

Date: 07/23/04	HILLSBOROUGH COUNTY SHERIFF'S OFFICE DAVID GEE, SHERIFF	Number: GEN 522.01
Revision: 02/08/07		
Reviewed:		STANDARD OPERATING PROCEDURE

SUBJECT: CRISIS INTERVENTION TEAM; CIT

- I. **PURPOSE:** The purpose of this standard operating procedure is to establish operational guidelines for the use of the Crisis Intervention Team (CIT).

- II. **SCOPE:** This procedure shall apply to all Sheriff's Office personnel.

- III. **DISCUSSION:** The Hillsborough County Sheriff's Office recognizes the need to bring community resources together for the purpose of safety and quality of life concerns specifically targeting mental health issues. The CIT Program provides specially trained individuals to assist in dealing with people in a mental health crisis. The CIT members will assist in attempting to restore the person to a pre-crisis level. The Sheriff's Office and the CIT members are committed to safety, understanding, and compassion when handling mental health related calls for service.

- IV. **DEFINITIONS:**
 - A. **Crisis Intervention Team (CIT)** - A team consisting of law enforcement officers and civilians who have received specialized training (Crisis Response Intervention Training) for mental health crisis related calls. In addition to their regular duties, CIT members are specifically assigned to mental health crisis disturbance calls. CIT members are first responders for citizens with mental health issues, which are in, or approaching, a crisis level. CIT members are assigned to each district and work in cooperation with mental health facilities and organizations.

 - B. **CIT Coordinator** - Sheriff's Office personnel holding the rank of captain or above (or as designated by the Sheriff), who are responsible for all administrative, planning, training, coordinating, and selection of the Crisis Intervention Team.

 - C. **Mental Illness** - A range of conditions, each with its own specific characteristics; including but not limited to:
 1. Schizophrenia
 2. Bipolar disorder (manic depression)
 3. Major depression
 4. Schizo-effective disorder
 5. Panic disorder
 6. Obsessive-compulsive personality disorder
 7. Borderline personality disorder
 8. Anxiety Disorders and Phobias
 9. Other mental and/or medical illnesses which may cause disturbances in thinking, feeling and relating with others or the environment.

 - D. **Crisis Response Intervention Training (CRIT)** - A specialized course which provides training for law enforcement officers when responding to mental health crisis-related calls for service.

V. PROCEDURE:

A. Communications Section:

1. Upon receiving a call for service involving a mentally disturbed person, a Baker Act, attempted suicide, or suicide threat, the dispatcher shall ask the caller if the subject has a history of mental illness. If so, the dispatcher will attempt to determine the following:
 - a. Type of mental illness:
 - (1.) Is the subject under the care of a physician/psychologist/psychiatrist and;
 - (2.) If so, can they be contacted and, by what means?
 - b. Is the subject taking medication?
 - (1.) What type of medication and for how long have they been taking it?
 - (2.) Has the subject stopped taking medication?
 - (3.) If so, for how long and are their current actions consistent with being off their medication?
 - c. Is the subject known to possess or own any firearms or other weapons?
 - (1.) Is the subject currently armed?
 - (2.) If so, with what?
2. Dispatch the nearest CIT deputy and backup unit in accordance with established agency guidelines and procedures.
 - a. If there are no available CIT deputies in service in reasonable proximity to the call location, determine if a CIT deputy is assigned a lower priority call who can be freed from that call and assigned to the call in need of a CIT deputy.
 - b. If a CIT deputy cannot be located by the above methods, a request should be voiced for any CIT deputy that can respond to the call for service.
 - c. If these efforts fail at locating a CIT deputy that can be dispatched on the call, Communications should dispatch the nearest CIT deputy, even if the unit is logged into a different squad or district.
3. It will be the call-taker's responsibility to ensure the dispatcher is aware a particular call contains information that requires the dispatch of a CIT deputy. It is imperative to advise the responding deputy of any previous violent encounters prior to their arrival.
4. It will be the dispatcher's responsibility to ensure that the responding unit(s) is aware of the information and that a CIT deputy is being dispatched, along with the estimated time of arrival.
5. A CIT deputy will be dispatched on any event upon the request of patrol personnel.

B. First responding deputy:

1. Responding deputy should perform the following:
 - a. Secure the scene, especially with regard to the deputy and subject's safety.
 - b. Determine if the circumstances require the continued response of the CIT deputy and inform the Communications Center of the status.
 - c. Gather all available information in preparation of briefing the CIT member upon their arrival. Information sources should include but are not limited to the following:
 - (1.) Observations of the person's actions, demeanor, etc.
 - (2.) Interview of family/friends on scene
 - (3.) Interview with the person (try to get information of diagnosis, medications, last time medication(s) were taken, look for medical alert bracelet, etc.)

C. CIT Member:

1. Upon arrival of the CIT member, the CIT member shall be the lead deputy. The CIT member shall resolve the incident by the safest and least confrontational means possible. CIT members may be involved in potentially violent incidents, which may become increasingly complex for them to handle. The CIT member should continually evaluate the situation, especially with regard to safety. They should contact the area supervisor and, if necessary, the Crisis Negotiations Team (CNT) and Special Weapons and Tactics Team (SWAT) should be activated.
 - a. Due to the potential of having developed a rapport with the individual, the CIT member will remain with CNT until released by the team leader.
 - b. The tactical commander will insure a CIT member takes custody of a mentally ill individual at the completion of a call out.
2. Upon completion of a CIT call, the CIT member shall complete a Crisis Intervention Tracking Form (HCSO Form 3098 1/06). An incident report shall be generated as necessary.
 - a. The incident report will be forwarded to the Records Section following the established procedures.
 - b. The Crisis Intervention tracking form will **NOT** be attached to the incident report.
 - c. It is the responsibility of the responding CIT member to ensure the Crisis Intervention Tracking Form will be forwarded to the District Office personnel assigned by the District Commander for data entry.
 - d. A follow up investigation shall be completed within thirty (30) days of initial incident. A CIT member will contact the subject, assess his/her status, and complete page two of the Crisis Intervention Tracking Form. If contact attempts fail, the CIT member shall initiate a supplement indicating the dates, times, and locations of attempts.
 - e. Upon completion of the follow up investigation, the Crisis Intervention Tracking Form will be returned to the appropriate District Office personnel for final data entry.

- f. A designated CIT member at each District Office will be responsible for maintaining all completed Crisis Intervention Tracking Forms.
 - g. The Deputy District Commander will oversee the CIT program at each District Office.
3. CIT members shall execute exparte orders as time and duty permits.
- D. CIT Coordinator:**
- 1. The CIT Coordinator shall be responsible for the following:
 - a. Developing and maintaining a database of CIT activations and tracking CIT member activations via the Crisis Intervention Tracking Form (HCSO Form 3098 1/06).
 - b. Forwarding a yearly written report to the Sheriff outlining the number of activations and resolutions.
 - c. Working with the Training Bureau to develop an updated course and ensuring periodic training for CIT members.
 - d. Acting as the Sheriff's Office liaison with other agencies involved in the mental health industry.
 - e. Maintaining a current roster of CIT members.
 - f. Overseeing the development and implementation of a selection process for CIT members.
- E. CIT Member Selection:**
- 1. The selection of new members ensures the continued growth and development of the team. The CIT coordinator or his/her designee shall oversee the selection process of new members. Upon selection, successful completion of the Crisis Response Intervention Training course is mandatory. Selection criteria may consist of but is not limited to:
 - a. Current assignment (with priority for patrol personnel)
 - b. Verbal skills
 - c. Disciplinary history review
 - d. Supervisory recommendations
 - e. Time in grade
 - 2. Upon successful completion of the Crisis Response Intervention Training course, personnel are authorized to wear a "CIT" pin. The CIT pin is recognized statewide by both professionals and mental illness service consumers as a symbol of advanced training in the area of mental illness for First Responders.
 - a. Personnel of the rank of Sergeant and above are authorized the CIT pin bordered in gold. Corporals, deputies, and civilian personnel are authorized the CIT pin bordered in silver.
 - b. The pin will be worn on the right shirt breast pocket of the duty uniform, centered between the 'Serving Since' pin and the pocket button.
 - c. Civilian employees and sworn personnel not in uniform may wear the CIT pin in a professional location on their shirt, blouse, dress or outerwear.

David Gee
Sheriff

Amends or Supersedes: SO 0212.32, SO 0407.39, SO 0512.51, GEN 117.02