




# Clayton County Police Department

# PROCEDURES

Subject <b>RESPONDING TO MENTAL ILLNESS &amp; MENTAL HEALTH CRISIS SITUATIONS</b>		Procedure # <b>D37</b>	
Authorizing Signature 	Effective <b>05-06-2026</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Rescinds	Total Pages <b>8</b>

## I. PURPOSE

The purpose of this policy is to provide guidelines and procedures for employees when responding to or encountering persons who are suspected of having a mental illness or 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 exhibit signs of a mental health crisis. The CCPD provides for the safe and ethical treatment of these individuals by utilizing all reasonable methods and resources. The Department's goal is to de-escalate situations safely for everyone involved, whenever reasonable and consistent with 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 even then, a diagnosis can be difficult to make. Employees are not expected to diagnose mental or emotional conditions, but rather to recognize behaviors indicative of a mental health crisis, particularly those suggesting potential violence or danger. While the following are generalized signs and symptoms of a crisis, each should be evaluated within the context of the entire situation. Employees shall not rule out other potential causes, such as the effects of alcohol, psychoactive drugs, situational emotional disturbances, or underlying medical conditions.

1. Strong and unrelenting fear of persons, places, or things. For example, a fear of people or crowds may make an individual extremely reclusive or aggressive without apparent provocation.
2. Extremely inappropriate behavior for a given context. For example, a motorist who vents frustration in a traffic jam by physically attacking another driver may be emotionally unstable.
3. Frustration in new or unforeseen circumstances; causing inappropriate or aggressive behavior. However, this does not restrict an officer from responding to threatening acts with physical control techniques, detention, or arrest.
4. Loss of memory regarding common facts, such as name or home address, though these may also be signs of physical ailments like injury, dementia, or Alzheimer's disease.
5. 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. A sensory experience involving any of the five (5) senses (e.g., seeing, hearing, tasting, smelling or feeling) that occurs when things are not there.
7. Believing in extraordinary medical conditions that defy biological reality (e.g., believing one's heart has stopped but they are still walking).
8. Severe confusion, intense fright, paranoia, or deep depression.
9. Being consumed by recurrent, uncontrolled thoughts or images.
10. A dangerous sense of being untouchable or incapable of being harmed.

### 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:
  - a. The availability of any weapons.
  - b. Threats of harm to self or others, or statements by the individual suggesting they are prepared to commit a violent or dangerous act.
  - c. A personal history that reflects prior violence under similar or related circumstances (known to the officer or provided by family, friends, or neighbors).
  - d. The amount of self-control the individual exhibits, particularly 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 use de-escalation strategies.
  - f. Given the volatility of the environment, personnel must identify and manage external environmental stressors that may affect the individual, create a disruptive environment, or incite violence (e.g., loud noises, crowded areas, lighting, or significant uniformed officer or marked police vehicle presence).
  - g. Aggressive behaviors, such as advancing on an officer, refusing to follow directions or commands while engaging in physical posturing, or making 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 experiencing a mental health crisis may rapidly change their presentation from calm and compliant to physically active. While this variation does not necessarily mean they will become violent, officers must always be prepared 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 poses a potential threat to themselves, the employee, or others, law enforcement intervention may be required, as prescribed by statute. All necessary measures shall be employed to resolve conflicts safely using appropriate interventions. 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 shall request an officer when recognizing abnormal behavior as described in this policy.
2. Request emergency medical services (EMS). If a mental illness is suspected or determined to be the reason for the person's abnormal actions and/or behavior, request EMS to assist with assessment and treatment.
3. Notify an on-duty supervisor, who shall respond to the scene or assess the situation to provide guidance. Based on the totality of circumstances, the supervisor may request assistance from specialized units (e.g., Mobile Crisis Team, Co-Responder Unit, Police Social Worker, Police Human Services Specialist) to manage the emergency safely.
4. Exchange information. Contact and exchange information with a treating clinician or mental health resource for assistance, based on law and statute.
5. De-escalate the situation. Where possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet, non-threatening manner. Where violence or destructive acts have not occurred, avoid physical contact and take time to assess the situation.

6. Create distance. Increase distance, if possible, to provide additional time to assess the need for force. Officers will use only the force 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 how they would prefer to be addressed, and use that name when speaking with them.
10. Communicate with the individual to determine what is bothering them. If possible, speak slowly and use a low tone of voice. Express concern for the individual's feelings and allow them to express themselves without judgment.
11. Where possible, gather information from acquaintances or family members and request professional assistance, if available and appropriate, to assist in 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. If the individual becomes aware of a deception, they may withdraw in distrust and become less cooperative.

#### E. Resolution of Incidents

The safety of everyone is the priority of the Department. Personnel shall resolve incidents involving suspected mental illness or crisis through voluntary compliance, treatment, or other lawful means.

#### F. Involuntary Treatment Procedures

Only sworn personnel may utilize involuntary treatment procedures.

##### 1. Involuntary Treatment

- a. Pursuant to OCGA § 37-3-42 (a) (1) A peace officer may take any person to a physician within the 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 (i) the person is committing a penal offense, and (ii) 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 under this Code section. The peace officer shall execute a written report detailing the circumstances under which the person was taken into custody; and this report shall be made a part of the patient's clinical record.
  - 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) committed, regardless of whether formal criminal charges are 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, whether or not to secure, detain, or transport the person in the same manner as if they were arrested for a penal offense. In such circumstances, by law, the person is in the custody of the officer.

See also OCGA § 37-3-41 and CCPD SOP: *D24: Transportation of Detainees*.

As noted above, the power of 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, for 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. After the investigation is complete, the officer shall transport the person to an emergency receiving facility within Clayton County for involuntary treatment.
- 1) Before or during transport, the officer shall use E911/Communications to:
    - (a) Notify the emergency receiving facility of the officer's arrival; and
    - (b) Verify immediate resource availability (e.g., bed space, safe/padded room, security personnel, etc.) at the facility for the person in need of involuntary treatment.
  - 2) If the emergency receiving facility does not have available resources at the time of the notification/inquiry, the officer shall be diverted to a facility located in an adjoining county (e.g., DeKalb, Fayette, Fulton, Henry, etc.).
  - 3) Upon request from the officer, E911/Communications shall locate and contact an alternate emergency receiving facility in an adjoining county with available resources.
- c. Upon arrival at the emergency receiving facility, the officer shall be responsible for the following:
- 1) Remain with the person at all times until a physician completes an examination, 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.
  - 2) Register/admit the person with the emergency receiving facility's triage or charge nurse.
  - 3) For all involuntary treatment incidents (e.g., officer's determination, physician's certificate, court order), officers shall complete page 2 of the Georgia Department of Behavioral Health & Developmental Disabilities (DBHDD) Form 1013 "Report of Peace Officer or Other Person Proving Transportation" and submit it to the emergency receiving facility's personnel, to be placed in the person's clinical record.

**Note:** Officers shall make a copy of the completed Georgia DBHDD Form 1013 (page 2), that is signed by the reporting officer, for departmental records. Due to the health information contained in the document, officers may not be able to obtain a copy after it is formally submitted.

- 4) The Georgia DBHDD Form 1013 may be obtained by officers from the Emergency Room Charge Nurse in most hospitals.

See Appendix A of this policy 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 Providing Transportation (page 2 of 2).

See Appendix B of this policy 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 policy 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 can contact the Georgia Crisis & Access Line (GCAL) at 1-800-715-4225. This service is available 24/7 and is 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 who are 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.)]

GCAL, at its 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 their arrival, unless requested.

## H. Reporting & Documentation

1. Officers shall complete an *Incident Report* for each incident involving a person who may have a mental illness or who is suspected of experiencing a mental health crisis, regardless of whether criminal charges were filed or treatment was sought, required, or obtained. Where the individual is taken into custody or referred to other agencies, officers shall detail the reasons for the action.
  - 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). When an individual is transported to a mental health facility for a psychiatric evaluation, officers shall provide documentation to the examining clinicians detailing the circumstances and behavior leading to the transport.
  - b. Regarding a criminal incident, regardless of whether criminal charges were filed, 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 who are suspected of experiencing a mental health crisis, shall 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. The specific 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 is experiencing a mental health crisis or has a mental illness 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. Completion and submission of the Georgia DBHDD Form 1013 (page 2) to the emergency receiving facility, if applicable.
    - i. Attachment of the Georgia DBHDD Form 1013 (page 2) copy to the Incident Report, if applicable.

See also CCPD SOP: *D9: Field Reporting*.

## V. SUPPORT PERSONNEL/UNITS

### A. Request for Response or Assistance

1. Officers shall consider utilizing Criminal Investigation Division (CID) support personnel when their expertise would benefit individuals with a suspected mental illness or mental health crisis.
2. Requesting officers must notify their immediate supervisor; the CID Commander (or designee) holds final authority over unit deployment.

### B. Co-Responder Program

1. This program pairs a sworn officer with a mental health professional; as a unit, they respond specifically to mental health situations.
2. Co-Responder Units (CRUs) provide onsite de-escalation, assessments, and service referrals.
3. Program Goals:
  - a. Promote safety and de-escalate situations.
  - b. Improve outcomes and connect individuals to appropriate care.
  - c. Enhance collaboration and strengthen partnerships between police, clinicians, and the community.
  - d. Build trust through empathetic and professional response.
  - e. Reduce calls for service to allow uniformed patrol officers to return to duty.

### C. Police Social Workers (PSWs)

1. PSWs are non-sworn employees who assist with **non-criminal** mental health calls. **The PSW is not a first responder.**

2. PSWs collaborate with sworn officers to seek mental health resources for persons who are exhibiting mental health distress but not exhibiting criminal conduct.
  3. **Officers shall not request a PSW to respond unless the officer can ensure the incident and/or response location is safe.**
- D. Police Human Services Specialist (PHSS)
- A PHSS is a non-sworn employee who assists the PSW with non-criminal calls and related duties. For further information on PSWs and PHSS, refer to CCPD SOP: *E12: Police Social Workers*.

## VI. 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 individuals who may have a mental illness and/or suspected of-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.

## VII. CANCELLATION

This procedure amends and supersedes the following standard operating procedure: *D37: Mental Illness*, dated September 3, 2024.