



Franklin County, Ohio  
Crisis Intervention Team Peer Review

06.24.2012





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## Review Team Members

### **Mike Woody**

Law Enforcement Liaison: Ohio Criminal Justice Coordinating Center of Excellence

### **Paul Lilley**

Associate Director: Hancock County ADAMHS Board

### **Jeff Futo**

Police Officer: Kent State University Police Services

## Franklin County CIT Steering Committee Members

### **Chris Bowling**

Lieutenant: Columbus Division of Police

### **Stephanie Patrick**

VP, Clinical Services: Franklin County ADAMH Board

### **Carrie Wirick**

Director of Community and Adult Residential Services: Netcare Corporation

### **Neal Edgar**

Ombudsman: Mental Health America of Franklin County

### **Rachelle Martin**

Executive Director: NAMI Franklin County

### **Joseph Edwards**

Director, Adult Mental Health Quality Care & Support: Franklin County ADAMH Board

## Introduction

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 CJ CCoE welcomes opportunities to partner with communities throughout Ohio to develop programs at any level of intercept. They believe the essential ingredient for any successful jail diversion program is partnership across systems. All key players in all aspects of the mental health, addiction, and criminal justice communities need to talk regularly and forge a commitment to work together.

The Crisis Intervention Team (CIT) is a collaborative effort between law enforcement and the mental health community to help law enforcement officers handle incidents involving people with mental illness. It is a community-based collaboration between law enforcement, National Alliance on Mental Illness (NAMI), mental health consumers, mental health providers and local universities. The Supreme Court of Ohio Advisory Committee on Mental Illness and the Courts (ACMIC) has worked to encourage CIT training statewide.

The CJ CCoE desires to work with CIT Coordinators and Steering Committees across Ohio to strengthen our collective understating of the core elements and emerging best practices within CIT. One vehicle to collect these emerging best practices is through a peer review. The peer review is a voluntary and collegial process built on identifying, sharing and ultimately implementing the best practices of CIT programs.

This report is a synthesis of what the review team members found after conducting the review process and is organized to highlight strengths and suggestions related to the training curriculum and county program. The CJ CCoE appreciates Franklin County's commitment to the Crisis Intervention Team Model and their willingness to share their program with their peers in our mission to identify, share and help implement best practices in the State of Ohio.

**[See Attachment A page 18 for CIT Officers trained in Ohio](#)**

## Peer Review Process

The review process consists of four phases:

1. Self Assessment
2. Desk Audit
3. Site visit/ Meet with County designates
4. Written Summary of Review

### **Self-Assessment**

The purpose of the Self-assessment is to get individualized feedback on how a county/program rates its status on the Core elements along with areas of strength and improvement identified by the county/program.

[See Attachment B pages 19 to 23 for Self-Assessment](#)

### **Desk Audit**

The purpose of the desk audit is to provide the review team with background information on how the county conducts its CIT training and implements its CIT program. The desk audit also helps the review team shape the site visit. A Desk Audit checklist will be provided to interested counties along with the Self-Assessment Survey.

Counties/Programs interested in going through the Peer Review Process would complete the Self-Assessment survey, collect the desk audit material and send this to the CJ CCoE. The CJ CCoE would keep one copy on file and provide the review team with copies of the assessment and desk audit material.

### **Site Visit**

The purpose of the Site visit is for the team to clarify issues learned from the desk audit and learn more about how the program is implemented within the context of the Core elements. It can also be a time for the reviewers to clarify the elements and review process for those participating in the site visit. Finally, the site visit also serves as an Exit Interview in which the reviewers provide their initial impressions of their review. The review team will provide the strengths and areas of improvement for both the CIT training and overall CIT program.

CJ CCoE would coordinate with the review team and the participating county/program a convenient time to meet (2-3 hours) with those individuals designated by the county

receiving the review. Generally the review team would expect to meet with those responsible for the planning and implementation of the CIT program and would ideally represent a good cross section of the mental health/criminal justice collaborative within that county. At a minimum, the CIT coordinators for mental health and one law enforcement agency should be in attendance.

[See Attachment D page 25 for Site Visit](#)

### **Written Summary of Review**

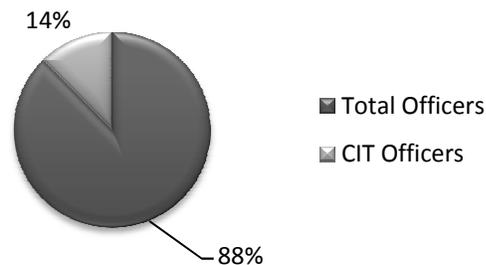
The purpose of the written summary is to provide formal feedback on the results of the review. While the format of the final report has not been decided, the report should list the strengths and areas of improvements identified in the exit interview as well as listing specific recommendations by the CJ CCoE /review team on how fidelity could be strengthened and matching the recommendation with other CIT programs/counties that may be able to provide more detailed technical assistance.

## Franklin County CIT Background

Franklin County is located in central Ohio and has an estimated population of 1.2 million people. Their metropolitan area is the City of Columbus with an estimated 66% of that population. There are 30 selected law enforcement/ police agencies in the County. They are:

Bexley Police Department, Blendon Township Police Department, Brice Police Department, Capital University Campus Security, Clinton Township Police Department, Columbus State Community College Police Department, Columbus Division of Police, Columbus Regional Airport Authority Police Department, Dublin Division of Police, Franklin County Sheriff's Office, Franklin Township Police Department, Gahanna Police Department, Grandview Heights Police Department, Grove City Police Department, Groveport Police Department, Harrisburg Police Department, Hilliard Police Department, Madison Township Police Department, Mifflin Township Police Department, Minerva Park Police Department, New Albany Police Department, , Ohio State University Division of Police, Otterbein University Police Department, Perry Township Police Department , Reynoldsburg Division of Police, Sharon Township Police Department, Upper Arlington Police Division, Westerville Police Division, Whitehall Division of Police and Worthington Police Department.

Franklin County began its CIT Program in 2002. A steering committee was formed with stakeholders including mental health agencies, law enforcement and consumers. A training curriculum was developed and their first 40-hour course was provided in September of 2003 to 20 officers. Since that time, they have had 25 classes and currently provide three 40-hour courses each year. Dispatchers have also participated in the training usually attending the first 2.5 days. Since its inception, Franklin County CIT has trained over 500 Franklin County law enforcement officers and other personnel. They have had five "Franklin County CIT Officers of the Year". Lt. Christopher Bowling from the Columbus Division of Police has received numerous awards for his work with the Crisis Intervention Team including the 2005 Ohio CIT Officer of the Year award. Although staffing turn-over has challenged them, Franklin County is committed to the CIT Model and the collaboration between law enforcement and the mental health communities.

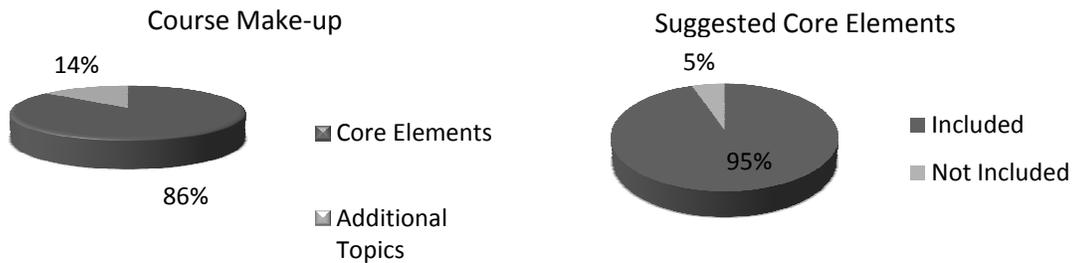


[See Attachment E page 26-27 for Franklin County CIT Training Statistics](#)

# CIT 40 hour Course Training Strengths

## 1. Core Elements

The Franklin County CIT Program has been very successful with following the core elements of the suggested CIT curriculum. It is important for programs to follow the suggested core elements in their curriculum so standardization in training occurs across Ohio for Crisis Intervention Team members. It provides members with training consistent with a comprehensive training model and best practices.



### Training Blocks worth Noting:

- Introduction and the Role of the CIT Officer
- Interaction Skills and Role Plays
- Legal Review for CIT Officers

**Taking it to the next level:** Consider experimenting with some role-plays earlier in the training week. Other programs believe that early role-plays can help participants in better understanding and applying the material. Attempt a scenario or two earlier in the training week, such as during the LOSS model training. Positive feedback has been fairly consistent from officers that have participated in courses where this has been done.

### Training Block Not Included:

- Post Traumatic Stress Disorders (PTSD)

**See Attachment F page 28 and Attachment G page 29 for Core Elements and Training Topics**

## 2. Evaluations

It is possible for a CIT Program to follow the core elements for training and still provide a poor experience for participants. This is not the case in Franklin County. Evaluations by participants show that they are enjoying their experience and learning new concepts and skills. The Steering Committee then uses these evaluations and participant comments to guide them with future trainings to consistently provide valuable knowledge and techniques. Each training block has an independent page evaluation form that participants are asked to complete. After the yearly trainings, the CIT Committee then reviews the evaluations for the next year.

**Taking it to the next level:** Consider implementing ways to test the knowledge and attitudes of the officers going through the training. Some CIT programs do this by having the officers complete a pre/post survey with questions related to their perceptions and readiness to de-escalate special population calls. Other programs provide a written test as part of the week long training to see what content officers have retained about the course learning objectives. Other programs use more subjective means to evaluate the impact of the training through post training surveys that are sent 4-8 weeks after training to CIT graduates to solicit their feedback on the training in general and the use of their skill set.

## 3. Trainings Provided

Three CIT 40-hour course trainings are provided throughout the year with a goal of training about 72 officers a year.

### The make-up of a class:

10- Columbus Police Officers

4- Franklin County Deputies

10- Officers from other agencies within the County

Plus: Dispatchers or others joining the class for a period of time

\*If slots are not filled by Columbus Police and FC Deputies, they are opened for other law enforcement agencies.

## 4. Committed People and Resources

For a CIT 40-hour Training to occur, there must be committed people and resources. Since Franklin County CIT is providing three classes a year, this alone shows a strong commitment to the CIT Model and their desire to implement the Model within their county. The coordination and preparation that goes in to CIT Trainings are extensive, expensive and time consuming. This is during a time when funding and time are hard

to find. Franklin County CIT should be commended for their dedication, hard work and perseverance for a worthy cause.

**Taking it to the next level:** Consider reviewing the current composition of the Steering Committee and diversifying. It has representation from the Columbus Division of Police, but no other law enforcement agency. Consider consumers, community members, judicial officers, etc.

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

# CIT 40 hour Course Training Suggestions

## 1. Adult Learning Principles

Research shows that adults learn best in environments where there is a balance between opportunities for visual, auditory and interactive learning. Power Points may contain excellent information, but overreliance of this type of teaching style and the lack of other modes of learning can stifle the learning process. To enhance participant learning, it may be helpful to encourage presenters to add other types of learning into their presentations such as demonstrations, small group learning, and/or interactive learning exercises

[See Attachment J page 34 Medication Exercise](#)

## 2. Clinical Verbiage

Patrol officers are used to having to think quickly and take decisive action. For those reasons, they tend to be more concerned with tangibles. When training police officers, we must always be concerned if the material has a proper balance between the theoretical and the practical. If not, participants may become bored or disengaged. Therefore, we must encourage our trainers to instruct to their audience. For example, a clinical doctor who concentrates on the diagnoses of mental illnesses will probably have less success than one who focuses on what an officer may see and hear in the field, and how to relate those observations to mental health issues.

## 3. Learning Objectives

Creating learning objectives for each block of training will ensure the consistency of information & skills being taught from year to year. This will also support future training integrity when new trainers and/or coordinators are added. Since CIT member attrition is an issue, learning objectives may help when new members are added.

Example from your “Interacting with Persons in a Mental Health Crisis”:

|   |
|---|
| <p><b>Objectives</b></p> <ul style="list-style-type: none"><li>➤ Know why other training forms and formats may cause escalation</li><li>➤ Know the elements of communication and how it impacts interaction with those who have a mental illness</li><li>➤ Know crisis escalation and de-escalation stages</li><li>➤ Know the “Loss” model for interaction/de-escalation</li><li>➤ Know the S.E.A.R. model for crisis de-escalation</li></ul> |
|---|

#### 4. Cultural Diversity

While it is acknowledged that your curriculum has a training block on cultural diversity, it appears as though it is specific to a few specific types of cultures. Some CIT programs are expanding their understanding of diversity by exploring this topic through the issue of the culture of poverty and personal bias, and how such bias can affect police work. During the desk audit, the topic of diversity training was observed in the Steering Committee meeting minutes as a discussion item. It is encouraged that you continue to pursue this important topic and find or develop a comprehensive program.

### *Thinking outside the box in Hancock County*

#### "Dealing with Differences"

Having struggled with our block on "diversity" over the years, at our last training we decided to go through a different door, that of officer bias. The idea was to have officers become aware that bias exists in everyone; officers have bias, and, if not recognized, can influence their attempts at communication/de-escalation.

By choosing bias, we can touch on not only race/ethnicity, but other issues that can shape bias, such as poverty, tattoos and the LGBTQ community.

I asked the Human Resource Director from Marathon to team up with one of our trained presenters from the Bridges out of Poverty program to come up with something that targets law enforcement bias. Together they did a wonderful presentation, the first half defining & identifying bias, and the second half through a video/facilitated discussion on the culture of poverty and how that impacts communication styles of some of the subjects officers will encounter.

HRD director used a very personal testimony to define bias and provide examples mostly through a lecture and a style that really connected with the officers. The facilitated discussion used a video segment from Bridges out of Poverty training program. The facilitator set up a scenario of two eyewitnesses who saw a robbery occur at a 7-11 store. One of the eyewitnesses was affluent and the other was poor. Both of the eyewitnesses can provide very valuable information to an investigating officer "if" the officer does not let bias get in the way. The presenter provided examples of how an officer can get the most out of each eyewitness in an engaging and informative way.

The block was rated as a very powerful segment in our last training and while it does not teach officers various nuanced de-escalation skills based on racial or ethnic lines, it provides an opportunity for officers to build insight into a range of biases that exist and in a non-threatening way, and how it may impact on their different encounters.

Paul John Lilley, Associate Director  
Hancock County ADAMHS Board

# Franklin County CIT Program Strengths

## 1. Columbus Division of Police

The Columbus Division of Police have an exceptional CIT Program. They are the only department in the County that has a “program” according to the core elements and the FC CIT Steering Committee. They utilize an intradepartmental web page to communicate. The web page has current information, articles, forms, presentations other information for officers to access.

The Peer Review Committee is concerned, however, that there will be a CIT Champion to succeed Lt. Bowling. Lt. Bowling has been a champion of CIT in his department and in the State of Ohio for many years. It is imperative that if the Columbus Division of Police desire to continue with a program of this caliber, they must assure there are officers that can and are willing to follow in his footsteps. It is suggested that the Columbus Division of Police consider a succession plan. A formalized succession plan will assure that their CIT program can continue in a reliable and consistent manner when people change jobs and/or leave the agency.



## 2. Emergency Services

Officers in the County can take people in crisis to two different Netcare locations for evaluation. In case medical care is needed, they may also take people to any of the many hospitals. Netcare and the hospitals work together for coordination of services on a daily basis. The County has contingency plans when beds are full and communicates this to law enforcement.

### 3. Recognition and Honors

Officers are honored yearly through their CIT Officer of the year award. FC CIT also utilizes the local media to promote CIT and the CIT training course.

**See Attachment C page 24 and Attachment I page 31 for CIT Officers of the Year and Promoting CIT in Franklin County**

### *Thinking outside the box in Portage County*

Portage County CIT has been using social media for a few years to engage people about the Crisis Intervention Team. Originally, they used the NING social website, but have recently moved to Facebook to interact with those individuals who use it as a utility and social network on a daily basis.



## Franklin County CIT Program Suggestions

### 1. Policies and Procedures

The FC CIT Steering Committee is not aware of policies and procedures within the law enforcement agencies in the County except for those of the Columbus Division of Police. It is suggested that the committee reach out to those agencies and work with them concerning their mental health policies and procedures. This is a good step towards bringing CIT as a program at the county level.

### 2. Officer, Dispatcher, Coordinator

Although there have been many officers that have gone through the CIT Training, dispatchers have not had the same exposure. Since dispatchers are often the first point of contact with a police agency, it is important that they divert mental health calls for service appropriately. Training dispatchers in the County will help this happen.

A person of contact or a coordinator in each law enforcement agency will help with communication for FC CIT. It is suggested that FC CIT work with the law enforcement agencies within the County and have them designate a person that they can openly communicate with.

### 3. Evaluation and Research

Currently, there is no data collection happening at the county level. The Columbus Division of Police is the exception with data collected back to 2007. In order to take FC CIT to the next level, it is suggested that the CIT Steering Committee work with law enforcement and find a way to collect data on police encounters with people with mental illness. Trainers should be continuously stressing the importance of data collection during the 40 hour CIT course.

**Incentives for Collecting Data:** To gain compliance, officers and agency heads should be given sound “what’s in it for me?” reasons for this small endeavor, e.g. recognition for turning in most encounter forms for the month; getting back to the officer for problems encountered with the “system” on a particular call that they documented on the form.

**Columbus Division of Police taking it to the next level:** The next step after aggregating data is to report on the program’s impact. Reports can be formatted to highlight the impact that CIT is having on safety, jail diversion, and treatment access. Such reports can be provided to the funders supporting the program as well as a recruitment tool for those law enforcement jurisdictions not yet participating.

#### 4. Continued Training

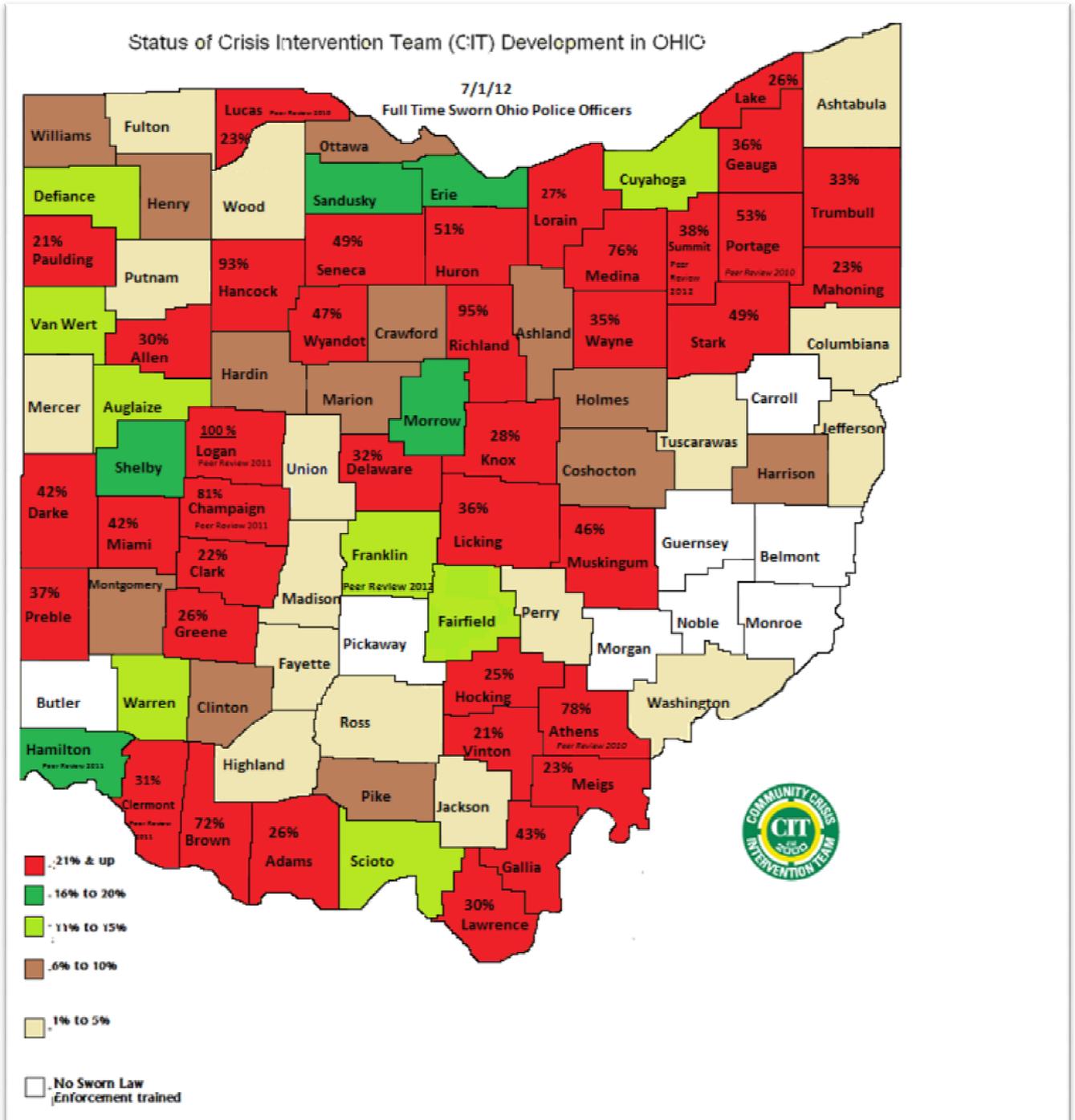
Besides the Columbus Division of Police's intranet page and some rudimentary e-learning items that are sent out, there is no advanced or further training for CIT Officers beyond the 40-hour class. It is suggested that the CIT Steering Committee consider training for those CIT Officers. It is noted, however, that three trainings a year does stretch resources and will make this difficult. FC CIT will have to look at this suggestion closely and find a way that works for them.

#### 5. Outreach: Developing CIT in other Agencies

Through the Peer Review Process it became clear that besides the Columbus Division of Police, CIT is not a model that other agencies in the County have adopted. It appears that the agencies have sent officers to training, but have not followed up with the education and time necessary to understand what the Crisis Intervention Team is really about. The Peer Review Committee believes that if FC CIT begins to outreach to these agencies and work with them on the core elements of a CIT Program, they will see improvements with crisis contacts with consumers and the proper diversion of them to mental health agencies.

**[See Attachment H page 30 for Core Elements of a CIT Program Model](#)**

# Attachment A



## Attachment B

### Self-Assessment

#### **CIT Training in the last two years:**

Six full training weeks were offered over the last two years; Franklin County offers 3 annually (120 hours total in last two years).

#### **Who was represented in the full training?**

Law enforcement, college security, hospital security, Dispatchers, Prosecutor's Office

#### **No Refresher Training**

#### **No Corrections Training**

#### **No Dispatch Training:**

They have attended the first 2 ½ days of the regular CIT Training. It's not held separately.

#### **CIT "Companion" Courses; Please list CIT related trainings you have also offered over the last 2 years, how long the training was and who the primary recipients of the training were:**

Several CIT overviews presented to local stakeholders in the CJ arena: FC Re-Entry Task Force, Corrections Planning Board

#### **What CIT trainings are being planned over the next 12 months?**

We will host three trainings again this year. We had one in February and plan one for June and September 2012.

1. **There is a formal selection process of CIT officers that includes a written application, an interview, and a background investigation.**  
*Yes; Comments: Process in CPD involves a written application, chain of command review for participation and further CIT Coordinator review of disciplinary activity keying on two factors. Other LE agencies unknown*
2. **The number of CIT officers trained and available for each shift allows for maximum coverage on all shifts and all days of the week (usually about 20-25% of the patrol force).**  
*Needs Improvement; Comments: First shift staffing within Columbus PD needs improvement. Two other shifts have sufficient staffing to meet item #3 below. Other LE agencies unknown.*
3. **A CIT officer is dispatched to at least 50% of the calls that are identified as CIT Calls (those involving a mental or emotional crisis).**  
*Yes; Comments: Current sampling indicates that 67% of calls pre-identified as CIT-type calls are being handled by CIT officers within Columbus PD. Other LE agencies unknown.*
4. **The law enforcement agency has designated a committed CIT officer to be the contact person for the mental health system and oversee the program.**  
*Yes; Comments: Accurate for Columbus PD. Other LE agencies unknown.*
5. **The mental health system has designated a coordinator to serve as the contact person for the law enforcement agencies given the authority to oversee the program.**  
*Yes*
6. **The mental health coordinator oversees the mental health side of the program and is involved in planning, implementing the training, and maintaining the program.**  
*Yes*
7. **The mental health system receives individuals in need of crisis services from CIT officers quickly and without hassle.**  
*Yes*
8. **The community has at least one facility or mobile crisis service clearly designated to mental health crisis with a “no reject” policy that is available 24/7.**  
*Needs Improvement; Franklin County has a crisis care provider, although in recent years have adjusted their ability to take ALL Law Enforcement referrals based on acuity and initial triage screenings.*

9. **If a person with mental illness is arrested, the community/program has mechanisms in place to DIVERT misdemeanants with mental illness from jail and, if arrested, ensure that persons with mental illness receive treatment.**

*Yes; Comments: Franklin County has an established mental health court specialty docket and in addition has some care continuity between the jail and our service providers, although this needs improvement.*

10. **Trainers include law enforcement officers, mental health professionals, family members, consumers, and people able to assist in role-playing.**

*Yes*

11. **To maximize the effectiveness of training, mental health trainers have been given the opportunity (i.e. through ride-alongs, force continue, officer safety, etc.) to learn about police work, police culture, and how police officers best learn.**

**To maximize the effectiveness of training, law enforcement trainers have been given the opportunity to learn about the mental health culture, system, treatments, and brain chemistry and function.**

*Yes*

12. **The mental health system provides trainers to the officers at no or low cost.**

*Yes*

13. **The law enforcement agency is willing to release time for personnel to attend the training.**

*Yes*

14. **An intensive CIT core training class is held at least once a year and includes development of communication skills, practical experience and role-playing.**

*Yes*

15. **The training course includes a overview of mental illness from multiple perspectives.**

*Yes*

16. **Dispatchers are trained to be knowledgeable about the CIT program and mental illness/ role play calls.**

*Needs Improvement; Dispatchers at Columbus PD have received some training, but it has been done via e-learning due to staffing shortages in the Communications Center. Some dispatchers from other LE agencies have attended the first 2.5 days of the CIT core training course.*

17. **CIT officers are offered ongoing or advanced training at least once per year.**

*No*

**18. Policies and procedures developed by the law enforcement department address the roles of dispatchers, CIT officers, and non-CIT officers.**

*Yes; Comments: Policies and procedures exist in Columbus PD and are currently under revision. Policies and procedures likely are in place in other LE agencies, but no proof has been obtained.*

**19. There is a documentation process for tracking encounters between CIT officers and consumers which is shared with the mental health system on a regular basis.**

*No; Comments: Some data is collected at Columbus PD, but it is used to document officer-consumer interactions and to identify high response locations and persons. Data collection by other LE agencies is unknown.*

**20. Feedback is given to CIT officers and the mental health system when problem situations arise.**

*Yes*

**21. A CIT steering committee, including representatives of the key stakeholder groups, meets on a regular basis to assure that the program stays on course.**

*Yes; Comments: Mental Health America of Franklin County, NAMI Franklin County, ADAMH, Netcare and Law Enforcement meet regularly to plan and implement*

**22. There is a representative of the CIT steering committee or planning group who is involved in the statewide CIT Coordinators group.**

*Yes*

**23. The mental health community provides ongoing recognition to the CIT program and honors particular CIT officers for their work.**

*Yes*

**24. There is a process in place to evaluate the overall CIT program and the CIT training.**

*Yes*

**25. Data collected on CIT participants includes: County of origin, employer, job description, or whether or not the officer is a sworn officer.**

*Yes*

**26. The CIT program has established strategies for maintaining and sustaining their CIT program.**

*Yes*

**Additional Comments:**

**What are the two or three strengths of your program?**

Long term and ongoing community/stakeholder investment

Strong training curriculum that has received positive feedback from attending officers

Strong collaborative relationships between Law Enforcement, Netcare, and Community providers and advocacy groups around CIT – strong community investment

**What are two or three areas that could be improved?**

Need advanced training

Need to develop mechanism for tracking data on CIT runs

**What would help to strengthen your CIT program?**

Data gathering mechanism that could be easily implemented within the FC system, consultation around cultural diversity training and advanced training curriculum

## Attachment C

### Franklin County CIT Officers of the Year

2006

Christopher Bowling  
Columbus Division of Police

2007

Deann Trionfante  
Columbus Division of Police

2008

Officer Stephen Oboczky  
Columbus Division of Police

2009

Columbus Regional Airport Authority Police Department Officers

2010

Deputy Caton  
Franklin County Sheriff's Office

2011

Bonnie O'Grady and Lisa Smith  
Columbus Division of Police



# Attachment D

## Site Visit

1. Introductions
2. Intro
3. CIT 40 hour Course Training Strengths
  1. Core Elements
  2. Number of Trainings Provided
  3. Committed People and ResourcesCIT 40 hour Course Training Suggestions
  1. Adult Learning Principles
  2. Clinical Verbiage
  3. Learning Objectives
  4. Cultural DiversityFranklin County CIT Program Strengths
  1. Division of Columbus Police
  2. Committed Stakeholders
  3. Court DocketFranklin County CIT Program Suggestions
  1. Policies and procedures
  2. Officer, Dispatcher, Coordinator
  4. Continued Training
  5. Outreach: Developing CIT in other AgenciesUnknown
  5. Training Evaluations
  6. Emergency Services
  7. Recognition and Honors
  8. Evaluation and Research (Data Collection)
  9. Feedback
4. Comments & Questions

### In attendance

Jeff Futo, Ruth Simera, Mike Woody, Chris Bowling, Stephanie Patrick, Neal Edgar

## Attachment E

### Franklin County CIT Training Statistics 2012

#### **Total Trained**

- 482 Peace Officers
  - Municipal
  - Village-336
  - Township-7,
  - Airport-28,
  - Deputies-55,
  - Colleges/Universities-29
  - Special state-5
- 2 College security officers
- 3 Hospital security officers
- 6 parole officers
- 4 Probation officers
- 5 Others
- 14 Officers/deputies/troopers from other locations than Franklin County
- 11 Dispatchers have attended the first 2 ½ days of the training course (19 hours)
  - Westerville Communications-8
  - Grove City Police Department-2
  - Columbus State Community College Police Department-1

#### **Franklin County**

##### *Municipal/Township/County*

- 2 officers from Bexley P.D.
- 294 officers from the Columbus Division of Police
- 8 officers from the Clinton Twp. P.D.
- 30 officers from the Columbus Regional Port Authority P.D.
- 5 officers from the Dublin P.D.
- 2 officers from the Gahanna P.D.
- 1 officer from the Grandview Heights P.D.
- 5 officers from the Grove City P.D.
- 7 officers from the Hilliard P.D.
- 4 officers from the Reynoldsburg P.D.
- 21 officers from the Westerville P.D.
- 2 officers from the Worthington P.D.
- 59 deputies from the Franklin County Sheriff's Office
- 1 officer from the Mifflin Twp. P.D.
- 7 officers from the Obetz P.D.

### *Colleges/Universities*

- 9 officers from the Columbus State Community College P.D.
- 20 officers from the Ohio State University P.D.
- 2 security supervisors from Otterbein College (Westerville)

### *Special-State Officers*

- 2 officers (state police officer) from Ohio Department of MR/DD
- 3 officers (state police officer) from Twin Valley Behavioral Healthcare

### *Hospital Security*

- 2 security officer from Grant Hospital Security
- 1 security officer from Riverside Methodist Hospital Security

### *Court Systems/Probation*

- 1 Chief Prosecutor from Franklin County Municipal Court
- 3 probation officers from Franklin County Municipal Court
- 2 from the Franklin County Public Defender's Office (1 public defender, 1 social worker)

### *Parole*

- 6 parole officers from ODRC—Adult Parole Authority

### *Other Agencies*

- 3 homeless outreach specialists from Columbus special improvement districts

### **Other Counties**

- 2 officers from the Lancaster P.D. (Fairfield County)
- 1 deputy from the Ross County Sheriff's Office
- 2 officers from the Powell P.D. (Delaware County)
- 1 officer from the London P.D. (Madison County)
- 8 troopers from the Ohio State Highway Patrol

## Attachment F

### Core Elements of CIT Training

- An overview of mental illness from multiple perspectives
  - Persons with mental illness
  - Family members with loved ones with mental illness
  - Mental health professionals
- Specific signs and symptoms of serious mental disorders
- Alcohol and Drug Assessment
- Co-Occurring Disorders
- Developmental Disabilities
- Suicide Prevention and Practicum Aspects
- Personality Disorders
- Post Traumatic Stress Disorders (PTSD)
- 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 makeup of the particular community
  - Mental Health Diversity
- 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 & consumer rights
- Legal Aspects of Officer Liability
- Policies and Procedures
- Equipment Orientation
- Comprehensive training in how to de-escalate a mental illness crisis
- Extensive practice, through role playing, in the de-escalation of mental illness crises
- 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

## Attachment G

### Franklin County 40hr Course Training Topics (2012)

- Introduction and the Role of the CIT Officer
- Signs and Symptoms of Mental Illness in Adults
- Implications of Mental Illness in Youth
- Risk Assessment of Individuals with Mental Illness
- Dual Diagnosis—Mental Illness and Substance Abuse
- Mental Illness and Homelessness
- Mental Health Law & Probate
- Crisis Intervention for People With Developmental Disabilities
- Family Panel Roundtable Discussion
- What is Mental Health all about?
- Consumer Operated Services and Peer Support
- Consumer Panel Roundtable Discussion
- Ride Along with Case Managers from Mental Health Agencies
- Cultural Differences in Mental Illness & Seeking Treatment (panel)
- Interaction with the Mentally Ill (De-escalation Skills)
- Interaction Skills and Role Plays
- C.I.T. Policies and Procedures & Overview of the System of Care in Franklin County
- Interaction Skills and Role Plays
- Mental Health Program Docket
- Legal Review for CIT Officers
- Graduation and Final Comments

## Attachment H

### Core Elements of a CIT Program Model

#### **Ongoing Elements**

- Partnerships: Law Enforcement, Advocacy, Mental Health
- Community Ownership: Planning, Implementation, Networking
- Policies and Procedures

#### **Operational Elements**

- CIT: Officer, Dispatcher, Coordinator
- Curriculum: CIT Training
- Mental Health Receiving Facility: Emergency services

#### **Sustaining Elements**

- Evaluation and Research
- In-service Training
- Recognition and Honors
- Outreach: Developing CIT in other Communities

Compton et al. (2011). *The Crisis Intervention (CIT) Model of Collaboration between Law Enforcement and Mental Health*. New York: Nova Science Publishers, Inc

# Attachment I

## Promoting CIT in Franklin County

### **Crisis Intervention Training (CIT) Continues in Franklin County**

In a room at the James G. Jackson Columbus Police Training Academy, 23 police officers gathered from a variety of agencies including the Columbus Division of Police, the Franklin County Sheriff's Office, the Westerville Division of Police, the Columbus Regional Airport Authority Police Department, the Obetz Police Department and Ohio State Highway Patrol for CIT Training. From November 15 to 19, these officers received training and education about how to respond to persons with a mental illness and how to best get those persons to places of safety and care when that is a better solution.



As one officer said, "We rush into a situation thinking someone is making bad choices. This training reminds us to step back and look at the totality of the situation. The person may have a mental illness and we have the chance to get them the services they need, rather than always transporting them to jail."

CIT was created in Memphis in 1988 and was brought to Ohio by the Akron Police Department in 2000. Since then, CIT has not only spread across the state of Ohio, but has also extended to the rest of the United States and to a handful of other countries.

Some of the topics covered in the training include: signs and symptoms of mental illness in adults, substance abuse and mental illness, mental health laws and probate procedures, de-escalation skills, family and consumer panels and role playing exercises.

In Franklin County, the first CIT core training was held in September 2003. The training session in November 2010 was the 20th training for Franklin County officers. Currently, there are more than 300 trained CIT officers throughout Franklin County. Three additional CIT training sessions are scheduled for 2011.

CIT is collaboration among numerous partners including: ADAMH, the Columbus Division of Police, NAMI Franklin County, Mental Health America of Franklin County, NetCare Access, Twin Valley Behavioral Healthcare, Ohio Legal Rights Services, North Central Mental Health Services, Southeast, Inc. and Columbus Area, Inc.

**PHOTO CAPTION:** (L TO R): Stephanie Patrick, ADAMH Clinical Director and Franklin County Mental Health CIT Coordinator and Lieutenant Chris Bowling, CIT Coordinator for the Columbus Division of Police

### **Class helps law officers deal with mentally ill**

**ADAMH, police join to teach techniques to defuse situations**

**By Misti Crane**  
THE COLUMBUS DISPATCH

Police work, by its nature, is unpredictable and demanding. But calls to assist those with mental illness can be particularly harrowing.

With that in mind, Columbus police and Franklin County's Alcohol, Drug and Mental Health Board have been working for eight years to teach law officers throughout the county to recognize mental illness, calm difficult situations and find people appropriate help.

To date, they've trained more than 430 officers in classes of up to 25 at a time. The most recent weeklong class, held at the Columbus Police Training Academy on N. Hague Avenue, finished yesterday with role-playing scenarios to test officers' skills.

See **MENTALLY ILL** Page **B2**

## **Crisis Intervention Team (CIT) Training Sees Immediate Results**

Dr. S.R. Thorward  
Twin Valley Behavioral Healthcare

*This is the fifteenth article from the Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts about effectively dealing with mentally ill offenders in the criminal justice system. This article highlights recent Crisis Intervention Team (CIT) training in Columbus and the immediate effects observed as a result.*

### **What is CIT?**

CIT is a collaborative effort between law enforcement and the mental health community to help law enforcement officers handle incidents involving mentally ill people. CIT is a community-based collaboration between law enforcement, NAMI (National Alliance for the Mentally Ill), mental health consumers, mental health providers and local universities. Volunteer patrol officers receive 40 hours of training in mental illness and the local mental health system. The training is provided free of charge by the mental health community, providers, consumers and family members. The training focuses on providing practical techniques for de-escalating crises. The Supreme Court of Ohio Advisory Committee on Mentally Ill in the Courts (ACMIC) has worked to encourage Crisis Intervention Team (CIT) training state-wide.

### **CIT Comes to Columbus**

September 8, 2003 saw the first 20 Columbus Police Department uniformed officers begin voluntary specialized training (CIT) in dealing with mentally ill citizens and offenders. This class completed the 40 hours of intensive training in five days, September 13. By September 19, the results were visible on the street.

Below are some encouraging examples of the impact of the CIT training in Columbus already within the first few weeks.

### **Days Later – Crisis Averted**

D. is a 20 year old male with Schizophrenia. He has had several admissions to Twin Valley Behavioral Healthcare (TVBH) inpatient units. His illness usually leads to his disturbing the peace of the community. Police are called. He is often resistant to direction. Usually resistance leads to arrest and jail. In jail, his paranoia and grandiosity come to the fore and he decompensates rapidly. He is usually transferred from the jail to TVBH in a severely agitated and psychotic state. Months of hospitalization are then necessary to achieve sufficient recovery to allow his return to the community. There is undue risk in this process to the community, the officers, and the patient. Resources of enforcement, jail, and hospital all are used in excess of the need if focused intervention and triage had occurred earlier in the chain of events.

The morning of September 19 found D. off his meds, acting in an inappropriate manner. At 7:45 am two CPD officers were dispatched to a north side grocery store. D. was reported as walking around shaking and harassing customers. At first D. was asked to leave. He did not. The officers

recognized his behavior as symptoms of mental illness. Officer R. asked D. if he was willing to go to Netcare (Emergency Mental Health). D. said, "no". He had just been released from Netcare on 9/17/03. D. produced paperwork indicating a scheduled follow-up visit on 9/18 at North Central Mental Health. He had not attended. The officers offered to transport D. to North Central. D. agreed.

The officers actually met with D. and the Case manager. D. revealed to the group that he was not taking his medication as prescribed. D. agreed to let the officers transport him to home to take his medication. At home, D. would only take part of his prescriptions. When the officers encouraged him as to the importance of taking it all as prescribed, D. became agitated. D. picked up a kitchen knife. The officers were able to talk him into putting the knife down. Since he was not able to comply with the agreed to plan, the officers transported D. to Netcare and D. was subsequently admitted to TVBH. He is doing well in again restabilizing his illness.

Officer R. had graduated from the CIT class only 6 days before. As a result, the officers correctly identified his symptoms, offered appropriate help, understood the importance of the treatment plan, and insisted on appropriate evaluation when D. was unable to comply. No arrest occurred. No "take down" occurred. No booking or jail time and resources were used. No injuries to patient, police or public occurred.

Instead, the patient entered the appropriate level of treatment weeks before his past entries. And his earlier detection and referral is resulting in a much quicker response to the appropriate medications. Success of CIT could not have been more effectively demonstrated. And at least two similar incidents were reported within the first week of graduation.

### **A Graduating Officer's Enthusiasm for CIT Training**

Kay Werk, M.S.W., one of the course coordinators, similarly reports the following conversation with another graduating officer:

Officer F. saw me in the hall and we talked for a considerable period of time. She told me of many situations she is handling differently as a result of the training. Her quote is "I've never had any training in the (15??) years that I've been an officer that I could use immediately. It's the most rewarding experience I've had." She then related several stories of situations where the training has made a difference for her and for the mentally ill clients. She indicates that she's using it almost every single day. "Once the mentally ill people know I'm trained to help them and wanting to do that, they tell me about their diagnoses, meds, where they're being seen etc." She also indicates that when the Netcare Access Emergency Mental Health Assessment Facility staff see her, "they almost knock themselves over trying to get the door open and work with me. This is totally different than it was before. A huge difference."

Clearly CIT is an immediate and worthwhile success. The next group will begin training on December 15, 2003 at TVBH.

## Attachment J

### Medication exercise

#### Supplies:

Small baggies

Varying small sized candies (M&Ms, skittles, Tic-Tacs, jelly beans, etc.)

3x5 index cards

Prep: Work with your local CMHC and ask them to identify 2-3 adults with SMI and 2-3 adolescents with SED who are on a variety of medications. Have them provide you by person the list of medications, dosing, and diagnosis by person. Using a small sandwich bags & varying types of candies to represent each different medication – fill each bag with the correct “meds” & attach a 3x5 card giving the basic info about the person – their age, diagnosis, list of medications/dosages.

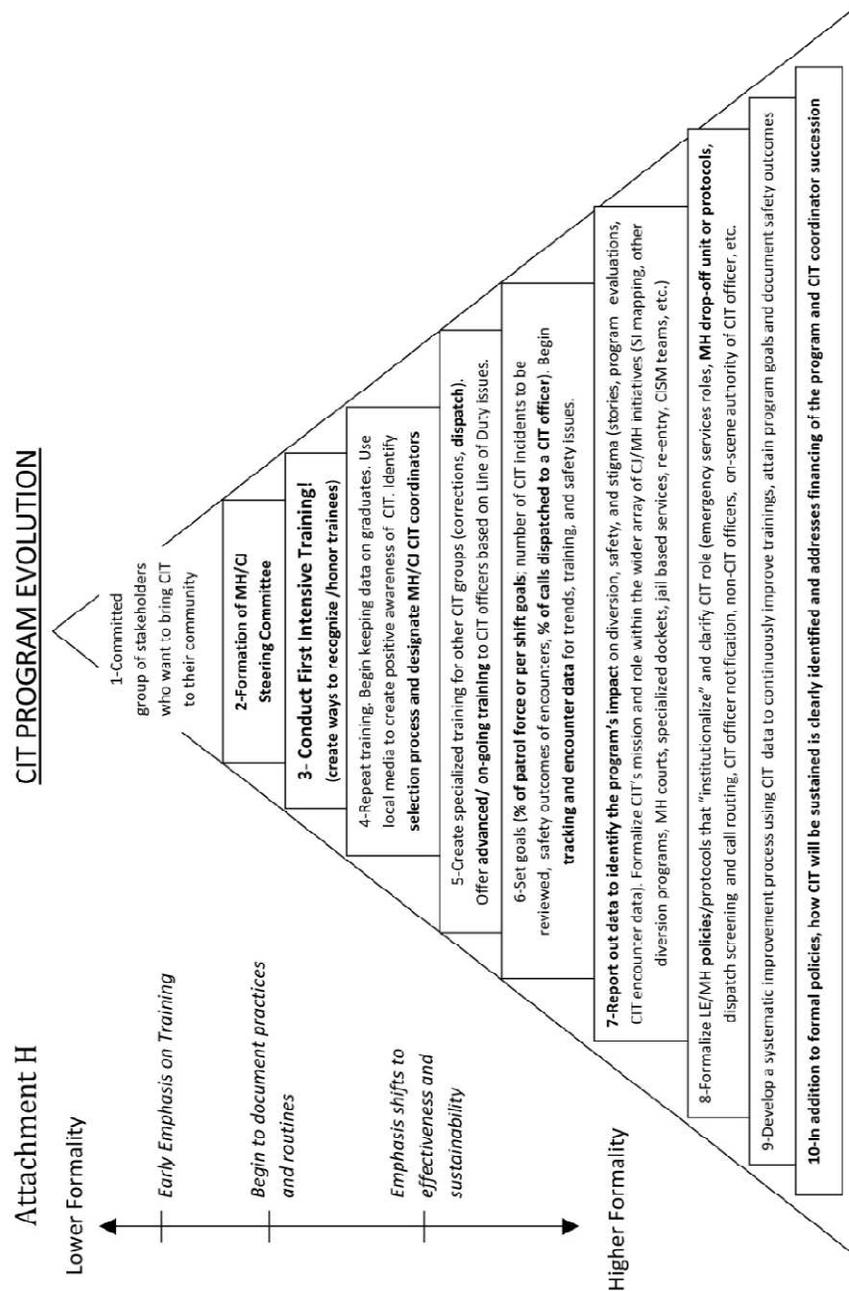
Class Discussion: Give each person a baggie. Explain they are going to live a day in the life of person recovering from mental illness. Facilitator starts the day at 8 am with morning medications. Have the people who take 8 am meds find their 1<sup>st</sup> pill; describe the side effects of some of the medications while they are taking them. Continue repeating until you are at the end of the day ready for bed. Be sure to include PRN meds every 4-6 hrs. Be sure to add in other components like the pharmacy has gotten in a different generic version of your noon med – so have everyone turn in one type of candy & replace it with another type of candy.

At the end of the “day” – consider these group discussion questions:

- 1) Who wanted to “eat” (ease of dosing) their medications all at one time?
- 2) Who wanted to pick & choose the candy they liked best first? (personal preference/perceived benefit)
- 3) Who didn’t like the “taste” (side effects) of the medications in their bag?
- 4) Who wanted to through the entire baggie away? (Resistance to medications)
- 5) Who got confused when the medications changed color/size/shape? (dosing confusion)

Use the discussion to guide officers in understanding there are many reasons (some very legitimate) about why people with SMI are not taking their medications as prescribed.

## Crisis Intervention Team Program Evolution



Lilley/ December 2009, revised 2012