



# **Montgomery County CIT Peer Review**

## **April 2019**

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### **Organization of CIT Peer Review Report**

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- D. CIT TRAINING STRENGTHS**
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## A. The Peer Review Process

In volunteering for this Peer Review, Montgomery County is joining over 24 other counties who have undergone this same process which is supported by the Ohio Criminal Justice Coordinating Center of Excellence (CJCCOE). The CJCCOE 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 CJCCOE desires to work with Crisis Intervention Team (CIT) Coordinators across Ohio to strengthen our collective understanding of the core elements and emerging best practices. One vehicle of doing just that is through a “Peer Review Process” a voluntary, collegial process of identifying and coalescing the best elements of CIT programs from across the state 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 Monday, April 1st among the three reviewers and these representatives of the Montgomery county CIT Program; Jodi Long, Director of Treatment and Support Services, Montgomery ADAMHS, Lynn Voisard, Executive Administrative Assistance, Montgomery ADAMHS, Jennifer Hochdoerfer, Forensic Program Coordinator. During this call the reviewers discussed the nature of the county’s crisis services, the difficulty in collecting encounter date and broader LE participation across the many LE jurisdictions. These topics are addressed in more detail in this report.

The site visit was conducted on May 13<sup>th</sup> by Michael Woody, Jeff Futo and these members representing the local CIT program: Representing the ADAMHS Board was Jodi Long, Lynn Voisard, and Jennifer Hochdoerfer, Daryl Wilson, Montgomery County Sheriff’s office, Jason Neubauer, Moraine Bill Kellar, Dayton Police Department, Jenny Chiles, Vandalia Police Department, Mark Cummins from Montgomery County Developmental Disabilities.

This final report is a synthesis of what the reviewers found after studying the program self-assessment, conducting the telephone conference call, and attending the site visit.

## B. Montgomery County CIT History

The leadership of the Montgomery County ADMAHS Board is a critical aspect to the overall success of the CIT program. Since the county began training, the ADAMHS Board has subsidized the cost of the training and committed three different staff roles in support of the program. Jodi Long is the CIT Coordinator for the county and oversees system issues such as policies, procedures, and barriers to services. Lynn Voisard serves as the CIT Administrative Coordinator and is responsible for coordinating the Academies and Companion Courses Jennifer Hochdoerfer serves as the CIT Civil Commitment Coordinator, and addresses client level issues between LE & the mental health system.

Montgomery County has a long and consistent history of providing CIT trainings, some 31 trainings since the inception of the county's program in 2003. Four full CIT trainings are offered each year that are open to corrections, probation, parole, hospital and college personnel. As of 2018, dispatchers are offered a separate 8 hour training.

The LE commitment to the partnership is to recruit eligible officers and make the training a priority for these officers just as they would other types of critical firearms or use of force trainings. With over 30 LE jurisdictions across the county, the local program benefits from the support and involvement of the two largest LE agencies in the county. Both the Dayton and the Montgomery County Sheriff's Office have trained over a third of their officers.

Through April of 2019, according to the CJCCOE's data, the number of CIT trained full time Ohio Sworn Peace Officers from Montgomery County is 379, which represents 32% of the 1,203 law enforcement officers throughout the county. Of this total, 56% (212) have come from the two largest LE agencies in the county (Dayton PD = 135 and Montgomery County SO = 77). Nine LE entities have not participated in any CIT trainings and all of these jurisdictions have less than 50 officers. The county is developing a plan to use coverage by the Sheriff's Office to allow smaller departments to send officers to the full training. Court judges and dispatchers have also attend the 40-hour trainings. For a complete listing of the County's trainees since the program began, see Attachment # 1.

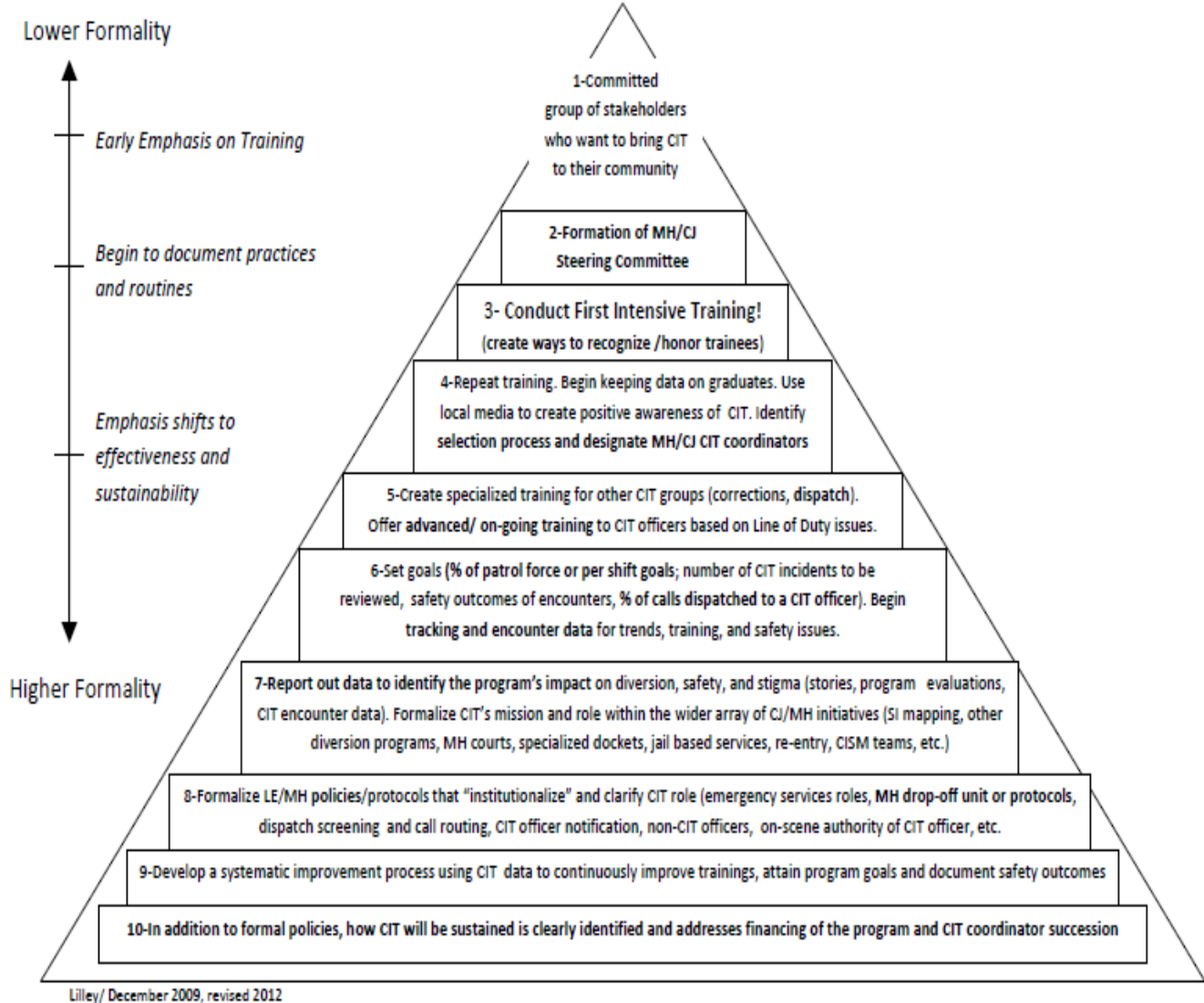
While this Peer Review focuses on the CIT program, it should be noted that the county has several other CJ/BH initiatives occurring including, involvement with Sequential Intercept Mapping, municipal specialized dockets, use of Justice Web by the ADMAHS Board to track jail admissions of current clients, and offering CJ staff Mental Health First Aid Training.

### C. CIT Program Development

Most developing CIT programs go through common growth stages. From its inception of a committed group of people who 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 any program is impacted uniquely by each community's leadership commitment and resources, the CIT "Program Pyramid" depicts common developmental stages. As part of the peer review process, the participating Montgomery county ADAMHS staff rated their development as the fifth phase of CIT program development and the reviewers concur that the county has provided a rich history of sound trainings.

But CIT is more than just training. It is a program that saves lives. Where sound CIT program exists that include things like formalized department-level polices and the systematic collection and analysis of encounter data, then the impact of CIT programming on a community can be evaluated. The main goal of CIT programs as a risk reduction program are to increase officer and consumer safety and divert individuals with mental illness from jails to gain quicker access to much needed treatment services. Because Montgomery County is not yet at the point of having program elements like those listed beyond the 5<sup>th</sup> stage, this report will be formatted to stress the reviewers' assessment of the strengths and suggestions for improvement of the CIT training as well as outlining recommendations that address continued program development. The ultimate test of this Peer Review Process will be if the report helps the County's CIT partnership to strengthen its program.

## CIT PROGRAM EVOLUTION



### D. CIT Training Strengths

Staff from the Montgomery County program completed a self-assessment of their CIT program and noted, among other aspects, these strengths: a focused, updated and relevant training curriculum, consistent care coordination across CJ and BH fields, and strong consumer perspective representation in the training. The reviewers agree and expand on the training strengths.

## **1. A well organized and formal CIT Curriculum**

Montgomery County has taken several steps to formalize their training including the adoption of learning objects for each session, written directions on how role plays are facilitated and evaluated, training evaluations, and consistent de-escalation themes imbedded in the various special population sessions. The handouts are up to date well organized (ex., The medication handouts include information on psychotropic medications and heat related illnesses; the mental illness signs and symptoms handout is detailed and laid out well and the provider sheet is quite comprehensive). The county also provides information to the officers about the Get Help Now App. This smartphone app helps connect clients in need of services to the county's network of agencies by providing directions, contact information and services provided at each facility.

Making the training more explicit aids in clarifying what each block of the course aims to accomplish and makes for easier transitions should CIT instructors and coordinators change over the years. This formalization also helps to address mission creep and relevancy to the street encounter as the sessions become more deliberate and justified based on the adopted student learning objectives.

An additional strength is the ambitious training schedule that is being managed. Four 40-hour core trainings and four 8-hour dispatch trainings is remarkable in itself, but the county also provides Mental Health First Aid training. In 2019, two CIT companion courses for Behavioral Health Professionals are also planned.

## **2. A range of interactive learning opportunities are provided**

While many of the training sessions rely on lectures often using PowerPoint presentations, there is an overall balance by the use of interactive exercises. The use of relevant videos, especially the body cam videos to supplement the PP presentations is engaging. Also, the use of small group exercises, ride-alongs, site visits, and interactive exercises like those used in the pink slip or medication sessions are additional examples of how the program enhances participant learning.

And, while the program does a great job in incorporating the consumer perspective, for example, the presentation on medications could be enhanced by having several consumers who are on various medications talk with the officers on why they take (or don't want to take) their prescribed doses and the side effects they experience.

## **3. Strong 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. Sessions are co-facilitated with LE and BH representation. Evaluations show that training blocks are well received by the participants and several of the blocks received perfect scores based on a summary of four different trainings summarized by the ADAMHS staff. Several of the trainings, including those on Accumulated Stress and Forensic Monitoring received perfect scores across all four trainings. The Peer Reviewers want to also highlight the following:

- The content for the session on Civil Commitment and Emergency admissions is very thorough and understandable. There is detail provided on the actual “pink slip” that addresses how to adequately complete the form and exercises used for the students to evaluate sample completed forms.
- The use of dash/body cam video to supplement the training blocks on mental illness and de-escalation.
- The CIT program implements a pre/post-test as part of its class to identify the change in knowledge and attitudes of the officers going through the course. This is an important evaluation on the overall impact the training is having on officers.
- In addition to the CIT students receiving a CIT pin as part of the graduation, each graduate is also provided with a Challenge Coin to recognize the graduate officers for doing something extraordinary.

#### **4. De-escalation training is made relevant to the street encounter**

The Peer Reviewers noted that several blocks of the training focus on the observable behaviors of conditions rather than on clinical definitions or medical terminology. The de-escalation PP content is organized around how to recognize (LOSS Model) and react to (EAR model) those in a mental health crisis. Training addressing other special populations continue this emphasis with content that is focused on how the officers identify (ex. Recognizing people with autism) and communicate with (ex. Communication tips with DD population) such populations.

#### **5. Involvement of CIT graduates**

The program creates opportunities for the CIT graduates to stay involved with future trainings. In the self-assessment, ADAMHS staff noted that “At every Academy, we ask for officers who are interested in co-facilitating sections of the CIT training. We have at least 2 CIT officers and mental health officers who can train all sections of the 40/hr. Academy. We are regularly trying new facilitators in order to maintain a “pool” of seasoned, skilled facilitators. 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 an effective tool for CIT. Some programs have graduates from past trainings come in on the very first day of the training to talk about how the training has impacted their skill-set and provide examples of actual encounters. This creates opportunities for the class to hear about how the information they are learning directly relates to encounters they will face.

## E. CIT Training Suggestions

As Montgomery 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 state and has a lending library of videos and curriculum material available for loan to CIT programs. The website can be reached here <http://www.neomed.edu/cjccoe/cit/>.

### **1. Consider involving Emergency Medical Staff in future trainings**

The county has done a fantastic job of including a variety of LE and CJ staffs in their trainings and the reviewers believe that including EMS personnel can benefit the overall training. In Summit and Hancock Counties, EMS personnel regularly participate in CIT courses and give it great reviews. The role-plays used in Summit County also include situations where it would be prudent for the officers to request medical services (e.g., responses to Excited Delirium or someone experiencing alcohol withdrawal) and they send in the EMS Students into the scenario and evaluate how they work together with the police to solve the problem).

### **2. Provide more detail on responding to encounters involving drugs of abuse**

The training includes a 1-hour session on Mental Illness and Addiction. The majority of the information is on the stages of change and the evidence-based treatments offered to those seeking recovery from addiction. The very last slide provides general tips to officers encountering someone under the influence. The reviewers believe that this type of content should be expanded upon in the training.

Usually these sessions include making the connection with students that certain drugs can mimic mania, psychosis, and other observable characteristics of mental illness. If officers suspect someone is under the influence based on speech or physical conditions, the assessment phase of the EAR model includes officers asking questions about what and how much was consumed or injected. CIT trainings also assist officers in treating these types of encounters as possible medical emergencies and are taught the observable characteristics of withdrawal from different substances looks like and an emphasis on quickly involving medical services.

### **3. Teach officers about the condition Anosognosia**

The county provides adequate background on the history of our understanding of mental illnesses and treatments. In addition, emphasis is also on the observable characteristics of a variety of illnesses. When the mental health training material, the reviewers did not see any handouts or content related to Anosognosia, the condition that is related to the lack insight that one has about their own illness. As a training topic, this medical condition is important for these reasons: It helps officers further understand the brain/chemistry aspects of mental illnesses, it is a major reason why many of those with psychotic disorders do not comply with treatment; and, because of this, it is a factor related to the subset of individuals who are at a greater risk of unpredictability in police encounters. Many CIT programs include information about Anosognosia in sessions related to dangerousness, psychosis, or as a subset of schizophrenia.

#### 4. Introduce more scenario-based training earlier in the week

Scenario-based training is an effective way to teach and re-enforce the skill set that officers need to safety de-escalate encounters. Many CIT programs are providing more opportunities to role-play by introducing scenarios earlier in the training and within context of sessions offered on communication and/or special populations. For example, when teaching the students about psychosis, a role-play involving some exhibiting delusions or hallucinations can be introduced.

By way if example, The Bureau of Justice Assistance has published: *Effective Community Responses to Mental Health Crisis: A National Curriculum for Law Enforcement Based on Best Practices from CIT Programs Nationwide* which offers this training overview:

Effective Community-Based Responses to Mental Health Crisis: A National Curriculum for Law Enforcement					
Based on Best Practices from CIT Programs Nationwide					
40-hour Curriculum Matrix   Based on University of Memphis CIT Matrix					
TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00	M1   <b>Administrative Tasks:</b> Welcome & Overview	M8   <b>Mental Health Didactics:</b> Personality Disorders	M10   <b>Mental Health Didactics:</b> Disorders in Children, Youth, and Adolescents	M17   <b>Mental Health Didactics:</b> Post-Traumatic Stress Disorder	M21   <b>De-Escalation:</b> Scenario-Based Skills Training
8:30	M2   <b>Research &amp; Systems:</b> CIT Overview	M9   <b>Mental Health Didactics:</b> Neurodevelopmental & Neurocognitive Disorders	M11   <b>Mental Health Didactics:</b> Pscopharmacology	M18   <b>Mental Health Didactics:</b> Suicide	
9:00	M3   <b>Mental Health Didactics:</b> Schizophrenia, Psychotic, & Bipolar Disorders				M12   <b>Mental Health Didactics:</b> Assessment, Commitment, & Legal Considerations
9:30					
10:00					
10:30	M4   <b>Mental Health Didactics:</b> Depressive Disorders	Site Visits	M13   <b>Law Enforcement:</b> Policies & Procedures	M22   <b>Law Enforcement:</b> Incident Review	
11:00			M14   <b>Law Enforcement:</b> Liability & Other Issues		
11:30					
12:00	Administrative Tasks: Lunch				
12:30	Administrative Tasks: Lunch				
1:00	M5   <b>Mental Health Didactics:</b> Substance-Related and Addictive Disorders	Site Visits	M15   <b>Community Support:</b> Veterans & Homelessness	M20   <b>De-Escalation:</b> Scenario-Based Skills Training	M23   <b>Community Support:</b> Advocacy
1:30					
2:00	M6   <b>Mental Health Didactics:</b> Disruptive, Impulse-Control, & Conduct Disorders	Site Visits	M16   <b>De-Escalation:</b> Scenario-Based Skills Training	M24   <b>Research &amp; Systems:</b> Evaluation	
2:30					
3:00					
3:30	M7   <b>Community Support:</b> Advocacy, Cultural Awareness & Diversity	Site Visits	M25   <b>Administrative Tasks:</b> Graduation & Presentation of Certificates		
4:00					
4:30	M7   <b>Community Support:</b> Advocacy, Cultural Awareness & Diversity	Site Visits	M25   <b>Administrative Tasks:</b> Graduation & Presentation of Certificates		
5:00					

#### 5. Review the focus of the various legal blocks

While there is emphasis on crisis services, commitment law, and a focus on the pink slip process, there is little instruction on relevant case law related to court decisions on diminished capacity and use of force. Reviewing such case law provides the context for CIT’s less authoritative de-escalation approach and sheds light on the actual communication skills 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 as it relates to expectations around verbal de-escalation (Byrd v. Long Beach). Some legal blocks also cover high-risk cases officers may face, including Excited Delirium. Such cases help to define CIT as liability reduction training.

## **6. Offer a Diversity training block**

There is no segment on cultural issues as they relate to the police encounter. While it is acknowledged that this is a difficult topic for most CIT programs, it is one of the core training elements. Some programs are exploring this topic through the issue of the culture of poverty or personal bias and how such bias can affect police work.

## **7. Consider providing advanced training**

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

## **F. CIT Program Development Recommendations**

### **1. Assess how best to use the Steering Committee to grow the program**

The CIT pyramid mentioned earlier in this report, illustrated how the program development phases become more formalized with written policies, procedures, protocols, data collection, and evaluation processes that help build a solid foundation that can better position the program to weather funding and leadership cycles. This increase in formalization usually means a greater level of collaboration across the CJ/BH partnership and a revitalized role for the Steering Committee.

The Reviewers were provided minutes for the last three years of the Planning Committee and, due to cancelations, the committee appears to have met only twice over those three years. When the committee does meet, beyond addressing training issues, the committee can address the implementation of recommendations like those found within this document.

### **2. Collect Encounter Data**

The Peer Reviewers think this should be one of the first priorities that the law enforcement and behavioral health systems commit to action on. 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), track the percentage of CIT officers dispatched to a CIT call and provide data to inform future core/advance trainings. 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. If the county can recruit one willing LE department to pilot the data collection it may make the task more manageable and set the way for other departments to follow suite. The CJ CCOE has several examples of encounter data sheets and sample reports available for the Montgomery County program.

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

When asked what would help to strengthen the CIT program, the ADMAHs staff that completed the self-assessment noted, “Training for law enforcement agencies on developing or updating their policy and procedures related to mental health calls.” Beyond training, peer reviewers recommend that a more comprehensive approach be taken by the Steering committee to include the review of model and existing CIT policies from other LE agencies. Some of these policies can help LE agencies who are seeking or maintain CALEA certification. The reviewers did not see any LE CIT policies but were told that many of the CALEA agencies have mental health policies. Policies and procedures that support the implementation of CIT should be developed across participating LE agencies. Such policies often touch on the role of the crisis intervention officer and scene management, the implementation of encounter data collection, goals related to the percent of officers trained, how dispatcher’s route calls to CIT officers, the involuntary commitment process, and the hand-off of individuals with mental illness to the mental health system when hospitalization is not warranted. 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. The CJ CCOE has several sample policies available for review.

### **4. Review liability with respect to emergency hospitalization**

In Montgomery County, both health officers and law enforcement officers initiate the “pink slip”. The reviewers suggest that the county get legal consultation on its implementation of 5122.10 ORC to see if law enforcement liability can be lessened. The concern is that not ALL officers provide written statements after taking individuals involuntarily to a hospital to be evaluated. The detaining officer should do the required documentation of probable cause when breaking the civil liberties of an individual with mental illness. The “pink slip” form provided by the Ohio Department of Mental Health and Addiction Services is one way to accomplish this. The peer reviewers have noted some instances in other counties where L.E. completing the emergency hospitalization form even on voluntary clients who meet the criteria provides leverage in those rare cases when someone changes their mind while at the hospital.

### **5. Refine the CIT officer recruitment process**

There is a core element related to voluntary recruitment of officers using a formal application process. Full-Time Patrol Assigned officers & School Resource officers should be a priority to become a CIT officer. They should have at least 3 years experience, have leadership skills, be emotionally mature, and be recommended by one or more supervisors. Their personnel file should not have recent disciplinary actions or founded complaints. An interview process should take place with one or more supervisors before being accepted into the 40-hr. course (one of which should be the departments CIT Coordinator).

They also would agree to wear the CIT pin, handle these additional calls for service, and diligently fill-out and turn in CIT Stat Sheets when handling mental health calls.

## **6. Implement a post training survey**

When asked what might strengthen your CIT program, the ADMAHs staff that completed the self-assessment noted “Feedback from law enforcement agencies (e.g., written examples) of successful CIT interventions on mental health calls.” Some CIT communities provide a post training survey to assess the continuity of skills learned at the training with actual encounters after the training. Consider sending a post training survey 6-12 weeks after training to solicit the feedback of graduated students and the use of their new skill set. The survey can build on the programs posttest questions and may include questions like:

- A. How have you been able to use your CIT de-escalations skills since graduation?
- B. Do you believe CIT training has improved your safety? Ask for examples.
- C. Can you provide examples of actual Engagement or Assessment skills you successfully or unsuccessfully deployed?
- D. In seeking safe resolutions with a variety of special populations, are there any types of calls or encounters you still feel you need more training on?
- E. Please share an instance where the training you received has been useful in your job.

## **7. Recognition process of the training and program**

Public ways to acknowledge the CIT program builds local comradery and strengthens the behavioral health/criminal justice partnership by bringing positive attention to the program. In addition to recognizing CIT officers, some programs recognizing outstanding instructors, chiefs, sheriffs, coordinators, dispatchers, correction officers, and agencies.

While the program has not established a formal local process to recognize the work of CIT officers, staff do regularly nominate individuals for state CIT awards. For example Jason Olson was recognized for his work with the GROW (quick response team) Initiative at the 2018 Greater Dayton Brain Health Foundation. Chief Kurt Althouse/Vandalia PD was recognized at the 2018 CIT Advanced Training Conference as Champion of the Year.

## Attachment #1: Montgomery County CIT Training Stats

Montgomery County (31 L. E. Agencies) 31 courses held

15 officers from Butler Twp. PD (94%)

6 officers from Centerville PD (16%)

2 officers from Clayton PD (14%)

2 Neighborhood Assistance Officers – Dayton PD (volunteers)

6 officers from Dayton International Airport PD (21%)

135 officers from Dayton PD (38%) + 1 Civilian Parking Aid

2 officers from Englewood PD (10%)

3 officers from German Twp. PD-Montgomery (100%)

1 officer from Germantown PD (9%)

1 officer from Grandview Medical Center PD (2%)

8 officers from Huber Heights PD (16%)

1 officer from Jackson Twp. PD (20%) (Trained in Preble County)

20 officers from Kettering PD (24%)

1 officer from Miamisburg PD (3%)

11 officers from Miami Twp. PD-Montgomery (31%)

77 deputies from Montgomery County S.O. (39%)

10 officers from Moraine PD (40%)

2 officers from Riverside PD (8%)

17 officers from Vandalia PD (57%)

4 officers from West Carrollton PD (18%)

Non-Participating L. E. Agencies: Brookville PD (11); Clay Twp. PD –Brookville (5); New Lebanon PD (5); Oakwood PD-Montgomery (29); Perry Twp. PD-Montgomery (5); Phillipsburg PD (0); Trotwood PD (33); Union PD (7)

Colleges

7 security officers from Wright State University (1 Trained in Hamilton County)

2 Wright State Ellis Ctr employees

26 officers from Sinclair Community College PD (100%)

3 Instructors from Sinclair Criminal Justice Training Academy

14 officers from University of Dayton PD (53%)

Courts/Corrections

1 Correction officer from M.C.S.O.

1 State Parole Officer

6 Dayton Prosecutors

2 City Probation Officers

4 Montgomery County Common Pleas Mental Health Docket Personnel

39 Correction officers from (ODRC) Dayton Correctional Institute (1 trained in Franklin County; 4 in Allen County)

Dispatchers

6 emergency operators

1 Sinclair Community College Dispatcher

1 OSP Dispatcher

15 Dispatchers attended an 8-hr. CIT type course (1 Vandalia ,1 Englewood, 3 Centerville, 2 Huber Heights, 1 Kettering, 2 Moraine, 1 Miami Valley Hospital, 2 MCSO

Fire/EMS

1 Dayton FD officer

Hospitals/Mental Health

2 DayMont Behavioral Health people  
 1 Eastway person?  
 2 Goodwill Easter Seals Miami Valley persons?  
 2 Good Samaritan Hospital Security officers  
 2 Life Essentials people?  
 6 MVHO/PATH persons  
 13 officers from Miami Valley Hospital Campus Police (Assigned by Dayton PD)  
 4 South Community Inc. people  
 22 Mental health persons  
 3 VA Hospital Security officers  
 1 ADAMH Board member  
 1 Samaritan Behavioral Health person  
 OSP  
 3 Highway Patrol Troopers  
 Parks  
 9 officers from Five Rivers MetroParks (29%)  
 Other Counties  
 2 officers from Beavercreek PD (Greene County)  
 2 deputies from Butler County S. O.  
 6 Fairfield Twp. Officers from Butler County  
 2 deputies from Clark County S. O.  
 1 officer from Enon PD (Clark County)  
 3 Springfield PD officers (Clark County)  
 2 deputies from Greene County S. O.  
 1 officer from Piqua PD (Miami County)  
 1 deputy from Preble County S. O.  
 1 NAMI Person from Butler County  
 2 officers from Yellow Springs PD (Greene County)  
 1 Social Worker from Yellow Springs PD (Greene County)  
 36 Correction officers from Warren State Corrections  
 Other States  
 1 Sheriff's Deputy from Washtenaw County S.O. (Michigan)  
 1 Dispatcher from Washtenaw County S.O. (Michigan)

## **Attachment #2: Expert Consensus Document**

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### **9/2/04 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 affect 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, which 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  
o Supply law enforcement officers with the resources to appropriately refer people in need of care to the mental health treatment system

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

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

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

**CORE ELEMENTS OF CIT** The following are what we believe to be the core elements of successful CIT programs:

1. Selection of CIT officers: **For large law enforcement agencies:**

There should be a formal selection process within the law enforcement agency. This could include:

A written application to join the program.

An interview to determine motivation to become a CIT officer.

A background investigation process to ensure that CIT candidates are of the highest caliber.

Whenever possible, CIT officers will be volunteers that have good communication and interpersonal skills. No officer should be forced or ordered to be a CIT officer against his/her will. **For small law enforcement agencies:**

In smaller agencies, all officers may ultimately need to be trained as CIT officers to ensure maximum coverage and availability. Since this may not be accomplished for several years, smaller agencies are encouraged to start their program using volunteers who are interested in becoming CIT officers as much as practicable. As the program develops all officers may be expected to become CIT officers.

**For Medium-sized law enforcement agencies:**

In medium-sized agencies, the law enforcement executive will have to decide whether to have a smaller team of specialists or train all to ensure coverage.

## 2. Size of CIT force

The goal for all law enforcement agencies is to have enough CIT officers to allow for maximum coverage on all shifts and all days of the week,.

For large agencies, it is estimated that this will require 20 to 25% of the patrol force to be part of the CIT.

For large agencies, it is not wise to train significantly more officers than needed for maximum coverage. “Too many” CIT officers might reduce the frequency of CIT encounters that each officer has, thereby decreasing his/her ability opportunities to hone his/her skills

Smaller agencies may have to train all or most of their officers to allow for adequate coverage

It generally takes several years for a department of any size to develop an optimal number of CIT officers.

## 3. A CIT officer committed to the CIT concept/program will be designated as the contact person for the mental health system.

Ideally in large agencies this officer will be designated the CIT coordinator.

The coordinator position should be filled by a law enforcement officer who would be given the authority to oversee the program in the agency.

The rank of this person would be established by the agency and that person would be imbued with the “staff authority” needed to coordinate and oversee the activities of the team.

## 4. There will be a mental health coordinator(s) committed to the program who 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 a 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 officers 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 professionals 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 (see 12.b above)

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 is recognized as “CIT Officer(s) of the Year”. A local NAMI chapter (or ADAMHS Board) may want to take the lead in organizing and sponsoring these community celebrations.