



Cleveland Division of Police CIT Peer Review

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1. Introduction

The Peer Reviewers note a lot of positive aspects occurring under the rubric of Crisis Intervention Team Training across Cuyahoga County and the Cleveland Division of Police (CDP) should be commended for volunteering to participate in the Peer Review Process. Their willingness to join over 20 other counties who have undergone this same process can be an opportunity to make their CIT program (not just the training!) better and stronger.

For over 10 years CIT trainings have been regularly occurring and over 500 officers have been trained throughout Cuyahoga County. As evidenced by the evaluations shared with the Peer Reviewers of the last two CIT trainings, many officers comment that this is the most effective training they have received. 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, benefits that you are hopefully experiencing and soon, may even be documenting.

To be clear, though, much of the training across the county has been to the men and women of the Cleveland Police Division which has undergone critical review by the DOJ on CDP's use of force, including in some cases how citizens with mental illness are dealt with. It is within this context that the CJ CCOE is pleased to respond to the county leadership's foresight and desire to strengthen this live-saving training called CIT by requesting a Peer Review.

Much work within the county has already occurred in responding to the Proposed Consent Decree and, more specifically, the Reviewers found the work of the Mental Health Task force helpful in not only assessing the CIT program but, in combination with the review of the desk audit material and the working conversations with those involved in bringing the Peer Review forward, the very nature of the local alliances built among criminal justice entities, treatment providers, and the local board. Because of this, the Peer Reviewers and the CJ CCOE believe the Cuyahoga is in a very good position to benefit from a Sequential Intercept mapping process. Such a process would gel with many of the recommendations coming from this report (the involuntary commitment process, the handoff of law enforcement to crisis services, dispatch training, and committee structure and roles) aimed at nurturing the multiple partnerships needed to grow and sustain CIT programming across the county.

More information related to this recommendation can be discussed if desired. The scope of this project will be specific to the CIT training being provided to the CDP.

2. 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 (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 April 20, 2015 among the three Peer Reviewers and Carole Ballard, and Officer Michael Viancourt. The site visit was conducted on _____ by the review team and the following members representing the CDP's CIT program:

In early March, the Cuyahoga County ADMAHS Board's Mental Health Task Force submitted recommendations for the Proposed Consent Decree between the US Department of Justice and the City of Cleveland Division of Police. One section of these recommendations related to the CDP's Crisis Intervention Team Training. After conducting the desk audit, the Peer Reviewers agree with the recommendations outlined by the Task Force, and where appropriate, we have tried to integrate and expand on these recommendations in this report.

The ultimate test of this Peer Review Process will be if the report helps the CDP strengthen its program and the ADAMHS Board expand CIT trainings throughout the county.

3. Cuyahoga County CIT History

As the Forensic Specialist for the Cuyahoga County ADAMHS Board, Carole Ballard has been involved with the local CIT program for over 12 years, when she and several CDP (Cleveland Police Division) officers attended CIT training in Summit County. Carole was identified by the Board to facilitate the trainings and serve as the liaison between the mental health systems and the 73 law enforcement agencies operating within the county. Officer Michael Vaincourt has been with the CDP for over 17 years and was CIT trained in 2006.

Since 2004, the county has provided over 27 trainings and presently provides 6 trainings each year, quarterly trainings for CDP and two trainings a year reserved for other LE agencies. This was a recent change when the training was offered 3 times a year and 25 slots were saved for Cleveland Police Department trainees and 15 to other LE agencies.

Through March of 2015, according to the CJCCOE's database of CIT officers, the number of CIT trained full time Ohio Sworn Peace Officers from Cuyahoga County is 753 which represent 19% of the 3,943 law enforcement officers throughout the county. Of this total, 74% (554) have come from the Cleveland Police Division. For a complete listing of the County's trainees since the program's inception, see Attachment # 3

4. CIT Program Strengths

- A. **CIT Support** – One of the most important elements in any C.I.T. program is a high level commitment from mental health system. The Cuyahoga County ADAMHS Board and the Cleveland PD have partnered to provide CIT training by fostering relationship with other mental health and criminal justice partners to produce CIT trainings. .
- B. **County law enforcement agencies have a buy-in.** Early in the implementation of the CIT trainings, a decision was made to prioritize officers from CDP. While the majority of the trainings have benefitted CDP, there is good buy-in across many of the other LE agencies wanting CIT training for their officers.
- C. **Transition of clients between CDP and medical/treatment staff.** While there is reportedly changes in the planning stages of crisis services, CDP report that the ability of officers to de-escalate a subject in crisis and hand-off the person to the medical/treatment system has improved dramatically over the last several years. Currently, CDP utilizes the nearest psychiatric emergency room or at times they can communicate directly with MCT/FrontLine and may be instructed to transport the person to their agency. Some cases may connect with mobile crisis team. At the ER's, officers are asked to complete a

brief form and are not required to stay unless the case involves a warrant. Three years ago officers routinely waited hours to complete this hand-off.

D. **Cleveland PD Policies.** The CDP shared with the reviewers several policies that outline the role of the crisis intervention officer (GPO 3.2.17), the Crisis Intervention Report (6.1.01), Handling of the Mentally Ill (3.2.06), and Communications Control Section's Orders on Handling and Call Taking procedures. These policies cover most of the areas and topics needed when dealing with individuals with mental illness and/or people in crisis situations. The content of the policies however, need to be further developed to reflect current best practices, terminology, definitions and statutory law. Most importantly, CDP needs to make sure their staff is adhering to these policies through active supervision and that the proper documentation is being completed.

E. **Collection of CIT Utilization data.** CDP officers complete a CIT stat sheet. The CDP provided the reviewers a report tracking the Mental Health related CAD events for 2011-2012 and a separate report tracking Crisis Intervention cases by month, day of the week, and by district through November of 2013.

5. CIT Program Challenges

As part of the Peer Review Process, a self-assessment was completed by Carole and Michael. This assessment identified the need for better communication and coordination of services and structure and support throughout the system. The reviewers concur. As CIT develops beyond training and into a full-fledged diversion/risk reduction program, the essential elements should become more formalized with written policies, procedures, protocols, data collection, and evaluation processes that help build a solid foundation that can better position the program to weather funding and leadership cycles.

A. **Review the Structure needed to foster and sustain CIT programming throughout the county.** Currently the CIT training committee meets twice per year and focuses almost exclusively on training. There does not seem to be a mechanism to grow the CIT programs throughout the county. While Cleveland has a CIT program, no other jurisdictions have collected and reported data on CIT encounters or have developed policies supporting CIT officers on the scene. It was noted that there were two other committees formed; Clinical and Oversight, which no longer meet. ADMHS should work with the other LE partners to build the structure that will work best for Cuyahoga County that provides not just the training support needed but the program development support as well. How this fits in with current CJ initiatives and partnerships and composition across the various committee structures should be addressed.

- B. Strengthen local and state CIT Coordination-** The Mental Health Task Force recommendations included specific CDP recommendations related to the identification of CIT Champions and the role of CIT coordinators. Such personnel and roles should be clarified and formalized across LE agencies participating with the CIT program and connect to the larger county-wide design recommended above. At the local level; the program should identify a C.I.T. officer from each participating LE agency to commit to the C.I.T. concept/program. That officer can communicate information back and forth between the agency and the C.I.T. Planning Committee and assist with the more formal elements of the countywide program described below. At the State level, the CJCCOE not only has a whole library of CIT training and program resources but also connects other CIT programs across Ohio when facing similar program/training issues. Try and recruit more LE representatives as well as a MH representative and NAMI representative to attend these meetings. (Core Element: A CIT officer committed to the CIT concept/program will be designated as the contact person for the mental health system).
- C. Strengthen the current recruitment process of voluntary officers** (Task Force Recommendation). Currently, interested officers within CDP complete a Form One Request to attend CIT training. These forms are reviewed and signed by the Supervisor. The request may be reviewed by Administration at a higher level if there is a concern. There is no interview with the officer or back ground review. Just as the size of the class is very much related to class dynamics, so is how the student officers got to the training. Voluntary recruitment is still the ideal within the Core Elements of the program.
- D. Expand CIT training to other LE jurisdictions within the county.** With some 73 law enforcement agencies in Cuyahoga County, it is important that CIT training penetrate other LE agencies at a rate similar to CDP (%). The reviewers believe that, CDP should have enough CIT graduates to effectively handle all the mental illness calls. The recent change in offering 2 classes per year for non-CDP agencies is a good start.
- E. Strengthen how CIT officers are being routed to CIT calls.** Last year, Cleveland police responded to more than 5,600 calls related to mental illness, making up fewer than 3 percent of the department's total dispatches. One of the issues raised by the Justice Department's review is, "...that frequently these trained officers are not the people responding to calls of people in crisis in real time." In the self-assessment, it was noted that *"data presented by CDP indicates that up to 50% of the calls are responded to by CIT Officers. CDP maintains a list of all CIT officers, the list is shared with Dispatch and the officers are assigned. Plans are underway to improve the process"*. With specialized training for dispatchers, the requests for CIT officers will likely increase and

clear goals of the number of CIT officers available for each shift and each District should be set.

- F. **Use of CIT encounter data beyond utilization of encounter types.** While collecting utilization information is good, the current CIT stat sheet does track the outcome of the encounters but such data is not summarized. CIT stat sheets need to be summarized to track the outcomes of the encounters so the CDP has actual documentation on encounters related to safety, jail diversion, and hospitalizations. Such outcome data can also be available for supports and funders of the program. Hopefully the CDP's work with the Fusion Center will include the ability to track these outcomes.
- G. **Offer sound de-escalation training to all officers** (Task Force Recommendation). There is a difference between the 40 hour CIT training and de-escalation training related to special populations. The Peer reviewers did not ask to see the Mental Health 101 training to critique the de-escalation training that is being provided but CDP and all LE agencies within the county should be offered periodic de-escalation training that teaches officers special populations recognition and communication strategies to effectively calm some of the more common (suicide) and unpredictable (psychosis) encounters that all officers face.
- H. **Develop a crisis communication policy.** Once the CIT alliance has been identified throughout the county, the ADAMHS Board may want to consider developing a crisis communication policy with its LE partners that outlines what happens should the community experience a bad outcome (the death or injury of an officer or consumer). This policy would identify who deals with the media and general public on inquires and the role of the supporting actors (ADAMHS Board, NAMI, etc.) and accurate information related to mental illness and violence. If CIT outcomes data is being collected, information related to the number of safe encounters that have occurred could also be a part of the public message.
- I. **Review liability with respect to the "pink slip" process of involuntary hospitalizations.** The reviewers suggest that the county get legal consultation on its implementation of 5122.10 to see if law enforcement liability can be lessened. The concern is that officers do not "pink slip" individuals before taking them involuntarily to the hospital or department to be evaluated. The detaining officer should do the documentation of probable cause when breaking the civil liberties of an individual with mental illness and the pink slip is one way of documenting this action. The peer reviewers have noted some instances in other counties where L.E. completing the pink slip even on voluntary clients provides leverage in those rare cases when someone changes their mind while at the hospital.

- J. **Transporting individuals with mental illness.** Currently the EMS and Fire Departments serving CDP are merging and accessing medical transports for individuals with mental illness have sometimes proved difficult. EMS tends to not transport individuals in a psychiatric crisis, defining these as a LE issues and not a medical issues unless there is an observable injury (a suicidal person who has cut themselves and is bleeding). Mental illnesses are medical illness, specifically of the brain and medical transport should be available for any individual with a psychiatric crisis.
- K. **CIT recognition.** One of the core elements is to develop a means of formally recognizing the outstanding efforts made by CIT officers or instructors. The County has not set up a process by which they honor deserving officers, instructors, or CIT coordinators with celebrations and awards in their own community. This can attracts the attention of the local news media and provide more PR for the program for those LE agencies who have not participated.

6. CIT TRAINING STRENGTHS

- A. **History of a commitment to specialized training.** The partnership between the Cuyahoga ADAMHS Board and the CDP has a long history of producing semiannual trainings available to officers primarily from the Cleveland police department. The Board provides these trainings at no cost to the LE system and the Forensic Coordinator oversees some 65 volunteers for each training. CDP has about 950 officers on basic patrol at any given time. Over the last ten years they report facilitating training over 500 officers. There are two trainings provided per year for the Cleveland suburbs.
- B. **Relevant Training Content.** A review of the week long training schedule shows that the curriculum contains a broad range of topics including core trainings on mental illness from clinical, consumer, and family member perspectives, the hearing voices/virtual hallucination exercise and several and de-escalation trainings and role plays. Other offerings include veteran's services, mental health issues with kids, autism and intellectual disabilities, eldercare and hoarding, and an opiate panel discussion.
- C. **Evaluate impact of training on officer knowledge/ attitude-** The CDP provides a written posttest to its class as a way to identify the change in knowledge/attitudes of the officers going through the training.

7. CIT TRAINING CHALLENGES

- A. **Keep a minimum class size of 24 students per training** (Task Force Recommendation)- While the CIT Core elements are silent on the ideal class size, best practice across CIT programs is generally 24 or less students. The smaller class size allows for more individual attention by the trainers and greater access to consumers and family members by the students. Trainers also have a better sense of the engagement to the learning process of the student-officers. The smaller class size also allows every student to role play but often role play twice allowing plenty of time for student-officers to practice the de-escalation skill set. Of the 22 counties in Ohio that have undergone CIT Peer Reviews, CDP is the first program that allows 40+ students at a time.
- B. **Conduct specialized training for Dispatchers** (Task Force Recommendation). It should be noted that there is NO Core elements related to specialized training for dispatchers. Across Ohio, of the Peer Reviews conducted, programs often invite dispatcher to the 40 hour training or they conduct specialized training for call takers. Given the size of CDP and the critical role that dispatchers play, it is recommended that specialized training be offered to dispatchers that allows them to learn about mental illness, review and respond to actual 911 calls involving different call types (suicide, psychosis, anxiety, etc.) and practice the skill set vital to call takers within a CIT program (all of which cannot be done in the 40 hour training. Class sizes also be kept small (24 or less) and the skill set practiced via the "role plays" is to calm the caller, get the necessary information to assess the special pops condition, and relay the information needed to the responding officer in a consistent way. The CJCCOE has several examples of half and one day trainings specific to dispatchers.
- C. **Provide more interactive learning opportunities**- The evaluations had several comments related to the use of PP and reliance on the lecture type of presentation as a way to relay information. To enhance participant learning it may be helpful to work with each presenter to add other types of learning into their presentations such as demonstrations, small group learning, visuals and/or interactive learning exercises.
- D. **Diversity training block** (Task Force Recommendation)- Taking into consideration the diverse population of Cuyahoga County, the training committee might consider adding a segment on cultural issues and competency 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 CIT programs are exploring this topic through the issue of the culture of poverty and personal bias and how such bias can affect police work.

- E. **Consider providing advanced training** (Task Force Recommendation). While Mental Health 101 trainings are offered to LE, the Training Committee offers no refresher or advanced training locally. The Training Committee should consider the feasibility of offering trainings at least annually for CIT graduates as it is beneficial for students to refresh their skills through regular, continued learning opportunities.
- F. **Strengthen the Legal block-** The current training block provides needed info on the probate process and the civil commitment process but does not cover case law related to the legal standard of deliberate indifference (Canton v. Harris – 1989), (Olsen v. Layton Hills – 1980), Walker v. City of New York – 1992) and court decisions on diminished capacity and use of force. Reviewing case laws also provides the context for CIT's less authoritative de-escalation approach and sheds light on the actual de-escalation skills in such encounters (e.g., (Fisher v Hardin and corroboration of unconfirmed suicide/mental illness calls; Griffin v Coburn and application of the force continuum on an unarmed, mentally ill subject; or Byrd v Long Beach as it relates to expectations around verbal de-escalation). Some legal blocks also cover high risk cases officers may face, including Excited Delirium. Such cases help to define CIT as liability reduction training.
- G. **Summarize the Training Evaluations.** The training is evaluated every day, as well as at the end of the week. Overall the training is rated on a 5 point scale and the majority of the February 9-13th overall training evaluations were good or excellent. However, several of the evaluations (6) scored the de-escalation techniques and the communications strategies as average or worse and even more of the respondents scored as average or worse the level of impact the training had on their professional practice and the ability of the program to meet their training needs. It would be helpful if the trainings were summarized to look for trends and themes across the evaluations and use this to impact the development of future trainings.
- H. **Allow students to go through multiple role plays.** The training includes four CIT Role Play facilitators and the class is divided into four sections and each is assigned a facilitator. They use CSP Role Play volunteers with pre written role plays assigned to each group. Officers are assigned in groups of two in the same manner that they might go out in the community in their respective district. Following the role play, the CIT Role Play facilitators provide feedback to the officer team. The observers and the CSP "actors" provide feedback as well.

The CIT Training Coach will allow the Role Play to enact up to ten minutes per group. Following the Role Play interaction, the CIT Training Coach will ask the audience i.e.

other officers observing what they saw and heard, suggestions, etc. The CIT Training Coach will then provide feedback on officer tone, eye contact, body language, listening skills and other areas observed. CIT Training Coach will also ask group to provide feedback between Dispatch and Caller.

While this is a thorough process, the facilitators have not adopted any formal way to grade the role plays and, because of the class size, officers only go through one scenario.

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 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 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 ADAMHS Board) may want to take the lead in organizing and sponsoring these community celebrations.

Attachment #2: County Specific CIT Training Data

Cuyahoga County (72 L. E. Agencies) (27 courses held)

4 officers from Beachwood PD (9%) *(Trained in Lake County)*

3 officers from Bedford PD (10%) *(1 trained in Summit County)*

3 officers from Brooklyn Heights Village PD (23%)

554 officers from Cleveland PD (34%) *(3 trained in Summit County)*

6 officers from Cleveland Heights PD (6%) *(3 trained in Summit County)*

25 deputies from Cuyahoga County Sheriff's Office (16%)
 24 officers from Cuyahoga Metropolitan Housing Authority PD (33%)
 4 officers from East Cleveland PD (9%) *(1 Trained in Lake County)*
 1 officer from Gates Mills Village PD (9%)
 15 officers from Highland Heights PD (68%)
 1 officer from Maple Heights PD (2%) *(Trained in Lake County)*
 4 officers from North Randall PD (80%)
 1 officer from Oakwood Village PD (10%) *(Trained in Lake County)*
 1 officer from Orange Village PD (7%)
 9 officers from Parma PD (9%)
 1 officer from Pepper Pike PD (6%)
 1 officer from Shaker Heights PD (2%)
 6 officers from Solon PD (13%) *(1 trained in Lake County)*
 2 officers from South Euclid PD (5%)
 3 officers from Strongsville PD (4%)
 2 officers from Walton Hills PD (17%) *(Trained in Lake County)*
 25 officers from Woodmere PD (100%)

Non-Participating L.E. Agencies: Bay Village PD (1); Bedford PD (31); Bentleyville PD (3); Berea PD (29); Bratenahl PD (9); Brecksville PD (26); Broadview Heights PD (28); Brook Park PD (41); Brooklyn PD (31); Chagrin Falls PD (11); Cleveland Clinic PD (135); Cleveland Metroparks Ranger Dept. (69); Cuyahoga Heights PD (12); Euclid PD (93); Fairview Park PD (24); Garfield Heights PD (57); Glenwillow PD (4); Greater Cleveland Regional Transit Authority (95); Highland Hills PD (4); Hunting Valley PD (11); Independence PD (32); John Carroll University Campus Safety (13); Lakewood PD (91); Linndale PD (4); Lyndhurst PD (28); Mayfield Heights PD (35); Mayfield Village PD (16); Middleburg Heights PD (31); Moreland Hills PD (14); Newburgh Heights PD (1); North Olmstead PD (43); North Royalton PD (36); Olmsted Falls PD (10); Olmsted Twp. PD (16); Parma Heights PD (29); Richmond Heights PD (17); Rocky River PD (32); Seven Hills PD (17); Southwest General PD (15); University Circle PD (23); Valley View PD (18); Warrensville Developmental Center ODMR/DD (4); Warrensville Heights PD (33); Westlake PD (49)

Colleges

1 security officer from Baldwin-Wallace College
 2 officers from Cuyahoga Community College PD (7%)
 3 officers from Case Western Reserve College PD (14%) *(1 trained in Lake County)*
 12 officers from Cleveland State University PD (52%)
 2 officers from Notre Dame College (20%) *(1 trained in Lake County; 1 trained in Lucas County)*

Court/Corrections

21 officers/personnel from Cleveland Municipal Court
 9 Adult Parole Authority officers
 1 officer from Oriana House

Dispatchers

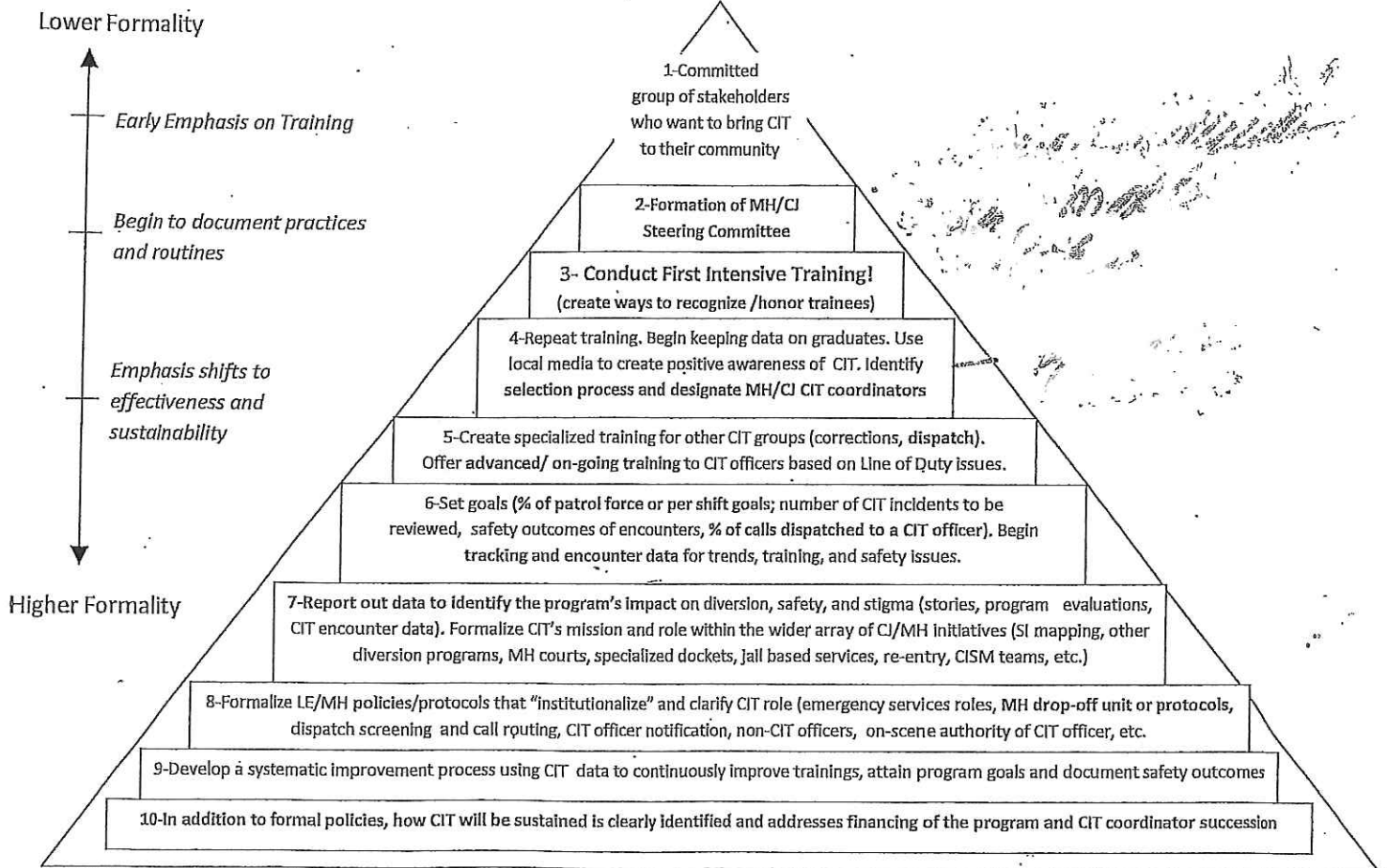
29 dispatchers from Cleveland PD

1 dispatcher from University Hospitals PD
Hospitals

36 officers from University Hospital PD (100%)
Other Counties

1 officer from Northcoast Behavioral Health (Summit County)

CIT PROGRAM EVOLUTION



Lilley/ December 2009, revised 2012

7/22/15