Lorain County CIT Peer Review

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Lorain County CIT Training Statistics

A. The Peer Review Process

In volunteering for this Peer Review, Lorain County is joining over 26 other counties who have undergone this same process which is supported by the Ohio Criminal Justice Coordinating Center of Excellence (CJCCOE). The CJCCOE 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 and Addiction Services 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 CJCCOE desires to work with Crisis Intervention Team (CIT) Coordinators across Ohio to strengthen our collective understanding of the core elements and emerging best practices. One vehicle of doing just that is through a "Peer Review Process," a voluntary, collegial process of identifying and coalescing the best elements of CIT programs from across the state and country.

The Peer Review process is built from the *Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs* which identifies 15 ideal elements that local programs should strive for (available on the CJCCOE website https://www.neomed.edu/cjccoe/cit/getting-started). The process consists of four parts; a Self-Assessment conducted by the county under review; a Desk Audit that provides details on the program and training curriculum, a Site Visit by a team of reviewers; and a Written Report summarizing the reviewer's observations.

A telephone conference call was held on October 9th among reviewers and these representatives of the Lorain County CIT Steering Committee: Sgt. Bob Brown, City of Lorain Police Department, Vicki Montesano, Community Services Director at the Mental Health, Addiction, and Recovery Services (MHARS) Board, and Franca Curci-Winiasz, Manager of Client Access Services at the NORD Center. During this call the reviewers discussed the content of the training and some of the barriers related to collecting information and analyzing CIT encounter data. These topics are addressed in more detail in this report.

The site visit was conducted on December 10th by Officer Jeff Futo and these members representing the local CIT program:

Melissa Fisher, Pat McCaslin, Robert Brown, Ryan Warfield, Brandon Pool, Deena Baker, Christine Robinson, Arielle Edwards, Mike Eppley, Michael Schmidt, Josh Poling, Paul Hruby, Franca Curci-Winiasz, Anthony Medina, Kenneth Collins, Brooke Sherman, Tim Barfield and Dan Fishbach

This final report is a synthesis of what the reviewers found after studying the program self-assessment, conducting the telephone conference call, consulting with the designated Lorain County CIT staff and attending the site visit.

B. Lorain County CIT Background

Lorain County has participated in several initiatives related to the behavioral health and criminal justice partnership. In addition to the Sequential Intercept Mapping, the county has several specialized dockets/courts, is participating in the Stepping Up program and has developed CIT trained outreach officers through the Adult Probation Department. The local CIT program benefits from the support and involvement of a variety of law enforcement (LE) agencies in the county. With over 16 LE jurisdictions across the county, the participation of several of the largest jurisdictions (Lorain County Sheriff's Office (SO), Lorain Police Department (PD), and Elyria PD) is a critical aspect to the overall success of the CIT program. The CIT coordinators throughout the county work with a steering committee that is staffed by representatives from both the MHARS Board and the Nord Center. The county has provided 19 core trainings since the inception of the program in 2002. The core training is held each year and is open to corrections, probation, parole, hospital security and EMS staff.

Through April of this year, according to the data provided by the county, the number of CIT trained full-time Ohio sworn peace officers is 277 which represents 41% of the 678* law enforcement officers throughout the county. Of the 277, 51% (141) come from a combination of Lorain PD, Elyria PD and the Lorain County SO. For a listing of the County's trainees as compiled by the CJCCOE since the program began, see Attachment # 1.

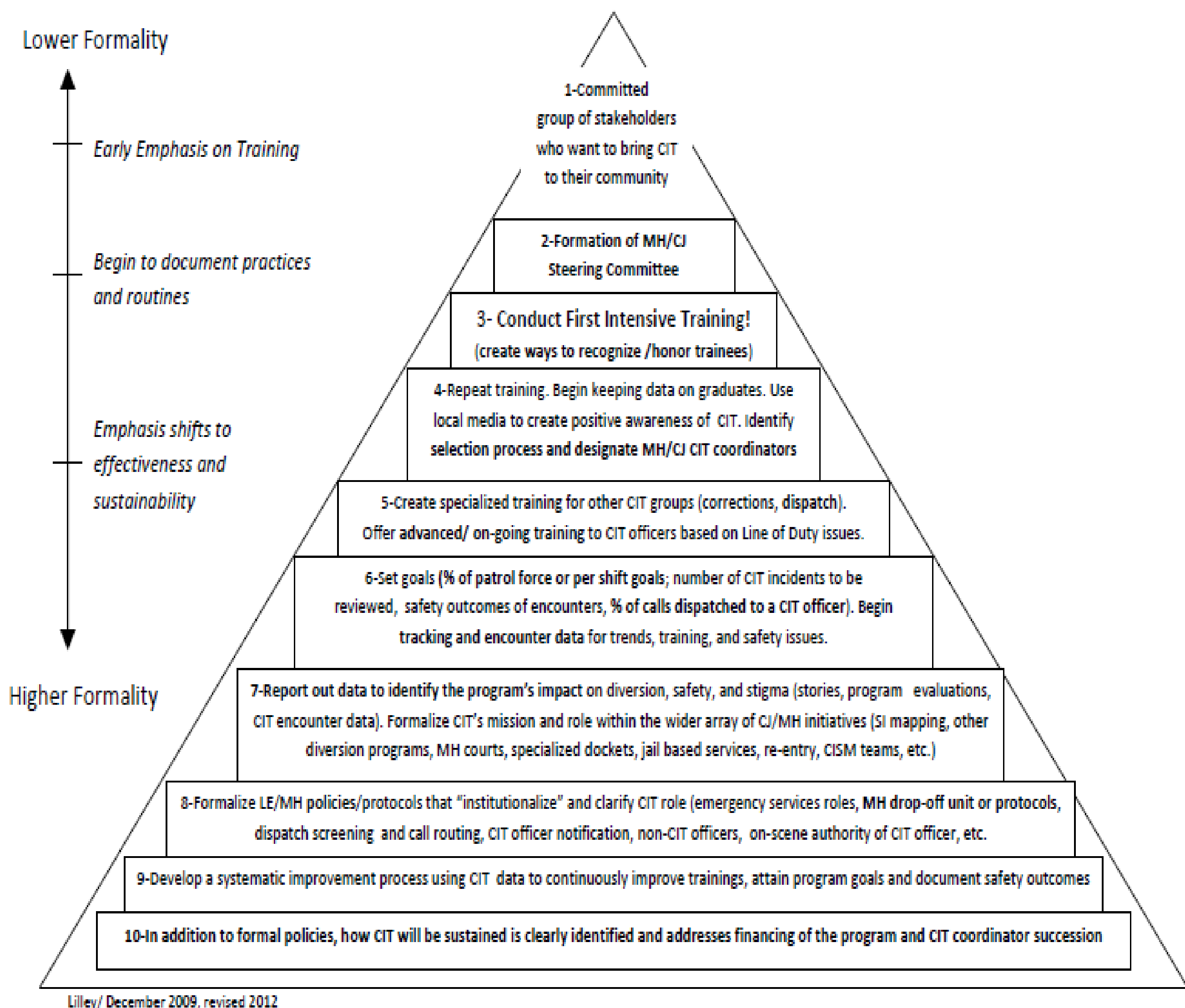
**From the Ohio Collaborative Community Police Advisory Board 2019 Public Report.*

C. CIT Program Evolution

Most developing CIT programs go through common growth stages. Starting with a committed group of people who 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. While the success of any program is impacted uniquely by each community's leadership commitment and resources, the CIT "Program Pyramid" depicts common stages of program development (see next page). As part of the peer review process, the reviewers assess the county's program at the 5th stage of development: Holding annual core and specialized trainings.

But CIT is more than just training. It is a program that saves lives. Where sound CIT programs exist that include things like formalized department-level policies and the systematic collection and analysis of encounter data, the impact of CIT programming on a community can be evaluated. The main goal of CIT as a risk reduction program is to increase officer and consumer safety and divert individuals with mental illness from jails to gain quicker access to much needed treatment services.

Because Lorain County is not yet at the point of having program elements like those listed beyond the 5th stage, this report will be formatted to stress the reviewers' assessment of the strengths and suggestions for improvement of the CIT training as well as outlining recommendations that address continued program development through the subsequent stages. The ultimate test of this Peer Review Process will be if the report helps the County's CIT partnership to strengthen its program.



D. CIT Training Suggestions

Staff from the Lorain County program worked with its LE agencies to complete individual self-assessments of their CIT program. During the conference call, the reviewers asked the Lorain representatives to identify the major strengths and areas of improvement for the overall county program. Strengths listed were the involvement and collaboration of steering committee members and the commitment of the participating LE agencies. The reviewers agree and note these strengths about the training.

A review of the week-long training schedule shows a range of topics including core trainings on mental illness, de-escalation principals, and role plays. Evaluations for the most recent training were provided for the reviewers and, while the format of the evaluations was not session specific, the attendees noted the consumer panel, the ride-alongs, principals of de-escalation and the scenario training blocks as impactful.

This section of the report will cover these two areas: suggestions reviewers are making related to the training content and how the training is provided. As Lorain County works to improve its CIT Course, the CJCCOE has collected a variety of CIT resources including, sample curriculums, encounter forms, evaluation reports, LE CIT policies, examples of specific training PowerPoint slides, and other resources from programs throughout the state. The CJCCOE also maintains a lending library of videos and curriculum material available for loan to CIT programs. The website can be reached here http://www.neomed.edu/cjccoe/cit/.

TRAINING CONTENT

1. Review the training content for a balance between primary and secondary training sessions.

CIT programs should seek to develop the "right" balance of training sessions within the total 40 hours and the planning committee should review the overall curriculum to make sure that core training is offered in balance with other trainings. This is one way programs guard against "mission creep". Core or primary training are those sessions that teach the de-escalation skills, role-plays and sessions related to mental illnesses from the consumer, family, and professional perspectives. While there is no core element that defines what the balance is, the Bureau of Justice Assistance has published: ***Effective Community Responses to Mental Health Crisis: A National Curriculum for Law Enforcement Based on Best Practices from CIT Programs Nationwide*** which offers this overview***:***

Effective Community-Based Responses to Mental Health Crisis: A National Curriculum for Law Enforcement
Based on Best Practices from CIT Programs Nationwide
40-hour Curriculum Matrix \| Based on University of Memphis CIT Matrix

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00	M1 | **Administrative Tasks:** Welcome & Overview	M8 | **Mental Health Didactics:** Personality Disorders	M10 | **Mental Health Didactics:** Disorders in Children, Youth, and Adolescents	M17 | **Mental Health Didactics:** Post-Traumatic Stress Disorder	M21 | **De-Escalation:** Scenario-Based Skills Training
8:30	M2 | **Research & Systems:** CIT Overview				
9:00	M3 | **Mental Health Didactics:** Schizophrenia, Psychotic, & Bipolar Disorders	M9 | **Mental Health Didactics:** Neurodevelopmental & Neurocognitive Disorders	M11 | **Mental Health Didactics:** Psycopharmacology	M18 | **Mental Health Didactics:** Suicide	
9:30					
10:00		**Site Visits**	M12 | **Mental Health Didactics:** Assessment, Commitment, & Legal Considerations		
10:30				M19 | **Community Support:** Community Resources	
11:00	M4 | **Mental Health Didactics:** Depressive Disorders		M13 | **Law Enforcement:** Policies & Procedures		M22 | **Law Enforcement:** Incident Review
11:30			M14 | **Law Enforcement:** Liability & Other Issues		
12:00	**Administrative Tasks:** Lunch				
12:30					
1:00	M5 | **Mental Health Didactics:** Substance-Related and Addictive Disorders	**Site Visits**	M15 | **Community Support:** Veterans & Homelessness	M20 | **De-Escalation:** Scenario-Based Skills Training	M23 | **Community Support:** Advocacy
1:30					
2:00					
2:30	M6 | **Mental Health Didactics:** Disruptive, Impulse-Control, & Conduct Disorders		M16 | **De-Escalation:** Scenario-Based Skills Training		
3:00					M24 | **Research & Systems:** Evaluation
3:30					M25 | **Administrative Tasks:** Graduation & Presentation of Certificates
4:00	M7 | **Community Support:** Advocacy, Cultural Awareness & Diversity				
4:30					
5:00					

The reviewers recommend that the local committee review the current training within the context of this best practice model. Secondary sessions related to other types of disorders or populations and community events or services are important but should not crowd out the time dedicated to the core offerings. Some blocks of the local training included material that officers receive in other trainings (e.g., domestic

violence and drugs of abuse) or are not core subject matter for CIT (trauma informed care, virtual jail tour, assisted outpatient treatment, adult probation, adult protective services and guardianships). These blocks of training can be excluded or key sections integrated into other presentations as they relate to what officers need to know when identifying and calming someone in a crisis.

2. Review all special populations segments of training for its relevance to the street encounter.

All sessions should be filtered through the lens of its relevancy to the officer during a crisis encounter with someone with mental illness. CIT programs should teach officers about mental illnesses NOT by educating them solely on clinical conditions, labels, medications, or diagnoses BUT with an emphasis on the *observable characteristics of the conditions*. This is particularly critical when it comes to teaching officers about the potential unpredictability related to conditions such as psychosis/delusions, alcohol withdrawal, or Excited Delirium. This focus on observable characteristics and officer responses goes to the goal of any CIT course: to increase safety by teaching officers what to look for and the verbal and non-verbal communication skills needed to diffuse the situation.

The Lorain County PowerPoint on Developmental Disabilities was well organized to address observable characteristics and strategies for interacting and calming crisis situations with autism. The training on Dementia also had many descriptive slides on what officers should and should not do/say within encounters (perhaps some video can be used showing some of the verbal and non-verbal characteristics of autism, Downs and/or Dementia to re-enforce the observable characteristics of these conditions). And the session on children's mental health explores how de-escalating kids/families is different than adults and how family interactions and peer influences may affect the officers' ability engage in a family crisis.

However, the reviewers noted that several of the other blocks provided more clinical/medical information than observable characteristics. For example, while knowledge about the ten types of personality disorders and how to treat them may be important, relevancy for CIT is in how to identify and calm a crisis situation or potentially argumentative or manipulative styles of communication. Likewise, the content of the Dual Diagnosis presentation was heavy on drugs of abuse and treatment approaches. Usually these sessions include what officers should do if they suspect someone is under the influence based on speech or physical conditions, the assessment phase should include officers asking questions about what and how much was consumed or injected. CIT trainings also assist officers in treating these types of encounters as possible medical emergencies. Content is usually related to training on what observable characteristics of withdrawal from different substances looks like and an emphasis on quickly involving medical services.

Two things that can help programs focus their training content to CIT relevancy is formalizing the entire curriculum by including training objectives (this is covered in the next section) and adopting a specific teaching model related to de-escalation.

3. Consider adopting teaching models to strengthen how the de-escalation block is taught

The de-escalation PowerPoint contains all the relevant information officers need to build their communication and safety skills. However, there is no clear way that all this information is synthesized to help officers understand the phases of encounters and what to say and do across the variety of special populations crisis. Many programs have developed or adopted teaching "models" to emphasize the phases of an encounter such as: the EAR Model- Engage-Assess-Resolve and adaptions to this model SEAR, (Safety-Engage-Assess-Resolve) and NEAR, (Neutralize-Engage-Assess-Resolve) Some counties use the ALARM model of communicating with individuals in crisis as well as models that more specifically tie in the type of special populations encounter with the type of communications skills that

might be warranted like the LOSS model that groups all special populations crisis into communications styles that must address either a loss of hope, a loss of perspective, a loss of reality, or a loss of control.

Likewise, some programs also use teaching tools/acronyms within the suicide training lesson. While a training video from the ASSIST model was used in the local training, it does not appear that that model was further used in the suicide training. A lot of the suicide training content seemed to focus on limiting access to firearms and not as much content on the specific detail of what officers need to know about the phases of these encounters (Question, Persuade, Refer) or assessments of intent (LAST-Lethality, Availability, Specificity, Time).

The more the committee can make explicit the specific skills sets they want the officers to learn through the role playing, the better. For example, if adopting the SEAR model, role play facilitation should be done in a way that involves a critique of the absence or presence of actual Safety, Engagement, Assessment, and Resolution skills displayed by the students while role playing the various scenarios.

4. Incorporate in the mental illness/de-escalation blocks information related to handling potentially dangerous situations.

Several areas should be incorporated into the mental illness/de-escalation blocks of the training to include: Anosognosia, factors related to unpredictability within special population encounters, and how to de-escalate potentially dangerous encounters involving psychosis/delusions and encounters with people who have combat training (veterans and military personnel).

Anosognosia is the condition that is related to the lack of insight that one has about their own illness and is an important training topic for these reasons: It helps officers further understand the brain/chemistry aspects of mental illnesses, it is a major reason why many of those with psychotic disorders do not comply with treatment; and, because of this, it is a factor related to the subset of individuals who are at a greater risk of unpredictability in police encounters. Many CIT programs include information about Anosognosia in sessions related to dangerousness, psychosis, or as a subset of schizophrenia. The training on mental illness should also emphasize the full subset of factors related to the most unpredictability for officers from the literature (a person not in treatment, abusing other drugs, male, having a psychotic disorder, etc.).

Also needed is more specific information on how officers respond to potentially dangerous calls involving excited delirium, psychosis and delusions, and encounters with veterans or current military personnel who may have specialized combat training and/or be armed with a weapon.

5. Expand the focus of the legal block of the training

While there is emphasis on crisis services and a focus on the pink slip process, there is no content that reviews relevant case law related to the legal use of force standards and deliberate indifference, (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. Such cases help to define CIT as liability reduction training by providing the context for CIT's less authoritative de-escalation approach.

Expanding the legal block to include information on assisted outpatient treatment (AOT) may also prove beneficial to officers. Many police officers are unaware of the laws pertaining to AOT and how the courts can mandate different levels of treatment on an outpatient basis. If officers become familiar with these services, they can share how to access them with the family and friends of people experiencing a mental health crisis.

How Training is provided

1. Develop a CIT officer recruitment process

There is a core element related to voluntary recruitment of officers using a formal application process. Full-Time Patrol Assigned officers & School Resource officers should be a priority to become a CIT officer. They should have at least 3 years of experience, have leadership skills, be emotionally mature, and be recommended by one or more supervisors. Their personnel file should not have recent disciplinary actions or founded complaints. An interview process should take place with one or more supervisors before being accepted into the 40-hr. course (one of which should be the department's CIT Coordinator). They also would agree to wear the CIT pin, handle these additional calls for service, and diligently fill out and turn in CIT Stat Sheets when handling mental health calls.

2. Keep a class size of 24 students per training

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 but often role play twice allowing plenty of time for student-officers to practice the de-escalation skill set.

3. Consider "formalizing" the CIT Curriculum (CJCCOE).

Making the training more explicit aids in clarifying what each block of the course aims to accomplish and makes for easier transitions should CIT instructors and coordinators change over the years. Formalization includes creating lesson plans and training objectives (Student Performance Objectives) for each block of training, as well as writing up how the role-plays are facilitated and evaluated. Such formalization can help address mission creep and relevancy to the street encounter as the sessions become more explicit and justified based on the adopted student learning objectives.

4. Introduce more scenario-based training earlier in the week

Scenario-based training is an effective way to teach and re-enforce the skill set that officers need to safely de-escalate encounters. Many CIT programs are providing more opportunities to role-play by introducing scenarios earlier in the training and within context of sessions offered on communication and/or special populations. For example, when teaching the students about psychosis, a role play involving a person exhibiting delusions or hallucinations can be introduced. Likewise, when teaching about suicide intervention, a role play can be used to test initial engagement efforts.

5. Consider additional involvement of consumers and family members

Some CIT programs incorporate more of the consumer perspective on some of the core training topics of suicide or medication adherence. For example, the presentation on medications could be enhanced by having several consumers who are on various medications talk with the officers on why they take (or don't want to take) their prescribed doses and the side effects they experience.

6. Revise the training evaluation form

The Lorain County program provides an evaluation at the end of each day of the training; however, the format is not session specific but specific to the overall day, so students are not asked to give an evaluation of each of the training session blocks. The Steering Committee can get more focused information related to what the students are connecting to in terms of content and presentation styles. It would be helpful if the training data were summarized to look for trends and themes across the evaluations and use this to impact the development of future trainings.

7. Evaluate the impact of training on officer knowledge/attitude

The Lorain County program may consider the use of a pre-test/post-test as part of its training to identify the change in knowledge and attitudes of the officers going through the course. The pre-training is given to students prior to starting (or the first day of) the CIT class. The post training can be given on Thursday of training week and the results used to provide feedback to the class. This is an important evaluation on the overall impact the training is having on officers. The survey can be formatted on a point-scale so that changes in answers can be identified and may include questions like this:

1	*2*	*3*	*4*
Not at all prepared	*Somewhat prepared*	*Moderately well prepared*	*Very well prepared*

(Please explain your ratings)

How prepared do you feel dealing with a person experiencing a mental health crisis?

How well prepared do you feel speaking with a suicidal person?

How well prepared do you feel de-escalating a person seeing or hearing things that are not real?

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8. Implement a post-training survey

Feedback from law enforcement officers of successful CIT interventions on mental health calls is a valuable part of evaluating the overall training. Some CIT communities provide a post-training survey to assess the continuity of skills learned at the training with actual encounters after the training. Consider sending a post-training survey 12-14 weeks after the CIT course to solicit the feedback of graduated students and the use of their new skill-set. The survey can build on the programs post-test questions and may include questions like:

A. How have you been able to use your CIT de-escalations skills since graduation?

B. Do you believe CIT training has improved your safety? Ask for examples.

C. Can you provide examples of actual Engagement or Assessment skills you successfully or unsuccessfully deployed?

D. In seeking safe resolutions with a variety of special populations, are there any types of calls or encounters you still feel you need more training on?

E. Please share an instance where the training you received has been useful in your job.

9. Strengthen scenario-based facilitation

Lorain County has a range of role play scenarios used in the training and each of the student-officers goes through two role plays that are facilitated by a LE officer. Officers are assigned in groups of two in the same manner that they might go out in the community in their respective districts. Following the role play, the facilitator provides feedback to the officer team. A more formal approach can be used to put more emphasis on the specific skill set that highlights the CIT approach.

10. Consider providing advanced training

Since the county began providing training in 2003, there have been no local advanced or refresher trainings offered for the CIT graduates. The 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. You may want to send out a questionnaire to CIT graduates asking them what they could use more education on?

E. CIT Program Development Recommendations

1. Assess how best to use the Planning Committee to grow the program

The CIT Steering Committee meets about four times a year in preparation for the annual training. Each of the county's participating LE agencies' CIT coordinators are assigned to the committee, and the composition of the committee does not include representation from consumers.

The CIT pyramid mentioned earlier in this report, illustrated how the program development phases 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. This increase in formalization usually means a greater level of collaboration across the Criminal Justice/Behavioral Health partnership and a revitalized role for the Steering Committee to begin addressing the implementation of recommendations like those found within this document.

2. Collect Encounter Data

While the county implements a CIT encounter form, it is not widely used and the actual form does not collect data on safety, jail diversion, and the outcome of the encounters. The Peer Reviewers think this should be one of the first priorities that the law enforcement and behavioral health systems commit to act on. Formal tracking mechanisms to collect and summarize CIT encounter data across participating departments 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), track the percentage of CIT officers dispatched to a CIT call and provide data to inform future core/advanced trainings. This would be helpful in cases of litigation and grant requests. 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 and 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. If the county can recruit one willing LE department to pilot the data collection it may make the task more manageable and set the tone for other departments to follow suite. The CJ CCOE has several examples of encounter data sheets and sample reports available for the Lorain County program.

3. Implement policies and procedures that support the CIT program (CJCCOE)

The peer reviewers were provided with a policy by the Elyria PD. Past this policy, the Lorain county representatives were unaware of the existence or implementation of other CIT specific policies.

The reviewers recommend that a more comprehensive approach be taken by the Steering committee to include the review of model and existing CIT policies from other LE agencies. Some of these policies can help LE agencies who are seeking or maintain CALEA certification. Policies and procedures that support the implementation of CIT should be developed across participating LE agencies. Such policies often touch on the role of the crisis intervention officer and scene management, the implementation of encounter data collection, goals related to the percent of officers trained, how dispatchers route calls to CIT officers, the involuntary commitment process, and the hand-off of individuals with mental illness to the mental health system when hospitalization is not warranted. This will help move their training into a true diversion/risk reduction program. In addition, more formalization related to how both law enforcement and the behavioral health system delineate the roles and functions of each system's CIT coordinator is recommended, including how new ones are recruited to keep continuity across the program. The CJ CCOE has several samples of policies available for review.

4. Review liability with respect to emergency hospitalization

In Lorain County, both health officers and law enforcement officers initiate the "pink slip". The reviewers suggest that the county get legal consultation on its implementation of 5122.10 ORC to see if law enforcement liability can be lessened. The concern is that not ALL officers provide written statements after taking individuals involuntarily to a hospital to be evaluated. The detaining officer should do the required documentation of probable cause when breaking the civil liberties of an individual with mental illness. The "pink slip" form provided by the Ohio Department of Mental Health and Addiction Services is one way to accomplish this. The peer reviewers have noted some instances in other counties where LE completing the emergency hospitalization form even on voluntary clients who meet the criteria provides leverage in those rare cases when someone changes their mind while at the hospital.

5. Recognition process of the training and program

The Lorain county program has recognized officers in the past and should continue this. Public ways to acknowledge the CIT program builds local comradery and strengthens the behavioral health/criminal justice partnership by bringing positive attention to the program. In addition to recognizing CIT officers, some programs recognize outstanding instructors, chiefs, sheriffs, coordinators, dispatchers, correction officers, and agencies.

6. Strengthen how CIT officers are being routed to CIT calls

The emergency rooms at the closest hospitals are being used as the place where officers are taking clients in crisis. Because of the lack of a no-rejection drop-off point available to law enforcement, sometimes jail may be used to address individuals with mental illness that have engaged in disorderly conduct or related crimes. Short of having such a facility, the planning committee should ensure that the trained officers are

the ones responding to the most difficult special populations calls. With specialized training for dispatchers in the planning stages, the requests for CIT officers will likely increase, and making sure dispatchers are clear on when to send a CIT officer will be crucial to having that officer work within the system to divert individuals with mental illness form jails.

Attachment #1: Lorain County CIT Training Stats

Lorain County (16 L. E. Agencies) 20 courses held
Updated for retirements, etc. 5/12 (4 total dating back to 2003) = .04%
9 officers from Amherst PD (41%)
12 officers from Avon PD (55%)
19 officers from Avon Lake PD (66%)
40 officers from Elyria PD (49%) *(1 trained in Summit County)*
4 officers from LaGrange PD (50%)
1 officer from Grafton PD *(20%)*
54 officers from Lorain PD (57%) (plus 2 Aux.) *(1 trained in Summit County)*
30 deputies from Lorain County S. O. (39%) *(1 trained in Cuyahoga County)*
10 officers from North Ridgeville PD (28%)
6 officers from Oberlin PD (35%)
4 officers from Sheffield Lake PD (44%)
6 officers from Sheffield Village PD (31%)
1 officer from South Amherst PD (100%)
4 officers from Wellington PD (661%)
Non-Participating L. E. Agencies: Grafton PD (5); Kipton PD (0);
Colleges
6 Security officers from Lorain County Community College
Court/Corrections
7 probation officers from Lorain County Adult Probation
23 correction officers from Lorain County Sheriff's Office
6 correction officers from Lorain PD
65 correction officers from Lorain State Penitentiary ODRC *(3 Trained in Franklin County)*
1 City of Elyria Judge
Dispatchers
5 dispatchers from Elyria PD
Medical Transportation
15 employees of Life Care Ambulance
Ohio State Highway Patrol
1 trooper from the Lorain Post
Parks Rangers
17 Lorain County Metro Parks Ranger (100%)
Other Counties
5 officers from Vermillion PD (Erie County)