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Sheriff

HARFORD COUNTY SHERIFF'S OFFICE OPERATIONS POLICY

Responding to Persons Experiencing a Mental Health or Emotional Crisis and Crisis Intervention Team

Distribution:	All Personnel	Policy Number:	OPS 0702		
Responsible Unit:	Administrative Services Division Commander	Rescinds:	MAN6100		
Original Issued Date:	04/23/22	Revision #:	1	Latest Revision Date:	01/14/25
Required 3-year review was completed:	04/23/22	Next Required 3-yr Review Due:	05/31/25		

1. Purpose

To provide guidelines for interacting with individuals experiencing a mental health or emotional crisis and to outline the structure and duties of the Crisis Intervention Team (CIT).

2. Policy

The Harford County Sheriff's Office is committed to serving all community members with the highest standards of service. We recognize that people in crisis can benefit from intervention. Therefore, the Sheriff's Office collaborates with mental health professionals to develop a comprehensive intervention strategy for personnel interacting with those experiencing a mental health crisis.

The CIT program aims to have specially trained personnel available to assist individuals in crisis. The primary goal is to identify the individual's needs and make appropriate referrals as soon as possible. CIT intervention should always be considered an alternative to arrest unless mandated by law or policy.

3. Definitions

CRISIS INTERVENTION TEAM (CIT): a community-based collaboration between law enforcement, mental health professionals, individuals with mental illness, and their families to improve responses to mental health crises.

CRISIS INTERVENTION TEAM COORDINATOR: the individual responsible for the development, implementation, and oversight of the CIT program. Their role involves fostering collaboration between law enforcement, mental health professionals, and community organizations to create a more effective response to individuals experiencing mental health crises.

CRISIS INTERVENTION TEAM LIAISON: Administrative Services Division Commander responsible for overseeing and developing the Agency's CIT program. They collect and analyze mental health data, maintain CIT program standards, and collaborate with mental health stakeholders to improve community response to mental health crises.

DE-ESCALATION: a range of verbal and non-verbal skills used to slow down the sequence of events, enhance situational awareness, conduct a proper threat assessment, and allow for better decision-making to reduce the likelihood that a situation will escalate into a physical confrontation or injury and to ensure the safest possible outcome.

INTELLECTUAL DEVELOPMENTAL DISABILITY (IDD): a condition characterized by significant limitations in both intellectual functioning (the ability to learn, reason, problem-solve, and understand information) and adaptive behavior (everyday social and life skills such as communication, self-care, and independent living).

MENTAL HEALTH CRISIS: an event or experience in which an individual's normal coping mechanisms are overwhelmed, causing them to have an extreme emotional, physical, mental, and/or behavioral response. An individual can experience a crisis reaction regardless of previous history of mental illness.

MOBILE CRISIS TEAMS: provide on-site crisis assessment, intervention, and stabilization. They aim to de-escalate situations, provide immediate support, and link individuals in crisis with appropriate mental health services.

SUBSTANCE ABUSE DISORDER: A pattern of substance abuse that leads to clinically significant impairment or distress.

YOUTH MOBILE CRISIS TEAMS: a specialized group of mental health professionals and other trained staff who respond to mental health crises specifically involving young people.

4. References

Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises. (2019). CIT International.

Improving Responses to People with Mental Illnesses: Strategies for Effective Law Enforcement Training. (2008). Bureau of Justice Assistance.

Improving Responses to People with Mental Illnesses: Tailoring Law Enforcement Initiatives to Individual Jurisdictions. (2010). Bureau of Justice Assistance.

Building Safer Communities: Improving Police Response to Persons with Mental Illness. (2010). International Association of Chiefs of Police National Policy Summit.

5. Procedures

A. Crisis Intervention Training

1. A specialized 40-hour curriculum designed to equip law enforcement deputies with the knowledge, skills, and empathy needed to effectively respond to individuals experiencing mental health crises.
2. The field of mental health and crisis intervention is continually evolving. To ensure deputies remain proficient, refresher training should be conducted at least every two years.
3. The training curriculum should be reviewed and updated every 3 years.

B. First Responding Deputy will:

1. Secure the scene making it safe for the individual in crisis and other individuals on the scene;
2. When appropriate, handle the individual through the Emergency Petition process;
3. Determine if the circumstance requires CIT intervention and/or Mobile Crisis Team response; and
4. Prepare to brief the CIT member by gathering all available information.
5. Information sources should include, but are not limited to the following:
 - a. Observations of the person's actions and demeanor;

- b. Interviews conducted on the scene with family and friends of the individual; and
 - c. Making careful note of any medical conditions, mobility issues, medications or medical equipment involved. These are important indicators in assessing the situation
6. If a CIT deputy is unavailable, responding deputies shall request a supervisor. When time and circumstances permit, deputies should employ de-escalation techniques as outlined in OPS 0501 Use of Force. The goal is to safely and peacefully resolve the situation, preventing imminent harm to the individual or others.
 7. The Department of Emergency Services (DES) may dispatch CIT deputies from neighboring sectors to assist with calls involving individuals in mental health or emotional crises, provided patrol supervision allows.
 8. When interacting with youth or children in crisis, deputies should contact the Youth Mobile Crisis Team for support. To de-escalate situations, officers should employ developmentally appropriate tactics, such as maintaining a calm and reassuring demeanor and avoiding threatening language.

C. CIT Deputy/Supervisor

1. The CIT deputy will assume the lead role of interacting with the individual.
2. When feasible, CIT deputies will explore alternatives to arrest for individuals experiencing a mental health or emotional crisis.
3. Employ crisis intervention techniques to safely and effectively de-escalate situations.
4. When feasible, utilize de-escalation and crisis resolution techniques before resorting to force.
5. Collaborate with mental health professionals on joint responses to crises.
6. When appropriate, the person in crisis will be referred to community support programs. Utilizing the 1-800-NEXT-STEP/410-874-0711 crisis hotline, Mobile Crisis Team, and resources, which may include the walk-in crisis center, will be a high priority. All such resources are accessible through the 24/7 crisis hotline.
7. Share relevant information with mental health professionals to ensure continuity of care.
8. Given the volatility of situations involving an individual in crisis, deputies will continually evaluate the safety of the situation on scene.

D. CIT in the Harford County Detention Center (HCDC)

1. CIT trained correctional deputies and support staff may be utilized in the following manner:
 - a. Identify inmates with potential mental health issues through observation and interaction.
 - b. Refer inmates with identified mental health needs to appropriate mental health professionals.
 - c. Utilize crisis intervention techniques to calm agitated inmates and prevent escalation of incidents.
 - d. Ensure the safety of inmates, staff, and other detainees during crises.
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E. CIT Coordinator

1. The CIT Coordinator will be responsible for the following:
 - a. Collecting data of CIT activations;
 - b. Ensuring CIT training remains current and relevant;
 - c. Acting as a liaison to allied partners in the behavioral health system;
 - d. Maintaining an accurate roster of CIT members; and
 - e. Assisting with the development of a selection process for CIT members.

F. CIT Liaison

1. The CIT Liaison will be responsible for the following:
 - a. Overseeing the overall CIT Program.
 - b. Providing updated lists of CIT trained personnel to the DES.
 - c. Creating and updating CIT policies and procedures.
 - d. Analyzing data to identify trends, areas for improvement, and program effectiveness.
 - e. Building and maintaining relationships with mental health stakeholders.
 - f. Ensuring adherence to CIT training standards and best practices.

G. CIT Member

1. The selection of new members ensures the growth and development of the team.
2. The CIT coordinator and Agency CIT liaison will oversee the selection process of new members.
3. Successful completion of the 40-hour CIT course is mandatory for all selected deputies.
4. Selection criteria may consist of, but is not limited to:
 - a. Current assignment (with priority for patrol personnel and HCDC Security Personnel);
 - b. Verbal de-escalation skills;
 - c. Disciplinary history review;
 - d. Performance Appraisal Rating;
 - e. Supervisory recommendations; and
 - f. Time in grade.

5. Upon successful completion of the CIT course, the member may wear the "CIT" pin as prescribed by Agency policy.

H. CIT Training

1. All entry level recruits and lateral hires will receive the 8-hour Mental Health First Aid training for Public Safety, or alternative training as determined by the Administrative Services Division Commander.
2. The Mental Health First Aid training will be a prerequisite for the CIT training program, or alternative training as determined by the Administrative Services Division Commander.
3. All training records will be maintained by the Training Academy.
4. The training curriculum will be reviewed and updated to reflect CIT best practices every 3 years.

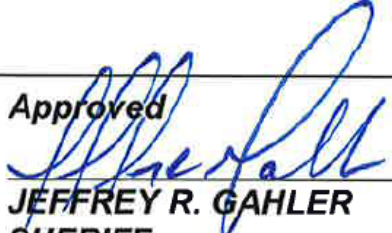
I. Documentation

1. CIT members will complete the CIT report in the RMS to document their actions.
2. Deputies without CIT training should note in their RMS narrative that mental health was a factor in the incident and check the corresponding box in the incident module.
3. Deputies can also complete an FIR and check the "Mental Health Related" box if they observe any potential mental health issues.

6. Summary of Changes

- A. On 12/17/24 this policy was revised resulting in substantial edits and revisions across the majority of sections in the document.
- B. Changed the policy title from "Crisis Intervention Team" to "Responding to persons Experiencing a Mental Health or Emotional Crisis and Crisis Intervention Team."
- C. Inserted new Section 5.F titled: *CIT Liaison*.
- D. Noted under Sections 5.H.1 and 5.H.2 the Administrative Services Division Commander determines any alternative training to the Mental Health First Aid training requirement.

Approved



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SHERIFF

DATE 1.20.25