



Stark County CIT Peer Review

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1. Peer Review Background

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 June 24, 2014 among the three Peer Reviewers and Carole Vesely, the county's C.I.T. Coordinator. The site visit was conducted on July 17th by the review team and the following Stark County C.I.T. Planning Committee members: Carole Vesely, Jeannie Cool, Chief Stephan Wilder, and Kay Silverwood.

This report is a synthesis of what the reviewers found after studying the program self-assessment, conducting the telephone conference call, and attending the site visit. This review is organized into strengths and suggestions related to the C.I.T. program and the training. The ultimate test of this Peer Review Process will be if the report and resources via the CCOE, helps Stark County strengthen its program.

Finally, The Stark County C.I.T. program should be commended for volunteering to participate in the Peer Review Process and their willingness to join 20 other counties who have undergone a Peer Review Process as one way to share and help implement best practices in the State of Ohio.

2. Brief Summary of Stark County's CIT Involvement

Stark County has been involved with CIT since Carole Vesely attended a Summit County Course in June of 2003. She was then instrumental in conducting the very first CIT Course in Stark County in April of 2004. To date Stark County has conducted 21 CIT Courses (two per year). 307 out of 528 full-time Ohio Sworn Peace Officers have gone through the course here, which accounts for 58% of all officers fitting this category. 19 of Stark County's 25 law enforcement agencies have participated with good representation from the largest departments (Sheriff's Office and Canton PD). Also 4 colleges have sent security officers. 34 parole and 5 probation officers have attended and Cuyahoga, Harrison, & Tuscarawas Counties have sent personnel. For a complete listing of Stark County trainees since the program's inception, see Attachment # 3.

3. CIT Program & Training Assessment

A. Program Strengths

1. Mental Health/Criminal Justice Collaboration- Stark County's Self-Assessment identified several program strengths regarding the long history of collaboration among the key players. This partnership is one of the most important elements in any C.I.T. program. Stark County C.I.T. has a strong commitment from the Stark County Mental Health and Recovery Services Board and while acting as the County's CIT coordinator; Carole is also the Consultation, Education, Prevention Manager for the Crisis Intervention and Recovery Center, Inc. The program also has active involvement from the Stark chapter of the National Alliance on Mental Illness. In addition to the mental health systems buy-in, the training also benefits from the support and involvement of the local NAMI chapter and buy-in from the majority of LE agencies in Stark County.

2. Local MH/CJ Resources- The agency has strong services and protocols in place that provide officers a place to bring individuals in crisis (the Crisis Intervention and Recovery Center or the ER if too violent for the agency). Carole noted that officers rarely wait more than 5 minutes when bringing someone to the emergency sites. The Crisis Intervention and Recovery Center has 14 adult residential beds and 9 detox beds. If medical clearance is need, this occurs at the ER. The county has also attempted to address the rise in opiate addiction among its residents and has access to an addictionologist and a medication assisted treatment program. Other county programs include jail-based services and diversionary programs for those with lesser charges.

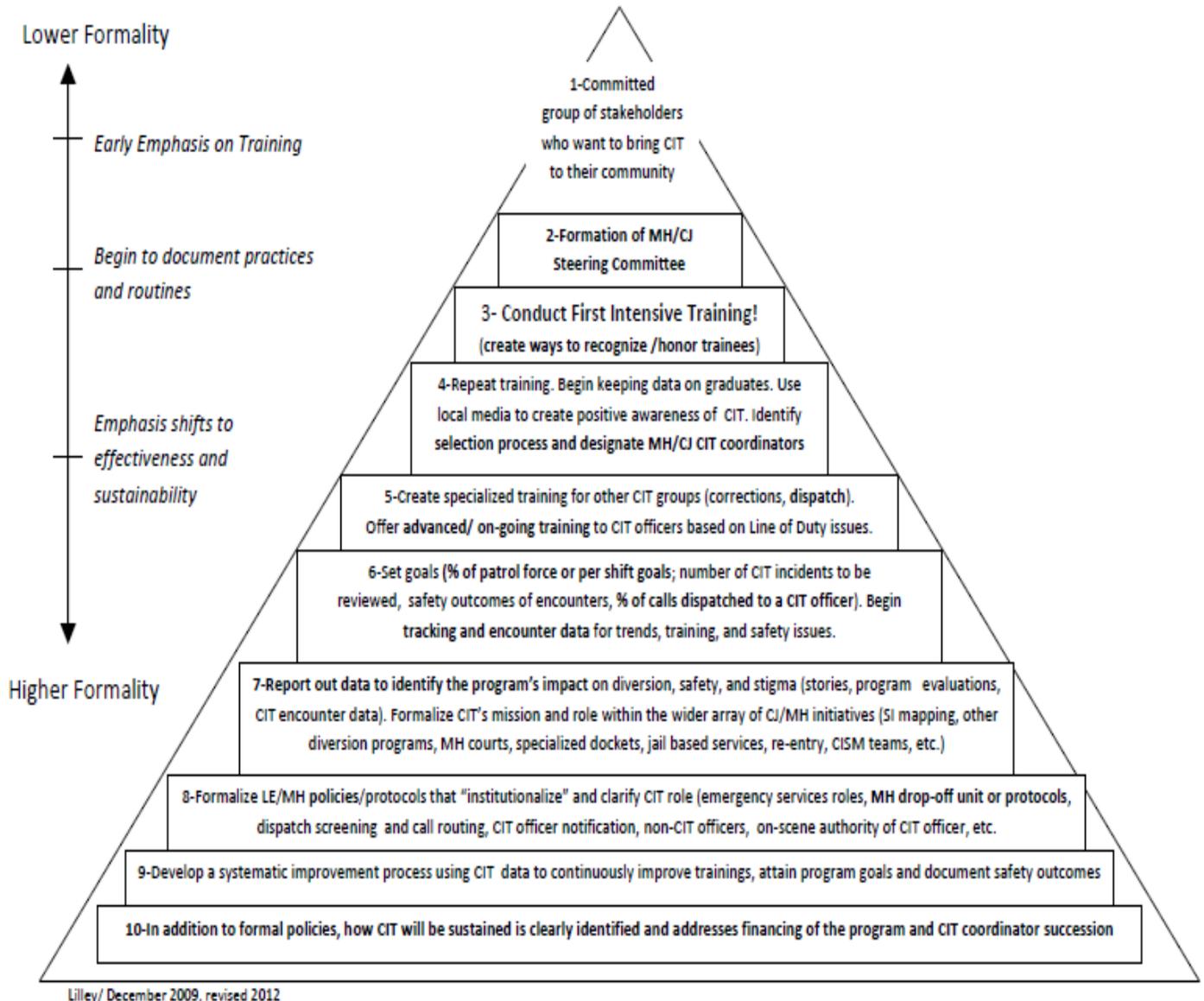
3. History with CIT - It is clear that Stark County has a strong and long commitment to CIT training. They were one of the first counties to adopt the training and have regularly produced two trainings each year. The quality of the sessions for the full training has been well researched and for the most part law enforcement relevant. The Advanced training topics are also timely and focused on the critical issues facing the LE and CJ partnership and have included Opiates, Police Suicides, Trauma, and Excited Delirium.

B. Program Suggestions

As part of the site visits, the steering committee members present were asked to rate their CIT program development against the CIT Evolution Pyramid (below). The Steering Committee believe that the Stark County program was between a level 5 and 6.

The peer reviewers agree with this assessment and recommend that Stark County consider the benefits of developing a more formal approach to growing your CIT program because the Stark County Program lacks a certain degree of formality that may impede the group's effort to sustain and grow CIT. The program and training recommendations presented in this report are aimed at supporting the county's further development in this area.

CIT PROGRAM EVOLUTION



1. Strengthen local and state CIT Coordination- 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. Renew involvement with other CIT programs through the statewide CIT coordinators meetings. Try and recruit a LE representative 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).

2. Steering Committee- The Steering Committee meets four times yearly and focuses mostly on training issues and not program development. Review the committee composition and include additional Law enforcement representatives on the committee, especially past CIT graduates that have a passion for the training or department CIT coordinators.

3. Tracking of CIT graduates – The Steering Committee does a good job tracking the number of trainees since the program’s inception. We would recommend that this tracking also include a way to capture the number of those trained that are still employed and on the street with local law enforcement agencies. Tracking CIT grads allows the County to know how many active duty CIT officers there are by jurisdiction.

4. Involve CIT graduates- Consider creating 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 facilitators/evaluators for the de-escalation role-playing block.

5. Develop formal tracking mechanisms to collect CIT encounter data across all departments utilizing CIT. This would be helpful in not just program evaluation, but cases of litigation and grant requests. This could also include annual reports based on analysis of encounter data as well as training numbers. These types of reports can be provided to the sheriff and police chiefs and mental health funders supporting the program. It can also be used as a recruitment tool for those law enforcement jurisdictions not yet participating.

6. CIT penetration- According to the statistics kept by the CJCCOE, the county enjoys a 58% penetration rate of officers trained compared to total law enforcement personnel. Stark County does a good job in training the largest of the law enforcement jurisdictions (the Sheriff’s Office, and police departments in Canton, Alliance and Jackson). However, on the CIT self assessment, when answering the question, “What are two or three areas that could be improved?” about the CIT program, the answer was “more effective ways to get the departments that are currently not sending anyone to send representatives.” Some suggestions to do this recruitment may include showing the Ohio CIT DVD to chiefs and other high ranking officers, and developing LE leadership/CIT champions who fully believe that CIT is a risk reduction training and who are in positions to provide officers for the training while helping to recruit other LE jurisdictions as a way to recruit more participation. (Or, sending the seasonal “Ohio CIT News” newsletter to all law enforcement agency heads & CIT graduates).

7. Evaluate the impact the program is having- the next step after aggregating the data would be to report out 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.

8. Develop Policies and Procedures that support the implementation of CIT – Polices and procedures also assist with program development and sample polices that more formalized CIT programs have developed include policies governing the selection process for training, the dispatch process, goals related to the percentage of officers trained, CIT officers authority and scene management, and crisis communication protocols. Some of these policies can help LE agencies that are seeking or maintaining CALEA certification. This will help move their training into a true diversion/risk reduction program.

9. Develop a Succession Plan: There is recognition by Carole that there needs to be a more formalized succession plan so that the C.I.T. program can continue in a reliable and consistent manner when people change jobs and/or leave the county. The collection of data, the implementation of department polices, and program evaluation is examples of programming milestones that should withstand changes in CIT coordinators and funding. Identifying CIT coordinators from each department can also assist with major transitions.

10. Review liability with respect to the “pink slip” process of involuntary hospitalizations. There is a concern 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. The reviewers suggest that the county get legal consultation on its implementation of 5122.10 to see if law enforcement liability can be lessened.

11. Develop more formal ways to receive feedback from officers on the street- While there does exist an informal way of recognizing the work of officers, the program could benefit from a formal way to receive officer feedback on encounters that could then feed future trainings and role-play development, as well as problem solve issues that may arise between the MH/CJ collaborative (Core Element: Regular feedback is given to both CIT officers and mental health system providers and administrators when problem situations arise).

12. CIT recognition- one of the core elements is to develop a means of formally recognizing an outstanding effort made by a CIT officer or instructor. The county has not set up a process by which they honor deserving officers/corrections officers, instructors, CIT coordinators, administrators etc. with celebrations and awards in their own community. This can attract the attention of the local news media and provide more PR for the program for those LE agencies who have not participated.

C. Training Strengths

1. History- The Stark County partnership has a history of producing quality, twice yearly trainings available to officers in Stark County for over 11 years that includes 21 CIT courses with over 307 trained officers.

2. Training- A review of the 40 hour training schedule shows that the curriculum contains a broad range of topics including an overview of mental illness, dementia, personality disorders, crisis

with kids, suicide, SAMI, developmental disabilities and PTSD. The training also contain topics on special issues including client's rights, use of the virtual hallucination program, cultural sensitivity, police stress and site visits with ride along.

3. Training material- As part of the desk audit, Stark County provided the binder that is given out to attendees that starts off with introducing them to the Crisis Intervention Team Training Curriculum Outline that informs them of the learning objectives. They are given current information on the research on CIT and the reasons law enforcement needs this type of course. Of special note the presentations on **Trauma** and **Suicide**, are quite impressive as they personalize the presentation to what officers are likely to see in their work and how to handle them.

4. Home visits with NAMI members- This is a unique aspect to the Stark County program. Officers make home visits with NAMI members to learn more about the issues that parents face when raising a son or daughter with mental illness.

5. Evaluation- The evaluations of the 2014 most recent course showed that the students liked the **De-escalation** training the best followed by the **Personality Disorders** presentation and then the **Site Visits**. The **Virtual Hallucination** presentation, **PTSD** presentation & **Elderly** presentation also were rated very well.

6. Advanced Training – Stark County has held advanced CIT Courses in 2008 & 2013. In 2008 attending officers were given a 1 ½ hour course on: Police Suicide; 1 ½ hours on Medical Diagnoses that Mimic Psychiatric Diagnoses; 1 hour on Excited Delirium; 2 hours on Substance Abuse: Addictions; 1 hour on Childhood/Youth Mental Illness, and 1 hour on Mental illness: Signs and symptoms. In 2013 they received a 4-hour Advanced Course on: Trauma, then on Opiate Addiction (The Peer Reviewers did not receive information on the number of CIT officers that attended). (Stark County has held Advanced CIT courses annually from 2007-2011, and 2013-2014.)

D. Training Suggestions

1. Interactive learning- The evaluations had several comments related to reliance on lecture type presentations as a way to relay information. Other types of learning, such as demonstrations, small group learning, visuals and/or interactive learning exercises, multimedia clips, and/or a consumer experience re-enforcing the learning objectives for the section are, however, included in some of the other presentations.

2. Legal Issues – While there is a Clients Rights presentation on those with a mental illness, and the requirements of taking someone into protective custody (Pink Slip) this block does not cover case law related to the legal standards related to deliberate indifference, (Olsen v. Layton Hills – 1980), (Walker v. City of New York – 1992) and court decisions on diminished capacity and use of force. Reviewing case laws also provides the context for CIT's less authoritative de-escalation

approach and sheds light on the actual de-escalation skills in such encounters e.g., (Fisher v. Hardin) and corroboration of unconfirmed suicide/mental illness calls; (Griffin v. Coburn) and application of the force continuum on an unarmed, mentally ill subject; or (Byrd v. Long Beach) as it relates to expectations around verbal de-escalation. Some legal blocks also cover high-risk cases officers may face, including Excited Delirium. Such cases help to define CIT as liability reduction training.

3. Diversity training block- Though this 3-hour presentation is part of the core elements of a CIT program (usually 1 hour) it often is not highly rated by officers. Normally they would get this type of training in the academy and in-service and federally mandated courses. Of critical importance is to make this presentation relevant to the “theme” of a CIT Course – teaching officers to feel empathy, de-escalate, and get persons with a mental illness the medical help they need. Therefore, teaching how families of different cultures that are present in Stark County deal culturally with mental health issues is important. This can give an officer an insightful perspective when someone from a certain culture will not make eye contact or the family tries to “hide” the illness, etc. Also educating the officer on the unequal representation of different cultures in the prison system that have a mental illness can change hearts and minds.

4. Role play facilitation- No law enforcement officers participate in facilitating the role-plays, including the officer who teaches the de-escalation block.

5. Evaluate impact of training on officer knowledge/ attitude- Consider implementing ways to test the knowledge/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’s 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.

6. Specialized Training for call-takers/dispatchers and corrections officers- While efforts are made within the 40 hour block to accommodate dispatchers, since CIT’s inception in Stark County only 7 dispatchers have gone through the intensive training. The Training committee may want to have breakout sessions for corrections officers. For example teaching about suicide and legal issues are very different for correction officers than for street officers. Having Role-Plays specifically for the Correction Officers and for call-takers/dispatchers in the class may be more effective/relevant (Core Element- 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.)

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 members referral information to mental health treatment agencies or advocacy organizations like the local NAMI chapter. The training emphasizes development of communication skills, practical experience and role-playing. Also officers are exposed to mental health professionals, consumers and family members both in the classroom and in the field during site visits. No two CIT curricula will be identical, as each will

reflect the unique aspects of the given community. Still all courses will include the following:

- An overview of mental illness from multiple perspectives.
- Persons with mental illness
- Family members with loved ones with mental illness
- Mental health 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.

11. 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.

12. 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.

13. 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.

14. Regular feedback is given to both CIT officers and mental health system providers and administrators when problem situations arise.

- Each community will articulate means of both formal and informal communication between law enforcement and the mental health system. These may include:

- Sharing of statistics kept on various aspects of the program

- Sharing of stat sheets (see 12.b above)

- *Regular conversations between identified CIT and mental health personnel.

- *Discussions at the CIT steering committee meetings. (See below.)

14. There is a regularly scheduled meeting of a CIT steering committee with representatives of the key stakeholder groups to assure that the program stays on course.

15. When feasible, the mental health community provides ongoing recognition to the CIT program and honors particular CIT officers for their excellent work. One or more officers from each CIT program 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 Background

County Background

According to the 2010 census **Stark County had** a population of 375,586, which is a decrease of 0.7% from 378,098 in 2000. Its county seat is Canton. The county is named for John Stark, an officer in the American Revolutionary War.

Demographics

As of the census of 2000, there were 148,316 households, and 102,782 families residing in the county. The population density was 656 people per square mile. There were 157,024 housing units at an average density of 272 per square mile. The racial makeup of the county was 90.28% White, 7.20% Black or African American, 0.24% Native American, 0.54% Asian, 0.02% Pacific Islander, 0.29% from other races, and 1.43% from two or more races. 0.92% of the population was Hispanic or Latino of any race.

There were 148,316 households out of which 31.00% had children under the age of 18 living with them, 54.20% were married couples living together, 11.50% had a female householder with no husband present, and 30.70% were non-families. 26.10% of all households were made up of individuals and 10.90% had someone living alone who was 65 years of age or older. The average household size was 2.49 and the average family size was 3.00.

In the county, the population was spread out with 24.80% under the age of 18, 8.30% from 18 to 24, 27.80% from 25 to 44, 24.00% from 45 to 64, and 15.10% who were 65 years of age or older. The median age was 38 years. For every 100 females there were 92.40 males. For every 100 females age 18 and over, there were 88.40 males.

The median income for a household in the county was \$39,824, and the median income for a family was \$47,747. Males had a median income of \$37,065 versus \$23,875 for females. The per capita income for the county was \$20,417. About 6.80% of families and 9.20% of the population were below the poverty line, including 12.90% of those under age 18 and 6.60% of those age 65 or over.

Attachment # 3: Stark County CIT Training stats

Ohio CIT Stats for Stark County - 307 out of 528 L.E. officers + 5 OSP Troopers = 58%

Stark County (25 L. E. Agencies)

17 officers from Alliance PD (44%)

4 officers from Beach City PD (400%)

5 officers from Canal Fulton PD (63%)

68 officers from Canton PD (48%)

*3 Chaplains from Canton PD

9 officers from Hartville PD (125%)

39 officers from Jackson Twp. PD (87%)

2 officers from Lawrence Twp. PD (40%)

15 officers from Louisville PD 188%)

2 officers from Magnolia PD (100%)

13 officers from Marlboro Twp. PD (650%)

11 officers from Massillon PD (22%)

1 officer from Minerva PD (11%)

6 officers from North Canton PD (26%)

20 officers from Perry Twp. PD (88%)

85 deputies from Stark County S.O. (71%)

*1 Chaplin from Stark County S.O.

1 officer from Uniontown PD (29%) (Trained in Summit County)

2 officers from Waynesburg PD (200%)

1 officer from Wilmot PD (100%)

Non-Participating L. E. Agencies: Brewster PD (5); East Canton PD (2); Heartland Behavioral Health Care (9); Hills and Dales PD (3); Navarre PD (5); Stark County Park District Enforcement Division (7)

Colleges

1 campus security officer from Kent State Stark College

6 campus security officers from Mount Union College Security

11 campus security officers from Stark State Community College Security

1 officer from Walsh University PD (100%)

Court/Corrections

34 officers from Ohio Adult Parole

4 probation officers from Canton Municipal Court

1 Adult probation officer from Stark County

1 Court Bailiff from Canton Municipal Court

3 persons from Canton Municipal Court

Dispatchers

7 dispatchers from Perry Twp. PD

Highway Patrol

5 troopers from the Stark/Summit Post

Other Counties

1 officer from Juvenile Parole (Cuyahoga County)

1 deputy from Harrison County S.O.

3 deputies from Tuscarawas County S.O.