



CHATHAM COUNTY POLICE DEPARTMENT

STANDARD OPERATING PROCEDURES

SOP # OPS-014:

EFFECTIVE: 02/01/18

CRISIS INTERVENTION

REVISION: 06/24/22

PURPOSE

The purpose of this policy is to establish guidelines for the Chatham County Police Department (CCPD) to use when dealing with persons who are impaired cognitively, emotionally, or behaviorally as a result of psychological, biochemical, genetic, or other factors such as infection or head trauma.

POLICY

The CCPD recognizes that mental illness is prevalent within our community, and we are generally the first public service agency that many persons encounter when they are experiencing a crisis. In order to provide the best possible level of assistance, CCPD will respond to all calls for assistance as quickly as possible and, whenever possible, utilize officers who are members of the Crises Intervention Team. Officers will handle calls involving mentally ill persons with great sensitivity while also remembering that violence can occur with virtually no notice.

DEFINITIONS

Crises - Any event that taxes a person's ability to cope emotionally.

Mental Illness - any of various disorders in which a person's thoughts, emotions, or behavior are so abnormal as to cause suffering to himself, herself, or other people.

Crises Intervention Team – A volunteer group of officers and communications specialists who have successfully completed the forty hour Peace Officers Standards and Training (POST) Council certification and are duly recognized by the State of Georgia and the CCPD

Involuntary Patient – A person who has been committed to the custody of a mental health facility pursuant to a valid physician's certificate order of a Licensed Clinical Social Worker with the Mobile Response Team or court judge.

Imminent Danger- The possibility of an immediate act that could endanger a person's health or well-being.

PROCEDURE

I. MENTAL ILLNESS RECOGNITION

- A. There is a multitude of mental illnesses that affect a large number of persons in our society. While each may have their own symptoms, it is imperative that officers be

aware of the following universal behaviors that are strong indicators of an altered mental state:

Others will say that an impaired person is not "himself."

They may behave in a way dangerous to themselves or to others.

They may withdraw into themselves, talking only to themselves.

Persons with a mental illness may have sensations that are not based on reality, such as visions, strange odors, peculiar tastes, or voices -- all or any one of these sensations may be experienced by the impaired person. They may have sensations about themselves that are not realistic.

Persons with a mental illness may also have unrealistic ideas about themselves, such as:

They may believe that they have a grand position.

They may believe that they are worthless (e.g., extreme depression).

They may have delusions (e.g., unrealistic ideas) about the world.

They may exaggerate events that occur.

They may believe the world is more unfriendly than it is.

They may have strange losses of memory or not know the time, or where they are, or who they are.

- B. When officers or civilian employees encounter someone, either during a field interview or formal interview, who is exhibiting symptoms of a mentally ill or impaired person, they should:
 - 1. Take time to evaluate the situation.
 - 2. Not intimidate the person.
 - 3. Avoid unnecessary excitement or exaggerated movements.
 - 4. Not express themselves in emotional terms.
 - 5. Not try to deceive them.
- C. Officers should always be prepared to respond to sudden violent outbursts by persons with mental illnesses.
- D. The types of impaired (abnormal) behaviors that are most dangerous are the violent, depressed/suicidal, or where physical illness or loss of memory is involved. Impaired (abnormal) behaviors seen most often by law enforcement officers include:
 - 1. The psychopathic personality.
 - 2. The alcoholic.
 - 3. The drug addict.
 - 4. The sex offender.
 - 5. The mentally retarded.
 - 6. The mental disorders of old age.
- E. During field interviews, as well as in-custody interviews, Officers should constantly watch for persons displaying symptoms of mental illnesses.

- F. During formal interviews, investigators should inquire as to a person's capacity by asking the following questions:
 - 1. How far did you go in school?
 - 2. Can you read and write?
 - 3. Are you now using any drugs or alcohol?
 - 4. Do you have any mental impairment that would interfere with your ability to answer questions?
- G. CCPD Officers are expected to be familiar with mental health facilities in the community and methods for referring patients. The local United Way referral service is available by dialing 912-651-7730 on the telephone.

II. INTERACTION

- A. The CCPD Communications Unit has three specific call classifications to accommodate the dispatching of CIT Officers:
 - 1. Mental Patient.
 - 2. Person with a Gun (or) Person with a Knife / Mental Patient.
 - 3. Suicide / Attempt.
- B. CIT Officers may also be dispatched at the request of on-scene or responding Officers and Supervisors needing CIT services.
- C. It is the intent of the CCPD to respond and provide crisis intervention service in a safe and timely manner. Therefore, it is important that calls for CIT service are dispatched and that CIT Officers respond in a timely manner.
- D. On all police service calls involving mentally ill persons in a disturbance/crisis event (regardless of the call classification), the Communications Officer will dispatch the nearest available Precinct CIT Officer(s) and other necessary support units.
- E. If a CIT Officer is not available within the Precinct of the designated call event, the Communications Officer shall attempt to dispatch a CIT Officer from another Precinct.
- F. If no CIT Officer is available, the Communications Officer shall inform the responding patrol Officers that NO CIT Officer is available.
- G. A Precinct Supervisor will be dispatched on the crisis call if no CIT Officers are available.
- H. A minimum of three Officers will be dispatched, one of which should be a CIT Officer.
- I. If CIT Officers are not available within the Precinct of the designated call event – the Communications Officer shall attempt to dispatch the nearest available CIT Officer (jurisdiction-wide).
- J. If a CIT Officer is not available jurisdiction-wide, two (2) Officers and a Sergeant will be dispatched.
- K. Upon completion of the scene assessment, the Supervisor may request the first available in-service, jurisdiction-wide CIT Officer to be dispatched to the scene event or to the facility to which the subject of the call is transported.

III. OFFICER RENDEZVOUS REQUEST

- A. Officer safety procedures work well when Officers coordinate on a rendezvous point near a dispatched call event location.
- B. Officers and Supervisors shall take notice as to the nature and circumstances of dispatched calls that suggest that an immediate response by Officers is necessary.
- C. The intent is not for a lengthy, timely CIT rendezvous time that might compromise circumstances suggesting a more immediate, timely scene response (an appropriate number of scene Officers are also part of crisis services).

IV. OFFICER'S REQUEST FOR CIT

- A. Officers may request a CIT Officer via the Communications Center on a scene event where a CIT Officer is not present, and circumstances suggest the need for a CIT Officer.
- B. The request may be for one of more CIT Officers, additional patrol units, and/or a Supervisor.

V. OFFICERS AND CIT OFFICERS ARRIVING TOGETHER ON A CRISIS EVENT

- A. CIT Officers have the duty and responsibility of the scene event and, if necessary, should advise other Officers of requests that support a team effort for a safe and appropriate disposition.
- B. CIT Officer(s) shall maintain scene responsibility unless otherwise directed by a commanding officer.
- C. CIT Officer(s) arriving after other Officers have arrived on the scene will make an assessment and either assist the scene Officer(s) as needed or assume the role as the primary scene Officer.
- D. The CIT Officer's role is intended to be the leader; however, a delayed arrival may dictate that the CIT Officer's role would best be in service as a support Officer and to assist where deemed necessary.
- E. The CIT Officer's role may change from support to leader at the discretion of the CIT Officer.
- F. To accommodate the service availability of CIT Officers, the on scene CIT Officer shall designate the transporting car of a person who is to be transported to a receiving evaluation/treatment facility. CIT Officers will consider the following issues:
 - 1. If the person is considered to be very emotionally fragile and/or is in an acute level of crisis, then the more appropriate transport would be from that of the CIT Officer (a CIT Officer decision).
 - 2. If the person has been placed in a patrol car and removing the individual would be considered hazardous and/or dangerous, then that patrol unit should be the transporting vehicle.
 - 3. Cooperation should be extended to CIT Officers. If possible, CIT Officers who are familiar with the scene event should write the primary report.
 - 4. Supervisors may be called to ensure compliance with the intent of this directive. Supervisors maintain authority as to these situational circumstances.

VI. TRANSPORTING MENTAL PATIENTS

- A. A CCPD Officer may, under exigent circumstances, place an adult who appears to be in imminent danger and has not committed any punishable offense in protective custody and transport the person directly to an emergency receiving facility.
 - 1. In this instance, the Officer's purpose must be to seek medical care for the individual.
 - 2. CCPD Officers will complete a police report detailing how they encountered the person, the symptoms the person displayed, and the facility to which the person was delivered for involuntary treatment.
 - 3. Before Officers initiate such a transport, they will request their supervisor to respond to the scene to assist in the decision and provide their opinion regarding the gravity of the individual's condition.
- B. Police Officers will only transport persons the Officer has probable cause to believe is a mentally ill person and may require involuntary treatment.
 - 1. All mentally ill persons transported in CCPD vehicles will be handcuffed.
 - 2. Female mentally ill patients may only be transported by a female Officer or a two-Officer unit, with one being a female Officer.
 - 3. All Officers will advise Communications that they are transporting a person and will provide their starting mileage and the destination.
 - 4. Upon arrival at the destination, the officers will notify Communications of their arrival and ending mileage.
- C. Non-ambulatory or violent patients will not be transported in CCPD vehicles. An Ambulance will be summoned to transport these patients.
 - 1. CCPD Officers will not ride in an ambulance or other vehicle with a person who is considered mentally ill unless there are two Officers available and the person is extremely violent.

VII. CRIMINAL CHARGES

- A. Mental illness is not a crime; therefore, Officers are encouraged to use discretion when investigating cases that determine that a person might be better treated at a mental health facility than incarcerated.
- B. If an Officer does have criminal charges against a person who is involuntarily committed, the Officer shall place a "HOLD" at the mental health facility against the person and leave all the paperwork, at the Precinct, pending the person's release.

VIII. INVOLUNTARY PATIENTS LEAVING A FACILITY WITHOUT PERMISSION

- A. The Communications Officer will, upon notification by a hospital facility that an involuntary patient pursuant to any valid physician's certificate and a court order has escaped, dispatch an Officer to the hospital to take the report.
 - 1. The Communications Officer will verify telephonically that a valid hold is in place on the person.
- B. If the person is located, they will be returned to the facility by the Officer.

IX. TRAINING

- A. The CCPD Training Unit will be responsible for developing training for department personnel as to dealing with the mentally ill.
- B. All entry level recruits will receive training either through the Department or the State supported academy.
- C. The CCPD Training Unit will ensure that all department personnel receive documented training annually in dealing with mentally ill persons.
- D. This training will be conducted in collaboration with community mental health professionals.
- E. The curriculum will include topics such as, the recognition of mental illness, community resources available as referrals, legal intervention, use of combating physical violence, and any new legislation pertaining to mental illness.

BY ORDER OF:

Electronically Signed in PowerDMS on 06/24/2022

Jeffrey M. Hadley
Chief of Police