

Program Demographics

A CIT regional program is a program of a geographical region. A CIT regional program is responsible for crisis response system development and reform for its region. A CIT regional program conducts CIT 40-hour trainings available to all law enforcement agencies within the region.

Contact Information

Lead Agency / Organization Name
Street Address
City / Town
State / Province

Zip Code / Postal Code

Country

Contact

Contact's Email Address

Contact's Phone Number

Program's Website

lurisdiction	nal Information							
What is the geo	ographical makeup o	f your region? (co	ounty, multiple o	counties, catch	hment area, e	etc.)		
What are the n	ames of the municip	alities of your reg	ion?					
What is the nor	oulation of your regic							
		<u></u>						
How many law	enforcement agenci	es serve your reg	ion?					
low mony on		ion contoro corr <i>i</i> o	vour region?					
How many eme	ergency communicat	ion centers serve	your region?					
How many cori	ection facilities are v	vithin your region	and which age	ncy operates (each?			
	gency Programs							
П сіт s	tate/Province Wide F	Program						
		5						
If you seled	ted either of the abo	ve programs, ple	ase describe if	and how your	regional prog	gram participa	ates, supports	s, and collabo
with them.								



Depth of Program

CIT programs have three significant responsibilities: developing community collaboration, often using a CIT Steering Committee; transforming a community's crisis response system that integrates several components to provide easy access to crisis care in the least intrusive manner; and training.

ON-GOING MULTI-DISCIPLINARY CIT COMMITTEE - A CIT regional program could involve a steering committee, workgroup, or some other formal body that oversees the program and looks for opportunities to further develop community crisis response services. This committee can include members representing the law enforcement agencies, behavioral healthcare services, advocates, and persons with lived experience.

Does your program have an on-going committee that oversees the program?

	Yes
	100

🔵 No

Comments:

INTEGRATED CRISIS RESPONSE SYSTEM - An integrated crisis response system is one that incorporates various levels of response or services for people in crisis. An integrated crisis response system goes beyond the standard police response of law enforcement evaluation and provides alternate ways for individuals to get help in a crisis.

Does your crisis response system include components other than the standard police response?

Yes

🔵 No

Comments:

TRAINING - A CIT regional program conducts 40-hour CIT trainings and may conduct various other training such as de-escalation training, mental health awareness training, etc.

Does your program conduct CIT training, de-escalation training, mental health awareness training, or any other training that would be associated with crisis response?

🔵 Yes

) No

Comments:



On-going Multidisciplinary CIT Committee

If you clicked on yes, that your program has an on-going committee that oversees the program under Depth of Program, please complete the questions on this page. Otherwise, please scroll down and click on next.

Please click on the box next to each discipline represented on the CIT Committee:

Sworn Agency Personnel
Emergency Communications Personnel (Dispatch Services)
Mental Healthcare Services Personnel
Behavioral Health Oversight Authority
Substance Use Services Personnel
Emergency Medical Services Personnel
Hospital or Receiving Center Personnel
Advocates - Family Members or Concerned Parties
Advocates - Persons with Lived Experience
Advocacy Organization Personnel (i.e. NAMI, Mental Health America)
Veteran's Services Personnel
Judicial Services Personnel
Housing Services Personnel
Corrections Services Personnel
Other (please specify all other disciplines represented on the committee)

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If yes, we will req	uest copies of the minut	es of the two most r	ecent meetings.)	
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No				
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		steering committee		anity serveu.
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Committee:	additional information	that you would like	e the evaluators to o	consider regarding t
committee.				



Integrated Crisis Response System

If you clicked on yes, that your crisis response system includes other components other than the standard police response under Depth of Program, please complete the questions on this page. Otherwise, please scroll down and click on next.

Please click on the components of your integrated crisis response system:

Crisis Line
Emergency Communications 911 Crisis Triage - capable of diverting calls to the crisis line when appropriate
Warm line
Mobile Crisis Response Team - non law enforcement team able to respond independently from law enforcement to crisis calls for service
Mobile Crisis Response Team - embedded co-response of clinician and law enforcement officer
Non Law Enforcement Transportation - transportation, other than law enforcement vehicle, for crisis services (ambulance, secure transport, crisis van, etc.)
Access Center - often part of a hospital's emergency department that provides crisis services utilizing a "living room" model
Dedicated Crisis Receiving Center - a separate structure from hospital services that is dedicated only for crisis services
Detoxification Center - a center that is not part of the criminal justice system that provides substance use services and detoxification services (could be part of a dedicated crisis receiving center)
Other (please specify)

No	
f no, what are the d	ays and hours the crisis line service is available?
f you clicked o	n warm line, is your warm line available 24-hours each day of the year?
Yes	in warm line, is your warm line available 24-nours each day of the year?
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No	
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	cked on mobile crisis response team - non law enforcement, wh calls for service they respond to that does not require law enfor	-
Yes		
No		
Comments:		
s there a	any type of a memorandum of agreement between the different	services?
lf yes, we	e will request copies of the memorandum of agreements.)	
Yes		
No		
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-	vide any additional information that you would like the evaluator onse system:	s to consider regarding t
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Training

If you clicked on yes, that your program conducts CIT training, de-escalation training, mental health awareness training, or other training that would be associated with crisis response under Depth of Program, please complete the questions on this page. Otherwise, please scroll down and click on next.

Please click on the box next to the various training your agency currently conducts or provides on an on-going basis:

40-hour CIT training
CIT refresher / advanced training
De-escalation and/or behavioral health awareness training for law enforcement officers
De-escalation, behavioral health awareness and/or triage training for emergency communications (dispatch) personnel
De-escalation and/or crisis system awareness training for emergency medical services personnel
De-escalation and/or crisis system awareness training for community members
Behavioral health staff training on CIT programs and police culture
CIT program awareness presentations
Other (please specify)

If you checked 40-hour CIT training, please answer th	e following questions in detail:
How often is it provided?	
s it completed in a 1-week period?	
What is the maximum class size?	
s the training available to non-law enforcement personnel and if so, wi	hat qualifies to attend?
If non-law enforcement can attend, what is the percentage of class ma	keup regarding law enforcement and non-law enforcement
personnel?	
Does the regional program advise the agencies to have their attendees	s self-select to attend?
Does the regional program advise the agencies to screen attendees fo	r suitability?
Is it mandatory training?	
Is there a minimum time of service requirement to attend?	
Do persons with lived experience provide some of the instruction?	
Are site visits incorporated into the training?	
Is scenario-based training included in the training?	
Is there required testing to successfully complete the course?	
Does the course certify the officer as a CIT Officer and if so, how long	is the certification?
If the course provides certification, what are the recertification requirem	
In these any other information you would like up to know shout your 40	
Is there any other information you would like us to know about your 40-	

If you checked CIT refresher / advanced training:

How long is the training?

How often is it provided?

Is it limited to only CIT officers?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked de-escalation and/or behavioral health awareness training for law enforcement officers:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked de-escalation, behavioral health awareness and/or triage training for emergency communications personnel:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked de-escalation and/or crisis system awareness training for emergency medical services personnel:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked de-escalation and/or crisis system awareness training for community members:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

If you checked behavioral health staff training:

How long is the training?

How often is it provided?

Please describe the training, what topics are covered, and if it includes role-play:

Do you have training syllabus'/lesson plans for the various trainings?

(If yes, we will request copies of the materials.)

Yes

) No

Please provide any additional information that you would like the evaluators to consider regarding training:



Certification Application -	CIT Regional Program	- Regional Program Name	

CIT Program Structure

We will now discuss CIT program structure as it pertains to CIT Core Elements and best practices.

CIT Programs require coordinating leadership carrying out the day-to-day tasks of the program. Which of the following are key personnel of the program?

Law Enforcement CIT Coordinator

Mental Health CIT Coordinator

Advocacy / CommunityCIT Coordinator

Other (please specify)

From those listed above, please list which are full-time positions dedicated solely to CIT program coordination:

Please describe how these coordinators work together and what services each provides:

Yes	dinators attended a CIT In	ernational CI1 Co	ordinator Certific	ation Course?
0				
No No				
Comments:				
Does your re	ional program provide exa	mples of written	policy directing th	e utilization of CIT
Officers? (If y	es, we will ask for a copy of t	his policy.)		
Yes				
No No				
Comments:				
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Yes	re that persons with mental illness receive treatment?	
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If yes, please describe:		
	ntation process for tracking encounters between CIT c is shared with the mental healthcare system on an on-	
Yes		going basis.
○ No		
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If yes, please describe:		
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Yes No fyes, please describe: Are there program data collection processes in place, such as training outcomes, calls for service call dispositions, recidivism, use of force incidents involving persons in crisis, etc.? Yes No fyes, please describe: Does the program have established strategies for maintaining and sustaining the program such as newsletters, websites, meetings, etc.? Yes No	system providers ⁻	in place to provide regular feedback to both CIT officers and mental health for continuous quality improvement?	
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Is there a p	process in place to allow recognition of members of the program who excel at providing
outstanding	g service?
O Yes	
O No	
If yes, please o	describe:

Please provide any additional information that you would like the evaluators to consider regarding program structure:



Financial Aspects

We will now discuss the funding of the regional program and any support the regional program provides its agencies.

Is there a written budget for the regional program?

🔵 Yes

No

Please describe the major budgeted expenses:

What are the funding sources for the regional program and what are their percentages of the budget?

Does the regional program provide any fun region? If yes, please describe:	nding for agency programs or other resources of the
Are there any costs for an attendee to a	ttend a 40-hour CIT course?
Yes	
No	
If yes, what is the cost?	
Please explain the funding sustainability o	f your program:
Please provide any additional information to program funding:	that you would like the evaluators to consider regarding



Documentation

Please upload as many of the following files that you have. If there is more than one document for a requested upload, please scan them into a single PDF to upload or use one of the Additional Documentation upload buttons below. Each upload needs to be in PDF format and less than 16MB. You are allowed 20 uploads total.

Please upload a roster of the CIT steering committee.



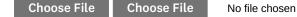
Please upload the minutes of the two most recent steering committees meetings.



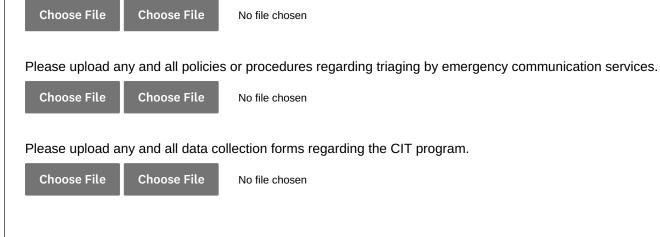
Please upload all Memorandum of Agreements between the different services involved in the integrated crisis response system.



Please upload all Memorandum of Agreements between the CIT regional program and any other associated CIT program.



Please upload any and all policies or procedures regarding the CIT program.



Please upload any and all evaluation documentation regarding the CIT program.
Choose File No file chosen
Please upload any training syllabus'/lesson plans of the various trainings.
Choose File No file chosen
Please upload a 40-hour CIT training syllabus/lesson plan/learning objectives.
Choose File No file chosen
Please upload a copy of the 40-hour CIT training schedule.
Choose File No file chosen
Please upload a copy of the 40-hour CIT training curriculum listing number of hours for each topic
Choose File No file chosen
Please upload a completed set of 40-hour CIT training evaluations.
Choose File No file chosen
Please upload any policy examples.
Choose File No file chosen
Please upload letters of support from core partnered organizations.
Choose File No file chosen
ADDITIONAL DOCUMENTATION - Use this upload for any additional documenting requested above or for any other documenting you would like the evaluators to consider.
Choose File No file chosen
ADDITIONAL DOCUMENTATION - Use this upload for any additional documenting requested above or for any other documenting you would like the evaluators to consider.
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ADDITIONAL DOCUMENTATION - Use this upload for any additional documenting requested above or for any other documenting you would like the evaluators to consider.

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Please provide any additional information that you would like the evaluators to understand about your submissions of documentation: