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To: Sheryl M.M. Long, City Manager

From: Lauren Sundararajan, CFE, Internal Audit Manager *LS*

Copies to: Internal Audit Committee
William Weber, Assistant City Manager
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Subject: **Cincinnati Police Department Response to Mental Health Incidents Audit**

Attached is the Cincinnati Police Department Response to Mental Health Incidents audit report. The primary objective of this performance audit was to assess program performance and operations to ensure the Cincinnati Police Department is effectively and efficiently responding to mental health incidents. This audit was conducted in accordance with the current audit agenda.

We would like to thank the management and staff of the Cincinnati Police Department for their assistance and cooperation during this audit.

If you need any further information, please contact me.

Attachment

Cincinnati Police Department Response to Mental Health Incidents Audit

April 2023



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Executive Summary

Internal Audit (IA) conducted a performance audit of the Cincinnati Police Department (CPD) Response to Mental Health Incidents. The primary objective of this performance audit was to assess program performance and operations to ensure CPD is effectively and efficiently responding to mental health incidents. CPD has committed “to use non-confrontational verbal skills, empathy and/or active listening to stabilize a person in crisis or when confronted with a situation where control is required to effect an arrest or protect the public’s safety.”¹

The audit revealed several opportunities for improvement with CPD’s response to mental health incidents. The Crisis Intervention Team (CIT) training is designed to help law enforcement officers effectively and appropriately manage situations involving persons in crisis. However, CPD does not provide CIT refresher training. IA also determined that CPD is not measuring the impact or efficiency of the CIT program. The CIT Core Elements best practice recommends that the police department evaluate and research the CIT program to determine if goals are met, and whether there are any areas for improvement.

Additionally, CPD does not review its responses to mental health incidents. The body worn camera procedure provides specific guidance for supervisors to review relevant footage concerning use of force, injury to officers, vehicle pursuits, auto accidents, and citizen complaints. Unless a mental health crisis is a secondary element to a critical incident, the officer’s response is not reviewed or evaluated by the supervisor. Furthermore, all mentally ill incidents and potential suicides are not captured on CPD internal reports as they can sometimes be included as a secondary element. CPD reported difficulty in tracking mental health related incidents, and this appears to be a challenge with other cities as well.

To ensure CPD response to mental health incidents maintains a high-level of integrity, and is in alignment with CIT best practices, IA recommends CIT refresher training be offered to certified patrol officers. Additionally, CPD should measure the impact and outcomes of the CIT program to ensure program goals are met, and to provide opportunities for improvement. IA also recommends that CPD review how patrol officers respond and interact with people experiencing mental health issues and include the statistics for CPD management review.

¹ Cincinnati Police Department Procedure Manual, 12.110, Handling Suspected Mentally Ill Individuals and Potential Suicides, Revised 11/25/2022.

I. Introduction

Background

CPD is the primary law enforcement agency for the City of Cincinnati and provides a full range of police services to 52 diverse neighborhoods. CPD currently maintains approximately 974 sworn officers.² Led by the Police Chief, law enforcement operations are divided among three Bureaus: Patrol, Investigations and Support.³

CPD has been at the forefront of changing the police response to situations involving individuals undergoing a mental health crisis. Since July 2001, the Hamilton County Mental Health and Recovery Services Board (HCMHRSB) and CPD have worked together (using a co-response model) to improve services to people experiencing mental health issues in Cincinnati. This effort was initially implemented in District 5, and involved a pilot project, funded by the HCMHRSB, in which the Mobile Crisis Team (MCT) worked directly with police on mental health calls. The HCMHRSB applied for a grant from the Health Foundation of Greater Cincinnati to expand the MCT/CPD collaboration into District 1.⁴ Currently, MCT services are available to every district police officer who requests their presence on a dispatch. Although according to CPD, MCT use was not reflected in the data as high-volume use.

Since 2005, every officer who has entered the Police Academy has completed a minimum of 40 hours of CIT training, and once they pass their exam become CIT certified. CPD has committed, “to use non-confrontational verbal skills, empathy and/or active listening to stabilize a person in crisis or when confronted with a situation where control is required to effect an arrest or protect the public’s safety.”⁵

CPD’s response to handling suspected mentally ill individuals is an evolving endeavor that incorporates the best practices of the Memphis CIT Model. In 2022, the Alternative Response to Crisis (ARC) pilot program was implemented and is spearheaded by the Emergency Communications Center (ECC). This will serve as an alternative response in low-risk incidents. The program is designed to divert mental health incidents to mental health workers and free up officers to respond to calls for service where law enforcement is needed. Additionally, an enhanced Emergency Police Dispatch (EPD) protocol, which was rolled out on February 28, 2023, will provide officers with more detailed Computer Aided Dispatch (CAD) information, and expand the categories of suspected mentally ill incidents.

² Strategic & Tactical Analytical Review for Solutions (STARS) Profile, 2/27/2023.

³ About Police Cincinnati Police Department Website.

⁴ Mobile Crisis Team/Police Collaboration Evaluation, Division of Criminal Justice University of Cincinnati, Dr. James Frank, Dr. John Eck, and Shamir Ratansi, January 2004.

⁵ Cincinnati Police Department Procedure Manual, 12.110, Handling Suspected Mentally Ill Individuals and Potential Suicides, Revised 11/25/2022.

Audit Selection

IA conducted this audit in accordance with the current work plan.

Audit Objective

The primary objective of this performance audit was to assess program performance and operations to ensure CPD is effectively and efficiently responding to mental health incidents.

Audit Scope and Methodology

To achieve the audit objective, IA compared current practice to relevant department and City policies, interviewed City staff, examined relevant contracts and agreements, and determined CPD's overall compliance with national standards and best practices. Documents reviewed included CPD activities from fiscal year (FY) 2020 – present.

Statement of Auditing Standards

As required by the Cincinnati Administrative Code Article II §15, this audit was conducted in accordance with the Generally Accepted Government Auditing Standards (GAGAS), except for standard 5.60 pertaining to external peer review requirements. This exception did not have a material effect on the audit.

IA continues to conduct internal quality reviews to assure conformance with applicable GAGAS. IA performed the fieldwork between December 2022 and February 2023.

Commendations

IA commends the management and staff of the Cincinnati Police Department for their assistance and cooperation throughout the audit.

II. Audit Findings and Recommendations

CPD does not provide Crisis Intervention Team refresher training.

There are currently 974 sworn personnel employed by CPD.⁶ Every patrol officer since 2005 has had 40 hours of CIT training. CIT training is designed to help law enforcement officers effectively and appropriately manage situations involving persons in crisis. The training is part of the state mandated Ohio Peace Officer Training Commission (OPOTC) requirements and is held at the Police Academy. All recruits must complete the training to graduate, and upon completion of the course and passing of an exam, recruits are CIT certified.

Although CPD exceeds state requirements for CIT training for all officers, refresher training to update officer knowledge and skills is not offered. The initial training is frontloaded as opposed to continuing education in CIT. IA was informed that there is no refresher training attached to OPOTC; however, as circumstances or incidents arise, training is provided at the academy on a reactionary basis and is considered “refresher” as part of patrol officers continuing professional training (CPT).

A CIT certified patrol officer's familiarity with crisis intervention topics and techniques may diminish without refresher training. Additionally, patrol officers may not have access to information on new techniques or clinical insights that may help them assist people experiencing a mental health crisis. This is especially true for officers who were last trained 10, 15, or 20 years ago.

In January 2023, IA attended a 10-hour CPT session at the Police Academy. The CPT topics covered a wide array of subjects, with 1.5 hours devoted to the mental health topic. According to Police Academy training personnel, there have been CPT training topics offered such as Blue Courage/Trauma Informed Policing (2017), Resilience in Leadership (two sessions per year since 2020), Mobile Crisis (2021), online officer wellness seminar (2022), and 360 training (July 2022 and November 2022).

IA acknowledges that these CPT courses seek to ensure that police officers develop the “right heartset, mindset, skillset, and toolset, enabling them to meet the demands of modern policing”⁷; however, the success of CIT depends not only upon the initial training but on refresher and specialized training for CIT patrol officers.⁸

Recommendation 1: CIT refresher training should be offered for certified patrol officers.

Department Response: Agree. While CPD trains its officers on a multitude of mental health responses for individuals in crisis – there is not a specific CIT refresher course. CPD will review its upcoming CPT agendas and explore the possibility of adding a CIT refresher to the 10-hour day personnel assigned to patrol functions.

⁶ Strategic & Tactical Analytical Review for Solutions (STARS) Profile, 2/27/2023.

⁷ Blue Courage Workshop-Law Enforcement, Criminal Justice Training Commission.

⁸ Crisis Intervention Teams: Have You Refreshed Your CIT Training. Frank Baker Jr.

CPD is not measuring the impact of the CIT program.

The CIT Core Elements best practices recommends that the police department evaluate and research the CIT program to determine if goals are met, and whether there are any areas for improvement. For a CIT program to be successful, there are several critical core elements that should be present, on-going elements, operational elements, and sustaining elements. Evaluation and research are an integral part of the core elements. "Evaluation and research can help measure the impact, continuous outcomes, and efficiency of a community's CIT program."⁹

Evaluation and research have not been adopted into CPD's CIT program. This element is important because it may help to identify whether the program is achieving its goals. Without this element in CIT, CPD management is unable to effectively evaluate the CIT program to ensure it is working as intended.

Recommendation 2: CPD should measure the impact and outcomes of the CIT program to determine if the program is meeting its goals, and to provide opportunities for continuous improvement.

Department Response: Agree in part. Mental health crisis responses have several variables and tiers of law enforcement involvement (non-criminal, co-response models) and are difficult to track and evaluate due to evolving factors and mental health professional involvement. Reviews are resultingly based on subjective criteria as no accurate objective data sets or tracking mechanisms exist. CPD will assess any available best practice evaluation criteria for the impact and outcomes of its CIT training.

CPD does not review its responses to mental health incidents.

CPD Procedure 12.540 Body Worn Camera (BWC) provides specific supervisory responsibilities for reviewing relevant BWC footage for use of force, injury to officers, vehicle pursuits, auto accidents, and citizen complaints. Although most use of forces are "intrinsicly mental health"¹⁰, unless a mental health crisis is a secondary element to a critical incident, the officer's response is not reviewed or evaluated by the supervisor. While MCT reviews mental health-related incidents, this review is focused on whether follow-up action is needed for the person involved as opposed to how the officer handled the situation or to identify opportunities to improve the interactions to produce better outcomes for future incidents.

Additionally, statistics regarding mental health related calls, critical incidents involving a mental health component, or uses of force involving mental health factors do not appear in reports that are used to summarize and track key facts and trends for CPD management. For example, the Strategic and Tactical Analytic Review for Solutions (STARS) is one report that could capture this information for CPD. Statistics are valuable for assessing procedural functioning and determining which training topics should be mandatory for CIT refresher training, as well as to track for trends or patterns.

Recommendation 3: CPD should review how patrol officers respond and interact with people experiencing mental health issues. Additionally, this review should be incorporated in CPD Procedure 12.540 Body Worn Camera.

⁹ Crisis Intervention Team Core Elements, The University of Memphis, September 2007.

¹⁰ Pre-Close meeting with Kristen Cosgrove and Captain Craig Gregoire, March 2, 2023.

Department Response: Agree. CPD will explore the possibility of calls for service initiated as MHRT by call-takers for potential review of officer response through BWC.

Recommendation 4: Include the statistics for suspected mentally ill incidents on the STARS report for CPD management review.

Department Response: Agree in part. Many calls are not initiated identifying an MHRT component and there is not currently a process for identifying them after the fact as there are too many variables in Mental Health Crisis calls especially when initiated as a criminal act.

All suspected mentally ill individuals and potential suicides are not captured on CPD internal reports.

Per CPD Procedure 12.110, Handling Suspected Mentally Ill Individuals and Potential Suicides, all encounters are to be documented on a Records Management System (RMS) Minor Aided Case Report. To perform a control test, IA examined a comprehensive RMS Minor Aided Case Report that was provided by CPD.

In examining the spreadsheet, IA noticed incomplete data. According to CPD, numerous variables can affect why data is omitted. Furthermore, the report also did not capture all mental health related incidents as they are sometimes a secondary element in a criminal incident. For instance, an assault or domestic violence could involve a person experiencing a mental health crisis; however, the criminal offense will take precedence over the mental health issue, and on internal reports counted as a criminal statistic.

Although the Minor Aided Case Report is comprehensive (there were over 4,000 suspected mentally ill individuals' entries over a two-year period), it does not reflect an accurate count of the number of mental health incidents officers are involved in. CPD reported difficulty in tracking mental health related incidents for the reasons cited above and this appears to be a challenge with other cities as well.

IA learned that effective February 28, 2023, the implementation of the EPD protocols will go live. These protocols will enhance information received from callers and relay that information to responding officers in the field. There will be terminology changes and additional categories for mental health incidents. However, there is still no assurance that all mental health related incidents will be captured. When data is not captured in its entirety, management can miss opportunities to identify and assess performance, and deliver services more efficiently.

Recommendation 5: CPD should work with ECC to ensure that mental health incidents are identified.

Department Response: Agree in part. Many calls are not initiated identifying an MHRT component and there is not currently a process for identifying them after the fact as there are too many variables in Mental Health Crisis calls especially when initiated as a criminal act. The newest MCT contract includes more robust ECC reporting for co-responses between MCT and CPD.

III. Conclusion

The Cincinnati Police Department has committed, “to use non-confrontational verbal skills, empathy and/or active listening to stabilize a person in crisis or when confronted with a situation where control is required to effect an arrest or protect the public’s safety.”¹¹ Since 2005, patrol officers have had 40 hours of certified CIT training, and MCT expanded their hours of availability; however, the audit revealed several opportunities for improvement with CPD’s response to mental health incidents.

For example, CPD does not provide CIT refresher training. IA also determined that CPD is not measuring the impact or efficiency of the CIT program. The CIT Core Elements best practice recommends that the police department evaluate and research the CIT program to determine if goals are met and whether there are any areas for improvement. Additionally, CPD does not review its responses to mental health incidents. Furthermore, all mentally ill incidents and potential suicides are not captured on CPD internal reports as they can sometimes be included as a secondary incident.

To ensure CPD response to mental health incidents maintains a high-level of integrity, and is in alignment with CIT best practices, IA recommends CIT refresher training be offered to certified patrol officers. Additionally, CPD should measure the impact and outcomes of the CIT program to ensure program goals are met, and to provide opportunities for improvement. IA also recommends that CPD review how patrol officers respond and interact with people experiencing mental health issues and include the statistics for CPD management review.

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IV. Cincinnati Police Department Response

Recommendation 1: CIT refresher training should be offered for certified patrol officers.

Department Response: Agree. While CPD trains its officers on a multitude of mental health responses for individuals in crisis – there is not a specific CIT refresher course. CPD will review its upcoming CPT agendas and explore the possibility of adding a CIT refresher to the 10-hour day personnel assigned to patrol functions.

Recommendation 2: CPD should measure the impact and outcomes of the CIT program to determine if the program is meeting its goals, and to provide opportunities for continuous improvement.

Department Response: Agree in part. Mental health crisis responses have several variables and tiers of law enforcement involvement (non-criminal, co-response models) and are difficult to track and evaluate due to evolving factors and mental health professional involvement. Reviews are resultingly based on subjective criteria as no accurate objective data sets or tracking mechanisms exist. CPD will assess any available best practice evaluation criteria for the impact and outcomes of its CIT training.

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