NFF NATIONAL FEDERATION OF FAMILIES
Bringing Lived Experience to Family Support

CIT International
Improving Crisis Response Systems

Courage To Be LLC
Unlock Your Potential

Crisis Intervention Teams: Partnering with Families of Loved Ones with Serious Mental Illness and Serious Emotional Disturbance

Muriel Jones Banks
Founder
Courage to Be, LLC

Steven Thomas
Lieutenant
Anne Arundel County Police

Madonna Campbell-Greer
CIT Coordinator and Train the Trainer
Crisis Intervention Team International

Moderated by: Dana LaBranche
National Certification Manager, National Federation of Families

Disclaimer

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Learning Objectives

Attendees will be able to

- Support families of loved ones with serious mental illness (SMI) or serious emotional disturbance (SED) connect with community support to avoid justice system involvement
- Connect police departments with Crisis Intervention Team (CIT) training to support individuals with SMI or SED during a mental health crisis that involves police officers to understand the best practice of co-response between police and community stakeholders as supported by 988 and the Sequential Intercept Model
- Explain how key concepts of CIT training prepare officers to best support individuals with SMI or SED

Presenters

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National Certification Manager
National Federation of Families

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CIT AND FAMILIES – A PARTNERSHIP OF HOPE

PRESENTED BY: Muriel Jones Banks, Parent

President & Founder, *Courage To Be, LLC*

Courage To Be LLC
Unlock Your Potential

CIT AND FAMILIES – A PARTNERSHIP OF HOPE

- **Partner for Safety and Understanding**
  - ✓ If the local law enforcement agency does not have CIT officers, connect them with CIT International or National Alliance on Mental Illness (NAMI), which offers CIT training and resources to build understanding and promote safe response practices.

- **Building Trust Before Crisis**
  - ✓ Families can advocate for their child by providing valuable information to local law enforcement and requesting that a CIT-trained officer respond when possible.

- **Creating Hopeful Outcomes Together**
  - ✓ Through your advocacy, preparation, and partnership, families and officers can turn crisis moments into opportunities for healing, trust, and lasting support.

CIT AND FAMILIES – A PARTNERSHIP OF HOPE

MURIEL JONES
[redacted]
(407) 929-3133 – Business cell
[redacted] – Personal cell
mjonesadvocate@gmail.com

Via e-mail: [redacted]

August 10, 2015

Chief [redacted]
[redacted] Police Department
[redacted]
[redacted] New Jersey [redacted]

RE: [redacted] (son)
Runaway incident on Saturday, August 8, 2015

Dear Chief [redacted]:

This letter is to commend the [redacted] Police Department concerning my son, [redacted] (25 yrs old). [redacted] suffers with a mental health challenge and is on the autism spectrum.

I received a phone call approximately 12:53 a.m. on Saturday, August 8th from an officer advising that a call was received from the group home residence, [redacted] reporting that my son ran away. The officer identified himself and, unfortunately, I do not recall his name. It is my hope that your call log will reflect the officers involved including dispatch.

I was able to track down my son via his cell phone and advised dispatch. I was on the phone with my son when the unit arrived at the BP Station on [redacted]. The approach by the officers was absolutely amazing and brought me to tears. I am not sure if they were CIT trained but their approach was sensitive and professional.

I truly appreciate the professionalism of dispatch and the officers who encountered my son. I thank them from the bottom of my heart.

Sincerely,

Muriel Jones
Parent/Legal Guardian

cc: Mayor [redacted]

CIT AND FAMILIES – A PARTNERSHIP OF HOPE

On Tue, Aug 11, 2015 at 6:33 AM, [redacted] wrote:

Ms. Jones,

Thank you for recognizing my officers. We do have specialized training to deal with people that have autism and special needs. It is something I identified as a need upon being Chief of Police. It is imperative that we meet the needs of all our residents to provide the best possible quality of life.

I am away this week on vacation but I am having the reports pulled so I can forward your letter to all the officers and communications staff involved. I will place this letter in their personal files. Complimentary letters are considered for performance evaluations, special assignments, and promotions.

On a personal note I want to tell you I sincerely appreciate the compliment. I am sure you are aware that law enforcement has been under a great deal of scrutiny and criticism lately. It is quite refreshing when my officers are recognized for their hard work and dedication.

Feel free to contact me if I can ever be of assistance. Have a great week.

Sincerely,

Chief [redacted]

CIT AND FAMILIES – A PARTNERSHIP OF HOPE

MURIEL JONES

[redacted]police.org
[redacted]org

Dear Captain [redacted]

I want to commend your officers for their interactions with my son, [redacted], during multiple calls to the [redacted].
While I am unsure whether the officers who responded while my son was a resident at [redacted] were CIT-trained, I want to acknowledge that each encounter was handled with safety and care.
My son lives with a serious co-occurring disorder, and the compassion and patience your officers consistently demonstrated during his stay at the group home should be recognized and commended.
[redacted] is now in a facility better equipped to meet his needs.
Sincere appreciation to the [redacted] Police Department for their professionalism and keeping my son and the community safe.

Thank you,
Muriel Jones Banks, Parent

CIT AND FAMILIES – A PARTNERSHIP OF HOPE

[redacted]ngpolice.org>

Dear Muriel Jones Banks

On behalf of the [redacted] Police Department, I would like to thank you for extending your appreciation for our interactions with your son. As I am sure, you are aware mental health calls can be some of the most difficult for officers to navigate. Our officers regularly train to deal with a multitude of issues that we may encounter during our shifts to help achieve the best possible outcome given the circumstances.

One of the areas we have focused on over the last several years has been de-escalation techniques. These techniques are aimed at giving officers additional tools when faced with difficult situations. I am glad that we were able to help your son during some difficult times.

I will pass your message on to our patrol division. We hope that he has great success in his new facility and will not need further officer interactions.

If there is anything else we can help you with please let me know.

Sincerely,

Captain [redacted]

CIT AND FAMILIES – A PARTNERSHIP OF HOPE

With strong community collaboration, support from national programs, and commitment from police leadership, CIT training can be obtained, and a robust CIT program built, leading to safer encounters and improved outcomes for all involved.

BE THE BRIDGE – HELP BUILD A COMMUNITY READY TO RESPOND WITH COMPASSION!

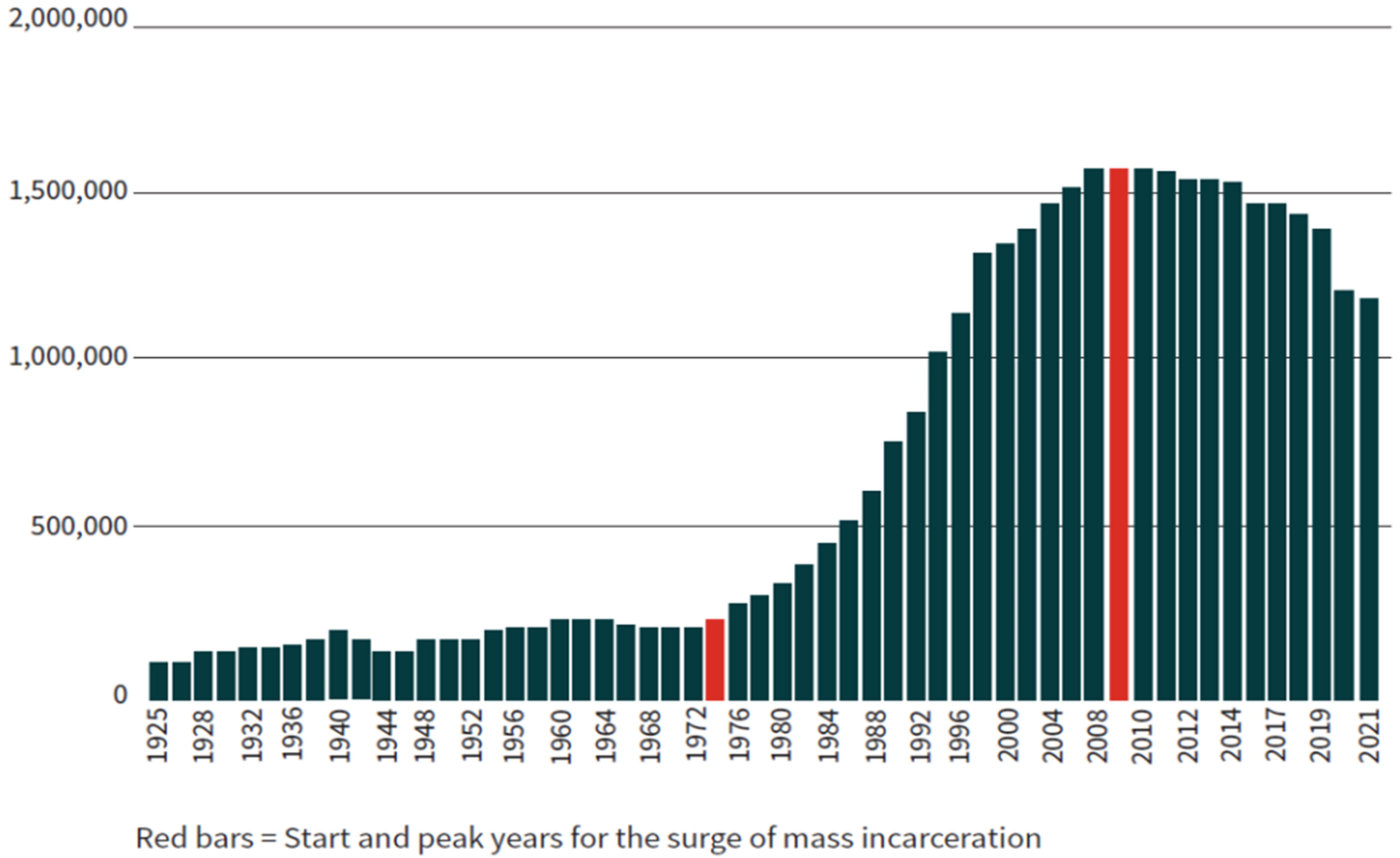
Therapeutic Jurisprudence

utilizing the SAFER-R model
of
psychological first aid

Steven Thomas, Lieutenant Anne Arundel County Police

United States Prison Population

Sources: Cahalan, M. W. (1986). Historical corrections statistics in the United States, 1850-1984.
Bureau of Justice Statistics; Carson, E. A. (2022). Prisoners in 2021–Statistical tables. Bureau of Justice Statistics.



Effect of De-Institutionalization on the Support of SMI and SED Populations

- Three forces drove deinstitutionalization (Yohanna, 2013):
  1) belief that institutions were cruel and inhumane
  2) hope that new antipsychotic medications were a "cure"
  3) cost savings for states and the federal government

- Community-based organizations were meant to offer the services institutions previously provided, BUT…

Effect of De-Institutionalization on the Support of SMI and SED Populations (Cont'd)

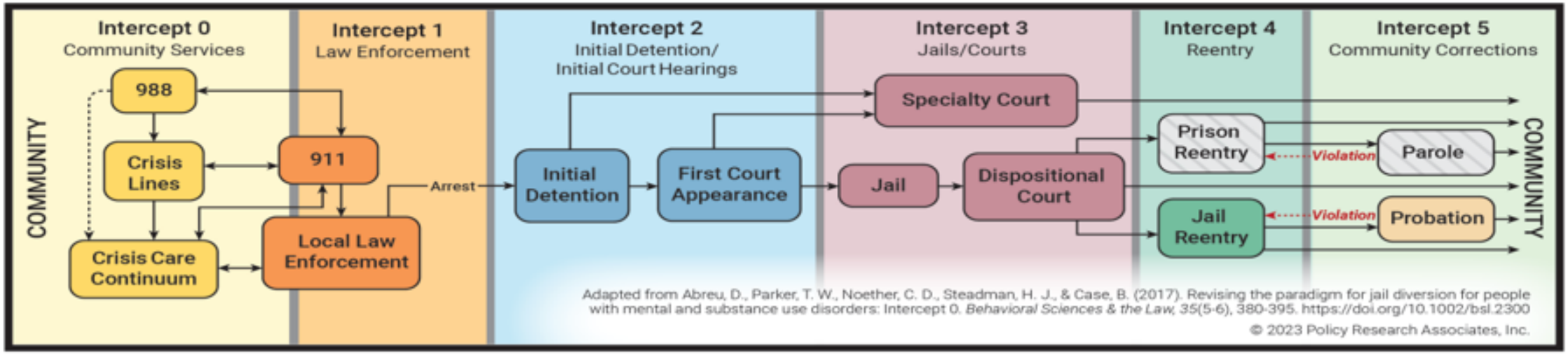
- While the Community Mental Health Act (CMHA) of 1963 attempted to **shift mental healthcare from institutions to Community Mental Health Centers** (CMHC), only half of those proposed were built and none were fully funded (Smith, 2013).
- Other **community-based organizations** were established and **healthcare systems** developed their own behavioral health services to attempt to fill service gaps, but as of Dec. 21, 2024, **122,132,786 Americans lived in a "Mental Health Care Professional Storage Area,"** meaning there were not enough providers to meet the needs of the population (KFF, 2024).

Effect of De-Institutionalization on the Incarceration of the SMI and SED Populations

- Some evidence exists to uphold a widely held theory that **deinstitutionalization** between the 1950's and 1980's **influenced the number of people with SMI who are incarcerated** (Lamb & Grant, 1982; Teplin, 1983).
- The reality is that there were **complex societal and policy changes**, one of which was deinstitutionalization.
- In 2018, Alisa Roth's book *Insane: America's Criminal Treatment of Mental Illness* explained that the **3 largest behavioral health providers** in the U.S. with the **L.A., Chicago, and NYC jails**, and up to **half of inmates** have a **mental illness**.

The Sequential Intercept Model (SIM)

The SIM was developed as a conceptual model to inform community-based responses for individuals with mental health and substance use disorders in the criminal justice system.



SAMHSA
Substance Abuse and Mental Health Services Administration

SAFER-R Model

- **Stabilize:** Introduction, meet basic needs, mitigate acute stressors
- **Acknowledge** the crisis (events, reactions)
- **Facilitate** understanding (normalization)
- **Encourage** positive coping
- **Return or Referral** (facilitate access to continued support)

Everly Jr., G.J. and Mitchell, J.T. (2017). The SAFER-R model: Psychological crisis Intervention, A step-by-step guide. International Critical Incident Stress Foundation, Inc.

Stabilize

- Introduce yourself by telling them your “WHY”
- Cut down on visual, auditory and olfactory stimuli
- Meet basic needs: food, water, clothing, shelter… a **safe** place to live
- Stabilize situation: 1) eliminate antagonists (negative influences) and negative stressors, 2) keep protagonists (helpers) and positive social supports

Everly Jr., G.J. and Mitchell, J.T. (2017). The SAFER-R model: Psychological crisis Intervention, A step-by-step guide. International Critical Incident Stress Foundation, Inc.

Acknowledge

Acknowledgement

- They tell their story that led to the criminal behavior.
- The event/crisis and their emotional reactions are acknowledged.
- Acknowledge that the person is experiencing an expected range of symptoms as a result of the exposure to the traumatic experience.

SMI/SED Connection

- What led to their being charged. What was the behavior?
- Do they have mental illness, substance use disorder, or co-occurring concerns?
- Have they participated in treatment before? Where and when?
- Are they currently receiving any treatment?
- How can we support them?

Everly Jr., G.J. and Mitchell, J.T. (2017). The SAFER-R model: Psychological crisis Intervention, A step-by-step guide. International Critical Incident Stress Foundation, Inc.

Facilitate

Facilitation

- Facilitation of an understanding of the experience.
- Facilitate a “normalization” of the reactions to the event, based on their individual experience.
- Attribute reactions to situation, not personal weakness
- Active and nonjudgmental listening allows for cathartic ventilation.
- Provide social support, group cohesion, education, and information

SMI/SED Connection

- Tell them they are not a criminal, they have worth, what they are experiencing is expected, and others have experienced the same.
- They may have made a bad decision, but that does not make them a bad person.
- Find their good; you may have to dig deep.
- Cathartic ventilation replaces violence as a means to let out frustration. The cathartic ventilation further replaces substance use and inappropriate (illegal) behavior.
- Give them hope, let them know others have gone through similar events and been successful.
- Tell them there is help, they are not alone, and there are people to help them.

Everly Jr., G.J. and Mitchell, J.T. (2017). The SAFER-R model: Psychological crisis Intervention, A step-by-step guide. International Critical Incident Stress Foundation, Inc.

Encourage Positive Coping

Encouragement

- Identify personal stress management tools, external support, and psychological coping resources.
- Use problem solving and cognitive reframing if applicable.
- Develop a list of possible options
- Encourage spiritual support and spiritual coping methods

SMI/SED Connection

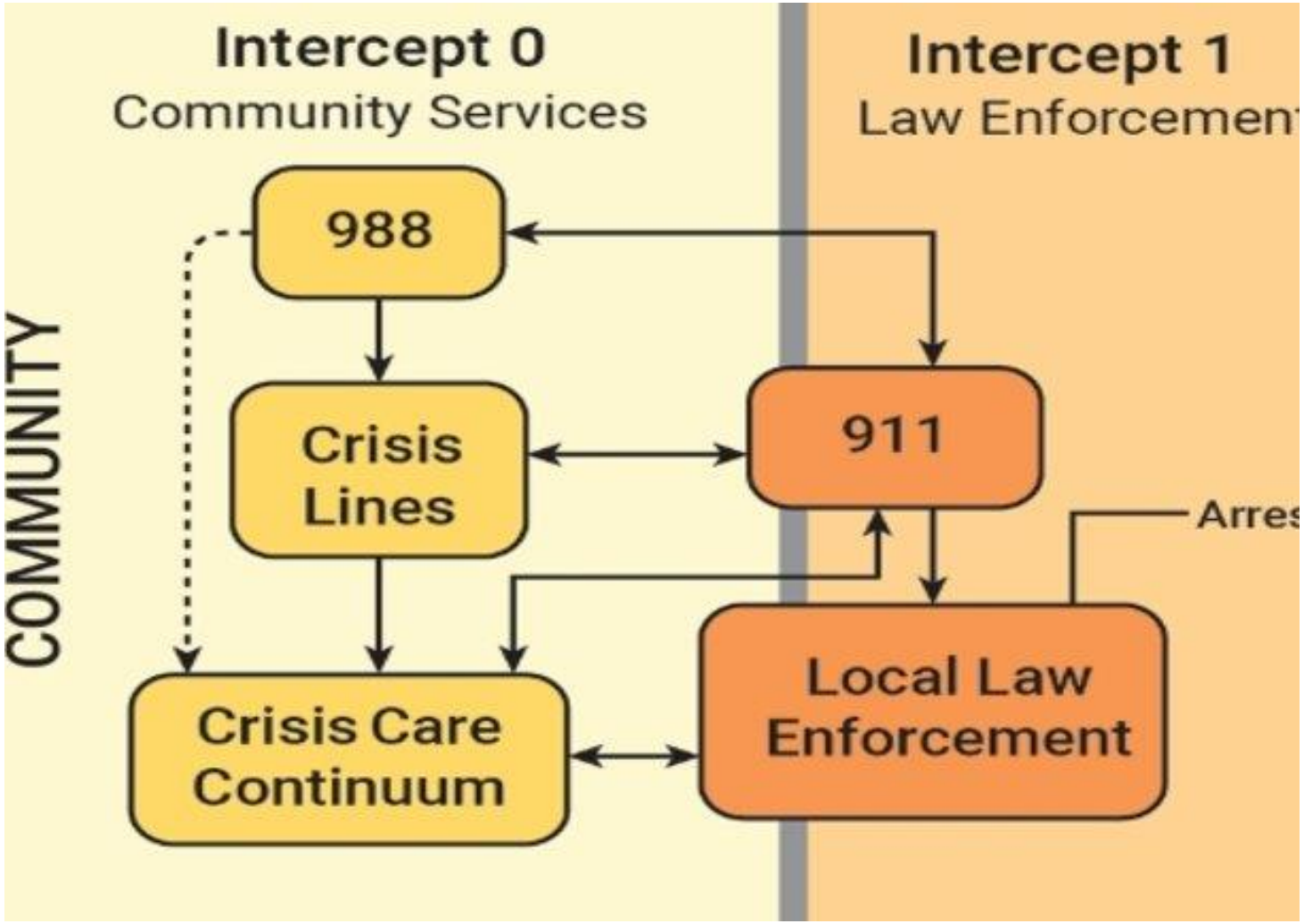
- Encourage “Adaptive Coping.”
- Anticipatory guidance (setting expectations) prepares people with SMI/SED for what they will likely experience.
- Explanatory guidance, explain what they are likely going to experience
- Encourage ventilation
- Encourage problem-solving & conflict resolution
- Give Hope and Help, let them know they are worthy
- Help them develop their own realistic personalized goals

Everly Jr., G.J. and Mitchell, J.T. (2017). The SAFER-R model: Psychological crisis Intervention, A step-by-step guide. International Critical Incident Stress Foundation, Inc.

Return Or Referral

- Link to appropriate mental health support and therapy if appropriate
- Link to job training and other social programs to assist them
- Assist with social needs depending on their individual needs

Everly Jr., G.J. and Mitchell, J.T. (2017). The SAFER-R model: Psychological crisis Intervention, A step-by-step guide. International Critical Incident Stress Foundation, Inc.


Intercept 0
Community Services
Intercept 1
Law Enforcement
COMMUNITY
988
Crisis Lines
911
Crisis Care Continuum
Local Law Enforcement
Arres

Intercepts 0 & 1

Intercept 0: Community Services

- Involves opportunities to **divert people into local crisis care** services. Resources are available without requiring people in crisis to call 988, but sometimes 988 and law enforcement are the only resources available. **Connects people with treatment or services instead of arresting or charging them** with a crime.

Intercept 1: Law Enforcement

- Involves diversion performed by law enforcement and other emergency service providers who respond to people with mental and substance use disorders who call 988/911. Allows people to be **diverted to treatment instead of being arrested or booked into jail**. **A co-response from police and community stakeholders** supports the deflection of people with SMI/SED from justice system involvement, creating **least restrictive alternatives to incarceration**.

(SAMHSA, 2024)

Pre-Arrest Diversion

Crisis Response Follow-up to an Emergency Evaluation

- Hospital diversion
- Develop a relationship utilizing psychological first aid
  - What does the person need/assist with their personal needs
  - Listen to their story
  - Advocate for them and link to community resources
- Diversion through community collaboration
  - Build Memos of Understanding with community-based treatment centers and law enforcement
  - Develop off-ramps from incarceration to community-based services

Melissa's Journey

Melissa is taken to hospital on emergency petition for behavior which she could have been charged. CIT/Crisis Response follows-up with Melissa while she is inpatient. CIT/Crisis Response assists Melissa with her long-term treatment plan by being a social support including CIT officers taking her to scheduled appointments.

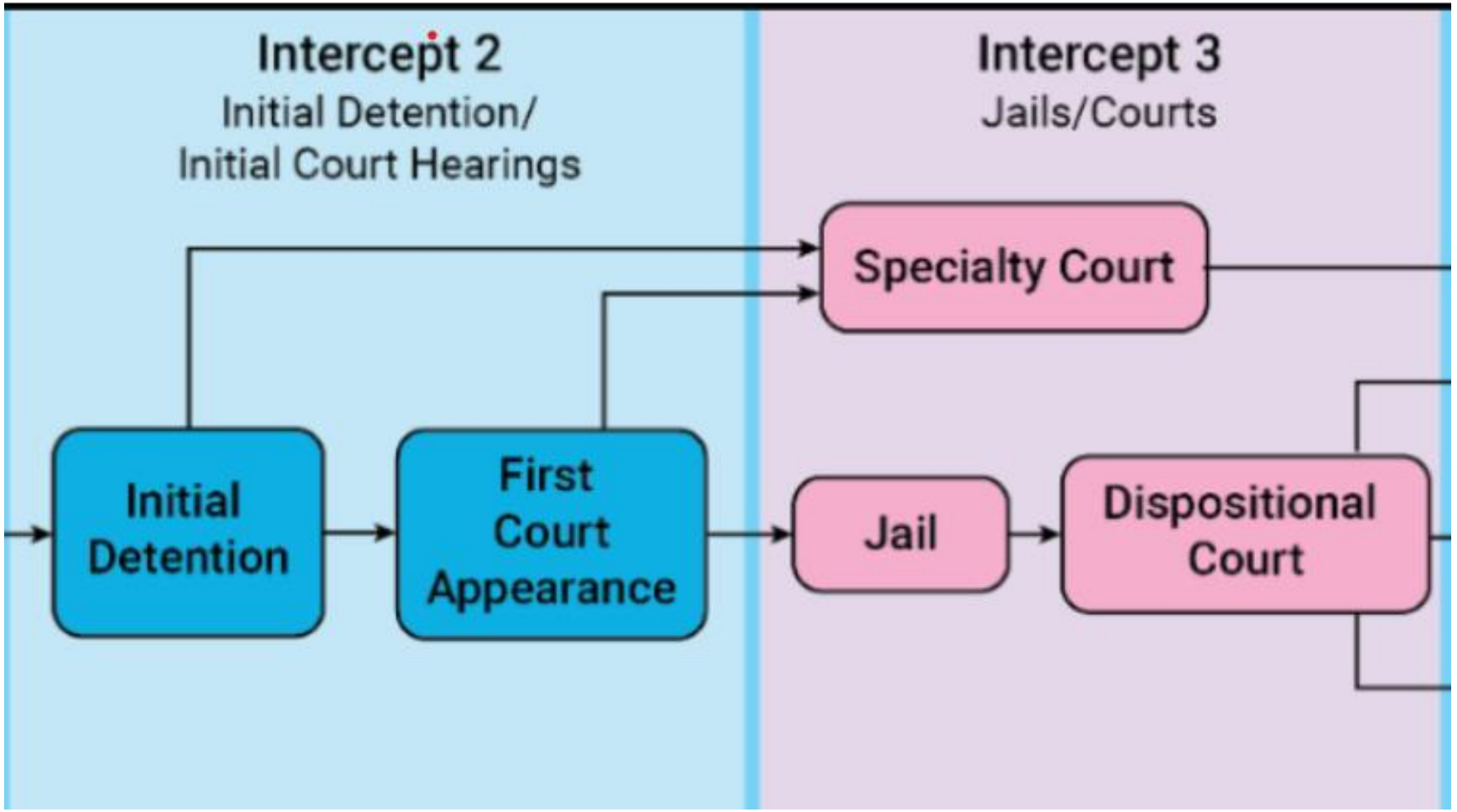
Read Melissa's story.

Pre-Arrest Diversion

- Emergency Petition & Charging
  - Warrant or summons after an application for charges is completed.
  - Person receives mental health treatment prior to entering criminal justice system.
  - Stabilized, therefore goal is to maintain healthy mental health.
- Work with Judiciary for the person to be released at preliminary hearing/bail review pre-trial to the care of CIT/Crisis Response

John’s Journey

John is taken to the hospital on an emergency petition. John is also charged on an application of charges for the same behavior for which he was emergency petitioned, and a warrant is issued. John receives inpatient psych treatment. Upon discharge from inpatient psych unit, John is taken to Central Booking by CIT Unit and served the arrest warrant. If John is released by the Commissioner, CIT Unit will assist John with his long-term recovery plan. If John is held to bail review, CIT Unit will be at bail review to advocate for John and to support his long-term recovery plan. John is released pre-trial to care of CIT Unit, as CIT Unit assists with his mental health treatment & recovery in the community.


Intercept 2
Initial Detention/
Initial Court Hearings
Intercept 3
Jails/Courts
Specialty Court
Initial Detention
First Court Appearance
Jail
Dispositional Court

Intercepts 2 & 3

Intercept 2: Initial Court Hearings/Initial Detention

- Involves **diversion to community-based treatment** by jail clinicians, social workers, or court officials **during jail intake, booking, or initial hearing** due to assessment within 72 hours. This creates a snapshot that **identifies mental and physical health and substance use issues**, which hopefully initiates **appropriate placement** in custody.

Intercept 3: Jails/Courts

- Involves **diversion to community-based services through jail or court processes** and **programs after a person has been booked into jail**. Includes services that prevent the worsening of a person's illness during their stay in jail or prison.

(SAMHSA, 2024)

Post Arrest Safeguards

- Central Booking staff trained in CIT
  - Referrals to Crisis Response if released at initial hearing before Commissioner.
  - Examples
    - Arrested while in mental health crisis (Should have been Emergency Petition (EP)
    - Released from Commissioner
    - Central Booking Supervisor called Crisis Response
    - Person was taken to the hospital on an emergency petition directly from Central Booking
      - Basically bed to bed

Jane’s Journey

Officers responded for a well-being check, which the complainant told officers his daughter Jane was bipolar and “having an episode.” Jane was eventually arrested and transported to Central Booking. Her behavior while in a mental health crisis was documented in the report, if described in an emergency petition would have been a perfect emergency petition. Upon being released by the Commissioner at preliminary hearing from Central Booking, Crisis Response was contacted. Detention Center personnel did not believe it was safe to release Jane into the community while she was in a mental health crisis. Crisis Response Emergency Petitioned Jane and she went from Detention Center directly to Hospital (bed to bed).

Post Arrest Safeguards

Bail Review

- Releasing to Crisis Response/CIT on pretrial status
  - Emergency petition from Detention Center to Hospital
    - Bed to Bed
  - Linking to community resources and/or stabilization center
  - Example
    - Arrested while in mental health crisis.
    - Initially held by Commissioner at initial appearance and at initial bail review.
    - Emergency bail review held to be released, and emergency petitioned directly to hospital.

Maria's Journey

Maria was arrested for Rogue & Vagabond when she was in an obvious Mental Health Crisis. She had walked away from the hospital emergency room overnight, where her mother took her for a voluntary mental health evaluation. In the community, she was found seated in a vehicle, after numerous calls for service for her wandering the neighborhood. She was arrested and taken to Central Booking and remained in a state of psychosis until we were able to get an emergency bail review. At bail review, she was released to care of Crisis Response. She went directly to the hospital on an emergency petition (bed to bed).

Post Arrest Diversion

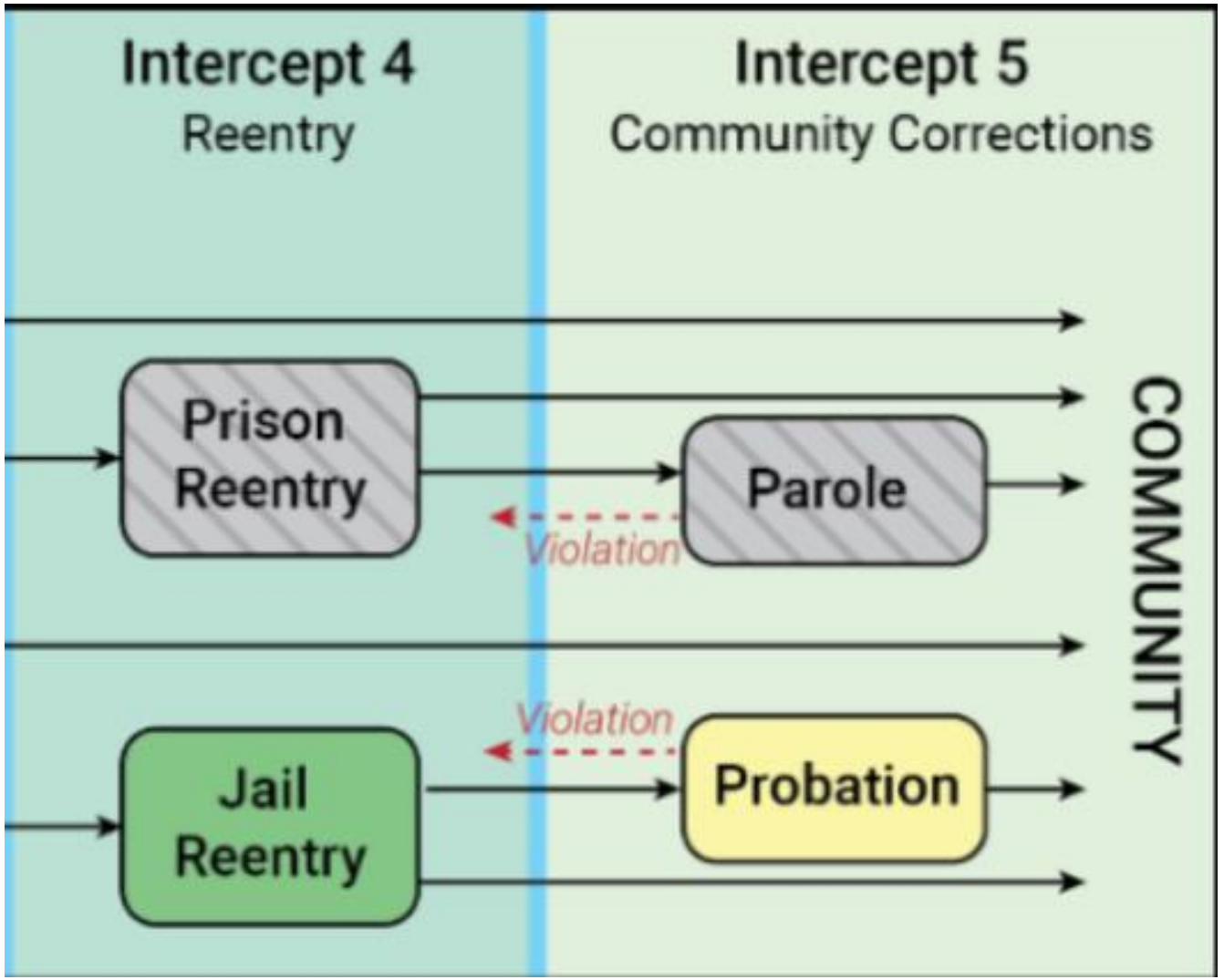
- Referrals from the Bench
  - Agree to ex-parte communications
  - Linkage to community resources, as part of pretrial or probation
  - Example
    - Person was released on condition they must follow mental health treatment recommendations of Crisis Response.
    - Person walked away from treatment.
    - Judge immediately notified and violation of pretrial or VOP warrant issued.
    - Patrol bulletin disseminated, patrol saw person in community and warrant served.

John’s Journey A: Referral

Judge recognizes behavior leading to John’s arrest is due to mental health challenge. Judge contacts CIT/Crisis Response, who assess John, and a recovery plan is developed. John is willing to accept support. John is released from custody by Judge to care of Crisis Response/CIT. John is transported from Detention Center to community provider by CIT officer. Mental Health plan is implemented utilizing community resources. CIT/Crisis Response take John to appointment and hearings as a social support.

John’s Journey B: Return

John was released at hearing to custody of Crisis Response/CIT. CIT Officer drove John from the detention center to community treatment provider bed to bed. John walked away from community treatment provider. The Judge presiding over the hearing was notified and a revocation of pretrial warrant was issued. CIT notified police patrol that John had an open warrant. Patrol located John riding a bike the next day and he was taken back to the detention center without incident. John remained safe in custody, refusing to comply with mental health treatment.



Re-entry planning should begin on day 1 with law enforcement providing a warm handoff back to the community. Otherwise, we are setting individuals with SMI/SED up for failure.

Jail and prison are different. Jail is more unpredictable on release.

Key Elements of Reentry

- Reentry planning with comprehensive, collaborative case planning across systems
- Warm hand-off to community providers to increase engagement
- Continuity of Care; access to continuum of behavioral health services
- Access to gov't ID
- Medication and prescription access upon release
- Timely access to benefits; including Medicaid, Medicare, private health insurance, Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI)
- Peer support services
- Gainful employment / employment services
- Safe, secure, affordable stable housing
- Other support services such as transportation, childcare, legal services

(SAMHSA, GAINS Center, 2024)

SAMHSA
Substance Abuse and Mental Health Services Administration

Intercepts 4 & 5

Intercept 4: ReEntry

- Involves **supported reentry back into the community after jail or prison** to reduce further justice involvement of people with SMI/SED/SUD. Involves **reentry coordinators, peer support staff, or community in-reach** to link people with proper mental health and substance use treatment services. Health Care for Re-Entry Veterans Services and Resources links veterans to services and supports as they transition back into the community.

Intercept 5: Community Corrections

- Involves **community-based criminal justice supervision with added supports** for people with SMI/SED/SUD to **prevent** violations or offenses that may result in **another jail or prison stay**.
- Probation must provide Risk-Need-Responsivity to match the right services to the right people at the right time. To avoid overwhelming people as they transition from incarnation to community supervision, the sequence of services matters. To get buy-in to the supervision process, Parole Officers involve the individual in the assessment and planning process to support positive outcomes.

(SAMHSA, 2024)

VOP/Re-Entry Diversion

- Person has mental illness and/or substance abuse disorder
- Person is on probation and/or parole
- Not receiving assistance for mental illness and/or substance abuse disorder
- Person asks for help through crisis response
  - Could be through a mobile crisis call for service, safe station, or CIT follow-up

John’s Journey

- John came to a safe station for assistance finding recovery from substance abuse disorder.
- While in substance abuse treatment and sober, his mental health psychosis diagnosis is discovered.
- Linked to services and work with parole and probation, parole commission and judiciary to support his mental health and substance abuse treatment and recovery.

Stay in Touch

Lt. Steven Thomas p01225@aacounty.org 410-768-5522

Crisis Intervention Team Training

Madonna Campbell-Greer
CIT Coordinator and Train the Trainer
Crisis Intervention Team International

Our Commitment

Keep people safe during a mental health crisis

Our Goals

1. Improve safety during law enforcement encounters with people experiencing a mental health crisis, for everyone involved.
2. Increase connections to effective and timely mental health services for people in mental health crisis.
3. Use law enforcement strategically during crisis situations.
4. Reduce the trauma that people experience during a mental health crisis.

(CIT International, 2019)

CIT International
Improving Crisis Response Systems

How

CIT Training

Covers topics such as recognizing and responding to mental health crises, de-escalation techniques, suicide prevention, and communication skills. It is crucial for officers to better understand the nature of mental illness, how to recognize the signs of a mental health crisis, and how to respond appropriately.

Community Partnerships

A successful CIT program is a collaboration and partnership between law enforcement, mental health professionals, and other community support. This includes developing relationships with local mental health providers and community organizations, such as NAMI and other community-based resources.

(CIT International, 2019)

CIT offers…

- a forum for effective problem-solving
- community-based programs that bring together law enforcement, mental health professionals, and mental health stakeholders
- focus on improving the crisis response system
- connecting people with SMI/SED to needed services and collaborating to create those that don't yet exist
- strengthening partnerships across the community

(CIT International, 2019)

CIT IS MORE THAN TRAINING…

it’s a community program.

CIT International

Improving Crisis Response Systems

Thank you!

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INTERNATIONAL CIT CRISIS INTERVENTION TEAM

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