



# GOVERNMENT OF THE DISTRICT OF COLUMBIA POLICE COMPLAINTS BOARD OFFICE OF POLICE COMPLAINTS

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## PCB POLICY REPORT #19-2: Updates for the Crisis Intervention Officers Program

### Summary of Issue:

On September 7, 2006, the Police Complaints Board (PCB) issued a report on “Enhancing Police Response to People with Mental Illness in the District of Columbia: Incorporating the Crisis Intervention Team (CIT) Community Policing Model.”<sup>1</sup> In that report the PCB recommended the Crisis Intervention Team (CIT) model, pioneered by the Memphis Police Department in 1988, to best serve the District of Columbia. This recommendation came after analyzing the operation of the CIT model and implementation in other jurisdictions, including nearby Montgomery County and Baltimore.<sup>2</sup>

In 2009, MPD began implementing the CIT model. MPD carries out the program through a partnership with the Department of Behavioral Health (DBH) and the National Alliance of Mental Illness (NAMI DC), and it is referred to as the Crisis Intervention Officer (CIO) Initiative or Program.<sup>3</sup> In this initiative, all incoming officers receive basic mental health training, while officers specially designated as Crisis Intervention Officers (CIOs) receive 40 hours of additional training. During the additional CIO training, officers learn more about mental health and substance abuse concepts and symptoms, local resources, local laws, suicide prevention, and de-escalation techniques.<sup>4</sup> According to DBH, since the program’s creation,

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<sup>1</sup>Available at:

<https://policecomplaints.dc.gov/sites/default/files/dc/sites/police%20complaints/publication/attachments/Enhancing%20Police%20Response%20to%20People%20with%20Mental%20Illness.pdf>

<sup>2</sup> In addition, two Office of Police Complaints (OPC) staff members visited Memphis and met with representatives of the Memphis Police Department, the Memphis mental health system, and Memphis-based advocates for consumers of mental health services. The OPC staff members also participated in full-shift, CIT officer ride-alongs, in an effort to gain first-hand knowledge of how this model worked in practice.

<sup>3</sup> Crisis Intervention Officer (CIO) Annual Trend Report (FY2014-FY2017). Available at:

[https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/webpage.%20Report.%20CIO%20Annual%20Trend%20Report%20FY11-FY15\\_0.pdf](https://dbh.dc.gov/sites/default/files/dc/sites/dmh/publication/attachments/webpage.%20Report.%20CIO%20Annual%20Trend%20Report%20FY11-FY15_0.pdf)

<sup>4</sup> 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). Available at:

<https://policecomplaints.dc.gov/sites/default/files/dc/sites/office%20of%20police%20complaints/publication/attach>

1,156 law enforcement personnel (963 from MPD districts and bureaus; 193 from other agencies) have been trained and certified as Crisis Intervention Officers.<sup>5</sup>

MPD continues to update their CIO program, with the most recent version of the General Order for “Interacting with Mental Health Consumers” going into effect on February 9, 2015.<sup>6</sup> Recently, MPD coordinated with the Department of Behavioral Health (DBH) and Department of Human Services (DHS) for a pilot pre-arrest diversion program to provide individuals facing mental illness and/or substance use disorders who may otherwise be arrested with the opportunity to receive supportive services.<sup>7</sup> With these improvements in mind, the PCB wants to take the opportunity to reexamine the program, and consider other aspects of the CIO that may be improved based on the best practices of other police departments. This report identifies opportunities for updates to the CIO to allow MPD to best serve the community.<sup>8</sup>

### **Background and Applicable Directives:**

The two primary goals of the CIO program are safety and the diversion of nonviolent individuals with mental illnesses away from the criminal justice system to more appropriate mental health services. Key outcomes are:

- Increased appropriate diversion to mental health care rather than adjudication in criminal justice system
- Fewer injuries to citizens or police officers
- Shorter crisis response times
- Decreased preventable arrests
- Increased mental health referrals by police officers<sup>9</sup>

With approximately 100 officers trained as CIOs each year<sup>10</sup>, the goal is for there to be several CIOs on duty at any given time. These CIOs are deployed as follows:

1. Members trained as CIOs shall go in service at the beginning of each shift and advise the dispatcher and i-Mobile<sup>11</sup>, if applicable, that they are Crisis Intervention Officer trained.

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[ments/Policy%20Status%20-%20Mental%20Illness%20-%20Incorporating%20the%20CIT%20Model%20%28Latest%20Update%20February%202012%29.pdf](#)

<sup>5</sup> *Supra*, Note 3.

<sup>6</sup> General Order 308.04

<sup>7</sup> See <https://dbh.dc.gov/service/pre-arrest-diversion-program>

<sup>8</sup> The Police Complaints Board (PCB) is issuing this report pursuant to D.C. Code § 5-1104(d), which authorizes the Board to recommend to the District of Columbia Mayor, Council, MPD Police Chief, and the Director of District of Columbia Housing Authority reforms that have the potential to improve the complaint process or reduce the incidence of police misconduct.

<sup>9</sup> <https://dbh.dc.gov/page/reports-01>

<sup>10</sup> *Id.*

<sup>11</sup> Mobile computer system

2. Office of Unified Communication (OUC) dispatchers may refer to the list of trained members for dispatch or may request a CIO over the radio for assignment.
3. CIOs shall respond to calls or incidents involving confirmed or suspected mental health consumers in crisis when available.
4. CIOs may handle calls for service outside their assigned patrol district with the approval of the District Watch Commander and/or the Field Commander.<sup>12</sup>

MPD has the authority to detain and transport to a hospital a person who is believed to be a mental health consumer (MHC) and because that illness is a threat to the MHC's self or others. MPD outlines the procedures for officers to follow when conducting an involuntary admission for a psychological evaluation (FD-12) in General Order 308.04. It details that if a MHC does not voluntarily agree to go to Comprehensive Psychiatric Emergency Program (CPEP) then the officer must search and handcuff the MHC when transport occurs in a department vehicle. Officers must complete the FD-12 form with specific statements of the behaviors that led the officer to believe that the person was in imminent danger to themselves or others.<sup>13</sup>

The Department of Behavioral Health (DBH) regularly reports on the data of CIOs interactions with MHCs based on the PD251C (MPD-CIO Tracking Form) provided to DBH from MPD. The PD251C is to be completed by CIOs following their response to mental health-related calls or by the responding officer if a CIO is not available. In the most recent report, covering October 1, 2013 through September 30, 2017 (FY14-FY17), the DBH reported the following:

- MPD submitted a total of 2,984 PD251Cs to DBH;
- There were 1,005 CIOs (821 from MPD; 184 other agencies) active in the field;
- Suicide Threats/Attempts and Depressed behavior were the most common behaviors reported on scene;
- Weapons were present in 7-10% of incidents (knives/sharp objects were most common);
- Injuries to the CIO or responding officer (non-CIO) were reported in 1-2% of incidents;
- Physical force (versus spray, baton, Taser or firearm) was the only type of force used by the CIO or responding officer in 2-3% of incidents (data available for FY17 only);
- The level of resistance by the subject was cooperative or passive in 87-89% of incidents (data available for FY17 only);
- Incidents resulted in transports for psychiatric evaluation in 81-84% of calls.<sup>14</sup>

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<sup>12</sup> GO 308.04

<sup>13</sup> MPD General Order 308.04: Interaction with Mental Health Consumers. Effective date February 9, 2015.

<sup>14</sup> *Supra*, Note 3.

This information appears to indicate there were at least 2,984 incidents involving a MHC, and those incidents resulted in transport for psychiatric evaluation in 81-84% of these cases. This represents a significant number of MHC related incidents per year, and a significant portion of MPD's resources. Therefore, it is worth examining possible enhancements to optimize the CIO program.

### **Program Enhancements from Other Jurisdictions**

The CIT model is widely considered a best practice in policing, as recommended by the PCB in 2006. Since implementation of this model has become widespread, many departments have implemented slight variations. These variations can act as incubators for experimentation and improvement. Relevant variations include hiring mental health professionals within the department, increasing dispatcher training, and providing CIOs with additional information to better handle situations.

#### *A. Psychiatrists, Social Workers, and Case Managers*

While police officers may be the first to interact with MHCs, they are not mental health professionals. To address this issue, some police departments have hired mental health professionals full-time. The Albuquerque Police Department employs a full-time psychiatrist. The psychiatrist aids the department in many ways including performing CIT training, conducting psychiatric assessments in the field, and acting as a liaison between the mental health system and the department.<sup>15</sup> Further, "Sgt. John Gonzales of the Albuquerque Police Department identified numerous benefits of having a psychiatrist on the force, including better education of detectives about mental illness, increased collaboration with health-care providers and more efficient use of hospital resources."<sup>16</sup>

Social workers and case managers can be a lower cost alternative to a psychiatrist, but provide similar benefits to a police department. The Jefferson County Sheriff's Department utilizes Case Managers (CMs) who follow the MHC throughout the process of the justice system. The CMs are "co-located in the main patrol station near the deputies' work locations and are a readily available resource for the field patrol staff."<sup>17</sup> The co-location of CMs "allows for better collaboration, as relationships have been built that may not have evolved if the deputies and CMs were not able to see one another on a daily basis...Because of this strong and credible relationship, along with immediate access and response, patrol deputies often call the CMs for advice rather than wait for mobile crisis teams to respond. This has become an unforeseen added benefit for Jefferson County sheriff's deputies in their patrol operations."<sup>18</sup> The CM positions

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<sup>15</sup> [https://www.washingtonpost.com/national/health-science/police-encounter-many-people-with-mental-health-crises-could-psychiatrists-help/2018/07/20/20561c26-7484-11e8-b4b7-308400242c2e\\_story.html?utm\\_term=.9b79af4370d7](https://www.washingtonpost.com/national/health-science/police-encounter-many-people-with-mental-health-crises-could-psychiatrists-help/2018/07/20/20561c26-7484-11e8-b4b7-308400242c2e_story.html?utm_term=.9b79af4370d7)

<sup>16</sup> *Id.*

<sup>17</sup> Sheriffs Address the Mental Health Crisis in the Community and in the Jails. Available at: <https://ric-zai-inc.com/Publications/cops-w0869-pub.pdf>, at 26.

<sup>18</sup> *Id.*

were originally created with grant money, but when the grant expired, they were then funded full-time by the county mental health office. “The decision to fund these positions was based on what the JCSO and Jefferson Center for Mental Health noted as a significant increase in referrals to the CIT CMs with a corresponding reduction in time deputies spent handling mental health related calls.”<sup>19</sup>

Recently, “DBH launched its new Community Response Team (CRT), a multidisciplinary approach to improve behavioral health outcomes in the District with a focus on proactive service offerings and tailored responses to behavioral health support needs. The CRT is a multi-site 24/7 model of care consisting of a multidisciplinary team of licensed clinicians, community behavioral health specialists, and individuals with lived experience. The CRT is designed to support communities by providing:

- (1) Critical incident response, including deploying responders to any other situations requiring behavioral health supports;
- (2) Targeted community outreach intended to improve the utilization of services and support the identified needs of communities;
- (3) Supportive behavioral health services, including regular engagement with individuals showing signs of mental health and/or substance use disorder to connect them to treatment and other services and persuade them to seek a safe environment; and
- (4) Community education, including participating in a wide array of community support requests, trainings, educational outreach efforts and community stakeholder meetings, to provide recommendations on behavioral health needs and engagement strategies to promote the wellness of District residents.”<sup>20</sup>

### *B. Dispatch*

While it is important for officers in the field to identify MHCs, it can be an added benefit for dispatch to recognize mental health related calls and to properly assign CIO officers to the incident, and give the responding officers some added insight to the situation before they arrive on scene. Some departments have decided to train dispatchers in CIT training alongside the officers, while others have elected to have dispatchers complete an “introduction to CIT” with their initial dispatch training.<sup>21</sup> In Akron, Ohio, dispatchers receive an additional four hours of mental health related training.<sup>22</sup> This dispatcher training is credited with increased awareness and improved assessment of MHC related calls, providing better service to the community.<sup>23</sup>

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<sup>19</sup> *Id.* at 27.

<sup>20</sup> Letter from MPD Chief Peter Newsham to OPC Executive Director Michael Tobin, dated July 12, 2019.

<sup>21</sup> The Crisis Intervention Team Model of Police Response to Mental Health Crises: A Primer for Mental Health Practitioners. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3769782/>

<sup>22</sup> System- and Policy-Level Challenges to Full Implementation of the Crisis Intervention Team (CIT) Model. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2990634/>

<sup>23</sup> *Id.*

In the District, the Office of United Communications (OUC) answers all emergency calls. When the universal call taker deems the call a police related emergency, the call taker takes the information and forwards it to a police dispatcher.<sup>24</sup> The District has instituted a program to improve dispatch services for medical calls with the “Right Care, Right Now” program run through DC Fire and Emergency Management Services (FEMS).<sup>25</sup> “Right Care, Right Now” launched on April 19, 2018, and has a goal of improving patients’ health outcomes and preserving FEMS’ resources for those patients with life threatening injuries and illnesses.<sup>26</sup> Under this program, “callers to 911 with non-emergency injuries or illnesses are transferred to a nurse, either by the 911 center or by a FEMS first responder. The nurse asks the caller questions and assesses his or her symptoms so that the nurse can refer the caller to the most appropriate non-emergency medical care available, most likely a community clinic or urgent care clinic in the caller’s neighborhood.”<sup>27</sup> Currently, the program is centered on physical medical calls, and not mental health related calls.

Through conversations with both MPD and OUC, we learned that MPD does reserve a slot in each CIO training for OUC dispatchers, so they can learn more about handling MHCs. However, this provides training to a very small number of dispatchers each year, and it would take many years for all dispatchers to receive training. Increased training opportunities for dispatchers on mental health emergencies, or mental health trained nurses on-call, could lead to similar services being provided for incidents with a MHC, as the “Right Care, Right Now” program provides for physical medical calls.

### *C. Increased Access to Records and Information*

When officers respond to calls concerning MHCs, they do not always have adequate information to de-escalate or otherwise handle the situation. Some departments have addressed this issue by increasing officers’ access to previous mental health information observed by other officers who have interacted with the same MHC. In Ventura County, California, after an officer interacts with an MHC, they must fill out a CIT field interview card. This card details the interaction and provides information about the MHC, “such as family, friends, and contact information; de-escalation techniques used; and prior calls for service.”<sup>28</sup> The information from these cards is entered into a county-wide database, so when an officer responds to a call regarding an MHC, he can then quickly access the information previously collected by another officer.<sup>29</sup> This provides the officer with additional tools to best handle the situation on a personalized level, and can save time for the responding officer by arming them with pertinent information.

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<sup>24</sup><https://mpdc.dc.gov/page/public-safety-communications-center>

<sup>25</sup> [https://fems.dc.gov/sites/default/files/dc/sites/fems/page\\_content/attachments/RCRNPressReleaseFinal.pdf](https://fems.dc.gov/sites/default/files/dc/sites/fems/page_content/attachments/RCRNPressReleaseFinal.pdf)

<sup>26</sup> [https://fems.dc.gov/sites/default/files/dc/sites/fems/page\\_content/attachments/RCRNFAQ\\_0.pdf](https://fems.dc.gov/sites/default/files/dc/sites/fems/page_content/attachments/RCRNFAQ_0.pdf)

<sup>27</sup> *Id.*

<sup>28</sup> <https://ric-zai-inc.com/Publications/cops-w0869-pub.pdf>, at 35.

<sup>29</sup> *Id.*

The various additions to CIT programs, as outlined above, have provided great benefits to the police departments that have instituted them. The benefits of the program enhancements are also seen by the community and lead to a greater level of legitimacy for the officers who are tasked with handling the MHC incidents. As such, it would benefit MPD to incorporate similar changes to the CIO program.

### **Recommendations**

To help improve and facilitate better relations and increase trust between MPD officers and community members, the PCB recommends that:

1. MPD should continue its partnership with DBH by working together to monitor and evaluate the new Community Response Team (CRT). To be most effective the CRT must be a real-time resource for CIOs when they are dealing with difficult situations. MPD must ensure information is shared so that the CRT can provide follow-up assistance to MHCs who have interacted with MPD, to arrange for services and potentially avert further involvement with law enforcement.
2. MPD should coordinate with DBH and NAMI DC to ensure training is expanded for OUC dispatchers, to empower first line responders to have the tools to quickly identify a situation as being related to mental health and provide that information to the responding officers. There are several ways this could also be addressed: through an expansion of the “Right Care, Right Now” program to include mental health related emergency calls; providing more CIO trainings so there are more slots available for OUC, or by creating a modified training program specifically targeted to helping dispatchers recognize mental health related situations. This will be most effective if all relevant agencies work together.
3. MPD should create a database for CIOs to provide pertinent details of interactions with MHCs to other CIOs who encounter that same MHC in the future. This database must be easily accessible to officers in the field, to be utilized effectively as they are responding to a call involving an MHC.