



# **Butler County CIT Program Peer Review**

**June 2022**

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## **Organization of the Peer Review Report**

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## A. The Peer Review Process

In volunteering for this peer review, the Butler County CIT Program joins 29 other county and multi-county Ohio CIT programs that have undergone this same process. The Ohio Criminal Justice Coordinating Center of Excellence (CJ CCoE) and the National Alliance on Mental Illness of Ohio (NAMI Ohio) support this process. The CJ CCoE was established in May 2001 to promote jail diversion alternatives for people with mental illness throughout Ohio. The CJ CCoE is funded by a grant from the Ohio Department of Mental Health and Addiction Services to the County of Summit Alcohol, Drug Addiction & Mental Health (ADM) Services Board. The Summit ADM Board contracts with the Northeast Ohio Medical University (NEOMED) to operate the CJ CCoE.

The CJ CCoE desires to work with Crisis Intervention Team (CIT) programs across Ohio to strengthen our collective understanding of the core elements and emerging best practices. One vehicle of doing just that is through a peer review process, a voluntary collegial process of identifying and fusing the best elements of CIT programs from across the State of Ohio and the United States.

The peer review process was built from the *Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Programs* which identifies 15 elements that CIT programs should strive to achieve. The process consists of four parts: Self-Assessment, Desk Audit, Site Visit, and Written Report.

A video conference call was held on April 25, 2022. The call included the reviewers and Rhonda Benson, the Executive Director of NAMI, who serves as the Butler County CIT Program Steering Committee chairperson, and the CIT Program Advocacy Coordinator.

During this call, the reviewers discussed the training and CIT program development content at the law enforcement agency and county levels. These topics are addressed in more detail in this report. In addition to the call with all reviewers, one of the reviewers conducted additional interviews with the following two steering committee members.

- Keith Beall, Police Technician (retired officer), West Chester Police Department
- Dr. Scott Rasmus, Executive Director, Butler County Mental Health and Recovery Services Board

The site visit and meeting were conducted on June 16, 2022. In attendance were the reviewers, a CJ CCoE staff member, the following representatives of the Butler County CIT Program Steering Committee, and other stakeholders:

- Keith Beall, Police Technician (retired officer), West Chester Police Department, CIT Program Law Enforcement Coordinator
- Rhonda Benson, Executive Director, NAMI Butler County, CIT Program Advocacy Coordinator

- Adalicia Carrillo, Director of Crisis and Outpatient Services, Butler Behavioral Health Services, Inc.
- Robert Chabali, Chief of Police, Fairfield Township Police Department
- Kara Frederick, Director of Quality Assurance, Butler County Board of Developmental Disabilities
- Dr. Myron Fridman, Chief Clinical Officer Designee/Forensic Monitor, Community Behavioral Health
- Thelma Hodge, LISW-S, Community Engagement and Partnership Coordinator, Cincinnati VA Medical Center
- Jillane Holland, CEO, Transitional Living, Inc.
- Nancy Holtkamp, Board of Directors, NAMI Butler County
- Doug Lanier, Captain, Fairfield Township Police Department
- Alyssa Louagie, Associate Director, NAMI Butler County
- Berni Murray, Program Director, NAMI Butler County

This final report synthesizes what the reviewers found and recommend after reviewing available Butler County CIT Program artifacts and the crisis response system in Butler County. Information for the report was also gleaned from the Butler County CIT Program’s self-assessment, the conference call between reviewers and members of the Butler County CIT Program Steering Committee, other needed conversations, and the site visit in Butler County.

## B. The Crisis Intervention Team Model

According to CIT International, Crisis Intervention Teams are community-based programs that bring together law enforcement, mental health professionals, mental health advocates, and other partners to improve community responses to persons in mental health crises. CIT is an organizational model that helps coordinate the mental health crisis care system with the criminal justice system. When properly implemented at the local level, the model has core elements that will improve the utilization of essential mental health services and assist with keeping people out of a crisis. The definition of CIT, from CIT International via Usher et al. (2019), is:

- CIT is **community-based** and improves **community responses** to mental health crises. The most visible faces of CIT are CIT officers, but CIT is not a law enforcement program. CIT is designed to bring mental health professionals, advocates, elected leaders, and others to the table to problem-solve and take responsibility for improving the mental health crisis response system—so that police and jails are not the default responders and locations. CIT programs work to build crisis response systems where law enforcement plays a supporting role and only responds when the level of danger or criminal activity warrants such a response. CIT programs also work to strengthen locations in the community where community members can walk in and receive the help they need without contact with the justice system.

- CIT includes **people living with mental illness and their families**. No one has a greater stake in a mental health crisis outcome than the person in crisis, followed closely by their family members. These stakeholders also have valuable insight into how the crisis response system works and what helps make it better. Engaging individuals with mental illness and their families can build crisis response systems that people feel confident reaching out to in a crisis without fear of danger or incarceration.
- CIT is based on **partners coming together**. CIT partners are equal decision-makers who solve problems together, bring resources to the table, and hold each other accountable. Mutual commitment, trust, and respect are the bedrock of solid partnerships.
- CIT focuses on **responses to mental health crises**. CIT is not just about how law enforcement responds to mental health crises. It also addresses how mental health professionals and other supports are involved in crisis response. CIT examines how systemic problems—like outdated policies or a lack of services—contribute to crises and develops solutions to these systemic challenges (p. 4).

### **The Goals of a CIT Program**

1. Improve safety during law enforcement encounters with people in crisis for everyone involved.
2. Increase connections to effective and timely mental health services for people in mental health crises.
3. Use law enforcement strategically during crises – such as when there is an imminent threat to safety or a criminal concern – and increase the role of mental health professionals, peer support specialists, and other community supports.
4. Reduce the trauma that people experience during a mental health crisis and thus contribute to their long-term recovery (Usher et al., 2019, p. 5).

CIT International explains that the CIT Model is designed to fit the needs of many different types of communities. Ultimately, the success of a community's CIT program will be based on the following from Usher et al. (2019):

- An ongoing commitment from local mental health system leaders, law enforcement agencies, and mental health advocacy organizations.
- A network of relationships among criminal justice & mental health professionals, mental health advocates, and other community members and leaders.

- An understanding of community-wide response to crises, including mental health services, emergency responders, law enforcement, and other resources that can help people during a crisis.
- The infrastructure to strengthen the community's crisis response system and sustain the CIT program, including creating CIT-specific policies and procedures, information sharing, and data collection.
- A training program for law enforcement officers and dispatchers that prepares them to respond safely and compassionately to people in crisis and helps them link people to essential mental health services.
- A commitment to ongoing improvement and engagement with partners. Every community has an opportunity to improve, whether it be advocating for better access to essential mental health services, expanding training to other populations, or reaching out to support new CIT programs in another community (p. 6).

### **Crisis Intervention Team Core Elements**

The CIT Core Elements describe a fully developed CIT program. Keep in mind that partnerships are the first core element of CIT because they are the foundation of everything else. As a community progresses, it can incrementally strengthen its crisis response system as a long-term goal. Law enforcement training is only a step toward developing a CIT program, not the end goal. Crisis Intervention Teams are robust programs containing ongoing, operational, and sustaining elements. Compton et al. (2011) identify CIT elements by category.

#### **Ongoing Elements**

1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership: Planning, Implementation & Networking
3. Policies and Procedures

#### **Operational Elements**

4. CIT: Officer, Dispatcher, Coordinator
5. Curriculum: CIT Training
6. Mental Health Receiving Facility: Emergency Services

## **Sustaining Elements**

7. Evaluation and Research
8. In-Service Training
9. Recognition and Honors
10. Outreach: Developing CIT in Other Communities (p. 27)

## **C. Butler County CIT Program Background**

### **County Overview**

Butler County is in Ohio's southwest and part of the Cincinnati, OH-KY-IN Primary Metropolitan Statistical Area (PMSA). The city of Hamilton, the largest, is the county seat. The county has 13 townships that contain a mixture of rural areas, seven cities, eight census-designated places, and 20 unincorporated communities. Miami University is in the City of Oxford in the county's northwestern corner. The 2020 Census estimated the county's population at 390,357, making it Ohio's seventh-largest county by population.

### **Law Enforcement Agencies and Emergency Communications**

According to the Ohio Peace Officer Training Commission (OPOTC) County Agency Report issued September 29, 2021, Butler County has 14 traditional law enforcement agencies and a Metro Parks system with public safety rangers for a total of 15 law enforcement agencies. The combined law enforcement agencies in Butler County employ an estimated total of 619 full-time officers. There are an estimated 735 overall peace officers. The agencies that have not yet participated in CIT are highlighted in gray. The agencies, in alphabetic order, are:

- Butler County Sheriff's Office (BCSO)
- Butler County Metro Parks System
- Fairfield Police Department (FPD)
- Fairfield Township Police Department (FTPD)
- Hamilton Police Department (HPD)
- Miami University Police Department (MUPD)
- Middletown Division of Police (MDP)
- Monroe Police Department (MPD)
- New Miami Police Department (NMPD)
- Oxford Police Division (OPD)

- Oxford Township Police Department (OTPD)
- Ross Township Police Department (RTPD)
- Seven Mile Police Department
- Trenton Police Department (TPD)
- West Chester (Township) Police Department (WCPD)

There are eight emergency communications centers (ECCs) in Butler County with dispatching capabilities. They provide service to the county's 15 law enforcement agencies (including Metro Parks) and 23 Fire/EMS agencies. Within these ECCs are four primary public safety answering points (PSAPs) and the county's secondary PSAPs. A primary PSAP can take and process 911 calls from wireless devices (e.g., cell phones) and wirelines, non-emergency calls made to administrative or service-based ten-digit numbers, and transfers from other PSAPs. A secondary PSAP performs most of the same duties but must have calls made from cell phones transferred from a primary PSAP.

### **CIT Program Overview**

The Butler County CIT Program began in 2019 with initial leadership from NAMI Butler County and the WCPD. An officer and current steering committee member began exploring CIT training and contacted NAMI Butler County for support. That officer obtained the approval of his chief and attended CIT training in Hamilton County. The two initial leaders solicited the assistance of stakeholders involved in the Hamilton County CIT Program. They launched CIT Patrol Officer Training and delivered their first course at WCPD in March 2019. Additional stakeholders have subsequently joined the program. The Butler County CIT Program Steering Committee now includes many of the desired cross-section of stakeholders, including service providers/boards, law enforcement, and advocacy groups.

The steering committee has published meeting minutes describing CIT-related discussions and identifying the committee members present for the meeting. Some discussions have been found in published meeting minutes related to publicizing and supporting the CIT program, although no artifacts were provided to demonstrate previous or current support. One specific discussion involved the need to create a position or identify a person to interact with the media about CIT.

### **Butler County Crisis Response System**

Butler County does not have a 24-hour drop-off crisis receiving center. However, it is working towards creating a crisis stabilization unit that will serve as an access point and drop-off location. This unit will also offer a pre-hospitalization screening service. Butler County does have a 24-hour crisis hotline staffed by clinicians and provided by Beckett Springs. This line can be used as a crisis line, a warm line to gain access to other services, and is used to connect to a mobile crisis team from Butler Behavioral Health Services, Inc. after regular hours. The mobile crisis team (adults only) has a direct number for use during its regular, published hours of operation. The Hopeline, separate from the crisis hotline, is offered for those with substance use issues. An

additional resource available for those needing to connect with services is the Helplink 211 number provided by the United Way organizations in Butler, Clinton, Greene, Montgomery, Preble, and Warren counties. Multiple agencies in Butler County provide case management, counseling, therapy, diagnostics, and other treatment services, including substance use treatment. The larger agencies have multiple office locations in the county.

Many agencies in the county provide services for children and adolescents. Beckett Springs offers outpatient treatment. Care management, school-based treatment, Mobile Response and Stabilization Services (MRSS), and a program called WINGS Intensive Home-based Treatment are provided by Butler Behavioral Health Services, Inc. Prevention, education, therapy, and counseling services are provided by many agencies, including Access Counseling Services, LLC with its Incredible Years Program (prevention). The Handle With Care program has begun in Butler County and incorporates services and education to address adverse childhood experiences (ACEs).

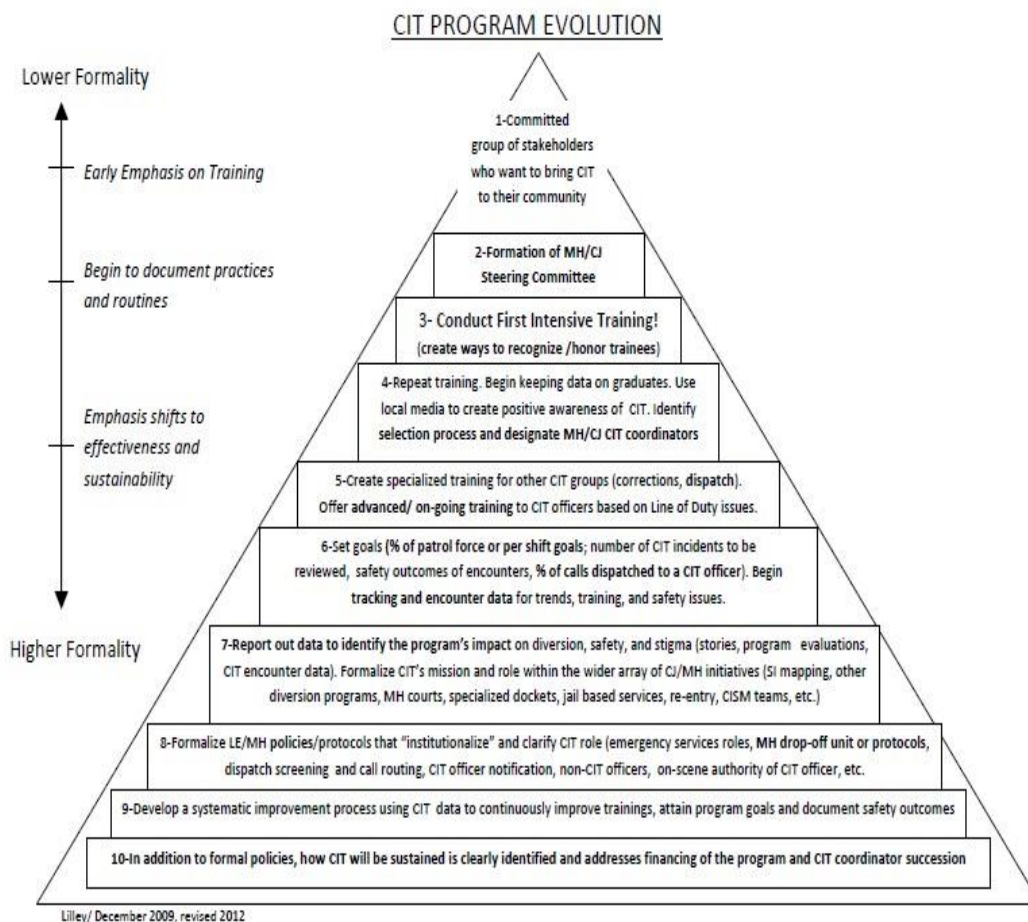
In-patient psychiatric services can be obtained at Beckett Springs in West Chester Township and Atrium Medical Center in Middletown. Insurance acceptance is limited at Beckett Springs. Atrium Medical Center is technically located in Warren County since Middletown has expanded outside the Butler County border. The state hospital serving Butler County is Summit Behavioral Healthcare, located in Cincinnati.

Law enforcement officers have four options when responding to a service call and an adult in crisis requires additional assessment. The first option is to provide resources and information to the person and then contact the Mobile Crisis Team (MCT) for a follow-up response. This option is used if the situation is insufficiently acute to require immediate action. The second option is to contact the MCT to respond to the location for assistance. The MCT usually includes a contracted Butler County Sheriff's Office deputy. This allows the MCT to respond at times without CIT officers or other law enforcement first responders. CIT officers or other law enforcement first responders are requested to co-respond with the MCT if the contracted deputy is unavailable. The MCT can take the person into custody for emergency hospitalization per the Ohio Revised Code and then transport that person to a general hospital within the county with or without the assistance of CIT officers or other law enforcement first responders. The final option, although rarely used, is for responding CIT or other law enforcement officers to take the person into custody for emergency hospitalization. If done, the person is typically transported to a general hospital emergency department within or outside the county. Veterans could be transported to a Veterans Administration (VA) hospital in Hamilton or Montgomery County.

If a person has been arrested for a criminal offense, transporting the person to jail is the fourth option. The BCSO runs the county jail. The jail has screening mechanisms in place. Forensic jail services, consultation, and after-jail coordination are handled by Transitional Living (TLC). The City of Middletown also has a smaller full-service jail operated by MPD. This jail contacts the Director of Law Enforcement and Criminal Justice at Access Counseling Services, LLC when a person in the jail needs mental health services.

If a person is criminally charged and either jailed or issued a summons, that person can be referred to one of the specialty dockets within the Butler County court systems. Specialty dockets for drug use, substance abuse and mental illness (SAMI), veterans, and juvenile family dependency are located within the Butler County Court of Common Pleas. Specialty dockets for drug use, mental health, veterans, and impaired driving (OVI) are within the Fairfield Municipal Court and the Butler County Area III Municipal Court, which primarily services West Chester Township.

### D. CIT Program Evolution



Developing CIT programs go through typical growth stages. The CIT core elements provide a way to guide the growth of programs, starting with a committed group of people who bring an initial training course to their community and progressing to policy-driven, data-rich collaboration between law enforcement and other crisis care system partners. While the success of any program is impacted uniquely by each community’s leadership, commitment, and resources, the CIT “Program Pyramid” depicts the standard stages of program development. As section B mentions, “The Crisis Intervention Team Model” of this report, CIT is more than just a training course. It is a community-based organizational model designed to help prevent

people from going into crisis. If people are in crisis, they are referred to essential mental health services instead of the criminal justice system when possible. Sound CIT programs include formalized department-level policies and the systematic collection, sharing, and analysis of encounter information. The main goal of CIT as a risk reduction program is to increase the safety of everyone in a crisis encounter and divert individuals in a mental health crisis from jails to gain quicker access to much-needed treatment services.

Butler County has provided evidence to support the fourth stage of development and additional evidence that shows the implementation of portions of the fifth stage. Based on the reviewers' assessment of the development stages, this report will stress the reviewers' assessment of the strengths and recommendations for improving the CIT training. It will also outline recommendations for continued program development through the subsequent stages. The ultimate test of this peer review process will be if Butler County can strengthen its CIT program by assisting its local law enforcement agencies and crisis care system in organizing and coordinating crisis care services in their counties.

### E. Butler County CIT Training

As previously noted, The Butler County CIT Program held its first CIT Patrol Officer Training course in 2019. The program has held two CIT Patrol Officer Training sessions each year since 2019, except for 2020, when the March session was canceled due to the outbreak of COVID-19. One CIT Patrol Officer Training session has already been held in April 2022, and another is planned for later in the year. The CIT training sessions cover the entire county's geographical area. Ten of the fifteen law enforcement agencies in the county have participated in the training. The program has graduated 92 full-time officers or 14.86% of their full-time sworn law enforcement workforce. In addition, two employees of the Fairfield Fire Department, three employees from Kettering Health, two parole officers from the Ohio Adult Parole Authority, and two Ohio State Highway Patrol troopers completed the CIT Patrol Officer Training course.

The Butler County CIT Program provided an eight-hour, role-based training session to 19 public safety telecommunicators (PSTs) in April 2021. These PSTs came from four of the county's ECCs. The program is actively planning a cross-system training session for mental health professionals in 2022, but no date has been set. There is a desire to have additional PST training sessions, a probation officer training session, a corrections officer training session, and an advanced training session for current CIT officers within the next 12 months, but there are no set dates. There are no other role-based training sessions planned or set for delivery.

The CIT Patrol Officer Training Course delivered by the Butler County CIT Program has noted strengths. The review of the provided training schedule and materials submitted provides evidence that many core training elements from the *Expert Consensus Document: Core Elements for Effective Crisis Intervention Team (CIT) Program* are covered. The portions found include the following:

- An emphasis that CIT is a partnership,
- The development of communication skills,
- A discussion of specific signs and symptoms of severe mental disorders,
- An overview of mental illness from multiple perspectives,
- An overview of mental health commitment law,
- De-escalation education and skill development via role plays, and
- A graduation ceremony with awarding of pins and certificates.

The training schedule and the submitted materials provide evidence of various training and learning methods to target all three learning domains. These methods include modified lectures, facilitated instruction, panel interactions, and structured role plays. The training course uses instructors from law enforcement agencies, service-providing agencies, and stakeholder groups such as family members and those with lived experience, including those diagnosed with mental illness. Instructors are also drawn from the criminal justice system.

The provided schedule displays some signs of the use of sequenced training. The first day begins with a pre-test and transitions to liability and policy, a CIT overview, and information about mental health conditions and psychopharmacology. Information on developmental disabilities, neurodevelopmental disorders, and the deaf and hard of hearing are also included. The day ends with information on how to write an effective hold when taking someone into custody for emergency hospitalization and how the mobile crisis team works. The second day starts with topics on trauma and the Handle With Care (HWC) program. Community resources are discussed, and NAMI presents a lived experience panel before lunch. After lunch, the topics include veterans' resources and resources about traumatic brain injuries and post-traumatic stress disorder. The day ends with information on youth and adolescent programs. Site visits and shadowing of mental health professionals are scheduled for the entire third day.

The fourth day consists of information on substance use disorders and resources, discussions on the shadowing/site visit experience, a virtual reality empathy exercise, high-risk behaviors including suicide and self-injury, communication, and negotiation skills. The day ends with officer resilience and critical incident stress management. The fifth and final day consists of information about homelessness programs, a short presentation using elements of the Racial Intelligence Training and Engagement (RITE) curriculum, information on the different specialty court dockets in the county, role-plays, a post-test, completion of course evaluations, and a graduation ceremony.

The reviewers also recognize that the Butler County CIT Program gathers evaluative data from its CIT Patrol Officer Training course offerings. Data from course participants attending the November 2021 training session was received. Participants did provide some feedback about the content taught. The participants stated they felt they were being trained to provide mental health assessments in some of the sessions. Upon reviewing the section's presentation, it seemed very clinical for a person without a formal mental health education. There was very positive feedback on the site visits. This portion of the training appears well-received by the community. Another

cluster of feedback that stood out was about the empathy exercise. The participants reported being confused and disturbed by this exercise.

## **Recommendations**

### 1. Consider a revision of the schedule

There are great strengths in the current structure. The course does build on itself. The site visits that last an entire day could be reduced to a portion of the day. This time gained would allow for more content, including extended time for role plays. The time allotted for role plays is currently only 2 hours. This allotment does not provide enough time for all the training participants to actively participate in a role-playing scenario. The added time could also be used to complete the entire hearing voices exercise instead of just listening to the voices portion of the activity during lunch.

### 2. Restructure and build upon current and new partnerships

Consider using the law enforcement partner(s) to lead more sections throughout the training to include the role plays. The role playing portion of the training course should not be optional. Having the law enforcement partner lead this portion would improve and ensure participation. Participants should not be permitted to complete or graduate from the training course if they opt out of a required training segment or do not complete it satisfactorily.

### 3. Share evaluation results with presenters and evaluate other models

The evaluation portion of the training can be a valuable tool to improve a community's training. The evaluations include comments about the training materials being very clinical and too repetitive with topics. There is value in the presenters seeing the feedback from the attendees so they can modify their content accordingly. By providing the presenters with feedback and the learning objectives for the segment, they can adjust their delivery and materials to accommodate these issues. It was noted that feedback is being given to presenters. Continue the feedback, but work further with presenters to avoid overlapping information.

In addition to sharing evaluation information, evaluate the use of some of the models used in other CIT training sessions in Ohio instead of using clinical information. The Loss Model (understanding what the person has lost to help with interactions—control, reality, hope, perspective) or the Engage, Assess, Resolve (EAR) de-escalation model would be helpful to make the presentations less clinical and provide more context. These additions and changes would make it easier for the participants to digest the training.

#### 4. Reconsider topics for Refresher and Advanced Training

Providing ongoing training opportunities in advanced or refresher training is a strength. The QPR (Question-Persuade-Refer) curriculum would be an example of advanced training on suicide and was discussed in the steering committee meeting minutes from March 2022. The Mental Health First Aid (MHFA) course discussed is elementary and does not build on the skills learned in the CIT training. It could be used as a remedial refresher course. The MHFA course can also be used to train those who may attend a CIT Patrol Officer Training course in the future or to train those who will never participate in a CIT training course. The MHFA course, including the public safety variant, should not be used as advanced training to build upon the skills and knowledge gained in CIT training. Additional topics for either refresher or advanced training should be obtained from past participants either at the end of the course or at a designated time after participants have returned to their communities. In addition, other CIT Programs can be consulted to identify well-received advanced and refresher training topics.

### F. Butler County CIT Program

#### **Steering Committee**

The Butler County CIT launched in 2019 and began with a collaboration between NAMI Butler County and the West Chester (Twp.) Police Department. It has grown in membership, and its current steering committee has expanded to include partners from all three affected disciplines. The Butler County CIT Program Steering Committee consists of the following members, in alphabetical order by last name:

- Keith Beall, Police Technician (retired officer), West Chester Police Department
- Katherine Becker, Director of Law Enforcement and Criminal Justice, Access Counseling Services, LLC.
- Rhonda Benson, Executive Director, NAMI Butler County
- Adalicia Carrillo, Director of Crisis and Outpatient Services, Butler Behavioral Health Services, Inc.
- Robert Chabali, Chief of Police, Fairfield Township Police Department
- Kara Frederick, Director of Quality Assurance, Butler County Board of Developmental Disabilities
- Dr. Myron Fridman, Chief Clinical Officer Designee/Forensic Monitor, Community Behavioral Health
- Julie Gilbert, Executive Director, Butler County Department of Job and Family Services
- Wendy Gilkey, Director of Business and Development, Beckett Springs Hospital and Crisis Hotline
- Thelma Hodge, LISW-S, Community Engagement and Partnership Coordinator, Cincinnati VA Medical Center
- Doug Lanier, Captain, Fairfield Township Police Department

- Jillane Holland, CEO, Transitional Living, Inc.
- Stephen Maynard, Chief of Police, Fairfield Police Department
- Dr. Scott Rasmus, Executive Director, Butler County Mental Health and Recovery Services Board
- Felix Russo, Pastor/Director, New Life Mission
- Ceilia White, Clinical Director, Transitional Living, Inc. (involved with forensic jail services and PATH)

## **Program Information and Features**

Since the beginning of the Butler County CIT Program, there has been a growing interest in CIT-related training and improving the response system for people in crisis who interact with law enforcement. The Mobile Crisis Team (MCT) is funded by Medicaid billing and Mental Health and Recovery Services Board funding. This team has a track record of responding in less than an hour and operates 24 hours daily. The Consultation and Crisis Intervention Quarterly Report from Butler Behavioral Health indicated that the MCT provided 511 billable and 108 non-billable services in the third quarter of FY 2022. 59% of the services were crisis responses, 35% were follow-ups, and 6% were evaluation and management (E&M) services. The third quarter saw the most significant volume of services during FY 2022. The report also details the day of the week, client age category, client sex, city/municipality crisis location, referral source, and law enforcement co-response by the agency. Notably, the Mental Health and Recovery Services Board contracted deputy sheriff co-responded with the MCT to 33% of the calls in the third quarter. The report also indicates that law enforcement referrals to the MCT have increased from six in the first quarter of FY 2020 to 51 in the third quarter of FY 2022. The report further indicated that 63% of the dispositions did not involve a hospital.

The Butler County CIT Program includes a volunteer co-responder from Access Counseling Services, LLC., who serves as a mental health resource to the county's court systems. Reviewers identified the volunteer co-responder as a steering committee member. However, no other information about this co-response method and its outcomes was provided for the peer review.

## **Law Enforcement Policies**

The CIT policies obtained for the peer review included some or all relevant policies from Ross Township (RTPD), Fairfield (FPD), Fairfield Township (FTPD), Monroe (MPD), and West Chester (WCPD). The RTPD, FTPD, and WCPD use the Lexipol-produced "Crisis Intervention Incidents" policy. An agency-created policy is used by MPD but does appear to borrow Lexipol language in section C (responding to a person in crisis) and includes the phone numbers of specific community partners to call during an interaction with a person in crisis. The MPD policy also includes specific procedures involving emergency hospitalization. The FPD policy contains a list of symptoms similar to the Lexipol-produced policy but calls for an officer "trained in crisis intervention" to be dispatched whenever possible to the scene involving a person in crisis. The policies all refer to responding to a person in crisis. The Lexipol policies define this population,

while all the policies contain a list of recommended responses, including prescribed de-escalation tactics. The policies also had general statements regarding training for working with people in crisis.

### **CIT Program Highlights and Recognition**

A review of provided steering committee meeting minutes and the FY 2021 CIT Expansion Grant Scope of Work (SOW) provided some recent history related to CIT program goals and efforts toward reaching those goals. The attendance at the steering committee meetings demonstrates a healthy buy-in from a diverse set of partners. The SOW and meeting minutes indicate a history of working with the CJ CCoE on policy development, probation officer training, and corrections officer training. The SOW discussed the formation of a Crisis Response and System Navigation subcommittee in July of 2021, which expanded quickly to 22 participants and allowed for systemic problem solving of crisis-related processes. The March 2022 minutes also indicated collaboration with the Fairfield Opiate Addiction Task Force.

The Butler County CIT Program has been making progress toward collecting and analyzing CIT data. In 2022, the program identified data points relevant to CIT and not already collected elsewhere. The pilot agency for CIT data collection will be FPD.

The Butler County CIT Program recognizes law enforcement administration leaders who promote and support the CIT core elements, practices, and partnerships with its “Excellence in CIT Leadership Award.” Chief Steve Maynard with FPD received this award in 2021. Chief Robert Chabali with the FTPD received this award in 2022. A “CIT Officer of the Year Award” is given to a trained officer who has consistently demonstrated compassion, persistence, and collaboration with outside resources related to mental health crisis calls for service. Officer Lauren Bass with the WCPD received this award in 2021. Officer Scott Singleton with the FTPD received this award in 2022.

It is a current goal of the Butler County CIT Program to create a Crisis Stabilization Unit within the county. The Butler County CIT Program Steering Committee is planning for a three-day model suited to Butler County’s needs. Models for such a unit and facility were reviewed, with models from Arizona and Oregon receiving specific attention.

### **Recommendations**

1. All law enforcement agencies should update their policies to be CIT-focused and create affiliated procedures

All law enforcement agencies should review the *Crisis Intervention Law Enforcement Policy Guide (CIT-Focused)* to standardize the definition of a person in crisis and clarify the proper procedures for interacting with a person in crisis when emergency hospitalization is not warranted. The topic of substance use disorders related to CIT and including people who use

illegal substances as part of the same overall population should also be reviewed and added as needed. In addition, symptoms of mental illness, responses to people in crisis, de-escalation techniques, and community resources listed in applicable policies and procedures should match what is trained in the CIT Patrol Officer Training course. Other standard procedures to consider adding include transferring a person in crisis to jail custody, the emergency hospitalization process as outlined in ORC Sections 5122.10 and 5122.01, and the 24-hour use of Beckett Springs.

## 2. Consider data analysis once data collection is underway

The quarterly reports from Butler Behavioral Health Services, Inc. for their Consultation and Crisis Intervention Program provide some insight into the operational aspects of the CIT program. Once data collection is underway, consider adding data analysis capacity through a partnership with an academic organization such as Miami University. Correlating CIT data points can yield quality improvement strategies and outcomes. *SAMHSA's (2018) Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide* is a leading resource for these efforts.

## 3. Provide Time and Resources for Designated CIT Program Coordinators

A successful CIT program usually has program coordinators from the three main disciplines. That includes law enforcement, service providers/boards, and advocacy. In addition, coordinators from the three disciplines need the time necessary to begin, sustain, and expand the CIT program. A coordinator representing the services board or a coordinator with an established and respected service agency should be appointed.

All three coordinators also need the time necessary to collaborate and make the Butler County CIT Program more successful while adhering to CIT core elements. This may require additional funding streams and written support from involved agencies and disciplines. It may also require an expansion of staff to support those coordinators.

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