After 18 Years
CIT in Every Ohio County
Here’s How

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CIT in Ohio

• First program in Akron (Summit County)
  o Worked with Memphis in 1999
  o First training May 2000

• Second program in Toledo (Lucas County)
  o First training June 2000
First National CIT Conference

Columbus, Ohio 2005
First National CIT Conference

Columbus, Ohio 2005
First National CIT Conference

Columbus, Ohio 2005
Criminal Justice Coordinating Center of Excellence (CJ CCoE)

- May 2001 - County of Summit ADM Board designated by the Ohio Department of Mental Health – CJ CCoE to help in the state-wide elaboration of Jail Diversion programs
- Northeast Ohio Medical University (NEOMED) operates the Center
- Promote utilization of best practices
- Develop education and training materials
- Promote cross system sharing
- We have many partners
CJ CCoE Partners

- Supreme Court of Ohio – Advisory Committee on Mental Illness and the Courts created by Justice Stratton June 2001
- National Alliance on Mental Illness of Ohio
- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Public Safety, Office of Criminal Justice Services
- Ohio Department of Rehabilitation and Correction
CJ CCoE Partners

• Ohio Office of the Attorney General
• Peg’s Foundation
• Stepping Up Ohio
  o Retired Ohio Supreme Court Justice Evelyn Stratton
• OPOTA training evolution
• National attention to Ohio’s efforts and accomplishments
CIT Organization in Ohio
Statewide Coordination
(Core Element: Partnerships with Law Enforcement, Advocacy, Mental Health)

- CJ CCoE
- Law Enforcement Liaison – CIT Coordinator
- NAMI Ohio

- Training reports and maps
  - Roster template
- Training schedule
- Braided funding and mini grants
- Coordinators roster and meetings
The Development of CIT Training in Ohio

Status of CIT Development in Ohio
June 2008

Active CIT
CIT in Active Planning
CIT in Planning – Team Attended a CIT Course
CIT Considered – Heard One or More Presentations from CCoE/NAMI
CIT Considered – One or More Discussions with CCoE or NAMI Staff
Other Specialized Law Enforcement Approach
From White to Red: The Story of CIT Training in Ohio

Status of CIT Development in Ohio
July 2012

21% +
16% - 20%
11% - 15%
6% - 10%
1% - 5%
No Sworn Law Enforcement Trained
Current CIT Statistics

- 45 of 50 ADAMHS Board areas sponsor training
- Over 12,000 full-time officers trained
- 72% Law Enforcement Agencies participate
- Trained officers in all 88 counties
- 65 courses held in Fiscal Year 2019
From White to Red: The Story of CIT Training in Ohio

June 1, 2019
Full-time Ohio Peace Officers Only

PR 2010
PR 2011
PR 2012
PR 2013
PR 2014
PR 2015
PR 2016
PR 2017
PR 2018
PR 2019

21%+
16% - 20%
11% - 15%
6% - 10%
1% - 5%
0%

PR Peer Review
CIT Roster Project

• 69% of the 952 agencies responded
• 65% of responding agencies reported having CIT Officers
• 75% Retention of Ohio CIT Officers
• Jurisdiction specific information about training goals and barriers to meeting goals
• Summary report for each ADAMHS Board and regional CIT Coordinator
CIT Data Collection Initiative (Core Element: Evaluation and Research)

- CIT roster project influence on CIT data project
  - More jurisdictions collecting some level of mental health encounter data than previously aware of: 216
  - Attempted to clarify nature of data; approximately 75% of the 216 responded (162)
- Of the 162 agencies, 62 track CIT (38%)
  - Few communities using data to improve outcomes
  - 22 Share information with mental health organization
  - 40 track CIT but do not work with mental health organization(s)
Research Note: Retention and Training Saturation for Crisis Intervention Teams: An Update and Directions for Future Research

Department of Psychiatry, Northeast Ohio Medical University

Abstract

The Crisis Intervention Team (CIT) model originated in Memphis, Tennessee, to prepare officers to resolve safely encounters thought to involve mental illness. The model has been widely adopted, but we know little about retention of CIT officers. We also know little about how rural and suburban communities adapt training targets for CIT. We present an update on the status and retention of CIT officers in Ohio and discuss targeted CIT training goals. We identify areas of future research to help stakeholders make decisions about how CIT programs can effectively meet the needs of the community served.
CIT Data Collection Initiative

• Hot spotting concept
  o High utilizers
  o High risk

• Mature CIT programs include:
  o Documenting CIT encounters
  o Sharing data with mental health
  o Developing mechanisms to follow-up high utilizers or high risk individuals
    ▪ Co-responder follow-up
  o Cross-system case planning
Sustaining CIT in Ohio: The Ohio CIT Coordinators Group
Work of the CIT Coordinators Group

- Semi-annual meetings
- Developed Ohio CIT Core Elements of CIT consensus guidelines
  - Urban and rural communities represented
  - Used as a resource in development of CIT I document
- Developed CIT Peer Assessment instrument
  - Completed in 21 Board areas (32 of 88 counties)
  - https://www.neomed.edu/cjccoe/cit/other-technical-assistance/
Overview of CIT Peer Review Process

The Criminal Justice Coordinating Center of Excellence works with the CIT Coordinators throughout Ohio to provide a “Peer Review Process” of Ohio CIT programs. 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 are a combination of staff and consultants from the CJ CCOE and CIT coordinators that participate in the statewide coordinators’ meetings and preferably who have participated in a peer review process in their own community. The CCOE recruits interested reviewers and coordinates the review team for interested counties/programs and attempts to match review teams based on the program’s or county’s preference and geography. A review team is made up of no less than two people, but typically three people.
CIT Program
Self-Assessment

County/ Program Name ___________________________ Date ____________________

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 ______).

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

☐ Refresher Training (# of hours ______)

☐ Corrections Training (# of hours ______)

☐ Dispatch Training (# 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.
Develop a systematic improvement process using CIT data to continuously improve trainings, attain program goals and document safety outcomes.

Formalize LE/MH policies/protocols that “institutionalize” and clarify CIT role (emergency services roles, MH drop-off unit or protocols, dispatch screening and call routing, CIT officer notification, non-CIT officers, on-scene authority of CIT officer, etc.).

Set goals (% of patrol force or per shift goals; number of CIT incidents to be reviewed, safety outcomes of encounters, % of calls dispatched to a CIT officer). Begin tracking and encounter data for trends, training, and safety issues.

Conduct First Intensive Training! (create ways to recognize/honor trainees)

Repeat training. Begin keeping data on graduates. Use local media to create positive awareness of CIT. Identify selection process and designate MH/CJ CIT coordinators.

Report out data to identify the program’s impact on diversion, safety, and stigma (stories, program evaluations, CIT encounter data). Formalize CIT’s mission and role within the wider array of CJ/MH initiatives (SI mapping, other diversion programs, MH courts, specialized dockets, jail based services, re-entry, CISM teams, etc.).

Create specialized training for other CIT groups (corrections, dispatch).

Offer advanced/on-going training to CIT officers based on Line of Duty issues.

In addition to formal policies, how CIT will be sustained is clearly identified and addresses financing of the program and CIT coordinator succession.

- Committed group of stakeholders who want to bring CIT to their community
- Formation of MH/CJ Steering Committee
- Conduct First Intensive Training!
- Repeat training. Begin keeping data on graduates. Use local media to create positive awareness of CIT. Identify selection process and designate MH/CJ CIT coordinators
- Set goals (% of patrol force or per shift goals; number of CIT incidents to be reviewed, safety outcomes of encounters, % of calls dispatched to a CIT officer). Begin tracking and encounter data for trends, training, and safety issues.
- Create specialized training for other CIT groups (corrections, dispatch).
- Offer advanced/on-going training to CIT officers based on Line of Duty issues.
- In addition to formal policies, how CIT will be sustained is clearly identified and addresses financing of the program and CIT coordinator succession.

Northeast Ohio Medical University

Created by Paul Lilley
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
Work of the CIT Coordinators Group

• Support system for programs across the state
  o Core Element: Outreach – developing CIT in other communities
  o Freely learn and steal from each other
  o Technical assistance and mentoring
    ▪ Start-up
    ▪ Data collection
    ▪ Dispatch training
    ▪ Speakers

• Sandusky, Seneca, and Wyandot story
Seneca, Sandusky and Wyandot Story – A Rural Model

First Planning Meeting January 2006

First CIT Training November 2006
Our Partners
From Training to a Program

• Assistance from CJ CCoE and Hancock County
• Peer Review
• Sequential Intercept Mapping
Today
Northwest Ohio CIT Training Center and Program
27 Academies – 520 Graduates

Core Element – Community Ownership

- EMS partnership
- Terra State Community College partnership
- Partnership with surrounding counties
Statewide Training and Technical Assistance

- Start up programs and new coordinators
- On-site visits
- Ongoing support to programs and coordinators
- CIT Coordinators email distribution
- Website
  - Lending Library and Hearing Distressing Voices kits
- Annual Advanced Training Conference
  - CIT awards
  - Give-aways
Core Element: Recognition and Honors

*Lucas County 2015 Recognition Event*
Core Element: Recognition and Honors

2015 Ohio CIT Officer of the Year

Lt. Dave Mack, Napoleon Police Department – Henry County, Ohio
Recognition and Honors

2017 Evelyn Lundberg Stratton CIT Champion of the Year

Lt. Hank Everitt
Oregon Police Division
– Lucas County, Ohio
Recognition and Honors

2018 CIT Deputy of the Year

Deputy Jeffrey McCollister, Stark County Sheriff’s Office
Ohio CIT Awards 2005 - 2018

Other:
Betsy Johnson, TAC
Eve Stratton
DRC - 1
CIT Advanced Training Conference (Core Element: In-Service Training)
Statewide Training and Technical Assistance

• CIT pins and patches
• Program briefs
• Core Elements
  o CIT program evolution pyramid
Statewide Planning and State Partnerships

- Attorney General’s Task Force on Criminal Justice and Mental Illness
- Statewide Strategic Plan
  - February 2015 state leaders met in Columbus to discuss Ohio’s CIT effort
  - CJ CCoE drafted written strategic plan for CIT evolution in Ohio
  - Plan reviewed by state leaders; revised plan accepted August 12, 2015
  - Strategic plan presented to Task Force on Criminal Justice Mental Illness on December 18, 2015
Ohio Strategic Plan
4 Key Strategies

1. We propose state funders consider providing financial support to ensure that each of Ohio’s multi-jurisdictional CIT programs has a law enforcement and mental health coordinator.
CIT Coordinator Courses

Key:
- Completed the Ohio Course
- Completed CIT International's Course
- Completed CIT International and Ohio Course

45 Law Enforcement
35 Mental Health
9 Advocacy
8 Ohio Department of Rehabilitation and Correction
5 Adult Parole Authority
4 Hospital
3 Probation
1 Dispatch
Ohio Strategic Plan
4 Key Strategies

2. Maintain adequate support and infrastructure to continue the strong trajectory of Ohio CIT training.
Strong Trajectory of Ohio CIT Training

This graph shows the increase of CIT courses and attendance in Ohio since its beginning!
Ohio Strategic Plan
4 Key Strategies

3. Prioritize training for 911 call-takers and dispatchers in all Ohio communities
Dispatcher/Call-Taker Training of CIT Trainers

2017-2018

82 participants
37 counties
Ohio Strategic Plan
4 Key Strategies

4. Make state and county investments in mental health crisis assessment centers to ensure every ADAMHS board area has a means for CIT officers to transfer responsibility for specialized mental health assessment and care

(Core Element: Mental Health Receiving Facility; Emergency Services)
Mapping Identifies Gaps in our State

Sequential Intercept Mapping Priority Themes 2013-2019

Number of Times Appeared as Priority Across 27 Counties

Priorities:
- Crisis Drop
- Data/Info Share and Screening
- Housing
- Reentry
- Transportation
- Specialized Training
- Access to MH Services
- Hospital
- Jail Services
- Specialized Dockets
- Peers
- SUD Treatment
- Pretrial
- Voc/Employ
- Females Services
- Mental Health Assessments
- Female Specific Services
- Vocational and Employment Services
- Pretrial Alternatives/Services
- SUD Treatment Options
- Peer and Recovery Coaches
- Specialized Dockets
- Jail Services/Medication Policies
- Hospital Services: ER, Officer Wait Time and Access to Amissions
- Availability and Access of Local MH and Support Services
- CIT/Specialized Training and Protocols (Call Takers and Corrections)
- Transportation
- Reentry and Discharge Services
- Recovery Housing Options; Emergency Housing and Shelters
- Screening for MH and SUD, Communication, Information and Data Sharing
- MH and SUD Crisis Drop-Off, Stabilization, Observation, Mobile and Detox
- Pink-Slips
Grand Vision for Ohio

• Every county in Ohio will have a fully developed CIT program
• Every law enforcement agency will participate
• Common data collection, reporting and evaluation
Tying it All Together – Collaboration and Champions

Mental Health

Substance Use

Criminal Justice

Consumers, Families & Advocates
What Can We Learn From You?
Thank You!!!

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