



District of Columbia Crisis Intervention Officer (CIO) Program Trend Data Report Reporting Period: FY11 through FY14

The information contained in this report summarizes key performance measures for the Crisis Intervention Officer (CIO) Program using data collected from the PD251C (MPD-CIO Tracking Form). The PD251C is to be completed by Crisis Intervention Officers following their response to mental health-related calls. Below is a summary of data collected from these forms.

Executive Summary

The Crisis Intervention Officer (CIO) program in the District of Columbia began in 2009 as a collaborative effort between the Washington Metropolitan Police Department (MPD), the Department of Behavioral Health (DBH) and the National Alliance of Mental Illness (NAMI DC). Nationally, the program is called Crisis Intervention Teams (CIT) but the District elected to certify individual officers as CIOs rather than teams of officers. In addition to MPD, officers from multiple law enforcement agencies within the District have attended the 40-hour training held at the MPD Police Academy including, but not limited to: U.S. Secret Service, U.S. Capital Police, Amtrak, American University, DC Housing, and Metro Transit (WMATA).

This report provides a summary of findings from data collected via the PD251C (MPD CIO Incident Form) completed and submitted to the Department of Behavioral Health's (DBH) Applied Research and Evaluation Unit (ARE) by certified MPD CIO officers. The data included in this report covers fiscal years 2011, 2012, 2013 and 2014 (unless otherwise indicated). It will display trends in characteristics of incidents where CIOs respond, the behaviors that resulted in a CIO being dispatched, and the time spent on scene. Because officers are required by law to complete the PD251 (official MPD incident form) and not the PD251C, this data does not represent the total call volume of all CIO calls, but is a significant representation. While it is not possible at this time, the PD251C will soon be integrated into MPDs Mark 43 system allowing for the comparison of CIO incidents to MPD incidents overall.

The CIO program is intended to serve as a diversion program and impact several key outcomes unique to the types of incidents that occur with individuals with mental illness. They are as follows:

- Decreases in involuntary hospitalizations
- Decreased crisis response times
- Decreased injuries to law enforcement
- Decreased injuries to citizens
- Decreases in preventable arrests
- Increases in mental health referrals

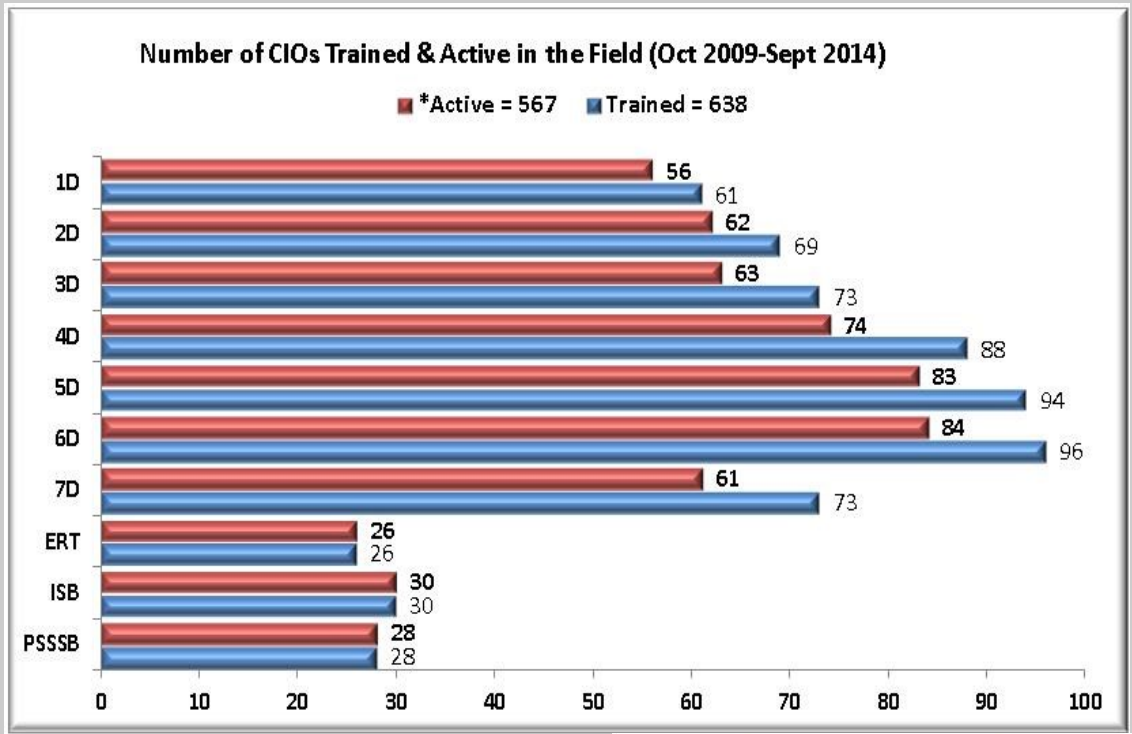
Key Data Findings & Implications

As of September 2014 (N= 2,945 PD251C Incident Forms):

- There has been a steady yearly increase in the number of PD251Cs submitted, however the number increased considerably in FY12 (particularly in 3D, 4D, and 7D) for unknown reasons, resulting in a spike/skew in the data trends
- There were 567 MPD CIOs active in the field, with an additional 91 officers certified from other agencies
- A total of 2,945 PD251Cs have been submitted to DBH
- Fourth District consistently submits more PD251Cs than other districts
- Disorderly behavior and suicide attempts are the most common reasons OUC dispatch requests a CIO
- Hostility and depression are the behaviors most often witnessed and reported by CIO
- CIOs report weapons in 8-11% of incidents with knives or sharp objects being the weapon most often brandished
- Injuries to CIOs are reported in 4-9% of incidents, and 3-14% among other responding officers (non-CIOs)
- CIOs made arrests in 4-8% of incidents
- CIOs provided crisis intervention in 53% of incidents and transported individuals for evaluation (either voluntarily or via FD12) in 69% of incidents
- Second District CIOs transport the majority of individuals voluntarily; Fifth District conducts the majority of FD12s (involuntary) Decreased injuries to citizens; Third District makes the most arrests
- Slightly more men than women interface with CIOs
- Persons aged 19-29 are the subject of the majority of CIO calls

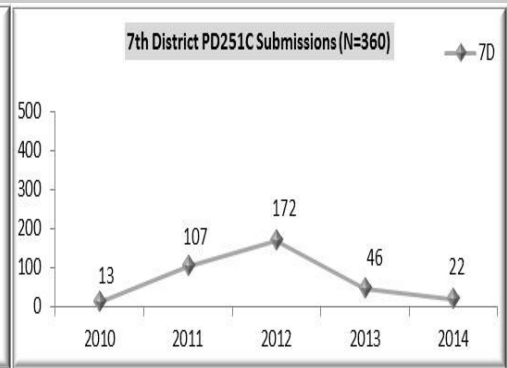
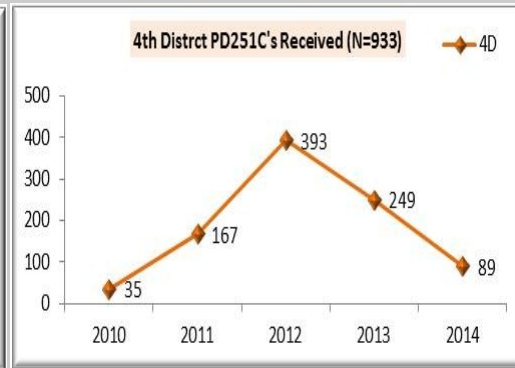
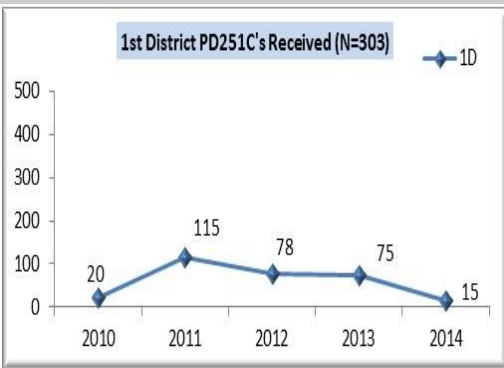
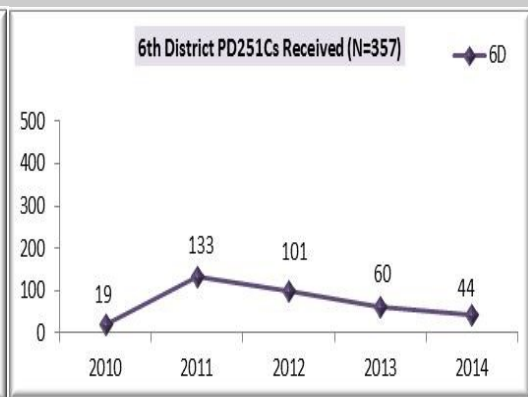
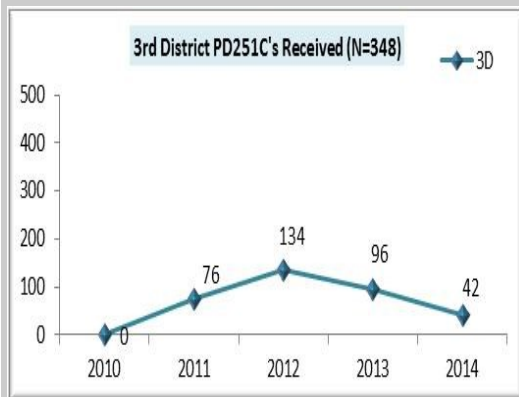
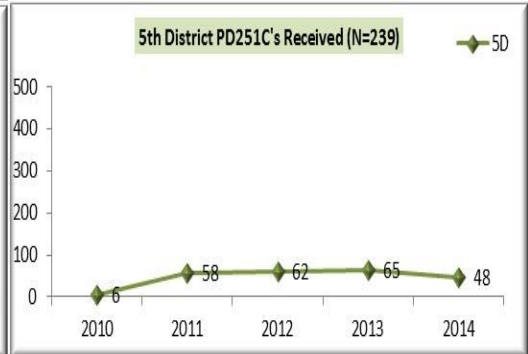
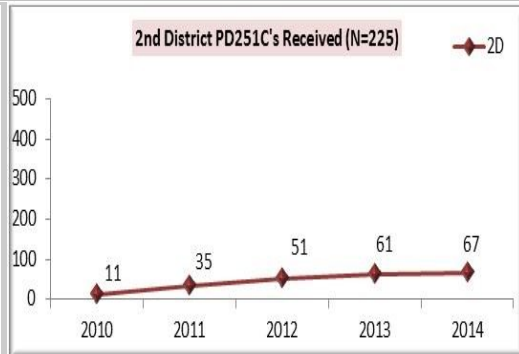
How many CIOs are trained and active in the field?

Since the program's start in October 2009 a maximum of five 40-hour CIO trainings have been held each year. As of September 2014, 638 CIOs were trained in MPD (approximately 20% of the PSA workforce) with an additional 91 CIOs from other DC law enforcement agencies (not shown) for a total of 729 Officers trained. *In actuality there are 567 MPD CIOs still active in the field. Some officers were lost to attrition due to retirement, resignation and/or separation from the department.



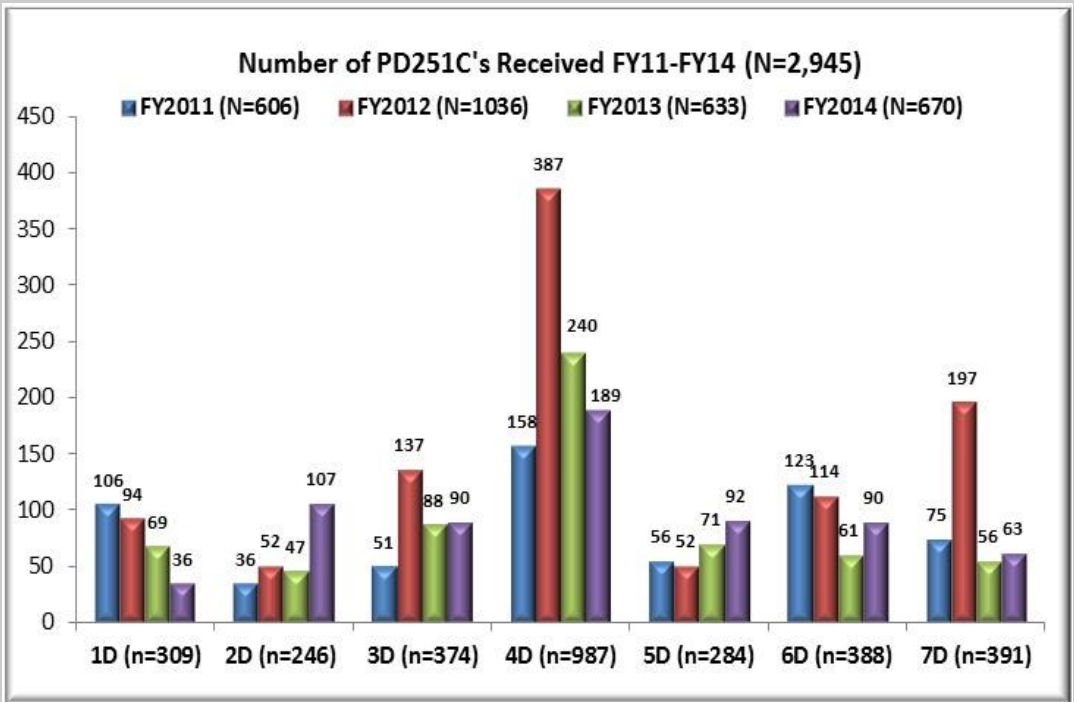
How many CIO incidents have been reported by district over time?

The number of forms submitted yearly (calendar year) by each district is presented here. As more CIOs are certified, more incident forms are completed. However that trend does not apply in all districts. There was also a sharp increase in the number of forms received in FY12, which skews the data. In general the trend was showing an increase in forms across districts, but the amount leveled off, or even decreased in 2014.



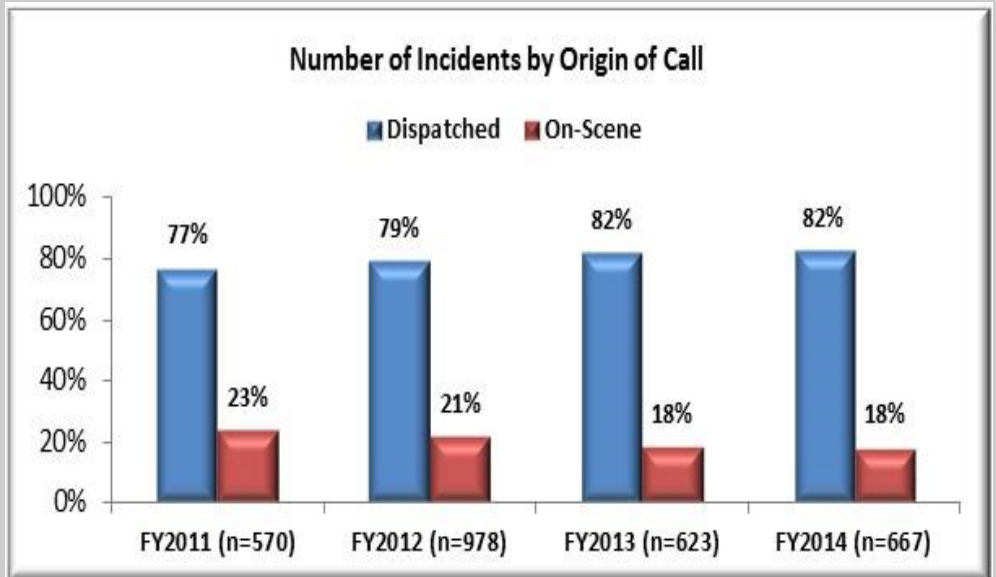
How many CIO incidents have been reported?

Between FY11 and FY14, 2,945 PD251Cs were submitted to DBH. With the exception of FY12 where the number of forms spiked considerably higher, there has been a steady increase in the number of forms received over the years. That is expected as more officers are trained each year. Fourth District consistently submitted the most forms compared to other Districts while First District has shown a steady decline. A total of eight forms (not shown) have been submitted by other MPD bureaus and outside agencies (Patrol Services, US Capital Police, and American U.)



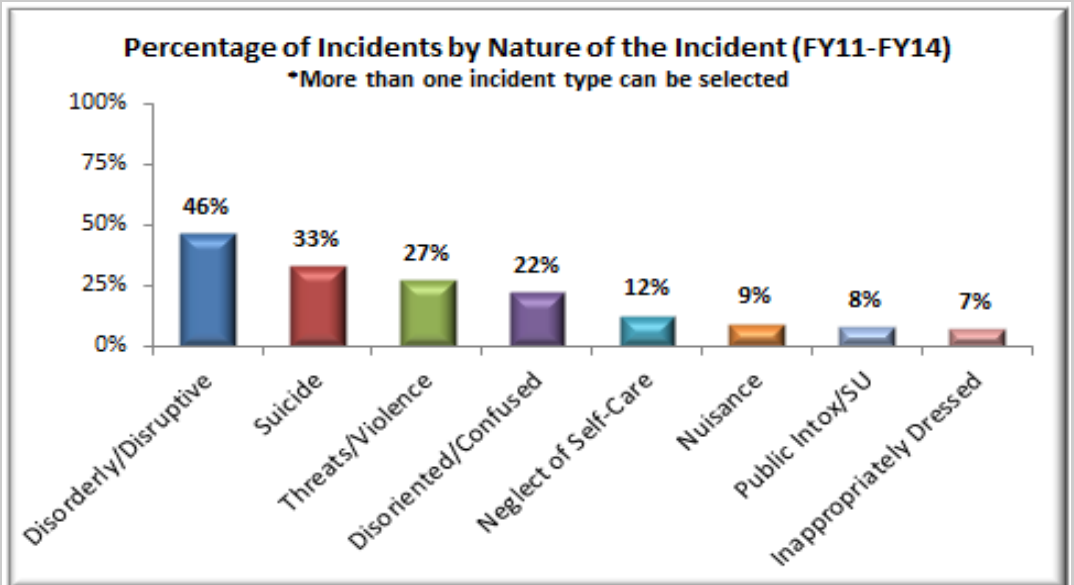
Where are CIO calls originating?

Between FY11 and FY14, MPD CIOs were dispatched to the scene in 77-82% of incidents, while others may have been in the area already or initiated contact on their own (18-23%). In DC, dispatchers received training on the CIO program resulting in the majority of MPD CIOs being dispatched appropriately to mental health related calls. In most other states with the CIT program, dispatchers do not receive training. This makes DC unique and improves response time and efficiency on scene.



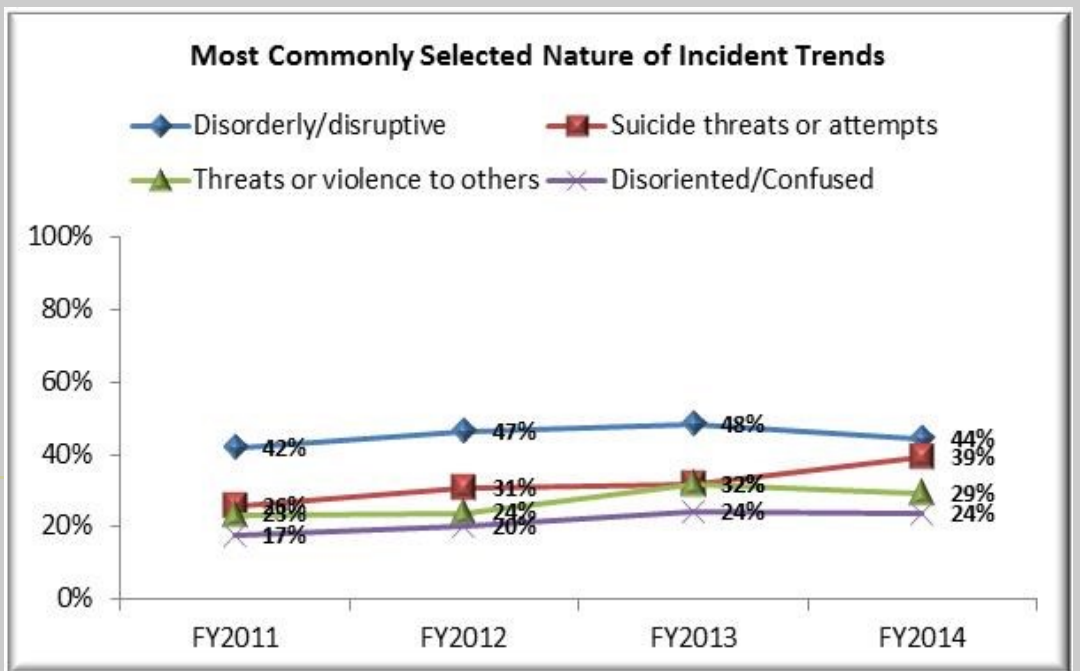
What types of complaints are CIO's responding to?

The nature of incident describes the types of mental health-related complaints received by dispatch. The data shown summarizes all incidents in FY11-FY14. Incidents involving disorderly/disruptive behavior, suicide attempts, and threats/violence are the incidents most often reported by CIOs (more than one type can be selected; do not add up to 100%).



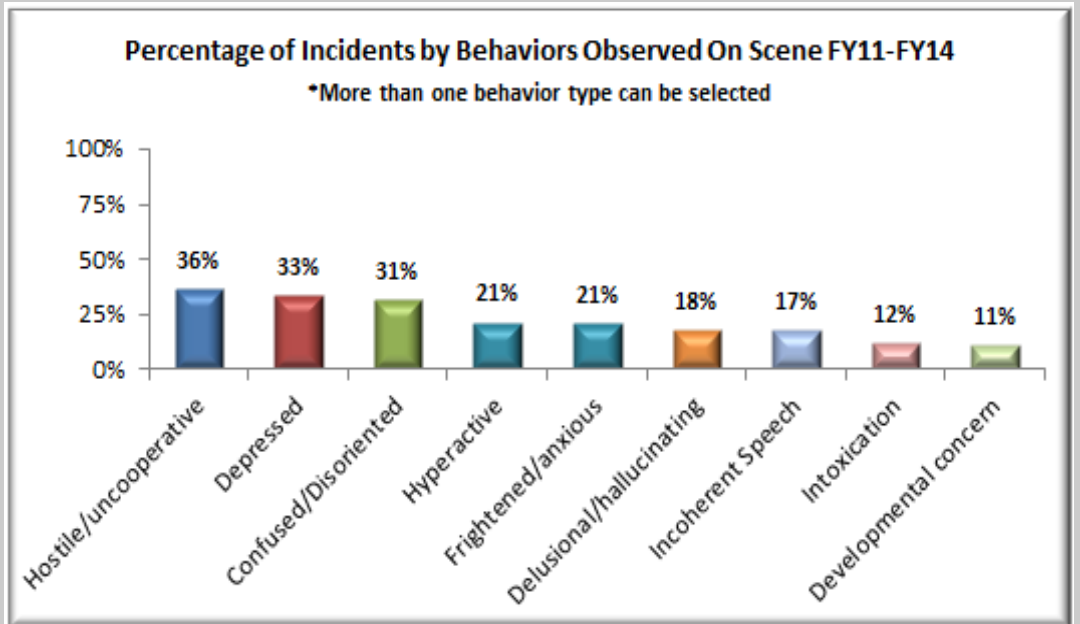
What types of complaints are CIO's responding to? (Cont'd)

The yearly trends in the four most often reported Natures of Incident are shown here. They are: disorderly/disruptive, suicide attempts, threats/violence and disoriented/confused behaviors. In general, the trend shows that reports of suicide attempts have steadily increased, followed by disoriented/confused behavior. The others decreased between FY13 and FY14. Perhaps calls involving suicide attempts have not only increased but dispatch is more consistently sending CIOs to that type of incident.



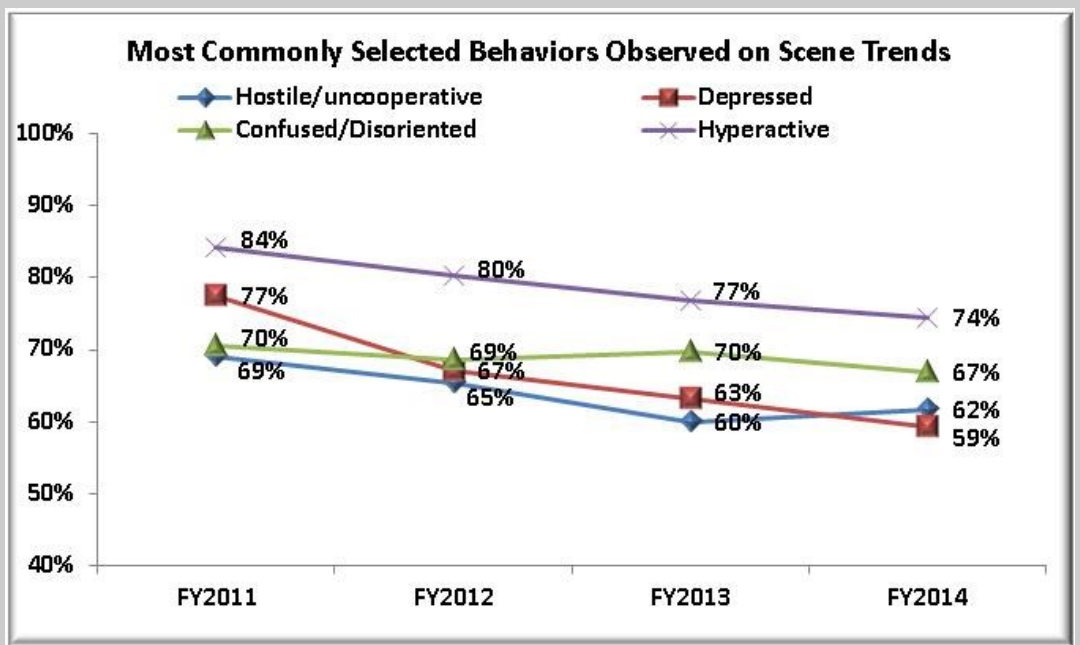
What behaviors do CIOs observe on-scene?

Once a CIO arrives on scene they are asked to report the behaviors being exhibited by the incident subject. CIOs report hostile/uncooperative, depressed, and confused/disoriented behavior in over 30% of all mental health related incidents. The two least reported behaviors are intoxication and developmental concern and both are determined by the CIOs observation or disclosure by the subject and cannot be confirmed (no sobriety or formal test info is available).



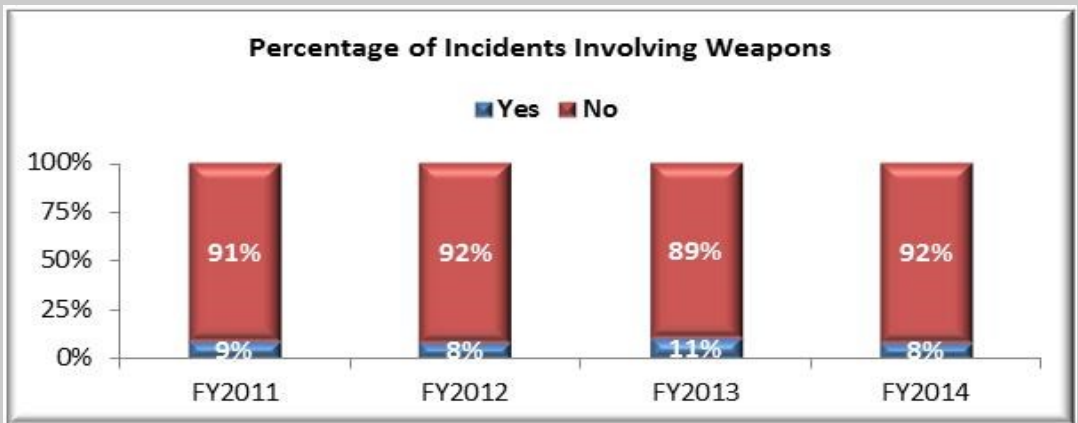
What behaviors do CIOs observe on-scene? (Cont'd)

The yearly trends in the four most common behaviors CIOs observe on scene are shown here. They are: hostile/uncooperative, depressed, confused/disoriented, and hyperactive. Although the number of incidents has increased, the trend shows that the percentage of incidents involving these behaviors is decreasing. Perhaps CIOs are beginning to observe and report a more varied display of other behaviors. This can be determined with additional data.



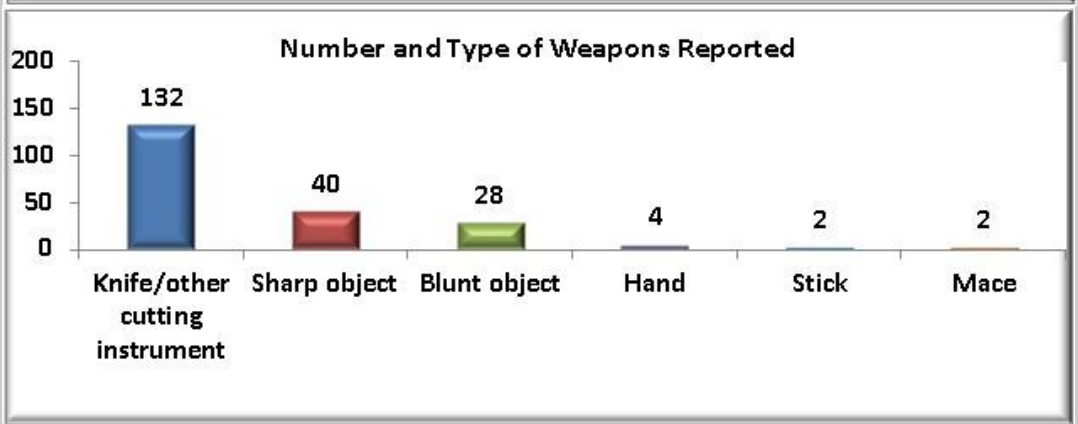
How many CIO calls involve weapons?

The percentage of CIO calls involving weapons is presented here. Between FY11 and FY14 incident subjects brandished weapons in 8 to 11% of incidents. It is likely when more dangerous situations occur involving firearms CIOs prioritize completion of the PD251 instead.



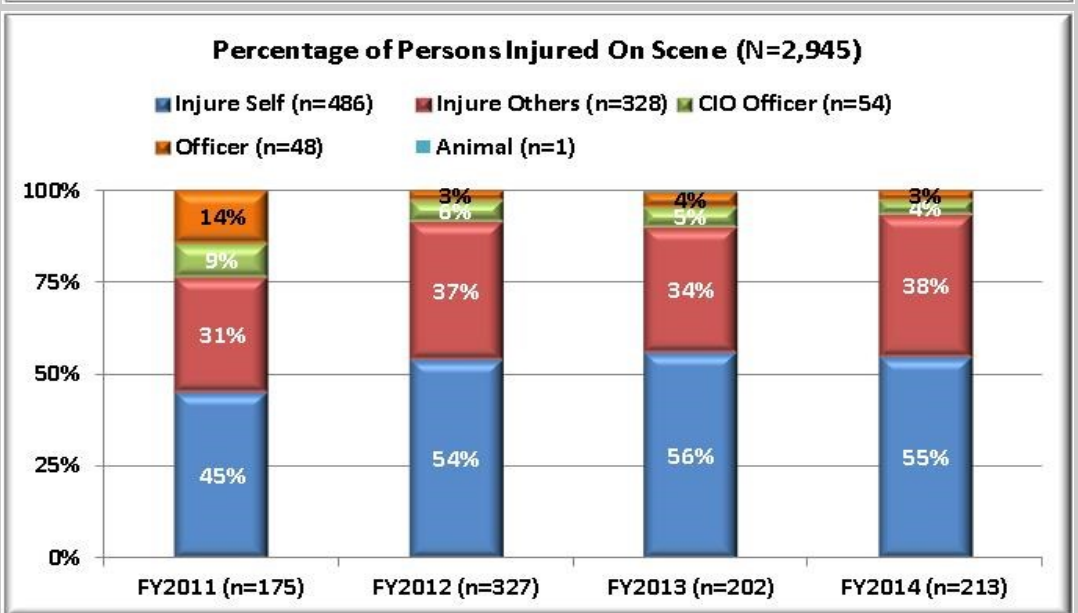
If weapons were involved, what weapons were used?

The number and type of weapons reported by CIOs are shown here. Of the incidents involving weapons (n=208) knives and other cutting instruments, followed by sharp objects are the weapons used in the vast majority of mental health related incidents (172/82%).



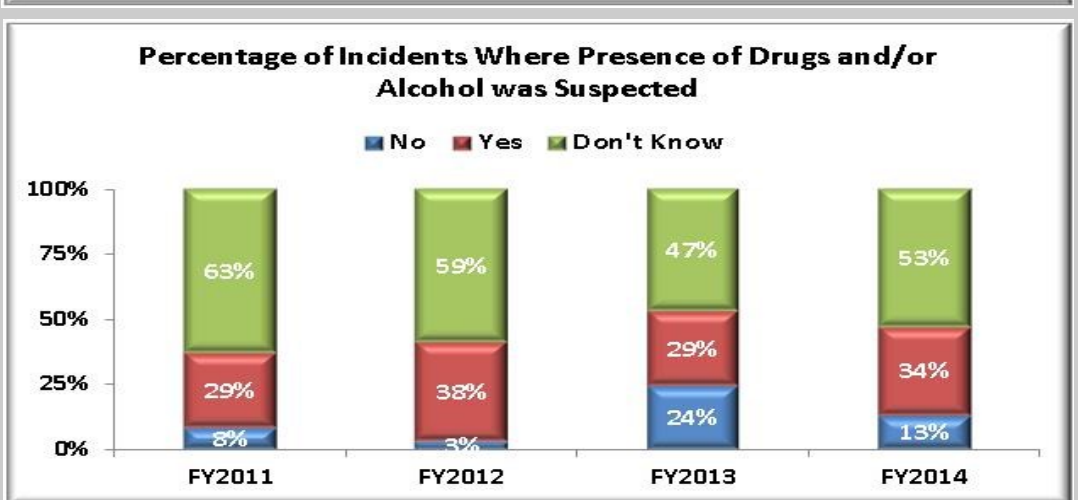
What are the rates of injury during CIO calls?

The majority of incidents where CIOs respond do not involve injuries to officers. Instead, injuries to the incident subject (45-56%) and others who may be on-scene (31-38%) account for the majority of injuries reported. Injuries to Officers (non-CIOs) occur in 3-14% of total incidents while injuries to CIOs range from 4-9%.



How many mental health related incidents involve alcohol or drugs?

CIOs are asked to report whether they detected (via their best judgement or admission by the subject) of the presence of drugs and/or alcohol during the mental health related encounter. Between FY11 and FY14, 29-38% of incidents were reported to involve drugs and/or alcohol.

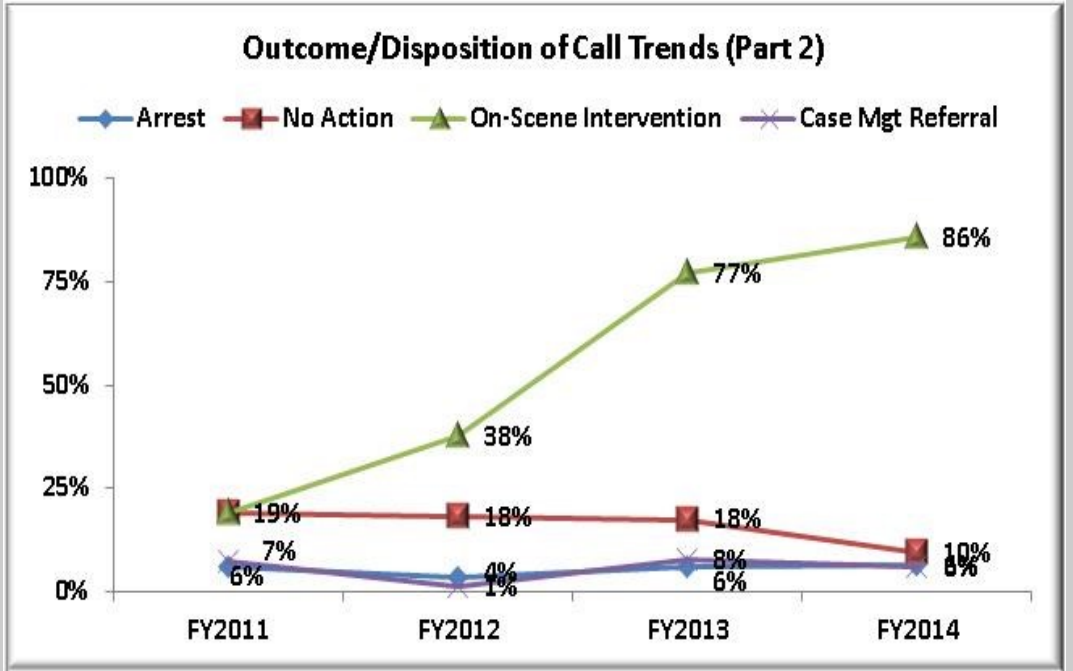
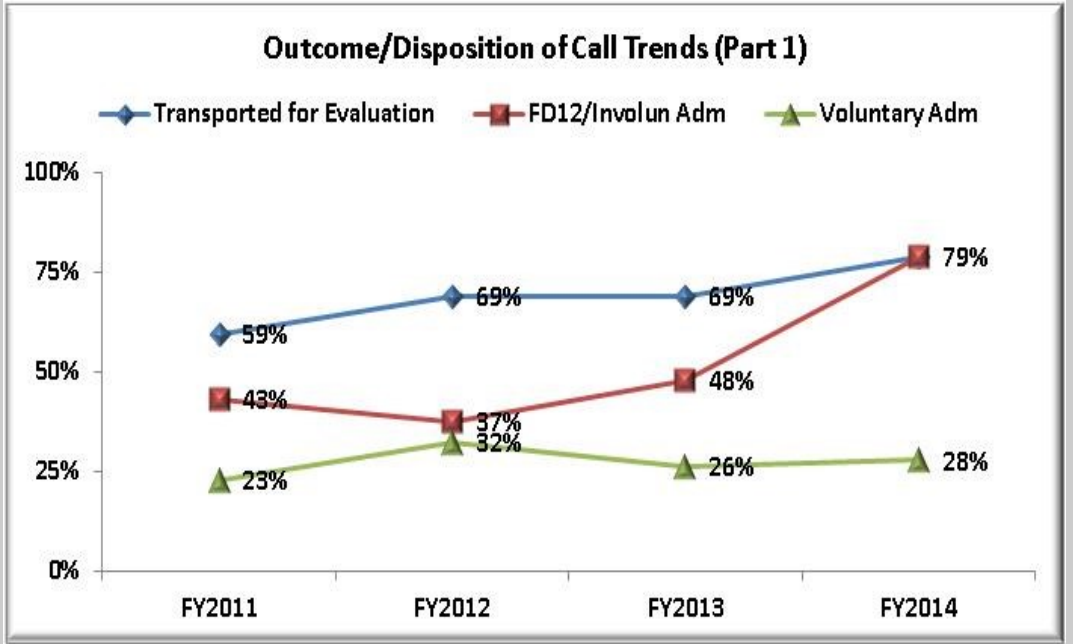
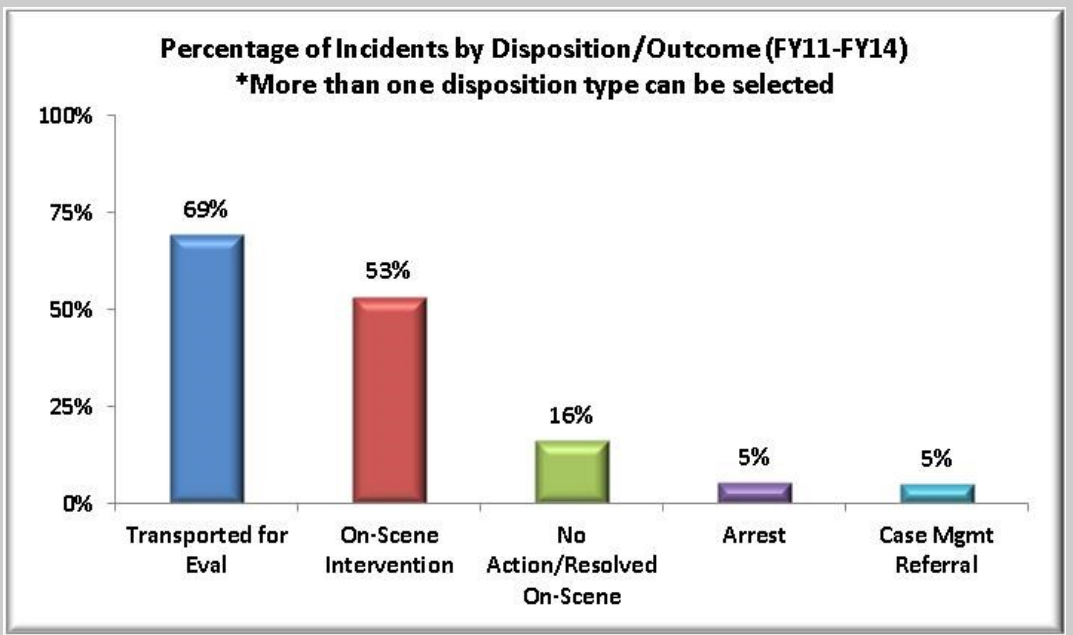


What are the outcomes (disposition) of CIO-related mental health calls?

CIOs indicate the outcome (disposition) of reported incidents. More than one disposition can be selected where applicable. In addition to arrest, the following response options were provided in Figure 7:

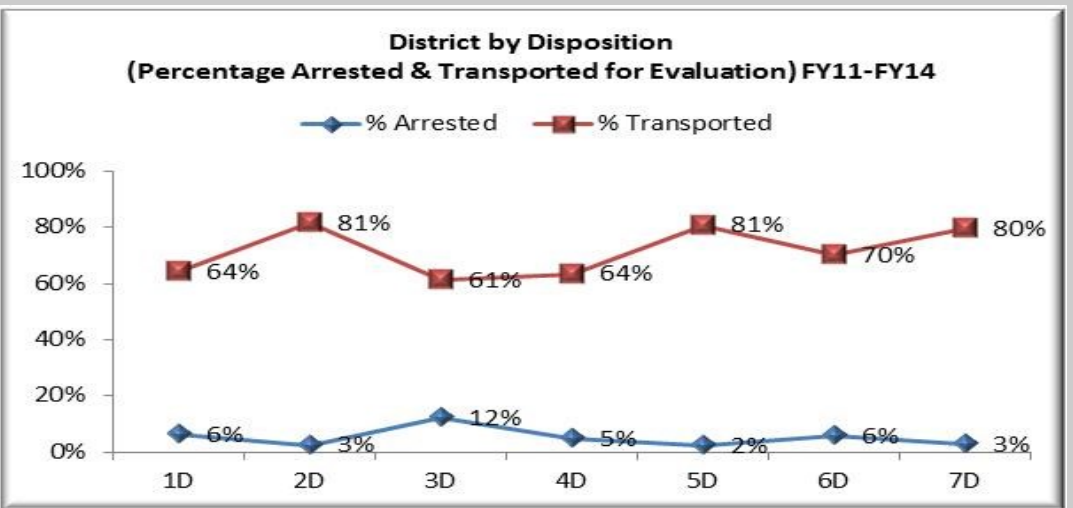
- No Action/resolved on scene: Incident was resolved without action taken by CIO;
- On-scene crisis intervention: Person/Crisis situation was de-escalated by CIO (ex: prevented a suicide, physical altercation or other potential seriously harmful act(s));
- FD-12: CIO completes referral and transports person for mandatory emergency evaluation;
- Mental health referral made: CIO contacts DMH, CSA or some other mental health resource to establish a link to services or re-engage a service provider for a person in need;
- Transported for Evaluation: The individual was transported, either voluntarily or involuntarily, to CPEP or a community hospital for psychiatric evaluation.

Most often CIOs are performing crisis intervention on-scene (53%) and transporting subjects for evaluation (69%). With respect to yearly trends in dispositions, CIOs have reported completing FD12s nearly twice as often in FY14 compared to FY11 while voluntary psych admissions have remained fairly consistent (23-32%). The number of arrests has remained steady (4-8%) however. There was a large spike in incidents resulting in on-scene intervention between FY12 and FY13 but the cause is unknown. Incidents resulting in case management referrals or no action have decreased. It is likely that CIOs are being dispatched to scenes where persons are actively in crisis, requiring a more intense level of intervention.



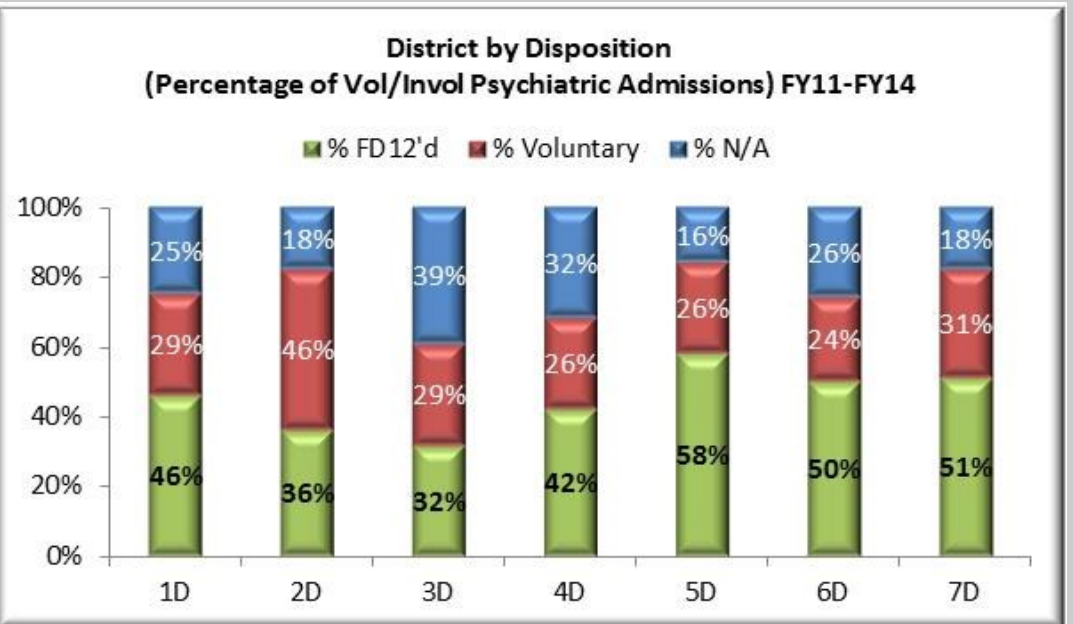
How do the dispositions of calls vary by District?

The main goal of the CIO initiative is appropriate jail diversion. Since arrest and transports for evaluation represent the two ends of the diversion spectrum, those results are presented here by district. The number of arrests in 3D is at least twice as high than in other districts. Conversely, the rate of transport is highest in 2D and 5D. Transports for evaluation represent 61-84% of all CIO incidents.



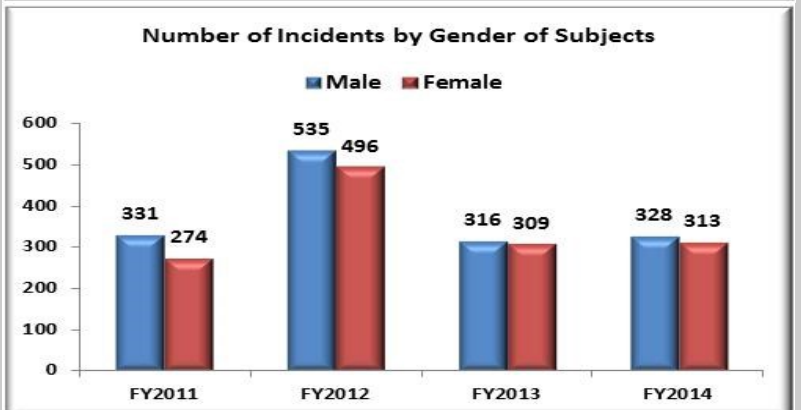
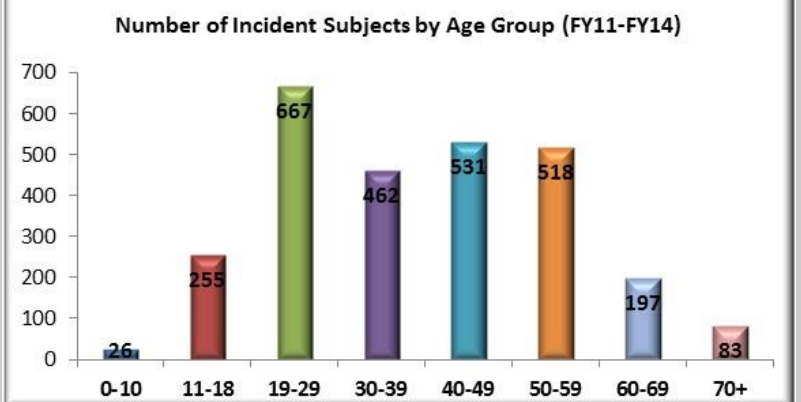
How do the number of voluntary and involuntary (FD12) admissions for evaluation vary by District?

The following shows the distribution of voluntary and involuntary (FD12) admissions reported by CIOs. More incidents in 5D (58%) and 7d (51%) result in FD12s compared to 2D (46%) who reported substantially more voluntary admissions. The demographics and environment between these districts vary greatly and may account for the differences in the types of incidents occurring. Further analysis is needed in this area.



Demographics

The age of the subject's involved in CIO-related incidents is shown here. With respect to age, there has been a steady increase in the number of 19-39 year old incident subjects such that they represent the group most often interfacing with CIOs. There is a small fraction of subjects who were 10 years old or younger. Perhaps more work can be done to identify strategies for working with these populations. The gender of the subject's involved in CIO-related incidents is also shown here. While more men are reported as the incident subject than women, the difference year to year is minimal.



How much time are CIOs spending on scene?

The time a CIO spends on scene during a mental health related call is described here. The majority of incidents where CIOs respond are concluded in 30 minutes or less (35%) followed by those that took 60 minutes or less at 27%. There is a small fraction of incidents that take three hours or more (3%) and involve complex cases or barricade situations. The mean time spent on scene is 61 minutes.

