

	<p style="text-align: center;">BRIDGEPORT POLICE DEPARTMENT</p> <p style="text-align: center;">POLICY AND PROCEDURE GENERAL ORDER</p>	Distribution	General Order Number
		ALL PERSONNEL	7.05
		Original Issue Date	Reissue/Effective Date
		2/18/20	9/30/22
<p>Order Title:</p> <p>CRISIS INTERVENTION TEAM</p>	Accreditation Standard: POSTC:		Section
			7
		Section Title SPECIAL OPERATIONS	
Rescinds: 3.6.5		Rebeca Garcia, Chief of Police	

This General Order is for departmental use only and does not apply in any criminal or civil proceeding. This General Order should not be construed as creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this General Order will only form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting

I. PURPOSE

The above stated policy and procedure is meant to provide general guidelines to Bridgeport Police Department personnel regarding crisis intervention.

II. POLICY

It is the policy of the Bridgeport Police Department to respond to incidents involving individuals with mental or behavioral health problems with professionalism, compassion, and concern for the safety of all involved. During these incidents, officers should use the Crisis Intervention Team (“CIT”) as a resource for identifying and providing services for the individual in crisis.

In the absence of a supervisor during the initial patrol response to a crisis incident as defined in Section III-D of this general order the senior CIT officer on scene has the authority to direct police activities. The CIT officer shall relinquish such authority when relieved by or at the direction of a supervisor. Non-CIT trained supervisors shall confer when possible with CIT officers in a unified effort to obtain a positive outcome in a crisis incident.

III. DEFINITIONS

Crisis Intervention Team (CIT): A partnership between the police, mental health professionals, and the community that seeks to achieve the common goals of safety, understanding, and service to persons in crisis, the mentally ill, and their families.

CIT Officer: A police officer trained and certified in first response crisis intervention. The CIT officer works in partnership with the CIT clinician / social worker to respond to incidents of persons in crisis.

CIT Clinician / Social Worker: A mental health professional who is trained in mobile outreach crisis intervention and works in partnership with CIT trained police officers to effectively respond to incidents of persons in crisis. The Bridgeport Police Department has clinicians and social workers assigned to the Department and Health Department for crisis interventions.

Crisis Incident: Any call in which an individual would benefit from the specialized training and knowledge of the CIT member. Crisis incidents include but are not limited to calls involving; persons known to have mental illness who are experiencing a crisis; persons displaying behavior indicative of mental illness; attempted or threatened suicides; calls involving gravely disabled individuals or calls in which individuals may be experiencing emotional trauma.

Mentally Ill: A person who has a mental or emotional condition, which has substantial adverse effects on their ability to function and who requires care and treatment.

Gravely Disabled: A condition in which a person, as a result of mental or physical impairment, is in danger of serious harm as a result of an inability or failure to provide their human needs and such person is mentally incapable of determining whether to accept such treatment.

Incapacitated Person: A condition in which a person, as a result of alcohol or drug use, has their judgment impaired, so that they are incapable of realizing and making a rational decision regarding the need for medical treatment.

IV. PROCEDURES

A. Identifying CIT Calls for Service

1. The dispatcher is the primary source for identifying CIT calls. Officers, investigating an incident, however, may classify it as a CIT situation.
2. Types of calls that may require a CIT officer response include, but are not limited to:
 - a. mental health disorders
 - b. traumatic incidents
 - c. sudden deaths
 - d. attempted suicides
 - e. medical assist/well-being checks
 - f. breach of peace/disorderly conduct
 - g. trespassing/refusing to leave property

B. Dispatcher Responsibilities

1. Dispatchers shall attempt to compile as much information as possible at the time of call intake and record the information in the comments section of the CAD screen.

2. Dispatchers shall coordinate to dispatch a CIT officer to CIT calls as the primary responder along with the area officer. If a CIT officer is not available at the time of dispatch, then they will respond as a secondary unit when they become available if needed.
3. At the direction of the on-duty shift supervisor or the CIT officer on scene the dispatchers shall alert a CIT clinician / social worker and inform them of the CIT call. Every effort shall be made to provide the clinician / social worker with as much information as possible such as the subject/client's name, address, and activities.

Once a referral is made to SocialServiceReferral@bridgeportct.gov by an officer, a Victim Advocate/Secondary Responder will triage the response and referral services. They will also provide case management, assist families experiencing housing-related hardship(s) by providing emergency rental and/or utility assistance, and/or provide emergency relocation services to those whose residence has been deemed unfit or unhealthy for human habitation.

- a. Mobile Crisis and CIT through the Center is available Monday – Friday from 0800 to 1600 hours.
 - b. From 1600 hours to 0800 hours and for all calls on Saturdays, Sundays and holidays, the phone number is 211.
4. If the person with mental illness is a child/juvenile under 18, the CIT officer shall alert Emergency Mobile Psychiatric Services (EMPS) by calling 211, option 1 to inform them of the call. EMPS will either respond to the scene within 30 minutes or follow up during regular business hours.
 5. Dispatchers shall amend the CAD information based on initial information received from the officer on scene.
 6. Contact numbers for Deborah Barton as well as any other supporting agencies shall be maintained in the dispatch center.

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

1. Supervisors will note on the duty roster those officers who are CIT-trained.
2. Officers upon arriving at the incident and identifying it as a CIT call shall confer with the on-duty shift supervisor and request that a clinician / social worker be notified to respond to the scene. Clinician / social workers may be able to identify whether the subject is an existing client, assist in accessing the proper care and the disposition of the case. CIT officers should confer with the

clinician / social worker for advice. The final decision as to the outcome or arrest of the subject is the responsibility of the police officer and supervisor.

3. Officers shall complete an incident report and any other documentation. A copy of the report shall be forwarded to the clinician.
4. In arrest cases, officers shall notify any transporting officer(s) and the on-duty supervisor that the prisoner is the subject of a CIT call so the necessary precautions can be taken. The on-duty shift supervisor and the arresting officer shall take every precaution to eliminate potential harm and/or suicide risk.
5. When possible, CIT officers should volunteer for CIT calls as primary or secondary responders if they are available, regardless of beat assignments. Non-CIT officers may request assistance from CIT officers when necessary.

D. Responsibilities of the On-Duty Shift Supervisor

1. Supervisors shall monitor the dispatching of CIT officers to the appropriate calls and ensure that the clinician / social workers are called by officers to the incident scene as soon as practical for consultation and follow-up.
2. Supervisors shall ensure that an incident report is properly completed and that the report is forwarded to the CIT clinician / social worker.
3. Supervisors shall ensure that the clinician / social worker is called to critical incidents involving individuals that have been exposed to traumatic situations.

E. Responsibilities of the CIT Clinician / social worker

1. CIT clinician / social workers may attend roll calls with the approval of the Chief of Police.
2. CIT clinician / social workers with the approval of the Chief of Police may ride with CIT and non-CIT officers and supervisors in department vehicles.
3. CIT clinician / social workers may be escorted across police barriers after showing proper identification and the notification of an on-scene supervisor.
4. CIT clinician / social workers shall retrieve and review CIT reports. Information in the police report will be considered confidential and may be used for clinical purposes only.
5. CIT clinician / social workers may be contacted and advised of the CIT call by:

- a. The dispatcher requesting response to a scene or hospital
- b. The CIT officer on scene
- c. The supervisor at the scene or at any critical incident
- d. Any member of the command staff requesting response to headquarters or the hospital
- e. At the request of a police supervisor or officer CIT clinician / social workers may interview prisoners identified as CIT clients in the booking or interview room, hospital emergency room or other locations.
- f. CIT clinician / social workers shall contact the CIT coordinator regarding any problems or concerns. If the CIT coordinator is not on duty and the issue is urgent the clinician / social worker may contact the on-duty shift supervisor to assist them.

F. Responsibilities of the CIT Program Coordinator

1. The Chief of Police shall designate a CIT coordinator. The CIT coordinator will serve as a liaison between the police department and the Mental Health Center.
2. The coordinator will handle issues arising from the implementation of the CIT program.
3. The CIT coordinator shall review reports, evaluate outcomes, prepare and forward a Quarterly report to the Chief of Police outlining the status of the team, response to calls for CIT service statistics and issues/recommendations.
4. The Chief of Police or designee shall select the officers for CIT certification. Candidates shall attend a 40-hour certification program and receive in-service training as needed.
5. The CIT coordinator shall coordinate with the Training Officer to ensure that all CIT officers complete the basic 40-hour certification program and attend ongoing training sessions conducted by the DHMAS.
6. The CIT coordinator shall review and compile all Incident Reports documenting CIT incidents for the CIT clinician / social worker who will retrieve them as needed.

G. Reporting and Documenting CIT Calls

1. An incident report shall be completed for incidents involving mentally ill or gravely disabled individuals whether handled by a CIT officer or a non-CIT Officer. If warranted, an emergency evaluation form shall be completed by the officer and a copy attached to the incident report.

2. The incident report should include the following information:
 - a. CIT subject/client personal identification information
 - b. Who, what, where, when etc. (narrative section)
 - c. Any visible injury to the subject or others
 - d. Location of treatment of the subject
 - e. Name, address and phone number of any responsible family member on scene
 - f. Any appearance of alcohol or drug use shall be documented
 - g. The name of the CIT clinician / social worker that responded
 - h. Action taken/referrals made
 - i. Name of the supervisor who was notified of the CIT situation.