

SPRINGFIELD POLICE DEPARTMENT

Standard Operating Guideline

Effective Date: 09/30/2016	Supersedes Policy Dated: 10/06/2015	Rescinds:	SOG Number:
Accreditation Index: 41.2.7			402.5
Part Title: Operations		Chapter Title: Criminal Investigations	
Chief of Police:			

Persons with Mental Illness

I Policy

The Springfield Police Department acknowledges that the recognition of persons with mental infirmities, as well as interacting with them, may require special training and techniques. Agency personnel will be trained in the recognition of persons who are mentally ill, techniques to be used in interviews and interrogations, as well as available community resources.

II Definitions

CIT Officer - A police officer trained and certified as a Crisis Intervention Team (CIT) officer.

Crisis Incident - Any call where an individual would benefit from the specialized training and knowledge of the CIT officer. Crisis incidents include calls involving persons known to have mental illness who are experiencing a crisis, persons displaying behavior indicative of mental illness, attempted or threatened suicides, gravely disabled individuals, or individuals who may be experiencing emotional trauma.

Crisis Intervention Team (CIT) - A partnership between the police, mental health agencies, advocates, colleges/universities, and the community that seeks to achieve the common goals of safety, understanding, and service to persons in crisis, the mentally ill, and their families.

Mental Disorder - Any organic, mental, or emotional impairment which has substantial adverse effects on a person's cognitive, volitional, or emotional function and constitutes a substantial impairment in a person's ability to participate in activities of normal living.

SOG 402.5

Persons with Mental Illness

Effective Date: 09/30/2016

Mental Illness - A state of impairment which results in a distortion of a person's capacity to recognize reality due to hallucinations, delusions, faulty perceptions, or alterations of mood and interferes with an individual's ability to reason, understand, or exercise conscious control over their actions.

III Procedure

1 GUIDELINES FOR THE RECOGNITION OF PERSONS SUFFERING FROM MENTAL ILLNESS (CALEA 41.2.7(a))

1.1 When agency personnel are called to manage or come in contact with mentally ill persons, the behaviors most frequently encountered include:

- 1.1.1 Bizarre, unusual, or strange behavior (defined as behavior inappropriate to the setting)
- 1.1.2 Confused thoughts or actions
- 1.1.3 Aggressive actions
- 1.1.4 Destructive, assaultive, or violent behavior
- 1.1.5 Attempted suicide

2 AVAILABLE COMMUNITY HEALTH RESOURCES INCLUDE: (CALEA 41.2.7(b))

2.1 Agency personnel should refer to the Missouri Department of Mental Health Civil Detention Information pamphlet located on the PoliceShare intranet site. Contact information includes:

- 2.1.1 Burrell Access Crisis Intervention (ACI) System: 1-417-761-5555
- 2.1.2 Marian Center Crisis Intervention: 1-417-820-7447
- 2.1.3 National Alliance on Mental Illness: 1-877-535-4357

3 GUIDELINES FOR DEALING WITH PERSONS SUSPECTED OF BEING MENTALLY ILL (CALEA 41.2.7(c))

3.1 Making Decisions

- 3.1.1 If a person appears to need hospitalization, determine if the subject will go voluntarily.
- 3.1.2 If the person refuses voluntary commitment, assess the situation based on the following criteria:
 - 3.1.2(a) Person exhibits symptoms of mental disorder, mental illness, or appears to be under the influence of alcohol or drugs.
 - 3.1.2(b) The person's behavior also must indicate a likelihood of serious physical harm evidenced by recent threats

SOG 402.5

Persons with Mental Illness

Effective Date: 09/30/2016

(including verbal) or attempts to harm themselves (RSMo 632.005).

3.2 Crisis Intervention Team (CIT) Response

3.2.1 Non CIT and CIT Officer Responsibility ¹

3.2.1(a) Officers who have responded to a call and believe they are dealing with a mentally ill subject experiencing a crisis may request a CIT Officer through dispatch.

3.2.1(a.1) If an officer has Virtual Mobile Crisis Intervention (VMCI) capabilities, they should be dispatched to the scene.

3.2.1(b) The responding CIT Officer will assess the subject's condition and may utilize VMCI or contact the Community Mental Health Liaison to access immediate mental health assistance/consultation.

3.2.1(c) CIT Officers shall volunteer for calls that may involve a mentally ill person in a crisis.

3.2.2 Patrol Supervisor Responsibility

3.2.2(a) Supervisors shall monitor the dispatching of CIT Officers to the appropriate calls and ensure mental health professionals are contacted when appropriate for consultation and follow up.

3.2.2(b) Supervisors shall ensure the CIT Incident Form has been completed in the reports section of the IRIS/NICHE report. ²

3.2.3 The response of a CIT Officer should not necessarily preclude an arrest or involuntary commitment, but is intended to try to resolve a crisis situation by using mental health services to avoid an arrest or commitment, if possible.

3.2.4 Reporting and Documenting CIT calls.

3.2.4(a) CIT Officers who respond and coordinate services for a subject should complete a general report in RMS that includes completion of the CIT Incident Form found in the reports section of the IRIS/NICHE report. When completing the general report, the officer should check the "Crisis Intervention Team" block in the classification section of the Incident Tab. ³

3.3 Obtaining Affidavits

¹ Section 3.2.1 revised, Virtual Mobile Crisis Intervention procedures added, per Policy Change Order 16-023.

² Section 3.2.2(b) revised, CIT form change, per Policy Change Order 16-023.

³ Section 3.2.4(a) revised, CIT form change and subsequent sections deleted, per Policy Change Order 16-023.

SOG 402.5

Persons with Mental Illness

Effective Date: 09/30/2016

- 3.3.1 Applications for involuntary commitment may be made to probate court or directly to a mental health facility.
- 3.3.2 State or private facilities may accept application for 96-hour commitment by law enforcement.
- 3.3.3 Officers should not make arrangements for admission prior to transporting subjects to the facility (ref. COBRA regulations).
- 3.3.4 Supporting affidavits from the officers and/or family may be required to accompany the application.
- 3.4 Referral Categories
 - 3.4.1 Voluntary mental health or alcohol and drug abuse facilities
 - 3.4.2 Detention facility
 - 3.4.3 Mental Health Coordinator (not currently available)
 - 3.4.4 Other agencies (e.g. those listed in the pamphlet)
- 3.5 Dispositions Available to Officers
 - 3.5.1 Counsel, release, and refer the individual to a mental health center
 - 3.5.2 Counsel, release to family, friends, or some other support network and refer to a mental health professional
 - 3.5.3 Consult with a mental health professional
 - 3.5.4 Obtain the person's agreement to seek voluntary examination
 - 3.5.5 Detain for involuntary examination
 - 3.5.6 Arrest if probable cause exists that a crime has been committed
- 3.6 Interacting with Mentally Ill Persons
 - 3.6.1 Introduce yourself and explain the reason for your presence.
 - 3.6.2 Be aware the police uniform, gun, handcuffs, and baton may frighten the person.
 - 3.6.3 Be aware of the potential for violence.
 - 3.6.4 If the person is acting aggressively, but not directly threatening any other person or himself, the person should be given time to calm down.
 - 3.6.5 Avoid excitement, confusion, or upsetting circumstances.
 - 3.6.6 Do not abuse, belittle, or threaten.
 - 3.6.7 Do not use inflammatory words such as "psycho" or "nut house".
 - 3.6.8 Do not lie or deceive the person.
 - 3.6.9 Do not cross-examine the person with a flurry of close-ended (i.e. "yes" and "no") questions.
 - 3.6.10 Do not dispute, debate or invalidate the person's claims.
 - 3.6.11 Do not agree or disagree with the person's statements.
 - 3.6.12 Do not rush the person or crowd their personal space.

SOG 402.5

Persons with Mental Illness

Effective Date: 09/30/2016

- 3.6.13 Avoid being a "tough guy".
- 3.6.14 Do not let the person upset or trick you into an argument.

4 TRAINING

4.1 Sworn Personnel

- 4.1.1 Officers will receive documented entry-level training in the Academy on dealing with persons with mental illness. (CALEA 41.2.7(d))
- 4.1.2 Officers will receive documented refresher training a minimum of once every three years on dealing with persons with mental illness. (CALEA 41.2.7(e))

4.2 Non-Sworn Personnel

- 4.2.1 Non-sworn personnel likely to have contact with the public and a person with mental infirmities will receive documented training on dealing with persons with mental illness, during their new employee orientation. (CALEA 41.2.7(d))
 - 4.2.1(a) Non-sworn personnel positions that will receive this training include:
 - 4.2.1(a.1) Police Services Representatives;
 - 4.2.1(a.2) Investigative Services Specialists;
 - 4.2.1(a.3) Traffic Services Officers;
 - 4.2.1(a.4) Administrative Assistant for Inspections and Internal Affairs Unit;
 - 4.2.1(a.5) Administrative Assistants for Criminal Investigations Division.
- 4.2.2 The non-sworn personnel listed above will receive documented refresher training a minimum of once every three years on dealing with persons with mental illness. (CALEA 41.2.7(e))

IV Attachments