Missouri Model of CIT

The Missouri Model is foundationally based on the Memphis Model and has expanded upon it in the following ways:

- The standardized State Curriculum includes 40 hours of required training, including elective courses that address the specific needs of each area.
- Individuals with lived experience are valued as a crucial resource to help inform best practices at every level.
- There is emphasis on strong, diverse partnerships.
- Wellness for all individuals, including law enforcement and other first responders, is recognized and promoted.



First Responder Treatment Providers

The Missouri CIT Council has identified a list of trained behavioral health professionals who specialize in helping dedicated first responders who are struggling with issues related to trauma and post-traumatic stress symptoms. Many of them already work with and are trusted by other first responders and understand the culture. A list of these providers can be found at www. missouricit.org/first-responders. It is considered a self-referral source.

What Can You Do

Find a council in your local area and get involved. Go to www.missouricit.org for a list of councils and contact persons by county.



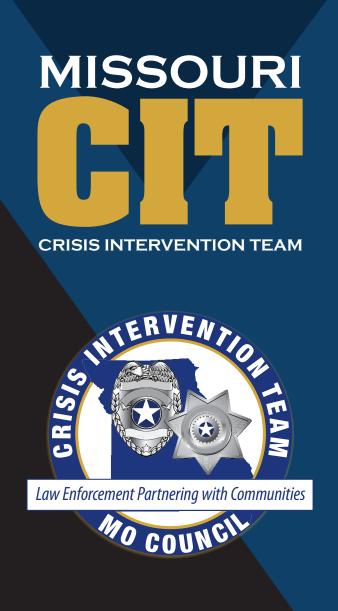
www.missouricit.org



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"IT'S MORE
THAN JUST
TRAINING!"



What is CIT?

The Missouri Crisis Intervention Team program is a partnership of law enforcement and other first responders, behavioral health providers, hospitals, courts, individuals with lived experience and community partners who are dedicated to implementing the Missouri Model of CIT.

The goals of CIT are to:

- Promote more effective interactions between local law enforcement and other first responders and individuals in crisis through a 40 hour training centered on behavioral health education and de-escalation skills
- Help individuals in crisis by connecting them with appropriate community resources
- Improve the safety of the first responder and individual(s) in crisis
- · Reduce stigma
- Expand and sustain CIT across the state

Why CIT?

- Diversion from the criminal justice system to community resources
- Reduced unnecessary emergency medical care
- · Increased officer and citizen safety
- Higher success rate in resolving community crisis situations
- Extended skills of officers
- Reduced recidivism
- Increased community resources for law enforcement and other first responders
- Decreased liability and litigation for law enforcement and other first responders
- · Improved community relations

CIT has been an incredible program in our jurisdiction by not only helping the community with mental illness issues, but by also bringing all the players to the table to build relationships that foster long-term solutions.

Chief Chris Looney Carrollton Police Department

The CIT program is truly amazing. It allows for officers to go an extra step in helping those members in our community that may be struggling with a difficult time in their life. We build rapport, which turns to trust and long lasting relationships. It is the perfect program to build trust in our communities and simply show that we do care.

Sgt. Gary Robertson St. Louis County Police Department

How Are We Organized?

The Missouri CIT Council is a network of representatives from each established local council across the state, Community Mental Health Liaisons (CMHLs), state agencies and associations, and those with lived experience. The business of the Council is informed by the needs identified by the local CIT Councils.

Local CIT Councils are comprised of local law enforcement and other first responders, behavioral health providers, courts, hospitals, community partners and individuals with lived experience. Each council works to identify and address local structural barriers to individuals receiving the services they deserve to achieve greater stability.

Missouri's CIT program is led by the state CIT Coordinator with direction from the CIT Council.

The Missouri Department of Mental Health in partnership with the Missouri Coalition for Community Behavioral Healthcare, provides support for the Coordinator and the Council.

