Mahoning County CIT Peer Review

April-May 2018

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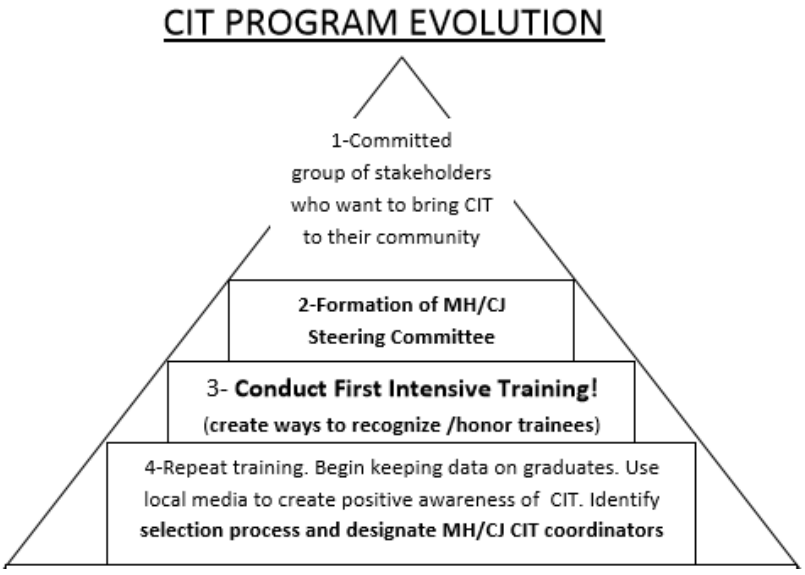
Organization of CIT Peer Review Report

Attachments

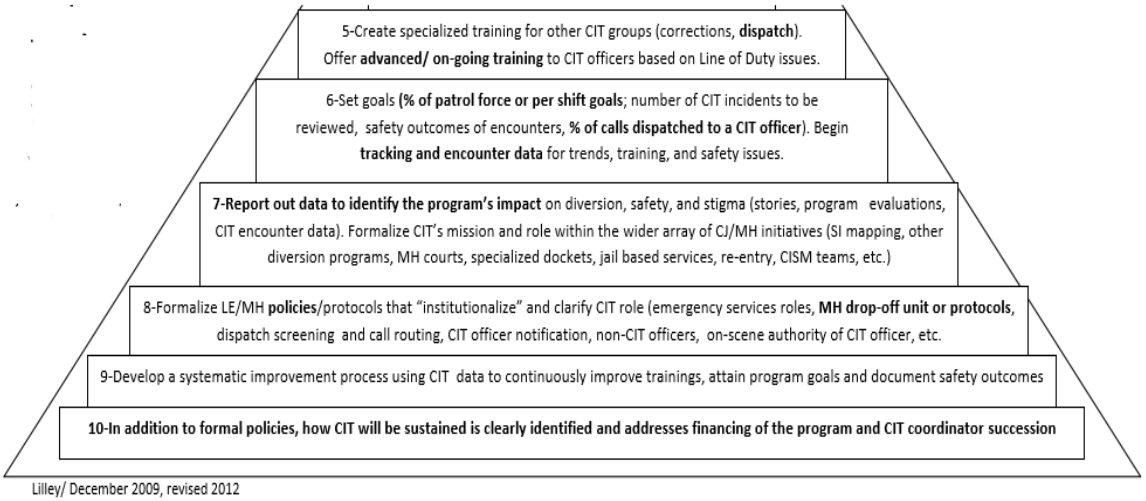
A. INTRODUCTION

Developing CIT programs go through common growth stages. From its inception to a committed group of people that bring an initial training to their community, to a policy driven, data rich CIT program, the "Core Elements" (see attachment B) provide a way to guide the growth of programs. In volunteering for this Peer Review, Mahoning County is joining over 23 other counties who have undergone this same process. This formal review provides a "blueprint" of CIT program growth unique to Mahoning County.

While the success of CIT program development is impacted uniquely by each community's leadership commitment and resources, the CIT Program Pyramid (below) depicts these common developmental stages. Early emphasis through the first 5 stages are building a foundation to get officers selected and trained. As the illustration below shows, the county has achieved a significant milestone by reaching the fourth phase in their CIT program development.



Mahoning county has a history of providing CIT trainings. But CIT is more than just training. It is a program that saves lives. Where sound CIT programs exist, we believe that officer and consumer safety is increased and individuals with mental illness are diverted away from jails and gain quicker access to much needed treatment services. The CIT Pyramid contains these additional six phases that form the base of program development:



Lilley/ December 2009, revised 2012

Given the reviewers assessment that the county is not yet at the point of having program elements like those listed above, this document will be formatted to stress the reviewers' assessment of their training program and then provide recommendations on how the county may begin to address the needed program elements.

B. THE PEER REVIEW PROCESS

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 Criminal Justice Coordinating Center of Excellence (CJ CCOE) desires to work with Crisis Intervention Team (C.I.T.) Coordinators across Ohio to strengthen our collective understanding of the core elements and emerging best practices with C.I.T. One vehicle of doing just that is through a "Peer Review Process" a voluntary, collegial process building on identifying and coalescing the best elements of C.I.T. programs from across the state and country.

The Peer Review consists of four phases; 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 Thursday, April 23, 2018 among the three reviewers and two representatives of the Mahoning County Mental Health and Recovery Board: Toni Notaro, Director of Compliance & Dwayne Piccirilli, Executive Director, Mahoning County Mental Health and Recovery Bd.
During this call, the reviewers discussed the results of the county's desk audit and self-assessment and county representatives clarified questions that the reviewers had.

The site visit was conducted on May 23rd, 2018 by the review team and these members representing the MAHONING COUNTY CIT program:

1. Alki Santamas, Director of Criminal Justice Services, Meridian HealthCare (TASC)
2. Chief Robert Gavalier, Austintown PD
3. Chief Todd Werth, Boardman PD
4. Sgt. Jerry Fulmer, Youngstown PD
5. Duane Piccirilli, Executive Director, MCMHRB
6. Harvey Kane, Chief Clinical Officer, MCMHRB
7. Hope Haney, Executive Director, NAMI
8. Lisa Knight-Jordan, Victim Witness Coordinator, Prosecutor's Office
9. Commander Kenneth Kountz, Mahoning County Sheriff's Office
10. Meg Harris, Community Support Supervisor/Trauma Informed Care, ALTA Behavioral
11. Chief Shawn Varso, Youngstown State University PD
12. Rosemary Lee, Peer Certified Recovery Supporter/Housing/Coordinated Entry Program
13. Toni Notaro, Compliance & Evaluation Coordinator, MCMHRB
14. Aimee Schweers, Administrative Assistant/Prevention Trainer, MCMHRB

This report is a synthesis of what the reviewers found after studying the program self-assessment, conducting the telephone conference call, and attending the site visit. This review is organized into strengths and suggestions related to the C.I.T. training and program. The ultimate test of this Peer Review Process will be if the report helps the County's CIT partnership to strengthen its program.

C. CIT TRAINING STRENGTHS

Staff from the Mahoning County Mental Health and Recovery Board completed a self-assessment of their CIT training and noted these two strengths: Community Support and Involvement and Buy-in from the departments. The reviewers agree and expand on strengths related to the course in this section of the report.

1. Consistent History of providing CIT courses

Since 2006, over 300 officers have gone through training. According to data kept by the CJCCOE, 331 full time sworn officers out of 648 have had CIT training, or 51% of Mahoning County's officers (this does not account for officers no longer with the department due to retirement, etc). Over half of those trained come from the three larger jurisdictions in the County, the Mahoning County Sheriff's Office, Youngstown Police Department, and Boardman Township Police Department. The breakdown of this data by department is provided as Attachment #1.

2. Stable CIT financial and law enforcement recruitment support

CIT is born out of the partnership among the recovery community, including families and consumers, and the law enforcement community. Since the county began training in 2006, the Mahoning County Mental Health and Recovery Board has subsidized the training costs. While this type of funding is usually what the recovery systems provides to the course, the LE

commitment to the partnership is to recruit eligible volunteer patrol officers and make the training a priority for these officers just as they would other types of critical firearms or use of force trainings.

3. Training content

A review of the week-long training schedule shows a broad range of topics consistent with the core elements including core trainings on mental illness from clinical, consumer, and family member perspectives. In addition to the range of training content offered, the reviewers were provided with a two-page summary of the goals stated for each of the major training blocks. This is a good start in developing a more formal and stronger training curriculum which is addressed later in this review.

4. Recognition process of the training and program

Mahoning County honors a CIT officer every year as part of its annual meeting. Such public ways to acknowledge the program strengthens the behavioral health/criminal justice partnership by bringing positive attention to the course. Some CIT programs also conduct award ceremonies and CIT celebrations in their own community. You could also consider recognizing outstanding instructors, chiefs, sheriffs, coordinators, dispatchers, correction officers, and agencies.

D. CIT TRAINING SUGGESTIONS

As Mahoning County works to improve its CIT Course it should be noted that the CJCCOE has collected many sample curriculum material from other programs throughout the state and has a lending library of videos and curriculum available for loan to CIT programs.

Specific recommendations provided below that end with the letters "CJCCOE" denote that samples exist if Mahoning County is interested in learning more about the specific recommendation. Their website is nested within the Northeast Ohio Medical University website and can be accessed here: https://www.neomed.edu/cjccoe/

1. Review all training for its relevance to the street encounter.

In addition to the issue of balance within CIT course selection, all sessions should be filtered through the planning lens of its relevancy to the officer during the street encounter with someone with mental illness. A general example of this is CIT programs that teach officers about mental illnesses by emphasizing clinical conditions, labels, medications, or diagnoses without an emphasis on the observable characteristics of the conditions. 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. So, while knowledge about the various types of personality disorders or the diagnostic definitions for mental illnesses may be interesting, the reviewers found these presentations very clinically focused rather than focused on what officers need to know in identifying and calming someone in a crisis. There is also a lot of detail provided about medications, medication assisted treatment and the Recovery Board system and again, the reviewers question relevancy to what the street officer needs to know.

In addition to providing training content on the observable traits, how this impact the officers expected response is critical and another aspect that should run across all the trainings on the various disorders. While absent in the primary trainings around mental illnesses, Anxiety, and

Mood disorders, the training block on Autism provided a lot of practical information to officers on what to say or do to not escalate a situation. And the training block on veterans provided questions for law enforcement to ask of vets in a crisis to begin to establish rapport, both excellent ways to tie the observable characteristics with the de-escalation technique. The Excited Delirium and DD blocks used video example showing officers responding to such disorders.

By contrast the sessions on MAT and co-occurring disorders do not seem to incorporate this information about observable characteristics and the appropriate officer response. Usually such sessions include treating such encounters as medical emergencies and officers can be taught what the observable characteristics of withdrawal from different substances looks like and an emphasis on quickly involving medical services.

2. 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". Primary offerings are generally those sessions that teach the de-escalation skills, role-plays and sessions related to mental illnesses from the consumer, family, and professional perspectives. 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.

The Mahoning County training schedule presented to the reviewers shows about 37 hours of training time (32 if the lunch hour provided each day is not counted). Instruction targets about 3.5 hours on teaching de-escalation and 3 hours on role plays compared to the 10.5 hours dedicated to the teaching of the other primary training content leaving some 20 hours for the remaining content. While the following is somewhat arbitrary in how the reviewers classified your trainings, it is offered this way only to have the local planning committee begin its own review and discussion on getting to this right balance.

Primary	Secondary
De-escalation Techniques (3.5 hours) Role Play (3 hours) Family Perspective Consumer Perspective Suicide Prevention Civil Commitment Panel Emergency Services Introduction to Psychiatric Illness Schizophrenia/ Virtual Hallucination Site Visits/Ride Alongs (4.5 hours)	Developmental Disabilities Veteran's Affairs Outreach Area Agency on Aging/ Alzheimer's/Dementia Crisis Intervention and the Trauma Victim Risk Assessment Crisis with Children and Adolescent's Homelessness MAT addiction and services available Co-occurring disorders Personality and Mood Disorders Excited Delirium Forensic Services Cultural Diversity
(sessions generally 50 minutes unless otherwise noted)	

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					

3. Provide more interactive learning opportunities (CJCCOE)

There is a lot of reliance on the use of PowerPoint and reliance on the lecture type of presentation to relay information. To enhance participant learning it may be helpful to work with each presenter to add other types of learning methods into their presentations such as demonstrations (role plays), small group learning, visuals and/or interactive learning exercises. For example, there appeared to be little use of videos to present various concepts like psychoses, or the observable characteristics related to special population condition. There are several videos in the CJCCOE lending library that show such conditions and the officers response to individuals who are suicidal, psychotic, autistic, or a veteran. Another example is to incorporate more 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.

4. 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.

5. Integrate the De-escalation with the role play segments of the training

The Committee used three separate presenters for sessions on communication, de-escalation and role plays and the segments were not integrated. During the Communications block of the training, the presentation stressed the ALARM model of communicating to individuals in crisis. The De-escalation block, presented the SEAR model and the role play facilitation (it was reported that the facilitation of the role plays were done informally) did not seem to incorporate material from either of these presentations.

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, since the county taught 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.

6. Expand the focus of the legal block

While there is emphasis on crisis services and a focus on the pink slip process, there is no legal block that reviews relevant case law related to the legal 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.

7. Consider Addressing trauma and resiliency of first responders (CJCCOE)

The training sessions offered on Suicide and trauma do not address the higher rates of PTSD within first responder professions nor provide information about self-care for first responders.

8. **Involve CIT graduates**

Consider creating opportunities for the CIT graduates to give back. Creating opportunities for CIT officers to teach, return to future CIT courses being held, and have a voice in their local CIT program will further deepen the commitment and support of CIT within the departments. Peer to peer learning is one of the most effective tools for CIT. CIT graduates can take a larger role in

the training, they could be facilitators/evaluators for the de-escalation role-playing block as well as the pink-slip process. This will create opportunities for the class to hear about how the information they are learning directly relates to being a street officer. It may also be helpful to create several positions on the training committee that can be filled by recent CIT graduates.

9. Consider providing advanced training (CJCCOE)

Since the county began providing training in 2006, there have been no 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 ask graduates what they would like to be more educated on?

10. Conduct specialized training for dispatchers (CJCCOE)

It should be noted that there is NO Core elements related to specialized training for dispatchers and/or call-takers. That being said, call-takers are the first ones to engage an individual with mental illness or possibly a loved one reporting someone in crisis. Training call-takers on how to de-escalate these often-emotional calls, keep the person on the line and know when to dispatch a CIT officer is important and is not often part of the 40-hour course for officers. Through specialized training, dispatchers learn not only how to better route such calls but what vital information they can provide to the responding officer related to the special population condition. E.g.: are they currently taking their medication?

E. CIT PROGRAM DEVELOPMENT RECOMMENDATIONS

The self-assessment completed by Board staff noted these three areas for improvement: Development of s Steering Committee, Development of CIT policies, and collecting CIT encounter data. The reviewers agree and while all of the phases depicted in the CIT pyramid are relevant to Mahoning County's growth of the program, the development of the Steering Committee and the ability to collect encounter data will help build a solid foundation for additional program growth and weather leadership cycles. Peer Reviewers will provide some additional recommendations on where the county may be able to start. As was the case with technical assistance to strengthen the training, recommendations that include "CJCCOE" signifies that sample program materials are available that can benefit the Mahoning County program.

1. Develop a Steering Committee

The Peer Reviewers think the establishment of a Steering Committee should be one of the first priorities implemented. This committee should be represented by the stakeholders involved with the criminal justice/behavioral health partnership, including family members, consumers, law enforcement, and treatment agencies. In addition to planning trainings, the committee can broaden its scope and grow the county's program by implementing recommendations like those found within this document.

2. Formalize CIT coordination across the BH/CJ partnership (CJCCOE)

Identify a C.I.T. officer from the major LE agencies and the major treatment providers to commit to the C.I.T. concept/program as "coordinators" who work with the Recovery Board CIT coordinator and the Steering Committee. Officer coordinators can assist with recruitment, policy development and implementation and the collection of encounter data. Agency Coordinators can

assist with recruiting speakers, consumers, and planning the site visits. Sample "position descriptions" exist at the CJCCOE showing the expectations of the LE and MH coordinators.

3. Collect Encounter DATA (CJCCOE)

Formal tracking mechanisms to collect and summarize CIT encounter data across participating departments will serve to evaluate the programs (by encounter outcome), review trends related to these encounters (how the calls initiated and what are the observable characteristics officers are facing), and prepare the content for future core/advance training. 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. The CJ CCOE has several examples of encounter data sheets and sample reports available for the Mahoning County program.

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

Policies and procedures that support the implementation of CIT should be developed. Such polices 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 and the mental health system when hospitalization is not warranted. The CJ CCOE has several sample polices available for review. Some of these policies can help LE agencies who are seeking or maintaining CALEA certification. This will help move their training into a true diversion/risk reduction program. 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, including how new ones are recruited to keep continuity across the program.

5. Review liability with respect to emergency hospitalization.

In Mahoning County, both social workers 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 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 L.E. 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.

6. Develop a formal way to receive feedback from graduated CIT officers (CJCCOE)

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.

Some programs do this by sending a post training survey 4-8 weeks after training to CIT graduates to solicit their feedback on the course in general and the use of their new skill set. Questions to consider for the post-training survey include:

A. Do you believe you are better equipped to respond to a person in mental health crisis and connect them with appropriate mental health treatment, supports and services?
B. Do you believe CIT training has improved your safety on the job? Ask for examples.
C. What Advanced Training topics would be helpful?
D. Would you be interested in serving as an instructor for a future CIT training?
E. Please share an instance where the training you received has been useful in your job. (And ask if you may share that information to help promote your CIT course – on training flyers, letters, newsletters, etc.)

7. CIT officer recruitment process

There is a core element related to voluntary recruitment of officers. A recruitment process could include a priority given to full-time patrol officers who want CIT training to set the tone for the rest of the patrol officers that would also need to attend the CIT course to garner a full class size. Full-Time Patrol Assigned officers & School Resource officers should be a priority in filling out a formal application to become a CIT officer. They should have at least 3 years 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 departments 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.

Attachment #1: Mahoning County CIT Training Stats

Mahoning County 331 (out of 648) = 51% + 1 OSP

Mahoning County (23 L. E. Agencies) 17 courses held

19 officers from Austintown PD (100%)
3 officers from Beaver Township PD (27%) *(2 trained in Columbians County)*
38 officers from Boardman Township PD (62%)
2 officers from Campbell PD (18%)
4 officers from Canfield PD (25%)
5 officers (Chief) from Craig Beach PD (500%)
4 officers from Goshen Twp. PD (50%)
8 officers from Jackson Twp. PD (100%)
2 officers from Lowellville PD (66%)
49 deputies from Mahoning County S.O. (21%) *(1 trained in Trumbull County)*
1 officer from Mercy Health PD (2%)
5 officers from Milton Twp. PD (100%)
12 officers from New Middletown PD (100%)
3 officers from Poland Twp. PD (30%)
2 officers from Smith Twp. PD (100%)
11 officers from Springfield Twp. PD - Mahoning (100%)
8 officers from Struthers PD (53%)
95 officers from Youngstown PD (63%)

Non-Participating L. E. Agencies: Coitsville Twp. PD (3); Poland Village PD (2); Sebring PD (7)

Colleges

23 officers from Youngstown State University PD (88%)

Court/Corrections

2 Parole Officers from Adult Parole Authority
28 Corrections officers from Ohio State Penitentiary *(19 trained in Trumbull County)*

Dispatchers

2 dispatchers from Youngstown PD

Highway Patrol

1 trooper from the Mahoning County area post

Hospital Security

4 officers from Humility of Mary Health Partners PD (18%)
4 security officers from St. Elizabeth Hospital Protective Services Dept.
1 officer from Humane Society

Military

1 officer from U.S. Army Military Police

Park Rangers

15 Rangers from Mill Creek Metro Parks PD (100%)

Attachment #2: Core Elements

9/2/04 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

INTRODUCTION

CIT began in Memphis in the late 1980s and has been adapted widely around the country. As CIT has developed in different communities, local adaptations have been made in various elements of the program. Each community has its own unique issues that might effect CIT implementation. Rural communities are especially challenged to adapt CIT successfully. Rural law enforcement agencies are often small and cover extensive geographical regions. We believe that CIT can be successfully implemented in both urban and rural communities.

There is little research demonstrating those elements necessary for CIT programs to accomplish their goals. However, those of us that have been involved with developing CIT in our communities believe that there are certain critical elements that determine the effectiveness of these programs. There is a concern that absent these core elements, CIT will be less effective. For this reason, CIT experts from eight established CIT programs in Ohio have developed this document, a summary of those elements we believe are necessary for CIT programs to be maximally effective. We have attempted to identify specific aspects of CIT where adaptations are necessary for rural communities. We understand this is a work in progress. Eventually we hope to turn these core elements into a fidelity self-assessment tool. We hope these proposed core elements will promote future research to determine if the experts are correct.

Goals for CIT Programs

CIT is a community partnership between law enforcement agencies, the local mental health system, mental health advocacy groups, and consumers of mental health services and their families.

Communities that establish CIT programs do so with the following goals in mind:

- Increase the feeling of safety in the general community
- Increase law enforcement officer safety
- Increase mental health consumer safety
- Better prepare police officers to handle crises involving people with mental illness
- Make the mental health system more understandable and accessible to law enforcement officers.
- Supply law enforcement officers with the resources to appropriately refer people in need of care to the mental health treatment system
- Improve access to mental health treatment in general and crisis care in specific for people who are encountered by law enforcement
- Collaboratively, make the mental health system responsive to law enforcement to the greatest

extent possible with community resources.

·Divert people with a mental illness who are in crisis from the criminal justice system whenever possible and collaboratively work with the court systems to reduce the incarceration rate of people with a serious mental illness who are in need of treatment when applicable.

CORE ELEMENTS OF CIT

The following are what we believe to the core elements of successful CIT programs:

1. Selection of CIT officers-**For large law enforcement agencies**:

·There should be a formal selection process within the law enforcement agency. This could include:

·A written application to join the program.

·An interview to determine motivation to become a CIT officer.

·A background investigation process to ensure that CIT candidates are of the highest caliber.

·Whenever possible, CIT officers will be volunteers that have good communication and interpersonal skills. No officer should be forced or ordered to be a CIT officer against his/her will.

For Small law enforcement agencies:

In smaller agencies, all officers may ultimately need to be trained as CIT officers to ensure maximum coverage and availability. Since this may not be accomplished for several years, smaller agencies are encouraged to start their program using volunteers who are interested in becoming CIT officers as much as practicable. As the program develops all officers may be expected to become CIT officers.

For Medium-sized law enforcement agencies:

In medium-sized agencies, the law enforcement executive will have to decide whether to have a smaller team of specialists or train all to ensure coverage.

2. Size of CIT force

·The goal for all law enforcement agencies is to have enough CIT officers' to allow for maximum coverage on all shifts and all days of the week.

·For large agencies, it is estimated that this will require 20 to 25% of the patrol force to be part of the CIT.

·For large agencies, it is not wise to train significantly more officers than needed for maximum coverage. "Too many" CIT officers might reduce the frequency of CIT encounters that each officer has, thereby decreasing his/her ability opportunities to hone his/her skills

·Smaller agencies may have to train all or most of their officers to allow for adequate coverage.

·It generally takes several years for a department of any size to develop an optimal number of CIT officers.

3. A CIT officer committed to the CIT concept/program will be designated as the contact person for the mental health system.

    ·Ideally in large agencies this officer will be designated the CIT coordinator.

    ·The coordinator position should be filled by a law enforcement officer who would be given the authority to oversee the program in the agency.

    ·The rank of this person would be established by the agency and that person would be imbued with the "staff authority" needed to coordinate and oversee the activities of the team.

4. There will be a mental health coordinator(s) committed to the program that will serve as the contact person(s) for the law enforcement agencies in the jurisdiction(s) served by the mental health board or providers.

    ·Ideally this coordinator will have enough authority to oversee the program from the MH system side.

    ·This coordinator will be involved in planning and implementing the training as well as in the maintenance of the program.

5. The mental health system is responsive to CIT officers and will allow for a smooth transition for CIT officers as they refer patients for crisis services.

    ·The mental health system will receive individuals identified by CIT officers as in need of crisis services:

    ·Quickly so that law enforcement officers can return to their other duties as quickly as possible; and

    ·Without hassle (i.e., "no reject policy")

    ·Ideally a community will have one or several facilities clearly designated for mental health crises with a "no reject" policy.

    ·Such facilities may be freestanding crisis centers or hospital emergency departments.

    ·Such facilities would have 24/7 availability.

    ·A mental health mobile crisis service with a quick response may serve in place of a facility.

    ·Some rural communities will not have either a crisis center or hospital emergency department. In such cases, the community will develop an acceptable response mechanism for crises identified by the CIT officers.

    ·The mental health system will have procedures in place so that if it is necessary for an individual to be arrested, the CIT officer can identify the person's mental health needs and be confident they will be addressed.

6. Trainers who are willing to learn about police work and to become "police friendly" as they provide training to the officers. Trainers must include mental health professionals, family members of individuals with serious mental illness, individuals who themselves have serious mental illness ("consumers"), and people who are able to assist in role-playing to assist officers in developing their de-escalation skills.

    ·Efforts will be made to help trainers prepare for CIT presentations. Trainers need some basic knowledge about the nature of police work, police culture and how police officers best learn. These efforts may include:

    ·A pre-class meeting with trainers.

    ·A train the trainers meeting.

    ·Written communication with the trainers.

    ·Trainers are offered an opportunity to go on one or more "ride-alongs" with a law enforcement officers assigned to the patrol function, to give the trainer an opportunity to observe first-hand what it is like "walking in an officer's shoes".

    ·Trainers are informed about officer and community safety issues and about the use of force continuum that is used by law enforcement agencies in the area.

    ·There will be an evaluation process so that ineffective trainers can get feedback and/or be replaced as necessary.

7. The mental health system must be willing to provide the trainers to the officers at no or low cost.

    ·The training must be accessible and sustainable for both the police and the mental health system.

    ·Ideally the training will be offered free to the law enforcement officers within the jurisdiction.

    ·It is reasonable to expect officers from other jurisdictions (e.g., from outside Ohio) to pay the cost of materials.

    ·If there is a charge for all attendees, it should be minimal, e.g., to cover the costs of materials and meals

8. A law enforcement agency must be willing to provide release time so that its personnel can attend the training.

    ·For smaller agencies this may mean arranging payment of officers who attend training while off duty.

    ·It may also mean arranging for overtime coverage of regular duties to allow personnel to attend training

9. An intensive CIT core training class that should be held at least once a year. For urban communities,

this training should be a weeklong, 40-hour training. (Some rural communities believe they can accomplish the goals of the training in less than 40 hours. There is a lack of consensus among this group on this issue.)

The course emphasizes that CIT is a partnership between law enforcement, the mental health system, mental health advocacy groups, and consumers of mental health services and their families. As such, trainers include representatives of all identified stakeholders. The intensive training attempts to provide a common base of knowledge about mental illness; a basic foundation from which officers can build. The course is not aimed at making CIT officer's mental health professionals. The course is intended to provide officers with skills to:

- Recognize signs and symptoms of mental illness
- Recognize whether those signs and symptoms represent a crisis situation
- De-escalate mental illness crises
- Know where to take consumers in crisis
- Know appropriate steps in following up these crises such as: contacting case managers or other treatment providers or providing consumers and family member's referral information to mental health treatment agencies or advocacy organizations like the local NAMI chapter. The training emphasizes development of communication skills, practical experience and role-playing. Also officers are exposed to mental health professionals, consumers and family members both in the classroom and in the field during site visits. No two CIT curricula will be identical, as each will reflect the unique aspects of the given community. Still all courses will include the following:
  - An overview of mental illness from multiple perspectives.
  - Persons with mental illness
  - Family members with loved ones with mental illness
  - Mental health professional's

These perspectives may be provided by individual consumer & family presentations or by panels of several consumers/family members. Substantive amounts of interaction between CIT officers-in-training & mental health consumers and their families will make the training session more effective.

- Specific signs and symptoms of serious mental disorders.

The kinds of disturbed behavior officers will see in people in a mental illness crisis should be emphasized.

The common problem of co-occurring disorders including co-occurring substance abuse and mental illness, along with co-occurring developmental disability and homelessness.

The influence of culture and ethnicity on the topic of mental health and how it is dealt with inside those cultures and ethnicities should be discussed as it applies to the cultural and ethnic make-up of the particular community.

- Panel discussions and role-plays of cultural differences may be particularly effective.

·Obtaining trainers from those various cultures and ethnicities (if possible) may also be effective

·An overview of psychiatric medications.

·An overview of the local mental health system and what services are available.

·An overview of mental health commitment law.

·Comprehensive training in how to de-escalate a mental illness crisis.

·Sufficient practice, through role-playing, in the de-escalation of mental illness crises so that all students are involved directly in the role-playing.

·Field trips which give officers an opportunity to talk with consumers and emergency mental health personnel, and to ride-along with case managers so officers get to experience what it is like walking in a case manager's shoes.

·A graduation ceremony with awarding of pins and certificates.

10. Training is provided to dispatch/phone call takers so that they are knowledgeable about the CIT program and able to identify probable mental illness crisis calls.

11. Ongoing or advance training is offered to CIT officers on at least an annual basis.

·Officers are regularly provided with reading material and other updates on mental illness issues by the mental health and/or police CIT coordinator/contact person.

·With input from the CIT officers in the field, advanced CIT training is offered annually.

12. The law enforcement department will develop policies and procedures to effectively interact with people in a mental illness crisis. This will address the roles of dispatchers, CIT officers, and non-CIT officers. These policies will include:

·A simple documentation process for tracking of encounters between CIT officers and individuals with mental illness ("the Stat sheet");

·Stat sheets and other information are shared on a regular basis with the mental health system.

13. Regular feedback is given to both CIT officers and mental health system providers and administrators when problem situations arise.

·Each community will articulate means of both formal and informal communication between law enforcement and the mental health system. These may include:

·Sharing of statistics kept on various aspects of the program

·Sharing of stat sheets

*Regular conversations between identified CIT and mental health personnel.

- Discussions at the CIT steering committee meetings. (See below.)

14. There is a regularly scheduled meeting of a CIT steering committee with representatives of the key stakeholder groups to assure that the program stays on course.

15. When feasible, the mental health community provides ongoing recognition to the CIT program and honors particular CIT officers for their excellent work. One or more officers from each CIT program are recognized as "CIT Officer(s) of the Year". A local NAMI chapter or the MHSRB may want to take the lead in organizing and sponsoring these community celebrations.