



Preble County CIT Peer Review

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Preble County CIT Peer Review Report

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A. The Peer Review Process

In volunteering for this peer review, Preble County CIT is joining 24 other county and multi-county Ohio CIT programs that have undergone this same process which is supported by the Ohio Criminal Justice Coordinating Center of Excellence (CJ CCoE) and the National Alliance on Mental Illness of Ohio (NAMI Ohio). The CJ CCoE was established in May 2001 to promote CIT and jail diversion alternatives for people with mental illness throughout Ohio. The Center 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 Board. The ADM Board contracts with the Northeast Ohio Medical University to operate the Center.

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 coalescing 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 ideal 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 October 9, 2020 among reviewers and these representatives of the Preble County CIT Steering Committee:

- Whitney Loftis, CIT Coordinator, Community Development and Outreach Preble County Mental Health and Recovery Board (PCMHRB)

During this call, the reviewers discussed the content of the training and CIT program development within law enforcement agencies. These topics are addressed in more detail in this report.

The site visit was conducted on November 9, 2020 by the reviewers and these members representing the Preble County CIT program:

- Whitney Loftis, CIT Coordinator, Community Development and Outreach Preble County Mental Health and Recovery Board (PCMHRB)
- Amy Raynes – PCMHRB Executive Director
- Steve Hurd – Eaton Police Department Chief of Police

This final report is a synthesis of what the reviewers found after studying the program self-assessment, conducting the video conference call, consulting with the designated Preble County CIT steering committee members, and attending 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. The model has core elements that when properly implemented at the local level, will not only improve the utilization of essential mental health services but assist with keeping people out of crisis.

- **CIT is a community-based program**

Through collaboration, CIT is designed to improve the mental health crisis response 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. Only by engaging individuals with mental illness and their families can we build crisis response systems that people feel confident utilizing.

- **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.

- **CIT focuses on responses to persons in crises**

CIT is not just about how law enforcement responds to crisis situations. It also addresses how all local essential mental health services are involved in crisis response.

(Usher et al., 2019, p. 4)

The Goals of a CIT Program

1. To improve safety during law enforcement encounters with people in crisis
2. To increase connections to effective and timely mental health services for people in mental health crisis.
3. To use law enforcement strategically during crisis situations and increase the role of essential mental health services.

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:

- **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 situation.
- **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. (Usher et al., 2019, 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 along the way to developing a CIT program, not the end goal. Crisis Intervention Teams are robust programs containing ongoing, operational, and sustaining elements.

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 (Compton et al., 2011, p. 27)

C. Preble County CIT Background

Preble County is located on the western edge of southern Ohio and is bordered on the west by the State of Indiana. Its neighboring counties are Darke County, Ohio (north), Montgomery County, Ohio (east), Butler County, Ohio (south), Union County, Indiana (southwest), and Wayne County, Indiana (northwest). Preble County has a total area of 426 square miles and is composed of one city, Eaton City (the county seat), several villages (Camden, College Corner, Eldorado, Gratis, Lewisburg, New Paris, Verona, West Alexandria, West Elkton, and West Manchester) and a dozen townships (Dixon, Gasper, Gratis, Harrison, Israel, Jackson, Jefferson, Lanier, Monroe, Somers, Twin and Washington). Thus, Preble County's total population of 44,882 lives mostly in unincorporated rural areas. Approximately 97 percent of the population is White/Non-Hispanic/Latino. Eaton City's population comprises of approximately 18 percent of the total county's population. **US Census Bureau 2019 stats.*

Preble County maintains 7 active law enforcement agencies covering approximately 84 percent of the county. There are approximately 112 law enforcement officers in Preble County. There are 3 certified agencies through the Ohio Office of Criminal Justice Services (OCJS): Eaton City PD (13 officers), New Paris PD (5 officers) and Preble County Sheriff's Office (49 deputies). The other departments are Camden Police Department (5 officers), Gratis Police Department (9 officers), Lewisburg Police Department (20 officers), and West Alexandria Police Department (11 officers). **Ohio Collaborative Police Community Police Advisory Board 2019.*

Samaritan Behavioral Health (SBHI) is contracted for mental health services in Preble County. During regular work hours, crisis services are handled by the Preble County Office and in the evening by SBHI Dayton Office. They offer a 24/7 service with a 24-hour crisis line (hot & cold), outpatient behavioral health treatment facility, and also provide the screening for the emergency hospitalization process when initiated by law enforcement. Preble County Medical Center also provides an

emergency hospitalization screening service. Preble County does not have any inpatient hospital facilities within their county. If inpatient treatment is required, patients are transported to crisis stabilization centers in Richmond (Indiana), Kettering, Dayton, or Cincinnati.

Preble County does not have diversionary programs through their court system (Mental Health Court or Assisted Outpatient Treatment through Probate Court).

Preble County's CIT Steering Committee consists of:

- Amy Raynes – PCMHRB Executive Director
- Whitney Loftis – PCMHRB Community Development
- Steve Hurd – Eaton PD Chief
- Brian Smith – Eaton FD Chief
- Cynthia Treasure – Program Director Samaritan BH
- Jerri Lynn Stanley – Clinical Director Recovery & Wellness
- Courtney Griffith – Director of Rural Strategy YWCA
- Bethany Schultz – Preble Board of DD Director

Preble County's CIT training consists of a 24-hour (3-day) training funded through NAMI mini-grants and PCMHRB. The training is held 1 day a week for three consecutive weeks. Although there were two Eaton City Police Officers trained in 2001, most participants were trained from 2012 through the present. Among those trained were other Eaton City Police Officers, Preble County Sheriff's Deputies, community mental health board members, and mental health providers. It does not appear that any telecommunicators have been trained; there is only one communications center for all of Preble County. No other police officers from other Preble County jurisdictions appear to have been trained. Currently, it is unknown how many CIT trained officers remain on patrol. According to Preble County's CIT self-assessment, almost all of Eaton City's police officers and firefighters/paramedics have been trained in CIT through their 24-hour course.

Preble County is involved with several initiatives related to crisis care services and the continuum of care for people in crisis. Some of these programs are:

Handle with Care

- A software program which enables police officers to send a notification to schools when they respond to a call at a student's home. By reporting the contact, it makes school officials aware of issues that may be affecting the student outside the school system.

Parent Project/Why Try

- A 10-week program for parents of children at high risk for destructive behaviors. Families can be referred through the court system, JFS, mental health providers, or self-referred.

MRC Survivor Outreach Team (MRC SOT)

- The goal of the MRC Survivor Outreach Team is to create a line of communication and support system for those who have experienced a significant, traumatic loss either by suicide or other means shortly after the death occurs. This team is meant to be a form of prevention while also providing postvention services and resources for others in need.

Anti-Stigma Campaign

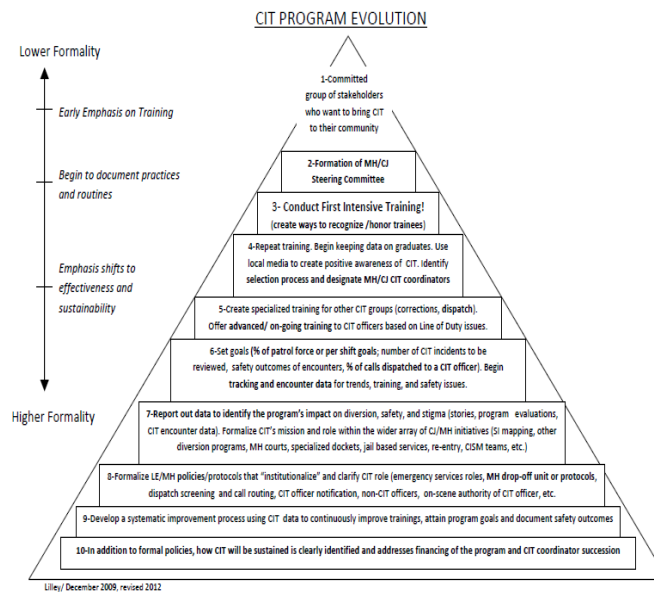
- Preble County partnered with Warren, Clinton, Montgomery, Logan Champaign, Clark, Green, and Madison Counties to launch an Anti-stigma Campaign to help reduce stigma surrounding mental health and substance use needs. This was a virtual campaign that led people to resources in their respective counties during the month of October.

No Wrong Door

- PCMHRB follows the No Wrong Door model and is working to update these resources and process for the county.

Currently, Preble County is in the process of applying for a grant through the CJ CCoE to expand their CIT program. Their proposal includes budgeting for 2 CIT co-coordinators, a software system to share and compile crisis contacts by law enforcement, and an awareness & marketing campaign.

D. CIT Program Evolution



Developing CIT programs go through common growth stages. Starting with a committed group of people who bring an initial training 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 assess Preble County CIT to be in the initial phases of the 4th stage of development: repeat training, bring awareness to the Crisis Intervention Teams and begin to designate CIT coordinators.

As mentioned in section *B. The Crisis Intervention Team Model*, CIT is more than just a training course. It is a community-based organizational model designed to help prevent people from crisis and if in crisis, refer them to essential mental health services instead of the criminal justice system, when possible. Where sound CIT programs exist, they include elements such as 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 officer and consumer safety and divert individuals in a mental health crisis from jails to gain quicker access to much needed treatment services.

Since Preble County CIT is not yet at the point of having program elements like those listed beyond the 4th stage, this report will be structured to stress the reviewers' assessment of the strengths and recommendations for improvement of the CIT training as well as outlining recommendations that address continued program development through the subsequent stages. The ultimate test of this peer review process will be if Preble County CIT is able to strengthen their countywide CIT program through assisting their local law enforcement agencies and crisis care system to organize and coordinate crisis care services in their county.

E. Crisis Intervention Team Training

Preble County CIT should be recognized for organizing and conducting locally relevant Crisis Intervention Team trainings offered by knowledgeable presenters and instructors. CIT steering committee members have worked diligently to provide a CIT course that offers as much as it can within a three-day period. PCMHRB has financially supported the trainings and continues to work with other county partners to develop beneficial CIT courses for all participants. Mental Health First Aid training for first responders is being explored and should complement CIT officers' understanding of mental health related issues and responding to people in crisis.

Recommendations

1. Expand CIT Training to a Full Course

Although the three-day course that is currently offered covers most of the suggested training core elements (See Dupont & Pillsbury, 2007, p. 14), participants would benefit from instruction on all the core elements and additional time for a more in depth experience provided in a full CIT course. In particular, participants that attended a full course regularly report great value in field trips to local mental health resources and scenario-based exercises. Field trips to local mental health resources (crisis centers, crisis stabilization centers, day facilities, etc.) not only allow participants to see behind the scenes, but they also get to meet and build relationships with other professionals and people with lived experiences. Effective communication and the ability to interact with people in crisis is a learned skill. Once instruction on effective communication and de-escalation occurs, participants should practice it. Crisis scenarios (role plays) not only allow participants to practice effective communication with people in crisis but create scenario-based experiences that can be utilized on the job. It is recommended that the Preble County CIT Training Steering Committee explore how to get buy-in from community partners to implement a full comprehensive and immersive Crisis Intervention Team training.

2. Improve Upon the Sequence of Instructional Training Blocks

The proper sequencing of instructional blocks for CIT training enhances learning, improves the ability to perform skills, and is consistent with adult learning strategies. The order and organization of instructional blocks can affect the way information is processed and retained. Information presented in a thought-out sequential order could have greater value to overall learning. Training blocks provided out of order could cause confusion or a performance of skills below expectations. For example, it would be difficult for officers to perform well in crisis scenarios before being taught how to effectively communicate with people in crisis. Consider following a sequence, such as: 1) Empathy & knowledge building 2) Skill development 3) Practical application.

Example:

1) Empathy & knowledge building

- What is CIT?
- Introduction to Mental Health Disorders
- People with Lived Experiences

2) Skill development

- Effective Communication (De-escalation & Active Listening Skills)
- Assessing mental state for Emergency Hospitalization (Pink Slipping)

3) Practical application

- Scenario Based Exercises

According to Preble County CIT, the last day of their current training is also considered a refresher training and past CIT graduates are invited to attend. This appears to have an effect on the three-day schedule so that relevant training blocks can be provided to graduates as well. Although this is an innovative and interesting way to deliver refresher training, it may be at the expense of the learning for participants attending the full course. The proper sequence of training blocks might be easier to accomplish if the refresher training (currently third day) is removed from the initial CIT training course and a refresher or advanced training is provided at another time.

3. Increase Instruction about the CIT Model

As described previously in this document, CIT is about more than just training police officers on how to respond to people in crisis. CIT is an organizational model that brings law enforcement, the crisis care system and community members together to work collectively to address issues in the local crisis care system so that people are more likely to utilize essential mental health services instead of the criminal justice system. Participants would benefit from specific training on the core elements of the model and how they relate to the local crisis care system. The core elements should be reiterated and correlated to local practice throughout the training. In general, participants should be shown their specific role, according to the CIT Model, in their local crisis care system while also being provided instruction on how to fulfill that role.

4. Increase Instruction on Addiction Related Issues

Since co-occurring substance use problems and mental health issues are more common than people realize, educating first responders on addiction and co-occurring disorders can be impactful. According to reports published in the *Journal of the American Medical Association*:

- Approximately 50% of people with severe mental disorders are affected by substance abuse
- Of all people diagnosed as “mentally ill”, 29% abuse alcohol or drugs

CIT officers should be trained to respond to all types of crises (mental health, medical emergencies, drugs & alcohol, etc.) and be able to assess and resolve the crisis as best they can. Instruction can include:

- Observable characteristics of withdrawal from different substances
- Drugs that can mimic mania, psychosis, and other observable characteristics of mental illness
- Proper use of emergency medical services
- Persons with lived experiences with addiction issues

5. Engage Telecommunicators with CIT and CIT Training

Telecommunicators play a vital role in an agency’s CIT and are often the first to engage people in crisis or their family members. Training telecommunicators on how to recognize a crisis call and effectively communicate with callers is key to initiating the appropriate first responders (CIT officers, EMS, etc..). Telecommunicators can be assets to responding to people in crisis with their information gathering and de-escalation skills prior to the arrival of law enforcement or other first responders. Through specialized training, telecommunicators can learn about their critical role in crisis response and begin to develop skills to better assist people in crisis in their community. Preble County Sheriff’s Office is the only communications center in Preble County. They dispatch for all police, fire, and EMS services. There are 10 full time and 4 part-time telecommunicators employed by PCSO. It is recommended to engage this communications center with CIT and provide them with training as an initial building block for all CIT programs.

F. Crisis Intervention Team Program Development

For a smaller Ohio county, Preble has done a great job being vigilant to the needs of the community and ensuring there are services and resources available to its residents. PCMHRB has worked diligently to ensure community partnerships and communication between agencies has been constructive while keeping the needs of their residents at the forefront. They are in the midst of many beneficial projects with hopes of growing and evolving with the needs of their community.

Since Preble County is at the early stages of the CIT pyramid as described in section D, a peer review conducted at this phase in the CIT evolution is a positive reflection of a committed group of stakeholders who want to develop a comprehensive and data driven program. It is recommended that the following four items be addressed.

1. Steering Committee

Establish an inclusive steering committee that includes members who will actively commit to working together to ensure that the planning, implementation, and evaluation of the CIT program are consistent with best practices throughout the State of Ohio. For suggestions on the identification of potential members, refer to “Worksheet: Leaders You Need at the Table,” page 204 from the “Crisis Intervention Team (CIT) Programs Best Practices Guide,” a publication from CIT International (August 2019).

It is recommended that the steering committee include people with lived experience. Consumer involvement is critical to the success of a CIT program. They can add value by offering a unique view into crisis interactions from the consumer standpoint. Consumers are also “troubleshooters” regarding

issues that arise during the development of the program, specifically, in relation to how they are managed throughout multiple systems (crisis stabilization services, the criminal justice system, behavioral health, recovery providers, etc.). It is recommended that a certified peer supporter have a permanent seat at the table.

3. Policies and Procedures Development

“Policies and procedures are a necessary component of CIT. They provide a set of guidelines that direct the actions of both law enforcement and mental health officials.” (Dupont et al., 2007)

Crisis Intervention policies and procedures with a Crisis Intervention Team focus would bring Preble County law enforcement agencies into alignment with the goals & objectives of a countywide CIT program. The motivation to review and revise policies are threefold: First, current law enforcement policies appear general and broad and did not have a specific Crisis Intervention Team focus applicable to a CIT program. Secondly, updated policies can provide guidance and uniformity across all agencies. They can provide specific guidelines and expectations, aligning with the CIT Model, to all officers when encountering a person in crisis. Lastly, comprehensive crisis intervention policies can provide continuity when leadership and personnel changes occur.

The CJ CCoE can provide technical assistance in developing new policies and procedures. In November of 2020, they will distribute a policy guide that will assist law enforcement with designing their own crisis intervention policy that is CIT focused.

It is recommended that when revising law enforcement policies, it be done sequentially. There should not only be a focus on law enforcement policies, but also the procedures support agencies use to receive a person in crisis. Attention should be given to how people in crisis transverse the criminal justice and crisis care system. Current procedures and initiatives in other systems and departments should be reflected in law enforcement policies so that there is a safe and effective hand-off to the next level of care.

4. Information Sharing & Comprehensive Data Collection

Currently, there is no formal process for identifying and tracking police encounters for people in crisis. Implementing contact sheets and sharing the information with mental health professionals allows for the possibility for case management to intervene and outpatient services to be employed. When this information is also compiled and analyzed, it will assist with understanding the mental health system, the local crisis care system, and the criminal justice system in regards to the people with mental health issues, substance use disorders and developmental disabilities utilizing those different social systems. The data will assist with identifying insufficiencies with your local crisis care services and gaps in service associated with the continuum of care for people in crisis.

To get buy-in from police agencies, the CIT Steering Committee should promote how sharing contact information will benefit the agency and potentially lessen police encounters with people in crisis. Once contact information is being documented, a system should be designed for police to easily pass the information to mental health for follow-up with people in crisis in the community.

As Preble County CIT develops, they should develop reporting strategies at each intercept so that aggregate data can be compiled and analyzed. The information can be studied to understand how citizens from Preble County flow through the behavioral health and criminal justice systems. In most cases, data in aggregate can provide substantial insight into how many people with mental and substance use disorders are encountered at each intercept and the capacity of community, behavioral health, and criminal justice systems to route people into appropriate services at each intercept. The data can illuminate where gaps or insufficiencies in the continuum of behavioral health services may be contributing to significant impacts on the criminal justice system.

2. Awareness & Marketing

For a CIT program to be successful, it needs to be promoted and utilized in the appropriate way. Although this CIT program is in its early development phase, the service is currently active and CIT officers are patrolling and responding to mental health crisis calls within the county.

A community marketing campaign can be achieved through the collaboration with partners including law enforcement, the Preble County Mental Health & Recovery Board, local hospitals, consumer support groups, and mental health and substance use disorder providers. It is recommended that an ad hoc sub-committee be formed with select CIT steering committee members and local outside experts with the intent to create a marketing campaign for the CIT program. Examples of awareness and marketing campaigns are:

- Using traditional media and social media, community members can learn about CIT and that they can request a CIT officer when they call for emergency services.
- Embed the media into a CIT training, when appropriate. They can report on the success of the training, which agencies are involved with CIT, and how to request a CIT officer in their community.
- Campaign to key decision makers including county commissioners, elected officials, state representatives, and police chiefs for policy creation, funding, and sustainability.
- Promotion of CIT officers to mental health and substance use disorder providers will empower them to share that option with their clients and their family members. The same applies for hospitals, homeless shelters, fire/EMS, and staff in the criminal justice system.

Technical assistance to all the recommendations is available through the CJ CCoE.

Reference List & Suggested Publications

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