

Appendix 3

Crisis Intervention

Compliance Assessments, by Paragraph

¶187	¶104	¶121	¶138
¶188	¶105	¶122	¶139
¶189	¶106	¶123	¶140
¶190	¶107	¶124	¶141
¶191	¶108	¶125	¶142
¶192	¶109	¶126	¶143
¶193	¶110	¶127	¶144
¶194	¶111	¶128	¶145
¶195	¶112	¶129	¶146
¶196	¶113	¶130	¶147
¶197	¶114	¶131	¶148
¶198	¶115	¶132	¶149
¶199	¶116	¶133	¶150
¶100	¶117	¶134	¶151
¶101	¶118	¶135	¶152
¶102	¶119	¶136	
¶103	¶120	¶137	

Crisis Intervention: ¶187

87. The Crisis Intervention Team (“CIT”) Program will continue to be responsible for CPD’s crisis intervention response functions, including, but not limited to: a. developing CIT strategy and initiatives; b. supporting officers in the districts who respond to incidents involving individuals in crisis; c. engaging the community and community stakeholders to raise awareness of the CIT Program and issues involving individuals in crisis; d. coordinating among City agencies that respond to individuals in crisis; e. recruiting officers to apply for CIT training; f. developing and delivering CPD’s Basic CIT Training and other CIT training, including Advanced CIT (e.g., youth, veterans) and refresher trainings, in accordance with the requirements of the Training section of this Agreement; g. delivering roll call trainings and mental health awareness initiatives; h. compiling and retaining the reports identified in Part F of this section and collecting and maintaining the appropriate CPD data related to incidents involving individuals in crisis to support and evaluate the effectiveness of the CIT Program and CPD’s response to incidents identified as involving individuals in crisis, including identifying any district-level and department wide trends; i. coordinating data and information sharing with OEMC; and j. communicating with and soliciting feedback from crisis intervention-related community stakeholders, Certified CIT Officers, and OEMC call-takers and dispatchers regarding the effectiveness of CPD’s CIT Program.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not in Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with ¶187. The CPD maintained Preliminary compliance because ¶187’s requirements are incorporated into S05-14 *Crisis Intervention Team (CIT) Program*.

Progress before the Eighth Reporting Period

During the third reporting period, the IMT recommended revisions to the CPD’s standard-operating procedures (SOPs), several of which were not adequately revised. At the end of the fourth reporting period, several standard-operating

procedures designed to memorialize the specific requirements of ¶187 were not finalized and published for community input.

In the fifth reporting period, the CPD made significant revisions to these policies to distinguish between department-wide directives and standard-operating procedures that are relevant only to the Crisis Intervention Unit. As part of this redesign, the CPD substantially expanded the S05-14 *Crisis Intervention Team (CIT) Program* to include elements that were previously included in SOPs.

During the sixth reporting period, the CPD produced and received a no objection notice on a fully revised S05-14. The CPD adequately addressed each of the requirements of ¶187 within the policy and adhered to the review process with the Chicago Council on Mental Health Equity (CCMHE; see ¶¶135 and 137). Moreover, the CCMHE provided substantive feedback, to which the CPD mostly responded. However, moving forward, the CPD must fully explain to the CCMHE which comments were not included and why, as required by ¶131. The standard CPD response is essentially “the Department has noted the recommendation and appreciates the feedback.” A fulsome feedback loop is essential for building knowledge and trust. The CPD should consider how public comments and community feedback will both advance its overall community-engagement goals and will build trust among a wide range of advocacy and treatment providers.

While the CPD sought public comment, as required by ¶1633, it did so prematurely. At the end of the sixth reporting period, the CPD received substantive public comment on the policy, and delayed implementation until public comments can be fully assessed. The IMT encouraged the CPD to submit policy S05-14 for further IMT review and no-objection notice after the public comment period had ended and substantive comments were assessed.

Progress in the Eighth Reporting Period

During the eighth reporting period, the CPD improved the feedback-loop process with both the CCMHE and the public. The CPD is providing a more robust response to feedback and is doing a better job of incorporating feedback into policy where appropriate. The IMT encourages the CPD to continue to make progress in this area and towards increased public trust and transparency.

The IMT remains concerned with the Crisis Intervention Unit’s staffing levels. In the seventh reporting period, the Crisis Intervention Unit’s staff was cut in half, down from a peak of 58 people in March 2021. At its peak, the Crisis Intervention Unit was staffed with a commander, lieutenant, seven sergeants, 38 police officers (with 14 assigned to the CIT Training Section and 24 assigned to district operations and support), a data analyst, and a community outreach coordinator. In the seventh reporting period, the Crisis Intervention Unit dropped from seven to four

sergeants, from 38 to 24 police officers, from 24 to 14 assigned to District, Operations, and Community Support (CIT DOCS), and from 14 to 8 in the CIT Training Section. The Crisis Intervention Unit also lost its civilian community outreach coordinator.

The IMT requested updates on the CPD's staffing levels during the eighth reporting period. The CPD provided a detailed staffing summary from 2019 to April 2023, however, there is no evidence that staffing levels have increased. As reflected in the public hearing held on June 2, 2023, the Chicago community remains concerned about the declining CIU staffing levels.

Paragraph 87 requires the Crisis Intervention Unit to be appropriately staffed. However, fourteen CIT DOCS members cannot reasonably support officers in each district, complete follow ups identified by district patrol, monitor city-wide trends, and effectively engage with the community. Additionally, the IMT notes that the Crisis Intervention Unit has not rehired the community outreach coordinator position. Moreover, the CIT Training Section is significantly understaffed, with eight dedicated staff (six police officers and two sergeants), down from fourteen officers and two sergeants in 2021 responsible for teaching the Basic CIT, Advanced CIT, and *CIT Refresher Training* nearly every week of the year. The IMT confirmed during its site visit interviews in the eighth reporting period that this quantity of training cannot be sustained with the current number of dedicated trainers. These classes are provided nearly every week of the year, rotating between refresher and Basic CIT, with the Advanced Youth Training being taught in the summer. The CPD indicated that it will likely be unable to provide the Advanced CIT training this year given its current staffing levels.

In addition, the CIT Training Section lacks sufficient equipment and training resources. This must change. The CPD must provide its training staff with improved access to basic and necessary training supplies, including speakers, microphones, markers, and video. In a training where scenario-based exercises are essential, CIT Training Section must have the resources necessary to accomplish these exercises in a meaningful manner.

The CIU also requires sufficient administrative support so that they can focus on crucial components of the training, such as scenario-based exercises. Currently, the CIU is forced to devote too much time and energy on administrative tasks in addition to a rigorous teaching rotation. Some of the administrative tasks that trainers are completing include reviewing CIT applications, scheduling training, obtaining supplies, administering training evaluations, billing, catering, scheduling, and completing background checks. The CPD must prioritize training support.

The above issues are consistent with the concerns voiced by the CIU during the IMT's site-visit interviews this reporting period. The IMT has been highlighting

serious staffing concerns for the last several reporting periods and encouraging the City and the CPD to address these concerns.

As reflected throughout this section, ¶87 is an overarching paragraph and compliance efforts for this paragraph affect compliance for several other paragraphs in the Crisis Intervention section.

To achieve Secondary compliance, the City and the CPD must provide comprehensive training for Area-level CIT District, Operations, and Community Support personnel, who are responsible for nearly all of ¶87's requirements. A strategic approach demonstrating how the Area-level DOCS teams will accomplish each component part of ¶87 is crucial. To date, efforts have focused on Preliminary compliance, and the City and the CPD have not provided records demonstrating comprehensive training with a consistent approach across the CIT DOCS personnel, who have remained severely understaffed during the last several reporting periods. Because there are many critical requirements of ¶87, the IMT strongly recommends the CPD develop an implementation plan outlining how each component will be accomplished and measured which should include a staffing analysis.

Paragraph 87 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶188

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.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance (SIXTH REPORTING PERIOD)</i>
Secondary:	<i>Not in Compliance</i>
Full:	<i>Not Yet Assessed</i>

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with ¶188. The IMT reviewed the CPD’s policy S05-14 *Crisis Intervention Team (CIT) Program* and found that it adequately incorporates the requirements of ¶188, thereby enabling the CPD to achieve Preliminary compliance.

Progress before the Eighth Reporting Period

In previous reporting periods, the City and the CPD made significant progress toward compliance with ¶188 by adhering to policy review processes that were designed to memorialize the specific requirements of ¶188. Over several reporting periods, the IMT reviewed several drafts of S05-14. During the sixth reporting period, the CPD finalized a fully revised S05-14 *Crisis Intervention Team (CIT) Program* policy after the IMT’s review. The CPD adequately incorporated each of ¶188’s requirements into the policy. The CPD also adhered to the review process with the Chicago Council on Mental Health Equity, as required under ¶¶135 and 137.

The text of ¶188 mostly relates to outcome-based metrics, which are tied to successfully implementing other paragraphs in the Crisis Intervention section. While the CPD has developed data dashboards related to particular paragraph requirements (e.g., ¶108 relates to the CIT response rates), the CPD should also focus on developing ways to measure ¶188’s concepts. Developing these measures will require the CPD to answer complex research questions, as well as rigorously

measure progress related to ¶88. Initial data from the CIT Report will be useful in this development process.

In addition, as with ¶87, we reiterate our recommendation that the CPD expand its community input process for crisis response.

For example, the CCMHE provided substantive feedback on S05-15, to which the CPD mostly responded. However, moving forward, the CPD must fully explain to the CCMHE which comments were not included and why, as required by ¶131.

During the sixth and seventh reporting periods, the Crisis Intervention Unit's (CIU) staffing levels were cut in half, leaving the unit severely understaffed. For example, in a two-month period (August–October 2022), the CIU received over 2,000 CIT reports from patrol officers. Of those 2,000 CIT reports, 289 of which included requests that the CIT DOCS area teams provide follow-up services. However, due to staffing constraints, only 74 of these 289 follow-up requests were completed.

Progress in the Eighth Reporting Period

As indicated in ¶87's assessment, the Crisis Intervention Unit remains severely understaffed. Paragraph 88 requires the CPD to maintain an adequate number of dedicated staff who can measure the CPD's progress towards ¶88's requirements, including effective response to people in crisis, evidence of de-escalating crisis calls for service, reduction in the CPD's use of force, and evaluation of data on the CPD's diversion efforts. Data relating to the CIT report and calls for service contain significant information necessary to measure these outcomes. Without robust staffing, the CPD is unable to establish a strategy to measure data, let alone execute that strategy. During the IMT's site visit interviews this reporting period, the CIT Training Section expressed significant concerns about the CIT Training Section's staffing levels, which are critically low such that current members of the CIT Training Section feel they "cannot afford to be out sick."

The IMT expects the responsibilities of the Crisis Intervention Unit to only continue to grow as officers continue to receive training on the Crisis Intervention Unit, see ¶¶118 and 127, and as the community continues to demand best practice approaches for both police and non-police response to persons in crisis.

As the CPD looks toward Secondary compliance with ¶88, the IMT will assess whether the City and the CPD can demonstrate an implementation strategy that supports the collecting, tracking, and maintaining of data required under ¶88. The City and the CPD must also maintain appropriate staffing required to supporting the execution of that strategy.

For the IMT to assess Full compliance, the CPD must identify which factors will contribute to achieving compliance and how those factors, and the CPD’s progress toward compliance, will be measured. The IMT is seeking evidence of outcome-based metrics, which will establish a floor by which the IMT can assess the CPD’s progress toward operational compliance.

Paragraph 88 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶189

89. The CIT Program, through the CIT Coordinator, will annually review and, if necessary, revise its policies and practices to ensure the program’s compliance with the objectives and functions of the CIT Program.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Annually **Met** **Missed**

Preliminary: *In Compliance (THIRD REPORTING PERIOD)*

Secondary: *Not in Compliance (NEW: LOST COMPLIANCE)*

Full: *Not Yet Assessed*

During the eighth monitoring period, the CPD maintained Preliminary but failed to maintain Secondary compliance with ¶189. The IMT reviewed the CPD’s policy S05-14, *Crisis Intervention Team (CIT) Program* and found that it adequately incorporates the requirements of ¶189, thereby enabling the CPD to maintain Preliminary compliance. This policy also detailed the manner and scope of review expected for a comprehensive assessment on an annual basis, which provides a training mechanism for reviewers.

To assess Secondary compliance with ¶189, the IMT evaluated whether the CPD has qualified personnel fulfilling the responsibilities that are needed to achieve ¶189’s requirements and the Consent Decree’s goals. The Crisis Intervention Unit staffing has significantly declined since Secondary compliance was achieved in the third reporting period. The IMT has raised concerns about staffing levels over the last two reporting periods. Staffing was at its highest in 2021 but has dramatically declined since, dropping by 50%. Paragraph ¶189 includes operational practices supporting the objectives and functions of the CIT Program that require adequate staffing.

Progress before the Eighth Reporting Period

While ¶189 requires the CIT Program, through the CIT Coordinator, to annually review and, if necessary, revise its policies and practices to ensure the program’s compliance with the objectives and functions of the CIT Program, ¶¶130 and 135–37 require the CCMHE to review and provide feedback on all CIT-related policies, procedures, forms, and practices. Consequently, ¶¶189, 130, and 135–37 are closely tied together because each paragraph depends on the other for assessment purposes.

By way of example, during the fifth reporting period, the CCMHE had difficulty achieving a quorum. This lack of quorum in the fifth reporting period delayed a

vote on two policies, both of which required a vote. These two policies were not approved until April 25, 2022—during the sixth reporting period—when a quorum was eventually reached.

The CCMHE has also provided substantial feedback on policy review in past reporting periods. While the CPD has generally improved by informing the CCMHE which comments were and were not incorporated, the CPD fell short in the sixth reporting period of articulating to the CCMHE why specific comments were *not* incorporated, which is essential for building knowledge and trust between these two groups.

In the seventh reporting period, the CPD submitted the following policies under the annual review requirements of ¶189:

- S04-20, *Recognizing and Responding to Individuals in Crisis*;
- S04-20-02, *Persons Not Under Arrest But in Need of Involuntary or Voluntary Admission*;
- S04-20-05, *Persons Under Arrest in Need of Mental Health Treatment*;
- SO6-08, *Approved Medical Facilities*;
- CPD-15.520, *Crisis Intervention Report*;
- CPD-15.521, *Mental Health Incident Notice*.

These policies were well done, but the IMT recommended that the CPD rely less on police transport for individuals requiring mental-health treatment. Under S04-20-02 *Persons Not Under Arrest but in Need of Involuntary or Voluntary Admission*, officers are allowed to request an ambulance “if the individual [in crisis] is sick or injured.” The IMT recommended that the CPD emphasize that non-police transport may be preferable for voluntarily compliant individuals in the midst of a mental-health crisis.

Illinois’ recent Community Emergency Services and Support Act supports the CPD’s use of emergency medical services in this context, and we encourage the CPD leadership to begin conversations with the Chicago Fire Department regarding opportunities to support such a system. See ¶188, 131.¹

We appreciate the CPD’s revisions to its *Mental Health Incident Notice*, which officers provide to community members who requested law enforcement response. This document outlines the community-based resources and support services available to the community. The CPD revised this document to include more robust services and to make it more accessible to community members.

¹ Community Emergency Services and Support Act, 50 ILCS 754/, <https://ilga.gov/legislation/ilcs/ilcs3.asp?ActID=4210&ChapterID=11>.

Progress in the Eighth Reporting Period

During the eighth reporting period, the City cancelled the first quarterly meeting for the CCMHE, scheduled for February 27, 2023, so that the City could develop a plan for in-person meetings.

As the new structure for the CCMHE evolves, the IMT reiterates its recommendation that the City's leadership develop a focused plan for facilitating the CCMHE's review of policy and training. See ¶189.

The City and the CPD continue to take inconsistent positions related to its Crisis Assistance Response and Engagement (CARE) pilot program, and the role the CARE pilot program plays in achieving compliance with the requirements of the Consent Decree. The City and the CPD have produced other pilot directives involving the CPD, for example, the youth deflection and diversion SOP, and we encourage the City to do the same regarding the CARE pilot program.

To regain Secondary compliance with ¶189, the CPD must address staffing reductions to the Crisis Intervention Unit. During the past two reporting periods, the CPD experienced serious staffing reductions but, to date, have failed to noticeably address this issue.

In future monitoring periods, the IMT will determine whether the reviews (and potential revisions) by both the CIU through the CIT coordinator and the CCMHE occurred in a manner consistent with the process identified in the Consent Decree, including review of data informing revisions and a response by the CPD to each suggested revision voted on by the CCMHE.

Where appropriate, the CPD must consider where it requires new or revised policies to guide responses and address operational deficiencies, changes in programs, or the launch of new programs (e.g., the City's CARE pilot program, which includes CPD officers). The intended function of the Crisis Intervention Team Program includes diversion, deflection, and alternative responses to police interaction with persons in crisis (see ¶186). Consequently, the City and the CPD must determine which programs will provide documentation of compliance with these intended functions.

To achieve Full compliance with ¶189, the CPD must demonstrate that the annual review process thoughtfully and consistently considers public and community feedback and demonstrates a more holistic approach to areas affected by different sections of the Consent Decree. This annual review process should include a feedback loop developed to distinguish which comments the CPD is incorporating into policy, and which comments it is not, and the reason(s) why the comments are not being incorporated.

Paragraph 89 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Secondary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶190

90. The City and CPD will ensure that the CIT Program is provided with: a. the resources and access to data and information necessary to fulfill the objectives and functions of the CIT Program; and b. a qualified, centralized staff, including supervisors, officers, and civilian employees, that is necessary to oversee the department-wide operation of the CIT Program, carry out the overall mission of the CIT Program, and perform the objectives and functions of the CIT Program.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FOURTH REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not in Compliance*

During the eighth monitoring period, the City and the CPD maintained Preliminary compliance with ¶190.

The IMT reviewed the CPD’s policy S05-14, *Crisis Intervention Team (CIT) Program* and found that it adequately incorporates the requirements of ¶190, thereby enabling the CPD to maintain Preliminary compliance.

The IMT assessed Secondary compliance with ¶190 by reviewing records to determine whether the City and the CPD are responding to the identified needs and objectives of the CIT program and through interviews with relevant CPD personnel, such as District Commanders, the CIT Coordinator, CIT DOCS sergeants, and CIT Patrol officers. The City and the CPD lost Secondary compliance in the seventh reporting period.

Progress before the Eighth Reporting Period

The CPD made substantial revisions to S05-14 in the fourth reporting period, and the revised S05-14 neglected critical requirements of ¶190, including “a. the resources and access to data and information necessary to fulfill the objectives and functions of the CIT Program; and b. a qualified, centralized staff, including supervisors, officers, and civilian employees.” The CPD further revised S05-14 in the fifth reporting period by identifying “dedicated district level resources,” but the CPD failed to include “centralized” staff. In the sixth reporting period, all components of ¶190 were included in S05-14.

In the sixth reporting period, the IMT also conducted site visits with the CPD that bolstered ongoing concerns on whether the CPD is assigning the personnel

necessary to support the CIT Program’s mission. CIT District, Operations, and Community Support (CIT DOCS) sergeants and area DOCS personnel are stretched far too thin. Each CIT DOCS sergeant is covering multiple Districts, and the number of CIT DOCS personnel declined considerably. This was problematic because the role and function of the CIT DOCS sergeants and area personnel is integral to the CIT Program’s overall mission.

The CPD’s CIT model mandates that all patrol officers receive the 40-hour CIT curriculum. The IMT remains concerned about the CPD’s capacity to implement its hybrid model, which includes both mandatory and voluntary officer participation. The IMT has observed that that the CPD maintains woefully insufficient staffing to support its hybrid model. Moreover, the CPD needs adequate staffing support to effectively fulfill the mission of the CIT Program.

In the seventh reporting period, the Crisis Intervention Unit’s (CIU) staffing was cut *in half*, totaling 27 people. The team had dropped from seven to four sergeants, from 38 to 24 police officers, from 24 to 14 assigned to District, Operations, and Community Support, and from 14 to 8 in the CIT Training Section. The team had also lost its civilian community outreach coordinator. The City failed to maintain Secondary compliance during the seventh reporting period due to the low staffing in CIU.

Progress in the Eighth Reporting Period

The staffing concerns noted above are unchanged. In fact, as of the IMT’s site visit this reporting period, staffing levels in the CIU declined further, to only one Lieutenant, five Sergeants, and 22 officers comprise the CIU. [Crisis Intervention Figure 1](#) below tracks the decreases in CIU staffing over time.

[Crisis Intervention Figure 1.](#)
[Crisis Intervention Unit Staffing over Several Reporting Periods](#)

Reporting Period	Commander	Lieutenants	Sergeants	Officers	Community Outreach Coordinator	Data Analyst	Totals
IMR-4	1	1	7	46	1	0	56
IMR-5	0	1	7	39	1	0	48
IMR-6	0	1	7	38	0	1	47
IMR-7	0	1	4	24	0	1	30
IMR-8	0	1	5	22	0	1	29

Current CIU staffing cannot carry out the CIT Program’s mission regarding officer support, community support, or training. The IMT’s site visit interviews confirmed that this level of staffing is unsustainable.

The IMT urges the CPD to increase CIU staffing as soon as possible. The roles and responsibilities of the CIT DOCS personnel, as outlined in S05-14, cannot be accomplished under the present staffing level. Further, CIT DOCS personnel indicate that staffing constraints prevent them from completing the required crisis call follow up, reviewing CIT Reports, building community partnerships, and capturing crucial data from the important work they are doing.

Relatedly, data is an ongoing challenge to the City and the CPD. The IMT is concerned about the reliability of OEMC data, as well as the CPD’s practice of including any officer who has ever received the 40-hour *Basic CIT Training* and including those trained before the IMT approved training in April 2021, to calculate response ratios. During a meeting on May 23, 2023, the CPD presented the following data:

[Crisis Intervention Figure 2.](#)
[Crisis Intervention Team Training, since 2019](#)

<i>CPD 40-hour Crisis Intervention Team Training</i>				
Dates	# Officers Mandatory	# Officers Voluntary	Total(s)	Notes
August 11, 2019 – August 11, 2021	5	613	618	<i>The 618 total includes officers no longer working for CPD</i>
August 11, 2021 – May 15, 2023	323	808	1131	
		Total	1749	

Further, while the CPD has maintained a data analyst, the IMT is unclear whether the data analyst has the “resources and access to data” necessary to effectively analyze the relevant data. The CPD needs data metrics and outputs to determine whether adequate resources have been dedicated to the CIT Program. Without adequate “data and information,” the IMT is unable to assess whether staff or additional resources are needed.

The IMT will assess Full compliance with §190’s requirements by reviewing whether the CPD has adequate staffing and resources to carry out the functions and mission of the CIT Program and the IMT’s review must be validated by data from the CPD. We hope to see clear data and metrics to that end in future reporting periods.

Paragraph 90 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Not Applicable
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶91

91. Additionally, the City and CPD will ensure that the CIT Program has sufficient, dedicated district-level resources, consistent with the needs of each district identified by the District Commander and the CIT Coordinator, and approved by the Chief of the Bureau of Patrol, as needed to carry out the overall objectives and functions of the CIT Program at the district-level, which include, but are not limited to: a. supporting officers in the district with incidents involving individuals in crisis; b. delivering CIT Program-approved roll call trainings and mental health awareness initiatives; c. establishing relationships between the district and local service providers and healthcare agencies; d. referring and, when appropriate, connecting individuals in crisis with local service providers; e. engaging with the community to raise awareness of the CIT Program and issues involving individuals in crisis; and f. providing administrative support to the coordinator of the CIT Program.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance but did not achieve Secondary compliance with ¶91.

To assess Preliminary compliance, the IMT reviewed the CPD’s S05-14 *Crisis Intervention Team (CIT) Program* policy, which adequately incorporated ¶91’s requirements thereby maintaining Preliminary compliance.

Progress before the Eighth Reporting Period

During the fourth monitoring period, the CPD provided a revised draft version of Special Order SO20-04 *District-Level Strategy for Crisis Intervention Team (CIT) Program*. The requirements of ¶91 were memorialized into this draft version.

In the fifth reporting period, the CPD opted to distinguish between department-wide directives relevant to the entire CPD and SOPs relevant only to the Crisis Intervention Unit. As a part of this redesign, ¶91’s requirements were fully included into the revised version of S05-14, which received a no-objection notice during the sixth reporting period.

To assess district functions required by §191, over the last several reporting periods the IMT has encouraged the Crisis Intervention Unit to develop a standardized method for tracking data regarding roll call training, mental health awareness initiatives, community engagement, and supporting officers in districts with incidents involving individuals in crisis. To date, the IMT has received no evidence that the CIU is developing tracking methods. This data is crucial to demonstrating the important work the CIU is doing despite significant staffing shortages.

Progress in the Eighth Reporting Period

The IMT’s staffing concerns noted above only increased during this reporting period. In the eighth reporting period, staffing remains consistent with the level in the seventh reporting period, which is half of what it was in 2021 (see Table 1 above). The fourteen CIT DOCS personnel responsible for many of §191’s requirements cannot support officers and all of the City’s districts and the CIT Program’s mission. Moreover, CIT personnel routinely face additional staffing challenges, including, for example, personnel being deployed to the CARE team, or covering for officers on furlough resulting in officers being forced to cover multiple districts. As a result, CIU members cannot accomplish the important responsibilities outlined in their job descriptions. Below demonstrates how the drop in staffing has affected these key responsibilities:

Crisis Intervention Figure 3.

Crisis Intervention Unit Staffing, by Role, over Several Reporting Periods

Reporting Period	Crisis Intervention Team District, Operations, and Community Support (CIT DOCS)	Crisis Intervention Team Training Section (CITTS)
IMR-4	24	14
IMR-5	19	14
IMR-6	11	10
IMR-7	14	8
IMR-8	14	6

In short, the roles and responsibilities of the CIT DOCS personnel, as outlined in S05-14, cannot be accomplished under the present staffing level thereby hindering the City and the CPD from achieving additional levels of compliance. Moreover, we urge the City to carefully consider how the CARE Teams pilot – which is now entering its third year – supports and/or impacts other crisis intervention strategies and compliance with the Consent Decree.

Finally, the CPD must determine and articulate how it intends to assess whether it has “sufficient, dedicated district-level resources, consistent with the needs of each district identified by the District Commander and the CIT Coordinator,” as

required by ¶91. Sufficient data analysis is not only required by ¶¶120–21 but is also necessary to support data metrics and outputs that inform whether the CPD has dedicated adequate resources to each district. Without adequate data, the IMT is unable to assess whether the CPD is providing sufficient district-level resources.

In addition, the City and the CPD provided a data dashboard presentation to the IMT during this reporting period. Data is an ongoing challenge to the City and the CPD. A significant amount of the data provided to the CPD is from the OEMC, and the IMT is concerned about the reliability of this data, as well as the CPD’s practice of including any officer who has ever received the 40-hour *Basic CIT Training*, and including those trained before the IMT approved training in April 2021, to calculate response ratios.

Further, while the CPD has maintained a data analyst, the IMT is unclear whether the data analyst has the “resources and access to data” necessary to effectively analyze the relevant data. The CPD needs data metrics and outputs to determine whether adequate resources have been dedicated to the CIT Program. Without adequate “data and information,” the IMT is unable to assess whether staff or additional resources are needed.

The IMT had requested to meet with the data analyst at the scheduled site visits this reporting period, but she was unavailable. The IMT looks forward to meeting with the data analyst at the next site visit during the ninth reporting period to better understand data deficiencies, trends, and analysis. The IMT will reassess Secondary compliance once the CPD’s staffing levels have reached a sufficient level to do the work of the Crisis Intervention Unit.

Moving forward, as the CPD looks toward Secondary compliance, the IMT will seek evidence that sufficient district level personnel and resources have been allocated to the CIU, that 95% of district-level personnel are adequately trained, and that District Commanders understand the appropriate assessment of district needs. Moving forward, the IMT seeks to review data illuminating the CPD’s use of district-level CIT resources.

Paragraph 91 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶192

92. Certified CIT Officers are officers who receive specialized training in responding to individuals in crisis. Certified CIT Officers retain their standard assignment and duties but may also take on specialized crisis intervention duties and are prioritized to respond to calls in the field identified as involving individuals in crisis, as assigned.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (THIRD REPORTING PERIOD)*
Secondary: *In Compliance (THIRD REPORTING PERIOD)*
Full: *Not in Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary and Secondary compliance with ¶192.

The IMT assessed Preliminary compliance by reviewing relevant CPD policies. The IMT assessed Secondary compliance by evaluating whether the CPD has qualified personnel fulfilling the responsibilities to achieve the goals of the Consent Decree and the requirements of ¶192. In addition, the IMT reviewed the City’s and the CPD’s level of data collection, tracking, analysis, and management, as required under the Consent Decree. The IMT triangulates data by comparing multiple data sources, yielding a more robust understanding of the requirements of ¶192. Secondary compliance will be reassessed in the next reporting period in light of drastic reductions in staffing required to support the purpose and function of the CIU, inclusive of recruiting specialized Designated CIT officers.²

Progress before the Eighth Reporting Period

As noted throughout this report, the CPD has memorialized the Crisis Intervention Team in Special Order S05-14 *Crisis Intervention Team (CIT) Program*. The IMT issued a no objection notice for the 40-hour Basic CIT curriculum on April 30, 2021.

The IMT is aware that the CPD is in the early stages of moving from a strictly voluntary CIT model to a partially mandated “train-all” model, where all patrol officers are required to attend the 40-hour CIT basic curriculum. We continue to encourage the City and the CPD to consider how the “train-all” model will affect

2 During the sixth reporting period, the CPD revised its terminology from “Certified CIT officers” to “Designated CIT officers.”

overall service to the community, their capacity to comply with the Consent Decree—both in letter and in spirit.

As we enter year five of the Consent Decree, encourage the CPD reconsider its approaches to be consistent with best practice, including defining and calculating its response ratios; which eligibility standards will apply to Designated CIT officers; and prompt removal of those officers who do not meet these eligibility standards.

We recommend that the CPD un-designate in CLEAR previously certified officers who received their training before April 30, 2021, when the IMT approved the current *CIT Basic Training*. While this change may decrease the CPD's response ratios, they will also establish an important baseline that is aligned with best practice.

Overall, we encourage the City and the CPD to monitor the philosophy of its CIT Program and its specialized response, prioritizing input from advocacy groups, service providers, and people with lived experience. To assist both the CPD and the IMT in assessing the CIT's specialized response, the IMT recommends that the CPD revise its attendance records under ¶92 to align with the eligibility criteria and training requirements established by the Consent Decree, as well as with the CPD's forms 15.518, *Request for CIT Training*, and 15.519, *Request for CIT Officer Designation*. The CPD should develop reliable systems to track training attendance and review officers' eligibility status, and both the IMT and the CPD should be able to validate these systems.

Progress in the Eighth Reporting Period

We saw limited progress toward compliance with this paragraph's requirement in the eighth reporting period.

The IMT awaits clarity about the new "designated," "trained," and "untrained" designations are being incorporated into the CPD and OEMC's operations. The IMT has requested this data in each of the last two reporting periods but has yet to receive it. The IMT completed a random review of completed CIT applications during this reporting period, and overall found them to be strong. The reasons for wanting to become a designated CIT officer were consistent with what we would hope to see in applicants for a specialized response to vulnerable populations. However, we noted that the CPD is still using outdated applications rather than the updated applications. Further, the IMT encourages the CPD to improve its tracking system for CIT applicants to capture the date an application was submitted, the date it was reviewed, and the date the CPD officer was enrolled in the CIT course. The IMT accordingly encourages the CPD to develop guidelines to timely process an officer's eligibility and to enroll that officer into the CPD's tiered system of prioritizing voluntary officers who apply to become a Designated CIT officer. With a firm district-level strategy in place, the CPD could also begin to prioritize

attendance by which districts and watches have the highest need for more Designated officers.

In the eighth reporting period, the CPD maintained Preliminary and Secondary compliance with ¶92 We continue to suggest, however, that the CPD ensure the tiered model’s fidelity to a specialized response, prioritizing responses to calls for service in the following order: (1) voluntary “designated” CIT Officers; (2) mandated CIT trained officers who have opted out of being a voluntary designated CIT Officer; and (3) officers who have received no CIT training.

In future assessments, the IMT will consider the system by which officers are dispatched reflecting the tiered system. Additionally, training records must clearly demonstrate that the CPD is achieving its training requirements. Last, we recommend that the CPD undesignate officers who were trained prior to the consent decree approved 40-hour Basic CIT on April 30, 2021, that is, department members who have gone more than five years without any refresher training since. We also recommend that the CPD un-designate officers who fail to meet eligibility standards, as outlined in S05-14. The IMT has requested more information about this process, and we look forward to this being addressed in the next reporting period.

Paragraph 92 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Secondary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶93

93. To be eligible for consideration as a Certified CIT Officer, applicants must have at least 18 months of experience as a CPD officer and no longer be on probationary status. CPD will assess each applicant's fitness to serve as a Certified CIT Officer by considering the applicant's application, performance history, and disciplinary history.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not in Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with the requirements of ¶93. To assess Preliminary compliance, the IMT reviewed CPD's policy S05-14 *Crisis Intervention Team (CIT) Program*, which adequately incorporates the requirements of ¶93.

Progress before the Eighth Reporting Period

In the fourth monitoring period, the IMT reviewed CPD's Special Order SO20-02, *CIT Training Schedule, Attendance, Eligibility, and Recruitment*. This Special Order was not finalized because it required further revisions on the guidance for assessing the CIT applicants.

However, in the fifth reporting period, the CPD opted to distinguish department-wide directives relevant to the entire CPD from those relevant only to the Crisis Intervention Unit. As a part of this re-design, ¶93's requirements were incorporated into the CPD's S05-14, *Crisis Intervention Team (CIT) Program*.

The CPD had previously proposed that officers be deemed ineligible to become a Certified CIT officer if they (1) had received a sustained misconduct complaint resulting in a suspension of more than seven days within the preceding 12 months, or (2) had three or more sustained misconduct complaints resulting in suspension within the past five years.

The IMT raised concerns regarding these low eligibility thresholds, which would result in very few officers being ineligible to serve in this specialized role serving vulnerable populations. In response, during the fifth monitoring period, the CPD provided the IMT with a substantially revised version of S05-14 *Crisis Intervention Team (CIT) Program*. That directive revised a portion of the eligibility criteria,

lowering the sustained misconduct complaint suspension period from seven to three days, thereby ensuring a higher standard of eligibility assessment.

In the sixth reporting period, the CPD adopted these same thresholds as SRO officers, and incorporated those thresholds into policy. The IMT commends the CPD's responsiveness on this important issue.

The first audit of the CIT unit in the seventh reporting period revealed areas that the CPD could improve considering §193's requirements. One of those areas was exclusionary criteria, specifically that the CPD was not operationalizing officer disciplinary and performance history. The audit found that several Designated CIT officers have a disciplinary and/or performance history that would warrant removal from this specialized response to vulnerable populations.

Progress in the Eighth Reporting Period

The IMT learned during its site visit this reporting period that the CPD flagged a significant number of Designated CIT officers while conducting its eligibility review audit. In particular, the IMT was advised that approximately 1,000 of the CPD's 3,600 Designated CIT officers were flagged for open or sustained Complaint Registers (CR's) and that there were approximately fifty open Use-of-Force investigations involving Designated CIT officers. The CPD is working to understand how to address and manage this challenge. They are also revisiting S05-14's definition of ineligibility.

The IMT encourages the CPD to continue its efforts to improve the accuracy of identifying and removing Designated CIT officers that have a disciplinary and/or performance history that fails to meet the CIT Program's minimum threshold, so that the next annual audit produces reliable outcomes.

In sum, the CPD maintained Preliminary compliance with this paragraph's requirements during the eighth reporting period. To achieve Secondary compliance with §193, the CPD must produce clear and detailed training records sufficient to demonstrate 95% of its officers have been trained appropriately, consistent with best practice, and that the CPD has conducted an appropriate eligibility review of its CIT Program. We recommend that the CPD un-designate officers who either were trained prior to the current iteration of the 40-hour Basic CIT that was approved by the IMT on April 30, 2021, or, alternatively, who do not meet eligibility standards as outlined in S05-14. Finally, the CPD must develop metrics that, when tracked, will adequately demonstrate the CPD's success under §193.

Paragraph 93 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶194

94. Under the direction of the CIT Coordinator, supervisors and instructors teaching crisis intervention-related topics will assist in identifying and recruiting qualified officers with apparent or demonstrated skills and abilities in crisis de-escalation and interacting with individuals in crisis to apply to receive CIT training.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with the requirements of ¶194. To assess Preliminary compliance, the IMT reviewed CPD’s policy S05-14 *Crisis Intervention Team (CIT) Program*, which adequately incorporates the requirements of ¶194.

Progress before the Eighth Reporting Period

During the fourth reporting period, the IMT reviewed CPD’s CIU Special Order SO20-02, *CIT Training Schedule, Attendance, Eligibility, and Recruitment*, which contained the requirements of ¶194. However, in the fifth reporting period, the CPD opted to distinguish department-wide directives relevant to the entire CPD from those relevant only to the Crisis Intervention Unit. As part of this redesign, a portion of ¶194’s requirements were incorporated into the CPD’s revised S05-14 *Crisis Intervention Program* but the draft failed to include supervisors into the responsibility for assisting with recruiting qualified candidates for the CIT role as required by this paragraph, and instead positioned this responsibility under the Crisis Intervention Team Training Section (CITTS).

In the sixth reporting period, the City and the CPD incorporated the requirements of ¶194 in its revised S05-14, which was finalized.

To achieve Secondary compliance, the CPD must provide adequate training to “supervisors and instructors teaching crisis intervention-related topics” to “assist in identifying and recruiting qualified officers.” The IMT seeks understanding about how the CPD plans to “recruit qualified officers,” as we have received no information about this vital requirement.

Progress in the Eighth Reporting Period

The CPD made limited progress toward compliance with this paragraph during the eighth reporting period.

The IMT will assess Secondary compliance by reviewing documentation that reflects 95% of CPD Field Supervisors and all Crisis Intervention Unit Training Division and relevant personnel have been trained on the requirements of ¶94.

The IMT will assess Full compliance with ¶94 based on the CPD’s robust plan for recruiting Designated CIT officers and evidence of progress toward meeting the objectives of ¶94. The CPD’s recruitment plan should include both the Crisis Intervention Unit and field supervisors. Moreover, the CPD must also produce data regarding the recruitment plan’s effectiveness to achieve Full compliance.

Paragraph 94 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶95

95. Certified CIT Officers, at a minimum, must complete the specialized 40-hour Basic CIT Training (“Basic CIT Training”) and receive CIT certification by the Illinois Law Enforcement Training and Standards Board before being identified as a “Certified CIT Officer.” To maintain the Certified CIT Officer designation, officers must receive a minimum of eight hours of CIT refresher training (“CIT Refresher Training”) every three years and maintain the eligibility requirements established by the CIT Program.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance (SIXTH REPORTING PERIOD)</i>
Secondary:	<i>Not in Compliance</i>
Full:	<i>Not Yet Assessed</i>

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with the requirements of ¶95. To assess Preliminary compliance, the IMT reviewed CPD’s S05-14, *Crisis Intervention Team (CIT) Program*, which adequately incorporates the requirements of ¶95.

Progress before the Eighth Reporting Period

In the fifth reporting period, the CPD opted to distinguish department-wide directives relevant to the entire CPD from SOPs that are relevant only to the Crisis Intervention Unit. As part of this redesign, ¶95’s requirements were incorporated into the CPD’s revised S05-14 *Crisis Intervention Team (CIT) Program*.

Moreover, during the fifth monitoring period the CPD launched CIT Refresher Training while also continuing to provide the 40-hour Basic CIT Training. It is important to note that we articulated our concerns about the CPD’s training data quality at that time.

In the seventh reporting period, the IMT learned the CPD had begun prioritizing the Refresher training by (1) volunteers, (2) pre-service, and (3) the Learning Management System’s data for which officers were trained in the forty-hour Basic CIT course the longest ago. During site visits during the seventh reporting period, the CPD indicated that priority 2 (pre-service) comprises the majority of the Refresher training participants, followed by volunteers, and then the Learning Management System.

Additionally, the CPD produced training records in the seventh reporting period that were insufficient to analyze its adherence to ¶95’s requirements. While the

CPD’s production of training records has improved since the sixth reporting period, the IMT reiterates that training records must reliably indicate analysis that determines training requirements under the Consent Decree.

Progress in the Eighth Reporting Period

The CPD made little progress toward achieving compliance with this paragraph’s requirements in the eighth reporting period.

We continue to recommend that the CPD un-designate officers who fail to meet eligibility standards, as outlined in S05-14. The IMT has requested more information about this process, and we look forward to this being addressed in the next reporting period.

To assess Secondary compliance, the IMT will assess whether the CPD and the Crisis Intervention Unit have implemented a reliable training certification tracking system that produces clear, valid data, and whether 95% of current “designated” CIT officers have received the required refresher training.

Paragraph 95 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Not Applicable
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Not Applicable	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶196

96. CPD's Basic CIT Training is an in-depth, specialized course that teaches officers how to recognize and effectively respond to individuals in crisis. In addition to the crisis intervention-related topics covered in the training provided to all officers, the Basic CIT Training will address signs and symptoms of individuals in crisis, suicide intervention, community resources, common mental health conditions and psychotropic medications, the effects of drug and alcohol abuse, perspectives of individuals with mental conditions and their family members, the rights of individuals with mental conditions, civil commitment criteria, crisis de-escalation, and scenario-based exercises.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (THIRD REPORTING PERIOD)*
Secondary: *In Compliance (THIRD REPORTING PERIOD)*
Full: *Not in Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary and Secondary compliance with the requirements of ¶196.

The IMT assessed Preliminary compliance by reviewing relevant CPD policies. The IMT assessed Secondary compliance with ¶196 by reviewing training development, implementation, and evaluation in accordance with ¶1286, which incorporates the following evaluation criteria: training needs assessment, curriculum design, curriculum development, training implementation (training delivery), and training evaluation.

Progress before the Eighth Reporting Period

In the third reporting period, the IMT reviewed the CPD's Special Order S05-14 *Crisis Intervention Team (CIT) Program*, which details the responsibilities of the Crisis Intervention Team Training Section, including developing, reviewing, and revising the CIT curricula, as well as the administration and delivery of the Basic CIT Training. The IMT submitted a no-objection notice on S05-14 on November 24, 2020. In the fourth reporting period, the IMT reviewed CPD's policy SO20-02 *CIT Training, Scheduling, Attendance, Eligibility, and Recruitment*, which addressed the requirements of ¶196. This Special Order was still under review when the CPD determined that many of the components of SO 20-02 would be moved into a substantially revised S05-14, *Crisis Intervention Team (CIT) Program*. However, ¶196's requirements were not adequately memorialized in the revised S05-14, and ¶196's

requirements were instead memorialized in policy during the sixth reporting period.

The IMT observed the curricula-revision process in the third reporting period and found that the CIT Unit included key community stakeholders to gather comments and recommendations for improving the training. Overall, we found these efforts to be consistent with ¶196's requirements.

The IMT observed the updated training in the fifth reporting period to verify that delivery is in line with the approved lesson plans and presentation material. We found that ¶196's required topics were included in the curriculum and were given sufficient attention during the training. Overall, the IMT found the training well done. Additionally, the CPD invited Chicago Council on Mental Health Equity members to observe the training and provide feedback, which several members provided. Given the shift to a mandated CIT training model by the CPD, the IMT will closely monitor training resources.

Progress in the Eighth Reporting Period

The CPD has increased the frequency of its CIT training due to changing from a voluntary to a patrol mandated CIT program. In 2023, the CPD plans to provide the 40-hour Basic CIT program seventeen weeks of the year, alternating this course with the *Refresher CIT training* which is provided 23 weeks of the year.

The IMT is deeply concerned by the drastic staffing reductions in the CIU, and we are closely monitoring the CPD's response. As outlined throughout this report, the IMT is also concerned that trainers are spread too thin and lack adequate resources and administrative support. See ¶187. The CPD must prioritize its support for CIU instructors.

Finally, CIT related training evaluations have not been produced this reporting period, despite IMT requests. The CPD must produce CIT evaluations each reporting period.

To assess Full compliance, the IMT will review the CPD's training evaluations and district-needs assessments to inform training revisions, while monitoring how the training resources affect the quality of the overall training requirements of ¶196. To support full and effective compliance, the CPD should continue inviting the Chicago Council on Mental Health Equity to attend training and to offer feedback, and the CPD should maintain sufficient staff to support CIT training.

Paragraph 96 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Secondary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶197

97. CPD's CIT Refresher Training is a specialized, advanced training to further develop and expand Certified CIT Officers' skills in recognizing and appropriately responding to calls for service that involve individuals in crisis. The CIT Refresher Training will include a review of the concepts, techniques, and practices offered in the Basic CIT Training as well as relevant and/or emerging topics in law enforcement responses to individuals in crisis, general and specific to CPD. Additionally, the CIT Refresher Training may cover the content included in the in-service crisis intervention training.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (THIRD REPORTING PERIOD)*
Secondary: *In Compliance (FOURTH REPORTING PERIOD)*
Full: *Not in Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary and Secondary compliance with the requirements of ¶197.

The IMT assessed Preliminary compliance by reviewing relevant CPD policies. The IMT assessed Secondary compliance with ¶197 by reviewing training development, implementation, and evaluation in accordance with ¶1286, which incorporates the following evaluation criteria: training needs assessment, curriculum design, curriculum development, training implementation (training delivery), and training evaluation.

Progress before the Eighth Reporting Period

An early version of the CPD's Special Order S05-14 *Crisis Intervention Team (CIT) Program*, stated that the Crisis Intervention Team Training Section is responsible for developing, reviewing, and revising the Crisis Intervention Team curricula, as well as the administration and delivery of the *CIT Refresher Training*. In the fifth reporting period, the City and the CPD submitted a substantially revised S05-14, which maintained the same language noted above.

The CPD began delivering the *CIT Refresher Training* in the fourth reporting period. The IMT observed the training in the fifth monitoring period and confirmed the refresher training curriculum includes ¶197's requirements. However, we note that a substantial portion of the training is dedicated to officer wellness topics (Officer Exposure to Trauma; Self Care Issues, Practices, and Resources; Employee Assistance Programs (EAP)). While these are critically important topics, the CPD should

consider moving these topics to annual in-service training that ensures all officers, not just Designated CIT Officers, are receiving this information, and instead dedicate more of the *CIT Refresher Training* curriculum to relevant CIT topics (see ¶1381). Further, since a substantial portion of officers receiving the CIT Refresher Training received their original 40-hour Basic CIT training over eight years ago and have not received any refresher training since, maximizing the time spent on refreshing crisis-intervention related topics is of the utmost importance to the *CIT Refresher Training*.

The IMT appreciates the time dedicated to scenario-based role play in the Refresher course, in the “CIT Troubleshooting” and the “CIT Group Problem Solving” portions of the training. The CPD should track the trends and topics that arise during each of the refresher trainings to support ¶187’s requirement of seeking feedback from officers.

For example, while observing the training the IMT heard officers’ express concerns about the OEMC lacking updated lists of CIT officers on duty, officers not knowing where to take people in crisis, and the need for more community outreach about the CIT Program.

Progress in the Eighth Reporting Period

We did not see much progress toward compliance with this paragraph during the eighth reporting period.

The CPD has increased the frequency of its CIT training due changing from a voluntary to a patrol mandated CIT program. In 2023, the CPD plans to provide the 40-hour Basic CIT program seventeen weeks of the year, alternating this course with the *CIT Refresher Training* which is provided 23 weeks of the year. The Advanced youth and Veterans CIT is provided five weeks of the year. Yet, the number of CIT Training Section has been halved from fourteen officers and two sergeants in 2021 to six officers and two sergeants in 2023.

The IMT is deeply concerned by the drastic staffing reductions, and we are closely monitoring the CPD’s response. As outlined throughout this report, the IMT is also concerned that trainers are spread too thin and lack adequate resources and administrative support. See ¶187. The CPD must prioritize its support for instructors.

To assess Full compliance, the IMT will review the CPD’s training attendance documentation, training evaluations and district-needs assessments to inform training revisions, while monitoring how the reduction in training resources affect the quality of the overall training requirements of ¶197.

To support Full and effective compliance, the CPD should continue inviting Chicago Council on Mental Health Equity to attend training and offer feedback, and -- we continue to stress – the CPD should maintain sufficient staff to support CIT training.

Paragraph 97 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶98

98. Certified CIT Officers may satisfy the in-service training requirements, as outlined in Part H, by completing the CIT Refresher Training.

Compliance Progress (Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FIFTH REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

The City and the CPD maintained Preliminary compliance but did not achieve Secondary compliance with the requirements of ¶98 in the seventh reporting period.

To assess Preliminary compliance, the IMT reviewed S11-10-03 *In-Service Training* and concluded that the CPD had adequately memorialized ¶98’s requirements. Additionally, CPD has memorialized this requirement in the newly revised policy, S05-14 *Crisis Intervention Team (CIT) Program*, which was finalized during this reporting period.

To assess Secondary compliance, the IMT will review the CPD’s training records and evaluations for its CIT Refresher Training. The IMT notes that a 95% completion rate will be necessary to achieve Secondary compliance.

Paragraph 98 Compliance Progress History

<p>FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable</p>	<p>SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable</p>	<p>THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Not Applicable</p>
<p>FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Not Applicable</p>	<p>FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary</p>	<p>SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary</p>
<p>SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary</p>	<p>EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary</p>	

Crisis Intervention: ¶199

99. Within 365 days of the Effective Date, the CIT Program staff, in coordination with the Education and Training Division will develop the CIT Refresher Training. The CIT Program staff will review and revise the CIT Refresher Training as necessary to ensure that Certified CIT Officers receive up-to-date training. The CIT Program will seek input from the Advisory Committee in the development of the refresher training.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance* (SECOND REPORTING PERIOD)
Secondary: *In Compliance* (FOURTH REPORTING PERIOD)
Full: *Not Yet Assessed*

In the eighth reporting period, the City and the CPD maintained Preliminary and Secondary compliance with the requirements of ¶199.

To assess Preliminary compliance, the IMT reviewed the CPD’s S05-14 *Crisis Intervention Team (CIT) Program*, which states that the Crisis Intervention Team Training Section is responsible for developing, reviewing, and revising the Crisis Intervention Team curricula and for delivering the refresher training. To assess Secondary compliance, the IMT reviewed the *CIT Refresher Training*, records indicating training had begun, and the feedback the CPD sought from the Chicago Council on Mental Health Equity’s review of and comment on the curriculum.

Progress before the Eighth Reporting Period

During the fourth reporting period, the CPD began delivering the *CIT Refresher Training*, which the IMT observed in the fifth monitoring period. See ¶197.

In the sixth reporting period, the CPD finalized a substantially revised S05-14 *Crisis Intervention Team (CIT) Program*, which maintained this same language as the previous version of S05-14 that memorialized the requirements of ¶199. Additionally, the Chicago Council on Mental Health Equity members were invited to attend the *CIT Refresher Training* and provide feedback.

We have stated our concern throughout this report that 20.36% of all current Designated CIT officers were trained over ten years ago (2004-2012) and have received no refresher since. As we mentioned in ¶195, the CPD has begun a process of prioritizing officers to receive the *CIT Refresher Training*.

Progress in the Eighth Reporting Period

The City and the CPD made little progress toward achieving additional levels of compliance with the requirements of this paragraph in the eighth reporting period.

To assess Full compliance, the IMT will review the CPD’s training attendance documentation, training evaluations, and district-needs assessments to inform training revisions, while monitoring how the reduction in training resources affect the quality of the overall training requirements of ¶99.

To support Full and effective compliance, the CPD should continue inviting the Chicago Council on Mental Health Equity and other Chicago community members to attend training and offer feedback. The IMT recommends the CPD, and the City consider identifying a small group of Chicago Council on Mental Health Equity members who may volunteer to serve in a “training observation” capacity, providing feedback across the required CIT trainings. This would streamline consistent observations and reliable feedback.

Paragraph 99 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Preliminary	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶100

100. All Certified CIT Officers who completed the Basic CIT Training before the development of the CIT Refresher Training must complete their first CIT Refresher Training within four years of the date that the CIT Refresher Training is developed. All Certified CIT Officers who complete Basic CIT Training on or after the date that the CIT Refresher Training is developed must complete their first CIT Refresher Training within three years of receiving the Basic CIT Training.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Moving **Not Yet Applicable**

Preliminary: *In Compliance (FIFTH REPORTING PERIOD)*

Secondary: *Not in Compliance*

Full: *Not Yet Assessed*

During the eighth monitoring period, the City and the CPD maintained Preliminary compliance but have not achieved Secondary compliance with the requirements of ¶100.

Progress before the Eighth Reporting Period

In the fourth monitoring period, the IMT reviewed a revised draft version of CIU Special Order 20-02 *CIT Training Scheduling, Attendance, Eligibility, and Recruitment*, which memorializes the requirements of ¶100. However, CIU SO 20-02 was not finalized, which prevented the CPD from achieving Preliminary compliance with ¶100 at that time.

In the fifth monitoring period, the CPD substantially revised S05-14 *Crisis Intervention Team Program*, and subsumed components of CIU SO 20-02 into the revised S05-14 directive. The CPD has also memorialized this requirement into S11-10-03 *In-Service Training*, enabling the CPD to achieve Preliminary compliance.

Due to limitations in their current electronic system, training records can only be updated quarterly to remove officers who no longer meet the eligibility requirements for certified CIT Officers.

Progress during the Eighth Reporting Period

The CPD has made little progress toward achieving Secondary compliance during this reporting period. To achieve Secondary compliance, the CPD’s eLearning system must demonstrate effective and timely notification of (a) when the CPD’s officers are due for training and (b) notification to the OEMC regarding officers whose certifications may have expired. The IMT notes that a functioning system should help remind officers that their expiration date is approaching.

Moreover, the CPD must demonstrate its training to the required officers through training and attendance records and evaluations to demonstrate compliance with ¶100.

Paragraph 100 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Not Applicable
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶101

101. *Certified CIT Officers who fail to complete the CIT Refresher Training within three years of taking their most recently required CIT Training, whether the Basic CIT Training or a prior CIT Refresher Training, will be deemed out of compliance with the CIT Program’s CIT Refresher Training requirement. CPD will confirm on a quarterly basis that Certified CIT Officers remain in compliance with the CIT Refresher Training requirement. Any Certified CIT Officer found to be out of compliance during the quarterly review may not continue to be identified by CPD as a Certified CIT Officer and may not continue to be prioritized to respond to calls for service involving individuals in crisis. Each quarter, CPD will inform OEMC of officers who are out of compliance with the CIT Refresher Training requirement. An officer out of compliance with the CIT Refresher Training requirement must complete the most recently offered version of the CIT Refresher Training before CPD may resume identifying the officer as a Certified CIT Officer and before OEMC may resume prioritizing that officer to respond in the field to calls involving individuals in crisis.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Quarterly



Not Yet Applicable

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*

Secondary: *Not in Compliance*

Full: *Not in Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance but did not achieve Secondary compliance with the requirements of ¶101. The IMT reviewed the CPD’s policy S05-14, *Crisis Intervention Team (CIT) Program*, which adequately addresses the requirements of ¶101.

Progress before the Eighth Reporting Period

In the fourth monitoring period, the IMT reviewed a revised draft version of Crisis Intervention Unit (CIU) Special Order 20-02 *CIT Training Scheduling, Attendance, Eligibility, and Recruitment*, which memorialized the requirements of ¶101. However, in the fifth monitoring period, the CPD substantially revised S05-14 *Crisis Intervention Team Program*, and subsumed components of CIU SO 20-02 into the

revised S05-14 directive, which was finalized the sixth reporting period. The requirements of ¶101 are incorporated into S05-14.

In the sixth monitoring period, the draft versions of both CIU SO 20-02 and S05-14 indicate that the CPD will utilize its Learning Management System to track when CIT officers need CIT Refresher Training to ensure CIT officers are being prioritized for dispatch. The CPD’s training records are updated quarterly to remove officers who no longer meet the eligibility requirements for Designated CIT Officers.

To assess Secondary compliance, the IMT reviewed CPD records in the seventh reporting period, but they fell short of demonstrating a clear eligibility review process. The requirements of ¶101 are also incorporated into the eLearning that the CPD delivered in the seventh reporting period, which ensures all officers understand the requirements of ¶101.

Progress in the Eighth Reporting Period:

The CPD has made little progress toward the requirements of this paragraph in the eighth reporting period.

To achieve Secondary compliance, the CPD’s system must demonstrate effective and timely notification to the OEMC regarding officers whose certifications have expired. Ideally, such a system would remind officers that their expiration date is approaching. Officers who fail to meet the current eligibility criteria must be removed from the specialized response role with vulnerable populations.

To better align with best practice, the IMT continues to encourage the CPD to consider prioritizing officers who were CIT trained more than 3-5 years ago, with no refresher, to re-take the 40-hour Basic CIT training.

Paragraph 101 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Not Applicable
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶102

102. All newly assigned Field Training Officers (“FTOs”) and promoted Sergeants and Lieutenants will continue to receive the Basic CIT Training. To be considered Certified CIT Officers, FTOs, Sergeants, and Lieutenants must meet the eligibility criteria and training requirements established by the CIT Program and this Agreement.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FIFTH REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not in Compliance*

During the eighth monitoring period, the City and the CPD maintained Preliminary compliance with the requirements of ¶102.

Progress before the Eighth Reporting Period

In the third reporting period, the CPD had made progress on developing its new CIT dashboard, which includes data specific to ¶102. However, the CPD’s progress regarding its data collection and analysis then stalled.

In the fourth monitoring period, the IMT reviewed a revised draft version of Crisis Intervention Unit (CIU) Special Order 20-02 *CIT Training Scheduling, Attendance, Eligibility, and Recruitment*, which memorialized the requirements of ¶102, but was not finalized at that time. Additionally, the requirements of ¶102 were memorialized under, S11-10-02, *Pre-Service Training*, which was finalized during the fifth reporting period, allowing the CPD to achieve Preliminary compliance. In the fifth monitoring period, components of CIU SO 20-02 were subsumed into a revised directive S05-14, which was finalized during the sixth reporting period.

To assess Secondary compliance, the IMT looked for data to demonstrate that the CPD is reviewing and tracking officers’ eligibility criteria, which the CPD did not provide. The CPD should develop reliable systems to track training attendance and review officers’ eligibility status, and both the IMT and the CPD should be able to validate these systems.

Progress during the Eighth Reporting Period:

The CPD made little progress toward compliance with this paragraph’s requirements in the eighth reporting period. The City and the CPD provided a data dashboard presentation to the IMT during this reporting period. Data is an ongoing

challenge for the City and the CPD and the IMT has ongoing concerns about the reliability of data. The IMT seeks to better understand the CPD’s data deficiencies, trends, and analysis.

To achieve Secondary compliance with ¶102, the CPD’s system must demonstrate its ability to track whether newly assigned Field Training Officers (“FTOs”) and promoted Sergeants and Lieutenants complete the requisite training and meet the CIT Program’s eligibility requirements. The IMT will review whether the system clearly articulates who has been newly promoted during a given reporting period, their training completion dates, and evidence that the relevant Designated CIT officer eligibility requirements have been satisfied.

Paragraph 102 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶103

103. *The CIT Program staff responsible for the CIT training curriculum will, where it would add to the quality or effectiveness of the training and when feasible and appropriate, encourage and seek the participation of professionals and advocates who work with individuals in crisis, and persons with lived experiences of behavioral or mental health crisis, including those with involvement in the criminal justice system, in developing and delivering CPD CIT trainings.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Under Assessment*
Full: *Not in Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance and is Under Assessment for Secondary compliance with the requirements of ¶103.

Progress before the Eighth Reporting Period

In the fourth monitoring period, the IMT reviewed a revised draft version of Crisis Intervention Unit (CIU) Special Order 20-02 *CIT Training Scheduling, Attendance, Eligibility, and Recruitment*, which memorialized the requirements of ¶103. However, in the fifth monitoring period, components of CIU SO 20-02 were subsumed into the CPD’s substantially revised directive S05-14 *Crisis Intervention Program*, which was finalized during the sixth reporting period.

In the fifth reporting period, the IMT observed both the 40-hour *Basic CIT Training* and the *CIT Refresher Training* and, overall, found them both to be well done.

As noted in our prior reports, the CPD has incorporated the input of mental health professionals, stakeholders, and people with lived experience into the development and delivery of the 40-hour *Basic CIT Training* and the *CIT Refresher Training* as required by this paragraph. The CPD previously convened a working group to review curricula and provide feedback on training. Additionally, professionals and people with lived experience are involved in CIT training as both instructors and participants.

During the seventh reporting period, members of the Chicago Council on Mental Health Equity members were invited to attend training sessions and provide

feedback. While the IMT appreciates this effort, we stress that the CPD must improve its community engagement efforts overall.

Progress in the Eighth Reporting Period

We have seen limited progress during the eighth reporting period. The CPD’s staffing levels remained stagnant. As of April 2023, the Crisis Intervention had 28 personnel assigned to the unit. This reporting period, the CPD has also again produced no evidence that its community-engagement efforts have improved. Rather, the CPD cut its dedicated community outreach position and, to date, has not re-filled this position. The insufficient outreach also hinders the CIU from seeking “the participation of professionals and advocates who work with individuals in crisis, and persons with lived experiences of behavioral or mental health crisis, including those with involvement in the criminal justice system, in developing and delivering CPD CIT trainings” as this paragraph requires.

To assess additional levels of compliance with ¶103, the IMT will review how the CPD incorporates the input of professionals and of people with lived experience, including the feedback received by community participants who have observed the training. In addition, we will assess how the CPD has furthered its outreach to include additional perspectives. Finally, the IMT encourages the CPD to consider developing a short community member evaluation form to gather input after community members observe training sessions.

Paragraph 103 Compliance Progress History

<p>FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable</p>	<p>SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable</p>	<p>THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update</p>
<p>FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None</p>	<p>FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None</p>	<p>SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary</p>
<p>SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary</p>	<p>EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary</p>	

Crisis Intervention: ¶104

104. CPD will develop policies regarding the criteria for ongoing participation as a Certified CIT Officer, consistent with this Agreement.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Under Assessment*
Full: *Not in Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance and are Under Assessment for Secondary compliance with the requirements of ¶104.

Progress before the Eighth Reporting Period

In the fourth monitoring period, the CPD provided the IMT with Special Order SO20-02 *CIT Training Schedule, Attendance, Eligibility, and Recruitment*, which memorialized the requirements of ¶104. However, in the fifth monitoring period, components of CIU SO 20-02 were subsumed under a revised S05-14 *Crisis Intervention Program* policy.

The CPD had previously proposed that officers be deemed ineligible to become a Certified CIT officer if they (1) have received a sustained misconduct complaint resulting in a suspension of more than seven days within the preceding 12 months, or (2) have three or more sustained misconduct complaints resulting in suspension within the past five years.

The IMT raised concerns regarding these low eligibility thresholds, which would result in few officers being deemed ineligible to serve in this specialized role that serves vulnerable populations. During the fifth monitoring period, the CPD responded to the IMT's concerns by providing the IMT with a substantially revised version of S05-14 *Crisis Intervention Team (CIT) Program*, which revised a portion of the eligibility criteria, lowering the sustained misconduct complaint suspension period from seven to three days, thereby ensuring a higher standard of eligibility assessment.

In the sixth reporting period, the CPD adopted the same thresholds for CIT Officers as School Resource Officers, and it incorporated those thresholds into policy. The IMT appreciates this change.

S05-14 was finalized during the sixth reporting period. The CPD also developed eLearning materials intended to educate all officers on the CIT program, including policy changes which affect the entire department. This eLearning addresses the requirements of ¶104 and in the seventh reporting period, the CPD demonstrated that 95% of officers completed the eLearning addressing policy changes.

Progress in the Eighth Reporting Period

The CPD made limited progress toward compliance during the eighth reporting period. The CPD has not, for example, produced sufficient evidence to demonstrate that an officer is removed from daily rosters as a CIT officer when that officer falls below the applicable eligibility threshold. To achieve Secondary compliance, the CPD must have a reliable system in place to accomplish the requirements of ¶104 and produce evidence that the individuals responsible for implementing this system have received adequate training.

Relatedly, the CPD informed the IMT that its S05-14 policy narrowly defines ineligibility with a “sustained CR allegation within the past five years where the sustained finding relates to a verbal or physical interaction *with an individual in crisis.*” The IMT is unclear why the CPD has narrowed the relevant criteria so that only sustained CR allegations related to “*an individual in crisis*” apply. During the IMT’s site visit, we recommend that the BIA avoid making this distinction and, instead, deem complaints from *any* person—not just individuals in crisis—as relevant. The IMT strongly recommends that the CPD incorporate this policy change in future iterations of S05-14.

To assess Full compliance, the IMT will seek data demonstrating reliable implementation of a system to remove officers from the roster of Designated CIT officers when necessary.

Paragraph 104 Compliance Progress History

<p>FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable</p>	<p>SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable</p>	<p>THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None</p>
<p>FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None</p>	<p>FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None</p>	<p>SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary</p>
<p>SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary</p>	<p>EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary</p>	

Crisis Intervention: ¶105

105. CPD will continue to maintain an up-to-date list of Certified CIT Officers, including their unit of assignment.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance (THIRD REPORTING PERIOD)</i>
Secondary:	<i>Not in Compliance</i>
Full:	<i>Not Yet Assessed</i>

In the eighth reporting period, the City and the CPD maintained Preliminary compliance and but have not achieved Secondary compliance with the requirements of ¶105.

Progress before the Eighth Reporting Period

The CPD achieved Preliminary compliance in the third reporting period. The CPD’s Special Order S05-14 *Crisis Intervention Team (CIT) Program*, clearly states that the Crisis Intervention Unit’s Training Division is responsible for updating officer training records regarding the completion of Basic, Advanced, and Refresher CIT training. Moreover, S05-14 indicates that the CPD will use the CPD’s Learning Management System to track when CIT officers need CIT Refresher Training.

In previous reporting periods, we noted that Secondary compliance would depend on the development of a reliable system plan to ensure that officers who do not meet the CIT eligibility criteria or who allow their required CIT training to lapse are removed from the list of “Designated CIT Officers” in the CPD’s CLEAR and eLearning systems. The CPD and the OEMC continue to utilize multiple approaches for informing the OEMC telecommunicators which CPD members are CIT designated – some automated and some manual. For example, the OEMC personnel may access the roster of CIT officers available on a per-shift basis via the CPD’s and the OEMC’s auto-generated software platforms. Additionally, watch supervisors can provide a list of CIT officers to the OEMC utilizing a separate dataset.

The automated system involves CLEAR (the CPD data warehouse) communicating with Oracle (the OEMC data warehouse) in an automated process that cross checks the Learning Management System with Oracle. This process designates a “Z” attribute next to CIT officer’s name. Moreover, the manual system involves dispatch confirming, over the air, if an officer is CIT trained. If dispatch encounters inaccuracies, it can update the “Z” attribute accordingly. The OEMC reported during site visit in the sixth reporting period that asking over the radio if the officer is CIT-certified works best in light of shift schedule changes or furloughs. The OEMC advised the IMT that dispatchers tend to use the method of referencing the

automated roster and asking over the air. have been more reliable. However, the IMT learned that some officers expressed concern about the accuracy of officers on patrol designated as “Certified CIT Officers” (see ¶¶92–95).

In the fifth reporting period, the Audit Division found discrepancies in the accuracy of this eligibility requirement. These processes remained largely the same during the seventh reporting period, with a partly automated and partly manual system.

Progress in the Eighth Reporting Period

The City and the CPD made limited progress toward compliance with this paragraph during the eighth reporting period. We continue to seek clarity and documentation on the OEMC’s dispatch priorities. Our current understanding is that the OEMC currently dispatches officers in the following order: (1) voluntary “Designated” CIT Officers; (2) mandated CIT trained officers who have opted out of being a voluntary designated CIT Officer; and (3) officers who have received no CIT training.

To achieve Secondary compliance, the CPD must demonstrate evidence of a functioning system that identifies and removes ineligible officers from the list of Designated CIT officers in a timely manner. The CPD must also produce training records, which during the last few reporting periods were insufficient and unreliable. Further, the IMT will review whether the CPD has developed a plan and trained the responsible personnel to ensure that officers who no longer meet the Designated CIT Officer eligibility criteria, or who allow their required CIT training to lapse, are undesignated in the CLEAR and eLearning systems.

To assess Secondary compliance, the IMT will review the current list of Designated CIT officers, the system in place to remove ineligible officers from the daily roster, the personnel responsible for ensuring keeping the lists accurate, a, the training for the personnel with those responsibilities.

Going forward, the IMT recommends that the CPD revise its attendance records under ¶105 to align with the eligibility criteria and training requirements, as well as with the CPD’s forms 15.518, *Request for CIT Training*, and 15.519, *Request for CIT Officer Designation*. This data will allow the IMT to assess Secondary compliance with ¶105.

Paragraph 105 Compliance Progress History

FIRST REPORTING PERIOD
SEPTEMBER 1, 2019 – AUGUST 31, 2019

COMPLIANCE PROGRESS:
Not Applicable

SECOND REPORTING PERIOD
SEPTEMBER 1, 2019 – FEBRUARY 29, 2020

COMPLIANCE PROGRESS:
Not Applicable

THIRD REPORTING PERIOD
MARCH 1, 2020 – DECEMBER 31, 2020

COMPLIANCE PROGRESS:
Preliminary

FOURTH REPORTING PERIOD
JANUARY 1, 2021 – JUNE 30, 2021

COMPLIANCE PROGRESS:
Preliminary

FIFTH REPORTING PERIOD
JULY 1, 2021 – DECEMBER 31, 2021

COMPLIANCE PROGRESS:
Preliminary

SIXTH REPORTING PERIOD
JANUARY 1, 2022 – JUNE 30, 2022

COMPLIANCE PROGRESS:
Preliminary

SEVENTH REPORTING PERIOD
JULY 1, 2022 – DECEMBER 31, 2022

COMPLIANCE PROGRESS:
Preliminary

EIGHTH REPORTING PERIOD
JANUARY 1, 2023 – JUNE 30, 2023

COMPLIANCE PROGRESS:
Preliminary

Crisis Intervention: ¶106

106. CPD will require that, when available, at least one Certified CIT Officer will respond to any incident identified as involving an individual in crisis. Certified CIT Officers will continue to be prioritized for dispatch to incidents identified as involving individuals in crisis, as assigned. CPD will review and revise the appropriate policies to ensure that, in situations in which a Certified CIT Officer is not available to respond to a call or incident identified as involving an individual in crisis, the responding officer engages in crisis intervention response techniques, as appropriate and consistent with CPD policy and their training, throughout the incident. Responding officers will document all incidents involving an individual in crisis in a manner consistent with this Agreement.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance* (THIRD REPORTING PERIOD)
Secondary: *In Compliance* (NEW)
Full: *Not in Compliance*

During the eighth monitoring period, the City and the CPD maintained Preliminary compliance and achieved Secondary compliance with the requirements of ¶106.

To assess Preliminary compliance, the IMT reviewed the CPD’s relevant directives, including S04-20 *Recognizing and Responding to Individuals in Crisis*, which adequately addresses the requirements of ¶106. Additionally, the CPD has developed an eLearning course intended for all officers that educates them on CIT-related policy and program changes. The City has also developed and implemented a comprehensive *Crisis Intervention Team (CIT) Report* for officers to document incidents involving an individual in mental health crisis.

To assess Secondary compliance, the IMT reviewed the CPD’s relevant training efforts demonstrating that non-Designated CIT Officers have received sufficient training to ensure the responding officer engages in crisis intervention response techniques, as appropriate and consistent with CPD policy and their training, throughout the incident.

Progress before the Eighth Reporting Period

During the seventh reporting period, the CPD produced sufficient evidence that 95% of CPD officers completed the eLearning, which included updated Crisis

Intervention-related policy changes, including when and how officers are to complete the *Crisis Intervention Team (CIT) Report*.

Progress during the Eighth Reporting Period:

During the eighth reporting period, the CPD achieved Secondary compliance by producing sufficient evidence that 95% of CPD members completed the 8-hour Crisis Intervention training on responding to calls for service involving individuals in mental health crisis, as noted in the CPD’s the *2022 Annual In-Service Training Plan*. We also note that the CPD strengthened its annual *De-escalation, Response to Resistance, and Use of Force* training by allocating additional training time to de-escalation and crisis intervention. Together, these trainings equip all officers with the skills and knowledge required under ¶106. We appreciate the CPD’s efforts to improve crisis intervention related training for all officers.

Looking toward assessing Full compliance, the IMT will review the CPD’s efforts to capture, manage, and analyze valid and reliable data, as well as the CPD’s dispatch prioritization of Designated CIT Officers. As discussed in previous paragraph assessments, we strongly recommend that the CPD align its Designated CIT officers and the applicable eligibility criteria, as outlined in S05-14, and that this alignment occur in the next reporting period.

Paragraph 106 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶107

107. *Within 180 days of the Effective Date, and quarterly thereafter, CPD will collect and analyze the number of calls for service identified as involving individuals in crisis for every watch in each district to evaluate the number of Certified CIT Officers needed to timely respond. The number of Certified CIT Officers on each watch in every district will be driven by the demand for crisis intervention services for the particular watch and district.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Quarterly **Met** **Missed**

Preliminary: *Not in Compliance*

Secondary: *Not in Compliance*

Full: *Not in Compliance*

During the eighth monitoring period, the CPD did not achieve Preliminary compliance with ¶107.

Progress before the Eighth Reporting Period

During the fourth monitoring period, the CPD provided a revised draft of Special Order 20-05 *CIT Officer Implementation Plan*. However, S020-05 required additional revisions before it could be finalized. For example, we had requested that the CPD define the term “timely,” as used in ¶107 (i.e., “timely respond”), to determine the number of CIT officers needed in a particular district and watch. Upon completing the necessary revisions, we anticipate the CPD will achieve Preliminary compliance with ¶107.

During the fifth reporting period, the CPD’s progress regarding data collection and analysis requirements stalled. Evidence of robust data reporting and analysis is required by this paragraph.

Progress during the Eighth Reporting Period

The City and the CPD provided a data dashboard presentation to the IMT during this reporting period. Data is an ongoing challenge to the City and the CPD. A significant amount of the data provided to the CPD is from the OEMC, and the IMT is concerned about the reliability of this data, as well as the CPD’s practice of including any officer who has ever received the 40-hour CIT training and including those trained before the IMT approved training in April 2021, to calculate response

ratios. Moreover, it is unclear whether the CPD’s data analyst has the “resources and access to data” necessary to effectively analyze the relevant data (¶190).

As the CPD builds its capacity for more sophisticated analysis to address the requirements of this paragraph, we encourage the Crisis Intervention Unit and Data Analyst to engage in simple analyses that provide foundational understanding. The CPD should then use this foundational understanding to further build its analysis. For example, if 5% of all CIT calls occur in a certain district, the CPD could reasonably expect approximately 5% of all CIT officers to be in that same district. This straightforward analysis would begin to inform the “demand for crisis intervention services,” which the CPD is required to understand under ¶107.

The Crisis Intervention Unit’s staffing has remained stagnant this reporting period. We look forward to an update on the staffing capability and observing the Crisis Intervention Unit’s improved analytical functions in the next reporting period, along with a measure for “timely” response.

Paragraph 107 Compliance Progress History

<p>FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019</p> <p>COMPLIANCE PROGRESS: Not Applicable</p>	<p>SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020</p> <p>COMPLIANCE PROGRESS: None</p>	<p>THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020</p> <p>COMPLIANCE PROGRESS: None</p>
<p>FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021</p> <p>COMPLIANCE PROGRESS: None</p>	<p>FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021</p> <p>COMPLIANCE PROGRESS: None</p>	<p>SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022</p> <p>COMPLIANCE PROGRESS: None</p>
<p>SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022</p> <p>COMPLIANCE PROGRESS: None</p>	<p>EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023</p> <p>COMPLIANCE PROGRESS: None</p>	

Crisis Intervention: ¶108

108. *Within 180 days of the Effective Date, CPD will develop an implementation plan (“CIT Officer Implementation Plan”) based on, at a minimum, its analysis of the demand for crisis intervention services for each watch in each district. The CIT Officer Implementation Plan will identify the number of Certified CIT Officers necessary, absent extraordinary circumstances, to meet the following response ratio targets: a. a sufficient number of Certified CIT Officers to ensure that Certified CIT Officers are available on every watch in each district to timely respond to at least 50% of the calls for service identified as involving individuals in crisis, absent extraordinary circumstances (“initial response ratio target”); and b. a sufficient number of Certified CIT Officers to ensure that Certified CIT Officers are available on every watch in each district to timely respond to at least 75% of the calls for service identified as involving individuals in crisis, absent extraordinary circumstances (“second response ratio target”).*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *Not in Compliance*
Secondary: *Not in Compliance*
Full: *Not in Compliance*

In the eighth monitoring period, the CPD did not achieve Preliminary compliance with ¶108.

To achieve Preliminary compliance with ¶108, the City and the CPD must develop and finalize policies that incorporate ¶108’s requirements. Specifically, the City and the CPD must implement sufficient policies, procedures, or written guidance through the process described in the Consent Decree (¶¶626–41).

Progress before the Eighth Reporting Period

During the fourth monitoring period, the IMT reviewed a revised draft of Special Order 20-05, *CIT Officer Implementation Plan*. However, SO20-05 required additional revisions before it could be finalized. For example, the IMT requested that the CPD define the term “timely,” as used in ¶107-108, to determine the number of CIT officers needed in a particular district and watch. Upon the necessary revisions, the CPD will achieve Preliminary compliance with ¶108.

During the sixth reporting period, the CPD did not improve its data collection and analysis requirements. The IMT has yet to receive data that demonstrates the Crisis Intervention Unit’s capacity for robust data reporting and analysis.

Progress during the Eighth reporting period

The City and the CPD made limited progress toward compliance with these requirements in the eighth reporting period. The City and the CPD provided a data dashboard presentation to the IMT during this reporting period. Data is an ongoing challenge to the City and the CPD. Paragraph 108 requires the CPD to produce robust evidence of data reporting and analysis.

We note that another 6-month monitoring period has passed without the completion of the *CIT Officer Implementation Plan*, as required by ¶108 “within 180 days of the Effective Date;” the Effective Date was March 2019. While the IMT understands the CPD’s delaying of this plan until the CPD is able to support the plan with reliable data and a more-robust strategy, the CPD should focus on the actions necessary to produce this vital plan. The plan should detail how the CPD intends to achieve the required response-ratio targets, as required by ¶108.

As discussed in previous paragraph assessments, we strongly recommend that the CPD align its Designated CIT officers and the applicable eligibility criteria, as outlined in S05-14, and that this alignment occur in the next reporting period. This will provide the CPD with an opportunity to develop a plan on where the City’s Designated CIT officers should be deployed given the demand for services.

Paragraph 108 Compliance Progress History

<p>FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable</p>	<p>SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None</p>	<p>THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None</p>
<p>FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None</p>	<p>FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None</p>	<p>SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None</p>
<p>SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None</p>	<p>EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None</p>	

Crisis Intervention: ¶109

109. *The CIT Officer Implementation Plan will further identify the steps that are necessary to meet and maintain the initial response ratio target by January 1, 2020, and the second response ratio target by January 1, 2022 and the strategies, methods, and actions CPD will implement to make progress to timely achieve and maintain these response ratio targets.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: March 6, 2022 **Met** **Missed**
*Extended from January 1, 2022, due to COVID-19

Preliminary: *Not in Compliance*

Secondary: *Not in Compliance*

Full: *Not in Compliance*

In the eighth monitoring period, the CPD did not achieve Preliminary compliance with ¶109. To achieve Preliminary compliance with ¶109, the City and the CPD must develop and finalize policies that incorporate ¶109's requirements.

Progress before the Eighth Reporting Period

During the fourth monitoring period, the CPD provided a revised draft of Special Order 20-05 *CIT Officer Implementation Plan*. However, SO20-05 required additional revisions before it could be finalized. For example, we have requested that the CPD define the term "timely," as used in ¶¶107-08, to determine the number of CIT members needed in a particular district and watch. Upon completing the necessary revisions, we anticipate the CPD will achieve Preliminary compliance with ¶109.

During the sixth reporting period, the CPD did not improve its data collection and analysis requirements. The IMT has yet to receive data that demonstrates the Crisis Intervention Unit's capacity for robust data reporting and analysis. Paragraph 109 requires the CPD to produce robust evidence of data reporting and analysis.

Progress during the Eighth Reporting Period

During the eighth reporting period, the CPD had still not dedicated the necessary effort to cleaning and analyzing the data required by ¶108, nor has it employed data analysis to inform the *CIT Officer Implementation Plan*, as required by ¶109. As discussed in previous paragraph assessments, we strongly recommend that the CPD align its Designated CIT officers and the applicable eligibility criteria, as

outlined in S05-14, and that this alignment occur in the next reporting period. This will provide the CPD with an opportunity to develop a plan on where the City's Designated CIT officers should be deployed given the demand for services.

We will continue to assess the CPD's efforts to ensure that its CIT data is reliable. To achieve Secondary compliance with ¶109, the CPD must demonstrate that the *CIT Officer Implementation Plan* is complete and includes the number of Designated CIT Officers necessary to satisfy the requisite response ratios.

Paragraph 109 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶110

110. *Within 180 days of completing the CIT Officer Implementation Plan, and annually thereafter, CPD will submit a report to the Monitor and the Office of the Attorney General (“OAG”) regarding the progress the Department has made to meet: (a) the response ratio targets (“Implementation Plan Goals”) identified in the Implementation Plan and (b) the number of Certified CIT Officers identified as necessary to achieve the response ratio targets. The Monitor and OAG will have 30 days to respond in writing to CPD’s progress report. The Monitor and CPD will publish CPD’s report and the Monitor’s and OAG’s response, if any, within 45 days of the date CPD submitted the progress report to the Monitor and OAG.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Moving

Not Yet Applicable

Preliminary: *Not in Compliance*

Secondary: *Not in Compliance*

Full: *Not in Compliance*

In the eighth monitoring period, the City and the CPD did not achieve any level of compliance with ¶110. This paragraph’s requirements are tied to the CPD’s completion of the *CIT Officer Implementation Plan*, which is incomplete.

To achieve Preliminary compliance with ¶110, the City and the CPD must develop and finalize policies that incorporate ¶110’s requirements and are in keeping with Consent Decree requirements ¶¶626-41, including the requirement that policies be “plainly written, logically organized, and use clearly defined terms.” We have requested, for example, that the CPD clearly define “timely,” as used in ¶¶107-08, in its draft of the *CIT Officer Implementation Plan*.

Progress before the Eighth Reporting Period

During the fourth monitoring period, the IMT reviewed a revised draft of Special Order 20-05 *CIT Officer Implementation Plan*. However, SO20-05 required additional revisions before it could be finalized.

During the fifth reporting period, the CPD did not improve its data collection and analysis.

Progress during the Eighth Reporting Period

During this reporting period, the City and the CPD provided a data dashboard presentation to the IMT. Data is an ongoing challenge for the City and the CPD. We continue to be concerned about the reliability of the City’s data. Further, the IMT is unclear whether the CIU’s data analyst has the “resources and access to data” necessary to effectively analyze the relevant data (¶190). Paragraph 110 requires the CPD to produce robust evidence of data reporting and analysis.

Paragraph 110 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶111

111. *Through the execution of the CIT Officer Implementation Plan, CPD will ensure that it maintains a sufficient number of Certified CIT Officers on duty on every watch of each district to help ensure that a Certified CIT Officer is available to timely respond to each incident identified as involving individuals in crisis, absent extraordinary circumstances.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *Not in Compliance*
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the CPD did not achieve Preliminary compliance with the requirements of ¶111.

To achieve Preliminary compliance with ¶111, the City and the CPD must develop and finalize policies that incorporate ¶111's requirements.

During the fourth monitoring period, the CPD provided a revised draft of Special Order SO20-05 *CIT Officer Implementation Plan*. However, the SO20-05 required additional revisions before it could be finalized. For example, we have requested that the CPD define the term "timely," as used in ¶111, to determine the number of CIT officers needed in a particular district and watch. Upon implementing the necessary revisions, the CPD will achieve Preliminary compliance with ¶111.

To assess Secondary compliance, the IMT will also make reasonable efforts to ensure that the CPD's Crisis Intervention Unit data is reliable. Moving forward, Secondary compliance will also depend on the completion of the *CIT Officer Implementation Plan*, including the CPD's determination of the number of Designated CIT Officers necessary to satisfy the requisite response ratios.

Paragraph 111 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary ??
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Not Applicable	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Not Applicable	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶112

112. *If the Monitor determines that CPD has not made material progress toward achieving the CIT Officer Implementation Plan Goals during any given reporting period, CPD will review and revise the CIT Officer Implementation Plan as necessary to enable CPD to make material progress to achieve the Implementation Plan Goals.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *Not in Compliance*
Secondary: *Not Yet Assessed*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the CPD did not achieve Preliminary compliance with ¶112.

To achieve Preliminary compliance with ¶112, the City and the CPD must develop and finalize policies that incorporate ¶112’s requirements and the goals of the *CIT Officer Implementation Plan*.

During the fourth monitoring period, the CPD provided a revised draft of Special Order SO20-05 *CIT Officer Implementation Plan*. However, SO20-05 required additional revisions before it could be finalized. For example, we have requested that the CPD define the term “timely,” as used in ¶¶107-08, to determine the number of CIT officers needed in a particular district and watch. Upon completing the necessary revisions, we anticipate the CPD will be in Preliminary compliance with ¶112.

The IMT remains concerned that the CPD has not yet completed the *CIT Officer Implementation Plan*, required by ¶¶108-112. While the IMT appreciates delaying progress on the Plan until it is supported by valid and reliable data and a more robust strategy, the CPD should focus on what actions it must take to produce the Plan. Without a completed *CIT Officer Implementation Plan*, the CPD cannot make progress toward compliance with the requirements of ¶112.

Paragraph 112 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Not Applicable	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Not Applicable	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶113

113. CPD will require that responding Certified CIT Officers will take the lead in interacting with individuals in crisis, once on scene, when appropriate and with supervisory approval, if required by CPD policy. If an officer who is not a CIT-Certified Officer has assumed responsibility for the scene, the officer will seek input from the on-scene Certified CIT Officer on strategies for resolving the crisis, when it is safe and practical to do so.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance* (THIRD REPORTING PERIOD)
Secondary: *In Compliance* (SEVENTH REPORTING PERIOD)
Full: *Not in Compliance*

In the eighth monitoring period, the CPD maintained Preliminary and Secondary compliance with the requirements of ¶113.

The IMT has reviewed the CPD's policy S04-20 *Recognizing and Responding to Individuals in Crisis*, which clearly states that officers assigned to incidents with mental health components will request a Certified CIT-trained officer to assist, if available. Additionally, in the eighth reporting period, the CPD revised its policy to require the Certified CIT Officer take the lead in interacting with individuals in crisis; the IMT appreciates that clarifying language.

The CPD achieved Secondary compliance in the seventh reporting period with ¶113 by demonstrating that 95% of officers received the CIT eLearning, which addresses the requirements of this paragraph.

Looking forward to Full compliance, the IMT will assess whether the City has qualified personnel fulfilling the CIT responsibilities to achieve requirements of ¶113. The IMT will also assess the City and the CPD's resource allocation, staffing capacity, and efforts to fill any vacant positions. The IMT remains profoundly concerned about insufficient staffing in the Crisis Intervention Unit, as detailed in previous paragraph assessments.

As discussed in previous paragraph assessments, we strongly recommend that the CPD align its Designated CIT officers and the applicable eligibility criteria, as outlined in S05-14, and that this alignment occur in the next reporting period.

Paragraph 113 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶114

114. *Certified CIT Officers will receive ongoing feedback from the CIT Program and unit supervisors regarding their responses to incidents identified as involving individuals in crisis.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (THIRD REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

In the eighth monitoring period, the CPD maintained Preliminary compliance with the requirements of ¶114 but did not achieve Secondary compliance.

To assess Preliminary compliance, the IMT reviewed the CPD’s Special Order S05-14 *Crisis Intervention Team (CIT) Program*, which requires that area-level personnel within the CIT Unit will provide advice, guidance, and feedback on incidents involving people in crisis, and will follow up on mental and behavioral health-related events beyond the preliminary investigation.

Progress before the Eighth Reporting Period

In the fifth reporting period, the CPD’s Special Order S05-14 *Crisis Intervention Team (CIT) Program* underwent significant revisions. Under the newly revised S05-14, the CIT District, Operations, and Community Support (CIT DOCS) unit is responsible for “providing members with feedback.” This revised draft version neglected to include supervisors (*i.e.*, officers’ shift sergeants and lieutenants) into the responsibility for providing feedback, as required by ¶114.

In the sixth reporting period, the CPD incorporated the requirements of ¶114—including field supervisors—into S05-14. The IMT appreciates this further revision.

Progress during the Eighth Reporting Period

The City and the CPD made limited progress toward compliance during this reporting period. To assess Secondary compliance, the IMT will assess evidence that supervisors and CIT DOCS personnel are providing ongoing feedback after officers interact with people in mental health crises. Further, unit supervisors should be provided training on the responsibilities required by ¶114. While the CPD’s eLearning training for all CPD officers includes a review of relevant policy changes, that eLearning training lacks supervisor-specific details on the process of reviewing reports and evaluating officer responses to calls involving a person in mental health crisis. See ¶119.

Additionally, the supervisor promotion training does not cover any topic related to CIT. Consequently, field supervisors are unprepared to satisfy ¶114’s requirements. The IMT provided feedback to the CPD regarding the necessary changes that must be made to the supervisor training. Moreover, the Crisis Intervention Unit plays an important role in operationalizing ¶114. The Crisis Intervention Unit’s dedicated staff (including the CIT DOCS team responsible for district-level support) has been cut in half but has the same responsibilities, which are extensive. This level of staffing is unsustainable.

Paragraph 114 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶115

115. CPD has designated and will maintain a Certified CIT Officer, at the rank of Lieutenant or above, with the sole responsibility to act as a Crisis Intervention Team Program Coordinator (“CIT Coordinator”). The CIT Coordinator will work to increase the effectiveness of CPD’s CIT Program, improve CPD’s responses to incidents involving individuals in crisis, and facilitate community engagement between CPD and crisis intervention-related stakeholders.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance (SIXTH REPORTING PERIOD)</i>
Secondary:	<i>Not in Compliance</i>
Full:	<i>Not Yet Assessed</i>

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with the requirements of ¶115. The IMT reviewed CPD policy S05-14 *Crisis Intervention Team (CIT) Program*, which adequately incorporates the requirements of ¶115.

Progress before the Eighth Reporting Period

We note that ¶115 requires the CPD to “designate” and “maintain a Certified CIT Officer, at the rank of Lieutenant or above, with the *sole* responsibility to act as a Crisis Intervention Team Program Coordinator” (emphasis added). In the fifth monitoring period, the designated CIT Coordinator was promoted to Deputy Chief overseeing the Education and Training Division. This resulted in the CIT Coordinator’s duties being significantly expanded.

During the fifth reporting period, the CPD onboarded a new CIT Coordinator with the sole responsibility of overseeing the CIT Program, as required by ¶115. The IMT reviewed the new CIT Coordinator’s credentials and believes he is sufficiently qualified to serve in this important role.

In the sixth reporting period, the CIT Coordinator’s important function of “sole” responsibility was included in the revised S05-14, which was also finalized during the sixth reporting period.

Progress in the Eighth Reporting Period

Paragraph 115 requires the CIT Coordinator to “work to increase the effectiveness of CPD’s CIT Program, improve CPD’s responses to incidents involving individuals in crisis, and facilitate community engagement between CPD and crisis intervention-related stakeholders.” The Crisis Intervention Unit’s dedicated staff have been cut in half but still have the same responsibilities, which are extensive. Consequently, the CIT Coordinator, as the program’s leader, is forced to maintain the program, rather than proactively lead it. This is unsustainable. In previous reporting periods, the CIT Coordinator had the Deputy Chief of Training (who was the former CIT Coordinator) to support the new CIT Coordinator and the overall Crisis Intervention program. That is no longer the case.

The CPD must demonstrate that it is prioritizing its CIT Program to maintain compliance. The IMT continues to receive community member concerns about the CPD’s lack of support for the CIT Program, including the CPD’s unacceptably low staffing allocations.

Moving forward, the IMT expects to see evidence of staffing increases in the Crisis Intervention Unit, which will help promote the ability of the CIT Coordinator to demonstrate proactive leadership. As indicated, ¶115 requires outcomes, including community engagement and demonstrating the CIT Program’s increasing effectiveness. Secondary compliance with ¶115 will require the CPD to produce such evidence. Because the Crisis Intervention Unit is significantly understaffed, the IMT is concerned that the CIT coordinator will not have the bandwidth to accomplish the responsibilities outlined in ¶115 or in the extensive job description.

Paragraph 115 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Not Applicable
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶116

116. *The CIT Coordinator will receive initial and refresher professional development training that is adequate in quality, quantity, type, frequency, and scope to prepare the CIT Coordinator to take on the role and responsibilities of the CIT Coordinator, in addition to the Basic CIT training.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SECOND REPORTING PERIOD)*
Secondary: *In Compliance (THIRD REPORTING PERIOD)*
Full: *Not in Compliance*

During the eighth monitoring period, the CPD maintained Preliminary and Secondary compliance with the requirements of ¶116.

To assess Preliminary compliance, the IMT reviewed the CPD’s policy S05-14 *Crisis Intervention Team (CIT) Program*, which adequately reflects the requirements of ¶116. Moreover, the CPD achieved Secondary compliance in the third reporting period because the previous CIT Program Coordinator had both adequate training and the requisite background to fulfill the role.

Progress before the Eighth Reporting Period

As noted previously in this report, the former CIT Program Coordinator had been promoted to Deputy Chief over the Training Division and was assuming multiple roles, which contradicts ¶115’s requirement that the CIT Program be the “sole responsibility” of the “designated” CIT Coordinator. In the fifth reporting period, the CPD onboarded a new CIT Coordinator, whose sole responsibility is the CIT Program.

The new coordinator also has adequate training and the requisite background to fulfill the CIT Coordinator role. The IMT has reviewed documentation indicating that the CIT Coordinator received the initial 40-hour Basic CIT Training in 2016 and CIT Refresher Training in 2021.

Progress in the Eighth Reporting Period

The City and the CPD maintained compliance during this reporting period but made limited progress toward Full compliance. The CIT Coordinator attended the Basic CIT training in 2016, seven years ago. The CPD should encourage and support the new coordinator in attending the Basic 40-hour course again. This would both

assist the coordinator with experiencing what officers are being taught in this class presently, as required under ¶115, and elevate the CIT Coordinator’s skills to be consistent with best practice.

The IMT remains concerned that the CIU is severely understaffed, thereby not allowing the CIT coordinator to complete the requirements of the role. See ¶ 115.

To achieve Full compliance, the CIT Program Coordinator must provide evidence that the requirements of ¶¶115–17 are being met, demonstrating the CIT Coordinator is effectively engaged in the roles and responsibilities outlined for this position.

Paragraph 116 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Preliminary	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Secondary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶117

117. *The responsibilities of the CIT Coordinator will include, at a minimum: a. developing and managing a uniform CIT Program strategy; b. researching and identifying best practices to incorporate into CPD response to individuals in crisis; c. reviewing and, when necessary to meet the requirements of this Agreement, enhancing the CIT training curricula; d. selecting and removing Certified CIT Officers from the CIT Program consistent with the requirements of this Agreement; e. overseeing crisis intervention-related data collection, analysis, and reporting; f. developing and implementing CPD’s portion of any Crisis Intervention Plan; g. supervising CIT Program staff; h. participating in the Advisory Committee; i. encouraging the public recognition of the efforts and successes of the CIT Program and individual Certified CIT Officers; and j. regularly communicating and interacting with relevant CPD command staff to recommend improvements to Department crisis intervention-related strategies, staffing and deployment, policies, procedures, and training.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance (THIRD REPORTING PERIOD)</i>
Secondary:	<i>Not in Compliance</i>
Full:	<i>Not Yet Assessed</i>

During the eighth monitoring period, the CPD maintained Preliminary compliance with ¶117.

Progress before the Eighth Reporting Period

As described throughout this Section, the CPD’s substantially revised S05-14 *Crisis Intervention Team (CIT) Program* subsumed content from the previously submitted SOPs and incorporated the requirements of this paragraph.

It is unclear whether there has been sufficient scope of training and coaching to “prepare the CIT Coordinator to take on the role and responsibilities of the CIT Coordinator.” See ¶116. Under ¶117, the CIT Coordinator’s roles and responsibilities are expansive, as outlined in both this paragraph and in policy.

The CIT Coordinator attended the Basic CIT training in 2016, seven years ago. The CPD should encourage and support the new coordinator attending the Basic 40-hour course again. This would both assist the coordinator with experiencing what

officers are being taught in this class, as required under ¶115, and elevate the CIT Coordinator’s skills so that they align with best practice.

The Crisis Intervention Unit’s dedicated staff has been cut in half, but still has the same responsibilities, which are extensive. Consequently, the CIT Coordinator, as the primary leader of the program, is forced to maintain the program, rather than proactively lead it. This is unsustainable.

Progress in the Eighth Reporting Period

There has been no substantive progress with these requirements this reporting period. The CPD must demonstrate that it is sufficiently prioritizing this program to maintain compliance. The IMT continues to also receive community member concerns about the CPD’s lack of support for the CIT Program, including unacceptably low staffing allocations.

To achieve Secondary compliance with ¶117, the CPD must develop training plans and operational guidance that addresses ¶117’s requirements. The CPD must also provide evidence of progress toward satisfying this paragraph’s requirements. While the CPD has produced documents demonstrating that the new CIT Coordinator is sufficiently qualified for the role, it has not demonstrated how it will operationalize ¶117’s requirements.

Paragraph 117 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶118

118. *By January 1, 2020, CPD will require that, after responding to an incident involving an individual in crisis, the assigned CPD officer completes a CIT Report, or any similar form of documentation CPD may implement. The CIT Report, or similar documentation, at a minimum, will include: a. the nature of the incident; b. the date, time, and location of the incident; c. the subject's age, gender, and race/ethnicity; d. whether the subject is or claims to be a military veteran, if known; e. the relationship to the subject, if any and if known, of the individual calling for service; f. whether the subject has had previous interactions with CPD, if known; g. whether the subject is observed or reported to be experiencing symptoms of a mental illness, intellectual or developmental disability, co-occurring condition such as a substance use disorder, or other crisis; h. the behaviors observed during the incident, including whether the subject used or displayed a weapon; i. the name(s) and star (i.e., badge) number(s) of the assigned CPD officer(s) and whether any of the assigned officers are Certified CIT Officers; j. the name(s) and star (i.e., badge) number(s) of any supervisor responding to the scene; k. the skills, techniques, or equipment used by the responding CPD officers; l. whether a reportable use of force was documented on a Tactical Response Reports ("TRR"), or whatever similar form of documentation CPD may implement, for the incident ; m. a narrative describing the CPD officer's interaction with the subject, when no other CPD report captures a narrative account of the incident; and n. the disposition of the incident, including whether the individual was transported to municipal or community services, transported to a hospital, subject to a voluntary or involuntary commitment, or arrested.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (THIRD REPORTING PERIOD)*
Secondary: *In Compliance (SEVENTH REPORTING PERIOD)*
Full: *Not Yet Assessed*

In the eighth reporting period, the CPD maintained Preliminary and Secondary compliance with the requirements of ¶118.

Progress during the Eighth Reporting Period

To assess Preliminary compliance with ¶118, the IMT reviewed the CPD's relevant policies incorporating ¶118's requirements. The CPD achieved Preliminary compliance in the third reporting period when ¶118's requirements were memorialized into S04-20 *Recognizing and Responding to Individuals in Crisis*, which clearly states that officers must complete a *CIT Report* when they determine that a call for service includes a mental-health component.

The IMT also reviewed the CPD's CIT eLearning addressing policy changes, including the requirement that officers complete a *CIT Report* for any mental health related call for service. Previously, this requirement had only been memorialized for CIT officers in certain situations (*e.g.*, when no other report was completed).

The CPD achieved Secondary compliance with ¶118 in the seventh reporting period by demonstrating that 95% of officers received and passed the CIT eLearning training course.

Progress during the Eighth Reporting Period

Our reviews and assessments during this reporting period emphasized several IMT concerns. This reporting period, the IMT learned through site visits and ride-alongs that there are challenges with completing the CIT report. For example, the CPD regularly receives service calls that are not easily categorized into whether or not they have a mental-health component. Despite this ambiguity, responding officers can only clear calls by checking a "yes" or "no" box regarding the mental health component, even when the call has no bearing on being a mental health call.

Moreover, on service calls involving a mental health component, officers must complete seven reports. This is challenging and extremely burdensome for officers. We encourage the CPD to identify a more efficient manner for collecting relevant data. Moreover, the CPD plans to implement a new Computer Aided Dispatch (CAD) and Record Management System (RMS) in 2023-2024, which is an opportunity for the CPD to implement these crucial improvements.

Paragraph 118 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶119

119. CPD will require that a supervisory member reviews and approves completed CIT Reports, or any similar form of documentation CPD may implement to document incidents involving an individual in crisis, before submitting them to the CIT Program.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance (FOURTH REPORTING PERIOD)</i>
Secondary:	<i>Not Yet Assessed</i>
Full:	<i>Not Yet Assessed</i>

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with ¶119. To achieve Preliminary compliance with ¶119, the City and the CPD developed and finalized policies that largely incorporated ¶119’s requirements.

Progress before the Eighth Reporting Period

The CPD’s policy S04-20, *Recognizing and Responding to Individuals in Crisis*, previously stated that supervisors will “review and *if appropriate*, approve the completed Crisis Intervention Team (CIT) Report submitted for their approval” (emphasis added). The IMT noted that ¶119 *requires* approval of the *CIT Report*, not just “if appropriate.” The CPD addressed this and included it in subsequent policy revisions, as well as incorporated the requirements into training.

The IMT also reviewed the CPD’s *CIT eLearning*, which addressed the IMT’s recommended policy changes, including policy changes resulting from ¶119. However, the IMT noted that the eLearning covers little information specific to supervisors, including how and when they are expected to conduct the reviews required by ¶119. In addition, the IMT reviewed the *Pre-Service Training for Sergeants and Lieutenants*. Unfortunately, it did not include any content about the Crisis Intervention Team Program, nor the requirements under ¶119. The IMT recommended that the CPD incorporate a module on the Crisis Intervention Unit and the Crisis Intervention Program to this supervisor pre-service training, which should include the responsibilities of field supervisors. The *40-hour Basic CIT* that is required for pre-service is not intended for this purpose and does not cover supervisor responsibilities. Secondary compliance will be achieved once both 95% of the eLearning is completed and supervisor responsibilities under the Crisis Intervention Team Program are fully integrated into appropriate training curricula.

The CPD finalized their *CIT eLearning* materials and *CIT In-Service Training* during the seventh reporting period. These trainings, which all CPD officers are required

to take, addressed the CPD’s Crisis Intervention Team Program and how to respond to individuals in crisis, although the CPD should consider adding more content specific to supervisor responsibilities. In the seventh reporting period, the CPD also demonstrated 95% completion of the CIT eLearning.

Progress during the Eighth Reporting Period

In the eighth reporting period, the CPD achieved and demonstrated 95% completion of the *CIT In-Service Training*, however, the IMT recommends that the CPD add more content specific to supervisor responsibilities. More importantly, no content related to the CIT program, nor supervisor-specific responsibilities, were included in the supervisor preservice training. The CPD should consider including how or when supervisors are expected to complete reviews of the CIT report, or other similar documents, under ¶119. Moreover, the IMT has not received evidence that supervisors are indeed reviewing and approving CIT reports.

During the eighth reporting period, the CPD maintained Preliminary compliance with ¶119. Secondary compliance was partially achieved this reporting period because the CPD demonstrated 95% of the CPD officers and supervisors have received and passed the *CIT eLearning* and annual *In-Service Training*. In order to achieve Secondary compliance with ¶119, the CPD must train supervisors on how and when to conduct the reviews of CIT Reports and similar documentation. The IMT recommends that the CPD add this information to the pre-service training for Sergeants and Lieutenants. Secondary compliance will be achieved once supervisor responsibilities under the Crisis Intervention Team Program are fully integrated into appropriate training curricula.

Paragraph 119 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Status Update	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶120

120. CPD will collect, analyze, and report data regarding the number and types of incidents involving individuals in crisis and responses of CPD officers to such events to assess staffing and deployment of Certified CIT Officers and department-wide responses to individuals in crisis. The CIT Program will review the data contained within the submitted CIT Reports, or any similar form of documentation CPD may implement, to evaluate the overall response and effectiveness by CPD officers and identify any district-level and department-wide trends regarding responses to incidents identified as involving individuals in crisis.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Not In Compliance*
Full: *Not Yet Assessed*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with but did not achieve Secondary compliance with ¶120. To assess Preliminary compliance, the IMT reviewed CPD policy S05-14 *Crisis Intervention Team (CIT) Program*, which adequately incorporates the requirements of ¶120. To assess Secondary compliance, we sought data detailing the CIT Program's review of relevant data, feedback, and recommendations.

Progress before the Eighth Reporting Period

The requirements of ¶120 were originally found in several directives and forms which, when viewed together, largely memorialized the CPD's responsibilities for collecting, analyzing, and reporting data. The CPD's SO20-05, *CIT Officer Implementation Plan*, submitted in the fourth reporting period, memorialized ¶120's requirements but was not finalized.

During the fifth reporting period, SO20-05 was subsumed into a substantially revised version of S05-14, *Crisis Intervention Team Program*, which also did not adequately incorporate ¶120's requirements.

In the sixth reporting period, the CPD produced a substantially revised version of S05-14 that addressed the IMT's outstanding comments, incorporating ¶120's requirements therein. This substantially revised version of S05-14 was finalized, and the City and the CPD achieved Preliminary compliance with ¶120.

Progress in the Eighth Reporting Period

While the CPD produced evidence that 95% of officers completed the CPD's *CIT eLearning*, Secondary compliance with ¶120 will require adequate methodologies for reviewing data related to the *CIT Officer Implementation Plan*, as well as data collected from the Crisis Intervention Report. The CPD must verify the *Crisis Intervention Report's* data, including its integrity, reliability, and comprehensiveness. Based on conversations with the CPD, we are aware that the previous Crisis Intervention Reports were rarely completed, especially given the number of crisis calls. The CPD must seek to ensure that officers are completing the updated CIT Report as required by policy. Additionally, the CIT Area DOCS teams will need to develop some form of useful documentation to capture the important district work they are doing to assist with the requirements of ¶120. Community member follow ups on crisis calls, community engagement, CIT report review, and hearing from CIT officers on what is or is not working well helps to inform data collection, analysis, and reporting on incidents involving individuals in crisis.

Lastly, ¶120 requires the CPD to collect, analyze, and report data regarding the number and types of incidents involving individuals in crisis and responses of CPD officers to such events to assess staffing and deployment of Certified CIT Officers and department-wide responses to individuals in crisis.

Paragraph 120 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Status Update	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶121

121. CPD will identify and assign a sufficient number of data analysts to collect and analyze data related to the CIT Program and CPD's response to incidents involving individuals in crisis.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FOURTH REPORTING PERIOD)*
Secondary: *Not In Compliance*
Full: *Not Yet Assessed*

In the eighth reporting period, the CPD maintained Preliminary compliance with but did not achieve Secondary compliance with the requirements of ¶121.

To achieve Preliminary compliance with ¶121, the CPD identified the number of data analysts that it believed was sufficient to address the CIT Program's data needs, consistent with ¶121's requirements. To assess Secondary compliance, the IMT sought to determine whether the City and the CPD have allocated sufficient resources to assign a sufficient number of data analysts to the CIT Program. The CPD memorialized ¶121's requirements into the substantially revised S05-14, Crisis Intervention Team (CIT) Program, which was finalized in the sixth reporting period thereby maintaining Preliminary compliance.

Progress before the Eighth Reporting Period

The CPD's designated data analyst, a crucial, centralized position, resigned in the fourth reporting period. The new data analyst was onboarded in the fifth reporting period. The CPD has only assigned one analyst to the Crisis Intervention Unit to collect, clean, and analyze data regarding the CIT Program and the CPD's response to incidents involving individuals in crisis.

In the fifth reporting period, the Crisis Intervention Unit implemented the requirement that officers complete the CIT report on all calls involving a mental health component. The data contained in this report will be instrumental to the overall CIT Program, and for the CIT data analyst. The frequency with which these reports are completed, and the extent to which the information contained in them is reliable is unclear.

Progress During the Eighth Reporting Period

At this time, the CPD has determined that one analyst is sufficient to satisfy ¶121's requirements. The IMT looks forward to meeting with the analyst at the next site visit to better understand data deficiencies, trends, and analysis. During the June

27, 2023, monthly meeting with the CPD, the analyst indicated that the CPD is working to improve its data reliability. Data is an ongoing challenge to the City and the CPD, evidenced in part by the absence of a *CIT Officer Implementation Plan* and the City’s *Crisis Intervention Plan* (required by ¶¶108, 122–23), a CIT public facing dashboard, analysis of CIT reports, changing officer designations (for example, “Designated CIT officer,” “Trained CIT officer,” and “Untrained officer”). These challenges make it difficult for the IMT to assess whether a single analyst is sufficient. Future compliance assessments will depend on the CPD finalizing the CIT dashboard, aligning the CIT officer designations with best practice, and integrating data from the unit and district levels. Based on the quality of this work, the CPD will then need to conduct ongoing assessments to determine if more analysts are necessary for Full compliance.

To achieve Secondary compliance, it is crucial that the analyst collect and robustly analyze data of responses to incidents involving individuals in crisis. This data should be both in writing and presented to the IMT so that the IMT can ask questions and assess the quality of data collection and analysis, as required under ¶121. Additionally, the *CIT Officer Implementation Plan* and the City’s *Crisis Intervention Plan* required under ¶¶122–23 have not been completed over the last several reporting periods. These reports contain important data, much of which would be the data analyst’s responsibility and required to assess Secondary compliance with ¶121.

Paragraph 121 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Status Update	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶122

122. *Within 365 days of the Effective Date, and on an annual basis thereafter, the City will publish a written Crisis Intervention Plan. The development of the Crisis Intervention Plan will be based on the regular review of aggregate data and a sample of incidents conducted by CPD and OEMC. The CIT Coordinator will consider quantitative crisis-intervention data, qualitative data on officers' and community members' perception of the effectiveness of the CIT Program, CPD member feedback regarding crisis intervention-related training, actual incident information, staffing and deployment analysis of available Certified CIT officers, research reflecting the latest in best practices for police responses to individuals in crisis, and any feedback and recommendations from the Advisory Committee. OEMC will consider the response to, identification of, and dispatch of calls for service involving individuals in crisis by OEMC tele-communicators, research reflecting the latest in best practices for tele-communicator responses to individuals in crisis, and any feedback and recommendations from the Advisory Committee.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Annual

Met

Missed

Preliminary: *Not in Compliance*

Secondary: *Not in Compliance*

Full: *Not in Compliance*

During the eighth monitoring period, the City did not achieve Preliminary compliance with the requirements of ¶122.

Paragraph 122 requires annual submission of the *Crisis Intervention Plan*, which is required to achieve Preliminary compliance. In addition, while the CPD incorporated its responsibilities of ¶122 into the substantially revised S05-14, *Crisis Intervention Team (CIT) Program*, the OEMC's responsibilities under ¶122 have not been embedded in policy.

Progress before the Eighth Reporting Period

In the fourth monitoring period, the IMT reviewed a draft version of the *Crisis Intervention Unit Special Order 20-03 (CIU SO 20-03)*, which clearly identified the steps necessary to complete the CPD's portion of the City's *Crisis Intervention Plan*.

In the fifth reporting period, the CPD's CIU SO 20-03 was subsumed under the substantially revised S05-14 *Crisis Intervention Team Program*, which memorialized many, but not all, of ¶122's requirements. The OEMC's responsibilities have not been memorialized. Moreover, the *Crisis Intervention Plan* must be submitted annually, but it has not been submitted since the third reporting period, which ended December 2020.

Despite these shortcomings, the City had been making strides in the scope of the *Crisis Intervention Plan's* evaluation, as well as the transparency of data included in the same. However, during the several reporting periods, the IMT has seen this progress lag, with CIU staffing levels being cut in half. We have not reviewed evidence supporting any further progress toward the City building an infrastructure to complete a *Crisis Intervention Plan*.

The IMT continues to be concerned regarding transparency and accuracy related to primary and secondary CIT officer responses, which affect response-ratio requirements, and whether the eligibility of Designated CIT officers is consistent with best practice. There are also deficiencies in officers hitting the "on scene" key, which makes it difficult to reliably assess when a CIT officer arrives on scene, whether that arrival is primary or secondary, and how long into the call the officer arrives. Moreover, the City's Crisis Assistance Response and Engagement (CARE) pilot program is ending its first two years in operation. The CARE pilot program is promising, but the City must provide accurate data on the pilot program so that it can be properly evaluated. Providing this accurate data will increase transparency and, by extension, public trust.

Progress in the Eighth Reporting Period

Both the CPD and the City have gone another reporting period without submitting a *CIT Officer Implementation Plan* or a *Crisis Intervention Plan*, as required by ¶¶108 and 122. While the IMT appreciates delaying these reports so that they can be supported by reliable data and a more robust strategy, the City and the CPD should focus on what actions it needs to take to produce these reports annually. Instead, as indicated throughout this report, the CPD and the City have cut the Crisis Intervention Unit's dedicated staff in half.

Community members continue to raise concerns regarding the OEMC's call-taking and dispatching process, particularly in relation to Black and Brown communities who experience a significant variance in time for dispatch and arrival on scene on priority calls. Because ¶122 specifically requires that "OEMC will consider the response to, identification of, and dispatch of calls for service involving individuals in crisis by OEMC tele-communicators, research reflecting the latest in best practices for tele-communicator responses to individuals in crisis, and any feedback and

recommendations from the Advisory Committee,” additional call-taker and dispatch data should be added to the monthly OEMC report so that dispatch delays compared to arrival on scene can be assessed.¹ The OEMC must also embed the requirements of ¶122 into policy, and improve their triage and dispatch protocols to more reliably utilize available alternate response, rather than law enforcement response, when appropriate (e.g., 988 or the CARE team).

The CPD must also determine how it will measure and define what is a “timely,” response, as required by ¶107. Because the majority of patrol vehicles are now equipped with GPS, the CPD and OEMC should be able to accurately account for arrival-on-scene data, rather than just the time at dispatch. Moving forward, the OEMC should account for the time at call intake, time of dispatch, and time of arrival on scene. The CPD and the OEMC must assess response ratios based on the new categorizations of “Designated CIT officer,” “Trained CIT officer,” and “Un-trained CIT officer.” The CPD’s and the OEMC’s ability to resolve these issues is crucial to effective and reliable data required in the Crisis Intervention Plan and Officer Implementation Plan and is also integral to an effective crisis response system.

Moreover, the City’s *Crisis Intervention Plan* must continue to include information and feedback from all stakeholders within the City’s crisis response system, including the CPD, the Chicago Council on Mental Health Equity, the Chicago Fire Department, the OEMC, and the Chicago Department of Public Health. In the last *Crisis Intervention Plan* the IMT reviewed in the third reporting period, each entity identified its accomplishments. Since that time, the Chicago Department of Public Health has launched its pilot CARE program, an important step toward reducing law enforcement response to individuals in crisis and promoting deflection and diversion as an overarching goal of the Crisis Intervention Section of the Consent Decree and also required under ¶¶126, 130, 131, and 134.

Additionally, effective July 2021, the Illinois General Assembly passed the Community-Law Enforcement and Other First Responder Partnership for Deflection and Substance Use Disorder Treatment Act, which authorizes “law enforcement and other first responders to develop and implement collaborative deflection programs in Illinois that offer immediate pathways to substance use treatment and other services as an alternative to traditional case processing and involvement in

¹ Compare Joe Mahr and Annie Sweeney, *Many 911 calls deserve an ‘immediate’ police response. But in thousands of cases, officers didn’t arrive for more than an hour*, CHICAGO TRIBUNE (January 1, 2023), <https://www.chicagotribune.com/news/criminal-justice/ct-chicago-police-dispatch-long-delays-20230101-y3ky5kq6rnfuhd6b3hrbj5lia4-story.html>.

the criminal justice system, and to unnecessary admission to emergency departments.”²

The CARE program is one such program that meets not only the spirit and intent of the Consent Decree, but also the requirements of the Act. The CARE program requires a collaborative approach to diversion and deflection, and the IMT looks forward to policy, training, and operational progress as this pilot program expands. Because these alternative response teams include CIT officers (CPD), emergency medical services (Chicago Fire Department), Clinician (Chicago Department of Public Health), and call-takers and dispatch (OEMC), the City, in collaboration with these entities, should finalize a CARE policy guiding the responsibilities of each entity. The IMT would also like to review relevant training curricula.

As previously indicated in this report, the CPD’s designated data analyst, a crucial position, resigned in the fourth reporting period. In the fifth reporting period, a new analyst was hired and onboarded. The data analysis required to meet ¶122 requires evidence that the analyst has the data needed to perform reliable, robust analysis. Paragraph 121 requires sufficient data analysts be assigned to the Crisis Intervention Unit.

The City has reportedly increased funding investment toward improving crisis intervention services to Chicagoans. For example, during the November 7th Chicago Council on Mental Health Equity meeting, the Director of the Chicago Department of Public Health’s Substance Use Disorder program³ reported that in 2019, the city’s mental health budget was \$12 million. This year, 2023, will reportedly be the highest budget, at \$89 million. The Chicago Department of Public Health reports that 60,000 people were served in 2022 from 11 neighborhoods. In 2023, the goal is to serve up to 75,000 in all 77 neighborhoods. These are admirable goals, and the IMT looks forward to progress updates.

Additionally, the IMT has reviewed the public dashboard identifying outcomes of the CARE pilot program.⁴ The dashboard states that there have been over 950 CARE 9-1-1 responses since September 2021, when the pilot began, and no uses for force or arrests. However, the dashboard does not indicate when arrests are made on scene by CPD officers who are not associated with the CARE team. Moreover, the dashboard also has a category measuring “no contact with individual in crisis,” which appears to account for the largest percent (32%) of CARE team responses. The CPD should view this data as an opportunity to assess the CARE

² See 5 ILCS 820 Community-Law Enforcement and Other First Responder Partnership for Deflection and Substance Use Disorder Treatment Act. www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3901&ChapterID=2.

³ https://www.chicago.gov/city/en/depts/cdph/provdrs/behavioral_health/svcs/substance-use-disorder.html.

⁴ www.chicago.gov/city/en/sites/public-safety-and-violence-reduction/home/CARE-Dashboard.html.

team’s operational efficiencies. It should also seek to answer why a third of CARE team responses result in “no contact.” The IMT cannot adequately evaluate whether this dashboard is reliable because the CPD has not provided the IMT with information on the CARE program’s policies and procedures.

It has also been reported that the City intends to open a stabilization housing center in 2023⁵ and continues to make progress on a sobering center.⁶ These would be useful to community crisis response efforts, and the IMT looks forward to receiving an update on this in the next reporting period.

The IMT appreciates the Chicago Council on Mental Health Equity’s robust work, which is voluntary and unpaid. There is exceptional professional and lived experience in the Chicago Council on Mental Health Equity, whose work is vital to the City’s response strategies. The City must make progress on the Chicago Council on Mental Health Equity’s new structure, which the City discussed with the Chicago Council on Mental Health Equity during the fifth reporting period. There has been no evidence of change or continued progress updates to the Chicago Council on Mental Health Equity, which are overdue. There continues to be confusion and frustration among some members of the Chicago Council on Mental Health Equity about their role, purpose, and function.

The IMT encourages more proactive communication with community members, the Chicago Council on Mental Health Equity, and the Coalition (*see* ¶1669) on all crisis intervention efforts. There are increasing community concerns regarding not only the stagnation, but regression, of the CIT and alternative response programs.

Finally, since the *Crisis Intervention Plan* is a City Requirement, which encompasses both the CPD and the OEMC, the IMT encouraged the City to address all requirements of ¶122 in policy. However, the OEMC has not embedded their responsibilities under ¶122 into policy. The City must fully incorporate the requirements of ¶122 into policy and timely submission of the *Crisis Intervention Plan*, as required under ¶122. Finally, because best practice for police response is a requirement of ¶122, the IMT looks forward to the CPD aligning the applicable eligibility criteria for Designated CIT officers with best practice.

⁵ <https://40thward.org/2023/05/stabilization-housing-pilot-community-meeting/>.

⁶ <https://www.chicago.gov/content/dam/city/sites/committeethebudget/2023/FY2023/Recovery%20Plan%202023.pdf>.

Paragraph 122 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶123

123. *The purpose of the Crisis Intervention Plan will be to evaluate the City’s identification of and response to incidents involving individuals in crisis and recommend any changes to staffing and deployment, policy, or training to ensure consistency with CPD and OEMC policy, this Agreement, and best practices. CPD will implement the Crisis Intervention Plan in accordance with the specified timeline for implementation. The Crisis Intervention Plan will: a. report the number, type, and outcome of incidents involving individuals in crisis, the number of Certified CIT Officers available and on duty in each district and on each watch, the percentage of calls for service involving individuals in crisis for which Certified CIT Officers were the first officers to respond to the scene for each watch in every district, and the response times for calls for service involving individuals in crisis for each watch in every district; b. evaluate the CIT Program’s compliance with the objectives and functions identified above; c. identify strategies to ensure that CPD has a sufficient number of Certified CIT Officers to meet its response ratio targets for calls for service involving individuals in crisis; d. describe any additional resources, including program staff or equipment, the CIT Program needs to perform its functions; e. identify safety issues and trends regarding interactions between individuals in crisis and officers; f. identify deficiencies and opportunities for improvement in identifying and dispatching calls for service involving individuals in crisis; g. recognize and highlight CIT Program and Certified CIT Officer successes, including successful individual officer performance; h. develop response strategies for repeat calls for service involving individuals who are frequently in crisis; i. recommend any changes to crisis intervention-related strategies, policies, and procedures; j. recommend any changes to CPD and OEMC trainings related to individuals in crisis, including any case studies and teaching scenarios; and k. include a timeline and plan for implementing recommended changes.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>Not in Compliance</i>
Secondary:	<i>Not in Compliance</i>
Full:	<i>Not in Compliance</i>

During the eighth monitoring period, the City did not achieve any level of compliance with the requirements of ¶123.

Paragraph 123 requires annual submission of the *Crisis Intervention Plan*. While the City incorporated the requirements of ¶123 into the substantially revised S05-14, *Crisis Intervention Team (CIT) Program*, the City's required submission of the *Crisis Intervention Plan* is also required to reach Preliminary compliance. Additionally, the OEMC has collaborative responsibilities under ¶123, but also is required under ¶123(f) to identify deficiencies and opportunities for improvement in identifying and dispatching calls for service involving individuals in crisis; and under ¶123 (j) to recommend any changes to the CPD and the OEMC trainings related to individuals in crisis, including any case studies and teaching scenarios. These responsibilities should be incorporated into OEMC policy.

Progress before the Eighth Reporting Period

The IMT reviewed a draft version of Crisis Intervention Unit Special Order SO20-03, *Crisis Intervention Team (CIT) Plan*, which clearly identified the steps necessary to complete the CPD's portion of the *Crisis Intervention Plan*.

In the fifth reporting period, the CPD's standard operating procedure SO20-03 was subsumed under the substantially revised S05-14, *Crisis Intervention Plan*, which memorialized many requirements of ¶123. However, key requirements were missing. During this reporting period, the CPD included all requirements of ¶123 in the updated S05-14, *Crisis Intervention Plan*, which is presently under review.

Moreover, the *Crisis Intervention Plan* must be submitted annually, but it has not been submitted since the third reporting period, which ended December 2020.

The IMT has seen no evidence of further progress toward building an infrastructure necessary to complete the *Crisis Intervention Plan*. Rather, as discussed throughout this report, the CPD's CIU staff has been cut in half over the past several reporting periods.

The IMT continues to be concerned regarding transparency and accuracy related to primary and secondary CIT-officer response, which affects response-ratio requirements. There are also deficiencies in officers hitting the "on scene" key, which makes it difficult to reliably assess when a CIT officer arrives on scene, whether that arrival is primary or secondary, and how long into the call arrival occurs. Public trust relies on transparency, and the IMT expects the City and the CPD to facilitate this transparency in future iterations of the *Crisis Intervention Plan* despite the City and the CPD's ongoing staffing shortages.

Progress in the Eighth Reporting Period

Both the CPD and the City have gone another reporting period without submitting a *CIT Officer Implementation Plan* or a *Crisis Intervention Plan*, as required by ¶¶108 and 122. While the IMT appreciates delaying these reports so that they can be supported by reliable data and a more robust strategy, the CPD should focus on what actions it needs to take to produce these reports annually. Instead, as indicated throughout this report, the CPD and the City have cut the Crisis Intervention Unit's dedicated staff in half.

Moreover, the City's *Crisis Intervention Plan* must continue to include information and feedback from all stakeholders within the City's crisis response system, including the CPD, the Chicago Council on Mental Health Equity, the Chicago Fire Department, the OEMC, and the Chicago Department of Public Health. In the last received *Crisis Intervention Plan* back in the third reporting period, each entity identified its accomplishments. Since that time, the Chicago Department of Public Health has launched its pilot CARE program, an important step toward reducing law enforcement response to individuals in crisis and promoting deflection and diversion as an overarching goal of the Crisis Intervention Section of the Consent Decree and also required under ¶¶126, 130, 131, and 134.

Additionally, effective July 2021, the Illinois General Assembly passed the Community-Law Enforcement and Other First Responder Partnership for Deflection and Substance Use Disorder Treatment Act, which authorizes "law enforcement and other first responders to develop and implement collaborative deflection programs in Illinois that offer immediate pathways to substance use treatment and other services as an alternative to traditional case processing and involvement in the criminal justice system, and to unnecessary admission to emergency departments."⁷

The CARE program is one such program that meets not only the spirit and intent of the Consent Decree, but also the requirements of the Act. The CARE program requires a collaborative approach to diversion and deflection, and the IMT looks forward to policy, training, and operational progress as this pilot program expands. Because these alternative response teams include CIT officers (CPD), emergency medical services (Chicago Fire Department), clinician (Chicago Department of Public Health), and call-takers and dispatch (OEMC), the City, in collaboration with these entities, should finalize a CARE policy guiding the responsibilities of each entity. Training curricula should also be submitted for the IMT's review.

⁷ See 5 ILCS 820 Community-Law Enforcement and Other First Responder Partnership for Deflection and Substance Use Disorder Treatment Act. <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3901&ChapterID=2>.

The IMT appreciates the Chicago Council on Mental Health Equity’s robust work, which is voluntary and unpaid. There is exceptional professional and lived experience in the Chicago Council on Mental Health Equity, whose work is vital to the City’s response strategies. The City must make progress on the Chicago Council on Mental Health Equity’s new structure, which the City discussed with the Chicago Council on Mental Health Equity during the fifth reporting period. There has been no evidence of continued progress to the Chicago Council on Mental Health Equity, which are overdue. There continues to be confusion and frustration among some members of the Chicago Council on Mental Health Equity about their role, purpose, and function.

The IMT encourages more proactive communication with community members, the Chicago Council on Mental Health Equity, and the Coalition on all crisis intervention efforts. There are increasing community concerns regarding not only the stagnation, but regression, of the CIT and alternative response programs.

Finally, since the *Crisis Intervention Plan* is a City Requirement, which encompasses both the CPD and the OEMC, the IMT encouraged the City to address all requirements of ¶122-123 in policy, including the OEMC’s responsibilities. The CPD’s S05-14, *Crisis Intervention Team (CIT) Program*, included the OEMC’s responsibilities, which is a good initial effort at increasing communication between the CPD and the OEMC. However, the OEMC must memorialize requirements of ¶122-123 into their policies. Additionally, the CARE program is not included in policy, nor are any requirements of the Chicago Fire Department.

The IMT looks forward to reviewing a *Crisis Intervention Plan* in the near future and we continue to seek additional information about the CARE program and how it supports the City’s crisis intervention plans and goals. Future levels of compliance will hinge on reliable and transparent data and timely submission of the report as required under ¶123.

Paragraph 123 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Status Update	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶124

124. *The data included in the Crisis Intervention Plan will not include any personal identifying information.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Not In Compliance*
Full: *Not Yet Assessed*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with ¶124.

Progress before the Eighth Reporting Period

During the fourth monitoring period, the CPD provided the IMT with SO20-03, *Crisis Intervention Plan*, which included ¶124's requirements but was never finalized.

In the fifth monitoring period, SO20-03 was subsumed under a substantially revised SO5-14, *Crisis Intervention Team (CIT) Program*, which did not memorialize ¶124's requirements.

In the sixth reporting period, the City and the CPD achieved Preliminary compliance when ¶124's requirements were incorporated into a revised SO5-14, *Crisis Intervention Team (CIT) Program*.

Progress in the Eighth Reporting Period

There has been no discernible progress toward ¶124 this reporting period. We await the City's next *Crisis Intervention Plan*. Upon finalizing the *Crisis Intervention Plan*, we anticipate the City and the CPD will achieve Secondary and Full compliance with this paragraph.

Paragraph 124 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶125

125. *The CIT Coordinator will have CPD’s portion of the Crisis Intervention Plan reviewed and approved by the Chief of the Bureau of Patrol within 60 days of the plan’s completion.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SIXTH REPORTING PERIOD)*
Secondary: *Not In Compliance*
Full: *Not In Compliance*

In the eighth reporting period, the City and the CPD maintained Preliminary compliance with ¶125.

To achieve Preliminary compliance with ¶125, the IMT assessed the City’s and the CPD’s data collection, tracking, analysis, and management, as required under the Consent Decree. The IMT also reviewed the *Crisis Intervention Team (CIT) Program* policy (S05-14), which the CPD finalized in the sixth monitoring period.

Progress before the Eighth Reporting Period

In previous reporting periods, the IMT reviewed a draft version of Crisis Intervention Unit Special Order SO20-03, *Crisis Intervention Plan*, which clearly stated the requirement for the CPD’s portion of the *Crisis Intervention Plan* to be reviewed and approved by the Chief of the Bureau of Patrol.

In the sixth reporting period, the CPD standard operating procedure SO20-03 was subsumed under the substantially revised S05-14. The requirements of ¶125 were memorialized into S05-14. In the sixth monitoring period, the City and CPD met Preliminary compliance with ¶125 by finalizing and implementing S05-14.

Progress in the Eighth Reporting Period

There has been no progress toward ¶125 this reporting period. We await the City’s next *Crisis Intervention Plan*. Secondary and Full compliance will depend on continuous evidence that the CPD’s portion of the *Crisis Intervention Plan* was indeed reviewed and approved by the Executive Director of the CPD’s Office of Constitutional Policing and Reform. The City and the CPD must make strides to produce the *Crisis Intervention Plan*, which has not been completed since the third reporting period.

Paragraph 125 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Status Update	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶126

126. *Consistent with the requirements set forth in the Training section of this Agreement, all officers will receive in-service training, every three years, regarding responding to individuals in crisis that is adequate in quality, quantity, and scope for officers to demonstrate competence in the subject matter. This in-service training will include, but not be limited to, the following topics: a. a history of the mental health system; b. how to recognize and respond to individuals in crisis, including, but not limited to, identifying types of mental health conditions, signs and symptoms of mental health conditions, common treatments and medications, and common characteristics, behaviors, or conduct associated with individuals in crisis; c. the potential interactions officers may have on a regular basis with individuals in crisis, their families, and service providers, including steps to ensure effective communication and avoid escalating an interaction with an individual in crisis; d. techniques to safely de-escalate a potential crisis situation; e. the circumstances in which a Certified CIT Officer should be dispatched or consulted; and f. local resources that are available to provide treatment, services, or support for individuals in crisis, including available pre- and post-arrest diversion programs, and when and how to draw upon those resources.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FIFTH REPORTING PERIOD)*
Secondary: *In Compliance (NEW)*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance and achieved Secondary compliance with the requirements of ¶126.

The City and the CPD achieved Preliminary compliance because S11-10-03 *In-Service Training*, which incorporated ¶126’s requirements, was finalized in the fifth reporting period.

Moreover, the CPD produced a substantially revised S05-14, *Crisis Intervention Team (CIT) Program* in the fifth reporting period, but that directive, in relevant part, only stated that the Crisis Intervention Team Training Section will “provid[e] expertise and support to the Training Division with in-service . . . training.” This did not sufficiently identify the “quantity, quality, and scope” of training that all officers will receive, including the topics identified in ¶126. However, the topics

identified in ¶126 were captured under S11-10-03. The CPD may want to also consider fully including ¶126’s requirements into S05-14. Incorporating the requirements into S05-14 will help the City and the CPD maintain Preliminary compliance with ¶126 even if significant changes occur in the Training section of the Consent Decree.

During this reporting period, the CPD achieved Secondary compliance with ¶126. To achieve Secondary compliance, the CPD produced evidence that 95% of all the CPD’s members received training through the 8-hour *Crisis Intervention Team* training provided in the *2022 Annual In-service Training*. The Crisis Intervention Unit is not involved in this training but should be. It is unclear to the IMT why a topic designated to crisis intervention is not being taught by the Crisis Intervention Team’s Training Section. The Crisis Intervention Team’s Training Section remains deeply understaffed, and this must change.

While the CPD produced this reporting period evidence that 95% of all officers completed the 8-hour Annual In-Service training, the CPD did not produce officer evaluations of the training, which are necessary to assess the CPD’s compliance under ¶126, nor did the CPD produce outcome metrics that it will use to assess the effectiveness of the training. The CPD must produce these materials in the next reporting period in order to maintain Secondary compliance with ¶126.

To evaluate Full compliance, the IMT will assess future levels of compliance by reviewing training records that indicate 95% of all officers receive training every three years, as required by ¶126, officer evaluations of the training, and the outcome metrics the CPD will develop to assess the effectiveness of the training so that adjustments can be made to the training, which is informed by department outcomes. Additionally, the CPD should consider consulting with the Chicago Council on Mental Health Equity on this training. The IMT recommends that the Chicago Council on Mental Health Equity observe this training and, where appropriate, provide community and lived-experience feedback. See ¶130.

Paragraph 126 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Not Applicable
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Not Applicable	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶127

127. *All new recruits will receive training that is adequate in quantity, quality, and scope regarding responding to individuals in crisis. It will include, but not be limited to, training on the subjects identified above.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FIFTH REPORTING PERIOD)*
Secondary: *Not In Compliance*
Full: *Not Yet Assessed*

During the eighth monitoring period, the City and the CPD maintained Preliminary compliance with the requirements of ¶127. The CPD achieved Preliminary compliance with ¶127 by developing and finalizing its policy S011-10-01, *Recruit Training*, which incorporates ¶127’s requirements.

Progress before the Eighth Reporting Period

In the fourth reporting period, the IMT reviewed recruit training curricula related to responding to individuals in crisis. Overall, the content of the training was well done, but there was still room for improvement. For example, the IMT recommended that the recruit training’s scenario-based training emphasize scenarios that end in de-escalation without the use of force, which is how most service calls conclude.

During the fifth monitoring period, the IMT reviewed a draft version of S11-10-01, *Recruit Training*, which clearly memorialized ¶127’s requirements.

Moreover, the CPD produced a substantially revised S05-14, *Crisis Intervention Team (CIT) Program* in the fifth reporting period. That directive, in relevant part, only stated that the Crisis Intervention Team Training Section will “provid[e] expertise and support to the Training Division with recruit...training.” This did not sufficiently identify the “quantity, quality, and scope” of training recruits will receive, including the training topics required by ¶126. During the sixth reporting period the CPD fully incorporated the requirements of ¶127 into S05-14 *Crisis Intervention Team (CIT) Program*.

In the seventh reporting period, the City produced training curricula designed to meet the requirements of ¶127. The IMT appreciates the CPD’s work on these training materials, which are thorough, well done, and largely satisfy the objectives of ¶127. These training materials also do a nice job of covering de-escalation strategies. However, ¶126 sets forth the training topics that must be covered to meet

the objectives of ¶127. The training did not cover the required topics (1) “identifying types of mental-health conditions, common signs and symptoms of mental health conditions, common treatments and medications, and common characteristics, behaviors, or conduct associated with individuals in crisis” and (2) “the circumstances in which a Certified CIT Officer should be dispatched or consulted” of ¶126. The CPD has developed these topics in the CIT Basic training and other CPD trainings, which could be repurposed for recruit training to meet compliance requirements under ¶¶126–27.

Progress in the Eighth Reporting Period

The IMT observed three of the eight hours of CIT Recruit training during our site visit this reporting period and found it was very well done, was led by an instructor with robust knowledge on the topic who was previously assigned to the CIT DOCS team. IMT encourages the CPD to engage trainers with this kind of context and experiential knowledge. The recruit class was not only engaged, but also asked good questions and expressed interest in the CIT Program.

The CPD informed the IMT that there are two additional recruit trainings—*Mental Health Awareness and Response* and *Neurobiology of Trauma and PTSD*—that cover the remaining topics required under ¶126. The IMT looks forward to reviewing the curricula and observing these trainings to assess Secondary compliance.

Moreover, the CPD should consider consulting with the Chicago Council on Mental Health Equity for the three trainings the academy has identified that, together, meet the requirements under ¶¶126-127. The IMT recommends that the Chicago Council on Mental Health Equity observe these trainings and, where appropriate, provide community and lived-experience feedback. See ¶130.

Future compliance will hinge on demonstrating that the trainings include all requirements of ¶¶126-127 and has been delivered to a minimum of one recruit academy cohort and that recruit feedback is incorporated into future training material.

Last, the IMT will also assess the CPD’s outcome metrics, which will be used by the CPD to evaluate the effectiveness of the training.

Paragraph 127 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶128

128. *The City will have a crisis intervention response advisory committee (“Advisory Committee”) with subject matter expertise and experience that will assist in identifying problems and developing solutions and interventions designed to improve outcomes for individuals in crisis who require City services. The Parties acknowledge that the City has formed the City-wide Mental Health Steering Committee and that the City may draw upon those resources to satisfy the requirements of this Agreement.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance</i> (SECOND REPORTING PERIOD)
Secondary:	<i>Not In Compliance</i>
Full:	<i>Not Yet Assessed</i>

In the eighth monitoring period, the City maintained Preliminary compliance with but did not reach Secondary compliance with ¶128.

To achieve Preliminary compliance with ¶128, the IMT assessed whether the City has qualified personnel fulfilling the responsibilities to achieve the goals of the Consent Decree. Specifically, the IMT examined whether the City has created the requisite Advisory Committee with appropriate expertise and experience. The City created the requisite Advisory Committee, known as the Chicago Council on Mental Health Equity (CCMHE). The IMT also assessed the City on resource allocation, staffing capacity, efforts to fill any vacant positions and improved processes designed to build trust, improve transparency, and seek greater consensus building. Going forward, further levels of compliance will depend on substantive reviews by the CCMHE on data, policies, training, community engagement, and operational practices that help to inform the “identification of problems and developing solutions and interventions designed to improve outcomes for individuals in crisis.”

Progress before the Eighth Reporting Period

The Advisory Committee that is responsive to the requirements of ¶128 has evolved from the Crisis Intervention Advisory Committee (CIAC) into the Chicago Council on Mental Health Equity (CCMHE).⁸

⁸ The Crisis Intervention Advisory Committee narrowly focused on police responses, whereas the Chicago Council on Mental Health Equity expanded its mission to include the City’s broader crisis response systems. The Chicago Council on Mental Health Equity is largely composed of representatives from the Crisis Intervention Advisory Committee, and therefore the Chicago Council on Mental Health Equity members’ qualifications support their function.

The IMT has had ongoing concerns with the City's oversight of the CCMHE, including the following: lack of bylaws, despite three years under Consent Decree; an inadequate feedback loop to the CCMHE regarding the outcome of its proposed policy revisions; insufficient involvement of persons with lived experience; insufficient CCMHE involvement in training observation and feedback; lack of clarity on the role and function of the CCMHE's members; the need for additional staff resources so that this voluntary, unpaid committee can progress in its work; insufficient community engagement through the Open Meetings Act; meetings often feeling reactive, as opposed to a proactive use of time and resources; and the inadequate sharing of materials to be reviewed and discussed in quarterly meetings in advance of meetings to permit review and formulation of questions and comments.

During the fifth and sixth monitoring periods, the City took important steps toward the requirements of ¶¶128 and 137 by inviting the CCMHE to review and submit feedback on twelve Crisis Intervention standard operating procedures (S04-20; S04-20-02; S04-20-03; S04-20-04; S04-20-05; S05-14; S.O. 20-01; S.O. 20-02; S.O. 20-03; S.O. 20-04; S.O. 21-01; S.O. 21-02). This was an important step for inclusion of feedback, making the process more transparent, providing the time necessary for productive review, and giving participants a voice.

The CPD significantly improved their process of reviewing the CCMHE's comments and reporting back to which comments were and were not incorporated. However, improvements need to continue to be made to explain why certain CCMHE feedback was not incorporated, as required by ¶¶130 and 131. The City and the CPD must continue to build trust by listening and responding to legitimate concerns and continuing to improve the process. The IMT appreciates the City's and the CPD's more robust approach to policy review by the CCMHE and looks forward to this continuing to improve.

In response to consistent concerns by members of the CCMHE about their role and function, including declining participation to the point that a quorum has been difficult to achieve in the last few quarterly meetings, the co-chairs engaged in a meaningful dialogue in the fifth reporting period about a possible restructuring of the Committee to address these concerns. While the IMT appreciates these important efforts and the conversation elicited good discussion with the Chicago Council on Mental Health Equity, we have seen little progress since then.

During the seventh reporting period, the City sought the Chicago Council on Mental Health Equity's feedback on the group's draft bylaws, and members expressed concern regarding these bylaws. Ultimately, the City was unable to achieve the necessary quorum to vote on the bylaws.

The City also invited Chicago Council on Mental Health Equity members to attend relevant training and provide feedback. While this is an important step, the City

must increase efforts toward better attendance and feedback by Chicago Council on Mental Health Equity members. This experiential observation and feedback create transparency and invite ongoing improvements. The City should continue to prioritize and cultivate attendance at CPD and OEMC training sessions, even if it means implementing more proactive requests, such as developing a training observation subgroup, invitation to persons with lived experience, members of an organization in an advocacy role, as well as other broad invitations. Additionally, prioritizing interagency participation in these trainings (for example, the Chicago Fire Department, the OEMC, and the CPD) would be useful, increasing communication between these agencies.

Important to the requirements of ¶128, the CCMHE must have access to relevant policies, operational practices, and data for the OEMC, the CPD, the Chicago Fire Department, among other entities. In the seventh reporting period, the City introduced the CCMHE to some of the relevant OEMC policies, as well as a presentation and overview of the pilot Crisis Assistance Response and Engagement (CARE) program. The IMT appreciates this helpful communication and expects this increased communication and access to continue.

Progress in the Eighth Reporting Period

Several important changes occurred this reporting period that will affect future CCMHE meetings. First, this group was formed by the Mayor's Office, and a new mayor was elected this reporting period and sworn into office on May 13, 2023. Second, Illinois' COVID-19 disaster proclamation, which allowed the Chicago Council on Mental Health Equity to convene virtually, ended, requiring the Chicago Council on Mental Health Equity to resume meeting in person. As a result, the April 25, 2023, quarterly meeting was cancelled to address the coordination of transferring back to in-person meetings. Third, one of the Chicago Council on Mental Health Equity co-chairs transitioned out of her role, and. Her replacement has not yet been announced.

The IMT met with the co-chairs and relevant City personnel during our site visit this reporting period. We had a productive conversation about the inherent challenges that the CCMHE faces, and we discussed the group's identified priorities. Notably, three reporting periods have now passed without the Chicago Council on Mental Health Equity restructuring its operating structure, which was first discussed in the fifth reporting period. The Chicago Council on Mental Health Equity's structure must be formalized so the group can resume its important work.

Further, as discussed in previous reports, the manner in which the City and the CPD solicit community input in light of the Open Meetings Act should be revised to promote active community engagement. For example, the City requires community members to submit comments 24 hours before the meetings begin, which

may serve to deter community participation. In the last four reporting periods, no community-member comments have been submitted to the City through this required process. This is deeply problematic. Additionally, the City often fails to share in advance those documents and PowerPoint presentations it intends to discuss at the quarterly meetings. This makes it difficult for both CCMHE members and the public to prepare for the meeting with questions or comments. Rather, the documents and presentations are more likely to be shared *after* the meeting, and often at the request of a CCMHE member.

During this reporting period, the City reached a quorum and voted on the CCMHE's bylaws. While this is a step forward, the bylaws contain restrictive language regarding community members' opportunities to ask questions or give feedback. Community members have voiced strong public feedback on mental health initiatives globally. The CCMHE should consider whether too many barriers exist in the group's feedback system with the community.

The IMT's review of the draft bylaws also prompted concerns related to (a) how the City intends to document whether a quorum was present and (b) the CCMHE's scope and nature. The IMT recommended to the City that the CCMHE's meeting minutes reflect whether there was a quorum. (See Section V.A.4.b). Paragraph 128 requires that the CCMHE "will assist in identifying problems and developing solutions and interventions designed to improve outcomes for individuals in crisis who require City services" (§128). However, the bylaws state that the Chicago Council on Mental Health Equity is "the City's main advisory committee related to mental health and behavioral health policy making and planning." The IMT recommends that the CCMHE's scope, as required by §128, be reflected in the bylaws. We also recommend that the City consider whether City employees should have voting power in the CCMHE.

In the eighth monitoring period, the City maintained Preliminary compliance with §128. The City reached a quorum to have the CCMHE's bylaws passed and implemented, which is a significant step toward formalizing the structure of this important body. However, to achieve Secondary compliance with §128, the CCMHE should revise its operating structure and should resume its meetings. The CCMHE's progress will continue to stall until the City develops its new structure, and that structure must continue to focus on the group's mission and goal. The community's involvement must also improve. The City should remove barriers to community participation that presently exist, and the City should share meeting materials with the public in advance of the meetings. Moving forward, further levels of compliance will depend on substantive reviews by the CCMHE on data, policies, training, community engagement, and operational practices informing recommendations regarding the City's responses to people in crisis.

Paragraph 128 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Preliminary	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶129

129. The Advisory Committee, at a minimum, will meet quarterly to review and recommend improvements to the City’s overall response to individuals in crisis, with consideration to areas such as coordinated crisis response; data collection and evaluation; community engagement and awareness; service outreach and prevention; and the CIT Program.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Quarterly



Met



Missed

Preliminary: *In Compliance (SECOND REPORTING PERIOD)*

Secondary: *Not in Compliance*

Full: *Not Yet Assessed*

In the eighth monitoring period, the City maintained Preliminary compliance with the requirements of ¶129 but did not convene the required quarterly meetings of the Chicago Council on Mental Health Equity. A meeting was held on Feb 27, 2023. The meeting scheduled for May 22, 2023, was cancelled.

Progress before the Eighth Reporting Period

To achieve Preliminary compliance with ¶129, the IMT assessed the City’s level of data collection, tracking, analysis, and management. Specifically, the IMT examined whether the City created the requisite Advisory Committee with appropriate expertise and experience, and whether the CCMHE meetings are occurring at least quarterly. Going forward, further levels of compliance will depend on substantive reviews by the CCMHE on data, policies, training, community engagement, and operational practices informing recommendations on overall response to people in crisis.

The IMT has had ongoing concerns with the City’s oversight of the Chicago Council on Mental Health Equity, including the following: lack of bylaws, despite three years under Consent Decree; an inadequate feedback loop to the Chicago Council on Mental Health Equity regarding the outcome of its proposed policy revisions; insufficient involvement of persons with lived experience; insufficient Chicago Council on Mental Health Equity involvement in training observation and feedback; lack of clarity on the role and function of the Chicago Council on Mental Health Equity’s members; the need for additional staff resources so that this voluntary, unpaid committee can progress in their work; insufficient community engagement through the Open Meetings Act; meetings often feeling reactive, as opposed to a proactive use of time and resources; and the inadequate sharing of

materials to be reviewed and discussed in quarterly meetings in advance of meetings to permit review and formulation of questions and comments.

During the fourth and fifth monitoring periods, the City took important steps toward the requirements of ¶¶129 and 137 by inviting the Chicago Council on Mental Health Equity to review and submit feedback on twelve Crisis Intervention standard operating procedures.

During the seventh reporting period, the City invited Chicago Council on Mental Health Equity members to attend relevant training and provide feedback. While this is an important step, the City must increase efforts toward better attendance and feedback CCMHE members.

Important to the requirements of ¶¶128–29, the Chicago Council on Mental Health Equity must have access to relevant policies, operational practices, and data for the OEMC, the CPD, the Chicago Fire Department, among other entities. In the seventh reporting period, the City introduced the CCMHE to some of the relevant OEMC policies, as well as a presentation and overview of the pilot Crisis Assistance Response and Engagement (CARE) program. The IMT appreciates this helpful communication and expects this increased communication and access to continue. The IMT hopes to see the dynamic between the City and the CCMHE evolve from the City merely reporting to the group, as it does now, to the two entities working collaboratively together.

Progress in the Eighth Reporting Period

The IMT met with the co-chairs and relevant City personnel during our site visit this reporting period. We had a productive conversation about the inherent challenges that the CCMHE faces, and we discussed the group's identified priorities. Notably, three reporting periods have now passed without the Chicago Council on Mental Health Equity restructuring its operating structure, which was first discussed in the fifth reporting period. The Chicago Council on Mental Health Equity's structure must be formalized so the group can resume its important work. In light of the promising collaboration, the IMT recommends that the Chicago Council on Mental Health Equity's scope, as required by Consent Decree, be reflected in the bylaws. We also recommend that the City consider whether City employees should have voting power in the Chicago Council on Mental Health Equity.

In the eighth monitoring period, the City maintained Preliminary compliance with ¶129. The City reached a quorum to have the Chicago Council on Mental Health Equity's bylaws passed and implemented, which is a significant step toward formalizing the structure of this important body. However, to achieve Secondary compliance with ¶129, the Chicago Council on Mental Health Equity should revise its operating structure and should resume its meetings.

Paragraph 129 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Preliminary	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶130

130. *The City will request that the Advisory Committee provide guidance on crisis response-related policies, procedures, and training of City agencies, including CPD and OEMC, and assist the City in developing and expanding current strategies for responding to individuals in crisis, including reducing the need for police-involved responses to individuals in crisis and developing municipal and community resources, such as pre- and post-arrest diversion resources and alternative response options (like drop-off centers, mobile crisis teams, a central nonemergency crisis line). The City will further request that in providing the guidance detailed above the Advisory Committee will consider specific strategies for responding to children and youth when they experience a behavioral or mental health crisis.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SECOND REPORTING PERIOD)*
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City maintained Preliminary compliance with the requirements of ¶130.

To achieve Preliminary compliance with ¶130, the IMT assessed the City’s level of data collection, tracking, analysis, and management. Specifically, the IMT examined whether the City created the requisite Advisory Committee (*i.e.*, the Chicago Council on Mental Health Equity) with appropriate expertise and experience, and whether the Chicago Council on Mental Health Equity meetings are occurring at least quarterly. Going forward, further levels of compliance will depend on substantive reviews by the Chicago Council on Mental Health Equity on data, policies, training, community engagement, and operational practices informing recommendations on the overall response to individuals in crisis. A critical component of compliance with ¶130, which the IMT will assess, is the Chicago Council on Mental Health Equity’s engagement with the OEMC, the CPD, and other crisis-related policies, procedures, and training.

Progress before the Eighth Reporting Period

The IMT has had ongoing concerns with the City’s oversight of the Chicago Council on Mental Health Equity, including those issues identified below.

The IMT’s ongoing concerns regarding the City and the Chicago Council on Mental Health Equity (CCMHE)	
Significant delay in developing by-laws	Insufficient CCMHE involvement in training observation and feedback
Inadequate feedback loop from the CPD and the OEMC to the CCMHE regarding the outcome of the CCMHE’s CPD’s proposed policy revisions	Lack of clarity on the role and function of the CCMHE’s members
Insufficient involvement of persons with lived experience	Insufficient community engagement through the Open Meetings Act
Meetings lack proactive approach consistent with efficient use of time and resources	Inadequate advanced sharing of materials to be reviewed and discussed in quarterly meetings

During the fourth and fifth monitoring periods, the City took important steps toward the requirements of ¶¶130 and 137 by inviting the Chicago Council on Mental Health Equity to review and submit feedback on twelve Crisis Intervention standard operating procedures.

In the seventh reporting period, the City invited CCMHE members to attend relevant training and to provide feedback. While this is an important step, the City must increase efforts toward better attendance and feedback by CCMHE members. This experiential observation and feedback create transparency and invite ongoing improvements.

Important to the requirements of ¶¶128–30, the Chicago Council on Mental Health Equity must have access to relevant polices, operational practices, and data for the OEMC, the CPD, and the Chicago Fire Department, among other entities. In the seventh reporting period, the City introduced the CCMHE to some of the relevant OEMC policies, as well as a presentation and overview of the pilot Crisis Assistance Response and Engagement (CARE) program. The IMT appreciates this helpful communication and expects this increased communication and access to continue.

Progress in the Eighth Reporting Period

In the eighth monitoring period, the City maintained Preliminary compliance with ¶130. The City reached a quorum to have the CCMHE’s bylaws passed and implemented, which is a significant step toward formalizing the structure of this

important body. However, to achieve Secondary compliance with ¶130, the CCMHE should revise its operating structure and should resume its meetings.

Paragraph 130 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Preliminary	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶131

131. *Within 365 days of the Effective Date, the City will request that the Advisory Committee identify and evaluate in writing any opportunities to develop or enhance crisis response-related policies, procedures, and training of City agencies, including CPD, OEMC, and the Chicago Fire Department, and increase municipal and community resources and alternative response options, including rapid-access clinics, drop-off centers, mobile crisis teams, a central non-emergency crisis line, other pre- and post-arrest diversion efforts, and strategies targeted at children and youth. The City will also request that the Advisory Committee identify and evaluate the steps necessary to develop non-criminal justice responses to individuals in crisis, including, but not limited to, a behavioral health unit to provide alternative non-criminal justice responses to individuals in crisis. In evaluating potential community resources and strategies, the Advisory Committee will identify challenges and opportunities for improvement, if any, and make recommendations. The City will address the feedback and recommendations identified by the Advisory Committee, including identifying recommendations that it will adopt, and the plan for implementation, in the Crisis Intervention Plan. The City will respond to each of the recommendations made by the Advisory Committee. The response will include a description of the actions that CPD has taken or plans to take with respect to the issues raised in the recommendations. If the City declines to implement a recommendation, it will explain the reason(s) for declining.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SECOND REPORTING PERIOD)*
Secondary: *Not In Compliance*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City maintained Preliminary compliance with the requirements of ¶131.

To achieve Preliminary compliance with ¶131, the IMT assessed the City’s level of data collection, tracking, analysis, and management required. Specifically, the IMT examined whether the City has made the requisite requests of the Advisory Committee, which is now referred to as the Chicago Council on Mental Health Equity, and that the Chicago Council on Mental Health Equity is providing the requisite guidance in return. Going forward, further levels of compliance will depend on the

Chicago Council on Mental Health Equity’s substantive reviews of data, policies, training, community engagement, and operational practices informing recommendations on responses to individuals in crisis. A critical component of compliance with this Paragraph, which the IMT will assess, is the City’s facilitation of the Chicago Council on Mental Health Equity’s engagement with the OEMC, CPD, and other crisis-related policies, procedures, and training.

Progress before the Eighth Reporting Period

In previous reporting periods, the City requested that the Crisis Intervention Advisory Committee (also known as the CIAC; now the Chicago Council on Mental Health Equity, *see* ¶128) provide recommendations on the CPD’s and the OEMC’s policies, procedures, and training. In addition, the Crisis Intervention Advisory Committee provided recommendations for improving the City’s broader mental-health-response system. These recommendations were universally accepted by the City. In its draft *Crisis Intervention Plan* submitted in the third monitoring period, the City provided updates on its implementation of some—but not all—of these recommendations.

The City has not produced the required annual *Crisis Intervention Plan* since the third monitoring period. Consequently, progress on the recommendations that the City universally accepted are long overdue. The IMT has encouraged the City to prioritize both the next iteration of the *Crisis Intervention Plan*, as well as Chicago Council on Mental Health Equity recommendation updates since the third reporting period, neither of which has been accomplished. Further, ¶131 requires the City’s response to “include a description of the actions that CPD has taken or plans to take with respect to the issues raised in the recommendations.” The City must take concrete steps in supporting and using this group’s expertise to satisfy ¶¶129–31’s requirements.

In response to consistent concerns by members of the Chicago Council on Mental Health Equity about their role and function, including declining participation to the point that a quorum has been difficult to achieve in the last few quarterly meetings, the co-chairs engaged in a meaningful dialogue in the fifth reporting period about a possible restructuring of the committee to address these concerns. While the IMT appreciates these efforts and the conversation elicited good discussion with the CCMHE, there has been no evidence of progress since then. This must change.

The City eliminated all subcommittee meetings scheduled to occur during the last three reporting periods.

During the seventh reporting period, the City sought the Chicago Council on Mental Health Equity’s feedback on the group’s draft bylaws, and members expressed

concern regarding these bylaws. Ultimately, the City was unable to vote on the bylaws.

The IMT expects the City’s communication with the Chicago Council on Mental Health Equity to increase, and for the dynamic between the City and the Chicago Council on Mental Health Equity to evolve to the two entities working collaboratively together.

For example, the OEMC Triage Questions were reviewed by the Chicago Council on Mental Health Equity, which elicited good discussion, along with the list of OEMC’s identifiable diagnoses and presenting problems that they digitally select from when taking a call.

Overall, the OEMC should be commended for taking important steps toward educating the Chicago Council on Mental Health Equity on policy and operational practices, and beginning to invite discussion, which was overdue. The IMT expects this to continue moving forward. Additionally, the City and the OEMC should provide the Chicago Council on Mental Health Equity more notice by sending presentation materials in advance of the meeting so that there is time to review and prepare comments and questions. This is crucial for a robust and informed discussion. This has been highlighted for several reporting periods without response by the City.

Progress in the Eighth Reporting Period

During this monitoring period, the City again did not produce the next iteration of the *Crisis Intervention Plan*, which is required to be produced annually under ¶131. Therefore, the City is unable to reach any further compliance level for ¶131.

Paragraph 131 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Preliminary	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶132

132. *The Advisory Committee will be chaired by the Mayor’s Office. The Mayor’s Office will invite individuals who have personally experienced a behavioral or mental health crisis, people with experience working with individuals in crisis, and experts with knowledge in law enforcement responses to individuals in crisis. At a minimum, the Mayor’s Office will invite individuals from the following groups: first responders; the CIT Coordinator; OEMC; county and city hospitals, health care providers, and mental health professionals; the Cook County State’s Attorney’s Office; the Cook County Public Defender’s Office; at least one academic research entity; community behavioral and mental health professionals; advocacy groups for consumers of behavioral and mental health services; behavioral and mental health service providers; homeless service providers; substance abuse service providers; persons with lived experiences of behavioral or mental health crises; and other similar groups.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (SECOND REPORTING PERIOD)*
Secondary: *In Compliance (THIRD REPORT PERIOD)*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City maintained Preliminary and Secondary compliance with ¶132.

To assess Preliminary compliance, the IMT reviewed relevant policies and procedures. In addition, the IMT assesses whether the City has qualified personnel fulfilling the responsibilities to achieve the goals of the Consent Decree. The IMT also assesses the City on resource allocation, staffing capacity, and efforts to fill any vacant positions. Specifically, the IMT examines whether the City has created the requisite Advisory Committee with appropriate expertise and experience.

The Chicago Council on Mental Health Equity membership has historically included representatives from each of the groups listed in ¶132. However, it is unclear whether the entities identified in ¶132 are indeed actively participating in the Chicago Council on Mental Health Equity. The IMT recommends that the Chairs annually request committee members to identify themselves in a pre-established subject area consistent with ¶132, and that the City produce to the IMT this updated membership list, with each member’s self-identified subject area and contact information. This would facilitate the IMT’s future assessment efforts.

The IMT continues to be concerned about the low representation of people with lived experience. Various Chicago Council on Mental Health Equity members and members of the Coalition have shared similar concerns with the IMT. Active participation continues to be low, and the City should consider additional ways to improve participation of people with lived experience. There are many professionals serving on this committee who would be a good resource to assist with recruiting additional people with lived experience.

In the eighth monitoring period, the City maintained Preliminary and Secondary compliance with ¶132. To assess Full compliance, the IMT will monitor the City’s efforts to demonstrate compliance with quorum and attendance representing the categories identified in ¶132 and evaluate robust participation from the Chicago Council on Mental Health Equity members, including people with lived experience. The IMT will also monitor the leadership response to the Chicago Council on Mental Health Equity and Coalition (see ¶1669) concerns as addressed in ¶128-29. Last, the IMT will continue to assess the City and the CPD’s efforts to proactively engage the members in solution building.

Paragraph 132 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Preliminary	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Secondary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶133

133. CPD policy will provide that a crisis response may be necessary even in situations where there has been an apparent violation of law.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (THIRD REPORTING PERIOD)*
Secondary: *In Compliance (NEW)*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance and achieved Secondary compliance with the requirements of ¶133.

To achieve Preliminary compliance with ¶133, its requirements must be adequately memorialized into policy. The CPD memorialized the requirements of ¶133 into Special Order S04-20, *Recognizing and Responding to Individuals in Crisis*, which received a no objection in the third reporting period. Additionally, the directive provides tips and techniques for recognizing a person who may be in a mental-health crisis, including requirements for responding to such calls for service.

To achieve Secondary compliance with ¶133, the CPD produced a newly developed *Crisis Intervention Team eLearning* to address policy changes affecting all officers and a revised *2021 Crisis Intervention Team In-Service Training*, both of which were reviewed by the IMT in the third reporting period. While there is room for improvement, a no-objection was issued in the third reporting period. During this reporting period, the City and the CPD demonstrated 95% completion of both the *Crisis Intervention Team eLearning* that addressed policy changes affecting all officers and the *2021 Crisis Intervention Team In-Service Training* which equips crisis response by all officers. Moving forward, the CPD will need to develop metrics that, when tracked, will adequately demonstrate the CPD's success under ¶133. Further assessment levels will require an assessment of those developed metrics.

Progress in the Eighth Reporting Period

The City and the CPD achieved Secondary compliance with ¶133 this reporting period by demonstrating 95% completion of both the *Crisis Intervention Team eLearning* that addressed policy changes affecting all officers and the *2021 Crisis Intervention Team In-Service Training* which equips crisis response by all officers. However, the IMT notes that the City and the CPD did not produce training evaluations, which should be produced during the next reporting period. The CPD has made strides in strengthening the content of crisis response for all officers.

Full compliance with the requirements of ¶133 will require reliable data on calls for service involving people in mental health crisis. This will require consistent completion of the *Crisis Intervention Report* (see ¶118) and will require an audit of crisis calls once reliable data is available. We will assess this in future monitoring periods.

Paragraph 133 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶134

134. CPD 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.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance* (THIRD REPORTING PERIOD)
Secondary: *In Compliance* (NEW)
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance and achieved Secondary compliance with the requirements of ¶134.

To achieve Preliminary compliance with ¶134, the CPD memorialized the requirements of ¶134 into Special Order S04-20, *Recognizing and Responding to Individuals in Crisis*, which received a no objection in the third reporting period achieving Preliminary compliance. To achieve Secondary compliance with ¶133, the City and the CPD, demonstrated 95% completion of both the *Crisis Intervention Team eLearning* that addressed policy changes affecting all officers and the *2021 Crisis Intervention Team In-Service Training* equipping officers with knowledge of available community resources, and available alternative response options per ¶134. Going forward, the CPD will need to develop metrics that, when tracked, will adequately demonstrate the CPD's success under ¶134. Further assessment levels will require an assessment of those developed metrics.

Progress before the Eighth Reporting Period

The CPD Special Order S04-20, *Recognizing and Responding to Individuals in Crisis*, requires officers responding to a call involving an individual in crisis to provide that individual with the document "*Mental Health Incident Notice*." We reviewed the *Mental Health Incident Notice* in the sixth reporting period and had concerns about whether it adequately informed community members of the healthcare system, available community resources, and available alternative response options as required under ¶134. Rather, NAMI Chicago and Smart 911 were the only resources identified, which were insufficient. The IMT encouraged the CPD to consider the utility of the *Mental Health Incident Notice* and consider a more useful mechanism containing important resources to give to community members.

The CPD responded to the IMT's concern about the usefulness of the *Mental Health Incident Notice* by revising it in the seventh reporting period into a more robust tool designed to inform community members of the healthcare system,

available community resources, and available alternative response options outlined under ¶134. Special Order S04-20, *Recognizing and Responding to Individuals in Crisis*, which requires officers responding to a call involving an individual in crisis to provide that individual with this document. The IMT appreciates that the newly revised *Mental Health Incident Notice* also includes hyperlinks to NAMI Chicago and Smart 911, enabling community members to gain more information on these new resources easily. While ¶134's requirements are incorporated into the policy, the IMT will continue to assess whether the CPD has a responsive data collection tool to measure whether "available alternate response options" are being utilized.

Progress in the Eighth Reporting Period

The City and the CPD achieved Secondary compliance with ¶133 this reporting period by demonstrating 95% completion of the *2021 Crisis Intervention Team In-Service Training* equipping officers with knowledge of available community resources, and available alternative response options per ¶134.

The IMT notes that the City's pilot alternative response program, Crisis Assistance Response Engagement (CARE), was launched nearly two years ago. This is an important step, but requires additional policy considerations for the City, the OEMC, the Fire Department, and the CPD, who will all need to demonstrate increased communication guided by policy. Moreover, the CARE pilot, developed in 2021, is still only in two districts and has challenges to address. As indicated in previous paragraph assessments, the IMT has reviewed the public dashboard identifying outcomes of the CARE pilot program.⁹ The dashboard indicates that there have been over 950 CARE 9-1-1 responses since September 2021, when the pilot began, and no uses of force or arrests. However, the dashboard does not indicate when arrests are made on scene by CPD officers who are not associated with the CARE team. Moreover, the dashboard also has a category measuring "no contact with individual in crisis," which appears to account for the largest percent (32%) of CARE team responses. The CPD should view this data as an opportunity to assess the CARE team's operational efficiencies. It should also seek to answer why a third of CARE team responses result in "no contact."

The IMT learned this reporting period that approximately 10% of the CARE calls are dispatched by the OEMC. The remaining 90% of the CARE calls involve either the CARE team self-dispatching alongside other patrol officers, or on-scene officers specifically requesting the CARE team's response. Having patrol officers *and* three additional responders at the scene may not only cause confusion but may also have the opposite effect of adding more trauma to a mental health crisis. The IMT recognizes that all new programs have learning curves. However, it is essential that

⁹ www.chicago.gov/city/en/sites/public-safety-and-violence-reduction/home/CARE-Dashboard.html.

the City and the CPD correct these issues during the program’s pilot stage before it expands.

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance and achieved Secondary compliance with the requirements of ¶134. Going forward, the CPD will need to develop metrics that, when tracked, will adequately demonstrate the CPD’s success under ¶134.

Paragraph 134 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶135

135. CPD will ensure that the language used in policies, procedures, forms, databases, and trainings to communicate about incidents involving individuals in crisis is appropriate, respectful, and consistent with industry recognized terminology. CPD will seek input from community stakeholders, including the Advisory Committee, for recommendations to identify appropriate and respectful terminology.

Compliance Progress

(Reporting Period: January 1, 2023 – June 30, 2023)

Preliminary:	<i>In Compliance</i> (THIRD REPORTING PERIOD)
Secondary:	<i>In Compliance</i> (NEW)
Full:	<i>Not Yet Assessed</i>

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance and achieved Secondary compliance with ¶135.

To achieve Preliminary compliance with ¶135, the City and the CPD must implement sufficient policies, procedures, or written guidance through the process described in the Consent Decree (¶¶626–41), which outlines applicable consultation, resolution, workout, and public-comment periods. These paragraphs detail various requirements, including that policies are “plainly written, logically organized, and use clearly defined terms.”

To achieve Secondary compliance with ¶135, the City and the CPD demonstrated 95% completion of both the Crisis Intervention Team eLearning that addressed policy changes affecting all officers and the 2021 Crisis Intervention Team In-Service Training whereby appropriate language is trained to all officers. Going forward, the City and the CPD will need to develop an industry recognized event code using respectful language to replace the current “disturbance mental” and develop metrics that, when tracked, adequately demonstrate the CPD’s success under ¶135.

Progress before the Eighth Reporting Period

The CPD has Special Order S05-14, *Crisis Intervention Team (CIT) Program*, which states that language used in the policies, procedures, forms, databases, and training materials to communicate about incidents involving individuals in crisis should be appropriate, respectful, and consistent with professional terminology.

In addition, Special Order S04-20, *Recognizing and Responding to Individuals in Crisis*, clearly communicates the CPD’s commitment to interacting with individuals

in crisis with dignity, respect, and the utmost regard for the preservation of human life and the safety of all persons involved. Under the “Procedures” section of the directive, officers are instructed that they are required to interact with individuals in crisis with dignity and respect. Finally, the CPD policies and trainings have been reviewed by members of the Chicago Council on Mental Health Equity, thereby accomplishing the second part of ¶135. It is apparent from the policies, procedures, forms, databases, and training materials that we have reviewed that the CPD is committed to reinforcing respectful dialogue when discussing people in crisis.

In the third reporting period, the CPD developed an eLearning and in-service course for all CPD members on the Crisis Intervention program and responding to individuals in crisis. Both trainings were implemented by the CPD in the seventh and eighth reporting periods.

Progress in the Eighth Reporting Period

The IMT finds that the CPD has taken sufficient steps to ensure that respectful language is used in policies, procedures, databases, forms, and training when “communicat[ing] about individuals in crisis.”

The City and the CPD achieved Secondary compliance with ¶133 this reporting period by demonstrating 95% completion of the 2021 *Crisis Intervention Team In-Service Training*. The City and the CPD produced evidence of 95% completion of the CIT eLearning training which addresses policy changes in the seventh reporting period.

The CPD Event Code presently uses outdated and inappropriate language (*e.g.*, DISTME). To maintain Secondary compliance in future reporting periods, the phrase “disturbance mental,” as used will need to be updated. With the onboarding of a new Computer Aided Dispatch (CAD) system in 2023, the CPD will need to implement alternate event code(s) for mental health related calls for service and seek input from the Chicago Council on Mental Health Equity.

The City and the CPD achieved Secondary compliance with ¶135 this reporting period by demonstrating 95% completion of the 2021 *Crisis Intervention Team In-Service Training*. Going forward, the CPD will need to identify a new event code to replace “disturbance mental” with the onboarding of the new CAD system this year, and develop metrics that, when tracked, will adequately demonstrate the CPD’s success under ¶135. Further assessment levels will require an assessment of those developed metrics.

Full compliance with the requirements of ¶135 will require reliable data on calls involving people in mental health crisis. This will require consistent completion of the *Crisis Intervention Report* (see ¶118) and will require an audit of crisis calls once reliable data is available. We will assess this in future monitoring periods once the CPD delivers the training necessary for Secondary compliance.

Paragraph 135 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶136

136. CPD will develop and implement policies, procedures, and protocols regarding the collection, maintenance, and use of information related to an individual’s medical and mental health to facilitate necessary and appropriate communication while adequately protecting an individual’s confidentiality. To develop these policies, procedures, and protocols, CPD will seek input from community stakeholders, including the Advisory Committee.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance (THIRD REPORTING PERIOD)</i>
Secondary:	<i>Not in Compliance</i>
Full:	<i>Not Yet Assessed</i>

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance with ¶136.

To achieve Preliminary compliance with ¶136, the City and the CPD must implement sufficient policies, procedures, or written guidance through the process described in the Consent Decree (¶¶626–41), which outlines applicable consultation, resolution, workout, and public-comment periods. These paragraphs detail various requirements, including that policies are “plainly written, logically organized, and use clearly defined terms.”

Progress before the Eighth Reporting Period

In the fourth reporting period, the IMT reviewed Special Order S04-20, *Recognizing and Responding to Individuals in Crisis*, which provides guidance about verbal, behavioral, and environmental cues that may allow an officer to recognize a person in mental health crisis and guidance for officers to collect and use information during the on-scene encounter. S04-20 also includes the requirement for officers to complete a *Crisis Intervention Report* for all calls involving a mental-health component. The report requires data related to individual cases, but the data will also be used in aggregate to identify overall trends in the CPD’s mental health response approach. The earlier version of Special Order S05-14, *Crisis Intervention Team (CIT) Program*, clearly identified the responsible parties for following up on mental and behavioral health-related events and for referring and, when appropriate, connecting individuals in crisis with local service providers. However, during the fifth monitoring period, key requirements of these SOPs were subsumed under a significantly revised S05-14.

During the sixth reporting period, the City and the CPD posted the directive for public comment prior to achieving a no objection from the IMT. This creates process issues that could otherwise be avoided. Moreover, the IMT suggested that the CPD make greater efforts to inform members of the Chicago Council on Mental Health Equity why specific comments were not included in revisions to CPD policy. This explanation not only builds community trust but is also a requirement to future levels of compliance. See ¶131. The response was only that “The Department appreciates the feedback.”

While initially missing several key requirements, the revised S05-14 now includes all requirements of ¶136. The information collected by the draft *CIT Report* also appears capable of assisting area-level resources in conducting such follow up.

Progress in the Eighth Reporting Period

The City and the CPD produced the full suite of Crisis Intervention Policies to the IMT during the last few weeks of this reporting period after posting for public comment and taking time to adequately address community feedback. The IMT is in the process of providing feedback to the CPD and have found some changes that will need to be made affecting compliance. For example, the newest version of S05-14 now has two sections that have been added covering consent decree requirements related to the *CIT Officer Implementation Plan* and the *Crisis Intervention Plan*. Key requirements are missing. However, we expect the City and the CPD to be able to make the adjustments and still receive a no objection in the next reporting period, thereby not losing any level of compliance.

The City and the CPD developed an eLearning to achieve partial requirements outlined in ¶136 relating to policies, procedures, and protocols and demonstrated 95% of CPD members were trained.

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance with ¶136.

Because ¶136 requires review and input of “policies, procedures, and protocols”, and not just “policies”, Secondary compliance will also hinge on the finalization of the CIT unit specific SOPs, which the Chicago Council on Mental Health Equity reviewed at the end of the fifth monitoring period. Improvements to the responsiveness to the feedback by the CPD occurred this monitoring period. These Unit Specific SOP’s go into further depth on the “procedures and protocols” of the CIT Unit, including the mandatory completion of the CIT Report, which is required by ¶136. Additionally, training for area-level resources on how to conduct policy and procedure requirements defined in policy and training will also be considered. However,

we credit the CPD for taking the above-referenced steps to date. We expect the CPD to move into Secondary compliance with the finalization of the Standard Operating Procedures which should receive a no-objection in the next reporting period.

Paragraph 136 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶137

137. *Within 180 days of the Effective Date, CPD will review and revise its crisis intervention-related policies as necessary to comply with the terms of this Agreement. CPD will consider any recommendations or feedback provided by the Advisory Committee when revising its policies.*

Compliance Progress

(Reporting Period: January 1, 2023 – June 30, 2023)

Preliminary: *Not in Compliance*
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

During the eighth monitoring period, the City and the CPD did not achieve any level of compliance with ¶137.

To achieve Preliminary compliance with ¶137, the City and the CPD must implement sufficient policies, procedures, or written guidance through the process described in the Consent Decree (¶¶626–41), which outlines applicable consultation, resolution, workout, and public-comment periods. These paragraphs detail various requirements, including that policies are “plainly written, logically organized, and use clearly defined terms.” To achieve Preliminary compliance with ¶137, the City and the CPD must develop and finalize policies and associated standard operating procedures (SOP’s) that incorporate ¶137’s requirements.

In the fourth reporting period, the City produced draft *Crisis Intervention Unit* specific standard operating procedures. As noted in our assessments of other paragraphs, the CPD has made a good-faith effort to ensure that the Consent Decree’s requirements were incorporated into CIT-related policies and that a responsible party is listed for each requirement. In the fifth reporting period, the City opted to subsume key Consent Decree requirements, which were previously covered under the draft standard operating procedures, into a substantially revised Special Order S05-14, *Crisis Intervention Team (CIT) Program*. The City intended to produce revised standard operating procedures in the sixth reporting period but did not. The CPD has sought feedback from the Chicago Council on Mental Health Equity into draft policies, and has made efforts to improve this process, which represents an important step forward.

During the sixth monitoring period, the CPD produced a substantially revised Special Order S05-14, *Crisis Intervention Team (CIT) Program* which incorporated ¶137’s requirements. While some CPD directives that fulfill Consent Decree requirements have been published, the CPD intends to enumerate other requirements in “crisis intervention-related” standard operating procedures that the City had yet to produce to the IMT. Because ¶137 requires review of “crisis

intervention-related policies,” the associated unit specific SOPs must receive the Chicago Council on Mental Health Equity’s feedback.

Progress During the Eighth Reporting Period

We appreciated the CPD’s more comprehensive effort on this policy review requirement than in the second reporting period. The feedback and recommendations provided by the Chicago Council on Mental Health Equity, which were robust, were considered and largely addressed by the CPD. The City and the CPD produced the full suite of Crisis Intervention Policies to the IMT during the last few weeks of this reporting period after posting for public comment and taking time to adequately address community feedback. The IMT is currently in the process of providing feedback to the CPD on these policies. For example, the revised version of SO5-14 includes two sections covering Consent Decree requirements related to the *CIT Officer Implementation Plan* and the *Crisis Intervention Plan*, but key requirements about these plans are missing. Still, we expect the City and the CPD will make the necessary adjustments and will receive a no objection in the next reporting period, achieving Preliminary compliance with ¶137.

Additionally, feedback loops and open communication build community trust and fulfill Consent Decree requirements. The CPD should be commended for their significant improvement to this process since the onset of the consent decree.

In the eighth monitoring period, the City and the CPD did not meet any level of compliance with ¶137. To achieve Preliminary compliance with ¶137, the CPD must finalize policies that incorporate ¶137’s requirements. The CPD incorporated IMT comments last reporting period and resubmitted the Crisis Intervention related SOPs at the end of this reporting period. The IMT anticipates a no-objection will be issued in the next reporting period. The CPD is improving in their approach to when and how the CPD posts these SOPs for public comment. This is necessary for public transparency and improving policies and procedures through public engagement. The process for annual review of associated policies and procedures is improving and we encourage the CPD to formalize the process so that each annual review is scheduled in advance and includes Chicago Council on Mental Health Equity feedback and public posting for comment of all Crisis Intervention related Policies and SOP’s.

Once the CPD has finalized each relevant crisis intervention-related policy, and the associated standard operating procedures, we anticipate that the CPD will be in Preliminary compliance with the ¶137.

We appreciate the CPD’s efforts to accomplish the task of policy review in a comprehensive fashion.

Paragraph 137 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: None	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: None	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶138

138. OEMC call-takers will continue to identify calls for service involving an individual known, suspected, or perceived to be in crisis.

Compliance Progress

(Reporting Period: January 1, 2023 – June 30, 2023)

Preliminary: *In Compliance (FOURTH REPORTING PERIOD)*
Secondary: *In Compliance (FIFTH REPORTING PERIOD)*
Full: *Not Yet Assessed*

During the eighth monitoring period, the City and the OEMC maintained Preliminary and Secondary compliance with the requirements of ¶138.

To achieve Preliminary compliance the City partially memorialized ¶138 into its policy 21-004, *Crisis Intervention Program*. To maintain Preliminary compliance with ¶138 in the next reporting period, the OEMC must fully memorialize ¶138 into policy and the OEMC must demonstrate that it is reviewing its policies as described in ¶¶626–41, and that its review accounts for revisions in light of program changes and the OEMC’s efforts to comply with best practices. The OEMC has made progress with its review of policies, but there is room for improvement. The IMT assessed Secondary compliance relative to ¶1286, which incorporates the following evaluation criteria: training needs assessment, curriculum design, curriculum development, training implementation (training delivery), and training evaluation.

The IMT recommends that the OEMC focus on the below to maintain Secondary compliance with ¶138:

1	Provide documentation demonstrating 95% training completion and produce corresponding training evaluations.
2	Demonstrate annual review and, where appropriate, revisions of training and policy, with the Chicago Council on Mental Health Equity’s feedback incorporated.

Progress before the Eighth Reporting Period

In the fourth reporting period, the IMT reviewed an updated draft version of the OEMC’s *Crisis Intervention Program* standard operating procedure. The standard operating procedure identifies the way in which telecommunicators are required to code incidents by utilizing a “Z-code” to denote a call involving a “mental health disturbance.” A “Z-code” can also be assigned by CPD officers who are on scene in

response to a call for service whereby they determine it involves a mental health component. The OEMC standard operating procedure also explains how to complete the required set of “CIT triage questions” that gather important information on calls involving a mental health component.

The standard operating procedure also instructs call-takers that if there is any doubt about whether a call includes a possible mental health component, the steps listed in the standard operating procedure “can and should apply.” This SOP received a no objection notice from the IMT in the fourth reporting period. There have been new officer designations put into place since then, along with program changes affecting the “identification of calls for service involving an individual known, suspected or perceived to be in crisis.” For example, the CPD has since implemented a “Z” Computer-Aided Dispatch attribute for Designated CIT officers (voluntary CIT officers) and a “Y” Computer-Aided Dispatch attribute for CIT Trained officers (mandated CIT officers). Designated CIT officers, characterized by the “Z” attribute, are to be prioritized for CIT events first, then Trained CIT officers, characterized by the “Y” attribute, then any officer (Untrained).

Presently, the IMT has no evidence that policy or training has been revised to guide call-takers and dispatchers on new protocols responsive to ¶138–139. The regular cadence of annual policy and training revisions required under the Consent Decree is meant to assist in addressing the fluidity of program improvements.

During the fifth monitoring period, the IMT observed the 8-hour CIT and *Mental Health Awareness* training for OEMC telecommunicators, which includes a module on mental health response (see ¶¶142–46). The IMT noted that the OEMC telecommunicators have received sufficient training on how to identify calls involving an individual known, suspected, or perceived to be in crisis and noted that the new standard operating procedure is incorporated into training, meeting the requirements of ¶138 and allowing the City to achieve Secondary compliance.

Notably, only the OEMC’s Police dispatch telecommunicators receive the trainings mentioned above. The IMT recommends that *all* OEMC telecommunicators, for example telecommunicators for the Chicago Fire Department, receive these trainings. Providing these trainings to all telecommunicators—not just those who dispatch Police calls for service—is consistent with best practice.

The 8-hour training included a review of CIT Policies—covering the OEMC drop down boxes, what automatically triggers a CIT drop-down box to appear (*e.g.*, calls that include suicidal ideation or threat, the new requirement to ask about Weapons, Medications, Violent Tendencies, Triggers). The IMT has suggested improvements to the development of a drop-down box on the Weapons question, as identifying the type of weapon is crucial information for responding officers. The IMT encourages a drop-down field indicating common types of weapons. For example, a drop-down field could include commons weapons (*e.g.*, gun, knife) along with a

narrative field to describe other objects being used as a weapon (e.g., hammer, screwdriver). This data is enormously useful to responding officers, particularly because the rising number of officer-involved fatalities involve a mental health call for service. While the training included listening to two audio calls with discussion afterwards, live scenario-based training permitting the practice of these important skills would be a good addition to the training. Overall, the 8-hour training was well done, and would benefit not only all telecommunicators, but also the community members they serve.

During the sixth reporting period, the OEMC reviewed some of its policies during a quarterly Chicago Council on Mental Health Equity meeting. The OEMC also attached the policies to an email to the Chicago Council on Mental Health Equity, inviting feedback, but did not receive any. This lack of feedback suggested inadequate engagement, and the IMT looks for improved strategies for seeking feedback from the Chicago Council on Mental Health Equity.

The OEMC also launched its CIT Refresher course, which the IMT observed on March 9, 2022. The City produced two training attendance records in the sixth reporting period. The OEMC produced the “Mental Health Crisis Awareness – Refresher” and “Mental Health Crisis Awareness Training,” both of which lacked information indicating the training completion date and lacked the required 95% completion. The IMT cannot calculate the percent of OEMC employees who have completed the training without a system that identifies the total number of eligible employees, along with complete training attendance records. To maintain Secondary compliance, the IMT requires evidence of training attendance, along with training evaluations for both trainings.

The OEMC also gave a brief presentation to the Chicago Council on Mental Health Equity, providing a high-level overview of the role and function of the OEMC. We appreciated the efforts toward engagement with the Chicago Council on Mental Health Equity but note that it did not constitute a meaningful solicitation process for feedback on the OEMC’s policies and training. Specifically, the OEMC’s presentation merely invited the Chicago Council on Mental Health Equity to observe the OEMC’s CIT Refresher Training; which does not equate to solicitation of feedback on the OEMC’s policies and training. The IMT recommended that the OEMC consult either the CPD or members of the Chicago Council on Mental Health Equity for suggestions on how to obtain thorough feedback.

During the seventh reporting period, the OEMC improved its engagement with the Chicago Council on Mental Health Equity by initiating the first robust policy discussion with members during the August 23, 2022 quarterly meeting. The OEMC’s SOP 21-004, *Crisis Intervention Program*, was discussed and the Chicago Council on Mental Health Equity provided substantive feedback to the OEMC. The OEMC

also presented to the Chicago Council on Mental Health Equity during the December 5, 2022, special session.

In the seventh reporting period, the OEMC informed the IMT of a new, interagency CIT working group, for which it was in the process of developing a charter. This interagency CIT working group was a significant step towards increased coordination and collaboration between City entities.

The IMT suggested in the seventh reporting period that the OEMC identify a training observation committee composed of a cohort of Chicago Council on Mental Health Equity volunteers, Coalition Members, and/or Advocacy Groups. The OEMC should prioritize such attendance at training sessions, even if it means implementing more proactive requests to stakeholders. For example, the OEMC could develop a subgroup to observe training and invite individuals with lived experience, members of an organization in an advocacy role, as well as other broad invitations. Enhancing training through Chicago Council on Mental Health Equity feedback is important to maintaining Secondary compliance.

In the seventh reporting period, the IMT also encouraged the OEMC to increase transparency with the IMT. For example, the OEMC insisted that the IMT employ overly formalized methods for obtaining necessary information from the OEMC, which the IMT believed was inconsistent with the OEMC's obligations under the Consent Decree. See ¶¶681–82, 720.

Further, even when the IMT attempted to comply with formalized means of obtaining information, many of the IMT's requests went unanswered. The IMT submitted several formal requests to the OEMC during the seventh reporting period to which the OEMC responded with a lack of substantive information.

By way of example, during the seventh reporting period the IMT requested, but did not receive, evidence on how the OEMC was distinguishing responses of CIT officers. This information is significant. The OEMC's Quality Assurance manager reported that the most common discrepancies in the Quality Assurance Reviews concern the call taker's triage questions on whether there are weapons present and whether the individual in crisis has violent tendencies. It is important for the IMT to note that persons in mental health crisis are more likely to be killed by law enforcement. Additionally, a recently published report based on 2022 national data supports this growing concern, with 2022 data continuing to demonstrate that a relatively high number of fatalities begin as a mental health call for service.¹⁰

¹⁰ See *2022 Police Violence Report*, available at <https://policeviolencereport.org/> (noting that there were 1,194 officer-involved fatalities in 2022, 110 of which occurred after police responded to reports of someone experiencing a mental-health crisis).

Progress in the Eighth Reporting period

In the eighth reporting period, the OEMC produced training evaluations for its CIT Refresher trainings, but not for its 8-hour *Mental Health and CIT Awareness* training. These training evaluations must be produced for the OEMC to maintain Secondary compliance.

Overall, the training evaluations regarding the Refresher training were strong but also provide insight into how the OEMC could improve. One participant commented that the OEMC's watch managers and supervisors should receive the 40-hour CIT Basic training. The IMT agrees. Still, the evaluations also contained positive feedback, especially regarding the refresher class on the "CARE" and "CARE ALT" (alternate response).

The IMT also requested during the eighth reporting period that the OEMC review and provide to the IMT its policies concerning crisis intervention, as the IMT was unclear which OEMC policies are current, which have been rescinded, and which have been drafted but never implemented. The OEMC produced its policies at the end of this reporting period, which is commendable and the IMT appreciates the OEMC's efforts promoting operational success. According to the OEMC, there are now four policies governing its operations regarding crisis intervention and response to persons in crisis: (1) 21-004, *Crisis Intervention Program*, which replaced: several OEMC policies (e.g., TNG 10-011, TNG 11-00P, TNG 11-001, TNG 11-00P, TNG 19-011; TNG 20-015, TNG 2011-002); (2) 21-005 *Mental Health Training*; (3) *Mental Health Event Audit*, which the OEMC has not assigned a policy number ; and (4) TNG 22-005, *9-8-8 Calls for Crisis Hotline*, which the IMT has yet to receive.

Significant program changes affecting ¶138 have occurred over the last several monitoring periods, including, but not limited to, revised CIT officer designations, the CARE program, clinicians inside 911, and the National 988 system.¹¹ The OEMC has been slow to respond to these changes in policy and training, and the four policies mentioned above should be updated to account for these changes in the next reporting period or the OEMC risks losing compliance with ¶138.

Sufficient training records demonstrating that OEMC telecommunicators have been trained, along with training evaluations, must be produced each reporting period. The OEMC produced a much stronger training attendance record this reporting period, and only partial training evaluations. Importantly, the training records indicate that the 8-hour *Mental Health and CIT Awareness* training was implemented in 2016, prior to the Consent Decree. The IMT requests that the OEMC produce the version of the training that was provided between 2016 and 2021, when the IMT approved the training that satisfies ¶144. See also ¶¶143–45. To the extent the previous version of the training did not satisfy ¶144, the IMT

¹¹ <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>.

encourages the OEMC to prioritize those telecommunicators to retake the OEMC's current 8-hour training that that complies with ¶144.

Moreover, the IMT has requested that the OEMC's monthly auto-generated reports regarding call identification and dispatch include the new officer designations. The IMT looks forward to reviewing this data in the next reporting period, which the OEMC has agreed to provide.

The OEMC has maintained Preliminary and Secondary compliance with ¶138, but the IMT's future assessments will focus on the concerns outlined above. Policies incorporating program changes and fully memorializing the OEMC's paragraphs under the Consent Decree should be finalized in the next reporting period. The OEMC should also be annually reviewing and revising its training, and should be producing evidence of such review, to maintain Secondary compliance with ¶138. Revised policies must inform revised training, both of which is overdue.

The IMT cannot assess the OEMC's compliance without reviewing evidence of program changes (*e.g.*, 988; the CARE pilot program), new coding (*e.g.*, Designated CIT officer), audit outcomes, and Chicago Council on Mental Health Equity observation and feedback of policies and training. While the OEMC's engagement with the Chicago Council on Mental Health Equity improved this reporting period, there is room for improvement.

Further, completed audit sheets ("CIT Employee Review"; "CIT Reviewed Events," and "CIT Quality Assurance Report") and updated auto-generated monthly reports that include new designations and duration of time between call intake, dispatch and arrival on scene need to be produced to maintain Preliminary and Secondary compliance in the next reporting period.

Further levels of compliance will depend on broader system operation, which includes addressing the barriers outlined in this paragraph assessment. The IMT will also consider the OEMC's ongoing performance and reliable data, as evidenced by its policy, training, and operational practices.

Paragraph 138 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶139

139. OEMC will continue to code all incidents identified as potentially involving an individual in crisis in a manner that allows for subsequent data analysis necessary for the evaluation of CPD and OEMC responses to individuals in crisis and the development of the plans required by this section of the Agreement.

Compliance Progress

(Reporting Period: January 1, 2023 – June 30, 2023)

Preliminary: *In Compliance (FOURTH REPORTING PERIOD)*
Secondary: *In Compliance (FOURTH REPORTING PERIOD)*
Full: *Not Yet Assessed*

During the eighth monitoring period, the City and the OEMC maintained Preliminary and Secondary compliance with the requirements of ¶139.

To achieve Preliminary compliance the City partially memorialized ¶139 into its policy 21-004, *Crisis Intervention Program*. To maintain Preliminary compliance with ¶139 in the next reporting period, the OEMC must fully memorialize ¶139 into policy and must demonstrate that it is reviewing its policies as described in ¶¶626–41, as outlined throughout this report. The OEMC has made progress with its review of policies, but there is room for improvement.

The IMT assessed Secondary compliance relative to ¶286, which incorporates the following evaluation criteria: training needs assessment, curriculum design, curriculum development, training implementation (training delivery), and training evaluation. To maintain Secondary compliance with ¶139 in future reporting periods, the OEMC must provide sufficient documentation demonstrating 95% completion of training in each reporting period and it must produce corresponding training evaluations. It must also demonstrate that it is reliably conducting training review and revisions (where appropriate). This review should also include feedback from the Chicago Council on Mental Health Equity.

Progress before the Eighth Reporting Period

In the fourth reporting period, the IMT reviewed an updated draft version of the OEMC’s *Crisis Intervention Program* standard operating procedure. The standard operating procedure identifies the way in which telecommunicators are required to code incidents by utilizing a “Z-code” to denote a call involving a “mental health disturbance.” A “Z-code” can also be assigned by CPD officers who are on scene in response to a call for service whereby they determine it involves a mental health component. The OEMC standard operating procedure also explains how to complete the required set of “CIT triage questions” that gather important information on calls involving a mental health component.

The standard operating procedure also instructs call-takers that if there is any doubt about whether a call includes a possible mental health component, the steps listed in the standard operating procedure “can and should apply.” This SOP received a no objection notice from the IMT in the fourth reporting period. There have been new officer designations put into place since then, along with program changes affecting the “identification of calls for service involving an individual known, suspected or perceived to be in crisis.” For example, the CPD has since implemented a “Z” Computer-Aided Dispatch attribute for Designated CIT officers (voluntary CIT officers) and a “Y” Computer-Aided Dispatch attribute for CIT Trained officers (mandated CIT officers). Designated CIT officers, characterized by the “Z” attribute, are to be prioritized for CIT events first, then Trained CIT officers, characterized by the “Y” attribute, then any officer (Untrained).

Presently, the IMT has no evidence that policy or training has been revised to guide call-takers and dispatchers on new protocols responsive to ¶¶138–139. The regular cadence of annual policy and training revisions required under the Consent Decree is meant to assist in addressing the fluidity of program improvements.

During the fifth monitoring period, the IMT observed the 8-hour CIT and *Mental Health Awareness* training for OEMC telecommunicators, which includes a module on mental health response (see ¶¶142–46). The IMT noted that the OEMC telecommunicators have received sufficient training on how to identify calls involving an individual known, suspected, or perceived to be in crisis and noted that the new standard operating procedure is incorporated into training, meeting the requirements of ¶139 and allowing the City to achieve Secondary compliance.

Notably, only the OEMC’s Police dispatch telecommunicators receive the trainings mentioned above. The IMT recommends that *all* OEMC telecommunicators, for example telecommunicators for the Chicago Fire Department, receive these trainings. Providing these trainings to all telecommunicators—not just those who dispatch Police calls for service—is consistent with best practice.

The 8-hour training included a review of CIT Policies—covering the OEMC drop down boxes, what automatically triggers a CIT drop-down box to appear (*e.g.*, calls that include suicidal ideation or threat, the new requirement to ask about Weapons, Medications, Violent Tendencies, Triggers, etc.). The IMT has suggested improvements to the development of a drop-down box on the Weapons question, as identifying the type of weapon is crucial information for responding officers. The IMT encourages a drop-down field indicating common types of weapons. For example, a drop-down field could include common weapons (*e.g.*, gun, knife) along with a narrative field to describe other objects being used as a weapon (*e.g.*, hammer, screwdriver). This data is enormously useful to responding officers, particularly because the rising number of officer-involved fatalities involve a mental health call for service. While the training included listening to two audio calls with

discussion afterwards, live scenario-based training permitting the practice of these important skills would be a good addition to the training. Overall, the 8-hour training was well done, and would benefit not only all telecommunicators, but also the community members they serve.

During the sixth reporting period, the OEMC reviewed some of its policies during a quarterly Chicago Council on Mental Health Equity meeting. The OEMC also attached the policies to an email to the Chicago Council on Mental Health Equity, inviting feedback, but did not receive any. This lack of feedback suggested inadequate engagement, and the IMT looks for improved strategies for seeking feedback from the Chicago Council on Mental Health Equity.

The OEMC also launched its CIT Refresher course, which the IMT observed on March 9, 2022. The City produced two training attendance records in the sixth reporting period. The OEMC produced the “Mental Health Crisis Awareness – Refresher” and “Mental Health Crisis Awareness Training,” both of which lacked information indicating the training completion date and lacked the required 95% completion. The IMT cannot calculate the percent of OEMC employees who have completed the training without a system that identifies the total number of eligible employees, along with complete training attendance records. To maintain Secondary compliance, the IMT requires evidence of training attendance, along with training evaluations for both trainings.

Progress During the Eighth Reporting Period

In the eighth reporting period, the OEMC produced training evaluations for its *CIT Refresher* trainings, but not for its 8-hour *Mental Health and CIT Awareness* training. These training evaluations must be produced for the OEMC to maintain Secondary compliance.

Overall, the training evaluations regarding the Refresher training were strong but also provide insight into how the OEMC could improve.

The OEMC has maintained Preliminary and Secondary compliance with ¶139, but the IMT’s future assessments will focus on the concerns outlined above. Policies incorporating program changes and fully memorializing the OEMC’s paragraphs should be finalized in the next reporting period. The OEMC should also be annually reviewing and revising its training, and should be producing evidence of such review, to maintain Secondary compliance with ¶139. Revised policies must inform revised training, both of which are overdue.

Paragraph 139 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: None
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶140

140. OEMC police communication dispatchers will continue to prioritize Certified CIT Officers for dispatch to incidents that involve an individual known, suspected, or perceived to be in crisis. If a Certified CIT Officer is not available to timely respond, OEMC will continue to dispatch an available officer to avoid compromising response time. OEMC dispatchers will dispatch a Certified CIT Officer, when available, if the responding officer requests assistance from a Certified CIT Officer.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance (FOURTH REPORTING PERIOD)</i>
Secondary:	<i>In Compliance (FOURTH REPORTING PERIOD)</i>
Full:	<i>Not Yet Assessed</i>

During the eighth monitoring period, the City and the OEMC maintained Preliminary and Secondary compliance with the requirements of ¶140.

To achieve Preliminary compliance the City partially memorialized ¶140 into its policy 21-004, *Crisis Intervention Program*. To maintain Preliminary compliance with ¶140 in the next reporting period, the OEMC must fully memorialize ¶140 into policy and the OEMC must demonstrate that it is reviewing its policies as described in ¶¶626–41, and that its review accounts for revisions in light of program changes and the OEMC’s efforts to comply with best practices. The OEMC has made progress with its review of policies, but there is room for improvement.

The IMT assessed Secondary compliance relative to ¶286, which incorporates the following evaluation criteria: training needs assessment, curriculum design, curriculum development, training implementation (training delivery), and training evaluation. To maintain Secondary compliance with ¶140 in future reporting periods, the OEMC must provide sufficient documentation demonstrating 95% completion of training in each reporting period and it must produce corresponding training evaluations. It must also demonstrate that it is reliably conducting training review and revisions (where appropriate). This review should also include feedback from the Chicago Council on Mental Health Equity. We must also review any updated policies and training capturing program changes affecting call-intake- and dispatches regarding mental health related calls. These updates to policies may include, but are not limited to, revised CIT officer designations, the CARE pilot

program, clinicians inside 911, or the National 988 system.¹² The OEMC plays a crucial role in transferring 911 calls to 988. See TNG 22-005, *9-8-8 Calls for Crisis Hotline*.

Progress before the Eighth Reporting Period

The standard operating procedure instructs call-takers that if there is any doubt about whether a call includes a possible mental health component, the steps listed in the standard operating procedure “can and should apply.” This SOP received a no objection notice from the IMT in the fourth reporting period. There have been new officer designations put into place since then, along with program changes affecting the “identification of calls for service involving an individual known, suspected or perceived to be in crisis.” For example, the CPD has since implemented a “Z” Computer-Aided Dispatch attribute for Designated CIT officers (voluntary CIT officers) and a “Y” Computer-Aided Dispatch attribute for CIT Trained officers (mandated CIT officers). Designated CIT officers, characterized by the “Z” attribute, are to be prioritized for CIT events first, then Trained CIT officers, characterized by the “Y” attribute, then any officer (Untrained).

Presently, the IMT has no evidence that policy or training has been revised to guide call-takers and dispatchers on new protocols responsive to ¶138-140. The regular cadence of annual policy and training revisions required under Consent Decree is meant to assist in addressing fluidity in program improvements.

Progress in the Eighth Reporting Period

In the eighth reporting period, the OEMC produced training evaluations for its *CIT Refresher* trainings, but not for its 8-hour *Mental Health and CIT Awareness* training. These training evaluations must be produced for the OEMC to maintain Secondary compliance.

Overall, the training evaluations regarding the Refresher training were strong but also provide insight into how the OEMC could improve.

Significant program changes affecting ¶140 have occurred over the last several monitoring periods, including, but not limited to, revised CIT officer designations, the CARE program, clinicians inside 911, and the National 988 system.¹³ The OEMC has been slow to respond to these changes in policy and training, and the four policies mentioned above should be updated to account for these changes in the next reporting period, or the OEMC risks losing compliance with ¶140.

¹² See *988 Suicide & Crisis Lifeline Factsheet*, FEDERAL COMMUNICATIONS COMMISSION, <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>.

¹³ <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>

The OEMC has maintained Preliminary and Secondary compliance with ¶140, but the IMT’s future assessments will focus on the concerns outlined above. Policies incorporating program changes and fully memorializing the OEMC’s paragraphs under the Consent Decree should be finalized in the next reporting period. The OEMC should also be annually reviewing and revising its training, and should be producing evidence of such review, to maintain Secondary compliance with ¶140. Revised policies must inform revised training, both of which are overdue.

Paragraph 140 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶141

141. CPD will provide OEMC with an updated list of current and active Certified CIT Officers and their assignment at least every week. At the beginning of each watch, CPD will continue to identify for OEMC the Certified CIT Officers on duty for each watch and in each district so that OEMC dispatchers know which Certified CIT Officers to prioritize for dispatch to incidents involving an individual known, suspected, or perceived to be in crisis.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (THIRD REPORTING PERIOD)*
Secondary: *Under Assessment*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance and is under assessment for Secondary compliance with ¶141.

In the third reporting period, the CPD achieved Preliminary compliance by memorializing the requirements of ¶141 into Special Order S05-14, *Crisis Intervention Team (CIT) Program*, which contained the requirements of ¶141 as they relate to the CPD's responsibilities. To achieve Secondary compliance, the CPD demonstrated that at least 95% of officers have been trained via the e-Learning course, in the seventh reporting period. To achieve Full compliance, the City and the CPD must also develop a systematic plan to reliably ensure officers who violate the eligibility criteria or who allow their training to lapse are undesignated in the CLEAR and eLearning systems and are not prioritized for dispatch. Persons responsible for this plan will need to be trained on the processes and expectations for doing so. The CPD will need to develop metrics that, when tracked, adequately demonstrate the CPD's success under ¶141. Further assessment levels will require an assessment of those developed metrics.

Progress before the Eighth Reporting Period

During the fourth reporting period, the IMT reviewed a process flowchart demonstrating the two separate ways in which the CPD provides the OEMC with updated lists of current and active Certified CIT Officers and their assignments daily. Specifically, data is transmitted by (1) manually inputting training records into the CPD's CLEAR and eLearning systems and (2) asking the CPD watch supervisors to identify the CIT officers from the eLearning application and to send a roster to the OEMC daily for each district and watch.

On September 27, 2022, the IMT attended a site visit and observed improvements toward a fully automated CIT officer reporting system. A manual system for override still exists, but the automated system is largely implemented. CLEAR (the CPD data warehouse), Learning Management System, and Oracle (OEMC) via the Computer Aided Dispatch interface together to identify a z-code attribute next to CIT officers. Dispatch also confirms over the air if they are CIT-trained and OEMC can make updates to the z attribute when there are inaccuracies. The OEMC reported that asking over the radio if the officer is CIT certified is important due to shift schedules changing and officers being furloughed. While CPD still receives a daily roster from watch supervisors to reflect daily changes in assignments, the OEMC reports that the automated roster and verbal communications via dispatch are most reliable. The combination of these systems therefore acts as the CPD's official list.

During the fifth monitoring period, the City and the CPD submitted a substantially revised S05-14, *Crisis Intervention Team (CIT) Program*. While ¶141's requirements had been met in the earlier version of S05-14, thus achieving Preliminary compliance, the revised version of S05-14 has changed the requirement that the CPD provide OEMC with an updated list of current and active Certified CIT Officers and their assignment "at least every week" to "no less than quarterly."

However, in the sixth monitoring period, the City and the CPD addressed this discrepancy, achieving ongoing Preliminary compliance. The CPD has yet to develop a systematic plan to ensure that officers who violate the eligibility criteria or who allow their training to lapse are undesignated in the CLEAR and eLearning systems and are not prioritized for dispatch.

Moreover, the CIT officer designations changed in the sixth reporting period, and it is unclear to the IMT how these designations are being implemented affecting ¶141. For example, the CPD has since implemented a "Z" Computer-Aided Dispatch attribute for Designated CIT officers (voluntary CIT officers) and a "Y" Computer-Aided Dispatch attribute for CIT Trained officers (mandated CIT officers). Designated CIT officers, characterized by the "Z" attribute, are to be prioritized for CIT events first, then Trained CIT officers, characterized by the "Y" attribute, then any officer (Untrained). However, OEMC policy has yet to address this new dispatch prioritization.

Progress in the Eighth Reporting Period

The IMT reviewed a revised S05-14 this reporting period, which identifies the responsibility of the CIT Program Coordinator "to confirm on a quarterly basis that Designated CIT officers remain in compliance with eligibility requirements, including the conferring with the Chief, Bureau of Internal Affairs on the members disciplinary history and Deputy Chief, Training and Support Group on the members CIT Refresher Training." The revised S05-14 also requires an updated list of active

Designated CIT officers and CIT Trained officers, including their assignment, to be provided *daily*. Because specialized officers work with vulnerable populations, timely and reliable updates on their ineligibility are critical.

The IMT learned during its site visit this reporting period that the CPD flagged a significant number of Designated CIT officers while conducting its eligibility review audit. In particular, the IMT was advised that approximately 1,000 of the CPD’s 3,600 Designated CIT officers were flagged for open or sustained Complaint Registers (CR’s) and that there were approximately fifty open Use-of-Force investigations involving Designated CIT officers. The CPD was concerned about how best to address this issue because COPA investigations can, at times, take between one to two years to conclude. The IMT learned that many of the flags are for low-level issues. We are still concerned about these numbers, but we currently lack enough information to meaningfully address our concerns. The IMT understands that the CPD is working on the best way to process this information.

Relatedly, the CPD informed the IMT that its S05-14 policy narrowly defines ineligibility with a “sustained CR allegation within the past five years where the sustained finding relates to a verbal or physical interaction *with an individual in crisis.*” The IMT is unclear why the CPD has narrowed the relevant criteria so that only sustained CR allegations related to “*an individual in crisis*” apply. During the IMT’s site visit, we recommend that the BIA avoid making this distinction and, instead, deem complaints against *any* person—not just individuals in crisis—as relevant. The IMT strongly recommends that the CPD incorporate this policy change in future iterations of S05-14.

In the eighth monitoring period, the City and the CPD maintained Preliminary compliance and remain under assessment for Secondary compliance with ¶141.

Paragraph 141 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Preliminary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶142

142. *Within 90 days of the Effective Date, OEMC will ensure that all current active tele-communicators have received mental health and CIT awareness training (“OEMC Training”). OEMC will provide the OEMC Training to new tele-communicators before tele-communicators complete their training and begin answering calls independently.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FIRST REPORTING PERIOD)*
Secondary: *In Compliance (FIRST REPORTING PERIOD)*
Full: *In Compliance (FOURTH REPORTING PERIOD)*
Sustainment Period Ends *June 30, 2023*

In the eighth monitoring period, the City and the OEMC maintained Full compliance with ¶142.

In the first reporting period, the City and the OEMC achieved Preliminary and Secondary compliance with the requirements of ¶142 by demonstrating that all current active telecommunicators have received mental-health and CIT-awareness training. The OEMC has also memorialized this requirement into CIT and Mental Health Awareness policy, which clearly states the requirement for all telecommunicators to receive the mental health and CIT awareness training.

The IMT assessed Secondary compliance with ¶142 by reviewing training development, implementation, and evaluation in accordance with ¶286 of the Consent Decree, which incorporates the following evaluation criteria: training needs assessment, curriculum design, curriculum development, training implementation (training delivery), and training evaluation.

Full compliance with ¶142 is assessed by confirming that 95% of employees have received the requisite training.

However, as noted throughout this report, the IMT strongly recommends that *all* OEMC telecommunicators, for example telecommunicators for the Chicago Fire Department, receive these trainings. Providing these trainings to all telecommunicators—not just those who dispatch Police calls for service—is consistent with best practice.

Progress in the Eighth Reporting Period

The IMT has advised the OEMC over many reporting periods that comprehensive attendance records and training evaluations must be produced each reporting period to maintain Full compliance with ¶142. See ¶138 discussion on OEMC training evaluations.

Paragraph 142 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Secondary	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Secondary	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Secondary
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Full	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Full	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Full
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Full	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Full	

Crisis Intervention: ¶143

143. *The OEMC Training will be at least an eight-hour course taught jointly by qualified OEMC staff and a mental health clinician or advocate.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FOURTH REPORTING PERIOD)*
Secondary: *In Compliance (FOURTH REPORTING PERIOD)*
Full: *In Compliance (FIFTH REPORTING PERIOD)*
Sustainment Period Ends *December 31, 2023*

In the eighth monitoring period, the City and the OEMC maintained Full compliance with ¶143.

To achieve Preliminary compliance with ¶143, the IMT reviewed the OEMC's 21-005, *Mental Health Training* which memorializes ¶143's requirements.

The IMT assessed Secondary compliance with ¶143 by determining whether the City and the OEMC have qualified personnel fulfilling the responsibilities to achieve the goals of the Consent Decree and the requirements of ¶143, along with reviewing training curricula.

Full compliance was assessed in the fifth reporting period by evaluating records of attendance, and ongoing Full compliance will also assess the City's and the OEMC's efforts to engage with the community, including the CCMHE, regarding requisite policy, training, and operations development and implementation as referenced in the Consent Decree (¶¶10, 12, 49, 52, 115, 129, 511, 531, and 633).

The IMT has advised the OEMC over many reporting periods that comprehensive attendance records and training evaluations must be produced each reporting period or the OEMC is at risk of losing Full compliance with ¶143. The OEMC must produce the relevant training evaluations, or it will lose compliance in the next reporting period. See ¶138 discussion on OEMC training evaluations.

The IMT will evaluate for a period of two years evidence that training is reliably being provided to the OEMC's telecommunicators, including new hires, and continues to be provided by qualified personnel with records demonstrating such. Additionally, a more robust scenario-based exercise process permitting the practice of important skills would enhance this training, and the IMT will be looking for this in future iterations of this training (see ¶144). The OEMC will be assessed for inclusion of training revisions addressing the concerns identified under ¶¶138–40, and 144. The IMT will evaluate the City's and the OEMC's efforts to incorporate community and CCMHE feedback, along with training evaluations and trend

analysis into ongoing revisions of the 8-hour training. More is needed at this point in the Consent Decree Process to maintain Full compliance.

Other designated OEMC paragraphs will address accountability for ensuring the required training is operationally successful, including ¶¶138–140, 147, and 149.

Paragraph 143 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Full	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Full
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Full	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Full	

Crisis Intervention: ¶144

144. *The OEMC Training will cover, at a minimum, the following topics: identification of individuals in crisis; telephonic suicide prevention strategies; crisis and stress management, de-escalation, and scenario-based exercises; interactions with individuals with mental illness; information that should be gathered and shared with the responding officer or Certified CIT Officer when the call-taker suspects that the call involves an individual in crisis; the types of calls that may require the dispatching of a Certified CIT Officer or a coordinated crisis response of first responders reflective of established policy for intake and dispatch; and the procedures for dispatching a Certified CIT Officer.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FOURTH REPORTING PERIOD)*
Secondary: *Not In Compliance (NEW: LOST COMPLIANCE)*
Full: *Not In Compliance*

In the eighth monitoring period, the City and the OEMC maintained Preliminary but did not maintain Secondary compliance with ¶144.

To achieve Preliminary compliance with ¶144, the OEMC memorialized the requirements of ¶144 into 21-005, *Mental Health Training*.

The IMT assessed Secondary compliance with ¶144 by reviewing the City’s and the OEMC’s level of data collection, tracking, analysis, and management as required under the Consent Decree. The IMT “triangulate[s]” the data by comparing multiple data sources, yielding a more robust understanding of ¶144’s requirements.

Progress before the Eighth Reporting Period

During the fourth reporting period, OEMC’s *Mental Health Training* directive was finalized, which clearly requires the topics listed in ¶144 to be included in their training. Additionally, during the fifth monitoring period members of the IMT observed the OEMC’s delivery of the eight-hour training and confirmed that the training at that time sufficiently contained each of the necessary requirements on how to identify calls involving an individual known, suspected, or perceived to be in crisis and found that the new standard operating procedure is incorporated into training, meeting the requirements of ¶144.

The training curriculum was also reviewed by members of the CCMHE, although the IMT has advised the OEMC that it must engage in more robust efforts on

training review and feedback. The OEMC's efforts will be evaluated in future compliance assessments. The OEMC staff and outside instructors (including mental health clinicians and advocates) were qualified relative to their presentations, including representatives from NAMI and people with lived experience.

In the sixth monitoring period, the OEMC produced records demonstrating its policy review process to the IMT. The IMT appreciated these records but noted that the City and the CPD must demonstrate a more robust engagement with the Chicago Council on Mental Health Equity.

Additionally, Paragraph 144 requires the OEMC training to include multiple topics, and special emphasis must be given in the next iteration of the training to bolster *training topics* requiring greater emphasis. For example, scenario-based exercises; information that should be gathered and shared with the responding officer or Certified CIT Officer when the call-taker suspects that the call involves an individual in crisis, including the types of weapons involved, which is crucial for both officer and civilian safety; the types of calls that may require the dispatching of a Certified CIT Officer or a coordinated crisis response of first responders reflective of established policy for intake and dispatch; and the procedures for dispatching a Certified CIT Officer. Suicide prevention requires special skills for 911 call takers. The OEMC should consider using brief web-based trainings to target these important skills.

The City two years ago launched a new Crisis Assistance Response and Engagement (CARE) pilot program, qualifying as a *coordinated crisis response*. We commend the City for this step. The OEMC plays a key role in identifying and dispatching a coordinated crisis response. The IMT looks forward to the City's progress as these programs continue to grow. As cited in previous paragraphs, the topics and programs identified under ¶144 have evolved since the onset of the Consent Decree, and both policy and training must reflect these changes. To date, the IMT has no evidence of such.

Full compliance requires the OEMC to produce evidence that all telecommunicators, including any new hires since the last submission, have received the required training, as outlined in the OEMC's procedures, and that supplemental training is developed and delivered addressing the special topics outlined above. Moreover, the OEMC will be assessed for inclusion of training revisions addressing the concerns identified under (see ¶'s 138-140). Training records produced in the last two reporting period were insufficient, as noted in previous paragraphs. The IMT highly recommends a single spreadsheet indicating the employee's name, date of hire, and date of training attendance. This will show a running list of all employees and date of attendance. The *Mental Health and Crisis Intervention Team Awareness Training*, the *Refresher Training* and attendance at the 40-hour training could be on the same spreadsheet and re-produced each monitoring period.

Progress in the Eighth Reporting Period

The IMT has advised the OEMC over many reporting periods that comprehensive attendance records *and training evaluations* must be produced each reporting period or the OEMC is at risk of losing Secondary compliance with ¶144. The OEMC did not provide the requisite training evaluations in the eighth reporting period, and therefore lost Secondary compliance.

Significant program changes affecting ¶¶138–140, 142, and 144 have occurred in recent monitoring periods. For example, in the seventh reporting period the CPD decided to update its terminology from “Certified CIT” officer to “Designated CIT” officer. However, the OEMC has not yet sufficiently revised its policies and trainings to reflect this change (*i.e.*, some policies still refer to “Certified CIT” officers rather than “Designated CIT” officers). The OEMC must fully memorialize ¶138 into policy and must demonstrate that it is reviewing its policies as described in ¶¶626–41, and that its review accounts for revisions in light of program changes and the OEMC’s efforts to comply with best practices. See ¶138 assessment, above.

In the eighth monitoring period, the City and the OEMC maintained Preliminary but lost Secondary compliance with ¶144. To regain Secondary compliance, the OEMC must revise its policies and trainings to account for program changes implemented by other City entities. Additionally, training records and training evaluations must be reliably produced each reporting period.

Paragraph 144 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶145

145. Any training on mental health and CIT awareness that has already been provided to tele-communicators may fulfill the OEMC Training requirement of this Agreement, if the previously provided training satisfies the criteria for the OEMC Training described in this Agreement.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance* (FOURTH REPORTING PERIOD)
Secondary: *Under Assessment* (NEW: LOST COMPLIANCE)
Full: *Under Assessment* (NEW: LOST COMPLIANCE)

During the eighth monitoring period, the City and the OEMC maintained Preliminary compliance but failed to maintain Secondary and Full compliance and are Under Assessment for Secondary and Full compliance with ¶145.

The IMT assessed Secondary compliance with ¶145 by reviewing the City’s and the OEMC’s level of data collection, tracking, analysis, and management. The IMT triangulates the data by comparing multiple data sources, yielding a more robust understanding of ¶145’s requirements.

In continuing to assess Full compliance, the IMT will monitor ongoing performance, reliable data, and whether the City and the CPD have qualified personnel fulfilling the responsibilities to achieve the goals of the Consent Decree.

In the fourth reporting period, the City and the OEMC achieved Full compliance with ¶145 because they reported they are not intending to submit previous training as evidence of compliance with the OEMC’s training requirements. In other words, the requirements of ¶145 were somewhat moot because, rather than relying on previously delivered mental health and CIT awareness training to fulfill the training requirements found in ¶¶142–44, the OEMC provided the required eight-hour training as a single training block and produced it for IMT review.

The IMT has observed the eight-hour training in crisis intervention which includes a module on mental health response (see ¶¶142–46). The IMT notes that the OEMC telecommunicators who have received this version of the training have received sufficient training on how to identify calls involving an individual known, suspected, or perceived to be in crisis and found that the OEMC’s policies are incorporated into training. However, programs have changed since that time, and the OEMC’s training must be updated to reflect these program changes.

In the eighth monitoring period, the City and the OEMC are under assessment for Secondary and Full compliance with ¶145. The OEMC indicated that it did not

intend to submit previous training as evidence of compliance with the OEMC’s training requirements, and that it would instead utilize its eight-hour training to fulfill compliance. The IMT approved the eight-hour training in 2021. Therefore, the IMT is unaware of whether training received between 2016 and 2021 meets the requirements of ¶144. If the OEMC still does not intend to submit previous training as evidence of compliance then the OEMC must identify those telecommunicators who received training between 2016-2021 to retake the IMT approved training, which sufficiently included the training topics identified under ¶144.

However as indicated in this assessment, the IMT does not have evidence of whether training has reflected program changes, and this must occur in future reporting periods. Additionally, the IMT encourages the OEMC to further improve training records to include the total OEMC call takers and dispatchers, encompassing both Police and Fire. We also suggest that in the next reporting period the OEMC add a column in its training records identifying which telecommunicators are answering police calls for service and which are answering fire/EMS calls for service.¹⁴

Paragraph 145 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Full	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Full	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Full
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Full	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

¹⁴ The IMT acknowledges that ¶789 of the Consent Decree only defines “tele-communicators” as “the Police Communication supervisors, call-takers, and dispatchers employed by OEMC.” Still, we include this suggestion because the OEMC employees that dispatch fire/EMS calls for service are also responding to calls involving persons in crisis, and it is best practice to train all telecommunicators on best practices related to mental-health response. This suggestion does not impact our assessment of compliance with ¶144.

Crisis Intervention: ¶146

146. All tele-communicators will receive at least annual refresher training on mental health and CIT awareness that is adequate to refresh the tele-communicators' skills on identifying, dispatching, and appropriately responding to calls for service that involve individuals in crisis.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Annual



Not Yet Applicable

Preliminary: *In Compliance* (FOURTH REPORTING PERIOD)

Secondary: *In Compliance* (SEVENTH REPORTING PERIOD)

Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the OEMC maintained Preliminary and Secondary compliance with ¶146.

During the fourth reporting period, the OEMC finalized 21-005, *Mental Health Training* directive, which clearly states the requirement for all telecommunicators to receive annual refresher training on mental health and CIT awareness, per ¶146. Moreover, the directive identifies the topics to be included in the refresher training, including skills on identifying, dispatching, and appropriately responding to calls for service that involve individuals in crisis.

Progress before the Eighth Reporting period

The IMT observed the OEMC's required *Refresher Training* in the sixth reporting period. The IMT noted that the OEMC telecommunicators had received at that time sufficient training on how to identify calls involving an individual known, suspected, or perceived to be in crisis and found that the new standard operating procedure was incorporated into training, meeting the requirements of ¶146.

In the seventh monitoring period, the City and the OEMC achieved Secondary compliance with ¶146. The City produced more complete training attendance records; however, no training evaluations were produced. Both training attendance records and training evaluations will be required to maintain Secondary compliance.

Progress in the Eighth Reporting Period

In the eighth reporting period, the OEMC produced training evaluations for their *CIT Refresher* trainings but did not produce training evaluations for their 8-hour *Mental Health and CIT Awareness Training*.

Over the last several reporting periods, there have been significant program changes affecting telecommunicator response to persons in crisis. These have yet to be included in the OEMC’s policy or training revisions, despite regular requests by the IMT, and this must occur to maintain compliance. The IMT also encourages the OEMC to further improve training records to include the total OEMC call takers and dispatchers which encompass both Police and Fire.

The purpose of annual *Refresher Training* is to reflect changes in programs, best practices and areas of concern noted in Audits. The IMT cannot assess the OEMC’s compliance without reviewing evidence regarding program changes (e.g., 988; the CARE pilot program), new coding (e.g., Designated CIT officer), audit outcomes, and Chicago Council on Mental Health Equity observation and feedback of policies and training. While the OEMC’s engagement with the Chicago Council on Mental Health Equity improved this reporting period, there is room for improvement.

To maintain Secondary compliance in the next reporting period, the City and the OEMC must produce sufficient documentation each reporting period that supports evidence that the refresher training has been delivered to at least 95% of telecommunicators, along with training evaluations.

Paragraph 146 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	

Crisis Intervention: ¶147

147. OEMC will evaluate all mental health and CIT awareness trainings for telecommunicators on at least an annual basis to ensure that the trainings meet OEMC needs, comply with this Agreement, incorporate best practices, and ensure that the training is effective for personnel and for the individuals in crisis served. OEMC will consider recommendations and feedback from the CIT Coordinator and the Advisory Committee when conducting its evaluation.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: At Least Annually **Not Yet Applicable**

Preliminary: *In Compliance* (FOURTH REPORTING PERIOD)

Secondary: *Not in Compliance*

Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the OEMC maintained Preliminary compliance with ¶147.

Progress before the Eighth Reporting Period

During the fourth reporting period, the OEMC finalized the *Mental Health Training* directive, which clearly states the requirement for all telecommunicators to receive training on the eight-hour mental health and CIT awareness training and annual refresher training, per ¶146. Moreover, the directive identifies the topics to be included in the eight hour and refresher training, including skills on identifying, dispatching, and appropriately responding to calls for service that involve individuals in crisis.

In the sixth monitoring period, the OEMC produced records evidencing its policy review process to the IMT. The IMT noted that the City and the CPD must robustly engage with the Chicago Council on Mental Health Equity in order to maintain Preliminary compliance with ¶147. Moreover, ¶147's requirements must be explicitly included in the City and the CPD's engagement with the Chicago Council on Mental Health Equity. During the OEMC's first policy review process, there was essentially no engagement of the Chicago Council on Mental Health Equity, as required under ¶130–31. Since its first policy review process, the IMT has been clear with the OEMC that the absence of significant engagement will delay achievement of the OEMC's future compliance or remove current compliance.

The IMT observed the OEMC's required Refresher Training in the sixth reporting period. The IMT noted that the OEMC telecommunicators had received sufficient training on how to identify calls involving an individual known, suspected, or perceived to be in crisis at that time and found that the new standard operating procedure was incorporated into training, meeting the requirements of ¶147. However, sufficient evaluations of all mental health related training by the OEMC have not been produced and there is no evidence that program changes have been incorporated into updated policy and training revisions as required under ¶147. Additionally, ¶147 requires annual evaluation of all mental health and CIT awareness training, which the IMT has never received. We have no evidence of members of the Chicago Council on Mental Health Equity, or the CIT Coordinator, observing the relevant trainings. There were only partial training evaluations submitted in the seventh reporting period on the 8-hour training, and no records on the refresher training.

Progress in the Eighth Reporting Period

In the eighth reporting period, evaluations were produced for the refresher training, but not for the 8-hour training.

Paragraph 147 requires review by and feedback from the CIT Coordinator and the Chicago Council on Mental Health Equity. To date, the IMT has received no evidence of such training observation or feedback. Future levels of compliance will depend on the OEMC producing evidence of the Chicago Council on Mental Health Equity's and CIT Coordinator's observation, review, and feedback consistent with ¶147's requirements. Additionally, ¶147 requires annual review and revision of all OEMC training, and there has been no evidence of such, nor has there been evidence of revisions including program and policy changes. This must occur to achieve Secondary compliance.

Because ¶147 requires annual evaluation of *Mental Health Awareness* and CIT Training, the OEMC must produce documentation that demonstrates the annual cadence the OEMC is participating in to demonstrate compliance.

Additionally, ¶147 requires training to incorporate best practice and ensure it is effective for personnel and individuals in crisis, while also receiving feedback from both the CIT Coordinator and the Chicago Council on Mental Health Equity. As indicated in previous paragraph assessments, the OEMC's training must be updated to reflect the broad program changes that have occurred in the last two reporting periods. The OEMC's future compliance levels will depend on the OEMC's ability to address this change.

Paragraph 147 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Preliminary	

Crisis Intervention: ¶148

148. OEMC will develop and implement its portion of the Crisis Intervention Plan.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *Not in Compliance* (NEW: LOST COMPLIANCE)
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the OEMC did not maintain Preliminary compliance with ¶148.

Progress before the Eighth Reporting Period

During the fourth reporting period, the OEMC finalized its policy 21-004, *Crisis Intervention Program*, which states the OEMC must develop its portion of the *Crisis Intervention Plan*. However, ¶148 requires not only development, but also implementation, and requires this to be accomplished annually. The OEMC has lost Preliminary compliance this reporting period as the full requirements of ¶148 have not been included in policy, which the IMT has been requesting since the fourth reporting period. Additionally, neither the CPD nor the OEMC have “develop[ed] and implement[ed] its portion of the Crisis Intervention Plan” since the fourth reporting period. Preliminary compliance hinges on the full requirements of ¶148 being embedded into policy and the Crisis Intervention Plan being produced. Embedding a requirement into policy without following the policy is insufficient.

Progress in the Eighth Reporting Period

During this monitoring period, the City again did not produce the next iteration of the *Crisis Intervention Plan*, as required annually by ¶122. Therefore, the OEMC is unable to reach any further compliance level for ¶148.

While the IMT appreciates delaying these reports until they can be supported by a more robust strategy and reliable data, the City and the CPD should focus on accomplishing the necessary steps to produce these important reports.

In the eighth monitoring period, the City and the OEMC lost Preliminary compliance with ¶148. Finalization of policy embedding the requirements of ¶148 and developing their portion of the *Crisis Intervention Plan* is required for Preliminary compliance. Subsequent levels of compliance will depend on the OEMC

demonstrating ongoing implementation of the goals as listed in the *Crisis Intervention Plan*.

Paragraph 148 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Preliminary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶149

149. OEMC supervisors, on an ongoing basis, will audit and provide feedback to calltakers and dispatchers regarding their ability to identify, dispatch, and respond appropriately to calls for service involving individuals in crisis.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *Not in Compliance*
Secondary: *Not in Compliance*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the OEMC did not achieve any level of compliance with ¶149.

To achieve Preliminary compliance with ¶149, the City and the CPD must implement sufficient policies, procedures, or written guidance through the process described in the Consent Decree (¶¶626–41), which outlines applicable consultation, resolution, workout, and public-comment periods. These paragraphs detail various requirements, including that policies are “plainly written, logically organized, and use clearly defined terms.” Going forward, to achieve Secondary compliance, the OEMC will need to develop metrics that, when tracked, will adequately demonstrate the OEMC’s success under ¶149. Further assessment levels will require an assessment of those developed metrics.

Progress before the Eighth Reporting Period

During the fourth monitoring period, the OEMC finalized its *Crisis Intervention Program* policy, which included the requirement to audit and provide feedback to call takers and dispatchers. The accompanying SOP, *Mental Health Event Audit*, provided detailed guidance to how these audits would be accomplished, to which the IMT gave a no objection on June 4, 2021. However, in the sixth reporting period, this *Mental Health Event Audit* was reproduced, but did not include an SOP number and indicated a May 18, 2022 draft date. The IMT learned that the policy was not implemented, which is a requirement for Preliminary compliance. The IMT advised the OEMC of this discrepancy in the sixth reporting period, but to date the OEMC has not re-produced evidence addressing this issue, nor has it produced evidence of audits. This SOP is the operating procedure for how supervisors complete the audits that ¶149 requires. It is therefore crucial to the OEMC’s compliance efforts. The OEMC must demonstrate that both the governing directive and accompanying SOP have been implemented.

The IMT encourages the OEMC to formalize their annual procedures for review and revision of both policies and training as required under ¶148 and ¶151. All Crisis Intervention related policies and accompanying SOPs should be put through this annual review process.

Based on the IMT's recommendations from the 2021 review, the OEMC changed the *Mental Health Event Audit* so it could be used as a training tool. For instance, we recommended the OEMC maintain consistency between the information reflected in the *Mental Health Event Audit* policy and its corresponding spreadsheets. This included ensuring that all data elements identified in the policy are captured in the respective spreadsheets. Similarly, the IMT recommended that all spreadsheet columns match those identified in the *Mental Health Event Audit* policy. Last, we suggested that the OEMC merge data sets that are repeated across the spreadsheets, as doing so could avoid confusion. These edits were included in the production of the SOP in the sixth reporting period, which was commendable.

Moreover, the OEMC reviewed on a monthly call with the IMT the excel spreadsheet the OEMC is using to track audit outcomes. While we believe this protocol will provide sufficient guidance to act as a training tool for supervisors, the OEMC did not produce completed audit spreadsheets during the last three reporting periods, so the IMT could not assess them (e.g., "CIT Employee Review," "CIT Reviewed Events," and "CIT Quality Assurance Report"). The IMT has requested these be produced in prior monitoring reports, on site visits, and on monthly calls.

These spreadsheets must include the OEMC's analysis, which is necessary to assess the metrics on which Full compliance will be based. For the OEMC to achieve Preliminary compliance with ¶149, the Chicago Council on Mental Health Equity must review the *Mental Health Event Audit* policy. The OEMC must then also assign a policy number before it finalizes and implements this policy.

Progress in the Eighth Reporting Period

The OEMC produced its policies at the end of this reporting period and the IMT appreciates the OEMC's efforts promoting operational success. According to the OEMC, there are now four policies governing its operations regarding crisis intervention and response to persons in crisis: (1) 21-004, *Crisis Intervention Program*, which replaced: several OEMC policies (e.g., TNG 10-011, TNG 11-00P, TNG 11-001, TNG 11-00P, TNG 19-011; TNG 20-015, TNG 2011-002); (2) 21-005 *Mental Health Training*; (3) *Mental Health Event Audit*, which the OEMC has not assigned a policy number ; and (4) TNG 22-005, *9-8-8 Calls for Crisis Hotline*, which the IMT has yet to receive.

Additionally, some of these OEMC policies reference CPD policies, such as S05-14 and S04-20. But the OEMC policy does not reflect updates that have occurred in

those CPD policies. For example, the CPD’s change from “Certified” to “Designated” CIT Officers in S04-15 is not reflected in the OEMC’s policies.

The OEMC should finalize the current policies governing response to Persons in Crisis in the next reporting period. It is an opportune time to establish a baseline which will not only allow the IMT to assess paragraph compliance, but it will also assist the OEMC in developing the annual cadence of policy, procedure, and training review and revision, inclusive of the Chicago Council on Mental Health Equity and CIT Coordinator.

Additionally, ¶149 requires OEMC supervisors to audit and provide feedback to call takers and dispatchers. The OEMC developed audit spreadsheets to accomplish this (e.g., “CIT Employee Review,” “CIT Reviewed Events,” and “CIT Quality Assurance Report”). The OEMC has still not produced completed audit spreadsheets despite repeated requests in prior monitoring reports, data requests, during our site visit, and on monthly calls, so the IMT cannot assess them. Questions at the site visit in the seventh reporting period regarding audit findings were interrupted by the OEMC with a request for the IMT to put its question(s) in writing. Future compliance will require audit spreadsheets be produced.

Paragraph 149 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Not Applicable
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶150

150. The Parties acknowledge that OEMC currently meets regularly with CPD and the City-wide Mental Health Steering Committee. OEMC will continue to meet regularly with CPD, in addition to appropriate members of the Advisory Committee, including service providers and advocates, to review and assess data and information regarding the identification of, the dispatch of, and response to calls for service involving individuals in crisis by OEMC telecommunicators.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary:	<i>In Compliance</i> (FOURTH REPORTING PERIOD)
Secondary:	<i>Not in Compliance</i>
Full:	<i>Not in Compliance</i>

In the eighth monitoring period, the City and the OEMC maintained Preliminary compliance with ¶150. However, the OEMC should fully embed ¶150's requirement into policy during its current round of policy revisions.

To achieve Preliminary compliance with ¶150, the City and the CPD must implement sufficient policies, procedures, or written guidance through the process described in the Consent Decree (¶¶626–41), which outlines applicable consultation, resolution, workout, and public-comment periods. These paragraphs detail various requirements, including that policies are “plainly written, logically organized, and use clearly defined terms.” Going forward, to achieve Secondary compliance, the OEMC will need to develop metrics that, when tracked, will adequately demonstrate the OEMC's success under ¶150. Further assessment levels will require an assessment of those developed metrics, as well as robust engagement with the CPD and the Chicago Council on Mental Health Equity.

The policy into which the OEMC incorporates ¶150's requirements should include direction for regular meetings with the CPD, the Chicago Council on Mental Health Equity, service providers, and advocates for the purpose of reviewing and assessing data and information regarding the identification of, the dispatch of and response to calls for service involving individuals in crisis. Maintaining Preliminary compliance in the next reporting period will require the City to produce evidence that this policy has been implemented.

Progress before the Eighth Reporting Period

During the fifth reporting period, the IMT recommended that the OEMC have a more robust involvement with the Chicago Council on Mental Health Equity. In

response, the OEMC assigned a dedicated staff representative to participate in Chicago Council on Mental Health Equity meetings. The IMT also recommended that the OEMC demonstrate that they are indeed prioritizing regular meetings with the CPD, inclusive of agendas, meeting minutes, and who attended to support this function.

The IMT appreciates that the OEMC briefly presented to the Chicago Council on Mental Health Equity, informing them of the OEMC's role in the fifth reporting period. This is an important foundational step. While the OEMC invited the Chicago Council on Mental Health Equity to review policies and attend training, there was no evidence of either comments on policies or training observation. As indicated in previous paragraphs, compliance assessments require a robust policy and training review process along with evidence of collaboration with the CPD.

During the sixth reporting period, the only evidence of the OEMC meeting with the CPD was an email from the OEMC to the CPD requesting to meet. Further, the email indicated there were "no trends" in the data. A lack of any trends, after four years of Consent Decree Data, indicates a broader system issue. There must be improved collaboration and communication between these two entities. There was also no evidence that the CPD responded to the OEMC email, or of any meetings actually taking place. The IMT continues to highly recommend producing meeting agendas, records of attendees, and meeting minutes.

During the seventh reporting period, the OEMC improved its engagement with the Chicago Council on Mental Health Equity, participating in greater discussion regarding OEMC policies and operational practices. This is commendable and elicited good questions and feedback by Chicago Council on Mental Health Equity members. This is encouraging and moves in the direction the IMT is seeking for compliance assessment. The OEMC is encouraged to engage the CPD and Chicago Council on Mental Health Equity on review of their full CIT related policy and SOP suite in the next reporting period, along with training observation. Since there were substantially new policies developed by the OEMC since the Consent Decree, feedback by the CPD, Chicago Council on Mental Health Equity, and the public will be essential, along with audit data.

In the seventh reporting period, the OEMC informed the IMT of a new, interagency CIT working group, for which a charter was being developed. At the end of the reporting period, the OEMC produced records with a ratified charter and record of monthly meetings scheduled for thirty minutes each. While this new body is a significant step in the right direction toward coordination and collaboration between City entities, the IMT encourages more than just thirty minutes be allocated in order to adequately address the important purpose of this new working group, including requirements of ¶150. The charter indicates the Office of the Mayor as the coordinating body with the chair from the Mayor's Office, a data analyst, and a

recorder as the minimally required entities. Stakeholders from the CPD, OEMC and City law office were also identified, though not required. This should be reconsidered. It is crucially important that stakeholders from the CPD, the Chicago Fire Department, and OEMC be actively engaged, prioritized for attendance, and with records indicating attendance and topic discussion.

Progress in the Eighth Reporting Period

In the eighth reporting period, the only evidence that the OEMC produced relating to ¶150 was an electronic meeting invitation via Microsoft Teams between the OEMC and the CPD. It is unclear who attended this meeting, where it occurred, what was discussed, or whether it even happened.

Finally, the CPD has since implemented a “Z” Computer-Aided Dispatch attribute for Designated CIT officers (voluntary CIT officers) and a “Y” Computer-Aided Dispatch attribute for CIT Trained officers (mandated CIT officers). Designated CIT officers, characterized by the “Z” attribute, are to be prioritized for CIT events first, then Trained CIT officers, characterized by the “Y” attribute, then any officer (Untrained). The OEMC produced documentation to the IMT this reporting period whereby the CIT Coordinator informed the OEMC that this designation and dispatch prioritization should be reflected in the OEMC policies, but they were not. While the OEMC should be commended for developing a policy review form for the CIT Coordinator to document his review, it is imperative that the OEMC be responsive to the feedback received, and vice versa.

Because ¶150 requires the OEMC to “review and assess data and information regarding the identification of, the dispatch of, and response to calls for service involving individuals in crisis by OEMC telecommunicators,” engagement with both the Chicago Council on Mental Health Equity and the CPD must continue to improve. The Chicago Fire Department and CDMH should also be included. New program changes and enhancements should be specifically addressed.

Paragraph 150 Compliance Progress History

FIRST REPORTING PERIOD
SEPTEMBER 1, 2019 – AUGUST 31, 2019

COMPLIANCE PROGRESS:
Not Applicable

SECOND REPORTING PERIOD
SEPTEMBER 1, 2019 – FEBRUARY 29, 2020

COMPLIANCE PROGRESS:
Not Applicable

THIRD REPORTING PERIOD
MARCH 1, 2020 – DECEMBER 31, 2020

COMPLIANCE PROGRESS:
None

FOURTH REPORTING PERIOD
JANUARY 1, 2021 – JUNE 30, 2021

COMPLIANCE PROGRESS:
Preliminary

FIFTH REPORTING PERIOD
JULY 1, 2021 – DECEMBER 31, 2021

COMPLIANCE PROGRESS:
Preliminary

SIXTH REPORTING PERIOD
JANUARY 1, 2022 – JUNE 30, 2022

COMPLIANCE PROGRESS:
Preliminary

SEVENTH REPORTING PERIOD
JULY 1, 2022 – DECEMBER 31, 2022

COMPLIANCE PROGRESS:
Preliminary

EIGHTH REPORTING PERIOD
JANUARY 1, 2023 – JUNE 30, 2023

COMPLIANCE PROGRESS:
Preliminary

Crisis Intervention: ¶151

151. *Within 180 days of the Effective Date, and annually thereafter, OEMC will review and revise its intake and dispatch policies and protocols as necessary to meet the requirements of this Agreement. OEMC will consider any recommendations or feedback provided by the Advisory Committee when revising its policies.*

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Recurring Schedule: Annually

Not Yet Applicable

Preliminary: *Not in Compliance*

Secondary: *Not in Compliance*

Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the OEMC did not achieve any level of compliance with ¶151.

Progress before the Eighth Reporting Period

During the fourth reporting period, the OEMC finalized its directive, *Mental Health Training*. While this directive memorialized the requirements that the OEMC is to review the training on an annual basis and incorporate recommendations from the Chicago Council on Mental Health Equity, this SOP fell short of fully incorporating ¶151's requirements, which focus on intake and dispatch policies and protocols. The IMT recommended that the OEMC include the exact requirements of ¶151 into the directive, which includes the annual requirement to review and revise its intake and dispatch policies and protocols with feedback from the Chicago Council on Mental Health Equity.

The OEMC had undertaken its annual requirement to review and revise policy in the sixth reporting period, which was an opportune time to ensure the exact requirements of ¶151 were incorporated. The IMT was clear that it was at risk of losing Preliminary compliance should this not occur again. The OEMC re-produced the *Mental Health Training* Directive in the seventh reporting period, which did not include this revision. Further, the Chicago Council on Mental Health Equity's sufficient engagement in the policy revision process for all the OEMC crisis intervention related policies and standard operating procedures, as indicated in previous paragraph assessments, must occur for the OEMC to regain Preliminary compliance with ¶151.

The OEMC began its required annual policy and protocol review process during the sixth reporting period. The exact language of the Consent Decree must be incorporated into the revised policy, as the SOP used for Preliminary compliance fell short of fully incorporating the requirements of ¶151, which focuses on intake and dispatch policies and protocols. In the seventh reporting period, the exact language was not included, nor were all of the OEMC Crisis Intervention related policies and standard operating procedures reviewed and revised annually, with Chicago Council on Mental Health Equity's review and feedback as required under ¶151. Consequently, Preliminary compliance was removed in the seventh reporting period.

In the sixth reporting period, the OEMC briefly touched on the policies at a briefing at a quarterly Chicago Council on Mental Health Equity meeting, attaching those policies to an email to members. However, no feedback was received. This lack of feedback indicates inadequate engagement. The IMT recommended the OEMC engage the CPD and the City to identify a robust plan to solicit thorough review and comment. The OEMC plays a crucial role in the initial identification and appropriate dispatch of calls involving a mental health component, and experts and people with lived experience should be given due process.

During the sixth monitoring period, the City and the OEMC invited members of the Chicago Council on Mental Health Equity to observe the OEMC crisis intervention training. Shortcomings have been noted in previous paragraphs, demonstrated by no Chicago Council on Mental Health Equity observation nor feedback and no response to the council member that requested to observe training in person. It is important for members of the Chicago Council on Mental Health Equity to observe CIT-related trainings, as this helps members of the Chicago Council on Mental Health Equity understand what is being taught, and how policy informs protocol and training as required under ¶151. It also provides an opportunity for community experts and persons with lived experience to suggest improvements to the training.

The OEMC improved its policy review process in the seventh reporting period, moving away from merely a presentation style to inviting dialogue. This is encouraging and the OEMC elicited good feedback from the Chicago Council on Mental Health Equity. However, the OEMC did not produce evidence of updating its policy, *Mental Health Training*, to memorialize the exact requirements of ¶151 focusing on annual review and revision of intake and dispatch policies and protocols with Chicago Council on Mental Health Equity feedback. The IMT recommended that the OEMC include the exact requirements of ¶151 into the directive the last two reporting periods.

Progress in the Eighth Reporting Period:

Throughout the Consent Decree, the OEMC has produced to the IMT various policies and Standard Operating Procedures (SOPs). The IMT also requested during the eighth reporting period that the OEMC review and provide to the IMT its policies concerning crisis intervention, as the IMT was unclear which OEMC policies are current, which have been rescinded, and which have been drafted but never implemented. The OEMC produced its policies at the end of this reporting period, which is commendable and the IMT appreciates the OEMC’s efforts promoting operational success. According to the OEMC, there are now four policies governing its operations regarding crisis intervention and response to persons in crisis: (1) 21-004, *Crisis Intervention Program*, which replaced several OEMC policies (e.g., TNG 10-011, TNG 11-00P, TNG 11-001, TNG 11-00P, TNG 19-011; TNG 20-015, TNG 2011-002); (2) 21-005 *Mental Health Training*; (3) *Mental Health Event Audit*, which the OEMC has not assigned a policy number and considers a draft policy; and (4) TNG 22-005, *9-8-8 Calls for Crisis Hotline*, which the IMT has yet to receive and the OEMC considers a draft policy. Additionally, some of these OEMC policies reference CPD policies, such as S05-14 and S04-20. But the OEMC policy does not reflect updates that have occurred in those CPD policies. For example, the CPD’s change from “Certified” to “Designated” CIT Officers in S04-15 is not reflected in the OEMC’s policies.

Each of the OEMC’s crisis intervention-related policies were not reviewed and revised as required under ¶151. Significant program changes have occurred since the onset of the Consent Decree, and all OEMC Crisis Intervention related policies and protocols should be reviewed and revised annually, with input from the Chicago Council on Mental Health Equity. The IMT encourages the OEMC to formalize a full policy suite review process.

Paragraph 151 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: None	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: None
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Preliminary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Preliminary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Preliminary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: None	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: None	

Crisis Intervention: ¶152

152. OEMC will ensure that the language used in policies, procedures, forms, databases, trainings, and by tele-communicators to communicate about calls involving individuals in crisis is appropriate, respectful, and consistent with industry-recognized terminology. OEMC will seek input from the Advisory Committee for recommendations to identify appropriate and respectful terminology.

Compliance Progress

(Reporting Period: January 1, 2023, through June 30, 2023)

Preliminary: *In Compliance (FOURTH REPORTING PERIOD)*
Secondary: *In Compliance (FOURTH REPORTING PERIOD)*
Full: *Not Yet Assessed*

In the eighth monitoring period, the City and the OEMC maintained Preliminary and Secondary compliance with ¶152.

To achieve Preliminary compliance with ¶152, the City and the CPD must implement sufficient policies, procedures, or written guidance through the process described in the Consent Decree (¶¶626–41), which outlines applicable consultation, resolution, workout, and public-comment periods. These paragraphs detail various requirements, including that policies are “plainly written, logically organized, and use clearly defined terms.”

The IMT assessed Secondary compliance with ¶152 by reviewing training development, implementation, and evaluation in accordance with ¶286 of the Consent Decree, which incorporates the following evaluation criteria: training needs assessment, curriculum design, curriculum development, training implementation (training delivery), and training evaluation.

Progress before the Eighth Reporting Period

During the fourth reporting period, the OEMC finalized its directive, *Mental Health Training*, which clearly states the requirements of ¶152. The OEMC has made a concerted effort to ensure that language used in the policies, procedures, forms, databases, trainings, and by telecommunicators to communicate about calls involving individuals in crisis is appropriate, respectful, and consistent with industry-recognized terminology. Additionally, we have observed members of the OEMC using respectful language and this has been reinforced in trainings we have observed. Therefore, the OEMC has met Preliminary and Secondary compliance with this paragraph.

Progress before the Eighth Reporting Period

During the sixth monitoring period, the IMT observed members of the OEMC, during their refresher training, using respectful language involving individuals in crisis.

Currently, the event code used by the OEMC, but originating through the CPD does not reflect best practices (e.g., DISTME). The phrase “disturbance mental” is utilized and will need to be updated. This will need to be addressed for future compliance. With the onboarding of a new Computer Aided Dispatch (CAD) system in 2023, the OEMC and the CPD will be encouraged to consider alternate event code(s) for mental health related calls for service. The OEMC and the CPD should consider what event code change they would recommend utilizing best practice language.

Progress in the Eighth Reporting Period

The OEMC again failed to produce the Quality Assurance Audits, which are the tools measuring operational compliance with ¶152. These audits have been requested by the IMT for several reporting periods through formal production requests, in monthly meetings and in prior monitoring reports.

In the eighth monitoring period, the City and the OEMC maintained both Preliminary and Secondary compliance with ¶152. For Full compliance, the IMT must receive the three spreadsheets encompassing the OEMC’s audits—e.g., “CIT Employee Review,” “CIT Reviewed Events,” and “CIT Quality Assurance Report”—which will help to ensure that industry-recognized language is consistently used and updated when appropriate.

Paragraph 152 Compliance Progress History

FIRST REPORTING PERIOD SEPTEMBER 1, 2019 – AUGUST 31, 2019 COMPLIANCE PROGRESS: Not Applicable	SECOND REPORTING PERIOD SEPTEMBER 1, 2019 – FEBRUARY 29, 2020 COMPLIANCE PROGRESS: Not Applicable	THIRD REPORTING PERIOD MARCH 1, 2020 – DECEMBER 31, 2020 COMPLIANCE PROGRESS: Status Update
FOURTH REPORTING PERIOD JANUARY 1, 2021 – JUNE 30, 2021 COMPLIANCE PROGRESS: Secondary	FIFTH REPORTING PERIOD JULY 1, 2021 – DECEMBER 31, 2021 COMPLIANCE PROGRESS: Secondary	SIXTH REPORTING PERIOD JANUARY 1, 2022 – JUNE 30, 2022 COMPLIANCE PROGRESS: Secondary
SEVENTH REPORTING PERIOD JULY 1, 2022 – DECEMBER 31, 2022 COMPLIANCE PROGRESS: Secondary	EIGHTH REPORTING PERIOD JANUARY 1, 2023 – JUNE 30, 2023 COMPLIANCE PROGRESS: Secondary	