

Crisis Intervention Team

409.1 PURPOSE AND SCOPE

Police work by nature will bring officers into contact with persons who are emotionally or mentally unstable and in crisis. The instability may be due to a number of factors, including drug/alcohol dependency, emotional trauma, physical/head trauma, some form of mental illness, and/or developmental or intellectual disability. Regardless of the reason, the concern of the officer coming into contact with such a person is for the welfare of that person, the community, and the officer.

It is the policy of the Department to use, whenever possible, a specially trained group of sworn officers, known as the Crisis Intervention Team (CIT) Officers, and/or members of the Departmental Police Social Work Team known as the Crisis Intervention Unit (CIU) who will respond to those persons in crisis.

409.1.1 DEFINITIONS

Critical Incident - Any incident that requires additional resources (personnel, equipment, etc.), and/or extra-ordinary response that needs to be brought to the scene in an emergency situation. Critical incidents include disasters, demonstrations, and high-risk incidents.

Crisis Intervention Team (CIT) - Specifically trained officers designated to handle situations involving the mentally disturbed in crisis.

Crisis Intervention Unit (CIU) – The APD Co-Responding Police Social Work Program that is staffed by licensed/trained clinicians and Master of Social Work level approved interns which is overseen by the CIU sergeant.

High-Risk Incident - Any situation that poses a significant pre-determined threat to officers, subjects/suspects/consumers, and/or citizens where officers are equipped with standard duty weapons and tactics. High-risk incidents include such situations as hostage-taking, barricaded subject (criminal suspect or suicidal individual), sniper, armed subject in schools, etc.

Mental Health Consumer - A person that is suffering from mental illness, traumatic brain injury, dementia, psychosis, drug-induced altered mental state, and developmental or intellectual disability and is in need of intervention to assist and de-escalate the situation, and connect them with the resources and services available to address their needs.

409.2 DUTIES AND RESPONSIBILITIES

(a) Telecommunications Protocols

1. Upon receipt of a 911 or non-emergency call, and time permitting, the Telecommunications Operator should attempt to determine if the subject of the requested police OR Fire/EMS services is a person who may be suffering a mental health crisis or emergency, or other person acting on their behalf, and who may benefit from having a CIT Officer respond.
2. If Emergency Medical Services (EMS) are requested by the caller, specifically for mental health services, psychosis, suicidal and/or homicidal ideations or threats,

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or if the caller is a threat to him/herself or others, or are "out of control," but there was no act of self-harm (cutting, suicide attempt, overdose, or other injury), injury to another or physical illness or disability present, police services should be dispatched first. An officer on scene may then request an ambulance for transport for a psychological evaluation or treatment and evaluation of a physical condition. It is recognized that EMS providers are not trained in de-escalation or mental health interventions and service options.

3. The dispatching Telecommunicator Operator taking the initial call should:
 - (a) When appropriate, prior to, or simultaneous with, non-emergency police response, transfer the call to an on-duty CIU member for additional information gathering and de-escalation.
 - (b) In the call note, indicate that the call may be a CIT-related call based on criteria.
 4. The dispatching Telecommunicator should:
 - (a) Request a CIT volunteer over the air if one is not already the recommended primary reporting officer responsible for said district call.
 - (b) Assign a CIT officer from the list of active CIT officers on shift, to respond to assist the primary officer.
 - (c) If no CIT officer is available in the District/Area, a CIT officer assigned to another District/Area may respond with supervisory approval.
 - (d) Dispatch a CIU member to co-respond with dispatched officers, upon request of the CIT officer or supervisor on scene.
- (b) Whenever feasible, a CIT officer should respond to calls involving mental health consumers to de-escalate the crisis.

409.3 CRISIS INTERVENTION TEAM UTILIZATION AND REPORTING

- (a) Whenever possible, a CIT officer will be dispatched to incidents involving a confirmed or suspected mentally ill person in crisis.
- (b) If a CIT officer was not designated as the primary unit, the primary unit officer(s) shall continue to have reporting responsibility for the call for service unless the responding CIT officer requests to take primary responsibility or is designated by the on-scene supervisor as the primary officer.
- (c) If the CIT officer is not the primary officer, he/she shall be responsible for completing a CIT supplemental report that documents his/her actions, responses, referrals, and observations.
- (d) CIT officers should attempt to develop a rapport with those individuals that are routinely in crisis. Additionally, CIT officers may complete well-being checks on select individuals.
- (e) The CIU sergeant may assign CIT officers to visit mental health consumers who repeatedly request, or who are the subject of, first responder services of the City of Aurora. The purposes of these visits could include one or more of the following:

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1. Determine what services are needed, either currently or during crisis incidents. The possible services include both first responder services, community services, and mental health services.
 2. Determine if the subject is currently, or likely to become, a risk to him/herself, his/her family, or the community.
 3. Make referrals to appropriate services, resources, or programs, for the consumer or the family of the consumer.
- (f) If the primary officer is accompanied by a CIU member that officer shall include their notes in the initial narrative. If not the primary reporting officer, complete a supplemental CIT report for inclusion in the case file. The reporting officer will receive a card, from the CIU responder, with a summary to be included in said report.
- (g) Should the need for a CIT officer arise when none are working, a patrol supervisor can attempt to determine if a CIT officer needs to be called out. The supervisor may check with neighboring police jurisdictions to see if a trained CIT member is available from that jurisdiction prior to calling out an Aurora CIT member.

409.4 CRISIS INTERVENTION UNIT (CIU) – STAFFING, DUTIES AND RESPONSIBILITIES

- (a) CIU Sergeant(s) will oversee daily activities of the Crisis Intervention Unit to include assigned Officers, Police Social Workers, and Social Work Interns.
- (b) CIU Officer(s) may be designated full-time to CIU via the Bureau of Neighborhood Policing. Police Officers assigned to CIU will be classified as Investigators.
1. Duties will include, but are not limited to:
 2. Review of all CIT designated reports and complete a risk assessment to assign risk and response levels to new consumers and incidents.
 3. Coordinate the community mental health response and partnerships, and act as a liaison to the community through meetings, committees, task forces, training, and participation on appropriate related organizational boards and multi-disciplinary teams.
 4. Provide training to the CIU staff and APD CIT officers / non-sworn professional staff.
 5. Provide public and departmental education including, but not limited to in-service, community-based organizations or stakeholders, pre-service recruits, CPA/CPAAA, and other training and education as needed.
 6. Respond to crisis calls. Response may be in person or managed remotely through on-scene supervisors, officers, CIU staff, or other community partners.
 7. Support or consult with Investigations for incidents of a criminal or quasi-criminal / civil nature where one or more parties may be a person in crisis, a person with/suspected of having dementia, a trauma victim, a victim of elder abuse, or at the behest of Adult Protective Services or one of our service partners.

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8. Participate in an APD Multi-disciplinary Threat Assessment Team
9. Research, develop, and suggests policy and procedures relevant to CIU/ CIT.

409.5 PROCEDURE LINKS

For the in-custody mental health assessments procedure, see: **IN CUSTODY MENTAL HEALTH ASSESSMENTS**