

## Hancock County CIT Peer Review

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The Criminal Justice Coordinating Center of Excellence (CJ/CCOE) desires to work with C.I.T. Coordinators across Ohio to strengthen the collective understanding of the core elements and emerging best practices within C.I.T. One vehicle of doing just that is through a Peer Review, a voluntary, collegial process built on identifying and coalescing the best elements of C.I.T. programs. The Peer Review Process for Hancock County included a Self Assessment and Desk Audit completed by the Hancock County C.I.T. Committee and a conference call with Mr. Lilley and the three Peer reviewers. The Peer Review Team then met with the Hancock County C.I.T. Steering Committee to iron out any misunderstandings observed in a draft report created and sent to them in advance of our on-site visit. This report is a synthesis of what was identified after conducting the review process.

**BACKGROUND:** The Hancock County Crisis Intervention Team (C.I.T.) training is a community partnership among law enforcement, mental health, consumers and family members. This unique alliance began in 2001 when representatives from the mental health community and the Findlay Police Department and the Sheriff's Office were sent to Memphis to assess the C.I.T. program. While there, the Hancock County Team went on a ride-along with trained Memphis C.I.T. officers. The consensus from the Memphis visit was to develop and implement C.I.T. as a way to provide a focused and safe approach to resolving psychiatric crisis situations that law enforcement officers face in the line of duty.

Officers undergo a week long training (core element) to recognize the signs and symptoms of mental illnesses and the required skill-set needed to de-escalate a psychiatric crises (core element). Class size is usually no more than 24 students (core element) as the training makes extensive use of role playing so instructors can observe the actual acquisition of de-escalation skills. C.I.T. officers also perform their regular duty assignment as patrol officers. Officers are also immersed in consumer and family member viewpoints on a variety of topics. The training is conducted under instructional supervision of mental health providers, law enforcement and consumer and family advocates.

Hancock County graduated its first class of 24 officers in 2002. Additional classes were held in 2003, 2004, 2006, and 3 classes in 2007. In 2004, Findlay City Police Department (FCPD) and the Hancock County Sheriff's Office (HCSO) each had reached

its first C.I.T. training goal of having one quarter of all law enforcement staff trained. This coverage allowed every shift in each of these departments to have a trained C.I.T. officer at the ready (core element). In 2005, the graduates of the first two C.I.T. classes underwent a two day refresher course and in that same year, over 23 dispatchers from FCPD, HCSO and Bluffton PD were trained in handling calls involving suicide and mental illness (core element). Every year since, a refresher training is provided to all law enforcement officers and dispatchers (core element).

At the 2006 training, they included the jail administrator and 3 Hancock County corrections officers. In January and May of 2007, an intensive C.I.T. training was adapted and provided to 20 corrections officers. In October of 2007 they conducted the first "blended" training that included 9 corrections officers and 9 law enforcement officers. They repeated this blended training in January of 2008, welcoming the first Security Officers from the University of Findlay. At the beginning of 2009, there were over 45 FPD trained (over 75% of the force), and 70 HCS deputies and corrections officers trained (over 90% of their force) as well as all of the city and county dispatchers. In addition to training Hancock County law enforcement and corrections officers, The Hancock County program has trained law enforcement officers from Paulding and Van Wert counties, as well as McComb, Tiffin, and Urbana Ohio.

In 2009, the de-escalation principles taught in the intensive C.I.T. class were adapted and 2-day training was conducted for fifteen probation and parole officers from the Hancock County Adult Probation Department, the Hancock County Juvenile Court, and the Adult Parole Authority. In 2010, a four hour block of training was created to provide de-escalation training for front-line office staff that is often the first contact for someone who may be escalating into a crisis (core element).

The Hancock County C.I.T. Committee members have provided training and assistance in establishing C.I.T. programs in these areas: Wood County, Seneca County, Tri-County (Miami, Darke, and Shelby), Logan/Champaign Counties, and the Four County (Fulton, Henry, Williams, and Defiance). In addition, Committee members presented at the first three National C.I.T. conferences (2005 – 2007) on the de-escalation model (called the E.A.R. Model: Engage-Assess-Resolve) developed by the Committee and adapting C.I.T. training goals to corrections settings. In 2007 and 2009, consultation was provided to New Mexico in adapting the E.A.R. model for CIT training in rural areas.

The C.I.T. coordinator for the local jail was awarded the *Heroes in the Fight Award* in September 2008 from Eli Lilly Pharmaceuticals in collaboration with Mental Health America. He was also nominated as the C.I.T. officer of the year in 2009. He is a member of the Buckeye Sheriff's Association and he worked to expand the basic

training requirements on mental illness and de-escalation from 7 to 16 hours. With assistance from the local C.I.T. committee, a curriculum was developed and approved by the Ohio Peace Officers Training Council and, as of January 1, 2009, all Ohio correction officers receive this training. In 2009 The C.I.T. Coordinator for the ADAMHS Board received the C.I.T. Coordinator of the Year award from the Ohio Attorney General's Office.

The training is funded through local levy funds from the Hancock County Board of Alcohol, Drug Addiction and Mental Health Services and made possible by the dedication and leadership of the Findlay Police Department, the Hancock County ADAMHS Board, the Hancock County Sheriff's Office, Century Health, Inc., and Family Resource Centers.

Listed below are the statistics compiled on the Hancock County C.I.T. Course graduates as of April 2012 showing that all 3 L. E. Agencies have participated in the Course. This translates into 96 out of 103 full-time sworn Ohio peace officers and a 93% saturation rate (core element). This also shows that college security, corrections officers, dispatchers and reaching out to help other counties has been a part of their overall effort.

### Hancock County (3 L. E. Agencies)

57 officers from Findlay PD (88%) (2 trained in Lucas County)

38 deputies from the Hancock County S.O. (109%)

\*1 *S. O. Chaplain*

1 officer from McComb PD (34%)

#### Colleges

6 University of Findlay Security Officers

#### Corrections

46 Hancock County Corrections Officers

1 Ohio Adult Parole Authority officer

#### Dispatchers

19 Findlay dispatchers

14 Hancock County dispatchers

#### Other Counties

1 deputy from Paulding County S.O.

2 deputies from Van Wert County S.O.

1 Adult Parole Authority from Ohio Dept. of Rehab & Corrections **Lucas County**

**INTRODUCTION:** Eleven (11) individuals from the Hancock County Steering Committee participated in the on-site visit, with representation from provider agencies (Psychiatric Emergency Services, and Community Support Services) NAMI, a consumer, the juvenile court, the ADAMHS Board, the Hancock County Sheriff's Office and the Findlay Police Department. Findlay PD has developed Policies and Procedures to address the roles of dispatchers, C.I.T. officers and non-C.I.T. officers. The Sheriff's Office has not developed policies and procedures but is currently working on this. *As C.I.T. develops beyond training and into a full-fledged diversion/risk reduction program in each jurisdiction, 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 county's programs to weather funding and leadership cycles.*

### **Program Strengths**

- **Strong & Sustaining Partnerships:** Hancock County has a long history of C.I.T. training and program development, starting in 2001. Excellent relationships exist with ADAMHS Board, local mental health provider agencies, Hancock County Sheriff's Office and Findlay Police Department. The county as a whole has made a strong commitment to C.I.T., including funding through local levy funds from the ADAMHS Board.
- **Recognizing Exemplary Individuals:** The C.I.T. Coordinator for the local jail was awarded the "Heroes in the Fight Award" in 2008 from Eli Lilly Pharmaceuticals and Mental Health America and was nominated as the Ohio C.I.T. Officer of the Year in 2009.
- **State Recognition:** The C.I.T. Coordinator for the ADAMHS Board received the Ohio CIT Coordinator of the Year Award from the Ohio Attorney General's Office in 2009.
- **Feeding & Nurturing the Program:** The Bi-monthly ADAMH Board publication "Highlighter" places a priority on C.I.T., particularly recognizing a C.I.T. Officer each month, noting their accomplishments and success of the C.I.T. program (core element). There was also an Evening of Expression that honored all C.I.T. officers.

- **Findlay PD Policy & Procedures:** The Findlay Police Department has developed a set of policies and procedures that are directly focused on C.I.T. (core element). These procedures are fairly specific and clearly indicate that the Department is committed to the C.I.T. Program and ensures that C.I.T. trained officers who have volunteered are dispatched to encounters that involve individuals having a mental health issue/crisis.
- **Collection & Tracking Data (Findlay PD):** The Findlay Police Department has done an excellent job of collecting and tracking encounters involving people with mental health issues (core element). Their data clearly demonstrates that almost all encounters end with no injuries and the majority of encounters result in people getting help rather than being arrested. This data shows a significant reduction in Use of Force incidents since the adoption of C.I.T.
- **Steering Committee:** The Hancock C.I.T. Steering Committee meets every other month (core element) and has active participation from mental health, consumer and family members, and law enforcement sides.

## **Training Strengths**

- **State Recognition:** Hancock County C.I.T. has been recognized by the Office of the Ohio Attorney General for their De-escalation approach (EAR/ LOSS) (core element). The Program has been commissioned by the Ohio Peace Officer's Training Council to develop a two hour web-based training on "De-escalating a Mental Health Crisis." The EAR/LOSS approach will also be used at the Academy as part of a 16-hour basic training for cadets on "Interacting with Special Populations." The LOSS model identifies the four encounter profiles that officers will need to de-escalate and the E.A.R. model identifies the three phases of every encounter (Engage/Assess/Resolve).
- **Comprehensive & Current Training:** Overall training appears to be quite comprehensive (core element) and addresses a number of important areas: Returning Veterans, Consumer and Family perspectives, managing the suicidal client, tours of essential county service providers, case law relevant to mental health issues and dual diagnosis (substance abuse and mental health).
- **Development of LOSS Model:** Hancock County C.I.T. has also developed the LOSS model to identify four profiles officers face on the street (core element). In contrast to other C.I.T. trainings that focus on DSM-IV diagnoses, the LOSS model emphasizes actual behaviors that officers will encounter along with an

understanding of what may be going on with these individuals. The presentation itself includes a number of short videos that illustrate examples of people dealing with the four areas of loss: hope, reality, perspective and control. The presentation has received high ratings from participants.

- **Many Highly Rated Presentations:** Highly rated trainings are as follows: Returning Veterans, Dealing with Differences, Officer Resiliency (helping officers take care of themselves), Lessons Learned (current C.I.T. Officers sharing their actual job experiences in dealing with individuals presenting with mental health problems), E.A.R. and LOSS models. Clearly these trainings appear to be essential components of the training week and are presented in a manner that is conducive to learning.
- **The L.A.S.T. Model:** The use of the L.A.S.T. model for dealing with suicidal individuals appears to be a good choice for officers. The Lethality, Availability, Specificity and Time mnemonic is a fairly easy-to-remember and accurate method of assessment.
- **Pre & Post Question:** The use of a pre-training survey and the training evaluation provides some good data to evaluate where officers are prior to the training and as a result of the training (core element). In fact, the post test revealed that the majority of the officers felt that they are now “very well prepared” due to the training.
- **Scenario-Based Training:** The role-play scenarios cover a broad range of situations and mental health problems (core element). The scenarios are well written with clear instructions for the actors. The rating scale that is based on the E.A.R. model is very good, covering important behaviors that officers should display in order to be effective in de-escalating situations.
- **Insightful Ancillary Trainings:** Hancock County has developed a number of trainings beyond the main week-long C.I.T. course. These include trainings for Dispatchers, Front Desk Staff in agencies (7 hours), and one for Probation/Parole (core element). Advanced trainings have also been held on a regular basis and future trainings are already being planned.
- **Written Exam:** The C.I.T. training includes a written exam that is given to the class near the end of the week to test the content knowledge the officers received over the course of the training. The tests are graded and the results of

the tests are used in a larger class discussion to re-enforce what was learned over the week.

- **Formal Training Curriculum:** There appears to be a good start on a formal training curriculum that can be used by anyone who is new to the C.I.T. trainings. This standardized curriculum will also directly deal with the issue of succession of C.I.T. providers.

## **Program Suggestions**

- **Follow-up on Calls:** C.I.T. officers informally conduct follow-up with individuals after an encounter. Going out a few days later after an encounter and then periodically thereafter can make a huge difference in preventing problems as well as building and establishing a collaborative relationship between the officer and individual, seeing the officer as a helper rather than just someone who arrests them. The peer reviewers suggested the C.I.T. committee look at the feasibility of more formally following up on certain consumer encounters, e.g. those repeat calls for service that may need further investigation/remedy.
- **Succession Plan:** There is recognition by Hancock County that there needs to be a more formalized succession plan so that the C.I.T. program can continue in a reliable and consistent manner when people change jobs and/or leave the county. The collection of data, the implementation of department policies, and the development of a training curriculum is seen as positive steps in ensure program succession.
- **Incentives for Collecting Data:** Not all Law enforcement agencies in Hancock County collect data through officer involvement in crisis calls. To gain compliance officers and agency heads should be given sound “what’s in it for me?” reasons for this small endeavor, e.g. recognition for turning in most encounter forms for the month; getting back to the officer for problems encountered with the “system” on a particular call that they documented on the form; a class on the importance of data collection during the C.I.T. Course and then again at every Advanced C.I.T. Course as a reminder.
- **Lack of Care Facilities:** The lack of a 23-hour bed in the county for individuals, especially who are violent and volatile, is a gap across the mental health system that could prevent unnecessary hospitalizations and incarcerations.

- **Specialized Court Docket:** The peer reviewers suggest Hancock County study the feasibility of developing specialized dockets to formalize a program of jail diversion.
- **Written Documentation by Transporting Officers for Evaluation:** There is a concern that officers do not “pink slip” individuals before taking them involuntarily to the hospital or department to be evaluated. 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. The reviewers suggest that the county get legal consultation on its implementation of 5122.10 to see if law enforcement liability can be lessened.

### **Training Suggestions**

- **Narrow Focus in Mental Health Awareness Presentation:** The Mental Health presentation appears much too clinical for the officers. In addition, it attempts to cover so many topics and diagnoses along with medications in a fairly short time. Perhaps really narrowing the focus on a much smaller subset of more severe problems, such as schizophrenia, bipolar, major depression, and PTSD would be helpful.
- **Give Lunch Break:** Give the officers a real lunch break without anything else! Often this time in other C.I.T. trainings has been quite useful for officers to network as well as build upon relationships with colleagues in their own departments.
- **Have Educational Role-Plays During the Week:** Consider doing a role-play or two earlier in the training week, such as during the LOSS model training. This feedback has been fairly consistent from other officers in other counties who feel that earlier role-plays may help in better understanding and applying the material.
- **Recovery & Support Panel:** The Recovery and Supports panel was given lower ratings. In other C.I.T. programs similar ratings have been given when agencies come in as a group and talk about their services. Most officers believe that it is not their role to make referrals. Perhaps if a presenter is from an agency, have them talk briefly about their agency before or after their particular presentation. Or during a tour, explain the services provided by the agency at that time.

- **Case Manager Field Trips:** Consider using Case Managers who can actually take officers into the homes of clients that they serve. This could compliment your tours that do receive high ratings. Going into the homes/apartments of clients who are not in crisis has been a valuable learning experience for officers to see these individuals functioning "normally" as well as beneficial for the consumers to see that police officers are human, too. It also gives the officers a new-found appreciation and empathy for the dangers a Case Manager puts themselves in day-in and day-out on these visits by themselves with no tools to protect themselves if need be.
- **Have Your Prosecutor Present:** There is a suggestion that someone from the Prosecutors Office should be involved in teaching the legal section of the training. This is a good idea and can open up a discussion between the officers and the Prosecutor, especially about Ohio law.



Policy Sections	Elements	Akron PD	Columbus PD	Findlay PD	Hillsborough County SO FL
Introduction	Purpose statement, Policy statement, Goals, Scope	✓		✓	✓
Definitions	CIT, CIT coordinator, CIT training, Mental Illness, Hospital Criteria	✓	✓ mi only	✓	✓
In-coming call screening	Statement that dispatch will assess mental illness/suicide calls and ask about history, weapons, medications, current care	✓		✓	✓
Dispatch to CIT officer	a. Statements that call takers will dispatch a CIT officer and relay info gathered on nature of call  b. Procedures spelling out what to do if a CIT officer is not immediately available.	a. ✓		a. ✓  b. ✓	a. ✓  b. ✓
First responding officer responsibilities	Secure the scene, gather available information, interview family/friends, and subject.  Relay information to responding CIT officer	✓		✓	✓
Responsibilities of on-scene CIT officer	Describes who takes the lead, who to contact if situation is turns violent, role of CIT officer if other tactical teams come on scene, who takes custody		✓		✓
Legal basis for hospitalization	ORC description and listing of hospitalization criteria	✓	✓	✓	
Transport	Describes conditions for when officers can transport, where to transport	✓	✓		
Hospitalization	Describes officers role in affecting an emergency hospitalization, what to say to the subject, and completing the Application for emergency admission	✓	✓		
Encounters with Juveniles	Where to take the juvenile, informing the parent/guardian	✓			
Escaped patients	Procedures for taking into custody someone who has left while an involuntary admission	✓			
Charges against	Describes officer response if a misdemeanor offense		✓	✓	

the subject	occurs, if arrest occurs				
Duty To Protect	Details procedures to follow to comply with the Duty to Protect law	✓	✓		
Completion of Encounter form	CIT officer is responsible for completing the report and forwarding the report.	✓		✓	✓
CIT follow-up	CIT officer will contact subject within 30 days to assess status				✓
Roles of the CIT Coordinator	Develop and maintain database, forwarding a yearly written report outlining of encounters and resolutions, updating training requests based on encounter data, maintain a current roster of CIT members, overseeing the selection process				✓
CIT member selection	Describes what process will be used to select CIT officers			✓	✓
CIT Pin	Describes who can wear and what it means to wear the pin				✓

CIT policy comparisons

CIT Teaching Models

Model	Description	Author	Emphasis
ALGEE	<u>A</u> ssess for risk of suicide or harm <u>L</u> isten non-judgmentally <u>G</u> ive reassurance and information <u>E</u> ncourage age appropriate professional help <u>E</u> ncourage self help and other support strategies	Mental health First Aid	Encourage help-seeking behavior
BE SMART	<u>B</u> e prepared, <u>E</u> valuate, <u>S</u> tabilize, <u>M</u> aintain control, <u>A</u> sses, <u>R</u> eact, <u>T</u> ake action	Hamilton County CIT	De-escalation
EAR	Three phases of every special populations encounter that	Hancock County	De-escalation

Variations include NEAR (Neutralize) and SEAR (Safety)	<p>officers must negotiate.</p> <ol style="list-style-type: none"> <li>1. Engage- establish rapport through patience and empathy</li> <li>2. Assess- gather needed info on condition and crime</li> <li>3. Resolve- voluntary compliance based on crime and commitment criteria</li> </ol>	<p>CIT, Athens (NEAR) Franklin (SEAR)</p>	
LEAP	<p><u>L</u>isten, <u>E</u>mpathize, <u>A</u>gree, <u>P</u>artner A set of tools you can use to gain the trust of someone you are in conflict with.</p>	<p>Xavier Amador, Ph.D. <i>Psychologist</i></p>	<p>Conflict resolution</p>
LOSS	<p>The LOSS model is taught in conjunction with the EAR model and presents four profiles of how special population encounters will manifest during a police encounter. Special pops usually involve a loss of health that will be expressed through observable behaviours clustering as either a Loss of control, perspective, reality, and hope</p>	<p>Hancock County CIT</p>	<p>Special populations Assessment</p>
QPR	<p>QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help</p> <p>Question, Persuade, Refer</p>	<p>Paul Quinnett, QPR Institute</p>	<p>Suicide lethality</p>
SLAP  Variation PALS, LAST	<p>Assists in determining immediate suicidal risk</p> <p>S - Specific - details in the "plan of attack." L - Lethality - level of the proposed method. A - Availability - of the proposed method. P - Proximity - of helping resources,</p>	<p>Unknown</p>	<p>Suicide lethality</p>
The 5 R's	<p>Reassuring, Respectful, Reliable, Relatively simple, Resonating calmness</p>	<p>Unknown- Identified in the Idaho state training curriculum</p>	<p>Intervention techniques</p>