CIT Advocacy Toolkit

Introduction:

NAMI's CIT Advocacy Toolkit is designed to help NAMI state organizations and affiliates, law enforcement agencies, and mental health providers advocate for CIT in their communities. The construction of this toolkit is ongoing; as we develop new materials, we will post them to www.nami.org/cittoolkit and we'll let you know about them in *CIT in Action*, our monthly e-newsletter. Let us know what resources would be most helpful to you! Please send comments and suggestions to laurau@nami.org.

Advocacy Tools

Community Partnerships: This short guide explains the role of community partnerships in a successful CIT program, and offers tips on how to build strong partnerships.

Facts and Information

CIT Facts: This fact sheet features an explanation of CIT's history and its key components. It also includes data on the effectiveness of CIT in helping people with mental illnesses get treatment, and reducing officer injuries, SWAT team emergencies, and wasted time in the disposition of "emotional disturbance" calls.

Criminalization Facts: This fact sheet provides the basic information you will need to argue persuasively that criminalization of people with mental illnesses is costly for communities, a burden on police and corrections, and tragic for people with mental illnesses. It features sections on the high incidence of criminal justice involvement; the burden on corrections and police; and strategies that work to get people effective community services that prevent incarceration.

State Legislation Related to CIT: At present, there is no state law that mandates CIT. However, a few states have taken legislative steps to recognize or fund CIT and other related specialized police training. Learn more about legislation in Kentucky, Texas, Florida, and Georgia.

The Cost of CIT: This guide to understanding the costs of running a CIT program asks readers to consider how partners in the community can contribute most of the needed components for a CIT program.

CIT Sample Training Budget: A sample budget for a CIT training session.

Media Relations Tools

CIT Talking Points: Whether you're talking to the media, introducing CIT to your local law enforcement agency or making a convincing argument to your state legislators, these talking points will help advocates prepare to speak clearly and concisely about the importance of CIT.

Grant Writing Tools

Grant Writing Tips for CIT Programs: This guide provides step-by-step instructions for CIT programs interested in searching for and applying for grant funding. The Resources section lists sources for more training in grant writing.

Examples of Successful Grant Applications for CIT
Sometimes it is easiest to learn by example. Read some grant applications that have successfully secured funding for CIT programs. *Available for download at:* www.nami.org/cittoolkit.

CIT Grant Writing Templates
These templates are designed to help grant writers applying for CIT funding answer questions that commonly appear on grant applications. You should always tailor these templates to the needs of your program and the requirements of the funder. You should also, whenever possible, include local data and information.

- ➢ **Describing the Need for CIT**: This template is designed to help grant writers answer a question the question: What is the need? What is the nature of the problem?
- ➢ **Program Structure**: This template is designed to help grant writers describe the structure of their CIT programs.

Introduction: You Can't Plug and Play with CIT

Many community leaders learn about Crisis Intervention Teams (CIT) and immediately ask, "When's the next training?" It's not that simple! Unlike Family-to-Family, CIT is not a NAMI program that the local affiliate can implement by sending members to a Train the Trainer event. CIT is based on community partnerships, and is not just training. The criminalization of people with mental illness is a systems problem and the only way to fix it is to bring all the parts of the broken system together to find a solution.

Why Are Community Partnerships Important?

1. You want to address the underlying problem. The underlying problem is that too many people with serious mental illnesses do not have adequate access to mental health services, become critically ill, and cannot get adequate crisis services. The fact that too many people with serious mental illnesses are encountering law enforcement is a *symptom* of this problem, and cannot be solved by simply training officers to respond more effectively. Coordination between law enforcement and mental health providers will improve the chances that people who need treatment get it, and achieve a lasting recovery.

2. Funding. Your program will have many more avenues to pursue funding if you build partnerships. Your community partners will probably be eligible for different funds than your organization, and grant-funders like to support collaborative efforts.

3. Long-term sustainability. While it may seem difficult to coordinate, a CIT program built on community partnerships is more likely to endure than one sustained by just one organization.

4. Accountability. Each group – law enforcement, the local NAMI, and mental health providers – have a responsibility to mental health consumers and to each other. Building a strong working relationship is the key to productively resolving your current problems, and avoiding difficulties in the future.

How to Build Community Partnerships

1. Assess your community.

- Before you propose CIT as a solution to your community's criminalization problem, do a little research into the nature of the problem. How many people with mental illness are currently incarcerated in your community? Have there been any deaths of consumers or law enforcement officers during a mental health crisis? What is the current crisis response system? What resources are currently available to address this problem?

- Identify resources and allies that can help you. Contact your state NAMI and find out what other communities are doing. Is there an organization that helps communities in your state start CIT? If so, your state NAMI should know. Find out whether any other communities in your state have CIT programs and contact them. If you have any friendly contacts with the department of mental health, police/sheriff's department, or local government, contact them and see whether they would be interested in co-sponsoring a meeting, or if they can put in a good word for CIT with their supervisors.

- In many communities, tragedies have been the catalyst for starting CIT programs. Ideally, CIT should start before a tragedy strikes, but if a death or shooting does occur, be prepared to step forward and propose CIT as a constructive solution.

2. Identify potential partners.

- Every CIT program should involve family and consumer advocates, local law enforcement agencies, and local mental health and substance abuse providers. You may also want to consider including other groups that interact with or represent people with mental illnesses in crisis, including: probation, parole, courts, homeless services, emergency room personnel, EMTs, hospitals, correctional facilities, city or county government, other mental health advocacy groups, or peer support organizations. Make a list of the relevant organizations in your community.

- It is particularly important to include a wide range of partners from the criminal justice fields, so that CIT can be part of a comprehensive de-criminalization strategy. For example, inviting judges, lawyers and court staff to participate may spark interest in post-booking diversion programs like mental health courts.

3. Do your homework.

- You want to know as much as possible about potential partners before you go into a meeting with them. Find out how many officers your law enforcement

agency has sworn, how many crisis calls they receive, how much population and square mileage they cover. Try to find a sympathetic deputy or officer to talk with you in advance of the meeting. Similarly, find out about the capacity of your local crisis center or emergency room. How many crisis calls do they receive? How many staff do they have? How many people do they deal with who cycle through emergency rooms, jails, and homeless shelters but never stabilize?

4. Introduce yourself, and introduce CIT.

- Invite your group of potential collaborators to a get-to-know-you meeting. Your invitation should be friendly and informative. Briefly explain that your affiliate is interested in presenting on CIT, which is an approach many communities have used to promote safety, prevent unnecessary incarceration and get people who need mental health treatment the help they need. Use the information in "CIT Facts" and "CIT Talking Points" in the NAMI CIT Advocacy Toolkit, as well as information gleaned in your research on local capacities, to write a concise letter explaining how CIT benefits all parties. If you don't receive a response to your invitation, make a polite follow-up phone call.

- Briefly introduce NAMI. Take a few minutes to discuss NAMI's mission, projects and the population that your affiliate represents. For general facts and information on mental illness, see NAMI's fact sheet "Mental Illness: Facts and Numbers," or a one-page handout on NAMI, "What is NAMI?" Both documents are available at: www.nami.org.

- Make your case: The best way to get buy-in for CIT is to show your partners what's in it for them. Before the meeting, brainstorm about what concerns and motivations your potential partners will bring to the table. For law enforcement, this may be liability issues, concerns about officer injuries, and time spent by officers transporting individuals to mental health treatment. For mental health providers, the main concerns may be lack of capacity to handle new referrals, and the welfare of consumers.

- You may be tempted to use this opportunity to vent your frustrations with the current system, or discuss police misconduct. Resist this temptation, not because those aren't worthwhile concerns, but because you want to build enduring relationships, and most people will withdraw from a partnership if they feel attacked.

- *Tip*: Invite an outside CIT champion to speak. Consider inviting a representative from a neighboring CIT program to come and talk about the successes of his or her program. If you anticipate some resistance from your law enforcement agency, your sheriff or chief may be more easily convinced by the experiences of another law enforcement officer.

5. Form a steering committee. Invite your partners to become involved in a steering committee. Your committee should include at least one representative each from NAMI, your local mental health provider and law enforcement. Before you can plan law enforcement training, you may need to address some systems issues in your community.

- Start with topics you can agree on. Create a "map" of the services and pathways a person with mental illness in crisis might encounter in your community. Envision the ideal process for getting someone to appropriate crisis services.

- Take stock of the crisis services available in your community. If necessary, discuss strategies for ensuring that more and better crisis services are available to residents.

- Discuss current law enforcement policies and procedures related to people with mental illnesses in crisis. If necessary, work with law enforcement agencies to create or amend these policies.

- Discuss the current process for transferring a person from law enforcement custody to emergency psychiatric care. Work on procedures and policies that ensure a safe, speedy transfer.

- Appoint a CIT Coordinator who will be responsible for coordinating police training. This person can be a representative from any of the partner organizations, and will be overseen by the steering committee.

- Address any additional concerns raised by partner organizations.

6. Maintain lasting partnerships. The partnerships you build will not be created overnight, and you shouldn't expect them to survive without some attention and care. There are several ways you can ensure that your partners stay invested in the program.

- Meet regularly. During the planning stages, you should meet regularly to resolve the "systems" issues laid out above. During and after trainings, the committee should meet to oversee the training and to respond to any concerns or problems that arise with trained officers.

- Solicit feedback. Be open-minded, and make sure at every meeting that anyone who has a concern has an opportunity to voice it. As you are planning law enforcement training, create a formal mechanism for feedback from the community. You will want to know what members of the community, consumers, family members, providers and officers think of the program.

- Apply for joint funding. See "Grant-Writing Tips for CIT Programs" in NAMI's CIT

Advocacy Toolkit for advice on how to do this.

♦ Get in-kind donations. In order to make your meetings and training program possible, ask each of the partner organizations to donate time, space, printing or trainers — anything that will help get the job done without straining anyone's budget. See "The Cost of CIT" in NAMI's CIT Advocacy Toolkit for ideas on how to do this.

♦ Ask partner organizations to provide trainers. To teach the training course, you will need presenters with a variety of expertise — mental health providers, consumers and family members, legal experts and law enforcement experts. Being involved in the training can be very empowering for individuals, and also gives the organization they represent a voice in the program.

Resources

NAMI's CIT Advocacy Toolkit
This toolkit includes basic facts on criminalization and CIT, media relations tools, and information on how to fund your program. Available at www.nami.org/cittoolkit.

NAMI's CIT Technical Assistance Resource Center
Our website, www.nami.org/cit, highlights other information on CIT; our e-newsletter, *CIT in Action*, and links to other organizations.

The Council of State Governments Justice Center
Online at: http://justicecenter.csg.org.

Criminal Justice/Mental Health Consensus Project
Online at: http://consensusproject.org.

The University of Memphis CIT Center
Online at: http://cit.memphis.edu.

CIT Core Elements
Online at: http://cit.memphis.edu/CoreElements.pdf.

What is CIT?

Crisis Intervention Teams (CIT) are a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illnesses.

The first CIT was established in Memphis in 1988 after the tragic shooting by a police officer of a man with a serious mental illness. This tragedy stimulated a collaboration between the police, the Memphis chapter of the National Alliance on Mental Illness, the University of Tennessee Medical School and the University of Memphis to improve police training and procedures in response to mental illness. The Memphis CIT program has achieved remarkable success, in large part because it has remained a true community partnership. Today, the so-called "Memphis Model" has been adopted by hundreds of communities in more than 35 states, and is being implemented statewide in several states, including Maine, Connecticut, Ohio, Georgia, Florida, Utah, and Kentucky. To locate a CIT program near you, visit the University of Memphis website at: http://www.cit.memphis.edu/USA.htm.

The Memphis Model of CIT has several key components:

♦ A **community collaboration** between mental health providers, law enforcement, and family and consumer advocates. This group examines local systems to determine the community's needs, agrees on strategies for meeting those needs, and organizes police training. This coalition also determines the best way to transfer people with mental illness from police custody to the mental health system, and ensures that there are adequate facilities for mental health triage.

♦ A **40 hour training program** for law enforcement officers that includes basic information about mental illnesses and how to recognize them; information about the local mental health system and local laws; learning first-hand from consumers and family members about their experiences; verbal de-escalation training, and role-plays.

♦ **Consumer and family involvement** in decision-making, planning training sessions, and leading training sessions.

Why Do We Need CIT?

CIT equips police officers to interact with individuals experiencing a psychiatric crisis, by:

♦ **Providing specialized training.** Police officers report that they feel unprepared for "mental disturbance" calls and that they encounter barriers to getting people experiencing psychiatric symptoms quickly and safely transferred to mental health treatment. CIT addresses this need by providing officers with specialized training to respond safely, and quickly to people with serious mental illness in crisis. Officers learn to recognize the signs of psychiatric distress and how to de-escalate a crisis — avoiding officer injuries, consumer deaths and tragedy for the community. In addition, CIT officers learn how to link people with appropriate treatment, which has a positive impact on fostering recovery and reducing recidivism.

- **Creating a community collaboration.** Due to critical shortages in community mental health services, police officers have become first line responders to people with serious mental illness who are in a psychiatric crisis. When these crises occur, officers often have no options other than to arrest the individual, due to the lack of protocol or coordination between law enforcement and the mental health system. By creating relationships between law enforcement and mental health services, CIT can facilitate agreements that get people quickly transferred to mental health treatment, while reducing the burden on police and corrections. Speedy transfers to treatment save police time and money, and reduce the need for costly emergency psychiatric services.

CIT Works — for law enforcement, for consumers, and for the community.

CIT helps keep people with mental illnesses out of jail, and gets them into treatment.

- Studies show that police-based diversions, and CIT especially, significantly reduce arrests of people with serious mental illnesses.[1,2] Pre-booking diversion, including CIT, also reduced the number of re-arrests by 58%.[3]

- In a one-year study of pre-booking jail diversion, including CIT, participants in jail diversion programs spent on average two more months in the community than non-diverted individuals. Individuals diverted through CIT and other programs receive more counseling, medication and other forms of treatment than individuals who are not diverted.[3]

- CIT training reduces officer stigma and prejudice toward people with mental illness.[4]

- CIT officers do a good job of identifying individuals who need psychiatric care[5] and are 25% more likely to transport an individual to a psychiatric treatment facility than other officers.[6]

CIT reduces officer injuries, SWAT team emergencies, and the amount of time officers spend on the disposition of mental disturbance calls.

- After the introduction of CIT In Memphis, officer injuries sustained during responses to "mental disturbance" calls dropped 80%.[7]

- After the introduction of CIT in Albuquerque, the number of crisis intervention calls requiring SWAT team involvement declined by 58%.[8.]

- In Albuquerque, police shootings in the community declined after the introduction of CIT. [9]

- Officers trained in CIT rate their program as more effective at meeting the needs of people with mental illness, minimizing the amount of time they spend on "mental disturbance" calls, and maintaining community safety, than officers who rely on a mobile crisis unit or in-house social worker for assistance with "mental disturbance" calls. [10]

CIT Works in Rural Communities: Many rural communities have created regional collaboratives for CIT. For example, successful rural CIT programs exist in the New River Valley in Virginia, and in Cambria County, Pennsylvania.

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Criminalization of people with mental illnesses is a significant problem:

With the decrease in inpatient psychiatric beds and declines in the availability of community mental health services, people with serious mental illnesses frequently go without the treatment and services that they need. When someone experiences a psychiatric crisis or acts out as a result of symptoms of their illness, often police are the first-line responders, and jails and prisons are increasingly used to house and treat these individuals Once incarcerated, people with mental illnesses do not receive the services that they need, are vulnerable to abuse, and have difficulty reconnecting with services on release. The result, for many, is years of cycling through prisons and jails, shelters, and emergency rooms, which is costly for communities, a burden on police and corrections, and tragic for people with mental illnesses.

♦ More than 450,000 Americans with a recent history of mental illnesses are incarcerated in US jails and prisons. This includes 24% of state prison inmates, and 21% of local jail inmates.[1] Of these, about 72% have a co-occurring substance abuse disorder.[2] By comparison, about 6% of the general population has a serious mental illness.[3]

♦ Of probationers, 16%, or more than 500,000 people, reported having a mental disorder.[2]

♦ In one study, approximately 28% of people with serious mental illness were arrested in a 10-year period. The majority of these arrests were for non-violent charges like crimes against the public order or property offenses.[4] Many experienced repeat arrests.

♦ Sixty-six percent of boys, and almost 74% of girls in the juvenile justice system meet the diagnostic criteria for at least one major mental illness.[5]

♦ Once arrested, individuals with mental illness and substance abuse disorders spend on average 17 more days in jail than people without these disorders who were charged with similar crimes.[6] At Riker's Island, New York City's largest jail, inmates with serious mental illness serve on average almost 6 months more than inmates without serious mental illness.[7]

♦ People with mental illness who are incarcerated tend to have higher rates of homelessness and co-occurring substance abuse disorders.[6]

♦ People who are incarcerated who have a mental illness have experienced, prior to their incarceration, higher rates of sexual and physical abuse victimization and unemployment than other inmates. [1]

♦ When they are incarcerated, people with mental illness often lose access to Medicare, Medicaid, and Social Security benefits. Even when benefits should be restored upon release, re-applying for benefits can be time-consuming and complex. Without case management assistance to restore benefits, prisoners re-entering after prison are at risk of recidivating or requiring costly emergency medical services.[8]

Criminalization has serious consequences for communities:

♦ The yearly cost of incarceration for one prisoner in both state and Federal prisons is approximately $22,600.[9] By comparison, assertive community treatment, which provides comprehensive services to people with serious mental illnesses, costs between $10,000-$15,000 per person per year.[10]

♦ Studies show that between 10-15% of police shootings are "suicide-by-cop" incidents, when the victim is suicidal and deliberately provokes the officer to shoot.[11]

♦ Police officers report that responding to "mental disturbance" calls creates a significant burden on their departments.[12]

There are strategies that work:

Pre-Booking Jail Diversion:
Studies show that police-based jail diversion, and crisis intervention teams (CIT) especially, significantly reduce arrests of people with serious mental illnesses,[13,14] while better identifying individuals who need psychiatric care.[15] Individuals diverted through CIT and other pre-booking diversion programs receive more counseling, medication and other forms of treatment than individuals who are not diverted.[16]

Post Booking Jail Diversion:
Mental health courts and other post-booking diversion programs have proven effective in reducing incarceration and improving treatment outcomes. A study of the Allegheny County (PA) Mental Health Court revealed that the court reduced the amount of time offenders with serious mental illness spent in jail, increased the amount of mental health treatment they received, and did so at no additional cost.[17]

Supportive Housing:
Placing individuals who are homeless and who have serious mental illnesses in supportive housing with social services reduces time spent in jail, and reduces financial burdens on the criminal justice system. In one study, the reduced costs to the criminal justice system, shelters and emergency rooms made up for 94% of the cost of supportive housing.[18]

Forensic Assertive Community Treatment:
Forensic Assertive Community Treatment (FACT) treats individuals with serious mental illness who have been involved with the criminal justice system by providing intensive round-the-clock services in the community. In one study, FACT reduced jail days by 83%.[19]

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CIT Toolkit
State Legislation
Related to CIT

At present, there are no state laws mandating CIT. However, a few states have taken legislative steps to support CIT or other specialized police training.

Kentucky (2007)

Read the text of the law here: http://www.lrc.ky.gov/krs/210-00/365.PDF

Kentucky's law defines CIT as a best practice for police interventions with people who have serious mental illness, developmental disability, mental retardation, substance abuse disorders, or dual diagnosis. The law lays out specific requirements for police training, including: number of hours required; topics covered; and composition of the training team. It requires the state Department for Mental Health and Mental Retardation to draft a curriculum, and the Kentucky Law Enforcement Council to facilitate making the training available to police departments. It also requires departments with CIT trained officers to report on the outcomes of the training. This law does not mandate that law enforcement agencies implement CIT; rather it establishes guidelines if communities decide to adopt CIT.

Texas (2005)

Read the text of the law here: http://www.capitol.state.tx.us/tlodocs/79R/billtext/pdf/SB01473F.pdf

and an analysis of the law here: http://www.capitol.state.tx.us/tlodocs/79R/analysis/pdf/SB01473H.pdf

This law requires veteran officers to complete a training program in de-escalation and crisis intervention techniques. (A 16-hour de-escalation training was previously required in the training for new officers). Officers typically have 2 years to complete the training. The course requirements cannot be met by taking an online course. While this is a step in the right direction, we do not consider this a CIT program, because it is not a comprehensive 40 hour training, and *does not* require community partnerships between law enforcement, mental health providers and family and consumer advocates to respond to local needs.

Florida (2007)

Read the text of the law here: http://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?FileName=_h1477er.doc&DocumentType=Bill&BillNumber=1477&Session=2007

This law creates a criminal justice mental health grant program to be administered by the Florida Department of Children and Family Services, called the Criminal Justice, Mental Health and Substance Abuse Reinvestment Grant Program. The grant program provides funding to counties for planning, implementing and expanding initiatives to increase public safety, decrease criminal justice spending, and improve accessibility and quality of treatment for individuals who have mental illnesses or substance abuse disorders and are involved, or are at risk of being involved, with the criminal justice system. The bill also establishes a statewide grant review committee, and specifies requirements for membership in the committee; specifies who can apply for grants, and establishes some requirements for applications. Grants can fund projects including, but not limited to, mental health courts, diversion programs, CIT and reentry services.

Georgia (2008)

Read the text of the resolution: http://www.nami.org/Template.cfm?Section=CIT&Template=/ContentManagement/ContentDisplay.cfm&ContentID=60034

The Georgia Senate passed S. Res. 924, a resolution recognizing and commending the Georgia Crisis Intervention Team.

NAMI
National Alliance on Mental Illness

Because CIT is developed through community collaborations, it can be accomplished at low cost, through mostly volunteer efforts. In fact, asking partner organizations to commit their resources to CIT creates a sense of ownership over the program, which leads to long term sustainability.

Consider the following:

Coordination and Planning: Any member of the community partnership – NAMI, the mental health agency, law enforcement, the local college or university, or the local government - may have on their staff a person who can act as coordinator to plan training sessions and coalition meetings.

Instructors: Local mental health professionals, educators, consumers and family members are often willing to donate their time as CIT instructors. Contact your local NAMI, your local college or university and your mental health agency.

Facilities: Many CIT programs are able to host trainings at the law enforcement training academies or university facilities for little or no cost.

Materials: Law enforcement agencies may be willing to donate the cost of pins and brochures. Other printing costs may also be outsourced from within the partnership.

Salary: Officers selected for training should be volunteers who are invested in the program, rather than motivated by a pay increase. Some communities, but not all, offer CIT-trained officers a token increase in pay in recognition of their specialized skills. Law enforcement agencies may be to cover any additional staff costs incurred by taking officers off the beat for the training.

Sustained Funding: Once your program is established, you may be able to sustain funding for ongoing trainings by opening the classes up to officers from other communities and charging tuition.

The **Georgia Crisis Intervention Team** conducts the one-week training for 20 officers for a total of $5000, or **$250 per officer**. This budget includes a part-time CIT coordinator at NAMI Georgia; funding for research on the outcomes of Georgia CIT; as well as travel and lodging for instructors.
(Information courtesy of NAMI Georgia.)

The **Utah Crisis Intervention Team** trains 550 officers across the state of Utah annually with a budget of $95,000, or approximately **$175 per officer**. This budget also covers costs for continuing education classes and CIT training for corrections officers.
(Information courtesy of Ron Bruno, CIT Utah.)

CIT Toolkit
Sample Training Budget

Item	Cost per	Number	Cost
Training Manuals	$ 10.00	20	$ 200.00
CIT Patches	4.00	20	80.00
CIT Pins	4.00	20	80.00
Certificates	1.00	20	20.00
Brochures	1.00	200	200.00
Pocket Guides	.28	250	70.00
Lodging (Instructors)	375.00	5	1,875.00
Travel/Mileage (Instructors) ($.45 per mile x 80 miles per individual)	36.00	8	288.00
Instructional supplies	250.00	1	250.00
Program Honoraria (Class Coordinator fee)	500.00	1	500.00
Outreach materials			104.00

Overhead/Operational fees

Postage/shipping	67.00
Office rental	83.00
Phone/internet charges	66.00
Equipment rental	29.00
Salary – CIT coordinator	865.00
Annual Advanced Training/Conference	223.00
Efficacy Research	500.00

Projected Cost Per Class: **$5,500.00**

Talking Points

CIT (Crisis Intervention Team) is a model program designed to improve the outcomes of police interactions with people with mental illnesses.

CIT is a community collaboration, not just a training program. CIT officers are trained to prevent crises, and to de-escalate a crisis when it occurs. But, CIT is not just training. CIT is only effective when law enforcement, the mental health system and consumer and family advocates collaborate to make sure that when officers divert someone, the treatment system is willing and able to provide appropriate treatment.

CIT works for law enforcement. CIT provides officers tools for responding more safely and compassionately to people with serious mental illness. CIT gives officers options other than arrest and incarceration when they encounter people with mental illness. It improves public safety and reduces officer injuries, while reducing the amount of time officers spend dealing with mental disturbance calls. CIT officers report that they are more satisfied with CIT than with other jail diversion approaches.

CIT works for consumers. CIT improves consumers' safety: through the use of de-escalation techniques, officers can help prevent a crisis from deteriorating to the point where the use of force is likely. When they encounter a CIT officer, consumers are more likely to be transferred to treatment, to stay out of jails and emergency rooms, and receive treatment in the community.

CIT frees up public resources. By diverting people with serious mental illness from jails, CIT helps ensure that jails are used to incarcerate criminals, not people who require treatment. CIT also saves public resources by preventing people from deteriorating to the point they are incarcerated or require costly emergency services. Finally, CIT saves police time and money by creating an efficient system for transferring people from law enforcement custody to mental health treatment.

Tips

Be concise: If your message is short and simple to understand, decision-makers are more likely to hear you.

Tell your personal story, or connect CIT to local events, to be most effective. For example, if a crisis situation in your community leads to the death of an officer or a consumer, explain how CIT might prevent similar tragedies in the future.

Tailor your message to your audience: Decision-makers will be more receptive if you give them information that is relevant to them, delivered by someone they can relate to. For example, if you are talking with law enforcement, try to find a law enforcement advocate of CIT in your community or in a neighboring city or state, to make the case for you.

Present yourself as someone who can help: Everyone responds more favorably to those who approach them in a positive, constructive way, as opposed to those who approach them critically. For example, with law enforcement, it is always important to recognize how difficult the job of an officer is, and to present CIT as a strategy that can make that job easier.

1. Build your coalition.

♦ **Assemble potential stakeholders** in your community to discuss what local issues you are trying to address by implementing CIT, and gather local data about the problems associated with the criminalization of people with mental illness.

♦ **Determine what sources might fund your coalition**. A community coalition around CIT is in a unique position because it includes both non-profit groups and local government entities. Non-profit organizations are eligible for foundation grants, and local governments (including law enforcement agencies) are eligible often eligible for state funding. If you have buy-in, your coalition can apply for money from a variety of sources. In fact, most grant makers today are looking for projects that include a strong collaborative effort.

♦ **Gather information**. Your coalition partners may know of funds that are available to them; for example, law enforcement agencies may have funds available for training. Find out whether any members of the partnership have connections with any community, foundation or government funding sources. Find out whether anyone has grant writing experience.

2. Search for grants.

♦ **Use your connections in the community.** Find out whether community service groups like the Rotary Club or Kiwanis Club offer small grants. While they probably will not be able to fund your entire project, you may be able to get multiple small grants. And, funding from a local organization makes your project more legitimate in the eyes of larger funders.

♦ **To find foundation grants**, search these two websites: the Foundation Center (http://foundationcenter.org/) and Guidestar (http://www.guidestar.org/). Both have fees, but one grant will easily pay off the cost of the subscription.

♦ **To find federal government grants** search www.grants.gov.

♦ **To find state and local grant makers**, you can contact your local community foundation – most major cities have one – or a local university non-profit leadership center (locate them here: http://www.naccouncil.org/members.asp). Also consider contacting your state department of mental health or the department that conducts law enforcement training. Finally, ask at your public library for a foundations directory. Be sure to verify information in printed guides before applying for any grants; it may be out of date.

♦ **Carefully examine the criteria for funding** when reviewing grant opportunities; only consider applying if you meet the criteria. Look at the list of projects the grant maker has funded in the past: this will help you gauge whether your project is in their area of interest. You should also look at the amounts that they have granted; if your request is significantly larger,

consider applying for only a portion of your budget. If your request is significantly smaller, consider another grant maker.

♦ **It is unlikely that you will find grants specifically for CIT**, so look for other categories where your project may fit, including: community policing, violence prevention/reduction, improved community relations, and jail diversion.

3. Make a call.

♦ **Build a relationship**. The relationship you build before you submit your application will vastly improve your chances of receiving funding. If you or someone in your coalition has a connection to a grant maker, have that person make an initial call. Research the grant maker's board of directors to find out whether any member of your coalition has a connection with one of them. If you don't know someone who knows someone, you still need to make the call.

♦ **Choose your representative carefully.** Find a person who is both articulate and enthusiastic about the program to make this initial call.

♦ **Be prepared**. The caller should prepare by reading through the grant maker's guidelines, and having an overview of the proposal on hand, along with local data about the problem that CIT addresses. In this initial conversation, the details of the project may be less important than how the overall goals match the funder's priorities. Find out what their expectations are, and appeal to them.

♦ **Introduce yourself to the program officer.** If you are calling cold, call the number listed on the grant solicitation, and say that you are interested in applying for funding. Ask to speak with the person who handles your category of grant proposals, usually referred to as the program officer. Tell him or her about your project, demonstrating that you've read the criteria for funding. Ask whether this is something the organization might be interested in funding. If the program officer says "no", thank him or her and cross them off your list. Do not push, because you may want to apply for money from them in the future. If they say "yes", continue the conversation. If you have a positive conversation, this person may be someone you can call on later for guidance on the grant writing process.

♦ *Tip:* **Some large foundations will not talk to an organization that hasn't submitted a letter of inquiry.** Check the proposal guidelines carefully; if necessary, submit the letter of inquiry first, and follow up with the phone call. A letter of inquiry is a short overview of your organization and your proposed project. If you receive no response to your letter of inquiry, and aren't able to reach the program officer on the phone, assume that you should look for other sources of funding.

♦ *Tip:* **After an open question period, government grants may be closed to questions.** Rather than a personal response, your question will be answered on a public website. You should still make a call to introduce yourself to the program offi-

cer, but be sure to do it before the open question period ends.

- *Tip:* **Take advantage of any opportunities to build relationships before you go seeking money.** Some foundations and government agencies are willing to meet with you to have a general discussion about what they are interested in and to learn about what you do or may plan to do in the future.

4. Write your grant proposal.

- **Put together a work group and choose a coordinator.** Your work group should include a point person from each organization involved in the coalition. Establishing a work group helps solidify everyone's commitment to the project and prevent any misunderstandings regarding who will do what once you are funded. This group can also provide quick and easy access to information you may need for writing the proposal. It is important, however, to choose one person who will make sure that everyone stays on track and the proposal is completed on schedule.

- **Decide who will submit the application.** If only law enforcement agencies are eligible for funding under a particular grant, the application should go out under the police or sheriff department's name. The same applies if only non-profits are eligible. This does not mean that the organization that applies for the funding has to write the application or implement all aspects of the program. Your workgroup should continue to emphasis shared responsibility.

- **Use the resources available to you.** If you are applying for multiple grants, use NAMI's CIT Grant-Writing Templates or develop your own. Most grant applications ask similar questions, including: What is the need? How will you measure the effectiveness of your program? How is your program going to be structured? Develop standard language to respond to these questions. **Warning**: *you should always customize templates to your individual program, you local needs, and the requirements of the grant maker.*

- **Follow instructions to the letter**. If there are restrictions on font size, margins, length, etc, follow them. If a grant maker receives your application and sees that you did not follow the instructions, they may not even look at it. *Absolutely do not write more than the length limit.*

- **Know your limits**. Carefully gauge what your organization and your coalition have the capacity to do. If you do not complete your project, the grant maker can demand that you return the money.

- **Ask for what you need.** Calculate your budget carefully and ask for what you need, not less or more. Be sure to include *all* costs, direct and indirect. Many, but not all, funders expect there to be 10%-20% in indirect costs – expenses like rent, utilities, IT support, and bookkeeping. Often grant makers will tell you explicitly whether and how much they will fund indirect costs; if they don't cover indirect

costs, don't include them in your request. Be sure that the coalition can cover these costs if you receive the grant.

♦ **Avoid acronyms and jargon** without first explaining what you mean. For example, your first reference should be to "Crisis Intervention Teams (CIT)" and thereafter you can use "CIT." It is very easy to use shorthand without realizing that your readers may not understand you.

♦ **Review your application carefully**. Remember that the foundation's review committee may know little or nothing about mental illness or CIT. Ask a trusted outsider to read your proposal to make sure that your plan and goals are clear. He or she should identify any jargon or overly technical language. Finally, ask your reviewer to read your application as he or she would a résumé: for spelling, grammar, and adherence to the instructions.

♦ *Tip:* **Check your 501(c)3 status.** Some NAMI affiliates do not have their own non-profit status, but rather are umbrella groups of the state NAMI. If this is the case, you can't apply for grants without very careful cooperation with the state organization. You may want to consider applying for funding under the name of another partner in your coalition.

5. Follow Up.

♦ **If you receive funding: Congratulations!** There are still a few things you need to do.

♦ **Thank the grant maker.** You can't say thank you too many times! Write a private letter of thanks, and also consider a public thank you. Acknowledge the grant maker on any materials you print and at any public events that feature your CIT program.

♦ **Comply with any conditions of the grant**, including reporting on your progress and outcomes. Be sure also to respond in a timely fashion to any informal inquiries that you receive from the grant maker.

♦ **Involve the grant maker in your organization.** Invite the grant maker to any major public events that your organization holds, such as the NAMIWalk, a press conference or a fundraising gala. Maintaining an active relationship will increase your chances of receiving future funding. Since foundations talk to each other, your successful relationship with one will improve your reputation with other organizations.

Resources

NAMI's CIT Advocacy Toolkit
This toolkit includes the NAMI CIT Grant-Writing Templates. Available at
www.nami.org.

NAMI's Fundraising Toolkit
Tentatively scheduled for release June 2008, at www.nami.org.

The Foundation Center
http://foundationcenter.org/
This website includes guides to grant-writing, as well as a directory for searching grants.

Guidestar
http://www.guidestar.org/
Another excellent site for searching for grants.

Non-Profit Guides
http://www.npguides.org/
Grant writing guides and information for non-profits.

Grants.gov
www.grants.gov
Search and apply for all federal government grants

Non-profit Academic Centers Council
http://www.naccouncil.org/members.asp
This website lists university centers for non-profit leadership around the country.

Introduction

This template is designed to help you answer a common question that appears on most grant applications: *What is the nature of the problem? What is the need?* Please feel free to copy, paste, and alter the text. Keep in mind that you should *always* tailor your grant application to your program and the requirements of the funder. Notice the prompts to include local data and information; these will make your application more compelling and improve your chances of receiving funding.

What is the nature of the problem? What is the need?

Forty years ago, in response to concerns that psychiatric inpatients were mistreated and cruelly confined, states across the country began closing the vast majority of state psychiatric hospitals. Plans for a more humane community mental health system to treat these individuals never fully materialized. As a result, people with serious mental illnesses frequently go without the treatment and services that they need. Without adequate treatment, people with serious mental illnesses are at increased risk for hospitalization, criminal justice involvement and emergency hospitalization.

When someone experiences a psychiatric crisis and acts out as a result of symptoms of their illness, law enforcement officers are often the first-line responders. Jails and prisons, rather than medical facilities, are increasingly used to house and treat people with mental illnesses. Once incarcerated, people with mental illnesses do not receive the services that they need, are vulnerable to abuse, and have difficulty reconnecting with services on release. The result, for many, is years of cycling between prisons and jails, shelters, and emergency rooms. This cycle is costly for communities, a burden on law enforcement and corrections, and tragic for people with mental illnesses.

Today, 24% of state prison inmates, and 21% of local jail inmates have a recent history of serious mental illness.[i] Of these, about 72% have a co-occurring substance abuse disorder.[ii] 16% of probationers, or more than 500,000 people, reported having a mental disorder.[iii] In one study, approximately 28% of people with serious mental illness were arrested in a 10-year period. The majority of these arrests were for non-violent charges like crimes against the public order or property offenses.[iv] Once in jail, people with mental illness stay on average 17 days longer than other inmates.[v]

People with serious mental illnesses create a financial burden on law enforcement and corrections -- money that would be better spent maintaining public safety and getting people with mental illnesses the treatment they need before they encounter law enforcement. Due to their unmet treatment needs,

people with mental illnesses cost more to detain than other prisoners; for example, in 2004, Miami-Dade County, Florida spent $18 per day to house inmates in the general population, and $125 per day to house inmates with serious mental illnesses.[vi] **[If available, substitute information about the cost of incarcerating a person with mental illness in your local jail or prison.]** Law enforcement officers report that they spend more time in the disposition of "emotional disturbance" calls, and that they do not feel properly prepared to respond to someone in a psychiatric crisis. Frequently officers may not want to arrest someone who is obviously in need of psychiatric care, but they do not know what treatment options are available, and feel they have little choice.

For a person with mental illness, incarceration can be especially destructive. Jails and prisons are not equipped to provide adequate psychiatric treatment, and frequently symptoms worsen. In addition, when they are incarcerated, people with mental illness often lose access to Medicare, Medicaid, and Social Security benefits.[vii] Even when benefits should be restored upon release, re-applying for them can be time-consuming and complex. Without case management assistance, people with mental illnesses re-entering communities after prison are at risk of re-offending or requiring costly emergency housing and medical services. Incarceration is often the beginning of a dangerous cycle of homelessness and emergency hospitalizations.

In the most tragic circumstances, a law enforcement encounter with a person with mental illness leads to violence, resulting in injury or death to officers, the individual himself or even innocent bystanders. People with mental illness often become fearful when confronted by a law enforcement officer; their behavior is frequently perceived as aggressive toward officers rather than protective of self. Additionally, studies show that between 10-15% of police shootings are "suicide-by-cop" incidents, when the victim is suicidal and deliberately provokes the officer to shoot by behaving in a threatening way.[viii] These incidents have financial costs as well: injuries take officers off the beat, increase medical costs, and can result in liability lawsuits.

Add any local data, including:
-Number of people with serious mental illness incarcerated in your state/county as compared to the population or as a percentage of the population.
-Reports of officer injuries or deaths
-Reports of individuals with serious mental illness injured or killed by law enforcement.
-Bystander injuries or deaths
-Average cost to incarcerate someone with mental illness in your state
-Utilization and costs of homeless services, hospitalization, emergency medical and other crisis services by people with serious mental illness

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[i] James, D., and Glaze, L. (2006). "Mental health problems of prison and jail inmates. US Department of Justice, Bureau of Justice Statistics." *Bureau of Justice Statistics Special Report*.

[ii] Ditton, P. M. (1999). "Mental Health and Treatment of Inmates and Probationers." US Department of Justice, Bureau of Justice Statistics, NCJ 174463.

[iii] Ibid.

[iv] Fisher, W., Roy-Bujnowski, K., Grudzinskas, A., Clayfield, J., Banks, S., and Wolff, N. (2006). "Patterns and prevalence of arrest in a statewide cohort of mental health care consumers." *Psychiatric Services*, 57, 1623-1628.

[v] McNiel, D., Binder, R., and Robinson, J. (2005). "Incarceration associated with homelessness, mental disorder, and co-occurring substance abuse." *Psychiatric Services*, 56, 840-846.

[vi] Circuit Court of the Eleventh Judicial Circuit of Florida. (2004). *Final Report of the Miami-Dade County Grand Jury.* Accessed Feb 13, 2008 at: http://www.miamisao.com/publications/grand_jury/2000s/gj2004s.pdf.

[vii] Judge David A. Bazelon Center for Mental Health Law. "Finding the Key to successful transition from jail to the community: An Explanation of Federal Medicaid and Disability Program Rules." Accessed January 28, 2008 at: http://www.bazelon.org/issues/criminalization/findingthekey.html

[viii] Huston, H., Anglin, D., Yarbrough, J., Hardaway, K., Russell, M., Strote, J., Canter, M., & Blum, B. (1998). "Suicide By Cop." *Annals of Emergency Medicine*, 32, 665-669.

Introduction:

This template is designed to help you describe the structure of your CIT program. Please feel free to copy, paste, and alter the text. Keep in mind that you should *always* tailor your grant application to your program and the requirements of the funder. Notice the prompts to include local data and information: these are essential to making your application more compelling and improving your chances of receiving funding.

How is Your Program Structured?

Crisis Intervention Teams (CITs) are designed to reduce negative interactions between individuals with serious mental illness and law enforcement officers, including incidents of violence, and to divert individuals from punitive incarceration to appropriate medical treatment. CITs are formed through the collaboration of mental health providers, law enforcement agencies, family members of individuals with mental illnesses, and the individuals themselves. This coalition develops plans to address systems issues, including the best way to transfer someone from law enforcement custody to mental health treatment; and crisis intervention situations, including teaching law enforcement officers how to recognize and de-escalate a psychiatric crisis to prevent injury or death.

Since its development in 1988 in Memphis, CIT has been implemented by hundreds of communities across the country and statewide in several states. Studies show that CIT trained officers identify individuals who need psychiatric care[i] and are 25% more likely to transport an individual to a psychiatric treatment facility than other officers.[ii] CIT training also reduces officer stigma and prejudice toward people with mental illness.[iii] Research also shows that police-based diversions in general, and CIT in particular, significantly reduce arrests of people with serious mental illnesses.[iv] Individuals diverted through CIT and other programs receive more counseling, medication and other forms of treatment than individuals who are not diverted.[v]

CIT programs have been consistently shown to reduce officer injuries, SWAT team emergencies, and the amount of time officers spend on the disposition of mental disturbance calls. After the introduction of CIT in Memphis, officer injuries sustained during responses to "mental disturbance" calls dropped 80%.[vi] After the introduction of CIT in Albuquerque, the number of crisis intervention calls requiring SWAT team involvement declined by 58%.[vii] In Albuquerque, police shootings in the community declined after the introduction of CIT.[viii] Finally, officers trained in CIT rate their program as more effective at meeting the needs of people with mental illness, minimizing the amount of time they spend on "mental disturbance" calls, and maintaining community safety, than officers who rely on a mobile crisis unit or in-house social worker for assistance with "mental

disturbance" calls.[ix]

[NAMI Local or other agency] will use this grant funding to support planning and implementation for a CIT program in **[your city, town, or county]**.

[Insert a paragraph arguing why implementation of CIT in your community is so important. *Look at local statistics – injuries, deaths, costs, incarceration rates. Note the shortcomings of your community's existing crisis response system, if you have one. For example, is the current system timely in an emergency? Does it operate 24 hours a day? Does it incorporate collaboration between criminal justice and mental health professionals? How would CIT improve upon or replace the current system?*]

During the Planning phase, **[NAMI Local or other agency]** will assemble partners in the community, including members of NAMI Local, police/sheriff's department, mental health service providers, and others. **[List names of specific agencies and organizations that will be recruited for inclusion.]** Throughout the planning and implementation, people living with mental illnesses and their family members will serve as active members of the coalition. This coalition will meet **X** times over a period of **X** months to complete the following tasks:

> ➢ Catalog and assess current mental health services available to individuals experiencing a psychiatric crisis. If necessary, the group will discuss strategies for ensuring that more and better crisis services are available to residents.
> ➢ Assess current law enforcement policies and procedures related to people with mental illnesses in crisis. If necessary, the group will work with law enforcement agencies to create or amend these policies.
> ➢ Assess the current process for transferring a person from law enforcement custody to emergency psychiatric care. If necessary, the group will develop procedures and policies that ensure a safe, speedy transfer.
> ➢ Appoint a CIT Coordinator, who will be responsible for coordinating police training.
> ➢ Appoint an Advisory and Oversight Committee, which will include at a minimum one representative from each of the following groups: law enforcement, mental health providers, and a person with mental illness or a family member. The Advisory and Oversight Committee will be responsible for providing direction and support to the CIT Coordinator, as well as providing ongoing oversight and evaluation of the CIT program.
> ➢ Address any additional concerns raised by coalition members.

The coalition will engage outside experts to provide technical assistance and training **[Mention individuals or agencies if you have identified them]**. The coalition will also support **X** members to attend training events including **[CIT**

training in Memphis or a neighboring city of state, or the CIT National Conference].

In the implementation phase, the CIT coordinator will take the lead in planning a law enforcement training session, including recruiting instructors, booking a location, and producing instructional materials. **[If you have already identified a coordinator or lead organization, mention that.]** The law enforcement training will be based on the Memphis Model 40-hour police training curriculum, with an emphasis on using role-plays to teach officers practical skills to recognize and verbally de-escalate mental health crises. The Coordinator will customize the curriculum to include information on local mental health service providers, and state and local laws. Topics covered will include:

> ➢ Clinical Issues Related to Mental Illnesses
> ➢ Medications and Side Effects
> ➢ Alcohol and Drug Assessment
> ➢ Co-Occurring Disorders
> ➢ Developmental Disabilities
> ➢ Perspective of Persons with Mental Illnesses and Their Families
> ➢ Suicide Prevention and Practicum Aspects
> ➢ Rights/Civil Commitment
> ➢ Mental Health Diversity
> ➢ Equipment Orientation
> ➢ Policies and Procedures
> ➢ Personality Disorders
> ➢ Post Traumatic Stress Disorders (PTSD)
> ➢ Legal Aspects of Officer Liability
> ➢ Verbal De-escalation Techniques
> ➢ Community Resources

Officers will apply for training, and will be selected based on their interest, service record and temperament. **[Include information here about how many officers you plan to train per session, and how many officers total. If applicable, mention that CIT officers will be available to respond 24/7 to crisis calls. Mention also whether you will be training dispatchers or other professionals.]** Upon completion of the training, CIT trained officers will be the lead officers when responding to calls that involve a psychiatric crisis, and will wear a CIT lapel pin to identify them as CIT officers.

After the completion of the training, the Advisory and Oversight Committee will continue to meet on an ongoing basis to mediate any concerns or problems raised by law enforcement, mental health providers or advocates. The Committee will work with the partner organizations and the CIT Coordinator to make any changes needed to the CIT curriculum or to policies and procedures. The Committee will also be responsible for reviewing incidents involving CIT officers, and evaluating the outcomes of the CIT program. Finally, the Committee

will oversee the planning of future CIT training sessions.

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[ii] Teller, J., Munetz, M., Gil, K. & Ritter, C. (2006). "Crisis intervention team training for police officers responding to mental disturbance calls." *Psychiatric Services*, 57, 232-237.

[iii] Compton, M., Esterberg, M., McGee, R., Kotwicki, R., & Oliva, J. (2006). "Crisis intervention team training: changes in knowledge, attitudes, and stigma related to schizophrenia." *Psychiatric Services*, 57, 1199-1202.

[iv] Steadman, H., Deane, M.W., Borum, R., & Morrissey, J. (2001). Comparing outcomes of major models of police responses to mental health emergencies. *Psychiatric Services*, 51, 645-649

Sheridan, E., & Teplin, L. (1981). Police-referred psychiatric emergencies: advantages of community treatment. *Journal of Community Psychology*, 9, 140-147.

[v] TAPA Center for Jail Diversion. (2004). "What can we say about the effectiveness of jail diversion programs for persons with co-occurring disorders?" The National GAINS Center. Accessed December 19, 2007 at: http://gainscenter.samhsa.gov/pdfs/jail_diversion/WhatCanWeSay.pdf.

[vi] Dupont, R., Cochran, S., & Bush, A. (1999) "Reducing criminalization among individuals with mental illness." Presented at the US Department of Justice and Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA) Conference on Forensics and Mental Illness, Washington, DC, July 1999.

[vii] Bower, D., & Pettit, G. (2001). The Albuquerque Police Department's Crisis Intervention Team: A Report Card. *FBI Law Enforcement Bulletin*.

[viii] Bower, D., & Pettit, G. (2001). The Albuquerque Police Department's Crisis Intervention Team: A Report Card. *FBI Law Enforcement Bulletin*.

[ix] Borum, R., Deane, M.D., Steadman, H., & Morrissey, J. (1998). "Police perspectives on responding to mentally ill people in crisis: perceptions of program effectiveness." *Behavioral Sciences and the Law*, 16, 393-405.