

## RENO POLICE DEPARTMENT GENERAL ORDER

This directive is for internal use only and does not enlarge this department's, governmental entity's and/or any of this department's employees' civil or criminal liability in any way. It is not to be construed as the creation of a particular standard of safety or care in an evidentiary sense, with respect to any complaint, demand for settlement, or any other form of grievance or litigation. Violations of this directive, if substantiated, can only form the basis for intra-departmental administrative sanctions.

Chief of Police: Michael Poehlman /s/		
Legal Advisor: Karen Fraley /s/		
Approving Deputy Chief:		
General Order No:T-420-05	Issued: August 1, 2005	Supersedes:
General Order Title: <b>CRISIS INTERVENTION TEAM (CIT)</b>		

### POLICY

It is the policy of the Reno Police Department to handle incidents involving mentally ill persons and those in crisis with care and expertise, ensuring that such persons receive appropriate responses based on their needs. Diverting certain people away from the criminal justice system and towards treatment, whenever appropriate and available, is a desirable option. Whenever possible, patrol officers with special skills will be dispatched to provide direction and guidance during initial patrol response to incidents involving persons in crisis or believed to be mentally ill.

### DEFINITION

Crisis Intervention Team (CIT) officers are on-duty, uniformed Patrol Division officers who have received specialized training and been certified in crisis intervention, subject to annual recertification. They perform all normal, patrol-related services, including routine responses to calls for service. However, CIT officers will be dispatched to certain events involving persons known to have diagnosed mental illness or in volatile emotional crises. CIT officers are *not* SWAT officers or hostage/crisis negotiators. CIT officers are trained to:

- Interact with persons who are mentally ill or in crisis, including those with Alzheimer's Disease or dementia, when violent, and those with developmental disabilities;
- De-escalate crisis events and mitigate potentially violent outcomes when possible; and
- Utilize the resources and services available to those with mental illness.

### PROCEDURES

#### Criteria for Dispatching CIT Officer

CIT officers will be dispatched to:

- events involving persons threatening suicide under violent/volatile circumstances, *e.g.*,

person is armed and threatening/holding weapon/firearm/other instrument, threatening to jump from life-threatening height, etc.; and

- disturbances involving persons known to have reported or diagnosed mental illnesses, e.g., domestic events reported by family members, crimes involving mentally-ill persons, etc.

CIT officers will not be dispatched to:

- events involving threats of suicide that are vague/uncertain/unclear/non-violent, or where no immediate threat of harm is suggested or implied; or
- events involving intentional or accidental overdose when the individual involved is not violent/combative and has no known diagnosed mental illness; or
- a hospital when a subject has been transported there, and officers are needed for report purposes only; or
- locations in order to transport persons from one hospital/treatment facility to another hospital/treatment facility.

### **Procedure for Dispatch of CIT Officer**

Communications receives a call for service meeting criteria for dispatch of CIT officer, or an officer goes to a call and determines that it meets the criteria to dispatch a CIT officer. The officer should make contact with the CIT officer even before the CIT officer's arrival on scene, if possible, to explain the situation and coordinate tactics.

If appropriate and if time permits, the CIT officer should arrange a pre-arrival meeting with responding officers near the scene to coordinate response tactics.

### **Responsibilities of CIT Officer**

1. Respond to events in accordance with procedures based on event type.
2. Establish and maintain radio contact, when possible, with responding patrol officers to coordinate tactics.
3. Consider pre-arrival meeting with responding officers near event scene to coordinate response tactics.
4. Provide direction and guidance for responding patrol officers, unless relieved by a field supervisor, assessing when possible the mental condition of the subject.
5. Develop tactics for dealing with event based upon available information from the subject's family, friends, neighbors, etc. and if known, the subject's history.
6. Assess need/potential need for use of force and coordinate tactics with assisting officers.
7. Consider use of less-lethal forms of force whenever possible.
8. Determine appropriate follow-up for subject, including voluntary treatment options if

possible, legal process for involuntary commitment if needed, or arrest, if appropriate, based on criminal conduct.

9. Assist mental health professionals or corrections personnel with information related to the contact and any background information known to the officer.
10. In all cases involving hostage situations or armed and/or threatening barricaded subjects, field supervisor should be immediately notified and SWAT or Crisis Negotiators requested pursuant to established procedures.
11. Complete CIT after-action report for all CIT-related responses, and forward to the office of the CIT Coordinator. After-action reports are confidential to the extent that they contain medical information.

### **Responsibilities of Field Supervisor during Events Involving CIT Officer**

1. Monitor the event and ensure that policies and procedures are followed.
2. Assume command and control, if necessary, to ensure that appropriate tactics are employed in the best interest of all involved parties.
3. Ensure that SWAT/Crisis Negotiators are requested when appropriate and required by existing policy.
4. Ensure that Watch Commander is notified when necessary.