NOPD CONSENT DECREE MONITOR
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File Number: 37PA-191555

VIA ELECTRONIC MAIL (tafaverill@nola.gov)

Deputy Superintendent Timothy Averill
Compliance Bureau, New Orleans Police Department
714 Broad Street
New Orleans, LA 70119

RE: Policy Approval

Dear Superintendent Averill:

This letter constitutes confirmation that the Office of Consent Decree Monitor ("OCDM") has reviewed and provided comments on the revised Chapter 41.25, Crisis Intervention. The OCDM has no objection to the policy as revised.

We believe that the revised Chapter 41.25, Crisis Intervention, incorporates all requirements of the Consent Decree and sets forth clear and appropriate rules to guide officer conduct. We will continue to assess the adequacy of this policy following its implementation. If we identify any concerns following implementation, we will present those concerns to you and the Department of Justice. Additionally, we note that, pursuant to the Consent Decree, NOPD has agreed to review and revise policies and procedures as necessary upon notice of a significant policy deficiency. We also note NOPD's obligation to review this policy after a year of implementation to ensure it "provides effective direction to NOPD personnel and remains consistent with the Agreement, best practices, and current law." Consent Decree at ¶ 18.

We appreciate your team's effort, cooperation, and responsiveness throughout this process.

Very truly yours,

David Douglass
For SHEPPARD MULLIN RICHTER & HAMPTON LLP*
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CC: HONORABLE SUSIE MORAN (VIA ELECTRONIC MAIL)
EMILY GUNSTON, DEPARTMENT OF JUSTICE (VIA ELECTRONIC MAIL)

NEW ORLEANS POLICE DEPARTMENT OPERATIONS MANUAL

CHAPTER: 41.25

TITLE: CRISIS INTERVENTION

EFFECTIVE:
REVISED:

PURPOSE

1. This Chapter sets forth NOPD policy on handling and supervising situations involving individuals in crisis, including but not limited to 103M (crisis disturbance) and 27-29S (attempted suicide) events. This Chapter includes guidelines for the screening, training, organization, and duties of the Crisis Intervention Team (CIT) Program and NOPD officers.

2. It is NOPD's policy to ensure a high level of service is provided to all members of its service communities. NOPD recognizes the need to bring community resources together for the purpose of safety and to assist and resolve crises. Individuals in crisis will be treated with dignity and will be given access to the same law enforcement, government, and community services provided to all community members. The Department recognizes that many people experience crises and do not commit crimes.

3. During all encounters, NOPD members will consider whether the individual may be in crisis. The ideal resolution for a crisis incident is that the individual is diverted from the criminal justice system and connected with resources that can provide long-term stabilizing support.

4. Interactions with individuals in crisis carry the potential for violence and may require officers to make difficult judgments about the mental state and intent of the individual. This requires special police skills and training to effectively and legally interact with the individual in a productive manner and avoid unnecessary violence and potential liability. When an officer engages with an individual in crisis, the officer will attempt to de-escalate the situation.

5. As first responders, NOPD officers may encounter victims, witnesses, or suspects who are in crisis. They may be called upon to help people obtain psychiatric attention or other needed services. Helping people and their families obtain the services of mental health or substance abuse organizations, hospitals, clinics, and shelter care facilities is an important role for law enforcement. No single policy or procedure can address all of the situations in which officers, communications personnel, and other agency personnel may be required to provide assistance to persons in crisis. This policy is intended to address the most common types of interactions with people in crisis.

DEFINITIONS

Coroner's Emergency Certificate (CEC)—A CEC is a commitment certificate signed by the Coroner and valid for 15 days from its issuance. When presented with a valid CEC, officers shall take the individual stated on the papers into custody and deliver the individual to the receiving facility indicated on the certificate.

Crisis—An incident in which someone is experiencing intense feelings of personal distress (e.g., anxiety, depression, fear, anger, panic, hopelessness), obvious changes in functioning (e.g., neglect of personal hygiene, unusual behavior), or catastrophic life events (e.g., disruptions in personal relationships, support systems, or living arrangements; loss of autonomy or parental rights; victimization; natural disasters), which may, but not necessarily, result in an upward trajectory or intensity culminating in thoughts or acts that are possibly dangerous to his or herself and/or others.

Crisis intervention—The attempt by a member to de-escalate an encounter with an individual in crisis and return the individual to a pre-crisis level or divert the person to other services when appropriate.

Crisis Intervention Team (CIT)—The Crisis Intervention Team is composed of certified officers who respond to persons in crisis, with the objective of diverting them from the criminal justice system and connecting them to appropriate mental health and substance use treatment services.

CIT officer—A commissioned member of the NOPD who has volunteered, been selected, received 40 hours of specialized training for crisis-related calls for service, and been certified as a Crisis Intervention Team officer. In addition to their regular duties, CIT officers are specifically assigned as primary responders to crisis disturbance calls. CIT officers are assigned to each NOPD district and maintain their standard patrol duties except when called to respond to potential crisis events. CIT officers work in cooperation with community partner mental health facilities and organizations.

CIT Planning Committee—The CIT Planning Committee is comprised of NOPD command leadership, City-contracted mental health professionals, civilian leadership of CTS, local municipal government, the New Orleans Metropolitan Human Services District, community mental health professionals, professionals from emergency health care receiving facilities, members of the local judiciary, the Orleans Parish Criminal Sheriff's Office, homeless services agencies, mental health professionals and advocates, and relevant community partners. The CIT Planning Committee shall direct the development and implementation of the CIT program. The Superintendent is responsible for appointing and removing members and determining their tenure.

Crisis Transportation Service (CTS)—The Crisis Transportation Service is an emergency transportation van staffed by civilian volunteer personnel (CTS Technicians). The Crisis Transportation Service is authorized by the Superintendent to assist patrol units in processing and transporting individuals in crisis who are not under arrrest. The Crisis Transportation Service will generally be available seven days a week from 10:00 A.M. until midnight. Refer to **Chapter 41.26 – Crisis Transportation Service** for more information.

Dangerous to others—The condition of a person whose behavior or significant threats support a reasonable expectation that there is a substantial risk that he or she will inflict physical harm upon another person in the near future (La. R.S. 28:2(3), ChC. Art 1404(3)).

Dangerous to self—The condition of a person whose behavior, significant threats, or inaction supports a reasonable expectation that there is a substantial risk that he or she will inflict

physical or severe emotional harm upon his or her own person (La. R.S. 28:2(4), ChC. Art 1404(4)).

Detention—A restriction of movement or freedom to move. It may be of any duration.

Developmental disability—Severe chronic disabilities that can be cognitive or physical or both. The disabilities appear before the age of 22 and are likely to be lifelong. Some developmental disabilities are largely physical issues, such as cerebral palsy or epilepsy. Some individuals may have a condition that includes a physical and intellectual disability, for example Down syndrome or fetal alcohol syndrome. Refer to La. R.S. 28:451.2(12) for the state definition.

Gravely disabled—The condition of a person who is unable to provide for his/her own basic physical needs, such as essential food, clothing, medical care, and shelter, as a result of serious mental illness or substance abuse and is unable to survive safely in freedom or protect himself/herself from serious harm; the term also includes incapacitation by alcohol and/or drugs, which means the condition of a person who, as a result of the use of alcohol and/or drugs, is unconscious or whose judgment is otherwise so impaired that he/she is incapable of realizing and making a rational decision with respect to his/her need for treatment (La. R.S. 28:2(10), ChC. Art 1404(11)).

Individual in crisis—An individual in a state of crisis (see **Crisis** under **Definitions**). The individual in crisis is referred to as the "consumer" on the Crisis Intervention Form.

Intellectual disability—A disability characterized by significant limitations in both intellectual functioning and adaptive behavior that covers many everyday social and practical skills. Limitations in intellectual functioning involve the person's difficulty processing information and making decisions. Limitations in adaptive behavior include problems communicating effectively and carrying out practical everyday living skills. Many people with intellectual disability are mildly affected, making the disability difficult to recognize. This disability generally originates before the age of 18.

Mental Illness—A mental illness is a condition that impacts a person's thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis. Refer to La. R.S. 28:2(20) and ChC. Art 1404(17) for state definitions.

Order for Protective Custody (OPC)—An OPC is a commitment certificate signed by the Coroner or a judge from a court of competent jurisdiction. The certificate is valid for 72 hours from its issuance. When presented with a valid OPC, officers shall take the individual stated on the papers into custody and deliver the individual to the receiving facility indicated on the certificate.

Physician's Emergency Certificate (PEC)—A PEC is a commitment certificate signed by a licensed physician. The certificate is valid for 72 hours from its issuance. When presented with a valid PEC, officers shall take the individual stated on the papers into custody and deliver the individual to the receiving facility indicated on the certificate.

Receiving facility—For the purposes of this Chapter, receiving facility refers to any screening and treatment facility that can provide a mental health examination.

Substance abuse—The harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs.

CIT PLANNING COMMITTEE

6. The purpose of the CIT Planning Committee is to build an effective crisis incident

response based on best practices, innovation, and experience. The CIT Planning Committee shall direct the development and implementation of the CIT Program. The CIT Planning Committee shall work collaboratively with NOPD to:

(a) Analyze outcome data, critical incidents, and other pertinent information to recommend appropriate changes to relevant chapters and training methods regarding police contact with individuals in crisis with the goal of de-escalating the potential for violent encounters and diverting appropriate individuals from jail;
(b) Reevaluate NOPD's overall CIT program, study national models, and make recommendations on modifications to the design of the CIT program;
(c) Review and approve the NOPD CIT training;
(d) Develop policies and procedures for the disposition or referral of individuals to jails, receiving facilities, and local mental health agencies that clearly describe the roles and responsibilities of those entities and of the NOPD;
(e) Enhance community connections with advocates and mental health professionals and provide a seamless system of care for people in crisis.

CIT COORDINATOR

7. The CIT Coordinator shall be responsible for the following:

(a) Maintaining a database of CIT calls for service via Crisis Intervention Forms;
(b) Working with the Education and Training Division to develop CIT training;
(c) Acting as the NOPD's liaison with other agencies involved in the mental health community;
(d) Maintaining a current roster of all CIT officers;
(e) Overseeing the development and implementation of a selection process for CIT officers;
(f) Annually evaluating the performance of all CIT officers and forwarding the evaluations to the supervisors of the CIT officers. If the CIT Coordinator determines an officer is unsuitable for the program, he/she shall discuss dismissal from the program with the Deputy Chief of Field Operations Bureau and document the dismissal and its justification in writing;
(g) Annually reviewing this Chapter and revising as needed;
(h) Seeking relevant outcome indicators from partner agencies;
(i) Reviewing outcome data to:
    1. Recognize officers deserving commendation;
    2. Develop new response strategies for repeat calls for service;
    3. Identify training needs;
    4. Make CIT curriculum changes; and
    5. Identify and address other issues that hinder NOPD's crisis response.
(j) Publicly reporting CIT outcome data, aggregated as necessary to protect privacy.

CIT OFFICER SELECTION

8. Officers must volunteer for the advanced training. The CIT Coordinator shall screen all new CIT officer volunteers. Selection criteria include:

(a) Supervisory recommendations;
(b) PIB records and other disciplinary history;
(c) Insight employee summary report; and
(d) Interviews.

9. Preference shall be given to officers with at least three years of field experience.

CIT PIN

10. Only trained and active CIT officers are authorized to wear a CIT pin.

COMMUNICATIONS SERVICES RESPONSIBILITIES

11. The quality of information gathered by call takers can affect the way officers respond to and resolve a call for service. Gathering information is critical at all stages in assessing the situation but is particularly critical at the beginning.

12. When a call is received about the actions or behavior of a person potentially in crisis, it is essential that call takers try to collect information to prepare the responding officers, including:

    (a) The nature of the problem behavior;
    (b) Name of the individual potentially in crisis;
    (c) Events that may have triggered the person's behavior;
    (d) History of treatment for mental illness; and
    (e) The presence of weapons.

13. The party calling about a person in need may be able to provide additional information such as:

    (a) Past occurrences of this or other abnormal behaviors;
    (b) Past incidents involving injury or harm to the individual or others;
    (c) Previous suicide threats;
    (d) Reliance on medication or failure to take medication;
    (e) Names of and contact information for relatives, friends, or neighbors available to assist officers; and
    (f) Names of and contact information for physicians or mental health professionals or peer supporters available to assist officers.

14. Communications Services shall:

    (a) Dispatch the nearest available CIT officer and backup unit from the district of occurrence; or
    (b) If there are no available CIT officers clear to respond in reasonable proximity to the call location, determine if a CIT officer handling a lower priority call in the district of occurrence can be reassigned to the call; or
    (c) If unsuccessful at dispatching a CIT officer in the district of occurrence, Communications may attempt to dispatch the nearest available CIT officer from another district; or
    (d) If no CIT officers are available to respond, the assigned officers shall handle the call in accordance with training and the guidelines provided in this Chapter.

15. Communications Services shall notify an NOPD supervisor whenever a CIT officer is requested but not available.

16. In exigent circumstances, Communications Services may immediately dispatch the nearest available non-CIT officer.

17. Communications Services dispatchers shall relay as much information as possible to all units responding to a call for service involving individuals in crisis.

18. CIT calls for service shall be assigned and responded to by a minimum of two officers.

The first officer on the scene shall, if circumstances permit, wait until backup arrives before handling the call.

19. If requested by responding officers or when circumstances dictate, a supervisor and additional units shall be assigned.

20. All assigned units shall continue to the location until the primary unit has signaled a "Code 4" when it has determined additional backup is not necessary. The supervisor, however, shall respond to the scene if en route.

21. Communications Services shall dispatch the Crisis Transportation Service (CTS) to the scene if available. CTS shall not respond directly to the scene until an officer has secured the scene. CTS shall wait at a safe location close to the scene until summoned by a responding officer or supervisor who has secured the scene.

FIRST RESPONDING OFFICER

22. The first responding officer, if not a CIT officer, should perform the following:

    (a) Secure the scene, especially with regard to the safety of the officer, the subject, and any bystanders;
    (b) Determine if the circumstances require the continued response of a CIT officer and inform Communications Services of the status. Beware of a premature Code 4; and
    (c) Gather all available information to brief the CIT member upon his/her arrival. Information sources should include but are not limited to the following:
        1. Observations of the subject's actions, demeanor, etc.;
        2. The name(s) of individual(s) involved; and
        3. Interviews of family/friends on scene.

23. If a CIT officer is not available to respond to the scene, the first responding officer(s) should follow the instructions below on how to handle the situation.

CIT OFFICER RESPONSE

24. The CIT officer has control of the scene involving an individual in crisis and has the discretion to determine strategies for resolving the event, unless expressly relieved by an on-scene supervisor in exigent circumstances (for example, if a CIT officer is injured or involved in a use of force). This Chapter does not apply in unusual or emergency situations (e.g. barricaded subjects per Policy 414 and SWAT rolls per Policy 408) when other, specialized teams are required by necessity and regulation to resolve the incident.

25. The primary goal of CIT officers is to establish, develop, and implement safe, proactive, and preventive methods of containing emotionally explosive situations that could lead to violence.

26. When responding to calls involving individuals in crisis, CIT officers should obtain as much information as possible to assess and stabilize the situation (see **First Responding Officer** above).

27. Officers are not expected to diagnose a mental illness or developmental disability but are expected to decide on an appropriate response to the individual and the situation. Officers shall perform a rapid assessment and respond based on that assessment. Recognizing symptoms that may indicate mental illness or developmental disability will help in deciding on an appropriate response.

28. To properly address the situation, CIT officers will attempt to determine:

    (a) The severity of the behavior;
    (b) The potential for rapid change in behavior; and
    (c) The potential for physical danger presented by the person in distress to himself/herself or others.

RESPONSE TO CRISIS AND DISPOSITION DECISION

29. Once sufficient information has been collected about the nature of the situation and the scene has been stabilized, the officer has several options to consider when selecting an appropriate disposition for the call for service. The officer frequently has the discretion to not arrest. Exercising the discretion to not arrest is particularly appropriate in situations in which the person's behavior is related to a person's mental illness or developmental disability. Officers' discretion should be guided by the goal of diverting individuals with mental illness or developmental disability from criminal justice involvement, following these guidelines when appropriate, given the nature and seriousness of the incident:

    (a) Harmless behavior which appears to be related to an illness, disorder, or disability
        1. Non-criminal: Provide a print-out with contact information for obtaining community-based services (refer to Crisis Intervention Resources in the Resources folder on www.nopd.org.).
        2. Criminal: Verbal warning and provide contact information for obtaining community-based services.
    (b) Indication of mental health needs
        1. Non-criminal: Refer the individual to appropriate services.
        2. Criminal: Refer the individual to appropriate services, document crime on the Crisis Intervention Form, and issue verbal warning.
    (c) Indication of urgent mental health needs
        1. Non-criminal: Transport to voluntary services, if possible, preferably using the Crisis Transportation Service.
        2. Criminal: Transport to voluntary services, if possible, preferably using Crisis Transportation Service, document crime on the Crisis Intervention Form, and issue verbal warning.
    (d) Imminent risk of serious harm to self or others
        1. Non-criminal: Protective custody and involuntary transport to hospital, preferably using Crisis Transportation Service.
        2. Criminal: Protective custody, involuntary transport to hospital, preferably using Crisis Transportation Service, document crime on the Crisis Intervention Form, and issue verbal warning.
    (e) Escalation of harmful symptomatic behavior
        1. Non-criminal: Protective custody and involuntary transport to hospital, preferably using Crisis Transportation Service; coordinate with appropriate services as possible.
        2. Criminal: Arrest and booking.
    (f) Escalated risk of serious harm to self or others, resistant to all other interventions
        1. Non-criminal: Protective custody and involuntary transport to hospital, preferably using Crisis Transportation Service; coordinate with appropriate services as possible.
        2. Criminal: Arrest and booking.

30. The officer shall inform Communications Services that it is safe for the Crisis

Transportation Service to come to the scene to assist with the de-escalation and disposition of the incident.

31. EMS may be summoned in the following instances:

    (a) For an individual who has a medical emergency and requires ambulance transport to an emergency department.
    (b) For an individual who is unable to walk or extremely obese or has other unique circumstances and therefore is unable to be transported by NOPD.

32. If the individual has capacity and refuses emergency medical treatment and transport by EMS, the responding officer must transport the individual to the closest receiving facility if an involuntary examination is going to take place. EMS will have the final authority to determine whether an individual is capable of refusing medical treatment and transport by EMS.

33. An officer can arrest an individual in crisis only when the officer has probable cause to believe the individual has committed a crime. Having a mental illness or developmental disability is not a crime, and no person should be arrested for behavioral manifestations that are not criminal in nature.

34. Officers shall contact their supervisor as soon as practicable when arresting a person who exhibits mental illness or developmental disability.

35. The officer shall inform Central Lock-Up of the perceived mental illness of any person charged with a crime and whom NOPD transports to Central Lock-Up.

36. If the person has injuries or a non-psychiatric medical condition, the person shall be taken directly to a hospital for initial medical treatment with the approval of a supervisor. After medical clearance is received at a hospital emergency department, NOPD shall transport the person to Central Lock-Up for booking.

AUTHORITY OF AN OFFICER TO ENACT INVOLUNTARY EXAMINATION

37. An officer may take a person into protective custody and transport him/her to a treatment facility for a medical evaluation when, as a result of the officer's **personal observation**, the officer has reasonable grounds to believe the person is a proper subject for involuntary admission to a treatment facility because the person is acting in a manner dangerous to himself or dangerous to others, is gravely disabled, and is in need of immediate hospitalization to protect such a person or others from physical harm.

38. For involuntary examinations, *if there is no apparent medical emergency,* the officer should contact the Crisis Transportation Service (CTS) to assist on scene and provide transport to the nearest receiving facility. Officers **<u>must accompany</u>** CTS when CTS is transporting an individual. If CTS is not available, officers shall transport the individual to the nearest receiving facility provided they have secured permission from their supervisor. Officers may only transport in a vehicle with a safety screen, and a minimum of two officers must accompany the person being transported in a patrol unit.

39. Officers shall contact an NOPD supervisor when taking an individual into protective custody and prior to transporting.

40. An officer may involuntarily commit a person, in accordance with Paragraph 36, who has violated a provision of law that warrants a physical arrest. Officers shall consult with their supervisor to determine if the person shall be incarcerated rather than committed

when criminal charges lie.

41. Officers shall not state to any person that involuntary admission may result if such person does not voluntarily admit himself/herself unless the officer is prepared to execute a certificate of committal (La. R.S. 28:52(D)).

42. Officers should use reasonable and necessary precautions to avoid a violent encounter with the person being taken into temporary protective custody (La. R.S. 28:53.2(C) (5)).

43. Officers shall take persons into custody under any of the following circumstances (La. R.S. 28:53):

    (a) There is an original Physician's Emergency Certificate (PEC) signed by a licensed physician. A PEC shall be valid for 72 hours from its issuance;
    (b) There is an original Order for Protective Custody (OPC) signed by the Coroner or judge from a court of competent jurisdiction. An OPC shall be valid for 72 hours from its issuance; or
    (c) There is an original Coroner's Emergency Certificate (CEC) signed by the Coroner. A CEC shall be valid for 15 days from its issuance.

44. Officers may contact the Coroner's office at 658-9660 to confirm the validity of commitment papers.

45. The officer shall deliver any commitment papers received by him/her to the receiving facility as indicated on the commitment papers.

46. Officers are not required to complete any applications nor should they alter any commitment certificates in any way.

47. The officer shall provide an oral summary to a receiving facility staff member regarding the circumstances leading to the involuntary detention. The receiving facility will receive a written summary of the incident when the officer submits a Crisis Intervention Form and selects the appropriate receiving facility.

DETENTION IN CIVIL COMMITMENTS

48. The detention of a person pursuant to La. R.S. 28:53(L) does not constitute an arrest but rather a civil commitment and protective custody.

49. In taking a person into protective civil custody, officers may take reasonable steps to protect themselves (La. R.S. 28:53(L) (3)). All provisions for the use of force shall follow the requirements of **Chapter 1.3 – Use of Force**.

RESTRAINTS

50. Where necessary to protect an officer, the individual, or others, the officer may use restraints consistent with **Chapter 1.3.1.1 - Handcuffing and Restraint Devices**.

51. Crisis Transportation Service members may also use approved restraints consistent with **Chapter 1.3.1.1 - Handcuffing and Restraint Devices** and as limited by **Chapter 41.26 – Crisis Transportation Service**.

RECEIVING FACILITIES

52. A PEC, OPC, or CEC will direct the destination for the individual. In the absence of commitment papers for involuntary commitments, officers shall transport the individual to

the nearest emergency department or, if preferable, an alternative receiving facility listed in **Appendix A**. Emergency departments must accept all patients according to Emergency Medical Treatment Active Labor Act (EMTALA) of 1986 unless on full diversion of all medical disabilities.

TRANSPORTATION

53. Officers shall search the individual before transporting in accordance with **Chapter 71.1 – Prisoner Transportation and Guarding**.

54. When transporting any individual in custody for a mental illness evaluation, the handling officer shall direct Communications Services to notify the receiving facility of the estimated time of arrival, the level of cooperation of the individual, and any special care needs of the individual that are reasonably known to the officer.

55. Officers have three transportation options:

    (a) EMS, when there is a medical emergency;
    (b) CTS, in non-arrest situations. **Officers must accompany or follow CTS**; and
    (c) A marked police unit with a safety screen, in criminal or non-criminal situations. Two officers must accompany an individual in crisis transported in a police unit.

56. Violent individuals may be transported by EMS in cases of *medical emergencies*. An officer must accompany EMS to the receiving facility and may restrain the individual prior to transport in accordance with **Chapter 1.3.1.1 - Handcuffing and Restraint Devices**.

57. Upon arrival at the treatment facility and presentation of the individual for intake, the officer shall be relieved of any further responsibility, and the person shall be immediately examined by the receiving facility (La. R.S. 28:53(L) (2)). Officers shall remain with the individual at the treatment facility until the facility has assumed responsibility for the individual.

CRISIS TRANSPORTATION SERVICE

58. Officers **must accompany** CTS when CTS is transporting the individual.

59. It should be noted that CTS members are not police officers and are not armed. Officers responding to calls with CTS shall remember that the CTS members are responding in an assistance capacity and are not equipped to effectively deal with situations requiring specialized training in police techniques.

60. For more information on the use of CTS, refer to **Chapter 41.26 – Crisis Transportation Service**.

SAFEKEEPING OF FIREARMS AND WEAPONS

61. Whenever a person has been detained or taken into custody for evaluation pursuant to La. R.S. 28:53(L) only and is found to have in his/her possession or under his/her immediate control any firearm or other deadly weapon, or contraband, not involved in a criminal offense or illegally possessed, the handling officer shall:

    (a) Confiscate the firearm or weapon for safekeeping;
    (b) Issue a property receipt to the owner/possessor;
    (c) Place the firearm or other deadly weapon or contraband into Central Evidence and Property as Property under the owner/possessor's name until further

processing and release; and
(d) Document the confiscation in an electronic police report.

62. Any weapons or contraband not in the individual's immediate possession or control are governed by **Chapter 1.2.4 – Searches and Seizure**.

SECURING OFFICER WEAPONS

63. If a receiving facility prohibits officers' carrying duty weapons or if an extraordinary event occurs in the treatment facility and officers determine a need to secure their firearms, the firearm shall be secured in the appropriate gun locker at the facility or in accordance with **Chapter 1.4 – Authorized Firearms**.

CRISIS INTERVENTION FORM AND INCIDENT DOCUMENTATION

64. Upon completion of a crisis intervention incident involving a 103M, 27-29S, or any other signal in which a CIT officer is specifically dispatched for crisis intervention purposes, the CIT officer, responding officer, or CTS technician at the direction of a responding officer shall complete and submit the electronic Crisis Intervention Form (Form #348).

65. A Use of Force Report shall be completed if required pursuant to **Chapter 1.3.6 – Reporting Use of Force**.

66. An Incident Report shall be generated if there is an allegation of a crime.

67. The Crisis Intervention Form shall be referenced in all other Departmental reports.

CALL DISPOSITIONS

68. Classifications of calls for service involving 103M, 27-29S, or any other signal in which a CIT officer is specifically dispatched for crisis intervention purposes can only be changed by on-air approval of a supervisor.

BODY WORN CAMERA

69. Officers shall utilize body worn cameras in accordance with **Chapter 41.3.10 – Body Worn Cameras** to document the entirety of the event, from arrival up to and including the transfer of the individual to Central Lock-Up or a receiving facility.

TRAINING

70. The Commander of the Education and Training Division or his/her designee shall develop a plan for training officers who respond to crisis intervention calls in accordance with this Chapter and Department policy. Training will reflect changes in policy, law, and developments in best practices over time.

71. All CIT supervisor and officer candidates must complete the 40-hour CIT training prior to being assigned CIT duties. This training based on Memphis CIT model should include volunteer local area professionals and advocates to the greatest extent possible. This training shall include not only lecture-based instruction, but also on-site visitation and exposure to mental health providers, intensive interaction with individuals with mental illness, and scenario-based de-escalation skills training.

72. All CIT supervisors and officers shall complete eight hours of CIT in-service training annually.

73. All recruits shall receive at least 16 hours of crisis intervention training.

74. All supervisors and officers shall attend four hours of in-service training on this Chapter and responding to crisis intervention calls for service on an annual basis.

75. NOPD shall offer crisis intervention training to all current dispatchers and new dispatchers within 90 days of their start date to enable dispatchers to identify calls for service that involve individuals in crisis. NOPD will also offer annual in-service training to dispatchers.

76. Crisis intervention training shall emphasize mental health-related topics, developmental disability topics, crisis resolution skills, de-escalation training, and access to community-based services.

APPENDIX A – INVOLUNTARY COMMITMENT RECEIVING FACILITIES

In involuntary commitments, the officer may transport the individual in crisis to one of the following, preferably using the Crisis Transportation Service:

(a) A community mental health center;
(b) A public or private general hospital;
(c) A public or private mental hospital;
(d) A detoxification center;
(e) A substance abuse clinic; or
(f) A substance abuse in-patient facility (La. R.S. 28:53(L), ChC. Art. 1433).