

The Ohio Criminal Justice Coordinating Center of Excellence

Crisis Intervention Team Peer Review

Coshocton, Morgan, Noble, Muskingum, Guernsey and Perry Counties

June 24, 2013

Review Team Members

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Lynn Porter, Clinical Care Coordinator for the Fairfield County ADAMH Board

Six County CIT Steering Committee Members

Tom and Margaret Quinn, NAMI Six County*

Sheriff Matt Lutz, Muskingum County Sheriff's Office

Jeff LeCorq, Muskingum County Sheriff's Office*

Stacy Brokaw, Muskingum County Sheriff's Office

John Moon, Six County, Inc. – CIT Coordinator +

Vickie Hare, Mental Health and Recovery Services Board* +

Linda Hand, Mental Health and Recovery Services Board*

Rod Hollingsworth, Mental Health and Recovery Services Board

Tom Porter, Zanesville Police Department

Dan Arter, Hostage Negotiator, Zanesville Police Department

(*Attended on-site meeting, + Participated with conference call)

Introduction

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 CJ CCoE welcomes opportunities to partner with communities throughout Ohio to develop programs at any level of intercept. They believe the essential ingredient for any successful jail diversion program is partnership across systems. All key players in all aspects of the mental health, addiction, and criminal justice communities need to talk regularly and forge a commitment to work together.

The Crisis Intervention Team (CIT) is a collaborative effort between law enforcement and the mental health community to help law enforcement officers handle incidents involving people with mental illness. It is a community-based collaboration between law enforcement, National Alliance on Mental Illness (NAMI), mental health consumers, mental health providers and local universities. The Supreme Court of Ohio Advisory Committee on Mental Illness and the Courts (ACMIC) has worked to encourage CIT training statewide.

The CJ CCoE desires to work with CIT Coordinators and Steering Committees across Ohio to strengthen our collective understating of the core elements and emerging best practices within CIT. One vehicle to collect these emerging best practices is through a peer review. The peer review is a voluntary and collegial process built on identifying, sharing and ultimately implementing the best practices of CIT programs.

This report is a synthesis of what the review team members found after conducting the review process and is organized to highlight strengths and suggestions related to the training curriculum and county program. The CJ CCoE appreciates NAMI 6 County's commitment to the Crisis Intervention Team Model and their willingness to share their program with their peers in our mission to identify, share and help implement best practices in the State of Ohio.

Background

The six counties of Coshocton, Morgan, Noble, Muskingum, Guernsey and Perry are serviced by one mental health & recovery board. They have contracted Six County, Inc. to provide behavioral health treatment, wellness, prevention and housing programs. The MHRB, Six County, NAMI and local law enforcement have collaborated to provide peace officers with Crisis Intervention Team (CIT) Training. Their first training was in 2005. Since then, they have had 6 trainings and have trained over 100 police officers and other professionals in the CIT Training Model. Their steering committee is charged with developing, evaluating and keeping training current. Their CIT Steering Committee has volunteered to be a part of the CJ CCoE's peer review process. By doing so, they have courageously opened their efforts to review by others so that they can examine their own CIT Program, explore their strengths and the areas in need improvement.

Core Elements of CIT Training

There are no formal core elements of CIT Training, but the CJ CCoE and the Memphis Model have specified elements as topics a 40hr course *should* contain. There is some overlap and some differences between the two suggestions. The Steering committee should review the *Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs* Developed by the Ohio CIT Coordinators Committee in Conjunction with the Ohio Criminal Justice Coordinating Center of Excellence, and the *Crisis Intervention Team Core Elements* from the University of Memphis, School of Urban Affairs and Public Policy, Department of Criminology and Criminal Justice CIT Center. Both articles have been provided to you in your Dropbox link. Here is a combination of both core elements. Those elements in red are suggestions from the Memphis Model that are not included in the CJ CCoE's.

Introduction and the Role of the CIT Officer

Signs and Symptoms of Mental Illness in Adults

Implications of Mental Illness in Youth

Risk Assessment of Individuals with Mental Illness

Dual Diagnosis—Mental Illness and Substance Abuse

Mental Illness and Homelessness

Mental Health Law & Probate

Crisis Intervention for People with Developmental Disabilities

Family Panel Roundtable Discussion

What is Mental Health all about?

Consumer Operated Services and Peer Support

Consumer Panel Roundtable Discussion

Ride Along with Case Managers from Mental Health Agencies

Cultural Differences in Mental Illness & Seeking Treatment

Interaction with the Mentally Ill (De-escalation Skills)

Interaction Skills and Role Plays

C.I.T. Policies and Procedures & Overview of the System of Care

Mental Health Program Docket

Legal Review for CIT Officers

Graduation and Final Comments

The 40hr training course currently provided contains all the core elements except:

- Mental Illness and Homelessness
- Crisis Intervention for People with Developmental Disabilities
- Ride Along with Case Managers from Mental Health Agencies
- Cultural Differences in Mental Illness & Seeking Treatment
- C.I.T. Policies and Procedures

Special interest topics included in the 40hr training:

- Suicide and Law Enforcement
- Post-Incident Management
- State Perspective- Mental Health and Corrections
- Suicide Prevention

CIT Training Strengths:

- Learning Objectives
 - Learning objectives are clearly stated on the schedule for the day and on the evaluation sheet. All the peer reviewers liked this and thought it is worth sharing with other training organizers.
- Consumer and Family Perspective
 - The training is strong with perspectives from consumers and family members. Tom and Margaret Quinn's son, a consumer, attends every training for the entirety and interacts with the officers all week. Officers have made many positive comments about interacting with consumers that are not in crisis and have gained valuable experiences from it.
- Mixer
 - The officers are re-seated every day to keep things fresh and to counteract "clicks" forming during the training. Officers also get to know other officers from different agencies rather than staying within their comfort zone of people they already know.
- Evaluations
 - Evaluations appeared extensive and had a lot of input from participants every day about their thoughts on the training.

CIT Training Areas of Potential Improvement:

- Organization
 - The organization of the training is different from other trainings going on around the State of Ohio. Usually, content around mental illness is provided on day one of the training and role plays either on Friday or throughout the training. NAMI Six County provides consumer and family member perspectives on day one and role plays on day 3. At the On-site meeting, the Steering Committee members understood, but believed the organization worked for them. This still, however, might be an area to look at and evaluate. Other training courses have been provided to the steering committee to compare.
- Adult Learning Styles
 - Every CIT Steering Committee must be reminded to always look at how they are instructing their participants. Videos, learning exercises and use of other adults learning strategies must be integrated into training. The use of Power Point and lecturing needs to be monitored. Instructors need to be made aware that participants are sitting through many blocks of training, not just theirs, and need to be stimulated and engaged for learning to occur.

- Police Training
 - All CIT Steering Committees need to keep in the forefront that they are training police officers who are task oriented. When possible, training for officers needs to be focused and “seeing” and “doing”. Officers respond well when taught “what to observe” and then “how to take the proper action”. Training that is more philosophical or theoretical will be less effective than practical or hands-on.

- Feedback
 - Develop a formal way to receive feedback from officers on the street. The program could benefit from a formal way to receive officer feedback on encounters that could then feed future trainings and role play development, as well as problem solve issues that may arise between the Criminal Justice and the Mental Health Systems.

- Mission creep
 - Mission creep occurs when too many of the core elements of the CIT Training are not included. CIT steering committees need to make sure they are doing “Crisis Intervention Team” Training and not “mental health” training. NAMI 6 County is encouraged to align closer to the Memphis Model and CJ CCoE’s recommendations for training blocks for the 40hr course.

- Training Blocks:
 - Mental Health Visitation
 - All the peer reviewers believed the lack of visitation, ride-alongs and “field trips” to mental health facilities should be addressed. Officers from other trainings around the State consistently say that these activities are the highlight of their week.
 - PTSD and TBI
 - Peer reviewers believe that PTSD and TBI are currently important topics to include in the 40hr training due to the amount of returning veterans officers will be encountering.
 - Role plays
 - Peer reviewers and Steering Committee members discussed the role plays during the on-site visit. We discussed escalating difficulty with scenarios, building upon de-escalation techniques, effective scenarios to practice de-escalation and how to implement them. Peer reviewers believe this is a very important block(s) in the week and must be scrutinized by the steering committee to see how they can continuously improve.

Core Elements of a CIT Program Model

- Ongoing Elements
 - Partnerships: Law Enforcement, Advocacy, Mental Health
 - Community Ownership: Planning, Implementation, Networking
 - Policies and Procedures
- Operational Elements
 - CIT: Officer, Dispatcher, Coordinator
 - Curriculum: CIT Training
 - Mental Health Receiving Facility: Emergency services
- Sustaining Elements
 - Evaluation and Research
 - In-service Training
 - Recognition and Honors
 - Outreach: Developing CIT in other Communities

Compton et al. (2011). *The Crisis Intervention (CIT) Model of Collaboration between Law Enforcement and Mental Health*. New York: Nova Science Publishers, Inc.

Steering committee members and peer reviewers agreed that NAMI 6 County's CIT Program at the County level is in the area of levels 5 and 6 on the CIT Program Evolution chart. We discussed the role of the steering committee at the County level compared to an operational CIT Program inside a police department. It appears that NAMI 6 County CIT is at a stage where they should be supporting police departments in their counties with developing a CIT Program. At this point, there are no CIT programs in a police department in Coshocton, Morgan, Noble, Muskingum, Guernsey and Perry Counties. Steering Committee members believed that Muskingum County is the most prepared to start developing CIT Programs. It was decided that the first two steps of developing these programs was to: 1. Obtain the name of a designated contact person for every department in Muskingum County that NAMI 6 County CIT can communicate with. 2. Develop a stat sheet for their program and begin the process of convincing departments to start using a statistical form for mental health encounters. Data collection is a critical part in program development and will assist the steering committee's efforts to further evolve from training to a program. Data collection can also lead to evaluating the overall impact the program is having on officer safety, citizen safety, and jail diversion.

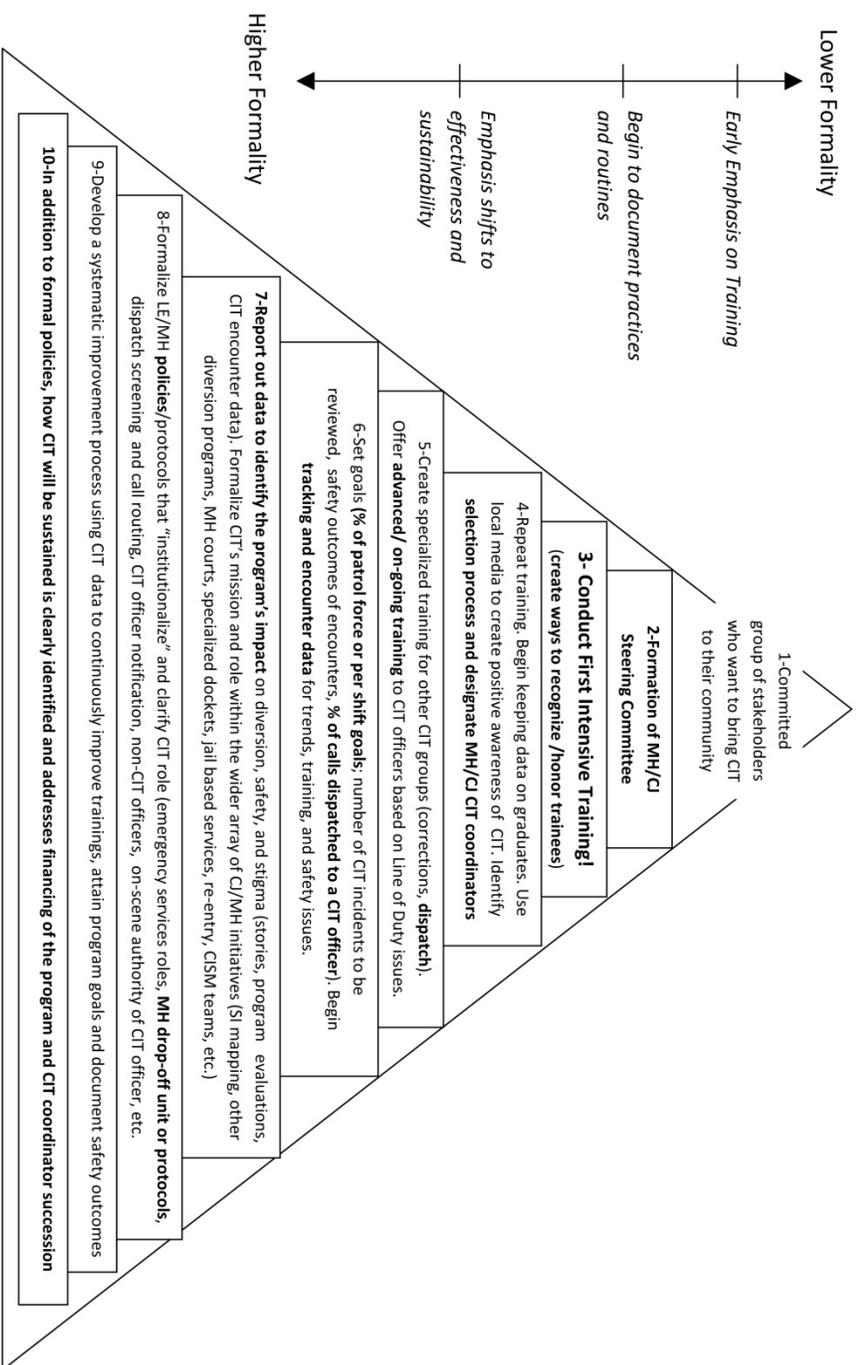
Copies of *The Crisis Intervention (CIT) Model of Collaboration between Law Enforcement and Mental Health* were provided to NAMI 6 County by the CJ CCoE.

Information on CIT Training and CIT Programs was placed into the Dropbox link below for NAMI 6 County to utilize:

<https://www.dropbox.com/sh/ackm3uhrf469hxe/nugzat6wYz?m>

Attachment H

CIT PROGRAM EVOLUTION



Peer Review Process

The review process consists of four phases:

1. Self-Assessment
2. Desk Audit
3. Site visit/ Meet with County designates
4. Written Summary of Review

Self-Assessment

The purpose of the self-assessment is to get individualized feedback on how a program rates its status on the core elements along with areas of strength and improvement identified by the county/program.

Desk Audit

The purpose of the desk audit is to provide the review team with background information on how the program conducts its CIT Training and implements its CIT Program. The desk audit also helps the review team shape the site visit. A desk audit checklist will be provided to interested counties along with the Self-Assessment Survey. Programs interested in going through the Peer Review Process would complete the Self-Assessment Survey, collect the desk audit material and send this to the CJ CCoE. The CJ CCoE would keep one copy on file and provide the review team with copies of the assessment and desk audit materials.

Site Visit

The purpose of the site visit is for the team to clarify issues learned from the desk audit and learn more about how the program is implemented within the context of the core elements. It can also be a time for the reviewers to clarify the elements and review process for those participating in the site visit. Finally, the site visit also serves as an exit interview in which the reviewers provide their initial impressions of their review. The review team will provide the strengths and areas of improvement for both the CIT Training and overall CIT program.

Written Summary of Review

The purpose of the written summary is to provide formal feedback on the results of the review. While the format of the final report has not been decided, the report should list the strengths and areas of improvements identified in the exit interview as well as listing specific recommendations by the review team on how fidelity could be strengthened and matching the recommendations with other CIT programs that may be able to provide more detailed technical assistance.