

Columbus Police Division Directive	EFFECTIVE Mar. 15, 2005	NUMBER 3.06
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<b>Crisis Intervention Team and Guidelines for Interacting with Persons with a Mental Illness</b>		



## I. Introduction

- A. Recognizing that ***interacting with persons who have a mental illness and are*** in crisis can be difficult, the Division of Police has created a Crisis Intervention Team (CIT). These officers will be the first to respond, when available, to handle calls involving ***persons in a mental illness crisis*** and to assist other officers when necessary.
- B. The CIT is a collaboration between the Division of Police and mental health professionals and advocates in Franklin County. ***Training for CIT members includes the following topics: recognition of signs and symptoms of mental illness, verbal interaction with those who are in crisis to include de-escalation as appropriate, and the transport of persons in crisis to the proper location for care and assistance.***

## II. Definitions

### A. Crisis Intervention Team (CIT)

A team composed of Patrol personnel, along with selected non-Patrol uniformed personnel, trained to handle mental illness runs. Team members are identified by a uniform pin with the letters "CIT" worn in the location designated for unit insignia.

### B. CIT Officer

A sworn employee holding the rank of officer, sergeant, ***or lieutenant*** who has successfully completed the CIT Core Training Course and is a member in good standing with the CIT.

### C. CIT Coordinator

A sworn employee holding the rank of lieutenant or higher who has been charged with administering the CIT program. The CIT Coordinator selects CIT members.

## III. Guidelines

### A. ***Signs and Symptoms*** of Potential Mental Illness

1. Unusual or bizarre behavior
2. Confused or nonsensical verbal communication
3. Hostility toward and distrust of others
4. **A**bnormal fears
5. Signs of depression

6. Withdrawn behavior and/or refusal to speak
  7. Irrational lack of cooperation
  8. Irrational tendency to argue
  9. Being influenced by a **visual or auditory** hallucination
  10. Severe changes in behavioral patterns and attitudes
- B. Interacting with **Persons with a Mental Illness**
1. Division personnel should:
    - a. Be helpful and professional
    - b. Remain calm and avoid overreacting
    - c. Indicate a willingness to understand
    - d. Speak simply and briefly; move slowly if possible
    - e. Be friendly, patient, accepting, and encouraging, but remain firm
    - f. Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds (voices), or the environment
    - g. Remove distractions, upsetting influences, and disruptive people from the scene **if possible**
    - h. Be aware that the uniform, gun, handcuffs, and **other equipment** may frighten the person with a mental illness, so reassure the person that no harm is intended
  2. Division personnel should avoid:
    - a. Moving suddenly, giving rapid orders, or shouting (unless absolutely necessary)
    - b. Trying to force a discussion
    - c. Direct, continuous eye contact
    - d. Touching the **person** (unless necessary for safety)
    - e. Crowding the **person**
    - f. Expressing anger, impatience, or irritation
    - g. Assuming that a **person** who does not **readily** respond **is purposely choosing not to respond. Persons in crisis may need additional time to process an officer's requests or commands**
    - h. Using inflammatory language around the **person**
    - i. Challenging or validating delusional or hallucinatory statements
    - j. **Telling a person that an officer** thinks or feels the same way **that the person thinks or feels**
- C. Interviewing or Interrogating **Persons with a Mental Illness**
1. Question the **person** in a calm setting **that is** free of distraction, and ensure that the person has access to:
    - a. Water
    - b. Food

- c. Toilet facilities
  - d. Prescribed medications as needed
2. The U.S. Constitution requires that Miranda warnings be comprehended, not simply administered. A **person's** constitutional rights are not diminished because of his **or** her mental illness.
    - a. Before interviewing a suspect who has or is believed to have a mental illness, make every effort to determine to what extent the person's illness impairs **his or her** ability to comprehend and give informed consent.
    - b. Contact a supervisor if doubt exists regarding a suspect's capacity to understand the Miranda warnings.
    - c. If appropriate, obtain the assistance of a mental health professional or attorney in explaining the warnings to the **person**.
- D. CIT Officer
1. **When** available, volunteer to take runs **involving a person with a mental illness**.
  2. Complete the CIT Statistics Sheet, **form U-10.102**, and forward it to the CIT Coordinator as soon as practical.
- E. CIT Coordinator
1. Accept applications from potential CIT officers.
  2. Select team members after considering the following factors:
    - a. Prior or pending disciplinary actions
    - b. Assignment within Patrol zones
    - c. Assignment by shift
    - d. Seniority
    - e. Prior training and/or experience in dealing with mental health issues
  3. Provide the CIT Core Training Course to those selected to join the CIT.
  4. Provide additional training as needed or requested.
  5. Maintain **the** team member roster and keep team strength within selected parameters.
  6. **Prepare reports as directed.**
  7. **Act as the liaison between the Division and the following:**
    - a. **Local and state mental health communities**
    - b. **Local hospital emergency departments in regards to the transport of persons in mental health crisis**
    - c. **Local criminal justice community in regard to the entry, diversion from, or release from the courts or jails**
  8. **Assist Training Bureau personnel in creating and updating training for non-CIT Division personnel who may encounter a person with a mental illness who is in crisis.**