

## Overview of CIT Peer Review Process

The CJ CCOE has an interest in working with the CIT Coordinators throughout Ohio to develop a “Peer Review Process.” Values defining such a process include a voluntary and collegial process built on a quality improvement approach to strengthen our collective understanding of the core elements and best practices within CIT programs.

A CIT Review Process that incorporates these values should coalesce the best of CIT programs in a continuous learning approach that:

1. Allows communities interested in improving their program, a process to receive very specific feedback on their implementation to the CIT core elements;
2. Allows peer reviewers to also learn ways to strengthen their CIT programs thorough lessons learned acting as a reviewer;
3. Better positions the CCOE to encourage general mental health/criminal justice trainings while clarifying such trainings from actual CIT programs

### Review Team

The Peer Review Process is completely voluntary. Reviewers would be either staff from the CJ CCOE or CIT coordinators participating in the CCOE’s coordinators meetings. The CCOE would recruit interested reviewers and coordinate the development of a review team for interested counties/programs and would attempt to match review teams based on the program/counties preference and geography. A review team would be developed made up of no less than 2 members.

### Review Process

The review process consists of these phases:

1. Self Assessment
  2. Desk Audit
  3. Site visit/ Meet with County designees
  4. Written Summary of Review
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1. 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.
  2. 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 CCOE would keep one copy on file and provide the review team with copies of the assessment and desk audit material.

3. 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.

4. 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 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.

# CIT Program

## Self-Assessment



County/ Program Name                      Hancock County                      Date 2/14/2012

Background: See History sheet on flash drive for more info

Hancock County has three LE jurisdictions within the County. The two largest are the Findlay PD and the Hancock County Sheriff's Office. The McComb PD (which has three full time officers including the police chief).

Within the county borders there is also a Findlay Post of the Ohio State Highway Patrol. Security staff is also employed by the Blanchard Valley Hospital and the University of Findlay. Finally, Fostoria is a city whose borders overlap into three different counties (Wood, Seneca, and Hancock) the majority of which is in Seneca County. Fostoria PD does not participate in the Hancock county CIT program nor does the local hospital security staff. The U of F has four trained CIT officers.

Range of CIT trainings provided over the last 2 years- Please check all that apply and provide the number of training hours)

Full Training (# of hours 40)

Who was represented in the full training?  Law enforcement;                       first responders;  
 probation/parole;  corrections staff;                       college security;                       hospital security;  
 Others

Refresher Training (# of hour's \_\_7 hours\_\_\_\_)

Corrections Training (# of hour's \_\_\_\_\_) corrections officers are part of our regular CIT training.

Dispatch Training (# hour's \_\_4.5 hours\_\_\_\_)

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.

Front-desk staff at social service agencies. 7 hour training

Probation/Parole training 2 days

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

Dispatch (May 2012), Refresher (Sept. 2012), Full Training in October 2012

**Assessment Codes:**

**Y** = Yes, the core element has been met or exceeded.

**NI** = the core element is in place, but needs improvement.

**N** = No, the core element is not in place.

**DK** = Don't know.

**O** = other (please explain in comments section provided)

1. There is a formal selection process of CIT officers that includes a written application, an interview, and a background investigation.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y**      **NI**      **N**      **DK**      **O**

**Comments:** Findlay PD asks for volunteers to sign up, HCSO trains everyone.

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).

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y**      **NI**      **N**      **DK**      **O**

**Comments:** WE have four LE jurisdictions in Hancock County. Findlay PD and Hancock County SO meet this requirement, as does McComb PD. Fostoria PD does not.

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).

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Y**      **NI**      **N**      **DK**      **O**

**Comments:** Yes, see above

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.

X				
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Y      NI      N      DK      O

**Comments:** There are CIT coordinators from Findlay PD, Hancock County SO, and McComb.

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.

X				
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Y      NI      N      DK      O

**Comments:**

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.

X				
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Y      NI      N      DK      O

**Comments:**

7. The mental health system receives individuals in need of crisis services from CIT officers quickly and without hassle.

X				
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Y      NI      N      DK      O

**Comments:** MH first responders track their response time to every LE call and average under 22 minutes.

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. \*note: 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.

**Comments: We provide 24/7 access to a mental health professionals who provide pre-screens and complete the pink slip if needed. Officers take persons in crisis to the emergency department of the local hospital and the mental health professionals meets officers there. Officers are not unnecessarily detained. It is our communities hope to get access to a 23 hour assessment bed that can accept individuals who are sick and violent.**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	NI	N	DK	O

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

**Comments: The CIT training is a diversion program and our courts practice Tx in lieu of provisions. We have no specialized dockets. The mental health agency has established a forensic team that works with those on probation. MH staff is also placed within the local jail to provide treatment services.**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	NI	N	DK	O

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

**Comments:**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	NI	N	DK	O

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

12. 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.

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

**Comments: All LE trainers have gone through a CIT class and learned about the treatment system through the class. Most non-LE trainers have been teaching the CIT class over the years. New non-LE trainers are informally taught about the LE culture.**

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

**Comments:**

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

**Comments:**

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

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

**Comments:**

16. The training course includes a overview of mental illness from multiple perspectives and gives information regarding:

- Specific signs and symptoms of serious mental disorders
- Co-occurring disorders

- Influence of culture and ethnicity on mental health
- Psychiatric medications
- Local mental health system and available services
- Mental health commitment law
- De-escalation
- Suicide
- Child/youth
- Family/consumer panels
- Other: \_\_\_\_\_ Officer Bias \_\_\_\_\_

**Comments:**

X				
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

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

**Comments:**

X				
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

18. CIT officers are offered ongoing or advance training at least once per year.

**Comments:**

X				
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

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

**Comments: Findlay PD has done this, HCSO working on a policy.**

	X			
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

20. 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.

**Comments:** Findlay has been collecting since 2007. HCSO in process of adopting encounter form.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	NI	N	DK	O

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

**Comments:** This happens informally if the Chief or CIT coordinators bring cases forward to the CIT Planning Committee

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	NI	N	DK	O

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

**Comments: meets every other month**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	NI	N	DK	O

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

**Comments: Usually two or more members from the planning committee attend from Hancock**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	NI	N	DK	O

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

**Comments: Evening of expression honoring all cit officers. ADAMHS newsletter highlights CIT officer of the month. One paid newspaper ad was purchased.**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	NI	N	DK	O

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

**Comments: Planning committee reviews as needed. Formal evaluation of the programs impact on three safety measures is done each year by Findlay PD/ADAMHS Board.**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

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

**Comments:**

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

27. The CIT program has established strategies for maintain and sustaining their CIT program.

**Comments: we do not have any formal mechanisms in place for CIT coordinators succession nor is our training fully a curriculum.**

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Y</b>	<b>NI</b>	<b>N</b>	<b>DK</b>	<b>O</b>

**Additional Comments:**

What are the two or three strengths of your program?

PD collects and uses encounter data

Commitments by LE and MH to sustain CIT

What are two or three areas that could be improved?

Succession planning of key LE or MH CIT coordinators

Completing a training curriculum

What would help to strengthen your CIT program?

Access to a 23-hour observation bed that can handle violent ill citizens

# CIT Program

## Site Visit

## Site visit discussion items

*These items are designed to follow-up the self-assessment and provide clarity and a more in-depth description of the processes described in the self-assessment.*

### **Topic 1: Self-Assessment Item 7**

**The mental health system receives individuals in need of crisis services from CIT officers quickly and without hassle.**

*Potential discussion questions to quantify this measure:*

- How long do consumers wait before being admitted to the treatment facility?
- How long are officers at the drop off point?
- 

### **Topic 2: Self-Assessment Item 9**

**Diversion in the event of an arrest: 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**

*Potential discussion questions to clarify this measure:*

- If an individual needs to be arrested, does the mental health system have procedures in place to ensure that the person's mental health needs are met?
- What is that follow-through, if any?
- 

### **Topic 3: Self-Assessment Items 15-16**

**The length and intensity of CIT training**

There is no consensus in Core Elements document on the appropriate length of the training; however, the content and intensity of the training should be the primary focus, rather than the number of hours (40 hours) or the number of days (5 days/week-long). Site visit can include discussion on the topics that are covered or content areas that the team feels are underrepresented. To assist, the site visit can expand on the curriculum topic checklist from the self-assessment (# 16):

Curriculum topic checklist Potential topics:

- Specific signs and symptoms of serious mental disorders
- Co-occurring disorders
- Influence of culture and ethnicity on mental health
- Psychiatric medications
- Local mental health system and available services
- Mental health commitment law
- De-escalation
- Suicide
- Child/youth

- Family/consumer panels
- Other: \_\_\_\_\_

**Topic 4: Self-Assessment Item 21**

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

*Potential discussion questions to clarify this measure:*

- What is the degree of communication between law enforcement and the mental health system when problems occur related to CIT?
- How are such problems resolved?
- 

**Topic 5: Self-Assessment Item 27**

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

*Potential discussion questions to clarify this measure:*

- What strategies are being employed to sustain your CIT program?
- What strategies have been effective for your program in the past? Why?
- What strategies have not been effective in the past? Why not?
- 

\*\*\*\*\*

*The peer review team will further discuss any items checked as "Needs Improvement" on the self-assessment.*

Self Assessment Item #:

Discussion:
