



## City of Johns Creek Police Department

<i>Subject:</i>	Managing and Transporting of Mentally Ill Persons/Patients	<i>Number:</i>	02-07
<i>Reference:</i>	See also Securing and Transporting Prisoners	<i>Amends:</i>	
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### **PURPOSE:**

Establish guidelines for safe and proper handling of mentally ill people; to provide for taking into custody; to provide for transportation; and to provide for immediate care for the mentally ill to prevent said persons from causing harm to themselves or others.

### **POLICY: (02-07)**

The Johns Creek Police Department will normally refer those persons requesting transportation of mentally ill persons/patients to the Fulton County Sheriff's Office. An exception could be if the person is exhibiting signs of mental illness to the extent he/she may be a danger to him/herself and/or others and constitutes an emergency situation. In these situations, the officer shall take the individual into custody if the requirements of O.C.G.A. § 37-3-42 are met.

### **DEFINITIONS:**

**Form 1013:** In Georgia, a 1013 form is a legal document that authorizes the involuntary transportation of an individual 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 individuals experiencing a crisis. When someone 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 individuals in immediate need of mental health intervention receive the necessary care, even if they are unwilling or unable to seek help voluntarily.

**Form 2013:** A form utilized to initiate an involuntary substance use disorder evaluation of a person who presents a substantial risk of imminent harm to self or others.

## **PROCEDURES: (02-07-01)**

### 1. Guidelines for recognizing mental illness

Indicators that a person may be suffering from mental illness include verbal, behavioral, and environmental cues. When making observations of the following cues, personnel should note as many indicators as possible. Put the indicators into the context of the situation, and be mindful of environmental and cultural factors.

- a. Verbal indications may include incoherent communication, talking about unrelated or abstract topics, word repetition, chatter or rhyming, expressing ideas of greatness, delusional or expressing false belief that they are a person of high status or authority, thoughts of paranoia, extremes in speech tone or volume, and threatening harm to themselves or others.
- b. Behavioral indications may include: hallucinations or seeing, hearing, smelling things that aren't apparent to others, appearance inappropriate for season or time of day, bizarre makeup application, lack of personal hygiene, strange postures or mannerisms such as constantly looking around or over ones shoulder, lethargic or sluggish movements, pacing, repetitious or ritualistic movements, inappropriate emotional reactions, confusion about or unawareness of surroundings, strange loss of memory, withdrawal from family and social activities.
- c. Environmental indications may include strange use of household items such as seasonal decorations or trimmings used out of season, aluminum foil window coverings, and hoarding, pack ratting, accumulation of trash or newspapers, presence of feces or urine on the subject or surroundings, obsession with an object, collecting childish objects, or presence of malnourished or dead animals.

### 2. Interacting with mentally ill persons

Officers on the scene shall make every effort to determine the severity of the behavior, the potential for change in the behavior, and the potential for danger presented by the individual to themselves, the officers, and others. The following are

guidelines on how to approach and interact with a person suspected of being mentally ill. These guidelines should be followed in all contacts, whether on the street or during a more formal interview or interrogation.

- a. Remember, the mentally ill person in a crisis situation is generally afraid. Continually assess the situation for an escalation of risk to all parties. Maintain an appropriate distance between you and the person. Attempt to remain calm and avoid overreacting. Mentally ill persons often respond better to a calmer, more subdued approach by Law Enforcement.
- b. Give clear, concise directions; the person may already be confused and have trouble making simple decisions. Ideally, only one person should attempt communication with the person. Respond to apparent feelings; reflect back to the subject what you are observing. Do not pacify the person by telling them you also see their hallucination or believe their delusion. Instead, respond to their feelings, such as telling a person you understand what they believe they are seeing or hearing appears real to them and may be making them afraid. Ask the person what you can do to help them feel calmer, safe, or better.
- c. If possible and circumstances allow, persons believed to be mentally ill should be encouraged to voluntarily submit to a mental health evaluation. If no other alternative for transportation exists, the individual desiring a voluntary examination may be transported to the nearest available mental health facility with a supervisor's approval. If necessary, refer concerned relatives or friends of the individual to the Probate Court or Juvenile Court (person under 17) for issuance of a court order for involuntary treatment.

### **Mental Health Evaluations (02-07-02)**

The following are procedures for voluntary commitments, Department Clinician, and non-voluntary commitments.

The responding officer(s) shall:

- Notify the on-duty supervisor, who will respond to the scene
- Complete an incident report detailing the circumstances surrounding the referral; and
- Officers may choose to enter additional information into the CIT Module of RMS, which may be helpful for CIT follow-up or officer awareness.

The supervisor shall:

- Assess the situation and provide further guidance on necessary resources, to include requesting a response by the Crisis Response Clinician.

The C.O.R.T. Team Leader shall:

- Monitor all mental health-related incident reports and referrals on a daily basis, to determine the need for case follow-up
- Refer consumers to additional resources, as needed.

### 1. Voluntary Commitments

If the person is requesting help (i.e., suicidal) and is not considered to be violent, the officer should attempt to make arrangements to have him/her transported to an approved mental health evaluation/ receiving/ treatment facility by a private service or individual. When transport by an approved medical service is not possible, the officer should try to evaluate the situation to determine if the person is exhibiting signs of mental illness. The officer will then provide that person with transportation to the nearest state-authorized mental health receiving/treatment facility, if approved by a supervisor. The person may be restrained within the established departmental guidelines for transporting prisoners for the safety of the person being transported and for the safety of the officer providing the transportation.

In the absence of a penal offense, ambulance services should be dispatched to the scene. Ambulance personnel may make arrangements for voluntary transport.

### 2. Crisis Response Clinician

If the person requesting help is hesitant about transport for mental health evaluation but is exhibiting signs of mental illness and/or crisis, the on-scene supervisor will request a response by the Department Clinician.

Upon arrival, the clinician will attempt to gain consent to conduct an evaluation in order to determine whether the consumer can be issued a safety plan, in lieu of a 1013 order. If the consumer is determined to be a threat to themselves or others and is not willing to seek treatment voluntarily, the clinician may sign a non-voluntary commitment.

If, for some reason, the clinician has an extended response time, officers can utilize virtual means to assess the consumer and issue a 1013 per SB403.

### 3. Non-Voluntary Commitments

#### **Officer-initiated Commitments:**

Upon arrival at the scene, the officer should attempt to evaluate the person to determine if

he/she is exhibiting signs of mental illness and is a potential danger to themselves or to others. If the officer determines the person should be taken into custody, the officer should request the assistance of other officers prior to making any attempts to restrain him/her. The person should be restrained in accordance with established Department procedures and transported to the nearest state-authorized mental health receiving/treatment facility.

*In accordance with OCGA 37-3-42 (a) 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 Code Section 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 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 file...*

At the receiving/treatment facility, the officer will stay with the person until the physician, psychologist, psychiatrist, or social worker evaluates him/her. If the attending evaluator has made a determination to have him/her committed, the officer should release the person into their custody.

If there are pending violent felony or family violence charges and the in-custody person has been refused by the jail, officers will be rotated in and out of the facility to maintain continuous 24-hour security until relieved by the Fulton County Sheriff's Office.

If there are pending minor misdemeanor or city ordinance violations, officers may choose to make arrangements for a voluntary commitment as outlined previously in this policy.

#### **Physician/ clinician- ordered Commitments:**

If the consumer does not wish to go voluntarily, the on-scene supervisor should request the Department Clinician to assess the consumer either in person or via approved virtual means. If the clinician is unavailable, instruct ambulance personnel to contact their supervisor or the attending physician at the local hospital and articulate the consumer's behavior in order for the attending physician to authorize the subject to be transported to their emergency facility (per HB1013). This process is to be conducted after hours when the clinician is not on duty. Call-outs after business hours will be based on the availability of the clinician and are not mandatory for the clinician to respond.

Once a 1013 has been issued for the consumer by the clinician or physician, arrangements shall be made to have the consumer transported to the nearest emergency medical facility by ambulance. If transport by ambulance is not possible, the on-scene supervisor may approve transport by patrol personnel. If the consumer becomes

combative, ambulance services should contact the receiving emergency medical facility and have the attending physician conduct a sedation order for the consumer. Patrol personnel shall follow the ambulance to the medical facility for safety concerns and provide assistance to ambulance service staff with a combative consumer. Under no circumstances should a consumer who has been sedated be transported in a patrol vehicle by police personnel.

### **Complainant-initiated Commitments:**

In cases where the person is not considered to be a threat to themselves or to others, the officer should refer the complainant to the Fulton County Probate Court to obtain any necessary commitment orders. If the complainant has a signed commitment order (Physicians Form 1013/2013), the officer may inform them to provide private transportation, or they may contact the Fulton County Sheriff's Office. The officer should not offer to transport non-violent persons unless it is necessary and approved by a supervisor. If the officer is presented with documentation of a signed 1013 or 2013 commitment orders, he/she should provide the Fulton County Sheriff's Deputy or the family members with any needed assistance to assure everyone's safety.

*In accordance with OCGA 37-3-101 No female patient shall be transported at any time without another female in attendance who is not a patient, unless the female patient is accompanied by her husband, father, adult brother, or adult son.*

### **Mentally Ill Inmates (02-07-03)**

When an inmate or in-custody arrestee exhibits mental illness characteristics, the detention officer will notify the shift supervisor as soon as possible. The supervisor will assess the situation and attempt to establish what characteristics they appear to be exhibiting. If it is determined that the inmate needs to receive further professional help, they should be transported to the nearest state-authorized mental health receiving/treatment facility as soon as possible. The transporting officer(s) should exercise extreme caution when transporting this person, due to the potential escape risk. The shift supervisor should consider sending two officers to transport. The inmate should be restrained in accordance with department procedures. The transporting officer will stay with the inmate until the physician signs off on the jail release form.

### **Mental Illness Training (02-07-04)**

All employees will be required to complete entry-level training on dealing with persons suspected of suffering from mental illness. This training can be accomplished during POST Mandate Basic Training or other training courses, as long as the training is documented. All employees will be required to complete a documented annual refresher training. This training will be scheduled by the Training Unit.

## **Crisis Intervention Team and Clinician Officer Response Team (02-07-05)**

### **Crisis Intervention Team (C.I.T.)**

- A. The Johns Creek Police Department Crisis Intervention Team (C.I.T.) is a team of specially trained officers and the Department Clinician who come in contact with individuals in a state of crisis due to an apparent mental illness.
- B. The Johns Creek Police Department is committed to the safety of all citizens as well as the health and well-being of every employee. The agency is committed to handling mentally ill persons in an effective manner to minimize injury to the person as well as officers involved. The C.I.T. officer assignment will be classified as a specialized assignment approved by the Chief of Police.
- C. The C.I.T. Officer will remain on his/her shift as assigned and, when possible, respond to crisis calls for service. The C.I.T. Officer will attempt to de-escalate the situation through specialty-trained skills. The C.I.T. Officer will document the incident or contact through the C.I.T. RMS module for information and any future contacts.
- D. The team shall proactively develop resources and programs that will benefit the citizens of the City of Johns Creek. Periodic training will ensure that all personnel are continuously educated and updated with current best practices and skills.
- E. The requirements for being assigned a C.I.T. Officer are as follows:
  - 1. Minimum of two years of experience as a sworn law enforcement officer and successful completion of the Johns Creek Police Department Field Training Program
  - 2. No formal disciplinary actions.
  - 3. Supervisor recommendation.
  - 4. Must have communication, problem-solving, and listening skills when dealing with stressful situations.
  - 5. Successful completion of Georgia Crisis Intervention Team training (40 hours).

### **Clinician Officer Response Team (C.O.R.T.)**

- F. The Clinician Officer Response Team consists of two C.O.R.T. officers and the Department Clinician, who answer calls for service involving mental health consumers.
- G. The following are procedures for Clinician response:
  - a. Clinician must be accompanied by a police officer at all times while on scene
  - b. Clinician will not self-dispatch to calls

- c. Clinician will only respond to the scene once the scene has been rendered safe at the request of on-scene supervision or at the direction of the CORT Officer Lead.
  - d. Approved attire for the Clinician will be business casual or shifts/ clothing with the generic City of Johns Creek logo displayed. With the exception of the employee ID card, no markings/ emblems (E.g., badge, apparel labeled “Police”, etc.) associating the employee with the Johns Creek Police Department will be worn.
- H. The Chief of Police shall appoint a designated Clinician Officer Response Team (C.O.R.T.) Leader, who will be responsible for the following:
- 1. Serve as the Crisis Intervention Team Leader
  - 2. Act as liaison with mental health resources in the community and the assigned clinician
  - 3. Attend mental health community meetings
  - 4. Provide support and training resources to shift CIT Officers and other personnel
  - 5. Monitor all mental health-related incident reports and referrals on a daily basis and assign CIT Team members for follow-up, as needed;
  - 6. Complete necessary reports to meet accreditation and certification requirements

### **Calls for Service: Completed Suicides**

When responding to incidents involving completed suicides, the on-scene supervisor may request the Community Advocate to respond to the scene for the purpose of providing assistance and resources to the citizens involved.

- I. The following are procedures for the Community Advocate response:
- 1. Community advocate must be accompanied by a police officer at all times while on scene during an initial response. Follow-up interactions with citizens may occur without the presence of a police officer.
  - 2. Community Advocate will not self-dispatch to calls
  - 3. Community Advocate will only respond to the scene once the scene has been rendered safe at the request of on-scene supervision.
  - 4. Approved attire for the Community Advocate will be business casual or shifts/ clothing with the generic City of Johns Creek logo displayed. With the exception of the employee ID card, no markings/ emblems (E.g.- badge, apparel labeled “Police”, etc.) associating the employee with the Johns Creek Police Department will be worn.