

MEMPHIS POLICE DEPARTMENT POLICY AND PROCEDURES
SECTION: Dealing With Mentally Ill / Crisis Intervention Team

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I. Recognition of Mental Illness

Signs or symptom which may indicate the presence of Mental Illnesses:

- Loss of memory/disorientation
- Delusions - These are false beliefs that are not based in reality. The individual will often focus on persecution or grandeur (he/she is God)
- Depression
- Hallucinations - hear voices, or see, smell, taste or feel things
- Manic behavior - accelerated thinking and speaking or hyperactivity with no or little need for sleep - may also be delusional
- Anxiety - feelings are intense, state of panic or fright
- Incoherence - difficulty expressing themselves, disconnected ideas and/or thoughts
- Response - may process information more slowly

When an officer recognizes that they are potentially dealing with a mental consumer, 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.

The officer should:

- Assess safety issues
- Introduce yourself and attempt to obtain the person's name.
- Remain calm and avoid overreacting
- Be helpful
- Present a genuine willingness to understand and help
- Speak slowly, low tone -- using short sentences – repeating
- Move slowly
- Remove distractions or disruptive people from the area
- Demonstrate “active listening skills” – i.e., summary of verbal communications.

The officer should NOT:

- Engage in behaviors that can be interpreted as aggressive.
- Allow others to interact simultaneously while you are attempting to talk to the person and to stabilize the situation.
- 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).
- Raise your voice, use a sharp edge in your speaking, or use threats to gain compliance.
- Attempt to gain compliance based on the assumption that the person is as reasonable about things as you are.
- Argue

Officers will receive entry level training regarding recognition and interaction with mentally ill persons. Refresher training will be given a minimum of every three years, and will be given at in-service training, or in the form of a training alert tape. (41.2.8 a, c, d, e)

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II. Crisis Intervention Team

The Crisis Intervention Team is made up of volunteer officers from each Uniform Patrol Precinct. C.I.T. Officers have received specialized training with regard to mental disturbance type events.

C.I.T. Officers currently respond to regular police service calls, in addition to mental disturbance crisis events.

On all police service calls involving mentally ill individuals in a disturbance/crisis event, the dispatcher will dispatch the nearest available precinct (city wide) C.I.T. car(s), along with necessary police patrol cars.

The C.I.T. 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. The C.I.T. Officer(s) will maintain scene responsibility unless otherwise directed by a Supervisor. C.I.T. Officers also have the responsibility of completing a "C.I.T. STAT SHEET" Form.

If a C.I.T. car (city wide) is not available for a crisis call, the dispatcher will send the appropriate patrol cars. In this event, the dispatcher is to advise the patrol cars that "no" C.I.T. unit is available. The first officer(s) on the scene of a mental disturbance where a C.I.T. Officer(s) is not available for that response will weigh the situation based on the information and circumstances as presented and/or known. If in a situation that the scene officer reasonably concludes that a C.I.T. Officer(s) is necessary the scene officer(s) will request the dispatcher to "clear" a C.I.T. car(s). The dispatcher, in accordance with the officer's request, will contact the closest C.I.T. car that is available to "clear", and dispatch the C.I.T. car to the requested scene.

III. Handling Calls to Mental Health Facilities

- A.** If a treating facility feels that a person is of sufficient mental stability to be allowed a pass or furlough from the institution and that individual does not return, the person is probably not a candidate for police action. However;
- B.** If a person has escaped from an institution and constitutes a danger to himself/herself or others, officers of this department shall cooperate in the apprehension of the person, which includes taking a missing person report and, subsequently, if apprehended, returning him or her to the reporting facility.
- C.** If the mental patient has pending criminal charges, officers of this department will take all appropriate action to apprehend the individual and, likewise, return the party to the reporting facility until such time he or she is released for the purpose of criminal prosecution.
- D.** If the patient, while away from the institution, commits a criminal offense or sustains injury during the course of the apprehension, the officer should initially transport the patient to the Regional Medical Center and the County will make arrangements to deliver the individual to the reporting facility.

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IV. Non-Emergency Civil Commitment

When an officer receives a request for information as to a Non-Emergency Civil Commitment, the officer may advise the citizen as follows:

A petition may be filed by a family member in Probate Court seeking to have the individual examined by doctors. This procedure, under T.C.A 33-6-504, allows treatment to be ordered for persons who are suspected to be mentally ill, but does not fit the guidelines for a TCA 33-6-401 emergency commitment.

In the event an officer is ever involved in any type of dispute with a citizen regarding this policy a Commanding Officer will be called to the scene.

V. Taking Mentally Ill Persons Into Custody:

The State Mental Health law has defined and established the right of law enforcement officers to take alleged mentally ill people into custody for evaluation.

The only time a mentally ill person can be taken into custody solely for being mentally ill is in an "Emergency Commitment" situation. (With one exception: Non-Emergency Civil Commitment through Probate Court TCA 33-6-504).

Officers can and should take a person into custody who appears to be mentally ill AND poses an immediate substantial likelihood of serious harm because of the mental illness. A "substantial likelihood of serious harm" is defined as:

IF AND ONLY IF:

A person has threatened or attempted suicide or to inflict serious bodily harm on himself, OR

The person has threatened or attempted homicide or other violent behavior, OR

The person has placed others in reasonable fear of violent behavior and serious physical harm to them, OR

The person is unable to avoid severe impairment or injury from specific risks, AND

There is a substantial likelihood that such harm will occur unless the person is placed under involuntary treatment.

Authorization to take a person into TCA 33-6-401 custody may be given by: a licensed physician/ health care psychologist or mobile crisis team social worker.

It is important to note that the emergency commitment law is intended to allow a police officer to act in order to prevent a person from harming himself/herself or others. The person does not have to be violent at the time the officer arrives on the scene. The person may be taken into custody when the officer arrives, and there is sufficient information available to lead the officer to a reasonable belief that the person is dangerous. This belief can be based on statement of the person, witnesses, family members, and on the physical scene itself (broken dishes, windows, furniture, torn clothing, weapons, etc.)

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This determination is basically the same as any other probable cause determination. It can consist of minor facts or consist entirely of one fact (ex: the person is wandering around in traffic talking to himself/herself). The officer must simply be able to decide the issue of: "If I don't do something, this person is going to hurt himself/herself or someone else."

The intent of the law is that the officer will be able to take a person into 33-6-103 custody if he/she feels that the failure to do so will probably result in physical harm to the person or others.

When an officer takes a mentally ill person into custody through this process, the officer should transport the individual according to procedures outlined in Section VI below.

VI. Transporting of Emergency Commitment Persons (TCA 33-6-401)

A. Transporting to the Crisis Assessment Center:

1. When transporting becomes necessary regarding a TCA 33-6-401 call, then such transporting will be to the Crisis Assessment Center. An officer is authorized to take a person into custody if a licensed physician / health care psychologist or a mobile crisis team social worker advises the officer the person is subject to custody under TCA 33-6-401. An officer may also transport based on information and/or personal observations that can substantiate a T.C.A. 33-6-401 custody arrest. Call locations may include: Street, Private Residence, Public Locations, Non-Hospital Facilities - I.E. Mental Health Center, Doctor's Office, Crisis Stabilization Unit, et cetera.
2. 33-6-401 Arrest Tickets: The original and one copy are to be left at the Crisis Assessment Center. Officers will follow the procedures below, when transporting individuals to the Crisis Assessment Center for treatment:
 - a. Officers may park in the curved lane next to the south side main entrance to the building. Officers should not block the access ramp under the canopy.
 - b. Officers will enter the building through the front door and take the elevator to the second floor. Between the hours of 11 PM and 7 AM, the doors could be locked if the front desk security guard is making rounds. If this occurs, officers should have the dispatcher call the CAC, 577-9400, for entry.
 - c. **Officers will use the lock boxes located outside of the elevators on the second floor to secure their weapons before entering the facility.**
 - d. Officers will be directed to take the individual into the assessment rooms or holding tank before turning in the paperwork and briefing CAC personnel about the individual at the front desk.

* The holding tank is provided for individuals who display violent behavior. If the holding tank and all rooms are occupied, and officers may be asked to wait with an individual until space becomes available.
3. In the event that the Crisis Assessment center refuses to accept a person due to their medical needs, an officer will be directed to transport the person to the Med. Upon arrival at the Med, the officer should check the person in and notify Med Security for

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release of custody. Med personnel will contact the Crisis Assessment Center (577-9400) about assessing the person.

4. If the situation warrants, and the person is violating a criminal statute, then the person may be charged with a criminal offense. The CAC will not accept persons with a warrant(s) or criminal charges. Persons with warrant(s) or criminal charges should be taken to the Med ER. If a patient (TCA 33-6-401) is brought to the MED ER then the following procedures should be completed by the arresting officer:
 - a. Arresting Officer completes Hold Ticket (leave Hold Ticket with MED Officers.)
 - b. Arresting Officer completes original Arrest Ticket and leaves it at the MED Holding Station.
 - c. Arresting Officer proceeds to the 24 hour Clerk's Office and submits an Affidavit of Arrest (misdemeanor or straight charge felony) regarding above mentioned arrested subject. 24 Hour Clerk maintains holding of signed Affidavit. Arresting Officer does NOT submit an arrest ticket to the Clerk nor to the CDO.
5. Patient/Prisoner with pending criminal charges who is subsequently referred to MMHI from the Med will be transported by a Med Officer when sufficient staff is available and delivered to MMHI with the following documents:
 - a. Copy of the Arrest Ticket
 - b. Certificate of Need
 - c. The original and copy of Hold Ticket. The transporting officer will return a signed copy (by MMHI Personnel) of the Hold Ticket back to MPD MED Holding Station.
6. After Patient/Prisoner has been delivered to MMHI the transporting officer will proceed immediately to the CJC Sally Port and submit the Original Arrest Ticket of the Patient/Prisoner. Note: Emergency Commitment Charge is to be marked out - only criminal charges will be accepted. Detention Officer will confirm by phone the Patient/Prisoner is in fact detained at MMHI. On confirmation of this detention a booking number will be placed on the submitted arrest ticket.
7. After transporting officer receives the arrest ticket with a booking number the officer will proceed to 24 Hour Clerk's Office and then to the CDO Office. The officer will advise the 24 Hour Clerk an Affidavit is held on file. (Arresting officer has submitted an Affidavit after the Patient/Prisoner had been taken to the Med for Emergency Commitment Evaluation.)
8. If the Patient/Prisoner is NOT referred to MMHI for further TCA 33-6-401 proceedings then the patient will be transferred to the CJC Sally Port by a transporting officer following normal arrest booking procedures. Transporting Officer will continue booking procedures as outlined in number 7 above.
9. If the Patient/Prisoner is taken into custody for TCA 33-6-401: No new criminal charges, **but** a warrant check has indicated an outstanding criminal warrant then:

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- a. Warrant is to be verified and a Warrant Number is to be obtained from Fugitive Squad.
- b. Patient/Prisoner is transported to Med Holding.
- c. Arresting Officer completes MED Hold Ticket. (Hold Ticket is left with MED Officers.)
- d. Arresting Officer completes original Arrest Ticket noting facts pertaining to TCA 33-6-401 custody, also including information regarding verified warrant (Warrant Number). After completing tasks (a) - (d) the arresting officer may return to service.
- e. Patient/Prisoner with outstanding warrant who is subsequently referred to MMHI from the Med will be transported by a Med Officer when sufficient staff is available and delivered to MMHI with the following documents:
 - 1) Copy of the Arrest Ticket
 - 2) Certificate of Need
 - 3) The original and copy of Hold Ticket. The transporting officer will return a signed copy (by MMHI Personnel) of the Hold Ticket back to MPD MED Holding Station.
- f. After Patient/Prisoner has been delivered to MMHI the transporting officer will proceed immediately to the Fugitive Squad and submit the Original Arrest Ticket of the Patient/Prisoner. Note: Emergency Commitment Charge is to be marked out. Notation of an Outstanding Warrant and Warrant Number should be noted in the Arrest Ticket Narrative. Fugitive Squad Personnel are to be advised Patient/Prisoner is being held at MMHI. After completion of this task the transporting officer may return to service.
- g. If the Patient/Prisoner is NOT referred to MMHI for further TCA 33-6-401 proceedings then the Patient/Prisoner and the original Arrest Ticket will be transported to the Shelby County Fugitive Squad at 201 Poplar following normal procedures.

B. Transporting by Ambulance (Med or Private Hospital):

1. In the event of an attempt suicide, injury or illness, paramedics will address the patient's (33-6-401) need for medical and transportation services. In addition to TCA 33-6-401 facts, if ANY of the following circumstances exists then the patient should be transported to the MED:
 - a. Patient is out of control (acting out) and presents the likelihood of a continued confrontational encounter.
 - b. No private hospital is willing or has agreed to accept the patient.
 - c. Possibility of criminal charges.
2. The patient may be transported to a private hospital under each of the following procedures (non-custody):

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- a. The patient (33-6-401) is in need of medical attention as a result of an attempt suicide.
- b. The patient is cooperating with paramedics and there is no evidence or information that would support further violence.
- c. A private hospital has agreed to accept the patient.

Note: The receiving hospital has the responsibility to treat the patient for medical and psychological concerns (first signature evaluation if necessary). Officers are not required to accompany paramedics or maintain a presence at a receiving hospital. The patient is not under TCA 33-6-401 "arrest". Officers will take an Attempt Suicide Report.

3. If a 33-6-401 patient is in need of medical care and the paramedics request police assistance or intervention regarding transporting, officers will charge the patient with TCA 33-6-401 (Emergency Commitment). The patient is to be transported to the MED, and an arrest ticket is to be submitted. If requested, an officer will accompany paramedics during transport. The Crisis Center will be contacted by MED personnel.
4. If paramedics advise that a patient is medically stable and does not require ambulance service, and the officer can substantiate the charge of TCA 33-6-401, then the officer should transport patient to the Crisis Assessment Center.
5. If criminal and emergency commitment charges are placed on a patient in need of medical care then the patient is to be transported to the MED. See also Section A. 3. above.

C. Transporting Juveniles:

1. All Juveniles that are taken into TCA 33-6-401 custody who do not require serious medical attention will be transported to Lakeside Intensive Care Assessment Center (ICAC) located at 2911 Brunswick Rd or St. Francis Hospital East ER (on Park Ave.). **Officers should "hand write" the arrest ticket for these individuals as there is no way to print the arrest ticket at the facilities.** A copy of the arrest ticket should be forwarded to the C.I.T. Coordinator's Office.
 - a. The following procedures should be followed when transporting an individual to the Lakeside Intensive Care Assessment Center:
 - 1) Officers should park in the circle drive in front of the building.
 - 2) Officers should use the phone in the grey box on the wall by the door to call the office. Officers do not have to dial a number; the phone will immediately ring the office. A staff member will meet officers and take them to the reception area.
 - * Officers may call ahead to the office at 901-377-4729. If there is no answer at this line, officers may call 901-377-4733. This line will always be answered. This is not required.
 - 3) Once inside, the staff member will take responsibility for the consumer and escort them to the patient waiting room.

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- 4) The staff member will then receive a verbal report from the officer, and make a copy of the arrest ticket.
- 5) The officer will then be able to return to service.
- b. The following procedures should be followed when transporting a juvenile to St. Francis Hospital East ER:
 - 1) Officers should enter the Emergency Room with the juvenile and advise the ER staff that they have a juvenile transported for Emergency Commitment who needs to go to the Clinical Assessment Center.
 - 2) Officers will be directed to the secured area where they will be met by a staff member.
 - 3) Officers will submit the arrest ticket, explain any details to the staff for the juvenile to be accepted, and get a copy of the arrest ticket.
 - 4) The officer may return to service once the juvenile is secured.
2. Juveniles under the age of fourteen (14) who require serious medical attention will be transported to LeBonheur. Juveniles fourteen (14) year of age or older who require serious medical attention will be transported to the MED.

D. Transporting Patients (TCA 33-6-401) From A Private Hospital to another Facility:

1. Private hospitals that request transportation to other hospitals or facilities, are to be advised to contact the Shelby County Jail Transport Team or a private ambulance service.
2. If a private hospital is unable to obtain the above mentioned transport service then MPD will accommodate a transport to MMHI (ONLY) per the procedures outlined in Section E below.
3. Hospital Disturbance Call - See Section F below.

E. Transporting To M.M.H.I. (State Hospital):

1. CERTIFICATE OF NEED is required.
2. Medical Clearance is required. (Medical Clearance Defined: Given by a medical doctor stating that the patient (33-6-401) has no immediate medical problems that require medical intervention.)
3. M.M.H.I. approval is required. Hospital should obtain M.M.H.I. staff approval before a patient is transferred. If the patient is not committable to M.M.H.I. then the patient would not be an appropriate 33-6-401 transport.

NOTE: Transporting to M.M.H.I. the officer will: complete an arrest ticket noting the EMERGENCY COMMITMENT and the transport disposition; transport to 951 Court (Admissions); deliver CERTIFICATE OF NEED and Medical clearance documentation and a copy of the arrest ticket. Original arrest ticket (no criminal charges) is to be taken to Med Holding.

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F. Transporting From Private Hospital Regarding 33-6-401 Disturbance Calls: (Disturbance on the Scene)

1. A mentally ill person walks in a hospital E.R. and causes a disturbance which jeopardizes the safety of hospital personnel and the public. If the person is exhibiting behavior consistent with TCA 33-6-401 and is not a patient to that hospital and police action is the most prudent response, then officers should affect an emergency custody arrest (TCA 33-6-401). The officer should transport the patient to the Crisis Assessment Center. If medical attention is required then this should be addressed before the officer assumes a transporting role.
2. It is the intent of the Department to cooperate with private hospitals as has been previously outlined in this section (F) and Section (D) above.
3. If a First Signature evaluation has not been completed by hospital personnel then the officer should request that the hospital comply with Section E above. In the event that these procedures are not complied with and the patient is in need of TCA 33-6-401 proceedings then the officer should affect an emergency commitment charge. The patient would be transported to the Crisis Assessment Center documenting the TCA statue and the transporting circumstances including the name(s) of hospital personnel who conversed with the officer. A copy of this arrest ticket should be forwarded to the CIT Coordinator in an effort to ensure cooperation between the Department, area hospitals and mental health advocates (National Alliance on Mental Illness).

G. Transporting Request: Physician / Health Care Psychologist or Mobile Crisis Team Social Worker: (Non-Hospital Event)

1. TCA 33-6-401 allows a licensed physician / health care psychologist or mobile crisis team social worker to authorize custody (TCA 33-6-401) of a patient. The ideal situation would be to have the physician/clinical psychologist meet the officers on the scene and to articulate the facts which substantiates TCA 33-6-401. However, this is not always feasible in every circumstance. If the physician is not present on the scene then the most practical response would be to have the physician communicate with the officer by phone. After conferring with the physician and receiving facts supporting TCA 33-6-401, the officer should transport to the Crisis Assessment Center and note the appropriate details.
2. Officers that are requested to take involuntary custody action should consider how reasonable the request for officers to take action is. Most requests will involve "attempt suicide calls". Example: A physician advises officers that he/she has reason to believe that a patient is going to commit suicide, however, the patient does not open his/her door and refuses to talk with officers. Officers should confer with their supervisor. The question is how reasonable would it be to force entry or set up for a barricade? The totality of the facts and circumstances must be considered in order to determine what is a reasonable response and the immediacy to act accordingly.

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- 3. There are occasions when a physician / health care psychologist or mobile crisis team social worker will meet an officer on the scene (non-hospital) with a signed Certificate of Need. In this situation the officer would receive facts that support TCA 33-6-401 custody and transport the patient to the Crisis Assessment Center. Transporting the patient to the Crisis Assessment Center completes the requirement of obtaining medical clearance for M.M.H.I. Transporting responsibility ends at the Crisis Assessment Center.

H. In the event a dispute arises regarding the Police Department's Emergency Commitment Transport Policy, a Supervisor will be called to the scene.

VII. Mental Health - 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:

Calvary Street Ministry	543-0372
Catholic Charities	722-4700
Case Management INC.	821-5600
Crisis Center	274-7477
Genesis House	726-9786
Homeless Detox	Regional Medical Center
Mobile Crisis Team (Mental Health)	577-9400
National Alliance on Mental Illness (NAMI)	725-0305