

## **JONES COUNTY CRISIS INTERVENTION TEAM**

### **POLICY AND PROCEDURES**

#### **PURPOSE:**

The purpose of this policy is to set guidelines for the recognition of persons suffering from mental illness. Additionally, this policy will provide procedures for the access of available community mental health resources. Furthermore, this policy will specify the role and the procedures that will be utilized by a Crisis Intervention Team officer (CIT), other assisting officers, and command personnel in dealing with individuals in our community who are experiencing a mental health crisis.

#### **POLICY:**

Jones County Law Enforcement agencies and Region XII Commission on Mental Health & Retardation (dba Pine Belt Mental Healthcare Resources) recognize the need for an immediate response to a mental health crisis and resolving each situation in a manner that shows respect and concern for the citizen's well-being. The CIT model emphasizes specialized training for officers in the area of mental illness, and the need for cooperation between the police department, mental health consumers, family members, and mental health treatment facilities. Furthermore, each agency has a commitment to the citizens of Jones County, Mississippi to provide assistance and resources to individuals and family members who suffer from mental illness.

#### **DEFINITIONS:**

Mental illness is a condition that impacts a person's thinking, feeling, or mood marked primarily by sufficient disorganization of personality, mind, and emotions to seriously impair the normal ability to relate to others and function on a daily basis.

See also Mississippi Code § 41-21-131 for all other definitions that relate to the treatment of the mentally ill.

Mississippi Code Ann. § 41-21-139 allows a CIT officer, who has reasonable grounds to believe that an individual has a mental illness and is with substantial likelihood of bodily harm, to take the person into custody for the purpose of transporting the person to the designated single point of entry (SPOE) serving Jones County.

#### **RECOGNITION OF MENTAL ILLNESS:**

During the regular course of duty, deputies will interact frequently with those that suffer from mental illness. It is often difficult to distinguish those that suffer from

mental illness from those who do not. Since law enforcement officers cannot diagnose in the field, it is important to familiar with indicators and behavioral characteristics of mental illness and to respond appropriately.

Behaviors associated with mental disorders depend on a number of factors, including (but not limited to):

- 1) The nature of the disorder;
- 2) The severity of the affliction;
- 3) The personality of the individual; and
- 4) Other influences (e.g. drugs, intoxication, and dehydration).

Some general characteristic symptoms associated with mental disorders are:

- 1) Behaviors and moods that are inappropriate;
- 2) Behavior that tends to be inflexible;
- 3) Behavior that tends to be impulsive;
- 4) A tendency towards a lower tolerance of stress, possibly responding in an exaggerated fashion; and
- 5) Behaviors that are often unusual and may be upsetting to others.

Observing human behavior will help in determining if the subject:

- 1) Suffers from a mental disorder;
- 2) Is experiencing a situational emotional disturbance;
- 3) Is under the influence of intoxicants;
- 4) Has a medical condition; or
- 5) Has a combination of any of the above.

When interacting with those who are suspected of suffering from mental illness, remember to:

- 1) Think of personal safety first;
- 2) Be aware of the environment and anything that could be a potential weapon;
- 3) Keep a safe distance;
- 4) Use a non-threatening voice and posture (command presence is not likely to work);
- 5) Assume the personal concerns are real; and
- 6) Give firm, simple, clear instructions.

When interacting with those who are suspected of suffering from mental illness, NEVER:

- 1) Take anything said personally;
- 2) Make promises you cannot keep;
- 3) Demand obedience;
- 4) Get into a power struggle;
- 5) Act afraid or angry;
- 6) Laugh inappropriately;
- 7) Speak in a patronizing tone;

- 8) Ask too many questions; or
- 9) Engage in their psychosis by agreeing or arguing about delusions or hallucinations.

**PROCEDURES:**

Central Dispatch

All call takers and/or dispatchers will attempt to identify through appropriate screening techniques that the call for service involves a person with mental illness, or a person in a mental health crisis. Call takers should gather descriptive information on the subject's behavior; attempt to determine whether the individual appears to pose a danger to self or others; whether the person is in possession of or access to weapons; and when possible, mental and substance abuse history of treatment, violence, or victimization. Medical aid should be requested to ensure the welfare of the subject. In the event that medical personnel are summoned for subjects not in the custody of law enforcement, medical personnel protocol will be followed should the subject be transported. For those in custody, currently agency policy will be followed.

Circumstances may dictate that assistance be sought directly from a mental health facility. In those instances, several facilities offer twenty-four hour support. The following is a list of available responders:

Pine Belt Mental Healthcare/WestWay	1-888-330-7772
Pine Grove Outreach Center	1-888-611-2428
Alliance Health Center	1-877-853-3094

If a CIT officer is available, he/she should be dispatched to the scene along with a backup unit, if possible, depending on staffing and availability. If no CIT officer is in-service within the area where the call for service has been reported, two (2) officers will be dispatched to the scene, if possible. If a CIT officer becomes available, the officer should then be dispatched to assist other officers with handling the call.

Responding Officers

When a CIT officer is on the scene of a mental illness investigation, he/she will take charge of the investigation. The backup unit will assist with any requests of the CIT officer and physical intervention, if required.

If a non-CIT officer has reason to believe the person may be suffering from mental illness, they should contact a CIT officer via radio and apprise him/her of the details of their investigation. If the CIT officer arrives to assist the initial

responding officer(s), and the situation is under control, he/she will be there to assist in a support role and help determine whether the individual is in a mental health crisis. If the initial officer(s) does not have the situation under control, then the CIT officer shall take over the situation.

Alternatives to arrest should always be considered first when dealing with the mentally ill. The CIT officer will gather information to decide if the criteria have been met to enforce a 24-hour immediate detention or a 72-hour emergency detention order. A consumer will not be admitted into the SPOE if they exhibit certain conditions:

- 1) Intoxication due to alcohol use;
- 2) Psychosis due to illicit drug use;
- 3) Violent behavior; and/or
- 4) Urgent physical symptoms needing primary medical care.

The CIT officer will gather information to decide if the criteria have been met to enforce a 24-hour immediate detention or a 72-hour emergency detention order. Criminal charges of any nature cannot be filed, if the person has been held on a 24-hour or 72-hour hold.

If a crime has been committed by the individual, and person is not appropriate for immediate or emergency detention orders, the person will be transported to lockup with criminal charges filed through a probable cause affidavit. Lockup personnel will immediately be notified of the reason to believe the individual is suffering from mental illness. No mental health commitment paperwork will need to be completed by the CIT officer, but CIT paperwork should be completed.

Any individual transported by a CIT officer or an assisting officer will be searched and transported according to agency policy. When received by the SPOE, the officer is not required to standby during the evaluation process; however, the officer must ensure that the individual he/she transported is being observed by hospital personnel prior to their departure.

#### Single Point of Entry

Jones County CIT shall have a minimum of one established single point of entry to provide comprehensive psychiatric emergency services to individuals with mental illness. The SPOE will accept appropriate persons who are in the custody of a Jones County CIT officer when custody has been taken because of substantial likelihood of bodily harm due to an acute psychiatric emergency. In the event that the SPOE does not have available beds, the supervisor on duty will be responsible for notifying central dispatch for relay to all law enforcement agencies; and shall advise them when beds become available.

## **TRAINING**

All CIT officers will receive a minimum of forty (40) hours of initial training provided mental health professionals in the community, representatives of the National Alliance for the Mentally Ill, and consumers. Each graduate of the C.I.T. program will be given refreshed training on dealing with individuals with mental illness every three years.

It is the goal of CIT to use a team approach; therefore, training of other law enforcement and communications personnel is ideal. Communications personnel will be offered training opportunities for receiving, handling, and dispatching calls for service involving individuals with mental illness. Additionally, entry level training will be provided by PBMHR to new recruits and other officers as requested.

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