

CIT or Mental Health First Aid?

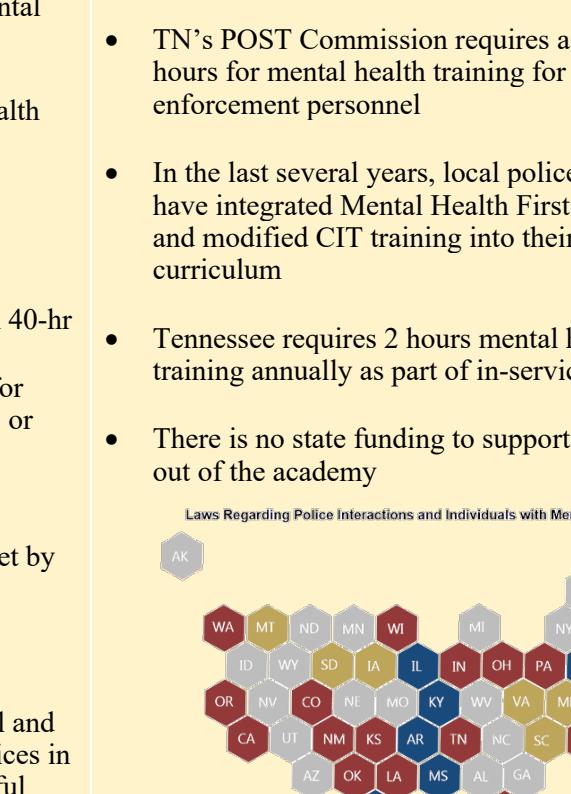
Crisis Intervention Team (CIT) programs and Mental Health First Aid (MHFA) are two of the most widely utilized mental health/ crisis training programs for law enforcement and other first responders. Both programs can be effective tools for improving police responses to community behavioral health issues. The two programs can supplement each other, and it is important to recognize their differences and similarities.

CIT	MHFA
40-hour advanced officer training, which includes deeper immersion in behavioral health issues and peer participation in the classroom.	8-hour codified training to provide general awareness of mental health issues.
Recognized as the ‘gold standard’ response model . CIT is a community collaborative partnership program, and training is one component.	Includes information and skills to support someone in a behavioral health crisis
Partnership with behavioral health and public health systems is central to CIT.	<i>Benefits include:</i> Evidence-based best practice run by the National Council for Behavioral Health; Short training commitment; System in place for vetting adequately trained instructors
CIT is designed to prepare and transform the outcomes of a community’s day-to-day crisis response through providing law enforcement 24/7 accessibility to care without ‘triage’	The National Council has long held that MHFA is not a replacement for CIT and should instead be incorporated into existing CIT programs as an enhancement.
Most effective when experienced officers attend voluntarily. Programs aim to train 20-25% of a department’s patrol officers	In addition to specialized CIT response, all law enforcement should possess basic behavioral health education. MHFA provides adequate basic mental health and substance use disorder education.
By using these complementary programs conjointly, communities can eliminate gaps, leading to a large-scale, sustainable systems response.	Providing department-wide MHFA training during in-service, academy, or other times, is an effective complement to a CIT program.

Comparison of CIT and Mental Health First Aid training. Adapted from *Mental Health First Aid or CIT: What Should Law Enforcement Do?* CIT International and the National Council for Behavioral Health, 2017.

According to the results of a recent national survey of State Peace Officer Standards and Training Authorities (POST) entities and other state training authorities, despite consistent recognition of the value of mental health and crisis de-escalation training there is tremendous variability in those standards among states and the focus is mostly on entry-level training (*The Variability in Law Enforcement State Standards: A 42-State Survey of Mental Health and Crisis De-Escalation Training*, Council of State Governments Justice Center in partnership with the International Association of Directors of Law Enforcement Standards and Training, 2017)

Governor Lee has appointed Franklin Police Chief Deborah Faulkner to the [Tennessee Peace Officers Standards and Training Commission](#), which is responsible for developing and enforcing standards and training for all Tennessee Police Officers. The Commission also promotes continuing law enforcement training. The Commission is comprised of 18 members and includes local law enforcement personnel, legislators, and Tennessee citizens who are not connected with law enforcement.

National	Tennessee
<ul style="list-style-type: none"> Nearly all responding states have standards for mental health (41 of 42) and de-escalation (40 of 42) training. 18 states report having plans to expand the number of mental health and de-escalation training hours The average number of training hours spent on mental health and de-escalation topics is 14 hours. 21 of the 41 responding states require in-service and/or specialized training 11 of 42 responding states certify or provide officers with 40-hr CIT training; 9 of 42 states provide 8-hr MHFA training Funding for officer training (and in some cases, training for Field Training Officers, trainers, supervisors, dispatchers, or other personnel) is a significant concern. Survey results indicate that training is supported fully or partially by local agencies or officers in many states (offset by state grant funding, and to a lesser degree federal grant funding). Comments suggest that any training mandates should be accompanied by adequate funding supports (for personnel and trainers), as well as investments in behavioral health services in the community to support efforts that result from successful training. 	<ul style="list-style-type: none"> Tennessee does have minimum mental health training standards for all law enforcement officers. TN's POST Commission requires a minimum 4 hours for mental health training for all law enforcement personnel In the last several years, local police departments have integrated Mental Health First Aid (MHFA) and modified CIT training into their training curriculum Tennessee requires 2 hours mental health training annually as part of in-service There is no state funding to support CIT inside or out of the academy <p>Laws Regarding Police Interactions and Individuals with Mental Illness</p>  <p>Legend:</p> <ul style="list-style-type: none"> Red: Mental Health Training for Police Blue: Specifies Crisis Intervention Teams Grey: Both <p>States colored by requirement:</p> <ul style="list-style-type: none"> Red states: WA, MT, ND, MN, WI, OR, CO, NE, MO, KS, AR, TN, NC, SC, DE, DC, HI, HI (separate from map) Blue states: IL, IN, OH, PA, NJ, MD, VA, AL, GA, MS, TX, FL Grey states: ID, SD, IA, KY, WV, VT, NH, RI, CT, NY, MA, VT, GU, MP, VI, PR

Comparison of Tennessee and National Law Enforcement Mental Health Training Standards