

City of Racine Police Department

Policy and Procedure

Number: 1941

Subject:		
Crisis Intervention Team		
Date Issued:	Effective Date:	Revision Number:
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POLICY:

Persons displaying signs of mental illness or severe emotional distress shall be afforded dignified treatment, but without compromise for the safety of the individual, citizens, or the officers involved in the incident. When available, Crisis Intervention Team trained officers shall be first responders to emergent mental health crisis situations.

Efforts will be made to explore alternative outcomes, however, arrest and/or emergency detention may be the most appropriate outcome.

DEFINITIONS: Mental Illness - A mental disease to the extent that a person requires managed care and treatment. Mental illness is a substantial disorder of thought, mood, perception, orientation, or memory. This disorder, with varying degrees of severity, can grossly impair judgment, behavior, the capacity to recognize reality, or the ability to meet the ordinary demands of life. This may be caused by factors such as social, psychological, biochemical, genetic, infection, or head trauma. This disorder does not include alcoholism.

CIT Officer - A sworn police officer with the Racine Police Department who has received 40 hours of NAMI sanctioned *specialized training* in recognizing and understanding the signs and symptoms and varying degrees of mental illness and how to de-escalate a crisis.

CIT Coordinator- A CIT Officer responsible for the coordination and oversight of CIT activities within the Department. The CIT Coordinator will also serve as liaison with NAMI for the training of new CIT officers. The CIT Coordinator will be selected by the Chief of Police.

NAMI - National Alliance on Mental Illness.

PROCEDURE:

CIT OFFICERS:

- (1) As available, respond as the primary officer to calls for service in which behaviors and/or statements suggest that mental illness is likely a causal factor.
 - a. The role of the CIT officer as a primary responding officer should be limited to those situations in which mental illness is a likely causal factor and intervention other than an emergency detention may be appropriate.
 - b. Calls for service in which an emergency detention is requested or appears likely shall be assigned to the next available officer, regardless of whether that person has received CIT training. As needed, the assigned officer may consult a CIT officer for guidance.
- **NOTE:** CIT Officers shall not be used as the primary unit for 51.15 calls at the hospital unless standard dispatch protocol would assign that officer regardless of CIT designation.
 - (2) Serve as a resource for officers engaged in calls for service in which mental illness is suspected of being a causal factor. Such assistance may include:
 - a. Assessment of the situation.
 - b. Report Writing
 - c. Provide information on community resources
 - d. Assist with de-escalation

- e. Assist with alternative placement.
- (3) Monitor persons having contact with the police department for those who may be at risk of mental health related crises in the future. This may be done by self-initiated activities or follow-up based on information received from other officers or employees.
- (4) Serve as a Department resource on matters related to mental illness. Duties related to serving in this capacity may include:
 - a. Serving as liaison to community mental health providers.
 - b. Conducting training on the topic of mental illness.
- (5) An officer seeking CIT guidance or assistance on a call for service involving mental illness shall remain the assigned officer and be responsible for any investigation, follow-up, and necessary reports. Case transfer of such an incident may occur with the agreement of the CIT officer, or if directed by a supervisor.
- (6) Requests for assistance regarding mental health/illness issues that do not require the dispatch of an officer shall be forwarded to a CIT officer.

RELATED PROCEDURES:

<u>1903- Emergency Detention</u> <u>Table of Contents</u>