

## CIT Program Resources and Key Contacts

Discovering how to go about your program is a matter of selecting those few things that make your idea possible, practical, and potent. Resources make it possible. Good advice from experienced program stakeholders will make your program doable. Focusing on the particular activities and resources that make your idea an answer to local needs will make it socially transformative.<sup>86</sup>

### *Funding*

Funding is important for the support of dedicated CIT officers and coordinators, either full or part-time. The best funding is a mix of funding sources: both soft (grants, donations, and giving) and hard (a budget line item).

A lucrative, though not easy route, is to develop a plan that extends from small donations to large corporate gifts and even estate bequests.

Development is the work of years. The more requests for funding you make the easier it becomes and the more successes you have. The first application is the toughest, but it's the basic template for the next application, which will be better than its predecessor.

Following are sources to consider.

**<https://www.bja.gov/default.aspx>** – **The Bureau of Justice Assistance (BJA)** in Washington, DC, is a source for funding for local service programs. It supports law enforcement, courts, corrections, treatment, victim services, technology, and prevention initiatives that strengthen the nation's criminal justice system. Just be aware that any grant, especially from the feds is highly competitive, fraught with rules, regulations, and oversight—and terminal. Grants usually expire just when a program gets established. The BJA also provides information on allowable program activities and funding cycles for the Byrne Memorial Grant, which is amenable to CIT ideas. <https://www.bja.gov/jag/>

**BJA** provides leadership, services, and funding to America's communities by:

- Emphasizing local control.
- Building relationships in the field.
- Providing training and technical assistance in support of efforts to prevent crime, drug abuse, and violence at the national, state, and local levels.

- Developing collaborations and partnerships.
- Promoting capacity building through planning.
- Streamlining the administration of grants.
- Increasing training and technical assistance.
- Creating accountability of programs.
- Encouraging innovation.
- Communicating the value of justice efforts to decision makers at every level.

**<https://ojp.gov/funding/index.htm>** – The U.S. Department of Justice, Office of Justice Programs has a Funding Resource Center where you can explore funding opportunities and receive technical assistance.

**<https://www.ncjrs.gov/>** – The National Criminal Justice Reference Service (NCJRS) is the clearinghouse for BJA. It offers a range of services and resources, balancing the information needs of the field with the technological means to receive and access support.

Also refer to the U.S. Department of Justice Response Center for questions and concerns: 1-800-458-0786 or 202-305-9988.

*[https://ojp.gov/about/offices/customer\\_service.htm](https://ojp.gov/about/offices/customer_service.htm)*

Most agencies have relevant solicitations, while the competition is stiff. Some agencies you may not have thought to consider are: [**<https://www.>**]

- **[cms.gov](https://www.cms.gov/)** – Centers for Medicare and Medicaid Services
- **[hhs.gov](https://www.hhs.gov/)** – The Department of Health and Human Services
- **[hud.gov](https://www.hud.gov/)** – The Department of Housing and Urban Development
- **[samhsa.gov](https://www.samhsa.gov/)** – The Substance Abuse and Mental Health Services Administration
- **[ssa.gov](https://www.ssa.gov/)** – The Social Security Administration
- **[va.gov](https://www.va.gov/)** – The Department of Veterans Affairs

**<https://www.samhsa.gov/gains-center>** – The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come

into contact with the justice system. SAMHSA makes grant funds available through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services. Find funding opportunities that support programs for substance use disorders and mental illness, and learn about the grant application, review, and management process. <https://www.samhsa.gov/grants>

**<http://foundationcenter.org>** – This site is a comprehensive set of resources for locating and approaching foundations.

Consider public, private, private nonprofit sectors, and donations for funding. It's wise when developing any local service idea to develop contacts and expertise at all three levels of government as well as private and nonprofit sources.

- *Federal* – At the Federal level, investigate <https://www.grants.gov>. This might be a source for further funding of an existing CIT program. For example, an existing program may seek a federal grant source for an enhanced CIT program. Realistically, it's a tough source to pursue, but funding is a game of numbers; the more attempts the more the successes.
- *State* – At the state level, you'll have a single point of contact, usually at the governor's office or a state administrative agency (SAA, responsible for block grant administration), which is charged with distributing grant funds. Perhaps develop a CIT-relevant, one-page proposal/concept to present to these agencies for sub-granting.
- *Local* – At the local level, a good tactic is to justify a hard-line item in the budget for your program.
- *Private* – In the private sector, businesses usually support community programs as part of their mission. You need to present a good business proposal that justifies giving to your program.
- *Nonprofit* – Foundations are also eager to hear a good proposal for giving. However, they usually require a highly detailed application and may take months before they announce awards. The Duke Endowment (<https://dukeendowment.org/>), which supports issues of community partnership, and the Kate B. Reynolds Charitable Trust ([www.KBR.org](http://www.KBR.org)) have proven useful sources for mental illness community programs in the Carolinas.

## ***Organizations***

<https://www.nasmhpd.org/> – **National Association of State Mental Health Program Directors.** This website is especially useful for finding links to mental health organizations and information sources.

## ***Program Examples***

<http://cit.memphis.edu> – **Memphis** is a good CIT resource as it was the original model and has over two decades of experience in decriminalizing the mentally ill.

<https://www.memphispolice.org> – **The Crisis Investigation Bureau of the Memphis Police Department** is the repository for the corporate knowledge for the Memphis Model.

<http://www.naco.org/sites/default/files/documents/Jail%20Diversion%20Toolkit.pdf> – “The Bexar County, Texas, Blueprint for Success: **The Bexar County Model – How to Set up a Jail Diversion Program**” makes the case for a comprehensive network of pre- and post-booking solutions to decriminalizing the mentally ill, including what can be done within the courts, jails, law enforcement, and mental health services.

[www.houstoncit.org](http://www.houstoncit.org) – **The Houston Police Department** has the largest CIT program in the nation at the time of this writing. This site provides examples of all the various CIT activities associated with a well-established CIT program.

## ***Publications***

Bayne, W. C. “Furor Sparks Call for Crisis Team,” *Commercial Appeal*, B1-B2. Memphis, Tennessee, 30 September 1987.

Borum, R. “Improving High Risk Encounters Between People with Mental Illness and Police,” *Journal of the American Academy of Psychiatry and the Law*, 2000, 28, 332-33.

Borum, R., M. W. Deane, H. J. Steadman, & J. Morrissey. “Police Perspectives on Responding to Mentally Ill People in Crisis: Perceptions of Program Effectiveness.” *Behavioral Sciences and the Law*, 1998, 16, 393-405.

Clay, R. “Jail Diversion Programs Enhance Care,” *SAMHSA News*, 2000, Spring, VIII(2), 1-5.

Cochran, S. "The Crisis Intervention Team Model in Action," *Community Mental Health Report*, 2000, 2, 31.

Compton, M. T., M. L. Esterberg, R. McGee, R. J. Kotwicki, & J. R. Oliva. "Brief Reports: Crisis Intervention Team Training: Changes in Knowledge, Attitudes, and Stigma Related to Schizophrenia," *Psychiatric Services*, 2006, 57, 1199-1202.

Compton, Michael T., M. Bahora, Amy C. Watson, Janet R. Oliva. "A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs," *Journal of the American Academy of Psychiatry and the Law*, 2008, 36, 47-55.

Cowell, A., N. Broner, & R. Dupont. "The Cost-Effectiveness of Criminal Justice Diversion Programs for People with Serious Mental Illness Co-Occurring with Substance Abuse: Four Case Studies." *Journal of Contemporary Criminal Justice*, 2004, 20, 292-314.

Dank, N. R., & M. Kulishoff. "An Alternative to the Incarceration of the Mentally Ill," *Journal of Prison and Jail Health*, 1993, 3, 95-100.

Dowd, J. "Crossing the Line: Formal Training Can Transform Relations Between the Police and Mental Health Services," *Mental Health Today*, 2004, 4, 14-15.

Dupont, R. "The Crisis Intervention Team Model: An Intersection Point for the Criminal Justice System and the Psychiatric Emergency Service," 2008. In R. Glick et al. *Emergency Psychiatry: Principles and Practice*, 381-392. Philadelphia: Lippincott, Williams & Williams, 2004.

Dupont, R. "How the Crisis Intervention Team Model Enhances Policing and Improves Community Mental Health," *Community Health Report*, 2001, 2(1), 3-4.

Dupont, R. & S. Cochran. "Police Response to Mental Health Emergencies: Barriers to Change," *The Journal of the American Academy of Psychiatry and the Law*, 2000, 28, 338-344.

Finn, P. E. & M. Sullivan. "Police Handling of the Mentally Ill: Sharing Responsibility with the Mental Health System," *Journal of Criminal Justice*, 1989, 17, 1-14.

Gentz, D. & W. Goree. "Moving Past What to How: The Next Step in Responding to Individuals with Mental Illness." *FBI Law Enforcement Bulletin*, 2003, 72(11), 14-18.

Green, T. "Police as Frontline Mental Health Workers: The Decision to Arrest or Refer to Mental Health Agencies," *International Journal of Law and Psychiatry*, 1987, 20, 469-486.

Hill, R. "Civil Liability and Mental Illness: A Proactive Model to Mitigate Claims," *The Police Chief*, 2001.

Lattimore, P. K., N. Broner, R. Sherman, L. Frisman, & M. S. Shafer. "A Comparison of Pre-Booking and Post-Booking Diversion Programs for Mentally Ill Substance-Using Individuals with Justice Involvement," *Journal of Contemporary Criminal Justice*, 2003, 19, 30-64. Describes eight programs representing a variety of approaches to diversion in terms of point of criminal justice intervention (pre-booking or post-booking), degree of criminal justice coercion, type of linkages provided to community-based treatment, and approaches to treatment retention.

Munetz, M. R. & P. A. Griffin. "Use of the Sequential Intercept Model as an Approach to Decriminalization of People with Serious Mental Illness," *Psychiatric Services*, 2006, April, Vol. 57, No. 4, 544-549.

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

Reuland, M. and G. Margolis. "Police Approaches That Improve the Response to People with Mental Illnesses: A Focus on Victims" (electronic version), *The Police Chief*, 2003, 70(11), 35-39.

Reuland, M., L. Draper & B. Norton. *Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions*, Council of State Governments Justice Center and the Police Executive Research Forum for the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice, Washington, DC, 2010.

Skeem, J. & B. Lynne. "How Does Violence Potential Relate to Crisis Intervention Team Responses to Emergencies?" *Psychiatric Services*, 2008, 59:201-204.

Steadman, H. J., J. J. Cocozza, B. M. Veysey. "Comparing Outcomes for Diverted and Non-Diverted Jail Detainees with Mental Illness," *Law and Human Behavior*, 1999, 23, 615-627.

Steadman, H. J., M. W. Deane, R. Borum, & J. P. Morrissey. "Comparing Outcomes of Major Models of Police Responses to Mental Health Emergencies," *Psychiatric*

*Services*, 2000, 51, 645-649. This study compared three models of police responses to incidents involving people thought to have mental illnesses to determine how often specialized professionals responded and how often they were able to resolve cases without arrest. Conclusions: Data strongly suggest that collaborations between the criminal justice system, the mental health system, and the advocacy community plus essential services reduce the inappropriate use of U.S. jails to house persons with acute symptoms of mental illness.

Strauss, G., M. Glenn, P. Reddi, I. Afaq, A. Podolskaya, T. Rybakova, et al. "Psychiatric Disposition of Patients Brought in by Crisis Intervention Team Police Officers," *Community Mental Health Journal*, 2005, 41, 223-228. Conclusions: CIT officers appear to do a good job at identifying patients in need of psychiatric care.

Teller, J. L. S., M. R. Munetz, K. M. Gil, & C. Ritter. "Crisis Intervention Team Training for Police Officers Responding to Mental Disturbance Calls," *Psychiatric Services*, 2006, 57, 232-237.

Teplin, L. "Police Discretion and Persons with Mental Illness," *Community Mental Health Report*, 2001, 1, 37-38, 45-46.

Teplin, L. & N. Pruett. "Police as Street Corner Psychiatrist: Managing the Mentally Ill," *International Journal of Law and Psychiatry*, 1992, 15, 139-156.

Walsh, J. & D. Holt. "Jail Diversion for People with Psychiatric Disabilities: The Sheriff's Perspective," *Psychiatric Rehabilitation Journal*, 1999, 23, 153-160.

Watson, A. C., P. W. Corrigan, & V. Ottati. "Police Officers' Attitudes Toward and Decisions about Persons with Mental Illness," *Psychiatric Services*, 2004, 55, 49-53.

Woody, M. "The Art of De-escalation," *The Journal*, 2005, Summer, 26-62. Retrieved July 17, 2006, from Northeastern Ohio University College of Medicine Division of Clinical Sciences.

### ***Resources from the Web***

**<https://csgjusticecenter.org/mental-health/resources/> – The Criminal Justice/Mental Health Information Network.** The InfoNet is coordinated by the Criminal Justice/Mental Health Consensus Program and the CMHS National GAINS Center, with invaluable support from the National Alliance on Mental Illness (NAMI) and other organizations. Content on the site, which is still being developed, is organized and searchable using the components of the criminal justice and mental health

systems, which courts, corrections, and community support. See this list of resources: <https://www.theiacp.org/sites/default/files/2018-08/2009SummitUsefulResources.pdf>

<https://csgjusticecenter.org/> – **The Council of State Governments** is a national nonprofit organization that serves policymakers at the local, state, and federal levels from all branches of government. It provides practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities. For example, it designed and conducted the Consensus Program to help mental health consumers.

<http://csgjusticecenter.org/mental-health> – **The Consensus Program** is a national effort to provide information, research, and support to organizations attempting to help people with mental illness in the criminal justice system. It's sponsored by the Council of State Governments.

[https://nami.org/Get-Involved/Crisis-Intervention-Team-\(CIT\)-Programs/CIT-Resources](https://nami.org/Get-Involved/Crisis-Intervention-Team-(CIT)-Programs/CIT-Resources) – **NAMI (National Alliance on Mental Illness)** provides a number of resources regarding CIT. Search for CIT on <https://nami.org> and you'll find others, such as *how to build a CIT program*: [https://nami.org/Get-Involved/Crisis-Intervention-Team-\(CIT\)-Programs/Building-a-CIT-Program](https://nami.org/Get-Involved/Crisis-Intervention-Team-(CIT)-Programs/Building-a-CIT-Program). The NAMI CIT Technical Assistance Resource Center has information for law enforcement, advocacy, and mental health workers, and consumers regarding Crisis Intervention Team (CIT) training. It serves as a repository of information about CIT programs nationwide. The Center facilitates ongoing communications between CIT programs and engages in national networking to establish standards and promote the expansion of CIT.

<http://www.parkridge.us/assets/1/Documents/cpsjMentalHealthResource-Guide052016.pdf> – **The Park Ridge Mental Health Resource Guide** can serve as an example for developing your own brochure. It's geared to the public and not especially for CIT officers, but a similar brochure could be created for CIT officers with information they need for CIT referrals. The brochure for the public could be disseminated to hospitals, Crisis Intervention Centers, and other public locations.

<https://www.samhsa.gov/> – **The SAMHSA Health Information Network (SHIN)** connects the behavioral health workforce and the general public to the latest information on the prevention and treatment of mental and substance use disorders.

<http://psychlaws.org> – **The Treatment Advocacy Center** is a national nonprofit organization dedicated to eliminating barriers to the timely and effective treatment



of severe mental illnesses. The Center promotes laws, policies, and practices for the delivery of psychiatric care and supports the development of innovative treatments for mental health consumers.

**<https://vitalsapp.com>** – “**The Vitals™ app** is a life-saving technology designed to bridge the communication gap between first responders and individuals living with invisible or visible conditions and disabilities – delivering greater peace of mind for everyone.” Individuals living with mental illness may download the VITALS app for free.

### ***Services***

**<https://mentalhealthrecovery.com/>** – This site features emerging evidence-based practices in mental health services and features WRAP, or the **Wellness Recovery Action Plan**, for prevention and well-being.

**[www.cmhsrp.uic.edu/nrtc](http://www.cmhsrp.uic.edu/nrtc)** – **The National Research and Training Center on Psychiatric Disability** (NRTC) promotes access to effective consumer-driven and community-based services for adults with serious mental illness. The Center is located at the University of Illinois at Chicago in the Department of Psychiatry.

### ***Strategic Planning***

**<http://unpan1.un.org/intradoc/groups/public/documents/aspa/unpan002504.pdf>** – This Handbook for Strategic Planning by Denise L. Wells and Linda M. Doherty, Ph.D., is a superior point of departure for your strategic process. The authors wrote it in response to questions about the strategic planning process within an organization. While it doesn’t anticipate every question nor teach the intricacies of strategic planning, it does answer process questions, detailing an effective, proven way to do strategic planning. Use it with other question-specific how-to manuals you can find on the internet.

**[http://www.ojp.usdoj.gov/BJA/pdf/MHC\\_Essential\\_Elements.pdf](http://www.ojp.usdoj.gov/BJA/pdf/MHC_Essential_Elements.pdf)** – “Improving Responses to People with Mental Illnesses: Essential Elements of a Mental Health Court” is a report sponsored by the Bureau of Justice Assistance (BJA). It provides an overview of the benefits of mental health courts should your jail diversion program consider diversion via the courts. Note that CIT pre-booking with a mental health court plus a jail diversion program constitutes a comprehensive approach to jail diversion.

**[http://www.ojp.usdoj.gov/BJA/pdf/CSG\\_le-research.pdf](http://www.ojp.usdoj.gov/BJA/pdf/CSG_le-research.pdf)** – “Law Enforcement Responses to People With Mental Illness: A Guide to Research-Informed Policy

and Practice” provides an overview of specialized responses to the mentally ill. Sponsored by the BJA.

<http://cit.memphis.edu/CoreElements.pdf> – “Crisis Intervention Team Core Elements” suggests some critical milestones for planning a CIT effort.

<https://csgjusticecenter.org/mental-health-programs/cp-technical-assistance/technical-assistance-tools/collaboration-assessment-tool/> – The Criminal Justice/Mental Health Consensus Program’s **Collaboration Assessment Tool**

[www.entrepreneur.com](http://www.entrepreneur.com) – Resources on how to create a **press release or a media kit**. (Search “press release” or “media kit” on the site.)

### ***Training***

<http://csgjusticecenter.org/mental-health> – **Report of the Consensus Program** is a set of policy recommendations for training practitioners in the criminal justice and mental health systems (see Programs – Report of the Consensus Program). While this report is previously mentioned, it’s listed here for its relevance to training.

Murphy, G. *Managing Persons with Mental Disabilities: A Curriculum Guide for Police Trainers*. Washington, D.C.: Police Executive Research Forum, 1989.