
	<h1>South Hadley Police Department</h1>	<p>POLICY NO. 29</p>
<h2 style="color: red;">Crisis Intervention Team</h2>		<p>DATE OF ISSUE: 05/27/2020</p>
<p>ISSUING AUTHORITY:</p>  <hr style="width: 20%; margin: auto;"/> <p>Jennifer Gundersen, Chief of Police</p>		<p>EFFECTIVE DATE: 06/07/2020</p> <p>REVISED DATE: 05/08/2023</p> <p>REVIEW DATE: 05/08/2026</p>

I. POLICY PURPOSE

To increase the effectiveness of the South Hadley Police Department’s (SHPD) Crisis Intervention Team (CIT) Program by: facilitating communication between SHPD and the behavioral health community; developing a foundation that promotes effective solutions for assisting those in crisis or with behavioral health challenges; improving the crisis intervention training of officers; increasing the resources available to SHPD; reducing the need for individuals in crisis to have further involvement with the criminal justice system; and improving the safety of officers and the community of South Hadley.

II. POLICY STATEMENT

To increase the effectiveness of the South Hadley Police Department’s (SHPD) Crisis Intervention Team (CIT) Program by: facilitating communication between SHPD and the behavioral health community; developing a foundation that promotes effective solutions for assisting those in crisis or with behavioral health challenges; improving the crisis intervention training of officers; increasing the resources available to SHPD; reducing the need for individuals in crisis to have further involvement with the criminal justice system; and improving the safety of officers and the community of South Hadley. [41.4.5]

III. PROCEDURE

- A. The Department's CIT is composed of specially trained officers whose function is to respond to incidents which involve a mental health crisis, where the officer's specialized skills may be used to successfully conclude such an incident and to provide further assistance, beyond the actual call, for the individual involved.
- B. The policies contained in this Order do not supersede those outlined in general orders involving use of force or the notification of specialized units for incidents where the situation depicts such a notification (i.e., notifications to the Detective Unit, State Police Detective Unit, Tactical Operations Unit from surrounding Police Departments or the State Police, etc.).

A. CIT Program Coordinator

The Chief of Police shall designate a CIT Coordinator. The Chief of Police shall also designate a supervisor that the CIT coordinator shall report to. The CIT Coordinator will serve as a liaison between the Department, medical, social and community services utilized by the CIT program. The coordinator will manage all aspects of the CIT program and handle issues arising from the implementation of the CIT program. The CIT coordinator will collect and review all CIT calls, reports, forms and referrals via email or telephone for appropriate follow-up and statistical collection. The CIT coordinator shall review and update the CIT policy based on best practices and changes in federal and state laws and regulations, and town bylaws, at a minimum, every two years.

B. Training and Selection of CIT Officer

The most integral part of the CIT Program is the Specialized CIT officer. Specialized CIT officers respond to the everyday crisis intervention calls and are the catalyst in the intervention process. These voluntary officers are critical in changing the way crisis incidents are handled.

Assignment as a CIT officer will be on a voluntary basis. The selection of new members ensures the continued growth and development of the team. The Chief of Police along with the Officer in Charge of Training and the CIT coordinator shall oversee the selection process of new members. Selection criteria may consist of but is not limited to: communication skills, attention to detail, ability to work as a part of a team, and desirable personal qualities such as maturity, judgment, personal and professional ethics, and credibility.

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

C. Procedures for CIT Response

- 1.** The CIT officer is meant to enhance, not replace, the role of the assigned zone police officer. A CIT trained officer should be dispatched, with the zone officer to all medical/mental-crisis calls. 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 zone assignment.
- 2.** Many CIT calls can be identified by the dispatch center at the onset of the call when this occurs a CIT officer will be dispatched. Additionally, the primary zone officer responding to a call may identify that the call is appropriate for a CIT response. If the primary zone officer is not a CIT team officer, they can request the assistance of a CIT officer with the permission of the supervisor. CIT officers may request 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. Given the CIT officers knowledge of the caller/address, the CIT officer may be more successful in assisting the community member.

3. When called to/dispatched to the scene of a CIT call in the absence of a supervisor, regardless of their zone assignment, the 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. [41.4.5]

4. If a CIT officer is unable to resolve the CIT call, he/she should utilize the Emergency Services Provider, Center for Human Development (CHD) by calling the dedicated police phone number: **413-213-5668**. In addition to the on-call service, CHD also provides a 24/7 walk in which is located at 1109 Granby Road Chicopee. After consulting with CHD and when shift staffing permits, CIT officers may use a department vehicle to transport individuals who are in crisis to the walk-in site in Chicopee. Under this policy, CIT members may also transport individuals to other locations for mental health services, such as the Veterans Hospital in Northampton, Holyoke Medical Center, substance abuse treatment services, shelters, etc. Individuals must be willing to accept the transport (it is voluntary), and such transport will be approved by the Shift Supervisor. The transporting of passengers is set out in the Department policy- **Police Vehicles**.

5. Additional resources available to the CIT officer to assist in the resolution of a mental health crisis calls can be found in Chapter 123, Section 12 Petitions and Chapter 123, Section 35 Petitions.

Section 12 Petition: The criteria to apply for a Section 12 is outlined in the policy **Persons with Mental Health Issues**. When a Section 12 is completed on scene the CIT officer will submit a written “no crime” incident report.

Section 35 Petition: A 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 members 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 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. All supporting documents such as prior arrest reports, CAD entries, previous incidents reports and interactions with other police departments, if that information is known to the CIT officer should be attached. 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, CIT coordinator, or CIT officer will bring the petition to the Eastern Hampshire District Court for consideration.

6. Once the crisis has 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 or report narrative can include but is not limited to: substance use, history of military service, living arrangements (homeless, shelter, living with family) and additional supports or services set in place.

7. In cases where a CIT officer is not available during mental health crisis type calls, the zone officer shall provide any immediate assistance available to the individual involved. The zone officer shall complete applicable reports and CAD's including an arrest report if criminal charges are pending or an application for evaluation has been made. The shift supervisor will then notify the CIT coordinator or the next CIT officer working of the call, using case management if a report was generated. The CIT officer will take over further responsibility, including additional supplemental reports and further notification involving care for the individual, etc. These additional contacts will be documented via a CAD for Medical/Mental-Crisis.

D. Responsibilities of Supervisors:

1. 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:
 - a. Ensuring that the CIT officers complete reports when applicable.
 - b. Allow CIT officer to respond out of sector as needed for calls that are relevant to CIT.
 - c. 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-crisis 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.