

Louisville Metro Police Department

Standard Operating Procedures	SOP Number: 12.11
	Effective Date: 10/17/05
	Prv. Rev. Date: 10/10/19
	Revised Date: 12/19/22
Chapter: Special Response	Accreditation Standards: KACP: 30.8
Subject: Crisis Intervention Team (CIT)	

12.11 CRISIS INTERVENTION TEAM (CIT) (KACP 30.8)

12.11.1 PURPOSE

The purpose of the Crisis Intervention Team (CIT) is to provide a proactive approach, by using trained officers in the uniformed divisions, to respond to **calls for service** and initiate contact with citizens who are dealing with a mental **health crisis**. By working actively with the mental health community and frequently with the criminal justice system, the program can promote favorable long-range alternatives when dealing with citizens with mental health **issues**. Citizens with ongoing mental health **issues** can be identified and measures can be taken to reduce the frequency of police contacts.

12.11.2 DEFINITIONS

Advisory Board: A group of stakeholder agencies in the community, including the Louisville Metro Police Department (LMPD), who meet quarterly to discuss issues that arise in the response to **mental health emergencies and determine** the needs of the mentally ill and possible improvements to the CIT program.

Alcohol and/or Drug Abuse: The use of any alcoholic beverage, or drug, which results in intoxication, or dependency, from continued use. The dependency induces a mental, emotional, or physical impairment which causes socially dysfunctional behavior.

CIT Officer: A uniformed patrol officer who has successfully completed required training in crisis intervention techniques.

CIT Program Coordinator: Appointed by the Chief of Police. The CIT Program Coordinator is responsible for preparing monthly reports, facilitating coordinated training blocks, completing special projects, and overseeing the advisory board. The CIT Program Coordinator acts as the liaison between mental health professionals, community partners, and the LMPD.

Likelihood of Serious Physical Harm:

- Risk that serious physical harm will be inflicted by a person, upon their person, as evidenced by recent threats, verbal or otherwise, or attempts to inflict physical harm.
- Risk that serious physical harm will result due to the impairment of their capacity to make decisions, as evidenced by the inability to provide for their basic needs (e.g. food, clothing, shelter), including the ability to seek hospitalization, or treatment, or purposely disregarding treatment through non-compliance and their failure or refusal to take prescribed medications.
- Risk that serious physical harm will be inflicted upon another, as evidenced by recent overt acts, behavior, or threats, including acts or threats having caused harm or which would place a reasonable person in fear of sustaining such harm.

Mental Illness: A medical condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning. Mental illnesses are medical conditions that often result in a diminished capacity for coping with the ordinary demands of life.

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12.11.2 DEFINITIONS (CONTINUED)

Reasonable Grounds: A set of facts or circumstances which would satisfy an ordinarily cautious and prudent person that there is reason to believe **mental health intervention is necessary**, and **such belief** goes beyond mere suspicion.

12.11.3 PROCEDURES FOR CIT

CIT officers are assigned to the Patrol Bureau and respond to routine calls for service when not acting in a CIT capacity. CIT officers report directly to their shift supervisors and will respond to calls that meet specific criteria.

CIT notification criteria include, but are not limited to:

- Any incident where a mental **health emergency** requires officers to be dispatched or to respond (e.g. disorderly person talking to themselves).
- Any **call for service** involving a Mental Inquest Warrant (MIW).
- Any incident where there are reasonable grounds to believe that the subject is **experiencing a mental health emergency** and may harm themselves or others. The officer will take the subject under involuntary hospitalization pursuant to Kentucky Revised Statute (KRS) 202A.041.
- Any request by a qualified mental health professional to transport for involuntary hospitalization, **when the requirements are met under KRS 202A.041**.
- Any incident where the subject voluntarily accompanies an officer and there is reason to believe that the safety of the public, and the subject, are best served by the officer transporting the subject to a facility for voluntary commitment.

As required by KRS 210.365(9), a **Kentucky Crisis Intervention Report**, available on the Kentucky Open Portal Solution (KYOPS), will be completed on every CIT **call for service and transmitted as soon as possible**. The only exception is if a CIT officer determines that the run is not a CIT **call for service** upon reaching the scene and re-classifies the **call** prior to clearing. A paper copy of the **Kentucky Crisis Intervention Report** will be printed, via the MDT printer, and left with the receiving facility (e.g. University of Louisville Hospital Emergency Psychiatry Services). A paper copy may be printed for the officer's case file, if necessary.

If the KYOPS, Mobile Data Terminal (MDT), or printer is down, the officer will complete a hardcopy CIT Incident Report form (LMPD #03-08-0186). The officer will leave a copy of the form with the receiving facility.

In order to comply with KRS 210.365(9), the officer will scan and email a copy of the form to the "LMPD Data Resolution Unit" user group, located within the department's email distribution list, by the end of his/her next tour of duty. The form will be entered into the KYOPS E-Crisis system by the LMPD Data Resolution Unit. This procedure will only be used by officers who have not been issued an MDT.