JACKSONVILLE POLICE DEPARTMENT

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MENTALLY ILL PERSONS/CRISIS INTERVENTION TEAM

PURPOSE: To provide officers with the resources necessary to effectively assist persons who appear to need some type of mental health service. This policy provides officers information on legal and procedural requirements which may assist them in providing a higher degree of services to our citizens.

POLICY: It is the policy of the Jacksonville Police Department to protect emotionally disturbed or mentally unstable persons from harming themselves or others. When an officer has probable cause to believe that an emotionally disturbed or mentally unstable person presents an immediate threat of harm to himself or others, that person shall be taken in to protective custody and transported to a facility where trained professionals can evaluate the emotional and mental status of that person.

This does not prevent or inhibit the placing of criminal charges against any person, due to mental illness. The determination of mental capacity, in regard to criminal proceedings, is a matter for consideration by a criminal court, and is not relevant to the civil commitment provisions contained in this policy.

DEFINITIONS:

I. MENTAL ILLNESS: A.C.A. §20-47-202 (10)(A) defines "mental illness" as:

A. A substantial impairment of emotional processes, or the ability to exercise conscious control of one's action's, or the ability to perceive reality or to reason, when the impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions.
B. May include a temporary behavioral health or mental impairment that results when an individual is under the influence of alcohol or a controlled substance to the extent that the impairment is substantial and is a manifestation of a mental health condition or a substance abuse disorder.

II. PERSONS OF DIMINISHED CAPACITY
Persons encountered in the field who exhibit unusual behaviors commonly referred to as irrational, bizarre, unpredictable, etc. These outward observable symptoms could be the result of intoxication, drug use, suicidal indications, mental illness or medical complications.

III. VOLUNTARY ADMISSION: A.C.A. §20-47-204 (1)(A)(B) states any person, who believes himself to have a mental illness, disease or disorder, may apply to a hospital for admission. If the screener at the hospital shall be satisfied after examination of the applicant that he is in need of mental health treatment and will be benefited thereby, he may receive and care for the applicant for such a period of time as he or she shall deem necessary for the recovery and improvement of the person, provided the person agrees at all times to remain in the hospital.

IV. INVOLUNTARY ADMISSION CRITERIA: A.C.A. §20-47-207(c) states that a person shall be eligible for involuntary commitment if he is in such a mental condition as a result of mental illness, disease, or disorder that he poses a clear and present danger to himself or others.

V. CLEAR AND PRESENT DANGER TO HIMSELF: established by demonstrating that:

A. The person has inflicted or threatened to inflict serious bodily injury on himself or has attempted

suicide or serious self-injury, and there is a reasonable probability that the conduct will be repeated if admission is not ordered; and/or

B. The person's behavior demonstrates that he lacks the capacity to care for his own welfare, that there is a reasonable probability of death, serious bodily injury, or serious physical injury or mental debilitation, if admission is not ordered.

VI. CLEAR AND PRESENT DANGER TO OTHERS: established by demonstrating that the person has inflicted, attempted to inflict, or threatened to inflict serious bodily harm on another, and there is reasonable probability that such conduct will occur if admission is not ordered.

VII. ACTIVITIES OF DAILY LIVING: (A.C.A. 20-47-803) without limitation: ambulating, transferring, eating, bathing, dressing, grooming, and toileting.

VIII. CRISIS STABILIZATION UNIT: a public or private facility operated by or used by a behavioral health crisis intervention team in the administration of a behavioral health crisis intervention protocol.

IX. CRISIS STABILIZATION UNIT CATCHMENT AREA: the geographical area that a crisis stabilization unit serves.

X. CRISIS INTERVENTION PROTOCOL: the implementation of established methods and procedures, including the creation of a behavioral health crisis intervention team and establishment of a crisis stabilization unit, to address a criminal or otherwise dangerous act by a member of the public who is an individual with a behavioral health impairment, in a manner that results in the management of the individual's behavioral health impairment to the point that the individual is substantially less likely to commit a criminal or otherwise dangerous act.

XI. CRISIS INTERVENTION TEAM (CIT): made up of volunteer officers that have received the forty (40) hour crisis intervention team specialized training with regard to mental disturbance type events.

PROCEDURES:

I. RECOGNIZING MENTAL ILLNESS

A. Mental health problems may be related to excessive stress due to a particular situation or series of events with cancer, diabetes, and heart disease. Mental illnesses are often physical as well as emotional and psychological. Mental illness may be caused by a reaction to environmental stresses, genetic factors, biochemical imbalances, or a combination of these. With proper care and treatment many individuals learn to cope or recover from a mental illness or emotional disorder.

B. The outward signs of mental illness are often behavioral. Individuals may be extremely quiet or withdrawn. Conversely, they may burst into tears or have outbursts of anger. Even after treatment has started, individuals with a mental illness can exhibit anti-social behaviors. When in public, these behaviors can be disruptive and difficult to accept.

C. An officer's decision to hospitalize or deal with a mentally ill person informally should be based on the degree of symptoms being displayed. The burden is therefore placed on the officer, in individual instances, to accurately recognize these warning signs or symptoms.

D. Signs or symptom which may indicate the presence of mental illnesses:
   1. Loss of memory/disorientation
   2. Delusions - These are false beliefs that are not based in reality. The individual will often

focus on persecution or grandeur (he is God)
3. Depression
4. Hallucinations - hear voices, or see, smell, taste, or feel things
5. Manic behavior - accelerated thinking and speaking or hyperactivity with no or little need for sleep - may also be delusional
6. Anxiety - feelings are intense, state of panic or fright
7. Incoherence - difficulty expressing themselves, disconnected ideas and/or thoughts
8. Response - may process information more slowly

II. GUIDELINES FOR CONTACTS WITH SUSPECTED MENTALLY ILL PERSONS

The majority of persons in need of mental health services represent no danger to others; however, there are exceptions that can become extremely violent and combative with little or no apparent warning. For this reason, officers should exercise extreme caution in their contacts with such individuals.

A. When an officer recognizes that they are potentially dealing with a mentally ill individual, they should consider applying some of the following de-escalation techniques. If the person is actively violent the officer may request assistance from a CIT Officer.
   1. The officer should:
      a. Assess safety issues;
      b. Introduce yourself and attempt to obtain the person's name;
      c. Remain calm and avoid overreacting;
      d. Be helpful;
      e. Speak slowly, low tone, using short sentences, repeating;
      f. Move slowly;
      g. Avoid excitement, confusion, or upsetting circumstances. These may frighten the person, inhibit communications, and increase risk of physical injury to the subject, the officer, or other persons;
      h. Remove distractions or disruptive people from the area;
      i. Demonstrate "active listening skills" – i.e., summary of verbal communications; and
      j. Remain professional in your contacts with the person. With an image of quiet self-assurance, gently indicate that your only intention is to help the person.
   2. The officer should NOT:
      a. Engage in behaviors that can be interpreted as aggressive;
      b. Allow others to interact simultaneously while you are attempting to talk to the person and to stabilize the situation;
      c. Do not abuse, belittle, or threaten the person. Such actions may cause the person to become alarmed and distrustful;
      d. Do not deceive the person. This may limit chances for a successful treatment and make future management of the person by other officers more difficult;
      e. Do not take the person's anger personally. Ignore any attacks on your character, physical appearance or profession, and encourage ventilation to safely release the frustration;
      f. Corner, or be cornered (Give the person expanded space and ensure that you, the officer, has expanded space and a safe exit, if it should become necessary);
      g. Raise your voice or use a sharp edge in your speaking to gain compliance;
      h. Attempt to gain compliance based on the assumption that the person is as reasonable about things as you are; or
      i. Argue.

B. Field contacts, interviews, and interrogations will be conducted following all laws and JPD policies.

III. CRISIS INTERVENTION TEAM (CIT)

State law, A.C.A. §12-9-118, requires a local law enforcement agency to employ at least one (1) officer, and encourages at least twenty (20%) percent of the agency's certified officers, to complete training for a Crisis Intervention Team.

A. On all calls for service involving mentally ill individuals in a disturbance/crisis event, the dispatcher will dispatch a minimum of two (2) officers to the scene, one of which should be, whenever possible, a CIT officer.
B. The CIT officer(s) on the scene of a mental crisis call has the duty and responsibility of that scene event and, if necessary, should advise other officers of request(s) that supports a team effort for a safe and appropriate disposition.
C. The CIT officer(s) will maintain scene responsibility unless otherwise directed by a Supervisor.
D. If a CIT officer is not available for a crisis call, the dispatcher will send the appropriate patrol cars.
E. In this event, the dispatcher is to advise the responding units that "No CIT officer is available."
F. The first officer(s) on the scene of a mental disturbance where a CIT officer is not available for that response will weigh the situation based on the information and circumstances as presented and/or known.
G. If in a situation that the responding officer(s) reasonably concludes that a CIT officer is necessary, the responding officer(s) will request a supervisor to respond.
H. If the Supervisor believes the disturbance/crisis event warrants a CIT officer to respond to the scene the Supervisor will request dispatch to notify the on-call CIT officer.
I. Any SRT call out where it is believed to involve a mentally ill individual, the Tactical Team Leader (TTL) will request dispatch to notify the on-call CIT officer.

IV. PROCEDURES FOR ACCESSING MENTAL HEALTH RESOURCES

A. When an officer encounters a person, whom he believes may need mental health care, the officer shall evaluate the person's condition and determine an appropriate disposition of the person, in accordance with A.C.A. §20-47-204 and A.C.A. §20-47-207 as outlined in this policy.
B. A person in need of mental health services may gain access to such services by voluntary admission (self-admitted) or involuntary commitment (admission by authority of law or family member). Prior to either type of admission, the subject must undergo an initial screening, by a mental health professional or physician to determine whether or not the subject meets the criteria for voluntary or involuntary commitment, unless commitment is by court order.
C. When responding to a call on a mentally ill person, the officer will evaluate the circumstances and take action as follows:
    1. If the officer is satisfied the person's circumstances or condition does not present an imminent danger of death or serious bodily harm to himself or others, the officer shall attempt to locate a responsible person (preferably, family or friend) to lend support to that person;
    2. If mental health services are needed, the officer will try to explain the benefit of a voluntary, rather than involuntary examination, to the mentally ill person, even if the criteria for involuntary commitment exist;
    3. If the person voluntarily seeks help, he will be transported by the Jacksonville Fire Department to the nearest appropriate crisis stabilization unit for intake. They will be screened following facility procedures;
    4. If the person will not seek help voluntarily, place them in custody and detain them for screening. Have the person transported to the nearest appropriate crisis stabilization unit by the Jacksonville Fire Department; and/or

5. If the subject is intoxicated, proceed with any criminal charges which may have occurred due to the person's conduct and upon transfer to Pulaski County Regional Intake, notify jail personnel of the need for mental evaluation and the circumstances which required it.

D. If a crisis intervention team officer determines that an individual with a behavioral health impairment demonstrates a substantial likelihood of committing bodily harm to himself or herself or to another person, the crisis intervention team officer may take the individual into custody for the purpose of transporting the individual to the designated crisis stabilization unit serving the crisis stabilization unit catchment area in which the officer has jurisdiction.
   1. The crisis intervention team officer shall certify in writing the reasons for taking the individual into custody.
   2. Only a crisis intervention team officer with jurisdictional authority to operate within a crisis stabilization unit catchment area may determine whether a person in custody should be transported to the crisis stabilization unit for that crisis stabilization unit catchment area.

E. During the time an individual with a behavioral health impairment is under a crisis intervention protocol and detained at a crisis stabilization unit, the individual is considered to be in the custody of the law enforcement agency that detained the individual.
   1. This does not authorize the forfeit of any state or federal constitutional right regarding the detention and custody of and individual with a behavioral health impairment who has been detained or placed in custody due to the commission of a criminal offense.

F. A crisis intervention protocol may be ended before the maximum detention time of seventy-two (72) hours has elapsed, as described under A.C.A. §19 20-47-810, by the law enforcement agency who has custody of the individual at its discretion if:
   1. The individual in custody under this subchapter agrees to remain at the crisis stabilization unit voluntarily;
   2. The detaining law enforcement agency reasonably believes that that individual would not be a danger to himself or herself or to others if he or she remained at the crisis stabilization unit voluntarily; and
   3. The crisis stabilization unit agrees to allow the individual to remain at the crisis stabilization unit.

G. On occasion, licensed medical/counseling professionals will contact JPD by telephone. The licensed medical/counseling professional will request an officer make contact with a subject as a welfare concern. If the subject is a danger to him or herself or others, then the officer shall place the subject in custody.

H. If the subject does not exhibit these tendencies, then the officer shall advise the licensed medical/counseling professional that they need a court order for law enforcement intervention.

I. Once an order for involuntary commitment has been verified to be on file, the subject of that order shall be taken into custody and restrained in an appropriate manner then transported to the appropriate mental health facility.

V. COMMITMENT PROCEDURES

A. In determining the most appropriate form of professional resource and referral, officers should consider the information provided by professional resources, persons and family members.

B. Any peace officer who has reasonable grounds to believe that the individual is mentally ill and presents a danger or threat of danger to self, family or others if not restrained shall take the individual into custody and transport the individual without unnecessary delay to a hospital or designated psychiatric facility and execute a written petition for involuntary commitment with the probate clerk of the county in which the person alleged to have mental illness resides or is detained prescribed and provided by the A.C.A. § 20-47-207.

C. An interested citizen may take the person to a hospital or to a receiving facility or program. If no other safe means of transporting the individual is available, it shall be the responsibility of the law enforcement agency that exercises jurisdiction at the site where the individual is physically located and requiring transportation, or unless otherwise ordered by the judge. A petition, as provided in § 20-47-207, shall be filed in the probate court of the county in which the person resides or is detained within seventy-two (72) hours, excluding weekends and holidays, and a hearing, as provided in § 20-47-209(a)(1) shall be held.
D. "If any person involuntarily admitted to a receiving facility or program or hospital for care pursuant to this subchapter absents himself or herself from a receiving facility or program or hospital without leave or fails to comply with the court-approved treatment plan, the person will be returned, upon the request of the person's treatment staff, to the receiving facility or program or hospital by the sheriff of the county or law enforcement officer of the city of the first class in which the individual is physically present or the hospital or receiving facility or program security personnel without further proceedings," A.C.A. 20-47-21.

VI. IMMUNITY FROM LIABILITY

An officer acting in good faith in connection with the detention of an individual with a behavioral health impairment under the crisis intervention protocol as set out in A.C.A. §20-47-811 et. al. is immune from civil or criminal liability for those acts.

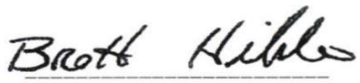
VII. TRAINING

A. New officers will receive sixteen (16) hours entry level training relating to behavioral health crisis intervention in a law enforcement context at the Arkansas Law Enforcement Training Academy (ALETA).
B. All personnel will receive eight (8) hours refresher training at least every three (3) years.
C. Officers shall attend a forty (40) hour crisis intervention team training course taught over five (5) consecutive days, certified by CLEST, to serve on the Crisis Intervention Team.
D. All training will be documented by the Training Section.

VIII. COMMUNITY RESOURCES

In the event that an individual does not meet the criteria set forth above, the following community resources are available to the individual:

Adult Crisis Center	888-274-7472
Teen Crisis Center	800-798-8336
Narcotics Abuse Hotline	877-374-5445
Recovery Centers of Arkansas	501-372-4611
LR Community Mental Health Center	501-686-9675



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