



Summary of Proposed Revisions to the Crisis Intervention Section of the Chicago Police Department Draft Consent Decree

Scope of Crisis Intervention: Behavioral health, intellectual and developmental disabilities are included in the draft's definition of "individuals in crisis" for the purpose of crisis intervention, yet the substance of the draft decree's crisis intervention provisions are limited to mental illness.

- Revisions must be made to incorporate behavioral health, intellectual disability, and developmental disabilities into the substantive requirements for crisis intervention.
- Furthermore, it is not enough to address disability by simply improving Crisis Intervention. Given the disproportionately high number of police interactions with people with disabilities, police must receive comprehensive training on the nature of disability—including behavioral health, autism, intellectual disability, blindness, deafness, and other disabilities—and on interacting effectively with people with disabilities outside of a crisis context.

Crisis Intervention Team (CIT) Program Development and Oversight:

- The staffing requirement in the draft decree must be revised to specifically require a staff sufficient in size to administer the CIT program to perform its mission.
- The Decree must require that CIT Certified Officers are assigned to all crisis calls. Requiring a planning process with a goal of 75% coverage, as the current draft appears to do, is not good enough.
- CIT training must be annual. Every three years is simply not enough for the complexities of these assignments.
- To ensure that the CIT program can fulfill its mission, decisions about CIT resources in the districts and evaluations of CIT Certified Officers must be made by the CIT Coordinator's office, and not by other Command staff or District supervisors.
- The new training programs and the Crisis Intervention Plan must be subject to the Monitor's approval and incorporate transparency for Coalition and public input.

Crisis Intervention Reporting and Data Analysis

- Existing loopholes that prohibit effective data analysis must be closed. To do this, all use of force reports and CIT reports must include necessary information to effectively conduct data analysis, including whether CIT was requested and de-escalation techniques were used.
- The CIT report form currently requires confidential health information that is not necessary for either the incident or for subsequent data analysis. The form must be revised so that where inquiries about disability are conducted, and documentation of health-related information is maintained, it is done consistent with the law to protect the confidentiality of the individual's health information.

Diversion: A primary purpose of a CIT program is to reduce the unnecessary criminal justice involvement of people in crisis. To do that, the CIT program must go beyond training.

- The Decree must include requirements to increase response options other than jail or hospitalization, including through OEMC direct referrals, CPD alternative response teams, and development of response options that don't include the police when police involvement is not needed.
- The draft decree states that the Advisory Committee will "identify and evaluate the steps necessary to develop non-criminal justice responses" The Decree therefore also must require the City, including entities with decision-making authority, to respond to these recommendations.
- The Decree must include a real commitment from the City to develop non-criminal justice responses to crisis and behavioral health incidents, including by implementing the recommendations of the Advisory Committee.

IV. CRISIS INTERVENTION

A. Guiding Principles

75. CPD officers often serve as first responders to individuals experiencing a behavioral or mental health crisis. These individuals may exhibit symptoms of known, suspected, or perceived mental ~~health~~ health or behavioral health conditions, including, but not limited to, mental illness, intellectual developmental disabilities, or co-occurring conditions such as substance use disorders. The Parties acknowledge that having a mental illness, an intellectual or developmental disability, or co-occurring condition does not mean an individual necessarily is in crisis, or that having a mental health condition would necessarily be the reason for any crisis that requires police involvement. However, it may need to be considered or warrant heightened sensitivity to ensure an appropriate response. Therefore, individuals in the groups listed above will be collectively referred to as “individuals in crisis” for the purposes of this Agreement.

76. A person may be a suspected individual in crisis based on a number of factors, including, but not limited to, self-reporting; information provided by witnesses, family members, or individuals requesting service; CPD's previous knowledge of the individual; or an officer's direct observation.

77. The CPD officers will interact with individuals in crisis in an appropriate and respectful manner; use de-escalation techniques, use of trauma-informed techniques and disability-informed approaches ~~crisis intervention techniques to respond appropriately to individuals in crisis will help CPD officers to~~ reduce the need to use force, improve safety in police interactions with individuals in crisis, promote the connection of individuals in crisis to ~~the~~ healthcare and community-based service systems, and decrease unnecessary criminal justice involvement for individuals in crisis. CPD will allow officers sufficient time and resources to use appropriate crisis intervention techniques to respond to and resolve incidents involving

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individuals in crisis. To achieve these outcomes, the City and CPD will implement the requirements set out below.

The City will revise its policies and procedures to insure that police officers responding to individuals in crisis have response options other than arrest or hospitalization. The City will develop programs and resources to divert individuals in crisis to the Behavioral Health service system rather than the criminal justice system or a hospital emergency room whenever appropriate.

B. Crisis Intervention Team Program

78. The Crisis Intervention Team (“CIT”) Program will continue to be responsible for CPD’s crisis intervention response functions, including, but not limited to:

- a. developing CIT strategy and initiatives;
- b. supporting officers in the districts who respond to incidents involving individuals in crisis;
- c. engaging the community and community stakeholders to raise awareness of the CIT Program and issues involving individuals in crisis;
- d. coordinating among City agencies that respond to individuals in crisis;
- e. recruiting officers to apply for CIT training;

x. evaluating the fitness and CIT specific performance of applicants for CIT and certified CIT officers.

- f. developing and delivering CPD’s Basic CIT Training and other CIT training, including Advanced CIT (e.g., youth, veterans) and refresher trainings;
- g. delivering roll call trainings and mental health awareness initiatives;
- h. compiling and retaining the reports identified in Part F of this section and collecting and maintaining the appropriate CPD data related to incidents

involving individuals in crisis to support and evaluate the effectiveness of the CIT Program and CPD's response to incidents identified as involving individuals in crisis, including identifying any district-level and department-wide trends;

- i. coordinating data and information sharing with OEMC; and
- j. communicating with and soliciting feedback from crisis intervention-related community stakeholders, Certified CIT Officers, and OEMC call-takers and dispatchers regarding the effectiveness of CPD's CIT Program.

79. The CIT Program will serve the functions of:

- a. improving CPD's competency and capacity to effectively respond to individuals in crisis;
- b. de-escalating crises to reduce the need to use force against individuals in crisis;
- c. improving the safety of officers, individuals in crisis, family members, and community members;
- d. promoting community-oriented solutions to assist individuals in crisis;
- e. reducing the need for individuals in crisis to have further involvement with the criminal justice system; and
- f. developing, evaluating, and improving CPD's crisis intervention-related policies and trainings to better identify and respond to individuals in crisis.

80. The CIT Program, through the CIT Coordinator, will annually review and, if necessary, revise its policies and practices to ensure the program's compliance with the responsibilities and functions of the CIT Program.

81. The City and CPD will ensure that the CIT Program is provided with:
- a. the resources and access to data and information necessary to fulfill the responsibilities and functions of the CIT Program; and
 - b. a qualified, centralized staff, including supervisors, officers, and civilian employees, sufficient in size ~~that is necessary~~ to effectively oversee the department-wide operation of the CIT Program, carry out the overall mission of the CIT Program, and perform the responsibilities and functions of the CIT Program.

82. Additionally, the City and CPD will ensure that the CIT Program has sufficient, dedicated district-level resources, consistent with the needs of each district identified by the District Commander and the CIT Coordinator, and approved by the Chief of the Bureau of Patrol, as needed to carry out the overall mission and responsibilities of the CIT Program at the district-level, which include, but are not limited to:¹

- a. supporting officers in the district with incidents involving individuals in crisis;
- b. delivering CIT Program-approved ~~roll-call~~ trainings and mental health awareness initiatives;
- c. establishing relationships between the district and local service providers and healthcare agencies;
- d. referring and, when appropriate, connecting individuals in crisis with local service providers;
- e. engaging with the community to raise awareness of the CIT Program and issues involving individuals in crisis; and

¹ What is the process for resolving any disagreement between the CIT and the Patrol Division? Decisions about the resources necessary to fulfill the function of the CIT program should be made by the CIT Coordinator and not the District or Patrol Command Staff.

- f. providing administrative support to the coordinator of the CIT Program.

C. Certified CIT Officer Designation

83. Certified CIT Officers are officers who ~~receive~~have specialized ~~training skills~~and training~~in to~~ respond~~ing~~ to individuals in crisis. Certified CIT Officers retain their standard assignment and duties but may also take on specialized crisis intervention duties and are prioritized to respond to calls in the field identified as involving individuals in crisis, as assigned.

84. To be eligible for consideration as a Certified CIT Officer, applicants must have at least 18 months of experience as a CPD officer and no longer be on probationary status. CPD will conduct an in-depth assess~~ment~~ each applicant's fitness to serve as a Certified CIT Officer, including by considering the applicant's application, performance history, demonstrated skills and abilities relating to crisis intervention, use of force, and disciplinary history, and an in-person interview.

An annual assessment of all Certified CIT Officers will be conducted by the CIT program to assess the skill, quality, and effectiveness of each CIT officer's crisis responses in furtherance of the unit's mission and purposes. The assessment will include feedback from the officer on any successes and barriers to the CIT responses and the officer's needs to improve performance. The assessment will include feedback from the CIT program regarding the officer's performance, whether any additional training may be needed, and whether the officer remains appropriate for CIT.

85. Under the direction of the CIT Coordinator, supervisors and instructors teaching crisis intervention-related topics will assist in identifying and recruiting qualified officers with apparent or demonstrated skills and abilities in crisis de-escalation and interacting with individuals in crisis to apply to receive CIT training.

86. Certified CIT Officers, at a minimum, must complete the specialized 40-hour

Communities United Plaintiffs’ Proposed Edits to the Draft Consent Decree’s Crisis Intervention Section Basic CIT Training (“Basic CIT Training”) and receive CIT certification by the Illinois Law Enforcement Training and Standards Board before being identified as a “Certified CIT Officer.” To maintain the Certified CIT Officer designation, officers must receive a minimum of eight hours of CIT refresher training (“CIT Refresher Training”) within three years of the Effective Date and annually thereafter and maintain the eligibility requirements established by the CIT Program.

87. CPD’s Basic CIT Training is an in-depth, specialized course that teaches officers how to recognize and effectively respond to individuals in crisis. In addition to the crisis intervention-related topics covered in the training provided to all officers, the Basic CIT Training will address signs and symptoms of individuals in crisis, suicide intervention, community resources, common ~~mental~~ behavioral health conditions and mental disabilities, ~~and~~ psychotropic medications, the effects of drug and alcohol abuse, perspectives of individuals with mental conditions and their family members, the rights of individuals with mental conditions, civil commitment criteria, crisis de-escalation, and scenario-based exercises.

88. CPD’s CIT Refresher Training is a specialized, advanced training to further develop and expand Certified CIT Officers’ skills in recognizing and appropriately responding to calls for service that involve individuals in crisis. The CIT Refresher Training will include a review of the concepts, techniques, and practices offered in the Basic CIT Training as well as relevant and/or emerging topics in law enforcement responses to individuals in crisis, general and specific to CPD. Additionally, the CIT Refresher Training may cover the content included in the in-service crisis intervention training.

89. Certified CIT Officers may satisfy the in-service training requirements, as outlined in Part H, by completing the CIT Refresher Training.

90. Within 365 days of the Effective Date, the CIT Program staff, in coordination with the Education and Training Division will develop the CIT Refresher Training and provide it to the Monitor for approval or further revision. The CIT Program staff will review and revise the CIT Refresher Training as necessary at least annually to ensure that Certified CIT Officers receive up-to-date training. Revisions to the training will be subject to the Monitor's approval. The CIT Program will seek input from the Advisory Committee, the Monitor, and individuals with lived experience with behavioral health disabilities and the criminal justice system in the development of the refresher training.

91. All Certified CIT Officers who completed the Basic CIT Training before the development of the CIT Refresher Training must complete their first CIT Refresher Training within four-two years of the date that the CIT Refresher Training is developed. All Certified CIT Officers who complete Basic CIT Training on or after the date that the CIT Refresher Training is developed must complete their first CIT Refresher Training within three-two years of receiving the Basic CIT Training.

92. Certified CIT Officers who fail to complete their ir first CIT Refresher Training within three-two years of taking their most recently required CIT Training, whether the Basic CIT Training or a prior CIT Refresher Training, will be deemed out of compliance with the CIT Program's CIT Refresher Training requirement. CPD will confirm on a quarterly basis that Certified CIT Officers remain in compliance with the CIT Refresher Training requirement. Any Certified CIT Officer found to be out of compliance during the quarterly review may not continue to be identified by CPD as a Certified CIT Officer and may not continue to be prioritized to respond to calls for service involving individuals in crisis. Each quarter, CPD will inform OEMC of officers who are out of compliance with the CIT Refresher Training requirement. An officer out of compliance with the CIT Refresher Training requirement must complete the most recently

Communities United Plaintiffs’ Proposed Edits to the Draft Consent Decree’s Crisis Intervention Section offered version of the CIT Refresher Training before CPD may resume identifying the officer as a Certified CIT Officer and before OEMC may resume prioritizing that officer to respond in the field to calls involving individuals in crisis.

93. All newly assigned Field Training Officers (“FTOs”) and promoted Sergeants will continue to receive the Basic CIT Training. To be considered Certified CIT Officers, FTOs and Sergeants must meet the eligibility criteria and training requirements established by the CIT Program and this Agreement.

94. The CIT Program staff responsible for the CIT training curriculum will, where it would add to the quality or effectiveness of the training and when feasible and appropriate, encourage and seek the participation of individuals with disabilities who have had experience with crisis and the criminal justice system, as well as professionals and advocates who work with individuals in crisis, in developing and delivering CPD CIT trainings.

95. CPD will develop policies regarding the criteria for ongoing participation as a Certified CIT Officer, consistent with this Agreement.

96. CPD will continue to maintain an up-to-date list of Certified CIT Officers, including their unit of assignment.

D. Certified CIT Officer Implementation Plan and Response to Incidents

97. The City will ensure that CIT team capacity is sufficient to provide that, at all times and in all districts, CIT team responders can respond to individuals with Behavioral Health Disabilities and those in crisis. CPD will require that ~~it, when available,~~ at least one Certified CIT Officer will respond to any call for service identified as involving an individual in crisis. Certified CIT Officers will continue to be prioritized for dispatch to incidents identified as involving individuals in crisis, as assigned. CPD will review and revise the appropriate policies to ensure that, in situations in which a Certified CIT Officer is not available to respond to a call or incident

Communities United Plaintiffs’ Proposed Edits to the Draft Consent Decree’s Crisis Intervention Section identified as involving an individual in crisis, the responding officer engages in crisis intervention response techniques, as appropriate and consistent with CPD policy and their training, throughout the incident. Such incidents will be documented as involving as involving an individual in crisis in a manner that allows subsequent data analysis.

98. Within 180 days of the Effective Date, and quarterly thereafter, CPD will collect and analyze the number of calls for service identified by OEMC or by responding officers as involving individuals in crisis for every watch in each district to evaluate the number of Certified CIT Officers needed to timely respond to incidents and to assess the Department’s progress towards achieving the response ratio targets. The number of Certified CIT Officers on each watch in every district will be driven by the demand for crisis intervention services for the particular watch and district.

99. Within 180 days of the Effective Date, CPD will develop an implementation plan (“CIT Implementation Plan”) based on, at a minimum, its analysis of the need for crisis intervention services for each watch in each district. The CIT Implementation Plan will identify the number of Certified CIT Officers necessary, absent extraordinary circumstances, to meet the following response ratio targets:

- a. By January 1, 2020: a sufficient number of Certified CIT Officers to ensure that Certified CIT Officers are available on every watch in each district to timely respond to at least 50% of the calls for service identified as involving individuals in crisis, absent extraordinary circumstances (“initial response ratio target”); and
- b. By January 2022: a sufficient number of Certified CIT Officers to ensure that Certified CIT Officers are available on every watch in each district to timely respond to at least 80% of the calls for service identified as involving

individuals in crisis, absent extraordinary circumstances ("second response ratio target").

- c. By January 2023: a sufficient number of Certified CIT Officers to ensure that Certified CIT Officers are available on every watch in each district to timely respond to the calls for service identified as involving individuals in crisis, absent extraordinary circumstances ("final response ratio target").

100. The CIT Implementation Plan will further identify the steps that are necessary to meet and maintain the ratio targets set forth above ~~initial response ratio target by January 1, 2020, and the second response ratio target by January 1, 2022~~ and the strategies, methods, and actions CPD will implement to make progress to timely achieve and maintain these response ratio targets.

101. Within 180 days of completing the CIT Implementation Plan, and annually thereafter, CPD will submit a report to the Monitor and the Office of the Attorney General ("OAG") regarding the progress the Department has made to meet: (a) the number of Certified CIT Officers identified as necessary to achieve the response ratio targets, and (b) the response ratio targets ("Implementation Plan Goals") identified in the Implementation Plan. The Monitor and OAG will have 30 days to respond in writing to CPD's progress report. The Monitor and CPD will publish CPD's report and the Monitor's and OAG's response, if any, within in 45 days of the date CPD submitted the progress report to the Monitor and OAG.

102. Through the execution of the CIT Implementation Plan, CPD will ~~ensure that it~~ maintains a sufficient number of Certified CIT Officers on duty on every watch of each district ~~to help~~ ensure that a Certified CIT Officer is available to timely respond to each incident identified as involving individuals in crisis, absent extraordinary circumstances.

103. If the Monitor determines that CPD has not made material progress toward achieving the CIT Implementation Plan Goals during any given reporting period, CPD will

review, ~~and~~ revise and implement the CIT Implementation Plan ~~as necessary to enable CPD~~ to make timely and material progress to achieve the Implementation Plan Goals.

104. CPD will require that responding Certified CIT Officers will take the lead, once on scene, when appropriate and with supervisory approval, ~~if required by and consistent with~~ CPD policy, in interacting with individuals in crisis and how to resolve the call, including whether or not an arrest or other outcome is made. If an officer who is not a CIT-Certified Officer has assumed responsibility for the scene, the officer will seek input from the on-scene Certified CIT Officer on strategies for resolving the crisis, when it is safe and practical to do so.

105. Certified CIT Officers will receive ongoing feedback from the CIT Program and unit supervisors regarding their responses to incidents identified as involving individuals in crisis.

E. CIT Coordinator

106. CPD has designated and will maintain a Certified CIT Officer, at the rank of Lieutenant or above, with the sole responsibility to act as a Crisis Intervention Team Program Coordinator (“CIT Coordinator”). The CIT Coordinator will work to increase the effectiveness of CPD’s CIT Program, improve CPD’s responses to incidents involving individuals in crisis, and facilitate community engagement between CPD and crisis intervention-related stakeholders.

107. The CIT Coordinator will receive initial and refresher professional development training that is adequate in quality, quantity, type, frequency, and scope to prepare the CIT Coordinator to take on the role and responsibilities of the CIT Coordinator, in addition to the Basic CIT training.

108. The responsibilities of the CIT Coordinator will include, at a minimum:

- a. developing and managing a uniform CIT Program strategy;

b. researching and identifying best practices to incorporate into CPD response to individuals in crisis;

c. reviewing and, when necessary to meet the requirements of this Agreement, enhancing the CIT training curricula;

d. overseeing the annual review of Certified CIT Officers to assess the skill, quality, and effectiveness of each CIT officer's crisis responses, including whether any additional training may be needed and whether the officer remains appropriate for CIT.

~~e.e.~~ selecting and removing Certified CIT Officers from the CIT Program consistent with the requirements of this Agreement;

~~d.f.~~ overseeing crisis intervention-related data collection, analysis, and reporting;

~~e.g.~~ developing and implementing CPD's portion of any Crisis Intervention Plan ;

~~f.h.~~ supervising CIT Program staff;

~~g.i.~~ participating in the Advisory Committee;

~~h.j.~~ encouraging the public recognition of the efforts and successes of the CIT Program and individual Certified CIT Officers; and

~~i.k.~~ regularly communicating and interacting with relevant CPD command staff to recommend improvements to Department crisis intervention-related strategies, staffing and deployment, policies, procedures, and training.

F. Crisis Intervention Reporting and Data

XXX. Revise CPD form 15.520, as necessary, to be consistent with and fulfill its obligations under this Decree, to ensure its consistent and effective use by CIT officers, and to protect the private and confidential mental health information of any individuals. The revised form should not collect private medical information unless necessary and precautions are taken to

protect its confidentiality.

Information relating to an individual's medical and mental health diagnosis, treatment, and conditions should only be collected if voluntarily provided by the person and where necessary to appropriately respond. Where collected, such information shall be strictly maintained confidentially within the CIT program and will only be used for the purpose of referring the individual to appropriate health and community service organizations. The CIT Program may utilize such information in the aggregate, without any identification of personal health information, for reporting purposes. The CIT Program will develop protocols to ensure the compliance with this provision in the collection, maintenance, and use of this information.

Revise CPD form 15.520, as necessary, to allow for data collection and analysis relating to the CIT mission function to use de-escalation tactics and decrease criminal justice involvement.

109. By January 1, 2020, CPD will require that, after responding to an incident involving an individual in crisis, the assigned CPD officer completes a CIT Report, or any similar form of documentation CPD may implement. The CIT Report, or similar documentation, at a minimum, will include:

- a. the nature of the incident;
- b. the date, time, and location of the incident;
- c. the subject's age, gender, ~~and~~ race/ethnicity, and perceived disability or nature of crisis;
- d. whether the subject is or claims to be a military veteran, if known;
- e. the relationship to the subject, if any and if known, of the individual calling for service;
- f. whether the subject has had previous interactions with CPD, if known;

- g. the behaviors observed during the incident, including indications of crisis and whether the subject used or displayed a weapon;
- h. the name(s) and star (i.e., badge) number(s) of the assigned CPD officer(s) and whether any of the assigned officers are Certified CIT Officers;
- i. the name(s) and star (i.e., badge) number(s) of any supervisor responding to the scene;
- j. the skills, techniques, or equipment used by the responding CPD officers;
- k. whether de-escalation techniques were used;
- l. the outcome of the incident;
- ~~k.m.~~ whether a reportable use of force was documented on a Tactical Response Reports ("TRR"), or whatever similar form of documentation CPD may implement, for the incident ;
- ~~l.n.~~ a narrative describing the CPD officer's interaction with the subject, when no other CPD report captures a narrative account of the incident; and
- ~~m.o.~~ the disposition of the incident.

110. CPD will require that a supervisory member reviews and approves completed CIT Reports, or any similar form of documentation CPD may implement to document incidents involving an individual in crisis, before submitting them to the CIT Program.

111. CPD will collect ~~and~~ analyze, and report data regarding the number and types of incidents involving individuals in crisis and responses of CPD officers to such events to assess staffing and deployment of Certified CIT Officers and department-wide responses to individuals in crisis. CPD will collect, analyze, and report aggregate data relating to crisis responses, whether initiated as crisis calls or otherwise, including the number of calls, the nature of the crisis, and the disposition of those calls, including whether CIT techniques were employed; whether there was a referral to community

services, an emergency room, or other organization; whether arrested and/or charged; whether force was used; the type of force used; and the steps taken, if any, to de-escalate interactions. The CIT Program will review the data contained within the submitted CIT Reports, or any similar for of documentation CPD may implement, to evaluate the overall response and effectiveness by CPD officers and identify any district-level and department-wide trends regarding responses to incidents identified as involving individuals in crisis.

112. CPD will identify and assign a sufficient number of data analysts to collect and analyze data related to the CIT Program and CPD's response to incidents involving individuals in crisis.

G. Crisis Intervention Plan

113. Within 365 days of the Effective Date, and on an annual basis thereafter, the City will publish a written Crisis Intervention Plan. The development of the Crisis Intervention Plan will be based on the regular review of aggregate data and a sample of incidents conducted by CPD and OEMC. The CIT Coordinator will consider quantitative crisis-intervention data, qualitative data on officers' and community members' perception of the effectiveness of the CIT Program, actual incident information, including the effectiveness of the responses at de-escalating and diverting from the criminal justice system, staffing and deployment analysis of available Certified CIT officers, research reflecting the latest in best practices for police responses to individuals in crisis, and any feedback and recommendations from the Advisory Committee. OEMC will consider the response to, identification of, and dispatch of calls for service involving individuals in crisis by OEMC tele-communicators, research reflecting the latest in best practices for tele-communicator responses to individuals in crisis, and any feedback and recommendations from the Advisory Committee.

114. The purpose of the Crisis Intervention Plan will be to evaluate the City's identification of and response to incidents involving individuals in crisis and recommend any changes to staffing and deployment, policy, or training to ensure consistency with CPD and OEMC policy, this Agreement, and best practices. The Crisis Intervention Plan will:

- a. report the number, type, and outcome of incidents involving individuals in crisis, the number of Certified CIT Officers available and on duty in each district and on each watch, the percentage of calls for service and other incidents involving individuals in crisis for which Certified CIT Officers were the first officers to respond to the scene for each watch in every district, and the response times for calls for service involving individuals in crisis for each watch in every district;
- b. evaluate the CIT Program's compliance with the functions identified above;
- c. identify strategies to ensure that CPD has a sufficient number of Certified CIT Officers to meet its response ratio targets for calls for service involving individuals in crisis;
- d. identify gaps in coverage of particular shifts or districts and develop mechanisms to fill those gaps;
- ~~e.~~ describe any additional resources, including program staff, resources or equipment, the CIT Program needs to perform its functions;
- f. evaluate successes and barriers to diverting individuals in crisis from the criminal justice system;
- ~~e.g.~~ identify safety issues and trends regarding interactions between individuals in crisis and officers;

~~f.~~h. identify deficiencies and opportunities for improvement in identifying and dispatching calls involving individuals in crisis;

~~g.~~i. recognize and highlight CIT Program and Certified CIT Officer successes, including successful individual officer performance;

~~h.~~j. develop response strategies for repeat calls for service involving individuals who are frequently in crisis;

~~i.~~k. recommend any changes to crisis intervention-related strategies, policies, and procedures;

~~j.~~l. recommend any changes to CPD and OEMC trainings related to individuals in crisis, including any case studies and teaching scenarios; and

~~k.~~m. include a timeline and plan for implementing recommended changes.

115. The data included in the Crisis Intervention Plan will not include any personal identifying information.

116. The CIT Coordinator will have CPD's portion of the Crisis Intervention Plan reviewed and approved by the Chief of the Bureau of Patrol within 60 days of the plan's completion.

H. Non-CIT Crisis Intervention Training

117. Consistent with the requirements set forth in the Training section of this Agreement, all officers will receive in-service training, ~~every~~ within three years and annually thereafter, regarding responding to individuals in crisis that is adequate in quality, quantity, and scope for officers to demonstrate competence in the subject matter. This in-service training will include, but not be limited to, the following topics:

- a. a history of the mental health system and the over-representation of people with mental health disabilities in the criminal justice system;

- b. how to recognize and respond common characteristics and behaviors associated with mental illness, Behavioral Health Disabilities, or Intellectual and Developmental Disabilities~~to individuals in crisis~~, including, but not limited to, identifying types of behavioral health and mental disabilities~~mental health conditions~~, signs and symptoms of mental health conditions, common treatments and medications, and common characteristics, behaviors, or conduct associated with individuals in crisis;
- c. how to recognize and respond to conduct or behavior that is related to these disabilities, including by understanding how their disability may impact their perception of the events and interactions;
- ~~e.d.~~ the potential interactions officers may have on a regular basis with individuals in crisis, their families, and service providers, including steps to ensure effective communication and avoid escalating ~~a crisis situation~~ an interaction with a person with disabilities and/or in crisis;
- e. the use of effective communication and disability- and trauma- informed techniques to avoid the use of force;
- ~~e.f.~~ techniques to safely de-escalate a potential crisis situation;
- ~~e.g.~~ the circumstances in which a Certified CIT Officer should be dispatched or consulted; ~~and~~
- h. outcome options other than arresting, including local resources that are available to provide treatment, services, or support for individuals in crisis, and when and how to draw upon those resources; and
- ~~f.i.~~ ways in which the resolution of incidents through CIT driven approaches (such as de-escalation and disability- and trauma-informed practices) to

achieve outcomes other than arrest or hospitalization represent best practices in policing and how such practices are valued within the Department including by the consideration of such practices and outcomes in performance evaluations and in the merit evaluations in the promotion process.-

118. All new recruits will receive training that is adequate in quantity, quality, and scope regarding responding to individuals in crisis. It will include, but not be limited to, training on the subjects identified above.

I. Advisory Committee

119. The City will have a crisis intervention response advisory committee ("Advisory Committee") with subject matter expertise and experience that will assist in identifying problems and developing solutions and interventions designed to improve outcomes for individuals in crisis who require City services. The Parties acknowledge that the City has formed the City-wide Mental Health Steering Committee and that the City may draw upon those resources to satisfy the requirements of this Agreement.

120. The Advisory Committee, at a minimum, will meet quarterly to review and recommend improvements to the City's overall response to individuals in crisis, with consideration to areas such as coordinated crisis response; non-police involved responses options; data collection and evaluation; community engagement and awareness; service outreach and prevention; and the CIT Program.

121. The City will request that the Advisory Committee provide guidance on crisis response-related policies, procedures, and training of City agencies, including CPD and OEMC, and assist the City in developing and expanding current strategies for responding to individuals in crisis, including reducing the need for police-involved responses to individuals in crisis

whenever possible and consistent with public safety; and developing municipal and community resources, such as pre- and post-arrest diversion resources and alternative response options.

122. Within 365 days of the Effective Date, the City will request that the Advisory Committee identify and evaluate in writing ~~any~~ opportunities to develop or enhance crisis response-related policies, procedures, and training of City agencies, including CPD and OEMC, and increase municipal and community resources and alternative response options, including rapid-access clinics, drop-off centers, and other pre- and post-arrest diversion efforts. The City will also request that the Advisory Committee identify and evaluate the steps necessary to develop non- criminal justice responses to individuals in crisis, including, but not limited to, a behavioral health unit. In evaluating potential community resources and strategies, the Advisory Committee will identify challenges and opportunities for improvement, if any, and make recommendations. The City will address the feedback and recommendations identified by the Advisory Committee relating to CPD practices, including CIT, in the Crisis Intervention Plan. The City will address feedback and recommendations that involve other municipal or outside entities through a formal response by the Mayor's Office. The City's response to any recommendations will, including identifying recommendations that it will adopt, and the plan for implementation, ~~in the Crisis Intervention Plan~~. The City's ~~will~~ responded to each of the recommendations made by the Advisory Committee. ~~The response~~ will include a description of the actions ~~that CPD has~~ taken or plans to take with respect to the issues raised in the recommendations. If the City declines to implement a recommendation, in full or in part, it will explain the reason(s) for declining.

123. The Advisory Committee will be chaired by the Mayor's Office, which will invite individuals with experience working with individuals in crisis and experts with knowledge in law enforcement responses to individuals in crisis to serve as members of the Advisory Committee. At a minimum, the Mayor's Office will invite individuals from the following groups: first responders; the CIT Coordinator; OEMC; county and city hospitals, health care

providers, and behavioral and mental health professionals; the Cook County State's Attorney's Office; the Cook County Public Defender's Office; at least one academic research entity; community mental health professionals; advocacy groups for people with disabilities and consumers of behavioral and mental health services; mental health service providers; homeless service providers; substance abuse providers; persons with lived experiences of mental ~~illness~~and behavioral health disabilities; and other similar groups.

XX. Nothing in this Section should be construed to limit efforts by the City or the CPD to increase diversion programs and alternatives to police responses to individuals in crisis.

J. Crisis Intervention Policies

124. CPD policy will provide that a crisis intervention response and outcome other than arrest may be necessary even in situations where there has been an apparent violation of law.

125. CPD policy will encourage officers to redirect individuals in crisis to community services, the healthcare system, or other resources, where feasible and appropriate.

126. CPD will ensure that the language used in policies, procedures, forms, databases, and trainings to communicate about incidents involving individuals in crisis is appropriate, respectful, and consistent with industry recognized terminology. CPD will seek input from community stakeholders, including the Advisory Committee, for recommendations to identify appropriate and respectful terminology.

127. CPD will develop and implement policies, procedures, and protocols regarding the collection, maintenance, and use of information related to an individual's medical and mental health to facilitate necessary and appropriate communication while adequately protecting an individual's confidentiality. To develop these policies, procedures, and protocols, CPD will seek

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input from community stakeholders, including the Advisory Committee.

128. Within 180 days of the Effective Date, CPD will review and revise its crisis intervention-related policies as necessary to comply with the terms of this Agreement. CPD will consider any recommendations or feedback provided by the Advisory Committee when revising its policies.

K. Crisis Intervention-Related Call Intake and Dispatch

XXX. The City will revise, and periodically update, its dispatch policies and protocols as necessary to meet the requirements of this Consent Decree, with input from the Advisory and Planning Committee and the Monitor, in order to coordinate dispatch and responses to behavioral health and crisis incidents.

129. OEMC call-takers will continue to identify calls for service involving an individual known, suspected, or perceived to be in crisis.

130. OEMC police communication dispatchers will continue to prioritize Certified CIT Officers for dispatch to incidents that involve an individual known, suspected, or perceived to be in crisis. If a Certified CIT Officer is not available to timely respond, OEMC will continue to dispatch an available officer to avoid compromising response time. OEMC dispatchers will dispatch a Certified CIT Officer, when available, if the responding officer requests assistance from a Certified CIT Officer.

XXX. Whether or not a Certified CIT Officer is available for dispatch, OEMC will code any call identified as potentially involving an individual in crisis in a manner that allows for subsequent data analysis pursuant to Paragraph 98 above.

131. CPD will provide OEMC with an updated list of current and active Certified CIT Officers and their assignment at least every week. At the beginning of each watch, CPD will continue to identify for OEMC the Certified CIT Officers on duty for each watch and in each district so that OEMC dispatchers know which Certified CIT Officers to prioritize for dispatch to incidents involving an individual known, suspected, or perceived to be in crisis.

132. Within 90 days of the Effective Date, OEMC will ensure that all current active tele-communicators have received mental health and CIT awareness training (“OEMC Training”). OEMC will provide the OEMC Training to new tele-communicators before tele-communicators complete their training and begin answering calls independently.

133. The OEMC Training will be at least an eight-hour course taught jointly by qualified OEMC staff and a mental health clinician or advocate.

134. The OEMC Training will cover, at a minimum, the following topics: identification of individuals in crisis; telephonic suicide prevention strategies; crisis and stress management, de-escalation, and scenario-based exercises; interactions with individuals with mental illness; information that should be gathered and shared with the responding officer or Certified CIT Officer when the call-taker suspects that the call involves an individual in crisis; the types of calls that may require the dispatching of a Certified CIT Officer or a coordinated crisis response of first responders reflective of established policy for intake and dispatch; and the procedures for dispatching a Certified CIT Officer. This training will adequate in quality, quantity, and scope for OEMC dispatchers, call-takers and supervisors to demonstrate competence in the above subject matters.

135. Any training on mental health and CIT awareness that has already been provided to tele-communicators may fulfill the OEMC Training requirement of this Agreement, if the previously provided training satisfies the criteria for the OEMC Training described in this

136. All tele-communicators will receive at least annual refresher training on mental health and CIT awareness that is adequate to refresh the tele-communicators' skills on identifying, dispatching, and appropriately responding to calls for service that involve individuals in crisis.

137. OEMC will evaluate all mental health and CIT awareness trainings for tele-communicators on at least an annual basis to ensure that the trainings meet OEMC needs, comply with this Agreement, incorporate best practices, and ensure that the training is effective for personnel and for the individuals in crisis served. OEMC will consider recommendations and feedback from the CIT Coordinator and the Advisory Committee when conducting its evaluation.

XXX. The City will develop resources, referrals, and response options for call takers and dispatchers to utilize with the goal of limiting police involvement in crises where appropriate. Within 180 days of the Effective Date, the City will have a means of diverting calls related to crises that do not necessitate a police response to other crisis services, such as a crisis lines, direct service referrals, and/or alternative response teams. OEMC call takers and dispatchers will receive training and written guidance on when and how to utilize alternative response options, including but not limited to referrals.

138. OEMC will develop and implement its portion of the Crisis Intervention Plan.

139. OEMC supervisors, on an ongoing basis, will audit and provide feedback to call-takers and dispatchers regarding their ability to identify, dispatch, and respond appropriately to calls for service involving individuals in crisis.

140. The Parties acknowledge that OEMC currently meets regularly with CPD and the City-wide Mental Health Steering Committee. OEMC will continue to meet regularly with CPD, in addition to appropriate members of the Advisory Committee, including service providers and

Communities United Plaintiffs’ Proposed Edits to the Draft Consent Decree’s Crisis Intervention Section advocates, to review and assess data and information regarding the identification of, the dispatch of, and response to calls for service involving individuals in crisis by OEMC telecommunicators.

141. Within 180 days of the Effective Date, OEMC will review and revise its intake and dispatch policies and protocols as necessary to meet the requirements of this Agreement. OEMC will consider any recommendations or feedback provided by the Advisory Committee when revising its policies.

142. OEMC will ensure that the language used in policies, procedures, forms, databases, trainings, and by tele-communicators to communicate about calls involving individuals in crisis is appropriate, respectful, and consistent with industry-recognized terminology. OEMC will seek input from the Advisory Committee for recommendations to identify appropriate and respectful terminology.

Behavioral Health Unit

XXX. The City will develop a Behavioral Health Unit that utilizes a range of strategies and approaches based on best practices in responding to Behavioral Health and crisis incidents:

- a. BHU staff and programs will provide non-criminal justice responses to Behavioral Health and crisis incidents. BHU will be staffed by civilians who are not employed by CPD and who have sufficient training and experience to function as first responders for people experiencing a Behavioral Health and crisis incidents involving self-harm and/or non-violent behavior;
- b. The BHU will develop, implement, and regularly update resources and referrals for use by call takers, dispatchers, and CIT responders.
- c. The BHU will create and maintain alternative response teams, such as Mobile Response and Service Coordination Teams, that include social workers and/or Qualified Mental Health Professionals, based upon the particular needs of the communities in which they function;
- d. A pre-arrest diversion program that includes a non-police response option(s) to Behavioral Health and/or crisis calls; and
- e. Other efforts to create more safe, efficient and productive responses to Behavioral Health and crisis incidents.

XXX. The City will provide the necessary resources to staff and administer the BHU program consistent with its obligations herein.