



Windsor Police Department General Order

Crisis Intervention Team	G.O. 4.10
Effective Date: 10/2011	Classification: Not Classified
POSTC:	CALEA:

Policy

It is the policy for the Windsor Police Department to establish guidelines and procedures under which the Crisis Intervention Team (CIT) shall operate to ensure a coordinated response in providing services to a person(s) in crisis. With the proper response, CIT strives for safety for all those involved as well as making sure that those in crisis receive the proper level of services within the community. During these incidents, officers shall use the Crisis Intervention Team as a resource for identifying and providing services for the individual or individuals in crisis.

Definitions

Crisis Intervention Team (CIT): A partnership between the Windsor Police Department, 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.

CIT Officer: A Windsor Police officer trained and certified in first response crisis intervention. The CIT officer works in partnership with local CIT clinicians when responding to incidents of persons in crisis.

CIT Coordinator: A current member of the Windsor Police Department, who is trained in CIT and whose responsibility it is to oversee the function of the CIT team. Coordinator will review CIT reports and meet monthly with the current mental health agency (MHA) currently partnering with the Windsor Police Department.

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

Consumer: A person receiving services from a mental health agency, from a Windsor CIT officer or a person currently in need of those services.

Crisis Incident: Any call in which a person or persons would benefit from the specialized training and knowledge of a CIT officer. 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 persons or calls involving persons experiencing emotional trauma.

Mentally Ill Person: 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 dependant are excluded from this category.

Gravely Disabled: A condition in which a person, as a result of a mental or physical impairment, is in danger of serious harm as a result of his or her inability or failure to provide for his or her human needs and such person is mentally incapable of determining whether or not to

accept assistance or treatment. Persons who are alcohol or drug dependant could fit into this category.

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

Procedure

A. Dispatch Responsibilities

The first step in the CIT process is determining which calls will be best served by the response of a CIT officer. This determination will primarily be done by dispatchers taking both routine and 911 calls.

1. When a crisis incident is reported, dispatchers will assign a CIT officer when available using the CAD (computer aided dispatch).
2. Most crisis incidents will require the assignment of more than one officer. The CIT officer should be considered the primary officer on these calls.
3. CIT officers not assigned to patrol may be used to assist but should not be included in the initial dispatch.
4. The dispatcher will dispatch EMS personnel and inform them that a CIT officer is on scene. If necessary, dispatch will advise the EMS responders of an appropriate staging area.
5. Dispatchers will compile as much information as possible at the time of the call and will record it in the comments section of the CAD screen.
6. Contact information for the current MHA being used by the Windsor Police shall be maintained in CAD and made available to officers on scene if requested.

A. Officer's responsibilities

When any officer is dispatched to a crisis incident, the first and foremost responsibility is officer safety and scene safety. The CIT officer will be used as the primary resource for dealing with the consumer in crisis and will determine what course of action is best for the situation at hand.

1. In the event an emergency examination by a doctor is deemed necessary, officers will fill out a Police Emergency Examination Request or "P.E.E.R" form (Form 17a-503) and appropriate copies will be given to ambulance personnel prior to transport to the hospital.
2. Officers will then notify the current MHA partnered with the Windsor Police Department. Officers will provide the MHA with the consumer's name, DOB, address and phone number. The Officer will also provide the reason for transport and the name of the hospital.
3. The first responding officer will complete and submit two (2) copies of his or her report, including the PEER form, and any supplemental reports. One copy will be forwarded to the CIT tray by the shift supervisor. If necessary, reports will include the name of any CIT clinician or Mobile Crisis worker responded and will cite any referrals made.
4. If a P.E.E.R. form is deemed unnecessary officers, or the CIT Clinician will complete a risk assessment form and place it in the CIT tray along with copies of the complete officer's report.
5. In cases where an arrest is made, officers will notify any transporting officers that the prisoner is the subject of a CIT call. Precautions will be taken to eliminate potential harm and/or suicide risks.

B. Supervisor's responsibilities

CIT officers work within the Windsor Police Department chain of command. Supervisors are responsible for utilizing CIT officers for their specialized training and supporting their work with appropriate resources.

1. Supervisors will monitor the dispatching of CIT officers to the appropriate calls and ensure that the MHA is contacted as soon as practical after an on scene officer makes a request for MHA contact.
2. Supervisors will ensure that incident reports are filed and that a copy is placed in the CIT tray for follow up by the Windsor Police Department coordinator of the CIT team and the MHA. The Chief of Police will designate a CIT coordinator.

C. Clinician's responsibilities

CIT clinicians may work as a member of the department's CIT program. As such, CIT clinicians will have access to law enforcement sensitive areas and information as part of the department's CIT Team. Prior to gaining access to the police building and police information, CIT clinicians must undergo a background check and comply with Connecticut Criminal Justice Information System (CJIS) / COLLECT Security Awareness training.

1. CIT Clinicians shall not carry any weapons while working as a member of the department's CIT program.
2. CIT clinicians may attend police Roll Calls.
3. CIT clinicians may ride with officers during routine patrol.
4. CIT clinicians may only become involved in a police call for service after officers on scene have deemed it safe for the clinician to do so. While riding with an officer of the WPD a CIT clinician will not be allowed to be involved in any pursuits of motor vehicles. If it becomes necessary for the officer to engage in a pursuit, the clinician will be dropped off at a safe location.
5. CIT clinicians may be escorted across police barriers after showing proper ID and notifying the on duty supervisor.
6. CIT clinicians shall retrieve and review all CIT reports. These reports will be considered confidential and may be used for clinical purposes only.
7. CIT clinicians may interview prisoners identified as clients in restricted access areas upon the request of an officer. CIT clinicians will be accompanied at all times by an officer while in areas of restricted access.
8. CIT clinicians shall contact the CIT Coordinator regarding any problems or concerns. If the issue is urgent and the CIT Coordinator is not available, the clinician may contact the on-duty supervisor.
9. CIT clinicians while working at the WPD will wear appropriate attire that is business casual as set forth in POST general notice 90-03.