

## DRAFT Reveiw

### Recognizing Summit County's contribution to CIT

1. Summit County's rich history in bringing CIT to Ohio and birthing CIT in at least 8 other Ohio counties, 3 other states, Turkey and Sweden
2. Woody's participation with the CJ CCOE and as President of on CIT International.
3. Mark and Fred are on the Board of Directors of CIT International
4. Through Dr. Munetz an others efforts, research and publish info about CIT
5. Summit county is the CIT hall of Fame- Nationally recognized speakers presenting at the training (Fred Frese, Mike, Y., Woody, Dr. Muentz)

### Training Strengths

1. **History-** The Summit county partnership has a history of producing high quality, twice yearly trainings available to officers in Summit county for over 10 years that includes 24 CIT classes with over 463 trained officers.

2. **Training-** A review of the 40 hour training schedule shows that the curriculum contains a broad range of topics including an overview of mental illness, dementia, borderline personality disorders, crisis with kids, suicide, SAMI, developmental disabilities and PTSD. The training also contains topics on special issues including clients rights, use of the virtual hallucination program, Hearing Voices exercise, CIT and tactical safety, mental health courts, and site visits with ride alongs.

3. **Training material-** As part of the desk audit, Summit county provided a rich source of background material on mental illness and de-escalation (e.x., anatomy of a CIT officer). Flash drives are provided to each of the attendees with this information as well as the training PowerPoints and handouts.

4. **Training blocks-** The PTSD PP is very thorough and covers the major topics needed for officers, including what to look for and how to de-escalate, special considerations when working with vets, and how to provide psychological first aid. In addition the presentation on **Borderline Personality Disorders** distilled information very succinctly, had good graphics and information for officers on how to de-escalate.

5. **Evaluation-** The one training evaluation provided via the desk audit for the September, 2011 training was very positive, especially the field placements with CSS and visiting the facilities and presentations provided by Dr. Frese and Mike Yohe. None of the 20 students rated any of the sessions as "Poor" and the two segments receiving the most "Fair" ratings were Crisis with Kids and Mental Retardation and Developmental Disabilities.

**6. Role Plays-** Role plays are conducted at NEOCOM and the class is separated from the role players and actors. The program uses a combination of professional paid actors who are NEOMED students and CIT officers. during the scenarios. The class can hear and see the role plays on a video monitor. Officers are randomly divided into pairs, read the set up of the call and given five minutes to come up with a strategy to address call. Michael Woody and Michael Yohe facilitate the role plays stopping and starting them again as the situation warrants. Role plays can last up to 20 minutes as up to 4 different pairs of officers may cycle through the encounter. Actors can be fed information by the facilitators during the role play. At end of role play, the actors come into room and give feedback to the officers. An evaluation of each student is prepared by Sgt. Yohe, Dr. Muentz, M. Woody, and the actors and shared with group. This is a nice tool to organize the facilitation and key in on the skill set. Each officer goes through two encounters, once taking the lead and once performing as back-up.

## **Program Strengths**

**1. Mental health/Criminal Justice Collaboration-** Through the leadership of the Summit County ADAMHS Board and the efforts of Dr. Mark Muentz, Summit county has fostered a very strong relationship with other mental health and criminal justice partners. The Northeast Ohio Medical University (NEOMED) continues to also be a strong partner in the counties overall CJ/MH efforts, strengthen not only CIT but other initiatives through the Coordinating Center of Excellence in Criminal Justice. The ADMHS Board contracts with NEOMED to operate the Center. Presently, the city of Akron and Stow operate mental health courts and Akron municipal court also operates a Drug court, a DUI court, and a common plea felony drug court.

**2. CIT Support-** The Summit County ADAMHS Board is a huge supporter of the county's program. Not only is the Board's Chief Clinical Officer very involved in the oversight of the program, but three additional ADAMHS staff participate on the Training Committee. In addition, contract providers have 6 members on the training Committee and are actively involved in the actual training. The Psychiatric Emergency Services facility provides a one-stop, no reject admission policy for officers. The ADAMHS Board provides in-kind (via copying and preparing training materials) and actual funding for the trainings. The local NAMI, Akron PD, and the SCSO are also represented on the Training Committee.

**3. CIT Coordination –** Summit county has several CIT champions and there is strong and active mental health and LE program coordinators. Summit County, through their relationships with the CJ CCOE also plays an active role in preparing and conveying the state coordinators meetings.

**4. CIT Coordinators Meetings-** The CIT Coordinators in Summit County meet twice yearly and have been meeting for three years. Of the total 26 law enforcement departments, seven coordinators attended in March. This forum is used to provide current events to the coordinators, strategize program development issues like data tracking,

general troubleshooting, and updating the active list of CIT officers. This is a great way to not just monitor program development but support the needs of the coordinators.

**5. Akron PD Policy-** In May of 2010, the Akron Police Department implemented a very thorough policy that addresses Emergency Mental Illness Procedures and identifies the roles of the responding officer, how to request a CIT officer, transport responsibilities, dealing with juveniles, and the mental health systems Duty to Protect. Included in this policy is the expectation of completion of the department's encounter form.

**6. Encounter Data-** The Around PD has been implementing a CIT Tracking form for many years and has a rather extensive database of CIT encounters by Akron officers. The programs self assessment noted that Norton PD is also tracking encounter data.

**7. Training Data-** The CIT Coordinator for the county has an excel spreadsheet that is used to track every single officer that has gone through a CIT training since the program's inception in 2000. This data is broken out by LE departments and is very thorough. This database is updated annually at Coordinators meetings to identify active duty CIT officers.

## **Training Suggestions**

**1. Consider "formalizing" the CIT Curriculum.** Making the training more explicit aids in clarifying what each block of the training aims to accomplish and also makes for easier transitions should CIT trainers and coordinators change over the years. Formalization includes creating "lesson plans" and training objectives (Student performance objectives) for each block of training (similar to what has been done for the de-escalation block) as well as writing up how the role plays are facilitated and the process employed to critique and evaluate the scenarios.

**2. Interactive learning-** The evaluations had several comments related to the use of PP 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.

**3. Training content and relevancy to the street encounter-** Consider reviewing how the training content is weighted over the 40 hours. In the September training, a full 8 hours was dedicated to content on special populations (3 hours on mental illnesses, and an hour each on Borderline personality disorders, Dementia, MR/DD, PTSD, SAMI). Many of the presentations provided great detail on clinical issues and diagnostic information and provided in depth information on medications that may not be relevant to the street encounter.

For example the presentation on Dementia contrasts dementia with delirium and gets into differential diagnosis and some rather specific clinical information (e.g., neurological abnormalities, metabolic issues). Much of the content of the SAMI presentation included

the DSM definitions of substance use disorders, facts and figures related to the SAMI and the IDDT model but provided no information to officers on what to look for and how to respond to the medical emergency that withdrawal creates and had nothing on how an officer de-escalates the SAMI client. No presentation information was provided to the reviewers on the MR/DD block.

**4. Diversity training block-** Take into consideration the diverse population of Summit 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.

**5. Legal block-** In the training course provides extensive information on 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 a liability reduction training.

**6. Role Play-** The Training Committee may want to review the pros and cons of only offering ten scenarios in which 3-4 sets of officers cycle through. More scenarios will allow the practice of the skill set and the observation of a greater array of police encounters. There are fourteen role plays that were prepared for the September training- though only ten provided to the reviewers and these did not match what was listed on the role play schedule. Of the ten provided, there were no jail specific scenarios or adolescent specific scenarios. None of the role plays included an encounter where the subject was highly belligerent, nor did any of the scenarios include the presence of a weapon. There were no scenarios related to de-escalating a veteran and no scenarios involving family members who can be acting in a helpful way in providing needed information to the CIT officer

**7. Evaluate impact of training** on officer knowledge/ attitude- Consider implementing ways to test the knowledge/attitudes of the officers going through the training. Some CIT programs do this by having the officers complete pre/post survey with questions related to their perceptions and readiness to de-escalate special populations calls. Other programs provide a written test as part of the week long training to see what content officers have retained about the course learning objectives. Other programs use more subjective means to evaluate the impact of the training through post training surveys that are sent 4-8

weeks after training to CIT graduates to solicit their feedback on the training in general and the use of their skill set.

**8. Consider providing local advanced training-** While some advanced training is offered within the Akron PD and through the State CIT conference, 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.

**9. Specialized Training for dispatchers and corrections officers-** While efforts are made within the 40 hour block to accommodate dispatchers. Since CIT's inception in Summit county, 4 dispatchers have gone through the intensive training (A four hour dispatch training is provided by Summit county but no information was provided to the reviewers on this training's content our numbers of dispatchers going through the training).

The Training committee may want to have break out sessions for corrections officers. For example teaching about suicide and legal issues are very different for correction officers than for street officers. Having only two jail-based role plays for corrections officers does not expose the corrections officers to a range of booking and cell block encounters.

While the only jail or prison in the county is the county jail, corrections officers are not tracked separately and so it unclear how many corrections officers are trained CIT officers. Sheriff's deputies are also assigned to the jail and the CIT coordinator's estimate is that at least half of the corrections officers are CIT trained.

## **Program Suggestions**

*As CIT develops beyond training and into a full fledged diversion/risk reduction program, the essential elements should become more formalized with written polices, procedures, protocols, data collection, and evaluation processes that help build a solid foundation that can better position the program to weather funding and leadership cycles.*

**1. Program development oversight versus training oversight.** The Training Committee focuses almost exclusively on training and meets twice each year. While the Coordinators meet twice yearly as well, there may not be enough time dedicated to monitoring and growing the CIT programs throughout the county. While Akron has a well developed CIT program, no other jurisdictions have collected and reported data on CIT encounters or have developed policies supporting CIT officers on the scene.. If program development is to occur at the CIT coordinators meetings, more support for their efforts may need to occur. Possibly the Training committee and the Coordinators group

can come together to review and plan their respective roles in expanding the CIT program into other LE jurisdictions.

2. **Committee Composition-** Consider reviewing the current composition of the Training Committee; it has representation from Akron PD and the SCSO but has no other LE representation.

3. **Involve CIT graduates-** Consider creating opportunities for the CIT graduates to give back. New CIT officers are not brought into the training committee and are not used as instructors in the training or to assist with de-escalation.

4. **Use the data that the programs are collecting** for trends, informing future trainings, and attainment of program goals. The county use to aggregate annually encounter data but stopped doing this in 2008 and these summaries did not report out on techniques used or injuries sustained even though both are tracked on the encounter form.

5. **Evaluate the impact the program is having-** The next step after aggregating the data would be to report out on the program's impact. Reports can be formatted to highlight the impact that CIT is having on safety, jail diversion, and treatment access. Such reports can be provided to the funders supporting the program as well as a recruitment tool for those law enforcement jurisdictions not yet participating.

6. Consider developing a **crisis communication policy** 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 inquires and the role of the supporting actors (ADAMHS Board, NAMI, etc.) and accurate information related to mental illness and violence.

7. **CIT recognition-** One of the core elements is to develop a means of formally recognizing an outstanding effort made by a CIT officer or instructor. While the ten year anniversary pin provided to CIT officers is a very nice touch, the county has not set up a process by which they honor deserving officers/ corrections officers, instructors, CIT coordinators, administrators etc. with celebrations and awards in their own community. This can attract the attention of the local news media and provide more PR for the program for those LE agencies who have not participated.

8. **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 MH/CJ collaborative.

## **CORE ELEMENTS OF A CIT PROGRAM**

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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.

# CIT PROGRAM EVOLUTION

