

Cleveland Division of Police
CIT Response G.P.O.
Instructor's Manual

Slide 1 – Title

Slide 2 – Our purpose

- Start by asking the group how many are CIT Officers and have received the 40 hour training. What are they expecting from the new GPO's ??
- Why is a training on mental illness needed for police officers?

Key points to make

- This guideline is for response to a crisis call at ALL levels. From the dispatchers to all patrol officers, CIT or not, to Supervisors, as well as Probates, Pink Slips and reporting.
- Improving safety of officers and citizens is the top priority.
- Linking people with mental health agencies and steering them from the criminal justice system into mental health system improve longer-term outcomes.

Slide 3 – CCS Responsibilities

- The goal is to have a CIT Officer respond to every crisis call
- This may result in Specialized CIT officers being pulled off lower priority calls.
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Slide 4 – Crisis Incident Response – All Officers

- This is a general guide for response to crisis incident for *ALL* officers, whether CIT trained or not.
- It is effective to read the list to officers, then break it down:
 - Assessment,
 - Get Specialized CIT Officer to scene
 - EMS if necessary
 - Attempts to communicate/de-escalate may give clues to level of communication possible Is the individual processing? Are they responding, in any way, to your voice?
 - Talk to family/friends – Diagnosis? Medications? Other substance Use?

Slide 5 –Specialized CIT Officer Response

- Specialized CIT officers have greater knowledge/training and are expected to use a more nuanced approach
- Introduce yourself AS a CIT Officer, wear marker
- Take primary responsibility for the scene. This includes: being the primary communicator with the individual, be aware of tactical space, both for yourself and other officers, remove distractions from the scene.

Slide 6 – Juvenile Response

- Age Appropriate – A child's brain is different from that of an adolescent, is different from that of an adult All will respond differently, and need different approaches.
- CRT may respond to scene if called or advise appropriate ER

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Slide 7 –De-escalation

- NOT Use of Force De-escalation Most individuals we are dealing with are not criminals and not under arrest – not an enforcement action.
- Tactical – be aware of distance, don't use 21 foot rule as a guide. You may need to stay 40, 50 or more feet away to maintain a reactionary gap. Don't resist backing up or expanding your space.
- Verbal de-escalation will be covered extensively in Active Listening Module

Slide 8 –Use of Force

- Take as long as you need on these calls
- Do not let radio rush you and push a bad situation
- Time is on your side – Human beings cannot maintain a high level of emotion/agitation for an extended period of time. As emotion decreases, communication tends to increase.
- Be aware that much criticism in Use of Force Incidents comes on the treatment of subjects AFTER the Incident. Be aware of subject's physical position, and any medical needs.

Slide 9 – Handcuffing

- Safety is always Job One.
- Use discretion in handcuffing. Remember that many are not being arrested.
- Consider the individuals history (if known) and level of cooperation in making the decision whether or not to handcuff.

Slide 10 –Diversion & Transport

- Felony/Escalating Misdemeanor vs Misdemeanor Citation/Summons?
- If individual's behavior does not rise to the level of Evaluation/Hospitalization, attempt to find follow-up options with mental health or social service agencies.

Slide 11 –Response: Non-Violent Individuals able to seek care on their own

- Use Resource Cards for referral options. If unsure of an appropriate agency, muse Mobile Crisis as a resource.
- Always call agency and give info on person who is being referred
- Complete Reports EVEN THOUGH YOU ARE NOT TRANSPORTING

Slide 12 – Resource Card Example

- Hand out cards at this time to District personnel
- Cards are District-specific
- Cards are not to be used in a random manner. Officers should be familiar with the agency that they are referring people to and have knowledge that the referral is appropriate.

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Slide 13 – Response: Non-Violent Individual who needs immediate care.

- Officer discretion is to be used in arranging transport. Some individuals are cooperative but have a fear of riding in the police car. If the person does not want to go in the car, explore other possibilities. EMS can be an option, as well as a family members or friends car. Meet them at facility if other options are used.
- Reports completed whether you do the transport or not

Slide 14 – Response: Possibly Violent Individual Non Voluntary

- Arrange safe transport to appropriate facility – this is dependent on individual's level of cooperation and volatility. Discuss options with the class to create better understanding of appropriateness.
- EMS will always be called to transport a violent individual. If EMS is unavailable for a period of time, attempt to get an ETA and evaluate options based on behavior/risk to the individual.
- Pink Slip to be completed for individual to be evaluated.
- Complete Reports

Slide 15 – Transporting Violent Individuals

- CPD Officers secure individual – we don't hand over individual to EMS, we assist in securing individual, using handcuffs and restraint system on the cot. One officer always rides with EMS
- WATCH VIDEO – Ask for comments from class, clarify any questions about the scenarios.

Slide 16 – Supervisor Responsibilities

- Even though Supervisor may take control of scene, they should ask for input of CIT Officer, and consider letting the CIT officer continue to be the main communicator with the individual in crisis
- Report Review is important. New protocol should result in many more Crisis Intervention Reports and Stat Sheets. Each must be filled out completely and every Crisis Intervention Report should have a CIT Stat Sheet with it. Every officer can do these reports and sheets. They do not have to be CIT trained.

Slide 17 – Pink Slip – Law Enforcement

- In the past, we generally filled out hospital admit forms.. Pink Slip is now the preferred method when bringing in individuals to the hospital involuntarily.
- Pink Slip reduces our liability
- Make sure the individual meets the standard

Slide 18 – Health Authority Emergency Admission

- Discuss with class who an authorized professional is

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- Discuss what to do if presented with a pink slip filled out by someone who is not authorized – you will have to do your own evaluation, but can take into account the observations of the complainant

Slide 19 – Pink Slip (Example)

- Review Slip, and emphasize that it must be filled out completely, including check box, and statement supporting box that was checked.

Slide 20 – Probate Warrants

- Specialized CIT officers to serve, but consider using other resources based on info.

Slide 21 –AWOL

- Generally from lockdown facilities. Some allow home visits

Slide 22 – Crisis Intervention Reports/CIT Stat Sheets

- Completed for ALL CRISIS CALLS Only if call is found to be not a crisis call should there be no report.
- Can be completed by any officer
- 2 Reports ALWAYS done together.

Slide 23 – New CIT Stat Sheet

- Must be filled out completely.
- Check Boxes/Fill in Blanks ALL THAT APPLY