



# CHATHAM COUNTY POLICE DEPARTMENT

## STANDARD OPERATING PROCEDURES

**SOP ADM-028:**

**EFFECTIVE DATE: 09/21/23**

### **BEHAVIOR HEALTH UNIT**

#### **PURPOSE**

The purpose of this policy is to establish guidelines for the department regarding the Behavior Health Unit program and organizational structure.

#### **POLICY**

It is the policy of the Chatham County Police Department (CCPD) to establish a Behavior Health Unit (BHU.) This unit will oversee the Behavior Health Response Team (BHRT.) The Behavioral Health Response Team is to provide follow-up and connect individuals and families affected by substance abuse, co-occurring disorders, and known or suspected mental illness to community-based mental health treatment services.

#### **PROCEDURE**

##### **I. BEHAVIOR HEALTH UNIT**

- A. The BHU is organized under the Field Operations Division of CCPD.
- B. The BHU Supervisor reports directly to the Assistant Chief over Field Operations.
- C. The BHU is responsible for coordinating and overseeing the BHRT and the Enhanced Crisis Intervention Team (ECIT.)

##### **II. ENHANCED CRISIS INTERVENTION TEAM OFFICER**

- A. The Enhanced Crisis Intervention Team officer is to respond to substance abuse, suspected overdose, and suicidal subject calls to de-escalate crisis situations and develop rapport and referral. The ECIT officer's primary goal is to divert individuals in crisis to coordinated services designed to break the cycle of addiction and criminality while enhancing child and family permanency.
- B. The Enhanced Crisis Intervention Team (ECIT) consists of volunteer sworn CIT members who have completed the qualifying ECIT training course. A position in the ECIT program is open to non-probationary CIT officers who are assigned to uniform positions and have already completed the 40-hour GA CIT course. Officers completing the 24-hour ECIT training course will be identified by the "EC" skill identifier in the dispatch system.
  1. ECIT Officers must meet the following minimum criteria for selection:
    - a. Desire to provide service to people in a behavioral health crisis.
    - b. Commitment to perform self-initiated activities.
    - c. Ability to think systemically and engage in creative problem-solving.
    - d. Ability to clearly articulate use of force decision-making.

- e. Ability to use verbal de-escalation skills during crisis events.
  - f. Interest in representing the CCPD to community stakeholders.
  - g. Must not have an IA disciplinary history that would be detrimental to the unit.
2. Must not have a sustained use of force or mistreatment complaint involving a person with a mental illness within the last three years.
- C. ECIT officers remain under the operational control of their Precinct Supervisor. ECIT members assigned to patrol will be used for incidents involving persons in behavioral crisis due to a known or suspected mental illness. ECIT officers will have three primary roles:
- 1. Identify risk factors of a person in a mental health crisis to help the primary officer, CIT Officer, or supervisor make an informed decision. ECIT officers will have additional training on mental illness indicators and risk factors.
  - 2. To be a crisis response resource, ECIT officers will have familiarity with the Scaled Crisis Response Model, in which intelligence gathering and specific communication techniques can help de-escalate a person's crisis.  
[\\*\\*SEE ADDENDUM 1, ON THE SCALED CRISIS RESPONSE MODEL\\*\\*](#)
  - 3. To be a connector to resources.
- D. The BHU is tasked with assisting in the oversight of ECIT officers to ensure they continue to meet the listed qualifications. To ensure this task is complete, the BHU Commander will coordinate with the ECIT officer's command staff and Professional Standards Division. The BHU Commander shall:
- 1. Ensure the Professional Standard Division has an updated list of ECIT officers.
  - 2. Monitor all UOF alerts involving ECIT sent to an OPS for review.
  - 3. Communicate with the Commander of the ECIT officer regarding any alerts related to the officer's role as an ECIT officer.
  - 4. Review any sustained IA investigation against an ECIT member involving force or misconduct against a person with mental illness. No officers may participate in the ECIT program if they have been subject to disciplinary action based upon use of force or mistreatment of people with mental illness within the three years preceding the start of ECIT service, or during ECIT service.
  - 5. Notify the Precinct Commander of any action taken by an ECIT officer which may impact their continued participation on the Enhanced Crisis Intervention Team.
  - 6. Coordinate any decision to remove an ECIT officer from the team with the Precinct Commander.
- E. ECIT officers will respond Countywide, as needed, during their regular shift to in-progress calls involving persons in behavioral crisis. When no crisis calls are waiting, ECIT officers will perform their regular duties.

- F. ECIT officers will be dispatched to calls when there is a mental health component and involving one or more of the following circumstances:
  - 1. Upon request of a citizen,
  - 2. Upon request of the responding officer,
  - 3. The person is suspected of overdosing,
  - 4. The person has a weapon,
  - 5. The subject is threatening or attempting suicide, or
  - 6. The crisis call is at a designated residential mental health facility.
- G. ECIT officers will be dispatched as the primary officer as it relates to the mental health component of the call. The district officer will remain responsible for other aspects of the call, such as criminal investigations, collection of evidence, and completing the appropriate reports. ECIT officers may offer to complete these additional tasks if they have familiarity with the person in behavioral crisis or they can assist in coordinating a broader system response.
- H. The BHU will provide ECIT officers with resources, training support, and assistance in developing resolutions to mental health crisis calls.
- I. The Crisis Intervention Team (CIT) Coordinator will coordinate ECIT training courses that incorporate mental health providers, family advocates and mental health consumers.
- J. The BHU will meet regularly with the internal ECIT Internal Advisory Council, comprised of an ECIT officer, a CIT patrol officer, a patrol sergeant, and the Behavioral Health Response Team (BHRT) from each precinct. The ECIT Advisory Council will:
  - 1. Ascertain the effectiveness of the ECIT program and recommend changes.
  - 2. Identify additional resources needed at the operational level.
  - 3. Determine additional crisis intervention training requirements.
  - 4. Identify areas for improvement in the ECIT program.

### **III. BEHAVIOR HEALTH RESPONSE TEAM:**

- A. The BHRT is an essential component of the Behavioral Health Unit (BHU) that responds and conducts follow-up with individuals and families who have frequent or high-risk contact with police due to behavioral crises that may result from mental illness and/or substance abuse.
- B. The BHRT consists of a uniform officer partnered with a clinician. Officers must meet the following minimum qualifications to apply for the position:
  - 1. Police Officer, non-probationary.
  - 2. Strong interest in helping to improve the quality of life for people experiencing behavioral crises.

3. Effective skills for communicating with people in crisis.
  4. Excellent report-writing skills.
  5. Strong investigative skills.
  6. Strong collaborative skills
  7. Strong working knowledge of Chatham County Police policies.
  8. Must not have an IA disciplinary history that would be detrimental to the unit.
  9. Must not have a sustained use of force or mistreatment complaint involving a person with a mental illness within the last three years.
  10. Commitment to serve one year in the position.
- C. The selection process will include an extensive work history review (which will include an OPS and UOF review), input from supervisors and command staff, and an interview process.
- D. BHRT officers and clinicians will be required to attend the 24-hour Enhanced Crisis Intervention Team (ECIT) training. New BHRT officers and clinicians will ride with an experienced officer or clinician before being permanently paired with a partner. The Chatham County Police Department has a strong commitment to ensuring BHRT officers and clinicians attend the following training based on availability and funding:
1. Applied Suicide Intervention Skills Training (ASIST)
  2. Trauma Informed Care
  3. CIT-Youth
  4. HIPAA and Law Enforcement
  5. Threat Assessment
- E. The professional clinician provides on-scene mental health assessment and evaluation and provides linkages to community resources. Much of the work involves bringing structure and coordination to the lives of individuals in crisis that previously had random contact with the law enforcement system.
- F. BHRTs will have specialized areas of coverage aligned with precincts and availability to assist citywide as referrals dictate. BHRT will not be routinely dispatched to immediate crisis calls. BHRTs will self-dispatch to assist on appropriate calls that involve individuals they are actively assigned. If no ECIT officers are available, BHRTs will offer to assist when appropriate.
- G. BHRTs will work with individuals referred to the BHU. BHRTs will follow up when individuals are not in crisis to connect them to appropriate treatment and/or community resources. The goal of intervention and linkage is to reduce the individual's contacts with the Chatham County Police and the criminal justice system. Goals include:
1. Reduce risk factors.
  2. Reduce the frequency of police contact.
  3. Connect to appropriate community services.

- H. BHRTs receive referrals through [CCPDBHU@chathamcounty.org](mailto:CCPDBHU@chathamcounty.org), managed by the BHU supervisor. The BHU supervisor will review referrals to ensure the person lives in or has had police contact within the City of Savannah and Chatham County. The sergeants will make assignments based on BHU capacity and the following criteria (in order of priority):
  - 1. Risk to others
  - 2. Frequent contacts
  - 3. Escalating behavior
  - 4. Risk to Self
  - 5. Other
- I. Individuals referred to the BHRT who are already engaged in community services will be referred directly to their provider for follow-up. BHRTs may work with individuals who are enrolled with a provider on a limited basis with the goal of improving engagement.
- J. The BHRT does not provide any direct services. Instead, the primary goal of the BHRT is to link individuals to appropriate community providers. BHRTs will focus primarily on engagement, identification of resources and benefits, and assistance in connecting individuals to those services when possible and appropriate.
- K. The BHRT is both a resource to ECIT officers and to some of the city's most vulnerable people. By helping to connect individuals with social services, the BHRT hopes to reduce incidents of crisis that bring members of the community with actual or perceived mental illness into contact with the police.
- L. BHRT Officer responsibilities:
  - 1. The safety of their assigned clinician and the public. Ensure the scene is safe prior to the clinician's approach to conduct an assessment of an individual.
  - 2. Research individual history through police databases and share appropriate information with the clinician.
  - 3. Write appropriate police reports documenting their actions and provide feedback updates to the ECIT Officer who made the referral.
  - 4. Evaluate officer safety notification needs and coordinate the distribution of officer safety information to the Savannah Police and area law enforcement agencies.
  - 5. Assist in engaging the individual.
- M. BHRT Clinician responsibilities:
  - 1. Research individual history through mental health information resources. Share information with the officer in compliance with HIPAA (Health Insurance Portability and Accountability Act) legal restrictions on privacy and security of protected health information.
  - 2. Conduct mental health screening and assessment of individuals referred to the BHU to assist in determining the appropriate disposition for the individual's needs and safety.

3. Provide supporting documentation to the officer supporting the decision to detain and transport an individual for a mental health evaluation.
  4. Document clinician interactions with individuals in accordance with Gateway BHL policies and make appropriate safety notifications in the mental health information systems.
  5. Assist in engaging the individual.
- N. The BHU Supervisor, BHRTs and Gateway supervisors will meet weekly to discuss current referrals, progress, and share pertinent information between the Chatham County Police, Savannah Police and Gateway BHL.
- O. A High-Risk Assessment Team (HRAT) comprised of community service providers and criminal justice representatives was developed to create a forum to develop specific action plans for individuals who have frequent police contact and have actual or perceived mental illness and/or substance abuse. BHRTs regularly meet with the HRAT to partner with the various community resources and develop individual plans to connect individuals to appropriate resources.
- P. The BHRTs are directly supervised by the BHU Supervisor. The BHU Supervisor will notify the BHU Commander of any issue that would impact the officers' continued participation in BHU. In addition, the BHU Commander will work with the Professional Standards Division as follows:
1. Ensure the Professional Standard Division has an updated list of BHRT officers.
  2. Monitor all UOF alerts sent to the Supervisor for review.
  3. Review any sustained OPS investigation against an ECIT member involving force or misconduct against a person with mental illness. No officers may participate in the ECIT program if they have been subject to disciplinary action based upon use of force or mistreatment of people with mental illness within the three years preceding the start of ECIT service, or during ECIT service.
  4. Notify the Precinct Commander of any action taken by a BHRT officer that impacts their continued participation on the Behavioral Health Response Team.
  5. Coordinate any decision to remove a BHRT officer from the team through the Chain of Command.

**BY ORDER OF:**

*Electronically Approved in PowerDMS on 09/21/2023*

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**Jeffrey M. Hadley**  
**Chief of Police**

## **The Scaled Crisis Response Model**

### **Introduction**

Police use of force involving those experiencing mental health crises continues to make news headlines, fuel public protest movements and draw the investigative attention of the U.S. Department of Justice. With the number of police incidents involving persons suffering from mental illness rising in our communities, the conditions for these interactions are likely to grow in complexity and scrutiny. However, there are options for law enforcement agencies to improve these encounters by leveraging resources already at their disposal. The scaled crisis response model accomplishes this by providing a framework for law enforcement agencies to better utilize crisis negotiation resources and improve an agency's effectiveness in responding to the full spectrum of crises.

### **Background**

Across the country police agencies are looking for additional options for interacting with those experiencing mental health crises. This is due, in part, to public concern and scrutiny over police use of force in mental health interactions. Several models currently exist in law enforcement agencies to help address this concern. Some agencies use crisis intervention teams where officers have volunteered to take these types of calls while other agencies provide a varied number of crisis intervention training hours to all officers. While all efforts are laudable, agencies continue to have concerning levels of force interactions, suggesting that crisis intervention training, whether voluntary or mandatory, may be falling short of addressing the challenge.

Some in the country have called for the deployment of crisis negotiation teams (CNT) to all encounters involving armed persons in a mental health crisis. This approach is not practical, as these events occur too quickly for the deployment of a crisis negotiation team, while others do not rise to the level of complexity requiring a full CNT callout. If an agency's CNT is only used when the CNT is deployed to the scene of an incident, then the vast majority of crisis incidents are addressed without the relevant skills and training of crisis negotiators being leveraged for a more thoughtful and deliberate response.

This traditional all-or-nothing approach to applying CNT skills for crisis interactions has produced outcomes which are acceptable to neither law enforcement nor the community. Some of these situations have resulted in specific public outcry for better trained police officers, while others have undermined confidence in law enforcement as a whole. Regardless of the appropriateness of an agency's actions in a particular incident, a negative outcome can bring about costly lawsuits, a defensive posture with the media, as well as a demoralized profession. The current environment demands a fresh appraisal of existing resources in order to provide scaled responses between that of a crisis intervention trained officer and a full crisis negotiation team deployment.

In response to a U.S. Department of Justice investigation into the department's use of force against those experiencing mental health crises, in 2013 the Portland Police Bureau in Portland, Oregon developed a crisis response model to fill the void between crisis intervention trained officers handling a crisis call and full crisis negotiation team activation. This was done in part by recognizing that using crisis negotiators in the development of training for dispatchers and first responders may facilitate crisis intervention strategies being employed earlier and more

effectively in a crisis incident. Another important part of this approach involved developing a cadre of officers with enhanced crisis intervention training (ECIT). Another aspect involved the use of crisis negotiation team members outside the framework of a full team callout. The Portland Police program is the inspiration for what is being proposed as the scaled crisis response model.

## Solution

The scaled crisis response model is an approach to mental health crisis events which provides proportional response options, each scaled according to an assessment of the incident. In some instances, dispatchers are able to effectively de-escalate a person in crisis and refer them to an appropriate resource such as a local crisis line or to an officer who may render additional assistance. In many instances, officers with appropriate crisis intervention training will resolve a situation without further law enforcement resources. In other cases, officers with enhanced crisis intervention training (ECIT) will respond to assist. Often the assistance of an ECIT officer will help safely resolve the crisis incident. For cases requiring further assistance, crisis negotiation team members are contacted by phone for advice or remote assistance or may respond to the scene in a support capacity. Incidents involving the highest levels of risk and strategic complexity activate a full negotiation team response.

## Conclusion

In times of reduced budgets and rising challenges to law enforcement's response to those in a mental health crisis, the scaled crisis response model offers an efficient, cost-effective way to apply existing resources in a deliberate and proportional manner. The implementation of a scaled crisis response model can provide effective options for assisting persons in crisis while reducing the likelihood of unfavorable outcomes. This, in turn, will improve community relations, reduce citizen complaints, reduce civil suits, and reduce trauma to which the community and police officers are exposed when these encounters turn violent.

Scaled Crisis Response Model			
	Point of Engagement	Training Requirements	CNT Responsibilities
<b>Level 1 Dispatchers</b>	<b>Receive crisis call</b> -Conduct crisis intervention and make appropriate referrals -Conduct intervention and conference call to first responder -Dispatch first responder for intervention	- 8 hours of initial crisis intervention training - 2 hours of in-service training annually	Provide initial training and annual in-service training
<b>Level 2 First Responders CIT Officers</b>	<b>Encounter person in crisis/Dispatched to person in crisis</b> - Conduct crisis intervention to successful resolution and make appropriate referrals - Conduct crisis intervention and in complex situations, request ECIT, negotiator consult or full CNT callout	- 40 hours of CIT initial training - 8 hours of in-service training annually	Provide initial 4-hour block during CIT training Provide in-service training as necessary



<b>Level 3 Enhanced CIT Officers</b>	<b>Encounter person in crisis/Dispatched to person in crisis</b> - Conduct crisis intervention to successful resolution and make appropriate referrals -Determine crisis exceeds normal intervention techniques and requests a negotiation consult or full CNT Callout	- 40 hours of CIT initial training -10 to 40 hours of enhanced CIT training -8 hours of in-service training annually <i><b>*Value added when ECIT officers are also crisis negotiators</b></i>	Provide initial 8-hour ECIT training Provide in-service training as necessary
<b>Level 4 Negotiation Consult</b>	<b>Requested to assist by phone or in person officers on scene with a person in crisis.</b> - Provide consultation that facilitates successful resolution. -Provide remote intelligence assistance when appropriate. -Determines crisis exceeds normal intervention techniques/represents a threat to public safety/requires rescue or safety resources that exceed what is currently on scene and therefore requests a full CNT callout.	- 40 hours of CIT initial training - 40 hours basic crisis hostage negotiation training - 4 to 8 hours of intermediate/advanced or in-service crisis hostage negotiation training monthly	Develop and maintain a timely and accurate system for requesting a Negotiation Consult Identify seasoned/senior negotiators who are qualified to provide trusted guidance to on-scene officers.
<b>Level 5 Crisis/Hostage Negotiation Team Callout</b>	<b>Deployed to negotiate as an element of a full strategic/tactical response</b> - Participate as an aspect of a coordinated strategic/tactical response. -Conduct crisis negotiation to successful resolution and make appropriate referrals or take the subject into custody pursuant to the violation of laws or statutes. -Conduct crisis negotiation until incident is resolved by tactical means.	- 40 hours of CIT initial training - 40 hours basic crisis hostage negotiation training- 4 to 8 hours of intermediate/advanced or in-service crisis hostage negotiation training monthly or 40 hours of intermediate/advanced training annually	Coordinate training as it applies to scaled crisis response model throughout the department Participate in strategic planning for improving the department's approach for mitigating crises with persons on crisis.

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