



Paint Valley CIT Peer Review

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Organization of CIT Peer Review Report

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A. The Peer Review Process

In volunteering for this peer review, Paint Valley CIT is joining 22 other county and multi-county Ohio CIT programs that have undergone this same process which is supported by the Ohio Criminal Justice Coordinating Center of Excellence (CJ CCoE) and the National Alliance on Mental Illness of Ohio (NAMI Ohio). The 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 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 CJ CCoE 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 of Ohio and the United States.

The peer review process was built from the *Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs* which identifies 15 ideal elements that CIT programs should strive to achieve. The process consists of four parts:

- Self-Assessment
- Desk Audit
- Site Visit
- Written Report

A telephone conference call was held on February 6th, 2020 among reviewers and these representatives of the Paint Valley CIT Steering Committee:

- Belinda Cade
- Melanie Swisher

During this call, the reviewers discussed the content of the training and some of the barriers related to developing CIT programs within police agencies. These topics are addressed in more detail in this report.

The site visit was conducted on March 6th, 2020 by the reviewers and these members representing the Paint Valley CIT program:

- Belinda Cade
- Jim Hagen
- Melanie Swisher
- Gabe Carpenter
- Lance Cranmer
- Levi Freeman

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 Paint Valley CIT steering committee members and attending the site visit.

B. Paint Valley CIT Background

Paint Valley ADAMH Board serves the residents of Fayette, Highland, Pickaway, Pike and Ross Counties in southern Ohio. Paint Valley ADAMH Board in collaboration with local law enforcement agencies and mental health advocacy organizations created a CIT steering committee in August of 2012 and began training law enforcement in the Crisis Intervention Team 40-hour course in May of 2013. Since their initial training, they have conducted ten 40-hour CIT courses, one CIT Dispatcher Companion course, and one CIT Corrections Companion course. In all, they have trained over 158 law enforcement officers, four EMS, dispatchers, corrections officers and hospital security. A CIT 40-hour course is usually held once a year and provided with the assistance of local criminal justice and mental health professionals, mental health advocacy groups and consumers. It is funded by the Paint Valley ADAMH Board with law enforcement officers from Chillicothe Police Department assisting in the training.

Paint Valley has 20 law enforcement agencies within their jurisdiction. Out of the 20 law enforcement agencies, one agency (Pickaway County Sheriff's Office) has a designated CIT Coordinator. Pickaway County Sheriff's Office is also the only law enforcement agency that is collecting contact information when they interact with a person in crisis. The Paint Valley CIT Steering Committee is unaware of how many law enforcement agencies have mental health policies that have a CIT focus. Since 2017, Paint Valley has given away four CIT related awards.

2017 - Robert Minney III	CIT Champion of the Year
Gabe Carpenter	Recovery Oriented System of Care Award
2018 – Dirk Witherspoon	CIT Champion of the Year
2019 – Captain Ron Meyers	CIT Champion of the Year

Paint Valley has also participated in other initiatives related to the behavioral health and criminal justice partnership. Some of these initiatives are:

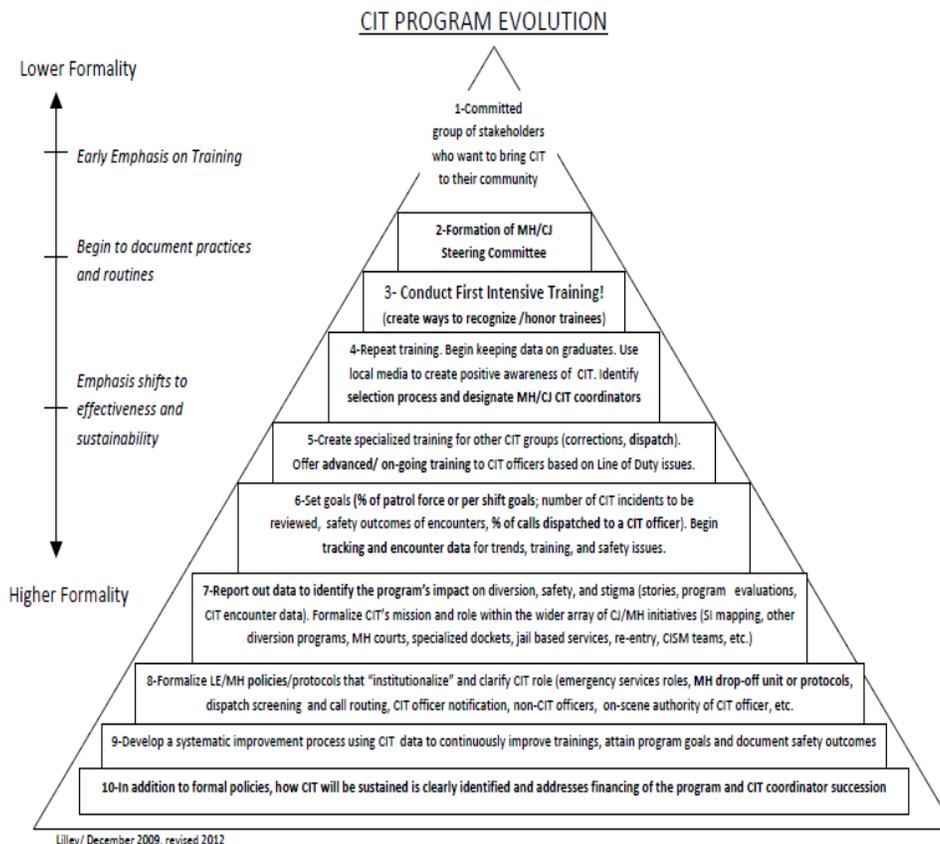
- Drug Diversion Court Programs
- Ross County – Sequential Intercept Mapping
- Ross County - Assisted Outpatient Treatment Program
- Pickaway County – Sequential Intercept Mapping
- Reentry Coalition
- Community Transition Programs
- Regional & County Crisis Summits

C. CIT Program Evolution

All developing CIT programs go through common growth stages. Starting with a committed group of people who bring an initial training to their community to policy-driven, data-rich individual CIT law enforcement programs, 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. As part of the peer review process, the reviewers assess Paint Valley CIT at the 5th stage of development: create specialized, advanced and on-going training for other groups and CIT officers.

CIT is more than just a 40-hour training course. It is an organizational model designed to help prevent people from crisis and if in crisis, refer them to the mental health system instead of the criminal justice system when possible. Where sound CIT programs exist, they include elements such as formalized department-level policies and the systematic collection, sharing and analysis of encounter information. The main goal of CIT as a risk reduction program is to increase officer and consumer safety and divert individuals in a mental health crisis from jails to gain quicker access to much needed treatment services.

Since Paint Valley 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 Paint Valley CIT strengthen their multi-county program through assisting their local CIT law enforcement agency programs and begin coordinating and formally sharing police encounter information with mental health professionals.



D. Crisis Intervention Team Training

First and foremost, Paint Valley CIT should be commended on their ability to manage a CIT program and training across five counties. It is a difficult task to do for one county, let alone five. It appears Paint Valley CIT’s greatest strength is their community’s contribution and commitment to making their CIT Training successful; examples include, donated meals for participants, stipends offered to law enforcement to allow officers to participate, and law enforcement’s consistent assistance with instruction. The CIT training itself is well organized and follows the flow of training blocks as suggested by the national model. Training blocks are well developed and cohesive. The NAMI family panel is a pivoting point in their weeklong training and in essence, helps participants connect the dots with why the Crisis Intervention Team is so valuable.

Recommendations

1. Align teaching blocks with the recommendations from the Bureau of Justice Assistance National Curriculum’s recommendations

As CIT trainings evolve over time, it is common to have mission creep in terms of adding blocks better suited for an advanced or refresher training or lose focus of the core elements. It may be helpful to review what is currently being taught and see how it aligns with national best practices for the 40-hour CIT course from The Bureau of Justice Assistance: Effective Community Responses to Mental Health Crisis: A National Curriculum for Law Enforcement Based on Best Practices from CIT Programs Nationwide.

Some training blocks to consider providing separately or distinctly include: Child/youth/adolescent mental health issues, Developmental Disabilities and Autism, Psychopharmacology, and cultural awareness and diversity.

Having opportunities for experiential learning is often key for police officers to build relationships with community behavioral treatment staff. It is recommended the committee consider a way to re-integrate site visits and/or case management ride along experiences.

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: Psychopharmacology	M18 Mental Health Didactics: Suicide	
9:30					
10:00		Site Visits	M12 Mental Health Didactics: Assessment, Commitment, & Legal Considerations	M19 Community Support: Community Resources	
10:30					
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					
3:30					M24 Research & Systems: Evaluation
4:00	M7 Community Support: Advocacy, Cultural Awareness & Diversity				M25 Administrative Tasks: Graduation & Presentation of Certificates
4:30					
5:00					

2. Teach officers about Anosognosia

Paint Valley CIT provides adequate background on the history of our understanding of mental illnesses and treatments. In addition, there should be an emphasis on the observable characteristics of a variety of illnesses. When reviewing the mental health training material, the reviewers did not see any handouts or content related to Anosognosia, the condition that is related to the lack insight that one has about their own illness. As a training topic, this medical condition is important 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.

3. Consider involving emergency medical staff in future trainings

Paint Valley CIT has done a fantastic job of including a variety of police and criminal justice staff in their trainings. Paint Valley CIT has struggled with EMS participation with only one Fire and three EMTs participating since its inception. The reviewers believe, however, that including EMS personnel can benefit the overall training and communities they serve. We encourage Paint Valley CIT to continue to reach out to local EMS to include them in the training and CIT program as a whole. As an example, in Summit and Hancock Counties, EMS personnel regularly participate in CIT courses and give it great reviews. The role-plays used in Summit County also include situations where it would be prudent for the officers to request medical services and when requested, EMS students are sent into the scenario and all are evaluated on how well they worked together.

4. Review the focus of the various legal blocks

While there is emphasis on crisis services, commitment law, and a focus on the emergency hospitalization process, there is little instruction on relevant case law related to court decisions on diminished capacity and use of force. Reviewing such case law provides the context for CIT's less authoritative de-escalation approach and sheds light on the actual communication skills required in such encounters (*Fisher v. Hardin*), corroboration of unconfirmed suicide/mental illness calls (*Griffin v. Coburn*), and application of the force continuum on an unarmed mentally ill subject as it relates to expectations around verbal de-escalation (*Byrd v. Long Beach*). Some legal blocks also cover high-risk cases officers may face, including Excited Delirium.

5. Consider providing advanced training

When completing the self-assessment, Paint Valley CIT noted one area of improvement as increasing the offering of advanced and refresher trainings. Though no refresher trainings were offered over the last few years, several companion courses are scheduled for May and June on topics that address the handling of confidential information and a course targeted to behavioral health professionals. The CIT Steering Committee should consider the feasibility of offering trainings at least annually for CIT graduates as it is beneficial for students to refresh their skills set through regular continued learning opportunities.

As Paint Valley CIT continuously works to improve its 40-hour CIT course, it should be noted the CJ CCoE has collected many sample curriculum materials from other programs throughout the state and has a lending library of videos and curriculum material available for loan to CIT programs.

D. Crisis Intervention Team Program Development

After the self-assessment and the conference call, it was determined that Paint Valley CIT has a significant opportunity for program development. Fortunately, there are multiple resources for Paint Valley CIT to reference as it further develops its program. As is the case with CIT training, the most readily accessible resource for program development is the Criminal Justice Coordinating Center of Excellence.

As stated in the Crisis Intervention Team Core Elements (2007) “In order for a CIT program to be successful, several critical core elements should be present. These elements are central to the success of the program’s goals.” The Paint Valley CIT Steering Committee should review the core element recommendations and develop a strategic approach to developing and implementing its program.

Developing the CIT program should be a priority for the Paint Valley CIT Steering Committee. It is also recommended that instead of developing the steps across all counties at the same time, the CIT Coordinator and CIT Steering Committee assess each county individually and determine each county’s level of capacity and readiness. Use the CIT Program Evolution pyramid as a barometer for the assessment. In addition, use questions 19-22 and 26-27 in the CIT Peer Review Program Assessment for each county. Once that assessment has been completed, identify two counties with the highest capacities and build the program around them. While it may be tempting to develop the program across all counties at the same time, it is important not to lose the momentum of the counties that have the capacity and are ready to implement the program steps. Concurrently, identify “CIT Champions” within the remaining counties and promote the advantages of having a robust CIT program emphasizing how it will benefit their organizations.

Recommendations

1. Develop policies and procedures that support police level CIT and procedures for mental health crisis calls

Beyond training, the peer reviewers recommend that a more comprehensive approach be taken by the CIT Steering Committee to include a review of existing crisis intervention policies from their law enforcement agencies. Policies and procedures that support the implementation of CIT should be developed across participating law enforcement agencies in the region. Such policies often touch on the role of CIT officers, the implementation of contact sheets, how dispatchers route calls to CIT officers, the emergency hospitalization process, and the hand-off of individuals with mental illness to the mental health system when hospitalization is not warranted. Policy development will help agencies move from just training into a true diversion & risk reduction program.

2. Implement contact sheets when encountering people in crisis

As self-identified in the Program Assessment, currently there is no documental process for identifying and tracking police encounters for people in crisis. Documenting contacts and passing them along to mental health professionals allows for the possibility for case management to intervene and outpatient services to be employed. In order to get buy-in from police agencies, the CIT Steering Committee should promote how contact information will potentially lessen police encounters and thus, lower the number of transports

by police to crisis services. Once contact information is being documented, a system should be designed for police to easily pass the information to mental health for follow-up with people in crisis in the community.

Furthermore, compiling and analyzing information across multi-participating departments will serve as a way to evaluate the program's encounter outcomes, review trends related to these encounters, track the outcome of the call and the disposition, and most importantly, the use of force, if any, and the safety outcomes of the individuals and officers. Additionally, information collected on encounters is helpful for grant requests, focused training, scheduling of CIT officers and many other aspects related to policing and crisis response.

3. Sequential Intercept Mapping

Conduct a Sequential Intercept Mapping (SIM) event in the remaining 3 counties (Fayette, Highland, and Pike). The SIM exercise has three primary objectives that would benefit the Paint Valley Region including A) the development of a comprehensive picture of how people with mental illness and co-occurring disorders flow through the region's criminal justice system along five distinct intercept points: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Reentry, and Community Corrections/Community Support. B) identification of gaps, resources, and opportunities at each intercept for individuals in the target population and C) the development of priorities for activities including:

- A creation of a map indicating points of interface among all relevant local systems
- Identification of resources, gaps, and barriers in the existing systems
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of adults with mental illness in contact with the criminal justice system

4. Increase Awareness

Promote the existence of Crisis Intervention Teams and their purpose in local media outlets and with community members and elected officials in order to raise awareness of the availability of CIT officers. This will also develop sustainability relationships within the multiple county region. When appropriate, embed media reporters into trainings for special segments in local newspapers. In general, promote the existence of Crisis Intervention Teams and their purpose in as many ways and with as many people in the community as possible.

5. Crisis Services Support

As described in the 2020 SAMHSA toolkit "National Guidelines for Behavioral Health Crisis Care," "Rural communities face unique workforce and geographic challenges that make it more difficult to deliver high quality crisis services that meet the needs of the region. System leaders should evaluate opportunities to leverage technology and existing program capacity to deliver care to maximize access to timely services. Approaches may include:

- A. Learning how all first responder services including fire and emergency medical services operate in the area.
- B. Incorporating technology such as telehealth to offer greater access to limited licensed professional resources (Health Officers).
- C. Develop crisis response teams with members who serve multiple roles in communities with limited demand for crisis care to advance round-the-clock support when called-upon.
- D. Establish rural reimbursement rates for services that support the development of adequate crisis care in the area.
- E. Create crisis service response time expectations that consider the geography of the region while still supporting timely access to care. Residents of rural communities are at risk of experiencing mental health and substance use crisis. When this occurs, these individuals must have access to care that meets their needs in a timely manner much like their counterparts in urban communities. Limited resources may make this aspiration challenging. However, approaches are available to narrow the difference between these rural communities and those with higher population densities.”

Technical assistance to all the recommendations is available through the CJ CCoE.