Crisis Intervention Team Start Guide & Toolkit

Oregon CIT Center of Excellence

This manual is based on the CIT Memphis Model, University of Memphis and notes obtained from Major Sam Cochran, Michele Saunders, LCSW, Lt. Michael Woody, Judi Turnbaugh, The National Alliance on Mental Illness (NAMI), and the Crisis Intervention Team (CIT) International 2014 Conference. For more information and resources go to www.cit.memphis.edu.

Adapted from Kelly Eckerdt's Quick Start Guide, April 2016
Updated June 2018

The process outlined in this manual is a guideline for establishing a Crisis Intervention Team (CIT) Training program as part of a specialized police response effort. When done properly, this process is likely to take five to six months or more. The specific length of time depends on the status of existing relationships among the community partners identified below and what efforts have been placed, or are already in motion to provide mental health training to criminal justice professionals in your target area. To properly implement the process, it may be necessary to hold multiple stakeholder group meetings to gain consensus. The process can be taxing so doing too much too quickly could result in the partners feeling overwhelmed. The process should be slow and methodical. Below is a quick overview of what this manual includes:

- Identify and initiate/develop relationships with community partners/stakeholders.
- Request a representative from each of the community partners to be included in the stakeholder group meeting.
- Discuss how current systems and resources can be leveraged to promote the CIT philosophy and effort (i.e. who brings what to the table?).
- Discuss/identify resources, including funding sources.
- Identify members for a Steering Committee, which should include a representative from each of the stakeholder organizations. This group will provide guidance and act as an advisory body to the CIT Coordinator(s) and core planning group.
- Designate CIT Coordinator(s).
- Identify a core Planning Group, which should be chaired by the CIT Coordinator and include representatives from both criminal justice and mental health communities.
- Identify and gather data related to criminal justice system contact with individuals in mental health crisis.
- Research and outreach to existing CIT programs. Don't try to re-invent the wheel; there are MANY successful CIT programs in Oregon and across the country that are eager to share their material freely.

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CIT Start Guide & Toolkit

This Start Guide was developed to help guide you through the process of developing Crisis Intervention Team (CIT) trainings in your community. It was adapted from CIT trainings throughout the country, including Oregon programs and the nationally-awarded Memphis, Tennessee and Charlottesville, Virginia CIT programs. This document can be tailored to fit your community needs. It provides comprehensive checklists, explanations of tasks, and appendices filled with sample documents and tools that may be used to enhance your CIT trainings.

There is no prepackaged CIT curriculum. The 40-hours of training serve multiple purposes:

- It provides basic information to officers about mental illness, mental health, specific mental disorders, and the treatment of those disorders.

- It provides training in specific skills that officers may use to encourage de-escalation of a mental illness crisis.

- It provides an opportunity for officers to practice and demonstrate these skills through extensive role-playing exercises.

- It provides an overview of the local mental health system, such as what services are available, how to access available services and local interpretation/implementation of the mental health law.

- It provides officers with an opportunity to get to know key players in the local mental health system (i.e. providers, consumers, and family members).

- It provides officers with an opportunity to interact with consumers of mental health services when they are well and able to function as teachers and peers.

While all CIT curricula have these basic elements, details may look different in various communities. Decisions need to be made as to how much content is emphasized versus process. Some curricula tend to use more panel discussions while others use individual presentations. Some use 90 minute to two-hour blocks, while others use shorter, hour-long blocks.

1. Develop a Work Group

The development of a work group is an essential part of establishing and maintaining the success of Crisis Intervention Team (CIT) training. Building a team of mental health first responders, such as law enforcement, mental health providers, family members, advocates, and consumers, requires that a strong workgroup be formed with a common purpose utilizing different skillsets to find solutions to mental health crisis situations in your community. This group of people has the potential to create connections that will bridge the gap between law enforcement, mental health agencies, and the community. They can also provide a platform to expand mental health resources, change policies and practices, and meet the unique needs of individual communities. Required workgroup members include law enforcement, mental health professionals, and advocacy members.

1.1 Assess community needs (see Community Assessment Tools in Appendix A)

1.2 Plan the first training

- Set the date well in advance — Some communities plan 4 to 6 months ahead to allow for staffing patterns and busy seasons

1.3 Identify which training schedule will work best for you (See Appendix B for example training schedules)

- Five consecutive eight hour days (40 hours)
- Divided training that consists of:
    - Part I: three eight hour days (24 hours)
    - Part II: two eight hour days (16 hours)
- One ten hour day per week for four weeks (40 hours)
- Divided training that consists of:
    - Classroom: one eight hour day per week for four weeks (32 hours)
    - Scenarios: additional eight hour day during fourth week (8 hours)

1.4 Identify the location and what amenities will be needed

- Tables
- Chairs
- PowerPoint
- Computer/projector

- Microphone/speakers

1.5 Set the number of participants that can attend - This number will be determined by the location of your event and the ratio of people per evaluator. Generally, the maximum number of participants is 20 to 30 participants.

1.6 Determine the minimum number required to put on the training. Many programs set their minimum attendance at 8 participants.

1.7 Other questions the workgroup may consider are:

- What is the maximum number of participants the training site will comfortably hold?
- How many people per scenario are you able to accommodate?
- How many training scenario spaces are available?
- How many evaluators will be available?

1.8 Estimation of costs and funding

- Administrative (copies, binders, etc.)
- Advertising and marketing
- Beverages
- Snacks
- Meals
- Instructors (consider per diem/mileage)
- Facilities

2. Set the Agenda & Identify Potential Trainers

Oregon Recommended Core Topics & Presenters	
Core Training Topics	**Suggested Presenters**
Mental Health – 13 hours 1. Child, Youth, Adolescence 2. Crisis Cycle De-escalation Strategies 3. Medication 4. Overview of Involuntary Custody Laws 5. Overview of Mental Health Disorders 6. Special Focus Issues (i.e. suicide intervention, aging, cognitive disorders) 7. Substance Use / Co-occurring Disorders	• Mental Health Professional • Subject Matter Expert
Community Support – 6 hours 1. Advocacy / Perspective 2. Community Resources 3. Networking Lunch 4. Veteran's Perspectives & Issues	• Mental Health Professional • Veteran • NAMI • Consumers • Subject Matter Expert
De-escalation – 9 hours 1. Law Enforcement Tactics 2. Scenario Discussion 3. Scenarios & Role play 4. Verbal De-escalation	• Law Enforcement Officer • Subject Matter Expert
Site Visits (depending on local resources) 1. Day Treatment Programs 2. Foster Homes / Treatment Homes 3. Homeless Programs 4. Outpatient Treatment 5. Psychiatric Hospital 6. Veteran's Centers	

Memphis Model Recommended Topics & Presenters	
Core Training Topics	**Suggested Presenters**
Law Enforcement – 4 hours 1. Jail Diversion Programs 2. Liability 3. Mental Health Courts 4. Officer Wellness 5. Policy & Procedures	• Law Enforcement Officers • Subject Mater Expert • DA • Legal Counsel
Research & Systems 1. Administrative Tasks 2. CIT Overview 3. Evaluations of the training	• CIT Coordinator or • Subject Matter Expert

* Adapted from the Memphis Model

2.1 Providers, educators, and professionals

- Psychologist
- Psychiatrists
- Other physicians
- Social workers
- Counselors
- Pastoral counselors
- Educators
- Alcohol/drug counselors
- Criminologists
- Hospitals
- Community mental health programs
- Emergency intake facilities
- Veterans Affairs (See *Appendix B* for a list of CIT contacts)

2.2 Trainers

Local professionals and agencies are encouraged to provide instruction during CIT training voluntarily as a service to the community. This practice is strongly suggested in an effort to minimize the training costs for local law enforcement agencies and increase ownership of the CIT program.

2.3 Curriculum Suggestions

Consider including the National Alliance on Mental Illness (NAMI) to speak on "In Our Own Voice" and "Family Perspectives." These topics are usually addressed by a panel of family members who have experienced or are experiencing a mental health crisis within the family and how law enforcement can "make or break" the experience. Sometimes these situations are recurring with law enforcement and families.

3. Develop Scenarios

Scenarios are a way to let participants practice what they have learned and are frequently cited as the best part of the training.

3.1 Determine role players and evaluators - If possible, pair law enforcement with mental health providers. By doing so, you encourage both safety skills and de-escalation skills.

- Select Evaluators - Law enforcement officers are a good source for evaluation of scenarios (See *Appendix F*).

- Identify Role Players - Mental health providers are a great option for Role Players of scenarios, as well as high functioning consumers.

3.2 Training for Role Players (See *Appendix G*)

- Understanding scenario components
- Learning specific behaviors and medications for each mental illness
- Emphasizing how to maintain a teaching atmosphere
- Using scenario "Time Outs"
- Providing constructive feedback

3.3 Training for Evaluators (See *Appendix F*)

- Managing scenarios (including modifications for non-law enforcement participants)
- Using scenario "Time Outs"
- Utilizing scenario evaluation worksheets
- Providing constructive feedback for all participants

4. Actively Promote Training

4.1 Identify Attendees

- Law Enforcement (all branches)
- Mental Health Professionals
- First Responders
- Probation and Parole Officer
- Hospital and College Security
- Emergency Department Management Staff
- Emergency Medical Services Management Staff
- Legal Professionals
- Victim Witness Advocates
- Advocacy Members (example: NAMI)
- Chaplains
- Public Health professionals

4.2 Get the word out – Send out a "save-the-date" announcement about three months in advance. Follow- up with the official training announcement and registration information two months in advance. You can accomplish this through:

- Email
- Letters
- Briefings
- Phone calls or word of mouth

5. Registration

- Designate registration coordinator
- Set registration deadlines – At least two weeks before the course date is recommended
- See *Appendix C* & *Appendix H* for registration and sign-in forms

6. Administrative Tasks

There are many items that need to be included in your training to help the participants get as much out of the training as they possibly can.

6.1 Materials for the Training

- Sign-in sheet
- Name tags and/or table tents
- Rosters for both CIT class and DPSST
- Participant binders
- Daily agendas
- PowerPoint slides and handouts
- Jump drive (optional)
- Resource list for each community represented
- Dividers for each topic in the training

6.2 Optional Activity – This activity highlights the challenges in taking medications as prescribed (see *Appendix I*). This activity requires:

- Pill boxes
- Candy "medications"

7. Daily Tasks

7.1 Morning Tasks

- Have snacks and beverages ready to go
- Ensure participants sign the CIT roster
- Make sure LEO participants also sign the DPSST roster
- Distribute nametags and/or table tents and binders (See *Appendix H* for sample documents).

7.2 End of the Day Tasks

- Track participants and the scenarios they de-escalated (See *Appendix F*)
- Discuss and review the presentations and presenters for that day
    - What did you like?
    - What would you change, if anything?
    - Overall, how would you rate the day?

7.3 Last Day

- Have participants complete and return the evaluation and feedback forms
- Invite local media to report on the graduation and the accomplishments of participants
- Plan something fun (e.g., hand out certificates of completion and a CIT pin or patch, have cake if you choose to do so)

8. Debrief with the Workgroup

- Review CIT evaluations/feedback forms
- Set the date for the next CIT training
- Plan the CIT Recognition event

9. Recognition

9.1 Decide which awards and certificates will be given out. Some examples are:

- CIT Deputy of the Year
- CIT Officer of the Year
- CIT Volunteer of the Year
- CIT Consumer of the Year
- CIT Mental Health Provider of the Year

9.2 Decide on nominees - Utilize your CIT planning group to develop a nomination process, criteria for selection, and who will make the decision on the awards.

9.3 Recognition Event Planning - The following are things to consider when planning your recognition event:

- What kind of event would you like to host?
    - Luncheon
    - Dinner
    - Dessert
    - In conjunction with another event
- Where would you like to host the event?
- Who will cater the event?
- Who will be your master of ceremonies?
- Will you have guest speakers?

- Who will be invited?
    - Friends/Family
    - Officials
    - Co-Workers
    - Media

10. Sustainability

- Partner with neighboring departments to help grow and sustain CIT in other areas
- Share resources
- Build a cadre of trainers, speakers, and coaches

11. Planning the Next Training

- Make adjustments based on debrief and feedback
- Recruit graduates to be involved as:
    - Trainers
    - Coaches
    - Planners

12. Evaluate the Effectiveness of the CIT Training Program

- Review community assessment and target goals that you developed in the beginning (*Appendix A*)
- Review progress toward meeting objectives
- Document/note unanticipated benefits of CIT that emerge

13. Plan Annual Trainings for CIT Graduates

Appendix A: Early Planning Worksheets

- Sample community assessment activity worksheet
- Sample community assessment of local response to mental health crisis worksheet
- Sample CIT training budget worksheet

Community Assessment Activity Worksheet

Large Group Activity

Brainstorm answers to this question: "*How does a person with a mental health crisis come to the community's attention?*" (Include all entry points – Mental Health services, law enforcement, healthcare, family, schools, etc.)

_____

_____

_____

_____

_____

_____

_____

Small Group Activity

Each group should choose one of the entry points and chart the path(s) that happens with this person. Many different paths can occur from one entry point. Groups may have branching and overlapping paths. Repeat until all entry points have been charted. Check that all branching pathways have been reviewed.

Avoid "group think" where everyone chimes in to a single group discussion. "Group think" bogs the process down pretty quickly and important small connections can be lost.

For each pathway identified, imagine a person navigating that pathway and consider the following questions:

- How much time does each step take?
- Who has to move it along to the next step?
- Who all is involved?
- What resources are needed at each step?
- How is it resolved?
- How do we know?

Community Assessment of Local Response to Mental Health Crisis: Strengths & Challenges				
Community Strengths	**Community Needs / Challenges**	**Gaps between Strengths and Needs/Challenges**	**Resources**	**How will CIT fill gaps**

Community Assessment of Local Response to Mental Health Crisis: Goals				
Goal	**Measure**	**Current Baseline**	**Short Objective**	**Timeline**
1. Improve officer safety				
2. Improve consumer safety				
3. Reduce MH patients sent to judicial system				
4. Reduce stigma associated with mental illness				
5. Improved relationship with MH				
6. Improved community appreciation for first responders				
7. Reduce detentions, officer custodies, and civil commitments				

CIT Training Budget Planning Worksheet								
Expense Category	Cost Estimate	Payment Method			Donor / Payer	MOU/MOA Completed	Deposit	Date Paid
		In Kind	Donation	Cash				
Facility								
Meeting Room								
Breakout Space								
AV Equipment								
Speakers Mic								
Computer								
Projector/Screen								
Cables/Cords								
Internet Access								
IT Support								
Dry-Erase Board								
Flip Charts								
Tables & Chairs								
Supplies								
Binders								
Dividers								
Copies								
Handouts								
Name Tags								
DPSST Rosters								
Certificates								
CIT Pins								
Pens & Paper								
Stapler/Clips								
Pill Boxes								
“Medications”								
Jump Drives								
Food & Drink								
Coffee								
Water								
Other Beverages								
Snacks								
Lunch								

CIT Training Budget Planning Worksheet

Expense Category	Cost Estimate	Payment Method			Donor / Payer	MOU/MOA Completed	Deposit	Date Paid
		In Kind	Donation	Cash				
Trainer Expenses								
Fees								
Advertising & Marketing								
Save the Date								
Registration								
Social Media								
DPSST Website								
Newspaper								
Radio								
Email Notice								
Radio Programs								
Additional Expenses								

Appendix B: Training Curriculum Samples

- Contact numbers
- Sample CIT training curriculum worksheet
- CIT topics and content
- Sample schedules
- Sample presentation
- Sample biographies

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Crisis Intervention Teams
Center of Excellence

Oregon Department of Public Safety Standards and Training (DPSST)

Kevin Rau – kevin.rau@state.or.us

Linda Maddy – linda.maddy@state.or.us

Website — www.oregon.gov/DPSST

Greater Oregon Behavioral Health, Inc. (GOBHI)

Carol Speed – carol.speed@gobhi.net

Eilene Flory – eilene.flory@gobhi.net

Website — www.gobhi.org

Oregon Behavioral Health Agencies – By County

Baker	New Directions BH& Wellness	541-523-3646
Benton	Benton County Mental Health Program	541-766-6835
Clackamas	Clackamas County Mental Health Center	503-742-5335
Clatsop	Clatsop Behavioral Healthcare	503-325-5722
Columbia	Columbia Community Mental Health, Inc.	503-397-5211
Coos	Coos County Mental Health Program	541-751-2500
Crook	Crook Lutheran Community Services	541-323-4082
Curry	Curry Community Health	541-425-7545
Deschutes	Deschutes County Behavioral Health	541-322-7500
Douglas	Douglas Community Health Alliance	541-440-3532
Gilliam	Gilliam Community Counseling Solutions	541-384-2666
Grant	Grant Community Counseling Solutions	541-575-1466
Harney	Harney Symmetry Care	541-573-8376
Hood River	Hood River Mid-Columbia Center for Living	541-386-2620
Jackson	Jackson Co. Health and Human Services	541-774-8201
Jefferson	Jefferson Co. Unity MH Program	541-475-6575
Josephine	Josephine Options for Southern Oregon	541-476-2373
Klamath	Klamath Basin Behavioral Health	541-883-1030
Lake	Lake County Mental Health Center	541-947-6021
Lane	Lane Co. Health & Human Services	541-382-3608
Lincoln	Lincoln Co. Mental Health Program	541-265-4179
Linn	Linn County Mental Health	541-967-3866
Malheur	Malheur Lifeways, Inc.	541-889-9167
Marion	Marion Co. Mental Health Services	503-588-5351
Morrow	Morrow Counseling Solutions	541-676-9161
Multnomah	Multnomah County Mental Health Services	503-988-5887
Polk	Polk County Mental Health	503-623-9289
Sherman	Sherman Mid-Columbia Center for Living	541-296-5452
Tillamook	Tillamook Family Counseling, Inc.	503-842-8201
Umatilla	Umatilla Lifeways, Inc.	541-922-6226
Union	Union Center for Human Development	541-276-6207
Wallowa	Wallowa Valley Center for Wellness	541-426-4524
Wasco	Wasco Mid-Columbia Center for Living	541-296-5452
Washington	Washington County Mental Health	541-763-2746
Wheeler	Morrow Community Counseling Solutions	541-763-2746
Yamhill	Yamhill Co. Adult Mental Health	503-434-7523

Oregon Law Enforcement Agencies – By County

Baker	
Baker County Sheriff's Office	541-523-6415
Baker City Police Department	541-524-2014
Benton	
Benton County Sheriff's Office	541-847-5100
Corvallis Police Department	541-766-6924
Philomath Police Department	541-929-6911
Clackamas	
Clackamas County Sheriff's Office	503-655-8218
Canby Police Department	503-266-1104
Gladstone Police Department	503-655-8211
Lake Oswego Police Department	503-635-0250
Milwaukie Police Department	503-786-7400
Molalla Police Department	503-829-8817
Oregon City Police Department	503-657-4964
Sandy Police Department	503-655-8211
West Linn Police Department	503-655-6214
Clatsop	
Clatsop County Sheriff's Office	503-325-8635
Astoria Police Department	503-325-4411
Cannon Beach Police Department	503-436-2811
Gearhart Police Department	503-738-5501
Seaside Police Department	503-738-6311
Warrenton Police Department	503-862-2235
Columbia	
Columbia County Sheriff's Office	503-366-4611
Clatskanie Police Department	503-728-2145
Columbia City Police Department	503-397-4010
Rainer Police Department	503-556-3644
Scappoose Police Department	503-543-3114
St. Helens Police Department	503-397-3333
Vernonia Police Department	503-429-7335
Coos	
Coos County Sheriff's Office	541-396-7800
Bandon Police Department	541-347-2241

Coos (cont'd)	
Coos Bay Police Department	541-269-8914
Coquille Tribal Police Department	541-888-0189
Myrtle Point Police Department	541-572-2124
North Bend Police Department	541-396-2114
Powers Police Department	541-439-2411
Crook	
Crook County Sheriff's Office	541-447-6398
Prineville Police Department	541-447-4168
Curry	
Curry County Sheriff's Office	541-469-3132
Brookings Police Department	541-469-3118
Gold Beach Police Department	541-247-6671
Port Orford Police Department	541-332-9013
Deschutes	
Deschutes County Sheriff's Office	541-388-6655
Bend Police Department	541-322-2960
Black Butte Ranch Police Department	541-595-2191
Redmond Police Department	541-504-3400
Sunriver Police Department	541-593-1014
Douglas	
Douglas County Sheriff's Office	541-440-4450
Myrtle Creek Police Department	541-863-5222
Reedsport Police Department	541-271-2100
Roseburg Police Department	541-492-6760
Sutherlin Police Department	541-459-2211
Winston Police Department	541-679-8706
Gilliam	
Gilliam County Sheriff's Office	541-384-2851
Condon Police Department	541-384-6111
Grant	
Grant County Sheriff's Office	541-575-1131
John Day Police Department	541-575-0030
Harney	
Harney County Sheriff's Office	541-573-6156
Burns Police Department	541-573-6781
Burns Paiute Tribal Police Department	541-573-2793

Harney (cont'd)	
Hines Police Department	541-573-6028
Hood River	
Hood River County Sheriff's Office	541-386-2098
Columbia River Inter-Tribal	541-386-6363
Hood River Police Department	541-387-5256
Jackson	
Jackson County Sheriff's Office	541-774-6800
Ashland Police Department	541-488-2211
Butte Falls Police Department	541-865-3200
Central Point Police Department	541-664-5578
Eagle Point Police Department	541-826-9171
Jacksonville Police Department	541-899-7100
Medford Police Department	541-774-2250
Phoenix Police Department	541-535-1113
Rogue River Police Department	541-582-4931
Talent Police Department	541-535-1258
Jefferson	
Jefferson County Sheriff's Office	541-475-6520
Madras Police Department	541-475-2424
Warm Springs Police Department	541-553-1171
Josephine	
Josephine County Sheriff's Office	541-474-5123
Grants Pass Department of Public Safety	541-450-6260
Klamath	
Klamath County Sheriff's Office	541-883-5130
Klamath Falls Police Department	541-883-5336
Malin Police Department	541-723-2091
Merrill Police Department	541-798-5821
Lake	
Lake County Sheriff's Office	541-947-6003
Lakeview Police Department	541-947-2504
Lane	
Lane County Sheriff's Office	541-682-4150
Coburg Police Department	541-682-7853
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Tribal PD	541-902-3815
Cottage Grove Police Department	541-942-5501

Lane (cont'd)	
Eugene Police Department	541-682-5111
Florence Police Department	541-997-3515
Junction City Police Department	541-988-1245
Oakridge Police Department	541-782-4232
Springfield Police Department	541-726-3714
University of Oregon Police Department	541-346-2919
Lincoln	
Lincoln County Sheriff's Office	541-265-7277
Lincoln City Police Department	541-994-3636
Newport Police Department	541-574-3348
Toledo Police Department	541-336-5555
Linn	
Linn County Sheriff's Office	541-967-3950
Albany Police Department	541-917-7680
Lebanon Police Department	541-451-1751
Sweet Home Police Department	541-367-5181
Malheur	
Malheur County Sheriff's Office	541-473-5126
Nyssa Police Department	541-372-3826
Ontario Police Department	541-889-5312
Marion	
Marion County Sheriff's Office	503-588-5094
Aumsville Police Department	503-749-2189
Gervais Police Department	503-792-4575
Hubbard Police Department	503-981-8738
Keizer Police Department	503-390-3713
Mt. Angel Police Department	503-845-9294
Salem Police Department	503-588-6123
Silverton Police Department	503-873-5326
Stayton Police Department	503-769-3421
Turner Police Department	503-743-2588
Woodburn Police Department	503-982-2345
Morrow	
Morrow County Sheriff's Office	541-676-5317
Boardman Police Department	541-481-6071

Multnomah	
Multnomah County Sheriff's Office	503-988-3714
Amtrak Police Department	503-273-4865
Gresham Police Department	503-618-2318
Oregon Health Sciences Univ. Police Dept.	503-494-7744
Port of Portland Police Department	503-460-4221
Portland Police Bureau	503-823-0000
Portland State University Police Dept.	503-943-4444
Union Pacific Railroad Police Department	503-249-2711
Polk	
Polk County Sheriff's Office	503-623-9251
Dallas Police Department	503-623-2338
Grande Ronde Tribal Police Department	503-879-5211
Independence Police Department	503-838-1214
Monmouth Police Department	503-383-1109
Sherman	
Sherman County Sheriff's Office	541-565-3622
Tillamook	
Tillamook County Sheriff's Office	503-842-2561
Manzanita Department of Public Safety	503-368-7441
Rockaway Beach Police Department	503-355-2254
Tillamook Police Department	503-842-2522
Umatilla	
Umatilla County Sheriff's Office	541-966-3600
Hermiston Police Department	541-567-5519
Milton-Freewater Police Department	541-938-5511
Pendleton Police Department	541-276-4411
Pilot Rock Police Department	541-443-1224
Stanfield Police Department	541-449-3245
Umatilla Police Department	541-922-3789
Umatilla Tribal Police Department	541-278-0550
Union	
Union County Sheriff's Office	541-963-1017
LaGrande Police Department	541-963-1017
Wallowa	
Wallowa County Sheriff's Office	541-426-3131
Enterprise Police Department	541-426-3136

Wasco	
Wasco County Sheriff's Office	541-298-2015
The Dalles Police Department	541-296-2233
Washington	
Washington County Sheriff's Office	503-846-2700
Beaverton Police Department	503-526-2260
Forest Grove Police Department	503-992-3260
Hillsboro Police Department	503-629-0111
King City Police Department	503-620-8851
North Plains Police Department	503-647-2604
Sherwood Police Department	503-625-5523
Tigard Police Department	503-639-6168
Tualatin Police Department	503-691-4800
Wheeler	
Wheeler County Sheriff's Office	541-763-4101
Yamhill	
Yamhill County Sheriff's Office	503-434-7506
Amity Police Department	503-835-8606
Carlton Police Department	503-852-7575
McMinnville Police Department	503-434-7307
Newberg Police Department	503-538-8321
Yamhill Police Department	503-662-3511
Tribal Police Agencies	
Burns Paiute Tribal PD (Harney)	541-573-2793
Columbia River Inter-Tribal (Hood River)	541-386-6363
Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Tribal PD (Lane)	541-902-3815
Grand Ronde Tribal PD (Polk)	503-879-1821
Coquille Tribal PD (Coos County)	541-888-0189
Umatilla Tribal PD (Umatilla)	541-429-7614
Warm Springs PD (Jefferson)	541-553-3272

Oregon State Police Offices

Northwest Region Headquarters 3565 Trelstad Ave. SE Salem, OR 97317	Phone: 503-378-3387 Fax: 503-373-0754
Albany Area Command 3400 Spicer Rd. Albany, OR 97322	Phone 541-967-2026 Fax: 541-967-2164
Astoria Area Command 2320 SE Dolphin Ave. Warrenton, OR 97146	Phone: 503-861-0781 Fax: 503-861-0356
Capitol Mall Patrol Office 900 Court St. NE, Room 141 Salem, OR 97310	Phone: 503-986-1122 Fax: 503-986-1540
Government Camp Worksite 90300 E Highway 26 Government Camp, OR 97028	Phone: 503-272-3280 Fax: 503-272-3105
McMinnville Area Command 3975 SE Cirrus Ave. McMinnville, OR 97128	Phone: 503-472-0294 Fax: 503-434-5750
Newport Area Command PO Box 947 52 NE 73rd St. Newport, OR 97365	Phone: 503-265-5354 Fax: 503-265-8243
North Plains Worksite PO Box 945 29495 NW West Union Rd. North Plains, OR 97133	Phone: 503-647-7631 Fax: 503-647-1906
Portland Area Command 8085 SE Deer Creek Ln. Milwaukie, OR 97222	Phone: 503-731-3020 Fax: 503-731-3029
St. Helens Worksite 35851 Industrial Way, Suite A St. Helens, OR 97051	Phone: 503-397-0325 Fax: 503-397-0607
Salem Area Command 3565 Trelstad Ave. SE Salem, OR 97371	Phone: 503-378-3387 Fax: 503-373-0754
Tillamook Worksite 5995 Long Prairie Rd. Tillamook, OR 97141	Phone: 503-842-2899 Fax: 503-842-5250
Southwest Region Headquarters 3620 Gateway St., Suite B Springfield, OR 97477	Phone: 541-726-2536 Ext. 269 Fax: 541-726-2560

Central Point Area Command 4500 Rogue Valley Highway, Suite A Central Point, OR 97502	Phone: 541-776-6236 Fax: 541-664-8762
Coos Bay Area Command 1360 Airport Lane North Bend, OR 97459	Phone: 541-888-2677 Fax: 541-888-9546
Florence Worksite P.O. Box 1 4480 Highway 101 Bldg. E Florence, OR 97439	Phone: 541-997-9635 Fax: 503-997-2958
Gold Beach Worksite 28200 Hunter Creek Gold Beach, OR 97444	Phone: 541-247-6641 Fax: 541-247-2392
Grants Pass Worksite 1463 NE 7th Street Grants Pass, OR 97526	Phone: 541-955-6370 Fax: 541-955-6380
Klamath Falls Area Command 2525 Biehn Street Klamath Falls, OR 97601	Phone: 541-883-5713 Fax: 541-883-5556
Lakeview Worksite 1269 South "G" Street Lakeview, OR 97630	Phone: 541-947-2267 Fax: 541-947-3308
Oakridge Worksite P.O. Box 686 76248 Industrial Park Way #1 Oakridge, OR 97463	Phone: 541-782-4374 Fax: 541-782-4767
Oregon State University Patrol Office 200 Cascade Hall Corvallis, OR 97331	Phone: 541-737-3010 Fax: 541-737-0468
Roseburg Area Command 6536 Old Highway 99N Roseburg, OR 97470	Phone: 541-440-3334 Fax: 541-673-2035
Springfield Area Command 3620 Gateway Street, Suite B Springfield, OR 97477	Phone: 541-726-2536 Fax: 541-726-2560
East Region Headquarters 20355 Poe Sholes Drive, Suite 100 Bend, OR 97701	Phone: 541-388-6213 Fax: 541-726-2560
Baker City Worksite 39155 Pocahontas Road Baker City, OR 97814	Phone: 541-523-5867 Fax: 541-523-6707

Bend Area Command 20355 Poe Sholes Drive, Suite 100 Bend, OR 97701	Phone: 541-388-6213 Fax: 541-388-6241
Burns Worksite 90 West "A" Street Burns, OR 97720	Phone: 541-573-6132 Fax: 541-573-3351
Enterprise Worksite 65495 Alder Slope Road Enterprise, OR 97828	Phone: 541-426-3049 Fax: 541-426-3293
Hermiston Worksite 860 W. Elm Avenue, Suite 102 Hermiston, OR 97838	Phone: 541-567-3215 Fax: 541-567-3260
John Day Worksite 545 East Main Street John Day, OR 97845	Phone: 541-575-1363 Fax: 541-575-0536
LaGrande Area Command 3004 Blue Mountain Drive LaGrande, OR 97850	Phone: 541-963-7175 Fax: 541-963-8027
La Pine Worksite 16639 Box W ay La Pine, OR 97739	Phone: 541-536-7427
Madras Worksite 1713 Highway 97 (Mailing Add: See Bend) Madras, OR 97741	Phone: 541-475-6573 Phone: 541-388-6213 Fax: 541-475-6154
Ontario Area Command 541 Stanton Boulevard Bldg. #1 Ontario, OR 97914	Phone: 541-889-6469 Fax: 541-889-2167
Pendleton Area Command 618 Airport Road Pendleton, OR 97801	Phone: 541-278-4090 Fax: 541-276-8027
Prineville Worksite 934 Madras Hwy (Physical) 400 NE 3rd Street (Mail) Prineville, OR 97754	Phone: 541-416-0852 Fax: 541-416-0856
The Dalles Area Command 3313 NE Bret Clodfelter Way The Dalles, OR 97058	Phone: 541-296-9646 Fax: 541-296-8126
Northern Region Communications Center 3225 State Street Salem, OR 97301	Phone: 503-375-3555 Phone: 800-452-7888 Fax: 503-585-6635
Southern Region Communications Center 4500 Rogue Valley Highway, Suite A Central Point, OR 97502	Phone: 541-776-6111 Fax: 541-664-5287

Sample CIT Training Curriculum Worksheet					
Training Category	**Who can teach this?**	**Who will contact presenter?**	**Presenter Confirmed**	**Biography Received**	**PowerPoint Received**
Core Topics					
Advocacy/Perspectives					
Child, Youth, & Adolescence					
Community Resources					
De-Escalation Role Plays					
De-Escalation Strategies/ Crisis					
Graduation – Entry/Exit Evaluations					
Liability					
Medication					
Networking Lunch – Local Sponsor					
Officer Wellness					
Overview of CIT					
Overview of Mental Illness					
Site Visits					
Special Focus – Aging					
Special Focus – Cognitive Disorders					
Special Focus – Suicide Intervention					
Special Focus – Veterans' Topics					
Substance Use / Co-Occurring					

Sample CIT Training Curriculum Worksheet					
Training Category	**Who can teach this?**	**Who will contact presenter?**	**Presenter Confirmed**	**Biography Received**	**PowerPoint Received**
Elective Courses					
Autism Spectrum Disorders					
Bipolar Disorder					
CIT from an Officer's Viewpoint					
CIT Reports/Supervision					
Eating Disorders					
Jail Diversion					
Excited Delirium					
Guardianship and Power of Attorney					
Hoarding Disorder					
Homelessness					
Inpatient Hospital Assessment					
Law Enforcement Suicide					
Ongoing In-service					
Advanced Mental Health Training					
Advanced De-escalation					
Suicide-Homicide					
Advanced Suicide Crisis					
Developments in Psychiatric Medication					

CIT Topics & Content

Topic	Content
Overview of CIT	Review the history of CIT the Memphis Model.
Overview of Mental Health Disorders	Review basic information for a law enforcement audience on schizophrenia, major depression and bipolar disorder. Focus your presentation on the behavioral indicators; it is good to provide information on how illness develops and effective treatments. How will law enforcement recognize it when they respond to a disturbance call? Feel free to utilize video clips or other media to help illustrate signs and symptoms that officers may see (or can infer based on behavior). Spend about 1/3 of your time presenting intervention tips and de-escalation techniques for managing this mental health crisis by law enforcement.
Substance Use/Co-Occurring Disorders	This disorder is one of the most challenging areas that law enforcement officers/deputies encounter. Provide basic information on substance use disorders suitable for law enforcement audience. For example, you may explore the brain chemistry involved in addiction and how treatment works, the cyclical nature of relapse, and what works in substance use treatment. Discuss what it looks like to have substance abuse and a mental health disorder (co-occurring disorders). Provide de-escalation techniques and tools. Allow for questions and answers.

Topic	Content
Medication	Provide an overview of common medications prescribed for psychiatric problems to a law enforcement audience. Discuss direct effects and side effects of medications. Provide basic information on how medicines work and the challenges of psychiatric medications, medication continuity, possible side effects and ongoing care. Provide local resources for psychiatric medications (prescribers, case managers, etc.) Tools available in toolkit: • Common meds/diagnosis wallet cards • Pill box/psychiatric medication exercise
Suicide Intervention	Provide facts about suicide in Oregon and the USA. Teach de-escalation techniques with acute suicidality. Emphasize what works long-term.
De-escalation Strategies / Techniques / Crisis Cycle	Provide examples on how to verbally de-escalate a situation. The course will discuss how when an individual becomes highly stressed, non- verbal communication becomes dominant. Feel free to utilize video clips or other media to help illustrate strategies and techniques. These skills will be practiced during the role play portion of the training.
De-escalation Role Plays	Providing the officers an opportunity to demonstrate their ability to de-escalate a behavioral crisis through the use of the CIT core elements.

Topic	Content
Advocacy / Perspectives	Consumer Perspective: Use In Our Own Voice presentation. Consumers share their own experience with mental illness and how they are recovering. Contact NAMI-OR to help identify local consumers who have been trained to provide this presentation. Family Perspectives Panel: Use NAMI protocol. Keep panel focused on the positive of what helps them and their family member and how law enforcement helps in times of crisis.
Community Resources	Provide the officers with a comprehensive list of the local resources, including behavioral health clinics, day treatment programs, food banks, emergency shelters. Review local mental health and substance abuse resources.
Site Visits	Depending on local resources — psychiatric hospital, veteran's centers, day treatment programs, homeless programs, outpatient treatment programs, treatment foster homes. (This can also be presented as a panel presentation, with each program described, if distance is a concern.)
Overview of Involuntary Custody Laws	Review current procedures for both emergency detention and involuntary hospitalization. Allow time for questions and answers.
Liability	Provide basic information for law enforcement audience on case law and litigation results for cases where officers have resulted in the use of force with mentally ill individuals and the results of some of those cases.

Topic	Content
Child, Youth, & Adolescence	Provide basic information for law enforcement audience on the emotional problems that children and youth experience. Provide behavioral indicators and challenges that children present that may be different from adult presentations with similar issues. Feel free to use video clips or other media to help illustrate discussion points. Spend a significant portion of your presentation on de-escalation techniques with children and youth. Teach the skills you want the officers to use.
Aging	Provide basic information for a law enforcement audience on dementing illnesses, such as Alzheimer's and dementia. Focus your presentation on the behavioral indicators. How will law enforcement recognize it when they respond to a disturbance call? Feel free to utilize video clips or other media to help illustrate signs and symptoms they may see. Spend about 1/3 of your time presenting intervention tips and de-escalation techniques.
Cognitive Disorders	Review basic information for a law enforcement audience on autism and developmental disabilities. Focus your presentation on the behavioral indicators. How will law enforcement recognize it when they respond to a disturbance call? Feel free to utilize video clips or other media to help illustrate signs and symptoms they may see and how to differentiate this from other problems. Spend about 1/3 of your time presenting intervention tips and de-escalation techniques for managing this mental health crisis by law enforcement.
Officer Wellness	Review facts of suicide by cop. Review recommended triage/protocol. Emphasize safety. Discuss high number of officer suicides, officer self-care and how law enforcement officers can recognize and help their co-workers.

Topic	Content
Veterans' Topics & Re-integration	Provide an overview of veteran experiences and the transitions to civilian life. Detail the challenges and successes. Focus your presentation on the behavioral indicators. How will law enforcement recognize it when they respond to a disturbance call? Feel free to utilize video clips or other media to help illustrate sign and symptoms they may see. Spend about 1/3 of your time presenting intervention tips and de-escalation techniques for managing this mental health crisis by law enforcement. Feel free to share success stories of law enforcement intervention/de-escalation with veterans.
Graduation Entry/Exit Evaluations	Provide the officers with evaluation forms, graduation certificates and CIT Pins. Some programs have a cake for after the graduation ceremony
Networking Lunch	Commonly provided by NAMI or other Advocacy Partners on one day of the training to show support.

Sample CIT Training Schedule (Adapted from Columbia County CIT)

<table>
<tr><th>Time</th><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th></tr>
<tr><td>8:00 – 8:15</td><td colspan="5">Welcome (can use different presenters each day – i.e. Sheriff, Chief, Senator, etc.)</td></tr>
<tr><td rowspan="3">8:15 – 10:00</td><td>1 – Overview / Pretest</td><td rowspan="2">4 – Crisis Cycle</td><td rowspan="3">10 – Liability & Use of Force
CIS</td><td rowspan="3">16 – Legal Panel</td><td rowspan="2">24 – Child and Adolescent Crisis</td></tr>
<tr><td>2 – Medication Time</td></tr>
<tr><td>3 – Mental Health First Aid</td><td>5 – Jail Panel</td><td>25 – Treatment of Psychiatric Illness</td></tr>
<tr><td>10:00 – 10:15</td><td colspan="5">Break</td></tr>
<tr><td rowspan="2">10:15 – 12:00</td><td rowspan="2">MHFA - Continued</td><td rowspan="2">6 – Sad, Bad, Mad</td><td>11 – Personality Disorders</td><td rowspan="2">17 - De-escalation Techniques</td><td>26 – Mental Illness in the Elderly</td></tr>
<tr><td>12 – Psychosis & Mood Disorders</td><td>27 – Seniors Presentation</td></tr>
<tr><td>12:00 – 1:00</td><td colspan="5">Lunch</td></tr>
<tr><td rowspan="4">1:00 – 3:00</td><td rowspan="4">MHFA - Continued</td><td rowspan="4">7 – Suicide by Cop & Self-Care</td><td rowspan="2">13 – Addictive Diseases</td><td>18 – Suicide / Self-Harm</td><td rowspan="4">28 – Scenario-based Trainings</td></tr>
<tr><td>19 – Developmental Disabilities</td></tr>
<tr><td rowspan="2">14 – Excited Delirium</td><td>20 – In Our Own Voice</td></tr>
<tr><td>21 – NAMI</td></tr>
<tr><td>3:00 – 3:15</td><td colspan="5">Break</td></tr>
<tr><td rowspan="2">3:15 – 5:00</td><td rowspan="2">MHFA - Continued</td><td>8 – PTSD / VA</td><td rowspan="2">15 – Synthetic Drugs</td><td>22 – Family Perspectives</td><td rowspan="2">29 – Posttest, Debrief, and Graduation</td></tr>
<tr><td>9 – Veterans: Battle mind, PTSD</td><td>23 – Site Presentation</td></tr>
</table>

Sample CIT Class Objectives & Schedule
(Adapted from Douglas County CIT – Day 1)

08:00-09:00 WELCOME AND INTRODUCTION TO CIT

Session Length: 1 hour

Objectives:

- Describe how CIT came to Roseburg
- Describe the Memphis Model
- Introduction to schedule and instructors
- Class member introductions, backgrounds and how CIT will help

09:00–12:00 OVERVIEW OF MENTAL ILLNESS

Session Length: 3 hours

Objectives:

- Provide class members with clinical descriptions and issues related to mental illness, such as: talking an in-depth look at the symptoms and diagnosis of common psychiatric disorders and treatment options: medication, social support, therapy, community outreach programs
- Provide basic knowledge and skills to respond in a non-confrontational manner to an individual in distress or crisis
- How to assume a helpful role in reducing negative attitude and public fears
- Provide officers and class members with tools or options in responding to a call
- involving a mental health crisis other than force or incarceration
- Officers share what has worked for them in the past

12:00–13:00 LUNCH (provided by GOBHI)

13:00–14:00 PERSONALITY DISORDERS

Session Length: 1 hour Instructor: DCMH

Objectives:

- Define personality disorders
- Review how they are diagnosed
- The relationship of personality disorders to crime and behavior
- Understand the dynamics of borderline personality disorder and intervention strategies

14:00–1500 POST TRAUMATIC STRESS DISORDER

Session Length: 1 hour Instructor: V.A.

Objectives:

- Define and better understand PTSD

Sample Presentation

Module: Research & Systems

Class: Overview of CIT

Presenter: Law Enforcement or CIT Coordinator

Hours: 1

Learning Outcomes: At the completion of this unit, the participant will be able to list at least two benefits of Crisis Intervention Training.

Course Description: This unit will provide the participants with information on the history and benefits of CIT Training.

Suggested Videos: Crisis Intervention Team Officer Training 2015 – www.youtube.com/watch?y=4SbVP-JvxPk

Sample Slide Notes:

Slide 1 – What is CIT?

The Crisis Intervention Team (CIT) is an innovative first-responder model of police-based crisis intervention with community, health care, and advocacy partnerships. The CIT model was first developed in Memphis and has spread throughout the country. Known as the "Memphis Model," CIT provides law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community.

Slide 2 – What is CIT?

CIT is a program that provides the foundation necessary to promote community and statewide solutions to assist individuals with a mental illness. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change.

Basic Goals:

- Improve Officer & Consumer safety
- Redirect individuals with mental illness from the judicial system to the health care system

Slide 3 – Statistics

- An estimated 26.2% of Americans ages 18 and older – about one in four adults suffer from a diagnosable mental disorder in a given year (NIMH, 2009). Statistically, of Oregon's population of 2.8 million, between 150,000 and 190,000 people are diagnosed with a serious mental illness.
- Approximately 24% of people incarcerated in jails and prisons suffer from at least one mental illness.
- 80+% of those diagnosed with a mental illness have a co-occurring substance abuse disorder.
- In a 2006 study, the suicide rate was 10.9 suicide deaths per 100,000 people. An estimated 12 to 25 attempted suicides occur per every suicide death.

Slide 4 – 40 Hours Training Curriculum

- Recognizing signs and symptoms of mental illness
- Treatment methodology
- Suicidality and self-harm
- Child and adolescent intervention
- PTSD
- Excited delirium
- Consumer advocacy / Consumer perspectives
- Crisis cycle
- Community resources
- Cultural sensitivity
- Legal aspects and issues
- Tactical communication / Practical exercises
- Site visits to treatment / Respite Care facilities
- Introduction / Review / Examination / Graduation

Slide 5 – People with mental illness & the Criminal Justice System

- The rate of mental illness in state prisons and jails in the United States (16%) is at least three times the rate in the general population (5%). The rates of mental illness in Oregon state prisons and county jails are at least this high.
- At least ¾ of people with mental illness who are incarcerated have co-occurring substance abuse disorder.
- Males who have been involved I the mental health system are four times more likely to be incarcerated. For women, the numbers are six to one.

Slide 6 – People with mental illness & the Criminal Justice System

- Nearly half the inmates with a mental illness in state or federal prison in the United States are incarcerated for committing a nonviolent crime.
- ON average, the period of incarceration for a person with mental illness is 4 to 6 times longer than that of a person without mental illness
- The cost of incarcerating an inmate with a serious mental illness is approximately 80% more than that of an inmate with SMI.

Slide 7 – CIT Benefits

- Crisis response is immediate
- Arrests and use of force decrease
- Underserved consumers are identified by officers and provided with care
- Patient violence and use of restraints in the ER decrease
- Officers are better trained and educated in verbal de-escalation techniques
- Officer's injuries during crisis events decline
- Officer recognition and appreciation by the community and the consumer increase
- Fewer "victimless" crime arrests
- Decrease in liability for health care issues in the jail
- Cost savings for the consumer, as well as the taxpayer

Slide 8 – Special Thanks

- Memphis Police Department
- State of Georgia CIT
- State of Florida CIT
- City of Eugene Police Department
- CIT International
- NAMI

Sample Biographies for Presenters

John Smith is an officer assigned to the Yucca Police Department's Technical Assistance Response Unit. He is a 16-year member of the Crisis Negotiation Team and the Peer Assistance Team, and manages the department's body-worn camera program.

Mary Ann Hull, MA is the Assistant Director of the Washington State University Child and Family Research unit, an adjunct faculty member at Gonzaga University's School of Education in the Counselor Education Department, and is an independent consultant.

Ben Sowren is a Lieutenant with the Spokane Police Department

Tina Hully is currently the Executive Director and the SE Regional Suicide Prevention Coordinator for the Nebraska Prevention Management Organization. Tina is a member of the American Association of Sociology (AAS) and Stop Suicide Lincoln, the Warren County Suicide Prevention Coalition. She is a frequent speaker and trainer for educators, law enforcement, military, and other civic and community groups about suicide prevention and awareness.

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Appendix C: Media Samples

- Announcement flyer
- Letter to save the date
- Registration tracking sheet
- Confirmation of registration letter
- Email letter for presenters
- Email for morning speakers

Crisis Intervention Training
March 21 – 25, 2016
Umatilla County, Oregon

This important course focuses on the field of law enforcement and its roles in the mentally ill, drug or alcohol afflicted, and aging communities. The information, tools, and resources presented are designed to enhance first responder response and reduce the overall risk of injury or loss of life.

Target Audience: First Responders, Law Enforcement, Corrections Officers, Community Corrections, and 911 Telecommunicators

Hours Each Day: 8:00 a.m. – 5:00 p.m. (40 total hours)

Where: Monday through Friday – Umatilla County Justice Center, Pendleton

Cost: FREE

Instructors: Instructors representing the fields of Law Enforcement, Corrections, and Mental Health

Registration Deadline: March 7, 2016

Attire: Your choice Monday – Thursday. Uniforms requested for Friday

Prerequisites: None

Umatilla County
C.I.T.
Crisis Intervention Team

To register, please visit

www.events.SignUp4.net/cit316

DPSST credits are available

SAVE THE DATE!

Crisis Intervention Team

The Crisis Intervention Team (CIT) is an innovative first responder model of police-based crisis intervention with community, health care, and advocacy partnerships. CIT provides law enforcement-based crisis intervention training for assisting those individuals in crisis or with a mental illness, and improves the safety of patrol officers, consumers, family members, and citizens within the community.

CIT is a program that provides the foundation necessary to promote community and statewide solutions to assist individuals in crisis and those with mental illness. The CIT Model reduces both stigma and the need for further involvement with the criminal justice system. CIT provides a forum for effective problem solving regarding the interaction between the criminal justice and mental health care system and creates the context for sustainable change.

Target Audience: Law Enforcement, First Responders, Correction Officers, Community Corrections, Mental Health

Date: February 8 – 12 (Monday – Friday) **Time:** 8:00 a.m. – 5:00 p.m. (40 total hours)

Location: Ontario, Oregon - St. Alphonsus Hospital (Monday – Thursday) / Christian Life Fellowship (Friday)

Cost: FREE

Instructors: Instructors representing the fields of Law Enforcement, Corrections, and Mental Health

CIT Class Registration Tracking Form

Last Name, First Name	Department	Title	Phone
Smith, Sally Jo	Columbia County SO	Captain	541-555-5252

Sample Email to Presenters

Hello and thank you for presenting at the upcoming CIT training the week of _____.

Attached you will find the schedule for time slots (please verify the times as some may have been changed slightly). We ask that you arrive at least 15 minutes prior to your time slot. A computer and PowerPoint set-up will be available, so presentation can either be emailed or brought on a jump drive on the day of your presentation.

Please submit any presentation or handouts that you would like copied for the class no later than Friday. You can send the material to be copied to - _____. Currently, the class is at 17, but is open to up to 24 students.

A few suggestions: Please remember law enforcement and other first responders are your target audience. Their main interest is to know how to better and more safely do their job. Your personal stories and experiences can help them better relate to the ideas and principles of your presentation topic.

The two key items are: What would crisis look like from their role and what is the best way for them to respond. De-escalation of the situation should be included.

I would like to request a bio from you to share with the group. If you have already submitted one, thank you.

The addresses for the locations are as follows:

Monday–Thursday:
351 SW 9th Street
Somewhere, OR 97914

Friday:
Christian Life Fellowship
North Main Street
Nowhere, OR 97914

My cell is listed below if there is anything I can help you with. Thank you for sharing your time and expertise through this process. You are greatly appreciated.

Thank you

Jane Smith
541-220-5555 (c)

Sample Email to Morning Presenter

Hello

Just a friendly reminder for the morning speaker spots next week. The time slot is from 8:00 a.m. – 8:15 a.m. The idea is to set the tone of the day. This can be by an experience related to mental health or a perspective on CIT. We also found it works when you speak to the class as to the importance of CIT and how this will benefit them. Any questions please give me a call, email, or text. Thank you for volunteering. Have a great rest of your week.

Monday—Scappoose PD & CCMH

Tuesday—Clatskanie PD

Wednesday—St Helens PD & the Courts

Thursday—Sheriff's Office

Friday— County Commission

Appendix D: CIT Pin Sample Order Form

The Pin Creator
1170 Tree Swallow Drive
Suite 347
Winter Springs, FL 32708
(855) 290-9900
sales@thepincreator.com
http://www.thepincreator.com

INVOICE

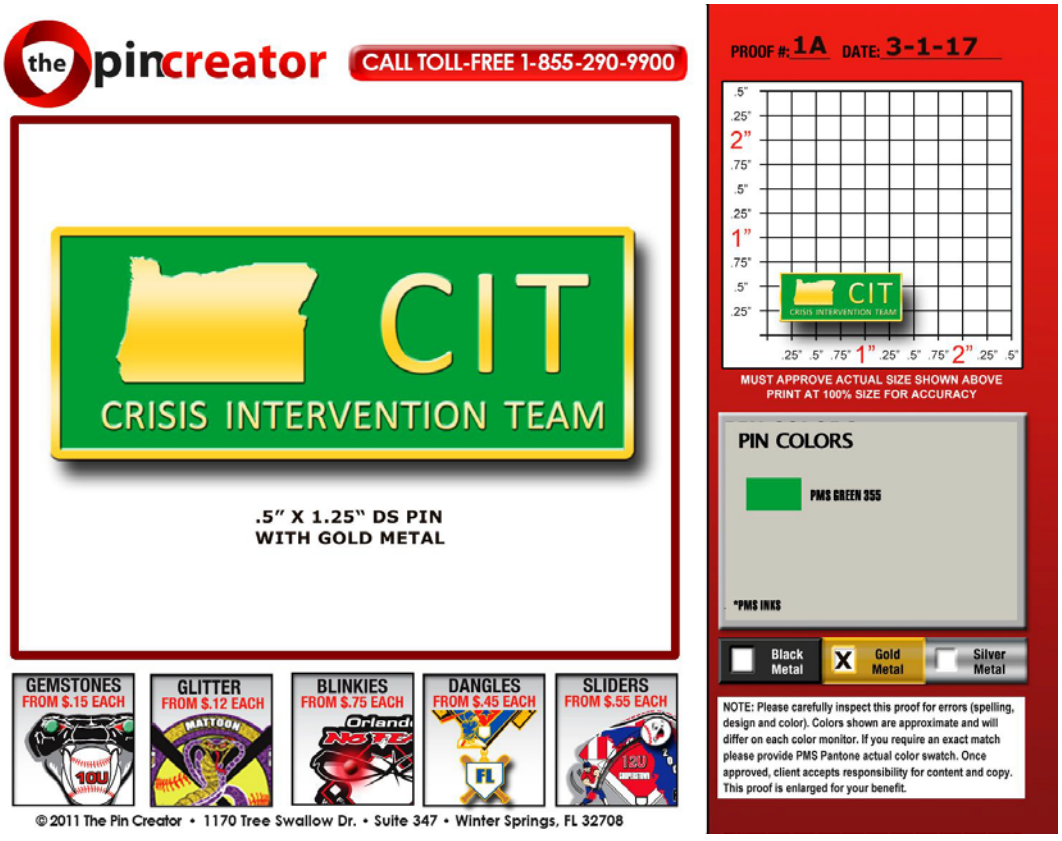
BILL TO
Eilene Flory
GOBHI
401 E 3rd St STE 101
The Dalles, OR 97058

INVOICE # 2734
DATE 03/03/2017
DUE DATE 03/03/2017
TERMS Due on receipt

ACTIVITY	QTY	RATE	AMOUNT
GOBHI 2017 Pins - GOBHI 2017 Pins Proof #1 1.25" Die struck soft enamel pins with 1 butterfly clutch	500	1.19	595.00

Thank You for your order

BALANCE DUE **$595.00**



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Appendix E: DPSST Documents

- DPSST F-6 Registration Form (current as of 03/05/2018) can be found at http://www.oregon.gov/dpsst/SC/docs/CJForms/F6TrainingRoster.pdf

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Appendix F: Scenarios and Evaluators

- Sample scenario evaluator's training guide
- Sample scenarios from CIT programs
- Sample CIT scenario evaluation forms

Sample Scenario Evaluator's Training Guide

Scenario Evaluator Guidelines (Sample 1)

Goal: Facilitate scenarios to maximize learning process

1. Fill in participant's name, scenario number, date, evaluator on evaluation form
2. Allow participant to engage with role player until he/she seems stuck or asks for time-out
3. If they get stuck, you may want to ask what they were trying to accomplish, offer a suggestion, and invite suggestions from others in the group
4. Re-start scenario-watch for attempt to utilize feedback
5. End of scenario-together with role player provide skill-based feedback, invite feedback from group
6. Escort learning group to new scenario location

Feedback:

1. Observe scenario and provide feedback on demonstration of skills
2. Scenario specific objectives-Diversion? Safety plan? Transport?

Scenario Learning Objectives Evaluation (Sample 2)

Question: What the 6 Baseline Objectives are and how they are met during role plays:

1. **Introduction –** Introduces self and agency, provides reason they are there, and asks name of person in crisis.
2. **Rapport –** Builds slowly, LISTENS to the person, reflects statements, asks pertinent questions, shows interest, is patient, respectful, and demonstrates active listening skills.
3. **Tone –** Calm, patient tone and pace, maintains throughout interaction, able to apologize if rushing or sounds frustrated.
4. **Non-verbal (demeanor/movement) –** Safe, yet engaged distance. Hands are calm/non-threatening, eye contact if appropriate for the interaction.
5. **Problem Solving –** Begins this area after establishing rapport and gathering information that accurately reflects problem based on person's description and response in scenario. Action plan needs to fit the problem, involve the person's action/skill when applicable, and uses resources identified by person and those known to participant, when applicable.
6. **Tactics/Safety –** Set up and maintain safe distance, simulated search method, bladed stance, hands ready but relaxed, asks about objects, uses partner when appropriate.

SCENARIO # 1

Title: The Bottle

Personnel: 1 role player, 1 student, 1 coach

Props: Table, chair, whiskey bottle

Information: An anonymous call is received about a subject being suicidal. No other details are received. Arriving law enforcement finds the screen door closed and the inside door open. A subject is seen sitting at a dining room table.

Variation 1: The subject is compliant with the student, says student can come in when requested. Subject is talking quietly and looking down, appears depressed. The role player keeps staring at the bottle and trying to control themselves from taking a drink. Role player will fluctuate from being anxious to calming down. The subject is a recovering alcoholic and the roommate has moved out causing a possible relapse to drinking again.

Subject is not taking prescribed meds.

Variation 2: Subject appears intoxicated and is talking to themselves. They are not responsive to law enforcement except to tell them to go away. Subject lives alone and their dog was just put to sleep the day before after being injured by a car. Subject keeps blaming themselves for the dog's death. Subject is suicidal and has no friends because they just moved to the area.

Variation 3: Subject is agitated and slamming the bottle on the table. Keeps yelling for everything to stop, starts muttering about the government spying on them and trying to take their money and their life. Acts Paranoid.

Variation 4: (mania) Subject is sitting at table, bottle in reach. Talking in accelerated speech, is hyper and finally explains they have no friends. Subject is not taking meds, and making inappropriate sexual comments or behaviors (if Role Player is comfortable with this action). Along with these actions, subject is very intent on listening and watching the student, to a point of violating the personal space of the student, but not in threatening or angry manner.

Variation 5: (developmentally disabled) Subject has been left alone, and found the liquor. Very friendly, wants to know about being a "cop" but doesn't understand why the student would be there to talk.

*Adapted from Missouri CIT program

SCENARIO #2

INSTRUCTIONS TO ROLE PLAYERS:

1. Follow the scenario. You may add supporting details, but stick to the main ideas.
2. Present and maintain a challenge to successful resolution, but remember to allow for a successful resolution if the officer's response indicates that it might work.
3. Do not do anything that might warrant Use of Force by the officers.
4. Do not reach to put your hands in your pockets.
5. Do not charge the officer.
6. Do not lunge at the officer. Do not grab at the officer.
7. Do not throw items at the officer.
8. If at any point you need to stop the role play, say the word ORANGE. This is the safe word. This word can be used by any party involved (the observers and those involved in the role play).

INSTRUCTIONS FOR OBSERVERS:

1. Do not let the scenario get out of hand to where the Officer is in a position that would warrant Use of Force. Say the word ORANGE and all parties involved will stop the role play.
2. Ask the role player what they experienced or felt when the Officer talked with them.
3. Ask the Officer what he thought? Was it difficult/easy? Do they have questions?
4. Ask any other observers what thoughts they had while watching.
5. Give feedback about non-verbal skills you saw (good or bad).
6. Give feedback about the skills you saw the officer use (i.e. empathetic, allowed client to vent).
7. Give feedback on what the Officers could have done better or might have tried?

SETTING: In a local Primary Care Doctor's waiting area

SCENARIO: Officer is called to a local Primary Care Doctor's office because there is a patient in the waiting area who says she has an appointment but is not on the schedule. She is speaking loudly and in a manner that does not seem to make any sense to anyone around her. She is talking about someone murdering her children and scaring other patients in the lobby.

ROLE PLAYER ACTIONS: Appear frightened and confused. Jump back and forth between talking about your murdered children and other unrelated topics. Continue to look around as if worried and paranoid. Do not respond well if the officer attempts to tell you that your belief about your children murdered is not true. Respond if the officer attempts to ask you about your emotions regarding the issue, validates emotions, and attempts to help you feel safe.

LEARNING OBJECTIVE: Focus should be on reducing emotions and/or refocusing on reality based information. Help the woman to a safe location to keep others safe.

* Adapted from the Umatilla County, Oregon CIT Program

SCENARIO #3

Title: Jail

Personnel: 1–2 student(s), 2 evaluators (1 LEO & 1 MH if possible)

Props: A door between student and Role Player

Read this information to the student/participant: Radio traffic reports that a subject on the cell block is stating that he is suicidal. You know that this offender was recently told that he was going to be served with a restraining order due to the domestic violence charge that he is currently in jail for. You have heard from inmates that he has not been eating and appears depressed.

Information (ROLE PLAYER ONLY):

You are angry and upset that you have been arrested on a domestic violence charge. It is not fair that the officers always pick on the man, when you believe the "bitch" started it and hit you. Now you found out that she is trying to get a restraining order, so you will not be able to see your kids. You are depressed; not eating and fear that you have probably lost your job because people will believe her story and not believe your side of the story. You are not getting along with your cell mate, who has stinky feet, won't shower and won't shut up. You tell him that you want to die! He has told the guards that you are feeling suicidal.

* Adapted from the Deschutes County, Oregon CIT Program

SCENARIO #4

Title: Meth Induced Psychosis

Personnel: 1 student, 2 evaluators (1 LEA & 1 MH if possible)

Props: backpack

Read this information to the student/participant: Dispatch note for meth induced psychosis: A Concerned community business employee in downtown Bend called dispatch to report that there was a "homeless" person scaring away customers and wanted the police to come and take them to jail. The reporter is adamant that they want the person trespassed from downtown and that they do not want that type of person at their business. Reporter states that the subject is yelling and waving their arms and is believed to be high or intoxicated. Subject has just left the store and is on the sidewalk outside.

Information (ROLE PLAYER ONLY): You are walking through a yard, talking loudly to yourself. You are looking in the windows of vehicles you are walking by. You are yelling, waving your arms and appear to be angry. You are looking over your shoulder, afraid someone may be following you (paranoid). You are "twitching", unable to remain still, scratching and picking at your arms. You appear dirty, disheveled, and seem to be experiencing auditory, visual, and tactile hallucinations.

You are not suicidal.

* Adapted from the Deschutes County, Oregon CIT Program

Scenario # 5

Title: Jesus

Personnel: 2 students, 2 evaluators (1 LEO & 1 MH if possible)

Props: Robe, medication bottles

Read this information to the student/participant: A female caller on 911 is reporting that her son is going crazy and needs to go to the Emergency Room. She reports that he has not been eating the last couple of days. He yells at her when she does not address him as Jesus, and just got really mad because the water that she brought him did not turn into wine when he commanded it to. The female states that her son has a mental health diagnosis and was working with Sara at the local mental health agency, but that he has not seen her in at least a month. She states that he is prescribed medication but she does not think that he has been taking it.

Information (ROLE PLAYER ONLY):

Role Player 1:

You are the subject's mother. You are very concerned about your son who is refusing to come out of the basement. You will tell the police when they arrive that your son has been seen at Deschutes County Behavioral Health, at the downtown Annex on Harriman, in the past, but that he stopped going about a month ago. Your son has been prescribed medication-Seroquel, Lamictal and Ativan, but you are pretty sure that he has stopped taking the medication due to his recent behaviors. You report that your son appears to be angry because he tried to turn water into wine and when that did not work he started throwing things around. He has not come up to eat and when you go downstairs to get his dishes, they still had food on them. It appears that it has been a few days since he has eaten anything.

Role Player 2:

You are the adult son of the reporting party. You have been staying in your mother's basement even though you have a bedroom in the main part of the house. When the officer's call you by the name given by your mother, or when they ask your name, you will tell them that you are Jesus. You will appear disorganized, have rapid, pressured speech and will appear dirty. You are angry that the devil will not allow you to turn water into wine and that Satan must be vanquished from the world. While disorganized and believing that you are Jesus, be semi- cooperative and attempt to interact with the officers.

Desired Officer Response:

- Assess for safety.
- Identify yourself.
- Have one officer stay with the mother.
- Other officer will attempt to build rapport and trust through calm, clear communication.
- Officer should not buy into the delusion of subject being Jesus.
- Officer should attempt to contact local mobile crisis team (if that is an option) or local mental health agency to work on an assessment in the house and come up with a safety plan (crisis walk-in may also be an option).
- Divert from the hospital if appropriate.

* Adapted from the Deschutes County, Oregon CIT Program

SCENARIO # 6

Title: The Vet

Personnel: 1 role player, 1 student, 1 evaluator

Props: Table, chairs, whiskey bottles, simulated apartment, camo military jacket

Read this information to the student/participant: A call of a domestic is received from neighbors to the apartment in question. The calls report someone leaving the apartment, but can still hear loud noises inside the apartment. The neighbor calls can give no other information about the people who live in the apartment.

ROLE PLAYER ONLY information:

Variation 1 (Mania): Student goes to upstairs of home and can hear a voice talking, as well as the television on. Student knocks on door and gets response from subject, in very fast tone, "wait, I'm busy with someone."

Variation 2 (Schizophrenia): Student goes to upstairs of home and can hear a voice. Student knocks on door and gets response from subject of "I'm busy I have visitors." Role Player can use television, radio or other items for hallucinations.

Variation 3 (Depression as a result of sexual abuse as young child by a parent): Student goes to upstairs of home and can hear crying. Student knocks on door and gets response from subject of "leave me alone."

Variation 4 (Suicidal): Subject is former vet. Drinking but not intoxicated. Very depressed due to receiving information about serious cancer found, and wants to be with spouse who passed five years ago. Subject does not want to have doctors attempt to stop the health risks.

Variation 5 (PTSD): Subject is medically retired Police Officer who was shot, during the bank robbery in Los Angeles where the suspects were heavily armed. Subject also lost his partner of six years to the gunmen. The sight of uniforms causes flashbacks, which in turn causes great anger because subject feels the need to return to law enforcement but angered because the former department will not take subject back and now does not trust the tactics of the student because subject feels threatened by the government.

*Adapted from an Oregon CIT program

Sample CIT Training – Role Play Groups

Training Date: _____

Group	Officers' Names	Agency	Evaluator(s) (1 LEO / 1 MH)
1			
2			
3			
4			

Sample CIT Training – Role Player Evaluations

Student Name:				Agency:	
Date:				Day:	
The four plays	Introduce self	Y N	Other	Ask about MH treatment	Y N
	Name of citizen	Y N		Ask about medications	Y N
	Reflect feeling	Y N		Ask about substance abuse	Y N
	Summarize	Y N		Ask about a WRAP/crisis plan	Y N

Comments:
Verbal (include quotes of greeting, de-escalation, connecting, explanation, "I" statements, offer options & resources, response to others in scenario)

Non-verbal (tone of voice, eye contact, stance, approach)

Responder Safety (for **LEA** only to evaluate)

What one thing could the responder have done differently to improve?

Date:				Day:	
The four plays	Introduce self	Y N	Other	Ask about MH treatment	Y N
	Name of citizen	Y N		Ask about medications	Y N
	Reflect feeling	Y N		Ask about substance abuse	Y N
	Summarize	Y N		Ask about a WRAP/crisis plan	Y N

Comments:
Verbal (include quotes of greeting, de-escalation, connecting, explanation, "I" statements, offer options & resources, response to others in scenario)

Non-verbal (tone of voice, eye contact, stance, approach)

Responder Safety (for **LEA** only to evaluate)

What one thing could the responder have done differently to improve?

Appendix G: Role Player Training

- Role player training guide
- CIT role player training per diagnosis
- Advice from other role players

Role Player's Training Guide

Role Players are key to making the scenario trainings a valued learning experience. The following tips are provided to help recruit and select people who can enhance the CIT training experience.

1. Role players must be willing to be trained.

    a. Community Members – Role players must be able to portray accurately the symptoms of the specified mental illnesses that are covered in each day of the training, and do so in a teaching environment. Individuals who have no experience in mental health may have inaccurate ideas about the illness. For example, many people still confuse schizophrenia and multiple personalities – two very different disorders.

    b. MH / SA Counselors – Even though they know the symptoms of mental illness diagnoses, they need to be trained in the CIT scenario protocol and on how to teach a law enforcement officer through their portrayal of that disorder.

    c. Consumers – Consumers can make good role players. They must also be willing to be trained in the portrayal of a particular disorder – because they may not have experience all the symptoms that other may show. They are teaching law enforcement officers so keep this as a learning environment.

2. Train the role players – Training takes about 30-45 minutes for those who are familiar with the diagnoses/problems. It take slightly longer for those who are not familiar with mental health problems. Group training works well. It is time efficient and the role players learn from each other.

    a. What is the Crisis Intervention Team (CIT) training program? Briefly describe CIT and the purpose of the 40-hour training program.

    b. Describe the scenario training components - Scenario training is a live portrayal of a behavioral/mental health crisis and provides the officers an opportunity to practice the skills they learned during the week. They will be tasked with successfully interacting with someone with mental illness. Each station will have different scenarios and different tasks the officer must complete.

c. Introduce their responsibility as a team member in the training – The role player is a key member of the training team. Your accurate portrayal of a behavioral/mental health crisis is critical to the success of this training program. However, accurate portrayal is not enough. This is a learning environment. As such, it is your job to teach while you act. This is not the opportunity to "get back at the cop" by making his/her job impossible. You are to be challenging, but not overly difficult. If the officer is calmly and appropriately interacting with you, allow the interaction to proceed smoothly. If s/he deviates, then you can be more challenging in your behavior.

d. Hand out the scenarios to Role Players – Give the participants time to read them. Explain that we are going to act out the scenario right here and now. Give them information on the specific symptoms their scenario contains and provide the role players with a medication card related to the symptoms and disorders. Coach them on how to interact based on those symptoms, and then have a practice session. Provide feedback on their performance, perhaps switching roles so they can "see" the disorder and symptoms and try again.

   Training Tip – *Do not touch the officer in a threatening manner or move as if you are going to attack them. We tell officers that this is a* ***hands-off*** *interaction. We ask you to respect that as well.*

e. Emphasize a teaching atmosphere – Scenario-based learning is the opportunity to practice challenging skills. As role players, it may be appealing to really immerse yourself in a character/scenario and not follow the officer's lead. This leads to frustration and loss of learning. If the officer is following the verbal de-escalation steps, follow his/her lead. If s/he deviates, then feel free to be more challenging in your behavior. However, this is not the time to resist good faith efforts and set them up to fail. Ultimately, we want every officer to be successful in learning and demonstrating the skills taught in this course. Make the portrayal accurate and challenging with a real opportunity to be successful.

f. Inform the role players about a break ("Time Out") in the scenario — the officer, the evaluator, and/or the role player may call a 'time-out' at any point to clarify the situation, get some help (phone a friend). If you need to call a time-out, talk directly and privately with the evaluator for that scenario to help get the scenario's interaction back on course. Then, get back into role and let the scenario proceed.

g. Explain how to provide feedback — at the end of each scenario, the group will have an opportunity to provide feedback to the officer about what worked well in the de-escalation. If the group missed something, you can point that out. Help them learn by being specific about what he/she said or did that helped calm the situation down, made the character feel safe, etc. Focus on the positives so that they will do more of that. If they did something that was off target, mention it if no one else has covered it. And then end again on a positive note.

CIT Role Player Instructions per Diagnoses

Mania

- Typically talks loudly with rapid speech that increases in amount and difficult to interrupt
- There is a constant shifting from one idea to another; these ideas tend to be connected
- Indirect speech that is delayed in reaching the point
- Hyper, agitated, pacing
- Women may be dressed provocatively or wear heavy make-up
- Inappropriate sexual comments or behavior, may remove clothing, violates personal space
- Delusions tend to be grandiose or religious

Depression

- Individuals may avoid eye contact
- Speech may be soft and slow
- May take long pauses before answering questions or following commands
- May have poor hygiene, messy living space

Suicidal

- May be vague in suicidal plan
- Tearful or may have flat emotions
- Overwhelmed
- May be very concrete in suicidal plan:
  - Specific intent
  - Lethal method to kill self
  - Method to kill self is available
- History of past suicide attempts in the past
- Possibly getting rid of personal items around their home

Post-Traumatic Stress Disorder (PTSD)

- May feel disconnected from the outside world
- Exaggerated startled response
- Anxious
- Fear (wanting nightmares, daymares, flashbacks to stop)

Borderline Personality Disorder

- Emotional instability (can go from angry to tearful to happy and back to angry very quickly
- Difficult time controlling anger
- Impulsivity
- Self-mutilation

Developmentally Disabled

- Childlike
- Very set in rules and routine
- Insight limited
- Impulsive (sexual, spending, driving recklessly)
- Angry

Dementia

- May not know where they are, what the date and time of year it is, who they are
- Not tracking, confused
- Nervous/anxious-could be aggressive or violent, screaming, crying
- May not know who the police officer is or why he/she is there
- If advanced enough, behavior may be child-like (holding dolls or blankets, makeup may not be put on well)
- Typically, normal functioning
- Senior citizens are wrapped in sweaters and blankets because they are cold; a person with dementia would probably not be in appropriate clothing

Schizophrenia

- *Flat or blunted affect* — A person's face appearing immobile and unresponsive, with poor eye contact and reduced body language. Little to no emotion in the face no matter what the subject at hand is.
- *Disorganized speech* — Loose associations; may go from one topic to another with no clear logic.
- *Tangentiality* — Answers to questions may be obliquely related or completely unrelated.
- *Incoherence or word salad* — Speech may be so severely disorganized that it is nearly incomprehensible.
- Hallucinations can occur with any of the five senses:
  - *Auditory* — The most common types of hallucination. A voice can be threatening, obscene or insulting. Two voices may converse with one another or one voice may comment on the patient's life.
  - *Visual* — Also common. Objects, people and shadows are seen by the person.
  - *Tactile* — Experiences peculiar physical sensations in the body. Reports a sensation of something crawling on his/her skin.
  - *Olfactory* — Reports of unusual smells that no one else notices.
  - *Gustatory* — Reports of unusual tastes.
- *Delusion* — A fixed false belief that cannot be explained by an individual's cultural or religious beliefs or by their background. This belief is resistant to all arguments, even ones others may feel are clearly logical. Delusions are also resistant to arguments, including tangible evidence to the contrary.
  - *Bizarre* — This, simply translated, means a delusion regarding something that CANNOT possibly happen. For example, say a man believes that he is pregnant with an alien baby. This condition is obviously not possible and therefore is a bizarre delusion.
  - *Non-bizarre* —This is a delusion regarding something that CAN possibly happen. For example, being followed by the CIA or FBI. This is possible, however not very probable and is thus a non-bizarre delusion.
- *Grossly disorganized behavior* — Difficulties in performing activities of daily living such as preparing a meal or maintaining hygiene. A person may appear disheveled, may dress in an unusual manner (many layers of clothes on a hot day), or may display inappropriate sexual behavior.
- *Catatonic motor behaviors* — A marked decrease in reactivity to the environments.

Advice from Other Role Players

1. After you are trained in the symptoms and medications of the illness, and the procedure the officer is to follow, you are taken to a room.

2. A group of officers enter, and one is chosen to de-escalate the scenario, resulting in successful outcome, such as diverting from jail or hospital, getting the patient to a location with professional help, or contacting MH worker for safety plan or scheduling an appointment.

3. As the chosen officer enters, you begin with your symptoms.

4. You let the officer lead you to feel confident that he/she is going to help you and that relocation is necessary.

5. You can ask questions, swear, cry, laugh, and do whatever is needed to enact the illness.

6. When you feel comfortable with the officer helping you, cooperate with the officer by going with him/her or agreeing to follow up with mental health, or whatever is appropriate for that scenario.

Appendix H: Materials and Supplies

- Sample binder covers (front)
- Sample spine label
- Sample sign-in sheet
- Sample county resource list
- Guide to psychotropic medications
- Decision Tree
- Sample CIT certificate of completion

Crisis Intervention Team Training

February 1-5, 2016

Crisis Intervention Training

January
2015

Crisis Intervention Training

January
2015

Crisis Intervention Training

January
2015

Sign-In Sheet

Last Name	First Name	Agency	Mon.	Tues.	Wed.	Thurs.	Fri.
			Signature	Initial Only			

Sample Resource List

Crisis Hotlines

Lifeways 24 hour 541-889-9167

National Suicide Prevention 800-SUICIDE

Lifeways Mental Health

Hermiston 541-567-2536

Monday, Tuesday, Thursday 8:00 a.m.-5:00 p.m.

Wednesday 8:00 a.m.-7:00 p.m.

Friday 9:00 a.m.-3:00 p.m.

Pendleton 541-276-6207

Monday through Thursday 8:00 a.m.-5:00 p.m.

Friday 9:00 a.m.-3:00 p.m.

DETOX: (EOAF) 541-278-2558/ 541-969-7764

Medical

GSMC Hermiston 541-667-3400

St. Anthony Pendleton 541-276-5121

McNary Place 541-922-0800

Seniors & People with Disabilities

Hermiston 541-567-2274

Milton-Freewater 541-278-4161

Pendleton 541-278-4161

Veterans/Military

Oregon Military Assistance Helpline 800-511-6944

Domestic Violence Services

Hermiston 541-564-0424

Pendleton 541-276-3322

24 hour hotline 800-833-1161

Pendleton Creek Crisis Stabilization Unit 541-240-8030

Warming Shelters/Cooling Stations

Hermiston Warming Station 541-289-2150

215 W, Orchard Ave., Hermiston

Pendleton Warming Station

765-791-8332 (general contact number)

541-429-1434 (when station is open)

116 SE 12th St., Pendleton

CAPECO 541-276-1926

Toll Free 800-752-1139

Hermiston Emergency Services 541-289-7755

Energy Assistance only 800-214-4776

Community Resources

Seniors & People with Disabilities - St Helens 503-397-0389

Department of Human Services - Child Welfare 503-397-3292

Habitat for Humanity Columbia County 503-366-1400

Amani Center (The Columbia County Child Abuse Assessment Center) 503-366-4005

NAM 503- 230-8009

Meals & Food

First Lutheran Parish Hall 503-397-0090

Tues and Thurs 5:30pm-6pm

Scappoose Four Square 503-543-5069

Wednesdays 12-1pm & right after services

St Vincent DePaul Food Pantry 503-543-7495

Monday & Thursday 1pm-3pm

Columbia Pacific Food Bank 503-397-9708

Monday-Thursday, 9am-12:45pm

Rainier United Methodist Church 503-556-3440

Fourth Friday a month 6pm

Hope of Rainier 503-556-0701

Mon, Tues, Wed 11am-4pm

Clatskanie Baptist Church 503-728-2304

Wednesdays 5pm-6pm

Turning Point Community Service Center 503-728-3126

Mon, Tues, Thurs, and Fri 11am-3pm

Veronica Cares 503-429-1414

Tuesday and Thursday 10am-2pm

Soup Ministry 503-397-0405

Last Wednesday of each month 1pm-3pm

* Adapted from the Columbia County & Umatilla County, Oregon CIT Programs

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Guide to Psychiatric Illness

Common Symptoms of Depression

Sadness, crying	Sleeping too much or too little	Withdrawal from others	Suicidal thought and/or threats
Irritable mood/swings	Loss of interest	Feelings of hopelessness	Rapid weight gain or loss

Common Symptoms of Bipolar Disorder

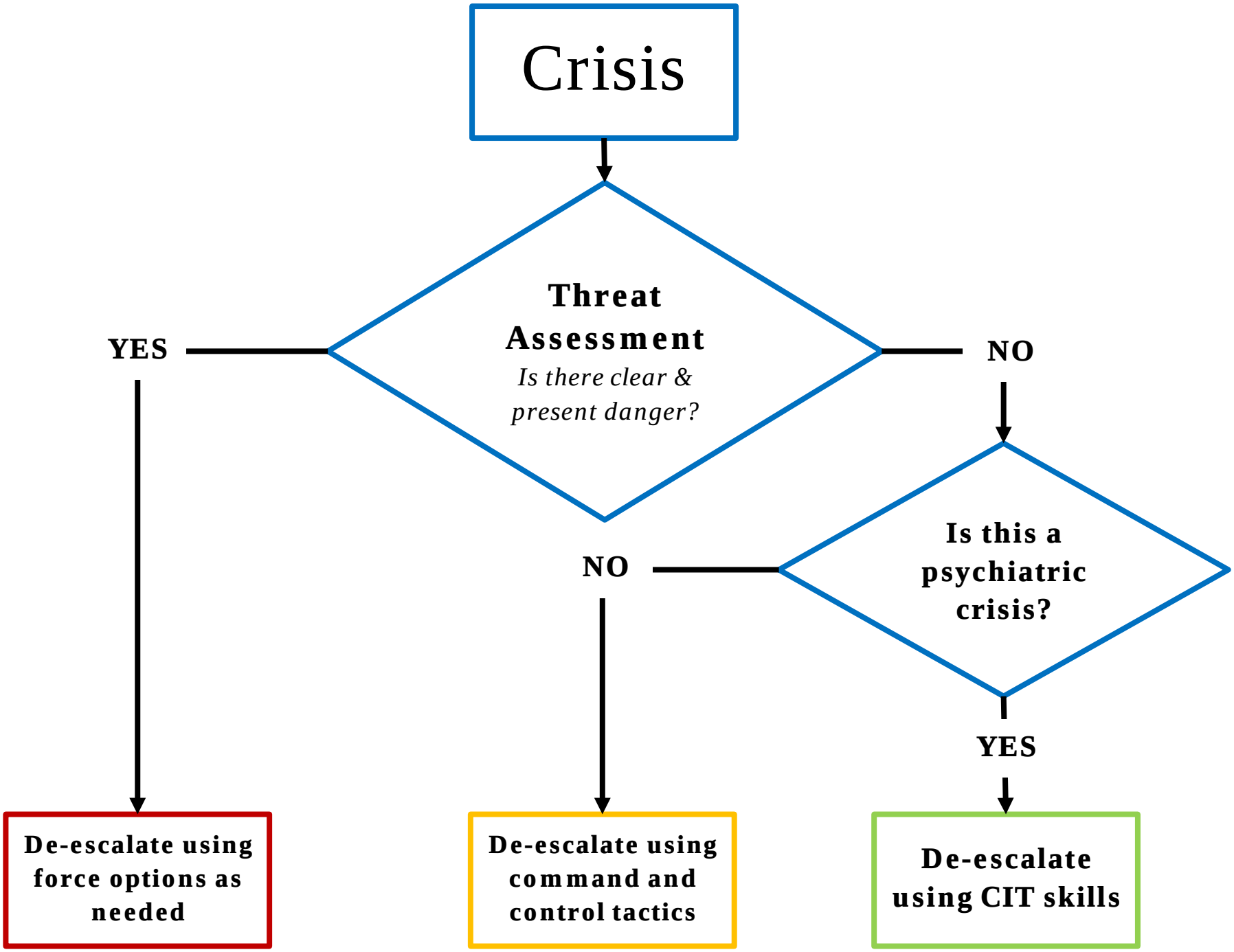
Extreme moods	Decreased need for sleep	Euphoric episodes	Grandiose delusions
Rapid Speech	Flight of ideas	Extreme need for stimulation	Extreme impulsivity

Common Symptoms of Psychosis

Auditory hallucinations	Delusions	Disorganized speed	Paranoid
Visual hallucinations	Tactile hallucinations	Aggressive behaviors	Bizarre behaviors

Guide to Psychotropic Medications

Brand Name	Generic Name	Uses	Danger in OD
Abilify	Aripiprazole	Schizophrenia	Moderate
Adapin, Sinequan	Doxepin	Depression	High
Adderall	Amphetamine	ADD	Moderate
Abbien	Zolpidem	Sedative	Extreme
Anafranil	Clomipramine	OCD, Depression	High
Asendin	Amoxapine	Depression	Moderate
Ativan	Lorazepam	Anxiety	High
Brintellix	Vortioxetine	Depression	Moderate
BuSpar	Buspirone	Anxiety	Low


Crisis
Threat Assessment
Is there clear & present danger?
YES
NO
Is this a psychiatric crisis?
NO
YES
De-escalate using force options as needed
De-escalate using command and control tactics
De-escalate using CIT skills

Malheur County Crisis Intervention Team

Presents this

Certificate of Completion

to

for successful completion of the 40-hour

Crisis Intervention Team Training

Malheur County C.I.T. Crisis Intervention Team

Presented on this 6th day of March, 2018

Appendix I: Optional Medication Exercise

- Exercise guidelines
- Sample pill chart
- Sample prescription pad for exercise
- Medication description and side effects
- Sample of medication presentation

OPTIONAL MEDICATION EXERCISE GUIDELINES

Purpose: This exercise is designed to illustrate the challenges people experience in taking medications as prescribed. *This is a consciousness raising exercise, and not meant to be medically accurate.*

Preparation:

1. Purchase candy "meds" as listed below or choose from a variety of others. Sort candy "meds" and place them in small baggies or pill bottles according to the Rx (included in this toolkit) and listed below. Have these ready to "dispense" to participants.

2. Purchase 1-week pill boxes (or get these donated)

3. Print off the prescriptions and medication instructions as provided in this toolkit.

Procedure:

Day 1: Introduce the exercise. Each participant is given a prescription, the associated candy "medications" that are to be taken as prescribed throughout the training week, and the medication description handout. (TIP: Using a variety of candy represents different pills by using different sizes, shapes, colors, and flavors.) The table below is a list of common psychiatric medications, intended use, number of pills to dispense, and examples of candy that could be used. Participants can be given all the medications at once or you can have them receive their prescription and then go to another facilitator to have it filled. Finally, the participants put their medications in a one-week pill box according to the directions.

Days 2-4: Periodically (and playfully) check to ensure medication continuity with taking the medications as prescribed. This check-in can be accomplished between presentations, during breaks, lunch, end of scenarios, etc. Frequently, you will find that participants give the same reasons for not taking the candy medications that consumers give-e.g., "I forgot, don't like the taste/combination, don't have the diagnosis so why should I do this, makes me hyper...etc."

Day 5: Debrief Reflect on the exercise and additional challenges that some people experience (side effects, effect of mental illness on planning/medication continuity, etc.).

Sample Medication / “Pill” Chart

Medication	Use	Suggested Candy	# of “pills”
Abilify 7.5mg	Antipsychotic	Mini red M&Ms	5
Buspar 10mg	Antianxiety	Yellow Lemonheads	15
Pristiq 100mg	Antidepressant	Purple Skittles	5
Clonazepam 1mg	Antianxiety	Green Mike & Ikes	5
Trazodone 50mg	Insomnia	Red Skittles	5
Saphris 10mg	Antipsychotic	Orange Mike & Ikes	10
Haldol 1 mg	Antipsychotic	Mini Green M&Ms	25
Dextroamphetamine 10mg	Stimulant	Orange Skittles	10
Vistaril 50mg	Anxiety and Insomnia	Yellow Skittles	10 or 15*
Lithium Carbonate 300mg	Bipolar Disorder	Mini Blue M&Ms	25
Gabapentin 300mg	Pain and Anxiety	Green Skittles	15
Cogentin 1mg	Treatment of EPS	Mini Orange M&Ms	15
Prozac 20mg	Antidepressant	Red Hots	15 or 20*
Provigil 200mg	Antidepressant	Hot Tamales	5
Buspar 10mg	Antianxiety	Yellow Lemonheads	15
Pristiq 100mg	Antidepressant	Purple Skittles	5

Sample Prescription Pad for Medication Exercise

CIT Rx Exercise	CIT Rx Exercise
Patient Name:_____	Patient Name:_____
Training Date:_____	Training Date:_____
DX: **Bipolar Disorder**	DX: **Major Depression, PTSD**
Lithium Carbonate 600mg q am, 900mg (mood stabilizer)	*Gabapentin 300 mg tid (pain & anxiety)*
Pristiq 100 mg q pm; take with food (antidepressant)	*Vistaril 50 mg tid (anxiety & insomnia)*
Trazadone 50 mg q hs PRN (insomnia)	*Prozac 80 mg q day (antidepressant)*
	Dextroamphetamine 10 mg bid (stimulant)
Signature:_____	Signature: _____

CIT Rx Exercise	CIT Rx Exercise
Patient Name:_____	Patient Name:_____
Training Date:_____	Training Date:_____
DX: **Schizophrenia, paranoid type**	DX: **Schizoaffective Disorder**
Haldol 1 mg bid; 3 mg q hs (antipsychotic)	*Abilify 7.5mg q hs (antipsychotic)*
Cogentin 1 mg tid (to treat EPS)	*Clonazepam 1 mg q day (antianxiety)*
Vistaril 100 mg prn (antianxiety)	*Provigil 200 mg q am (antidepressant)*
Signature:_____	Signature:_____

CIT Rx Exercise	CIT Rx Exercise
Patient Name:_____	Patient Name:_____
Training Date:_____	Training Date:_____
DX: **Anxiety Disorder**	DX: **Borderline Personality Disorders**
Saphris 10 mg bid (antipsychotic)	*Saphris 10 mg bid (antipsychotic)*
Prozac 60 mg q day (antidepressant)	*Prozac 60 mg q day (antidepressant)*
Buspar 10 mg tid (antianxiety)	*Buspar 10 mg tid (antianxiety)*
Signature:_____	Signature: _____

Bipolar Disorder

PRESCRIPTION: Lithium Carbonate 600 mg q am, 900 mg q hs

Uses: Treats manic episodes and is a mood stabilizer

Do not use: If pregnant, nursing, or under than age of 12

Adverse Reactions: Hand tremor, mild thirst, diarrhea, vomiting, drowsiness, muscular weakness, lack of coordination.

PRESCRIPTION: Pristiq 100 mg q pm (with food)

Uses: Antidepressant

Do not use: If you are being treated with linezolid or methylene blue injection, or if you have taken an MAO inhibitor in the past 14 days

Adverse Reactions: Mood or behavior changes, anxiety, panic attacks, trouble sleeping, impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive, more depressed, thoughts of suicide or self-harm, easy bruising, seizure, blurred vision, cough, trouble breathing, dizziness, drowsiness, increased sweating, sleep problems

PRESCRIPTION: Trazadone 50 mg q hs

Uses: Antidepressant or insomnia

Do not use: If you are being treated with methylene blue injection or if you have taken an MAO inhibitor in the past 14 days

Adverse Reactions: Erection that is painful or lasts 6 hours or longer, mood or behavior changes, anxiety, panic attacks, trouble sleeping, impulsive, irritable, agitated, hostile, aggressive, restless, hyperactive, more depressed, thoughts of suicide or self-harm, easy bruising, seizure, blurred vision, cough, trouble breathing, dizziness, drowsiness, increased sweating, sleep problems

Schizophrenia, Paranoid Type

PRESCRIPTION: Haldol 1 mg bid, 3 mg q hs

Uses: Antipsychotic; may be used to control motor and speech tics in people with Tourette's Syndrome

Do not use: If you have conditions related to dementia, Parkinson's disease, or conditions that affect your central nervous system.

Adverse Reactions: With prolonged use, it may cause a serious movement disorder that may not be reversible. May cause sudden mood changes, agitation, hallucinations, unusual thoughts or behaviors. Common side effects may include: dizziness, spinning sensation, tremors, uncontrolled muscle movements, insomnia, speech problems, and overactive reflexes

PRESCRIPTION: Cogentin 1 mg tid

Uses: To treat EPS, Parkinson's Disease

Do not use: If you are taking Symlin, are pregnant, nursing, or under the age of 3

Adverse Reactions: Depressed mood, memory problems, drowsiness, feeling nervous or excited, nausea, upset stomach, dry mouth, double vision, increased sensitivity to light, numbness in your fingers

PRESCRIPTION: Vistaril, 100 mg prn

Uses: To treat anxiety and tension; may be used to treat nausea and vomiting

Do not use: If you are allergic to hydroxyzine or are pregnant

Adverse Reactions: Restless muscle movements in your eyes, tongue, jaw, or neck, tremors, confusion or convulsions. Less serious side effects may include dizziness, drowsiness, blurred vision, dry mouth, and headache

Schizoaffective Disorder

PRESCRIPTION: Abilify 7.5 mg qhs

Uses: Antipsychotic

Do not use: N/A

Adverse Reactions: Weight gain, blurred vision, drooling, dizziness, drowsiness, or insomnia

PRESCRIPTION: Clonazepam 1 mg q day

Uses: Treats anxiety and panic attacks

Do not use: If you have severe liver disease, are pregnant or nursing

Adverse Reactions: Drowsiness, dizziness, muscle weakness, loss of balance or coordination, slurred speech, drooling or dry mouth, runny or stuffy nose, loss of appetite, nausea, diarrhea, constipation, blurred vision, headache, insomnia, skin rash, weight changes

PRESCRIPTION: Provigil 200 mg q am

Uses: Antidepressant, promotes wakefulness

Do not use: N/A

Adverse Reactions: Headache, dizziness, feeling nervous or anxious, back pain, nausea, diarrhea, upset stomach, insomnia, or stuffy nose

Anxiety Disorder

PRESCRIPTION: Saphris 10 mg big

Uses: Antipsychotic

Do not use: If you have psychotic conditions related to dementia

Adverse Reactions: Dizziness, drowsiness, restless feeling, numbness or tingling inside or around your mouth, insomnia, weight gain

PRESCRIPTION: Prozac 60 mg q day

Uses: Antidepressant

Do not use: If you are taking pimozide or thioridazine, or being treated with methylene blue injection

Adverse Reactions: Insomnia, strange dreams, headache, dizziness, vision changes, shaking feeling anxious or nervous, pain, weakness, feeling tired, upset stomach, vomiting, diarrhea, dry mouth, sweating, hot flashes, changes in appetite, flu-like symptoms, decreased sex drive, impotence

PRESCRIPTION: Buspar 10 mg tid

Uses: Antianxiety

Do not use: If you have taken an MAO inhibitor in the past 14 days

Adverse Reactions: Headache, dizziness, drowsiness, insomnia, nausea, feeling nervous or excited

Borderline Personality Disorder

PRESCRIPTION: Saphris 10 mg bid

Uses: Antipsychotic

Do not use: If you have psychotic conditions related to dementia

Adverse Reactions: Dizziness, drowsiness, restless feeling, numbness or tingling inside or around your mouth, insomnia, weight gain

PRESCRIPTION: Prozac 60 mg q day

Uses: Antidepressant

Do not use: If you are taking pimozide or thioridazine, or being treated with methylene blue injection

Adverse Reactions: Insomnia, strange dreams, headache, dizziness, vision changes, shaking feeling anxious or nervous, pain, weakness, feeling tired, upset stomach, vomiting, diarrhea, dry mouth, sweating, hot flashes, changes in appetite, flu-like symptoms, decreased sex drive, impotence

PRESCRIPTION: Buspar 10 mg tid

Uses: Antianxiety

Do not use: If you have taken an MAO inhibitor in the past 14 days

Adverse Reactions: Headache, dizziness, drowsiness, insomnia, nausea, feeling nervous or excited

Major Depression, PTSD

PRESCRIPTION: Gabapentin 300 mg tid

Uses: To treat nerve pain, restless leg syndrome, and anxiety

Do not use: N/A

Adverse Reactions: Dizziness, drowsiness, headache

PRESCRIPTION: Vistaril, 50 mg tid

Uses: To treat anxiety and tension. May be used to treat nausea and vomiting

Do not use: If you are allergic to hydroxyzine or are pregnant

Adverse Reactions: Restless muscle movements in your eyes, tongue, jaw, or neck, tremors, confusion or convulsions. Less serious side effects may include dizziness, drowsiness, blurred vision, dry mouth, and headache

PRESCRIPTION: Prozac 80 mg q day

Uses: Antidepressant

Do not use: If you are taking pimozide or thioridazine, or being treated with methylene blue injection

Adverse Reactions: Insomnia, strange dreams, headache, dizziness, vision changes, shaking feeling anxious or nervous, pain, weakness, feeling tired, upset stomach, vomiting, diarrhea, dry mouth, sweating, hot flashes, changes in appetite, flu-like symptoms, decreased sex drive, impotence

PRESCRIPTION: Dextroamphetamine 10 mg bid

Uses: Stimulant

Do not use: If you have glaucoma, overactive thyroid, severe agitation, moderate to severe high blood pressure, heart disease or coronary artery disease, or a history of drug or alcohol addiction; do not use if you have used an MAO inhibitor in the past 14 days

Adverse Reactions: Loss of appetite, weight loss, insomnia, loss of interest in sex, impotence

Sample Medication Exercise Presentation

MEDICATION TIME

Why Don't You Just Take Your Medications

WHY DON'T YOU JUST TAKE YOUR MEDICATION?

- The right medication, for the right person is like a PUZZLE

1st – You sort out the pieces (symptoms – DX)

2nd - The medication is matched to the DX

3rd – Wait for results

4th It's a process…

ISSUES REGARDING MEDICATION COMPLIANCE

Major Reasons why some individuals with serious mental illness refuse to take medications:

1. Person is unaware of their illness.
   1. Want to solve problem on their own
2. Medication Side effects (EPS)
   1. Claimed to be the most important reason for people with schizophrenia and bipolar
3. Alcohol and/or Drug abuse
   1. They are told they can't drink or drug so they stop taking their medications

PSYCHOTROPIC MEDICATIONS ARE PRESCRIBED FOR **TARGET SYMPTOMS** NOT THE DISEASE

- **Antidepressants**
- Depressed mood, Lack of energy, insomnia
- **Anti Manic medications**
- Agitation, Grandiosity, Impulsiveness
- **Antipsychotic medications**
  - Hallucinations, delusions
  - Different types of depression coupled with psychosis
- **Mood Stabilizers**
  - Usually to treat bipolar mood swings with increased mania and depression

WHY DON'T YOU JUST TAKE YOUR MEDICATION?

- Medications take time to work and time to reach the right combination for the client.

https://youtu.be/0eV1o86_DB8

Appendix J: Surveys

- Sample CIT training survey (Week)
- Sample CIT training survey (Unit)
- Sample future involvement form
- Sample survey results form

Sample CIT Survey (Week)

DATE: _____ RANK: _____ AGENCY: _____

In collaboration with Greater Oregon Behavioral Health (GOBHI) and local CIT partners, we are conducting an evaluation of the CIT training program. Your participation is voluntary and your responses will be kept confidential. Accurate and complete information is necessary to determine the impact of the program. For all questions, please choose only one response. We would like to thank you for your cooperation and participation.

Please rate how helpful the following tracks were for you:

	Not Helpful				Very Helpful		Not Helpful				Very Helpful
Overview	1	2	3	4	5	**De-Escalation Techniques**	1	2	3	4	5
Medication Time	1	2	3	4	5	**Suicide/Self Harm**	1	2	3	4	5
Mental Health First Aid	1	2	3	4	5	**Developmental Disabilities**	1	2	3	4	5
Crisis Cycle	1	2	3	4	5	**In Our Own Voice**	1	2	3	4	5
Jail Panel	1	2	3	4	5	**NAMI**	1	2	3	4	5
Sad Bad Mad	1	2	3	4	5	**Family Perspectives**	1	2	3	4	5
Suicide by Cop and Self Care	1	2	3	4	5	**Site Presentation**	1	2	3	4	5
PTSD/VA	1	2	3	4	5	**Child and Adolescent Crisis**	1	2	3	4	5
Veterans: Battle mind	1	2	3	4	5	**Treatment of Psychiatric Illness**	1	2	3	4	5
Liability and Use of Force	1	2	3	4	5	**Mental Illness in the Elderly**	1	2	3	4	5
Personality and Mood Disorders	1	2	3	4	5	**Seniors Presentation**	1	2	3	4	5
Addictive Diseases	1	2	3	4	5	**Scenario Based Trainings**	1	2	3	4	5
Excited Delirium	1	2	3	4	5	**Jeopardy**	1	2	3	4	5
Synthetic Drugs	1	2	3	4	5	**Whole Over All**	1	2	3	4	5
Legal Panel	1	2	3	4	5						

For the following statements, please rate your level of preparation:	**Very Satisfied**	**Somewhat Satisfied**	**Somewhat Dissatisfied**	**Very Dissatisfied**
How well prepared do you feel when handling people in a MH crisis?				
Overall, how well prepared do you think the other officers in your department are to handle people in a MH crisis?				
To what extent do you feel you are prepared to address a person who is threatening suicide?				
Overall, how effective is your department's response to handling people with MH in a crisis?				

For the following statements, please rate your local resources:	**Excellent**	**Good**	**Fair**	**Poor**
How would you rate your department's ability to implement a new program for improving the response to a MH crisis?				
How would you rate the level of administrative support for the CIT program in your agency?				
How helpful are your community's mental health resources in providing assistance to you when you are handling people experiencing a MH crisis?				
How helpful is the emergency room/hospital system in providing assistance to you when you are handling a person experiencing a MH crisis?				

CONTINUE AND COMPLETE TURN IN ON FRIDAY

Please rate your impressions of CIT	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied
How satisfied are you with the CIT training you received?				
How satisfied are you with the way the CIT training has prepared you to respond to handling people in a MH crisis?				
How satisfied are you with the way CIT has been implemented in your agency?				

Gender: [ ] male [ ] female **Age:**_____ **Years in current position? _____**

Please describe types of additional training or support that could have improved your use of CIT.

How could CIT be implemented in your agency?

To what extent do you think this workshop shared information, tools and resources designed to enhance first responder response and reduce the overall risk of injury or life? Not at all 1 2 3 4 5 Very much

Would you recommend this training to one of your co-workers? Why? Not at all 1 2 3 4 5 Very much

In your opinion, what didn't work during this workshop? What suggestions do you have for improving it?

What was the highlight of the workshop? When was it, and what did you learn?

What will you take away with you from this workshop? How will it transfer to your everyday life?

What suggestions would you give to the facilitator/s for their professional development?

Please make any additional comments you have with regard to the CIT training, the local CIT program or suggestions. Use additional paper if needed.

(Adapted from the Columbia County, Oregon CIT program)

Sample CIT Survey (Unit)

Date: _____

Instructor: _____

On a scale of 1-3 with (1) being excellent; (2) being average and (3) not relevant or needs improvement. How would you rate this course? Please circle the appropriate number and answer the questions below.

Do you feel that this course will be of benefit to you in your career future? Explain:

What did you like the most about this course? Explain:

What did you like the least about this course? Explain:

What improvements would you like to see made for future trainings? Explain:

Additional Comments:

(Adapted from the Charlottesville, SC CIT program)

Sample – Future Involvement Form

Name_____ Phone_____

Agency_____ Email_____

1. I would like to get involved in future CIT trainings in Oregon. Please check below what areas you are interested in.

   □ Present on topics
   □ Co-Present on topics
   □ Present on lived experience (tell my story or a family member's story)
   □ Role-Play/Role Player
   □ Evaluator/Coach
   □ Work with the local community to "start-up" or "support an existing" CIT program.
   □ I am willing to travel outside of my community to help
   □ Sponsor a meal or break snack

2. I would like information on local coalitions in my community:

   □ Drug and Alcohol

   □ Suicide Prevention

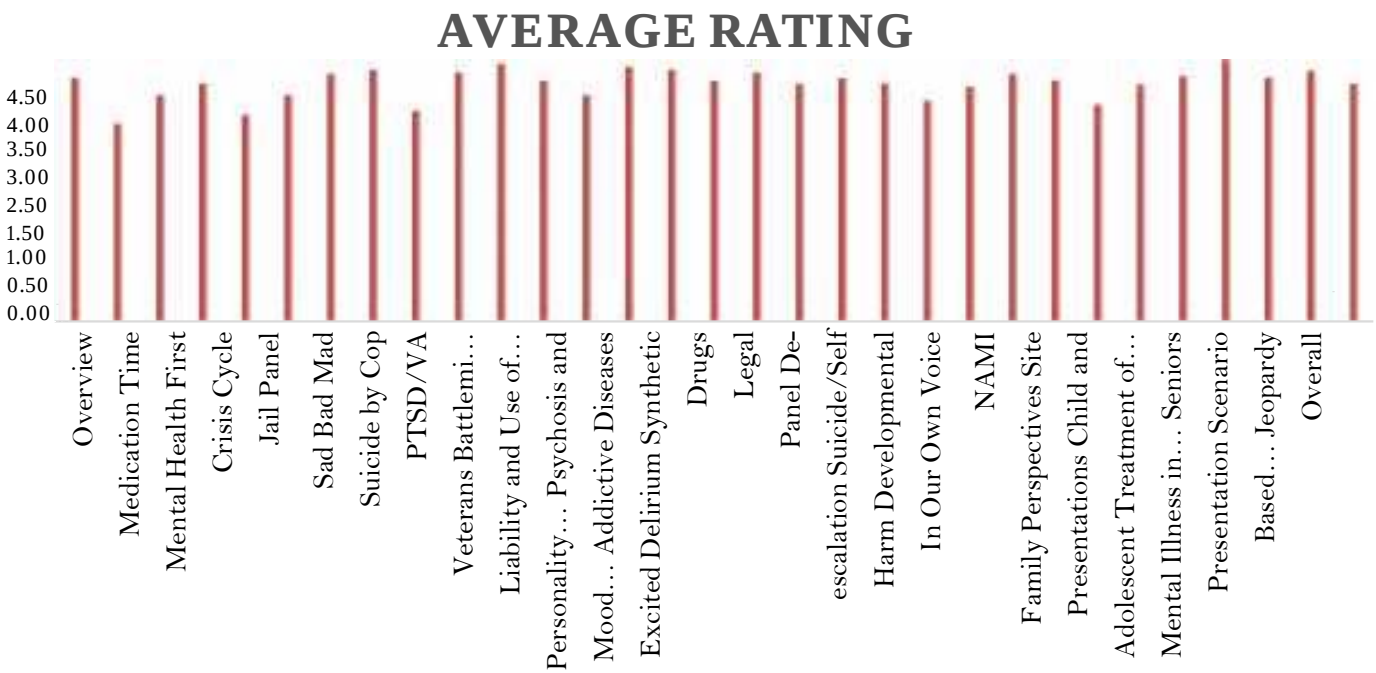
3. I would like information on how to bring a drug/alcohol, or suicide prevention training to an organization or business in my community: Y/N

4. I would like to be information regarding attending the International CIT Conference: Y/N

5. I would like to be informed about future CIT trainings in Oregon to share with my colleagues: Y/N

Comments:_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Sample – Course Rating Chart



Survey #	Overview	Medication Time	Mental Health First Aid	Crisis Cycle	Jail Panel	Sad Bad Mad	Suicide by Cop	PTSD/VA	Veterans; Battle mind, PTSD, &Training
Average	4.38	3.38	3.75	4.00	3.50	4.00	4.44	4.31	3.56
1	3	2	2	2	2	3	3.5	2.5	2.5
2	5	1	4	5	4	5	5	4	4
3	5	3	3	4	3	4	5	5	5
4	5	5	5	5	3	5	5	5	5
5	4	4	4	3	4	3	4	4	4
6	5	5	4	4	4	4	4	5	1
7	4	4	4	5	5	4	5	5	3
8	4	3	4	4	3	4	4	4	4

Appendix K: LEDS Form

- Voluntary Mental Health Database Consent Form (Oregon DHS) – http://www.oregon.gov/oha/HSD/AMH/Forms/DE3466.doc

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Appendix L: Sample of Local, State, and National Resources

Local Resources

Meals & Food		
First Lutheran Parish Hall	503-397-0090	Tues/Thurs, 5:30pm-6pm
Scappoose Four Square	503-543-5069	Wed., 12-1pm & after services
St Vincent DePaul Food Pantry	503-543-7495	Mon & Thurs 1pm-3pm
Columbia Pacific Food Bank	503-397-9708	Mon - Thurs, 9am-12:45pm
Rainier United Methodist Church	503-556-3440	4th Friday each month 6pm
Hope of Rainier	503-556-0701	Mon/Tues/Wed 11am-4pm
Clatskanie Baptist Church	503-728-2304	Wednesdays 5pm-6pm
Turning Point Comm. Service Center	503-728-3126	M/Tu/Th/Fri 11am-3pm

Oregon Resources

Department of Human Services (DHS)
www.oregon.gov/dhs/Pages/index.aspx (Access website for list of local offices near you)

DHS provides assistance for low income families, elderly, and disabled populations.

Oregon Health Authority
www.oregon.gov/oha/Pages/index.aspx

Federal and National Resources

Mental Health Transformation Grant (MHTG) SAMHSA
www.samhsa.gov

The GAINS Center focuses on expanding access to services for people with mental and/or substance use disorders who come into contact with the justice system.

Bureau of Justice Assistance
www.bja.gov

The JAG Program provides states, tribes, and local governments with critical funding necessary to support a range of program areas including law enforcement.

The Memphis Model CIT
www.memphistn.gov/Government/PoliceServices/CrisisInterventionTeam.aspx

CIT International
www.citinternational.org

CIT International is a non-profit membership organization whose primary purpose is to facilitate understanding, development and implementation of CIT programs throughout the United States and in other nations worldwide.

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Appendix M: Data Collection

- Sample PowerPoint on collecting relevant data
- Sample data collection forms from other agencies

Slide 1

Collecting Relevant Data

J. Steadman, Ph.D.

Slide 2

Outcome Measures

1. **How many and who served?**
2. **What services delivered?**
3. **With what effects?**

Slide 3

Outcome Measures

1. **How many and who served?**

   - **Number screened**
   - **Number eligible**
   - **Number accepted**
   - **Relevant characteristics of accepted and not accepted**
   - **Time between key decision points**

Slide 4

Outcome Measures

2. Got what services?

- **Case management**
- **Medication appointments**
- **Psychosocial rehabilitation**
- **Housing**
- **Residential substance abuse**
- **Integrated services for co-occurring disorders**
- **Supported employment/other vocational**
- **Self-help groups, etc.**

Slide 5

Outcome Measures

3. With what effects?

- **Client**
- **Criminal Justice System**
- **Mental Health System**

Slide 6

Outcome Measures

Criminal Justice System

- **Arrests (number/rate)**
  - **All**
  - **Violent**
- **Incarcerations (number)**
  - **New Offenses**
  - **Technical Violations**
- **Jail Days**

Slide 7

Outcome Measures

Mental Health System

- **Inpatient hospitalizations**
  - **• #**
  - **• # days**
- **ER evaluations/treatment**

Slide 8

Outcome Measures

Client

- **Symptoms**
- **Days homeless**
- **Victimization**
- **Service system satisfaction**
- **Quality of life**

Sample – Data Collection Sheets

Date of Call	Time of Call	Type of Call:
Location		Incident #
Subject (last, first, M.I.)		
Address		
Sex Race	D.O.B.	
CIT Officer 1		CIT Officer 2
Were you requested? ☐ Yes ☐ No		If so, by whom?

Complainant's Name & Address, if known/How call was received, if unknown

_____

Complainant's Relationship to Subject: _____

EQUPMENT/TECHNIQUE(S) USED

Verbal Skills Open Hand Control OC/CS Spray Baton
Taser: Displayed (also laser/arc) Used – Touch Stun Used- Probes Other
If Other, Explain:

_____

SUBJECT INJURIES

☐ Prior to Police Arrival
☐ During Police Involvement
☐ None/Unknown

OFFICER INJURIES

☐ None
☐ Slight (Describe)
☐ Serious (Describe)

DISPOSITION

☐ No Action/Unfounded ☐ Family Members Referred to Other Agencies
☐ Subject voluntarily transported to Consolidated Care or Emergency Room
☐ Subject taken into Custody under O.R.C. 5122.10 (Involuntary transport)
If in custody was subject "pink slipped" ☐ Yes ☐ No
☐ Arrested and transported to County Jail or other detention facility
☐ Other (Describe):_____

TRANSPORTING UNIT ☐ Officer ☐ Squad
Before CIT, would you have incarcerated this person at CJ? ☐ Yes ☐ No

ADDITIONAL COMMENTS

Thomas Jefferson Area CIT - Crisis
Assessment Center (CAC) CAC MENTAL
HEALTH DATA FORM

This page to be completed by Region Ten Mental Health Staff @ CAC

ECO CONSUMER INFORMATION	
FIRST NAME	**LAST NAME**
REGION TEN CONSUMER ID #	**SOCIAL SECURITY #**

CONSUMER PRIMARY RESIDENCE: (check one)

☐ Charlottesville ☐ Albemarle ☐ Nelson ☐ Other- Name City or County: _____

CLINICAL DISPOSITION: (check one)

☐ No further treatment required
☐ Individual declined referral and no involuntary action taken
☐ Referred to ambulatory crisis stabilization
☐ Referred to voluntary outpatient or community treatment other than crisis stabilization& treatment
☐ Referred to voluntary inpatient admission
☐ Involuntary patient admission and treatment
☐ Medical admission

NAME OF FACILITY (if hospitalized): _____

PEER SUPPORT:

On-Site Peer Support? ☐YES ☐NO

Referred Peer Support? ☐YES ☐NO

VIDEO CONFERENCING: ☐YES ☐NO

ECO NOTIFICATION RECEIVED Date: ____/____/_____Time: _____

ARRIVAL TIME @ UVA ER Date: ____/____/_____Time: _____

RESOLUTION OF ECO Date: ____/____/_____Time: _____

FORM COMPLETED BY: _____ _____
Print **Signature**

IMPORTANT: After Region Ten Pre-screener completes this entire data sheet page return form to UVA Office

Appendix N: Sample Videos

Murder of Fouad Kaady - 11 minutes https://www.youtube.com/watch?v=ZWEpawB-Dfo

Addiction - 5 minutes https://www.askmen.com/recess/trending/drug-addiction-cartoon.html

Austin Police Officer - 3 minutes https://www.youtube.com/watch?v=23lKBSX0P9I

Crisis Intervention Training - 3 minutes https://www.youtube.com/watch?v=kdLh8FtN404

Responding to a MH Crisis - 8 minutes https://www.youtube.com/watch?v=99qS-2MDwbE

De-escalation Techniques - 6 minutes https://www.youtube.com/watch?v=pBe4A32fpyI

Dissociative Identity Disorder - 5 minutes https://www.youtube.com/watch?v=0tITzDjPf4g

Empathy vs Sympathy - 3 minutes https://www.youtube.com/watch?v=1Evwgu369Jw

Wrong Side of Heaven - 7 minutes https://www.youtube.com/watch?v=o_l4Ab5FRwM

HPD mental health cops - 5 minutes https://www.youtube.com/watch?v=EAR8S-MspHI

It's not about the nail – 2 minutes https://www.youtube.com/watch?v=-4EDhdAHrOg

Jon Ronson - Psychopath -18 minutes https://www.youtube.com/watch?v=xYemnKEKx0c

Kevin Hines Story -14 minutes https://www.youtube.com/watch?v=loiGNZTfu6g

Mental Health Response - 8 minutes https://www.youtube.com/watch?v=Nr83X66I3sE

Seeing the Need – 4 minutes https://www.youtube.com/watch?v=7mm0b1VTtZU

My Pill Journey – 4 minutes https://www.youtube.com/watch?v=0eV1o86_DB8

Skill Overview - 7 minutes https://www.youtube.com/watch?v=-lYCwQ88-LE

PPB Incident Debrief - 6 minutes https://www.youtube.com/watch?v=LJ0eoJiqHL8

Seattle Police - 2 minutes https://www.youtube.com/watch?v=R-MmPVSGcnM

Shawnee CIT - 19 minutes https://www.youtube.com/watch?v=yF7vBDHJFhc

Comm. w/ angry patient - 4 minutes https://www.youtube.com/watch?v=tyUl3kqmeLo

Comm. w/ schizophrenic patient - 4 minutes
https://www.youtube.com/watch?v=HBAeWH_WHR0

What's so funny about MI - 9 minutes https://www.youtube.com/watch?v=mbbMLOZjUYI

Mental Health Channel - http://www.mentalhealthchannel.tv/

Appendix O: Frequently Asked Questions

Is CIT the same thing as Critical Incident Stress Debrief?

No. Critical Incident Stress Debrief is a debriefing of a traumatic event intended to reduce the stress reaction of the involved parties. Crisis Intervention Team is law enforcement based training designed to assist in the de-escalation of individuals who are experiencing a mental health crisis and helping connect them with appropriate services/care.

How much does it cost?

Many agencies in Oregon provide the training at no cost to the individual officer or to their department.

Why do we have to include mental health consumers in planning and executing CIT?

Mental health consumers are best able to share insights from their lived experience and have a personal investment in building positive relationships with law enforcement. They have a perspective that no one else can provide.

Who do I contact to get started?

There are several ways to get started. CITCOE contacts are listed in this toolkit.

How does a Chief or Sheriff justify the time away from duty to attend training?

From a simplistic view, it is 40 hours of training that's free. From an administrator's point of view, on a national level we are starting to see civil litigation for failure to train with regard to responding to mental health crisis calls. You can also consider the conversation regarding the communication developed between mental health and law enforcement, leading to better customer service and fewer repeat calls for service.

Why do we start with collaboration and map out our system instead of starting with the training?

The "T" in CIT stands for Team and that does not just refer to the law enforcement officers who respond to the crisis. It means the planning/action among collaboration members. Mapping out the local system to identify the current challenges and resources for consumers in crisis creates a shared understanding of perspectives by everyone on the team. Identifying current baselines of calls, crisis services, community

resources, and so on, the team is able to identify creative solutions to problems that had previously seemed insurmountable, and provides measurable metrics in how CIT is making a difference in your community. It also generates goodwill.

How does a community mental health program justify the time on the total project? And how much community mental health program time for the total project?

From a community mental health program perspective, CIT creates a safer, healthier community and increases positive interactions between law enforcement officers and clients who are in crisis. Additionally, the communication that develops between law enforcement and the MH agencies lays a foundation for developing collaboration in addressing multiple shared community challenges.