




Clayton County Police Department

PROCEDURES

Subject RESPONDING TO MENTAL ILLNESS & MENTAL HEALTH CRISIS SITUATIONS		Procedure # D37	
Authorizing Signature 	Effective 09-03-2024	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Rescinds	Total Pages 8

I. PURPOSE

To provide guidance and procedures to employees when responding to and/or encountering persons who may have a mental illness or suspected of experiencing a mental health crisis.

II. POLICY

The policy of the Clayton County Police Department (CCPD) is to investigate and resolve all criminal and non-criminal incidents involving persons who may have a mental illness or display characteristics indicative of a mental health crisis, and to provide for the safe and ethical treatment of such person by utilizing all available reasonable methods and resources. The goal is to de-escalate the situation safely for all individuals involved when reasonable and consistent with established safety priorities.

III. DEFINITIONS

Emergency Receiving Facility: Pursuant to OCGA § 37-3-1(5), a facility designated by the Department of Behavioral Health and Developmental Disabilities (DBHDD) to receive patients under emergency conditions as provided in OCGA § 37-3-41; 37-3-42; 37-3-43.

Form 1013: In Georgia, a 1013 form is a legal document that authorizes the involuntary transportation of a person for emergency psychiatric evaluation and treatment. The primary purpose of a 1013 form is to address mental health emergencies promptly and ensure the safety and well-being of persons experiencing a crisis. When a person exhibits signs of severe distress or poses a risk of harm, a 1013 may be initiated to authorize their transportation to a designated facility for a thorough psychiatric evaluation. Essentially, it serves as a tool to ensure that persons in immediate need of mental health intervention receive the necessary care, even if they are unwilling or unable to seek help voluntarily.

A. Certificate Authorizing Transport to Emergency Receiving Facility & Report of Transportation (Mental Health): This is **page 1** of 2 of the *Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) Form 1013*; it is executed by any physician stating that he/she has personally examined a person within the preceding forty-eight (48) hours and found that, based upon observations set forth in the certificate, the person appears to be a mentally ill person requiring involuntary treatment; it expires seven (7) days after it is executed. Refer to OCGA § 37-3-41.

- B. Report of Peace Officer or Other Person Proving Transportation: This is **page 2** of 2 of the *Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) Form 1013*; it is a written report **completed by a peace officer** detailing the circumstances under which a person was taken into custody by the peace officer and transported to an emergency receiving facility, or transported pursuant to a court order or physician's certificate, and is made a part of the person's clinical record. Refer to OCGA § 37-3-41 & 37-3-42.

Involuntary Treatment: Pursuant to OCGA § 37-3-1(9.3), inpatient or outpatient treatment which a patient is required to obtain pursuant to OCGA § 37-3-1 et seq.

Mental Health Crisis: Per the National Alliance on Mental Illness (NAMI), a mental health crisis is "any situation in which a person's behavior puts them at risk of hurting themselves or others and/or prevents them from being able to care for themselves or function effectively in the community". Anyone can experience a mental health crisis. They can even occur in people without a diagnosed mental health condition.

Mental Illness: Per the National Alliance on Mental Illness (NAMI), a mental illness is a condition that affects a person's thinking, feeling, behavior or mood. These conditions deeply impact day-to-day living and may also affect the ability to relate to others.

IV. PROCEDURES

A. Statutory Guidance

OCGA § 37-3-1 et seq., defines and outlines the legal authority and limitations of both the medical and law enforcement professions while interacting with the mentally ill.

B. Recognizing Abnormal Behavior [CALEA 41.2.7(a)]

Only a trained mental health professional can diagnose mental illness, and even then, they may sometimes find it difficult to make a diagnosis. Employees are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors that are potentially indicative of a person experiencing a mental health crisis, particularly those that suggest potential violence and/or danger. The following are generalized signs and symptoms of behavior that may suggest an individual is experiencing a mental health crisis, but each should be evaluated within the context of the entire situation. However, employees should not rule out other potential causes such as effects of alcohol or psychoactive drugs, or temporary emotional disturbances that are situational or medical conditions.

1. Strong and unrelenting fear of persons, places or things. The fear of people or crowds, for example, may make the individual extremely reclusive or aggressive without apparent provocation.
2. Extremely inappropriate behavior for a given context. For example, a motorist who vents their frustration in a traffic jam by physically attacking another motorist may be emotionally unstable.
3. Frustration in new or unforeseen circumstances; inappropriate or aggressive behavior in dealing with the situation. However, this fact does not necessarily restrict an officer from responding to any threatening acts with physical control techniques, detention or arrest.
4. Memory loss related to such common facts as name, home address, or other information that should be commonly known by the individual, although these may be signs of other physical ailments such as injury, dementia, or Alzheimer's disease.
5. Delusions, defined as the belief in thoughts or ideas that are false, such as delusions of grandeur ("I am Christ.") or paranoid delusions ("Everyone is out to get me.").

6. Hallucinations of any of the five (5) senses (e.g., seeing, hearing, tasting, smelling or feeling something that isn't there).
7. The belief that one suffers from extraordinary physical ailments that are not possible, such as persons who are convinced that their heart has stopped beating for extended periods of time.
8. Extreme confusion, fright, paranoia, or depression.
9. Obsession with recurrent and uncontrolled thoughts, ideas, and images.
10. Feelings of invincibility.

C. Assessing Risk

1. Officers may use several indicators to assess whether a person suspected of having a mental health crisis represents potential danger to themselves or others. These include the following:
 - a. The availability of any weapons.
 - b. Threats of harm to self or others or statements by the individual that suggest that they are prepared to commit a violent or dangerous act.
 - c. A personal history that reflects prior violence under similar or related circumstances. The individual's history may already be known to the officer, or family, friends, or neighbors might provide such information.
 - d. The amount of self-control that the individual exhibits, particularly the amount of physical control, over emotions such as rage, anger, fright, or agitation.
 - e. Indications of substance use, as these may alter the individual's self-control and negatively influence an officer's capacity to effectively use de-escalation strategies.
 - f. The volatility of the environment. Agitators that may affect the individual or create a disruptive environment or incite violence should be considered and mitigated, e.g., the mere presence of a police vehicle, an officer in uniform, and/or a weapon may be seen as a threat to the individual and has the potential to escalate a situation.
 - g. Aggressive behaviors such as advancing on or toward an officer, refusal to follow directions/commands combined with physical posturing, and verbal or nonverbal threats.
2. Failure to exhibit violent or dangerous behavior prior to the arrival of the officer does not guarantee that there is no danger.
3. A person who may be experiencing a mental health crisis may rapidly change their presentation from calm and compliant to physically active. A variation in the person's physical presentation does not necessarily mean they will become violent or threatening, but officers should be prepared at all times for a rapid change in behavior.
4. Context is crucial in the accurate assessment of behavior. Officers should consider the totality of circumstances requiring their presence and overall need for intervention.

D. Response to Persons Experiencing a Mental Health Crisis [CALEA 41.2.7(c.)]

If an employee determines that an individual is experiencing a mental health crisis and they are a potential threat to themselves, the employee, or others, law enforcement intervention may be required, as prescribed by statute. All necessary measures should be employed to resolve any conflict safely using the appropriate intervention to resolve the issue. All employees shall adhere to the following procedures.

1. Request a backup officer. Always do so in cases where the individual will be taken into custody. Non-sworn personnel should request an officer when recognizing abnormal behavior as described in this policy.

2. If a mental illness is suspected or determined to be the reason for the person's abnormal actions and/or behavior, request emergency medical services (EMS) to assist with the assessment and treatment of the individual.
3. Notify the on-duty supervisor who shall respond to the scene and/or assess the situation and provide further guidance on necessary resources. Based on the totality of circumstances the on-scene officer and/or supervisor may request assistance from individuals with specialized training in dealing with mental illness or crisis situations, e.g., Crisis Intervention Team (CIT), Police Social Worker (PSW), etc.
4. Contact and exchange information with a treating clinician or mental health resource for assistance, based on law and statute.
5. Take steps to calm the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet non-threatening manner when approaching or conversing with the individual. Where violence or destructive acts have not occurred, avoid physical contact, and take time to assess the situation.
6. Create increased distance, if possible, in order to provide the officer with additional time to assess the need for force options. Officers will use only that force that is reasonably necessary to effectively bring an incident under control while protecting their lives and others. See also CCPD SOP: A5: *Use of Force*.
7. Utilize environmental controls, such as cover, concealment, and barriers to help manage the volatility of situations.
8. Move slowly and do not excite the individual. Provide reassurance that officers are there to help and that the individual will be provided with appropriate care.
9. Ask the individual's name or by what name they would prefer to be addressed and use that name when talking with the individual.
10. Communicate with the individual in an attempt to determine what is bothering them. If possible, speak slowly and use a low tone of voice. Relate concern for the individual's feelings and allow the individual to express feelings without judgment.
11. Where possible, gather information on the individual from acquaintances or family members and/or request professional assistance, if available and appropriate, to assist in communicating with and calming the individual.
12. Generally, do not threaten the individual with arrest, or make other similar threats or demands, as this may create additional fright, stress and potential aggression. However, should arrest or detention be necessary, the officer should inform the person of what is about to occur, ask for their cooperation, and proceed with taking them into custody.
13. Avoid topics that may agitate the individual and guide the conversation towards subjects that help bring the situation to a successful conclusion.
14. Always attempt to be truthful with the individual. If the individual becomes aware of a deception, they may withdraw from the contact in distrust and may become hypersensitive or retaliate in anger.

E. Resolution of Incidents

The safety of everyone is the priority of the Department. All incidents involving persons who may have a mental illness or suspected of experiencing a mental health crisis shall be completed either through departmental personnel negotiating voluntary compliance and treatment and/or lawful resolution.

F. Involuntary Treatment Procedures

Only sworn personnel may utilize involuntary treatment procedures.

1. Involuntary Treatment

- a. Pursuant to OCGA § 37-3-42: A peace officer may take a person to a physician within [Clayton County] or an adjoining county for emergency examination by the physician, as provided in OCGA § 37-3-41, or directly to an emergency receiving facility if: (1) the person is committing a penal offense, and (2) the peace officer has probable cause for believing that the person is a mentally ill person requiring involuntary treatment. The peace officer need not formally tender charges against the individual prior to taking the individual to a physician or an emergency receiving facility.
- b. For other incidents requiring involuntary treatment resulting from a physician's certificate or court order, refer to OCGA § 37-3-41 and OCGA § 37-3-43.

2. Once an officer has determined they will or must place a person in custody for involuntary treatment, the following steps shall be taken:

- a. For officer safety and as a procedure of arrest, when taking into custody a person in accordance with OCGA § 37-3-42, the officer shall properly secure, detain and transport the person as if they were charged with the penal offense(s) they committed, regardless if formal criminal charges are/were pursued by the officer.

During all other circumstances (e.g., physician's certificate, court order, etc.) requiring the involuntary treatment of a person, it is the officer's discretion, based on the totality of the circumstances, on whether or not to secure, detain or transport the person in the same manner as if they were arrested for a penal offense. See also CCPD SOP: *D24: Transportation of Detainees*. In such circumstances, by law, the person is in the custody of the officer. Refer to OCGA § 37-3-41.

As noted above, arrest may be used solely or in combination with involuntary treatment. Charges do not have to be formally tendered prior to transporting the individual to the receiving facility.

- 1) Generally, on most misdemeanor crimes, it is at the discretion of the officer to obtain an arrest warrant if a committal has been made. Additionally, the officer may advise the victim of warrant procedures.
 - 2) However, when a felony or other serious offense is involved, or the crime involves domestic violence, officers shall notify their immediate supervisor regarding the offense(s) and/or charge(s). The officer shall obtain an arrest warrant, unless they are instructed not to pursue charges by their immediate supervisor.
 - 3) If the officer does not obtain an arrest warrant, the *Incident Report* shall be marked as active, and forwarded to the appropriate investigative unit for follow-up investigation.
- b. Once the officer's investigation is completed, they will transport the person to an emergency receiving facility within Clayton County for involuntary treatment.
 - 1) Before or during transport, the officer shall utilize the E911/Communications Center to (1) notify the emergency receiving facility of their pending arrival, and (2) have E911/Communications personnel verify immediate availability of resources (e.g., room or bed space, safe or padded room, security personnel, etc.) at the facility for the person in need of involuntary treatment.

If the emergency receiving facility does not have available resources at the time of the notification/inquiry, the officer will be diverted to a facility located in an adjoining county (e.g., DeKalb, Fayette, Fulton, Henry, etc.). Upon request from the officer, the E911/Communications Center shall seek, contact and determine an alternate emergency receiving facility in an adjoining county with available resources.

2) Upon arrival at the emergency receiving facility, the officer shall be responsible for the following:

(a) Remain with the person at all times until a physician examines them, determines they may be mentally ill, and executes a physician's certificate.

Pursuant to OCGA § 37-3-7, any person who abandons or leaves any patient on the grounds of any state owned or state operated psychiatric hospital without the permission of the regional state hospital administrator of the hospital commits the offense of criminal trespass.

(b) Register/admit the person with the emergency receiving facility's triage and/or charge nurse.

(c) For any and all incidents involving involuntary treatment (e.g., officer's determination, physician's certificate, court order, etc.), officers shall complete the Report of Peace Officer or Other Person Proving Transportation (page 2 of 2) of the *Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) Form 1013*, and submit it to the emergency receiving facility's personnel, to be placed in the mentally ill person's clinical record.

NOTE: For any and all incidents involving involuntary treatment, make a copy of the completed Report of Peace Officer or Other Person Proving Transportation (page 2 of 2), signed by the reporting peace officer, to include with departmental documentation. Due to the health information contained in the document, officers may not be able to obtain a copy of the Report of Peace Officer or Other Person Proving Transportation page after it is formally submitted.

(d) The *Georgia DBHDD Form 1013* may be obtained by the reporting officer from the Charge Nurse in the Emergency Room of most hospitals.

See *Appendix A* of this procedure for the *Georgia DBHDD Form 1013* which consists of the Certificate Authorizing Transport to Emergency Receiving Facility & Report of Transportation (Mental Health) page 1 of 2, and the Report of Peace Officer or Other Person Proving Transportation page 2 of 2.

See *Appendix B* of this procedure for the *Steps for the Completion of the Georgia DBHDD Form 1013* as it relates to the completion of the Report of Peace Officer or Other Person Proving Transportation page 2 of 2.

See *Appendix C* of this procedure for the *Georgia DBHDD Frequently Asked Questions (FAQ) Regarding the "Form 1013 and Form 2013"*.

G. Voluntary Treatment Procedures

Voluntary treatment procedures require the involvement of sworn personnel.

1. Officers may encounter situations and circumstances involving a person that may have a mental illness where no criminal offense(s) is/are alleged or committed. However, the lack of criminal allegations or acts may not alleviate the need for the individual to seek voluntary treatment from a physician. Upon receiving a request or consent from such person, an officer may transport them to an emergency receiving facility for voluntary treatment.

Officers are not required to stand by or remain with the person in the emergency receiving facility if seeking voluntary treatment. Officers will only ensure that the person makes it to, and meets with, the triage/registration desk/nurse before departing. It will be clearly stated to the facility personnel that the person is there voluntarily and not in the custody of the officer.

2. Officers, non-sworn personnel and members of the public may utilize the Georgia Crisis & Access Line (GCAL), 1-800-715-4225, available twenty-four (24) hours per day, seven (7) days per week, and sponsored by the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD). Employees and the public may also visit: <https://www.georgiacollaborative.com/providers/georgia-crisis-and-access-line-gcal/> for more information regarding GCAL. This information may be provided by employees to the public during any incident involving persons who may have a mental illness or suspected of experiencing a mental health crisis. It may be used to make mental health referrals on such individuals and/or provide available resources for the individual's family members. [CALEA 41.2.7 b.)]

The Georgia Crisis & Access Line, at their discretion, may dispatch or implement the use of a mobile crisis team, depending on the circumstances. The use of a mobile crisis team does not require the officer to remain at the scene until or after their arrival, unless requested.

3. Police Social Worker (PSW)

Consideration shall be given to utilize the PSW in those circumstances where the recipient may benefit from their experience and assistance.

- a. The PSW is a non-sworn employee of the CCPD that supports the Department's response to **non-criminal calls** for service that involve persons who may have a mental illness and substance abuse to homeless and indigent. The PSW is not a first responder.
- b. The Criminal Investigations Division (CID) Commander (Major) is in charge of the PSW operations. Hence, the CID Commander, or authorized designee, shall decide whether or not a PSW will respond and/or assist on a call.
- c. Officers seeking a response from a PSW for individuals that might benefit from services provided by the PSW, shall notify their immediate supervisor.
- d. **No officer shall request a PSW to respond unless they can ensure the incident and/or response location is safe.**

For further on PSWs and notifications refer to CCPD SOP: *E12: Police Social Workers*.

H. Reporting & Documentation

1. Officers shall complete an *Incident Report* for each incident involving a person who may have a mental illness or suspected of experiencing a mental health crisis, regardless of whether or not criminal charges were tendered or treatment was sought, required or obtained. Where the individual is taken into custody or referred to other agencies, officers should detail the reasons why.
 - a. Regarding a non-criminal incident or the execution of a physician's certificate or court order, the *Incident Report* shall be titled using the applicable departmental Incident Code(s). In circumstances when an individual is transported to a mental health facility for a psychiatric evaluation, provide documentation to the examining clinicians detailing the circumstances and behavior leading to the transport.
 - b. Regarding a criminal incident, regardless of whether or not criminal charges were tendered, the *Incident Report* will be titled using the applicable departmental Offense Code(s) for the penal offense(s) alleged or committed. The person shall be listed in the

report as the offender or suspect, whichever is applicable to the circumstances and outcome of the officer's investigation.

- c. Non-sworn employees who are involved in or witnesses to incidents involving persons who may have a mental illness or suspected of experiencing a mental health crisis, will complete a written statement, if requested by the reporting officer or a supervisor.
2. In addition to the requirements of departmental procedures on field reporting, the *Incident Report* shall document and detail the following:
 - a. Incident involving the person;
 - b. Officer's investigation and actions taken;
 - c. Evidence supporting or opposing probable cause that a penal offense was committed;
 - d. Evidence supporting or opposing probable cause that the person may have a mental illness or suspected of experiencing a mental health crisis requiring involuntary treatment.
 - e. Notification of the emergency receiving facility, if applicable;
 - f. Verification that the emergency receiving facility had available resources at the time of transport, if applicable;
 - g. Identification of the emergency receiving facility utilized;
 - h. Confirmation that a Report of Peace Officer or Other Person Proving Transportation (page 2 of 2) of the *DBHDD Form 1013*, was completed and submitted to the emergency receiving facility, if applicable; and
 - i. Confirmation that a copy of the Report of Peace Officer or Other Person Proving Transportation (page 2 of 2) of the *DBHDD Form 1013*, was obtained and attached to the *Incident Report*, if applicable .

For further on reporting and documentation refer to CCPD SOP: *D9: Field Reporting*.

V. TRAINING

The type and extent of mental illness training may vary between sworn and non-sworn personnel. However, it is recognized by this Department that all personnel interact with the public and need guidance and training for interacting with persons who may have a mental illness and/or experiencing a mental health crisis.

A. Entry-Level Training for All Personnel [CALEA 41.2.7(d)]

1. As required by the Georgia Peace Officers Standards & Training Council (GPOSTC), the Department will provide entry-level training on mental illness to all non-certified police recruits, during the Basic Law Enforcement Training Course (BLETC), prior to their assuming sworn status.
2. In addition, the Department will provide entry-level training on mental illness to all personnel, to include all sworn and non-sworn employees.

B. Annual Refresher Training for All Personnel [CALEA 41.2.7(e)]

Annually, the Department will provide mandatory refresher training on mental illness to all sworn and non-sworn personnel.

VI. CANCELLATION

This procedure amends and supersedes the following standard operating procedure: *D37: Mental Illness*, dated October 2, 2023.