second approach, co-responder teams, forged by the Los Angeles (CA) Police Department and San Diego County (CA) Sheriff’s Department, pairs officers with mental health professionals to respond to calls involving people in mental health crisis.² Other law enforcement agencies have modified or combined these strategies, but a common goal holds for all forms of specialized responses: increased safety for all individuals involved. Evidence suggests that when SPRs are appropriately implemented, departments show a decrease in officer injuries and improvements in connecting the individual involved to mental health treatment.³

Since the groundbreaking efforts in Memphis and California began, these programs have spread steadily to new communities, but largely by word of mouth or in response to a police-involved tragedy. Traditionally, practitioners and advocates have traveled to SPR locations and then adapted approaches to their own jurisdictions’ needs.⁴ But as the demand for technical assistance has increased, it has become impractical for interested communities to learn directly from the program originators. Furthermore, many agencies lack the capacity to send

1. There has been a trend toward categorizing any response in which law enforcement plays a central role in addressing people with mental illnesses as a “crisis intervention team (CIT)” approach. To avoid confusion, this publication refers to all law enforcement-based responses as “specialized policing responses” or SPRs. The term encompasses both “CIT” and “co-responder” approaches. Those terms can then be preserved to describe accurately the scope and nature of each respective model.

2. Randy Dupont and Sam Cochran, “Police response to mental health emergencies—barriers to change,” *Journal of the American Academy of Psychiatry and Law* 28:3 (2000) 228–244. For more information, see Melissa Reuland, *A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness*, Technical Assistance and Policy Analysis Center for Jail Diversion (Delmar, NY: 2004) and Melissa Reuland, Laura Draper, and Blake Norton, *Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions*, Council of State Governments Justice Center (New York, NY: 2010).

3. Jennifer L.S. Teller, Mark R. Munetz, Karen M. Gil, and Christian Ritter, “Crisis Intervention Team training for police officers responding to mental disturbance calls,” *Psychiatric Services* 57 (2006) 232–23; H.J. Steadman and M. Naples, “Assessing the effectiveness of jail diversion programs for persons with serious mental illness and co-occurring substance use disorders,” *Behavioral Sciences and the Law* 23:2 (2005) 163–170. For additional information and research summaries, see Melissa Reuland, Matt Schwarzfeld, and Laura Draper, *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice*, Council of State Governments Justice Center (New York, NY: 2009).

4. Melissa Reuland, *A Guide to Implementing Police-Based Diversion Programs for People with Mental Illness*, Technical Assistance and Policy Analysis Center for Jail Diversion (Delmar, NY: 2004).

a team to another jurisdiction as well as the expertise to tailor the program to their distinct needs.

As a result, individual states have responded to the growing need to support SPRs by assigning a public agency or nonprofit the lead role in helping local communities to design, implement, and sustain effective responses to people with mental illnesses. In other instances, this responsibility has been taken over by state government, which is especially well structured to meet the needs of interested local agencies and to make resources and technical assistance available.

Specifically, state legislatures create the laws that authorize police powers for emergency mental health evaluations and custody. The allocation of many mental health resources is coordinated at the state level as well. State-level organizations have been well positioned to create incentives for innovative partnerships among law enforcement agencies, the community, and the mental health system. These incentives have distinct benefits over state mandates that may not include adequate funding support. Coordinating SPR efforts statewide can also facilitate regional pooling of resources, which helps ensure that smaller or rural agencies can implement this type of program.

This paper describes how statewide coordination efforts are structured in three states—Connecticut, Ohio, and Utah—and synthesizes their successes and challenges in coordinating this work. The purpose of the document is to provide readers with a description of how statewide efforts can be organized and play a role in supporting SPRs within their borders.

Different Jurisdictions, Different Program Models*

The CIT model and the co-responder model were based on each respective originating jurisdiction's distinct circumstances, reflecting the need for a flexible decision-making process.

Memphis (TN) police leaders, mental health professionals and advocates, city hall officials, and other key stakeholders were spurred to action following a tragic incident in which an officer killed a person with a mental illness. In response, the Memphis Police Department established the first law enforcement-based CIT in 1988, which was designed to improve safety during these encounters by enhancing officers' ability to de-escalate the situation and providing community-based treatment alternatives to incarceration.

Los Angeles and San Diego (CA) initiative leaders recognized that officers encountered many people with mental illnesses who were not receiving adequate treatments and services. To address this problem, law enforcement agencies collaborated with the mental health community to form teams in which officers and treatment professionals respond together at the scene to connect these individuals more effectively with community-based services.

*This summary of the Memphis and Los Angeles /San Diego models was drawn from Melissa Reuland, Laura Draper, and Blake Norton, *Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions*, Council of State Governments Justice Center (New York, NY: 2010), vii.

What Is a Statewide Effort?

For the purposes of this report, an initiative is considered a “statewide effort” when an organization promotes and facilitates the development of specialized policing responses to people with mental illnesses throughout the state by coordinating and supporting collaboration among the policing agencies and mental health and advocacy groups. The term “statewide” applies to the scope of the effort rather than the organizing entity itself.

A statewide effort must engage in activities to achieve the following three objectives:

1. Support local agencies to develop SPRs
2. Encourage local agencies to adhere to SPR key elements
3. Sustain efforts statewide

To explore existing statewide efforts, a project team from the Council of State Governments (CSG) Justice Center and expert consultants on police encounters involving people with mental illnesses selected three states with well-developed initiatives for visits.⁵ These sites were chosen in partnership with the Bureau of Justice Assistance (BJA) based on feedback from experts in the field.⁶ Sites were selected based on how well their work reflected the following characteristics:

1. **Comprehensiveness:** The state is participating in activities related to all three of the objectives related to supporting a SPR, ensuring adherence to key standards, and sustaining these efforts.
2. **Experience:** The state has been engaged in a statewide model for more than three years.
3. **Engagement:** At least 20 percent of law enforcement agencies in the state are part of the initiative.

Taken together, the selected sites demonstrate the range of ways a statewide effort can be organized—from which agency takes the lead to how the staffing, funding, and resource allocation decisions are made. These variations illustrate that there is not a single path to success; rather, implementation strategies vary based on a state’s strengths, weaknesses, and distinct characteristics.

5. The selection of Connecticut, Ohio, and Utah should not suggest that their work is superior to the work being done in any other state, nor do these states represent the only three ways to coordinate a statewide effort.

6. Project staff reached out to representatives from the National Alliance for Mental Illness (NAMI), CIT International, and the GAINS Center to inquire about other states engaged in coordinating these efforts at the state level. States identified as developing these efforts included Colorado, Connecticut, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, North Carolina, Ohio, Texas, Utah, and Virginia.

Following the state selection, CSG Justice Center staff conducted detailed interviews with representatives of each state to gather up-to-date information. The project team conducted site visits in Connecticut, Ohio, and Utah to inventory how they structured their efforts to encourage, monitor, and sustain local SPR programs within their state.

Each site visit included interviews with leaders, managers, and line-level staff from law enforcement and mental health agencies, as well as mental health advocates and consumers. The purpose was to learn about the statewide effort's activities, strengths, and weaknesses; the obstacles state personnel faced; and the solutions they found. Through this process, project staff extracted recommendations for other states wishing to replicate an approach or improve on their own models.

About This Report

The report is divided into two main sections: (1) the structure of statewide efforts and (2) the objectives of these efforts. The first section discusses the types of organizations that lead statewide coordination, strategies for how these lead organizations staff and fund their work, and critical partner organizations. The second section highlights the range of activities states have undertaken to further their objectives: supporting the development of local law enforcement/mental health programs, encouraging these local efforts' adherence to SPR core principles, and helping local communities to sustain their SPR programs. Throughout these sections, the report illustrates the advantages of statewide coordination in promoting comprehensive and effective SPRs.

Although this document focuses on three states, it includes program examples from five other states with established initiatives: Colorado, Florida, Georgia, Illinois, and Maine. Profiles for all eight states are included in Appendix B. The descriptions and examples in this report are intended to offer policymakers, practitioners, and others interested in planning or enhancing a statewide initiative a starting point for exploring their own efforts. However, this report is not meant as a detailed "how-to" guide. The examples described are not endorsed as "best practices" and have not been validated through empirical research studies. They are meant only to reflect the range of approaches found across the nation. One of the most salient lessons project staff learned is that there is not a single or best path to success. Leadership for these efforts may come from law enforcement or mental health agencies, advocacy groups, legislatures, or some combination—and this leadership may occur at the state or local level. Despite the range of approaches described here, a consistent factor for success has been the impact of dedicated personnel who have thoughtfully developed and amended the structure of their outreach and support to fit the needs of the communities in their state.

Statewide efforts have the potential to transform the way SPR programs proliferate and succeed in this country. One of the essential principles revealed by the examples featured in this report is that effective statewide approaches focus on program quality and sustainability, rather than simply the number of programs within their borders.

Related Resources

This report is the fourth in a series that addresses how law enforcement professionals respond to people with mental illnesses. The CSG Justice Center, in partnership with the Police Executive Research Forum and with support from BJA, developed the series to create a collection of resources for law enforcement practitioners and their community partners.⁷ The centerpiece of the *Improving Responses to People with Mental Illnesses* written suite of materials is the publication titled *The Essential Elements of a Law Enforcement-Based Program*. These ten essential elements provide a foundation for investigating the structure and objectives of the statewide efforts described in this report, particularly as they relate to collaboration, program design, training, and availability of mental health services.

The other complementary documents in the series also expand on particular aspects of the essential elements publication: *Strategies for Effective Law Enforcement Training* and *Tailoring Law Enforcement Initiatives to Individual Jurisdictions*. Additional resources include Web-based information on statewide law enforcement responses and entries in the online Criminal Justice/Mental Health Local Programs Database.⁸

7. The project and publication were completed as part of BJA's Law Enforcement/Mental Health Partnership Program. The resources are available for free download at the Justice Center's Consensus Project web site (http://consensusproject.org/issue_areas/law-enforcement).

8. The Criminal Justice / Mental Health Local Programs Database (formerly called InfoNet) was created to foster peer-to-peer learning among agencies across the country. It operates as an interactive online database that includes contact information to facilitate information sharing, as well as easily searchable fields on key topics. This project is ongoing, with regular updates of related media and new program examples. The program database is available at http://consensusproject.org/programs_start and can be searched for information on other programs or accessed to create a new program profile.

The Structure of Statewide Efforts

A statewide effort typically begins when an organization or other entity—either public or private, and often nonprofit—determines there is both an interest in implementing SPRs throughout the state and a need to support local jurisdictions interested in implementing these programs. Although a single organization takes the lead in establishing the statewide effort, that lead agency works closely with advocates and with mental health and law enforcement agency professionals. In this way, the state-level structure mirrors the collaboration among these three primary groups of stakeholders needed for all effective SPR programs.

Statewide efforts have three consistent features that are discussed below: (1) a lead agency or organization that operates at the state level, (2) assigned staff and dedicated resources, and (3) strong state-level partnerships with other entities.

Lead Agency Type

The lead agency of statewide efforts to promote SPRs tends to be either a nonprofit advocacy organization or a public mental health or law enforcement agency. As Table 1 indicates, the featured states’ efforts are led by organizations that represent each of these three categories: The Connecticut effort is led by the Connecticut Alliance to Benefit Law Enforcement (CABLE), which is an advocacy group. Ohio’s work is led by the state’s Criminal Justice Coordinating Center of Excellence (CJ/CCOE), which was established through a grant from the state mental health department. Utah’s initiative is managed by the municipal police department in Salt Lake City. This section highlights how the choice of lead agency can affect the types of benefits and obstacles a statewide initiative might experience.

Table 1. Lead Agencies/Organizations for the Three Statewide Efforts Studied

	CONNECTICUT	OHIO	UTAH
Lead Agency or Organization	Connecticut Alliance to Benefit Law Enforcement	Criminal Justice Coordinating Center of Excellence	Salt Lake City Police Department
Type of Agency or Organization	Advocacy	Mental Health	Law Enforcement

Advocacy Agency as Lead

CABLE was formed by a mental health clinician in response to a tragedy involving a law enforcement officer who had to use force against the clinician's family member. In an effort to reduce the likelihood that such tragedies would happen again, the organization researched and collected information on law enforcement best practices in responding to people with mental illnesses. In 2000, the New London Police Department became the first agency in Connecticut to implement CIT. In 2002, CABLE began working directly with the New London captain who coordinated his department's CIT. The captain's feedback and experiences inspired CABLE leaders to make specialized responses a priority statewide. After researching a number of first-responder models, CABLE decided to promote CIT throughout Connecticut.

When an advocacy organization takes the lead, consumers and their needs generally receive primary attention. In many communities around the nation, local advocacy groups have been instrumental in instituting a SPR program. However, advocacy groups, which are outside of the government structure that provides services to this population, may have limited access and leverage over these services—particularly policing services. To overcome this potential limitation, advocacy groups should become well-versed in law enforcement policies and practices and collaborate closely with motivated individuals within police departments. This can be achieved by inviting law enforcement professionals to join the organization either in an official capacity (for example, serving on the board of directors) or informally as advisors.

In Connecticut, for example, the New London police captain joined CABLE. He was elected President of the Board of Directors and became the “champion” and lead instructor for CIT training within the state. CABLE's executive director, a civilian, was intimately connected to law enforcement work through her previous efforts with a public safety “employee assistance provider” within the state for several years. In addition, she went on “ride-alongs” with officers and also joined a citizen police academy to learn more about policing work and spoke with numerous law enforcement professionals and trainers regarding officer safety and use of force issues.

SPOTLIGHT

Connecticut Alliance to Benefit Law Enforcement (CABLE)

CABLE is a grassroots not-for-profit research and training collaborative whose stated mission is to serve as an interdisciplinary resource and catalyst for law enforcement and community collaboration, support, and education. The collaborative consists of law enforcement and mental health professionals, families and consumers living with mental illness, and institutions of higher learning. Early work focused on collecting information on “suicide-by-cop” incidents, post-trauma treatment for officers, and other policy issues.

For more information, visit the CABLE website at www.cableweb.org.

Advocacy groups can also focus their lobbying activities on allocating funding for specialized police-based programs. CABLE’s interdisciplinary alliance enables them to work with police agencies, the National Alliance on Mental Illness (NAMI)-Connecticut, and others to advocate for CIT expansion.

Mental Health Agency as Lead

In 1998, the Ohio Department of Mental Health (ODMH) identified CIT as a promising program and became committed to its promotion through expert guidance and technical assistance. ODMH leaders started out by consulting with experts from the Memphis Police Department and officials from the Akron and Toledo police departments, which had successfully replicated the Memphis CIT model. ODMH also contracted with the Akron-based Summit County Alcohol Drug Addiction and Mental Health (ADAMH) Services Board before developing Ohio’s Criminal Justice Coordinating Center of Excellence (CJ/CCOE).

The Ohio center’s mission is to promote the “sequential intercept model,” which encourages law enforcement and other service providers to link individuals with mental illnesses to treatment and supports, when appropriate, in order to prevent their further criminal justice system involvement.⁹ Since its founding, CJ/CCOE has led the state’s efforts to foster criminal justice/mental health collaborations, not just for policing agencies but also for organizations across the criminal justice continuum, from law enforcement to courts and corrections.

In general, statewide coordination through a mental health organization allows staff to use their in-depth knowledge of the mental health system and available resources. The

SPOTLIGHT

Ohio’s Coordinating Centers of Excellence

Ohio’s Coordinating Centers of Excellence (CCOEs) were established by the Ohio Department of Mental Health (ODMH) to promote the implementation of evidence-based and clinical best practices that address critical needs of adults and children affected by serious mental illnesses. ODMH supports each of Ohio’s seven CCOEs, which are composed of a unique mix of collaborative partners, including universities, consumer- and family-advocacy groups, research entities, service-provider organizations, and local mental health boards. The CCOEs’ primary audience is agency-based mental health practitioners. These professionals also work with other systems of care, such as substance abuse, criminal justice, education, rehabilitation services, and developmental disabilities. Each CCOE promotes a specific practice through training, consultation, fidelity assessment, and/or outcomes evaluation.

For more information, visit the ODMH website at <http://mentalhealth.ohio.gov>.

9. Developed by Dr. Mark R. Munetz and Dr. Patricia A. Griffin, the Sequential Intercept Model provides a conceptual framework for communities to organize targeted strategies for justice-involved individuals with serious mental illnesses. Within the criminal justice system, there are numerous “intercept points,” or potential opportunities for linking the individual to services and for preventing him or her from further penetrating the criminal justice system. Mark Munetz and Patricia Griffin. “Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness,” *Psychiatric Services*, 57(4), 544–549 (2006).

state-level mental health authority also may have influence over distribution of funds throughout the state and over the types of services delivered. Further, a mental health authority can encourage collaboration between local mental healthcare providers and law enforcement—an important advantage, since the success of these specialized programs depends on availability of funding streams and on a wide range of mental health treatment options. And although state mental health authorities are limited in their influence, they can also sometimes sway private providers and marshal their support. SPR programs are, by definition, law enforcement-based, so any mental health organization leading such a statewide effort needs to emphasize its commitment to working collaboratively.

Still, challenges remain: State mental health authorities often are limited by competing demands for scarce resources, especially as budgets are slashed. Some state departments of mental health may feel too stretched to maintain a central role in such a criminal justice collaboration.

Law Enforcement Agency as Lead

The Salt Lake City Police Department (SLCPD) serves as the lead administrative agency for Utah's statewide CIT Program. Department leaders first organized a mental health advisory committee in 2000 to review promising SPRs from across the country and agreed that the Memphis CIT model was the best fit for their jurisdiction.

SLCPD conducted its first CIT Academy in April 2001 and invited officers from nearby agencies. From the outset, the SLCPD sought to identify a model that could be implemented statewide and later worked to establish “regional academies” across Utah.

SPOTLIGHT

The Salt Lake City Police Department (SLCPD)

With a population of approximately 186,000 as of 2010 (300,000 live in the metropolitan area overall), Salt Lake City is Utah's capital and most populous city. SLCPD is the largest municipal police department in the state, with 391 sworn officers and 193 civilian employees.

According to its mission statement, SLCPD aims to work with its citizens to preserve life, maintain human rights, protect property, and promote individual responsibility and community commitment.

The department's philosophy is that the community and police must work together to solve crime and resolve public safety problems. Citizens, the police department, other agencies, and city government must be willing to become involved, take initiative, and cooperate to help make the city more enjoyable and safer for all. Community policing is at the heart of this objective.

In January 2011, SLCPD was chosen as one of six law enforcement agencies to serve as a Law Enforcement/Mental Health Learning Site by the CSG Justice Center, with support from a team of national experts and BJA.

For more information on this and other sites (including learning sites in Maine and Florida), visit <http://consensusproject.org/learningsites>. Additional information about SLCPD can be found at www.slcpd.com.

An advantage to anchoring a statewide effort in a law enforcement agency, as Utah does, is that police professionals are skilled at persuading colleagues in other public agencies to develop and implement a SPR. Increasingly, law enforcement officers throughout the country are the primary responders to calls for service that involve people with mental illnesses—and they often perform this service without needed supports, resources, or specialized training. Although public agencies have the most to gain from implementing SPRs, many do not recognize the benefits. They also may be unwilling to make needed changes, particularly when their priorities are focused on staffing during times of serious cutbacks. Law enforcement officials who have experienced positive outcomes, however, have the credibility to convince others to implement these programs.

In Utah, program planners at the Salt Lake City Police Department said the major challenge they faced arose from resistance to a single local law enforcement agency trying to coordinate CIT programs statewide. Utah has no centralized state-level agency with jurisdiction over all of its law enforcement agencies.¹⁰ To act in this role, the SLCPD had to establish itself as a leading agency and garner the respect of colleagues in their state.

SPOTLIGHT

Law Enforcement Agencies as Leaders of Statewide Efforts

Utah is not the only state in which a law enforcement agency leads a statewide effort to support SPR program development in local agencies. Other states include the following:

Colorado—The Colorado Regional Community Policing Institute (CRCPI) was established in 1997 with a grant from the U.S. Department of Justice's Office of Community Oriented Policing Services (COPS). CRCPI's aim has been to promote collaboration between Colorado law enforcement agencies and community groups. (Funding support in 2010 came from BJA's Edward Byrne Memorial Justice Assistance Grant Program.) The Colorado Department of Public Safety's Division of Criminal Justice (DCJ) oversees the CRCPI, which is charged with providing CIT training to agencies across the state in line with recommendations from a task force commissioned by the state legislature.

Georgia—The Georgia Bureau of Investigation (GBI) is a statewide agency that provides assistance to the state's criminal justice system agencies in the areas of criminal investigations, forensic laboratory services, and computerized criminal justice information. According to GBI's CIT program administrator, the director's unique leadership and commitment to this issue is the guiding force behind the agency's commitment to improving responses to people with mental illnesses.

Illinois—The Illinois Law Enforcement Training and Standards Board (ILETSB) is an independent state agency that oversees pre-service, in-service, and executive institute training for all municipal law enforcement officers in the state. ILETSB oversees five training academies for recruits and operates 16 mobile training units that provide in-service training. ILETSB is charged with providing CIT training to agencies throughout the state, in compliance with a public safety act passed by the state general assembly.

10. Many states have police organizations at the state level, including police chief associations and Police Officer Standards and Training (POST) Councils. However, despite the fact that these are statewide groups, they have not typically coordinated this type of statewide effort, due in part to limited resources and authority.

That role could not have been established without the support of SLCPD’s executives. Any law enforcement agency committed to taking a leadership role will face the same challenges of ensuring consistent and strong internal support and then enlisting other agencies to follow suit. If the department’s leadership changes or chooses to shift resources to another priority area, the program’s strength could diminish.

A law enforcement-led initiative can also find leveraging mental health resources a challenge when a local mental health center does not want to commit staff time to conducting training academies or other efforts. This challenge has been overcome in Utah through the strength of the partnership with the state’s mental health authority, the Division of Substance Abuse and Mental Health. In cases where local mental health authorities in Utah might be reluctant to dedicate resources, that division can help the center understand the benefit of working with law enforcement agencies to build local CIT programs.

Staffing and Resources

Typically, a statewide effort is planned or developed by volunteers or staff tasked by the originating organization. As the initiative evolves, coordinators find it important to dedicate one or more staff members to manage the effort and obtain funding to support program activities.

Program Staffing

Managing and coordinating a statewide effort to support local SPR program development requires tremendous commitment. In each of the three states studied, a dedicated position (or several positions) was created to act as the point of contact to coordinate activities among agencies. Whether this contact is a single person or involves several staff people working together within an agency, a coordinator can help ensure that every law enforcement agency in the state can obtain assistance.

Table 2. Personnel and Funding for the Three States Studied

	CONNECTICUT	OHIO	UTAH
Program Staffing	Executive Director of CABLE (part-time position)	Law Enforcement Liaison, with one full-time and three part-time staff members, and a Mental Health Consultant	Two SLCPD detectives assigned to coordinate statewide effort
Program Funding	Federal grants and funding identified through the legislature	Annual grants from ODMH and NAMI funding from the Office of Criminal Justice Services and from the Ohio Attorney General's Office	Federal grants and state funding

In Connecticut, the executive director of CABLE founded the organization as a volunteer, but became paid as a part-time staff person through the organization's operating budget. CABLE's board of directors assists her in managing and coordinating the initiative. The board's president is a retired captain from the New London Police Department and an inspector from the Office of the Chief State's Attorney. Additional board members include a retired state trooper, a licensed clinical social worker, a lieutenant from the Waterford Police Department, a sergeant from the State Police, a psychologist, a former president of NAMI-Connecticut and a person in recovery who is a client's rights advocate.

In Ohio, the CJ/CCOE's efforts to promote CIT are primarily led by three individuals. The first is the organization's law enforcement liaison, a retired lieutenant from the Akron Police Department (APD), who used to coordinate APD training and implemented the department's CIT program. The other two are the associate director at NAMI-Ohio and the CJ/CCOE coordinator. The law enforcement liaison works part-time for CJ/CCOE to help communities around Ohio plan, implement, and maintain CIT programs and training. He manages Ohio's initiative and is the group's point of contact for other organizations working in this area. In addition to the law enforcement liaison, the CJ/CCOE provides in-house support: It has four part-time staff members, some of whom help support the effort to promote CIT in local agencies. The clinical director, who also serves as the chief clinical officer of the Summit County ADAMH Board and is a professor of psychiatry at Northeast Ohio Medical University (NEOMED), participates in the initiative and helps develop written materials. The director of research, a sociology professor at NEOMED, supervises a study that examines outcome data from the Akron Police Department. Other CJ/CCOE staff members focus primarily on other projects, but provide as-needed support to the CIT statewide endeavor.

In Utah, two SLCPD detectives oversee the department's efforts to support SPRs in other area agencies. The detectives serve as the program director and coordinator for the statewide effort. Together, they host the SLCPD's CIT Training Academy, assist with regional academies, and help support departments incubating new CIT programs. The SLCPD detectives work with regional program coordinators around the state, who in turn promote CIT within their areas.

Terminology Used to Describe Program Staff

Throughout this document, staff for these statewide efforts is generally referred to both as "state-level coordinators" and "state-level planners." These two terms are used interchangeably because the people who planned the effort were also generally the people who continue to coordinate the initiative. When a specific staff member is referred to within an example, the authors use his or her title at the time of publication.

Resources

Not surprisingly, staff involved in law enforcement/mental health collaborations often describe identifying funding support as a major challenge to launching or sustaining a program. Financial support for program activities (such as training or outreach) and staff compensation often come from a variety of sources. Some local and state advocacy organizations may provide scholarships to support officers attending specialized training. In other instances, jurisdictions have successfully applied for federal grants to support this work.¹¹ In addition to federal dollars, jurisdictions can apply for funds to support their efforts through private foundations and state-sponsored grants. Staff salaries may be paid from an affiliated agency's payroll, but this requires a strong commitment from the agency's leadership. These programs are supported by a patchwork of state and federal grants, as well as contributions of funds and in-kind services from private, not-for-profit organizations such as NAMI. Regardless of the source, representatives from each of the states agreed that funding support must be secured early on and continuously tended. The following examples highlight some of the largest contributions to these programs:

In Connecticut, CABLE's specialized training sessions were originally supported by a BJA Justice Assistance Grant (JAG) that was administered by the state's Department of Mental Health and Addiction Services (DMHAS). The four-year, \$1.5 million grant (with \$500,000 in state matching money) went into effect in 2004. As the recipient of the grant, DMHAS contracted with CABLE to conduct two or three 40-hour trainings across the state each year. The grant supported direct training, and provided limited funding for pre-training consultation activities with community groups, mental health providers, and law enforcement agencies.

The goal of this grant was to train a proportion of officers in five urban police departments (Hartford, Waterbury, West Haven, New London, and New Haven). It also funded a "CIT clinician" for each of these departments—a DMHAS-employed mental health professional who provided ongoing assessments to people in a mental health crisis, crisis consultation, and follow-up services; promoted ongoing collaboration with consumers, families, law enforcement, and community service providers; advocated for clients within the criminal justice system; and educated and supported law enforcement personnel.

A researcher at the University of New Haven is conducting an outcome evaluation, which also has been supported by the JAG grant. As programs spread beyond these five selected urban police agencies, DMHAS learned that one of the main barriers to training officers to respond to people with mental illnesses has been that law enforcement departments require reimbursement for officer overtime. As a means of encouraging police departments to develop a CIT policy, DMHAS now allocates overtime/backfill reimbursement funds using the state's Prison and Jail Overcrowding Commission (PJO) Fund to departments with

11. An important source of federal support for this type of program in recent years has been the Justice and Mental Health Collaboration Program (JMHC), which seeks to increase public safety through innovative cross-systems collaboration for individuals with mental illnesses or co-occurring mental health and substance abuse disorders who come into contact with the justice system. This grant program is administered by BJA and is authorized by the Mentally Ill Offender Treatment and Crime Reduction Act of 2004 (MIOTCRA) (Pub. L. 108-414) and the Mentally Ill Offender Treatment and Crime Reduction Reauthorization and Improvement Act of 2008 (Pub. L. 110-416). For more information about JMHC, see www.bja.gov/ProgramDetails.aspx?Program_ID=66. For more information on MIOTCRA, see <http://consensusproject.org/legislation>.

approved CIT policies in place. DMHAS also provides funding to NAMI-Connecticut to assist CABLE in providing some logistical support for the training, to build capacity and support for the civilian/police mental health partnerships, and to educate NAMI members and affiliates about CIT.

In Ohio, the state mental health authority funds most of CJ/CCOE's activities, including some portion of the law enforcement liaison's salary and discrete research activities. The Ohio Office of Criminal Justice Services provides additional financial support for evaluation research. It also provides funding to NAMI-Ohio to host outreach luncheons in various counties, supply materials for trainings, coordinate an annual CIT award banquet, and support meetings of local CIT coordinators from across the state.

In Utah, SLCPD's promotion of CIT around the state is supported primarily through two grants:

1. From 2006 to 2010, the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services, indirectly funded SLCPD through a Mental Health Block Grant. This \$75,000 grant supported CIT training throughout the state and overtime costs of the CIT program director and program coordinator. The regional and agency coordinators, as well as mental health providers, are all paid by their local agencies as part of their routine duties.
2. From 2001 to 2010, SLCPD also received a \$25,000 Interagency Outreach Training Initiative (IOTI) annual grant, which helped fund officer education.¹² Administered by the Center for Persons with Disabilities at Utah State University, the IOTI grant program was established by the state legislature in 1995; it supports training that is not already provided within the state, promotes coordinated training across agencies, and supports innovative training initiatives. SLCPD's regional training academies also receive funds from the IOTI grant to cover operating costs, such as training materials and non-salary overhead.

State-Level Partners

The coordinators in all three featured states credited a broad set of alliances as critical to their success. Their experiences demonstrate that criminal justice and mental health agencies at the state level must model and encourage effective collaborations for local agencies. No matter which type of agency takes the lead—a law enforcement agency, local or state mental health agency, or nonprofit advocacy organization—that agency or organization must develop relationships with representatives from the other disciplines who can facilitate work across the state and provide resources to support the effort.

In Connecticut, NAMI members (at both the state and local levels) have contributed to CABLE's work by providing family and consumer perspectives for CIT training, educating the community about CIT, and linking local mental health service providers to their police partners. CABLE collaborates with Central Connecticut University's Institute for Municipal and Regional Policy to obtain technical and logistical support. For example, the university

12. For more information about IOTI grants, see www.cpdusu.org/about/ioti/.

has lent its facilities for statewide trainings, including CABLE’s annual CIT refresher symposium. Connecticut’s DMHAS also has funded the University of New Haven to collect data for evaluation research.

The CJ/CCOE in Ohio has benefited from close partnerships with the Ohio Supreme Court’s Advisory Committee on Mental Illness and the Courts (ACMIC, now the Ohio Attorney General’s Task Force on Criminal Justice and Mental Illness). The state supreme court justice who founded ACMIC also has been a strong proponent of criminal justice/ mental health collaborations, specifically SPRs. CJ/CCOE’s law enforcement liaison, full-time coordinator, and clinical director, as well as the mental health department’s project manager and NAMI-Ohio’s associate executive director, all serve on a task force subcommittee to improve outcomes for people with mental illnesses at risk for criminal justice involvement. Similarly, CJ/CCOE has worked with the Ohio Attorney General’s Office to develop and improve SPRs. Representatives from the Attorney General’s Ohio Peace Officers Training Academy have participated in the biannual CIT coordinator’s meetings and serve on the statewide collaboration team. Additionally, the Attorney General’s Office consulted with CJ/CCOE to enhance the mental health awareness training components offered in their basic and advanced training classes for peace officers. More recently, the Attorney General’s Office has contributed financially to NAMI-Ohio to support mini-grants to local CIT programs to offset training expenses. These mini-grants have been instrumental in sustaining CIT programs during difficult economic times.

Table 3. Partner Agencies for Helping to Improve Law Enforcement Encounters Involving People with Mental Illnesses

	CONNECTICUT (ADVOCACY-LED)	OHIO (MENTAL HEALTH-LED)	UTAH (LAW ENFORCEMENT-LED)
State-Level Partner Agencies	Central Connecticut State University Yale University Spector Criminal Justice Training Network NAMI-Connecticut Connecticut Department of Mental Health & Addiction Services Connecticut Office of the Chief State’s Attorney Connecticut State Police	Ohio Department of Mental Health, Office of Forensic Services NAMI-Ohio Ohio Attorney General’s Task Force on Criminal Justice and Mental Illness (formerly Ohio Supreme Court’s Advisory Committee on Mental Illness and the Courts (ACMIC), co-chaired by the Supreme Court of Ohio Ohio Office of Criminal Justice Services Ohio Attorney General’s Office Ohio Board of Regents	Utah Department of Human Services, Division of Substance Abuse and Mental Health NAMI-Utah Utah Department of Veterans’ Affairs Local Mental Health Authorities

As with the other two states, advocacy groups helped develop and sustain the Ohio effort. Since 2003, NAMI-Ohio has received a grant from the Ohio Office of Criminal Justice Services to generate interest in CIT and establish local planning capacity throughout the state. After receiving these funds, the CJ/CCOE and NAMI-Ohio developed a collaborative strategy to leverage resources and avoid duplication of efforts. The CJ/CCOE also has presented at the Buckeye Sheriffs' Association statewide meetings.

Around the same time that SLCPD was exploring specialized response models in the early 2000s, the Utah Department of Human Services Division of Substance Abuse and Mental Health (DSAMH), which oversees all mental health authorities across the state, identified specialized training for officers' responding to people with mental illnesses as a high priority. DSAMH continues to support efforts to train law enforcement officers from around the state. This contribution helps smaller departments overcome the logistical difficulties of coordinating specialized training.

NAMI-Utah plays a significant role in supporting the statewide initiative by providing strategies and tools to help affiliates appeal to criminal justice and mental health leaders in their communities to use the SLCPD's training and program support services. For example, NAMI-Utah has organized luncheons and invited SLCPD staff to promote CIT to local leaders.

“We are able to capitalize on the 'combined voice' of our strong collaboration by promoting the program through the media and serving on many planning committees related to criminal justice/mental health issues together.”

—DET. LIANE FREDERICK
Salt Lake City Police Department

The Objectives of Statewide Efforts

Leaders of the initiatives in Connecticut, Ohio, and Utah explained that their mission is to bring SPR programs to every community in their state. Given the amount of law enforcement turnover and change at the local level, Connecticut leaders believe their advocacy work will never be finished. In Ohio, program leaders confirmed that saturating that state with SPR programs requires constant training, as new officers continuously enter the police agencies. Similarly, in Utah, the goal of sustaining CIT programs in all jurisdictions throughout the state is necessary because the need to better respond to people with mental illnesses will not diminish.

To achieve their mission to spread SPR programs, the states listed three primary objectives: support local SPR programs as they develop, encourage programs to adhere to best practices, and sustain efforts statewide. This section explores the wide range of activities that leaders and staff have initiated to reach these objectives.

Supporting Local Agencies to Develop a SPR

In Connecticut, Ohio, and Utah, coordinators spend a great deal of time recruiting and engaging new jurisdictions to participate in the statewide effort. While some jurisdictions are new to the idea of SPR programs, others in the state already may have started developing programs independent of the statewide effort. Below are descriptions of strategies that statewide coordinators use to enlist new jurisdictions, involve those with existing programs, and organize regional approaches when needed.

Recruiting New Jurisdictions

State-level program coordinators interviewed revealed two overall strategies they use to recruit new jurisdictions to participate in their initiatives' training and support activities: regional and centralized. The delineation between the two can become blurred, particularly in rural areas or those with many small police departments. For example, although the CIT programs in Waterbury and Stamford (CT) were intended to remain separate from those in other communities, the Waterbury/Stamford clinicians were familiar with the "catchment area" concept (geographic boundaries used for mental health service delivery) and requested approval to do outreach in other towns in that area. In Ohio, meanwhile, the statewide effort maintains a centralized approach to recruiting new jurisdictions to the initiative, but individual sites may informally do their own outreach. For example, CIT coordinators in Columbus often provide information about their efforts on request, such as making a

presentation to a neighboring jurisdiction new to the CIT concept.¹³

Whether the recruitment structure is regionalized, centralized, or a combination of the two, coordinators in each of the three states require that agencies or regions participating in the statewide trainings or support activities have some form of a local SPR coordinator. In Ohio, each jurisdiction is requested to select a coordinator from both the local mental health and law enforcement agencies. In Connecticut, each CIT department appoints a sworn representative who acts as the liaison with CABLE staff and their local mental health partners. The program

“When statewide program leaders advertise a color-coded map of counties with specially trained officers by percentages, it really gets the attention of law enforcement officials and other community members and organizations—especially those that have far fewer [officers] than neighboring counties.”

—LT. MICHAEL WOODY (RET.)

Akron Police Department, Law Enforcement Liaison for the Ohio Criminal Justice Coordinating Center of Excellence, and President of CIT International

General Recruitment Strategies

Regionalized Coordination

In a regionalized coordination approach, state organizers recruit a primary agency in a catchment area or county, then work closely with community partners from law enforcement and mental health and advocacy agencies/groups to get a SPR program up and running. Organizers next identify a regional SPR coordinator who is responsible for recruiting other communities within the area. For example, in Utah, the SLCPD promotes CIT in police departments throughout the state, using existing mental health catchment areas as an organizing framework. The CIT program director recruits professionals in new catchment areas, often in the course of responding to a request from a local advocate, by meeting with stakeholders in the region and presenting information on CIT. The program director then helps put together a CIT Academy in that catchment area. This approach works particularly well in Utah because the single mental health service provider serving the catchment area ensures consistency in the rules and protocols throughout that area as to how mental health professionals practice and interact with law enforcement.

Centralized Coordination

In a centralized approach, coordinators organize recruitment of all communities across the state. Although training may be regionalized, the state-level organization remains the main access point for recruitment and training. In this strategy, state coordinators begin by recruiting agencies they know are willing to be or already involved in a SPR program, then build on those successes. For example, in Connecticut, after the successful implementation of CIT in New London, additional jurisdictions were recruited based on connections made through that department. Agencies may also make requests to CABLE for training instead of waiting to be invited.

13. In some states, these informal actions may not always be reported to the statewide coordinator.

in Utah, in contrast, relies heavily on “regional CIT coordinators” (one from a large police agency and one from the mental health center) in that catchment area; these coordinators volunteer for the role and have credibility with their peers as to their suitability. These regional CIT coordinators are responsible for recruiting local police agencies in their individual areas and setting up their own CIT Academy (with help from other regions and the CIT program staff).

State coordinators and their emissaries engage in several strategies to recruit communities to the statewide program. They may make presentations at meetings with regional chiefs of police or university security leaders or debrief a department after a tragic incident (i.e., educate a department’s leadership about ways in which a SPR program can improve officer and civilian safety). Coordinators may also enlist the assistance of the state attorney’s office to encourage local departments’ participation, and sit on relevant committees. Ohio, for example, has a “reentry committee.” Connecticut has a Statewide Mental Health Advisory Board, within DMHAS. Utah has a state Mental Health Planning and Advisory Council and the State of Utah Mental Health Initiative committee.

NAMI-Ohio has found that providing criminal justice agency staffers with a five-hour training—consisting of three hours of mental health basics and two hours of a CIT “teaser”—has been successful in encouraging some agencies to get more involved.

Enlisting Existing Programs

In some states, initiative coordinators said they had an opportunity to parlay the successes of programs implemented independently. Professionals whose involvement preceded the statewide initiative may have been responding to a tragic incident involving a person with a mental illness, to a push from someone inside the agency, or to local citizens advocating for a SPR in their community. Some of these early programs may have been intimately involved in the development of the statewide effort—even helping to select the type of SPR model the initiative would promote. For instance, in Connecticut, the New London Police Department was closely involved in statewide expansion efforts for CIT.

In other cases, however, coordinators have faced resistance when trying to engage these existing programs under the initiative’s umbrella. For example, in Ohio, some pre-existing programs had a fundamental disagreement about whether a single model (e.g., CIT) was appropriate, given the wide range of jurisdictional needs. Some rural communities also have struggled to replicate the Memphis CIT model because resources

“Once a police chief serves as spokesperson of a program, that program can move like a wave and be implemented broadly.”

—PAUL TURNER, PH.D.

Connecticut Department of Mental Health and Addiction Services

“From an administrator’s perspective, every officer should be as professional and well-trained as they can be. After receiving training, individual officers can then determine if they desire the specific designation of ‘CIT Officer.’ Even if they choose otherwise, their preparation still increases the professionalism of our department.”

—CHIEF CHRIS BURBANK

Salt Lake City Police Department

Convincing Jurisdictions to Participate in a Statewide Effort

Not all agency leaders—from either law enforcement or mental health—who are approached to start a SPR as part of the statewide initiative are willing or able to participate. Reasons for their reluctance may include denial that a problem exists in their community, an inability to spare officers for the training, or a misconception of what constitutes a SPR program (e.g., the connotation associated with “team” in “crisis intervention team”). Statewide coordinators may be contacting communities to begin a program even though they have not experienced a crisis situation. In the absence of any crisis, catalyzing communities to start a SPR program can be particularly challenging.

The statewide outreach efforts described in this guide are designed to address these concerns and persuade communities to start a SPR program, highlighting the benefits and addressing potential concerns. Some of the persuasive arguments the state coordinators and stakeholders use to recruit jurisdictions are listed below.

- **Costs are minimal.** From an administrator’s perspective, whether or not to implement a SPR program likely involves a cost/benefit analysis. Statewide coordinators make the case that costs to the law enforcement agency in starting a SPR program are minimal. This is because, in many cases, trained officers maintain their regular patrol responsibilities, and some states have even developed mechanisms to reimburse departments for overtime costs associated with sending officers to training.
- **SPR programs provide officers with tools to enhance safety.** Law enforcement leaders may be persuaded to implement a SPR program when they become aware that it provides officers with de-escalation skills that can help safely resolve incidents with the potential for violence.
- **SPR programs reduce potential department liability.** SPR programs are becoming nationally recognized as a standard practice in policing. In a situation involving an officer shooting, the police department may be at greater risk of incurring liability if it does not provide its officers with de-escalation training and access to appropriate alternatives for people in crisis.
- **Statewide efforts create a broad network of law enforcement agencies.** By participating in the statewide effort, individual departments join a network of agencies that share information about addressing common issues related to serving and responding to people with mental illnesses.
- **SPR programs provide the collaboration necessary to solve shared problems.** Partnerships between law enforcement and mental health agencies have many benefits for jurisdictions. In addition to making officers more aware of community-based resources, partnerships enhance the working relationship between officers and mental health clinicians.
- **Statewide efforts allow for program flexibility.** Although the goal may be program proliferation of a particular model, many leaders interviewed commented that initiatives can be flexible. Such flexibility accommodates differences among jurisdictions within a state regarding transportation protocols, training curricula, and other elements of a specialized policing response.
- **SPR programs devote attention to long-term solutions over immediate fixes.** Police routinely encounter the same people with mental illness time and time again, a scenario that suggests these individuals are not getting the help they need. When a law enforcement agency participates in a SPR program, its officers have greater access to a range of effective alternatives for addressing the behaviors that draw law enforcement attention. Using these alternatives may result in fewer calls for service involving this population in the long run.

*For related research that supports the arguments that law enforcement-based specialized responses can improve officer safety, increase access to mental health services, decrease the frequency of criminal justice encounters, and reduce certain costs to policing agencies, see *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice* (Reuland, Schwarzfeld, and Draper, New York: CSG Justice Center, 2009), available at http://consensusproject.org/jc_publications/law-enforcement-responses-to-people-with-mental-illnesses.

in small or rural communities are so disparate.¹⁴ To address these divergent views, program representatives suggested that statewide coordinators maintain some flexibility in their approaches and acknowledge the work communities have done prior to the statewide effort.¹⁵

Coordinating Efforts of Smaller Jurisdictions

Statewide efforts have the potential to bring together neighboring jurisdictions, which can help police departments, especially small ones, improve their collaboration with mental health agencies. Many states' departments of mental health have clearly delineated their catchment areas for providing services; such areas provide a convenient organizing structure for coordination among regional agencies.

Smaller jurisdictions accrue substantial benefits by participating in statewide SPR programs. In Utah, for example, the state-level coordinators develop regional training academies and invite all agencies within that area to participate. Smaller departments thus gain access to the type of specialized training program they would be unable to create on their own. In addition to access to specialized training, statewide efforts sometimes connect small jurisdictions to larger neighboring jurisdictions that can result in cross-jurisdictional response protocols and shared community resources. For example, in Connecticut, smaller agencies that participate in the statewide effort can link with the mental health CIT clinicians from nearby agencies and learn about mental health resources they may not have known were available to them (e.g., Emergency Mobile Psychiatric Services for children, which are available everywhere in the state by calling 211).

“The statewide approach enables individual jurisdictions to benefit from the trial and error of other catchment areas.”

—JED BURTON

Clinical Director, Weber Human Services, Utah

Encouraging Local Agencies to Adhere to Key SPR Elements

Maintaining quality standards is a critical focus of statewide efforts to ensure that newly initiated SPR programs are implemented effectively and comprehensively. State coordinators have identified important program elements that jurisdictions can strive for, and have developed mechanisms to promote compliance.

“It doesn't take a lot of money to fund this type of program—it takes buy-in and support from partner agencies by donating the staff [and] blending the resources, which results in minimal funding commitment from any single agency.”

—SHERRI WITTWER

Executive Director, NAMI-Utah

14. The Memphis CIT model includes 40 hours of specialized training for a self-selected cadre of officers to make up 20–25 percent of the patrol force. The model also mandates a single drop-off point for mental health services, which is open 24 hours a day, seven days a week and supports a turnaround time of 15–20 minutes for officers. For more information on the essential elements of the Memphis CIT model, see the CIT International web site at www.citinternational.org.

15. To learn more about how agencies can be flexible in their implementation of a particular program model, see *Tailoring Law Enforcement Initiatives to Individual Jurisdictions*, which outlines how program coordinators can adapt the ten essential elements of a specialized law enforcement response to the distinct needs, strengths, and weaknesses of their particular community. This document includes lessons learned and recommendations for policy and practice, with specific examples from the field; it is available for free download at www.consensusproject.org/jc_publications/tailoring_le_responses.

In Ohio, for example, state coordinators developed 14 core curriculum elements that help enhance the consistency of any SPR throughout the state. In Utah, the regionalized training academies all use the same testing mechanism to ensure that participants learn the same concepts and practices. In Connecticut, a uniform curriculum is provided statewide and all law enforcement agencies are encouraged to have a CIT policy approved by the statewide coordinators in order to receive overtime/backfill reimbursement for officer training.

Although national organizations have identified essential elements for SPR programs, each of the statewide coordinators in these examples identified his or her own set of elements to encourage consistency and fidelity to promising program models across localities in the state.¹⁶

All state-level coordinators recognized that ensuring communities maintain fidelity to key program elements has to be balanced with the need to retain flexibility in meeting jurisdictions' distinctive needs and characteristics. The elements or components that any statewide leadership identifies and adheres to should allow for creativity and responsiveness in local

“This fidelity to the [SPR elements] is important because it holds jurisdictions accountable.”

—**AMANDA BROWN**

Director of Community Resource Development and CIT Co-coordinator, Tri-County Board of Recovery & Mental Health Services, Ohio

“When officers move around to different agencies within the state, and they have been CIT-trained, other agencies will often accept the CIT training received elsewhere in the state.”

—**JODI LONG**

Director of Planning & Evaluation and CIT Co-coordinator, Tri-County Board of Recovery & Mental Health Services, Ohio

CIT and Other Models

Coordinators in each of the three featured states—Connecticut, Ohio, and Utah—chose to support the development of Crisis Intervention Teams (CIT) in local agencies across their states. Representatives from each state indicated that some flexibility in the program model was allowed, based on an agency's distinct needs or circumstances, but CIT still remains the basic model type.

This trend among the featured states should not suggest that statewide efforts to promote other SPR programs could not be as effective. Coordinators of a statewide effort could choose to promote the development of co-responder teams or even support the development of any SPR, so long as the program was consistent with a few essential tenets. Ultimately, state coordinators will make decisions about the type of flexibility local jurisdictions will have at the initiative's start.

16. For example, the CSG Justice Center has developed a report called *Improving Responses to People with Mental Illnesses: The Essential Elements of a Specialized Law Enforcement-Based Program* (Schwarzfeld, Reuland, and Plotkin, New York: CSG Justice Center, 2008), available at http://consensusproject.org/jc_publications/law-enforcement-elements. Additionally, the International CIT Association has defined the essential elements of the Memphis CIT model, available at www.citinternational.org.

program design. For example, specialized training is often considered crucial, but agencies should be allowed discretion as to which individuals to train, and other decisions regarding this component. This section describes the mechanisms that Connecticut, Ohio, and Utah have used to promote three essential elements of SPR programs:

1. Collaboration at the local level
2. Training
3. Law enforcement and mental health agency response policies

These three elements were consistently identified as critical components for coordinators in each of the featured states—and parallel some of the essential elements identified by the CSG Justice Center and CIT International.

Collaboration at the Local Level

Representatives in each of the three states agreed that the first step in developing a SPR at the local level is to establish a collaboration that includes all relevant stakeholders. Each statewide effort developed a mechanism to support and encourage local collaboration.

In Connecticut, CABLE convenes a planning meeting of all relevant stakeholders in a community to develop and define the program model and provide suggestions and examples based on other departments' experiences. CABLE's director then initiates a dialogue between the law enforcement department and its local mental health authority to demonstrate how the mental health providers can assist police officers in their daily work.

“The statewide planners encourage jurisdictions to make CIT their own, and adapt the elements to fit their needs. The important thing is that we operate in the spirit of CIT/core elements.”

—MARK R. MUNETZ, M.D.
Clinical Director of the Ohio
Criminal Justice Coordinating
Center of Excellence, Ohio

SPOTLIGHT

Spotlight on a Statewide Effort in Maine

NAMI-Maine has emerged as the lead agency focused on implementing CIT across the state. Its criminal justice program coordinator attributes this status to its commitment and successful fundraising. NAMI-Maine was propelled into the issue area when its national organization adopted CIT as part of its public policy platform in 2001.

To support collaboration at the local level, NAMI-Maine helps communities form leadership groups to oversee planning and training. With law enforcement support for the training initiative, the criminal justice program coordinator then invites all licensed mental health service providers, NAMI members, consumers, and other relevant professionals in the jurisdiction to a planning meeting. Following this meeting, she asks interested individuals to participate in an ongoing committee, which serves as the CIT work group.

For more information on the NAMI-Maine CIT initiative, visit the web site at http://www.namimaine.org/criminal_justice_programs.htm.

When NAMI-Ohio learns of an agency's interest in developing a SPR program, they request that the CJ/CCOE Law Enforcement Liaison visit the community and meet with stakeholders over lunch (paid for by NAMI-Ohio). NAMI-Ohio also has a mentor system in which it matches a community interested in developing CIT with a seasoned CIT coordinator from a nearby jurisdiction for three months. The primary role of this coordinator is to help community members work together on customizing the training curriculum to their jurisdiction's needs and strengths. The coordinator also helps local stakeholders form an advisory group as a forum for collaboration.

Program planners in Utah recognized that while centralized training in Salt Lake City would be more efficient, the individual police departments across the state would miss out on the important opportunity to forge relationships with local partners. They determined that the best way to foster those relationships was to host regional training academies and invite both criminal justice and mental health system partners.

Training

The state-level coordinators in Connecticut, Ohio, and Utah use two strategies to ensure that training is conducted effectively. In the first strategy, statewide coordinators create the curriculum. In order to receive CIT instruction, officers must attend the training organized by the statewide coordinator. The second approach involves regional coordination. State coordinators can still develop the curriculum, but can organize training regionally. Some states also allow regional trainers to help develop or tailor the curriculum to meet the distinct needs and resources of the area.

In Connecticut, for example, the New London Police Department worked with CABLE to create the curriculum and CABLE coordinates the training. The CIT curriculum is centered on core content areas, such as de-escalation skills, consumer and family perspectives, psychiatric medications, mental illnesses and their symptoms, and suicide assessment/intervention. The Connecticut curriculum also has added new blocks of instruction when appropriate; these topics have included the autism spectrum, veterans' issues, and post-shooting trauma. According to Connecticut coordinators, this approach connects agencies across the state to CIT training and does not "re-create the wheel," by requiring agencies to develop their own curricula or find their own trainers. Further, the consistency of the training has allowed CABLE to obtain Connecticut's Police Officer Standards and Training

"The biggest challenge is getting the program started—there is no single leadership body in a community to make all of the administrative decisions to implement these programs."

—**CMDR. DAVID MALAWISTA**
Behavioral Services Unit,
Athens Police Department, Ohio

"To be effective and successful, the majority of the people in this sort of program must be cops, or else cops will not respect the training."

—**SGT. RON CLARK (RET.)**
Connecticut State Police, Board
Chairman of CABLE, family member
of a person with mental illness

(POST) Council certification for parts of the curriculum.¹⁷ POST certification means that officers can use the training to meet their annual in-service training requirements. CABLE also has started to offer CIT training by region to reduce the burden on officers' time spent traveling to a single location and to introduce those officers to their regional mental health partners. The regions are defined by the five DMHAS service areas, which are loosely based on county boundaries. Priority for spots in regional training is reserved for officers within that region, but empty slots can be filled by officers from other regions.

Utah uses a regionalized training academy approach similar to the one in Connecticut. State-level planners in Utah provide a set of requirements for each regional academy, specifying what topics to include and what site visits to conduct. Trainers in these regional academies are given the autonomy to make changes to suit their jurisdictions. For example, to meet a site-visit requirement, SLCPD takes trainees to the state psychiatric hospital, whereas in a community outside of Salt Lake City, they

“When we set out to create the curriculum, we left wiggle room to tailor it to particular problems. However, we are adamant about staying with the core elements.”

—CAPT. KEN EDWARDS (RET.)

New London Police Department, and
Inspector, Office of the Chief State's
Attorney, Connecticut

“We developed a training syllabus of the CIT Academy and a curriculum for each class in the SLCPD. We provide the instructors of other CIT Academies with the curriculum to edit for their use. Other CIT Academies can also develop their own curriculum.”

—DETECTIVE RON BRUNO

Salt Lake City Police Department, Utah

SPOTLIGHT

Spotlight on a Statewide Effort in Georgia

The Georgia Bureau of Investigation (GBI) developed a CIT training curriculum, with the help of NAMI-Georgia's executive board and staff from the Georgia Public Safety Training Center. Over the course of six months, GBI staff developed a 300-page curriculum that has been used in all CIT trainings since 2004. To develop the curriculum, GBI staff studied curricula used in Memphis, St. Louis, and Houston. Staff adapted modules they believed to have the greatest impact, and ensured the instruction was consistent with Georgia state law. Content experts were identified to take the lead on developing specific modules. Once a draft curriculum was developed, it was reviewed and approved by the advisory board, and pilot tested in several sites. A revised version was then approved by POST. GBI has since modified the curriculum for rural areas.

GBI works with local police departments to coordinate a 40-hour basic CIT training based on the curriculum the bureau developed. Any law enforcement officer who provides instruction for a particular module during the 40-hour CIT course is required to be a POST-certified instructor. This requirement allows officers who attend the training to receive POST credits for training hours received.

For more information about the GBI's efforts to promote CIT across the state, visit <http://gbi.georgia.gov/crisis-intervention-team>.

17. The POST Council chose not to certify modules on consumer and family member experiences, but gives credits for other segments.

attend a local outpatient facility that is their local service provider. To ensure consistency across the academies, each uses the same end-of-training examination, and all officers who have successfully completed the training are certified by the Division of Substance Abuse and Mental Health as CIT officers in the state of Utah, and awarded a pin designating their qualification.

In the regional approach, the statewide coordinator may also require jurisdictions to develop their own curricula based on a set of core elements or principles. State-level coordinators review each curriculum to ensure its comprehensiveness. In these states, individual jurisdictions often reach out to their colleagues in other agencies to review existing curricula. State-level coordinators in Ohio, for example, have chosen this approach because they believe the curriculum development process is a critical way to foster local partnerships and include important jurisdiction-specific information.¹⁸

“Not everyone can shoot 100 percent at the range, but I expect that they will follow department protocol and use deadly force in a wise and prudent manner when necessary. Not everyone should have the additional responsibility that is encumbered by becoming a CIT officer, but that doesn't mean they won't respond to encounters involving consumers in the field. They need to have the appropriate skills in order to best respond to every call for service.”

—CHIEF CHRIS BURBANK

Salt Lake City Police Department, Utah

“All CIT officers should be volunteers, but not all volunteers should be chosen. Not every officer has the right skill set to become a successful CIT officer.”

—CAPT. KEN EDWARDS (RET.)

New London Police Department, and Inspector, Office of the Chief State's Attorney, Connecticut

Training Philosophies

Agencies have different philosophies on training. Some law enforcement departments mandate that a certain percentage of the patrol staff receive specialized training. Other departments have adopted a tiered approach in which all sworn staff receives some training, and those who volunteer for more intensive interactions receive additional specialized training. Other agencies, especially those in rural communities, may provide specialized training to all department personnel. Enforcement agencies also vary in terms of whom to include in the training—whether training is exclusively for law enforcement personnel (e.g., some combination of patrol, dispatchers, special units) or whether professionals from mental health, consumer groups, and/or other criminal justice agencies are also included.

Coordinators of a statewide effort should be aware of the variation in philosophies, and work with the agency leadership to find an approach that works best for the specific jurisdiction.

For more information on training for specialized policing programs, see *Improving Responses to People with Mental Illnesses: Strategies for Effective Law Enforcement Training*, available for free download at www.consensusproject.org/jc_publications/strategies-for-effective-law-enforcement-training.

¹⁸. Coordinators of the statewide effort in Florida also require independent curriculum development for similar reasons.

Law Enforcement and Mental Health Agency Response Policies

In all of the sites visited for this project, the statewide coordinators said that someone from each local SPR has been specified as the “CIT coordinator” for that program. The responsibilities of this individual vary among states, but the intended role is the same: He or she serves as liaison between the state-level planners and the professionals representing the SPR. This local program coordinator also ensures that the law enforcement agency makes appropriate policy changes to support the SPR effort.

In Ohio, the CJ/CCOE encourages each community to have three coordinators—one from a law enforcement agency, one from a mental health agency, and one from an advocacy organization—although this is not required. Still, many agencies have trained officers but do not have a designated CIT coordinator. In some instances, a CIT coordinator from a neighboring agency may support programmatic activities.

The only significant way Connecticut’s CABLE deviates from the original Memphis CIT model is that it does not require SPRs to identify a centralized drop-off point. This is a result of the structure of Connecticut’s mental health system. DMHAS provides mental health services throughout the state based on catchment areas, each of which has its own crisis center. Each crisis center could be responsible for providing services to 12 or more towns within the catchment area, which means transportation to a single center could often be very time-consuming for the officer. To overcome the absence of a single point of access to mental health services, Connecticut communities recruit individual mental health clinicians to act as the liaison between the law enforcement officer and the mental health system. These “CIT clinicians” are paid by the state through DMHAS funds and have the authority to take custody of the person in crisis at the scene. This allows the officer to return to patrol and improves the consumer’s ability to access the mental health system. Although the state-level coordinators prefer that all police departments have a CIT clinician, not all catchment areas have that staffing capability.

To ensure that local law enforcement agencies make necessary policy changes, CABLE requires each agency to develop a CIT policy before it can receive reimbursement for its officers’ overtime (accrued during training). CABLE specifies the core elements that all agencies must include in their policies, but grants latitude in how the agency determines the specific details. In general, the policy must state that a CIT officer, if available, is directed to any call for service involving a person with a mental illness; and when CIT officers are on the scene, they are able to use all the tools available to them, including calling on partner agencies when appropriate. (See appendix A for an example of a policy.)

The local agencies in Connecticut appreciate the importance of adapting the standards CABLE has identified as best practices to what works for an individual jurisdiction. CABLE provides sample policies from a variety of departments to illustrate options that other jurisdictions have pursued. For example, small or rural agencies can add clauses to their CIT policies to address their distinct challenges in terms of staffing and available resources. CABLE then conducts a policy review to ensure it addresses core elements consistent with the Memphis CIT model.

“From CABLE’s perspective, it’s very important that a police department have a committed volunteer CIT coordinator who has the interest, authority, and responsibility to see that the CIT policy is followed.”

—LOUISE PYERS
Executive Director and Founder,
CABLE, Inc.

Sustaining Efforts Statewide

Sustaining efforts across a state requires that the coordinators provide ongoing assistance to localities as they develop, implement, and enhance SPR programs. These coordinators may also work to ensure the stability of the state-level structure itself. This section addresses what coordinators have done to assist localities in maintaining programs over time and what activities they use to provide ongoing support to SPRs throughout their state.

Providing Expertise

By participating in a statewide effort, individual departments enjoy the benefits of joining a network of agencies that share information and discuss solutions to roadblocks or problems. Ohio's CJ/CCOE, for example, organized a "Google group" to facilitate inter-jurisdictional information sharing without requiring face-to-face meetings. The CJ/CCOE in Ohio also maintains a lending library of resources.

Connections engineered through statewide efforts also have allowed jurisdictions to share resources, such as curricula and training materials. State coordinators host quarterly and/or annual meetings, as well as send newsletters and set up listservs. CABLE in Connecticut hosts an annual symposium to serve as refresher training and a networking opportunity for officers across the state. Utah pays for two CIT coordinators (one from a mental health agency, another from law enforcement) from each CIT academy to attend the National CIT Conference, where they schedule a time for coordinators throughout Utah to meet and discuss different experiences. These contacts also generate a larger forum for creative troubleshooting among jurisdictions.

SPOTLIGHT

Spotlight on Colorado's Statewide Effort

The Colorado Regional Community Policing Institute (CRCPI), which is part of the Colorado Department of Public Safety Division of Criminal Justice, has promoted SPRs by developing regional multidisciplinary committees to plan and administer specialized law enforcement training. In addition to facilitating training committee meetings and helping to develop curricula, the regional CIT manager has held "train-the-trainers" conferences in each region. These conferences have focused on adapting curricula to meet an individual jurisdiction's needs, to help identify trainers, and to master experiential techniques such as role playing.

Now that regional training centers have been implemented across the state, CRCPI no longer plays an active role in coordinating CIT statewide, but is still available as a resource to regional coordinators who need support or assistance. Colorado's plan for sustaining local SPRs emphasizes strengthening the regional training centers rather than sustaining the state-level coordination.

For more information on the CRCPI CIT initiative, visit <http://dcj.state.co.us/crcpi/CIT.html>.

In Utah, the CIT program director and coordinator further use their expertise to help localities overcome barriers to policy development. For example, the St. George law enforcement agency had difficulties in developing a drop-off policy with the local hospital because hospital personnel had asked officers not to bring guns into the facility. In that situation, the CIT program director shared the emergency drop-off protocols SLCPD had developed to help St. George develop efficient drop-off procedures that did not require officers to enter the hospital. St. George also developed better de-escalation training for hospital security staff.

Some of the contact between the state-level planners and the localities is informal, such as in Utah, where the program director regularly responds to telephone calls and e-mails from localities to address challenges or share new ideas about how to expand SPRs. The director also communicates among CIT coordinators via an e-mail listserv and on an ad hoc basis, especially following a critical incident involving a person with a mental illness somewhere in the state.

Planning for Personnel Turnover

Statewide efforts rely on those driven individuals at the state and local levels who are committed to improving how law enforcement responds to people with mental illnesses. To improve the likelihood that a state can continue its work beyond the careers of these dedicated individuals, state-level coordinators recommend engaging police chiefs, elected officials, the attorney general's office, and the advocacy community to ensure consistency over time.

Community support—including media attention and other public awareness efforts—can increase the likelihood the program will continue. Coordinators also note the importance of publicizing a SPR program's progress using social media and “word of mouth” among grassroots advocates throughout the state.

Engaging Government Officials

In 2000, Connecticut's DMHAS worked with state legislators to focus on encounters between law enforcement and people with mental illnesses. At that time, funding cuts had severely reduced contracts between mental health agencies and the departments of corrections and probation and parole. When prison overcrowding subsequently began depleting funds, the governor created a Prison and Jail Overcrowding Commission. Commissioners and leaders from DMHAS, the Department of Corrections, the Judicial Department, the Public Defender's Office, State Police, State's Attorney's Office, Board of Pardons and Paroles, and others recognized that treatment in the community could decrease the prison's population. Legislators subsequently agreed to shift a portion of the corrections budget to DMHAS with the goal of improving mental health services in the community and increasing public safety. Today this funding support fosters an environment for sustainable programs. For example,

CABLE obtains state funds from DMHAS to reimburse up to \$1,500 per officer to departments for backfill and overtime expenses incurred when officers attend trainings.¹⁹

In Ohio, program participants sent joint letters to the Board of Regents and the State Attorney General's Office to request support and funding for such efforts. The statewide coordinators have also engaged the Ohio Peace Officer Training Academy, prompting an increase, from four to 16, in the number of hours devoted to mental health training at the recruit law enforcement academy.

In Utah, the Division of Substance Abuse and Mental Health requested CIT funding from the state in the form of a block grant, which would be renewable each year for continued funding. Additionally, in 2011, the legislature and the governor passed a concurrent resolution that recognized "the positive approach and best practices of the Crisis Intervention Team Program and [encouraged] development of active crisis intervention team programs statewide."²⁰

"The Connecticut state legislature is confident that public safety won't be risked by diverting a portion of funding to community treatment."

—MIKE LAWLOR

Undersecretary, Criminal Justice Policy & Planning Division, State Office of Policy Management, Connecticut, and former Representative, Connecticut House of Representatives

SPOTLIGHT

Spotlight on Illinois' Statewide Effort

In March 2001, the Illinois General Assembly passed Public Act 91-0837, charging the Illinois Law Enforcement Training and Standards Board (ILETSB) with coordinating a task force to explore safety issues during situations in which people with mental illnesses are in police custody. This task force included municipal police chiefs, sheriffs, state police leaders, mental health administrators and clinicians, state attorneys, and community members who have a vested interest in this issue. Meeting four times a year, the task force developed recommendations to improve safety and promote positive outcomes from encounters between law enforcement and people with mental illnesses.

These recommendations included charging ILETSB with providing additional training opportunities and promoting promising programs in local police agencies. With this directive, ILETSB reviewed literature on the subject and consulted with experts to identify existing models. The agency determined that the CIT model best met the task force's priorities around training and collaboration, improving on-scene response, and custodial transfer protocols.

Since 2003, ILETSB has provided state-certified CIT training to law enforcement officers throughout Illinois. Participants in this one-week/40-hour course receive intensive training on serving and responding to individuals in the community who have mental illnesses. From 2003 to 2008, the ILETSB certified more than 1,500 officers statewide, from more than 110 agencies in this specialized program.

For more information on the ILETSB initiative, visit www.ptb.state.il.us.

19. As discussed on pages 8–9, DMHAS uses the state's Prison and Jail Overcrowding Commission (PJOC) Fund to help CABLE reimburse law enforcement agencies for officer overtime.

20. The resolution can be found at <http://le.utah.gov/~2011/bills/sbillint/scr001.htm>.

Conducting Evaluation Research

One of the best ways to ensure program sustainability is to evaluate the effectiveness of local programs and the statewide effort itself. There are a variety of local and state data measures that program coordinators and their local partners can collect and analyze to illustrate the impact of their efforts.

Local measures may include the number of officers trained, the number of people that officers have connected to mental health services, and the number of calls for service involving a person in a mental health crisis. At the state level, measures may include the number of departments that have implemented SPR policies or trained officers. More detailed analyses could include cost/benefit evaluations and repeat calls for service. For outcome-oriented reports (as opposed to process measures), state-level and local coordinators may choose to engage an academic partner. Although each of the featured states is in the process of collecting and analyzing data on the effectiveness of their respective programs, the majority of findings at present are anecdotal.

In Connecticut, DMHAS asked researchers at the University of New Haven to conduct a multi-site outcome evaluation of the specialized training that CABLE provides. This project looked at data on injury rates to officers and consumers, rates of arrest and diversion, and the numbers of consumers connected to mental health treatment who previously had not been engaged in the system (and the numbers of those who already had been in the system). Also examined were the cost impact of such programs, consumer satisfaction with treatment received, and officer satisfaction with the program, as well as confidence in new skill sets acquired. Once the data are available, CABLE will present the findings to DMHAS leadership and the Connecticut state legislature.

SPOTLIGHT

Spotlight on Florida's Statewide Effort

Representatives from CIT programs across Florida came together to develop an informal leadership group to promote such efforts in other communities. Through volunteer efforts, this Florida CIT Coalition developed written resources, promotional materials, a data collection strategy, and a network of peer-to-peer guidance. Two years after its creation in 2004, the coalition was integrated into Florida Partners in Crisis (FLPIC), a larger statewide multidisciplinary advocacy organization. Now a division of FLPIC, the Florida CIT Coalition has assumed a more formal structure.

Chaired by researchers at the Florida Mental Health Institute, the coalition's data collection committee has developed a program tracking form and survey, which it administers to all CIT programs in the state twice a year, to gather information on training, number of incidents, and outcomes. With this data, researchers are able to analyze patterns across the state to inform planning and policy implementation.

For more information on the FLPIC initiative, visit www.flpic.org.

In Ohio, CJ/CCOE keeps track of the number of CIT programs in the state. The law enforcement liaison collects information on every officer who has gone through CIT training and provides reports by county and police agency. These figures are further broken down by agency type (e.g., police, sheriff, highway patrol, park police, and university police). Ohio is also exploring the use of a self-assessment tool for communities to examine how far along they are in program implementation and to document types of difficulties encountered. This “Peer Support and Assessment Program” was developed in place of scoring or fidelity assessments and is intended to be more flexible than a “grade” or “score.” It is also designed as an information-sharing tool to be used across jurisdictions. Once a community completes the self-assessment tool, it sends the assessment to the CJ/CCOE staff, who then analyze it and send trainers to the jurisdiction to work on challenges.

In Utah, a private research firm was contracted to evaluate the effectiveness of the CIT program within the SLCPD and the local community; the firm analyzed survey data and police records related to the CIT program. Surveys were conducted with police officers, police dispatchers, mental health providers, and CIT consumers and their families. The firm gathered data on a wide variety of measures, including the frequency of CIT and non-CIT responses to cases in which mental illness was perceived as a factor, medical and psychiatric dispositions of these cases, and use of force by law enforcement.

Outcomes from the evaluation of the SLCPD’s CIT program were largely favorable. Evaluators found that CIT officers were significantly more knowledgeable about mental illness and community resources, and were better prepared to deal with a person with a mental illness in crisis. Further, CIT-trained officers reduced the need for psychiatric hospitalization and use of force in these incidents.²¹

Representatives of the featured states commented that trained officers have increased awareness of the problems experienced by people with mental illnesses and that SPR programs have led to other collaborations and referrals. Across the board, these programs appear to be successful in directing people with mental illness away from jails and to mental health services when appropriate, particularly when these services focus on follow-up visits and connections to treatment.²² Even the anecdotal evidence available is persuasive enough to encourage agencies to continue these efforts.

21. For a copy of the full report, and additional information about the CIT program history and benefits, visit www.citutah.com.

22. For more information on what the research says about SPRs, see Melissa Reuland, Matt Schwarzfeld, and Laura Draper, *Law Enforcement Responses to People with Mental Illnesses: A Guide to Research-Informed Policy and Practice*, Council of State Governments Justice Center (New York: 2009), available at http://consensusproject.org/jc_publications/law-enforcement-responses-to-people-with-mental-illnesses.

Conclusion: The Future of Statewide Efforts

In the 15-plus years since the pioneering efforts in Memphis and Los Angeles began to improve the police response in those cities to people with mental illnesses, individual communities typically have implemented SPRs as the need arose—oftentimes in response to a tragic incident.

In 2008, the Justice Center’s project team identified a change in this pattern. They discovered that 13 states were actively engaged in shifting this implementation process from a “one jurisdiction at a time” approach to one where SPR programs were promulgated in a structured, coordinated way throughout a single state. The research to date largely demonstrates that this new strategy has the potential to significantly increase the number and quality of SPR programs in the United States.

Not every state can create such a structure. The potential for more statewide SPR efforts may depend on the size of the state, as well as characteristics such as funding streams and mental health system features and capacity. And once established, these statewide entities may not always be needed in some states. Although many coordinators interviewed said they believed that a statewide structure is important for SPR programs, Colorado, one of the eight states identified at the onset of the project, reported that it had actually *completed* its statewide initiative.

Colorado’s planners had set up regional centers to assume the responsibilities of the state-level coordinators in managing training, collaboration, and program sustainability. Once the transition was complete, the state-level structure was disbanded. Whether future implementation lies in a regionalized or statewide model, overall, SPRs hold the promise of better results for all involved in law enforcement encounters with people whose mental illnesses put them at risk for criminal justice involvement.

Appendix A

CIT Policy from Hartford (CT) Police Department*

I. PURPOSE:

This order establishes guidelines and procedures under which the Crisis Intervention Team (CIT) shall operate to ensure a coordinated response in providing services to persons involved in a crisis.

II. DEFINITIONS:

1. Crisis Intervention Team (CIT):

A partnership between the police, telecommunicators, mental health professionals, and the community that seeks to achieve the common goals of safety, understanding, and service to persons in crisis, the mentally ill, and their families.

2. CIT Officer:

A police officer trained and certified in first response crisis intervention. The CIT Officer works in partnership with the CIT Clinician to respond to incidents of persons in crisis.

3. CIT Clinician:

A mental health professional who is trained in mobile outreach crisis intervention and works in partnership with CIT trained police officers to effectively respond to incidents of persons in crisis.

4. Crisis Incident:

Any call in which an individual would benefit from the specialized training and knowledge of the CIT member. Crisis incidents include but are not limited to calls involving persons known to have mental illness who are experiencing a crisis; persons displaying behavior indicative of mental illness [with] attempted or threatened suicides; calls involving gravely disabled individuals; or calls in which individuals may be experiencing emotional trauma.

*Reprinted with permission (2008).

5. Mentally Ill:

A person who has a mental or emotional condition, which has substantial adverse effects on their ability to function, and who requires care and treatment. Persons who are alcohol or drug dependent are excluded from this category because they would unlikely be receptive to intervention efforts.

6. Gravely Disabled:

A condition in which a person, as a result of mental or physical impairment, is in danger of serious harm as a result of an inability or failure to [care for their own] human needs, and such person is mentally incapable of determining whether or not to accept such treatment.

7. Incapacitated Person:

A condition in which a person, as a result of alcohol or drug use, has their judgment impaired, so that they are incapable of realizing and making a rational decision regarding the need for medical treatment.

III. POLICY:

It is the policy of the Hartford Police Department to respond to incidents involving individuals with mental or behavioral health problems with professionalism, compassion, and concern for the safety of all involved. During these incidents officers shall use the CIT as a resource for identifying and providing services for the individual in crisis.

In the absence of a supervisor during the initial patrol response to a crisis incident as defined in Section II.4. of this general order, the senior CIT officer on scene has the authority to direct police activities. The CIT officer shall relinquish such authority when relieved by or at the direction of a supervisor. Non-CIT trained supervisors shall confer when possible with CIT officers in a unified effort to obtain a positive outcome in a crisis incident.

IV. PROCEDURE:

A. Identifying CIT Calls for Service

1. Public Safety Dispatch Center (PSDC) Radio-Telephone Operators (RTO) are the primary sources for identifying CIT calls. However, officers investigating an incident may classify it as a CIT situation.
2. Types of calls that may require a CIT officer response include, but are not limited to:
 - a. Mental Health Disorders
 - b. Traumatic Incidents
 - c. Sudden Deaths
 - d. Attempted Suicides
 - e. Medical Assists/Well-Being Checks
 - f. Breach of Peace/Disorderly Conduct
 - g. Trespassing/Refusing To Leave Property

B. Public Safety Dispatch Center Responsibilities

1. RTOs shall attempt to compile the necessary information at the time of call intake and record the information in the comments section of the CAD screen. RTOs will identify calls needing a CIT Officer by typing CIT in the comments section.
2. Dispatchers shall alert the CIT Clinician over the police radio and advise them of the CIT call. Every effort shall be made to provide the clinician with as much information as possible such as the subject/client's name, address, and activities.
3. Dispatchers shall refer to the list of CIT Officers on duty and attempt to dispatch a CIT Officer to CIT calls as the Primary Responder. If a CIT Officer is not available at the time of dispatch then they will respond as a secondary unit when they become available if needed.
4. The dispatcher shall alert the District/Zone supervisor to the dispatch of a CIT call for service.
5. The dispatcher shall amend the dispatch information based on initial information received from the officer on scene.
6. The dispatcher shall refer calls for service addresses to the PSDC Supervisor for review and entry into the Responder Alert System.
7. The PSDC shall maintain contact numbers for the CIT Clinician and other supporting agencies.

C. Responsibilities of the Patrol Officer (CIT and Non-CIT)

1. CIT Officers shall sign-in at the beginning of their shift with the PSDC Supervisor and ensure that the PSDC is aware that they are CIT certified.
2. Officers upon arriving at the incident and identifying it as a CIT call shall request that the clinician respond to the scene. Clinicians may be able to identify whether the subject is an existing client and can help with the disposition of the case. CIT Officers should confer with the Clinician for advice. The final decision as to the outcome or arrest of the subject is the responsibility of the officer.
3. Officers shall complete a [Case Incident Report (CIR)] and any necessary documentation using the standards in section G. "Reporting and Documenting CIT calls" of this order. They shall refer the CIR to the clinician by checking the "other" box on the CIR and writing CIT. CIT shall be noted on the upper right hand corner adjacent to the case number.
4. In arrest cases officers shall notify any transporting officer(s) and the Booking Supervisor that the prisoner is the subject of a CIT call so the necessary precautions can be taken.

Booking personnel will enter all arrest information per procedure. They will also be informed of [the] CIT status of the arrested person and take every precaution to eliminate potential harm and/or suicide risk.

5. When possible CIT Officers shall volunteer for CIT calls as primary or secondary responders if they are available. Non-CIT Officers may request assistance from CIT officers when necessary.

D. Responsibilities of the District/Zone Patrol Supervisor

1. Supervisors shall monitor the dispatching of CIT officers to the appropriate calls and ensure that the clinicians are called by officers to the incident scene as soon as practical for consultation and follow-up.
2. Supervisors shall ensure that a CIR is properly completed and that the report is referred to the CIT Clinician by being properly checked off and denoted CIT.
3. Supervisors shall ensure that the clinician is called to critical incidents involving individuals that have been exposed to traumatic situations.

E. Responsibilities of the CIT Clinician

1. CIT Clinicians may attend roll calls.
2. CIT Clinicians with the approval of the HQ Shift Lieutenant ride with CIT and non-CIT officers and supervisors.
3. CIT Clinicians may be escorted across police barriers after showing proper ID and the notification of an on-scene supervisor.
4. CIT Clinicians shall retrieve and review CIT reports at the Crime Analysis Unit. Information in the police report will be considered confidential and may be used for clinical purposes only.
5. CIT Clinicians shall monitor the police radio frequencies and respond to calls as needed. They may be contacted and advised of the CIT call by:
 - a. The CIT Officer on scene.
 - b. The Supervisors at the scene or at any Critical Incident.
 - c. The dispatcher or PSDC Supervisor requesting response to a scene or hospital.
 - d. The HQ Shift Lieutenant requesting response to Headquarters or the Hospital.
 - e. The Non-CIT Officers on scene.
6. CIT Clinicians will be assigned a work area in Headquarters, an access device to the building, a portable police radio, battery charger, and police department ID card.
7. CIT Clinicians may interview prisoners identified as CIT Clients in the Booking facility Interview Room, Hospital Emergency Room or other locations upon the request of a police supervisor or officer.
8. CIT Clinicians shall contact the CIT Coordinator regarding any problems or concerns. If the CIT Coordinator is not on duty and the issue is urgent the clinician may contact the HQ Shift Lieutenant or any other supervisor who is on duty to assist them.

F. Responsibilities of the CIT Program Coordinator

1. The Chief of Police shall designate a CIT Coordinator. The CIT Coordinator will serve as a liaison between the Police Department and the Department of Mental Health. The coordinator will handle issues arising from the implementation of the CIT Program.
2. The CIT Coordinator shall provide the Department of Mental Health with the necessary reports to meet grant criteria.
3. The CIT Coordinator shall review reports, evaluate outcomes, prepare, and forward a monthly report to the Chief of Police outlining the status of the team, response to calls for CIT service statistics, and issues/recommendations.
4. The Chief of Police or designee shall select the officers for CIT certification. Candidates shall attend a 40 hour certification program and receive in-service training as needed.
5. The CIT Coordinator shall coordinate with the Police Academy Commander to ensure that all CIT officers complete the basic 40 hour certification program and attend ongoing training sessions conducted by the Department of Mental Health and Addiction Services (DMHAS).

G. Reporting and Documenting CIT calls

1. A CIR shall be completed for incidents involving mentally ill or gravely disabled individuals whether handled by a CIT Officer or a Non-CIT Officer in compliance with HPD General Order 1-16. An Emergency Evaluation Form shall be completed by the officer and a copy attached to the incident report when the officer determines that the evaluation is warranted.
2. The CIR shall be properly completed and should also include the following information:
 - a. CIT Subject/Client personal identification information.
 - b. Who, what, where, when etc. (Narrative Section).
 - c. Any visible injury to the subject or others.
 - d. Location of treatment of the subject.
 - e. Name, address, and phone number of any responsible family member on scene.
 - f. Any appearance of alcohol or drug use shall be documented.
 - g. The name of the CIT clinician that responded.
 - h. Action taken/Referrals made.
 - i. Name of the HPD supervisor who was notified of the CIT situation.

H. Crime Analysis Unit and Records Unit Responsibilities

1. The Crime Analysis/Report Review Unit will compile all CIRs documenting CIT incidents for the CIT clinician who will retrieve them daily from the unit. The Crime Analysis/Report Review Unit will forward copies of all CIRs documenting CIT incidents to the CIT Coordinator on a daily basis.

Appendix B

Statewide Coordination of Specialized Policing Responses

The chart that follows provides a brief overview of eight statewide efforts, followed by concise site summaries. The short case studies elaborate on six key categories of information:

1. Coordinating at the state level
2. Supporting collaboration at the local level
3. Developing curriculum for statewide use
4. Conducting training for localities
5. Facilitating ongoing success
6. Collecting and analyzing data

Variations among these programs illustrate that there is not a single path to success. Instead, implementation strategies will need to take into account individual states' strengths and weaknesses.

An Overview of Eight Statewide Specialized Policing Response Strategies

STATE	LEAD AGENCY	PARTNER AGENCIES	STAFFING	FUNDING	TRAINING BEGAN
Colorado	Colorado Regional Community Policing Institute (CRCPI)	POST; Dept. of Criminal Justice, Office of Research and Statistics; Dept. of Mental Health; NAMI	Full-time CIT manager until May 2009, but no paid staff at the state level since then	Federal grant funding ended 2007, followed by the 10 regions' independent funding	2002
Connecticut	Connecticut Alliance to Benefit Law Enforcement (CABLE)	Dept. of Mental Health and Addiction Services (DMHAS); NAMI-Connecticut; Spector Criminal Justice Training Network; Office of the Chief State's Attorney; CT State Police	Executive Director (ED) of CABLE is a part-time position	ED is paid through CABLE's operating budget; DMHAS reimburses law enforcement agencies up to \$1,500 per officer for overtime/ backfill during the training	2004
Florida	Florida CIT Coalition	Mental Health Institute; FLPIC; NAMI; Florida Dept. of Law Enforcement	Volunteer CIT Coordinator	Private grants	2004
Georgia	Georgia Bureau of Investigation and NAMI	GA Dept. of Behavioral Health and Developmental Disabilities (DBHDD); the Georgia Association of Chiefs of Police, and the Georgia Sheriffs' Association	Two CIT Program Administrators—one from GBI and one from NAMI	DBHDD funding and federal grant	2004
Illinois	Illinois Law Enforcement Training and Standards Board (ILETSB)	NAMI; Mobile Training Units	ILETSB CIT Coordinator and contract, regional CIT facilitators	ILETSB operating funds, which are provided by the state	2003
Maine	NAMI	Maine Dept. of Corrections; Maine Behavioral and Developmental Services; Maine Dept. of Public Safety	Director of Criminal Justice Programs and Criminal Justice Coordinator	Federal and private grants	2002
Ohio	Criminal Justice Coordinating Center of Excellence (CJ/CCOE)	Ohio Dept. of Mental Health (ODMH); NAMI; Ohio Supreme Court; Ohio Attorney General's Office; Office of Criminal Justice Services	Law Enforcement Liaison; one full-time and three part-time staff members; Mental Health Consultant	Annual ODMH grants; NAMI funding from Office of Criminal Justice Services and Ohio Attorney General's Office	2001
Utah	Salt Lake City Police Department (SLCPD)	Division of Substance Abuse and Mental Health; NAMI	Two SLCPD detectives assigned to coordinate the statewide effort	Funding from a contract with the Division of Substance Abuse and Mental Health; program revenue	2001

Colorado

Coordinating at the state level

In 2002, a multidisciplinary legislative task force selected the CIT model to improve statewide outcomes from police encounters with people who have mental illnesses. This task force chose the Colorado Regional Community Policing Institute (CRCPI) to develop specialized training and garner community participation.

The CRCPI ended its CIT manager's coordination role in 2009, when the state met its goal of CIT participation in every region. At that time, an officer association (www.CITAC.us) agreed to maintain a website that would serve as the information-sharing hub throughout the state for CIT training opportunities. The CRCPI continues its support, however, by providing schedules, contact information, and regular updates to this information repository. In addition, CRCPI staff also offers some mental health training to police officers throughout the state and provides continuing education on a few discrete topics (e.g., veterans' post-traumatic stress disorder and adolescents as a target population).

Supporting collaboration at the local level

Each of the ten regions has formed a steering committee to oversee CIT development in their respective areas. This committee includes mental health practitioners, law enforcement personnel, and advocates. They are responsible for designating a coordinator for the region's activities. Each law enforcement agency that implements CIT assigns a coordinator to serve as the liaison between his or her agency and the region.

Developing curriculum for statewide use

After examining curricula in use around the nation, staff at the CRCPI and Colorado's Peace Officer Standards and Training (POST) developed an in-service, 40-hour specialized CIT curriculum for statewide use. This POST-certified curriculum identifies which modules should be tailored to address region-specific issues—for example, sections requiring locally-based resource information. CRCPI staff provided this curriculum to each regional training committee as a starting point for their trainings.

Conducting training for localities

Prior to 2009, a state-level CIT manager coordinated train-the-trainer conferences for each of the regional steering committees to support independence and long-term sustainability at the regional level and facilitate local training. Although the CIT manager position no longer exists at the state level, CRCPI continues to provide education opportunities related to CIT, such as an eight-hour coaches' class for instructors to learn how to apply scenario-based training.

Facilitating ongoing success

Colorado's organizing efforts resulted in ten CIT regions, most of which represent a single county including several law enforcement agencies paired with a single mental health entity. (Two counties merged to form a multi-county region.) As of May 2009, these regions have

been supported and empowered to operate independently (i.e., conduct their own outreach and training) without formal state support.

Collecting and analyzing data

CRCPI staff created a data collection form for local departments to track their program's processes and outcomes.

Connecticut

Coordinating at the state level

The Connecticut Alliance to Benefit Law Enforcement (CABLE) is the lead organization for statewide efforts across the state. CABLE is a grassroots not-for-profit research and training collaborative of law enforcement and mental health professionals, families, and consumers living with mental illness, and institutions of higher learning. The organization's board of director's works closely with leaders in the Department of Mental Health and Addiction Services (DMHAS) Division of Forensic Services, the Spector Criminal Justice Training Network, Inc., the Connecticut Office of the Chief State's Attorney, the Connecticut State Police, and NAMI-Connecticut.

Supporting collaboration at the local level

In 2004, through grant funding provided by a BJA Justice Assistance Grant (JAG), five urban jurisdictions implemented CIT training and were tasked with developing a multidisciplinary infrastructure to support CIT program planning. When a jurisdiction expresses interest in implementing a CIT program, CABLE brings together the relevant stakeholders to develop and define the program model for their community and provide resources and suggestions. CABLE's director then initiates a dialogue between the law enforcement department and the mental health authority to demonstrate how mental health providers can assist law enforcement officers.

Developing curriculum for statewide use

The New London Police Department worked with CABLE to develop a CIT curriculum based on the Memphis model. It contains core content areas such as de-escalation, psychiatric medications, and signs or symptoms of mental illness. Other modules have been included on additional topic areas, including the autism spectrum, veterans' issues, and post-shooting trauma. CABLE obtained POST certification for parts of the curriculum to help officers meet annual in-service training requirements.

Conducting training for localities

CABLE has historically conducted trainings in a centralized location, but has started to offer regional trainings based on the five DMHAS service areas.

Facilitating ongoing success

All participating law enforcement agencies must provide CABLE with a “CIT policy” outlining the agency’s protocols that will support a CIT program. CABLE allows flexibility in the policy so that localities may tailor it to their community’s needs; however, the policy must include core CIT elements, such as working with mental health clinicians and specialized dispatcher procedures.

CABLE holds an annual meeting that serves as a refresher course for all CIT-trained officers throughout the state.

Collecting and analyzing data

DMHAS engaged researchers at the University of New Haven to conduct a multisite outcome evaluation of CIT. This project collected data on injury rates to officers and consumers, rates of arrest and diversion, numbers of consumers connected to treatment, the cost impact of such programs, consumer satisfaction with treatment, and officer satisfaction with the program and confidence in their new skill sets. As of October 2012, the findings of this study have not been published.

Florida

Coordinating collaboration at the state level

CIT program representatives from across Florida created an informal leadership group to promote CIT to other Florida communities in 2004. This group, called the “Florida CIT Coalition,” developed written resources, promotional materials, a data collection strategy, and a network of peer-to-peer guidance. In 2006, the Florida CIT Coalition became a formal subcommittee of Florida Partners in Crisis (FLPIC), a statewide multidisciplinary advocacy organization. This transition enabled them to focus on state-level collaboration and advocacy through the FLPIC membership. Coalition members actively participate in the quarterly meetings and advocacy programs of FLPIC. In addition, the FLPIC Justice Institute will be working with coalition members to coordinate webinars and online coursework for CIT graduates and those interested in learning more about creating a CIT program in their area.

Supporting collaboration at the local level

The CIT Coalition developed the Florida CIT Program Model, based on the Memphis model, to guide local communities in their development and implementation of a CIT program. A *Core Elements* guide was created for communities, which outlines the guiding principles of the Florida CIT program and the core elements of the training curriculum. The guide can be found at <http://www.floridacit.org/Florida%20CIT%20Program%20document%20for%20the%20website.pdf>.

Developing curriculum for statewide use

There is not a single statewide curriculum, but local training coordinators are encouraged to use the Florida CIT Program Model materials for guidance in developing their own training.

Conducting training for localities

The coalition takes a supportive role by assisting local coordinators in developing training and acting as trainers on occasion.

Facilitating ongoing success

During the initial stages of the statewide effort, the coalition actively recruited jurisdictions to participate through marketing and several two-day workshops that brought communities together to learn about CIT. These workshops were designed to encourage strategic planning and to lead communities toward development of a start-up plan. (As of 2009, the coalition only *responds* to requests for its help in establishing CIT programs.)

The *Core Elements* document also provides guidance and consistency in developing CIT programs and related training. A voluntary “self-assessment” tool helps agencies track progress and adherence to the *Core Elements*.

The coalition also set up a regional coordination structure—within each region, one person is designated as the coordinator. These coordinators convene annual refresher training sessions for officers previously trained. There is a network of peer-to-peer support among CIT coordinators throughout the state, and they invite local coordinators to attend coalition meetings.

Collecting and analyzing data

The Florida CIT Coalition has attempted several strategies to collect statewide data regarding the growth of CIT throughout the state and its effectiveness. This has been challenging as many communities do not have the resources or personnel to collect data regularly. The coalition relies on individual communities that collect and report data for their own area and to demonstrate their efficacy. At this writing, the coalition has begun work with a doctoral student at the University of Central Florida and Orange County Corrections to conduct a survey of CIT officers, both in corrections and on the road, to measure attitude and behavior change. The expected completion of this dissertation project is April 2013.

Georgia

Coordinating collaboration at the state level

The Georgia Bureau of Investigations (GBI) and NAMI-Georgia coordinate the statewide effort, which grew out of a successful CIT program implementation in Atlanta in 2004. The GBI is a state agency that provides assistance to the state’s criminal justice system for criminal investigations, forensic laboratory services, and computerized criminal justice information. The CIT program is collaboratively sponsored by the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), NAMI-Georgia, the Georgia Association of Chiefs of Police, and the Georgia Sheriffs’ Association. An advisory board meets quarterly to oversee program implementation, coordinate grant funding, provide systems and legislative updates, and address challenges. Two CIT program administrators manage the statewide effort, with one representing GBI and one representing NAMI.

The CIT program administrators work with regional NAMI coordinators and local law enforcement agency coordinators (CIT-trained officers tasked by their departments for this role) to conduct statewide CIT trainings.

Supporting collaboration at the local level

Local law enforcement coordinators host and facilitate trainings, assist with securing class locations, and help arrange transportation for site visits.

Developing curriculum for statewide use

In 2003, staff from GBI, NAMI-Georgia's Executive Board, and the Georgia Public Safety Training Center studied CIT training curricula used in Houston, Memphis, and St. Louis to identify modules best suited for use in Georgia. The resulting 300-page curriculum was POST-certified by the state, and since 2004, it has been used in all CIT trainings. The curriculum is under revision at this writing.

Conducting training for localities

The state CIT program administrator works with regional NAMI coordinators and local law enforcement coordinators to set up the first training. NAMI-Georgia staff assists by creating training calendars in collaboration with host law enforcement agencies, identifying NAMI affiliates to assist in the training, helping to find training facilities, registering class participants, identifying professional mental health treatment provider trainers and family members and consumers as presenters, and preparing materials. The coordinators draw upon a NAMI-Georgia grant to reimburse expenses incurred by NAMI affiliates.

Facilitating ongoing success

GBI takes requests to coordinate CIT training from law enforcement executives who have learned about the statewide program through their trade associations (such as the state chiefs and sheriffs associations whose members serve on the CIT advisory board) and from NAMI affiliates that often learn about CIT through NAMI-Georgia.

Each year, regional NAMI coordinators, local law enforcement coordinators and officers with advanced de-escalation training attend an annual refresher course convened by GBI and NAMI-Georgia. In this one-day event, attendees are given recent information on CIT, refreshed on the CIT model and the importance of maintaining fidelity, and identify any needs or areas for improvement in the statewide effort. Attendees receive POST credit for this event.

The GBI provides in-service training for CIT officers during an annual two-day conference, which includes an awards banquet. These meetings provide an opportunity to refresh skills, create connections between officers, and recognize individual officers' exceptional commitment to CIT.

Collecting and analyzing data

Emory University has collected data from CIT officers to evaluate training impacts. This research study, conducted by M.T. Compton, B.N.D. Neubert, B. Broussard, J.A. McGriff, R.

Morgan, and J.R. Oliva found that law enforcement officers trained in CIT were more likely to divert a mental health consumer to treatment than arrest.*

Illinois

Coordinating collaboration at the state level

In 2001, the Illinois state legislature charged the Illinois Law Enforcement Training and Standards Board (ILETSB) with coordinating a task force to explore safety issues during situations involving law enforcement and people with mental illnesses and to develop recommendations based on their findings. ILETSB subsequently was tasked with providing additional training opportunities for law enforcement on responding to these situations. After reviewing different models, the agency determined CIT was the best fit in Illinois, and since 2003 has provided CIT training to law enforcement officers across the state. As of January 2012, more than 2,500 law enforcement officers have been certified as CIT officers in Illinois.

Supporting collaboration at the local level

Illinois has 16 Mobile Training Units (MTUs) that deliver in-service training to law enforcement officers across the state. MTUs are not-for-profit governmental entities directed and administered by an advisory board composed of local elected officials, local criminal justice administrators and the director of ILETSB (the Board). The ILETSB CIT Coordinator works with regional CIT facilitators (under contract) and the Board's 16 regional MTUs to identify new sites for CIT training based primarily on requests from local jurisdictions. The CIT facilitators host informational meetings with communities interested in CIT. These meetings include representatives from the MTU, area law enforcement agencies, mental health service providers, other social service agencies, emergency room professionals, state attorneys, advocates, and people who have disabilities.

The MTUs continue to build and foster relationships between law enforcement and mental health or other disability partners through the process of developing and teaching the local-emphasis CIT training. The Board, CIT facilitators, and MTU staff encourage ongoing collaboration on program activities between law enforcement and mental health service providers after the conclusion of the formal CIT training. Local communities are also encouraged to develop "mutual aid agreements" when possible, which further fosters collaboration across jurisdictions.

*Compton, M.T., Neubert, B.N.D., Broussard, B., McGriff, J.A., Morgan, R. and Oliva, J.R. 2011. "Use of Force Preferences and Perceived Effectiveness of Actions Among Crisis Intervention Team (CIT) Police Officers and Non-CIT Officers in an Escalating Psychiatric Crisis Involving a Subject With Schizophrenia." *Schizophrenia Bulletin* 37(4): 737-745.

Developing curriculum for statewide use

Through the use of independent contractors, seasoned CIT officers, local NAMI partners, subject-matter experts and in consultation with experts from Memphis, ILETSB has approved a 40-hour curriculum for use in training statewide.

The Board, in collaboration with these partners, continually examines the 40-hour curriculum to ensure the topic areas are relevant and updated. This evaluation process has been invaluable as it has led to the creation of an update/refresher course, a CIT course for dispatchers, and a CIT curriculum with a focus on juveniles.

Conducting training for localities

Through funding from ILETSB, the MTUs host the CIT training statewide. The MTUs, along with the Board and CIT facilitators handle all aspects of the 40-hour training. MTUs are responsible for logistics, such as managing registrations, securing facilities, printing materials, and arranging for food for the panel luncheon. Additionally, they secure all instructors for the 40-hour course, from statewide instructors to local stakeholders who are experts in their respective fields for a regional flavor. Of note, since 2008, ILETSB has increased the intensity of their role-play exercises during trainings by using professional actors with specialization in improvisational acting along with state-certified CIT officers for peer-to-peer evaluation of participants' actions. Their live role-play exercise, which is videotaped and used for debriefing, gives all attendees an opportunity to apply their new CIT skills and review best practices that they can add to their own "tool belt."

Facilitating ongoing success

ILETSB staff has a supportive board that encourages the continuing efforts of the CIT program. Through strengthened partnerships with NAMI, the board promotes the basic, youth, and refresher CIT training statewide and was recently recognized by NAMI National for Illinois' dedication to this important program.

Collecting and analyzing data

No reported statewide data collection or analysis is being conducted at this writing.

Maine

Coordinating collaboration at the state level

NAMI-Maine took the lead in implementing CIT throughout the state after the national organization adopted CIT as part of its public policy platform in 2001. NAMI-Maine designated a Criminal Justice Program Coordinator to oversee its CIT work. Additionally, NAMI-Maine's Director of Criminal Justice Programs (DOCJP) provides oversight of the statewide effort. The DOCJP assists with aspects of training, measures program outcomes, prepares quarterly reports to funders, and ensures fidelity to the national model.

After successful implementation of CIT in Portland in 2005, NAMI-Maine convened a steering committee to focus on providing specialized training and program support throughout the state. The steering committee includes leaders from the Maine Department of Public Safety (specifically, the Criminal Justice Academy and Emergency Medical Services Bureaus), the Maine Behavioral and Developmental Services, and the Maine Department of Corrections. Committee members speak to policymakers and media about their issues and develop strategies to make CIT and specialized training appealing to agencies.

Supporting collaboration at the local level

NAMI-Maine helps communities develop leadership groups to oversee planning and training. With law enforcement support for the training initiative, the Criminal Justice Program Coordinator invites all licensed mental health service providers, NAMI members, consumers, and other relevant professionals in a particular jurisdiction to an initial planning meeting. After this meeting, the coordinator asks interested individuals to participate in an ongoing committee, which serves as the CIT working group for the jurisdiction.

Developing curriculum for statewide use

NAMI-Maine personnel developed a core set of training modules based on the Memphis model for use statewide. Each locality is encouraged to add modules that address local circumstances. (For example, in Portland, a module was added for responding to people of foreign descent because of the city's large immigrant population.) NAMI-Maine members have also modified the curriculum for rural counties by creating a module that is intended for other emergency responders (emergency medical responders and fire services personnel) in addition to police. NAMI-Maine reports being first in the nation to adapt CIT for corrections personnel in their county jail and state prison system. They were recognized by SAMHSA with the 2007 Science to Service award for their corrections implementation.

Conducting training for localities

The coordinator supports the local working group to host the training by identifying trainers, coaching them on using the curriculum, and providing experienced trainers from other jurisdictions. NAMI-Maine also provides a full day of training at the Maine Criminal Justice Academy to all cadets enrolled in the 18-week academy. The training is an overview of mental health issues, legal issues, and de-escalation skills, and is designed to be a pre-CIT class.

Facilitating ongoing success

The Criminal Justice Program Coordinator responds to requests from interested communities and convenes a meeting to answer questions and generate program support. A representative from various police and sheriff's departments often attends meetings to tailor the presentation to law enforcement leaders. NAMI-Maine also sends press releases about upcoming trainings to law enforcement agencies to increase awareness of CIT.

NAMI-Maine has provided regionally-based, continuing education for CIT officers. They have created an 8-hour Child CIT course (based on various national models) as an add-on to the 40-hour CIT course or as a stand-alone training for professionals. The Criminal Justice Program Coordinator convenes regional meetings of CIT supervisors quarterly to explore issues common across jurisdictions (e.g., problems with a provider) and to share successful strategies.

Collecting and analyzing data

NAMI-Maine collects copies of completed "CIT contact data sheets" to track the number of contacts to help obtain funding.

Ohio

Coordinating collaboration at the state level

The Ohio Criminal Justice Coordinating Center of Excellence (CJ/CCOE), one of seven state mental health "coordinating centers of excellence" established by the Ohio Department of Mental Health, promotes CIT programs statewide. The CJ/CCOE partners with NAMI-Ohio, the Ohio Office of the Attorney General and its Task Force on Criminal Justice and Mental Illness (co-chaired by the Supreme Court of Ohio), and the Ohio Department of Public Safety Office of Criminal Justice Services to support CIT program development, implementation, and maintenance by communities across the state. The center oversees the statewide effort and has a part-time law enforcement liaison on staff to manage the initiative.

Supporting collaboration at the local level

The law enforcement liaison visits key stakeholders in communities interested in developing a SPR. NAMI-Ohio also coordinates a mentor system that matches a community interested in developing a CIT program with an experienced CIT coordinator from a nearby jurisdiction.

Developing curriculum for statewide use

The CJ/CCOE has not prepared a standard curriculum for statewide use. Instead, curriculum content is developed locally based on 14 core elements, and the CJ/CCOE encourages communities to share curricula.

Conducting training for localities

The law enforcement liaison helps communities plan, implement, and maintain trainings as part of their CIT program. The CJ/CCOE provides technical assistance and facilitates resource sharing across jurisdictions.

Facilitating ongoing success

The CJ/CCOE provides technical assistance to local CIT programs to enhance program development efforts and quality improvement activities. NAMI-Ohio promotes CIT across the state by helping its members advocate for CIT within their own communities.

Collecting and analyzing data

The CJ/CCOE tracks the number of CIT programs in Ohio, and the law enforcement liaison also collects information on officers who have attended trainings and provides reports by county and police agency. The center's director of research also supervises a study that examines outcome data from the Akron Police Department's CIT program.

Utah

Coordinating collaboration at the state level

The Salt Lake City Police Department (SLCPD), the largest municipal police department in Utah, is the lead agency for the statewide CIT program. In 2000, SLCPD executives organized a mental health advisory committee to review SPRs used by police agencies across the country, and the committee eventually decided the Memphis model would be the best fit for the statewide effort. SLCPD implemented its own CIT program to serve as a platform for statewide activities. The Division of Substance Abuse and Mental Health (DSAMH) and NAMI-Utah are strong partners in the statewide effort. Two SLCPD detectives serve as the program director and coordinator, and they are responsible for hosting the SLCPD CIT Training Academy, assisting with regional academies, and supporting departments developing new CIT programs.

Supporting collaboration at the local level

Utah uses a regionalized coordination approach to its statewide efforts. When a jurisdiction within one of the DSAMH catchment areas expresses interest in developing an academy, the CIT program director meets with key stakeholders and provides information on CIT. The program director then helps establish a CIT Academy in the catchment area.

Developing curriculum for statewide use

Each regional CIT Academy is provided with a set of requirements that specifies the topics and site visits to be included in the training. However, trainers may adjust the curriculum to suit their jurisdiction's needs.

Conducting training for localities

For statewide consistency, each CIT Academy uses the same end-of-training examination and the DSAMH certifies all officers who have successfully completed the training as CIT officers in the state of Utah.

Facilitating ongoing success

SLCPD's goal is to establish regional academies in each of the DSAMH catchment areas. In each area, two volunteer CIT coordinators (one from a large police agency and one from the mental health center) are recruited to organize CIT program activities.

NAMI-Utah facilitates statewide work by providing strategies and tools to support affiliate chapters in their efforts to bring CIT to their communities.

The CIT program director communicates with CIT coordinators via an email listserv as well as telecommunications and in-person meetings.

Collecting and analyzing data

A private research firm conducted an evaluation of the effectiveness of SLCPD's CIT program within the department and the local community. Outcomes from the evaluation were largely favorable. The complete evaluation report can be found at <http://www.citutah.com/Resources/Documents/CIT%202009%20Program%20Evaluation.pdf>.

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