

	BLOOMFIELD POLICE DEPARTMENT GENERAL ORDER No. 3-05	EFFECTIVE DATE: 12/01/2013 Rev. 10/07/2025	EXPIRATION DATE: NONE
<i>Crisis Intervention Team</i>			
RISK: HIGH	DISTRIBUTION: ALL PERSONNEL	RESCINDS: G.O. 5.10.1 of 07/13/1990	
CALEA Std.: 41.2.7		BY ORDER OF: Paul B. Hammick, Chief of Police	
<p>This directive is for BPD use only. It is not meant to enlarge the Department's or an employee's criminal or civil liability in any way and should not be construed as creating a higher standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this directive, if proven, can only form the basis for departmental administrative sanctions.</p>			

I. PURPOSE

The purpose of this order is to establish guidelines, policy and procedures under which the Crisis Intervention Team (CIT) shall operate to ensure a coordinated response in providing services to persons in crisis.

II. POLICY

- A. It is the policy of the Bloomfield Police Department (BPD) to respond to incidents involving individuals with mental or behavioral health problems with professionalism, compassion, and concern for the safety of all involved. During these incidents officers will use the CIT as a resource for identifying and providing services for the individual in crisis.
- B. In the absence of a supervisor during the initial patrol response to a crisis incident as defined in Section III D of this general order, the senior CIT officer on scene has the authority to direct police activities. The CIT officer shall relinquish such authority when relieved by or at the direction of a supervisor. Non-CIT-trained supervisors shall confer when possible with CIT officers in a unified effort to obtain a positive outcome in a crisis incident.

III. DEFINITIONS

- A. **Crisis Intervention Team (CIT)** – A partnership between the police, 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
- B. **Crisis Intervention Team Officer** – A police officer trained and certified in first response crisis intervention. The CIT officer works in partnership with the CIT clinician to respond to incidents of persons in crisis.
- C. **CIT Clinician** - A mental health professional who is trained in mobile outreach crisis intervention and works in partnership with CIT trained police officers to effectively respond to incidents of persons in crisis.
- D. **Crisis Incident** – Any call in which an individual would benefit from the specialized training and knowledge of the CIT member. Crisis incidents include but are not limited to calls

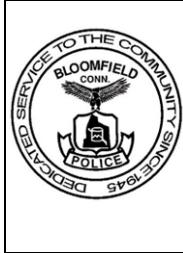
	GENERAL ORDER: No. 3-05	Crisis Intervention Team (continued)	PAGE: 2 of 6 EFFECTIVE DATE: 12/01/2013 Rev. 10/07/2025
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involving; persons known to have mental illness who are experiencing a crisis; persons displaying behavior indicative of mental illness; attempted or threatened suicides; calls involving gravely disabled individuals or calls in which individuals may be experiencing emotional trauma.

- E. **Mentally Ill** - 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.
- F. **Gravely Disabled** - A condition in which a person, as a result of mental or physical impairment, is in danger of serious harm as a result of an inability or failure to provide for their human needs and such person is mentally incapable of determining whether or not to accept such treatment.
- G. **Incapacitated Person** – A condition in which a person, as a result of alcohol or drug use, has their judgment impaired, so that they are incapable of realizing and making a rational decision regarding the need for medical treatment.

IV. PROCEDURES

- A. Identifying CIT Calls for Service.
 - 1. The Dispatcher is the primary source for identifying CIT calls. However, officers investigating an incident may classify it as a CIT situation.
 - 2. Types of calls that may require a CIT officer response include, but are not limited to:
 - a. Mental health disorders,
 - b. Traumatic incidents,
 - c. Sudden deaths,
 - d. Attempted suicides,
 - e. Medical assist/well-being checks,
 - f. Breach of peace/disorderly conduct,
 - g. Trespassing/refusing to leave property.
- B. Dispatcher Responsibilities.
 - 1. Dispatcher shall attempt to compile as much information as possible at the time of call intake and record the information in the comments section of the CAD screen.
 - 2. The Dispatcher shall alert the On-Duty Shift supervisor to the dispatch of a CIT call for service.
 - 3. Dispatcher shall coordinate with the On-Duty Shift supervisor and attempt to dispatch a CIT officer to CIT calls as the primary responder along with the area unit. If a CIT officer is not available at the time of dispatch then they will respond as a secondary unit when they become available if needed.



**GENERAL ORDER:
No. 3-05**

Crisis Intervention Team
(continued)

PAGE:

3 of 6

EFFECTIVE DATE:

12/01/2013

Rev. 10/07/2025

4. At the direction of the on-duty shift supervisor or the CIT officer on scene the Dispatcher shall alert the CIT clinician using the Community Health Resources (CHR) twenty-four (24) hour phone number (1-877-884-3571) and inform them of the CIT call. Every effort shall be made to provide the clinician with as much information as possible such as the subject/client's name, address, and activities. During non-business hours and on weekends the dispatcher/desk officer shall notify CHR through the twenty-four (24) hour phone number.
5. The Dispatcher shall amend the CAD information based on initial information received from the officer on scene.
6. Contact numbers for the CHR Crisis Hotline as well as other supporting agencies shall be maintained in the dispatch center.

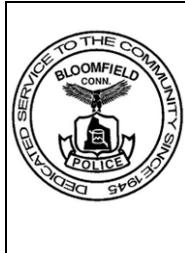
C. Responsibilities of the Patrol Officer (CIT and Non-CIT).

1. When possible CIT officers shall volunteer for CIT calls as primary or secondary responders if they are available. Non-CIT officers may request assistance from CIT officers when necessary.
2. Officers on a CIT call shall confer with the supervisor if that CIT officer feels notifying a CIT clinician and asking for a scene response, or advice would be beneficial to the situation.
The final decision as to the outcome or arrest of the subject is the responsibility of the police officer and supervisor.
3. Officers shall complete a CAD entry or an incident report and any other documentation using the standards in section G. Reporting and Documenting CIT Calls.
4. In arrest cases officers shall notify any transporting officer(s) and the on-duty supervisor that the prisoner is the subject of a CIT call so the necessary precautions can be taken. The on-duty shift supervisor and the arresting officer shall take every precaution to eliminate potential harm and/or suicide risk.

D. Responsibilities of the On-Duty Shift Supervisor.

1. Supervisors shall monitor the dispatching of CIT officers to the appropriate calls. Supervisors shall ensure that the dispatching of a CIT officer to a call for service does not create a void in coverage in an area.
2. Supervisors shall ensure that an incident report is properly completed.
3. Supervisors shall ensure that a clinician from CHR is called to critical incidents involving individuals (non-personnel) that have been exposed to traumatic situations and need further crisis intervention assistance.
4. If a BPD CIT Officer is not on duty, the Shift Supervisor has the option of contacting another agency and requesting the assistance of an on-duty CIT Officer.

E. CIT Clinician



GENERAL ORDER:

No. 3-05

Crisis Intervention Team

(continued)

PAGE:

4 of 6

EFFECTIVE DATE:

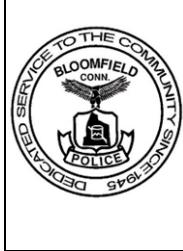
12/01/2013

Rev. 10/07/2025

1. 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.
2. CIT Clinicians shall not carry any weapons while working as a member of the department's CIT program.

F. Tasks associated with the CIT Clinician

1. CIT clinicians shall respond to calls as needed, when available. They may be contacted and advised of the CIT call by:
 - a. the Dispatcher requesting response to a scene or hospital,
 - b. the CIT officer on scene,
 - c. the supervisor at the scene or at any critical incident,
 - d. the Chief of Police or Patrol Commander requesting response to headquarters or the hospital.
2. CIT clinicians may attend police Roll Calls.
3. CIT clinicians may ride with officers during routine patrol with authorization by the shift supervisor.
 - a. 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.
 - b. BPD officers who have a CIT clinician ride-a-long 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.
4. CIT clinicians may be escorted across police barriers if necessary only after showing proper ID provided the on duty supervisor allows the access.
5. CIT clinicians may retrieve and review BPD CIT reports.
 - a. Any BPD Police Reports obtained by a CIT clinician reports, and any information there-in, shall be used for clinical purposes only and considered confidential.
6. CIT clinicians may interview prisoners identified as clients in restricted access areas upon the request of an officer.
 - a. CIT clinicians shall be accompanied at all times by an officer while in areas of restricted access.
7. Any CIT clinicians working at the Bloomfield Police Department shall adhere to the BPD General Order 2-32 Uniforms & Appearance.
8. A CIT clinician should be directed to contact the CIT Coordinator regarding any problems or concerns. If the CIT coordinator is not on duty and the issue is urgent the clinician may contact the on-duty shift supervisor or Patrol Commander to assist them.



**GENERAL ORDER:
No. 3-05**

Crisis Intervention Team
(continued)

PAGE:

5 of 6

EFFECTIVE DATE:

12/01/2013

Rev. 10/07/2025

G. Responsibilities of the CIT Program Coordinator

1. The Chief of Police shall designate a CIT coordinator. The CIT Coordinator will serve as a liaison between the BPD and the Department of Mental Health and Addiction Services (DMHAS).
2. The Coordinator will handle issues arising from the implementation of the CIT program.
3. The CIT Coordinator shall provide the Department of Mental Health with the necessary reports.
4. The CIT Coordinator shall review reports, evaluate outcomes, prepare and forward reports to the Patrol Commander outlining the status of the team, response to calls for CIT service statistics and issues/recommendations.
5. The Chief of Police or designee shall select the officers for CIT certification. Candidates shall attend a forty (40) hour certification program and receive in-service training as needed.
6. The CIT coordinator shall coordinate with the Professional Standards Division Commander to ensure that all CIT officers complete the basic forty (40) hour certification program and attend ongoing training sessions conducted by the DHMAS.
7. The CIT coordinator shall review and compile all Incident Reports documenting CIT incidents for the CIT clinician who may retrieve them as needed.

H. Reporting and Documenting CIT Calls

1. A CAD entry shall be completed for incidents involving mentally ill or gravely disabled individuals whether handled by a CIT officer or a non-CIT Officer in compliance with BPD Policy. If there are extenuating circumstances an incident report shall be completed, instead of a CAD entry. An Emergency Evaluation Form (MHCC-1) shall be completed by the officer when the officer determines that the evaluation is warranted.
2. The CAD entry or incident report should include the following information:
 - a. CIT subject/client personal identification information,
 - b. who, what, where, when etc. (narrative section),
 - c. any visible injury to the subject or others,
 - d. location of treatment of the subject,
 - e. name, address and phone number of any responsible family member on scene,
 - f. any appearance of alcohol or drug use shall be documented,
 - g. the name of the CIT clinician that responded,
 - h. action taken/referrals made,

	GENERAL ORDER: No. 3-05	Crisis Intervention Team (continued)	PAGE: 6 of 6
			EFFECTIVE DATE:
			12/01/2013
			Rev. 10/07/2025

- i. name of the BPD supervisor who was notified of the CIT situation.

V. REPORTS/FORMS

- A. Emergency Evaluation Form (MHCC-1)
- B. Rider Observer Waiver (BPD-Y16)

VI. REFERENCES

None