



## North Country Crisis Intervention Team (CIT) Training *40-hour training for Regional First Responders*

October 26-30, 2020

8:30am-4:30pm

Northwoods Center for Continuing Education  
8 Clover Ln., Whitefield, NH

*CIT increases effectiveness of first responders in “improving outcomes for people experiencing a crisis due to a mental or substance use disorder... to recognize a person who is in crisis and safely direct them to treatment appropriate for their condition... This model has been successful in many communities, bringing together police and other first responders with resources... result is a decrease in the number of mental-health related arrests while increasing public safety”- SAMHSA<sup>1</sup>*

### **Learning Outcomes- By participating in this training, participants will:**

- Learn about Crisis Intervention Teams (CIT) and their practical application in their own police department
- Develop an understanding of how the CIT program works and how it fits into the department’s patrol operation
- Learn how to interact with persons in psychiatric crisis
- Learn how certain techniques may safely defuse potentially violent encounters
- Discuss the state and community mental health system to enable participants to help mental health consumers in crisis to access community-based services

### **CIT Scholarship Request Form Information**

#### **Scholarship Information:**

North Country Health Consortium (NCHC) is not charging a registration fee to attend the North Country CIT training; however, scholarships are available to organizations sending participants to support first responder attendance at this week-long training. The scholarship is provided as education support for first responder agencies, such as law enforcement, fire, and EMS, to make participation more feasible. Education support is provided in the amount of \$500.00 per participant to lessen the financial burden for such an intense, week-long training commitment. A separate request form is required for each participant seeking scholarship support.

This training is hosted by North Country Health Consortium and facilitated by NAMI-NH.

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<sup>1</sup> <https://blog.samhsa.gov/2018/10/11/using-data-to-improve-effective-responses-to-individuals-in-crisis>

**Attendance Requirements:**

Scholarship recipients are required to commit to and attend all 5 days of the CIT training, unless COVID-19 symptoms or other illness impede attendance. CIT training requires attendance by the same individual for all 5 days. Agencies that receive scholarship(s) are highly encouraged to send replacement participants for the entire week of training if scheduling or illness is expected to impede attendance for the full five days by the participant receiving the scholarship. If a participant who has received a scholarship is absent for one or more days of the week-long training, reimbursement is required to North Country Health Consortium (NCHC) in the amount of \$100 per day for each day of absence(s). If absences are attributable to COVID-19, special consideration can be made based on conversation with NCHC.

**Scholarship Eligibility:**

All first responders working/volunteering or residing in Coos or Northern Grafton Counties are eligible. A First Responder is defined as: Law Enforcement, State Police, Fish and Game Conservation Officers, EMS, Fire Fighters, and Sheriffs. Other eligible participants include Corrections Officers/Staff, Judicial System Security Personnel, and other similar positions who would benefit from this knowledge. Agencies can request scholarships for more than one attendee; however, approval *may* need to be limited based on the volume of requests from other regional agencies. It is in the best interest of the region to encourage attendance from varied agencies and communities.

**Can I Receive a Scholarship as an Individual/Volunteer?**

Scholarships will NOT be paid directly to individual participants. Volunteer-based participants, such as Fire Fighters and EMS, are required to have their department Chief or Business Official sign the request form and receive the education support on their behalf. Arrangements must be made with their departments for the intention of the funds after disbursement to the agency, i.e. if the volunteer EMT took time off from their regular paid position to attend, they would need to discuss any payment arrangements or options directly with their volunteer agency. NCHC does not take a position or make recommendations regarding payment arrangements between the volunteer first responder and their associated agency.

**Application Process:**

Please complete the Scholarship Request Form below and return to Diana Gibbs, Director of Community Programs, at dgibbs@nchcnh.org, or fax it to (603) 444-0945 **no later than September 14, 2020**. All fields in the application must be filled to be eligible for the scholarship. All Scholarship Request Forms must be signed by the participant and the Chief or Business Official of the corresponding agency. Determination of scholarship awards will be completed no later than September 21, 2020. Scholarship requests **WILL NOT** be considered after September 21, 2020.

Scholarships are available on a first-come, first-served basis. As noted above, agencies can request multiple scholarships and approval will be made in consideration of the volume of requests from across the region. It is highly encouraged to submit requests ASAP. Additionally, overall CIT training participation is capped at 16 attendees, therefore, timely submission is critical. If approved for scholarship, participants will receive an email confirmation of their registration. **Reminder: Only one participant PER scholarship request form!**

**North Country Health Consortium is able to offer this training at no-cost to participants along with education support to enable attendance through Federal grant funding:**

*This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H1URH32387 for the Rural Health Opioid Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.*



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*Scholarship Request Form (please print clearly or type responses)*

**Participant Name:** \_\_\_\_\_

**Credentials:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Agency/Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Email (must be for participant to receive confirmation and other communication):**

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Please review the following scholarship requirements and initial as affirmation of your understanding. Agency Chief or Business Officials (BO) are also required to review and initial each requirement:**

Participant Initials:	Chief/BO Initials:	Scholarship/Training Requirements
		I/We acknowledge that attendance is required by the same individual for all 5 days of the CIT training.
		I/We acknowledge that one or more days absent MUST be reimbursed to NCHC at \$100.00 per day, unless COVID-19 symptoms or other illness impede participation, and NCHC has been informed.

		I/We acknowledge that the agency is encouraged to make its best effort to send replacement participant(s) in the event of scheduling challenges or other needs. If a replacement is not feasible, the agency will reimburse NCHC for the full scholarship amount of \$500 within 60 days of the event. Replacement participants cannot attend the training for individual days.
		I/We acknowledge that all attendees are required to conduct their own pre-screening health assessment prior to attending each day to ensure no COVID-19 symptoms are present, protecting the venue, participants, and speakers.
		I/We will adhere to social distancing requirements and follow CDC recommended mask requirements for the duration of the training.
<b><i>If participating as a Volunteer First Responder, please review and complete the following:</i></b>		
<b>Participant Initials:</b>	<b>Chief/BO Initials:</b>	<b>Scholarship/Training Requirements</b>
		I/We acknowledge that the scholarship cannot be paid directly to an individual, therefore the associated agency will receive the education support payment.
		I/We affirm that the individual requesting this CIT training scholarship is a volunteer providing services with the agency outlined above.

**Signature for Scholarship Request:**

***Participant***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Chief or Business Official (required for all requests)***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Please send the completed scholarship request form to:  
Diana Gibbs, Director of Community Programs, at [dgibbs@nchcnh.org](mailto:dgibbs@nchcnh.org), or  
fax to (603) 444-0945 *no later than September 14, 2020***

Questions can also be directed to Diana Gibbs at [dgibbs@nchcnh.org](mailto:dgibbs@nchcnh.org) or  
by phone at (603) 259-3700 ext. 222. Thank you!