



# POLICY AND PROCEDURES

## Bureau of Communications and Property Control

### Communications Control Section

Date: February 12, 2015	Effective Date: February 16, 2015
Subject: <b>Handling Crisis Incidents</b>	
Classification:	Page 1 of 4
Related: GPO 3.2.17, CCS Policy & Procedure 2015-04	
Authority:	No. 2015-05

**PURPOSE:** To establish guidelines for handling incoming calls and dispatching assistance to mental health related (crisis) incidents.

**POLICY:** It is the policy of the Division of Police and the Communications Control Section to ensure a consistently high level of service is provided to all community members. CCS personnel shall afford people who have mental or behavioral health problems the same access to police and other government and community services as anyone else. In addition, CCS shall dispatch specially trained Crisis Intervention Team (CIT) officer(s), and if appropriate, notify Cleveland Fire/EMS, to respond to incidents involving a mental health crisis.

#### PROCEDURES:

##### I. Definitions

**Crisis Intervention Team (CIT):** A partnership between police, mental health agencies, advocates, 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 as a Crisis Intervention Team (CIT) officer.

**Crisis Incident:** Any call in which an individual would benefit from the specialized training and knowledge of the CIT officer. 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; or calls in which individuals may be experiencing emotional trauma.

**Mental Illness:** a substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.

**II. Computer Aided Dispatch (CAD) Incident Types**

Calls involving the mentally ill are primarily coded as 'MTLV' - mental illness, potential violence and MNTL - mental illness, non-violent. Should the call involve a suicide attempt or threat, the codes 'SUCX', suicide attempt in progress/just occurred; or 'SUCT' - suicide threats, shall be used. Other CAD incident types may be used if appropriate. **Regardless of type used, the fact the call involves an individual that is mentally ill shall be clearly articulated in the narrative of the CAD incident.**

**III. Call Intake**

- A. Upon receipt of a call for service identified as a crisis incident, CCS call takers shall follow existing guidelines for obtaining incident information and descriptions. (Refer to CCS Policy 2015-04.) Call takers shall also:

Obtain information of specific importance to calls of this nature:

- Exact location of the individual (inside/ outside, private property or public place or area.)
- Age of the person in crisis
- Involvement of any weapons. If so, the weapon type, description and proximity.
- Any attempt or threat of suicide
- Any current injury or medical emergency

- B. **Notification of Cleveland Fire/EMS** shall also be made when **any** of the following criteria exists:

- The crisis incident involves injury or medical emergency
- A suicide threat that involves jumping from a building, bridge or other structure.
- Any suicide in progress
- The crisis incident involves a mentally ill individual 70 years of age or older or 5 years of age or younger.
- If the crisis incident is occurring on public property

Refer to the matrix '**Determining EMS/Fire Response to Crisis Incidents**' for additional info.

Whenever possible and practical, the caller may be connected to EMS by the call taker. If circumstances (caller hangs up, does not wish to be connected etc.) dictate that the call taker must notify EMS directly, ensure the basic details required by EMS on every call (age, sex, conscious, breathing) are also determined.

- C. Any crisis incident requiring a response from EMS/Fire shall be **upgraded to a priority 1 incident.**
- D. If practical, individuals may also be connected to the Cleveland Mobile Crisis Hotline at (216) 623-6888. This service provides 24/7 counseling to persons in crisis. Connection to Mobile Crisis shall be **in addition to generating a response from safety personnel.** Ensure you announce the incoming transfer to the Mobile Crisis staff member and advise them of the action you are taking.

#### **IV. Dispatching Crisis Incidents**

- A. A minimum of one CIT officer shall be dispatched to the scene of the incident. A field supervisor shall also be dispatched to all crisis incidents
  - CIT officers are noted on each district's faxed platoon line-up sheet.
  - Dispatchers may also use the CAD system 'Skills' command to locate officers with CIT training.
  - If unable to dispatch a trained CIT officer in a timely manner, dispatchers shall immediately notify a field supervisor.
- C. Faxed platoon line-up sheets that do not identify CIT trained officers shall be brought to a CCS supervisor's attention. CCS supervisors shall immediately contact the district to obtain a corrected line-up sheet.
- B. If able, CIT officer(s) may be re-assigned from lower priority incidents in order to respond to the crisis incident. (Refer to GPO 3.2.17)
- C. Dispatchers shall ensure all information contained in the incident is relayed to responding officers.

**Determining EMS/Fire Response to Crisis Incidents**

If answering 'YES' to any question: EMS/Fire Shall Be Notified to Respond w/Police

Nature of Crisis Incident	Current Injury or Med Emerg?	Under age 6 or over 70?	Is incident in a public location?
Mental Illness Related Disturbance (non-violent)	Yes / No	Yes / No	Yes / No
Mental Illness Related Disturbance (violent)	Yes / No	Yes / No	Yes / No
Suicidal Threat or Thoughts of Self-harm	Yes / No	Yes / No	Yes / No
Suicide in progress - 'Jumper'	Yes / No	Yes / No	Yes / No
Suicide In progress - other	Yes / No	Yes / No	Yes / No
Anxiety/Depression/Refusal to take meds	Yes / No	Yes / No	Yes / No
Any other event identified as a 'crisis incident'	Yes / No	Yes / No	Yes / No

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