



Union County CIT Program Peer Review

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A. The Peer Review Process

In volunteering for this peer review, the Union County CIT Program joins 28 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 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 January 10, 2022, including reviewers and these representatives of the Union County CIT Program Steering Committee:

- Deputy Morgan Brown, CIT/CISM Coordinator, Union County Sheriff's Office
- MacKenzie Poling, Clinical Special Projects Coordinator, Mental Health & Recovery Board of Union County

The reviewers discussed the training and CIT program development content at both the law enforcement agency and the overall county level during this call. These topics are addressed in more detail in this report.

The site visit and meeting were conducted on March 7, 2022. In attendance were the reviewers, and the following members of the Union County CIT Program.

- Deputy Morgan Brown, CIT/CISM Coordinator, Union County Sheriff's Office
- Officer Josh Dillahunt, School Resource Officer, and CIT Coordinator, Marysville Division of Police
- MacKenzie Poling, Clinical Special Projects Coordinator, Mental Health & Recovery Board of Union County
- Holly Zweizig, Associate Director, Mental Health & Recovery Board of Union County
- Julli Griesheimer, Executive Director, Wings Support & Recovery

- Katie Meeker, Regional Site Supervisor, Maryhaven at the Mills Center
- Victoria Smith, Criminal Justice Community Navigator, Maryhaven, Inc.

This final report synthesizes what the reviewers found after studying the program self-assessment, conducting the conference call, consulting with the designated Union County CIT Program committee members, and conducting the site visit.

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, partnerships are the first core element of CIT because they are the foundation of everything else. As a community progresses, they can incrementally strengthen their 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 the following elements and categories.

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. Union County CIT Program Background

Union County is located northwest of Columbus. The city of Marysville is the county seat. The 2020 Census estimated the population at 62,784. Union County has three law enforcement agencies: Marysville Division of Police (MPD), Richwood Police Department (RPD), and the Union County Sheriff's Office (UCSO). All three agencies employ an estimated total of 86 full-time officers. UCSO maintains the 911 public safety answering point (PSAP) for the entire county and dispatches police, fire, and EMS services for most of the county. The City of Marysville dispatches its own police services.

The Union County CIT Steering Committee meets quarterly throughout the year. It sends out a quarterly newsletter on social media and e-mail and has made an educational video and distributed it on social media. The Steering Committee consists of the following members:

- Law Enforcement—UCSO (Deputy Morgan Brown), MPD (Officer Josh Dillahunt), RPD (Sergeant Justin Baldwin)
- Advocacy—Wings Support & Recovery (peer support) (Julli Griesheimer)
- Mental Health—Mental Health & Recovery Board (MacKenzie Poling), Maryhaven (Katie Meeker), Memorial Hospital (Whitney Cushman)

Union County Crisis Response System

Union County does not have a 24/7 drop-off receiving center. Law enforcement uses the Maryhaven at the Mills Center (behavioral health assessment) during their operating hours for non-violent, sober, uninjured, and compliant mental health evaluations. They also have one respite bed. If a person in crisis is violent, impaired, injured, noncompliant, or needs services outside Maryhaven's normal business hours or extended crisis hours, they will be transported and evaluated at Memorial Hospital in Marysville. The Behavioral Health De-escalation Team will conduct a medical screen. After medical clearance, the hospital has contracted with Columbus Springs for behavioral healthcare services. Upon discharge, individuals are provided resources, such as a local resource guide and referrals to the Hope Center (meals and food pantry) and Maryhaven at the Mills Center. If the crisis is related to a substance use disorder, the individual will be referred to contracted withdrawal management services.

Maryhaven provides crisis walk-in from 8 AM to Midnight Monday-Friday and 5PM-Midnight on Saturdays and Sundays. At all other times, a person in crisis must be taken to Memorial Hospital. The Mental Health & Recovery Board of Union County contracts crisis stabilization services with Columbus Springs Dublin (behavioral health hospital) and other agencies in Columbus and Cincinnati. If an individual is indigent, Maryhaven must approve the number of days needed before hospitalization can occur. All in-patient crisis stabilization that is needed past Maryhaven's opening hours must be done at Dublin Springs or through the public portal at Twin Valley Behavioral Healthcare, a state hospital located in Columbus, or another state hospital

The Mental Health & Recovery Board of Union County contracts with Delaware and Morrow County 211 for 24/7 phone crisis hotline services. The 211 hotline can also provide referral information to those in need.

The Marysville Fire Division has a community paramedic program where paramedics visit residents, on a non-emergency follow-up basis, who have called for emergency medical services greater than ten times per year. This program aims to decrease the number of times the individual calls for emergency medical services. Paramedics will attempt to assist with referrals to community resources, fall prevention measures, and coordination of medical providers. The program has collaborated with Wings Support & Recovery for peer support services.

Wings Support & Recovery is piloting a peer support service. Peer supporters will be on-call for law enforcement and the hospital for those who experience an overdose or are in the emergency department because of substance use-related crises.

Mobile Response and Stabilization Services (MRSS) for Youth is being piloted and began on September 1, 2021. The MRSS pilot is funded by the Mosaic Project Grant from the US Substance Abuse and Mental Health Services Administration (SAMHSA) and an MRSS grant from the Ohio Department of Mental Health and Addiction Services (OMHAS).

A regional jail provides services to Champaign, Madison, and Union Counties. If a person is taken to jail and requires a behavioral health assessment, a jail navigator employed by Maryhaven meets with that person and coordinates services. When a person is discharged from the regional jail, that person is referred to the appropriate provider for follow-up services.

Peer Review 2014

Union County CIT participated in a program peer review in 2014. When the review was conducted, only three CIT Patrol Officer Training Course sessions had been conducted, averaging 12-17 students each. The previous review focused on several program and training suggestions:

Training Suggestions from 2014

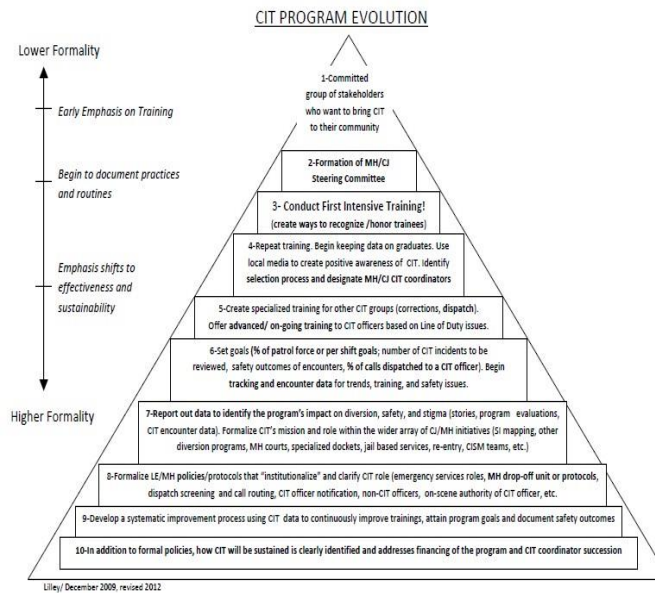
- Add field trips to the CIT Patrol Officer Training Course
- Include an extensive presentation specifically on suicides incorporating signals, techniques for intervention, safety precautions, etc.
- Include a separate presentation on borderline personality disorder.
- Include a segment on different developmental disability (DD) characteristics that an individual with DD may display, such as non-verbal communication or echolalia.
- Include a panel discussion with the head of the ER, EMS personnel, MH service providers, and alcohol detox centers so that officers can ask questions about services, etc.

Program Suggestions from 2014

- Include substance abuse in the Union County Standard Operating Procedures (SOP) for the CIT/Data reporting & information sharing document.
- Volunteers (from law enforcement) to be the first wave of the “face” of CIT- rather than the train everyone approach.
- Invite a consumer, an advocate, or both to be on the steering committee.
- Get the ER (Memorial Hospital) supervisory staff involved with the CIT program.
- Establish a mental health specialty court.
- Participate in Sequential Intercept Mapping (SIM) for Union County.
- Establish a process to give officers and the mental health system feedback when a problem arises.
- The Steering Committee should adopt a long-term commitment to the program by seeking formal support from the agencies they represent.
- Establish a recognition and rewards program for CIT officers.
- Establish a marketing plan for awareness of CIT.

After a review of the current training practices, it does not appear that any of their training suggestions were implemented. Apart from establishing a mental health specialty court docket, Union County appears to have implemented all the program suggestions. Assisted Outpatient Treatment (AOT) has not yet begun in Union County, but they are actively engaged in workgroup sessions with community stakeholders to work through policy creation and next steps.

D. CIT Program Evolution



Developing CIT programs go through typical growth stages. Starting with a committed group of people who bring an initial training course to their community to policy-driven, data-rich collaboration between law enforcement and other crisis care system partners, the core elements provide a way to guide the growth of programs. While the success of any program is impacted uniquely by each community's leadership, commitment, and resources, the CIT "Program Pyramid" depicts standard stages of program development.

As mentioned in section B, "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 in crisis, people 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.

Union County has provided evidence to support the first four stages of development. Union County has also provided evidence that they have implemented portions of the fifth, sixth, and seventh stages of development.

Based on the reviewers' assessment of development stages, this report will stress the reviewers' assessment of the strengths and recommendations for improvement of the CIT training and outline recommendations that address continued program development through the subsequent stages. The ultimate test of this peer review process will be if Union County can strengthen its

CIT program by assisting its local law enforcement agencies and crisis care system to organize and coordinate crisis care services in their counties.

E. Union County CIT Training

In early 2012, representatives from Union County, including law enforcement officers, were invited to attend the Champaign/Logan County CIT course. Later that year, Union County held its own CIT course.

A Sequential Intercept Mapping (SIM) Workshop was conducted in September 2018. Between the first established CIT training course session in 2012 and the SIM report in 2018, Union County established a CIT training partnership with Champaign and Logan counties, and Union County personnel now attend CIT training sessions with Champaign and Logan Counties. By 2018, Union County had held nine CIT training sessions.

CIT training sessions cover the entire Union County geographical area. This area includes the City of Marysville, the Village of Richwood, and the remaining villages and townships that receive their policing services from UCSO. In addition, part of the Village of Plain City is within Union County and has a police department. Plain City patrol officers are offered training through either Union County or Madison County.

A public safety telecommunicators (PSTs) training session was held on July 14, 2020. It has been the only PST training to date. In the future, the intent is to alternate the PST training and refresher training every two years.

Emergency Medical Services (EMS) and fire personnel do not have a CIT course designed for their role. They have not been regularly incorporated in the CIT Patrol Officer Course. During the October 2021 training session, the first paramedic, from the Marysville Fire Department, attended.

The CIT Patrol Officer Training Course delivered by the Union County CIT Program, in collaboration with the Logan/Champaign 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 (as found within the Mental Health First Aid standard schedule)
- An overview of mental illness from multiple perspectives
- An overview of mental health commitment law

- Comprehensive 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, interactions with panels, and structured role plays. The training course appears to use instructors from law enforcement agencies, with some of those instructors also representing veterans' needs. Additional instructors are drawn from service-providing agencies and stakeholder groups such as family members and those with lived experience, including those diagnosed with mental illness.

The provided schedule displays some signs of the use of sequenced training. The public safety variant of the Mental Health First Aid (MHFA) curriculum takes up the first day and is a self-contained module. The MHFA curriculum does discuss specific signs and symptoms of severe mental disorders, as evidenced by a retrieved course schedule from the MHFA website. The EAR de-escalation model and the ability to interact with people in crisis and others are presented on the second day. The EAR model presentation is followed by a presentation on how CIT is more than just training and a panel presentation by some people who have lived experience with mental illness and family members. On the third day, various optional topics include "excited delirium", interaction with veterans, dementia and Alzheimer's disease, and self-care. The fourth day has presentations on available services in multiple counties, an initiative involving connection with children and adolescents in schools called Handle with Care, and legal issues. The fifth and final day consists of role-plays, evaluation completion, and a graduation ceremony.

The reviewers recognize that the Union County CIT Program has had to overcome the adversity posed by the COVID-19 pandemic. Strategies used include alternative programming due to an inability to conduct site visits, close interaction with service providers, and seeing people with mental illness and other disorders or co-occurring disorders in the field when those people are not in crisis. The alternative programming appears to be a panel presentation on the second day of training, based on the received schedule.

The reviewers also recognize that the Union County CIT Program gathers evaluative data from their CIT Patrol Officer Training Course offerings. Data from just the Union County course participants attending the October 2021 training session was received. Participants did provide some feedback about topics, overall training, materials, and the physical training facility.

Recommendations

1. Reconsider the Sequencing of Course Topics

The first day of training for the Union County CIT Patrol Officer Training Course in the October 2021 offering is relegated to the delivery of the MHFA course. The content of that course, identified by an available syllabus and schedule document, contains material on various mental

health diagnoses and substance use disorders. It also includes an “action plan” consisting of the following steps to create the mnemonic device ALGEE.

- Assess for risk of suicide or harm
- Listen nonjudgmentally
- Give reassurance and information
- Encourage appropriate professional help
- Encourage self-help and other support strategies

The curriculum does not appear to address core elements-based training topics such as the kinds of disturbed behavior that officers will see in people in a mental illness crisis, co-occurring disorders, or an overview of psychiatric medications. The reviewers recommend that the Union County CIT Program consider replacing MHFA. The replacement would include training from a professional or professionals who have the expertise to discuss these issues with participants and answer participants’ questions. The ALGEE “action plan” may also cause conflict with the other interaction and de-escalation/communication models presented during the course.

The course schedule also identifies that the EAR model for de-escalation and some role plays are conducted on Tuesday. The EAR model training is not used again for participant role-plays until Friday. In the meantime, additional presentations about services, diagnoses, and various populations are provided in between. Sequencing of training is important. The reviewers recommend that the Union County CIT Program consider re-sequencing the training and move de-escalation closer to the role plays.

2. Increase Interaction with CIT Stakeholders in the Field

The current pandemic has caused problems with interactive activities that allow training participants to see people with mental illness and other diagnoses when they are not in crisis. These interactions are also intended to enable course participants to view clinicians as they interact with their clients and see those interactions from a different perspective. As soon as it is practical, the Union County CIT Program should include additional opportunities for participants to see people in the field who are not in crisis and how clinicians interact with those people. Those opportunities for interaction may not be possible by the next CIT Patrol Officer Training Course session. In that case, the panel interactions with people with lived experience should be increased, and clinicians should be scheduled to discuss how they interact in general with their clients.

3. Formalize the Training Course and Record Keeping

Topic objectives for the CIT Patrol Officer Training Course are listed on the evaluation form provided to participants. Some of the objectives use goal language, and some relate to learning outcomes. There is substantial use of “understand” to begin these objectives. The reviewers recommend that the Union County CIT Program rework its objectives to reflect what the

participant can do (performance) after the training is completed. In addition, instructors should announce the objectives at the beginning of their presentations.

The reviewers also recommend creating a singular repository for all instructional materials used in the CIT Patrol Officer Training Course and other CIT-related courses. This repository should hold all versions of presentations and materials used previously and any future revisions. The repository should also contain all administrative documents and artifacts related to the training of personnel to include schedules, lists of those trained, trainer lists and contact information, forms, and current and past agency policies and procedures. This repository will permit any public records requests for these materials to be handled expediently and accurately. If instructors are concerned that others might use their presentations, they can be saved in original and portable document formats (PDF) for public requests.

4. Strengthen Course and Instructor Evaluations

The evaluation forms obtained had many open field comment areas for feedback. However, they only included a single rating for each topic, along with an open field for comments. From copies provided, most participants provided minimal feedback. A few wrote in more substantive comments. The reviewers recommend that the Union County CIT Program expand their evaluation forms to ensure that participants can provide independent feedback on each topic and on the instructor for that topic. This expansion will reduce the reliance upon open field feedback. Incentives and disincentives should be considered to obtain quality feedback. Time should be allotted if necessary to get that quality feedback. The feedback provided should then be formally offered to instructors, if that is not already done, and aggregated for use by the Union County CIT Program to identify strengths and weaknesses of topics and instructors.

5. Deliver Refresher Training and Continued Professional Training

During the initial interviews, a goal of providing refresher training every other year was mentioned. There appears to be no refresher training in Union County for any CIT members in any role. The Union County CIT Program should create and deliver advanced and refresher training to its CIT officers and others specific to their roles. Advanced training should expand on what was learned during introductory CIT courses. Refresher training is recommended and should be scheduled to repeat and review important information, plus sharpen overall CIT knowledge and skills. Refresher training should also review practical knowledge and skills to respond to a person in crisis and address any changes to laws/codes, policies/procedures, or systems within the CIT program service area.

F. Union County CIT Program

The Union County CIT Program has a comprehensive steering committee. Each of the three law enforcement agencies is represented on the steering committee. The Mental Health and Recovery

Board (MHRB) of Union County, Maryhaven, Inc. (behavioral health provider), and the Memorial Hospital Emergency Department (ED) also have representatives present. The reviewers believe the ED representation is a crucial and significant partnership. Since 32% of crisis encounters were treated at the ED from October 2021 through February 2022, representatives for the ED can provide insight into behavioral health assessment and referral processes for behavioral health patients that seek crisis services post law-enforcement contact. Also, as a recommendation from the latest Union County Sequential Intercept Mapping (SIM), the Union County CIT Program added a peer support representative from Wings Support and Recovery to the steering committee. This partnership has substantial benefits because it focuses on increasing referral and coordination of substance use disorder (SUD) services with the target population post-law-enforcement encounter. Including SUD services demonstrates an apparent expansion of program goals beyond the historical mental health focus of the CIT Model.

Another strength of the Union County CIT Program is its online data collection tool that began in 2019. The Union County CIT data collection method was featured in an Ohio CIT Coordinators Meeting in the fall of 2021. Union County CIT Program reports that their data collection assists with four overall goals. Those goals are to reduce the number of individuals with serious and persistent mental illness (SPMI) in jails, increase screening opportunities and connection to assessment, increase access to services and timeliness of engagement, and improve communication and collaboration. The cloud-based CIT data collection system allows law enforcement officers to report crisis intervention contacts through a link. The system then generates reports based on key performance indicators (KPIs) pertinent to the program. The system also has a dashboard that administrators can use to quickly understand how many people went to Maryhaven and how many people went to the Memorial Hospital ED. The dashboard also displays the zip code with the most CIT encounters in the last 28 days.

Union County has honored distinguished CIT officers for the past two years as part of its honors and recognition program. In 2020, Sergeant Matt Henry from the UCSO was named the CIT Officer of the Year for Union County. He was recognized for his exemplary community service and for serving as the program training manager from 2012-2020. In 2021, Corporal Nate Stone from MPD was named the CIT Officer of the Year for Union County.

Recommendations

1. Revise Law Enforcement Crisis Intervention Policies

Reviewers observed several examples where law enforcement policy should be reviewed. The MPD and the UCSO have identical definitions of the CIT's target population. These definitions discuss "any other circumstance" preceding a crisis, but they do not mention SUD. They also have the same list of signs of a person in crisis. It is unclear if the signs of a person in crisis in their policies, the Crisis Intervention Contact forms, and provided CIT training align with one another. Both policies also include an evaluation section that discusses the annual "review and analysis of the division's (or office's) response" to crisis calls. It is not clear if the collected data is being used

in this manner or what other quality improvement metrics inform CIT (agency or program) evaluation methods.

The RPD policy does mention the use of drugs and alcohol in the context that mental health disorders can mimic intoxication. The RPD policy does not define the target population. The RPD policy also lists the “Emergency Room” at Memorial Hospital as the only available option and does not mention Maryhaven as an option during operating hours.

Law enforcement should consider using the *Ohio Crisis Intervention Law Enforcement Policy Guide (CIT Focused)* as a template to create or augment CIT-related policies for each jurisdiction. This policy writing guide defines the target population and includes all aspects of a robust Crisis Intervention Team. The information within can be used to supplant or supplement existing policies and procedures written by the agency or written by a vendor for the agency. The policy and procedure writing guidance and samples provide greater specificity than what is currently in place.

2. Explore Methods for Using Data to Inform Practice

The CIT data obtained for the review included the months October 2021 through February 2022. Variables in the report included:

- Client gender and ethnicity
- Responding agency
- Age categories (under 18, under 64, and over 64)
- Disposition
- Client and officer injuries
- Miscellaneous (use of force, should have been dispatched, client prescribed meds, client compliant with meds, drug use suspected, alcohol use suspected, could have been taken to jail)
- Client status (current, new, on probation, homeless, outstanding warrant, other)
- Observations (list of symptoms: broader than the CIT policy)
- Call reason (911, involuntary, wellness, other).

This report of univariate descriptions allows for an extensive analysis of program functioning. It is unclear if the data is used to monitor program goals, such as connecting people who use drugs with peer support. It was reported that the steering committee reviews data from other agencies. However, this additional data was not provided for the peer review. It was unclear how organization data is compared and how collaborative data translates to strategic plans.

Some questions about CIT program functioning stem from missing hospital data. For instance:

- Are there unique ED processes for the target population?
- Is there a mechanism for clients to be referred to ongoing services from the ED?

- How many clients are transferred to inpatient care or released with safety plans after being taken to the ED by law enforcement?
- Do other steering group members represent organizations commonly listed on safety plans for clients discharged back to the community (e.g., Wings, Maryhaven)?

Common CIT variables that were not on the report include the time of CIT response (could be reported in shift categories) and the duration of the CIT encounter. The report also contained many “other” responses in person in crisis status and call reason. The reports do not clarify what “other” means in those categories. In the miscellaneous category, the most significant proportion was listed under “should have been dispatched.” The meaning of this option may not be evident to someone outside the Union County CIT Program. Therefore, its significance to the program may be missed.

Consider reviewing *SAMHSA’s (2018) Crisis Intervention Team (CIT) Methods for Using Data to Inform Practice: A Step-by-Step Guide* as a primary source for data collection and analysis goals. This guide contains suggestions like comparing current data with historical data to identify recent trends. It can provide additional structure for how data can be used and analyzed to provide useful information to service providers, funders, and responders to improve the Union County CIT Program and individual CITs.

3. Formalize the Union County CIT Program and Steering Committee

Steering Committee meeting minutes and agendas were not provided for this peer review. The “Community Ownership” document indicated that the steering committee meets quarterly. The absence of agendas or notes made it unclear how frequently the steering committee met or what was discussed. The lack of meeting agendas and minutes limits the ability to track program priorities and improvements.

Consider documenting meeting agendas and sharing notes from the meetings for the steering committee to review. This documentation may increase the likelihood that steering committee members have the same understanding of program functioning and goals. The documentation may also prevent unnecessary misunderstandings from occurring.

4. Evaluate Usage and Practices of Receiving Centers

Receiving centers are integral components of CIT programs. Receiving centers, such as Maryhaven at the Mills Center and Memorial Hospital, need to always be accessible and have procedures to receive people in crisis from law enforcement and then safely, efficiently, and quickly transition those in crisis to care and assessment. The transition should be structured to not dissuade officers from utilizing the emergency hospitalization process. In turn, law enforcement must utilize receiving centers appropriately. Inappropriate use or overuse of receiving centers can lead to overburdened service providers, law enforcement officer frustration, and cause unnecessary trauma to and financial burden for a person in crisis.

It is recommended that the Union County CIT Program consider evaluating the use of receiving centers by law enforcement. This would include attempting to ascertain if only persons in crisis who meet Emergency hospitalization criteria per the Ohio Revised Code are being transported to receiving centers for evaluation. Also, this should include evaluating if receiving centers are structured to not dissuade officers from utilizing the emergency hospitalization process. This would incorporate examining receiving centers' staffing numbers, staffing hours, and composition. Due to current events leading to staffing issues and an increased use of emergency services, receiving centers are challenged with how to manage the overwhelming influx of people. Law enforcement must not be compelled to maintain custody of individuals before and after admission to receiving centers to avoid unreasonable turnaround times.

References

Compton, M.T., Broussard, B., Munetz, M., Oliva, J.R., & Watson, A. C. (2011). *The Crisis Intervention Team (CIT) model of collaboration between law enforcement and mental health*. Nova Science Publishers.

Dupont, R., Cochran, S., & Pillsbury, S. (2007, September). *Crisis intervention team core elements*. School of Public Affairs and Public Policy, Department of Criminology and Criminal Justice, CIT Center, University of Memphis. Retrieved from <http://cit.memphis.edu/pdf/CoreElements.pdf>

Ohio CIT Coordinators Committee & Ohio Criminal Justice Coordinating Center of Excellence (CJ CCoE). (2004, September 2). *Expert consensus document: Core elements for effective Crisis Intervention Team (CIT) programs*. https://www.neomed.edu/wp-content/uploads/CJCCOE_CIT_CoreElements.pdf

Ohio Criminal Justice Coordinating Center of Excellence (CJ CCoE) & Ohio CIT Coordinators. (2020, November 11). *Crisis intervention law enforcement policy guide (CIT focused)*. <https://www.neomed.edu/wp-content/uploads/Crisis-Intervention-LE-Policy-Guide-V2020.pdf>

Substance Abuse and Mental Health Services Administration (SAMHSA). (2018, September). *Crisis Intervention Team (CIT) methods for using data to inform practice: A step-by-step guide*. United States Department of Health and Human Services. <https://store.samhsa.gov/product/Crisis-Intervention-Team-CIT-Methods-for-Using-Data-to-Inform-Practive/SMA18-5065>

Usher, L., Watson A.C., Bruno, R., Andriukaitis, S., Kamin, D., Speed, C. & Taylor, S.

(2019). *Crisis Intervention Team (CIT) programs: A best practice guide for transforming community responses to mental health crises*. CIT International.