City of Chicago

Independent Police Review Authority

Policy Report: Recommendations for the Chicago Police Department's Crisis Intervention Program

May 18, 2016

I. Executive Summary

Pursuant to MCC Section 2-57-40(i), the Independent Police Review Authority (IPRA) is empowered to make recommendations to the Chicago Police Department (CPD) regarding its policies and procedures. In the wake of several high profile incidents involving persons with mental illness, IPRA reviewed CPD policies and practices involving responses to individuals experiencing mental health crises.

It is widely recognized that crisis intervention training for police officers is an important component to a department's practices related to the handling of individuals in mental health crisis. As of January 2016, CPD has made Crisis Intervention Team (CIT) Training a mandatory component of the training curriculum for all officers being promoted into supervisory positions. CIT Training curriculum is also offered to other department members on a voluntary basis. At the time of publication, approximately 2,058 CPD members have received Crisis Intervention Training.

Methodology

To gain an understanding of CPD's CIT Training, IPRA personnel attended the training and interviewed CIT officers and OEMC management. IPRA also spoke with social service providers, academics, and researchers who have been involved in the development and evaluation of CPD's CIT training.

Preliminary Recommendations

Based on our review of OEMC's current identification of and CPD's response to incidents involving individuals in mental health crisis, we offer the following preliminary recommendations:

> **Intake:** It is imperative that calls about incidents involving individuals in mental health crisis be appropriately identified by call-takers, such that the appropriate department resources can be dispatched in response to the call. To that end, OEMC should ensure that their dispatchers are appropriately trained and that there are relevant protocols in place to effectively identify calls related to mental health or psychological issues.
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> **Response and Outcomes**: CPD should develop procedures that will enable the department to evaluate how successfully department members are implementing CIT training and policies. CPD should review all mental health-related incidents that result in incarceration and/or great bodily harm and assess if officers appropriately implemented their CIT training.

Reporting: CPD should publicly report on its efforts quarterly and annually.

Training and Resources: After being trained and demonstrating competency, officers can volunteer to become designated as CIT trained officers. CPD should make greater efforts to further expand its CIT Unit and increase the number of officers who are trained in crisis intervention, and are, therefore, available when needed in the community.

Outreach: CPD should implement a strategic community outreach plan specifically for CIT that engages stakeholders – including persons living with mental illnesses and their families, social service providers, community health centers, psychiatric hospitals, schools, and other organizations – to educate the community about CPD's CIT training and other diversion programs.

Resources: CPD should expand the CIT Unit. Currently, the four officers assigned to CIT spend the bulk of their time training other officers. To fulfill the goals of the CIT program, CPD should assign more officers to the CIT Unit.

II. Methodology

To gain an understanding of CPD's CIT training, IPRA interviewed CIT trainers and attended CIT training. IPRA reviewed available research and literature involving CPD's crisis intervention efforts and other similar programs.[1] IPRA met with OEMC management to gain an understanding of its dispatch protocol. IPRA spoke with academics who conduct evaluations of CPD's CIT training and with service providers who collaborate with CPD to design and implement the program. IPRA also consulted with local research institutions to gain an understanding of how CPD's CIT training intersects with other social and economic issues and to determine the appropriateness of IPRA's recommendations.

III. Analysis of CPD's Crisis Intervention Training and Program

Because law enforcement engage in a variety of daily interactions with the public, it is imperative that they are properly trained to address situations that they often encounter while on the job. No where is this more important than when law enforcement intervene in a situation involving a person with mental illness or who may otherwise be in a crisis.

[1] See Appendix A for sources.

It is widely recognized that crisis intervention training for police officers is an important component of a department's policies and practices. Crisis Intervention, at its best, diverts people living with mental illness away from the criminal justice system and towards community resources. It provides officers, clients, and community service providers with effective practices and processes to mitigate the disparate impacts that policing has on people living with mental illness experience. CIT training is also an officer-safety strategy, providing officers with the skills to de-escalate and mitigate potentially high-risk situations.

Effective crisis intervention, however, not only relies on law enforcement personnel and 911 call takers and dispatchers appropriately identifying calls, but on the broader health system providing the necessary support to persons experiencing mental illness. Thus, incidents must be identified as involving a mental health-crisis, so that those in crisis can be provided with mental health evaluation and mental health services including, but not limited to, hospitalization.

Context

In 2004, CPD established its CIT training, and the unit is currently staffed with four officers. The unit is charged with improving CPD's response to mental health incidents by training officers, developing a "comprehensive, uniform intervention strategy," and serving as the Critical Response Unit for incidents requiring mental health response expertise. The officers assigned to the unit are also charged with providing ongoing training and support at the district level for CIT officers and fulfilling other duties. Currently, due to limited personnel resources, unit members spend the bulk of their time training officers.

CPD's CIT training is a collaborative effort involving mental health professionals, community service providers, individuals living with mental illness, families, and advocates. The 40-hour program combines classroom and scenario-based learning. CPD has also developed CIT classes specifically tailored to youth populations and veterans. CPD members who have completed the base-level CIT training can volunteer to take specialized training courses noted above.

Beginning in 2016, CPD began requiring crisis intervention training for all promotional classes and Field Training Officers. The training remains available to other department members on a voluntary basis. As of the publication of this report, CPD has trained approximately 2,058 members in crisis intervention, which accounts for almost 16% of the CPD's sworn officers.

Last month, the mayor-appointed Police Accountability Task Force ("PATF") published a report suggesting that CPD increase the number of CIT-designated officers to at least 35% of patrol officers.[2] In addition, the PATF outlined several recommendations for CPD's CIT program and de-escalation efforts.[3] Some of these recommendations will require significant fiscal investment in the City's infrastructure, for example, investment in a Smart911 system. These structural improvements are important if the City is to operate consistent with nationally-recognized best practices. However, there are important improvements the City can implement in the short-term as well.

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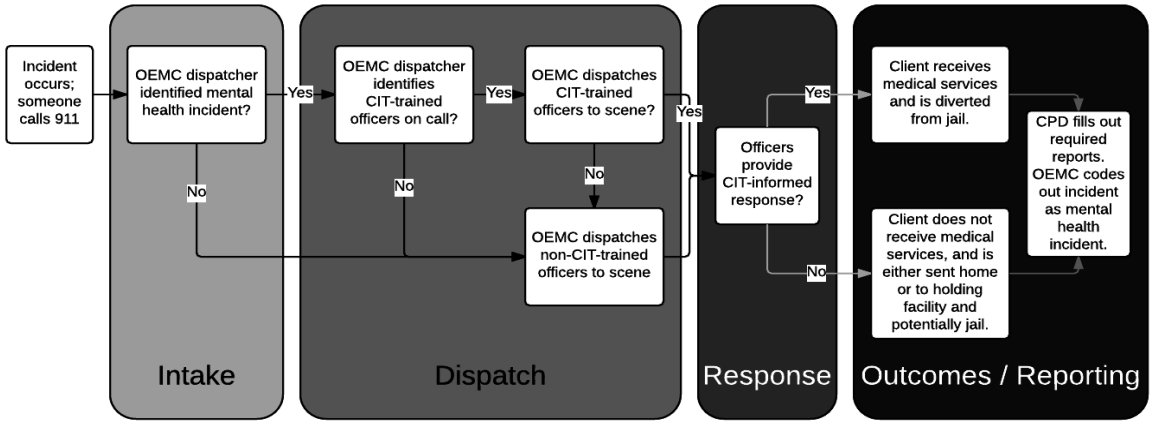
[2] Police Accountability Task Force, "Recommendations for Reform: Restoring Trust Between the Chicago Police and the Communities They Serve" April 2016, 179.
http://chicagopatf.org

[3] *Ibid*. The Task Force's recommendations include:
"1. OEMC should invest in a Smart911 system.
2. OEMC should implement a 16-hour mental health awareness training.
3. OEMC should devote attention to supporting personnel in providing compassionate and effective service to the community and implementing stress management training that complies with national standards.
4. The Chicago Department of Public Health ("CDPH") should partner with mental health agencies and advocacy groups to develop a two-step community education campaign on the signs of mental illness and how to best respond to a mental health or related crisis.
5. CPD should increase the number of CIT-certified officers to 35% of all patrol officers, and ensure that individual districts with the highest number of mental-health calls are staffed to 35% or higher. All districts and all watches should staff at least two CIT-certified officers. Refresher courses should be developed and provided to CIT-trained officers. CPD should attach a permanent code "z" to officer names that OEMC can always access so dispatch can assign appropriate officers to calls.
6. The City should create a "Mental Health Critical Response Unit" within CPD that is responsible for mental health crisis response functions, training, support, community outreach and engagement, cross-agency coordination and data collection and houses the CRU.
7. The City should create a crisis response system to support multi layer co-responder units where behavioral health providers are working with OEMC and CPD to link individuals with mental health issues to treatment, 24 hours a day.
8. The City should expand and invest in Crisis Stabilization Units ("CSU") for individuals suffering from symptoms of mental illness who do not need to be psychiatrically hospitalized.
9. The City and the MHCRU should identify frequent, high-use and high-need individuals and help them get mental health treatment.
10. The City should invest in first episode programming so that young adults experiencing their first episode of psychosis or major depression are immediately linked to intensive services to reduce progression of illness and decrease the risk of criminal justice involvement.
11. CPD should work to decrease trauma and escalation at crime scenes by reducing the show of heavy weapons and expanding the Chicago Survivors program."
Source: Police Accountability Task Force, "Recommendations for Reform: Restoring Trust Between the Chicago Police and the Communities They Serve" April 2016, pp. 115-130.
http://chicagopatf.org

CPD's Current CIT Response Process

The following schematic describes CPD's current approach for responding to 911 calls which have been identified as involving individuals in mental health crisis:



- Intake
  - OEMC receives calls for service and can classify calls as mental health-related. Currently, only approximately 0.6% of incoming 911 calls are identified during the intake stage as involving individuals in mental health crisis.[4] In New York City, the actual percentage may be as high as 1.4%.[5]
- Dispatch
  - After OEMC classifies calls as mental health-related, OEMC then dispatches CIT-trained officers, if such officers are appropriately identified in the OEMC system and available to respond.
- Response
  - Officers respond to the incident and provide,
    - a CIT training-informed response[6] which may include:
      - listening actively,
      - using empathy statements to acknowledge the person's feelings,
      - negotiating to provide alternatives,

[4] IPRA analysis of OEMC-provided data. IPRA did not independently validate the accuracy or completeness of this data.

[5] Adelle Waldman, "Police struggle with approach to the mentally ill," March 17, 2004, citing from interview with James Fyfe, Deputy Commissioner for Training, New York Police Department, http://www.csmonitor.com/2004/0317/p11s02-usju.html.

[6] Chicago Police Department. Crisis Intervention Training Unit, Materials provided at CIT Trainings, 2016.

- utilizing time and distance to de-escalate the situation,
- repeating statements and allowing the person to process what the member is saying,
- using neutral and non-threatening language, including neutral stances and calm, low, slow-paced language,

▪ and / or a Use of Force-informed response[7] which may include:

- emphasizing "Command and Control" tactics, [8]
- utilizing physical force to hold, stun, and strike directly,
- using batons, bean bag munitions, "pepper spray" (OC spray), tasers, canines, and long range acoustic devices (LRAD), and
- discharging firearms.

○ CIT trainers emphasized that the skills taught in the Academy and in CIT training can be used in conjunction to effectively address situations. For example, when officers transport someone in mental health crisis to a medical facility, officers must handcuff the individual to transport them, which could require both CIT and Use of Force techniques.

- Outcomes/Reporting
  - Depending on the characteristics of the individual involved and the nature and circumstances of the police interaction, there are three possible outcomes:
    - the involved individual is taken to or referred for mental health treatment or evaluation,
    - the individual is arrested and taken to jail, or
    - there is no further action taken.
  - At the conclusion of the police interaction, the involved officers are required to complete the necessary reports and documentation, and OEMC classifies the call as a mental health-related call.

[7] Chicago Police Department, "General Order G03-02-01The Use of Force Model," May 16, 2012, http://directives.chicagopolice.org/directives/data/a7a57be2-128ff3f0-ae912-8fff-cec11383d806e05f.pdf?ownapi=1.

[8] CPD's Academy teaches "Command and Control" tactics to recruits in training. "Command and Control" include actions taken to quickly gain control of a situation. During CIT training, the CIT trainers stated that crisis intervention techniques are different from the Academy's "Command and Control" tactics.

IV. Recommendations

Based on our review of current practices implemented by OEMC and CPD, we offer the following recommendations that we believe can be implemented in the short-term to improve CPD's response to mental health-related incidents.

1. Intake: It is imperative that calls about incidents involving individuals in mental health crisis be appropriately identified by call-takers, such that the appropriate department resources can be dispatched in response to the call. To that end, OEMC should ensure that their dispatchers are appropriately trained and that there are relevant protocols in place to effectively identify calls related to mental health or psychological issues. Specifically, OEMC should add questions to their intake protocol to more effectively identify mental health calls. The specific types of incidents that may trigger additional questions could include domestic altercations involving weapons and suspicious person calls.

2. Dispatch: OEMC should perform quality assurance checks to ensure that dispatchers are appropriately identifying mental health-related incidents and dispatching appropriate CPD personnel. OEMC should also develop and document a policy to review mental health-related incidents involving 911 calls to determine where potential improvements to policies and practices may be necessary.

3. Response / Outcomes: The most important aspect of CPD's crisis intervention training is the manner in which officers respond in real-life situations involving individuals in mental health crisis. CPD should develop plans and protocols that will enable the department to evaluate how successfully department members are implementing the CIT-informed training and policies. However, in order to evaluate how officers handle these incidents, the department first needs to be able to identify which incidents to review. To accomplish this, CPD should work with OEMC to reassess the directives related to how incidents are classified as involving an individual in mental health crisis and ensure that these directives are reinforced among department members.

CPD should charge the CIT unit with developing and implementing an audit and review program. The purpose of the audit and review program would be to assess the effectiveness of the department's response to persons in mental health crisis evaluating how these incidents are handled from initiation through final disposition. Moreover, CPD should review all mental health-related

incidents that result in incarceration and/or great bodily harm and assess if officers appropriately implemented their CIT training.

4. Reporting: CPD should identify and monitor specific and measurable metrics to assess the performance of the Department in achieving the goals of the CIT program.[9] CPD, in conjunction with its community partners, should publish quarterly and annual reports regarding its crisis intervention efforts. CPD should consider creating a regular forum that will allow community members and affected individuals and families an opportunity to provide feedback on the Department's mental health-related response.

5. CIT Officers Designation[10]: Rather than certifying officers based on classroom training alone, CPD should consider implementing a field training element to the Crisis Intervention Training program that requires the successful completion of probationary period involving field observation and supervision. Once the officer completes the probationary period, the officer can volunteer to be designated as a CIT officer.

Moreover, CPD should develop specific criteria for the officers who receive the CIT designation. For example, a department member with a sustained excessive force complaints within the past 5 years or officers with any sustained allegations involving the treatment of persons with mental illness should not be permitted to be designated as CIT officers.

6. Training and Re-certification: CIT officers who volunteer to stay in the program should be required to undergo recertification, which could include further specialty training in CIT-Youth or CIT-Veteran trainings, at least every three years. Re-certification is a broadly accepted best practice with the intent of refreshing officer's skills and abilities to appropriately and dutifully perform their jobs and respond to incidents.

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[9] These metrics could include measuring the number of mental health-related calls the City receives over a certain period, how many CIT trained officers are dispatched to mental health-related calls, how those calls are resolved, and the ultimate outcomes of those calls, including how many mental health calls resulted in arrest vs. transport to a mental health facility, how many resulted in involuntary admission, and how many resulted in provision of social services.

[10] See Settlement Agreement, United States v. City of Portland, Case No. 3:12-cv-02265-S1, p. 38, 40. See Settlement Agreement United States v. City of Ferguson, Case No. 4:16-cv-000180-CDP, p. 47. See Settlement Agreement, United States v. City of Albuquerque, Case No. 1:14-CV-1025, pp. 46-7. See Settlement Agreement, United States v. City of Cleveland, Case No. 1:15-cv-01046-SO, pp. 34-9.

7. Outreach: CPD should implement a strategic community outreach plan specifically for crisis intervention that engages stakeholders – including persons living with mental illnesses and their families, social service providers, community health centers, psychiatric hospitals, schools, and other organizations – to educate the community about CPD's CIT program and other diversion programs. In particular, affected individuals and families should be encouraged to identify mental health issues and provide as much information as possible when requesting help during a 911 call to ensure that OEMC and CPD dispatch and provide CIT-trained officers.

8. Resources: CPD should expand the CIT Unit. Currently, the four officers assigned to CIT spend the bulk of their time training other officers. To more successfully fulfill the goals of the CIT program, CPD should assign a sufficient number of officers to enable the CIT Unit to develop, monitor and evaluate the program over time.

V. Conclusion

The fact that large, urban police departments face many challenges in serving citizens in crisis is well-documented. The need for more comprehensive and holistic strategies that address crisis intervention is widely recognized by departments and mental health professionals alike. The Chicago Police Department has several initiatives underway toward that end, including improvements to officer training and use of force policies. However, there is much more that can and should done, both in the short- and long-term.

VI. Appendix A

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