Seneca-Sandusky-Wyandot CIT Peer Review
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1. **THE 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 June 24, 2016 among Michael Woody, Paul Lilley, Melanie White and Officer Keith Jesse. The site visit was conducted on August 11, 2016 by the review team and the members representing the SSW CIT program.

The ultimate test of this Peer Review Process will be if the report helps the Seneca, Sandusky, Wyandot (SSW) CIT partnership to strengthen its program and expand CIT trainings throughout all three counties.

2. **SSW COUNTY CIT HISTORY**

NAMI SSW and its partnership with area law enforcement should be commended for not only volunteering to participate in the Peer Review Process but their recent efforts at mapping the counties intercepts and implementing plans to strengthen MH/CH initiates. In volunteering for the Peer Review, they are joining over 20 other counties who have undergone this same process that can be an opportunity to make their CIT program (not just the training!) better and stronger.

The Peer Reviewers note a lot of positive aspects occurring within the SSW Crisis Intervention Team Training and the efforts of the local NAMI, in particular the efforts and energy of Melanie White. As the Executive Director of the local NAMI, Melanie has been involved with the local CIT program for over 5 years. Officer Keith Jesse is currently assisting Melanie as a CIT coordinator. He was CIT trained in February of 2016 and has been an auxiliary officer with Bellevue PD for more than 6 years.

The three county program has provided over 17 courses training over 300 officers since. Sandusky County has taken the lead in this Ohio region in offering 40-hour CIT Courses for many years (14 Courses) to not only they're law enforcement agencies but also to those agencies in Seneca and Wyandot Counties. These three Counties have a total of 21 law enforcement agencies. All of these agencies are sent timely notices of upcoming CIT Courses being held and encouraged to send officers. However, due to many of these agencies being very small it is sometimes difficult to commit an officer for a weeklong course without having personnel and/or the funds to back-fill his/her replacement in the community. Only 9 law enforcement agencies have not participated, and combined this accounts for only 15 full-time officers. But, Correction officers, Juvenile Court officers, Parole officers, mental health providers, Probation officers, Dispatchers, and an ever-increasing number of EMS/Fire Dept. personnel have attended.

In Sandusky County nearly all of the 84 full-time officers have attended the course. There are 7 L.E. agencies in this county. Three (3) have not participated which encompasses a total of 8 full-time officers. Also, Probation officers from Juvenile, City and Common Pleas Courts along with other Court personnel have attended, along with Correction officers and EMS/Fire Dept. staff.

Seneca County has 92 full-time officers. 62% have gone through the CIT Course. There are 10 L.E. agencies in this County with 5 not participating, for a total of 6 officers. Also, Correction officers, Juvenile Court officers and staff, Parole officers and a mental health provider have attended.

Wyandot County has 35 full-time officers. 91% have gone through the CIT Course. Only one L.E. agency out of the 4 in this county has not participated which has only 1 officer. Also a Correction officer and Dispatcher have attended.

3. <u>CIT PROGRAM STRENGTHS</u>

A. **County law enforcement agencies have a buy-in**. Based on the percentage of officers trained, law enforcement, especially in Seneca, Sandusky and Wyandot counties have shown great support for the program.

B. **Collection of CIT utilization data**. Data sheets have been implemented by NAMI SSW in Sandusky County and they are working to implement the data sheets in the other two counties. The data sheets contain good information related to the actual encounter.

C. **Local and state CIT Coordination**- NAMI SSW takes an active lead in coordinating the needed CIT trainings across the three county area. At the local level, participating LE agencies have identified CIT officers from each participating LE agency and assist with recruitment of LE trainees. Melanie has often sought the assistance of peer counties when implementing CIT and dispatch training and is active with the State Coordinators group. (Core Element: A CIT officer committed to the CIT concept/program will be designated as the contact person for the mental health system).

D. **CIT recognition**. One of the core elements is to develop a means of formally recognizing the outstanding efforts made by CIT officers or instructors. As part of the desk audit. The County noted one recognition of an officer in 2012. Two officers also received the NAMI Ray of Hope award in 2011. Beginning this October at the NAMI Ray of Hope awards banquet< NAMI will include the annual CIT Champion of the Year.

E. **Improvements in transition from law enforcement to mental health.** In the past, law enforcement would often complain about the slow response time when trying to access mental health professionals and that often they would de-escalate an individual and the mental health screener would send the person home only to have the officer called back out. Officer satisfaction with this screening process has improved since Firelands hired an additional screener and both systems have implemented the CIT observation form which communicates the seriousness of the crisis from LE's perspective with emergency staff.

F. **Database on CIT trainees**. NAMI keeps a master list of all officers ever trained beginning in 2006 that includes the various law enforcement jurisdictions.

G. **CIT Support** – One of the most important elements in any CIT program is a high level commitment from mental health system. The MHSRB, participating LE agencies and the mental health agency, Firelands, have partnered to provide CIT training. However, NAMI and Firelands request reimbursement for expenses when conducting special CIT trainings. The MHRSB of SSW assists with funding for one 40 hour training.

4. <u>CIT PROGRAM SUGGESTIONS</u>

As part of the Peer Review Process, a self-assessment was completed by Melanie White. This assessment identified the need for better communication and coordination of services and structure and support throughout the system. The reviewers concur. As CIT develops beyond training and into a full-fledged diversion/risk reduction program, the essential elements should 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.

A. **Review the Structure needed to foster and sustain CIT programming throughout the county.** Currently the CIT training committee meets irregularly, no minutes of the meetings are kept, and the group focuses almost exclusively on training issues. There does not seem to be a mechanism to grow the CIT programs elements throughout the counties (e.g., data collection, program evaluation, policy development). SSW should work with the other LE partners, hospital ER staff, and the mental health system to build the structure that will work best for the multi-county area that provides not just the training support needed but the program development support identified within the scope of this review. How this fits in with current CJ initiatives and

partnerships already formed through CIT and the sequential intercept mapping process should be addressed.

B. **Strengthen the current recruitment process of voluntary officers**. A core element is that not only is the CIT selection process voluntary, but a screening or interviewing process is conducted to try and identify those officers with the communications skills and mindset to be high performing CIT officers. For the three county program, the primary LE agencies all mandate that their officers attend which are the three S.O.'s, Upper Sandusky PD, Tiffin PD, Fremont PD, Woodville PD, Greensprings PD, and Clyde PD. Presently, Gibsonburg is planning on participating, Fostoria usually sends their officers to Toledo or Findlay and NAMI is now working on getting Bellevue PD involved. The smaller departments such as Sycamore and Carey usually have 1 or 2 part-time officers so it's a little more challenging with them. While the size of some of the LE departments makes a voluntary process impossible, this is not so in larger LE jurisdictions. Just as the size of the class is very much related to class dynamics, so is how the student officers got into the training. Voluntary recruitment is still the ideal within the Core Elements of the program.

C. **LE polices**. To provide strength and clarity to the CIT program within LE agencies, the adoption of polices is beneficial. While the reviewers were told that Sandusky County S.O. has enacted some polices supporting CIT, LE agencies in Seneca have not. Such polices often touch on the role of the crisis intervention officer and scene management, the implementation of encounter data collection, the involuntary commitment process, and the hand-off of individuals with mental illness and the mental health system when hospitalization is not warranted. The CJ CCOE has several sample polices available for review.

D. **Strengthen how CIT officers are being routed to CIT calls**. While CIT programs can adopt polices related to scene management, it is critical that trained officers are the ones being routed to the calls involving mental illness. A review of the number of calls handled by the participating LE agencies and the number of those encounters that involve mental illness would be a start, as would be setting clear goals of the number of CIT officers available for each shift for the larger LE agencies that are not training all officers.

E. **Use of CIT encounters data.** While data collection efforts are encouraged across the three counties, there is no collection, analysis and summarization across LE agencies. CIT stat sheets need to be summarized to track the outcomes of the encounters so the program has actual documentation on encounters related to safety, jail diversion, and hospitalizations. Such outcome data can also be available for supports and funders of the program. The CJ CCOE has several examples of how CIT data can be analyzed and reported available for the SSW program.

F. **Develop a crisis communication policy**. Once the CIT alliance has been identified throughout the county, the MHSRB of SSW may want to consider developing a crisis communication policy with its LE partners that outlines what happens should the community experience a bad

outcome (the death or injury of an officer or consumer). This policy would identify who deals with the media and general public on inquires and the role of the supporting actors (MHSRB, NAMI, etc.) and accurate information related to mental illness and violence. When CIT outcomes data is being collected, information related to the number of calls handled and safe encounters that have occurred could also be a part of the public message.

G. **Review liability with respect to the "pink slip" process of involuntary hospitalizations**. The reviewers suggest that the county get legal consultation on its implementation of 5122.10 to see if law enforcement liability can be lessened. The concern is that officers do not "pink slip" individuals before taking them involuntarily to the hospital or department to be evaluated. The detaining officer should do the documentation of probable cause when breaking the civil liberties of an individual with mental illness and the pink slip is one way of documenting this action. The peer reviewers have noted some instances in other counties where L.E. completing the pink slip even on voluntary clients provides leverage in those rare cases when someone changes their mind while at the hospital.

H. **Transporting individuals with mental illness**. The Program's self assessment identified the desire to improve crisis intervention outcomes in the emergency departments. Firelands Regional Medical Center/Counseling and Recovery services provides the 24/7 crisis services. Designated safe sites are used for law enforcement hand-off and include the ER and the local jails. CIT encounters should be defined as medical issues (e.g., suicide, depression, psychosis) even when laws may have been broken, especially misdemeanants, and the county should try and not use the jail as an assessment site.

5. <u>CIT TRAINING STRENGTHS</u>

A. **History of a commitment to specialized training.** The partnership that NAMI has fostered among the mental health and LE agencies includes a long history of producing semiannual CIT and dispatch trainings. In addition to meet the needs of LE officers, sometimes the 40 hour trainings are offered on a single day each week for a month. SSW's CIT program may be the only Ohio program that has made such strong alliances with training emergency medical staff. NAMI is currently making outreach to Hospital Security Officers to attend as well.

B. **Relevant Training Content**. The County's Self-Assessment identified these three strengths: Good trainers, an above average curriculum, a reputation of providing good caliber trainings and the Peer Reviewers agree! A review of the week long training schedule shows that the curriculum contains a broad range of topics including core trainings on mental illness from clinical, consumer, and family member perspectives, the hearing voices exercise and several de-escalation trainings and role plays which are guided by the EAR/LOSS teaching model. Other offerings include veteran's services, mental health issues with kids, autism excited delirium, and intellectual disabilities, eldercare and hoarding, and an opiate panel discussion. For the most

recent CIT training, the peer reviewers noted that the two highest rated sessions when averaging the scores provided were: Dying in Blue "Suicide in the Ranks" and Principles of De-escalation. The lowest using the average scores: Family panel and What is de-escalation?

C. **Cultural Diversity session**. The Peer Reviewers liked the materials reviewed for this topic as the content was county specific for minority populations and even more focused on mental illnesses specific to different minority groups relevant to each county. The instructor also gives very good analogies and empathy building exercises/materials.

D. **Evaluate impact of training on officer knowledge/ attitude**- The SSW program provides a pre-test/post as part of its class as a way to identify the change in knowledge/attitudes of the officers going through the training.

E. **Conduct specialized training for Dispatchers**. It should be noted that there is NO Core elements related to specialized training for dispatchers. Across Ohio, of the Peer Reviews conducted, programs often invite dispatchers to the 40-hour training or they conduct specialized training for call takers. SSW has done both. The next specialized training is scheduled for August and the content includes an opportunity for the dispatchers to learn about mental illness, review and respond to actual 911 calls involving different call types (suicide, psychosis, anxiety, etc.) and practice the skill set vital to call takers within a CIT program.

F. **Use of Role Play evaluation**. The SSW program facilitates the role plays using the CIT De-escalation Role Play Evaluation that is formatted to allow the facilitators to identify engagement, assessment, and resolution skills and score the students as displaying advanced, proficient or basic skills.

6. <u>CIT TRAINING SUGGESTIONS</u>

A. **Provide more interactive learning opportunities**- The evaluations had several comments related to the use of PP 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 into their presentations such as demonstrations, small group learning, visuals and/or interactive learning exercises.

B. **Consider providing advanced training**. While NAMI reports scheduling a four-hour advanced training in January of 2017, there has not been a history of providing such trainings. The Training 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.

C. **Strengthen the Legal block**- The current training block provides needed info on the probate process and the civil commitment process but does not cover case law related to the legal standard of deliberate indifference (Canton v. Harris – 1989), (Olsen v. Layton Hills – 1980), (Walker v. City of New York – 1992) and court decisions on diminished capacity and use of force. Reviewing case laws also provides the context for CIT's less authoritative de-escalation approach and sheds light on the actual de-escalation skills in such encounters (e.g., Fisher v Hardin and corroboration of unconfirmed suicide/mental illness calls; Griffin v Coburn and application of the force continuum on an unarmed, mentally ill subject; or Byrd v Long Beach as it relates to expectations around verbal de-escalation). Such cases help to define CIT as liability reduction training.

D. **Develop a means to receive ongoing, formal feedback from the trained officers.** The program could benefit from a formal way to receive officer feedback on encounters that could then feed future trainings and role play development, as well as problem solve issues that may arise between the Criminal Justice and the Mental Health systems.

E. **Allow students to go through multiple role plays**. It was mentioned as a program strength the way the program evaluates the role-plays. Facilitators may want to let students know that they will be evaluated on their skill set beforehand and let students see a copy of the sheet evaluators will be using to grade them.

   The peer reviewers would also like to see officers go through at least 2 scenarios where they trade off being the "lead" as they enter the next scenario. It may also strengthen the role play facilitation if the class and instructors spend time discussing and advising on techniques used and recommendations on how the scenario could have been handled. Actors can give good feedback on what made them feel calm (e.g. body language, tone of voice, space, etc.).

   Finally, there is now a trend across the nation to slowly introduce officers in the class to de-escalation techniques gradually throughout the week. Maybe on day #1 it is just having them go through the Introduction process/body language. Then on day #2 the active listening/tone is added. Then on day three begin to review techniques that offer help/solutions, etc.

F. **Consider "formalizing" the CIT Curriculum**. Making the training more explicit aids in clarifying what each block of the training aims to accomplish and also makes for easier transitions should CIT trainers and coordinators change over the years. Formalization includes creating "lesson plans" and training objectives (Student performance objectives) for each block of training (similar to what has been done for the de-escalation block) as well as writing up how the role plays are facilitated.

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 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.

Attachment #2: County Specific CIT Training Data

Sandusky County (7 L. E. Agencies) partner w/Seneca/Wyandot Counties (14 courses held)
8 officers from Clyde PD (62%)
31 officers from the Fremont PD (100%)
38 deputies from Sandusky County S.O. (100%)
1 officer from Woodville PD (20%)
Non-Participating L. E. Agencies: Ballville Twp. PD (0); Gibsonburg PD (5); Sandusky County Park District Ranger Dept. (3)
Colleges
3 Security officers from Terra Community College
1 law enforcement instructor from Terra Community College
Corrections/Court
2 officers from Sandusky County Adult Probation
1 officer from Sandusky County Courts

12 correction officers from Sandusky County Jail
2 officers from Sandusky County Juvenile Court
29 correction officers from Sandusky County Juvenile Detention Center
5 court personnel from the Sandusky County Juvenile Court Programs
9 officers from Sandusky County Juvenile Probation
1 Sandusky County Re-entry Task Force officer
1 Victim Advocate from Seneca County Court

Fire/EMS
35 Sandusky County EMS personnel

Seneca County (10 L. E. Agencies) partner w/Sandusky/Wyandot Counties (14 courses held)
10 officers from Fostoria PD (45%) *(2 trained in Lucas County & 3 in Hancock County & 4 in Wood County)*
4 officers from Green Springs PD (100%)
3 officers from Republic PD (300%)
22 deputies from Seneca County S.O. (65%) *(3 trained in Summit and 1 in Lake Counties)*
24 officers from Tiffin PD (83%)
Non-Participating L. E. Agencies: Attica PD (1); Bettsville PD (0); Bloomville PD (0); New Riegel PD (0); Tiffin Developmental Center/ODMRDD (5)
1 tax officer (Sworn) for State of Ohio

Corrections/Court
4 Correction officers from Crosswaeh
6 officers from Seneca County Juvenile Court
3 court personnel from Seneca City Juvenile Court
2 officers from Seneca County Adult Parole

Mental Health
1 mental health person from Tiffin University

Other Counties
4 deputies from the **Ottawa County** S.O.
2 Ohio Veterans Home PD officers (Ohio)

Wyandot County (4 L. E. Agencies) partner w/ Sandusky/Seneca counties (14 courses held)
1 officer from Carey PD (29%)
18 officers from Upper Sandusky PD (100%) *(2 trained in Lucas County)*
11 deputies from Wyandot S.O. (79%)
Non-Participating L. E. Agency: Sycamore PD (1)

Court/Corrections
1 correction officer from Wyandot County Sheriff's Office

Dispatchers
1 dispatcher from Upper Sandusky PD