

# St. Joseph, Missouri Police Department



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SUBJECT: PERSONS WITH MENTAL ILLNESS / CRISIS INTERVENTION TEAM		
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## I. POLICY

The St. Joseph Police Department recognizes that officers will sometimes be placed in situations in which they need to assess the mental state and intentions of persons suffering from mental illness. The purpose of this order is to present guidelines for dealing with persons exhibiting a mental and/or substance abuse disorder. It is the policy of the St. Joseph Police Department to ensure a consistently high level of service is provided to all persons. Agency personnel will afford persons who have mental/emotional illness the same rights, dignity and access to police and other government and community services as are provided to all citizens.

## II. DEFINITIONS

- A. Mental Illness:** Any of various conditions characterized by impairment of an individual's normal cognitive, emotional, or behavioral functioning and caused by social, psychological, biochemical, genetic, or other factors, such as infection or head trauma.

## III. PROCEDURES

### A. Training

It is the policy of the St. Joseph Police Department to maintain personnel equipped to properly address situations involving those persons. The department shall ensure that recruits have received documented training and information on handling situations of this nature. Additionally, department personnel shall receive documented training on this topic at least every three years.

### B. Contacts with Persons with Mental Illness

1. Officers are not expected to diagnose a mental illness, however they will make a good faith effort to assess an individual's mental stability based upon available information, personal observations and within the time constraints of the situation at hand. Recognition that certain symptoms may indicate mental

illness will assist officers in making the appropriate response to the individual and situation. The degree to which these symptoms exist varies from person to person according to the type and severity of the mental illness.

2. Symptoms of mental illnesses may include, but are not limited to:
  - a. Loss of memory;
  - b. Delusions;
  - c. Depressions, deep feelings of sadness, hopelessness, or uselessness;
  - d. Hallucinations;
  - e. Manic behavior, accelerated thinking and speaking, or hyperactivity;
  - f. Confusion;
  - g. Incoherence;
  - h. Extreme paranoia.

### **C. Interactions with Mentally Ill Persons**

1. Officers should use the following guidelines when approaching, interacting, interviewing or interrogating person/s who have or exhibits symptoms of, mental illness:
  - a. Be friendly, patient and encouraging, but remain firm and professional;
  - b. Remove distractions, upsetting influences/people from the scene;
  - c. Speak simply and briefly, and move slowly;
  - d. Remain calm and avoid overreacting;
  - e. Check for and follow procedures indicated on medic-alert bracelets/necklaces;
  - f. Understand that rational discussion may not take place;
  - g. Recognize the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds ("voices"), or the environment;
  - h. Be aware that the uniform and accessories may frighten persons with mental illnesses. Attempt to reassure them that no harm is intended;
  - i. Do not try to talk the person out of their delusional beliefs. Instead, try to find common ground with them to gain their cooperation and trust, without necessarily agreeing with them;
  - j. Announce actions before initiating them (when safety permits).
2. Officers should generally avoid the following actions:
  - a. Moving suddenly, shouting, or giving rapid orders;
  - b. Touching the person without announcing your intentions (unless essential to safety);
  - c. Crowding the person or forcing discussion;
  - d. Expressing anger, impatience, or irritation;
  - e. Using language such as "mental" or "mental subject" in their company;
  - f. Challenging delusional or hallucinatory statements.

### **D. Legal Requirements**

1. Officers should remember that having a mental illness is not a crime. No individual should be arrested for behavioral manifestations of mental illness that are not criminal in nature. A person with a mental illness may only be taken into custody when:
  - a. The individual has committed a crime;

- b. The officer has reasonable cause to believe that the person suffers from a mental disorder and that the likelihood of serious harm by such person to himself or others is imminent unless such person is immediately taken into custody (see RSMO 632.305 'Ninety-six hour holds');
- c. In response to a court order or directive of a mental health or medical practitioner who has legal authority to commit a person to a mental health facility (RSMO 632.305).

#### E. Options for Disposition

Officers are expected to use discretion in determining which of the following options best resolves an incident involving mentally ill person/s. The safety and well-being of the person and the community shall be the primary determining factor in deciding which of the following options is chosen:

1. Refer or transport the person for medical attention if they are injured or abused;
2. Outright release. This would occur when;
  - a. The person poses no serious threat to themselves or others; and
  - b. The person does not want assistance from the police or mental health professionals;
3. Release to care of family, caregiver or mental-health provider;
4. Refer or transport to mental-health or substance-abuse services. Officers may arrange for a voluntary screening by a qualified mental-health or substance abuse professional in place of an involuntary detention , when appropriate;
5. Assist in arranging voluntary admission to a mental health facility, if requested;
6. Transport for involuntary emergency psychiatric evaluation, if criteria are met (RSMO 632.305);
7. Arrest, if a crime has been committed.

#### F. Imminent Threat Situations

Involuntary Detentions-Missouri Revised Statutes 632.305 and 631.120 grant peace officers the authority to take persons into custody for mental health and substance abuse issues under limited circumstances. Persons **may** be taken into custody when:

1. The officer has reasonable cause to believe the person suffers from a mental disorder or substance abuse issue and,
2. The person presents an **imminent** likelihood of serious harm to himself or others as a result of these issues unless taken into custody, and
3. When these conditions are met, the officer may present them to the appropriate facility and complete an application for initial detention for evaluation and treatment for a period not to exceed ninety-six (96) hours.
4. When there is a reasonable cause to believe that serious harm is imminent if action is not taken, officers of the St. Joseph Police Department **shall** ensure the individual is presented to an appropriate facility either voluntarily, or for involuntary detention if the individual refuses evaluation/treatment on their own.

### **G. Non-Imminent Threat Situations**

In many instances, responding officers may be presented with situations in which there are indications of mental health or substance abuse issues that do not rise to the clear level of imminent and immediate danger. In these cases, officers shall ensure that information about mental health resources is made available, and may utilize the following options:

1. Information-In less-pronounced cases, officers may inquire about current treatments and provide resource information, assist in contacting an appropriate provider, or provide basic guidance for an individual.
2. Referral-Crisis-Hot Lines, Family Guidance screening personnel and other resources are also available in situations in which a person may have more pronounced symptoms, but does not clearly meet the criteria for involuntary detention. In these instances, persons trained in evaluation of persons in these situations may interview the person by phone or on-scene and arrange for treatment and/or placement as necessary. Crisis Intervention Team officers should be utilized in accessing these resources.
3. Other-Officers may elect to contact family or other persons to assist the individual when the officer believes that doing so provides an appropriate level of support for the situation.

### **H. Crisis Intervention Team Program**

The St. Joseph Police Department will maintain a CIT program for the purpose of providing a higher quality of service to citizens who suffer from mental illnesses and their families.

1. Training- All personnel designated as CIT members shall receive appropriate training as such. This will normally include a 40 hour course developed in cooperation with the National Alliance for the Mentally Ill (NAMI) and additional in-service training as applicable. All St. Joseph P.D. officers will be provided with basic training to assist them in dealing with emotionally disturbed persons in the absence of a CIT officer.
2. Use Criteria- CIT officers will be maintained on each shift. CIT officers should be the primary officers dispatched to calls in which it is believed that an emotionally disturbed person in crisis is a primary factor in the incident, when practical. Officers responding on calls that discover this to be the case may request a CIT officer to evaluate and act to assist in dealing with an EDP in crisis.
3. CIT officers will be responsible for handling aspects of the call that relate to the mental illness. Responding officers will still be responsible for offense/incident or other reports normally required.

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Chris Connally, Chief of Police

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Date