Washington County CIT Peer Review

October-November 2016

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WASHINGTON COUNTY Peer Review Contacts

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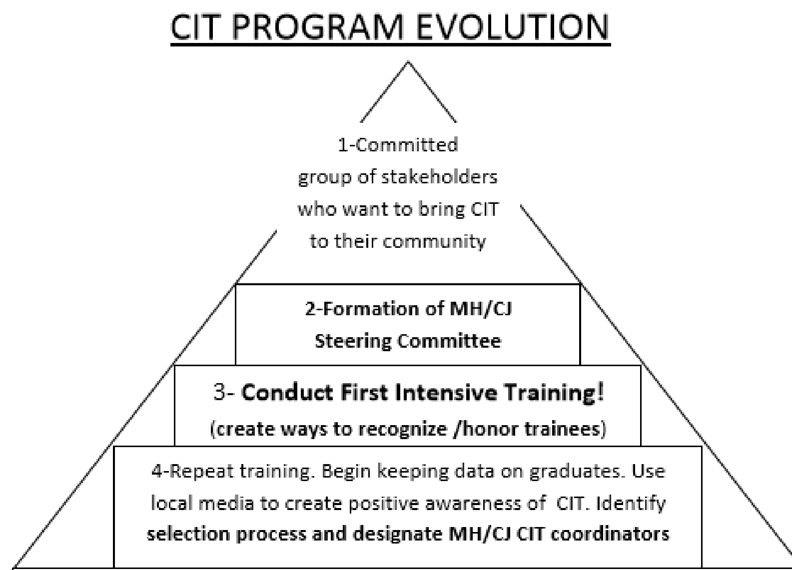
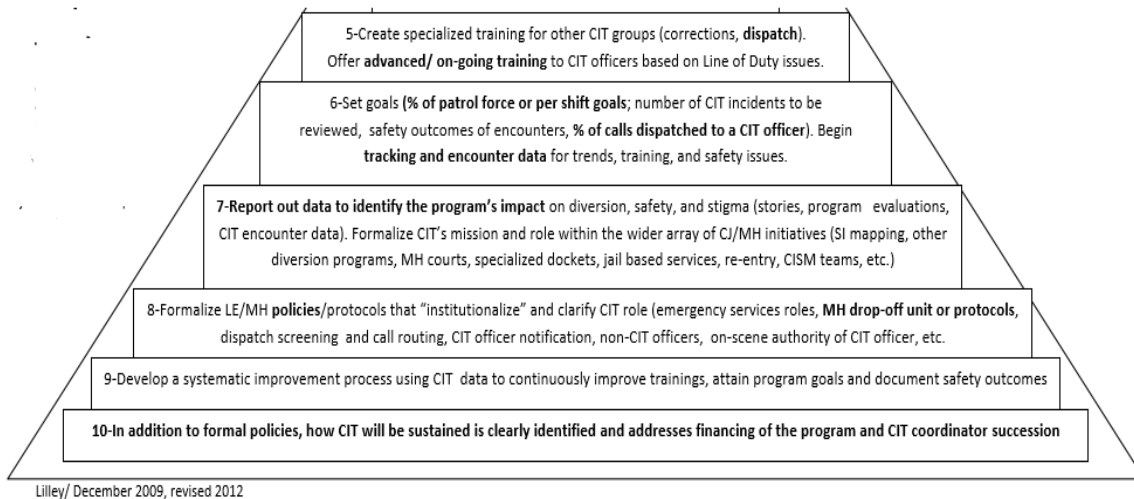
A. INTRODUCTION

In volunteering for the Peer Review, Washington County is joining over 21 other counties who have undergone this same process and this can be an opportunity to make the CIT program better and stronger. Most developing CIT programs go through common growth stages. From its inception to a committed group of people that bring an initial training to their community, to a policy driven, data rich CIT program, the core elements provide a way to guide the growth of programs. While the success of CIT program development is impacted uniquely by each community's leadership commitment and resources, the CIT Program Pyramid depicts these common developmental stages. As the illustration below shows, the county has achieved a significant milestone by reaching the fourth phase in their CIT program development.



Over the last two years Washington County has been able to accomplish two CIT trainings graduating about 40% of the areas law enforcement (according to the CJCCOE, 36 trained out of a force of 90 sworn officers). The majority of these have come from the largest police force in the county, Marietta PD, where 12 officers have been trained along with 7 officers from the Marietta College.

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



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

B. THE PEER REVIEW PROCESS

The Ohio Criminal Justice Coordinating Center of Excellence (CJ CCOE) was established in May 2001 to promote jail diversion alternatives for people with mental illness throughout Ohio. The Center is funded by a grant from the Ohio Department of Mental Health to the County of Summit Alcohol, Drug Addiction and Mental Health Services Board. The ADM Board contracts with the Northeast Ohio Medical University to operate the Center.

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

The Peer Review consists of four phases; a Self-Assessment conducted by the county under review; a Desk Audit that provides details on the program and training curriculum, a Site Visit by a team of reviewers; and a written report summarizing the reviewer's observations.

A telephone conference call was held on Wednesday October 12 among two of the Reviewers (Paul Lilley and David Malawista), and these representatives of the Washington County CIT program: Sergeant Kim Smith, Washington County Sheriff's Department, Karen Binkley and Miriam Keith from the Washington County Behavioral Health Board.

During this call the reviewers discussed barriers that the County has identified in growing their program, including lack of fiscal resources, lack of community alternatives to hospitalization, the precedence of paying for law enforcement to attend the trainings, and the ability to recruit law enforcement to take on a more consistent role in trainings. The ultimate test of this Peer Review Process will be if the report helps the County's CIT partnership to strengthen its program. The Washington County participants unanimously stated that the county has the leadership commitment and desire to use the peer review process to assist with their CIT development efforts and would put together local CIT stakeholders to meet with the Reviewers via the site visit.

The site visit was conducted on November 21st, 2016 by the review team and these members representing the WASHINGTON COUNTY CIT program:

Sergeant Kim Smith - Washington County Sheriff's Department
Karen Binkley - CIT Coordinator
Miriam Keith - Consumer Support Coordinator, Washington County Behavioral Health Board
Sgt. Joe Kirby – Belpre Police Department
Chief James Weaver – Marietta College Police Department
Ofc. A.J. Linscott - Marietta Police Department

C. CIT TRAINING STRENGTHS

1. Conducting two trainings to date

All communities wanting to develop their CIT programs start with the 40 hour intensive training. For two years, the partnership within the county has provided training to law enforcement and university security. To date, according to the data submitted by the county and summarized by the CJCCOE, here is the listing of those trained through the Washington County program:

Washington County (7 L. E. Agencies) (2 courses held)
5 officers from Belpre PD (45%)
4 officers from Beverly PD (100%)
12 officers from Marietta PD (40%) *(1 trained in Athens County)*
2 officers from New Matamoras PD (100%)
7 deputies from Washington County Sheriff's Office (18%)
Non-participating: Lowell PD (0)
Colleges
1 Washington State Community College Center for Public Safety Training Instructor
7 officers from Marietta College PD (100%) *(2 Trained in Athens County)*
Mental Health
1Washington County Behavioral Health Board person

2. Relevant training content

A review of the week long training schedule shows a broad range of topics including core trainings on mental illness from clinical, consumer, and family member perspectives, and several de-escalation trainings and role plays which are guided by the SEAR teaching model. Other content that seems to be very strong according to the evaluations include the session on officer well-being and the pink slip process. The training handout titled Medical and Mental Health: Why we ask for Medical Clearance provides valuable information related to the commitment process. Other offerings include veteran's services, excited delirium, substance use disorders, and intellectual disabilities.

3. A focus on mental illness and the skill set

The heart of CIT training is giving officers a solid understanding of special populations in general and mental illnesses in particular, as well as an emphasis on the communications skills needed to calm potentially unstable encounters. A review of the weeklong curriculum shows that over three hours were dedicated to special populations issues (mental illness, suicide, substance use disorders, and intellectual disabilities) and over 5 hours on the NEAR model and its application along with over 5 hours of role-play facilitation.

4. Opening session survey

On the first Day of the training, the attendees complete a brief survey that includes listing the 3 things they hope to learn or see addressed in the course. Doing this on the first day of course is a good way to adjust the training content, especially if the surveys are summarized and trends that come up through the survey process are emphasized ~~in~~ throughout the week.

5. Training handouts on mental illnesses that stress observable characteristics

When training officers on the recognition of special populations, an emphasis on what officers can see and hear through observable characteristics of the encounter is critical. Training on the mental illness blocks should not go into a lot of detail on the differing clinical presentation (e.g., the various types of personality disorder) unless it stresses the observable characteristics that officers should be looking for. Training material titled Interventions During Chronic Hallucinations and Sensory Modalities Involved in Hallucinations provided good information related to observable characteristics.

6. Evaluating the impact of training on officer knowledge/attitude

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

D. CIT TRAINING SUGGESTIONS

As Washington County works to improve its CIT Course it should be noted that the CJCCOE has collected many sample curriculum material from other programs throughout the country and has

a lending library of videos and curriculum like the Hearing Voices program available for loan to CIT programs. Specific recommendations provided below that end with the letters "CJCCOE" denote that samples exist if Washington County is interested in learning more about the specific recommendation.

1. The Planning Committee

The present composition of the Planning committee is comprised of Behavioral health board staff, court and law enforcement personnel. The composition of the committee does not appear to include agency representatives or consumers/family members. While there are not minutes of these meetings taken for the Peer reviewers to provide feedback on, it appears the Committee is exclusively focusing on CIT training and not program development. Beyond training, a broader role of the stakeholders involved with the criminal justice/behavioral health partnership could be to grow the county's program by implementing recommendations like those found within the next section of this document.

2. CIT training financial support

One of the things that helped Washington County recruit law enforcement participation for the first two courses was a local grant from the Foundation that helped to defray some of their "lost personnel time" due to sending officers to course. It will be important for the County to sustain their training beyond this grant. Typically in CIT partnership communities, law enforcement does not receive a stipend or funding to send officers to necessary training as their commitment to the CIT program is to recruit eligible volunteer patrol officers and make the training a priority for these officers just as they would Use of Force trainings.

3. Content review of the training (CJCCOE)

The Planning Committee should review the current training blocks to address areas where additional topics may be valuable. There was no training on cultural competency, co-occurring substance use/mental health disorders, and psychiatric medications. Cultural Differences training is a core training element and is a difficult block for a lot of CIT communities. In less racially diverse communities, some CIT programs address the issue of diversity through stereo-types or biases that individuals may hold. Still other communities use concepts from programs like Bridges out of Poverty to address some of the biases that exist among different social-economic classes. The CJCCOE has many samples of CIT training overviews.

In addition, while there is a focus on the pink slip process, there is no legal block that reviews relevant case law related to the legal standards and deliberate indifference, (Olsen v. Layton Hills – 1980), (Walker v. City of New York – 1992) and court decisions on diminished capacity and use of force. Reviewing case laws also provides the context for CIT's less authoritative de-escalation approach and sheds light on the actual de-escalation skills in such encounters e.g., (Fisher v. Hardin) and corroboration of unconfirmed suicide/mental illness calls; (Griffin v. Coburn) and application of the force continuum on an unarmed, mentally ill subject; or (Byrd v. Long Beach) as it relates to expectations around verbal de-escalation. Some legal blocks also cover high-risk cases officers may face, including Excited Delirium. Such cases help to define CIT as liability reduction training.

4. Provide more interactive learning opportunities (CJCCOE)

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 methods into their presentations such as demonstrations, small group learning, visuals and/or interactive learning exercises. The lending library of the CJCCOE has a lot of different curriculum material.

5. Consider "formalizing" the CIT Curriculum (CJCCOE).

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

6. Involve CIT graduates

Consider creating opportunities for the CIT graduates to give back. Creating opportunities for CIT officers to teach, return to future CIT courses being held, and have a voice in their local CIT program will further deepen the commitment and support of CIT within the departments. Peer to peer learning is one of the most effective tools for CIT. Even if the CIT officers are not comfortable to present by themselves, intentionally pair a CIT officer up with the existing trainer for each block. This will create opportunities for the class to hear about how the information they are learning directly relates to being a street officer. It may also be helpful to create several positions on the training committee that can be filled by recent CIT graduates. Another opportunity for CIT graduates to serve could be as facilitators/evaluators/actors for the de-escalation role-playing block as well as the pink-slip process.

7. Use of Role Play evaluation

There is no formal evaluation of each of the role-play scenarios that are conducted to help the students further understand and learn the skills specific to the NEAR de-escalation model (CJCCOE).

8. Post training survey (CJCCOE)

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

A. Do you believe you are better equipped to respond to a person in mental health crisis and connect them with appropriate mental health treatment, supports and services?
B. Do you believe CIT training has improved your safety on the job? Ask for examples.
C. What Advanced Training topics would be helpful?
D. Would you be interested in serving as an instructor for a future CIT training?

E. Please share an instance where the training you received has been useful in your job. (And ask if you may share that information to help promote your CIT course – on training flyers, letters, newsletters, etc.).

9. Consider providing advanced training

While efforts over the last two years have been focused on offering the intensive training, advanced courses for the CIT graduates is also important. The Committee should consider the feasibility of offering trainings at least annually for CIT graduates as it is beneficial for students to refresh their skills through regular, continued learning opportunities.

10. Conduct specialized training for dispatchers (CJCCOE)

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

11. CIT officer recruitment process

Washington County should continue efforts to reach out to the Sheriff Office to gain greater buy-in for the training and subsequent development of the program. Regarding the recruitment process, Peer Reviewers were surprised at the emphasis being given to sex crime investigators over patrol officers as CIT is for first responders to mental health calls. Also, while a lot of the law enforcement jurisdictions are small, there is a core element related to voluntary recruitment. A recruitment process could include a first priority given to patrol officers who want CIT training in order to set the tone for the rest of the patrol officers that would also need to attend the CIT course to garner a full class size. In addition to training law enforcement, the planning committee should consider if there is the need and desire to include corrections officers, hospital security, probation/parole officers, Ohio Highway Patrol troopers, or Fire/EMS personnel in the 40 hour trainings. Of note, it is often beneficial to invite selected community advocates and court personnel e.g. judges, bailiffs, NAMI folks, elected officials, and reporters to attend as observers.

12. Cross training of MH and LE presenters

As Washington county works to "grow their own" local presenters, it will be important to assess the need for cross training. Mental health instructors and the officers need to "walk in each other's shoes" in order to understand the difficulties each profession faces on a daily basis so that they build more empathy for each other's profession. Some counties do this by offering ride-alongs where the civilian presenters used in the training go out with a CIT officer on a shift and CIT officers shadow a case manager who may be doing home visits or community work with clients.

13. Recognition process of the training and program

Set up a formal recognition process of CIT officers with local media to bring positive attention to the partnership. Often the media is invited to the Friday role-play to do a story about the week-long course. CIT programs also conduct award ceremonies and CIT celebrations in their own community. You could also recognize outstanding instructors, chiefs, sheriffs, coordinators, entities, etc.

E. CIT PROGRAM DEVELOPMENT RECOMMENDATIONS

As the CIT pyramid illustrates (on the next page), moving from training into a full-fledged diversion/risk reduction program, the elements become more formalized with written policies, procedures, protocols, data collection, and evaluation processes that help build a solid foundation that can better position the program to weather funding and leadership cycles. While all of the phases depicted in the pyramid are relevant to Washington County's growth of the program, The Peer Reviewers will provide some additional recommendations on where the county may be able to start. As was the case with technical assistance to strengthen the training, recommendations that end with "CJCCOE" signifies that the agency has sample program materials that can benefit the Washington County program.

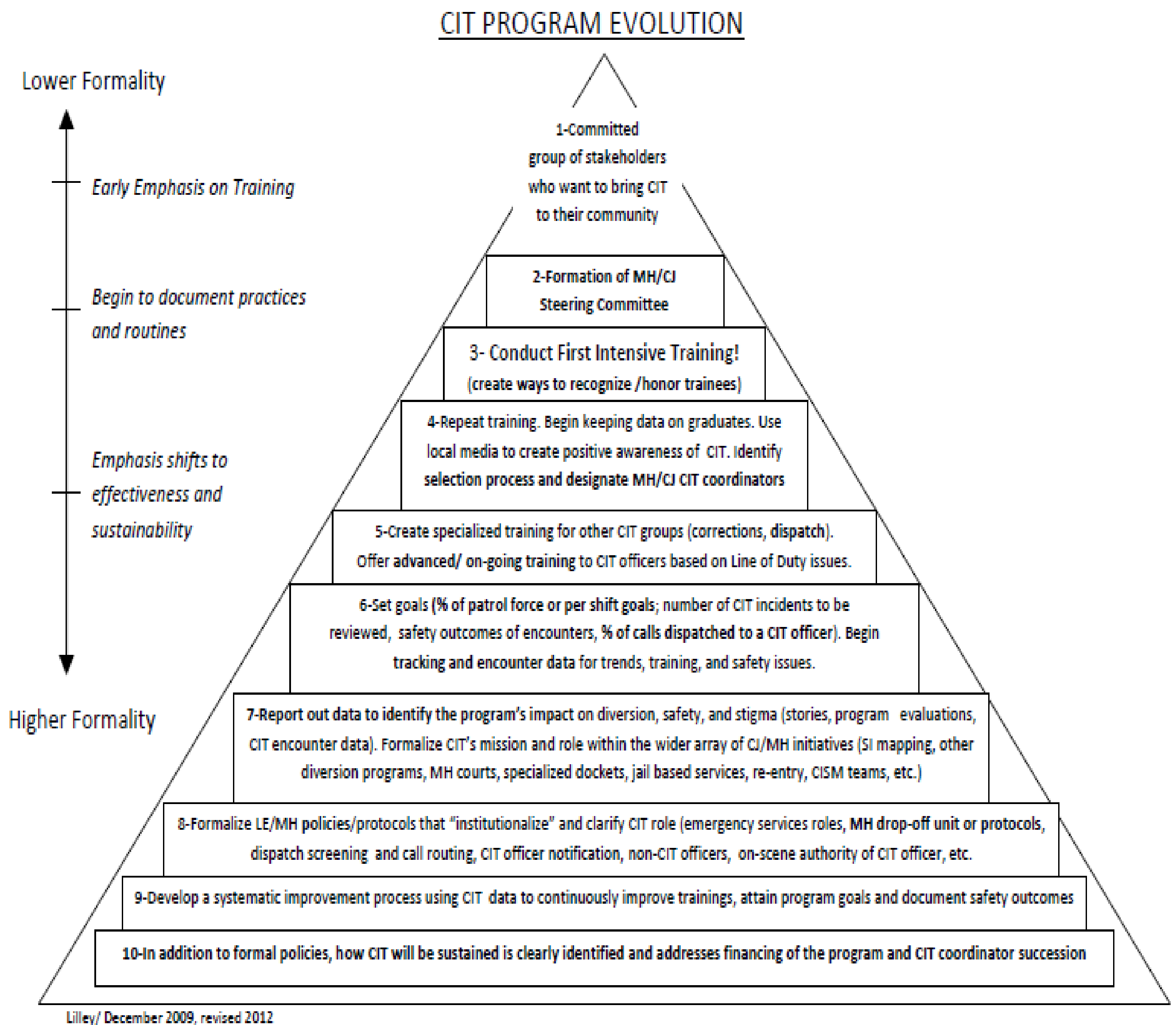
1. Collect Encounter DATA (CJCCOE)

The Peer Reviewers think this should be one of the first priorities that the law enforcement and behavioral health systems commit to. Formal tracking mechanisms to collect and summarize CIT encounter data across participating departments will serve as a way to evaluate the programs (by encounter outcome), review trends related to these encounters (how the calls initiated and what are the observable characteristics officers are facing), and prepare the content for future core/advance training. This would be helpful in cases of litigation and Grant requests. This could also include annual reports based on analysis of encounter data as well as training numbers. These types of reports can be provided to the Sheriffs and police chiefs and mental health funders supporting the program. It can also be used as a recruitment tool for those law enforcement jurisdictions not yet participating. The CJ CCOE has several examples of encounter data sheets and sample reports available for the Washington County program.

2. Policies and procedures support the CIT program (CJCCOE)

Policies and procedures that support the implementation of CIT should be developed. Such polices often touch on the role of the crisis intervention officer and scene management, the implementation of encounter data collection, goals related to % of officers trained, how dispatchers route calls to CIT officers, the involuntary commitment process, and the hand-off of individuals with mental illness and the mental health system when hospitalization is not warranted. The CJ CCOE has several sample polices available for review. Some of these

policies can help LE agencies who are seeking or maintaining CALEA certification. This will help move their training into a true diversion/risk reduction program. In addition, more formalization related to how both law enforcement and the behavioral health system delineate the roles and functions of each system's CIT coordinator, including how new ones are recruited to keep continuity across the program.



3. 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. It is not the

40-hr intensive CIT course that ultimately makes officers experts at handling these difficult and challenging calls. It is that if your agency is large enough, you have the luxury of having "special officers for special people". The special officers handle everyday calls for service just like any other patrol officers but when the dispatcher/call-taker determines that the call is based in a mental health crisis it gets funneled to the CIT officer. This basically translates into that officer handling approximately four times as many of these types of calls. In short order this increase makes them an expert. Not to mention that since these types of calls are often repeat calls for service, the officer has been there before and already built up a rapport with the person in crisis and their family. This should help as a trust has been established and the officer knows what works and what does not in each case. Also, when the community knows their police agency has CIT officers they normally call earlier in the crisis before it becomes full blown. This makes it easier for the officer to de-escalate the situation safely.

Attachment #1: Core Elements

9/2/04 Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs

Developed by the Ohio CIT Coordinators Committee in Conjunction with the Ohio Criminal Justice Coordinating Center of Excellence

INTRODUCTION

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

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

Goals for CIT Programs

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

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

- Increase the feeling of safety in the general community
- Increase law enforcement officer safety
- Increase mental health consumer safety
- Better prepare police officers to handle crises involving people with mental illness
- Make the mental health system more understandable and accessible to law enforcement officers.
- Supply law enforcement officers with the resources to appropriately refer people in need of care to the mental health treatment system

*Improve access to mental health treatment in general and crisis care in specific for people who are encountered by law enforcement

·Collaboratively, make the mental health system responsive to law enforcement to the greatest extent possible with community resources.

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

CORE ELEMENTS OF CIT

The following are what we believe to 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.