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THE ARC
WEBINAR CRISIS INTERVENTION TEAM PROGRAMS
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>> Hello, my name is Kathryn Walker and I'm today's facilitator. I will cover a few rules if you are new to web ex. All participants are in listen only mode. At any time during the presentation, if you need help, you can post a question to the chat box on the screen or in the Q&A session. We would be happy to help you. At the end of the session, there will be time for questions, you can post them in the Q&A section or in the chat box. If you want it to be private, please type private before the question. Or you can send your questions to NCCinfo@thearc.org.

This webinar is being recorded and will be posted on our website. We will send you an e-mail letting you know when it is available. During the presentation, you will be asked to answer

a few questions. They help you document your involvement for your funders, so please participate.

We have one final request, you will receive a session evaluation after the webinar. Please complete and send it to us. This webinar is funded by the Department of Justice. Thank you for your participation.

This is the 10th of the monthly webinar. And we will welcome our speakers in a second, but first we will do a couple of polling questions.

All right. So the first polling question asks, what percentage of adults in the criminal justice system have a serious mental illness?

(New Slide).

All right, our next question. What percentage of youth in the juvenile justice system have a mental health condition?

(New Slide).

>> How do you change a police officer's perspective on disability?

(New Slide).

>> How long is CIT training?

(New Slide).

>> All right, and this is our last question: True or false? CIT stands for Crisis Intervention Training.

All right, thank you to everyone that was able to participate in our polls. And don't worry if you didn't get to participate here, the same questions will appear in the post webinar survey so you will have a second chance. And you can also, if you learned something new during the webinar, change your answer in that post-webinar survey.

All right. I am going to pass the presentation over to Laura Usher.

(New Slide).

>> Hi, Laura, can you make sure that the microphone to the right of your name is not red? There we go. Now we hear you.

>> Great, sorry about the delay -- [indiscernible].

(Speaker indiscernible).

>> So thank you for the -- [indiscernible].

I'm the program manager at -- [indiscernible] -- development. And my job -- [indiscernible].

>> Hey, Laura. I'm going to stop you for just a second. We're having a little bit of trouble hearing you. Would it be doable for you to call in on the phone?

>> Sure.

>> Yes, so if it you go to the communicate button at the top and do audio conference, I think you can switch your audio.

>> Okay.

>> Thank you for your patience, everyone. We just want to make sure you can hear all the great information Laura has to share. And a couple of you told us in the chat box that it was pretty bad on your end, too. So we'll get that figured out.

>> All right, Laura. If you can go on your computer and hit the communicate button and switch your audio. It's communicate, audio, conference.

>> Okay -- [indiscernible] -- on the computer?

>> Yes.

>> Okay. Hold on.

>> We can't hear you now. So can you dial in with you phone from here? There we go.

>> Sorry about that, everyone. I had to run around my house looking for my phone. So I apologize for that --
[Laughter].

So just to sort of re-boot from where we are in the beginning, my name is Laura Usher, the crisis intervention team manager at the national office on mental illness, and my job is there to assist the NOMI state and affiliate organizations around the country in helping crisis intervention team programs in partnership with their local police department.

So, I'm going to talk today a little bit about the experience that NOMI affiliates have had working with our local police departments and how that might provide some lessons learned for the intellectual developmental and disability community. I know some of these experiences will not translate exactly, and some of the content will be different, but I wanted to talk a little bit about what we've learned and how to partner with police and how to work with them, which I think has been really helpful.

So I will start, at first, just talking about the criminal justice system and why it is important for us to -- pardon me -- I said earlier, I have a little bit of a frog in my throat. I apologize if I sound a little croaky.

First, we will talk about why are concerned with somebody's mental illness in the system to begin with and how CIT emerged.

Criminal justice system is very under funded and they did not receive treatment until they are in a crisis situation and they do not often know what to do. And many communities have an acute mental health services, so individuals call the police for immediate assistance, but most do not know what they are going to get. Many officers are not trained in mental health

situations and link people with uncertain situations. And there are unfortunately injuries and death of individuals and officers.

A tragic situation in a lot of cases and something that we are trying to address.

(New Slide).

I want to show you a picture that illustrates the nation's largest mental health treatment facility.

(New Slide).

It is the twin towers jail in Los Angeles, California, and it is followed by county jail in Chicago and Ryker's island in New York for the largest treatment for the mental illness. This is the largest mental health treatment facility, unfortunately.

20 percent of adults in jails in countries have a serious mental illness, which is any given anyway, a lot of people cycle in and out of jails.

72 percent of -- I'm sorry -- (New Slide) -- about 70 percent of youth in the criminal justice system have a mental health condition, so the numbers are higher for youth and their lives are being off track early on, not being stable and having stable families and having a hard time with the criminal justice system.

We know people that are in jails and prisons are either charged with or convicted of non violent offenses. There are some serious crimes that, you know, we have to respond to appropriately, but the majority are not violent offenses. So these are not necessarily people that need to be in the correctional system.

And so finally something that is important to note -- (New Slide) -- 72 percent of people with mental illness in jail and

prison have substance abuse issues, they need a lot of services and support and do not often get the support that they need.

(New Slide).

So I'm going to talk a little bit about how this scenario lead to the creation of the CIT program. And unfortunately, this broken mental health system has been a challenge for NOMI families for decades, it is not something that is new.

And so the CIT program started in Memphis in 1988, and it was really the result of a sustained advocacy on effort on part of members of NOMI Memphis, mothers of sons with schizophrenia, and they had negative interactions with the police, and they thought there had to be a better way. But their initial efforts to reach out to the police and to the city council were not particularly successful, they were brushed off and -- oh, we will think about it or talk about it later.

But the issue sort of came to a head in 1987 when a young man, Joseph Robinson, was shot and killed in an encounter with police in Memphis. He was African-American, and at the time, the police chief and most officers were white, and there was a huge out cry in the community about the injustice of the situation, there were calls for the resignation of the police chief. It was very tense and, you know, the citizens were very upset.

And the members of NOMI Memphis at this time, they saw this, unfortunately, as an opportunity because we don't want there to be an opportunity from tragedy, but they went to the police chief and they said, we want to work with you to prevent this kind of situation from happening again. We would like to develop training to help you better respond to people that have mental illness in crisis.

And that approach of reaching out as a partner in providing assistance resonated with the police chief and the mayor, and that's what started the first CIT program.

(New Slide).

We will talk a little bit about the program works, just to give you the specifics, and then the lessons we have learned from implementing this in communities around the country.

The first that is important to know about CIT is it is a crisis intervention team, and the team refers to the community team. That's a group of partner organizations: Law enforcement, mental health provider agencies, and local mental health advocates, local NOMI affiliates. And CIT gets these people together and talking to each other, and it is often the first time that these advocates have -- excuse me -- these advocates have talked to each other and these professionals have talked to each other and tried to coordinate and problem solve together. They often do not talk, and that is a problem when law enforcement is the first responder to the mental health crisis, which is the case today in most communities.

So that's the first thing CIT does, bring the players together. And it gets them to think about how they plan and coordinate a better system, and what kinds of policies and procedures need to be changed. What would be a better way to do things.

And then, in Memphis and around the country, they found that one of the keys is having some really good skill training for police officers in responding to crisis calls. And the training includes some of the basic signs and symptoms of mental illness, face to face interaction with people living with mental illness, usually people that have been in crisis in the past and are doing well now, and that is something that is really

important about the training, that it provides that perspective in mental illness, it is a cyclical disease, there are times when people are doing well and times when people are in crisis, and the assistance and response they get when in crisis can help shape their recovery. That is often the first time that police officers have interacted with a person in recovery and we find that it is very transformative, this are motivated to try to be helpful to these folks down the line.

That is included as a key part of the it training. The training includes verbal deescalation skills for officers, teaching them how to use their words and use their body language to help calm down the situation, rather than using physical force.

And the training includes role plays or scenario-based training that helps them practice those verbal deescalation skills, so they get a sense of how to use it in the real world, and they use actors or volunteers to help, sort of, play out those scenarios, and they get feed back from the instructors and their fellow students on what they did right and what to improve on.

And then finally, the training includes information on how to connect a person in your local community with mental health services, and sort of covers the water front in terms of what is available in the middle of the night, weekends, what we do with somebody in crisis, versus somebody who needs homeless or substance abuse services, tries to get the police resources lined up they need to help a person.

And the CIT training does not typically include much time on intellectual and developmental disabilities, and that's something that the folks at the national center for criminal justice and disability are working hard on developing, so that

is something to think about down the line. And I don't know that they are integrated into CIT, but thinking about the community partnership approach to CIT might be very successful for the community.

And so CIT programs -- (New Slide) -- have been successful in achieving the things that they set out to do.

First of all, one of the easiest things to measure is the reduction in injuries during crisis situations, and that is usually injuries to officers, because law enforcement keeps records of injuries to officers and they care about them because the time and expenses when an officer is injured.

And more connections to people to treatment when they need it, and less easy to measure, but really important, there has been a huge building of trust and engagement with the whole community around mental health crisis issues.

And the founder of CIT, Sam Cochran from Memphis, who talks about how it transforms communities, says that CIT is about changing hearts, not about training, but changing the hearts of the community. And it is actually true, it really does transform the way that people think about mental illness, and it has a really profound effect on the people who are involved and on the whole community.

And the training also, or the program also helps to satisfy the officer's needs for the right kind of skills and tools to do their jobs safely and effectively in a timely way, which is important because police officers, that's a huge priority for it them. They have limited resources, and so giving them more tools is extremely helpful for them.

And today, there are -- (New Slide) -- about 2800 CIT programs in 27 states and the district of Columbia, and a

handful of foreign countries. The program is spreading and has really taken off because it seemed to be so successful and because of the transformative effects it is having on communities.

So I'm going to transition now and talk about some of the lessons that we learned -- (New Slide) -- in implementing CIT around the country. And what is helpful to keep in mind when you are making partnerships with police departments.

And not everything is going to be a one to one match on to the needs of your community, but I think that these are some valuable lessons that we have learned, and I wouldn't want you to have to reinvent the wheel in creating these partnerships.

And so first of all, the thing that is most important about CIT is the partnership, and the commitment between mental health agencies, law enforcement agencies, and individuals and families to work together, to problem solve, to be proactive.

And the training is great, and everybody knows about the training, but the partnership is really what makes CIT something that transforms in the long-term and makes it a sustainable and successful, over time.

And so I would really focus, I would recommend -- and I always recommend this to the NOMI affiliates I work with -- focus on building a strong partnership and not getting worried as much about as what is going to be in the training, because the training and the, sort of, details will grow out of that partnership and that relationship.

And just as an example -- (New Slide) -- of a good partnership I wanted to show, this is her partner, who is a police officer in Dallas, Texas, excuse me.

And his, I call it, her/his partner in crime, Chery [indiscernible], the director of psychiatric communication at a hospital in Dallas. She is a provider, he is a police officer, and they both identify with families with individuals with serious mental illness, and they teach the NOMI course and CIT together, and they came together and said, we think it is important for families to know how to talk to police because everybody has a responsibility to make sure the best outcome is achieved, and they came to us and said, we want to do a call in on the website to provide the family some basic information of how to work with police.

I like how this shows we have multiple identities, and this can help build the relationship and the partnership between agencies can be built on, sort of, a personal relationships and personal identities of individuals, and I think that that's been really powerful, not just for these two folks in Dallas, but all around the country, we find police officers who, you know, say I have a child with a mental illness, or I have a child with autism, or my mother has schizophrenia, or I'm a mental health provider and a police officer, or I'm a mental health provider and I also am an individual living with a mental illness. So there's a lot of opportunity, I think -- because unfortunately, mental illness and developmental disabilities are so common, there's a way to reach people by sort of tapping into their personal experience.

And the next lesson that we learned that I think is really important -- (New Slide) -- to pass along is that it is important to get from your police leaders and from your patrol officers who are working the streets and responding day to day.

So when you are sort of pitching your partnership or your program or training to the police, it is important to inform yourself about the police department and the challenges they are facing. So I always say, find out how many square miles the agency is responsible for patrolling, how many officers they have, how big the population is they are responsible for, how many call they are responding to every month or year, and that gives you a base line, and the ability to speak intelligently with the chief or the sheriff, that you understand that they are working hard and doing a lot of work with limited resources.

And another thing to address with your police leaders is liability. I know for many police departments, using resources wisely and keeping the community's trust in them is really important. And so they want to, as much as possible, to reduce the opportunity for there to be problems with liability for them to be sued, you know.

And we do not take an approach of being aggressive or threatening, but we do want to make them aware that, you know, that you can do a lot to reduce the risk and to reduce your liability, and part of that is training and engaging with these partner organizations.

And it's also important, and this sort of goes back to what I said before, too, to take into account the time and priorities of the officers and of the policing leaders that you work with. Often, one of their biggest concerns is that police officers are spending a lot of time responding to mental health crisis calls for us and they wind up transporting a person 4 or 6 or 8 hours across county lines, maybe all the way across the state, to get them to a hospital or a center that will provide services for them.

And then, once they're there, they are sitting in the emergency room for, you know, 6 or 8 hours, waiting for the person to get evaluated. So that can be a huge use of their time. So you want to be pointing out how you will help them save time and focus on their priorities, which are community safety, officer safety, things like that.

And then finally, we have sold CIT program as an officer-safety program because it is -- it is proven to reduce injuries, and the use of verbal deescalation helps to reduce the use of physical force, which benefits the individual, or the subject, and the officer.

So we really try to talk about that as an officer safety program, and it is a culture shift for police, to hear that officer safety is not -- your weapons and your tactics, but it is about, you know, the words that you use and the approach that you take.

And but it -- it is a really powerful argument in working with law enforcement.

(New Slide).

The next thing I wanted to share with some of the the lessons we learned about training and how to train law enforcement, and I did not put this on the slide, but I should have. You should be working with your law enforcement officers in your local communities to figure out what their needs are and to address their specific needs and also engaging them as trainers in whatever training that you do, so they have, you know -- so they have their input involved, and also that the officers are learning from people that they recognize and trust, because that is going to be really important to them.

And with the CIT training, we usually try to keep things pretty simple, and I don't mean to water down or minimize, but instead of focusing on a diagnosis and the symptoms that go with it and the medications, we focus on -- we fill the officers in on those thing, but we focus on behaviors and symptoms and how to respond to a particular behavior, or what symptom is a flag for a mental health indication, or if you see a medication, that is a flag for it. We do not ask officers to diagnose -- they do not have time and that is not their role. But we ask them to respond appropriately to behaviors they encounter.

It is important to give officers a chance to build their skills and give them a chance to practice, and it is important to give them information on how to refer people for services, and sometimes that may be -- that may require changing a policy or a procedure so that they know exactly where they are supposed to go and when and who they can call for help if they need assistance and where to take a person for services.

And finally, I talked about this before, but it is really important -- in the training, it is important it to have personal interaction with a person with mental illness. It helps to demystify and destigmatize a condition and helps officers to see individuals as individuals in their community, and so it can be extremely helpful in changing their perspective.

And, going along with that, I wanted to talk a little bit about a program that NOMI has, Voice. And we have two individuals that have a serious mental illness that talk about it and the different phases of it, they will talk about the hard times, about the crisis they have, and they will talk about how they are moving toward recovery, how they got a good diagnosis,

what they use to be successful, their ambitions and goals. And it provides a good overview of, you know, how a person could be in crisis today, but next week or next month, they might be doing very well. And so it gives a good perspective. And it is not just transformative for the officers to hear it, it is transformative for individuals to tell their story. And I hear this all the time -- (New Slide) -- it is really powerful for individuals to tell their story without shame and make them feel like they have an impact on their community when they do this.

And I quote this from a NOMI member, Payton, from South Carolina. He has bipolar disorder and was in prison for some actions that occurred when he was manic. When he got out of prison, he got hooked in with his local NOMI organization and got interested in CIT, and one of the roles he has now is as a CIT trainer, and he tells his story with police officers.

And I thought this was a powerful quote: He said that the biggest shame of my life is my criminal record, and now I will take my experiences and help save lives in the community. So powerful for him and incredibly valuable for his community.

And another thing that we learned from CIT that is sometimes a challenge to explain to people is that CIT seems to work best when it is a local program with local ownership, and part of the reason for that is every community is different, you have different services and the law enforcement culture may be different, so you want to have a program that is adapted to the, you know, to the specific needs of your local community.

And another thing -- another reason why there has to be local ownership is that law enforcement agencies, they want tools, they want training, they want anything that can make their jobs easier and can help them serve their community

better, but they still want control over what's exactly in the training, and what kinds of policies and procedures they have to change.

So they don't want to be imposed on from a higher authority, which is fine. They, you know, they are -- they work independently and they, you know, want to be able to meet their mission.

So it is good work with them to make it unique and make it fit their needs.

And then, you know, the most powerful ways that we seem to be changing the culture is by connecting local law enforcement with their local service providers and with people with mental illness in their local communities.

And one of the, you know -- in a few places, there have been attempts to mandate CIT training so that every department has to have it, or a certain state agencies has to provide it to all departments. And I don't have any problem with creating training standards, I think that is absolutely important. There should be more training on mental illness and other disabilities in basic training for police, but mandating a training is not the same as mandating a partner and a relationship, and that is something that you cannot really mandate. You just have to develop and build it.

So we don't want that spirit of partnership to get left behind, even when we're implementing a training.

(New Slide).

And, as an example of local ownership, I just wanted to show you some of the pins that crisis intervention team officers wear on, you know, on their uniforms.

And this is something that is surprisingly is, like, really important to the CIT community. Every agency has their own pin, every agency is proud of it, and at the conference every year, there's a best of pin accord that everyone votes on, it is almost as important as the CIT program of the year or officer of the year, and everybody has a pin, and they all own it and they want it to be theirs and special.

(New Slide).

That said, it is a local program, but there needs to be state and national support for that program because it is a lot easier to do something like this if you have tools and resources and people that were there before to guide you through it. That is a role that I play in the NOMI national office is to help state and local organizations on this, because they find that the most difficult part is often building this relationship, this partnership, breaking down some of the mistrust or miscommunication. And so I help problem solve through that, and we have state technical assistance centers in a lot of states that also really help with that and help to build an infrastructure at the state level to support local programs.

Another issue that is a challenge that is good to have support from state and national resources is around sustainability and getting and maintaining data. It's been a challenge because this is a cross-system collaboration to get, for a lot of communities, to collect data. And you know, police departments often don't have, you know, the expertise of an academic researcher on hand, for example, to help them design a good evaluation.

So sometimes we recommend -- you know, that's a good partner to bring on board is to get a university or a research

center to help you design the evaluation and the data collection that you want.

And that's something that can be hard to assist from the national level because each law enforcement agency collects data in a different way, and each hospital collects data in a different way, and so it's not easy to standardize. There is kind of nobody in charge.

The other thing that is helpful in having state and national infrastructure is during changes in leadership, if there's a new chief or leader at your mental health agency, there's a culture of CIT and there are other agencies and neighboring agencies that are saying CIT is important and keeping it the same during that transition, and that's really helpful in a lot of states and communities.

And finally, CIT programs love to help each other. And so a lot of CIT programs will assist their neighbors in the next county or town over, and in a lot of states, it is helpful to have a state wide entity that helps to coordinate that and make it easier.

And just as an example of why --

(New Slide).

-- state assistance is so helpful, I'm showing these programs in Ohio and New York, and not to pick on New York, but right now all the blue countys have at least CIT program. And in Ohio, all except for one have one. And in New York, there are three. And there have been attempts to start programs and they have not flourished. And the differences between these two states is not there's a mandate in Ohio or a ton more funding, the difference is that Ohio has a state technical assistance

center to coordinate and help all of these local communities do their work better.

And New York is, fortunately, going to be starting a TA center next year. I'm excited about the direction they are moving in, but it illustrates the importance of having that support at the state level as well.

And NOMI organizations, and NOMI is similar to the Arc in that we have local and affiliate and national organizations. We are involved at all levels with our CIT programs. It is a little bit confusing because there are so many organizations involved, but we feel it is important to have a local, state, and national present.

And the next thing, what we learned is that it is important to support officers and be cheer leaders for CIT officers because they do a really hard job interacting with people in crisis over and over again is really challenging, they do a really great job at it. And they are typically volunteers, they do not get extra pay, or if they do, it is very minimal. So we want to keep them engaged and minimal and show them how grateful we are they are doing a great job. And I encourage my NOMI affiliates to say thank you during the graduation for it the CIT program. A lot of affiliates will host an annual CIT according banquet to thank the officers involved and draw attention to the program, make sure that the leaders of the agencies know that the officers are doing a great job and we want the program to stick around.

And we try to get media attention for the training and for any positive outcomes that come from the training.

And so if there's an incident where an officer does something really great, we try to highlight. And unfortunately, the media like to tell bad stories and tell when there's a

tragedy, but we want them to share the good stories because that is equally as important.

We encourage NOMI affiliates to write a letter of appreciation when they have a good interaction with an officer and send it to their supervisor so that the leadership and the law enforcement agency knows that this is something that is really valued by the community, that it is working and we should continue to do it.

And NOMI affiliates serve as partners for officers and the CIT coordinators at the agency level. They don't always know what's the right thing to do when they have a person in crisis who needs a particular service at a particular time of day.

And so having somebody that they can call to say, you know, just to talk it through with is really helpful, or -- excuse me.

And so we really encourage that. And that seems to happen very naturally as part of the relationships they build at the local level.

And then finally, we encourage our NOMI affiliates to pay for lunch at the CIT training so that they know, not only are they a good partner and resource, but they are willing to help make sure we are well-fed and happy. And you cannot over estimate how far that will go.

Excuse me, just an sec.

(New Slide).

And so the next lesson I wanted to mention is that it is really important that your partners think about how they're going to coordinate and plan the, sort of, process at the local level, like what do you do when there is a crisis situation, whose responsibility is it to do what. And we have them think about, what are you intended outcomes and where will you measure

them, and where are the challenges for the difficult situations? For the mental health community, the challenge is there are not a lot of mental health services in the community, and the big challenge is that there's a lot of people that wind up in the ERs because there's not a lot of good services, and the ERs do not feel equipped to help in these situations and the officers are frustrated because they are sitting there for hours waiting for them to get services, and the person is not happy because the ER is loud and hectic and not soothing, and because the ER staff is often not well equipped to deal with this, people wind up being in restraints more than we would like to see.

So, you know, and you can't always find a great solution in every community. You can't always find a different place than the ER, at least not initially. But what we encourage is better coordination.

And so, for example, with the ER scenario, we encourage communities to create clear guide lines for when an officer will take a person to the ER so the ER is assured that we are getting certain situations. When a person is really dangerous, they will not be taken to the ER, and the police is assured that the ER will accept the individual.

And then we also encourage the creation of a hand-off procedure that is smoother and faster.

And so, you know, officers share the right kind of information with the clinical staff so they have the information that they need.

And that seems to help a lot to kind of move it along a lot faster, and everybody seems to benefit from that.

And so we try to look at those sticky situations and figure out how to solve that. And unfortunately, it is different in every community. So it is a little bit of a challenge.

And then in terms of planning and coordination, we also ask communities to think about who else needs to be involved, or other service providers needs to be involved. Is there a huge problem with homelessness, do we need to have homeless service providers involved. Do we have EMT and firefighters responding to calls, and do they need training and coordination? We always, always try to get law enforcement communications departments, the dispatchers who dispatch calls, trained as well because the officers can be, you know, wonderful at responding to calls, but the dispatchers are the ones that actually assign the officers to respond to the specific calls.

So the dispatchers need to know when a situation is a mental health crisis situation and not some other scenario.

So it is important to think about what other partners need to be brought in, and do we need to change policies because a law enforcement or hospital will have a policy that is in conflict with a CIT program, and so working together to make is effective and having good change.

(New Slide).

And I'm choosing this quote from a CIT leader in Virginia to illustrate that challenge. She is the deputy secretary for public safety in the state of Virginia, and she was an advocate in the area and helped to start the first program 10 years ago.

She said that it is so important for officers to have a central assessment site to drop off individuals to get an assessment that is adequate.

And without it -- (Reading described section).

And so not every community has an assessment site, but you need to know what the path and the plan is, and that makes everyone feel a little more secure in what they are doing.

And so that's been really important for all of our CIT programs to have a plan and to have a long-term vision, if our community does not have adequate services today, that may not be something we can fix today or this month or long year, but it is the right time to advocate for the right services.

And you have to know where your vision is.

And finally -- (New Slide) -- with the CIT program, there's an important role for advocates, and that is something that is going to be very similar for it the intellectual and developmental disability community, that our NOMI affiliates play a role in bringing partners together in the community, they are the ones that convene and invite and cajole people to talk to each other, which is the first step and the most important. And we also serve the role of spreading the program around the country, many officers hear of the program from the NOMI convention or other affiliates around the country, so it is good to keep pushing for that.

And another role for advocates is to make sure that the program stays true to its intentions and its purposes, so there is the voice of individuals with mental illness or developmental and intellectual disabilities in the training and in the decision making, and their family's voice as well.

And so we are really meeting the needs of the people that we are trying to help and to better serve.

Andal so that creates a sense of accountability and mutual accountability between the partner agencies. No one agency is in charge and making the decisions, we are working together and we expect things from each other. And that works well with CIT programs, especially when the NOMI is active and keeping it alive.

And we talked about cheer leaders and helping officers, and the last is educating families and individuals how to interact with police. If everybody is working the hardest they can, these situations will improve. And not that anyone is to blame, but we are not talking about blame. We are talking about how much can we do together to improve a situation that might be tragic.

And that is what the cop -- [indiscernible] -- is about, how it do we know families know what to say when they call 911, or that individuals know that there's a CIT program out there, they see the pin and know to trust the officer.

So it is about out reach and education. So I hope these lessons are helpful for you when you want to partner with your police department in your community or state. And I know as I said in the beginning, the needs of our two communities are not exactly going to map on one to one to each other, but I hope that some of these things have been helpful to you.

So that's the conclusion of my presentation, and I'm happy to answer questions and hopefully Kathryn will jump back on here to assist as well.

>> Yes, Laura, thank you so much for a wonderful presentation. I'm going to -- (New Slide) -- close with some Q&A. If you have questions, you can submit them in the chat or Q&A box. If we do not get to them during the webinar portion, we will follow up with e-mail. And I will have a survey for you to fill out over the webinar.

And on to the first question, this is from Jessica. She says, I work in a state that has mandatory domestic violence arrests. These programs clash with CIT training on whether to --

(Reading described section). Do you know have states have dealt with this and do you have a CIT legal contact?

>> I may have to follow up with them afterwards, but you have to keep in mind that the officers have to follow the law. They cannot do something that is illegal in their state, but it may be a policy or a legal issue to address. I will try to find somebody that has a comparable situation and get back to you, if Kathryn can take note of who asked that question.

>> I will put you in touch. And in the Q&A, the webinar will be available after the fact, as soon as we can get it posted, both the PowerPoint and a recording of this session will be available on our website and I will send all of you an e-mail when that is posted.

And back to the next question: Do CIT programs include partners outside of law enforcement like victim service providers, attorneys, and other professionals?

>> Yes, it varies from community to community, so when you are starting your program, you want to make sure you are having your advocates, your law enforcement agency, and your mental health agency. That's the foundation, but a lot of programs grow -- they include criminal justice organizations, and other advocacy communities. And it varies from community to community. We see a lot of growth in veteran's service organizations and veteran's service providers being involved in CIT, homeless services, substance abuse services, children's services in schools. And so it branches off in a lot of directions, depending on the community.

>> Thank you. Here is the next one: Is all CIT training exactly the same? Is it standardized in any way? If not, are you moving in that direction?

>> Right now, it is not all exactly the same around the country. There are guidelines for how many hours the training is and what topics are included, but there's not a national certification process to enforce that.

And there is the -- the Department of Justice is developing a CIT training that will be a more fully completed curriculum. And right now, it is not the standard or the mandatory, it will be an option.

And I think -- it is a little bit of a tension because law enforcement agencies, like I said, in communities want a tool they can use now to kind of pull off the shelf and it is going to work for them, it is going to work and be effective. And that's great, we want to give them as many tools as possible. But every community is a little bit different, so New York City is going to have really different needs from small town New England.

And, you know, there are different multicultural communities and language needs and disability needs and homeless problems and, you know, various needs in different communities. So they don't want to make things too cookie-cutter without having some room for adaptation.

I hope that answered the question.

>> No, that was great. And it actually goes right into our next question from Stephanie: What suggestions do you have for developing CIT in rural areas? Are there models? Because she said she found information on limitations, but not a lot of information -- [indiscernible].

>> All right. So it depends on what you mean by rural. There are rural and then there are frontier communities that are really much more remote, but there are a lot of rural

communities that have done multi-jurisdiction programs, and so they'll get -- maybe even multi-counties, multi-county programs, they will have that training they work together on. And they will coordinate -- it is pretty cool. They will coordinate services across counties, because in a lot of communities in a lot of states, your nearest mental health center or psychiatric hospital may be two counties over. And so having that coordination is helpful.

And so it is a challenge, it can be challenging for rural communities and a lot of law enforcement agencies because they have so few officers and taking them off of their shift for a full week to do training can be challenging, and so we suggest is that if you have a multi-jurisdictional program, maybe your agency only sends one officer at a time so you build up to having everyone trained over the course of months or years, usually years, depending on the size of your community.

I can provide more detail on that as well and follow-up afterwards.

>> Great. And it looks like we just reached the 2:30 mark, so Laura, you are off the hook on more questions: I would like everybody to sign up to receive e-mail alerts if it you are interested, and use our information and referral service. If you know of an issue where somebody has a disability and is involved in the criminal justice system, please reach out. And if they have a mental illness, collaborate with Laura to get what they need. Thank you for attending, and if we did not get to your question, we will follow up afterwards. See you next time.

>> And if you ever need to reach out to me, you can e-mail or visit the website at NOMI.org.

>> Thank you, Laura!

>> Thank you. (End of presentation).