Cleveland Division of Police CIT Peer Review

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Organization of CIT Peer Review Report

Attachments

1. Cuyahoga County and Cleveland Police CIT Peer Review Executive Summary

BACKGROUND

The Ohio Crisis Intervention Team (CIT) Peer Review Process is a voluntary and collegial process built on a quality improvement approach to strengthen our collective understanding of the core elements and best practices within CIT programs. Engagement in this process provides communities interested in improving their program, a process to receive very specific feedback on their implementation of the CIT core elements. The community participants and Peer Reviewers identify and reinforce strengths in the program implementation and the training course. In like manner they collectively identify challenges and areas for improvement in program implementation and training implementation.

This Peer Review consisted of four phases: a Self-Assessment conducted by the county under review; a Desk Audit that provided details on the program and training curriculum, a Site Visit by a team of reviewers; and a written report summarizing the reviewer's observations.

For over 10 years Crisis Intervention Team (CIT) trainings have been regularly occurring and over 500 officers have been trained throughout Cuyahoga County. To be clear, though, much of the training across the county has been to the men and women of the Cleveland Police Division (CPD) which has undergone critical review by the United States Department of Justice (DOJ) on CPD's use of force. Much work within the county has already occurred in responding to the resulting Consent Decree and, more specifically, the Peer Reviewers found the work of the Mental Health Task Force helpful. One section of the Task Force recommendations related to the CPD's CIT Training. After conducting the desk audit, the Peer Reviewers agree with the recommendations outlined by the Task Force, and where appropriate have tried to integrate and expand on these recommendations in the full report.

Following is a brief summary of the strengths, challenges and recommendations associated with the CPD CIT program and the Cuyahoga County CIT Training.

Cleveland Police Division CIT Program Strengths:

- **CIT Support** - The Cuyahoga County ADAMHS Board and the Cleveland PD have partnered to provide CIT training by fostering relationships with other mental health and criminal justice partners.
- **County law enforcement agencies buy-in** - Many of the other law enforcement agencies in the county want CIT training for their officers.
- **Transition of clients between CPD and medical/treatment staff** - CPD reports the ability of officers to de-escalate a person in crisis and hand-off to the medical or treatment system has improved dramatically over the last several years.
- **Cleveland PD Policies** - Several CPD policies outline the role of the crisis intervention officer (GPO 3.2.17), the Crisis Intervention Report (6.1.01), Handling of the Mentally Ill (3.2.06), and Call Taking Procedures (2015-04).

- **Collection of CIT Utilization data** - CPD officers complete a CIT stat sheet, and the agency is able to provide reports on Mental Health related CAD events and Crisis Intervention cases by month, day of the week, and district.

CIT Program Suggestions and Challenges:

- **Review the Structure needed to foster and sustain CIT programming throughout the county.** This should include expansion of CIT training to other law enforcement jurisdictions within the county.
- **Strengthen local and state CIT Coordination** – Identify CIT Champions and formalize the role of CIT Coordinators (consistent with Task Force recommendations)
- **Strengthen the current recruitment process of voluntary officers** - (consistent with Task Force Recommendation).
- **Strengthen how CIT officers are being routed to CIT calls.**
- **Enhance use of CIT encounter data**.
- **Offer sound de-escalation training to all officers** (Task Force Recommendation).
- **Develop a crisis communication policy** in collaboration with partners.
- **Review liability with respect to the "pink slip" process of involuntary hospitalizations.**
- **Transporting individuals with mental illness** presents challenges under the current structure. Law Enforcement, EMS/Fire, and Mental Health systems should collaborate on an agreed upon protocol that will improve effectiveness and accessibility while strengthening partnerships.
- **CIT recognition** - One of the core elements is to develop a means of formally recognizing the outstanding efforts made by CIT officers or instructors.

CIT Training Strengths:

- **Cuyahoga County and CPD have a strong history of commitment to specialized training.**
- The CIT Curriculum reflects **Relevant Training Content**.
- Written post-tests are used to **evaluate the change in officers' knowledge and attitude**.

CIT Training Suggestions and Challenges:

- **Keep a maximum class size of 24 students per training (**Task Force Recommendation)
- **Conduct specialized training for Dispatchers** (Task Force Recommendation).
- **Provide more interactive learning opportunities.**
- **Include a Diversity training block** (Task Force Recommendation)
- **Consider providing advanced training to existing CIT Officers** (Task Force Recommendation).
- **Provide In-Service training and information to first-line supervisory staff**, re: responsibilities and capabilities of CIT officers.
- **Strengthen the Legal block** of the training curriculum.
- **Summarize the Training Evaluations**.
- **Allow students to go through multiple role-plays**.

2. Introduction

The Peer Reviewers note a lot of positive aspects occurring under the rubric of Crisis Intervention Team Training across Cuyahoga County and the Cleveland Division of Police (CDP/CPD) should be commended for volunteering to participate in the Peer Review Process. Their willingness to join over 20 other counties who have undergone this same process can be an opportunity to make their CIT program (not just the training!) better and stronger.

For over 10 years CIT trainings have been regularly occurring and over 500 officers have been trained throughout Cuyahoga County. As evidenced by the evaluations shared with the Peer Reviewers of the last two CIT trainings, many officers comment that this is the most effective training they have received. Where sound CIT programs exist, we believe that officer and consumer safety is increased and individuals with mental illness are diverted away from jails and gain quicker access to much needed treatment services, benefits that you are hopefully experiencing and soon, may even be documenting.

To be clear, though, much of the training across the county has been to the men and women of the Cleveland Police Division which has undergone critical review by the DOJ on CDP's use of force, including in some cases how citizens with mental illness are dealt with. It is within this context that the CJ CCOE is pleased to respond to the county leadership's foresight and desire to strengthen this live-saving training called CIT by requesting a Peer Review.

Much work within the county has already occurred in responding to the Proposed Consent Decree and, more specifically, the Reviewers found the work of the Mental Health Task force helpful in not only assessing the CIT program but, in combination with the review of the desk audit material and the working conversations with those involved in bringing the Peer Review forward, the very nature of the local alliances built among criminal justice entities, treatment providers, and the local board. Because of this, the Peer Reviewers and the CJ CCOE believe that Cuyahoga County is in a very good position to benefit from a Sequential Intercept Mapping process. Such a process would gel with many of the recommendations coming from this report (the involuntary commitment process, the handoff of law enforcement to crisis services, dispatch training, and committee structure and roles) aimed at nurturing the multiple partnerships needed to grow and sustain CIT programming across the county.

More information related to this recommendation can be discussed if desired. The scope of this project will be specific to the CIT training being provided to the CDP and the development of the CDP's CIT program.

3. The Peer Review Process

The Ohio Criminal Justice Coordinating Center of Excellence (CJ CCOE) was established in May 2001 to promote jail diversion alternatives for people with mental illness throughout Ohio. The Center is funded by a grant from the Ohio Department of Mental Health to the County of Summit Alcohol, Drug Addiction and Mental Health Services Board. The ADM Board contracts with the Northeast Ohio Medical University to operate the Center.

The Criminal Justice Coordinating Center of Excellence (CCOE) desires to work with Crisis Intervention Team (C.I.T.) Coordinators, Steering Committees, and teams across Ohio to strengthen our collective understanding of the core elements and emerging best practices with C.I.T. One vehicle of doing just that is through a "Peer Review Process," a voluntary, collegial process built on a quality improvement approach. Peer Review enables communities to receive specific feedback from peers in other counties of Ohio on their implementation of C.I.T. core elements, and promotes identification and sharing of the best elements of C.I.T. programs from across the state and country.

The Peer Review consists of four phases: a Self-Assessment conducted by the county under review; a Desk Audit that provides details and review of the program and training curriculum; a Site Visit by a team of reviewers; and a Written Report summarizing the reviewers' observations.

A telephone conference call was held on April 20, 2015 among the three Peer Reviewers, Carole Ballard, and Officer Michael Viancourt. The site visit was conducted on July 22, 2015. by the review team and three members of the ADAMHS Board of Cuyahoga County (Valeria Harper, Chief Operating Officer; Carole Ballard, Forensic Specialist; and Michael Doud, Adult Behavioral Health Services Administrator).

In early March, the Cuyahoga County ADMAHS Board's Mental Health Task Force submitted recommendations for the Proposed Consent Decree between the US Department of Justice and the City of Cleveland Division of Police. One section of these recommendations related to the CDP's Crisis Intervention Team Training. After conducting the desk audit, the Peer Reviewers agree with the recommendations outlined by the Task Force, and where appropriate, we have tried to integrate and expand on these recommendations in this report.

The ultimate test of this Peer Review Process will be if the report helps the CDP strengthen its program and the ADAMHS Board expand CIT trainings throughout the county.

4. Cuyahoga County CIT History

As the Forensic Specialist for the Cuyahoga County ADAMHS Board, Carole Ballard has been involved with the local CIT program for over 12 years, when she and several CDP (Cleveland Police Division) officers attended CIT training in Summit County. Carole was identified by the Board to facilitate the trainings and serve as the liaison between the mental health systems and the 73 law enforcement agencies operating within the county. Officer Michael Viancourt has been with the CDP for over 17 years and completed CIT training in 2006.

Since 2004, the county has provided over 27 trainings and presently provides 6 trainings each year, quarterly trainings for CDP and two trainings a year reserved for Law Enforcement agencies other than CDP. This was a recent change; previously the training was offered 3 times a year, with 25 slots reserved for Cleveland Police Department trainees and 15 for other LE agencies.

Through March of 2015, according to the CJ CCOE's database of CIT officers, 753 full-time Ohio Sworn Peace Officers from Cuyahoga County have completed CIT training, representing 19% of the 3,943 law enforcement officers throughout the county. Of this total, 74% (554) have come from the Cleveland Police Division. For a complete listing of the county's trainees since the program's inception, see Attachment # 3.

5. CIT Program Strengths

A. **CIT Support** – One of the most important elements in any C.I.T. program is a high level commitment from the mental health system. The Cuyahoga County ADAMHS Board and the Cleveland PD have partnered to provide CIT training by fostering relationships with other mental health and criminal justice partners to produce CIT trainings.

B. **County law enforcement agencies have a buy-in**. Early in the implementation of the CIT trainings, a decision was made to prioritize officers from CDP. While the majority of the trainings have benefitted CDP, there is good buy-in across many of the other LE agencies wanting CIT training for their officers.

C. **Transition of clients between CDP and medical/treatment staff**. While there is reportedly changes in the planning stages of crisis services, CDP report that the ability of officers to de-escalate a subject in crisis and hand-off the person to the medical/treatment system has improved dramatically over the last several years. Currently, CDP utilizes the nearest psychiatric emergency room or at times they can communicate directly with MCT/FrontLine and may be instructed to transport the person to their agency. Some

cases may connect with the mobile crisis team. At the ERs, officers are asked to complete a brief form and are not required to stay unless the case involves a warrant. Three years ago officers routinely waited hours to complete this hand-off.

D. **Cleveland PD Policies**. The CDP shared with the reviewers several polices that outline the role of the crisis intervention officer (GPO 3.2.17), the Crisis Intervention Report (6.1.01), Handling of the Mentally Ill (3.2.06), and Communications Control Section's Orders on Handling and Call Taking procedures. These policies cover most of the areas and topics needed when dealing with individuals with mental illness and/or people in crisis situations. The content of the policies however, need to be further developed to reflect current best practices, terminology, definitions and statutory law. Most importantly, CDP needs to make sure their staff is adhering to these policies through active supervision and that the proper documentation is being completed.

E. **Collection of CIT Utilization data**. CDP officers complete a CIT stat sheet. The CDP provided the reviewers a report tracking the Mental Health related CAD events for 2011-2012 and a separate report tracking Crisis Intervention cases by month, day of the week, and by district through November of 2013.

6. CIT Program Suggestions and Challenges

As part of the Peer Review Process, a self-assessment was completed by Carole Ballard (ADAMHS) and Michael Viancourt (CDP). This assessment identified the need for better communication, coordination of services, structure and support throughout the system. The reviewers concur. As CIT develops beyond training and into a full-fledged diversion/risk reduction program, the essential elements should become more formalized with written policies, 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.

A. **Review the Structure needed to foster and sustain CIT programming throughout the county.** Currently the CIT training committee meets twice per year and focuses almost exclusively on training. There does not seem to be a mechanism to grow the CIT programs throughout the county. While Cleveland has a CIT program, no other jurisdictions have collected and reported data on CIT encounters or have developed policies supporting CIT officers on the scene. It was noted that there were two other committees formed, Clinical and Oversight, which no longer meet. ADAMHS should work with the other LE partners to build the structure that will work best for Cuyahoga County that provides not just the training support needed but the program development

support as well. How this fits in with current CJ initiatives and partnerships and composition across the various committee structures should be addressed.

B. **Strengthen local and state CIT Coordination-** The Mental Health Task Force recommendations included specific CDP recommendations related to the identification of CIT Champions and the role of CIT coordinators. Such personnel and roles should be clarified and formalized across LE agencies participating with the CIT program and connect to the larger county-wide design recommended above. At the local level the program should identify a C.I.T. officer from each participating LE agency to commit to the C.I.T. concept/program. That officer can communicate information back and forth between the agency and the C.I.T. Planning Committee and assist with the more formal elements of the countywide program described below. At the State level, the CJ CCOE not only has a library of CIT training and program resources but also connects other CIT programs across Ohio when facing similar program/training issues. The county should recruit more LE representatives as well as a MH representative and NAMI representative to attend these meetings. (Core Element: A CIT officer committed to the CIT concept/program will be designated as the contact person for the mental health system).

C. **Strengthen the current recruitment process of voluntary** officers (Task Force Recommendation). Currently, interested officers within CDP complete a Form One Request to attend CIT training. These forms are reviewed and signed by the Supervisor. The request may be reviewed by Administration at a higher level if there is a concern. There is no interview with the officer or back ground review. Just as the size of the class is very much related to class dynamics, so is how the student officers got to the training. Voluntary recruitment is still the ideal within the Core Elements of the program.

D. **Expand CIT training to other LE jurisdictions within the county**. With 73 law enforcement agencies in Cuyahoga County, it is important that CIT training penetrate other LE agencies at a rate similar to CDP (%). The reviewers believe that CDP has a sufficient number of CIT officers on its current roster to effectively handle all the mental illness calls. The recent change in offering 2 classes per year for non-CDP agencies is a good start.

E. **Strengthen how CIT officers are being routed to CIT calls**. Last year, Cleveland police responded to more than 5,600 calls related to mental illness, making up fewer than 3 percent of the department's total dispatches One of the issues raised by the Justice Department's review is, "...that frequently these trained officers are not the people responding to calls of people in crisis in real time." In the self-assessment, it was noted that "*data presented by CDP indicates that up to 50% of the calls are responded to by CIT Officers. CDP maintains a list of all CIT officers, the list is shared with Dispatch*

and the officers are assigned. Plans are underway to improve the process". With specialized training for dispatchers, the requests for CIT officers will likely increase and clear goals of the number of CIT officers available for each shift and each District should be set.

F. **Use of CIT encounter data beyond utilization of encounter types.** While collecting utilization information is good, the current CIT stat sheet does track the outcome of the encounters but such data is not summarized. CIT stat sheets need to be summarized to track the outcomes of the encounters so the CDP has actual documentation on encounters related to safety, jail diversion, and hospitalizations. Such outcome data can also be available for supports and funders of the program. Hopefully the CDP's work with the Fusion Center will include the ability to track these outcomes.

G. **Offer sound de-escalation training to all officers** (Task Force Recommendation). There is a difference between the 40 hour CIT training and de-escalation training related to special populations. The Peer reviewers did not ask to see the Mental Health 101 training to critique the de-escalation training that is being provided but CDP and all LE agencies within the county should be offered periodic de-escalation training that teaches officers special populations recognition and communication strategies to effectively calm some of the more common (suicide) and unpredictable (psychosis) encounters that all officers face.

H. **Develop a crisis communication policy**. Once the CIT alliance has been identified throughout the county, the ADAMHS Board may want to consider developing a crisis communication policy with its LE partners that outlines what happens should the community experience a bad outcome (the death or injury of an officer or consumer). This policy would identify who deals with the media and general public on inquiries, the role of the supporting actors (ADAMHS Board, NAMI, etc.), and accurate information related to mental illness and violence. If CIT outcomes data is being collected, information related to the number of safe encounters that have occurred could also be a part of the public message.

I. **Review liability with respect to the "pink slip" process of involuntary hospitalizations**. The reviewers suggest that the county get legal consultation on its implementation of 5122.10 to determine if law enforcement liability can be lessened. The concern is that officers do not "pink slip" individuals before taking them involuntarily to the hospital or department to be evaluated. The detaining officer should do the documentation of probable cause when breaking the civil liberties of an individual with mental illness and the pink slip is one way of documenting this action. The peer reviewers have noted some instances in other counties where L.E. completing the pink

slip even on voluntary clients provides leverage in those rare cases when someone changes their mind while at the hospital.

J. **Transporting individuals with mental illness**. Currently the EMS and Fire Departments serving CDP are merging and accessing medical transports for individuals with mental illness has sometimes proved difficult. EMS tends to not transport individuals in a psychiatric crisis, defining these as LE issues and not medical issues unless there is an observable injury (a suicidal person who has cut themselves and is bleeding). Mental illnesses are medical illness, specifically of the brain, and medical transport should be available for any individual with a psychiatric crisis.

K. **CIT recognition**. One of the core elements is to develop a means of formally recognizing the outstanding efforts made by CIT officers or instructors. The County has not set up a process by which they honor deserving officers, instructors, or CIT coordinators with celebrations and awards in their own community. This can attract the attention of the local news media, provide more visibility for the program for those LE agencies who have not participated, and enhance positive relations among LE, mental health service workers, consumers, families, and advocates.

7. CIT TRAINING STRENGTHS

A. **History of a commitment to specialized training.** The partnership between the Cuyahoga ADAMHS Board and the CDP has a long history of producing semiannual trainings available to officers primarily from the Cleveland police department. The Board provides these trainings at no cost to the LE system and the Forensic Coordinator oversees some 65 volunteers for each training. CDP has about 950 officers on basic patrol at any given time. Over the last ten years they report facilitating training over 500 officers. There are two trainings provided per year for the Cleveland suburbs.

B. **Relevant Training Content**. A review of the week long training schedule shows that the curriculum contains a broad range of topics including core trainings on mental illness from clinical, consumer, and family member perspectives, the hearing voices/virtual hallucination exercise and several de-escalation trainings and role plays. Other offerings include veteran's services, mental health issues with kids, autism and intellectual disabilities, eldercare and hoarding, and an opiate panel discussion.

C. **Evaluate impact of training on officer knowledge/ attitude**- The CDP provides a written posttest to its class as a way to identify the change in knowledge/attitudes of the officers going through the training.

8. CIT TRAINING SUGGESTIONS AND CHALLENGES

A. **Keep a minimum class size of 24 students per training** (Task Force Recommendation)- While the CIT Core elements are silent on the ideal class size, best practice across CIT programs is generally 24 or fewer students. The smaller class size allows for more individual attention by the trainers and greater access to consumers and family members by the students. Trainers also have a better sense of the engagement to the learning process of the student-officers. The smaller class size also allows every student to role play and often to role play twice, allowing plenty of time for student-officers to practice the de-escalation skill set. Of the 22 counties in Ohio that have undergone CIT Peer Reviews, CDP is the first program that allows 40+ students at a time.

B. **Conduct specialized training for Dispatchers** (Task Force Recommendation). Included in the Memphis core element document is the statement, "All dispatchers should be trained to appropriately elicit sufficient information to identify a mental health related crisis." There are no specific training curriculum guidelines for specialized training for dispatchers. Across Ohio, based on Peer Reviews conducted, programs often invite dispatchers to the 40-hour training or they conduct specialized training for call takers. Given the size of CDP and the critical role that dispatchers play, it is recommended that specialized training be offered to dispatchers that allows them to learn about mental illness, review and respond to actual 911 calls involving different call types (suicide, psychosis, anxiety, etc.) and practice the skill set vital to call takers within a CIT program, all of which cannot be done in the 40-hour training. Class sizes should be kept small (24 or less), and the skill set practiced via the "role plays" is to calm the caller, get the necessary information to assess for special population conditions, and relay the information needed to the responding officer in a consistent way. The CJ CCOE can provide examples of trainings specific to dispatchers and links to peers around the state who can assist with training development.

C. **Provide more interactive learning opportunities-** The evaluations had several comments related to the use of Power Point and reliance on the lecture type of presentation as a way to relay information. 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.

D. **Diversity training block** (Task Force Recommendation)- Taking into consideration the diverse population of Cuyahoga County, the training committee might consider adding a segment on cultural issues and competency as they relate to the police encounter. While it is acknowledged that this is a difficult topic for most CIT programs, it is one of the core

training elements. Some CIT programs are exploring this topic through the issue of the culture of poverty and personal bias and how such bias can affect police work.

E. **Consider providing advanced training** (Task Force Recommendation).While Mental Health 101 trainings are offered to LE, the Training Committee offers no refresher or advanced training locally. The Training Committee should consider the feasibility of offering trainings at least annually for CIT graduates as it is beneficial for students to refresh their skills through regular, continued learning opportunities.

F. **Give first-line supervisory staff who have not had CIT training information and/or In-Service training instruction on the responsibilities and capabilities of CIT officers and the opportunity to review CIT related policies.** The Patrol Sergeants and Lieutenants need to know what training the CIT officers under their supervision have gone through and their abilities to handle mental illness calls competently and compassionately given the time and not-withstanding the safety issues involved.

G. Strengthen the Legal block- The current training block provides needed info on the probate process and the civil commitment process but does not cover case law related to 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. 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). Some legal blocks also cover high risk cases officers may face, including Excited Delirium. Such cases help to define CIT as liability reduction training.

G. **Summarize the Training Evaluations.** The training is evaluated every day, as well as at the end of the week. Overall the training is rated on a 5 point scale and the majority of the February 9-13th overall training evaluations were good or excellent. However, several of the evaluations (6) scored the de-escalation techniques and the communications strategies as average or worse and even more of the respondents scored as average or worse the level of impact the training had on their professional practice and the ability of the program to meet their training needs. It would be helpful if the trainings were summarized to look for trends and themes across the evaluations and used to impact the development of future trainings.

H. **Allow students to go through multiple role plays**. The training includes four CIT Role Play facilitators and the class is divided into four sections and each is assigned a

facilitator. They use Case Managers as Role Play volunteers with pre written role plays assigned to each group. Officers are assigned in groups of two in the same manner that they might go out in the community in their respective district. Following the role play, the CIT Role Play facilitators provide feedback to the officer team. The observers and the CSP "actors" provide feedback as well.

The CIT Training Coach will allow the Role Play to enact up to ten minutes per group. Following the Role Play interaction, the CIT Training Coach will ask the audience i.e. other officers observing what they saw and heard, suggestions, etc. The CIT Training Coach will then provide feedback on officer tone, eye contact, body language, listening skills and other areas observed. CIT Training Coach will also ask group to provide feedback between Dispatch and Caller.

While this is a thorough process, the facilitators have not adopted any formal way to grade the role plays and, because of the class size, officers only go through one scenario.

Attachment #1: Core Elements

Crisis Intervention Team
Core Elements

The University of Memphis
School of Urban Affairs and Public Policy
Department of Criminology and Criminal Justice
CIT Center[1]

September, 2007

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University of Memphis

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[2] Ms. Pillsbury is currently with the U.S. Department of Justice Federal Bureau of Investigation (FBI).

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SECTION 1

CIT Model
Core Elements: Summary

The Crisis Intervention Team (CIT) is an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships. The CIT Model was first developed in Memphis and has spread throughout the country. It is known as the "Memphis Model." CIT provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community.

CIT is a program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change.

Basic Goals:

- *Improve Officer and Consumer Safety*
- *Redirect Individuals with Mental Illness from the Judicial System to the Health Care System*

In order for a CIT program to be successful, several critical core elements should be present. These elements are central to the success of the program's goals. The following outlines these core elements and details the necessary components underlying each element.

CORE ELEMENTS

Ongoing Elements

1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership: Planning, Implementation & Networking
3. Policies and Procedures

Operational Elements

4. CIT: Officer, Dispatcher, Coordinator
5. Curriculum: CIT Training
6. Mental Health Receiving Facility: Emergency Services

Sustaining Elements

7. Evaluation and Research
8. In-Service Training
9. Recognition and Honors
10. Outreach: Developing CIT in Other Communities

SECTION 2

CIT Model
Core Elements: Outline

Ongoing Elements

1. Partnerships: Law Enforcement, Advocacy, Mental Health
    A. Law Enforcement Community
    B. Advocacy Community
    C. Mental Health Community
2. Community Ownership: Planning, Implementation & Networking
    A. Planning Groups
    B. Implementation
    C. Networking
3. Policies and Procedures
    A. CIT Training
    B. Law Enforcement Policies and Procedures
    C. Mental Health Emergency Policies and Procedures

Operational Elements

4. CIT: Officer, Dispatcher, Coordinator
    A. CIT Officer
    B. Dispatch
    C. CIT Law Enforcement Coordinator
    D. Mental Health Coordinator
    E. Advocacy Coordinator
    F. Program Coordinator (Multi-jurisdictional)
5. Curriculum: CIT Training
    A. Patrol Officer: 40-Hour Comprehensive Training
    B. Dispatch Training
6. Mental Health Receiving Facility: Emergency Services
    A. Specialized Mental Health Emergency Care

Sustaining Elements

7. Evaluation and Research
    A. Program Evaluation Issues
    B. Development Research Issues
8. In-Service Training
    A. Extended and Advanced Training
9. Recognition and Honors
    A. Examples
10. Outreach: Developing CIT in Other Communities
    A. Outreach Efforts

SECTION 3

CIT Model
Core Elements: Detailed

3.1 Ongoing Elements

1. Partnerships: Law Enforcement, Advocacy, Mental Health

A. Law Enforcement Community

Participation and Leadership within the Law Enforcement Community

Central to the formation and success of CIT is the role of the law enforcement community. Trained CIT Officers are able to interact with crisis situations using de-escalation techniques that improve the safety of the officer, consumer, and family members. In addition, the law enforcement community is able to provide care and help to consumers by transporting individuals in need of special treatment to appropriate facilities. It is also critical that all law enforcement participate in the formation of CIT and engage in all elements of the planning and implementation stages. Often those involved in the formation of the CIT program will become or help select the CIT coordinator for a particular law enforcement agency. The two main components within the law enforcement partnership are the operational Crisis Intervention Team within a law enforcement agency and general criminal justice system participants.

1) Law Enforcement: CIT Operational Component
   - Police Department
   - Sheriff's Department

2) Law Enforcement: Criminal Justice Partnership Component
   - Corrections
   - Judiciary
     Public defender, State Attorney, Judges, Probation/Parole
   - Crime Commission/Public Safety Commission

3) Law Enforcement: Policy Development Component
   - Law enforcement command staff
   - Training and Standards

1. Partnerships: Law Enforcement, Advocacy, Mental Health

B. Advocacy Community

Participation and Leadership within the Advocacy Community

Participation from the Advocacy Community is critical to the success of CIT. This partnership provides strong support from passionate and dedicated people whose goal is to improve the quality of life for individuals affected by a mental illness. Leadership roles should develop in the form of liaisons that help voice the support, ideas, and concerns of consumers and family members. This aspect of CIT brings the program to life by adding insight from those directly affected. This important partnership should be established early in the planning process and should continue as an ongoing operational element of CIT.

1) Consumers/Individuals with a Mental Illness
   The personal accounts of individuals with a mental illness greatly enhance the planning process, officer training, and on-going support for CIT. Officers are able to gain an improved understanding and more realistic view of mental illness through these first-hand presentations. As a result, the involvement of individuals with a mental illness in the development, implementation, and ongoing sustainability of CIT is essential.

2) Family Members
   Due to their first-hand knowledge and experience in dealing with mental illness, family members have a great deal to offer CIT. Family members also have much to gain from CIT, as the program encourages treatment instead of incarceration. In both the development and implementation phases of building a CIT program, this interdependency allows family members to provide direct guidance and assistance to the planning process, training and community education. Therefore, the involvement of family members is a critical hallmark of the CIT program.

3) Advocacy Groups
   Advocacy groups may consist of family members, consumers, friends, and/or other individuals or groups that advocate for important issues surrounding mental illnesses and aim to improve the quality of life for those affected. Partnerships with advocacy groups, much like the partnerships with consumers and family members, are critical to the success of CIT. They provide strong support systems not only for members of the community, but also for law enforcement and mental health communities, as well as consumers. Advocacy groups may help by providing a voice for individuals with a mental illness; they also assist family members and consumers by providing services and guidance.

3) Advocacy Groups (continued)

Below is a list of some of the advocacy groups that have been critical to the initial development of CIT programs across the nation.

- National Alliance on Mental Illness (NAMI)
  NAMI is a nonprofit, grassroots, advocacy organization whose mission is to eliminate mental illnesses and improve the quality of life for those who are affected. NAMI members consist of consumers, family members, and friends of individuals with a mental illness. www.nami.org

- National Mental Health Association (NMHA)
  NMHA is a nonprofit organization that seeks to address all aspects of mental health and mental illness. NMHA works to improve the mental health of all Americans through advocacy, education, research, and service. www.nmha.org

- *Many other advocacy groups have participated in the initial development of CIT programs throughout the nation. These groups include those representing individuals with mental illness, as well as those representing local and state government, mental health agencies, and the judiciary.*

1. Partnerships: Advocacy, Law Enforcement, Mental Health

B. Mental Health Community

Participation and Leadership within the Mental Health Community

The mental health community plays an important role in the successful implementation, development, and ongoing sustainability of CIT. These professions provide treatment, education and training that result in a wide dissemination of knowledge and expertise to both individuals with a mental illness and patrol officers undergoing CIT training. This partnership is essential to maintaining access to the health care system and quality treatment.

1) Providers, Educators, Practitioners, and Trainers

- Professionals
  Psychologists, Psychiatrists, Physicians, Social Workers, Counselors, Pastoral Counselors, Alcohol/Drug Counselors, Educators, Trainers, and Criminologists

- Public, Non profit & Private Agencies; Institutions; & Universities
  Hospitals, Mental Health Centers, Emergency Intake Facilities, Universities, Colleges, and Medical Schools

- Trainers
  Local professionals and agencies are encouraged to provide instruction during CIT training voluntarily as a service to the community. This is strongly suggested in an effort to minimize the training costs for local law enforcement agencies.

2. Community Ownership: Planning, Implementation & Networking

Communities both large and small are seeking solutions to crisis issues and situations. Community collaborations and partnerships are essential to this effort. Additionally, it is important to establish community ownership, which may be described as a dedicated investment that individuals within the community have in the CIT program. Individuals and organizations within the community must have a stake in the initial planning stages; the implementation of the CIT program and its training curriculum; and ongoing feedback in order to maintain, improve, and ensure the success of CIT. Also, local professionals and agencies, who dedicate their time without charge to assist in training the patrol officers, help to increase the sense of community ownership for CIT.

A. Planning

1) Advocates
2) Citizens
3) Consumers/Individuals with a Mental Illness
4) Family Members
5) Government
6) Judiciary
7) Law Enforcement Community
8) Mental Health Community

B. Implementation

1) Leadership from Law Enforcement, Mental Health, and Advocacy Community
2) Training Curriculum

C. Networking

1) Feedback
2) Problem Solving

3. Policies and Procedures

Policies and procedures are a necessary component of CIT. They provide a set of guidelines that direct the actions of both law enforcement and mental health officials. Due to the large number of stakeholders in CIT, it is important that these guidelines be designed by all those affected. Within the law enforcement community, policies exist in order to provide guidelines regarding how to properly transport consumers and how to develop an infrastructure through a system of partnerships and inter-agency agreements. These law enforcement policies address the actions of both emergency dispatchers and CIT patrol officers. The emergency dispatchers identifies the nearest available CIT Officer to respond to the crisis. The CIT Officer then responds to the crisis event and leads the intervention. CIT Officers should be allowed to integrate their wide range of law enforcement training when handling CIT calls. Within the mental health community, policies exist in order to provide guidelines regarding how to handle referrals from CIT Officers. The mental health community also plays a key role in training and feedback for the CIT program. The role of the advocacy community in policies and procedures are often more informal but involve the critical element of networking and feedback for the overall program.

A. CIT Training

1) Inter-Agency Agreements
2) Size and Scope

The number of trained CIT officers available to any shift should be adequate to meet the demand load of the local consumer community. Experience has shown that a successful CIT program will have trained 20-25% of the agency's patrol division. There are differences that exist between large urban communities and small rural communities. Smaller agencies may need to train a higher percentage of officers. Ultimately, the goal is to have an adequate number of patrol officers trained in order to ensure that CIT-trained officers are available at all times.

All dispatchers should be trained to appropriately elicit sufficient information to identify a mental health related crisis.

B. Law Enforcement Policies and Procedures

1) Dispatch Policies and Procedures

The nearest CIT Officer is identified and dispatched to the crisis event.

2) Patrol Policies and Procedures

Policies that maximize the officer's discretion are critical. In addition, a policy should address the issue of the lead CIT Officer, who guides the resolution of the crisis event.

3. Policies and Procedures (continued)

C. Mental Health Emergency Policies and Procedures

1) Law Enforcement Referral Policies

The policies in place should allow for a wide range of inpatient and outpatient referral sources in order to accommodate law enforcement agencies with a CIT program. Barriers that prevent officers from accessing immediate mental healthcare for an individual with mental illness should be eliminated. This should be a priority as important as any other in the CIT process. In addition, policies should be set to ensure minimal turnaround time for the CIT Officers, so that it is less than or equivalent to the turnaround time in jail.

4. CIT: Officer, Dispatcher, Coordinator

Individuals within the law enforcement community primarily consist of CIT Officers, Dispatchers, and a CIT Coordinator. The following core element addresses the personnel required to effectively operate a CIT program.

A. CIT Officer

Officers within a patrol division should voluntarily apply for CIT positions. Each candidate then goes through a selection process, which is assessed according to the officer's application, recommendations, personal disciplinary police file, and an interview. Once selected, each of the CIT Officers maintains their role as a patrol officer and gains new duties and skills through the CIT training, serving as the designated responder and lead officer in mental health crisis events.

1) Voluntary
2) Selection Process
3) Patrol Role
4) CIT Role
5) CIT Training and CIT Skills
6) Safety Skills

B. Dispatch

Emergency dispatchers are a critical link in the CIT program and may include call takers, dispatchers, and 911 operators. The success of CIT depends on their familiarity with the CIT program, knowledge of how to recognize a CIT call involving a behavioral crisis event, and the appropriate questions to ask in order to ascertain information from the caller that will help the responding CIT Officer. Finally, dispatchers should know how to appropriately dispatch a CIT Officer. Dispatchers should receive training courses (a minimum of 8-16 hours) in CIT and additional advanced in-service training.

1) CIT Training
2) Familiarity with CIT
3) Recognize Call as CIT Crisis Event
4) Ask Caller Appropriate Questions
5) Dispatch Nearest CIT Officer
6) Additional/Advanced In-Service Training

4. CIT: Officer, Dispatcher, Coordinator

C. CIT Law Enforcement Coordinator

The CIT coordinator is part of the law enforcement community and acts as a liaison by maintaining partnerships with program stakeholders in order to ensure the success of CIT. The coordinator's involvement with CIT should start from the beginning and continue through the planning, implementation, and evaluation stages. The CIT coordinator provides support to CIT officers through training and feedback. The qualifications should include leadership ability and experience as a law enforcement officer. The job responsibilities include program development, training coordination, and maintenance of relationships with community partnership. The CIT coordinator also is a point of contact with the law enforcement agency for the community and brings stability to the program.

D. Mental Health Coordinator

The mental health coordinator is part of the mental health community who provides leadership and serves as a liaison with the advocacy and law enforcement communities. This position may be established or developed informally. When it is left as an informal liaison there may be several individuals who serve this function. It is important that each of them work with the overall community effort. This position has a significant operational component involving the training, curriculum and the function of the receiving facility or receiving facilities

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E. Advocacy Coordinator

The advocacy coordinator is part of the advocacy community, which includes advocates, family members, and individuals with mental illness. As with the mental health coordinator, the position may be established or developed informally. When it is left as an informal liaison there may be several individuals who serve this function. It is important each of them work with the overall community effort. This position often involves the operational components such as training, curriculum and ongoing problem solving.

F. Program Coordinator

Multi-agency CIT programs may have a need for a Program Coordinator who is largely responsible for the day to day logistics of inter-departmental communication, data collection and management, records keeping and scheduling training. This person should be familiar with the roles of three primary components of the CIT program and comfortable and effective in communicating in all three environments. Much of the role of this person will be diplomatic in nature. They may have additional duties in identifying and securing sustaining programmatic resources.

5. Curriculum: CIT Training

The CIT program is an innovative national model of police-based crisis intervention with community mental health care and advocacy partnerships. Police officers receive intensive training to effectively respond to citizens experiencing a behavioral crisis. Patrol officers already have training and a basic understanding of the proper safety skills. Officers are encouraged to maintain these skills throughout the course, while incorporating new de-escalation techniques to more effectively approach a crisis situation. It is important that the individuals from the mental health, law enforcement, and advocacy communities play a critical role in the training curriculum in order to bring experience, ideas, information, and assistance to the CIT Officers in training. Additionally, all training faculty are encouraged to complete the 40-hour comprehensive course and participate in a ride-along in order to fully understand the complexities and differences that exist between mental health care and law enforcement.

A. Patrol Officer: 40-Hour Comprehensive Training

The 40-hour comprehensive training emphasizes mental health-related topics, crisis resolution skills and de-escalation training, and access to community-based services. The format of a 40-hour course consists of didactics/lectures, on-site visitation and exposure to several mental health facilities, intensive interaction with individuals with a mental illness, and scenario based de-escalation skill training. Experience has shown this is a minimum level of training hours. The material covered is complex. The desired learning outcomes go beyond simple cognitive retention of material. The outcome desired is the retention of behavioral changes learned as part of the training.

1) Didactics and Lectures/Specialized Knowledge

- Clinical Issues Related to Mental Illnesses
- Medications and Side Effects
- Alcohol and Drug Assessment
- Co-Occurring Disorders
- Developmental Disabilities
- Family/Consumer Perspective
- Suicide Prevention and Practicum Aspects
- Rights/Civil Commitment
- Mental Health Diversity
- Equipment Orientation
- Policies and Procedures
- Personality Disorders
- Post Traumatic Stress Disorders (PTSD)
- Legal Aspects of Officer Liability
- Community Resources

5. Curriculum: CIT Training

A. Patrol Officer: 40-Hour Comprehensive Training (Continued)

2) On-Site Visits and Exposure

- On-Site Visits

3) Practical Skill Training/Scenario Based

- Crisis De-Escalation Training Part I
  Basic Strategies
- Crisis De-Escalation Training Part II
  Basic Verbal Skills
- Crisis De-Escalation Training Part III
  Stages/Cycle of a Crisis Escalation
- Crisis De-Escalation Training Part IV
  Advanced Verbal Skills
- Crisis De-Escalation Training Part V
  Advanced Strategies: Complex Scenarios

4) Questions and Answers

5) Commencement and Recognition

B. Dispatch Training

All dispatchers receive a specialized course detailing the structure of CIT. The training course also addresses how to properly receive and dispatch calls involving individuals with a mental illness and crisis situations. Additional and advanced in-service training courses should also be incorporated. Topics that are covered in the dispatcher's training course are listed below.

1) Recognition and Assessment of a CIT Crisis Event

2) Appropriate Questions to Ask Caller

3) Identify Nearest CIT Officer

4) Policies and Procedures

6. Mental Health Receiving Facility: Emergency Services

A designated Emergency Mental Health Receiving Facility is a critical aspect of the CIT Model. It provides a source of emergency entry for consumers into the mental health system. To ensure CIT's success, the Emergency Mental Health Receiving Facility must provide CIT Officers with minimal turnaround time and be comparable to the criminal justice system. The facility should accept all referrals regardless of diagnosis or financial status. Additionally, the facility will need access to a wide range of emergency health care services and disposition options, as well as, alcohol and drug emergency services. Finally, the Emergency Mental Health Receiving Facility is part of the operational component of the CIT Model that provides feedback and engages in problem solving with the other community partners, such as Law Enforcement and Advocacy Communities.

A. **Specialized Mental Health Emergency Care**

1) Single Source of Entry (or well-coordinated multiple sources)
2) On Demand Access: Twenty-Four Hours/Seven Days A Week Availability
3) No Clinical Barriers to Care
4) Minimal Law Enforcement Turnaround Time
5) Access to Wide Range of Disposition Options
6) Community Interface (Feedback and Problem Solving Capacity)

7. Evaluation and Research

Evaluation and research can help measure the impact, continuous outcomes, and efficiency of a community's CIT program. More specifically, it may help to identify whether the program is achieving its objectives and should be an ongoing part of CIT. Outcome research has shown CIT to be effective in developing positive perceptions and increased confidence among police officers; providing very efficient crisis response times; increasing jail diversion among those with a mental illness; improving the likelihood of treatment continuity with community-based providers; and impacting psychiatric symptomatology for those suffering from a serious mental illness, as well as substance abuse disorders. This was all accomplished while significantly decreasing police officer injury rates. The following components are being studied within CIT, some currently and others in the planning stages of evaluation.

A. Research and Evaluation Issues

1) Development of Community Consensus
2) Improved Law Enforcement Perception of Individuals with Mental Illness
3) Increased Confidence in Interacting with Individuals with Mental Illness
4) Decreased Crisis Response Times
5) Decreased Law Enforcement Injury Rates
6) Decreased Citizen Injury Rates
7) Improved Health Care Referrals
8) Decreased Arrest Rates
9) Jail Diversion Impact
10) Increased Treatment Continuity
11) Improved Treatment Outcomes
12) Decreased Psychiatric Symptomatology
13) Impact on Recidivism Rate
14) Improved Community Perception of Law Enforcement

8. In-Service Training

In-service training provides CIT Officers with additional knowledge and skills. In-service trainings should be offered regularly for current CIT Officers who have completed the 40-Hour Comprehensive Crisis De-Escalation Training course. The following is a list of several topics that have been used in previous In-service trainings:

A. Extended and Advanced Training

1) Extended/Advanced Suicide Crisis Intervention Training
2) Advanced Developmental Disabilities
3) New Developments in Psychiatric Medications
4) Advanced Verbal Skill Training (*Crisis Hotline)*
5) Advanced Scenario Training

9. Recognition and Honors

Recognizing and honoring CIT Officers provides a sense of accomplishment and ownership toward the program. It also gives officers an incentive to continue in their line of work. Recognition and honors can be awarded through local media, newsletters, program websites, or annual banquets. Such honors should be given to CIT Officers who have served the community in crisis situations with exceptional care and compassion, while ensuring the safety of themselves and others.

A. Examples

1) Awards
   Departmental commendation for successfully de-escalating a crisis event

2) Certificate of Recognition
   During monthly advocacy meetings, CIT Officers may be introduced to the community and given a Certificate of Recognition.

3) Annual Banquet
   CIT Officers may be recognized and honored at an Annual CIT Banquet. The following are examples of the awards that can be given:

   - CIT Officer of the Year
   - Precinct CIT Officer of the Year
   - Five- or Ten-Year CIT Service Awards
   - New CIT Officer of the Year
   - Certificate of Appreciation/Recognition
     For Individuals within the Mental Health Community
     For Individuals within the Advocacy Community
     For Other Individuals within the Community

10. Outreach: Developing CIT in Other Communities

Developing CIT programs in other communities, through partnerships and outreach efforts, will help to ensure that individuals who suffer from a mental illness receive the proper care needed, while increasing the safety of the community, patrol officers, family members, and consumers. Outreach efforts may include the involvement of other local communities in a 40-Hour CIT Comprehensive Training Course. The following are possible outreach efforts:

A. Outreach Efforts

1) Local Communities/Agency Development
   Provide 40-Hour CIT Comprehensive Training Course for local communities and agencies.

2) Regional Community/Agency Development
   Help other communities develop a CIT program and their own 40-Hour CIT Comprehensive Training Course.

3) Statewide CIT Development
   Develop a statewide CIT effort to establish CIT programs in police and sheriff's departments.

4) Legislative Development
   Develop a strong lobbying effort to educate policy makers and help secure adequate funding for program development

Attachment #2: County Specific CIT Training Data

Cuyahoga County (72 L. E. Agencies) (27 courses held)

4 officers from Beachwood PD (9%) *(Trained in Lake County)*
3 officers from Bedford PD (10%) *(1 trained in Summit County)*
3 officers from Brooklyn Heights Village PD (23%)
554 officers from Cleveland PD (34%) *(3 trained in Summit County)*
6 officers from Cleveland Heights PD (6%) *(3 trained in Summit County)*
25 deputies from Cuyahoga County Sheriff's Office (16%)
24 officers from Cuyahoga Metropolitan Housing Authority PD (33%)
4 officers from East Cleveland PD (9%) *(1 Trained in Lake County)*
1 officer from Gates Mills Village PD (9%)
15 officers from Highland Heights PD (68%)
1 officer from Maple Heights PD (2%) *(Trained in Lake County)*
4 officers from North Randall PD (80%)
1 officer from Oakwood Village PD (10%) *(Trained in Lake County)*
1 officer from Orange Village PD (7%)
9 officers from Parma PD (9%)
1 officer from Pepper Pike PD (6%)
1 officer from Shaker Heights PD (2%)
6 officers from Solon PD (13%) *(1 trained in Lake County)*
2 officers from South Euclid PD (5%)
3 officers from Strongsville PD (4%)
2 officers from Walton Hills PD (17%) *(Trained in Lake County)*
25 officers from Woodmere PD (100%)

Non-Participating L.E. Agencies: Bay Village PD (1); Bedford PD (31); Bentleyville PD (3); Berea PD (29); Bratenahl PD (9); Brecksville PD (26); Broadview Heights PD (28); Brook Park PD (41); Brooklyn PD (31); Chagrin Falls PD (11); Cleveland Clinic PD (135); Cleveland Metroparks Ranger Dept. (69); Cuyahoga Heights PD (12); Euclid PD (93); Fairview Park PD (24); Garfield Heights PD (57); Glenwillow PD (4); Greater Cleveland Regional Transit Authority (95); Highland Hills PD (4); Hunting Valley PD (11); Independence PD (32); John Carroll University Campus Safety (13); Lakewood PD (91); Linndale PD (4); Lyndhurst PD (28); Mayfield Heights PD (35); Mayfield Village PD (16); Middleburg Heights PD (31); Moreland Hills PD (14); Newburgh Heights PD (1); North Olmstead PD (43); North Royalton PD (36); Olmsted Falls PD (10); Olmsted Twp. PD (16); Parma Heights PD (29); Richmond Heights PD (17); Rocky River PD (32); Seven Hills PD (17); Southwest General PD (15); University Circle PD (23); Valley View PD (18); Warrensville Developmental Center ODMR/DD (4); Warrensville Heights PD (33); Westlake PD (49)

Colleges

1 security officer from Baldwin-Wallace College
2 officers from Cuyahoga Community College PD (7%)
3 officers from Case Western Reserve College PD (14%) *(1 trained in Lake County)*
12 officers from Cleveland State University PD (52%)
2 officers from Notre Dame College (20%) *(1 trained in Lake County; 1 trained in Lucas County)*

Court/Corrections

21 officers/personnel from Cleveland Municipal Court
9 Adult Parole Authority officers
1 officer from Oriana House

Dispatchers

29 dispatchers from Cleveland PD
1 dispatcher from University Hospitals PD

Hospitals

36 officers from University Hospital PD (100%)

Other Counties

1 officer from Northcoast Behavioral Health (Summit County)