Chicago Council on Mental Health Equity (CCMHE)

MEETING MINUTES

Date: December 2nd, 2021
2:00 – 4:00 p.m.

I. Welcome and Attendance – members in attendance are shaded gray (CCMHE has met quorum requirement for voting with 38 voting members in attendance)

Name	Agency
Ald. James Cappleman	46th Ward Alderman
Ald. Roderick Sawyer (Proxy – Belinda Cadiz)	6th Ward Alderman
Alexa James	NAMI Chicago
Alisha Warren	CDPH
Belinda Stiles	Christian Community Health Center
Brian Bragg	Access Health
Carolyn Vessel	I AM ABLE
Chief Mary Sheridan	CFD
Deputy Chief Antoinette Ursitti (proxy - Sgt Monica Reyes)	CPD
Dan Fulwiler	Esperanza
Darci Flynn	Mayor's Office (Recovery Task Force)
Denise Fuentes	HHC
Dionne Tate	OEMC
Donald Tyler	Chicago CRED
Dr. Colleen Cicchetti	Lurie Children's Hospital

Dr. Diane Washington	Cook County Health and Hospital System
Dr. Donell Barnett	City Colleges of Chicago
Dr. Eddie Markul	Region IX Medical Services
Dr. Inger Burnett-Zeigler	Northwestern Hospital
Dr. Ken Fox	CPS
Dr. Manoj Patel	LSSI
Dr. Mirna Ballestas	Private practice
Dr. Rashad Saafir	Bobby Wright Comprehensive Behavioral Health Center
Dr. Sharon Coleman	IDHS - DMH
Dr. Shastri Swaminathan	Retired Advocate IL Masonic Hospital
Dr. Wilnise Jasmin	CDPH
Eddie Borrayo	Rincon
Emily Cole	Cook County State's Attorney
Emily Neal	Mercy Home
Emmanuel Ares	CPD - CIT Community Coordinator
Eric Cowgill	NAMI Chicago
Esther Corpuz	Alivio
Esther Sciammarella	Chicago Hispanic Health Coalition
Felix Rodriguez (proxy - Veronica Trimble)	IDMH
Fred Friedman	self
Gabriela Zapata-Alma	National Center on Domestic Violence, Trauma, and Mental Health
Harold Pollack	Uchicago Urban/Crime Lab
Jac Charlier	TASC

James Burns	The Kennedy Forum
Jamie Kach	Advocate Illinois Masonic Medical Center
Jessica Estrada (proxy - Erick Wilkins)	Communities United
Joanne Farrell	CFD
Joel Rubin	NASW
Kelsey Burgess	Equip for Equality
Lisa Hampton	DFSS
Lisa Simons	Lurie Children's Hospital
Lori Roper	Cook County Public Defender
Marc Buslik	Retired, CPD Commander
Marco Jacome	HAS
Marian McKeever	OEMC
Mark Ishaug	Thresholds
Danielle Johnson	IL Guardianship & Advocacy
Matt Richards (proxy - Dr. Allison Arwady)	CDPH
Michelle Langlois (proxy - Jessica Heis)	Veterans Administration
Mike Milstein	CPD
Nick Roti	HIDTA
Cesareo Patras-Moreno	ONE Northside
Patrick Dombrowski	C4
Pastor Chris Harris (proxy - Deana Perez)	Bright Star
Pastor Edward Davis	St John's Missionary Baptist Church

Peggy Flaherty	Thresholds
Rasauna Riley-Brown	DFSS
Rebecca Levin	Cook County Sheriff's Office
Richard Rowe	Next Steps and CSH
Rufus Williams	Better Boys Foundation
Samantha Edwards	DFSS
Maggie Shreve	Community Renewal Society
Stephen Brown	U of I Health and Hospitals
Susan Doig	Trilogy
Michael (Mac) Kawaters	OEMC
Veronica Trimble	IDHS
Veronique Baker	IL Guardianship and Advocacy

II. Public Comment – no request for public comment

III. CPD CIT Policy Recommendation Approval

- Process Overview
  - Mayor's Office will read out an item/policy/SOP and Kate Sanchez will review list of names of those currently present.
  - Each individual member may vote "Yes" or "No" verbally. Members may also abstain.
  - Anything italicized will not be voted for, but will be included in documents sent to CPD.

- Broad Principles #1 votes: approved **(Yes: 32, No: 1, Abstain: 5)**

- Broad Principles #2 votes: approved **(Yes: 35, No: 0, Abstain: 3)**

- Broad Principles #3 votes: approved **(Yes: 34, No: 0, Abstain: 4)**

- Special Order #S05-14 – CIT Program Votes: **(Yes: 32, No: 2, Abstain: 4)**

- Special Order #S04-20 – Recognizing and Responding to Individuals in Crisis (multiple recommendations for policy)
  Votes**: (all components of #S04-20 passed)**

Recommendation #	Yes	No	Abstain
6	32	1	5
7	32	1	5
8	32	0	6
9	33	0	5
10	33	0	5
11	33	0	5
12	33	0	5
13	33	0	5
14	30	3	5
15	24	7	7
16	33	0	5

- Special Order #S04-20-02 – Persons subject to involuntary or voluntary admission non-arrestees (multiple recommendations for policy)
  Votes: **(Recommendation #17 passed, #18 and #19 did not**)

Recommendation #	Yes	No	Abstain
17	27	5	6
18	7	19	12
19	3	26	11

  - *Question*:
    - Will a person with Medicaid be charged for an ambulance transport to a further location?
    - *Answer*: Medicaid will bill
  - *Comment*:
    - #17 is in regard to transport just by CPD officers. Not by ambulance.
  - *Comment*:
    - Strong concerns about #19. Hospitalization is not the same as the criminal legal system. CPD cannot make determination of involuntary admission
  - *Comment*:
    - Clients often equate admission in a mental health ward is akin to being incarcerated. Standard for involuntary admission in court is not high.
  - *Question*:
    - How are FQs prepared to be drop off sites?
    - Answer: They are not all prepared. But the hope is to leave the opportunity open so that any who wish to become prepared may do so.

- Special Order 504-20-03 – Persons on UA from State-Operated Mental Health Facility votes: **(Yes: 32, No: 0, Abstain: 6)**

- Special Order 504-20-04 – Mental Health Transport and Related Duties Matrix votes: **(Yes: 33, No: 0, Abstain: 5)**

- Special Order 504-20-05: Arrestees in Need of Mental Health Treatment votes: **(Yes: 33, No: 0, Abstain: 5)**
  - Question:
    - Is Consent Decree or legal definition of "youth" being used?
    - Answer: Consent Decree definition

- CIU SO #20-01 – Mission, Organization, and Function in CIT Unit votes: **(Yes: 28, No: 0, Abstain: 11)**

- CIU SO #20-02 – CIT Training, Scheduling, Attendance, Eligibility, and Recruitment votes: **(This standard operating procedure was voted by the committee to table to a later date. Further clarification from CPD is needed before a committee vote).**
  - Comment:
    - Does CPD plan to train every department member in CIT? If so, #3 may become a problem. If a department officer no longer feels suited to be CIT qualified, will that be cause to separate?
    - If someone is unable to meet basic performance standards, should they be promoted?
    - CCMHE cannot require entire CPD to be trained. We should stick with those interacting with those in mental/behavioral health crisis

- CIU SO #20-03 – Crisis Intervention Plan votes: **(Yes: 28, No: 0, Abstain: 11)**

- CIU SO #20-04 – District Level Strategy for CIT Program votes: **(Yes: 27, No: 1, Abstain: 10)**

- CIU SO #21-01 – CIT Program Coordinator votes: **(Yes: 27, No: 1, Abstain: 10)**

- CIU S0 #21-02 – CIT Annual CIT Policy Review: **(This standard operating procedure will be presented for a vote at the next full committee meeting in 2022)**

IV. Next steps and 2022 meetings

- Next full committee meeting will be January 24th, 2022
- December sub-committee meetings will be canceled as the City develops workplans and schedules for the upcoming year.

- **Recommendations from the CCMHE on CIT policies to be presented to CPD:**

Compiled Recommendations on CPD CIT Policies (Broad Principles) from CCMHE members - Approved

(CCMHE Members voted on 12/02/2021)

Please note: Italicized text was not voted on by committee

1	**Revisions to the policies are required to state the goals and objectives of the CIT program and to ensure accountability to those goals and objectives.**
	a. The goals and objectives of the CIT program are repeatedly referenced in multiple CIT policies, but are not clearly or specifically set forth. Our recommendations include to specifically incorporate the goals and objectives into the policy, not only by stating what they are but by reviewing each policy to ensure that it furthers those goals and objectives. For example, the training and data analysis policies give some detailed requirements but not on several of the goals and objectives agreed to for the CIT program in the Consent Decree (paragraphs 85 and 88). To be met, those goals and objectives must be specifically identified and tied to the trainings, policies, assessments, and planning of the CIT program. *Consent Decree Paragraph 85 - The use of trauma-informed crisis intervention techniques to respond appropriately to individuals in crisis will help CPD officers reduce the need to use force, improve safety in police interactions with individuals in crisis, promote the connection of individuals in crisis to the healthcare and available community-based service systems, and decrease unnecessary criminal justice involvement for individuals in crisis. CPD will allow officers sufficient time and resources to use appropriate crisis intervention techniques, including de-escalation techniques, to respond to and resolve incidents involving individuals in crisis.* *Consent Decree Paragraph 88: The CIT Program will serve to meet the objectives of - a. improving CPD's competency and capacity to effectively respond to individuals in crisis; b.de-escalating crises to reduce the need to use force against individuals in crisis; c. improving the safety of officers, individuals in crisis, family members, and community members; d. promoting community-oriented solutions to assist individuals in crisis; e. reducing the need for individuals in crisis to have further involvement with the criminal justice system; and f. developing, evaluating, and improving CPD's crisis intervention-related policies and trainings to better identify and respond to individuals in crisis.*
	b. An important goal and objective of the CIT program is to get people in crisis connected to mental health and community services and keep them out of the criminal legal system. Yet, this goal and objective does not seem to be incorporated into the policies in a manner that keeps the CPD accountable to this goal and objective. The need to divert or refer individuals to mental health

	services and resources should be prioritized in the policies as the best option, which should include a priority for municipal and public health options particularly for the majority of individuals who need to referral to outpatient services.
	c. To the furthest extent possible, calls involving individuals in crisis should be diverted away from police responders to produce the best long-term non-criminal solution for that individual in order to prevent institutionalization, including institutionalization through hospitalization. While these policies govern police responders, the policies should still emphasize throughout the objective to avoid criminalization and prevent institutionalization. This includes: i) Police policies and training should acknowledge that police presence (regardless of CIT certification) can itself be escalating and Therefore, can be counterproductive in achieving the CPD and City objectives. ii) When police are called to scenes or incidents where other non-police responders such as mental health providers or non-police CDPH pilot response programs are handling the situation, CPD should extricate themselves and defer to those responders. iii) Clear policy directives need to be developed to give police guidance on alternative response options when they find an incident does not require a criminal system response, including developing policy for police to hand calls over to the pilot program responders and 988 response teams (when that system is implemented). These alternative response options should be utilized where a criminal legal response is not required and/or the mental health responders are better suited to respond in a manner consistent with the City
	d. While not addressed in the existing policies provided for review, CPD members are co-responders in a current pilot program. The policies guiding those programs, or the role of those officers within those programs, have not been provided to or reviewed by the CCMHE despite multiple requests at CCMHE meetings including in this policy review process. We request the policies be provided.
	e. Currently the implementation plan of the CPD CIT program is to get 75% of calls dispatched to police that involve individuals in crisis assigned to CIT designated officers. With the efforts to achieve that goal, the corresponding goal and effort should be to decrease the number of calls dispatched to the police to only those that require a criminal legal response. By reducing the number of dispatches to 3 police responders, CPD could work toward a goal of CIT coverage of *all* calls involving individuals in crisis that do require a police response. CPD should be working with the City and OEMC to decrease the number of calls dispatched to police by increasing resources for and use of non-police response options. By deflecting mental and behavioral health calls away from the police and to more appropriate response options, the City should reduce its reliance on CIT and police responders. These goals of decreasing police response need to be incorporated into the CPD planning and policies under review both for CIT and for police interactions with people in crisis broadly.

	f. CPD policies and training must guide police officers to avoid the criminalization of individuals due to disability or mental health crisis, or related statuses, when determining the appropriate disposition of an incident involving an individual in crisis.

2	**The policies need revisions to encompass the full definition of "individuals in crisis".**
	The definition of "individuals in crisis" required by the Consent Decree's mandates for the CIT program (and referenced but not defined in S04-20) reach beyond individuals in mental health crisis to those "who exhibits symptoms of known, suspected, or perceived behavioral and mental health conditions, including, but not limited to, mental illness, intellectual or developmental disability, or co-occurring conditions, such as substance use disorders." (Consent Decree paragraph 759.) Yet, while some of the policies reference the broader definition, their terms remain specific to mental illness.

3	**The policies need revisions to provide a framework for meaningful community engagement.**
	Several of the CIT policies reference community engagement but none set forth even minimum requirements—much less the robust community engagement recommended by the 2019 CIAC—to ensure that it occurs in a meaningful way that considers diverse voices of the relevant communities. Each of the policies setting forth the required duties of those responsible for any portion of the CIT program (the Coordinator, the Training Section, CIT DOCs, and District Commanders) should set forth specific requirements for community engagement. A broad, robust and inclusive community engagement program representative of all communities potentially impacted must be developed, and each policy should affirm that all substantive issues incorporated be thoroughly reviewed with the community engagement program in collaboration with CCMHE.

Compiled Recommendations on CPD CIT Special Orders from CCMHE Subcommittees and Members - Approved

(CCMHE Members voted on 12/02/2021)

Please note: Italicized text was not voted on by committee

#	Special Order #S05-14 "Crisis Intervention Team (CIT) Program"
1	Include multi-lingual versions of the Mental Health Incident Notice (CPD 15.521) which has the Smart911 information.
2	Language barriers can hinder the response to individuals in crisis, include protocol for language translation in this policy.
3	Consider adding items or clothing that will help the community to immediately visually identify a CIT officer (besides the CIT pin worn on the uniform).
4	*The drafted recommendations did not address questions and comments at the meeting regarding the nature of these assignments and the ability of officers to address them appropriately when coming from or out of other assignments*. As a way to provide an increase in quality and quantity of response, while also considering the long- and short-term wellness of the CIT officers, assignment protocols should provide a buffer for CIT designed officers from non-CIT response calls. At the minimum they should be deprioritized from other assignments and ideally they should not respond to non-CIT calls.
5	This is the overall program statement, but it does not include any statement of the program objectives or tie its functions to those objectives. The Consent Decree sets out agreed upon goals/outcomes of the CIT program and in paragraph 85 and program objectives in paragraph 88. *Consent Decree Paragraph 85 - The use of trauma-informed crisis intervention techniques to respond appropriately to individuals in crisis will help CPD officers reduce the need to use force, improve safety in police interactions with individuals in crisis, promote the connection of individuals in crisis to the healthcare and available community-based service systems, and decrease unnecessary criminal justice involvement for individuals in crisis. CPD will allow officers sufficient time and resources to use appropriate crisis intervention techniques, including de-escalation techniques, to respond to and resolve incidents involving individuals in crisis.*

	Consent Decree Paragraph 88: The CIT Program will serve to meet the objectives of - a. improving CPD's competency and capacity to effectively respond to individuals in crisis; b.de-escalating crises to reduce the need to use force against individuals in crisis; c. improving the safety of officers, individuals in crisis, family members, and community members; d. promoting community-oriented solutions to assist individuals in crisis; e. reducing the need for individuals in crisis to have further involvement with the criminal justice system; and f. developing, evaluating, and improving CPD's crisis intervention-related policies and trainings to better identify and respond to individuals in crisis.

#	**Special Order #S04-20 "Recognizing and Responding to Individuals in Crisis"**
6	Include a training section so that officers recognize and understand the petition for involuntary and voluntary admission as these forms are often filled out by service providers.
7	In section V.A. and V.B., revise the language from "will be aware" to "should or will recognize".
8	**8a**: In section V.A., include cues related to drug use. In direct experience, the two behavioral health issues can mimic each other and can be frequently co-occurring.
	8b: "Individuals in crisis" is defined in Consent Decree (paragraph 759) to include behavioral health conditions (includes substance abuse) and other mental disabilities (developmental and intellection). The policy uses this term but then limits the substance of section V-VII to mental illness. All of Sect V-VII need to be revised to meet the definition by addressing substance abuse disorder, ID/DD, or behavioral mental health more broadly.
	8c: The definitions section includes DD and ID but then the body of the policy doesn't deal with them.
	8d: Definition of "individuals in crisis" should be in definitions instead under Sect. VI.
9	In section V. A., include instruction that more than one cue can be observed and that not responding can be indicative of a need for mental health, substance abuse, or intellectual / developmental disability services and not non-compliance.

10	In section V. A., include that in the case of mental health of IDD cues, not obeying commands, walking away, and even what may appear as potentially aggressive behaviors can be very strong cues of the need for special intervention / CIT team.
11	**11a**: Include a youth version of this policy, *(comment at the last meeting included that transport by squad can itself be very traumatic for youth).*
	11b: Recommendation should be to emphasize use of alternatives when transporting youth and overall to develop youth specific procedures that emphasize requirement for using trauma informed and developmentally appropriate practices as well as to divert/deflect to the fullest extent possible.
	11c: This policy should be revised to comply with the Consent Decree's requirements for interactions with Youth (defined as 13-24 yo), (in paragraphs 33 and 34) including to avoid arrest through alternative responses and specific notification requirements if juveniles are arrested.
12	Policy should explicitly give alternative outcomes for these interactions (other than arrest or hospitalization). Instead of plainly stating potential outcomes (and then giving procedures for each), the policy states the paperwork requirements for as arrest, use of force or hospitalization. Since diversion and deflection are prioritized by this committee and required in a CIT program objectives, the policy should plainly state and emphasize alternative responses / outcomes that include diversion or deflection the person.
13	**13a**: The Mental Health Incident Notice report requirement appears to be the only mention of a response that includes a component of diversion/deflection and that appears to only involve informing the individual of the potential resources. The policy needs to be revised to meet the goals of diversion and deflection on equal or greater footing as outcomes of arrest and hospitalization.
	13b: The policy should specifically emphasize the City's goal of avoiding arrest and criminal legal response by providing guidance on a range of options (including doing nothing or giving referrals), drop-off centers, or other diversion/deflection options.
14	Similar to "Approved Medical Facilities", there should be a resource for community mental health referrals and resources. Admission to a hospital and an inpatient state operated center is institutionalization and should only be utilized in specific circumstances where the standard can be met.

15	*The policy says, "Non-CIT trained officers may request the assistance of a certified CIT-trained officer(s) for assignments that have a mental health component. Certified CIT-trained officer(s) will be assigned as available; however, the responsibility of the assignment will remain with the assigned non-CIT-trained officer."* **15a**: The language conflicts with C.I.O. SO21-02.B. (which incorporates the Consent Decree requirement) that the "Department will **require** that an officer assigned to investigate an incident identified as involving an individual in crisis request a CIT-trained officer to assist, if available. The responding certified CIT-trained officers **will take the lead** in interacting with individuals in crisis, once on scene. **15b**: This policy should state that non-CIT trained officers must request the assistance of a certified CIT officer and must defer to the CIT officer in the handling of the call. Once CIT assistance is obtained, the CIT interventions as directed by the trained officer must be adhered to by the non-CIT officer in order to meet the City and CPD's objectives for responding to individuals in crisis
16	*Does 04-20 include the policy requirements listed in CIU S.O. 21-02, Sect. II. C-E?* C. The Department will require that if a certified CIT-trained officer is not available to respond to a call or incident identified as involving an individual in crisis, the responding officer will engage in crisis intervention response techniques, as appropriate and consistent with Department policy and their training, throughout the incident. Responding officers will document all incidents involving an individual in crisis D. Department policy will provide that a crisis intervention response may be necessary even in situations where there has been an apparent violation of the law. E. Department policy will encourage officers to redirect individuals in crisis to the healthcare system, available community resources, and available alternative response options, where feasible and appropriate.

#	**Special Order #S04-20-02 "Persons subject to Involuntary or Voluntary Admission Non-Arrestees"**
17	Include language to help service providers (who call for a transport), advise the transporting officers on the location that best suits the individual in crisis which may not be the closest facility.

#	**Special Order #S04-20-03 "Persons on Unauthorized Absence (UA) from a State-Operated Mental Health Facility"**
	No feedback on policy was submitted through the reviewing subcommittee (Mental Health Safety Net)
20	This policy should include explicit requirements for interaction with individuals with serious mental illness who are in crisis, particularly because the interactions governed may likely include restraint, transportation, and detention of individuals experiencing acute symptoms of their mental illness and crisis. This should include the direction to utilize de-escalation and trauma-informed approaches, as well as the requirement under the Americans with Disabilities Act to make modifications in policies and procedures where needed to provide a safe police response. The ADA policy is referenced a specific statement of the most applicable requirements for these interactions should be specified in policy.

#	**Special Order #S04-20-04 "Mental Health Transport and Related Duties Matrix"**
	No feedback on policy was submitted through the reviewing subcommittee (System Coordination and Data)
21	This policy gives arrest or involuntary admission (institutionalization) as the only response options. This is inconsistent with the principles of diversion and deflection. The Matrix should clearly set forth alternative responses and outcomes for both adults and juveniles.
#	**Special Order #S04-20-05 "Arrestees in Need of Mental Health Treatment"**
22	Include protocol for youth in this policy.
23	**23a**: This policy only gives two options: process as usual or hospitalization, but the majority of "individuals in crisis" do not require inpatient hospitalization (and would not likely meet the standard). This policy should be revised to give post-arrest response options consistent with the principles of diversion and deflection. **23b**: The order should include the need to utilize de-escalation techniques and trauma-informed practices throughout these interactions, as well was a statement that modifications of policies or procedures may be required by the Americans with

	Disabilities Act (in addition to the policy reference) these situations to prevent exacerbation of symptoms of mental illness or escalation of interactions that can lead to use of force.

Compiled Recommendations on CPD CIT Standard Operating Procedures from CCMHE Subcommittees and Members - Approved

(CCMHE Members voted on 12/02/2021)

Please note: Italicized text was not voted on by committee

#	C.I.U. S.O. #20-01 "Mission, Organization, and Function of the Crisis Intervention Unit"
	No feedback on policy was submitted through the reviewing subcommittee (Crisis Response)
1	In addition to the broad mission statement, this policy should also incorporate the goals for the program outcomes and the program objectives as set forth in the Consent Decree, paragraphs 85 and 88. Relatedly, CIU S.O. 21-02 refers to revising policies to ensure that the program is in compliance with its objectives, but it does not list or reference where those objectives are found.
2	Training mission should include to ensure that CIT trained officers have the skills and dedication to decrease the involvement of people in crisis with the criminal legal system wherever possible, including through the use of Community and City deflection and referral resources.

#	C.I.U. S.O. #20-03 "Crisis Intervention Plan"
4	**4a**: Include language that specifies how community members can engage with the CIT unit to give feedback **4b**: The drafted language flips the suggestion around to put the burden on community. It should read to give requirements on how the units engage with community to obtain input and feedback. It should give a framework or minimum requirements to facilitate community engagement.

5	*Additional comments in subcommittee meeting (not reflected in draft) were about community input into the program evaluation.* There needs to be a clear protocol for community input to include stakeholders in the local communities/districts beyond CAPs (Community Policing), including asking local ECPS District Council members and community organizations. The input should also be part of the program evaluation and should include community input on the program objectives of improving safety; de-escalation; reduction of use of force and police interventions; and promoting community-based solutions and diversion; and the achieving outcomes/dispositions of incidents other than arrest including the use of diversion programs/resources.
6	Sect. III.F (6) lists that the Plan should identity deficiencies and opportunities to improve dispatch; but nowhere does this policy require the plan identify deficiencies and opportunities to improve outcomes or compliance with CIT program goals and objectives.

#	**C.I.U. S.O. #20-04 "District-Level Strategy for Crisis Intervention (CIT) program"**
7	Include language on how the community is made aware of the District Level Strategy and community issues can be included.
8	Same as above – this is a directive seems to suggest that the burden of providing input is on the community instead of giving requirements for Districts to engage with community and gain or facilitate input. The policy should provide minimum requirements or a framework to ensure that the District Commanders facilitate community engagement and input, including in the District plans.

#	**C.I.U. S.O. #21-01 "Crisis Intervention Team (CIT) Program Coordinator"**
	No feedback on policy was submitted through the reviewing subcommittee (Crisis Response)
9	Sect. II.A(6) - great that this includes knowledge of the SIM, but should it be more specific to require demonstrated ability to apply the SIM to Chicago in order to expand community relationships and increase opportunities for diversion.
10	Sect. IV.A(2)(a) - requirements for annual collaboration to improve the CIT training curriculum should include specifically utilizing the data analysis (see IV.A(1)) to make

	additions or modifications to the training designed to address any challenges in meeting CIT objectives, including but not limited to assessment of whether CIT officers are able to successfully use de-escalation to avoid the use of force and to achieve outcomes of deflection, diversion and/or referral.
11	Sect. IV.A.(2)(b) - requires that the Coordinator seek input from professionals, advocates and people with lived experience, but does not give any specifications on this is done. Should give specifications to include diverse voices and not be limited to the regular or existing partners.
12	Sect. IV.A (5)(a) - determining fitness of officers to serve on CIT – this references another policy that we have not received. The policy should give guidelines what factors are reviewed and how often they are re-reviewed, including the officer's demonstrated commitment to de-escalation and trauma informed approached; adherences to objective of avoiding arrest, incarceration and hospitalization in favor of other available approaches; and ability to maintain wellness on the job in the face of repeated trauma exposure.
13	Sect. IV.A(6) - Analysis should include whether force was used and the outcome/disposition of the incident including whether the individual was transported or otherwise referred to community or municipal diversion programs/resources; transported to a hospital; or arrested. Overall, the data analysis should be conducted in manner to assess the program's successes and challenges at achieving its objectives as stated in the policy mission statement and set forth in the Consent Decree (paragraphs 85 and 88).
14	Sect. IV.A.(7)(a)(6): research on best practice for police responses – given the expansions in CDPH pilots and the 988 system, this should include: and to partner with and support non-police response municipal and county programs?
15	Sect. IV.A.(8)(m) - Does program staff refer to CIT designated officers? Random review of body worn camera footage should be for purpose of ensuring that crisis incidents are responded to in a manner consistent with program objectives to improve safety; de-escalate to reduce need for police interventions; and promoting community-based solutions and diversion.