Supporting Schools and Communities in Breaking the Prison Pipeline:

A Guide To Emerging and Promising Crisis Intervention Programs for Youth

National Alliance on Mental Illness

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The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI has over 1,000 affiliates in communities across the country who engage in advocacy, research, support, and education. Members of NAMI are families, friends, and people living with mental illness such as major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD), and borderline personality disorder.

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Supporting Schools and Communities in Breaking the Prison Pipeline:

A Guide to Emerging and Promising Crisis Intervention Programs for Youth

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Introduction

This resource is designed to introduce children's mental health advocates and other stakeholders to models and practices that effectively respond to youth in psychiatric crisis in schools and communities. Also included are practical action steps and strategies to guide advocacy leaders and other stakeholders in promoting and implementing youth-focused crisis intervention programs in their states and communities.

An alarming number of youth with serious mental health treatment needs continue to enter the juvenile justice system. This happens for a variety of reasons, including a lack of psychiatric crisis intervention services in schools and communities. Many schools have proven to be a pipeline into the juvenile justice system with school personnel contacting law enforcement when students engage in disruptive behaviors, including cases involving a psychiatric crisis.

A number of communities are focusing on developing crisis intervention programs for youth.

These programs are designed for both community and school settings. This paper focuses on the Crisis Intervention Team (CIT) model, a dynamic collaboration of law enforcement and community agencies and organizations committed to ensuring that individuals with mental illness are referred to appropriate mental health services and supports rather than thrust into the criminal justice system. This model has been successfully used with adults for decades in states and communities across the country, with outstanding results. A more detailed description of the CIT model is provided on page 9.

As a result of the extraordinary success of adult CIT, innovative states and communities are working to adapt CIT to effectively respond to youth in crisis in communities and in schools. CIT programs that work in schools are most important since youth spend most of their day there.

Communities adapting adult CIT and developing crisis intervention programs for youth include the following:
- Denver, which has implemented *Children in Crisis* (CIC);
- San Antonio, which recently developed and piloted *Children's Crisis Intervention Training* (CCIT); and
- Chicago, which is currently developing *CIT for Youth*.

For this paper, NAMI has used these model programs as case studies. These programs are relatively new and are in the development phase, so they may change slightly as they are rolled out.

NAMI identified and interviewed program developers, law enforcement personnel, and school personnel across the country involved with these cutting edge programs, including the following:

♦ Keri Fitzpatrick, Manager, Colorado Crisis

Intervention Teams, managing the *Children in Crisis* program in Denver;[1]
- ♦ Sergeant Jon VanZandt, Adam County's Sheriff's Office, implementing the *Children in Crisis* program in schools in Denver;[2]
- ♦ Carol Peters, Principal, Clear Lake Middle School, embracing crisis intervention programs in schools in Denver;[3]
- ♦ Terri Mabrito, Youth Diversion Facilitator, The Center for Health Care Services, implementing *Children's Crisis Intervention Training* in San Antonio;[4] and
- ♦ Lieutenant Jeffry Murphy, CIT Coordinator, Chicago Police Department, developing *CIT for Youth* in Chicago.[5]

NAMI also interviewed others involved with law enforcement training who provided additional insight on crisis intervention programs for youth, including the following:
- ♦ Stacie Golden, Training Specialist, Idaho Department of Health and Welfare, participated in the development and implementation of a training video and training program for law enforcement personnel in Idaho;[6]
- ♦ Oscar Morgan, Ph.D., Technical Assistance Coordinator, Idaho Department of Health and Welfare, participated in the development and implementation of a training video and training program for law enforcement personnel in Idaho;[7] and
- ♦ Mo Canady, Training Director, National Association of School Resource Officers, discussed the role of school resource officers in crisis intervention programs for youth.[8]

Through these in-depth interviews and extensive research, NAMI gained a broader understanding of existing and emerging crisis intervention programs for youth around the country, including the key program components, costs, and benefits of these programs. NAMI also learned where advocacy efforts are most needed.

This paper is intended to provide advocates with information they can use to promote the adoption of similar programs in their communities. However, there is no need to re-invent the wheel. Effective programs are being developed and implemented that can be adapted to meet the needs of diverse communities.

This paper focuses on just one component of a much larger picture. Crisis intervention programs for youth do not provide direct services, but instead provide an infrastructure that supports community collaboration and provides schools and communities with a uniform approach to addressing the needs of youth experiencing psychiatric crises. In some communities, crisis intervention programs for youth have been a catalyst for change. For example, in the San Antonio, Texas, case study, the CCIT program led to plans to expand the availability of Mobile Crisis Units and related services.

Ideally, schools and communities should be developing and implementing an array of services that help to prevent crises by identifying children with mental health treatment needs early and ensuring services and supports are provided that prevent mental health conditions from escalating to a crisis. There are many programs and services available that complement crisis intervention programs for youth, including educational programs for school professionals and families, a wide array of home and community-based services, positive behavioral interventions and supports (PBIS), and mental health curricula that reduce stigma and may increase help- seeking behavior among youth.

The Critical Need for Crisis Intervention Programs for Youth

Far too many youth with mental illness are landing in the juvenile justice system. Research shows that 70 percent of youth in the juvenile justice system have one or more psychiatric disorders.[9] At least 20 percent of these youth have a serious mental illness, including those who are suicidal, struggling with psychotic disorders, and experiencing symptoms that significantly interfere with their day-to-day functioning.[10]

Many of these youth are incarcerated for minor, non-violent offenses, while others have not been charged with a crime.[11]

Schools and families are often forced to involve police when a child is experiencing a psychiatric crisis because alternatives do not exist. The police are accustomed to handcuffing and transporting these youth to the juvenile justice system. This is known as the school to prison pipeline. It disproportionably impacts youth with mental health treatment needs.

Yet, with more than 52 million students in schools in the U.S., schools are in a unique and key position to identify mental health concerns early and to link students with appropriate services. Goal 4 of the President's New Freedom Commission Report on Mental Health, issued in July 2003, calls for schools to play a larger role in the early identification of mental health treatment needs in children and to link them to appropriate services.[12] Engaging schools in identifying children and adolescents with mental health treatment needs promises to help reduce the lag time, often eight to ten years, from when an individual first experiences the symptoms of mental illness to when they first seek and receive treatment.

Children and adolescents with mental illness are not faring well in many communities across the country. This is true for a number of reasons. Mental health services for children are fragmented and may be available in multiple systems, including mental health, education, child welfare, juvenile justice, and primary care. The fragmentation of services and lack of cross-

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Table 1. Positive Behavioral Interventions and Supports[13]

Positive Behavioral Interventions and Supports (PBIS) is a school-based practice model that emphasizes school-wide systems of support with proactive strategies to create a positive school environment and address students' challenging behaviors.

PBIS focuses on first understanding the underlying cause of a student's negative behavior and then developing a positive intervention plan that uses a collaborative team approach to address the student's individual needs. The PBIS approach is data-driven and has produced the following results:

- Research conducted over the past 15 years has shown that PBIS is effective in promoting positive behavior in students and schools.
- Schools report increased time engaged in academic activities and improved academic performance.
- Schools indicate reductions in office discipline referrals of 20 to 60 percent.
- PBIS leads to dramatic improvements that have long-term effects on the lifestyle, communication skills, and problem behavior in individuals with disabilities.
- PBIS makes it easier to identify students who need intensive interventions and works collaboratively with other service systems.

systems collaboration has often led to a lack of accountability. It has also led to many families being forced to act as case managers for their children. There is also a lack of capacity in the home and community-based services available for youth. All of these factors have led to extremely poor outcomes for youth with mental illness, as outlined in Table 2.

Research shows that 10 percent of youth have a serious mental illness.[15] However, only 20 to 30 percent of these youth receive any mental health services; leaving over 70 percent of children and adolescents with a diagnosable mental illness without services.[16] Meanwhile, other child-serving systems like juvenile justice and child welfare must provide the mental health treatment needs of youth, often without the training or personnel to do so.

Research shows that youth with mental illness fail more classes, earn lower grade point averages, miss more days of school, and are retained more often at grade level than other students with disabilities.[14] School personnel and administrators have expressed frustration with poor academic performance and disruptive behaviors of groups of students, including those with serious mental health treatment needs.

Law enforcement personnel express concern that they are often used as the "big stick" in schools and communities when addressing youth with mental illness. They are repeatedly contacted about the same individuals who are not linked to mental health services and supports, resulting in repeated confrontations that often lead to the unnecessary, costly incarceration of these youth in the juvenile justice system.

Community members become outraged when law enforcement personnel unnecessarily injure or kill an individual who was acting out because of a mental illness and needed mental health

> ### Table 2. Negative Outcomes for Youth with Mental Illness
>
> - 10% of children and adolescents in the U.S. live with a serious mental illness that causes significant impairment in their day-to-day lives, yet only 20% of them are identified and receive mental health services.[17]
> - 50% of students with a mental illness age 14 and older drop out of high school—the highest dropout rate of any disability group.[18] 73% of those who drop out are arrested within five years.[19]
> - Children with mental illness are more than three times as likely to be arrested before leaving school as other students.[20]
> - Children with mental illness fail more courses, earn lower grade point averages, miss more days of school, and are retained at grade level more often that other students with disabilities.[21]
> - Suicide is the third leading cause of death in youth aged 10 to 24.[22] 90% of people who die by suicide have a diagnosable and treatable mental illness at the time of their death.[23]
> - 70% of youth involved in state and local juvenile justice systems have a serious mental illness, with at least 20% experiencing symptoms so severe that their ability to function is significantly impaired.[24]
> - Children with mental illness are twice as likely to be living in a correctional facility, halfway house, drug treatment center, or "on the street" after leaving school compared to students with other disabilities.[25]

services. This situation can create great community unrest.

Families are frustrated that they are left with few alternatives other than to call the police when their children are experiencing a psychiatric crisis. They are often not informed of other

resources or services that are designed to meet the needs of their children during a crisis.

These frustrations and the negative outcomes for youth with untreated mental illness underline the critical importance of law enforcement, schools, communities, and families embracing effective crisis intervention programs. These programs provide law enforcement personnel and other first responders with the tools they need to respond compassionately and effectively to youth in psychiatric crisis. They also promise to help break the steady flow of youth with mental illness into the juvenile justice system. They will also lead to safer outcomes when law enforcement must get involved.

Children's mental health advocates play an important role in building the momentum and interest in crisis intervention programs for youth and in bringing together the stakeholders needed to ensure the effective implementation and sustainability of these programs.

What is the Crisis Intervention Team (CIT) Model?

The Crisis Intervention Team (CIT) model is designed to improve the outcomes of interactions between law enforcement personnel and individuals with mental illness.

When individuals with mental illness are experiencing a psychiatric crisis or are acting out as a result of a mental illness, CIT works by diverting them to appropriate mental health services and supports rather than to the criminal justice system.

CIT provides training to law enforcement personnel on preventing psychiatric crises and de-escalating a crisis when it occurs, without the unnecessary use of physical force. However, CIT is not just a training program. CIT programs are only effective when law enforcement personnel, the community mental health system, consumer and family advocates, and other stakeholders collaborate to help ensure that when officers divert an individual, the treatment system is willing and able to provide appropriate services.

Until recently, CIT training focused primarily on addressing the needs of adults, although trained officers have also long responded to calls involving youth in psychiatric crises.

Adult CIT has three key components:

♦ A *community collaboration* between mental health providers, law enforcement personnel, family and consumer advocates, and other stakeholders. Representatives from these stakeholder groups form a steering committee or advisory group. They examine local systems to determine their community's needs, agree on strategies for meeting those needs, and organize training for law enforcement personnel. This committee also determines the best way to transfer

people with mental illness from police custody to the community mental health system and ensures that there are adequate services for triage.

- A *40-hour training program* for law enforcement personnel that includes basic information about mental illness, information about the local mental health system and local policies, interaction with consumers and family members to learn about their experiences, verbal de-escalation techniques and strategies, and role-playing.

- *Consumer and family involvement* in steering and advisory committees, coordinating training sessions, and leading training sessions.

The first CIT program was established in Memphis in 1988 after a police officer shot and killed a man with a serious mental illness. This tragedy prompted a collaborative effort between the police, NAMI Memphis, the University of Tennessee Medical School, and the University of Memphis to improve police training and procedures in response to calls involving individuals with 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" CIT has been adopted by hundreds of communities in more than 40 states, and is being implemented statewide in several states.

Building on the success of CIT programs for adults, several communities have started to adapt CIT programs for youth. Some of these communities are spotlighted in the next section and are utilized as case studies throughout this paper.

The Case Studies: Crisis Intervention Programs for Youth

The crisis intervention programs for youth briefly described below were chosen as case studies for this paper because they are comprehensive and follow the overarching guidelines set for adult CIT programs. These programs are described and compared in further detail in subsequent sections of this paper.

Children in Crisis (CIC)
Denver, Colorado

CIC levels the playing field so everyone is working from the same sheet of music…everyone wins! I cannot imagine law enforcement not wanting this; it goes a long way with kids.
- Sgt. Jon VanZandt, Adams County Sheriff's Office

Children in Crisis (CIC) is a regionally-based program designed to divert youth with mental illness from the juvenile justice system by using appropriate crisis intervention responses and services.

One of the components of this CIT-based program is training for law enforcement personnel, including school resource officers (SROs), and school administrators. This program is designed to improve crisis intervention responses with youth and in schools by training officers on mental health issues, de-escalation and problem solving techniques, and methods for connecting to child and adolescent resources.

As with any CIT-based program, a key component of the program is the development of local partnerships between stakeholder groups.

CIC was developed by a CIT stakeholder group, including a number of local law enforcement agencies and juvenile justice professionals, under the Colorado Regional Community Policing

Institute (CRCPI). The program was piloted in 2006.

The program is available to be implemented in other communities, however, the community partnerships described above must be in place before program implementation.

The program is currently being revised as part of a national *Models for Change* multi-state project, funded by the MacArthur Foundation.[26] The updated and revised program will be named CIT for Youth.

For more information about CIC, please visit *www.dcj.state.co.us/crcpi* (Click "CIT").

Children's Crisis Intervention Training (CCIT)
San Antonio, Texas

If you can bridge the gap between school districts and police departments and youth with mental illness, that makes all the difference. Safety is the first thing on a school administrator's mind, so it is important to emphasize that the program is in tune with those concerns.
- Terri Mabrito, Youth Diversion Facilitator, The Center for Health Care Services

The Children's Crisis Intervention Training (CCIT) program focuses on training school campus officers and school resource officers (SROs) to respond to children and youth in psychiatric crises and divert them to mental health treatment. This provider-driven, community-based program involves various community organizations, youth, and families in implementing the program and developing community partnerships for sustainability.

The program was developed by youth-focused community partners and stakeholders with leadership and coordination by the Center for Health Care Services in Bexar County. The program was piloted in 2008.

The program is available to be implemented in other communities. Fine tuning will help the program fit the uniqueness of any community, particularly with respect to the unique needs and resources of school districts and their police departments.

For more information, contact Terri Mabrito, Community Liaison, Youth Diversion Facilitator, The Center for Health Care Services, at *tmabrito@chcsbc.org*.

Crisis Intervention Team (CIT) for Youth
Chicago, Illinois

The officers at school are at the front entrance to the juvenile justice system. They need more support. They should not just be used as the 'bad guys.'
- Lt. Jeffry Murphy, Chicago Police Department

Chicago's CIT for Youth program, which is still in development, will focus on diverting youth from the juvenile justice system to mental health treatment. The program will target school-based police officers and will work closely to develop a hand-in-hand partnership with schools. The program includes the promotion and delivery of supplemental programs that educate school professionals on mental illness.

CIT for Youth is being developed by the Chicago Police Department and is expected to be available for dissemination in 2009. However, it will likely require adaptations to successfully meet the needs of diverse communities.

For more information, contact Officer Kurt Gawrisch, Crisis Intervention Team, Chicago Police Department, at:
kurt.gawrisch@chicagopolice.org.

Key Components of Crisis Intervention Programs for Youth

Those involved with the Children in Crisis (CIC), Children's Crisis Intervention Training (CCIT), and Crisis Intervention Team (CIT) for Youth programs, identified the following seven (7) key components to an effective and sustainable crisis intervention program for youth:

1. Community Partnerships
2. Needs Assessment
3. Planning
4. Oversight and Feedback
5. Training
6. Involvement of Youth and Families
7. Outcomes Research

Below is more detailed information on each of these components.

1. Community Partnerships:

Cast the widest net of all stakeholders and let them have input on all the issues.
- Lt. Jeffry Murphy, Chicago Police Department

A successful program that responds to children and youth in crisis should be built on community partnerships between youth and their families, community mental health providers, law enforcement personnel, school personnel, the juvenile justice system, and other stakeholders that youth with mental health treatment needs may encounter in their daily lives.

Table 3: Community Partnerships

Denver Children in Crisis (CIC) Community Partners: CIC programs are regionally based, and local stakeholders assist with program development and implementation. Each region has partners from their community, including law enforcement agencies, juvenile justice, local prosecutors, behavioral health professionals, and family and advocacy groups.

San Antonio Children's Crisis Intervention Training (CCIT) Community Partners: Partners for this program include Bexar County Judge's Children's Diversion Initiative, San Antonio Independent School District Police Department, Education Service Center/Region 20, School Districts, The Alamo Area Council of Governments, San Antonio Police Department, The Bexar County Sheriff's Department, NAMI San Antonio, hospitals, school campus police officers, mental health providers, and families.

Chicago CIT for Youth Community Partners: Partners for this program include NAMI, the juvenile court system, the local children's hospital, school boards, and representatives from the adult CIT program. Community partnerships continue to be developed for this program.

NAMI also suggests including the following community partners:

- Universities and Research Organizations
- Staff from Parole and Probation
- Homeless Shelter Staff
- Teen Runaway Organizations and Programs

The National Association of School Resource Officers (NASRO) recommends SROs as valuable partners in crisis intervention programs for youth since they bridge the gap between schools and law enforcement agencies.

Table 3 lists the community partners that CIC, CCIT, and CIT for Youth program developers have reached out to during the planning and implementation of their programs. NAMI also includes recommendations on additional key partners.

Community partnerships are important for several reasons:

Solving the underlying problem. Research shows that 70 to 80 percent of children and adolescents with a diagnosable mental illness fail to receive mental health services.[27] These youth often experience devastating consequences, including involvement with the juvenile justice system, academic failure, the loss of critical developmental years, and suicide. Community partnerships increase the likelihood that youth will be identified early and linked with appropriate mental health services and supports by providing stakeholders with information, support, services, and resources. They also connect key players in children's lives and ensure that key community organizations work together to achieve the best possible outcomes.

Funding. Additional funding streams are likely to open up to support a crisis intervention program for youth if partnerships are developed that encourage combined funding. Also, funders and grantors are more likely to support collaborative efforts and commitments.

Long-term sustainability. A crisis intervention program built on community partnerships is more likely to endure with the active involvement of multiple organizations rather than a program sustained by a single organization.

Accountability. Each stakeholder group involved in a crisis intervention program for youth has a responsibility to others in the group and to youth impacted by the program. Building a strong working relationship is the key to producing tively resolving problems that may arise in the future.

2. Needs Assessment
A needs assessment is the most important step to implementing a crisis intervention program for youth.
- Terri Mabrito, Youth Diversion Facilitator, The Center for Health Care Services

It is critically important that a needs assessment by community stakeholders take place before implementation of a crisis intervention program for youth. The assessment will help determine the availability of local resources, the community's needs, and possible additional partners. This step will create an infrastructure to effectively link youth with mental health treatment needs to appropriate services and supports.

In San Antonio, Texas, program developers worried that there was a lack of capacity in schools and communities to support any additional youth that may be identified as needing mental health services through the CCIT program. However, after conducting a needs assessment, they discovered that many resources existed, yet knowledge of community resources, service coordination, and case management was lacking. Program developers believe that CCIT fills the gaps identified in the needs assessment since the program helps SROs develop greater knowledge of local resources and therefore helps link youth to services rather than juvenile detention.

One useful exercise for a needs assessment is to create a "map" of existing services and systems that youth encounter if they experience a psychiatric crisis. Then gaps in that network and areas for service improvement can be identified. This will help in the creation of a "map" of services and supports that *should* be available to youth experiencing a psychiatric crisis. This exercise can also help identify additional partners that should be invited to participate in the program.

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3. Planning

Community partners should work together to develop a plan that defines their roles and responsibilities in implementing crisis intervention programs in their schools and communities. In addition, the plan should address funding, ensuring support from critical stakeholders, program sustainability, and related issues. The plan should also facilitate communication between school personnel, law enforcement personnel, families, and mental health providers about youths' needs, describe how to transfer youth to crisis services and supports when necessary, and ensure that youth receive appropriate community mental health and special education services once diversion occurs.

The policies of crisis intervention programs for youth should comply with federal and state privacy and special education laws. Policies and procedures should also emphasize safety and producing the best possible outcomes for youth with mental health treatment needs. They should also focus on engaging families in decisions related to services and supports needed to ensure positive outcomes for their children.

NAMI encourages families and advocates to proactively participate in the planning process to ensure that the youth and family perspectives are incorporated throughout the process.

4. Oversight and Feedback

Crisis intervention programs for youth should have an oversight, advisory, or steering committee that fields inquiries about the program, plans training sessions, and fosters ongoing communication between stakeholders, including youth and families. The committee should also be responsible for creating a mechanism that allows school personnel, law enforcement personnel, families, and youth to offer feedback about the program.

The CIC, CCIT, and CIT for Youth programs each have a committee that includes a representative from each stakeholder group involved in the program, including, at a minimum, school personnel, law enforcement personnel, community mental health providers, and NAMI or other family advocacy organizations.

5. Training

The curriculum should make good use of everyone's time, sections should first be developed on a "need to know" level, and then add in "nice to know" areas to provide further anchors.
- Keri Fitzpatrick, Manager, Colorado CIT

The training curriculums for the CIC, CCIT, and CIT for Youth programs have some similarities to adult CIT courses, but focus on a number of additional issues including brain development, school related issues, and how mental illness impacts youth.

Program developers emphasized the importance of the following in training: teaching effective verbal de-escalation techniques, the need to use adult learning styles during the training, and the need to dedicate at least 25 percent of the total training time to role playing exercises so training participants can practice the skills they learn. Verbal de-escalation skills provide participants with safe and effective techniques to communicate with youth and to calm a crisis situation.

The CIC training program is certified and approved by the Colorado Peace Officer Training and Standards Board (POST).

The CCIT program provides Continuing Education Units (CEUs) to training participants. It has been approved by the Texas Commission on Law Enforcement Officer Standards and Education (TCLEOSE).

Table 4. Training Topics

Denver Children in Crisis (CIC) Training Topics
- Introductions and Overview
- Child and Adolescent Development
- Child and Adolescent Psychiatric Disorders
- Communication and De-escalation Skills
- Suicide and Self-injurious Behavior
- The Family Experience
- Legal Issues
- Substance Abuse and Co-occurring Disorders
- Special Education
- Developmental Disabilities
- Connecting to Resources

San Antonio Children's Crisis Intervention Training (CCIT) Training Topics
- Introduction to Crisis Intervention
- Officer Tactics and Safety
- Active Listening and De-escalation Techniques
- Mental Illness in Children
- Legal Issues and Emergency Detention
- Child Abuse and Neglect and Duty to Report

- Brain Development and Developmental Disorders
- Informed Consent
- Suicide Intervention
- Learning Disabilities
- Family and Child Perspective
- Cultural Competency and Diversity
- School Policies
- Community Resources
- Psychotropic Medications

Chicago CIT for Youth Training Topics
- History and Overview
- Brain Development
- Signs and Symptoms of Mental Illness
- Risk Assessment and CIT Skills
- Developmental Disabilities
- Family Issues
- Self-Injury and Suicide
- Substance Abuse and Chemical Dependency
- Urban Trauma of Mental Illness
- Information on Peer Pressure, Gangs, Violence, and Bullying
- Resources in the Community

Program developers shared that providing CEUs for the training provided a great incentive for law enforcement personnel to participate.

Table 4 outlines the topics covered in the three crisis intervention programs for youth featured in this paper. The length of the training varies by program:
- CIC has 24-hour training, spread over three days;
- CCIT has 40-hour training, spread over four days; and
- CIT for Youth has 40-hour training, spread over five days.

Program developers determined the length of training by coordinating with law enforcement agencies on the amount of available time they have to dedicate to a training program. It is im-portant to seek feedback from training participants on the length of training in case adjustments are needed to ensure the training is effective, works within the schedule of law enforcement personnel, and is well attended. Variation also exists between the three programs on whether adult CIT training is a prerequisite for training participants. All three programs are building upon the success of the adult CIT program in their community; however, officers do not have to necessarily take both trainings. CIC and CCIT do not require both trainings, however, Chicago's CIT for Youth program will.

NAMI believes communities should work toward providing crisis intervention programs for both children and adults.

Each of the crisis intervention programs for youth have a dynamic mix of training instructors that represent various community stakeholders involved with the program, including school personnel, law enforcement personnel, mental health providers, youth and their families, and others.

The CIC program requires training participants to complete a community resource worksheet to help participants identify important community resources. This community resource sheet identifies local agencies and resources in the school and in the community that support children and families and can assist in referral efforts. The worksheet asks about school policies, local NAMI affiliates and other advocacy organizations, juvenile justice staff contacts, and school contacts.

CCIT is planning to replicate the community resource worksheet, in addition to the current materials they provide during training, which includes: a binder with instructors' PowerPoint presentations; handouts; and a "cop card" that contains brief information on CIT guidelines, safety reminders, medical clearance, referral information, common psychotropic medications, and questions to ask a consumer during a psychiatric crisis.

During their training, Chicago's CIT for Youth program, embeds NAMI's *Parents and Teachers as Allies* into the training curriculum. *Parents and Teachers as Allies* is a two-hour program, originally designed for school professionals, that educates participants on the early warning signs of mental illness in children and adolescents and how best to intervene so that youth with mental health treatment needs are linked with services. It also covers the lived experience of mental illness and how schools can best communicate with families about mental-health related concerns. The program is being used by the Chicago Police Department to help targeted schools better understand early-onset mental illness and to improve collaboration with schools.

NAMI encourages crisis intervention programs for youth to also integrate cultural competency into their training, as outlined in Table 5.

NAMI has provided a list of valuable resources at the end of this paper for law enforcement personnel that could be adapted and disseminated during training sessions.

6. Involvement of Youth and Families
It is important to consider how to get a child's story told.
- Lt. Jeffry Murphy, Chicago Police Department

All the crisis intervention programs for youth that NAMI researched include training sessions on the "family and youth perspective" that allow families to share personal stories and provide law enforcement personnel the opportunity to interact one-on-one with families. Program developers have identified challenges in having youth consumers serve as training presenters and as role players, citing liability concerns and consistency issues. They have offered the following ideas to increase youth participation: use young adult actors, videotape youth consumers, or use youth without mental illness for the role playing segments.

NAMI suggests that training programs consider engaging an older consumer who can share his or her experiences as a youth with mental illness. This has proven effective in NAMI signature education programs.

CIC, CCIT, and CIT for Youth, have already or are planning to include family representation on the committees that oversee the programs. NAMI also recommends proactively seeking feedback from youth and families on their experiences with these crisis intervention programs to help ensure the ongoing effectiveness of the program.

7. Outcomes Research

CIC and CCIT have limited quantitative data on the effectiveness of their programs. However, both programs have collected anecdotal stories of the benefits of the programs, which are provided in the next section of this paper.

The CIC program has a pre/post test for training participants. The program evaluation, outside of the training evaluation, is still in development. It may include additions to the CIT Tracking Form that is used for adult CIT programs. This form is not standardized but usually includes information on the disposition of the law enforcement call (e.g. arrest, emergency hold, transport to the hospital, etc.). It also includes information about any crime committed, the use of force, and any resulting injuries to officers, consumers, or bystanders.

The CCIT program includes a program evaluation that rates each training presenter and the training session as a whole.

Chicago's CIT for Youth program is still developing their evaluation component, which may also mirror the current CIT Tracking Form. The program has plans to partner with a local university to assist in evaluating the program.

NAMI encourages crisis intervention programs for youth to partner with a university or research organization to conduct an evaluation of both the training and the program in producing positive outcomes for youth. This data is important to improving the program, providing support for expansion of the program, and to help "make the case" to potential funders.

It is important that baseline data be collected before program implementation so the program's effectiveness in producing positive outcomes can be measured.

Evaluations for crisis intervention programs for youth should measure the following outcomes, among others:

♦ Number of contacts between youth and law enforcement personnel.
♦ Number of youth with mental health treatment needs who are linked to appropriate mental health services and supports.
♦ Number of youth who are sent to the juvenile justice system by schools.
♦ School attendance of students involved in the program.
♦ Injuries sustained by bystanders, youth, and law enforcement during encounters between law enforcement and youths with mental health treatment needs.
♦ Use of force by law enforcement personnel during encounters with youth experiencing psychiatric crises.
♦ Stakeholder attitudes about the resources available to meet the needs of youth with mental illness.
♦ Youth and family experiences interacting with community law enforcement, school resource officers, and other school personnel, when a youth has a psychiatric crisis or extreme behavioral challenges.

Table 5. The Value of Cultural Competency[28]

Crisis intervention programs for youth should be culturally competent to ensure effectiveness in diverse communities. Cultural competence integrates knowledge and information about individuals and groups into specific program approaches and techniques.

Cultural competency helps break down the barriers that impede communication and limit program and service effectiveness in diverse communities. Effective communication, both verbal and non-verbal, is key in crisis intervention programs for youth since law enforcement personnel must develop trust and rapport with youth experiencing psychiatric crises. To help ensure cultural competency in bringing crisis intervention programs for youth to communities, stakeholders should take the following steps:

- Recognize the broad dimensions of culture (including age, religion, social groups, ethnicity, and race). Age is clearly important in crisis intervention programs for youth.
- Examine the demographics of the targeted community. Identify the most prominent cultures in the community and develop and integrate information and strategies on working with these cultures into the crisis intervention program for youth.
- Include leaders from the most prominent cultural communities in the decision-making process and in advisory committees.
- Open a dialogue with members of the most prominent cultural communities to better understand their needs. They will be able to provide useful information, including:
    - Views on mental illness, accessing support, and law enforcement.
    - Barriers to accessing mental health services and supports.
    - The meaning of gestures in their culture (e.g. for some cultures, avoiding eye contact is a form of respect and not a sign that someone is lying).
- Respect families as a primary source for identifying needs and priorities in mental health services and supports and crisis intervention programs.
- Ensure that all stakeholders involved in the crisis intervention program for youth embrace and welcome diverse cultures.

Benefits of Crisis Intervention Programs for Youth

Crisis intervention programs for youth are relatively new, so research on the positive outcomes achieved by these programs for communities, law enforcement, schools, youth, and families is limited. However, the program developers, school personnel, and law enforcement personnel NAMI interviewed for this paper have shared the following anecdotal benefits of program implementation:

Benefits to Law Enforcement Personnel

- Teaches law enforcement personnel skills to effectively communicate with youth and to effectively work in the school environment.
- Reduces the need for the use of force in a crisis, therefore, reducing the trauma experienced by police officers who injure youth, and improves the safety of law enforcement personnel.
- Uses a community policing model that includes a proactive approach to preventing tragedy.
- Increases the chances that youth are referred for mental health services so future confrontations with law enforcement can be avoided.

Benefits to Schools

- Breaks the school to prison pipeline, which increases the likelihood that students with mental illness will remain in school and succeed academically, socially, and developmentally.
- Allows trained school-based officers to serve as a resource for families, provide services to youth, and participate in Individualized Education Plan (IEP) meetings, when appropriate.
- Ensures consistency in a school's approach to responding to psychiatric crises.

- Provides a proactive approach to preventing crises in schools.
- Increases school safety.

Benefits to Communities

- Increases community collaborations, which enhances the tools and resources available to address the needs of youth with mental illness.
- Reduces the number of youth with mental health treatment needs in the juvenile justice system.
- Provides a uniform procedure for schools and communities to address psychiatric crises.
- Helps to prevents community tragedies.
- Links youth with mental illness to services in the community, and may reduce the need for treatment in more costly and restrictive settings.

Benefits to Youth

- Ensures the safety of youth consumers.
- Reduces the trauma that is experienced by those experiencing the crisis and peers who witness a dramatic, physical altercation.
- Increases the likelihood that youth will stay out of the criminal justice system, and remain in school and in their communities, where they belong.
- Reduces the lag time between the first onset of mental health symptoms and when an intervention is provided.

Research studies on adult CIT programs show that CIT keeps adults with mental illness out of jail and helps them access treatment. It also reduces officer injuries, reduces SWAT team emergencies, and reduces the amount of time officers spend on the disposition of mental health-related calls. This information is outlined in more detail in Table 6. Crisis intervention programs for youth are expected to have similar outcomes and benefits once they are evaluated for effectiveness.

Table 6: Adult CIT Works

- Studies show that CIT significantly reduces arrests of people with serious mental illness. Pre-booking diversion, including CIT, reduced the number of re-arrests by 58%.[29,30]
- Participants in CIT spend, on average, two more months in the community than individuals who are not diverted through CIT.[31]
- Individuals diverted through CIT and other programs receive more counseling, medication, and other forms of treatment than individuals who are not diverted.[32]
- CIT training reduces officer stigma and prejudice toward people with mental illness.[33]
- CIT officers do a good job of identifying individuals who need psychiatric care[34] and are 25% more likely to transport an individual to a psychiatric treatment facility than other officers.[35]
- In Memphis, officer injuries sustained during responses to "mental disturbance" calls dropped 80%.[36]
- In Albuquerque, the number of crisis intervention calls requiring SWAT team involvement declined by 58%.[37]
- In Albuquerque, police shootings declined after the introduction of CIT.[38]
- Officers trained in CIT rate the 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 workers for assistance with "mental disturbance" calls.[39]

The Cost of Crisis Intervention Programs for Youth

I always say that it does not cost anything to think differently.
- Keri Fitzpatrick, Manager, Colorado CIT

CCIT and CIC program developers shared that crisis intervention programs for youth can be implemented and sustained at low cost through strong community partnerships.

CIC has encountered some challenges with funding since law enforcement training programs have traditionally been cut during times of fiscal crisis. Financial barriers have made buy-in for the program challenging. In order to help with buy-in, CIC uses individuals that were originally resistant as spokespersons for the program. The program also uses police commanders who can speak to the necessity of this training, and who recognize that the program is effective for law enforcement. The program, though administered by the state, considers the fiscal needs of local regions and their ability to deliver a course. Since its inception, CIC training has been held in different regions with the support of the Colorado Regional Community Policing Institute (CRCPI). Under the revised model, regions will be allowed to deliver the course using their own subject matter experts, and if needed, tailoring some areas to fit local needs. Typically, subject matter experts volunteer their services. In the adult CIT program, cost reduction strategies are often shared across regions and it is anticipated that the same type of information sharing will occur with the CIC program.

CCIT does not currently receive any funding. In order to sustain the program, it relies on free resources, volunteers, and in-kind donations from community partners.

NAMI has developed the following recommendations to ensure crisis intervention programs for youth function at low cost:

- **Coordination and Planning**: Any member of the community partnership—NAMI advocates, community mental health providers, law enforcement personnel, or school personnel—may have staff members who can act as a program coordinator to plan training sessions and committee meetings.

- **Instructors**: Local mental health professionals, school personnel, law enforcement personnel (especially those with adult CIT training), consumers, and family members are often willing to donate their time as panelists and role players for the training.

- **Facilities**: Many programs host trainings at the local law enforcement training academy, schools, or university facilities, for little to no cost.

- **Materials**: Law enforcement agencies may be willing to donate the cost of manuals and promotional materials.

- **Salary**: Officers selected for training should be volunteers who are invested in the program, rather than motivated by a pay increase. Some communities may choose to offer trained law enforcement personnel a token increase in pay in recognition of their specialized skills or certifications. Law enforcement agencies may be able to cover any additional staff costs incurred by taking officers off the street for the training.

- **Sustained Funding**: Once a program is established, opening the classes up to officers from other communities and charging tuition can help create a sustainable funding stream.

Where Advocacy is Needed

Powerful advocates are needed system-wide to have an impact on resistance.
- Lt. Jeffry Murphy, Chicago Police Department

CIC, CCIT, and CIT for Youth program developers identified three critical areas where advocates can be most effective in promoting crisis intervention programs for youth. Program developers of a training video and training program in Idaho also shared their thoughts on ideas for effective advocacy strategies. NAMI has condensed the information shared by these program developers into three overarching action steps for family advocates. NAMI is developing advocacy fact sheets that will build upon these three central areas of focus as well as discuss the challenges to implementation that those interviewed identified. These resources will be posted on NAMI's CIT Resource Center at: *www.nami.org/cit*.

Build Momentum
Advocates are in a unique position to connect with community stakeholders that are essential to the implementation and sustainability of crisis intervention programs for youth. Building momentum can include:
- Sharing the benefits of crisis intervention programs for youth with community stakeholders and connecting with other key partners on this issue;
- Identifying boundary spanners, which are people who have multiple relevant roles and experiences. Such individuals can include a police officer who is a trained psychologist or a family member who is also a teacher. These boundary spanners can serve as spokespersons and ease communication between various stakeholder groups; and
- Promoting crisis intervention programs for youth to elected officials and the local media. Advocates should share their positive personal stories and experiences.

Advocates need to get legislators' ears.
- Oscar Morgan, Ph.D., Technical Assistance Coordinator, Idaho Department of Health and Welfare

Reach Out to Law Enforcement

Several program developers referenced wary relationships between those in the mental health field and law enforcement personnel. They emphasized that it is important for advocates to take the time to build a positive relationship between mental health advocates and law enforcement officials. This can be achieved by:

♦ Participating in "ride-alongs" with officers to understand their culture, concerns, and experiences;

♦ Reporting positive experiences with law enforcement and police officers who "do the right thing" when it comes to interacting with individuals living with a mental illness. It is important to promote positive media coverage of law enforcement agencies and individuals who do a good job addressing mental health issues;

♦ Building relationships with law enforcement personnel who have a vested interest in children's mental health, including a police officer who has a child with a mental illness, a school resource officer, or a police officer who is a mental health clinician; and

♦ Holding awards ceremonies and annual dinners for officers who have dedicated themselves to becoming trained CIT officers.

Advocates play a valuable role in sharing their personal experiences with stakeholders as well as providing officers with a first person account of "what went right" during a mental health crisis call.
- Keri Fitzpatrick, Manager, Colorado CIT

Improve the School Environment

Although crisis intervention programs for youth often do not require approval by school administrators when training is done through law enforcement agencies, program developers still emphasized the key role schools play in the process. Schools are especially important because they are in the unique position to identify mental health concerns in students early and to link them to mental health services and supports. This often helps to prevent crises from occurring. Program developers emphasized that advocates should work within the school environment to help open the door to crisis intervention programs for youth and to implement school-based programs that are complimentary to the program. This work can include:

♦ Promoting training programs that educate school personnel about mental health issues;

♦ Encouraging school administrators to implement Positive Behavioral Interventions and Supports (PBIS); and

♦ Building relationships with school counselors, social workers, and school resource officers, who can advocate for crisis intervention programs for youth.

Conclusion

Our research revealed that families, schools, and communities have an overwhelming interest in programs that effectively respond to youth with mental illness in crisis. In this guide, we have outlined the critical need for these programs, and discussed emerging and promising programs in Denver, San Antonio, and Chicago. These communities, and many others, have begun to address the needs of youth with mental illness by adapting Crisis Intervention Team (CIT) programs. The examples in this paper can serve as a guide for advocates and others interested in promoting and implementing crisis intervention programs for youth in their communities.

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Resources

Adult CIT Programs with Youth Components

The crisis intervention programs for youth featured in this white paper are youth-focused and aim to better meet the unique needs of youth with mental illness by emphasizing community collaboration and early identification. There are also adult CIT programs that incorporate youth components into the training curriculum, sometimes as an antecedent to developing a program focused on youth. Examples of such adult CIT programs, include:

Connecticut Alliance to Benefit Law Enforcement (CABLE)
www.cableweb.org

Georgia CIT Training Curriculum: Interventions with Children and Adolescents
www.namiga.org/CIT

Adult CIT Resources

The Center for Mental Health Services' (CMHS) National GAINS Center
www.gainscenter.samhsa.gov/html/default.asp

Council of State Governments Justice Center
www.justicecenter.csg.org/resources/mental_health

Criminal Justice Mental Health Consensus Project
www.consensusproject.org

NAMI's CIT Advocacy Toolkit
www.nami.org/cittoolkit

Police Executive Research Forum
www.policeforum.org

University of Memphis CIT Center
www.cit.memphis.edu

Juvenile Justice and Mental Health Reform

Models for Change
www.modelsforchange.net

National Center for Mental Health and Juvenile Justice
www.ncmhjj.com

National Center for Youth Law
www.youthlaw.org

Manual: Responding to Children and Youth with Mental Health Needs
Developed by the Indiana Federation of Families for Children's Mental Health (IFFCMH), this manual covers a wide array of topics, including mental health disorders, psychiatric medications, on scene assessment, clinical recommendations, public safety, intervention tips, and resources. IFFCMH is also currently working on a program to train police officers and other professionals about how to recognize the signs of emotional, behavioral, and mental issues in children and adolescents and how to work with these young people and their families in a way that is most beneficial to everyone. For more information, visit *www.indianafamilies.org* (Click on "IFFCMH Police Training")

National Association of School Resource Officers
www.nasro.org

Police Pocket Guide: Responding to Youth with Mental Health Needs
A comprehensive police pocket guide written by mothers of youth with mental illness and funded by the Massachusetts Department of Mental Health. The guide lists the signs to look for when doing an on-scene assessment and includes detailed descriptions of early-onset mental illness. The guide can be accessed at *www.ppal.net* (Click "Publications" and "Police Pocket Guide")

Training Video: Community Policing—Effective Response to Youth with Mental Illness
The Idaho Department of Health and Welfare developed a 30-minute training video on responding to youth with mental illness that relays scenarios police officers often encounter, including youth suicide, a youth with bipolar disorder, and substance abuse. The video also covers interpersonal skills and signs and symptoms of early-onset mental illness. The Idaho Department of Health and Welfare will also be implementing a three-hour training for all first responders that includes the video. The video and curriculum is available for purchase. Please contact Stacie Golden, Training Specialist at The Idaho Department of Health and Welfare, at *goldens@dhw.idaho.gov* or (208) 334-0628 for more information.

School-Based Resources and Programs

Center for Mental Health in Schools
www.smhp.psych.ucla.edu

Center for School Mental Health
http://csmh.umaryland.edu

Crisis Intervention Team Education Collaboration (CITEC)
The Portage County Mental Health and Recovery Board in Ohio has developed a crisis intervention program for youth that focuses on school personnel. The program includes a 40-hour crisis intervention training for school staff, including teachers, administrators, guidance counselors, and bus drivers. The training is modeled after the county's adult CIT program for police, but includes a number of modifications to make it more relevant and useful for elementary and high school personnel. The program also promotes community collaborations and partnerships. For

more information about this program, contact Joel Mowrey, Ph.D., Associate Director, Mental Health and Recovery Board of Portage County, at (330) 673-1756 x203 or *joelm@mental-health-recovery.org*.

National Center for Mental Health Promotion and Youth Violence Prevention
www.promoteprevent.org

Positive Behavioral Interventions and Supports
www.pbis.org

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