

*Independent Monitoring Report 9*

Appendix 3:

Crisis Intervention

Compliance Assessments

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## Crisis Intervention: ¶92

*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.*

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### Compliance Progress (Reporting Period: July 1, 2023, through December 31, 2023)

<b>Preliminary:</b>	<b>In Compliance (THIRD REPORTING PERIOD)</b>
<b>Secondary:</b>	<b>Not in Compliance (NEW: LOST COMPLIANCE)</b>
<b>Full:</b>	<b>Not in Compliance</b>

In the ninth reporting period, the City and the CPD maintained Preliminary compliance but did not maintain Secondary compliance with ¶92.

To evaluate Preliminary compliance with ¶92, we continued to focus on annual review and revision of policy and whether the City and the CPD received the requisite community input for Special Order S05-14, *Crisis Intervention Team (CIT) Program*. Additionally, we evaluated whether the City and the CPD had adequate personnel to fulfill the requirements of this paragraph.

The IMT assessed Secondary compliance by evaluating whether qualified CPD personnel are fulfilling the responsibilities to achieve the goals of the Consent Decree and the requirements of ¶92, and by reviewing training development, implementation, and evaluation in accordance with ¶1286. 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. For Full compliance, we will consider whether the CPD is sufficiently staffed, is following best practice related to training and eligibility standards and has implemented its policies and training for CIT officers, which will include analysis of relevant data.

When Secondary compliance was achieved, the Crisis Intervention Unit had double the personnel that it currently has. And in the last reporting period, the IMT raised concerns about the continued drastic reductions in staffing required to support the purpose and function of the Crisis Intervention Unit (CIU), including recruiting specialized Certified CIT officers, and ensuring current CIT officers are following best practice standards related to both training and eligibility standards.<sup>1</sup> As we stated in *Independent Monitoring Report 8*, Secondary compliance “will be reassessed in the next reporting period in light of drastic reductions in staffing

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<sup>1</sup> See also ¶¶90–91 and 93–95. The City and the CPD maintained Preliminary compliance with ¶¶90–91 and 93–95 in the ninth reporting period, but did not reach additional levels of compliance.

required to support the purpose and function of the CIU, inclusive of recruiting specialized [Certified] CIT officers.”<sup>2</sup>

In the ninth reporting period, the CPD reverted to a voluntary CIT model, which will require the CPD to update and revise its directive S05-14, *CIT Program*. Despite our concerns regarding drastic reductions in staffing, the City and the CPD maintained Preliminary Compliance this reporting period because we anticipate that S05-14 will be updated and finalized during the next reporting period.

The City and the CPD did not maintain Secondary compliance this reporting period because of training deficiencies related to Certified CIT officers trained before the onset of the Consent Decree and the IMT-approved CIT training, failures to ensure current Certified CIT officers have met the required eligibility standards, and dramatic staffing deficiencies in the CIU.

As referenced above, the City and the CPD reversed course with their CIT model. At the outset of the Consent Decree, the CPD promoted a voluntary CIT model. In the sixth reporting period, the CPD shifted to a mandatory CIT model that required all officers to receive the 40-hour *Basic CIT* training. During the ninth reporting period, the CPD announced that it is reverting to a voluntary “Memphis Model” CIT program. This change requires the Office of the Emergency Management and Communications (OEMC) and the CPD to update their policy, training, and operational practices.

The CPD and the IMT continued discussions during this reporting period about other areas of concern, including (1) a city audit that revealed that some Certified CIT officers do not meet eligibility criteria, which the CPD must address, and (2) relatedly, the IMT continues to seek clarity regarding Certified CIT officer eligibility, which is an important issue that requires further discussion between the IMT and the City.<sup>3</sup>

During this reporting period, the CPD informed the IMT that the CPD receives between one and eight voluntary CIT applications per month, an important consideration with the voluntary CIT model. The CPD still has not completed the full eligibility review of those officers who should, according to the CPD’s eligibility

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<sup>2</sup> See *Independent Monitoring Report 8*, Appendix 4, at 20.

<sup>3</sup> The CPD’s S05-14 *Crisis Intervention Team (CIT) Program* policy more 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 recommended that the BIA avoid making this distinction and, instead, deem as relevant sustained complaints against any person—not just individuals in crisis. The CPD, however, has maintained its stance. It is unclear how the CPD intends to decipher incidents directly involving individuals in crisis, but the IMT looks forward to better understanding the CPD’s position.

standards, qualify as “Certified CIT officers,” and therefore count toward the CPD’s response ratios. Without this eligibility review, the CPD will be unable to demonstrate sufficient response ratios. The IMT accordingly encourages the CPD to develop guidelines to timely process an officer’s eligibility.

Currently, if an officer has ever received the 40-hour Basic CIT training, then that officer is considered a “Certified CIT officer.” We strongly recommend that the CPD revise this eligibility standard in the next reporting period. There are CPD members who received training as far back as 2004—and have received no refresher training since—that are being identified as Certified CIT officers. 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.<sup>4</sup> The CPD should then complete its eligibility review process before establishing the required cadence of *CIT Refresher Training* every three years.

As we enter year six of the Consent Decree, the IMT encourages the CPD to reconsider its approaches to be consistent with best practice, including defining and calculating its response ratios, determining which eligibility standards will apply to Certified CIT officers, and ensuring prompt removal of those officers who do not meet these eligibility standards. Additionally, the IMT suggests that the CPD consider CIT models that may better assist the CPD with achieving required response ratios, including dedicated CIT patrol units in each district with a primary role of responding to mental-health calls. Other, non-dedicated Certified CIT officers in that district could be utilized when the dedicated units are responding to a call or otherwise unavailable. Other communities have had success with this approach. There are additional models around the country, including those under Consent Decree, that would be worthwhile for the CPD to explore.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in [Comprehensive](#)

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<sup>4</sup> Based on its review of ¶192’s assessment, the City and the CPD believe that they lost Secondary compliance with ¶192 due to “staffing issues,” which the City argues is irrelevant to the requirements of ¶192. While adequate staffing is inherently necessary to meet the requirements in ¶192, the CIU’s staffing is not the sole reason the City and the CPD lost Secondary compliance with ¶192. As explained above, the City and the CPD also lost Secondary compliance due to Certified CIT officer training deficiencies, as well as the CPD’s failure to ensure that current Certified CIT officers meet the CPD’s own eligibility standards. Certified CIT officers, according to the CPD’s S05-14, *CIT Program*, are officers who maintain “specialized crisis intervention duties” and “who receive specialized training in responding to individuals in crisis.” However, there are currently officers who qualify as “Certified CIT officers,” despite receiving zero CIT training for the past twenty years. Allowing such officers to be considered Certified CIT officers is inconsistent with both best practices and the CPD’s own definition of the specialized role.

*Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpd-monitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 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.

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

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

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

The CPD's Special Order S05-14, *Crisis Intervention Team (CIT) Program*, 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 CPD did not produce any training evaluations in the ninth reporting period, despite requests by the IMT over several reporting periods to produce evaluations of both the *CIT Basic* training and the *CIT Refresher* training. These evaluations are consistent with the ADDIE model and are necessary to assess the CPD's Secondary compliance with ¶196. The CPD must produce these materials in the next reporting period to maintain Secondary compliance with ¶196. In addition, the IMT is deeply concerned by the drastic staffing reductions in the Crisis Intervention Unit (CIU), and we are closely monitoring the CPD's response. The IMT is concerned that trainers are spread too thin and lack adequate resources and administrative support. The CPD must prioritize its support for CIU instructors.

We will look for the CPD to produce training evaluations each reporting period along with the annually required training review and 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 trainings and to offer feedback, produce training attendance records and evaluations each reporting period, show evidence of annual review and revision of the training, and maintain sufficient staffing to support CIT training.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 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.

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

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

In the ninth 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 CPD's Special Order S05-14, *Crisis Intervention Team (CIT) Program*, 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 *CIT Refresher Training*. To assess Secondary compliance, the IMT observed the curricula-development 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 ¶197's requirements.

The CPD did not produce any training evaluations this reporting period, despite requests by the IMT over several reporting periods to produce evaluations of both the *CIT Basic* training and the *CIT Refresher* training for each reporting period. These evaluations are consistent with the ADDIE model and are necessary to assess the CPD's Secondary compliance under ¶197. The CPD must produce these materials in the next reporting period to maintain Secondary compliance with ¶197.

In 2024, the CPD plans to provide the 40-hour *Basic CIT* training one to two times per month and the *CIT Refresher* training 54 times (at minimum). The CPD delivers the *Advanced Youth and Veterans CIT* training five weeks of the year. Yet, the number of personnel comprising the CIT Training Section has been significantly reduced, from fourteen officers and two sergeants in 2021 to five officers and one sergeant in November of 2023. With the CPD's recent reversal to a voluntary CIT based on the Memphis Model, it is unclear how these training plans may have changed. Still, the IMT encourages the CPD to consider prioritizing the 40-hour



*Basic CIT* training for officers who were trained before 2021, as well as those who received the 40-hour *Basic CIT* training in 2021 and are now required to receive the *Refresher* training to maintain certification.

The IMT is concerned by the drastic staffing reductions, and we are 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.

To maintain Secondary compliance in the next reporting period, the CPD must produce training evaluations. The CPD must also demonstrate that it is annually reviewing and, as necessary, revising the *CIT Refresher* training. We recommend that the CPD use the "CIT Troubleshooting" and the "CIT Group Problem Solving" portions of the training to inform revisions. We also suggest that the CPD track the trends and topics that arise during each of the refresher trainings to support ¶187's requirement of seeking feedback from officers. Additionally, the CPD should increase attention to the required topics related to refreshing officer skills.

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 members to attend training and offer feedback, provide training attendance records and evaluations each reporting period, demonstrate review and revisions of training, and reach and maintain sufficient staffing levels to support CIT training.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 2023 COMPLIANCE PROGRESS: Secondary

## 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.

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

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

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

The CPD did not, however, produce any training evaluations this reporting period, despite requests by the IMT over several reporting periods to produce evaluations of both the *CIT Basic* training and the *CIT Refresher* training. These evaluations are consistent with the ADDIE model and are necessary to assess the CPD’s Secondary compliance under ¶199. The CPD must produce these materials in the next reporting period to maintain Secondary compliance with ¶199.

Additionally, there is no evidence of the CPD’s annual review and, where necessary, revision of the *CIT Refresher* training, with input from the Advisory Committee—*i.e.*, the Chicago Council on Mental Health Equity (CCMHE). The IMT has expressed concern throughout several reporting periods that 20.36% of all current Certified CIT officers were trained over 10 years ago (*i.e.*, between 2004–2012) and have received no refresher training since. The IMT has encouraged the CPD to realign its refresher training to focus more on topics related to refreshing skills. 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, ensuring all officers, not just Certified CIT Officers, are receiving this information, and instead dedicate more of the *CIT Refresher* training curriculum to relevant CIT topics. See ¶1381. Moreover, because programs change and community resources continually evolve, the CPD must ensure that such changes are included in its curricula revisions.

To maintain Secondary compliance in the next reporting period, the CPD must produce training evaluations and continue to do so each reporting period. The CPD must also demonstrate that it is annually reviewing and, as necessary, revising the *CIT Refresher* training. We recommend that the CPD use the “CIT Troubleshooting”

and the “CIT Group Problem Solving” portions of the training to inform revisions. We also suggest that the CPD track the trends and topics that arise during each of the refresher trainings to support ¶187’s requirement of seeking feedback from officers. Additionally, the CPD should increase attention to the required topics related to refreshing officer skills.

To assess Full compliance, the IMT will review the CPD’s training attendance documentation, training evaluations, and district-needs assessments to inform required annual review and training revisions, while monitoring how the reduction in training resources affect the quality of the overall training requirements of ¶199.

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

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>

#### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 2023 COMPLIANCE PROGRESS: Secondary

## 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.

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

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

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

While the City and the CPD maintained Secondary compliance with ¶126 this reporting period, the CPD still has not produced any training evaluations for the required *Crisis Intervention Annual In-Service* training. The IMT commends the CPD for producing evidence that 95% of all officers completed the 8-hour *Crisis Intervention Annual In-Service* training, but officer evaluations of the training are necessary under the ADDIE model to assess the CPD's compliance under ¶126.

To maintain Secondary compliance in the next reporting period, the CPD must produce training evaluations for the 8-hour *Crisis Intervention Annual In-Service* training delivered to officers in 2023. As required by ¶126, the IMT will assess future levels of compliance by reviewing training records that indicate 95% of all officers receive training every three years, officer evaluations of the training, and the outcome metrics the CPD will develop to assess the effectiveness of the training so that the training can be adjusted accordingly. Additionally, the CPD should consider consulting with the Chicago Council on Mental Health Equity (CCMHE) on this training. Specifically, the IMT recommends that the CCMHE observe this training

and, where appropriate, provide community and lived-experience feedback. See ¶130.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>

### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 2023 COMPLIANCE PROGRESS: Secondary

## 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.*

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

<b>Preliminary:</b>	<b>In Compliance (SECOND REPORTING PERIOD)</b>
<b>Secondary:</b>	<b>Not in Compliance (NEW: LOST COMPLIANCE)</b>
<b>Full:</b>	<b>Not Yet Assessed</b>

In the ninth monitoring period, the City maintained Preliminary compliance but did not maintain Secondary compliance with ¶132.

The City did not maintain Secondary compliance with this paragraph in the ninth reporting period. The Chicago Council on Mental Health Equity (CCMHE) 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 CCMHE. There has been such low attendance at the quarterly meetings over the last two years that it has been difficult to achieve a quorum. Consistent with ¶132, the IMT recommended in *Independent Monitoring Report 8* that the Chairs annually request committee members to identify themselves in a pre-established subject area and that the City produce an updated membership list with each member’s self-identified subject area and contact information to facilitate the IMT’s future assessment efforts. While information was included in a survey that the CCMHE chairs sent to members of the committee, the IMT has not received anything related to the outcome of that survey.

The IMT has also encouraged the CCMHE for four reporting periods to prioritize its structure and purpose. The CCMHE leadership dismantled the previous subcommittee format but has yet to replace its prior format with a new structure that is consistent with the CCMHE’s bylaws.

The IMT continues to be concerned about the low representation and inadequate participation of members of the community with lived experience on the CCHME. Various CCMHE members 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 and the prescribed representation outlined under ¶132. There are many professionals serving on this committee who would be a good resource to assist with recruitment.

We look forward to the City’s efforts to implement the new CCMHE structure aligned with the committee’s bylaws, as well as the City’s demonstration of a quorum and attendance representing the categories identified in ¶132. The IMT will also evaluate robust participation from the CCMHE members, including people with lived experience. We will monitor the leadership response to the CCMHE 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, including policy review and attendance observation.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

#### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 2023 COMPLIANCE PROGRESS: Preliminary



## 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.

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

**Preliminary:** *In Compliance (FOURTH REPORTING PERIOD)*

**Secondary:** *In Compliance (FIFTH REPORTING PERIOD)*

**Full:** *Not Yet Assessed*

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

To achieve Preliminary compliance the City and the OEMC partially memorialized ¶138 into 23-004, *Crisis Intervention Team Program*.<sup>5</sup> The OEMC has also sought to fully memorialize ¶138 into its updated 23-004, *Crisis Intervention Team Program*, which is currently under review by the IMT. The OEMC has also worked to update program changes into their policy, which is commendable.

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

1. Finalize the revised 23-004, Crisis Intervention Team Program.
2. Continue to provide documentation demonstrating 95% training completion and corresponding training evaluations.
3. Demonstrate annual review and, where appropriate, revisions of training and policy, such as changes in response to the Chicago Council on Mental Health Equity's feedback.
4. Provide completed Quality Assurance Reports

While the City and the OEMC maintained Secondary compliance with ¶138 in the ninth reporting period, the OEMC must provide evidence that the 8-hour *Mental Health and CIT Awareness* training or the *CIT Refresher* training have been revised to guide call-takers and dispatchers on new protocols responsive to ¶¶138–39. The regular cadence of annual policy and training revisions required under the Consent Decree is meant to assist in addressing the fluidity of program

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<sup>5</sup> The OEMC revised its *Crisis Intervention Team Program* policy numbering this reporting period from 21-004 to 23-004.

improvements and must be done annually with Chicago Council on Mental Health Equity's (CCMHE) feedback.<sup>6</sup>

The OEMC produced the training records and corresponding evaluations for both the “*Mental Health Crisis Awareness – Refresher*” and “*Mental Health Crisis Awareness Training*,” which is commendable. The evaluations also contained positive feedback, especially regarding the refresher class on “CARE” (Crisis Assistance Response and Engagement) and “CARE ALT” (alternate response), which the IMT looks forward to reviewing.

The IMT has recommended that the OEMC identify a training observation committee composed of a cohort of CCMHE volunteers, Coalition Members, and/or Advocacy Group representatives. The OEMC should prioritize such attendance at training sessions. For example, the OEMC could develop a subgroup to observe training and invite individuals with lived experience and members of an organization in an advocacy role, as well as other broad invitations.

Training revisions should consider themes identified in daily audits of mental-health-related calls. 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.

Significant program changes affecting ¶138 have occurred over the last several reporting periods, including revised CIT officer designations, the CARE program, clinicians inside 911, and the National 988 system.<sup>7</sup> The OEMC has been slow to respond to these changes in policy and training. At the end of this reporting period, however, three of the four OEMC policies related to crisis intervention were produced to the IMT with updates accounting for these changes.<sup>8</sup> At the end of the reporting period, these policies were still under review.

Moreover, ¶147 requires the OEMC to evaluate its mental-health training for telecommunicators annually. The IMT has not received evidence of the OEMC's annual review and revisions to its training.

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<sup>6</sup> Notably, only the OEMC's Police telecommunicators receive the trainings mentioned above. The IMT recommends that *all* OEMC telecommunicators, for example telecommunicators answering fire and emergency medical service-related calls, receive these trainings. Providing these trainings to all telecommunicators—not just those who dispatch Police calls for service—is consistent with best practice.

<sup>7</sup> See 988 Suicide & Crisis Lifeline, available at <https://www.fcc.gov/sites/default/files/988-fact-sheet.pdf>.

<sup>8</sup> The OEMC produced SOPs 23-003, *Mental Health Event Audit*; 23-004, *Crisis Intervention Team (CIT) Program*; and 23-005, *Mental Health Training*. The OEMC informed the IMT that it plans to produce its fourth policy, TNG 22-005, *9-8-8 Calls for Crisis Hotline*, once that policy receives feedback from the Chicago Council on Mental Health Equity.

The IMT cannot assess the OEMC’s compliance with this paragraph’s requirements without reviewing evidence of program changes (e.g., 988; the CARE (Crisis Assistance Response and Engagement) pilot program), new coding (e.g., Certified CIT officer, ALT Response), audit outcomes, and CCMHE observation and feedback of policies and training. While the OEMC’s engagement with the CCMHE has improved, there is still room for improvement.

Further, completed audit sheets (e.g., “CIT Employee Review”; “CIT Reviewed Events”; and “CIT Quality Assurance Report”) must be produced to support training revisions and to maintain Secondary compliance with this paragraph.

Further levels of compliance will depend on broader system operation, including the OEMC’s ongoing performance and reliable data, as evidenced by its policy, training, and operational practices.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

#### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 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.

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

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

During the ninth reporting 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 23-004, *Crisis Intervention Team Program*.<sup>9</sup> To maintain Secondary compliance with ¶139 in future reporting periods, the OEMC must provide sufficient documentation demonstrating 95% completion of training, corresponding training evaluations, and conducting training review and revisions, where appropriate. This review should also include feedback from the Chicago Council on Mental Health Equity.

The 8-hour training through which the City achieved Secondary compliance included a review of CIT Policies—covering the OEMC drop-down boxes and 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).<sup>10</sup>

This reporting period, the OEMC produced training attendance records and training evaluations, which we appreciate. The training evaluations were strong but also provide insight into how the OEMC’s training could improve.

The City and the OEMC maintained Preliminary and Secondary compliance with ¶139 in the ninth reporting period. Moving forward, the OEMC must ensure that policies and training have been reviewed and revised to incorporate program changes. Finally, ¶139 requires the OEMC to code all incidents identified as potentially involving an individual in crisis in a manner that allows for subsequent data analysis. One of the core missions of the CIT program is to deflect and divert from

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<sup>9</sup> We expect the City and the OEMC to update this policy per the requirements of ¶626–41, as it is overdue for review and revisions. We look forward to reviewing the revised policy soon.

<sup>10</sup> 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 criminal justice system whenever possible. Therefore, the IMT is seeking evidence of data that incorporates diversion of 911 calls to alternatives like 988 and/or CARE (Crisis Assistance Response and Engagement).

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 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.

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

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

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

To achieve Preliminary compliance the City and the OEMC partially memorialized ¶140 into 23-004, *Crisis Intervention Team Program*, which is currently under review by the IMT. The OEMC is maintaining Preliminary compliance with the expectation that the policy will be revised as needed. The IMT appreciates the OEMC’s efforts to update program changes into its policy.

While the City and the OEMC maintained Secondary compliance with ¶140 in the ninth reporting period, the IMT is concerned about continued maintenance of Secondary compliance, as OEMC has not produced any evidence that the 8-hour *Mental Health and CIT Awareness* training or the *CIT Refresher* training have been revised to guide call-takers and dispatchers on new protocols responsive to ¶¶138–39. 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 and is required annually with Chicago Council on Mental Healthy Equity (CCMHE) feedback. Additionally, the OEMC has not produced validated data supporting dispatch priorities.

Looking forward, the City and the OEMC must finalize policies incorporating program changes and fully memorialize ¶140’s requirements in the next reporting period. To maintain Secondary compliance with ¶140, the OEMC must also annually review and revise its training. Finally, looking toward Full compliance, the IMT seeks to review validated data demonstrating dispatch priorities in practice.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable

paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpd-monitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 2023 COMPLIANCE PROGRESS: Secondary

## 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.*

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

<b>Preliminary:</b>	<i>In Compliance</i> (FIRST REPORTING PERIOD)
<b>Secondary:</b>	<i>Not in Compliance</i> (NEW: LOST COMPLIANCE)
<b>Full:</b>	<i>Not in Compliance</i> (NEW: LOST COMPLIANCE)

In the ninth monitoring period, the City and the OEMC did not maintain Secondary and Full compliance with ¶142.

The City and the OEMC achieved Preliminary and Secondary compliance with the requirements of ¶142 in the first reporting period by demonstrating that all current active telecommunicators had received mental-health and CIT-awareness training. The OEMC 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 OEMC achieved Full compliance in the fourth reporting period by reporting to the IMT that 95% of its employees had received the requisite training, but the training records that the OEMC then-provided to the IMT did not indicate the dates that the OEMC employees had received the training.

Because the training records produced in the fourth reporting period did not include the dates that the OEMC’s personnel were trained, the IMT has advised the OEMC over many reporting periods that it must produce comprehensive attendance records and training evaluations each reporting period to maintain Full compliance with this paragraph. During the ninth reporting period, the OEMC for the first time produced complete and thorough training records; however, these records revealed that a significant number of telecommunicators initially included in the OEMC’s list of the 95% of employees who had received the requisite training received the *CIT and Mental Health Awareness* training as far back as 2016, which was before the Consent Decree approved training in 2020.<sup>11</sup> Because the IMT

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<sup>11</sup> The OEMC’s 2023 training records show that 304 telecommunicators out of 459 total (66%) received the *CIT and Mental Health Awareness* training before 2020. The OEMC’s 2019 training records appear to be inconsistent with the 2023 training records, showing, for example, that 432 telecommunicators received the training in 2016, whereas the 2023 training records show that 272 telecommunicators received the training in 2016. In 2019, the IMT requested “[c]opies of curricula for OEMC training, including pre-evaluation and post-evaluations.” This request was to evaluate whether pre-Consent Decree training adequately covered the component parts of ¶¶142–45. In response to this request, the City



learned that the OEMC is actually using its previous training to demonstrate compliance, the City and the OEMC lost Secondary and Full compliance this reporting period. The City and the OEMC disagree with the IMT’s compliance assessment.

The City and the OEMC contend that they should not have lost Secondary and Full compliance because the IMT has known since the first reporting period that most of the OEMC’s telecommunicators received the mental-health and CIT-awareness training in 2016, before the Consent Decree approved training in 2020.

There is no doubt that OEMC provided telecommunicators with mental-health and CIT-awareness training before the Consent Decree. In fact, the Consent Decree acknowledges the possibility that such pre-Consent Decree training could satisfy Consent Decree requirements. See ¶145. If the OEMC intends to use its previous training towards compliance with ¶¶142–45, however, then the OEMC must demonstrate that the older training complies with ¶¶142–44’s requirements.<sup>12</sup>

Before the ninth reporting period, it was the IMT’s understanding that the OEMC did not intend to use pre-Consent Decree training to demonstrate compliance.<sup>13</sup> The OEMC provided the corresponding attendance records for the first time in the ninth reporting period, which showed, for the first time, that the OEMC was seeking to rely on pre-Consent Decree training. As a result, if the OEMC intends to utilize pre-Consent Decree training to demonstrate compliance, which ¶145 permits,

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produced three documents: “Roll Call Training – Self Care”; “Roll Call Training – PTSD”; and “CIT Evaluation Forms.” However, these documents did not sufficiently address the requirements of ¶¶142–45. In 2020, the OEMC reported that it was not going to utilize pre-Consent Decree training for compliance purposes. See *Independent Monitoring Reports 4, 5, 6, 7, and 8*. In 2020, the OEMC produced a revised *CIT and Mental Health Awareness* training; the IMT reviewed this training and determined that it met the requirements of ¶¶142–45. Should the OEMC decide to utilize pre-Consent Decree training to achieve compliance with ¶¶142–45, the OEMC will need to provide the curricula for that training for IMT review to ensure that it is an 8-hour training that includes the component parts required by ¶¶142–45.

<sup>12</sup> Any such training must adequately address the topics identified in ¶144. The IMT has received and reviewed the OEMC’s 2018 training. To date, the IMT has neither received nor reviewed the OEMC’s 2016, 2017, or 2019 training.

<sup>13</sup> In August 2019, during the first reporting period, the City and the OEMC produced training records to the IMT that indeed showed that most telecommunicators received the mental-health and CIT-awareness training in 2016 and 2017. In 2020, during the fourth reporting period, the OEMC informed the IMT that 95% of its employees had received the updated, Consent-Decree approved *Mental Health and CIT Awareness* training, but the training records that the OEMC produced at that time were incomplete, as they did not include the date that the OEMC employee had received the training. Therefore, the IMT advised the OEMC over many reporting periods that it must produce comprehensive attendance records to maintain compliance. These comprehensive attendance records were finally produced during the ninth reporting period and revealed that a significant number of telecommunicators received the requisite training in 2016. In sum, these attendance records clarified to the IMT that the OEMC is using its pre-Consent-Decree training for compliance with ¶¶142–45.

the OEMC will have to demonstrate how that “previously provided training satisfies the criteria” in the Consent Decree. The OEMC has not yet attempted to do so.

While we appreciate the City and the OEMC’s feedback, and hope that we can quickly identify an efficient path toward full and effective compliance, the City and the OEMC lost Secondary and Full compliance with ¶142 in the ninth reporting period.

This decision is not taken lightly: Demonstrating that all telecommunicators have received training consistent with the Consent Decree matters. The OEMC’s *Mental Health and CIT Awareness* training is essential to a telecommunicator’s ability to perform their role, as evidenced by the fact that all OEMC telecommunicators must receive this training before they are allowed to answer calls independently. See ¶142. Indeed, members of the public interacting with OEMC telecommunicators are often urgently seeking the OEMC’s and the CPD’s help in the midst of crisis. Whether a telecommunicator is adequately trained in mental health and CIT awareness can be a matter of life or death. The City’s comments suggest that the OEMC can properly achieve full and effective compliance with ¶¶142–43 without having to demonstrate that its *Mental Health and CIT Awareness* training sufficiently prepares its telecommunicators.

To regain Secondary and Full compliance, the OEMC must either demonstrate that the pre-Consent Decree training was compliant with the Consent Decree or it must reach 95% attendance for the Consent Decree approved training.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 2023 COMPLIANCE PROGRESS: Preliminary

## 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.*

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### Compliance Progress

(Reporting Period: July 1, 2023, through December 31, 2023)

<b>Preliminary:</b>	<b><i>In Compliance</i></b> (FOURTH REPORTING PERIOD)
<b>Secondary:</b>	<b><i>Not in Compliance</i></b> (NEW: LOST COMPLIANCE)
<b>Full:</b>	<b><i>Not in Compliance</i></b> (NEW: LOST COMPLIANCE)

In the ninth monitoring period, the City and the OEMC did not maintain Secondary and Full compliance with ¶143.

To achieve Preliminary compliance, the OEMC memorialized the requirements of ¶143 into its policy 21-005, *Mental Health Training*. 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.

The IMT assessed Full compliance by evaluating training attendance records and by considering the City’s and the OEMC’s efforts to engage with the community, including the Chicago Council on Mental Health Equity (CCMHE), regarding requisite policy, training, and operations development and implementation as referenced in the Consent Decree.

The City and the OEMC failed to maintain Secondary and Full compliance this reporting period. The OEMC’s training attendance records indicate that a significant number of telecommunicators initially included in the OEMC’s record of the 95% of employees who had received the requisite training received the *CIT and Mental Health Awareness* training dating back to 2016, which was before the Consent Decree approved training in 2020.<sup>14</sup> The OEMC has previously indicated that the pre-

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<sup>14</sup> The OEMC’s 2023 training records show that 304 telecommunicators out of 459 total (66%) received the *CIT and Mental Health Awareness* training prior to 2020. The OEMC’s 2019 training records appear to be inconsistent with the 2023 training records, showing, for example, that 432 telecommunicators received the training in 2016, whereas the 2023 training records show that 272 telecommunicators received the training in 2016.

In 2019, the IMT requested “[c]opies of curricula for OEMC training, including pre-evaluation and post-evaluations.” This request was to evaluate whether pre-Consent Decree training adequately covered the component parts of ¶¶142–45. In response to this request, the City produced three documents: “Roll Call Training – Self Care”; “Roll Call Training – PTSD”; and “CIT Evaluation Forms.” However, these documents did not sufficiently address the requirements of ¶¶142–45. In 2020, the OEMC reported that it was not going to utilize pre-Consent Decree training for compliance purposes. See *Independent Monitoring Reports* 4, 5, 6, 7, and 8. In 2020, the OEMC produced a revised *CIT and Mental Health Awareness* training; the IMT reviewed this training and determined that it met the requirements of ¶¶142–45. Should the OEMC decide to utilize pre-Consent Decree training to achieve compliance with ¶¶142–45,

Consent Decree training was not going to be used towards compliance (see assessment for ¶142, above). To regain Secondary and Full compliance, the OEMC must either demonstrate that the pre-Consent Decree training was compliant with the Consent Decree or it must reach 95% attendance for the Consent Decree approved training. Additionally, the OEMC training is required to be reviewed and, where necessary, revised annually, with CCMHE feedback. The IMT has not received documentation of OEMC’s training review or revision since it was originally produced and received a no-objection notice from the IMT in 2020.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

#### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 2023 COMPLIANCE PROGRESS: Preliminary

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the OEMC will need to provide the curricula for that training for IMT review to ensure that it is an 8-hour training that includes the component parts required by ¶142–45.

## 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.

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Compliance Progress (Reporting Period: July 1, 2023, through December 31, 2023)

**Recurring Schedule:** Annually  **Not Yet Applicable**

**Preliminary:** *In Compliance* (NEW: REGAINED COMPLIANCE)

**Secondary:** *Not in Compliance*

**Full:** *Not Yet Assessed*

In the ninth monitoring period, the City and the OEMC regained Preliminary Compliance with ¶151.

The OEMC achieved Preliminary compliance with ¶151 by finalizing its standard operating procedure *Mental Health Training*.

Looking forward, the IMT will assess Secondary compliance based on the annual review and revision of the full OEMC policy suite, with Chicago Council on Mental Health Equity (CCMHE) feedback. This process should be detailed on the CCMHE agenda and shared with the CCMHE and the public, who should receive the materials in advance so that they can adequately prepare. Moreover, meeting minutes reflecting CCMHE feedback should be provided to the IMT, along with the OEMC’s response to feedback, and posted on the public website.

The OEMC produced a PowerPoint presentation in November 2023 as evidence of policy review with the CCMHE. This presentation, however, only covered SOP 21-005, *CIT and Mental Health Awareness Training*, and did not cover the other OEMC policies. The OEMC also did not post meeting minutes on the City website, nor did it produce public comments to the IMT. We urge the OEMC to communicate clearly and transparently regarding community input and feedback loops.

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A fuller description of the history of compliance efforts, methodologies, compliance determinations for this paragraph—and each original monitorable paragraphs in the Crisis intervention section—is available in *Comprehensive Assessment Part I* (which included *Independent Monitoring Report 8*): <https://cpdmonitoringteam.com/wp-content/uploads/2023/11/IMR8-Appendix-3-Crisis-Intervention-2023.11.01.pdf>.

### 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	NINTH REPORTING PERIOD JULY 1, 2023 – DECEMBER 31, 2023 COMPLIANCE PROGRESS: Preliminary