



Core Elements
of
Ohio Crisis Intervention Team
Programs

Developed by the Ohio Criminal Justice Coordinating Center of Excellence in conjunction with Ohio CIT Coordinators and community partners.

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**CRIMINAL JUSTICE
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Introduction

It is well established that after the 1987 shooting and death of an African American individual who was experiencing a mental health crisis in Memphis, Tennessee, the responses by that law enforcement agency to mental health crises needed change. The Crisis Intervention Team (CIT) concept was envisioned and then enacted in Memphis in 1988. Approximately 12 years later, CIT began in Ohio. Summit County (Akron) was the first to form a team in 2000 and was quickly followed by Lucas County (Toledo) later that year. In 2002, many professionals from around Ohio were invited to Summit County to attend their CIT training course. Those professionals began the expansion of CIT in other parts of Ohio.

When adopted and adapted at the local level, CIT varies in its appearance and operation. As CIT initially expanded throughout Ohio, the only model available, the "Memphis Model," had been designed for a large metropolitan area. Ohio CIT shapers and program coordinators envisioned a need for a set of "core elements" so Ohio CIT programs could be locally responsive based on their resources and still adhere to a group of standards. Those standards would allow programs to remain faithful to the "spirit" of CIT and the reasons for its conception.

History

In the early 2000's, the Ohio Criminal Justice Coordinating Center of Excellence (CJ CCoE) convened a group of "CIT Coordinators" to discuss these "core elements." Those discussions led to the publication of the *Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs* on September 2, 2004. This document identified the following abridged core elements of successful CIT programs in Ohio.

1. Selection of CIT officers
2. Size of the CIT force
3. Designation of a committed CIT officer to be the contact person for the mental health agency (CIT law enforcement coordinator)
4. Designation of a committed mental health coordinator
5. A responsive mental health system that allows CIT officers to refer mental health patients for crisis services and smooth system transition
6. Trainers who will learn about police work, including mental health professionals, family members, consumers, and role players
7. A mental health system that provides trainers to CIT officers at no or low cost

8. Law enforcement agencies that release their personnel to attend training
9. An intensive CIT “core training class” to be held at least once each year
10. Training to be provided to dispatch/call-takers so they know about CIT and can identify probable mental illness crisis calls
11. Ongoing/advanced training for CIT officers—at least annually
12. Policies/procedures to be developed for law enforcement agencies to interact with people in a mental illness crisis effectively
13. Regular feedback given to CIT officers and mental health system providers/administrators when problems arise
14. Regularly scheduled meetings of a CIT steering committee
15. Recognition of CIT programs and officers (annually) when feasible

Since Ohio’s core elements were created, other states have created core or essential elements to guide their CIT programs. Florida, another early CIT adopter, published its guidance and core elements in a document titled *The Florida Crisis Intervention Team (CIT) Program* on March 18, 2005. Many of the core elements of the Florida program are comparable to those created for Ohio. States like Georgia, that control and administer CIT programs directly from the state level, have also produced core or essential elements.

In September 2007, the CIT Center at the University of Memphis published the *Crisis Intervention Team Core Elements*. This document, created by the founders of CIT, included contributions from those who conceived Ohio’s and Florida’s core elements, as well as contributions from Georgia and Virginia, where CIT began as a grassroots effort. The Virginia CIT core elements, titled “essential elements,” were later set into state code between 2009-2011, and Virginia CIT programs must conform with those codes. Other entities, such as the Council of State Governments (CSG) Justice Center, partnering with the Police Executive Research Forum (PERF) and the Bureau of Justice Assistance (BJA), have also published proposed standards. The CSG/PERF/BJA partnership calls them “essential elements” in their 2008 publication, *Improving Responses to People with Mental Illnesses: The Essential Elements of a Specialized Law Enforcement-Based Program*.

Two reviewed publications, *The Crisis Intervention Team (CIT) Model of Collaboration between Law Enforcement and Mental Health* (2011) and *Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises* (August 2019) do not include their own core elements. The first publication includes and discusses the core elements created by the CIT Center at the University of Memphis. The second publication explicitly states that it does not take the place of

the CIT core elements created by the CIT Center at the University of Memphis nor standards specific to any state (p. 7).

Rationale for Updating

As of 2022, the Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs is 18 years old, and the Crisis Intervention Team Core Elements, created for national use, is 15 years old. The core elements were already in need of review to remain relevant and up to date. Within the past five-to-seven years, additional conversations and demands to find alternative responses to sending law enforcement to all crisis service calls have resulted in a need for further CIT core element review. The pandemic, social unrest, and studies showing disproportionately impacted populations have resulted in the need for additional and expanded CIT community partnerships to seek new solutions for responses to those in a crisis.

Some communities and jurisdictions have already enacted alternative response teams or systems. The use of co-responder teams with a law enforcement officer and a clinician/service provider in the same vehicle to handle service calls and take follow-up actions constitutes one of those alternatives. Another alternative involves sending non-law enforcement responders to low-risk service calls for persons in crisis. An additional option entails triaging incoming calls within emergency communications centers (ECCs) to divert calls away from law enforcement or another public safety response when possible. Additional options may be created as pilot projects are initiated, more stakeholders get involved, and more research is conducted.

CIT programs have dramatically increased around the United States and been introduced in other countries. Also, CIT programs have evolved to encompass interactions with persons in crisis for reasons other than mental illness. Those reasons and special populations include:

- people with intellectual or developmental disabilities (I/DD)
- people with an autism spectrum disorder
- veterans who may be in crisis
- people who have substance use disorders or co-occurring disorders
- people who have experienced trauma to the brain
- people experiencing one of the many forms of dementia
- people experiencing a medical crisis that results in dangerous behavior that may appear to be a mental health disorder

These special populations are now interacting more often with CIT officers and CIT programs. Their crises have significantly expanded the scope of law enforcement responses.

This review aimed to build upon the Ohio CIT core elements created in 2004 and update those core elements as needed. CIT core or essential elements created by other states and organizations that review CIT operations were identified and considered as well.

Goals for Ohio CIT Programs

CIT is a continuous community partnership between agencies representing law enforcement, mental health providers, behavioral health providers, local mental health and other service boards, criminal justice, advocacy, families, and those who utilize mental health and behavioral healthcare services. This partnership is designed to facilitate better outcomes when first responders are called to interact with a person in crisis. That person is often in crisis due to unmet mental health needs but may also be in crisis due to unmet behavioral health needs, substance use disorders, other life stressors, or a combination of issues and needs.

Communities that establish CIT programs do so based on the following goals:

- Improve the safety of everyone in situations when law enforcement officers interact with persons in crisis.
- Improve outcomes when law enforcement officers interact with persons in crisis.
- Increase understanding of, accessibility to, and improve responsiveness by the local crisis response system.
- Divert persons in crisis from the criminal justice system to treatment alternatives when possible.
- Transform the local crisis response system to use law enforcement officers as first responders only when there is an immediate or imminent threat to safety or a serious criminal concern.

Terminology and Definitions

Just as the definition of mental illness differs based on the discipline involved or the reference source used, other terms and phrases may be defined differently by those involved with CIT programs. For this document, the definitions found in Appendix A will apply.

Ohio CIT Core Elements Summary

The newly constructed core elements have been organized into four categories and are later discussed in detail. They serve as guidance for law enforcement, mental health, and advocacy partners to achieve the goals of Ohio CIT programs. They should be used as additional direction to implement the ongoing, operational, and sustaining elements of the CIT Model.

Law Enforcement

- Policies and Procedures
- Patrol Coverage
- Officer Selection
- CIT Officer Identification
- Law Enforcement Coordinator
- Information Sharing and Data Collection
- Receiving Centers: Emergency Services

Mental Health Boards and Service Providers

- Policies and Procedures
- Service Linkage and Outreach
- Mental Health Coordinator
- Program Monitoring and Data Collection
- Receiving Centers: Emergency Services

Training

- CIT Training Courses
- Advanced and Refresher Training
- CIT Patrol Officer Training Course is for Experienced Law Enforcement Officers
- Training Must be Delivered at Minimal Cost to Law Enforcement Agencies
- Training Must be Locally Focused on the Participants' Criminal Justice and Crisis Response Systems
- Training Must Focus on Practical Knowledge and Skills to Respond to a Person in Crisis
- Training Must be Grounded in Adult Learning Principles
- Training must be Provided by those Prepared to Instruct Law Enforcement and other Public Safety Personnel
- Evaluations of CIT Training Courses

Coordination

- Agency Coordinator
- Program Coordinators
- CIT Steering Committee
- Prioritizing Law Enforcement Ownership
- Maintaining Partnerships and Sustaining CIT Programs
- Ensuring Advocacy Participation
- Advancing Diversity, Equity, and Inclusion
- CIT Program Awareness
- Recognition and Honors
- Community Expansion and Statewide Contribution

Core Elements of Ohio CIT Programs – Law Enforcement

These core elements primarily affect the law enforcement community and directly impact agency policies and procedures. They serve as guidance for law enforcement and identify methods to improve safety for everyone, improve referrals and outcomes, and divert people in crisis from the criminal justice system when appropriate.

Policies and Procedures

A law enforcement agency must support its team by creating CIT-specific policies and procedures that outline the agency's responsibilities and the preferred actions of its team members. The policies should address the roles of the CIT officer, discretionary and non-discretionary interactions with persons in crisis, CIT officer selection, documentation of contacts with persons in crisis, and more. The law enforcement agency must also have CIT program-aligned policies or memoranda of understanding that identify the roles and actions of the public safety telecommunicators (PSTs) that provide service to the agency. The law enforcement agency's policies must intersect with other CIT partners' policies and procedures, especially those agencies that receive a person in crisis for care. Policies and procedures must be reviewed regularly, coordinated between CIT partners, and updated accordingly.

Patrol Coverage

Law enforcement agencies should study their service call activity and be methodical about CIT officer distribution. No matter the agency's size, it must train and have enough CIT officers available to distribute CIT officers as the primary responders to

service calls involving a person in crisis whenever practical. Analyzing data from service calls classified as involving a person in crisis will help ensure an equitable distribution.

Officer Selection

Like any specialized team within a law enforcement agency, CIT members should be voluntary and willing participants. Agencies should consider a review, selection, and recommendation process to identify potential CIT officers. Officers must have good interpersonal communication skills and a willingness to work closely with special populations and people in crisis. When a law enforcement agency has too few personnel to create specialized teams, it must hire and employ officers with the qualities and interpersonal skills found in a CIT officer.

CIT Officer Identification

Law enforcement officers who have completed the CIT Patrol Officer Training Course and designated by their agencies as primary responders to calls involving a person in crisis must identify themselves. The wearing of an obvious CIT pin or emblem will indicate to community members, a person in crisis, and other law enforcement officers that the person is a CIT officer. Officers who attended the CIT Patrol Officer Training Course but are not designated as primary responders to a person in crisis call should not wear a pin or emblem. The agency or multi-agency team must advertise that CIT officers are available in their communities and educate its community on requesting and recognizing CIT officers.

Law Enforcement Coordinator

Law enforcement agencies must designate a person within the agency to coordinate its CIT and liaise with other agencies and partners. The coordinator's responsibilities must include policy development, data collection, program implementation and monitoring, and training coordination. Law enforcement coordinators should sustain contact with other CIT stakeholders to coordinate law enforcement's role within the crisis response and system navigation, ensure program evaluation, and facilitate training.

Information Sharing and Data Collection

When law enforcement agencies have contact with a person in crisis, they must report the incident and gather detailed data relevant to the encounter. This data must be provided to the local mental health system or service provider(s) to notify those entities that the law enforcement agency had contact with a person in crisis and that

additional efforts and outreach may be needed. The purpose of data sharing is to prioritize services to those most in need and minimize or eliminate the need for further law enforcement intervention. The method of reporting must allow the law enforcement agency to extract data and use it to monitor and assess its CIT and interactions with persons in crisis. This documentation can be completed using the Model Crisis Intervention Contact sheet (Attachment 1) or another electronic reporting system that gathers specified data points as desired by the relevant CIT program. Law enforcement agencies must use the analyzed data to improve their programs, training, and other elements of their CIT programs.

Receiving Centers: Emergency Services

Receiving centers are medical or mental health service providers that receive people in crisis for an evaluation from law enforcement or other first responders. Law enforcement agencies and their members must utilize local emergency services and their local crisis response system appropriately. Inappropriate use or overuse of receiving centers can lead to overburdened service providers, law enforcement officer frustration, and cause unnecessary trauma to and financial burden for a person in crisis. Only persons in crisis who meet emergency hospitalization criteria per the Ohio Revised Code should be transported to a receiving center for evaluation. People in crisis who do not meet emergency hospitalization criteria should be referred to other community resources (drop-in centers, crisis phone lines, etc.). Commitment to a jail facility or other detention facility is not a suitable community resource for people in crisis.

Core Elements of Ohio CIT Programs – Mental Health

These core elements primarily affect the mental health community and directly affect mental health boards, service providers, and others who can provide treatment to a person in crisis or oversee and fund services in a community. These services, an integral part of the crisis response system, can assist a person in crisis or prevent crises from occurring. Mental health boards play a central role for CIT programs in Ohio. Service boards must ensure that all components of the crisis response system actively participate in all aspects of the CIT program.

Policies and Procedures

Mental health boards and service providers must support the CIT program by enacting CIT-specific policies and procedures that outline the responsibilities and the preferred actions of its members. Policies must intersect with other CIT partners' policies and

procedures, especially law enforcement agencies transferring a person in crisis to a provider for care. Regular reviews of policies and procedures must be coordinated among CIT program partners and modified as needed. Policies must address:

- The responsibilities of the mental health coordinator
- Receiving centers: emergency services
- Service linkage and outreach
- Program monitoring and data collection

Service Linkage and Outreach

When a law enforcement agency informs a mental health board or service provider of contact with a person in crisis, the provider must have policies and procedures to prioritize linking the person to appropriate services and providing follow-up as needed. CIT partners should identify frequent users of law enforcement services and implement a mechanism to engage those users. This linkage and follow-up should reduce the need for subsequent law enforcement responses.

Mental Health Coordinator

Mental health boards and service providers must designate a person or persons to coordinate their activities within the CIT program(s) and liaise with other agencies and partners. The coordinator's responsibilities must include policy and procedure development, data collection, program implementation and monitoring, and receiving center coordination with law enforcement agencies. Mental health coordinators should sustain contact with other CIT stakeholders to coordinate law enforcement's role within the crisis response and system navigation, ensure program evaluation, and facilitate training.

Program Monitoring and Data Collection

Receiving centers must gather detailed data relevant to their interactions with a person in crisis either transferred or referred to them from a law enforcement agency. Mental health boards and service providers must also gather detailed data relevant to the case management and outreach for those in crisis referred by law enforcement agencies. The method of collection and reporting must allow the mental health agency to extract data and use it to monitor and assess its role within the CIT program. This assessment will aid in minimizing or eliminating additional law enforcement responses.

Mental health boards and service providers must use the analyzed data to assign priority to and improve their services, responses, training, and other aspects of their roles and responsibilities within their CIT programs. Priority should be given to frequent users of emergency crisis services to reduce contact with law enforcement. Aggregate data should be shared within the mental health system to evaluate and improve the CIT program.

Receiving Centers: Emergency Services

Receiving centers are medical or mental health service providers that receive people in crisis for evaluation from law enforcement officers or other first responders. Receiving centers must always be accessible and have procedures to receive people in crisis from law enforcement officers and then safely, efficiently, and quickly transition those in crisis to care and assessment. The transition should be structured to not dissuade officers from utilizing the emergency hospitalization process. Receiving centers must proactively engage law enforcement agencies about interactions with those centers and problem-solve issues as they arise.

Core Elements of Ohio CIT Programs – Training

These core elements affect the training of those who will be involved in CIT. The training elements are not particular to any single discipline or role within CIT and instead affect all involved in a CIT or a CIT program.

CIT Training Courses

There are various training courses available for CIT members. These courses prepare team members for their specific roles within the CIT framework as responders to persons in crisis. The CIT Patrol Officer Training Course is the most recognized and predominant course CIT programs offer. Typically, 40 hours and delivered on successive days, this course is for officers assigned to a law enforcement agency's patrol function. Other courses instruct team members relevant to their specific roles in a CIT and a CIT program. Each course's training elements are unique to the team member's CIT role and are locally relevant to their crisis response system. CIT training courses must provide instruction about the local crisis response system and include other elements that enhance the training and focus on specific local needs. Ohio CIT training courses include:

- CIT Patrol Officer Training Course
- CIT Public Safety Telecommunicator Training Course

- CIT Corrections Officer Training Course
- CIT Probation Officer Training Course
- CIT First Responder Training Course
- CIT Behavioral Health Professionals Training Course

See Appendix B for the fundamental elements of CIT training courses.

Advanced Training and Refresher Training

CIT programs must provide locally relevant training beyond their introductory courses. Advanced training and refresher training are two categories of CIT training provided. Advanced training is training that builds upon or provides new information beyond a basic training course. Refresher training presents the same information as a review or provides relevant updates to materials and local crisis response system resources and services. Both training categories have value and must be recurrent for team members to stay informed about current topics, happenings within their local CIT program, and the community's crisis response system.

Agencies having a CIT and involved in CIT programs must collaboratively create schedules for ongoing training and make decisions about how often training should occur each year for each CIT member's role. Topics for those training sessions should be obtained directly from practicing CIT members, the local crisis response system, community events, and from evaluation instruments used for regular CIT training sessions. Applicable court decisions, law changes, changes to the local response system, and current events may also lead to topics for training.

The CIT Patrol Officer Training Course is for Experienced Law Enforcement Officers

The CIT Patrol Officer Training Course is designed for volunteer, experienced law enforcement officers primarily assigned to the patrol function. A law enforcement agency with a CIT must determine the level of experience necessary before sending patrol officers to the essential training to become CIT officers. Determination of patrol officers to be trained for a CIT is based on the number needed to respond to crisis calls at any time. Law enforcement agencies must study their call volumes to determine their needs accurately.

In addition, the CIT Patrol Officer Training Course is not designed to be delivered to those attending a basic peace officer academy. Cadets, recruits, and those in field training will be unable to translate this course into new skills and abilities built on personal experience.

Training Must be Delivered at Minimal Cost to Law Enforcement Agencies

CIT programs in Ohio have been developed collaboratively, and part of that collaboration is the sharing of costs. The CIT Patrol Officer Training Course and other relevant CIT training courses should be available at minimal or no cost to the law enforcement agencies within the CIT program. Law enforcement agencies could be dissuaded from attending these training courses if fees are charged for instructional content. These training courses must remain accessible and sustainable. Ohio CIT training courses were not conceived or developed to generate revenue for those providing the course. Any costs to participants must be minimal and only cover administrative costs that cannot be funded through another source.

Training Must be Locally Focused on the Participants' Criminal Justice and Crisis Response Systems

CIT training courses must include navigating local resources and accessing those resources based on policy and procedures. Participants must attend CIT training courses applicable to the criminal justice and crisis response system where they operate. In addition, and whenever possible, instructors should be sourced from the local systems since they will understand the systems and function. Training must include and describe all local conventions or methods that impact CIT members where they work.

Training Must Focus on Practical Knowledge and Skills to Respond to a Person in Crisis

Effective communication with a person in crisis is an integral part of CIT training courses. Training courses must include practical knowledge and skills that will allow for success when interacting with a person in crisis. The knowledge and skills must be aligned with the CIT member's role and include communication and behavior identification.

Those being trained should understand and demonstrate how to align their communication behaviors to engage a person in crisis. Law enforcement and other first responders must also observe the behaviors exhibited by a person in crisis, whether seen first-hand or identified by others. The responders' assessment of these behaviors will help resolve the crisis by determining if the person in crisis needs immediate intervention and if emergency hospitalization criteria are evident. Identifying behaviors that lead to fact-based probable cause are necessary for any training session.

Training Must be Grounded in Adult Learning Principles

Training courses must incorporate the adult learning principles of tapping into prior experiences, revealing perspectives that impart new meaning to those previous experiences, and connecting learning with reality to create meaning. CIT programs should guide their instructors to incorporate the following methods throughout their training courses:

- Creating learning/performance objectives for the course and each topic in the course.
- Sequencing the order of topics in the course in a carefully considered manner.
- Using methods that take learners from depending on the instructor to learn to an increasing level of independence to learn on their own using tasks, practice, and resources. In training and education, this is called scaffolding.
- Using relevant and timely stories, videos, vignettes, interactions, and other materials.
- Using technology to capture the learner's attention, provide performance support and help the learner understand how to apply what has been learned back on the job.

Training Must be Provided by those Prepared to Instruct Law Enforcement and Other Public Safety Personnel

Non-public safety instructors must learn about law enforcement/policing and other public safety-oriented cultures to be effective at content instruction. Strategies to help non-public safety instructors with this focus include:

- Previous completion of an instructional skills course that includes creating, delivering, and evaluating training. (Applicable also for public safety trainers)
- Pre-class meetings with instructors or a "train-the-trainers" course to discuss police culture, work, use of force, and role in the community.
- Pre-class meetings with instructors or a "train-the-trainers" course to discuss the role and culture of public safety telecommunicators (PSTs), other public safety –first responders such as fire/rescue and emergency medical services (EMS), and how emergency communications centers operate.
- Ride or sit-alongs with public safety professionals for first-hand experience.
- Assurance by CIT coordinators that instructors understand the materials and content they are using, including the programmatic approach of CIT, and the roles of respective learners, especially if replacement instructors are used.

Evaluations of CIT Training Courses

Evaluations of CIT training courses are necessary to ensure that those being trained within their respective CIT roles get the best training possible. Training evaluation is a part of instructional skills training for those instructing peace officers in Ohio. The Kirkpatrick Evaluation Model is often used. The levels of this model are briefly defined as follows:

- Level 1 (reaction)--How did the learner feel or react to the training (satisfaction, engagement, relevance)?
- Level 2 (learning)—Did learning include what was intended (knowledge, skills, attitude, confidence, commitment)?
- Level 3 (behavior)--Did the learner apply or believe that they can apply what was learned?
- Level 4 (results)--Did the training positively affect the job when applied (desired outcome)?

CIT programs will not always obtain evaluation data on all four levels, although more data results in better training and outcomes. At a minimum, level 1 and 2 evaluations must be conducted. See Appendix C for more detail and instructions about the Kirkpatrick Evaluation Model and construction elements.

Core Elements of Ohio CIT Programs – Coordination

Coordination elements affect designated coordinators and CIT steering committees. These elements identify the need for coordinators within agencies and within a CIT program. Coordinators must have an organizational strategy to support and expand CIT initiatives and programs. Successful programs value organizational structure, sustainable plans, and strong partnerships.

Agency Coordinator

Every agency that has a CIT or is part of a CIT program must designate a person within the agency to coordinate the agency's CIT activities. These coordinators will liaise with other agencies and partners within CIT programs. Coordinators' responsibilities include, but are not limited to, agency policy development, data collection, team implementation and monitoring, and training coordination. Depending on the time necessary to complete CIT-related tasks, the agency coordinator may need to be a full-time position. All agency coordinators must be provided with sufficient time to handle all CIT-related needs.

Program Coordinators

In Ohio, CIT programs are usually organized at the county level. Every CIT program should have at least one designated coordinator from the three main disciplines. There should be a law enforcement (LE) coordinator, a mental health (MH) coordinator, and an advocacy (ADV) coordinator. Each designated coordinator is the primary liaison with other agencies and partners within their disciplines. Each coordinator's role exists to provide input and contribute a distinct perspective to the program. Coordinators' responsibilities include, but are not limited to, program policy development, data collection across the program, program implementation and monitoring, and training coordination for all agencies within the program. Depending on the time necessary to complete CIT-related tasks, the program coordinator may need to be a full-time position. All program coordinators must be provided with sufficient time to address all CIT-related needs.

CIT Steering Committee

A CIT program begins with an initial planning committee within a community. Once CIT has started, all duties and activities are turned over to an identified CIT steering committee. That committee may include persons from the initial planning committee and others. The steering committee, chaired by a designated person, should have representatives from all involved disciplines to include the designated coordinators from the three primary disciplines of law enforcement, mental health, and advocacy. The steering committee should meet regularly, set long-term goals, regulate subcommittees, and engage community partners. All duties and responsibilities of the steering committee should be put in writing.

The CIT steering committee may create subcommittees responsible for primary elements within the CIT program. The three most common subcommittees are responsible for training, crisis response and system navigation, and program evaluation. Committees and subcommittees, in general, require structure. That structure should include:

- The goal or purpose.
- The persons/positions needed along with the disciplines they represent.
- Regularly scheduled meetings and special meetings if needed.
- A chairperson to coordinate and facilitate meetings, activities, etc.
- A process to determine who will oversee meetings, agendas, and discussion items.
- A process to capture meeting minutes to record discussions and actions taken.

Roles and responsibilities of the three most common subcommittees include:

Training Subcommittee

- Coordinate CIT training courses for all CIT roles within a program.
- Plan for and coordinate CIT Advanced Training and CIT Refresher Training.
- Review evaluations of training courses:
 - ✓ Ensure that content is valid and applicable
 - ✓ Ensure that selected instructors/presenters are effective
 - ✓ Determine the needs/wants of those trained in various CIT roles
 - ✓ Use evaluation feedback to assure quality and efficacy, improve course content and delivery, and obtain topics for Advanced Training and Refresher training

Crisis Response and System Navigation Subcommittee

- Coordinate law enforcement's role within the crisis response system.
- Address conflicts and concerns involving law enforcement, receiving centers, and the crisis response system.
- Ensure a shared understanding of the community's crisis response system.
- Ensure the appropriate exchange and receipt of information regarding persons in crisis, both during the crisis and after the crisis has been resolved for appropriate follow-up.

CIT Program Evaluation Subcommittee

- Coordinate gathering necessary data elements from responses to crisis calls, verify that received data is accurate, and use that data to ensure/prioritize service connections.
- Translate data into useful management information to determine if the CIT program meets its established goals. Data for program evaluation are often obtained from:
 - ✓ CIT Training Course evaluation surveys
 - ✓ Law enforcement policy/procedure evaluations or inspections
 - ✓ Law enforcement data (Record Management Systems, Crisis Intervention Contact Sheets)
 - ✓ Emergency Communications Centers (Computer Aided Dispatch, 911 call data)
 - ✓ Receiving centers
 - ✓ Mental health service providers
 - ✓ Courts (probate, Assisted Outpatient Treatment, specialty dockets, probation reports)

- ✓ Jails (intake, jail mental health screening)
- Make recommendations to the steering committee about program maintenance and improvement.

The accurate use of data and the derived management information by CIT steering committees and their subcommittees will increase the effectiveness of CIT programs. This data and information allow for data-driven analysis and guidance to direct finite resources and services to those who most need them.

Comprehensive data and information help CIT programs enhance safety for all, ensure that CIT programs achieve the goals of CIT and have a positive impact on our communities. The data and information also help programs obtain funding, promote transparency, and improve public perception of law enforcement responses to service calls involving a person in crisis.

Prioritizing Law Enforcement Ownership

CIT programs should actively engage their participating law enforcement agencies and assist them with CIT development. CIT programs must continually encourage law enforcement partners to implement CIT-specific policies and procedures, information sharing, and data collection in accordance with Ohio CIT Core Elements. Programs should encourage law enforcement agencies and their leadership to empower CIT officers and coordinators so that their roles on their CIT and within the local CIT program are impactful.

Maintaining Partnerships and Sustaining CIT Programs

For CIT programs to have a lasting effect on their community, they must remain committed to partnerships and progressive development. This commitment will require program leaders to continually assess their strategies against the CIT Model and Ohio CIT Core Elements and continuously implement and improve CIT initiatives using ongoing positive communication with other partners. Impactful programs are also sustained by developing feedback loops to answer questions, identify and solve problems, and enhance current practices.

Ensuring Advocacy Participation

CIT programs must ensure the participation of people living with mental illness and their family members, and the inclusion of their unique perspectives, especially those who have interacted with law enforcement and the criminal justice system. CIT programs

should build strategies to obtain and develop advocacy leaders and sustain their participation.

Advancing Diversity, Equity, and Inclusion

CIT programs should strive to diversify program participation so that all community members they serve are represented. Coordinators should develop strategies to recruit, include, and empower team members who bring different perspectives and backgrounds to the program. CIT programs should foster a sense of belonging to ensure relationships between diverse groups of people. Strong partnerships committed to finding equitable solutions to mental health crises sustain CIT programs.

CIT Program Awareness

CIT programs are more impactful when community members know how to identify and gain access to CIT officers and other services encompassing their local crisis response system. CITs and CIT programs should promote their program and teams to their community using various means. When raising awareness about requesting and identifying CIT officers, CIT programs should implement marketing and awareness strategies that will help educate community members when it is appropriate to call for police services or utilize other available community resources.

Recognition and Honors

CIT programs must continuously recognize and promote their strategies and activities. CITs should use multiple channels for advertising positive interactions between CIT officers, CIT stakeholders, and the community. This advertising can include internal memos, letters of support, roll call recognition, use of social media, and use of existing web-based platforms. CIT law enforcement coordinators should ensure that positive interactions with persons in crisis are brought to the attention of law enforcement agency administrators and relevant government officials. Law enforcement agencies should promote CIT as a policing strategy that benefits the community without emphasis on enforcement of the law.

Community Expansion and Statewide Contribution

CIT programs should engage agencies within their areas that are not involved in CIT. This engagement can be with non-participating law enforcement agencies, the court system, mental health providers, area hospitals, and others involved in behavioral healthcare and advocacy. All stakeholders within a program area need to actively participate in CIT program strategies and activities.

CIT programs should also integrate themselves into CIT-related activities and planning at the state level. CIT Coordinators should participate in meetings and activities with their counterparts from elsewhere in the state to exchange ideas, share working methodologies, and discuss problems and solutions.

Conclusion and Charge

CITs and CIT programs have been growing and evolving across Ohio since 2000. Guidance has been created, adapted, and adopted by communities in Ohio based on their available resources. The newly constructed Ohio CIT core elements provide a current framework for CITs and CIT programs so stakeholders can commence, develop, and sustain successful programs. Committing to the implementation of these elements will strengthen your CIT program and provide sustainability for future generations.

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Appendix A – Terminology and Definitions

Advocacy

For the purposes of this document, advocacy refers to organizations, groups, or individuals who advocate to improve the lives of people living with mental illness and their families. Mental health advocates challenge the major structural and attitudinal barriers affecting the lives of people living with mental illness and their families to achieve positive outcomes. They promote the human rights of people living with mental illness and strive to reduce stigma and discrimination.

Behavioral Health

Behavioral health describes the connection between behaviors and the health and well-being of the body, mind, and spirit. It is a blanket term that includes mental health. Behavioral health encompasses a continuum of prevention, intervention, treatment, and recovery support services for many conditions such as mental illness, eating disorders, social isolation, or substance abuse. Historically, CIT has focused on improving community responses to “mental health” crises. Although the terms “mental health” and “behavioral health” do not always mean the same thing, they can often be used interchangeably for the purposes of this document.

Crisis Intervention Team (Agency)

A business or organization that provides a specific service (law enforcement, service provider, etc.) that formally and through written policy has integrated concepts of the CIT Model and the Ohio CIT Core Elements into their organizational structure. A CIT can exist within criminal justice and mental health agencies. A CIT only operates within a larger CIT program.

Crisis Intervention Team Program

A program consisting of law enforcement, mental health, and advocacy collaborating to improve community responses to mental health crises. CIT programs are formally organized and have implemented the concepts of the CIT Model and the Ohio CIT Core Elements. A CIT program consists of agency CITs. In Ohio, CITs that utilize the same crisis response system participate in the same CIT program.

Crisis Response System

Crisis response system refers to an organized set of structures, processes and services that are in place to meet all the urgent and emergent behavioral health crisis needs of a community. A crisis response system is more than a single crisis program, such as a mobile crisis team, a receiving center, or a crisis stabilization unit. It involves an array of components, processes and services managed collaboratively and interlinked. In short, a crisis response system, in its ideal state, includes someone to talk to, someone to respond, and somewhere to go. In Ohio, the local crisis response system is normally defined geographically by county and overseen by a service board.

Law Enforcement

For the purposes of this document, law enforcement refers to agencies or professionals engaged in policing who are predominantly concerned with the preservation of order. Although the enforcement of laws is only part of policing, “law enforcement” is used to describe the array of different policing agencies found in Ohio. Members of these agencies may be known as deputy sheriffs, troopers, constables, rangers, or police officers. Absent their official designation, law enforcement plays an active part in order maintenance and community caretaking. Community caretaking is a legal concept that allows law enforcement to take actions outside of enforcing the law when there is an immediate need to render assistance that protects the lives of others or prevents serious injury. Due to law enforcement’s public service role and when safety concerns are involved, they play a vital role in a community’s crisis response system.

Mental Health

For the purposes of this document, mental health refers to organizations, groups, or professionals who are health care professionals, service boards or service providers who offer services for the purpose of improving an individual’s mental health or to treat mental or behavioral health disorders. Although the terms “mental health” and “behavioral health” do not always mean the same thing, they can often be used interchangeably for the purposes of this document.

Person in Crisis

A situation whereby a person has become unable to self-regulate thinking, mood, or behavior. A person could be experiencing intense feelings of distress and/or displaying obvious changes in functioning in their daily living activities. This disturbance with a person’s understanding and comprehension, ability to regulate emotions, and/or ability to regulate behavior may occur due to mental illness, intellectual or

developmental disability, an injury/trauma to the brain, deterioration of the brain, other medical conditions, or a medical emergency.

(Person with) Lived Experience

Lived Experience, or a person with lived experience, refers to having personal knowledge about the world gained through direct, first-hand experience with mental health or behavioral health challenges. This can include, but is not limited to, living with a severe and persistent mental illness, living with a substance use disorder, living with a spectrum disorder, living with an intellectual/developmental disability, using behavioral health services, or interacting with the criminal justice system.

Receiving Center

A location, sometimes known as a crisis receiving and stabilization facility, which can provide care to a person in crisis. This place may be a stand-alone facility, a hospital licensed by the Ohio Department of Mental Health and Addiction Services, a portion of a general hospital, or an emergency department of a general hospital.

Service Board

In Ohio, service boards are enabled by the Ohio Revised Code and the Ohio Administrative Code to plan, develop, fund, manage, and evaluate community-based mental health and addiction services. They can provide assessment, service planning, and coordination to adults and children with developmental disabilities, as well as oversight and assistance to service providers. Service boards play a central role for Ohio CIT programs in that they are positioned best to bring advocacy, law enforcement, and mental health together to improve responses to people in crisis.

Service Linkage

Referral to and acceptance by appropriate mental and behavioral health service providers. Service linkage is achieved when an individual not only accepts services from an appropriate service provider but also engages with those services.

Service Provider (Agencies or Professionals)

For the purposes of this document, service provider refers to licensed agencies or professionals who can diagnose various conditions, to include mental health, and then provide treatment. These agencies and professionals may provide a range of diagnostic and treatment services and methods.

Appendix B – Fundamental Elements of Crisis Intervention Team Training Courses

CIT Patrol Officer Training Course

Required training topics:

- Introduction to the CIT Model (to include role within CIT)
- Introduction to mental illness and persons in crisis (includes diagnoses and medications)
- Introduction to other behavioral health diagnoses/masquerading medical issues
- Substance use disorders/co-occurring disorders
- Suicidality
- Family perspective
- Persons with lived experience perspective
- Cultural awareness (to include culturally informed response)
- Field visits (site visits and/or ride-alongs with mental health)
- Legal issues and applicable court decisions (updated to stay current)
- Local crisis response system (resources and navigation)
- Local court system (to include specialty dockets if applicable)
- Emergency hospitalization (to include court ordered treatment)
- Policies and procedures (response, documentation, data sharing)
- Interacting with persons in crisis (communication, de-escalation, etc.)
- Crisis scenarios and practicum ("role plays") specific to role

Other training topics once required training topics are met:

- Poverty and homelessness
- Human trafficking
- Trauma informed care
- Personal wellness (self-care and other resources)
- Suicide-by-cop
- Client rights (treatment barriers, forced medication, confidentiality)
- Person in Crisis - LGBTQ+ Community
- Person in Crisis - Veterans
- Person in Crisis - ID/DD/Co-morbid disorders
- Person in Crisis - Other behavioral health issues
- Person in Crisis - Dementia and aging (concerns and available resources)
- Person in Crisis - Children and adolescents

CIT Public Safety Telecommunicator Training Course

Required training topics:

- Introduction to the CIT Model (to include role within CIT)
- Introduction to mental illness and persons in crisis (includes diagnoses and medications)
- Introduction to other behavioral health diagnoses/masquerading medical issues
- Substance use disorders/co-occurring disorders
- Suicidality
- Interaction with crisis hotlines (to include suicide hot lines, text lines, etc.)
- Family perspective
- Persons with lived experience perspective
- Cultural awareness (to include culturally informed response)
- Local crisis response system (resources and navigation)
- Policies and procedures (interaction, who is dispatched, classification, data sharing)
- Communicating with persons in crisis (communication, de-escalation, etc.)
- Crisis scenarios and practicum ("role plays") specific to role

Other training topics once required training topics are met:

- Poverty and homelessness
- Human trafficking
- Trauma informed care
- Personal wellness (self-care and other resources)
- Suicide-by-cop
- Field visits (site visits and/or ride alongs with mental health)
- Client rights (treatment barriers, forced medication, confidentiality)
- Person in Crisis - LGBTQ+ Community
- Person in Crisis - Veterans
- Person in Crisis - ID/DD/Co-morbid disorders
- Person in Crisis - Other behavioral health issues
- Person in Crisis - Dementia and aging (concerns and available resources)
- Person in Crisis - Children and adolescents

CIT Corrections Officer Training Course

Required training topics:

- Introduction to the CIT Model (to include role within CIT)
- Introduction to mental illness and persons in crisis (includes diagnoses and medications)
- Introduction to other behavioral health diagnoses/masquerading medical issues
- Substance use disorders/co-occurring disorders
- Suicidality
- Family perspective
- Persons with lived experience perspective
- Cultural awareness (to include culturally informed response)
- Legal issues and applicable court decisions (updated to stay current)
- Local crisis response system (resources and navigation)
- Local court system (to include specialty dockets if applicable)
- Emergency hospitalization (to include court ordered treatment)
- Policies and procedures (response, documentation, data sharing)
- Interacting with persons in crisis (communication, de-escalation, etc.)
- Crisis scenarios and practicum ("role plays") specific to role

Other training topics once required training topics are met:

- Poverty and homelessness
- Human trafficking
- Trauma informed care
- Personal wellness (self-care and other resources)
- Suicide-by-cop
- Field visits (site visits and/or ride alongs with mental health)
- Client rights (treatment barriers, forced medication, confidentiality)
- Person in Crisis - LGBTQ+ Community
- Person in Crisis - Veterans
- Person in Crisis - ID/DD/Co-morbid disorders
- Person in Crisis - Other behavioral health issues
- Person in Crisis - Dementia and aging (concerns and available resources)
- Person in Crisis - Children and adolescents

CIT Probation Officer Training Course

Required training topics:

- Introduction to the CIT Model (to include role within CIT)
- Introduction to mental illness and persons in crisis (includes diagnoses and medications)
- Introduction to other behavioral health diagnoses/masquerading medical issues
- Substance use disorders/co-occurring disorders
- Suicidality
- Family perspective
- Persons with lived experience perspective
- Cultural awareness (to include culturally informed response)
- Legal issues and applicable court decisions (updated to stay current)
- Local crisis response system (resources and navigation)
- Emergency hospitalization (to include court ordered treatment)
- Policies and procedures (response, documentation, data sharing)
- Interacting with persons in crisis (communication, de-escalation, etc.)
- Crisis scenarios and practicum ("role plays") specific to role

Other training topics once required training topics are met:

- Poverty and homelessness
- Human trafficking
- Trauma informed care
- Personal wellness (self-care and other resources)
- Suicide-by-cop
- Field visits (site visits and/or ride alongs with mental health)
- Client rights (treatment barriers, forced medication, confidentiality)
- Person in Crisis - LGBTQ+ Community
- Person in Crisis - Veterans
- Person in Crisis - ID/DD/Co-morbid disorders
- Person in Crisis - Other behavioral health issues
- Person in Crisis - Dementia and aging (concerns and available resources)
- Person in Crisis - Children and adolescents

CIT First Responder Training Course (Fire and EMS)

Required training topics:

- Introduction to the CIT Model (to include role within CIT)
- Introduction to mental illness and persons in crisis (includes diagnoses and medications)
- Introduction to other behavioral health diagnoses/masquerading medical issues
- Substance use disorders/co-occurring disorders
- Suicidality
- Family perspective
- Persons with lived experience perspective
- Cultural awareness (to include culturally informed response)
- Field visits (site visits and/or ride alongs with mental health)
- Legal issues and applicable court decisions (updated to stay current)
- Local crisis response system (resources and navigation)
- Emergency hospitalization (to include court ordered treatment)
- Policies and procedures (response, documentation, data sharing)
- Interacting with persons in crisis (communication, de-escalation, etc.)
- Crisis scenarios and practicum ("role plays") specific to role

Other training topics once required training topics are met:

- Poverty and homelessness
- Human trafficking
- Trauma informed care
- Personal wellness (self-care and other resources)
- Suicide-by-cop
- Client rights (treatment barriers, forced medication, confidentiality)
- Person in Crisis - LGBTQ+ Community
- Person in Crisis - Veterans
- Person in Crisis - ID/DD/Co-morbid disorders
- Person in Crisis - Other behavioral health issues
- Person in Crisis - Dementia and aging (concerns and available resources)
- Person in Crisis - Children and adolescents

CIT Behavioral Health Professionals Training Course

Required training topics:

- Introduction to the CIT Model (to include role within CIT)
- Introduction to the Juvenile Criminal Justice System
- Introduction to the Adult Criminal Justice System
- CIT officer's perspective
- Police officer's authority and standard operating procedures
- Law enforcement culture (to include policing vs. law enforcement)
- Field visits (police agencies, jails, ride-alongs)
- Local court systems (to include specialty dockets if applicable)
- Local jail system
- Receiving centers: emergency services (issues, concerns, and pathways)
- Health Insurance Portability and Accountability Act (HIPAA), 42 Code of Federal Regulations (CFR) Part 2 and law enforcement (restrictions on information sharing)

Other training topics once required training topics are met:

- Human trafficking
- Poverty and homelessness
- Trauma informed care
- Personal wellness (self-care and other resources)
- Suicide-by-cop
- Introduction to other behavioral health diagnoses/masquerading medical issues

Appendix C – Kirkpatrick Evaluation Model Overview

The Kirkpatrick Model of Evaluation has been used for over 50 years to evaluate training. It is known by instructional designers and those involved with training and workforce development. This model has been discussed during various iterations of the Ohio Peace Officer Training Academy's Instructional Skills Course for law enforcement officers. It is not the only example for evaluating training, and other evaluation tools or methods can be used if known and understood.

The four levels are shown below. They become more complex, labor intensive, and resource-intensive to complete. Some recommendations for instrument structure and contents are provided.

- Level 1 (reaction)—How did the learner feel about the training course, the training facility, and the trainers (satisfaction, engagement, relevance)?
- Level 2 (learning)—Did learning occur as intended and measured through testing and survey (knowledge, skills, attitude, confidence, commitment)?
- Level 3 (behavior)—Did the learner apply or believe they can apply what was learned when they return to their regular assignments?
- Level 4 (results)—Did the training positively affect the job and the organization that sponsored or provided the training when applied (desired outcome)?

CIT programs will not always collect data for all four levels of evaluation, although more data results in better training and outcomes. At a minimum, level 1 and 2 evaluations must be conducted. Level 1 evaluations are usually accomplished with survey instruments and must include items that independently evaluate course elements and instructors. The survey instruments may consist of questions to gauge learners' perceptions of whether they will change their behaviors on the job. Evaluation data must be analyzed and shared with CIT program partners for instructional or trainer adjustments as needed. The following construction elements can be used for each evaluation level.

Level 1--Survey Instrument

- Questions about the training environment and structure of the course.
- Questions about the topic to include materials and relevance.
- Questions about each instructor involved in the course.
- Questions about each presentation/discussion and all learning activities.
- Questions about the overall course to include open-ended blocks for commentary.

Level 2

- Cognitive pre-tests and post-tests can gauge changes in learning/knowledge.
- Role-playing exercises are required and graded as a course practicum (skills test) to show that learners apply what they have been instructed.



Level 3

- Survey instruments can be sent out at a determined period post-training (e.g., six months after completion) to allow learners to self-evaluate.
- Post-tests can be re-administered after a determined period to test for retention and use of what was learned.
- Supervisors can be surveyed about CIT officers to determine if what was learned changed behavior.
- Singly or in groups, interviews of CIT officers can be conducted to determine if behaviors have changed.

Level 4

- Measurement of key performance indicators (KPIs) should be conducted based on the goals of CIT (improved safety and reduced exposure to the criminal justice system as measured).
- Community feedback can also be obtained to support the measurement of KPIs.

Attachment 1 – Model Crisis Intervention Contact Sheet

 (Police Agency Name Here) Crisis Intervention Contact Sheet		
Date: <input type="text"/>	Time of Call: <input type="text"/>	Report Number: <input type="text"/>
Shift: <input type="text"/>	Total Time on Call: <input type="text"/>	MH Follow-up Requested: <input type="checkbox"/>
Location: <input style="width: 100%;" type="text"/>		
Type: <input type="checkbox"/> Personal Residence <input type="checkbox"/> Other Residence <input type="checkbox"/> Group Home <input type="checkbox"/> Business <input type="checkbox"/> Service Provider <input type="checkbox"/> Public Property		
Subject:		
Name: <input type="text"/>	DOB: <input type="text"/>	Phone number: <input type="text"/>
Address: <input style="width: 80%;" type="text"/>		County of Residence: <input style="width: 20%;" type="text"/>
Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Latinx <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Juvenile: <input type="checkbox"/>	Person/Agency Reporting: <input type="checkbox"/> Acquaintance <input type="checkbox"/> Mental Health <input type="checkbox"/> Unknown <input type="checkbox"/> Addiction Services <input type="checkbox"/> Passerby <input type="checkbox"/> Other <input type="checkbox"/> Hospital <input type="checkbox"/> Relative <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Subject
Crisis/Event:		
<input type="checkbox"/> Addiction Related	<input type="checkbox"/> Court Order	<input type="checkbox"/> Homeless
<input type="checkbox"/> Anxiety Related	<input type="checkbox"/> Dementia	<input type="checkbox"/> Intellectual Disability
<input type="checkbox"/> Autism Spectrum	<input type="checkbox"/> Depression	<input type="checkbox"/> Non-suicidal Self-injury
<input type="checkbox"/> Behavioral Concerns	<input type="checkbox"/> Delusions/Hallucinations	<input type="checkbox"/> Trauma Related
Other: <input style="width: 80%;" type="text"/>		<input type="checkbox"/> Suicide Thoughts
		<input type="checkbox"/> Suicide Threat
		<input type="checkbox"/> Suicide Attempt
		<input type="checkbox"/> Suicide Completed
		<input type="checkbox"/> Threat to Others
Response:		Weapon Involved:
<input type="checkbox"/> No Contact	<input type="checkbox"/> Active Listening/De-escalation	<input type="checkbox"/> Firearm
<input type="checkbox"/> Force Used		<input type="checkbox"/> Makeshift
		<input type="checkbox"/> Edged Weapon
		<input type="checkbox"/> Other
Disposition:		
<input type="checkbox"/> No Contact with Subject	<input type="checkbox"/> Medical Facility/ER	<input type="checkbox"/> Provided Referral Information
<input type="checkbox"/> No Police Action Taken	<input type="checkbox"/> Arrest	<input type="checkbox"/> Unfounded
<input type="checkbox"/> Mental Health Facility	<input type="checkbox"/> Death	Facility: <input style="width: 80%;" type="text"/>
Transport by: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Ambulance <input type="checkbox"/> No Transport <input type="checkbox"/> Other		Utilized other agency for assistance: <input type="checkbox"/>
Emergency Hospitalization:		
Subject taken into custody for evaluation: <input type="checkbox"/> Yes		Process initiated by: <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Physician/Medical Professional
		<input type="checkbox"/> Health Officer <input type="checkbox"/> Other
Crime:		
Incident has related crime: <input type="checkbox"/> Yes		Criminal charges to be filed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> TBD
		<input type="checkbox"/> Misdemeanor
		<input type="checkbox"/> Felony
Injury:		
Force Used. Incident resulted in injury: <input type="checkbox"/> Yes <input type="checkbox"/> Subject Injured <input type="checkbox"/> Officer Injured <input type="checkbox"/> Other Injured		
Officer: <input style="width: 80%;" type="text"/>		Supervisor: <input style="width: 80%;" type="text"/>
Unit: <input style="width: 80%;" type="text"/>	CIT Officer: <input type="checkbox"/>	Unit: <input style="width: 80%;" type="text"/>

The Model Crisis Intervention Contact Sheet and Supplementary Manual can be found at: neomed.edu/cjcoe/cit/training-resources/ under "Evaluation and Research"