

Hamilton County CIT Peer Review

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Background: The Criminal Justice Coordinating Center of Excellence (CJ/CCOE) desires to work with CIT Coordinators across Ohio to strengthen our collective understanding of the core elements and emerging best practices within CIT. One vehicle to collect these emerging best practices is through a “Peer Review Process”. The peer review is a voluntary, collegial process built on identifying and integrating the best elements of CIT programs.

The Peer Review Process consists of four phases: A Self Assessment conducted by the county under review, a Desk Audit that provides detail on the program and training curriculum, a Site Visit by a team of reviewers, and a written report summarizing the review team’s observations. Hamilton County should be congratulated for its willingness to undergo the CIT Peer Review Process.

This report is a synthesis of what the reviewers found after conducting the review process and is organized to highlight Strengths and Suggestions related to the training curriculum and the CIT program. Finally, while the reviewers have learned a lot and have concrete ideas on how to improve their own CIT programs in Summit, Hancock and Miami/Darke/Shelby counties, the ultimate test of the benefit of this Peer Review Process will be if the report and resource matching accomplished via the CJ/CCOE helps Hamilton County strengthen their program. We hope that it does.

Introduction: A Site visit was conducted on June 9, 2011 by the CIT Peer Review Team and the following Hamilton County CIT Planning Committee members: Liz Atwell (MHA – CIT/MHRT Coordinator), Diana McIntosh, Sara Dooley (Hamilton County MHR SB), Nikki Bisig (GCBH), Angela Ostholthoff (Hamilton County Recovery Center), and Lt. Christine Briede (Cincinnati Police Department). The reviewers thought it important to set the tone of the on-site review process by discussing the purpose and role of the Core Elements as developed by CIT International and adopted by the Ohio CJ/CCOE. 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 emerging 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. Such elements also create consensus on what CIT is not. CIT should always be considered and treated as a program and not “just training” for law enforcement.

In 2002, Hamilton County began MHRT (Mental Health Response Training) due to a consent decree and collaborative agreement between the City of Cincinnati and the US Department of Justice. With the decree, a task force was formed to develop and implement a training program similar to CIT that would be mandated to Cincinnati police officers. The training program included 8 and 16-hour trainings that covered various topics on mental illness and de-escalation, though did not include role-plays, site visits or ride alongs. However, since the development of the 40 hour CIT training program, both ride alongs and site visits have been included.

In November 2007, the Cincinnati Police Academy incorporated MHRT as part of their curriculum becoming one of the first major cities in the U.S. to make MHRT mandatory for all police academy graduates. In 2009, with assistance from Mike Woody and the CJCCOE, the MHRT planning committee enhanced their 40-hour training with the addition of role plays to more closely meet CIT fidelity standards. The training was renamed CIT/MHRT. Upon recommendation from the CJCCOE, the Hamilton County CIT/MHRT planning committee offered role-play training to officers that previously completed the MHRT course. Since 2002, Hamilton County has trained 421 sworn officers (some from neighboring counties) in their CIT/MHRT course.

Because each county is unique, CIT program development that addresses local needs is encouraged. When Core elements are used to define “fidelity” within CIT programs natural tensions arise – rural vs. urban, large vs. small departments, disparities in resources, and other Criminal Justice initiatives within a county (i.e. specialized courts and/or jail diversion programs). The CJ/CCOE recognizes all of these issues impact how the core elements are addressed in individual programs. Four common areas of debate are 1) the length of courses; 2) how participants are selected to attend training (volunteers or mandated); 3) how the de-escalation/role play blocks of the training are taught; and 4) how the systems (MH and LE) collaborate to formalize the program to move past “just training” into a true diversion/risk reduction program.

The peer reviewer’s goal is not to determine “fidelity” within the Hamilton County program, but rather use the Core elements as a guide to focus discussion and offer helpful suggestions on training and program development. To illustrate CIT Program evolution, the reviewers provided a handout “The CIT Pyramid” depicting the typical path CIT program development can take (see Attachment). The Hamilton County CIT/MHRT planning committee placed themselves at level #3 on the pyramid – the program has successfully created training for law enforcement and has

offered CIT graduates advanced trainings on a limited basis and encourages officers to attend annual Ohio CIT training at the Columbus Police Training Facility. The reviewers and planning committee discussed interest in moving towards level 4 where departments would be setting goals for % of officers trained, collecting data on safety outcomes of CIT calls, reviewing CIT incidents, % of times CIT officers were dispatched appropriately, and identifying safety and training trends/issues. It was noted that the majority of current CIT/MHRT trained officers are from the Cincinnati PD due to the trainings held before 2009. Since that time, the majority of officers in the training are from a mix of PDs and efforts are being made to increase interest among the Sheriff's Office and other PD's in Hamilton County.

As CIT develops beyond training and into a full diversion/risk reduction program, the essential elements can 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. It is within this program development context that the Peer Process can provide observations on the County's program, highlight their strengths, and, through the CJ/CCOE, help bridge the connection between the county's needs and CIT resources that exist across the state.

CIT Training Strengths

1. **Overall Training** – Hamilton County has offered 27 MHRT training courses since its inception in 2002. Seven of those training courses have been offered since 2009 and are listed as CIT in their mental health training statistics. There are 330 sworn officers in Hamilton County that are trained in CIT/MHRT. Their long history in MHRT has provided them with the experience to fine-tune and continually improve their training content. They are fortunate to have many resources, such as the University of Cincinnati and the Cincinnati VA Hospital, to recruit training presenters and gather information.

A review of the 40 hour training schedule shows that the curriculum contains a broad range of topics including an overview of mental illness, personality disorders, clients rights/legal issues, suicide, substance abuse, developmental disabilities and PTSD. The training also contains topics on special issues and populations including youth and adolescents, college age, homeless and veterans issues. Unique offerings included a "Live Well" presentation addressing officer stress and an Alzheimer's section, both relevant content for street officers. The curriculum uses the Hearing Voices that are Distressing Exercise and use large group debriefing afterward, small group scenarios, videos and discussions to encourage participation among the participants. The course also offers perspectives from consumers and family members as well as a testimonial

section from past CIT/MHRT graduates that is important in securing “buy-in” from the training participants.

2. **De-escalation Block** – The program uses the BE SMART acronym (Be prepared, Evaluate, Stabilize, Maintain control, Asses, React, Take action) as a way to organize, teach, and help officers retain the various de-escalation skills. While the training contains a variety of mental health conditions, most of the content has specific information related to how the de-escalation encounter is affected by the condition. They also dedicate a section to deescalating youth which was very extensive.
3. **Writing an Effective Hold** – The participants receive training on writing an effective hold from staff of the University Hospital Mobile Crisis Response Team. The content was methodical and well documented and should greatly assist the officers when encountered with completing an application for emergency admission.
4. **Formal Evaluations** – The training evaluations from the March 2011, June 2010, November 2010, March 2009 and August 2008 trainings were reviewed. The overall results were favorable with 100% of participants indicating the training provided them with increased knowledge on CIT/MHRT. The graduates receive a CIT/MHRT Follow up survey 4-8 weeks post training. This is a great tool in soliciting feedback from the training after the officers may have had a chance to utilize the skills learned in the course. The reviewers were given one follow-up survey to review and the results were favorable. The respondent requested a CIT/MHRT refresher course to keep officers up to date.

CIT Program Strengths

1. **Resources in Hamilton County** - Hamilton County is a large county with many resources including a large metropolitan city, a university, and Veterans Hospital. For example, one of the training presenters is a nationally recognized speaker on Bipolar Disorder and Schizophrenia. The presenter makes it a priority to be at each training and be available to the graduates post training, even giving trainees her mobile number and email for future questions. Hamilton County also has a rich history of effective collaboration. The planning committee noted the commitment of both the mental health and law enforcement systems and their focus on serving mental health consumers.

2. **CIT Coordination** – Elizabeth Atwell, Executive Director and Director of Criminal Justice Training at Mental Health America of Southwest Ohio is the CIT Coordinator for Hamilton County. Ms. Atwell has worked with the CIT/MHRT program since its inception and became the coordinator in June 2009. Ms. Atwell regularly attend the CIT State Coordinators meeting and has worked with the CJ/CCOE over the last several years to bring their MHRT course more in line with the core elements of a CIT program. The local NAMI affiliate, the Mental Health and Recovery Services Board and the City of Cincinnati also support the CIT/MHRT course. The reviewers expressed concern about the lack of participation for law enforcement on the planning committee. Two law enforcement officers were listed as planning committee members: Lt. Christine Briede with the Cincinnati PD and Officer Brian Uhl with the Springfield Township PD. The planning committee does however have diversified representation of service providers, Board representation and other community partners. The reviewers encouraged more participation from consumers and family members as well. It was noted that the CIT/MHRT planning committee is a sub-group of the larger Hamilton County Mental Health/Law Enforcement Interface Group, so there is opportunity for input in the CIT/MHRT planning from law enforcement in that context.

3. **Recognition of CIT Program & CIT Officers** – Cincinnati Police Officer Anderson received the 2010 Crisis Intervention Team (CIT) Officer of the Year Award. The award was presented by Attorney General Richard Cordray on Wednesday, September 1, 2010 at CIT Advanced Training Conference in Columbus, Ohio. Officer Anderson was commended for his approach to CIT and how he handles situations involving someone experiencing a mental health crisis. His recognition is a positive reflection of the skills and knowledge he received through the CIT/MHRT course in Hamilton County.

CIT Training Suggestions

1. **Consider expanding time designated for role-plays and making them mandatory for each officer.** A review of the 40 hour training schedule shows that approximately 2 hours of class time is dedicated to the practice and demonstration of the skill set (role-plays) and is voluntary for class participants. To enhance experiential learning and evaluate the skills learned throughout the training, every officer should go through at least one role play. This might require limiting class size (20) to allow each participant the opportunity to practice their skills. It is also suggested to broaden your base of scenarios used for the training. The review team reviewed only three scenarios from the training. A greater number of role plays (a new scenario for each participant) would offer a better array of situations officers may face in a crisis encounter. Scenarios

should be detailed and clear for the role players and should include information regarding setting/environment of the incident, observable characteristics of the person in crisis, sting-reward outline, goals of the particular role play, and any additional notes for the role player. Real life encounters from CIT/MHRT officers should be solicited for scenarios. The CJ/CCOE and peer review team can also provide examples of scenarios to include in the training.

2. **Include additional legal information** – The Legal content in the training course does not cover case law related to deliberate indifference and court decisions on diminished capacity and use of force. 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. Some legal blocks also cover high risk cases officers may face, including Excited Delirium.
3. **Include segment on cultural Issues** – Taking into consideration the vast population of Hamilton County, the planning committee might consider adding a segment on cultural issues and competency as they relate to the police encounter. Other metropolitan CIT programs would be able to offer information on how they cover this topic in training.
4. **Include Law Enforcement as trainers** – An important part of the partnership in developing a CIT program is to have law enforcement as a driving force in the planning and implementation of the training. This is of particular importance when teaching skill sets, especially the role plays and the de-escalation blocks.
5. **Review feasibility of offering additional refresher/advanced trainings at least annually for CIT graduates.** The CIT/MHRT Coordinator and Advisory Ccommittee promote the opportunity for advanced CIT training offered across the state. While the county has sent a small number of officers to the annual Ohio CIT Advanced Training it is often beneficial for students to refresh their skills through regular, continued learning opportunities locally. These types of annual trainings assist in strengthening the skill sets of the officers and providing them with updated system information pertinent to their jobs. For those officers on the street, refresher or advanced training courses allow for a review and practice with what officers are facing since going through their initial training.
6. **Pre-training survey** - Consider offering a pre-training survey that seeks to uncover officers perceptions of mental illness 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.

CIT Program Suggestions

- 1. Consider the benefits of developing a more formal approach to growing your CIT program** – While all CIT programs in Ohio are still maturing and developing in this area, a basic level of formality can position the program to better withstand changes in leadership and weathering financial hardships. The Hamilton County Program lacks a certain degree of formality that may impede the group’s effort to sustain and grow CIT. It may be beneficial for the CIT/MHRT planning committee and other community partners to meet together to review their role as a “CIT program” and focus on program development that is county wide. The group’s own assessment on the CIT pyramid can be used as a starting point to grow the program. Helpful suggestions include:
 - a.** Formalize tracking mechanisms to collect CIT encounter data across all departments utilizing CIT. There is currently no county wide collection and/or analysis of CIT/MHRT encounter data to inform the committee on encounter trends and outcomes. This data can be used to inform future trainings as well as evaluation of program outcomes in reduction of negative outcomes and jail diversion. Also, there is a limited listing of officers who have been trained but no active updating of the data to include how many of those trained are still on the streets. Once more jurisdictions become involved in the program and send officers to the training, that information will be helpful in determining if each jurisdiction has a CIT officer on every shift. This would be helpful in cases of litigation and even grant requests. And, we believe that in the not too distant future CIT officers around the state will be able to access these reports to find out what the last officer who went on a call with this individual found that worked or did not work (as we know a lot of mentally ill/homeless people roam from place to place and frequently cross jurisdictions). This could also include annual reports based on analysis of encounter data as well as training numbers. These types of reports can be provided to the Sheriffs, Police Chiefs and mental health funders supporting the program. It can also be used as a recruitment tool for those law enforcement jurisdictions not yet participating. Formal policies/practices that can be developed by the committee can include program evaluation and review of encounter/incidents, and per-shift training goals by participating agencies. Individual enforcement agencies may create policies regarding on-scene command of CIT officers.

- b. Policies and procedures that support the implementation of CIT including policies governing the dispatch process, goals related to % of officers trained, CIT officers authority and scene management. Some of these policies can help LE agencies who are seeking or maintaining CALEA certification. This will help move their training into a true diversion/risk reduction program. Currently, each department is responsible for this piece, and have the opportunity to work with the CIT Coordinator for assistance, though there is not a central database for CIT data across the entire county.
 - c. Consider developing a crisis communication policy that delineates what happens should the involved communities have a bad encounter outcome (the death or injury of an officer or consumer). This policy would answer who deals with the media and general public on inquires and the role of the supporting actors (ADAMHS Board, NAMI, etc.)
 - d. A formal way to receive officer feedback on encounters that could then feed future trainings. Implement a procedure to collect CIT encounter data. This will serve as a way to evaluate the programs (by encounter outcome), review trends related to these encounters (how the calls initiated and what are the observable characteristics officers are facing), and prepare the content for future core/advance training.
 - e. Formalize a process to evaluate the impact of CIT/MHRT training and program.
2. **CIT/MHRT Planning Committee** – Expand membership of the planning to include more law enforcement from multiple jurisdictions in Hamilton County. It is also imperative to acquire support from the Hamilton County Sheriff’s Office for both the planning committee and in sending deputies to the training. It was also noted that the current planning committee meets annually. It is recommended that the planning committee, or at the least sub-committees, meet more often to nurture collaboration and support the CIT Coordinator with the implementation of training. The planning committee should also be meeting regularly to collect and analyze encounter data, evaluate the overall effectiveness of the training, and address public relation issues and officer recognition.
3. **Increase the number of Hamilton County officers trained** – The Cincinnati Police Academy has instituted a policy to train all students in CIT/MHRT and therefore the majority of training officers are from the Cincinnati PD. A concerted effort needs to be made to reach out to other jurisdictions, and in particular the Sheriff’s Office, to get

their participation in the training and ultimately the Hamilton County CIT program. Ms. Atwell shared with the reviewers that she is attempting to get other departments to participate, but that it is difficult financially for the smaller PDs to send officers to a 5-day training. Reviewers offered the suggestion of showing the CIT DVD to chiefs and lieutenants, and developing LE leadership/CIT champions who fully believe that CIT is a risk reduction training and who are in positions to provide officers for the training while helping to recruit other LE jurisdictions as a way to recruit more participation.

4. **Create CIT Companion Courses/specialized training** – A strong CIT program offers training to additional criminal justice professionals (dispatchers, corrections officers, probation and parole) on working with the mental ill and handling mental health crisis incidents. Offering specialized training allows you to tailor the material to be most useful to the particular setting/situation and population. For example, it imperative for dispatchers to have the knowledge and skills necessary to identify a mental health caller in crisis and to respond effectively. In addition, specialized training for dispatchers should include what types of information to gather to best equip the officer responding to the scene of someone in a mental health crisis. The same is true for corrections officers. Responding to a mental health crisis in a jail environment is much different than an encounter on the street.
5. **Tracking of CIT graduates** – The Advisory Board does a good job tracking the number of trainees since they started in 2007. We would recommend that this tracking also include a way to track the number of those trained that are still employed and on the street with local law enforcement agencies. Tracking CIT grads allows the County to know how many active duty CIT officers there are by jurisdiction.
6. **Consider creating a listserv and/or website** – This will help keep officers “plugged in”. An example is Portage County’s CIT site. Also consider promoting your CIT logo/pins as part of a larger public relations and awareness campaign that allows consumers and family members in crisis to ask for a CIT officer and recognize them as one.

The Hamilton County CIT/MHRT planning committee has much to be proud of. They offer quality training and support to law enforcement in Cincinnati and Hamilton County. The review team encourages the committee to continue building on the success of their training with the Cincinnati PD and move toward a more formalized, county wide program. More participation and buy-in from law enforcement should be the first step in growing the program. The CJ/CCOE and CIT State Coordinators group are great resources and can provide assistance if requested. ■

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.

Status of Crisis Intervention Team (CIT) Development in OHIO

