Multi-disciplinary and Community Training and Collaboration: Making CIT in Chicago Great Again!

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CIT in Chicago—History

Late 1990s—Mental Health Task Force began meeting and talking about the need to improve CPD training related to mental health crisis response

- Increase Academy Content on MH
- This CIT Model people are talking about....

Chicago Police Department assigned Lt. Jeff Murphy to work with this group
Fatal shooting by cop renews angry debate

May 11, 2002|By Eric Zorn

Two years ago, Chicago police shot and killed a deranged man who was menacing an officer with a fork. Monday, they shot and killed a deranged man who was menacing an officer with a four-inch knife.

All they need now is a deranged man with a spoon and they'll have a place setting.
CIT in Chicago

- Began in 2 pilot districts in 2005 -
  - 30-40 officers/supervisors per district

- Training developed in collaboration with community providers & stakeholders

- Citywide (all 225 districts) implementation began 2006

- 2300 CIT officers trained—~1500 in districts Fall 2015

- UPDATE
Involving people in recovery in the training process
Crisis Intervention Team – BASIC – Course Evaluation

Date of Training: Friday, 26 SEPTEMBER 2014

YOUR FEEDBACK IS VERY IMPORTANT
PLEASE GIVE US YOUR HONEST OPINIONS ON THIS CIT TRAINING COURSE

STRENGTHS OF THIS COURSE:

Consumers! Best training I have had in over 19 years in C.P.D. Utilizing actual consumers to share their experiences & role playing is totally genius!!! Awesome course! Proud to be a CIT member!!!
• NIMH funded Study of CIT in 4 Chicago police districts
  ○ CIT trained officers directed 18% more call subjects to MH services than non CIT peers
  ○ Linkage more likely in districts with more MH services
  ○ CIT officers used less force at higher levels of resistance

Larger Study of CIT in Chicago just wrapping up—stayed tuned.....
CIT in Crisis
Meeting with Mayor’s staff and the formation of the Mayor’s Mental Health Steering Committee - it takes a crisis and a billionaire

- Training for Emergency Communications staff
- Multi-disciplinary training – Fire, Police, OEMC, and EMS
- Targeted community outreach and training
- Additional infrastructure and approaches in the works

Momentum for change...
Training for Emergency Communications

OEMC must be able to identify calls and encounters that are mental-health related and respond with appropriate resources.
Emergency call takers and dispatchers are a critical component of mental health crisis response.

Police Accountability Task Force Report | 117
April 2016

- Determining whether calls involve a mental health crisis
- Protocols
- Training
- Data collection
- Communication with police
Mental Health Awareness Training

• Collaborative Development
  (Chicago Police/CIT, NAMI, OEMC)

• OEMC Supervisors & Instructors completed CIT training provided by Chicago Police CIT Program

• Final Product - 8 Hour Curriculum
  » OCT 2016 thru FEB 2017
  » 26 Classes
  » 478 completed training
Mental Health Awareness Training

COURSE OBJECTIVES

Education and Knowledge (Awareness)
• What is ____?  (CIT, A Crisis, Mental Illness)
• Identification (How do we recognize a mental health crisis? MH Literacy)
• De-escalation (Frontline of Emergency Response)

Policies
• Questions to ask?
• Who are the CIT certified personnel?
• Resources

Procedures
• Proper Resources Dispatched
• Documentation
Mental Health Awareness Training
- Curriculum Outline -

• Introduction
• CIT Overview and Mental Health Basics
• Role of Call taker and Dispatch
• Policy Review
• Group Activity: Identifying MH calls
• Communication Skills
• Response Options
• Simulated Calls / Role Play
• Discussion/Q&A
Policy Review

• S05-14 & S05-14-01
  – OEMC follows CPD’s lead regarding ALL police policy and procedure

• P11-001
  – CIT button & Z attribute

• TRN 11-002
  – Triage questions
The CIT triage questions are as follows:

- Are there weapons present?
- Does a mental illness exist? If yes, the following will be added to the triage:
  - Severe depression
  - Bi-polar
  - Schizophrenic
  - Post-Traumatic Stress Disorder (PTSD)
  - Co-occurring disorder
  - Unknown, suspected psychological issue
  - Other
- Under a doctor’s care?
- Taking medication?
- Violent or have violent tendencies?
Multi-disciplinary training
Chicago Fire Department's Multi-Disciplinary Meeting

1. Identify problem
   - Understanding of behavioral emergencies
   - Understand roles and restrictions of responders
   - Review of behavioral emergency EMS calls

2. Identify agencies and members to represent responders
   - CFD
   - CPD
   - NAMI
   - EMS and police call takers and dispatchers
   - EMS Medical Director from hospital for online medical control
3. Identify goals and objectives of working group to include but not limited to:

- Review of data
- Review and input into multidisciplinary training program
- Review & discussion of EMS emergency calls & transports
- Review of dispatch calls
- Meet monthly

4. Multidisciplinary Training Program
Lack of resources in community increase interactions with first responders

Symptoms can be misidentified as criminal behavior, which increases interaction with law enforcement instead of EMS

First responders become the safety-net for linkage to mental health services

Joint collaborative training helps response agencies creates a positive outcome for persons in need of mental health services
Course Objectives

Assist first responders to:

• Identify underlying signs and symptoms of an acute mental health crisis
• Develop protocols for screening, evaluation and transport
• Understand roles and responsibilities of all potential response partners
Course Goals

• Introduction
  ❑ Who responds
  ❑ Why we respond

• Crisis Identification
  ❑ What is mental illness
  ❑ What is a crisis
  ❑ How we recognize a crisis
    o Via phone call
    o Via in person response

• Crisis Management
  • Legal Issues
    ❑ ILCS
    ❑ Petitions and Certificates
    ❑ CPD Policies
    ❑ CFD Policies
    ❑ OEMC Policies
  • Intake Hospitals
  • Other resources
  • After Action Report
Course Flow

- Module 1: Course Administration
- Module 2: Crisis Identification
  - What is mental illness
  - What is a crisis
  - How we recognize a crisis
- Module 3: Crisis Management
  - Legal Issues
  - CPD, OEMC, CFD, Region XI EMS System Policies
- Module 4: After Action Report
- Module 5: Post-Course Administration
Community Outreach and Engagement -

The West Side Outreach Project

Goals:

- Increase mental health literacy (knowledge of signs and symptoms of mental illness).
- Reduce stigmatizing attitudes/beliefs about mental illness.
- Increase requests for/deployments of CIT trained officers in crisis situations.
- Increase referrals to professional mental health services.

Improving Crisis Response for Individuals with Mental Health Challenges: West Side Community Outreach Pilot
Free Trainings for School staff, Faith leaders & Community-based Organizations

- Training options
  - Mental Health First Aid-8 hour
  - Youth Mental Health First Aid-8 hour
  - Mental Health Awareness-2 hour
  - Bridges of Hope (MH Awareness for Faith community) 2-hour

*All trainings included content on Chicago PD’s CIT program and how to request a CIT officer if needed*
• All trainings
  • 9 item stigma measure-AQ9
  • 5 items-knowledge of CIT
  • Familiarity and experience with CIT
  • Referrals made past three months (pre & follow-up only)
• Demographics
• MHFA –additional measures-
  • Knowledge about mental health/illness (15 item T/F)
  • Difficulty (5 items) and self-confidence (9 items) in taking mental health actions
  • Experience taking mental health actions (pre and follow-up only)

Evaluation Measures
Pretest, posttest, only follow-up at three and six months
Evaluation-Participants

Mental Health Awareness/Bridges of Hope

• 174 participants across 9 trainings
• 71% live and/or work in target communities

• Demographics
  • Age range 20-79 yrs (M=50)
  • 80% female
  • 68% AA, 22% white, 9% Asian, 12% H/L
  • 32.5% exp mh problem, 64% family member exp mh problem

MHFA/YMHFA

• 122 participants across 8 trainings
• 77% live and/or work in target communities

• Demographics
  • Age range 17-67 (M=38)
  • 61% female, 37% male, 2% genderqueer
  • 46% AA, 39% white, 4% Asian, 25% H/L
  • 40% exp mh problem, 73% family member exp mh problem

Trainings 1/12/17-6/12/17
## Evaluation-Initial Findings—pre and post tests

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<thead>
<tr>
<th>MHA/Bridges of Hope</th>
<th>Y/MHFA</th>
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<tbody>
<tr>
<td><strong>CIT Knowledge (5 T/F items)</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
<td><strong>CIT Knowledge (5 T/F items) ns</strong></td>
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<tr>
<td>• Pre test score 3.52 (1.2)</td>
<td>• Pre test score 4.1 (1.0)</td>
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<tr>
<td>• Post test score 3.99 (1.1)</td>
<td>• Post test score 4.3 (1.0)</td>
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<tr>
<td><strong>AQ9-Stigma (9 items-9 point scale)</strong>&lt;sup&gt;**&lt;/sup&gt;</td>
<td><strong>AQ9-Stigma (9 items-9 point scale)</strong>&lt;sup&gt;*&lt;/sup&gt;</td>
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<tr>
<td>• Pre test score 3.51 (1.2)</td>
<td>• Pre test score 3.02 (0.9)</td>
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<tr>
<td>• Post test score 3.15 (1.3)</td>
<td>• Post test score 2.81 (0.9)</td>
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<td><strong>Comfort Requesting CIT (1 item, 5pt scale)</strong>&lt;sup&gt;**&lt;/sup&gt;</td>
<td><strong>Comfort Requesting CIT (1 item, 5pt scale)</strong>&lt;sup&gt;**&lt;/sup&gt;</td>
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<tr>
<td>• Pre test score 3.41 (1.3)</td>
<td>• Pre test score 3.72 (1.3)</td>
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<tr>
<td>• Post test score 4.33 (0.9)</td>
<td>• Post test score 4.25 (1.1)</td>
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<tr>
<td><strong>CIT will result in better outcome (1 item, 5pt scale)</strong>&lt;sup&gt;**&lt;/sup&gt;</td>
<td><strong>CIT will result in better outcome (1 item, 5pt scale)</strong>&lt;sup&gt;ns&lt;/sup&gt;</td>
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<td>• Pre test score 3.55 (1.2)</td>
<td>• Pre test score 3.50 (1.3)</td>
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<tr>
<td>• Post test score 4.24 (1.0)</td>
<td>• Post test score 3.69 (1.2)</td>
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## Evaluation - Initial Findings - pre and post test Y/MHFA Only Measures

<table>
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<tr>
<th>Measure</th>
<th>Pretest</th>
<th>Posttest</th>
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<tbody>
<tr>
<td><strong>Mental Health Knowledge</strong> (number correct out of 15)</td>
<td>10.39 (2.59)**</td>
<td>11.88 (2.84)</td>
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<tr>
<td><strong>Mental Health Actions - perceptions of difficulty</strong></td>
<td>2.05 (.79)**</td>
<td>1.5 (.63)</td>
</tr>
<tr>
<td><strong>Mental Health Actions - self confidence</strong></td>
<td>3.84 (.68)**</td>
<td>4.28 (.81)</td>
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Selected comments

from MHA participants:
- I am much more informed after the presentation than before.
- I feel more equipped to assist someone in need.

Training was informative and can be useful. However, I still do not trust the police in our communities to effectively work with people with mental health issues.

I knew nothing about CIT previously. I am very happy to add yet another “tool” to my teacher “tool belt” Thank you!

from Y/MHFA participants:
- This is a very common problem in our community and needs to be addressed. Too many youth and seniors are in denial.

Extreme need for this training for public service workers

I think it was an excellent way to learn, refresh and practice skills for helping youth.

The police are often causing the trauma in communities. They will never be the solution for creating peaceful outcomes.
Unintended consequences

• Anecdotally—OEMC is reporting callers are requesting CIT officers for non mental health calls because “they are better trained officers”
2016 New Innovative Approaches
Law Office of the Cook County Public Defender
- Mental Health Initiative Working Group -

Public Defender  Adult Probation
State’s Attorney  Chicago Police / CIT
Sheriff  Community MH Services
Pre Trial Services  TASC
Justice Advisory Counsel
TEST, Test

HOLDING FACILITY: District 016 Lockup

ADDRESS OF ARREST: 321 N STATE ST, CHICAGO, IL

NAME: TEST, Test

SEX: Male
DOB: 12 MAY 1955
HEIGHT: 5' 00"
HAIR COLOR: Black
EYE COLOR: Black

RACE: White
AGE: 61 years
WEIGHT: 300 lbs
HAIR STYLE: Back
COMPLEXION: Black

FIRST ARRESTING OFFICER: #14854 Tomasiello, Michael

DESIRED COURT DATE: NONE

CHARGES: 720 ILCS 5.0/18-1-A - Robbery

Special Court Considerations

Veteran
Attempted Suicide/Serious Harm
Serious Mental Problems
Transgender/Intersex/Gender Non-Conforming
Deaf/Hard of Hearing
Interpreter Needed

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2016 New Innovative Approaches
Community Ownership

Development of free standing mental health triage center
2016 New Innovative Approaches
Community Ownership

Development of two Crisis Stabilization Units at local hospitals
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