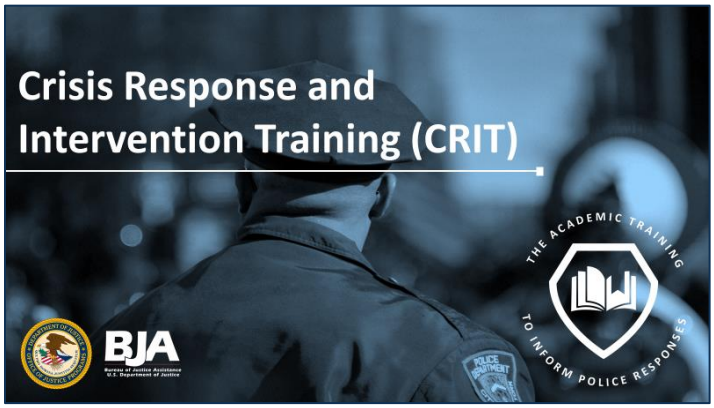


SLIDE 1.1

TITLE SLIDE

WELCOME AND INTRODUCTION TO CRIT

Time: 60 minutes

Slides: 16

Purpose: This module sets the stage for the 40-hour Crisis Response and Intervention Training (CRIT). It introduces the lead instructors and the classroom participants to one another, sets expectations for the week of learning, and presents the basic concept of police-mental health collaboration (PMHC) in crisis response. This module also discusses issues related to the high prevalence of people living with mental health (MH) conditions and those with intellectual and developmental disabilities (IDD) in the criminal justice system.

Instructor:

It is recommended that this module be taught or co-taught by a law enforcement leader, field training officer, and/or coordinator in crisis response. Co-trainers with lived experience with MH conditions and disabilities may also be included to help define and describe crisis situations, or situations that could become a crisis.

Learning Objectives:

Upon completing this module, participants should be able to:

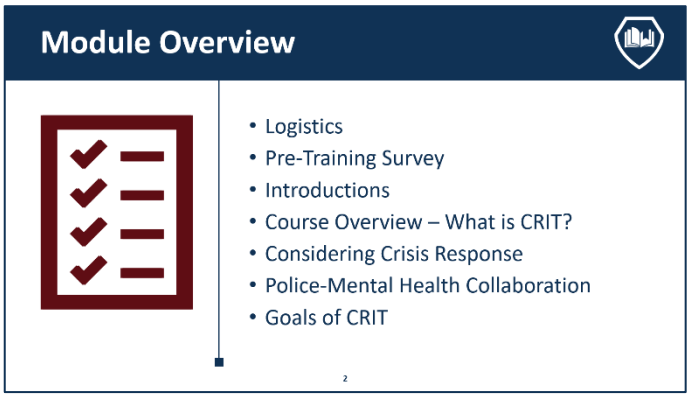
1. Define Crisis Response and Intervention Training;
2. Explain the need for crisis response training and programs;
3. Identify the role of law enforcement in crisis response; and
4. Describe police-mental health collaboration (PMHC) in crisis response and identify core elements of effective PMHC.

Activities:

- Pre-Training Survey
- Instructor and Participant Introductions
- Suggested Icebreaker: Two Concentric Circles Exercise

Additional Materials:

- Participant Binders (Pre-Training Survey, Research Information Sheet, Name Tents, Polling Response Device [optional], Participant Guide)
- BJA Police-Mental Health Collaboration (PMHC) "Essential Elements of PMHC Programs" *(handout or place in the back of the participant binder)*
- NAMI – Divert to What? Community Services That Enhance Diversion *(handout or place in the back of the participant binder)*
- Law Enforcement Response to People with Developmental Disabilities: Steps for Deflection or Pre-Arrest Diversion *(handout or place in the back of the participant binder)*



SLIDE 1.2

MODULE OVERVIEW

Trainer Note: Provide a brief overview of the introductory module by highlighting each point on the slide. These are the items that will be covered in this module.

SLIDE 1.3
LOGISTICS

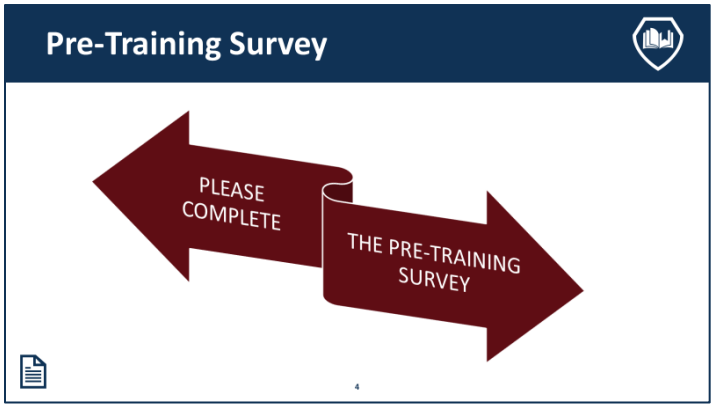
TN

Trainer Note: Cover the logistical items presented on the slide and any others that may be important for participants to know.

- Point to the Training Agenda that is available in the participants' binders. Breaks are built into the training schedule to provide participants time to get up, stretch, use the restrooms, and take care of anything else that might need attention through the course of the day.
- Ask participants to turn their cell phones on silent.
- Explain the locations of the restrooms. Ensure all participants know where to find accessible and gender-neutral restrooms and other facilities.
- Note that time for lunch will be provided each day. Make participants aware of available food options.
- Let participants know that the materials covered over the course of the week are available in the training binders that they have each received. The binders are theirs to keep. Encourage them to take notes and take the materials with them.
- Emphasize the importance of remaining respectful in conversations through the course of the week.
- Note that participants will have the opportunity to (1) share stories about their own experiences, (2) hear the stories of others in the room, and (3) interact with/hear stories from people with lived experience with mental health conditions, subtance use, and intellectual and developmental disabilities.

CONTENT WARNING: It is critical to inform participants that this training will include very important, but potentially difficult discussions, videos, and active scenarios on topics related to mental health, trauma, suicide, substance use, and intellectual and developmental disabilities. Participants should also be encouraged to keep their own mental health and emotional wellbeing in mind as the training progresses. If at any time

they need to step out of the room, they should feel free to do so. It is recommended that support be available for participants should they need to step away from the training room due to triggering content.



SLIDE 1.4
PRE-TRAINING SURVEY

Trainer Note: Participants should be provided with the Pre-Training Survey prior to the start of the training. You may choose to place the survey at each seat with the participants' training binders, or you may hand the survey to each participant as they enter the training room. Provide time (approximately 10–15 minutes, depending on the length of the survey) for the participants to complete the survey before moving to the next slide. Collect the survey from the participants as they complete it.

Advise participants that the survey is designed to measure their baseline knowledge, perceptions, and experiences related to crisis response and intervention. They will be asked to complete another survey on the last afternoon of the training.

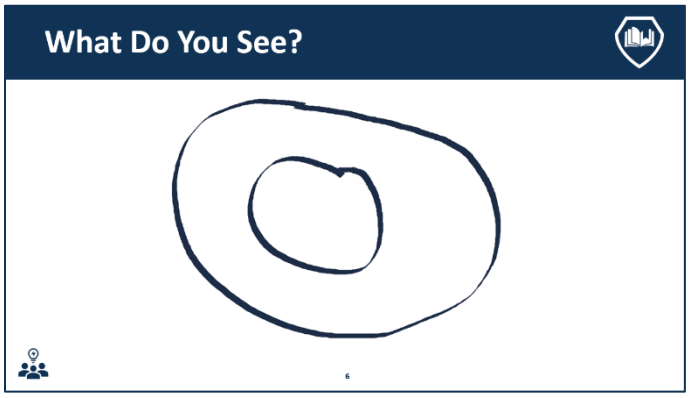
Handout: Pre-Training Survey – A template has been provided for the Pre-Training Survey. Localities may choose to revise this survey to reflect their own course more accurately.

SLIDE 1.5
INTRODUCTIONS

TN **Trainer Note:** Introduce yourself and your co-instructor(s), stating your credentials, experience, and why you are teaching the class this week.

Ask classroom participants to introduce themselves. To ensure introductions are completed in a timely manner, ask participants to only share their name, position, and how many years they have been in law enforcement. As people introduce themselves **add up the years of experience in the room**. You will reference this when facilitating the group activity on the next slide.

You may also ask participants if they have ever responded to a person in crisis. For the sake of time, ask participants to simply say “yes” or “no” to this question. The purpose of this question is to recognize the common experiences in the room as it relates to crisis situations.



SLIDE 1.6
WHAT DO YOU SEE?

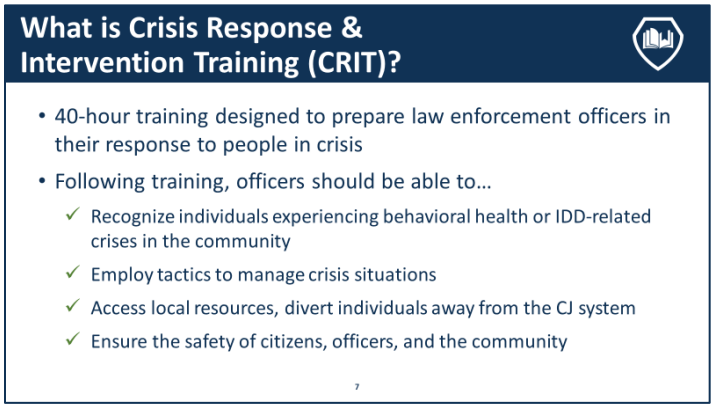
Trainer Note: It is important to set the stage so that participants are engaged and motivated to participate and share their thoughts and opinions throughout the training. You are encouraged to use an icebreaker, so participants are active from the beginning of the training. The instructor should choose an icebreaker that will be well-received by the audience. See the example below.

Icebreaker: This is a suggested icebreaker. You may choose your own icebreaker; however, it should be one that engages everyone and encourages participants to be open-minded and willing to listen to and consider others' perspectives, including those with lived experience.

Two Concentric Circles Exercise

The purpose of this exercise is to acknowledge that many different perspectives are present in the room and to highlight the wealth of information that participants bring to discussions based on their various experiences and perspectives.

- Present the picture on the slide to the room. Ask random participants what they see.
- Once six to eight people say what they see, highlight the perspectives that were brought up and how we all can have a different way of viewing things.
- Refer to the number of years of experience in the room (as counted when introductions were provided).
- Ask everyone to acknowledge the wealth of information that we bring into a room based on our experience and perspectives.
- Remind the group to respect each other's perspectives.



SLIDE 1.7 WHAT IS CRISIS RESPONSE & INTERVENTION TRAINING (CRIT)?

TN

Trainer Note: Introduce the Crisis Response and Intervention Training (CRIT), explaining the purpose of this training and how it is designed to benefit the training participants. Be sure to highlight what is meant when referring to a "crisis" situation in the context of this training. Use the content notes below to inform this discussion.

CN

Content Note: The Crisis Response and Intervention Training (CRIT) is a 40-hour training designed to prepare police officers to respond effectively to individuals with behavioral health conditions (which include mental health conditions and substance use disorders) and/or intellectual and developmental disabilities (IDD) who are experiencing a crisis or at risk of experiencing a crisis.

A "crisis" refers to an emotionally stressful event and/or traumatic experience in which a person's natural coping skills may not be effective. Crisis situations can be influenced by many factors, including, but not limited to substance use, mental health conditions, intellectual and developmental disabilities, and situational stress.

Following participation in the training, officers should be able to:

- Recognize individuals experiencing a crisis, or at risk of experiencing a crisis, due to behavioral health conditions and/or IDD;
- Employ tactics to safely manage situations involving people with behavioral health conditions and/or IDD;
- Access local resources that benefit individuals with behavioral health conditions and/or IDD and aid in the diversion of individuals away from the criminal justice system;
- Respond more effectively to the needs of individuals with behavioral health conditions and/or IDD; and
- Enhance the safety of citizens, officers, and the community.

SLIDE 1.8
WHAT IS CRISIS RESPONSE & INTERVENTION TRAINING (CRIT)? [Continued]

TN

Trainer Note: Cover the points on the slide. Emphasize that this training is specifically designed to complement law enforcement agencies' development and delivery of crisis response programs in collaboration with behavioral health and disability service provider partners in the community.

CN

Content Note: This training is based on the Memphis Model of Crisis Intervention Team (CIT) Training. Like the Memphis Model of CIT Training, the CRIT is a week-long (40-hour) curriculum that covers topics related to mental health, substance use, and effective responses to people who experience mental health or substance use-related crises in the community. Research suggests that CIT training is effective in improving law enforcement officers' knowledge of behavioral health conditions, reducing the stigma associated with behavioral health conditions, increasing empathy, and enhancing confidence in their ability to successfully intervene in a crisis.

Source: Center for Police Research and Policy, 2021, *Assessing the Impact of Crisis Intervention Teams: A Review of Research*, retrieved from https://www.informedpoliceresponses.com/_files/ugd/313296_14ca1e6710bb4d6daa88bacb127da069.pdf.

The CRIT reflects extensions to the CIT Training model, however, by incorporating information on intellectual and developmental disabilities (IDD) and effective responses to people with IDD. Additionally, the CRIT is designed to support law enforcement agencies in their implementation of many different crisis response models, which may include, but are not limited to Crisis Intervention Teams.

SLIDE 1.9
WHAT TO EXPECT THIS WEEK

Trainer Note: Briefly explain the expectations for the training, reviewing the training matrix and schedule provided in the participants' packet of training materials. Describe the experiences class participants should expect this week. Mention that they will spend time outside of the classroom and with advocates, clinicians, and people living with mental health conditions, substance use disorders, and/or those with IDD.

Content Note: The Training Matrix outlines the modules and topics covered over the week. Each module will be led by a subject matter expert who is well-qualified to teach the topic. These subject matter experts will include law enforcement professionals, legal experts, people living with mental health conditions, substance use disorders, and/or IDD, family members, advocates, and service providers.

SLIDE 1.10
TERMINOLOGY

Trainer Note: Explain to the participants that they will be hearing a variety of terms that relate to crisis situations during this week-long course. Use the **Q&A** below to prompt a discussion on relevant terms.

Ask participants if any of the terms on the slide sound new to them. If no one speaks up, identify some words that you may have been unfamiliar with before receiving training on crisis response and intervention. Briefly go through the terms that may need further explanation. Use the information in the Content Note section for reference.

Content Note: Terminology

Behavioral health – A term of convenience that refers to mental illness and mental health needs, substance use disorders and needs, as well as the overlap of those conditions with primary health, cognitive disabilities, and social determinants that may impact health (e.g., child welfare, schools, housing, employment). Behavioral health also includes attention to personal behaviors and skills that may impact general health and medical wellness. It is concerned with prevention, early intervention, treatment, and recovery.

Source: Committee on Psychiatry and the Community for the Group for the Advancement of Psychiatry, March 2021, *Roadmap to the Ideal Crisis System: Essential Elements, Measurable Standards and Best Practices for Behavioral Health Crisis Response,* National Council for Behavioral Health, p. 14, retrieved from https://www.thenationalcouncil.org/wp-content/uploads/2022/02/042721_GAP_CrisisReport.pdf.

Behavioral health condition – An umbrella term for substance use disorders and mental health conditions.

Source: Bureau of Justice Assistance, August 2021, *Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations,* p. 10, retrieved from https://www.informedpoliceresponses.com/_files/ugd/e7007a_6febdbef767f4ff4b53d799dba64ce9c.pdf.

Co-occurring conditions – The presence of more than one condition, which can include mental health conditions and substance use disorders, and/or an intellectual and developmental disability (IDD). See also dual diagnosis. Co-occurring conditions and dual diagnosis may be used interchangeably.

Source: Bureau of Justice Assistance, August 2021, *Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations,* p. 10, retrieved from https://www.informedpoliceresponses.com/_files/ugd/e7007a_6febdbef767f4ff4b53d799dba64ce9c.pdf.

Crisis – An individual's perception of or experience with an event or situation as an intolerable difficulty that exceeds their ability to cope and their current resources. A "crisis" can refer to an emotionally stressful event and/or traumatic experience in which a person's natural coping skills may not be effective. Crisis situations can be influenced by many factors, including, but not limited to substance use, mental health conditions, intellectual and developmental disabilities, and situational stress.

Source: Richard K. James, and Burl E. Gilliland, 2005, *Crisis Intervention Strategies*, 5th ed., Belmont, CA: Thomson Brooks/Cole, p. 14**.**

Disability – A physical or mental impairment or a history of such an impairment that substantially limits a major life activity.

Source: Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act, 29 CFR §1630.2 (2016).

Dual diagnosis – The presence of more than one diagnosis, which can include mental illness, substance use disorders, and/or an intellectual and developmental disability (IDD). See also co-occurring conditions. Dual diagnosis and co-occurring conditions may be used interchangeably.

Source: Bureau of Justice Assistance, August 2021, *Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability*

Considerations, p. 11, retrieved from https://www.informedpoliceresponses.com/_files/ugd/e7007a_6febdbef767f4ff4b53d799dba64ce9c.pdf.

IDD – Refers to intellectual and developmental disabilities. Intellectual and developmental disabilities are physical and/or mental impairments that begin before age 22, are likely to continue indefinitely, and result in substantial functional limitations in at least three of the following: self-care (e.g., dressing, bathing, eating, and other daily tasks), walking or moving around, self-direction, independent living, economic self-sufficiency, and language.

Living with – This is respectful language when referring to a person with mental health conditions and/or substance use disorders (e.g., a person living with a mental health condition, a person living with depression, etc.). This phrase aids in the use of "person-first" language.

Mental health condition – A wide range of conditions that can affect mood, thinking, and/or behavior. This term is more inclusive than "mental illness." Individuals living with a mental health condition may not necessarily be diagnosed with a mental illness.

Source: National Alliance on Mental Illness, n.d., "Mental Health Conditions," accessed July 7, 2021, https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions.

Mental illness – Mental illness refers to a diagnosable medical condition that involves changes in cognition, thinking, and/or behavior. Mental illness is associated with psychological distress and/or difficulties with functioning in daily activities. A mental illness can also be referred to as a mental health disorder.

Source: American Psychiatric Association, August 2018, "What is Mental Illness?" https://www.psychiatry.org/patients-families/what-is-mental-illness.

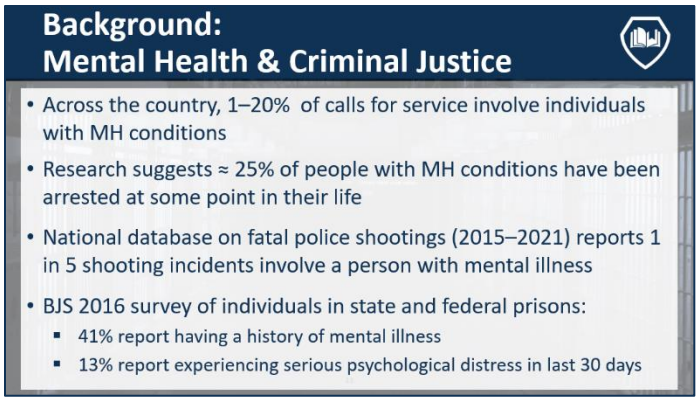
Substance use – The use—even one time—of any substance.

Source: Bureau of Justice Assistance, August 2021, *Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations,* p. 15, retrieved from https://www.informedpoliceresponses.com/_files/ugd/e7007a_6febdbef767f4ff4b53d799dba64ce9c.pdf.

Substance use disorders – A medical illness caused by the repeated use of a substance or substances. "According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM- 5®), substance use disorders are characterized by clinically significant impairments in health, social function, and... control over substance use and are diagnosed by

assessing cognitive, behavioral, and psychological symptoms." Substance use disorders range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated use, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions such as decision-making and self-control. Note: Severe substance use disorders are commonly called "addictions."

Sources: National Institute on Drug Abuse, July 2018, *Media Guide: How to Find What You Need to Know About Drug Use and Addiction*, Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, p. 29; American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders*, (DSM-5®), Washington, DC: American Psychiatric Publishing, p. 483.



SLIDE 1.11 BACKGROUND: MENTAL HEALTH & CRIMINAL JUSTICE

TN

Trainer Note: It is important to consider why crisis response training and crisis response programs are needed to assist in our response to people with mental health conditions and/or IDD. This slide illustrates the rate of criminal justice involvement among people with mental health conditions. The next slide will speak to the experiences of people with IDD. Lead a brief discussion about the facts on the slide, using the information below as reference material.

You are encouraged to review local statistics regarding law enforcement interactions with people with mental health conditions and/or IDD and to discuss them with the participants over the next two slides. This can highlight the importance of crisis response training and programs in your own community.

CN

Content Note: Here are some statistics to consider when thinking about the interaction between the criminal justice system and individuals living with mental health conditions and mental illness.

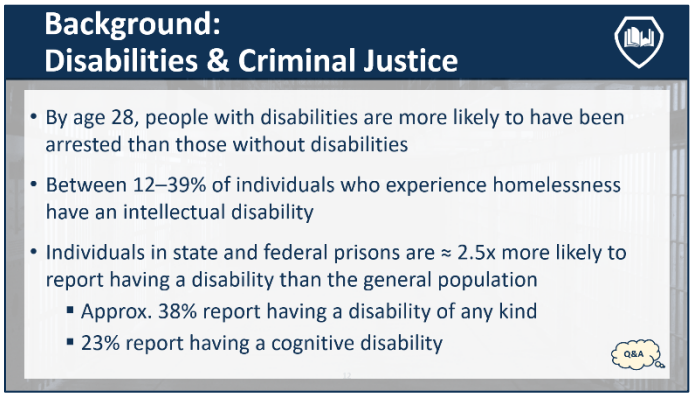
- Research suggests that the percentage of calls for service that involve a person living with a mental health condition can range from 1% to 20%, depending upon the location.
- Research suggests approximately 25% of people living with a mental health condition have been arrested by the police at some point in their life.

  Source: James D. Livingston, 2016, "Contact Between Police and People with Mental Disorders: A Review of Rates," *Psychiatric Services 67*(8): 850–857.
- According to the Washington Post's database on fatal police shootings (2015–2021), approximately 1 in every 5 fatal shooting incidents involves a person living with mental illness. Specifically, 23% of fatal police shootings recorded since 2015 have involved a person with mental illness.

Source: https://www.washingtonpost.com/graphics/investigations/police-shootings-database/

- The Bureau of Justice Statistics' (BJS) 2016 Survey of Prison Inmates found that 13% of all individuals in federal and state prisons reported experiencing serious psychological distress in the past 30 days. Forty-one percent of individuals in federal and state prisons reported having a history of mental health problems.

  Source: Laura M. Maruschak, Jennifer Bronson, and Mariel Alper, June 2021, *Survey of Prison Inmates, 2016. Indicators of Mental Health Problems Reported by Prisoners,* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 252643, retrieved from https://bjs.ojp.gov/sites/g/files/xyckuh236/files/media/document/imhprpspi16st.pdf.



SLIDE 1.12 BACKGROUND: DISABILITIES & CRIMINAL JUSTICE

T N

Trainer Note: This slide illustrates the rate of criminal justice involvement among people with disabilities. Lead a brief discussion about the facts on the slide, using the information below as reference material. Use the **Q&A** below to prompt participants' thoughts about this information.

Highlight that the rate of criminal justice interactions with people with mental health conditions and IDD has motivated communities to examine innovative ways to respond to these individuals.

C N

Content Note: Compared to individuals with mental health conditions, much less information is known about individuals with disabilities and their interaction with the criminal justice system. Still, the available statistics suggest individuals with disabilities interact with the system more than people without disabilities. Here are some statistics to consider when thinking about the interaction between the criminal justice system and individuals with disabilities.

- By the age of 28, people with disabilities are more likely to have been arrested than those without disabilities. Men of color with disabilities face the highest rate of arrest.

  Source: Erin J. McCauley, 2017, "The Cumulative Probability of Arrest by Age 28 Years in the United States by Disability Status, Race/Ethnicity, and Gender," *American Journal of Public Health 107*(12): 1977–1981.

- Individuals with intellectual disabilities are likely overrepresented among individuals who experience homelessness. Estimates suggest between 12%–39% of individuals experiencing homelessness have an intellectual disability. This is important to consider, given the high rate of contact between the police and the homeless population in the United States.

Sources:

Anna Durbin, Barry Isaacs, Dane Mauer-Vakil, Jo Connelly, Lorie Steer, Sylvain Roy, and Vicky Stergiopoulos, 2018, "Intellectual Disability and Homelessness: A Synthesis of the Literature and Discussion of How Supportive Housing Can Support Wellness for People with Intellectual Disability," *Current Developmental Disorders Reports 5*(3): 125–131.

Sean E. Goodison, Jeremy D. Barnum, Michael J. D. Vermeer, Dulani Woods, Siara I. Sitar, and Brian A. Jackson, 2020, *The Law Enforcement Response to Homelessness: Identifying High-Priority Needs to Improve Law Enforcement Strategies for Addressing Homelessness*, Santa Monica, CA: RAND Corporation, retrieved from https://www.rand.org/pubs/research_reports/RRA108-6.html.

- According to the Bureau of Justice Statistics' (BJS) Survey of Prison Inmates (2016):
  - Approximately 38% of individuals in state/federal prisons have at least one disability. This includes disabilities related to hearing, vision, ambulatory (related to walking), cognition, and self-care.
  - 23% of individuals in state/federal prisons report having a cognitive disability.
  - Individuals in state/federal prisons are approximately 2.5 times more likely to report having a disability than the general population.

Source: Laura M. Maruschak, Jennifer Bronson, and Mariel Alper, March 2021a, *Survey of Prison Inmates, 2016. Disabilities Reported by Prisoners*, Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, NCJ 252642, retrieved from https://bjs.ojp.gov/content/pub/pdf/drpspi16st.pdf.

Ask participants…

- **Why do you think individuals with mental health conditions or IDD might be more likely to interact with the criminal justice system?**
- **What risks do you think people with mental health conditions or IDD face within the criminal justice system?**

SLIDE 1.13
POLICE-MENTAL HEALTH COLLABORATION (PMHC) IN CRISIS RESPONSE

TN

Trainer Note: The purpose of this slide is to recognize law enforcement's role in crisis response and the long history of police-mental health collaboration (PMHC) in the development and delivery of crisis response programs. Highlight the police-mental health collaborations that exist in your community as an example.

It is important to note that PMHCs can take many different forms, but effective programs share 10 essential elements. These elements are outlined on the next slide.

Source: Bureau of Justice Assistance, n.d., Police-Mental Health Collaboration (PMHC) Toolkit, https://bja.ojp.gov/program/pmhc.

SLIDE 1.14
10 ESSENTIAL ELEMENTS OF PMHC IN CRISIS RESPONSE

TN

Point to the handout the participants were provided about the 10 Essential Elements of Police-Mental Health Collaboration in crisis response. Briefly explain the essential elements. This does not need to be covered in depth but highlight that specialized training—like the Crisis Response and Intervention Training—is one of the essential elements for effective crisis response. Note that the boxed text is animated and will not appear on the slide until the trainer moves the presentation forward.

Handout: PMHC 10 Essential Elements

CN

Content Note: To safely and effectively respond to people living with mental health conditions, law enforcement agencies have developed Police-Mental Health Collaboration (PMHC) programs. There are many different types of PMHCs, but effective programs are typically characterized by 10 Essential Elements (listed below).

Research suggests that the effective implementation of PMHC programs can result in improved safety for officers and citizens, increased access to behavioral healthcare, decreased repeat encounters with the criminal justice system, reduced costs for law enforcement agencies, and enhancements in police-community relations.

10 Essential Elements of PMHC

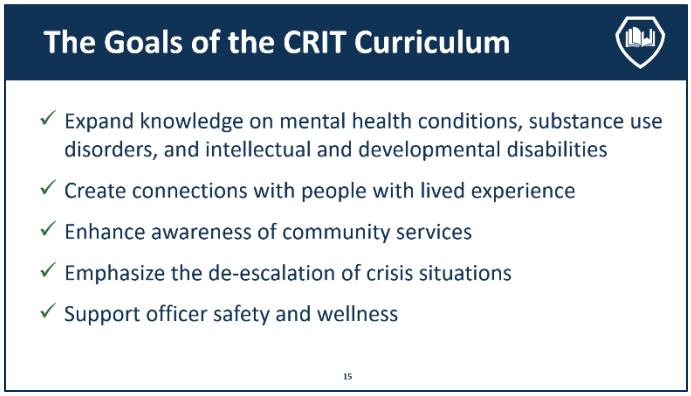
1. **Collaborative Planning and Implementation** – Organizations and individuals representing a wide range of disciplines and perspectives and with a strong interest in improving law enforcement encounters with people with mental health conditions work together in one or more groups to determine the response program's characteristics and guide implementation efforts.

2. **Program Design** – The planning committee designs a specialized law enforcement-based program to address the root causes of the problems that impede improved responses to people with mental health conditions and make the most of available resources.
3. **Specialized Training** – All law enforcement personnel who respond to incidents in which mental health appears to be a factor receive training to prepare for these encounters; those in specialized assignments receive more comprehensive training. Dispatchers, call-takers, and other individuals in supporting roles receive training tailored to their needs.
4. **Call-Taker & Dispatcher Protocols** – Call-takers and dispatchers identify critical information to direct calls to the appropriate responders, inform the law enforcement response, and record this information for analysis and as a reference for future calls for service.
5. **Stabilization, Observation, & Disposition** – Specialized law enforcement responders de-escalate and observe the nature of incidents in which mental health conditions may be a factor using tactics focused on safety. Drawing on their understanding and knowledge of relevant laws and available resources, officers then determine the appropriate disposition.
6. **Transportation & Custodial Transfer** – Law enforcement transport and transfer custody of the person living with a mental health condition in a safe and sensitive manner that supports the individual's efficient access to services and the officers' timely return to duty.
7. **Information Exchange & Confidentiality** – Law enforcement and mental health personnel have a well-designed procedure governing the release and exchange of information to facilitate necessary and appropriate communication while protecting the confidentiality of community members.
8. **Treatment, Supports, & Services** – Specialized law enforcement-based response programs connect individuals living with mental health conditions to comprehensive and effective community-based treatment, support, and services.
9. **Organizational Support** – The law enforcement agency's policies, practices, and culture support the specialized response program and the personnel who further its goals.
10. **Program Evaluation & Sustainability** – Data are collected and analyzed to help demonstrate the impact of and inform modifications to the program. Support for the program is continuously cultivated in the community and the law enforcement agency.

Source: Bureau of Justice Assistance, n.d., "The Essential Elements of PMHC Programs," *Police Mental-Health Collaboration Toolkit*, accessed October 21, 2022, https://bja.ojp.gov/program/pmhc/learning/essential-elements-pmhc-programs/1-collaborative-planning-and-implementation.

Additional Resources:

- Police-Mental Health Collaborations: A Framework for Implementing Effective Law Enforcement Responses for People Who Have Mental Health Needs (BJA & CSG, 2019) https://csgjusticecenter.org/wp-content/uploads/2020/02/Police-Mental-Health-Collaborations-Framework.pdf
- The Essential Elements of Police-Mental Health Collaboration Programs https://bja.ojp.gov/program/pmhc/learning/essential-elements-pmhc-programs/1-collaborative-planning-and-implementation

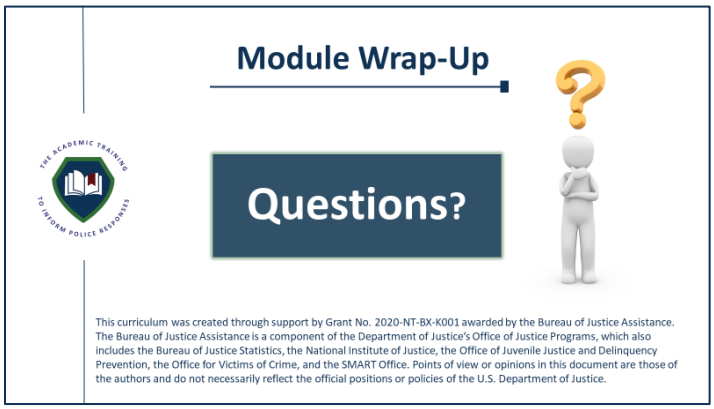


SLIDE 1.15

THE GOALS OF THE CRIT CURRICULUM

TN

Trainer Note: In conclusion of the introductory module, emphasize the main goals of the CRIT curriculum by reviewing the bullets on the slide.



SLIDE 1.16
MODULE WRAP-UP

Trainer Note: Use this as an opportunity for participants to ask questions before moving on to the next module.

Inform participants that now they will be moving into the meat of the training which will build and reinforce their knowledge and develop their skills for responding effectively to people with mental health conditions, substance use disorders, and/or IDD who are experiencing a crisis or potentially experiencing a crisis.

To be a police leader is to be informed, educated, and law-abiding. This training supports the "protect and serve" mission of all sworn officers as they respond to calls for service.

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