CRISIS INTERVENTION TEAM
INTRODUCTION, HISTORY & OVERVIEW

2016 Illinois Association of Problem-Solving Courts Conference
October 06th, 2016
Officer Kurt Gawrisch
ILETSB Certified Instructor
Board of Directors, CIT International
What is CIT?

Crisis Intervention Team (CIT) is a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illness.
Sequential Intercept Model

Source: The GAINS Center, NY

**Action for System-Level Change**
- Develop a comprehensive state plan for mental health/criminal justice collaboration
- Institute statewide crisis intervention services, bringing together stakeholders from mental health, substance abuse, and criminal justice to prevent inappropriate involvement of persons with mental illness in the criminal justice system
- Take legislative action establishing jail diversion programs for people with mental illness
- Improve access to services through system-level change; allow retention of Medicaid/SSI by suspending rather than terminating benefits during incarceration; help people who lack benefits apply for same prior to release
- Make housing for persons with mental illness and criminal justice involvement a priority; remove constraints that exclude persons formerly incarcerated from housing or services
- Ensure constitutionally adequate services in jails and prisons for physical and mental health; individualize transition plans to support individuals in the community
- Ensure all systems and services are culturally competent, gender specific, and trauma informed—specific interventions for women, men, and veterans

**Action Steps for Service-Level Change at Each Intercept**
- **Intercept 1: Law enforcement**
  - 911: Train dispatchers to identify calls involving persons with mental illness and refer to designated, trained responders
  - Police: Train officers to respond to calls where mental illness may be a factor
  - Documentation: Document police contacts with persons with mental illness
  - Emergency/Crisis Response: Provide police-friendly drop-off at local hospital, crisis unit, or triage center
  - Follow-Up: Provide service linkages and follow-up services to individuals who are not hospitalized and those leaving the hospital
  - Evaluation: Monitor and evaluate services through regular stakeholder meetings for continuous quality improvement
- **Intercept 2: Initial detention/Initial court hearings**
  - Arrest
  - Initial Detention
  - First Appearance Court
- **Intercept 3: Jails/Courts**
  - Specialized Court
  - Dispositional Court
- **Intercept 4: Reentry**
  - Jail/Reentry
  - Probation
- **Intercept 5: Community corrections**
  - Parole
- **Community**

**Step-by-Step Action Plans**
- **Screening 1:** Screen for mental illness or serious opportunity; identify persons eligible for diversion or needing treatment in jail
- **Screening 2:** Screen for individuals needing diversion in jail with screening information from Intercept 2
- **Court Coordination:** Maximize potential for diversion in a medical mental health court or reentry court
- **Service Linkages:** Link to comprehensive services, including care coordination, access to medication, integrated dual disorder treatment (IDD) as appropriate, prompt access to benefits, health care, and housing
- **Jail-Based Services:** Provide services consistent with community and public health standards, including appropriate psychotropic medications, coordinate care with community providers
- **Assess clinical and social needs and public safety risks:** Boundary supervision (e.g., discharge coordinator, transition planner) can coordinate institutional with community mental health and community supervision agencies
- **Plan for treatment and services that address needs:** GAINS Reentry Checklist (available from: http://www.galencenter.sanfrancisco.edu/mental-resources/entry-pamphlet) documents treatment plan and communicates it to community providers and supervision agencies—dockets include prompt access to medication, mental health and health services, benefits, and housing
- **Identify required community and correctional programs:** Provide flexible engagement and specialized case management teams
- **Coordinate transition plans:** Avoid gaps in care with coordinated service providers
- **Screening 3:** Screen all incoming and transitioning individuals for mental illness and co-occurring substance use disorders, link to necessary services
- **Maintain a Community of Care:** Connect individuals to employment, housing, health care, and services
- **Implement a Supervision Strategy:** Concentrate on supervision immediately after release, adjust strategies as needs change; implement specialized case plans and create systems training
- **Graduated Response & Modifications of Conditions of Supervision:** Ensure a range of options for community corrections officers to reinforce positive behavior and effectively address violations or noncompliance with conditions of release
What is CIT?
Crisis Intervention Team

• A first-responder model of police-based crisis intervention
• Mental health crisis response
• A Community Collaborative System
• Voluntary program of specially trained officers
• De-escalation
• Coordinated tactical response
• Linkage to the mental health service system
Crisis Intervention Team (CIT)
Why is it needed?

• Changes in the Mental Health Service System
• Traditional Police Response
• Training
• Alternatives to Incarceration
• Reduce Stigma
Today's policing has changed!

• When officers in go-mode -- carrying a gun, Taser and handcuffs -- respond to emergency calls these days, they may encounter not a gunman or robber, but someone in mental health crisis, whose brain doesn't function like that of the average person.

• That's why it is critical that police officers be trained in dealing with individuals with mental illness and in how to de-escalate crises before they blow up into violence.

Cleveland police response to those in mental health crisis needs improvement: Editorial 4/24/15
http://www.cleveland.com/opinion/index.ss/2015/04/cleveland_police_must_be_more.html
The Critical Need for CIT

There are more people with mental illness in our state jails and prisons than in all our public and private psychiatric institutions combined.

More Mentally Ill Persons Are in Jails and Prisons Than Hospitals: A Survey of the States
By E. Fuller Torrey, M.D.  Executive Director, Stanley Medical Research Institute, and Board Member, Treatment Advocacy Center

Los Angeles County Jail
Chicago Cook County Jail
New York Riker’s Island Jail

(FRONTLINE SERIES: The New Asylums)
When did police become Social Workers?

- De-institutionalization
- New and better psychotropic medications
- Societal push for mentally ill persons to live independently and be in control of their own treatment
- Community based Mental Health Service System
- Police become primary first responders to crisis in the community.
- Police become the *gatekeepers* to mental health service delivery.
- By law, only the police are authorized to take a person into custody for involuntary evaluation.
Crisis Intervention Team History

• Started in Memphis, TN 1987 after Public Outrage with Police incidents of Mentally Ill persons in crisis

• Last incident-Officers shot a 27 year old suicidal person with a history of mental illness and substance abuse holding knife to himself

• 1988 1st CIT Program began (Memphis, TN)

(Developed in collaboration with MPD, University of Memphis, NAMI, University of Tennessee Medical Center, other service providers, & local citizens)

• CIT has spread to more than 2800 communities in 45 states and the District of Columbia. (NAMI.org)
CIT Model

- Provides the foundation necessary to *promote* community and statewide *solutions* to assist individuals with mental illness.
- **Reduces** both the *stigma* and the need for further involvement with the criminal justice.
- Provides a forum for effective *problem solving* regarding the interaction *between* the criminal justice and mental health care *systems*.
- **Creates** the context for sustainable *change*.
CIT Fidelity

• Collaborative Development & Delivery
• Maintain the NAMI/CIT Partnership
• Stakeholder Involvement from the beginning
• “Nothing about us without us”
• Maintain the “core elements” of training
• CIT is “More than just training”
• Cops are not clinicians
• Voluntary is better...but not essential
• Less is more
CIT Goals

• Increase safety in the general community
• Increase law enforcement officer safety
• Increase mental health consumer safety
• Better prepare police officers to handle crises involving people with mental illness
CIT Goals

• Make the mental health system more understandable and accessible to law enforcement officers by:
  – Supplying law enforcement officers with the resources to appropriately refer people in need of care to the appropriate mental health treatment service
  – Improving access to mental health treatment, in general, and crisis care, in particular, for people who are encountered by law enforcement

• And...
CIT Goals

• Collaboratively, making the mental health system responsive to law enforcement to the greatest extent possible with community resources.
• Divert people with a mental illness who are in crisis from the criminal justice system whenever possible.
• Work collaboratively with court systems to reduce the incarceration rate of people with a serious mental illness who are in need of treatment.
CIT CORE ELEMENTS

Core Elements of a CIT Program Model

- Ongoing Elements
  - Partnerships: Law Enforcement, Advocacy, Mental Health
  - Community Ownership: Planning, Implementation, Networking
  - Policies and Procedures

- Operational Elements
  - CIT: Officer, Dispatcher, Coordinator
  - Curriculum: CIT Training
  - Mental Health Receiving Facility: Emergency services

- Sustaining Elements
  - Evaluation and Research
  - In-service Training
  - Recognition and Honors
  - Outreach: Developing CIT in other Communities
Crisis Intervention Team

Police departments with CIT have noticed the following changes:

• Decline in officer injury
• Decrease in arrests of mentally ill persons
• Decrease in use of force
• Officers are better trained and educated in verbal de-escalation techniques
• Officer recognition and appreciation by the community has increased
Illinois Law Enforcement Training and Standards Board (ILETSB)

- Started statewide CIT initiative in late 2002
- May 2003, pilot program with Springfield Police Department
- Certified Basic training for the state
- Training now offered thru Mobile Training Units (MTUs) and stand alone programs

To date, the ILETSB has certified over 4750 officers statewide, from more than 280 agencies in this specialized program.

CRISIS INTERVENTION TEAM (CIT) TRAINING OPPORTUNITIES
http://www.ptb.state.il.us/media/1255/cit-training-opportunities-fy17.pdf
Mobile Team Unit List

Unit 1 - Northwest Illinois Criminal Justice Commission
Unit 2 - Northern Illinois Training Advisory Board
Unit 3 - North East Multi-Regional Training
Unit 4 - Mobile Team Unit 4
Unit 5 - Illinois Valley Crime Prevention Commission
Unit 6 - Western Illinois Police Training Unit
Unit 7 - Central Illinois Police Training Center
Unit 8 - Law and Justice Commission
Unit 9 - West Central Illinois Criminal Justice Council
Unit 10 - Law Enforcement Training Advisory
Unit 12 - East Central Illinois Police Training Project
Unit 13 - East Central Illinois Mobile Law Enforcement Training Team
Unit 14 - Southwestern Illinois Law Enforcement Commission
Unit 15 - Southern Illinois Criminal Justice Training Program
Unit 16 - Tri-River Police Training Association

http://www.ptb.state.il.us/training/mtu/mtumap.htm
CIT in Illinois

College Campuses
International Association of Campus Law Enforcement Administrators (IACLEA)
CIT Certified Personnel
(Data provided by ILETSB 18 SEP 2014)
- Mapped by Rebecca R. Skorek, Research Analyst
Illinois Criminal Justice Information Authority (ICJIA)
Chicago (CIT) Program

• It is a 40-hour in-depth specialized course of study for uniformed patrol officers

• CIT officers receive additional training on how to effectively respond to mental health calls utilizing tactical assessment, de-escalation techniques, and resources in the community

• 911 operators dispatch mental health/crisis calls to available trained CIT officers

• CIT officers also respond to as many mental health/crisis calls they can and proactively look for mental health consumers who are regressing and assist them before a crisis occurs
CIT Basic Training

- History & Overview of Mental Illness
- Signs & Symptoms of Mental Illness
- Psychotropic Medications
- Risk Assessment & Crisis Intervention Skills
- Substance Abuse & Co-Occurring Disorders
- Developmental Disabilities
- Geriatric Issues
- Child & Adolescent Disorders
- Legal Issues
  - (405 ILCS 5/ Mental Health & Developmental Disabilities Code)
  - Petitions
CIT Basic Training includes:

- Crisis Intervention Role Play & Simulation exercises (i.e. audio and visual hallucination simulation)
- Panel discussions including family members & consumers of mental health services
- Written examination and Certification from the Illinois Law Enforcement Training and Standards Board
### BASIC TRAINING MATRIX

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday 2016</th>
<th>Tuesday 2016</th>
<th>Wednesday 2016</th>
<th>Thursday 2016</th>
<th>Friday 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>0745 – 0800</td>
<td>Roll Call</td>
<td>Roll Call</td>
<td>Roll Call</td>
<td>Roll Call</td>
<td>Roll Call</td>
</tr>
<tr>
<td>0800 – 0850</td>
<td><strong>Introduction, History &amp; Overview</strong></td>
<td><strong>Risk Assessment &amp; Crisis Intervention Skills</strong></td>
<td><strong>Child &amp; Adolescent Disorders</strong></td>
<td><strong>Community Resource Panel/Mental Health Court Project</strong></td>
<td><strong>Crisis Intervention Role Play &amp; Virtual Hallucinations Machine</strong></td>
</tr>
<tr>
<td>0900 – 0950</td>
<td><strong>Mental Illness: Signs &amp; Symptoms</strong></td>
<td><strong>Verbal De-Escalation &amp; Tactical Response</strong></td>
<td><strong>Geriatric Issues</strong></td>
<td><strong>Luncheon</strong></td>
<td><strong>Cook County Specialty Courts</strong></td>
</tr>
<tr>
<td>1000 – 1050</td>
<td></td>
<td></td>
<td><strong>Developmental Disabilities</strong></td>
<td></td>
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<tr>
<td>1100 – 1150</td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
<td><strong>Lunch</strong></td>
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<td><strong>Lunch</strong></td>
</tr>
<tr>
<td>1200 – 1300</td>
<td><strong>Psychotropic Medications</strong></td>
<td><strong>Family Perspectives &amp; Consumer Panel</strong></td>
<td><strong>Department Procedures</strong></td>
<td><strong>Crisis Intervention Role Play &amp; Hearing Voices Simulation Exercise</strong></td>
<td><strong>Summary &amp; Evaluation</strong></td>
</tr>
<tr>
<td>1300 – 1350</td>
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<td><strong>Legal Issues</strong></td>
<td></td>
<td><strong>Written Examination</strong></td>
</tr>
<tr>
<td>1400 – 1450</td>
<td><strong>Substance Abuse &amp; Co-Occurring Disorders</strong></td>
<td></td>
<td><strong>Legal Issues</strong></td>
<td></td>
<td><strong>Superintendent’s Ceremony</strong></td>
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<tr>
<td>1500 – 1550</td>
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</table>
The CIT Training Program

• Trainers in the CIT program include representatives of all stakeholders.

• Intensive CIT training provides a base of knowledge about mental illnesses from which officers can build their knowledge and skills in handling encounters with persons who may be having a mental health crisis.

• CIT training is **not** aimed at making officers mental health professionals, but is intended to provide officers with the skills to:
The CIT Training Program

• Recognize signs and symptoms of mental illness
• Recognize when those signs and symptoms represent a crisis situation
• De-escalate mental illness crises
• Know where to take consumers in crisis for mental health services
• Know the appropriate steps in following up on these crises such as:
  ▪ contacting case managers or other treatment providers,
  ▪ providing consumers and family members with referral information to mental health treatment agencies or,
  ▪ advocacy organizations like the local NAMI chapter.
Involving people in recovery in the training process: Collaboration with the Thresholds Theatre Arts Program & NAMI Chicago
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 !!!!!
Engagement

- Understanding & Patience
- “It is the wise officer who can, at times, conceal his or her combat-ready status.”
  - Lt. Michael Woody (Ret.)
What we’ve learned so far:

• Prior to training, most officers would elect to arrest
• After training, most officers would elect to divert
• The key to this turn-around lies in the training
• Trained CIT officers recognize the signs and symptoms of mental illness
CIT
Department Policy & Procedures

Call Taker
Dispatch
Law Enforcement Officers

A Community Support, Not The Last Resort
Chicago’s CIT Program
A Spark of Change 2010

• Special Department Orders created in May
  - Pilot ended and CIT Program established
  - 24 hour citywide response
  - CRU (Critical Response Unit)

• Advanced 40 hour CIT trainings begin
When to call for a CIT officer:

- A mental health consumer is violent, aggressive, manic, or uncontrollable
- A mental health consumer is actively hallucinating or is delusional
- The consumer needs to be transported to the hospital to have a psychiatric evaluation or needs to be involuntarily admitted
- A person is suffering from mental or emotional deterioration, is suicidal, homicidal, or cannot take care of their daily needs without help from others
How can YOU help CIT officers?

• Provide pertinent information about the individual when possible - OEMC /911 or the officer on scene

(This might include name, age, life stressors, medications, mental disorder, access to weapons, prior suicide attempt, doctor’s name, prior history, etc)
• Give the officers pertinent information about you and other witnesses/complainants

(This includes names and position of the people who witnessed the situation, any contact information, and the observed behavior, actions, and events that occurred prior to police arrival)
HIPAA

Health Insurance Portability and Accountability Act

• Health Care Providers can give a law enforcement official relevant patient information to:

  reasonably prevent or lessen a serious and imminent threat to the health or safety of an individual or the public
  (45 CFR 164.512(j)(1)(i))

• Health care providers can share patient info. to assist in providing treatment for a person who is in imminent danger
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?
CIT and Mental Health Department Orders

- **Chicago Police Department Directives System**
  
  http://directives.chicagopolice.org/
• **S05-14** Crisis Intervention Team Program
• **S05-14-01** Crisis Intervention Team Response
• **CPD-15.520** Mental Health / Crisis Intervention (CIT) Report

• **S04-20** Handling Persons In Need of Mental Treatment
• **S04-20-01** Responding to Incidents Involving Persons In Need Of Mental Health Treatment
• **S04-20-02** Persons Subject To Involuntary Or Voluntary Admissions Non Arrestees
• **S04-20-03** Persons On Unauthorized Absence (UA)
• **S04-20-04** Mental Health Transport And Related Duties Matrix
• **S04-20-05** Handling Arrestees In Mental Treatment
• **S06-08** Approved Medical Facilities
## Designated Mental Health Facilities

**Approved Medical Facilities / Special Order S06-08**

<table>
<thead>
<tr>
<th>District(s)</th>
<th>Charge Type</th>
<th>Facility Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>001 and 018</td>
<td>ALL</td>
<td>Northwestern Memorial Hospital</td>
</tr>
<tr>
<td>002, 003, and 007</td>
<td>ALL</td>
<td>St. Bernard Hospital</td>
</tr>
<tr>
<td>004, 005, 006, and 022</td>
<td>ALL</td>
<td>Jackson Park Hospital &amp; Medical Center</td>
</tr>
<tr>
<td>008, 009, 010, 011, and 012</td>
<td>ALL</td>
<td>Mount Sinai Hospital Medical Center</td>
</tr>
<tr>
<td>014, and 025</td>
<td>Misdemeanor / Ordinance Violations</td>
<td>Swedish Covenant Hospital – Project Impact</td>
</tr>
<tr>
<td>014, 016, 017, and 025</td>
<td>Felony/Misdemeanor Requiring Judge’s Bond</td>
<td>St. Mary &amp; St. Elizabeth Medical Center</td>
</tr>
<tr>
<td>015</td>
<td>ALL</td>
<td>Loretto Hospital</td>
</tr>
<tr>
<td>020</td>
<td>ALL</td>
<td>Chicago Lakeshore Hospital</td>
</tr>
<tr>
<td>019 and 024</td>
<td>ALL</td>
<td>Advocate Illinois Masonic Medical Center</td>
</tr>
</tbody>
</table>
# Mental Health Crisis Intervention Report

**Special Order S05-14-01**

Form obtained from CLEAR Department Directives System

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**MENTAL HEALTH - CRISIS INTERVENTION (CIT) REPORT**

**CHICAGO POLICE DEPARTMENT**

<table>
<thead>
<tr>
<th>Address of Incident</th>
<th>Location Code</th>
<th>Beat of Occurrence</th>
<th>Assigned by</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>OEC</td>
</tr>
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<table>
<thead>
<tr>
<th>Event No.</th>
<th>RD No. (if applicable)</th>
<th>CR No. (if applicable)</th>
<th>R No. (if applicable)</th>
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<table>
<thead>
<tr>
<th>Previous Interaction</th>
<th>If known, list no. of times</th>
<th>Was Mental Health component indicated before arrival?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
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</table>

**Subject Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Sex</th>
<th>Female</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Age</th>
<th>Race</th>
<th>Gender</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1-Black</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2-White</td>
<td>Female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3-Black-Hispanic</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7-Other</td>
<td>Female</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living Arrangements</th>
<th>Homeless</th>
<th>Family</th>
<th>Independent</th>
<th>Assisted Living</th>
<th>Unknown</th>
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<tbody>
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<td></td>
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</tbody>
</table>

**Hospitalization/Treatment**

<table>
<thead>
<tr>
<th>Prior mental health hospitalization</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior mental health treatment</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
<tr>
<td>Current mental health treatment</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If known, list Doctor's Name and Agency</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Currently taking medication for mental illness</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
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<table>
<thead>
<tr>
<th>Did you observe any of the following (Check as many as apply):</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Nothing unusual observed</th>
<th>Severe, depressed mood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absurd, illogical thinking/talking</td>
<td>Suicidal talk</td>
</tr>
<tr>
<td>Abnormal behavior/appearance</td>
<td>Suicidal gestures(s)</td>
</tr>
<tr>
<td>Hearing voices/hallucinating</td>
<td>Signs of alcohol/illegal drug use</td>
</tr>
<tr>
<td>Anxious/excited</td>
<td>Possible development disability</td>
</tr>
<tr>
<td>Paranoid or suspiciousness</td>
<td>Aggressive/threatening behavior or speech</td>
</tr>
<tr>
<td>Violent behavior</td>
<td>Weapons, if checked</td>
</tr>
<tr>
<td></td>
<td>Displayed</td>
</tr>
<tr>
<td></td>
<td>Used</td>
</tr>
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**Member Actions**

<table>
<thead>
<tr>
<th>Contact only: Card No.</th>
<th>Methods Used (Check all that apply):</th>
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<tbody>
<tr>
<td></td>
<td>Verbal</td>
</tr>
<tr>
<td></td>
<td>Physical restraint</td>
</tr>
<tr>
<td></td>
<td>OC Chemical Weapon</td>
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<tr>
<td></td>
<td>Canine</td>
</tr>
<tr>
<td></td>
<td>Impact Weapon</td>
</tr>
<tr>
<td></td>
<td>Taser</td>
</tr>
<tr>
<td></td>
<td>Firearm</td>
</tr>
<tr>
<td></td>
<td>Other</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Hospital</th>
<th>Substance Abuse Facility</th>
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<tbody>
<tr>
<td></td>
<td>Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Homeless Shelter</td>
<td></td>
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<tr>
<td></td>
<td>Community Mental Health Facility</td>
<td></td>
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<tr>
<td></td>
<td>Governmental Agency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other</td>
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</tr>
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</table>

<table>
<thead>
<tr>
<th>Hospitalization</th>
<th>Yes</th>
<th>No</th>
<th>Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>If yes, Voluntary</th>
<th>Involuntary</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Petition completed by member</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for Hospitalization</th>
<th>Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**CIT Officers (this section to be completed by CIT Officers only)**

<table>
<thead>
<tr>
<th>Rate highest level of subject</th>
<th>1- Anxiety</th>
<th>2- Arger</th>
<th>3- Hostility</th>
<th>4- Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subject's actions</td>
<td>Cooperative</td>
<td>Passive Resister</td>
<td>Active Resister</td>
<td>Assailant</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Were CIT Training Techniques Used?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Member's Name</th>
<th>CIT</th>
<th>Star No.</th>
<th>Beat No.</th>
<th>Member's Name</th>
<th>CIT</th>
<th>Star No.</th>
<th>Beat No.</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**CIT Supervisor's Approval**

<table>
<thead>
<tr>
<th>Date/Time Completed</th>
<th>Reports Attached</th>
<th>Case Report</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**CPD-15.520 (Rev. 2/13)**

Please return this report to the CIT Program, Unit 441. Fax # (312) 745-6890. Use reverse side for any additional information and attach all relevant reports.
Data and Research

**Rebecca Skorek, MA**
Illinois Criminal Justice Information Authority: ICJIA
**2013 NAMI Chicago Award**
Researcher of the Year
Now: Deputy Director of Research
Cook County Sheriff’s Office

**Amy Watson, Ph.D.**
University of Illinois-Chicago
Jane Addams College of Social Work
**2013 CIT International Award**
Researcher of the Year
Using Data for Program Improvement and to advocate for resources

- Mental Health Transports
- Suicide-Not in Police Custody
- Attempt Suicides – Not in Police Custody
- Disturbance (Mental Health)
- Threatening Suicide
- *U.S. Supreme Court – Deliberate Indifference*

*Increase in MH calls = Increase in Training*
Champions and Partnerships

Stakeholders:
• Police (EMS/Fire)
• Mental Health Providers
• Mental Health Authority (DMH)
• Individuals with Lived Experience
• Family Members
• Advocates
• Local Jail and Court Personnel
• The Community at Large

“Cast the widest net of all stakeholders and let them have input on all the issues.”

- Lt. Jeffry Murphy, Chicago Police Department, CIT Coordinator (Ret.)
Crisis Intervention Teams do not replace existing support services, they enhance them by working in partnership with them.
Chicago’s CIT Program
A Spark of Change 2004 - 2005

• 1\textsuperscript{st} Cook County (\textit{Felony}) Mental Health Court supported by Treatment Alternatives for Safe Communities (TASC), NAMI Chicago, & CPD

Chief Judge
Timothy C. Evans

TASC President
Pamela Rodriguez

Presiding Judge, Criminal Division
Paul P. Biebel Jr. (Retired)
CIT in Chicago—Milestones
Rebecca Skorek, Deputy Director of Research
Cook County Sheriff’s Office
CCSAO
Alternative Treatment Courts
Bond Court Initiative (BCI)
April 2013

Mark Kammerer
Mark.kammerer@cookcountyil.gov

ASA Amrith Aakre
Amirth.aakre@cookcountyil.gov
Chicago’s CIT Program
A Spark of Change

• Rapid Improvement Events (RIE) on Behavioral Health patient process through the Emergency Department

• Advocate Illinois Masonic Medical Center
2016 New Innovative Approaches
Law Office of the Cook County Public Defender
- Mental Health Initiative Working Group -

Public Defender
State’s Attorney
Sheriff
Pre Trial Services
Justice Advisory Counsel

Adult Probation
Chicago Police / CIT
Community MH Services
TASC
**PRISONER TRANSPORTATION TRANSMITTAL**

3510 S. Michigan Avenue, Chicago, Illinois 60653

<table>
<thead>
<tr>
<th>CB#</th>
<th>15904074</th>
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</thead>
<tbody>
<tr>
<td>IR#</td>
<td></td>
</tr>
<tr>
<td>YD#</td>
<td></td>
</tr>
<tr>
<td>RD#</td>
<td>HZ123123</td>
</tr>
</tbody>
</table>

**TEST, Test**

**HOLDING FACILITY:** District 016 Lockup

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

<table>
<thead>
<tr>
<th>NAME</th>
<th>TEST, Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEX</td>
<td>Male</td>
</tr>
<tr>
<td>RACE</td>
<td>White</td>
</tr>
<tr>
<td>DOB</td>
<td>12 MAY 1955</td>
</tr>
<tr>
<td>AGE</td>
<td>61 years</td>
</tr>
<tr>
<td>HEIGHT</td>
<td>3' 00&quot;</td>
</tr>
<tr>
<td>WEIGHT</td>
<td>300 lbs</td>
</tr>
<tr>
<td>HAIR COLOR</td>
<td>Black</td>
</tr>
<tr>
<td>HAIR STYLE</td>
<td>Back</td>
</tr>
<tr>
<td>EYE COLOR</td>
<td>Black</td>
</tr>
<tr>
<td>COMPLEXION</td>
<td>Black</td>
</tr>
</tbody>
</table>

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**Special Court Considerations**

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

**FIRST ARRESTING OFFICER:** #14854 Tomasiello, Michael

**DESIRED COURT DATE:** NONE

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

Printed on: 16 SEP 2016 12:00

Print Generated By: TOMASIELLO, Michael (PC0M562)
By-products of CIT

- Officer identified clinical case management
- Systems have begun to work together
- Improvement with Hospital Emergency Protocols - Handoff sheets and logs
- Partnerships with Treatment Courts
Benefits of CIT

• Enhanced safety for everyone
• More community faith in Law Enforcement
• Increased understanding & collaboration between Law Enforcement & MHSS
• Increased hospitalization vs. arrest for behavior symptomatic for MI
• Community Problem Solving is a natural byproduct of the CIT approach
• Eventual crisis prevention
NAMI Chicago
Chicago’s Voice on Mental Illness

NAMI Chicago
1536 West Chicago Avenue
Chicago, IL  60642
www.namichicago.org
info@namigc.org

For more information
312-563-0445
• NAMI Barrington Area
• NAMI Champaign
• NAMI Chicago
• NAMI Cook County North Suburban
• NAMI Greater Decatur
• NAMI Jackson County
• NAMI Kane County North
• NAMI Kane-South, DeKalb and Kendall Counties
• NAMI Kankakee County
• NAMI Livingston/McLean Counties
• NAMI McHenry County
• NAMI Metro Suburban
• NAMI Metropolis/Southernmost IL
• NAMI Mt. Vernon
• NAMI Northern Illinois

• NAMI Northwest Suburban
• NAMI of DuPage County Illinois
• NAMI of Lake County
• NAMI Sauk Area
• NAMI Schaumburg Area
• NAMI South Suburbs of Chicago
• NAMI Southeastern Illinois
• NAMI Southern Illinois University - Carbondale
• NAMI Southwest
• NAMI Southwestern Illinois
• NAMI Springfield (IL)
• NAMI Stephenson County
• NAMI Tri-County Illinois
• NAMI University of Illinois -Urbana Champaign
• NAMI Will-Grundy
Mental Illness Awareness Week, Oct. 02-08, 2016
In 1990, the U.S. Congress established the first full week of October as Mental Illness Awareness Week (MIAW) in recognition of NAMI's efforts to raise mental illness awareness.

- NAMI Calls on Congress to Promote Nationwide Expansion of Police Crisis Intervention Teams (CIT) WASHINGTON, April 29, 2014
- Cause for Celebration: 25 Years of Crisis Intervention Teams (CIT)
- The Secret to Rural CIT Success: Broad-based Community Support
- NAMI Affiliates Play A Key Role in the Success of CIT

http://www.nami.org/
Brings together law enforcement, mental health providers, NAMI members and others working on CIT programs around the country and the world.
For more information

312-745-5745

Officer Kurt Gawrisch
Chicago Police Department
Bureau of Patrol
3510 South Michigan Ave
Chicago, IL 60655
kurt.gawrisch@chicagopolice.org

217-782-4540

Jennifer Wooldridge
Illinois Law Enforcement Training & Standards Board
4500 South Sixth Street Frontage Rd
Springfield, IL 62703
Jennifer.wooldridge@illinois.gov
Questions?