

# CIT Policy from Hartford (CT) Police Department<sup>1</sup>

## I. PURPOSE:

This order establishes guidelines and procedures under which the Crisis Intervention Team (CIT) shall operate to ensure a coordinated response in providing services to persons involved in a crisis.

## II. DEFINITIONS:

### 1. **Crisis Intervention Team (CIT):**

A partnership between the police, telecommunicators, 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.

### 2. **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.

### 3. **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.

### 4. **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 [with] attempted or threatened suicides; calls involving gravely disabled individuals; or calls in which individuals may be experiencing emotional trauma.

### 5. **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.

### 6. **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 [care for their own] human needs, and such person is mentally incapable of determining whether or not to accept such treatment.

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<sup>1</sup> Reprinted with permission (2008).

## **7. 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.

## **III. POLICY:**

It is the policy of the Hartford Police Department 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.

In the absence of a supervisor during the initial patrol response to a crisis incident as defined in Section II.4. of this general order, 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.

## **IV. PROCEDURE:**

### **A. Identifying CIT Calls for Service**

1. Public Safety Dispatch Center (PSDC) Radio-Telephone Operators (RTO) are the primary sources 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 Assists/Well-Being Checks
  - f. Breach of Peace/Disorderly Conduct
  - g. Trespassing/Refusing To Leave Property

### **B. Public Safety Dispatch Center Responsibilities**

1. RTOs shall attempt to compile the necessary information at the time of call intake and record the information in the comments section of the CAD screen. RTOs will identify calls needing a CIT Officer by typing CIT in the comments section.
2. Dispatchers shall alert the CIT Clinician over the police radio and advise 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.
3. Dispatchers shall refer to the list of CIT Officers on duty and attempt to dispatch a CIT Officer to CIT calls as the Primary Responder. 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.

4. The dispatcher shall alert the District/Zone supervisor to the dispatch of a CIT call for service.
5. The dispatcher shall amend the dispatch information based on initial information received from the officer on scene.
6. The dispatcher shall refer calls for service addresses to the PSDC Supervisor for review and entry into the Responder Alert System.
7. The PSDC shall maintain contact numbers for the CIT Clinician and other supporting agencies.

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

1. CIT Officers shall sign-in at the beginning of their shift with the PSDC Supervisor and ensure that the PSDC is aware that they are CIT certified.
2. Officers upon arriving at the incident and identifying it as a CIT call shall request that the clinician respond to the scene. Clinicians may be able to identify whether the subject is an existing client and can help with 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 shall be made by the Clinician.
3. Officers shall complete a CIR and any necessary documentation using the standards in section G. "Reporting and Documenting CIT calls" of this order. They shall refer the CIR to the clinician by checking the "other" box on the CIR and writing CIT. CIT shall be noted on the upper right hand corner adjacent to the case number.
4. **In arrest cases officers shall notify any transporting officer(s) and the Booking Supervisor that the prisoner is the subject of a CIT call so the necessary precautions can be taken.** Booking personnel will enter all arrest information per procedure. They will ensure that the prisoner is transported to the appropriate facility.
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 District/Zone Patrol Supervisor**

1. 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.
2. Supervisors shall ensure that a CIR is properly completed and that the report is referred to the CIT Clinician by being properly checked off and denoted CIT.
3. 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.

2. CIT Clinicians with the approval of the HQ Shift Lieutenant ride with CIT and non-CIT officers and supervisors.
3. CIT Clinicians may be escorted across police barriers after showing proper ID and the notification of an on-scene supervisor.
4. CIT Clinicians shall retrieve and review CIT reports at the Crime Analysis Unit. Information in the police report will be considered confidential and may be used for clinical purposes only.
5. CIT Clinicians shall monitor the police radio frequencies and respond to calls as needed. They may be contacted and advised of the CIT call by:
  - a. The CIT Officer on scene.
  - b. The Supervisors at the scene or at any Critical Incident.
  - c. The dispatcher or PSDC Supervisor requesting response to a scene or hospital.
  - d. The HQ Shift Lieutenant requesting response to Headquarters or the Hospital.
  - e. The Non-CIT Officers on scene.
6. CIT Clinicians will be assigned a work area in Headquarters, an access device to the building, a portable police radio, battery charger, and police department ID card.
7. CIT Clinicians may interview prisoners identified as CIT Clients in the Booking facility Interview Room, Hospital Emergency Room or other locations upon the request of a police supervisor or officer.
8. 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 HQ Shift Lieutenant or any other supervisor who is on duty to assist them.

**F. Responsibilities of the CIT Program Coordinator**

1. The Chief of Police shall designate a CIT Coordinator. The CIT Coordinator will serve as a liaison between the Police Department and the Department of Mental Health. The coordinator will handle issues arising from the implementation of the CIT Program.
2. The CIT Coordinator shall provide the Department of Mental Health with the necessary reports to meet grant criteria.
3. The CIT Coordinator shall review reports, evaluate outcomes, prepare, and forward a monthly report to the Chief of Police outlining the status of the team, response to calls for CIT service statistics, and issues/recommendations.
4. The Chief of Police or designee shall select the officers for CIT certification. Candidates shall attend a 40 hour certification program and receive in-service training as needed.

5. The CIT Coordinator shall coordinate with the Police Academy Commander to ensure that all CIT officers complete the basic 40 hour certification program and attend ongoing training sessions conducted by the Department of Mental Health and Addiction Services (DMHAS).

**G. Reporting and Documenting CIT calls**

1. A CIR shall be completed for incidents involving mentally ill or gravely disabled individuals whether handled by a CIT Officer or a Non-CIT Officer in compliance with HPD General
2. The CIR shall be properly completed and should also 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 HPD supervisor who was notified of the CIT situation.

**H. Crime Analysis Unit and Records Unit Responsibilities**

1. The Crime Analysis/Report Review Unit will compile all CIRs documenting CIT incidents for the CIT clinician who will retrieve them daily from the unit.
2. The Crime Analysis/Report Review Unit will forward copies of all CIRs documenting CIT incidents for to the CIT Coordinator on a daily basis.