

Clermont County Peer Review Summary

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BACKGROUND: *The Criminal Justice Coordinating Center of Excellence(CCOE) desires to work with CIT Coordinators across Ohio to strengthen our collective understating of the core elements and emerging best practices within CIT. One vehicle of doing just that is through a Peer Review Process, a voluntary, collegial process built on identifying and coalescing the best elements of CIT programs.*

In Clermont County, there had been two prior attempts at bringing CIT to the county over the past several years that stalled, due in part to the length of the training. Clermont County received a Bureau of Justice Assistance grant form the Department of Justice, which included funding to support CIT training and hire a 10-hour per week CIT coordinator.

In May of this year, Clermont County completed its very first CIT training with 24 officers attending a 28 hour, 3 day training. Those involved in implementing this training should be congratulated as this is a critical milestone for the county.

Because the county has had only one training, the normal peer review was modified and included: a Self Assessment and Desk Audit completed by Lee Ann and a conference call with Dr. Watson and Steve Rogers, the newly hired CIT coordinator.

This report is a synthesis of what was identified after conducting the review process and is organized to highlight Strengths and Suggestions related to the training curriculum and suggestions to consider as the County continues to grow its newly developing program. With the many suggestions offered in this document, the CJ/CCOE has access to sample forms, training schedules and training material and will assist Clermont county as needed. The ultimate test of the benefit of this Peer Review Process will be if the report and resource matching done via the CCOE helps Clermont County strengthen their program. We hope it does.

INTRODUCTION: *During the phone interview, the reviewers discussed the purpose and role of the Core Elements (provided as Attachment #1). While there is a lot of variability across CIT development, the Core Elements can provide direction for communities to positively assess their CIT program. Most developing CIT programs go through common growth stages. From its*

inception to a committed group of people that bring an initial training to their community, to a policy driven, data rich CIT program, the core elements provide a way to guide the growth of programs.

It is when the Core elements are used to define “fidelity” concerning CIT programs, that natural tensions arise. Rural vs. urban, large vs. small departments, disparities in resources, and how well developed other Criminal Justice initiatives are within a county, like specialized courts and/or jail diversion programs, all impact the specific elements. Three common areas of tension are the length of trainings, who gets trained (voluntary or mandatory), and how the de-escalation/role play blocks of the training are taught.

The reviewers noted that their goal is not to assign where Clermont county is in their program fidelity, but rather use the Core Elements to focus discussions on program development. To illustrate this, the reviewers provide a handout (The CIT Pyramid, Attachment #2) depicting the typical path that CIT program development can take).

CIT TRAINING STRENGTHS

- 1. Training Preparation-** In preparing for their first CIT training, the county sought the assistance of two neighboring CIT coordinators from Brown County and Hamilton County, and used CIT coordinators from Columbus and Brown counties as presenters during the training.
- 2. Collaboration** - According to the self-survey, there is a strong commitment from the Clermont County Mental Health and Recovery Board to support CIT and solid working relationships among the behavioral health community and the two largest police departments in the county. The Planning Committee includes strong LE representation with the Chief of the Milford Township Police and the Chief at the Clermont County Sheriff’s Office. There are 11 LE jurisdictions within the county. One consumer and one family member also exist on the committee.
- 3. Coordination-** Dr. Watson is employed by the Board and is active in the state’s coordinator meetings. The board also lists as the CIT coordinator Steve Rogers who retired from the Milford Police Department and was hired through the BJA grant as a 10 hour per week CIT coordinator.
- 4. Training Content** -There were several unique offerings within the 28 hour training, including addressing client rights , opiate abuse (which was the highest rated segment on the evaluations), and disorders that mimic mental illness. The training also includes segments on Excited Delirium, PTSD, and Developmental Disabilities.

5. **De-escalation Block-** Clermont County used Lt. Christopher Bowling from the Columbus Police Department to provide their de-escalation block. The Lt. is a seasoned officer who is very knowledgeable about CIT and the evaluations were very positive in this segment of the training. The training included the use of the NEAR model as a way to organize, teach, and help officers retain the various de-escalation skills, and the LOSS model as a way to identify the observable characteristics of mental illness.

6. **Training Evaluations-** Overall, the first training was reviewed as helpful and informative. The majority of the officers stated that they would utilize mobile crisis and would find it a valuable resource.

CIT TRAINING SUGESSTIONS

The County has several other trainings scheduled this year. Before conducting its next basic training, we recommend incorporating these suggestions.

1. Local CIT coordinators and planning committee members go through a CIT training -

Clermont County is commended on conducting its first CIT training and has adopted an ambitious training schedule for the remainder of this year projecting 7 more trainings. Both of the county's current CIT coordinators have not attended a CIT training and could only benefit from seeing how other communities conduct the training (this is also true for all planning committee members).

2. **Training curriculum-** If not already existing, the current curriculum should contain specific student learning objectives that the committee expects for each block of the training. This exercise will help connect the various segments of the training, make the learning expectations explicit and provide presenters something to organize their presentations around.

3. **Training Approach-** Adult learners best learn in environments where there is a balance between opportunities for visual, auditory, and kinesthetic (interactive) learning. The powerpoints reviewed contain solid information but a theme in the evaluations was the overreliance of this type of teaching style and the lack of other modes of learning. To enhance participant learning it may be helpful to work with each presenter to add other types of learning into their presentations such as demonstrations, small group learning, visuals and/or interactive learning exercises.

4. **Content Review-** A review of the weighting of the 28 hour training schedule shows that 2 hours and 30 minutes is dedicated to the actual practice and demonstration of the skill set (role plays) which is supported by a two hour and 45 minutes block on de-escalation and an hour block on Communicating with people in crisis. Over 8 hours is spent on the mental disorders and suicide. Presentations involving the perspective of consumers and family members is 1

hours and 15 minutes (not counting ride alongs and site visits). There were no training segments on de-escalating adolescents or cultural issues. It might be helpful for the Committee to review the training overview of other CIT programs to get a sense of the content, sequencing, and length of other training programs (These are available from the CJ/CCOE).

Part of this review should also determine if some topics contain “mission creep”. Mission creep occurs when legitimate social, community, or other health related training issues are incorporated into the basic training, especially when this training is less than 40 hours long. The county’s training included presentations on Brain-based emotional trauma, SAMI, and medication assisted treatment. The issue of mission creep is not so much with the topics selected, but with what is provided to the officers. All clinical presentations should be judged against what the officer needs to know in the street encounter providing a specific tie to how to identify, how to de-escalate, and in the latter two examples, what withdrawal looks like, how/if to resolve when it is a medical emergency. Often, advanced or refresher trainings can be used to provide training on topical, timely issues facing that mental health and law enforcement collaborative.

5. Training Length- The County provided a 3 day, 28 hour training. Half of the attendees in the evaluation noted that the training should be longer. Feedback stated that too much information was crammed into three very long days making it difficult to absorb all the information. The County’s Self survey also noted the training length as an area to be improved. The reviewers hope that the Content review cited above and the rest of this peer assessment will provide specific areas where new content can be offered and current content can be expanded. Training schedules from other CIT programs will be provided to the Committee for review and consideration.

6. Integrate the De-escalation with the role play segments of the training- The Committee used three separate presenters for sessions on communication, de-escalation and role plays and the segments were not integrated. During the Communications block of the training, the presentation stressed the ALARM model of communicating to individuals in crisis. The De-escalation block, presented the SEAR and LOSS models and the role play facilitation (it was reported that the facilitation of the role plays were done informally) did not seem to incorporate material from either of these presentations.

The more the committee can make explicit the specific skills sets they want the officers to learn through the role playing, the better. For example, since the county taught the SEAR model, role play facilitation should be done in a way that involves a critique of the absence or presence of actual Safety, Engagement, Assessment, and Resolution skills displayed by the students while role playing the various scenarios. Finally, for future trainings, we recommend that you include

law enforcement as co-trainers and facilitators in the de-escalation and role play segments of the training.

While reviewers did not review actual role play scenarios, this segment of the training was rated low and in most trainings, it is one of the highest rated sections. Role players were nursing students and the facilitation of the role plays was informal. Care should be taken that the role players selected (whether students, officers, consumers, or theater folks) are able to act and are given clear instruction on how to exhibit the various observable characteristics called for in each scenario.

7. Hearing Voices- The hearing voices exercise received low ratings, the curriculum guidelines offered with this program suggest that officers wearing the headset should be completing a task or interacting with the public and should not be allowed to discuss the experiences with other students while it is happening or over lunch. The following suggestions may enhance the learning experience: take the class to a mall or similar environment (time permitting) and have them perform a task while listening to the CD; have the class complete a job application or crossword puzzle; divide the class into groups and have them play a game such as UNO or other fast moving card game.

8. Expand the Legal Block of the Training- In reviewing the 45 minute Mental Health Law/Holds block there is no content that touches on the legal standard of deliberate indifference (Canton v. Harris – 1989), (Olsen v. Layton Hills – 1980), Walker v. City of New York – 1992) and court decisions on diminished capacity and use of force that help to define CIT as a liability reduction training. Reviewing case laws also provides the context for CIT's less authoritative de-escalation approach and sheds light on the actual de-escalation skills in such encounters (e.g., (Fisher v Hardin and corroboration of unconfirmed suicide/mental illness calls; Griffin v Coburn and application of the force continuum on an unarmed, mentally ill subject; or Byrd v Long Beach as it relates to expectations around verbal de-escalation). Other important legal content areas such as Duty to Warn and HIPPA exemptions as to what can be communicated to law enforcement by MH in an emergency should be included as well. Officers also need to know their responsibilities when taking a person non-voluntarily to a hospital or mental health facility (In re Miller – 63 Ohio St. 3d 99) (1992).

9. Pre-training survey and Training Evaluation - Consider offering a pre-training survey that seeks to uncover what type of issues they are seeing in their mental health calls and how prepared they feel to safely de-escalate encounters with the special needs population. Re-asking these questions on the final evaluation will give the committee some idea of the impact the training had on officer perception/knowledge and their self reported readiness to de-escalate.

10. Post Training Survey- Consider sending a post training survey 4-8 weeks after training to CIT graduates to solicit their feedback on the training in general and the use of their skill set.

Questions to consider for the post-training survey include:

Do you believe you are better equipped to respond to a person in mental health crisis and connect them with appropriate mental health treatment, supports and services?

Do you believe CIT training has improved your safety on the job? Ask for examples.

What Advanced Training topics would be helpful?

Would you be interested in serving as an instructor for a future CIT training?

Please share an instance where the training you received has been useful in your job.

(And ask if you may share that information to help promote your CIT training – on training filers, letters, newsletters, etc.)

CIT PROGRAM SUGESSTIONS

As CIT develops beyond training and into a full fledged diversion/risk reduction program, the essential elements should become more formalized with written polices, procedures, protocols, data collection, and evaluation processes that help build a solid foundation that can better position the program to weather funding and leadership cycles. Given the county has completed one training, we recommend starting with these suggestions:

1. **Continue tracking of CIT graduates-** We would recommend a database be continued of officers going through the training by jurisdiction and that this tracking also include a way to identify the number of those trained that are still on the road, in the line of duty so the Committee can begin showing the trained officers on each shift.
2. **Collect Encounter data-** Formal tracking mechanisms to collect encounter data across all departments utilizing CIT is one of the very first milestones in becoming more than just training. Data can be used to inform training and develop relevant role play scenarios. Data can also be used to begin to track the outcomes of CIT encounters. Formal policies/practices that can be developed by the committee can include program evaluation and review of encounter/incidents.
3. **CIT continuation-** One of the things that helped Clermont county implement CIT is a time-limited grant that is being used in part to hire a CIT coordinator and defray training costs. It will be important for the committee to begin strategizing how the CIT program will be sustained once the grant runs out. Suggestions include partnering with local restaurants and business to become “sponsors” of your CIT training by donating food, supplies (paper for copies, binders, etc.) or cash donations.

4. **Coordination** – Continue your efforts to reach out to the Sheriff Office to gain “buy in” for the training and developing program. Invite the Sherriff or a designated staff to join the advisory committee and provide input into the training.

CORE ELEMENTS OF A CIT PROGRAM

Many communities claim to have embraced the Crisis Intervention Team philosophy. However, some merely provide a training course that is just a project philosophy instead of a program philosophy. A Crisis Intervention Team (CIT) program must include:

1. A statement or procedures whereby officers return to their agencies after completing the training with the assurance that they will be kept informed and updated on issues learned in the classroom. This can be done through:
 - a. Newsletters, memos, notifications, etc;
 - b. On-going training/education that meets the needs of the CIT officers.

2. There will be a CIT Coordinator who monitors the officer's activities/contacts with persons in crisis.
 - a. A "CIT Stat Sheet" or some like form of documentation should be sent to the CIT Coordinator or designee.
 - b. The CIT Coordinator will be the "troubleshooter" and handle concerns/ problems that the team members cannot handle themselves.
 - c. There may be multiple, discipline-based (law enforcement, services board, advocacy board) coordinators in some communities. If this occurs, the coordinators will constantly communicate with one another to ensure consistent communication.

3. The law enforcement agency will select volunteer officers for the program in a timely manner to make up the percentage needed to have CIT officers available to the public 24/7.
 - a. Candidates should be chosen by their desire, maturity, experience, communication skills, past practices and other commendable qualities.
 - b. Priority should be given to officers in the patrol function.

4. If a law enforcement agency feels compelled to have all officers attend a CIT core training course, the agency should still strive to select only those officers who have demonstrated knowledge, skills, and abilities to be CIT members.
 - a. This caveat will only apply to an agency that could handle runs 24/7 with a select group of officers, but chooses instead to train all.
 - b. The purpose of using the select group is to give those officers more experience which is the key to building expertise (generalist/specialist).

5. CIT Officers will wear a pin that signifies that they have the knowledge, skills, and abilities to effectively interact with persons in crisis.
6. At a minimum, training/education on the Crisis Intervention Team program will be provided to law enforcement dispatchers and call takers to help them:
 - a. Ascertain that the call involves someone in mental crisis;
 - b. Ask appropriate questions that will gather needed data for the responding officer to help ensure safety for all;
 - c. Gain knowledge of medications used by mentally ill persons so they can ask the caller for that information;
 - d. Direct these calls for service to CIT officers in the field.
7. A means of formally recognizing an outstanding effort made by a CIT officer.

Attachment #2- CIT PROGRAM EVOLUTION

