

# Smarter Solutions for Crime Reduction: The Illinois Criminal Justice Information Authority Strategic Planning Initiative

## SMARTER SOLUTION SNAPSHOT: CHICAGO POLICE DEPARTMENT CRISIS INTERVENTION TEAM

Effective police response to mental health emergencies in the community has been a matter of growing concern, as the number of available state psychiatric beds in Illinois has steadily declined from 55,000 in 1955 to less than 1,500 today. Budget cuts and disparity of available community mental health provider resources has made it increasingly difficult for those with mental illness to maintain links to the services they need, resulting in more calls to law enforcement to assist persons in crisis.

The Chicago Police Department Crisis Intervention Team (CIT) model is likely the best known approach to safely deescalating a potentially violent situation involving a person in mental health crisis. CIT involves two components: specialized training for police officers in mental illness recognition, response, and de-escalation, and partnerships with community providers and changes in the way in which providers interact with law enforcement.

### **1. How did you know you had a problem?**

We had an increasing number of emergency calls related to, or involving, persons with a prior history of mental illness and we felt ill-equipped to respond to these situations in a way that was safe for the officers and other persons involved.

### **2. What was the problem you needed to address?**

The initial problem that needed to be addressed was to evaluate the level of training law enforcement first responders were receiving on mental health crisis response, determine whether the level of training was sufficient to effectively respond to mental health crisis situations, and finally to provide a training mechanism that met the needs of the officers tasked to respond.

### **3. Who was the leader in addressing the problem? Has that changed through the life of the strategy?**

The Mental Health Service System Council of Greater Chicago (now defunct) brought the issue to the attention of the Superintendent. The Research & Development Division of the Chicago Police Department took the lead in addressing the issue, evaluating current conditions, researching solutions and making recommendations to the Superintendent. After conducting a two-year pilot program (2005-2007) the Education & Training Division assumed the responsibility for training department members city-wide. The Crisis Intervention Team program then moved into the Office of the Superintendent.

#### **4. How did you determine your strategy (policy, program, or practice) for addressing the problem?**

A major survey was conducted of the 25 largest police departments in the nation to determine what mechanisms for response and what training was in place for mental health crisis response. The majority of responding departments indicated that Crisis Intervention Teams (CIT) were the mechanism utilized for mental health crisis response.

We then looked into several of the individual CIT programs around the country, identified best practice and best fit for the Chicago Police Department, and made recommendations to the superintendent, who authorized a pilot program for two of Chicago's 25 police districts. We then formed a training development team, consisting of 29 individuals identified as stakeholders, including mental health service system professionals, consumers, family members, and college and university faculty to assist us in the development of the Chicago Police Department CIT 40-hour instruction program. The team met six times (Feb.-Aug. 2004). The first CIT class was held in October 2004.

#### **5. What are the core components of your strategy that make it effective?**

The collaborative approach from the very beginning helped us to attain community buy-in for the concept and approach, assisted us in the delivery of the instructional material, and provided a strong network of community based diversion alternatives to address mental health crisis in the community. CIT training is voluntary and without additional compensation, and that garnered police officer participants committed to making the program a success.

We built meaningful measurement instruments into the program from the beginning and insisted on a longer term tracking of the program before committing to a larger scale advancement of the program. Focus groups of the police officers directly involved in using the training to respond in real world circumstances greatly enhanced our ability to identify weaknesses and implement improvements in the training which resulted in true improvement of the operational components of the program over time.

Selection of the pilot districts was made on the basis of highest level of need in the community and not on highest likelihood of success. There was high confidence that if we could make the CIT approach work in the pilot districts, we knew it would be effective as a city-wide program.

#### **6. Who are the key partners?**

A very wide array of community stakeholders, all with equal voice and commitment to improving the lives of persons with mental illness.

#### **7. How much did it cost?**

The initial cost of the training for the pilot program (80 officers in two pilot districts) was estimated to be \$46,000. Initial funding was obtained from the Illinois statewide CIT initiative conducted by the Illinois Law Enforcement Training and Standards Board (ILETSB).

Subsequent funding to expand the program city wide came from grant funding opportunities made possible by collaboration with Cook County Mental Health Court, and continued funding by the Chicago Police Department.

**8. What type of reorganization of existing resources did you undertake?**

The only existing resources for CIT for the Chicago Police Department were from the state-funded initiative endorsed by ILETSB. Demonstration of the efficacy of the program freed up funding from conventional training resources of the Chicago Police Department.

**9. How did you garner public support for your strategy?**

Soliciting the support and involvement of many community stakeholders helped to garner community buy-in of the concept and gave great momentum to the program by providing a large and sometime loud voice that got the attention of the right people who listened and heeded what was being said.

**10. In retrospect, what would you have done differently to plan for, develop, and implement your strategy?**

Nothing.

**11. How do you know your strategy is working?**

To date, we have trained more than 1,350 police officers in CIT, all of them volunteers who assume the responsibility without any additional compensation. There is a waiting list of additional officers hoping for the opportunity. We now offer advanced CIT training (40 hours), in two specified areas of concentration, veterans in crisis and youth in crisis. Both of these advanced CIT programs are the first of their kind in the United States.

Before the Chicago Police Department had a CIT program, family members were reluctant to call for police assistance for a loved one in crisis. Today, family members call and ask for CIT officers, specifically.

*For more information about the Crisis Intervention Team model, contact:*

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