CLEVELAND DIVISION OF POLICE
GENERAL POLICE ORDER

EFFECTIVE DATE:	CHAPTER:	PAGE:	NUMBER:
JULY 11, 2023	5 - Field Investigations	1 of 13	5.11.03
SUBJECT: CRISIS INTERVENTION TEAM RESPONSE			
CHIEF: Dornat A. Drummond, Chief			

Substantive changes are italicized

PURPOSE: To establish guidelines for the Cleveland Division of Police (CDP) to interact with individuals who are suffering from a crisis by promoting community solutions to assist individuals in crisis, diverting those individuals away from the criminal justice system and improving the safety of officers and the Cleveland community.

POLICY: **It is the policy of the Cleveland Division of Police** that the Division shall handle encounters with individuals in crisis in a manner that promotes the dignity of all people while reflecting the values of protection and safety. Individuals in crisis may require heightened sensitivity and additional special consideration. Officers should use reasonable precautions to avoid a violent encounter with individuals in crisis by de-escalating the situation and making every effort to preserve the safety of officers, the individual, and the general public with the goal of having a peaceful resolution of the crisis and connecting the individual to the appropriate community resources for a sustainable recovery.

PROCEDURES:

I. Communications Control Section (CCS) Responsibilities

A. Communications Control Section (CCS) dispatchers shall, when available, dispatch a Specialized CIT Officer to known or possible crisis incidents. When a Specialized CIT Officer is not available, these assignments shall be dispatched to the first available two person zone car and a Specialized CIT Officer shall be dispatched as soon as possible.

B. Calls that appear to involve an individual in crisis shall be dispatched immediately.

C. If a Specialized CIT Officer is on a low priority call, the officer(s) shall be re-assigned to the crisis incident.

D. Upon request, Specialized CIT Officers may be utilized in another district with permission from the officer's sector supervisor.

E. Dispatchers shall advise officers if the subject is in crisis and/or a youth, if known.

II. Officer Responsibilities

A. When responding to individuals in crisis, officers shall:

1. Assess risks to themselves and others to determine the course of action.

2. Assess the situation to determine whether the individual may be in crisis, and if so, request a Specialized CIT Officer if one is not on scene.

3. Request Emergency Medical Service (EMS), if medical intervention is required.

4. Treat each crisis as unique.

5. Take into account the mental and emotional state and potential inability to understand commands or consequences as a result of the subject's action or inaction as perceived by the responding officer due to:

a. The influence of medication, street drugs and/or alcohol;

b. Known or reasonably apparent mental illness, developmental disability, or behavioral crisis incident;

c. Known or reasonably apparent physical disability or other medical or physical condition, *including d/Deaf, hard of hearing, blind, or low vision;*

d. Limited English proficiency or other language or cultural barrier;

e. Lack of comprehension based on age and mental capacity.

6. Determine if an on-scene family member/friend can provide information to assist in interacting with the individual in crisis.

7. Continue to assess the situation for escalating risk and de-escalate, when possible.

III. Specialized CIT Officer Responsibilities

A. In addition to officer responsibilities when responding to an individual in crisis, Specialized CIT Officers shall:

1. Be aware that individuals may recognize the CIT pin and respond positively to the Specialized CIT Officer;

2. Introduce themselves as a Specialized CIT Officer;

3. Take primary responsibility for handling a crisis incident when on scene or dispatched to a crisis incident;

4. Continue de-escalation techniques and identify resolutions to the crisis;

5. Once the incident is under control, inform the individual in crisis of the next steps;

6. When feasible, refer individuals to a mental health and/or social service

agency if the individual is not being conveyed to a facility; (see Section XVI)

7. Use discretion to direct individuals in crisis to the health care system, rather than the criminal justice system, in those instances in which it is appropriate to do so.

   a. Individuals in crisis who are being charged with a felony or an escalating misdemeanor shall be arrested.

   b. Individuals in crisis who are being charged with a misdemeanor or minor misdemeanor may be issued a summons, made a named suspect, *or taken to the Cuyahoga County Diversion Center in lieu of arrest.*

IV. Responding to *Youth* in Crisis *(Refer to Interaction with Youth GPO 5.12.01)*

A. Officers responding to a crisis intervention incident involving a youth (whether or not under arrest) shall:

1. When feasible, de-escalate in a manner that reflects an age-appropriate, *trauma-informed* approach. In addition to guidance in Section V, age-appropriate techniques include:

   a. Presence: Recognizing that the mere physical presence of an officer can be intimidating and threatening to youth.

   b. Verbalization: Youth generally respond to affirmative, rather than negative commands and to a calmer tone and voice level.

   c. When feasible, seek to engage with youth one-on-one and avoid confronting youth in front of their peers.

   d. Communication and tactical techniques and strategies that reflect best practices for reducing or eliminating the need to use force against youth in crisis.

2. If unable to de-escalate and/or need assistance in finding the appropriate care, officers are encouraged to contact the Child Response Team of Mobile Crisis (CRT), 216-623-6888 for support

   a. Present the CRT with a list of the youth's symptoms.

   b. The CRT staff members may be able to respond to assist with the incident. However, CDP will retain control of the scene.

   c. CRT can advise officers in finding the most appropriate level of care and if needed, an appropriate facility.

B. Officers shall be aware of behaviors that may indicate a youth is a suicide risk. These behaviors may include:

1. Refusal to communicate.

2. Verbally threatening to harm themselves.

3. Any unusual behavior which may indicate the youth may harm him/herself.

V. Crisis Incident De-escalation (Refer to De-escalation GPO 2.01.02)

A. Officers shall, when safe and feasible to do so, use de-escalation techniques throughout the encounter, including but not limited to the following:

1. Introduce yourself and seek to establish a rapport;

2. Only one officer should speak to minimize confusion;

3. Speak in a slow, calm, non-threatening voice and use non-intimidating body language;

4. Ask questions to elicit information rather than issue orders or advice;

a. How can we help you?

b. Is there a family member or someone you trust that we can call for you?

5. Utilize active listening skills – For example, paraphrasing is restating what the individual has expressed, e.g.:

a. “What I hear you saying is …”

b. “If I understand you right …”

6. Demonstrate empathy, concern, respect, and a better understanding of the situation;

7. Repeat instructions, keeping them simple and concrete;

8. Keep the individual focused;

9. Use engaged body language:

a. Avoid staring but use occasional eye contact to stay connected with the individual;

b. Face the individual, *while providing distance*;

c. Limit distractions in the area, if possible.

B. Officers shall, when safe and feasible to do so, use tactical de-escalation techniques throughout the encounter, including but not limited to the following:

1. Wait out the individual *and allow for a reasonable amount of time to respond to officers' requests;*

2. Exhibit and maintain patience during the interaction in order to avoid power struggles;

3. Move slowly, being careful and mindful as to not excite *or alarm the individual which could lead into escalating the situation;*

4. Respond and interact in a calm and respectful tone;

5. Be aware that body language (such as the officer's stance) during the interaction can be triggering to an individual;

6. Create and maintain appropriate distance between officers and potential threats;

7. Remove distractions and upsetting influences which may escalate the situation; and

8. Request additional resources such as a Co-Responder Team or the FrontLine Service police Help Line at 216-623-6888;

VI. Use of Force (Refer to Use of Force: General GPO 2.01.03)

A. Officers shall only use that force which is necessary, proportional to the level of resistance, and objectively reasonable based on the totality of the circumstances confronting the officer.

B. Force is NOT to be used for expediency.

C. If the individual is lying in a horizontal position after a use of force and/or handcuffing, move the individual to a sitting or upright position to avoid positional asphyxiation.

D. Officers shall reinitiate de-escalation techniques after handcuffing and/or use of force, if appropriate.

VII. Handcuffing

A. Officers may, when it is objectively reasonable, use handcuffs on individuals, including youth who are in custody, including custody solely for the purpose of psychiatric evaluation.

1. In a crisis response where no crime has been alleged, officers shall use handcuffs only when necessary, considering the totality of the circumstances.

2. Officers shall be mindful that handcuffs may trigger a traumatic response. These factors include but are not limited to the following:

    a. The age of the subject

    b. The risk of harm to the subject or others

    c. The subject's efforts to escape

3. When handcuffing and when safe and feasible, every effort shall be made to explain to the individual and to the parent/family member the use of handcuffs in a tactful manner, using age-appropriate language.

B. Once the individual in crisis is calm, under control, and/or handcuffed, officers shall keep the individual under constant observation while in custody.

VIII. Diversion Options and Transportation

A. After an officer has control of the scene, the officer, with the input of the supervisor, if requested, and the family, if on-scene, shall assess and determine the next step to assist the individual in receiving the care needed. The officer shall consider the following:

1. Is there a legal obligation to arrest, or is diversion an option?

2. Does the individual need hospitalization or referral to a mental health or social service agency or the Cuyahoga County Diversion Center? (See Attachments C-G)

3. If the individual is a minor, use youth appropriate diversion (i.e., the CRT).

B. Officers may seek assistance from the Mobile Crisis Team (MCT), a 24-hour mental health hotline, to determine what type of response is needed for the individual in crisis.

1. The officer shall provide a list of the symptoms to the mental health care worker to help determine the assistance needed.

2. The contact number is the same for both MCT and CRT, 216-623-6888.

C. Officers shall continuously inform the individual and their family, if on-scene, of the steps being taken in assisting the individual to a treatment facility, making referrals, and providing contact numbers, or if an arrest is necessary.

D. Officers shall make the following determination:

1. If a non-violent individual has the ability to seek care voluntarily on their own, the officers shall:

a. Provide the individual, and family member if on scene, with a name of a referral agency and phone number or address to assist them;

b. Notify the referral agency and advise the agency of the referral (if referring to the Cuyahoga County Diversion Center, notify Frontline);

c. Complete an incident report, including "Crisis Intervention" in the title, and complete a *CIT Data Collection Form* (see Attachment A); and

d. Forward the CIT Report to the CIT Coordinator for follow-up by the Co-Responder team.

2. If a non-violent individual has the ability to seek care voluntarily but needs immediate care, the officers shall:

a. Determine options for emergency care and transport or arrange other transportation of the individual, *to include EMS, a family member, or other community options* in a safe manner to the appropriate facility;

b. Complete an incident report, including "Crisis Intervention" in the title, and complete a *CIT Data Collection Form*; and

c. Forward the CIT incident report to the CIT Coordinator for follow-up by a Co-Responder team.

3. If the individual requires immediate treatment but is unwilling or unable to seek treatment voluntarily, and is possibly violent, officers shall:

a. Determine options for emergency care and transport, to include EMS, and provide or arrange safe transportation to the facility; (See Emergency Admissions Section X);

b. If the individual is violent, call EMS to transport the individual;

c. Complete an incident report, including "Crisis Intervention" in the title, and a complete *CIT Data Collection Form*; and

d. Forward the CIT incident report to the CIT Coordinator for follow-up by a Co-Responder team.

E. Transporting violent individuals

1. CDP officers are responsible for securing the individual onto the EMS cot with the supervision/assistance of EMS.

2. When an individual is secured, a CDP officer (preferably a Specialized CIT Officer) shall ride in the back of the EMS unit to the hospital. The other officer will follow EMS to the hospital in the zone car.

F. If an officer determines that the individual in crisis must be arrested, the arrested individual shall be treated at a secure mental health facility and upon being released, handcuffed and conveyed to the *Cuyahoga County Correction Center (CCCC)* via the zone car. Prisoners shall remain the responsibility of CDP until booked at *CCCC*.

G. Where the subject of an arrest is a parent or guardian, and the children are present, the officer shall make every effort to attend to the child in *a trauma-informed manner*, explain what is happening in age-appropriate language and identify another adult or caretaker who can assist the child if the parent is detained.

H. If the individual to be conveyed is a *youth*:

1. *Youths* shall not be transported to adult psychiatric hospitals or adult mental health facilities;

2. *Youths* under 14 may be transported for voluntary treatment only if a parent/guardian consents;

3. If the *youth's* parent/guardian is not on scene, the officer shall take immediate steps to notify the parent/guardian of the incident and the next steps.

IX. Supervisor Responsibilities

A. Indicate on the daily roster which cars have Specialized CIT Officers when faxing *or emailing* the daily log to CCS following roll call.

B. If a supervisor has assumed responsibility for the scene, and a Specialized CIT Officer is on scene, the supervisor shall seek the input of the Specialized CIT Officer regarding strategies for resolving the crisis, where it is reasonable for them to do so.

C. Respond to CIT calls when requested by patrol personnel to assist in resolving crisis situations and conducting appropriate investigations such as use of force or injury to a police officer;

D. Request additional resources as necessary. Having a Specialized CIT Officer on scene does not negate the procedures for SWAT, Crisis Negotiation Team (CNT), or the Bomb Squad;

E. Ensure the appropriate reports (e.g., Crisis Intervention, crime report), and *the CIT Data Collection Form* are completed and forwarded to the appropriate locations.

X. Law Enforcement Emergency Hospitalization

A. Under Sec. 5122.10 of the Ohio Revised Code, Emergency Hospitalization, a police officer has authority to take a mentally ill person subject to court order, as defined by ORC 5122.01(B), and described below in Section X.B, into custody involuntarily and

immediately transport the person to a facility for a mental health evaluation when the individual represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination.

B. Conveying officers shall complete a written statement under ORC 5122.10(B) ("Emergency Hospitalization Form") (see Attachment B) explaining the circumstances under which the individual was taken into custody. The Emergency Hospitalization Form will also state the reasons for the emergency admission, including at least one of the following circumstances, which define "mentally ill person subject to a court order":

1. The individual represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicides or serious self-inflicted bodily harm;

2. The individual represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness;

3. The individual represents a substantial and immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for the person's basic physical needs because of the person's mental illness and that appropriate provision for those needs cannot be made immediately available in the community;

4. The individual would benefit from treatment for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person.

C. Officers shall stabilize any dangerous or potentially dangerous situation, and take the individual in crisis into custody using handcuffs, if necessary**,** in accordance with Section VII, Handcuffing.

1. Pursuant to Section 5122.10 *(C)* of the Ohio Revised Code, officers shall make "every reasonable and appropriate effort…" to take individuals into custody in the least conspicuous manner possible.

2. The officer taking an individual into custody pursuant to Section 5122.10 *(C)* shall convey the following to the individual:

   a. The officer's name and rank

   b. The custody-taking is not a criminal arrest

c. The individual is being taken for examination by mental health professionals at a specified mental health facility identified by name.

3. If the individual is suffering from serious physical injury or illness, including drug overdose, officers shall, based on the circumstances surrounding the incident, call for EMS, *administer Narcan if appropriate*, or convey the individual to the nearest hospital. The hospital is responsible for transporting individuals, not under arrest, for psychiatric evaluation after medical treatment.

D. Officers shall search individuals before bringing them to a mental health facility

XI. Health Authority Emergency Admission

A. Any authorizing professional *per ORC 5122.10(A)* (e.g., psychiatrist, licensed clinical psychologist, licensed physician, *clinical nurse specialist, certified nurse practitioner*, health officer, parole officer, *police officer or a sheriff)* may also take an individual into custody for an emergency mental health evaluation.

B. The officer shall be given a completed *Emergency Hospitalization Form* by the authorizing professional stating the circumstances under which the individual was taken into custody and the reasons for the emergency admission.

C. The officer shall ensure that the authorizing professional has confirmed with the specified facility that the individual will be accepted and that the authorizing professional has provided the following information to the individual per ORC 5122.10*(A)*:

1. The authorizing professional's name, professional designation, and affiliation;

2. That the custody-taking is not a criminal arrest;

3. That the individual is being taken for an examination at a specified mental health facility.

D. An officer who is presented with an *Emergency Hospitalization Form* signed by an authorized professional shall transport the non-violent individual in crisis to the designated facility for further evaluation.

XII. *Court ordered treatment of mentally ill person* ("Probate Warrants")

A. Officers shall execute Temporary Orders of Detention ("Probate Warrant") as required by ORC 5122.11. In this instance, the court has already adjudicated that probable cause exists to believe that an individual is a person with mental illness subject to court order and officers need not independently verify that the individual named in the warrant is a threat to themselves or others. Every reasonable effort will be made to execute the order in a timely manner.

B. Supervisors shall ensure that, if available, Specialized CIT Officers serve the Probate Warrant.

C. *Officers* serving the Probate Warrant shall execute the warrant as if handling a crisis intervention assignment using de-escalation, active listening, and only the force necessary to place the individual in temporary CDP custody.

D. *Officers* serving the Probate Warrant shall search an individual taken into custody and transport the individual to the hospital named in the order for admission or if needed, contact EMS to convey.

E. *Officers* serving the Probate Warrant shall sign the warrant and return it to the officer-in-charge.

F. Officers serving the Probate Warrant shall follow the same protocols regarding searches, as described in Section X.D, and handcuffing in Section VII.

XIII. Absent Without Leave (AWOL)

A. In appropriate circumstances, officers shall return individuals who are AWOL from in-patient psychiatric facilities or individuals who are on a trial home visit.

B. Officers shall contact the hospital by telephone or CCS to confirm acceptance of the individual before returning the person. If the hospital will not accept the AWOL patient, officers shall determine if the individual needs psychiatric evaluation. Officers may contact MCT to assist with assessing the treatment needs of the individual.

C. If officers have an AWOL patient from a non-local hospital, officers may contact MCT to assist with assessing the treatment needs of the individual.

D. If a sponsor or family member, of a patient on a trial visit, requests return of the patient, officers shall contact the hospital from which the patient is released to determine the proper action. Officers shall transport the individual to the appropriate local facility.

XIV. Requests for Assistance at Shelters (Homeless, Domestic Violence) or Mental Health Agencies

A. Officers shall respond and stabilize the situation by taking the necessary action to ensure the safety and security of all individuals. If officers need to consult with MCT, officers shall do so after the situation at the shelter has been stabilized.

B. Officers shall ask staff members to inform them of arrangements they have made to resolve the situation. If the arrangements include transport to another facility, the officers shall make the transport.

XV. Incident Reports with “Crisis Intervention” in the Title and CIT Data Collection Form

A. An incident report, including "Crisis Intervention" in the title and a *CIT Data Collection Form* shall be completed whenever officers respond to an individual in crisis.

1. Even if an individual is not transported to a mental health facility or arrested, an incident report titled "Crisis Intervention" and *CIT Data Collection Form* are required.

2. If a Specialized CIT Officer is on scene, that officer shall complete the incident report and *CIT Data Collection Form*.

3. If no Specialized CIT Officer is on scene, the incident report and *CIT Data Collection Form* shall be completed by another officer on scene.

B. These reports may assist officers in the future by providing:

1. Documentation about all previous contacts with this individual;

2. Previously successful and unsuccessful intervention tactics, including referrals or resources provided; and

3. Documenting potential need for additional Specialized CIT Officers, training, etc.

C. Incident Reports with "Crisis Intervention" in the title shall be completed in their entirety and include:

1. The individual in crisis as the victim;

2. The officer(s) as the reporting person(s);

3. The name and address of the person calling for service;

4. The reason for the interaction, e.g., crisis event, call for assistance, or suspected criminal conduct;

5. A description of successful and unsuccessful intervention tactics, techniques, or tools used;

6. A list of resources the individual is familiar with;

7. Specialized police units on scene, e.g., SWAT, Crisis Negotiation Team;

8. Results/disposition of intervention, e.g., referral, arrest, hospitalization, citation;

9. Any injuries to officers, the individual in crisis or others involved on scene;

10. The hospital the individual was taken to and the name of the treating physician, if applicable.

D. CIT Data Collection Forms shall be completed in their entirety *and forwarded through their chain of command using the data collection software*.

XVI. Referral Options

A. Referral options for behavioral health and social service agencies, veteran and homeless resources, child and adolescent services, and hospital systems are provided on the Resource Cards (Attachments C-G).

B. If an officer learns of a new agency that can be used as a resource, the officer shall notify the CIT Coordinator via e-mail and advise of the agency name, the resources that can be provided, and the address and phone number of the agency. The CIT Coordinator shall add this information to the Resource Cards and send it to Alcohol, Drug, & Mental Health Services.

THIS ORDER SUPERSEDES ANY PREVIOUSLY ISSUED DIRECTIVE OR POLICY FOR THIS SUBJECT AND WILL REMAIN EFFECTIVE UNTIL RESCINDED OR SUPERSEDED.

DAD/jlh
Policy Unit
Attachments A-G
Revised 07/11/23, Replaces 01/01/18