



**District of Columbia
Crisis Intervention Officer (CIO) Program
Annual Trend Report
Reporting Period: FY11 through FY16**



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 or by the responding officer if a CIO is not available. The following is the summary of data from these forms for fiscal years 2011-2016.

Executive Summary

The Crisis Intervention Officer (CIO) program in the District of Columbia first began in 2009 as a collaborative effort between the Washington Metropolitan Police Department (MPD) and the Department of Behavioral Health (DBH). Nationally, the program is called Crisis Intervention Teams (CIT), but the District elected to certify individual officers as CIOs rather than teams of officers with the intent of decreasing response time and providing the specialized training to more officers. In addition to MPD, officers from multiple law enforcement agencies within the District have attended the 40-hour training including, but not limited to: U.S. Secret Service, U.S. Capitol Police, Amtrak, Consortium of University Police, DC Housing, U.S. Park Police, and Metro Transit (WMATA).

This report provides a summary of findings from data collected via PD251Cs completed and submitted to DBH's Applied Research and Evaluation Unit (ARE). The data show trends in characteristics of persons and incidents where CIOs responded, the behaviors that resulted in a CIO being dispatched, and the outcome of the calls. Because officers do not complete the PD251C every time they respond to mental health related call (but may instead complete the mandatory, official PD251), the data shown here shows a significant number of CIO calls, but not all. In the future it is anticipated that the PD251C will be integrated into MPD's Cobalt reporting system allowing for analysis of all CIO calls and comparisons to the total number of incidents overall.

The two primary goals of the CIO program are safety for the public and law enforcement and the diversion of non-violent mentally ill individuals away from the criminal justice system to more appropriate behavioral health services. Some additional key outcomes unique to the types of incidents that occur with individuals with mental illness include:

- Decreases in preventable arrests
- Decreased response times
- Increases in referrals to mental health services by law enforcement

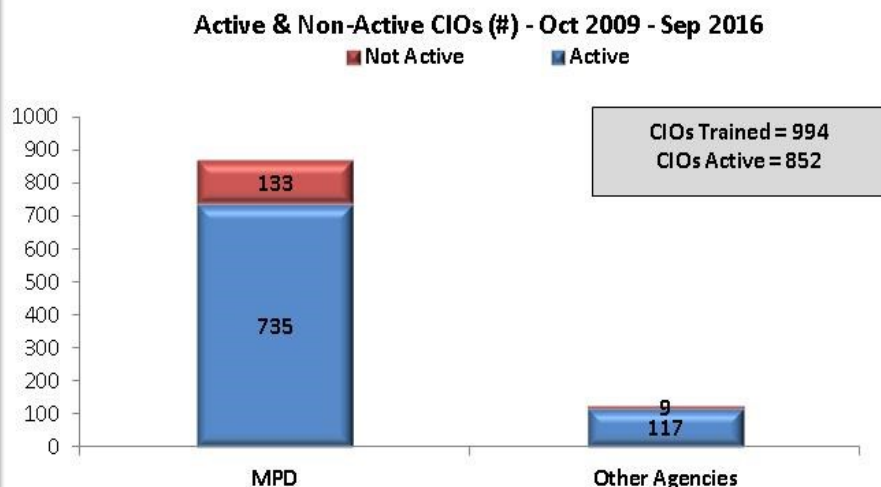
Key Data Findings

From September 2011 through September 2016:

- A total of 4,429 PD251C incident forms were submitted to DBH;
- There were 869 certified MPD CIOs active in the field, with an additional 125 officers from other agencies;
- Fourth District consistently submitted more PD251Cs than other districts;
- Disorderly behavior and suicide threats/attempts were the most common reasons OUC dispatched a CIO;
- Hostility and depression were the behaviors most often reported by CIOs once on scene;
- CIOs reported weapons were present in 7-11% of incidents (knives/sharp objects were most common);
- Injuries to CIOs were reported in 4-9% of incidents and 3-14% among non-CIOs;
- CIOs provided crisis intervention in 63% of incidents;
- CIOs transported individuals for evaluation (either voluntarily or via FD12) in 72% of incidents;
- CIOs made arrests in 4-8% of incidents; Third District CIOs made the most arrests;
- Second District CIOs responded to more suicide threats/attempts than other districts;
- Persons aged 19-29 were the subject of the plurality of CIO calls;
- The majority of incidents where CIOs responded were resolved in 30 minutes or less.

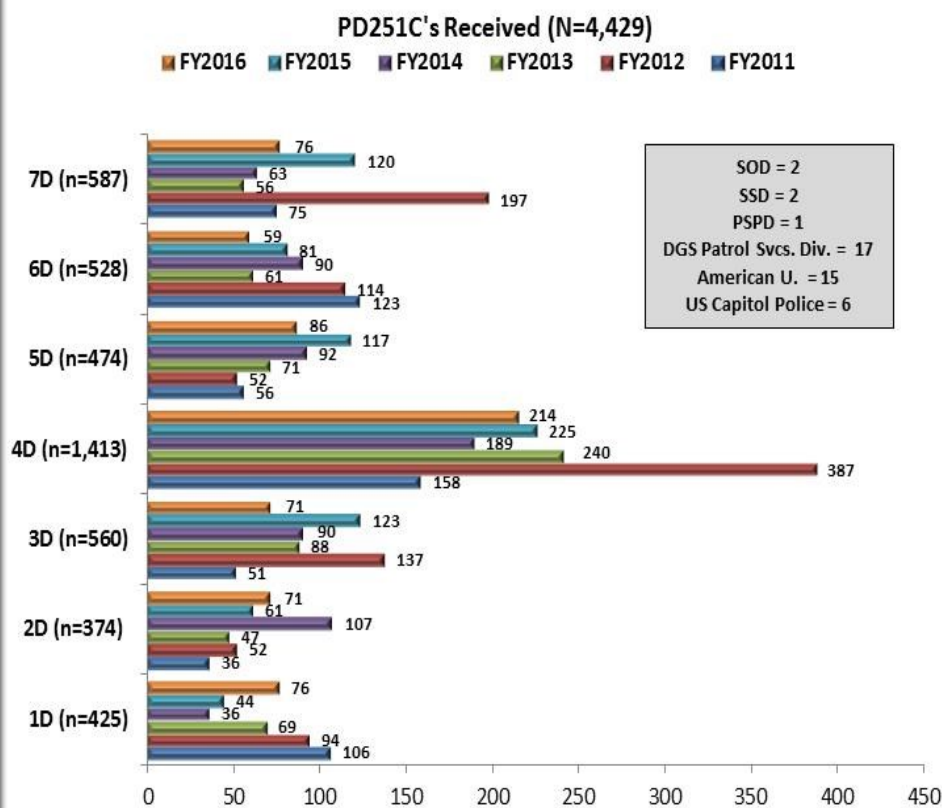
How many CIOs are trained and active in the field?

Since the program's start in October 2009, up to five 40-hour CIO trainings have been held each year. As of September 2016, 994 CIOs from MPD and other DC law enforcement agencies have been trained. Some officers were lost to attrition due to retirement, resignation and/or separation resulting in 852 CIOs (735 from MPD and 117 from other agencies) still active in the field.

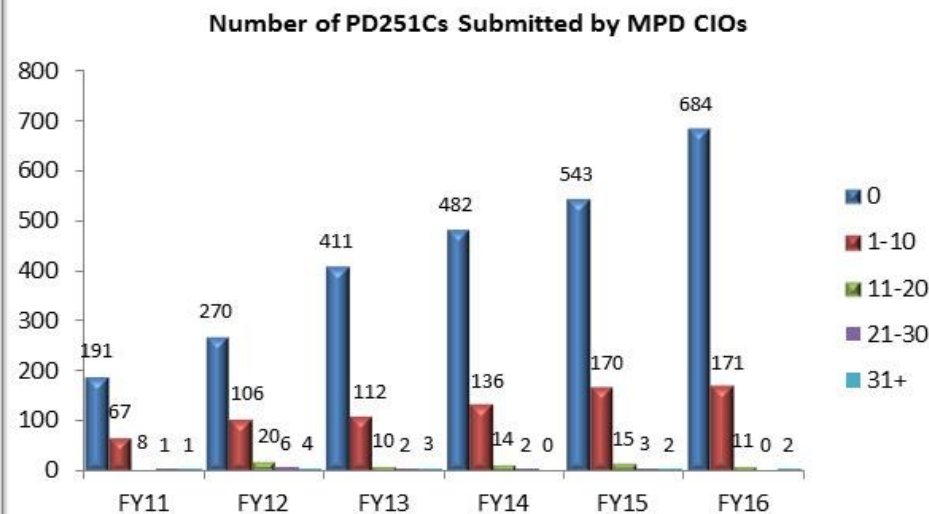


How many CIO incidents have been reported?

Between FY11 and FY16 a total of 4,429 PD251Cs were submitted to DBH. Fourth District consistently submitted the most forms. A total of 43 forms have been submitted by other MPD bureaus (Special Operations Division, School Safety Division), and outside agencies (Protective Service Police Department, DGS Patrol Services Division, Consortium of University Police, and U.S. Capitol Police). It was assumed that as more CIOs were certified, more incident forms would be submitted. In general, there was no consistent trend across districts regarding the number of forms submitted. Personnel from Homeland Security Bureau, DC Housing Authority Police, Government Printing Office Police, DC Library Police, Amtrak Police, GW Campus Police, Medstar Washington Hospital Center Police and US Park Police completed CIO training but did not submit forms to DBH.

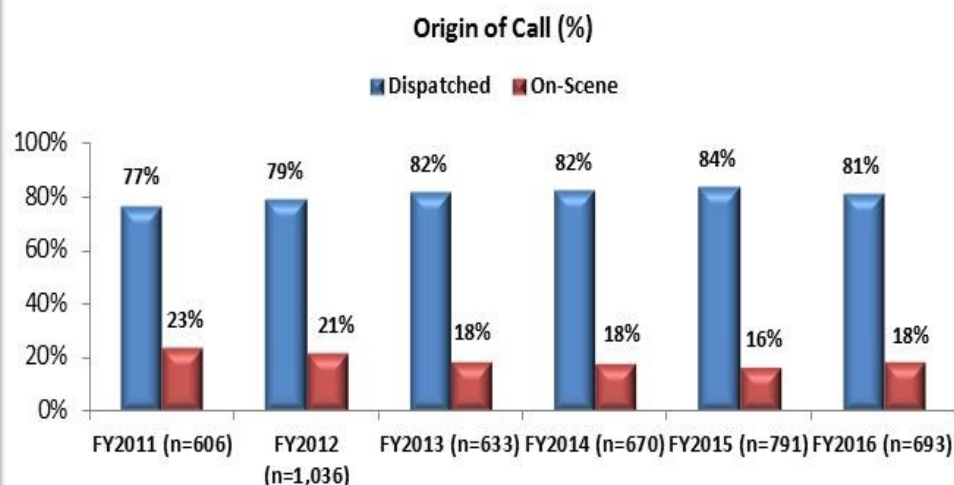


The next table displays the number of PD251Cs submitted by MPD CIOs through FY16. The majority of CIOs have not submitted any forms. Conversely, up to four CIOs each year submitted over 31 PD251Cs. The maximum received by a CIO was 107 in FY12. Since FY11, 21-33% of MPD CIOs submitted at least one PD251C. Forty-one CIOs (5% of those active) are responsible for 50% (2,182) of all incident reports received (FY11-FY16).



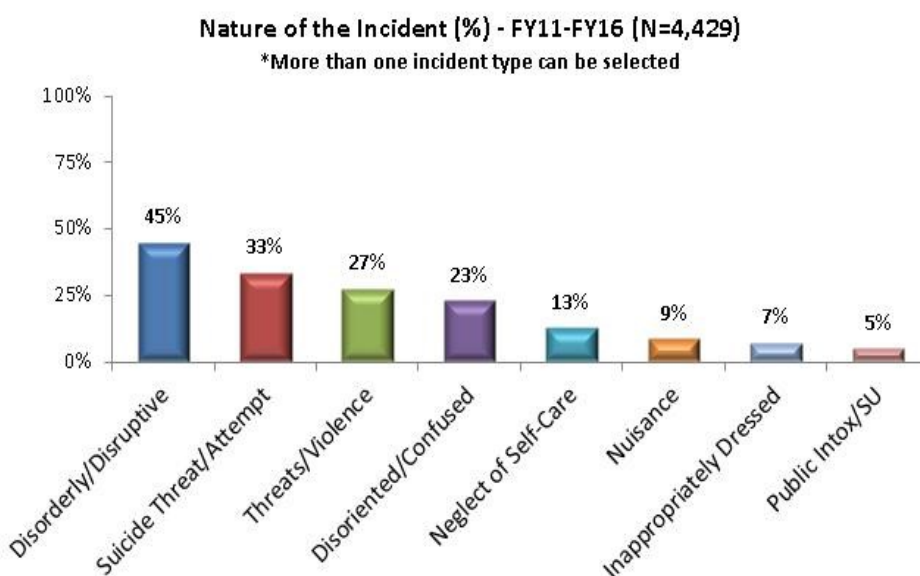
Where are CIO calls originating?

Between FY11 and FY16 MPD CIOs were dispatched to the scene in 77-84% of incidents, while others may have been in the area already or initiated contact on their own (16-23%). 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, dispatchers do not receive training. This may add to improved response time and efficiency on scene.



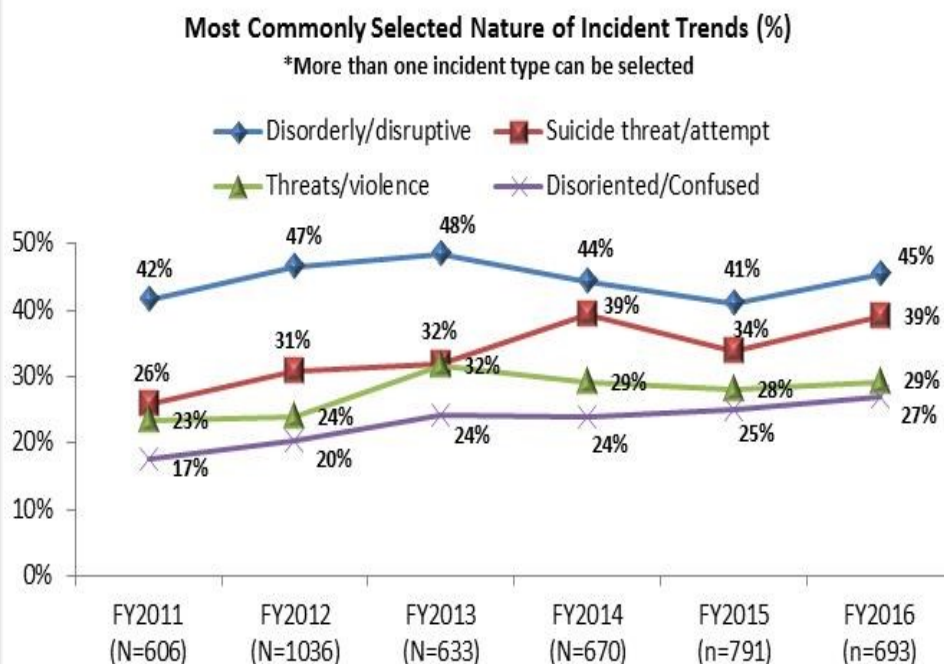
What types of complaints are CIO's responding to?

The nature of incident describes the types of mental health-related complaints received by dispatch. The data shown summarizes all incidents in FY11-FY16. Incidents involving disorderly/disruptive, suicide threats/attempts, threats/violence and disoriented/confused behaviors were the reasons CIOs were requested most often. The least reported behaviors were public intoxication and being inappropriately dressed. More than one description of an incident can be reported resulting in non-discrete data.



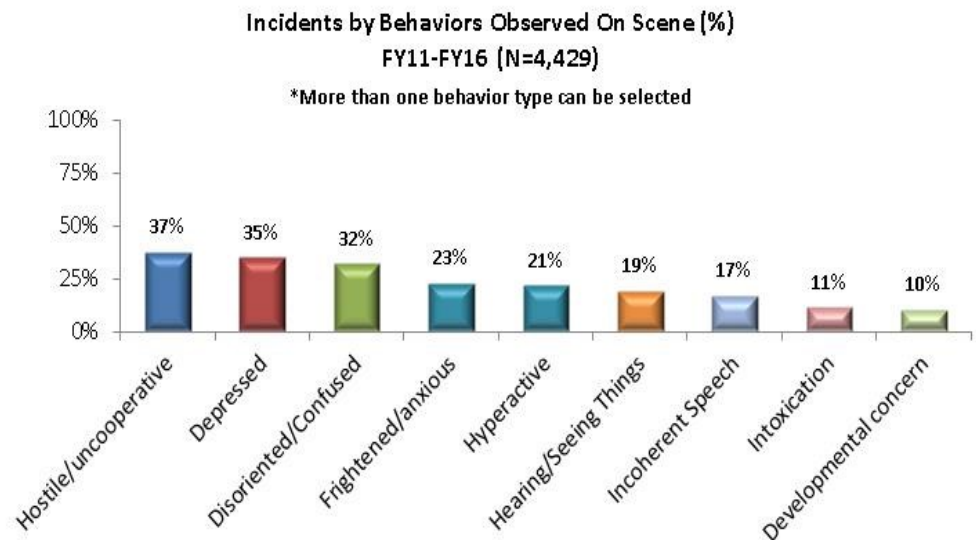
What types of complaints are CIO's responding to? (Cont'd)

Trends in the four most commonly reported nature of incident types are displayed here and show an increase in these behaviors through FY13. Suicide threats/attempts increased in FY14 while the other behaviors decreased. There was a slight increase in disoriented/confused behavior in FY15 while the other behaviors decreased. All four behaviors increased in FY16. The most notable change was in the number of incidents involving suicide threat/attempts which increased from 26% to 39% between FY11 and FY16. Additional data analysis is needed to explore these trends further.



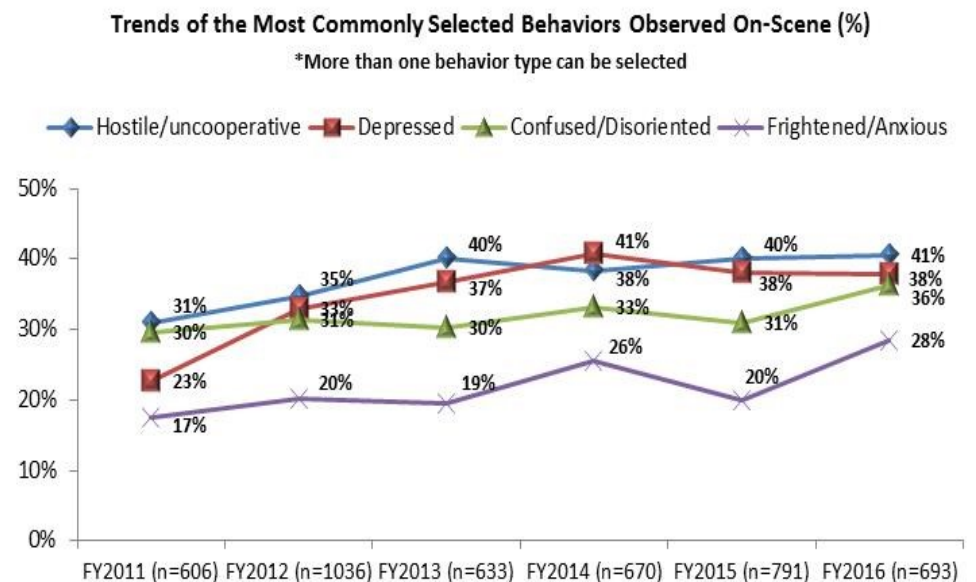
What behaviors do CIOs observe on-scene?

Once a CIO arrives on scene they are asked to report the behaviors being exhibited by the incident subject. The data shown summarizes all incidents in FY11-FY16. The four behaviors reported most frequently by CIOs were hostile/uncooperative, depressed, confused/disoriented, and frightened/anxious. The least reported behaviors were intoxication and developmental concern. More than one description of an incident can be reported resulting in non-discrete data.



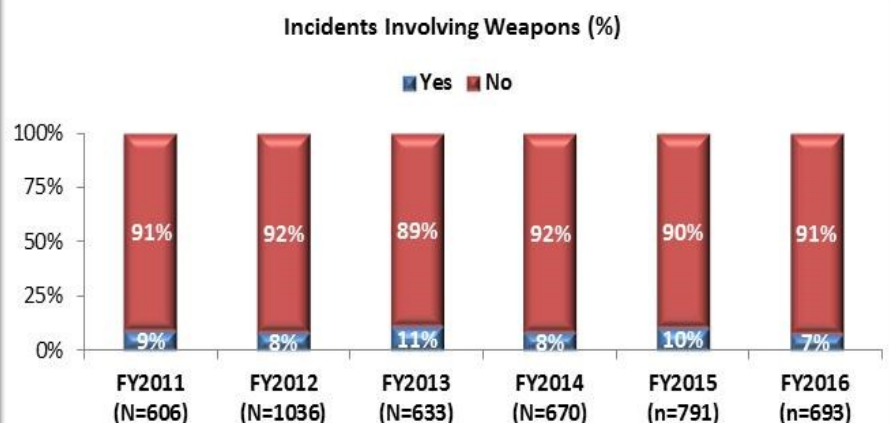
What behaviors do CIOs observe on-scene?

The trends in the four most commonly reported behaviors CIOs observe on scene are displayed here. Results show that the percentage of incidents involving hostile/uncooperative and depressed behaviors increased through FY13 while confused/disoriented and frightened/anxious behaviors decreased. From FY14 to FY15 the percentage of behaviors decreased and then increased again in FY16 for all behaviors except hostile/uncooperative which fluctuated during that time. The most notable change was in the number of incidents involving depressed behavior which increased from 23-38% between FY11 and FY16. The increase in depressed behavior is consistent with the trend of increased suicide threats/attempts mentioned earlier. Also, it could be that people are more likely to request police assistance when someone is hostile/uncooperative. Additional data analysis is needed to explore these trends further.



How many CIO calls involve weapons?

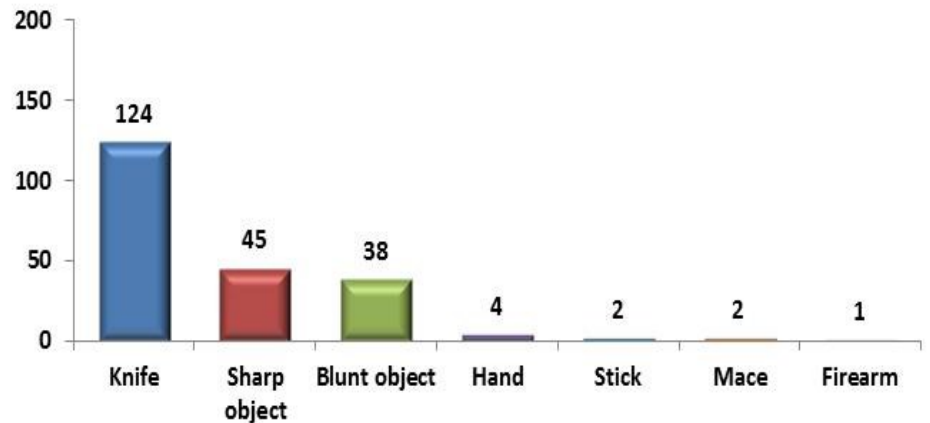
While the majority of incidents where CIOs respond are resolved peacefully, between FY11 and FY16 it was reported that incident subjects brandished weapons in 7-11% of the time. The trends over time have been consistent and show that weapons are only involved in a small number of incidents involving persons with mental illness.



If weapons were involved, what weapons were used?

The number and type of weapons reported since FY11 by CIOs are shown here and the number is small. Knives and sharp objects were the weapons reported in the majority of mental health related incidents, followed by blunt objects. Incidents where firearms are involved do occur but the Emergency Response Team (ERT) would likely be dispatched in those cases and would not be reported using the PD251C.

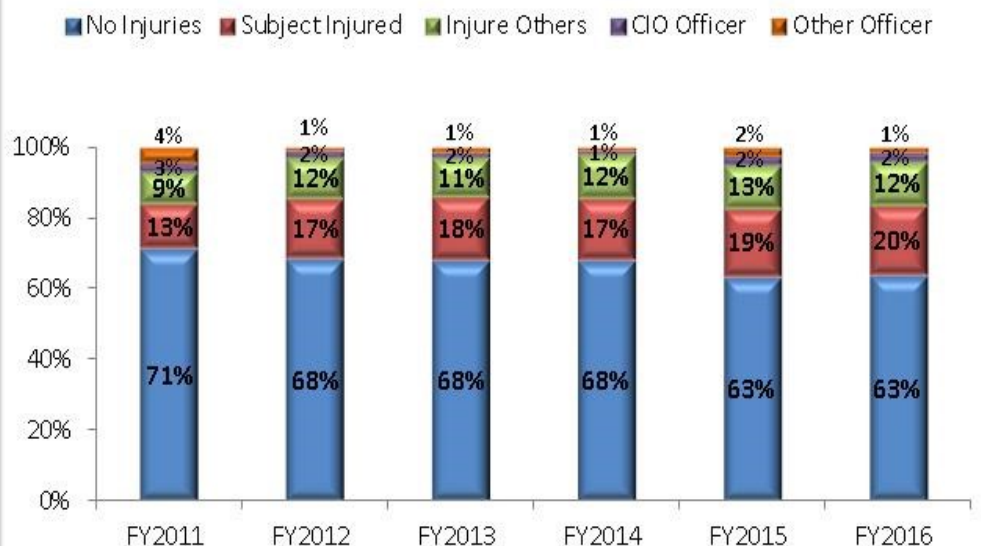
Type of Weapons Reported (#) - FY11-FY16 (N=4,429)



What are the rates of injury during CIO calls?

Although the majority of incidents do not involve injuries to anyone (63-71%), when injuries occurred on scene the person most likely injured was the incident subject (13-20%) and others who may be on-scene (9-13% of incidents). Injuries to law enforcement were much less likely. Injuries to non-CIOs occurred in 1-4% and CIOs in 1-3% of incidents. Injuries to incident subjects and law enforcement have decreased since the program began in FY11 which is one goal of this program. Those in crisis were more likely to be a danger to themselves than someone else.

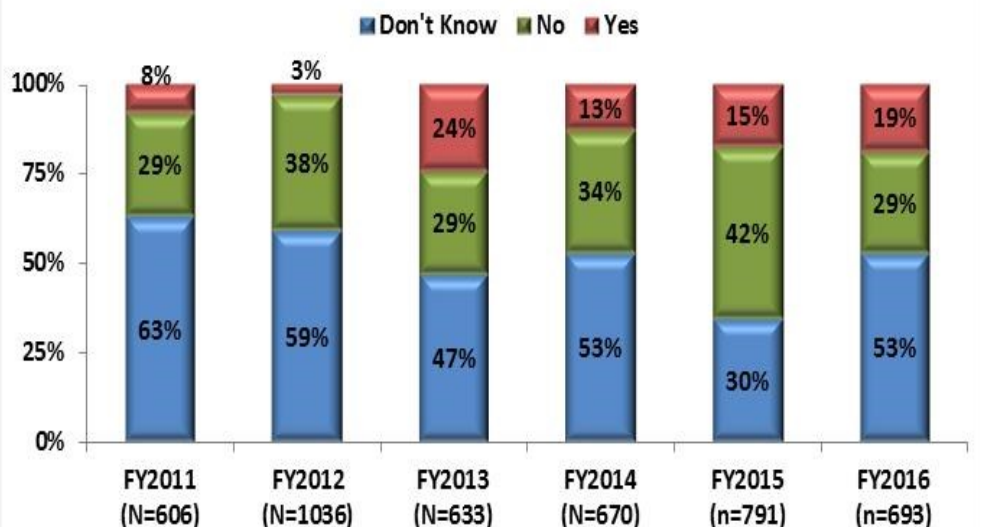
Persons Injured on Scene (%)



How many mental health related incidents involve alcohol or drugs?

CIOs are asked to report whether they detected (via their best judgement or disclosure by the subject) the presence of drugs and/or alcohol while responding to a mental health related incident. CIOs reported their presence in 3-24% of incidents. The presence was very low in FY11 and FY12 with a sharp increase in FY13. The reason for this is unknown. Perhaps there was additional training or awareness to help recognize or increase inquiries about the presence of drugs and alcohol during this time.

Incidents Where Presence of Drugs and/or Alcohol was Suspected (%)



What are the outcomes (disposition) of CIO calls?

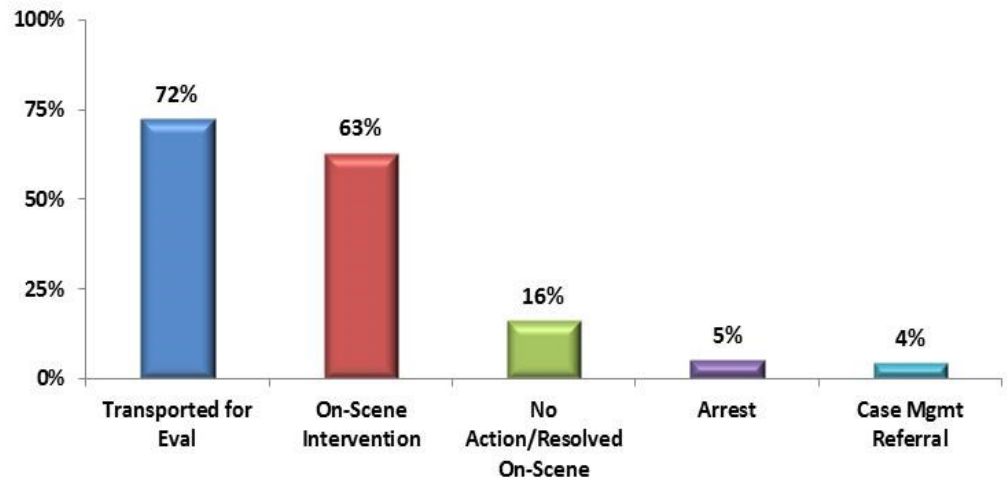
In addition to arrest, the following response options are possible:

- No Action/resolved on scene: Incident was resolved without formal action taken by CIO;
- On-scene crisis intervention: De-escalation skills were used by CIO (ex: prevented a suicide, physical altercation or other potentially harmful acts);
- Transported for Evaluation: The subject was transported for psychiatric evaluation either
 - Voluntarily or via;
 - FD-12/involuntarily—CIO or Officer Agent completed FD-12 form;
- Mental health referral made: CIO contacts DBH, CSA or other mental health resource to link subject to services.

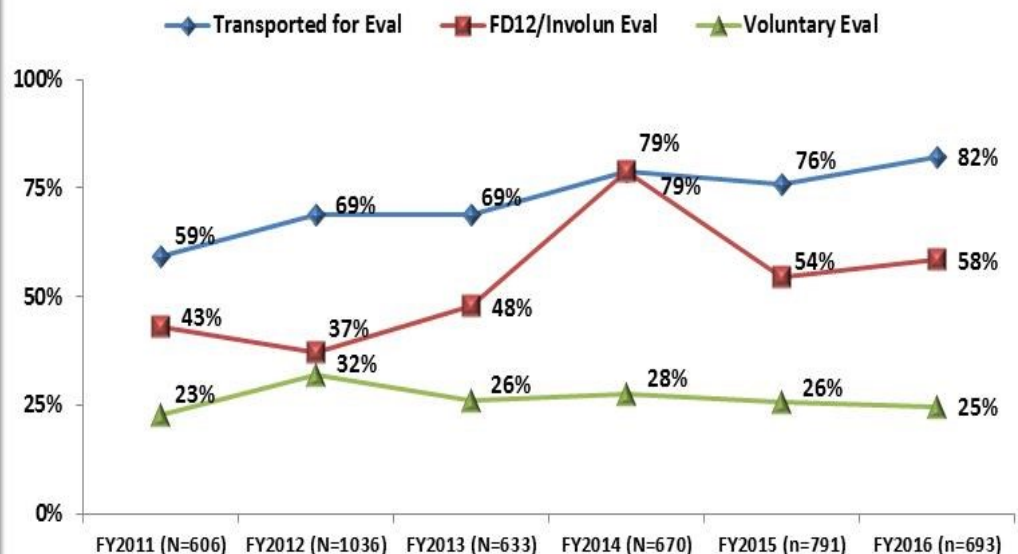
Most often CIOs were performing on-scene crisis intervention (63%) and transporting subjects for psychiatric evaluation (72%). Trends indicate that transports for psych evaluation and FD12s increased from FY11 to FY14 (20% and 36% respectively), then declined in FY15 only to increase again in FY16. Trends in voluntary transports increased 9% between FY11 and FY12; otherwise they, as well as the number of arrests (4-8%), have remained fairly consistent. There was a 60% increase between FY11 and FY14 for on-scene intervention. The reasons for the precipitous increase in some behaviors in FY14 are unknown. There was also a spike in the number of PD251Cs received that fiscal year. It could also be that CIOs were being dispatched to incidents where persons are actively in crisis more consistently, requiring a more intense level of intervention. Incidents that required no action and those resulting in case management have not shown meaningful change. More than one description of an incident can be reported.

Disposition/Outcome of Incidents (%) - FY11-FY16 (N=4,429)

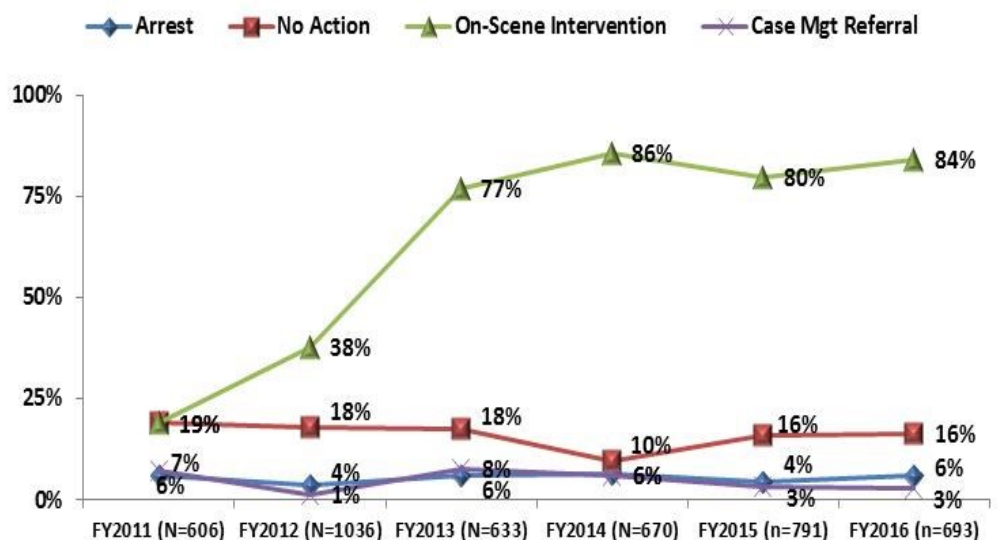
*More than one disposition type can be selected



Outcome/Disposition of Call Trends (% Part 1)



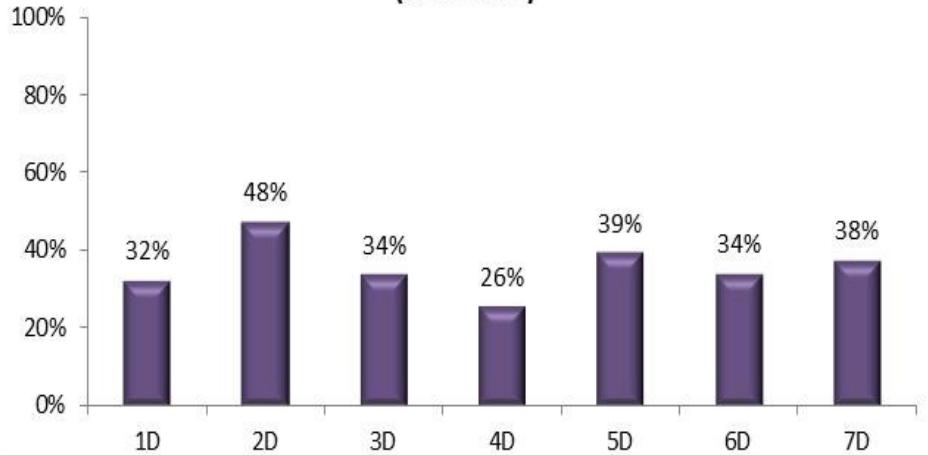
Outcome/Disposition of Call Trends (% Part 2)



How do calls for suicide threats/attempts vary by District?

Preventing subjects in crisis from harming themselves/others is an important aspect of CIO intervention. More calls of this type occurred in 2D while 4D had the lowest percentage. Previous analysis revealed a statistically significant association between young adulthood and suicide threats/attempts in 2D. It is speculated that the large number of colleges and universities and bars/clubs located in 2D may be a contributing factor, but further analysis is needed in this area.

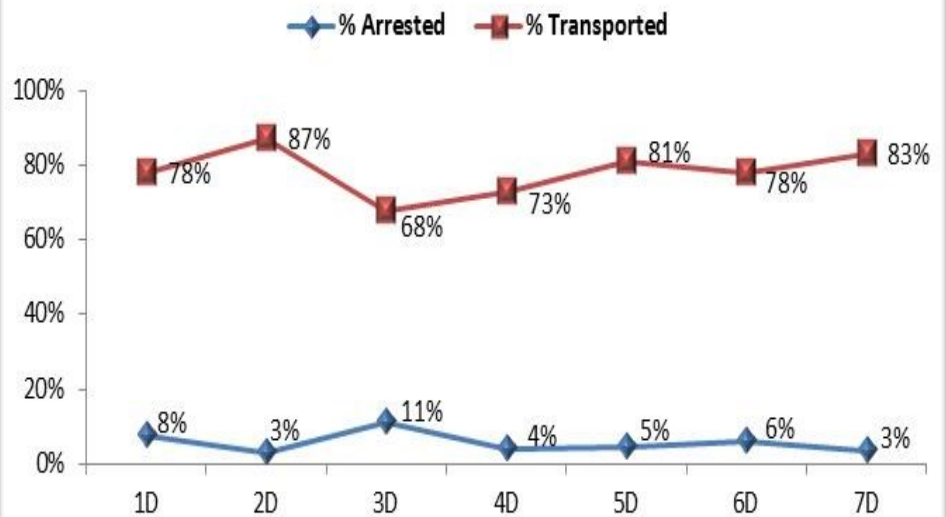
Percentage of Suicide Threats/Attempts by District (FY11-FY16)



How do the dispositions of calls vary by District?

The main goal of the CIO initiative is diversion from the criminal justice system when appropriate. Since arrest and transports for evaluation represent the two ends of the diversion spectrum, those results are presented here by district. Results show that the arrest rate was very low across districts but occurred in 3D (11%) at least twice as often than in the other districts (3-6%). Conversely, in 2D, the rate of arrest was lowest and the rate of transport was highest (followed by 7D and 5D). This aligns with the fact that suicide threats/attempts were highest in 2D. Transports for evaluation represented 68-82% of incident outcomes across districts.

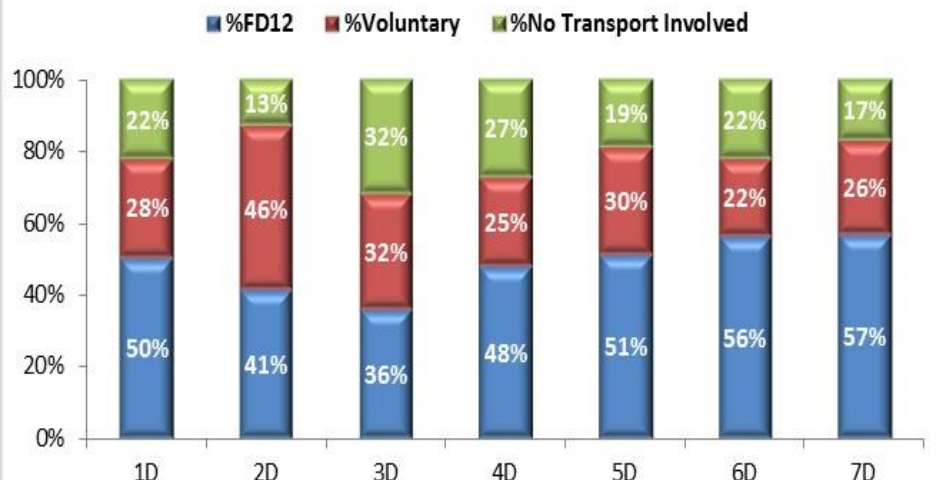
Percentage Arrested & Transported for Evaluation by District (FY11-FY16)



How does the type of transport for evaluation vary by District?

The distribution of incidents that do and do not involve transport for psychiatric evaluation reported by CIOs are presented here. More incidents in 7D (57%) and 6D (56%) resulted in FD12s. Outcomes in 3D were more evenly distributed. Trends also show considerably more voluntary transports for evaluation in 2D (46%). It may be that those contemplating suicide are more likely to seek help voluntarily by calling 911 compared to other districts. Possibly, demographic and socio-economic factors account for this difference. Additional analysis is needed to explore this further.

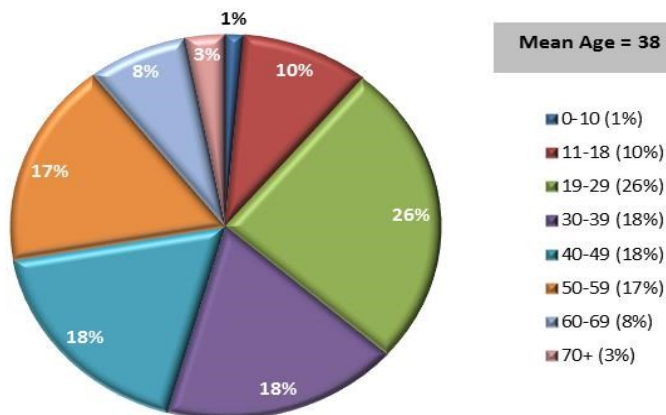
Percentage of Vol/Invol Transports for Psychiatric Evaluation by District (FY11-FY16)



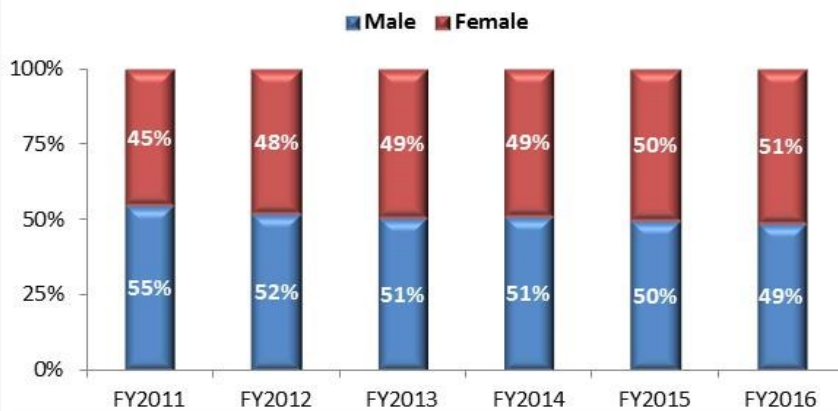
Demographics

The age and gender of the subject's involved in mental health-related incidents is shown here. With respect to age, the number of 19-29 year olds represented the group most often interfacing with CIOs. The average age across all age groups was 38 years old. There was a small number of subjects who were 10 years old or younger and a group over the age of 70 who required assistance, indicating that persons of any age can experience a crisis requiring CIO intervention. Perhaps more work can be done to identify strategies for working with these populations. With respect to the gender of subjects involved in CIO-related incidents, more men had encounters than women, but the difference year-to-year was minimal.

Age of Incident Subjects (%) - FY11-FY16



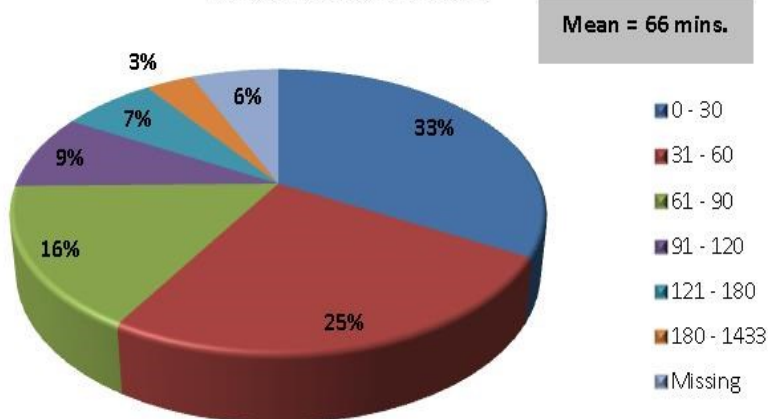
Gender of Incident Subjects (%)



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 were concluded in 30 minutes or less (33%) followed by 60 minutes or less (25%). Aggregating the data over the past 6 years indicates that the majority of the incidents (58%, or n=2,593) were resolved in 60 minutes or less. There was a small fraction of incidents that took three hours or more (3%) and typically involved complex cases or barricade situations. The mean time spent on scene was 66 minutes.

Time on Scene in Minutes



Additional Components of the Crisis Intervention Officer Program include:

Training for law enforcement officers, including basic mental health training for all incoming recruits, 40-hour CIO training for approximately 150 officers annually, and refresher training for existing CIOs to ensure continued skill development.

Collaboration between MPD, DBH, community providers, emergency services, family and consumer advocates is crucial to the success of the program and the District's service delivery system. This is fostered through their participation in the training and components and forums such as monthly CIO program meetings.

Consumer and Family Involvement in planning and training sessions is coordinated by DBH to ensure officers and consumers have opportunities to engage with each other and improve future interactions.

CIO Coordinators Meetings are convened bi-monthly in the on-going effort to ensure that the CIO program continues to improve outcomes for DBH consumers and the Metropolitan Police Department.