



Trumbull County CIT Peer Review

April 2017

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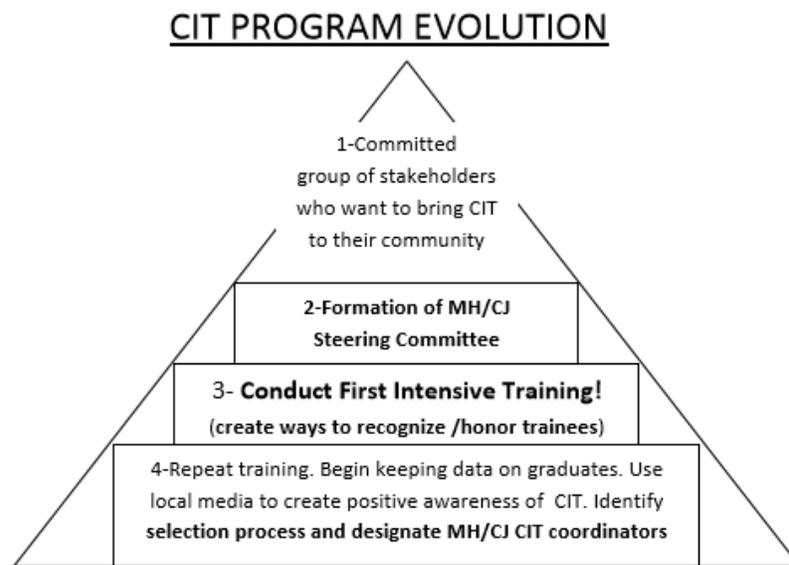
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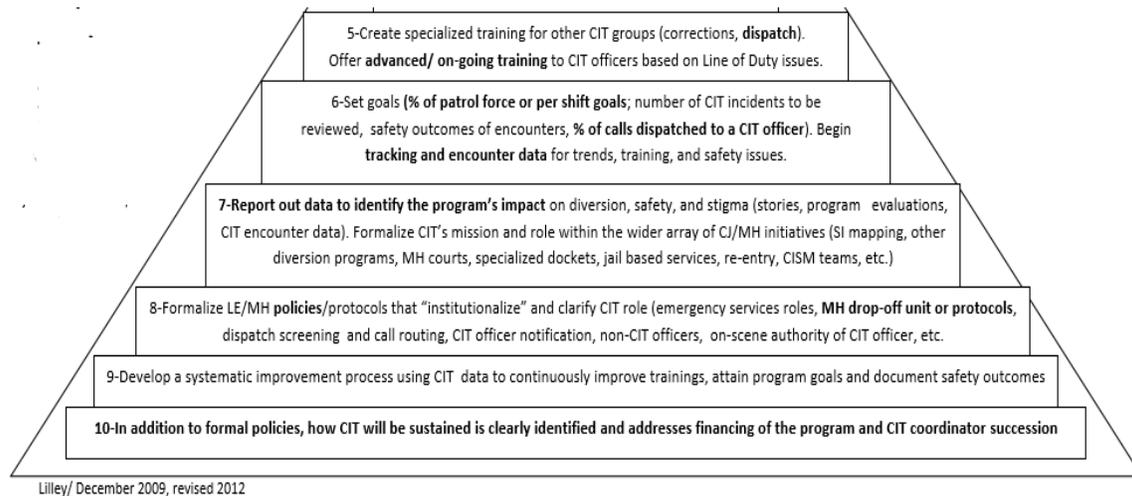
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A. INTRODUCTION

In volunteering for this Peer Review, Trumbull County is joining over 22 other counties who have undergone this same process and this can be an opportunity to make the CIT program better and stronger. Most 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 provide a way to guide the growth of programs. While the success of CIT program development is impacted uniquely by each community's leadership commitment and resources, the CIT Program Pyramid depicts these common developmental stages. As the illustration below shows, the county has achieved a significant milestone by reaching the fourth phase in their CIT program development.



Trumbull county has a long and consistent 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:



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, March 9 among the three reviewers and two representatives of the Trumbull County Mental Health and Recovery Board, John Myers, Director of Planning and Evaluation and Lana Hennings, Program Coordinator. During this call the reviewers discussed "mission creep" within the content of the training program. This is a concept that means some offerings within the 40-hour training may not be in keeping with the overarching goal of a CIT course. The nature of the county's crisis services, available drop-off sites and the ability to recruit law enforcement to take on a more consistent role in trainings were

also discussed. These topics are addressed in more detail in this report. The ultimate test of this Peer Review Process will be if the report helps the County's CIT partnership to strengthen its program.

The site visit was conducted on April 26th, 2017 by the review team and these members representing the TRUMBULL COUNTY CIT program:

John Myers, Director of Planning and Evaluation
Lana Hennings, Program Coordinator, Trumbull County Mental Health and Recovery Bd.
Teresa Massucci, TCMHRB Board President
Liz Chapin, (Volunteer)
Linda Parise, Enrollment Specialist/Help Me Grow Central Coordinator
Major Dan Mason, Trumbull County Sheriff's Office
Joy Doran, Someplace Safe Domestic Violence Shelter
Linda Baer, Bigley Program manager/Legal Advocate Supervisor at Somewhere Safe

C. CIT TRAINING STRENGTHS

Staff from the Trumbull County Mental Health and Recovery Board completed a self-assessment of their CIT training and noted these three strengths: the local presenters, the quality of the training provided by these trainers, and the buy-in to the CIT course from police 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, fifteen week-long courses have been provided graduating over 180 students. Trumbull county has trained 52% of law enforcement officers across the county, many of these officers come from the two largest law enforcement agencies: Warren City Police Department and the Trumbull County Sheriff's office. (147 out of 284 officers plus two Ohio State Patrol officers. The breakdown of this data by department is provided as Attachment #1).

2. Stable CIT financial and 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 Trumbull 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. Application process

The county implements a single page application for prospective CIT students that includes a single question. One of the core elements is a formal selection process that includes a written application and an interview so the program is well on its way to meeting this element.

4. Training content

A review of the week-long training schedule shows a broad range of topics including core trainings on mental illness from clinical, consumer, and family member perspectives. Training sessions that scored highest on the last training evaluations include the de-escalation trainings and role plays and a presentation on Officer and Caregivers at Risk. The Peer Reviewers want to also highlight these sessions:

- The Reviewers like how the course opens on Day 1 with the Ohio CIT training video and officer perspectives from CIT graduates.
- The PowerPoint used for the De-escalation block was very strong and in fact reviewers are suggesting the program consider expanding the time dedicated to this and the role play blocks (addressed under Training Suggestions).
- The Developmental Disabilities presentation includes good information related to the scenarios officers are likely to face with an emphasis on behaviors.
- The presentation material on Suicide uses both the WARM acronym for identification of factors related to suicide and the QPR (Question Persuade Refer) model to assist officers in learning the steps to bring these types of encounters to a resolution.
- While the training on Personality Disorders may provide too much clinical information for the officers, the second half of the slides include very relevant information for officers in such encounters.
- The use of the evaluation at the end of each day with a wrap-up and a preview of the next day is a nice aspect.

5. Recognition process of the training and program

Trumbull County provided several examples of newspaper and one television news spot on the CIT training. 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 recognize outstanding instructors, chiefs, sheriffs, coordinators, and entities.

D. CIT TRAINING SUGGESTIONS

As Trumbull 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 country 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 Trumbull County is interested in learning more about the specific recommendation.

1. Capitalize on Split training format

The Trumbull county program is unique in that it offers the 40 hours of training over two separate weeks, starting the training on a Wednesday through Friday and then providing a break until the following Thursday through Friday. The ADAMHS Board staff note that offering the class this way helps with recruitment because some of the LE agencies are better able to schedule staff for 40 hours of training then they would be if it were consecutive days. The reviewers believe there may be advantages to this approach that could be further built into the training program where officers can be expected to learn and used some of the concepts and skills earlier in the training, be asked to do “homework” on the off-training days and then report back what was learned when the training resumes. For example, students can be taught within the first three days how to recognize mental illnesses and some of the basic de-escalation skills and even practice some of the role plays and then report back when the training resumes.

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 Trumbull County course spends 2 hours on teaching de-escalation and only 3 hours on role plays compared to the 9 hours dedicated to the teaching and scenario-based training identified in the sample overview. 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 (2 hours)	Developmental Disabilities
Role Play (3 hours)	Overview of Later-Life Risks
Family/Consumer Panel	Substance Use
Suicide	Opiate Epidemic
Hearing Voices	Behavioral health issues in Children
Emergency Hosp/Commitment process	Children in Trauma
Overview of Major Mental Illnesses	Behavioral health services for Children

Site Visits (4 hours)	Working with Veterans at Risk Personality Disorders African American Men (2 hours) Lessons Learned in Chardon Criminal Courts/ Competence Community Crisis Services
<i>(sessions generally 50 minutes unless otherwise noted)</i>	

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	Site Visits	M11 Mental Health Didactics: Psychopharmacology	M18 Mental Health Didactics: Suicide	
9:00	M3 Mental Health Didactics: Schizophrenia, Psychotic, & Bipolar Disorders		M9 Mental Health Didactics: Neurodevelopmental & Neurocognitive Disorders		
9:30			M13 Law Enforcement: Policies & Procedures		
10:00	M4 Mental Health Didactics: Depressive Disorders	Site Visits	M14 Law Enforcement: Liability & Other Issues	M19 Community Support: Community Resources	M22 Law Enforcement: Incident Review
10:30					
11:00					
11:30					
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. 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 may be interesting, a focus should be on what officers need to know in identifying and calming someone in a crisis situation.

One of the reasons the Peer Reviewers noted the Developmental Disabilities presentation is because of the relevancy of what these behaviors look like rather than just an emphasis on the definition of the condition. Early in the presentation, officers are being asked to report times that they think they have had encounters with individuals with DD and then slides 27-33 are focused on observable characteristics with tips on how to respond to calm the encounter. By contrast the sessions on substance use and opiates do not seem to incorporate this information. 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.

This type of focus on observable characteristics and what it means to the officer to diffuse the encounter was very light or even missing in several of the other PP's that were reviewed (example, session on children, children and trauma, veterans, and Later life issues). One way programs are enhancing the quality of training content is by adopting a more formal curriculum approach to the training. This is covered in more detail below.

4. Provide more interactive learning opportunities (CJCCOE)

It appears there is a lot of reliance on the use of a PowerPoint and reliance on the lecture type of presentation as a way to relay information. To enhance participant learning it may be helpful to work with each presenter to add other types of learning 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 as a way 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.

5. Consider “formalizing” the CIT Curriculum (CJCCOE).

Making the training more explicit aids in clarifying what each block of the course aims to accomplish and also 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.

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. Some legal blocks also cover high-risk cases officers may face, including Excited Delirium. Such cases help to define CIT as liability reduction training.

7. CIT officer recruitment process

Trumbull County should continue efforts to reach out to the Sheriff Office to gain greater buy-in for the training and subsequent development of the program. Also, while a lot of the law enforcement jurisdictions are small, there is a core element related to voluntary recruitment. A recruitment process could include a first priority given to full-time patrol officers who want CIT training in order 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.

8. Evaluate the impact of training on officer knowledge/attitude (CJCCOE)

The Trumbull County program may consider the use of a pre-test/post as part of its class to identify the change in knowledge and attitudes of the officers going through the course. This is an important evaluation on the overall impact the training is having on officers.

9. 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.

10. Post training survey (CJCCOE)

Consider 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.).

11. 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.

12. 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.

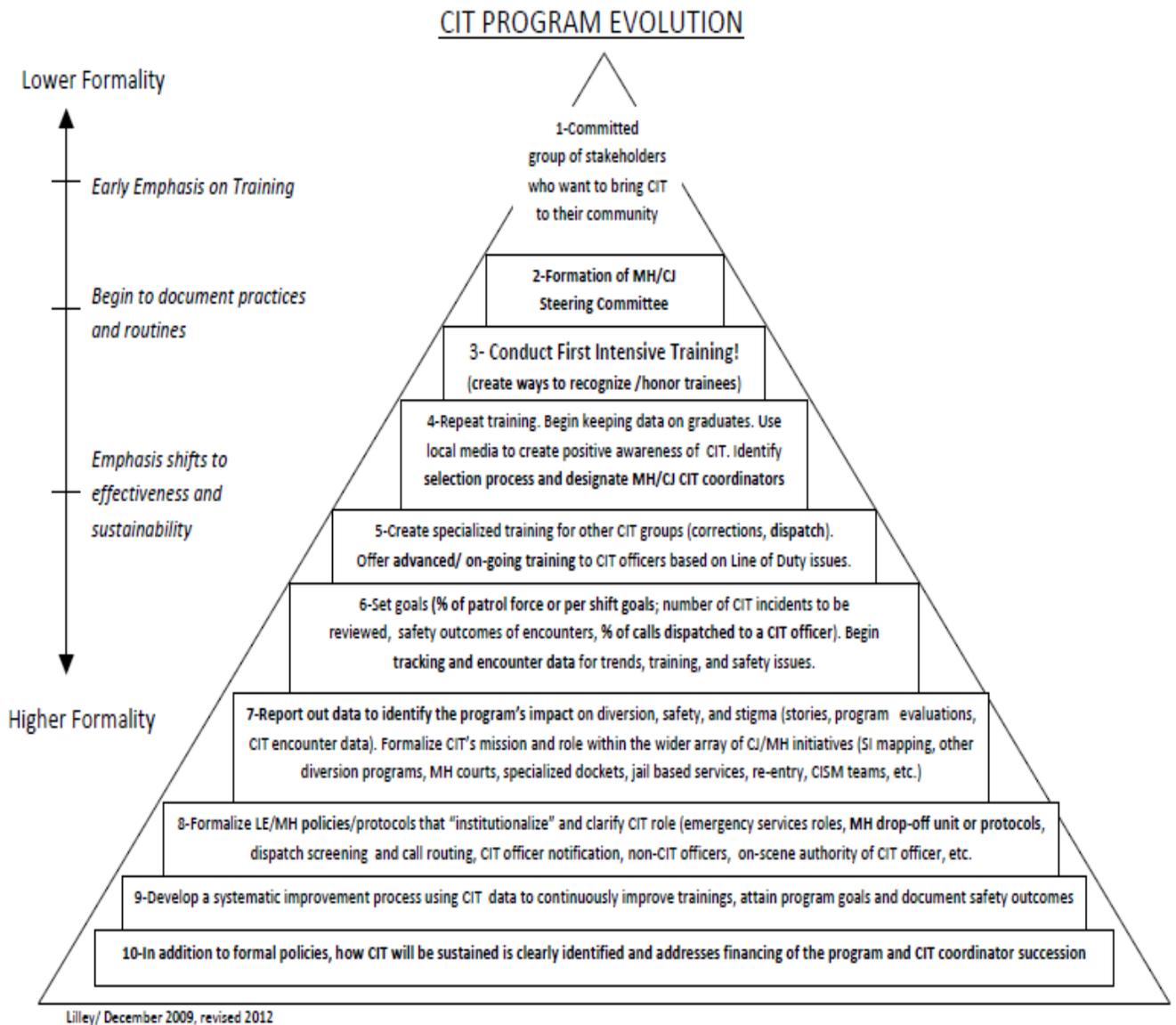
E. CIT PROGRAM DEVELOPMENT RECOMMENDATIONS

The self-assessment completed by Board staff noted a desire to provide “more than just training” by getting buy-in across the partnership to move from training into a full-fledged diversion/risk reduction program. The CIT pyramid illustrates (on the next page), how these 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. While all of the phases depicted in the pyramid are relevant to Trumbull County’s growth of the program, the 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 Trumbull County program.

1. The Planning Committee

The present composition of the Planning committee is comprised of a Trumbull County Mental Health and Recovery Board member, two staff members, and representatives from NAMI, the forensic center, the jail administrator, and a patient advocate from a domestic violence program as well as sporadic involvement of other law enforcement. The composition of the committee does not appear to include agency representatives or consumers in recovery from mental illness. While there were no minutes of Planning Committee meetings for the reviewers to provide feedback on, it appears the Committee is exclusively focusing on CIT training. Beyond training,



Trumbull County should seek to get more consumer, agency, and law enforcement representations and begin to have the committee focus on growing the program. By having the

committee be more represented by the stakeholders involved with the criminal justice/behavioral health partnership, the group can broaden its scope beyond training and grow the county's program by implementing recommendations like those found within this document.

2. Collect Encounter DATA (CJCCOE)

The Peer Reviewers think this should be one of the first priorities that the law enforcement and behavioral health systems commit to. 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), 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 Trumbull County program.

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

Policies and procedures that support the implementation of CIT should be developed. 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 and the mental health system when hospitalization is not warranted. The CJ CCOE has several sample policies 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.

4. Review liability with respect to emergency hospitalization.

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 officers do not 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 do 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.

Attachment #1: Trumbull County CIT Training Stats

Trumbull County (23 L. E. Agencies) 15 courses held

3 officers from Bazetta Twp. PD (43%)
2 officers from Braceville Twp. PD (100%)
2 officers from Brookfield Twp. PD (28%)
1 officer from Champion Twp. PD (13%)
5 officers from Cortland PD (56%)
5 officers from Girard PD (29%)
1 officer from Hartford Twp. PD (100%)
18 officers from Howland Twp. PD (100%)
10 officers from Hubbard City PD (77%)
16 officers from Hubbard Twp. PD (100%)
11 officers from Liberty Twp. PD (69%)
3 officers from Lordstown Village PD (33%)
1 officer from McDonald PD (14%)
1 officer from Newton Falls PD (20%)
9 officers from Niles PD (27%)
19 deputies from Trumbull County S.O. (41%)
55 officers from Warren PD (90%) (2 trained in Summit County)
1 officer from Weathersfield Twp. PD (10%)
Non-Participating L. E. Agencies: Fowler Twp. PD (0); Kinsman Twp. PD (0); Vienna Twp. PD (1);
Warren Twp. PD (6); West Farmington PD (1)
Court/Corrections
3 Trumbull County Adult Probation officer
3 Ohio State Penitentiary Corrections officers (Mahoning County)
2 Trumbull County Juvenile Detention Center Corrections officers
34 Trumbull Correctional Institution officers
6 Trumbull County Sheriff's Office Correction officers
Dispatchers
5 Trumbull County 911 dispatchers
Highway Patrol
2 Ohio State Highway Patrol Troopers
Hospital Security
1 Security officer from HMHP Hospital PD
1 officer from OSSI Security/Trumbull Memorial Hospital
Other Counties
1 officer from New Middletown PD (Mahoning County)
1 dispatcher from Portage County
5 Corrections Professionals from Richland County

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. Also, 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 be 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 and family presentations or by panels of several consumers or family members. Substantive amounts of interaction between CIT officers-in-training and mental health consumers and their families will make the core 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.