Delaware County CIT

Response to request for technical assistance

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Background

In April 2013 the PA Mental Health and Justice Center of Excellence received a request from William Chambers, Delaware County CIT Coordinator, to provide technical assistance regarding several issues related to their recently initiated Crisis Intervention Training program. The requested assistance was in three areas: training dispatch workers, identify a target goal for CIT-trained officers and data elements to collect that might facilitate an evaluation of CIT in Delaware County.

This document is provided to Bill Chambers, as a result of that request. It is broken into three sections and accompanied by a DVD containing CIT training materials for 911 dispatchers. In *Section I*, we provide some information on potential approaches to CIT training for 911 dispatchers. *Section II*, contains recommendations for the proportion of officers trained within a department and the proportion of departments trained within a county. In *Section III*, we provide a list of data elements to collect regarding CIT. These data elements are recommended as important for understanding how CIT is working in the local community and may also facilitate an evaluation of CIT in Delaware County as a later point. In addition, section III provides basic principles for conducting goal-based and outcome-based evaluations.

The information contained in this report was gathered through our own research, discussion with Dr. Randy DuPont at the University of Memphis and assistance from NAMI's CIT Program Manager, Laura Usher.

We are hopeful that the ideas presented in this document are useful as you develop and refine your new CIT initiative in Delaware County. We see this collection document as an initial set of recommendations in the requested areas, but we hope it is not the end of "the conversation". We would like continue to offer our assistance as you move forward.

Section I. 911 Dispatcher Training

This section contains an overview of dispatch training from two different sources:

1. University of Memphis
2. Virginia's CIT Coalition

In addition to these overviews we also describe materials related to dispatch training included on the accompanying DVD. These materials come from the following sources:

3. Ohio
4. Tennessee
   Virginia

A. Dispatch Training

1. Guidelines from the University of Memphis' *Crisis Intervention Teams: Core Elements*

The text below regarding the role of dispatch in CIT, training dispatch workers and dispatch procedures related to CIT were excerpted from the above linked "Crisis Intervention Teams: Core Elements" . They are intended to provide a succinct overview of each area but we recommend you review the full document.,

a. The Role of Dispatch in CIT

Emergency dispatchers are a critical link in the CIT program and may include call takers, dispatchers, and 911 operators. The success of CIT depends on their familiarity with the CIT program, knowledge of how to recognize a CIT call involving a behavioral crisis event, and the appropriate questions to ask in order to ascertain information from the caller that will help the responding CIT Officer. Finally, dispatchers should know how to appropriately dispatch a CIT Officer. Dispatchers should receive training courses (a minimum of 8-16 hours) in CIT and additional advanced in-service training.

b. Dispatch Training

All dispatchers receive a specialized course detailing the structure of CIT. The training course also addresses how to properly receive and dispatch calls involving individuals with a mental illness and crisis situations. Additional and advanced in-service training courses should also be incorporated. Topics that are covered in the dispatcher's training course are listed below.

1) Recognition and Assessment of a CIT Crisis Event
2) Appropriate Questions to Ask Caller
3) Identify Nearest CIT Officer
4) Policies and Procedures

c) Dispatch Policies and Procedures
The nearest CIT Officer is identified and dispatched to the crisis event.

2. Guidelines from Virginia's CIT Coalition Essential Elements:

a) CIT Dispatcher Training

In Virginia, Emergency Communications Centers (ECCs) is the term used to reference call dispatching centers.

Dispatcher training of CIT is an important piece that ensures trained officers on duty are properly utilized in the community. Dispatcher training in Virginia is minimally a four hour course whose key elements include basic CIT concepts, Clinical States, Experiential Exercises and Role Play. Role plays for dispatchers must provide for no visual contact between dispatcher trainee and subject. Some CIT programs in Virginia offer CIT Dispatcher training as six or eight hours. A longer more intensive training program is advantageous and more desirable. It should be noted that CIT Dispatcher training of four hours is viewed as an absolute minimum that may be built upon. Four hours to instruct 10 students is adequate where four hours to instruct 20 is not. A larger class will require more time and coordination of these efforts should be made accordingly.

VA CIT Coalition also provides evaluation materials for dispatcher training: http://vacitcoalition.org/resources/data_collection_forms__training_evaluations

B. Training Materials

The DVD which accompanies this report contains 10 files of CIT dispatch training materials provided by the Tri-County region of Ohio on the Western border of the state; Hamilton County, Tennessee; and the Commonwealth of Virginia. Below is a list of those materials, organized by each source.

1. Materials from Ohio

- The training schedule for a dispatcher training
- An evaluation form for participants
- A flier advertising the training

These materials were provided by Mike Woody, the President of CIT International via Laura Usher.

2. Materials from Hamilton County, TN

- Slides for a CIT training for 911
- Two audio clips of emergency calls involving mental health issues

These materials were provided by Christine Burke, a 911 training specialist, via Laura Usher. Ms. Burke noted that when delivering the training herself she emphasizes that while the audio tapes are a matter of public record, they have not been redacted in any way. She reminds the class to be sensitive to the fact that these are real people they are listening to and not to betray medical info confidences.

She also recommended a very interesting and powerful exercise for the class that we wanted to share with you:

> *One little exercise I did at the beginning as an ice-breaker is to ask the class to give me slang names for "crazy" people. I really encourage them to just throw everything out there—like, "window-lickers" and "helmet-heads" etc. I write these on the dry-erase board. It can get pretty bad—very derogatory, which is what you want. When everyone is having a good time with that, next I ask them to give me all the slang names they can think of for someone who has cancer. Naturally there are very few, if any. I use this to get them into the right mindset for how they should think about handling people with mental illness—to treat it from a medical perspective as well as a police response, and to get them into a more compassionate place going into the training.*

Christine has other versions of the included presentation she could share and welcomed you to contact her: burke_c@hc911.org

3. Materials from Virginia

- The training schedule for a dispatcher training
- Slides for a CIT training for 911
- Slides covering a primer on mental illness for dispatchers
- Slides with de-escalation techniques for dispatchers

The CIT Coordinator from Charlottesville, VA, Thomas L. von Hemert, provided these materials via Laura Usher. Many other documents go along with the included files such as handouts/community resources/drug cards/quizzes/scenarios/etc. He would be happy to provide those as well if you are interested.

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CIT Coordinator
Thomas Jefferson Area Crisis Intervention Team (CIT)
606 East Market Street

Charlottesville, VA 22902

Section II. Recommendations for the Proportion of Officers and Departments Trained

The Memphis Core Elements manual says the following regardind the recommended proportion of trained officers:

> *The number of trained CIT officers available to any shift should be adequate to meet the demand load of the local consumer community. Experience has shown that a successful CIT program will have trained* ***20-25% of the agency's patrol division****. There are differences that exist between large urban communities and small rural communities. Smaller agencies may need to train a higher percentage of officers. Ultimately, the goal is to have an adequate number of patrol officers trained in order to ensure that CIT-trained officers are available at all times.* ***All dispatchers should be trained*** *to appropriately elicit sufficient information to identify a mental health related crisis.*

We asked Dr. Randy DuPont for clarification of this point. He indicated that the 20-25% goal is standard for larger departments, but acknowledges that won't always work for smaller departments. He suggested a goal for smaller departments of at least one CIT-trained officer on-duty on all shifts at all departments.

Section III. Suggested Data Elements and Basic Evaluation Strategy

A. Suggested Data Elements Regarding CIT

We would recommend that the following information be recorded regarding CIT, regardless of your immediate plans to conduct an evaluation. These data elements are important in order to understand how CIT is working in your community and could be the basis of internal reports and/or an evaluation at a later time.

System level data:

1. Officers:
    a. Percent of officers currently trained in crisis intervention
    b. Percent of police departments that have any officers trained in CIT
    c. Date of earliest CIT training in the county

2. Dispatch:
    a. # of calls identified by dispatch as involving mental illness
    b. # of calls referred to: trained crisis workers, police, MH worker, other

Example of a question that systems-level data might inform:
Is there an increase in the proportion of calls involving persons with mental illness that are referred to trained crisis workers?

Incident-level data:

1. Background/training of police respondent (this information may already be recorded the police department database)
    a. Profession
    b. Age
    c. Training (is the officer CIT-trained?)
    d. When was the officer CIT-trained?

2.Characteristics of the actor/subject
    a. Age/DOB
    b. Gender
    c. Ethnicity
    d. Behaviors indicating mental health problem (options might include : incoherence, delayed response, disorientation, mania, anxiety, and hallucinations or delusions, or known history of mentalhealth issues)
    d. SSN (or any other information that may serve as a unique identifier across systems – for example, you may at some point want to cross CIT data files with mental health system data files)

3. Description of the incident
    a. Date of incident
    b. Time of day

c. Location (Specific address or categories e.g. private residence, public place)
d. Was the officer who responded trained in CIT?
e. Description of the events (if not already in an incident report)
f. Crime type suspected (if not already in an incident report)
g. Did the actor have a weapon?
h. Did the actor threaten or use force with the officer?
i. Did the officer use force with the actor?
j. Disposition of encounter - could include a list of options such as:
    1. Arrest and transport to jail
    2. Arrest and transport to hospital for medical treatment
    3. Arrest and transport to psychiatric evaluation;
    4. Involuntary transport to psychiatric evaluation
    5. Transport for medical tx
    6. Transport to mental health facility other than hospital
    7. Referred to mental health/social services
    8. Contact only/situation resolved on scene with no additional action

Example of a question that incident-level data might inform:
Is the frequency of use of crisis services by a target population decreasing over a defined period of time?

B. Evaluation strategies

The Center of Excellence website (http://www.pacenterofexcellence.pitt.edu/datasystemsdoc.html) has multiple resources related to conducting an evaluation. Below is a list of resources located on the website. We encourage you to access these resources.

1. Collecting and Using Data: Key Considerations

    - Document by the Center of Excellence that summarizes defining your questions and goals, determining how you will collect the data, and interpreting the data.

2. Data Points to Track for Intercept 1: Law Enforcement

    - Document by the Center of Excellence that contains potential data points that a county might track in order to evaluate the impact of the law enforcement responses to mental health emergences.

3. Data tracking self assessment

    - Document by the Center of Excellence containing questions to stimulate your thinking about the current readiness of your county or agency for collecting data. Thinking about each of these areas can give you guidance

regarding the level of work still to be done and/or areas which need particular focus.

4. Evaluating an Evidence-based Program

    - This file contains a copy of the slides from the "Evaluating an Evidence-based Program" presentation at the PA Forensic Rights and Treatment Conference, November 2011.

5. A Guide to Program Evaluation

    - Developed by the Bureau of Justice Assistance, Office of Program Evaluation, this document provides a comprehensive over of issues related to program evaluation.

6. "How to collect and analyze data: A Manual for Sheriffs and Jail Administrators"

    - This U.S. Department of Justice National Institute of Corrections report provides step-by-step instructions for local corrections personnel who want to use statistical data to improve their organization's efficiency and provide support for funding initiatives. It advises readers on what types of data they should regularly collect, the sources from which data can be obtained, how to store data and access it, and methods for interpreting it.

7. Outcome Measurement: Showing Results in the Nonprofit Sector

    - Developed by the United Way, this document provides an overview of key concepts related to defining and measuring outcomes. The document also contains some references that may also be helpful in this area.

8. Study Designs for Program Evaluation

    - Provides a user-friendly overview of evaluation designs and a guide for choosing the one that is best suited to your needs.

9. Using Data to Inform Practice

    - Presentation by the Center of Excellence at the 2010 Forensic Rights and Treatment Conference as part of the Expanding Specialized Police Response and Collaboration with BHS in Pennsylvania workshop.

Other resources you may find useful:

1. Basic Guide to Program Evaluation http://managementhelp.org/evaluatn/fnl_eval.htm.

2. BJS evaluation website:
   http://www.ojp.usdoj.gov/BJA/evaluation/

3. What is an evaluation: A set of beginners guides:
   http://gsociology.icaap.org/methods/BasicguidesHandouts.html

4. Program managers guide to evaluation:
   http://www.acf.hhs.gov/programs/opre/other_resrch/pm_guide_eval/index.html

5. Key concepts in evaluation: What everyone must know
   http://brunerfoundation.org/ei/docs/EvaluativeThinking.bulletin.1.pdf

From these documents we have pulled a few key considerations as you move forward.

The first task for developing an evaluation plan is to clearly define the question you are trying to answer/the goal of the evaluation. The questions below provide some guidance for thinking this through.

1. For what purposes is the evaluation being done, i.e., what do you want to be able to decide as a result of the evaluation?
2. Who are the audiences for the information from the evaluation, e.g., funding program officers, state or local legislators, clients, etc.?
3. What kinds of information are needed to inform your decisions and/or enlighten your intended audiences?
4. From what sources should the information be collected, e.g. inmates, program documentation, etc.?
5. How can that information be collected in a reasonable fashion, e.g., questionnaires, interviews, examining documentation, observing inmates or staff, conducting focus groups among inmates or staff, etc.?
6. When is the information needed?
7. What resources are available to collect the information?

There are generally two types of evaluations described in the literature that are relevant in this context: goal-based and outcomes-based evaluations. Below we provide an overview of each type of evaluation and suggest some data elements that might be relevant to each type.

Goals-Based Evaluation

Goal-based evaluations focus on understanding the extent to which programs are meeting predetermined goals or objectives. Goal-based evaluations can be *process-oriented* (e.g. evaluations of services delivery /program implementation) and/or

formative (e.g. evaluations which aim to help develop and improve programs from an early stage, when opportunities for influence are greatest).

Often programs are established to meet one or more specific goals. These goals are usually described in the original program plans/grant application and these documents should be consulted to be sure you measure what you say you were going to do. Questions to ask yourself when designing a goal-based evaluation include the following:

1. How were the program goals established? Was the process effective?
2. What is the status of the program's progress toward achieving the goals?
3. Will the goals be achieved according to the timelines specified in the program implementation or operations plan? If not, then why?
4. Are there adequate resources (money, equipment, facilities, training, etc.) to achieve the goals?
5. Do priorities and/or timelines need to be changed to put more focus on achieving the goals?
6. How should goals be established in the future?

Outcomes-Based Evaluation

Program evaluation with an outcomes focus is increasingly important to justify funding and to understand program impact. An outcomes-based evaluation facilitates an understanding of how the organizations' practices and/or programs affect the lives of your participants. Outcomes for re-entry programs are usually in terms of housing, employment, mental health and substance abuse, compliance with program (technical violations) and criminal recidivism.

The United Way of America (http://www.unitedway.org/outcomes/, contained on the DVD) provides an excellent overview of outcomes-based evaluation, including introduction to outcomes measurement, a program outcome model, ways to measure outcomes, use of program outcome findings by agencies, eight steps to success for measuring outcomes, examples of outcomes and outcome indicators for various programs and the resources needed for measuring outcomes. The following information is a top-level summary of information from this site. To accomplish an outcomes-based evaluation, you should first pilot, or test, this evaluation approach on one or two programs at most (before doing all programs).

1. The general steps to accomplish an outcomes-based evaluation include:
   Identify the major outcomes that you want to examine or verify for the program under evaluation. You might reflect on your mission (the overall purpose of your

organization) and ask yourself what impacts you will have on your clients as you work towards your mission

2. Choose the outcomes that you want to examine, prioritize the outcomes and, if your time and resources are limited, pick the top two to four most important outcomes to examine for now.
3. For each outcome, specify what observable measures, or indicators, will suggest that you're achieving the key outcomes with your clients. This is often the most important and enlightening step in outcomes-based evaluation. However, it is often the most challenging and even confusing step, too, because you're suddenly going from a rather intangible concept, e.g., increased self-reliance, to specific activities, e.g., supporting clients to get themselves to and from work, staying off drugs and alcohol, etc. It helps to have a "devil's advocate" during this phase of identifying indicators, i.e., someone who can question why you can assume that an outcome was reached because certain associated indicators were present. The CoE staff can assist in this stage if you would find that helpful.
4. Specify a "target" goal of clients, i.e., what number or percent of clients you commit to achieving specific outcomes with, e.g., "increased self-reliance (an outcome) for 70% of adult, African American women living in the inner city of Minneapolis as evidenced by the following measures (indicators) ..."
5. Identify what information is needed to show these indicators, e.g., you'll need to know how many clients in the target group went through the program, how many of them reliably undertook their own transportation to work and stayed off drugs, etc. If your program is new, you may need to evaluate the process in the program to verify that the program is indeed carried out according to your original plans.
6. Decide how the information can be efficiently and realistically gathered. Consider program documentation, observation of program personnel and clients in the program, questionnaires and interviews about clients perceived benefits from the program, case studies of program failures and successes, etc. You may not need all of the above.
7. Analyze and report the findings

A few examples of questions that might be answered through an evaluation:

Goals-based evaluation questions:
Coverage – what % of shifts is at least one CIT officer on patrol?
Prevalence – what % of 911 calls are identified as involving a MH issue?
Responsiveness – to what % of calls identified as involving a MH issue is a CIT officer dispatched?

Outcomes-based evaluation questions:

Resolution – how do CIT officers resolve MH incidents (on-scene resolution, arrest, transport to services, 302, injury to any party)?

Comparison - how do non-CIT officers resolve MH incidents?

Recidivism – what % of subjects who receive CIT intervention re-offend within a given time frame (e.g. 6 months or 1 year)?

Comparison – what % of subjects who receive CIT intervention re-offend within the same frame?