
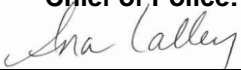
	<h1>ELGIN POLICE DEPARTMENT</h1> <p>151 Douglas Avenue Elgin, Illinois 60120</p>			
Effective Date: 02/25/05	STANDARD OPERATING PROCEDURE	Revised Date: 04/09/25		
Chief of Police: 	Responding to Persons with Mental Illness, 42.5			
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Cross Reference: SOP 1.2 Limits of Authority SOP 1.3 Response to Resistance SOP 1.6 Firearm Concealed Carry Act SOP 71.1 Transportation of Detainees SOP 72.6 Detainee Medical & Health Care Services Americans with Disabilities Act Mental Health & Developmental Disabilities Code 50 ILCS 709/5-12 405 ILCS 5/1-106 405 ILCS 5/1-114 405 ILCS 5/1-119 405 ILCS 5/1-129 405 ILCS 5/3-601 405 ILCS 5/3-607 430 ILCS 65/8.1 </td> <td style="width: 50%; vertical-align: top;"> Policy Sections: 42.5.1 Recognition of Emotionally Distressed Persons or Those in a Mental Health Crisis 42.5.2 Recognition of Excited Delirium 42.5.3 Determining Danger 42.5.4 Interacting with Persons Experiencing Emotional Distress or a Mental Health Crisis 42.5.5 Transports for Mental Health Evaluation 42.5.6 Petition for Involuntary/Judicial Admission 42.5.7 Additional Emergency Admittance Forms 42.5.8 Persons Leaving a Mental Health Facility 42.5.9 Referrals to Mental Health Resources 42.5.10 Clear and Present Danger Reporting 42.5.11 Mental Health Incident Reporting 52.512 Training Appendix A Non-Compliant Subject Mental Health Flow Chart Appendix B Compliant Subject Mental Health Flow Chart </td> </tr> </table>			Cross Reference: SOP 1.2 Limits of Authority SOP 1.3 Response to Resistance SOP 1.6 Firearm Concealed Carry Act SOP 71.1 Transportation of Detainees SOP 72.6 Detainee Medical & Health Care Services Americans with Disabilities Act Mental Health & Developmental Disabilities Code 50 ILCS 709/5-12 405 ILCS 5/1-106 405 ILCS 5/1-114 405 ILCS 5/1-119 405 ILCS 5/1-129 405 ILCS 5/3-601 405 ILCS 5/3-607 430 ILCS 65/8.1	Policy Sections: 42.5.1 Recognition of Emotionally Distressed Persons or Those in a Mental Health Crisis 42.5.2 Recognition of Excited Delirium 42.5.3 Determining Danger 42.5.4 Interacting with Persons Experiencing Emotional Distress or a Mental Health Crisis 42.5.5 Transports for Mental Health Evaluation 42.5.6 Petition for Involuntary/Judicial Admission 42.5.7 Additional Emergency Admittance Forms 42.5.8 Persons Leaving a Mental Health Facility 42.5.9 Referrals to Mental Health Resources 42.5.10 Clear and Present Danger Reporting 42.5.11 Mental Health Incident Reporting 52.512 Training Appendix A Non-Compliant Subject Mental Health Flow Chart Appendix B Compliant Subject Mental Health Flow Chart
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PURPOSE

The purpose of this policy is to establish guidelines for the recognition of and response to persons experiencing emotional distress or a mental health crisis.

POLICY STATEMENT

Police officers may come into contact with individuals experiencing emotional distress or a mental health crisis. These situations may increase the likelihood of police officers encountering a violent subject. The sanctity of life should be used in determining the best course of action, while weighing the totality of the circumstances. In doing so and when safe, police officers shall ensure alternatives to arrest are considered to ensure the best treatment options are used. Police officers are trained to observe the mental state of individuals, make quick judgements based on the totality of the circumstances and utilize de-escalation techniques to effectively and legally resolve encounters. In all circumstances, police officers shall adhere to best practices and training.

DEFINITIONS

Americans with Disabilities Act (ADA): A law enacted in 1990 affording protection to persons with a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Collaborative Crisis Services Unit (CCSU): Unit responsible for conducting follow-up visits for individuals who may benefit from mental or behavioral health services and as available, provides an on-scene response. The unit utilizes community resources, including the department's Social Services Unit, to connect individuals with appropriate services. The three primary areas of focus for the unit include mental and behavioral health, substance use disorder services, and unsheltered issues.

Crisis Intervention Team (CIT): A 40-hour block of instruction in which police officers receive intensive training on recognizing and addressing individuals who are experiencing mental illness or other behavioral disability. Police officers are trained to serve as a resource specialist who can provide an immediate and effective response to calls involving a mental health crisis.

Crisis Negotiations Unit (CNU): Specially trained police officers who, when requested, respond to situations that require negotiation skills. Such situations may include persons in crisis, barricaded subjects and/or hostage takers.

Emergency Services Detail (ESD): The use of SWAT officers in the resolution of violent or armed emotionally distressed persons (EDP).

Emotionally Distressed Persons (EDP): A person who appears to be mentally ill or demonstrates emotional instability and is conducting themselves in a manner in which a police officer believes is likely to result in serious injury to themselves or others.

Excited Delirium: A state of agitation, excitability, paranoia, aggression, and apparent immunity to pain, often associated with stimulant use and certain psychiatric disorders.

Integrating Communications, Assessment, and Tactics (ICAT): Training that is designed for situations involving persons who are unarmed or are armed with weapons and who may be experiencing a mental health or other crisis. The training program is anchored by the Critical Decision Making Model that helps police officers assess situations, make safe and effective decisions, and document and learn from their actions. The training incorporates different skill sets into a unified training approach that emphasizes scenario-based exercises, as well as lecture and case study opportunities.

Involuntary Admission Petition: (405 ILCS 5/3-601) When a person is asserted to be subject to involuntary admission on an inpatient basis and in such a condition that immediate hospitalization is necessary for the protection of such persons or others from physical harm.

Mental Health Crisis: A situation where a person's behavior puts that person at risk of injuring themselves or others or prevents the person from being able to care for themselves.

Mental Health Facility: (405 ILCS 5/1-114) Any licensed private hospital, institution or facility or section treatment of persons with mental illness and includes all hospitals, institutions, clinics, evaluation facilities and mental health centers which provide treatment for such persons.

Mental Illness: (405 ILCS 5/1-129) A mental, or emotional disorder that substantially impairs a person's thoughts, perception of reality, emotional process, judgment, behavior, or ability to cope with the ordinary demands of life, but does not include a developmental disability, dementia or Alzheimer's disease (absent psychosis), a substance abuse disorder, or an abnormality manifested only by repeated criminal or otherwise antisocial conduct.

Mental Impairments: Any mental or psychological disorder, such as cognitive impairment, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

National Incident-Based Reporting System (NIBRS): Implemented to improve the overall quality of crime data collected by law enforcement and captures details on each single crime incident, as well as separate offenses within the same incident.

Person Subject to Involuntary Admission: (405 ILCS 5/1-119) A person with mental illness who because of his or her illness is reasonably expected, unless treated on an inpatient basis, to engage in conduct placing such person or another in physical harm or in reasonable expectation of being physically harmed; (2) a person with mental illness who because of his or her illness is unable to provide for his or her basic needs so as to guard himself or herself from serious harm without the assistance of family or others, unless treated on an inpatient basis; or (3) a person with mental illness who refuses treatment or is not adhering adequately to prescribed treatment; because of the nature of his or her illness, is unable to understand his or her need for treatment; and if not treated is reasonably expected, based on his or her behavioral history, to suffer from mental or emotional deterioration.

Physical Impairments: Means having one or more of the following conditions that substantially limit one or more of an individual's major life activities, including self-care, receptive and expressive language,

learning, mobility, and self-direction. This may include a substantial impairment of vision, speech, or hearing or a congenital orthopedic impairment.

Protected Individuals: Those who currently have or had a history of a physical or mental impairment that substantially limits one or more major life activities and those who are regarded as having such an impairment, whether they have impairment or not.

PROCEDURES

42.5.1 RECOGNITION OF EMOTIONALLY DISTRESSED PERSONS OR THOSE IN A MENTAL HEALTH CRISIS

- A. There are important differences between persons having a medical condition and persons experiencing emotional distress or a mental health crisis.
 - 1. Mental illness impairs a person's mental state.
 - 2. Medical conditions impairs a person's physiological state.
- B. Employees are not expected to make a diagnosis of mental or emotional distress, but rather to recognize behavior that is potentially destructive and/or dangerous to themselves or others.
- C. The following guidelines are generalized signs and symptoms of behavior that may suggest a person is experiencing emotional distress or a mental health crisis, although employees should not rule out other potential causes such as reactions to narcotics or alcohol. Employees should evaluate the following related symptomatic behavior in the total context of the situation when making judgments about the individual's mental state and need for intervention, absent from the commission of a crime:
 - 1. **REACTIONS** - Persons experiencing emotional distress or a mental health crisis may exhibit excessive emotional responses to stimulus.
 - 2. **APPROPRIATENESS OF BEHAVIOR** – An individual who demonstrates extremely inappropriate behavior for a given context may be suffering from emotional distress or a mental health crisis.
 - 3. **EXTREME RIGIDITY OR INFLEXIBILITY** – Persons experiencing emotional distress, or a mental health crisis may be easily frustrated in new or unforeseen circumstances and may demonstrate inappropriate or aggressive behavior in dealing with the situation.
 - 4. **INABILITY TO RECALL INFORMATION** – The individual may have difficulty with recalling information, including basic personal information that is commonly known by people.
 - 5. **DELUSIONS** - The person may demonstrate a belief in thoughts or ideas that are false, such as delusions of grandeur or paranoid delusions.
 - 6. **HALLUCINATIONS** - Any of the five senses may be impacted which may include hearing commanding voices, feeling one's skin crawl, smelling strange odors, etc.
 - 7. **EXTRAORDINARY PHYSICAL MALADIES** - The belief that one suffers from physical conditions, disease or illnesses that are not possible.
 - 8. **MANIC DEPRESSIVE BEHAVIORS** – The person may demonstrate extreme confusion, fright, racing thoughts and agitation. The person may participate in risky behaviors, become easily distracted, or display extreme mood swings.

- D. An ambulance shall be staged in the following scenarios, but not limited to:
 - 1. Barricaded Subjects.
 - 2. Hostage Incidents.
 - 3. When there is a significant risk of harm to self or others.

42.5.2 RECONGITION OF EXCITED DELIRIUM

- A. The individual may display a sudden onset of paranoia and alternate between calm behavior and extreme agitation. Potential signs of excited delirium or a serious mental health episode may include some of the following behaviors/conditions:
 - 1. Unexplained strength/endurance.
 - 2. Extreme aggression toward objects.
 - 3. Evidence of self-inflicted injuries.
 - 4. Paranoia, belief that someone is after them.
 - 5. Inappropriate shedding of clothing.
 - 6. Profuse sweating/high body temperature.
 - 7. Dilated pupils.
 - 8. Foaming at the mouth/drooling.
- B. This may be a serious medical emergency that requires immediate medical attention, and an ambulance needs to be staged.
- C. Police officers shall request a supervisory response and other resources as appropriate.
- D. A general report shall be written.

42.5.3 DETERMINING DANGER

Not all persons experiencing emotional distress or a mental health crisis are dangerous. Employees should use several indicators to determine the best course of action when assessing the threat posed by the individual. These include, but are not limited to:

- A. The immediate danger to themselves or others.
- B. Direct or indirect statements made by the person that suggest the individual is prepared to commit a violent or dangerous act. Such comments may range from subtle innuendos to direct threats.
- C. A personal history that reflects prior violence under similar or related circumstances, known by friends, family, neighbors and/or police officers.
- D. Information about the mental state of an individual that can be found in police data systems.
- E. Failure of the distressed individual to act prior to arrival of police does not guarantee there is no danger, nor does it diminish the potential for danger.
- F. The amount of control a person demonstrates over their emotions is critical. Individuals displaying a clear lack of control over their emotions present a high risk of becoming dangerous.

- G. The volatility of the environment, including the presence of third-party agitators that may incite violence, should be considered and mitigated. If possible, isolate the individual, communicate, and then extract when safe to do so.

42.5.4 INTERACTING WITH PERSONS EXPERIENCING EMOTIONAL DISTRESS OR A MENTAL HEALTH CRISIS

The police officer needs to determine if the individual is a potential threat to themselves, the police officer, or others and maintain an awareness of his/her surroundings, taking into account the stability of the person. The following are some steps that should be taken, when safe and appropriate:

A. Request additional resources such as:

1. A CIT officer, if one is not on scene to assist in handling the incident.
2. The Emergency Services Detail (ESD) whose primary purpose is to respond to elevated risk situations where emotionally distressed persons exist. During their hours of service, the ESD is assigned to calls as dispatched by the Emergency Communications Division, as requested by patrol officers or a patrol supervisor, or through a self-dispatch based upon available dispatch information.
3. The Crisis Negotiations Unit (CNU).
4. The Collaborative Crisis Services Unit (CCSU).
5. In seeking additional resources, refer to Appendix A to view a Mental Health Calls Flow Chart pertaining to a subject who presents a risk to themselves or others and Appendix B to view information pertaining to a subject that is compliant and presents no risk to themselves or others.
6. Cook County's Co-Response Virtual Assistant Program (CVAP). This program partners with police departments across Cook County to provide 24/7/365 crisis intervention, counseling, and case management to individuals who are experiencing a mental health concern.
 - a. This program provides crisis intervention, assessment, referral services, and is aimed at assisting with mental health or substance use calls for service.
 - b. The program is available using Zoom via phone or facetime. The contact number is 309-463-4357.
 - c. The program complies with confidentiality and will only be disclosed when the person discloses suicidality or statements of a homicidal nature.

B. Utilize de-escalation strategies such as:

1. When possible, eliminate emergency lights and sirens, disperse crowds, and assume a quiet, non-threatening disposition when interacting with the individual.
2. If violent or destructive acts have not occurred, avoid physical contact to keep the situation safe for all present.
3. Make deliberate movements in an effort to keep the individual calm. Police officers should focus on building rapport with the individual.
4. Where possible, gather information on the subject from acquaintances or family members. Communicate with the person to determine what is bothering them.

- C. The results of the interaction will be documented in a police report which will be forwarded to the Collaborative Crisis Services Unit (CCSU). The sergeant assigned to the Collaborative Crisis Services Unit will review the information and the incident will be assigned for follow-up, if needed.

42.5.5 TRANSPORTS FOR MENTAL HEALTH EVALUATION

- A. When the individual requires immediate medical attention due to emotional distress or a mental health crisis, police officers shall arrange for transport to a medical care facility.
- B. Transport by ambulance or police vehicle is at the police officer's discretion. However, when the individual exhibits violent behavior, the fire department shall be contacted for transport by ambulance. Refer to Section 42.5.2 for transports pertaining to excited delirium.
- C. When appropriate, police officers shall articulate to the fire department that they are petitioning the individual to be evaluated and confirm the name of the medical care facility conducting the evaluation.
- D. When using restraints on persons experiencing emotional distress or a mental health crisis, police officers shall:
 - 1. Take measures to protect the safety of the individual and others.
 - 2. If time permits, contact a shift supervisor prior to taking custody of a potentially dangerous individual.

42.5.6 PETITION FOR INVOLUNTARY/JUDICIAL ADMISSION

- A. Per Illinois Compiled Statute 405 ILCS 5/3-606 *"a peace officer may take a person into custody and transport him to a mental health facility, when as a result of his personal observation, the peace officer has reasonable grounds to believe the person is subject to involuntary admission and in need of immediate hospitalization to protect such person or others from physical harm. Upon arrival at the facility, the peace officer shall complete the petition under Section 3-601."*
- B. Persons may also be ordered by the court for temporary detention and examination pursuant to 405 ILCS 5/3-607. "The court may order a peace officer to take the person into custody and transport him to a mental health facility."
- C. Police officers shall use the following criteria to determine whether an individual is subject to an involuntary/judicial petition, hereinafter referred to as a "petition."
 - 1. Harm to self.
 - 2. Harm to others.
 - 3. Unable to care for their own basic needs.
 - 4. The officer can reasonably infer that the individual has the propensity to fall under one of the above categories in the near future.
- D. The petition may be completed by the officer or any person 18 years of age or older, who can attest to the need for a mental health evaluation of an individual. Use the following link to access this form: <http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-2005.pdf>
- E. Prior to taking the individual into custody, request a shift supervisor to respond to the scene. Once the decision has been made to take an individual into custody for a mental health evaluation, it should be done as soon as possible to avoid prolonging a potentially volatile situation.

- F. The petition may be completed at the hospital by the police officer who determines the individual requires an evaluation. The petition ensures the individual will be evaluated; however, it does not guarantee that they will be hospitalized.
1. The police officer shall locate the hospital staff member in charge of the patient to inform the staff member that a petition has been completed by the police officer and the reasons why. A copy of the petition shall be provided to the staff member.
 2. The police officer shall remain with the individual until medical treatment has been provided or until the individual is admitted to the hospital.
- G. The following applies in situations where someone other than the police officer is attesting to the behavior of the individual to be hospitalized:
1. If a relative, spouse or other person over the age of 18 years attests to the behavior of the person, the police officer should ask the person to complete the petition or the police officer can complete the petition but must include the individual as a witness.
 2. The person attesting to the need for medical treatment of another may accompany the police officer to the hospital for the purpose of providing the necessary information to the staff member in charge of the patient.
 3. A mental health worker may present a completed petition to a police officer requesting to have the person transported to a hospital for an evaluation. Transportation to the hospital via the police vehicle or ambulance is at the discretion of the police officer.
 4. When the petition is left for the police officer by a third party, the person attesting to the alleged behavior must be personally present to verbally verify the allegations.
- H. A shift supervisor shall be notified in situations where an arrested individual is hospitalized as a result of a petition.
- I. Anytime a police officer is involved with a subject who has been petitioned to undergo a mental health evaluation, a general report shall be completed, and a copy of the petition attached to said report. In those situations where the police officer completed the petition, the report shall document the circumstances that warranted the petition.

42.5.7 ADDITIONAL EMERGENCY ADMITTANCE FORMS

- A. Certificate of Need for Hospitalization – This form is prepared by a physician to certify the need for hospitalization. No person admitted to the hospital on a petition can be detained for more than 24 hours without the completion of this certificate by a physician.
- B. Court Order for Temporary Detention and Examination – This is a court order signed by a judge and authorizing a police officer to take custody of a person in need of mental health treatment and transport that person to a mental health facility. The person taken into custody for examination may not be held more than 24 hours.
- C. These forms are an important part of the legal element in the process and without them a person who is mentally ill cannot be legally restrained. Copies of these forms are at Sherman and St. Joseph Hospitals.

42.5.8 PERSONS LEAVING A MENTAL HEALTH FACILITY

- A. Upon notification of a missing patient from a mental health facility or a medical transport provider, the appropriate information regarding the individual will be provided to police officers. A police officer shall be dispatched to canvas the surrounding area in an attempt to locate the individual. When the individual has been located, notification will be made to the facility.

- B. If the individual leaving the mental health facility is not wanted in connection with a crime and is not deemed a harm to themselves or others, the department and its police officers will not become involved.
- C. When a person who has been arrested is identified as being on unauthorized leave from a mental health facility, the arresting police officer will document this information in the police report and ensures a “detainer not to be released” is documented on the booking record. The police officer will notify the mental health facility that reported the person as missing that the person is in custody and the status of the charges.
- D. As part of the intake process, the jailer shall make inquiries as to the detainee’s mental status and general well-being. These factors shall be noted on the booking sheet. Cross reference Standard Operating 72.6, Detainee Medical & Health Care Services.
- E. Arrangements to transfer the custody of the individual will be the responsibility of the arresting police officer and the on-duty shift supervisor. When applicable the police officer shall facilitate the cite and release process pursuant to the Pretrial Fairness Act.

42.5.9 REFERRALS TO MENTAL HEALTH RESOURCES

If a police officer determines that the person experiencing emotional distress or a mental health crisis is not in need of immediate care, the best course of action may include referrals to the below social service providers. A general report shall be written for all referrals and will include the circumstances and type of behaviors that were observed by the officer.

- A. Association for Individual Development (AID).
- B. Community Crisis Center.
- C. Depression Hotline.
- D. Ecker Center.
- E. Elgin Police Collaborative Crisis Services Unit (CCSU).
- F. Elgin Police Social Services Unit.

42.5.10 CLEAR AND PRESENT DANGER REPORTING

- A. The police officer shall complete the Illinois State Police – Person Determined to Pose a Clear and Present Danger form when the subject makes or demonstrates homicidal or suicidal threats and/or actions, is named in a Petition for Involuntary Commitment by an employee, or any other behavior that falls under the definition of clear and present danger by accessing the Illinois State Police Law Enforcement Portal at www.ccclisp.com.
 - 1. For instructions on how to complete the electronic form, refer to Training Bulletin TB-23-06 which is accessible via PowerDMS.
 - 2. A copy of the form shall be attached to the police officer’s police report.
 - 3. Refer to Standard Operating Procedure 1.6, Firearms Concealed Carry Act for more information.

42.5.11 MENTAL HEALTH INCIDENT REPORTING

- A. Pursuant to 50 ILCS 709/5-12, the sergeant assigned to the Collaborative Crisis Services Unit (CCSU) inputs information regarding incidents where a police officer was dispatched to a situation involving a person experiencing a mental health crisis or incident into the National Incident-Based Reporting System (NIBRS). To obtain this information, the sergeant utilizes a report generated by

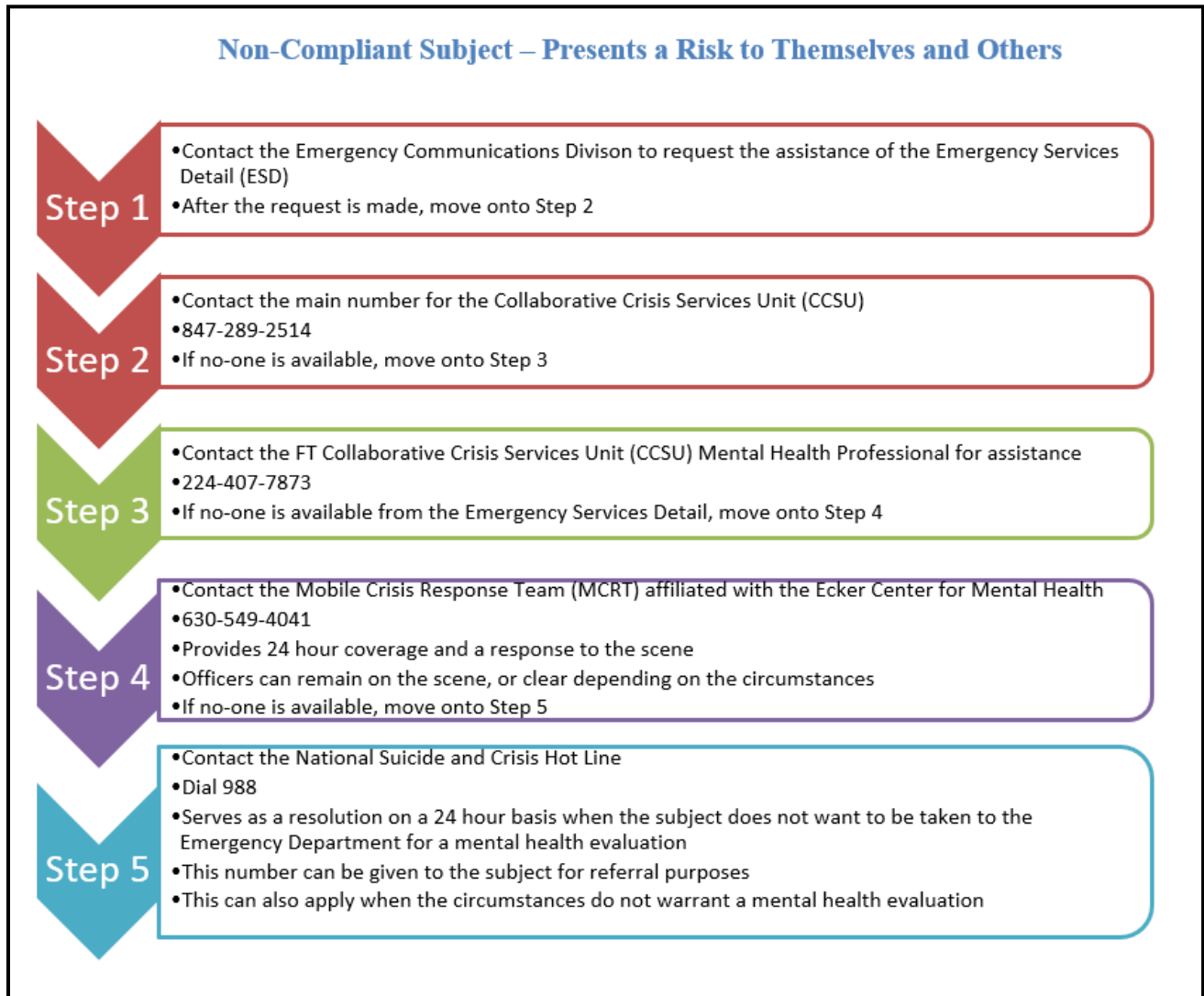
the department's records management system that depicts calls for service consisting of emotionally disturbed subjects, suicide, suicidal subjects, attempted suicide and those incidents where the mental health (MH) code was used to clear the call for service.

- B. For each incident, the sergeant selects the appropriate level of response categories which include, as provided within NIBRS:
 - 1. Police Officer.
 - 2. Certified Crisis Intervention Team Officer (CIT).
 - 3. SWAT Team.
 - 4. Social Worker.
 - 5. Psychologist.
 - 6. Ambulance.
 - 7. Other.
- C. The sergeant also selects the outcome for each incident as provided within NIBRS:
 - 1. Released (Own recognizance).
 - 2. Released (Family Member).
 - 3. Arrested.
 - 4. Voluntary admission to mental health facility.
 - 5. Officer admitted individual to mental health facility.
 - 6. Officer adjudicated to a mental health facility.
 - 7. Other.

42.5.12 TRAINING

- A. Pursuant to 50 ILCS 705/10.17, The Illinois Law Enforcement Training Standards Board shall develop and approve a standard curriculum for certified training programs in crisis intervention addressing specialized policing responses to people with mental illnesses.
- B. The department prioritizes mental health training and ensures all police officers receive CIT training. Trained police officers are instructed on the identification of signs and symptoms of persons experiencing mental illness or are emotionally distressed, de-escalation techniques and available resources.
 - 1. New police officers receive mental health awareness training at the police academy and will be expected to be CIT certified after 24 months of employment.
 - 2. Annual in-service training also encompasses refresher training on the de-escalation of potential crisis situations.
 - 3. Integrating Communications, Assessment, and Tactics (ICAT) training is provided to police officers during in-service sessions, roll call briefings and through discussions with police officers.

APPENDIX A: Non-Compliant Subject Mental Health Calls Flow Chart



APPENDIX B: Compliant Subject Mental Health Calls Flow Chart

