

	Newington Police Department General Order		Number 41.11
Crisis Intervention Team			
Chapter 41 – Patrol Operations			
Date: May 25, 2016	Revised: December 2, 2020	Page 1 of 5	

1. Purpose

- A. 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 in crisis. CIT provides specially trained police officers to assist in working with people in a mental health crisis. The Crisis Intervention Officers will assist in attempting to restore the person to a pre-crisis level. The Newington Police Department is committed to safety, understanding, and compassion when handling mental health related calls for service.

2. Definitions

- A. “CIT Officer” A police officer specially trained in first response crisis intervention. The CIT officer works in partnership with mental health professionals to respond to and/or follow up with incidents relating to persons in crisis.
- B. “Crisis Intervention Team (CIT)” A team consisting of police officers and mental health professionals who have received specialized training (Crisis Response Intervention Training) for mental health crisis related calls. In addition to their regular duties, CIT officers are specifically assigned to mental health crisis calls. CIT officers are first responders for citizens with mental health issues, which are in, or approaching, a crisis level.
- C. “Crisis Response Intervention Training (CRIT)” A specialized course which provides training for police officers for responding to mental health crisis-related calls for service.
- D. “Crisis Response Intervention Training” Calls for service which would benefit from the specialized training completed by CIT officers. These would include, but are not limited to calls involving persons known to have mental illness experiencing crisis, reports to the police reporting behavior indicative of mental illness (i.e. psychosis, anxiety disorders, mood disorders, schizophrenia, etc.) especially when the person may be dangerous to self, others and/or property, has threatened or attempted suicides, or can be otherwise deemed gravely disabled or calls in which persons may be experiencing emotional trauma.

3. Procedure

A. Public Safety Dispatcher Responsibilities

1. Upon receiving a call for service involving a person in a mental health crisis, the dispatcher will attempt to determine the following:
 - a. The nature of the incident such as attempted suicide, threatening suicide, etc.
 - b. Is the subject armed, known to possess any firearms, or other weapons?
 - c. Does the subject pose an immediate threat to himself/ herself or others?
 - d. Does the subject have a history of violence?
 - e. Is the subject under the care of a mental health professional? If so, can they be contacted and, by what means?

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2. The Dispatcher will dispatch a primary officer and a backup officer in accordance with Newington Police Department established guidelines and procedures. If a CIT officer is available, the CIT officer should be dispatched to the call and serve as the primary investigating officer.

B. Recognizing People with Mental Illness

1. While many people with mental illnesses control symptoms with the use of medications and/or treatment, others may not be linked to mental health services, fail to take their medications or as prescribed, or do not recognize that they are ill can experience a mental health crisis. Officers and other personnel must be prepared for situations involving persons who have mental illnesses and know how to respond to these situations in an appropriate manner.

2. There are three types of indicators that a person may be living with mental illness.

a. Verbal Clues (may include):

1. Illogical thoughts, such as expressing a combination of unrelated or abstract topics, expressing thoughts of greatness, delusions of grandeur (believes he is God), expressing ideas of being harassed or threatened (CIA monitoring thoughts through television sets), or a preoccupation with death, germs, guilt, etc.
2. Unusual speech patterns, such as nonsensical speech or chatter, word repetition (frequently stating the same or rhyming words or phrases), pressured speech (expressing an urgency in manner of speaking), or extremely slow speech.
3. Verbal hostility or excitement, such as talking excitedly or loudly, argumentative, belligerent, or unreasonably hostile, or threatening harm to oneself or others.

b. Behavioral Clues (may include):

1. Physical appearance, such as inappropriate clothing to the environment (shorts in cold weather, heavy coats in summer).
2. Hallucinations, such as seeing or hearing things.
3. Memory loss, confusion, or unfamiliarity with surroundings.
4. Lack of emotional response or inappropriate emotional reactions.
5. Causing injury to self and/or threat of or harm to others.
6. Anxiety and/or depression.

c. Environmental Clues (inappropriate surroundings):

1. Accumulation of things, hoarding.
2. General living conditions.

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C. Interacting with People with Mental Illness

1. The following general guidelines describe how officers should interact with a person living with mental illness. These guidelines should be followed in all contacts to protect their safety and the safety of others.
 - a. Remember that persons in crisis are generally afraid.
 - b. Continually assess the situation for danger.
 - c. Maintain adequate space between you and the subject you are dealing with.
 - d. Remain calm and avoid overreacting.
 - e. Be helpful and professional, offer assistance to make the person feel safer/calmer, etc.
 - f. Indicate a willingness to understand and help.
 - g. Remove distractions, upsetting influences and disruptive people from the scene.
 - h. Announce actions before initiating them.

D. Responding Officer Responsibilities

1. Secure the scene, assess the threat level, and ensure the safety of innocent bystanders, police officers, and the individual in crisis.
2. Determine if the circumstances require the continued response of a CIT officer and inform Dispatch of the status.
3. Gather all available information in preparation of briefing the CIT officer upon their arrival. If no CIT officer is available, the officer will be required to provide any immediate assistance to the individual in crisis and complete an incident report.
 - a. Available Mental Health Resources: Based on the situation, the officer may provide the individual and/ or family members with referrals of available community mental health resources. In cases where the individual is a danger to himself/herself or others, the officer will take protective custody of the individual in order to seek involuntary emergency evaluation.
 1. **Involuntary Emergency Evaluation:** § 17a-503 of the Connecticut General Statutes allows any police officer who has reasonable cause to believe a person is mentally ill and dangerous to himself, herself, or others, or gravely disabled, and in need of immediate care and treatment, to take such person into custody and take or cause such person to be taken to a general hospital for emergency examination. The officer shall complete the State of CT Police Emergency Examination Request Form, detailing the circumstances under which the person was taken into custody. If it is determined that the safety of medical personnel is in question at least one officer will accompany medical personnel in the ambulance to the hospital.

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2. **Intoxicated Person - Protective Custody:** § 17a-683 of the Connecticut General Statutes (a) any police officer finding a person who appears to be intoxicated in a public place and in need of help may, with such person’s consent, assist such person to his home, a treatment facility, or a hospital or other facility able to accept such person. (b) Any police officer finding a person who appears to be incapacitated by alcohol shall take him into protective custody and have him brought forthwith to a treatment facility which provides medical triage in accordance with regulations adopted pursuant to section 19a-495 or to a hospital. The police, in detaining the person and in having him brought forthwith to such a treatment facility or a hospital, shall be taking him into protective custody and shall make every reasonable effort to protect his health and safety. In taking the person into protective custody, the detaining officer may take reasonable steps to protect himself.

b. **Community Mental Health Resources:** If it is determined that a specific community resource (e.g., Social Services, Health Department, etc.) is needed during interaction with a person in crisis or their families, officers can contact the following resources:

Newington Human Services
200 Garfield Street
Newington, CT 06111
PH: 860-665-8590

InterCommunity Health Services
800 Connecticut Boulevard, 4th Floor
East Hartford, CT 06108
PH: 860-569-5900

Officers can also access additional crisis intervention services by calling the Connecticut “Infoline” by dialing 211.

E. CIT Officer Responsibilities

1. The primary responsibility of the CIT officer on the scene is to use their specialized skills and training to bring the individual back to pre-crisis levels. Upon arrival at the scene of a mental health crisis, the CIT officer will determine the nature of the incident and shall be responsible for the initiation of the appropriate response.
2. CIT officers will be responsible for acting as a department liaison with area mental health providers and assist providers with home visits and follow-ups when necessary.



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3. CIT officers will work within the current chain of command. Shift commanders are responsible for utilizing CIT officers when needed and providing assistance when necessary.

F. CIT Officer Selection

1. The Chief of Police shall select officers for CIT certification. Officers will be required to attend a 40-hour certification program and receive in-service training as needed.

G. 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 mental health providers providing services to the Town of Newington.
2. The coordinator will handle issues arising from the implementation of the CIT program.
3. The CIT coordinator shall review reports and conduct periodic evaluations of the CIT program.

By Order of: _____

Stephen M. Clark
Chief of Police

Date