



# District of Columbia Crisis Intervention Officer (CIO) Program Annual Trend Report Reporting Period: FY11 through FY15

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. The following is the summary of data from these forms submitted to DBH for the current and past fiscal years.

## 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 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, American University, DC Housing, U.S. Park Police, and Metro Transit (WMATA).

This report provides a summary of findings from data collected via PD251Cs (MPD CIO Incident Form) completed and submitted to the Department of Behavioral Health's (DBH) Applied Research and Evaluation Unit (ARE). The data included in this report covers fiscal years 2011 through 2015. The data shows trends in characteristics of persons and incidents where CIOs respond, 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 MPDs 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 and the diversion of nonviolent mentally ill offenders away from the criminal justice system to more appropriate mental health services. Some key outcomes unique to the types of incidents that occur with individuals with mental illness may also include:

- ◆ Increases in appropriate diversion to psychiatric /mental health care rather than adjudication in criminal justice system
- ◆ Decreased injuries to citizens
- ◆ Decreased crisis response times
- ◆ Decreases in preventable arrests
- ◆ Decreased injuries to law enforcement
- ◆ Increases in mental health referrals by Law Enforcement

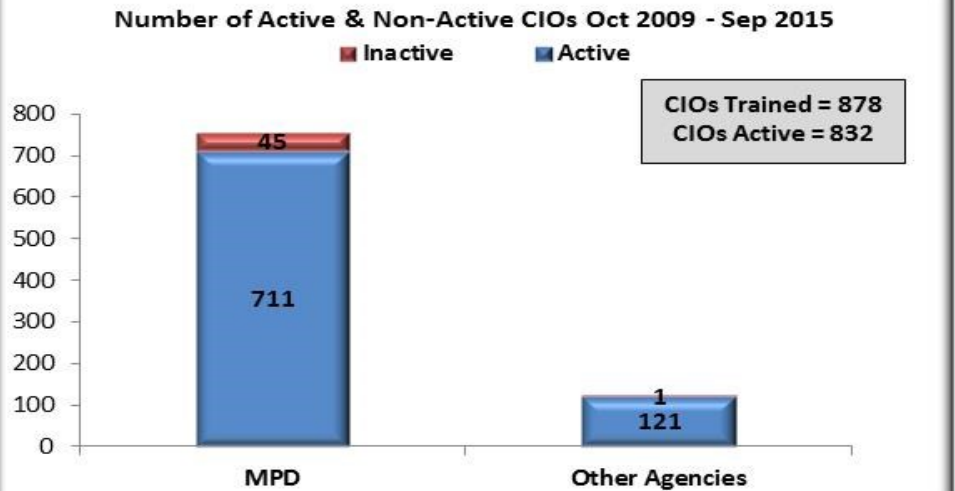
## Key Data Findings

From September 2011 through September 2015:

- A total of 3,736 PD251C incident forms were submitted to DBH;
- There are now 711 MPD CIOs active in the field, with an additional 121 officers certified from other agencies;
- The number of PD251Cs submitted increased considerably in FY12 (particularly in 3D, 4D, and 7D) for unknown reasons, resulting in a spike/skew in the data trends;
- Fourth District consistently submitted more PD251Cs than other districts;
- Disorderly behavior and suicide threats/attempts were the most common reasons OUC dispatch requests a CIO;
- Hostility and depression were the behaviors most often reported by CIOs once on scene;
- CIOs reported weapons were present in 8-11% of incidents (knives/sharp objects were most common);
- Injuries to CIOs were reported in 4-9% of incidents and 3-14% among other responding officers (non-CIOs);
- CIOs provided crisis intervention in 59% of incidents and transported individuals for evaluation (either voluntarily or via FD12) in 69% 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 majority of CIO calls;
- Slightly more men than women interfaced with CIOs, but the difference was minimal; and
- The majority of incidents where CIOs responded were resolved in 30 - 60 minutes.

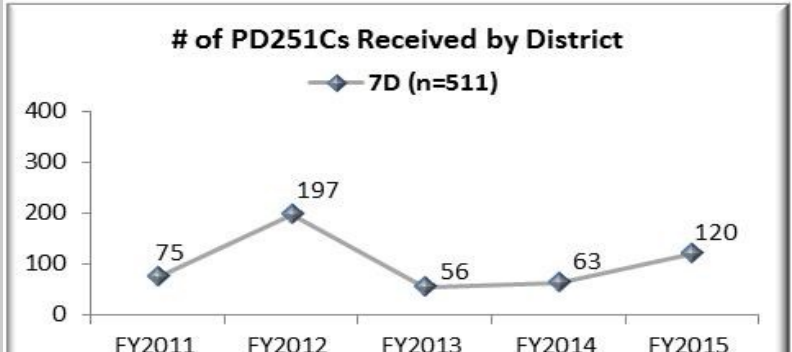
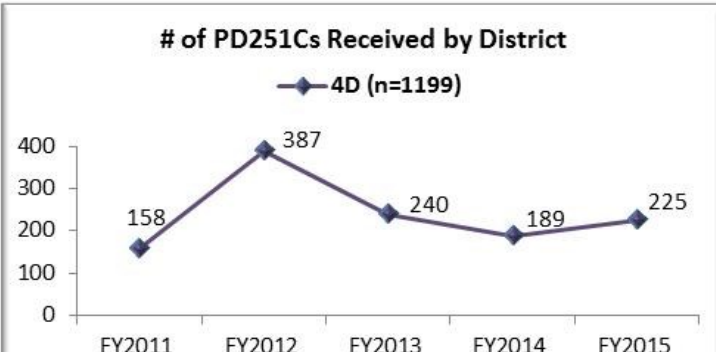
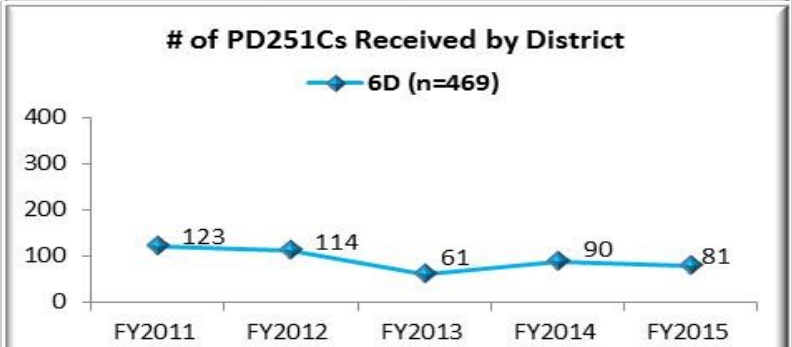
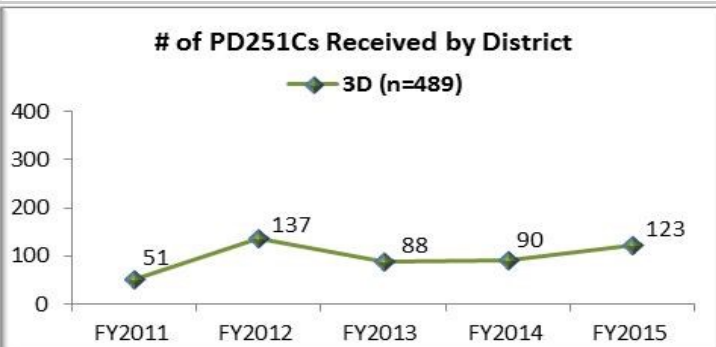
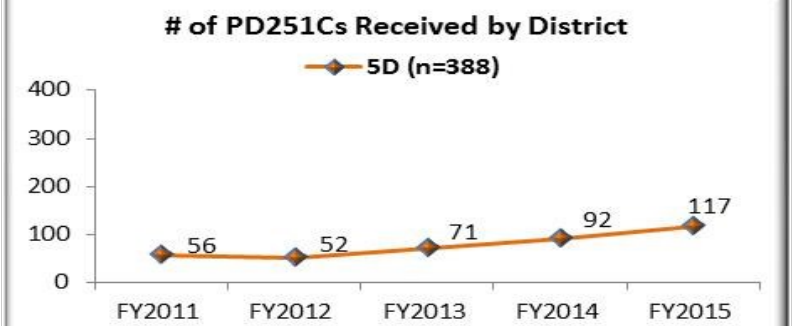
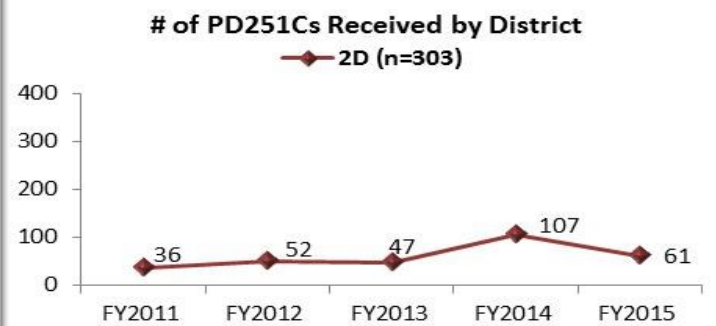
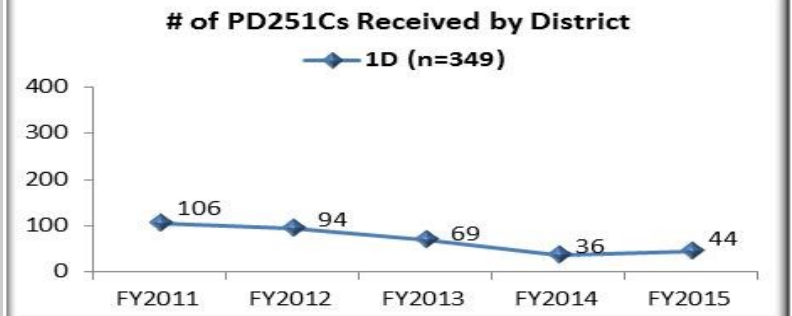
### How many CIOs are trained and active in the field?

Since the program's start in October 2009 up to of five 40-hour CIO trainings have been held each year. As of September 2015, 756 CIOs were trained in MPD (approximately 20% of the PSA workforce) with an additional 122 CIOs from other DC law enforcement agencies, for a total of 878 Officers trained. As of September, 2015 there were 711 MPD CIOs still active in the field. Some officers were lost to attrition due to retirement, resignation and/or separation from MPD.



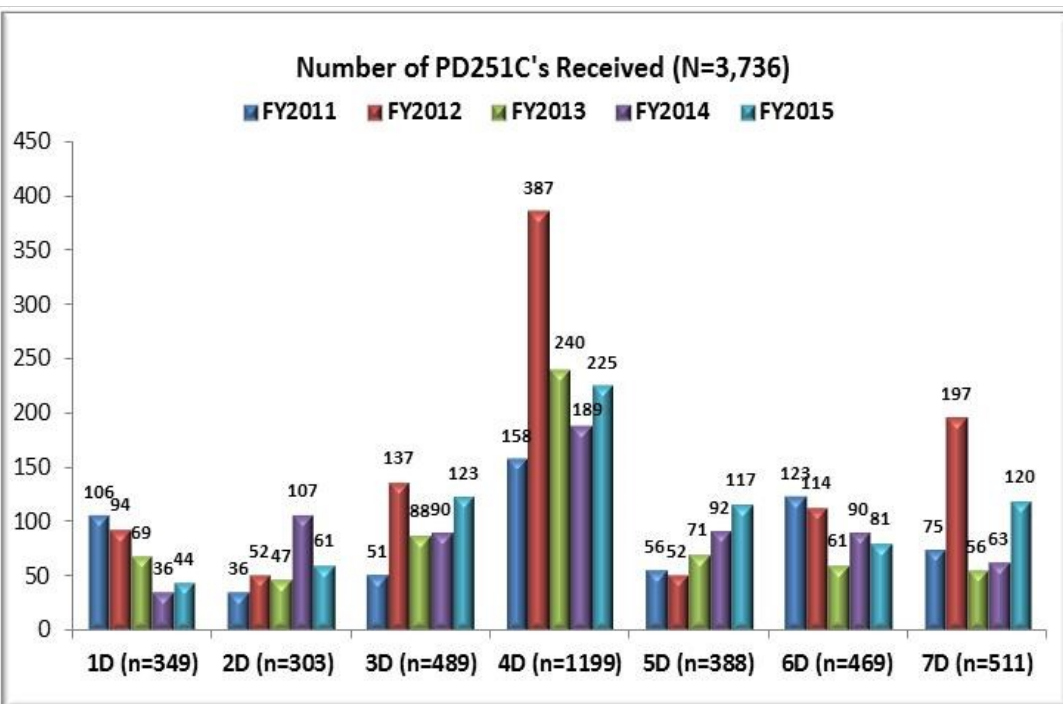
### How many CIO incidents have been reported by district over time?

Generally, as more CIOs were certified, more incident forms were submitted. However, that trend did not apply in all districts. There was no consistent trend across districts regarding the number of forms submitted.



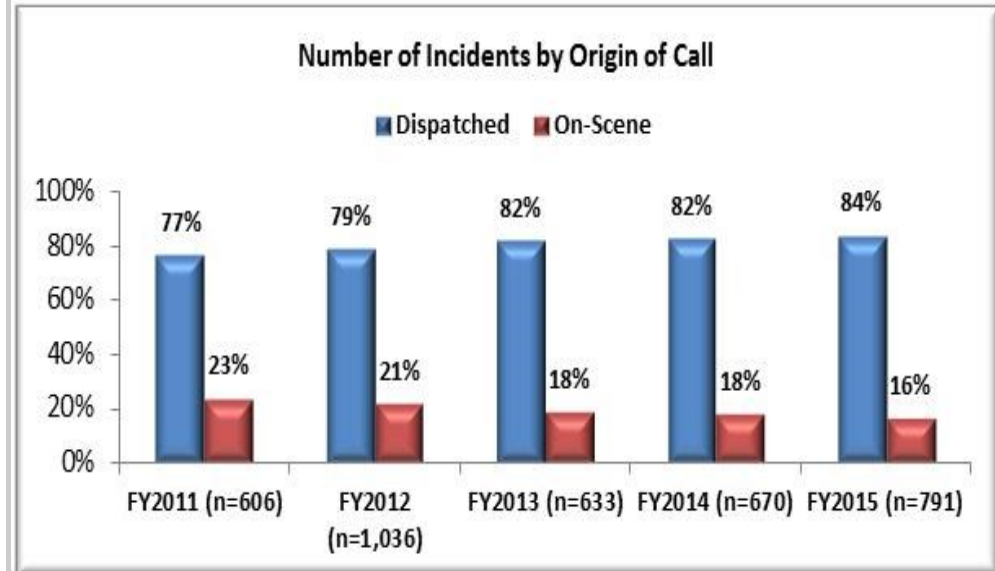
### How many CIO incidents have been reported?

Between FY11 and FY15, 3,736 PD251Cs were submitted to DBH. With the exception of FY12, there was an increase in the number of forms received over the years, except in First District where the number has declined. Fourth District consistently submitted the most forms compared to other Districts. A total of ten forms (not shown) have been submitted by other MPD bureaus and outside agencies (Patrol Services, US Capitol Police, and American U. Campus Police).



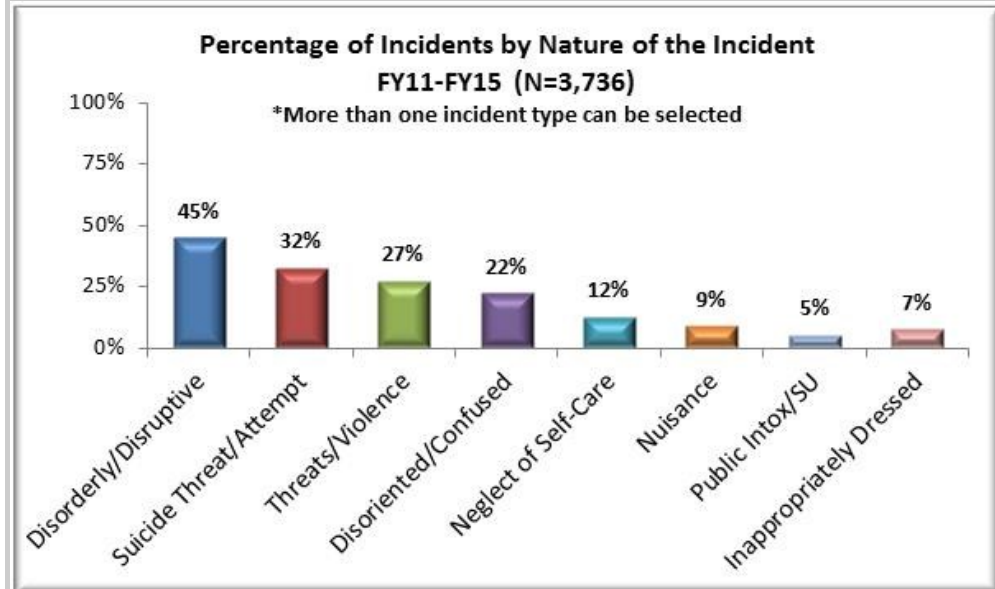
### Where are CIO calls originating?

Between FY11 and FY15, 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-FY15. Incidents involving disorderly/disruptive behavior, suicide threats/attempts, and threats/violence were most often the reason CIOs are requested (There can be more than one description of an incident reported resulting in non-discrete data).



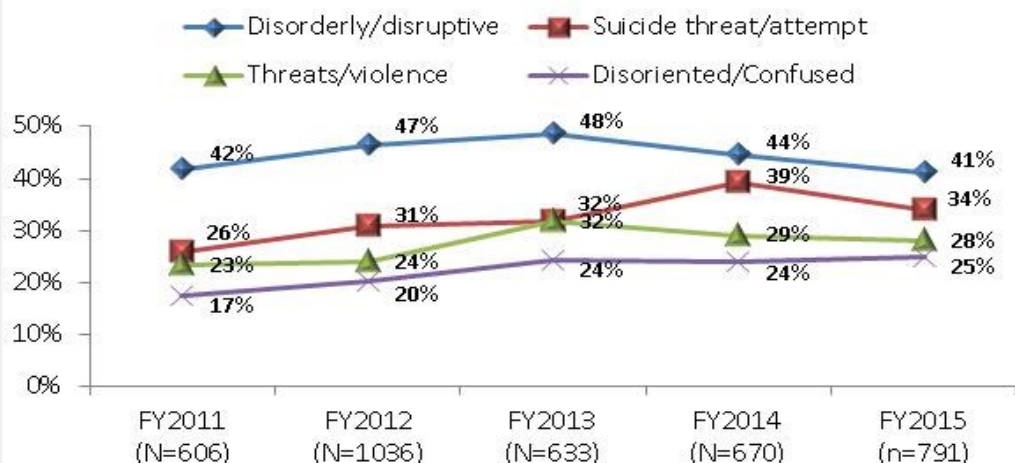


### What types of complaints are CIO's responding to? (Cont'd)

Over the past five years the trends in the four most often reported Nature of Incident were: disorderly/disruptive, suicide threat/attempt, threats or violence to others and disoriented/confused behaviors. More than one category can be included in each incident. Disorderly/disruptive was consistently the most frequently reported category, while disoriented/confused remained the least frequently reported category.

#### Most Commonly Selected Nature of Incident Trends

\*More than one incident type can be selected



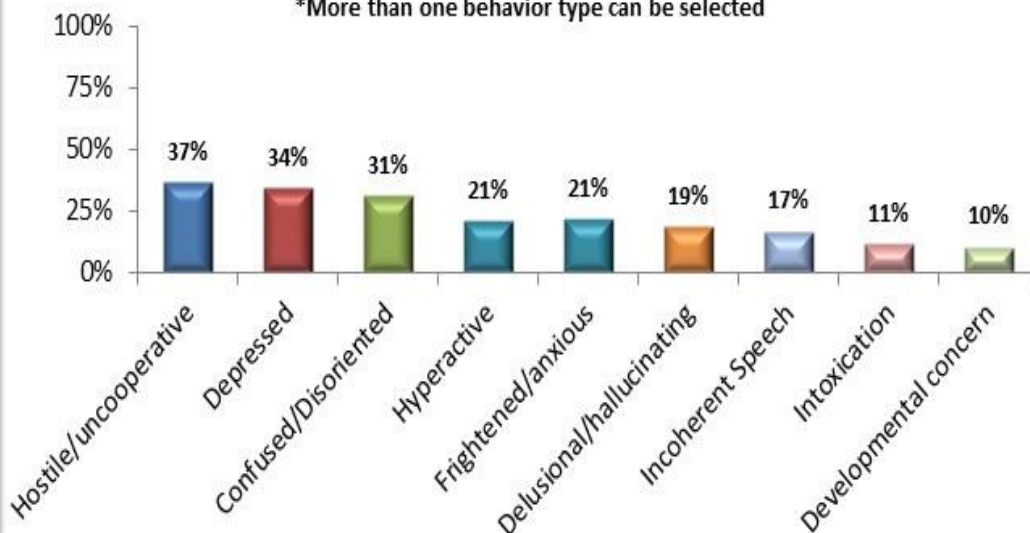
### What behaviors do CIOs observe on-scene?

Once a CIO arrives on scene they are asked to report the behaviors being exhibited by the incident subject. The most frequently reported behaviors were hostile/uncooperative, depressed, and confused/disoriented. The two least reported behaviors were intoxication and developmental concern (i.e., autism, down syndrome, intellectual disability). The limitation to this data is that behavior type is determined by both the CIOs observation and/or disclosure by the subject and cannot be confirmed.

#### Percentage of Incidents by Behaviors Observed On Scene

FY11-FY15 (N=3,736)

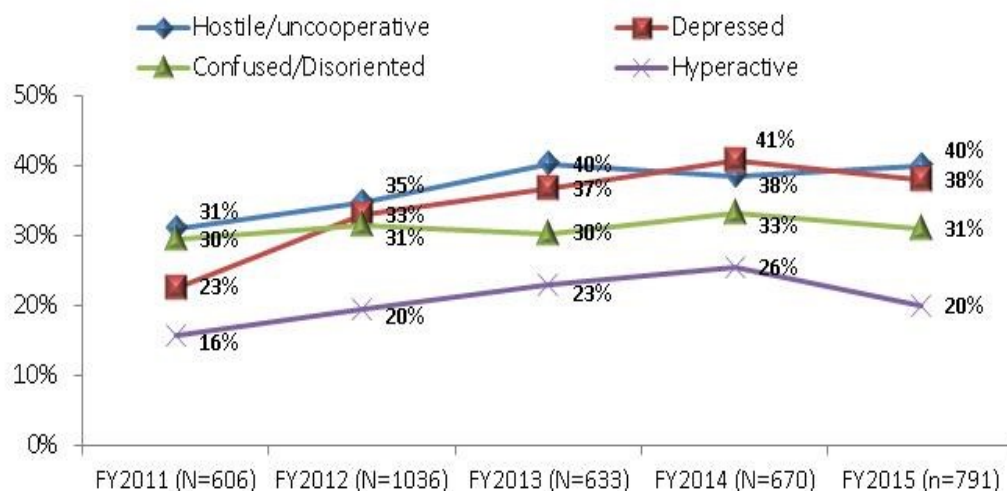
\*More than one behavior type can be selected



The most commonly reported behaviors CIOs observe on scene were: hostile/uncooperative, depressed, confused/disoriented, and hyperactive. Trends show that the percentage of incidents involving these behaviors increased through FY14 and then began decreasing in FY15. Perhaps CIOs are beginning to observe and report a more varied display of other behaviors. Additional data analysis is needed to explore these trends further.

#### Trends of the Most Commonly Selected Behaviors Observed On-Scene

\*More than one behavior type can be selected



### How many CIO calls involve weapons?

While most incidents are resolved peacefully, between FY11 and FY15 it was reported that incident subjects brandished weapons 8 to 11% of the time. Incidents involving firearms do occur but the Emergency Response Team (ERT) would be dispatched in those situations, rather than a CIO and likely would not be reported using a PD251C.

### If weapons were involved, what weapons were used?

The actual number and type of weapons reported by CIOs are shown here. Knives and other cutting instruments were the weapons reported in the vast majority of mental health related incidents, followed by sharp objects.

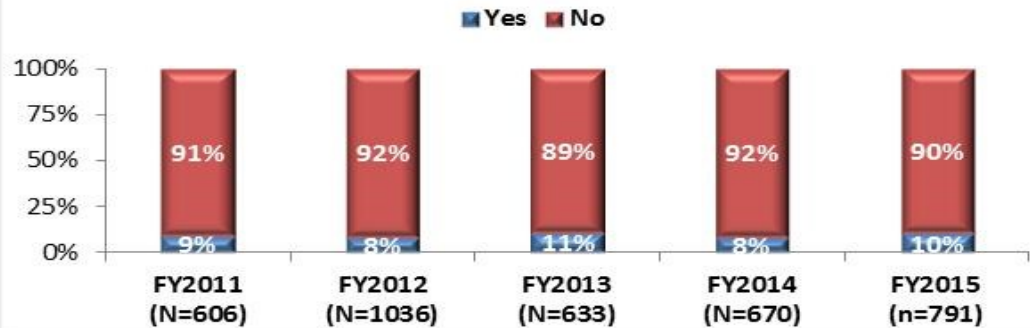
### What are the rates of injury during CIO calls?

When an injury occurred (in 29–37% of total incidents), the person injured was the incident subject in 45–56% of incidents, others who may be on-scene in 31–38%, non-CIOs in 3–14%, and CIOs in 4–9%. Injuries to Officers has decreased since FY11. Those in crisis are most likely to be a danger to themselves than someone else, though injuries only occur in a minority of incidents.

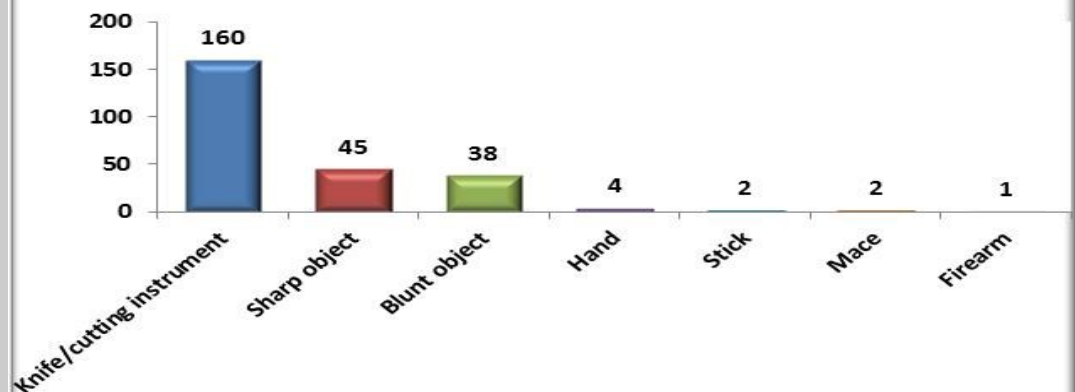
### How many mental health related incidents involve alcohol or drugs?

CIOs are asked to report whether they detected (via their best judgment or disclosure by the subject) the presence of drugs and/or alcohol during the mental health related encounter. Between FY11 and FY15, 3–24% (14% average) of incidents were reported to involve persons under the influence of drugs and/or alcohol.

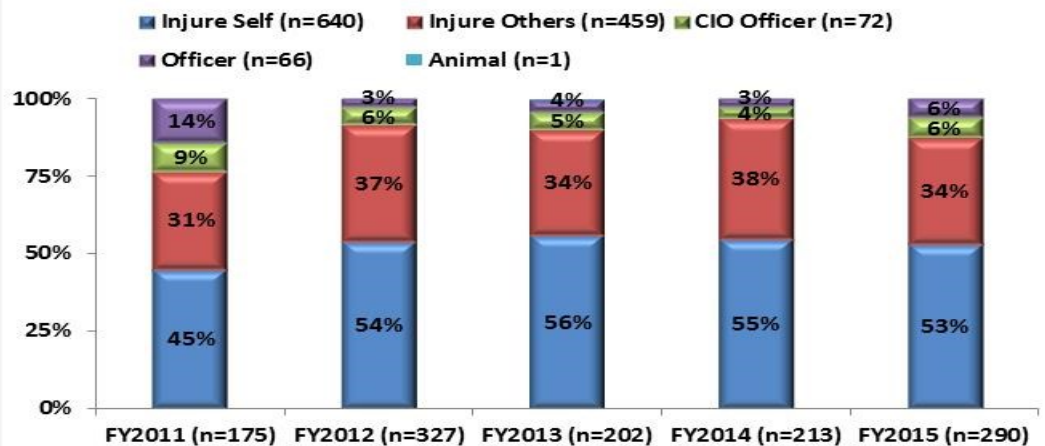
Percentage of Incidents Involving Weapons



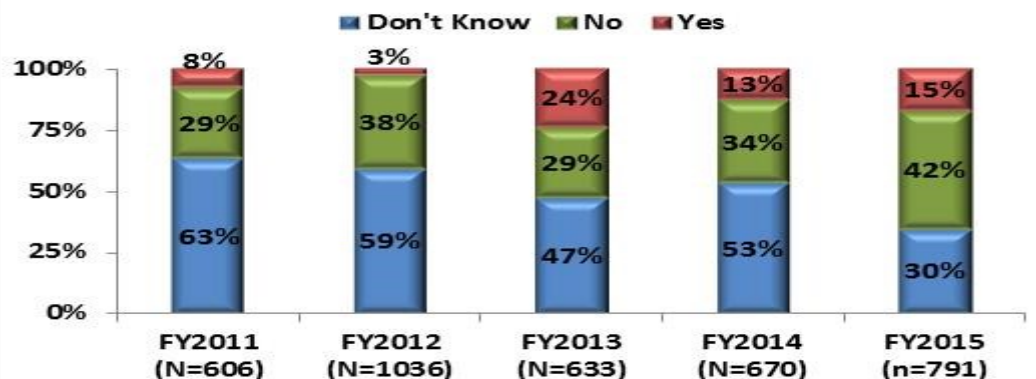
Number and Type of Weapons Reported FY11-FY15 (N=3,736)



Percentage of Persons Injured On Scene



Percentage of Incidents Where Presence of Drugs and/or Alcohol was Suspected



### What are the outcomes (disposition) of CIO calls?

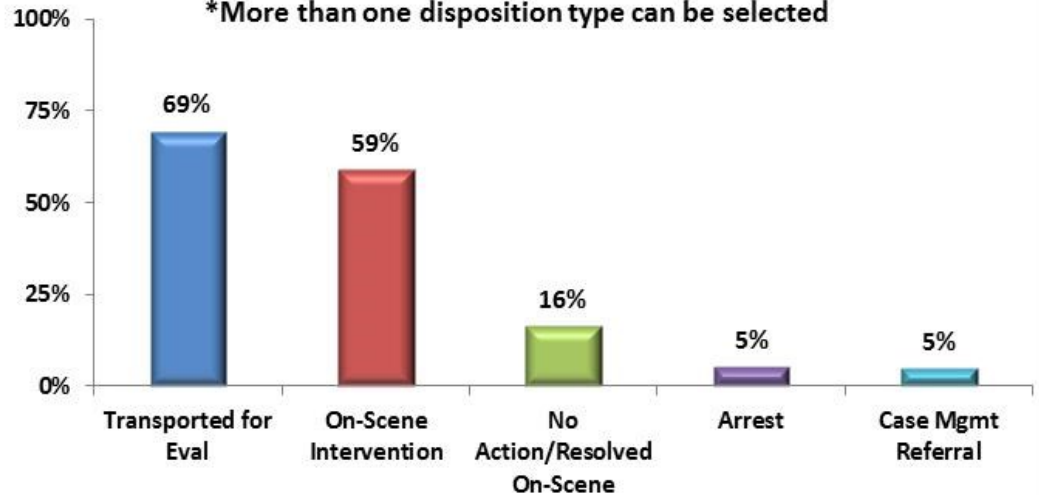
CIO's can select more than one outcome of a reported incident. In addition to arrest, the following response options are possible:

- No Action/resolved on scene: Incident was resolved without formal action taken by CIO;
- On-scene crisis intervention: Person/Crisis situation was de-escalated by CIO (ex: prevented a suicide, physical altercation or other potential seriously harmful act (s);
- Transported for Evaluation: The subject was transported for psychiatric evaluation either
  - Voluntarily or;
  - FD-12/involuntarily—CIO or Officer Agent completed referral and CIO transported them to CPEP or a community hospital for mandatory emergency evaluation;
- Mental health referral made: CIO contacts DBH, CSA or other mental health resource to link subject to services or re-engage a service provider.

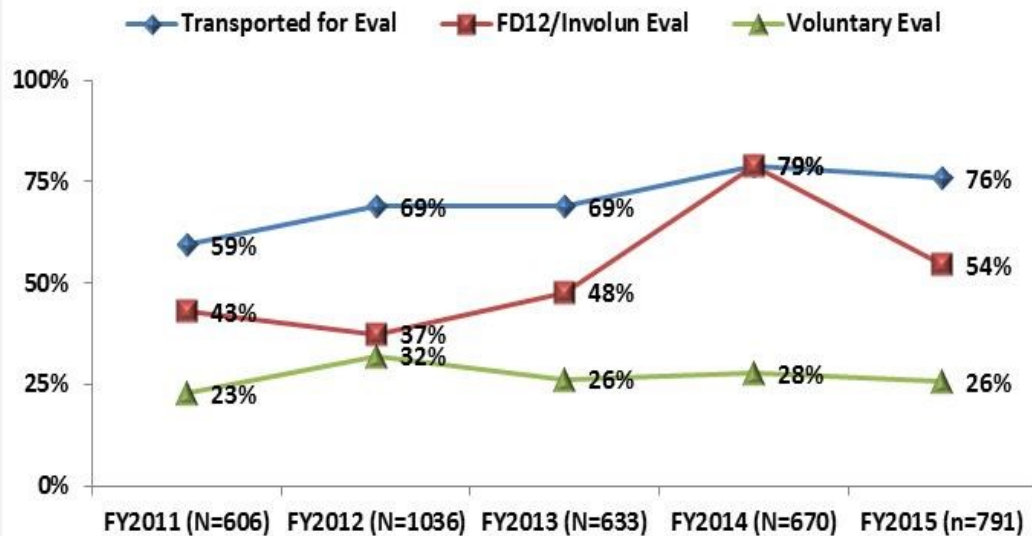
Most often CIOs were performing on-scene crisis intervention (59%) and then transporting subjects for psychiatric evaluation (69%). Trends indicate transports for psych evaluation increased 17% from FY11 to FY15. CIOs reported completing FD12s nearly twice as often from FY11 to FY14, with a 20% decrease again in FY15. The trend indicates that transporting subjects voluntarily (23-32%) and the number of arrests (4-8%) has remained fairly consistent. There was a 60% increase between FY11-14 for on-scene intervention. The reasons for this precipitous increase are unknown. It could be that CIOs are being dispatched to incidents where persons are actively in crisis more consistently, requiring a more intense level of intervention. It is also possible that incidents that required no action were not reported. Incidents resulting in case management referrals decreased, while those requiring no action decreased through FY14 and then increased again in FY15.

Percentage of Incidents by Disposition/Outcome FY11-FY15  
(N=3,736)

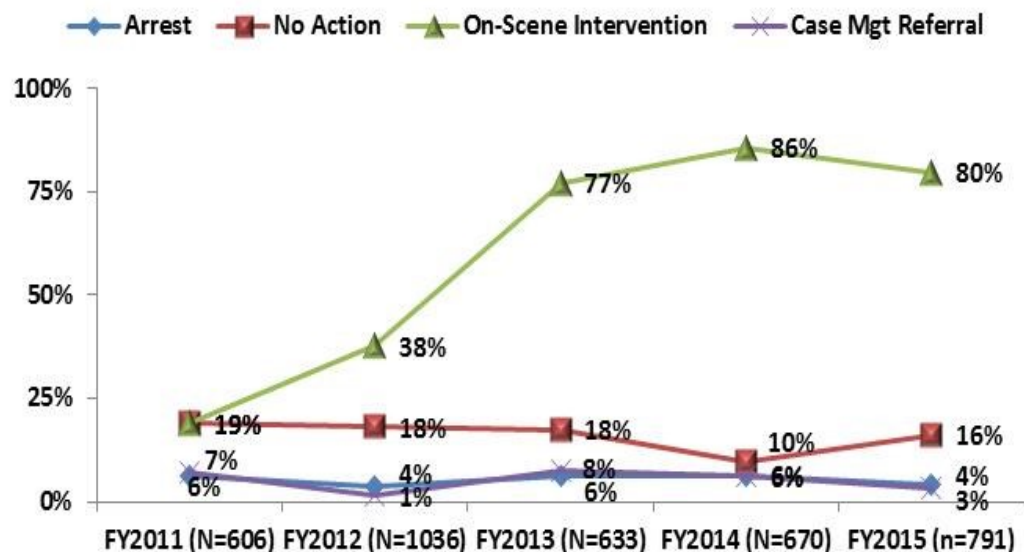
\*More than one disposition type can be selected



Outcome/Disposition of Call Trends (Part 1)



Outcome/Disposition of Call Trends (Part 2)

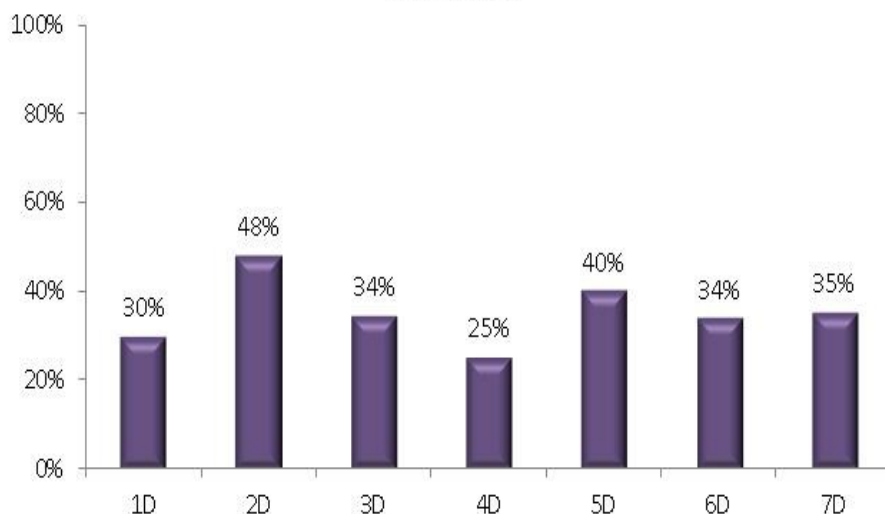




### How do calls for suicide threats/attempts vary by District?

Preventing subjects from harming themselves and others is an important aspect of CIO intervention. The percentage of calls for suicide threats or attempts is presented here by district to explore any differences. More calls of this type occurred in 2D while the 4D had the lowest percentage of these calls. Previous analysis conducted by the Applied Research and Evaluation Unit at DBH 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.

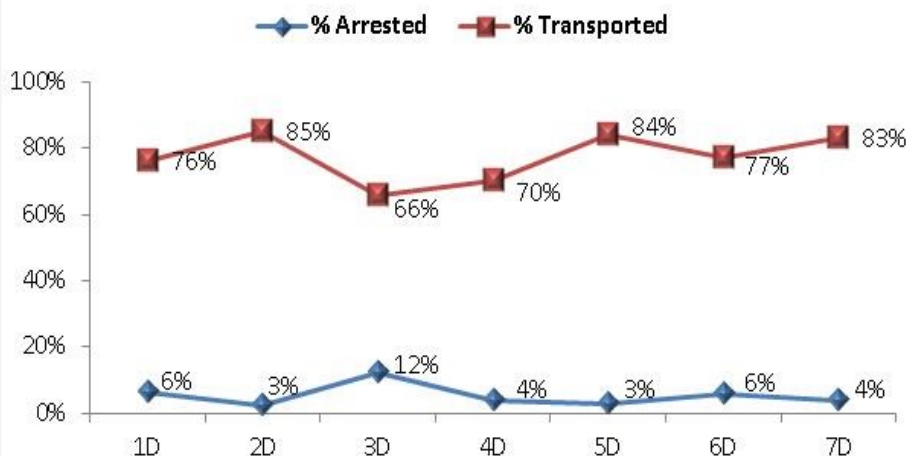
**Percentage of Suicide Threats/Attempts by District (FY11-FY15)**



### How do the dispositions of calls vary by District?

The main goal of the CIO initiative is diversion from jail or prison 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 when compared to transports for evaluation, the arrest rate is very low. The number of arrests in 3D is at least twice as high than in the other districts which range from 3-6%. More data is needed to determine possible reasons for these outcomes. a potential reason. Conversely, the rate of transport is highest in 2D (followed by 5D and 7D). Transports for evaluation represent 66-85% of all incidents.

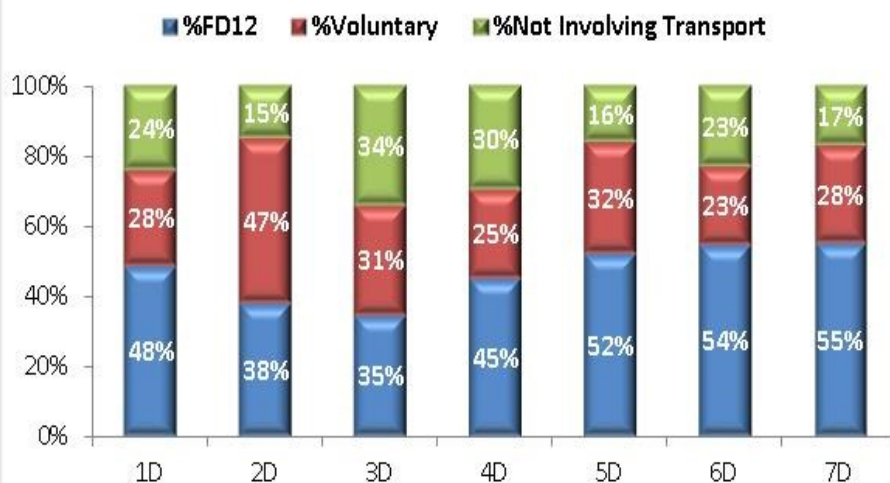
**Percentage Arrested & Transported for Evaluation by District (FY11-FY15)**



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

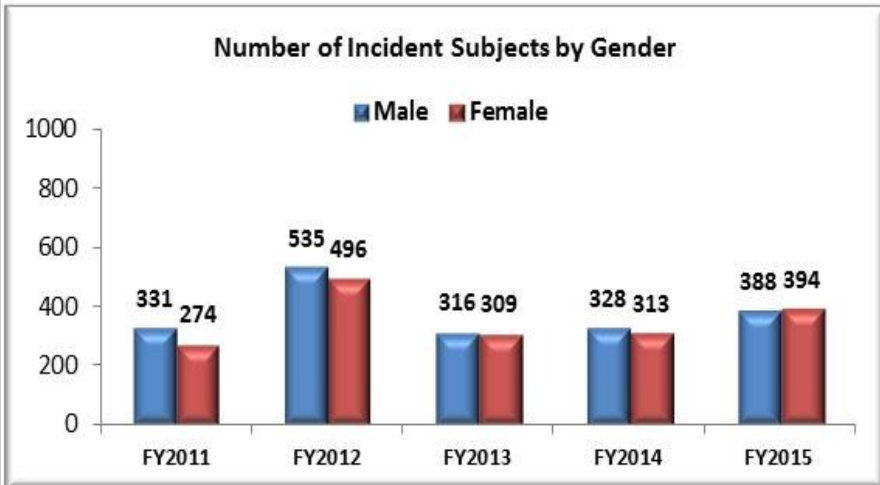
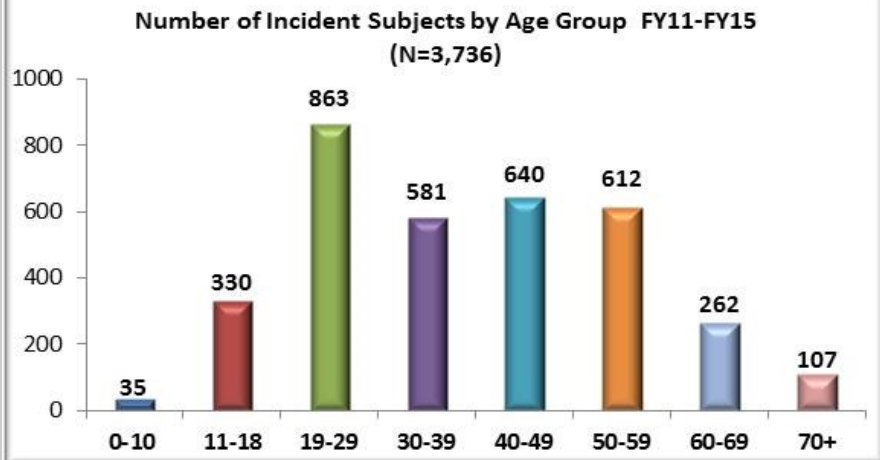
The following shows the distribution of the type of transports psych evaluation (Involuntary/FD12 or Voluntary) reported by CIOs. More incidents in 7D (55%) and 6D (54%) resulted in FD12s compared to 3D (35%). Trends also show more voluntary transports for evaluation in 2D (47%). Based on results presented above showing more suicide threats/attempts in 2D, it may be that those contemplating suicide were more likely to seek help by calling 911. 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-FY15)**



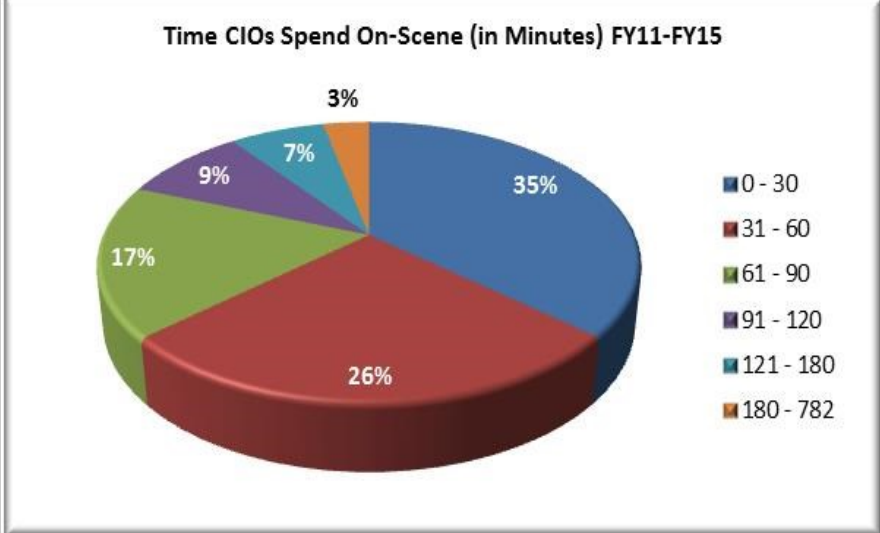
### Demographics

The age 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. There was a small number of subjects who were 10 years old or younger 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.



### 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 (35%) followed by 60 minutes or less (26%). Aggregating the data over the past 5 years indicates that the majority of the incidents (61%, or n=2,259) 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 63 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. Topics include mental health and substance use concepts and symptoms, local resources and applicable laws, suicide prevention and verbal de-escalation.

**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 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.