

# CRISIS INTERVENTION CONTACT SHEET MANUAL

This manual was completed by staff at the Ohio Criminal Justice Coordinating Center of Excellence in cooperation with Ohio's CIT Coordinators and community partners. For more information or to make inquiries please contact us:

Email: cjccoe@neomed.edu Phone: 330.325.6670



CRIMINAL JUSTICE COORDINATING CENTER of EXCELLENCE

A NEOMED CCoE

### Overview

This guide should be used to assist with completing each section of the Crisis Intervention Contact Sheet and the options within. The use of these definitions is encouraged to ensure that form entries are accurate and uniform across Ohio's various jurisdictions. Most of the form is either short fill-in sections or check boxes.

### Section 1-Header

Information related to understanding the time, location, and resources used in addressing a crisis intervention call for service.

Date - The date of incident

**Time of Call** – The time that the call of service occurred.

**Report Number** - The local agency report number generated by the call.

**Shift** - The police agency's shift that the call for service occurred.

**Total Time on Call** - The total amount of time spent on call in minutes.

**MH Follow-up Requested** - Follow-up (case management, etc.) services are specifically requested for the subject of the call for service regarding their mental health (MH).

**Location** – FILL-IN Address or reference to the location where the call for service occurred.

**Type** - SELECT ONE-The type of location where the call for service occurred.

- ✓ **Personal Residence** The place where a subject lives or is currently residing.
- ✓ Other Residence Any other residence where a subject was located when the call of service occurred.
- ✓ **Group Home** A residence where unrelated people who cannot adequately manage on their own or in their own homes live together for care, support, or supervision.
- ✓ Business A location engaged in commercial, industrial, or professional activities.
- ✓ **Service Provider** Locations that provide mental health services such as assessment, treatment, and stabilization.
- ✓ Public Property Property that is dedicated for public use (sidewalks, parks, roadways, etc.).

# Section 2-Subject

Information related to securely identifying/following up with the subject of the call for service.

**Name** FILL-IN The name of the person who is the subject of the call for service.

**DOB** - FILL-IN the date of birth of the subject (optional)

**Phone Number** - FILL-IN the most currently known phone number of the subject (optional)

**Address** - FILL-IN the most currently known address of the subject.

**County of Residence** - FILL-IN the subject's current county of residence.

Race – Select all applicable race or applicable ethnicity of the subject

Sex - SELECT ONE Male or Female

**Juvenile** - Is the subject a juvenile? Select for yes

**Person/Agency Reporting** - SELECT ONE The type of agency reporting or the reporting person's relationship to the subject for the call for service.

# Section 3-Crisis/Event

The type of crisis or event experienced by the subject at the time of the call for service. Select the most significant related to this call for service.

**Addiction Related** - The psychological and physical inability to stop consuming a chemical, drug, activity, or substance, even though it is causing psychological and physical harm.

**Anxiety Related** - A mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities.

**Autism Spectrum** - Conditions related to brain development that impact how a person perceives and socializes with others, complicating one's social interaction and communication.

**Behavioral Concerns** - Behavior that may present itself as odd, disruptive, aggressive, etc.

**Court Order** - An order from a civil court requiring action to be taken.

**Dementia** - Symptoms of impairment or cognitive decline in memory, communication, and thinking.

**Depression** - A mental health issue characterized by a persistent sense of sadness, and/or loss of interest in activities, causing significant difficulty with everyday activities.

**Delusions/Hallucinations** - False beliefs/incorrect perceptions of objects or events involving the senses.

**Homeless** - A person living in a place not meant for human habitation, in emergency shelter, in transitional housing, or exiting an institution where they temporarily resided.

**Intellectual Disabilities** - A disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills.

**Non-suicidal Self-injury** - Intentional self-inflicted wounds without suicidal intention and for purposes not socially sanctioned (e.g., "cutting").

**Trauma Related** - Psychological, emotional response to an event or an experience that is deeply distressing or disturbing.

Suicidal Thoughts - Thoughts of killing oneself intentionally.

Suicidal Threat - Threatening to kill oneself intentionally.

**Suicide Attempt** - An effort was made to kill oneself intentionally.

**Suicide Completed** - A person intentionally killed oneself.

**Threat to Others** - A person poses a threat of harm to others based upon threats, behavior, or other mitigating factors.

Other – FILL-IN any other crisis or event not listed.

# Section 4-Response

The most significant interaction or outcome utilized by responding officer(s) for the call for service.

**No Contact** - No contact was made with the subject of the call for service.

**Active Listening/Verbal De-escalation** - Contact was made with the subject and the officer used verbal communication to resolve the event or gain compliance and force was not used.

**Force Used** - Force was used in some manner to compel compliance by an unwilling subject.

**Weapon Involved** - The crisis/event involved the subject possessing/using/brandishing a weapon.

# Section 5-Disposition

The outcome of the incident/event.

**No Contact with subject** - Contact was never made with the subject of the call for service.

**No Police Action taken** - Contact was made with the subject for a confirmed mental health concern but there was no need for officers to take action.

**Mental Facility/ER** - The subject was transported to a crisis center, mental health facility, emergency room.

Arrest - The subject was placed under arrest for a crime.

**Death** - The crisis/event ended with the subject's death.

**Provided Referral Information** - Contact was made with the subject for a confirmed mental health concern and the person was provided support/mental health agency information.

**Unfounded** - The call for service was found to be not related to a subject in a mental health crisis.

**Facility** – FILL-IN name of hospital, mental health facility, crisis center, jail or other where the subject was transported. (optional field)

### **Transport by SELECT ONE:**

- ✓ Law Enforcement Police officer, Deputy, State Trooper, etc.
- ✓ Ambulance Emergency Medical Services personnel
- ✓ No Transport A transport was not necessary
- ✓ Other- Persons known to subject (family, friend, acquaintance)

**Utilized other agency for assistance** - Another agency transported the subject for the primary responding agency. Select for *yes* 

# Section 6-Emergency Hospitalization

Emergency hospitalization (civil commitment) was utilized with a compliant or uncompliant subject and subject was taken into custody for evaluation or subject was emergency hospitalized under ORC 5122.10.

Subject taken into custody for evaluation: Select for yes

**Process initiated by:** - SELECT ONE to indicate who authorized the Subject's emergency hospitalization/evaluation

- ✓ Law Enforcement
- ✓ Health Officer
- ✓ Physician/medical professional
- ✓ Other Includes additional professions not listed authorized to emergency hospitalized under ORC 5122.10.

### Section 7-Crime

Information related to whether the incident involved a crime (unrelated to their interaction with law enforcement) where the subject is the suspect.

**Incident has related crime**: The call for service has a crime involved where the subject is the suspect.

If Yes, then select the level of crime involved: misdemeanor, felony, or both.

- ✓ Misdemeanor
- ✓ Felony

**Criminal charges to be filed**: Status of criminal charges against the subject who was a suspect in a crime

- ✓ Yes
- ✓ No
- ✓ To Be Determined

# Section 8-Injury

Information related to accurately reporting the occurrence of injury to anyone related to the crisis intervention call for service.

**Force Used. Incident resulted in injury** – During the course of the call for service, force was used on a subject. It resulted in injury to the subject, and/or officer(s), and/or other people.

If Yes, then select the party(s) injured.

- ✓ Subject Injured
- ✓ Officer Injured
- ✓ Other Injured

### Section 9-Footer

Information related to securely identify/follow-up with the agency/officer(s) who performed the call for service.

Officer - Name of primary officer who handled the call for service

**Unit** - Assigned number or designation of the named officer.

CIT Officer - The named officer is a certified Crisis Intervention Team (CIT) officer.

**Supervisor** - The shift supervisor or officer-in-charge (OIC) of the named officer.

**Unit** - Assigned number or designation of the supervisor.