Hancock County CIT Peer Review

June 2021

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Organization of CIT Peer Review Report

A. The Peer Review Process

In volunteering for this peer review, the Hancock County CIT Program joins 26 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 and Mental Health Services (ADM) Board. The ADM Board contracts with the Northeast Ohio Medical University 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
- Written Report

A video conference call was held on May 17, 2021, including reviewers and these representatives of the Hancock County CIT Program Steering Committee:

- Sergeant Dan Harmon, Findlay Police Department

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

The site visit was conducted on July 19, 2021, by the reviewers and these members representing the Hancock County CIT Program:

- Sergeant Dan Harmon, Findlay Police Department
- Officer Brian White, Findlay Police Department
- Cayla Fortman, Executive Director, Focus
- Kelly Cleveland, LEAD Coordinator, Family Resource Center
- Eric McKee, Executive Director, NAMI Hancock County
- Precia Stuby, Executive Director, Hancock County ADAMHS Board
- Captain Ryan Kidwell, Hancock County Sheriff's Office, Jail Administrator
- Lieutenant Jesse Sterrett, Hancock County Sheriff's Office, Jail
- Carl Etta Capes, Recovery community

- Ritch Nielson, Veterans' recovery community
- Paul Lilley, Veteran Wellness Program Coordinator, Hancock County Veterans Service Office

This final report synthesizes what the reviewers found after studying the program self-assessment, conducting the conference call, consulting with the designated Hancock 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 responds only 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 the outcome of a mental health crisis 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. Only by engaging individuals with mental illness and their families can we 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 decisionmakers who solve problems together, bring resources to the table, and hold each other accountable. Mutual commitment, trust, and respect are the bedrock of strong partnerships.

- CIT focuses on **responses to mental health crises**. CIT is not just about how law enforcement responds to mental health crisis situations. 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 crisis situations and develops solutions to these systemic challenges (p. 4).

The Goals of a CIT Program

1. To improve safety during law enforcement encounters with people in crisis, for everyone involved.

2. To increase connections to effective and timely mental health services for people in mental health crises.

3. To use law enforcement strategically during crisis situations – 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. To 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 leaders** of your local mental health system, 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 your community-wide response to crisis situations,** including mental health services, emergency responders, law enforcement, and other resources that can help people during a crisis.

• **Building the infrastructure to strengthen your crisis response system and sustain your program** - including the creation of 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 strengthen their crisis response system incrementally 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. Hancock County CIT Program Background

Peer Review 2012

Hancock County is located in the northwest area of Ohio. The City of Findlay is the county seat and home to the University of Findlay, a small private university. The county is primarily rural. The Hancock County CIT Program was created in 2000. A CIT peer review was previously conducted in 2012. Before reading this report, it may be helpful to read the report from the 2012 peer review led by the CJ CCoE. The outcome of that peer review report focused on several program and training suggestions.

Program Suggestions 2012:

- Follow-up on calls by mental health professionals
- Formal succession plan
- Incentives for collecting data
- Increased beds for care facilities
- Specialized court dockets

- Increase the use of "pink slips" when transporting individuals to be evaluated

Training Suggestions 2012:

- Narrowing the focus on specific mental health conditions likely to be encountered by CIT officers
- Scheduled lunch break
- Role-plays throughout the week
- Recovery and support panel
- Case manager field trips
- Presentation by someone from the county prosecutor's office to teach the legal section

Since the review, the Hancock County CIT Program has established a system for data collection and specialized court dockets. Those dockets include an Assisted Outpatient Treatment (AOT) court, two drug courts, and a veteran's court. Several program suggestions from 2012 have not yet been implemented: formalizing the succession plan for leadership in CIT, using the pink-slip procedure as found in Ohio Revised Code (ORC) § 5122.10, and increased beds for care facilities for people in crisis.

The Hancock County CIT Program has adopted most of the training suggestions. The two that have not been implemented are a legal section presentation by someone from the prosecutor's office and case manager field trips.

Overview

Over the past 20 years, CIT Patrol Officer Training in Hancock County has expanded to include public safety telecommunicators, corrections officers, probation officers, security officers, firefighters, and EMS. Between 2000 and 2014, CIT Patrol Officer Training was held once per year with an average class size of 16. Since 2014, the training course has been held twice per year with the same average class size. The CIT Patrol Officer Training is a 40-hour course composed of lectures, interactions with mental health consumers and services, and scenario-based roleplays that include the practice of de-escalation skills. With the aid of a 2020 CIT Support and Expansion grant subaward, the Hancock County CIT Program is building a new training center to be completed in 2021.

There are four law enforcement jurisdictions in Hancock County: Findlay Police Department (PD), Hancock County Sheriff's Office (HCSO), McComb Police Department, and the University of Findlay Office of Campus Safety and Emergency Management. There is an estimated total of 107 full-time officers. Because Hancock County is primarily rural with smaller law enforcement agencies, the focus has been to train 100% percent of the officers. Findlay PD is 98% trained and continues to train new hires. Approximately 60% of the HCSO deputies and 95% of their corrections officers have been trained. The lower percentage for deputies is primarily due to recent turnover from retirements. Because a portion of the Fostoria Police Department's jurisdiction is in Hancock County, this agency has been invited to participate in the Hancock County CIT Patrol Officer Training. Similarly, the Bluffton Police Department is located in Allen County, with part of its jurisdiction in Hancock County. That department participates in CIT Patrol Officer Training through the Allen/Auglaize/Hardin County CIT program.

Hancock County has two emergency communications centers (ECC), the Findlay PD Communications Center and the HCSO Communications Center. The Findlay PD Communications Center dispatches Findlay PD officers and contacts the Findlay Fire Department for a response. The HCSO Communications

Center dispatches deputy sheriffs and pages out Hancock County's remaining fire departments and EMS. “Hanco” EMS is part of the Blanchard Valley Health System and has its own dispatching center. All Findlay PD and HCSO public safety telecommunicators (PSTs) have been trained in the CIT model. This year (2021), the HCSO will hire several PSTs. CIT training will be scheduled for this group, along with newly required training for emergency medical dispatchers.

As part of outreach, the Hancock County CIT Program has presented informational classes to the University of Findlay, FOCUS (a recovery-based community organization), and local churches. Hancock County is a part of the Adult Protective Services Task Force, which reviews cases involving persons aged sixty and older. A county representative attends meetings with the Opioid Task Force and Community Corrections Action Board. The Hancock County CIT Program participated in the Sequential Mapping Project for Mental Health in the Criminal Justice Center in 2017 and continues to be a partner for the Stepping-Up Initiative with the Hancock County ADAMHS Board.

Crisis Care System

Findlay PD officers take a proactive and highly engaged approach to managing person-in-crisis encounters. Using the EAR (Engage, Assess, Resolve) model, officers gather as much information as possible from various sources. They then refer those in crisis to service providers or for hospital pre-screening when needed. Findlay PD officers do not usually take a person-in-crisis into custody per ORC §5122.10. Instead, the CIT Law Enforcement Coordinator reported that officers get voluntary compliance from individuals to be transported to the hospital’s emergency department when emergency hospitalization and/or emergency pre-screening is warranted. Based on research of the county services by the peer reviewers and conversation with the program representatives, the county has neither a 24/7 drop-off crisis stabilization center nor a mobile crisis team. As a result, 80-90% of hospital pre-screenings occur at the local hospital emergency department. Before December 2017, Century Health's mental health agency operated a 24-hour crisis hotline and provided three full-time 24/7 crisis staff that law enforcement officers could page when needed. However, in December of 2017, Century Health was absorbed by the Family Resource Center, which no longer provides any crisis staffing. Hancock County does advertise a toll-free crisis hotline for use, but no evidence could be found to support or clarify this service’s availability.

The local hospitals are Blanchard Valley Hospital and Bluffton Hospital. Both hospitals are part of the Blanchard Valley Health System and have emergency departments (EDs) that serve as access to mental health crisis care. People in crisis are transported to the ED, where hospital staff conducts medical, mental health, and substance use screening. If inpatient care is needed, Orchard Hall, a nine-bed adult psychiatric unit within the Blanchard Valley Hospital, is utilized first due to its strong connection to local community resources. If Orchard Hall is unavailable, referrals are made to private hospitals in Toledo or to the Northwest Ohio Psychiatric Hospital. The responding officer is required to stay at the hospital until a disposition is determined. This requirement to stay can last four or more hours unless the hospital security staff can remain with the individual. Orchard Hall does not have security staff on the ward and cannot accept aggressive patients. It is also not designed to provide intensive inpatient psychiatric services.

The Hancock County CIT Program has partnered with the Blanchard Valley Hospital and trained their security staff, nurses, social workers, technicians, and peers who work in the Orchard Hall psychiatric unit. So far, the ED has not participated in CIT training. The training for hospital staff is currently four

hours in length to accommodate staffing concerns and focuses on de-escalation skills using the Loss and EAR models.

Findlay PD has established the LEAD (Law Enforcement Assisted Diversion) program in conjunction with the Family Resource Center and the Hancock County ADAMHS Board. The LEAD program allows officers to recognize mental health and substance use disorders as the underlying issue for minor criminal offenses. With the victim's cooperation, the officer has the discretion to divert a person who has committed an offense from prosecution. The charges are held in abeyance if the person has contacted LEAD peer supports within 30 days. These cases are not sent to the court, and the person would not have any criminal charges, court appearances, or court fees associated with that charge. Officers may also make special referrals without any criminal charges to LEAD if the person is known to have mental health or substance use disorders and would benefit from Family Resource Center Peer resources.

Officers refer opioid overdose survivors to the Quick Response Team (QRT), so those survivors can be connected to treatment and recovery support services. The Family Resource Center has developed the LOSS program to help people who have attempted suicide or have suicidal thoughts. It also reaches out to family members of completed suicides to offer them the resources they need. Officers can make referrals to the LOSS program.

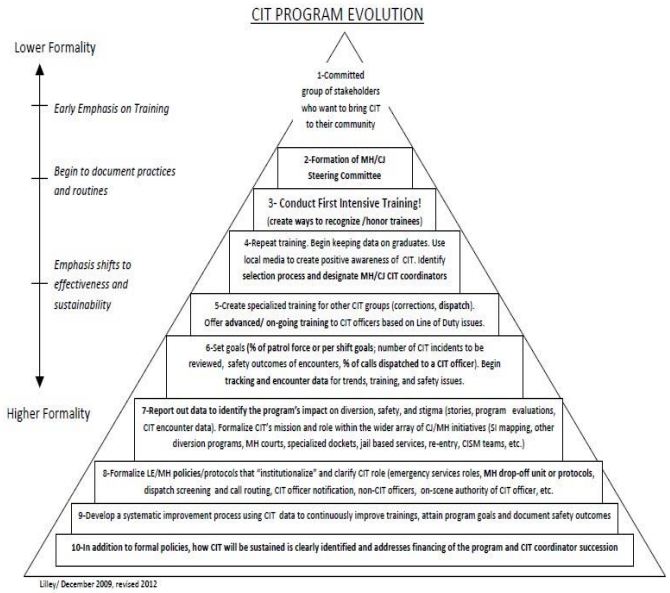
The Hancock County CIT Program is currently working on a Familiar Faces Program. Through this program, law enforcement shares information from crisis calls with Adult Protective Services, the Family Resource Center, Veterans' Services, the Blanchard Valley Hospital, Hanco EMS, the Hancock County Justice Center, and Probate Court. Due to this sharing, agencies can see who is utilizing resources and provide them with more attention.

The Hancock County CIT Program has developed a Veterans Response Team that will soon be implemented. This team will partner with the Veterans' Services and Focus Battle Buddy Programs. They are recruiting and training veterans in the community and in the first responder fields to be peers. The peers will then be allowed to co-respond with law enforcement on crisis calls about veterans. Once they have responded, the peer will assist the veteran with recovery. This team is a pilot program and will be used to model peer response for mental health and substance use disorders.

Data Collection

Findlay PD collects crisis intervention contact data and relays encounter information to the courts and prosecutors. Pertinent information from data collection is incorporated into their CIT Patrol Officer Training. The HCSO is developing a system similar to Findlay PD, which will soon be implemented.

D. CIT Program Evolution



Developing CIT programs go through common 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 common stages of program development. As part of the peer review process, the reviewers assessed Hancock County CIT to be in the 5th stage while also embodying portions of stages 6 and 8.

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. Where sound CIT programs exist, they 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.

Since the Hancock County CIT appears to be progressing beyond the 5th stage of development, 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 Hancock 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. CIT Training Recommendations

The CIT Patrol Officer Training by Hancock County's CIT Program has notable strengths. The review of the submitted training schedule and materials provides evidence that most 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 overview of mental illness from multiple perspectives and of persons with mental illness via the use of the Loss model; perspectives of family members, professionals, and persons with a mental illness (PwMI);
- Co-occurring disorders involving substance use and mental illness;
- Overviews of the mental health system, available services, and applicable laws/legal processes to include Emergency hospitalization and Probate;
- Field trips to allow those trained to interact with mental health professionals and PwMI in the field when not being called to a crisis;
- Comprehensive de-escalation education and skill development via role plays; and
- An evaluation and graduation event.

The training schedule and the materials provide evidence of various training and learning methods within all three domains. These methods include modified lectures, facilitated instruction, immersive activities like the "Hearing Voices" activity and community site visits, and interactions with panels. The training course appears to use trainers and instructors from law enforcement agencies, service-providing agencies, those previously involved with providing direct service, and those who represent constituent groups. Those constituent groups include family members, returning veterans, and PwMI.

The provided schedule also displays a sequenced training organization. The Loss Model is first introduced to include all related instruction followed by Loss Model elements related to various diagnoses. The EAR de-escalation model and the ability to interact with PwMI and others are presented on the second day, followed by more diagnoses. On the third day, site visits are conducted, followed by legal instruction and panel interactions. Role-plays are held on the final day after additional instruction in various topics and panel interactions on the previous day. Knowledge and the ability to turn the knowledge into skills through facilitated practice are built into the schedule. The Hancock County CIT Patrol Officer Training course continues to be built upon the Loss Model of identifying what is lost by the person in crisis and the Engagement, Assessment, Resolution (EAR) model of de-escalation. These models were pioneered by the Hancock County CIT Program and used in many other CIT programs within and outside Ohio.

Recommendations:

1. The CIT Patrol Officer Training Course Needs More Organization and Formalization

The CIT Patrol Officer Training course has many strengths. However, the materials and the most current training schedule provided do not match. It appears that the training schedule has been recently changed to reflect a new training direction, and those materials were unavailable upon request. The materials to match the new training direction must be stored to be quickly accessed as needed for use or to satisfy a legal demand. From conversations with the CIT Law Enforcement Coordinator, it appears that some instructors/presenters did not provide their training materials for program storage.

All current and past materials should be stored in a location that is accessible to training instructors or administrators. Presenters or trainers should be encouraged to provide their materials to a CIT coordinator before the scheduled training to create such a repository. Agreements can be designed to identify limitations on access for use or sharing if necessary to protect copyright interests or intellectual property concerns.

It is also recommended that training administrator(s) review the Ohio core elements document to ensure that materials and training curricula conform to those elements. One notable example is that the current training program has a diversity segment that discusses implicit/explicit biases, diversity, equity, and inclusion (DEI). The core elements state that the segment should address "the influence of culture and ethnicity on the topic of mental health and how it is dealt with inside those cultures and ethnicities…as it applies to the cultural and ethnic makeup of the particular community." The training administrator(s) should use this core element to ensure that these types of topics are presented in a way that connect directly to crisis intervention and understanding interactions with those in crisis in their community.

2. Revise, Publish, and Share Learning/Performance (Training) Objectives

The CIT Patrol Officer Training course objectives were found on evaluation forms that appear to be no longer used. It is unknown if these objectives can be found on the newest iteration of training evaluation reportedly done online via the SurveyMonkey toolset and platform. The objectives used on the evaluation forms, dated October 2011, are not always written to identify what should be learned or what the person should be able to do after completing the training course. These objectives should be rewritten to state what the learner will be able to do after completing the training course. Bloom's Taxonomy verbs are recommended as a beginning for these learning objective statements so that learners will know if they are to remember, understand, apply, analyze, evaluate, or create. Any online evaluation forms should be updated to match any of these revisions.

3. Obtain and Utilize Training Evaluation Data—Testing and Reaction (Survey)

The CIT Patrol Officer Training course has collected data and administered a pre-test and a post-test per the CIT Law Enforcement Coordinator. A copy of the post-test was made available for review. There was no pre-test document available. The CIT Law Enforcement Coordinator provided information that the pre-test and post-test used the same format and questions. Blank survey forms used for reaction-level data in course offerings before the most recent were provided for review. It was reported during the initial meeting that reaction-level evaluations are currently completed within the SurveyMonkey toolset and platform. At the site visit, reviewers were provided with SurveyMonkey outcome reports for the most recent training course held in April 2021. The reports identified participant satisfaction with the various topics from the April 2021 course. The questions that elicited these responses were not provided. Responses appear favorable, with most falling into the "good" or "excellent" categories. A few "fair" responses were identified. The pre-and post-tests are reported as being completed using the same platform as evaluations. Extraction of this data appears to be infrequently occurring. Reports also lack aggregated scores (on what seems to be a four-point Likert scale) for each topic and the questions asked of course participants.

It is recommended that the Hancock County CIT Program ensure that data is obtained from the pre-test and post-test instruments if those instruments continue to be used. That data can help gauge if learning has occurred. Many published studies have shown that it is inevitable that those completing CIT patrol officer courses will improve their knowledge and ability to understand persons in crisis. The same studies identify that pre-test/post-test instruments may have limited value. However, if used, the data should be analyzed to measure the amount of improvement. It is also recommended that the data from the completed reaction-level evaluation instruments, regardless of the method used to register and collect those reactions, be shared with trainers, the Hancock County CIT Program Training Committee, and other stakeholders as necessary. If not already done, the reaction-level surveys should have items about the training segment and its usefulness as well as items about the trainer delivering or facilitating that segment. Inclusion of these elements can assist in improving the quality of presenters and the content of training segments. The paper forms do not differentiate between rating the topic and the trainer/facilitator for that topic. The data provided from SurveyMonkey also does not appear to distinguish between the trainer(s) and the topic. Paper forms and SurveyMonkey (or other online evaluation tools) should have matching questions in all iterations.

4. Create and Conduct Training for Other CIT Program Roles

Materials for the CIT Patrol Officer Training course were substantial. Based on the conversation with the CIT Law Enforcement Coordinator, those with other roles attend or have attended the CIT Patrol Officer Training course to include corrections officers, some hospital security, and EMS personnel. The CIT Law Enforcement Coordinator stated that other entities had trained public safety telecommunicators (PSTs) in a regionalized training plan. He said that he wants to bring their training back to the Hancock County CIT Program.

It is recommended that the Hancock County CIT Program identify the various roles that require training and then create specific and relevant training for those roles. In some situations, it may be feasible and valuable to have persons in those roles attend the CIT Patrol Officer Training course. In other situations, persons need training designed for their role and may not be released for the time required to complete the CIT Patrol Officer Training course. For example, PSTs will invariably have specific needs related to their role and may not be released for extended periods. Hancock County has PSTs that exclusively dispatch contracted EMS personnel, so their needs will differ from PSTs who dispatch public safety forces. CIT core elements documents and CIT policy writing guides can be reviewed for assistance with learning goals and objectives.

5. Create and Conduct "Advanced" Training or Continued Professional Training (CPT) for Patrol Officers and Other Roles

Neither available records nor the conversation with the Hancock County CIT Law Enforcement Coordinator revealed any evidence or commentary about CIT training beyond what is provided in the CIT Patrol Officer Training course. The State of Ohio has applied the title of Continued Professional Training (CPT) to time-based training delivered to peace officers. Otherwise, the adjective "advanced" refers to either training about new ideas not currently offered in any CIT-related course or expanding an existing training topic to provide more knowledge and additional or enhanced skills to those receiving the expanded training.

It is recommended that the Hancock County CIT Program create and deliver "advanced" training to law enforcement officers and others. "Advanced" training for peace officers could be submitted to the Ohio Peace Officer Training Commission (OPOTC) for approval as CPT and therefore satisfy some annual CPT goals or requirements for law enforcement agencies in the county. This training will also be helpful for those who have been CIT officers for three or more years without receiving any additional training. Data can be culled from existing evaluations, and further questions could be asked on evaluation instruments to determine what other training topics would be of value and interest. Existing CIT officers should also be polled to determine additional training needs after responding as CIT officers in the field.

F. CIT Program Development Recommendations

Despite a setback when the original Mental Health CIT Coordinator from the ADAMHS Board left, the Hancock County CIT Program has many key elements of a solid CIT program. The Hancock County CIT Program has strong relationships with mental health providers in the county; law enforcement CIT policy and procedures in place in two jurisdictions (Findlay Police & HCSO), information sharing between law enforcement and behavioral health, a steering committee, and a formalized system for recognition of CIT officers.

The CIT program had its first peer review in 2012. Several of the recommendations in that review have been implemented.

Strong Partnerships: The Hancock County CIT Law Enforcement Coordinator has strong partnerships with the local ADAMHS Board and the local behavioral health providers and is working to improve the collaboration with the local hospital. The CIT Law Enforcement Coordinator is a strong advocate for assuring that individuals in mental health crises get connected to treatment. The CIT Coordinator states that one of the strengths of the Hancock County CIT Program is the communication between law enforcement and the community behavioral health providers.

Law Enforcement Policies and Procedures: The Findlay Police Department (PD) and the Hancock County Sheriff's Office (HCSO) have policies and procedures directly focused on CIT. The policies clearly indicate that the agencies are committed to the philosophy of the CIT program and ensure that CIT trained officers are dispatched to encounters that involve individuals with a mental health crisis. Findlay PD is currently in the process of updating its CIT policies.

Steering Committees: Hancock County has two committees. One committee focuses on CIT training, and the other focuses on program elements of CIT. The Training Committee meets at least quarterly and consists of a wide representation of participants including mental health professionals, the ADAMHS Board, Courts, jail consumers/peers, law enforcement, and veterans' services. The CIT Program Steering Committee meets monthly and includes all the partners on the county's crisis services continuum.

"Familiar Faces" Program: Findlay PD recently started a committee involving multiple community service agencies to review individuals that have had numerous encounters with 911 and/or law enforcement. Law Enforcement shares information with community services agencies, and those agencies take the information to increase services for those identified individuals. While the program facilitates communication between law enforcement and behavioral health, and other agencies, the committee is still

determining how to relay information from the behavioral health system back to law enforcement so that specific response plans can be developed.

Recommendations:

1. **Emergency Hospitalization**

Currently, law enforcement officers in Hancock County do not typically complete the "Application for Emergency Admission" form (DMHAS-0025; "pink slip") when taking individuals into custody to transport to a mental health receiving facility as detailed in ORC §5122.10. Most often, Hancock County relies on voluntary compliance when transporting individuals to mental health receiving facilities. While the ORC does not explicitly require completing an Application for Emergency Admission form, a written narrative is required. That written narrative on the approved State of Ohio form needs to detail why the individual meets the criteria for Emergency hospitalization. Similar to the recommendation made during the first peer review, it is highly recommended that the Hancock County CIT Program immediately implement a procedure to follow the requirements of ORC §5122.10 to decrease liability.

According to ORC §5122.10, a written statement must be completed and provided to the hospital (or other designated location) if a person is seized and taken into custody by a police officer or sheriff (deputy sheriffs by extension) for "Emergency hospitalization." The ORC §5122.10 explicitly states that "a written statement shall be given to the hospital by the individual authorized under division (A) (1) or (2) of this section to transport the person." The statement shall specify the circumstances under which such person was taken into custody and the reasons for the belief that the person "is a mentally ill person subject to court order and represents a substantial risk of harm to self or others if allowed to remain at liberty pending examination."

The Ohio Supreme Court, in 1992, upheld this requirement in the case *in re Miller,* 63 Ohio St.3d 99, 585 N.E.2d 396. In that case, a 38-year-old man was seized and transported to the Mansfield General Hospital by officers from the Mansfield Police Department and involuntarily committed to the behavioral health unit. The transporting officers did not provide a written statement to the hospital. No hearing was held, and no temporary order of detention was issued in conformance with ORC § 5122.11. A psychiatrist, the long-time personal doctor of the man seized, completed a "pink slip," and his narrative read, in part, "the patient has been progressively confused, delusional, and paranoid. His sense of reality is altered, grandiouse (sic) and at times, out of touch with reality." The Ohio Supreme Court first noted that the man was not afforded due process because the seizing officers did not provide a written statement. The court stated that the written statement "serves as a type of affidavit" and "is a requirement for the initiation of an emergency involuntary commitment." The Court then stated that the doctor's language on the "pink slip" did not identify probable cause since it provided opinions instead of facts. The Court further noted that "concrete" facts must be supplied in a written statement to establish probable cause for the seizure. In short, seizing police officers or deputy sheriffs must create a written statement, and that statement must contain facts and not merely opinions to ensure due process. Additionally, that written statement is to be given to the receiving facility.

An issue relating to mental health seizure comes from a 2005 court decision by the U.S. Court of Appeals for the Sixth Circuit titled *Fisher v. Harden,* 398 F3d 837, 841. In this case, a man was seized

for Emergency hospitalization after a passer-by called the Morrow County (OH) Sheriff's Office to report the man had tied his feet to a set of train tracks and was possibly suicidal. Morrow County deputies responded and seized the man after making him walk to them. They made him lie face down on the roadway and handcuffed him behind his back. They asked him no questions before seizing him. The man sued due to injuries sustained. During the suit, the Morrow County deputies admitted that they seized him but stated that the seizure was a *Terry (Terry v. Ohio)* seizure. The Court of Appeals ruled that they would not apply the *Terry* doctrine to a mental health seizure. The takeaway is that law enforcement officers must have probable cause before effecting a mental health seizure. They cannot make an investigatory (reasonable suspicion) stop to gather further evidence to support a mental health seizure.

2. **Mental Health Crisis Response**

Until recently, Hancock County had the availability of mental health professionals 24/7 to provide crisis services and complete mental health evaluations in the community. This worked well for Hancock County, and since the services are no longer available, there is a significant gap in the ability to provide access to needed mental health service with 24/7 availability. A mental health professional was recently hired to provide evaluations for law enforcement during regular business hours to partially address this identified gap. After regular business hours, on the weekends or during holidays, the local hospital is the only option for accessing help for someone in a mental health crisis. Currently, the local hospitals are completing the evaluations and determining if the individual meets the criteria for Emergency hospitalization. Utilizing the hospital to provide evaluations and crisis de-escalation may be difficult for an already overtaxed emergency department, resulting in less-than-optimal mental health care. It is recommended that the county prioritize developing a 24/7 crisis response system within the publicly funded county behavioral health system. The hospital level of care is not always needed for some individuals, and the availability of 24/7 crisis services could assist with stabilizing the individual on the scene.

The communication between the hospital, community mental health treatment providers, and law enforcement could be improved. Since law enforcement is not providing the hospital with an Application for Emergency Admission, it is unclear how information related to a need for Emergency hospitalization is relayed to emergency department staff. It is also unclear if the emergency department physician is provided enough clinical information to authorize the involuntary admission. There have been instances where individuals needing a hospital level of care have not been hospitalized. It is also unclear if the hospital provides a "warm hand-off" to treatment providers if an individual is not hospitalized.

Additionally, many instances have been reported when hospital staff have escalated individuals, suggesting that hospital staff would benefit from training on de-escalation techniques. Therefore, it is recommended that the Hancock County CIT Program Steering Committee begin developing a plan to improve coordination with the hospital related to mental health evaluations, admissions, and discharges, train emergency department staff on de-escalation techniques, and determine how to provide access to needed community-based evaluations in an environment with limited funding. An overall improvement in the relationship between the hospitals and the CIT Program may help to build trust and support these recommendations.

Additionally, working with the Hancock County CIT Program Steering Committee to develop a means to receive clinical information back from the treatment providers would strengthen the crisis response services for the county. Developing crisis plans for "familiar faces" or high utilizers of 911 and other identified public services could assist with the current gap with lack of access to 24/7 crisis evaluation.

3. **Use of Crisis Intervention Contact Forms/Data Collection**

Findlay PD and the HCSO are currently utilizing the CIT Contact Forms to document CIT calls. The HSCO just began using the CIT Contact Form in 2020. Treatment providers do receive an email message about CIT contacts. Still, it is recommended that the jurisdictions further develop the means to provide the treatment providers with those forms daily so the providers can develop a plan to address the recent contact with the police. It is also recommended that the treatment providers develop a means to communicate back to law enforcement that the individual has been contacted. It would also be helpful if the two other jurisdictions in Hancock County began utilizing the CIT Contact Forms.

Findlay PD collects data on their CIT calls. It is recommended that the HCSO begin doing the same. It is also recommended that those agencies analyze the data collected from those reports to track: 1) disposition, 2) use of force, 3) frequency of repeat calls, and 4) other information that would be important to highlight the successes of the CIT program. Relaying the data to the Hancock County CIT Program Steering Committee would assist future planning and program improvement. The CIT Program Steering Committee does review the data it receives from submitted CIT Contact Forms but does not use that data for quality improvement.

4. **Marketing of the CIT program**

The Hancock County CIT Law Enforcement Coordinator highlighted the need for marketing as an area needing improvement. Marketing the CIT program is crucial since it provides the community with information on the program and highlights successes. During the onsite meeting, Hancock County CIT Program Steering Committee members mentioned that they had purchased billboards to market their services and used social media, specifically Facebook, to share success stories and other information. However, it was unclear if these marketing methods mentioned CIT or the entire crisis continuum for Hancock County. Research of the Hancock County ADAMHS Board website revealed no mention of CIT, its role within the crisis care continuum, or its existence in the county. It is recommended that the Hancock County CIT Program Steering Committee develop additional means to educate the community about CIT. These means and methods could include educating families and clients about looking for the CIT pin on the officer's uniform and asking for a CIT-trained officer when calling 911 or non-emergency police lines for assistance.

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