

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>		



Cross Reference: [3.05](#)

## 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, 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.
- C. ***Beginning in 2018, all newly hired sworn personnel receive the CIT Core Training Course upon successful completion of their field training period. Sworn personnel who have not received the CIT training may request to attend a CIT Core Training Course by completing the Columbus Police Crisis Intervention Team Application located on the Division intranet.***

## II. Definitions

- A. Crisis Intervention Team (CIT)

A team composed of **sworn** personnel who are trained to handle mental illness runs. **When in uniform**, team members **may be** identified by a pin with the letters "CIT" worn **on the white uniform shirt** in the location designated for unit insignia **or a CIT patch affixed to the left shoulder of the blue uniform shirt**.

- B. CIT Officer

A sworn employee who has successfully completed the CIT Core Training Course and is a member in good standing with the CIT.

- C. CIT Coordinator

The **Trauma/Recovery/Addiction/Crisis Team (TRACT)** Lieutenant who has been charged with administering the CIT program.

### **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. Abnormal 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 Withdrawn behavior and/or refusal to speak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 and 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. Refer to the "Interacting with Persons in Mental Health Crisis" directive for policy and procedures.
- E. Responding Officer**
- When a CIT officer is not available for a run involving a person with a mental illness, refer to the "Interacting with Persons in Mental Health Crisis" directive for policy and procedures.*
- F. CIT Coordinator/TRACT Lieutenant**
1. Receive applications from **sworn personnel approved to attend CIT training.**
  2. Provide the CIT Core Training Course to all officers upon completion of their field training period **and to officers who are approved to attend CIT training.**
  3. Provide additional training as needed or requested.
  4. Maintain the team member roster.
  5. Prepare reports as directed.
  6. 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 regards to the entry, diversion from, or release from the courts or jails
7. 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.