Tuscarawas County CIT Peer Review

MAY 2019

Michael Woody – CJCCOE Law Enforcement Liaison

Jeff Futo – Police Officer, Kent State University Police Services

Paul Lilley –NAMI Ohio Peer Review Consultant

Organization of CIT Peer Review Report

Attachments

A. The Peer Review Process

In volunteering for this Peer Review, Tuscarawas County is joining over 25 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 parts; 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 April 29th among reviewers and these representatives of the Tuscarawas County Sheriff's Office: Sgt. Cheri Creager - Training Supervisor, Corrections Division and Elisabeth Albrecht - Re-entry Coordinator. During this call the reviewers discussed the content of the training and the nature of the county's crisis services. These topics are addressed in more detail in this report.

The site visit was conducted on June 7th by Michael Woody, Jeff Futo, Paul Lilley and these members representing the local CIT program:

- Sgt. Cheri Creager – Training Sergeant Corrections Division Tuscarawas County Sheriff's Office
- Lt. Brian Alford – Tuscarawas County Sheriff's Office
- Alice Barr – Adult Parole Authority Regional Supervisor
- Eldie Antenuce – Adult Parole Authority
- Wes Walter – New Philadelphia Fire Department
- Natalie Bollon - Tuscarawas County ADAMHS Board

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. Tuscarawas County CIT Background

The local program benefits from the support and involvement of the largest LE agency in the county, the Tuscarawas County Sheriff's Office. With over 15 LE jurisdictions across the county, the leadership of the Sheriff's Office is a critical aspect to the overall success of the CIT program. The SO mandates its staff to attend CIT training. Sgt. Cheri Creager is the current liaison that takes a lead role in organizing the training and the ADAMHS Board subsidizes the cost of the training. The county has provided four annual trainings since the inception of the program in 2016, graduating 98 students, 53 of which are law

enforcement officers. The trainings offered each year that are open to corrections, probation, parole, dispatch, hospital security and first responders.

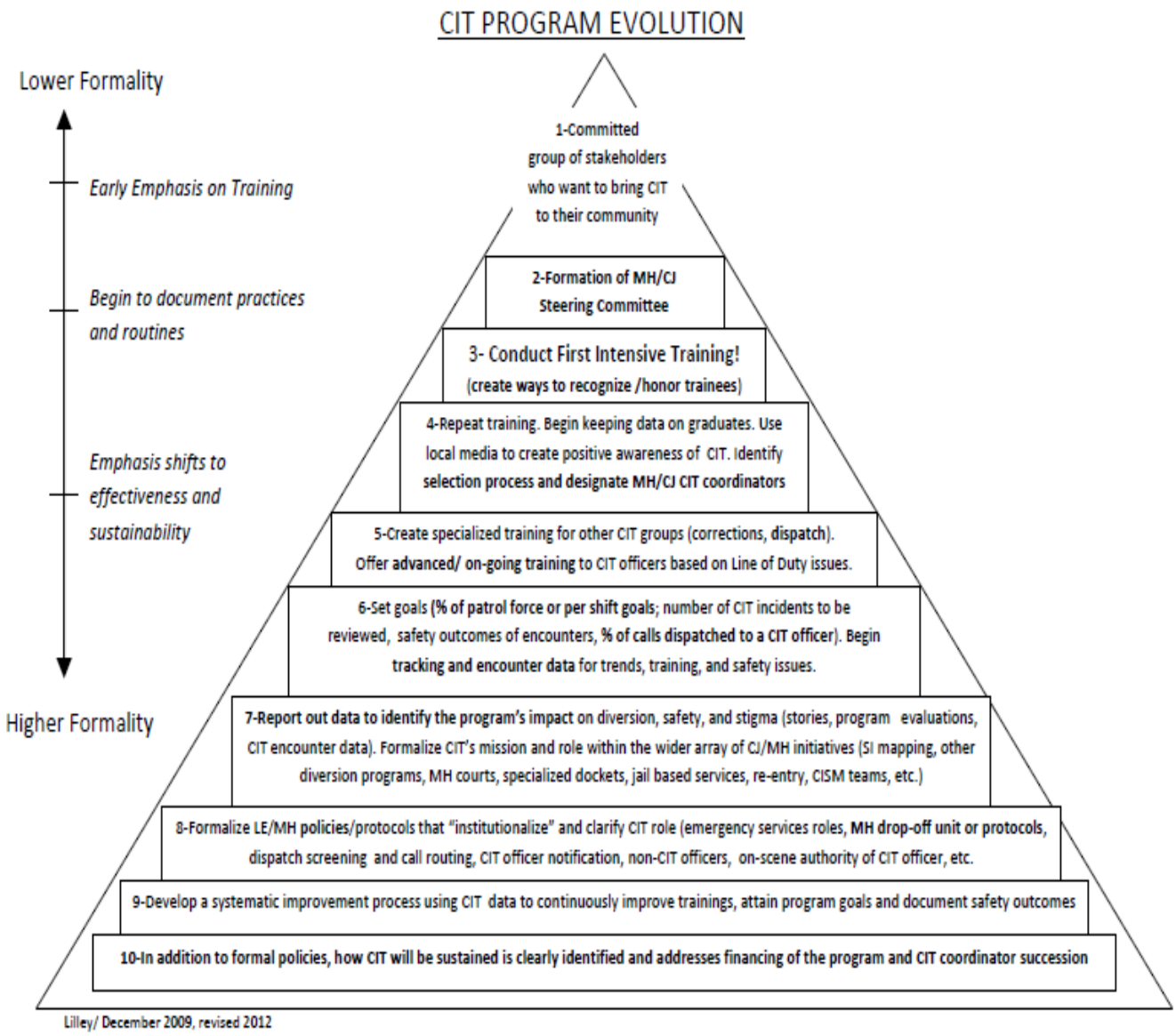
Through April of 2019, according to the CJCCOE's data, the number of CIT trained full time Ohio Sworn Peace Officers from Tuscarawas County is 66 which represents 49% of the 136 law enforcement officers throughout the county. Of this total, 30% (40) have come from the three largest LE agencies in the county (Tuscarawas SO = 33, New Philadelphia = 22, Dover = 22). Only one LE agency has not participated in any of the four trainings, which is pretty remarkable given that the county has 9 LE entities with 5 or less full-time officers. For a complete listing of the County's trainees since the program began, see Attachment # 1.

C. CIT Program Development

Most developing CIT programs go through common growth stages. Starting with 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 stages of program development. As part of the peer review process, the reviewers assess the county's program at the 4th stage of development: Holding the annual core trainings.

But CIT is more than just training. It is a program that saves lives. Where sound CIT programs 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 as a risk reduction program is to increase officer and consumer safety and divert individuals with mental illness from jails to gain quicker access to much needed treatment services.

Because Tuscarawas County is not yet at the point of having program elements like those listed beyond the 4th 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.



D. CIT Training Strengths

Staff from the Tuscarawas County program completed a self-assessment of their CIT program and noted, among other aspects, these strengths: training that is consistent and cost-effective, role plays that stimulate class participation and the support of the Tuscarawas SO. The reviewers agree and also note these strengths about the training.

A review of the week-long training schedule shows a range of topics including core trainings on mental illness, de-escalation principals, and role plays. Evaluations for the most recent training were provided for the reviewers and, while the findings of the evaluations were not aggregated or summarized, generally the

attendees rated the training blocks as excellent or good. Sessions on the principals of de-escalation and the role plays scored consistently high.

Reviewers felt the legal content related to case law on use of force and the NGRI presentation to be strong. Reviewing such case law provides the context for CIT's less authoritative de-escalation approach. Additional case laws specific to special needs encounters can be incorporated into the training on the legal standards and deliberate indifference, (Olsen v. Layton Hills – 1980), communication skills 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).

Finally, the county implements "the Blue form" which is used by deputies/officers on road patrol when they encounter a person with known or suspected special needs issues. These forms are then sent to the Community Mental Healthcare so staff can track these consumers and follow up with their aftercare.

E. CIT Training Suggestions

As Tuscarawas County works to improve its CIT Course, the CJCCOE has collected many sample curriculum materials 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/.

Of the training evaluations reviewed form the last CIT training, it appears the training on Autism, the Blue Form, and Youthful Offenders most often to get "Fair ratings". More than one response from the evaluations open-ended questions noted presenters reading from the PP presentations and the time spent on the pink slip process as areas of improvements. Listed below are the recommendations provided by the reviewers divided into two sections: training content and how the training is delivered.

1. Training Content

a. Revise how the Mental Health/Mental Illness block is provided

Of the material presented to the reviewers (several blocks of the training were not available for reviews) the reviewers did not see any handouts or content related to Anosognosia or the subset of special needs encounters that present the most unpredictability for officers. Anosognosia, the condition that is related to the lack of insight that one has about their own illness is a important training topic 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. Other factors related to dangerousness within police encounters from the literature should also be addressed (a person not in treatment, abusing other drugs, male, etc.). Also needed is more specific information on how officers de-escalate psychosis.

b. Review the focus of the various legal blocks

According to the schedule provided, there is a 2 ½ hour block of training related to the emergency admission and pink slip process, and there is another 2 ½ hours given to use of force, and 1 hour on NGRI. These blocks of the training can be better integrated so additional time can be devoted to reviewing the after-hours, crisis and hospitalization systems in the county. Some programs do this by having a "crisis panel" where the local crisis system, hospital ER, and state or psychiatric hospital personnel are asked to discuss access their systems after hours.

c. Offer more opportunities for consumer and family participation in the training.

The last training provided a session with one family member, one consumer and a therapist. Consumer and family member panels are often used to provide multiple perspectives to the officers about what it is like living with, and caregiving for an adult with mental illness. Candidates are recruited that are well into their recovery and have had encounters with police/corrections officers. Some programs also use site visits as a way to meet additional consumers. Other programs recruit consumers to discuss some of the core training topics of suicide or medication adherence. For example, the presentation on medications could be enhanced by having several consumers who are on various medications talk with the officers on why they take (or don't want to take) their prescribed doses and the side effects they experience.

d. Consider revising the training content on drugs of abuse

The training includes a 66 slides presentation on the first day of the training on Drugs of Addiction and Differential Diagnosis. The majority of the information is on "street drugs" and a clinical presentation on differential diagnosis. None of the slides provides tips to officers encountering someone under the influence. The reviewers believe that this block of the training should be revised.

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 should include 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. Content is usually related to training on what observable characteristics of withdrawal from different substances looks like and an emphasis on quickly involving medical services.

e. 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.

2. How Training is provided

a. Develop a 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 of 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.

b. 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 safely 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 a person exhibiting delusions or hallucinations can be introduced.

By way of 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 | **Administrative Tasks**: Welcome & Overview	M8 | **Mental Health Didactics**: Personality Disorders	M10 | **Mental Health Didactics**: Disorders in Children, Youth, and Adolescents	M17 | **Mental Health Didactics**: Post-Traumatic Stress Disorder	M21 | **De-Escalation**: Scenario-Based Skills Training
8:30	M2 | **Research & Systems**: CIT Overview				
9:00	M3 | **Mental Health Didactics**: Schizophrenia, Psychotic, & Bipolar Disorders	M9 | **Mental Health Didactics**: Neurodevelopmental & Neurocognitive Disorders	M11 | **Mental Health Didactics**: Psycopharmacology	M18 | **Mental Health Didactics**: Suicide	
9:30					
10:00		**Site Visits**	M12 | **Mental Health Didactics**: Assessment, Commitment, & Legal Considerations		
10:30				M19 | **Community Support**: Community Resources	
11:00	M4 | **Mental Health Didactics**: Depressive Disorders		M13 | **Law Enforcement**: Policies & Procedures		M22 | **Law Enforcement**: Incident Review
11:30			M14 | **Law Enforcement**: Liability & Other Issues		
12:00	**Administrative Tasks**: Lunch				
12:30					
1:00	M5 | **Mental Health Didactics**: Substance-Related and Addictive Disorders	**Site Visits**	M15 | **Community Support**: Veterans & Homelessness	M20 | **De-Escalation**: Scenario-Based Skills Training	M23 | **Community Support**: Advocacy
1:30					
2:00					
2:30	M6 | **Mental Health Didactics**: Disruptive, Impulse-Control, & Conduct Disorders		M16 | **De-Escalation**: Scenario-Based Skills Training		
3:00					M24 | **Research & Systems**: Evaluation
3:30					M25 | **Administrative Tasks**: Graduation & Presentation of Certificates
4:00	M7 | **Community Support**: Advocacy, Cultural Awareness & Diversity				
4:30					
5:00					

c. Consider "formalizing" the CIT Curriculum

Making the training more explicit aids in clarifying what the course aims to accomplish and also makes for easier transitions should CIT instructors and coordinators change over the years. Formalization includes creating "lesson plans" and training objectives (Student Performance Objectives) for each block of training, as well as writing up how the role-plays are facilitated and evaluated. Such formalization can help address mission creep and relevancy to the street encounter as the sessions become more explicit and justified based on the adopted student learning objectives.

d. Provide more interactive learning opportunities

There is reliance on the use of a PowerPoint and lectures as a way to relay information. To enhance participant learning it may be helpful to work with each presenter to add other types of learning methods into their presentations such as demonstrations (role-plays), small group learning, visuals and/or interactive learning exercises. For example, there appeared to be little use of videos as a way to present various concepts like psychoses, or the observable characteristics related to special population conditions. There are several videos in the CJCCOE lending library that show such conditions and the officer's response to individuals who are suicidal, psychotic, autistic, or a veteran.

e. Evaluate the impact of training on officer knowledge/attitude

The Tuscarawas County program may consider the use of a pre-test/post-test as part of its training 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.

f. Implement a post-training survey

Feedback from law enforcement officers of successful CIT interventions on mental health calls is a valuable part of evaluating the overall training. 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 12-14 weeks after the CIT course to solicit the feedback of graduated students and the use of their new skill-set. The survey can build on the programs post-test 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.

g. Consider providing advanced training

Since the county began providing training in 2016, there have been no advanced or refresher trainings offered for the CIT graduates. The Committee should consider the feasibility of offering trainings at least annually for CIT graduates as it is beneficial for students to refresh their skills through regular, continued learning opportunities. You may want to send out a questionnaire to CIT graduates asking them what they could use more education on?

h. Conduct specialized training for dispatchers

It should be noted that there are no Core Elements related to specialized training for dispatchers and/or call-takers. Call-takers are the first ones to engage an individual with mental illness or possibly a loved one reporting someone in crisis. Since the county began training, 7 dispatchers have gone through the 40-hour training. In the self-assessment, staff noted that, "staffing levels have prevented more dispatchers from going through the program. Training call-takers on how to de-escalate these often-emotional calls, keep the person on the line, and know when to dispatch a CIT officer, is important and is not often part of the 40-hour course for officers. Communities have developed 4hr. to 8hr. training formats for dispatchers. Through specialized training, dispatchers learn not only how to better route such calls but what vital information they can provide to the responding officer related to the special population condition.

F. CIT Program Development Recommendations

1. Assess how best to use the Planning Committee to grow the program

The CIT Planning committee meets about four times a year in preparation for the annual training. The current composition of the committee does not include representation from consumers, family members, or mental health providers and only one LE entity is represented.

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 Planning Committee to begin addressing the implementation of recommendations like those found within this document.

2. Collect Encounter Data

While the county implements the "blue form" noted earlier, the purpose of this form is for aftercare continuity. Data on safety, jail diversion, and the outcome of the encounters are not collected. The Peer Reviewers think this should be one of the first priorities that the law enforcement and behavioral health systems commit to take 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 tone for other departments to follow suite. The CJ CCOE has several examples of encounter data sheets and sample reports available for the Tuscarawas County program.

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

Beyond training, peer reviewers recommend that a more comprehensive approach be taken by the Planning committee to include the review of model and existing CIT polices from other LE agencies. Some of these policies can help LE agencies who are seeking or maintain CALEA certification. 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 dispatchers 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 samples of polices available for review.

4. Review liability with respect to emergency hospitalization

In Tuscarawas 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. Recognition process of the training and program

The Tuscarawas county program has not established a formal process to recognize the work of CIT officers. 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 recognize outstanding instructors, chiefs, sheriffs, coordinators, dispatchers, correction officers, and agencies.

6. Strengthen how CIT officers are being routed to CIT calls

The county does not have a crisis stabilization or drop off center available to officers. The emergency rooms at the closest hospitals are being used as the place where officers are taking clients in crisis. Because of the lack of a no-rejection drop-off point available to law enforcement, sometimes jail may be used to address individuals with mental illness that have engaged in disorderly conduct or related crimes. Short of having such a facility, the planning committee should ensure that the trained officers are the ones responding to the most difficult special populations calls. With specialized training for dispatchers in the planning stages, the requests for CIT officers will likely increase, and making sure dispatchers are clear on when to send a CIT officer will be crucial to having that officer work within the system to divert individuals with mental illness form jails.

Attachment #1: Tuscarawas County CIT Training Stats

Tuscarawas (15 L. E. Agencies) 4 courses held

1 officer from Bolivar PD (50%)
1 officer from Dennison PD (25%)
7 officers from Dover PD (33%)
2 officers from Gnadenhutten PD (100%)
2 officers from Midvale PD (100%)
2 officers from Newcomerstown PD (66%) *(Attended Coshocton course)*
4 officers from New Philadelphia PD (18%)
2 officers from Strasburg PD (50%)
4 officers from Uhrichsville PD (50%)
1 officer from Port Washington PD (100%)
3 officers from Sugarcreek PD (43%)
29 deputies from Tuscarawas County S.O. (85%) *(1Trained in Summit County; 6 in Stark)*
2 officers from Tuscarawas PD (100%)
Non-Participating L. E. Agencies: Roswell PD (0);

College

1 Security officer from Kent State - Tusc

Court/Corrections

1 Felony Probation Officer
9 Adult Parole Authority Officers
9 Correction officers from TCSO
3 New Philadelphia Muni Court Probation officer
1 Southern District Court Probation officer
1 US Dept. of Veterans Affairs – Federal person

Dispatchers

2 dispatchers from Central Dispatch
2 dispatchers from TSCO

Fire

6 New Philadelphia Fire Dept.

OSP

1 Trooper from Tusc. Post

Hospital Security

2 Hospital Security officers from Cleveland Clinic Union Hospital

Parks Rangers

5 Rangers from Muskingum Watershed Conservancy District (19%)

Other Counties

1 Dispatcher from Carroll County
2 Deputies from Carroll County
2 Corrections officers from Coshocton County

Attachment #2: Expert Consensus Document

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 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 free standing 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 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 members 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.