CRISIS INTERVENTION
LAW ENFORCEMENT POLICY GUIDE
(CIT FOCUSED)

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:

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OVERVIEW

This guide was created to assist law enforcement executives and their personnel with the construction and publication of policies and procedures involving the response of law enforcement to service calls involving persons in crisis. “Persons in crisis” is specifically identified within the guide, but most often consists of persons who have reached a state of crisis from an underlying mental illness, intellectual or developmental disability (I/DD), diagnosis of an Autism Spectrum Disorder, a traumatic brain injury (TBI), another form of brain-based disorder or cognitive disorder, a medical condition that may masquerade as mental illness, substance use, or any combination of conditions or diagnoses.

Policies and procedures created by law enforcement agencies provide the boundaries and underlying core values for actions taken by their personnel along with tactics that can be employed in specific circumstances. They acknowledge that law enforcement officers have wide levels of discretion because of the variation in calls for service, the roles they play, and that supervisors and managers are not always immediately available to provide guidance. Policies convey the “commander’s intent” to describe the desired end state so that personnel can critically think through a situation, problem-solve, and best resolve the situation after considering all the possible outcomes; with more than one outcome being feasible or proper. Policies also guide the creation of training since training should follow the policies.

This guide is specifically focused on responding to persons in crisis calls using the Crisis Intervention Team (CIT) Model. The CIT Model, created in Memphis, TN in 1988, was created to foster better outcomes when law enforcement officers are called to intervene when a person is in a mental health crisis and to divert those persons away from the criminal justice system to the system of care, whenever possible. The creation of better outcomes is contingent upon the continuous collaboration of law enforcement agencies with other stakeholders within their respective communities. Those stakeholders include governmental boards that regulate services, service providers, advocacy groups, medical facilities, the criminal justice system (to include jails and other law enforcement agencies), and other community members. There are other models for crisis intervention by law enforcement, but CIT has been recognized, through the most research afforded a crisis intervention model, as being one of the most promising practices.

This guide, created through the study of policies and procedures across the US along with governmental and non-governmental created publications, is structured to assist law enforcement agencies in Ohio in creating their policies and procedures for responding to service calls involving persons in crisis. Sample policies and procedures are also provided for use or as templates to create community-specific policies and procedures. Those community-specific policies and procedures should include local protocols that identify community resources reflect organizational culture and recognize the law enforcement agency as an integral part of the continuum of care for people in crisis in their communities.

What Are Crisis Intervention Teams (CIT)?

Crisis Intervention Teams are community-based programs that bring together law enforcement, mental health professionals, mental health advocates, and other partners to improve community responses to persons in mental health crises. CIT is an organizational model that helps coordinate the mental health crisis care system with the criminal justice system. The model has core elements that when properly implemented at the local level, will not only improve the utilization of essential mental health services but assist with keeping people out of crisis.

The CIT Core Elements describe a fully developed CIT program. Keep in mind, partnerships are the first core element of CIT because they are the foundation of everything else. As a community progresses, they can strengthen their crisis response system incrementally as a long-term goal. Law enforcement training is only a step along the way to developing a CIT program, not the end goal. Crisis Intervention Teams are robust programs containing ongoing, operational, and sustaining elements.

Ongoing Elements

1. Partnerships: Law Enforcement, Advocacy, Mental Health
2. Community Ownership: Planning, Implementation & Networking
3. Policies and Procedures

Operational Elements

4. CIT: Officer, Dispatcher, Coordinator
5. Curriculum: CIT Training
6. Mental Health Receiving Facility: Emergency Services

Sustaining Elements

7. Evaluation and Research
8. In-Service Training
9. Recognition and Honors
10. Outreach: Developing CIT in Other Communities

The Goals of a CIT Program

1. To improve safety during law enforcement encounters with people in crisis
2. To increase connections to effective and timely mental health services for people in a mental health crisis.
3. To use law enforcement strategically during crisis situations and increase the role of essential mental health services.
4. To reduce the trauma that people experience during a mental health crisis and thus, contribute to their long-term recovery. (Usher et al., 2019)

Crisis Intervention

Purpose Statement

Commentary:

A purpose statement for the establishment of policies and procedures for interactions between agency personnel and persons in crisis is necessary to guide personnel engaged in these community caretaker functions. This statement often consists of two major parts. The first part identifies that the creation of these policies and procedures is to maximize the safety of all involved in such an interaction. The second part is to provide agency personnel with guidance, techniques, and resources so that agency personnel have confidence in their abilities to resolve the situation in a constructive, legal, and compassionate manner.

The purpose of establishing policies and procedures for the creation and operation of a Crisis Intervention Team (CIT) has three parts. The first is to ensure ongoing collaboration with the crisis care system. The second is to provide guidelines for the structure and operation of team members within the agency to include a stipulation that sufficient agency personnel receive specialized training to respond to persons in crisis as part of a coordinated response. The third is that persons in crisis are to be diverted from the criminal justice system and to a place of safety and care, when feasible.

Main Elements of a Purpose Statement for Crisis Response:

- Acknowledgment of challenges or difficulty associated with crisis response calls for service for law enforcement officers
- Language that safety is of substantial concern, if not the primary concern
- Language that policy and procedures are created to promote personnel confidence that they can effectively respond and create a positive outcome
- Language that addresses the need for legal and compassionate resolutions

Main Elements of a Purpose Statement for Crisis Intervention Teams (CIT):

- Acknowledgment that CIT exists in the agency
- Statement of the need for CIT officers to be trained and available
- Acknowledgment that CIT is a collaboration and coordinated program
- Acknowledgment that CIT officers should be the primary responders to service calls involving persons in crisis
- Acknowledgment that the goal is to divert persons in crisis away from the criminal justice system

Policy Example:

The <<AGENCY>> recognizes that personnel will at times be required to interact with persons in crisis and that those interactions can be challenging and may require difficult decisions about a person's level of crisis and lawful actions that can be taken. These policies and procedures will guide responding personnel to aid them in making effective decisions that safeguard the community and all persons involved, and that promote a resolution that is both legal and compassionate.

The <<AGENCY>> has *(created/agreed to participate in*) a Crisis Intervention Team (CIT). This policy is created to provide operational guidelines for the CIT, and for CIT officers to include training, response, and the primary responsibility to respond to service calls involving persons in crisis. The <<AGENCY>> acknowledges that CIT is an ongoing collaboration with mental health service providers, advocates, persons with mental illness or other behavioral health disorders, family members, and the community with the intent to divert persons away from the criminal justice system when feasible.

Guiding Principle

Commentary:

Guiding principles are established to identify broad policy direction, desired actions, and culture of the agency that guide agencies and organizations when minor or more substantial changes must be made to policies and procedures because of changes to the law, court decisions, goals, and type of work to be performed. They allow agency members to understand what is important to the agency and the people that it serves.

The guiding principle behind the response to persons in crisis is to maximize safety for all involved and to treat these calls for service, absent clear and serious criminal offenses that may have occurred, as a need for medical help within the "community caretaker" function instead of a need for entering the person into the criminal justice system within the "law enforcer" function. Persons who may have a mental illness, intellectual or developmental disability (I/DD), an injury/trauma to the brain, deterioration of the brain, or other medical conditions have a right to be left alone unless they are in violation of law or they pose a substantial risk of harm to themselves or others.

The guiding principle behind Crisis Intervention Teams is that the agency has committed to the core elements of starting and maintaining a CIT to include having a coordinator, training specified personnel in CIT tactics and techniques to include the use of de-escalation when appropriate, collaborating with CIT stakeholders in the community along with the community crisis care network, and collecting and analyzing data to inform and improve the network and responses to persons in crisis. Also, the agency has committed to making CIT officers the first responders to service calls involving persons in crisis and permitting CIT officers to control the situation at the site of the call unless a supervisor deems otherwise.

Main Elements:

- Language that the agency will treat persons in crisis calls as "community caretaker" conditions instead of criminal justice conditions if any alleged criminal activity is minor and violence has not occurred. Persons in crisis will be diverted from the criminal justice system when possible.

- Language that persons with various illnesses or injuries are to not be taken into custody merely for their conditions, but only if a crime that requires arrest has occurred or that the person poses a risk of substantial harm to self or others.
- Language that the agency is committed to CIT as a program that requires ongoing collaboration between CIT stakeholders and not just training. (aligns with CIT Core Elements).
- Language that the agency is committed to CIT by identifying a coordinator, by selecting and training a sufficient amount of personnel in CIT-designated training to respond to a person in crisis call at any time, by continually interacting with CIT partners, and by collecting data as needed and desired (aligns with CIT Core Elements).
- A statement that CIT officers shall be the first responders to calls involving persons in crisis and called to the scene to interact with persons in crisis when available.

Policy Example:

The <<AGENCY>> is committed to being a collaborative partner in the CIT program and the crisis care and response system in <<COUNTY/CITY/TOWNSHIP>>. As a partner in CIT, the <<AGENCY>> will work with the other partners to minimize the criminal justice system's involvement with people experiencing a crisis in our community. The <<AGENCY>> also recognizes that <<officers/deputies>> interact with people in crisis and that persons in crisis will benefit from an appropriate intervention and better interactions. <<Officers/Deputies>> shall use de-escalation skills instead of physical force, as circumstances dictate, to interact with persons in crisis. Since the criminal arrest of a person in crisis is the least preferred alternative, <<officers/deputies>> should divert a person in crisis to emergency psychological services (EPS), when not compelled by code or court decision to make a criminal arrest. CIT officers shall be dispatched to service calls involving persons in crisis whenever available and shall be called to the scene by non-CIT officers, when available, after determining that the call involves a person in crisis.

Definitions

Commentary:

Definitions are provided for clarity. Legal definitions or definitions complying with the Ohio Revised Code are used when possible.

Policy Examples of Definitions to be Used:

Crisis (Person in Crisis) – A situation whereby a person has become unable to self-regulate thinking, mood, or behavior. A person could be experiencing intense feelings of distress and/or displaying obvious changes in functioning in their daily living activities. This disturbance with a person's understanding and comprehension, ability to regulate emotions, and/or ability to regulate behavior may occur due to mental illness, intellectual or developmental disability (I/DD), an injury/trauma to the brain, deterioration of the brain, other medical conditions, or a medical emergency.

Crisis Intervention Team (CIT) – A program consisting of <<police officers/deputy sheriffs>>, public safety telecommunicators (see definition of PSTs), mental health system providers, other criminal justice system officials, advocates, and social service professionals who have organized to handle the complex issues relating to law enforcement officers' responses to persons in crisis.

Crisis Intervention Team Coordinator (CIT Coordinator) – A CIT officer (*specify rank if desired*) assigned by the <<AGENCY EXECUTIVE/DESIGNEE>> to manage the administration, planning, personnel selection, training, and overall operation of the CIT program within an agency. The duties include acting as the liaison between the <<AGENCY>>, service providers, and community partners.

Crisis Intervention Team Officer (CIT Officer) – Law enforcement officers who have received specialized training in first response crisis intervention and are identified as being the primary responders to calls for service involving a person in a mental health crisis. These law enforcement officers will perform their regular duties within the agency but will respond to persons in crisis calls.

Public Safety Telecommunicators (PSTs) – These personnel work within agency-specific or combined emergency communications centers (ECCs). They are commonly referred to as dispatchers and/or call takers. PSTs handle emergency calls via 911 and non-emergency calls over other telephone lines or platforms. They dispatch the appropriate resources for the situation or refer callers to other services if public safety intervention is not needed at the time.

Emergency Psychological Services (EPS) – A location or method of providing crisis intervention, evaluation, and stabilization. This could be a mental health facility, a crisis center, a hospital emergency department, or a mobile team or responder who can assess the current situation and direct officers to the appropriate location.

Mental disorder (mental illness) – A substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or the ability to meet the ordinary demands of life (ORC § 5122.01(A)).

Substantial Risk of Physical Harm – A person has the means to cause harm and there is a significant probability that such harm will occur (the person has made a credible threat, a method is available, and the person has the means to act on the threat (threat/method/opportunity test).

De-escalation – A system employing active and aligned communication along with the use of time, distance, and barriers as tactics to reduce or manage behaviors displayed by a person in crisis to reduce or avoid physical conflict. De-escalation is employed, when possible, to avoid or reduce the amount of force needed to control a situation involving a person in crisis.

Written Statement – A written statement is required if a law enforcement officer takes a person into custody according to Ohio's mental health laws as found in ORC § 5122.01(B). This written statement shall specify the circumstances under which the person was taken into custody and the reasons that a law enforcement officer believes that the person is a mentally ill person subject to a court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination (ORC § 5122.10(A)(1)). This written statement shall contain facts and not merely opinions, diagnoses, or jargon to ensure that "a minimal level of probable cause" exists (*In re Miller* (1992), 63 Ohio St. 3d 99, 585 N.E. 2d 396).

Written Statement Form and Format – The written statement is most often provided in Ohio on the DMHAS-0025 Application for Emergency Admission form commonly referred to as a "pink slip." This form, created under the authority of the Ohio Department of Mental Health and Addiction Services, is just an administrative instrument used and recognized by locations where EPS (see definition) is obtained or provided. The authority does not reside with the form, but instead with the law as found in ORC § 5122.10. Alternative versions of the authorized form used to supply a written statement may be

used in various counties in Ohio per local convention and process. This is why the form itself has no authority other than to provide a written statement in an established and known format. The DMHAS-0025 form or an alternative version may be submitted via a paper copy or in an electronic format.

Elopement – This term is applied when a person in crisis has been transported to an EPS after being taken into involuntary custody and that person leaves the EPS facility before being released by the chief clinical officer of the facility or the chief clinical officer's designee. Custody may have been taken for emergency hospitalization per ORC § 5122.10 or taken in response to the issuance of a temporary order of detention by a judge/referee/or magistrate of the County Probate Court with jurisdiction per ORC § 5122.11.

Crisis Intervention Team

Commentary:

Crisis Intervention Teams (CIT) are not just about training law enforcement officers to handle calls for service involving persons in crisis. A CIT program is not a law enforcement-run program at all. It is a program that brings mental health service providers, emergency medical service providers, advocates, persons with mental illness (consumers), elected officials, and law enforcement together to solve problems involving persons in crisis and crisis response to avoid having law enforcement be the default responders to persons in crisis calls and jails be the default location where persons in crisis are taken.

The goals of CIT focus on safety for all when law enforcement officers interact with persons in crisis, to effectively and efficiently connect people in crisis to needed services, to only use law enforcement for crisis response when there is a substantial risk of harm to persons or when a serious criminal offense has occurred, and to aid persons in mental health crises in short-term and long-term recovery.

CIT was created for interactions with a person in a mental health crisis. Since the beginning of CIT in Memphis, Tennessee in 1988, CIT programs and CIT officers have expanded their scope of interactions to include persons in a temporary emotional crisis, persons in a crisis as a result of I/DD issues and situations, persons in crisis due to other brain-based or behavioral diagnoses such as Autism Spectrum Disorder (ASD) or Traumatic Brain Injuries (TBIs), persons in crisis due to loss of memory, and persons in crisis due to temporary illness that affects thinking and reasoning. This is not an exhaustive list. Also, persons may be in crisis due to dual or multiple diagnoses and may be dually diagnosed with a substance use disorder. Determining the underlying cause for the crisis may be difficult and some factors may remain unknown.

Operationalizing CIT within a law enforcement agency involves multiple outcomes:

1. The CEO of the organization must commit to involvement in CIT and then support and sustain the CIT program.
2. A person within an agency must be identified and empowered as the CIT Coordinator.
3. Personnel must be selected and then trained to become CIT officers.
4. PSTs must be trained to recognize calls involving persons in crisis and to dispatch CIT officers when appropriate.
5. CIT officers are sent to persons in crisis calls every time they are available and called to the scene when a call is identified later as one involving a person in crisis, or when needed by non-CIT officers.

6. CIT officers are organized and assigned within the agency so that they are sent to persons in crisis calls at any time.
7. CIT officers are empowered to control the at-scene response involving a person in crisis unless control/command is taken by a greater ranking supervisor.
8. Program duties must be assigned to the CIT Coordinator or others to ensure that information is collected to identify locations or persons involved in high numbers of crisis calls and then shared with local mental health professionals so that, if needed, essential mental health services are engaged. The information is also compiled and analyzed to monitor the program to improve responses to persons in crisis and to create or advocate for improvements to the system and to the services that are available for persons in crisis.

Main Elements:

- Direction that CIT officers are dispatched as primary responders to service calls involving a person in crisis.
- Direction that CIT officers are assigned to all shifts to facilitate their use during service calls involving a person in crisis.
- Language that CIT officers are requested to respond to the scene of service calls involving a person in crisis when identified as such by non-CIT officers.
- Language that CIT officers will control the scene of a service call involving a person in crisis unless a supervisor of greater rank takes control/command.

Policy Example:

NOTE: The sample policy language below focuses on sending CIT officers and what authority is held by CIT officers. Policy examples incorporating the other concepts listed above have been provided elsewhere within this guide.

<<AGENCY/RESPONSIBLE PERSON>> shall assign adequate CIT officers to all shifts to meet the identified service call demand involving persons in crisis. CIT officers shall be dispatched, whenever available, to calls for service involving a person in crisis and shall be called to the scene by non-CIT officers if those officers identify a person in crisis. CIT officers shall remain in control at the scene of a person in crisis call unless relieved by a supervisor of greater rank. That supervisor shall seek the input of an on-scene CIT officer to resolve the crisis when reasonable and practical.

Guidelines for Recognition

Commentary:

It is important for law enforcement officers to recognize observable and reported behaviors and conduct that may reveal that a person is in crisis. The law enforcement officer who can quickly and appropriately interpret the behaviors and conduct they observe and then combine those observations with reports from others will be better at assessing the situation, meeting the needs of a person in crisis, and implementing the best possible resolution. This recognition and interpretation of observable and reported behaviors, often called signs and symptoms, along with knowledge of alternatives to arrest, will increase the potential methods of resolution. These methods of resolution may consist of intervention or referral at the scene, or additional referrals and intercepts as the person interacts with other components of the criminal justice system if a criminal arrest must be made.

Main Elements:

- Language that acknowledges the importance of early recognition and interpretation of behaviors and conduct (signs and symptoms) that can be displayed by a person in crisis or another who has witnessed such a crisis
- Language that includes examples of behaviors and conduct (signs and symptoms) that may be observed by a law enforcement officer responding to a call about a person in crisis and that may be reported by others.

Policy Example:

<<AGENCY>> <<officers/deputies>> responding to a call involving a person in crisis must assess what they observe and what is reported to them by others. This initial assessment can be difficult. Based on observable and reported behaviors and conduct, <<officers/deputies>> should recognize that they are dealing with a person in crisis due to an underlying mental illness or medical condition (see definition of crisis). These behaviors and conduct are often referred to as signs and symptoms and they include:

- Has a history of mental illness, I/DD, or other crisis-related calls for service for the person or location.
- Made a current or past mention or threat of suicide (including gestures/attempts).
- Made a current or past threat or has taken action to harm another individual.
- Displays unusual or bizarre behavior to include violent or reckless behavior—may consist of causing injury to self, such as cutting or cigarette burns.
- Shows a loss of memory/disorientation and/or quick frustration that may include inappropriate or aggressive behavior when dealing with a new situation or unforeseen circumstance—this may include temper tantrums.
- Displays confusion about or unawareness of surroundings and may have difficulty in understanding or answering questions.
- Presents a lack of emotional response, an extreme emotional reaction, or an inappropriate emotional reaction to include a strong fear of persons, places, or things.
- Displays wide eyes, avoids eye contact, or stares at someone or a fixed point.
- Articulates rambling or incoherent thoughts, disconnected ideas, or nonsensical ideas.
- Displays speech that has an unusual speed, is halting, is overly flat, is overly excited, shows limited vocabulary, or shows signs of impairment.
- Speaks in a child-like manner or repeats what others say.
- Refuses to speak or cannot speak.
- Appears to process information slowly.
- Shows an unusual physical/general appearance (for example, inappropriate clothing for the weather, personal hygiene).
- Displays unusual body movements to include pacing, clutching oneself or other objects to maintain control, repetitive movements such as rocking, or sluggishness.
- Reveals extreme agitation to include an irrational lack of cooperation and/or tendency to argue—may include hostility towards and/or distrust of some persons or everyone.
- Displays signs of hyperactivity—to include an inability to sit still, a short attention span, and evidence of lack of sleep.
- Offers assurances that everything is all right or begs to be left alone when observations or statements contradict—assurances may be frantic and may also suggest that the person is close to losing control.

- Mentions fixed, false beliefs (delusions) with a common focus on persecution or grandeur—may state that personal actions were directed by a higher power, or that the person suffers from extraordinary physical maladies that are not possible.
- Mentions hallucinations or shows signs of attending to them—hears voices, or sees, smells, tastes, or feels things that others do not and may carry on conversations with someone others cannot see or hear.
- Displays strange decorations (for example, aluminum foil wrapped around objects).
- Hoards garbage, newspapers, string.
- Reveals the presence of feces or urine on floors or walls where the person stays/resides.

This list is not exhaustive but is comprehensive. A history of signs and symptoms should not be treated as proof of the presence or absence of a crisis. <<Officers/Deputies>> should investigate and determine if what they see and hear and what they are told constitutes a state of crisis.

Engaging People in Crisis and Assessing Risk

Commentary:

Law enforcement officers must engage with persons in crisis and others who can provide information about persons in crisis so that an assessment can be made. A probable cause standard has been applied by the Ohio Supreme Court to take a person into custody according to ORC § 5122.10. The Sixth Circuit Court of Appeals has affirmed that a probable cause standard, and not a reasonable suspicion standard, is necessary before taking a person into custody for any mental health seizure laws within the circuit. The task of law enforcement officers is to assess the safety risk to themselves, the community, and the person in crisis and use trained tactics and techniques to reduce that risk. Those tactics and techniques should include methods of not escalating a person in crisis and creating an environment for crisis de-escalation. Active communications are a key element for de-escalating a crisis, and personnel must understand that communication can be difficult. Overall, law enforcement officers must assess the signs and symptoms being displayed by a person in crisis, determine if any serious criminal offenses have occurred, determine if the signs and symptoms are so acute that they constitute probable cause for taking a person into custody absent a criminal offense, and then take appropriate action.

Main Elements:

- Language that responding personnel must continually assess the call to a person in crisis for safety risks to all involved.
- Language about how personnel must interact with the person in crisis and others to obtain information to determine the need for custody-taking.
- Language that responding personnel must not knowingly/unknowingly escalate the situation (introduce officer-created jeopardy or increase situational risk).
- Language that responding personnel are to use trained tactics and techniques to de-escalate the situation or attempt to do so before resorting to force.

Policy Example:

<<Officers/Deputies>> shall respond to a call involving a person in crisis and assess the safety concerns and risks to all involved before taking any other action. This safety assessment shall continue throughout the interaction. <<Officers/Deputies>> shall gather information from all available sources (family members and friends, service providers, bystanders, the person in crisis) to determine if the person in crisis is to be taken into custody for emergency hospitalization or arrested for a serious criminal offense. <<Officers/Deputies>> shall attempt to de-escalate the situation unless circumstances require other actions due to the safety of anyone involved in the interaction.

Signs and symptoms displayed by or articulated by a person in crisis or credible witnesses can make the interaction difficult. Interaction with a person in crisis can be enhanced by the use of the following tactics and techniques. Most of the tactics and techniques are listed as actions to take instead of actions to avoid. This list is comprehensive but not exhaustive.

- Slow down and take time to assess the situation if there is no immediate danger to others or the person—assess safety issues.
- Maintain a reasonable and safe distance from the person in crisis.
- Prepare for a lengthy interaction—do not rush the interaction unless there is an emergency.
- Gather information on the subject from acquaintances or family members where possible—contact a caregiver if appropriate.
- Introduce yourself and attempt to obtain the person's name—look for or attempt to obtain personal identification if needed.
- Indicate a genuine willingness to understand and assist.
- Speak simply, slowly, and with direct phrases using a low tone; repeat as needed.
- Move slowly and use non-threatening body language and gestures.
- Remove distractions, upsetting influences, or disruptive people from the area.
- Eliminate commotion to the extent possible (loud sounds, bright lights, sirens, crowds), and move the person to a calm environment if necessary.
- Demonstrate "active listening skills."
- Relate your concern for their feelings and allow them to vent their feelings.
- Respond to rage with quiet and calm reassurances.
- Listen carefully and do not interrupt except to redirect or refocus the person.
- Be aware of different forms of communication (signals or gestures) due to limited speaking capabilities.
- Use "I" and "We" statements (for example, I understand, we need to work together).
- Ask them if they are taking any medications and, if so, the types prescribed and when they were last taken.
- Be truthful as often as possible—unless there is immediate danger.
- Touch the person only when necessary and state your intentions when doing so.
- Understand that a rational discussion may not take place.
- Recognize the person may be overwhelmed by external and internal stimuli—be attentive to sensory impairments—may cause difficulty with information processing.
- Be friendly, patient, accepting, but firm and professional.
- Recognize a person's delusions or hallucinations are very real for them—avoid challenging them or validating them.
- Remain calm and avoid overreacting.

- Request a backup officer, and always do so in cases where the individual will be taken into custody.
- Avoid automatically interpreting odd behavior or lack of quick response as belligerence.
- Avoid getting angry or frustrated—be aware of non-verbal signals you may send.
- Avoid allowing others to interact simultaneously while you are attempting to talk to the person and to stabilize the situation.
- Avoid cornering a person or being cornered—give the person expanded space and ensure that officers have expanded space and a safe exit if it should become necessary.

Resolution Decisions for People in Crisis

Commentary:

The resolution to a call for a person in crisis often falls into one of the following categories:

- Referral to community mental health services or other service providers
- Emergency hospitalization
- Criminal arrest

Law enforcement officers must have a basic knowledge of what services exist in their communities and what services are provided by the various service providers. The county or multi-county boards that oversee or provide services to persons with mental illness, persons who have an I/DD diagnosis, and other organizations that provide behavioral services or advocacy will have directories or indexes about what services exist and where they can be found or obtained. As previously noted in this guide, persons in crisis who have not committed a criminal offense or who have committed minor criminal offenses should be taken into custody and transported to an EPS location, or a place where medical care or crisis evaluation can be delivered or conducted if those persons meet any of the criteria found within ORC § 5122.01(B). Persons who do not meet one or more of those criteria should be referred to another source so that the EPS locations are not unduly overwhelmed.

Criminal arrest should be reserved for situations when a person in crisis has engaged in a violent misdemeanor or felony, the Ohio Revised Code requires arrest, or the victim demands an arrest and probable cause exists to effect an arrest. In some cases, release on a summons may be appropriate. In some locations, service linkage for a person in crisis begins at the county jail because that is the only option. If a person is to be taken into custody according to ORC § 5122.10, the custody-taking officer will follow the procedures identified in the section about Emergency hospitalization.

There may be circumstances when a responding officer does not have probable cause to believe the person in crisis is subject to Emergency hospitalization and the person is not willing to obtain services. In those cases, the responding law enforcement officer may have to provide the person with information and leave the scene with no further action taken. Persons in crisis who continually have contact with law enforcement but are not taken into custody must be reported to the agency's CIT Coordinator so that other paths of resolution can be collaboratively explored with service boards, service providers, and the County Probate Court if needed.

Main Elements:

- Language that identifies the three most common resolutions for a person in crisis call and inclusion of language that leaving the scene with no further law enforcement action taken is a possible resolution.
- Language to again identify that criminal arrest is not the preferred option for calls when either non-violent misdemeanor activity or no criminal activity has occurred.
- Language that personnel should be knowledgeable about available services in their communities, the locations of those services, and where information and directories for services can be accessed.
- Language that persons in crisis who are continually in contact with law enforcement without resolution in the scene must be reported to the CIT Coordinator for additional assessment and review with CIT stakeholders.
- Language that personnel who arrest persons in crisis and transport them to detention centers (jails) shall notify those working in those centers of the crisis and shall notify the appropriate court systems so that specialty dockets can be considered when criteria for those dockets are met.

Policy Example:

<<Officers/Deputies>> who have identified and de-escalated a person in crisis call shall appropriately resolve the situation based on all available information. Resolution options include, but are not limited to, making a referral to community mental health services or other service providers, emergency hospitalization, or criminal arrest.

If the <<officers/deputies>> do not have probable cause to effect a criminal arrest or to take a person into custody for Emergency hospitalization, no further police action may be necessary. <<Officers/Deputies>> shall refer the person to local community mental health services or other appropriate services based on the situation. <<Officers/Deputies>> shall be familiar with services in their area and provide others with information about how to access those services. <<Officers/Deputies>> who have had more than one call with a person in crisis that has been resolved by referral shall forward information about the person in crisis and the resolution to the CIT Coordinator for additional review.

<<Officers/Deputies>> taking a person into custody for Emergency hospitalization shall follow the procedures outlined in the section on Emergency hospitalization. CIT officers shall be used, when available, to take a person into custody for Emergency hospitalization and transport that person to EPS.

If a person in crisis has committed a non-violent misdemeanor and a victim requests that charges be filed, <<officers/deputies>> who have established probable cause that the offense has occurred shall issue a summons for the charge. If probable cause also exists for taking the person into custody for Emergency hospitalization, then follow the procedures outlined in the section on Emergency hospitalization. If a person in crisis has committed a violent misdemeanor other than for Domestic Violence (ORC § 2919.25) or Violating Protection Order (ORC § 2919.27), the <<officer/deputy>> shall contact a supervisor for approval to issue a summons in addition to taking the person into custody for Emergency hospitalization. If an arrest is made, <<officers/deputies>> shall follow standard arrest and booking/slating procedures. Officers shall not only document the reason for arrest and facts surrounding the criminal offense but also document their recognition of mental health issues or other cognitive issues on the <<ARREST REPORT (By name or designation as needed)>>. The arresting

<<officer/deputy>> shall notify the CIT coordinator and <<the court system where arraignment will occur>> so that the person can be considered for the <<mental health court/docket or other dockets as named or available>>

NOTE: If there is no specialty docket in your county, then the arresting officer shall only notify the CIT Coordinator by completing and forwarding the Crisis Intervention Contact Sheet.

Reporting and Crisis Intervention Contact Sheets

Commentary:

The purpose of documenting law enforcement responses to persons in crisis is much more than a method of generating statistics. The completion of a Crisis Intervention Contact Sheet or an agency-modified replacement is important for the following reasons.

- Name and last known location (LKA) of the person in crisis.
- Identification of frequent users of law enforcement services that can lead to the creation of strategies to reduce repeat contacts with law enforcement officers.
- Information about the person in crisis that can be used to safely interact with that person in the future to include safety alerts, methods that have worked to de-escalate the person, and methods that have not worked.
- Identification of persons who are not connected to services.
- Identification of persons who are not receiving effective services.
- Information that allows all CIT stakeholders to prioritize their resources for those in crisis.
- Data in the form of statistics and narrative information is created and that data supports a CIT program with its request for additional funding and/or to expand law enforcement-based responses. Those expanded responses to persons in crisis could be the creation of co-responder teams or the creation of non-law enforcement methods of response such as mobile crisis teams staffed by clinicians.

Gathered data are shared by all CIT stakeholders to the extent allowed by law. The creation of most of the data will be the responsibility of first responders which often consists of, or includes, law enforcement officers. Comprehensive data will be created through the completion of an incident report created for use by the law enforcement agency and titled to reflect an interaction with a person in crisis. This may be done through the agency's records management system (RMS) or by using other reporting programs. In addition to the incident report, CIT officers and/or other officers who respond to persons in crisis calls must complete a Crisis Intervention Contact Sheet so that pertinent information can be shared with CIT stakeholders.

Main Elements:

- Requirement that an incident report is completed to document interactions with persons in crisis--used by the law enforcement agency for documentation.
- Requirement that a Crisis Intervention Contact Sheet be completed for all CIT officer-involved responses to a person in crisis call—this sheet contains information that is shareable with CIT stakeholders.
- Requirement to forward the Crisis Intervention Contact Sheet to the agency's CIT Coordinator.

Policy Example:

<<Officers/Deputies>> who have been dispatched to a call involving a person in crisis or who interact with a person in crisis due to self-initiated activity shall document that incident on the <<NAME/DESIGNATOR OF AGENCY REPORT>>. <<Officers/Deputies>> shall thoroughly document in the report the circumstances for the call for service, actions taken, and any information that could assist with follow-up services.

All officers shall complete a Crisis Intervention Contact Sheet <<AGENCY FORM NUMBER OR NAME AS NEEDED>> in addition to the <<NAME/DESIGNATOR OF AGENCY INCIDENT REPORT>>. The Crisis Intervention Contact Sheet shall be forwarded to the CIT Coordinator.

Continuum of Care and Follow-Up Activities

Commentary:

As previously addressed, data must be created and collected so that decisions can be made to focus on persons in crisis who have continued and substantial contact with law enforcement agencies and service providers. The law enforcement agency and its CEO must recognize that it is a partner in the continuum of care and the data it creates assists the other CIT stakeholders with prioritizing their services and actions. The law enforcement agency's CIT Coordinator is the liaison with CIT stakeholders to include CIT Coordinators who work within service boards, service agencies, and advocacy groups. The CIT Coordinator is also responsible for working with CIT officers to engage in follow-up contacts and welfare checks, as needed, with persons in crisis who are frequent users of law enforcement services. These contacts and checks may build a rapport between the person in crisis and the law enforcement agency and provide additional data that can be shared with service providers to evaluate and/or change the provision of services so that the frequency of crises for the person is reduced.

Main Elements:

- Statement that identifies the law enforcement agency as a partner in the continuum of care for persons in crisis.
- Statement that the law enforcement agency passes information about persons in crisis to applicable service providers.
- Statement that the agency may conduct additional non-crisis follow up to include welfare checks as directed by the CIT Coordinator or as identified by CIT officers based on their interactions with persons who have been in crisis.

Policy Example:

The <<AGENCY>> recognizes that it serves a critical role in the continuum of care for persons in crisis. The CIT Coordinator shall serve as the liaison to other community stakeholders that make up the continuum of care and provide data from the <<AGENCY>>, in compliance with applicable laws, to other community stakeholders to reduce the need for the <<AGENCY>> to respond to persons in crisis calls for service.

CIT officers should contact persons they have interacted with, as time and circumstances permit, to further their rapport and provide a current evaluation of the person to others in the <<AGENCY>>. The

CIT Coordinator may also request that CIT officers perform welfare checks on individuals if a current crisis assessment of the person is needed.

Program Evaluation

Commentary:

Program evaluation is much more than the evaluation of the CIT training course or courses. It involves being able to use data to determine if actual outcomes match desired outcomes and if the systems that have been put into place to support CIT and to respond to persons in crisis demonstrate efficacy. Although some publications suggest that someone should monitor an agency's CIT program, it should instead be evaluated on a timely basis so that continuous improvements can be made.

Evaluations have formative, summative, and confirmative elements. These elements should be checked periodically or continuously. The elements apply to CIT in the following manner:

- Formative – Check the effectiveness of program design; check that program elements have been implemented; check that the program can be maintained.
- Summative—Check if CIT officers and other stakeholders are reacting positively to how the program is working and if training is sufficient; check if training is being applied and if officers' & PSTs' knowledge, skills, and abilities have improved when responding to persons in crisis calls.
- Confirmative—Check to see if the program is effective and efficient or if a change is needed; check to see if the program is having a positive effect on persons in crisis calls; and check to see if funding for the CIT program is providing value.

A meta-evaluation should be conducted annually. In this evaluation, the CIT Coordinator and others should consider success stories and lessons learned in addition to what has been learned from formative, summative, and confirmative evaluation efforts. That meta-evaluation should result in a report that will be delivered to the law enforcement agency CEO and should include feedback from CIT officers and other CIT stakeholders in the community. It should also include a discussion of programmatic changes that have been made and/or should be made to the program based on all of the data that have been received from incident reports to persons in crisis calls, Crisis Intervention Contact Sheets, training evaluation forms, documents from community CIT stakeholders, and notes from conversations with community CIT stakeholders.

Main Elements:

- Stipulations that the CIT Coordinator must continually evaluate the CIT program and make changes in response to collected data to improve program efficiency and effectiveness, and to mitigate safety risks to agency personnel and the public.
- Stipulations that the CIT Coordinator will prepare an annual report, in the form and format identified by the agency, and disseminate it to all CIT stakeholders. Sensitive data or data that is contrary to any federal, state, or local laws is to be withheld or redacted when shared.

Policy Example:

The CIT Coordinator shall be responsible for the ongoing evaluation of the <<AGENCY NAME>>'s CIT program. Data for this evaluation will be obtained from the <<AGENCY NAME>>'s incident reporting

system, submitted Crisis Intervention Contact Sheets, and other databases or sources as needed. The CIT Coordinator shall make changes to the program and training as needed. The CIT Coordinator shall submit a letter to the <<CHIEF/SHERIFF/DESIGNEE>> if immediate changes to policies are needed or if an immediate need for unbudgeted funding is required to operate and maintain the CIT program. The CIT Coordinator shall forward a letter with such information and reasoning as soon as practical.

The CIT Coordinator shall also prepare and submit an annual report about the CIT program. An annual report will be prepared and submitted to the <<CHIEF/SHERIFF/DESIGNEE>>. This report will include statistics about CIT staffing and calls to persons in crisis, call outcomes, commentary about CIT program effectiveness and efficiency to include training feedback, and how funds have been spent to include the added value from those funds.

Training

Commentary:

Training is a critical component within CIT programs, but law enforcement agency executives should remember that CIT is not just about training. The CIT core or basic training course for agency personnel, most often provided to those assigned to general patrol functions, is the most intensive training. Others can attend this course, but it must be provided to agency personnel who will be responding to calls involving persons in crisis. This course is primarily designed to identify and interact with persons in crisis due to mental illness but has grown to include persons in crisis for other reasons. Recommendations for course elements can be located in CIT core elements documents and from entities that coordinate CIT programs. In addition to training the desired number of CIT officers, the agency must provide some level of training about interacting with persons in crisis to all of its sworn personnel. Additional training programs exist for this purpose. All sworn personnel should have received training in crisis intervention during the required Basic Peace Officer Training school they were required to attend. The knowledge and information from that crisis intervention training should have been applied and turned into basic skills during the agency's field training program. Sworn personnel who will not become CIT officers must receive an appropriate level of training to safely interact with persons in crisis, and that training should also include instruction to request a CIT officer respond to the scene when available.

Other agency personnel must be trained based on their relationship to the CIT program model and/or based on accreditation standards that the agency has chosen to follow. Public Safety Telecommunicators (PSTs) must be trained to recognize service calls that identify a person or persons in crisis and to send the appropriate personnel, usually a CIT officer or officers. Some agencies or CIT programs choose to send PSTs through the CIT basic course designed for sworn first responders. Others create CIT-companion courses designed specifically for PSTs.

Civilian agency personnel who interact with the public in some manner should be trained to recognize a person in crisis, attempt to safely interact with that person, and call for the appropriate resources as needed. Training programs, such as Mental Health First Aid (MHFA) can be used for these personnel. Agencies that are accredited will find these requirements to train civilian personnel in their accreditation standards.

Agency executives must decide how often continuing professional training (CPT) is needed for sworn personnel and civilian personnel and how long the training session should last. Accreditation standards may assist agency executives with decisions about the length and frequency of training. Annual

requirements for CPT or Continuing Education Training (CET) for PSTs may be created by the Ohio Peace Officer Training Commission (OPOTC) and the Ohio 911 Program Office.

Main Elements:

- Identification of training for sworn personnel in the basic training academy and application during field training.
- Identification of the CIT core or basic training session and the personnel to whom it should be delivered.
- Identification of training for non-CIT officers (sworn personnel).
- Identification of the need for PST training (unless the agency contracts with another agency for call taking and dispatching services).
- Identification of the length and frequency of continuing professional training for CIT officers.
- Identification of the length and frequency of continuing professional training or continued education and training for all other sworn personnel and PSTs.
- Identification of the length and frequency of training for other civilian personnel who come into frequent contact with the public.

Policy Example:

<<Officers/Deputies>> who have been selected to become CIT officers shall complete the CIT core/basic training course before responding to service calls that require a CIT officer. CIT officers shall receive <<NUMBER OF HOURS>> of continuing professional training (CPT) in crisis intervention topics every <<TIME FRAME>>. CIT officers shall complete all required training to maintain CIT status.

All other <<officers/deputies>> shall receive <<NUMBER OF HOURS>> of training in response to persons in crisis in place of CIT basic training. All training for <<officers/deputies>> will build upon the training provided in the basic academy and applied during field training. All <<officers/deputies>> shall also receive <<NUMBER OF HOURS>> of CPT in crisis response every <<TIME FRAME>>.

Public Safety Telecommunicators (PSTs) shall receive <<NUMBER OF HOURS>> of training in taking 911 or non-emergency calls involving persons in crisis during introductory training. PSTs shall receive <<NUMBER OF HOURS>> of continuing education and training (CET) to handle calls involving persons in crisis every <<TIME FRAME>>.

NOTE: The Ohio Peace Officer Training Commission (OPOTC) and/or the Ohio 911 Program Office may choose to require specific hours of training in responding to persons in crisis or handling calls about persons in crisis in any given calendar year. If so, the higher number of training hours will prevail.

Civilian personnel who regularly interact with the public shall receive <<NUMBER OF HOURS>> of training to interact with persons in crisis within <<TIME FRAME>> of the date of hire. Civilian personnel in these positions will also receive <<NUMBER OF HOURS>> of continuing education/training to interact with persons in crisis every <<TIME FRAME>>.

Emergency Hospitalization

Introduction

Commentary:

Police officers and Sheriffs (and by delegated authority deputy sheriffs) in Ohio, along with other non-law enforcement professionals identified by the Ohio Revised Code, may take a person into custody if they have reason to believe that the person is a mentally ill person subject to a court order and if that person represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination according to ORC § 5122.10, titled "Emergency hospitalization." A set of criteria for a "mentally ill person subject to court order" is further defined in ORC § 5122.01B. The additional language found in both ORC § 5122.01B and ORC § 5122.10 provides specific steps that must be taken when taking persons into custody to be examined if a criminal arrest is not occurring. Many of these steps also apply if a person is taken into custody on a temporary order of detention issued by a County Probate Court judge or magistrate according to ORC § 5122.11 titled "Court ordered treatment of mentally ill person."

If a person is taken into custody for "Emergency hospitalization" (ORC § 5122.10), a probable cause standard (referred to in mental health codes as "reasonable cause" or "reason to believe") is required. There is no "reasonable suspicion" test for a mental health seizure (see *Fisher v. Harden,* 398 F.3d 837 (6th Cir. 2005)).

Main Elements:

- Language about "mentally ill person subject to court order."
- Language referencing ORC § 5122.10, titled "Emergency hospitalization."
- Language referencing ORC § 5122.01, titled "Hospitalization of mentally ill definitions."
- Language referencing ORC § 5122.11, titled "Court ordered treatment of mentally ill person."
- Language identifying that the standard for mental health seizure is probable cause and not merely reasonable suspicion.

Policy Example:

It is the policy of <<AGENCY>> to protect people through the legal and appropriate use of the Emergency hospitalization process and the use of alternatives to criminal arrest when a person in crisis would be better served by treatment than incarceration. <<Officers/Deputies>> responding to a call of a person in a mental health crisis shall only take a person into custody for Emergency hospitalization if probable cause exists. <<Officers/Deputies>>having probable cause to believe that a person is a "mentally ill person subject to court order" should take the person, or cause the person to be taken, into custody and immediately transported to a facility where emergency psychological services can be obtained for a mental health evaluation.

A "mentally ill person subject to court order" is defined in ORC § 5122.01B as a person who, because of the person's illness:

1. Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
2. Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
3. Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community;
4. Would benefit from treatment for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person.

CIT officers should be dispatched to these types of calls. Non-CIT officers should contact a CIT officer for assistance when necessary.

ASSESSMENT

Commentary:

Law enforcement personnel responding to a call about a person in crisis must assess the situation upon arrival and during the interaction so that a decision can be made about how to resolve the situation. Personnel should use their senses and should gather information from the person in crisis, family members, bystanders, and any available records. That information must be scrutinized to determine its reliability and pertinence to the situation. This assessment will make the situation safer for all involved and guide the responding personnel towards the best possible resolution.

A portion of the assessment of the person in crisis is the risk of self-harm or harm to others. Past actions should be considered in addition to the display of signs or utterance of symptoms in the presence of the responding law enforcement officer. Law enforcement officers are not expected to diagnose persons in crisis or be clinicians. They are expected to determine how severe the crisis is, and then reach an appropriate resolution to mitigate and resolve the crisis.

Threats of self-harm and threats of harm to others are the primary reasons for a response to calls involving persons in crisis. Threats of harm to others are often voiced by the person in crisis or relayed by others. Past service call histories may also provide insight. Threats of self-harm may be rapidly voiced by the person in crisis or others, or the responding officer may have to elicit such information from the person in crisis through questioning. Guidance about the types of responses from a person expressing a desire for self-harm, called suicidal ideations, should be provided.

Main Elements:

- Language that the responding law enforcement officer, preferably a CIT officer, must obtain information from all reliable sources and from the officer’s senses to determine if a person is in crisis and to determine the severity level of the crisis.
- Language that the responding law enforcement officer, preferably a CIT officer, must assess self-harm risk and risk of violence/harm to others.

- Language that the responding law enforcement officer, preferably a CIT officer, must know what responses from a person in crisis constitute a high acuity level of threat of self-harm.
- Language that the responding law enforcement officer, preferably a CIT officer, must be knowledgeable of criteria to take a person into custody for emergency hospitalization and how to articulate probable cause to support taking custody.

Policy Example:

<<Officers/Deputies>> responding to a person in crisis call will assess the level of crisis by obtaining information from all reliable sources at the scene, any history of previous calls for service to the person or location, information from the person in crisis, and information from the <<officer's/deputy's>> own senses. CIT officers are the preferred responders to these service calls.

<<Officers/Deputies>> will analyze all information and determine if the person in crisis is a substantial risk of harm to self or others. <<Officers/Deputies>> are not expected to diagnose disorders but to recognize behavior that has a substantial risk of being harmful, dangerous, or creating a grave and imminent risk to substantial rights of others or the person exhibiting those behaviors. <<Officers/Deputies>> shall call for emergency medical services (EMS) for those persons who have already physically harmed themselves or others as needed and take appropriate action to contain the scene.

When thoughts of self-harm (suicidal ideations) are articulated or suspected, <<officers/deputies>> should determine if there is a substantial risk for physical harm to self (suicide) by asking questions or obtaining information about the following:

- The frequency of suicidal or self-harm thoughts and types of thoughts.
- Any plan for self-harm (suicide).
- The means to complete suicide including the immediate availability of items related to the plan.
- Any past behavior related to suicide (for example suicide attempts by the person, suicide attempts or completions by family members or friends).
- Current support system(s) or lack thereof.

For thought disorders where a person's perception of reality may be impaired, <<officers/deputies>> should attempt to determine the person's awareness relative to:

- Time (awareness of existing in the present, knowledge of the date and time).
- Person (awareness of who they are, and who are the people with them or around them).
- Place (awareness of where they are, why they are there).

<<Officers/Deputies>> <<should or shall>> take a person into custody for emergency hospitalization if probable cause is developed to support the custody and the taking of custody conforms with one or more of the first four criteria found in ORC § 5122.01 B(1-4). <<Officers/Deputies>> shall transport the person in crisis to an EPS location or an emergency department.

EMERGENCY HOSPITALIZATION PROCESS

Commentary:

Once law enforcement officers have decided to take a person into custody for Emergency hospitalization as outlined in ORC § 5122.10(A), some actions are required at the time custody is taken. Some additional actions and steps are required or suggested when the person in custody is transported to the chosen EPS location. The actions at the time of taking custody are listed in ORC § 5122.10(B) and (C).

Main Elements:

- Listing of requirements after taking custody of a person for Emergency hospitalization.
- Listing of required/suggested steps when a person is transported to EPS.
- Listing of additional suggested steps after taking custody of a person for Emergency hospitalization.

Policy Example:

When a person is taken into custody for Emergency hospitalization, the custodial <<officer/deputy>> shall:

- Make every reasonable and appropriate effort to take the person into custody in the least conspicuous manner possible (ORC § 5122.10C).
- Inform the person of the <<officer's/deputy's>> name, title, and agency (ORC § 5122.10C).
- Inform the person that this custody is not a criminal arrest (ORC § 5122.10C).
- Inform the person that they are being taken for examination by mental health professionals at a facility to be identified by name (ORC § 5122.10C).
- Create a written statement to be provided to the EPS where the person is to be transported using the <<NAME OF FORM/FORMAT USED>> (ORC § 5122.10B).
- Make reasonable accommodation, if applicable for the person taken into custody, such as the care of the person's pet, securing of a house or vehicle, and/or notification to relatives or other involved persons.

Once the person is in custody, the custodial <<officer/deputy>> shall:

- Search the person for weapons or contraband, if necessary.
- Contact the receiving facility to inform that facility of the transport.
- Transport the person to an EPS by patrol vehicle or EMS or arrange for EMS to transport the person to an available emergency department if the person requires medical treatment or is under the influence of alcohol or other drugs.
- Obtain approval from a supervisor if the person is transported by EMS and the officer's presence is requested.
- Escort the person into the treatment area upon arrival at the EPS, provide staff members with a written statement and remain present to provide clarification of the grounds for detention, upon request.

Before the service call is completed, the <<officer/deputy>> shall:

- Complete the appropriate incident report <<ENTER REPORT NAME AND SYSTEM IN PLACE OF "APPROPRIATE">>. Attach a copy of the written statement or document containing the written statement that was provided to the EPS.
- Complete a Crisis Intervention Contact Sheet (or equivalent) <<IDENTIFY EQUIVALENT BY NAME AND SYSTEM IF NEEDED>>.

VOLUNTARY EVALUATION

Commentary:

When responding to crisis calls, law enforcement officers may deal with a person in crisis who does not fit the criteria for Emergency hospitalization. The person in crisis is compliant and willing to be transported to EPS. Some law enforcement officers find that they can quickly conclude a crisis call by transporting a person to EPS for evaluation rather than conduct a thorough crisis assessment. These decisions can overtax emergency psychological services that evaluate for Emergency hospitalization. Also, persons in crisis who have agreed to a voluntary evaluation may change their minds during the transport or after arrival. If the transporting officers do not have probable cause to take the person into custody for emergency hospitalization, the person should be immediately released and potentially returned to their original location.

Persons in crisis who do not meet the criteria for Emergency hospitalization should not be transported to EPS but should instead be referred to other community resources and/or service providers that provide non-emergency, outpatient care. Family members, as applicable, should be referred to community advocacy groups or service boards for additional support and education and/or to the County Probate Court to determine if the court could issue a temporary order of detention or could begin a process for assisted outpatient treatment.

Main Elements:

- Direction to law enforcement officers to avoid voluntary transports to EPS locations.
- Direction to law enforcement officers to refer persons in crisis along with family members and concerned parties to non-emergency service providers or advocacy groups when probable cause for emergency hospitalization does not exist, or to the County Probate Court for other options.
- Direction to complete a Crisis Intervention Contact Sheet.

Policy Example:

<<Officers/Deputies >> should not voluntarily transport a person in crisis to an EPS location. If probable cause exists for Emergency hospitalization, the person in crisis should be taken into custody. <<Officers/Deputies> should instead refer persons from crisis calls that will not result in Emergency hospitalization to service providers that can provide outpatient services <<REPLACE WITH NAMES AS APPLICABLE>> and other concerned parties to advocacy groups <<REPLACE WITH NAMES AS APPLICABLE>> or the applicable services board <<REPLACE WITH NAMES AS APPLICABLE>> for support and information. Concerned parties should also be referred to the <<NAME>> County Probate Court for additional options if desired.

<<Officers/Deputies>> who have referred persons in crisis instead of taking custody for Emergency hospitalization shall document their actions. <<ENTER NAME OF REPORT TO BE TAKEN OR REFERENCE DOCUMENTATION TO BE ENTERED INTO CAD SYSTEM>>. <<Officers/Deputies >> shall also complete a Crisis Intervention Contact Sheet and submit it to the CIT Coordinator.

CRIMINAL OFFENSES

Commentary:

Law enforcement officers responding to persons in crisis calls may find that criminal activity has occurred. As noted elsewhere in this manual, an assessment should be made to determine if the person must be arrested as a preferred course of action. If an offense has occurred and the victim of the offense is insistent about prosecution, a summons can be issued to the person in crisis, and then that person should be transported to an EPS for Emergency hospitalization. If the person is not insistent or not willing to assist with the prosecution of the person, the appropriate offense report should be completed.

If an arrest is made and the person is transported to the appropriate jail or detention facility, the transporting officers must inform intake staff at the jail or detention facility that the person being booked/slated is a person in crisis. This will allow jail staff or facility staff to have the person evaluated according to jail or center protocols. The arresting officer should also forward information to the court system, through the CIT Coordinator or other established channels, so that the person can be considered for any specialty dockets that may exist in the county where the offense occurred.

Main Elements:

- Direction to law enforcement officers to issue a summons if applicable/appropriate, and/or document the criminal offense on the appropriate offense report.
- Direction to law enforcement officers who have effected an arrest based on probable cause and are transporting a person in crisis to the applicable jail or detention facility to notify jail/facility staff of the crisis and provide information that can be used for an assessment by the jail/detention facility staff after slating.
- Direction to forward information about the slated person in crisis through the CIT Coordinator or another authorized channel to the court system having jurisdiction over the offense so that the person can be considered for any appropriate specialty docket in that court system.

Policy Example:

<<Officers/Deputies>> who have responded to a person in crisis call that involves a criminal offense by the person or who have responded to a criminal offense call that is found to involve a person in crisis shall take one of the following actions:

- Effect an arrest, if probable cause exists, if the offense is a felony or violent misdemeanor that has arrest as a preferred course of action.
- Issue a summons, if probable cause exists, if the offense is a non-violent misdemeanor and if the victim of the offense is insistent and willing to assist with the prosecution. The person in crisis will also be taken into custody for Emergency hospitalization if probable cause exists.

If the person in crisis is arrested and booked at the <<NAME OF JAIL OR FACILITY>>, the transporting <<officer/deputy>> will notify the <<NAME OF JAIL OR FACILITY>> intake staff that the person is in crisis and needs a psychological evaluation. The transporting <<officer/deputy>> shall also inform the CIT Coordinator of the arrest <<OR IDENTIFY THE NOTIFICATION PATH AND METHOD>> so that the court can consider the person for a specialty docket <<ENTER NAME OF DOCKET INSTEAD-IF ANY).

Any responding <<officer/deputy>> seeking to issue a summons instead of effecting an arrest for a violent misdemeanor other than those that require arrest shall contact a supervisor for permission and guidance. The arresting or summonsing <<officer/deputy>> shall complete the appropriate offense report and arrest report if applicable. A Crisis Intervention Contact Sheet shall also be completed and submitted to the CIT Coordinator.

JUVENILES

Commentary:

ORC § 5122.10 is not specific as to the age of the person in crisis. Therefore, it appears to be equally applicable to those 18 or older or those 17 years or younger. Law enforcement officers interacting with a person in crisis who is 17 years or younger, hereafter referred to as a juvenile, have various options available.

As with adults, if the juvenile is delinquent by reason of the commission of a criminal offense that should result in arrest, then the juvenile should be arrested and handled through the system that exists in the county where the juvenile resides. If a summons is desired, that should also be handled in the manner prescribed in the county where the juvenile resides.

If a juvenile is in crisis and the parent or guardian is involved and agrees, the juvenile can generally be transported to the designated EPS for evaluation. The parent or guardian must accompany the juvenile to the designated EPS. If the juvenile is in crisis and the parent or guardian is not involved or agreeable, a law enforcement officer, having probable cause to believe that the juvenile should be taken into custody for Emergency hospitalization, can take the juvenile into custody in the same manner prescribed for an adult in crisis. The appropriate county children's services department or child and family services department should be notified. Concurrent custody should be taken under ORC § 2151.31(A)(3)(a) (Taking child into custody) when "there are reasonable grounds to believe that the child is suffering from illness or injury and is not receiving proper care."

Law enforcement executives should be aware that taking juveniles into custody for Emergency hospitalization is not uniformly applied across Ohio and that courts have differing opinions and methods about how this should be done. Local conventions should be followed to avoid conflict with county courts and judges holding jurisdiction over the juvenile.

Main Elements:

- Language that juveniles can be transported to the authorized EPS if parents/guardians agree and participate.
- Language that juveniles may be taken into custody per ORC § 5122.10 if the parents/guardians do not participate and disagree with obtaining an evaluation and services for the juvenile.

- Language that law enforcement officers may also have to take concurrent custody under ORC § 2151.31(A)(3)(a) and notify the county children's services or job and family services office for involvement by that office.

Policy Example:

If Emergency hospitalization criteria are met, an officer has the authority to take a person 17 years or younger (juvenile) into custody and transport the juvenile to EPS for evaluation. <<Officers/Deputies>> shall involve the parent/guardian in this process. If the parent/guardian is not available, the <<officers/deputies>> must notify them of the actions taken. When the parent/guardian is not agreeable to the seizure, <<officers/deputies>> should still take the juvenile into custody for evaluation if they believe this is the best course of action. <<Officers/Deputies>> should also consider utilizing ORC § 2151.31(A)(3)(a) "Taking child into custody" and notifying <<CHILDRENS' SERVICES/JOB AND FAMILY SERVICES>>.

Other Policy Considerations

USE OF FORCE CONSIDERATIONS FOR TAKING CUSTODY OF A PERSON PER MENTAL HEALTH CODES BUT NOT A CRIMINAL ARREST

Commentary:

The taking of persons into custody according to Ohio Revised Code § 5122.10 (Emergency hospitalization), or according to a temporary order of detention issued by a judge or magistrate as defined in Ohio Revised Code § 5122.11 (Court ordered treatment of mentally ill person) may require adjustments to the application of force if force must be used to effect taking a person into custody. A general recommendation, derived mainly from federal court decisions that are binding on all agencies in Ohio, is that law enforcement officers who are encountering unarmed and minimally threatening persons who are exhibiting conspicuous signs that they are unstable due to a mental health crisis or some similar event must attempt to de-escalate the situation when feasible and adjust any use of force downward on use of force continuums or matrices. A growing list of federal court decisions has also provided the following items for consideration when law enforcement executives create or amend their policies and procedures on the use of force involving taking someone into custody based solely on ORC Chapter 5122 (Hospitalization of Mentally Ill).

- A person's mental capacity and mental instability must be considered before the application of force. This condition is being called "diminished capacity" within the courts. Cases involving mental illness, intellectual/developmental disabilities (I/DD), and those who have an Autism Spectrum diagnosis have been identified as part of this evolving legal doctrine. It could be expected that those suffering from other brain-based disorders or serious trauma such as a Traumatic Brain Injury (TBI) are included in the thinking behind these decisions. Those displaying severe behavioral signs and symptoms due to substance use have also been mentioned in court cases as having a "diminished capacity."
- Law enforcement officers should not quickly resort to the use of force to get a person to comply when that person does not respond immediately to commands. Those with "diminished capacity" may take longer to process requests and demands, and law enforcement personnel must consider those factors before using force or escalating the amount of force used based on a belief that the person is purposely being non-compliant or is being belligerent.
- If taking persons into custody based on ORC Chapter 5122 is to prevent those persons from harming themselves, then any force by law enforcement that causes harm is contrary to the idea of protecting those persons.
- Law enforcement officers who are trying to prevent a person from fleeing or complying cannot use much force if that person is only refusing to move or comply.
- If persons who are being taken into custody based on ORC Chapter 5122 are not creating a risk of immediate danger to law enforcement officers or others, then the use of an electronic control device (ECD)/electronic control weapon (ECW) is unreasonable.
- Physical resistance to being placed into custody is not the same as a risk of immediate danger to law enforcement officers or others.
- The use of force against those who are experiencing medical emergencies is possible, but only after passing a three-pronged test that was created by the federal courts.

Main Elements:

- A statement that de-escalation tactics and techniques must be used when feasible and before an application of force when possible.
- A statement that personnel must take a person's mental state (mental instability or capacity) into account when deciding on a level of force that is to be used to take that person into custody for Emergency hospitalization.
- Language that guides personnel to allow for additional time if a person in crisis does not immediately respond to commands or directions when feasible.
- Language that identifies that any use of force that is used to prevent persons from harming themselves will not be used if the force causes harm to those persons.
- Language that personnel will not use higher levels of force to prevent fleeing or to resist being taken into custody by a person in crisis who is only refusing to move or comply with commands.
- A statement that an ECD/ECW (most common is the TASER®) is not to be used on persons in crisis if those persons are not creating a risk of immediate danger to personnel or the public. Passively resisting the law enforcement personnel who are attempting to take custody is not a risk of immediate danger.
- Language discussing that any force may only be used against those experiencing medical emergencies if it meets the three-pronged test identified in the decision by the United States Court of Appeals, Sixth Circuit, titled *Estate of Corey Hill v. Christopher Miracle*. Force can only be used if all three of the following factors apply:
    - The person is experiencing a medical emergency that makes the person incapable of making a rational decision while posing a threat of serious harm to the person or others.
    - Some degree of force is reasonably necessary to ameliorate (make something bad or unsatisfactory better) the immediate threat.
    - The level of force used is reasonable based on the circumstances (not excessive).

RESTRAINT OF A PERSON TAKEN INTO CUSTODY FOR NON-CRIMINAL ACTIONS

Commentary:

The use of handcuffs or other forms of restraint is often required in law enforcement agencies when a person is taken into custody. There may be some allowances to handcuff a person in front of their bodies instead of behind due to size or medical concerns, but those medical concerns do not often include mental illness, an I/DD diagnosis, a diagnosis of Autism Spectrum Disorder, or any other brain-based or behavioral disorder or condition. The required use of handcuffs for transport may cause members of the public to avoid calling law enforcement agencies for assistance with a person in crisis until the crisis has reached a point where family or others must get immediate assistance.

Law enforcement officers should be permitted to use their discretion to decide if a person in crisis who is being transported to a location where emergency psychological services (EPS) can be obtained or to a general hospital should be handcuffed or otherwise restrained. Law enforcement officers should assess the immediate risk of harm to self or others and then decide if restraints must be applied. If handcuffs or other restraints must be applied, the law enforcement officer applying them should explain why they are being applied (policy) and that they will be removed as soon as possible. Law enforcement officers should also explain the reason for not using restraints to persons being transported along with explaining that restraints may have to be applied if circumstances change. Finally, transporting

personnel should inform the person in crisis of why transportation in a police vehicle is necessary. All of these tactics help to reduce stigma and additional trauma for the person in crisis and increase the possibility that the person in crisis or family/friends of the person in crisis will call for help in future crises and may even call earlier as a crisis develops.

Main Elements:

- Language to be inserted into CIT and/or persons in crisis response policies and procedures along with arrest, search, and seizure policies and procedures that law enforcement personnel will have discretion in the use of handcuffs or other forms of restraints when taking a person into custody for Emergency hospitalization or an issued temporary order of detention.
- Language to be inserted into all applicable policies that law enforcement personnel will explain to persons in crisis why restraints are or are not being used and explain that restraints could be used later if safety needs dictate.

Policy Example:

<<Officers/Deputies>> should use discretion when deciding to handcuff or use other restraints when taking persons into custody for Emergency hospitalization. <<Officers/Deputies>> shall use restraints if the safety of the person or others is a concern or to prevent escape or injury to the person. <<Officers/Deputies>> shall explain why handcuffs or other restraint devices were used or not used and document their use/non-use in the <<NAME OF REPORT>>.

INTERVIEW AND INTERROGATION

Commentary:

Most law enforcement agencies place guidance for interviewing victims or witnesses of criminal activity and for interviewing/interrogating those who are suspected of committing criminal acts into their policies and procedures. Agencies provide additional guidance for interviewing or interrogating specific populations. Interviewing and interrogating juveniles, persons with limited English proficiency (LEP), and persons who are hard of hearing or deaf get specific mention due to laws, court decisions, and review by federal funding authorities and the U.S. Department of Justice. What is often missing is guidance for interviewing or interrogating persons who have mental illnesses, I/DD diagnoses, an Autism Spectrum Disorder diagnosis, or who have other brain-based disorders. For law enforcement agencies that have become accredited or are seeking accreditation, policy and procedure language about how personnel will interview and/or interrogate persons with various brain-based disorders is usually required.

This guidance is crucial to assist law enforcement officers with getting accurate information about criminal activity and to ensure that persons who waive their US Constitutional rights do so knowingly, voluntarily, and intelligently. Confessions made by persons with mental disorders have been upheld by the Supreme Court when those persons possessed sufficient cognitive abilities to understand their rights when waived. The courts have ruled that any “Miranda” warnings issued must be comprehended and not merely administered.

Persons with these diagnoses and others may have difficulty recalling and/or articulating facts or observations as either witnesses or suspects. People with these diagnoses may respond with a “yes” when asked if they waive their rights or if asked if they have committed a criminal act even if they do

not understand the question. Finally, people with these diagnoses may admit guilt or be highly suggestible to leading questions and may provide incorrect information that could lead law enforcement personnel to incorrect decisions.

Main Elements:

- Language in policies and procedures to guide personnel when interviewing a person with a brain-based or cognitive disorder when the person is a victim or witness.
- Language in policies and procedures to guide personnel when interviewing/interrogating a person with a brain-based or cognitive disorder when the person is suspected of being involved in criminal activity.

Policy Example:

<<Officers/Deputies>> shall use caution when interviewing or interrogating a person in crisis or a person with a brain-based or cognitive disorder. <<Officers/Deputies>> should use the following guidelines to ensure that Constitutional rights are protected and that accurate information is obtained. These guidelines are comprehensive, but not all-inclusive.

Interviews

- Conduct interviews in a setting free of people or distractions.
- Interview with one officer if possible. The officer should be patient and offer encouragement during the interview.
- Be aware that persons experiencing delusions, paranoia, or hallucinations may still be able to accurately provide information outside their false system of thoughts, including details related to observations they made or statements they heard.

Interviews or Interrogations

- Use simple words when reading the Miranda warning and modify the warning to help the person understand–avoid receiving a yes answer if the person does not understand the warning.
- Do not employ common interrogation techniques, suggest answers, attempt to complete the thoughts of persons slow to respond, or pose hypothetical questions.
- Ask open-ended questions and avoid leading questions.
- Use simple and straightforward language–speak slowly and clearly–be specific and direct.
- Keep sentences short and break complicated questions into smaller parts.
- Repeat questions more than once or ask a question in a different way when necessary –allow time for the person to give information and to ask for more information.
- Ask for concrete descriptions, colors, clothing, etc.
- Use pictures, symbols, and actions to help convey a meaning when possible.
- Avoid the use of slang/jargon.
- Avoid inferring that persons who act as if they do not hear the questions or exactly repeat what was said to them are being belligerent–the person may lack control over what is communicated or be unable to verbally communicate and may not fully understand the question.
- Avoid interpreting a lack of eye contact or strange actions as indications of deceit.
- Investigate any admission of guilt carefully, as it may not be true.
- Use firm and calm persistence if the person does not comply or acts aggressively.

MEDICAL CONSIDERATIONS NOT ALREADY DISCUSSED

Law enforcement agency executives should create policies and procedures to guide their personnel in interacting with persons who may be in medical distress that has resulted in a crisis. Medical issues such as epilepsy, diabetes, and delirium could cause a person to exhibit signs and symptoms of being in crisis but those issues are not part of this guide. Executives can seek out other sources of information and other advocacy and educational groups to provide this guidance.

Law enforcement executives should also consider the creation of policies and procedures to guide their personnel in interactions with persons who appear to be experiencing Excited Delirium Syndrome. Interactions between law enforcement officers and those who appear to be experiencing Excited Delirium have often been violent and at times have been deadly. Many resources are available to provide this guidance.

Woody Valley Police Department

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Crisis Intervention

1. Purpose Statement

The Woody Valley Police Department (WVPD) recognizes that personnel will at times be required to interact with persons in crisis and that those interactions can be challenging and may require difficult decisions about a person's level of crisis and lawful actions that can be taken. These policies and procedures will guide responding personnel to aid them in making effective decisions that safeguard the community and all persons involved, and that promote a resolution that is both legal and compassionate.

WVPD agreed to participate in a Crisis Intervention Team (CIT). This policy is created to provide operational guidelines for the CIT, and for CIT officers to include training, response, and the primary responsibility to respond to service calls involving persons in crisis. WVPD acknowledges that CIT is an ongoing collaboration with mental health service providers, advocates, persons with mental illness or other behavioral health disorders, family members, and the community with the intent to divert persons away from the criminal justice system when feasible.

2. Guiding Principle

WVPD is committed to being a collaborative partner in the CIT program and the crisis care and response system in Munetz County. As a partner in CIT, WVPD will work with the other partners to minimize the criminal justice system's involvement with people experiencing a crisis in our community. WVPD also recognizes that its personnel interact with people in crisis and that persons in crisis will benefit from an appropriate intervention and better interactions. Personnel shall use de-escalation skills instead of physical force, as circumstances dictate, to interact with persons in crisis. Since the criminal arrest of a person in crisis is the least preferred alternative, personnel should divert a person in crisis, voluntarily or involuntarily, to emergency psychological services (EPS), when not compelled by code or court decision to make a criminal arrest. CIT officers shall be dispatched to service calls involving persons in crisis whenever available and shall be called to the scene by non-CIT officers, when available, after determining that the call involves a person in crisis.

3. Definitions

Crisis (Person in Crisis) – A situation whereby a person has become unable to self-regulate thinking, mood, or behavior. A person could be experiencing intense feelings of distress and/or displaying obvious changes in functioning in their daily living activities. This disturbance with a person's understanding and comprehension, ability to regulate emotions, and/or ability to regulate behavior may occur due to mental illness, intellectual or developmental disability (I/DD), an injury/trauma to the brain, deterioration of the brain, other medical conditions, or a medical emergency.

Crisis Intervention Team (CIT) – A program consisting of police officers, public safety telecommunicators (see definition of PSTs), other criminal justice system officials, advocates, and social service professionals who have organized to handle the complex issues relating to law enforcement officers' responses to persons in crisis.

Crisis Intervention Team Coordinator (CIT Coordinator) – A CIT officer assigned by the Operations Captain to manage the administration, planning, personnel selection, training, and overall operation of the CIT program within an agency. The duties include acting as the liaison between the Munetz County Mental Health and Recovery Board (MC-MHRB), service providers, and community partners.

Crisis Intervention Team Officer (CIT Officer) – Law enforcement officers who have received specialized training in first response crisis intervention and are identified as being the primary responders to calls for service involving a person in a mental health crisis. These law enforcement officers will perform their regular duties within the agency but will respond to persons in crisis calls.

Public Safety Telecommunicators (PSTs) – These personnel work within agency-specific or combined emergency communications centers (ECCs). They are commonly referred to as dispatchers and/or call takers. PSTs handle emergency calls via 911 and non-emergency calls over other telephone lines or platforms. They dispatch the appropriate resources for the situation or refer callers to other services if public safety intervention is not needed at the time.

Emergency Psychological Services (EPS) – A location or method of providing crisis intervention, evaluation, and stabilization. This could be a mental health facility, a crisis center, a hospital emergency department, or a mobile team or responder who can assess the current situation and direct officers to the appropriate location.

Mental disorder (mental illness) – A substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or the ability to meet the ordinary demands of life (ORC § 5122.01(A)).

Substantial Risk of Physical Harm – A person has the means to cause harm and there is a significant probability that such harm will occur (the person has made a credible threat, a method is available, and the person has the means to act on the threat (threat/method/opportunity test).

De-escalation – A system employing active and aligned communication along with the use of time, distance, and barriers as tactics to reduce or manage behaviors displayed by a person in crisis to reduce or avoid physical conflict. De-escalation is employed, when possible, to avoid or reduce the amount of force needed to control a situation involving a person in crisis.

Written Statement -- A written statement is required if a law enforcement officer takes a person into custody according to Ohio's mental health laws as found in ORC § 5122.01(B). This written statement shall specify the circumstances under which the person was taken into custody and the reasons that a law enforcement officer believes that the person is a mentally ill person subject to a court order and represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination (ORC § 5122.10(A)(1)).

4. Crisis Intervention Team

WVPD shall assign adequate CIT officers to all shifts to meet the identified service call demand involving persons in crisis. CIT officers shall be dispatched, whenever available, to calls for service involving a person in crisis and shall be called to the scene by non-CIT officers if those officers identify a person in crisis. CIT officers shall remain in control at the scene of a person in crisis call unless relieved by a supervisor of greater rank. That supervisor shall seek the input of an on-scene CIT officer to resolve the crisis when reasonable and practical.

5. Guidelines for Recognition

WVPD officers responding to a call involving a person in crisis must assess what they observe and what is reported to them by others. This initial assessment can be difficult. Based on observable and reported behaviors and conduct, officers should recognize that they are dealing with a person in crisis due to an underlying mental illness or medical condition (see definition of crisis). These behaviors and conduct are often referred to as signs and symptoms and they include:

- Has a history of mental illness, I/DD, or other crisis-related calls for service for the person or location.
- Made a current or past mention or threat of suicide (including gestures/attempts).
- Made a current or past threat or has taken action to harm another individual.
- Displays unusual or bizarre behavior to include violent or reckless behavior—may consist of causing injury to self, such as cutting or cigarette burns.
- Shows a loss of memory/disorientation and/or quick frustration that may include inappropriate or aggressive behavior when dealing with a new situation or unforeseen circumstance--this may include temper tantrums.
- Displays confusion about or unawareness of surroundings and may have difficulty in understanding or answering questions.
- Presents a lack of emotional response, an extreme emotional reaction, or an inappropriate emotional reaction to include a strong fear of persons, places, or things.
- Displays wide eyes, avoids eye contact, or stares at someone or a fixed point.
- Articulates rambling or incoherent thoughts, disconnected ideas, or nonsensical ideas.
- Displays speech that has an unusual speed, is halting, is overly flat, is overly excited, shows limited vocabulary, or shows signs of impairment.
- Speaks in a child-like manner or repeats what others say.
- Refuses to speak or cannot speak.
- Appears to process information slowly.
- Shows an unusual physical/general appearance (e.g. inappropriate clothing for the weather, personal hygiene).

- Displays unusual body movements to include pacing, clutching oneself or other objects to maintain control, repetitive movements such as rocking, or sluggishness.
- Reveals extreme agitation to include an irrational lack of cooperation and/or tendency to argue—may include hostility towards and/or distrust of some persons or everyone.
- Displays signs of hyperactivity—to include an inability to sit still, a short attention span, and evidence of lack of sleep.
- Offers assurances that everything is all right or begs to be left alone when observations or statements contradict—assurances may be frantic and may also suggest that the person is close to losing control.
- Mentions fixed, false beliefs (delusions) with a common focus on persecution or grandeur—may state that personal actions were directed by a higher power, or that the person suffers from extraordinary physical maladies that are not possible.
- Mentions hallucinations or shows signs of attending to them—hears voices, or sees, smells, tastes, or feels things that others do not and may carry on conversations with someone others cannot see or hear.
- Displays strange decorations (e.g. aluminum foil wrapped around objects).
- Hoards garbage, newspapers, string.
- Reveals the presence of feces or urine on floors or walls where the person stays/resides.

This list is not exhaustive but is comprehensive. History of signs and symptoms should not be treated as proof of the presence or absence of a crisis. Officers should investigate and determine if what they see and hear and what they are told, constitutes a state of crisis.

6. Engaging People in Crisis and Assessing Risk

WVPD officers shall respond to a call involving a person in crisis and assess the safety concerns and risks to all involved before taking any other action. This safety assessment shall continue throughout the interaction. Officers shall gather information from all available sources (family members and friends, service providers, bystanders, the person in crisis) to determine if the person in crisis is to be taken into custody for Emergency hospitalization or arrested for a serious criminal offense. Officers shall attempt to de-escalate the situation unless circumstances require other actions due to the safety of anyone involved in the interaction.

Signs and symptoms displayed by or articulated by a person in crisis or credible witnesses can make the interaction difficult. Interaction with a person in crisis can be enhanced by the use of the following tactics and techniques. Most of the tactics and techniques are listed as actions to take instead of actions to avoid. This list is comprehensive but not exhaustive.

- Slow down and take time to assess the situation if there is no immediate danger to others or the person—assess safety issues.
- Maintain a reasonable and safe distance from the person in crisis.
- Prepare for a lengthy interaction. Do not rush interaction unless there is an emergency.
- Gather information on the subject from acquaintances or family members where possible—contact a caregiver if appropriate.
- Introduce yourself and attempt to obtain the person's name—look for or attempt to obtain personal identification if needed.
- Indicate a genuine willingness to understand and assist.

- Speak simply, slowly, and with direct phrases using a low tone; repeat as needed.
- Move slowly and use non-threatening body language and gestures.
- Remove distractions, upsetting influences, or disruptive people from the area.
- Eliminate commotion to the extent possible (loud sounds, bright lights, sirens, crowds, and move the person to a calm environment if necessary).
- Demonstrate “active listening skills.”
- Relate your concern for their feelings and allow them to vent their feelings.
- Respond to rage with quiet and calm reassurances.
- Listen carefully and do not interrupt except to redirect or refocus the person.
- Be aware of different forms of communication (signals or gestures) due to limited speaking capabilities.
- Use “I” and “We” statements (for example, I understand, we need to work together).
- Ask them if they are taking any medications and, if so, the types prescribed and when they were last taken.
- Be truthful as often as possible—unless there is immediate danger.
- Touch the person only when necessary and state your intentions when doing so.
- Understand that a rational discussion may not take place.
- Recognize the person may be overwhelmed by external and internal stimuli—be attentive to sensory impairments—may cause difficulty with information processing.
- Be friendly, patient, accepting, but firm and professional.
- Recognize a person’s delusions or hallucinations are very real for them—avoid challenging them or validating them.
- Remain calm and avoid overreacting.
- Request a backup officer, and always do so in cases where the individual will be taken into custody.
- Avoid automatically interpreting odd behavior or lack of quick response as belligerence.
- Avoid getting angry or frustrated—be aware of non-verbal signals you may send.
- Avoid allowing others to interact simultaneously while you are attempting to talk to the person and to stabilize the situation.
- Avoid cornering a person or being cornered—give the person expanded space and ensure that officers have expanded space and a safe exit if it should become necessary.

7. Resolution Decisions for People in Crisis

WVPD officers who have identified and mitigated a person in crisis call shall appropriately resolve the situation based on all available information. Resolution options include but are not limited to making a referral to community mental health services or other service providers, Emergency hospitalization, or criminal arrest.

If officers do not have probable cause to effect a criminal arrest or to take a person into custody for Emergency hospitalization, no further police action may be necessary. Officers shall refer the person to local community mental health services or other appropriate services based on the situation. Officers shall be familiar with services in their area and provide others with information on how to access those services. Officers who have had more than one call with a person in crisis that has been resolved in this manner shall forward information about the person in crisis and the resolution to the CIT Coordinator for additional review.

WVPD officers taking a person into custody for Emergency hospitalization shall follow the procedures outlined in the section on Emergency hospitalization. CIT officers shall be used, when available, to take a person into custody for Emergency hospitalization and transport that person to EPS.

If a person in crisis has committed a non-violent misdemeanor and a victim requests that charges be filed, officers who have established probable cause that the offense has occurred shall issue a summons for the charge. If probable cause also exists for taking the person into custody for Emergency hospitalization, then follow the procedures outlined in the section on Emergency hospitalization. If a person in crisis has committed a violent misdemeanor other than for Domestic Violence (ORC § 2919.25) or Violating Protection Order (ORC § 2919.27), the officer shall contact a supervisor for approval to issue a summons in addition to taking the person into custody for Emergency hospitalization. If an arrest is made, officers shall follow standard arrest and booking/slating procedures. Officers shall not only document the reason for arrest and facts surrounding the criminal offense but also document their recognition of mental health issues on their arrest report. The arresting officer shall notify the CIT coordinator so that the person can be considered for the Munetz County Mental Health Diversion Court.

8. Reporting and Crisis Intervention Contact Sheets

WVPD officers who have been dispatched to a call involving a person in crisis or who interact with a person in crisis due to self-initiated activity shall document that incident in a Crisis Call report. Officers shall thoroughly document in the report the circumstances for the call for service, actions taken, and any information that could assist with follow-up services.

All officers shall complete a Crisis Intervention Contact Sheet in addition to the incident report. The Crisis Intervention Contact Sheet shall be forwarded to the CIT Coordinator.

9. Continuum of Care and Follow-Up Activities

WVPD recognizes that it serves a critical role in the continuum of care for persons in crisis. The WVPD CIT Coordinator shall serve as the liaison to other community stakeholders that make up the continuum of care and provide data from WVPD, in compliance with applicable laws, to other community stakeholders to reduce the need for WVPD to respond to persons in crisis calls for service.

CIT officers should contact persons they have interacted with, as time and circumstances permit, to further their rapport and provide a current evaluation of the person to others at WVPD. The CIT Coordinator may also request that CIT officers perform welfare checks on individuals if a current crisis assessment of the person is needed.

10. Program Evaluation

The CIT Coordinator shall be responsible for the ongoing evaluation of the WVPD's CIT program. Data for this evaluation will be obtained from the WVPD's OHCOP records management system (OHCOP-RMS), submitted Crisis Intervention Contact Sheets, and other databases or sources as needed. The CIT Coordinator shall make changes to the program and training as needed. The CIT Coordinator shall submit a letter to the Operations Captain if immediate changes to policies are needed or if an immediate need for unbudgeted funding is required to operate and maintain the CIT program. The CIT Coordinator shall forward a letter with such information and reasoning as soon as practical.

The CIT Coordinator shall also prepare and submit an annual report about the CIT program. An annual report will be prepared and submitted to the Operations Captain. This report will include statistics about CIT staffing and calls to persons in crisis, call outcomes, commentary about CIT program effectiveness and efficiency to include training feedback, and how funds have been spent to include the added value from those funds.

11. Training

WVPD officers who have been selected to become CIT officers shall complete the CIT core/basic training course before responding to service calls that require a CIT officer. CIT officers shall receive 4 hours of continuing professional training (CPT) in crisis intervention topics every year. CIT officers shall complete all required training to maintain CIT status.

All other officers shall receive 8 hours of training in response to persons in crisis in place of CIT basic training. All training for officers will build upon the training provided in the basic academy and applied during field training. All officers shall also receive 2 hours of CPT in crisis response every year.

Public Safety Telecommunicators (PSTs) shall receive 4 hours of training in taking 911 or non-emergency calls involving persons in crisis during introductory training. PSTs shall receive 2 hours of continuing education and training (CET) to handle calls involving persons in crisis every year.

NOTE: The Ohio Peace Officer Training Commission (OPOTC) and/or the Ohio 911 Program Office may choose to require specific hours of training in responding to persons in crisis or handling calls about persons in crisis in any given calendar year. If so, the higher number of training hours will prevail.

Civilian personnel who regularly interact with the public shall receive 2 hours of training to interact with persons in crisis within 3 months of the date of hire. Civilian personnel in these positions will also receive 1 hour of continuing education/training to interact with persons in crisis every year.

Woody Valley Police Department

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Emergency Hospitalization

1. Introduction

It is the policy of the Woody Valley Police Department to protect people through the legal and appropriate use of the Emergency hospitalization process and the use of alternatives to criminal arrest when a person in crisis would be better served by treatment than incarceration. Officers responding to a call of a person in a mental health crisis shall only take a person into custody for Emergency hospitalization if probable cause exists. Officers having probable cause to believe that a person is a "mentally ill person subject to court order" should take the person, or cause the person to be taken, into custody and immediately transported to a facility where emergency psychological services can be obtained for a mental health evaluation.

A "mentally ill person subject to court order" is defined in ORC § 5122.01B as a person who, because of the person's illness:

1. Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm;
2. Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;
3. Represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community;
4. Would benefit from treatment for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person.

CIT officers should be dispatched to these types of calls. Non-CIT officers should contact a CIT officer for assistance when necessary.

2. ASSESSMENT

Officers responding to a person in crisis call will assess the level of crisis by obtaining information from all reliable sources at the scene, any history of previous calls for service to the person or location, information from the person in crisis, and information from the officer's own senses. CIT officers are the preferred responders to these service calls.

WVPD officers will analyze all information and determine if the person in crisis is a substantial risk of harm to self or others. Officers are not expected to diagnose disorders but to recognize behavior that has a substantial risk of being harmful, dangerous, or that creates a grave and imminent risk to the substantial rights of others or the person exhibiting those behaviors. Officers shall call for emergency medical services for those persons who have already physically harmed themselves or others as needed and take appropriate action to contain the scene.

When thoughts of self-harm (suicidal ideations) are articulated or suspected, officers should determine if there is a substantial risk for physical harm to self (suicide) by asking questions or obtaining information about the following:

- The frequency of suicidal or self-harm thoughts and types of thoughts.
- Any plan for self-harm (suicide).
- The means to complete suicide including the immediate availability of items related to the plan.
- Any past behavior related to suicide (e.g. suicide attempts by the person, suicide attempts or completions by family members or friends).
- Current support system(s) or lack thereof.

For thought disorders where a person's perception of reality may be impaired, officers should attempt to determine the person's awareness relative to:

- Time (awareness of existing in the present, knowledge of the date and time).
- Person (awareness of who they are, and who are the people with them or around them).
- Place (awareness of where they are, why they are there).

WVPD Officers shall take a person into custody for Emergency hospitalization if probable cause is developed to support the custody and the taking of custody conforms with one or more of the first four criteria found in ORC § 5122.01 B(1-4). Officers shall transport the person in crisis to an EPS location or an emergency department.

3. EMERGENCY HOSPITALIZATION PROCESS

When a person is taken into custody for Emergency hospitalization, the custodial officer shall:

- Make every reasonable and appropriate effort to take the person into custody in the least conspicuous manner possible (ORC § 5122.10C).
- Inform the person of the officer's name, title, and that the officer is a member of the WVPD (ORC § 5122.10C).
- Inform the person that this custody is not a criminal arrest (ORC § 5122.10C).

- Inform the person that the person is being taken for examination by mental health professionals at a facility to be identified by name (ORC § 5122.10C).
- Create a written statement to be provided to the EPS where the person is to be transported using the <<NAME OF FORM/FORMAT USED>> (ORC § 5122.10B).
- Make reasonable accommodation, if applicable for the person taken into custody, such as the care of the person's pet, securing of a house or vehicle, and/or notification to relatives or other involved persons.

Once the person is in custody, the custodial officer shall:

- Search the person for weapons or contraband, if necessary.
- Contact the receiving facility to inform that facility of the transport.
- Transport the person to an EPS by patrol vehicle or EMS or arrange for EMS to transport the person to an available emergency department if the person requires medical treatment or is under the influence of alcohol or other drugs.
- Obtain approval from a supervisor if the person is transported by EMS and the officer's presence is requested.
- Escort the person into the treatment area upon arrival at the EPS, provide staff members with a written statement and remain present to provide clarification of the grounds for detention, upon request.

Before the service call is completed, the officer shall:

- Complete a Crisis Call report in OHCOP-RMS and attach a copy of the Application for Emergency Admission, DMHAS-0025 form that was provided to the EPS.
- Complete a Crisis Intervention Contact Sheet.

4. VOLUNTARY EVALUATION

WVPD officers should not voluntarily transport a person in crisis to an EPS location. If probable cause exists for Emergency hospitalization, the person in crisis should be taken into custody. Officers should instead refer persons from crisis calls to service providers that can provide outpatient services and other concerned parties to advocacy groups or the MC-MHRB for support and information. Concerned parties should also be referred to the Munetz County Probate Court for additional options if desired.

Officers who have referred persons in crisis instead of taking custody for Emergency hospitalization shall document their actions on a Crisis Call report in OHCOP-RMS. Officers shall also complete a Crisis Intervention Contact Sheet and submit it to the CIT Coordinator.

5. CRIMINAL OFFENSES

WVPD officers who have responded to a person in crisis call that involves a criminal offense by the person or who have responded to a criminal offense call that is found to involve a person in crisis shall take one of the following actions:

- Effect an arrest, if probable cause exists, if the offense is a felony or is a violent misdemeanor that has arrest as a preferred course of action.

- Issue a summons, if probable cause exists, if the offense is a non-violent misdemeanor and if the victim of the offense is insistent and willing to assist with the prosecution. The person in crisis will also be taken into custody for Emergency hospitalization if probable cause exists.

If the person in crisis is arrested and booked at the Munetz County Jail, the transporting officer will notify the intake staff that the person is in crisis and needs a psychological evaluation. The transporting officer shall also inform the CIT Coordinator of the arrest so that the court can consider the person for a Munetz County specialty docket.

Any responding officer seeking to issue a summons instead of effecting an arrest for a violent misdemeanor other than those that require arrest shall contact a WVPD supervisor for permission and guidance. The arresting or summonsing officer shall complete the appropriate offense report and arrest report if applicable. A Crisis Intervention Contact Sheet shall also be completed and submitted to the CIT Coordinator.

6. JUVENILES

If Emergency hospitalization criteria are met, a WVPD officer has the authority to take a person under the age of 18 into custody and transport them to EPS for evaluation. Officers shall involve the parent/guardian in this process. If the parent/guardian is not available, the officer must notify them of the actions taken. When the parent/guardian is not agreeable to the seizure, officers should still take the juvenile into custody for evaluation if they believe this is the best course of action. Officers should also consider utilizing ORC § 2151.31(A)(3)(a) “Taking child into custody” and notifying Munetz County Job & Family Services.

Reference List & Suggested Publications

Association for Talent Development. (2015). *ATD Human Performance Improvement Model.* Retrieved from https://www.td.org.

California Commission on Peace Officer Standards and Training. (2020), *De-escalation: Strategies and techniques for California law enforcement.* Retrieved from https://post.ca.gov/Portals/0/post_docs/publications/DeEscalation.pdf.

Compton, M.T., Broussard, B., Munetz, M., Oliva, J.R., & Watson, A. C. (2011). *The Crisis Intervention Team (CIT) model of collaboration between law enforcement and mental health*. New York, NY: Nova Science Publishers.

Dupont, R., Cochran, S., & Pillsbury, S. (2007, September). *Crisis intervention team core elements.* School of Public Affairs and Public Policy, Department of Criminology and Criminal Justice, CIT Center, University of Memphis. Retrieved from http://cit.memphis.edu/pdf/CoreElements.pdf.

Engel, R. S., Mcmanus, H. D., & Herold, T. D. (2020). Does de-escalation training work? A systematic review and call for evidence in police use-of-force reform. *Criminology & Public Policy, 19*(3), 721-759. doi:10.1111/1745-9133.12467

International Association of Chiefs of Police (2020, July). *National consensus policy and discussion paper on use of force.* Retrieved from https://www.theiacp.org/sites/default/files/2020-07/National_Consensus_Policy_On_Use_Of_Force%2007102020%20v3.pdf.

Todak, N., & March, M. (2021). De-escalation in policing: Preliminary answers to key questions. In R. G. Dunham, G. P. Alpert, & K. D. McLean (Eds.), C*ritical issues in policing: Contemporary readings* (8th ed., pp. 398-415). Long Grove, IL: Waveland Press.

Usher, L., Watson A.C., Bruno, R., Andriukaitis, S., Kamin, D., Speed, C. & Taylor, S. (2019). Crisis Intervention Team (CIT) Programs: A best practice guide for transforming community responses to mental health crises. Memphis, TN: CIT International.

Van Tiem, D., Moseley, J. L., & Dessinger, J. C. (2012). *Fundamentals of performance improvement: Optimizing results through people, process, and organizations*. (3rd ed.). San Francisco, CA: Pfeiffer.

Current and past policies and procedures language for CIT operations and for response to persons in crisis that were found online were reviewed from the agencies listed below. These policies and procedures provided language samples and/or ideas for the creation of this guide.

- Akron Police Department, Akron, Ohio
- Albuquerque Police Department, Albuquerque, New Mexico
- Anne Arundel County Police Department, Millersville, Maryland
- Austin Police Department, Austin, Texas
- Baltimore Police Department, Baltimore, Maryland
- Beaverton Police Department, Beaverton, Oregon

- Bedford Police Department, Bedford, Massachusetts
- Charlotte-Mecklenburg Police Department, Charlotte, North Carolina
- Chicago Police Department, Chicago, Illinois
- Cincinnati Police Department, Cincinnati, Ohio
- Cleveland Division of Police, Cleveland, Ohio
- Collier County Sheriff's Office, Naples, Florida
- Colorado State University Police Department, Fort Collins, Colorado
- Columbus Division of Police, Columbus, Ohio
- Dallas Police Department, Dallas, Texas
- Dayton Police Department, Dayton, Ohio
- Denver Police Department, Denver, Colorado
- Fort Worth Police Department, Fort Worth, Texas
- Hartford Police Department, Hartford, Connecticut
- Hillsborough County Sheriff's Office, Tampa, Florida
- Indianapolis Metropolitan Police Department, Indianapolis, Indiana
- Kansas City Police Department, Kansas City, Kansas
- Louisville Metro Police Department, Louisville, Kentucky
- Memphis Police Department, Memphis, Tennessee
- Milwaukee Police Department, Milwaukee, Wisconsin
- New Orleans Police Department, New Orleans, Louisiana
- New York City Police Department, New York, New York
- Philadelphia Police Department, Philadelphia, Pennsylvania
- Phoenix Police Department, Phoenix, Arizona
- Pleasonton Police Department, Pleasonton, California
- Salt Lake City Police Department, Salt Lake City, Utah
- San Diego Police Department, San Diego, California
- San Francisco Police Department, San Francisco, California
- San Jose Police Department, San Jose, California
- Santa Clara Police Department, Santa Clara, California
- Seattle Police Department, Seattle, Washington
- Toledo Police Department, Toledo, Ohio
- Tulsa Police Department, Tulsa, Oklahoma