TO: CCMHE Chairs and Members
FROM: Communities United, ONE Northside, Communities Renewal Society, Next Steps, and Equip for Equality
DATE: November 15, 2021
RE: CIT Policy Review

We are writing to provide feedback for the CCMHE's review of the CPD CIT policies. The Draft Bylaws that were provided to the Committee state that the feedback given to the City on the CIT policy review should be by consensus and we look forward to discussion to that end at the next meeting. To facilitate our participation in that process, we request written copies of feedback submitted by other members to review in preparation for that discussion. We likewise ask that our written feedback be provided to the other members for their consideration prior to the meeting and discussion.

Our organizations remain concerned that the protocols outlined in the Bylaws have not been followed and we hope that the CCMHE can dedicate time to ensuring that the Bylaws are reviewed, adopted and followed.

CIT POLICY INPUT:

The CCMHE feedback to the City and the CPD on the CIT policies should include both detailed recommendations and broad principles for the CPD to work to incorporate into its policies to the fullest extent possible, whether that is through the revisions of existing policy and development of new policies. In the chart format below, we submit comments on the recommendations previously circulated from the Subcommittee meetings and additional comments that we propose be in included in the CCMHE feedback.

The broader feedback on the policy—not tied to one specific policy term but to the multiple policies or the whole CIT policy group—should include the following issues:

1. **Revisions to the policies are required to state the goals and objectives of the CIT program and to ensure accountability to those goals and objectives.**

    a. The goals and objectives of the CIT program are repeatedly referenced in multiple CIT policies, but are not clearly or specifically set forth. Our recommendations include to specifically incorporate the goals and objectives into the policy, not only by stating what they are but by reviewing each policy to ensure that it furthers those goals and objectives. For example, the training and data analysis policies give some detailed requirements but not on several of the goals and objectives agreed to for the CIT program in the Consent Decree.[1] To be met, those

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[1] The Consent Decree sets out agreed upon goals/outcomes of the CIT program in Paragraph 85 and program objectives in Paragraph 88.

goals and objectives must be specifically identified and tied to the trainings, policies, assessments, and planning of the CIT program.

b. An important goal and objective of the CIT program is to get people in crisis connected to mental health and community services and keep them out of the criminal legal system. Yet, this goal and objective does not seem to be incorporated into the policies in a manner that keeps the CPD accountable to this goal and objective. The need to divert or refer individuals to mental health services and resources should be prioritized in the policies as the best option, which should include a priority for municipal and public health options particularly for the majority of individuals who need to referral to outpatient services.

c. To the furthest extent possible, calls involving individuals in crisis should be diverted away from police responders to produce the best long-term non-criminal solution for that individual in order to prevent institutionalization, including institutionalization through hospitalization. While these policies govern police responders, the policies should still emphasize throughout the objective to avoid criminalization and prevent institutionalization. This includes:
    i. Police polices and training should acknowledge that police presence (regardless of CIT certification) can itself be escalating and therefore can be counterproductive in achieving the CPD and City objectives.
    ii. When police are called to scenes or incidents where other non-police responders such as mental health providers or non-police CDPH pilot response programs are handling the situation, CPD should extricate themselves and defer to those responders.
    iii. Clear policy directives need to be developed to give police guidance on alternative response options when they find an incident does not require a criminal system response, including developing policy for police to hand calls over to the pilot program responders and 988 response teams (when that system is implemented). These alternative response options should be utitlized where a criminal legal response is not required and/or the mental health responders are better suited to respond in a manner consistent with the City and the CPD's goals of reducing the criminalization of mental illness.

d. While not addressed in the existing policies provided for review, CPD members are co-responders in a current pilot program. The policies guiding those programs, or the role of those officers within those programs, have not been provided to or reviewed by the CCMHE despite multiple requests at CCMHE meetings including in this policy review process. We request the policies be provided.

e. Currently the implementation plan of the CPD CIT program is to get 75% of calls dispatched to police that involve individuals in crisis assigned to CIT designated officers. With the efforts to achieve that goal, the corresponding goal and effort should be to decrease the number of calls dispatched to the police to only those that require a criminal legal response. By reducing the number of dispatches to

police responders, CPD could work toward a goal of CIT coverage of *all* calls involving individuals in crisis that do require a police response. CPD should be working with the City and OEMC to decrease the number of calls dispatched to police by increasing resources for and use of non-police response options. By deflecting mental and behavioral health calls away from the police and to more appropriate response options, the City should reduce its reliance on CIT and police responders. These goals of decreasing police response need to be incorporated into the CPD planning and policies under review both for CIT and for police interactions with people in crisis broadly.

f. CPD policies and training must guide police officers to avoid the criminalization of individuals due to disability or mental health crisis, or related statuses, when determining the appropriate disposition of an incident involving an individual in crisis.

2. **The policies need revisions to encompass the full definition of "individuals in crisis."** The definition of "individuals in crisis" required by the Consent Decree's mandates for the CIT program (and referenced but not defined in S04-20) reach beyond individuals in mental health crisis to those "who exhibits symptoms of known, suspected, or perceived behavioral and mental health conditions, including, but not limited to, mental illness, intellectual or developmental disability, or co-occurring conditions, such as substance use disorders." (Consent Decree paragraph 759.) Yet, while some of the policies reference the broader definition, their terms remain specific to mental illness.

3. **The policies need revisions to provide a framework for meaningful community engagement.** Several of the CIT policies reference community engagement but none set forth even minimum requirements—much less the robust community engagement recommended by the 2019 CIAC—to ensure that it occurs in a meaningful way that considers diverse voices of the relevant communities. Each of the policies setting forth the required duties of those responsible for any portion of the CIT program (the Coordinator, the Training Section, CIT DOCs, and District Commanders) should set forth specific requirements for community engagement. A broad, robust and inclusive community engagement program representative of all communities potentially impacted must be developed, and each policy should affirm that all substantive issues incorporated be thoroughly reviewed with the community engagement program in collaboration with CCMHE.

Special Order #S04-20 “Recognizing and Responding to Individuals in Crisis”		
Committee	**Recommendation (10/23/21 Draft)**	**Additional notes for this feedback**
Mental Health Safety Net Subcommittee Meeting – 09/15/2021 (10/23/21 DRAFT Recommendation)	#1. Include a training section so that officers recognize and understand the petition for involuntary and voluntary admission as these forms are often filled out by service providers.	
System Coordinate and Data Subcommittee Meeting – 09/16/2021 (10/23/21 DRAFT Recommendation)	#4. In section V.A. and V.B., revise the language from “will be aware” to “should or will recognize”.	
	#5. In section V.A., include cues related to drug use. In direct experience, the two behavioral health issues can mimic each other and can be frequently co-occurring.	“Individuals in crisis” is defined in Consent Decree to include behavioral health conditions (includes substance abuse) and other mental disabilities (developmental and intellection). [2] The policy uses this term but then limits the substance of sections V-VII to mental illness. All of Sect. V-VII need to be revised to meet the definition by addressing substance abuse disorder, ID/DD, or behavioral mental health more broadly.
		The definitions section includes DD and ID but then the body of the policy doesn’t deal with them.
		Definition of “individuals in crisis” should be in definitions instead under Sect. VI.
	#6. In section V. A., include instruction that more than one cue can be observed and that not responding can be indicative of a need for mental health, substance abuse, or intellectual / developmental	

[2] “Individual in crisis” means an individual who exhibits symptoms of known, suspected, or perceived behavioral and mental health conditions, including, but not limited to, mental illness, intellectual or developmental disability, or co-occurring conditions, such as substance use disorders. (Consent Decree paragraph 759.)

	disability services and not non-compliance.	
	#7. In section V. A., include that in the case of mental health of IDD cues, not obeying commands, walking away, and even what may appear as potentially aggressive behaviors can be very strong cues of the need for special intervention / CIT team.	Just noting that this is a really important one for both people with MI and developmental disabilities.
	#8. Include a youth version of this policy.	Comment at meeting included that transport by squad can itself be very traumatic for youth. Recommendation should be to emphasize use of alternatives when transporting youth and overall to develop youth specific procedures that emphasize requirement for using trauma informed and developmentally appropriate practices as well as to divert/deflect to the fullest extent possible. This policy should be revised to comply with the Consent Decree's requirements for interactions with Youth (defined as 13-24 yo) including to avoid arrest through alternative responses and specific notification requirements if juveniles are arrested.[3]
Additional Feedback on this Policy:	Policy should explicitly give alternative outcomes for these interactions (other than arrest or hospitalization). Instead of plainly stating potential outcomes (and then giving procedures for each), the policy states the paperwork requirements for as arrest, use of force or hospitalization. Since diversion and deflection are prioritized by this committee and required in a CIT program objectives, the policy should plainly state and emphasize alternative responses/outcomes that include diversion or deflection the person.	

[3] Paragraph 33: When interacting with youth and children, CPD will, as appropriate and permitted by law, encourage officers to exercise discretion to use alternatives to arrest and alternatives to referral to juvenile court, including, but not limited to: issuing warnings and providing guidance; referral to community services and resources such as mental health, drug treatment, mentoring, and counseling organizations, educational services, and other agencies; station adjustments; and civil citations.
Paragraph 34: "CPD will clarify in policy that juveniles in CPD custody have the right to an attorney visitation, regardless of parent or legal guardian permission, even if the juvenile is not going to be interviewed." Paragraph 35: requirement to notify juvenile's parent or guardian.

<table>
<tr><td></td><td>The Mental Health Incident Notice report requirement appears to the be only mention of a response that includes a component of diversion/deflection and that appears to only involve informing the individual of the potential resources. The policy needs to be revised to meet the goals of diversion and deflection on equal or greater footing as outcomes of arrest and hospitalization.

The policy should specifically emphasize the City’s goal of avoiding arrest and criminal legal response by providing guidance on a range of options (including doing nothing or giving referrals), drop off centers, or other diversion/deflection options.</td></tr>
<tr><td></td><td>Similar to the reference to “Approved Medical Facilities,” there should be a resource for community mental health referrals and resources. Admission to a hospital and an inpatient state operated center is institutionalization and should only be utilized in specific circumstances where the standard can be met.</td></tr>
<tr><td></td><td>The policy says, “Non-CIT-trained officers may request the assistance of a certified CIT-trained officer(s) for assignments that have a mental health component. Certified CIT-trained officer(s) will be assigned as available; however, the responsibility of the assignment will remain with the assigned non-CIT-trained officer.”
• The language conflicts with C.I.O. SO 21-02.B. (which incorporates the Consent Decree requirement) that the “Department will require that an officer assigned to investigate an incident identified as involving an individual in crisis request a certified CIT-trained officer to assist, if available. The responding certified CIT-trained officers will take the lead in interacting with individuals in crisis, once on scene.

• This policy should state that non-CIT trained officers must request the assistance of a certified CIT officer and must defer to the CIT officer in the handling of the call. Once CIT assistance is obtained, the CIT interventions as directed by the trained officer must be adhered to by the non-CIT officer in order to meet the City and CPD’s objectives for responding to individuals in crisis.</td></tr>
<tr><td></td><td>Does 04-20 include the policy requirements listed in CIU S.O. 21-02, Sect. II. C-E?
C. The Department will require that if a certified CIT-trained officer is not available to respond to a call or incident identified as involving an individual in crisis, the responding officer will engage in crisis intervention response techniques, as appropriate and consistent with Department policy and their training, throughout the incident. Responding officers will document all incidents involving an individual in crisis
D. Department policy will provide that a crisis intervention response may be necessary even in situations where there has been an apparent violation of the law.
E. Department policy will encourage officers to redirect individuals in crisis to the healthcare system, available community resources, and available alternative response options, where feasible and appropriate.</td></tr>
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Special Order #S04-20-02 “Persons Subject to Involuntary or Voluntary Admission Non-Arrestees	
Mental Health Safety Net Subcommittee Meeting – 09/15/2021 **(10/23/21 Draft Recommendation)**	#2 Include language to help service providers (who call for a transport), advise the transporting officers on the location that best suits the individual in crisis which may not be the closest facility.
	#3 Include adding “Federally Qualified Health Center (FQHC)” to the list of approved medical facilities for the transport of an individual in crisis.
Additional Feedback on this Policy:	These policies need to give officers on when involuntary admission is a permissible option. This is an extreme measure; being hospitalized can be just as harmful and traumatizing as being put into the criminal legal system, but these policies seem to suggest that it is the primary form of diversion. That is not something the CCMHE should support. The legal standard for involuntary admission is high. By failing to reference or give guidance on that standard, these policies seem to set forth admission as a readily available option, which it should not be. Section III.E. allows an officer to have a minor involuntarily committed, but does not give any response options other than commitment for a child in need of services, such as with a SASS intervention through DHS to make the needed mental health assessment of a minor. At the meeting it was suggested that SASS is cumbersome (presumably because they would have to wait for the response), but it is far less intrusive and less likely to have harmful consequences for the child than admission. The use of SASS as an option should be clearly conveyed to officers along with the direction to avoid arrest or hospitalization where other options are available.

Special Order #S04-20-03 “Persons on Unauthorized Absence (UA) from a State-Operated Mental Health Facility”	
Mental Health Safety Net Subcommittee Mtg – 09/15/2021	*No feedback on policy was submitted.*
Additional Feedback on this Policy:	This policy should include explicit requirements for interacting with individuals with serious mental illness who are in crisis, particularly because the interactions governed may likely include restraint, transportation and detention of individuals experiencing acute symptoms of their mental illness and crisis. This should include the direction to utilize de-escalation and trauma-informed approaches, as well as the requirement under the Americans with Disabilities Act to make modifications in policies and procedures where needed to provide a safe police response. The ADA policy is referenced a specific statement of the most applicable requirements for these interactions should be specified in the policy.

Special Order #S04-20-04 "Mental Health Transport and Related Duties Matrix"	
Systems Coordination & Data	*No feedback on policy was submitted.*
Additional Feedback on this Policy:	This policy gives arrest or involuntary admission (institutionalization) as the only response options. This is inconsistent with the principles of diversion and deflection. The Matrix should clearly set forth alternative responses and outcomes for both adults and juveniles.

Special Order #S04-20-05 "Arrestees in Need of Mental Health Treatment"	
Systems Coordination & Data	#9. Include protocol for youth in this policy.
Additional Feedback on this Policy:	This policy only gives two options: process as usual or hospitalization, but the majority of "individuals in crisis" do not require inpatient hospitalization (and would not likely meet the standard). The policy should be revised to give post-arrest response options consistent with the principles of diversion and deflection. The order should include the need to utilize de-escalation techniques and trauma-informed practices throughout these interactions, as well was a statement that modifications of policies or procedures may be required by the Americans with Disabilities Act (in addition to the policy reference) these situations to prevent exacerbation of symptoms of mental illness or escalation of interactions that can lead to the use of force.

Special Order #S05-14 "Crisis Intervention Team (CIT) Program"	
Crisis Response Subcommittee Meeting – 09/27/2021 **(10/23/21 Draft Recommendation)**	#10. Include multi-lingual versions of the Mental Health Incident Notice (CPD 15.521) which has the Smart911 information
Deflection and Diversion Subcommittee Meeting – 09/29/2021 **(10/23/21 Draft Recommendation)**	#11. Language barriers can hinder the response to individuals in crisis, include protocol for language translation in this policy.
	#12. Consider adding items or clothing that will help the community to immediately visually identify a CIT officer (besides the CIT pin worn on the uniform).
Additional Feedback on this Policy:	The drafted recommendations did not address questions and comments at the meeting regarding the nature of these assignments and the ability of officers to address them appropriately when coming from or out of other assignments. As a way to provide an increase in quality and quantity of response, while also considering the long- and short-term wellness of the CIT officers, assignment protocols should provide a buffer for CIT designated officers from non-CIT response calls. At the minimum they should be deprioritized from other assignments and ideally they should not respond to non-CIT calls.

	This is the overall program statement, but it does not include any statement of the program objectives or tie its functions to those objectives. The Consent Decree sets out agreed upon goals/outcomes of the CIT program in Paragraph 85 and program objectives in Paragraph 88. Paragraph 85: The use of trauma-informed crisis intervention techniques to respond appropriately to individuals in crisis will help CPD officers 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 available 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, including de-escalation techniques, to respond to and resolve incidents involving individuals in crisis. Paragraph 88: The CIT Program will serve to meet the objectives 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.	

C.I.U. S.O. #20-01 "Mission, Organization, and Function of the Crisis Intervention Unit" (*this is a Standard Operating Procedure*)	
Crisis Response Subcommittee Meeting – 09/27/2021	*No feedback on policy was submitted.*
Additional Feedback on this Policy:	In addition to the broad mission statement, this policy should also incorporate the goals for program outcomes and the program objectives as set forth in the Consent Decree, paragraphs 85 and 88 (copied above). Relatedly, CIU S.O. 21-02 refers to revising policies to ensure that the program is in compliance with its objectives, but it does not list or reference where those objectives are found.
	Training mission should include to ensure that CIT trained officers have the skills and dedication to decrease the involvement of people in crisis with the criminal legal system wherever possible, including through the use of Community and City deflection and referral resources.

C.I.U. S.O. #21-01 "Crisis Intervention Team (CIT) Program Coordinator (*this is a Standard Operating Procedure***)**	
Crisis Response Subcommittee Meeting – 09/27/2021	*No feedback on policy was submitted.*
Additional Feedback on this Policy:	Sect. II.A(6) - great that this includes knowledge of the SIM, but should it be more specific to require demonstrated ability to apply the SIM to Chicago in order to expand community relationships and increase opportunities for diversion. Sect. IV.A(2)(a) - requirements for annual collaboration to improve the CIT training curriculum should include specifically utilizing the data analysis (see IV.A(1)) to make additions or modifications to the training designed to address any challenges in meeting CIT objectives, including but not limited to assessment of whether CIT officers are able to successfully use de-escalation to avoid the use of force and to achieve outcomes of deflection, diversion and/or referral. Sect. IV.A.(2)(b) - requires that the Coordinator seek input from professionals, advocates and people with lived experience, but does not give any specifications on this is done. Should give specifications to include diverse voices and not be limited to the regular or existing partners. Sect. IV.A (5)(a) - determining fitness of officers to serve on CIT – this references another policy that we have not received. The policy should give guidelines what factors are reviewed and how often they are re-reviewed, including the officer's demonstrated commitment to de-escalation and trauma informed approached; adherences to objective of avoiding arrest, incarceration and hospitalization in favor of other available approaches; and ability to maintain wellness on the job in the face of repeated trauma exposure. Sect. IV.A(6) - Analysis should include whether force was used and the outcome/disposition of the incident including whether the individual was transported or otherwise referred to community or municipal diversion programs/resources; transported to a hospital; or arrested. Overall, the data analysis should be conducted in manner to assess the program's successes and challenges at achieving its objectives as stated in the policy mission statement and set forth in the Consent Decree (paragraphs 85 and 88). Sect IV.A(7)(a)(6): research on best practice for police responses – given the expansions in CDPH pilots and the 988 system, this should include: and to partner with and support non-police response municipal and county programs? Sect. IV.A.(8)(m) - Does program staff refer to CIT designated officers? Random review of body worn camera footage should be for purpose of ensuring that crisis incidents are responded to in a manner consistent with program objectives to improve safety; de-escalate to reduce need for police interventions; and promoting community-based solutions and diversion.

C.I.U. S.O. #21-02 Annual CIT Policy Review (*this is a Standard Operating Procedure*)	
Crisis Response Subcommittee Meeting – 09/27/2021	*No feedback on policy was submitted.*
Additional Feedback on this Policy:	Purpose stated to include ensuring that policies are updated as needed "to ensure … compliance with the objectives and functions of the CIT program." It needs to include or reference where these can be found. Unclear if program objectives are set forth in any CPD policies, but as noted above, objectives and intended outcomes for the program are listed in the Consent Decree, paragraphs 85 and 88.
	Policy requirements should include that continual assessment and updates as needed to meet the program objectives and outcome goals. This is stated in Subsection H, but the objectives and outcome goals are not listed (or clearly identified) in the referenced policy.
	Sect. I – Community input go beyond CCMHE. 2019 Committee recommendations called for broader effort at community input. That recommendation was accepted by the Mayor.

C.I.U. S.O. #20-02 "CIT Training Scheduling, Attendance, Eligibility, and Recruitment"	
Deflection and Diversion Subcommittee Meeting – 09/29/2021	*No feedback on policy was submitted.*
Additional Feedback on this Policy:	This policy seems to include only initial considerations for CIT designations, and not ongoing eligibility based on performance evaluation. There needs to be an ongoing assessment and performance evaluation of CIT Officers with consideration of their record of demonstrated ability to de-escalate, avoid use force, and provide alternative response options to avoid arrest or involuntary hospitalization where available. The assessment should include consideration of accumulated complaint or disciplinary history (since initial designation); coping with CIT duties and unique stressors; and demonstrated commitment to CIT objectives. The assessment should also have a personal self-assessment component by the member.

C.I.U. S.O. #20-03 "Crisis Intervention Plan"		
Committee/Source	**Recommendation (10/23/21 Draft)**	**Notes on the Recommendation**
Deflection and Diversion Subcommittee Meeting – 09/29/2021	# 13. Include language that specifies how community members can engage with the CIT unit to give feedback.	The drafted language flips the suggestion around to put the burden on community. It should read to give requirements on how the units engage with community to obtain input and feedback. It should give a framework or minimum

		requirements to facilitate community engagement.
Additional Feedback on this Policy:	Additional comments in subcommittee meeting (not reflected in draft) were about community input into the program evaluation. There needs to be a clear protocol for community input to include stakeholders in the local communities/districts beyond CAPs, including asking local ECPS District Council members and community organizations. The input should also be part of the program evaluation and should include community input on the program objectives of improving safety; de-escalation; reduction of use of force and police interventions; and promoting community-based solutions and diversion; and the achieving outcomes/dispositions of incidents other than arrest including the use of diversion programs/resources.	
	Sect. III.F (6) lists that the Plan should identity deficiencies and opportunities to improve dispatch; but nowhere does this policy require the plan identify deficiencies and opportunities to improve outcomes or compliance with CIT program goals and objectives.	

C.I.U. S.O. #20-04 "District-Level Strategy for Crisis Intervention (CIT) Program	
Deflection and Diversion Subcommittee Meeting – 09/29/2021 (Draft 10/23/21)	# 14. Include language on how the community is made aware of the District Level Strategy and community issues can be included.
Additional Feedback on this Policy:	Same as above – this is a directive seems to suggest that the burden of providing input is on the community instead of giving requirements for Districts to engage with community and gain or facilitate input. The policy should provide minimum requirements or a framework to ensure that the District Commanders facilitate community engagement and input, including in the District plans.