Written Testimony of Alfonza Wysinger

First Deputy Superintendent, Chicago Police Department

Before the Senate Judiciary Subcommittee on the Constitution, Civil Rights, and Human Rights

"Law Enforcement Responses to Disabled Americans: Promising Approaches for Protecting Public Safety Hearing"

April 29th, 2014

Thank you Chairman Durbin for convening today's hearing on *Law Enforcement Responses to Disabled Americans: Promising Approaches for Protecting Public Safety* and inviting me to testify.

Police in Chicago, as in many other metropolitan cities, have been receiving increasing numbers of calls for service to respond to situations involving individuals with mental illness and co-occurring mental health and substance abuse disorders. All too often, these individuals lack the access to mental health care providers and non-treatment resources they need to lead healthy, law-abiding lives and to avoid becoming needlessly and inappropriately ensnared in the criminal justice system. Many such police-involved calls bring police into contact with veterans impacted by Post Traumatic Stress Disorder (PTSD) and/or Traumatic Brain Injury (TBI) who face their own unique challenges in seeking treatment services and support, and with youth in crisis in desperate need of de-escalation support and access to age-appropriate mental health and substance abuse services.

Because law enforcement officers are generally the first responders to crisis events, it is important to have individuals in law enforcement who can utilize effective strategies to ensure public safety. The Crisis Intervention Team Training provides officers with education about mental illness, as well as providing skills and tools for effectively and safely interacting with someone who is experiencing crisis.

CIT in Chicago

The Chicago Police Department's CIT Training is an in-depth 40-hour specialized course of study for patrol law enforcement officers who, in addition to their regular service calls, will be required to respond to crisis calls involving people with mental illness. These officers will use their knowledge and skills of mental illness and substance abuse to effectively handle any crisis and make the most appropriate disposition, which will best serve the individual and the community.

The key components of the CIT course are:

- Officers are exposed to the basic dynamics of common types of mental illness. This allows the officer to make quick decisions, utilizing options they have to resolve the crisis.

- Officers are exposed to the experiences, viewpoints, and concerns of people with mental illness (consumers). Officers meet with consumers in community settings in order to gain their perspective and learn from them.

- Officers receive instruction and demonstrations in basic listening and responding skills along with crisis intervention strategies. Real life scenarios on different types of mental illnesses are presented.

The Crisis Intervention Team (CIT) model is a dynamic collaboration of law enforcement and community organizations committed to ensuring that individuals with mental health treatment needs are referred for appropriate services and support rather than ending up in the criminal justice system. CIT programs have several essential components, including: training law enforcement as first responders to better understand individuals experiencing psychiatric crisis and how to respond effectively and safely to a crisis; designation of officers who have completed CIT training to respond to crisis situations; collaboration between law enforcement and adult or child serving systems to create effective linkages with mental health services instead of arrest and incarceration; and inclusion of people with mental illness and their families at every level of the program.[1]

The Crisis Intervention Team model has been extensively implemented and evaluated over the country. Currently, there are over 2,700 CIT Programs nationally, according to the University of Memphis. Although each of these programs may have adopted strategies and information relevant to their jurisdiction's law enforcement structure and community needs, there are standard "Key Elements" or best practice components for CIT programs, including:

[1] National Alliance for the Mentally Ill. (2009). *Supporting Schools and Communities in Breaking the Prison Pipeline: A Guide to Emerging and Promising Crisis Intervention Programs for Youth,* Washington, DC. Located at: www.nami.org/caac.

- 1) Partnerships: Law Enforcement, Advocacy, Mental Health: bringing together a wide array of stakeholders in the community and professionally to identify core needs of the community.

- 2) Community Ownership: Planning, Implementation & Networking: Ensuring the partnership group is included in key decisions.

- 3) Policies and Procedures: Standardization of procedures for responding to a mental health crisis.

- 4) CIT: Officer, Dispatcher, Coordinator: A senior-level law enforcement official stewarding the development, implementation, and sustainability of the CIT program.

- 5) Curriculum: CIT Training: Standardized, with a core curriculum and expert presenters and teachers.

- 6) Mental Health Receiving Facility, Emergency Services: Identified partners who operate under shared principles and procedures.

- 7) Evaluation and Research: An external evaluator who can legitimize the training product and establish fidelity to the principles of the CIT model.

- 8) In-Service Training: Continuing education credits for officers who become certified.

- 9) Recognition and Honors: Commendation for officers who become certified and effectively implement CIT principles and techniques in a crisis situation.

- 10) Outreach: Developing CIT in Other Communities: Promoting the CIT principles and techniques in bordering cities/counties to build momentum for the project and to promote safe and healthy communities.[2]

To date, the Chicago CIT Program has trained over 2,200 police officers, 1,800 of which are still active CPD members. This training utilizes a unique specialized subject matter approach which relies upon the instructional expertise of mental health professionals and actual mental health consumers (in recovery). Each class is carefully introduced to the sensitive family issues brought on by a mental health crisis; each class is thoroughly briefed by service providers as to

the specific services they offer the actual consumer. The training program in Chicago uses an unprecedented blend of academic credentialed experts, law enforcement professionals, actual consumers, and field experienced experts to deliver a dynamic and powerful mental health training product.

Each one of 1,800 Chicago patrol officers who have completed the 40 hour Chicago Police Department (CPD) Crisis Intervention Team (CIT) program annually responds to thousands of such calls for service. These same type of calls are responded to by officers who have not been CIT trained. If we are serious about jail diversion in crisis situations, law enforcement and mental health professionals must work together to identify, analyze, understand, and solve gaps and weaknesses in the existing police-involved crisis intervention system. The Chicago Police Department and its award-winning Crisis Intervention Team (CIT) Program and a strong network of mental health partners are uniquely qualified to do just that - improve outcomes in Chicago to demonstrate strategies worthy of replication throughout the nation.

Chicago CIT Youth

This program is specifically designed to teach police officers how to recognize the signs and symptoms of children and adolescents in a mental health crisis, promote de-escalation skills when engaging juveniles in crisis, and develop specific intervention skills designed for child and adolescent mental health crisis situations. The Chicago CIT Youth was the first advanced 40 Hour training in the country focusing on mental health issues related to children and adolescents. This module was created based on officers requesting specialized training in

dealing with youth population. This proactive course of study is also effective when engaging youth who are in crisis. **This training course is only offered to officers who have already completed the Basic CIT certification.** Officers volunteering for this advanced training represent the uniformed district patrol personnel and officers assigned to the Chicago's Public School system.

Scope of the Issue

Nationwide, 1 in 4 adults struggle with mental illness[3], while in Illinois alone, more than 700,000 adults struggle with severe mental illnesses at an annual cost to the state of more than $2.6 billion in direct and indirect costs, including: reduced labor supply; public income support payments; reduced educational attainment; and costs associated with other consequences such as incarceration or homelessness. Yet, just in the last four years, according to the National Alliance on Mental Illness Illinois[4], spending on mental health in Illinois has been cut by 32% and three major psychiatric hospitals have closed.

In Chicago, 50% of its community mental health centers closed in 2012, and 1 out of the 3 state facilities serving Chicago closed. This created a huge impact on public access (especially by those with low income) to mental health services. While the closure of community mental health centers may play one role in the steadily increasing number of mental health-related police calls for service, it is not the only contributing factor. In Chicago, for instance, the overwhelming majority of people with serious mental illness brought to hospitals by CPD officers are of low income, uninsured or on Medicaid, and unable on their own to access

[3] National Alliance on Mental Illness (NAMI)
[4] National Alliance on Mental Illness (NAMI)

needed services. The unfortunate reality is that currently the three largest providers of mental health services are jails- LA County, New York, and Cook County Jail, located in Chicago.

Chicago patrol officers frequently respond to calls for service involving: 1) citizens in crisis, 2) U.S. military veterans and 3) youth who are experiencing signs and symptoms of mental health or substance abuse disorders. Alarmingly, current statistics indicate that the U.S. prison population is increasing to post-Vietnam era levels, when veterans were 24% of the federal prison population, and 21% of the state population. This increase is attributed to the men and women returning home from Iraq and Afghanistan (Veterans & Justice, Justice Policy Institute[5]). According to Pentagon reports, suicides among soldiers and military veterans have reached epidemic proportions, with 154 suicides for active duty troops in the first 155 days of 2012. In addition, research shows that 70% of justice system-involved youth have one or more psychiatric disorders (National Center for Mental Health and Juvenile Justice. Blueprint for Change: 2006[6]). At least 20% of these youth have a serious mental illness, including those who are suicidal, struggling with psychotic disorders, and experiencing symptoms that significantly interfere with their day-to-day functioning (Blueprint for Change: 2006[7]). Youth violence in Chicago has become a topic of national concern, and officers responding to calls for service involving such juveniles face special risks – and opportunities – when interacting with them in crisis situations.

---

[5] Hafemeister, T. L., & Stockey, N. A. (2010). Last Stand-The Criminal Responsibility of War Veterans Returning from Iraq and Afghanistan with Posttraumatic Stress Disorder. *Ind. LJ*, *85*, 87.

[6] Skowyra, K. R., & Cocozza, J. J. (2007). Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system. *Delmar: National Centre for Mental Health and Juvenile Justice*.

[7] Skowyra, K. R., & Cocozza, J. J. (2007). Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system. *Delmar: National Centre for Mental Health and Juvenile Justice*.

We know from CPD data that Chicago police responded to over 2.2 million calls for service in 2012, and that a significant but underreported percentage of those calls for service (CPD CIT staff believe that the below reported "Z-coded" calls for service are but a fraction of the calls for service that should be so coded) are documented as involving individuals with histories of mental illness and/or who are experiencing current mental health or co-occurring mental health or substance abuse symptoms. Yet, because no more than 20% of our patrol officers are CIT-trained, less than a majority of mental health related calls were responded to by a CIT-trained officer. Thus, the outcomes of many thousands of mental health related calls were not benefited by interaction with an appropriately trained officer, and thereby adding unnecessary risk of physical altercation and bodily harm during those calls; missing opportunities to divert people from unnecessary jail; and reducing needed access to mental health and supportive services.

Several years ago, to improve the percentage of mental health-related calls for service responded to by a CIT-trained officer, the Chicago Office of Emergency Management and Communication (OEMC) trained its Call-Center dispatch personnel to 'code' such calls for service with an arbitrarily assigned "Z" and to request a response from a CIT-trained officer in proximity to the incident. CPD has a system in place that notifies OEMC of all CIT trained officers who are working during a particular shift in a dispatcher zone. Then, when a 911 call comes in, the call-taker asks questions from a drop-down menu to determine if a call has a mental health-related component. If the call is identified as "mental health-related," the call-taker makes every effort to dispatch the call to one of CPD's CIT trained officers. Recent

Z-coded calls for service data to date are revealing:

- 2010: 18,976 Z-coded calls, 4,862 responded to by a CIT-trained officer;
- 2011: 19,804 Z-coded calls, 5,460 responded to by a CIT-trained officer; and
- 2012: 20,073 Z-coded calls, 5,392 responded to by a CIT-trained officer

Thus, just over 25% of these calls over a three-year period were handled by CIT trained personnel. Of interest, approximately 56.5% (2,992) of the 5,392 CIT-trained responses in 2012 resulted in non-criminal diversions to hospital intake facilities and mental health evaluations.

It is evident that training more officers in the Basic and Advanced 40 hour CIT training programs designed specifically for juvenile and veteran populations will divert individuals from unnecessary justice system involvement and significantly link more citizens to needed mental health referrals. Because mental health-related calls for service can be particularly challenging, creating a larger pool of CIT-trained officers will decrease 'burnout' amongst the current pool of CIT trained personnel.

Research Concerning Chicago CIT

The Chicago Police Department's CIT program is more than just training. It is a partnership with mental health service provider organizations, advocacy organizations, individuals, and family members living with a mental illness. These partners assist by providing expertise for the delivery of the 40 hour CIT trainings for police officers. The dialogue between

officers and these partners identifies systemic problems and generates momentum and coalitions to work for system improvements.

Data collected from a federally funded study of the Chicago CIT Program[8] found that compared to their non-CIT-trained peers, CIT-trained Chicago Police Officers directed people to mental health services 18% more often, reported feeling better prepared to respond without needing to resort to use of force, and used less force when subject agitation/resistance increases. That same research concluded that CPD CIT reduces injuries to officers and to persons experiencing a mental health crisis, reduces arrests, diverts more subjects from the criminal justice system, increases linkage to psychiatric services, and improves the knowledge, attitudes, and confidence of officers. As an evidence-informed practice, CPD CIT has become the most widely recognized and adopted best practice model of specialized police response in the nation.

National Institute of Mental Health funded research [NIMH R34MH081558], conducted by investigators from the University of Illinois at Chicago (UIC), on Chicago's Crisis Intervention team program examined mental health related police encounters handled by CIT, and non-CIT trained officers in four Chicago police districts. Findings indicate that CIT trained officers use less force with resistant subjects than their non-CIT trained peers. This suggests that CIT officers are better able to de-escalate crisis situations and reduce the risk of injury for all involved. Additionally, CIT officers were more likely to make efforts to transport or link persons with mental illnesses to appropriate psychiatric treatment.

---

[8] Canada, K. Angell, B & Watson, AC (2010). Crisis Intervention Teams in Chicago: Success on the ground. Journal of Police Crisis Negotiations. 10 (1-2) 86-100.

Researchers from UIC are currently in the field on a subsequent NIMH funded study of CIT in all Chicago police districts [*NIMH R01****MH096744]***. Preliminary findings from interviews and ride along observations of officers indicate that CIT trained officers recognize that intervening and providing linkage to services is an important part of their job. The training has allowed them to better recognize when a person is experiencing symptoms of mental illness, and has given them skills to effectively de-escalate mental health crisis situations and provide linkage to the appropriate mental health services, and be that transport for emergency evaluation or reconnection with a case manager in the community.[9]

Additional Research Findings:

CIT training improves officer knowledge and attitudes (Compton, et al 2006; 2014a)

CIT trained officers

- less likely to endorse use of force as effective response (Compton, et al 2011)
- use less force as resistant demeanor increases (Morabito, Kerr & Watson, 2012)
- more likely to transport or refer to mental health services (Watson et al 2011, Compton et al 2014b)
- less likely to arrest subjects with mental illnesses (Compton et al 2014b)

CIT implementation associated with:

- lower arrests rates than in jurisdictions with other models (Steadman, et al 2000)
- greater confidence in department's response (Borum, et al 1998)

[9] Watson, AC, Fulambarker, A & Wood, J. (2014), CIT and Mental Health Service Accessibility in Police Encounters. Presented at the 22nd National Institute of Mental Health (NIMH) Conference on Mental Health Services Research (MHSR): Research in Pursuit of a Learning Mental Health Care System. Bethesda, Maryland.

- more mental disturbance calls identified (Teller, et al 2006)
- more transports to emergency psychiatric services (Teller et al 2006)
- more voluntary transports (Teller et al 2006)

Other Research Sources

- Morabito, MS, Kerr, AN, Watson, AC, Draine, J, Angell, B (2012). Crisis Intervention Teams and People with Mental Illness: Exploring the Factors that Influence the Use of Force. *Crime & Delinquency, 58* (1) 57-77.
- Watson, A.C, Ottati, V.C., Morabito, M., Draine, J., Kerr, A.N., Angell,B. (2010). Outcomes of police contacts with persons with mental illness: The impact of CIT. *Administration and Policy in Mental Health and Mental Health Services Research.* Vol 37 (4) p302-317. *DOI10.107/s10488-009-0236-9.*
- Watson, A.C., Ottati, V.C., Draine, J.N., Morabito, M. (2011) CIT in context: The Impact of mental health resource availability and district saturation on call outcomes. *International Journal of Law and Psychiatry, 34* (4) 287-294

Conclusion

No one chooses to be mentally ill! We cannot "lock-up" our way out of this problem, nor can we put all of our energy into CIT as the "saving grace" for this crisis. A broad range of services that support community inclusion such as housing, employment, medical and psychological services must be accessible. Without these services or with inadequate services, officers, (CIT trained or not) eventually may become disillusioned and may stop making efforts to link people. Without these services and resources, the volume of calls involving persons with mental illness will only increase, which means that these citizens’ needs are not being met effectively or humanely. Without the services, resources, and proper funding, there will be an

increase in arrests of persons with mental illness, and an increase in injuries both to police and citizens.

In order for CPD CIT, or any agency's CIT program to be successful, it must maintain strong partnerships. The Chicago Police Department's CIT Program is more than just training; it is a partnership with mental health service providers, advocacy organizations, individuals, and family members living with a mental illness. If mental health treatment services are underfunded or not a priority, law enforcement involvement in mental health crisis will continue to rise and that increase may result in negative outcomes. We as a nation need to make certain that we are providing and making accessible the necessary resources for persons suffering with mental illness.