



Crisis Intervention Team (CIT)

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Approved By:

Signature on File

Timothy J. Dorn, Chief of Police

The Crisis Intervention Team (CIT) is comprised of patrol officers that function within their patrol teams as specialists in handling calls involving persons with mental health issues and other calls of crisis not related to mental health. A response with less lethal weapons should be considered, if available.

A. CIT Response

1. To support the Patrol function, CIT officers may respond to calls that meet the following criteria:
 - a. Any incident when a mental health issue initiates a police response.
 - b. Any incident when a subject poses a risk to themselves or others, e.g., threatened or attempted suicide.
 - c. Service of mental health petitions.
 - d. Other crises not related to mental health.
2. CIT officers will draw from their training, knowledge, and experiences to ensure an appropriate intervention occurs during and after a crisis response.
3. When not acting in a CIT capacity, team members will continue to perform normal duties. The on-duty supervisors will be responsible for the direct supervision of any CIT personnel.

CIT officers:

- a. Are required to attend and be certified in 40-hour Crisis Intervention Team training
 - b. May respond, when available, to calls in which mental illness is believed to be a factor
 - c. May respond, when available, to calls when a subject is in a crisis and represents a danger to themselves or others
 - d. Assist with the resolution of the call including any appropriate documentation
 - e. May volunteer to respond to calls for service that meets the appropriate CIT criteria
 - f. Will work in cooperation with mental health care providers to ensure the most appropriate intervention response occurs
 - g. Will ensure a copy of the DR or supplement is forwarded to the counseling administrator
- B. Where violence or destructive acts have not occurred and the situation appears to be safe for the officer:
- a. Take steps to calm the situation. Highly stressful conditions can exacerbate the symptomology and behaviors. If possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner (i.e. calm voice, allow for physical space, speak slowly, awareness of body language).
 - b. Move slowly; provide reassurance that the police are there to help.
 - c. Mentally ill persons may require additional time to understand and respond to commands, instructions, and questions. Officers shall check for comprehension by seeking appropriate responses to simple questions or directives. Relate your concern and allow them to vent their feelings. Where possible, gather information on the subject from acquaintances or family members and/or request professional assistance if available and appropriate to assist. If appropriate, ask the individual if they are receiving treatment/have a case manager,

currently taking medications etc. to gather pertinent information.

C. Taking Custody or Making Referrals

1. Based on the overall circumstances and the officer's judgment for potential violence, the officer may provide the individual and family members with referrals on available community mental health resources or take custody of the individual for an involuntary emergency evaluation.
2. If subject is voluntary, any Officer may transport to the local community health agency.
3. Whether or not the individual is taken into custody, a DR or supplement will be written and will be as explicit as possible concerning the circumstances of the incident and the type of behavior observed. Specific behavior should be described while general statements (such as "out of control" or "psychologically disturbed") shall be avoided. The reasons for detention or referral shall be included.

D. Emergency Detention

1. An officer may take any individual into custody when there is probable cause to believe (based on their own observations) that, as a result of a suspected mental disorder, the person is a danger to self or others. Department-initiated emergency detentions will be authorized by a sworn supervisor.
2. If a medical evaluation is needed, contact Gilbert Fire and Rescue. If a medical evaluation is not required, a CIT trained officer will be contacted to respond to the scene.
3. Officers can complete an emergency petition by either:
 - a. Driving to Community Bridges, Inc. (CBI) and completing petition of individual or
 - b. Email CBI at **COPPETITION@CONNECTIONSARIZONA.COM**

CBI will automatically email the Officer the paperwork at their location.

4. Officers must complete a DR or supplement.

E. Emergency Mental Health Petitions Pick up Orders

1. Title 36, Chapter 5 of the Arizona Revised Statutes empowers peace officers to serve mental health petitions/pick-up orders.
2. Only an admitting officer of an evaluation agency has the authority to order a police officer to pick up and detain an individual for an emergency evaluation. The admitting officer is not the supervisor.
3. Admitting officers may fax pick up requests. Prior to serving the petition, officers will validate the fax by telephoning the agency and speaking to the admitting officer.
4. Attempts to serve and service of the petition will be documented in an FI DR. The following items will be included:
 - a. Patient name and address
 - b. Petition number
 - c. Date and time petition received
5. A Patrol supervisor, or CIT trained personnel (if available and with supervisor approval), will respond with at least one other officer on all mental health petitions. Once a petition is received and verified, the police response will be as prompt as practical. A response with less lethal weapons should be considered,

if available.

6. The patient will be transported to the evaluating agency by the officer.
 - a. Arrest procedures will be used prior to transporting seriously mentally impaired persons. They will be searched and depending on their physical condition, appropriately restrained.
 - b. It may be necessary to utilize an ambulance, but generally a police vehicle will be used. If an ambulance is utilized, depending on the circumstances, the officer may elect to follow the ambulance or one officer may ride in the ambulance with the second officer following it.
7. A DR will be completed and include a copy of the request. The circumstances surrounding the apprehension will be documented.
8. When the individual cannot be located at the address designated, the Patrol supervisor will contact the requesting agency and advise them.
 - a. The supervisor will ensure that additional attempts are made to contact and apprehend the patient.
 - b. Should a patient refuse an officer entry into his home for the purpose of apprehending him, the officer **will not force entry** unless an exigent circumstance exists.

F. Juvenile Mental Health Patients

1. If the individual is a juvenile, contact Fire to transport for an evaluation.
2. Notify parent/s or guardian/s of the juvenile's status.

G. Training

CIT officers are offered refresher training on a Quarterly basis. A minimum of four hours annual refresher training is mandated.