East Haven Police Department	Type of Directive: Policies & Procedures	No. 442.1
	Subject/Title: Crisis Intervention Team (CIT)	Issue date: May 28, 2015
		Effective Date: July 1, 2015
	Issuing Authority: Honorable Board of Police Commissioners	Review Date: Annually
References/Attachments: Connecticut General Statutes § 17a-503		Rescinds: N/A
		Amends: N/A

I. PURPOSE

A. The purpose of this directive is to set forth the policies and procedures of the East Haven Police Department regarding the Crisis Intervention Team (CIT) and how the Department will operate to ensure a coordinated response in providing services to persons in crisis.

II. POLICY

A. It is the policy of the East Haven Police Department (EHPD) to respond to incidents involving individuals with mental or behavioral health problems with professionalism, compassion, and concern for the safety of all involved. During these incidents, officers shall use the CIT as a resource for identifying and providing services for the individual in crisis.

B. In the absence of a supervisor during the initial patrol response to a crisis incident as defined in this directive, the senior CIT officer on scene has the authority to direct police activities. The CIT officer shall relinquish such authority when relieved by or at the direction of a supervisor. Non-CIT trained supervisors shall confer when possible with CIT officers in a unified effort to obtain a positive outcome in a crisis incident.

III. DEFINITIONS

A. Crisis Intervention Team (CIT): A partnership between the police, mental health professionals, and the community that seeks to achieve the common goals of safety, understanding, and service to persons in crisis, the mentally ill, and their families.

B. CIT Officer: A police officer trained and certified in first response crisis intervention. The CIT officer works in partnership with the CIT clinician to respond to incidents of persons in crisis.

C. CIT Clinician: A mental health professional who is trained in mobile outreach crisis intervention and works in partnership with CIT trained police officers to effectively respond to incidents of persons in crisis.

D. Crisis Incident: Any call in which an individual would benefit from the specialized training and knowledge of the CIT member. Crisis incidents include but are not limited to calls involving; persons known to have mental illness who are experiencing a crisis; persons displaying behavior indicative of mental illness; attempted or threatened suicides; calls involving gravely disabled individuals or calls in which individuals may be experiencing emotional trauma.

E. Mentally Ill: A person who has a mental or emotional condition, which has substantial adverse effects on their ability to function and who requires care and treatment. Persons who are alcohol or drug dependent are excluded from this category because they would unlikely be receptive to intervention efforts.

F. Gravely Disabled: A condition in which a person, as a result of mental or physical impairment, is in danger of serious harm as a result of an inability or failure to provide their human needs and such person is mentally incapable of determining whether or not to accept such treatment.

G. Incapacitated Person: A condition in which a person, as a result of alcohol or drug use, has their judgment impaired, so that they are incapable of realizing and making a rational decision regarding the need for medical treatment.

H. DMHAS: CT Department of Mental Health and Addiction Services.

IV. PROCEDURES

A. Identifying CIT Calls for Service

1. Dispatchers are the primary source for identifying CIT calls. However, officers investigating an incident may classify it as a CIT situation.

2. Types of calls that may require a CIT officer response include, but are not limited to:
   a. Mental health disorders

b. Traumatic incidents

c. Sudden deaths

d. Attempted suicides

e. Medical assist

f. Well-being checks

g. Breach of peace/disorderly conduct

h. Trespassing/refusing to leave property

B. Dispatcher Responsibilities

1. Dispatchers shall attempt to compile as much information as possible at the time of call intake and record the information in the comments section of the CAD screen.

2. Dispatchers shall alert the on-duty shift supervisor of the dispatch of a CIT call for service.

3. A list will be maintained in the dispatch center of all Department personnel that are trained as CIT officers.

4. Dispatchers shall coordinate with the On-Duty Shift supervisor and attempt to dispatch a CIT officer to CIT calls as the primary responder along with the available unit assigned to that patrol area. If a CIT officer is not available at the time of dispatch, then they will respond as a secondary unit when they become available if needed.

5. At the direction of the on-duty shift supervisor or the CIT officer on scene, the dispatcher shall alert the CIT clinician through the DHMAS 24-Hour phone number and inform them of the CIT call. Every effort shall be made to provide the clinician with as much information as possible such as the subject/client's name, address, and activities. During non-business hours and on weekends the dispatcher shall notify DMHAS through the 24-Hour phone number (Behavioral Health (BH) Care Community Response Team).

6. In the event that the person with mental illness is a child/juvenile under the age of 18, the CIT officer shall alert Emergency Mobile Psychiatric Services (EMPS) by calling 211, option 1 to inform them of the call. EMPS will either respond to the scene within 30 minutes or follow up during regular business hours.

7. Contact numbers for the DHMAS Crisis Center and the CIT clinician, as well as other supporting agencies shall be maintained in the dispatch center.

C. Responsibilities of the Patrol Officer (CIT and Non-CIT)

1. CIT officers will be identified that they have this training/skill.

2. Officers upon arriving at the incident and identifying it as a CIT call shall confer with the On-Duty shift supervisor and request that the clinician be notified to respond to the scene. Clinicians may be able to identify whether the subject is an existing client, assist in accessing the proper care and the disposition of the case. CIT officers should confer with the clinician for advice. The final decision as to the outcome or arrest of the subject is the responsibility of the police officer and supervisor.

3. Officers shall complete a case report and any other documentation using the standards set forth in this directive. A copy of the report shall be forwarded to the clinician.

4. In arrest cases, officers shall notify any transporting officer(s) and the on-duty supervisor that the prisoner is the subject of a CIT call so the necessary precautions can be taken. The on-duty shift supervisor and the arresting officer shall take every precaution to eliminate potential harm and/or suicide risk.

5. When possible, CIT officers shall volunteer for CIT calls as primary or secondary responders if they are available. Non-CIT officers may request assistance from CIT officers when necessary.

D. Responsibilities of the On-Duty Shift Supervisor

1. Supervisors shall ensure that they are aware of all officers in their command that are trained as CIT officers.

2. Supervisors shall monitor the dispatching of CIT officers to the appropriate calls and ensure that the clinicians are called by officers to the incident scene as soon as practical for consultation and follow-up.

3. Supervisors shall ensure that the dispatching of a CIT officer to a call for service does not create a void in coverage in an area.

4. Supervisors shall ensure that a case report is properly completed and that the report is forwarded to the CIT clinician.

5. Supervisors shall ensure that the clinician is called to critical incidents involving individuals that have been exposed to traumatic situations.

E. Responsibilities of the CIT Clinician

1. CIT clinicians may attend roll calls with the approval of the Chief of Police or his/her designee.

2. CIT clinicians with the approval of the Chief of Police or his/her designee may ride with CIT and non-CIT officers and supervisors in Department vehicles.

3. CIT clinicians may be escorted across police barriers after showing proper identification and the notification of an on-scene supervisor.

4. CIT clinicians shall retrieve and review CIT reports. Information in the police report will be considered confidential and may be used for clinical purposes only.

5. CIT clinicians may be contacted and advised of the CIT call by:
   a. A police dispatcher requesting response to a scene or hospital

   b. The CIT officer on scene

   c. The supervisor at the scene or at any critical incident

   d. The Chief of Police or his/her designee requesting response to headquarters or the hospital

6. At the request of a police supervisor or officer, CIT clinicians may interview prisoners identified as CIT clients in the booking or interview room, hospital emergency room, or other locations.

7. CIT clinicians shall contact the CIT coordinator regarding any problems or concerns. If the CIT coordinator is not on-duty and the issue is urgent, the clinician may contact the on-duty shift supervisor to assist them.

F. Responsibilities of the CIT Program Coordinator
   1. The Chief of Police shall designate a CIT Program Coordinator. The CIT Program Coordinator will serve as a liaison between the police department and the agency appointed by DMHAS (BH Care).

   2. The CIT Program Coordinator will handle issues arising from the implementation of the CIT program.

   3. The CIT Program Coordinator shall maintain and regularity provide a list to all supervisors informing them of which officers in their command are trained as a CIT officer.

   4. The CIT Program Coordinator shall provide DMHAS and/or BH Care with the necessary reports to meet grant criteria.

   5. The CIT Program Coordinator shall review reports, evaluate outcomes, prepare and forward a quarterly report to the Chief of Police or his/her designee outlining the

status of the team, response to calls for CIT service statistics, and issues/recommendations.

6. The CIT Program Coordinator shall review and compile all case reports documenting CIT incidents for the CIT clinician who will retrieve them as needed.

7. The CIT Program Coordinator shall coordinate with the CIT Clinician and/or CIT officers any follow ups.

H. CIT Selection and Training

1. The Chief of Police or his/her designee with consultation of the CIT Program Coordinator, shall select the officers for CIT certification. Candidates shall attend a 40 hour certification program and receive in-service training as needed.

2. The CIT Program Coordinator shall coordinate with the Head of the Training Division to ensure that all CIT officers complete the basic 40 hour certification program and attend ongoing training sessions conducted by DHMAS.

I. Reporting and Documenting CIT Calls

1. An incident report shall be completed for CIT incidents involving mentally ill or gravely disabled individuals whether handled by a CIT officer or a non-CIT Officer in compliance with this Directive.

2. A Police Emergency Evaluation Form (CGS 17a-503) shall be completed by the officer and a copy included with the case report when the officer determines that the evaluation is warranted.

3. The incident report should include the following information:
   a. CIT subject/client personal identification information

   b. Who, what, where, when etc. (narrative section)

   c. Any visible injury to the subject or others

   d. Location of treatment of the subject

   e. Name, address and phone number of any responsible family member on scene

   f. Any appearance of alcohol or drug use shall be documented

   g. The name of the CIT clinician that responded

   h. Action taken/referrals made

i. Name of the supervisor who was notified of the CIT situation