

<p style="text-align: center;">East Haven Police Department</p> 	Type of Directive: Policies & Procedures		No. 442.2
	Subject/Title: Crisis Intervention Team (CIT)	Issue date: May 26, 2020	
		Effective Date: June 10, 2020	
	Issuing Authority: Honorable Board of Police Commissioners	Review Date: Annually	
References/Attachments: Policies and Procedures #: 421, 422 Connecticut General Statutes § 17a-495, 17a-503, 17a-680		Rescinds: 442.1	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. When feasible, officers shall use the CIT as a resource for identifying and providing services for persons in crisis.

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 for service 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, and specifically excludes a person who is an alcohol and/or drug-dependent person (Connecticut General Statute – C.G.S. § 17a-495).
- F. Gravely Disabled: A person, as a result of a mental or emotional impairment, is in danger of serious harm as a result of the following.
 - 1. An inability or failure to provide for his/her own basic human needs such as essential food, clothing, shelter, or safety, and that hospital treatment is necessary and available;
 - 2. And such person is mentally incapable of determining whether or not to accept such treatment because his judgment is impaired by his/her mental illness or psychiatric disabilities (C.G.S. 17a-495).
- G. Incapacitated Person: A condition in which a person, as a result of alcohol or drug use, has impaired judgment rendering him/her incapable of making a rational decision regarding the need for medical treatment.
- H. DMHAS: Connecticut Department of Mental Health and Addiction Services.

IV. PROCEDURES

- A. Identifying a Crisis Incident
 - 1. Dispatchers are often the primary source for receiving and identifying a crisis incident. However, officers investigating an incident may classify it as a crisis incident.
 - 2. Types of calls for service that may require a CIT officer response include, but are not limited to the following.
 - 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. East Haven Public Safety Communications Center (EHPSCC) Responsibilities

1. EHPSCC 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. EHPSCC dispatchers shall alert the on-duty shift supervisor of a known crisis incident.
3. When feasible, a CIT officer shall be dispatched to a crisis incident as the primary responder along with the unit assigned to that patrol area.
 - a) If a CIT officer is not available at the time of dispatch, the CIT officer will be dispatched as an additional unit when he/she becomes available, if needed.
 - b) Under no circumstance will the absence of a CIT officer delay the assignment or response to a crisis incident.
 - c) A list will be maintained in the dispatch center of all Department personnel who are trained as CIT officers.
4. An officer on scene may request for a CIT clinician to respond to the scene of a crisis incident, if it is safe to do so, via telephone by dialing 203-483-2630. If an on-scene officer is unable to make the request, the EHPSCC dispatcher shall make the notification.
 - a) Every effort shall be made to provide the CIT clinician with as much information as possible such as the subject/client's name, address, and activities.
5. In the event the crisis incident involves a person with a mental illness who is a juvenile, and it is safe to do so, the officer shall notify the Emergency Mobile Psychiatric Services (EMPS) via telephone by dialing 211, option 1. If an on-scene officer is unable to make the request, the EHPSCC dispatcher shall make the notification.
 - a) EMPS will either respond to the scene as soon as possible or conduct a follow up during regular business hours.
6. The EHPSCC dispatcher shall notify the requesting officer of the outcome of the telephone conversation he/she had with the CIT clinician or EMPS.

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

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

1. CIT officers shall let it be known of their CIT training/skills to the on-duty supervisor in the event a crisis incident may arise.
2. Upon arriving to a call for service, officers shall evaluate the situation and determine whether the call for service is a crisis incident.
3. If it is determined to be a crisis incident and a CIT officer is not already on scene, a CIT officer should respond to the crisis incident as soon as possible if one is on-duty and available.
 - a) Non-CIT officers may also request assistance from CIT officers when necessary.
4. Officers shall act in accordance with Policies and Procedures # 421 – Protective Custody and Policies and Procedures # 422 – Managing the Mentally Ill when interacting with the mentally ill during a crisis incident.
5. Officers may request for a CIT clinician to respond to the scene of a crisis incident via the EHPSCC dispatcher.
 - a) In the event the crisis incident involves a juvenile who has a mental illness, the officer may request, via the EHPSCC dispatcher, for EMPS to respond to the scene.
 - b) CIT 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 CIT clinician for advice, if needed. The final decision as to the outcome of the subject is the responsibility of the police officer and/or on-duty supervisor.
6. 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.

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 when needed, ensure CIT clinicians are contacted 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 an incident report is properly completed, if applicable.
 5. When needed, supervisors shall ensure a CIT clinician is requested to respond 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 has been approved by an on-scene supervisor.
 4. CIT clinicians may 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 one of the following.
 - a. An EHPSCC dispatcher requesting response to a scene or hospital.
 - b. An officer on scene of a crisis incident.
 - c. The supervisor at the scene or at any crisis 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 may 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 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 regularly 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 an annual 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. If a CIT clinician requests documentation regarding a CIT incident, the CIT Program Coordinator will retrieve all case reports documenting the CIT incident and provide them to the CIT clinician.
7. The CIT Program Coordinator shall coordinate with the CIT clinician and/or CIT officers if any follow ups are needed.

G. 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 forty (40) hour certification program and receive in-service training as needed.
2. The CIT Program Coordinator shall coordinate with the Head of the Administration and Training Division to ensure that all CIT officers complete the basic forty (40) hour certification program and attend ongoing training sessions conducted by DHMAS.

H. Reporting and Documenting Crisis Incidents

1. As outlined in Policies and Procedures # 421 – Protective Custody, an officer who is taking a person into custody for purpose of examination shall complete a Police Emergency Examination Request Form.
2. The assigned officer will submit a copy of the Police Emergency Examination Request Form to the Records Division.
3. If property is seized or force is used against a person in crisis, the officer shall complete an incident report.
 - a) The incident report should include the following information.
 - 1) CIT subject/client personal identification information.
 - 2) Who, what, where, when etc. (narrative section).
 - 3) Any visible injury to the subject or others.
 - 4) Location of treatment of the subject.

- 5) Name, address and phone number of any responsible family member on scene.
- 6) Any appearance of alcohol or drug use shall be documented.
- 7) The name of the CIT clinician that responded, if applicable.
- 8) Action taken/referrals made, if applicable.
- 9) Name of the supervisor who was notified of the CIT situation.