

**Enhancing Police Response to People with Mental Illness in the District of Columbia by Incorporating the Crisis Intervention Team (CIT) Community Policing Model**

**(Last Updated – July 2010)**

On September 7, 2006, PCB issued a report and recommendations concerning police response to people with mental illness. PCB recommended the use of the Crisis Intervention Team (CIT) community policing model in Washington. Since OPC opened to the public in January 2001, it has regularly received complaints about MPD officer treatment of people suffering from mental illness. Until recently, MPD had resisted implementing the CIT model. Our FY 2007 annual report discussed MPD’s reactions to PCB’s recommendations concerning the adoption of a CIT program. In February 2009, however, we were informed by the District Department of Mental Health (DMH) that MPD has decided to go forward with a CIT program in conjunction with DMH. The new CIT program is called the Crisis Intervention Officers (CIO) Initiative and, since January 2009, DMH has conducted six classes and trained approximately 130 MPD officers, who will be dispatched in service calls involving the mentally ill. Officers are trained in discerning if a mentally ill citizen is in need of emergency hospitalization and evaluation, as well as determining if a Mobile Crisis Team should also assist.

<b>Recommendation</b>	<b>Status</b>
The District Government should designate a subgroup of the Criminal Justice Coordinating Council’s (CJCC) Substance Abuse and Mental Health Workgroup (SAMHW) to serve as the District’s CIT task force.	<b>Adopted in part.</b> On August 30, 2006, the CJCC’s SAMHW established a subgroup to examine all of the alternatives available for responding to people with mental illness to create a model unique to the District.
MPD should select a CIT coordinator now so this person can participate in the development of the program.	<b>Adopted in part.</b> MPD states that it has adopted the CIT model by creating a Crisis Intervention Officer (CIO) Initiative, in which MPD identifies officers who possess advanced expertise by virtue of their experience in interacting effectively with the mentally ill and provides these officers with 40 hours of additional training in handling service calls involving the mentally ill. Officers who complete the training will be certified and their names will be entered into a database. While performing assigned duties within their designated patrol service areas, the CIO will be dispatched when requested to handle service calls involving the mentally ill and will become the primary officer for that service call. The CIO engages and collaborates with other community services providers, including the DMH Mobile Crisis Unit and the Homeless Outreach team where appropriate and necessary.
The District should apply for CIT grant funds.	<b>Pending.</b> MPD has not indicated if it has applied for a grant to fund its CIT initiative.

<b>Recommendation</b>	<b>Status</b>
A subcommittee of the CIT task force should participate in a two-day planning workshop in Memphis.	<b>Adopted.</b> On December 19, 2008, MPD stated that it had met with representatives from the Memphis Police Department to examine the Memphis CIT model. MPD has recently initiated the CIO program.
Following receipt of the subcommittee's report, the CIT task force should outline key elements of the District's CIT program.	<b>Adopted.</b>
Task force members responsible for CIT officer training should participate in 40-hour training program in Memphis.	<b>Adopted.</b> The CIO initiative provides forty hours of training for officers that include basic information on various mental illnesses and how to recognize the symptoms, the local mental health system, laws related to the mentally ill, and verbal de-escalation training and role-playing. Representatives from various District government agencies and community-based organizations serve as trainers. Involvement by the community is coordinated by the District of Columbia chapter of the National Alliance on Mental Illness.
The District should prepare dispatch operations for changes necessitated by CIT.	<b>Adopted.</b> CIO officers are identified on a database and will be dispatched upon the request of a beat officer or an officer assigned to a call.
The District should coordinate with the Emergency Medical Services Bureau of the D.C. Fire and Emergency Medical Services.	<b>Adopted.</b> FEMS has participated in a pilot project that is examining the agencies' joint responses to the mental health community. In addition, FEMS is working closely with DMH to develop an agreement to address training and other issues involving services to people with mental illness.
MPD should prepare to collect and analyze CIT service call data.	<b>Adopted in part.</b> Although MPD has adopted the CIT model, it has not provided information concerning the collection and analysis of service calls.
DMH should prepare to collect and analyze data on outcome of CIT officer referrals.	<b>Not adopted.</b> DMH has partnered with MPD to develop the CIO initiative, but did not state if the agency would be reviewing any data.
MPD should ensure that CIT officers develop knowledge of and a close working relationship with community-based mental health service providers.	<b>Adopted.</b> During service calls, the CIO engages and collaborates with other community service providers, including the DMH Mobile Crisis Unit and Homeless Outreach team.
DMH should strengthen and expand its mobile crisis unit.	<b>Adopted.</b> DMH states that it has implemented its Mobile Crisis Services (MCS) program in November 2008. MCS is a component of the agency's CPEP program and offers services 16 hours a day, seven days a week. In the 11 months that MCS has been active, the program has served almost 1,500 individuals. .
DMH's Comprehensive Psychiatric Emergency Program (CPEP) should be relocated to a facility that includes emergency medical treatment and alcohol and drug detoxification services.	<b>Adopted in part.</b> Although there are no plans to relocate CPEP, DMH added eight extended observations beds. Only about 35% of the individuals seen at CPEP require hospitalization.
DMH should ensure that CPEP policies emphasize use of community-based resources and outpatient observation, evaluation, and treatment to the greatest extent possible.	<b>Adopted.</b> DMH has worked to establish strong relationships with MPD and other District government agencies and coordinates with community providers to reduce the number of individuals who are hospitalized. DMH has hired individuals who were employed as caseworkers at nonprofit agencies serving the mentally ill to man the MCS unit.