CIT INTERNATIONAL POSITION STATEMENT ON CIT AS A SPECIALIST/GENERALIST MODEL -NOT MANDATED TRAINING

With recognized evidence of the success of the Crisis Intervention Team (CIT) model and the impact of CIT training on officer knowledge, attitudes, and skills, a number of agencies across the country are deviating from the Core Elements (http://www.citinternational.org/Memphis-Model-Core-Elements) of the CIT Program model by requiring all officers to complete CIT training and become certified as CIT officers. However, according to the model, a CIT program develops a select group of patrol officers[i] to become specialists in responding to mental health calls for service and working with community resources to identify appropriate resolutions. The CIT model identifies the CIT officer as a specialist role within the patrol division of an agency. The CIT officer serves a general patrol function until called upon to respond to mental health related calls, or to assist non-CIT officers when mental health related issues are identified in the field.

That law enforcement agencies are deviating from this specialist model is understandable, given the momentum behind ensuring that all police officers have a basic level of competency for responding to individuals in crisis. While CIT International fully supports all officers receiving robust generalist training in mental health awareness and de-escalation, mandated CIT training blurs the specialist component of the CIT model and has not worked well in some cities that have adopted this approach.

CIT International maintains that this specialist role is reserved for experienced patrol officers who volunteer and meet specific criteria as identified and defined by their agency's CIT program administration. Additionally, there is now peer reviewed and published research that provides support for this position (see Compton, et al 2017[ii] and http://citinternational.org/page-18452).

Some have misinterpreted this stance as suggesting that CIT International recommends that most officers should NOT receive mental health crisis response training. This is untrue. As stated previously, CIT International maintains that all law enforcement officers need robust training that supports basic competencies in recognizing and responding to mental health crises. However, the information, tactics and techniques taught in the 40-hour CIT course of instruction are advanced and require experienced learners who are motivated to engage with the material and take on the specialist CIT role. Many officers are not ready or interested or do

not have the disposition to fully engage in this advanced specialist training and take on this role. For these officers, valuable training time and resources may not only be wasted on them if they are mandated to sit through the 40-hour course, but their attitudes can disrupt the class. Even worse, an agency may send an officer who is not interested or does not have the right disposition into the community to serve people in crisis.

Just as many officers are not cut out to be SWAT or SCUBA officers, not all officers are cut out to be or are interested in taking on the CIT officer's leadership role. Maintaining the specialist model identifies and equips the right officers to safely and effectively respond to individuals experiencing mental health crises in the community. The specialist model allows a cadre of officers to become experts in their community resources and to identify and institute resolutions that provide the most long-term effects. It is the selection process, the training, and ongoing experience in the specialist role that allows this elite group of specialized CIT officers to develop relationships with providers, families and persons with mental illnesses to become a critical resource in the local crisis response system.

It is the position of CIT International that when CIT training is mandated, the focus is shifted primarily to training, and away from community collaboration, with the successful specialist model and team concept being diluted. In addition, the training experience is often degraded and changed in important ways. First, attempting to provide CIT training for an entire agency becomes expensive and burdensome in terms of taking officers off the street to attend the classes and locating qualified presenters to deliver multiple trainings. These realities have frequently led to a watering down of the number of hours of training to decrease manpower issues, and a trend toward using only in-house instructors who may or may not have the depth of expertise to effectively present complex training content. Second, strong CIT training programs include site visits where trainees engage with persons with lived experience and the participation of community partners, local advocates, families, and persons with mental illnesses to assist with the training. This is difficult to mass produce and in some cases, has resulted in programs eliminating site visits and eliminating or reducing the in-person participation of community partners, family members and persons with lived experience. Finally, mandating CIT training can change the nature of the training experience itself. A few resistant participants in the group can create an environment that is no longer conducive to participants fully engaging in the material and make the experience uncomfortable for family members and persons with lived experiences to participate in. While CIT international supports robust mental health and de-escalation training for all officers, we know from years of experience that the CIT specialist role should be reserved for officers who have both the interest and disposition to serve as a certified CIT officer.

CIT International stands united with philosophies of the International Association of Chiefs of Police (IACP) as a partner of the One Mind Campaign (http://www.theiacp.org/onemindcampaign/) that supports CIT as a specialist role. CIT International stands united with the National Council that supports the Core Elements of CIT (https://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2016/01/FINAL-MHFA-CIT-White-Paper-Annoucement.pdf). CIT International also stands united with the Department of

Justice and the United States Attorney's Office as they have clearly stated within an investigative report, "When choosing which officers will attend CIT training, [the law enforcement agency] should select only those officers who have volunteered for the training. All other patrol officers must be given basic training to ensure that they have a general working knowledge of how to respond to and assist individuals who are mentally ill. This will allow patrol officers both to recognize when someone might be experiencing a mental health crisis so that the officer may request the assistance of a CIT officer, and to safely and effectively handle the situation until that CIT officer arrives (pg. 54, https://www.justice.gov/sites/default/files/opa/press-releases/attachments/2014/12/04/cleveland_division_of_police_findings_letter.pdf)."

There is a growing number of training models to provide basic mental health awareness and de-escalation training for all officers. These include Mental Health First Aid for Public Safety (https://www.thenationalcouncil.org/about/mental-health-first-aid/mental-health-first-aid-public-safety/); Police Executive Research Forum's (PERF) Integrating Communications, Assessment, and Tactics (ICAT) training (http://www.policeforum.org/about-icat); and agency developed mental health and de-escalation trainings. To date, there is little information available to guide training model selection. However, members of the CIT International Board of Directors are working to examine several existing models, and a new 20-24 hour model, in order to make recommendations in the near future.

In summary, it is the position of CIT International that mandating CIT training more often dilutes the intent and effectiveness of CIT programs. The CIT officer is a specialist role reserved for experienced officers who volunteer and meet specific criteria. These officers voluntarily participate in CIT training, then become identified as specialists in responding to mental health related calls. Over time, they develop strong relationships with community members and agencies, enhance their skills, and become key resources within their organizations and community crisis response systems. Their non-specialist peers should be provided with training on mental health awareness and de-escalation skills, so they can identify when they should request CIT assistance and provide initial scene stabilization. This generalist training does not make them CIT officers, rather it supports them in being competent police officers who can utilize specialist resources when needed to provide safe and effective responses to mental health crises in the communities they serve.

This position statement was prepared to support agencies and communities in understanding the CIT Core Elements. In future postings, we will elaborate on key points outlined in this document.

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[i] Note, the terms “patrol officer” and “police officer” are used throughout this document for simplicity. However, Sheriff’s departments and other agencies are implementing CIT programs use different terms. Additionally, the CIT Model has been modified for correctional settings and correctional officers.

[ii] Compton MT, Bakeman R, Broussard B, D'Orio B, Watson AC. Police officers' volunteering for (rather than being assigned to) Crisis Intervention Team (CIT) training: Evidence for a beneficial self-selection effect. Behav Sci Law. 2017;1–10. https://doi-org.proxy.cc.uic.edu/10.1002/bsl.2301