


HADLEY POLICE DEPARTMENT		Department Manual: Policy No. 4.26
Subject: <div style="text-align: center;">Crisis Intervention Team</div>		
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED:		GENERAL ORDER
Issue Date: 06-10-21 Effective Date: 06-10-21	Issuing Authority <i>Michael A. Mason</i> Michael A. Mason Chief of Police	

I. POLICY STATEMENT

It is the policy of the Hadley Police Department to provide individuals displaying signs of mental illness or severe emotional distress with the same rights, dignity and access to law enforcement and other government and community services as are provided to all community members, but without compromise for the safety of the individual, community, or officers involved in the incident.

II. POLICY PURPOSE

The Hadley Police Department has adopted a Crisis Intervention Team (CIT) model of police services when dealing with community members who are mentally ill or experiencing emotional distress. Specifically, CIT is a police-based specialized police response. The CIT program provides officers with extensive classroom instruction including techniques to diffuse difficult situations. These trained officers then serve as specialized front-line responders who are better informed to redirect individuals with mental illnesses, when appropriate, to treatment services instead of the judicial system. The implementation of a CIT will improve our service to the community and reduce our call volume by better responding to these calls. The goal of the CIT is to divert these cases from the criminal justice system and jail to medical services that can provide the help needed.

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Whenever practical and depending on availability officers shall use the Department Crisis Intervention Team Officers (CIT) as a resource when responding to individuals who exhibit symptoms of mental illness or display behaviors indicative of someone experiencing emotional trauma. The CIT works in partnership with patrol officer, communication center personnel, health professionals, and the community to achieve the common goals of safety, understanding, knowledge, and service to individuals who are in crisis and who exhibit symptoms of mental illness. Whenever possible, a member of the CIT should be dispatched to calls for service involving mentally ill individuals. However, Crisis Intervention Team members only handle those incidents that do not rise to a level of a high-risk incident as outlined in other departmental policies. Additionally, personnel should refer our policy outlining our response to persons with mental illness, for guidance in assisting persons with mental illness.

III. PROCEDURES

CIT COORDINATOR:

A Supervisor of the rank of Sergeant or above, shall be designated by the Chief of Police to serve as the CIT Coordinator. The Coordinator will manage all aspects of the CIT program. The CIT Coordinator will assign a liaison officer that will assist in the ongoing development and enhancement of the CIT program. Both will collect and review all CIT calls, reports and forms and referrals via email or telephone for appropriate follow-up and statistical collection. The Coordinator and liaison officer will serve as a bridge between the police department and the entire array of medical, social and community services utilized by the CIT.

COMMUNITY COLLABORATION:

The premise behind the CIT model is that public safety responders develop partnerships with area mental health service providers. This will result in dialogue and collaboration with our mental health partners including the Emergency Services provider in Hampshire County, Community Support Options, and our local human services agencies including Veterans Services and Service Net. Collaboration may also include, but is not limited to, the counseling centers at UMASS, Amherst College and Hampshire College as well as the guidance and counseling offices of the Hadley and Amherst/Pelham Regional School District.

TRAINING AND SELECTION OF CIT OFFICER:

- All Officers within the patrol division will be trained as CIT members, as training allows. When CIT training classes are being offered, the CIT Coordinator will communicate upcoming training dates and locations to officers and communications center staff who have yet to complete the training. The goal is that 100% of the patrol division will be trained in the CIT model of police response to a mental health crisis or incident.

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- Communication Center personnel will also be offered training opportunities under the CIT program.
- Currently, certification for CIT members is a 40-hour specialized training offered by Behavior Health Network in Springfield. Additional specialized training will be available to CIT members to improve their skills.

PROCEDURES FOR CIT RESPONSE:

- The CIT consists of specially-trained sworn officers who are designated to handle situations involving persons in crisis, persons with a mental illness, severely incapacitated persons due to ongoing abuse of narcotics or alcohol, and their families. The CIT program is meant to enhance, not replace, the police response.
- A CIT trained officer should be dispatched to all mental health calls. However, this does not prohibit a shift supervisor from modifying the patrol response as necessary. The primary responsibility of the CIT officer on the scene is to use his/her skills for the successful conclusion of the incident. Given this increased training, the CIT officer is expected to become the primary officer on the call, regardless of their district designation.
- Many CIT calls can be identified by the communication center at the onset of the call and they will dispatch a CIT officer. Also, the first responding district officer may identify that the call is appropriate for a CIT response. If that first responding officer is not a CIT trained officer, they can request the assistance of a CIT officer with the permission of their supervisor. CIT officers may request from their supervisor to be dispatched to a call/address to assist a caller that they know from previous interactions who may be experiencing a mental health crisis or incident, absent a call type designation of medical/mental. Given the CIT officers knowledge of the caller/address, the CIT officer may be more successful in assisting the community member.
- When called to/dispatched to the scene in the absence of a supervisor, regardless of their district designation, the senior-most CIT officer has the authority to direct police activities. The CIT officer shall relinquish such authority when relieved by, or at the discretion of, a supervisor. Non-CIT trained supervisors shall give reasonable latitude to CIT officers when making the decision to relieve.
- Upon arriving and identifying the call as a CIT call, the officer should identify himself/herself if feasible, as a CIT officer to the involved parties.
- If the CIT officer is unable to resolve the CIT call, then he/she should utilize the Emergency Services Provider/Clinical and Support Options as a resource for evaluating an individual's needs. Additional resources include the schools, detox facilities, counselling centers, and homeless shelters.

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- Once the crisis has been stabilized, the CIT officer will document the findings of the call in the appropriate CAD, or incident report if dictated by existing policy. Valuable data that should be included in the call narrative, or report narrative if applicable, would include substance use, history of military service, whether criminal custody or criminal charges were diverted, living arrangements (ie, homelessness, living with parents) and additional supports provided.
- Under MGL Chapter 123 S 12, a police officer has the authority to make an application for a mental health evaluation. Current policy dictates that a supervisor/OIC authorize an application under MGL 123 S 12. Those officers that are CIT trained as outlined in this order, after consulting with a supervisor/OIC, are authorized to sign an application for evaluation under MGL 123 S 12. All applicable reports, as dictated by current policy, will be completed by the CIT officer. It is expected that given the specialized training received by a CIT member, they are trained to understand the provisions under MGL Chapter 123 S 12 and can apply those accordingly when making application for evaluation under this law. CIT members, when completing an application for evaluation under MGL Chapter 123 S 12 will call the local emergency services provider, to speak to the on-call clinician regarding the party being transported for an evaluation, unless exigent circumstances do not allow, at which point CSO will be contacted as soon as practical. This additional communication, in addition to the completed Section 12 form, will ensure that the CIT officer is relaying all relevant information.
- In cases where a CIT officer is not available during mental health crisis type calls, district officers shall provide any immediate assistance available to the individual involved, complete applicable reports and CADs, including an arrest report if criminal charges are pending or application for evaluation has been made. The responding officer shall notify his/her supervisor of the call and in turn the supervisor shall ensure that the next CIT officer working is notified concerning the call. The CIT officer will take over further responsibility, including additional supplemental reports (if applicable) and further notifications involving care for the individual, etc. These additional contact will be documented via a CAD for Medical/Mental Follow-up 62F.

MASSACHUSETTS STATUTES TO ASSIST CIT OFFICERS:

- Chapter 123, Section 12 Petitions: officers shall write an Incident report when they make an application under MGL 123/12.
- Chapter 123, Section 35 Petitions: Massachusetts General Laws Chapter 123, Section 35 permits the courts to involuntarily commit someone whose alcohol or drug use puts themselves or others at risk. Such a commitment can lead to an inpatient substance abuse treatment for a period of up to 90 days. A written petition for an order of commitment can be requested by a spouse, blood relative, guardian, police officer, physician, or court official. CIT officers should educate family member on how to file a petition for commitment. If a family member is unable or unwilling, the CIT officer may file a petition, with the approval of their

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supervisor. As written in MGL 123, a likelihood of serious bodily harm must be evident.

- When submitting a petition under MGL 123, Section 35 the CIT officer will submit a written “no crime” incident report, through the chain of command to their supervisor, which will including all supporting documents, i.e. other arrest reports, incident reports or cad reports. The narrative of the primary incident report should clearly indicate the history of interaction with the individual which documents a likelihood of serious bodily harm. The court liaison officer will bring the petition to the District Court for consideration.

RESPONSIBILITIES OF SUPERVISORS:

- The primary responsibility for the supervisor is to monitor the activities of CIT officers within his/her span of control. Monitoring of the CIT officers under a supervisor’s command shall include but is not limited to the following:
 - ✓ Ensuring that the CIT officers complete reports when applicable.
 - ✓ Provide supervision and oversight to CIT officers; review all reports including custodial reports, incident reports, or application for evaluation (under 123/12 and 123/35) reports.
 - ✓ Allow CIT officer to respond out of sector as needed for calls that are relevant to CIT.
 - ✓ Ensure that the CIT officers conduct follow-up investigations, if necessary, on cases investigated by them.
 - ✓ Allow CIT officers the time to be successful. Recognize that one goal of CIT is to reduce the overall strain on police services by addressing mental health calls for service efficiently on our initial dealings with the person in crisis. To do so, CIT officers will require more time on medical/mental calls, as they may be assisting them, or their family, with getting services. A large theme in CIT training is that a rush to place people in ambulances and then to overcrowded emergency rooms, when not necessary, does not provide many with the help that they need. Emergency Service Providers are often willing to respond to the home or other neutral locations to assess a person who is experiencing a mental health crisis that does not amount to the threshold of a commitment under MGL 123 S 12. Successful crisis interventions, that improve the safety of our community and our police officers, will take more time in the onset.